

Chairperson: Duncan Shrout
Vice-Chairman: Thomas Lutzow
Secretary: Dr. Robert Chayer
Senior Executive Assistant: Jodi Mapp, 257-5202

MILWAUKEE COUNTY MENTAL HEALTH BOARD

Thursday, April 28, 2016 - 8:00 A.M.
 Zoofari Conference Center
 9715 West Bluemound Road

MINUTES

PRESENT: Robert Chayer, Michael Davis, *Ronald Diamond, Jon Lehrmann, Thomas Lutzow, Jeffrey Miller, Maria Perez, Duncan Shrout, Kimberly Walker, and Brenda Wesley

EXCUSED: Michael Thorson

*Board Member Diamond was not present at the time the roll was called but joined the meeting shortly thereafter.

SCHEDULED ITEMS:

1. **Welcome.**

Chairman Shrout opened the meeting by greeting Board Members and the audience. He spoke briefly acknowledging this meeting as Board Member Walker's last meeting and thanked her for her service to Milwaukee County and this Board. Chairman Shrout welcomed the Board's newest Member, Michael Davis, who later was formally introduced by the County Executive's Office. Audience members were asked to introduce themselves.

2. **Approval of the Minutes from the March 24, 2016, Milwaukee County Mental Health Board Meeting.**

MOTION BY: (Walker) Approve the Minutes from the March 24, 2016, Milwaukee County Mental Health Board Meeting. 8-0-1

MOTION 2ND BY: (Perez)

AYES: Chayer, Lutzow, Miller, Neubauer, Perez, Shrout, Walker, and Wesley - 8

NOES: 0

ABSTENTIONS: Davis - 1

A voice vote was taken on this item.

SCHEDULED ITEMS (CONTINUED):

3.	<p>Approval of the Revised Minutes from the February 25, 2016, Milwaukee County Mental Health Board Meeting.</p> <p>MOTION BY: (Walker) Approve the Revised Minutes from the February 24, 2016, Milwaukee County Mental Health Board Meeting. 8-0-1</p> <p>MOTION 2ND BY: (Perez)</p> <p>AYES: Chayer, Lutzow, Miller, Neubauer, Perez, Shrout, Walker, and Wesley - 8</p> <p>NOES: 0</p> <p>ABSTENTIONS: Davis – 1</p> <p style="text-align: center;">A voice vote was taken on this item.</p>
4.	<p>Public Hearing. (Informational)</p> <p>State Representative Jonathan Brostoff, 19th Assembly District</p> <p>Representative Brostoff appeared to share information gathered from a three-hour public hearing he sponsored in the City of Milwaukee on February 6, 2016, at the Washington Park Senior Center regarding mental health services in Milwaukee County. Topics discussed at the public hearing included access to services for the deaf and hard of hearing; the need for licensed interpreters; investing in capacity building; issues surrounding acute and long-term care; the criminal justice system's handling of adults, as well as children, suffering from mental illness; trauma informed care; better and more access to crisis centers; more capacity in the community; the need for more psychiatrists; and twenty-four hour access to alcohol and other drug abuse (AODA) services.</p> <p>As it related to how the Milwaukee County Mental Health Board conducts their meetings, feedback included the public's interest in the Board adding additional public hearing/comment meeting dates to their schedule, more diversity and culturally competent representation on the Board, and the disallowance of employee testimony.</p>
5.	<p>Board Positions Update. (Informational)</p> <p>Jon Janowski, Director of Legislative Affairs, Office of the County Executive</p> <p>Mr. Janowski introduced Mr. Davis, the Board's newest member, and briefly explained Mr. Davis' background and experience as it relates to the area of mental health. He addressed current Board vacancies indicating names are currently being vetted for the Community Health Care Provider representative seat.</p>

SCHEDULED ITEMS (CONTINUED):

6.	<p>Leadership Update for the Milwaukee County Behavioral Health Division. (Informational)</p> <p>Alicia Modjeska, Interim Administrator, Behavioral Health Division</p> <p>Ms. Modjeska announced Michael Lappen has been appointed to the position of Behavioral Health Division Administrator and will start sometime at the end of May. His confirmation will come before the Board at the June meeting. Prior to the June meeting, Board Members will have an opportunity to meet with Mr. Lappen.</p> <p>The Board thanked Ms. Modjeska for graciously assuming the role of Administrator on an interim basis and for all her hard work and dedication.</p>
7.	<p>Local Public/Private Partnership and National Entity Partnership Joint Task Force Update. (Informational)</p> <p>Chairman ShROUT indicated the Joint Taskforce's last meeting was April 12, 2016. At that meeting, there were five representatives present from United Health Services (UHS), a national corporation based in Pennsylvania. Following UHS' presentation, private counsel reviewed all three entities. No decisions have been made up to this point. Chairman ShROUT conveyed pessimism as to the ability for the Taskforce to meet the June deadline.</p> <p>Vice-Chairman LUTZOW added additional information stating he participated in a meeting with Joy Tapper of the Healthcare Partnership and Rob Henken of the Public Policy Forum to discuss the local community's interest in being an agent for the Behavioral Health Division's outsourcing of services. At this meeting, Ms. Tapper and Mr. Henken shared local community resources (hospital systems) expressed no interest in taking on this initiative. The local hospital systems have, however, committed to providing some funding to study how to proceed with a new plan.</p> <p>Questions and comments ensued.</p> <p>Chairman ShROUT announced the next Mental Health Board Joint Task Force meeting date of May 13, 2016, at 8:00 a.m.</p>
8.	<p>Mental Health Board Finance Committee Update and Contract Approval Recommendations.</p> <p>Vice-Chairman LUTZOW stated the Finance Committee met prior to commencement of the Board meeting and recommended the Board approve all contracts delineated in the corresponding report. There were also discussions regarding recommendations by the public made at the last public hearing, held at the Hillside Community Center, to adjust programming. Staff have been directed to do a recommendation-by-recommendation analysis, respond to those recommendations, and report back at the next scheduled Finance Committee meeting.</p>

SCHEDULED ITEMS (CONTINUED):

	<p>Kane Communications, whose contract was currently before the Board, presented an overview of the services their organization provides to the Behavioral Health Division.</p> <p>Questions and comments ensued.</p> <p>MOTION BY: (Neubauer) Lay the Kane Communications Contract Over to the June Meeting Cycle Pending Further Information. 2-7</p> <p>MOTION 2ND BY: (Wesley)</p> <p>AYES: Neubauer and Wesley - 2</p> <p>NOES: Chayer, Davis, Lutzow, Miller, Perez, Shrout, and Walker - 7</p> <p>ABSTENTIONS: 0</p> <p style="text-align: center;">The Motion Failed.</p> <p>MOTION BY: (Miller) Approve All Contracts as Delineated in the Corresponding Report. 6-2-1</p> <p>MOTION 2ND BY: (Lutzow)</p> <p>AYES: Chayer, Davis, Lutzow, Miller, Perez, and Shrout - 6</p> <p>NOES: Neubauer and Wesley - 2</p> <p>ABSTENTIONS: Walker – 1</p> <p style="text-align: center;">A voice vote was taken on this item.</p> <p>Board Member Wesley proposed an additional motion that services provided by Kane Communications be addressed through the Request for Proposals process. Chairman Shrout informed the Board due to the previous vote of approval, no further action would be taken on this item.</p>
9.	<p>Board Recommendations for Inclusions into the 2017 Budget. (Informational)</p> <p>Randy Oleszak, Chief Financial Officer, Behavioral Health Division</p> <p>Mr. Oleszak reviewed 2017 Budget priorities, which included exploration of opportunities to privatize facility-based acute behavioral health services; the implementation of enhanced community-based services into two community settings and creating an administrative location to house the infrastructure for support; the creation and implementation of a new Behavioral Health Division organizational structure that fits with the future services offered integrating quality, safety, the patient/client experience, and a culture of accountability; and redesign of the entire service model using a care coordination model to continuously assess, treat, evaluate progress, and facilitate transition of clients through various levels of programming in order to promote the highest level of autonomy, independence, and the least restrictive environment.</p> <p>Questions and comments ensued.</p>

SCHEDULED ITEMS (CONTINUED):

	<p>Chairman Shrout reminded Board Members they have two weeks to forward submissions to Randy Oleszak for inclusions into the 2017 Budget, with additional public input at the May 26, 2016, Finance Committee meeting.</p> <p>The Board took a break after Item 9 at 10:05 a.m. and reconvened at approximately 10:16 a.m. The roll was taken, and all Board Members were present.</p>
10.	<p>Mental Health Board Sub-Committee Update. (Informational)</p> <ul style="list-style-type: none">• Executive Committee <p>The Executive Committee met on April 7, 2016, to address the County Auditor's concern regarding the Chief Medical Officer's delayed response to a previous request for information related to patients and staff.</p> <p>The Executive Committee recommended the Administration have the audit conducted by an outside firm, specifically with healthcare expertise, with input/guidance from the County's auditor as needed.</p> <ul style="list-style-type: none">• Quality Committee <p>Board Member Chayer, Chairman of the Quality Committee, discussed the dashboard, consumer satisfaction data, satisfaction report data update as it relates to community based and hospital services, the annual review as it relates to the Zero Suicide Initiative and pharmacy integration, the Committee's endorsement of the 2016 Quality Plan Goals, waitlist update, Joint Commission update and recommendation for next steps on application timeline, and the Committee's endorsement of the Administration's work in the area of Quality.</p>
11.	<p>Administrative Update. (Informational)</p> <p>Alicia Modjeska, Interim Administrator, Behavioral Health Division (BHD)</p> <p>Ms. Modjeska highlighted key activities and issues related to BHD operations. She addressed the privatization of acute services, North Side and South Side community-based operations, the new BHD organizational structure, service model redesign, an enhanced workforce internal communication process, employee recruitment and retention, an enhanced contracting strategy, the creation of a robust intensive outpatient program, timely client access and admission, enhancement and improvement of the information technology infrastructure, the development of methodology to continually evaluate costs and revenue, a services gap analysis, Legislative Audit Bureau update, and community services volumes.</p> <p>Questions and comments ensued.</p>

SCHEDULED ITEMS (CONTINUED):

12.	<p>Summary of County Board Substitute Resolution 16-113 Regarding Sex Offender Notifications. (Informational)</p> <p>Colleen Foley, Deputy, Corporation Counsel</p> <p>Ms. Foley stated the Substitute Resolution comports with the law, addresses public safety concerns that were raised by the initial Resolution, and ensures that Health Insurance Portability and Accountability Act (HIPAA) protected information remains confidential. The Substitute Resolution requires the Milwaukee County Sheriff provide notice and informational reports to the County Board of individuals on the sex offender registry who have been placed in the community in the last eighteen months. The Sheriff, who is notified immediately by an electronic data system from the Department of Corrections, has statutory discretion. If he deems it a matter of public safety, he has a duty to inform the public. The original resolution was contrary to state law.</p> <p>Questions and comments ensued.</p>
<p><i>Pursuant to 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. as they relate to the following matter(s):</i></p>	
13.	<p>Medical Executive Report and Credentialing and Privileging Recommendations.</p> <p>Dr. Clarence Chou, President, Medical Staff Organization, Behavioral Health Division</p> <p>MOTION BY: <i>(Lutzow) 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. as it relates to Item #13. 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. 9-0</i></p> <p>MOTION 2ND BY: <i>(Chayer)</i></p> <p>AYES: Chayer, Davis, Lutzow, Miller, Neubauer, Perez, Shrout, Walker, and Wesley - 9</p> <p>NOES: 0</p> <p>A voice vote was taken on this item.</p>

SCHEDULED ITEMS (CONTINUED):

	<p>The Committee convened into Closed Session at 10:59 a.m. and reconvened back into Open Session at approximately 11:06 a.m. The roll was taken, and all Board Members were present.</p> <p>MOTION BY: (Lutzow) Approve the Medical Staff Credentialing Report and Medical Executive Committee Recommendations. 9-0</p> <p>MOTION 2ND BY: (Walker)</p> <p>AYES: Chayer, Davis, Lutzow, Miller, Neubauer, Perez, Shrout, Walker, and Wesley - 9</p> <p>NOES: 0</p>
14.	<p>Adjournment.</p> <p>MOTION BY: (Lutzow) Adjourn. 9-0</p> <p>MOTION 2ND BY: (Wesley)</p> <p>AYES: Chayer, Davis, Lutzow, Miller, Neubauer, Perez, Shrout, Walker, and Wesley - 9</p> <p>NOES: 0</p> <p style="text-align: center;">A voice vote was taken on this item.</p>
<p>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.</p> <p>Length of meeting: 8:07 a.m. to 11:07 a.m.</p> <p>Adjourned,</p> <p>Jodi Mapp Senior Executive Assistant Milwaukee County Mental Health Board</p>	
<p>The next meeting of the Milwaukee County Mental Health Board will be on Thursday, June 23, 2016, @ 8:00 a.m. at the Zoofari Conference Center 9715 West Bluemound Road</p>	

SCHEDULED ITEMS (CONTINUED):

The April 28, 2016, 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

NOTE: These draft bylaws are submitted by the County Executive for your consideration following a review of best practices and comparative analysis to other organization's by-laws and governing documents. They have been reviewed by the County Corporation Counsel. This note is not a part of the following governing by-laws.

BY-LAWS OF THE MILWAUKEE COUNTY MENTAL HEALTH BOARD

ARTICLE I.

NAME

The name of this board shall be the Milwaukee County Mental Health Board.

ARTICLE II.

OBJECT

The object of this board is to fulfill the duties placed on it by Wisconsin Statutes with a commitment to all of the following: Community-based, person-centered, recovery-oriented, mental health systems; Maximizing comprehensive community-based services; Prioritizing access to community-based services and reducing reliance on institutional and inpatient care; 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; Providing early intervention to minimize the length and depth of psychotic and other mental health episodes; Diverting people experiencing mental illness from the corrections system when appropriate; Maximizing use of mobile crisis units and crisis intervention training; and Attempting to achieve cost savings in the provision of mental health programs and services in Milwaukee County. In addition, the board will assure the quality, safety and effectiveness of acute inpatient services in compliance with Joint Commission Standards and the safety, quality and effectiveness of long term inpatient services in compliance with State and Federal regulations.

ARTICLE III.

MEMBERS

The members of this board shall be appointed to and removed from office under the express authority of Wisconsin State Statutes 15.195(9) and 51.41(1d) as applicable. Members shall be subject to the Code of Ethics for Public Officials and Employees and the Code of Ethics for Local Government Officials as stated in Wisconsin Statutes, Chapter 19, as applicable. Effective January 1, 2015, this board declares all members shall be subject to the provisions of Wisconsin Statutes 19.59(3)(a) & (e), and 19.59(5) requiring submission of statement of economic interests, disclosure of conflicts, and authority for the soliciting of advisory opinions, public and private, on ethics matters.

ARTICLE IV.

OFFICERS

From among its voting members, at the first regular meeting of the board in each calendar year, the board shall elect by majority vote a chair, a vice-chair, and a secretary. The chair shall preside at the meetings of the board. The vice-chair shall preside in the absence of the chair. The secretary shall keep an accurate account of actions of the board and may employ the assistance of staff of the Behavioral Health Division ("BHD") to assist in note-taking and transcription. The term of office for each officer shall expire upon election of a successor. Election shall be at the first regular meeting of the board in each calendar year.

In the event of the vacancy of the member elected as chair or incapacity to discharge the office of chair as determined by a 2/3 vote of the board, the vice-chair shall assume the office of chair and serve in that role for the balance of the term for that office.

In the event of the vacancy of the members elected as vice-chair or secretary or incapacity to discharge the office of vice-chair or secretary as determined by a 2/3 vote of the board, the chair shall appoint a voting member to serve in that office for the balance of the term for that office.

ARTICLE V.

MEETINGS

Regular meetings of the board are those which are called by the chair. Special meetings are those which are called for by [the chair or](#) a majority of the voting members of the board. Special meetings may take action only on items which are expressly noted in the petition of the voting members calling for the meeting. In the matter of regular and special meetings, the chair shall prepare an agenda for the meeting in consultation with the BHD administrator and, if serving, the transition liaison, and provide for distribution to the members and public in accordance with Wisconsin statutes.

Meetings of the board shall be conducted in accordance with Wisconsin Open Meetings Law.

ARTICLE VI.

QUORUM & VOTING

A quorum of the board shall be a majority of the voting members appointed to the board. A majority of those members present and voting shall be sufficient to adopt or approve actions, unless a different number is expressly required by statute or these by-laws. The method of voting shall be determined by the chair. Voting members may abstain from any vote, and the chair shall include a call for any members to abstain during the conduct of voting.

ARTICLE VII.

COMMITTEES

There is created an Executive Committee of the board consisting of the chair, vice-chair, and secretary of the board. The Executive Committee shall exercise the power of the board between meetings of the board, but such action by the Executive Committee is provisional only and expires at the next meeting of the board, at which time, however, the board may choose to ratify the action of the Executive Committee and may, if the board desires, make the action retroactive to the time of the Executive Committee action. Ratification by the board is subject to any limitation placed on said powers by statute or these by-laws. The chair of the board shall chair the Executive Committee and the secretary shall provide for written minutes to be prepared.

[There is created a Finance Committee within the board for the purpose of addressing the BHD budget in addition to any other pertinent financials. The Finance Committee shall report findings or recommendations to the board.](#)

Formatted: Justified

The board may create ad-hoc committees to prepare recommendations on matters for the board's consideration. Ad-hoc committees will be charged with specific issues or tasks to address and confine their work to those issues or tasks and shall be discharged upon the final report of the committee to the board. The board chair shall appoint an odd number of voting members of the board to the ad-hoc committee and name the chair and secretary for the committee. Non-voting members of the board may be appointed as non-voting members of the committee. The committee chair shall be responsible for

convening and operating the committee as well as delivering the report of the committee to the board. The committee secretary shall prepare minutes of the committee's action and prepare the report of the committee as approved for the board's consideration. No action of an ad-hoc committee shall become the action of the board without an affirmative vote of the board.

**ARTICLE VIII.
DECLARATIONS OF POLICY**

All declarations of policy adopted by the board shall be codified in these by-laws and derive their function and power from and remain subservient to the authority of Wisconsin Statutes and the by-laws of this organization.

1) EMPLOYEE RELATIONS

It is the policy of the board that employment within BHD be subject to administrative procedures developed by the administration, which comply with federal and state laws, including Wisconsin's statutory Civil Service system, and that BHD recruit, employ, and retain high-quality professionals delivering quality service for the clients of the county. The administration of BHD is charged with creating a safe and accountable work place.

2) PROCUREMENT

It is the policy of the board that all procurement operations be conducted through an administrative procedure developed by the administration which shall conform to the American Bar Association's Model Procurement Code (2000).

**ARTICLE IX.
PARLIAMENTARY AUTHORITY**

The board may adopt procedural rules to govern the conduct of its meetings and committees. Any procedural rule so adopted may be suspended or modified at any time by a majority vote of the board. The rules contained in the current edition of Robert's Rules of Order shall govern the board and its committees where the board's procedural rules, these bylaws or the statutes of the State of Wisconsin do not apply or provide guidance.

**ARTICLE X.
AMENDMENT OF BYLAWS**

An amendment to these bylaws may be adopted by a ~~majority~~ majority two-thirds vote at any regular meeting of the board providing the amendment has been submitted in writing seven (7) calendar days prior to the next at the previous regular meeting.

Formatted: Justified

Michael Lappen, MS, LPC

Energetic and dynamic human services administrator demonstrating vision and leadership in executing the agency mission in an ethical, compassionate, and fiscally responsible manner. Solution focused and decisive, with a proven history of developing productive collaboration and strategic partnerships. Recognized for producing creative solutions and demanding quality, accountability, efficiency, and effectiveness.

Core Accomplishments

- Competence, vision, and effectiveness have been rewarded with progressively greater levels of responsibility, autonomy, and community trust.
- Collaborated with a multidisciplinary leadership team to establish a Human Services Department, eventually appointed to lead that department and dramatically improved collaboration, accountability, efficiency, and effectiveness.
- Introduced a culture change from residential and institutional placements to independent community living resulting in a 70% reduction in Behavioral Health Division placement costs in just two years.
- Led the transition to an electronic documentation system, and achieved a "paperless" Behavioral Health Division with substantially enhanced access, analysis, documentation, billing, and reporting capabilities.

Professional Experience

**Director Sept 2013-present
Ozaukee County Department of Human Services, Port Washington, WI**

- Championed the development and implementation of a data collection system improving efficiency, revenue, and quality assurance.
- Promoted a culture of collaboration, professional growth, and accountability.
- Delivered consecutive budgets that reduced tax levy.
- Added and improved services in growing areas of need, and demanded that staff utilize outcome based interventions provided in the least restrictive setting.
- Positioned the Department for success by recruiting effective, team oriented treatment staff.
- Dramatically improved collaboration between Child Welfare, Adult Protection, and Outpatient Mental Health and Substance Abuse treatment teams, greatly impacting outcomes and limiting services purchased from outside vendors.
- Closely collaborated with DHS managers and key stakeholders to continuously improve service quality for customers and the work environment for dedicated staff.
- Implemented Comprehensive Community Services (CCS), and established a four county CCS shared services collaborative.

Michael Lappen, MS, LPC

- Expanded crisis mental health and outpatient services, significantly increased third party billing, and more than doubled the hours of substance abuse services provided by Department staff without adding new tax levy supported positions.
- Collaborated with law enforcement and child welfare to establish a Drug Endangered Children's Program
- Implemented a Treatment Alternatives and Diversion (TAD) program, and helped to establish what will be the first Sober House in Ozaukee County.
- Joined Public Health, Law Enforcement, and many local stakeholders to establish the Ozaukee Heroin Task Force in response to the nationwide heroin/opiate epidemic.
- Partnered with consumers and non-profit agencies to address numerous local challenges, creating new resources when the available services failed to meet local needs.
- Moved quickly and decisively to replace underperforming contracted vendors, and directed all DHS supervisors to hold staff accountable to clearly communicated expectations.
- Committed to becoming a Trauma Informed Human Services Department, joining with Public Health, the Adult and Disability Resource Center, Veteran's Services, and local partners to implement a trauma informed curriculum.

Community Services Supervisor/Behavioral Health Manager Jul 2002-Sept 2013 Ozaukee County Department of Human Services, Port Washington, WI

- Provided clinical supervision, maintained program certification, and managed the budget for the programs operated in the Behavioral Health Division of the Ozaukee County Department of Human Services.
- Originally hired to lead the Community Support Program, quickly led an agency culture change from residential and institutional placements to effective community treatment provided by Department staff.
- Achieved a 150% increase in documented hours of CSP service.
- Reduced the residential budget for Behavioral Health by 70%, and replaced a long-term contracted supported housing program with in-house staff at an annual savings of more than \$125,000.
- Promoted to Division Manager in 2005 as part of the merger of Social Services and Community Programs into Human Services.
- Established a DHS 35 Certified Outpatient Mental Health Clinic.
- Worked closely with other DHS managers and the Director to establish pragmatic Human Services Department policies and procedures.

Michael Lappen, MS, LPC

- Dramatically increased program revenue by focusing on staff productivity--championing efficiency, effectiveness, and high quality work supported by outcomes.
- More than doubled staff productivity in the outpatient clinic by holding professional staff accountable to established benchmarks consistent with the private sector.
- Partnered with professional staff to implement a vision of recovery and opportunity for our consumers, embracing meaningful consumer involvement, and peer led services.
- Led the implementation of what would become a Department wide electronic documentation system and database utilized by all County operated outpatient mental health and substance abuse services, Adult Protective Services, Long-Term Support, and Birth to Three.
- Grew program revenue and staff productivity in Behavioral Health every year since 2003, delivering balanced budgets in a zero annual tax levy increase environment.

**Clinical Coordinator May 1998-Jul 2002
Wisconsin Correctional Services, Milwaukee, WI**

- After less than a year as a Case Manager, promoted to Clinical Coordinator for the Intensive Community Support Program (ICSP).
- Led a team of dedicated professionals serving a cohort of diverse individuals that had been institutionalized--in many cases for decades--on a long-term care unit at the Milwaukee County Behavioral Health Division.
- ICSP attempted to replicate the Assertive Community Treatment (ACT) model within the limitations of HSS 63 certification, with small caseloads and frequent community contacts, and dramatically reduced the need for acute hospitalization for program participants.
- Many served by the ICSP never returned to a psychiatric hospital, and for those that did, the hospitalizations were typically very brief, with the individual quickly returning to independent community living.

Education/Licensure

Wisconsin Department of Safety and Professional Services
Licensed Professional Counselor, State of Wisconsin (3941-125)

University of Wisconsin- Milwaukee, Milwaukee, WI
Master of Science in Educational Rehabilitation Counseling (1998)

University of Wisconsin-Milwaukee, Milwaukee, WI
Bachelor of Arts in Psychology (1995)

MCBHD Administrator's Report

June, 2016

6

High Quality and Accountable Service Delivery

Goals for High Quality and Accountable Service Delivery	Accountable Leader	Performance Measure	Progress
<p>1. Explore opportunities to privatize facility based, acute behavioral health services Plan By Q3-2016</p>	<p>Alicia Modjeska</p>	<p>--Proposals evaluated and recommendation to Mental Health Board June 2016</p> <p>--Contract negotiated Q3</p> <p>--Implementation plan developed and carried out Q3 2016 – 2018</p> <p>(Timeline may be adjusted based on project complexity)</p>	<ul style="list-style-type: none"> • Mr. Larri Broomfield from the Reinhart legal firm is conducting due diligence process. • A Sub-group has been gathered to discuss potential implications to Milwaukee County resulting from the privatization of acute services. • Rose Kleman, PhD, MPA the Deputy Administrator for the division of Mental Health and Substance Abuse Services in the Wisconsin Department of Health Services has been appointed as an ad-hoc member of the Task Force. See attached bio. • The Local Task Force will be meeting separately to consider additional alternatives to ensure all options are explored. • Additional information to be presented to board by Task Force Chairmen.
<p>2. Implement enhanced community based services into two community settings—Northside and Southside. Create administrative location to house the infrastructure for support. One site by Q4 2016</p>	<p>Amy Lorenz</p>	<p>--Redesign program model and footprint of services to be imbedded into the community Q1</p> <p>--Crisis evaluation, support to be incorporated Q1</p> <p>--Access clinic and peer specialist programming to be included</p>	<ul style="list-style-type: none"> • Tim Klunk a contracted consultant from Patina Solutions has been working on completing phase one of the project which includes an assessment of work completed to date, alignment of vision for the north side center and ensuring all the "inputs" have been gathered pertaining for community needs. • Meetings with staff, architects and local providers to develop the list of services to be provided at the north side location. • A few services currently housed at the main campus have been identified to move to the north side location. Some of those services are: Crisis Team, Crisis line, Access Clinic and Day Treatment.

<p>3. Create and implement new BHD organizational structure that fits with the future services offered by BHD, integrating quality, safety, the patient/client experience, and a culture of accountability.</p> <p>By Q3-2016</p>	<p>Mike Lappen</p>	<p>Consider Accountable Care Organization, or Managed Care Organization model</p>	<ul style="list-style-type: none"> • A functional organizational structure to sustain the new BHD is in the process of development. Several administrative services are being redesigned and consolidated to improve performance, efficiency and ensure best practices are hardwired into the organization. Vision 2020 is the guidepost for the redesign activities. Administrative redesign activities include, contract management/network development, credentialing, grievance and appeals, case management, authorization processes, and intake/assessment/enrollment. • An organizational reporting structure is forthcoming.
<p>4. Redesign entire service model using a care coordination model, to continuously assess, treat, evaluate progress, and facilitate transition of clients through various levels of programing in order to promote highest level of autonomy, independence, and least restrictive environment</p> <p>By Q2-2016</p>	<p>Jennifer Bergersen & Dr. Schneider</p>	<ul style="list-style-type: none"> --Eliminate waitlists for community based services --Reduce time to admission to services, from 67 days to 7 days --implement enhanced UM and case management model --reduce denials of payment --Implement enhanced utilization management strategies including community based services 	<ul style="list-style-type: none"> • DHHS Case Management Team meeting on a regular basis. • Treatment plan charter being developed. This team will build the electronic solution and workflow for one integrated treatment plan for each patient / client across the continuum of care thus supporting the 2020 Vision.

Workforce Investment and Engagement

Goals for Workforce Investment and Engagement Strategy	Accountable Leader	Performance Measure	Progress
<p>5. Implement an enhanced workforce internal communication process to address the 2015 employee feedback results, and develop a plan to towards positively re – brand the Behavioral Health Division to enhance communication venues. By Q1 2016</p>	<p>Kane Communications</p>	<p>--Improve results on employee engagement survey, specifically related to “communication between senior leaders and employees is good”. To include:</p> <ul style="list-style-type: none"> • Monthly forum • Twice a month newsletter • Executive attends small group staff meetings at least annually • Other strategies as defined by survey tool <p>--Develop a new brand and logo for the BHD organization --Redesign MCBHD’s website</p>	<p>May</p> <p>Comprehensive communications for Mental Health Awareness Monday</p> <ul style="list-style-type: none"> • Highlighted employees as Superheroes on large posters around the facility. • The County Executive declared May as Mental Health Awareness Month and May 5th as Children’s Mental Health Day. • Rolled out large banners on the big blue wall in the Main Street area highlighting accomplishments in 2015 and why we are so proud to be BHD. • Daily - <ul style="list-style-type: none"> ○ Used social media to highlight different mental health topics including Children’s Mental Health, Stigma, Depression & Anxiety, and Substance Use & Recovery. ○ Highlighted outstanding BHD employees. • Weekly - <ul style="list-style-type: none"> ○ Developed a digital newsletter about one of the above topics and included a partner highlight, and employee highlight and information about the topic along with resources for support.

			<ul style="list-style-type: none"> ○ Developed weekly employee engagement activities – from a day of team building through outdoor activities to an employee pot luck. • WUWM Lake Effect interview with Hector Colon, Dr. John Schneider and Board Member Maria Perez. Central to this interview was a discussion about stigma and BHD’s community based expansion. • In addition: <ul style="list-style-type: none"> ○ Launched BHD’s first Provider newsletter – an 11 page digital and printed newsletter. ○ Consulted on a heroin brochure, sharing the impact of Narcan. <p>June</p> <ul style="list-style-type: none"> • Developing a video for CARS aimed at reducing the number of people who don’t show up for scheduled appointments. This video will be shared with our providers. • Employee newsletter for June.
<p>6. Improve employee recruitment and retention to ensure successful operations and safe patient care during RFP process, the potential transition period and beyond. Specific focus on roles with critical shortage including psychiatrists, RNs, and other key positions.</p> <p>By Q4-2016</p>	<p>Jennifer Bergersen Kane Communications Dr. John Schneider</p>	<p>--Improved results on staffing and filled positions --Improved results on employee engagement survey Monitoring staffing levels on a daily and monthly basis Identifying and implementing retention plans Adjusting bed levels based on staffing needs</p>	<ul style="list-style-type: none"> • RN recruitment bonuses being evaluated to attract more candidates. • 2 Full time psychiatrists hired, and scheduled to start Sept. 1, 2016 • Have contracted with Elite Medical Scribes to provide onsite scribes for the psychiatric staff in order to enhance efficiency and productivity. • Currently staffing 50 acute beds. Wait lists across the county continues to be high.

Community and Partner Engagement

Goals for Community and Partner Engagement	Accountable Leader	Performance Measure	Progress
<p>7. Implement an enhanced contracting strategy for all BHD vendors. Ongoing for 3 years</p>	<p>Alicia Modjeska & Randy Oleszak</p>	<p>--10% of contracts have performance measures by Q4 2015 --Mechanism to monitor contract compliance implemented by Q3 2015 --30% of all contracts have performance measures by Q4 2016. --30% more of all contracts have performance measures by Q4 2017 --All contracts revised by 2018.</p> <p>The process will consists of: - Expanding patient outcome measures within menu of performance measures - Changing from service agreements to fee for service reimbursement - Including performance measures in all contracts linked to financial incentives and disincentives - Developing a robust mechanism to ensure contract compliance, and monitoring of performance indicators and quality is completed systematically. --Develop a web based provider directory reflecting MCBHD's broad network of providers.</p>	<ul style="list-style-type: none"> • Changes to TCM contracts from purchase of service to fee for service effective date changed to September 1, 2016. • Meetings continue with TCM providers in preparation for contract changes. Currently scheduling one on one meetings to discuss new rate and impact on the individual organizations. • A comprehensive plan is being developed with timelines to change the remaining purchase of service contracts to fee for service.

<p>8. Create or contract for a robust intensive outpatient program</p> <p>By Q-4 2016</p>	<p>Dr. Schneider Amy Lorenz</p>	<p>Pilot program model designed by Q1 2016 and implemented by Q3 2016</p> <p>The process will:</p> <ul style="list-style-type: none"> -improve pre hospital diversion and pre crisis preventive strategies - bridge the gap between acute stay and ongoing care - as a mechanism to minimized re-hospitalization -improve outcomes -improve the patient experience --Continue to expand community advocates and stakeholder communication & participation with program development/improvement. 	<ul style="list-style-type: none"> • The IOP clinical model has been completed. Currently developing a financial proforma.
<p>9. Assure timely access and admission of clients served in the community</p> <p>By Q4-2016</p>	<p>Amy Lorenz</p>	<ul style="list-style-type: none"> --Increase the number of total patients served by 15% --Expand CCS enrollment and progressive growth --Dramatically reduce time to admission in community from current 67 days to 3-7 days. <p>Actions to include:</p> <ul style="list-style-type: none"> -targeting outreach efforts to underserved populations -providing services which are culturally intelligent -changing contracts with vendors to a fee for service model -developing community sites located in the north and south sides of Milwaukee County to ensure easy access 	<p>Number of days from referral to admission as of 6.15.2016 are: 53.9 (see attached report)</p> <p>While the number of referrals to CARS over the last 3-4 years has climbed by around 65% , the amount of staff and capacity in the CSP/TCM agencies have not increased in a commensurate way therefore staffing for the 2017 fiscal year has been adjusted to create more capacity.</p>

Optimal Operations and Administrative Efficiencies

Goals for Optimal Operations and Administrative Efficiencies	Accountable Leader	Performance Measure	Progress
<p>10. Enhance and improve the IT infrastructure including and beyond the electronic record.</p> <p>By Q4 2016</p>	Alicia Modjeska	<p>--Implementation of internal IT support infrastructure.</p> <p>--Evaluation of Net Smart Avatar and Synthesis completed</p>	<ul style="list-style-type: none"> • A consultant by the name of Dan Abdul from Patina Solutions has been engaged to evaluate Avatar and Synthesis and develop a recommendation, or validate the current solutions. • Mr. Abdul's experience includes: <ul style="list-style-type: none"> -Managed EHR systems from Cradle to Grave -Conducted several internal IT and or EHR assessments as a CIO -While he was CIO of Veterans Affairs had many providers external to the agency - understands the complexity of our operating model and the importance of each component of the EHR(technical, security and operational) -As CIO of UCARE sat on their Behavioral Health Steering Committee -Chairman of the Board: Mental Health Connect http://www.mhconnect.org/ (resume says founding chair) • Anticipate this work to be completed by August 2016. • See attached bio.

Financial Health and Sustainability

Goals for Financial Health and Sustainability	Accountable Leader	Performance Measure	Progress
<p>11. Develop a methodology to continually evaluate costs, revenue optimization, and</p>	Randy Oleszak	<p>--Fee for service contracting implemented with all new contracts and contract renewals</p>	<ul style="list-style-type: none"> • A preliminary three year revenue maximization strategy has been developed based on recommendations from the Deloitte

revenue cycle management to enhance financial sustainability. By Q2-2016		--Denials reviewed quarterly for improvement Optimize utilization management/case management model	report. Initiatives include reducing IMD exclusion, reviewing MCO contracts and DSH and other supplemental funding.

Other topics of interest:

Behavioral Health Services Gap Analysis and Strategic Planning	<p>Jeanette May, PhD, MPH is in the process of completing the last phase of the project with includes conducting interviews with the MHB members and other behavioral health leaders across the county.</p> <p>The results of this comprehensive analysis will be presented to the Mental Health Board at the August 2016 meeting with the goal of moving into a strategic planning process to be completed by December 2016.</p>
DHS tri-annual survey	<p>DHS started their tri-annual survey on Monday June 13, 2016 which entails all aspects of BHD – acute care performance. Surveyors reviewed numerous documents evaluating regulations/performance standards to actual performance. The surveyors did not take into account any “work in progress” therefore there were a number of areas identified as being out of compliance.</p> <p>A full report of the survey results (if available) will be presented to the Quality Committee of the Board at their next meeting.</p>

2016 BHD PCS Waitlist Status

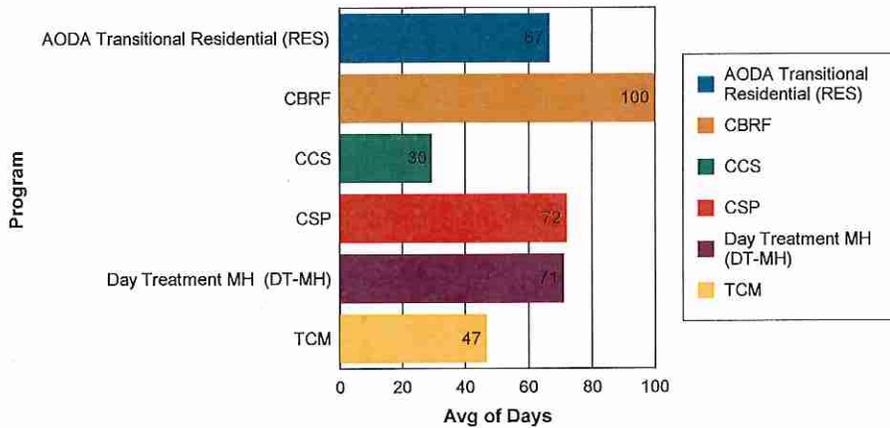
Measure	January	February	March	April	May
Episodes of Waitlist	1	2	2	2	1
Number of Patients Waitlisted	103	118	140	86	99
Total Hours of Waitlist Per Month	485.9	539.8	574.8	369.4	343.5
Percent of Time on Waitlist Status	65.3%	77.6%	77.3%	51.3%	47.7%
Average length of Waitlist (Hours)	7.8	8.6	6.6	8.5	7.5
Maximum Time any Patient Waitlisted	82.6	74.7	46.6	53	48
Number of Staffed Acute Adult Beds	48	48	48	48	54
Number Patients Diverted	0	0	0	0	0
Total length of Diversions of this Week	0	0	0	0	0

Average Days on CARS Waitlist and Days on SVC Waitlist, ONLY those Placed with Provider January to May 2016

6/15/2016

BHD_wlm_wait_program Value	CASES	Days	Days	Total
		CARS WL	SVC WL	Days WL
AODA Transitional Residential (RE	7	39.57	27.00	66.57
CBRF	2	26.00	74.00	100.00
CCS	2	2.00	27.50	29.50
CSP	39	25.92	46.00	71.92
Day Treatment MH (DT-MH)	14	39.29	31.79	71.07
TCM	151	29.38	17.35	46.74
Grand Total:	215	29.45	24.42	53.87

Days on Waitlist, Those Placed with Provider, Jan-May 2016



Your success. Accelerated by our experience.



Professional Profile

Dan Abdul

Executive Summary

Dan is an energetic thought leader in technology and business strategy. He focuses on building digital businesses that can win in markets in today economy. He possesses rich executive expertise leading global and cross-functional teams in technology, services and health care industries through turnarounds and transformations. During his more than 15 years leading technology innovation, Dan has successfully implemented enterprise solutions, digital strategies, advanced cyber security solutions, cost effect cloud solutions and an innovation center of excellence. Dan's experience working with board of directors and C – level executives and yet being able to translate the strategy to the rest of the organization has led to his many successes.

Dan also sits on several boards providing strategic governance. Dan is a US Army veteran, where he served as a squad leader and Blackhawk flight medic.

Professional Experience

- UCare, Vice President and Chief Information Officer
- Minnesota Department of Veteran Affairs, Chief Information Officer
- Kroll, Inc., Director, Technology Program Management
- Eloyalty, Inc., IT Consulting Director
- Target Corporation, Technology Manager

Key Career Accomplishments

- Enabled the organization to deliver products to market 40% faster, by leading a 4-year business transformation initiative aimed at not taking an evolutionary but revolutionary approach to meeting organization's future needs. This included developing a center of excellence for digital business.
- Realized significant operational effectiveness and \$18M in annual savings by introducing a first of its kind, single technology architecture and platform for the Healthcare payer industry to address all business capabilities across the organization.
- Captured a high-profile contract delivering \$100+ million in recurring revenue by leading the introduction of a new product, leveraging advanced analytics, converged technology and rapid software development.
- Enabled 8% revenue growth from existing customers by easing cross selling and up selling through improvements in Software as a Service design (SaaS) and customer implementation standardization.
- Expanded access to health care for veterans at an 11% cost reduction by introducing telemedicine, pharmacy remote dispensing, connected and mobile health systems.

