

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

**2**

**MILWAUKEE COUNTY MENTAL HEALTH BOARD**

**Tuesday, September 28, 2017 - 4:30 P.M.**  
**Washington Park Senior Center**  
**4420 West Vliet Street**

**MINUTES**

**PRESENT:** Robert Chayer, Michael Davis, Walter Lanier, Thomas Lutzow, Mary Neubauer, Maria Perez, Duncan Shrout, and Brenda Wesley  
**EXCUSED:** Ronald Diamond, Rachel Forman, and Jon Lehrmann

**SCHEDULED ITEMS:**

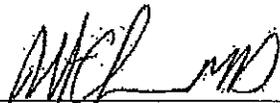
**NOTE: All Informational Items are Informational Only Unless Otherwise Directed by the Board.**

1.	<p><b>Welcome.</b></p> <p>Chairman Shrout opened the meeting by greeting Board Members and the audience.</p>
2.	<p><b>Approval of the Minutes from the August 24, 2017, Milwaukee County Mental Health Board Meeting.</b></p> <p><b>MOTION BY:</b> (Perez) <i>Approve the Minutes from the August 24, 2017, Milwaukee County Mental Health Board Meeting. 8-0</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Wesley)</p> <p><b>AYES:</b> Chayer, Davis, Lanier, Lutzow, Neubauer, Perez, Shrout, and Wesley – 8</p> <p><b>NOES:</b> 0</p> <p><b>ABSTENTIONS:</b> 0</p>
3.	<p><b>Public Comment on Behavioral Health Division Topics/Services.</b></p> <p>The meeting opened for public comment on Behavioral Health Division Topics/Services. The following individuals appeared and provided comments:</p> <p>Patricia Taylor, P. Taylor Consulting Barbara Beckert, Disability Rights Wisconsin Martha Weimer Pat Spoerl Eugene Barufkin Maria I. Nogueron Bob Graf</p>

**SCHEDULED ITEMS (CONTINUED):**

4.	<p><b>Adjournment.</b></p> <p><b>MOTION BY:</b> (Davis) Adjourn. 8-0 <b>MOTION 2<sup>ND</sup> BY:</b> (Neubauer) <b>AYES:</b> Chayer, Davis, Lanier, Lutzow, Neubauer, Perez, Shrout, and Wesley - 8 <b>NOES:</b> 0 <b>ABSTENTIONS:</b> 0</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: 4:39 p.m. to 5:20 p.m.</p> <p>Adjourned,</p> <p><b>Jodi Mapp</b> Senior Executive Assistant Milwaukee County Mental Health Board</p>	
<p><b>The next regular meeting for the Milwaukee County Mental Health Board is Thursday, October 26, 2017, @ 8:00 a.m. at the Zoofari Conference Center 9715 Bluemound Road</b></p>	

The September 28, 2017, 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  
INTER-OFFICE COMMUNICATION

**Date:** September 26, 2017  
**To:** Duncan ShROUT, Chairman, Milwaukee County Mental Health Board  
**From:** Kerry Mitchell, Chief Human Resources Officer, Department of Human Resources.  
**RE:** Ratification of the 2017 Memorandum of Agreement between Milwaukee County and the Wisconsin Federation of Nurses and Health Professionals, Local 5000, AFT, AFL-CIO

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Milwaukee County has reached an understanding with the bargaining team for the Federation of Nurses and Health Professionals that establishes a memorandum of agreement for 2017.

I am requesting that this item be placed on the next agenda for the meeting of the Milwaukee County Mental Health Board.

The following documents will be provided to the Committee for their review:

- 1) The Tentative Agreement between the County and the Union;
- 2) A Union notification that the MOA was ratified by the membership;
- 3) A fiscal note that has been prepared by the Office of the Comptroller.

If you have any questions, please call me at 278-4852.



*A Union of Professionals*

9620 West Greenfield Ave.  
Milwaukee, WI 53214-2645  
T: 414/475-6065  
800/828-2256  
F: 414/475-5722  
[www.wfnhp.org](http://www.wfnhp.org)

July 27, 2017

Luis Padilla, Director  
Milwaukee County Labor Relations  
901 N 9<sup>th</sup> Street, Room 210  
Milwaukee, WI 53222

**RE: BHD 2017 Contract Ratification**

Dear Mr. Padilla,

This letter is inform you that on July 17, 2017, the members of the Milwaukee County Chapter of Wisconsin Federation of Nurses and Health Professionals, Local 5000, AFT, AFL-CIO, voted to ratify the 2017 tentative agreement between the County and the Union for the BHD employees.

Please let the union office know if you need any further details.

Sincerely,

Candice Owley, RN  
WFNHP President

Jamie Lucas  
WFNHP Executive Director

**2017  
AGREEMENT  
BETWEEN  
COUNTY OF MILWAUKEE  
AND THE  
WISCONSIN FEDERATION OF NURSES AND HEALTH  
PROFESSIONALS  
LOCAL 5000, AFT, AFL-CIO**

**MILWAUKEE COUNTY  
DEPARTMENT OF HUMAN RESOURCES  
EMPLOYEE RELATIONS  
COURTHOUSE, ROOM 210  
901 NORTH 9TH STREET  
MILWAUKEE, WI 53233  
414-278-4852**

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1 2017

2 AGREEMENT

3 between

4 COUNTY OF MILWAUKEE

5 and the

6 WISCONSIN FEDERATION OF NURSES AND HEALTH PROFESSIONALS

7 LOCAL 5000, AFT, AFL-CIO

8  
9  
10  
11 This Agreement made and entered into by and between the County of Milwaukee, a municipal  
12 body corporate, as municipal employer, hereinafter referred to as "County" and the Wisconsin  
13 Federation of Nurses and Health Professionals, as representatives of employees who are  
14 employed by the County of Milwaukee hereinafter referred to as "Federation". The County is a  
15 party to this Agreement by virtue of the power granted to the Milwaukee County Mental Health  
16 Board under Wis. Stat. 51.41(10).

17  
18 WITNESSETH

19  
20 In consideration of the mutual covenants herein contained, the parties hereto do hereby mutually  
21 agree as follows:

22  
23 **PART 1**

24  
25 1.01 RECOGNITION

26 The County of Milwaukee agrees to recognize and herewith does recognize the Wisconsin  
27 Federation of Nurses and Health Professionals, Local 5000, AFT, AFL-CIO, as the exclusive  
28 collective bargaining agent on behalf of bargaining unit classifications, in accordance with the  
29 certification of the Wisconsin Employment Relations Commission, as amended, pursuant to  
30 Subchapter IV, Chapter 111.70, Wisconsin Statutes.

1 1.02 BARGAINING UNIT DEFINED

- 2 (1) Whenever the term "employee" is used in this Agreement, it shall mean and include  
3 bargaining unit nurses of Milwaukee County in Organizational Units 6325, 6364, 6373,  
4 6383, 6443, 6445 and 6446 in the following classifications: Registered Nurse, Registered  
5 Nurse Utilization Review, Registered Nurse (Mental Health), Registered Nurse Staff  
6 Development, Advance Practice Nurse Prescriber, Clinical Nurse Specialist, Community  
7 Service Nurse, EMS Instructor, RN Adult Services Division, RN Department on Aging,  
8 Infection Control Practitioner, RN (Pool), Clinical Safety and Risk Management Nurse  
9 and Advance Practice Nurse Prescriber (Pool), Forensic Chemist, Occupational  
10 Therapist, Occupational Therapist (Pool), Music Therapist and Behavioral Health  
11 Emergency Service Clinician.
- 12 (2) When classifications are created which have not been certified by the Wisconsin  
13 Employment Relations Commission to any bargaining unit, the employer shall notify the  
14 Federation within 30 days of the creation of such classifications and send the copies of  
15 the job descriptions of same. Upon request of the Federation, the parties shall meet and  
16 attempt to enter into a stipulation of agreement regarding the inclusion or exclusion of the  
17 classifications. If the parties reach an agreement, they shall jointly notify the Wisconsin  
18 Employment Relations Commission of the agreement and request the Commission to  
19 certify the classification(s) as being represented by the Federation. If the parties fail to  
20 reach an agreement, either party may petition the Commission for a determination under  
21 Chapter 111.70.

22  
23 1.03 DURATION OF AGREEMENT

24 The provisions of this Agreement shall become effective January 1, 2017, unless otherwise  
25 herein provided. Unless otherwise modified or extended by mutual agreement of the parties, this  
26 Agreement shall expire on December 31, 2017.

27  
28 **PART 2**

29 2.01 WAGES

30 Effective Pay Period 14, 2017 (June 18, 2017), the wages of bargaining unit employees shall be  
31 increased by one percent (1.0%).

This Agreement shall remain in full force and effect until replaced by a subsequent Agreement.

Dated at Milwaukee, Wisconsin, this 20<sup>th</sup> day of June, 2017.

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WISCONSIN FEDERATION OF NURSES  
AND HEALTH PROFESSIONALS  
LOCAL 5000, ATF, AFL-CIO

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COUNTY OF MILWAUKEE  
a municipal body Corporate

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Candice Owley, RN  
WFNHP President

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Kerry Mitchell,  
Chief Human Resources Officer

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Jaime Lucas  
WFNHP Executive Director

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Corporation Counsel

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Chris Abele, County Executive

**COUNTY OF MILWAUKEE**  
**INTEROFFICE COMMUNICATION**

DATE: August 29, 2017

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

FROM: Scott B. Manske, Comptroller 

SUBJECT: Fiscal Impact – 2017 Collective Bargaining Agreement with the Wisconsin Federation of Nurses and Health Professionals, Local 5000, AFT, AFL-CIO

Under Wisconsin Employment Relations Commission (WERC) rules and Statute Statute, non-public safety bargaining units are only allowed to negotiate for base wage increases on an annual basis. The start of the bargaining year for the Wisconsin Federation of Nurses and Health Professionals, Local 5000, AFT, AFL-CIO (FNHP) was January 1, 2017. The last day of their previously negotiated contract was December 31, 2016. The bargaining unit was recertified in 2017.

**2017 Base Wage Limit**

Using rules provided by WERC, a calculation was made to provide the maximum base wage increase allowable for 2017 for this bargaining unit. The calculation was based on the members of the bargaining unit in the pay period that was 180 days prior to the expiration date of the most recent collective bargaining agreement. The pay period used was Pay Period 15 2016 (ending July 16, 2016). At that time, the bargaining unit had 137 members who were actively employed<sup>1</sup>. The annual wages of the members were calculated based upon their existing wage rates and were then multiplied by the CPI applicable to bargaining years beginning on January 1, 2017, or 0.67 percent. This became the maximum base wage increase allowable for purposes of bargaining or \$41,265<sup>2</sup>; this is the maximum amount that can be paid in additional base wages in 2017 and can be paid out however agreed upon by the union and the County.

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<sup>1</sup> For purposes of this fiscal note, the FNHP bargaining unit consists of all represented employees only under control of the Milwaukee County Mental Health Board.

<sup>2</sup> The FNHP bargaining unit had 137 total authorized positions as of July 16, 2016 (authorized positions having the definition provided by WERC "...those positions in the bargaining unit that are filled"). However, 25 of these employees were pool or hourly positions. These employees have been excluded for purposes of calculating the maximum base wage increase and total salary lift due to language within the WERC rule ERC 90.03(3) which states to multiply the hourly base wage rate by the annual number of regularly scheduled hours for each authorized position when determining maximum base wage increases. Since these positions do not have regularly scheduled hours, they have been excluded.

**2017 Wage Increase and Base Wage Compliance**

Based upon the proposed agreement with the bargaining unit, the base wage rates will increase by 1.0 percent effective with Pay Period 14 (beginning June 18, 2017) for all members. The base wage increase results in a total salary lift for 2017 of \$31,250 for the bargaining unit, which is \$10,015 below the maximum base wage increase allowable. Calculation of the maximum base wage increase for the bargaining unit was made in accordance with the WERC rules. The Office of the Comptroller and outside legal counsel have discussed and have agreed to the definition, application and calculation of base wages.

**Impact of 2017 Wage Increase on 2017 Budget and 2018 Budget**

Based upon the proposed agreement with the bargaining unit, the base wage rates will increase by 1.0 percent effective with Pay Period 14 (beginning June 18, 2017). The cost of the wage increase for 2017, using the contract effective date, would be as follows:

2017 Salary Increase	\$	31,250
FICA	\$	2,391
<b>Net cost</b>	\$	<b>33,641</b>

The 2017 Adopted Budget included an appropriation for a 1.0 percent wage increase for all employees, effective Pay Period 14 (beginning June 18, 2017), or approximately \$42,550 in additional salary dollars. Therefore, there is a \$12,164 savings based on the proposed agreement for the current year.

2017 Budgeted Salary Increase	\$	42,550
FICA	\$	3,255
<b>Net Budgeted Amount</b>	\$	<b>45,805</b>
<b>Net Actual Cost</b>	\$	<b>33,641</b>
<b>Savings / (Cost)</b>	\$	<b>12,164</b>

Since this wage increase inflates the base wage of these employees it would therefore impact each subsequent year budget. The budget impact on 2018, assuming the same pension percentages, would be as follows:

2018 Salary Increase	\$	58,037
FICA	\$	4,440
<b>Net cost</b>	\$	<b>62,476</b>

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

**DATE:** October 2, 2017

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

**FROM:** Michael Lappen, 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 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**

**High Quality and Accountable Service Delivery**

- **Northside Facility Update and Expansion of Behavioral Health Division Community Presence**

With the delay in the decision for outsourcing of the Behavioral Health Division (BHD) Acute Hospital, the Northside “Hub” project has been delayed secondary to uncertainties about our space needs, concerns about facilities costs cutting into service capacity, and uncertainties related to third-party reimbursement changes related to the Affordable Care Act (ACA) and Badgercare. We remain committed to a future with a stronger BHD community presence. We will be able to move forward with the Hub as soon as we have better visibility on the timeline for closing the hospital and can create a comprehensive facilities plan for all BHD staff currently housed at 9455 West Watertown Plank Road. BHD is determined not to let the delays in identifying a physical location for the Northside facility stop us from moving forward with an expanded community presence.

It is the goal of BHD to help individuals gain access to services as quickly as possible and support them in leading happy, hopeful lives in our community. To this end, BHD has a variety of ways in which individuals can easily obtain services directly in the community, which include:

## High Quality and Accountable Service Delivery (Continued)

### ➤ **Community Access to Recovery Services Mobile Rapid Response**

Once a Community Access to Recovery Services (CARS) referral has been received, it is immediately assigned to an Administrative Coordinator who will contact the consumer to begin supporting the person and assessing their individual needs. This assessment process, which includes face-to-face meetings whenever possible, typically begins within twenty-four (24) hours of receipt of the referral and often even the same day. The Administrative Coordinator can meet with the person in the community at the location where s/he is most comfortable. In addition to a face-to-face meeting with the client and/or his or her natural supports, the Administrative Coordinator will also collaborate with the referent and other service providers when necessary to get all of the pertinent information to make an eligibility determination and recommend an appropriate level of care.

Once determined eligible for services, people are connected with the appropriate CARS services based upon their identified needs. This can include a variety of services, including Targeted Case Management, Community Support Programs, and Community Based Residential Facilities. With an emphasis on rapid response, efficiency, and meeting individuals in the community, CARS has been able to successfully connect individuals to service within twenty-four (24) to forty-eight (48) hours in many instances.

### ➤ **Care Coordination Team**

There are occasions where an individual, concerned family member, or member of the community is interested in learning more about mental health and/or substance abuse services. These individuals can call (414) 257-8095 to be connected to a CARS Care Coordinator. The Care Coordinator can answer questions regarding completion of a referral for CARS services, as well as information about community resources for mental health and/or substance use. The Care Coordinators also provide hands on assistance with completion of the CARS referral over the phone or as a mobile access point by meeting individuals in their home or in the community.

Additionally, the Care Coordination Team provides short-term crisis case management services, if an individual has immediate needs. These services may be a bridge until other behavioral health services begin. These services can also be provided to individuals who may not need long-term services but instead, request brief hands-on assistance in their homes or in the community. These services are available to help

## High Quality and Accountable Service Delivery (Continued)

manage a personal behavioral health crisis not requiring hospitalization or to assist with a period of stabilization after a hospitalization.

### ➤ Access Points

Consumers can also access CARS services by presenting to an Access Point for a formal CARS Comprehensive Assessment. The Access Point provider on Milwaukee's north side is M&S Clinical Services at 2821 North 4<sup>th</sup> Street #516, Milwaukee, WI, 53212, (414) 263-6000. M&S Clinical Services has served as the north side assessment center for CARS since 1998 and has a staff that reflects the cultural diversity of consumers served on the north side. Assessments are conducted on a first-come first-serve basis Monday through Friday and by appointment as needed.

In addition to comprehensive screening services, M&S provides psycho-education and referral for screening to consumers for Hepatitis C and HIV services. Going forward, BHD CARS staff will be on site at M&S each Monday morning to facilitate timely connections to CARS programs and to expand BHD staff presence in the community.

### ➤ Crisis Resource Center (CRC) North

The services at the Crisis Resource Center (CRC) are provided by Whole Health Clinical Group (WHCG). CRC offers a safe, recovery-oriented environment that provides short-term crisis intervention to individuals. They provide a multitude of services, which includes crisis stabilization, peer support, and linkage to ongoing support and services. The CRC also promotes opportunities for increased collaboration among community services and providers for the benefit of consumers and improved community health through consumers' increased quality of life.

CRC North, which provides walk-in crisis services along with short-term stabilization services, is located at 5409 West Villard Avenue, Milwaukee, WI, 53218, (414) 539-4024. CRC North will be a second location on the north side where BHD CARS staff will be on site each week on Wednesday afternoons. As with M&S, individuals are familiar with the location, and it provides an opportunity to expand BHD staff presence in the community, improves access to CARS services, and will help refine our model to eventually be implemented on a larger scale at the future Northside facility

## High Quality and Accountable Service Delivery (Continued)

### ➤ **Crisis Mobile Team**

The Crisis Mobile Team provides community-based assessments, crisis intervention services, and follow-up referrals to people throughout Milwaukee County. The team is available to serve the community seven (7) days per week, twenty-four (24) hours per day based upon availability. Individuals, families, friends, and law enforcement seeking the Crisis Mobile Team can access the team by calling the Crisis Line at (414) 257-7222. If a mobile intervention is needed, a team will be dispatched to the person's location in the community.

### ➤ **Crisis Assessment and Response Team (CART)**

CART is a collaborative effort between the Milwaukee Police Department (MPD) and BHD. There are currently three CART teams providing services between the hours of 11 a.m. and midnight, seven days per week based on availability. CART responds as a resource to assist officers in the community determine an appropriate response to mental health, substance use, and co-occurring needs of people in the community. CART responds to high intensity crisis situations where law enforcement intervention has been requested to de-escalate the crisis, assess the person's immediate needs, and link the person to resources in the community.

### ➤ **Team Connect**

Team Connect is a new program at BHD that provides co-occurring services to individuals with substance use and mental health needs. This includes additional follow-up services and supports to all persons (eighteen [18] years and older) discharged from Psychiatric Crisis Services (PCS), the observation unit, and acute care units. The purpose of this team is to reduce the risk of harm to individuals post-discharge, help improve continuity of care, provide connections to community resources to promote overall wellness, and reduce the incidence of hospital readmission and visits to PCS. Enrollment with Team Connect is intended to be short term based on the individual's needs. Follow up and monitoring can continue until an individual is in treatment, level of risk diminishes sufficiently, and/or an individual no longer wishes to participate in services.

