

Chairperson: Kimberly Walker
Vice-Chairman: Peter Carlson
Secretary: Dr. Robert Chayer
Senior Executive Assistant: Jodi Mapp, 257-5202

1

MILWAUKEE COUNTY MENTAL HEALTH BOARD

Thursday, December 18, 2014 - 8:00 A.M.
Milwaukee County Mental Health Complex Auditorium

MINUTES

PRESENT: Peter Carlson, Robert Chayer, Ronald Diamond, Jon Lehrmann, *Thomas Lutzow, Lyn Malofsky, Jeffrey Miller, Mary Neubauer, Maria Perez, Duncan Shrout, Kimberly Walker, and *Brenda Wesley
EXCUSED: Nathan Zeiger

*Board Members Lutzow and Wesley were not present at the time the roll was called but appeared shortly thereafter.

SCHEDULED ITEMS:

1. Approval of the minutes from the November 19, 2014, Special Milwaukee County Mental Health Board Meeting.

The minutes from the November 19, 2014, meeting were reviewed.

MOTION BY: *(Shrout) Approve the minutes from the November 19, 2014, Milwaukee County Mental Health Board meeting. 8-0*

MOTION 2ND BY: *(Miller)*

AYES: Carlson, Chayer, Malofsky, Miller, Neubauer, Perez, Shrout, and Walker - 8

NOES: 0

ABSTENTIONS: 0

EXCUSED: Lutzow and Wesley - 2

A voice vote was taken on this item.

2. Administrative Update.

APPEARANCES:

Patricia Schroeder, Administrator, Behavioral Health Division (BHD), Department of Health and Human Services (DHHS)

Susan Gadacz, Deputy Administrator, Community Access to Recovery Services Division, BHD, DHHS

Jim Kubicek, Deputy Administrator, BHD, DHHS

Dr. John Schneider, Executive Medical Director, BHD, DHHS

Hector Colon, Director, DHHS

SCHEDULED ITEMS (CONTINUED):

	<p>Ms. Schroeder provided highlights of key activities and/or issues related to Behavioral Health Division (BHD) operations. She discussed the temporary reduction in In-Patient beds, registered nurse and certified nursing assistant staffing levels, monthly BHD Town Hall Meetings, safety on acute units, long-term care transitions, employee food service on campus, the pharmacy Request for Proposals, organization structure planning, and BHD's strategic plan. Ms. Schroeder indicated she would be including a division organizational chart for the February meeting.</p> <p>Board Member ShROUT recommended Administration request Kevin Moore, State Department of Health Services, be present to explain the Audit at February's Mental Health Board meeting.</p> <p>Questions and comments ensued.</p> <p><i>The Board took no action regarding this informational item.</i></p> <p>Later during the course of the meeting, the following motion was made to reconsider this item.</p> <p>MOTION BY: (Neubauer) Reconsider Item #2. 8-0 MOTION 2ND BY: (Wesley) AYES: Carlson, Chayer, Malofsky, Neubauer, Perez, ShROUT, Walker, and Wesley - 8 NOES: 0 ABSTENTIONS: 0 EXCUSED: Lutzow and Miller – 2</p> <p>A voice vote was taken on this item.</p> <p>Mr. Colon addressed questions by Board Members regarding the departure of the Transitional Liaison. No further action was taken on this item.</p>
3.	<p>Update on 2015 Behavioral Health Division Employee Benefits.</p> <p>APPEARANCE: Hector Colon, Director, Department of Health and Human Services</p> <p>Mr. Colon indicated Behavioral Health Division employees' benefits are now equal to those provided to all other County employees.</p> <p><i>The Board took no action regarding this informational item.</i></p>

SCHEDULED ITEMS (CONTINUED):

4.	<p>2015-2016 Behavioral Health Division Quality Plan.</p> <p>APPEARANCES: Dr. John Schneider, Executive Medical Director, Behavioral Health Division (BHD), Department of Health and Human Services (DHHS) Jennifer Bergersen, Chief Quality Officer, BHD, DHHS Patricia Schroeder, Administrator, BHD, DHHS</p> <p>Dr. Schneider began by discussing how important quality planning is to an organization. He provided an overview of what is considered the three major elements. Those elements include leadership, safety culture, and quality processes. Dr. Schneider stated the biggest challenge for this organization is the alignment methods for the various areas which are distinctively different. The plan has to fit under the big umbrella of all services in a rational way. He described moving from process to patient specific outcomes and detailed the goals, objectives, and initiatives for 2015-2016.</p> <p>Ms. Bergersen explained the Quality Plan's mission, vision, and scope of service and provided a general overview of the report.</p> <p>Questions and comments ensued.</p> <p>Vice-Chairman Carlson requested a time-line be set for producing a mock survey.</p> <p>MOTION BY: (Lutzow) <i>Adopt and Approve the Behavioral Health Division 2015-2016 Quality Plan as set forth in the corresponding report. 10-0</i></p> <p>MOTION 2ND BY: (Shrout)</p> <p>AYES: Carlson, Chayer, Lutzow, Malofsky, Miller, Neubauer, Perez, Shrout, Walker, and Wesley - 10</p> <p>NOES: 0</p> <p>ABSTENTIONS: 0</p> <p style="text-align: center;">A voice vote was taken on this item.</p>
5.	<p>2015 Community Access to Recovery Services Purchase of Service Contracts.</p> <p>APPEARANCES: Susan Gadacz, Deputy Administrator, Community Access to Recovery Services Division, Behavioral Health Division (BHD), Department of Health and Human Services (DHHS) Amy Lorenz, Director of Crisis Services, BHD, DHHS Bruce Kamradt, Director of Wraparound Milwaukee, BHD, DHHS</p> <p>Ms. Gadacz provided opening remarks stating the contracts reflected in the report are with community services vendors who will be providing children, adolescent, and adult mental health and substance abuse disorder services for the County.</p>

SCHEDULED ITEMS (CONTINUED):

Ms. Lorenz detailed the various program contracts for Crisis Services, which included the Community Linkages and Stabilization Program (CLASP), Access Clinic – South, the Crisis Mobile Team and its expansion with third shift coverage, Crisis Stabilization homes, the Crisis Resource Center, and the Community Consultation Team.

Ms. Gadacz highlighted occurrences in 2014 that impacted 2015 contracts. She indicated all agencies that are community service providers will be operating under the evidenced based model of Assertive Community Treatment/Integrated Dual Disorder Treatment (ACT/IDDT). She discussed Targeted Case Management and Peer related services.

Mr. Kamradt stated Wraparound Milwaukee is made up of two components. It is a system of care, which means there is a single system of care in Milwaukee County for all children with serious emotional mental health needs across child welfare, juvenile justice, and mental health; and it is also a special managed care plan, which is unique to the country in being its own prepaid publicly operated managed care plan under a contract of the Wisconsin Medicaid Program. The philosophy is one family one plan. Mr. Kamradt explained the purchase of service contracts being recommended.

Vice-Chairman Carlson requested that first quarter quality data be collected, put into a report, and submitted to the Board for the April meeting cycle.

Board Member Diamond requested that outcome measures be provided to the Board prior to that April meeting.

Board Member Duncan requested a complete description of the contract appeal process at a future meeting.

Board Member Diamond requested that staff research adding non-competitive reviews to the contract consideration process.

Questions and comments ensued at length.

Board Members requested separate action be taken on this item.

MOTION BY: *(Shrout) Approve Alternatives in Psych Consultation, Community Advocates, Grand Avenue Club, Mental Health America, and Vital Voices. 9-0-1*

MOTION 2ND BY: *(Malofsky)*

AYES: Carlson, Chayer, Lutzow, Malofsky, Miller, Perez, Shrout, Walker, and Wesley – 9

NOES: 0

ABSTENTIONS: Neubauer – 1

SCHEDULED ITEMS (CONTINUED):

	<p>MOTION BY: <i>(Shrout) Approve the 16th Street Clinic. 9-0-1</i> MOTION 2ND BY: <i>(Malofsky)</i> AYES: Carlson, Chayer, Lutzow, Malofsky, Miller, Neubauer, Shrout, Walker, and Wesley – 9 NOES: 0 ABSTENTIONS: Perez – 1</p> <p>MOTION BY: <i>(Shrout) Approve the Medical College of Wisconsin. 9-0-1</i> MOTION 2ND BY: <i>(Malofsky)</i> AYES: Carlson, Lutzow, Malofsky, Miller, Neubauer, Perez, Shrout, Walker, and Wesley – 9 NOES: 0 ABSTENTIONS: Chayer – 1</p> <p>MOTION BY: <i>(Shrout) Approve the Balance of the 2015 Community Access to Recovery Services Purchase of Service Contract Recommendations. 10-0</i> MOTION 2ND BY: <i>(Malofsky)</i> AYES: Carlson, Chayer, Lutzow, Malofsky, Miller, Neubauer, Perez, Shrout, Walker, and Wesley – 10 NOES: 0 ABSTENTIONS: 0</p> <p style="text-align: center;">Voice votes were taken on this item.</p>
<p>6.</p>	<p>2015 Behavioral Health Division Professional Services Contracts.</p> <p>APPEARANCES: Jim Kubicek, Deputy Administrator, Behavioral Health Division (BHD), Department of Health and Human Services (DHHS) Dr. John Schneider, Executive Medical Director, BHD, DHHS</p> <p>Mr. Kubicek explained these contracts focus on facility based programming, supports functions that are critical to patient care, and are necessary to maintain hospital, nursing home, and crisis services licensure. He provided background information on the various agencies which include pharmacy and cleaning services. Mr. Kubicek stated the Behavioral Health Division is currently in the Request for Proposals process for facility based pharmacy services. The contract for long-term services will continue until closure. The contract for all other pharmacy services will contain a ninety-day termination clause. It is anticipated that a vendor recommendation will be made in early 2015. The new negotiated rate will be \$109,768 per month, which comes to \$1,317,216 per year.</p> <p>Questions and comments ensued.</p> <p>Board Members requested separate action be taken on this item.</p>

SCHEDULED ITEMS (CONTINUED):

	<p>MOTION BY: <i>(Lutzow) Approve the Medical College of Wisconsin Affiliated Hospitals and the Medical College of Wisconsin. 7-0-3</i></p> <p>MOTION 2ND BY: <i>(Shrout)</i></p> <p>AYES: Carlson, Lutzow, Malofsky, Perez, Shrout, Walker, and Wesley – 7</p> <p>NOES: 0</p> <p>ABSTENTIONS: Chayer, Miller, and Neubauer – 3</p> <p>MOTION BY: <i>(Miller) Approve the Balance of the 2015 Community Access to Recovery Services Purchase of Service Contract Recommendations. 9-1</i></p> <p>MOTION 2ND BY: <i>(Perez)</i></p> <p>AYES: Carlson, Chayer, Lutzow, Malofsky, Miller, Neubauer, Perez, Walker, and Wesley – 9</p> <p>NOES: Shrout - 1</p> <p>ABSTENTIONS: 0</p> <p style="text-align: center;">Voice votes were taken on this item.</p>
7.	<p>Mental Health Redesign and Implementation Task Force Update.</p> <p>APPEARANCE: Susan Gadacz, Deputy Administrator, Community Access to Recovery Services Division (CARS), Behavioral Health Division, Department of Health and Human Services</p> <p>Ms. Gadacz provided brief background information on the Mental Health Redesign and Implementation Task Force and their Action Teams. To promote clear reporting, implementation activities were framed as SMART Goals. Each SMART Goal was developed around a particular aim with a number of performance targets and tactical objectives to support that aim. Ms. Gadacz detailed the SMART Goals and the recommendations associated.</p> <p>Vice-Chairman Carlson suggested the Board hear from the various Action Teams to stay abreast of their efforts.</p> <p>Board Member Wesley recommended letters of recognition be prepared and distributed to Task Force Members.</p> <p>Questions and comments ensued:</p> <p><i>The Board took no action regarding this informational item.</i></p>

SCHEDULED ITEMS (CONTINUED):

8.	<p>2015 State of Wisconsin Social Services and Community Programs Contract.</p> <p>APPEARANCES: Randy Oleszak, Fiscal Administrator, Behavioral Health Division (BHD), Department of Health and Human Services (DHHS) Susan Gadacz, Deputy Administrator, Community Access to Recovery Services Division (CARS), BHD, DHHS</p> <p>Mr. Oleszak explained the funding identified in this report pertains only to revenues associated with services within the Behavioral Health Division (BHD). He discussed the Community Aids Basic County Allocation, which is a type of block grant provided to counties that is not earmarked to serve a specific target population, and BHD earmarked revenue sources.</p> <p>Questions and comments ensued.</p> <p>MOTION BY: (Lutzow) Approve the 2015 contracts with the State of Wisconsin for Social Services and Community Programs. 10-0</p> <p>MOTION 2ND BY: (Neubauer)</p> <p>AYES: Carlson, Chayer, Lutzow, Malofsky, Miller, Neubauer, Perez, Shrout, Walker, and Wesley - 10</p> <p>NOES: 0</p> <p>ABSTENTIONS: 0</p> <p style="text-align: center;">A voice vote was taken on this item.</p>
9.	<p>Behavioral Health Division 2014 Year-End Financial Review.</p> <p>APPEARANCES: Randy Oleszak, Fiscal Administrator, Behavioral Health Division (BHD), Department of Health and Human Services (DHHS) Hector Colon, Director, DHHS Jim Kubicek, Deputy Administrator, BHD, DHHS</p> <p>Mr. Oleszak detailed the key fiscal items outlined in the report, which include clinical staffing, adult inpatient bed reduction, Hilltop downsizing, various revenues, and Community Recovery Services and Comprehensive Community Services billing implementation. He reviewed the P&L, revenue and expenditure summaries, and identified 2015 projected budget surplus/deficit items and risk/opportunities.</p> <p>Questions and comments ensued.</p> <p>The Board took no action regarding this informational item.</p>

SCHEDULED ITEMS (CONTINUED):

10.	<p>Media Inquiries.</p> <p>Madame Chair addressed inquiries regarding to what to do if contacted by the media. Information privy to the Clerk will be forwarded to Board Members, and it is up to each individual Board Member to decide whether or not you want to respond.</p> <p><i>The Board took no action regarding this informational item.</i></p> <p>The Board broke for lunch after Item 10 at 12:15 p.m. and reconvened at approximately 12:50 p.m. The roll was taken and all Board Members were present with the exception of Board Members Lehrmann, Lutzow, and Miller, who were excused for the remainder of the meeting.</p>
11.	<p>New Behavioral Health Division Facility Administrative Committee Update.</p> <p>APPEARANCES: Patricia Schroeder, Administrator, Behavioral Health Division, Department of Health and Human Services (DHHS) Teig Whaley-Smith, Director, Department of Administrative Services Hector Colon, Director, DHHS</p> <p>Ms. Schroeder recapped the establishment of the Facility Committee, which meets weekly, reminding the Board it is an administrative committee inclusive of Board members.</p> <p>Mr. Whaley-Smith explained Milwaukee County is basically doing an overhaul of all its facilities as part of its Consolidated Facilities Plan. The plan process used matches the fiscal analysis with space programming. Collaboration on this effort of developing a new behavioral health facility/treatment facility is key. A 2008 analysis indicated there would be at least a \$2.3 million annual savings by moving into a different location. That projection anticipated moving into a location of the same square footage. Facility needs have changed since that analysis, and a reduction in the footprint will allow a move to a more cost effective space.</p> <p>Mr. Whaley-Smith continued with a Power Point presentation that detailed the process expected to follow in determining factors that will decide such things like moving into existing space versus building a new facility.</p> <p>Questions and comments ensued.</p> <p><i>The Board took no action regarding this informational item.</i></p>

SCHEDULED ITEMS (CONTINUED):

12.	<p>Establishment of 501(c)(3) Corporation.</p> <p>APPEARANCES: Patricia Schroeder, Administrator, Behavioral Health Division, Department of Health and Human Services Colleen Foley, Deputy, Corporation Counsel</p> <p>Ms. Schroeder stated the Behavioral Health Division is establishing a 501(c)(3) Corporation foundation as part of this entity, which is frequently used to receive grants and donation contributions. It ensures that those funds stay separate and used only toward a dedicated purpose and not be attached to the bottom line of operations of the organization.</p> <p><i>The Board took no action regarding this informational item.</i></p>
13.	<p>Follow-up to Board Information Request.</p> <p>APPEARANCE: Kathie Eilers, Transitional Liaison, Behavioral Health Division (BHD) Department of Health and Human Services (DHHS)</p> <p>Ms. Eilers explained the report related to this item reflects topics enumerated at the Special November meeting by the Chairwoman identified by Board Members as items they are interested in receiving further information. Those items were taken and grouped under the various areas for which they might fall. These would be standing reports and the suggested frequency is denoted for how often this information would be provided. She then indicated that there were three items that needed clarification which are psychiatric information, arrest records, and Board performance obligations.</p> <p>Board Member Diamond stated he felt the arrest records would be a good measure for CSPs and CCS. Ms. Gadacz indicated that information is collected at the time of intake.</p> <p>Ms. Eilers continued by stating that it will be incumbent upon staff and the various Committees to make sure that this information is provided regularly.</p> <p>Chairman Walker suggested that the report provided become the Board's working document with frequency still to be determined.</p> <p>Questions and comments ensued.</p> <p><i>The Board took no action regarding this informational item.</i></p>

SCHEDULED ITEMS (CONTINUED):

14. BHD Medical Staff Organization Bylaws.

APPEARANCES:

Dr. Health Martens, President of the Medical Staff Organization, Behavioral Health Division (BHD), Department of Health and Human Services (DHHS)
Dr. John Schneider, Executive Medical Director, BHD, DHHS

Dr. Schneider explained state statutes list the duties of the medical staff as it relates to having written rules and bylaws for governance of themselves. To ensure those bylaws are compliant and up-to-date a consultant was used that specializes in reviewing medical staff organizational bylaws. The consultant pointed out areas where changes had to be made for compliance purposes and recommended changes with various options. Upon completion of the review, medical staff and medical staff leadership drafted an updated set of bylaws which the medical staff approved.

Dr. Martens described in detail the changes made to the bylaws related to the areas of credentialing and privileging recommendations and the election of officers.

MOTION BY: (Shrout) Approve the Behavioral Health Division Medical Staff Organization Bylaws. 8-0

MOTION 2ND BY: (Carlson)

AYES: Carlson, Chayer, Malofsky, Neubauer, Perez, Shrout, Walker, and Wesley - 8

NOES: 0

ABSTENTIONS: 0

EXCUSED: Lutzow and Miller – 2

A voice vote was taken on this item.

SCHEDULED ITEMS (CONTINUED):

Item #s 15 and 16 were considered together.

Pursuant to Wisconsin Statutes Section 19.85(1)(c), the Board may adjourn into Closed Session for the purpose of considering employment or performance evaluation data for public employees over which the Board has jurisdiction and exercises responsibility. Some or all of the information discussed may also be subject to confidentiality under Section 146.38, Stats. as they relate to the following matter(s):

15. Medical Executive Report and Credentialing and Privileging recommendations.

MOTION BY: (Carlson) Adjourn into closed session under the provisions of Wisconsin Statutes Section 19.85(1)(c) for the purpose of considering employment or performance evaluation data for public employees over which the Board has jurisdiction and exercises responsibility. Some or all of the information discussed may also be subject to confidentiality under Section 146.38, Stats. and Section 19.85(1)(g) for the purpose of conferring with legal counsel about litigation in which the Behavioral Health Division might be involved, as they relate to Item #s 15 and 16. At the conclusion of the Closed Session, the Board may reconvene in open session to take whatever action(s) it may deem necessary on the aforesaid item. 8-0

MOTION 2ND BY: (Shrout)

AYES: Carlson, Chayer, Malofsky, Neubauer, Perez, Shrout, Walker, and Wesley - 8

NOES: 0

ABSTENTIONS: 0

EXCUSED: Lutzow and Miller - 2

A voice vote was taken on this item.

The Committee convened into Closed Session at 1:16 p.m. and reconvened back into open session at approximately 1:57 p.m. The roll call was taken and all Board Members were present.

MOTION BY: (Malofsky) Approve John Prestby's Credentialing. 6-0-2

MOTION 2ND BY: (Chayer)

AYES: Carlson, Chayer, Perez, Shrout, Walker, and Wesley - 6

NOES: 0

ABSTENTIONS: Malofsky and Neubauer - 2

EXCUSED: Lutzow and Miller - 2

SCHEDULED ITEMS (CONTINUED):

	<p>MOTION BY: (Malofsky) Approve the Balance of the Medical Staff Credentialing Report and Executive Committee Recommendations. 8-0</p> <p>MOTION 2ND BY: (Chayer)</p> <p>AYES: Carlson, Chayer, Malofsky, Neubauer, Perez, Shrout, Walker, and Wesley - 8</p> <p>NOES: 0</p> <p>ABSTENTIONS: 0</p> <p>EXCUSED: Lutzow and Miller – 2</p> <p style="text-align: center;">Voice votes were taken on this item.</p>
16.	<p>Legal Update.</p> <p>MOTION BY: (Carlson) Adjourn into closed session under the provisions of Wisconsin Statutes Section 19.85(1)(c) for the purpose of considering employment or performance evaluation data for public employees over which the Board has jurisdiction and exercises responsibility. Some or all of the information discussed may also be subject to confidentiality under Section 146.38, Stats. and Section 19.85(1)(g) for the purpose of conferring with legal counsel about litigation in which the Behavioral Health Division might be involved as they relate to Item #s 15 and 16. At the conclusion of the Closed Session, the Board may reconvene in open session to take whatever action(s) it may deem necessary on the aforesaid item. 8-0</p> <p>MOTION 2ND BY: (Shrout)</p> <p>AYES: Carlson, Chayer, Malofsky, Neubauer, Perez, Shrout, Walker, and Wesley - 8</p> <p>NOES: 0</p> <p>ABSTENTIONS: 0</p> <p>EXCUSED: Lutzow and Miller - 2</p> <p style="text-align: center;">A voice vote was taken on this item.</p> <p style="text-align: center;">The Board did not reconvene back into Open Session for further discussion related to Item 16.</p>
17.	<p>Adjournment.</p> <p>MOTION BY: (Chayer) Adjourn. 8-0</p> <p>MOTION 2ND BY: (Shrout)</p> <p>AYES: Carlson, Chayer, Malofsky, Neubauer, Perez, Shrout, Walker, and Wesley - 8</p> <p>NOES: 0</p> <p>ABSTENTIONS: 0</p> <p>EXCUSED: Lutzow and Miller - 2</p>

SCHEDULED ITEMS (CONTINUED):

STAFF PRESENT:

Patricia Schroeder, Administrator, Behavioral Health Division (BHD), Department of Health and Human Services (DHHS)
Susan Gadacz, Deputy Administrator, Community Access to Recovery Services Division, BHD, DHHS
Hector Colon, Director, DHHS
Dr. John Schneider, Executive Medical Director, BHD, DHHS
Jennifer Bergersen, Chief Quality Officer, BHD, DHHS
Amy Lorenz, Director of Crisis Services, BHD, DHHS
Bruce Kamradt, Director of Wraparound Milwaukee, BHD, DHHS
Jim Kubicek, Deputy Administrator, BHD, DHHS
David Johnson, Community Services Manager, CARS, BHD, DHHS
Randy Oleszak, Fiscal Administrator, Behavioral Health Division (BHD), Department of Health and Human Services (DHHS)
Teig Whaley-Smith, Director, Department of Administrative Services
Colleen Foley, Deputy, Corporation Counsel
Kathie Eilers, Transitional Liaison, BHD, DHHS
Dr. Heather Martens, President, Medical Staff Organization, BHD, DHHS

This meeting was recorded. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Behavioral Health Division/Mental Health Board web page.

Length of meeting: 8:07 a.m. to 2:21 p.m.

Adjourned,

Jodi Mapp

Senior Executive Assistant
Milwaukee County Mental Health Board

**DEADLINE FOR THE MILWAUKEE COUNTY MENTAL HEALTH BOARD:
The next regular meeting for the Milwaukee County Mental Health Board is
Thursday, February 26, 2015 @ 8:00 a.m.**

All items for the agenda must be in Ms. Mapp's possession by the end
of the business day on **Monday, January 19, 2015.**

SCHEDULED ITEMS (CONTINUED):

The December 18, 2014, meeting minutes of the Milwaukee County Mental Health Board are hereby submitted for approval at the next scheduled meeting of the Milwaukee County Mental Health Board.



Dr. Robert Chayer, Secretary
Milwaukee County Mental Health Board

**COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication**

DATE: February 12, 2015

TO: Kimberly Walker, Chairperson – Milwaukee County Mental Health Board

FROM: Patricia Schroeder, Administrator, Behavioral Health Division

SUBJECT: **Report from the Administrator, Behavioral Health Division, providing an Administrative Update**

Background

The purpose of this standing report is to highlight key activities or issues related to the Milwaukee County Behavioral Health Division (BHD) since the previous Board meeting and provide ongoing perspectives to the Milwaukee County Mental Health Board regarding the work of the organization and its leadership.

Discussion

1. Organizational Leadership Structure

Transitions of former leaders set the stage for a reorganization of leadership and reporting within the Behavioral Health Division. **(See Attachment A)**

The role of the former Deputy Administrator for Crisis, Acute and LTC Services was split into two different leadership positions as well as titles: Chief Clinical Officer and Chief Administrative Officer.

Chief Clinical Officer oversees the clinical delivery teams of Crisis, Acute and Long Term Care Services. Jennifer Bergersen, MSW, who was in the Chief Quality Officer role and had historically served as interim Deputy Administrator, graciously agreed to this new role, and doing great work.

The role of Chief Administrative Officer will be accountable for strategic leadership of large contracted functions. These will include Pharmacy, Facility Management, Onsite IT/EHR oversight, Safety Education, and Security. Alicia Modjeska, RN, BSN, MN has been hired as of January 2015 to lead these activities. Ms Modjeska has a rich track record in health care executive leadership, including serving as vice president for St. Francis Hospital, Sr. Vice President for Ambulatory Services for Wheaton Health Care,

President of St. Michael Hospital, Chief Operating Officer for Westside FQHC (now Progressive), and COO for CommunityCare Inc. She has hit the ground running in her leadership of these functions.

Dr. Justin Kuehl, PhD has been appointed Chief Psychologist for BHD. Dr. Kuehl has a Doctor of Psychology and a Master of Arts in Psychology both from the American School of Professional Psychology in Argosy University in Washington DC. He has work experience as a Case Manager, Psychological Consultant, Psychology Treatment Director, and has worked in community based provider clinical, medium and super-maximum correctional facilities and public hospitals. He began his practice at Milwaukee County Behavioral Health Division in 2006. Please join us in welcoming Dr. Kuehl to the role of Chief Psychologist.

The positions of Chief Quality Officer, and Director of Nursing remain posted and under recruitment.

2. Temporary Inpatient Bed Hold

On November 6, 2014, the Executive Team for BHD implemented a temporary bed hold due to staffing shortages. Beds went from 66 to 48, based on shortages of RN staffing availability.

Since that time, the Crisis and Acute Services Teams have worked tirelessly to evaluate and care for patients, and assure that they reside in and move to the most appropriate setting, including settings on this campus as well as Crisis Stabilization Houses either prior to or following acute stays to increase access to acute beds.

Data have been tracked carefully and disseminated weekly to the inpatient providers of acute behavioral health services as well as Emergency Departments of other health systems. **(See Attachment B)**

Four inpatient beds were added by February 9th. Additional beds will be added incrementally as possible.

3. RN and CNA recruitment

A contracted nurse recruiter from MRA continues to work with BHD and has been successful in increasing our hiring. Two nurse managers have also been hired, which is critical to unit leadership and support of acute services.

Recruitment of nurses has been a high priority.
Hires from November 2014-February 2015 include:
12 Part time RNs
7 Fulltime RNs
3 Pool RNs
2 Pool house supervisors

6 Part time CNAs
3 Fulltime CNAs
3 Pool CNAs

In addition, we transitioned most working in Hilltop into open clinical positions.

During the November 1 through January 16th period
23 CNAs left the organization (13 resignations, 4 retirements, 4 separated during probation period, and 2 terminations)
10 Fulltime RNs (11 resignations, 2 retirements)
3 RN pool (all resignations)

The reasons for resignation remain anecdotal. Formal exit interviews are not a part of routine practice, and are being actively explored by the HR services. Anecdotally, the reasons for resignations include:

- Salaries---have found a position elsewhere for a higher salary
- Salary equity---have not progressed in the range and newly hired staff are making more
- Mandatory Overtime, which was significantly reduced with the temporary bed reduction, but had been occurring for 3 years prior
- Concerns about safety on the unit---concerns following an episode of aggressive behavior of a patient
- Leadership gaps – we have now filled the nurse manager roles on each acute unit, but that is recent.
- Personal decisions to move to a different area of practice, not behavioral health
- Pool staff have resigned for several reasons including decisions based on requiring them to meet the expectations of remaining on staff such as working a given number of shifts per month.

Significant attention continues to be placed on recruitment as well as retention of staff. A multifaceted approach is being used to address selection, communications, onboarding, leadership at the unit levels, scheduling, safety on units, performance feedback, education and development, and team collaboration, to name a few.

4. Safety on Acute Care Units

Safety for patients and staff across the BHD environments remains a very high priority. A number of factors play a role in safety in a behavioral health facility that serves people with high acuity clinical conditions. **(See Attachment C)** BHD has always been committed to:

- Creating safe environments for patients, families and staff
- Identifying and analyzing any episode of aggressive behaviors between patients or between patients and staff
- Exploring any incident of aggressive or injurious behaviors to identify and act on root causes and foster prevention—those involved in the incident, as well as a team of clinical leaders assess, analyze and create actions to address any episode.
- Communicating regarding incidents in to clinical teams involved

Episodes of significant injury of staff based on aggressive acts of patients have escalated over the past several years in the acute units. **(See Attachment D)** While each episode is analyzed and actions taken to enhance future prevention, leaders and several groups continue efforts on multiple variables to support the development of staff in assessment and de-escalation of aggressive behavior, engage staff and leaders in understanding and analyzing each incident to identify ways to prevent, and implement actions on the units to enhance safety. See the attached safety fishbone diagram that reflects the multifaceted approach to enhancing safety at BHD. Work is continuing related to multiple variables.

5. Long Term Care Transitions

We continue to celebrate the transitions of residents from Hilltop, which officially closed January 10, 2015. We continue tracking any episode of contact with those former residents, either in crisis services or in acute. **(See Attachment E)**

We are delighted to acknowledge how well people are doing in their new community based living circumstances. The new CCT, Community Consultation Team, is now available, and is a multidisciplinary group of providers, many of whom previously worked with Hilltop residents. This team has been established to provide community based support to those with serious behavioral health conditions and intellectual disabilities.

Rehab Central continues to have 27 residents. The relocation team, similar to the one for Hilltop residents, meets every other week to evaluate each individual resident and their needs for safe and effective community placement. Other teams meet on

alternate weeks, working on individual issues, such as community availability of psychiatry follow up, in support of this overall transition plan. Several residences are under construction in readiness for community living of these residents. Rehab Central residents will be transitioned by the end of the year or sooner, based on readiness.