- Implemented information security program which introduced advanced threat protection and ultimately moved the UCare from security maturation level of 1.5 to 3.5 in two years. This resulted in two known cases of major cyber threats being stopped.
- Generated \$18M return on investment over 7 years for UCare through technology modernization initiative, supporting new digital reality. Included infrastructure overhaul to HIPAA-compliant hybrid cloud, software defined and fully automated infrastructure, with consumption based pricing and introduction of new business enterprise platform.
- Drove down administrative cost by 7% with introduction of advanced analytics to empower providers in care management and informed organization on population health issues to drive better clinical outcomes.
- Drove transformation of faltering ERP program at Kroll. Promoted globalization by standardizing core functions on one ERP platform in 13 countries.
- Increased product performance by 30% and cut operational cost by 15% at Eloyalty through redesign initiative of flagship CRM product resulting in improved product scalability, achieving status as industry leader.
- Lowered system downtime 13% by leading implementation of new enterprise data management system, while providing infrastructure to generate millions of dollars in additional revenue.

Education

- Postgraduate Certificate in Digital Strategy, University of British Columbia, Sauder School of Business, Vancouver, Canada
- Master of Business Administration, University of Minnesota, Carlson School of Management; Minneapolis, MN
- Master of Science in Software Engineering, University of Saint Thomas; Saint Paul, MN
- Bachelor of Science in Computer Science, University of Minnesota; Minneapolis, MN

Certifications and Affiliations

- Certified Project Management Professional: Project Management Institute
- Certified Professional in Health Information & Management Systems (CPHIMS): Healthcare Information and Management Systems Society (HIMSS)
- Genesys Works - Board of Directors
- Minnesota eHealth initiative - Advisory Board
- Mental Health Connect - Founding Board Chairman



Chairperson: Thomas Lutzow
Senior Executive Assistant: Jodi Mapp, 257-5202

**SPECIAL
MILWAUKEE COUNTY MENTAL HEALTH BOARD
FINANCE COMMITTEE**

Thursday, June 23, 2016 - 7:00 A.M.
Zoofari Conference Center
9715 West Bluemound Road

A G E N D A

SCHEDULED ITEMS:

- | | |
|----|---|
| 1. | Welcome. (Chairman Lutzow) |
| 2. | Contract Approval Recommendations. (Alicia Modjeska, Behavioral Health Division/Recommendation Item) <ul style="list-style-type: none"> • Langer Roofing & Sheet Metal Inc. • Patina Solutions Group, Inc. |
| 3. | Employee Agreements. (Alicia Modjeska/Recommendation Item) |
| 4. | Adjournment. |

**The next regular meeting of the Milwaukee County
Mental Health Board Finance Committee is
Thursday, August 18, 2016, at 1:30 p.m.**

ADA accommodation requests should be filed with the Milwaukee County Office for Persons with Disabilities, 278-3932 (voice) or 711 (TRS), upon receipt of this notice.

June 23 Finance Packet Item 2 (Langer)

June 17, 2016

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: June 17, 2016

TO: Duncan Shrout, Chairperson, Milwaukee County Mental Health Board

FROM: Michael Lappen, BHD Administrator
Prepared by Alicia Modjeska, Chief Operations Officers

SUBJECT: Report from the Behavioral Health Division Administrator, Requesting Authorization to enter into a contract with Langer Roofing & Sheet Metal, Inc. for roof repair and replacement services.

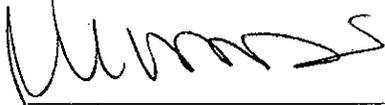
Issue

Langer Roofing & Sheet Metal have been awarded a contract through competitive RFP for removal and replacement of roof over the Psychiatric Crisis Services Emergency Room. This roof segment, an area of approximately 5,700 square feet, has begun to deteriorate and delaminate on the roof surface. The roof was determined by the Department of Administrative Services to be beyond its useful life span and is failing.

Fiscal Impact

The work described above will be completed for the sum of \$119,875. This expense will be absorbed into BHD's operating budget and will not have an impact on tax levy.

Respectfully Submitted,



Michael Lappen, Administrator
Behavioral Health Division

cc Thomas Lutzow, Chairperson, Milwaukee County Mental Health Board Finance Committee
Héctor Colón, Director, Department of Health and Human Services
Jodi Mapp, Senior Executive Assistant

June 23 Finance Packet Item 2 (Patina)

June 20, 2016

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: June 17, 2016

TO: Duncan ShROUT, Chairperson, Milwaukee County Mental Health Board

FROM: Michael Lappen, BHD Administrator
Prepared by Alicia Modjeska, Chief Operations Officers

SUBJECT: Report from the Behavioral Health Division Administrator, Requesting authorization to amend two professional services agreements with Patina Solutions Group, Inc. for project management of the north side facility and case management services.

Contract 1 - Northside Facility

Patina Solutions Group, Inc. was engaged in late April 2016 to provide project management for the development of the Northside facility to be accomplished in three distinct phases.

Phase 1 – discovery, and vision and strategy development and alignment

Phase 2 – scope of services, design care / service delivery, site location, facility design budget/contract management

Phase 3- build out of facility, communication support, marketing and opening

Patina was to complete phase 1 with a budget of \$75,000. Phase 1 has now been completed and a contract amendment is being requested for an additional \$395,000 to complete the project. The total of \$470,000 for the entire project may be mitigated based on the hiring of a Director of the north and south side facilities.

Fiscal Impact

The contract amount will not exceed \$470,000 through March 5, 2017 with \$300,000 anticipated spending in 2016. This expense will be absorbed into BHD's operating budget and will not have an impact on tax levy.

Contract 2 - Issue Case Management

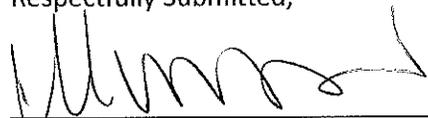
Patina Solutions Group, Inc. was also engaged in late April to provide project management services for the design of a "case management system" for BHD, and in preparation for the purchase and implementation of an IT solution. The scope of this project changed in May 2016 when DHHS broadened the scope to include all divisions in an effort to leverage and integrate human services within the county. BHD will bare 50% of the cost of the total project.

June 20, 2016

Fiscal Impact

BHD initial engagement for phase 1 of the case management project was \$75,000. Due to the change in scope, included in the packet is the change order request for the project and BHD's portion of the cost. The contract amendment is for a cost not to exceed 390,000. BHD's portion of the cost will not exceed \$195,000. This expense will be absorbed into BHD's operating budget and will not have an impact on tax levy.

Respectfully Submitted,



Michael Lappen, Administrator
Behavioral Health Division

cc Thomas Lutzow, Chairperson, Milwaukee County Mental Health Board Finance Committee
Héctor Colón, Director, Department of Health and Human Services
Jodi Mapp, Senior Executive Assistant



Milwaukee County DHHS

Case Management - Project Overview

DATE
June 20, 2016

Discussion Outline



- Vision / Mission / Guiding Principles
- Case Management Project Objectives
- Request for Patina's Assistance
- Current Timeline / Costs

Case Management - Vision / Mission / Guiding Principles



Vision

“Our new way of doing things connects families with whatever services they need, whenever and wherever they need them”

Mission

“Transform Case Management services to become more client centric and community based, producing the best outcomes for the people we serve”

Guiding Principles

Client Centric

- Prevention and strength based focus
- Person centered, recovery oriented, trauma informed and culturally intelligent
- Problems/needs centered (vs. programs)

Coordinated Care

- Coordinated standards that ensures families and partners are involved
- Assess household needs and present solutions to assist the wellbeing of the whole family
- Focus on fatherhood engagement where appropriate
- Providing referrals and linkages to community supports and workforce development

Enablers

- Commitment to defining and tracking a set of performance measures
- Help program participants achieve self-sufficiency and monitor and evaluate progress
- Approach is universally defined and the use of integrated technology is used to track outcomes, identify consistency and fidelity to the model.

Case Management - Project Objectives



The Case Management project will help create an effective framework (service delivery approach) across the DHHS department

- ❑ Aligned with:
 - Vision, mission and guiding principles
 - Malcolm Baldrige principles and APHSA Value Curve (in stages)
- ❑ Supported by:
 - A focus on the client experience
 - A single treatment plan and integrated services for each client
 - A common practice model, assessment process, fidelity to model
 - Common medical records, unique ID, eligibility determined once
- ❑ Generating process improvements in efficiency, effectiveness and outcomes of the Case Management service delivery process
- ❑ Developing competencies and content expertise, providing education, and making appropriate cultural and behavioral changes in our approach (including measures and accountability)
- ❑ Identifying data/technology needs. Requirements definition, development and integration of data/technology will be handled outside of this project.

Case Management Project - Request for Patina's Assistance



The scope of the Case Management project and Patina's assistance has evolved over the past few months

- ❑ Initial focus was to provide project management assistance for one of BHD's key projects, Case Management
- ❑ Emphasis shifted from PM assistance to Case Management outcomes and process improvement
- ❑ Scope was expanded from BHD to all divisions across DHHS – to increase alignment of function and create consistent framework
- ❑ Total project continues to be represented in 3 phases, but budget/timeline have been revised to fit the changes in focus, emphasis and scope. Current budget/timeline reflects efforts through Phase 2. Budget/timeline of future phases to be determined.

Case Management - Current Timeline/Cost



The adjustments to scope have necessitated updates to the timeline/costs across the three phases

Phase	Key Activities	Original Target		Revised Target	
		Date	Costs	Date	Costs
1	<ul style="list-style-type: none"> • Project Chartering • Project Team/Governance • Current State • Visioning of Future State 	6/10	\$75K	7/31	\$170K
2	<ul style="list-style-type: none"> • Value Stream Mapping of Future State • Implementation Plan 	7/31	???	10/31-11/30	\$160-220K
3	<ul style="list-style-type: none"> • Implementation (phasing TBD) 	6-9+ Mos (Total)	???	TBD	TBD
Total *	• For Phase 1, 2				\$330-390K

* Does not include Phase 3 and separate activities for completing strategy (operationalizing the vision), research/benchmarking, IT development and integration, and change management

Your success. Accelerated by our experience.



**Change Order to Original Statement of Work for
North Side Project Consultant Support dated: March 24, 2016**

June 14, 2016

Ms. Alicia Modjeska, COO
Milwaukee County Behavioral Health Division
9455 Watertown Plank Road
Milwaukee, WI 53226

Dear Alicia:

This is a Change Order to the Statement of Work dated March 24, 2016, ("the SOW") by and between Patina Solutions and Milwaukee County Behavioral Health Division ("BHD") for an interim Project Consultant to coordinate the development of a behavioral health clinic on Milwaukee's north side ("the Clinic").

Business Issue

BHD needs an experienced ambulatory care professional to coordinate the development of the Clinic. BHD arranges for the provision of behavioral health services through a network of community-based providers of outpatient services, as well as BHD's inpatient facility. The purpose of the Clinic is to improve access for residents seeking services. Assessment, triage and intake services will be provided at the Clinic, as well as other selected treatment services. BHD has committed publicly to opening the Clinic on or before December 31, 2016. BHD intends to hire a full-time Clinic director but is concerned that the length of the hiring process may jeopardize the opening date. Thus, BHD seeks an interim Project Consultant to coordinate the development effort.

Patina Solutions Services and Responsibilities

In addition to the services and responsibilities set forth in the SOW, the Project Consultant shall assist BHD leadership to:

- Define the desired future state of behavioral health services to be provided or arranged by BHD;
- Gain increased exposure to services provided outside of BHD;
- Determining which services will/not be provided at the Clinic.

Engagement Assumptions and Client Responsibilities

The revised Project Timelines and deliverables by March 5, 2017 are dependent upon the following items;

- Complete data assessment on current services/vendors;

- BHD leadership and work teams successfully:
 - Define project assumptions and objectives;
 - Define scope of services;
 - Assess impact on operations/budget;
 - Research and benchmark best practices;
 - Select contracted providers to supplement BHD services;
 - Validate community needs and engagement approach.
- Engage and contract Realtor/Architect;
- Engage work teams/facility design team to design space requirements.

Deliverables and Acceptance of Deliverables

Due to the expansion of services and responsibilities described above, the target date for opening the Clinic is extended from December 31, 2016, to March 5, 2017.

Engagement Resources and Management

No Changes

Engagement Fees and Expenses

Unless otherwise agreed, the maximum amount payable by Client pursuant to this SOW is seventy-five thousand dollars (\$75,000). The fees for Services provided by the Professional will be \$9,225 per week unless otherwise agreed by Client and Patina due to an amended work schedule. This rate is in effect through December 31, 2016. If the engagement extends beyond that time, an increase of 5% may be applied. The fees for services provided by the Engagement Manager are estimated at 5% of the overall engagement and will be billed at \$250 per hour. Client shall reimburse out-of-pocket expenses consistent with Client's internal protocol (attached to SOW). All invoices are due according to terms of the PSC.

Please refer to the attached milestone chart which outlines key activities, target dates and estimated fees and expenses for the first two phases of this project.

For internal budgeting purposes, we would suggest that you include a 15% contingency on the above estimates.

The above noted fees and rates will be honored until the completion of this change order.

Additional Considerations

This Change Order, including any appendices, schedules, and/or attachments, documents the understanding between Patina Solutions Group, Inc. and Client with respect to certain services to be performed by Patina Solutions described herein ("Services"). Patina Solutions shall provide the Services pursuant to the provisions of this engagement letter and the PSC that, together, describe our understanding with respect to the Services ("Agreement").

We appreciate the opportunity to be of service to you. Please indicate your agreement to these arrangements by signing and returning to Patina Solutions the enclosed copy of this Agreement, before the commencement of the project.

Best regards,

Patina Solutions Group, Inc.

By: _____
Nisha Weyker, Managing Director

Acknowledged and Accepted:

Milwaukee County Behavioral Health Division

By (signature): _____

By (print name): _____

Title: _____

Date: _____

Your success. Accelerated by our experience.



Change Order to the Statement of Work for Case Management Project Leader Support Dated: 4/22/2016

June 9, 2016

Hector Colon
Executive Director
Department of Health and Human Services
Milwaukee County
1220 W Vliet Street, Suite 301
Milwaukee, WI 53226

Dear Hector:

This document represents a Change Order ("CO") to the Statement of Work ("SOW") for the Case Management Project Leader consulting support for the Milwaukee County Behavioral Health Division ("Client") dated April 22, 2016, and is based on discussions with you and your team over the past month regarding revisions to scope. This CO is effective pursuant to the Professional Services Contract ("PSC") dated April 22, 2016, by and between Patina Solutions Group, Inc. ("Patina") and Client.

Background

The original objectives of this effort were to improve and sustain project management capability across projects for the Behavioral Health Division (BHD), including skill development of the internal management team to provide this support going forward. These objectives were revised to focus solely on the Case Management project, one of the key projects underway within (BHD), and putting a plan in place to execute the BHD Case Management Redesign Charter. The scope of these activities continued to include a review of project management methodologies, processes and templates, as well as an assessment of the current team's capability to provide project management support for the Case Management project.

Scope Revisions

As a result of assessment activities over the past month and the need to better align services across the Department of Health and Human Services (DHHS), the Executive Director has proposed that the effort be expanded to include all five divisions of DHHS, to address the process by which case management services can be commonly delivered across the department. The Client has recognized that this expanded scope, as well as the variations of Case Management across programs and divisions, necessitates an adjustment to Phase 1 services, activities and deliverables.

Revised Engagement Approach

The following services will be provided by the combined Client and Patina teams

Revised Phase 1 Services:

Projected Completion Date: July 31, 2016

The Phase 1 activities will now include the following:

- Alignment around the charter and scope of the project.
- Definition of the project team organization and the leadership / governance structure.
- Identification of all areas where case management services occur in the department and how those services are delivered.

- Documentation of the current state and identification of case management process steps/flow for relevant programs.
- Determination of current demand for case management services.
- Beginning of data collection on outcomes and volumes.
- Creation of a prioritized action plan and sequencing of action items which address the desired outcomes/deliverables (the items listed in the project charter) for an updated plan for Phase 2.
- Identification and scheduling of sessions for the Value Stream Mapping (VSM) Team, creation of work plans and communication of team design.
- Assessment of current methods for project management and identification of opportunities for process improvement within Case Management.

During Phase 1, we also expect to support the preparation, conduct and debrief of three Case Management Visioning Sessions. These Visioning Sessions are a key part of defining the future state for Case Management and will set the stage for the Phase 2 Value Stream Mapping (VSM) activities. These sessions will focus on clarifying the vision, guiding principles, stakeholder value proposition, measures of success and capability definition for Case Management services. Characteristics of the capability definition include identifying the specific components of the capability, its overall performance, its interfaces and interactions, its operation, and its outcomes. In a sense, it is the blueprint for Case Management services. We expect there will be additional work necessary to complete the capability definition at an appropriate level of detail for this stage, and that this will potentially include more Visioning Sessions. We will separately arrange for any assistance Patina can provide as part of that work.

Revised Phase 2 Services:

Projected Completion Date: Oct 31 – Nov 30, 2016

The Phase 2 activities will now include:

- Mobilizing of the project team and creation of the leadership/governance structure.
- VSM of the current state, a desired future state and identification of the gaps to be addressed, as well as the defects to be eliminated.
- Preparation of a future state design to optimize the patient/client and staff experience, and to integrate the department vision of how case management services should be provided.
- Prioritization of actions to produce alignment and clarity of the case management process flow for patients/ clients across programs and divisions.
- Creation of an implementation plan and sequencing of action items to address gaps with the future state design. (Based on the items listed in the project charter).

Revised Phase 3 Services:

Projected Completion Date: TBD

In this phase, the focus will be on implementing the plans that bring the future state vision to life, including pilot implementations, if appropriate. Specific services provided by the Patina team will be determined towards the end of Phase 2. Future phases to be determined in collaboration with the sponsor.

Patina and Client Responsibilities

Patina and Client responsibilities will be the same as in the original SOW; with the exception of the following revisions:

- Timeframe of the engagement has been updated per the projected completion dates above.
- As project milestones are reached, the Client and Patina will evaluate, refine and prioritize objectives and goals for each phased effort. Client and Patina will collaborate to determine if other projects will begin to apply the project methodology that has been adopted for the CM effort. Should Client wish to begin effort on other projects, the project scope will need to be confirmed and a possible Change Order executed to define any additional effort.
- The Client and Patina Case Management team will identify IT needs, but any IT development and integration efforts will be performed outside of this agreement.

Deliverables and Acceptance of Deliverables

During execution of Phase 1, the combined Client and Patina teams will be responsible for the following deliverables:

Phase 1 Revised Deliverables:

1. Revised team charter / project plan and agreement reached on specific deliverables.
2. Scheduled Value Stream Mapping (VSM) sessions.
3. Project team, including the VSM team.
4. Report of current state findings and assessment of methods

5. Phase 2 implementation/action plan
6. Visioning Session materials and debriefs/summaries
7. Weekly status reports

Phase 2 deliverables are to be determined and further defined after the completion of phase 1, but will likely include:

Phase 2 Revised Deliverables:

1. Current state VSM – with identified gaps and opportunities for improvement
2. Future state VSM – ideal state, vision of new case management process
3. An action plan outlining what needs to be achieved to realize the future state
4. Project management and process improvement methods and templates
5. Milestone tracking
6. Weekly status reports

Phase 3 Deliverables are to be determined.

Engagement Resource and Management Assumptions

Engagement resources and management assumptions will be the same as in the original SOW, with the exception of Hector Colon as the Executive Sponsor.

Engagement Resources and Management Assumptions

Engagement Assumptions will be the same as in the original SOW.

Engagement Fees and Expenses

The fees for Services provided by Mike Strasser will be \$10,125 per week, unless otherwise agreed by Client and Patina due to an amended work schedule. This rate is in effect through December 31, 2016. If the engagement extends beyond that time, an increase of 5% may be applied. The fees for services provided by the Engagement Manager, Todd MacKay, are estimated at 10% of the overall engagement effort and will be billed at \$250 per hour. As part of the Visioning Session support, we expect that Todd's assistance will require an additional 6 - 9 days of work, and beyond the 10% noted above. Any additional time required by Mike Strasser to support the Visioning Sessions will be included as part of his weekly fees, as noted above. Client shall reimburse out-of-pocket expenses consistent with Client's internal protocol. All invoices are due according to terms of the PSC.

Please refer to the attached milestone chart which outlines key activities, target dates and estimated fees and expenses for the first two phases of this project.

For internal budgeting purposes, we would suggest that you include a 15% contingency on the above estimates.

If there are any material changes to the engagement scope, Client and Patina will agree to a revised scope through a signed Change Order.

Additional Considerations

This Change Order, including any appendices, schedules, and/or attachments, documents the understanding between Patina Solutions Group, Inc. and Milwaukee County with respect to certain services to be performed by Patina Solutions described herein ("Services"). Patina Solutions shall provide the Services pursuant to the provisions of this engagement letter and the PSC that together, describe our understanding with respect to the Services ("Agreement").

We appreciate the opportunity to be of service to you. Please indicate your agreement to these arrangements by signing and returning to Patina Solutions the enclosed copy of this Agreement, before commencement of the project.



Milwaukee County – Behavioral Health Division

Northside Services/Facility Development Project Overview

DATE

June 20, 2016

Northside Discussion Outline



- Project Overview
- Vision
- Facility Objectives
- Service Model
- Facility Scope, Characteristics and Assumptions
- Timeline and Costs

Northside Project Overview



- BHD has chartered efforts and engaged resources to design behavioral health and an array of supportive services within a facility that serves the northside of Milwaukee County.
- Project has three phases:
 - Phase I - Assessment/Alignment
 - Phase II - Visioning/Future Workflow Design
 - Phase III - Facility Design/Construction
- Phase I assesses community needs and defines an array of services to meet needs. As the array of services is being defined, options for facilities, locations and contracted vendors are being vetted with consideration of current community resources and their geographic distribution.
- Project timeline is 6-12 months depending on the scope and depth of services to be provided, approval processes, design and construction timeline requirements.

Northside Vision



Vision

Promote individual and community wellness by creating convenient access to an array of integrated behavioral health, medical and social services through an embedded community based center.

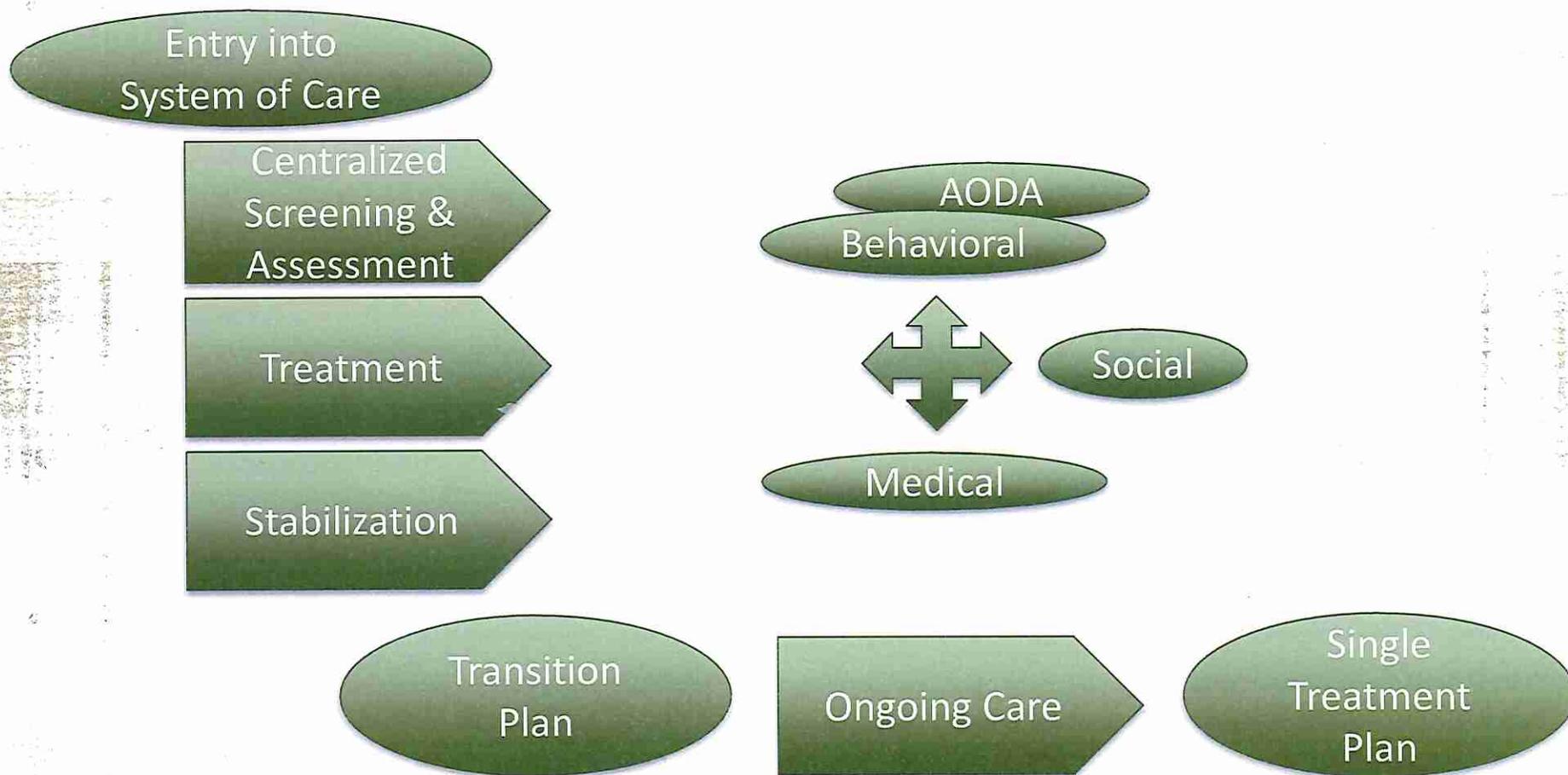
Northside Objectives



- Provide services that improve the health and wellness of the Northside population
 - Reduce behavioral health-related preventable Emergency Room utilization
 - Reduce behavioral health-related preventable hospital admissions
 - Increase appropriate treatment for SMI and related co-morbidities
- Improve care navigation and service coordination
 - Reduce barriers to appropriate treatment
 - Decrease delays to entry and treatment
- Address cultural and ethnic disparities in accessing behavioral health
 - Partner to increase client engagement to choose treatment options, develop and implement an agreed upon treatment plan



Northside Service Model



Northside

Scope, Characteristics, Underlying Assumptions



- Services will address medical, social, behavioral health issues.
 - The cumulative effects and interdependence of high poverty rates, unmet basic needs, prevalence of behavioral and medical health conditions are driving the need for integrated services.
- Ready access to integrated medical (primary care, psychiatry), behavioral health (therapy, case management) and social services (access to community resources to meet basic needs) will promote early intervention and reduce inappropriate ED utilization.
 - Limited access to primary care, fragmented transitions of care between community resources are driving reactive ED utilization and the need for integrated care navigation and individualized treatment plans.
- Care delivery will be person centric, culturally intelligent, needs-driven and individualized to meet client needs.
 - Based on community conversations, the client voice states the cultural issues are not understood, the current “system” is punitive and bureaucratic often delivering unwanted/unneeded services that elevates costs and manipulation of existing programs.

Northside

Scope, Characteristics, Underlying Assumptions (continued)



- Care coordination will reduce barriers to entry and delays in treatment. 24/7 access and improved processes for intake, screening, assessment and treatment will enhance prevention, education, detection and intervention thereby mitigating health risks and lowering the cost of care.
- Care will be provided by BHD and contracted community providers co-located within the Northside facility with referrals to an array of community based services. Services will be designed in partnership with contracted community providers, law enforcement and other community stakeholders.
 - Partnering with key stakeholders with braided integration into the fabric of the community strengthens service design and delivery.
- The Northside facility, services and processes will be designed to provide a safe, welcoming environment for clients, staff and community service providers.
 - A safe, welcoming environment reduces stigmas and disparities related to mental health and socio-economic conditions on Milwaukee's north side.

Northside Services Value Summary



The Northside Services/Facility project provides value through an integrated care delivery solution that addresses underlying needs.

- ❑ Aligned with:
 - Vision, mission and guiding principles.
 - APHSA Value Curve (in stages).
 - Client and community needs.
- ❑ Supported by:
 - Focus on the client experience.
 - Common practice model for assessment, stabilization and transition.
 - Integrated services that meet client needs.
 - Network of contracted providers.
 - Strategically located services.
- ❑ Data/Technology. Defining requirements, developing and integrating data/technology are *not* part of this engagement.

Northside Timeline/Cost



Expansion of engagement* has required updates to timeline and costs.

Phase	Key Activities	Original Target		Revised Target	
		Date	Costs	Date	Costs
1	<ul style="list-style-type: none"> • Project Chartering • Project Governance • Current State Assessment • Scope of Services in Clinic* 	6/15	\$75K	6/30	\$90K
2	<ul style="list-style-type: none"> • Visioning Future State* • Design Care Delivery* • Site Selection • Vendor Selection 	8/15	\$75K	8/31	\$90K
3	<ul style="list-style-type: none"> • Design and Construction • Approvals • Policies and Procedures 	12/31	\$150K	3/5/17	\$290K
Total			\$300K		\$470K

NOTE: does not include separate workflow redesign efforts, constraints in vendor capacity, IT development and integration, delays in city/community approvals or construction, changes in scope of construction.

Milwaukee County Case Management Project

Work Plan for Key Milestones and Deliverables (As of 6.3.16 - Dates are Tentative)			Week Ending																							
Phase	Activity	Milestone	3-Jun	10-Jun	17-Jun	24-Jun	1-Jul	8-Jul	15-Jul	22-Jul	29-Jul	5-Aug	12-Aug	19-Aug	26-Aug	2-Sep	9-Sep	16-Sep	23-Sep	30-Sep	7-Oct	14-Oct	21-Oct	28-Oct		
1	Vision Support	Achieve alignment with division directors around scope and "what" we are going to achieve (vision/ future state) and the scope of the project Prepare material, agenda, and follow up after meetings, support 3 Visioning Sessions. Any additional sessions/future state work will be addressed separately																								
	Leadership/ Governance	Define project team organization and leadership / governance structure - 1-2 meetings with steering team to define meeting schedule and report-out structure for steering team, and define charter team members Prepare material, agenda and follow-up after meetings																								
	Charter	Schedule Project Charter Team Meetings (likely two 2 hr meetings) Complete Project Charter - will likely take two 2 hr meetings. Preparation for Charter Meetings, distribution of material, follow up after meetings																								
	Work Plan	Once the Charter is completed, create preliminary prioritized, sequenced work plan of key milestones and deliverables for Phase 2 - Based on elements within the charter - objectives, measurable goals and planned deliverables																								
	Process Mapping	Identification of all areas where case management services occur in DHHS departments Schedule process mapping with all relevant areas where "case management" services occur - 14 different areas have been identified Document current state and identify the case management process steps / flow for relevant programs for all departments - 14 "case management" units - 2 hour Process Mapping Sessions - Follow up documentation																								
	Current State Findings	Report-out current state findings - Analysis of process mapping results - Create visual representation of current state case management - Prepare presentation - Report out meeting - Deliver Presentation Identify needed and available data - Project Charter will determine what data is needed - Will also know more about needed data following process mapping																								
	Wrap Up	Wrap up Phase 1 and Preparation for Phase 2 - - Report out to steering team summary of phase 1 and preliminary plan for phase 2 - Identify interdisciplinary team members and schedule sessions for Value Stream Mapping of future state - Schedule a series of 2 hour meetings. Estimate it will take at least 5 meetings Preparation for meeting, agenda, and follow-up; Contingency																								
	PM Methods	Assess current methods for Project Management and identify and advise on opportunities for Process Improvement within Case Management.																								
2	Value Stream Mapping and Implementation Plan	In this phase Value Stream Mapping of current state will occur, a desired state or future state map will be developed and an action plan completed.																								
Cumulative Fees/Expenses (Projected) *			\$68K	\$83K	\$86K	\$102K	\$117K	\$132K	\$146K	\$157K	\$169K	\$181K	\$193K	\$206K	\$218K	\$230K	\$242K	\$255K	\$267K	\$279K	\$291K	\$304K	\$316K	\$328K		

* Includes additional effort required for support of 3 Visioning Sessions (if additional Visioning Sessions and/or researching/benchmarking is needed, this will be arranged separately)

Original Target (Phase 1)

Revised Target (Phase 1)

Preliminary Target (Phase 2)



June 23 Finance Packet Item 3

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: June 13, 2016

TO: Duncan Shrout, Chairperson, Milwaukee County Mental Health Board

FROM: Michael Lappen, BHD Administrator
Prepared by Lora M. Dooley, Director of Medical Staff Services

SUBJECT: Report from the Behavioral Health Division Administrator, Requesting Approval to Implement "Employment Agreements" Established Under New BHD Personnel Policy for Specific Classified, Unclassified and Exempt Physician County Employees

Issue

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health with a value of at least \$100,000. The contract shall take effect only if the Milwaukee County Mental Health Board votes to approve, or does not vote to reject, the contract within 28 days after the contract is signed or countersigned by the County Executive.

Per the above Statute, the BHD Administrator is requesting authorization to establish six (6) "Employment Agreements" with four current physician employees and two newly recruited physicians with pending start dates. The salary specified within each agreement exceeds \$100,000 annually but each is within the approved County pay range for the specified title codes and job classifications, as established by the DHR Compensation Division.

It has been determined that these "Employment Agreements" fall under BOTH personnel policy AND contract requirements.

Discussion

Due to the significant time, effort and expense associated with recruiting and retaining qualified medical staff, the Behavioral Health Division, in collaboration with the Compensation Division and Corporation Counsel, has established a new personnel policy that will require employment agreements for specific classified, unclassified and exempt physician classifications within Milwaukee County employ. The purpose of these agreements is to stipulate total compensation including fringe benefits and to establish a reasonable and fair "minimum resignation notice" requirement, which does not exist under Civil Service rules.

We submit the table below, which lists six (6) personnel transactions that BHD will be requesting the Milwaukee County Chief Human Resources Officer to implement that will have an associated Employment Agreement.

HIGH/ LOW ORG	CURRENT	RECOMMENDED	NO. POSITIONS	CURRENT		RECOMMENDED		INFORMATIONAL: Market equitable alignment based on overall job duties/responsibilities, industry competition, competencies and education/experience requirements.	EFFEC. DATE		
	JOB CODE/ POSITION #	JOB CODE/ POSITION #		PAY RANGE	ANNUAL PAY RATE	PAY RANGE	ANNUAL PAY RATE				
6300/6323	11014000000001	N/A	1	E014	Min	211,580	E014	Min	211,580	Immediate Recruitment Need	
					Mid	269,763		Mid	269,763	X Retention	
					Max	327,948		Max	327,948	X Industry Shortage / Strong Competition for Professional Specialty	
					\$277,030			\$290,000		X Other: Exceptional Performance	
								X Employment Agreement Initiation-effective date in association with approved salary change start	4/1/16		
6300/6373	21027001000001 21027001000002	N/A	2	P027	Min	190,192	P027	Min		190,192	Immediate Recruitment Need
					Mid	232,985		Mid		232,985	X Retention
					Max	275,778		Max		275,778	X Industry Shortage / Strong Competition for Professional Specialty
					\$220,000			\$250,000		X Other: Exceptional Performance	
								X Employment Agreement Initiation	07/03/16		
6300/6373	21027001000003	N/A	1	P027	Min	190,192	P027	Min		190,192	Immediate Recruitment Need
					Mid	232,985		Mid		232,985	X Retention
					Max	275,778		Max		275,778	X Industry Shortage / Strong Competition for Professional Specialty
					\$250,000			NO CHANGE		X Other:	
								X Employment Agreement Initiation-effective date in association with approved salary change start	02/14/16		
6300/6373	21027001000004 21027001000005	N/A	2	P027	Min	190,192	P027	Min		190,192	Immediate Recruitment Need
					Mid	232,985		Mid		232,985	X Retention
					Max	275,778		Max		275,778	X Industry Shortage / Strong Competition for Professional Specialty
					N/A			\$250,000		X Other: Training/Experience Exceeds the Minimum Qualifications.	
								X Employment Agreement Initiation	09/12/16		

The individual physicians entering into these agreements shall maintain current status as a benefit-eligible COUNTY EMPLOYEE, or if newly hired shall be established as a benefit-eligible COUNTY EMPLOYEE, including ERS enrollment, and subject to all applicable County and BHD personnel policies and Civil Service rules, where applicable.

Incumbents of above positions shall be eligible for recruitment/retention bonus. All bonuses shall be subject to conditions. Amount of bonus shall not exceed \$25,000 annually. In all cases, any funds identified through the Employment Agreement as a retention or other bonus shall not be considered eligible earnings under the Milwaukee County Pension Plan. Therefore, a retention or other bonus shall not affect in any manner any pension benefit under the Employee Retirement System (ERS), including, but not limited to, earnable compensation, final average salary, service credit, eligibility for a benefit or timing of a benefit.

Recommendation

It is recommended that the Milwaukee County Mental Health Board approve entering into "Employment Agreements" (contracts) with the incumbent of each of the above positions for the recommended total compensation amounts.

References

Wis. Stats. [46.19\(4\)](#): the salaries of any superintendent of a mental health institution and the salaries of any visiting physician and necessary additional officers and employees whose duties are related to mental health shall be fixed by the county executive.

Wis. Stats. [51.41\(10\)](#): MENTAL HEALTH CONTRACTS. Any contract related to mental health with a value of at least \$100,000, to which Milwaukee County is a party may take effect only if the Milwaukee County mental health board votes to approve, or does not vote to reject, the contract within .28 days after the contract is signed or countersigned by the county executive.

Wis. Stats. [51.42\(6m\)\(i\)](#): Establish salaries and personnel policies of the programs of the county department of community programs subject to approval of the county executive or county administrator and county board of supervisors, except in Milwaukee County, or the Milwaukee County mental health board in Milwaukee County unless the county board of supervisors or the Milwaukee County mental health board elects not to review the salaries and personnel policies.

Fiscal Effect

The recommended compensation contained in this report are supported by currently funded and authorized positions within the Behavioral Health Division operating budget. There is no tax levy associated with this request.

