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

SPECIAL MEETING
MILWAUKEE COUNTY MENTAL HEALTH BOARD

Thursday, July 9, 2015 - 3:00 P.M.
Milwaukee County Mental Health Complex Auditorium

MINUTES

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

SCHEDULED ITEMS:

1. Approval of the Minutes from the June 25, 2015, Milwaukee County Mental Health Board Meeting.

The minutes from the June 25, 2015, meeting were reviewed.

MOTION BY: ***(Neubauer) Approve the Minutes from the June 25, 2015, Milwaukee County Mental Health Board Meeting. 9-0***
MOTION 2ND BY: ***(Lutzow)***
AYES: Carlson, Chayer, Landingham, Lutzow, Malofsky, Neubauer, Perez, Walker, and Wesley - 9
NOES: 0
ABSTENTIONS: 0

A voice vote was taken on this item.

2. Milwaukee County Behavioral Health Division 2016 Budget.

APPEARANCES:
Randy Oleszak, Fiscal Administrator, Behavioral Health Division (BHD), Department of Health and Human Services (DHHS)
Hector Colon, Director, DHHS
Matt Fortman, Fiscal and Management Analyst, BHD, DHHS

Mr. Oleszak explained since the Behavioral Health Division's 2016 Requested Budget was issued, several minor technical errors have been identified. Mr. Oleszak reviewed the technical corrections and added the changes relate to narrative typos and have no impact on expenditures, revenues, or property tax levy.

SCHEDULED ITEMS (CONTINUED):

Mr. Colon provided a brief overview of the Budget.

Questions and comments ensued.

MOTION BY:	***(Wesley) Consider Amendments. 9-0***
MOTION 2ND BY:	***(Neubauer)***
AYES:	Carlson, Chayer, Landingham, Lutzow, Malofsky, Neubauer, Perez, Walker, and Wesley - 9
NOES:	0
ABSTENTIONS:	0

MOTION BY:	***(Malofsky) Approve Amendment #1, Which Adds an Additional $346,000 to the TLS Behavioral Health Contract for Staff to Provide Third Shift Admissions Teams at the North Side and South Side Crisis Resource Centers During all of Budget Year 2016. 5-4***
MOTION 2ND BY:	***(Wesley)***
AYES:	Landingham, Malofsky, Neubauer, Perez, and Wesley - 5
NOES:	Carlson, Chayer, Lutzow, and Walker - 4
ABSTENTIONS:	0

Amendment #1 Was Approved.

MOTION BY:	***(Neubauer) Approve Amendment #2, Which Allocates $90,000 for Salary and Fringe Benefits to Create a New Full-Time Policy Research Analyst Position Reporting Directly to the Mental Health Board to Provide Support to Mental Health Board Members. 4-5***
MOTION 2ND BY:	***(Wesley)***
AYES:	Carlson, Landingham, Neubauer, and Wesley - 4
NOES:	Chayer, Lutzow, Malofsky, Perez, and Walker - 5
ABSTENTIONS:	0

Amendment #2 Failed.

MOTION BY:	***(Neubauer) Approve the Budget AS AMENDED. 5-3-1***
MOTION 2ND BY:	***(Wesley)***
AYES:	Chayer, Malofsky, Neubauer, Perez, and Wesley - 5
NOES:	Carlson, Lutzow, and Walker - 3
ABSTENTIONS:	Landingham - 1

The Budget Was Approved AS AMENDED.

Mr. Fortman indicated the impact of the Amended Budget is as follows:
Expenditures - $188,857,551, Revenue - $129,412,210, and Tax Levy - $59,445,341.

SCHEDULED ITEMS (CONTINUED):

3.	Outsourcing of Acute Behavioral Health Services. The meeting opened for public comment on the Outsourcing of Acute Behavioral Health Services. The following appeared: Joy Tapper, Private Health Systems Bill Houghton, Ad Hoc Mental Health Advocates Robin Pedersen, Mental Health Task Force Dennis Hughes, AFSCME Doris Ellison, Local 170 Marybeth Murphy, Jewish Family Services Clay Ecklund Kathy Ratz Maria Hamilton Peter Hoeffel, National Alliance for Mental Illness Linda Friberg Mary Neubauer for Barbara Beckert, Disability Rights Wisconsin The following registered but did not speak: Ariel Namowicz
4.	Adjournment. ***MOTION BY:*** ***(Carlson) Adjourn. 9-0*** ***MOTION 2ND BY:*** ***(Chayer)*** ***AYES:*** Carlson, Chayer, Landingham, Lutzow, Malofsky, Neubauer, Perez, Wesley, and Walker - 9 ***NOES:*** 0 ***ABSTENTIONS:*** 0 **A voice vote was taken on this item.**

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: 3:14 p.m. to 5:37 p.m.

Adjourned,

Jodi Mapp
Senior Executive Assistant
Milwaukee County Mental Health Board

SCHEDULED ITEMS (CONTINUED):

The July 9, 2015, meeting minutes of the Milwaukee County Mental Health Board are hereby submitted for approval at the next scheduled meeting of the Milwaukee County Mental Health Board.

Dr. Robert Chayer, Secretary
Milwaukee County Mental Health Board

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: August 15, 2015

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

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

SUBJECT: **Report from the New Behavioral Health Division Facility Committee**

Background

The Administrative Committee analyzes the Behavioral Health Division (BHD) facility and plan for new space.