6. Strategic Planning

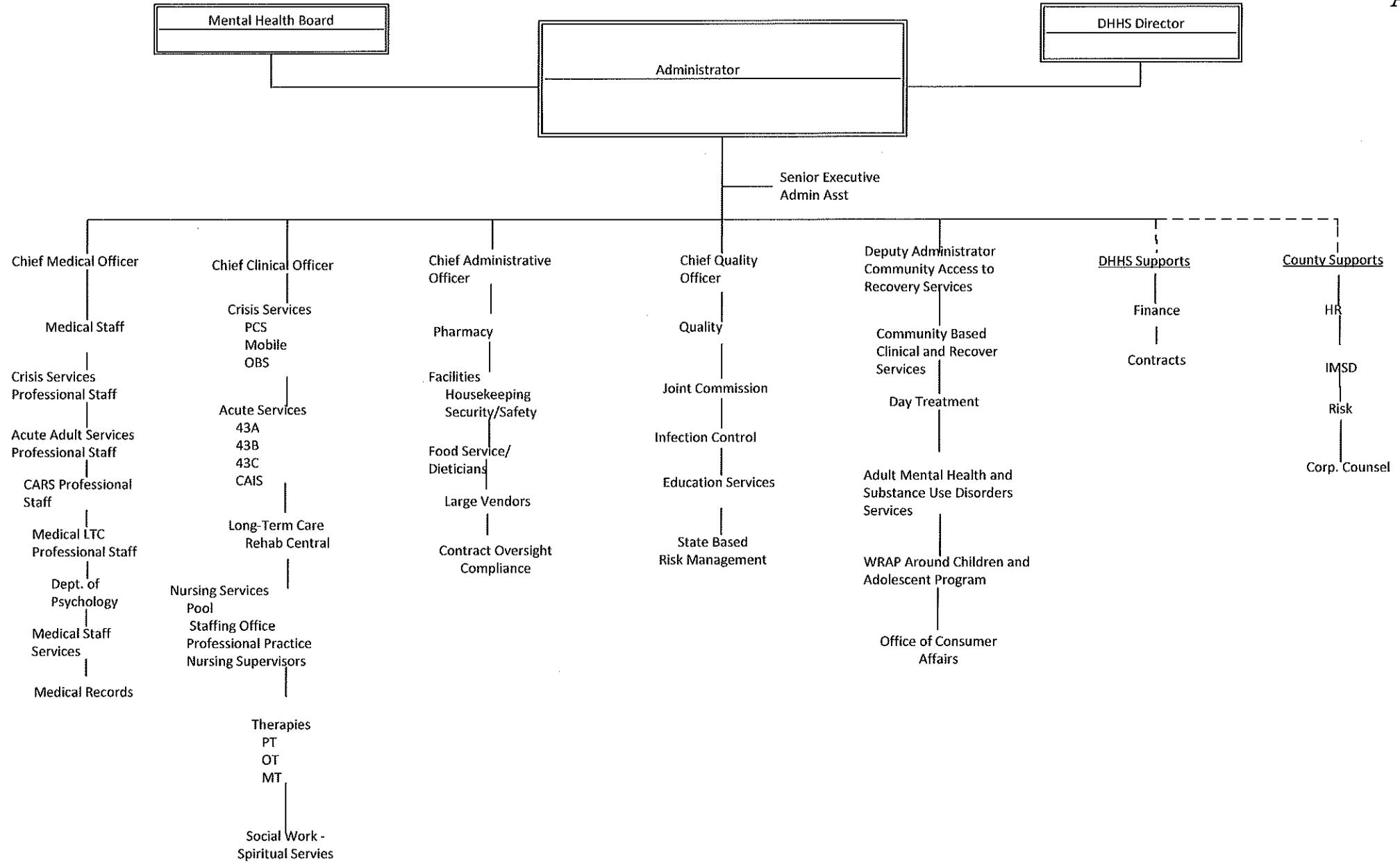
Strategic planning for BHD is moving forward with several bodies of work. The DHHS Strategic Plan (presented at the December 2014 Mental Health Board Administrators Report) will serve as a framework for the document. A leadership group from BHD, reflecting the continuum of services will be meeting on February 18, 2015 to expand the planning. Focus groups and a survey (with assistance of a consultant in communications) will facilitate staff input from across all services and the continuum. We anticipate further input from stakeholders and many others within the "program planning processes" guided by the facility and space planning team and consultants (which includes an international expert in behavioral health facility planning). This will include opportunities for public comment.

We anticipate further data and direction to be provided through the two additional analyses/documents produced by the Public Policy Forum and HSRI – one on Financing and Modeling of services to be released shortly, and one on outpatient and community based services available in southeastern Wisconsin for underserved populations, to be released in the next two months.

Respectfully Submitted,



Patricia Schroeder, Administrator
Milwaukee County Behavioral Health Division
Department of Health and Human Services



**PCS Hospital
Transfer Waitlist
Report**

Fourth Quarter

2014

Data Prepared by:
Quality Improvement
Department

Summary of Data Prepared
by:
John Schneider MD FAPA

Summary of recent events and continued short-term action steps:

We temporarily reduced 18 beds on November 6th, related to significant shortages with RN staffing availability. We remain in an aggressive recruitment mode, and in January hired 15 new nurses. Orientation is 6 weeks.

Over the past 3 months, utilization of waitlist spiked, and now has plateaued. In this context, we started third shift mobile crisis team 5 days a week, with a plan to move to 7 days a week in the next 3 weeks. This has maximized the ability to divert the waitlist patients to additional community or private health system placements. For those patients who need to come to BHD and remain on waitlist, despite the best efforts of community partners and the BHD crisis teams, that waitlist time is increasing to 24-48 hours.

We recognize that as we aggressively triage the low and medium acuity patients to private health systems, the high acuity patients we receive present an associated set of issues, including a longer length of stay given their severity of illness-- further delaying available patient beds. In addition, the data has shown with this increased acuity population, there is a commensurate increase in violent acts, which further taxes our staffing paradigms, morale and other resiliencies.

Given our continued initiatives and efforts, we believe we can add back 4 beds in the next two weeks.

We will continue to track and report weekly, as we have done since the beginning of the temporary bed hold. Weekly waitlist data has been shared with the Behavioral health inpatient provider group and the Emergency Director Community Council. There is a joint meeting of these two groups, scheduled for this Thursday, to further review and refine mobile crisis team usage during waitlist times.

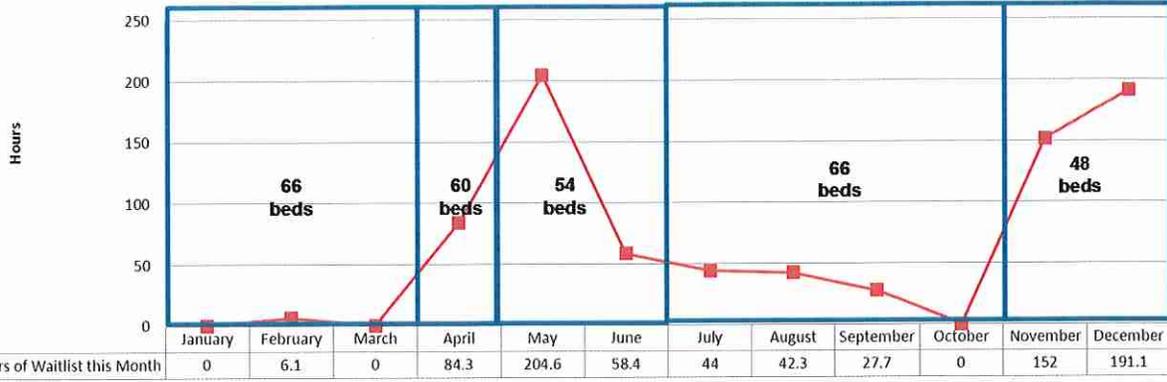
Summary of data for 2014:

- PCS was on hospital transfer waitlist status 9.3% of the time during 2014.
- The 292 individuals delayed comprised 3% of the total PCS admissions (10,698) during 2014.
- 29 hospital transfer waitlist events occurred during 2014.
- The median wait time for all individuals delayed was 21.1 hours.

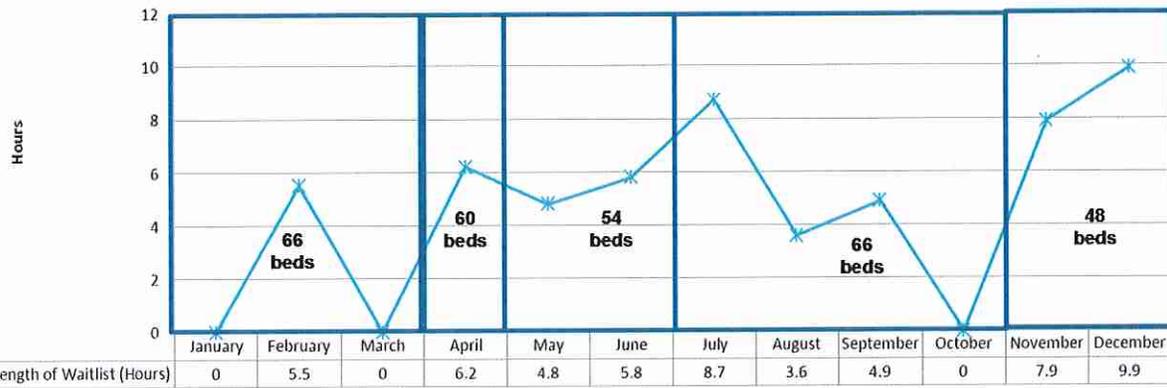
2014 Data versus Prior Years (1 highest/worst – 7 lowest/best)

- 4 of 7 for Number of Waitlist Events
- 5 of 7 for Average Event Duration
- 1 of 7 for Median Wait Time
- 4 of 7 for Total Numbers Waitlisted
- 4 of 7 for Waitlist/Total PCS Visits (3%)
- Clear Relationship Between Inpatient Capacity/Census and Waitlist
- Associated Emerging Safety Issues

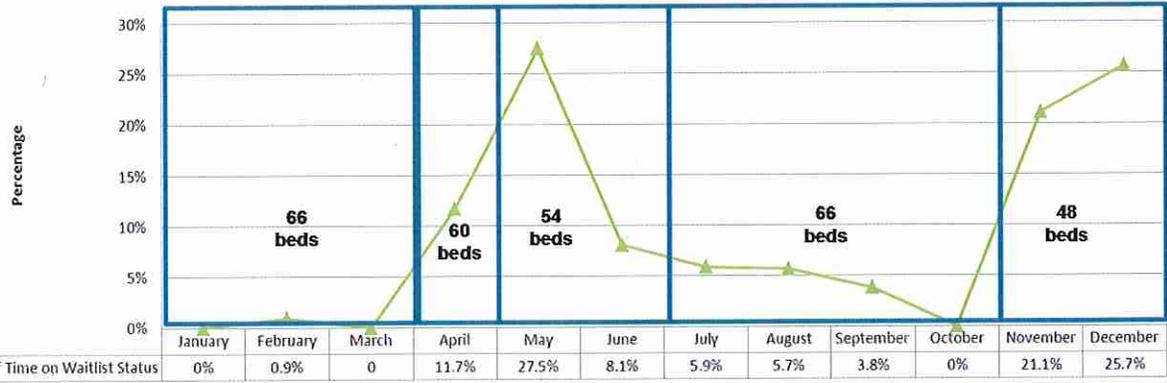
Total Hours of Waitlist this Month



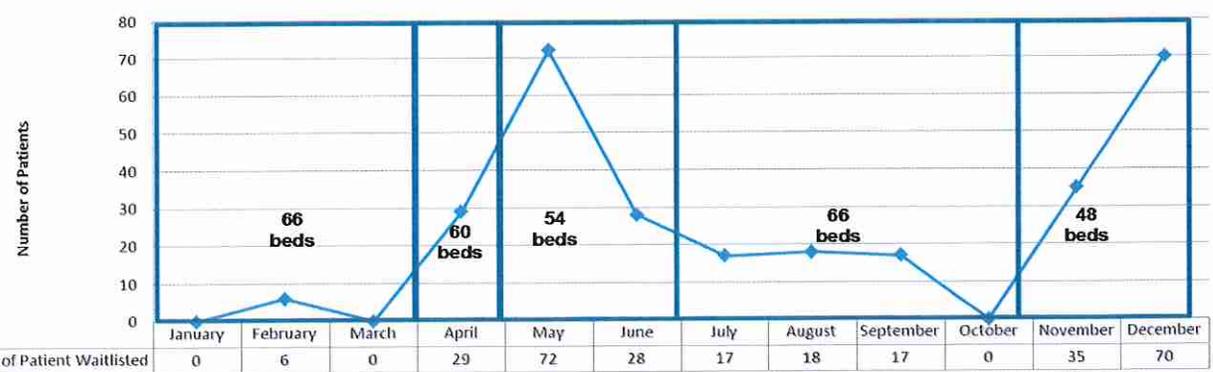
Average length of Waitlist (Hours)



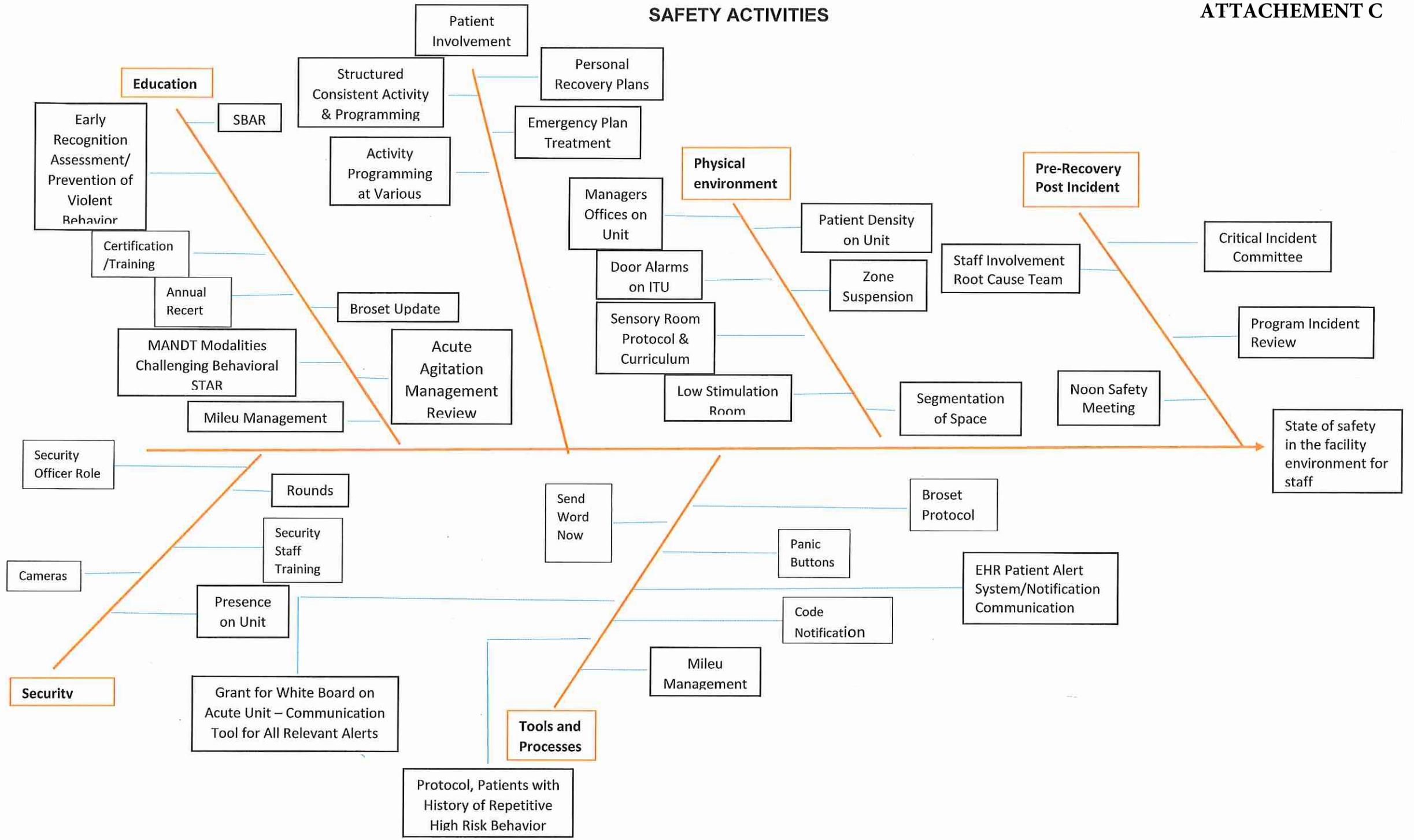
Percent of Time on Waitlist Status



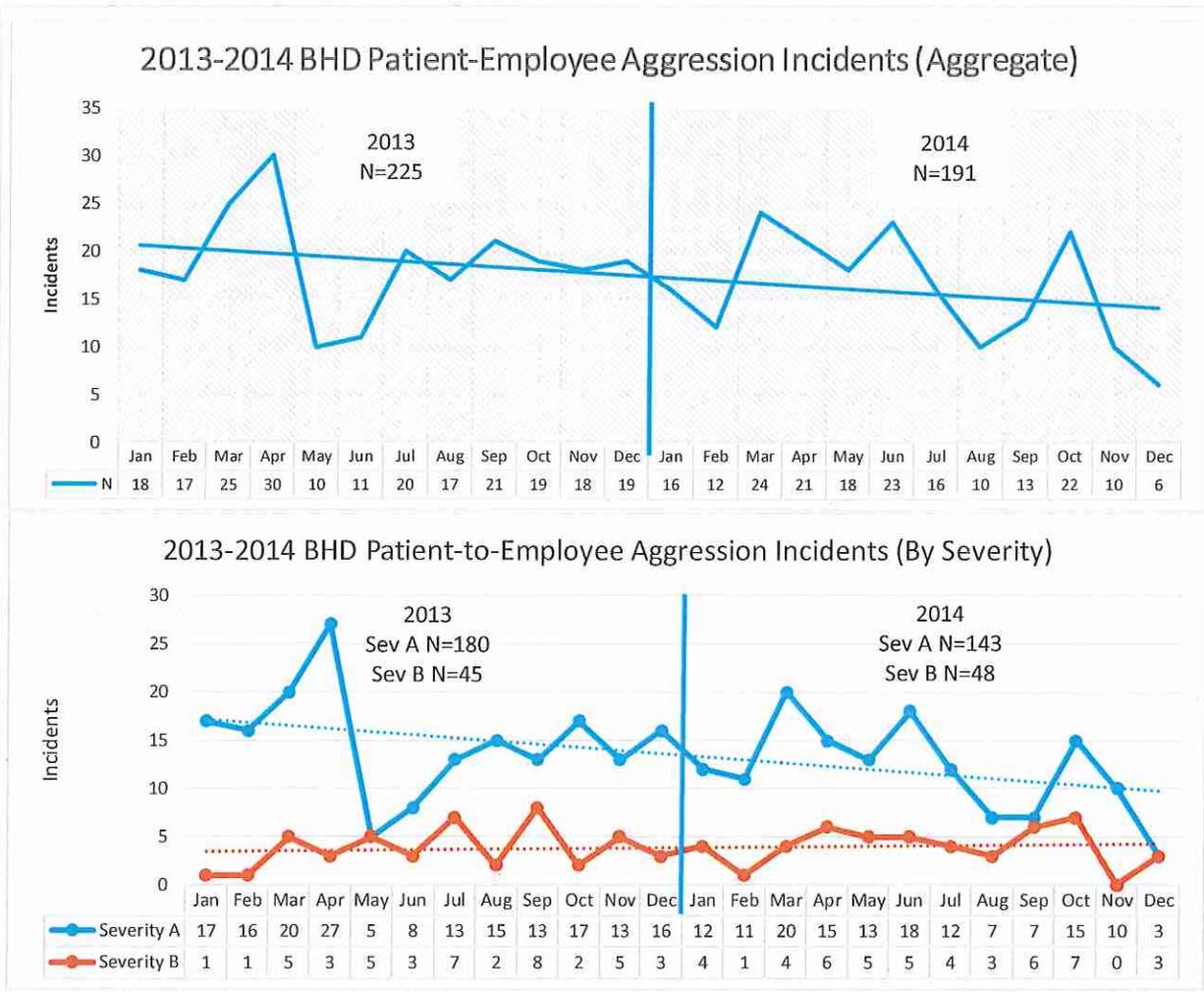
Number of Patient Waitlisted



SAFETY ACTIVITIES

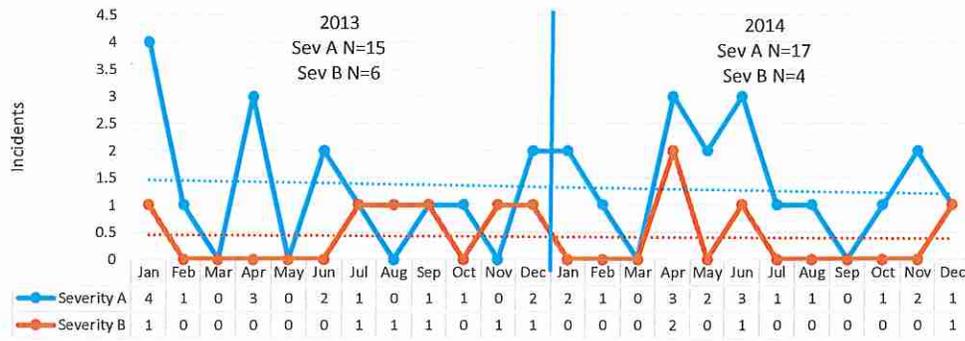


2013-2014 BHD Patient-to-Employee Aggression Incidents by Month

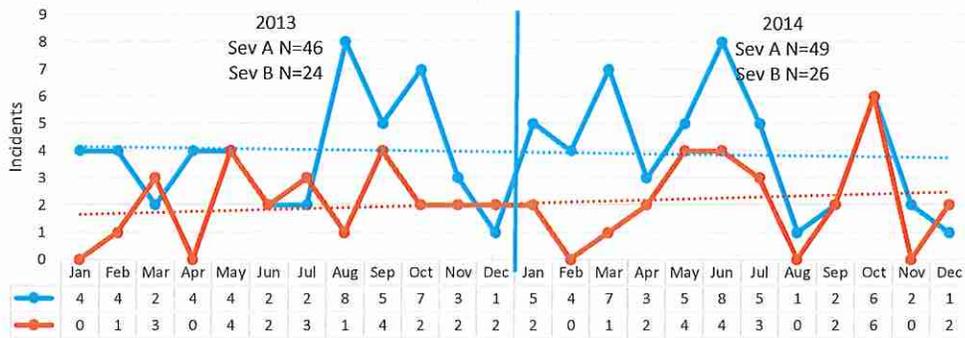


- BHD **aggregate** Patient-to-Employee Aggression incidents declined by 15% between 2013 and 2014 (2013 n=225, 2014 n=191).
- BHD aggregate Patient-to-Employee Aggression incidents *rated as Severity A: No treatment/minor first aid* declined by 21% between 2013 and 2014. (2013 n=180, 2014 n=143).
- BHD aggregate Patient-to-Employee Aggression incidents rated as **Severity B: Medical intervention required** increased by 7% between 2013 and 2014. (2013 n=45, 2014 n=48).
- **Crisis Service** Patient-to-Employee Aggression incidents rated as Severity A increased by 13% between 2013 and 2014 (2013 n=15, 2014 n=17) while Severity B incidents declined by 33% (2013 n=6, 2014 n=4).
- **Acute Adult** Patient-to-Employee Aggression incidents rated as Severity A increased by 6% between 2013 and 2014 (2013 n=46, 2014 n=49) while Severity B incidents increased by 8% (2013 n=24, 2014 n=26).
- **CAIS** Patient-to-Employee Aggression incidents rated as Severity A increased by 120% between 2013 and 2014 (2013 n=5, 2014 n=11) while Severity B incidents increased by 40% (2013 n=5, 2014 n=7).
- **Hilltop** Patient-to-Employee Aggression incidents rated as Severity A declined by 27% between 2013 and 2014 (2013 n=64, 2014 n=47) while Severity B incidents declined by 14% (2013 n=7, 2014 n=6).
- **Rehab Central** Patient-to-Employee Aggression incidents rated as Severity A declined by 68% between 2013 and 2014 (2013 n=50, 2014 n=16) while Severity B incidents increased by 66% (2013 n=3, 2014 n=5).

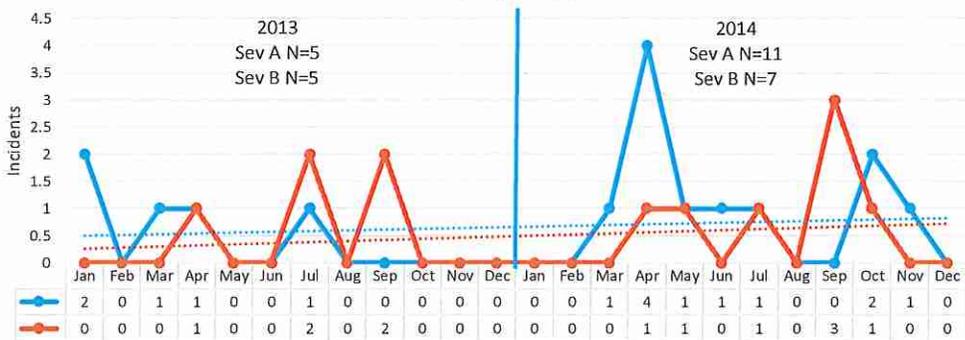
2013-2014 BHD Patient-to-Employee Aggression Incidents (Crisis Service)



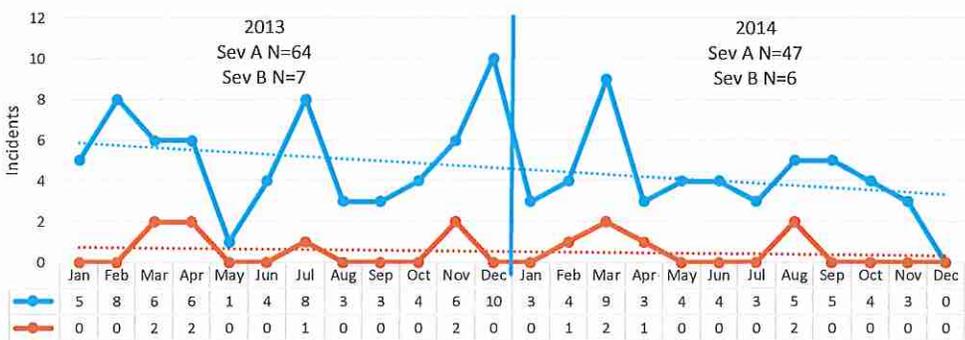
2013-2014 BHD Patient-to-Employee Aggression Incidents (Acute Adult)



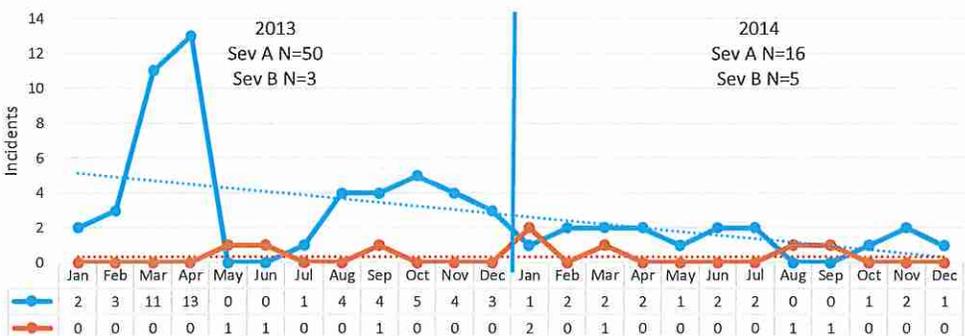
2013-2014 BHD Patient-to-Employee Aggression Incidents (CAIS)



2013-2014 BHD Patient-to-Employee Aggression Incidents (Hilltop)



2013-2014 BHD Patient-to-Employee Aggression Incidents (Rehab Central)



2013-2015 Discharged BHD Rehab Center Resident - Inpatient Readmission Rate									
Time Period: 4/9/13 - 2/2/15									
Program	Year	Resident Discharges	Admissions From Discharged Rehab Center Residents						Inpatient Readmission Rate
			Crisis Service			Acute Adult			
			Crisis Mobile	PCS	Observation	43A	43B	43C	
Central	2013	19	1	3	1	-	1	-	5.3%
	2014	21	5	12	3	1	4	-	12.5%
Hilltop	2013	8	-	-	-	-	-	-	0.0%
	2014	48	6	10	4	1	-	-	1.8%
Total		96	12	25	8	2	5	-	7.3%

- For time period 4/9/13 – 2/2/15, 96 Rehab Center residents were discharged (Hilltop n=56, Rehab Central n=40)
- Of the 56 Hilltop resident discharges, only 1 resident (1.8%) had an Acute Adult readmission.
- Of the 40 Rehab Central discharges, only 4 residents (10.0%) had an Acute Adult readmission.

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: February 11, 2015

TO: Kimberly Walker, JD, Chairwoman, Mental Health Board

FROM: Héctor Colón, Director, Department of Health and Human Services
Approved by Patricia Schroeder, Administrator, Behavioral Health Division
Prepared by Teig Whaley-Smith, Director, Department of Administrative Services

SUBJECT: **Report from the Director, Department of Health and Human Services,
Requesting Authorization to Enter into Professional Services Contracts Related
to Facilities Planning for the Behavioral Health Division (BHD)**

Issue

Wisconsin Statutes 51.41(10) requires Milwaukee County Mental Health Board approval for contracts with a value of \$100,000 or greater. Per the statute, the Director, Department of Health and Human Services (DHHS), is requesting authorization for BHD to enter into professional services contracts with CBRE-Wisconsin and Zimmerman Architectural Studios (ZAS).

Background

For a number of years, BHD has understood the shortcomings of the current behavioral health facilities on the Milwaukee Regional Medical Center grounds. The current buildings were constructed in 1968, 1973 and 1978 to then current standards, but today they impede BHD's ability to cost effectively deliver mental health services to the community. They do not address modern behavioral health treatment standards, are aging and very inefficient, and are too large for the Milwaukee County population.

Over the years, there have been numerous studies done of the facilities, but steps to improve or dispose of the properties have met with resistance at various levels in the community and within Milwaukee County government. The Wisconsin Department of Health Services provided an "Assessment of the Milwaukee County Behavioral Health System" on November 25, 2014 (prepared by Deloitte Consulting). The report cites the reduction in admissions and downsizing efforts.

- *From 2010 to 2014 a 46 percent decrease in the average number of acute adult admissions per month and a reduction of 40 percent in the number of child and adolescent admissions per month.*

- *In 2010 Health Services Research Institute (HSRI) published findings that suggested: “continue to downsize and redistribute inpatient capacity....”*

As a result of the reduction in admissions and the aging facility, BHD, in conjunction with the Department of Administrative Services, feel it is paramount to secure professional architectural services in moving this process forward.