Respectfully Submitted,



Michael Lappen, Administrator
Behavioral Health Division

- cc Thomas Lutzow, Chairperson, Milwaukee County Mental Health Board Finance Committee
- Héctor Colón, Director, Department of Health and Human Services
- Alicia Modjeska, BHD Chief Administrative Officer
- Michael Blickhan, Milwaukee County Director Compensation/HRIS
- Jodi Mapp, Senior Executive Assistant

Chairperson: Thomas Lutzow
Senior Executive Assistant: Jodi Mapp, 257-5202

**MILWAUKEE COUNTY MENTAL HEALTH BOARD
FINANCE COMMITTEE**

Thursday, June 16, 2016 - 1:30 P.M.
Milwaukee County Mental Health Complex
9455 Watertown Plank Road
Conference Room 1045

MINUTES

SCHEDULED ITEMS:

- | | |
|----|--|
| 1. | <p>Welcome.</p> <p>Chairman Lutzow welcomed everyone to the June 16, 2016, Mental Health Board Finance Committee meeting.</p> |
| 2. | <p>Milwaukee County Behavioral Health Division 2017 Budget Narrative Presentation.</p> <p>The approach to develop the 2017 Budget was continued movement towards a community-based system of care that is person centered, recovery oriented, trauma informed, culturally intelligent, and is less reliant on acute care. It is in line with the many recommendations put forth by the Human Services Research Institute, the Public Policy Forum, and others. It also contains items received from consumers, Community-Based Organizations, advocacy groups, the Mental Health Task Force, as well as the Mental Health Board. In addition to budgetary initiatives, Administration is looking to add rigor, structure, and accountability to BHD operations leading to better integration and coordination of services and systems, breaking down silos, and ultimately moving forward with the most efficient and effective service delivery approach. These changes will improve client satisfaction, outcomes, and population health. Major redesign is occurring in the areas of Quality Assurance, contracts, the intake process, and case management framework.</p> <p>Overall, the Budget increases by \$20.5 million. This includes a \$10.6 million increase in Wraparound services, \$5 million increase in Comprehensive Community Services, \$3.4 million increase in patient revenue, and \$11.9 million increase from reclassifying Wraparound revenue to appropriately reflect cost allocations. This Budget assumes inpatient, Child and Adolescent Inpatient Services, the observation unit, and emergency room services will continue in this current facility, along with the current staff. The Budget includes \$1.5 million for recruitment and retention for psychiatrists, \$2.7 million designated to the Electronic Medical Records system, \$3.4 million for reimbursement of inpatient claims, and \$700,000 for security and building maintenance.</p> |

SCHEDULED ITEMS (CONTINUED):

	<p>Other Budget highlights included community-based services, chronic homelessness, Targeted Case Management capacity expansion, Crisis Resource Center expansion, residential services, opium abuse, and the Wraparound wellness clinic.</p> <p>Questions and comments ensued.</p>
3.	<p>2017 Behavioral Health Division Budget Recommendations.</p> <p>A process was developed to receive written recommendations for the Budget from the public and sponsored by Board Members. Four recommendations were received.</p> <p>The first recommendation addressed was from Board Members Neubauer and Wesley for a Policy and Research Analyst to support the Board. The anticipated impact is approximately \$95,000.</p> <p>The Administration's recommendation is to use a dedicated Department of Health and Human Services analyst from the Department of Administrative Services (DAS) to support requests coming from the Board, with no additional cost to the Behavioral Health Division. It is recommended the Board work through this process for a year. DAS will track the requests and document labor used to help gauge what is actually needed. This information will be used for the 2018 Budget.</p> <p>Discussions were held with the recommendation sponsors.</p> <p>The Finance Committee unanimously agreed to support and forward the Administration's recommendation to the Board.</p> <p>The second recommendation addressed was from Board Members Neubauer and Wesley for three additional Crisis Assessment and Response Teams (CART) for West Allis. The anticipated impact is approximately \$300,000.</p> <p>The Administration's position is to add one additional CART team dedicated to West Allis due to capacity issues.</p> <p>Discussions were held with the recommendation sponsors.</p> <p>The Finance Committee unanimously agreed to support and forward the Administration's recommendation to the Board.</p> <p>The third recommendation addressed was from Board Member Davis for an Alcohol and Other Drug Abuse residential increase. The anticipated impact is approximately \$730,000.</p> <p>The Administration's position is to use the contract redesign process underway. The Division should stay true to this process in fairness to all providers. Through this process,</p>

SCHEDULED ITEMS (CONTINUED):

	<p>programs and/or providers will be identified who need increases. There will also be savings initiated through the new process. Those dollars saved would then be reallocated to programs and providers who will need increases. Residential contracts will be reviewed and analyzed for payment increases.</p> <p>Amy Linder of Meta House withdrew her recommendation in lieu of Board Member Davis' recommendation.</p> <p>The Finance Committee unanimously agreed to support and forward the Administration's recommendation to the Board.</p>
4.	<p>Public Comment on the 2017 Behavioral Health Division Budget Narrative.</p> <p>The meeting opened for public comment on the Behavioral Health Division's 2017 Budget Narrative. The following individuals appeared and provided comments:</p> <p>Amy Lindner, Meta House Kelly Davis, Mental Health Task Force Barbara Beckert, Disability Rights Wisconsin Thomas Kotowski Mary Neubauer, Mental Health Board Member Julie Meyer Sandy Pasch Paul Neymeyr Brenda Wesley, Mental Health Board Member</p> <p>The following person registered but did not speak:</p> <p>Peter Hoeffel, NAMI</p>
5.	<p>The Finance Committee's 2017 Behavioral Health Division Budget Recommendation.</p> <p>The Finance Committee unanimously agreed to recommend approval of the Behavioral Health Division's 2017 Recommended Budget inclusive of the approved recommendations/amendments presented.</p>
<p>There will be a Special Meeting of the Milwaukee County Mental Health Board Finance Committee on Thursday, June 23, 2016, at 7:00 a.m.</p> <p>The next regular meeting of the Milwaukee County Mental Health Board Finance Committee is Thursday, August 18, 2016, at 1:30 p.m.</p>	

June 16 Finance Packet Item 2

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

Budget Summary

Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Variance
Expenditures¹					
Personnel Costs	\$63,170,918	\$61,989,081	\$61,159,771	\$66,374,628	\$5,214,855
Operation Costs	\$116,137,394	\$109,432,250	\$125,570,216	\$140,087,829	\$14,517,613
Debt & Depreciation	\$0	\$0	\$0	\$0	\$0
Capital Outlay	\$576,500	\$454,116	\$1,129,000	\$267,000	(\$862,000)
Net Crosscharge/Abatement	(\$289,232)	\$1,669,773	\$346,358	\$1,837,133	\$1,490,775
Total Expenditures	\$179,595,580	\$173,545,182	\$188,205,345	\$208,566,588	\$20,361,243
Legacy Healthcare/Pension	\$15,700,213	\$16,137,526	\$14,650,070	\$17,223,263	\$2,573,193
Revenues¹					
Direct Revenue	\$66,840,693	\$68,147,188	\$76,900,443	\$109,426,630	\$32,526,187
Intergov Revenue	\$53,655,546	\$52,099,001	\$52,491,931	\$40,535,209	(\$11,956,722)
Total Revenues	\$120,496,239	\$120,246,189	\$129,392,374	\$149,961,839	\$20,569,465
Tax Levy	\$59,099,341	\$53,298,993	\$58,812,971	\$58,604,749	(\$208,222)²
Personnel³					
Full-Time Pos. (FTE)	585.3	590.5	521.3	537	15.7
Seas/Hourly/Pool Pos.	31	25.8	22.7	14.6	8.1
Overtime \$	\$1,188,504	\$1,754,164	\$1,051,632	\$1,030,908	(\$20,724)

Department Mission: To be a center of excellence for person-centered, high-quality best practice-based mental health services in collaboration with community partners.

Department Description: The Behavioral Health Division (BHD) consists of:

- Management and Support Services
- Psychiatric Crisis ER/Observation
- Adult and Child Acute Inpatient Services
- Community Services Branch
- Wraparound Milwaukee

2017 expenditures for Community Services increased \$26.0 million while expenditures for Inpatient and PCS ER/OBS decreased by \$0.9 million. Increased expenditures and revenue in the Community Access to Recovery Services Division are due to investments in programs, which include:

¹ 2015 Budget and Actual Expenditures and Revenues include Central Rehab for which there is no longer a Service Area page included in the 2017 Budget document.

² 2017 tax levy target reduced to be consistent with reduced crosscharges.

³ Personnel – Reduction in 2016 FTEs includes (50.3) FTEs from the closure of Central Rehab.

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

- Increases to the Comprehensive Community Service (CCS) program with a projected enrollment of 800 by the end of 2017 and an increase of \$5.8 million in annual spending.
- BHD also supports the continued partnership with the Milwaukee County Housing Division's initiative to end chronic homelessness. This initiative was started on July 1, 2015, and has served 145 individuals as of June 2016.
- \$0.5 million is budgeted to provide operating costs at the Northside community hub.
- \$0.6 million for increase AODA residential capacity
- \$10.9 million increased spending in Wraparound Milwaukee primarily related to increase in enrollment to 1,350 in 2017.
- The newly created Intensive Outpatient Program will complement Milwaukee County's Day Treatment program by providing services to a similar population with shorter lengths of stay at a tax levy cost of \$0.6 million.

A new centralized Quality department is formed in 2017 bringing together experienced professionals from the Hospital and Community Access to Recovery Services divisions.

The Behavioral Health Division continues to strengthen efforts and engage in purposeful activities in support of a **Quality Journey** as to truly transform into a healthcare system of high reliability, client satisfaction, quality and safety. Mental Health Board governance and BHD Leadership remain committed to quality care and services including increasing efforts to delineate contract performance expectations and increased monitoring, fostering a culture of safety and supporting a continuous learning environment with an on-going emphasis on performance improvement. Efforts to centralize BHD quality related functions, with an emphasis on enhanced community services and client outcomes delineated by measurement goals and benchmarks are hallmarks of these continued efforts. Plans to eliminate barriers and individual program silos that operate independently of one another in favor of an integrated system of quality care and coordinated quality activities are currently underway. The goals include strengthening the quality approach to increase operational efficiency, support an environment of safety, reduce cost and create a healthcare system where a client is better cared for throughout the service continuum.

The **BHD Quality Plan** will continue to serve in 2017 as the Behavioral Health Division's call to action. BHD will strive to continuously assess and improve the quality of the treatment and services it contracts and provides. All services and programs within the service continuum including community and inpatient services will continue to 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.

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.

BHD will continuously strive 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.

Strategic Program Area 1: Management & Support Services

Service Provision: Administrative

Strategic Outcome: High Quality, Responsive Services

What We Do: Activity Data			
Activity	2015 Actual	2016 Budget	2017 Budget
This program area does not have activity data.			

How We Do It: Program Budget Summary					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Variance
Expenditures	\$32,554,724	\$30,695,000	\$32,717,094	\$38,743,689	\$6,026,595
Abatement	(\$29,064,573)	(\$30,412,692)	(\$31,299,810)	(\$37,889,489)	(\$6,589,679)
Revenues	\$1,666,137	\$883,449	\$1,411,187	\$854,200	(\$556,987)
Tax Levy	\$1,824,014	(\$601,142)	\$6,097	\$0	(\$6,097)
FTE Positions	138.5	138.5	129.5	138.6	9.1

How Well We Do It: Performance Measures			
Performance Measure	2015 Actual	2016 Budget	2017 Budget
Overtime Costs / Personal Services Costs	3.1%	1.7%	1.6%
Revenue dollars / fiscal staff	\$5,090,600	\$4,280,407	\$4,953,922
Patient revenue collected / Billed revenue	39.6%	33.4%	51.2%

Strategic Implementation:

Management and Support Services provides fiscal management, compliance and administration.

Personnel expenses increased \$1.8M for fringe benefits and \$.6M for salaries including 1% cost of living adjustment. Other expenditure increases in 2017 include \$2.7M to explore new Electronic Medical Records solutions and \$.7M for enhanced security and building maintenance expenses.

Due to the consolidation of personnel from the Community Services and Wraparound departments into the new Quality department at BHD, the management/operations area increases by 9.1 FTEs in 2017.

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

Strategic Program Area 2: Psychiatric Crisis ER/Observation

Service Provision: Mandated

Strategic Outcome: Self-sufficiency

What We Do: Activity Data			
Activity	2015 Actual	2016 Budget	2017 Budget
<i>Psychiatric Crisis Services</i>			
Admissions	10,173	9,500	9,000

How We Do It: Program Budget Summary					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Var
Expenditures	\$16,941,126	\$18,603,139	\$19,286,873	\$18,420,370	(\$866,503)
Revenues	\$11,522,653	\$11,688,408	\$11,911,882	\$11,468,783	(\$443,099)
Tax Levy	\$5,418,473	\$6,914,731	\$7,374,991	\$6,951,587	(\$423,404)
FTE Positions	78.5	78.5	76	75.3	(0.7)

How Well We Do It: Performance Measures			
Performance Measure	2015 Actual	2016 Budget	2017 Budget
Percent of clients returning to PCS within 30 days	25%	27%	25%
Percent of Time on Waitlist Status	16.1%	10%	25%
Clients transferred to private facilities from PCS	8.2%	12%	10%

Strategic Implementation: Psychiatric Crisis ER/Observation includes:

- Psychiatric Crisis Service (PCS) Emergency Room
- Observation Unit

Due to the decrease in the number of admissions, revenue decreased by (\$443,099) in 2017.

Expenditures decreased (\$1,342,558) due to a decrease in administrative and overhead cross charges, resulting from the reallocation of cross charges as Inpatient Services level off or decline, and Community Services continue to grow. Patient expenses for drugs and outside medical services also decreased by (\$316,158). Increased salaries and benefits of \$790,213 to attract and retain Psychiatrists and other clinical staff partially offset the reduced overhead and expenses.

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

Strategic Program Area 3: Inpatient Services (Adult and Children)

Service Provision: Mandated

Strategic Outcome: Self-sufficiency

What We Do: Activity Data			
Activity	2015 Actual	2016 Budget	2017 Budget
Acute Adult Inpatient			
Average Daily Census	48	60	54
Number of Admissions	962	1,275	900
Number of Patient Days	17,538	20,148	19,710
Average Length of Stay (Days)	17.2	13.5	22
Child and Adolescent Inpatient Services			
Average Daily Census	9.8	12	12
Number of Admissions	919	890	930
Number of Patient Days	3,594	4,030	4,380
Average length of Stay (Days)	4.0	3.6	4.7

How We Do It: Program Budget Summary					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Var
Expenditures	\$36,374,950	\$37,629,829	\$41,543,025	\$37,299,790	(\$4,243,235)
Revenues	\$14,606,010	\$18,976,788	\$17,089,423	\$20,456,205	\$3,366,782
Tax Levy	\$21,768,940	\$18,653,040	\$24,453,602	\$16,843,585	(\$7,610,017)
FTE Positions	185.6	185.6	184	185.0	1.0

How Well We Do It: Performance Measures			
Performance Measure	2015 Actual	2016 Budget	2017 Budget
Acute Adult Inpatient			
Percent of clients returning to Acute Adult within 30 days	11.2%	12.2%	11%
Patients Responding Positively to Satisfaction Survey	72.4%	75%	75%
Child and Adolescent Inpatient Services			
Percent of children who return to CAIS within 30 days	15.9%	9.5%	15%
Patients Responding Positively to Satisfaction Survey	70.5%	78%	73%

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

Strategic Implementation:

BHD's inpatient services are provided in four licensed psychiatric hospital units with three specialized programs for adults, and one specialized unit for children and adolescents. Adult units include one 21-24 licensed bed adult unit called the Acute Treatment Unit (ATU), one 21-24 licensed bed Women's Treatment Unit (WTU) and one 18 bed Intensive Treatment Unit (ITU). A projected total of 60 of the licensed adult beds will be available in 2017 with a projected 90% occupancy rate. All units provide inpatient care to individuals who require safe, secure, short-term or occasionally extended psychiatric hospitalization. A multi-disciplinary team approach of psychiatry, psychology, nursing, social service and rehabilitation therapy provide assessment and treatment designed to stabilize any patient with acute psychiatric needs and assist the return of the patient to his or her own community. The WTU program provides specialized services for women recovering from complex and co-occurring severe mental health disorders. The ITU program provides a safe, supportive environment for those individuals with mental health conditions who are at high risk for aggressive behavior and in need of intensive behavioral and pharmacological interventions. The Child and Adolescent (CAIS) unit provides inpatient care to individuals age 18 and under. The CAIS unit also provides emergency detention services for Milwaukee County as well as inpatient screening for Children's Court.

Expenditures decreased (\$4,243,235) primarily due to a decrease in administrative and overhead cross charges, resulting from the reallocation of cross charges as Inpatient Services level off or decline, and Community Services continue to grow.

Revenue increases \$3,366,782 due to a reduction in write offs for uninsured patients, improved collection efforts and increased Medicaid reimbursement rates.

The Behavioral Health Division has implemented improvements to ensure the health, safety and welfare of those served as well as to maintain compliance with all conditions of participation for state psychiatric hospitals as established by the Centers for Medicare and Medicaid.

BHD continues to build interdisciplinary teams through involved recruitment strategies, retention strategies, and ongoing education and development. In addition BHD worked diligently to attract and retain highly qualified nursing management staff and utilized LEAN processes to improve scheduling practices.

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

Strategic Program Area 4: Community Access to Recovery Services Division (CARSD)

Service Provision: Mandated

Strategic Outcome: Self-Sufficiency / Quality of Life

How We Do It: Program Budget Summary ⁴					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Var
Expenditures	\$112,262,021	\$106,406,016	\$125,958,163	\$151,992,228	\$26,034,065
Revenues	\$90,882,761	\$86,996,532	\$98,979,882	\$117,182,651	\$18,202,769
Tax Levy	\$21,379,260	\$19,409,484	\$26,978,281	\$34,809,577	\$7,831,296
FTE Positions	132.5	132.5	131.8	138.05	6.25

How Well We Do It: Performance Measures ⁵			
Performance Measure	2015 Actual	2016 Budget	2017 Budget
Average Satisfaction Survey Score	87%	76%	77%
Reduction in past 6 months psychiatric bed days	60.3%	61%	62%
Reduction in past 30 days alcohol or drug use	82.5%	83%	84%
Reduction in homelessness or in shelters	77.3%	78%	79%
Increase in employment	34.0%	34%	34%

As an integral part of the behavioral health care continuum in Milwaukee, BHD continues efforts to provide a “new front door” for behavioral health care that increases access to services for individuals, their families, and loved ones by being more centrally located in the community. \$0.5 million is budgeted to provide operating costs at the Northside Hub to develop, implement, and operate a service delivery system that provides both direct services (assessment, crisis stabilization, peer support, etc.) and referral services based upon individual need.

BHD also supports the continued partnership with the Milwaukee County Housing Division's initiative to end chronic homelessness. This initiative was started on July 1, 2015, and to date has served 145 individuals. BHD is recommending an additional \$250,000 to the Housing Division to support this initiative.

CARSD consists of three separate program areas:

1. Community Mental Health and Community Crisis Services
2. Community AODA Services
3. Wraparound Milwaukee

For 2017, the Crisis Mobile Team and Access Clinic have been moved to this area from Psychiatric Crisis Services to more accurately reflect their role as in providing community based services. The financials have been restated as in previous years to reflect this change.

Internal overhead charges to CARSD increased by \$12.5 million in 2017 primarily due to refined allocation methodology.

⁴ For 2017, the Crisis Mobile Team and Access Clinic have been moved to this area from Psychiatric Crisis Services to more accurately reflect their role as a community organization. The financials have been restated in previous years to reflect this change.

⁵ These performance measure relate to both Community Mental Health & Crisis Services and Community AODA Services narrative sections.

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

CARS: Community Mental Health and Community Crisis Services

What We Do: Activity Data			
Activity	2015 Actual	2016 Budget	2017 Budget
Crisis Mobile Team			
Mobiles Completed	2,609	2,100	2,770
Adult Day Treatment			
Capacity	24	24	24
Intensive Outpatient Program			
Capacity	0	0	24
Targeted Case Management			
Average Enrollment	1,443	1,443	1,553
Community Support Program			
Average Enrollment	1,267	1,267	1,267
Comprehensive Community Services			
Average Enrollment	233	560	800
Community Recovery Services			
Average Enrollment	42	35	35

How We Do It: Program Budget Summary					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Var
Expenditures	\$52,537,922	\$43,994,147	\$65,509,827	\$79,014,590	\$13,504,763
Revenues	\$33,306,701	\$26,267,847	\$40,272,798	\$47,691,600	\$7,418,802
Tax Levy	\$19,231,221	\$17,726,300	\$25,237,029	\$31,322,990	\$6,085,961

How Well We Do It: Performance Measures			
Performance Measure	2015 Actual	2016 Budget	2017 Budget
CCS: Tax levy per capacity	\$1,522	\$3,225	\$2,572
CRS: Tax levy per capacity	\$44,930	\$36,141	\$32,777
CSP: Tax levy per capacity	\$5,006	\$5,173	\$7,543
TCM: Tax levy per capacity	\$2,246	\$2,672	\$3,188
Crisis Mobile: Tax levy per mobile	\$1,150	\$2,052	\$1,408

Strategic Implementation: Community Access to Recovery Services (CARS) is the community-based mental health and substance abuse system for adults in Milwaukee County. CARS provides a variety of services to help adults with mental illness achieve the greatest possible independence and quality of life by assessing individual needs and facilitating access to appropriate community services and supports.

In support of that mission, CARS is working to increase enrollment in Community Comprehensive Services (CCS) which is a Medicaid entitlement that provides a coordinated and comprehensive array of recovery services, treatment, and psychosocial rehabilitation services that assist individuals to utilize professional, community, and natural supports to address their needs. The CCS program goal is to serve 800 participants by the end of 2017. This is anticipated to increase expenses by \$5.8 million and revenue by \$5.0 million.

Targeted Case Management (TCM) is a service to support individuals with serious and persistent mental illness to live as independently as possible in the community. As these services are transitioned to a fee-for-service network

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

it is recognized that an increase in funding is required for both enrollment and network capacity issues. For 2017, \$367,660 is being budgeted to serve at least 110 more individuals. This increase in ability to serve will end individuals waiting to be served by TCM and will increase the ability to serve individuals identified for services by the Housing First Initiative.

5.0 FTE Administrative Coordinator staff members are being added to CARS to meet the increased demand and referrals for services to CARS. Three of these staff members will also work to review clinical authorizations for ongoing services for different mental health programs as BHD increases oversight and approvals for services.

The newly created Intensive Outpatient Program will complement Milwaukee County's Day Treatment program by providing services to a similar population with shorter lengths of stay. This program will provide service to a greater number of individuals and further contribute to the existing continuum of care. This is anticipated to serve a capacity of 24 individuals at an annual tax levy cost of \$0.6 million.

In 2016, an expansion of the Crisis Resource Centers (CRC) occurred to expand services on third shift. This expansion provided enough funding to develop and implement clinical services on third shift five nights per week at the CRC-North. In 2017, it is being recommended to increase funding to expand third shift services at both CRC-North and CRC-South to seven days per week. This will include both clinical and peer support services at an estimated cost of \$330,000.

In 2013, the BHD Crisis Services joined with the City of Milwaukee Police Department (MPD) to create an expansion program of the Crisis Mobile Team. This expansion – the Crisis Assessment Response Team (CART) – consisting of a single mobile team clinician and a single police officer partnered together as a mobile team in the community. Due to showing success in decreasing the need for involuntary care, CART was expanded in 2014 and again in 2016. The 2017 budget creates two additional CART teams with partial funding offset from the MacArthur Foundation for a net tax levy increase of \$56,376.

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

Community Mental Health Financials by Major Program Area				
Activity	2015 Actual	2016 Budget	2017 Budget	Variance
<i>Crisis Mobile Team</i>				
Expense	\$3,246,812	\$4,308,178	\$4,200,102	(\$108,076)
Revenue ⁶	\$247,367	-	\$299,850	\$299,850
Tax Levy	\$2,999,445	\$4,308,178	\$3,900,252	(\$407,926)
<i>Adult Day Treatment</i>				
Expense	\$2,609,360	\$2,993,100	\$2,443,351	(\$549,749)
Revenue	\$1,872,799	\$1,877,069	\$1,899,752	\$22,683
Tax Levy	\$736,561	\$1,116,031	\$543,599	(\$572,432)
<i>Intensive Outpatient Program</i>				
Expense	-	-	\$837,657	\$837,657
Revenue	-	-	\$224,946	\$224,946
Tax Levy	-	-	\$612,711	\$612,711
<i>Targeted Case Management</i>				
Expense	\$3,564,226	\$5,453,257	\$6,935,342	\$1,482,085
Revenue	\$323,370	\$1,597,405	\$1,983,749	\$386,344
Tax Levy	\$3,240,856	\$3,855,852	\$4,951,593	\$1,095,741
<i>Community Support Program</i>				
Expense	\$8,166,378	\$14,481,415	\$18,019,047	\$3,537,632
Revenue	\$1,823,850	\$7,926,639	\$8,462,056	\$535,417
Tax Levy	\$6,342,528	\$6,554,776	\$9,556,991	\$3,002,215
<i>Comprehensive Community Services</i>				
Expense	\$2,131,360	\$7,875,007	\$13,685,965	\$5,810,958
Revenue	\$1,871,023	\$6,617,250	\$11,628,000	\$5,010,750
Tax Levy	\$260,337	\$1,257,757	\$2,057,965	\$800,208
<i>Community Recovery Services</i>				
Expense	\$2,903,323	\$1,734,706	\$1,966,445	\$231,739
Revenue	\$1,016,279	\$469,755	\$819,261	\$349,506
Tax Levy	\$1,887,044	\$1,264,951	\$1,147,184	(\$117,767)

⁶ Crisis Mobile revenue was previously budgeted in a separate cost center.

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

CARS: Community AODA Services

What We Do: Activity Data			
Activity	2015 Actual	2016 Budget	2017 Budget
Detoxification			
Admissions	5,091	5,400	5,000
AODA Residential			
Capacity	96	96	112
Day Treatment - AODA			
Average Enrollment	60	60	60
Outpatient – Substance Abuse			
Admissions	853	850	850
Recovery House			
Average Enrollment	33	33	33
Recovery Support Coordination			
Average Enrollment	227	230	230
Recovery Support Services			
Average Enrollment	1,007	1,000	1,000

How We Do It: Program Budget Summary					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Var
Expenditures	\$14,967,534	\$13,750,024	\$13,827,399	\$15,554,015	\$1,726,616
Revenues	\$12,091,112	\$11,977,157	\$12,040,593	\$12,140,593	\$100,000
Tax Levy	\$2,876,422	\$1,772,867	\$1,786,806	\$3,413,422	\$1,626,616

Strategic Implementation: Milwaukee County's community AODA services is an alcohol and drug treatment and recovery service system. These services are open to Milwaukee County residents ages 18-59 with a history of alcohol or drug use, with priority given to families with children and pregnant women (regardless of age).

Milwaukee County BHD has a provider network for AODA residential services that provides a continuum of services that includes traditional residential, medically monitored residential, and co-occurring biomedically monitored residential. Due to the increased demand for residential AODA treatment services, it is being recommended to increase AODA residential capacity from 96 to 112 beds at a cost of \$613,748.

BHD budgets \$100,000 to enhance opioid epidemic strategies. This will enable BHD to purchase Narcan, an antidote for treating narcotic overdose, and provide training for its use. This is offset by anticipated \$100,000 in grant revenue. Additionally, BHD CARS supports the use of Medication Assisted Treatment (MAT). MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a whole patient approach to the treatment of substance use disorders. CARS has integrated the use of MAT beginning with methadone treatment services over 15 years ago and has integrated the use of Vivitrol in the last three years. CARS utilizes a wraparound approach by not only assisting with the referral and/or placement of a person who is interested in receiving MAT, but provides a Care Manager to partner in the development of an Individual Recovery Plan (IRP).

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
 FUND: General – 0077

Financials by Major AODA Service Area				
	2015 Actual ⁷	2016 Budget	2017 Budget	Variance
Detoxification	\$2,577,775	\$2,572,145	\$2,572,145	-
AODA Residential	\$3,189,009	\$3,042,032	\$3,655,780	\$613,748
Recovery House	\$137,258	\$142,625	\$142,625	-
Outpatient – Substance Abuse	\$481,819	\$432,888	\$432,888	-
Recovery Support Coordination	\$1,433,274	\$1,423,960	\$1,423,960	-
Prevention	\$2,392,061	\$2,518,091	\$2,399,976	\$(118,115)
RSS	\$1,104,547	\$1,339,699	\$1,339,699	-
Other (Training, etc)	\$669,451	\$715,775	\$766,775	\$51,000

DRAFT

⁷ Data from CMHC/Avatar

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

CARS: Wraparound Milwaukee

What We Do: Activity Data			
Activity	2015 Actual	2016 Budget	2017 Budget
Family Intervention Support Services			
Number of Clients Served	919	750	800
Wraparound			
Average Total Enrollment	1,189	1,144	1,350
Average Daily Number of REACH enrollees	413	425	550
Mobile Urgent Treatment			
Number of Clients Seen (face-to-face)	1,560	1,800	1,750

How We Do It: Program Budget Summary					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Var
Expenditures	44,756,565	\$48,661,844	\$46,620,937	\$57,423,622	\$10,802,685
Revenues	45,484,948	\$48,751,527	\$46,666,491	\$57,350,458	\$10,683,967
Tax Levy	(\$728,383)	(\$89,683)	(\$45,554)	\$73,164	\$118,718

How Well We Do It: Performance Measures			
Performance Measure	2015 Actual	2016 Budget	2017 Budget
Family Satisfaction with Care Coordination (5.0 Scale)	4.6	4.6	4.6
Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice system)	62%	75%	75%
Percentage of youth who have achieved permanency at disenrollment	58%	70%	70%
Average level of "needs met" at disenrollment (1-5)	3.2	>3.0	>3.0

Strategic Implementation:

Wraparound Milwaukee is a unique managed care program operated by the Milwaukee County Behavioral Health Division to provide comprehensive, individualized and cost effective care to children with complex mental health and emotional needs. In 2017, enrollment is expected to continue to increase with the expectation of a daily enrollment of 1,350 children and their families.

Wraparound added 3.0 FTE to enhance their Wraparound Wellness Clinic to provide prescriber and other clinical services for enrollees. This is being done to respond to both increased enrollment as well as enhancements being made to provide more holistic care in the areas of integration of coordinating the physical health care needs of the youth. The Wellness clinic has also experienced an increase in utilization due to the increased enrollment into the CORE program designed to respond to youth experiencing their first episode of psychosis.

DEPT: Behavioral Health Division

UNIT NO. 6300
 FUND: General – 0077

Former BHD Service Areas

Rehab Centers – Hilltop and Central					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Var
Expenditures	\$10,527,332	\$10,623,890	\$0	\$0	\$0
Revenues	\$1,818,678	\$1,701,011	\$0	\$0	\$0
Tax Levy	\$8,708,654	\$8,922,879	\$0	\$0	\$0
FTE Positions	50.2	50.2	0	0	0

DRAFT

June 16 Finance Packet Item 3

2017 Budget

Proposed Amendment Summary

Amendment Description	Sponsor	Cost	Budget Impact
Policy & Research Analyst for the MHB	Mary Neubauer & Brenda Wesley	\$95,000	Increased Tax Levy
CART Team Expansion > 3 Teams for West Allis	Mary Neubauer & Brenda Wesley	\$300,000	Increase Tax Levy
Warmline Expansion	Mary Neubauer & Brenda Wesley	\$50,000	Increase Tax Levy
Rate Increase - AODA Residential	Amy Linder	Various	Increase Tax Levy
Rate increase - AODA Residential	Mike Davis	\$730,000	Increase Tax Levy

Proposed Tax Levy Impact

\$1,175,000

BUDGET RECOMMENDATION 2017 REQUESTED BUDGET MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION



Forms are due June 9, 2016.

Please send completed recommendation forms to:
Tom Lutzow (LutzowMCMHB@wi.rr.com) &
Matt Fortman (Matthew.Fortman@milwaukeecountywi.gov)

Title:

Policy and Research Analyst for Mental Health Board

Recommended by:

Mary Neubauer, Brenda Wesley

Narrative Description:

Allocate \$95,000 for salary and fringe benefits to create a new full time Policy Research Analyst position reporting directly to the Mental Health Board. Responsibilities include providing fiscal and policy analysis as requested by the Board, helping the Board to independently assess performance and outcome measures for key initiatives and projects, assisting in completion of audits and other external evaluations, attending Board meetings, attending committee meetings, supporting Board members in drafting amendments and motions, providing periodic reports as requested by Board members, developing and documenting Board policies and procedures, helping facilitate communication with members of the public as directed by the Board, and publicizing Board meetings and opportunities for public input, as directed by members of the Board. Position responsibilities and salary/benefits are similar to those of Research staff reporting to the Milwaukee County Comptroller in the Research Services Division. Authority to hire and terminate this individual would be vested solely with the Mental Health Board. The Analyst could be housed with Research Services staff, or at the Public Policy Forum where CIC staff is based.

Anticipated Financial Impact of Recommendation:

Description	Revenue	Expense	Tax Levy
Policy and Research Analyst	-	-	95,000
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
Total	-	-	95,000

**BUDGET RECOMMENDATION
2017 REQUESTED BUDGET
MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION**



Title: Crisis Assessment Response Teams (CART)

Recommended by: Mary Neubaer, Brenda Wesley

Narrative Description:

Based on the success of the two CART teams currently operating through a partnership with BHD and MPD, and feedback received from Milwaukee County Municipalities, expanding CART to serve all of Milwaukee County would reduce the number of Emergency Detentions and improve outcomes of CIT and community policing initiatives as well as improve access to appropriate mental health services. The BHD Budget adds one county wide CART team, and the MacArthur grant will add a second county wide team. To supplement these investments, this recommendation would fund five additional clinicians from BHD's budget to allow for the following: an additional CART team with MPD to cover all shifts, an additional County wide CART team so coverage will be provided on all shifts, and as well three teams for West Allis to address the high number of Emergency Detentions initiated in West Allis. The cost is \$100,000 per team to cover the cost of a clinician for each team. Because this service can be billed to insurance, there is an estimate of revenue which will help to fund the CART teams.

Anticipated Financial Impact of Recommendation:

Description	Revenue	Expense	Tax Levy
Five Crisis Assessment Response Teams	200,000	-	300,000
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
Total	200,000	-	300,000

**BUDGET RECOMMENDATION
2017 REQUESTED BUDGET
MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION**



Title: Warmline Funding 2017

Recommended by: Mary Neubauer, Brenda Wesley

Narrative Description:

Warmline is a peer to peer non-crisis support line for individuals dealing with mental health issues. Due to funding issues, Warmline is currently only available 4 days a week; Sunday, Monday, Wednesday and Saturday. Support from BHD in terms of a signed \$15,000 contract and in kind services are greatly appreciated. However, additional funding is essential to fully staff Warmline and offer this important recovery service to the community.

To be effective, Warmline should be available 7 days a week and Warmline is committed to 7 days a week availability by December 2017. To meet this goal, Warmline needs to increase the number of Warmline peer counselors by 20 and add an additional 4 supervisors.

Requested funds will be used in the following way:

- Recruiting, hiring and training 20 new peer counselors and 4 new supervisors \$5,700.00
- Salaries for 37 peer counselors and 10 supervisors \$30,272.00
- Support of part-time associate director to address staff issues \$12,595.00
- Increased insurance premiums due to increased staff \$1,400.00

Total \$49,967.00

With these funds Warmline will have 37 trained peer counselors and 10 supervisors staffing 2 phones lines 7 days a week for 4 hours a day providing peer to peer recovery support. These increased Warmline hours will reduce the number of non-crisis calls to the Crisis Line as well as relieve some of the pressure on other emergency mental health systems.

Anticipated Financial Impact of Recommendation:

Description	Revenue	Expense	Tax Levy
Funding for Warmline, Inc.	-	49,967	49,967
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
Total	-	49,967	49,967

BUDGET RECOMMENDATION 2017 REQUESTED BUDGET MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION



Forms are due June 9, 2016.

Please send completed recommendation forms to:

Tom Lutzow (LutzowMCMHB@wi.rr.com) &

Matt Fortman (Matthew.Fortman@milwaukeecountywi.gov)

Title:

Increased Rates for Residential AODA Providers

Recommended by:

Narrative Description:

Everyone in this system is concerned about capacity, and we cannot ignore the direct relationship between rates and capacity. When providers cannot sustain the losses of low rates, providers eliminate beds and even close programs.

Milwaukee County's provider network had more residential beds 10 years ago than it has today. We know the need hasn't gone down over that decade—even more people need our help.

Over that same 10 years, we providers experienced caps on the number of clients Milwaukee County would fund and no increase in our rate. This combination makes it impossible for good programs to break even—meaning adding capacity only adds to our losses.

Anticipated Financial Impact of Recommendation:

Description	Revenue	Expense	Tax Levy
Alternate A: Increase rates to level requested by each	-	1,238,765	1,238,765
	-	-	-
Alternate B: increase all provider rates to current highest rate	-	979,524	979,524
	-	-	-
Alternate C: increase all provider rates by 20%	-	731,156	731,156
	-	-	-
	-	-	-
Alternate D: Increase all provider rates by 10%	-	365,578	365,578
Total	-		

**BUDGET RECOMMENDATION
2017 REQUESTED BUDGET
MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION**



Forms are due June 9, 2016.

Please send completed recommendation forms to:
Tom Lutzow (LutzowMCMHB@wi.rr.com) &
Matt Fortman (Matthew.Fortman@milwaukeecountywi.gov)

Title: Increased Rates for Residential AODA Providers

Recommended by: Mike Davis

Narrative Description:

Residential AODA providers are an important part of the services the County helps provide. For too long, good providers have gone with no adjustment to their rate, making it increasingly difficult for providers to maintain the capacity we need for our citizens.

We understand that a rate adjustment may be coming down the road as part of the larger contract re-design process, but believe that an upward adjustment in this budget is the right investment in our community partners.

This rate adjustment, which we hope can be funded in part with TANF dollars, will more adequately compensate the residential AODA treatment providers we depend on and the adjustment recommended here, while meaningful, is only a portion of the adjustment initially considered leaving BHD administration room for additional adjustments as appropriate in future contract re-designs.

Anticipated Financial Impact of Recommendation:

Description	Revenue	Expense	Tax Levy
Increase all provider rates by 20%	-	731,156	?*
	-	-	-
	-		
Total	-	731,156	

* Need to determine whether TANF dollars or other sources can offset any Tax Levy impact.

DRAFT

Chairperson: Thomas Lutzow
Senior Executive Assistant: Jodi Mapp, 257-5202

**MILWAUKEE COUNTY MENTAL HEALTH BOARD
FINANCE COMMITTEE**

Thursday, May 26, 2016 - 4:00 P.M.
Washington Park Senior Center
4420 West Vliet Street

MINUTES

SCHEDULED ITEMS:

- | | |
|----|---|
| 1. | <p>Welcome.</p> <p>Chairman Lutzow welcomed everyone to the May 26, 2016, Mental Health Board Finance Committee meeting.</p> |
| 2. | <p>Milwaukee County Budget Process.</p> <p>An overview was provided of Milwaukee County's overall budget process and how the Behavioral Health Division's Budget is incorporated. Topics discussed include mandated and discretionary services, revenues by source, levy by major function, property tax levy support, pension contribution, retiree expenses, and legacy fringe allocations.</p> |
| 3. | <p>2017 Budget Preliminary Overview.</p> <p>The Board timeline for Behavioral Health Division Budget review was presented. It was announced that the June 16, 2016, Finance Committee meeting will include public testimony.</p> <p>2017 Budget Assumptions include adult inpatient bed capacity and write-off percentage, child/adolescent inpatient services (CAIS) census, a comprehensive community services (CCS) increase, employee vacancy, cost of living adjustment (COLA), and community support programs (CSP) and community recovery services (CRS) capacity at 2016 levels.</p> <p>Budget initiatives were explained as developing a Southside community access hub, a full year of operations for the Northside community access hub, enhance opioid epidemic strategies, creation of two additional crisis assessment and response teams (CART), expansion of all crisis resource center operations, a full year of operations for the Intensive Outpatient Program, electronic medical records solution, Telehealth, retention and recruitment strategies, partnership with the Housing Division to eliminate chronic homelessness, increasing target case management (TCM) capacity, a Wraparound clinic, and increasing alcohol and other drug abuse (AODA) residential capacity. The cost of each was discussed.</p> |

SCHEDULED ITEMS (CONTINUED):

The Cost to Continue portion of the report addressed legacy costs as they relate to health insurance and pension.

A breakdown was provided of Behavioral Health Division Budget requests reflecting revenue, expense, and tax levy combined and for the hospital, community services, CRS, CSP, TCM, CCS, and Wraparound.

The meeting opened for public comment on the Behavioral Health Division's 2017 Budget Preliminary Overview. The following individuals appeared and provided comments:

Amy Lindner, Meta House
Jan Wilberg
Thomas Kotowski
Mary Kay Wagner, Warmline, Inc.
Barbara Beckert, Disability Rights Wisconsin
Mary Lou Murphy, Mental Health Task Force
Patricia McManus, Black Health Coalition of Wisconsin
Kate Meyer
Julie Meyer
Dennis Hughes, AFSCME
Robin Pedersen, Mental Health Task Force
County Supervisor Jason Haas, 14th District

The following people registered but did not speak:

Jeff Weber, Wisconsin Federation of Nurses and Healthcare Professionals
Zack Ehmann, IMPACT, Inc.

Length of meeting: 4:00 p.m. to 6:15 p.m.

Adjourned,

Jodi Mapp
Senior Executive Assistant
Milwaukee County Mental Health Board

**The next regular meeting of the Milwaukee County Mental Health Board
Finance Committee is Thursday, June 16, 2016, at 1:30 p.m.**



OFFICE OF CORPORATION COUNSEL

COLLEEN FOLEY
Interim Corporation Counsel

9

PAUL D. KUGLITSCH
Deputy Corporation Counsel

TIMOTHY R. KARASKIEWICZ
MOLLY J. ZILLIG
ALAN M. POLAN
JENNIFER K. RHODES
DEWEY B. MARTIN
JAMES M. CARROLL
KATHRYN M. WEST
JULIE P. WILSON
CHRISTINE L. HANSEN
CARRIE THEIS
Assistant Corporation Counsel

To: Chairman Duncan ShROUT
Milwaukee County Mental Health Board

Cc: Milwaukee County Mental Health Board

From: Colleen Foley
Interim Corporation Counsel

Re: Voting Protocol

Date: June 15, 2016

You asked for my analysis of proper voting protocol for issues before the Milwaukee County Mental Health Board (MHB). In particular, your query relates to 2 separate meetings where the MHB voted on salary and personnel matters pursuant to Wis. Stat. §51.42(6m)(i).

