

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

MILWAUKEE COUNTY MENTAL HEALTH BOARD

Thursday, March 24, 2016 - 4:30 P.M.
Hillside Terrace Family Resource Center
1452 North 7th Street

MINUTES

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

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

SCHEDULED ITEMS:

1.	<p>Welcome.</p> <p>Vice-Chairman Lutzow called the meeting to order.</p>
2.	<p>Approval of the Minutes from the February 25, 2016, Milwaukee County Mental Health Board Meeting.</p> <p>MOTION BY: (Miller) Approve the Minutes, from the February 25, 2016, Milwaukee County Mental Health Board Meeting. 6-0</p> <p>MOTION 2ND BY: (Perez)</p> <p>AYES: Davis, Lutzow, Miller, Perez, Walker, and Wesley - 6</p> <p>NOES: 0</p> <p style="text-align: center;">A voice vote was taken on this item.</p>
3.	<p>Explanation of Public Comment Process. (Informational)</p> <p>Vice-Chairman Lutzow opened by stating the purpose of the meeting is to receive community input on what should be included in the Behavioral Health Division's 2017 Budget for both community and hospital services. The actual budget process begins in April, which by receiving input now allows room for modification. The Vice Chairman went on to state the public has three minutes each to speak. The Board's Clerk served as timekeeper.</p>

SCHEDULED ITEMS (CONTINUED):

4.	<p>Milwaukee County Behavioral Health Division 2017 Budget Discussion. (Informational)</p> <p>The meeting opened for public comment on the Behavioral Health Division's 2017 Budget. The following individuals appeared and provided comments:</p> <p>Megan Cochran Maria Torres Gabriela Dieguez, Milwaukee Latino Health Coalition L. Skowronski, WNHP Jeff Weber, WNHP Thomas Kotowski Dennis Hughes, AFSCME Clay Ecklund Martina Collin Graves, Mental Health Taskforce Barbara Beckert, Disability Rights Wisconsin Debra Ross, Uncas Avenue County Supervisor Jason Haas Paul Spink, AFSCME Mike Berheli Peter Hoeffel, NAMI of Greater Milwaukee Paula John, EPJ Fund Janice Winkowski-Rodriguez Senator Chris Larson Angelina, WFNHP Kate Meyer Julie Meyer James Macon, Local 998 Robert Graf Jodi Velleman Eugene Barufkin, NAACP Jamie Lucas, WFNHP</p>
5.	<p>Adjournment.</p> <p>MOTION BY: (Chayer) Adjourn. 7-0 MOTION 2ND BY: (Davis) AYES: Chayer, Davis, Lutzow, Miller, Perez, Walker, and Wesley - 7 NOES: 0</p> <p style="text-align: center;">A voice vote was taken on this item.</p>

SCHEDULED ITEMS (CONTINUED):

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

Length of meeting: 4:37 p.m. to 6:34 p.m.

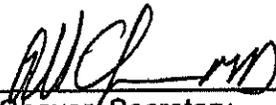
Adjourned,

Jodi Mapp

Senior Executive Assistant
Milwaukee County Mental Health Board

**The next regular meeting for the Milwaukee County Mental Health Board is
Thursday, April 28, 2016, @ 8:00 a.m. at the
Zoofari Conference Center
9715 West Bluemound Road**

The March 24, 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

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

MILWAUKEE COUNTY MENTAL HEALTH BOARD

Thursday, February 25, 2016 - 8:00 A.M.
Zoofari Conference Center
9715 West Bluemound Road

**REVISED
MINUTES**

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

SCHEDULED ITEMS:

1. **Welcome.**

Chairwoman Walker opened the meeting by greeting Board Members and the audience.

2. **Election of Officers – Chair, Vice-Chair, and Secretary.**

Madame Chair outlined the election process.

Chairwoman Walker nominated Duncan Shrou for Chairman of the Milwaukee County Mental Health Board.

Board Member Shrou accepted the nomination. No other nominations for Chairman were made.

MOTION BY: (Walker) *Vote Duncan Shrou for Chairman of the Milwaukee County Mental Health Board by Acclimation and Unanimous Consent. 9-0*

MOTION 2ND BY: (Miller)

AYES: Chayer, Davis, Lutzow, Miller, Perez, Shrou, Thorson, Walker, and Wesley - 9

NOES: 0

ABSTENTIONS: 0

A voice vote was taken.

Immediately following the election of the Chairman, Board Member Shrou assumed his role as Chairman and facilitated the balance of the meeting.

SCHEDULED ITEMS (CONTINUED):

	<p>Chairman ShROUT nominated Thomas Lutzow for Vice Chairman of the Milwaukee County Mental Health Board.</p> <p>Board Member Lutzow accepted the nomination. No other nominations for Vice Chairman were made.</p> <p>MOTION BY: (ShROUT) Vote Thomas Lutzow for Vice Chairman of the Milwaukee County Mental Health Board by Acclimation and Unanimous Consent. 9-0</p> <p>MOTION 2ND BY: (Miller)</p> <p>AYES: Chayer, Davis, Lutzow, Miller, Perez, ShROUT, Thorson, Walker, and Wesley - 9</p> <p>NOES: 0</p> <p>ABSTENTIONS: 0</p> <p style="text-align: center;">A voice vote was taken.</p> <p>Chairman ShROUT nominated Board Member Brenda Wesley for Secretary of the Milwaukee County Mental Health Board.</p> <p>Ms. Wesley graciously declined the nomination.</p> <p>Board Member Walker nominated Board Member Robert Chayer for Secretary of the Milwaukee County Mental Health Board.</p> <p>Dr. Chayer accepted the nomination.</p> <p>MOTION BY: (Walker) Vote Robert Chayer for Secretary of the Milwaukee County Mental Health Board by Acclimation and Unanimous Consent. 9-0</p> <p>AYES: Chayer, Davis, Lutzow, Miller, Perez, ShROUT, Thorson, Walker, and Wesley - 9</p> <p>NOES: 0</p> <p>ABSTENTIONS: 0</p> <p style="text-align: center;">A voice vote was taken.</p>
3.	<p>Approval of the Minutes from the December 17, 2015, Milwaukee County Mental Health Board Meeting.</p> <p>MOTION BY: (Walker) Approve the Minutes, from the December 17, 2015, Milwaukee County Mental Health Board Meeting. 9-0</p> <p>MOTION 2ND BY: (Miller)</p> <p>AYES: Chayer, Davis, Lutzow, Miller, Perez, ShROUT, Thorson, Walker, and Wesley - 9</p> <p>NOES: 0</p> <p style="text-align: center;">A voice vote was taken on this item.</p>

SCHEDULED ITEMS (CONTINUED):

4.	<p>Board Positions Update. (Informational)</p> <p>Hector Colon, Director, Department of Health and Human Services</p> <p>Mr. Colon extended a special welcome and introduction for the Board's newest member, Mr. Michael Thorson.</p> <p>Mr. Thorson provided brief comments regarding his background and experience.</p> <p>Mr. Colon explained Mental Health Board candidates are nominated through the statutory process outlined in Act 203. Nominations have been received for Pete Carlson's and Rochelle Landingham's seats. A decision is expected soon.</p> <p>Chairman Shroud took time to extend a special welcome and introduction for the Board's new designee member, Dr. Kelly Davis, who, in Mary Neubauer's absence, will represent the Milwaukee Mental Health Task Force.</p> <p>Ms. Davis provided brief comments regarding her background, experience, and affiliations.</p>
5.	<p>Leadership Update for the Milwaukee County Behavioral Health Division. (Informational)</p> <p>Hector Colon, Director, Department of Health and Human Services</p> <p>Mr. Colon announced Alicia Modjeska as the Interim Administrator of the Behavioral Health Division. Ms. Modjeska will assume her role as Chief Operations Officer for the Division once a permanent Administrator has been named. Candidates are currently being vetted. An accepted offer is anticipated sometime in April. The prospective Administrator will meet with Board Members individually prior to confirmation.</p>
6.	<p>A Presentation on the Behavioral Health Division's Vision for 2020. (Informational)</p> <p>Alicia Modjeska, Interim Administrator, Behavioral Health Division (BHD)</p> <p>Ms. Modjeska presented BHD's Vision for 2020 as a journey to extraordinary behavioral health care creating a system that is accessible, supportive, and keeps clients and their families at the center of their care. The path to recovery should be clear to everyone. Through early assessment and intervention, hope is given to individuals and their families via innovative recovery programs in behavioral health, wellness, recovery, research, and education. Ms. Modjeska explained the journey through the eyes and perspective of the client detailing access, assessment, support, the system, and sustainability.</p> <p>Questions and comments ensued.</p>

SCHEDULED ITEMS (CONTINUED):

7.	<p>2016 Purchase of Service Contract with Community Advocates for Substance Use Prevention Activities Supported by Funds from the Division of Milwaukee Child Protective Services.</p> <p>Amy Lorenz, Director, Community Access to Recovery Services (CARS)</p> <p>Ms. Lorenz stated the Division of Milwaukee Child Protective Services designated CARS to oversee a portion of its Substance Abuse Prevention and Treatment Block Grant funds to conduct prevention activities. Community Advocates will be contracted, pending approval, to manage the funds. The Behavioral Health Prevention Coordinator, with assistance from Community Advocates, determined how the funds will be allocated.</p> <p>Questions and comments ensued.</p> <p>MOTION BY: (Miller) <i>Approve the Community Advocates Purchase of Service Contract. 8-0-1</i></p> <p>MOTION 2ND BY: (Perez)</p> <p>AYES: Chayer, Davis, Lutzow, Miller, Perez, Shrout, Thorson, and Wesley – 8</p> <p>NOES: 0</p> <p>ABSTENTIONS: Walker – 1</p>
8.	<p>Conversion of Anticipated 2016 Medicaid Payments from the Behavioral Health Division to Community Providers of Mental Health Services.</p> <p>Randy Oleszak, Chief Financial Officer, Behavioral Health Division (BHD)</p> <p>Mr. Oleszak stated previous to October of 2015, Targeted Case Management (TCM) and Community Support Program (CSP) providers billed Medicaid directly for services. Under the updated methodology, BHD began billing Medicaid on behalf of providers. In December 2015, the Board approved BHD's 2016 Purchase of Service Contracts, which included TCM and CSP programs. In a review of 2015 spending, it was found that some of the Medicaid pass-through estimates would not be sufficient for 2016.</p> <p>MOTION BY: (Walker) <i>Approve the Conversion of Anticipated 2016 Medicaid Payments from the Behavioral Health Division to Community Providers of Mental Health Services. 9-0</i></p> <p>MOTION 2ND BY: (Lutzow)</p> <p>AYES: Chayer, Davis, Lutzow, Miller, Perez, Shrout, Thorson, Walker and Wesley – 9</p> <p>NOES: 0</p> <p>ABSTENTIONS: 0</p>

SCHEDULED ITEMS (CONTINUED):

9.	<p>2015 Collective Bargaining Agreement with the Federation of Nurses and Health Professionals.</p> <p>Randy Oleszak, Chief Financial Officer, Behavioral Health Division (BHD) Hector Colon, Director, Department of Health and Human Services Colleen Foley, Deputy, Corporation Counsel</p> <p>Mr. Oleszak indicated the Board needs to approve the 2015 fiscal impact related to the 2015 Collective Bargaining Agreement with the Federation of Nurses and Health Professionals Local 5001, AFT, AFL-CIO. The effective date of the bargaining agreement was January 1, 2015. As it relates to salary and wages, BHD is supportive of the agreement and the 1.5 percent increase. Preliminary results indicate the impact of this increase can be fully absorbed in the 2015 Budget.</p> <p>Questions and comments ensued.</p> <p>MOTION BY: (Miller) Approve the Fiscal Impact of the 2015 Collective Bargaining Agreement with the Federation of Nurses and Health Professionals. 9-0</p> <p>MOTION 2ND BY: (Davis)</p> <p>AYES: Chayer, Davis, Lutzow, Miller, Perez, Shrout, Thorson, Walker, and Wesley – 9</p> <p>NOES: 0</p> <p>ABSTENTIONS: 0</p>
10.	<p>2017 Behavioral Health Division Budget Preparation Timeline and Budget Amendment Process. (Informational)</p> <p>Randy Oleszak, Chief Financial Officer, Behavioral Health Division (BHD)</p> <p>Mr. Oleszak indicated in April, the 2017 Budget process will be underway. There is a lot of work that needs to be accomplished by the full Board and the Finance Committee in a very short timeframe. BHD's Budget has to be submitted to the County Executive by July. Improvements from last year to this year include more input from the Board and the public throughout the compilation of the Budget. Mr. Oleszak summarized the timeline and deliverables as delineated in the corresponding report.</p> <p>The Board took a break after Item 10 at 9:13 a.m. and reconvened at approximately 9:22 a.m. The roll was taken, and all Board Members were present, except for Board Member Perez, who appeared shortly thereafter.</p>

SCHEDULED ITEMS (CONTINUED):

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 acute services, North Side and South Side community-based operations, a new BHD organizational structure, service model redesign, an enhanced workforce internal communication process, employee recruitment and retention, an enhanced contracting strategy, timely client access and admission, enhancement and improvement of the information technology infrastructure, and the development of methodology to continually evaluate costs and revenue.</p> <p>Questions and comments ensued.</p>
12.	<p>Medical Staff Organization Governing Body's Proposed Changes to its Bylaws.</p> <p>Dr. Clarence Chou, President, Medical Staff Organization, Behavioral Health Division</p> <p>Dr. Chou explained state statutes list the duties of the medical staff as it relates to having written rules and bylaws for governance of themselves. The Medical Staff Organization, at its meeting of February 3, 2016, amended and adopted the bylaws, which ensures compliance. Dr. Chow described in detail the changes made to the bylaws related to the areas of definitions, appointment categories, and officers and medical administration.</p> <p>MOTION BY: (Chayer) Approve the Behavioral Health Division Medical Staff Organization Bylaws as Amended. 8-0</p> <p>MOTION 2ND BY: (Davis)</p> <p>AYES: Chayer, Davis, Lutzow, Miller, Perez, Shrout, Thorson, and Wesley – 8</p> <p>NOES: 0</p> <p>EXCUSED: Walker – 1</p>

SCHEDULED ITEMS (CONTINUED):

13.	<p>Medical Staff Organization Governing Body's Proposed Changes to its Rules and Regulations.</p> <p>Dr. Clarence Chou, President, Medical Staff Organization, Behavioral Health Division</p> <p>Dr. Chou provided a summary of notable changes proposed to the Medical Staff Organization Rules and Regulations.</p> <p>MOTION BY: (Miller) Approve the Behavioral Health Division Medical Staff Organization Rules and Regulations as Amended. 8-0</p> <p>MOTION 2ND BY: (Thorson)</p> <p>AYES: Chayer, Davis, Lutzow, Miller, Perez, Shrout, Thorson, and Wesley – 8</p> <p>NOES: 0</p> <p>EXCUSED: Walker – 1</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>	
14.	<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: (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 #14. At the conclusion of the Closed Session, the Board may reconvene in Open Session to take whatever action(s) it may deem necessary on the aforesaid item. 8-0</p> <p>MOTION 2ND BY: (Chayer)</p> <p>AYES: Chayer, Davis, Lutzow, Miller, Perez, Shrout, Thorson, and Wesley - 8</p> <p>NOES: 0</p> <p>EXCUSED: Walker – 1</p> <p style="text-align: center;">A voice vote was taken on this item.</p>

SCHEDULED ITEMS (CONTINUED):

	<p>The Committee convened into Closed Session at 10:20 a.m. and reconvened back into Open Session at approximately 10:28 a.m. The roll was taken, and all Board Members were present, except for Board Member Walker, who was excused.</p> <p>MOTION BY: (Davis) Approve the Medical Staff Credentialing Report and Executive Committee Recommendations. 8-0</p> <p>MOTION 2ND BY: (Perez)</p> <p>AYES: Chayer, Davis, Lutzow, Miller, Perez, Shrout, Thorson, and Wesley - 8</p> <p>NOES: 0</p> <p>EXCUSED: Walker – 1</p>
15.	<p>The Behavioral Health Division’s Funding Allocations and Program Efficiencies for Mental Health Programs in Compliance with Chapter 51 of Wisconsin Statutes. (Informational)</p> <p>Alicia Modjeska, Interim Administrator, Behavioral Health Division</p> <p>Ms. Modjeska explained the Funding Allocations and Program Efficiencies for Mental Health Programs report, in compliance with Chapter 51 of Wisconsin Statutes, is a statutory obligation and required on an annual basis. It is an overall summary of 2015 activities. Everything in the associated report has previously been before the Board.</p> <p>Questions and comments ensued.</p>
16.	<p>Adjournment.</p> <p>Chairman Shrout informed the Board that he will not be present at the March Mental Health Board meeting, therefore, Vice Chairman Lutzow will preside.</p> <p>MOTION BY: (Davis) Adjourn. 8-0</p> <p>MOTION 2ND BY: (Wesley)</p> <p>AYES: Chayer, Davis, Lutzow, Miller, Perez, Shrout, Thorson, and Wesley - 8</p> <p>NOES: 0</p> <p>EXCUSED: Walker – 1</p> <p style="text-align: center;">A voice vote was taken on this item.</p>

SCHEDULED ITEMS (CONTINUED):

This meeting was recorded. The aforementioned agenda items were not necessarily considered in agenda order. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Behavioral Health Division/Mental Health Board web page.

Length of meeting: 8:08 a.m. to 10:33 a.m.

