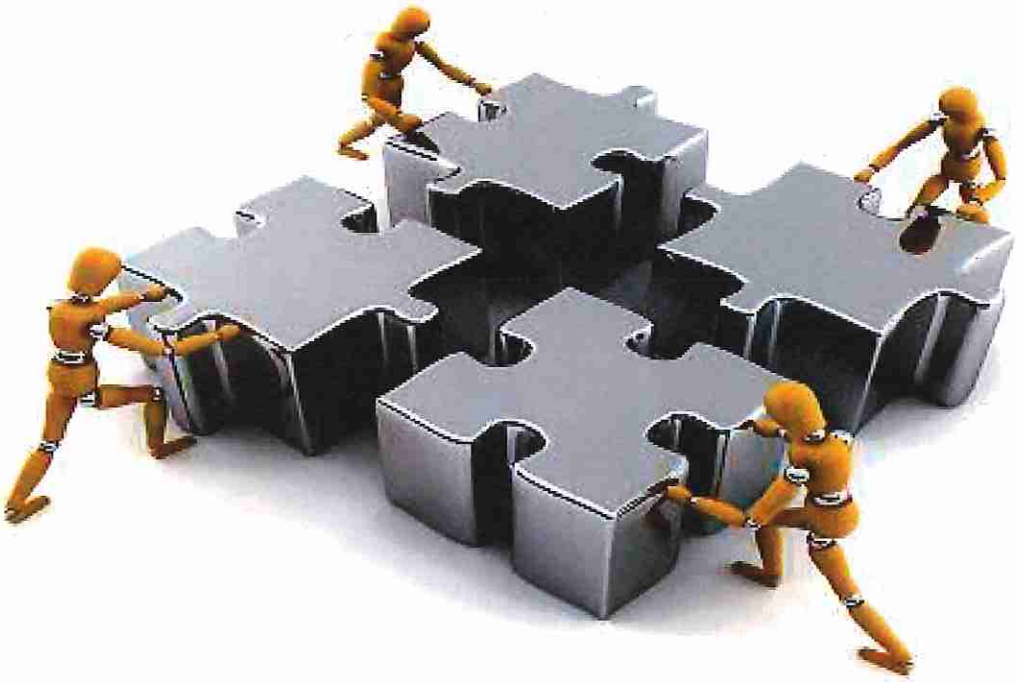
DEPARTMENT OF HEALTH & HUMAN SERVICES
BEHAVIORAL HEALTH DIVISION

Milwaukee County

HECTOR COLON, MS, OT - Director, DHHS
PATRICIA SCHROEDER, RN, MSN, MBA, FAAN - Administrator, BHD



Behavioral Health Division
QUALITY PLAN
2015-2016

Introduction: Mission, Vision, Scope of Service

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

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

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

*For the purpose of this document we have chosen to use patient for readability. All the manifold meanings and intents in the terms patient, client and consumer, in their best light is intended.

Guiding Elements:

Patient Centered Care: All BHD staff and contracted staff members 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: All treatment and services incorporate current best practice standards to achieve efficacious outcomes. Every caregiver is committed to an environment of care that ensures safety, limits risk and meets or exceeds national patient safety standards.

Accountable Strategic Planning: BHD annually conducts strategic planning, by Service areas, with accountability for dynamic priority setting and outcome measurement. The organization employs cost-effective approaches and project management strategies that lay the foundation for a financially viable and future growth oriented system of care.

Strategic Initiatives – Who we are and where we are going in 2015-2016:

- The Behavioral Health Division is undergoing an organizational transition of the closure of the Skilled Nursing Facility licensed BHD Rehabilitation Centers – Hilltop by 2014 and Central by the end of year 2015.
- The size and scope of BHD services will be guided by ongoing annual analysis of factors including needs assessment, cost-efficacy, outcomes and evolving evidence based best practices.
- The focus of care and service delivery will be person centered, recovery oriented, trauma informed, culturally intelligent and community directed.
- Individuals with lived experience including Peer Specialists as well as behavioral health advocates, patients and families will be partners and active participants in ensuring quality services across the care continuum.
- Leadership will be provided by a high functioning team driven by quality, best practice, data driven approaches and a relentless passion for the clients, families and community we serve and the workforce we lead.
- Organizational culture will support a positive learning environment oriented around continuously improving the safety and therapeutic impact for clients, families and the community served.
- BHD will work in partnership with other community healthcare organizations.
- BHD will explore options to reside in a different physical space to assure a positive operational and therapeutic environment, patient and staff safety and greater efficiency.
- The organization will obtain Joint Commission Accreditation.
- The organization will continue with the implementation of an Electronic Health Record across the continuum of care.
- BHD will be a Center for Excellence for patient engagement, patient experience, patient satisfaction and quality outcomes.

The BHD Quality Plan

Scope

- Comprehensive to all BHD services and programs.
- Extends to all facets of the organization, including clinical, managerial, administrative and facility-related.
- Ensures organizational compliance with regulatory, accreditation and policy requirements.

The Quality Plan will serve as the Behavioral Health Division's call to action and evidence of commitment to continuously assess and improve the quality of the treatment and services it provides. All services and programs within the service continuum will incorporate measurement and data represented in *Balanced Scorecards for Key Performance Indicators* and include attention to:

- Improving the Patient Experience - Customer Satisfaction and Well-being.
- Patient Outcomes.

- Service Utilization Data.
- Quality Assurance and Improvement Activities.
- Required Public Data reporting and benchmark comparisons.
- Workforce Development.
- Financial Impact and Cost.

Service Quality

Service Quality is care, treatment and services that are provided in a safe, effective, patient-centered, timely, equitable, and recovery-oriented manner. BHD is committed to the ongoing improvement of the quality of care patients receive, as evidenced by the outcomes of that care.

The organization continuously strives to ensure that:

- The treatment provided incorporates evidence based, effective practices.
- The treatment and services are appropriate to each patient's needs, and available when needed.
- Risk to patients, providers and others are minimized, and errors in the delivery of services are prevented.
- Patient's individual needs and expectations are respected.
- The patient or those whom they designate have the opportunity to participate in decisions regarding their treatment.
- All care and services are provided with empathy, understanding, caring and trauma informed focus.
- Procedures, treatments and services are provided in a timely and efficient manner, with appropriate coordination and continuity across all phases of care and with all providers of care.

Quality Improvement Principles

Quality improvement is a systematic approach to assessing care and services and improving them on a priority basis. The Behavioral Health Division's approach to quality improvement is based on the following principles:

- **Customer Satisfaction Focus**. High quality organizations focus on their internal and external customers and on meeting or exceeding needs and expectations; customer satisfaction.
- **Recovery-Oriented Philosophy of Care**. Services are characterized by a commitment to promoting and preserving wellness and to expanding choice. This approach promotes maximum flexibility and choice to meet individually defined goals and to permit person-centered services.
- **Employee Empowerment**. Effective programs involve people at all levels of the organization in improving quality.
- **Leadership Involvement**. Strong leadership, direction and support of quality assurance and quality improvement activities by the Governing Board, Chief Executive Officer, Executive

Team and the Medical Staff Leadership are key. The involvement of organizational leadership assures that quality improvement initiatives are consistent with our mission and strategic plan.

- **Data Informed Practice**. Successful Quality Improvement processes create feedback loops, using data to inform practice and measure results. Fact-based decisions are likely to be correct decisions.
- **Statistical Tools**. For continuous improvement of care, tools and methods are needed that foster knowledge and understanding. BHD, like Continuous Quality Improvement organizations, will use defined analytic tools such as run charts, cause and effect diagrams, flowcharts, histograms, and control charts to turn data into information.
- **Prevention over Correction**. Continuous Quality Improvement entities seek to design good processes to achieve excellent outcomes rather than fix processes after the fact.
- **Continuous Improvement**. Processes must be continually assessed, reviewed and improved. Small incremental changes do make an impact, and providers can almost always find an opportunity to make things better.

Continuous Quality Improvement Activities

Quality improvement activities emerge from a systematic and organized framework for improvement. The framework adopted by the BHD leadership will be understood, accepted and utilized throughout the organization. In addition, adoption is supported by continuous education and involvement of all staff in performance improvement.

Quality Improvement will involve two primary activities:

- Measuring and assessing the performance of care and service delivery through the collection and analysis of data.
- Conducting quality improvement initiatives and taking action where indicated, including the:
  - Design of new services, and/or
  - Improvement of existing services.

Section 2 Leadership and Organization

Leadership

The key to the success of the Continuous Quality Improvement process is leadership. The following describes how the leaders of the Behavioral Health Division provide support to quality improvement activities.

The ***Mental Health Board of Directors*** is ultimately accountable for quality and safety and provides governance level leadership for the Quality Plan by:

- Supporting and guiding implementation of quality improvement activities at BHD.
- Reviewing, evaluating and approving the Quality Plan annually.

The ***BHD Quality, Compliance and Patient Safety Council*** is Division-Wide and provides ongoing operational leadership and oversight of continuous quality improvement activities. The Council consists of the Chief Quality Officer, other core Executive Team Members, Organizational Leaders, and other individuals responsible for quality oversight. The Council meets at least ten (10) times per year.

BHD is extending an invitation to the following individuals to be core participants of the Council:

- Two Mental Health Board members
- Two individuals with Lived Experience and/or Advocates
- Office of Consumer Affairs representative.

The responsibilities of the Council include:

- Developing and recommending to the Board for approval the BHD Quality Plan.
- As part of the Plan, establishing measurable objectives based upon priorities identified through the use of established criteria for improving the quality and safety of care and services.
- Developing indicators of quality on a priority basis.
- Prospectively review, assess and analyze quality dashboards, data and initiatives and thereby directing change, including pursing additional opportunities in improve safety, quality and outcomes.
- Conduct annual institutional quality self-assessment and incorporate specific quality improvement initiatives to remediate gaps into the annual Quality Plan.
- Reviewing and supporting additional programmatic quality improvement initiatives.
- Reporting to the Board of Directors on quality improvement activities on a regular basis.
- Reviewing, standardizing and adopting specific approaches and methods to be utilized for Quality Improvement activities.