Background: On April 23, 2015, the MHB held a regular meeting and voted on a motion to designate approval authority over all salaries and personnel policies to the Behavioral Health Administrator, Director of the Department of Health and Human Services and the County Executive (item 8 on the agenda). The vote pertained to Wis. Stat. §51.42(6m)(i), which provides that the county community programs director¹, subject only to the supervision of the county executive or county administrator, shall:

Establish salaries and personnel policies of the programs of the county department of community programs subject to approval of the county executive or county administrator and county board of supervisors, except in Milwaukee County, or the Milwaukee County mental health board in Milwaukee County unless the county board of supervisors or the Milwaukee County mental health board elects not to review the salaries and personnel policies.

The MHB voted on the motion, resulting in a 5-5 tie. The item therefore failed.²

¹ In any county with a population of 750,000 or more, the county executive or county administrator shall appoint the director of the county department of human services under s. 46.21 as the county community programs director.

² Due to an error in the announcement of the original vote tally (indicating approval of the item), the MHB voiced no objection to immediate reconsideration of the item for another vote. The tie vote split as follows: Carlson, Chayer, Lutzow, ShROUT, and Walker voting aye; Landingham, Malofsky, Neubauer, Perez, and Wesley voting no.

At its August 27, 2015 regular meeting, the MHB addressed the issue of “reconsideration” of salary and personnel policies decision making (item 7 on the agenda). Discussion ensued regarding Representative Joe Sanfelippo’s letter regarding his intent in drafting Act 203, which created the MHB. Thereafter, the MHB voted 7-4³ on a motion for the MHB not to elect to review the salary and personnel policies of the County Department of Community Programs. Based on the vote tally, the motion prevailed and as a policy matter, the MHB elected not to review salary and personnel issues.⁴

Analysis: Article IX of the MHB’s adopted bylaws provides guidance regarding parliamentary authority. Specifically, the MHB may adopt procedural rules to govern its meetings, which may be suspended or modified at any time by a majority vote. The bylaws also cite *Robert’s Rules of Order* “where the board’s procedural rules, these bylaws or the statutes of the State of Wisconsin do not apply or provide guidance.”

The August agenda item (item 7) and the related vote are referenced as “reconsideration” of the April vote. An analysis of *Robert’s Rules of Order* shows that the August motion actually involved a “renewal.” *Robert’s Rules of Order*, 10th Edition.⁵ Indeed, any member can offer a motion that failed in an earlier session as a “renewal” of that motion. See *Robert’s Rules of Order*, Chapter X, pp. 325-331, ¶38, 10th Edition. A renewal of a motion occurs where there is a “significant change in wording, or because of a difference in the time or circumstances in which it is proposed.” *Id* Additionally, under *Robert’s*, “any motion still applicable can be renewed at any later session, except where a specific rule prevents its renewal; and such an impediment to renewal at a later session normally can exist only when the first motion goes over to that session as not finally disposed of. . . .” *Id*. The April vote disposed of the motion when it failed to pass on a tie vote.

A motion for “reconsideration”, on the other hand, is limited by when and by whom it can be made. See *Robert’s Rules*, Chapter IX, p. 304, ¶ 37, 10th Edition. It must occur at the same session when the motion was made and it must be made by the person who voted on the prevailing side.

Conclusion:

The August motion involved renewal, not reconsideration of the April motion. It occurred four months later, with an intervening session in between. It involved a motion that previously failed due to a tie vote and was therefore ripe for renewal. It introduced new circumstances -- the Sanfelippo letter regarding Act 203’s intent. Ultimately, the motion reflected the MHB’s majority vote, consistent with the letter and spirit of its operating procedures as set forth in the bylaws.

³ The 7-4 split was as follows: Carlson, Chayer, Lutzow, Miller, Perez, ShROUT and Walker voting aye; Landingham, Malofsky, Neubauer, and Wesley voting no.

⁴ An exception to this policy determination is where salary issues also involve employment contracts exceeding the \$100,000 threshold requiring MHB approval pursuant to Wis. Stat. §51.41(10).

⁵ *Robert’s Rules* currently has its 11th edition available, however, its updates are not pertinent to the opinions expressed in this memorandum.

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077**Budget Summary**

Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Variance
Expenditures¹					
Personnel Costs	\$63,170,918	\$61,989,081	\$61,159,771	\$66,374,628	\$5,214,855
Operation Costs	\$116,137,394	\$109,432,250	\$125,570,216	\$140,087,829	\$14,517,613
Debt & Depreciation	\$0	\$0	\$0	\$0	\$0
Capital Outlay	\$576,500	\$454,116	\$1,129,000	\$267,000	(\$862,000)
Net Crosscharge/Abatement	(\$289,232)	\$1,669,773	\$346,358	\$1,837,133	\$1,490,775
Total Expenditures	\$179,595,580	\$173,545,182	\$188,205,345	\$208,566,588	\$20,361,243
<i>Legacy Healthcare/Pension</i>	\$15,700,213	\$16,137,526	\$14,650,070	\$17,223,263	\$2,573,193
Revenues¹					
Direct Revenue	\$66,840,693	\$68,147,188	\$76,900,443	\$109,426,630	\$32,526,187
Intergov Revenue	\$53,655,546	\$52,099,001	\$52,491,931	\$40,535,209	(\$11,956,722)
Total Revenues	\$120,496,239	\$120,246,189	\$129,392,374	\$149,961,839	\$20,569,465
Tax Levy	\$59,099,341	\$53,298,993	\$58,812,971	\$58,604,749	(\$208,222)²
Personnel³					
Full-Time Pos. (FTE)	585.3	590.5	521.3	539	17.7
Seas/Hourly/Pool Pos.	31	25.8	22.7	14.6	8.1
Overtime \$	\$1,188,504	\$1,754,164	\$1,051,632	\$1,030,908	(\$20,724)

Department Mission: To be a center of excellence for person-centered, high-quality best practice-based mental health services in collaboration with community partners.

Department Description: The Behavioral Health Division (BHD) consists of:

- Management and Support Services
- Psychiatric Crisis ER/Observation
- Adult and Child Acute Inpatient Services
- Community Services Branch
- Wraparound Milwaukee

2017 expenditures for Community Services increased \$26.0 million while expenditures for Inpatient and PCS ER/OBS decreased by \$0.9 million. Increased expenditures and revenue in the Community Access to Recovery Services Division are due to investments in programs, which include:

¹ 2015 Budget and Actual Expenditures and Revenues include Central Rehab for which there is no longer a Service Area page included in the 2017 Budget document.

² 2017 tax levy target reduced to be consistent with reduced crosscharges.

³ Personnel – Reduction in 2016 FTEs includes (50.3) FTEs from the closure of Central Rehab.

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

- Increases to the Comprehensive Community Service (CCS) program with a projected enrollment of 800 by the end of 2017 and an increase of \$5.8 million in annual spending.
- BHD also supports the continued partnership with the Milwaukee County Housing Division's initiative to end chronic homelessness. This initiative was started on July 1, 2015, and has served 145 individuals as of June 2016.
- \$0.5 million is budgeted to provide operating costs at the Northside community hub.
- \$0.6 million for increase AODA residential capacity
- \$10.9 million increased spending in Wraparound Milwaukee primarily related to increase in enrollment to 1,350 in 2017.
- The newly created Intensive Outpatient Program will complement Milwaukee County's Day Treatment program by providing services to a similar population with shorter lengths of stay at a tax levy cost of \$0.6 million.

A new centralized Quality department is formed in 2017 bringing together experienced professionals from the Hospital and Community Access to Recovery Services divisions.

The Behavioral Health Division continues to strengthen efforts and engage in purposeful activities in support of a **Quality Journey** as to truly transform into a healthcare system of high reliability, client satisfaction, quality and safety. Mental Health Board governance and BHD Leadership remain committed to quality care and services including increasing efforts to delineate contract performance expectations and increased monitoring, fostering a culture of safety and supporting a continuous learning environment with an on-going emphasis on performance improvement. Efforts to centralize BHD quality related functions, with an emphasis on enhanced community services and client outcomes delineated by measurement goals and benchmarks are hallmarks of these continued efforts. Plans to eliminate barriers and individual program silos that operate independently of one another in favor of an integrated system of quality care and coordinated quality activities are currently underway. The goals include strengthening the quality approach to increase operational efficiency, support an environment of safety, reduce cost and create a healthcare system where a client is better cared for throughout the service continuum.

The **BHD Quality Plan** will continue to serve in 2017 as the Behavioral Health Division's call to action. BHD will strive to continuously assess and improve the quality of the treatment and services it contracts and provides. All services and programs within the service continuum including community and inpatient services will continue to 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.

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

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

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.

BHD will continuously strive 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.

In 2017, The Milwaukee County Department of Administrative Services will provide financial and policy research support to the Milwaukee County Mental Health Board.

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

Strategic Program Area 1: Management & Support Services

Service Provision: Administrative

Strategic Outcome: High Quality, Responsive Services

What We Do: Activity Data			
Activity	2015 Actual	2016 Budget	2017 Budget
This program area does not have activity data.			

How We Do It: Program Budget Summary					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Variance
Expenditures	\$32,554,724	\$30,695,000	\$32,717,094	\$38,704,421	\$5,987,327
Abatement	(\$29,064,573)	(\$30,412,692)	(\$31,299,810)	(\$37,850,221)	(\$6,550,411)
Revenues	\$1,666,137	\$883,449	\$1,411,187	\$854,200	(\$556,987)
Tax Levy	\$1,824,014	(\$601,142)	\$6,097	\$0	(\$6,097)
FTE Positions	138.5	138.5	129.5	138.6	9.1

How Well We Do It: Performance Measures			
Performance Measure	2015 Actual	2016 Budget	2017 Budget
Overtime Costs / Personal Services Costs	3.1%	1.7%	1.6%
Revenue dollars / fiscal staff	\$5,090,600	\$4,280,407	\$4,953,922
Patient revenue collected / Billed revenue	39.6%	33.4%	51.2%

Strategic Implementation:

Management and Support Services provides fiscal management, compliance and administration.

Personnel expenses increased \$1.8M for fringe benefits and \$.6M for salaries including 1% cost of living adjustment. Other expenditure increases in 2017 include \$2.5M to explore new Electronic Medical Records solutions and \$.7M for enhanced security and building maintenance expenses.

Due to the consolidation of personnel from the Community Services and Wraparound departments into the new Quality department at BHD, the management/operations area increases by 9.1 FTEs in 2017.

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

Strategic Program Area 2: Psychiatric Crisis ER/Observation

Service Provision: Mandated

Strategic Outcome: Self-sufficiency

What We Do: Activity Data			
Activity	2015 Actual	2016 Budget	2017 Budget
<i>Psychiatric Crisis Services</i>			
Admissions	10,173	9,500	9,000

How We Do It: Program Budget Summary					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Var
Expenditures	\$16,941,126	\$18,603,139	\$19,286,873	\$18,420,370	(\$866,503)
Revenues	\$11,522,653	\$11,688,408	\$11,911,882	\$11,468,783	(\$443,099)
Tax Levy	\$5,418,473	\$6,914,731	\$7,374,991	\$6,951,587	(\$423,404)
FTE Positions	78.5	78.5	76	75.3	(0.7)

How Well We Do It: Performance Measures			
Performance Measure	2015 Actual	2016 Budget	2017 Budget
Percent of clients returning to PCS within 30 days	25%	27%	25%
Percent of Time on Waitlist Status	16.1%	10%	25%
Clients transferred to private facilities from PCS	8.2%	12%	10%

Strategic Implementation: Psychiatric Crisis ER/Observation includes:

- Psychiatric Crisis Service (PCS) Emergency Room
- Observation Unit

Due to the decrease in the number of admissions, revenue decreased by (\$443,099) in 2017.

Expenditures decreased (\$1,342,558) due to a decrease in administrative and overhead cross charges, resulting from the reallocation of cross charges as Inpatient Services level off or decline, and Community Services continue to grow. Patient expenses for drugs and outside medical services also decreased by (\$316,158). Increased salaries and benefits of \$790,213 to attract and retain Psychiatrists and other clinical staff partially offset the reduced overhead and expenses.

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

Strategic Program Area 3: Inpatient Services (Adult and Children)

Service Provision: Mandated

Strategic Outcome: Self-sufficiency

What We Do: Activity Data			
Activity	2015 Actual	2016 Budget	2017 Budget
<i>Acute Adult Inpatient</i>			
Average Daily Census	48	60	54
Number of Admissions	962	1,275	900
Number of Patient Days	17,538	20,148	19,710
Average Length of Stay (Days)	17.2	13.5	22
<i>Child and Adolescent Inpatient Services</i>			
Average Daily Census	9.8	12	12
Number of Admissions	919	890	930
Number of Patient Days	3,594	4,030	4,380
Average length of Stay (Days)	4.0	3.6	4.7

How We Do It: Program Budget Summary					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Var
Expenditures	\$36,374,950	\$37,629,829	\$41,543,025	\$37,299,790	(\$4,243,235)
Revenues	\$14,606,010	\$18,976,788	\$17,089,423	\$20,456,205	\$3,366,782
Tax Levy	\$21,768,940	\$18,653,040	\$24,453,602	\$16,843,585	(\$7,610,017)
FTE Positions	185.6	185.6	184	185.0	1.0

How Well We Do It: Performance Measures			
Performance Measure	2015 Actual	2016 Budget	2017 Budget
<i>Acute Adult Inpatient</i>			
Percent of clients returning to Acute Adult within 30 days	11.2%	12.2%	11%
Patients Responding Positively to Satisfaction Survey	72.4%	75%	75%
<i>Child and Adolescent Inpatient Services</i>			
Percent of children who return to CAIS within 30 days	15.9%	9.5%	15%
Patients Responding Positively to Satisfaction Survey	70.5%	78%	73%

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

Strategic Implementation:

BHD's inpatient services are provided in four licensed psychiatric hospital units with three specialized programs for adults, and one specialized unit for children and adolescents. Adult units include one 21-24 licensed bed adult unit called the Acute Treatment Unit (ATU), one 21-24 licensed bed Women's Treatment Unit (WTU) and one 18 bed Intensive Treatment Unit (ITU). A projected total of 60 of the licensed adult beds will be available in 2017 with a projected 90% occupancy rate. All units provide inpatient care to individuals who require safe, secure, short-term or occasionally extended psychiatric hospitalization. A multi-disciplinary team approach of psychiatry, psychology, nursing, social service and rehabilitation therapy provide assessment and treatment designed to stabilize any patient with acute psychiatric needs and assist the return of the patient to his or her own community. The WTU program provides specialized services for women recovering from complex and co-occurring severe mental health disorders. The ITU program provides a safe, supportive environment for those individuals with mental health conditions who are at high risk for aggressive behavior and in need of intensive behavioral and pharmacological interventions. The Child and Adolescent (CAIS) unit provides inpatient care to individuals age 18 and under. The CAIS unit also provides emergency detention services for Milwaukee County as well as inpatient screening for Children's Court.

Expenditures decreased (\$4,243,235) primarily due to a decrease in administrative and overhead cross charges, resulting from the reallocation of cross charges as Inpatient Services level off or decline, and Community Services continue to grow.

Revenue increases \$3,366,782 due to a reduction in write offs for uninsured patients, improved collection efforts and increased Medicaid reimbursement rates.

The Behavioral Health Division has implemented improvements to ensure the health, safety and welfare of those served as well as to maintain compliance with all conditions of participation for state psychiatric hospitals as established by the Centers for Medicare and Medicaid.

BHD continues to build interdisciplinary teams through involved recruitment strategies, retention strategies, and ongoing education and development. In addition BHD worked diligently to attract and retain highly qualified nursing management staff and utilized LEAN processes to improve scheduling practices.

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

Strategic Program Area 4: Community Access to Recovery Services Division (CARSD)

Service Provision: Mandated

Strategic Outcome: Self-Sufficiency / Quality of Life

How We Do It: Program Budget Summary⁴					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Var
Expenditures	\$112,262,021	\$106,406,016	\$125,958,163	\$151,992,228	\$26,034,065
Revenues	\$90,882,761	\$86,996,532	\$98,979,882	\$117,182,651	\$18,202,769
Tax Levy	\$21,379,260	\$19,409,484	\$26,978,281	\$34,809,577	\$7,831,296
FTE Positions	132.5	132.5	131.8	140.05	8.25

How Well We Do It: Performance Measures⁵			
Performance Measure	2015 Actual	2016 Budget	2017 Budget
Average Satisfaction Survey Score	87%	76%	77%
Reduction in past 6 months psychiatric bed days	60.3%	61%	62%
Reduction in past 30 days alcohol or drug use	82.5%	83%	84%
Reduction in homelessness or in shelters	77.3%	78%	79%
Increase in employment	34.0%	34%	34%

As an integral part of the behavioral health care continuum in Milwaukee, BHD continues efforts to provide a “new front door” for behavioral health care that increases access to services for individuals, their families, and loved ones by being more centrally located in the community. \$0.5 million is budgeted to provide operating costs at the Northside Hub to develop, implement, and operate a service delivery system that provides both direct services (assessment, crisis stabilization, peer support, etc.) and referral services based upon individual need.

BHD also supports the continued partnership with the Milwaukee County Housing Division’s initiative to end chronic homelessness. This initiative was started on July 1, 2015, and to date has served 145 individuals. BHD is recommending an additional \$250,000 to the Housing Division to support this initiative.

CARSD consists of three separate program areas:

1. Community Mental Health and Community Crisis Services
2. Community AODA Services
3. Wraparound Milwaukee

For 2017, the Crisis Mobile Team and Access Clinic have been moved to this area from Psychiatric Crisis Services to more accurately reflect their role as in providing community based services. The financials have been restated as in previous years to reflect this change.

Internal overhead charges to CARSD increased by \$12.5 million in 2017 primarily due to refined allocation methodology.

⁴ For 2017, the Crisis Mobile Team and Access Clinic have been moved to this area from Psychiatric Crisis Services to more accurately reflect their role as a community organization. The financials have been restated in previous years to reflect this change.

⁵ These performance measure relate to both Community Mental Health & Crisis Services and Community AODA Services narrative sections.

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

CARS: Community Mental Health and Community Crisis Services

What We Do: Activity Data			
Activity	2015 Actual	2016 Budget	2017 Budget
<i>Crisis Mobile Team</i>			
Mobiles Completed	2,609	2,100	2,920
<i>Adult Day Treatment</i>			
Capacity	24	24	24
<i>Intensive Outpatient Program</i>			
Capacity	0	0	24
<i>Targeted Case Management</i>			
Average Enrollment	1,443	1,443	1,553
<i>Community Support Program</i>			
Average Enrollment	1,267	1,267	1,267
<i>Comprehensive Community Services</i>			
Average Enrollment	233	560	800
<i>Community Recovery Services</i>			
Average Enrollment	42	35	35

How We Do It: Program Budget Summary					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Var
Expenditures	\$52,537,922	\$43,994,147	\$65,509,827	\$79,014,590	\$13,504,763
Revenues	\$33,306,701	\$26,267,847	\$40,272,798	\$47,691,600	\$7,418,802
Tax Levy	\$19,231,221	\$17,726,300	\$25,237,029	\$31,322,990	\$6,085,961

How Well We Do It: Performance Measures			
Performance Measure	2015 Actual	2016 Budget	2017 Budget
CCS: Tax levy per capacity	\$1,522	\$3,225	\$2,572
CRS: Tax levy per capacity	\$44,930	\$36,141	\$32,777
CSP: Tax levy per capacity	\$5,006	\$5,173	\$7,543
TCM: Tax levy per capacity	\$2,246	\$2,672	\$3,188
Crisis Mobile: Tax levy per mobile	\$1,150	\$2,052	\$1,391

Strategic Implementation: Community Access to Recovery Services (CARS) is the community-based mental health and substance abuse system for adults in Milwaukee County. CARS provides a variety of services to help adults with mental illness achieve the greatest possible independence and quality of life by assessing individual needs and facilitating access to appropriate community services and supports.

In support of that mission, CARS is working to increase enrollment in Community Comprehensive Services (CCS) which is a Medicaid entitlement that provides a coordinated and comprehensive array of recovery services, treatment, and psychosocial rehabilitation services that assist individuals to utilize professional, community, and natural supports to address their needs. The CCS program goal is to serve 800 participants by the end of 2017. This is anticipated to increase expenses by \$5.8 million and revenue by \$5.0 million.

Targeted Case Management (TCM) is a service to support individuals with serious and persistent mental illness to live as independently as possible in the community. As these services are transitioned to a fee-for-service network

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

it is recognized that an increase in funding is required for both enrollment and network capacity issues. For 2017, \$367,660 is being budgeted to serve at least 110 more individuals. This increase in ability to serve will end individuals waiting to be served by TCM and will increase the ability to serve individuals identified for services by the Housing First Initiative.

5.0 FTE Administrative Coordinator staff members are being added to CARS to meet the increased demand and referrals for services to CARS. Three of these staff members will also work to review clinical authorizations for ongoing services for different mental health programs as BHD increases oversight and approvals for services.

The newly created Intensive Outpatient Program will complement Milwaukee County's Day Treatment program by providing services to a similar population with shorter lengths of stay. This program will provide service to a greater number of individuals and further contribute to the existing continuum of care. This is anticipated to serve a capacity of 24 individuals at an annual tax levy cost of \$0.6 million.

In 2016, an expansion of the Crisis Resource Centers (CRC) occurred to expand services on third shift. This expansion provided enough funding to develop and implement clinical services on third shift five nights per week at the CRC-North. In 2017, it is being recommended to increase funding to expand third shift services at both CRC-North and CRC-South to seven days per week. This will include both clinical and peer support services at an estimated cost of \$330,000.

In 2013, the BHD Crisis Services joined with the City of Milwaukee Police Department (MPD) to create an expansion program of the Crisis Mobile Team. This expansion – the Crisis Assessment Response Team (CART) – consisting of a single mobile team clinician and a single police officer partnered together as a mobile team in the community. Due to showing success in decreasing the need for involuntary care, CART was expanded in 2014 and again in 2016. The 2017 budget creates three additional CART teams with partial funding offset from the MacArthur Foundation and psychiatric crisis services coordinator position for a net tax levy increase of \$218,208. BHD will review CART implementation progress mid-year and determine the feasibility of adding a fourth CART team in 2017.

A purchase of service agreement with Warmline, Inc. is increased to \$50,000 contingent on meeting performance standards.

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

Community Mental Health Financials by Major Program Area				
Activity	2015 Actual	2016 Budget	2017 Budget	Variance
<i>Crisis Mobile Team</i>				
Expense	\$3,246,812	\$4,308,178	\$4,371,934	\$63,756
Revenue ⁶	\$247,367	-	\$309,850	\$309,850
Tax Levy	\$2,999,445	\$4,308,178	\$4,062,084	(\$246,094)
<i>Adult Day Treatment</i>				
Expense	\$2,609,360	\$2,993,100	\$2,443,351	(\$549,749)
Revenue	\$1,872,799	\$1,877,069	\$1,899,752	\$22,683
Tax Levy	\$736,561	\$1,116,031	\$543,599	(\$572,432)
<i>Intensive Outpatient Program</i>				
Expense	-	-	\$837,657	\$837,657
Revenue	-	-	\$224,946	\$224,946
Tax Levy	-	-	\$612,711	\$612,711
<i>Targeted Case Management</i>				
Expense	\$3,564,226	\$5,453,257	\$6,935,342	\$1,482,085
Revenue	\$323,370	\$1,597,405	\$1,983,749	\$386,344
Tax Levy	\$3,240,856	\$3,855,852	\$4,951,593	\$1,095,741
<i>Community Support Program</i>				
Expense	\$8,166,378	\$14,481,415	\$18,019,047	\$3,537,632
Revenue	\$1,823,850	\$7,926,639	\$8,462,056	\$535,417
Tax Levy	\$6,342,528	\$6,554,776	\$9,556,991	\$3,002,215
<i>Comprehensive Community Services</i>				
Expense	\$2,131,360	\$7,875,007	\$13,685,965	\$5,810,958
Revenue	\$1,871,023	\$6,617,250	\$11,628,000	\$5,010,750
Tax Levy	\$260,337	\$1,257,757	\$2,057,965	\$800,208
<i>Community Recovery Services</i>				
Expense	\$2,903,323	\$1,734,706	\$1,966,445	\$231,739
Revenue	\$1,016,279	\$469,755	\$819,261	\$349,506
Tax Levy	\$1,887,044	\$1,264,951	\$1,147,184	(\$117,767)

⁶ Crisis Mobile revenue was previously budgeted in a separate cost center.

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

CARS: Community AODA Services

What We Do: Activity Data			
Activity	2015 Actual	2016 Budget	2017 Budget
Detoxification			
Admissions	5,091	5,400	5,000
AODA Residential			
Capacity	96	96	112
Day Treatment - AODA			
Average Enrollment	60	60	60
Outpatient – Substance Abuse			
Admissions	853	850	850
Recovery House			
Average Enrollment	33	33	33
Recovery Support Coordination			
Average Enrollment	227	230	230
Recovery Support Services			
Average Enrollment	1,007	1,000	1,000

How We Do It: Program Budget Summary					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Var
Expenditures	\$14,967,534	\$13,750,024	\$13,827,399	\$15,554,015	\$1,726,616
Revenues	\$12,091,112	\$11,977,157	\$12,040,593	\$12,140,593	\$100,000
Tax Levy	\$2,876,422	\$1,772,867	\$1,786,806	\$3,413,422	\$1,626,616

Strategic Implementation: Milwaukee County’s community AODA services is an alcohol and drug treatment and recovery service system. These services are open to Milwaukee County residents ages 18-59 with a history of alcohol or drug use, with priority given to families with children and pregnant women (regardless of age).

Milwaukee County BHD has a provider network for AODA residential services that provides a continuum of services that includes traditional residential, medically monitored residential, and co-occurring biomedically monitored residential. Due to the increased demand for residential AODA treatment services, it is being recommended to increase AODA residential capacity from 96 to 112 beds at a cost of \$613,748.

BHD budgets \$100,000 to enhance opioid epidemic strategies. This will enable BHD to purchase Narcan, an antidote for treating narcotic overdose, and provide training for its use. This is offset by anticipated \$100,000 in grant revenue. Additionally, BHD CARS supports the use of Medication Assisted Treatment (MAT). MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a whole patient approach to the treatment of substance use disorders. CARS has integrated the use of MAT beginning with methadone treatment services over 15 years ago and has integrated the use of Vivitrol in the last three years. CARS utilizes a wraparound approach by not only assisting with the referral and/or placement of a person who is interested in receiving MAT, but provides a Care Manager to partner in the development of an Individual Recovery Plan (IRP).

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
 FUND: General – 0077

Financials by Major AODA Service Area				
	2015 Actual⁷	2016 Budget	2017 Budget	Variance
Detoxification	\$2,577,775	\$2,572,145	\$2,572,145	-
AODA Residential	\$3,189,009	\$3,042,032	\$3,655,780	\$613,748
Recovery House	\$137,258	\$142,625	\$142,625	-
Outpatient – Substance Abuse	\$481,819	\$432,888	\$432,888	-
Recovery Support Coordination	\$1,433,274	\$1,423,960	\$1,423,960	-
Prevention	\$2,392,061	\$2,518,091	\$2,399,976	\$(118,115)
RSS	\$1,104,547	\$1,339,699	\$1,339,699	-
Other (Training, etc)	\$669,451	\$715,775	\$766,775	\$51,000

⁷ Data from CMHC/Avatar

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

CARS: Wraparound Milwaukee

What We Do: Activity Data			
Activity	2015 Actual	2016 Budget	2017 Budget
Family Intervention Support Services			
Number of Clients Served	919	750	800
Wraparound			
Average Total Enrollment	1,189	1,144	1,350
Average Daily Number of REACH enrollees	413	425	550
Mobile Urgent Treatment			
Number of Clients Seen (face-to-face)	1,560	1,800	1,750

How We Do It: Program Budget Summary					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Var
Expenditures	44,756,565	\$48,661,844	\$46,620,937	\$57,423,622	\$10,802,685
Revenues	45,484,948	\$48,751,527	\$46,666,491	\$57,350,458	\$10,683,967
Tax Levy	(\$728,383)	(\$89,683)	(\$45,554)	\$73,164	\$118,718

How Well We Do It: Performance Measures			
Performance Measure	2015 Actual	2016 Budget	2017 Budget
Family Satisfaction with Care Coordination (5.0 Scale)	4.6	4.6	4.6
Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice system)	62%	75%	75%
Percentage of youth who have achieved permanency at disenrollment	58%	70%	70%
Average level of “needs met” at disenrollment (1-5)	3.2	>3.0	>3.0

Strategic Implementation:

Wraparound Milwaukee is a unique managed care program operated by the Milwaukee County Behavioral Health Division to provide comprehensive, individualized and cost effective care to children with complex mental health and emotional needs. In 2017, enrollment is expected to continue to increase with the expectation of a daily enrollment of 1,350 children and their families.

Wraparound added 3.0 FTE to enhance their Wraparound Wellness Clinic to provide prescriber and other clinical services for enrollees. This is being done to respond to both increased enrollment as well as enhancements being made to provide more holistic care in the areas of integration of coordinating the physical health care needs of the youth. The Wellness clinic has also experienced an increase in utilization due to the increased enrollment into the CORE program designed to respond to youth experiencing their first episode of psychosis.

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

Former BHD Service Areas

Rehab Centers – Hilltop and Central					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Var
Expenditures	\$10,527,332	\$10,623,890	\$0	\$0	\$0
Revenues	\$1,818,678	\$1,701,011	\$0	\$0	\$0
Tax Levy	\$8,708,654	\$8,922,879	\$0	\$0	\$0
FTE Positions	50.2	50.2	0	0	0

Chairperson: Dr. Robert Chayer
Senior Executive Assistant: Jodi Mapp, 257-5202

**MILWAUKEE COUNTY MENTAL HEALTH BOARD
QUALITY COMMITTEE**

June 6, 2016 - 10:00 A.M.
**Milwaukee County Mental Health Complex
Conference Room 1045**

MINUTES

SCHEDULED ITEMS:

- | | |
|----|---|
| 1. | <p>Welcome.</p> <p>Chairman Chayer welcomed everyone to the March 7, 2016, Mental Health Board Quality Committee meeting.</p> |
| 2. | <p>Five Year Analysis of Workers' Compensation Claims and Liabilities.</p> <p>The basic principles of risk management consist of identifying all organizational exposures, analyzing these risks, controlling liabilities through a risk mitigation plan, and continually monitoring the plan for effectiveness. Workers' compensation claims are statutory wage and medical benefits for employees of Milwaukee County to compensate for injuries that occur in the course and scope of their employment. The claims handling model has transitioned from self-administration to a third party administrator. This new initiative introduced new and valuable resources for County employees.</p> <p>Of all the departments in the County, the Behavioral Health Division (BHD) experienced the most dramatic improvements in claims experience in 2015, with a 74% decrease in frequency measures compared to their previous averages. In a related trend, BHD severity measures dropped 70%. Improvements in the claim experience at BHD are attributed to the new claims handling resources offered County-wide, the ability to adjust claims under State law wage guidelines and outside of County Ordinance, department specific operational initiatives, and concerted efforts to focus on security and safety issues.</p> |
| 3. | <p>Environment of Care 2015 Annual Report and 2016 Goals.</p> <p>Written plans for managing environmental risk, which include safety, security, clinical and non-clinical equipment, handling of hazardous materials, fire prevention, and utility systems, together make up the Behavioral Health Division Environment of Care Program. In 2015, major improvements were made in the area of building security and installing an emergency back-up generator.</p> <p>Questions and comments ensued.</p> |

	<p>The Quality Committee unanimously agreed to recommend approval of the plans and the annual report to the Board.</p>
<p>4.</p>	<p>2016 Key Performance Indicators (KPI) Dashboard.</p> <ul style="list-style-type: none"> • Community Access to Recovery Services (CARS) Quarterly Report and Key Performance Indicators Dashboard Summary <p>CARS has redesigned their quarterly report to include more data/programs and presents a more comprehensive picture of services available. Notable achievements include Comprehensive Community Services enrollment is up 17% from 2015 and Targeted Case Management and Community Support Programs both provided services to a greater number of clients in the first quarter of 2016 than in any quarter in 2015.</p> <p>The transition from the medical records system CMHC to Avatar was discussed. The old system contains the intake data, and the new system contains the follow-up data. The identification numbers are not necessarily the same in both systems. With implementation of anything new, glitches are revealed and addressed. For clarification, inconsistencies are due to the transition and not the data.</p> <p>The change to Avatar has generated additional important information. This is the first quarter where discharge data by program has been captured. The new system has the ability to do so much more than what the old data system allows; particularly, when it comes to measuring performance by agency. It has required training on behalf of the provider to learn to correctly enter data.</p> <p>It was conveyed that what is being reported on the Dashboard, as it relates to performance measures, is just a fraction of the data being collected, evaluated, and scrutinized. The Dashboard reflects information staff feels is the most important. If the Committee would like other data elements included, staff will adjust the format of what is currently being provided.</p> <p>Questions and comments ensued.</p>
<p>5.</p>	<p>Wraparound Milwaukee 2015 QA/QI Annual Report.</p> <p>An executive summary was provided of the report detailing the total number of youth served, average cost per member/per month, improvement of functioning levels, overall family and youth satisfaction with care coordination and provider network services, top mental health services utilized, complaints, provider network makeup, affiliated programs, the child and adolescent Mobile Urgent Treatment Team, and the Wellness Clinic.</p> <p>Questions and comments ensued.</p>

6.	<p>Annual Behavioral Health Division Sentinel Event Presentation.</p> <p>In 2015, nine Sentinel Events were reviewed by a newly restructured Sentinel Event Committee. The restructuring included changes to policy and process. Data now reviewed, as a result of restructuring and as opposed to what was analyzed by the Committee prior to, was discussed in detail. The Committee is in the process of merging Wraparound's Sentinel Event review process into the Committee's overall review of Sentinel Events occurring at the Behavioral Health Division as a whole.</p> <p>Questions and comments ensued.</p>
7.	<p>Use of Consent Agenda for Standing Quality Reports.</p> <p>Staff recommended Consent Agendas be used to address standing Committee reports. They would be submitted in advance giving individuals the ability to single out specific items for discussion and move the items recommended for approval forward in block. This will allow for more time to focus on and discuss the important/critical issues. Moving to this format would allow for deeper conversation about the important issues.</p> <p>Chairman Chayer indicated the staff request would be considered.</p>
8.	<p>Next Scheduled Meeting Dates:</p> <ul style="list-style-type: none"> • September 12, 2016, at 10:00 a.m. • December 5, 2016, at 10:00 a.m. <p>The next meeting date was announced as September 12, 2016, at 10:00 a.m.</p>
9.	<p>Adjournment.</p> <p>Chairman Chayer ordered the meeting adjourned.</p>
<p>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.</p> <p>Length of meeting: 10:05 a.m. to 11:25 p.m.</p> <p>Adjourned,</p> <p><i>Jodi Mapp</i> Senior Executive Assistant Milwaukee County Mental Health Board</p>	
<p>The next regular meeting for the Milwaukee County Mental Health Board Quality Committee is Monday, September 12, 2016, @ 10:00 a.m.</p>	

Quality Packet Item 2

MILWAUKEE COUNTY Inter-Office Communication



DATE: June 1, 2016

TO: Milwaukee County Mental Health Board, Quality Committee

FROM: Amy Pechacek, Director, Risk Management

SUBJECT: Behavioral Health Division: Five Year Analysis of Workers' Compensation Claims and Liabilities (INFORMATIONAL ONLY)

BACKGROUND

The basic principles of risk management consist of identifying all organizational exposures, analyzing these risks, controlling liabilities through a risk mitigation plan, and continually monitoring the plan for effectiveness. This report and the associated presentation is a high-level analysis of the past five years of the Milwaukee County's Behavioral Health Division's (BHD) workers' compensation claims history, classified by cause code and injury type. Several frequency and severity measures are displayed to demonstrate the financial impact of these claims, along with the corresponding liability reduction plans developed by Risk Management and BHD.

WORKERS' COMPENSATION

Workers' compensation claims are statutory wage and medical benefits for employees of Milwaukee County to compensate for injuries that occur in the course and scope of their employment. From 2010 - 2014, the five year County-wide loss experience resulted in an average of 612 claims per year with an associated incurred value of approximately \$4,000,000 annually. The loss leader departments during this timeframe are as expected given the nature of departmental functions, with Behavioral Health leading in the total number of claims filed and the Sheriff's Department leading in the highest expenses associated with their injury claims. The Parks, Airport, Department of Transportation, and House of Correction also make the list of departments with higher claim volume and expense. The top claim drivers throughout the County include the insurance industry code designation of "muscle strains" and "slip, trip, and fall" accidents, which combined represent 29% of all claim types filed and roughly 44% of the total expenses incurred.

Significant operational changes under new department leadership were implemented prior to the start of 2015. This included transitioning the model of claims handling from self-administration to a third party administrator (TPA) in November of 2014. The TPA initiative introduced new resources for County employees such as the Milwaukee County Care Line, a twenty-four hour dedicated triage nurse to assist employees in seeking the appropriate level of medical attention for their injury, and transitional work options to encourage employee engagement during recovery periods resulting in better claim outcomes. Risk Management provided a substantial influx in OSHA training and addressed accountability to safety policies and procedures and revitalized the County's Joint Safety Committee over the past two years, shifting the focus from reactive injury management to proactive injury avoidance, and renewed the County's commitment to ensuring our employees are working safely.

The outcome of all these changes resulted in 266 total new claims in 2015, compared to the previous five years which averaged 612 claims annually. This represents a 57% decrease in the number of new claims. With respect to the associated cost severity of the claims filed, 2015 total incurred costs are \$2.1 million, which is a 47% decrease in severity measures from the previous five year annual average of \$4 million.

WORKERS' COMPENSATION – BHD

Of all departments in the County, BHD experienced the most dramatic improvements in claims experience in 2015, with a 74% decrease in frequency measures compared to their previous averages in the years 2011-2014, dropping from an annual claim average of 160 claims to 42 claims. In a related trend, BHD severity measures dropped from an average annual incurred value of \$1,035,683 from the years 2011-2014, to a total incurred value of \$315,747 in 2015, representing a 70% decrease in severity measures.

The most frequent cause code for injuries at BHD is "struck by / altercation", accounting for nearly half, at 46%, of all reported losses. With respect to severity measures, "struck by / altercation" represented 42% of total incurred costs over the past five years, with a financial impact of \$1.8 million. This cause category was also the primary driver for 2015 specific claims, representing 16 of the total 42 claims filed. For incident only events, near miss events that did not require medical treatment or lost time, there were 36 additional altercation related records reported in 2015.

Improvements in the claim experience at BHD are attributed to the new claims handling resources offered County-wide, the ability to adjust claims under State law wage guidelines and outside of County Ordinance, and also to department specific operational initiatives, such as the elimination of the rehabilitation units. In addition, BHD made concerted efforts to focus on security and safety issues in 2015, such as implementing "Roll Call Updates" between clinical staff and security personnel, increasing the information exchange and adding additional accountability to ensure a safer environment for staff, patients, and visitors. Lastly, BHD employees had a high participation in annual safety training, recording a 92.5% completion rate.