Adjourned,

Jodi Mapp

Senior Executive Assistant
Milwaukee County Mental Health Board

**The next meeting for the Milwaukee County Mental Health Board will be on
Thursday, March 24, 2016, @ 4:30 p.m. at the
Sojourner Family Peace Center
619 West Walnut Street**

**PUBLIC COMMENT WILL BE HEARD ON
THE 2017 BUDGET**

The February 25, 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

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

**MILWAUKEE COUNTY MENTAL HEALTH BOARD
 FINANCE COMMITTEE**

Thursday, March 31, 2016 - 1:30 P.M.
Milwaukee Mental Health Complex
Conference Room 1045

MINUTES

SCHEDULED ITEMS:

1.	<p>Welcome.</p> <p>Chairman Lutzow welcomed everyone to the March 31, 2016, Mental Health Board Finance Committee meeting.</p>
2.	<p>Alternative Funding Report/Act 203 Requirement.</p> <p>An overview of the Alternative Funding Report was provided by Deloitte Consulting detailing the challenges and successes of Act 203, goals, scope, approach, the components in the operating models, drivers behind the project, and areas of analysis, which include data and policy. Items highlighted include the baseline financial analysis, payer mix information, and the revenue recognition policy.</p> <p>Key findings demonstrate a need to create a more sustainable business model. Potential improvements discussed included lessening the impact of IMD exclusion, increases in MCO contract revenue, supplemental payments, gross margin, and enhanced funding from State to Federal government negotiations.</p>
3.	<p>2015 Financial Results.</p> <p>The 2015 Fiscal Results Report contained information regarding 2015 surplus drivers and allocations, actual and budgeted results, and budget variances.</p>
4.	<p>2017 Preliminary Budget Assumptions.</p> <p>Resources are limited. Legacy costs are increasing while Full-Time Employees (FTEs) decrease. The Behavioral Health Division (BHD) has reduced overhead but received increased allocations. These costs have to be absorbed in the budget. A summary was provided of preliminary assumptions to be used in compiling the 2017 BHD Operating Budget.</p>

SCHEDULED ITEMS (CONTINUED):

5.	<p>Wraparound Milwaukee Journey House Lease Agreement.</p> <p>Journey House campus apartments are designed to assist young adults (18-25) enrolled in Wraparound who are aging out of foster care. Through this model, young adults will gain employment and enroll in school while creating a financial plan that will help them succeed.</p> <p>The Finance Committee unanimously agreed to recommend approval of this contract to the Board.</p> <p>Financial Impact: The \$43,752 amendment increases the annual cost of this lease to \$87,504.</p>
6.	<p>Contracting Update.</p> <p>The Behavioral Health Division continues to work on redesigning the provider contracting process. Targeted Case Management (TCM) is the first service undertaken to switch from a purchase-of-service agreement to a fee-for-service agreement. Information has been disseminated to providers who will, in turn, submit questions. Providers will have an opportunity to opt in or out based on the new contract requirements. It is anticipated that the new contracts with new rates will be effective July 1, 2017. This will set the model and standards for all other contracts. The TCM Provider community will have ample time to digest the new process and ask questions.</p> <p>The current process of the Finance Committee's review of contracts was discussed. It was determined the Finance Committee will plan to meet every cycle prior to the Board meeting for contract approval.</p>
7.	<p>Adjournment.</p> <p>Chairman Lutzow 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: 1:30 p.m. to 3:24 p.m.</p> <p>Adjourned,</p> <p><i>Jodi Mapp</i></p>	

SCHEDULED ITEMS (CONTINUED):

Senior Executive Assistant
Milwaukee County Mental Health Board

**There will be a SPECIAL Milwaukee County Mental Health Board Meeting
on Thursday, April 28, 2016, at 7:00 a.m. at the
Zoofari Conference Center
9715 West Bluemound Road**

**The next regular meeting of the Milwaukee County Mental Health Board
Finance Committee is Thursday, May 26, 2016, at 2:30 p.m.
at a location to be determined**

**PUBLIC COMMENT WILL BE HEARD ON
THE BEHAVIORAL HEALTH DIVISION'S
2017 BUDGET at the May 26, 2016, Meeting**

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

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

Thursday, April 28, 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) |
| 3. | Adjournment. |

The next regular meeting of the Milwaukee County Mental Health Board Finance Committee is Thursday, May 26, 2016, at 2:30 p.m. at the Sojourner Family Peace Center Inspirations North and South Conference Room 619 West Walnut Street

**PUBLIC COMMENT WILL BE HEARD ON
THE BEHAVIORAL HEALTH DIVISION'S
2017 BUDGET**

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.



In January 2015, the Milwaukee County Behavioral Health Division engaged Kane Communications Group to develop recommendations for an employee communications program and a video with employees sharing the reasons they work for BHD.

Activities included:

- Employee survey
- Employee focus groups
- Employee visioning sessions

Deliverables included:

- Employee communications recommendation
- Employee video

In August 2015, the Milwaukee County Behavioral Health Division engaged Kane Communications Group to develop the employee communications program, manage ongoing communications including media explore opportunities to build its reputation in the community.

Deliverables include:

- Employee pulse-check surveys
- Redesign of employee newsletter including a content strategy aligned with BHD's goals, recruitment of new members to the news newsletter team and team training
- Media management and crisis management
- Pro-active media relations
- News releases
- Writing- newsletter content, employee memos, comprehensive message paper for the County Executive's office
- Employee communications program recommendations and activities including a buddy system for new hires, rounding program for executives, executive small group meetings with employees including designed invitations (Cake & Conversation)
- Holiday employee appreciation event including theme, written announcement, designed flyers and thank you video with leadership
- Updates to the Mental Health Board webpage, including the creation of a board-specific email address
- Press event that positioned DHHS and BHD as an important local voice in work to reduce heroin and opioid issues. Every local media outlet covered the event. As a result, more than 400 people attended a prevention event at the ICC in November
- Consistent social media posting and increased community engagement with our posts
- Community relations in the Uncas Avenue community surrounding concerns about the CBRF
- Development of an employee recruiting awareness campaign
- Work with Behavioral Health Prevention Coordinator to develop a five-part "Light and Unite" drug prevention campaign to engage communities across Milwaukee County in raising awareness about drug prevention. Five video news releases are being developed that will be made available to communities and to television stations across the state for use in public awareness efforts



Accomplishments

BHD's first roadmap for employee communications: This roadmap was created to increase information-sharing with our employees and deliver the information our employees really want. For example, when KCG spoke with our employees last year, they learned employees want more information about facilities updates, they want to know about planned changes well before they happen, they want to hear more about success stories and co-workers who are doing important work, they also want to hear from and see BHD leadership more. As result we have developed a few new programs:

- **Cake & Conversation:** This program launches this month. Every month, 12 employees will be selected randomly and invited to meet with BHD's administrator for a casual conversation over cake. Employees will receive invitations three weeks in advance that include a blank question card. They can use this card to submit an anonymous question or topic they would like to discuss.
- **Rounding:** This is something that happens regularly in hospitals, but it hasn't happened regularly at BHD. We have now begun regular rounding to connect with employees, hear what's on their minds and make sure they hear from us how important they are.

Employee Newsletter: Our quality team started an employee newsletter last year, KCG has worked with them to develop a new structure for this newsletter – using what's called a "Content Calendar" to plan the content for each newsletter three months in advance, produce the newsletter in a digital format so it can be easily read online and shared, it includes links, surveys and even quizzes.

Appreciation Event: In November, KCG developed an employee appreciation event and a video with leadership to help us show how much we appreciate employees. The event included a popcorn bar with popcorn and candy, and thank you notes our employees could share with their co-workers showing how much they appreciate those co-workers.

Communications planning: There have been a few times when leadership needed a true communications plan to manage a potentially difficult situation. When we pulled the RFP in October, we knew we needed to communicate this thoughtfully with our board, our employees, media and our partners. Kane Communications Group developed a roadmap for us and wrote the communications as our leadership team worked through the operational details around this decision. They have also provided media relations support before and after Mental Health Board meetings.

External Relations: The work KCG is doing on BHD's behalf is multi-faceted. This includes media relations, community relations and work to help our community understand the expertise at the Behavioral Health Division and the resources we provide around support, treatment and recovery.

- **Campaigns:**
 - **Heroin & Opiates:** Working with our CARS Division, KCG is raising awareness about key behavioral health issues. In November, our prevention coordinator had a large resource fair scheduled at the ICC around Heroin and Opiates, but was having a hard time getting registrations. Working with KCG, they developed a press event at Grand Avenue Mall with empty chairs showing the number of lives lost to addiction and speakers including DHHS Director Colon, Alderman Michael Murphy and a representative from the M-E's office. All the media in



- Milwaukee covered the event including a number of print publications. More than 400 people attended the resource fair.
- **National Drug & Alcohol Fact Week:** Working with CARS, the Milwaukee County Substance Abuse and Prevention Council, providers, nonprofits and local health departments around the county, KCG helped to develop a campaign to spread the message about prevention, support and recovery. They developed five Video News Releases highlighting the work our partners and providers do, and featuring BHD psychologists and psychiatrists as experts. These videos and fact sheets were shared hundreds of times on social media, public access stations around the state including Milwaukee's City Channel ran the videos on their stations. You can find them on the BHD website today.
 - **Employee Recruiting Awareness Campaign:** Years of negative publicity combined with lack of brand awareness and increased market competition, have made it hard for BHD to recruit top level staff, especially into nursing and emergency service clinician positions. Kane Communications Group has developed an awareness campaign featuring our employees talking about why they chose careers in behavioral health, why they love working here and why people should join our BHD team. The campaign includes creative that positions employees as "Superheroes" and includes video, media relations, a branded web page and social media with the goal of having prospects come to BHD for an open house and recruiting fair. This was initially planned for February, but put on hold with the
 - **Access Clinic:** KCG is working with CARS/ BMCW and our Access Points on a video to help staff and contract staff increase the number of people being served by BMCW. This video will be used by agencies to promote the program.
- **Media Relations:** In addition to responding to requests from media, Kane Communications Group is working with BHD to develop a proactive, fact-based media relations strategy. Examples of recent coverage: a front page story about long term care closure in the *Journal Sentinel*, the cover story of *BizTimes* in March 2016 about the transformation of our behavioral healthcare system, television news stories featuring our experts, a press conference about substance use with our prevention coordinator and stories in smaller local publications about everything substance use prevention to stigma.
 - **BHD Website:** After meeting with a reporter who said, "It's very hard to find information on your website about the Mental Health Board and there's no way to contact them," Kane Communications Group recommended updates to the MHB webpage including photos and bios of each board member, re-writing the copy on the site to make it easier to understand, recommending an email address for the MHB and press releases and other updates as needed.
 - **Provider Communications:** Similar to the employee newsletter, we have developed a provider newsletter to keep our providers in the loop about things happening at BHD, share successes, answer questions. This quarterly this newsletter will also feature a profile about a different provider. The first will go out in April.
 - **Vision 2020:** As leadership at BHD prepared to present Vision 2020 to the Mental Health Board in February 2016, Kane Communications Group designed a visual Prezi presentation to guide the conversation and a separate one-page overview that can be used as a hand out.



TRANSITION COMMUNICATIONS

Proactive work with BHD and new provider to develop a transition communications plan that includes internal employee communications, stakeholder relations, media relations.

Activities and deliverables (high level)

- Needs analysis, identification of roles and responsibilities
 - (Meeting with BHD and DHHS leadership, Provider leadership team)
- Plan development – including goals, objectives, strategies and tactics
- Communications Roadmap (outlining timing for all communications)
- Written and designed e-communications to employees, providers, stakeholders
- Transition communications binder for BHD leaders
 - Including all relevant leadership communications pieces, i.e.:
 - Key messages
 - Communications tone
 - Tabbed sections for all written communications, i.e. press releases, employee (see tool kit below), stakeholder, family, government, etc.
- Employee tool kits (which may include)
 - FAQ with key questions and answers
 - Background information about the new provider, bios, etc.
 - Calendar of upcoming employee meetings
 - Others - TBD
- Stakeholder management plan and communications
 - Meetings, collateral needed for meetings, invitations
- Ongoing media relations
 - **COST: \$50,000.00**
(104 hours/ month for 3 months)

BHD BRAND AND NEW LOGO DEVELOPMENT

As the Milwaukee Behavioral Health Division deepens relations with providers, stakeholders and customers, and builds community awareness around key issues, the organization has the opportunity to be a leading, trusted voice in conversations about behavioral health.

Activities and deliverables:

- Brand development research and workshop
 - Logo and style guide development
 - Key message, purpose statement, tone and voice
 - Creation of communications collateral
 - i.e. letter head, envelopes, brochure template, poster template, others TBD)
- **COST: \$30,000.00**



BHD WEBSITE

The website is the front door for information about the Milwaukee County Behavioral Health Division, its programs, services, and crisis support. Today, BHD's website is not easy to navigate and content isn't up to date.

Activities and deliverables:

- Develop and deploy a frequently updated microsite dedicated to promoting the positive value and services of BHD.
 - Branded URL distinct from Milwaukee County web page.
 - Visuals, messaging and content marketing designed to promote positive image and appeal to community members, prospective employees, clients and media.
 - Shares key content to inform and guide site visitors as they seek information about the Behavioral Health Division.
 - Tells the story of the vision, mission, commitment and motivation of BHD employees for their role in helping heal their clients.
 - Leverages existing and continuing videos

○ **COST: \$22,000.00**

PROVIDER DIRECTORY

Independent provider directory that enables BHD to maintain full administrative control over all data via a browser-based web interface, with ability to add, modify and manage provider profiles, ability to manage and approve Provider users and BHD users desiring access to the system to create, update or delete profiles. The system will be designed for Providers to self-manage their own profiles, with tools very similar to those currently existing for Wraparound.

Provider-users, once approved, will be able to login and create, update and delete their own profiles, only. Customer-users will be able to search and filters by criteria similar to those currently available for Wraparound. The BHD Provider Directory may be integrated with the BHD area of the Milwaukee County website, or as a linked site on Milwaukee County servers (similar to current Wraparound implementation). 2 hours of Train-the-Trainer training will be provided to BHD administrative staff.

Activities and deliverables include:

- Business analysis
- Environment set up
- Technical Design
- Visual design
- Director Development
- Launch and training with BHD users, coordinated with IMSD

○ **COST: \$60,000.00**



ONGOING INTERNAL AND EXTERNAL COMMUNICATIONS

Kane Communications Group has developed strategic communications plans guiding internal and external communications.

Activities and Deliverables include:

- Continued implementation of internal and external communications
- Content guidance and development for monthly employee newsletter
- Development and execution of a quarterly provider newsletter
- Strategic and responsive media relations
- Campaign development and execution around key BHD initiatives (Mental Health Wellness Week, Substance Use Prevention Week, etc.)
- Video production for internal and external initiatives
- Design for brochures, PowerPoint presentations, etc.
- Ongoing website updates
- Ongoing social media updates
- Leadership communications
- Mental Health Board communications as needed / envisioned
- Partnership and stakeholder relationship development to strengthen relations and build community awareness about BHD’s leadership voice in behavioral health

○ **\$13,500.00 / month / 18 months**
(88 hours / month)

PROGRAM	COST
TRANSITION COMMUNICATIONS	\$50,000.00
BRAND AND LOGO	\$30,000.00
WEBSITE	\$22,000.00
PROVIDER DIRECTORY	\$60,000.00
ONGOING COMMUNICATIONS / 18 MONTHS	\$243,000.00
TOTAL	\$405,000.00

BHD is requesting approval for the following contracts in the amounts listed below.

Kane Communications

\$50,000 increase

An amendment to the Kane Communications contract active from August 1, 2016-July 1, 2016. The original contract amount was for \$89,000 and BHD is requesting an increase of \$50,000 to \$139,000. This will be used to provide day-to-day continued media relations as well as employee and provider newsletters. The funds will also provide programming during May- Mental Health Awareness month. This will include branding our web page, updating the webpage with employment opportunities, recruitment videos about psych and crisis nursing, an article in the state nursing magazine (Nursing Matters), advertising campaign on radio and in billboards, social media campaign, and an open house at the end of the month.

Kane Communications (after current contract expires)

\$405,000

Kane Communications current contract is set to expire July 1, 2016. BHD is requesting a new contract effective July 1, 2016-December 31, 2017 in the amount of \$405,000. Please see attached scope of work statement for details.

Community Support Program Amendment

No Net Impact

In 2014, community support program (CSP) providers were given an increase in funding to expand their capacity. To date, Outreach Community Health Center (OCHC) has not increased enrollment to the 135 individual clients served as listed in their contract. Milwaukee Mental Health Associates (MMHA) has been identified as a provider that has reached their current contractual obligation with regards to CSP capacity and has immediate ability to increase caseloads. BHD is requesting MMHA's CSP purchase of service contract be increase by \$63,275 for a total of \$949,122 and a reduction in OCHC's contract amount of \$63,275 for an amended total of \$606,307. This action will also increase the estimated Medicaid revenue and payments to MMHA by \$69,817 for a new total of \$1,356,791.

Locum Tenens.com, LLC

\$176,800 increase

LocumTenens.com, LLC provides temporary psychiatric services on acute inpatient units. BHD is requesting a \$176,800 increase to the contract for a new total of \$571,750.

Fiscal Impact

The fiscal impacts of the individual contracts are listed below. All contracts will be absorbed into BHD's budget and do not require additional tax levy.

Vendor	Date	Original Amount	New Amount	Increase
Kane Communications	8/1/2015 - 7/1/2016	\$89,000	\$50,000	\$139,000
Kane Communications	7/1/2016- 12/31/2017	New	\$405,000	\$405,000
Community Support Medicaid Payments	FY 2016	\$1,286,974	\$1,356,791	\$69,817
Locum Tenens, LLC	FY 2016	\$394,950	\$571,750	\$176,800
Total Increase				\$790,617

BHD is requesting changes to psychiatrists' benefit package to retain and attract psychiatrists during a national shortage. The estimates below are for acute adult inpatient psychiatrists only.