The responsibilities of the **Executive/Program Leadership Teams and Discipline Leads** include the following. The Executive Leadership will work in cooperation with the Medical Executive Committee to develop, guide and supervise all aspects of quality within the organization. Including developing organized teams, committees and structures to support all ongoing and developing quality activity needs and reporting requirements. Program leadership and the Clinical Discipline Lead will have responsibility for championing all aspects of quality and safety, to include participation and promotion of the BHD Culture of Quality and Safety. Each sub-group/sub-program leadership will be responsible to report their quality improvement activities and performance toward goals to their direct report and the *Quality, Compliance and Patient Safety Council.*

Leadership Communication Responsibility:

BHD Leadership will facilitate input, critical discussion and coordination of all quality activities through planned and focused communication with stakeholders. This includes planned and ad hoc coordination and communication. Types of information shared can include summary data and analysis of measurement activities, Quality Initiative outcomes and Dashboards of Key Performance Indicators. BHD Leadership and staff values the process of sharing outcome and quality results with Board of Directors, patients, families, advocacy groups, and the community to ensure they have knowledge of and input into our quality planning and improvement opportunities.

Section 3 Goals and Objectives

BHD Quality Plan Goals and Objectives 2015-2016

The ***BHD Quality, Compliance and Patient Safety Council*** will identify and define goals and specific objectives to be accomplished each year. Goals and objectives will be embedded in all aspects of operational and clinical planning in all parts of BHD. Alignment of Goals and Objectives will cascade down into each leadership committee and every staff annual performance review. Progress in meeting these goals and objectives will be periodically reviewed, reported and progress adjusted as needed.

QUALITY PLAN GOALS FOR 2015-2016:

1. Ensuring all services enable peoples' ability to have maximum quality of life and health while living in the community.
2. Improving the patient experience in all services.
3. Evolving state of the art quality structures, processes and a culture of safety in all we do.

QUALITY PLAN OBJECTIVES FOR 2015:

1. Simplify the "Front Door" access and ability to navigate health care options in Milwaukee County.
2. Focus all services on engaging patients around their self-selection of health outcomes.
3. Develop programming and coordination for increasing family/support system involvement and engagement in all services.
4. Increase staff competency around human interactions.
5. Train all staff on basic quality improvement principles.
6. Implement Key Performance Indicators for all programs and leadership committees.

Section 4 Quality Improvement Initiative

QUALITY IMPROVEMENT INITIATIVES FOR 2015

1. Develop a Community Key Performance Indicator Dashboard of meaningful patient outcome measures.
2. Develop a best practice update of our Suicide Assessment and Prevention interventions in support of the Zero Suicide in Health and Behavioral Health Care goal of the National Action Alliance.
3. Develop and implement integration of pharmacy, electronic health record and staff practice for an updated state of the art medication management policy and procedure.

Section 5 Evaluation

Review of the progress and effectiveness of the plan will be completed quarterly, with a formal outcome analysis also included at year end. Formal reporting of the outcome of the years plan will be made to the Governing Board. The year-end outcome evaluation will summarize the goals and objectives of the BHD Quality Plan, the quality improvement activities conducted during the past year, including the targeted process, systems and outcomes, the performance indicators utilized, the findings of the measurement, data aggregation, assessment and analysis processes, and the quality improvement initiatives taken in response to the findings.

BHD will:

- Summarize the progress towards meeting the Plan's Goals and Annual Objectives.
- For each of the goals a brief summary of progress will be included.
- For newly implemented Key Performance Indicators, a brief summary including outcomes, analysis and subsequent improvement actions taken will be included.
- For each Quality Initiative a brief description of interventions, results and outcomes will be summarized.

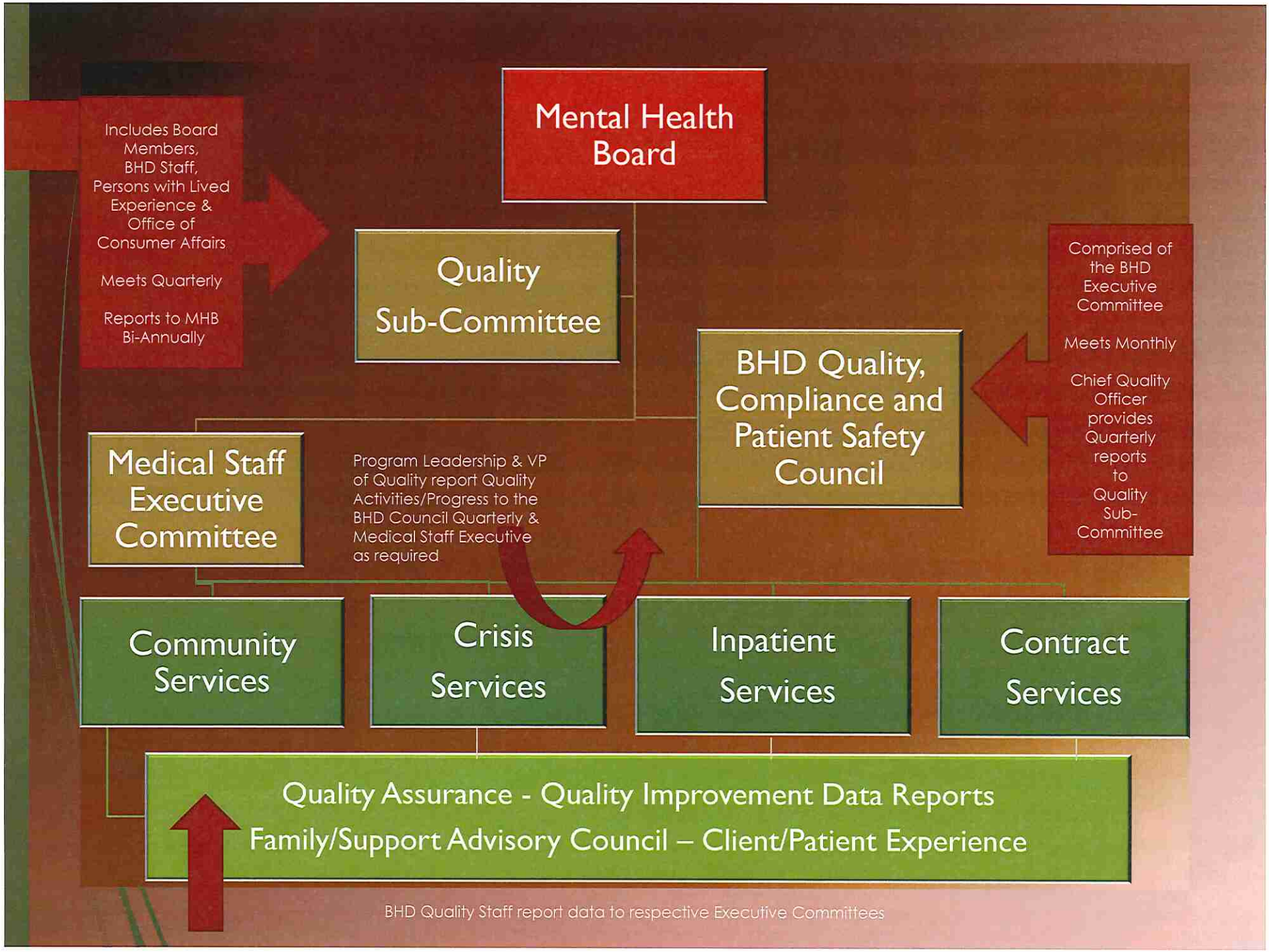
Section 6 Conclusion

The quality of care and outcomes and the safety of our patients and staff must be the highest calling of the Behavioral Health Division Team. Our pursuit of excellence must be innovative, include all parts of our organization, and be continuous. We must always work to achieve better and better outcomes.

Section 7 References

This plan was created from the following resources and tools (References):

- The Quality Management Plan: A Practical, Patient Centered Template National Association of Community Health Centers
- Developing and Implementing a QI Plan (US DHHS). Available at: http://www.hrsa.gov/quality/toolbox/508pdfs/developingqiplan.pdf
- Plan Template: https://www.omh.ny.gov/omhweb/cqi/plan_template.html


Mental Health Board
Includes Board Members, BHD Staff, Persons with Lived Experience & Office of Consumer Affairs
Meets Quarterly
Reports to MHB Bi-Annually
Quality Sub-Committee
BHD Quality, Compliance and Patient Safety Council
Comprised of the BHD Executive Committee
Meets Monthly
Chief Quality Officer provides Quarterly reports to Quality Sub-Committee
Medical Staff Executive Committee
Program Leadership & VP of Quality report Quality Activities/Progress to the BHD Council Quarterly & Medical Staff Executive as required
Community Services
Crisis Services
Inpatient Services
Contract Services
Quality Assurance - Quality Improvement Data Reports
Family/Support Advisory Council – Client/Patient Experience
BHD Quality Staff report data to respective Executive Committees

WRAPAROUND MILWAUKEE

2014
QUALITY ASSURANCE/QUALITY IMPROVEMENT ANNUAL REPORT

This Report.....

Who did we serve in 2014?..... *pg. 2*

Outcome Indicators

Functioning.....*pg. 3*
Living Environment.....*pg. 4*
School.....*pg. 4*
Youth/Family Satisfaction.....*pg. 4*
Costs/Services.....*pg. 7*

Process Indicators

Plan of Care.....*pg. 7*
Family and Community-Based Services.....*pg. 8*
Audits/Evaluations/Reports & Util. Review.....*pg. 8*

Structure Indicators

Child and Family Team Meeting.....*pg. 9*
Training.....*pg. 9*
Grievances and Complaints.....*pg. 10*
Information Technology System.....*pg. 10*
Wraparound Provider Network.....*pg. 11*
Centralized Quality Assurance.....*pg. 12*
Project O'YEAH.....*pg. 12*
Owen's Place.....*pg. 13*
M.O.V.E. WISCONSIN.....*pg. 13*
Family Intervention and Support Services (FISS)...*pg. 14*

Other Accomplishments.....*pg.14*

I. Who Did We Serve in 2014?

Wraparound/REACH Enrollments = 678
Wraparound/REACH Disenrollments = 603
(Disenrollment # excludes transfers to other programs in the Wraparound System of Care)
Average Daily Census = 1027 **Total Youth Served = 1,692**

Wraparound Milwaukee (WRAP) – A unique Managed Care Organization that serves youth with serious emotional, behavioral, and mental health needs and their families.