Discussion

The Mental Health Board approved service contracts for CBRE-Wisconsin, Zimmerman Architectural Services, and Architecture Plus to assist in facility analysis and creation of a program for needed physical space. The deliverable of this work in not a building design, rather it provides a description of space needs for components of the Behavioral Health Division, as well as preliminary costs and potential locations for facilities.

The report of this work is described in attached documents. A verbal presentation will be provided by:
Patricia Schroeder, Administrator
Teig Whaley-Smith, Director, Department of Administrative Services
Frank Pitts, Architect, Architecture Plus

Respectfully Submitted,

Hector Colon, Director
Milwaukee County Department of Health and Human Services

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

Date: August 3, 2015

To: Kimberly Walker, Chairperson - Mental Health Board

From: Hector Colon, Director, Department of Health and Human Services
Patricia Schroeder, Administrator, Behavioral Health Division
Laurie Panella, CIO, Information Management Services Division
Prepared by Matt Krueger, IMSD Project Manager

Subject: **Request for authorization to amend the professional services contract with the Joxel Group, LLC for implementation and support services of an Electronic Medical Records System**

Request

The Director of the Department of Health and Human Services (DHHS), the Administrator of the Behavioral Health Division (BHD) and the Director of the Information Management Services Division (IMSD) are requesting authorization to amend the professional services contract with the Joxel Group, LLC (TJG) in order to continue the implementation and support services of the Electronic Medical Records (EMR) system. The contract amendment for the implementation and support services of the EMR system is for a not-to-exceed value of $544,000.

Background

Capital Project WO444 - Electronic Medical Records System was adopted in the 2010 Capital Improvements Budget. The Joxel Group (TJG) was competitively awarded the professional services contract to facilitate and lead the EMR initiative.

TJG worked with BHD, DHHS and IMSD to gather requirements and draft a request for proposal (RFP) for an EMR tool. Through the competitive bidding process, IMSD, DHHS, TJG and BHD selected the Avatar product from Netsmart Technologies (Netsmart as the preferred EMR system for BHD in 2011. A project team consisting of BHD, DHHS, IMSD, TJG and Netsmart (Project Team) was formed. Implementation of the preferred EMR system began in January 2012.

In December 2012, BHD's Psychiatric Crisis Services (including the Observation Unit and the Access Clinic) went "live" with the new EMR system. In October 2013, the majority of the EMR functionality for Crisis Stabilization as well as the Acute Inpatient Services went "live." Outstanding solutions were explored to optimize this part of the implementation. The next step in the implementation process was the conversion of the contracted community programs.

In addition to implementing and supporting the new EMR system, in 2012 BHD was granted authorization to execute a separate Professional Service Contract with the TJG to provide support services and technical assistance for BHD's then core business system, Community Mental Health Care (CMHC). CMHC provides critical services and information to BHD's Community Based Services programs including billing and patient data. TJG, as part of its management of the CMHC contract as well as the new EMR implementation, is able to provide efficiencies and cost savings through critical knowledge transfer of the current CMHC IT staff and cross functional support for both projects by the EMR and CMHC teams. The Project Team explored options to sunset CMHC and will be doing so December 31, 2015.

Current State

In June 2015, the Project Team implemented Netsmart's pharmacy management software module, RxConnect. In addition, new Pyxis pharmacy dispensing and barcoding technology was implemented, providing for a closed loop medication administration system. It is anticipated that the contracted community programs will be converted to Avatar by September 1, 2015. With the completion of this conversion, all phases of the EMR will have been implemented. Support services as well as optimization, however, will be ongoing.

Next Steps

In late 2014, the Project Team began an internal assessment of the implementation and use of the Avatar EMR with the end goal of leveraging additional system functionality and implementing process improvement. Throughout the remainder of 2015, the Project Team will continue to implement efficiencies discovered through this assessment as well as leverage national best practices for the system as a whole with the end goal of improving practice efficiency, care coordination and care outcomes. The list of optimization tasks along with agreed upon quality service outcomes are being documented for this final phase of implementation in order to measure performance and drive the project to closure.

In February 2015, the Mental Health Board approved an amendment for $456,000 with Joxel for project implementation for a period of six months. This request reflects an amendment for $544,000 for the remaining six months of the year. It is the intent of BHD, DHHS and IMSD to close out the current contract with TJG on December 31, 2015. Support services of the EMR tool as well as system and process optimization will be on-going. In December, BHD, DHHS and IMSD will return to the Mental Health Board requesting authorization to enter into a performance-based contract with TJG to provide 2016 system support and optimization services.

Fiscal Impact

In order to continue EMR support and the implementation, DHHS, BHD and IMSD are requesting the authority to amend the existing TJG professional services agreement by $544,000. The five year (2011 – 2015) total contract value of TJG contract will be $3,699,300. The current requested funds are included in the 2015 BHD Budget.