CBRE-Wisconsin

CBRE-Wisconsin has a proven record of success with Milwaukee County in working with staff to reduce facilities costs, improve working conditions and dispose of unneeded or underutilized assets. In 2013, CBRE provided a Comprehensive Facilities Analysis of over 3-million square feet of County facilities and facilities operations. This report has led to specific studies and the application of current standards for the Safety Building, the Marcia P. Coggs Center, and the City Campus complex of buildings, among others. And starting in 2015, a Consolidated Facilities Committee along with CBRE will address the Courthouse.

Specific steps have already been approved by Milwaukee County Board Committees and the County Board to address CBRE recommendations including the sale of City Campus and moving about 185 staff to alternate locations. This saved the County about \$25-million as well as millions of dollars in deferred maintenance costs.

In order to continue the facilities development planning work of CBRE, BHD is recommending a nine-month contract with CBRE to manage the process described above commencing on April 1, 2015 and ending December 31, 2015 for a fixed fee of \$140,000.

Architectural Services

CBRE, working with the BHD Facilities Administrative Committee and Milwaukee County Architectural & Engineering Services, prepared a Request for Proposals (RFP) which was released to pre-approved architectural firms to provide a Program Statement for Milwaukee County's Behavioral Health facilities. The Program Statement will provide BHD with a preliminary view of “what is needed” for BHD facilities in the future. Five firms responded to the RFP, with three being selected for final interviews and in depth analysis.

Following interviews, it was determined there were two specific architectural groups that stood out and could provide BHD with the type of programming that will be actionable and will allow Milwaukee County BHD to continue a disciplined process to move to “center of excellence” facilities for behavioral health services.

The proposal selected was from Zimmerman Architectural Studios, Architectural +, and Scopebridge. This architectural team is very experienced in behavioral health facilities, with Architectural + being the pre-eminent architect in the United States for BH design. Working directly with the CBRE team, it is expected that Milwaukee County BHD will receive a Comprehensive Program Statement that will define the parameters for future facilities.

It should be noted, the output of this team will not be a building design, rather it will give Milwaukee County a broad definition of facilities based on the latest concepts in BH design and architectural excellence along with preliminary cost models and potential locations for a new facility.

BHD is recommending a retroactive professional services contract with ZAS for architectural services commencing on February 2, 2015 and ending December 31, 2015 for a fixed fee of \$144,000.

Recommendation

It is recommended that the Milwaukee County Mental Health Board authorize the Director of DHHS, or his designee, to execute professional services contracts with the following vendors in the terms and amounts identified below:

Vendor	Description of Services	Start Date	End Date	Annual Contract Amount
CBRE-Wisconsin	Facilities Development Planning	04/01/15	12/31/15	\$ 140,000
Zimmerman Architectural Studios	Architectural Programming	Retroactive to 02/02/15	12/31/15	\$ 144,000

Respectfully Submitted,



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Raisa Koltun, County Executive's Office
Jodi Mapp, Senior Executive Assistant, BHD

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 2/11/15

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Enter into Professional Services Contracts Related to Facilities Planning for the Behavioral Health Division (BHD)

FISCAL EFFECT:

- | | |
|---|--|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact
<input type="checkbox"/> Existing Staff Time Required
<input type="checkbox"/> Increase Operating Expenditures
(If checked, check one of two boxes below)
<input type="checkbox"/> Absorbed Within Agency's Budget
<input type="checkbox"/> Not Absorbed Within Agency's Budget
<input type="checkbox"/> Decrease Operating Expenditures
<input type="checkbox"/> Increase Operating Revenues
<input type="checkbox"/> Decrease Operating Revenues | <input type="checkbox"/> Increase Capital Expenditures
<input type="checkbox"/> Decrease Capital Expenditures
<input type="checkbox"/> Increase Capital Revenues
<input type="checkbox"/> Decrease Capital Revenues
<input type="checkbox"/> Use of contingent funds |
|---|--|

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. ¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to execute professional services contracts with Zimmerman Architectural Studios (ZAS) and CBRE-Wisconsin in 2015.

Approval of this request will allow BHD to continue moving forward on its facility planning process. As part of the scope of work, ZAS would provide BHD with preliminary costs and potential locations for a new facility and CBRE would be responsible for facilities development planning.

B. Expenditures included in this request total \$284,000 for 2015 and reflect a contract of \$144,000 with ZAS and a contract of \$140,000 with CBRE.

C. There is no tax levy impact associated with approval of this request as funds sufficient to cover associated expenditures are contained in the 2015 Behavioral Health Division's 2015 Budget for facilities.

D. This fiscal note contains no assumptions.

Department/Prepared By Clare O'Brien, Fiscal & Management Analyst

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

Did CBDP Staff Review? Yes No Not Required

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

**Behavioral Health Division – Consolidated Facilities Plan
(BHD-CFP)
Mission and Vision
2/19/15**

BHD-CFP Mission

To identify a consolidated, redesigned space for the people served by Milwaukee County BHD

BHD-CFP Vision

People served by Milwaukee County BHD will be served in a facility that:

1. Operates as Part of a Partnership Based Health Care System; a system that connects with a continuum of services for behavioral health, from prevention and early intervention to community based, emergency and acute services, to meet the behavioral health care needs of people in southeastern Wisconsin; a system that is person centered, recovery oriented, trauma informed, culturally intelligent, least restrictive environment, with individuals and families as essential members of the care team.
2. Reflects a Culture of Quality, Safety and Innovation; a culture that is data driven towards continuous improvement, focused on quality and safety, meeting and exceeding regulatory, accrediting, best practice standards and individual and family expectations. Technology will be implemented, created, effectively used and disseminated across the continuum of services;
3. Is Fiscally Sustainable; a physical space that will create operational efficiencies that maximize revenues and resources, and minimize overhead and unnecessary expenses. The operations within the space will meet the statutory obligations of Milwaukee County for the behavioral health services of its citizens, acting either as a provider or a purchaser of services.
4. Includes a Healthy Learning Environment; an environment that will create a positive, learning experience and a culture grounded in respectful communication, collaboration, and healthy working relationships. Support of education of clinical disciplines within BHD, inter-professional educational models, and ongoing development of a behavioral health workforce will occur in partnership with others.

**COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION**

Date: January 20, 2015

To: Kimberly Walker, Chair, Chairman, Mental Health Board

From: Hector Colon, Director, Department of Health and Human Services
Patricia Schroeder, Administrator, Behavioral Health Division
Laurie Panella, CIO, Information Management Services Division

Subject: Request for Authorization to execute a Professional Services Contract Amendment with the Joxel Group, LLC for implementation and support services of an Electronic Medical Records System as well as a Professional Service Contract Amendment to support the Community Mental Health Care application for the Department of Health and Human Services – Behavioral Health Division

REQUEST

The Director of the Department of Health and Human Services (DHHS), the Administrator of the Behavioral Health Division (BHD) and the Director of the Information Management Services Division (IMSD) are requesting authorization to amend two separate professional service contracts with the Joxel Group, LLC (TJG) in order to continue the implementation and support services of the Electronic Medical Records (EMR) system, as well as to provide support services of the Community Mental Health Care (CMHC) application, for DHHS – BHD. The first contract amendment for the implementation and support services of the EMR system is for a period of six (6) months for a not to exceed value of \$456,000. The second contract amendment for CMHC support services is for up to a year period of time and for a total of \$100,000.

BACKGROUND

Capital Project WO444 - Electronic Medical Records System was adopted in the 2010 Capital Improvement Budget. The project began with the selection of a firm to assist with the selection and implementation of an Electronic Medical Record System. The Joxel Group (TJG) was the company competitively awarded the professional services contract to facilitate and lead the EMR initiative.

There are five (5) phases of the EMR project. These phases include:

Phase 1 – Planning and Design (**Complete April 2011**)

Phase 2 – Request for Proposal (RFP) Process and Vendor Selection (**Complete August 2011**)

Phase 3 – Implementation (**In Process**)

Phase 4 – Optimization and Support (**In Process**)

Phase 5 – Closeout and Audit

IMSD, DHHS, TJG and BHD have completed Phase 1 and Phase 2 of the EMR project and as a result selected Netsmart Technologies' (Netsmart), Avatar product as the preferred EMR system for BHD. A project team consisting of BHD, DHHS, IMSD, TJG and Netsmart (Project Team) was formed. Implementation of the preferred EMR system began in January 2012.

In addition to implementing and supporting the new EMR system, in 2012 BHD was granted authorization to execute a separate Professional Service Contract with the TJG to provide support services and technical assistance for BHD's then core business system, Community Mental Health Care (CMHC). CMHC provides critical services and information to BHD's Community Based Services programs including billing and patient data. TJG, as part of its management of the CMHC contract as well as the new EMR implementation, is able to provide efficiencies and cost savings through critical knowledge transfer of the current CMHC IT staff and cross functional support for both projects by the EMR and CMHC teams. The Project Team is exploring options to sunset CMHC and will be returning at a future date with a timeline and update on progress.

CURRENT STATE

In December, 2012, the Crisis Services Division within BHD (PCS, OBS, and the Access Clinic) went "Live" with the new EMR system. In October, 2013, the majority of the EMR functionality for Crisis Stabilization as well as the Acute Inpatient Services went "Live". There is outstanding work and issues being explored to complete this part of the implementation. The next step in the implementation process is the conversion of the Community Service programs, Day Treatment, and the Contracted Service programs. This conversion is estimated to be complete in the second quarter of 2015. Simultaneously, the Project Team will be implementing Netsmart's pharmacy management software module, RxConnect and completing a mid-project assessment in order to measure success, address challenges and optimize efforts.

NEXT STEPS

In late 2014 the Project Team began an internal assessment of the implementation and use of the Avatar EMR, with the end goal of leveraging additional system functionality and implementing process improvement (Phase 4 – Optimization). Throughout the remainder of 2015 the Project Team will rationalize the results of the assessment, implement efficiencies as well as leverage national best practices for the system as a whole. It is anticipated that the Project Team will not only evaluate the effectiveness of the EMR throughout the organization and optimize same but address internal process in order to improve practice efficiency, care coordination and care outcomes. The assessment will also clarify the approach and resources needed to optimally support the EMR going forward. It is anticipated that the Director of DHHS, the Administrator of BHD and the Director of IMSD will return to the Mental Health Board at a future date to provide an update on Phase 4 - Optimization and request authorization to execute support agreements as required.

FISCAL IMPACT

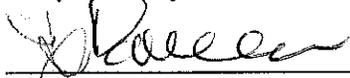
IMSD, DHHS and BHD, annually, have reported to the County Board of Supervisors with a status of the EMR project as well as sought authorization to continue and amend the professional service agreement with TJG for project deliverables. The total spend with TJG for the EMR implementation as of December 2014 was \$2,699,300. In order to continue EMR support and the implementation of Community Services programs, DHHS, BHD and IMSD are requesting the authority to amend the existing TJG professional services agreement by \$456,000 for a total of contract value of \$3,155,300. The requested funds are included in the 2015 BHD Budget.

Due to efforts of DHHS, BHD and IMSD staff and through the new EMR initiative, the technical support cost of CMHC was reduced from \$2.2 million in 2010 to the current request of \$100,000. The four year value of TJG contract for CHMC services, including the 2015 request, is anticipated to be \$1,486,200. The requested funds of \$100,000 are included in the BHD's 2015 operating budget.

RECOMMENDATION

The Director of Health and Human Services, the Administrator of the Behavioral Health Division and the Director of the Information Management Services Division, respectfully request approval to execute a professional service contract amendment with the Joxel Group, LLC for continuation of the support and implementation services of the Electronic Medical Records (EMR) solution, as well as a approval to execute a professional service contract amendment with this organization for support of the CMHC application for BHD.

Prepared By:



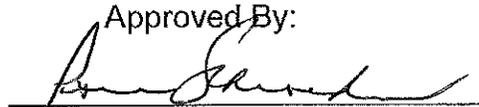
Laurie Panella, IMSD
Chief Information Officer

Approved By:



Hector Colon, Director
Department of Health and
Human Services

Approved By:



Patricia Schroeder, Administrator
Behavioral Health Division

cc: Chris Abele, County Executive

Raisa Koltun, Chief of Staff, County Executive's Office
Teig Whaley-Smith, Director, Department of Administrative Services
Jeanne Dorff, Deputy Director, Health and Human Services
Randy Oleszek, Fiscal Administrator, DHHS/BHD
Alicia Modjeska, Chief Administrative Officer
Jodi Mapp, Senior Executive Administrative Assistant
Matt Fortman, Fiscal and Budget Analyst, Dept of Admin Services
Sushil Pillai, The Joxel Group, LLC

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 1/26/15

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Request for Authorization to execute a Professional Services Contract Amendment with the Joxel Group, LLC for implementation and Support of an Electronic Medical Records System and to support the Community Mental Health Care application for the Department of Health and Human Services – Behavioral Health Division

FISCAL EFFECT:

- | | |
|--|--|
| <input type="checkbox"/> No Direct County Fiscal Impact
<input type="checkbox"/> Existing Staff Time Required
<input checked="" type="checkbox"/> Increase Operating Expenditures
(If checked, check one of two boxes below)
<input checked="" type="checkbox"/> Absorbed Within Agency's Budget
<input type="checkbox"/> Not Absorbed Within Agency's Budget
<input type="checkbox"/> Decrease Operating Expenditures
<input type="checkbox"/> Increase Operating Revenues
<input type="checkbox"/> Decrease Operating Revenues | <input type="checkbox"/> Increase Capital Expenditures
<input type="checkbox"/> Decrease Capital Expenditures
<input type="checkbox"/> Increase Capital Revenues
<input type="checkbox"/> Decrease Capital Revenues
<input type="checkbox"/> Use of contingent funds |
|--|--|

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

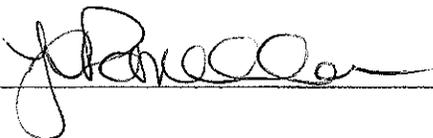
In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. ¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.
 - A. Approval of the requested amendment is to extend the professional services contract between Joxel Group, LLC (TJG) and the Department of Health and Human Services (DHHS)- Behavioral Health Division (BHD) for the continuation of the Electronic Medical Records (EMR) implementation and support of the Community Mental Health Care (CMHC) application. This action will result in an increased cost of \$456,000 for EMR implementation services and \$100,000 for CMHC support.
 - B. The cost related to the proposed contract amendments is an additional \$456,000 for EMR and \$100,000 for CMHC, for the 2015 Implementation and support Services of the broader project. IMSD and BHD are recommending that the additional funding of \$456,000 necessary to complete the professional services contract for 2015 project management, business analyst and interface analyst services of the Implementation phase be funded through BHD operating funds
 - C. The requested funds are included in the BHD 2015 operating budget. IMSD will return to the Mental Health Board with an informational report and for approval of the cost to fund system optimization and further support.
 - D. The expenditures provided above are to complete implementation of the community services phase of the EMR implementation as well as support services for the CMHC application. It is assumed that the overall Electronic Medical Records (EMR) project will require additional funding throughout 2015 and into 2016 for optimization and support services. IMSD, DHHS, and BHD will return at a future meeting with a project update and a request to allocate funding to appropriate resources.

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

Department/Prepared By Laurie Panella, Deputy Chief Information Officer

Authorized Signature



Did DAS-Fiscal Staff Review?

Yes

No

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: February 2, 2015

TO: Kimberly Walker, Chairperson, Milwaukee County Mental Health Board

FROM: Héctor Colón, Director, Department of Health and Human Services
Approved by Patricia Schroeder, Administrator, Behavioral Health Division
Prepared by Susan Gadacz, Deputy Administrator, Community Access to Recovery Services

SUBJECT: **Report from the Director, Department of Health and Human Services, Requesting Authorization to Amend the Purchase of Service Contract with Wisconsin Community Services, Inc. for its Central Intake Unit Service**

Issue

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health (substance use disorders) with a value of at least \$100,000. No contract or contract adjustment shall take effect until approved by the Milwaukee County Mental Health Board. Per Wis. Stat. 51.41(10) the Director of the Department of Health and Human Services (DHHS) is requesting authorization to increase the existing purchase of service contract with Wisconsin Community Services, Inc. for its Central Intake Unit services.

Discussion

A review of the 2015 purchase of service (POS) contracts for the Central Intake Unit (CIU) functions determined that an error had been made in calculating the dollar amount for a contract with Wisconsin Community Services (WCS). The base allocation should have included \$56,549 to reflect the increased need for mobile CIU and an increase in intakes experienced by the WCS CIU. This error was inadvertently missed in the December 2014 board report and should have been included in the Community Access to Recovery Services (CARS) package of 2015 contracts.

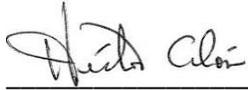
Fiscal Effect

Total funds of \$56,549 are requested for WCS to support an additional staff person at the CIU bringing its contract total to \$315,512. This increase will be allocated from the overall purchase of service funds in the 2015 Budget. A fiscal note form is attached.

Recommendation

It is recommended that the Milwaukee County Mental Health Board authorize the Director, DHHS, or his designee, to retroactively increase the existing 2015 purchase of service contract with Wisconsin Community Services, Inc., by \$56,549 to correctly reflect a full year of operating with full staff to \$315,512 for the time period of January 1, 2015 – December 31, 2015.

Respectfully Submitted,



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Raisa Koltun, County Executive's Office
Jodi Mapp, Senior Executive Assistant, BHD

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 02/02/15

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Amend the Purchase of Service Contract with Wisconsin Community Services, Inc. for its Central Intake Unit Service

FISCAL EFFECT:

- | | |
|--|--|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact | <input type="checkbox"/> Increase Capital Expenditures |
| <input type="checkbox"/> Existing Staff Time Required | <input type="checkbox"/> Decrease Capital Expenditures |
| <input type="checkbox"/> Increase Operating Expenditures
(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues |
| <input type="checkbox"/> Absorbed Within Agency's Budget | <input type="checkbox"/> Decrease Capital Revenues |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget | |
| <input type="checkbox"/> Decrease Operating Expenditures | <input type="checkbox"/> Use of contingent funds |
| <input type="checkbox"/> Increase Operating Revenues | |
| <input type="checkbox"/> Decrease Operating Revenues | |

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
 - B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. ¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
 - C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
 - D. Describe any assumptions or interpretations that were utilized to provide the information on this form.
-
- A. Approval of the request would permit BHD to retroactively amend an existing purchase of service contract with Wisconsin Community Services (WCS) for its Central Intake Unit (CIU) service. The term of the amendment would be January 1 to December 31, 2015.
 - B. The amendment being recommended would retroactively increase the contract by \$56,549 from \$258,963 to \$315,512.
 - C. There is no tax levy impact associated with approval of this request as the total increase of \$56,549 is included in the 2015 Budget in the purchase of service 8000 – Other Charges accounting series for Community Access to Recovery Services (CARS).
 - D. No assumptions are made.

Department/Prepared By Clare O'Brien, Fiscal & Management Analyst

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

Did CDPB Staff Review? Yes No Not Required

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: February 2, 2015

TO: Kimberly Walker, Chairperson, Milwaukee County Mental Health Board

FROM: Héctor Colón, Director, Department of Health and Human Services
Approved by Patricia Schroeder, Administrator, Behavioral Health Division
Prepared by Susan Gadacz, Deputy Administrator, Community Access to Recovery Services

SUBJECT: **Report from the Director, Department of Health and Human Services, Requesting Authorization to Amend the Purchase of Service Contract with Alternatives in Psychological Consultation, Inc. and Bell Therapy for their Targeted Case Management Level I Service**

Issue

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health (substance use disorders) with a value of at least \$100,000. No contract or contract adjustment shall take effect until approved by the Milwaukee County Mental Health Board. Per Wis. Stat. 51.41(10), the Director of the Department of Health and Human Services (DHHS) is requesting authorization to increase the existing purchase of service contract with Alternatives in Psychological Consultation and Bell Therapy for their Targeted Case Management (TCM) Level I services.

Discussion

Earlier this month, the Community Access to Recovery Services (CARS) completed the clinical utilization review for the outsourcing of the Southside Community Support Program. It was determined that based on clinical need and client choice that 28 clients required a TCM Level I placement. Currently, BHD/CARS does not have capacity to place these 28 individuals into the needed TCM Level I service because maximum capacity has been achieved even after utilization review was completed. BHD is requesting an increase in the budgeted capacity for 50 additional individuals, or two caseloads, to place these clients in their needed level of care. This will also allow for future TCM capacity needs as they arise in 2015.

BHD/CARS is requesting authority to purchase two additional TCM Level I caseloads from two existing TCM providers to ensure continuity of care and appropriate clinical placement based on acuity for the individuals being referred. The department is requesting contract amendments of \$50,000 apiece for Alternatives in Psychological Consultation, Inc. and Bell Therapy beginning March 1, 2015 – December 31, 2015.

The requested amendment of \$50,000 for Alternatives in Psychological Consultation, Inc. increases its total agency contract to \$507,610 for TCM Level I. The requested amendment of \$50,000 for Bell Therapy increases its total agency contract to \$150,000 for TCM Level I.

BHD/CARS continues to oversee these contracts to ensure that Alternatives in Psychological Consultation, Inc. and Bell Therapy adhere to the performance measures and contract administration requirements and oversight currently included in all purchase of service contracts with DHHS.

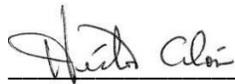
Fiscal Effect

Funds of \$50,000 for each agency are being requested for a total amount of \$100,000. This increase will be allocated from the overall purchases of service funds in the 2015 Budget. A fiscal note is attached.

Recommendation

It is recommended that the Milwaukee County Mental Health Board authorize the Director, DHHS, or his designee, to increase the existing 2015 purchase of service contracts by \$50,000 with Alternatives in Psychological Consultation, Inc. and Bell Therapy. This would bring Alternatives in Psychological Consultation's total contract award to \$507,610 and Bell Therapy's total contract award to \$150,000 beginning March 1, 2015 to reflect the addition of one caseload at each agency of TCM Level I service for the period of March 1, 2015 – December 31, 2015.

Respectfully Submitted,



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Raisa Koltun, County Executive's Office
Jodi Mapp, Senior Executive Assistant, BHD

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 02/02/15

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Amend the Purchase of Service Contract with Alternatives in Psychological Consultation, Inc. and Bell Therapy for their Targeted Case Management Level I Service

FISCAL EFFECT:

- | | |
|--|--|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact | <input type="checkbox"/> Increase Capital Expenditures |
| <input type="checkbox"/> Existing Staff Time Required | <input type="checkbox"/> Decrease Capital Expenditures |
| <input type="checkbox"/> Increase Operating Expenditures
(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues |
| <input type="checkbox"/> Absorbed Within Agency's Budget | <input type="checkbox"/> Decrease Capital Revenues |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget | |
| <input type="checkbox"/> Decrease Operating Expenditures | <input type="checkbox"/> Use of contingent funds |
| <input type="checkbox"/> Increase Operating Revenues | |
| <input type="checkbox"/> Decrease Operating Revenues | |

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. ¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

A. Approval of the request would permit BHD to amend existing purchase of service contracts with Alternatives in Psychological Consultation and Bell Therapy for their Targeted Case Management (TCM) Level I services. The term of the amendments would be March 1 to December 31, 2015.

B. The requested amendment of \$50,000 for Alternatives in Psychological Consultation, Inc. increases its total agency contract to \$507,610 for TCM Level I. The requested amendment of \$50,000 for Bell Therapy increases its total agency contract to \$150,000 for TCM Level I.

C. There is no tax levy impact associated with approval of this request as the total increase of \$100,000 is included in the 2015 Budget in the purchase of service 8000 – Other Charges accounting series for Community Access to Recovery Services (CARS).

D. No assumptions are made.

Department/Prepared By Clare O'Brien, Fiscal & Management Analyst

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

Did CDPB Staff Review? Yes No Not Required

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: February 2, 2015

TO: Kimberly Walker, Chairperson, Milwaukee County Mental Health Board

FROM: Héctor Colón, Director, Department of Health and Human Services
Approved by Patricia Schroeder, Administrator, Behavioral Health Division
Prepared by Susan Gadacz, Deputy Administrator, Community Access to Recovery Services

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Amend the Purchase of Service Contract with Community Advocates for Substance Abuse Prevention Activities

Issue

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health (substance use disorders) with a value of at least \$100,000. No contract or contract adjustment shall take effect until approved by the Milwaukee County Mental Health Board. Per Wis. Stat. 51.41(10) the Director of the Department of Health and Human Services (DHHS) is requesting authorization to increase the existing purchase of service contract with Community Advocates to administer the Partnership for Success grant funds coordinated through the Milwaukee County Substance Abuse Prevention Coalition.

Discussion

Milwaukee County Substance Abuse Prevention Coalition

Community Advocates administers and staffs the work of the Milwaukee County Substance Abuse Prevention (MCSAP) Coalition. This 40-member coalition is comprised of Milwaukee County citizens, substance abuse service professionals, and individuals who are familiar with the consequences of alcohol and other drug abuse. The mission of MCSAP is to improve the quality of lives in our community by preventing the harmful consequences of substance use and abuse among youth, families, and the larger community. Community Advocates also administers the Strategic Prevention Framework Partnership for Success II federal prevention grant for evidence-based preventative interventions in Milwaukee County.

The Wisconsin Strategic Prevention Framework Partnership for Success II Project (SPF PFS II) is focused on the prevention priority: prescription drug misuse and abuse among persons ages 12 to 25. Evidence-based prevention efforts for reducing problems related to the non-medical use of prescription drugs will be funded in eight high need counties and one high need tribe and will focus on reducing youth/young adult access to and the availability of prescription drugs in the community.

Milwaukee as a sub-grantee was identified by weighting risk-factor data measures (Medicaid Lock-In program participants in the past 12 months, Medicaid controlled substances prescriptions written in the past six months and treatment for depression and anxiety among 12 to 25 year olds in the past 12 months) and consequence data measures (school suspensions/expulsions, juvenile drug arrests, hospitalization admits for prescription drug issues among 12 to 25 year olds in the past 12 months, treatment for prescription drug issues among 12 to 25 year olds in the past 12 months, and drug-related motor vehicle fatalities) against the total county population.

This work aligns the scope of work and the annual collection of data related to the National Outcome Measurement System/Government Performance and Results Act (NOMS/GPRA). Per state and federal reporting requirements, prevention data are reported into the SAP-SIS (Substance Abuse Prevention Statistical Improvement System) on an annual basis. In addition, BHD/Community Access to Recovery Services (CARS) is required to report the number of evidence-based programs, policies and practices implemented, and the number of people reached by the prevention strategies used. Community Advocates has the linkages through the coalition to deliver a preventative intervention and report the outcomes of the environmental prevention strategies.

Fiscal Effect

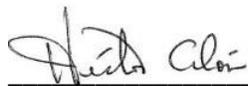
The contract amendment for \$92,649 is funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) and has no tax levy impact. A fiscal note form is attached.

BHD continues to oversee this contract to ensure Community Advocates adheres to the performance measures and contract administration requirements and oversight currently included in all purchase of service contracts with the Department of Health and Human Services.

Recommendation

It is recommended that the Milwaukee County Mental Health Board authorize the Director, DHHS, or his designee, increase the existing purchase of service contract by \$92,649 beginning March 1, 2015 for a total contract allocation of \$592,649 with Community Advocates for the Milwaukee County Substance Abuse Prevention Coalition for the time period of March 1, 2015 through December 31, 2015.

Respectfully Submitted,



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Raisa Koltun, County Executive's Office
Jodi Mapp, Senior Executive Assistant, BHD

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 02/02/15

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Amend the Purchase of Service Contract with Community Advocates for Substance Abuse Prevention Activities

FISCAL EFFECT:

- | | |
|---|--|
| <input type="checkbox"/> No Direct County Fiscal Impact
<input type="checkbox"/> Existing Staff Time Required
<input checked="" type="checkbox"/> Increase Operating Expenditures
(If checked, check one of two boxes below)
<input type="checkbox"/> Absorbed Within Agency's Budget
<input checked="" type="checkbox"/> Not Absorbed Within Agency's Budget
<input type="checkbox"/> Decrease Operating Expenditures
<input checked="" type="checkbox"/> Increase Operating Revenues
<input type="checkbox"/> Decrease Operating Revenues | <input type="checkbox"/> Increase Capital Expenditures
<input type="checkbox"/> Decrease Capital Expenditures
<input type="checkbox"/> Increase Capital Revenues
<input type="checkbox"/> Decrease Capital Revenues
<input type="checkbox"/> Use of contingent funds |
|---|--|

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	\$92,649	0
	Revenue	\$92,649	0
	Net Cost	0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. ¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.
- A. Approval of the request would permit BHD to amend an existing purchase of service contract with Community Advocates for substance abuse prevention activities. The term of the amendment would be January 1 to December 31, 2015.
- B. The amendment being recommended would increase the contract by \$92,649 from \$500,000 to \$592,649.
- C. There is no tax levy impact associated with approval of this request as the amendment is being funded 100 percent by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP). This revenue was not anticipated in the 2015 Budget for CARS. An administrative fund transfer will be done to recognize the increase in expenditures and revenue.
- D. No assumptions are made.

Department/Prepared By Clare O'Brien, Fiscal & Management Analyst

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

Did CDPB Staff Review? Yes No Not Required

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: February 9, 2015

TO: Kimberly Walker, JD, Chairwoman, Mental Health Board

FROM: Héctor Colón, Director, Department of Health and Human Services
Approved by Patricia Schroeder, Administrator, Behavioral Health Division
Prepared by John Schneider, MD, FAPA, Executive Medical Director, Behavioral Health Division

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Enter into a 2015-2016 Professional Services Contract for the Behavioral Health Division (BHD)

Issue

Wisconsin Statutes 51.41(10) requires Milwaukee County Mental Health Board approval for professional services contracts with a value of \$100,000 or greater. Per the statute, the Director, Department of Health and Human Services (DHHS), is requesting authorization for BHD to enter into a 2015-2016 professional services contract with Hochstatter, McCarthy, Rivas and Runde.

Background

In 2010, Corporation Counsel began contracting with Hochstatter, McCarthy, Rivas and Runde on behalf of BHD for submission of immigration paperwork related to psychiatrists who are interested in working for BHD. BHD is currently under contract with four psychiatry physicians who have been authorized for employment with the County by the United States Citizenship and Immigration Services (USCIS). Ongoing legal counsel services are necessary, in conjunction with the continued employment and requisite USCIS authorization renewals. BHD's ability to offer this service has been a fundamental and successful recruitment tool.

BHD anticipates continuing employment with these psychiatrists to maintain necessary staffing levels and to combat the recruitment challenges impacted by the national shortage of general and child psychiatrists. BHD currently has three full-time vacancies, including two psychiatrists and one House Physician 3. Applicants authorized for employment by USCIS could potentially be considered for any of these openings. In 2014, BHD sponsored five psychiatrists under this type of employment authorization.