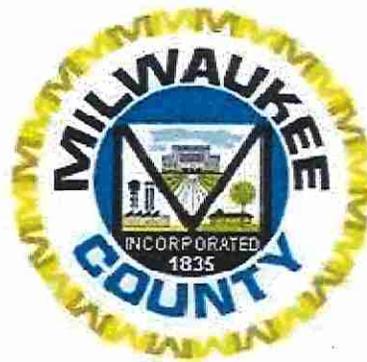
Amy Pechacek, Director, Risk Management

CC: Chris Abele, County Executive
Raisa Koltun, Chief of Staff, County Executive's Office
Hector Colon, Director of Health and Human Services
Teig Whaley-Smith, Director of Administrative Services
Alicia Modjeska, Interim Administrator & Chief Administrative Officer, Behavioral Health
Colleen Foley, Corporation Counsel

Milwaukee County

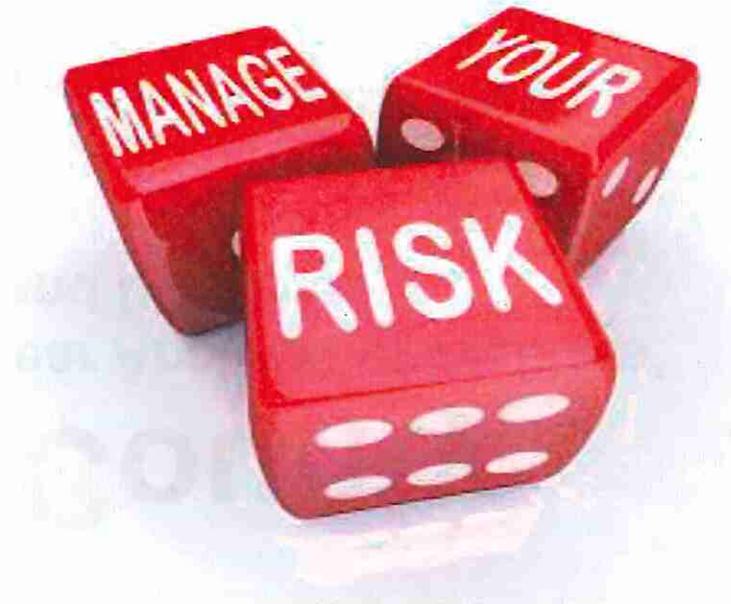
Behavioral Health Division: Five Year Analysis of Workers' Compensation Claims and Liabilities

Amy C. Pechacek - Director, Risk Management



Principles of Risk Management

1. Identify exposures
2. Analyze losses
3. Develop plan to minimize
4. Monitor and adjust plan
 - Performance measures
 - a. Frequency of claims (#)
 - b. Severity of claims (cost)
 - c. OSHA compliance



Workers' Compensation

- Statutory wage and medical benefits for individuals injured in the course and scope of their employment
- Milwaukee County has approx. 5,000 employees

Workers' Compensation - Countywide Claim Frequency

Claim Frequency | 2011 - 2015

	Claim Count
2011	537
2012	636
2013	752
2014	630
2015	266
TOTAL	2821

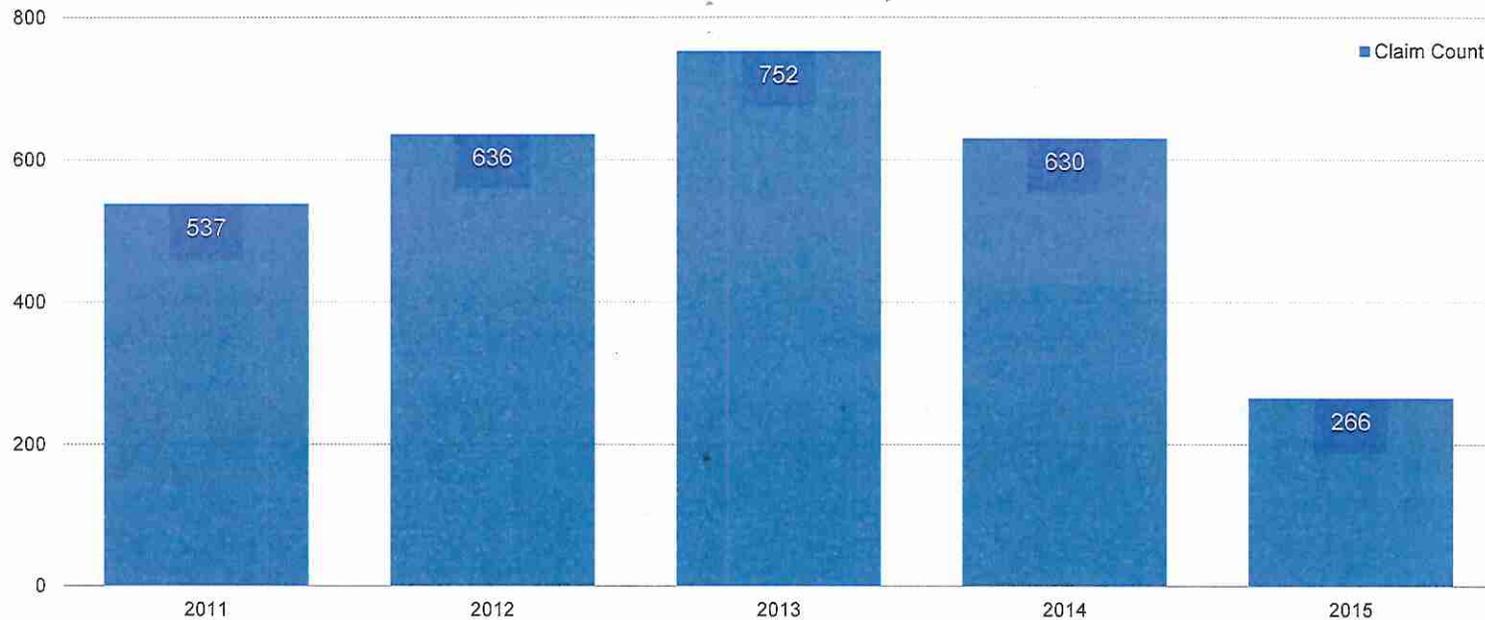


Goal: Reduce number of claims **15%** compared to 5 year historical average of **612 claims** per year



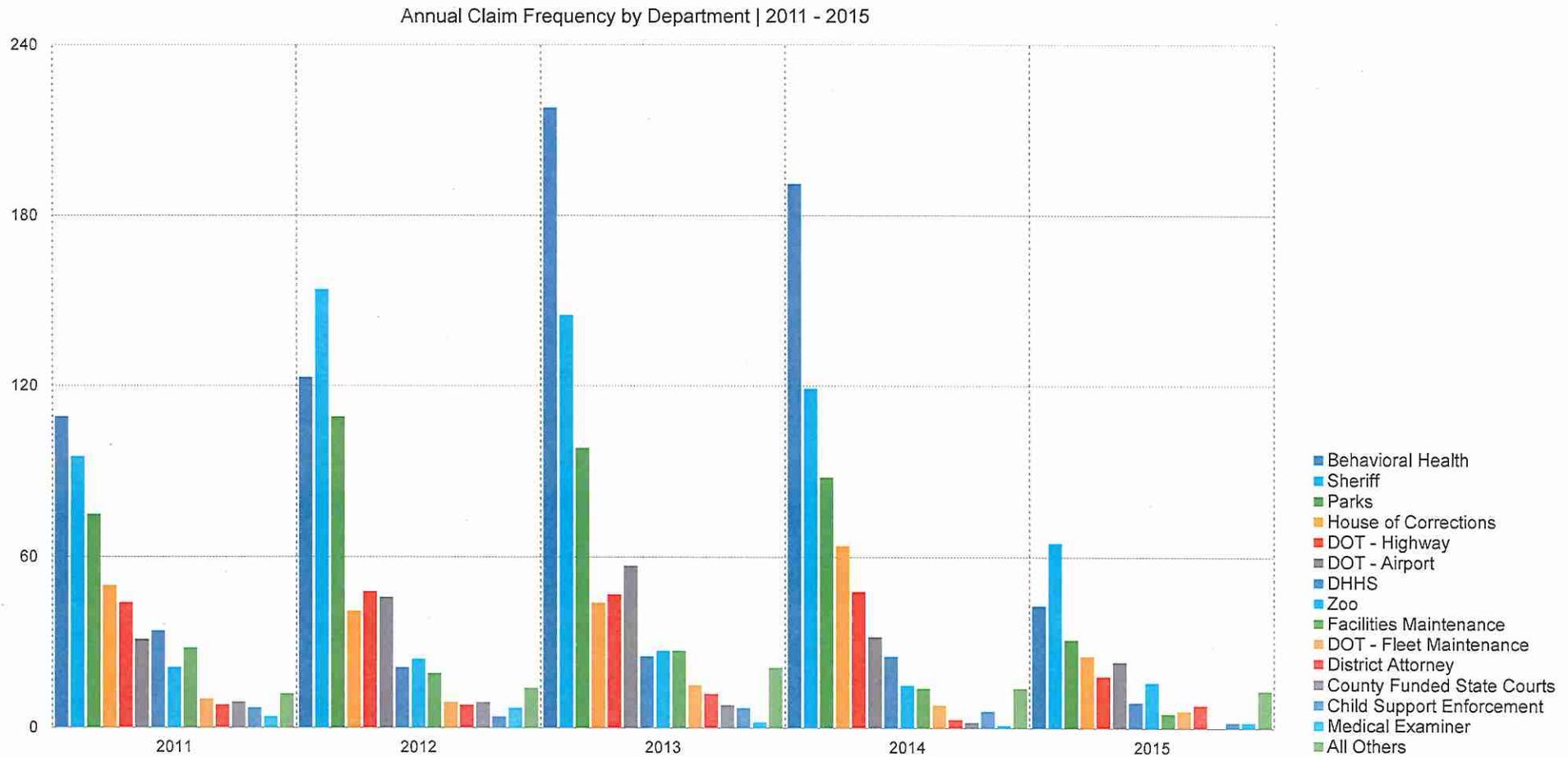
Result: **57%** reduction* **266 claims** in 2015

Claim Frequency | 2011 - 2015



Workers' Compensation

Annual Claim Frequency by Department



Workers' Compensation - Countywide Claim Financial Summary

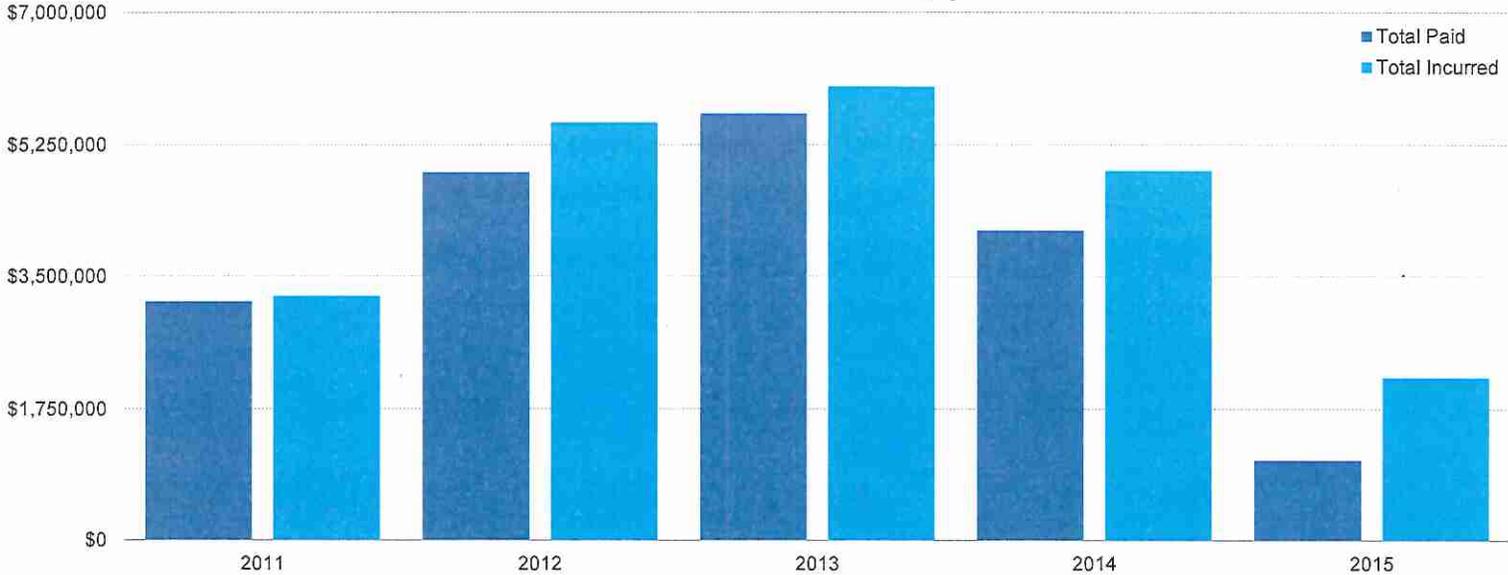
Claim Financial Summary | 2011 - 2015

	Total Paid	Total Incurred
2011	\$3,167,472	\$3,235,165
2012	\$4,874,054	\$5,539,515
2013	\$5,659,224	\$6,014,002
2014	\$4,100,832	\$4,895,580
2015	\$1,071,019	\$2,168,804
TOTAL	\$18,872,602	\$21,853,067

 **Goal:** Reduce cost severity (total incurred) of new claims **15%** compared to 5 year historical average of **\$4,046,739** per year

 **Result:** Total incurred for 2015 = **47%** reduction at **\$2,168,561**

Claim Financial Summary | 2011 - 2015



Workers' Compensation - Countywide

Top Claim Frequency & Severity Accident Types

Top 5 Most Severe Accident Types | 2011 - 2015

	Claim Count	Total Incurred
Strain	645	\$7,768,393
Altercation	185	\$2,378,944
Motor Vehicle Accident	71	\$2,259,635
Slip or Trip	189	\$1,833,409
Struck By	383	\$1,182,794

Top 5 Most Frequent Accident Types | 2011 - 2015

	Claim Count	Total Incurred
Strain	645	\$7,768,393
Struck By	383	\$1,182,792
Slip or Trip	189	\$1,833,409
Altercation	185	\$2,378,944
Exposure	142	\$169,000

Workers' Compensation - Countywide

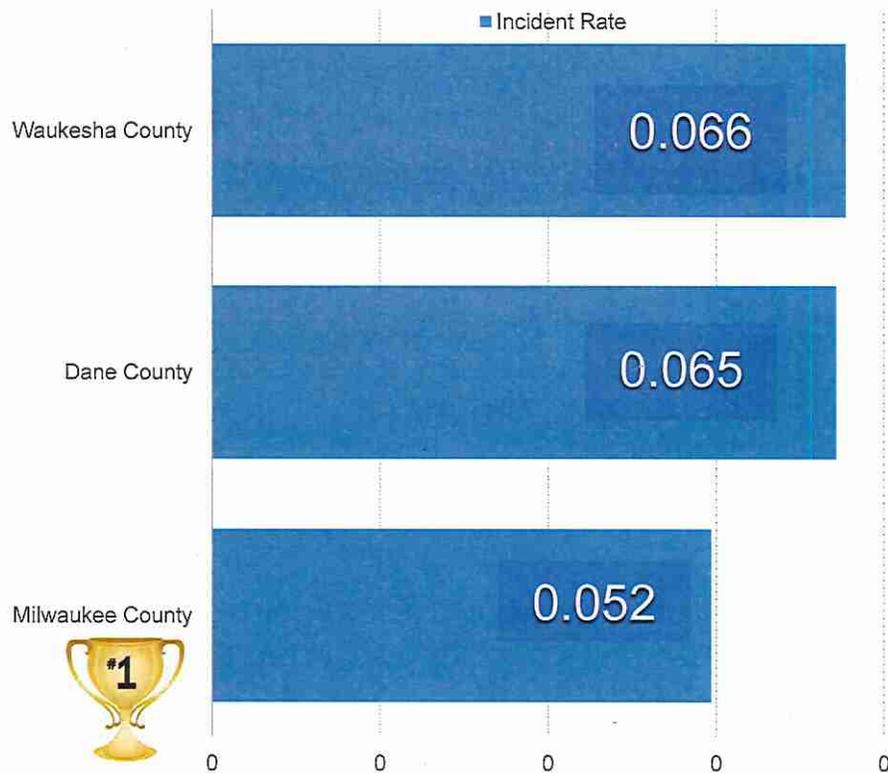
Claim Frequency & Severity by Department

Claim Frequency & Severity by Department | 2011 - 2015

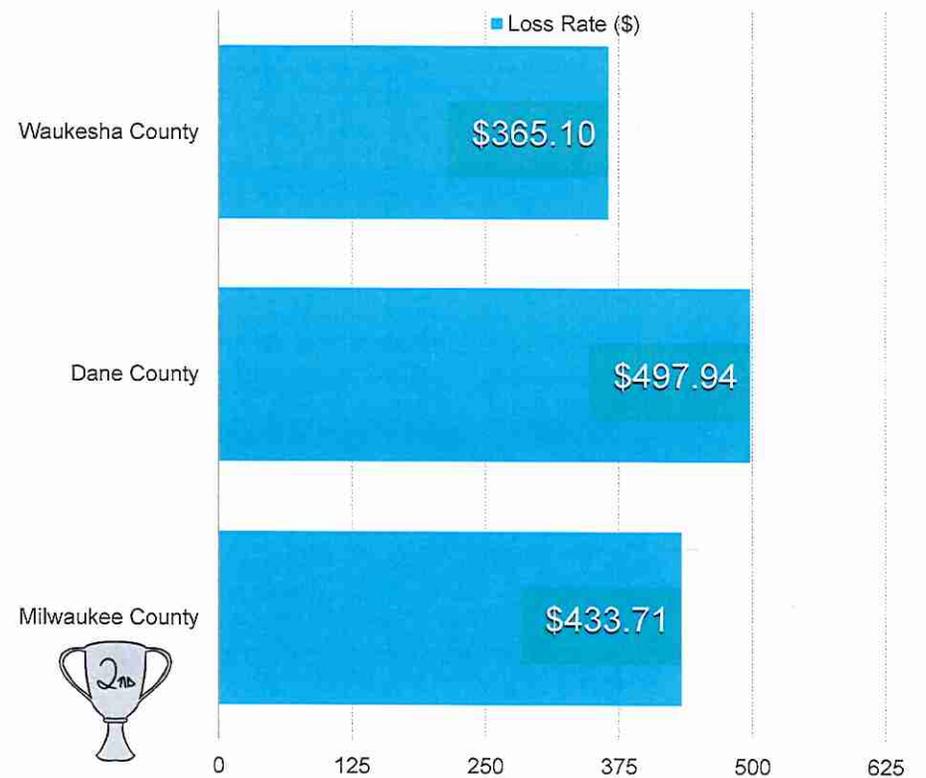
	Claim Count	Total Incurred
Behavioral Health	684	\$4,466,780
Sheriff	578	\$6,533,771
Parks	401	\$2,142,429
House of Corrections	224	\$2,010,279
DOT - Highway	205	\$1,144,258
DOT - Airport	189	\$2,327,481
DHHS	114	\$773,280
Zoo	103	\$328,488
Facilities Maintenance	93	\$636,362
DOT - Fleet Maintenance	48	\$543,485
District Attorney	39	\$122,062
County Funded State Court	28	\$84,196
Child Support Enforcement	26	\$143,856
Medical Examiner	16	\$110,844
All Others	74	\$485,496
TOTAL	2822	\$21,853,066

Workers' Compensation County Incident & Loss Rate Comparison

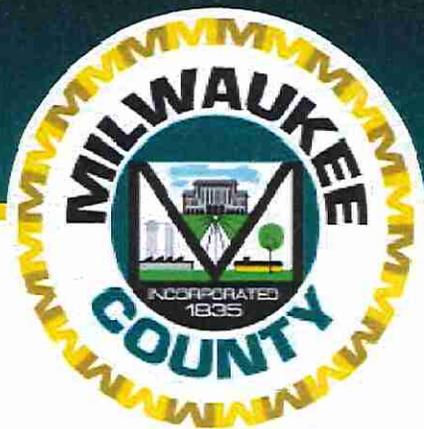
2015 Incident Rate
Among Comparable Wisconsin Counties



2015 Loss Rate (\$)
Among Comparable Wisconsin Counties



OSHA Compliance



2016 OSHA Training Sessions

Under the Occupational Safety and Health Act of 1970, employers are responsible for providing a safe and healthy workplace. No employee should ever have to suffer illness, injury or death for a paycheck.

Many OSHA standards, which have prevented countless workplace tragedies, include explicit safety and health training requirements to ensure workers have the required skills and knowledge to work safely. These requirements reflect OSHA's belief that training is an essential part of every employer's safety and health program for protecting workers from injuries and illnesses.

January 4 & 19 • February 1 & 15

Global Harmonized System – 9 to 9:45 a.m.

Bloodborne Pathogens – 9:45 to 10:30 a.m.

Lock Out Tag Out – 10:30 a.m. to 12:30 p.m.

Hearing Conservation – 1 to 1:40 p.m.

Respirator Protection – 1:40 to 2:20 p.m.

PPE – 2:20 to 3 p.m.

Class Capacity: 109 each session

Location: CATC Building, Large Auditorium

Instructor: Vance Forrest (Aegis Corporation)

Location Contact: Jason McCarthy

January 6 & 20 • February 3 & 17

Fall Protection – 9 to 11:30 a.m.

Class Capacity: 12 each session

Hoists & Slings – 12 noon to 3 p.m.

Class Capacity: 20 each session

Location: Fleet Management Building

Instructor: Vance Forrest (Aegis Corporation)

Location Contact: John Blonien

January 19 & 20

OSHA 10 Hour

2-day course consisting of 5 hours per day

8 a.m. to 12 noon, then 12:30 to 1:30 p.m. each day

Class Capacity: 40 each session

Location: Parks Administration Building

Instructor: Nick Dillion (Aegis Corporation)

Location Contact: John Nelson

April 11 & 12

OSHA 10 Hour

2-day course consisting of 5 hours per day

8 a.m. to 12 noon, then 12:30 to 1:30 p.m. each day

Class Capacity: 40 each session

Location: CATC Building, Large Auditorium

Instructor: Nick Dillion (Aegis Corporation)

Location Contact: Jason McCarthy

August 8 & 9

Workers' Compensation - BHD

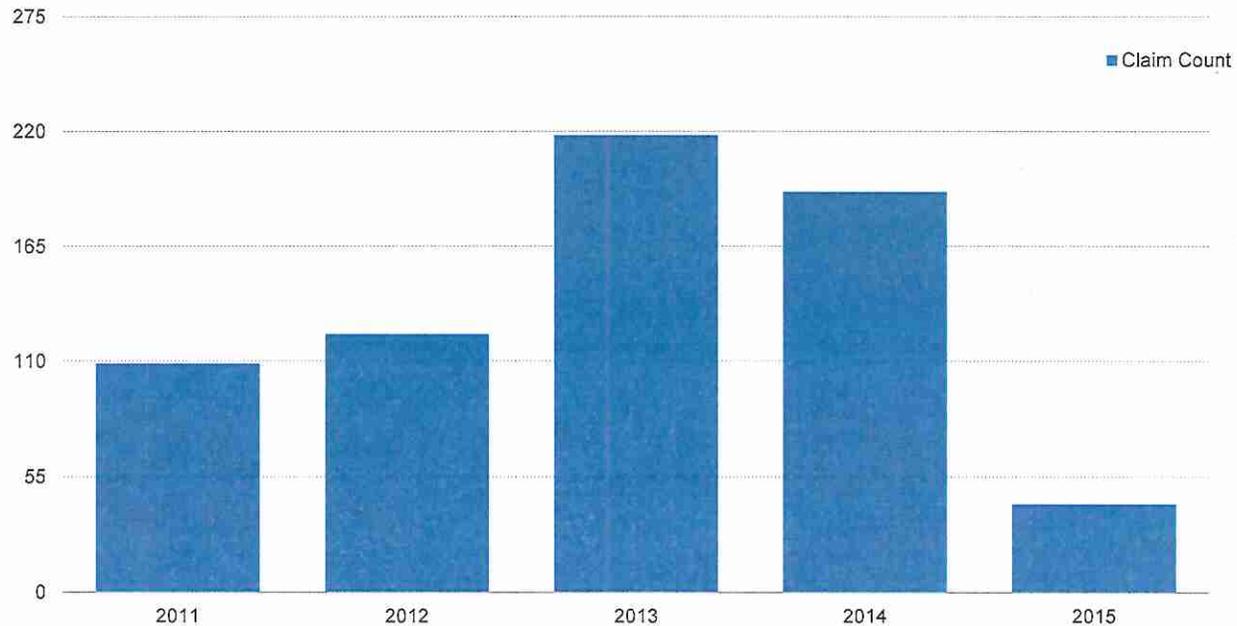
Claim Frequency

Claim Frequency | 2011 - 2015

	Claim Count
2011	109
2012	123
2013	218
2014	191
2015	42
TOTAL	683



Claim Frequency | 2011 - 2015



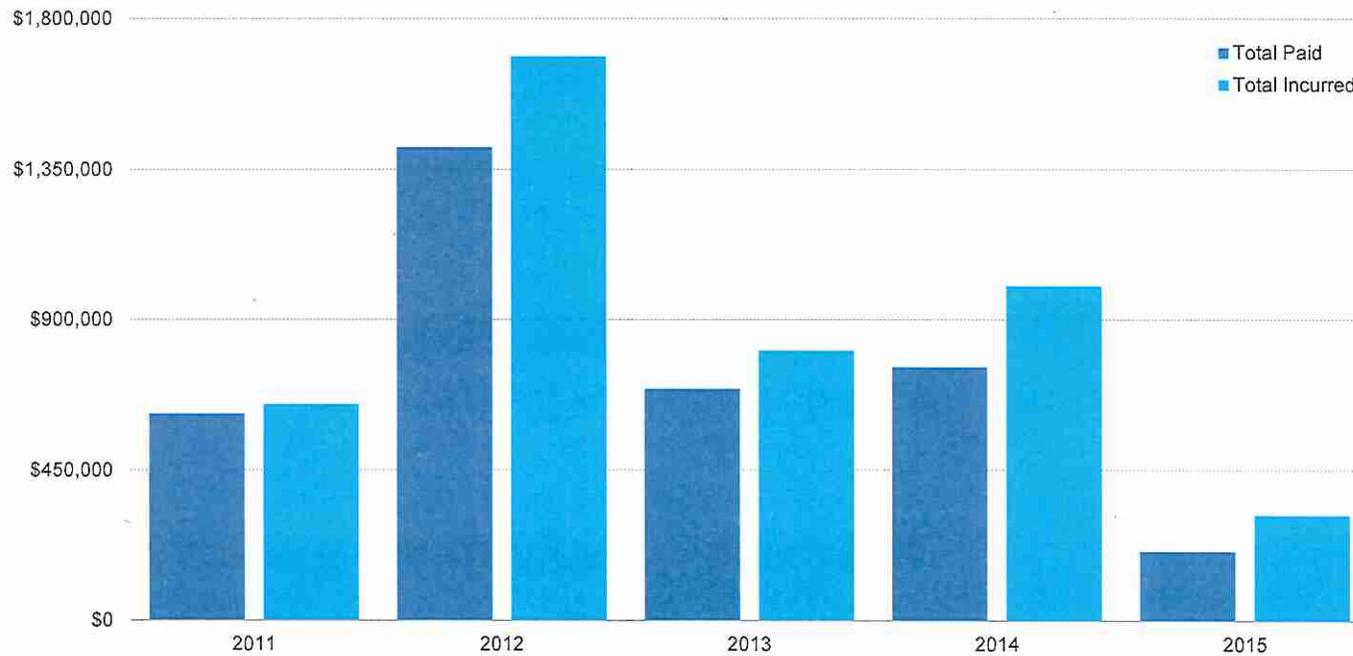
Workers' Compensation - BHD

Claim Financial Summary

Claim Financial Summary | 2011 - 2015

	Total Paid	Total Incurred
2011	\$619,141	\$647,474
2012	\$1,416,734	\$1,686,818
2013	\$693,205	\$807,502
2014	\$757,702	\$1,000,936
2015	\$206,845	\$315,747
TOTAL	\$3,693,628	\$4,458,477

Claim Financial Summary | 2011 - 2015



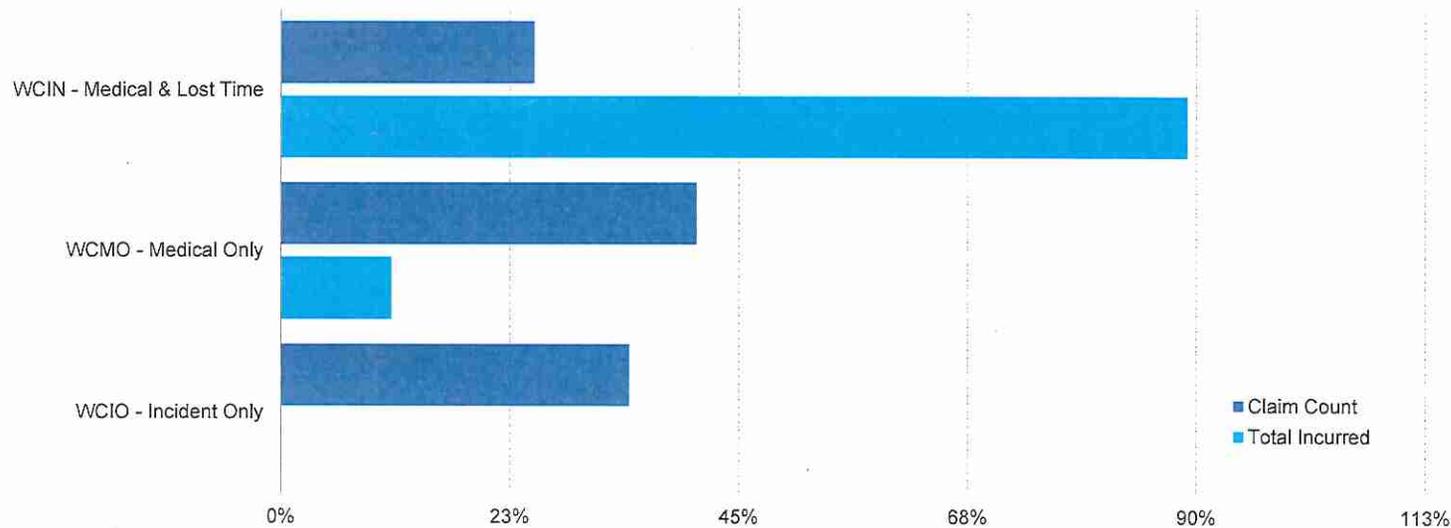
Workers' Compensation - BHD

Claim Frequency & Severity by Claim Type

Claim Frequency & Severity by Claim Type | 2011 - 2015

	Claim Count	Total Incurred
WCIN - Medical & Lost Time	170	\$3,973,451
WCMO - Medical Only	279	\$485,029
WCIO	234	\$0
TOTAL	683	\$4,458,480

Claim Frequency & Severity by Claim Identifiers | 2011 - 2015



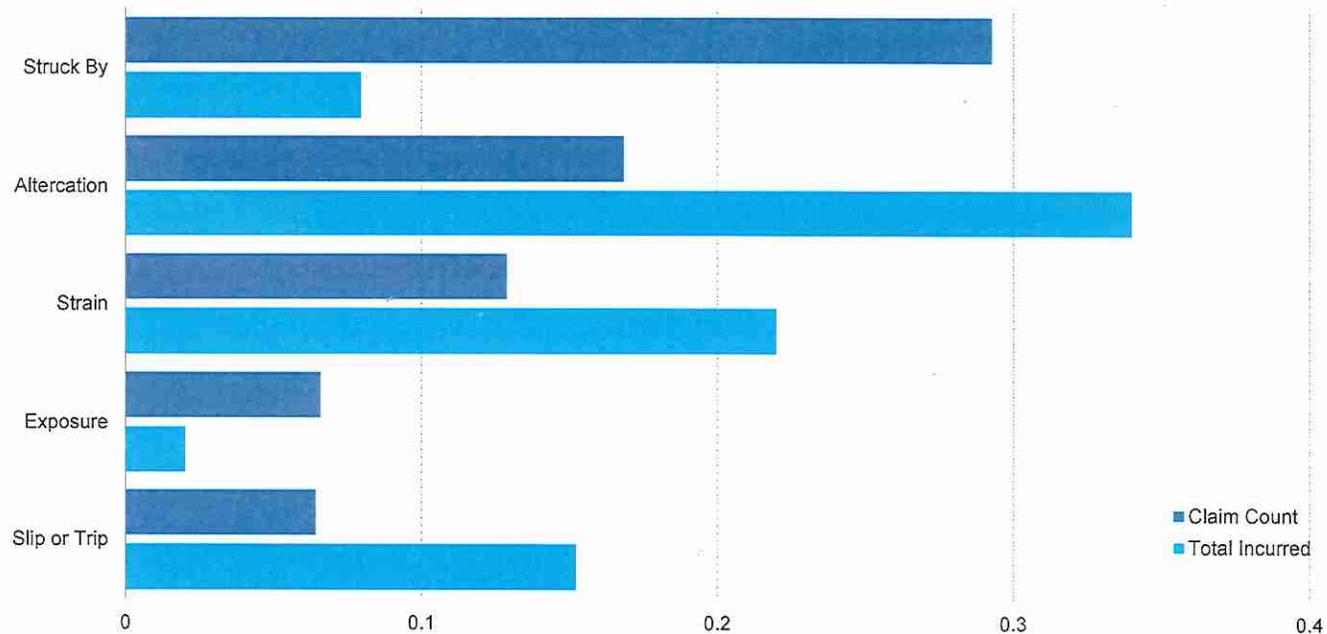
Workers' Compensation - BHD

Top 5 Most Frequent Accident Types

Top 5 Most Frequent Accident Types | 2011 - 2015

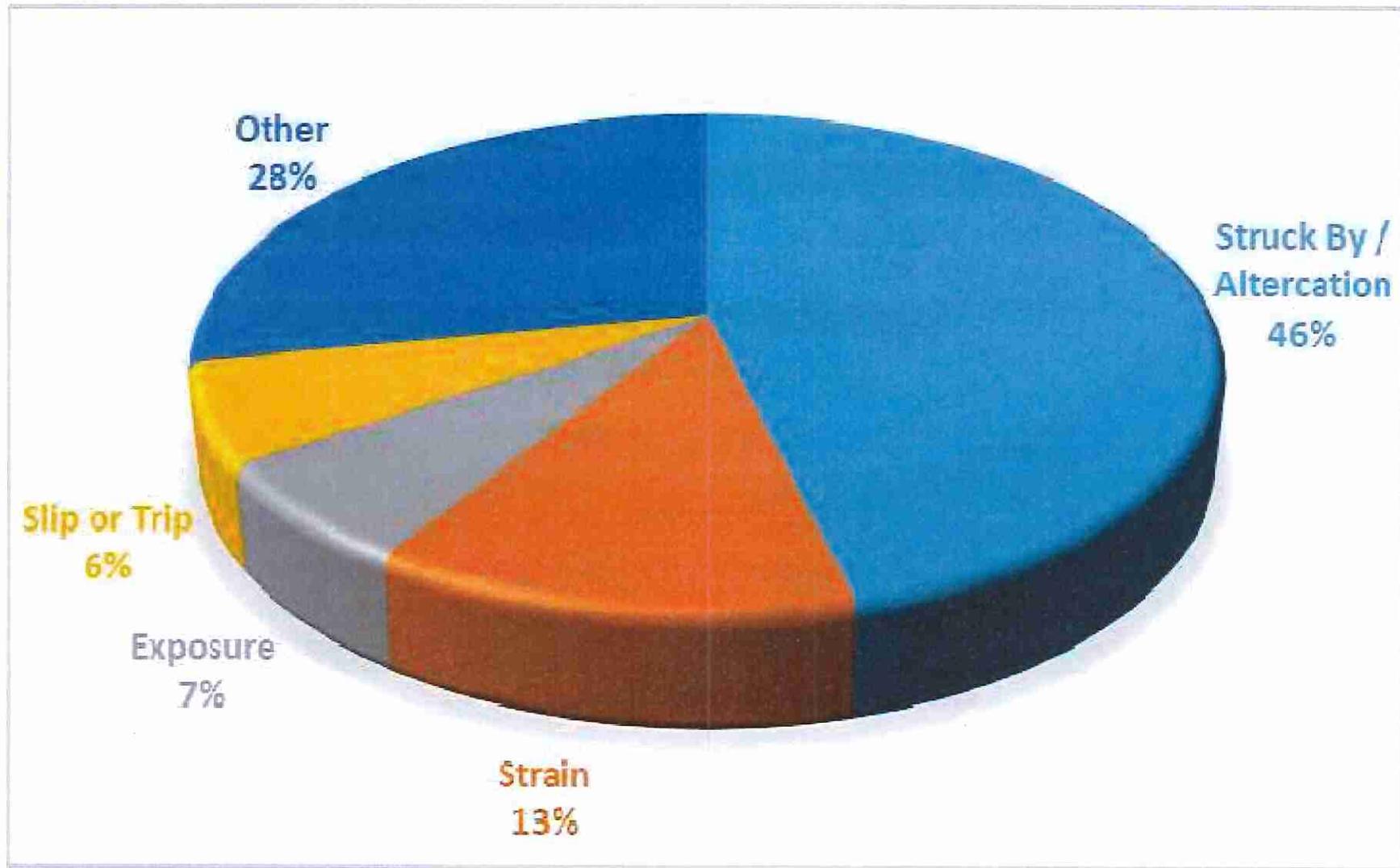
	Claim Count	Total Incurred
Struck By	200	\$354,784
Altercation	115	\$1,515,429
Strain	88	\$981,029
Exposure	45	\$90,352
Slip or Trip	44	\$678,909

Top 5 Most Frequent Accidents | 2011 - 2015



Workers' Compensation - BHD

Top 5 Most Frequent Accidents Types



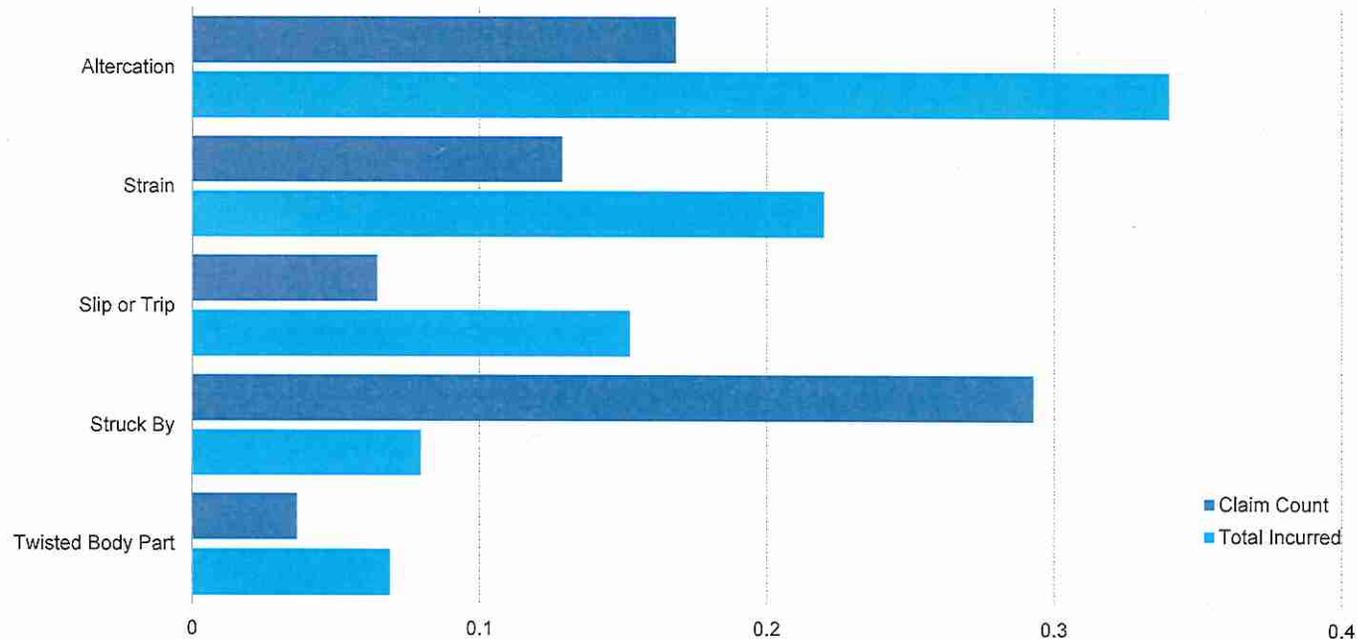
Workers' Compensation - BHD

Top 5 Most Severe Accidents Types

Top 5 Most Severe Accident Types | 2011 - 2015

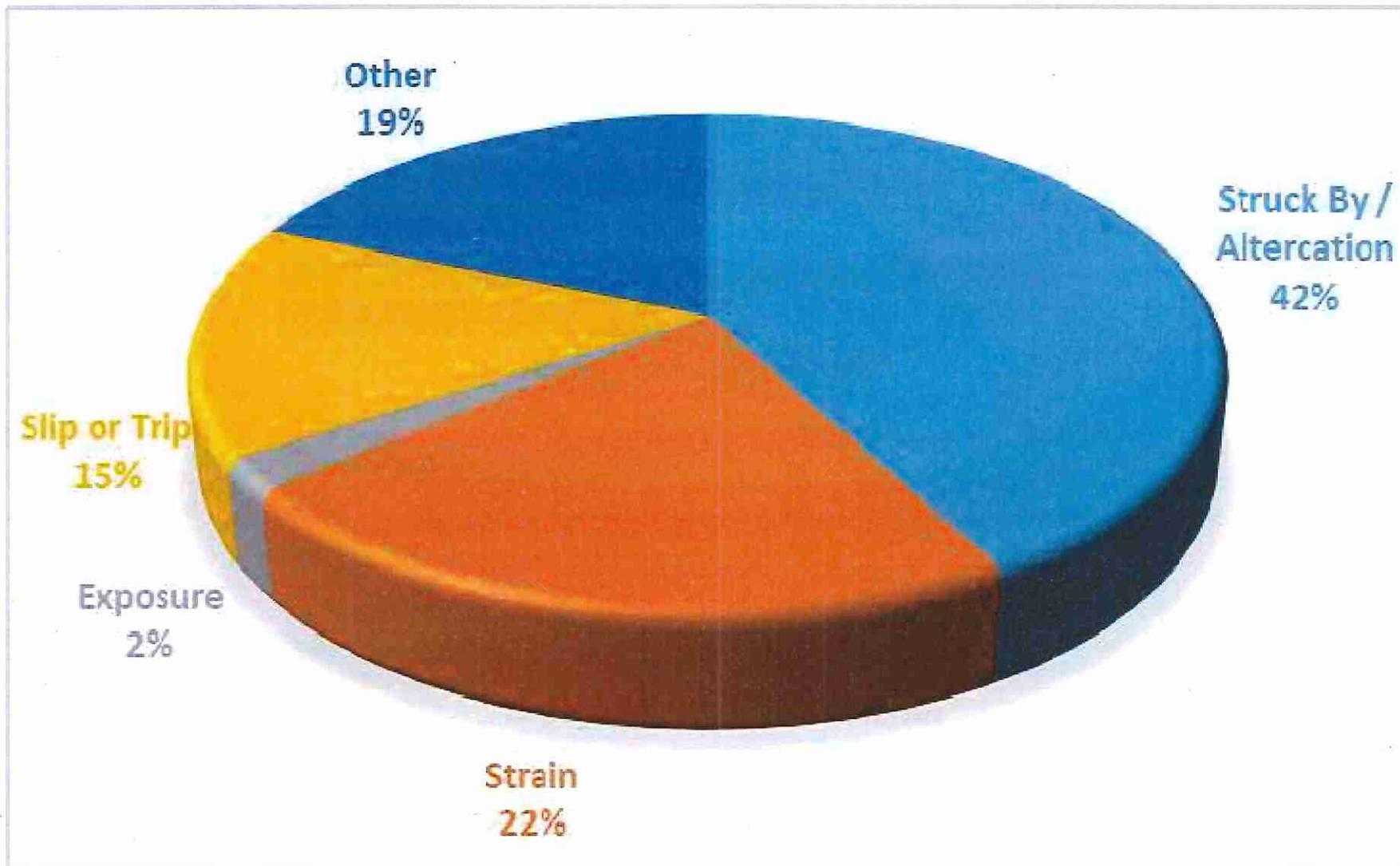
	Claim Count	Total Incurred
Altercation	115	\$1,515,429
Strain	88	\$981,029
Slip or Trip	44	\$678,909
Struck By	200	\$354,784
Twisted Body Part	25	\$307,096

Top 5 Most Severe Accident types | 2011 - 2015



Workers' Compensation - BHD

Top 5 Most Severe Accidents Types



Workers' Compensation - BHD

Experience Modification Factor

An Experience Modification Factor or "Mod" is an insurance underwriting calculation that uses payroll class codes, combined with industry loss experience rates, and workers' compensation losses to benchmark performance. The Mod is used in the industry to develop premium.