Recommendation

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

Approved By:

Hector Colon, Director
Department of Health and
Human Services

Approved By:

Patricia Schroeder, Administrator
Behavioral Health Division

Approved By:

Laurie Panella, CIO
IMSD

cc: Chris Abele, County Executive
Raisa Koltun, Chief of Staff, County Executive's Office
Teig Whaley-Smith, Director, Department of Administrative Services
Jeanne Dorff, Deputy Director, Department of Health and Human Services
Randy Oleszak, Fiscal Administrator, DHHS/BHD
Alicia Modjeska, Chief Administrative Officer - BHD
Jodi Mapp, Senior Executive Administrative Assistant - BHD
Clare O'Brien, Fiscal and Budget Manager, DAS Central Business Office
Sushil Pillai, The Joxel Group, LLC

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 8/3/15

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Request for authorization to retroactively amend the professional services contract with the Joxel Group, LLC for implementation and support services of an Electronic Medical Records System

FISCAL EFFECT:

☐ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☒ Increase Operating Expenditures
(If checked, check one of two boxes below)

☒ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

A. The Department of Health and Human Services (DHHS)-Behavioral Health Division (BHD) and IMSD are requesting approval of an amendment to the existing professional services contract with Joxel Group, LLC (TJG) for the continuation of the implementation and support of the Electronic Medical Records (EMR) system. This action will result in an increased cost of $544,000.

B. In February 2015, the Mental Health Board approved an amendment for $456,000 with Joxel for project implementation for a period of six months. This request reflects the balance of costs necessary for services related to this contract through the end of this year. This action would increase the contract by $544,000 for a total contract amount of $3,699,300.

C. There is no tax levy impact to the requested action as necessary funds are included in BHD's 2015 operating budget. IMSD will return to the Mental Health Board in December 2015 for approval of the cost to fund system optimization and further support.

D. No assumptions are made.

Department/Prepared By Clare O'Brien, DAS-CBO Fiscal & Budget Manager

Authorized Signature

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

Did DAS-Fiscal Staff Review? ☐ Yes ☒ No

JOE SANFELIPPO

STATE REPRESENTATIVE • 15th ASSEMBLY DISTRICT

(608) 266-0620
FAX: (608) 282-3615
Toll-Free: (888) 534-0015
Rep.Sanfelippo@legis.wi.gov

P.O. Box 8953
Madison, WI 53708-8953

July 8, 2015

Kimberly Walker
Chairperson, Milwaukee County Mental Health Board (MCMHB)
9455 Watertown Plank Road
Milwaukee, WI 53226

Chairperson Walker,

Thank you for contacting me regarding the intent of Act 203.

The intent of Act 203 was for MCMHB to exercise the same degree of involvement or control over salaries and personnel policies of the county department of community programs that the county board of supervisors exercised over those salaries and policies prior to establishment of the MCMHB. This is because in the statutory sections that deal with oversight of salaries and personnel policies of the department of community programs, the Act simply replaced the former references to the county board with new references to the MCMHB.

Act 203 did not alter the statutory provision which grants the county community programs director the primary authority and responsibility of establishing salaries and personnel policies for the department of community programs.

Act 203 authorized the MCMHB to opt out of reviewing salaries and policies, because we did not place a high priority on this function.

I've included some important points below on why the MCMHB plays a limited role in setting salaries and personnel policies.

<u>The statutory definition of "Board" indicates that the legislature envisioned a limited role for the MCMHB.</u>

The MCMHB was created by 2013 Act 203. It was created within chapter 15, Stats. In that chapter, "board" is defined as follows:

> "Board" means a part-time body functioning as the policy-making unit for a department or independent agency or a part-time body with policy-making or quasi-judicial powers. [s. 15.01(1r), Stats.

This definition highlights the MCMHB is a part-time body. As such, it should not be involved in salary and personnel decisions because the MCMHB members lack the necessary familiarity with the day-to-day workings of the department to make informed decisions and, as a body, are not available on a day-to-day basis as would be needed to effectively participate at that level.

The definition also makes clear the role of the MCMHB is to make policy regarding mental health services. In general usage, "policy" means a course or principle of action adopted or proposed by a government, party, business or individual. A policymaker is not involved in the application of policies; rather, policies are carried out by administrators. Involvement in decisions relating to individual employees is an administrative rather than a policy-making function and therefore exceeds the scope of the board's expected role.

Five working meetings per year are not sufficient for effective involvement in administrative decisions.

Act 203 specifies the MCMHB is to meet at least six times per year, and one of the meetings must be a public hearing in Milwaukee County. This relatively small number of required meetings, along with the designation of one of the meetings as being a public hearing, rather than a "working" meeting, indicates an expectation that the MCMHB exercise broad policy-making direction, not engage in issues that would require more hands-on and continuous involvement.

The required qualifications of the MCMHB members do not align with an expectation they would be involved in administrative duties.

The required qualifications of board members specified in Act 203 indicates the sponsors of the legislation wanted members to have mental health policy expertise, not managerial skills or experience. It follows that they would not have been expected to participate in salary and personnel decisions they would not be particularly qualified to make, nor that they would have been expected to deal with when they agreed to serve on the MCMHB.

MCMHB contract approval authority is limited to $100K and above.

Act 203 specifies that all contracts related to mental health with a value of at least $100,000, to which Milwaukee County is a party, must be approved by the MCMHB. Specifically, these contracts may take effect only if the MCMHB votes to approve, or does not vote to reject the contract, within 28 days after the contract is signed or countersigned by the county executive. Other contracts, including employment contracts, are not within the purview of the MCMHB.