These employment authorizations are time limited and expert legal assistance in managing not only initial applications but renewal application processes is essential. The contract covers legal fees to manage the complicated application process, all USCIS application fees and ensures BHD maintain compliance with all Foreign Labor Certification requirements.

BHD is recommending a two-year contract with Hochstatter, McCarthy, Rivas and Runde effective April 1, 2015 through December 31, 2016 in a not-to-exceed amount of \$40,000 annually. Although the annual contract is less than \$100,000, BHD has been advised by Corporation Counsel to seek Mental Health Board approval because the total value of the Hochstatter contract, as amended over the years, is now more than \$100,000.

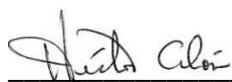
This \$40,000 annual amount reflects a \$10,000 decrease compared to the contract amount of \$50,000 authorized for 2013 and 2014. This is due to the estimated number of applicants and type of extensions.

Recommendation

It is recommended that the Milwaukee County Mental Health Board authorize the Director, DHHS, or his designee, to execute a professional services agreement with Hochstatter, McCarthy, Rivas and Runde effective April 1, 2015 through December 31, 2016 in the amount of \$40,000 annually.

Fiscal Effect

The total amount of \$40,000 recommended in this contract has been budgeted in BHD's 2015 Adopted Budget. A fiscal note form is attached.



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Raisa Koltun, County Executive's Office
Teig Whaley-Smith, DAS Director
Josh Fudge, Fiscal & Budget Administrator, DAS
Matt Fortman, DAS Fiscal & Management Analyst
Scott Manske, Comptroller

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 2/9/15

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Enter a 2015-2016 Professional Services Contract for the Behavioral Health Division (BHD)

FISCAL EFFECT:

- | | |
|---|--|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact
<input type="checkbox"/> Existing Staff Time Required
<input type="checkbox"/> Increase Operating Expenditures
(If checked, check one of two boxes below)
<input type="checkbox"/> Absorbed Within Agency's Budget
<input type="checkbox"/> Not Absorbed Within Agency's Budget
<input type="checkbox"/> Decrease Operating Expenditures
<input type="checkbox"/> Increase Operating Revenues
<input type="checkbox"/> Decrease Operating Revenues | <input type="checkbox"/> Increase Capital Expenditures
<input type="checkbox"/> Decrease Capital Expenditures
<input type="checkbox"/> Increase Capital Revenues
<input type="checkbox"/> Decrease Capital Revenues
<input type="checkbox"/> Use of contingent funds |
|---|--|

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. ¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to execute a professional services contract with Hochstatter, McCarthy, Rivas and Runde for legal services for the Behavioral Health Division (BHD) in 2015.

Approval of this request will allow BHD to continue to recruit psychiatrists who are not U.S. residents by providing legal support with the immigration process.

B. Expenditures included in this request total \$80,000 over the two-year term of the contract or \$40,000 annually.

C. There is no tax levy impact associated with approval of this request as funds sufficient to cover associated expenditures are included as part of the Behavioral Health Division's 2015 Budget.

D. This fiscal note assumes that the appropriation for these services will continue in the 2016 Budget.

Department/Prepared By Clare O'Brien, Fiscal & Management Analyst

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

Did CBDP Staff Review? Yes No Not Required

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: February 20, 2015

TO: Kimberly Walker, JD, Chairwoman, Mental Health Board

FROM: Héctor Colón, Director, Department of Health and Human Services
Approved by Patricia Schroeder, Administrator, Behavioral Health Division
Prepared by John Schneider, MD, FAPA, Executive Medical Director, Behavioral Health Division

SUBJECT: Report from Director, Department of Health and Human Services, Requesting Authorization to Enter into a Contract for Professional Pharmacy Services for the Behavioral Health Division (BHD)

Issue

Wisconsin Statutes 51.41. (10) requires Milwaukee County Mental Health Board approval for professional services contracts with a value of \$100,000 or greater. Per the statute, the Director, Department of Health and Human Services (DHHS), is requesting authorization for the Behavioral Health Division (BHD) to enter into a professional services contract for three years covering 2015, 2016, and 2017.

Background

On November 7, 2014, a Request for Proposals (RFP) for BHD Pharmacy Services (bid #6314-0007) was issued. Proposals from five interested parties were received and according to established RFP procedure, a panel of internal and external reviewers representing nursing, pharmacy, physicians and leadership was conveyed.

The panelists participated in a rigorous four-week process of review. Panelists individually scored each proposal on general qualifications, experience, approach, and quality, and then met to reach consensus on an aggregate score for each response. The aggregate scores for each proposal were submitted to the RFP Administrator who compiled the panelists' scores as well as the cost proposals.

The RFP Administrator applied the weighting criteria as follows:

- General Qualification & Experience 25%
- Technical Qualifications, Approach and Quality 40%
- Cost Proposal 35%

The three-year contract for pharmacy services reflects a total cost of \$2,764,416.

Pharmacy Systems, Inc.

Pharmacy Systems, Inc. (PSI) is based in Dublin, Ohio and has been the leader in hospital pharmacy management services since 1973. The client base includes acute care hospitals, behavioral health/psychiatric hospitals, rehabilitation hospitals, specialty hospitals, long-term acute care facilities and long-term care facilities, ambulatory care and retail pharmacy operations. PSI currently services 130 locations and represents 80% of outsourced pharmacies in this region. PSI has a strong reputation for exceeding customer expectations, which has resulted in a client retention rate in excess of 95%. Its proprietary technology allows customers a distinct advantage in managing the pharmaceutical care and supply chain services in their hospitals. PSI delivers organizational expertise in the areas of revenue and expense management, quality, customer service and personnel development.

PSI Mission: To provide high quality, cost effective hospital pharmacy management services that exceed client expectations.

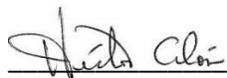
Transition Period: The transition between BHD's existing pharmacy vendor, Roeschen's Omnicare, and Pharmacy Systems, Inc. will occur during a 90-day period and will be completed by June 1, 2015.

Recommendation

It is recommended that the Milwaukee County Mental Health Board authorize the Director, DHHS, or his designee, to execute a professional services contract with Pharmacy Systems, Inc. effective March 1, 2015 through March 1, 2017 in the amount of \$921,472 annually.

Fiscal Effect

The total amount of \$921,472 recommended in this contract has been budgeted in BHD's 2015 Adopted Budget. A fiscal note form is attached.



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Raisa Koltun, County Executive's Office
Teig Whaley-Smith, DAS Director
Josh Fudge, Fiscal & Budget Administrator, DAS
Matt Fortman, DAS Fiscal & Management Analyst
Scott Manske, Comptroller

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 02/19/15

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from Director, Department of Health and Human Services, Requesting Authorization to Enter into a Contract for Professional Pharmacy Services for the Behavioral Health Division (BHD)

FISCAL EFFECT:

- | | |
|---|--|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact
<input type="checkbox"/> Existing Staff Time Required
<input type="checkbox"/> Increase Operating Expenditures
(If checked, check one of two boxes below)
<input type="checkbox"/> Absorbed Within Agency's Budget
<input type="checkbox"/> Not Absorbed Within Agency's Budget
<input type="checkbox"/> Decrease Operating Expenditures
<input type="checkbox"/> Increase Operating Revenues
<input type="checkbox"/> Decrease Operating Revenues | <input type="checkbox"/> Increase Capital Expenditures
<input type="checkbox"/> Decrease Capital Expenditures
<input type="checkbox"/> Increase Capital Revenues
<input type="checkbox"/> Decrease Capital Revenues
<input type="checkbox"/> Use of contingent funds |
|---|--|

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. ¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

- A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to execute a professional services contract for pharmacy services for the Behavioral Health Division (BHD) in 2015.

Approval of this request will allow BHD to continue to support functions that are critical to patient care.

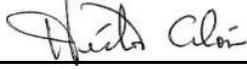
- B. Expenditures included in this request total \$921,472 annually or \$2,764,416 over the three-year term of the contract effective March 1, 2015 through March 1, 2017. Although drug costs are separate from this base contract amount, overall costs are anticipated to be less than the current annual contract of \$3.9 million with Roeschens Omnicare. Unlike the current contract, BHD will be able to access significant drug rebates through the new vendor.

A transition between BHD's existing pharmacy vendor, Roeschen's Omnicare, and the new vendor, Pharmacy Systems, Inc., will occur during a 90-day period and will be completed by June 1, 2015. Therefore, for three months, BHD anticipates approximately \$230,000 in additional costs during this period of overlap.

- C. There is no tax levy impact associated with approval of this request as funds sufficient to cover associated expenditures with the contract are included as part of the Behavioral Health Division's 2015 Budget. The additional \$230,000 in transition cost will be funded by carryover funds for pharmacy.
- D. This fiscal note assumes that appropriations for these services will continue in future budgets.

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

Department/Prepared By Clare O'Brien, Fiscal & Management Analyst

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

Did CBDP Staff Review? Yes No Not Required

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: February 9, 2015

TO: Kimberly Walker, JD, Chairwoman, Mental Health Board

FROM: Héctor Colón, Director, Department of Health and Human Services
Approved by Patricia Schroeder, Administrator, Behavioral Health Division
Prepared by John Schneider, MD, FAPA, Executive Medical Director, Behavioral Health Division

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Enter into a Five-Year Lease Agreement for Automated Medication Dispensing Units for the Behavioral Health Division (BHD)

Issue

Wisconsin Statutes 51.41(10) requires Milwaukee County Mental Health Board approval for contracts with a value of \$100,000 or greater. Per the statute, the Director, Department of Health and Human Services (DHHS), is requesting authorization for BHD to enter into a 2015-2020 price agreement contract with CareFusion.

Background

BHD currently leases six Pyxis MedStation automated medication dispensing machines (ADM) from CareFusion. The units are currently located in BHD's Psychiatric Crisis Service (PCS), Child and Adolescent Inpatient Service (CAIS) and Acute Adult Units 43A, 43B, 43C and 43D and allow for decentralized control of controlled substances and injectable medications. The units were first brought into service several years ago and are a mainstay of medication management. BHD currently spends about \$72,000 annually to lease the existing units.

The currently leased Pyxis machines need to be replaced with up-to-date versions to take full advantage of electronic prescribing, safety and medication administration opportunities. New units will have sufficient space to allow all medications to be stocked and administered from the ADM. In addition, the new units will allow barcode scanning administration that is driven by a patient medication profile linked to the electronic Medication Administration Record (eMAR) and our electronic health record. Moreover, this allows for full integration of pharmacy stock man-

agement, medication inventory, third-party billing and automated documentation and reporting. The updated units are the standard of care in acute healthcare settings and are integral to achieving maximum efficiency and cost savings with our new pharmacy delivery model.

BHD is seeking to execute a new five-year lease with CareFusion to update to the new ADMs. The new lease covers new generation machines with adequate storage space to hold all medications and the aforementioned electronic record integration, safety and billing connectivity.

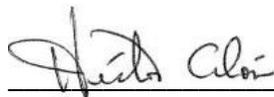
The cost under the new five-year lease would be \$10,276 monthly or \$123,312 annually and would be effective March 1, 2015 to March 1, 2020.

Recommendation

It is recommended that the Milwaukee County Mental Health Board authorize the Director, DHHS, or his designee, to execute a price agreement with CareFusion effective March 1, 2015 through March 1, 2020 in the amount of \$10,276 monthly or \$123,312 annually.

Fiscal Effect

The total amount of \$123,312 recommended in this contract has been budgeted in BHD's 2015 Adopted Budget. A fiscal note form is attached.



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Raisa Koltun, County Executive's Office
Teig Whaley-Smith, DAS Director
Josh Fudge, Fiscal & Budget Administrator, DAS
Matt Fortman, DAS Fiscal & Management Analyst
Scott Manske, Comptroller

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 2/9/15

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Enter into a Five-Year Lease Agreement for Automated Medication Dispensing Units for the Behavioral Health Division (BHD)

FISCAL EFFECT:

- | | |
|---|--|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact
<input type="checkbox"/> Existing Staff Time Required
<input type="checkbox"/> Increase Operating Expenditures
(If checked, check one of two boxes below)
<input type="checkbox"/> Absorbed Within Agency's Budget
<input type="checkbox"/> Not Absorbed Within Agency's Budget
<input type="checkbox"/> Decrease Operating Expenditures
<input type="checkbox"/> Increase Operating Revenues
<input type="checkbox"/> Decrease Operating Revenues | <input type="checkbox"/> Increase Capital Expenditures
<input type="checkbox"/> Decrease Capital Expenditures
<input type="checkbox"/> Increase Capital Revenues
<input type="checkbox"/> Decrease Capital Revenues
<input type="checkbox"/> Use of contingent funds |
|---|--|

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. ¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

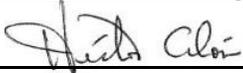
A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to execute a price agreement with CareFusion to lease automated medication dispensing units for the Behavioral Health Division (BHD).

B. The cost under the new five-year lease would be \$10,276 monthly or \$123,312 annually and would be effective March 1, 2015 to March 1, 2020.

C. There is no tax levy impact associated with approval of this request as funds sufficient to cover associated expenditures are included as part of the Behavioral Health Division's 2015 Budget.

D. This fiscal note assumes that the appropriation for these services will continue in subsequent budgets.

Department/Prepared By Clare O'Brien, Fiscal & Management Analyst

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

Did CDBP Staff Review? Yes No Not Required

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: February 9, 2015

TO: Kimberly Walker, Chairperson, Milwaukee County Mental Health Board

FROM: Héctor Colón, Director, Department of Health and Human Services
Approved by Patricia Schroeder, Administrator, Behavioral Health Division
Prepared by Susan Gadacz, Deputy Administrator, Community Access to Recovery Services

SUBJECT: **Informational Report from the Director, Department of Health and Human Services, to Provide an Update on the Countywide Implementation Plan for Comprehensive Community Services (CCS) - DHS 36 Medicaid Psychosocial Rehabilitation Benefit**

Issue

Wisconsin Statute 51.41(1s)(e) identifies the duties for the Milwaukee County Mental Health Board as it relates to the efficient and effective delivery of mental health and substance use disorder services. There are seven specific commitments that the board must follow, those are:

1. Community-based, person-centered, recovery-oriented, mental health systems
- 2. Maximizing comprehensive community-based services**
3. Prioritizing access to community-based services and reducing reliance on institutional and inpatient care
4. Protecting the personal liberty of individuals experiencing mental illness so that they may be treated in the least restrictive environment to the greatest extent possible
5. Providing early intervention to minimize the length and depth of psychotic and other mental health episodes
6. Diverting people experiencing mental illness from the corrections system when appropriate.
7. Maximizing use of mobile crisis units and crisis intervention training

This informational report will provide the progress update on the implementation of the Comprehensive Community Services (CCS) benefit which addresses 51.41(1s)(e)2 in state statute.

Discussion

Milwaukee County became an approved CCS region in September 2014. The Behavioral Health Division (BHD) Community Access to Recovery Services (CARS) is the lead coordinating entity for Milwaukee County. BHD/CARS also has liaison responsibilities for other divisions within Department of Health and Human Services (DHHS) and county departments. The CCS program provides individuals with psychosocial rehabilitation services to help them achieve his/her maximum level of independence and recovery potential. CCS is a voluntary program and all CCS services must be offered across a lifespan for Medicaid eligible individuals with either a mental health or substance use disorder with a functional impairment as determined by the administration of the Children's Long Term Care or the Mental Health/AODA Functional Screen. A physician must prescribe CCS as program.

All CCS programs must provide the services covered under the CCS benefit as determined by the assessment of all the domains in DHS 36.16(4), Wisconsin Administrative Code. The service array describes the services that are covered under the CCS benefit. All services must be in compliance with DHS 36. All services should be person-centered and developed in partnership with the member.

The assessment domains included in DHS 36.16(4), Wis. Admin. Code, are: (a) life satisfaction, (b) basic needs, (c) social network and family involvement, (d) community living skills, (e) housing issues, (f) employment, (g) education, (h) finances and benefits, (i) mental health, (j) physical health, (k) substance use, (L) trauma and significant life stressors, (m) medications, (n) crisis prevention and management, (o) legal status, and (p) any other domain identified by the CCS program.

CCS Service Array

1. Screening and Assessment
2. Service Planning (Individual Recovery Plan – IRP)
3. Service Facilitation (Care Coordination)
4. Diagnostic Evaluations
5. Medication Management
6. Physical Health Monitoring
7. Peer Support
8. Individual Skill Development and Enhancement
9. Employment Related Skill Training
10. Individual and/or Family Psychoeducation
11. Wellness Management and Recovery/Recovery Support Services
12. Psychotherapy
13. Substance Use Disorder Treatment
14. Non-Traditional or Other Approved Services

All CCS participants will have a Care Coordinator and an Individual Recovery Plan. All other elements on the CCS Service Array are identified by medical necessity and clinical need. The state Division of Quality Assurance (DQA) issued a provisional certificate to the county for one year. The implications of a provisional certificate allow the county one year to move the CCS benefit to full implementation, which means full Medicaid entitlement. Attachment 1 is the implementation plan approved by DQA for Milwaukee County.

Care Coordination Agencies

CCS staff uses an approach to service facilitation and care coordination that is strength-based and person-centered. A central principle of this approach is the development of a Recovery Team and role of the Care Coordinator, which involves actively facilitating the process and coordinating the service planning and delivery. The Recovery Team consists of a group of people, in addition to the consumer, who represent a blend of natural (family or friends), formal (systems) and informal (sponsor, spiritual leader) resources which make up the consumer/family support network. The Recovery Team should be 50 percent formal/professionals and 50 percent informal/natural supports. This partnership is built upon the cultural norms of the consumer. There are currently five agencies that are certified by DQA to provide this service they are:

1. Alternatives in Psychological Consultation, Inc.
2. La Causa, Inc.

3. St. Charles Youth and Families, Inc.
4. MCFI/TLS Behavioral Health Services, Inc.
5. Horizon Healthcare, Inc.

There are four other agencies that are pursuing certification from DQA they are: Guest House, Inc., JusticePoint, Inc., Outreach Community Health Centers, Inc., and Wisconsin Community Services, Inc.

Role of the Recovery Advisory Committee (RAC)

RAC assists in the planning, development, monitoring, and evaluation of CCS in the County. Consumers of mental health and/or substance abuse services shall make up at least one-third of the committee's membership. The RAC has Tri-Chairs and all are individuals with lived experience and are also Certified Peer Specialists. The Secretary of the RAC is also an individual with lived experience. Provider agencies or County staff shall make up no more than one-third of the committee's membership. In addition, the RAC is charged to:

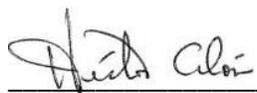
- Review and make written recommendations specific to the initial and any subsequent revised CCS plan.
- Review and make written recommendations specific to the CCS Quality Improvement Plan.
- Make written recommendations regarding personnel, policy, procedure, practices or any other information necessary to improve the CCS Plan.
- May create membership subcommittee to determine RAC term limits and changes in scope.

Key Milwaukee CCS Staff

Jennifer Wittwer, APSW, CCS Administrator
Jennifer Alfredson, LCSW, Service Director
Gena de Sousa, CSAC, Substance Abuse Professional
John Moran, Care Coordinator
Regina Perez, Care Coordinator
John Schneider, MD, Medical Director

Tamara Layne, MS-OTR, CCS Co-Administrator
Lynn Shaw, LCSW, Mental Health Professional
Zachary Conway, LPC, Care Coordinator
Jacqueline Cram, MSW, Care Coordinator
Beth Collier, APSW, CSAC, Care Coordinator

Respectfully Submitted,



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Raisa Koltun, County Executive's Office
Jodi Mapp, Senior Executive Assistant, BHD

Comprehensive Community Services:

Rollout to Full Implementation in Milwaukee County

2014				2015							
Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
<u>CARS Division – Adults</u> Enrollment of adults engaged in Community Access to Recovery Services (CARS) Division programs and services				<u>CARS Division – Youth</u> Enrollment of children and adolescents engaged in Project O-YEAH, REACH, and FISS			<u>Disabilities Services Division</u> Enrollment of individuals engaged in Disabilities Services Division programs and services			<u>Dept. on Aging</u> Enrollment of individuals engaged in Department on Aging programs and services	
Current assessment domains in CARSD match the required CCS domains.						Assessment tools utilized in Disabilities Services Division and Department on Aging will be modified as needed to capture all of the required CCS domains.					



Milwaukee County Behavioral Health Division Key Performance Indicator (KPI) Dashboard

Program	Indicator	2015 Target	2014	Status
Community Access To Recovery Services	Supportive Housing Units	572	446	Green
	Engagement of individuals with mental illness in employment, education, or other vocational-related activities (SAIL)	11%	10%	Yellow
	Engagement of individuals with mental illness in employment, education, or other vocational-related activities (Wiser Choice)	38%	36%	Yellow
	Percent of clients responding positively to satisfaction survey	80%	78%	Green
	Certified Peer Specialists in Milwaukee County	143	119	Green
Psychiatric Crisis Service (PCS)	Admissions	10,000	10,698	Green
	Emergency Detentions	5,400	5,805	Green
	Percent of clients returning to PCS within 90 days	27%	34%	Yellow
	Percent of time on waitlist status	5%	9%	Green
	Percent of clients transferred to private inpatient psychiatric hospitals/units from PCS	20%	10%	Green
Acute Adult Inpatient Service	Admissions	1,125	1,093	Green
	Mean Length of Stay (days)	16.4	16.1	Green
	Mean Daily Census	52.0	54.6	Green
	Percent of clients returning to Acute Adult within 90 days	16.0	19.1	Yellow
	Percent of patients responding positively to satisfaction survey (a)	74%	70%	Yellow
	HBIPS - 2 Hours of Physical Restraint Rate	3.0	3.7	Red
	HBIPS - 3 Hours of Locked Seclusion Rate	0.32	0.4	Green
	HBIPS - 4 Patients discharged on multiple antipsychotic medications	10%	13%	Green
	HBIPS - 5 Patients discharged on multiple antipsychotic medications with appropriate justification	98%	100%	Green
	HBIPS - 6 Patients discharged with a continuing care plan	100%	100%	Green
HBIPS - 7 Post discharge continuing care plan transmitted to next level of care provider	100%	100%	Green	
Child / Adolescent Inpatient Service (CAIS)	Admissions	950	953	Green
	Mean Length of Stay (days)	3.4	3.5	Green
	Mean Daily Census	8.8	8.9	Green
	Percent of children returning to CAIS within 90 days	20%	23%	Yellow
	Percent of patients responding positively to satisfaction survey	74%	72%	Green
Rehab Center Central	Admissions	0	1	Green
	Discharges	27	21	Green
	Unit Census	0	27	Green
	Percent of closure completion	100%	57%	Green
	For clients placed in the community, percent of clients returning to BHD for an inpatient admission	6%	9%	Green
Human Resources	Position Fill Rate			
	Vacancy Rates for Selected Positions			
	Overtime Utilization			
Financial	Revenue	\$120.5	\$124.1	Yellow
	Expense	\$179.6	\$178.8	Yellow
	Tax Levy	\$59.1	\$54.7	Yellow

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: January 20, 2015

TO: Kimberly Walker, JD, Chairwoman, Mental Health Board

FROM: Héctor Colón, Director, Department of Health and Human Services
Approved by Patricia Schroeder, Administrator, Behavioral Health Division
Prepared by Lynn Gram, Assistant Hospital Administrator, Behavioral Health Division

**SUBJECT: Report from the Director, Department of Health and Human Services,
Requesting approval of the 2015 Environment of Care Management Plans for
the Behavioral Health Division (BHD)**

Issue

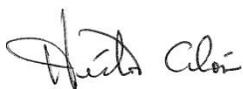
Per The Joint Commission standards and the Mental Health Board By-laws, the Director, Department of Health and Human Services (DHHS), is requesting approval of the Environment of Care Management Plans as the framework for BHD to manage risks in the environment and improve quality and safety for patients, staff and others entering the facility.

Background

The Joint Commission requires a written plan for managing environmental risk, including safety, security, clinical and non-clinical equipment, handling of hazardous materials, fire prevention, and utility systems. These plans together make up the BHD Environment of Care Program. The purpose of the program is to establish a structure within which a safe environment of care is developed, maintained and improved. The effectiveness of Environment of Care program will be reviewed and evaluated annually to determine if goals have been met through ongoing improvement. The plan will be modified as needed.

Recommendation

It is recommended that the Milwaukee County Mental Health Board approve the 2015 Environment of Care Management Plans as the basic framework for managing risks and improving safety in the environment.



Héctor Colón, Director
Department of Health and Human Services

Behavioral Health Division (BHD)
Environment of Care Management Plan
2015

BHD Mission:

The Milwaukee County Behavioral Health Division is a public sector system for the integrated treatment and recovery of persons with serious behavioral health disorders.

BHD Vision: The Milwaukee County Behavioral Health Division will be a Center of Excellence for person-centered, quality best practice in collaboration with community partners.

BHD Core Values:

1. Patient centered care
2. Best practice standards and outcomes
3. Accountability at all levels
4. Recovery support in the least restrictive environment
5. Integrated service delivery

BHD Guiding Elements:

Patient Centered Care: All members of the organization embrace a person centered approach focused on service that is respectful, individualized and invites active participation. Treatment is goal directed toward helping persons pursue personal recovery and enjoy independent, productive and healthy lives in the community.

Safe and Cost-Effective Best Practice: Treatment and support services incorporate current best practice standards to achieve effective outcomes. All participants are committed to an environment of care that ensures safety, manages risk and meets or exceeds national patient safety standards.

Accountable Strategic Planning: Service areas participate in strategic planning with accountability for dynamic priority setting and outcome measurement. The organization employs cost-effective approaches and project management strategies that lay the foundation for financially viable, future system growth.

I. PURPOSE:

Consistent with the above mission, vision, values and guiding elements, the Behavioral Health Division Administration has established the Environment of Care (EC) Committee and supports the Environment of Care Program as described in this plan. The purpose of the EC Committee is to establish a system to reduce the risk of injury to patients, employees, and visitors of the Milwaukee County Behavioral Health Division (MCBHD).

The EC Program establishes the structure within which a safe environment of care is developed, maintained and improved. This plan also addresses specific responsibilities, general safety, emergency management, and employee education programs.

II. SCOPE:

The EC Program establishes the organizational structure within which a safe environment of care is provided, maintained, and improved at MCBHD facilities. The areas included in the EC Plan are: Safety Management, Security Management, Hazardous Materials Management, Medical Equipment Management, Utilities Management, Fire/Life Safety Management and Emergency Management. Activities within these categories aim to manage the activities of the employees so that the risk of injuries to patients, visitors and employees are reduced, and employees can respond effectively in an emergency. Separate management plans are written annually for each of these areas. (EC 01.01.01 – EP 3-8)

MCBHD locations include:

1. Behavioral Health Division – Includes the following addresses on the same campus
 - a. 9455 Watertown Plank Rd, Wauwatosa, WI 53226
 - b. 9201 Watertown Plank Rd, Wauwatosa, WI 53226

III. OBJECTIVES:

1. Develop and implement annual plans, goals and reports for the various functions of the EC.
2. Develop and implement performance-monitoring indicators for the various functions of the EC.
3. Oversee risk mitigation of issues that impact the facilities with regards to the EC.

IV. AUTHORITY/REPORTING RELATIONSHIPS:

The BHD Executive Team (ET) and Medical Staff Executive Committee (MEC) support the Environment of Care Program. An Environment of Care Committee has been established to manage the EC Program. Committee members are appointed by Administration to maintain a multi-disciplinary membership. The EC Committee guides the EC Program and associated activities. All safety issues reside under the jurisdiction of the EC Committee and its ad hoc subcommittees.

The EC Committee Chair has been given authority by the Hospital Administrator to organize and implement the EC Committee. The committee will evaluate information submitted, respond accordingly, and evaluate the effectiveness of the EC Program and its components on an annual basis. Responsibilities of the committee include reporting significant findings and recommending actions to the ET along with any other program or department necessary for effective functioning. (EC 01.01.01-EP1)

In the event that conditions pose an immediate threat to life or health, or threaten damage to equipment or buildings, the Administrator has appointed the Safety Officer, the Administrative Resource nurse on duty, and the Administrator on call to identify and respond to high-risk situations before significant injuries, death or loss of property occurs. (EC 01.01.01-EP2)

The EC Program was established and maintained to create a safe environment at each location for the provision of quality patient care. To accomplish this task, the EC Committee will meet a minimum of monthly to monitor the Management Programs identified in the EC Scope.

- Safety Management
- Security Management
- Hazardous Materials Management
- Medical Equipment Management
- Utilities Management
- Fire/Life Safety Management
- Emergency Management

V. ENVIRONMENT OF CARE (EC) COMMITTEE:

A. EC COMMITTEE MEMBERSHIP:

In addition to the multi-disciplinary membership appointed by administration, each Standing or Ad Hoc Committee Chairperson shall also serve on the Environment of Care Committee. Members receive a letter of appointment from the administrator annually.

B. EC COMMITTEE SUMMARY:

1. The EC Committee will provide the following:
 - A forum in which employees can raise concerns regarding safety risks within the EC management areas for discussion, assessment, and mitigation planning.
 - Focused discussions on particular issues, including creation of ad hoc subcommittees to address specific topics as necessary.
 - Reports on activities and an annual summary of achievements within the EC management categories.

2. The Hospital Administrator appoints an EC Committee Chairperson and Safety Officer, who develop, implement, and monitor the EC Program. The remaining membership of the EC Committee includes representatives from administration, clinical areas and support services. The committee member goals and responsibilities are developed and reviewed as part of the program's annual evaluation.
3. The Assistant Hospital Administrator 2, Support Services shall serve as the Chairperson of the EC Committee and oversee its membership.
4. The EC Committee Chairperson is responsible for the following issues related to Safety:
 - a. Advise Administration, Medical Staff and Management Teams on safety matters requiring their attention and action.
 - b. Make recommendations necessary to establish or modify policies to the EC Program
 - c. Monitor the effectiveness of policy or procedural changes made or recommended.
 - d. Appoint committees, as appropriate, with specific responsibilities in relation to patient, employee, facility, community or environmental safety.
 - e. Appoint the Chairperson to any EC related subcommittees (standing or ad hoc).
 - f. Ensure minutes of all EC related committees are kept and reviewed, as appropriate.
 - g. Provide leadership and consultation for any subcommittee chairpersons.
 - h. Monitor subcommittees for effectiveness and compliance with regulatory agencies.
 - i. Evaluate committee and subcommittee members and chairperson's performance.
 - j. Ensure that the following receive timely information on the EC Program:
 - Executive Team
 - Medical Staff
 - Quality Compliance, and Patient Safety (QCPS) Council
 - Department Directors/Managers
 - Program Executive Teams (Acute, Crisis, Rehab Centers and Community)
5. Each EC Subcommittee Chairperson shall oversee the subcommittee and provide the following support:
 - a. Ensure minutes are kept and submitted to the Chairperson of the EC Committee in a timely manner.
 - b. Make recommendations necessary to establish or modify policies to the EC Program.
 - c. Report recommendations for policy changes and/or safety procedures to the EC Committee Chairperson.
 - d. Evaluate the committee and membership for effectiveness.
 - e. Take all corrective actions necessary on items referred to them by and EC Committee member
 - f. Refer safety concerns to the proper subcommittee chair and the EC Committee Chair.
6. The employee has responsibilities regarding their environment. BHD recognizes its responsibility to engineer or administrate a solution for any known hazards under Occupational Safety & Health Administration (OSHA) regulations. The employee is then to be trained and the hazard addressed at staff level. Staff responsibilities include:
 - a. Report safety concerns to the department supervisor/manager/director.
 - b. Access, or make referrals to the EC Committee by contacting the appropriate committee chairperson, or member of the committee.