Item	Estimated 2016 Impact
Increase base salary to \$250,000	\$72,971
\$25,000 annual retention bonus	\$80,000
Extra week of vacation for new hires	\$30,000
Continuing Education	\$8,000
Psychiatric Association membership	\$6,400
DEA registration and renewal	\$1,706
up to \$15,000 relocation reimbursement	\$60,000
Total	\$259,077

BHD Strategic Plan 2016-2019

2017 BUDGET PRIORITIES

Goals for High Quality and Accountable Service Delivery	2017 financial support
<p>1. Explore opportunities to privatize facility based, acute behavioral health services Plan By Q3-2016</p>	<p>Professional Service Support Staff Recruitment Enhance Communication Strategies</p>
<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>South Side Hub Development Administrative Office Development North Side Operational Expenses</p>
<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. By Q3-2016</p>	<p>Staffing Strategies</p>
<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 programming in order to promote highest level of autonomy, independence, and least restrictive environment By Q2-2016</p>	<p>Add Two Additional CART Teams Increase CCS Enrollment to 800 Enhanced Opioid Epidemic Strategies Intensive Outpatient Program (IOP) Expand Southside Crisis Resource center to 24/7 services Change access clinic model (license 35) Assessment and Diagnostic Center Medication Assisted Treatment</p>

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

**SPECIAL MEETING OF THE
MILWAUKEE COUNTY MENTAL HEALTH BOARD
EXECUTIVE COMMITTEE**

Thursday, April 7, 2016 - 2:00 P.M.
Milwaukee County Mental Health Complex
Conference Room 1045

MINUTES

PRESENT: Robert Chayer, Thomas Lutzow, and Duncan Shrout,

SCHEDULED ITEMS:

- | | |
|----|--|
| 1. | <p>Welcome.</p> <p>Chairman Shrout welcomed everyone to the first meeting of the Mental Health Board Executive Committee.</p> |
| 2. | <p>Milwaukee County Audit Services Division's Follow-Up Audit to the 2010 Audit titled "System Changes are Needed to Help Ensure Patient and Staff Safety at the Milwaukee County Behavioral Health Division."</p> <p>Information previously requested by the Department of Audit was reviewed. Concerns were expressed by the Executive Committee and Administration regarding the protection of patient and staff information. This type of information was released publicly as a result of the audit conducted in 2010.</p> <p>Corporation Counsel noted the information was released without acquiring the proper consent from the patients or medical director.</p> <p>The Department of Audit clarified the patient information previously released was not a result of the 2010 audit and explained the importance of having access to patient information in order to properly conduct the audit. It was assured precautions are taken in protecting patient information.</p> <p>Questions and comments ensued.</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> |

SCHEDULED ITEMS (CONTINUED):

3.	Adjournment. Chairman ShROUT ordered the meeting adjourned.
<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: 2:04 p.m. to 3:24 p.m.</p> <p>Adjourned,</p> <p><i>Jodi Mapp</i> Senior Executive Assistant Milwaukee County Mental Health Board</p>	

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

**MILWAUKEE COUNTY MENTAL HEALTH BOARD
QUALITY COMMITTEE**

March 7, 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>2015 Year-End Behavioral Health Division Key Performance Indicators (KPI) Dashboard Update.</p> <p>The Dashboard contains all updated 2015 year-end information. The color scheme was derived from the indicator sheet, which reflects benchmarks, publically reported information, and other historical items referenced. The key performance measures include additional outcome measures as incorporated in Milwaukee County Behavioral Health Division (BHD) contracts. Discussion was held regarding HBIPS 6 and 7 due to their red status.</p> <ul style="list-style-type: none">• Community Access to Recovery Services Annual Data Report 2015 <p>This data sheet represents individuals served by level of care across the board, including enrollments.</p> <ul style="list-style-type: none">• Centers for Medicare and Medicaid Services (CMS) Performance Measures 2016 <p>CMS performance measures are effective July 1, 2016. They represent the timely transmission of the transition record, with specified elements, received by discharged patients screened for metabolic disorders. These elements will be incorporated going forward.</p> |
| 3. | <p>Contract Services Performance Measures.</p> <p>Outcome indicators include housing status and stability, educational and employment status, number of arrests, satisfaction, and level of functioning. These measures will be included in all provider contracts.</p> |

SCHEDULED ITEMS (CONTINUED):

4.	<p>Satisfaction Report Data Update.</p> <ul style="list-style-type: none">• Community Based Services <p>The Mental Health Statistics Improvement Program (MHSIP) consortium 2015 results is used across the country. In 2015, satisfaction scores were high. Scoring of the MHSIP, and the additional items that were included per the recommendation of the Mental Health Task Force, were discussed. The MHSIP is one of five satisfaction surveys in use at BHD. A group has been formed to review all the survey tools to determine if these surveys can be consolidated.</p> <ul style="list-style-type: none">• Hospital Based Services <p>Hospital services also utilizes MHSIP, one for acute adults and one for children. BHD had the highest response rate in history, and the surveys reflected positive results. The results were reviewed in detail.</p> <p>The Acute Executive Team follows-up by reviewing the results and identifying improvement actions related to the areas of concern.</p>
5.	<p>Project Presentations.</p> <ul style="list-style-type: none">• Wraparound Milwaukee – Quality Improvement (QI) <p>A performance improvement project is required annually per the Medicaid contract. The main emphasis of the project is the client/family-centered plan and includes a revision to the provider network internet-based resource guide. Pre and post surveys that focused on the newly enrolled were completed related to empowerment and knowledge/concerns about the resource guide and results after utilization of the guide. The information obtained was incorporated into family orientations and brochures that are part of the enrollment packet. Care coordinators and the provider network have been retrained on the resource guide. An access code is no longer needed to utilize the resource guide. Three primary objectives have been identified as increasing access to the resource guide, family empowerment to make provider choices, and increase newly enrolled families' access. Another survey will be completed closer to discharge. Recommendations are forthcoming from the State.</p> <ul style="list-style-type: none">• Hospital QI <p>Reducing seclusion and restraint for the Observation Unit continues to be evaluated. Numbers reduced for 2015; however, an increase during the nine o'clock a.m. hour was noted. A community group was implemented to review each episode of seclusion and restraint. Certified Nursing Assistants will be responsible for facilitating group community meetings. These initiatives have been effective</p>

SCHEDULED ITEMS (CONTINUED):

	<p>thus far. The next phase of the project includes implementing a satisfaction survey for the patients who have voluntarily participated. There will also be a unit survey to address patients that did not participate.</p>
6.	<p>Quality Plans and Goals Annual Review.</p> <p>The 2015 plan initiatives included development of KPI indicators, creation of a best practice suicide assessment, prevention, and intervention to support the zero suicide initiative and the development and implementation of the pharmacy integration.</p> <ul style="list-style-type: none">• Zero Suicide <p>A screening tool and survey is being developed and includes risk assessments, screenings, and how to address safety plans before discharge. The survey will guide the worker and determine other training needs to ensure the zero suicide initiative is fully implemented.</p> <ul style="list-style-type: none">• Pharmacy Integration <p>Pharmacy integration with Pyxis has improved safety and supply chain management. One major change highlighted was the transition to bar code scanning. The bar coding system is approximately 95% accurate at this point. There continues to be problems with new or rarely used medications and label printing, which affect scanning. A workgroup has been formed to address the issues.</p>
7.	<p>2016 Quality Plan Goals, Recommendation, and Endorsement.</p> <p>Some goals and objectives identified in 2015, like simplifying the front door and training staff on basic quality improvement principals, are ongoing. The original plan was intended to be biennial, intentionally identifying goals and objectives that were long-term. There were three parts to the plan; broad system high-level strategic goals, objectives determined to be accomplishable near term, and specific improvement tasks. A number of goals have been accomplished, with some being ongoing.</p> <p>Incident reporting processes continue in paper format. The original incident report is forwarded to Quality Management Services to define areas of improvement. The process and the actual policy is somewhat outdated and needs revision. An electronic reporting option is being considered.</p> <p>A 2016 quality management services redesign charter has been created. Instead of operating as individual units, providers, the goal is to have an integrated quality system across the BHD health care continuum.</p>

SCHEDULED ITEMS (CONTINUED):

8.	<p>Waitlist Update.</p> <p>The Behavioral Health Division is experiencing increased use of waitlists due to reduced bed capacity on the inpatient units. The waitlist report was presented and weekly trends were explained.</p>
9.	<p>Joint Commission Update and Recommendation for Next Steps on Application Timeline.</p> <p>Background information was provided surrounding preparation for Joint Commission Accreditation and the original timeline for application, which was December 2015. Preparation activities continue as Joint Commission standards should be met regardless of application. Direction is needed regarding the application and/or timeline in view of other changes and strategic planning that has taken place.</p> <p>It was concluded that with all the moving pieces imbedded in the overall strategic plan and projects currently being undertaken, the Joint Commission application will be placed on hold. Application preparation and quality activities will, however, continue, and areas identified in the mock survey needing improvement will take priority. This topic will be revisited at the September 12, 2016, Quality Committee meeting at which time progress toward actions identified in the mock survey will be provided in a summary format.</p>
10.	<p>Endorsement of Work.</p> <p>After reviewing previous Quality Committee agendas, staff wanted to ensure the information provided thus far is meeting the Quality Committee's expectations. In reviewing quality activities, more community focused measures, proposed contract performance measures, and the integration of all those items were endorsed.</p>
11.	<p>Next Scheduled Meeting Dates:</p> <ul style="list-style-type: none">• June 6, 2016, at 10:00 a.m.• September 6, 2016, at 10:00 a.m. <p>The next meeting date was announced as June 6, 2016, at 10:00 a.m. The September 6, 2016, Quality Committee meeting was found to conflict with a full Mental Health Board meeting scheduled for the same date. Therefore, the date was changed to September 12, 2016, at 10:00 a.m.</p>
12.	<p>Adjournment.</p> <p>Chairman Chayer ordered the meeting adjourned.</p>

SCHEDULED ITEMS (CONTINUED):

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

Length of meeting: 10:04 a.m. to 12:05 p.m.

Adjourned,

Jodi Mapp

Senior Executive Assistant
Milwaukee County Mental Health Board

The next regular meeting for the Milwaukee County Mental Health Board Quality Committee is Monday, June 6, 2016, @ 10:00 a.m.

MCBHD Administrator’s Report

April, 2016

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>	Alicia Modjeska	<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"> Reinhart legal firm hired to assist with due diligence process and assist Corporation Counsel during this engagement. Mr. Larri Broomfield will be the point person for this engagement. Please see attached bio. Confidentiality agreements sent to Universal Health System, Correct Care and Liberty the three potential out of state partners. Based on the Milwaukee Health Care Partnership recommendations the task force(s) have agreed to hire a consultant to develop additional models beyond the “enterprise model” and the financial viability of each in preparation for the acute services contract negotiations process. The Milwaukee Health Care Partnership agreed to pay for 50% of the consultation fees. Mr. Rob Henken from the Public Policy Forum will assist with the procurement of the consultant. The next task force meeting is scheduled for May when Mr. Broomfield will present preliminary due diligence data findings. 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>	Amy Lorenz	<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 identified to lead the development and implementation of the North Side project while search for a Director continues. Please see attached biographical summary. Whole Health Clinical Group has agreed to include primary care presence at the North side location as well as a pharmacy. Details of the agreement need to be finalized.
<p>3. Create and implement new BHD organizational structure that fits with the future</p>	Alicia Modjeska	Consider Accountable Care Organization, or Managed Care Organization model	<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

<p>services offered by BHD, integrating quality, safety, the patient/client experience, and a culture of accountability.</p> <p>By Q3-2016</p>			<p>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.</p> <ul style="list-style-type: none"> • A organizational reporting structure will be presented to the board at the June meeting.
<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>	<p>--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</p>	<ul style="list-style-type: none"> • Case Management Team to be launched 4.29.2016 to develop workflows within BHD and DHHS based on best practices, and to develop a list of business needs to be used to identify an IT solution to support this process. • IOP program in process of development. IOP will fill a service gap within the continuum of case. • Utilization Management strategies continue to have a positive impact. See attached results. • 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>	<ul style="list-style-type: none"> • Kane Communications is taking the lead in developing a comprehensive employee recruitment plan during May – Mental Health Awareness Month. The campaign will include updated BHD webpage with job posting, 2 videos about nurses working in behavioral health. Use of social media, articles in Nursing Matters Magazine, advertising on radio, culminating with an open house at the end of the month. The aim of these activities is to enhance workforce morale, recruitment of additional personnel, and community education. • Quarterly “pulse checks” of employee feedback survey scheduled for June 2016. • BHD web site development will be launched pending contract approval. The goal of creating a website is to improve access to patient/clients and families, community education, provider directory on line, easy access to Board announcement and meeting records etc.
<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. 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"> • Dedicated recruiter for RN’s and other professionals in place • RN staffing campaign to be initiated in May with Kane Communications (see above). • RN recruitment bonuses being evaluated to attract more candidates. • Psychiatry staffing: 1 FTE psychiatrist hired, to start August 2016. Currently staffing with 2 locum physicians and Dr. Schneider. Recruiting for 2.4 additional FTE’s. • Employment contracts for all psychiatrist, medical directors and CMO developed and will be implemented post Board approval. • New salary ranges comparable to market developed. • Additional benefits implemented: \$1000 for education/CME, paid APA/WAP Association membership dues, DEA fee, relocation to Milwaukee capped. Vacation has been extended

			<p>to an additional week, and a sign on bonus structure paid out over a 2 year period.</p> <ul style="list-style-type: none"> • Have contracted with Elite Medical Scribes to provide onsite scribes for the psychiatric staff in order to enhance efficiency and productivity. • Currently staffing 48 acute beds. Wait lists across the county continues to be high. See attached report.
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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% more 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</p>	<ul style="list-style-type: none"> • Changes to TCM contracts from purchase of service to fee for service effective July 1, 2016. • TCM volume caps to be removed on July 1, 2016 to enhance access. • Compliance audits of all providers to occur every 6 months, structure developed to support this function • Provider meetings held in January to communicate forthcoming changes • The first provider newsletter was published in April and will continue on a quarterly basis.

		<ul style="list-style-type: none"> -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>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 	<p>In an effort to decrease the number of days from referral to admission for community based mental health services, several parts of the referral process are under analysis. Areas being reviewed are:</p>

		<p>--Dramatically reduce time to admission in community from current 67 days to 3-7 days.</p> <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 	<ul style="list-style-type: none"> • Research of industry standards for admission into levels of service • Analysis of monthly data, in particular post-Avatar go live • Review of referral process to identify intervention points to increase efficiencies yet maintain clinical integrity • Determine need for restructuring of resources and possible increase due to increased volume of referrals • Examine provider networks, expectations for enrollments, and capacity
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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. By Q4 2016</p>	Alicia Modjeska	<p>--Implementation of internal IT support infrastructure. --Evaluation of Net Smart Avatar and Synthesis completed</p>	<ul style="list-style-type: none"> • Internal infrastructure launched including: 1 helpline number for all IT issues. • Market research has been conducted and has revealed the following: : <ul style="list-style-type: none"> ○ There is no 'gold standard' for EHRs in the Behavioral Health space ○ The primary model used in the marketplace is configuring your best practices / forms to a system vs. the system coming with best practices & a large set of standard forms/reports • Next steps is to engage a firm / resource to validate these assumptions • An update on progress will be provided at the June Board meeting followed by a completed recommendation at the August 2016 meeting.

			<ul style="list-style-type: none"> In the meantime work continues on optimizing the current system.
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Financial Health and Sustainability

Goals for Financial Health and Sustainability	Accountable Leader	Performance Measure	Progress
11. Develop a methodology to continually evaluate costs, revenue optimization, and revenue cycle management to enhance financial sustainability. By Q2-2016	Randy Oleszak	--Fee for service contracting implemented with all new contracts and contract renewals --Denials reviewed quarterly for improvement Optimize utilization management/case management model	<ul style="list-style-type: none"> Deloitte revenue optimization audit completed. A team is currently evaluating the report and preparing a work plan to implement plausible solutions. A senior revenue cycle analysis has been hired who will be responsible for reviewing denials, determine the root cause, and work with operations to decrease denial rates.

Other topics of interest:

Behavioral Health Services Gap Analysis and Strategic Planning	<p>BHD has been one of the leading provider of behavioral health services in southeast Wisconsin. In the last four years the BHD with the support of Director Colon and County Executive Able the BHD administrative team has been engaged in a multi-year initiative to restructure and transform behavioral health services for Milwaukee County. During the course of this initiative, reputable public and private authorities have published several reports on relevant topics that have informed the Mental Health Board and BHD executives as well as shaped BHD strategies and decisions in this regard. Unfortunately, the various reports were solely focused on one specific topic and thus failed to take a broader system viewpoint or the interrelationship of the findings and recommendations. There are also several other reports of the health status of the community commissioned by the area health systems which have not been incorporated into the overall analysis or planning for behavioral health services.</p> <p>Jeanette May, PhD, MPH has been hired to assist in conducting a deep analysis of all the reports, assessing the completeness of data collected, synthesizing the information and identifying gaps in behavioral health services in Milwaukee 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>
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<p>Legislative Audit Bureau – BHD</p>	<p>The Bureau has started its first audit of the Milwaukee County Mental Health Board as required by 2013 Wisconsin Act 203. This audit encompasses the review of financial transactions to ensure the transactions have been made in a legal and proper manner and to determine whether programs are administered effectively, efficiently, and in accordance with the policies of the Legislature and the Governor. It is unknown when the audit will be completed as it involves the evaluation of hundreds of thousands data elements. The results will be provided to the Legislature, along with recommendations for improvements in agency operations.</p> <p>Once released the Mental Health Board will immediately receive a copy.</p>
<p>Community Services volumes – see attached detailed report</p>	<p>2014 -> 10,886 clients served 2015 -> 11,090 clients served, an increase of 2% 2016 Q1 -> 4,101 individuals or 16,404 (annualized)</p> <p>Wait times for admission to service baseline 67 days Wait time for admission for service 2016 Q1 57 days</p> <p>To continue to work towards increasing the number of individuals served and decreasing the wait times to service, BHD has completed the following:</p> <ul style="list-style-type: none"> • Redesigned the enrollment process for CCS so that it is easier and more efficient for individuals, thereby reducing the time to enrollment. • Increased outreach efforts for the CCS program. • Reviewed the referral process to identify inefficiencies and identify the process and system changes required to increase efficiencies. • Met with several providers to discuss expectations for enrollments and capacity and created some contractual changes based upon these discussions. <p>BHD is also in the process of other large system changes that will continue to help increase the number of individuals served in the community and reduce wait time to services:</p> <ul style="list-style-type: none"> • Restructuring of referral process, completion, and workflows in CARS based upon the identified gaps in the current process. • Changing contracts with vendors to fee for service thereby increasing capacity and expectations for enrollments across all service levels. • Creation of the Northside and Southside Places to increase access points in the community and create opportunity for potential improvements that result in individuals obtaining access to services more efficiently.