REACH Program (Reaching, Engaging and Assisting Children and Families) – A part of the Wraparound Milwaukee system of care that provides similar services and opportunities for youth with serious emotional, behavioral, and mental health needs and their families. The REACH program primarily differs in that the youth who are enrolled are not under a Court Order (Delinquency or Child in Need of Protective Services – CHIPS).

GENDER (678 youth represented)
- Female = 218 (32%)
- Male = 460 (68%)

AGE (678 youth represented)
- Average age = 13.9 years old
- (WRAP = 14.9, REACH = 12.1)

ETHNICITY (678 youth represented)
- African American = 444 (65.4%)
  - (72% male – 28% female)
- Caucasian = 93 (14%)
  - (59% male – 41% female)
- Hispanic = 65 (9.5%)
  - (63% male – 37% female)
- Bi-racial = 10 (1.5%)
  - (60% male – 40% female)
- Asian = 0 (0%)
  - (0% male – 0% female)
- Native American = 6(.8%)
  - (33% male – 67% female)
- Other/Unknown = 55 (8%)
  - (62% male –38% female)
- Not Listed = 5 (.7%)

DIAGNOSIS (667 youth represented. Youth may have one or more diagnosis)
- ADHD (WRAP = 242, REACH = 171)
- Conduct Order (WRAP = 267, REACH = 84)
- Mood Disorder (WRAP = 138, REACH = 106)
- Anxiety Disorder (WRAP = 103, REACH = 84)
- Depressive Disorder (WRAP = 95, REACH = 52)
- AODA related (WRAP = 129, REACH = 10)
- Learning Disorder (WRAP = 102, REACH = 26)
- Developmental Disorder (WRAP = 83, REACH = 43)
- Adjustment Disorder (WRAP = 46, REACH = 16)
- Thought Disorder (WRAP = 9, REACH = 9)
- Personality Disorder (WRAP = 9, REACH = 3)
- Other (WRAP = 151, REACH = 23)

YOUTH PRESENTING ISSUES (678 WRAP & REACH youth represented. Youth may have one or more issues.)
- Adjudicated Sex Offender = 28
- Attention Problems= 512 ***3** **#2**
- Contact Sexual Abuse = 140
- Dev. Disorder/Autism = 184
- Drug/Alcohol Abuse = 333 ***2**
- Fire setter = 155
- H/O Sexual Misconduct = 329
- High Risk Youth = 233
- Hx. of Psychiatric Hosp = 305
- Major Affective Illness = 355
- Minor – Domestic Sex Trafficking Victim = 47
- Physical Disability = 254
- Previous Physical Abuse = 182
- Psychosis = 119
- Recurrent Emotional Abuse = 178
- Runaway Behavior = 320
- School/Community Concerns = 647 **#1**
- Severe Aggressiveness = 590 ***1** **#3**
- Sexual Abuse Victim = 152
- Suicidal Behavior = 330
- Victim Notification = 4
- Other = 448 (For example: stealing, manipulative behavior, traumatic events/illnesses)

* *Top 3 WRAP youth issues* *#Top 3 REACH youth issues*
(excludes "Other" category for WRAP/REACH)

FAMILY PRESENTING ISSUES (678 WRAP & REACH families represented. Families may have one or more issues.)
- Alcohol/Drug Abuser in Home = 205
- Domestic Violence = 296 ***3** **#3**
- Emotional Abuse/Neglect = 183
- Family Emotional/Mental Illness = 439 ***2** **#1**
- Incarcerated Household Member = 243
- Physical Abuse/Neglect = 142
- Recurrent Physical Abuse Exposure = 186
- Single/No Parent in the Home = 479 ***1** **#2**
- Teenage Parent = 22

* *Top 3 WRAP family issues* *#Top 3 REACH family issues*

COURT ORDER (WRAPAROUND) = 63% of enrollments
(430 youth represented)
- 63% of youth who were enrolled into Wraparound were on a Delinquency order (N=270)
- 27% were on a CHIPS order (N=116)
- 7% were on a JIPS order (N=32)
- 3% were on a Dual (CHIPS/Delinquent) order (N=11)

NO COURT ORDER (REACH) = 37% of enrollments
(248 youth represented)

II. Outcome Indicators

Functioning

The functioning levels of the youth in Wraparound/REACH are currently being measured by the Child Behavior Checklist (CBCL) and the Youth Self-Report (YSR). The evaluation tools are collected on every enrollee at Intake, 6 months, 1 year, annually thereafter and at disenrollment.

The **CBCL** is filled out by the parent/primary caregiver and provides information about the internal (mood, thought processing) and external (social/interpersonal interactions, community-based behaviors) behavioral issues of a child during the preceding six-month period. It comprises various scores consisting of symptoms of depression, anxiety, withdrawal, social problems, thought problems and delinquent and aggressive behavior. Total scores are computed and fall into three ranges: *Normal, Borderline and Clinical.* Scores are converted into age-standardized scores (T scores and Percentiles) so they can be compared with scores obtained from a normative sample of children within the same age range. The results can be utilized by the Child and Family Team to identify areas of need that should be addressed within the Plan of Care.

The **YSR** is similar to the CBCL. It is completed by youth 11 years of age and older.

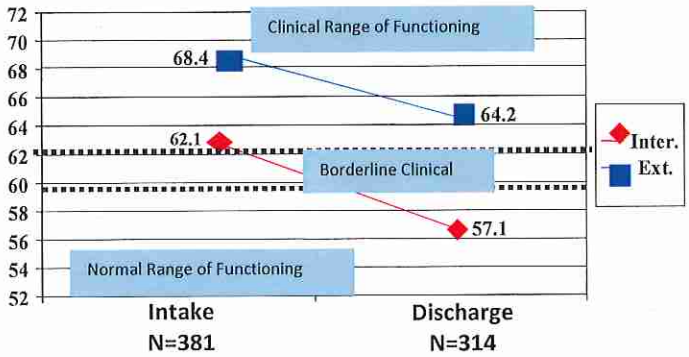
Normal Range of Functioning – Scores that fall into the same range as the comparative sample group.
Borderline Clinical – Scores that suggest enough issues have been reported to be of concern, but not so many that it is a clear indicator of needing clinical professional help.
Clinical Range of Functioning – Scores that reveal sufficient issues that are significantly greater than the comparative sample group; in need of clinical intervention.

NOTE: A decrease in the scores reflects improved functioning

WRAPAROUND

CBCL T-Scores from Intake to Discharge

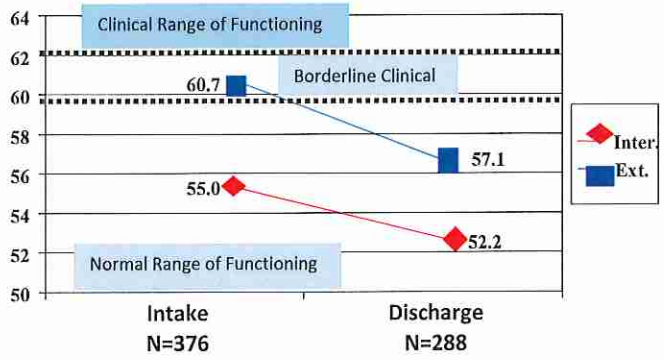
(Disenrollments from 1/1/14 – 12/31/14)



WRAPAROUND

YSR T-Scores from Intake to Discharge

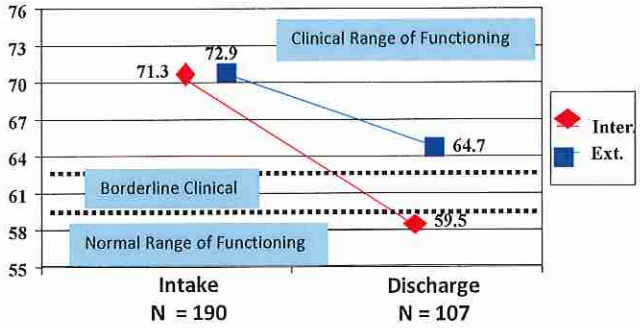
(Disenrollments from 1/1/14 – 12/31/14)



REACH

CBCL T-Scores from Intake to Discharge

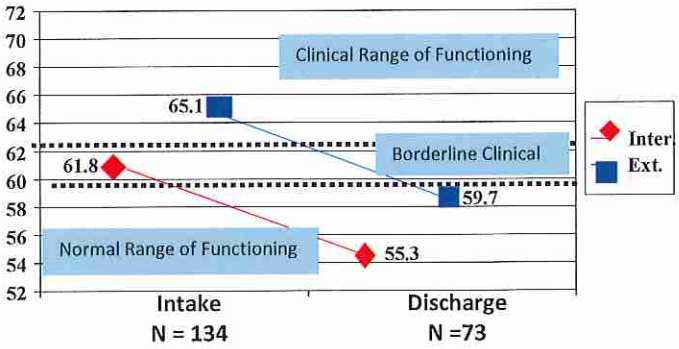
(Disenrollments from 1/1/14 – 12/31/14)



REACH

YSR T-Scores from Intake to Discharge

(Disenrollments from 1/1/14 – 12/31/14)



Living Environment

Wraparound youth at enrollment are living in a variety of places. The level of restrictiveness of the placement varies. Wraparound is committed to getting youth into and/or keeping youth in the least restrictive environment possible and in minimizing the number of placement changes that a youth encounters.

Permanency (Wraparound Only) In defining the data below, permanency is described as:

1.) Youth who returned home with their parent(s)
2.) Youth who were adopted
3.) Youth who were placed with a relative
4.) Youth placed in subsidized guardianship
5.) Youth placed in sustaining care
6.) Youth in independent living

Total Wraparound disenrollments - (excludes 48 youth that were disenrolled as "runaway/missing" and 96 youth that were disenrolled to a correctional (n = 68) or a detention facility (n= 28) **= 271**

Of the 271 Wraparound youth, 248 or 91.5% achieved permanency as defined above.