## BHD Collaborations

- **Kresge/American Public Human Services Association (APHSA)**

BHD and the Department of Health and Human Services Housing Division have been awarded additional funding from the Kresge Foundation to aid in our shared efforts to expand housing resources to individuals with mental health and substance use challenges and to develop the infrastructure to monitor quality and maximize efficiency in managing those resources. From the notification from Bryon Grove from APHSA:

*APHSA has received official approval from the Kresge Foundation of their support of funding for the Road Map Development & Framing Science efforts between September 1, 2017 - March 31, 2018. The activities included in the proposal were:*

- *Finalization of Road Map from Assessment priority Strengths & Gaps (2 Days Onsite)*
- *An introduction to framing science, methods, and strategies, including relevant research from Frameworks Institute; (2 Days Onsite)*
- *Tailored technical assistance and coaching on applying framing principles to the work of each agency and linking it to their HSV/C progression efforts; (Housing as Healthcare) (2 Days Onsite)*

## Grant Awards

- **City-County Heroin, Opioid, and Cocaine Taskforce Related Grant Funding**

BHD's participation in the City-County Heroin, Opioid, and Cocaine Taskforce has led to a grant funded effort led by CARS. In partnership with the UWM School of Social Welfare, BHD has begun a pilot project to examine in detail deaths related to opioid overdoses throughout Milwaukee County in an attempt to identify common themes, gaps in care, and to bolster prevention and treatment efforts. A Ph.D student has been assigned to the project, and her work will include an exploration of the issue of overdose deaths in the County and will develop a collaboration between BHD, all nineteen (19) local health departments, the medical examiner's office, and the local health and Emergency Management Systems.

**Other Topics of Interest**

- **BHD Organizational Leadership Structure/Role Changes**

Randy Oleszak, BHD's Chief Financial Officer (CFO) has resigned to take a position at Lutheran Social Services. The vacant position has been posted, and we hope to fill it quickly. Randy's team continues to handle day-to-day fiscal duties. We wish Randy the best and thank him for four years of quality service for Milwaukee County and BHD.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Mike Lappen", written over a horizontal line.

Mike Lappen, Administrator  
Milwaukee County Behavioral Health Division  
Department of Health and Human Services

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

**JOINT MEETING  
 TASK FORCES ON LOCAL PUBLIC/PRIVATE PARTNERSHIP  
 AND NATIONAL ENTITY PARTNERSHIP**

October 5, 2017 - 8:00 A.M.  
 Milwaukee County Mental Health Complex  
 9455 West Watertown Plank Road

**MINUTES**

**PRESENT:** Duncan Shrout (LPPP), \*Brenda Wesley (LPPP), Thomas Lutzow (NEP), Robert Chayer (NEP), Mary Neubauer (NEP), Michael Lappen, John Schneider, Jennifer Bergersen, Rose Kleman (Ad Hoc), and Alicia Modjeska (Ad Hoc)  
**EXCUSED:** Jon Lehrmann (LPPP) and Kelly Davis (Ad Hoc)

\*Joint Task Force Member Brenda Wesley was not present at the time the roll was called but joined the meeting shortly thereafter.

**SCHEDULED ITEMS:**

- |    |   |
|----|---|
| 1. | <p><b>Call to Order.</b></p> <p>Chairman Shrout opened the meeting by greeting members of the Joint Task Force and the audience. Joint Task Force members were asked to introduce themselves.</p>   |
| 2. | <p><b>Background Information to Date on Joint Task Force Efforts to Identify a Partner to Provide Acute Psychiatric Services.</b></p> <p>Mr. Lappen explained the Joint Task Force has reached a point in its efforts to identify a partner where it is important Board Members who have not been involved in this process be briefed on the activities of the Joint Task Force and its evaluation of information received to date. The decision to move from being a hospital-based provider of acute psychiatric care to becoming a comprehensive provider of preventative, treatment, and recovery-oriented care in community-based settings dates back to September of 2014. The timeline distributed details each phase and is reflective of the work done on this initiative.</p> <p>Chairman Shrout provided background information on the establishment of the Joint Task Force and its initial purpose to evaluate national and local entities interested in partnering with the Milwaukee County Behavioral Health Division to provide services. Over the last two years, the Joint Task Force has met monthly and had discussions with and viewed presentations by all interested parties.</p> |

**SCHEDULED ITEMS (CONTINUED):**

3.	<p><b>Update on the Milwaukee Behavioral Health Coalition’s Participation in the Process of Potentially Partnering with the Milwaukee County Behavioral Health Division (BHD) to Provide Acute Psychiatric Services.</b></p> <p>The Milwaukee Behavioral Health Coalition, made up of Children’s Hospital, Rogers Memorial Hospital, and Ascension, collectively decided to withdraw from consideration of potentially partnering with BHD to provide services. The Coalition relayed the decision was based on their inability to provide a viable proposal at this time.</p> <p>The original purpose of today’s meeting was to hear presentations from both Universal Health Services and the Coalition. Once the Coalition announced their withdrawal, the meeting was kept as scheduled and designated as an opportunity to provide the Board with information and solicit everyone’s input on how to move forward.</p> <p>BHD remains in contact with the Coalition and will continue to have relationships with each entity in their capacity as members of the local continuum of care.</p> <p>Questions and comments ensued.</p>
4.	<p><b>Next Steps on Identifying a Partner to Provide Acute Psychiatric Services.</b></p> <p>Joint Task Force Member Neubauer explained the “Site Visit Group” has taken on the responsibility of now being the Review Committee as it relates to the clinical component and aspects of the written submission due November 6, 2017. The first meeting of this group was held on October 2, 2017, where a process of evaluation was developed and a timeline to a decision was created. Both documents were distributed and reviewed in detail. A Review Committee related to the financial components and aspects of the written submission will be chartered by Milwaukee County in November.</p> <p>Questions and comments ensued at length.</p>
5.	<p><b>Upcoming 2017 Joint Taskforce Meeting Dates:</b></p> <ul style="list-style-type: none"><li>• December 7, 2017, at 8:30 a.m.</li><li>• January 4, 2018, at 8:30 a.m.</li></ul> <p>Chairman Shrout reminded the Joint Task Force that the November 2, 2017, meeting was cancelled pending receipt of the written submission due November 6, 2017. The next meeting of the Joint Task Force was announced as December 7, 2017, at which time the Review Committee will report on its findings.</p>

**SCHEDULED ITEMS (CONTINUED):**

6.	<b>Adjournment.</b>  <b>MOTION BY:</b> (Neubauer) <i>Adjourn. 8-0</i> <b>MOTION 2<sup>ND</sup> BY:</b> (Schneider) <b>AYES:</b> Shrout, Wesley, Lutzow, Chayer, Neubauer, Lappen, Schneider and Bergersen - 8 <b>NOES:</b> 0
<p>This meeting was recorded. The official copy of these minutes, along with the audio recording of this meeting, is available on the Milwaukee County Behavioral Health Division/Mental Health Board web page.</p> <p>Length of meeting: 8:07 a.m. to 9:03 a.m.</p> <p>Adjourned,</p> <p><b>Jodi Mapp</b> Senior Executive Assistant Milwaukee County Mental Health Board</p>	

The October 5, 2017, meeting minutes of the Milwaukee County Mental Health Board Joint Task Force on Local Public/Private Partnership and National Entity Partnership are hereby approved.



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Dr. Robert Chayer, Secretary  
Milwaukee County Mental Health Board  
Joint Task Force on Local/Private Partnership  
and National Entity Partnership

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

**DATE:** September 21, 2017

**TO:** Duncan Shrouf, Chairperson – Milwaukee County Mental Health Board

**FROM:** Jeanne Dorff, Interim Director, Department of Health and Human Services  
*Approved by Mike Lappen, Administrator, Behavioral Health Division*

**SUBJECT: Report from the Interim Director, Department of Health and Human Services, Requesting Authorization to Execute 2017 and 2018 Professional Services Contracts for Food, Psychiatrist Staffing, and Security Services**

**Issue**

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health (substance use disorder) with a value of at least \$100,000. No contract or contract adjustment shall take effect until approved by the Milwaukee County Mental Health Board. Per the statute, the Director of the Department of Health and Human Services is requesting authorization for BHD/CARS/Wraparound/Inpatient Hospital to execute mental health and substance use contracts for 2017-2018.

**Background**

Approval of the recommended contract allocations will allow BHD/CARS/Wraparound/Inpatient Hospital to provide a broad range of rehabilitation and support services to adults with mental health and/or substance use disorders and children with serious emotional disturbances.

**Professional Services Contracts**

**ARAMARK Correctional Services, LLC - \$805,089.60**

ARAMARK Correctional Services, LLC prepares and delivers food for the BHD inpatient and outpatient population.

**Locum Tenens.com, LLC - \$780,000**

LocumTenens.com LLC is utilized to fulfill required psychiatrist staffing for the Behavioral Health Division inpatient services on a temporary basis. Services include sourcing, screening, and presenting psychiatrist candidates for the purpose of fulfilling essential coverage needs due to vacancies. Continued temporary staffing is required, while BHD continues to recruit for permanent psychiatrist employees. This shall be the sixth amendment, since the agreement was initially executed on 11/16/2015. BHD is seeking to amend the existing agreement by an additional **\$780,000** for a new **not to exceed total of \$3,086,750** and to extend the end date through 12/31/2018. Fiscal Impact: The costs associated with locum tenens staffing are offset by current vacancies and will decrease, as additional permanent positions are filled.

**U.S. Securities - \$796,120**

U.S. Securities provides Public Safety and Security Services for Milwaukee County Behavioral Health Division. In April 2017 BHD entered into a temporary contract with U.S. Securities to also provide Security Services and the current agreement will expire on 10/31/2017 and is being extended until 10/31/2018. U.S. Securities will continue in the provision of security services. BHD will be pursuing hiring an in-house proprietary team to perform the security services with an anticipated date of 2018. BHD is seeking to amend the existing agreement for 2017 by \$137,790 for a new not to exceed total of \$1,155,842. BHD is also asking for an additional \$658,330 for 2018 for a new not to exceed total of \$1,128,330.

**Fiscal Summary**

The amount of spending requested in this report is summarized below.

<b>Vendor Name</b>	<b>New/Amendment/ Existing Contract</b>	<b>2017 Amount</b>	<b>2018 Amount</b>
ARAMARK	Existing		\$805,089.60
Locum Tenens.com, LLC	Amendment	\$25,280	\$754,720
U.S. Securities	Amendment	\$137,790	\$658,330
<b>Total</b>		<b>\$163,070</b>	<b>\$2,218,139.60</b>




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Jeanne Dorff, Interim Director  
Department of Health and Human Services

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

**DATE:** September 21, 2017

**TO:** Duncan Shrouf, Chairperson – Milwaukee County Mental Health Board

**FROM:** Jeanne Dorff, Interim Director, Department of Health and Human Services  
*Approved by Mike Lappen, Administrator, Behavioral Health Division*

**SUBJECT: Report from the Interim Director, Department of Health and Human Services, Requesting Authorization to Execute 2017 and 2018 Purchase-of-Service Contracts with a Value in Excess of \$100,000 for the Behavioral Health Division for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services**

**Issue**

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health (substance use disorder) with a value of at least \$100,000. No contract or contract adjustment shall take effect until approved by the Milwaukee County Mental Health Board. Per the statute, the Director of the Department of Health and Human Services is requesting authorization for BHD/CARS/Wraparound/Inpatient Hospital to execute mental health and substance use contracts for 2017-2018.

**Background**

Approval of the recommended contract allocations will allow BHD/CARS/Wraparound/Inpatient Hospital to provide a broad range of rehabilitation and support services to adults with mental health and/or substance use disorders and children with serious emotional disturbances.

**Purchase-of-Service Contracts**

**Dungarvin Wisconsin, LLC**

Dungarvin Wisconsin, LLC does the Community Consultation Team (CCT) and is a crisis mobile team that specializes in community-based interventions for individuals with both intellectual developmental disabilities and mental illness. Community Access to Recovery Services (CARS) will not be renewing the Dungarvin Wisconsin, LLC contract for 2018 due to low utilization of services.

**Horizon Healthcare, Inc. - \$335,286**

Horizon Healthcare supports the Consumer Affairs office and assists with staffing the Peer Specialists to support inpatient services, through discharge, and re-entry into the community to assist consumers in staying engaged in the recovery process. The funds are being requested for 2018.

**Milwaukee Center for Independence, Inc. dba Whole Health Clinical Group (CRC) –  
\$1,480,000.00**

The Crisis Resource Center (CRC) serves adults with mental health needs who are in need of crisis intervention and/or short term crisis stabilization versus hospitalization. People served may include individuals with a co-occurring substance use disorder who are experiencing a crisis. The CRC provides a safe, welcoming, and recovery-oriented environment for people in need of stabilization and peer support services to prevent hospitalization. The funds are being requested for 2018.

**Fiscal Summary**

The amount of spending requested in this report is summarized below.

Vendor Name	New/Amendment/Renewal/Extension/Existing Contract	2018 Amount
Horizon Healthcare, Inc.	Renewal	\$335,286
Milwaukee Center for Independence, Inc. dba Whole Health Medical	Renewal	\$1,480,000
Total		\$1,815,286




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Jeanne Dorff, Interim Director  
Department of Health and Human Services

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

**DATE:** September 28, 2017

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

**FROM:** Jeanne Dorff, Interim Director, Department of Health and Human Services  
*Approved by Mike Lappen, Administrator, Behavioral Health Division*

**SUBJECT:** **Report from the Interim Director, Department of Health and Human Services, Requesting Authorization to Execute 2018 Fee-for-Service Agreements with a Value in Excess of \$100,000 for the Behavioral Health Division for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services**

**Issue**

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health (substance use disorder) with a value of at least \$100,000. No contract or contract adjustment shall take effect until approved by the Milwaukee County Mental Health Board. Per the statute, the Director of the Department of Health and Human Services is requesting authorization for BHD/CARS/Wraparound/Inpatient Hospital to execute mental health and substance use contracts for 2018.

**Background**

Approval of the recommended contract allocations will allow BHD/CARS/Wraparound/Inpatient Hospital to provide a broad range of rehabilitation and support services to adults with mental health and/or substance use disorders and children with serious emotional disturbances.

**Fee-for-Service Agreements**

**Pathfinders Milwaukee - \$117,870**

This agency provides Behavioral Health and/or Social Services for the Wraparound Milwaukee Program serving children/youth and their families. These funds are being requested for 2018.

**Clear Vision dba Eliana Homes – 134,312.44**

A Clearer Vision, LLC provides Adult Family Home services. They provide 24 hours of residential care, treatment or services that are above the level of room and board and that may include up to 7 hours per week of nursing care per resident. These funds are being requested for 2017.

**Milwaukee Mental Health Associates – 71,344.00**

Milwaukee Mental Health Associates provides targeted case management which is a community based service for those with severe and persistent mental illness. These case management services are designed to allow individuals to maintain as much independence in the community as possible by providing assistance with psychiatric services, medical appointments, housing, family and social issues. These funds are being requested for 2017.

**Outreach Community Health Centers, Inc. – 457,617**

Outreach Community Health Centers provides Comprehensive Community Services (CCS) which is an array of recovery services, treatment, and psychosocial rehabilitation services for adults and children. These funds are being requested for 2017.

**Wisconsin Community Services, Inc. – 76,792**

Wisconsin Community Services, Inc. provides targeted case management which is a community based service for those with severe and persistent mental illness. These case management services are designed to allow individuals to maintain as much independence in the community as possible by providing assistance with psychiatric services, medical appointments, housing, family and social issues. These funds are being requested for 2017.

**Alternatives in Psychological Consultation, S.C. – 1,077,567**

Alternatives in Psychological Consultation, S.C. provides Comprehensive Community Services (CCS) which is an array of recovery services, treatment, and psychosocial rehabilitation services for adults and children. These funds are being requested for 2017.

**Guest House of Milwaukee – 840,471**

Guest House of Milwaukee provides Comprehensive Community Services (CCS) which is an array of recovery services, treatment, and psychosocial rehabilitation services for adults and children. These funds are being requested for 2017.

**Professional Services Group, Inc. – 136,000**

Professional Services Group, Inc. provides Comprehensive Community Services (CCS) which is an array of recovery services, treatment, and psychosocial rehabilitation services for adults and children. These funds are being requested for 2017.

**Justice Point, Inc. – 251,985**

Justice Point, Inc. provides an array of recovery services, treatment, and psychosocial rehabilitation services for adults and children. These funds are being requested for 2017.

**Access Recovery Mental Health Services – 116,000**

Access Recovery Mental Health Services provides Comprehensive Community Services (CCS) which is an array of recovery services, treatment, and psychosocial rehabilitation services for adults and children. These funds are being requested for 2017.

**Ascent for Life, Inc. – 358,000**

Ascent for Life, Inc. provides Comprehensive Community Services (CCS) which is an array of recovery services, treatment, and psychosocial rehabilitation services for adults and children. These funds are being requested for 2017.

**Community Living Arrangements, Inc. – 105,000**

Community Living Arrangement is an Adult Family Home which provides assisted living services for individuals needing a higher level of care and supportive living assistance. These funds are being requested for 2017.

**Easter Seals Southeast WI, Inc. – 270,000**

Easter Seals Southeast WI, Inc. provides Comprehensive Community Services (CCS) which is an array of recovery services, treatment, and psychosocial rehabilitation services for adults and children. These funds are being requested for 2017.

**Jefferson Crest, LLC – 323,500**

Jefferson Crest, LLC provides assisted living services for individuals needing a higher level of care and supportive living assistance. These funds are being requested for 2017.

**Mystic Creek, LLC – 245,000**

Mystic Creek, LLC is an Adult Family Home which provides assisted living services for individuals needing a higher level of care and supportive living assistance. These funds are being requested for 2017.

**United Community Center – 190,205**

United Community Center provides intensive residential AODA treatment for men and women who may struggle with alcohol or drug addiction. These funds are being requested for 2017.

**Genesis Behavioral Services, Inc. – 282,288**

Genesis Behavioral Services, Inc. provides intensive residential AODA treatment for men and women who may struggle with alcohol or drug addiction. These funds are being requested for 2017.

**House for Independent Living of WI, LLC – 468,235**

House for Independent Living of WI, LLC provides Comprehensive Community Services (CCS) which is an array of recovery services, treatment, and psychosocial rehabilitation services for adults and children. These funds are being requested for 2017.

## **Fiscal Summary**

The amount of spending requested in this report is summarized below.