<p>McArthur Foundation Grant</p>	<p>Milwaukee County was awarded \$2 Million grant from the McArthur Foundation to implement reforms to safely reduce Milwaukee's jail population and address racial and ethnic disparities in the justice system. BHD will participate in this grant by expanding Crisis Mobile Services as well as CART which pairs an office with a clinician and responds to calls pertaining to complex mental health crisis. The grant also calls for expanded outreach, and marketing of resources. The North and South side locations to open later this year and in 2017 will allow officers to transport individuals to these locations to receive triage services related to their mental health situation. These services will allow officers to deflect individual's from their perspective situation into appropriate community – based services rather than jail.</p> <p>The grant will also allow for the development and expansion of more cohesive mental health services for individuals who are high utilizers, as well as integrate data gathering processes to improve the system of information sharing thus reduce repeated jailing of individuals with mental health related illness.</p>
<p>County Audit</p>	<p>Mr. Heer, Dr. Schneider and Corporation Deputy Director Foley met to discuss how to proceed with the process as outlined by the Mental Health Board Executive Committee. There was consensus on the following:</p> <ol style="list-style-type: none"> 1. The group will conduct interviews of healthcare auditors 2. A scope of work for the consultant will be developed to include items needed by Mr. Heer, identification of improvement opportunities related to the incident reporting process, and any other improvement opportunities identified by the contracted consultant. 3. Results of the review will be submitted to Mr. Heer, and the Mental Health Board, as well as a plan to address any and all improvement opportunities.
<p>Community Services Volumes</p>	<p>Board members have requested to see volume data as an access to service metric. Please see attached.</p>
<p>Milwaukee Health Care Partnership- Behavioral Health Provider Steering Committee</p>	<p>BHD is co-leading this multi-partnership group to improve access and coordination throughout Milwaukee County of low income individuals with Behavioral Health illness. The group is in the process of developing a multi-year strategic plan which includes the following goals:</p> <ol style="list-style-type: none"> 1. Work with DHS to increase Medicaid funding for Behavioral Health services 2. Maintain and ensure adequate inpatient and crisis capacity of adults and children 3. Enhance outpatient behavioral health capacity and capabilities 4. Enhance care management capabilities 5. Support community based prevention and early intervention efforts to reduce behavioral health disorders.



Larri J. Broomfield

[T] 414-298-8231

[F] 414-298-8097

lbroomfi@reinhartlaw.com

Admitted to the Bar

Wisconsin

Practice Areas

Corporate Law

Health Care

Tax-Exempt
Organizations

Legal Services

Emerging Businesses

Hospice and Palliative
Care

Hospitals and Health
Systems

Mergers and Acquisitions

Physician Groups and
Individual Health Care
Professionals

Health Care Transactions

Software, Technology and
Licensing

Larri J. Broomfield is a shareholder in Reinhart's Health Care Practice, a member of the Corporate Law Practice and member of the firm's Board of Directors. Larri is also a former co-chair of Reinhart's Health Care Practice. His clients include a wide range of health care organizations and facilities including hospital systems, HMOs, pharmacies, long-term care and skilled nursing facilities and providers. He also counsels several manufacturing and service corporations, including software companies.

Larri focuses his practice on the following types of transactions:

- Licensing
- Mergers and acquisitions
- Joint ventures
- Networks
- Structuring relationships among owners
- Complex commercial contracts
- Employment relationships (including noncompete issues)
- Choice of entity and all matters related to Wisconsin Business Corporation Law
- Antitrust
- Stark
- Anti-kickback
- Civil monetary penalties
- Gainsharing and tax exemption

In addition to serving his clients, Larri frequently shares his experience and expertise through speaking engagements to the business community, health care professionals and financial professionals. Larri also writes articles on emerging law and contractual issues in business, health and law journals.

Larri primarily serves the following industries:

- Health Care Transactions
- Hospitals and Health Systems
- Physician Groups and Individual Health Care Professionals
- Emerging Business - Entity Formation and Organization
- Hospice and Palliative Care
- Mergers and Acquisitions
- Software, Technology and Licensing
- Tax-Exempt Organizations

Representative Matters and Experience

- Represented online benefits enrollment company in its customer license agreements
- Represented client in complex software joint venture for purposes of pursuing government contracts
- Represented Oak Leaf Surgical Hospital, a specialty hospital, in its sale of a controlling interest to National Surgical Hospitals
- Represented Doral Dental USA, LLC, a managed dental company with national operations, in its sale to DentaQuest
- Represented hospice providers in multiple acquisitions
- Represented Cobalt (Blue Cross) and its affiliates in several acquisitions
- Transacted the sale of one of Wisconsin's largest home health and durable medical equipment suppliers

Accolades

- *Best Lawyers in America* (Health Care Law; Corporate Law)
- *Best Lawyers' 2012 Milwaukee Health Care Law Lawyer of the Year*
- Selected for inclusion in *Wisconsin Super Lawyers*
- Wisconsin Top Rated Lawyer *Martindale-Hubbell AV® Preeminent™ Peer Review Rated*
- *American Lawyer Media* and *Martindale-Hubbell™*, 2013 Top Rated Lawyer in Technology

Affiliations/Memberships

- State Bar of Wisconsin
- Independent Care, Inc. (Board of Directors)
- Abri Health Plan, Inc. (Board of Directors)
- KeyLink Solutions, Inc. (Board of Directors)
- Milwaukee Center for Independence (Board of Directors)
- Rotary Club of Milwaukee (Board of Directors)
- Greater Milwaukee Association of Phi Beta Kappa (president)

Education

- J.D., Harvard Law School
- B.S., *summa cum laude*, State University of New York at Albany

Your success. Accelerated by our experience.



Professional Profile

Tim Klunk

Executive Summary

Tim is an operations architect driven by customer experience and outcomes with 30+ years of experience as a clinician and healthcare executive. He has expertise in blending business and clinical models of care delivery that offer solutions for integrated systems of care or improve operational efficiency to meet strategic objectives and patient needs. Tim demonstrates a high level of emotional intelligence, project management experience and care delivery process knowledge to align business disciplines, operations and clinical stakeholders. He has extensive experience in stakeholder collaboration and change management required to accomplish objectives.

Professional Experience

- Children's Hospital of WI, Executive Director CHW-Fox Valley/NE Region
- Children's Hospital of WI, Director of Patient Care Support Services
- Children's Hospital of WI, Clinical Informatics Specialist
- Horizon Home Health, Manager
- Elmbrook Memorial Hospital, Manager Critical Care
- St. Joseph's Hospital, ICU Staff Nurse/Assistant Nurse Manager

Key Career Accomplishments

- Transformational change: Initiated Fox Valley Children's Mental Health Center through a \$500,000 Robert Wood Johnson grant to recruit a pediatric psychiatrist and test a community based model in partnership with community leaders/funders. Also served as a key leader to conceptualize and launch Catalpa Health, Inc. and transition CHW-FV services from Fox Valley Children's Mental Health Center to Catalpa Health, Inc. Catalpa Health, Inc. is a joint venture between three competing health systems that transformed the care delivery system for pediatric mental health. The business model scaled existing services of the three organizations to create operational efficiencies that doubled access to services for the same cost. Served as a member of the Catalpa Board, both on the Finance and Operations Committee and the Investment Committee providing guidance for operations including staffing models, performance metrics, and financial sustainability.
- Contract reviews: Extensive experience in collaborating with legal services/business partners to develop, review and analyze complex lease and service agreements required for hospital within hospital operations, joint venture and collaboration agreements required for Catalpa Health and leases/service agreements required for community programming.

- Service development and strategic planning: Developed a regional strategy for inpatient and ambulatory care services to deliver care close to home. This strategy improved patient/family convenience to access scarce resources by providing new specialty care services or expanding existing services in the NE WI region. The patient experience improved through increased appointment availability and decreased travel for patients/families to receive care. Services were expanded through insurance contracts as well as collaborative partnerships with business partners and clinical providers. Clinics expanded from 4 to 14 specialties through both opportunistic and planned projects to integrate services with formal service lines.
- Operations management and process reliability: As a leader of a complex hospital within a hospital business model, developed highly reliable business processes and infrastructure to achieve efficient CHW-FV hospital and clinic operations that complied with regulatory requirements. This was the foundation for achieving high service levels (Picker Satisfaction Scores > 90%), enhancing the regional reputation for excellence in pediatric care and ultimately increased market share. Core processes developed for budgeting, capital equipment planning, new service development, performance metrics development and progress tracking, standardized employee performance evaluation, annual contract reviews, governance structure for operations, meeting workflow, organizational communication, marketing, fundraising and regulatory compliance.
- Quality/regulatory compliance: Integrated people, process and technology to create expertise and standardized processes to annually assess compliance with Joint Commission standards and regulatory requirements in order to successfully complete Joint Commission hospital and lab surveys. Extensive experience in creating performance metrics and leading change management required to adopt an organizational scorecard and performance dashboards specific to organizational goals for service, people, quality and finance.
- Facility improvement projects: Multiple experiences as an operations leader partnering with facility departments, construction firms and landlords to design and renovate space to meet operational needs. Projects were managed on time and within budget for: design/build of 2 adult intensive care units, multiple office renovations, multiple clinic space renovations and development of space for community programming.
- Technology infusion and implementation: Extensive experience in managing and sponsoring technology projects. Led clinical team for workflow integration to implement provider order entry of the electronic health record achieving >90% compliance of providers to enter patient orders. Executive sponsor for implementation of EPIC system electronic health record for inpatient and clinic services on 2 separate EPIC platforms. Hands on sponsorship for implementation of telemedicine technologies for dermatology and mental health services integrating technology and workflow.

Education

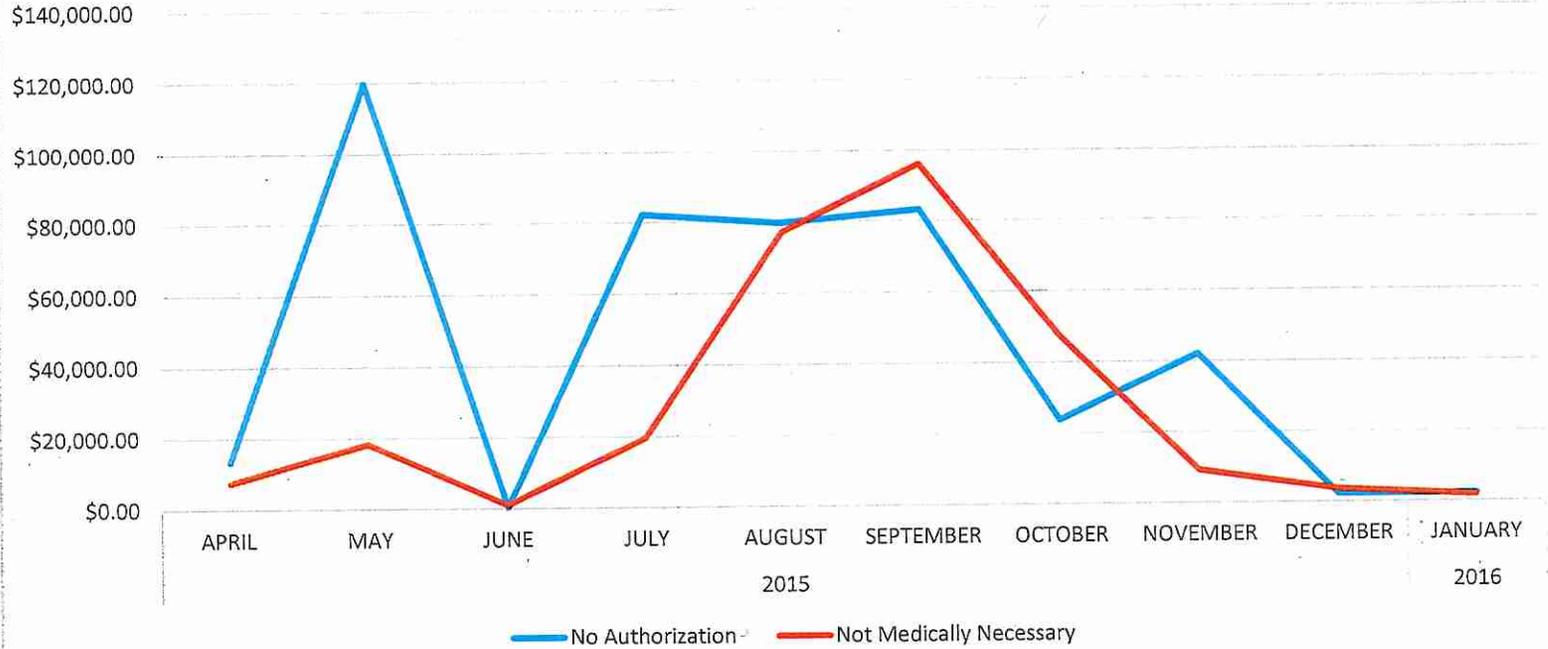
- MBA, Business, University of Wisconsin – Milwaukee, Milwaukee, WI
- BSN, Nursing, University of Wisconsin – Madison, Madison, WI

Certifications and Affiliations

- LEAN Certification, University of Michigan
- American College of Health Care Executives
- Wisconsin Hospital Association



AUTHORIZATION PROCESS PROGRESS REPORT



**PCS Hospital
Transfer Waitlist
Report**

First Quarter Update

2016

This report contains information describing the first quarter of 2016 are summarized as follows:

- 5 hospital transfer waitlist events occurred
- The median wait time for all individuals delayed was 3.4 hours
- The 360 individuals delayed comprised 16.8% of the total PCS admissions (2,138)
- PCS was on hospital transfer waitlist status 74.1%

Prepared by:
Quality Improvement
Department

Date: April 14, 2016

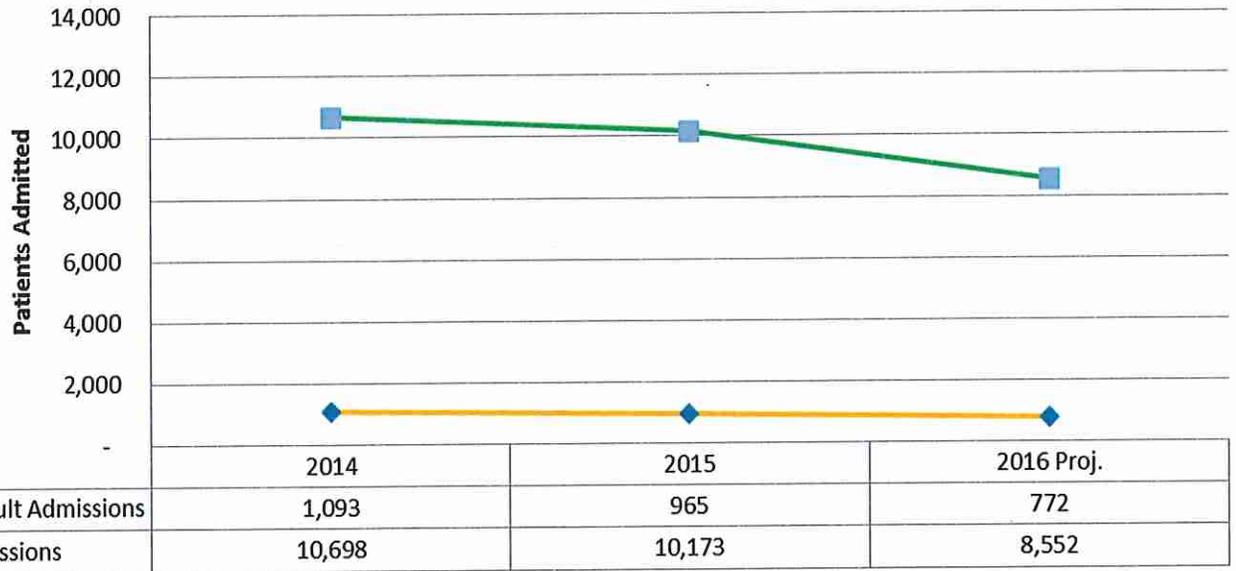
Definitions:

Waitlist: When there is a lack of available beds between the Acute Inpatient Units and the Observation Unit. Census cut off is 5 or less open beds. These actions are independent of acuity or volume issues in PCS.

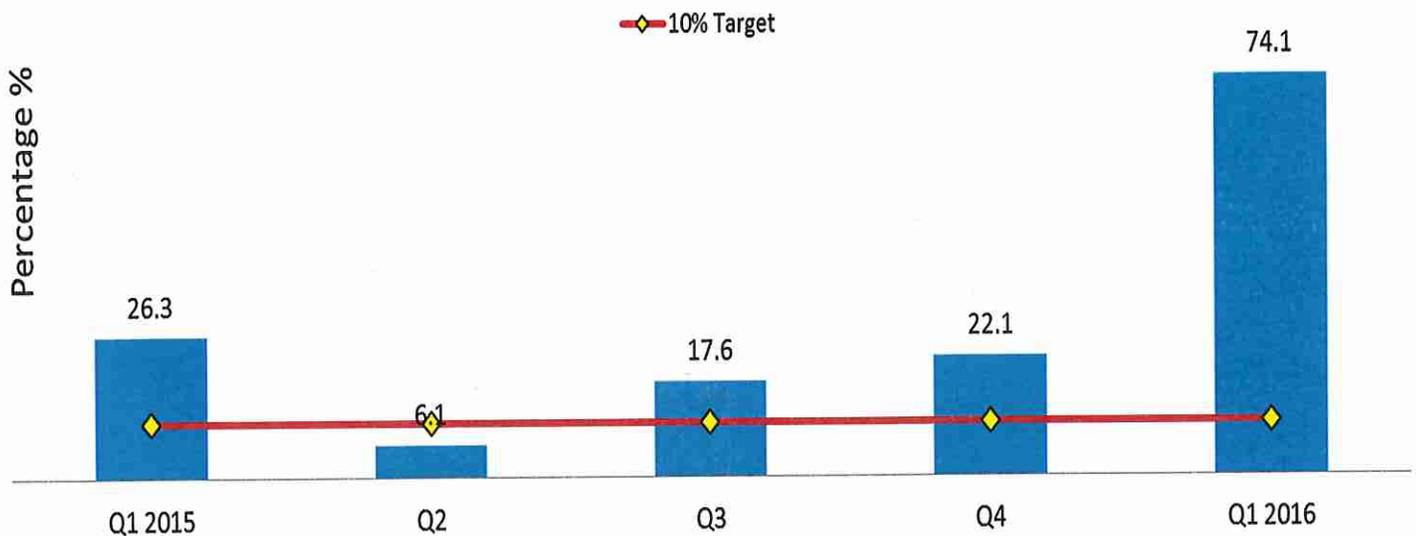
Diversion: A total lack of capacity in PCS and a lack of Acute Inpatient and Observation Unit beds. It results in actual closing of the door with no admissions to PCS allowed. Moreover, it requires law enforcement notification and Chapter 51 patients re-routed.