VI. GENERAL RESPONSIBILITIES:

1. ADMINISTRATION

- a. Provide every employee with safe and hazard free working environment.
- b. Develop and support safety programs that will prevent or eliminate hazards.
- c. Encourage and stimulate staff involvement in activities to provide a safe and healthful working environment.
- d. Ensure all contracted-service providers comply with safety policies, procedures, laws, standards, and ordinances.
- e. Appoint a Chairperson of the EC Committee and a designated Safety Officer.
- f. Appoint an EC Committee to assist in development, coordination, and implementation of the EC Plan.

2. ENVIRONMENT OF CARE COMMITTEE AND SAFETY OFFICER

a. EC Committee

- Members shall protect the confidentiality of what is said and issues in all EC Program Management Meetings.
- Develop written policies and procedures to enhance safety within BHD locations.
- Develop and promote educational programs and encourage activities, which will increase safety awareness among staff.
- Establish methods of measuring results of the EC Program.
- Be familiar/knowledgeable with local, state, and federal safety regulations as appropriate.
- Develop a reference library including all applicable building and safety code standards.
- Review Infection Control and Employee Health issues.
- Take action when a hazardous condition exists.
- Establish a standard level of attendance and participation at EC committee meetings
- Conduct an annual evaluation of the objectives, scope, performance and effectiveness of the EC Program.

b. Safety Officer

- The Safety Officer is responsible for directing the safety program, directing an ongoing, organization-wide process to collect information about deficiencies and opportunities for improvement in the EC Programs.

3. BHD DIRECTORS, MANAGERS AND SUPERVISORS

Department and Program Directors and Managers are responsible for implementing and enforcing employee workplace safety. Directors and Managers are provided with appropriate information regarding the EC Plan and are directed to maintain a current awareness of the EC Program, ensuring its effective implementation within their department. In addition:

- a. Set examples of Safety awareness and good safety practices for employees
- b. Use Incident Reports as appropriate
- c. Become familiar with all aspects of the EC Program
- d. Develop and implement Safety Policy and Procedures within their department/program.

4. BHD EMPLOYEES

Each employee is responsible for attending safety education programs and for understanding how the material relates to his or her specific job requirements. Employees are responsible for following the guidelines set forth in the EC Program and for having a basic familiarity with the EC structure. Employee training attendance is monitored and a list of non-attendance is provided to Managers for follow-up.

VII. EC COMMITTEE FUNCTIONS

1. Meets monthly, or more frequently at the call of the chairperson;
2. Reviews/addresses issues pertaining to each of the EC Management categories at regular predetermined intervals (see individual management section for frequencies);
3. At least annually, report committee activities, pertinent committee findings and recommendations to ET, MEC and QCPs Council;
4. Monitor federal, state, city, county, and other regulatory agencies' activities and ensure compliance;
5. Assign research and development projects to the appropriate committee or temporary work group;
6. Quarterly, review actions taken by other Programs (Infection Control, Risk Management, etc) that may impact the EC Program and address as appropriate;
7. Quarterly, review educational activities provided;
8. Semi-annually, review summaries of employee/visitor injuries, illnesses and safety incidents and make appropriate recommendations or referrals;
9. Semi-annually, review summaries of security incidents involving employees, patients, visitors and property and make appropriate recommendations;
10. Quarterly, review Emergency Management activities and make appropriate recommendations for changes in procedure or education;

11. Quarterly, review summaries of the management of hazardous materials, wastes and related incidents and make appropriate recommendations for changes in policy/procedure or education;
12. Quarterly, review summaries of environmental tours and make appropriate recommendations or referrals;
13. When appropriate, review summaries of patient falls, sentinel events, and action plans and make appropriate recommendations for changes in procedure or education;
14. When appropriate, review, approve, or make recommendations for changes to policies and procedures;
15. Quarterly, review summaries of medical equipment management and related incidents and make appropriate recommendations;
16. Quarterly, review summaries of the life safety management program and make appropriate recommendations for changes in procedures/or education;
17. Quarterly, review summaries of utility and equipment management, related failures, errors or incidents to determine the need for changes in procedures and/or education;
18. Monitor and trend and analyze incidents, and prevention program effectiveness;
19. Monitor subcommittee activities and provide guidance and direction;
20. Evaluate, at least annually, the performance and effectiveness of the committee and subcommittees;
21. Review the need for continued monitoring or recommendations once the above evaluation is completed;
22. Maintain confidentiality of what is said and issues presented at all EC committee meetings;
23. Review attendance of committee members against established standard and take corrective action;
24. Other specialists will participate in EC Committee meetings as needed to address specific topics;

VIII. RESPONSIBILITIES SPECIFIC TO THE VARIOUS MANAGEMENT AREAS OF THE EC

1. **SAFETY MANAGEMENT** (EC 02.01.01 EP 1,3,5 & EC 02.01.03 EP 1, 4, 6; EC 02.06.01; EC 02.06.05; & EC 04.01.01)
 - a. Discuss topic quarterly or more frequently upon the call of the chairperson and record in minutes.
 - b. Create an annual Safety Management Plan. (EC 01.01.01 EP 3)
 - c. Incorporate all BHD departments in all related activities and Management Plans.
 - d. Make appropriate recommendations for educational needs to the appropriate departments.
 - e. Coordinate and cooperate in the development of departmental safety rules and practices. Conduct annual review of Department Safety Policy and Procedures (no less than every three years, if no significant change in Policy).
 - f. Detect safety hazards (mechanical, physical, and/or human factors), and recommend corrections of such hazards.
 - g. Semi-annually review the fall reduction program data and activities and make recommendations for changes to policies and procedures.
 - h. Annually, develop goals, objectives and performance standards for Safety Management.
 - i. Annually, assess the effectiveness of implemented recommendations.
 - j. Report Quarterly on activities of Safety Management.
 - k. Establish a process, and conduct a review of all Safety related Policies and Procedures for BHD, and make recommendations for revisions or new facility wide or departmental/program policies as appropriate.
 - l. Conduct environmental rounds/tours every six months in all areas where patients are served and annually in locations where patients are not served, with a multi-disciplinary team including the following individuals/departments:
 - Infection Control
 - Facilities Maintenance
 - Housekeeping
 - Administration
 - m. Analyze and trend findings reported during environmental tours.
 - n. Develops criteria in which environmental round findings can be categorized and determined to be significant.
 - o. Annually, evaluate the effectiveness of the environmental rounds.
 - p. Analyze patient and non-patient falls, trend data and recommend appropriate prevention strategies.
 - q. Analyze and trend staff occupational illnesses, injuries and incidents reported on the OSHA Log or from Risk Management Department.

- r. Analyze and trend visitor incidents reported to Risk Management.
- s. Develop criteria in which incidents can be categorized and determined to be significant.
- t. Review each of the following for trends and issues that need additional attention;
 - Employee Safety
 - Patient Safety

2. SECURITY MANAGEMENT (EC 02.01.01 EP 7-10)

- a. Discuss topic quarterly or more frequently upon the call of the chairperson and record in minutes.
- b. Create an annual Security Management Plan.
- c. Incorporate all BHD departments in all related activities and Management Plans.
- d. Quarterly review analysis, trending and recommendations for security incidents relative to:
 - Property
 - Visitors
 - Assaults
 - Security Officer injuries, interventions
 - Key control
 - Security sensitive area accessibility
 - Other
- e. Monitor the overall Security Management Program.
- f. Establish a process, and conduct a review of all Security related Policies and Procedures for BHD, and make recommendations for revisions or new facility wide or departmental/program policies as appropriate.
- g. Annually review the Security Management Program that includes but not limited to:
 - Patient, visitor, employee and property security concerns
 - Sensitive area access control
 - Traffic control policies and vehicular access
 - Orientation and Education Programs
 - Emergency preparedness programs related to security
 - Security equipment (cameras, alarms, telephone, etc.)
- h. Annually, develop goals, objectives and performance standards for Security Management.
- i. Annually, assess the effectiveness of implemented recommendations.
- j. Report Quarterly on activities of Security Management.

3. EMERGENCY MANAGEMENT (EM 01.01.01; EM 02.01.01; EM 02.02.01; EM 02.02.03; EM 02.02.05; EM 02.02.09; EM 02.02.11; EM 02.02.13; EM 02.02.15; EM 03.01.01 & EM 03.01.03)

- a. Discuss topic monthly or more frequently upon the call of the chairperson and record minutes.
- b. Create and update annually the Emergency Operations Plan (EOP).
- c. Incorporate all BHD departments in all related activities and Emergency Management Policies and Procedures.
- d. Establish a process, and conduct a review of all Emergency Management related Policies and Procedures for BHD, and make recommendations for revisions or new facility wide or departmental/program policies as appropriate.
- e. Develop and monitor internal and external emergency management programs, with multi-discipline input, affecting all departments.
- f. Evaluate and modify Emergency Operations Plans (EOP) and exercises.
- g. Coordinate and evaluate the semi-annual emergency management exercise.
- h. Monitor, evaluate, and implement changes to the disaster manual required by federal, state, local, and national organizations, as appropriate.
- i. Maintain EOP, emergency management policies and procedures and critique and approve all in-house designated disaster assignment areas and department standard operating procedures annually.
- j. Annually, develop goals, objectives and performance standards for Emergency Management.
- k. Annually, assess the effectiveness of emergency management programs.
- l. Report quarterly on activities of Emergency Management.

4. HAZARDOUS MATERIALS AND WASTE MANAGEMENT (EC 02.02.01 & EP 1, 3, 4, 5-12)

- a. Discuss topic quarterly or more frequently upon the call of the chairperson and record minutes.
- b. Create an annual Hazardous Materials and Waste Management Plan.
- c. Incorporate all BHD departments in all related activities and Management Plans.
- d. Assist with the creation of the hospital wide right - to - know program (RTK).
- e. Ensure that an annual review of chemical inventories occurs.
- f. Evaluate the educational needs for RTK and hospital waste programs and make appropriate recommendations.
- g. Monitor and assess waste control procedures and recommend policy/procedure changes as needed.
- h. Monitor city, state, and federal environmental laws and regulations and recommend policy/procedure changes as required.
- i. Evaluate products to promote hazardous materials and waste minimization for purchase or use.
- j. Review hazardous materials and/or waste handling problems, spills or employee incidents and make recommendations for process improvement, personal protective equipment and environmental monitoring.
- k. Monitor program recommendations, changes or implementations for effectiveness.
- l. Annually, assess the effectiveness of the hazardous materials and waste management programs for selection, storage, handling, use and disposal and recommend changes as appropriate.
- m. Report quarterly on activities of Hazardous Materials and Waste Management.

5. FIRE PREVENTION/LIFE SAFETY MANAGEMENT (EC 02.03.01; EC 02.03.03; EC 02.03.05 and LS 01.01.01 through LS 03.01.70)

- a. Discuss topic quarterly or more frequently upon the call of the chairperson and record minutes.
- b. Create an annual Fire Prevention Plan.
- c. Incorporate all BHD departments in all related activities and Management Plans.
- d. Coordinate and conduct fire drills once per quarter per shift in all patient care buildings. (Twice this if Interim Life Safety Measures are implemented.)
- e. Analyze and trend the results of fire drills, actual fire events or false alarms and recommend appropriate changes or education.
- f. Review inspection, preventive maintenance and testing of equipment related to the Life Safety Program.
- g. Review agency inspections conducted or compliance survey reports. (i.e. Fire Marshal (state and local), Insurance, State Department of Quality Assurance, etc.)
- h. Review changes/upgrades to the fire protection system; failures/problems discovered with the system, causes and corrective actions taken.
- i. Review summaries of construction, renovation or improvement life safety rounds.
- j. Assess Interim Life Safety Measures implemented as a result of construction or other Life Safety Deficiencies and review and plans of corrections
- k. Monitor program recommendations, changes or implementations for effectiveness.
- l. At each meeting, assess the status of the facility Statement of Conditions™ and compliance with the Life Safety Code.
- m. Establish a process, and conduct a review of all Fire/Life Safety related Policies and Procedures for BHD, and make recommendations for revisions or new facility wide or departmental/program policies as appropriate.
- n. Annually, develop goals, objectives and performance standards for Fire Prevention.
- o. Annually, assess the effectiveness of the Fire Prevention Program, policies/procedures and educational components.
- p. Report quarterly on activities of Fire Prevention Management.

6. MEDICAL EQUIPMENT MANAGEMENT (EC 02.01.01 EP 10 and 02.04.03)

- a. Discuss topic quarterly or more frequently upon the call of the chairperson and record minutes.
- b. Create an annual Medical Equipment Management Plan.
- c. Incorporate all BHD departments in all related activities and Management Plans.
- d. Monitor medical equipment hazard recalls. Review inspection, tests, maintenance and education policies for medical equipment and device users.

- e. Monitor for compliance with the FDA Safe Medical Device Act.
- f. Review medical equipment management program, problems, failures and user errors that adversely affect patient care or safety and the corrections or follow-up actions taken.
- g. Review and analyze major problems or trends identified during preventative maintenance and make appropriate recommendations.
- h. Monitor on-going medical equipment education programs for employees related to new equipment, replaced or recalled equipment, certification and/or recertification and user errors.
- i. Review requests and make recommendations for the purchase of medical equipment.
- j. Monitor the entry and use of medical equipment entering the facility from sources outside of the medical equipment program. (i.e. rental equipment).
- k. Monitor the use of personal protective equipment associated with the use of medical equipment management, i.e. radiology services.
- l. Review compliance survey reports conducted by regulatory agencies and changes in regulations that may affect the medical equipment program or needs.
- m. Establish a process, and conduct a review of all Medical Equipment related Policies and Procedures for BHD, and make recommendations for revisions or new facility wide or departmental/program policies as appropriate.
- n. Review contingency plans in the event of medical equipment disruptions and or failures, procedures for obtaining repair services and access to spare equipment.
- o. Annually, develop goals, objectives and performance standards for the committee.
- p. Annually assess the effectiveness of the medical equipment management program.
- q. Report quarterly on activities of Medical Equipment Management.

7. UTILITY MANAGEMENT (EC 02.05.01; EC 02.05.03; EC 02.05.05; & EC 02.05.07)

- a. Discuss topic quarterly or more frequently upon the call of the chairperson and record minutes.
- b. Review/revise the Utility Management Plan annually.
- c. Incorporate all BHD departments in all related activities and Management Plans.
- d. Review compliance survey reports conducted by regulatory agencies and changes in regulations that may affect the management of Utility Systems.
- e. Review incidents related to emergency testing, system upgrades, system shutdowns, preventative maintenance problems, major problems with emphasis on the impact on patient care and corrective actions.
- f. Review, analyze and trend problems or failures relating to:
 - Electrical Distributions Systems
 - Elevator Systems
 - HVAC Systems
 - Communication Systems
 - Water Systems
 - Sewage Systems
 - Environment Control Systems
 - Building Computer Systems
 - Security Systems
 - Other
- g. Review management plans and monitoring systems relating to utility management.
- h. Establish a process, and conduct a review of all Utility related Policies and Procedures for BHD, and make recommendations for revisions or new facility wide or departmental/program policies as appropriate.
- i. Annually, review the effectiveness of the utility system management program.
- j. Review emergency procedures and plans to respond to utility system failures.
- k. Review patient care equipment management (beds, lighting, etc) and all non-clinical high-risk equipment problems.
- l. Report quarterly on activities of Utility Management.

8. OTHER COMMITTEES

- a. The EC Committee has a relationship with three other committees, each submit a summary report. Information from these reports is incorporated into the annual report submitted by the EC. These committees include:

- 1) Infection Prevention - Although this is not a sub-committee; this existing committee has a relationship that submits information on a 'need to know' basis, identifying concerns.
- 2) Risk Management - Although this is not a sub-committee, this existing department has a relationship that submits information on a 'need to know' basis, identifying concerns.
- 3) Hospital Incident Command System Committee - Although this is not a sub-committee, this existing department has a relationship that submits information on a 'need to know' basis, identifying concerns.

9. EOC EDUCATION (EC 03.01.01)

- a. Discuss topic quarterly or more frequently upon the call of the chairperson and record minutes.
- b. Incorporate all BHD departments in all related activities and Management Plans.
- c. Track and trend department compliance with annual in-service attendance.
- d. Review and assist in the development of educational programs for orientation and annual in-services.
- e. Develop criteria in which compliance with safety education can be effectively measured.
- f. Make appropriate recommendations to other committees/leadership regarding problematic trends and assist in implementation of final resolution plans.
- g. Develop and implement safety promotional ideas such as safety fairs, contests, and incentive programs.
- h. Promote safety issues in various communication forms at BHD (newsletter, emails, signage).
- i. Annually, develop goals, objectives and performance standards for education of EC related information.
- j. Annually, assess the effectiveness of the annual safety in-service program.

IX. INTENT PROCESSES

1. Issue Assessment (EC 04.01.01)

BHD addresses issues identified by the EC Committee related to each of the components of the Environment of Care Management Program. Based on the committee's assessment of the situation, a decision on the best course of action to manage the issue is determined. Documentation of this evaluation process may be found in the EC Committee minutes. Results of the process are used to create or revise policies and procedures, educational programs, and/or monitoring methods.

Appropriate representatives from hospital administration clinical services, support services, and each area of the EC Management functions are involved in the analysis of data regarding safety and other issues. Verbal reports are considered appropriate to communicate time sensitive information when necessary. Written communication may follow the verbal report.

Information collection and evaluation systems are used to analyze data obtained through ad hoc, periodic, and standing monitoring activities. The analysis is then used by the EC Committee to set priorities, identify problems and develop or approve recommendations.

2. Environmental Rounds (EC 04.01.03)

The Safety Officer or EC Committee Chair actively participates in the management of the environmental rounds process. Rounds are conducted to evaluate employee knowledge and skill, observe current practice and evaluate conditions of the environment. Results are compiled and serve as a tool for improving safety policies and procedures, orientation and education programs and employee knowledge on safety and performance. Summaries of the rounds and resulting activities or corrections are reported through the EC annual report or more frequently if necessary.

Environmental rounds are conducted twice a year in each patient care area and once a year in the non-patient care areas. Answers provided during random questioning of employees during rounds are noted and reported through the EC Committee for review and possible further action.

3. **Medical, Equipment and Product Safety Recalls and Notices** (EC 02.01.01 EP 11)

The EC Committee reviews compliance with monitoring and actions taken on recalls and alerts. A system to manage recalls throughout the division will be created or purchased.

4. **Safety Officer Appointment** (EC 01.01.01 EP 1)

The BHD Hospital Administrator is responsible for managing the Safety Officer appointment process. The appointed Safety Officer is assigned operational responsibility for the EC Management Program. If the Safety Officer position becomes vacant, the BHD Hospital Administrator is responsible for selecting a qualified individual capable of overseeing the development, implementation and evaluation of the Environment of Care Management Program. The Safety Officer reports directly to the BHD Administrator and is guided by a written Job description

5. **Intervention Authority** (EC 01.01.01 EP 2)

The Safety Officer and/or the individual serving as the Administrative Resource on site and the Administrator on Call have been given the authority by the BHD Hospital Administrator to intervene whenever conditions exist that pose an immediate threat to life or health or pose a threat of damage to equipment or buildings.

X. **ORIENTATION AND EDUCATION**

1. **New Employee Orientation:** (EC 03.01.01 EP1-3; HR 01.04.01 EP 1-3; LD 03.01.01.1-10) Safety Education begins with the New Employee Orientation program for all new employees, and continues on an ongoing basis with departmental specific safety training, job-specific safety training, and a series of programs required for all employees on an annual basis
2. **Annual Continuing Education:** (HR 01.05.03 EP 1-13) Safety Education is conducted annually for all employees. Content is based on recommendations and analysis of educational needs of the employees.
3. **Department Specific Training:** (EC 03.01.01 EP1-3; HR 01.04.01 EP 1-3) Directors/ Managers are responsible for ensuring that new employees are oriented to departmental specific safety policies and procedures and specific job related hazards.
4. **Contract Employees:** (EC 03.01.01 EP1-3; HR 01.04.01 EP 1-7) Assessment and education is done at the time of assignment at BHD. Contracted Employees attend a new employee orientation program at BHD and are also included in the Annual Continuing Education and other educational initiatives as needed during the year.

XI. **PERFORMANCE MONITORING** (EC 04.01.05)

- A. Performance monitoring is ongoing at BHD. The following performance monitors have been established for the management areas of the EC.

Safety Management

1. Actions taken for urgent recalls and alerts are documented in RASMAS within 3 days a minimum of 95% of the time.
2. Measure the number of falls of patients/employees/visitors and decrease by 10%
3. Measure the number of incidents of patient to employee aggression requiring treatment and decrease by 10%.
4. Measure the number of exposures and decrease by 3%. Track staff and patients separately.
5. Measure the number of employee injuries with lost time greater than 3 days and decrease by 10%.
6. Measure staff compliance with completing the annual safety training. (Goal = 95%)
7. Measure the number of environmental rounds items completed in 30 days (Goal = 80%)

Security Management

1. Security Site Coordinator to create weekly Roll Call updates for dissemination to all security staff by posting at numerous high traffic officer sites and verbal dissemination by Supervisory staff (Goal = No more than 4 weekly updates missed annually)
2. In coordination with BHD Emergency Management, conduct 1 (one) Emergency Preparedness Planning (EPP) exercise per month. (Goal = Zero month's missed) Decrease the number of Theft/Larceny incidents by 3 % (This includes theft of patient belongings)
3. Less than three incidents of unauthorized Absence from locked unit
4. Number of incidents where contraband is found on inpatient units. (Goal = zero times)
5. Number of incidents where a secure area is found unsecured. (Goal = zero times)
6. Number of incidents where unauthorized persons are found in secure areas. (Goal = zero times)

Hazardous Materials Management

1. Measure the number of chemical spills. (Goal = 0)
2. Measure percentage of employees who can identify the location of SDS sheets after annual training. (Goal = 95%)
3. Measure the percentage of departments completing the annual inventory (Goal = 100%) (Four departments required; Housekeeping, Food Service, Maintenance, Storeroom/Central Supply)

Emergency Management

1. Increase the number of Division Leadership Team members trained in ICS/HICS (100 & 700) by 25%
2. Measure the percentage of after action improvement items implemented.
3. Measure the percentage of emergency management related questions on annual training answered correctly by staff. (Goal = 85%)

Fire Prevention

1. Measure the number of Fire drills completed (Goal = 25 by end of year)
2. Measure the average score on the fire drill check sheet. (Goal is 90%)
3. Measure the percentage of fire prevention related questions on annual training answered correctly by staff. (Goal 95%)
4. Measure the number of fire setting contraband items/incidents found on inpatient units. (Goal < 5)
5. Measure the number of fire incidents (Goal = 0)
6. Measure the number of false fire alarms. (Goal <6)

Utilities Management

1. Measure the number of other utility failures (Goal = < 6)
2. Measure the number of past due preventive maintenance tasks (Goal = <12)
3. Measure the percentage of utility components labeled and inventoried (Goal = 50% by year end)
4. Measure the frequency of the use of the negative pressure rooms. (Baseline)
5. Measure the percentage of negative pressure rooms tested before use (Goal = 100%)
6. Measure the percentage of generator testing that did not pass (Goal- 0%)

Medical Equipment Management

1. Measure the number of missing clinical equipment (Goal = decrease by 20%)
 2. Measure the amount of time equipment is available for use (Goal = 95%)
 3. Measure the number of Safe Medical Device Act reportable incidents (Goal = 0)
 4. Measure the number of repairs required as a result of user error. (Goal = 0)
- B. Data from these performance monitors are discussed at the EC Committee. Performance Indicators are compiled and reported to the BHD Executive Team (ET), the Quality, Compliance, & Patient Safety (QCPS) Council, the Medical Staff Executive Committee (MEC), and the Milwaukee County Wide Safety Committee annually. The data from all EC performance monitors is analyzed and prioritized to select at least one recommendation to be made to the leadership of BHD for a performance improvement activity in the environment of care. (EC 04.01.03)

XII. ANNUAL EVALUATION (EC 04.01.05)

- A. The Safety Officer and Chair of the EC Committee has overall responsibility for coordinating the annual evaluation process for the EC Management plans. The annual evaluation examines the objectives, scope, performance, and effectiveness of the Environmental Management Program.
- B. The annual evaluation is presented at the EC Committee by the end of the first quarter of each year. The EC Committee review and approves the report. The discussion, actions, and recommendations of the EC Committee are documented in the minutes. The annual evaluation is then distributed to ET, MEC and QCPS Council the program executive committees, and the County Wide Safety Committee. This finalizes the evaluation process.

XIII. APPROVAL

The Environment of Care Program including the **2015 Environment of Care Management Plan** has been reviewed and approved by the following:

- Environment of Care Committee (EC)
- Executive Team (ET), and
- Medical Staff Executive Committee (MSO)

Approving signatures are found on the management plan packet coversheet.

Behavioral Health Division (BHD)
Safety Management Plan
2015

BHD Mission:

The Milwaukee County Behavioral Health Division is a public sector system for the integrated treatment and recovery of persons with serious behavioral health disorders.

BHD Vision: The Milwaukee County Behavioral Health Division will be a Center of Excellence for person-centered, quality best practice in collaboration with community partners.

BHD Core Values:

1. Patient centered care
2. Best practice standards and outcomes
3. Accountability at all levels
4. Recovery support in the least restrictive environment
5. Integrated service delivery

BHD Guiding Elements:

Patient Centered Care: All members of the organization embrace a person centered approach focused on service that is respectful, individualized and invites active participation. Treatment is goal directed toward helping persons pursue personal recovery and enjoy independent, productive and healthy lives in the community.

Safe and Cost-Effective Best Practice: Treatment and support services incorporate current best practice standards to achieve effective outcomes. All participants are committed to an environment of care that ensures safety, manages risk and meets or exceeds national patient safety standards.

Accountable Strategic Planning: Service areas participate in strategic planning with accountability for dynamic priority setting and outcome measurement. The organization employs cost-effective approaches and project management strategies that lay the foundation for financially viable, future system growth.

I. PURPOSE:

Consistent with the above mission, vision, values and guiding elements, Behavioral Health Division Administration has established the Environment of Care (EC) Committee and supports the Safety Management Program as described in this plan.

The purpose of the Safety Management Plan is to establish a system to reduce the risk of injury to patients, employees, and visitors of the Milwaukee County Behavioral Health Division (MCBHD). The plan establishes the framework within which a safe environment of care is developed, maintained and improved. This plan also addresses specific responsibilities, general safety, and employee education programs.

II. SCOPE:

The Safety Management Plan establishes the organizational structure within which a safe environment of care is established, maintained, and improved at MCBHD facilities. In addition to addressing specific responsibilities, general safety, and employee education programs the plan is in all efforts directed toward managing the activities of the employees so that the risk of injuries to patients, visitors and employees are reduced, and employees can respond effectively in an emergency. (EC 01.01.01-EP3)

MCBHD locations include:

1. Behavioral Health Division – Includes the following addresses on the same campus
 - a. 9455 Watertown Plank Rd, Wauwatosa, WI 53226
 - b. 9201 Watertown Plank Rd, Wauwatosa, WI 53226

III. OBJECTIVES:

1. Develop and implement department specific safety policies and education.
2. Monitor, track and trend employee injuries throughout the facility.
3. Effectively use environmental rounds data.
4. Develop and implement electronic rounding system.

IV. AUTHORITY/REPORTING RELATIONSHIPS:

The BHD Executive Team (ET) and Medical Staff Executive Committee (MEC) support the Environment of Care Program including the Safety Management Plan. EC Committee members are appointed by Administration to maintain a multi-disciplinary membership. The BHD Administrator appoints an EC Committee Chairperson and Safety Officer to develop, implement, and monitor the Safety Management Program. The EC Committee guides the Safety Management Program and associated activities. The Safety Officer is responsible for directing the safety program, and an ongoing, organization-wide process for collection of information about deficiencies and opportunities for improvement in the EC Management programs. BHD will utilize the EC Committee in lieu of a separate Safety Committee, where the Safety Officer will organize and implement inspection of all areas of the facility to identify safety hazards, and to intervene wherever conditions exist that may pose an immediate threat to life or health or pose a threat of damage to equipment or property. (EC 01.01.01-EP1)

In the event that conditions pose an immediate threat to life or health, or threaten damage to equipment or buildings, the Administrator has appointed the Safety Officer, the Administrative Resource nurse on duty, and the Administrator on call to identify and respond to high-risk situations before significant injuries, death or loss of property occurs. (EC 01.01.01-EP2)

The EC committee will evaluate information submitted, develop policies and procedures, understand applicable safety regulations, and evaluate the effectiveness of the safety program and its components on an annual basis. Responsibilities of the EC Committee include reporting significant findings and recommending actions to the Executive Team along with any other program or department necessary for effective functioning. (EC 01.01.01-EP3)

Department/Program Directors and/or Managers are responsible for implementing and enforcing employee workplace safety. Directors and Managers are provided with appropriate safety program guidelines and are directed to maintain a current awareness of the safety program, and to ensure its effective implementation within their program/department.

Each employee is responsible for attending safety education programs and for understanding how the material relates to his/her specific job requirements. Employees are responsible for following the safety guidelines set forth in the safety program. Employee attendance is monitored and a list of non-attendance is provided to Managers and/or Directors for follow-up.

V. INTENT PROCESSES:

A. Risk Assessments - (EC 02.01.01 EP1, 3) BHD performs risk assessments to evaluate the impact of proposed changes in areas of the organization. The desired outcome of completion of risk assessments is a reduction in likelihood of future incidents and other negative experiences, which hold a potential for accident, injury, or other loss to patients, employees, or hospital assets. Potential safety issues are reported, documented and discussed at the EC Committee meetings, all available pertinent data is reviewed, alternatives discussed, and a summary forwarded to management and included within the meeting minutes.

Based on the committee's evaluation of the situation, a decision by management is reached and returned to the committee. Results of this risk assessment process are used to create new, or revise existing safety policies and procedures; environmental tour elements specific to the area affected; safety orientation and education programs; or safety performance improvement standards.

B. Incident Reporting and Investigation – (EC 04.01.01 EP1, 3, 4, 5) Patient and visitor incidents, employee incidents, and property damage incidents are documented and reported bi-annually to the EC Committee and the individual program executive committees. The reports are prepared by the Quality Improvement Department. The report and analysis are reviewed by the EC Committee for identification of trends or patterns that can be used to make necessary changes to the Safety Management Program and control or prevent future occurrences.