Vendor Name	New/Amendment/Renewal/Existing Contract	2017 Amount	2018 Amount
Pathfinders Milwaukee	Renewal		\$117,870
Clear Vision dba Eliana Homes	Amendment	\$134,312.44	
Milwaukee Mental Health Associates	Amendment	\$71,344	
Outreach Community Health Services, Inc.	Amendment	\$457,617	
Wisconsin Community Services, Inc.	Amendment	\$76,792	
Alternatives in Psychological Consultation, S.C.	Amendment	\$1,077,567	
Guest House of Milwaukee	Amendment	\$840,471	
Professional Services Group, Inc.	Amendment	\$136,000	
Justice Point, Inc.	Amendment	\$251,985	
Access Recovery Mental Health Services	Amendment	\$116,000	
Ascent for Life, Inc.	Amendment	\$358,000	
Community Living Arrangements, Inc.	Amendment	\$105,000	
Easter Seals Southeast WI, Inc.	Amendment	\$270,000	
Jefferson Crest, LLC	Amendment	\$323,500	
Mystic Creek, LLC	Amendment	\$245,000	

Vendor Name	New/Amendment/Renewal/Existing Contract	2017 Amount	2018 Amount
United Community Center	Amendment	\$190,205	
Genesis Behavioral Services, Inc.	Amendment	\$282,288	
House for Independent Living of WI, LLC	Amendment	\$468,235	
<b>Total</b>		<b>\$5,404,316.44</b>	<b>\$117,870</b>




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Jeanne Dorff, Interim Director  
Department of Health and Human Services



# Behavioral Health Division

Date Issued:  
Last Approved Date:  
Last Revised Date:  
Next Review:  
Owner:  
Policy Area:  
References:

## Code of Ethics

### APPLICATION

This Code of Ethics applies to all Milwaukee County Behavioral Health Division (BHD) employees, inclusive of medical, professional, and administrative staff.

### POLICY

The purpose of this Ethics Code is to establish standards of conduct to assist BHD employees in furthering actions consistent with the best interest of government and the citizens of Milwaukee County. High moral and ethical standards by public officials<sup>1</sup> and employees are essential to good government. A code of ethics for the guidance of BHD employees will help avoid conflict between personal interests and public responsibilities, will improve standards of public service, and will promote and strengthen faith and confidence in the BHD.

### MISSION

BHD, through early assessment and intervention, promotes hope for individuals and their families through innovative recovery programs in behavioral health, wellness, recovery, research and education.

### CORE VALUES

BHD and its employees shall support and follow these core values:

- Person-Centered
- Culturally Intelligent
- Trauma-Informed
- Stage Matched Recovery Planning
- Systems and Services Integration
- Recovery-Oriented

<sup>1</sup> MHB members are subject to the Code of Ethics for Local Government Officials. See attached. MHB members are subject to removal for cause and for engaging in any activity that disqualifies an individual from board membership pursuant to Wis. Stat. § 51.41(1d)(i).

- Accessible
- Welcoming
- Co-occurring Capable

## **RESPONSIBILITY TO CONSUMERS**

BHD and its employees shall:

- Properly administer the mental health affairs of Milwaukee County.
- Promote decisions that benefit the public interest.
- Provide citizens with access to quality care that is appropriate for individual conditions and needs.
- Treat citizens with dignity and respect in all aspects of patient care. This includes involving patients, to the extent possible, in decisions regarding their own treatment.
- Uphold standards of professionalism and honesty in all interactions.
- Make every reasonable effort to assure that the relief of human suffering and safety of the people served are sustained or enhanced by the BHD's services.
- Assure that the spiritual needs and cultural beliefs and practices of citizens served are respected and accommodated.
- Protect the confidentiality and privacy of the citizens served within the constraints of the law.
- Promote principles of recovery for the citizens served throughout the mental health delivery system.
- Utilize the BHD Ethics Committee, the Milwaukee County Ethics Board, and the Office of Corporation Counsel to address ethical dilemmas.
- Ensure patients/clients with longer length of stays have a right to perform or refuse to perform tasks in the hospital or community without prejudice to their care.

## **RESPONSIBILITY TO COLLEAGUES**

BHD and its employees shall:

- Recognize and respect boundaries of colleagues.
- Accommodate the religious beliefs of employees to the extent possible.
- Maintain a respectful attitude towards all.

## **RESPONSIBILITY TO COMMUNITY**

BHD and its employees shall:

- Promote the overall mental health status of the community.
- Accept a leadership role in enhancing public mental health and continuity of care by communicating and collaborating with other health care and social service agencies to improve the availability and provision of mental health services.
- Participate in activities contributing to improvement of the community and the betterment of public health.

## **ADMISSION TRANSFER AND DISCHARGE PRACTICES**

Each person obtaining services has the right to participate, consistent with the law, in transfer, admission, and discharge decisions, which will be based upon sound clinical evaluations.

BHD and its employees shall:

- Complete a clinically competent assessment for all persons seeking services.
- Treat individuals needing services regardless of ability to pay.
- Provide a coordinated admission process designed to meet the needs of persons seeking mental health services.
- Assure that all transfers within the BHD are clinically indicated and aimed at assuring treatment in the least restrictive, most therapeutic setting.
- Provide for safe, well-coordinated transfer or discharge following confirmation that the patient has been fully informed of the basis for the decision(s) and any alternative(s).

## **EDUCATIONAL OPPORTUNITIES**

BHD and its employees shall:

- Ensure that educational activities for consumers, families, students, and employees will focus on the treatment of illness, the advancement of knowledge, and the promotion of health, well-being, and recovery.

## **BILLING PRACTICES<sup>2</sup>**

BHD and its employees shall:

- Bill citizens served and third-party payors only for services actually provided and efficiently answer questions related to any matter, particularly cost of care.

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<sup>2</sup> See attached BHD Purchasing and Procurement Policy adopted in August of 2017. In particular, see page 3 of that policy concerning employees responsible for submission of **Statements of Economic Interest** (those persons authorized to make purchases on behalf of BHD). See also attached related policy: Procurement-Legal and Contractual Remedies.

- Strive to increase the utilization of women, minorities, and disabled persons, and other protected groups in all divisions of the BHD, including in the issuance of contracts.
- Evaluate decisions so that the best service or product is obtained at minimal cost without sacrificing quality and to ensure preservation and protection of county funds and property.

## **PROTECTION OF THE INTEGRITY OF CLINICAL DECISIONS OF THE LICENSED INDEPENDENT PRACTITIONER**

BHD and its employees shall:

- Protect the integrity of clinical decision making regardless of how the organization compensates staff or shares financial risk.
- Ensure that clinical decisions are based on patient health care needs following well-designed standards of care.
- Provide services to meet identified needs of patients and seek continuous improvement.
- Provide services to patients for whom the organization can safely care for within the facility and otherwise ensure proper referral to a provider or facility that can meet those needs.
- Never turn away patients in need based on ability to pay or any other factor substantially unrelated to patient care.
- Evaluate business practices by the BHD administrative leadership and the Medical Staff's Medical Executive Committee to ensure that service delivery is based upon patient need, not financial incentives.
- Refer ethical conflicts related to patient care decisions to the BHD Ethics Committee.

## **CONFLICT OF INTEREST<sup>3</sup>**

Generally, a conflict of interest exists when professionals are called upon to serve competing interests. Some apparent conflicts, such as transactions with a former employer or dealings with past business associates, may be acceptable as long as disclosure of the conflict is made to all involved parties.

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<sup>3</sup> This section supplements the existing, separate Conflict of Interest policy. *See* attached BHD Conflict of Interest Policy, adopted by the MHB on December 15, 2015.

## **PRIVATE PRACTICE**

- BHD reaffirms the right of its professional staff to engage in the private practice of professional services, subject to the rules, conditions and definitions stated in Medical Staff Policy #3.1.9 "Private Practice."

## **PERSONAL INTEGRITY**

BHD employees shall:

- Communicate honestly
- Be compassionate and caring in all interactions.
- Perform work with competence and maintain competency through continuing education following County, State and Federal laws, as well as relevant, discipline-specific ethical codes of conduct<sup>4</sup>.
- Respect the rights of all persons seeking mental health services.
- Maintain patient confidentiality within the limits of the law.
- Provide the same quality level of service for all.
- Report fraud, deception, abuse, or neglect.
- Never allow personal interests to impact conduct, judgment, or decisions.
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# Behavioral Health Division

Date Issued:  
Last Approved Date:  
Last Revised Date:  
Next Review:  
Owner:  
Policy Area:  
References:

## Code of Ethics

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- Address issues of conflict of interest with the treatment team when a BHD employee serves as a guardian or client advocate.

<sup>3</sup> This section supplements the existing, separate Conflict of Interest policy. See attached BHD Conflict of Interest Policy, adopted by the MHB on December 15, 2015.

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- Maintain patient confidentiality within the limits of the law.
- Provide the same quality level of service for all.
- Report fraud, deception, abuse, or neglect.
- Never allow personal interests to impact conduct, judgment, or decisions.
- Never allow the interests of third-parties or family, friends, or other personal relationships to influence conduct, judgment, or decisions.

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<sup>4</sup> See attached Code of Conduct policy, adopted by the MHB on November 25, 2015.

# ATTACHMENT NO. 1

# Milwaukee County Mental Health Board CODE OF ETHICS FOR LOCAL GOVERNMENT OFFICIALS

## A MENTAL HEALTH BOARD (MHB) MEMBER SHOULD NOT:

**ACT OFFICIALLY IN A MATTER IN WHICH PRIVATELY INTERESTED OR FOR AN ORGANIZATION WITH WHICH ASSOCIATED.** Use his or her public position or office to obtain financial gain or anything of substantial value for the private benefit of himself or herself or his or her immediate family, or for an organization with which he or she is associated. [§ 19.59(1)(a), *Wisconsin Statutes*]

**SOLICIT OR ACCEPT ANYTHING OF VALUE LIKELY TO INFLUENCE.** Solicit or accept from any person, directly or indirectly, anything of value if it could reasonably be expected to influence the local public official's vote, official actions or judgment, or could reasonably be considered as a reward for any official action or inaction on the part of the local public official. (This does not prohibit a local public official from engaging in outside employment.) [§ 19.59(1)(b)]

**USE PUBLIC POSITION TO OBTAIN UNLAWFUL BENEFITS.** Directly, or by means of an agent, give, or offer or promise to give, or withhold, or offer or promise to withhold, his or her vote or influence, or promise to take or refrain from taking official action with respect to any proposed or pending matter in consideration of, or upon condition that, any other person make or refrain from making a political contribution, or provide or refrain from providing any service or other thing of value, to or for the benefit of a candidate, a political party, a person who is subject to a registration requirement under s.11.05 (registration of political groups, committees, and individuals), or any person making a communication that contains a reference to a clearly identified local public official holding an elective office or to a candidate for local public office. [§ 19.59(1)(br)]

**USE PUBLIC POSITION FOR SUBSTANTIAL FINANCIAL INTEREST.** Take any official action substantially affecting a matter in which the official, a member of his or her immediate family, or an organization with which the official is associated has a substantial financial interest. [§ 19.59(1)(c)1]

**USE PUBLIC POSITION FOR SUBSTANTIAL BENEFIT.** Use his or her office or position in a way that produces or assists in the production of a substantial benefit, direct or indirect, for the official, one or more members of the official's immediate family either separately or together, or an organization with which the official is associated. [§ 19.59(1)(c)2]

**ACCEPT TRANSPORTATION, LODGING, FOOD, OR BEVERAGE EXCEPT AS SPECIFICALLY AUTHORIZED.** Accept or retain transportation, lodging, meals, food or beverage except items and services offered for reasons unrelated to public office, as long as not furnished by a lobbyist or by a lobbyist's employer, or items provided by or to the MHB and primarily for the MHB's benefit. [§§ 19.59(3)(a) and 19.44(h)]

**PENALTY FOR VIOLATION OF ETHICS CODE.** Any person who violates this Ethics Code may be required to forfeit not more than \$1,000 for each violation, and additional penalties equal to the amount or value of any political contribution, service, or other thing of value wrongfully obtained, after commencement of an action by the district attorney or attorney general's office. [§§ 19.59(7) and (8)]

ATTACHMENT NO. 2

# Procurement Procedure`

ADMINISTRATIVE MANUAL  
MILWAUKEE COUNTY  
BEHAVIORAL HEALTH DIVISION

ARTICLE TITLE BHD Purchasing & Procurement Policy  
ARTICLE NO. 2

ORIG ISSUE DATE  
07-12-2017

## **Purpose:**

The Milwaukee County Behavioral Health Division (BHD) is required to purchase various materials, services, and equipment to fulfill its mission of enhancing the quality of life for individuals who need support living healthy, independent and safe lives within our community.

## **Scope:**

This Policy applies to all MCBHD managers, directors, officers, administrators and purchasing coordinators.

## **Policy:**

This procurement policy will ensure:

- A. that procurement transactions obtain in a cost-effective, responsible and responsive manner the acquisition of quality materials, services, and equipment required by the BHD
- B. the prudent use of resources; BHD will avoid acquisition of unnecessary or duplicative items;
- C. that before a service is purchased or outsourced, an evaluation is made of in-house capabilities , and if it is determined that services need to be procured from outside, this policy will be used to guide such procurements;
- D. compliance with applicable federal law, OMB Uniform Guidance standards, and any state regulations governing procurement;
- E. that contracts are only awarded to responsible contractors possessing the ability to perform successfully. Consideration will be given to contractor integrity, compliance with public policy, past performance and financial and technical resources;
- F. that the policy delineate guidelines for source selection, purchasing methodology, and approval of purchases and contracts at BHD;
- G. that quality and affordability are to be balanced during the decision making process. Quality will have a higher percentage weight with all procurement efforts.

## **Definitions:**

**Bid Bond** is issued as part of a supply bidding process by the contractor to the project owner, to attempt to guarantee that the winning bidder will undertake the contract under the terms at which they bid.

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**Conflict of Interest:** A conflict of interest would arise when an employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for an award or contract.

**BHD Directors:** Are any staff member that is responsible for a program area, section or service area of MCBHD

**Fee for Service Network:** A network or group of preapproved providers providing services to certain populations of clients or programs. Examples: Wraparound Milwaukee, Community Access to Recovery Services (CARS).

**Ineligible Vendor or Contractor:** is a vendor on the federal, state or county barred list.

**Officer:** A staff member in an executive level position within MCBHD, (Chief Clinical Officer, Chief Nursing Officer, Chief Financial Officer, etc.)

**Performance Bond:** Also known as a contract bond, is a surety bond issued by an insurance company or a bank to guarantee satisfactory completion of a project by a contractor.

**The Director:** The Director of the Milwaukee County Department of Health and Human Services.

## Procurement by noncompetitive proposal:

**Sole Source Purchases:** A sole source purchase is one wherein a needed item can only be purchased from a single source because there is only one source available. This situation makes it impossible to obtain competitive bids.

**Single Source:** Even though two or more suppliers can provide the required goods or services, the Administrator, or designee awards the contract to one supplier over the other(s) when public exigency or emergency will not permit a delay required for competition, or MCMHB has expressly authorized a noncompetitive process, or after solicitation of a number of sources competition is deemed inadequate.

**Group Purchasing Organizations (GPO):** A group purchasing organization (GPO) is an entity that helps healthcare providers-such as hospitals, nursing homes and home health agencies-realize savings and efficiencies by aggregating purchasing volume and using that leverage to negotiate discounts with manufacturers, distributors and other vendors.

**Micro-purchases, \$3,000 or less,** do not require competition or a cost/price analysis, but must be distributed equitably among qualified suppliers (to the extent practicable). \$2,000 for construction awards subject to the Davis-Bacon Act.

**Small purchase, \$3,000-\$149,999,** price and rate quotes must be obtained from an adequate number of qualified sources. Note: no cost/price analysis is required.

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## **Formal Procurements may include the following:**

**Sealed bids**, using firm fixed price contract, require formal advertising, two or more bidders are willing and able to respond, and there is public opening of the bids.

**Request for Information (RFI):** An RFI process may be used to obtain information from potential suppliers or service providers to aid in the development of a request for bid/proposal. The document should be clearly marked "Request for Information". A request for information is used to obtain information only. It is not a substitute for the request for bid/proposal process, but responsiveness to an RFI may be a condition to being allowed to bid, renew an existing contract, or submit a proposal when an RFP is released.

**Competitive Proposals - Request for Proposal (RFP):** Is used when sealed bids are not appropriate. A request for proposal is used to submit a solicitation in the form of a proposal for some type of commodity, service, asset, or property. It is typically used to get information about the proposed asset or service. This can include a history of the asset's ownership, financial information, information about the seller, or the product's availability. Request for proposals will follow the process rules set forth in the 2000 ABA Model Procurement Code and the August 2002 Regulations for State and Local Governments as approved by the MCBHD Board in 2014 and the Standards found in 2 CFR 200.317- 326, Uniform Guidance Procurement Standards. The RFP process will be used when: the total costs of services will exceed \$150,000 on an annual basis, the need for the service is anticipated four to six months in advance, there are federal mandates requiring an RFP process (e.g., 2 CFR 200), or there is a need for a new service to be provided which MCBHD had not offered previously. The solicitation must include a clear and accurate description of the technical requirements for material, product or services, identify all of the requirements that offerors must fulfill and all other factors to be used in evaluating bids or proposals. Standard terms and conditions will be developed and attached to every RFP to include compliance with relevant federal, state and county procurement laws.

## **Ethics and Conflict of Interest:**

**Policy:** It is declared that high moral and ethical standards among county public officials and county employees are essential to the conduct of free government; that the county believes that a code of ethics for the guidance of county public officials and county employees will help them avoid conflicts between their personal interests and their public responsibilities, will improve standards of public service and will promote and strengthen the faith and confidence of the people of this county in their county public officials and county employees. It is the intent of the county that in its operations the board shall protect to the fullest extent possible the rights of individuals affected. s. 9.01, MCCGO

### **Conflict of Interest**

Persons authorized to make purchase on behalf of MCBHD will be required to disclose any conflict of interests annually via the Statement of Economic Interest Form and Affidavit submitted to the Milwaukee County Ethics board pursuant to provisions of Chapter 9, Code of Ethics, Milwaukee County Code of General Ordinances.

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A conflict of interest would arise when a BHD employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract.

### **Contractual Personnel Services**

An exception would be retired or former BHD employees under contract for services related to their former job duties. When deemed in the best interest of BHD, it may contract with former employees immediately upon their separation from employment.

Additionally, pursuant to the provisions of Wis. Stat. 59.79(8), the director may enter into a contract for a period not to exceed 2 years for the services of retired county employees, provided such services shall not replace or duplicate an existing office or position in the classified or unclassified service nor be considered an office or position under s. 63.03 Wis. Stats. Former Milwaukee County employees may be hired as contractual employees by BHD subject to the requirements of said statute. If payment under the term of the contract will equal or exceed \$100,000, MC MHB approval is required.

### **Prohibited Practices**

BHD may not enter into a contract with vendors or contractors that are on a federal, state or county list of ineligible entities.

In order to improve transparency and ensure objective contractor performance and eliminate unfair competitive advantage, providers/contractors who help draft or develop a grant application, contract specifications, requirements, statements of work, invitation for bids and/or requests for proposals, shall be excluded from competing for such procurement unless written reasoning is provided for allowing them to compete.

Gratuities: Officers, employees, and agents of BHD must neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. However, Milwaukee County may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value. The standards of conduct must provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of BHD.

### **Authority:**

- A. Authority to make or approve purchases is granted to specific managerial or officer level staff only.
  - a. This authority is determined by the MCBHD Administrator and the Milwaukee County Mental Health Board.
  - b. An Authorized Signature Card (Attachment) will remain on file in the MCBHD Fiscal Department and forwarded to the Office of the Milwaukee County Comptroller
  - c. No person is authorized to obligate MCBHD without verifying, in advance, sufficient funds to meet the purchase obligation.