Hospital Transfer Waitlist Status

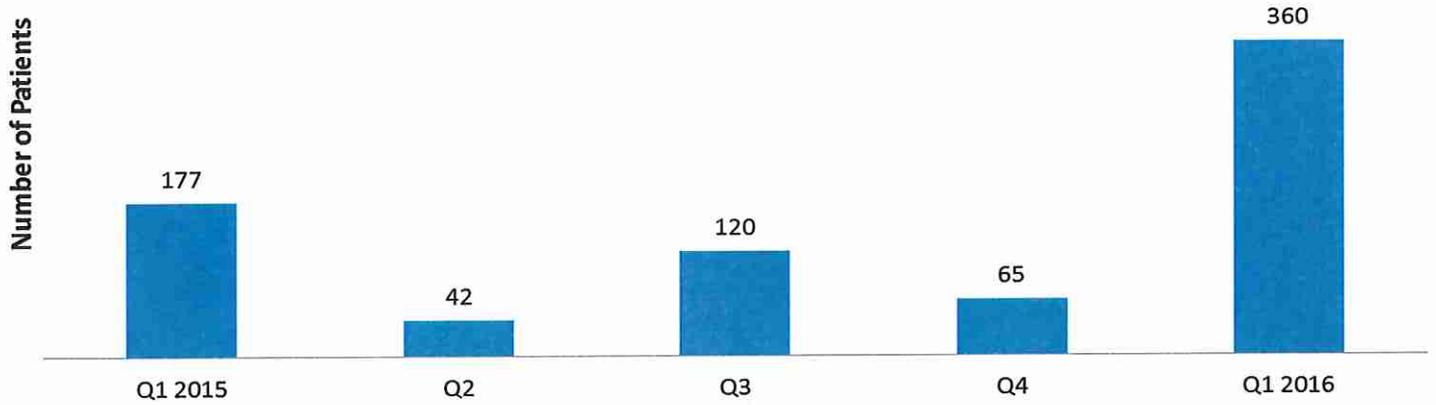
**Figure 1. 2014-2016
PCS and Acute Adult Admissions**



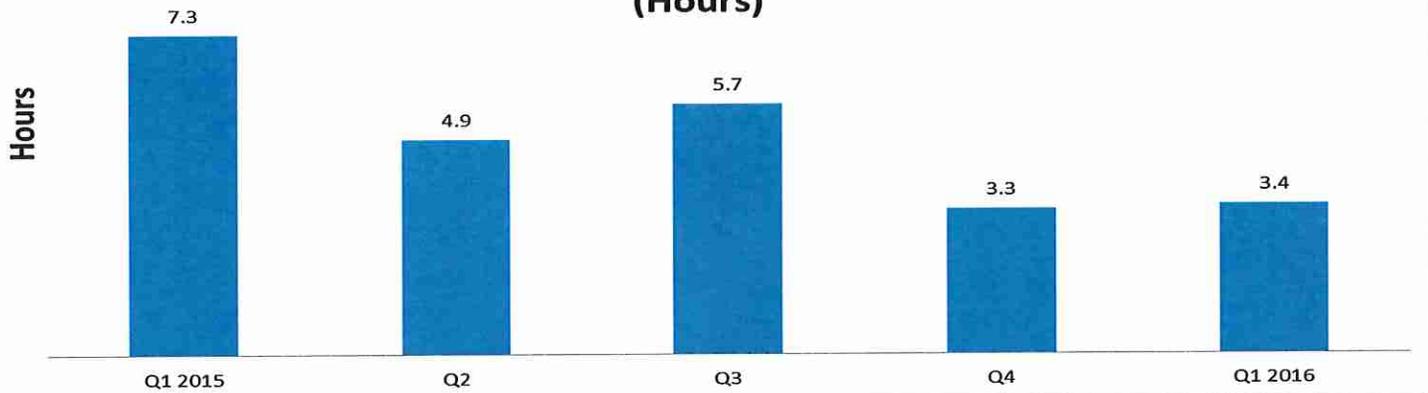
**Figure 2. 2015-2016
Percent of Time on Waitlist Status**



**Figure 3. 2015-2016
Patients on Hospital Transfer Waitlist**



**Figure 4. 2015 - 2016
Median Wait Time For Individuals Delayed
(Hours)**



**Figure 5. 2015-2016
Average Duration of Event (Hours)**

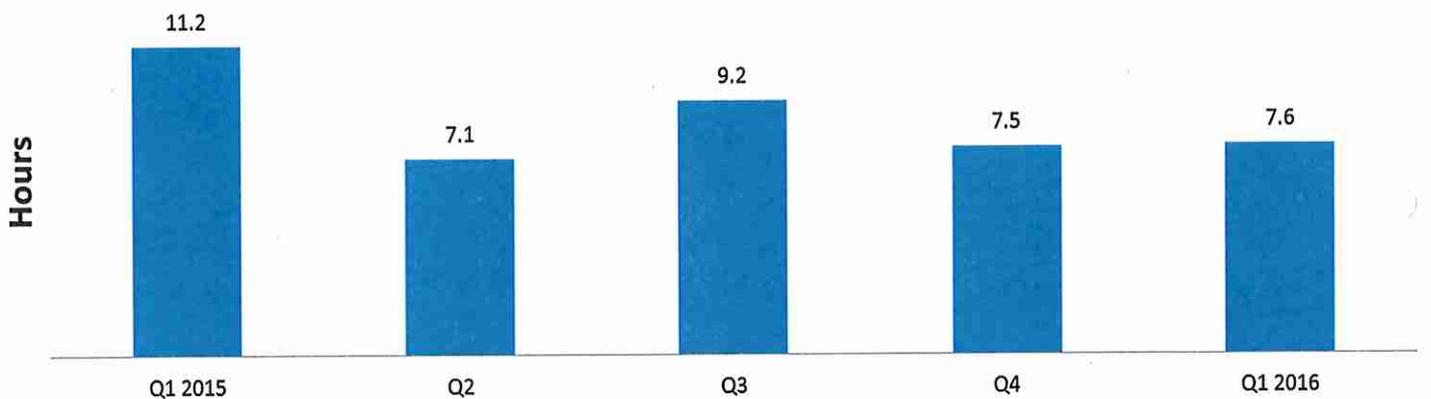


Figure 6. BHD Police Diversion Status

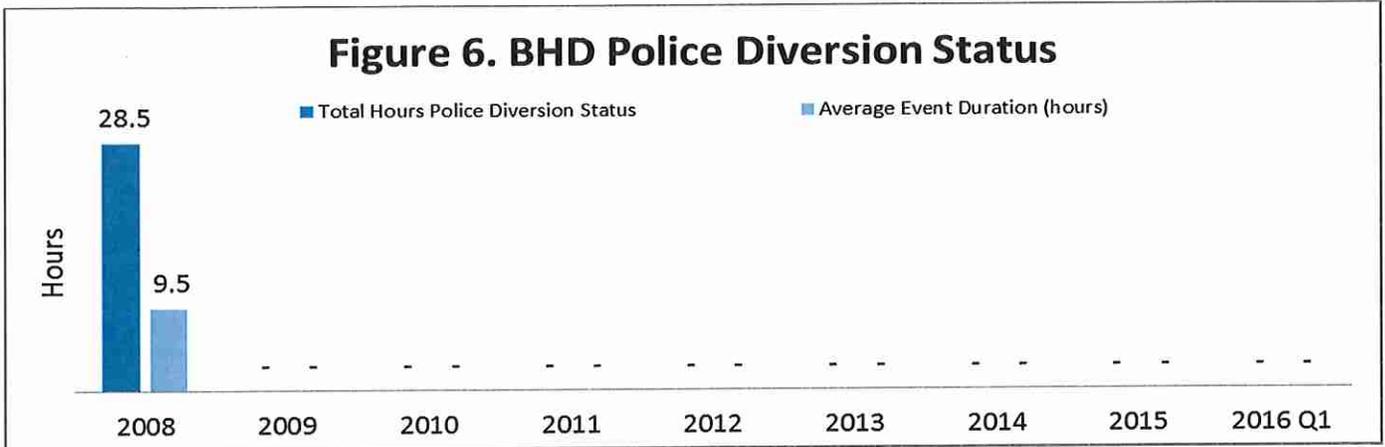


Table 1 Hospital transfer waitlist events during the first quarter of 2016.

Table 1. 2016 Q1 Hospital Transfer Waitlist Events					Acute Adult Inpatient		CAIS Inpatient Service	
Month	Date	Duration (Hours)	Individuals Waitlisted	% Time on Waitlist Status	Average Daily Census	Occupancy Rate	Average Daily Census	Occupancy Rate
January	11-31	485.9	103	65.3%	46.8	97.4%	10.5	87.9%
February	1-14	357.2	81	80.3%	45.5	94.8%	8.1	67.2%
	22-29	182.6	37					
March	1-11	262.0	66	77.3%	44.2	92.1%	9.3	77.4%
	18-31	312.8	73					
2016 Q1 Total	5.0	1600.5	360	74.1%	45.5	95%	9.3	78%

Table 2 presents 2015 - 2016 Psychiatric Crisis Service and Acute Adult Inpatient Service delay data.

Table 2. 2015-2016 Behavioral Health Division Delay			
	2016 Q1	2015	2014
Hospital transfer waitlist events	5	28	29
Average event duration (Hours)	7.6	9.5	27
Median wait time (Hours)	3.4	5.3	21.1
Total persons waitlisted	360	404	292
Persons waitlisted as % of PCS admits	16.8	4	3
Acute Adult Inpatient Service - Occupancy rate	98%	94%	91%

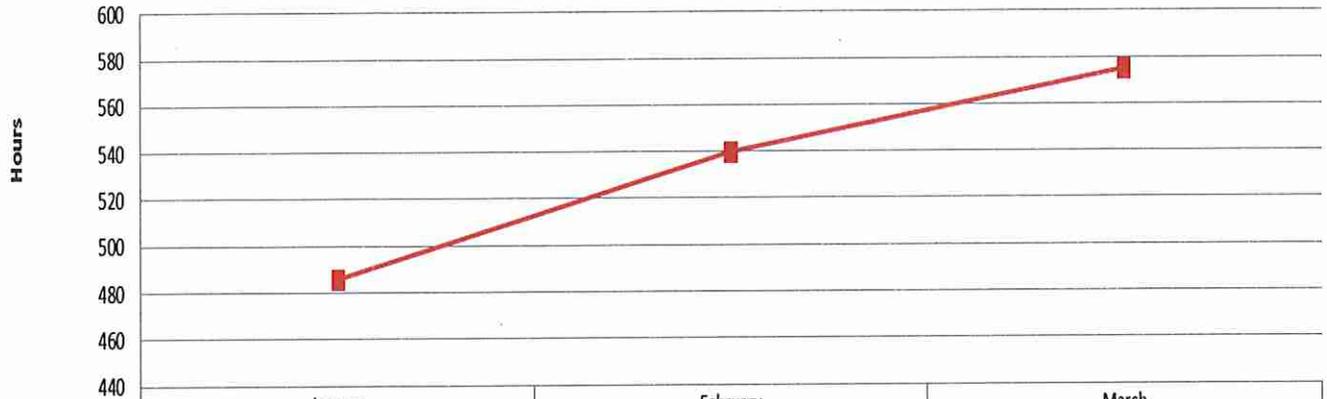
Table 3 presents referral source information for waitlisted individuals.

Table 3. 2014-2016 Referring Hospitals for Individuals Waitlisted				
Referring Hospital	2016 Q1		2015	2014
	Individuals Waitlisted	%Waitlisted (N= 360)	%Waitlisted (N= 404)	%Waitlisted (N= 292)
Froedtert Memorial	105	29.2	22.5	28.4
St. Joseph's Hospital	46	12.8	14.4	15.8
Columbia St. Mary's Hospital	45	12.5	10.9	8.2
St. Francis Hospital	39	10.8	10.6	8.2
St. Luke's South Shore	34	9.4	6.2	7.5
Aurora Sinai Medical Center	30	8.3	12.1	14.0
St. Luke's Medical Center	26	7.2	8.7	0.3
Aurora West Allis	20	5.6	6.2	9.2
Wheaton Franklin ER	5	1.4	2.0	0.7
VA Veterans Hospital	4	1.1	0.7	3.4
Other	2	0.6	0.5	0.0
Rogers Memorial	1	0.3	0.2	0.3
Elmbrook Memorial	1	0.3	0.2	0.0
Heart Hospital	1	0.3	0.0	0.0
Community Memorial	1	0.3	0.0	0.0
Children's Hospital of Wisconsin	0	0.0	4.7	3.8
Total	360	100.0	100.0	100.0

Table 4 presents a summary of monthly waitlist activities.

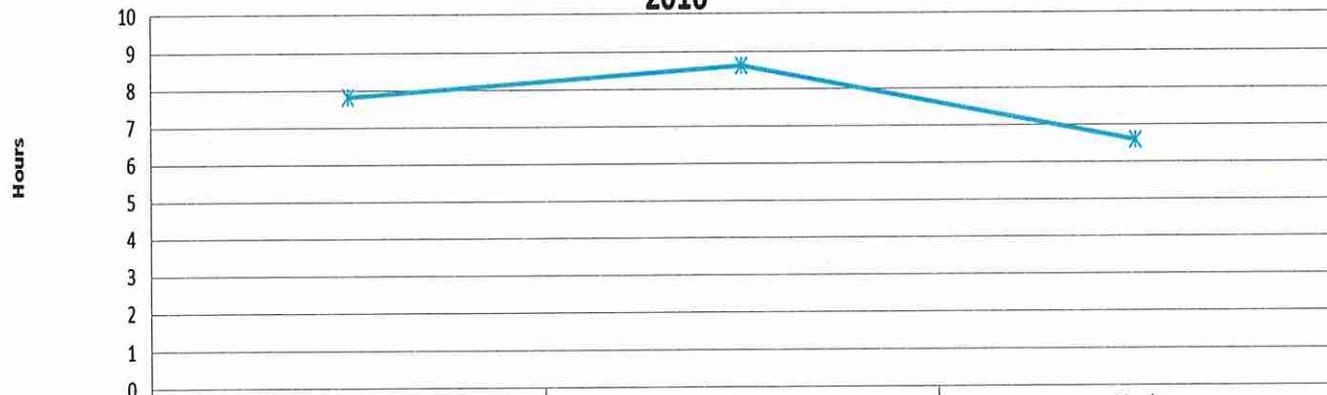
Monthly 2016			
Measure	January	February	March
Episodes of Waitlist	1	2	2
Number of Patient Waitlisted	103	118	140
Total Hours of Waitlist Per Month	485.9	539.8	574.8
Percent of Time on Waitlist Status	65.3%	77.6%	77.3%
Average length of Waitlist (Hours)	7.8	8.6	6.6
Maximum Time any Patient Waitlisted	82.6	74.7	46.6
Number of Beds	48	48	48
Number patient Diverted	0	0	0
Total length of Diversions of this Week	0	0	0

Total Hours of Waitlist Per Month 2016



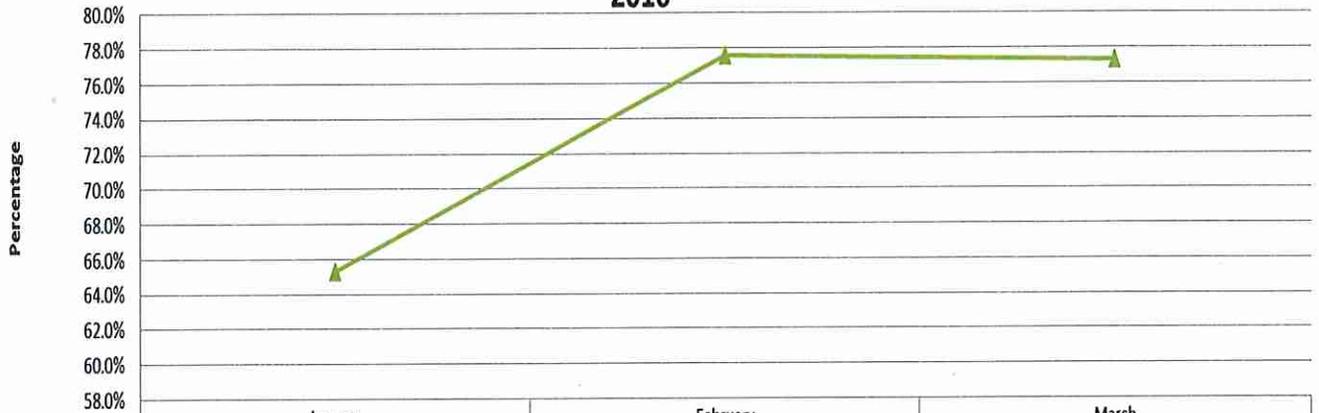
	January	February	March
■ Total Hours of Waitlist Per Month	485.9	539.8	574.8

Average length of Waitlist (Hours) 2016



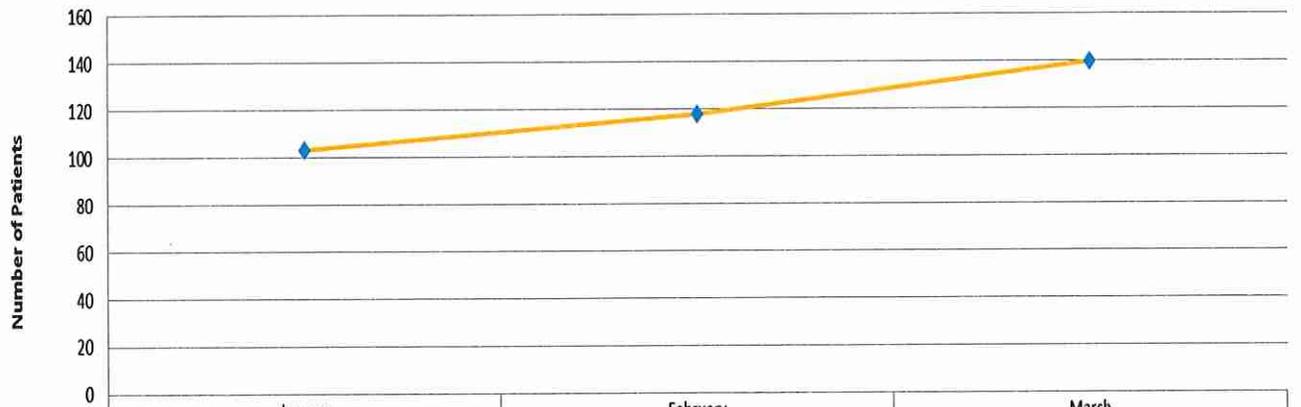
	January	February	March
* Average length of Waitlist (Hours)	7.8	8.6	6.6

Percent of Time on Waitlist Status 2016



	January	February	March
◆ Percent of Time on Waitlist Status	65.3%	77.6%	77.3%

Number of Patient Waitlisted 2016



	January	February	March
◆ Number of Patient Waitlisted	103	118	140

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Professional Profile

Jeanette May, PhD, MPH

Executive Summary

As a health care project leadership specialist Jeanette develops, implements, and manages both short and long term health industry related projects, many resulting in publications. In addition to her formal education, Jeanette has formal training in Public Health Informatics, Design and Analysis of Health Outcomes Research, qualitative and quantitative health care study design and Population Health research. In her over 20 years of health care project management she has acquired deep experience in developing and moderating in-depth focus groups and roundtable discussions for a variety of health care stakeholders.