Because the county self-insures its workers' compensation program, the Mod is a tool that can be used for the purposes of benchmarking performance.

Workers' Compensation - BHD

Experience Modification Factor

BHD Experience Modification Factor: 1.28

Minimum Mod: .37

Controllable Mod: .91

The **Minimum Mod** is your payroll information multiplied by your employee's job classification rates, or loss experience rates. It is your mod without any losses.

Your **Controllable Mod**, or the portion of the mod that you affect with your losses, is determined by your specific loss history and different weighting of large and small claims, and claims involving lost time or medicals only.

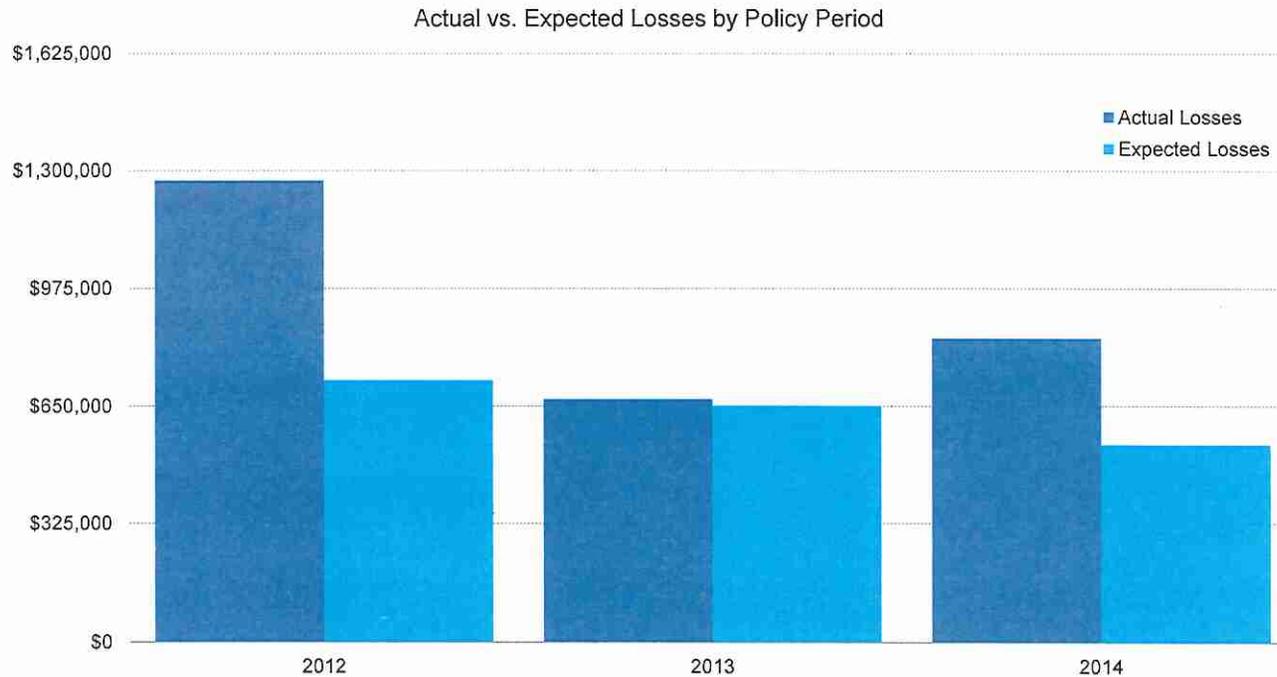
Workers' Compensation - BHD

Experience Modification Factor

The **Expected Losses** are determined first by classifying employees by job duties into payroll class codes. Payroll class codes are given an experience loss rate (ELR) based on industry loss statistics developed by the National Council on Compensation Insurance. Taking the payroll dollar amounts and multiplying them by the ELR develops the Expected Losses.

Actual vs. Expected Losses by Policy Period

	Actual Losses	Expected Losses
2012	\$1,271,813	\$723,601
2013	\$670,051	\$651,653
2014	\$838,345	\$544,264



Workers' Compensation - BHD

Loss Control Initiatives

Milwaukee County Programs & Policies

- Continuous emphasis on operational best practices for clinical safety & security
- Return-To-Work procedures, including development of transitional duty job bank.
- Update existing OSHA safety programs & policies
- Evaluation of Personal Protective Equipment (PPE) for specific job duties
- Job safety instructions

Milwaukee County Employee Engagement Initiatives

- Promotion of Find It Fix It Program – Safety and Property Issues
- Participation in Joint Safety Committee / VARC
- Total Health Newsletter

Employee Training

- De-Escalation & defense training
- Focus on safe lifting/back injury prevention
- Focus on slips, trip and falls prevention training

Quality Packet Item 3

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: May 18, 2016

TO: Robert Chayer, MD, Chairman, Mental Health Board Quality Committee

FROM: Lynn Gram RD, C.D, - BHD Safety Officer and the Environment of Care Committee Chair

SUBJECT: Requesting acceptance and approval of the 2015 Annual Review of the Environment of Care Program, and the 2016 Environment of Care Management Plans

Issue

BHD is requesting the annual approval of the Environment of Care Annual Report and Management Plans per The Joint Commission Standards and the Mental Health Board By-laws.

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.

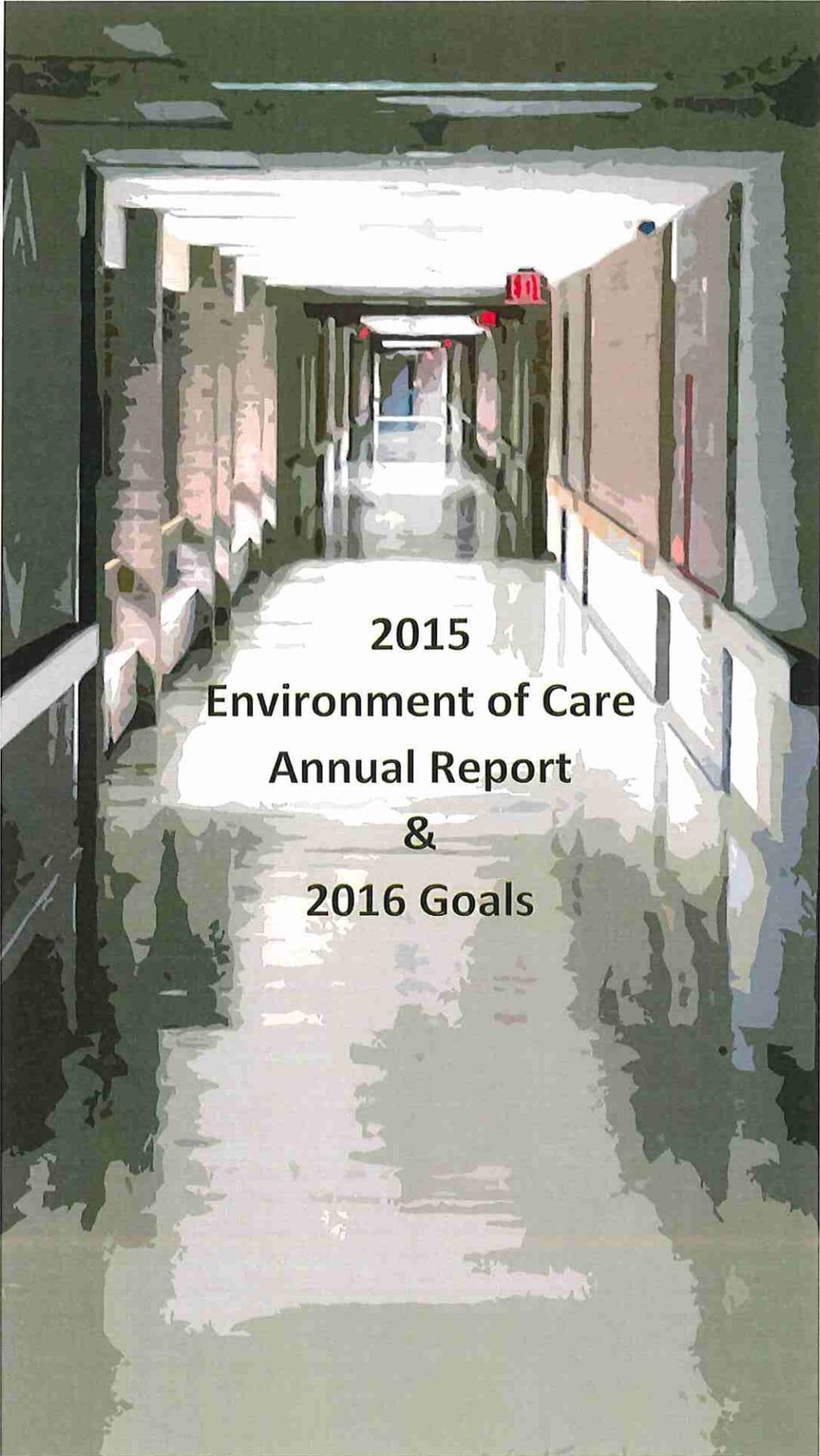
Recommendation

It is recommended that the Mental Health Board accept and approve the 2015 Annual Report of the Environment of Care program and the 2016 Environment of Care Management Plans as the basic framework for managing risks and improving safety in the environment.

Introduction

The Environment of Care Committee focuses on general safety and regulatory requirement compliance of the environment of care. Attached is the 2015 Annual Review of the Environment of Care Program and the 2016 Management Plans that operationalize the standards and set forth monitoring activities as well as target areas for improvement. In 2015 major improvements were made in the area of building security through the implementation of a new master key system and limiting unlocked access points to mitigate security risks. Similarly, the installation of an emergency generator was a major step toward achieving compliance with The Joint Commission's requirements for emergency power preparedness. Additional efforts to increase safety related training for employees and contractors in 2015 provided insights into improvement opportunities for 2016.

The Joint Commission requires that the Annual Report and Management Plans be presented and approved by the governing board. BHD is requesting approval of the attached documents.



**2015
Environment of Care
Annual Report
&
2016 Goals**

Environment of Care 2015 Annual Report and 2016 Goals

The BHD Environment of Care Management Plans were all reviewed and updated for 2016. Changes made included:

- Removal of building addresses no longer occupied and references of the Rehab Centers.
- Updating committee names and position titles.
- Section on Approval was removed due to redundancy of this section in Policy Stat.
- Changes related to converting from a manual system to an electronic system. In the area of product alerts and recalls, policy maintenance, environmental rounds, work orders, and preventive maintenance items.
- Changes related to new system for reporting employee injuries along with a change in what BHD reviews and analyzes as a result of the different system. Analysis by body part is no longer available to review.

Highlights of achievements and 2016 Goals:

GENERAL SAFETY

1. A response time of 3 days is expected for urgent product recalls and alerts per the RASMAS system. In 2014 78.4%. In 2015 85.3%. There were a total of 2680 recalls issued during 2015. Only 9 items involved in an alert or recall of an product purchased by BHD. All 9 product alerts/recalls were resolved with no negative impact on patient care.
 - The goal of responding within the 3 day timeframe 95% of the time was not achieved, however significant progress was made towards that goal. Recommend continue this goal. The Safety Officer will work with responders to improve the response time.
2. 125 Patient falls were reported according to the 2015 Year End Incident Report data. This equates to a 21.2% per 1000 patient days. This reflects an increase of 0.07% over 2014. Falls increased in CAIS and Crisis Services. Six employee and/or visitor falls which is a 47% decrease from 2014. No specific mechanical causes were identified.
 - The committee will continue to monitor falls data for environmental concerns and recommends referring this item to the Clinical Safety Committee for additional review and to determine improvement actions. The EC Committee recommends targeting CAIS and Crisis Service.
3. There were 79 incidents of patient to employee aggression which is a rate of 13.2% per 1000 patient days. This is a slight decrease from the prior year when the rate was 13.6.
 - The committee will continue to monitor this data for environmental concerns and recommends moving this item to the Clinical Safety Committee for additional review and improvement planning.
4. The number of exposures to infection increased from a rate of 0.9% to a rate of 2.0%. Typical exposures were needle sticks and spits.
 - Recommend discontinuing this goal, it is already tracked via the Infection Prevention Committee. The committee recommends that this item be moved to the Clinical Safety Committee for additional review and improvement planning.
5. Employee injuries with lost time of 3 days or more were 13. Numbers for 2014 are not available. A total number of lost days of 290 and 253 days of job transfer or restriction.
 - Recommend continue this goal. BHD will collaborate with Milwaukee County Risk Management and Wisconsin County Mutual, the outside company who handles workers compensation claims, to develop an improvement plan.

6. Annual Safety training was completed by 92.5% of employees and 96.3% of contractors. Recommend developing set training modules on safety for employees during 2016. The average for all safety related questions for RN's was 97.476%, other BHD staff 95.45% and contractors 98.8%.
 - Recommend goal be revised to have an average score of 95% or more for safety related questions. Through quarterly training program and testing. Initial target areas will be the lowest scored areas of: Regulated Medical Waste, Fire Safety and the Global Harmonized System.
7. Documentation was not available to accurately determine rounds items addressed within 30 days. There are currently 84 work order items open for greater than 30 days. Some but not all are rounds related.
 - Recommend continue this goal. The new rounding system will be able to provide more accurate tracking of deficiencies and correction timeframes.

SECURITY

Several security improvements have been made at BHD. A new master key system has been used to change the exterior door locks to significantly limit access from the outside. In conjunction with rekeying efforts, there are only 4 access points to enter the building. The main entrance, the rear employee entrance, the maintenance entrance and the operations dock entrance. All visitors are expected to sign in and out from each visit. Compliance with this process will be targeted in 2016 through education of BHD staff and follow up on visitor badges not returned. Staff without identification badges must also sign in separately. Additional security related policies and procedures are being drafted to further clarify practices and expected to be completed in 2016.

1. Security Department Roll Call Updates: In 2015, Roll Call Updates were added as a goal for BHD Security. The updates are intended to keep officers abreast of current BHD situations and procedural changes. Additionally, roll calls are used to increase officer accountability and training update opportunities. There were 37 Roll Call Updates issued throughout 2015.
 - The goal for 2016 will be to have a new Roll Call Update posted for each week of the year. Roll call updates will not only be posted for officer review, but will be verbally reviewed with officers by supervisory staff of BHD Security.
2. Theft and Larceny: In 2013 - 43 incidents, 2014 - 24 incidents. In 2015 - 7 incidents. A reduction of 71%
 - The goal for 2016 will be to maintain this current level and even lower the total number of incidents to less than or equal to 3. In 2016, Theft and Larceny and will be changed to Theft and Vandalism to more wholly reflect incidents on BHD Grounds.
3. Unauthorized absences from locked units: In 2013 - 15 unauthorized absences from the patient areas. In 2014 - 11 unauthorized absences from patient areas. In 2015 - 5 absences from locked BHD patient areas.
 - Although unauthorized absences are an inherent and recognized risk at BHD, no unauthorized absence is acceptable. As such, the goal for 2016 will be to reduce the total number of absences to zero.
4. Contraband on units: In 2013 - 36 prohibited items on the patient units. In 2014 - 15 prohibited items on the patient units. In 2015 - 5 prohibited items on patient units.
 - In 2016, BHD Security will continue to strive for no prohibited items to be allowed onto secured patient areas of BHD. Due to continued success with the reduction of reported incidents though, along with improved security measures approved by BHD Administration and implemented by BHD Security this goal is being removed for 2016. Additional goals are being implemented to more accurately reflect the current BHD Security Department's direction.
5. Unsecured Area incidents: In 2014 - 14 incidents of unsecured areas. In 2015 - 5 incidents of unsecured areas.
 - In 2016, BHD Security will continue to strive for zero incidents. Due to external human factors though, the goal will be to further reduce the number of incidents to less than or equal to 2.

6. Unauthorized persons in secure areas: In 2014 - 12 incidents of unauthorized persons in a secured area. In 2015 only 1 incident of an unauthorized person in a secured area.
 - The drastic decline of unauthorized person incidents is largely attributed to the reduction and later elimination of the long-term care units. This discontinued the practice of a portion of the patient population having unsupervised, on-grounds privileges. Due to the reduction of reported incidents along with unsupervised patient access being restricted, this goal is being removed for 2016.
7. Security Department will report any time that a security camera presents as inoperable in the Security Dispatch Camera Array. Notifications will be made according to established BHD reporting mechanisms and recorded in the Daily Log maintained by security. Once camera operation is restored, update notifications will be made and time will be recorded in log.
 - The goal for 2016 is for camera operations to be restored within 24 hours of any reported outage. The goal is for the Security Department to make proper notification to BHD contacts within 1 hour of any noticeable outage. Security Department will strive to have no more than 6 occurrences where notification takes more than 1 hour.

HAZARDOUS MATERIALS AND WASTE

In 2015, BHD was identified by the Wisconsin Department of Natural Resources (Wi DNR) rules as a generator of infectious waste. A generator produces more than 50# per month. In 2014 BHD sent 3262 # (average of 272#/month) of infectious waste out for treatment/disposal. In 2015 the amount was reduced to 1589# (average of 132#/month). Note: the 2015 values included an estimate for the December weights. Much of the reduction was likely related to the reduction in Long Term Care Patient census. An infectious waste report was filed with the Wi DNR, and a Policy and Procedure was created regarding how we manage infectious medical waste. In 2015 additional education was provided to nursing staff which may have also resulted in some reduction of the amount generated. Audits are conducted to monitor appropriate disposal during Environmental Rounds. Additional teaching will be planned for all staff on Infectious waste handling.

1. 87-95% of staff and contractors responded correctly to questions on the Annual House Wide Update Training regarding Safety Data Sheet information. RN's were asked a question on infectious waste disposal with a correct response of 88%. The incorrect responses chosen most frequently, some at a rate of 46% make this area a target for 2016 education.
 - This goal will be changed to measure the % of employees who can correctly identify regulated waste items. (Goal 95%)
2. Three of four departments submitted their annual hazardous material inventory.
 - This goal will be eliminated in 2016.
3. There was only one incident reported of biohazardous materials being disposed of incorrectly. The goal was added in 2015 due to concern that inappropriate disposal was an issue. The low number of incidents does not warrant continued measurement.
 - This goal will be eliminated for 2016

EMERGENCY MANAGEMENT

BHD participated in several community based emergency exercises in 2015. The state wide tornado drill, the MRMC Campus-wide Violent Event exercise (both a table top and a full scale exercise) Additional training for managers on Active Shooter events and incident command system (ICS) is being planned for 2016 Goal is to have at least 25% of management staff trained in ICS 100 and 700.

FIRE PREVENTION

1. The number of completed fire drills: In 2015 EES (Engineering & Environmental Services) completed 108 fire drills at the Behavioral Health Division. This number (108) of completed fire drills represents a 100 % completion rate of all necessary fire drills for the Behavioral Health Division.
 - In 2015 the goal will be to maintain the 100 % completion rate of all required fire drills at the Behavioral Health Division.

2. The average score recorded on the fire drill check sheet: In 2015 the average score recorded on the fire drill check sheets was 97%.
 - In 2016 the goal will be to maintain the 97 % or higher score on the fire drill check sheets.

3. The percentage of annual training fire questions that were answered correctly: In 2015 Educational Services asked the question on their annual house-wide training "After activating the fire alarm, you should first call? And then call?" This question was asked to 3 different user groups at the Behavioral Health Division. Group #1 were the Registered Nurses; of the 146 responses, 96 % gave the correct answer. Group #2 was the balance of the BHD / Milwaukee County employees; of the 477 responses, 95% gave the correct answer. Group #3 were the contracted staff who work at BHD; of the 130 responses, 84 % gave the correct response.
 - The goal for 2016 will be to have all BHD staff maintain a score of 95 % or better on the annual house-wide fire safety questions.
 - In order to raise the score of the contracted staff from 84% to a score of at least 95%, EES will work in conjunction with Educational Services to provide ongoing training until this result is achieved.

4. The number of fire setting contraband detected on patient units: In 2015 the total number of reported fire setting contraband items that were detected on patient units was 4.
 - In 2016 the goal will be to have less than 4 contraband items on patient units.

5. The number of fire incidents: In 2015 there were zero fire incidents reported for the Behavioral Health Division.
 - The goal will be eliminated for 2016.

6. The number of false alarms: In 2015 there were a total of 13 false alarms reported for the Behavioral Health Division.
 - The goal will be eliminated for 2016.

UTILITIES MANAGEMENT

In 2015 several different remediation efforts took place to eliminate the source of mold within the HVAC system. At present the air quality tests conducted indicated that the quantity of mold spores in the building was far less than in the outside air. Visual inspections of the system will continue to assure the problem does not recur. An emergency power generator is being installed to create a regulatory compliant redundancy of power. This will improve BHD's capabilities for business continuity in the event of an emergency.

1. Number of Utility failures: In 2015 there were zero utility failures at the Behavioral Health Complex.
 - In 2016 the goal will be eliminated for 2016

2. Number of past due P.M.'s or Preventative Maintenance work orders. In 2015 the EES department posted a completion rate of 65 % for all P.M.'s or preventative work orders performed at the Behavioral Health Complex. (1098 P.M.'s were issued and 709 were completed)
 - In 2016 the goal for EES will be to achieve a 90% completion rate of all Critical and Life Safety Systems P.M.'s or preventative maintenance work orders.

3. Percentage of Utility Components labeled and inventoried: In 2015 EES recorded 25 % of shut off valves were labeled and inventoried for the Behavioral Health Division.

- In 2016 the goal for EES will be to have the remainder of the shut off valves labeled and inventoried or to achieve a 100 % completion rate.
4. Negative Pressure Rooms tested before use: In 2015 the negative pressure rooms were not in use therefore there were zero tests performed.
 - In 2016 the goal will be eliminated. If a decision is made to reactivate the negative pressure rooms, monthly testing and prior to use testing will resume at that time.
 5. The percentage of times the emergency generator testing failed: The emergency generator for the 9201 Building failed zero times during monthly testing. The new generator for the 9455 building was not installed prior to yearend as expected so no testing was conducted.
 - Generator testing failures will be recorded for 9455 building once the installation is completed.

MEDICAL EQUIPMENT

With the exception of thermometers, no new clinical equipment was purchased in 2015. Equipment removed from service include audiometers, dental x-ray, nebulizers, and oxygen concentrators. Additional equipment available as a result of the elimination of the Rehabilitation Centers will be retired or re-deployed to other BHD areas. The existing inventory of available equipment will be reconciled as it is entered into the new Accruent work order system. Missing equipment will also be reviewed/updated at the same time.

1. Identifying and locating missing clinical equipment is difficult. There is no standardized location on each unit for items. Staff will at times store or stockpile items in less common areas.
 - The goal to decrease missing equipment by 20% was not able to be measured. This goal will be removed for 2016. The new inventory and preventive maintenance system will be utilized for tracking equipment.
2. There were no Safe Medical Device Act reportable incidents.
 - Goal met for 2015. This item will be removed for 2016
3. There were no equipment repairs required as a result of user error in 2015.
 - This goal was met and will be modified to continue to monitor and report on equipment repairs..

The Environment of Care Committee recommends the following key goals for 2016:

- **To reduce the amount of infectious waste generated to below 50# per month, by eliminating inappropriate disposal of non-infectious waste and by determine alternate products where feasible.**
- **To improve the rate of staff and contractor correct responses to quarterly trainings regarding fire safety, regulated medical waste, and global harmonized system.**



Behavioral Health Division

Date Issued: 1/1/2015
Last Approved Date: 4/25/2016
Last Revised Date: 4/25/2016
Next Review: 4/25/2019
Owner: Lynn Gram: 80043-Safety Officer
Policy Area: Environment of Care
References:

Environment of Care Management Plan

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.

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.

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:

Behavioral Health Division – 9455 Watertown Plank Rd, Wauwatosa, WI 53226

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.

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 House Supervisor 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

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 Management Services Committee (QMSC)
 - Department Directors/Managers
 - Program Executive Teams (Acute, Crisis, 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 an 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.

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.

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;

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 Prevention
 - 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.

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.

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.

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 staff score on safety training questions. (Goal = ave. 95%)
3. Measure the number of environmental rounds items addressed in 30 days (Goal = 80%)

Security Management

1. Track the frequency of weekly roll-call meetings. (Goal=52)
2. Decrease the number of Theft/Vandalism incidents. Goal ≤ 3 incidents (This includes theft of patient belongings)
3. Number of incidents of unauthorized Access from locked unit. (Goal = 0)
4. Number of incidents where a secure area is found unsecured. (Goal ≤ 2 times)
5. Camera outages will be reported to Operations within 1 hour. (Goal ≤ 6 times)
6. Camera outages will be repaired within 48 hours (Goal =100%)

Hazardous Materials Management

1. Measure the percentage of employees who can correctly identify regulated waste items requiring special disposal (Goal=95%)

Emergency Management

1. Increase the number of Management Team members trained in ICS/HICS (100 & 700) by 25%
2. 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 = 100% completion rate)
2. Measure the average score on the fire drill check sheet. (Goal is 97%)
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 < 4)

Utilities Management

1. Measure the number of utility failures (Goal = 0)
2. Measure the completion rate of preventive maintenance tasks (Goal =90%)
3. Measure the percentage of utility components labeled and inventoried (Goal = 100% by year end)
4. Measure the percentage of generator testing that did not pass (Goal = 0%)

Medical Equipment Management

1. Monitor and report on the number of equipment repairs.
- 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 BHD Quality Management Services Committee (QMSC), 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)

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 QMSC the program executive committees, and the County Wide Safety Committee. This finalizes the evaluation process.

Attachments:

No Attachments

	Committee	Approver	Date
		Lynn Gram: 80043-Safety Officer	4/13/2016
	Environment of Care Committee	Lynn Gram: 80043-Safety Officer	4/13/2016
		Lora Dooley: 38100-Medical Service Manager	4/22/2016
		Alicia Modjeska: Interim Administrator	4/25/2016



Behavioral Health Division

Date Issued: 1/1/2015
Last Approved Date: 1/1/2015
Last Revised Date: 1/1/2015
Next Review: 3 years after approval
Owner: Lynn Gram: 80043-Safety Officer
Policy Area: Environment of Care
References:

Safety Management Plan

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.

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.

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:

Behavioral Health Division – 9455 Watertown Plank Rd, Wauwatosa, WI 53226

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.

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 House Supervisor 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 and/or completing 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 training attendance is monitored and a list of non-attendance is provided to Managers and/or Directors for follow-up.

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 quarterly 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 Safety Officer provides 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 recording those actions in the system and/or reporting them to the 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 as part of the 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 via an internet based clearing house service (RASMAS). The EC Committee will review and report on recall and alert compliance quarterly
- E. **Examining Safety Issues - (EC 04.01.03 EP 1-2)** The EC Committee membership includes representatives from Administration, Clinical Programs, Support Services and Contract Management. 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 available to all staff at the following website: <https://milwaukeebhd.policystat.com>. Department Directors and/or Managers are responsible for distribution of department level policies and procedures to their 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 – (EC01.01.01-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 House Supervisor 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 – (EC02.01.01-EP5)** The Environment and Engineering Services (EES) department is responsible for scheduling and performing maintenance of hospital grounds and equipment. Policies and procedure for this function are located in the EES department.

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 completing 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, the infection preventionist, and by completing a First Notification of Injury Form. Reports of employee incidents are recorded by the Milwaukee County Risk Management Department and tabulated for trending by the Quality Management Department and/or Safety Officer 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. Needle sticks and body fluid exposures

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)

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 staff score on safety training questions. (Goal = ave. 95%)
 3. 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 BHD Quality Management Services Committee (QMSC). 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.

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 QMSC, the Program Executive Committees, and the County Wide Safety Committee. This finalizes the evaluation process.

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 (cigarettes, e-cigarettes, vaporizing (vape) pens, cigars, pipes, chewing tobacco, and other smokeless tobaccos) 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.

Reviewed and approved at the 3-10-16 Environment of Care Committee meeting

Reviewed and approved at the 3-16-16 Medical Executive Committee meeting

Attachments:

No Attachments

	Committee	Approver	Date
		Lynn Gram: 80043-Safety Officer	4/28/2016
	Environment of Care Committee	Lynn Gram: 80043-Safety Officer	4/28/2016
	Medical Executive Committee	Clarence Chou: 50770-Staff Psychiatrist	pending



Behavioral Health Division

Date Issued: 1/1/2015
 Last Approved Date: 1/1/2015
 Last Revised Date: 1/1/2015
 Next Review: 3 years after approval
 Owner: Lynn Gram: 80043-Safety Officer
 Policy Area: Environment of Care
 References:

Security Management Plan

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.

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.

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 – 9455 Watertown Plank Rd, Wauwatosa, WI 53226

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.

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 House Supervisor 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)

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 the panic alarm system, 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 base (Dispatcher Control Center) 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 Quality and Risk Manager 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 and Security Contract Manager maintain a current knowledge of laws, regulations, and standards of security. The Security Supervisor and Security Contract Manager 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 employee's Supervisor or location supervisor for follow up and then sent to the Quality Management Services Department. The Quality and 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 Quality and 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, and use of a wristband system.

The identification of others entering BHD is managed by Security, the Operations Department 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 pad 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 6:00 a.m. to 8:30 p.m. and the Rear Employee Entrance 53A Ramp 24 hours per day, 7 days per week.

- 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.

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 EP1-3; 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)

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. Track the frequency of weekly roll-call meetings. (Goal=52)
 - 2. Decrease the number of Theft/Vandalism incidents. Goal ≤ 3 incidents (This includes theft of patient belongings)
 - 3. Number of incidents of unauthorized Absence from locked unit. (Goal = 0)
 - 4. Number of incidents where a secure area is found unsecured. (Goal ≤ 2 times)
 - 5. Camera outages will be reported to Operations within 1 hour. (Goal ≤ 6 times)
 - 6. Camera outages will be repaired within 48 hours (Goal =100%)
- 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 Management Services Committee (QMSC). 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.

ANNUAL EVALUATION

(EC 04.01.01 EP 15)

- 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 QMSC, the Program Executive Committees, and the County-Wide Safety Committee. This finalizes the evaluation process.

Reviewed and approved at the 3-10-16 Environment of Care Committee meeting

Reviewed and approved at the 3-16-16 Medical Executive Committee meeting

Attachments:		No Attachments	
	Committee	Approver	Date
		Lynn Gram: 80043-Safety Officer	4/28/2016
	Environment of Care Committee	Lynn Gram: 80043-Safety Officer	4/28/2016
	Medical Executive Committee	Clarence Chou: 50770-Staff Psychiatrist	pending

COPY



Behavioral Health Division

Date Issued: 1/1/2013
Last Approved Date: 1/1/2015
Last Revised Date: 1/1/2015
Next Review: 3 years after approval
Owner: Lynn Gram: 80043-Safety Officer
Policy Area: Environment of Care
References:

Hazardous Materials and Waste Management Plan

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.

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).

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:

Behavioral Health Division – 9455 Watertown Plank Rd, Wauwatosa, WI 53226

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.

AUTHORITY/REPORTING RELATIONSHIPS:

The BHD Executive Team (ET) and Medical Staff Executive Committee (MEC) support the Environment of Care Program including the HMWM 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 House Supervisor 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)

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.

MCBHD does not, as part of normal operations, use or generate any radioactive materials, hazardous energy sources or hazardous gases and vapors. (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 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 both the Psychiatric Crisis Department and Engineering and Environmental Services (EES) Department.

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 EP18)

MCBHD does not use or store any radioactive materials as part of normal operations.

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. 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 carry 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 bi-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 19)** – Satellite areas of HMW or RMW are located within the generating department. These wastes are then transported to the HMW or RWM 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).
- M. **Policies and Procedures** – HWM-related policies are reviewed a minimum of every three years and distributed to departments as appropriate.

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 EP1-3; 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)

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 percentage of employees who can correctly identify regulated waste items requiring special disposal (Goal=95%)
- 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 BHD Quality Management Services Committee (QMSC). 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.

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 QMSC, the Program Executive Committees, and the Countywide Safety Committee. This finalizes the evaluation process.

Reviewed and approved at the 3-10-16 Environment of Care Committee meeting

Reviewed and approved at the 3-16-16 Medical Executive Committee meeting

Attachments:

No Attachments

	Committee	Approver	Date
		Lynn Gram: 80043-Safety Officer	4/28/2016
	Environment of Care Committee	Lynn Gram: 80043-Safety Officer	4/28/2016
	Medical Executive Committee	Clarence Chou: 50770-Staff Psychiatrist	pending



Behavioral Health Division

Date Issued: 1/1/2015
Last Approved Date: 1/1/2015
Last Revised Date: 1/1/2015
Next Review: 3 years after approval
Owner: Lynn Gram: 80043-Safety Officer
Policy Area: Environment of Care
References:

Fire/Life Safety Management Plan

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.

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.

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:

Behavioral Health Division – 9455 Watertown Plank Rd, Wauwatosa, WI 53226

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.

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 House Supervisor 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)

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 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 1-25; 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. (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 1-25)
 - 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 02.01.50 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.

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)

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 = 100% completion rate)
2. Measure the average score on the fire drill check sheet. (Goal is 97%)
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 < 4)

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 BHD Quality Management Services Committee (QMSC). 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.

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 QMSC, the Program Executive Committees, and the County Wide Safety Committee. This finalizes the evaluation process.

Reviewed and approved at the 3-10-16 Environment of Care Committee meeting

Reviewed and approved at the 3-16-16 Medical Executive Committee meeting

Attachments:		No Attachments	
	Committee	Approver	Date
		Lynn Gram: 80043-Safety Officer	4/28/2016
	Environment of Care Committee	Lynn Gram: 80043-Safety Officer	4/28/2016
	Medical Executive Committee	Clarence Chou: 50770-Staff Psychiatrist	pending

COPY



Behavioral Health Division

Date Issued: 1/1/2015
 Last Approved Date: 1/1/2015
 Last Revised Date: 1/1/2015
 Next Review: 3 years after approval
 Owner: Lynn Gram: 80043-Safety Officer
 Policy Area: Environment of Care
 References:

Utilities Management Plan

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.

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.

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 (key pad access, video monitoring and panic alarm). (EC 01.01.01-EP8)

MCBHD locations include:

Behavioral Health Division – 9455 Watertown Plank Rd, Wauwatosa, WI 53226

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.

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 House Supervisor 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)

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, & 5; 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 02.05.09-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.

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 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)

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 utility failures (Goal = 0)
 2. Measure the completion rate of preventive maintenance tasks (Goal =90%)
 3. Measure the percentage of utility components labeled and inventoried (Goal = 100% by year end)
 4. 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 BHD Quality Management Services Committee (QMSC). 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.

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 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 QMSC, the Program Executive Committees, and the County Wide Safety Committee. This finalizes the evaluation process.

Reviewed and approved at the 3-10-15 Environment of Care Committee

Reviewed and approved at the 3-16-16 Medical Executive Committee Meeting.

Attachments:

No Attachments

	Committee	Approver	Date
		Lynn Gram: 80043-Safety Officer	4/28/2016
	Environment of Care Committee	Lynn Gram: 80043-Safety Officer	4/28/2016
	Medical Executive Committee	Clarence Chou: 50770-Staff Psychiatrist	pending



Behavioral Health Division

Date Issued: 1/1/2015
Last Approved Date: 1/1/2015
Last Revised Date: 1/1/2015
Next Review: 3 years after approval
Owner: Lynn Gram: 80043-Safety Officer
Policy Area: Environment of Care
References:

Medical Equipment Management Plan

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.

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.

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:

Behavioral Health Division – 9455 Watertown Plank Rd, Wauwatosa, WI 53226

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.

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 House Supervisor 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)

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 Medical Equipment 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 manufacturer's 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. 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.

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)

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:
Monitor and report on the number of equipment repairs.
- 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 BHD Quality Management Services Committee (QMSC). 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.

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 QMSC, the Program Executive Committees, and the County Wide Safety Committee. This finalizes the evaluation process.

Reviewed and approved at the 3-10-16 Environment of Care Committee meeting

Reviewed and approved at the 3-16-16 Medical Executive Committee meeting

Attachments:

No Attachments

	Committee	Approver	Date
		Lynn Gram: 80043-Safety Officer	4/28/2016
	Environment of Care Committee	Lynn Gram: 80043-Safety Officer	4/28/2016
	Medical Executive Committee	Clarence Chou: 50770-Staff Psychiatrist	pending

COPY

Quality Packet Item 4

CARS Executive Summary for 1st Quarter of 2016: Services Provided and Clinical Outcomes

CARS Quarterly Report:

- The CARS Quarterly Report includes more data/programs than the previous iteration and presents a more comprehensive picture of services available in CARS.
- Among the more notable achievements is the continuous growth of the number of individuals enrolled in CCS, up nearly 17% since the fourth quarter of 2015, and over 400% since the first quarter of last year!
- Targeted Case Management and Community Support Programs continue to serve a high volume of clients, and both programs provided services to a greater number of clients in the first quarter of 2016 than in any other quarter in 2015.

KPI Dashboard:

- Our discharge outcomes data generally indicate less improvement than our 6 month outcomes data.¹
- Service volume data in the first quarter suggests that we are on pace to meet our 2016 targets.
- Our data indicate that while some of the clinical performance measures for 6 month outcomes in the first quarter of 2016 are consistent with or even exceed our target outcomes, others, such as our abstinence rates, are lagging behind our expectations.² Particularly notable is the approximately 23% reduction in 30 day readmissions to detoxification services!

¹It was necessary to create a separate category for client who were discharged after less than 6 months in service during the quarter in question, particularly for many of our substance abuse services. This is the first year that we have reported on discharge data for our CARS clients and there have been issues with data entry errors and missing/incomplete data as our providers transition to this new process.

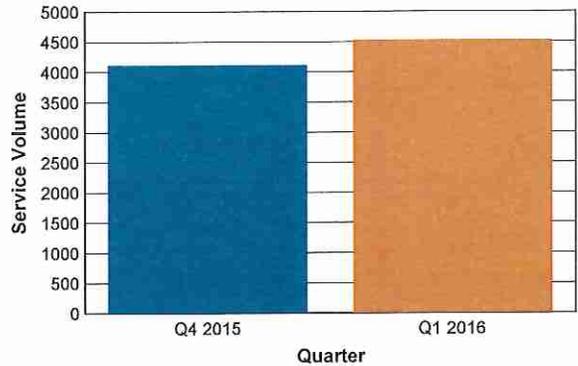
²A possible explanation for these results is that fact that in addition to transitioning to a new EHR, CARS also transferred the responsibility of data capture for our AODA services from a single agency to the providers themselves. This was done to provide greater detail at a programmatic level for the purposes of accountability and outcomes. However, this transition was not without complications and resulted in data entry errors that reduced the quantity of complete and accurate available for our analyses.