Act 203 granted the county executive, not MCMHB, the explicit authority to set salaries at a mental health institution.

Act 203 eliminated the authority of the county board to set the salary of the superintendent of any mental health institution and the salaries of any visiting physicians and other officers and employees whose duties are related to mental health. Instead, the Act provides that these salaries are to be set by the county executive. To the extent the salaries at issue are salaries of employees of a mental health institution, the county executive has the authority to set those salaries.

I trust you will find this information useful. As always, do not hesitate to contact me if I may be of assistance to you and the board and thank you for your service on the MCMHB.

Best Regards,

Joe Sanfelippo

CC: Hector Colon, Director, Department of Health and Human Services (DHHS)
Patricia Schroeder, Administrator, Behavioral Health Division, DHHS

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: August 10, 2015

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

FROM: Patricia Schroeder, Administrator, Behavioral Health Division

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

Background

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

Discussion

1. Release of Request for Proposals (RFP) for Delivery of Acute Services

   The RFP for Acute Services was released and posted publicly on July 15, 2015. A summary of the process and timeline for the RFP for Acute Services is attached. A mandatory conference (in person or by phone) for all proposers is scheduled for Monday, August 24, 2015.

2. Update on the North Side Community Location

   Planning is underway in the creation of the model for the north side hub to serve as one of two front doors to access service in the community. This hub is in its early stages of development, with a focus on 24/7 days-a-week operations, reflects a place and approach to access information and resources earlier, "pre-crisis," to potentially avoid acute or mental health crises, and to reduce the use of an emergency department as the entry to care and support. At this time, the north side location is intended to:

- Serve as a front door to behavioral health services, in contrast to an emergency department. A south side "front door" will be developed after this implementation, and may be somewhat different, based on the needs and other services/partners within the community.
- Provide a warm, non-stigmatizing, welcoming, confidential, and sensitive environment that honors cultural differences.
- Will include an assessment of need.
- Will support individuals with a "navigator" who can help in clarifying need and providing a "warm handoff" to needed services.
- Includes peer specialists in the model of interaction.

There is intent to bring forward a "strawman model" for community input and consumer/client feedback by early October. This process for review, input and involvement will include multiple groups and individuals, and is currently under development.

3. Closure of 9201 Building

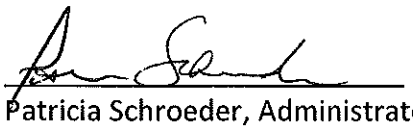
The 9201 Building part of the Behavioral Health Division (BHD) on Watertown Plank Road will be closed by the end of 2015. This space is currently and primarily used for office space, which can be shifted to the many other available spaces in the 9455 Building. This aging facility continues to require significant costs to keep open, including utility costs of close to $400,000 per year. The 2016 BHD Budget includes elimination of these expenses.

Transition out of the 9201 Building will occur in three phases during the third and fourth quarter, with full closure by the end of 2015. The only direct care provided in this Building is the Wraparound Medication Clinic. A great, accessible space has been identified for that service delivery on the main floor of 9455 and will be transitioned as the first step in this moving plan.

The Auditorium that is used for the Mental Health Board meetings is housed in the 9201 Building. While there is space available for Board Committee meetings within the 9455, (hospital) Building, an alternative setting will need to be identified for full Board meetings.

Washington Park Senior Center is not available on Thursdays. Gordon Park Pavilion, at 2828 N. Humboldt, is available, and has been tentatively reserved should the Mental Health Board want to consider that location.

Respectfully Submitted,



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

BHD RFP Summary

Milwaukee County Behavioral Health Division has just opened a Request for Proposals for delivery of Acute Services including providing an Acute Care Facility.

At the April 2015, and in response to a discussion on the needs to replace an aging facility, The Mental Health Board voted to develop an RFP. The RFP is entitled: A Request for Proposal for a Provider of Crisis (Emergency Department), Observation and Inpatient Care (Acute Adult and Adolescent) Services for the Behavioral Health Division – including High Acuity and Involuntary Detention Services. The RFP also requests a proposer to develop a facility/hospital, as well as provide hospital operations, and clinical care.

There are three reports that support the exploration of an entity other than Milwaukee County to deliver acute services:

A. Analysis of Adult Bed Capacity for Milwaukee County Behavioral Health System Published by the Public Policy Forum September 2014.
B. The Public Policy Forum Fiscal Analysis of the Milwaukee County Behavioral Health Division Re-design which analyzes expenses of BHD from 2010-2014 reflecting the impact of the initiative.
C. And the State Audit which encourages the consideration of either a private entity or a public /private partnership for the future delivery of acute services

The current hospital building on Watertown Plank Road is outdated, costly and requires millions of dollars in capital to repair numerous infrastructure issues including mechanicals, roofing and general layout which is not therapeutic for patient care. It is important to transition to another facility prior to needing to invest in additional repairs or upgrades. The timeline of this process is also important given the need to maintain the BHD workforce in delivering excellent care throughout this transition.

The timeline for the RFP is as follows:

- RFP Issue date – July 15, 2015
- Pre-proposal conference – August 25, 2015
- Written proposals due – November 16, 2015
- Evaluation period – November through January 2016, dependent upon the numbers of proposals to be evaluated
- Notice of intent to award – Likely January 2016
- Presentation of contract to BHD Board – February or April 2016
- Contract start date TBD

The goal of this RFP process is, has, and continues to be identifying a provider to deliver excellent patient care by a strong clinical team in partnership over a long period of time.