Professional Experience

- Chief Science Officer- Robert Wood Johnson Foundation
- Project Lead- Edington Associates, Kaiser Permanente employee wellness program evaluation
- The Care Continuum Alliance, VP, Research and Quality
- University of Illinois College of Medicine, Faculty-Senior Researcher
- Rockford Health System Integrated Delivery System, Strategic Planner

Key Career Accomplishments

- Chief Science Officer – Robert Wood Johnson Foundation/ HERO HWHC, Assess user experience and report outcomes, review evidence based models for website and managed the overall evidence based content.
- Principal Investigator – Robert Wood Johnson Foundation Measures Grant, oversaw partnership development and manage the Expert Panel for the three year grant. Reviewed, developed, and tested culture of health measures and models for community health collaborations involving employers, health systems, and communities.
- VNAA Database Project Leader, created industry wide nonprofit outcomes patient level database. Developed outcomes dashboard for industry leading practices in clinical and quality related outcomes
- Research Team Member – George Washington University, Milken Institute. Developed, implemented and measured the impact of primary care decision aids for obese and overweight populations embedded into a primary care practice. Created multi-site database for outcomes analysis and practice site progress report development. Developed and tested EHR integration. Led grant submission process. Developed, Implemented, and Analyzed Provider and Stakeholder Focus Groups and Round Tables. Conducted comprehensive review of the literature on a variety of topics. Managed multi-site pilot projects.

- Council Advisor and Researcher – International Corporate Health Leadership Council. Oversaw the Council's work related to global culture and health and wellness. Developed global organizational culture of health measures set for council recommendation.
- Faculty Member – Benedictine University – MPH Program; Applied Epidemiology, Biostatistics, Healthcare Informatics.
- The Care Continuum Alliance; Manage Quality and Research Department. Developed and maintained industry best practice data repository. Oversaw all research with a strong focus on outcomes methodology, measures and program design, implementation, and impact assessment. Managed all grants and grant related projects. Reported to BOD and Executive Committee. Analyzed health policy and developed research to address policy gaps. Managed key collaborations. Conducted key stakeholder interviews and health care model site visits. Oversaw International Task Force. Conducted International Roundtable on Population Health – Spain 2012. Represented organization at local and international conferences. Published research findings in relevant journals. Applied research techniques to analyze causation and correlation for specific studies. Studied disease prevalence in large longitudinal databases specifically focused on chronic disease.

Education

- PhD, Organization and Management, Capella University, Minneapolis, Minnesota
- Master of Public Health, Northern Illinois University, DeKalb, Illinois
- Master Level Certificate in Public Health Informatics, University of Illinois, Chicago, Illinois
- Bachelor of Arts, Literature/Communications, Illinois Benedictine College, Lisle, Illinois
- Harvard School of Public Health, Measurement, Design, Analysis of Health Outcomes Research seminar

Certifications and Affiliations

- URAC Integrated Clinical Care Advisory Board Member (past)
- Population Health Advisory Panel Member, Academy Health (past)
- CDC NDEP Advisory Board Member (past)
- Consulting Editor, Population Health Management Journal (past)
- AHRQ Expert Reviewer (past)
- Editorial Board, Population Health Improvement Journal (past)
- Senior Scholar, Thomas Jefferson University (past)
- Advisory Panel – NCQA – Health Promotion, Disease Management, Obesity (past)
- Advisory Panel – URAC – Wellness Certification, Medical Home Accreditation (past)
- Advisory Board – George Washington STOP Obesity Alliance (past)
- Co-Chair – Research Committee – George Washington STOP Obesity Alliance (past)
- HHS – ONC Objective Reviewer (present)
- HHS – ONC Panel Chair - Healthy Community Grant (present)
- American Heart Association – Team Member – Stroke Performance Measures Oversight Committee (present)



**Milwaukee County Behavioral Health Division
Community Access to Recovery Services
Annual Data Report – 2015**

Individuals Served by Level of Care							
Level of Care	2014	2015					Goal
	Total	Q1	Q2	Q3	Q4	Total	
Community Based Residential Facilities (CBRF)	159	144	143	139	131	173	162
Day Treatment	54	34	25	26	25	59	55
Community Support Program (CSP)	1392	1167	1158	1032	1279	1290	1419
Comprehensive Community Services (CCS)	23	70	113	171	217	233	236
Community Recovery Services (CRS)	140	61	56	48	44	62	61
Targeted Case Management (TCM)	1505	1406	1425	1212	1470	1738	1535
Community Linkages and Stabilization (CLASP)	243	109	76	91	63	165	247
AODA - Detox	1896	599	656	589	344*	1854	1858
AODA – Clinical	5474	1981	2092	1744	1323	4400	5583

**Reduction due to delay in implementation of new EHR at Detoxification facility and do not reflect actual volume.*

New CCS Enrollments						
	2014	2015				
		Q1	Q2	Q3	Q4	Total
Total	23	48	46	86	48	251

- The CCS provider network continues to grow; 8 agencies are now state certified branch offices, providing care coordination services.
- Each agency is expected to employ at least 2 FTE's for the provision of ancillary services.
- CARS now operates a dedicated phone line to respond to CCS inquiries and facilitate the referral process.

Number of Requests for Service, by Level of Care						
Level of Care	2014	2015				
	Total	Q1	Q2	Q3	Q4*	Total
CBRF	141	37	33	35	13	118
Day Treatment	149	30	42	26	20	118
CSP	422	126	138	143	50	457
CCS	67	91	109	133	124	457
TCM	818	242	178	159	80	659

*Reduction in requests are likely due to errors and omissions as a result of transition to new EHR and may not reflect actual volume.

Time (in Days) from Request to Admission, by Level of Care						
Level of Care	2014	2015				
	Mean	Q1	Q2	Q3*	Q4**	Mean
CBRF	113.3	82.5	76.0		52.7	70.4
Day Treatment	38.8	72.6	67.4		43.3	61.1
CSP	87.4	107.9	81.9		54.9	81.6
CCS	19.0	48.5	81.0	58.9	51.4	59.9
TCM	72.4	78.1	64.8		27.0	56.6

*Change in reporting methodology and inconsistent data elements across CMHC to Avatar led to period of time in Q3 where data converted from CMHC (the previous EHR) was unavailable.
** Although these initial reductions are promising, they should be viewed as preliminary as they represent a limited sample and a new reporting methodology, as noted above.

1 Supervisor Anthony Staskunas, Chairperson,
2 From the Committee on Judiciary, Safety, and General Services, reporting on:

3
4
5 File No. 16-113

6 (ITEM) A resolution by Supervisors Haas and Weishan, Jr., requiring the
7 Milwaukee County Executive to provide informational reports to the Milwaukee County
8 Board of Supervisors, and notification to the Office of the Sheriff on placements by
9 Milwaukee County, its agents, or contractors of sexual offenders, or those charged with
10 a sexual offense in the community, by recommending adoption of the following:

11
12 **A SUBSTITUTE RESOLUTION**

13
14 WHEREAS, on June 1, 1997, the State of Wisconsin enacted the Sex Offender
15 Registration and Community Notification Law (1995 Wisconsin Act 440) allowing the
16 collection and dissemination of information related to certain sex offenders; and

17
18 WHEREAS, the sex offender registry was created to furnish law enforcement
19 and the public with specific information about sex offenders so that the community can
20 develop constructive plans to protect themselves and their families; and

21
22 WHEREAS, despite gains made by the sex offender registry, Milwaukee County
23 (the County) has an opportunity to fill information gaps and provide time-sensitive
24 notification to Milwaukee County residents on the placement of sex offenders; and

25
26 WHEREAS, a public forum and timely notification will allow County residents to
27 voice their opinions, become educated on the issues, prepare safety plans, and
28 educate their children; and

29
30 WHEREAS, County residents deserve the most reliable and timely information
31 regarding sex offenders placed in their community; and

32
33 WHEREAS, under Wisconsin State Statutes (State Statutes), the Department of
34 Corrections (DOC) provides access to information concerning sex offenders to law
35 enforcement agencies, including the sheriff of any county; and

36
37 WHEREAS, State Statutes provide that upon an individual's placement on the
38 sex offender registry, including updates related to residence, education, or employment,
39 the DOC shall immediately make the information available to the sheriff of any county
40 through a direct electronic data transfer system; and

41
42 WHEREAS, State Statutes also provide the sheriff of any county with discretion
43 to provide any of the information to which he or she has access to the general public, if
44 in the opinion of the sheriff, providing that information is necessary to protect the public;
45 and

46 WHEREAS, the Committee on Judiciary, Safety, and General Services, at its
47 special meeting of March 17, 2016, recommended adoption of this substitute resolution
48 (vote 6-0); now, therefore,

49 BE IT RESOLVED, the Office of the Sheriff is requested to provide notification
50 and an informational report to the Milwaukee County Board of Supervisors (County
51 Board) advising the public of all registered sex offender placements in the community in
52 the past 18 months that the Sheriff deems a matter of public safety; and
53

54 BE IT FURTHER RESOLVED, it is the policy of Milwaukee County (the County)
55 that when the Office of the Sheriff is notified through a direct electronic data transfer by
56 the Department of Corrections (DOC) of the pending placement into the County of a
57 registered sex offender who is on parole or extended supervision, that the Sheriff is
58 requested to provide notification and an informational report to the County Board
59 advising the public of the location of the placement related to safety concerns; and
60

61 BE IT FURTHER RESOLVED, it is the policy of Milwaukee County that when the
62 Office of the Sheriff is notified through a direct electronic data transfer by the DOC of
63 the placement into the County of a registered sex offender, the Sheriff is requested to
64 provide notification and an informational report to the County Board advising the public
65 of the location of the placement related to safety concerns.
66

67
68 srb
69 03/17/16
70 U:\Committees\2016\Mar\JSGS Special\Resolutions\16-113 SUBSTITUTE 2.docx

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

DATE: March 31, 2016

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

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

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

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)

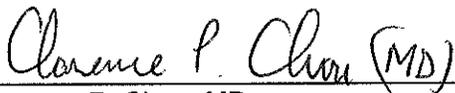
In addition, the following policy and procedure updates were adopted by the Medical Staff Executive Committee and are presented, as **INFORMATIONAL ONLY** unless otherwise directed by the Board:

- E. Medical Staff and Advanced Practice Professional/Licensed Independent Practitioner (LIP) Appointment, Reappointment and Privileging
- F. Medical Staff and Advanced Practice Professional/Licensed Independent Practitioner – License, DEA, Certification Verifications and Adverse Action Reporting

Recommendation

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

Respectfully Submitted,



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

cc Alicia Modjeska, 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
- 2 Medical Staff and Advanced Practice Professional/Licensed Independent Practitioner (LIP) Appointment, Reappointment and Privileging
- 3 Medical Staff and Advanced Practice Professional/Licensed Independent Practitioner – License, DEA, Certification Verifications and Adverse Action Reporting

**MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
GOVERNING BODY REPORT
MEDICAL STAFF CREDENTIALING REPORT & EXECUTIVE COMMITTEE RECOMMENDATIONS
MARCH - APRIL 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, Wisconsin caregiver and 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, when applicable, 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 MARCH 2, 2016	MEDICAL STAFF EXECUTIVE COMMITTEE MARCH 16, 2016	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
MEDICAL STAFF							
Deepa Pawar, MD	Psychiatric Officer of the Day; Medical Officer of the Day	Affiliate/ Provisional		Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months	Recommends appointment and privileging as per C&PR Committee.	
Karen Reimers, MD	General Psychiatry	Affiliate/ Provisional		Dr. Schneider recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months	Recommends appointment and privileging as per C&PR Committee.	
REAPPOINTMENT / REPRIVILEGING							
ALLIED HEALTH							
Yang Lo, MS	51.15 Treatment Director Designee*	Allied Health Professional/ Provisional		Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, through 6/30/17. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Jody Schmidt, MSW	51.15 Treatment Director Designee*	Allied Health Professional/ Provisional		Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, through 6/30/17. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Jeffrey Scott, MS	51.15 Treatment Director Designee*	Allied Health Professional/ Provisional		Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, through 6/30/17. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Colleen Watters, MSW	51.15 Treatment Director Designee*	Allied Health Professional/ Provisional		Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, through 6/30/17. No changes.	Recommends reappointment and privileging as per C&PR Committee.	

*Reappointment period for this privilege group cannot exceed the current Act 235 pilot program end date of June 30, 2017; continuation of provisional status recommended due to no/low volume privilege utilization, to date

PROVISIONAL STATUS CHANGE REVIEWS	PRIVILEGE GROUP(S)	CURRENT CATEGORY/ STATUS	NOTATIONS	SERVICE CHIEF RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE MARCH 2, 2016	MEDICAL STAFF EXECUTIVE COMMITTEE MARCH 16, 2016	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
Gregory Burek, 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.	
Jason Burns, MD	General Psychiatry	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.	

PROVISIONAL STATUS CHANGE REVIEWS	PRIVILEGE GROUP(S)	CURRENT CATEGORY/ STATUS	NOTATIONS	SERVICE CHIEF RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE MARCH 2, 2016	MEDICAL STAFF EXECUTIVE COMMITTEE MARCH 16, 2016	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
Annaliese Koller Shumate, DO	General Psychiatry	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.	
Stanley Lyndon, 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.	
Michael Montie, DO	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 MARCH 2, 2016	MEDICAL STAFF EXECUTIVE COMMITTEE MARCH 16, 2016	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
NONE THIS PERIOD.							

MEDICAL STAFF ORGANIZATION POLICY/PROCEDURE UPDATES	MEDICAL STAFF ACTION	GOVERNING BODY ACTION
MEDICAL STAFF & ADVANCED PRACTICE PROFESSIONAL /LICENSED INDEPENDENT PRACTITIONER (LIP) APPOINTMENT, REAPPOINTMENT AND PRIVILEGING MEDICAL STAFF AND ADVANCED PRACTICE PROFESSIONAL/ LICENSED INDEPENDENT PRACTITIONER (LIP) – LICENSE, DEA, CERTIFICATION VERIFICATIONS AND ADVERSE ACTION REPORTING	CREDENTIALING AND PRIVILEGING REVIEW - RECOMMENDED FOR APPROVAL 3/2/2015 MEDICAL EXECUTIVE COMMITTEE - APPROVED 3/16/2016	PRESENTED AS INFORMATIONAL ONLY UNLESS BOARD MEMBERS OBJECT

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

3/16/2016
 DATE

Clarence Chau (M.D.)
 PRESIDENT, MEDICAL STAFF ORGANIZATION
 CHAIR, MEDICAL STAFF EXECUTIVE COMMITTEE

3/16/16
 DATE

BOARD COMMENTS / MODIFICATIONS / OBJECTIONS TO MEC APPOINTMENT, PRIVILEGING AND/OR POLICY 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: APRIL 28, 2016

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
GOVERNING BODY REPORT
MEDICAL STAFF CREDENTIALING REPORT & EXECUTIVE COMMITTEE RECOMMENDATIONS
MARCH / APRIL 2016

ADDENDUM

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 APRIL 20, 2016	MEDICAL STAFF EXECUTIVE COMMITTEE APRIL 20, 2016	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
MEDICAL STAFF							
Robert Clark, MD	General Psychiatry	Affiliate / Provisional	M#	Dr. Schneider recommends appointment & privileges, as requested	Chair, on behalf of Committee, recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months	Recommends appointment and privileging as per C&PR Committee.	

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

4/20/2016
DATE

Clarence Chen (MD)
PRESIDENT, MEDICAL STAFF ORGANIZATION
CHAIR, MEDICAL STAFF EXECUTIVE COMMITTEE

4/20/16
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: 04/28/2016



Behavioral Health Division

Date Issued: 9/15/1985
Last Approved Date: 3/16/2016
Last Revised Date: 3/16/2016
Next Review: 3/16/2019
Owner: *Lora M Dooley:*
38100-Medical Service
Manager
Policy Area: *Medical Staff Organization*
References:

Medical Staff and Advanced Practice Professional/Licensed Independent Practitioner (LIP) Appointment, Reappointment and Privileging

POLICY:

It is the policy of the Medical Staff Organization of the Milwaukee County Behavioral Health Division, in accordance with federal and state regulatory requirements, to request, obtain, and verify the credentials, qualifications, character and ability of each applicant seeking appointment and/or privileges and to require each Medical Staff Member, Advanced Practice Professional or other licensed independent practitioner (LIP) who is granted appointment and/or privileges to seek reappointment and/or reprivileging at least every two years.

The Medical Staff Organization shall evaluate all applications to ensure that each applicant meets minimum credentials, privileging and performance standards and that privileges recommended are within the scope of the applicant's license, training, experience, competence and ability to perform the privileges requested. Privileges that cannot be utilized and/or supported at MCBHD shall not be considered. Medical Staff and Advanced Practice Professionals shall be credentialed and privileged in accordance with mechanisms specified in the Bylaws. All recommendations for appointment and privileging shall be subject to approval by the Governing Authority.

Each applicant shall attest that all information submitted for the credentialing and privileging process is accurate and complete and agree to report immediately any change in status of the information maintained in the credentials file. If any submitted items differ from documentation disclosed through the verification process, the Chief Medical Officer or Medical Staff Services may consult with the practitioner to resolve discrepancies.