Other disenrollment scenarios upon discharge:

- 7 – Foster Care – Transitional
- 6 - Group Home Care
- 4 - Respite Care
- 3 - Residential Care
- 1 – Shelter Care
- 1 - Other
- 1 - Inpatient Hospital

School

Wraparound Milwaukee is invested in ensuring that the youth we serve are getting the best education possible, that all educational needs are identified, and that attendance improves.

Of the enrollees for which school data was entered into the Synthesis database (Wraparound Milwaukee's IT System) during1/1/14-12/31/14 the following was revealed:

	#WRAP	%WRAP	#REACH	%REACH
K-5th	28	6%	91	38%
6th - 8th	93	22%	87	36%
9th-12th	307	72%	60	26%

There were also 5 youth in GED programs.

Youth in Wraparound are attending school approximately **87.3% of the time**, while those **in REACH** are attending school approximately **91.5% of the time**.

Our benchmark for attendance is set at 85%.

Youth and Family Satisfaction and Outcomes

Youth/Family satisfaction is measured through the surveys that are being administered by the Wraparound QA Department in conjunction with Families United of Milwaukee. These surveys inquire about the satisfaction level of the family/youth as it relates to the provision of Care Coordination and Provider Network services.

Family/Youth Satisfaction Levels related to Care Coordination Services

Surveys related to the families' satisfaction levels with Care Coordination are distributed at 1-month, 6-months, 1-year/2-year/etc. At disenrollment the survey is called a Disenrollment Progress Report. This "report" speaks more to perceived family outcomes vs. satisfaction. A 5-point ranking scale is utilized with 1 meaning "Strongly Disagree" and 5 meaning "Strongly Agree". An option of "Not Applicable" is also available.

Survey Time Frame	# of Surveys Sent	# of Surveys Received	Return Rate	Average Overall Score
1-Month	822	146	17.7%	4.71
6mo/yearly	1327	156	11.7%	4.76
Family Disenrollment Progress Report	678	502	74%	3.92
Youth Disenrollment Progress Report				3.86

1-month Care Coordinator Family Survey:

1).	My CC has been polite and respectful to me and my family.	4.85
2).	Meetings with my care coordinator have been scheduled at times and places that are convenient for me.	4.79
3).	I know how to reach my care coordinator when I need to.	4.75
4).	My care coordinator returns my calls within 24 hours.	4.67
5).	I know how to reach my care coordinator's supervisor.	4.63
6).	The contents of the enrollment folder were explained to me.	4.74
7).	My care coordinator has talked with me about a Crisis/Safety Plan for my family.	4.71
8).	I've been offered choices about the services my family receives.	4.59
9).	Overall, I feel satisfied with the services my family is receiving.	4.68

***Average Overall* Score 4.71**

6 -mo/yearly Care Coordination Family Survey:

1.)	My Care Coordinator has been polite and respectful to me and my family.	4.96
2.)	I am seeing my Care Coordinator as often as I'd like to.	4.68
3.)	My Care Coordinator returns my call within 24 hours.	4.72
4.)	My Care Coordinator follows through with what she/he says she/he is going to do.	4.76
5.)	Meetings with my care coordinator have been scheduled at times and places that are convenient for me.	4.91
6.)	I feel Wraparound has been sensitive to my cultural, ethnic and religious needs.	4.82
7.)	I would be comfortable calling my care coordinator's supervisor if I had any concerns.	4.86
8.)	I've had the opportunity to include people on my team that are important in our family's life.	4.80
9.)	I get a copy of every Plan of Care.	4.83
10.)	I understand my Plan of Care and how it can help me and my family.	4.75
11.)	I have been offered choices about the services my family receives.	4.74
12.)	My team is starting to work to prepare my family for disenrollment from Wraparound.	4.23
13.)	Overall, I feel the care provided to me/my family so far has been helpful.	4.68

Average Overall Score 4.76

Disenrollment Family Progress Report:

1.)	I feel my family has made significant progress in meeting the Family Vision we have been working towards.	3.81
2.)	I feel my child's educational needs have been met.	3.56
3.)	Overall, I feel that Wraparound/REACH helped me be better able to handle challenging situations.	4.04
4.)	I feel that I have family, friends and community resources that will be there for me and my family if I need them.	4.09
5.)	If my family does have a crisis, I believe the final Crisis Plan my Team developed will help us.	4.06
6.)	After disenrollment, I will know how to get services and supports that my family may still need.	4.11
7.)	On a scale of 1-5, how do you feel your family is doing right now?	3.74
8.)	I feel my family and I were prepared to disenroll from Wraparound.	4.0

Average Overall Score 3.92

Disenrollment Youth Progress Report:

1).	I'm doing better in school than I did before.	3.76
2).	I am getting along better with my family than I did before.	3.88
3).	I feel like I'm getting along better with my friends then I did before.	3.72
4).	I feel my behavior has gotten better since. I was enrolled in Wraparound.	3.98
5).	On a scale of 1 to 5 how do you feel you are doing right	3.96

Average Overall Score 3.86

Family Satisfaction Levels related to Provider Network Services

Families also receive surveys inquiring about their satisfaction level related to the services they receive through Wraparound Provider Network. Each survey is reflective of the specific service that a specific Network Provider provides to the family. A 5-point ranking scale is utilized with 1 meaning "Strongly Disagree" and 5 meaning "Strongly Agree". An option of "Not Applicable" is also available. These surveys are distributed to the families during their 4th and 9th month of enrollment.

Survey Time Frame	# of Surveys Sent	# of Surveys Recv'd	Return Rate	Average Overall Score
4-Month	1881	121	6.43%	4.36
9-Month	1710	97	5.67%	4.55

4-month Provider Survey Results:

1.)	Focuses on my family's strengths	4.35
2.)	Understands our family's needs and limits.	4.33
3.)	Is sensitive to our cultural needs	4.40
4.)	Listens to my family	4.39
5.)	Follows my family's Plan of Care	4.40
6.)	Is respectful to my family	4.47
7.)	Is available when we need him/her	4.20

Average Overall Score 4.36

9-month Provider Survey Results:

1.)	Focuses on my family's strengths	4.60
2.)	Understands our family's needs and limits.	4.52
3.)	Is sensitive to our cultural needs	4.50
4.)	Listens to my family	4.59
5.)	Follows my family's Plan of Care	4.47
6.)	Is respectful to my family	4.67
7.)	Is available when we need him/her	4.46

Average Overall Score 4.55

Provider Survey Outcomes by Service

Referenced below are the overall service satisfaction outcomes per the data that has been collected and entered into Synthesis for 2014. Only those services in which at least 5 surveys have been received are reported on. A 5-point ranking scale is utilized with 1 meaning "Strongly Disagree" and 5 meaning "Strongly Agree". An option of "Not Applicable" is also available.

Service Name	# of Surveys Recv'd	# of Agencies Represented	Overall Average	2013 Overall Average
Crisis Stabilization	91	6	4.47	4.67
Group Home Care	21	13	3.5	3.6
In-Home Therapy	55	22	4.6	4.71
Individual/Family Therapy- Office-based	17	8	4.38	4.59
Mentoring	14	4	4.28	4.33
Parent Assistance	8	3	4.66	4.75
Residential Care	43	12	3.62	3.61

Family Satisfaction Levels related to Out of Home Services

Families also receive surveys inquiring about their satisfaction level related to the services they received through Wraparound Provider Network Out of Home placement agencies, i.e. – residential centers, group homes. A 5-point ranking scale is utilized with 1 meaning "Very Dissatisfied" and 5 meaning "Very Satisfied". An option of "No Response" is also available. These surveys are administered by a trained Families United of Milwaukee parent representative and are completed upon the youth's discharge from the out of home facility.

Survey Time Frame	# of Surveys administered	Average Overall Score
Upon Discharge from the facility	65	3.55

Out of Home Survey Results:

1.)	How satisfied were you with the care that your child received in the facility?	3.31
2.)	How easy was it to stay in contact with your child (phone and travel)?	4.21
3.)	How well did the staff keep you/your child informed through the time your child was in placement?	3.82
4.)	How well do you feel your child has improved during this placement?	3.08
5.)	How well did the staff do in terms of giving you ideas or teaching you new techniques you could use with your child at home?	3.29
6.)	How safe did you feel your child was in the facility?	3.81
7.)	How culturally sensitive do you feel the staff were to the needs of your child?	4.04
8.)	Would you utilize this placement again or recommend it to other families.	2.81

Average Overall Score 3.55

Costs/Services

The cost of providing services for the youth in Wraparound/REACH is less than the cost of care in alternative children's mental health systems and other systems of care.

The overall total number of youth serviced in some capacity from 1/1/14 – 12/31/14 was 1,692.

The **average overall cost per month/per enrollee was $3,350.00.**

(This cost includes the provision of care coordination services in addition to all other authorized provider network services)

The total paid for services in 2014 was $43,917,527.00

Listed below are several program cost comparisons as it relates to the provision of services. Please note that the monthly cost for Wraparound type services may also include providing care to other family members in addition to the identified enrollee.

PROGRAM	APPROXIMATE AVERAGE COST PER MONTH/PER YOUTH
Wraparound Milwaukee	*$3,350*
Group Homes	*$5,708*
Corrections	*$8,925*
Residential Care	*$9,630*
Psychiatric Inpt. Hospital	*$38,100*

Listed below are the top five service groups utilized per authorizations from January through December 2014 in which the client/family were the primary recipients.

1.)	**Crisis Stabilization/Supervision**	1,337 or 78.6% of the youth utilized this service in some capacity
2.)	**In-Home Therapy (Lead-Medicaid)**	884 or 52% of the youth/families utilized this service in some capacity
3.)	**Outpatient Therapies**	702 or 41.3% of the youth/families utilized this service in some capacity
4.)	**Transportation**	697 or 41% of the youth/families utilized this type of service in some capacity
5.)	**Psychological Assessments**	357 or 21% of the youth utilized this service in some capacity

Although not considered a specific service per se, it is important to note:

Seven hundred and thirty-six (736) or 43.3% of the youth/families utilized **Discretionary Funds** in some capacity. Discretionary funds are flex monies that are often utilized to assist the family in meeting a need that may not be connected to a specific provider-related network service.