The RFP evaluation criteria established include:

- General qualifications and experience ->25%
- Technical qualifications, approach and quality -> 45%
- Cost proposal -> 30%

A distinguished group of individuals have agreed to participate in the review panel. This ethnically and gender diverse panel includes the expertise of physicians, RNs, Social Workers, community representations and peer specialists, some of whom are nationally renowned.

The contractual period has been established for an initial term of 20 years with three additional 5 year options. There are three separate termination clauses/options;

1. Termination for cause/dispute – negotiate to resolve dispute over a 60 day period, if not able to resolve -> 18 month notice
2. Termination for cause/general – loss of licensure, bankruptcy, failure to meet quality standards.
3. No cause termination -> 24 month notice

Effect of termination: the right to lease a portion of the building including the emergency department at reasonable rates, the right to purchase support services form provider, and lastly BHD can identify an alternative service provider of their choice to work within the new facility.

Financing: BHD will pay a percentage of the State of Wisconsin Medicaid rate as determined by the state for patients who have no insurance, those Medicare patients without available bed days, and IMD. Performance measures have been developed to monitor the quality of the services and linked to financial incentives and disincentives.

The performance measures are listed below:

Clinical Measures:

The following list of nationally reported clinical measures were chosen from the Hospital Based Inpatient Psychiatric Services (HBPS). These measures set by CMS provide benchmarking opportunities, and are clearly defined.

Measure	**National Average Score**	**Incentive score**	**Disincentive score**
Hours of physical restraint rate	.49	>0.5	<.49
Hours of locked seclusion rate	.32	>.33	<.32
Percent of patients discharged on multiple antipsychotic medications	10%	>11%	<10%

Percent of patients discharged on multiple antipsychotic medications with appropriate justification	54%	>55%	<54%
Percent of patients discharged with a continuing care plan	94%	>95%	<94%
Post discharged continuing care plan transmitted to next level of care Provider	88%	>89%	<88%
Readmission to the hospital within 30 days of discharge from same or other behavioral health hospital.	Adult 7%, Child/Ad. 11%	Adult 6% Child/Ad. 10%	Adult >7% Child/Ad. >10%

Patient Satisfaction Measures:

A patient satisfaction survey is one mechanism to efficiently compare key quantifiable aspects of performance. Therefore, the Provider is required to utilize one of the national validated patient satisfaction tools for psychiatric facilities such as the Mental Health Statistics Improvement Program (MHSIP) to measure patient satisfaction. Additionally, the Provider must obtain a 40% response rate to qualify for the financial incentive.

Measure	National Average Score	Incentive score	Disincentive score
Patient Satisfaction Aggregate score	70th percentile	>70th percentile	<70th percentile

Safety Measures/ At Risk Population:

The Joint Commission stresses the importance of identifying, monitoring and implementing process improvements to address patient safety. The safety measures, or sentinel events listed below are commonly reported and investigated events which lead to improved patient and staff safety. The Provider will be required to notify BHD within 24 hours of a Sentinel/Never Event and conduct a root cause analysis. Root cause analysis results, and improvement plan is to be submitted to BHD within 10 business days of the identification of a Sentinel/Never Event.

- Patient death or serious disability associated with patient elopement (disappearance)
- Patient death or serious injury associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route or administration.)
- Patient suicide, attempted suicide, or self-harm resulting in serious disability, while being cared for in a health care facility

- Patient death or serious injury associated with a fall while being cared for in a health care setting
- Patient or staff death or serious injury associated with a burn incurred from any source in the course of a patient care process in a healthcare setting
- Patient death or serious injury associated with the use of restraints or bedrails while being cared for in a health care setting
- Sexual abuse/assault on a patient within or on the ground of a healthcare setting
- Death or significant injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a health care setting

Electronic Health Record Meaningful Use Criteria

Provider will be required to meet Meaningful Use Criteria as established by CMS. Stage 2 criteria final rules published in 2012 are listed for reference.

- Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders
- Generate and transmit permissible prescriptions electronically
- Use clinical decision support to improve performance on high-priority health conditions
- Provide patients the ability to view online, download and transmit their health information
- Incorporate clinical lab-test results into certified EHR technology
- Use secure electronic messaging to communicate with patients on relevant health information

The facility must be in compliance and remain in good standing with State and Federal Conditions of Participation and Joint Commission standards for psychiatric hospitals. Deficiencies identified by any governing or regulatory body must result in an acceptable plan of correction including completion of all elements within required time lines to remove all deficiencies. Failure to achieve full compliance will result in removal of eligibility to participate as a provider of services under state and federal law.