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- B. Before a contract or agreement may be executed:
- a. The department may not approve contracts for amounts in excess of available revenues
  - b. Funding must be verified by BHD Chief Financial Officer or designee, or encumbered through the Milwaukee County Comptroller's Office.
  - c. Actual expenditure of BHD funds shall be reported in compliance with procedures developed by the department, and shall comply with standards guaranteeing quality of care.
  - d. All approvals must be granted either electronically or in writing.
  - e. Should BHD reimbursement from state or federal sources not be obtained or continued at a level sufficient to allow for payment for the quantity of services under contract, the obligations of each party shall be terminated. Reduction in reimbursement or payment from state or federal sources shall be sufficient basis for BHD to reduce the amount of payment to contractor.
- C. The Milwaukee County Board of Supervisors may not exercise approval or disapproval power over any contract relating to mental health or mental health institutions, programs, or services. This paragraph does not preclude the county board of supervisors from creating a central purchasing department for all county purchases that are not related to mental health.
- D. Pursuant to s. 51.41(10) Wis. Stats., any contract related to mental health with a value of at least \$100,000, to which Milwaukee County is a party may take effect only if the Milwaukee County Mental Health Board votes to approve, or does not vote to reject, the contract within 28 days after the contract is signed or countersigned by the county executive.
- E. The Milwaukee County Mental Health Board may exercise approval or disapproval power over contracts and purchases of the director that are for \$100,000 or more, except that the Milwaukee County Mental Health Board will not exercise approval or disapproval power over any contract or purchase of the director that relates to community living arrangements, adult family homes, or foster homes and that was entered into pursuant to a contract under s. 46.031 (2g) Wis. Stats. However, any contract or agreement for community living arrangements with expenditures of \$100,000 or more will be brought before the Mental Health Board within ninety (90) days as an informational report only.
- F. Contracts that exceed the originally approved amount or fee-for-service agreements that exceed the originally estimated expenditure by twenty-five (25) percent or more will be brought before the Mental Health Board within ninety (90) days as informational reports only.
- G. The Milwaukee County Mental Health Board may appoint the BHD administrator or his/her designee as agent to approve addenda or amendments to any contract after the contract's initial approval.
- H. Oversight of procurement for clinical services such as pharmaceuticals, diagnostics, treatment and procedures occurs by the Milwaukee County BHD Chief Medical Officer. Clinical based contracts; pharmacy, food services, laboratory, and radiology must also receive approval from the MCBHD Medical Executive Committee.
- I. The table below outlines who may approve requisitions or purchases and sign contracts, legally binding agreements, business ventures and other agreements with external parties that obligate MCBHD. (including Memoranda of Understanding)

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## BHD Contract Spending Authority

Title level of Purchase Initiator	Spending Authority (budgeted)	County Approvals *
Manager	Not to exceed \$5000	x
BHD Directors	Not to exceed \$10,000	x
Officers	Not to exceed \$100,000	x
Administrator	Over \$100,000	x

\* Required County approvals include BHD Administrator, Director of DHHS, Risk Manager, Corporation Counsel, Office of MC Comptroller, Community Business Development Program, and Milwaukee County Executive.

## Purchasing Methods:

Purchasing of products and services is accomplished through a variety of processes, which are designed to address the differences in complexity, value, risk and transaction volumes associated with MCBHD purchasing needs.

1. **Milwaukee County Procurement Division:** This method is used for purchases where a County wide contract exists or when a standard bidding process is desired. This includes:
  - a. Price agreements for a set cost for a specific time-frame
  - b. Purchase Orders for one time purchases under \$2000
  - c. Purchase Requisitions for one time purchases greater than \$2000
    - i. Follow Milwaukee County Procurement Division process for competitive bidding
    - ii. Require an additional electronic approval from the Office of the Comptroller

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2. **Purchasing Card:** Used for non-contract, local and online spending.
  - a. Includes travel
  - b. Maximum transaction value of \$2,000 to \$3,000 depending on BHD department.
  - c. Transaction limits vary by department and individual card holder.
  - d. Purchases are reviewed and approved monthly by the manager of the department and Purchasing Card Coordinator.

### 3. **Milwaukee County Time and Materials (T & M) Contractors**

- a. Milwaukee County Facilities Management (MCFM) vets and authorizes specific companies to be used for construction and repair projects by category without an additional formal RFP or Bidding process. MCBHD may utilize these companies as long as the quality and cost meets MCBHD standards. MCBHD may requests Bids and formal RFP for construction and repair projects when MCBHD funds are used to finance these projects.
- b. Contract periods are determined by MCFM.
- c. BHD can purchase services from any authorized T & M contractor if the project price is less than \$25,000.
- d. BHD obtains price quotes from multiple authorized T & M contractors for projects above \$25,000.
- e. If there are no authorized T & M Contractors for the type of work needed, or when MCBHD will finance the project directly a competitive sourcing process using a minimum of 3 bids/quotes will be utilized when practical.
  - i. Any contractor may participate in this process, irrespective of current T & M status.
  - ii. Proposals submitted by contractors who have lost T & M status prior to the end of the contract period for cause may be rejected at MCBHD's discretion.

## **Competitive Sourcing**

- A. **Informal Proposals or Quotes - Small Purchase:** A competitive Small Purchase Sourcing Process may be used where the value and or nature of the product or service is between \$3,000-\$149,999, and the product or service can be obtained from more than one source.
  - a. MCBHD encourages participation in the competitive sourcing process by as many qualified suppliers as possible.

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- b. Efforts are made to obtain a minimum of three (3) proposals or price quotes verbally, by email or by letter.
- c. Less than three proposals or quotes may be acceptable given the following limitations:
  - i. time constraints,
  - ii. availability of qualified suppliers able to meet the specifications and
  - iii. the opportunity for significant cost savings
- d. All proposals or quotations received will be evaluated on the basis of quality, service, compliance to specifications and price.
- e. Awards will be made in the best interest of MCBHD.
- f. Any or all proposals or quotations received may be rejected at MCBHD's discretion.

**B. Formal Sealed Bids** are used where the value of the product or service is equal to, or greater than, \$150,000.

- 1. MCBHD will request three (3) written bids when practical.
- 2. All proposals and quotations will be evaluated on the basis of quality, service, compliance to specifications and price.
- 3. Awards will be made in the best interest of MCBHD.
- 4. Approval by the Mental Health Board is required.

**C. Formal written Requests for Proposal (RFP)** are used when sealed bids are not appropriate for sourcing projects over \$150,000 where a value determination is necessary and clear specifications are available for comparative products or services.

- a. Each RFP clearly defines a set of criteria to be used to evaluate the proposals.
  - i. The form and function of what will be provided is an essential part of the evaluation.
  - ii. A weighted value is assigned to each criteria.
- b. Proposals must be submitted in such form and content as required by the RFP.
  - i. Items identified as proprietary information will be considered confidential. Pricing will remain confidential during the evaluation period and will become a matter of public record once an award recommendation is made;
  - ii. MCBHD does reserve the right to benchmark all pricing through contracted 3rd party resources
  - iii. Pricing may be used for analysis of specific endpoints.



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service rates and implement a prior authorization framework which provides better control of projected spending by networks. In some cases, providers are state licensed residential service providers for whom demand can change quickly and capacity needs to remain flexible due to court ordered placements and other external forces. Because of fluctuating demand, the need to respond quickly to changing conditions and the inability to guaranty referrals, fixed amount contracts are not practical and a competitive RFP process is not normally used. FFS agreements as opposed to fixed-amount contracts work best when there exists large amounts of historical data on which to base service rates per unit of service. New providers are added when service demand necessitates additional capacity. Some services may be let for competitive proposal when a large population of providers exists, but total volume of service authorizations may limit the number of providers to be included in a network. When networks are opened to new providers, additions to networks are based on eligibility criteria set forth by the program administering the network and open and transparent outreach efforts are made to solicit applications from prospective providers for a particular service based on the capacity needs of the respective BHD programs.

## **Non-Competitive (Sole Source or Single Source) Procurement:**

- A. Instances when Sole Source or Single Source purchasing may be applicable include the following:
1. Property or services can be obtained only from a specific supplier (e.g., real estate; one of a kind items, warranties or support agreements, etc.)
  2. Competitive sourcing is precluded because of the existence of patents, copyrights, secret processes, control of raw materials by suppliers or similar circumstances
  3. Procurement of electric power or energy, gas, water or other utility services where it would not be practical or feasible to allow other suppliers to provide such services
  4. Procurement of support services in connection with the assembly, installation or servicing of equipment or software of a highly technical or specialized nature.
  5. Procurement of parts or components to be used as replacements in support of equipment manufactured by a particular supplier
  6. Procurement involving construction where a contractor is already at work on the site and it would not be practical to engage another contractor.
  7. Procurement where only a single supplier in a market is licensed or authorized to service or sell a specific product line.
  8. Procurement of compatible additions to existing equipment where a different manufacturer's equipment would be impractical for the specific need.
  9. The supplier or products are specified and required by a funding agency of a grant, or State/Federal contract.
  10. Sole Source agreements with Physicians, Prescribers, Psychiatrists, Affiliation and Residency agreement and contracts for temporary medical providers and nurses in connection with the Behavioral Health Hospital.

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## B. Documentation;

1. Justification explaining the exceptional circumstances of the purchase must show that an equitable evaluation has been made and that rejection of alternative suppliers or solutions is based on objective and relevant criteria.
2. Special Review and Signature approvals are required for all Sole Source and Single Source purchases. If a purchase contract is in excess of \$99,999, justification of the sole source procurement must be presented to the MCMHB for review and approval.

## **Contracting Process:**

- A. The MCBHD Contract Management Section is responsible for the contracting process, which includes contract execution, compliance monitoring, coordination of sourcing, payment, retention and closeout of all contracts. Contract rates will be determined in collaboration with the fiscal department.
- B. In coordination with Contract Management, program directors under the direction of the MCBHD Administrator and its Chief Medical Officer are responsible for network development.
- C. All contractors, vendors and providers will be encouraged to hire minorities, individuals with disabilities and use Disadvantage Business Enterprises DBE) or other Targeted Business Enterprises (TBE).
- D. Standardized RFP templates and processes are utilized where possible.
- E. Standardized contract templates approved by MC Corporation Counsel and standardized contracting processes and approvals are utilized for all contracts where possible.

## **Protest Resolution Process**

Refer to Procurement Procedure, Milwaukee County BHD, Article No. 1, *BHD Legal and Contractual Remedies* and Request for Proposal (RFP) Requirements, Technical Guidelines.

## **Emergency Purchases:**

- A. In case of an emergency due to an accident or other unforeseen incident or condition which affects property or other interests of MCBHD, or threatens the life, health or safety of persons and requires immediate action.
  1. The Administrator or his or her designee may authorize the procurement on other than a competitive basis.
  2. Known suppliers and/or MOU's in place will be considered.
- B. The basis for concluding that there was an emergency and the methods used to identify the selected contractor will be documented.

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## **Court Ordered or Emergency Placements:**

In case of an emergency or court ordered placement due to an urgent or unforeseen condition which affects the health, safety or wellbeing of service recipients or youth that requires immediate action.

1. The Administrator or his or her designee may authorize the procurement on other than a competitive basis.
2. Known providers or court ordered placements, or MOU's in lieu of contracts will be considered.

## **Document Retention**

Purchasing documentation will be kept on file for 7 years after the contract ends or last payment, whichever is later.

## **Bonds and Insurance Guarantees**

- A. Bonding Requirements: Bonding may be required for construction / facility improvement contracts/subcontracts exceeding the Simplified Acquisition Threshold or other contracts where appropriate to ensure that the funding agency's interest in the procurement is adequately protected
- B. Insurance requirements for each contract will be determined by Milwaukee County Risk Management.

## **Modification of Contracts**

- A. Contracts that are modified or expanded to greater than the next highest value level listed in the MCBHD Spending Authority Table will be evaluated to determine if an additional competitive process is warranted.
- B. MCBHD purchasing agents will not create a contract at a lower level, with the intent of expanding at a later point to avoid compliance with the required competitive process for the aggregate value of the contract.

## **Authority to Resolve Disputes, Grievances and Breach of Contract:**

Disputes between the MCBHD and a contractor/Provider which arise under or by virtue of a contract between them for example; breach of contract, mistake, misrepresentation, poor quality, or other cause for contract modification or rescission.

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1. **Authority to Resolve Disputes:** The BHD Contract Management Section in collaboration with operations and Quality Services have the authority to work to resolve Disputes.
2. The processes for resolution of Disputes are outlined in the Compliance Audit, Performance Measures and Grievance procedures attached to all MCBHD Provider contracts.
3. **Decision** - If the Disputes or grievance is not resolved by mutual agreement between Contract Management and provider, the provider can submit an appeal to the MCBHD Administrator who will follow the grievance procedure process and time line
4. **Finality of Decision** - The decision rendered shall be final and conclusive, unless fraudulent, or the contractor commences to an action in court.
5. **If Breach of Contract** results in termination of contract, appeal process as outlined in Article No. 1, BHD Legal and Contractual Remedies, will be followed by Contractor/Provider.

## References:

1. The 2000 American Bar Association *Model Procurement Code for State and Local Governments*.
2. 2002 *Model Procurement Regulations by State and Local Governments*
3. 2 Code of Federal Regulations (CFR) 200, *Uniform Guidance Procurement Standards*, ss. 200.317-326
4. Procurement Procedure, Milwaukee County BHD, Article No. 1, *BHD Legal and Contractual Remedies*
5. Chapter 9, Code of Ethics, Milwaukee County Code of General Ordinances.

## Monitors:

Purchases are reviewed prior to approval by those listed in the MCBHD Contract Spending Authority Table. Additional reviews and/or audits may be conducted By BHD Contract Management as deemed appropriate. Annual independent audit reports by CPA firms licensed in the State of Wisconsin must be submitted to DHHS Contract Administration if mandated by federal or state regulations.

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## LEGAL AND CONTRACTUAL REMEDIES

### Part A – Pre-Litigation Resolution of Controversies

#### §1-101 Authority to Resolve Protested Solicitations and Awards.

- (1) *Right to Protest.* Any actual or prospective bidder, offeror, or contractor who is aggrieved in connection with the solicitation or award of a contract may protest to the Chief Procurement Officer, or designee, and the Milwaukee County Behavioral Health Administrator, or designee. The protest shall be submitted in writing to the Milwaukee County Behavioral Health Administrator within 10 calendar days after such aggrieved person knows or should have known of the facts giving rise thereto.
- (2) *Authority to Resolve Protests.* The Chief Procurement Officer and the Milwaukee County Behavioral Health Administrator, or a designee of either officer, shall have the authority, prior to the commencement of an action in court concerning the controversy, to settle and resolve a protest of an aggrieved bidder, offeror, or contractor, actual or prospective, concerning the solicitation or award of a contract.
- (3) *Decision.* If the protest is not resolved by mutual agreement, the Chief Procurement Officer and the Behavioral Health Administrator, or a designee of either officer, shall issue a decision in writing within 60 calendar days. The decision shall,
  - (a) state the reasons for the action taken, including whether the solicitation or award of the contract was in accordance with the terms and conditions of the solicitation; and
  - (b) inform the protestant of its right to judicial review.
- (4) *Notice of Decision.* A copy of the decision under Subsection (3) of this Section shall be mailed or otherwise furnished immediately to the protestant.
- (5) *Finality of Decision.* Subject to judicial review, a decision under Subsection (3) of this Section shall be final and conclusive, unless fraudulent.
- (6) *Stay of Procurements During Protests.* In the event of a timely protest under Subsection (1) of this Section, the Milwaukee County Behavioral Health Division shall not proceed further with the solicitation or with the award of the contract unless the Chief Procurement Officer, after consultation with Milwaukee County Behavioral Health Administrator, makes a written determination that the award of the contract without delay is necessary to protect substantial interests of the Milwaukee County Behavioral Health Division.

#### §1-102 Authority to Resolve Contract and Breach of Contract Controversies.

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- (1) *Applicability.* This Section applies to controversies between the Milwaukee County Behavioral Health Division and a contractor which arise under, or by virtue of, a contract between them. This includes without limitation controversies based upon breach of contract, mistake, misrepresentation, or other cause for contract modification or rescission.
- (2) *Authority.* The Chief Procurement Officer and the Milwaukee County Behavioral Health Administrator, or a designee of either officer, is authorized, prior to commencement of an action in a court concerning the controversy, to settle and resolve a controversy described in Subsection (1) of this Section.
- (3) *Decision.* If such a controversy is not resolved by mutual agreement, the contractor may request the issuance of a written decision concerning the controversy governed by Subsection (1). If such a request is made, the Chief Procurement Officer, and the Milwaukee County Behavioral Health Administrator, or the designee of either officer, shall issue a decision in writing within 60 calendar days of the request. Notwithstanding the foregoing, the Chief Procurement Officer, and the Milwaukee County Behavioral Health Administrator, or the designee of either officer, may issue a written decision at any time, with or without a request, regarding any controversy governed by Subsection (1). The decision shall:
  - (a) state the reasons for the action taken; and
  - (b) inform the contractor of its right to judicial review.
- (4) *Notice of Decision.* A copy of the decision under Subsection (3) of this Section shall be mailed or otherwise furnished immediately to the contractor.
- (5) *Finality of Decision.* Subject to judicial review, the decision under Subsection (3) of this Section shall be final and conclusive, unless fraudulent.
- (6) *Failure to Render Timely Decision.* If the Chief Procurement Officer and the Milwaukee County Behavioral Health Administrator, or the designee of either officer, does not issue the written decision required under Subsection (3) of this Section within 60 calendar days after written request for a final decision, or within such longer period as may be agreed upon by the parties, then the contractor may proceed as if an adverse decision had been received.

**Part B – Solicitations or Awards in Violation of Law**

**§1-201            Applicability of this Part.**

The provisions of this Part apply where it is determined administratively, or upon administrative or judicial review, that a solicitation or award of a contract is in violation of law.

**§1-202            Remedies Prior to an Award.**

If prior to award it is determined that a solicitation or proposed award of a contract is in violation of law, then the solicitation or proposed award shall be:

- (a) cancelled; or

POLICY & PROCEDURE  MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION  ADMINISTRATION	<u>DATE ISSUED:</u>  08/13/2014	<u>SUBJECT:</u>  PROCUREMENT- Legal and Contractual Remedies		
	<u>DATE REVIEWED* / REVISED:</u>	<u>SECTION:</u>  PAGE(S)  1.101 -1.401	<u>POLICY NUMBER:</u>  ADM #011	<u>PAGE(S)</u>  3 of 4

- (b) revised to comply with the law.

**§1-203 Remedies After an Award.**

If after an award it is determined that a solicitation or award of a contract is in violation of law, then:

- (a) if the person awarded the contract has not acted fraudulently or in bad faith:
  - (i) the contract may be ratified and affirmed, provided it is determined that doing so is in the best interests of the Milwaukee County Behavioral Health Division; or
  - (ii) the contract may be terminated and the person awarded the contract shall be compensated for the actual expenses reasonably incurred under the contract, plus a reasonable profit, prior to the termination.
- (b) if the person awarded the contract has acted fraudulently or in bad faith:
  - (i) the contract may be declared null and void; or
  - (ii) the contract may be ratified and affirmed if such action is in the best interests of the Milwaukee County Behavioral Health Division, without prejudice to the Milwaukee County Behavioral Health Division's rights to such damages as may be appropriate.

**Part C – Interest**

**§1-301 Interest.**

Interest on amounts ultimately determined to be due to a contractor or the Milwaukee County Behavioral Health Division shall be payable at the statutory rate applicable to judgments from the date the claim arose through the date of decision or judgment, whichever is later.