C. Environmental Tours – (EC 04.01.01 EP12-14) A team of staff including the Safety Officer actively participates in the management of the environmental rounds process. Environmental Rounds are conducted regularly as outlined in the EC Management Plan, to evaluate employee knowledge and skill, observe current practice, and evaluate environmental conditions. Results from environmental rounds serve as a tool for improving safety policies and procedures, orientation and education programs, and employee performance. The team lead and Safety Officer provide summary reports on activities related to the environmental tour process to the EC Committee. Rounds are conducted at least every six months in all areas where patients are served and at least annually in all areas where patients are not served.

Individual department managers are responsible for initiating appropriate action to address findings identified in the environmental rounds process and forwarding those actions and results to the rounds team lead and Safety Officer.

Environmental Rounds are used to monitor employee knowledge of safety. Answers provided during random questioning of employees, during the survey, are analyzed and summarized in a report to the EC Committee and used to determine educational needs.

D. Product/Medication/Equipment Safety Recalls – (EC 02.01.01 EP11) Information regarding a recalled product, medications, or equipment is distributed to all user departments in a timely fashion by the Safety Officer, (request acquisition of a service to do this possibly RASMAS price quote is based on beds and facility type). The EC Committee will review and report on recall and alert compliance.

E. Examining Safety Issues - (EC 04.01.03 EP 1-2) The EC Committee membership includes representatives from Administration, Clinical Programs, Support Services and Contracted areas. The EC committee specifically discusses safety concerns and issues a minimum of six (6) times per year, and incorporates information on Safety related activities into the bi-annual report.

F. Policies and Procedures – The Safety Officer is responsible for coordinating the development of general safety policies and procedures. Individual department managers are responsible for managing the development of departmental specific safety policies and procedures, which include but is not limited to, safe operations, use of hazardous equipment, and use of personal protective equipment. The Safety Officer assists department managers in the development of new department safety policies and procedures.

BHD wide safety policies and procedures are distributed to all departments. Department Directors and/or Managers are responsible for distribution of department level policies and procedures to their employees. BHD wide policies are posted on the facility computer network for access by all employees. The Safety Officer and department managers are responsible for ensuring enforcement of safety policies and procedures. Each employee is responsible for following safety policies and procedures.

BHD wide and departmental safety policies and procedures are reviewed at least every three years or as necessary. Some policies/procedures may be reviewed more often as required or deemed necessary.

G. Safety Officer Appointment – (EC 01.01.01-EP1) The Hospital Administrator is responsible for managing the Safety Officer appointment process. If the position should become vacant, the Hospital Administrator is responsible for selecting a qualified individual capable of overseeing the development, implementation, and monitoring of the Safety Management Program.

- H. **Intervention Authority** – (EC 01.01.01-EP2) The Safety Officer, the Administrative Resource nurse on duty, and the Administrator on Call have been given authority by the Hospital Administrator or their designee to intervene whenever conditions exist that pose an immediate threat to life or health or pose a threat of damage to equipment or buildings. Any suspension of activity shall immediately be reported to the Hospital Administrator, or designee, and the Medical Director when appropriate.
- I. **Grounds and Equipment** – (EC 02.01.01-EP5) The Environment and Engineering Services (EES) department is responsible for scheduling and performing maintenance of hospital grounds and external equipment. Policies and procedure for this function are located in the EES department.

VI. EMPLOYEE HEALTH AND WELFARE

- A. Program Directors and managers are responsible for implementing and enforcing employee workplace safety. Directors and Managers are provided with appropriate safety program guidelines and are directed to maintain a current awareness of the Safety Program, and to ensure its effective implementation within their department. Each employee is responsible for attending safety education programs and for understanding how the material relates to his or her specific job requirements. Employees are responsible for following the safety guidelines set forth in the Safety Program. Employee attendance at educational events is monitored and a list of non-attendance is provided to Managers/Directors for follow-up.
- B. Employees report work related injuries, occupational illnesses or exposure to contagious diseases to their supervisor and by completing an Injury/Illness/Accident Loss Report Form. Reports of employee incidents are recorded by the Human Resources Department and tabulated for trending by the Quality Management Department for reporting to the Safety Committee.
- C. BHD reviews and analyzes the following indicators:
 1. Number of OSHA recordable lost workdays
 2. Injuries by cause
 3. Injuries by body part
 4. Needle sticks and body fluid exposures

VII. ORIENTATION AND EDUCATION

- A. **New Employee Orientation:** (EC 03.01.01 EP1-3; HR 01.04.01 EP 1-3; LD 03.01.01 EP 1-10) The Safety Education begins with the New Employee Orientation Program for all new employees, and continues on an ongoing basis with departmental specific safety training, job-specific safety training, and a series of programs required for all employees on an annual basis
- B. **Annual Continuing Education:** Safety Education is conducted annually for all employees. Content is based on recommendations and analysis of educational needs of the employees. (HR 01.05.03 EP 1-13)
- C. **Department Specific Training:** Directors/Managers are responsible for ensuring that new employees are oriented to departmental specific safety policies and procedures and specific job related hazards. (EC 03.01.01 EP 1-3; HR 01.04.01 EP 1-3)
- D. **Contract Employees:** Assessment and education is done at the time of assignment at BHD. Contracted Employees attend a new employee orientation program at BHD and are also included in the Annual Continuing Education and other educational initiatives as needed during the year. (EC 03.01.01 EP 1-3; HR 01.04.01 EP 1-7)

VIII. PERFORMANCE MONITORING (EC 04.01.03 EP 1-3); EC 04.01.05 EP 1-3)

- A. Ongoing performance monitoring is conducted for the following performance monitors:
1. Actions taken for urgent recalls and alerts are documented in RASMAS within 3 days a minimum of 95% of the time
 2. Measure the number of falls of patients and decrease by 10%
 3. Measure the number of falls of employees/visitors and decrease by 10%
 4. Measure the number of incidents of patient to employee aggression requiring treatment and decrease by 10%.
 5. Measure the number of exposures and decrease by 3%. Track staff and patients separately.
 6. Measure the number of employee injuries with lost time of 3 days or more and decrease by 10%.
 7. Measure staff compliance with completing the annual safety training. (Goal = 95%)
 8. Measure the number of environmental rounds items addressed in 30 days (Goal = 80%)
- B. The Safety Officer oversees the development of the Safety related performance monitors. Data from these performance monitors are discussed at the EC Committee quarterly and are reported bi-annually to the Quality, Compliance, & Patient Safety (QCPS) Council. Performance indicators are compiled and reported the Executive Team (ET), Medical Staff Executive Committee (MEC), and the Milwaukee County Wide Safety Committee annually. The data from all EC performance monitors is analyzed and prioritized to select at least one recommendation to be made to the leadership of BHD for a performance improvement activity in the environment of care.

IX. ANNUAL EVALUATION (EC 04.01.01 EP 15)

- A. The Safety Officer and Chair of the EC Committee has overall responsibility for coordinating the annual evaluation process for each of the seven functions associated with the management of the EC. The annual evaluation examines the objectives, scope, performance, and effectiveness of the Safety Management Program.
- B. The annual evaluation is presented at the EC Committee by the end of the first quarter of each year. The EC Committee review and approves the report. The discussion, actions, and recommendations of the EC Committee are documented in the minutes. The annual evaluation is then distributed to ET, MEC, and QCPS Council, the Program Executive Committees, and the County Wide Safety Committee. This finalizes the evaluation process.

- X. **SMOKING POLICY** – Reference Administrative Policy: Tobacco Free Policy (EC 02.01.03 EP 1, 4, & 6)
BHD is committed to the promotion of healthy environments in all programs. All medical evidence indicates that smoking is contrary to this objective. In support of this objective, effective November 16, 2007 the use of all tobacco products was prohibited on MCBHD premises including property owned, leased, or otherwise operated by MCBHD. All staff, patients, residents, visitors, renters, vendors, and any other individuals on the MCBHD grounds are prohibited from using tobacco products. The residents of Rehab Central who smoked prior admission will be allowed to smoke in one designated outside area near Rehab Central.

XI. APPROVAL

The Environment of Care Program including the 2015 Safety Management Plan has been reviewed and approved by the following:

- Environment of Care Committee (EC)
- BHD Executive Team (ET), and
- Medical Staff Executive Committee (MEC)

Approving signatures are found on the management plan packet coversheet.

Behavioral Health Division (BHD)
Security Management Plan
2015

BHD Mission:

The Milwaukee County Behavioral Health Division is a public sector system for the integrated treatment and recovery of persons with serious behavioral health disorders.

BHD Vision: The Milwaukee County Behavioral Health Division will be a Center of Excellence for person-centered, quality best practice in collaboration with community partners.

BHD Core Values:

1. Patient centered care
2. Best practice standards and outcomes
3. Accountability at all levels
4. Recovery support in the least restrictive environment
5. Integrated service delivery

BHD Guiding Elements:

Patient Centered Care: All members of the organization embrace a person centered approach focused on service that is respectful, individualized and invites active participation. Treatment is goal directed toward helping persons pursue personal recovery and enjoy independent, productive and healthy lives in the community.

Safe and Cost-Effective Best Practice: Treatment and support services incorporate current best practice standards to achieve effective outcomes. All participants are committed to an environment of care that ensures safety, manages risk and meets or exceeds national patient safety standards.

Accountable Strategic Planning: Service areas participate in strategic planning with accountability for dynamic priority setting and outcome measurement. The organization employs cost-effective approaches and project management strategies that lay the foundation for financially viable, future system growth.

I. PURPOSE:

Consistent with the above mission, vision, values and guiding elements, Behavioral Health Division Administration has established the Environment of Care (EC) Committee and supports the Security Management Program as described in this plan.

The purpose of the Security Management Plan is to establish a system to provide a safe and secure environment for all patients, employees, and visitors of the Milwaukee County Behavioral Health Division (MCBHD). The plan establishes the framework to minimize the risk of personal injury or property loss due to criminal activity or workplace violence.

II. SCOPE:

The Security Management Plan establishes the organizational structure within which a safe and secure environment of care is established, maintained, and improved at MCBHD facilities. In addition to addressing specific responsibilities, general security, and employee education programs the plan is in all efforts directed toward managing the activities of the employees so that the risk of injuries to patients, visitors and employees are reduced, and employees can respond effectively in an emergency. (EC 01.01.01-EP4)

MCBHD locations include:

1. Behavioral Health Division – Includes the following addresses on the same campus
 - a. 9455 Watertown Plank Rd, Wauwatosa, WI 53226
 - b. 9201 Watertown Plank Rd, Wauwatosa, WI 53226

III. OBJECTIVES:

1. To prevent crime and to provide staff, patients, and visitors with a safe and secure environment.
2. Review and trend Incident Reports for all security related incidents.
3. To reduce the likelihood of victimization through education of patients and staff.
4. Keep, manage, and control access to sensitive areas
5. To provide a thorough, appropriate and efficient investigation of criminal activity.
6. Utilize security technology as appropriate in managing emergencies and special situations.

IV. AUTHORITY/REPORTING RELATIONSHIPS:

The BHD Executive Team (ET) and Medical Staff Executive Committee (MEC) support the Environment of Care Program including the Security Management Plan. EC Committee members are appointed by Administration to maintain a multi-disciplinary membership. The BHD Administrator appoints an EC Committee Chairperson and a Safety Officer to develop, implement, and monitor the Security Management Program. The EC Committee guides the Security Management Program and associated activities. The EC Chairperson and Safety Officer are responsible for directing the Security program, and an ongoing, organization-wide process for collection of information about deficiencies and opportunities for improvement in the EC Management programs. BHD will utilize the EC Committee in lieu of a separate Security Committee, where the EC Chairperson and Safety Officer will organize and implement an ongoing, organization-wide process to minimize risk and threat to the welfare of patients, visitors, and employees.

In the event that conditions pose an immediate threat to life or health, or threaten damage to equipment or buildings, the Administrator has appointed the Safety Officer, the Administrative Resource nurse on duty, and the Administrator on call to identify and respond to high-risk situations before significant injuries, death or loss of property occurs. (EC 01.01.01-EP2)

The EC committee will evaluate information submitted, develop policies and procedures, understand applicable security regulations, and evaluate the effectiveness of the security program and its components on an annual basis. Responsibilities of the EC Committee include reporting significant findings and recommending actions to the ET along with any other program or department necessary for effective functioning. (EC 01.01.01-EP1)

V. INTENT PROCESSES:

- A. **Emergency Security Procedures** (EC 02.01.01 EP 9; EM 02.02.05 EP1-10) – The BHD Security Department maintains policies and procedures for actions to be taken in the event of a security incident or failure. Preventive maintenance is performed on departmental panic buttons, security cameras, door alarms, communication radios, and door entryways with key card access.

Security has procedures addressing the handling of civil disturbances, and other situations including child/infant abductions and patient elopements. These include managing traffic and visitor control. Additional Security Officers may be provided to control human and vehicle traffic, in and around the environment of care. During emergencies security are deployed as necessary, and report in to the main PCS security desk and/or Incident Command Center as appropriate.

- B. **Addressing Security Issues** (EC 02.01.01 EP 1&3) – A security risk assessment will be conducted annually of the facility and out stations. The purpose of the risk assessment is to gather information that can be used to develop procedures and controls to minimize the potential of adverse events affecting staff, patients, and others. The Security Supervisor works with the Safety Officer, department managers, the Risk Manager, the Director of Quality Improvement and others as appropriate. The results of the risk assessment process are used to guide the modification of the environment or the procurement of equipment that can eliminate or significantly reduce identified risks. The procedures, controls, environmental design changes, and equipment are designed to effectively manage the level of security in a planned and systematic manner. The Security Department has input into the creation of employee training sessions regarding security related issues. The Security Supervisor maintains a current

knowledge of laws, regulations, and standards of security. The Security Supervisor also continually assesses the need to make changes to procedures, controls, training, and other activities to assure that the security management program reflects the current risks present in the environment of BHD.

- C. Reporting and Investigation** (EC 04.01.01 EP 1&6; EC 04.01.03 EP 1-2)— Incident reports are completed by a witness or the staff member to whom a patient or visitor incident is reported. The completed reports are forwarded to the Supervisor for follow up and then sent to the Quality Management. The Risk Manager works with appropriate staff to analyze and evaluate the reports. The results of the evaluation are used to eliminate immediate problems in the environment.

In addition, the Risk Manager and the Security Supervisor collaborate to conduct an aggregate analysis of incident reports generated from environmental conditions to determine if there are patterns of deficiencies in the environment or staff behaviors that require action in order to control or prevent future occurrences.

This incident analysis is intended to provide an opportunity to identify trends or patterns that can then be used to identify necessary changes to the Security Management Program. The findings of such analysis are reported to the Environment of Care Committee as part of the quarterly Security report, and is included as part of the Security Management Program annual report.

- D. Identification** (EC 02.01.01 EP 7) – The current systems in place at BHD include photographic ID badges for all staff, volunteers, students and members of the medical staff worn above the waistline for visibility, password systems to limit access to authorized users of information system applications, physical security systems to limit access to departments and areas of the hospital, and distinctive clothing to facilitate rapid visual recognition of critical groups of staff.

When possible, the current system includes photo identification of patients in medical records, use of various armband systems, and personal identification cards for some Long Term Care individuals to use when in the community.

The identification of others entering BHD is managed by Security, the Operations Bureau and the Clerical Pool Department. The Security staff takes appropriate action to remove unauthorized persons from areas and to prevent unwanted individuals from gaining access to BHD.

- E. Access and Egress Control** (EC 02.01.01 EP 8) – Various methods of control are used based on risk levels.

- High Risk area controls include key card access or lock and key methods with continuous staffing and policy governing visitor and staff access.
- Moderate Risk area controls include lock and key methods with limited access per policy and key distribution.
- Low Risk area controls include lock and key methods only during times outside of identified business hours
- Security will unlock doors as scheduled and make rounds at periodic intervals to maintain a safe and orderly environment. Security is stationed in the Psychiatric Crisis Center 24 hours per day, 7 days per week, and at the Main entrance desk from 7:00 a.m. to 11:00 p.m. and the Acute Care visitor check-in desk from 8:00 a.m. to 8:00 p.m.

- F. Policies and Procedures** (LD 04.01.07 EP 1-2) – Security related policies are reviewed a minimum of every three years and distributed to departments as appropriate. The Security Supervisor assists department heads with the development of department or job specific environmental safety procedures and controls.

- G. Vehicular Access** (EC 02.02.02 EP 8) - Vehicular access to the Psychiatric Crisis Service area is controlled by Security 24/7 and limited to emergency vehicles only.

VI. ORIENTATION AND EDUCATION

- A. New Employee Orientation:** Education regarding the Security Program begins with the New Employee Orientation Program for all new employees, and continues on an ongoing basis with departmental specific

security training, job-specific security training, and a series of programs required for all employees on an annual basis (EC 03.01.01 EP 1-3; HR 01.04.01 EP 1-3; LD 03.01.01 EP 1-10)

- B. **Annual Continuing Education:** Education regarding security is conducted annually for all employees. Content is based on recommendations and analysis of educational needs of the employees. (HR 01.05.03 EP 1-13)
- C. **Department Specific Training:** Directors/Managers are responsible for ensuring that new employees are oriented to departmental specific security related policies and procedures and specific job related hazards. (EC 03.01.01 EP 1-3; HR 01.04.01 EP 1-3)
- D. **Contract Employees:** Assessment and education is done at the time of assignment at BHD. Contracted Employees attend a new employee orientation program at BHD and are also included in the Annual Continuing Education and other educational initiatives as needed during the year. (EC 03.01.01 EP 1-3; HR 01.04.01 EP 1-7)

VII. PERFORMANCE MONITORING (EC 04.01.03 EP 1-3); EC 04.01.06 EP 1-3)

- A. Ongoing performance monitoring is conducted for the following performance monitors:
 - 1. Track attendance at daily roll-call meetings. (baseline)
 - 2. Decrease the number of Theft/Larceny incidents by 3 % (This includes theft of patient belongings)
 - 3. Less than three incidents of unauthorized Absence from locked unit
 - 4. Number of incidents where contraband is found on inpatient units. (Goal = zero times)
 - 5. Number of incidents where a secure area is found unsecured. (Goal = zero times)
 - 6. Number of incidents where unauthorized persons are found in secure areas. (Goal = zero times)
- B. The Safety Officer and EC Committee oversee the development of the Security related performance monitors. Data from these performance monitors are discussed quarterly at the EC Committee and by the Quality, Compliance, & Patient Safety (QCPS) Council. Performance indicators are compiled and reported to the Executive Team (ET), Medical Staff Executive Committee (MEC), and the Milwaukee County-Wide Safety Committee. The data from all EC performance monitors is analyzed and prioritized to select at least one recommendation to be made to the leadership of BHD for a performance improvement activity in the environment of care.

VIII. ANNUAL EVALUATION (EC 04.01.01 EP 16)

- A. The Safety Officer and Chair of the EC Committee have overall responsibility for coordinating the annual evaluation process for each of the functions associated with the management of the EC. The annual evaluation examines the objectives, scope, performance, and effectiveness of the Security Management Program.
- B. The annual evaluation is presented at the EC Committee by the end of the first quarter of each year. The EC Committee review and approves the report. The discussion, actions, and recommendations of the EC Committee are documented in the minutes. The annual evaluation is then distributed to ET, MEC, and QCPS Council, the Program Executive Committees, and the County-Wide Safety Committee. This finalizes the evaluation process.

IX. APPROVAL

The Environment of Care Program including the **2015 Security Management Plan** has been reviewed and approved by the following:

- Environment of Care Committee (EC)
- BHD Executive Team (ET), and
- Medical Staff Executive Committee (MEC)

Approving signatures are found on the management plan packet coversheet.

Behavioral Health Division (BHD)
Hazardous Materials and Waste Management Plan
2015

BHD Mission:

The Milwaukee County Behavioral Health Division is a public sector system for the integrated treatment and recovery of persons with serious behavioral health disorders.

BHD Vision: The Milwaukee County Behavioral Health Division will be a Center of Excellence for person-centered, quality best practice in collaboration with community partners.

BHD Core Values:

1. Patient centered care
2. Best practice standards and outcomes
3. Accountability at all levels
4. Recovery support in the least restrictive environment
5. Integrated service delivery

BHD Guiding Elements:

Patient Centered Care: All members of the organization embrace a person centered approach focused on service that is respectful, individualized and invites active participation. Treatment is goal directed toward helping persons pursue personal recovery and enjoy independent, productive and healthy lives in the community.

Safe and Cost-Effective Best Practice: Treatment and support services incorporate current best practice standards to achieve effective outcomes. All participants are committed to an environment of care that ensures safety, manages risk and meets or exceeds national patient safety standards.

Accountable Strategic Planning: Service areas participate in strategic planning with accountability for dynamic priority setting and outcome measurement. The organization employs cost-effective approaches and project management strategies that lay the foundation for financially viable, future system growth.

I. PURPOSE:

Consistent with the above mission, vision, values and guiding elements, MCBHD Administration has established the Environment of Care (EC) Committee and supports the Hazardous Materials and Waste Management (HMWM) Program as described in this plan.

The purpose of the HMWM Plan is to establish a system to identify and manage materials known by a health, flammability, corrosivity, toxicity or reactivity rating to have the potential to harm humans or the environment. The plan also addresses education and procedures for the safe use, storage, disposal and management of hazardous materials and waste (HMW), including regulated medical waste (RMW).

II. SCOPE:

The HMWM Plan establishes the organizational structure within which HMW/RMW are handled, stored, and disposed of at MCBHD. This plan addresses administrative issues such as maintaining chemical inventories, storage, handling and use of hazardous materials, exposure monitoring, and reporting requirements. In addition to addressing specific responsibilities and employee education programs, the plan is, in all efforts, directed toward managing the activities of the employees so that the risk of injury to patients, visitors and employees is reduced, and employees can respond effectively in an emergency. (EC 01.01.01-EP5)

MCBHD locations include:

1. Behavioral Health Division – Includes the following addresses on the same campus
 - a. 9455 Watertown Plank Rd, Wauwatosa, WI 53226
 - b. 9201 Watertown Plank Rd, Wauwatosa, WI 53226

III. OBJECTIVES:

1. To increase staff knowledge of HMW/RMW and how to protect themselves from these hazards.
2. To maintain an accurate site and area specific inventory of hazardous materials including Safety Data Sheets (SDS) and other appropriate documentation for each location of MCBHD.
3. To respond to spills, releases, and exposures to HMW/RMW in a timely and effective manner.
4. To increase staff knowledge of their role in the event of a HMW/RMW spill or release and about the specific risks of HMW that they use, or are exposed to, in the performance of their duties, and the procedures and controls for managing them.
5. To increase staff knowledge of location and use of SDSs.
6. To develop and manage procedures and controls to select, transport, store, and use the identified HMW/RMW.

IV. AUTHORITY/REPORTING RELATIONSHIPS:

The BHD Executive Team (DLT) and Medical Staff Executive Committee (MEC) support the Environment of Care Program including the HMW M Plan. EC Committee members are appointed by Administration to maintain a multi-disciplinary membership. The MCBHD Administrator appoints an EC Committee Chairperson and Safety Officer to develop, implement, and monitor the HMWM Program. The EC Committee guides the HMWM Program and associated activities. The EC Committee Chairperson and Safety Officer are responsible for directing the HMWM Program that includes an ongoing, organization-wide process for the collection of information about deficiencies and opportunities for improvement in the EC Management programs. MCBHD will utilize the EC Committee in lieu of a separate HMWM Committee, where the Chairperson and Safety Officer will organize and implement an ongoing, organization-wide process to minimize HMW wherever possible.

In the event that conditions pose an immediate threat to life or health, or threaten damage to equipment or the environment, the Administrator has appointed the Safety Officer, the Administrative Resource nurse on duty, and the Administrator on call to identify and respond to high-risk situations before significant injuries, death or loss of property occurs. (EC 01.01.01-EP2)

The EC committee will evaluate information submitted, develop policies and procedures, and evaluate the effectiveness of the HMWM Program and its components on an annual basis based on all applicable HMW/RMW rules and regulations. Responsibilities of the EC Committee include reporting significant findings and recommending actions to the Executive Team along with any other program or department necessary for effective functioning. (EC 01.01.01-EP5)

V. INTENT PROCESSES:

A. INVENTORY - Selecting, handling, storing, using, disposing of hazardous materials/waste – (EC 02.02.01-EP 1, 3 & 5)

HMW is handled in accordance with its SDS, MCBHD policies, and all applicable laws and regulations from the time of receipt to the point of final disposition. Department Program Directors and managers are responsible for evaluating and selecting hazardous materials. Once it is determined the materials in question are considered hazardous (i.e. is the product required to have a SDS?), the Department Program Director and/or manager, with the assistance of the Safety Officer and/or HMWM program manager(s), evaluate the risks associated with use of the product and alternative solutions. This information is summarized and presented at the monthly EC Committee. Concern is for the minimization

of hazardous materials whenever possible and assuring that appropriate education regarding use, precautions and disposal takes place when needed.

Contracted employees that may potentially create chemical hazards covered under the Occupational Safety and Health Act (OSHA) Hazard Communication Standard are required to inform MCBHD of all chemical hazards to which employees, patients or visitors may be exposed to as a result of the contractor's activities. Contract/RFP language requires contractors to inform MCBHD, after selection and prior to starting the contract, of any hazardous materials that they will be using in the course of their work and to provide copies of policies regarding how they handle and dispose of any hazardous materials in addition to a copy of the SDS sheet for each product to be used. Once contractors are working in MCBHD, they must update MCBHD on hazardous inventory product changes.

The annual inventory of hazardous chemicals is used as the primary risk assessment for HMW. The inventory lists the quantities, types, and location of hazardous materials and wastes stored in each department. Additional information on risks, safe use and training are also included. The list includes chemicals, chemotherapeutic materials, radioactive materials, and RMW including medical sharps.

MCBHD does not, as part of normal operations, use or generate any radioactive materials, hazardous energy sources or hazardous gases and vapors. Exception, being the one dental x-ray machine, which would require special handling at the time it is moved or discarded. (EC 02.02.01-EP 6, 7, 9, &10)

B. Applicable Law and Regulation – (EC 02.02.01-EP 1&3) MCBHD ensures that HMW are used, stored, monitored, and disposed of according to applicable law and regulation, which includes, but is not limited to, the following:

- OSHA Hazard Communication Standard
- OSHA Bloodborne Pathogens Standard
- OSHA Personal Protective Equipment (PPE) Standard
- OSHA Occupational Exposure to Hazardous Chemicals in Laboratories
- Environmental Protection Agency (EPA) Regulations
- Department of Transportation (DOT) Regulations
- Wisconsin Department of Natural Resources (WDNR)

Department or Program Directors and/or managers are responsible for conducting an annual inventory of HMW. SDS' are available and employees are instructed on their location and use. The MCBHD Hazard Communication Program establishes methods for labeling hazardous materials stored in the departments.

C. Emergency Procedures - (EC 02.01.01 EP 3 & 4) - Emergency procedures for hazardous material spills are located in the Environment of Care Manual. (See *Hazard Communication Program* policy and the *Chemical Release Control and Reporting Policy*) These policies include procedures for clean up of HMW spills within the building and grounds. A large (of such a volume that is no longer containable by ordinary measures) chemical spill or hazardous materials release would initiate an immediate request for emergency response of the local fire department.

D. Reporting of hazardous materials/waste spills, exposures, and other incidents – (EC 02.01.01 EP 3 & 4) HMW spills are reported on the MCBHD Incident/Risk Management Report form. All reported HMW spills are investigated by the HMWM program manager and/or EC Committee Chair/Safety Officer. Recommendations are made to reduce recurrences based on the investigation.

Exposures to levels of HMW in excess of published standards are documented using both the MCBHD Incident/Risk Management Report and the Accident/Loss Report. Post exposure treatment and follow up are determined by the treating physician and any recommended best practices for the type of exposure.

E. Managing Hazardous Chemicals - (EC 02.01.01 EP 5)

HMW are managed in accordance with the SDS, MCBHD policies and applicable laws and regulations from the time of receipt to the point of final disposition. The inventory of HMW is maintained by the HMWM program manager(s) and Safety Officer. The inventory for each department is maintained in a departmental log. The SDS corresponding to the chemicals in the inventory are available through an on-

line electronic service. In addition, a complete set of current SDS is maintained in the Psychiatric Crisis Department and Engineering and Environmental Services (EES) Department. Some managers/departments may choose to maintain hard copies of SDSs for training and for immediate access due to the high risk of a spill or exposure related to normal daily operations. This will be noted on the annual inventory form.

The manager of each department with an inventory of hazardous chemicals implements the appropriate procedures and controls for the safe selection, storage, handling, use and disposal of them. The procedures and controls will include the use of SDS to evaluate products for hazards before purchase, orientation and ongoing education and training of staff, management of storage areas, and participation in the response to and analysis of spills and releases of, or exposures to, HMW.

F. Managing Radioactive Materials - (EC 02.01.01 EP 6; EC 02.02.01 EP10)

MCBHD does not use or store any radioactive materials as part of normal operations. There is one dental x-ray machine located in the clinic area, which would require special handling at the time it is moved or discarded. No movement or replacement of the equipment is expected within the next year. Monitoring of radiation exposure of contracted dental staff is addressed through the contract.

G. Managing Hazardous Energy Sources - (EC 02.01.01 EP 7)

Any equipment that emits ionizing (for example: x-ray equipment) and non-ionizing (for example: ultrasound and ultraviolet light) radiation is inventoried as part of the medical equipment management program. There is only one dental x-ray machine located in the clinic area, which is used by the contracted dental service provider. Contracted agency staff provide mobile x-ray, ultrasound and EKG services and are responsible for managing the devices used including quality control measurement, maintenance, calibration, testing, or monitoring. Staff for contracted agencies are trained in the use of the devices and appropriate PPE necessary for safety. The MCBHD contract manager audits documentation of training at least every three years. MCBHD staff that use equipment are trained in the operation and safety precautions of the device prior to use of the equipment.

H. Managing Hazardous Medications - (EC 02.01.01 EP 8; MM 01.01.03 EP 1, 2, & 3)

As part of the HMWM program, the contracted pharmacy provider is responsible for the safe management of dangerous or hazardous medications, including chemotherapeutic materials. The pharmacy orders, stores, prepares, distributes, and disposes of medications in accordance with policy, law and regulation. MCBHD does not normally care or prescribe chemotherapeutic materials.

I. Managing Hazardous Gases and Vapors - (EC 02.01.01 EP 9 & 10)

MCBHD does not produce any hazardous gases or vapors as a part of normal operations. Therefore MCBHD does not conduct any annual monitoring of exposure to hazardous gases and vapors. In the event of a concern regarding the presence of a hazardous gas or vapor, the area will be evaluated and/or monitored for the presence of such hazards in accordance with nationally recognized test procedures. Recommended action will be taken based on the results.