MILWAUKEE COUNTY MENTAL HEALTH BOARD
2016 COMMITTEE/BOARD SCHEDULE

DATE	COMMITTEE/BOARD
February 25, 2016, at 8:00 a.m.	**Mental Health Board**
March 7, 2016, at 10:00 a.m.	Quality Committee
March 24, 2016, at 1:30 p.m.	Finance Committee
April 28, 2016, at 8:00 a.m.	**Mental Health Board**
May 26, 2016, at 1:30 p.m.	Finance Committee ***(Budget/Public Comment)***
June 6, 2016, at 10:00 a.m.	Quality Committee
June 16, 2016, at 1:30 p.m.	Finance Committee ***(Budget Approval)***
June 23, 2016, at 8:00 a.m.	**Mental Health Board**
August 18, 2016, at 1:30 p.m.	Finance Committee
August 25, 2016, at 8:00 a.m.	**Mental Health Board**
* September 6, 2015, at 10:00 a.m.	Quality Committee
October 27, 2016, at 8:00 a.m.	**Mental Health Board**
December 5, 2016, at 10:00 a.m.	Quality Committee
December 8, 2016, at 1:30 p.m.	Finance Committee
***December 15, 2016, at 8:00 a.m.**	**Mental Health Board**

Note: The meeting dates for the Quality and Finance Committees have not yet been endorsed by the Committee Chairs

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: August 6, 2015

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

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

SUBJECT: **An informational report describing the Comprehensive Community Services (CCS) Implementation Plan for Milwaukee County**

Background

Comprehensive Community Services (CCS) is a Medicaid entitlement that provides a flexible array of individualized, community-based, psychosocial rehabilitation services for persons across the lifespan with mental health and/or substance use disorders. The intent of the services and support is to provide for a maximum reduction of the effects of an individual's mental health and/or substance use disorder, to restore consumers to their highest possible level of functioning, and to facilitate recovery. BHD-CARS began enrolling eligible Milwaukee County residents into CCS in September 2014.

Discussion

BHD-CARS has worked closely with the State to approve qualified providers as Care Coordination Agencies to enroll all eligible individuals and avail them of the CCS service array. Implementation began with two (2) Care Coordination Agencies in September 2014 and a total of four (4) by the end of the year, enrolling 23 individuals. In the first half of 2015, there were an additional 94 enrollments with the approval of several new Care Coordination Agencies.

New CCS Enrollments by Care Coordination Agency

Agency (Onboard Date)	2014	2015		
	Total	Q1	Q2	Total
APC (9/2014)	14	7	4	11
Guest House (2/2015)	-	-	8	8
Horizon (11/2014)	2	6	1	7
LaCausa (9/2014)	7	11	10	21
Outreach (1/2015)	-	-	2	2
St. Charles (1/2015)	-	7	14	21
TLS (12/2014)	-	17	7	24
Total All Agencies	**23**	**48**	**46**	**94**

Efforts are underway to add five (5) more agencies to the CCS network, with two (2) set to be approved by late August. BHD-CARS intends to certify a total of 13 Care Coordination Agencies by the end of 2015.

In addition to Care Coordination services, BHD-CARS has been working to build the Ancillary Service provider network. These services include therapy, supportive employment, and several other services from the CCS service array. BHD-CARS is also encouraging CCS agencies to make referrals to more ancillary service providers, as increasing such referrals will free up time to increase these agencies' capacity for Care Coordination.

Demand slightly outpaces service facilitation capacity, with 200 service requests through the first half of 2015. CCS Care Coordination agencies are working diligently to recruit and train the workforce necessary to support the ongoing expansion of the CCS benefit. Additionally, one CARS Administrative Coordinator is designated to engage and follow CCS clients waiting for services, including calls, letters, and visits to clients, facilitating smooth transition to the CCS agency once assigned.

BHD-CARS is in collaboration with Wraparound Milwaukee and the Disabilities Services Division to engage children and adolescents into the CCS benefit with an aim to enroll 236 individuals in 2015 and 340 in 2016. BHD-CARS is also working with the DHHS Housing Division to identify CCS-eligible individuals residing in certain housing programs where services already being provided may become reimbursable. The Day Treatment program within BHD-CARS is likewise working to identify which of its clients may be eligible for CCS and thus a broader array of reimbursable services. A number of individuals who were not previously being served by BHD-CARS have also been successfully enrolled in CCS and are receiving services. The combination of these expansion efforts is expected to yield enrollment of 85 new individuals per quarter throughout 2016, once all Care Coordination Agencies are approved and enrolling clients (see attached CCS Implementation Plan).

Recommendation

This is an informational report. No action is necessary at this time.

Respectfully submitted,

Héctor Colón, Director
Department of Health and Human Services

Comprehensive Community Services

Milwaukee County Implementation Plan

2014	2015				2016			
Q3 – Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

BHD-CARS Adults

Onboarding Care Coordination Agencies and ancillary service providers to enroll and serve adults already engaged in or eligible for BHD-CARS services. Existing Targeted Case Management (TCM) and Community Support Program (CSP) agencies are first priority to establish Care Coordination Agencies. Implementation began with two Care Coordination Agencies in September 2014; there will be thirteen by December 2015.

BHD-CARS Youth

Wraparound, Project O-YEAH, REACH, and FISS to engage eligible children and adolescents with established provider network.

Disabilities Services Division

Infrastructure under development, i.e., care coordination, provider network, specialized screening tools for young children.