**Part D –Court Actions**

**§1-401 Court Actions in Connection with Contracts.**

- (1) *Solicitation and Award of Contracts.* The courts of Wisconsin shall have jurisdiction over an action between the Milwaukee County Behavioral Health Division or the Mental Health Board and a bidder, offeror, or contractor, prospective or actual, to determine whether a solicitation or award of a contract is in accordance with the Constitution, statutes, regulations, and the terms and conditions of the solicitation.
- (2) *Actions Under Contracts or for Breach of Contract.* The courts of Wisconsin shall have jurisdiction over an action between the Milwaukee County Behavioral Health Division or the Mental Health Board and a contractor, for any cause of action which arises under, or by virtue of, the contract, whether the action is at law or in equity, whether the action is on the contract or

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	<u>DATE REVIEWED* / REVISED:</u>	<u>SECTION:</u>  PAGE(S)  1.101 -1.401	<u>POLICY NUMBER:</u>  ADM #011	<u>PAGE(S)</u>  4 of 4

for a breach of the contract, and whether the action is for monetary damages or declaratory, injunctive, or other equitable relief.

**Authored and Approved by:**

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Patricia Schroeder Administrator  
Milwaukee County Behavioral Health Division

Date

# STATEMENT OF ECONOMIC INTEREST

Milwaukee County Mental Health Board  
c/o Behavioral Health Division  
9455 W. Watertown Plank Road  
Wauwatosa, WI 53226  
Telephone: (414) 257-5202 \* Fax: (414) 257-8018

**CURRENT INFORMATION:** All information given below must be current; that is, not prior to the 15<sup>th</sup> day of the month preceding the month this statement is prepared.

**TYPE OR PRINT:** Additional directions, definitions and other pertinent information are contained in the Instruction Sheet (yellow insert). Please read it carefully **BEFORE** completing the Statement. If more space is needed, please use additional sheets.

**DATE PREPARED:** \_\_\_\_\_  
(Month) (Day) (Year)

**NAME:** \_\_\_\_\_  
(Last) (First) (Middle Initial)

**SPOUSE'S NAME:** \_\_\_\_\_  
(Last) (First) (Middle Initial)

**POSITION SOUGHT/HELD w/ the MILWAUKEE COUNTY MENTAL HEALTH BOARD:**

**NAME AND ADDRESS OF PRESENT EMPLOYER AND POSITION HELD FOR WHICH YOU RECEIVE \$1,000 OR MORE OF INCOME:**

**NAME AND ADDRESS OF PRESENT EMPLOYER AND POSITION HELD FOR WHICH YOUR SPOUSE RECEIVES \$1,000 OR MORE OF INCOME:**

**ADDITIONAL SOURCE OF INCOME: LIST OTHER SOURCES OF INCOME FROM WHICH YOU OR YOUR FAMILY RECEIVED \$1,000 OR MORE OF INCOME:**

**1. OFFICES, DIRECTORSHIPS & POSITIONS**

\* In this section, "Organization" means any corporation, partnership, proprietorship, firm, enterprise, franchise, association trust, Board, Commission or other legal entity other than an individual or body politic.

IA: As of the dated cited above, were you or your spouse an officer, partner, sole proprietor director or trustee of any business or other organization?  Yes  No

IB: As of the date cited above, were you or your spouse an officer of or did you or your spouse hold a position with any organization doing business with Milwaukee County or receiving funds from Milwaukee County?  Yes  No

If you have answered no to both above items, please check here: **Proceed to Item #2**

If you have answered yes to either 1A or 1B above, identify each business or organization and position held:

Name of Business or Corporation	City & State	Position Held

**2. SIGNIFICANT FIDUCIARY RELATIONSHIP**

As of the date cited on the first page, did you or your spouse own or control any of the following directly or indirectly:

- A. At least ten (10) percent of outstanding stock of any business corporation; or
- B. Stock having a value of at least \$5,000; or
- C. An interest of at least ten (10 percent or \$5,000 of any business)?

If no to all of the above items, please check here:  **Proceed to Item #3**

If yes to any of the above items, please identify the business and the type of ownership:

**\*\*Note: You need not report the actual dollar values or number of shares, etc.**

Business Entity	City & State of its principal office	Type of Ownership (e.g. Common Stock, Limited Partnership)


**3. BOND, DEBENTURES & DEBT OBLIGATIONS**

As of the date cited on the first page, did you or your spouse hold any bonds, debentures or debt obligations of a municipal corporation or other corporation in excess of \$5,000?

If no to all of the above items, please check here:  Proceed to Item #4

If yes, please identify each Issue and place a checkmark in the proper column below to indicate the value.

Issuer Name, City & State	Value Under \$50,000	Value Over \$50,000

**4. CREDITORS**

As of the date cited on the first page, did you or your spouse owe, separately or together with another person, to any creditor \$5,000 or more?

If no to all of the above items, please check here:  Proceed to Item #5

If yes, please identify each Issue and place a checkmark in the proper column below to indicate the value owed.

Creditor's Name, City & State	Value Under \$50,000	Value Over \$50,000

--	--	--

**5. REAL PROPERTY**

As of the date cited on the first page, did you or your spouse hold an interest valued at \$5,000 or more in real property other than your principal residence or other than property in which the pro rata share held is less than 10% of the outstanding shares?

*\*Report only on properties located in the counties of: Milwaukee, Ozaukee, Washington, Waukesha, and Racine.*

If not to all of the above items, please check here:  Proceed to Item #6

If yes, please identify the property and nature of interest held.

Location of Real Property (street/rural route address; fire number & municipality)	Value Under \$50,000	Value Over \$50,000

**6. TRANSFER**

As of two calendar years preceding the filing of this statement, have you or your spouse transferred to any member of your immediate family any significant fiduciary relationship (as defined in the instruction sheet) or any real property or any bonds, debentures or debt obligations of municipal corporation or other corporation which is in excess of \$5,000?

Business, Issuer, Real Property, Creditor	Address	Description of Interest

- **INCUMBENTS** now in elective public office and current County employees are to *SKIP* Item #8.
- **CANDIDATES** for elective public office are to *SKIP* Item #7.

**7. GIFTS, HONORARIA, FEES, EXPENSES**

List each individual and organization from which you and your spouse received a GIFT, HONORARIUM, FEE and EXPENSES during the preceding taxable year. For a full understanding of this reporting requirement, it is important that you read in its entirety.

**7A: GIFTS including ENTERTAINMENT.** A "gift" is the receipt of anything of value, which is furnished without valuable consideration. Do not include anything received which was made for a purpose unrelated to duties or responsibilities of the position of the official or employee. List all individuals and organization from which you received in the past year entertainment or gifts having a total value of \$50 or more, not including the value of food or beverage offered coincidentally with a talk or meeting related to the business of the Milwaukee County Mental

Health Board. Include tickets to sporting or theatrical events, golfing fees, prizes, samples of promotional items from sales representatives or as part of business promotions and similar items.

**7B: HONORARIA, FEES AND EXPENSES FOR TALKS AND PUBLICATIONS RELATED TO PUBLIC OFFICE.** List each individual or organization from which you or your spouse received, in the past year, lodging, transportation, money or other things having a total of \$50 or more, not including the value of food or beverage offered coincidentally with a talk or meeting where the subject matter of which was related to your duties or responsibilities as a member of the Milwaukee County Mental Health Board. You do not have to list information about a payment: (1) if you returned it within 30 days; (2) If you received it from the Milwaukee County Mental Health Board.

If you or your spouse has no reporting(s), please check here:  Proceed to signature section.

If you or your spouse has reporting(s) for Item #7, please use the enclosed form titled for this purpose and submit with your Statement.

**8. CANDIDATES ONLY for elective public office are to furnish the following information:**

Name of present employer and position you hold:

\_\_\_\_\_  
(Employer) (Position)

**By signing this form, I certify that the information contained in this Statement of Economic Interests is true, correct and complete to the best of my knowledge, information and belief.**

X \_\_\_\_\_  
Signature of person filing Statement

\_\_\_\_\_  
Date of Signature





APPENDIX A

AFFIDAVIT

*Please check the appropriate boxes below and sign this form in front of a valid Wisconsin Notary Public.*

STATE OF WISCONSIN    )  
                                  ) SS.  
MILWAUKEE COUNTY    )

The undersigned, being duly sworn on oath, deposes and says that  *he* /  / *she* is a public official by membership on the Milwaukee County Mental Health Board; that  *he* /  *she* has read and understands and to the best of  *his* /  *her* knowledge and belief,  *he* /  *she* has complied with the provisions of Wis. Stat. §§ 19.59 and 19.44 relating to a Code of Ethics.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Title of Affiant

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 2015

\_\_\_\_\_  
Signature of Notary

My commission expires on \_\_\_\_\_

# ATTACHMENT NO. 3

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION  
CONFLICT OF INTEREST POLICY

Policy

- I. Purpose: The purpose of this policy is to safeguard the integrity of the Milwaukee County Behavioral Health Division (BHD) and its organized medical staff by fostering the proper and unbiased conduct of all business operations and medical staff activities. This policy also defines conflicts of interest that could affect the safety and quality of patient care, treatment, and services and how such conflicts of interest will be addressed.
- II. Application of Policy:  
This policy is applicable to all members of the organized medical staff, and all persons employed by BHD<sup>1</sup>. Medical staff members, and employees shall conduct their relationships in compliance with this policy to ensure that decisions are made for the best interests of the BHD.
- III. Conflict of Interest:  
A conflict of interest exists when an individual to whom this policy applies, or any friend, relative, or business associates of such individual might directly or indirectly profit or benefit or reduce some detriment through the application of the position or knowledge of the individual. A conflict of interest also exists when there is a divergence between an individual's private interests and his/her professional obligations to the BHD, fellow medical staff members, patients, and employees, such that an independent observer might reasonably question whether the individual's actions or decisions are determined by potential or actual personal gain, financial, or otherwise. Medical staff members, and employees shall not enter into any transaction or utilize any position with the BHD to make a decision when a conflict of interest exists with respect to the transaction or decision.
- IV. Disclosure:  
Any medical staff member, or employee shall promptly report in writing to the Administrator of the BHD any actual or contemplated transaction which appears to violate this policy. In addition, each member of the administrative staff, and Unit Manager shall annually complete a conflict of interest disclosure statement relating to this policy.
- V. Consequences:  
Upon full disclosure of any real or potential conflict situation, if the Administrator of the BHD decides that the conflict will not adversely affect those interests, the situation may

<sup>1</sup> Milwaukee County Mental Health Board (MHB) members are subject to the Code of Ethics for Public Officials, Employees and Local Government Officials as stated in the Wisconsin Statutes, Chapter 19, as applicable. Effective, January 1, 2015, all MHB members became subject to the provisions of Wis. Stat. §19.59(3)(a) and (e) and §19.59(5) in particular, which require submission of statements of economic interest, disclosure of conflicts, and authority for the soliciting of advisory opinions, public and private, on ethics matters. MHB member are subject to removal for cause and for engaging in any activity that disqualifies an individual from board membership per Wis. Stat. 51.41(1d)(i).

continue. If the Administrator of the BHD decides there is adverse affect or the potential for such adverse affect exists, or if there is a failure to comply with this policy either through failure to disclose or otherwise, the Administrator of BHD may direct that the situation be discontinued or institute other appropriate action.

VI. Guidelines:

This statement is a broad policy on conflicts of interest. The Administrator of the BHD may, from time to time, promulgate additional policies and guidelines to be utilized in interpreting questions arising under this policy. Any additional policies and guidelines shall be available in the Administrator's office.

### CONFLICT OF INTEREST GUIDELINES

This document contains guidelines for compliance with the Conflict of Interest Policy of the BHD.

I. Disclosure:

Each medical staff member, and employee of the BHD must promptly disclose in writing to the Administrator of the BHD any situation which poses a possible conflict of interest. The report shall contain a statement of all material facts as to the relationship or interest which creates the possible conflict of interest.

II. Determination:

The disclosure of any actual or potential conflict of interest will be considered by the BHD Administrator through a committee of 3 the BHD Administrator selects, which will determine whether the actual or potential conflict of interest will have an adverse effect on the BHD. The committee will cause notice to be given to the disclosing person, in writing, of the determination and whether the situation may be allowed to continue or should be terminated, and of any other action that will be taken by the committee or should be taken by the medical staff member, or employee. Approval of a transaction or decision will not be granted by the committee if the transaction or decision is not in the best interest of the BHD.

III. Conflicts of Interest:

A. Actual: Actual conflicts of interest exist when the following directives are violated.

1. Political Contributions - No BHD funds or assets shall be used, directly or indirectly, for political contributions. Likewise, nothing of value shall be given, offered, or promised to any government official by an individual acting as a representative of the BHD to enhance relations with that official or the government.
2. Questionable Payments - No bribe, payoff, kickback, or other payment for any purpose shall be made by or on behalf of the BHD, directly or indirectly, nor shall any such payment be accepted by any person to whom this policy applies. Social amenities, reasonable entertainment, and other courtesies within BHD policies

may be extended and accepted when the value of the item received or extended does not exceed \$50.00.

3. Sales and Purchases - All sales by the BHD shall be billed directly to the purchaser and no patient or customer shall be billed for any amount in excess of the actual selling prices of the goods or services. No part of any purchase price shall be rebated to a patient or customer. All payments made by the BHD shall be made by BHD check, draft, or other document transfer. No purchase of equipment, instruments, materials, or services for the BHD shall be made (or such decisions influenced) from private firms in which a medical staff member, employee, or immediate family member has a financial interest.
  4. The negotiation of any contract between the BHD and a private organization with which a medical staff member or employee, or immediate family member has a consulting or other significant relationship or stands to receive favorable treatment as a result of such influence shall not be entered.
  5. Accounts and Deposits - Unless otherwise approved by the MHB, all money paid to the BHD or paid by the BHD shall be deposited in or paid through accounts established by the BHD, in its name and for its use.
  6. Medical staff members' consulting or commercialization of technologies derived from research - While it is appropriate for medical staff members to be compensated for such activities, the individual's actions and/or decisions made in the course of his/her BHD activities shall not be determined or influenced by considerations of personal financial gain.
  7. Use of Position - No person to whom this policy is applicable shall use a position with the BHD for personal gain nor shall any such person disclose or misuse privileged information or utilize such information for personal gain.
  8. Personal Business - An employee shall not conduct personal business for gain on BHD time.
- B. Potential: Potential conflicts of interest exist when any person to whom the policy applies, or any friend, relative, or business associate of such person:
1. External Interests - Renders directive, managerial, or consultative services, or holds, directly or indirectly, a position in any outside concern from which the individual has reason to believe the BHD secures goods or services, or that provides goods or services competitive with the BHD.
  2. Investments - Holds directly or indirectly substantial investment (in excess of 5% ownership) in any outside concern from which the individual has reason to believe the BHD secures goods or services, or that provides goods or services competitive with the BHD.

3. Gifts, Gratuities, and Entertainment - Accepts gifts, entertainment, or other favors from any outside concern that does, or is seeking to do business with, or is a competitor of the BHD, under circumstances from which it might be inferred that such action was intended to influence or possibly would influence the individual in the performance of his/her duties. This does not include the acceptance of items or benefits of nominal or minor value that clearly result from respect or friendship and are not related to any particular transaction or activity of the BHD.

C. Not Applicable to this Policy:

Joint Employment with Company in Competition – Joint appointment to the BHD and another local hospital and/or private practice must be negotiated and approved at the time of employment and is not considered a conflict of interest under this policy.

## CONFLICT OF INTEREST DISCLOSURE STATEMENT

Please answer this questionnaire by checking the appropriate box by each question. Have you, or any relative, friend, or business associate of yours directly or indirectly:

1. **Interests and Investments:** Acquired any interest in or received any type of payment or remuneration from any business that does business with or competes with the BHD?  Yes  No
2. **Gifts and Entertainment:** Received any gifts, entertainment or other thing of value from any business that does business with or competes with the BHD?  Yes  No
3. **Improper Activities:** Engaged in any activity or have any interest or arrangement that might appear to involve a conflict of interest with the BHD?  Yes  No
4. **Others:** Know of any person who is or gives the appearance of being in a position of conflict of interest with the BHD?  Yes  No

If any "Yes" box is checked, please explain in the space provided. Use additional sheets if necessary.

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I have read the BHD's Conflict of Interest policy and Guidelines and agree to report, in writing, to the Administrator of the BHD, any situation which poses a possible conflict of interest.

Name \_\_\_\_\_

Date \_\_\_\_\_

Position/Title \_\_\_\_\_

**ATTACHMENT NO. 4**

Current Status: Active

PolicyStat ID: 1969674



## Behavioral Health Division

Date Issued: 11/25/2015  
Last Approved Date: 11/25/2015  
Last Revised Date: 11/25/2015  
Next Review: 11/24/2018  
Owner: Lynn Gram: 80043-Safety  
Officer  
Policy Area: Division Administration  
References:

### Code of Conduct

#### Purpose:

This Code of Conduct ("Code") is a statement of the ideals and principles which govern personal and professional behaviors at the Milwaukee County Behavioral Health Division ("BHD"). Adherence to the ideals and principles stated in this Code advances the mission of the BHD and its commitment to the core values of respect, integrity, stewardship and excellence. All Covered Persons are expected to, at all times, adhere to the BHD's Core Values of:

- **Respect:** To respect the dignity of every person.
- **Integrity:** To be honest, fair and trustworthy.
- **Stewardship:** To manage resources responsibly.
- **Excellence:** To work at the highest level of performance, with a commitment to continuous improvement.

Consistent with these values, this policy sets forth the standards for acceptable, non-disruptive, and appropriate behaviors and communication, professionalism, and interpersonal relationships within the BHD. This policy is intended to supplement other BHD policies which outline responses to and management of unacceptable personal and professional conduct by Covered Persons.

#### Scope:

This Code applies to all "Covered Persons", which includes but is not limited to, Administrators, Hospital Staff, Medical Staff (psychiatrists, psychologists, nurses, certified nursing assistants, social workers, etc.), and members of the Milwaukee County Mental Health Board, and persons providing patient care or other services within or for the benefit of the BHD (such as students, contractors, and individuals with temporary clinic privileges), regardless of employer ("other Covered Persons").

#### Policy:

**DECORUM AT MILWAUKEE COUNTY MENTAL HEALTH BOARD MEETINGS:** Covered Persons, other Covered Persons and all others who may attend and/or participate at Governing Body meetings are entitled to the greatest measure of respect and courtesy. All Covered Persons and other Covered Persons must be ever mindful of the obligation to be temperate, courteous, attentive and patient so as to advance these ideals of conduct and to avoid offensive or discourteous remarks or verbal chastisement which are offensive in nature and detract from the dignity and decorum expected while conducting the public's business, and thereby

eventually degrade the atmosphere within the public meeting. All Covered Persons and other Covered Persons should bear in mind the need for scrupulous adherence to the rules of fair play and the necessity of being considerate and courteous to each other and to all others in attendance.