J. Managing Infectious & Regulated Medical Wastes including Sharps - (EC 02.01.01 EP 1; IC 02.01.01 EP 6)

RMW are managed for MCBHD by the contracted Housekeeping provider. The Housekeeping provider is part of the EES Department and is responsible for distribution and collection of appropriate containers for the collection of RMW including medical sharps. The containers, provided by MCBHD, are leak-proof and puncture resistant. MCBHD nursing staff is responsible for placing filled containers in appropriate trash holding area for pickup and/or calling the EES Department to arrange pick up and replacement of filled RMW containers. EES staff collects the containers and transports them to the holding room. The containers are transported weekly to a processing facility where the materials are sterilized and rendered unrecognizable. Once the materials are rendered harmless they are disposed of in accordance with applicable federal, state and local waste regulations.

Any staff member, patient or visitor exposed to RMW or who becomes injured due to a medical sharp will be offered treatment and health screening in accordance with employee health and emergency medical treatment procedures.

Nursing and EES staff will work together to clean up spills of blood or body fluids. The areas affected by the release will be sanitized following appropriate procedures for the material involved.

K. Management of Required Documentation (permits, licenses, labeling and manifests) (EC 02.01.01 EP 11 & 12)

The manager of the HMWM program, Safety Officer or otherwise designated MCBHD employee will maintain all required documentation including any permits, licenses, and shipping manifests. Manifests are reconciled with the licensed RMW hauler's records on a monthly basis and action is taken regarding unreturned copies of manifests.

All staff using hazardous materials or managing hazardous wastes are required to follow all applicable laws and regulations for labeling. The team conducting environmental tours evaluates compliance with labeling requirements. Deficiencies are reported to appropriate managers for immediate follow-up, including re-education of the staff involved.

Individuals with job responsibilities involving HMW will receive training on general awareness, function specific training, safety training, and security awareness training within 90 days of starting the HMW assignment. The training will be repeated, at least, every three years.

L. Storage of Hazardous Materials and Waste (EC 02.02.01 EP 18) – Satellite areas of HMW or RMW are located within the generating department. These wastes are then transported to the HMW or RWWM storage area(s) located on the soiled dock. A licensed hazardous waste or RMW disposal company transports hazardous or RMW off-site for disposal. The EC Committee performs quarterly inspections of the storage area(s). Pharmacy and nursing units manage chemotherapeutic waste as appropriate (at present no chemotherapy is administered at MCBHD).

M. Policies and Procedures – HWM-related policies are reviewed a minimum of every three years and distributed to departments as appropriate.

VI. ORIENTATION AND EDUCATION

A. New Employee Orientation: Education regarding the HMW Program begins with the New Employee Orientation Program for all new employees and continues on an ongoing basis with departmental specific training, job-specific training, and continued education required for all employees on an annual basis. Training includes generic information on the Hazard Communication Program, use and access to SDSs, labeling requirements of hazardous material containers, and the use of engineering controls, administrative controls, and PPE. (EC 03.01.01 EP 1-3; HR 01.04.01 EP 1-3; LD 03.01.01 EP 1-10)

B. Annual Continuing Education: Education regarding HMW is conducted annually for all employees. Content is based on recommendations and analysis of educational needs of the employees. (HR 01.05.03 EP 1-13)

C. Department Specific Training: Directors/Managers are responsible for ensuring that new employees are oriented to departmental specific HMW related policies and procedures as well as specific training on the health effects of the substances in the work place and methods to reduce or eliminate exposure. (EC 03.01.01 EP 1-3; HR 01.04.01 EP 1-3)

D. Contract Employees: Assessment and education is done at the time of assignment at MCBHD. Contracted Employees attend a New Employee Orientation program at MCBHD and are also included in the Annual Continuing Education and other educational initiatives as needed during the year. (EC 03.01.01 EP 1-3; HR 01.04.01 EP 1-7)

VII. PERFORMANCE MONITORING (EC 04.01.03 EP 1-3; EC 04.01.05 EP 1-3)

A. Ongoing performance monitoring is conducted for the following performance indicators:

1. Measure the number of chemical spills. (Goal = 0)

2. Measure the percentage of employees who can identify the location of SDS sheets after annual training. (Goal = 95%)
 3. Measure the percentage of departments completing the annual inventory (Goal = 100%)(Four departments required: Housekeeping, Food Service, Maintenance, Storeroom/Central Supply)
- B. The Safety Officer and EC Committee oversee the development of the HMW related performance monitors. Data from these performance monitors are discussed quarterly at the EC Committee and at the Quality, Compliance, & Patient Safety (QCPS) Council. Performance indicators are compiled and reported to the Executive Team (ET), Medical Staff Executive Committee (MEC), and the Milwaukee Countywide Safety Committee annually. The data from all EC performance monitors is analyzed and prioritized to select at least one recommendation to be made to the leadership of MCBHD for a performance improvement activity in the environment of care.

VIII. ANNUAL EVALUATION (EC 04.01.01 EP 15)

- A. The Safety Officer and Chair of the EC Committee has overall responsibility for coordinating the annual evaluation process for each of the functions associated with the management of the EC. The annual evaluation examines the objectives, scope, performance, and effectiveness of the HMWM Program.
- B. The annual evaluation is presented at the EC Committee by the end of the first quarter of each year. The EC Committee review and approves the report. The discussion, actions, and recommendations of the EC Committee are documented in the minutes. The annual evaluation is then distributed to ET, MEC, and QCPS Council, the Program Executive Committees, and the Countywide Safety Committee. This finalizes the evaluation process.

IX. APPROVAL

The Environment of Care Program including the **2015 Hazardous Materials and Waste Management Plan** has been reviewed and approved by the following:

- Environment of Care Committee (EC)
- BHD Executive Team (ET), and
- Medical Staff Executive Committee (MEC)

Approving signatures are found on the management plan packet coversheet.

Behavioral Health Division (BHD)
Fire/Life Safety Management Plan
2015

BHD Mission:

The Milwaukee County Behavioral Health Division is a public sector system for the integrated treatment and recovery of persons with serious behavioral health disorders.

BHD Vision: The Milwaukee County Behavioral Health Division will be a Center of Excellence for person-centered, quality best practice in collaboration with community partners.

BHD Core Values:

1. Patient centered care
2. Best practice standards and outcomes
3. Accountability at all levels
4. Recovery support in the least restrictive environment
5. Integrated service delivery

BHD Guiding Elements:

Patient Centered Care: All members of the organization embrace a person centered approach focused on service that is respectful, individualized and invites active participation. Treatment is goal directed toward helping persons pursue personal recovery and enjoy independent, productive and healthy lives in the community.

Safe and Cost-Effective Best Practice: Treatment and support services incorporate current best practice standards to achieve effective outcomes. All participants are committed to an environment of care that ensures safety, manages risk and meets or exceeds national patient safety standards.

Accountable Strategic Planning: Service areas participate in strategic planning with accountability for dynamic priority setting and outcome measurement. The organization employs cost-effective approaches and project management strategies that lay the foundation for financially viable, future system growth.

I. PURPOSE:

Consistent with the above mission, vision, values and guiding elements, Behavioral Health Division Administration has established the Environment of Care (EC) Committee and supports the Fire Prevention Program as described in this plan.

The purpose of the Fire Prevention Plan is to establish a system to provide a fire-safe environment for all patients, employees, and visitors of the Milwaukee County Behavioral Health Division (MCBHD). The plan establishes the framework to minimize the risk of personal injury or property loss due to fire by the provision and maintenance of adequate and appropriate building maintenance programs and fire protection systems.

II. SCOPE:

The Fire Prevention Plan establishes the organizational structure within which a safe and secure environment of care is established, maintained, and improved at MCBHD facilities. Fire Prevention is established to ensure that employees are educated, trained and tested in the fire prevention features of the physical environment and are able to react appropriately to a variety of emergency situations that may affect the safety of occupants or the delivery of care. (EC 01.01.01-EP6)

MCBHD locations include:

1. Behavioral Health Division – Includes the following addresses on the same campus
 - a. 9455 Watertown Plank Rd, Wauwatosa, WI 53226
 - b. 9201 Watertown Plank Rd, Wauwatosa, WI 53226

III. OBJECTIVES:

1. To improve employee knowledge of fire prevention requirements.
2. To provide an environment free from fire hazards.
3. To ensure the continuous effective function of all fire and life safety features, equipment, and systems.
4. To appropriately manage any fire situation, whether an actual event or a drill.

IV. AUTHORITY/REPORTING RELATIONSHIPS:

The BHD Executive Team (ET) and Medical Staff Executive Committee (MEC) support the Environment of Care Program including the Fire Prevention Plan. EC Committee members are appointed by Administration to maintain a multi-disciplinary membership. The BHD Administrator appoints an EC Committee Chairperson/Safety Officer to develop, implement, and monitor the Fire Prevention Program. The EC Committee guides the Fire Prevention Program and associated activities. The EC Chairperson/Safety Officer is responsible for directing the Fire Prevention/Life Safety program, and an ongoing, organization-wide process for collection of information about deficiencies and opportunities for improvement in the EC Management programs. BHD will utilize the EC Committee in lieu of a separate Fire Prevention Committee, where the EC Chairperson/Safety Officer will organize and implement an ongoing, organization-wide process to minimize risk and threat to the welfare of patients, visitors, and employees.

In the event that conditions pose an immediate threat to life or health, or threaten damage to equipment or buildings, the Administrator has appointed the Safety Officer, the Administrative Resource nurse on duty, and the Administrator on call to identify and respond to high-risk situations before significant injuries, death or loss of property occurs. (EC 01.01.01-EP2)

The EC committee will evaluate information submitted, develop policies and procedures, understand applicable life safety regulations, and evaluate the effectiveness of the fire prevention program and its components on an annual basis. Responsibilities of the EC Committee include reporting significant findings and recommending actions to the Executive Committee along with any other program or department necessary for effective functioning. (EC 01.01.01-EP1)

V. INTENT PROCESSES:

- A. **Protection from fire, smoke and other products of combustion** – The MCBHD occupancies are maintained in compliance with NFPA 101-2000 Life Safety Code® (LSC). The Mechanical Utilities Engineer, from the Environment and Engineering Services (EES) Department completes the electronic Statement of Conditions and manages the resolution of deficiencies through the work order system or (upon participation in The Joint Commission) a Plan for Improvement (PFI) within the identified time frames. (EC 02.03.01-EP 1; LS 01.01.01 EP 1-3)

Any remodeling or new construction is designed to maintain separations and in accordance with state and federal codes including NFPA LS 101-2000 Chapters 18/19 and 38/39; NFPA 90A and NFPA 72-1999 and maintained to minimize the effects of fire, smoke, and heat. (EC 02.01.10 EP 1-10; LS 02.01.20 EP 1-32; LS 02.01.30 EP 1-26; and LS 02.01.50 EP 12)

The hospital has a written fire response plan and a fire prevention inspection program is conducted by EES, including state and local fire inspectors, to identify and correct fire hazards and deficiencies, to ensure free and unobstructed access to all exits, to reduce the accumulation of combustible and flammable materials and to ensure that hazardous materials are properly handled and stored. Copies of any reports are kept on file in the EES office. Fire Prevention issues are also noted on the environmental rounds tours. (EC 02.03.01-EP 4, 9 & 10; LS 01.01.01 EP 4; LS 02.01.20 1-32)

Smoking is prohibited on the main MCBHD campus and smoking is prohibited inside the buildings of the off campus locations. The Rehab Center residents are exempt from this requirement. They are permitted to smoke at their designated smoking area. (EC 02.01.03-EP 1, 4, & 6; EC 02.03.01 EP 2)

- B. Inspection, Testing, and Maintenance** – All fire protection and life safety systems, equipment, and components at MCBHD are tested according to the requirements listed in the Comprehensive Accreditation Manual of The Joint Commission, associated NFPA Standards and state and local codes regarding structural requirements for fire safety. Systems are also tested when deficiencies have been identified and anytime work or construction is performed. The objectives of testing include:
- To minimize the danger from the effects of fire, including smoke, heat & toxic gases. (LS 02.01.10 EP 1-10;)
 - To maintain the means of egress and components (corridors, stairways, and doors) that allow individuals to leave the building or to move within the building (LS 02.01.20 EP 1-32)
 - To provide and maintain proper barriers to protect individuals from the hazards of fire and smoke. (LS 02.01.30 EP 1-26)
 - To provide and maintain the Fire Alarm system in accordance with NFPA 72-1999. (LS 02.01.34 EP 1-4)
 - To provide and maintain systems for extinguishing fires in accordance with NFPA 25-1998 (LS 02.01.35 EP 1-14)
 - To provide and maintain building services to protect individuals from the hazards of fire and smoke including a fire fighters service key recall, smoke detector automatic recall, firefighters' service emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors (LS 02.01.50 EP 4)

Note: The current facility is neither windowless nor a high rise (LS 02.01.40 EP 1-2)

Note: The facility does not have any fireplaces or utilize any linen or trash chutes (LS 02.01.60 EP 1-3, & 5-11)

- C. Proposed Acquisitions** – Capital acquisitions and purchases include a process to confirm appropriate specifications and materials. This includes bedding, curtains, equipment, decorations, and other furnishings to ensure that such purchases comply with current LSC guidelines. The facility also maintains policies that specify what employees, and patients can have in the facility/work areas as a way to control and minimize hazards. Currently portable space heaters and combustible decorations that are not flame retardant are not permitted in the healthcare occupancy. (LS 02.01.70 EP 1-4)

- D. Reporting and Investigation** – (EC 04.01.01 EP 9; EC 04.01.03 EP 1-2)– LSC and fire protection deficiencies, failures, and user errors are reported to the EES Department and, as appropriate, reviewed by the manager of the department. Summary information is presented to the EC Committee on a quarterly basis.

- E. Interim Life Safety Measures** –(LS 01.02.01 EP 1-4) Interim Life Safety Measures are used whenever the features of the fire or life safety systems are compromised. BHD has an Interim Life Safety Management Policy that is used to evaluate life safety deficiencies and formulate individual plans according to the situation.

- F. Policies and Procedures** – Fire/Life Safety related policies are reviewed a minimum of every three years and distributed to departments as appropriate.

- G. Emergency Procedures** – (EC 02.03.01 EP 9 & 10; EC 02.03.03 EP 1-5) Emergency procedures are outlined in the Fire Safety Plan for each building. These plans are kept in the Environment of Care manual. The Hospital Incident Command System (HICS) may be implemented to facilitate emergency management of a fire or life safety related event.

- H. Fire Drills** - (EC 02.03.03-EP 1-5) Employees are trained and drilled regularly on fire emergency procedures, including the use and function of the fire and life safety systems (i.e. pull stations, and evacuation options). The hospital conducts fire drills once per shift per quarter in each building defined as healthcare and once per year in business occupancies. A minimum of 50% of these drills are unannounced.

VI. ORIENTATION AND EDUCATION

- A. New Employee Orientation:** (EC 03.01.01 EP1-3; HR 01.04.01 EP 1-3; LD 03.01.01 EP 1-10) Education regarding the Fire Prevention Program begins with the New Employee Orientation Program for all new employees,

and continues on an ongoing basis with departmental specific fire prevention training, job-specific fire prevention training, and a series of programs required for all employees on an annual basis.

The training program includes the following:

- Specific roles and responsibilities for employees, students and contractors, both at and away from the fire's point of origin;
- Use and functioning of the fire alarm system,
- Location and proper use of equipment for extinguishing the fire,
- Roles and responsibilities in preparing for building evacuation,
- Location and equipment for evacuation or transportation of patients to areas of refuge,
- Building compartmentalization procedures for containing smoke and fire,
- How and when Interim Life Safety Measures are implemented and how they may affect the workplace environment.

B. **Annual Continuing Education:** Education regarding fire prevention is conducted annually for all employees. Content is based on recommendations and analysis of educational needs of the employees including feedback obtained during fire drills. (HR 01.05.03 EP 1-13)

C. **Department Specific Training:** Directors/Managers are responsible for ensuring that new employees are oriented to departmental specific fire prevention related policies and procedures and specific job related hazards. (EC 03.01.01 EP 1-3; HR 01.04.01 EP 1-3)

D. **Contract Employees:** Assessment and education is done at the time of assignment at BHD. Contracted Employees attend a new employee orientation program at BHD and are also included in the Annual Continuing Education and other educational initiatives as needed during the year. (EC 03.01.01 EP 1-3; HR 01.04.01 EP 1-7)

VII. PERFORMANCE MONITORING (EC 04.01.03 EP 1-3); EC 04.01.05 EP 1-3)

A. Ongoing performance monitoring is conducted for the following performance monitors:

1. Measure the number of Fire drills completed (Goal = 25 by end of year)
2. Measure the average score on the fire drill check sheet. (Goal is 90%)
3. Measure the percentage of fire prevention related questions on annual training answered correctly by staff. (Goal 95%)
4. Measure the number of fire setting contraband items/incidents found on inpatient units. (Goal < 5)
5. Measure the number of fire incidents (Goal = 0)
6. Measure the number of false fire alarms. (Goal <6)

B. The Safety Officer and EC Committee oversees the development of the Fire prevention related performance monitors. Data from these performance monitors are discussed at the EC Committee quarterly and are reported bi-annually to the Quality, Compliance, & Patient Safety (QCPS) Council. (QCPS). Performance indicators are compiled and reported to the Executive Team (ET), Medical Executive Committee (MEC), and the Milwaukee County Wide Safety Committee annually. The data from all EC performance monitors is analyzed and prioritized to select at least one recommendation to be made to the leadership of BHD for a performance improvement activity in the environment of care.

VIII. ANNUAL EVALUATION

A. The Safety Officer and Chair of the EC Committee has overall responsibility for coordinating the annual evaluation process for each of the seven functions associated with the management of the EC. The annual evaluation examines the objectives, scope, performance, and effectiveness of the Fire Prevention Program.

- B. The annual evaluation is presented at the EC Committee by the end of the first quarter of each year. The EC Committee review and approves the report. The discussion, actions, and recommendations of the EC Committee are documented in the minutes. The annual evaluation is then distributed to ET, MEC, and QCPS Council, the Program Executive Committees, and the County Wide Safety Committee. This finalizes the evaluation process.

IX. APPROVAL

The Environment of Care Program including the **2015 Fire Prevention/Life Safety Management Plan** has been reviewed and approved by the following:

- Environment of Care Committee (EC)
- BHD Executive Team (ET), and
- Medical Staff Executive Committee (MEC)

Approving signatures are found on the management plan packet coversheet.

Behavioral Health Division (BHD)
Medical Equipment Management Plan
2015

BHD Mission:

The Milwaukee County Behavioral Health Division is a public sector system for the integrated treatment and recovery of persons with serious behavioral health disorders.

BHD Vision: The Milwaukee County Behavioral Health Division will be a Center of Excellence for person-centered, quality best practice in collaboration with community partners.

BHD Core Values:

1. Patient centered care
2. Best practice standards and outcomes
3. Accountability at all levels
4. Recovery support in the least restrictive environment
5. Integrated service delivery

BHD Guiding Elements:

Patient Centered Care: All members of the organization embrace a person centered approach focused on service that is respectful, individualized and invites active participation. Treatment is goal directed toward helping persons pursue personal recovery and enjoy independent, productive and healthy lives in the community.

Safe and Cost-Effective Best Practice: Treatment and support services incorporate current best practice standards to achieve effective outcomes. All participants are committed to an environment of care that ensures safety, manages risk and meets or exceeds national patient safety standards.

Accountable Strategic Planning: Service areas participate in strategic planning with accountability for dynamic priority setting and outcome measurement. The organization employs cost-effective approaches and project management strategies that lay the foundation for financially viable, future system growth.

I. PURPOSE:

Consistent with the above mission, vision, values and guiding elements, Behavioral Health Division Administration has established the Environment of Care (EC) Committee and supports the Medical Equipment Management Program as described in this plan.

The purpose of the Medical Equipment Management Plan is to establish a system to promote safe and effective use of medical equipment and in so doing, reduce the risk of injury to patients, employees, and visitors of the Milwaukee County Behavioral Health Division (MCBHD). This plan also addresses specific responsibilities, general safety, and employee education programs related to medical equipment use and care.

II. SCOPE:

The Medical Equipment (ME) Management Plan establishes the organizational structure within which medical equipment is well maintained and safe to use. In addition to addressing specific responsibilities, general safety, and employee education programs the plan is in all efforts directed toward ensuring that all patients and employees are supported in their use of medical equipment, devices, and technology, thereby reducing the risk of injuries to patients, visitors and employees, and employees can respond effectively in the event of equipment breakdown or loss. (EC 01.01.01-EP7)

MCBHD locations include:

1. Behavioral Health Division – Includes the following addresses on the same campus
 - a. 9455 Watertown Plank Rd, Wauwatosa, WI 53226
 - b. 9201 Watertown Plank Rd, Wauwatosa, WI 53226

III. OBJECTIVES:

1. To improve employee knowledge of medical equipment requirements and support the routine operational needs of equipment users.
2. Recommend equipment replacement timeframes; participate in pre-purchase equipment selection and new product evaluations.
3. Manage and track all maintenance requirements, activities, and expenses required to service, repair, and keep operational all equipment included in the plan.
4. Review Incident Reports for all Medical Equipment related incidents.

IV. AUTHORITY/REPORTING RELATIONSHIPS:

The BHD Executive Team (ET) and Medical Staff Executive Committee (MEC) support the Environment of Care Program including the Medical Equipment Management Plan. EC Committee members are appointed by Administration to maintain a multi-disciplinary membership. The BHD Administrator appoints an EC Committee Chairperson/ Safety Officer to develop, implement, and monitor the Medical Equipment Management Program. The EC Committee guides the Medical Equipment Management Program and associated activities. The EC Chairperson and Safety Officer is responsible for directing the Medical Equipment program, and an ongoing, organization-wide process for collection of information about deficiencies and opportunities for improvement in the EC Management programs. BHD will utilize the EC Committee in lieu of a separate Medical Equipment Committee, where the EC Chairperson and Safety Officer will organize and implement an ongoing, organization-wide process to collect information about deficiencies and opportunities for improvement in the Medical Equipment Management Program. The staff member from the Central Supply Department is responsible for overseeing the Medical Equipment Program.

In the event that conditions pose an immediate threat to life or health, or threaten damage to equipment or buildings, the Administrator has appointed the Safety Officer, the Administrative Resource nurse on duty, and the Administrator on call to identify and respond to high-risk situations before significant injuries, death or loss of property occurs. (EC 01.01.01-EP2)

The EC committee will evaluate information submitted, develop policies and procedures, understand applicable Medical Equipment related codes and regulations, and evaluate the effectiveness of the Medical Equipment program and its components on an annual basis. Responsibilities of the EC Committee include reporting significant findings and recommending actions to the Executive Team along with any other program or department necessary for effective functioning. (EC 01.01.01-EP1)

V. INTENT PROCESSES:

- A. **Selecting and Acquiring Equipment (EC 02.04.01 EP 1)** – As part of the capital budgeting cycle, Department Program Directors and Managers are responsible for identifying and justifying new and replacement medical equipment for their departments or areas of responsibility. Requests are subject to administrative approval. Funds for approved capital projects are released on an annual basis. As a rule a representative from the medical equipment management company will be asked to participate with the user department and MCBHD Central Supply Dept. and Maintenance Dept. staff in the evaluation of equipment alternatives and represent the equipment support issues during the selection process. The manager of the ME program along with the Safety Officer are responsible for coordinating the evaluation, purchase, installation, and commissioning processes of new equipment according to the ME purchasing policy.

B. Equipment Inclusion in the Medical Equipment Management Plan and Inventory (EC 02.04.01 EP 2) – All equipment regardless of ownership will be reviewed against the inclusion criteria (see ME Risk Assessment System description). Equipment will be included in the Medical Equipment Management Plan based on equipment function, physical risk, maintenance requirements, and equipment incident history. Equipment included in the Medical Equipment Management Plan will be inventoried and tracked in the computerized maintenance management system provided by the contracted maintenance company. The accuracy of this inventory will be verified during scheduled maintenance inspections by comparing the number of items that are no longer in service but still scheduled for inspection, to the total number of items scheduled for inspection. Missing equipment or equipment that the MCBHD Central Supply staff is not aware of being removed from service will be investigated and, if found, reviewed for functionality and either put back into service or permanently removed from service and taken off the equipment inventory listing. Items not found immediately will be put on a missing equipment list for one year and if not found will be removed from the list. The missing equipment list will be distributed to each unit on an annual basis or as needed.

C. Equipment Inspection, Testing, and Maintenance (EC 02.04.01 EP 3 & 4; EC 02.04.03 EP 1-5 & 14) – The basis for the determination of inspection frequency is risk. Equipment will be inspected upon purchase and initially at one of the following intervals, quarterly, semi-annually, annually, or 18 months. The clinical equipment contractor shall determine and document inspection procedures and intervals for inspection of clinical equipment, based on manufacturers recommendations, regulations and standards, actual experience with the device, and known hazards and risks. All devices will receive a performance verification and safety test during the incoming inspection procedure and after completion of a major repair or upgrade.. (Including the sterilizer in the clinic area). All work activities, inspection schedules, and work histories are kept in the contracted company's software inventory list and Central Supply Department. The Central Supply staff assures that the contracted company completes scheduled maintenance and other service activities as required.

Note: BHD does not currently utilize hemodialysis or nuclear medicine equipment. (EC 02.04.03 EP 5 & 14)

D. Monitoring and Acting on Equipment Hazard Notices and Recalls (EC 02.01.01 EP 11) – BHD uses RASMAS for recall and alert management. When an alert or recall may be related to equipment at MCBHD, the storeroom/central supply staff are notified to investigate if any equipment is part of the alert/recall, remove it from service and document any actions taken.

E. Monitoring and Reporting of Incidents (Including Safe Medical Device Act (SMDA)) (EC 02.04.01 EP 5) All equipment used by BHD staff and/or contractors in the care of BHD patients is required to comply with SMDA per contract. The Quality Improvement/Risk Management department is responsible for investigating and reporting the incident to the manufacturer and/or Food and Drug Administration as appropriate.

F. Reporting Equipment Management Problems, Failures and User Errors (EC 02.04.01 EP 6) – Users report equipment problems to Central Supply Staff and/or Maintenance Department Staff per policy *Medical Device/Equipment Failure (Safe Medical Device Act Compliance)*. Repairs and work orders are recorded in the computerized maintenance management system. These records are reviewed by Central Supply Staff and a summary reported to the EC Committee quarterly regarding significant problem areas and trends.

G. Emergency Procedures and Clinical Intervention (EC 02.04.01 EP 6) – In the event of any emergencies, the department employee's first priority is for the safety and care of patients, visitors, and employees. Replacement equipment can be obtained through the Central Supply Department during business hours. The Administrative Resource has access to Central Supply during off hours. Additional procedural information can be found in the policy *Medical Device/Equipment Failure (Safe Medical Device Act Compliance)*

H. Policies and Procedures – Medical Equipment related policies are reviewed a minimum of every three years and distributed to departments as appropriate.

VI. ORIENTATION AND EDUCATION

- A. **New Employee Orientation:** Education regarding the Medical Equipment Program begins with the New Employee Orientation Program for all new employees, and continues on an ongoing basis with departmental specific training, job-specific training, and a series of programs required for all employees on an annual basis. Training includes information on where to reference the proper information to ensure the piece of medical equipment they are using is safe, how to properly tag a piece of broken medical equipment, how to report medical equipment problems and obtain replacement equipment. (EC 03.01.01 EP1-3; HR 01.04.01 EP 1-3; LD 03.01.01 EP 1-10)
- B. **Annual Continuing Education:** Education regarding medical equipment is conducted annually for all employees. Content is based on recommendations and analysis of educational needs of the employees. The EC Committee will, as part of the annual program review, identify technical training needs and assist with the creation of any training program as identified. (HR 01.05.03 EP 1-13)
- C. **Department Specific Training:** Directors/Managers are responsible for ensuring that new employees are oriented to departmental specific medical equipment related policies and procedures and specific job related equipment procedures and precautions. Training of employees and technical staff regarding use, features, maintenance and precautions is included as a part of new equipment acquisition/purchase. Additional training/retraining will be conducted based user-related problems or trends seen in the program evaluation. (EC 03.01.01 EP 1-3; HR 01.04.01 EP 1-3)
- D. **Contract Employees:** Assessment and education is done at the time of assignment at BHD. Contracted Employees attend a new employee orientation program at BHD and are also included in the Annual Continuing Education and other educational initiatives as needed during the year. (EC 03.01.01 EP 1-3; HR 01.04.01 EP 1-7)

VII. PERFORMANCE MONITORING (EC 04.01.03 EP 1-3; EC 04.01.06 EP 1-3)

- A. Ongoing performance monitoring is conducted for the following performance indicators:
 - 1. Measure the number of missing clinical equipment (Goal = decrease by 20%)
 - 2. Measure the amount of time equipment is available for use (Goal = 95%)
 - 3. Measure the number of Safe Medical Device Act reportable incidents (Goal = baseline)
 - 4. Measure the number of repairs required as a result of user error. (Goal = 0)
- B. The Safety Officer and EC Committee oversees the development of the Medical Equipment related performance monitors. Data from these performance monitors are discussed at the EC Committee quarterly and are reported bi-annually to the Quality, Compliance, & Patient Safety (QCPS) Council. Performance indicators are compiled and reported to the Executive Team (ET), Medical Staff Executive Committee (MEC), and the Milwaukee County Wide Safety Committee annually. The data from all EC performance monitors is analyzed and prioritized to select at least one recommendation to be made to the leadership of BHD for a performance improvement activity in the environment of care.

VIII. ANNUAL EVALUATION (EC 04.01.01 EP 15)

- A. The Safety Officer and Chair of the EC Committee has overall responsibility for coordinating the annual evaluation process for each of the functions associated with the management of the EC. The annual evaluation examines the objectives, scope, performance, and effectiveness of the Medical Equipment Management Program.
- B. The annual evaluation is presented at the EC Committee by the end of the first quarter of each year. The EC Committee review and approves the report. The discussion, actions, and recommendations of the EC Committee are documented in the minutes. The annual evaluation is then distributed to ET, MEC and QCPS Council, the Program Executive Committees, and the County Wide Safety Committee. This finalizes the evaluation process.

IX. APPROVAL

The Environment of Care Program including the **2015 Medical Equipment Management Plan** has been reviewed and approved by the following:

- Environment of Care Committee (EC)
- Executive Team (ET), and
- Medical Staff Executive Committee (MEC)

Approving signatures are found on the management plan packet coversheet.

Behavioral Health Division (BHD)
Utilities Management Plan
2015

BHD Mission:

The Milwaukee County Behavioral Health Division is a public sector system for the integrated treatment and recovery of persons with serious behavioral health disorders.

BHD Vision: The Milwaukee County Behavioral Health Division will be a Center of Excellence for person-centered, quality best practice in collaboration with community partners.

BHD Core Values:

1. Patient centered care
2. Best practice standards and outcomes
3. Accountability at all levels
4. Recovery support in the least restrictive environment
5. Integrated service delivery

BHD Guiding Elements:

Patient Centered Care: All members of the organization embrace a person-centered approach focused on service that is respectful, individualized and invites active participation. Treatment is goal directed toward helping persons pursue personal recovery and enjoy independent, productive and healthy lives in the community.