The majority of Discretionary Fund requests (excluding Miscellaneous funds) are for assistance/support with Rent/Security Deposits (30%), clothing/shoes (8%). groceries/household supplies (7%),

---

The **five most costly service areas** (excluding Care Coordination) for 2014 (though not necessarily the most utilized) are:

1. Residential Care at 28.1% of the total paid
2. Crisis Services at 14.2% of the total paid
3. Group Home Care at 11.7% of the total paid
4. Foster Care at 7.2% of the total paid
5. In-Home Therapy at 5.6% of the total paid

III. Process Indicators

Plan of Care

The Plan of Care (POC) is a family and needs-driven document utilizing the strengths of the child/family. The POC is comprehensive and is the driving force behind the services provided. The initial POC meeting is expected to occur within the first 30 days after enrollment. Subsequent POC meetings should be held at least every 60 - 90 days.

Wraparound uses a ranking system in which the family scores each identified "need" on the Plan of Care.

A 1-5 ranking scale is utilized. Starting with 1 meaning minimal progress was made in that needs area to 5 meaning that the need has been successfully met.

Average overall "Need Ranking" score at discharge for 2014 was 3.22 (N= 603)

In 2013 the final score was 3.41 (N = 616).

The established threshold of desired performance is a 3.75.

Family and Community-Based Service Delivery & Collaboration

Services and support are provided in the youth's natural environment, including home, school and community. Collaboration within the Child and Family Team, meaning the network of formal and informal supports, must be evident.

Identified community-based supports/resources on the Plan of Care Strengths Discovery List are coded in Syntheis. These resources are considered to be "informal or natural" supports, i.e. - are individuals on the Team that are volunteers (unpaid supports), family members, neighbors, clergy affiliations, etc. These supports must be actively utilized, i.e. – be within the "strategy" related to a "need", to be calculated within the data.

Wraparound strives for at least 50% of the active members on any Team to be informal or natural supports.

From 1/1/14 – 12/31/14, for **Wraparound Teams** an average of **41.9%** of the Team members **were informal/natural supports.** For **REACH Teams** the average was **49.2%.**

During the Team Meetings **at least one informal/natural support was in attendance at the Wraparound Team meetings 29.9% of the time and at the REACH Team meetings 31.8% of the time.** The established **threshold is 50%.**

Audits/Evaluations/Reports & Utilization Review

Wraparound uses auditing processes, surveys, evaluation data and other reported outcomes, as an ongoing means of monitoring the quality of care being provided to youth and families and compliance with Policies and Fee for Service Agreement expectations.

Progress Note Audit

In 2014 Wraparound Milwaukee conducted a Progress Note Audit on the notes written by the Care Coordinators (including the Professional Foster Parent program). The agency scores ranged **from 69% to 97.9% compliance**. The **overall average was 87.7%.** The established threshold for compliance is 90%.

Care Coordinators that had indicators fall below the 90 percentile were required to submit a Progress Note Audit Justification Form acknowledging and speaking to the deficit areas.

Other Audits/Reviews of Provider Network Agencies

Single Indicator Audit

In-Home Therapy Desk Review – Service documentation/billing for two dates of service was requested for all In-Home providers at an agency. Indicators that were reviewed consisted of:

- Units documented match units billed
- In-Home Therapy log is present
- Time of Service on progress note matches time of service on log
- Progress note contains all required elements
- In-Home log contains all required elements

A total of twenty (20) agencies were reviewed. Overall agency compliance scores ranged from 100% to 33% with an overall average of 81%. Agencies that had indicators fall below the 90 percentile were required to submit a corrective action plan for that indicator. All Corrective Action Plans were reviewed and approved.

Performance Improvement Project (PIP)

Wraparound Milwaukee must engage in one Performance Improvement Project per year as mandated by our Medicaid Contract with the State of Wisconsin. The project must focus on a clinical or administrative issue that the program wants to further explore in an effort to engage in a quality improvement endeavor that impacts on client care.

The 2014 PIP, entitled, **"Wraparound Medication Clinic-Decreasing Intake Appointment *No Shows*"**, addressed the medication needs of Wraparound youth which for many is critical to their overall mental health and well-being, contributing to their ability to adequately function at home, in school and in the community. The *No-Show* rate for parents attending the initial Intake appointment with their child had a negative impact on effectively and efficiently implementing the medication treatment plan (Plan of Care). Identifying methods for increasing parental/legal guardian attendance at the initial intake evaluation appointment was vital. Baseline data was collected on the *No-Show* rate, followed by an aggressive plan of revising procedures for reminder phone calls and increasing the number and quality of communications. With the introduction of these changes and strategic interventions, the *No Show* rate of the parent/legal guardian at the youth's Intake appointment decreased by 50.67% far exceeding the hypothesized/hopeful change of 30%.

Utilization Review

Service Group	Average Total Paid Per Child/Per Month for CY 2014	# of youth served	% of youth served
AODA Services	$7.33	150	8.8%
Care Coordination	$809.31	1,701	100%
Child Care/Rec.	$1.52	21	1.2%
Crisis Services	$474.60	1,337	78.6%
Day Treatment	$4.04	9	.5%
Discretionary Funds	$18.93	736	43.3%
Fam/Parent Support Services	$29.38	278	16.3%
Foster Care	$242.40	155	9.1%
Group Home	$393.07	273	16%
Independent Living	$20.34	14	.8%
In-Home Therapy	$189.18	884	52%
Inpatient Hosp.	$66.36	163	9.6%
Life Skills	$25.87	210	12.3%
Med. Mngmt./Nursing	$7.41	220	12.9%
Occupational Therapy (new)	$.1.95	26	1.5%
Outpatient Therapies	$60.86	702	41.3%
Psychological Assess.	$11.82	357	21%
Residential Treatment	$940.14	321	18.9%
Respite	$5.00	52	3.1%
Transportation	$22.07	697	41.0%
Youth Support Services	$18.11	268	15.8%

IV. Structure Indicators

Wraparound Milwaukee, as a system of care, utilizes a diversified administrative team, which assesses Provider services, provides training in Wraparound philosophy, and establishes policies and procedures. A structured intake process is utilized with reference to enrolling families into the program. A Care Coordinator is assigned to work with every family. The Care Coordinator organizes and coordinates care for the youth and family. Each family has a Child and Family Team that meets regularly. The Team develops and implements the Plan of Care.

Child and Family Team Meeting

A Child and Family Team (CFT) Meeting is expected to be held once a month to discuss the status of the Plan of Care and the child/family. The CFT meeting must be documented in the Care Coordinator's Progress Notes and be coded as such.

Per Progress Notes dated 1/1/14–12/31/14, the compliance score as it relates to holding a monthly Child and Family Team Meeting was **89.5%.** The compliance score in 2013 was 90%.

The established threshold for compliance is 85%.

Training

Care Coordinators receive 85+ hours of initial certification training in a curriculum developed by Wraparound Milwaukee. Care Coordinators are expected to complete the training within the first six months of employment. The Training Team consists of a diverse group of individuals from different disciplines. Parents/Caregivers are also training facilitators. Ongoing mandatory and non-mandatory meetings, inservices, conferences, re-certification training, etc. are also offered throughout the year for provider staff and/or families.

One **New Care Coordinator Training** was held during 2014. Approximately 40 new Care Coordinators participated in the training in addition to seven (7) Families United of Milwaukee parent/youth facilitators.

One **Care Coordinator Re-certification Training** was held in September, 2014. The training consisted of four mini modules. Re-certification training provides the opportunity for our Care Coordinators that have been with the program for 1+ years to attend a training that has been specifically designed to address a Wraparound–related topic of importance. In 2014, the training topics focused on: "Infusing the Value Base: Raising Engagement Skills", "Writing Effective Plans including Creative Strategies", "Connecting the Dots: Court Orders/Plans of Care/Crisis Plans and Court Letters" and "Running Creative and Effective Team Meetings."

Several in-services/workshops took place, providing continuing educational opportunities for Wraparound–related staff.

These consisted of:

- Trauma Informed Care- Level I and Level II Training continued
- Restorative Justice

- Worker Safety
- Employment Rights – Disability Rights Wisconsin
- Critical Incidents
- Youth Running from Care
- Job Corps
- Boys and Girls Club programming and Project Q
- Trial Reunification
- Motivational Interviewing

Grievances/Complaints/Administrative Concerns/Violations

Wraparound Milwaukee, as a system of care, has a formal grievance procedure and a complaint investigative and reporting process. Complaints can be generated by any party within the Wraparound system of care. Grievances are primarily generated by family members/enrollees.

Zero (0) grievances were filed in 2014. Wraparound Milwaukee identifies a grievance as the action a recipient may choose to pursue if they are not happy with the outcome of a filed complaint

Complaints/Concerns that were logged during the time frame of 1/1/14 – 12/31/14 consisted of:

20 written
+ 0 verbal
20 total

# of 2012 complaints	*# of 2013 complaints/ concerns*	*# of 2014 complaints/ concerns*
38 out of 1,588 served or 2.3%	*33 out of 1,702 served or 1.9%*	*20 out of 1,692 served or 1.1%*

***NOTE: Exposure of confidential patient information (HIPAA) is considered an administrative violation and not a complaint. Five HIPAA violations were recorded in 2014.**

Complaints/Concerns were generated from the following sources:

- Twelve (12) from Care Coordinators/Care Coordination Supervisors
- Two (2) from a Parent/Guardian
- Two (2) from System Partners/Providers
- Two (2) generated by Wraparound from Critical Incident Reports
- Two (2) from other sources

Complaints/Concerns were filed against:

- Sixteen (16) against Service Providers
- Three (3) against Care Coordination Agencies
- One (1) against Wraparound

Those that were filed related to:

- 8 related to poor service delivery
- 7related to client safety issues
- 2 related to poor billing practices
- 2 were "Other"
- 1 related to lack of professionalism

Complaint (n=12) Outcomes

- Six (6) complaints were substantiated
- One (1) complaint was partially substantiated
- Four (4) were unsubstantiated
- One (1) was identified as having an "Other" outcome

Note: Those issues identified as "Administrative Concerns" (n= 8) do not receive an outcome identifier of substantiated or unsubstantiated.