## Definitions:

**"Acceptable Behavior"** means any reasonable conduct to advocate for patients, to recommend improvements in patient care, to participate in the operations, leadership or activities of the organization. Examples of acceptable behavior include, but are not limited to, the following:

- Criticism communicated in a reasonable manner and offered in good faith with the aim of improving patient care and safety;
- Encouraging clear communication;
- Actively upholding public confidence in County government;
- Maintaining a respectful attitude toward Covered Persons and other Covered Persons;
- Expressions of concern about a patient's care and safety;
- Expressions of dissatisfaction with policies through appropriate grievance channels or other civil non-personal means of communication;
- Use of cooperative approach to problem resolution;
- Constructive criticism conveyed in a respectful and professional manner, without blame or shame for adverse outcomes;
- Professional comments to any Covered Persons and other Covered Persons about patient care or safety provided by others;
- Active participation in the BHD and Organizational meetings (i.e., comments made during or resulting from such meetings will not be used as the basis for a complaint under this Code);
- Membership on other medical staffs; and
- Seeking legal advice or the initiation of legal action for cause.

Acceptable behavior is not subject to corrective action or discipline under this policy.

**"Behaviors that Undermine a Culture of Safety"** means any abusive conduct including sexual or other forms of harassment, or other forms of verbal or non-verbal conduct that harms or intimidates others to the extent that quality of care or patient safety could be compromised. Examples of such behavior include, but are not limited to, the following:

- Physically threatening language directed at anyone in the BHD including Covered Persons or other Covered Persons;
- Physical contact with another individual that is threatening or intimidating;
- Throwing instruments, charts or other things;
- Threats of violence or retribution;
- Sexual harassment; and,
- Other forms of harassment including, but not limited to, persistent inappropriate behavior and repeated threats of litigation.

Behaviors that undermine a culture of safety by a Covered Person is prohibited.

**"Inappropriate Behavior"** means conduct that is unwarranted and is reasonably interpreted to be demeaning or offensive. Persistent, repeated inappropriate behavior can become a form of harassment and thereby become disruptive, and subject to treatment as "Behaviors that Undermine a Culture of Safety." Examples of Inappropriate Behavior include, but are not limited to, the following:

- Belittling or berating statements;
- Name calling;
- Use of profanity or disrespectful language;
- Inappropriate comments written in the medical record;
- Blatant failure to respond to patient care needs or Staff requests;
- Personal sarcasm or cynicism;
- Deliberate lack of cooperation without good cause;
- Deliberate refusal to return phone calls, pages, or other messages concerning patient care or safety;
- Intentionally condescending language; and
- Intentionally degrading or demeaning comments regarding patients and their families, Covered Persons or other Covered Persons and/or the BHD, whether occurring within the BHD or in the community.

Inappropriate behavior by a Covered Person is strongly discouraged.

**"Harassment"** means conduct toward others based on their race, color, religion, creed, age, sex, gender, gender identity, sexual orientation, nationality or ethnicity, physical or mental disability, veteran status, genetic information, or any other basis protected by federal, state or local laws, which has the purpose or direct effect of unreasonably interfering with a person's work performance or which creates an offensive, intimidating or otherwise hostile work environment.

**"Sexual harassment"** means unwelcome sexual advances, requests for sexual favors, or verbal or physical activity through which submission to sexual advances is made an explicit or implicit condition of employment or future employment-related decisions; unwelcome conduct of a sexual nature which has the purpose or effect of unreasonably interfering with a person's work performance or which creates an offensive intimidating or otherwise hostile work environment.

Also refer to the BHD's Sexual Harassment Policy at <http://countv.milwaukee.gov/SexualHarassmentPol17546.htm>

## Procedure:

Interventions should initially be non-adversarial in nature, if possible, with the focus on restoring trust, placing accountability on and rehabilitating the offending Covered Person and protecting patient care and safety. The BHD supports tiered, non-confrontational intervention strategies, starting with informal discussion of the matter with the appropriate supervisor. Further interventions can include an apology directly addressing the problem, a letter of admonition, addressing the issue through the human resource process or corrective action if the behavior is or becomes disruptive. [1]

[1] Members of the Milwaukee County Mental Health Board/Governing Body are subject to removal pursuant to Article III of its By-Laws and state statutes.

The use of summary suspension should be considered only where the Covered Person's Behavior Undermines a Culture of Safety and presents an imminent danger to the health of any individual. At any time rehabilitation may be recommended. If there is reason to believe a Behavior that Undermines a Culture of Safety is due to illness or impairment, the matter may be evaluated and managed confidentially according to established procedures of the BHD.

### A. Covered Persons:

Complaints about a Covered Person regarding alleged inappropriate or Behaviors that Undermine a Culture of Safety should be in writing, signed and directed to the BHD Administrator or Medical Director ("Senior Leader(s)"), and include to the extent feasible:

1. The date(s), time(s) and location of the Inappropriate or Behaviors that Undermine a Culture of Safety;
2. A factual description of the Inappropriate or Behaviors that Undermine a Culture of Safety;
3. The circumstances which precipitated the incident;
4. The name and medical record number of any patient or patient's family member who was involved in or witnessed the incident;
5. The names of other witnesses to the incident;
6. The consequences, if any, of the Inappropriate or Behaviors that Undermine a Culture of Safety as it relates to patient care or safety, or the BHD personnel or operations; and
7. Any action taken to intervene in, or remedy, the incident, including the names of those intervening.

At the discretion of the Senior Leader(s), the duties here assigned to the Senior Leader(s) can, from time to time, be delegated to another elected member of the Covered Persons ("designee"). The complainant will be provided a written acknowledgement of the complaint. In all cases, the subject of the complaint shall be provided a copy of this Code of Conduct and a copy of the complaint in a timely fashion, as determined by the Senior Leader(s), but in no case more than 30 days from receipt of the complaint by the Senior Leader(s). The subject of the complaint will be notified that attempts to confront, intimidate, or otherwise retaliate against the complainant is a violation of this Code of Conduct and may result in corrective action. An ad hoc committee consisting of three (3) individuals selected by the Senior Leader(s) shall make such investigation as appropriate in the circumstances which may include seeking to interview the complainant, any witnesses and the subject of the complaint. The subject of the complaint shall be provided an opportunity to respond in writing to the complaint.

The ad hoc committee will make a determination of the authenticity and severity of the complaint. The ad hoc committee shall dismiss any unfounded complaint and may dismiss any complaint if it is not possible to confirm its authenticity or severity, and will notify both the complainant and the subject of the complaint of the decision reached. If the ad hoc committee determines the complaint is well founded, the complainant and the subject of the complaint will be informed of the decision, and the complaint will be addressed as follows:

1. If this is the first incident of inappropriate behavior, the Senior Leader(s), shall discuss the matter with the offending Covered Person, and emphasize that the behavior is inappropriate and must cease. The offending Covered Person may be asked to apologize to the complainant. The approach during this initial intervention should be collegial and helpful.
2. Further isolated incidents that do not constitute persistent, repeated inappropriate behavior will be handled by providing the offending Covered Person with notification of each incident, and a reminder of the expectation the individual comply with this Code.
3. If the ad hoc committee determines the offending Covered Person has demonstrated persistent, repeated inappropriate behavior, constituting harassment (a form of Behavior that Undermines a Culture of Safety), or has engaged in Behaviors that Undermine a Culture of Safety on the first offense, a letter of admonition will be sent to the offending Covered Person, and, as appropriate, a rehabilitation action plan developed by the ad hoc committee, with the advice and counsel of the Senior Leader(s).
4. If, in spite of this admonition and intervention, Behaviors that Undermine a Culture of Safety recurs, the ad

hoc committee shall meet with and advise the offending Covered Person such behavior must immediately cease or corrective action will be initiated. (As noted previously in footnote 1, such procedures do not apply to the Governing Body.) This "final warning" shall be sent to the offending Covered Person in writing.

5. If after the "final warning" the Behaviors that Undermine a Culture of Safety recurs, corrective action (including suspension or termination of privileges) shall be initiated pursuant to the Senior Leader(s).

6. If a single incident of Behaviors that Undermine a Culture of Safety or repeated incidents of Behaviors that Undermine a Culture of Safety constitute an imminent danger to the health of an individual or individuals, the offending Covered Person may be summarily suspended as provided in the Milwaukee County BHD Employee Handbook.

7. If no corrective action is taken, a confidential memorandum summarizing the disposition of the complaint, along with copies of any written warnings, letters of apology, and written responses from the offending Covered Person, shall be retained in the Covered Person's file for two (2) years, and then must be expunged if no related action is taken or pending. Informal rehabilitation, a written apology, issuance of a warning, or a referral to the Health and Wellbeing Committee (or equivalent committee) will not constitute corrective action.

8. At any time during this procedure the Covered Person has a right to personally retain and be represented by legal counsel.

**COPY**  
B. Other Covered Persons (e.g., persons providing patient care or other services within or for the benefit of the BHD such as Contractors:  
Complaints about other Covered Persons regarding allegedly inappropriate or Behaviors that Undermine a Culture of Safety should be in writing, signed and directed to the Senior Leader(s) and include to the extent feasible:

- A.
1. The date(s), time(s) and location of the inappropriate or Behaviors that Undermine a Culture of Safety;
  2. A factual description of the Inappropriate or Behaviors that Undermine a Culture of Safety;
  3. The circumstances which precipitated the incident;
  4. The name and medical record number of any patient or patient's family member who was involved in or witnessed the incident;
  5. The names of other witnesses to the incident;
  6. The consequences, if any, of the Inappropriate or Behaviors that Undermine a Culture of Safety as it relates to patient care or safety, or the BHD personnel or operations; and
  7. Any action taken to intervene in, or remedy, the incident, including the names of those intervening.

The complainant will be provided a written acknowledgement of the complaint. The individual who is the subject of the complaint will be notified that attempts to confront, intimidate, or otherwise retaliate against the complainant is a violation of this Code and may result in termination of their services (or the contract under which they function) from the BHD.

The Senior Leader(s) will lead a thorough investigation of the complaint to determine its authenticity and validity, and the severity of the complaint. The Senior Leader(s) will dismiss any unfounded complaint and may dismiss any complaint if it is not possible to confirm its authenticity or severity, and will notify both the

complainant and the subject of the complaint (other Covered Person) and the Contractor, as applicable, of the decision reached. If the Senior Leader(s) determines the complaint is well founded, the complainant and other Covered Person (the subject of the complaint) will be informed of the decision, and, as appropriate to the other Covered Person's behavior, either be officially counseled in writing or their services terminated. Should the services of the other Covered Person be covered under a contract with a Contractor, the Contractor will either be officially counseled in writing or their services will be terminated.

**ABUSE OF PROCESS**

Consistent with the Code requirements stated above, the BHD strives to maintain an environment that is free from Inappropriate Behavior and Behaviors that Undermine a Culture of Safety, whether implicit or explicit, which is used to adversely control, influence or affect the well-being of any Covered Person or other Covered Person, BHD's patients or their families. Such behavior compromises performance and threatens patient safety by disrupting teamwork, communication, and collaboration.

Threats or actions directed against the complainant by the subject of the complaint will not be tolerated under any circumstance. Retaliation or attempted retaliation by Covered Persons against complainants will be addressed through the progressive disciplinary process. Retaliation or attempted retaliation by Covered Persons against complainants will give rise to corrective action. Retaliation or attempted retaliation by other Covered Persons (e.g., Contractors) against complainants will result in immediate termination of the contract. Individuals who falsely submit a complaint shall be subject to corrective action per the BHD's policies.

**PROMOTING AWARENESS OF CODE OF CONDUCT**

The BHD shall promote continuing awareness of this Code among the Covered Persons by:

1. Sponsoring or supporting educational programs on Inappropriate Behavior and Behaviors that Undermine a Culture of Safety;
2. Disseminating this Code to all Covered Persons, and other Covered Persons (e.g., Contractors) upon its adoption; and
3. To all new BHD employees and Governing Body members during initial orientation.

**References:**

N/A

**Monitors:**

N/A

**Attachments:**

No Attachments

Committee	Approver	Date
	Alicja B Modjeska: 800101-Deputy Administrator Outpatient	11/25/2015
	Patricia S Schroeder: 80046-Executive Director 3 - Mental Health Adminis	11/25/2015

**Chairperson:** Mary Neubauer  
**Executive Assistant:** Kiara Abram, 257-7212

**MILWAUKEE COUNTY MENTAL HEALTH BOARD  
 QUALITY COMMITTEE**

**September 11, 2017 - 10:00 A.M.**  
**Milwaukee County Mental Health Complex**  
**Conference Room 1045**

**MINUTES**

**PRESENT:** Robert Chayer and Mary Neubauer  
**EXCUSED:** Ronald Diamond, Rachel Forman and Brenda Wesley

**SCHEDULED ITEMS:**

1.	<p>Welcome. <b>(Chairwoman Neubauer)</b></p> <p>Chairwoman Neubauer welcomed everyone to the September 11, 2017 meeting.</p>
2.	<p>BHD Patient &amp; Staff Safety Memo &amp; Incident/Safety Event Reporting Update. <b>(Jennifer Bergersen, Chief Operations Officer)</b></p> <p>The June 30<sup>th</sup>, 2017 County Board memo provided by Jerome Herr, Director of Audits related to the analysis of BHD incident report data is attached. This document is closure and in reference to analysis previously prepared and presented at this committee by Dr. Jeanette May, PhD, MPH.</p> <p>The electronic incident report platform, <i>Verge</i> has been implemented on August 28, 2017 at BHD; new policy and procedure attached.</p>
3.	<p>Key Performance Indicator Dashboard and Community Access to Recovery Services Quarterly Report. <b>(Justin Heller, Program Evaluator; Edward Warzonek, Quality Assurance Coordinator; Jim Feagles, Integrated Services Coordinator; and Dr. Matt Drymalski, Clinical Program Director)</b></p> <p>There continues to be a reduction in the number of days from intake assessment to admission to respective CARS programs/services. For those awaiting community based residential options, there are intermediate levels of care offered to fill in waiting gaps in service. CARS will continue to examine options to accurately collect and reflect wait list data.</p> <p>Considerable effort and activity is underway by the CARS team to ensure providers are completing required data reports in order to appropriately analyze related data. Current</p>

	<p>dashboard data may be more accurate than earlier versions based on data collection enhancements thus far. Discussion ensued regarding the need to re-visit benchmarks, and goal/target determination. A request to revise the dash board columns to include related year to date data was suggested.</p> <p>Item #8 on the dashboard should be at green status, not blue. The Wraparound Milwaukee 2016 Year End-Report was provided to the committee.</p>
4.	<p><b>Assertive Community Treatment (ACT) and the Tool for Measurement of Assertive Community Treatment. (TMACT) (Lynn Shaw, Integrated Services Coordinator; Jen Wittwer, Associate Director, CARS)</b></p> <p>All persons in CSP (Community Support Program) level of care have an ACT Team. ACT focuses on customer choice and individual need with an emphasis on helping customers obtain employment and improve their self-sufficiency. ACT is appropriate for persons with severe mental illnesses, high service needs, and significant functional impairments.</p> <p>A TMACT fidelity tool has been implemented to identify the strengths and weaknesses of the ACT Team and make improvements. This initiative is being led by county reviewers and by teams at each agency. Plan: A combination of CARS staff and ACT team leaders will complete a TMACT review every month with reviews to be completed every 18 months.</p>
5.	<p><b>Wraparound Milwaukee - Trauma Informed Care in Process and Practice. (Leanne Delsart, Wraparound Milwaukee Training &amp; Crisis Coordinator)</b></p> <p>A person centered, trauma informed and trauma responsive practice evolution at Wraparound Milwaukee was shared with the committee. Values in action to achieve the benchmarks of well-being were discussed. Quality improvement initiatives were discussed.</p> <p>Plan: Goal to implement similar practices demonstrated in Wraparound Milwaukee across the service continuum; identify a model across BHD and related service providers.</p>
6.	<p><b>Contract Management Project Update. (Dennis Buesing, Contract Administrator; Dr. Matt Drymalski, Clinical Program Director)</b></p> <p>A model (CARS specific) of contract performance measure development and related prioritization to aid in selection was presented to the committee. The methodology incorporates a summed score reflective of an aggregate of total clients served and dollars billed. Visual data to reflect what stage of performance completion within current contracts was shared.</p>

	Plan: Provision of progress report updates for contract performance measurement development on a regular basis to this Board.
7.	<p>2017 Mid-Year PCS Transfer Waitlist Report. <b>(Richard Wright, Program Analyst; Dr. Schneider, Chief Medical Officer)</b></p> <p>Wait list report and summary attached. Dr. Chayer to connect with Dr. Schneider with additional questions.</p>
8.	<p>Seclusion and Restraint &amp; Education Updates. <b>(Linda Oczus, Chief Nursing Officer)</b></p> <p>Acute Adult restraint and seclusion (hourly rate and incident rate) has decreased from 2016 through mid-year 2017; current timeframe of data is under the national average. CAIS restraint is above the national average, however with a decreased trend since 2015.</p> <p>Continued progress noted; Refer to full report.</p>
9.	<p>Physical Environment of Care; 2018 Capital Improvement Requests <b>(Steve Delgado, Director of Operations; Jennifer Bergersen, Chief Operations Officer)</b></p> <p>A list of 2018 Capital Improvement Requests including BHD building project descriptions, along with related costs were shared. A report was shared to emphasize needs as part of the environment of care in context of quality and safety.</p> <p>Refer to handout.</p>
10.	<p>HIPAA Compliance &amp; Data Sharing Update. <b>(Andrew Hayes, Business Development Analyst; Heidi Ciske-Schmidt, Quality Assurance Manager)</b></p> <p>A third party security contractor conducted a risk assessment and gap analysis – to compare HIPAA security requirements with internal safeguards, to identify risks associated with the storage, transmission and processing of electronic protected health information.</p> <p>Internal improvement efforts are underway. Progress toward goals reviewed. Refer to handout.</p>
11.	<p>Client Experience/Press Ganey Update with TCM. <b>(Edward Warzonek, Quality Assurance Coordinator) - Verbal Update</b></p> <p>A Press Ganey client satisfaction survey for Targeted Case Management (TCM) has now been completed and will soon be piloted. Results will be analyzed and presented to this committee.</p>

12.	<p><b>Policy &amp; Procedure Update. (Lynn Gram, Safety Officer)</b></p> <p>A number of individuals have been making progress in updating/retiring various BHD policies. Overall project progress is 87.3% as of September 1<sup>st</sup>, 2017.</p> <p>An updated September 2017 progress report was distributed.</p>
13.	<p><b>Next Scheduled Meeting Date.</b></p> <ul style="list-style-type: none"> <li>• December 4, 2017, at 10:00 a.m.</li> </ul>
14.	<p><b>Announcement:</b> The 2017 BHD CARS (Community Access to Recovery Services) NIATx Collaborative Storyboard Marketplace showcasing 2016-2017 provider(s) continuous quality improvement projects is scheduled: Wednesday, October 18, 2017 from 9-11 a.m. BHD CARS 44B training room. All are welcome to attend.</p> <p>Adjournment.</p> <p>Chairwoman Neubauer ordered the meeting adjourned.</p> <p>This meeting was recorded. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Behavioral Health Division/Mental Health Board web page.</p> <p>Length of meeting: 10:03 a.m. to 12:23 p.m.</p> <p>Adjourned, Jennifer Bergersen, Chief Operations Officer jb</p> <p><b>Kiara Abram</b> Executive Assistant Milwaukee County Mental Health Board</p>
<p align="center"><b>The next regular meeting for the Milwaukee County Mental Health Board Quality Committee is Monday, December 04, 2017, @ 10:00 a.m.</b></p>	
<p align="center"><b><i>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.</i></b></p>	

# Quality Committee Item 2

## COUNTY OF MILWAUKEE Inter-Office Communication

**Date:** June 30, 2017  
**To:** Supervisor Theodore Lipscomb, Sr., Milwaukee County Board Chairman  
**From:** Jerome J. Heer, Director of Audits  
**Subject:** Behavioral Health Division Patient & Staff Safety (File No. 15-237)

On June 22, 2017, the Milwaukee County Mental Health Board received an analysis of Behavioral Health Division (BHD) incidents. The report, which is attached, was prepared by Jeanette May, PhD, MPH. Ms. May was selected as the consultant for the review by BHD in consultation with our office.