SCOPE:

All physicians (medical and osteopathic), dentists, and podiatrists
 All licensed psychologists that have completed a doctoral program in clinical or counseling psychology
 All advanced practice nurses
 Other licensed independent practitioners, when assigned responsibilities that would otherwise be performed by a physician

PURPOSE:

To ensure that Medical Staff, Advanced Practice Professionals and other LIP applicants seeking initial appointment and/or privileges are properly credentialed and authorized to perform only those diagnostic, therapeutic, assessment and/or clinical procedures which they are competent to perform.

To ensure that all Medical Staff Members, Advanced Practice Professionals and other LIPs seeking reappointment and/or repriviliging have maintained current competence relevant to all privileges requested.

To ensure that all Medical Staff Members, Advanced Practice Professionals and other LIPs maintain current professional licensure and all other required registrations and certifications relevant to appointment and privileges.

To provide credentialing services to Medical Staff, Advanced Practice Professionals and other LIPs in a professional and timely manner and ensure efficient methods for processing information.

To ensure that confidentiality of personal and protected information is maintained.

To ensure essential legal, professional, regulatory and accreditation requirements are met.

To provide the Medical Staff Organization and the Governing Authority with the necessary information on which to formulate decisions and recommendations for appointment and/or privileges.

PROCEDURE:

APPOINTMENT AND PRIVILEGING – NEW APPLICANT

At the request of the Chief Medical Officer (or designee), Medical Staff Services will send a prospective Medical Staff or Advanced Practice Professional applicant all applicable forms and list of required supporting credentials, essential documentation, Medical Staff Bylaws and Rules and Regulations.

1. Applicants shall be required to submit the fully completed application along with supporting documents to Medical Staff Services. Required forms shall include the following:
 - a. **Medical Staff/Advanced Practice Professional Staff Application and Instructions:** content shall include but not be limited to, information on any active or inactive licenses, DEA registrations (as applicable), medical/professional education and training, Board eligibility/certification, professional affiliations and work history, military service, health status and past and present liability coverage.
 - b. **Disclosure Questionnaire Form:** applicant disclosures and attestation shall include, but not be limited to, challenges to any licensure or registration; voluntary and involuntary relinquishment of any license or registration; voluntary and involuntary termination or denial of medical staff/professional staff membership, privileges or employment; voluntary or involuntary limitation, reduction or loss of clinical privileges; malpractice history; Medicare, Medicaid, CLIA or other sanctions/exclusions; felony, serious or gross misdemeanor charges and convictions; history of chemical dependency, alcohol or substance abuse.
 - c. Consent for the Release of Information and to Background Check
 - d. Peer Reference Contact List Form
 - e. Ethical Pledge and Affirmation to Abide by Medical Staff Bylaws, Rules and Regulations and Policies
 - f. Wisconsin Caregiver Background Information Disclosure Form

- g. Federal Background Check Forms, if currently or in the last three years has resided or worked outside of Wisconsin
 - h. Privilege Request Form(s)
 - i. Statement of Current Health
 - j. Private Practice Statement (medical staff employment applicants only)
 - k. Notice to Physicians re: **Medicare Payment to Hospitals** (physicians only)
 - l. Identity Information Form
 - m. Practice Guidelines/Collaboration Agreement (advanced practice nurses only)
2. **CREDENTIALS AND DOCUMENTATION:** Applicants shall be required to provide credentials and documentation that support the application statements, appointment and privileges requested. Required credentials shall include the following:
- a. Current Wisconsin Medical/Professional Licensure
 - b. Other Current State Medical/Professional Licensure, when applicable (i.e., tele-medical practice requires license where patient is located AND where provider is located)
 - c. Current Drug Enforcement Administration (DEA) Registration (as applicable)
 - d. Doctoral/Professional School Diploma
 - e. Internship/Residency/Fellowship/Other Post-Graduate Training Certificate(s)
 - f. Medical/Professional School Transcript(s) (for U.S. and Canadian Medical/Professional School Graduates, transcript must be a certified and a non-student issued copy sent directly to the MCBHD Medical Staff Office from the School; for Foreign Medical School Graduates, a photocopy will be accepted with ECFMG)
 - g. Education Commission for Foreign Medical Graduates (ECFMG) Certificate (required for graduates from medical schools other than those in the United States or Canada)
 - h. Curriculum Vitae
 - i. Board Certification(s) (ABMS, ANCC, ABPP, etc., as applicable)
 - j. CPR Certification (minimum requirement is BLS or Healthcare Provider certification through an American Red Cross or American Heart Association approved course)
 - k. Continuing Education Documentation (a CME/CE tracker printout or photocopies of certificates for activities completed during the past two years; evidence of relevant current or recent professional training satisfies requirement, currently meeting maintenance of Board certification in privilege category satisfies requirements)
 - l. Current Malpractice Coverage (required for all contractors--copy of facesheet or certificate of insurance of **current** coverage showing amount of coverage, period of coverage and company name, in accordance with contract and state mandated minimums)

REAPPOINTMENT AND REPRIVILEGING

The reappointment and reprivileging process shall take place at least every two years for each Medical Staff Member, Advanced Practice Professional or other LIP.

1. Approximately four (4) months prior to expiration of current appointment and/or privileges, each Medical Staff Member and Advanced Practice Professional shall be sent notice that they need to apply for reappointment and/or repriviliging. Notification shall state that request for reappointment and repriviliging must be made by a specified date. All necessary reappointment and repriviliging forms and requirements will be sent with the notification and shall include the following:
 - a. Application for Repriviliging and Reappointment
 - b. Disclosure Questionnaire
 - c. Consent for the Release of Information and to Background Check
 - d. Ethical Pledge and Affirmation to Abide by Medical Staff Bylaws, Rules and Regulations and Policies
 - e. Wisconsin Caregiver Background Disclosure form
 - f. Federal Background Check forms, as applicable
 - g. Privilege Request Form
 - h. Statement of Current Health
 - i. Private Practice Statement (employed medical staff only)
 - j. Relevant and Sufficient Continuing Education for the past two years
 - k. Practice Guidelines/Collaboration Agreement renewal (advanced practice nurses only)

PROCESSING AND VERIFICATION

Medical Staff Services shall be responsible for providing oversight and direction to credentialing and privileging operations and for monitoring the Credentialing and Privileging program for compliance with State and Federal requirements. Medical Staff Services shall maintain credentialing and privileging binders on each Medical Staff member, shall implement and maintain databases necessary to meet standards set forth for the credentialing and privileging process, and shall be responsible for assuring application completeness and obtaining Medical Director recommendations and Chief Psychologist recommendations, when applicable, prior to presentation to Committees for consideration. The National Association Medical Staff Services "Ideal Credentialing Standards: Best Practice Criteria and Protocol for Hospitals" shall be the basis for performing an evidence-based evaluation of each applicant. The credentialing process shall be objective, systematic and without discrimination or bias.

1. Upon receipt of application and request for privileges, Medical Staff Services shall review the application for completeness, including attachments or written explanations, perform a gap analysis, review for any irregularities on questions about practice issues, legal matters or health status and make a preliminary assessment as to whether the applicant satisfies all threshold criteria for the appointment category and/or privileges requested.
2. The application must be complete and submitted in entirety. Applicants that fail to return complete applications or fail to meet threshold criteria shall be notified that their application cannot be processed, as submitted.
 - a. If it is found that any submitted items differ from documentation disclosed through the verification process, Medical Staff Services shall notify the applicant to provide opportunity to resolve discrepancies. The applicant has the burden of producing adequate information, in a timely manner, and for resolving any doubts about information and statements made.

- b. For initial applications, applicant shall be given a time limited opportunity to submit additional information. If after the time limit, the application remains incomplete, does not meet threshold criteria, or applicant makes no attempt to resolve a discrepancy(s), applicant shall be notified that the application will not be processed.
 - c. Procedural rights as set forth in the Medical Staff Bylaws shall not apply to an applicant that fails to submit a complete application, makes no attempt to resolve a discrepancy(s) or fails to obtain the required Wisconsin medical/professional license.
3. If the request for reappointment and repriviliging is not received from a Medical Staff Member or Advanced Practice Professional by the date specified, a second request shall be made.
4. If the request for reappointment and repriviliging is not received by the date specified in the second request, a third request shall be made. The third and final request shall be sent by mail, e-mail or fax, with copy to the Service Medical Director and/or Chief Psychologist, when applicable, and shall include notification that:

"The applicant has three business days in which to submit a completed application for reappointment and repriviliging and meet all other requirements, as specified in the initial reappointment notice."
5. If the applicant fails to submit a complete application by the day stated on the final written notice, she/he shall be deemed to have voluntarily resigned his/her membership and privileges. The procedural rights set forth in the Medical Staff Bylaws shall not apply to a voluntary resignation under this circumstance.
6. Medical Staff Services shall oversee the process of gathering and verifying all relevant information and material, which supports the application for appointment, reappointment and privileges. Evidence of an unusual pattern or an excessive number of professional liability actions resulting in final judgment against the applicant shall be evaluated. Documentation as to the applicant's health status shall be evaluated. Medical Staff Services shall also be responsible for confirming that references, other appointments/work history including gaps of greater than 30 days, and other practitioner-specific data deemed pertinent has been received and evaluated. Evidence of the applicant's identity, character, professional competence, qualifications, behavior and ethical standing shall be examined. This information may be contained in the application, references, and from other available sources, including from the applicant's past or current department chair and standing at other health care facilities, residency training director, and others that may have knowledge about the applicant's education, training, experience, current clinical competence, character and ability to work with others. Information will be sought through the most appropriate and acceptable mechanisms, which may include written correspondence or documented verbal communications. Internet, e-mail and faxed communications are acceptable.
 - a. The following shall be verified from the primary source or through a recognized equivalent source:
 1. Medical School/Dental/Professional School completion
 2. Internship/Residency/Fellowship/Other Post-Graduate Professional Training
 3. ECFMG Certification
 4. Wisconsin Medical/Profession License(s)
 5. Other State Medical/Professional License(s), as applicable
 6. Drug Enforcement Administration (DEA) Registration
 7. Board Certification
 - b. The following data banks shall be queried:
 1. National Practitioner Data Bank (NPDB-HIPDB)

2. The Office of Inspector General-List of Excluded Individuals and Entities (OIG-LEIE)
 3. The System for Award Management (SAM)
- c. Consistent with The Joint Commission (TJC), the Centers for Medicare and Medicaid (CMS) and the National Center for Quality Assurance (NCQA) standards, the following are considered to be an equivalent for primary source verification:
1. The American Medical Association (AMA) Physician Masterfile
 2. The American Osteopathic Association (AOA) Physician Database
 3. The Education Council for Foreign Medical Graduates (ECFMG)
 4. American Board of Medical Specialties (ABMS) through the on-line data base (CertiFACTS)
 5. Federation of State Medical Boards (FSMB)
 6. National Student Clearinghouse
- d. **Clinical competence, professionalism and character shall be evaluated through the following sources:**
1. References (a minimum of 2 peer references shall be required for initial applications; one directed reference shall be obtained for initial applications; at least 1 peer reference shall be required at time of reappointment, which may be provided by a supervising peer)
 2. Other Hospital/Clinical Affiliation(s) (recent past and present for initial appointment; for tele-practitioners, the greater of ten or 10% of current and recent affiliations shall be verified; affiliations lapsed for greater than ten years shall not be queried)
 3. Faculty Appointments, when recent or current
 4. Military Service (DD214, if recently discharged)
 5. Local, State and/or Federal Background Check Results
 6. Malpractice Claims History – claims history for up to the past ten years shall be assessed on new applicants. Verification from current and previous carriers shall be attempted. If after three attempts and with applicant's assistance, the carrier does not respond, the NPDB report shall be used as verification. Current carrier(s) or carriers from the past two years shall be queried for reappointment.
 7. Continuing Education
 8. Results of Ongoing Professional Practice Evaluation (for reappointment)
- e. **Practitioner Identity**
- At time of initial application, Medical Staff Services shall verify that the practitioner requesting approval is the same practitioner identified in the credentialing documents by viewing a current government issued photo identification (e.g., driver's license, passport, visa or employment verification card) or other current hospital identification badge presented, in-person, by the applicant. In the case of telemedicine staff, the verification shall be done remotely whereby the applicant shall present his/her government issued identification to a notary public at one of his/her home state practice sites along with the identification information form. Evidence of identity verification completion shall be documented in the applicant's credentialing file by a Medical Staff Services Professional who shall confirm by signature and date the type of photo identification viewed or confirm by signature and date that the remote verification was received and meets requirements. Identity verification shall be made prior to first privilege utilization by all new applicants.

7. **For initial appointment**, Medical Staff Services shall red flag any concerns, including but not limited to, adverse NPDB queries, history of limited/restricted licensure, positive and/or excessive malpractice claims history, disciplinary actions by medical staff organizations, hospitals, state medical boards or professional societies, exclusions or sanctions, positive criminal background check results or any other notable findings received. If there is any information contained in the application that requires verification that cannot be verified due to extraordinary circumstances, this shall be documented in the file and flagged for Medical Director and Credentialing and Privileging Review Committee review. The file may then move through the evaluation process without this piece of documentation.
8. **For reappointment**, Medical Staff Services shall red flag any new concerns, since previous appointment, including but not limited to, adverse NPDB queries, limited/restricted licensure, positive malpractice claims (open or closed), disciplinary actions by medical staff organizations, hospitals, state medical boards or professional societies, sanctions, positive background check results or any other notable findings or changes, since previous appointment. Historical items shall be noted, as such.
9. The Service Medical Director and Chief Psychologist, when applicable, shall review each application to the Medical Staff following completion of the verification process by Medical Staff Services. All such reviews shall include a recommendation to approve or disapprove the application prior to presentation to the Credentialing and Privileging Review Committee. Recommendations shall be authenticated by signature and date.
10. Upon completion of the application processing and review by the Service Medical Director (and Chief Psychologist, when applicable), each Medical Staff or Advanced Practice Professional application shall be presented to the MCBHD Medical Staff Credentialing and Privileging Review Committee for recommendations pertaining to the delineation of requested privileges and/or for determination of appropriate Appointment Category. All license, DEA, NPDB and OIG/SAM queries shall be dated within 90 days of the date that application is presented to the Credentialing and Privileging Review Committee or queries shall be repeated prior to the meeting date.
 - a. The Credentialing and Privileging Review Committee shall meet as needed, but at least quarterly, to discuss applications for appointment, reappointment and/or privileges. Recommendations for appointment, reappointment and/or privileges will be based on review of the completed application.
 - b. All recommendations made by the Credentialing and Privileging Review Committee will be forwarded to the Executive Committee of the MCBHD Medical Staff for review of recommendations.
 - c. The Medical Staff Executive Committee shall indicate concurrence or may recommend modifications or rejection and shall convey its recommendations to the Governing Authority for approval of recommendations.
11. Recommendations for appointment and privileging shall be for a period of no more than two years. Initial privileges shall be subject to a provisional period of at least six months.
12. Recommendations for appointment, reappointment or privileges shall become effective upon approval by the Governing Authority.
13. **Temporary Privileges for Clean Application Awaiting Approval** – On recommendation of the Medical Staff President, temporary privileges may be considered following Credentialing and Privileging Review or on recommendation of the Chair, acting on behalf of the Committee, when permitted by law or regulation and as described within the Bylaws. Temporary privilege authorization shall not exceed 120 days.

REVISED CLINICAL PRIVILEGES OR APPOINTMENT CATEGORY

1. Any member of the Medical Staff may petition the Credentialing and Privileging Review Committee to amend their current privileges or appointment status, at any time. Appointment status changes may also be initiated by request of the Chief Medical Officer (or designee) or by the Credentialing and Privileging Review Committee, to assure that the member meets the current qualifications and threshold criteria for Medical Staff appointment under his/her membership category.
2. Applicant's request for new privileges shall be examined in a manner consistent with assessing qualifications for initial privileges.
Medical Staff Services shall re-verify or query the following for all privilege amendments:
 - a. Medical/Professional License(s)
 - b. NPDB
 - c. OIG Sanctions and Exclusions
3. Appointment amendments shall be subject to eligibility for change in status based on change to current position with BHD and current threshold criteria for the appointment category.
4. The Service Medical Director and Chief Psychologist, when applicable, shall review each application for amendment following completion of the verification process by Medical Staff Services. All such reviews shall include a recommendation to approve or disapprove the application for amendment prior to presentation to the Credentialing and Privileging Review Committee. Recommendations shall be authenticated by signature and date.
5. Privilege and appointment amendment requests shall be acted upon by the Credentialing and Privileging Review Committee within 90 days upon completion of the verification requirements for the new privilege(s) requested or verification of threshold criteria for appointment category change.
6. The Credentialing and Privileging Review Committee shall meet as needed, but at least quarterly, to discuss requests for privilege or appointment amendment.
7. Recommendations made by the Credentialing and Privileging Review Committee will be forwarded to the Executive Committee of the MCBHD Medical Staff for review of recommendations.
8. The Medical Staff Executive Committee shall indicate concurrence or may recommend modifications and shall convey its recommendations to the Governing Authority for review and approval.
 - a. Recommendations to approve a petition to amend privileges shall be for
 1. a provisional period of at least six months, if privilege was not previously held, or
 2. a period no more than that which remains within the applicant's current privilege biennium, if privilege was not requested at time of most recent reappointment but was held during the previous appointment period and there is evidence of practitioner competence in performing the privilege during that period at MCBHD.
 - b. Recommendations to approve a petition to amend appointment category shall be for the period remaining in the current biennium.
 - c. Recommendations for appointment or privilege amendment shall become effective upon approval by the Governing Board.

BACKGROUND CHECKS

The MCBHD Medical Staff Organization engages in background checks as a verification element within the credentialing process. Any and all background reports shall be marked confidential and will be stored and protected in the credentialing folder. All adverse information found on background checks shall be evaluated by the Chief Medical Officer (or designee) as well as the appropriate Medical Staff Committees. A statement of explanation by the applicant shall be required for any all criminal charges or convictions.