New Enrollments (Total)			Anticipated Enrollments (Total)				
23	71	117	*238*	*323*	*408*	*493*	*578*

578 unique CCS clients to be served by the end of 2016

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

DATE: July 22, 2015

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

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

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

Background

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

Discussion

From the President of the Medical Staff and Chair of Credentialing and Privileging Review presenting recommendations for appointments and/or privileges. Full details are attached specific to items A through C[1]:

A. New Appointments

B. Reappointments

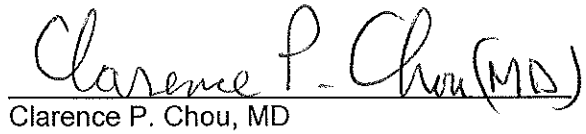
C. Provisional Period Reviews / Status Changes

D. Notations Reporting (to be presented in **CLOSED SESSION** in accordance with protections afforded under Wisconsin Statute 146.38)

Recommendation

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

Respectfully Submitted,



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

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

Attachment
1 Medical Staff Credentialing Report & Medical Executive Committee Recommendations
2 Psychiatry Clinical Privileges (Revised Core) – Informational Only

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

The following credentials files were reviewed. Privilege recommendations/actions were made based on information related to qualifications, current competence and ability to perform privileges (health status). All requisite primary source verifications or queries were obtained and reviewed regarding professional training, professional licensure(s), registrations, National Practitioner Data Bank and OIG-List of Excluded Individuals and Entities & System Award Management. Decisions were further based on Service Chief (Medical Director and Chief Psychologist, when applicable) recommendations, 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 JULY 1, 2015	MEDICAL STAFF EXECUITVE COMMITTEE JULY 16, 2015	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
MEDICAL STAFF							
Michael Montie, DO	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.	

REAPPOINTMENT / REPRIVILEGING	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JULY 1, 2015	MEDICAL STAFF EXECUITVE COMMITTEE JULY 16, 2015	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
MEDICAL STAFF							
Jason Burns, MD	Psychiatric Officer of the Day; Medical Officer of the Day	Affiliate / Full		Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Jon Lehrmann, MD	Not Applicable	Consulting		Dr. Schneider recommends appointment, as requested	Committee recommends reappointment, as requested, for 2 years. No privileges requested.	Recommends reappointment as per C&PR Committee.	
George Monese, MD	General Psychiatry; Child Psychiatry; General Medical Practice	Active / Full	MA	Drs. Thrasher recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Susan Powers, MD	General Psychiatry; General Medical Practice	Affiliate / Full	M#	Drs. Thrasher recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Kelly Wahlen, MD	General Psychiatry; General Medical Practice	Active / Full		Drs. Thrasher recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Syed Waliuddin, MD	General Psychiatry; Child Psychiatry; General Medical Practice	Active / Full	MA	Drs. Thrasher recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
ALLIED HEALTH							
Anna Golembiewski, MSN	Advanced Practice Nurse-Adult Health	Allied Health / Full		Dr. Puls recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Leanne Pahl-Jakab, MSN	Advanced Practice Nurse-Family Practice	Allied Health / Full		Dr. Puls recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	

PROVISIONAL STATUS CHANGE REVIEWS	PRIVILEGE GROUP(S)	CURRENT CATEGORY/ STATUS	NOTATIONS	SERVICE CHIEF RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JULY 1, 2015	MEDICAL STAFF EXECUITVE COMMITTEE JULY 16, 2015	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
Jeffrey Anders, MD	General Psychiatry; General Medical Practice	Affiliate/ Provisional		Dr. Layde 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.	
Satya Gutta, 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.	
Marc Gunderson, 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.	
Julie Owen, 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.	
Jacquaye Russell, PhD	General Psychology-Adult, Child and Adolescent	Active/ Provisional		Drs. Kuehl and Moisio recommend full privileges	Committee recommends change in privilege status from provisional to full for remainder of 2-year appointment period.	Recommends appointment and privileging status change, as per C&PR Committee.	

CHAIR, CREDENTIALING AND PRIVILEGING REVIEW COMMITTEE (OR PHYSICIAN COMMITTEE MEMBER DESIGNEE) — DATE 7/22/2015

PRESIDENT, MEDICAL STAFF ORGANIZATION
CHAIR, MEDICAL STAFF EXECUTIVE COMMITTEE — DATE 7/22/2015

BOARD COMMENTS / MODIFICATIONS / OBJECTIONS TO MEC PRIVILEGING RECOMMENDATIONS:

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

GOVERNING BOARD CHAIRPERSON — DATE APPROVED

MEDICAL STAFF ORGANIZATION GOVERNING DOCUMENTS AND POLICY/PROCEDURE UPDATES	MEDICAL STAFF ACTION	GOVERNING BODY ACTION
NONE THIS PERIOD.		
OTHER MATTTER(S)	**MEDICAL STAFF EXECUTIVE COMMITTEE ACTION**	**GOVERNING BODY ACTION**
PSYCHIATRY CORE PRIVILEGES FORM APPROVED BY CREDENTIALING & PRIVILEGING REVIEW	INFORMATIONAL ONLY UNLESS COMMITTEE OBJECTS	INFORMATION ONLY UNLESS BOARD OBJECTS

Privileges Effective From:_____To:_____

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
9455 W. WATERTOWN PLANK ROAD
MILWAUKEE, WI 53226

PSYCHIATRY CLINICAL PRIVILEGES

Applicant Name: _____

❑ Initial Appointment ❑ Reappointment

All applicants must meet the following requirements.

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the BHD Medical Staff for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Chief Medical Officer/Service Medical Director: Check the appropriate box for recommendation on page 5 of this form. If recommended with conditions or not recommended, provide condition or explanation.