The scope of Ms. May's work was to replicate and update the incident trends included in our 2010 report on patient and staff safety. We had initially planned to conduct the update as part of an audit conducted by our Division but our access to records was limited by concerns about the need for confidentiality in BHD's quality assurance peer review process. As an alternative, the Mental Health Board Executive Committee suggested that we work with the BHD Chief Medical Officer to retain a consultant to update the incident data reported in the 2010 audit. We interviewed several potential consultants and jointly agreed that Ms. May possessed the experience and knowledge to perform the work.

The report notes that incidents per 1,000 patient bed days decreased slightly in 2011 and then increased through 2014 primarily because of an increase in aggression incidents on the acute unit. However, that trend reversed dramatically in 2015. Several factors that contributed to the improvement are identified in the report. These include capping the acute unit population to enhance Staff to Patient ratios, moving Managers onto the service units, increased education and training, improved medication and assessment protocols, and increased attention to seclusion and restraint management. In addition to updated incident data, the report also provides incident report analysis and the results of a staff survey on incident reporting. BHD has continued to make program improvements that will enhance patient and staff safety and security.

We appreciate the efforts of BHD and Ms. May in conducting the update of incident data we presented in 2010.



Jerome J. Heer

JJH/cah

Attachment

cc: Scott B. Manske, Milwaukee County Comptroller  
Chris Abele, Milwaukee County Executive  
Supervisor Peggy West, Chair, Finance, & Audit Committee  
Supervisor Supreme Moore Omokunde, Chair, Health & Human Needs Committee  
Margaret Daun, Corporation Counsel  
Jeanne Dorff, Interim Director, Department of Health & Human Services  
Michael Lappen, Administrator, Behavioral Health Division  
✓ Dr. John Schneider, Chief Medical Officer, Behavioral Health Division  
Steve Cady, Research & Policy Director, Office of the Comptroller  
Janelle Jensen, Chief Committee Coordinator, County Clerk's Office



## Behavioral Health Division

Date Issued: 8/15/2017  
Last Approved Date: 8/15/2017  
Last Revised Date: 8/15/2017  
Next Review: 8/14/2020  
Owner: Lynn Gram: 80043-Safety Officer  
Policy Area: Quality Management  
References:

# Incident/Safety Event Reporting

Effective Date if Other Than Approval Date: N/A

## Purpose:

To accurately document an incident and staff response to it.

To provide a non-punitive environment conducive to reporting.

To learn from and use data to analyze safety issues and identify trends so improvement can be implemented

To provide education and feedback to staff to prevent and reduce future incidents.

## Scope:

Any incidents under BHD's scope of services or on BHD property

- Inpatient
- Day Treatment
- Crisis Services
  - PCS
  - OBS
  - Access Clinics
  - Respite Houses
  - Mobile Team
- CARS (services provided by Milwaukee County employees)
- Wraparound Milwaukee-(services provided by Milwaukee County employees)
- Any support services associated with the above areas.

## Policy:

Incident and sentinel event reporting is an important part of error prevention. MCBHD learns from patient safety events to promote system education, initiate process improvement and prevent and mitigate health care error.

Any staff member who witnesses, discovers or has direct involvement in and/or knowledge of a safety event must complete an on-line safety event incident report. More than one individual may complete a report concerning the same issue. Some situations may warrant multiple types of reports

It is the policy of the Milwaukee County Behavioral Health Division that significant incidents and exposure to risk will be reported, monitored, and investigated if indicated. Serious incidents involving patients, staff, students, volunteers, contracted personnel, and visitors will be reported.

## Definitions:

- A. **Incident/Safety Event:** Any unusual event not consistent with the routine operations of the facility and its staff, or the routine care of a patient/visitor. An injury does not necessarily have to occur. Examples of occurrences include, but are not limited to the following:
- An accident, with or without injury
  - Any situation which may result in injury or potential liability. This includes environmental safety hazards.
  - Any situation indicating negligent action or lack of action
  - Thefts or property damage occurring on the premises
  - Employee work performance issues that jeopardize patient safety.
  - Equipment problems that have or could have caused harm to a patient, staff or visitor.
- B. **Patient Safety Event:** An event, incident or condition that could have resulted or did result in harm to a patient.
1. **Behavior Events:** Events involving patient behavior. Self-injurious behaviors, suicide and suicide attempts, physical aggression towards another patient or staff member, property damage, sexual contact between patients.
  2. **Caregiver Misconduct Events:** Any observed, or reported potential caregiver misconduct including abuse, neglect, misappropriation of property, or injury of unknown source. See Caregiver Misconduct: Reporting and Investigation of Caregiver Misconduct and Injuries of Unknown Source
  3. **Contraband Events:** Events involving a patient having possession of a contraband item deemed to be potentially dangerous. Examples include but are not limited to the following categories: Weapons, Medications, Alcohol/Drugs, Sharp Objects, Tobacco Products, Food/Drink, Containers, Hygiene Items, Clothing, Bags/Purses, Keys, Mobility Aids, Personal Electronics, Sewing/Craft, Recreational/ Sports items, Reading/Writing Materials
  4. **Diagnostic Testing Error Events:** Any mistake or failure in the diagnostic process leading to a misdiagnosis, a missed diagnosis, or a delayed **diagnosis**.
  5. **Equipment/ Medical Device Events:** Failure of equipment involved with providing patient care that results in injury or risk of injury.
  6. **Elopement Events:** When a patient wanders away, walks away, runs away, escapes, or otherwise leaves the BHD environment unsupervised, unnoticed, during an escort, and/or prior to their scheduled discharge. Failure of a patient to return from a pass at the expected time. Any attempt to elope.
  7. **Falls Events:** A fall is an unintended/uncontrolled event resulting in a person coming to rest on the ground/floor or other lower level (witnessed) or is reported to have landed on the floor (unwitnessed). When a person *chooses* to put himself or herself on the floor or lower level and this has been witnessed by a staff member, *this is not a fall*.
  8. **Medication related Events:** Events where use of a medication resulted in or could have resulted in

an adverse outcome in a patient; includes drug administration error,s drug incompatibility, Adverse Drug Reactions (defined below), and Medication Variance (defined below), events. See: Adverse Drug Reactions and Medication Variances (Formerly Adverse Medication Event) for more detail.

- **Adverse Drug Reaction (ADR):** A suspected or unintended physical and/or allergic reaction to a drug when it is prescribed and used in the approved manner.
  - **Medication Variance (MV):** Any action that is not consistent with the routine operation of the hospital or the routine care of a particular patient. This could include:
9. **Security/Property Events:** Damage, loss/theft, motor vehicle accident/collision, vandalism, other
  10. **Other:** An incident/safety event not reportable under any of the above categories.

**Non-Employee Incident:** A safety event that involves a contractor, visitor and does not involve a current patient.

**Employee Incident:** A safety event that involves a MCBHD employee.

**Sentinel Event (Critical Incident):** A patient safety event, not primarily related to the natural course of the patient's illness or condition, that reaches a patient and results in an outcome as defined in the [MCBHD Sentinel Event Policy](#).

**Near Miss:** (Close Call or Good Catch): An event that could have had adverse consequences but did not and is indistinguishable from an actual incident in all but outcome. A near miss may occur when a chain of events is interrupted. A patient safety event that did not reach the patient.

**Unsafe Condition:** Any circumstance that increases the probability of a client safety incident.

## Procedure:

### A. Initial Reporting:

1. Staff are expected to report all Safety Events in the web-based incident reporting system. The report will be completed by:
  - the employee(s) or staff involved in the incident,
  - the staff who observed the incident,
  - in the situation where no staff are present, by the staff who interviewed the patient, visitor, contract personnel, or other individual involved,
2. Staff are expected to complete the on line report before the end of the employee's shift or work period and before leaving the premises.
3. Select the appropriate button/link depending upon the type of incident.

- a.  **Patient/Client Incident**
- i.  **Behavior Events**
- ii.  **Contraband Events**

- iii.  Diagnostic Testing Error Events
- iv.  Equipment/ Medical Device Events
- v.  Elopement Events
- vi.  Falls Events
- vii.  Medication related Events
- viii.  Caregiver Misconduct Events
- ix.  Security/Property Events
- x.  Other.

- b.  **Employee Incident** (will link to the report form)
- c.  **Contractor/Visitor Incident** (will link to the report form)
- d.  **Compliments/Complaints, Grievances/Feedback.** Refer to [Patient Grievance Resolution Process](#) policy for more information.
- e.  **Manager Access-** for access to open incident/safety reports for review and follow up.
- f. Complete the form answering as many questions as possible. Questions marked *\*Required* will have to be answered to save the form.
  - i. Start at the top of each page; follow up questions are based on your answers to previous questions.
  - ii. Some fields include smart searches. Options will appear as you begin typing.
- g. Upon completion, review your answers and click "Save form" - you will see a small window titled "Entry Saved" with a Unique ID. After clicking "Continue" you will see a screen that says "Form Submitted, Thank you!" confirming submission of your entry.
- h. Contact your supervisor and/or the house supervisor to verbally report any potential Sentinel Event or High Risk Event immediately (within 15 minutes) This includes events with a high likelihood of serious adverse outcome. Incidents that involve death, fires, explosions, serious injuries and assaults, substantial damage, or property loss, must be reported immediately. Allegations of caregiver misconduct and patient injuries of unknown origin must be reported

immediately.

- i. The staff and supervisor will review and take immediate corrective action where necessary to address safety risks.
  - ii. Supervisor will conduct a follow up investigation and report via the on line incident reporting system. (See B below)
- i. Multiple incident report forms may need to be completed if the event involves two or more areas. For example:
- i. If there was a physical altercation between two patients. A report would be completed for each separately.
  - ii. A patient behavior results in a staff injury. In this case an employee report and a patient safety-behavior report are to be completed. In the case of employee injuries, the Risk management forms also need to be completed. See [Accident and Claims Reporting Procedure](#).

## B. Investigation Phase-Area Manager Responsibilities

1. The area manager for the location selected in the Event Report Form will receive an email notification from *Verge Solutions* [automated@verge-solutions.com](mailto:automated@verge-solutions.com) with a subject of *Notices for you in Converge*. The email will contain the ID number, the case type, the date and time of the event, and a link to the case to complete the follow up review.
2. The area manager will edit the case report to add content as appropriate and navigate to the **Triage and Investigation** page.
3. Area manager must initiate the initial investigation within 1 to 2 days of the event.
  - a. Investigation of potential Sentinel Event or High Risk Events must be initiated immediately. This includes events with a high likelihood of serious adverse outcome. Incidents that involve death, fires, explosions, serious injuries and assaults, substantial damage, or property loss, must be reported immediately.
  - b. Investigations of allegations of caregiver misconduct and patient injuries of unknown origin must be initiated immediately.
4. Area manager should complete the Triage and Investigation page within 5-7 days and submit for Risk Manager review and Final Resolution.
5. Consult Administration for assistance, if necessary
6. If the event severity requires more than approximately seven (7) days to investigate and resolve, the area manager must notify department director/leadership.
7. Input all of the investigative information into the Triage and Investigation Report form.

## C. Final Resolution of Incident

1. The Program/Department Leadership staff member(Risk Manager), designated by area and type of incident, will complete the Final Resolution of Incident page of the report form, generally within 15-20 days. Higher severity incidents may to go longer.

The Risk Manager:

- a. Must make a decision as to whether additional follow up review is needed or referral to other department(s) or area manager(s).
- b. Is responsible for making those referrals.
- c. Documents follow up, findings, and finalizes any improvement actions.
- d. Make any additional entries on the form, save and close the report.
- e. Communicate decisions and action items to appropriate personnel for implementation.

## References:

N/A

## Monitors:

The Quality Department will:

- Monitor for timely review and closure.
- Analyze the process of cataloging incidents as well as the incidents themselves for trends and patterns.

## Attachments:

[Process Flow Diagrams](#)

### Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	8/15/2017
	Jennifer Bergersen: 80101-Chief Clinical Officer	8/14/2017
	Lynn Gram: 80043-Safety Officer	8/14/2017



Milwaukee County Behavioral Health Division  
2017 Key Performance Indicators (KPI) Dashboard

# Quality Committee Item 3

Program	Item	Measure	2015 Actual	2016 Actual	2017 Quarter 1	2017 Quarter 2	2017 Quarter 3	2017 Quarter 4	2017 Target	2017 Status (1)	Benchmark Source
Community Access To Recovery Services	1	Service Volume - All CARS Programs <sup>5</sup> Sample Size (Unique Clients)	9,624	7,971	5,105	5,276			8,370	Green	BHD (2)
	2	Percent with any acute service utilization <sup>6</sup>	-	13.09%	16.94%	19.02%			12.05%	Red	BHD (2)
	3	Percent with any emergency room utilization <sup>7</sup>	-	12.44%	12.80%	16.08%			11.20%	Red	BHD (2)
	4	Percent abstinence from drug and alcohol use	-	66.71%	63.34%	60.82%			73.81%	Yellow	BHD (2)
	5	Percent homeless	-	4.74%	6.71%	7.26%			4.00%	Red	BHD (2)
	6	Percent employed	-	15.80%	15.29%	16.83%			17.38%	Yellow	BHD (2)
	7	Sample Size (Admissions)		6,315	1,688	1642			-		
	7	Percent of clients returning to Detox within 30 days	19.6%	55.61%	62.26%	59.99%			50.61%	Yellow	BHD (2)
Wraparound	8	Families served in Wraparound HMO (unduplicated count)	3,329	3,500	1,949	2,532			3,670	Blue	BHD (2)
	9	Annual Family Satisfaction Average Score (Rating scale of 1-5)	4.6	4.6	4.8	4.8			> = 4.0	Green	BHD (2)
	10	Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice system)	62%	60.2	63.9%	65.6%			> = 75%	Green	BHD (2)
	11	Average level of "Needs Met" at disenrollment (Rating scale of 1-5)	3.2	2.86	2.68	2.76			> = 3.0	Green	BHD (2)
	12	Percentage of youth who have achieved permanency at disenrollment	58%	53.6%	55.6%	55.1%			> = 70%	Yellow	BHD (2)
	13	Percentage of Informal Supports on a Child and Family Team	42%	43.6%	45.1%	44.3%			> = 50%	Green	BHD (2)
Crisis Service	14	PCS Visits	10,173	8,286	1,896	2,046			7,884	Green	BHD (2)
	15	Emergency Detentions in PCS	5,334	4,059	900	1,015			3,830	Green	BHD (2)
	16	Percent of patients returning to PCS within 30 days	8%	7.9%	7.8%	7.5%			8%	Green	BHD (2)
	17	Percent of patients returning to PCS within 30 days	25%	24.8%	23.8%	23.0%			24%	Green	CMS (4)
	18	Percent of time on waitlist status	16%	80.1%	75.6%	91.7%			25%	Red	BHD (2)
Acute Adult Inpatient Service	19	Admissions	965	683	169	155			650	Green	BHD (2)
	20	Average Daily Census	47.2	45.8	42.7	43.9			43	Green	BHD (2)
	21	Percent of patients returning to Acute Adult within 7 days	3%	3.6%	2.4%	2.2%			3%	Green	BHD (2)
	22	Percent of patients returning to Acute Adult within 30 days	11%	10.8%	9.6%	9.0%			10%	Green	NRI (3)
	23	Percent of patients responding positively to satisfaction survey	73%	70.6%	69.9%	77.5%			74%	Yellow	NRI (3)
	24	If I had a choice of hospitals, I would still choose this one. (MHSIP Survey)	63%	57.1%	64.6%	66.0%			65%	Green	BHD (2)
	25	HBIPS 2 - Hours of Physical Restraint Rate	7.2	3.32	0.45	0.61			0.66	Green	CMS (4)
	26	HBIPS 3 - Hours of Locked Seclusion Rate	0.47	0.48	0.27	0.25			0.14	Red	CMS (4)
	27	HBIPS 4 - Patients discharged on multiple antipsychotic medications	18%	18.5%	12.6%	19.0%			9.5%	Red	CMS (4)
	28	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	98%	95.0%	92.3%	90.0%			90.0%	Green	BHD (2)
Child / Adolescent Inpatient Service (CAIS)	29	Admissions	919	617	184	167			750	Green	BHD (2)
	30	Average Daily Census	9.8	8.4	10.2	8.9			10.0	Green	BHD (2)
	31	Percent of patients returning to CAIS within 7 days	6%	5.2%	4.4%	5.0%			5%	Green	BHD (2)
	32	Percent of patients returning to CAIS within 30 days	16%	11.8%	11.6%	12.5%			11%	Yellow	BHD (2)
	33	Percent of patients responding positively to satisfaction survey	71%	78.1%	77.7%	72.1%			74%	Green	BHD (2)
	34	Overall, I am satisfied with the services I received. (CAIS Youth Survey)	74%	82.1%	84.7%	81.8%			80%	Green	BHD (2)
	35	HBIPS 2 - Hours of Physical Restraint Rate	5.2	4.51	1.46	1.10			0.22	Red	CMS (4)
	36	HBIPS 3 - Hours of Locked Seclusion Rate	0.42	0.20	0.29	0.44			0.34	Yellow	CMS (4)
	37	HBIPS 4 - Patients discharged on multiple antipsychotic medications	2%	1.6%	1.1%	7.5%			3.0%	Red	CMS (4)
	38	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	100%	88.9%	100.0%	100.0%			90.0%	Green	BHD (2)
Financial	39	Total BHD Revenue (millions)	\$120.2	\$129.4	\$149.9	\$149.9			\$149.9	Yellow	
	40	Total BHD Expenditure (millions)	\$173.5	\$188.2	\$207.3	\$207.3			\$207.3	Yellow	

- Notes:
- (1) 2017 Status color definitions: Red (outside 20% of benchmark), Yellow (within 20% of benchmark), Green (meets or exceeds benchmark)
  - (2) Performance measure target was set using historical BHD trends
  - (3) Performance measure target was set using National Association of State Mental Health Directors Research Institute national averages
  - (4) Performance measure target was set using Centers for Medicare & Medicaid (CMS) Hospital Compare national averages
  - (5) Service volume has been consolidated into one category to avoid potential duplication of client counts due to involvement in both MH and AODA programs.
  - (6) Includes medical inpatient, psychiatric inpatient, and detoxification utilization in the last 30 days
  - (7) Includes any medical or psychiatric ER utilization in last 30 days