PROVIDER RIGHTS TO AMEND APPLICATION AND RECEIVE UPDATES

1. Providers have the right to correct erroneous information obtained throughout the credentialing process. If any submitted items differ substantially from documentation disclosed through the verification process, the provider will be asked via written request (email or certified letter) to resolve this discrepancy and will be expected to do so within 10 business days of the request. Any and all corrections should be submitted in writing to the Medical Staff Services Department for adequate review of revised documentation. Applicants that do not make reasonable attempts to resolve misstatements or omissions from the application or doubts about qualifications, credentials or current abilities when requested, may in the sole discretion of the Chief Medical Officer be deemed a voluntary withdrawal of the application due to incompleteness and shall not be subject to hearing rights under the Bylaws.
2. Providers have the right to contact Medical Staff Services at any time regarding the status of their application for appointment or reappointment. All such requests will be responded to by the appropriate Medical Staff Services Professional, within a reasonable period of time, not to exceed five business days, in most instances.

CONFIDENTIALITY OF CREDENTIALING FILE INFORMATION

All credentialing information obtained and maintained by Medical Staff Services, on behalf of the Medical Staff Organization, shall be considered confidential. Accordingly, appropriate measures to safe guard both hard copy files and electronically stored information shall be taken. Credentialing files shall be maintained in a locked environment (room or file cabinet). Medical Staff Committees and Medical Staff Services personnel shall be oriented to the importance of maintaining credentialing information confidentiality. Committee attendees shall sign an attestation to that affect at the start of each meeting. Confidentiality requirements shall be reviewed with Medical Staff Services personnel annually during the evaluation process.

Policy Information

A. Gatekeeper/Owner

The Director of Medical Staff Services (or designee) shall be responsible for initiating review and revision of this policy. The Policy will reside in the Medical Staff Organization section of the BHD Policy and Procedure e-Manual.

B. Distribution and Training Requirements

The distribution and training requirements for this Policy will be handled through the Medical Staff Office.

C. Requirements For Review and Renewal

This Policy will be reviewed and/or revised every three years or as required by change of regulation, law or practice.

REFERENCES:

Joint Commission MS.06.01.03; MS.06.01.05; MS.06.01.07; MS.06.01.09; MS.06.01.11;MS.06.01.13;
MS.07.01.01; MS.07.01.03; MS.13.01.01; MS.13.01.03 (CAMH 01/2015); Centers for Medicare/Medicaid; DHS
124; National Association Medical Staff Services "Ideal Credentialing Standards (05/2014)

¹Delegated policy and procedure approval authority granted to MEC by the Governing Authority in MCBHD
Bylaws section 5.3.1 (13c); presented to Board as informational only with no objections noted.

Attachments:

No Attachments

COPY



Behavioral Health Division

Date Issued: 4/23/1987
Last Approved Date: 3/16/2016
Last Revised Date: 3/16/2016
Next Review: 3/16/2019
Owner: Lora M Dooley:
38100-Medical Service
Manager
Policy Area: Medical Staff Organization
References:

Medical Staff and Advanced Practice Professional/Licensed Independent Practitioner – License, DEA, Certification Verifications & Adverse Action Reporting

POLICY

It is the policy of the BHD Medical Staff Organization that all Medical Staff, Advanced Practice Professional Staff and any other Licensed Independent Practitioner granted privileges shall be required to obtain and maintain essential licenses, registrations and certifications to practice their profession. Medical Staff Services shall be responsible for keeping accurate documentation on required professional licenses, registrations, certifications, insurance and malpractice (when required) current in each provider's credentials file and for working with the Chief Medical Officer and President of the Medical Staff Organization for reporting adverse actions to the appropriate regulatory agencies, as required by law.

PURPOSE

To provide a mechanism to ensure the maintenance of current professional licensure and other required registration and certification information for Medical Staff members, Advanced Practice Professionals and other licensed independent practitioners with privileges, and to deal with adverse actions against these licenses, registrations and certificates.

SCOPE

- All Medical Staff (physicians, dentists, podiatrists, psychologists)
- All Advanced Practice Professionals that make application for and are granted clinical privileges.
- Other licensed independent practitioners that require and are granted privileges by BHD

PROCEDURE

Monitoring of Expirables

Each month, an audit will be done of the Medical Staff Services database to determine which providers have Professional License, DEA Registration, Board Certification or liability and malpractice insurance, as applicable, coming due for renewal.

Professional Licenses

A. Initial Appointment

All Medical Staff, Advanced Practice Professionals and other licensed independent practitioners (LIPs) shall be required to provide a copy of his/her medical/professional license(s) to the Medical Staff Office as part of the initial application credentialing verification process to affirm credential number ownership.

Medical Staff Services shall conduct a primary source verification (PSV) of each applicant's required license(s), as part of the initial credentialing verification process by querying the Wisconsin Department of Safety and Professional Services. The Medical Staff Services professional conducting the PSV shall affix his/her initials or signature to each verification document by the electronically generated date as proof of timely completion. All PSVs shall be completed prior to receiving a recommendation for privileges and shall be filed and maintained in each applicant's credentialing binder.

In the case of telemedicine staff, the Professional Licensing Board in the practitioner's place of practice/home state shall also be queried with PSV documented in the same manner described above. For tele-medical practice, the practitioner must be licensed in both the state where the practitioner is located and in the state where the patient is located.

Medical Staff Services shall provide a copy for each employed Medical Staff and Advanced Practice Professional license with copy of the authenticated primary source verification to BHD Human Resources prior to the practitioner's start date.

B. Professional License Renewal

Wisconsin Medical/Professional license renewal occurs biennially. Approximately six weeks prior to license expiration, Medical Staff Services will send notice to each Medical Staff Member and Advanced Practice Professional (LIP) informing them of upcoming license expiration and need for renewal. A second reminder will be made approximately two weeks prior to license expiration. A third reminder and notification shall be made at least five days prior to license expiration to any Medical Staff or Advanced Practice Professional (LIP) found not to have initiated the renewal process, with copy to the Service Medical Director and Chief Psychologist, when applicable. Notifications may occur through written correspondence including inter-office or postal mail, e-mail or faxed communications. When necessary, verbal communications shall be made with details documented (e.g., date, time and type of communication--in person, by phone, by voicemail message).

Medical Staff Services shall conduct a primary source verification of each privileged license holder prior to credential expiration to verify renewal status. The Medical Staff Services professional conducting the PSV shall affix his/her initials or signature to each verification document by the electronically generated date. All license renewal PSVs shall be filed and maintained in each applicant's credentialing binder. Historical PSVs shall also be maintained.

Medical Staff Services shall provide a copy of all completed primary source verifications, for employees' license renewals, to BHD Human Resources. Medical Staff Members and Advanced Practice Professionals (LIPs) shall not be required to provide a license copy, at time of renewal.

Out-of-state medical/professional license renewal, when required in connection with BHD privileges, shall be monitored and verified from the applicable state licensing board(s), in the same manner outlined above.

C. **Failure to Renew Required License Before Expiration**

If a Medical Staff Member or Advanced Practice Professional (LIP) fails to renew a required license **prior to expiration date**, as per state requirements, it shall result in automatic suspension of all privileges immediately upon license expiration, with no right to hearing or appellate review. The provider is automatically suspended from practice on the first business day after license expiration until there is evidence of license renewal. An email is sent to the provider, Service Medical Director, Chief Psychologist (when applicable) and President of the Medical Staff indicating membership suspension with copy placed in the provider's credentialing file. The credentialing database is updated with notation on provider privileges to reflect the suspension.

- Notification to the Medical Staff Member or Advanced Practice Professional (LIP) shall state that s/he has ten days to obtain license renewal.
- For Active Staff and full or part-time employed Advanced Practice Professionals, suspension may be with or without pay, as determined by the Chief Medical Officer (or designee).
- All other staff, including contractors, shall be removed from the schedule, without pay.

The provider may be removed from suspension once the license has been renewed and verified.

Failure to produce or obtain renewed Wisconsin Medical/Professional licensure within ten days of expiration will necessitate charges being filed by the Milwaukee County Behavioral Health Division for the provider's dismissal and/or termination of contract, as applicable.

D. **Restricted/Limited License Status**

For Medical Staff Members or Advanced Practice Professionals with a restricted or limited license, a copy of the restrictions/limitations, as specified by Licensing Board Order, shall be placed with the Medical Staff Member's or Advanced Practice Professional's credentials. Medical Staff Services shall monitor adherence with the Board Order requirements of any Medical Staff Member or privileged Advanced Practice Professional with a restricted or limited license.

The Chief Medical Officer (or designee) shall inform the Administrator of the Behavioral Health Division of all Medical Staff Members being considered for appointment or those currently privileged who have a restricted or limited license.

Drug Enforcement Administration Registrations

A. **Initial Appointment**

Medical Staff Members and Advanced Practice Professionals, as applicable, shall be required to provide proof of DEA registration to the Medical Staff Office as part of the initial credentialing verification process. All physicians, dentists and podiatrists must possess a DEA that includes all schedules (2, 2N, 3, 3N, 4 and 5). For Advanced Practice Professionals, DEA schedules and requirements are based on scope of license and service. Verification of current DEA Certificate will be obtained directly from the Drug Enforcement Administration or National Technical Information Service (NTIS on-line verification) of the U.S. Department of Commerce prior to the practitioner receiving privileges.

B. **Drug Enforcement Administration (DEA) Renewal**

DEA registration renewal occurs triennially. Approximately six weeks prior to DEA expiration, Medical Staff Services will send notice to Medical Staff Members and Advanced Practice Professionals, as applicable, informing them of upcoming DEA expiration and need for renewal. A second reminder will be made prior to expiration. Additional follow-up notices will be made, as necessary.

Medical Staff Members and Advanced Practice Professionals, as applicable, shall be required to provide proof of DEA renewal by providing a copy of the renewed certificate for inclusion in their credentialing and privileging file. Medical Staff Services shall monitor renewal status directly with the Drug Enforcement Administration database or National Technical Information Service (NTIS on-line verification) of the U.S. Department of Commerce

1. If the provider fails to complete renewal prior to registration expiration, the Chief Medical Officer shall be notified. Failure by a Medical Staff Member or Advanced Practice Professional, as applicable, to obtain or produce a current DEA registration shall lead to a restriction on his/her privileges. The provider's right to prescribe, dispense, or administer medications covered by the certificate is automatically suspended until there is evidence of DEA registration renewal.

C. Drug Enforcement Administration (DEA) Restriction or Revocation

Restriction, revocation voluntary surrender of DEA registration shall be promptly reported and evaluated to determine whether privilege reduction or suspension may be required.

D. Prescriptive Authority Limitation

The BHD Pharmacy shall be notified promptly of all expired DEA registrations and shall be notified promptly of any limitations to a prescriber's authority. Notification of renewal and reinstatement of authority shall be communicated as soon as verification of renewal has been obtained.

Board Certification

Medical Staff Services shall monitor the Board Certification status for all Medical Staff and Advanced Practice Professionals, when certification requirements pertain. This includes, but shall not be limited to, Service Medical Directors, tele-medicine Medical Staff and advanced practice nurses.

Insurance

Medical Staff Services shall monitor the malpractice insurance status for all Medical Staff and Advanced Practice Professionals required to carry private insurance. This includes, but shall not be limited to, all contracted Medical Staff, contracted Advanced Practice Professionals and/or their employees. Contracted providers with expired insurance will automatically be administratively suspended from practice on the first business day after expiration until there is evidence of insurance renewal. An email is sent to the provider/provider's employer, the Chief Medical Officer and Medical Staff President indicating membership suspension. The credentialing database is updated and provider delineation of privileges are flagged to reflect these suspensions

The provider may be removed from suspension once proof of renewed insurance is provided.

Monitoring for Adverse Actions

A. Medicare/Medicaid Sanctions: Office of Inspector General Exclusions

Upon initial appointment and reappointment, the U.S. Department of Health and Human Services, Office of Inspector General-List of Excluded Individuals and Entities (OIG-LEIE) shall be reviewed to check for practitioner specific OIG exclusions. On-line verification utilizing the searchable database official exclusions program will take place for each practitioner seeking appointment and privileges. The OIG exclusion program identifies all individuals and entities that are presently prevented to participate in federally funded health care programs. Copies of the verification obtained from the OIG Exclusion program will be stored in each provider's credentials file. Any exclusions found will be promptly communicated to the Chief Medical Officer and to the Credentialing and Privileging Review Committee.

The OIG shall also be queried in connection with requests to amend privileges. Ongoing monitoring of OIG exclusion lists shall be reviewed on a monthly basis and within 15 days of release.

A query of the System for Award Management (SAM) shall also be conducted at time of initial appointment and at reappointment to verify historical exclusions not reflected on the OIG-LEIE.

B. *Monthly Disciplinary Report - Wisconsin Department of Safety and Professional Service*

The Wisconsin Department of Safety and Professional Services Disciplinary Actions Report is queried each month by Medical Staff Services. Names on the report are reviewed. If it is determined that a current member of the Medical Staff has had an action filed against his/her license, Medical Staff Services shall download documentation of the action from the Wisconsin DSPS.

Reports by the following Wisconsin Professional Boards shall be reviewed on a monthly basis, when applicable, based on Medical Staff and Advanced Practice Professional Staff professional categories currently holding privileges:

- Board of Medicine (includes Podiatric Medicine)
- Board of Dentistry
- Board of Psychology
- Board of Nursing
- Social Work Section

C. *Out of State Professional Licenses*

Telemedicine staff licenses shall be monitored via the American Medical Association continuous monitoring feature in addition to the applicable state licensing board sites.

D. *Drug Enforcement Administration*

The U.S. Department of Justice, Drug Enforcement Administration, Office of Diversion Control is queried each month by Medical Staff Services. Names on the reports are reviewed (Criminal Cases Against Doctors and Administrative Actions Against Registrants). If it is determined that a current member of the Medical Staff has had an action filed against his/her registration, Medical Staff Services shall immediately notify the Chief Medical Officer (or designee) of the action.

E. *Adverse Action Monitoring Findings*

If a current member of the BHD Medical Staff is found on any of the above reports described as items A-D, the provider shall be reviewed by the Credentialing and Privileging Review Committee Chair or by the Committee within 30 days of report release. The provider shall be instructed to immediately provide a written explanation, if s/he has not already done so. This documentation will become part of the provider's credentials file and will be forwarded to the Medical Staff Credentialing and Privileging Review Committee, Chief Medical Officer and Medical Staff President.

If license is suspended/revoked the provider will immediately be inactivated until further information is gathered.

If DEA is suspended/revoked the provider's prescriptive authority will immediately be inactivated until further information is gathered.

If Medicare/Medicaid exclusions or sanctions are imposed, matter shall be immediately assessed to determine whether the provider is barred from providing services under the Centers for Medicare and Medicaid and/or services regulated by the Department of Health and Human Services and action taken, as appropriate.

If Board Certification is suspended/revoked, circumstances shall be reviewed by the Credentialing and Privileging Review Committee and action taken, as appropriate.

Corrective action may be initiated. The manner in which the corrective action is initiated, the responsibilities of the Executive Committee and Governing Authority in corrective action, the forms of suspensions, and mechanisms for reduction or termination of Medical Staff appointment and/or privileges shall be as detailed in Appendix I and Appendix II of the Medical Staff Organization Bylaws. For Allied Health Professional Staff, the manner in which the corrective action shall be initiated, the responsibilities of the Executive Committee and Governing Authority in corrective action, the forms of suspensions, and mechanisms for reduction or termination of Allied Health Professional appointment and/or privileges shall be as detailed in Appendix I and Appendix III of the Medical Staff Organization Bylaws.

Appropriate legal counsel shall be consulted, as needed.

Adverse Action Reporting

A. Filing a Report with the Wisconsin Department of Safety and Professional Services

Medical Staff Services, in collaboration with the BHD Medical Staff leaders, shall be responsible for reporting certain actions with respect to medical staff membership and clinical privileges of physicians, podiatrists, dentists, psychologists and advanced practice professionals to the Wisconsin DSPS. The reports must be filed when the actions are imposed, or voluntarily accepted, for a "medical/clinical disciplinary cause or reason" which means that an aspect of the provider's competence or professional conduct is reasonably likely to be detrimental to patient safety or to the delivery of patient care.

B. Filing a Report with the National Practitioner Data Bank

Medical Staff Services, in collaboration with the BHD Medical Staff leaders, shall be responsible for reporting certain actions with respect to medical staff membership and clinical privileges of physicians, dentists, and other health care practitioners to the National Practitioner Data Bank on an Adverse Action Report Form.

Reportable actions include:

- professional review action, based on reasons related to professional competence or conduct, adversely affecting clinical privileges for a period of longer than 30 days
- voluntary surrender or restriction of clinical privileges while under, or to avoid investigation for possible professional incompetence or improper professional conduct or in return for not conducting an investigation or professional review action
- adverse actions including reducing, restricting, suspending, revoking, or denying privileges, or a decision not to renew privileges, if that action or decision was based on the practitioner's professional competence or conduct

- voluntary withdrawal of an initial application for medical staff membership and/or clinical privileges while provider is under investigation by the hospital for possible professional incompetence or improper professional conduct or in return for not conducting such an investigation, or
- taking a professional review action summary suspension if in effect for more than 30 days, based on professional competence or professional conduct that could affect the welfare of a patient, or as a result of a professional review action taken by the hospital

Reports to the National Practitioner Data Bank will be filed in accordance with required timelines and in the manner required under federal and state statutes and regulations.

Policy Information

A. Gatekeeper/Owner

The Director of Medical Staff Services (or designee) shall be responsible for initiating review and revision of this policy. The Policy will reside in the Medical Staff Organization section of the BHD Policy and Procedure e-Manual.

B. Distribution and Training Requirements

The distribution and training requirements for this Policy will be handled through the Medical Staff Office.

C. Requirements For Review and Renewal

This Policy will be reviewed and/or revised every three years or as required by change of regulation, law or practice.

REFERENCES:

Joint Commission MS.06.01.03; MS.06.01.05; MS.06.01.07; MS.06.01.09; MS.06.01.11;MS.06.01.13; MS.07.01.01; MS.07.01.03; MS.13.01.01; MS.13.01.03 (CAMH 01/2015); Centers for Medicare/Medicaid; DHS 124; National Association Medical Staff Services "Ideal Credentialing Standards (05/2014)

¹Delegated policy and procedure approval authority granted to MEC by the Governing Authority in MCBHD Bylaws section 5.3.1 (13c); presented to Board as informational only with no objections noted.

Requirements Outlined in this policy were previously included in "*Medical Staff And Advanced Practice Professional/Licensed Independent Practitioner Appointment, Reappointment And Privileging*"

Attachments:

No Attachments