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- All privileges shall be subject to a minimum six month provisional period upon initial approval. Provisional status may be extended due to low volume activity or based on results of focused professional practice evaluation and outcomes, as assessed by the Service Medical Director (or designee) or extended into reprivileging period due to low volume activity during the initial appointment and privilege period.

QUALIFICATIONS FOR GENERAL PSYCHIATRY

To be eligible to apply for core privileges in general psychiatry, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in psychiatry.

Required previous experience: Applicants for initial appointment must be able to demonstrate the provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for at least 30 patients during the past 12 months, or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in general psychiatry, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Privileges Effective From:_____To:_____

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
9455 W. WATERTOWN PLANK ROAD
MILWAUKEE, WI 53226

PSYCHIATRY CLINICAL PRIVILEGES

Applicant Name: _____

CORE PRIVILEGES

GENERAL PSYCHIATRY CORE PRIVILEGES

☐ **Requested** Admit, evaluate, diagnose, treat, and provide consultation to adult patients, presenting with mental, behavioral, addictive or emotional disorders, e.g., psychoses, depression, anxiety disorders, substance abuse disorders, developmental disabilities, sexual dysfunctions, and adjustment disorders. Privileges include providing consultation with physicians in other fields regarding mental, behavioral, or emotional disorders; pharmacotherapy; psychotherapy; group therapy, family therapy; behavior modification; consultation to the courts; and emergency psychiatry. Also includes the ordering of diagnostic and laboratory tests, and prescribing and administering medications. Includes the performance of history and physical exams; transfer patients to or from inpatient units, between services and to other hospitals; and discharging patients. Order seclusion, locked seclusion, restraint, emergency/involuntary medication and protective devices. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy.

QUALIFICATIONS FOR CHILD AND ADOLESCENT PSYCHIATRY

To be eligible to apply for core privileges in child and adolescent psychiatry, the initial applicant must meet the following criteria:

As for General Psychiatry plus successful completion of an accredited ACGME or AOA residency in child and adolescent psychiatry.

Required previous experience: Applicants for initial appointment must be able to demonstrate the provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for at least 15 patients during the past 12 months, or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in child and adolescent psychiatry, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CHILD AND ADOLESCENT PSYCHIATRY CORE PRIVILEGES

☐ **Requested** Admit, evaluate, diagnose, treat, and provide consultation to children and adolescents, who suffer from mental, behavioral, addictive, or emotional disorders. Privileges include being able to provide consultation with physicians in other fields regarding mental, behavioral, or emotional disorders and their interaction with physical disorders. Includes the performance of history and physical exams. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy.

Privileges Effective From:_____To:_____

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
9455 W. WATERTOWN PLANK ROAD
MILWAUKEE, WI 53226

PSYCHIATRY CLINICAL PRIVILEGES

Applicant Name: _____

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at the Behavioral Health Division, and I understand that:

a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature: _____ ***Date:*** _____

CHIEF MEDICAL OFFICER / SERVICE MEDICAL DIRECTOR 'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

☐ Recommend all requested privileges.
☐ Recommend privileges with the following conditions/modifications:
☐ Do not recommend the following requested privileges:

Privilege	***Condition/Modification/Explanation***
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

_____

_____

_____

Chief/Service Medical Director's Signature: _____ ***Date:*** _____

Privileges Effective From:_____To:_____

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
9455 W. WATERTOWN PLANK ROAD
MILWAUKEE, WI 53226

PSYCHIATRY CLINICAL PRIVILEGES

Applicant Name: _____

FOR MEDICAL STAFF OFFICE USE ONLY

TEMPORARY AUTHORITY may be granted to fulfill an important patient care, treatment or service need upon verification of license and current competency OR pending completion of the full application approval process for a clean application (Category 1) awaiting Board approval. Temporary privileges in either instance may not exceed 120 days. Temporary privileges shall be granted in accordance with MSO Bylaws, Section 3.6.4 and/or 3.6.7:

PURPOSE FOR TEMPORARY PRIVILEGE AUTHORIZATION:

❑ Important Patient Care, Treatment or Service Need

❑ Clean Application Awaiting Approval (Category 1) following review by the Credentialing Committee or Chair acting on behalf of Committee

Authorized From_____To_____ ❑ Not Applicable

Approval Signature: _____ Date: _____
By ❑ *BHD Administrator* ❑ *Chief Medical Officer* or ❑ *Credentialing/Privileging Chair*

STAFF CATEGORY: ❑ Active ❑ Affiliate ❑ Consulting

RECOMMENDATIONS:

Credentialing & Privileging Review Committee Action Date Approved: _____

Medical Staff Executive Committee Action Date Approved: _____

APPROVAL:

Governing Board Action* Date Approved: _____

Provisional Privilege Period Completion Date: _____ ❑ Not Applicable for Reprivileging (unless extended)

Appointment and Clinical privileges are recommended and approved, as delineated on this form. Any exceptions or limitations are noted above. Any change to privileges, as delineated, must be requested in writing and be evaluated and approved prior to utilization.

***CONFIRMATION OF APPROVAL ACTIONS MAY BE FOUND WITHIN THE GOVERNING BODY MINUTES**

7/1/2015 - Approved by Credentialing & Privileging Review Committee