Safe and Cost-Effective Best Practice: Treatment and support services incorporate current best practice standards to achieve effective outcomes. All participants are committed to an environment of care that ensures safety, manages risk and meets or exceeds national patient safety standards.

Accountable Strategic Planning: Service areas participate in strategic planning with accountability for dynamic priority setting and outcome measurement. The organization employs cost-effective approaches and project management strategies that lay the foundation for financially viable, future system growth.

I. PURPOSE:

Consistent with the above mission, vision, values and guiding elements, Behavioral Health Division Administration has established the Environment of Care (EC) Committee and supports the Utilities Management Program as described in this plan.

The purpose of the Utilities Management Plan is to establish a system to provide a safe and comfortable environment for all patients, employees, and visitors of the Milwaukee County Behavioral Health Division (MCBHD). The plan establishes the framework to provide and maintain the appropriate utility services.

II. SCOPE:

The Utilities Management Plan establishes the organizational structure within which a safe and secure environment of care is established, maintained, and improved at MCBHD facilities. The utilities covered in this plan included: electrical distribution, emergency power, vertical transportation systems, HVAC, steam systems, communications systems, domestic water and plumbing, and security systems (card access, video monitoring and panic alarm). (EC 01.01.01-EP8)

MCBHD locations include:

1. Behavioral Health Division – Includes the following addresses on the same campus
 - a. 9455 Watertown Plank Rd, Wauwatosa, WI 53226
 - b. 9201 Watertown Plank Rd, Wauwatosa, WI 53226

III. OBJECTIVES:

1. To develop and implement equipment operational sheets for critical components of the utility system.
2. To provide utility system maintenance, inspection, and testing and document the procedures.
3. To provide data that demonstrates maintenance history for each piece of equipment, what work is (over) due, and what work is planned.
4. To provide utility failure data and emergency response procedures.
5. To conduct an annual inventory of equipment included in plans and review of maintenance history and failure trends.

IV. AUTHORITY/REPORTING RELATIONSHIPS:

The Division Lead Team (DLT) and Medical Staff Organization (MSO) support the Environment of Care Program including the Utilities Management Plan. EC Committee members are appointed by Administration to maintain a multi-disciplinary membership. The BHD Administrator appoints an EC Committee Chairperson and a Safety Officer to develop, implement, and monitor the Utilities Management Program. The EC Committee guides the Utilities Management Program and associated activities. The EC Chairperson and Safety Officer are responsible for directing the Utilities program, and an ongoing, organization-wide process for collection of information about deficiencies and opportunities for improvement in the EC Management programs. BHD will utilize the EC Committee in lieu of a separate Utilities Committee, where the EC Chairperson and Safety Officer will organize and implement an ongoing, organization-wide process to minimize risk and threat to the welfare of patients, visitors, and employees.

In the event that conditions pose an immediate threat to life or health, or threaten damage to equipment or buildings, the Administrator has appointed the Safety Officer, the Administrative Resource nurse on duty, and the Administrator on call to identify and respond to high-risk situations before significant injuries, death or loss of property occurs. (EC 01.01.01-EP2)

The EC committee will evaluate information submitted, develop policies and procedures, understand applicable Utilities related codes and regulations, and evaluate the effectiveness of the Utilities program and its components on an annual basis. Responsibilities of the EC Committee include reporting significant findings and recommending actions to the Executive Team along with any other program or department necessary for effective functioning. (EC 01.01.01-EP1)

V. INTENT PROCESSES:

- A. **Environment of Care, Design and Installation of Utility Systems** (EC 02.05.01-EP1)– Per our mission statement, the Utilities Management Plan is designed to promote a safe, controlled and comfortable environment of care by providing and maintaining adequate and appropriate utility services and infrastructure. This is managed and supported through the Environmental and Engineering Services department. The Facilities Manager collaborates with qualified design professionals, code enforcement, and facility licensing agencies to assure that buildings and spaces are designed to comply with local state and national building and fire codes. The Facilities Manager assures that all required permits and inspections are obtained or completed prior to occupancy. The Facilities Manager also assures that the necessary parties complete a Pre-Construction Risk Assessment (PCRA), which reviews air quality requirements, infection control, utility requirements, noise, vibration, fire safety, and other hazards. Recommended precautions from the PCRA are implemented as part of the project design. The Facilities Manager permanently maintains all plans, inspection reports, and other documents related to the design and construction of any building or space housing patient care or treatment services of BHD
- B. **Nosocomial Infection** (EC 02.05.01-EP 5 & 6; EC 02.05.05-EP4)– Proper maintenance of utility systems contributes to the reduction of hospital-acquired illnesses. The Infection Preventionist monitors the potential for these illnesses, referred to as Nosocomial Infections. Any concerns that may be utilities related will be addressed in a timely manner.

C. Risk Minimization and Operational Reliability (EC 02.05.01-EP 3 & 4; EC 02.05.05-EP3, 4, & 6; EC 02.05.07-EP10)– Through specific Computerized Maintenance Management Program, inspections and testing activities are conducted and recorded. Equipment is maintained to minimize the risk of failure. Intervals for inspecting, testing, and maintaining all operating components of the utility systems on the inventory are based on criteria including manufacturers' recommendations, risk levels, and hospital experience. Rounds are conducted by EES and are utilized to detect and assess incipient failure conditions. In the event that any equipment fails a test, that equipment will be retested after any repairs or corrections are completed.

Note: BHD does not currently have any life support systems.

D. Risk Assessment and Inventory (EC 02.05.01-EP2; EC 02.05.05-EP1)– Risk based criteria will be established to identify components of utility systems that are high-risk and have significant impact on life support, infection control, environmental support, equipment support, and communication systems. New system components will be evaluated prior to start-up.

E. Maintenance of Critical Operating Systems (EC 02.05.03-EP1-6; EC 02.05.07-EP 1, 2, & 6)– EES monitors the effectiveness of the utility systems by conducting inspections and analyzing data received through rounds and logs and supported by departmental policies and procedures. To ensure reliable operation of emergency systems, BHD performs inspections and tests of the following:

- Monthly transfer switch testing

A summary of this monitoring is reviewed by the EC Committee quarterly.

Note: The facility does not have a piped medical gas system (EC 02.06.09-EP1, 2 & 3)

Note: BHD does not use battery banks in lieu of a generator. (EC 02.05.07-EP3)

Note: The facility's back-up power system is provided by a separate electrical line from the We Energies plant located at 9250 Watertown Plank Rd., Milwaukee, WI 53226. BHD has a memorandum of understanding with We Energies including a provision to receive documentation regarding testing to verify reliability of the generators connected to the secondary line that serves BHD. In 2015 BHD will acquire 2 generators for the purpose of providing emergency power to the Life Safety branch and Critical branch components. (EC 02.05.07-EP4, 5, 7, & 8)

F. Managing Pathogenic Biological Agents & Controlling Airborne Contaminates (EC 02.05.01-EP 5 & 6)– Certain pathogenic biological agents survive in water or a humid environment. BHD EES Department monitors the potential source locations such as the humidification system and domestic water supply. It is the practice of this department to react quickly to any indication of these biological agents.

Managing air movement, exchanges and pressure within BHD is achieved by properly maintaining equipment and monitoring pressure relationships. Where appropriate, high efficiency filtration is utilized.

Infection Control requests receive priority status if an issue is identified, especially in areas that serve patients diagnosed or suspected of air-borne communicable diseases and patients that are immunosuppressed.

G. Mapping and Labeling (EC 02.05.01-EP 7 & 8)– Milwaukee County and EES maintains mapping and labeling of critical distribution systems and equipment operational instructions. Master copies are kept in the MC Dept of Public Works and EES Department.

Shut down procedures are located either at the equipment, in the mechanical space shared by the equipment, or in the department policy and procedure manual. Only employees that are permitted access are trained in emergency shut down of equipment/systems

H. Investigating Utility System Problems, Failures or User Errors (EC 02.05.01-EP 9)– Failures, problems and user errors are reported to EES for corrections. Utility system failures are reported to EES and, when appropriate to the EC committee for evaluation and recommendations to prevent reoccurrences. Utility failures are documented on the *BHD Building System Failure Incident Report* and reported to the EC Committee quarterly.

- I. **Policies and Procedures** – Utilities related policies are reviewed a minimum of every three years and distributed to departments as appropriate.
- J. **Emergency Procedures** - (EC 02.05.01-EP 9-12 & EC 02.05.07 EP 9) – Emergency procedures for utility systems malfunctions are developed and maintained in the EES department's procedures for Utility disruptions, back up sources, shut off procedures, repair services and hours of operation are covered in the EES departmental policies and procedures manual. Emergencies are reported twenty-four hours a day through extension 6995 and the administrator on call. Alternate sources of essential utilities are listed in the EES Department Policy Manual for each system.
 1. **Alternate Source of Essential Utilities** – (EC 02.05.01 EP 13; EC 02.05.03-EP 1-6; EC 02.05.09 EP 1-3)– Alternate plans for supply of utilities for patient care are maintained for these contingencies. Plans include use of emergency power, backup systems for water, fuel for heating and power, HVAC, and ventilation systems with alternate power sources. Managers and employees are trained as part of the organization wide and department specific education. These plans are tested as part of regularly scheduled exercises and actual outages of utility systems. This includes, Fire Alarm System, Exit illumination, P.A. system, one elevator (# 5), and medication dispensing machines. Emergency power outlets are available in the event mobile life support equipment is used. At present BHD does not store any blood, bone or tissue; does not have any med gas or surgical vacuum systems; and has no built in life support systems.
 2. **Backup Communication System** – (EC 02.05.03 EP 3) – Several alternate communication systems are available for use during emergency responses. The systems include the regular phone system, a satellite phone system, crisis line phone system, pagers, cellular phones, two-way radios, and ham radio system. The implementation of the emergency plan focuses on maintaining vital patient care communications. Once the initial level of the plan is in place, the Communications and/or Telecommunications Department will work with representatives of the telephone company to determine the scope and likely duration of the outage and to identify alternatives.
 3. **Clinical Interventions** - (EC 02.05.01-EP 11) – Emergency procedures and contingency plan information is available in the Environment of Care manual (Systems Failure & Basic Staff Response Quick Reference) and in the Emergency Operations Plan.

VI. ORIENTATION AND EDUCATION

- A. **New Employee Orientation:** (EC 03.01.01 EP 1-3; HR 01.04.01 EP 1-3; LD 03.01.01 EP 1-10) Education regarding the Utilities Program begins with the New Employee Orientation Program for all new employees, and continues on an ongoing basis with departmental specific safety training, job-specific utilities training, and a series of programs required for all employees on an annual basis.
 - Emergency shutoff controls, use, and locations for each critical utility system serving the work environment
 - Appropriate process for reporting of utility system problems, failures, and user errors.
- B. **Annual Continuing Education:** regarding utilities is conducted annually for all employees. Content is based on recommendations and analysis of educational needs of the employees. (HR 01.05.03 EP 1-13)
- C. **Department Specific Training:** Directors/Managers are responsible for ensuring that new employees are oriented to departmental specific utilities related utility procedures or precautions. (EC 03.01.01 EP 1-3; HR 01.04.01 EP 1-3)
- D. **Contract Employees:** Assessment and education is done at the time of assignment at BHD. Contracted Employees attend a new employee orientation program at BHD and are also included in the Annual Continuing Education and other educational initiatives as needed during the year. (EC 03.01.01 EP 1-3; HR 01.04.01 EP 1-7)

VII. PERFORMANCE MONITORING (EC 04.01.03 EP 1-3); EC 04.01.05 EP 1-3)

- A. Ongoing performance monitoring is conducted for the following performance monitors:
1. Measure the number of other utility failures (Goal = < 6)
 2. Measure the number of past due preventive maintenance tasks (Goal =<12)
 3. Measure the percentage of utility components labeled and inventoried (Goal = 50% by year end)
 4. Measure the frequency of use of the negative pressure room. (Baseline)
 5. Measure the percentage of negative pressure rooms tested before use (Goal = 100%)
 6. Measure the percentage of generator testing that did not pass (Goal = 0%)
- B. The Safety Officer and EC Committee oversee the development of the Utility related performance monitors. Data from these performance monitors are discussed at the EC Committee quarterly and are reported bi-annually to the Quality, Compliance, & Patient Safety (QCPS) Council. Performance indicators are compiled and reported to the Executive Team (ET), Medical Staff Executive Committee (MEC), and the Milwaukee County Wide Safety Committee annually. The data from all EC performance monitors is analyzed and prioritized to select at least one recommendation to be made to the leadership of BHD for a performance improvement activity in the environment of care.

VIII. ANNUAL EVALUATION (EC 04.01.01 EP 16)

- A. The Safety Officer and Chair of the EC Committee has overall responsibility for coordinating the annual evaluation process for each of the functions associated with the management of the EC. The annual evaluation examines the objectives, scope, performance, and effectiveness of the Utilities Management Program.
- B. The annual evaluation is presented at the EC Committee by the end of the first quarter of each year. The EC Committee review and approves the report. The discussion, actions, and recommendations of the EC Committee are documented in the minutes. The annual evaluation is then distributed to ET, MEC, and QCPS Council, the Program Executive Committees, and the County Wide Safety Committee. This finalizes the evaluation process.

IX. APPROVAL

The Environment of Care Program including the **2015 Utilities Management Plan** has been reviewed and approved by the following:

- Environment of Care Committee (EC)
- BHD Executive Team (DLT), and
- Medical Staff Executive Committee (MEC)

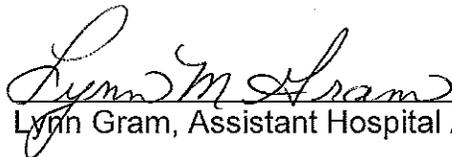
Approving signatures are found on the management plan packet coversheet.

Environment of Care Management Program Approval

The 2015 Environment of Care Program and the Environment of Care Management Plans for, Safety, Security, Hazardous Materials and Waste, Fire/Life Safety, Medical Equipment, and Utilities, were reviewed and approved by the following committees:

BHD Environment of Care Committee (EC)
The Medical Staff Organization (MSO)
BHD Executive Team (ET)

This approval is denoted by the signature of the chairperson for that committee.



Lynn Gram, Assistant Hospital Administrator, EC Chairperson

1-15-15
Date



Clarence Chou, MD, President Medical Staff Organization

1/15/15
Date



Patricia Schroeder, RN, MSN, MBA, FAAN, Administrator

1-15-15
Date

BEHAVIORAL HEALTH DIVISION

DECEMBER 2014

FISCAL REPORT

TABLE OF CONTENTS

BHD Combined

Table of Contents	2
Fiscal Summary	3
P & L Summary	4
2015 Projected Budget Surplus/(Deficit) Summary	5-6

2014 FISCAL SUMMARY

Behavioral Health Division – Inpatient

- Patient Census (Avg.)
- Hilltop Closure
- Central Downsizing
- Adult Inpatient Bed Reduction
- Patient Health Claim Revenue
- State Plan Amendment Revenue
- WIMCR Revenue

CARSD – Community Access to Recovery Services Division

- WRAP Crisis Billing
- WRAP Reserve
- POS Contracts
- Comprehensive Community Services
- Community Recovery Services

**BHD - Combined Reporting
2014 Fiscal Results
P & L Summary**

		2014 Budget	2014 Projection	Surplus/ (Deficit)
BHD Combined	Revenue	124,381,941	124,084,304	(297,637)
	Expense	184,785,420	178,788,199	5,997,221
	Tax Levy	<u>60,403,479</u>	<u>54,703,895</u>	<u>5,699,584</u>
BHD Inpatient	Revenue	33,109,314	35,955,570	2,846,256
	Expense	82,548,746	84,566,003	(2,017,257)
	Tax Levy	<u>49,439,432</u>	<u>48,610,433</u>	<u>828,999</u>
CARSD	Revenue	91,272,627	88,128,734	(3,143,893)
	Expense	102,236,674	94,222,196	8,014,478
	Tax Levy	<u>10,964,047</u>	<u>6,093,462</u>	<u>4,870,585</u>

2015 Projected Budget Surplus/(Deficit) Items *as of December 2014*

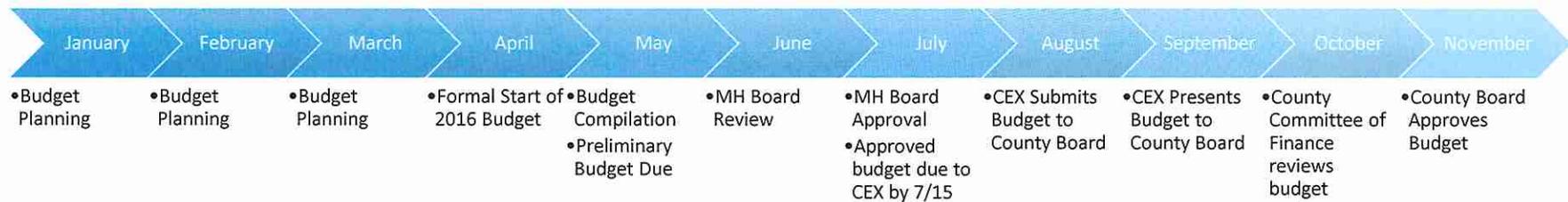
Item	Explanation	Surplus/Deficit
Increase inpatient Medicaid Rate	After budget was completed BHD received notice from the State that the Medicaid rate for Adult inpatient and CAIS was increasing by \$219 per day.	\$690,000
Dietary Contract	During the budget process a RFP for dietary services was performed. Although the budget included assumptions of savings from the competitive bid process the savings were conservative in relation to the pricing in the executed contract	\$700,000
Adult Inpatient Bed Reduction	As a result of staffing shortages beds available was reduced in the adult acute area. Current staffing patterns will not change as a result of the reduction, but there will be a reduction in revenue.	(\$1,000,000)
Hilltop Phase Down Payments	Payments received from the State in 2015 for Hilltop clients located in the community in 2014	\$380,000
Write Off %	Oct. YTD WO % are being recalculated. % needs to be compared to % in budget and variance determined.	\$200,000
BHD Fringe Adjustment	Cost to increase fringe to levels comparable with all other county employees	(\$800,000)
Total		\$170,000

2015 Budget Risk/Opportunities

as of December 2014

Item	Explanation	Surplus/Deficit
2015 Fringe Benefits	In 2015 the actual costs of associate health care claims will be recorded to BHD resulting in a budget surplus/deficit	TBD
TANF Grant	Budget assumed \$4.4M, but BHD was notified that the grant would go out for competitive bid and received only \$2.2 to fund through June.	TBD
Staffing Model Execution	A key component of the 2015 budget was addressing staffing shortages and OT challenges. Management execution of hiring and retaining staff to eliminate OT, and run beds at optimal levels is critical to meeting budget	TBD

Behavioral Health Division 2016 Preliminary Budget Timeline



**MILWAUKEE COUNTY MENTAL HEALTH FINANCE COMMITTEE
2015 AGENDA SETTING PRELIMINARY CALENDAR**

MONTH	FINANCE AGENDA SETTING DATE	FINANCE COMMITTEE MEETING	MH BOARD MEETING DATES
January		January 22, 2015 (Thursday – 1:30 p.m.)	
February			February 26, 2015
March	March 5, 2015 (Thursday – 9:00 a.m.)	March 26, 2015 (Thursday – 1:30 p.m.)	
April	April 28, 2015 (Thursday – 9:00 a.m.)		April 23, 2015**
May	May 28, 2015 (Thursday – 9:00 a.m.)	May 21, 2015 (Thursday – 1:30 p.m.)	
June		June 18, 2015* (Thursday – 1:30 p.m.)	June 4, 2015* June 25, 2015
July			July 9, 2015*
August			August 27, 2015
September	September 3, 2015 (Thursday – 9:00 a.m.)	September 24, 2015 (Thursday – 1:30 p.m.)	
October			October 22, 2015
November	November 12, 2015 (Thursday – 9:00 a.m.)		
December		December 3, 2015 (Thursday 1:30 p.m.)	December 17, 2015

**Denotes potential special meetings to review 2016 budget.*

COUNTY OF MILWAUKEE
Behavioral Health Division Medical Staff Organization
Inter-Office Communication

DATE: February 2, 2015

TO: Kimberly R. Walker, JD, Chairperson, Milwaukee County Mental Health Board

FROM: Clarence P. Chou, MD, President of the Medical Staff Organization
Prepared by Lora Dooley, Director of Medical Staff Services

SUBJECT: **A Report from the President of the Medical Staff Organization Requesting Approval of Appointment and Privilege Recommendations Made by the Medical Staff Executive Committee**

Background

Under Wisconsin and Federal regulatory requirements, all physicians and all other practitioners authorized under scope of licensure and by the hospital to provide independent care to patients must be credentialed and privileged through the Medical Staff Organization. Accepting temporary privileges for an immediate or special patient care need, all appointments, reappointments and privileges for each physician and other practitioners must be approved by the Governing Body.

Discussion

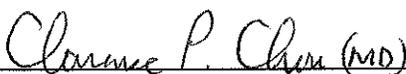
From the President of the Medical Staff and Chair of Credentialing and Privileging Review presenting recommendations for appointments and/or privileges. Full details are attached specific to items A through C¹:

- A. New Appointment
- B. Reappointments
- C. Provisional Period Reviews / Status Changes
- D. Notations Reporting (to be presented in **CLOSED SESSION** in accordance with protections afforded under Wisconsin Statute 146.38)

Recommendation

It is recommended that the Milwaukee County Mental Health Board approve all appointments and privilege recommendations, as submitted by the Medical Staff Executive Committee.

Respectfully Submitted,



Clarence P. Chou, MD
President, BHD Medical Staff Organization

cc Patricia Schroeder, BHD Administrator
John Schneider, BHD Executive Medical Director
Lora Dooley, BHD Director of Medical Staff Services
Jodi Mapp, BHD Senior Executive Assistant

Attachment

1 Medical Staff Credentialing Report & Medical Executive Committee Recommendations

**MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
GOVERNING BODY REPORT
MEDICAL STAFF CREDENTIALING REPORT & EXECUTIVE COMMITTEE RECOMMENDATIONS
JANUARY/FEBRUARY 2015**

The following credentials files were reviewed. Privilege recommendations/actions were made based on information related to qualifications, current competence and ability to perform privileges (health status). All requisite primary source verifications or queries were obtained and reviewed regarding professional training, professional licensure(s), registrations, National Practitioner Data Bank and OIG-List of Excluded Individuals and Entities & System Award Management. Decisions were further based on Service Chief (Medical Director and Chief Psychologist, when applicable) recommendations, peer recommendations when applicable, focused or ongoing (FPPE/OPPE) professional practice evaluation data, malpractice claims history and verification of good standing with other hospitals/practices. Notations reporting shall be presented at the Board Meeting in closed session.

INITIAL APPOINTMENT	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JANUARY 8, 2015	MEDICAL STAFF EXECUTIVE COMMITTEE JANUARY 15, 2015	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
MEDICAL STAFF							
Jeffrey Anders, MD	General Psychiatry; General Medical Practice	Affiliate/ Provisional		Dr. Khazi recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months	Recommends appointment and privileging as per C&PR Committee.	
Marc Gunderson, MD	Psychiatric Officer; Medical Officer	Affiliate/ Provisional		Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months	Recommends appointment and privileging as per C&PR Committee.	
Satya Gutta, MD	Psychiatric Officer; Medical Officer	Affiliate/ Provisional		Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months contingent on receipt and satisfactory results of pending federal background check prior to the MEC meeting (results received 1/14/15—no convictions)	Recommends appointment and privileging as per C&PR Committee.	
Julie Owen, MD	Psychiatric Officer; Medical Officer	Affiliate/ Provisional		Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months	Recommends appointment and privileging as per C&PR Committee.	
Jaquaye Russell, PhD	General Psychology-Adult, Child and Adolescent	Active/ Provisional		Dr. Riggle and Dr. Moiso recommend appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months	Recommends appointment and privileging as per C&PR Committee.	
ALLIED HEALTH							
Jeffrey Scott, MSW	51.15 Treatment Director Designee (Act 235 Pilot)	Allied Health/ Provisional		Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends appointment to 5/1/16 and privileges, subject to a minimum provisional period of 6 months	Recommends appointment and privileging as per C&PR Committee.	
Colleen Watters, MSW	51.15 Treatment Director Designee (Act 235 Pilot)	Allied Health/ Provisional		Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends appointment to 5/1/16 and privileges, subject to a minimum provisional period of 6 months	Recommends appointment and privileging as per C&PR Committee.	

REAPPOINTMENT / REPRIVILEGING	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JANUARY 8, 2018	MEDICAL STAFF EXECUTIVE COMMITTEE JANUARY 15, 2015	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
MEDICAL STAFF							
Loren Cohen, MD	Tele-Medical Diagnostic Radiology (X-Ray & Ultrasound Interpretation)	Tele-Medicine Consulting / Full		Dr. Puls recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Benjamin Huang, MD	Tele-Medical Diagnostic Radiology (X-Ray & Ultrasound Interpretation)	Tele-Medicine Consulting / Full	M#	Dr. Puls recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Ibrahim Khaja, MD	General Psychiatry; General Medical Practice	Active / Full	MA	Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Justin Kuehl, PsyD	General Psychology-Adult; Extended Psychology-Crisis Observation	Active / Full		Dr. Riggle and Dr. Thrasher recommend appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Jason Liu, MD	Tele-Medical Diagnostic Radiology (X-Ray & Ultrasound Interpretation)	Tele-Medicine Consulting / Full	M#	Dr. Puls recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Megan McClymonds, MD	General Psychiatry; Child Psychiatry; General Medical Practice	Active / Full		Dr. Moisio recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Anurag Mishra, MD	Tele-Medical Cardiology (EKG & Holter Monitor Interpretation)	Tele-Medicine Consulting / Full	M#	Dr. Puls recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Shane Moisio, MD	General Psychiatry; Child Psychiatry; General Medical Practice	Active / Full		Dr. Schneider recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Suraj Singh, MD	General Psychiatry; General Medical Practice	Active / Full		Dr. Khazi recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Guy Takahashi, MD	Tele-Medical Diagnostic Radiology (X-Ray & Ultrasound Interpretation)	Tele-Medicine Consulting / Full	M#	Dr. Puls recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
ALLIED HEALTH							
Denise Matel-Anderson, MSN	Advanced Practice Nurse-Family Practice	Allied Health / Full		Dr. Puls recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Tamara Perryman, MSN	Advanced Practice Nurse-Family Practice	Allied Health / Full		Dr. Puls recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	

PROVISIONAL STATUS CHANGE REVIEWS	PRIVILEGE GROUP(S)	CURRENT CATEGORY/ STATUS	NOTATIONS	SERVICE CHIEF RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JANUARY 8, 2018	MEDICAL STAFF EXECUTIVE COMMITTEE JANUARY 15, 2015	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
Anna Berg, MD	General Psychiatry; General Medical Practice	Affiliate/ Provisional		Dr. Thrasher recommends full privileges	Committee recommends change in privilege status from provisional to full for remainder of 2-year appointment period.	Recommends appointment and privileging status change, as per C&PR Committee.	
Gunjan Khandpur, MD	General Psychiatry; Child Psychiatry; General Medical Practice	Active/ Provisional		Dr. Moisiu recommends full privileges	Committee recommends change in privilege status from provisional to full for remainder of 2-year appointment period.	Recommends appointment and privileging status change, as per C&PR Committee.	

C. Chau

1/15/15
DATE

C. Chau

1/15/15
DATE

CHAIR, CREDENTIALING AND PRIVILEGING REVIEW COMMITTEE
(OR PHYSICIAN COMMITTEE MEMBER DESIGNEE)

PRESIDENT, MEDICAL STAFF ORGANIZATION
CHAIR, MEDICAL STAFF EXECUTIVE COMMITTEE

BOARD COMMENTS / MODIFICATIONS / OBJECTIONS TO MEC PRIVILEGING RECOMMENDATIONS:

RECOMMENDATIONS OF THE MCBHD MEDICAL STAFF CREDENTIALING & PRIVILEGING REVIEW AND MEDICAL STAFF EXECUTIVE COMMITTEES WERE REVIEWED. ALL PRIVILEGE AND APPOINTMENTS ARE HEREBY GRANTED AND APPROVED, AS RECOMMENDED BY THE MEC, UNLESS OTHERWISE INDICATED ABOVE.

GOVERNING BOARD CHAIRPERSON

DATE APPROVED

MEDICAL STAFF GOVERNING DOCUMENTS AND POLICY/ PROCEDURE UPDATES	MEDICAL STAFF ACTION	GOVERNING BODY ACTION
NONE THIS PERIOD.		

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
GOVERNING BODY REPORT
MEDICAL STAFF CREDENTIALING REPORT & EXECUTIVE COMMITTEE RECOMMENDATIONS
JANUARY/FEBRUARY 2015

ADDENDUM

The following credentials file(s) was reviewed. Privilege recommendations/actions were made based on information related to qualifications, current competence and ability to perform privileges (health status). All requisite primary source verifications or queries were obtained and reviewed regarding professional training, professional licensure(s), registrations, National Practitioner Data Bank and OIG-List of Excluded Individuals and Entities & System Award Management. Decisions were further based on Service Chief (Medical Director and Chief Psychologist, when applicable) recommendations, peer recommendations when applicable, focused or ongoing (FPPE/OPPE) professional practice evaluation data, malpractice claims history and verification of good standing with other hospitals/practices. Notations reporting shall be presented at the Board Meeting in closed session.

INITIAL APPOINTMENT	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JANUARY 8, 2015	MEDICAL STAFF EXECUTIVE COMMITTEE FEBRUARY 19, 2015	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
Elizabeth Schmidt, MSW	51.15 Treatment Director Designee (Act 235 Pilot)	Allied Health/ Provisional	PR	Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends appointment to 5/1/16 and privileges, subject to a minimum provisional period of 6 months	Recommends appointment and privileging as per C&PR Committee.	

Charlene P. Chinn (MS)
CHAIR, CREDENTIALING AND PRIVILEGING REVIEW COMMITTEE
(OR PHYSICIAN COMMITTEE MEMBER DESIGNEE)

2/19/15
DATE

Charlene P. Chinn (MS)
PRESIDENT, MEDICAL STAFF ORGANIZATION
CHAIR, MEDICAL STAFF EXECUTIVE COMMITTEE

2/19/15
DATE

BOARD COMMENTS / MODIFICATIONS / OBJECTIONS TO MEC PRIVILEGING RECOMMENDATIONS:

RECOMMENDATIONS OF THE MCBHD MEDICAL STAFF CREDENTIALING & PRIVILEGING REVIEW AND MEDICAL STAFF EXECUTIVE COMMITTEES WERE REVIEWED. ALL PRIVILEGE AND APPOINTMENTS ARE HEREBY GRANTED AND APPROVED, AS RECOMMENDED BY THE MEC, UNLESS OTHERWISE INDICATED ABOVE.

GOVERNING BOARD CHAIRPERSON

DATE APPROVED