CARS Quarterly Report

Number of Clients Receiving Service, By Program

	Q4 2015	Q1 2016
Adult Family Home	16	14
CBRF	117	123
CCS	244	285
CLASP	63	80
Community Support Program	1,281	1,308
Crisis Case Management	57	77
CRS	44	37
Day Treatment (75.12)	23	21
Detoxification (75.07)	325	688
MH Day Treatment	25	26
Outpatient 75.13	304	293
Outpatient-MH	28	44
Recovery Support Coordination	380	417
Targeted Case Management	1,470	1,475
Transitional Residential (75.14)	213	217
Total	4,111	4,529

Number of Clients Receiving Service

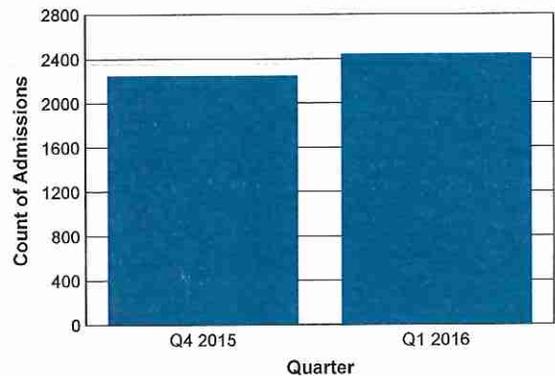


Transition to new EHR limits comparable data. Future iterations will allow observation of trends over time.

Admissions By Program

	Q4 2015	Q1 2016	Total
Adult Family Home	7	1	8
CBRF	77	12	89
CCS	126	63	189
CLASP	24	30	54
Community Support Program	119	54	173
Crisis Case Management	24	20	44
CRS	19	1	20
Day Treatment (75.12)	16	16	32
Detoxification	1,033	1,328	2,361
MH Day Treatment	8	10	18
Outpatient (75.13)	211	186	397
Outpatient-MH	61	129	190
Recovery Support Coordination	212	274	486
Targeted Case Management	118	117	235
Transitional Residential	191	201	392
Total	2,246	2,442	4,688

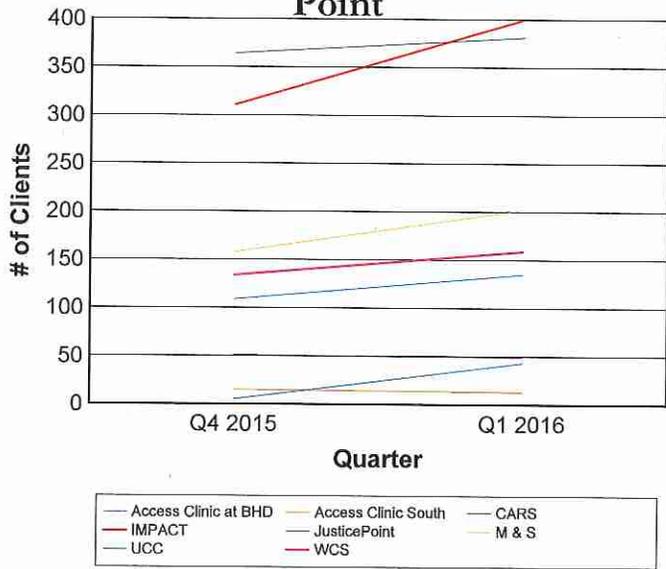
Admissions



Transition to new EHR limits comparable data. Future iterations will allow observation of trends over time. Some anomalies in Q4 2015 due to administrative episode management after go-live.

CBRF - Community Based Residential Facility
 CCS - Comprehensive Community Services
 CLASP - Community Linkages and Stabilization Program
 CRS - Community Recovery Services

Referrals/Intakes by Access Point

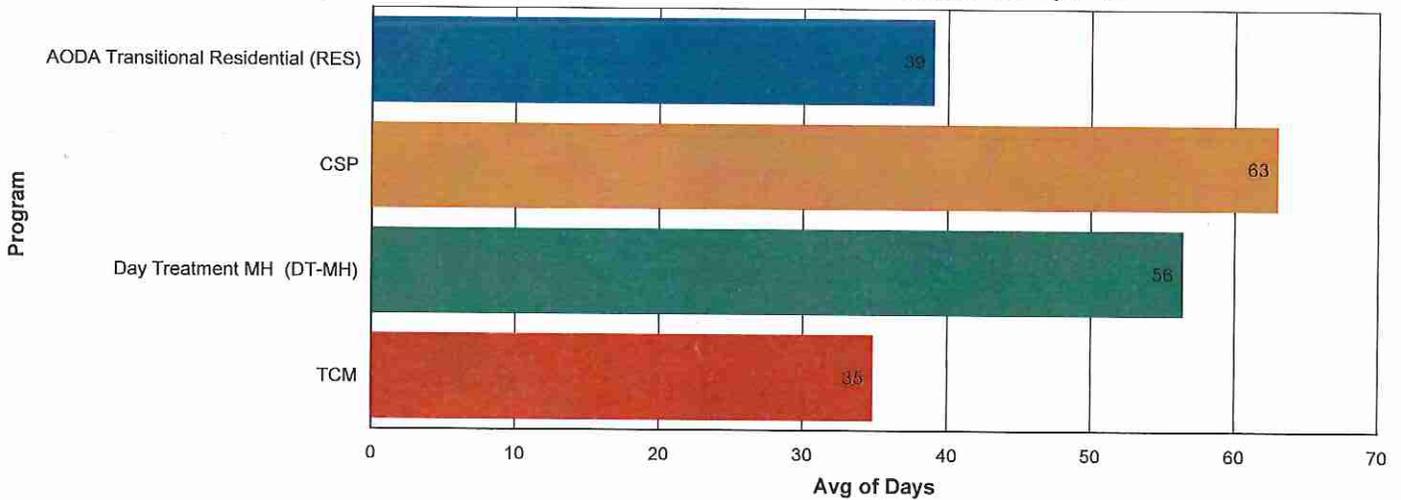


Referrals/Intakes By Access Point

	Q4 2015	Q1 2016	Total
Access Clinic at BHD	109	135	244
Access Clinic South	15	13	28
CARS	364	381	722
IMPACT	311	400	704
JusticePoint	51	49	99
M & S	158	202	358
UCC	5	43	48
WCS	134	159	291
Total	1,117	1,333	2,379

Transition to new EHR limits comparable data. Future iterations will allow observation of trends over time. Some change from Q4 2015-Q1 2016 likely due to increased fidelity to process in EHR.

Days on Waitlist, Only those Placed with Provider in Q1 2016



Transition to new EHR limits comparable data. Future iterations will allow observation of trends over time.



**Milwaukee County Behavioral Health Division
2016 Key Performance Indicators (KPI) Dashboard**

Program	Item	Measure	2016 Projection	2016 Target	2016 Status (1)	2015 Actual	Benchmark Source	Formula
Community Access To Recovery Services	1	Service Volume - AODA	6,347	5,640	Green	6,254	BHD (2)	# of clients with at least one event in any substance abuse level of care
	2	Service Volume - Mental Health	4,107	4,756	Yellow	5,010	BHD (2)	# of clients with at least one event in any mental health level of care
	3	Discharge (Client Discharged During Quarter Who Stayed in Services 6 Months or Less)						
	4	Inpatient Utilization Offset	-	-		-	BHD (2)	Relative change in average # of psychiatric bed days from admission to discharge
	5	Abstinence from drug and alcohol use	26.8%	-		-	BHD (2)	Relative change in # reporting abstinence from drugs or alcohol from admission to discharge
	6	Reduction in Homelessness or in Shelters	14.3%	-		-	BHD (2)	Relative change in # reporting living in shelters or homeless from admission to discharge
	7	Increase in Employment (Full or Part Time-Competitive)	9.4%	-		-	BHD (2)	Relative change in # reporting full or part time employment from admission to discharge
	8	6 Month Follow Up (First 6 Month Follow Up for Clients Open in Services During Quarter)						
	9	Inpatient Utilization Offset	60.4%	61.0%	Yellow	60.3%	BHD (2)	Relative change in average # of psychiatric bed days six months after admission
	10	Abstinence from drug and alcohol use	45.5%	83.8%	Red	82.5%	BHD (2)	Relative change in # reporting abstinence from drugs or alcohol six months after admission
	11	Reduction in Homelessness or in Shelters	50.0%	78.1%	Red	77.3%	BHD (2)	Relative change in # reporting living in shelters or homeless six months after admission
	12	Increase in Employment (Full or Part Time-Competitive) Within Quarter	45.5%	34.2%	Green	33.9%	BHD (2)	Relative change in # reporting full or part time employment six months after admission
	13	Percent of clients returning to Detox within 30 days	15.2%	18.5%	Green	19.6%	BHD (2)	Percent of readmissions that occurred within 30 days of discharge from the previous admission
Wraparound (5)	14	Families served in Wraparound HMO (unduplicated count)	3,300	3,300	Green	3,047	BHD (2)	Families served in Wraparound HMO (unduplicated count)
	15	Annual Family Satisfaction Average Score (Rating scale of 1-5)	4.6	> = 4.0	Green	4.6	BHD (2)	Average level of Family Satisfaction (Rating scale of 1-5)
	16	Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice system)	65.0%	> = 75%	Yellow	62%	BHD (2)	Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice system)
	17	Average level of "Needs Met" at disenrollment (Rating scale of 1-5)	3.0	> = 3.0	Green	3.2	BHD (2)	Average level of "Needs Met" at disenrollment (Rating scale of 1-5)
	18	Percentage of youth who have achieved permanency at disenrollment	65.0%	> = 70%	Yellow	58%	BHD (2)	Percentage of youth who have achieved permanency at disenrollment
19	Percentage of Informal Supports on a Child and Family Team	50.0%	> = 50%	Green	42%	BHD (2)	Percentage of Informal Supports on a Child and Family Team	
Crisis Service	20	Admissions	8,604	9,000	Green	10,173	BHD (2)	PCS patient admissions
	21	Emergency Detentions	4,410	4,500	Green	5,334	BHD (2)	PCS admissions where patient had a legal status of "Emergency Detention"
	22	Percent of patients returning to PCS within 3 days	7.7%	8%	Green	8%	BHD (2)	Percent of patient admissions occurring within 3 days of patient's prior discharge from the program
	23	Percent of patients returning to PCS within 30 days	24.5%	20%	Yellow	25%	CMS (4)	Percent of patient admissions occurring within 30 days of patient's prior discharge from the program
24	Percent of time on waitlist status	67.9%	10%	Red	16%	BHD (2)	PCS hours on Waitlist Status / Total hours in time period x 100	
Acute Adult Inpatient Service	25	Admissions	744	850	Green	965	BHD (2)	Acute Adult Inpatient Service patient admissions
	26	Average Daily Census	45.1	48.0	Green	47.2	BHD (2)	Sum of the midnight census for the time period / Days in time period
	27	Percent of patients returning to Acute Adult within 30 days	11.4%	7%	Red	11%	NRI (3)	Percent of patient admissions occurring within 30 days of patient's prior discharge from the program
	28	Percent of patients responding positively to satisfaction survey	74.4%	74%	Green	73%	NRI (3)	Percent of patients selecting "Agree" or "Strongly Agree" to survey items
	29	If I had a choice of hospitals, I would still choose this one. (MHSIP Survey)	61.4%	65%	Yellow	63%	BHD (2)	Percent of patients selecting "Agree" or "Strongly Agree" to survey item
	30	HBIPS 2 - Hours of Physical Restraint Rate	2.67	0.66	Red	7.2	CMS (4)	Total number of hours patients were in physical restraint per 1,000 inpatient hours
	31	HBIPS 3 - Hours of Locked Seclusion Rate	0.45	0.14	Red	0.47	CMS (4)	Total number of hours patients were in locked seclusion per 1,000 inpatient hours
	32	HBIPS 4 - Patients discharged on multiple antipsychotic medications	13.9%	9.5%	Red	18%	CMS (4)	Percent of patients discharged on 2 or more antipsychotic medications
	33	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	97.1%	32.8%	Green	98%	CMS (4)	Percent of patients discharged on 2 or more antipsychotic medications with documented justification
	34	HBIPS 6 - Patients discharged with a continuing care plan	8.5%	82.5%	Red	15%	CMS (4)	Percent of patients for whom the post discharge continuing care plan is created and contains the following: reason for hospitalization, principal discharge diagnosis, discharge medications and next level of care recommendations
	35	HBIPS 7 - Post discharge continuing care plan transmitted to next level of care provider	8.5%	75.4%	Red	15%	CMS (4)	Percent of patients for whom the post discharge continuing care plan was transmitted to the next level of care
Child / Adolescent Inpatient Service (CAIS)	36	Admissions	756	800	Green	919	BHD (2)	CAIS patient admissions
	37	Average Daily Census	10.0	11.0	Green	9.8	BHD (2)	Sum of the midnight census for the time period / Days in time period
	38	Percent of patients returning to CAIS within 30 days	15.1%	11%	Red	16%	BHD (2)	Percent of patient admissions occurring within 30 days of patient's prior discharge from the program
	39	Percent of patients responding positively to satisfaction survey	72.6%	74%	Yellow	71%	BHD (2)	Percent of patients selecting "Agree" or "Strongly Agree" to survey items
	40	Overall, I am satisfied with the services I received. (CAIS Youth Survey)	94.1%	80%	Yellow	74%	BHD (2)	Percent of patients selecting "Agree" or "Strongly Agree" to survey item
	41	HBIPS 2 - Hours of Physical Restraint Rate	3.99	0.22	Red	5.2	CMS (4)	Total number of hours patients were in physical restraint per 1,000 inpatient hours
	42	HBIPS 3 - Hours of Locked Seclusion Rate	0.12	0.34	Red	0.42	CMS (4)	Total number of hours patients were in locked seclusion per 1,000 inpatient hours
	43	HBIPS 4 - Patients discharged on multiple antipsychotic medications	2.0%	3.0%	Green	2%	CMS (4)	Percent of patients discharged on 2 or more antipsychotic medications
	44	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	100.0%	39.9%	Green	100%	CMS (4)	Percent of patients discharged on 2 or more antipsychotic medications with documented justification
	45	HBIPS 6 - Patients discharged with a continuing care plan	7.4%	91.3%	Red	4%	CMS (4)	Percent of patients for whom the post discharge continuing care plan is created and contains the following: reason for hospitalization, principal discharge diagnosis, discharge medications and next level of care recommendations
46	HBIPS 7 - Post discharge continuing care plan transmitted to next level of care provider	7.4%	84.4%	Red	4%	CMS (4)	Percent of patients for whom the post discharge continuing care plan was transmitted to the next level of care	
Financial	47	Total BHD Revenue (millions)	\$129.4	\$129.4	Green	\$120.2		
	48	Total BHD Expenditure (millions)	\$188.2	\$188.2	Yellow	\$173.5		

Notes:

(1) 2016 Status color definitions: Red (below 20% of benchmark), Yellow (within 20% of benchmark), Green (meets or exceeds benchmark)

(2) Performance measure target was set using historical BHD trends

(3) Performance measure target was set using National Association of State Mental Health Directors Research Institute national averages

(4) Performance measure target was set using Centers for Medicare & Medicaid (CMS) Hospital Compare national averages

(5) Please note that because of different reporting requirements, Wraparound does not currently analyze their KPI data on a quarterly basis. Thus, their 2016 Projections are based on their 2015 annual data. They will transition to quarterly analysis of KPI data beginning 2nd Qtr of 2016.



WRAPAROUND MILWAUKEE

2015

QA/QI ANNUAL REPORT

Executive Summary

A unique Managed Care Organization that serves youth with serious emotional, behavioral and mental health needs and their families.

1. Total youth served = 1,848
2. Average cost per member/per month = \$3,124
3. Functioning levels, i.e. – mood, thought processing, social/interpersonal interactions, community-based behaviors, improved in all areas, as measured through the Child Behavior Checklist and the Youth Self Report
4. Overall Family and Youth satisfaction with their Care Coordination services is 4.23 (on a scale of 1-5)
5. Overall Family and Youth satisfaction with their Provider Network services is 4.42 (on a scale of 1-5)
6. Top 3 mental health services utilized - Crisis Stabilization, In-Home Therapy and Outpt. Therapy
7. Twenty complaints filed (only 1.08% of the total population served); no grievances filed
8. Wraparound Provider Network consists of 125 Provider Agencies with 71 different types of services offered
9. Youth/young adult Wraparound -affiliated programs/resources continue to thrive – Project O'YEAH, Owen's Place, MOVE Wisconsin, POHSEY (See pages 12-16)
10. The Child and Adolescent Mobile Urgent Treatment Team provided services to 1,060 distinct youth
11. The Wraparound Wellness Clinic had 5,354 youth/family visits 2015



WRAPAROUND MILWAUKEE

2015

QUALITY ASSURANCE/QUALITY IMPROVEMENT ANNUAL REPORT



This Report.....

Demographics for 2015..... 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. 11
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. Demographics for 2015



Wraparound/REACH Enrollments = 736

Wraparound/REACH Disenrollments = 545

(Disenrollment # excludes transfers to other programs in the Wraparound System of Care)

Average Daily Census = 1130 Total Youth Served = 1,848

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).

O'YEAH Program – (Older Youth and Emerging Adult Heroes), a program administered under the auspices of Wraparound Milwaukee 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. **See Pg. 12 for details related to this program.**

GENDER (736 youth represented)

Female = 245 (33%)

Male = 491 (67%)

AGE (736 youth represented)

Average age = 14 years old

(WRAP = 14.9, REACH = 13)

ETHNICITY (736 youth represented)

African American = 444 (60%)	(67% male – 33% female)
Caucasian = 70 (10%)	(57% male – 43% female)
Hispanic = 111 (15%)	(71% male – 29% female)
Bi-racial = 13 (1.7%)	(46% male – 54% female)
Asian = 3 (.4%)	(33% male – 67% female)
Native American = 2 (.3%)	(50% male – 50% female)
Other/Unknown = 66 (9%)	(67% male – 33% female)
Not Listed = 27 (4%)	

DIAGNOSIS (706 youth represented. Youth may have one or more diagnosis)

ADHD (WRAP = 244, REACH = 195)
 Conduct Order (WRAP = 245, REACH = 106)
 Mood Disorder (WRAP = 137, REACH = 112)
 Anxiety Disorder (WRAP = 128, REACH = 94)
 Depressive Disorder (WRAP = 89, REACH = 74)
 AODA related (WRAP = 122, REACH = 27)
 Learning Disorder (WRAP = 95, REACH = 19)
 Developmental Disorder (WRAP = 82, REACH = 37)
 Adjustment Disorder (WRAP = 53, REACH = 21)
 Thought Disorder (WRAP = 13, REACH = 29)
 Personality Disorder (WRAP = 11 REACH = 0)

Eating Disorder (WRAP = 2, REACH = 0)

Other (WRAP = 125, REACH = 21)

YOUTH PRESENTING ISSUES (687 WRAP & REACH youth represented.)

Youth may have one or more issues.)

Access to Firearms = 2
 Adjudicated Sex Offender = 44
 Attention Problems = 506 *2
 Bullying/Peer Issues = 18
 Community Concerns and Violence = 26
 Contact Sexual Abuse = 151
 Dev. Disorder/Autism = 174
 Drug/Alcohol Abuse = 302 *3
 Eating Patterns/Hoarding = 13
 Fire setting = 172
 Gang Affiliation = 3
 H/O Sexual Misconduct & Exposure = 319
 Homicidal Ideation = 10
 Major Affective Illness/Affect Regulation = 413 #3
 Minor Domestic Sex Trafficking Victim = 46
 Minor at Risk for Domestic Sex Trafficking = 20
 Physical Disability/Medical/Health = 252
 Previous Physical Abuse = 184
 Recurrent Emotional Abuse = 188
 Runaway Behavior = 353
 School Concerns = 658 #1 *1
 Self harm = 19
 Severe Aggressiveness = 566 #2
 Sexual Abuse Victim = 170
 Sleep Patterns/Nightmares = 23
 Suicidality = 334
 Victim Notification = 9
 Other = 412 (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 = 229
 Adult in Home Treated Violently = 292 #3
 Emotional Abuse/Neglect = 157
 Emotional/Mental Illness in the Family = 479 *2 #1
 Incarcerated Household Member = 308 *3
 Physical Abuse/Neglect = 138
 Recurrent Physical Abuse Exposure = 170
 Single/No Parent in the Home = 472 *1 #2
 Significant Losses = 20
 Teenage Parent = 30

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

COURT ORDER (WRAPAROUND) = 57% of enrollments

(412 youth represented)

- 63% of youth who were enrolled into Wraparound were on a Delinquency order (N=258)
- 34% were on a CHIPS order (N=141)
- 1.4% were on a JIPS order (N=6)
- 1.7% were on a Dual (CHIPS/Delinquent) order (N=7)

NO COURT ORDER (REACH) = 43% 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.

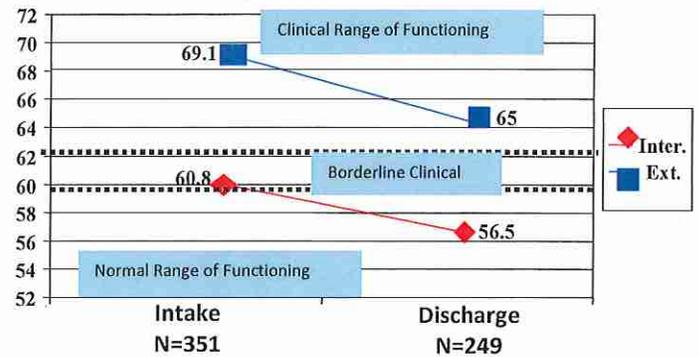
Clinical Range of Functioning – Scores that reveal sufficient issues that are significantly greater than the comparative sample group; in need of clinical intervention.

NOTE: A decrease in a score reflects improved functioning.

The following data in all graphs represents disenrollments from 1/1/15 – 12/31/15

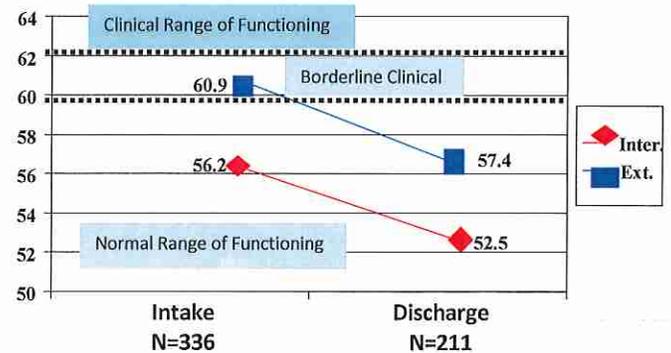
WRAPAROUND

CBCL T-Scores from Intake to Discharge



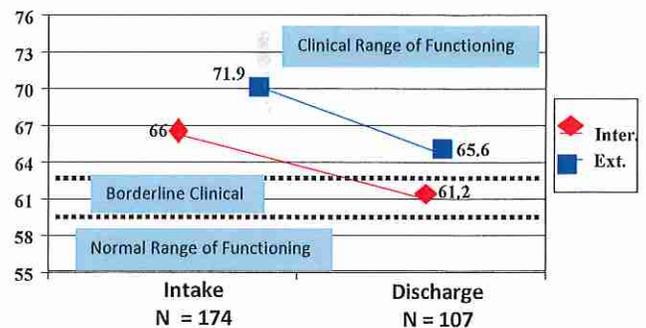
WRAPAROUND

YSR T-Scores from Intake to Discharge



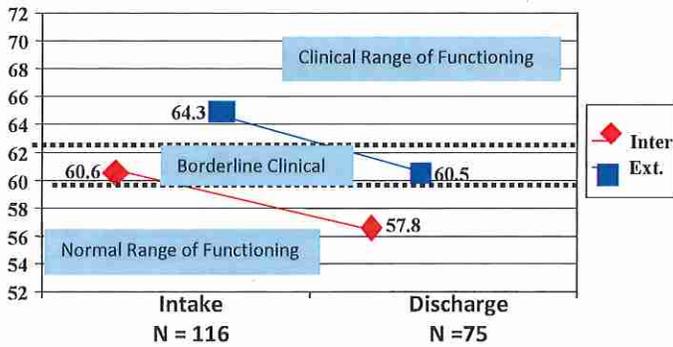
REACH

CBCL T-Scores from Intake to Discharge



REACH

YSR T-Scores from Intake to Discharge



Of the enrollees for which school data was entered (N=726) into the Synthesis database (Wraparound Milwaukee's IT System) during 1/1/15-12/31/15 the following was revealed:

	#WRAP	%WRAP	#REACH	%REACH
K-5 th	35	8%	92	30%
6 th -8 th	85	20%	92	30%
9 th -12 th	293	70%	121	39%
GED/Grad.	4	1%	4	1%

Youth in Wraparound are attending school approximately 86% of the time, while those in REACH are attending school approximately 90.5% of the time.

Our benchmark for attendance is set at 85%.

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/family friend
- 4.) Youth placed in subsidized guardianship
- 5.) Youth placed in sustaining care
- 6.) Youth in independent living

Total Wraparound disenrollments - (excludes 37 youth that were disenrolled as "runaway/missing" and 82 youth that were disenrolled to a correctional (n = 60) or a detention facility (n = 22) = **256**

Of the 256 Wraparound youth, 236 or 92% achieved permanency as defined above.

Other disenrollment scenarios upon discharge:

- 5 – Foster Care – Transitional
- 4 - Group Home Care
- 6 - Respite Care
- 5 - Residential Care

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.

Youth and Family Satisfaction

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.

Satisfaction Benchmark for 1-month/6-month/yearly: 4.0

Satisfaction Benchmark for Disenrollment: 3.75

Survey Time Frame	# of Surveys Sent	# of Surveys Received	Return Rate	Average Overall Score
1-Month	877	134	15.2%	4.73
6mo/yearly	1471	149	10.1%	4.62
Family Disenrollment Progress Report	545	429	78.7%	3.81
Youth Disenrollment Progress Report				3.76

1-month Care Coordinator Family Survey – Overall 4.73

1).	My CC has been polite and respectful to me and my family.	4.90
2).	Meetings with my care coordinator have been scheduled at times and places that are convenient for me.	4.78
3).	I know how to reach my care coordinator when I need to.	4.78
4).	My care coordinator returns my calls within 24 hours.	4.73
5).	I know how to reach my care coordinator's supervisor.	4.53
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.	4.68
8).	I've been offered choices about the services my family receives.	4.69
9).	Overall, I feel satisfied with the services my family is receiving.	4.70

6-mo/yearly Care Coordination Family Survey - Overall 4.62

1.)	My Care Coordinator has been polite and respectful to me and my family.	4.92
2.)	I am seeing my Care Coordinator as often as I'd like to.	4.47
3.)	My Care Coordinator returns my call within 24 hours.	4.61
4.)	My Care Coordinator follows through with what she/he says she/he is going to do.	4.61
5.)	Meetings with my care coordinator have been scheduled at times and places that are convenient for me.	4.82
6.)	I feel Wraparound has been sensitive to my cultural, ethnic and religious needs.	4.83
7.)	I would be comfortable calling my care coordinator's supervisor if I had any concerns.	4.61
8.)	I've had the opportunity to include people on my team that are important in our family's life.	4.61
9.)	I get a copy of every Plan of Care.	4.69
10.)	I understand my Plan of Care and how it can help me and my family.	4.68
11.)	I have been offered choices about the services my family receives.	4.55
12.)	My team is starting to work to prepare my family for disenrollment from Wraparound.	3.94
13.)	Overall, I feel the care provided to me/my family so far has been helpful.	4.52

Disenrollment Youth Progress Report – Overall 3.76

1).	I'm doing better in school than I did before.	3.69
2).	I am getting along better with my family than I did before.	3.77
3).	I feel like I'm getting along better with my friends than I did before.	3.61
4).	I feel my behavior has gotten better since I was enrolled in Wraparound.	3.84
5).	On a scale of 1 to 5 how do you feel you are doing right	3.90

Disenrollment Family Progress Report – Overall 3.81

		3.75
1.)	I feel my family has made significant progress in meeting the Family Vision we have been working towards.	
2.)	I feel my child's educational needs have been met.	3.42
3.)	Overall, I feel that Wraparound/REACH helped me be better able to handle challenging situations.	3.95
4.)	I feel that I have family, friends and community resources that will be there for me and my family if I need them.	3.92
5.)	If my family does have a crisis, I believe the final Crisis Plan my Team developed will help us.	3.90
6.)	After disenrollment, I will know how to get services and supports that my family may still need.	3.99
7.)	On a scale of 1-5, how do you feel your family is doing right now?	3.77



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.



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 2015. 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.

Survey Time Frame	# of Surveys Sent	# of Surveys Recv'd	Return Rate	Average Overall Score
4-Month	2,025	120	5.9%	4.32
9-Month	1,946	111	5.7%	4.50

4-month Provider Survey Results – Overall 4.32

1.)	Focuses on my family's strengths	4.29
2.)	Understands our family's needs and limits.	4.27
3.)	Is sensitive to our cultural needs	4.35
4.)	Listens to my family	4.36
5.)	Follows my family's Plan of Care	4.32
6.)	Is respectful to my family	4.47
7.)	Is available when we need him/her	4.20

9-month Provider Survey Results – Overall 4.50

1.)	Focuses on my family's strengths	4.46
2.)	Understands our family's needs and limits.	4.47
3.)	Is sensitive to our cultural needs	4.56
4.)	Listens to my family	4.54
5.)	Follows my family's Plan of Care	4.53
6.)	Is respectful to my family	4.61
7.)	Is available when we need him/her	4.33



Service Name	# of Surveys Recv'd	# of Agencies Represented	Overall Average	2014 Overall Average
Crisis Stabilization	83	7	4.46	4.47
Group Home Care	16	9	3.28	3.5
In-Home Therapy	47	12	4.5	4.6
Individual/Family Therapy- Office-based	29	14	4.53	4.38
Mentoring	7	3	4.45	4.28
Parent Assistance	9	2	4.37	4.66
Parent Coaching	6	1	4.83	N/A
Residential Care	49	11	3.49	3.62
Treatment Foster Care	11	5	4.23	N/A

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	67	3.44

Out of Home Survey Results – Overall 3.44

1.)	How satisfied were you with the care that your child received in the facility?	3.56
2.)	How easy was it to stay in contact with your child (phone and travel)?	3.91
3.)	How well did the staff keep you/your child informed through the time your child was in placement?	3.81
4.)	How well do you feel your child has improved during this placement?	3.23
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?	3.02
6.)	How safe did you feel your child was in the facility?	3.69
7.)	How culturally sensitive do you feel the staff were to the needs of your child?	3.69
8.)	Would you utilize this placement again or recommend it to other families.	2.50

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 1/1/15 – 12/31/15 was 1,848.

The average overall cost per month/per enrollee was \$3,124.00

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

The total paid for services in 2015 was \$45,148,363.00

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
<i>Wraparound Milwaukee</i>	<i>\$3,124</i>
<i>Group Homes</i>	<i>\$5,926</i>
<i>Corrections</i>	<i>\$8,898</i>
<i>Residential Care</i>	<i>\$10,050</i>
<i>Psychiatric Inpt. Hospital</i>	<i>\$38,100</i>

Listed below are the top five service groups utilized per authorizations from January through December 2015 in which the client/family were the primary recipients.

- 1.) **Crisis Stabilization/Supervision** 1,440 or 77.9% of the youth utilized this service in some capacity
- 2.) **In-Home Therapy (Lead-Medicaid)** 928 or 50.2% of the youth/families utilized this service in some capacity
- 3.) **Transportation** 709 or 38.4% of the youth/families utilized this type of service in some capacity
- 4.) **Outpatient Therapies** 687 or 37.2% of the youth/families utilized this service in some capacity
- 5.) **Psychological Assessments** 453 or 24.5% 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 seventy-eight (778) or 42.1% 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, recreation, groceries/household supplies and clothing/shoes.

The **five most costly service areas** (excluding Care Coordination) for 2015 (though not necessarily the most utilized) are:

1. Residential Care at 24.2% of the total paid
2. Crisis Services at 14.7% of the total paid
3. Group Home Care at 11.0% of the total paid
4. Foster Care at 7.4% of the total paid
5. In-Home Therapy at 6.7% 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 2015 was 3.24 (N= 545)

In 2014 the final score was 3.22 (N = 603).

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 Synthesis. 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 2/1/15 – 1/31/16, for Wraparound Teams, an average of 40.5% of the Team members were informal/natural supports. For REACH Teams the average was 45.9%.

During the Team Meetings **at least one informal/natural support was in attendance at the Wraparound Team meetings 26% of the time and at the REACH Team meetings 29.7% 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.



Plan of Care (POC)

During 2015, extensive work was given to reviewing and assessing the current POC approval and auditing process. Dialogue ensued focusing on the quality of the Plans, the

approval process at both the Care Coordination Supervisor level and the Wraparound Administrative level and the best methodology to use in moving forward with auditing POC's.

An extensive/comprehensive POC Checklist Tool began to be developed in addition to a POC Rubric Review Tool that would be utilized at the Care Coordination Supervisor and Wraparound Administration level. Discussions on an auditing process continued with emphasis on best practice and quality indicators, auditor consistency, and reliability. Determinations as to the auditing process and all tools/checklist will be finalized in 2016.

Audits/Reviews of Provider Network Agencies

Single Indicator Audit

Performance Measure: Provider Agency response time to Purchasers (Wraparound Milwaukee) request.

Per the Fee-For-Service Agreement that Providers have with Wraparound Milwaukee there is an expectation that *Providers have access to a computer with internet capability and a functional e-mail account that Purchaser can use for ongoing communication with provider. Provider also agrees to check e-mail account at a minimum of once per business day and respond to Purchaser within the requested time limits.*

In February 2015, a standardized e-mail was sent to all Provider agencies utilizing their e-mail address that was currently in Synthesis. The Provider response time was recorded in addition to any information sent related to the e-mail address/primary agency contact.

The results revealed the following:

A total of 108 agencies were in the audit sample. Eighty-eight (88) or 81% of the total received a compliance score of 100%. Twenty (20) or 19% received a compliance score of 0% as they did not respond within the identified time frame or did not respond at all. Agencies that scored a 0% were required to submit a corrective action plan (CAP). Seventeen (17) out of twenty (20) submitted a CAP. All submitted CAPS 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 2015 PIP was entitled, ***"Empowering Family Choice"***. Through major revisions to the Provider Network Resource Guide and training families and Care Coordinators to the concept of the *Family Driven* approach, this project addressed both the growth in knowledge and information about service options in the Wraparound Milwaukee Provider Network resulting in an increased capacity for families to make informed

service choices. This, in turn, resulted in greater feelings of empowerment in directing the renewed well-being of their children. The development of the revised Provider Resource Guide, accompanied with promotion and training to all users, resulted in an immediate upsurge of access and usage (increase of 416.6% in a 2-month period). Collectively, families (93) and Care Coordinators with families (148) represented 30% (241/814) of the total population that accessed the revised Provider Resource Guide.

Building feelings of empowerment is a slower process that will require ongoing training of Care Coordinators and Care Coordination Supervisors as well as the Providers themselves to the Family Driven approach. Over time though, this training and will transform the Child & Family Team process, giving more direct decision-making power to the families served by Wraparound.

The full PIP will be available for viewing on Wraparound's website mid 2016.

Utilization Review

Service Group	Average Total Paid Per Child/Per Month for CY 2015	# of youth served	% of youth served
AODA Services	\$4.53	138	7.5%
Care Coordination	\$794.98	1,848	100%
Child Care/Rec.	\$4.00	34	1.8%
Crisis Services	\$458.48	1,440	77.9%
Day Treatment	\$4.36	10	.5%
Discretionary Funds	\$12.95	778	42.1%
Fam/Parent Support Services	\$36.80	321	17.4%
Foster Care	\$231.82	170	9.2%
Group Home	\$342.57	248	13.4%
Independent Living	\$22.01	20	1.1%
In-Home Therapy	\$208.88	928	50.2%
Inpatient Hosp.	\$98.97	214	11.6%
Life Skills	\$28.60	225	12.2%
Med. Mngmt./Nursing	\$3.66	132	7.1%
Occupational Therapy	\$2.71	31	1.7%
Outpatient Therapies	\$53.57	687	37.2%
Psychological Assess.	\$13.08	453	24.5%
Residential Treatment	\$756.02	295	16%
Respite	\$5.39	57	3.1%
Transportation	\$23.72	709	38.4%
Youth Support Services	\$17.14	296	16%

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 1/1/15–12/31/15, the compliance score as it relates to holding a monthly Child and Family Team Meeting was **87.5%**. The compliance score in 2014 was 89.5%.

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.

Two New Care Coordinator Trainings were held during 2015. The training consists of 23 Modules. Each of the training modules was revised to integrate Trauma Informed Care concepts around adversity and trauma exposure, biological, neurological, relational, spiritual, behavioral and worldview impact, as well as respecting experientially driven behavior as indicative of trauma related needs. Approximately 30-50 new Care Coordinators, Transition Coordinators and Professional Foster Parents **participated** in each of the trainings. In addition,

several Families United of Milwaukee parent/youth facilitators joined to share their lived experience

One **Re-certification Training** was held for Care Coordination leadership staff in the spring of 2015. The training focused on a new way of incorporating the Wraparound philosophical base of moving from **Hello to Help to Healing to Hope** with a family.

During the year, three cohorts of Care Coordinators went through two full days of **Motivational Interviewing** training and subsequent booster sessions.

Wraparound Care Coordination Supervisors and Leads went through monthly **champion building sessions** to develop a more sophisticated understanding of trauma informed care concepts and practices.

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
- Wraparound Administrative Panel
- Transition to Adulthood
- Running Effective Team Meetings
- Regulation of the Stress Response
- Suicide Awareness
- Poverty in Wisconsin

Lastly, training opportunities were extended to Crisis Stabilization Providers to join Care Coordinators in learning about working effectively with schools and special education laws and trauma informed care.

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 2015. 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.

<u># of 2013 complaints/concerns</u>	<u># of 2014 complaints/concerns</u>	<u># of 2015 complaints/concerns</u>
33 out of 1,702 served or 1.9%	20 out of 1,692 served or 1.1%	20 out of 1,848 served or 1.08%

Complaints/Administrative Concerns that were logged during the time frame of 1/1/15 – 12/31/15 consisted of:

12 written
+ 8 verbal
20 total

***NOTE: Exposure of confidential patient information (HIPAA) is considered an administrative violation and not a complaint. Fourteen HIPAA violations were recorded in 2015.**

Complaints/Concerns were generated from the following sources:

- One (1) from a Youth
- One (1) from a Foster Parent
- One (1) from Wraparound Mngmt.
- Two (2) from System Partners
- Four (4) from Care Coordinators/Care Coordination Supervisors
- Four (4) from Providers
- Seven (7) from Parents/Guardians

Complaints/Concerns were filed against:

- Fifteen (15) against Service Providers
- Four (4) against Care Coordination Agencies
- One (1) against Parent Advocacy Representative

Those that were filed related to:

- 1 related to Fee For Service/policy violations
- 1 related to not following Wraparound process
- 2 related to boundaries/ethical issues
- 2 related to client safety issues
- 5 related to poor billing practices
- 7 related to lack of professionalism
- 2 were "Other"

Complaint (n=14) Outcomes

- Ten (10) complaints were substantiated
- Four (4) were unsubstantiated

Note: Those issues identified as "Administrative Concerns" (n= 6) 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. Synthesis is the software program that houses our client electronic medical record (EMR), all Care Coordination and Provider Network documentation and information and Provider billing/invoicing/fiscal related information. Numerous reports/queries, 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.

Most of the efforts in 2015 focused on migrating the system to a new software platform. This is an on-going project that is expected to be completed by the end of 2016.

During this time period the following Synthesis enhancements occurred:

1) The on-line Provider Network Resource Guide for families was completely re-written. The major focus of the change was to provide more information to families when choosing a provider – including pictures, personal statements, specialties, clinical expertise and interests.

2) Wraparound expanded the range of provider types entering contact notes into Synthesis. Previously only crisis workers entered notes. In 2015 this was expanded to include tutors, mentors, parent assistants and other individual / family support providers. This increases the amount of information available to care coordinators as well as the providers, since these providers now have on-line access to the youth's Crisis Plans and Plans of Care.

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 2015, the Network contained, on average, **125 Provider Agencies**. Approximately seventy-one (71) different types of services were offered.