Information Technology System

Wraparound Milwaukee, as a system of care, has an Information Technology System (IT) - Synthesis. Numerous reports, including those utilized for utilization review, are generated reflecting a variety of data. These reports are analyzed for variances from desired practice both as a system and by individual client if necessary. Summary information for these reports is developed and forwarded to the QA/QI Department and the Wraparound Management Team for review. Reports are distributed to stakeholders as appropriate.

During this time period the following Synthesis enhancements occurred:

1. Wraparound continued to increase the types of client-specific documents that could be scanned and stored into Synthesis. Documents such as IEPs, report cards and psychological evaluations are now accessible via Synthesis.
2. Screens were created to allow Medication Clinic nurses and doctors to track vital signs and prescription information at each visit.
3. A dedicated screen was built for Critical Incident Reports, allowing for easier reporting and tracking in this area.
4. Functionality was built to allow vendors to submit documents to the Provider Network through Synthesis instead of by fax. Documents such as credentials, diplomas, background checks, insurance verification, etc. are now accessible via Synthesis.
5. Re-programming was completed to accommodate DSM-V diagnoses.
6. Consulting psychologists/psychiatrists are now completing their consultation notes in Synthesis,

making them electronically accessible to both the workers and supervisors.

7. Wraparound continued to work with the Delinquency and Court Services division to incorporate additional data elements required for grant reporting

Submitted by: Aggie Hale
Wraparound Milwaukee IT Consultant

Wraparound Provider Network

The Wraparound Provider Network (WPN) is a diverse group of individuals/agencies that provide mental health and support services for the children and families in Wraparound, REACH, Family Intervention and Support Services (FISS) and the O'YEAH programs.

In 2014, the Network contained, on average, **135 Provider Agencies.** Approximately sixty (60) different types of services were offered.

The total number of agencies that provide services within the **various service categories** consisted of:

- AODA Services = 13
- Child Care/Recreation = 7
- Crisis-related Services = 33
- Day Treatment = 5
- Family/Parent Support Services = 13
- Foster Care = 13
- Group Homes = 25
- Independent Living Placement = 2
- In-Home Therapy Services = 39
- Life Skills Services = 9
- Med Mngmnt./Nursing Services = 8
- Outpatient Therapies = 48
- Psychological Assessment = 11
- Residential Care = 14
- Respite Services = 18
- Transportation = 9
- Youth Support Services = 13

There were one hundred and sixty-three (163) **"Out of Network" referrals** that were submitted during 2014. Requests were primarily submitted for services such as psychological evaluations, individual and special therapies and group home care. Five (5) of the 163 requests were denied primarily due to the request not being submitted in advance of the service being provided or the service being offered in network.

One **New Provider Orientation** took place during this time frame in which eleven (11) vendors attended.

Several Level I (five) and Level II (four) **Wraparound Provider Philosophy Trainings** were held. The trainings focus on the implementation of Wraparound philosophy and the Child and Family Team process. Both levels of training are 5 hrs. each with a lunch break.

Provider Fiscal Training was also provided 5 times this year. Wraparound's Fiscal Coordinator visited the agencies and provided personal training in billing and invoicing.

Three (3) **Provider Forum Meetings** took place. This meeting provides an arena in which the network vendors assemble to receive general information about the Wraparound Milwaukee program and specific changes/happenings related to the Wraparound Milwaukee Provider Network. The Providers are also offered the opportunity to share information about their programs and ask any questions or express any concerns.

On October 22nd, Wraparound, in collaboration with the WIser Choice and Children's Court Services Networks, held the annual **Provider Fee-for-Service Meeting**. This mandatory event provided an opportunity for all network agencies to learn about changes/updates to the 2015 - 2016 Fee-for-Service Agreement in addition to relevant renewal requirements and policy changes.

Several **new services** were created and added to the Provider Network in 2014. The new services were created in an effort to address new client and programmatic needs. The new services primarily focused on the expansion of the Community Support Program, peer/parent specialists and specialized crisis services.

2014 Provider Resource Fair

On June 27th, the Provider Resource Fair was held at the Zoofari Conference Center on Bluemound Rd. in Wauwatosa. The event ran from 10:00 a.m. – 3:00p.m. This provided an opportunity for families, Care Coordinators, system partners and Providers themselves to explore what the provider agencies within the Wraparound Milwaukee Provider Network have to offer. In addition, there were snacks for all and door prizes and free zoo admission for the families.

Sixty-nine (69) vendors/agencies had a table, approx. two-hundred twenty (220) family members/youth attended, eighty-three (83) Care Coordination Agency representatives and forty-six (46) other guests, i.e. - system partners/program staff.

An evaluation of Resource Fair was distributed to all participants. Here was a resounding level of satisfaction by all. One-hundred percent (100%) felt the Fair was helpful in providing information about services, ninety-nine (99%) percent felt the location was convenient, ninety-four percent (94%) indicated the time was convenient and ninety-six (96%) felt that meeting/networking with service providers was important.

Provider Add Oversight Committee (PAOC)

In 2014, representatives from DHHS Contract Administration, Children's Court Division and the WIser Choice Program/CARS Division continued to be available as needed to attend the PAOC. The primary purpose/mission of PAOC is to assess the current and/or past criminal/driving/network history of potential Providers being requested to be added into the Network(s). Those being presented to the Committee most often will have "substantially related" convictions/behaviors/histories that need further triaging so that a thorough assessment of their ability to provide quality care can be thoughtfully assessed. In an effort to provide a consistent format for all reviews, the Criminal **Background Check Worksheet** and the **Review Checklist for Add Requests Forms were** created and will be required when an individual's add request is being presented to the Committee. Upon determination if the individual will or will not be authorized to provide services within the Network(s), the Provider Agency will be notified of the Committees decision.

Centralized Quality Assurance Committee

Wraparound Milwaukee actively participates in the County-wide quality assurance initiative. Centralization promotes and improves communication between several County Divisions and Departments with regards to the standardization of quality assurance issues/processes/procedures and practices.

During 2014 the QA Committees' efforts focused on the following:

- Continued to strategize collaboratively and collectively as issues arose within one or more programs/networks/divisions
- Conducted Provider Network audits/reviews and discussed outcomes/next steps for those audits/reviews. One full agency review was completed.
- Continued to implement "single indicator" audits in an effort to monitor procedural compliance across more agencies. **See Audits/Evaluations/Reports and Utilization Review Section**
- Continued to utilize the tracking system to monitor provider exclusions and/or issues that rise to a substantial level of concern
- Created and distributed an **on-line questionnaire** to Wraparound Network provider agencies (N=101) focusing on their knowledge of the fee-for-service agreement and policy requirements. Twenty-five questions focused on the following areas: General Info., Billing, Client Records, Service Provision, and Best Practice. Agency compliance scores ranged from 100% to 48% with a median score of 84%.
- Three policies were centralized across DHHS divisions. These included: Caregiver Background Check Policy-DHHS-#001, Emergency Management Plan-DHHS - #002 and the Whistleblower Policy-DHHS - #003
- Discussed revisions that needed to be integrated into the 2015-2016 Fee-For-Service Agreement. The Agreement will now be going to a 2 yr. cycle.
- Planned and held the annual County Fee-for-Service Agreement Meeting at the Zoofari Conference Center
- Began to address audit/review plans for 2015 utilizing the established Risk Assessment Tool

Project O'YEAH

Project O'YEAH (Older Youth and Emerging Adult Heroes), a program administered under the auspices of Wraparound Milwaukee, is designed to support older youth and young adults ages 16.5 – 24 who may be experiencing emotional and behavioral challenges, to successfully transition to adulthood. This is a voluntary program.

O-YEAH, now entering its 6th year of providing service, continues to look at areas that present challenges for transitional age young adults.

In 2014:

- Project O-YEAH expanded its staff to include a screener and assessment position to better assess all potential young adults interested in transitional support. In addition, a second full time Peer Specialist was hired along with adding this service to the Wraparound Milwaukee Provider Network.
- Project O-YEAH also looked to expand the scope of support the program offered by partnering with Justice Point, a case management agency for the Milwaukee County Jail. Through this partnership Project O-YEAH gets direct referrals from case managers of all young adults who are arrested that may meet O-YEAH eligibility.
- Wraparound Milwaukee and Project O'YEAH ventured into a collaboration, supported by the County Board, with the Milwaukee County Foreclosure Initiative, Journey House, the Milwaukee County Housing Division, the Milwaukee County Economic Development Division and the City of Milwaukee in rehabbing a six-unit foreclosure into a supportive housing unit for individuals aging out of foster care and participating in Wraparound Milwaukee.

  Link to media story: http://www.cbs58.com/story/28076494/new-initiative-will-provide-homeless-teens-with-housing

In 2014, the following O'YEAH demographics were recorded:

Demographics	N =
Total Screenings	154
Screenings – Not enrolled	56
Total Enrollments	94
Tier I	1
Tier II	80
Tier III	13
Disenrollments	82

The various Tiers represent different levels of programmatic intervention. Young adults are guided into a Tier that would best support their needs as identified through the screening process. Tier one is the most intensive.

As Project O-YEAH moves from a grant funded program to a sustained program within Wraparound Milwaukee, we will continue to look broaden our impact throughout the community in regards to transitional age youth.

Owen's Place

Owen's Place (in honor and memoriam of Owen Felix, the first Director of Project O'YEAH) is a resource center designed to assist young adults between the ages of 16.5 and 24 years whose mental health needs may be impacting on their ability to lead an independent life.