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

- AODA Services = 10
- Care Coordination = 8
- Child Care/Recreation = 7
- Crisis-related Services = 31
- Day Treatment = 4
- Family/Parent Support Services = 12
- Foster Care = 13
- Group Homes = 22
- Independent Living Placement = 2
- In-Home Therapy Services = 33
- Life Skills Services = 5
- Med Mngmnt./Nursing Services = 9
- Outpatient Therapies = 45
- Psychological Assessment = 11
- Residential Care = 13
- Respite Services = 18
- Transportation = 10
- Youth Support Services = 12

There were **two hundred and nine (209) "Out of Network" requests** that were submitted during 2015. Requests were primarily submitted for services such as psychological evaluations, individual and special therapies and group home care. Thirty-nine (39) of the 209 or 19% requests were denied primarily due to the request actually being withdrawn/not needed, not being submitted in advance of the service being provided, the service already being offered in network, or the vendor actually declining/not accepting Wraparound rates.

No New Provider Orientations took place during 2015.

Four (4) Level I and three (3) Level II 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. A total of ninety-nine (99) providers participated.

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

Five (5) Provider Forum Meetings took place. This meeting provides an arena in which network vendors assemble to receive updates and general information about the Wraparound Milwaukee program and Delinquency & Court Services Division (DCSD) programs. The Providers are also offered the opportunity to share information about their programs and ask any questions or express any concerns.

Several **new services/service codes** were created and added to the Provider Network in 2015. The new services and/or specialized expansion of current services were created in an

effort to address new client and programmatic needs. Listed below are the new services/service codes:

CODE	SERVICE	EFFECTIVE DATE
5506A	Transitional Specialist Care Coord-Master Level	11/20/15
5522b	Individual/Family Training and Support Services	8/3/15
5303F	Mentoring, Specialized-BA/MA Crisis	4/23/15
5020	Health Clinic Appt	3/9/15
5167	In-Home AODA/Substance Abuse Counseling	2/25/15
5303E	Mentoring, Specialized Crisis	2/10/15

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 – 25 who may be experiencing emotional and behavioral challenges, to successfully transition to adulthood. This is a voluntary program.

O'YEAH, now entering its 7th year of providing service, continues to look at areas that present challenges for transitional age young adults. Several partnerships have been established over the years that provide services/support to the youth. These include:

- Milwaukee County Adult Community Services
- Milwaukee County Adult Services Liaison
- Pathfinders Milwaukee, Inc.
- Lad Lake
- Journey House
- SaintA – Independent living
- LaCausa
- Milwaukee Public School collaborations
- State of Wisconsin
- Justice Point

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.

Through September 2015, the QA Committees' efforts focused on the following:

- Continued to strategize collaboratively and collectively as issues arose within one or more programs/networks/divisions
- Continued to implement "single indicator" audits in an effort to monitor procedural compliance across more agencies. **See Audits/Evaluations/Reports and Utilization Review Section**
- Reviewed Documentation and Billing Standards, Risk Assessment Tool, Partial Disallowance Protocol, Milw. County being the Payor of Last Resort,
- Continued to utilize the tracking system to monitor provider exclusions and/or issues that rise to a substantial level of concern
- Learned about the DHHS Strategic QA Plan to be implemented over that next couple years
- Division representatives presented at various meetings providing an update on QA activities occurring in their areas

In October of 2015 the Centralized QA Committee went on a hiatus while DHHS and Divisional QA changes occur.

In 2015 (unless otherwise indicated), the following O'YEAH demographics were recorded:

Demographics	N =
Total Screenings	185
Total Enrollments	116
Tier I	1
Tier II	96
Tier III	19
Disenrollments	51
Gender (2014 – 2015)	65% Male (N=146) 35% Female (N=80)
Age (2014 – 2015)	18.75
Ethnicity (2014 – 2015)	75% African-American (N=158) 14% Caucasian (N=29) 9% Hispanic (N=19) Biracial (N=2) .04% Native American (N=1) .04% Asian (N=1)
Average cost per member /per month	\$873.00

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 1 is the most intensive.

Futures Plans

Futures Plans are the Plan that the young adult establishes based on their individual vision of adulthood. They will explore their needs and strengths and what supports may be necessary for them to achieve their hopes and dreams. There are several “Life Domains” that are addressed within the Plans.

In 2014-2015, two hundred and nine (209) young adults were enrolled. Of the 209, one-hundred and twenty-eight (128) had at least one domain entered on the O’YEAH Domains List. Those 128 youth had a total of 409 Domains identified within their Futures Plans.

Domain Category	# identified in Futures Plans
Educational/Vocational	119
Health and Well being	12
Legal/Restoration	23
Living Situation	34
Mental Health	111
Safety	8
Social/Recreational	6
Transition to Adulthood	79
Family	12
Other	5

Out of the 409 Domains identified fifty-three (53) were closed out. The average change from the initial Domain Ranking value (Scale of 1-5, with 1 meaning minimal progress was made in that area, to 5 meaning maximal progress has been in that area) to the final Domain Ranking value were as follows:

Domain Category	Average Change in Value
Educational/Vocational	+1.43
Health and Well being	+2.62
Legal/Restoration	+2.5
Living Situation	+3.33
Mental Health	+1.57
Safety	+5
Social/Recreational	+1
Transition to Adulthood	+1.72



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 2015:

Owens Place continues to expand its partnership with community resources throughout Milwaukee County to provide our young adults with a variety of programming that will help guide them with their transition process as well as make lasting connections with their community.

These partnerships include:

- Mental Health of America- Parenting and Nurturing Classes
- Diamond State of Mind-Character Development series
- Knowthyself-Knowthyself Project
- Personal Responsibility Education Program-The Center for Self Sufficiency Silver Spring Neighborhood Center
- Prime Financial Credit Union- Financial Literacy and Job Readiness
- POHSEY (*Proactive Outreach for the Health of Sexually Exploited Youth*)-Focus Group

Throughout 2015, Owen’s Place underwent several changes. Owens Place expanded its operation by 4500 sq. ft. allowing for 2 additional conference rooms, offices for the O’YEAH Transitional Coordinators, a full kitchen and we now share space with SaintA’s Independent Living Team and St. Charles FISS Team.

Besides the expansion, we also made great strides in expanding the capacity in which we are using our Peer Specialists. Our Peer Specialists have taken a more active role in identifying programming to meet the needs of our ever-growing young adult population. They have also expanded their roles to facilitate different workshops each week, which provide innovative ways to engage and retain youth involvement.

As we move into 2016, our focus will be on engagement and empowerment with our young adult population.

Submitted by:

Shannon Trzebiatowski, MS
Program Manager, O’YEAH/Owen’s Place

M.O.V.E.
WISCONSIN



M.O.V.E. WISCONSIN

(Wisconsin Youth Motivating Others through Voices of Experience) 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 January of 2015, Wilton Johnson was appointed as the new State Coordinator of MOVE WI. Wilton is a State Certified Peer Specialist and has been working tirelessly to build a presence for MOVE WI in the local community. Wilton is working towards launching the first local chapter of MOVE Milwaukee by working closely with the youth and young adults who access Owens Place.

In 2015, MOVE WI focused on educating others about MOVE WI and ways to get involved. They also accomplished a number of tasks, which include:

- Launching their own website (www.movewi.org)
- Began an anti-stigma campaign called *REPLACE LABELS WITH LOVE* which has gained international attention and support
- Hosted a Text, Talk and Act event which was a conversation about mental health
- Met with leaders of Youth Move National to expand our Chapter and amplify our young adult voice in the community
- Hosted a Question, Persuade and Respond Training for suicide prevention
- Partnered with Know Thyself Project for a PhotoVoice project and hosted a gallery night to display the photographs
- Hosted a training on Strategic Sharing
- Held a Restorative Justice Circle

As we move into 2016, MOVE WI is looking to continue to spread the word of their *REPLACE LABELS WITH LOVE* campaign through decals and t-shirts. MOVE WI hopes to expand into Milwaukee Public Schools (MPS) and develop Chapters within the schools. Their first introduction into MPS will occur later in May of 2016 when MOVE helps celebrate Children’s Mental Health Awareness Day with a goal to reach 500 students within MPS and educate them on mental health in addition to getting them to take a pledge to manage their own mental health.

Submitted by:

Wilton Johnson, State Certified Peer Specialist, Young Adult Advisor at Owen’s Place and MOVE WI State 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 Division of Milwaukee Child Protective Services (DMCPS). 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 DMCPS. Based on the assessment results and supervisory consultation, the family is referred to the FISS services unit, DMCPS, 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 October of 2015 the FISS staff relocated their offices to Owen’s Place located at 4610 W. Fond du Lac Ave., Milwaukee. This more central location will hopefully increase family access.

In 2015, the following FISS demographics were recorded:

Demographic	N/% =
Assessments Completed (Individuals)	698
Assessment No Show/Cancel Rate	383/35%
Enrollments (families) in Case Management	109
Disenrollments (families) from Case Management	108
Average Length of Stay (ALOS)	3 to 4 months

Submitted by:

Stacy Kozel, LCSW
 Program Coordinator - FISS
 Associate Director - Wraparound Milwaukee

V. Other Accomplishments

Positive Recognition Announcements

A total of 57 Families/Service Providers/System Collaborators and/or Care Coordinators were recognized in 2015 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.



“Ms. C is the best thing that ever happened to my family. She is such a good-hearted person. She has been a big help to me and my family and we all love her. I wish I had an award for her because she should get one. So happy to have her as my Parent Assistant. Thank you Ms. C.”

“When J. came into my home he came with understanding. He listens and intercepts when needed. He talks to my child, goes on outings and the main thing is that he has is love for my child.”

“Ms. G is well rounded, empathetic, nurturing, a great listener, attentive and understand the adversity my family is dealing with.”

“R. is dependable, helpful and available. We consider him part of our family.”

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 2015, the research arm of Wraparound Milwaukee was involved with a number of projects:

Dual Status Youth - Publication

Demonstrating Effectiveness of the Wraparound Model with Juvenile Justice Youth through Measuring and Achieving Lower Recidivism Bruce Kamradt, MSW & Pnina Goldfarb, PhD, Published through the Technical Assistance Network, Institute of Innovation and Implementation. University of Maryland. June 2015.

Dual status youth move between the child welfare and juvenile justice systems, and often are involved in both concurrently. An investigation of the dual status population was conducted to identify a general descriptive profile, a clinical picture and a

juvenile justice profile. The outcomes revealed that 77 Wraparound youth were identified as dual status between January 2013 and June 2015 and a disproportionately larger number are females (47%) than the general Wraparound population (20%). According to the Adverse Childhood Experiences (ACE), these youth have experienced high levels of trauma, 47% have an ACE score >4. All youth had multiple diagnoses with a great number of bipolar, depression and ADHD and the Achenbach revealed both externalization and internalization scores deep in the clinical range. Fifty five percent of the total population has had at least one hospitalization and 76.6% (59 youth) were on psychotropic medications. An analysis of Wraparound Milwaukee’s dual status youth revealed that the average age for first time charged offenses is 14.05 years and the range is from 7.07 to 16.98 years. Forty percent (31/77) were identified as high risk.

Wraparound Youth:

An Analysis of Recidivism and Vehicle Related Offenses

- The overall program recidivism rate is 18.6% (147/787 enrolled youth)
- The multiple offense rate is 45.3% (122/269 offenses were perpetrated by youth who had offended multiple times).

The breadth of offenses spans 34 separate crime types. The top high frequency offenses are *Battery, Disorderly Conduct, Robbery* and two *Vehicle Related* crimes. *Vehicle Related* offenses are more frequent than *Assault* or *Property* offenses and they constitute 24% of all offenses. There also appears to be large fluctuations in *Vehicle Related* crimes from month to month, which may be related to the seasons. Further study may reveal that the time of year may influence the incidence rate of these offenses.

Re-entry Program Status Report

The purpose of this report was to collect and analyze aggregate data of those youth who are being served by Wraparound Milwaukee in the Department of Correction (DOC) Collaboration Re-entry program in order to gain a better understanding of this population and the programmatic outcomes for these youth.

A total of 23 youth went through the program between May 2014 and November 2015. Ninety one percent (21/23) were male and nine percent (2/23) were female. In general, this population has a preponderance of males and skews older, i.e. - average age of 16. The two highest incidences of diagnostic disorders were Disruptive Disorders and Mood Disorders (both 65% of the total population.) However, the number of youth with an ADHD diagnosis is almost at the same incidence level (61% or 14/23.) The average enrollment was 168 days. Thirty-five (35) percent were determined to be successful, 22% completing the program and 13% transferring to O’YEAH. The remaining youth disenrolled because they returned to corrections. However, the data reveals that only 3/23 or 13% of the total population acquired new charges and this represents 23% (3/13) of those that returned to corrections. The remaining ten youth received sanctions. The types of behaviors

that resulted in sanctions included; parole violations (e.g. removal of the GPS monitor) and noncompliance/safety.

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, MOVE Wisconsin, service provision, system partner collaboration, crisis services, paperwork/evaluation requirements and the disenrollment process are discussed. Lunch is served and families are provided with a grocery store gift card as a welcoming and thank you for attending the orientation.

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



August 2015 – On August 25th and 26th, Wraparound hosted a **site visit** for a group from **Prince George’s County in Maryland.** The visit focused on an overview of Wraparound Milwaukee, Wraparounds financial/funding and Care Coordination Agency structure, Agency Performance Measures, MUTT, collaborating with Child Welfare and other system partners, Transition to Adulthood programing, use of an IT System to support ones work and the Role of Trainers and Coaches.

Mobile Urgent Treatment Team (MUTT)



In 2015 MUTT continued to develop new initiatives, while continuing to serve both Wraparound affiliated youth/families and the Milwaukee County community at large.

With the support of Wraparound and their partnership with the City of Milwaukee and the Milwaukee Police Department (MPD), MUTT took on the clinical role in a new program to identify and support child victims of traumatic violence. MUTT provided training to MPD in an effort to implement an

intervention model based on a program from New Haven, Connecticut. Officers identify victims and witnesses of traumatic violence and work alongside specially identified/trained MUTT clinicians to assess and support these children and families. The program is currently limited to children/families that live in the city blocks being serviced by District 7 of the Milwaukee Police Department.

In addition to the training provided to nearly every officer in District 7, Dr. Dykstra, Director of MUTT, has taken an expanded training role within the MPD Crisis Intervention Team (CIT) program as that program is now available to all Milwaukee County officers. CIT is a nationally recognized model for officers coming in contact with citizens who may be experiencing/exhibiting serious and persistent effects of mental illness.

In addition, MUTT was able to work with Wraparound to help bring Dialectical Behavior Therapy (DBT) Training to the Wraparound Provider Network. DBT was identified as a need within the network and using Wraparound resources and expertise, we made that training available to interested clinicians. MUTT staff with special expertise in DBT then started a treatment group to help support the efforts of trained clinicians providing individual therapy.

In the fall of 2015, MUTT was re-credentialed by the State of Wisconsin to continue to provide crisis services to youth and families in the Milwaukee community through 2017.

In 2015, MUTT provided services to the following number of youth in the following locations/through the following contact types:

Contact Location/Type	Distinct Number of Youth Seen
Children’s Court/Detention	7
Home	475
Wraparound Wellness Clinic	30
Psychiatric Crisis Services (PCS)/ Acute Inpt. Hospital	40
School	251
By phone	162
Other	147
TOTAL	1,060

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

Proactive Outreach for the Health of Sexually Exploited Youth Project (POHSEY)



In 2014, Wraparound Milwaukee, as the primary community partner, in collaboration with the Medical College of Wisconsin and Rethink Resources & Diverse and Resilient, was awarded a Healthier Wisconsin Partnership Program (HWPP) planning grant to develop and implement the **POHSEY Project.** The goal

of this Project was to improve the identification and treatment of youth involved in human trafficking by developing policies and procedures to improve and provide comprehensive health and mental health care throughout Milwaukee.

From 1/1/14 – 12/31/15 Project dissemination efforts included:

- Outreach Materials/Events
 - Developed a resource guide, project website and protocol for contacting agencies when trafficking is reported
 - Conducted round table discussion on the needs of youth who have been sexually exploited
 - Presented early identification, risk factors and information on Commercial Sexual Exploitation of Children (CSEC) to middle and high school students and staff
 - Presented community resources to parents and children at a Community Learning Center
 - Participated in co-panelist presentation for Sigma Theta Tau, International Honor Society of Nursing
 - Developed and distributed a resource book for survivors of trafficking and over 2,000 resource cards for teens
 - Developed medical protocols and algorithms for Human Service Workers, Specialized Care Coordinators and Crisis Stabilizers
 - Conducted numerous educational presentations and information sessions reaching over 500 medical, mental health and social service providers
 - Interviewed for and quoted in Health Progress, the journal and online publication of the Catholic Health Association of the US
 - Participated in interviews for publications in The Guardian and Milwaukee Magazine
- Presentations
 - Participated in co-panelist presentation on CSEC at MCW
 - Conducted webinar presentation titled “Missed Opportunities: The Medical Response to Sex Trafficking of Minors”
 - Panel presentation at MCW
 - Workshop presentation at the North American Society of Pediatric and Adolescent Gynecology annual meeting
 - Presented at the Reviving Justice Conference
 - Presented at Children’s Hospital of Wisconsin Grand Rounds
 - Conducted workshop at the National JUST Conference

See the link below for more information:

<http://www.mcw.edu/Advancing-Healthier-WI-Endowment/HWPP-Funded-Awards/2014/Proactive-Outreach-Health-of-Sexually-Exploited-Youth.htm>

The first phase of the grant ended in December 2015. In November 2015, Wraparound was awarded a second cycle of funding through the Medical College of Wisconsin’s **Healthier Wisconsin Partnership Program**. In the second cycle, POHSEY will build on the work and discoveries from the first phase. The focus will be directed on developing curriculum, training and resource tools for health care professionals and service providers who come in contact or work with youth who have been or may be commercially sexually exploited or trafficked.

Submitted by: E. Marie Broussard, MPA
Project Manager, Grants
Wraparound Milwaukee



“Welcome Home Teens in Motion” Support Group

During 2015, 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. Several tools that Care Coordinators, families and youth can use to address questions and concerns about youth missing from care are available. These tools can be found 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 Teen Parents/Parents-To-Be/Pregnancy Prevention”** was developed and implemented. In 2015 approx. 20-30 pregnant/teen parents/sexually active teens received support, guidance and care from a designated Wraparound Milwaukee nursing staff as it relates to sexual health issues, i.e. – Safe Sex, Sexually Transmitted Diseases, Birth-Control Education, Pregnancy and teen parent education like Safe Sleep and Shaken Baby Syndrome and Safety issues that relate to infant care and parenting. The protocol also ensures that every teen parent has access to a Pack and Play (promotes safe sleep) and community resources that can assist with additional support and guidance to pregnant and non-pregnant teens.

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>

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

Milwaukee Adolescent Health Clinic/Wraparound



The Milwaukee Adolescent Health Program clinic continues to serve youths who have been identified as being commercially sexually exploited or domestically sex trafficked (CSE/DST). This clinic is in collaboration with the Downtown Health Clinic with funding from a federal grant through the OJJDP to mentor and provide services for youth who have been CES/DST.

In 2015, the clinic saw over 22 patients who were evaluated and received STI treatment services, birth control and support services that relate to adolescent health. The Clinic is staffed by Wendi Ehrman, M.D. of the Medical College of Wisconsin and Wraparound’s Maryan Torres BSN, RN, CPN.

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 1-5 p.m. Call Maryan Torres (414 - 257-7624) for more information.

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

Wraparound Wellness Clinic



During 2015, Wraparounds Wellness Clinic continued to provide medication management and wellness/education services to the youth involved in the Wraparound and REACH programs.

In 2015 the following occurred:

- The clinic relocated to the west side of the Behavioral Health Complex. The new space continues to offer a family friendly experience in a warm setting.
- Modifications were made to several processes in an effort to further incorporate the Health Home Model of care. One of the primary modifications focused on getting and reviewing information from youth’s primary care physicians in an effort to support a more holistic approach to care. This is process will actually be part of Wraparound Performance Improvement Project for 2016.
- Efforts also began on hiring an Advance Practice Nurse Practitioner in 2016.

Many youth were seen in the clinic! Referenced below are clinic appts that occurred in 2015 in comparison to the two previous years:

Month	2013	2014	2015
January	203	163	310
February	119	202	287
March	177	170	288
April	160	223	227
May	183	196	243
June	209	197	280
July	164	222	336
August	229	175	240
September	142	211	303
October	201	289	286
November	203	173	252
December	184	244	287
Yearly Clinic Appt. Totals	4,187	4,479	5,354

Submitted by:
Dennis Kozel, MD
Wraparound Milwaukee Medical Director

CORE (Coordinated Opportunities for Recovery and Empowerment) Program



The CORE program is a new program being offered under the Wraparound Milwaukee system of care that offers comprehensive and specialized mental health services and support to individual’s ages 10-23 years old that are experiencing their first episode of psychosis. Some symptoms the individual may be experiencing include hallucinations, delusions, unusual thoughts, disorganized thinking/speech or disruption of self-care.

- Services offered include:
- ✓ Care Coordination
 - ✓ Therapy
 - ✓ Peer Support
 - ✓ Psychiatric Services
 - ✓ Employment and Education Support

In 2015, the CORE Program provided services to fifteen (15) youth/young adults ages 16 to 23.

A referral to the program can be made by calling the REACH Intake Line at (414) 257-7607. For general information, you can contact Brian McBride at (414) 257-7158.



Youth Living Out Loud (YLOL)

YLOL is a mentoring program being administered under the Wraparound Milwaukee system of care, the works with youth who have been, or are at high risk for being commercially sexually exploited or trafficked.

YLOL is now in the second year of a three-year grant awarded from the Office of Juvenile Justice and Delinquency Prevention (OJJDP). Last year we experienced great success in providing mentoring services to youth who have been or are at high risk for being commercially sexually exploited or trafficked. We developed a comprehensive training curriculum for mentors and specialized crisis stabilizers working with this population of youth. We also successfully enrolled boys and transgender youth who are under-reported or underserved among those who have been commercially sexually exploited or trafficked. This year we are making a targeted effort to recruit and train survivor mentors in the peer support model, as well as expanding the support options offered to youth and their families.

In 2015, forty-three (43) youth received specialized YLOL mentor services.

Submitted by: E. Marie Broussard, MPA
Project Manager, Grants
Wraparound Milwaukee

Collaborations with other programs in the Behavioral Health Division (BHD) and the Department of Health and Human Services (DHHS)



In 2015, Wraparound Milwaukee participated in several Behavioral Health Division and/or Department of Health and Human Services (DHHS) committees and workgroups as BHD/DHHS moves forward with its strategic plans for the future. Those committees/workgroups consisted of:

- BHD Family Advisory Council
- BHD Patient Rights Committee
- BHD PolicyStat Committee
- BHD Quality Strategic Planning Committee
- BHD Consumer Satisfaction Survey Workgroup
- BHD Performance –Based Measures Workgroup
- DHHS Strategic Planning Committees (Internal Satisfaction of County Services for Employees, Standardized Employee Policies, High Quality and Accountable Service Delivery)

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

• **Summer Family Picnic** – On August 14th, Families United of Milwaukee, Inc., M.O.V.E. Wisconsin, Wraparound Milwaukee, Wraparound Care Coordination Agencies and several other system partners collaborated to sponsor the annual Summer Family Picnic at Lincoln Park. Food, games and art and crafts were the highlights of the day!



• **Care Coordinator Appreciation Day** – In July, Wraparound Milwaukee organized a special event held at the

MilwaukeeCounty Zoo/Zoo Ala Carte Event to show our appreciation to the Care Coordination Agencies serving the youth and families in Wraparound. Care Coordinators received special admission prices to the zoo and were honored with certificates of appreciation. Cake, soda and goodie bags for the Care Coordinators family members were a smash at the event!

• **Care Coordination Holiday Event** - On December 4th, the annual Care Coordinator Holiday 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 holiday raffle.

• **Care Coordinator of the Month Award** - Wraparound Milwaukee continues to sponsor 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 and is recognized on the Synthesis opening screen page.



• **6th Annual Wraparound Milwaukee Talent Show** – On May 20th, Wraparound held its Annual Talent Show at Pulaski High School Auditorium. Doors opened at 5:30p.m. for the always-amazing Youth Art Auction in which guests got to bid for artwork that was created by youth in the Wraparound programs. All proceeds went directly to the artist. The Talent Show began at 6:00p.m. Several youth and their families participated in sharing their talents through music, song, poetry and dance.

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

Quality Packet Item 6

Mental Health Board
Quality Subcommittee Meeting
June 6, 2016

Sentinel Event Committee Quality Summary

What we've accomplished

- Provide on-going, consistent, systemic Root Cause Analysis review of BHD's most serious events
- Achieved system-wide alignment of the Sentinel Event (SE) process by:
 - Identifying the need to incorporate the review of Community and Recovery Services' (CARS) branch events into the greater SE process.
 - Employing a CARS staff member as a member of the Sentinel Event Committee.
 - Consulting The Joint Commission in addition to all applicable state regulatory and statutory requirements in determining conditions of review.
 - Revised the Sentinel Event Policy to reflect changes.

Our current state

- Working towards finalization of the revised policy.
- Working as a part of a greater quality system to impact positive change and prevention of future negative outcomes by proactive implementation of identified improvement actions. A recent example involves exploring our ability to provide access to Narcan for our contracted community providers as a tool in heroin death prevention.

Where we need improvement

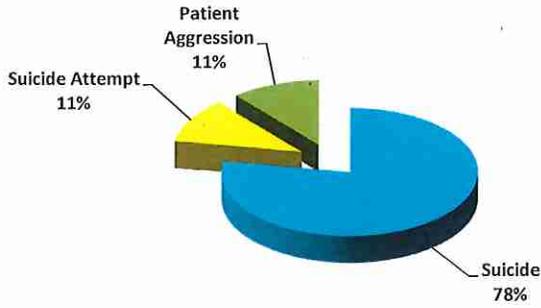
- Full dissemination and education on the Sentinel Event process for all BHD and agency staff.
- Integrating Wraparound Milwaukee's currently separate Critical Incident review process into the greater BHD Sentinel Event process.

2015 BHD Sentinel Events

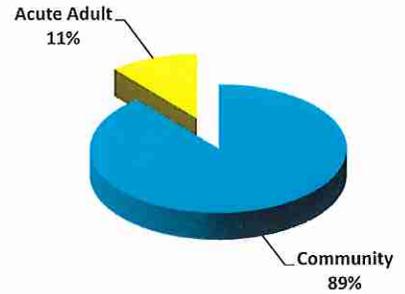
9 incidents reviewed

Quality Improvement/Healthcare

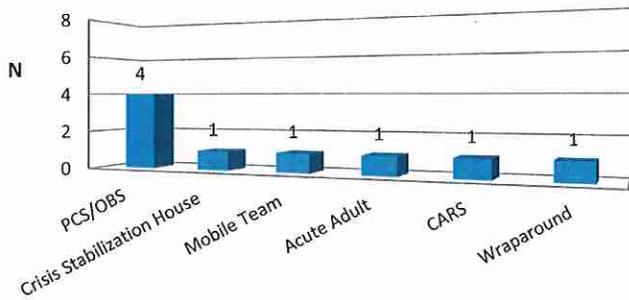
Type of Event



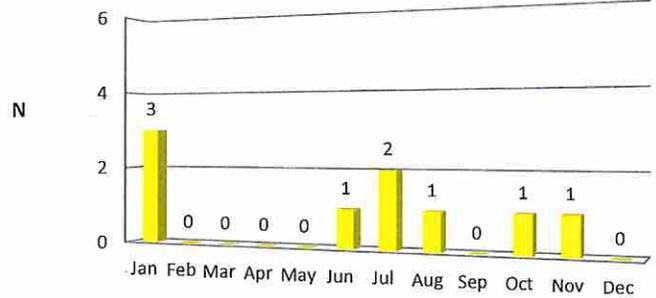
Location of Event



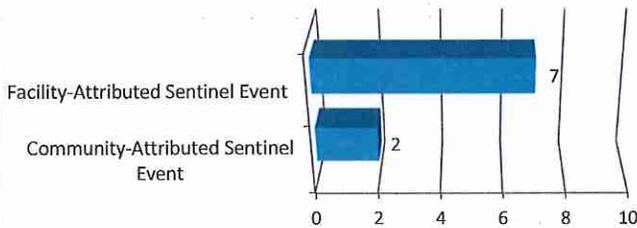
Program (Open with/last contact)



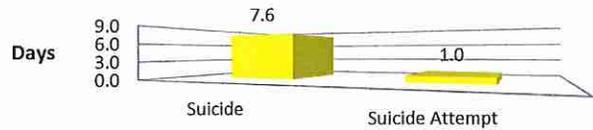
Month of Event



Level of Review



Average Days After Last BHD Contact

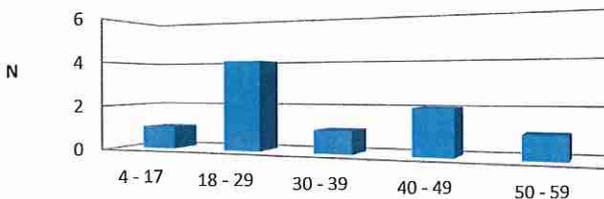


2015 BHD Sentinel Events that Occurred in the Community - Days after last contact with BHD

Event Type	N	Days after last BHD contact		
		Median	Average	Range
Suicide	7	2.0	7.6	0 - 22
Suicide Attempt	1	1.0	1	1

Patient Age

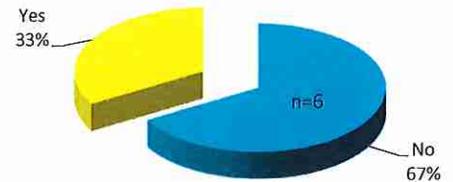
Average Age: 31 yrs male, 33 yrs female; Gender: 78% male 22% female



N	4 - 17	18 - 29	30 - 39	40 - 49	50 - 59
■ N	1	4	1	2	1

Significant AODA Component to Event

67% (n=6) of events reviewed had no significant AODA component



COUNTY OF MILWAUKEE
Inter-Office Communication

DATE: June 10, 2016

TO: Sup. Theodore Lipscomb, Sr., Chairman – Milwaukee County Board of Supervisors

FROM: Héctor Colón, Director, Department of Health and Human Services

SUBJECT: **An informational report from the Director, Department of Health and Human Services, concerning the patient and staff safety audit requested by the County Board for the Behavioral Health Division**

Background

In April 2015, the Milwaukee County Board of Supervisors requested the Audit Services Division within the Department of the Comptroller conduct a follow up review of a 2010 audit of BHD patient and staff safety. On June 6, 2016, the County Board Chairman requested the Department of Health and Human Services (DHHS) provide an informational report concerning the release of patient-related records related to this audit.

Discussion

For the last several months, BHD has been cooperating and meeting with the Milwaukee County Auditor. During the course of the audit review, however, BHD and its Chief Medical Officer raised concerns about Audit's request to obtain and interpret patient-related data contained on incident reports. BHD has responsibility for maintaining patient confidentiality and adhering to Health Insurance Portability and Accountability Act (HIPAA) as required by federal law. In addition, incident and occurrence reports, and information acquired in connection with a review or evaluation, the purpose of which is to improve the quality of health care, are protected from disclosure under Wisconsin State statutes.

With these concerns in mind, BHD's Chief Medical Officer obtained external legal opinion to help inform decision making on the issue of release of incident reports. This opinion concluded that BHD's Chief Medical Officer has the legal discretion to release or not to release incident reports. The opinion was reaffirmed in a February 22, 2016 independent legal opinion from Corporation Counsel.

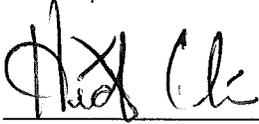
BHD is firmly committed to the health and safety of its staff and patients. Safety incidences are always taken seriously and responded to vigorously. Further, BHD recognizes the confidence and trust of our stakeholders and the public are critical to the successful operation of the division.

For these reasons, BHD and its Chief Medical Officer have continued to work with Audit to find a mutually agreed upon resolution. Currently, with the assistance of the Department of Audit, BHD is interviewing independent third party health care consultants to conduct a thorough review of BHD's

incident reports and issue recommendations for potential improvements. BHD anticipates a consultant to be selected and hired in the coming weeks.

Recommendation

This report is informational and no action is required.



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Raisa Koltun, County Executive's Office
Duncan Shroud, Chairman, Milwaukee County Mental Health Board
Milwaukee County Mental Health Board Members
Kelly Bablitch, County Board
Teig Whaley-Smith, Director, DAS
Steve Kreklow, Director, Office of Performance, Strategy & Budget
Steve Cady, Research Director, Comptroller's Office
Lisa Wozny, Fiscal & Management Analyst, DAS
Erica Hayden, Research & Policy Analyst – Comptroller's Office



Milwaukee County Behavioral Health Division

Annual Business Review

April 2016

Presenters:

John Schneider, MD, Chief Medical Officer

Jim Santilli, Director of Pharmacy

John Rahilly, Clinical Manager

Executive Summary

Accomplishments and Challenges



ACCOMPLISHMENTS

- Full CPOE & closed loop technology implemented
- Automated dispensing cabinets implemented
- Successful Wisconsin Board of Pharmacy inspection
- Pharmacist member of patient treatment team



CHALLENGES

- Medication shortages
- Technology implementation
- Bar code medication scanning



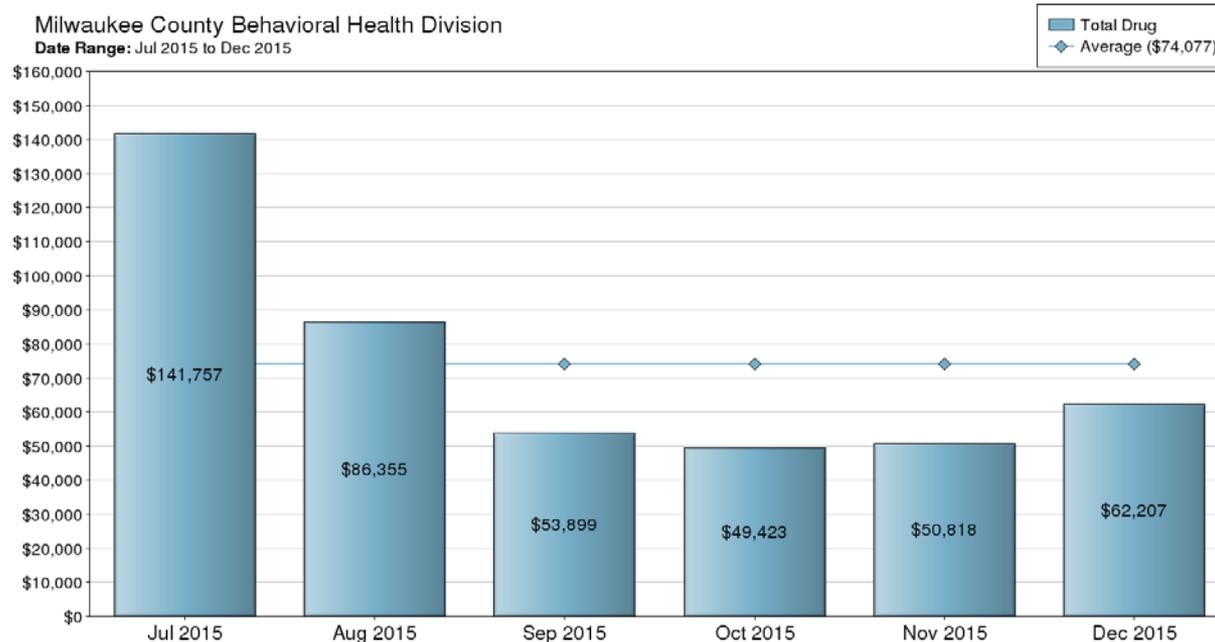
Goals and Results

Key Drivers

Key Drivers	Results
Personnel Expertise	
Technology implementation	RxConnect®, pyxis®, CII controlled substance safe
Ethics committee	Pharmacist committee member
Anticoagulation therapy	Implemented pharmacist monitoring and reporting of coumadin INR to physicians
Quality and Patient Safety	
PSI P&T Committee policy	Implemented to meet Joint Commission standards concerning P&T functions
Clozapine REMS update	Educated care givers and implemented
RPH clinical documentation	Implemented RPH clinical intervention documentation
PSI provided Rx Medi-Trend SM	Tracking, trending & reporting medication errors
Medication use evaluations	Implemented for clozapine and warfarin
Adverse drug reaction reporting	Implemented adverse drug reaction “hotline”
Patient medication safety	Implemented Institute for Safe Medication Practices and assessment
Patient care monitoring	Pharmacist authorized to order drug monitoring labs

Financial Success

Total Drug Expense



- 💊 Total drug expense = \$444,459.
- 💊 Excess purchases made during start up months of July and August were returned to drug wholesaler for credit.

Thank You!

At *Pharmacy Systems, Inc.*, our mission is to provide high quality, cost-effective pharmacy management services that exceed our clients expectations. We thank you for the opportunity to partner with *Milwaukee County Behavioral Health Division* and will work to optimize your pharmacy management services to deliver best in class customer service while focusing on quality, patient safety, and maximizing financial performance.

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

DATE: June 1, 2016

TO: Duncan Shrouf, 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**

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

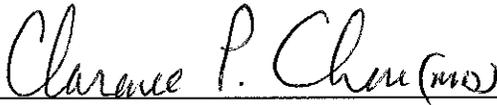
From the President of the Medical Staff and Chair of Credentialing and Privileging Review presenting recommendations for appointments and/or privileges. Full details are attached specific to items A through C¹:

- A. New Appointments
- 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,

A handwritten signature in cursive script that reads "Clarence P. Chou (MD)". The signature is written in black ink and is positioned above a horizontal line.

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

cc Michael Lappen, BHD Interim Administrator
John Schneider, BHD Chief Medical Officer
Lora Dooley, BHD Director of Medical Staff Services
Jodi Mapp, BHD Senior Executive Assistant

Attachments

1 Medical Staff Credentialing Report & Medical Executive Committee Recommendations

**MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
GOVERNING BODY REPORT
MEDICAL STAFF CREDENTIALING REPORT & EXECUTIVE COMMITTEE RECOMMENDATIONS
MAY / JUNE 2016**

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, criminal background check results, 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 MAY 4, 2016	MEDICAL STAFF EXECUTIVE COMMITTEE MAY 18, 2016	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
NONE THIS PERIOD							
REAPPOINTMENT / REPRIVILEGING	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE MAY 4, 2016	MEDICAL STAFF EXECUTIVE COMMITTEE MAY 18, 2016	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
MEDICAL STAFF							
Harold Harsch, MD	General Psychiatry	Consulting/ Full	M#	Dr. Schneider recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Rebecca Harrison, MD	General Psychiatry	Active/ Full		Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years contingent on receipt of outstanding dues payment prior to next MEC.* No changes. <i>*As per Bylaws, Sec, 11.2 (3), dues must be made current at time of reappointment—payment received 5/5/16</i>	Recommends reappointment and privileging as per C&PR Committee.	
Mohammed Rahemtulla, MD	Psychiatric Officer of the Day; Medical Officer of the Day	Affiliate/ Full		Dr. Thrasher recommends reappointment & 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							
Barbara Barnes, MSN	Advanced Practice Nurse- Psychiatric/Mental Health	Allied Health / Full		Dr. Thrasher recommends reappointment & 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 MAY 4, 2016	MEDICAL STAFF EXECUTIVE COMMITTEE MAY 18, 2016	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
MEDICAL STAFF							
Mara Bach, PhD	General Psychology-Adult	Active/ Provisional	B	Drs. Kuehl and Schneider recommend 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.	
Emilie Padfield, MD	Psychiatric Officer of the Day; Medical Officer of the Day	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.	
James Stevens, MD	Psychiatric Officer of the Day; Medical Officer of the Day	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.	

AMENDMENTS / CHANGE IN STATUS	CURRENT PRIVILEGE GROUP(S) OR APPOINTMENT CATEGORY	REQUESTED / RECOMMENDED CHANGE	NOTATIONS	SERVICE CHIEF* RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE MAY 4, 2016	MEDICAL STAFF EXECUTIVE COMMITTEE MAY 18, 2016	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
Annaliese Koller Shumate, DO	General Psychiatry / Affiliate	Change in Appointment from Affiliate to Active Staff		Service Chief recommendation not required. Change is in accordance with meeting Category eligibility defined within Bylaws.	Committee recommends amending appointment.	Recommends amending appointment as per C&PR Committee.	
Pamela Wolfe, MD	General Psychiatry / Active	Change in Appointment from Active to Affiliate Staff		Service Chief recommendation not required. Change is in accordance with meeting Category eligibility defined within Bylaws.	Committee recommends amending appointment.	Recommends amending appointment as per C&PR Committee.	


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

5/18/2016
 DATE


 PRESIDENT, MEDICAL STAFF ORGANIZATION
 CHAIR, MEDICAL STAFF EXECUTIVE COMMITTEE

5/18/16
 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

BOARD ACTION DATE: JUNE 23, 2016