Owen's Place happenings in 2014:

Owen's Place continued to partner with other community agencies in Milwaukee to bring our young adults a variety of programs. These partnerships included:

- ✓ Mental Health America: Parenting and Nurturing Classes
- ✓ YWCA: Stop the Violence Program
- ✓ LaCausa- Making Proud Choices
- ✓ Alpha Kappa Alpha Sorority- Saving for the Future
- ✓ ARCW- Street Smart Camp
- ✓ Our Thoughts on Life- 6 week program focusing on helping young adults understand various aspects of life
- ✓ SDC- Conflict Resolution
- ✓ Diamond State of Mind- Character Development Series
- ✓ Painting with a Purpose- community service for young adults

The Peer Specialist Program was expanded as we continued to staff Owen's Place with young adult Peer Specialists. The Peer Specialists worked hard on developing and implementing programs for youth in transition. Peer Specialist L. J. developed and facilitated a 6-week program called "Our Thoughts on Life."

In early 2014, M.O.V. E. Wisconsin collaborated with Owen's Place and is housed inside the center.

In 2015 we will continue to provide support for those young adults in transition and are looking to increase our partnership with local community organizations including Milwaukee Public Schools. New programs are in the planning stages. It is hopeful that the Peer Specialists will expand their roles as facilitators by creating and implementing their own workshops for young adults.

Submitted by:
Shannon Trzebiatowski, MS
Resource Coordinator

M.O.V.E. WISCONSIN

M.O.V.E. WISCONSIN is a youth-run organization designed to empower adolescents and young adults involved in the Wraparound Milwaukee program. Community-based activities are planned and implemented focusing on leadership development and creativity. The group meets at Owen's Place the 1st and 3rd Wednesday of each month.

In early 2014, the Wraparound Youth Council was incorporated into a statewide chapter called M.O.V.E. Wisconsin (Youth Motivating Other through Voices of Experience) under the Youth M.O.V.E National organization. Youth M.O.V.E National is a youth led national organization devoted to improving services and systems that support positive growth and development by uniting the voices of individuals who have lived experience in various systems including mental health, juvenile justice, education, and child welfare. Wraparound Milwaukee will adopt a new logo to represent the Wisconsin Chapter.

As this transition took place, M.O.V.E. Wisconsin representatives helped assist with the coordination of Wraparound Milwaukee's 5th Annual Talent Show. The show was held at French Immersion auditorium on February 19th. In conjunction with the talent shown, over 95 pieces of youth art work were submitted for a silent auction. Each artist was able to receive 100% of the profits of their sold item. The event was very successful!

M.O.V. E. Wisconsin coordinated several events in May as they celebrated Children's Mental Health Awareness Week. To kick off the celebration a cookout was held at Wraparound Milwaukee. This was followed by a "Characters Unite" event held at Owen's Place. This event brought together youth and young adults to express what they won't stand for such as, discrimination, racism, unequal rights, etc. The week ended with a Suicide Awareness Rally held at Mental Health America (MHA). The rally began with a 1 mile walk along the KK River to

MHA where there was a celebration which remembered those lives that were lost to suicide.

In October and November, M.O.V.E Wisconsin sponsored a winter clothing drive entitled "From One Closet to Another". All items were donated to the Pathfinders Drop-In Center. The Center provides basic needs and assistance to homeless youth and young adults.

In 2015, M.O.V.E. Wisconsin is looking to expand into the schools and recruit ambassadors from each grade level to help raise awareness and make positive changes in our community.

Submitted by:
Shannon Trzebiatowski, MS
Resource Coordinator

FISS Program

The FISS (Family Intervention and Support Services) Program is a program administered through the Milwaukee County Behavioral Health Division per a contractual agreement with the Bureau of Milwaukee Child Welfare (BMCW). Milwaukee County was awarded the contract which began in July of 2012.

The program is designed to assess and provide services to families experiencing life challenges with their adolescent child age 12-18. The FISS program goal is to strengthen the parent/guardian's ability to support their adolescent in the home, community and school.

The FISS program has two components:

1. Assessment - Assessments are conducted either in the office or in the home utilizing tools provided by the Bureau of Milwaukee Child Welfare (BMCW). Based on the assessment results and supervisory consultation, the family is referred to the FISS services unit, Bureau of Milwaukee Child Welfare, Milwaukee County Department of Human Services Delinquency and Court Services, or programs/agencies in the community.
2. Case Management - The FISS services unit provides families with a case manager (contracted through St. Charles Youth and Family Services) who utilizes Wraparound Milwaukee's provider network, crisis services through the Mobile Urgent Treatment Team, and community agencies to formulate and implement a service plan with the family. Case managers utilize the Wraparound philosophy and Coordinated Service Team approach with the goals of providing stabilization, and sustainable connections to community resources. The approach is strength based, and utilizes a combination of paid network services, natural supports, and community based services.

In 2014, the following FISS demographics were recorded:

Demographic	N/% =
Assessments Completed (Individuals)	704
Assessment No Show/Cancel Rate	363/34%
Enrollments (families) in Case Management	92
Disenrollments (families) from Case Management	91
Average Length of Stay (ALOS)	3 to 4 months

Submitted by:
Stacy Kozel, LCSW
Program Coordinator
FISS/Wraparound Milwaukee

V. Other Accomplishments

Positive Recognition Announcements

A total of 58 Families/Service Providers/System Collaborators and/or Care Coordinators were recognized in 2014 through the **Positive Recognition Announcement.** The Positive Recognition Announcement is a format that enables anyone involved in the Wraparound system of care to recognize the hard work, dedication, perseverance, etc., of another. Those recognized are identified in the monthly Wraparound Newsletter.

"C. has been amazing with my son and helped him during some pretty rough times. C. often goes over and beyond to help us."

"Thanks B. Thanks to Wraparound for sending you to us. You are a swell person and to my family you can't be beat. We love and respect you!"

"F. has gone above and beyond in working with one of our families. He is always available and shows compassion, dedication, understanding and commitment."

"S. is a remarkable Care Coordinator. My son completely trusts her and looks forward to her visits. She paired him with a therapist and mentor who work well and understand my son. S. and the rest of the Team listen and understand when there is a crisis. They have responded swiftly providing good end results. I don't know where I would be today without S. and the others on my Team. We are very grateful to have them."

Research Activity

As a data driven program, Wraparound Milwaukee collects and analyzes data to assure accountability and responsiveness to the Wraparound model and the children and families we serve.

In 2014, the research arm of Wraparound Milwaukee was involved with a number of initiatives:

*** Assessment of Recidivism Rate** – The continual vigilance on the number of re-offenders after entering Wraparound Milwaukee is one of the most critical data points that the community uses to evaluate programmatic success. For the 2-year time period of June 1, 2012 –June 30, 2014, the recidivism rate was 14% (n=155) for the entire regular Wraparound population (n=1091). The recidivism rate in the past five annual studies, beginning with October 2009 ranges from 11.9% to 21%. The mean recidivism rate over this same period is 16.6%. The high risk group (n=381 youth), includes both youth with extremely high risk behaviors and juvenile sexual offenders. This high risk group revealed an overall lower recidivism rate of 9.4 %(36/381 high risk youth) compared to the total Wraparound population.

Additionally, considering this population of re-offenders, the severity level of the offenses did not increase in magnitude.

*** Education Liaison**- As a collaborative initiative with the Bureau of Milwaukee Child welfare (BMCW), the Educational Coordinator of Wraparound supervises an educational liaison that specifically works with youth that are being served through child welfare. Ongoing monitoring of this program is done in order to track both needs and successful outcomes. In the 2013/2014 academic year, 247 youth were served through this program. Overall concerns about special education constitute 73% of referrals, including suspected need for special education (27%) and concerns with the existing Individual Education Plan (IEP) (46%). General information inquiries (22%) and school placement issues (5%) compose the next tier of referrals. This referral pattern is similar to previous year's reports (2011 & 2012). An additional investigation of school placement issues was conducted. According to the data, it appears that the total number of school placement issues was relatively small (12). This outcome suggests a relatively stable year in which the majority of youth were able to enroll in school, and with 34 % of the youth the issues were resolved allowing youth to remain in their respective school placements.

*** Healthy Transition Initiative (Project O-YEAH)** – The focus for the 5th and final year of the grant funding was to plan for accountability as Project O-YEAH becomes independent from grant funding. A complete fidelity plan was put in place that included monitoring engagement and planning, developing quality Futures Plans, participation at Owen's Place, and tracking the level of contacts and Medicare eligibility. A new tool was developed to track growth in well-being, employment, housing and education.

*** Critical Incidences** – A review and analysis of critical incidences was conducted in order to achieve consistency in identification of these events. This resulted in better defining types of critical incidences and modifying the Critical Incident Report so that clearer understanding of what occurred could be evaluated. This allowed for a greater ease of collecting data which in turn will allow for better understanding of the complexity of these events. This further allowed the program to be responsive to the needs of youth and their families.

* Other initiatives that are ongoing include participation with and facilitation of the interagency team - Comprehensive Approaches to Youth who have been Sexually Exploited (CAYSE) and the Re-entry Program which transitions youth in correctional placements back into their community.

Submitted By: Pnina Goldfarb, PhD
Wraparound Milwaukee Research Consultant

Family Orientations

Eight (8) Family Orientations were held. On average, five (5) Families United of Milwaukee representatives assisted with each orientation providing support and guidance.

The orientations are **sponsored by Families United of Milwaukee, Inc. in partnership with Wraparound Milwaukee.** The orientations focus on defining Wraparound and Families United roles and what they can offer the families as well as the role of the Care Coordinator. In addition, Child and Family Team Composition, the Youth Council (MOVE Wisconsin), service provision, system partner collaboration, crisis services, paperwork/evaluation requirements and the disenrollment process are discussed. Lunch is served and a drawing for grocery store gift cards takes place.

All new families entering the Wraparound system of care are invited and encouraged to attend. Families United of Milwaukee staffs continue to call families in an effort to encourage attendance at the Family Orientations.

Visits from other Sites/Programs, Technical Assistance, Presentations

July 2014 – On July 15th – 16th Wraparound presented a **Pre-Institute Training Program entitled "Implementing Systems of Care for Youth with Mental Health Challenges and Their Families: A Curriculum for State and Community Leaders"** at the Georgetown University Training Institutes Conference in Washington, D.C.

July 2014 – On July 7th – 8th, Wraparound hosted a **site visit** for two individuals from **MacKillop Family Services in Melbourne, Australia.** The visit focused on an overview of Wraparound Milwaukee, the role of the Care Coordinator, Provider Network Services, Transition Services, Mobile Urgent Treatment Team, QA/QI and Program Evaluation.

August 2014 – On August 25th and 26th, Wraparound hosted a **site visit** for a group from the **Cross-Systems Youth Project in Tulsa, Oklahoma.** The visit focused on an overview of Wraparound Milwaukee, the role of the Care Coordinator/Care Coordinator Supervisor (providing Individualized care and training and supervision), QA/QI and Program Evaluation, IT Services and data needs of Systems of Care.

August 2014 - On August 27th, Wraparound hosted a **site visit** for individuals from the **Illinois Medicaid – Behavioral Health Department and the Illinois Department of Children and Family Services.** The visit focused on an overview of Wraparound Milwaukee, (history, funding, system collaboration, Mobile Urgent Treatment Team, replication), role of the Care Coordinator (job duties, training, supervision, system coordination, assessment and screening), Provider Network services, QA/QI and Program Evaluation, IT Services and Family Advocacy.

September 2014 – On September 29th – 30th, Wraparound hosted a **site visit** for individuals from **Pueblo County, Colorado**. The visit focused on an overview of Wraparound Milwaukee, (history, funding, and system collaboration), Care Coordination, Provider Network services/structure and Family Advocacy, Education Advocacy and Peer Specialist services.

November 2014 – On November 24th, Wraparound hosted a **site visit** for individuals from the **Lac du Flambeau Tribe in Lac du Flambeau, WI.** The visit focused on an overview of Wraparound Milwaukee, Provider Network services, QA/QI and IT Services.

Mobile Urgent Treatment Team (MUTT)

MUTT underwent many changes in 2014! Dr. Barb DeMaster retired, followed by Dr. Chris Morano – Director of MUTT, taking more than a half century of irreplaceable experience with them. Dr. Steven Dykstra became the new Director of MUTT and Patti Cooper, MS, was promoted to a new position (Psychiatric Crisis Worker II) to acknowledge her leadership role within the team. Dr. Jaquaye Russell filled a critical role as a post- doctoral fellow before joining MUTT full time as a psychologist and consultant to FISS. In March of 2015 Dr. Amelia Brost will transition away from the adult day treatment program and fill the remaining psychology position in MUTT.

Through all the changes, MUTT continued to serve not only the youth and families of Wraparound and REACH, but all those that needed behavioral crisis support in Milwaukee County. MUTT continues to provide training to the Milwaukee Police Department and other police departments while growing partnerships with Milwaukee Public Schools, the Bureau of Milwaukee Child Welfare, and Children's Hospital of Wisconsin.

In 2015, MUTT will have an increased presence in the response to human trafficking, as well as other target groups in high need of assessment and care. As the community continues to transition more towards community-based services for mental and behavioral health, MUTT and Wraparound serve as a strong model of community partnership and responsiveness.

Submitted by: Steven P. Dykstra, PhD
Director, Mobile Urgent Treatment Team
Licensed Psychologist

Community Safety and Resource Development

During 2014, and as leveraged from a HWPP planning grant and the creation of the **POHSEY Project** (*Proactive Outreach for the Health of Sexually Exploited Youth*), Wraparound, the Medical College of Wisconsin, Rethink Resources & Diverse and Resilient, applied for and were awarded a 3-year federal grant aimed at the development of ***specialized mentoring*** for youth who are at risk for or who have become victims of the sex trade. LaCausa, Inc. has joined the partnership to develop the specialized service as an enhancement of their existing mentoring-crisis stabilization program. Claudine O'Leary of Rethink Resources has created a training curriculum and is providing regular consultation to the *10 new specialized crisis stabilization workers.*
As envisioned and proposed in 2014, **specialized high risk reviews** are now available to assist care coordinators who are working with youth who are at high risk or who have been victims of commercial sexual exploitation. Claudine O'Leary and specialized medical providers are present, along with S. Gilbertson, Wraparound Clinical Psychologist/Clinical Program Manager, to provide the support and guidance during these weekly specialized reviews.

An additional resource proposed during 2014, and now available, is a ***specialized medical clinic*** (located at the Behavioral Health Division campus) which addresses the health concerns common to the youth we serve. Dr. Wendi Erhman, MD and Maryan Torres, RN offer clinic hours once per month. (See Milwaukee Adolescent Health Clinic/Wraparound section)

Wraparound continues to serve a high number of youth with a history of sexual abuse exposure and sexual behavior problems. We had a daily average of 55 youth adjudicated of sexual offenses enrolled during 2014. These youth and their families are provided individualized, trauma-sensitive supports and services to aid them and their families move toward healing and restoration.

Submitted by: Stephen A. Gilbertson
Wisconsin Licensed Psychologist
Clinical, Consulting and Forensics
Clinical Program Manager, Wraparound Milwaukee

"Welcome Home Teens in Motion" Support Group

During 2014, the "Welcome Home Teens in Motion" youth support group continued to focus on the needs of runaway youth in Wraparound Milwaukee. The group is scheduled to meet monthly to share stories, concerns, and resources and provide anonymous support to one another. In addition, collaboration with several system partners occurred in developing several tools for youth missing from care. These tools are available on the Wraparound Milwaukee Website - http://wraparoundmke.com/care-coordination/toolkit-for-youth-missing-from-care

Teen Parent/Pregnancy Protocol and Pregnancy Prevention Program

In Wraparound's commitment to ensuring the safety and well-being of all children and families, the **"Protocol for Teams of Teen Parents/Parents-To-Be"** was developed and implemented. In 2014 approx. 25-30 pregnant/teen parents received support/guidance/care from designated Wraparound Milwaukee nursing staff as it relates to sexual health issues, i.e. – Safe Sex, sexually transmitted diseases, birth control education, pregnancy and new teen parent issues like Safe Sleep and Shaken Baby Syndrome. The protocol also ensures that every teen parent has access to a Pack and Play (promotes safe sleep).

The protocol can be accessed at:
http://wraparoundmke.com/?p=1285

Teen Pregnancy and Protocol Brochure can be accessed at:
http://wraparoundmke.com/?p=1284

New in 2014, Wraparound has partnered with LaCausa, Inc. to offer a comprehensive evidence-based sex education program for youths 12-18 years of age. The groups run from 5-6 weeks and are facilitated by a LaCausa Crisis Stabilizer and Wraparound nurses. Care Coordinators and Wraparound staff can make referrals of high risk youths in need of health and sex education. The overall goal of Wraparound Milwaukee is to provide exceptional care and support in this area in an effort to decrease the teen pregnancy rate/teen parenting.

Submitted by: Maryan Torres, BSN, RN, CPN
Wraparound Milwaukee

Milwaukee Adolescent Health Clinic/Wraparound

As part of Wraparound's continuing commitment to address to sexual health issues with youth, Wraparound has launched a clinic to serve youth who have been identified as being commercially sexually exploited or domestically sex trafficked (CSE/DST). This clinic is in collaboration with the Milwaukee Adolescent Health Program (MAHP)/Downtown Health Clinic with funding from a federal grant through the OJJDP to mentor and provide services for youth who have been CES/DST.
The Clinic is staffed by Wendi Ehrman, M.D. of the Medical College of Wisconsin and Wraparound's Maryan Torres BSN, RN, CPN. The clinic will treat 4-5 youth per month by providing birth control/pregnancy prevention and STI treatment services. Youth can be referred to the mentoring program from the clinic or referred to the clinic through the mentoring program. However, any youth participating in the mentoring program, including non-Wrap kids, will be eligible to receive services at the MAHP Clinic. The clinic is open one day per month, Monday afternoon from 1-4 p.m. Call Maryan Torres (414 - 257-7624) for more information.

Submitted by: Maryan Torres, BSN, RN, CPN
Wraparound Milwaukee

Wraparound Medication Clinic

During 2014, Wraparounds Medication Clinic continued to provide medication management services to the youth involved in Wraparound and REACH. Several clinic processes were implemented and/or modified in an effort to increase efficiency and effectiveness.

These consisted of:

- Dr. Khandpur joined the medication clinic team. She see's youth two days a week.
- The clinic now offers evening hours once a week
- Synthesis screens were created to allow Medication Clinic nurses and doctors to track vital signs and prescription information at each visit
- Another full time clerical staff was hired to assist with the medication clinic
- There is now a total of four physicians providing medication services in the clinic

Submitted by:
Dennis Kozel, MD
Wraparound Milwaukee Medical Director

Other happenings improving the quality of life for Wraparound youth and families and our Care Coordinators:

- **Summer Family Picnic** – On July 31st, Families United of Milwaukee, Inc., Wraparound Milwaukee Youth Group – M.O.V.E. Wisconsin, Wraparound Milwaukee and other system partners held the annual Summer Family Picnic at Lincoln Park. Food, games and art and crafts were the highlights of the day!
- **Care Coordinator Appreciation Day** – On December 4th, 2014, the annual Care Coordintor Appreciation Day event was held at the Washington Park Senior Center in Milwaukee. The Care Coordinators enjoyed lunch, treats, entertainment provided by each of the Care Coordination agencies and a door prize raffle. Wraparound Milwaukee management expressed their sincere appreciation for the Care Coordinators hard work and dedication to serving the families in our program and community.
- **Care Coordinator of the Month Award** - Wraparound Milwaukee continued to implement the Care Coordinator of the Month Award. The winner of the award receives a traveling trophy filled with treats and goodies to display on their desk, recognition in the Wraparound Newsletter and a Wraparound parking permit for the month.

Wraparound remains committed to providing quality care to the youth and families we serve. It is the responsibility of Wraparound and all its affiliated partners to be actively involved in the process of continuous quality improvement. Thank you to all the individuals who contributed to this report. Your time is greatly appreciated!

Respectfully Submitted,

Pamela A. Erdman MS. OTR

Wraparound Milwaukee Quality Assurance Director