# CARS Quarterly Report

## Number of Clients Receiving Service, By Program

	Q3 2016	Q4 2016	Q1 2017	Q2 2017
Adult Family Home	13	14	18	19
Case Mgmt & After Care Support	69	83	81	77
CBRF	138	141	134	127
CCS	486	567	620	664
CLASP	79	79	66	65
Community Support Program	1,301	1,286	1,276	1,284
Crisis Case Management	126	180	219	219
CRS	35	35	28	25
Day Treatment (75.12)	29	26	18	27
Detoxification (75.07)	726	639	642	667
Med. Monitor Residentl (75.11)	1	1	3	0
Medication Assisted Treatment	0	0	4	7
MH Day Treatment	16	17	16	17
Outpatient 75.13	352	313	283	316
Outpatient-MH	55	62	60	53
Recovery House Plus OP/DT	17	20	33	24
Recovery Support Coordination	477	499	552	601
RSS-Employment	110	112	101	82
RSS-Housing	111	105	125	132
RSS-Psych. Self Mgmt	46	38	53	43
RSS-School and Training	61	79	75	61
Targeted Case Management	1,472	1,513	1,542	1,640
Transitional Residential (75.14)	309	260	299	292
<b>Total</b>	<b>4,990</b>	<b>5,013</b>	<b>5,115</b>	<b>5,276</b>

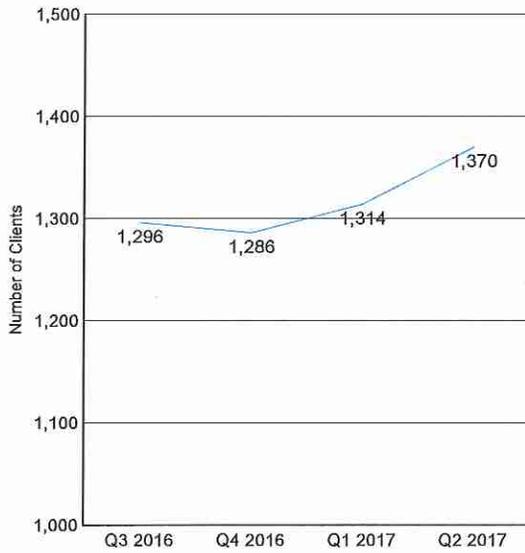


## Admissions By Program

	Q3 2016	Q4 2016	Q1 2017	Q2 2017
Adult Family Home	0	1	3	0
Case Mgmt & After Care Support	27	35	28	32
CBRF	17	12	17	11
CCS	117	113	100	104
CLASP	25	22	13	20
Community Support Program	47	100	62	75
Crisis Case Management	68	99	112	78
CRS	2	0	0	1
Day Treatment (75.12)	30	29	17	32
Detoxification	1,680	1,612	1,685	1,642
MH Day Treatment	6	6	5	14
Outpatient (75.13)	217	181	173	191
Outpatient-MH	115	111	115	61
Recovery House Plus OP/DT	18	16	26	23
Recovery Support Coordination	296	272	359	329
RSS-Employment	66	98	85	72
RSS-Family	0	1	0	1
RSS-Housing	66	63	88	85
RSS-Psych Self Mgmt	38	15	21	18
RSS-School and Training	51	88	71	59
Targeted Case Management	127	187	184	211
Transitional Residential	235	203	229	209
<b>Total</b>	<b>3,248</b>	<b>3,264</b>	<b>3,393</b>	<b>3,268</b>



## Referrals/Intakes By Access Point



	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Total
Access Clinic at BHD	117	108	116	98	438
Access Clinic South	21	18	0	0	39
CARS	414	437	407	465	1,590
IMPACT	290	301	310	339	1,196
JusticePoint	38	32	36	38	131
M & S	226	231	250	224	906
UCC	56	46	61	68	228
WCS	166	148	160	164	618
<b>Total</b>	<b>1,296</b>	<b>1,286</b>	<b>1,314</b>	<b>1,370</b>	<b>4,781</b>

## Time to Treatment

<b>Average Number of Days from Intake to Admission</b>						
Program	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Trend
CBRF	138	105	39	55	94	
CSP	89	83	101	86	73	
TCM	67	65	33	22	17	
CCS	1.0	1.9	1.6	1.2	0.5	
AODA Transitional Residential	23	17	18	16	22	
AODA Day Treatment	17	16	10	8	7	
AODA Outpatient	10	10	11	13	10	
Recovery Support Services	11	14	10	11	7	

# Quality Committee Item 4

Mental Health Board-Quality Sub-Committee

September 11, 2017

## Assertive Community Treatment (ACT) and Tool for Measurement of Assertive Community Treatment (TMACT)

### ACT

ACT was first implemented in Madison, Wisconsin in the 1970s out of Winnebago Mental Health Institute. The fundamental charge of ACT is to be the first-line, if not sole-provider for all services that ACT consumers need. In its beginning, the focus of ACT and its outcomes was placed on reducing readmissions to psychiatric hospitals. ACT has since evolved, taking into consideration what ACT consumers want and need by providing the most effective services to achieve the consumer's goal. Emphasis has been placed on helping consumers obtain competitive employment and improve their self-sufficiency. ACT is most appropriate for person with a severe mental illness (i.e. Schizophrenia, Bipolar Disorder) who have continuing high service needs and significant functional impairments. ACT has three main tenets:

- Delivery of highly responsive, individualized, biopsychosocial and rehabilitative services in consumers' natural environments
- Multi-disciplinary group of providers with specific areas of expertise that share responsibility for meeting consumers' needs
- Recovery-oriented services is the focus of care, promoting self-determination and respects consumers as experts in their own right.

### TMACT

The TMACT was developed to measure the adequacy of an ACT Team in their implementation of ACT as an evidenced based practice. The use of the TMACT is to determine program fidelity by comparing the current ACT Team structure, staffing, and practices to the ACT model. This comparison provides quality improvement for the ACT Team by guiding the implementation of ACT. The TMACT identifies the strengths and weaknesses of the ACT Team, targeting ongoing performance improvement efforts. The TMACT has six subscales and 47 program-specific items. Each item is rated on a 5-point scale ranging from 1 ("not implemented") to 5 ("fully implemented"). The six subscales of the TMACT:

- Operations and Structure
- Core Team
- Specialist Team
- Core Practices
- Evidenced-Based Practices
- Person-Centered Planning and Practices

In 2016, CARS and ACT Team Leaders received training on how to administer the TMACT from two of the TMACT authors. A combination of CARS staff and ACT Team Leaders will complete a TMACT review every month so that each ACT Team will receive a review every 18 months.

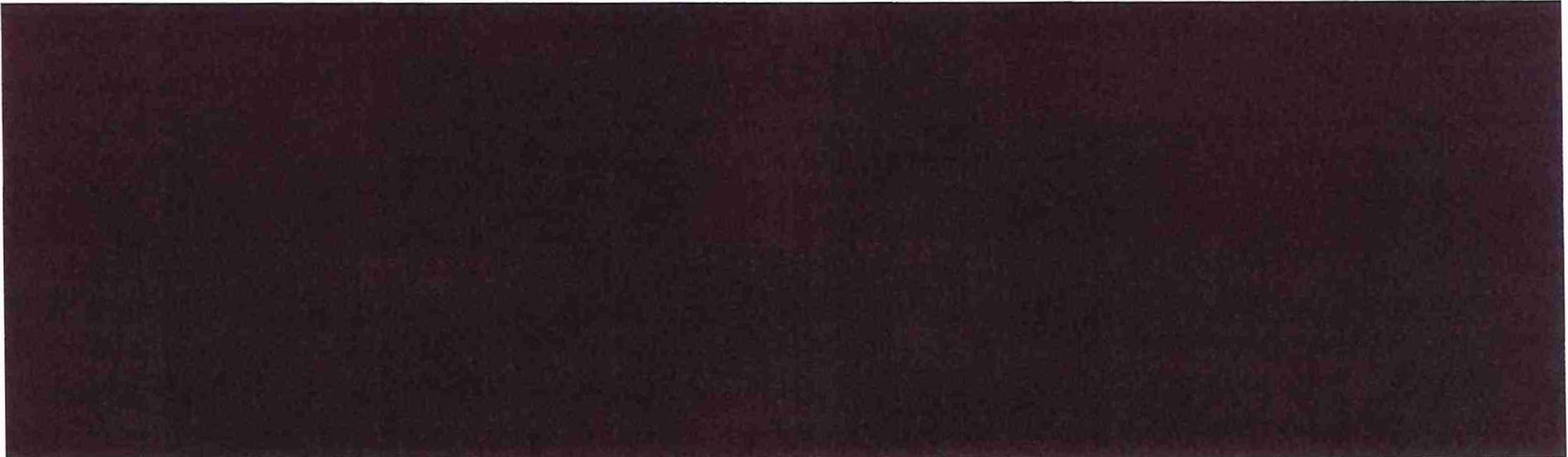
Monroe-DeVita, M., Moser, L.L. & Teague, G.B. (2013) *The tool for measurement of assertive community treatment (TMACT)*. In M. P. McGovern, G. J. McHugo, R.E. Drake, G.R. Bond, &M.R. Merrrens. (eds.), *Implementing evidence-based practices in behavioral health*. Center City, MN: Hazelden.

# Quality Committee Item 5

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## MOVING THE NEEDLE: THE INFUSION OF TIC IN WRAPAROUND PROCESS AND PRACTICE

QA MENTAL HEALTH BOARD MEETING 9/11/17



# MOVING THE NEEDLE

Person  
Centered

Trauma  
Informed

Trauma  
Responsive

Practice evolution

1995

Mission to get kids home  
Philosophy and Values established

2007

REACH expansion  
Prevention and early intervention

2013

Required TIC training for CCs and Crisis Crosswalk

2015

Champion building process with leadership

2016

Stages to 4 Hs  
Infusion of TIC in CC Certification  
ACE training

2017

Trauma responsive and family driven focus

## VALUES IN ACTION TO ACHIEVE BENCHMARKS OF WELLBEING

Collaboration

Normalization

System Integration

Family Centered

Refinancing

Strengths Based

Community Based

Needs Driven

Cultural Humility

Unconditional Care

## QUALITY IMPROVEMENT: FROM PAPER TO PRACTICE

- ACE screening and data collection
- Focus on effective intervention
- Network expansion
- Experience oriented framework
- Family driven
- Coaching and training
- Audit enhancement

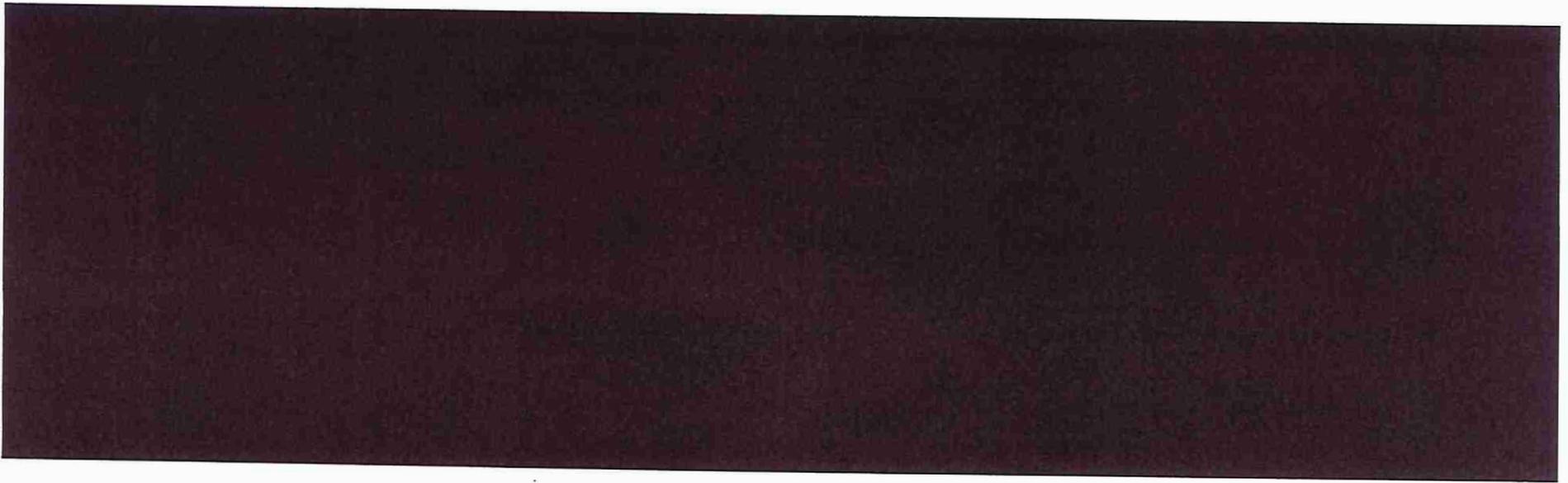
# Quality Committee Item 6

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## CONTRACT PERFORMANCE MEASURES: PRIORITIZATION AND PROGRESS (CARS SPECIFIC)

MENTAL HEALTH BOARD QUALITY COMMITTEE

SEPTEMBER 11, 2017



## METHODOLOGY

- Provides a summed score which is an aggregate of total clients served and dollars billed for care
- Data is weighted across programs
  - For example:

<b>Program</b>	<b>People Served</b>	<b>Simple Ranking</b>	<b>Weighted Ranking</b>
Program A	200	1	12.5 (1:1)
Program B	400	2	25 (2:1)
Program C	1000	3	62.5 (5:1)

- The advantage of this approach is that it not only combines metrics, but allows for programs with relatively greater values within a given metric to achieve scores that are proportional to its impact/importance

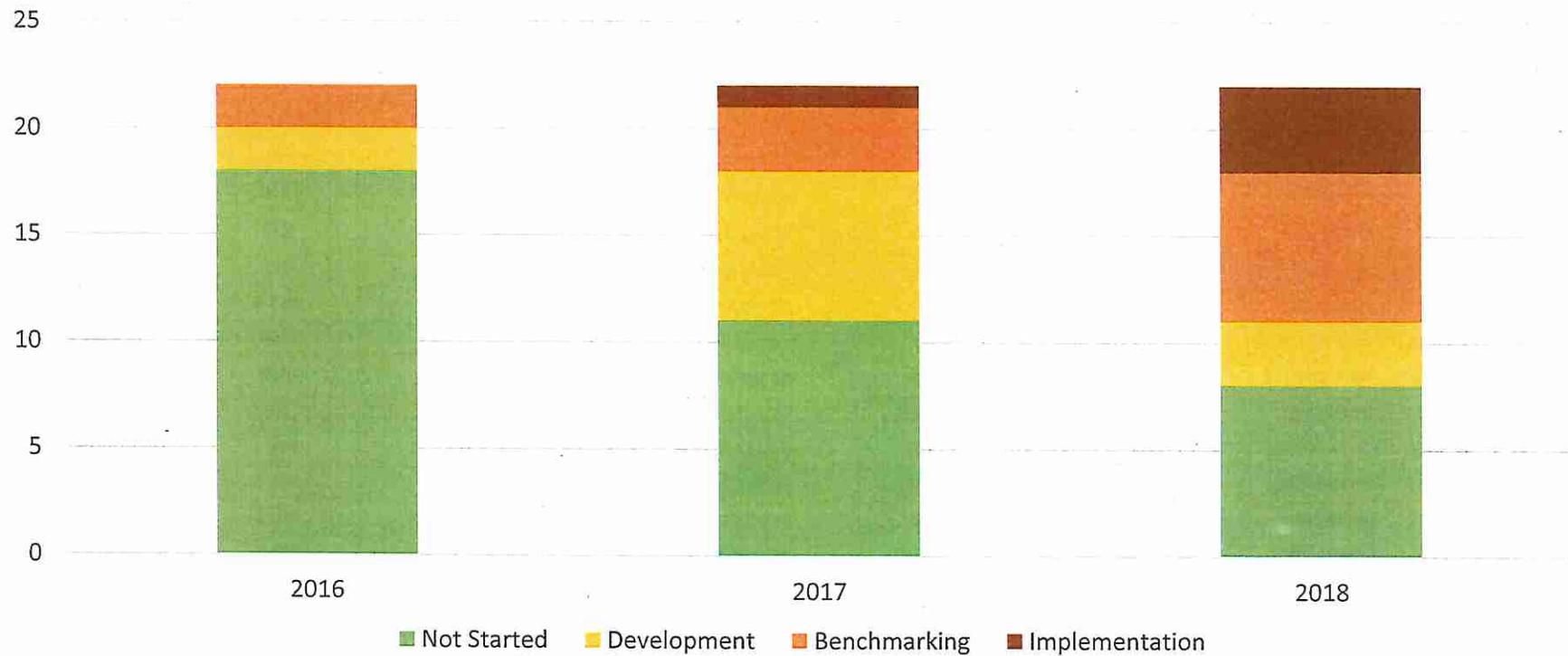
# Methodology

Contract Performance Measures Prioritization Process and Progress  
(Based on 2016 Figures)

Program	Unique Clients	Volume Served	Ranking	Cost of Care	Cost Ranking	Total Score	Overall Rank	2016	2017	2018
Community Support Program	1,423		10.24	\$ 14,891,434.00	31.42	41.65	1	Not Started	Not Started	Development
Access Points	3,106		22.35	\$ 1,517,624.00	3.20	25.55	2	Not Started	Not Started	Development
Detoxification	2,060		14.82	\$ 2,572,145.00	5.43	20.25	3	Benchmarking	Implementation	Implementation
Targeted Case Management	1,850		13.31	\$ 3,112,247.76	6.57	19.88	4	Benchmarking	Benchmarking	Implementation
CBRF	157		1.13	\$ 8,258,661.95	17.42	18.55	5	Not Started	Development	Benchmarking
CCS	619		4.45	\$ 6,335,231.18	13.37	17.82	6	Not Started	Not Started	Not Started
Transitional Residential	684		4.92	\$ 3,598,776.64	7.59	12.51	7	Development	Benchmarking	Implementation
Recovery Support Coordination	1,116		8.03	\$ 1,493,137.33	3.15	11.18	8	Not Started	Not Started	Development
Outpatient (75.13)	835		6.01	\$ 455,455.80	0.96	6.97	9	Not Started	Development	Benchmarking
Crisis Case Management	275		1.98	\$ 811,074.36	1.71	3.69	10	Not Started	Not Started	Not Started
RSS-Employment	374		2.69	\$ 329,490.00	0.70	3.39	11	Not Started	Not Started	Not Started
CRS	36		0.26	\$ 1,468,976.78	3.10	3.36	12	Not Started	Not Started	Not Started
Adult Family Home	15		0.11	\$ 1,356,398.48	2.86	2.97	13	Not Started	Development	Benchmarking
RSS-School and Training	274		1.97	\$ 254,222.50	0.54	2.51	14	Not Started	Not Started	Not Started
RSS-Housing	271		1.95	\$ 252,580.50	0.53	2.48	15	Not Started	Development	Benchmarking
OP Psychiatry	227		1.63	\$ 298,866.00	0.63	2.26	16	Not Started	Development	Benchmarking
Case Mgmt & After Care Support	190		1.37	\$ 218,751.25	0.46	1.83	17	Not Started	Not Started	Not Started
Outpatient-MH	148		1.06	\$ 29,799.60	0.06	1.13	18	Not Started	Development	Benchmarking
RSS-Psych Self Mgmt	118		0.85	\$ 42,608.50	0.09	0.94	19	Not Started	Not Started	Not Started
Recovery House Plus OP/DT	69		0.50	\$ 68,445.00	0.14	0.64	20	Not Started	Development	Benchmarking
Day Treatment (75.12)	51		0.37	\$ 29,655.25	0.06	0.43	21	Not Started	Not Started	Not Started
Med Monitor Residential (75.11)	1		0.01	\$ 4,392.90	0.01	0.02	22	Development	Benchmarking	Implementation
<b>Total</b>	<b>13,899</b>			<b>\$ 47,399,974.78</b>						

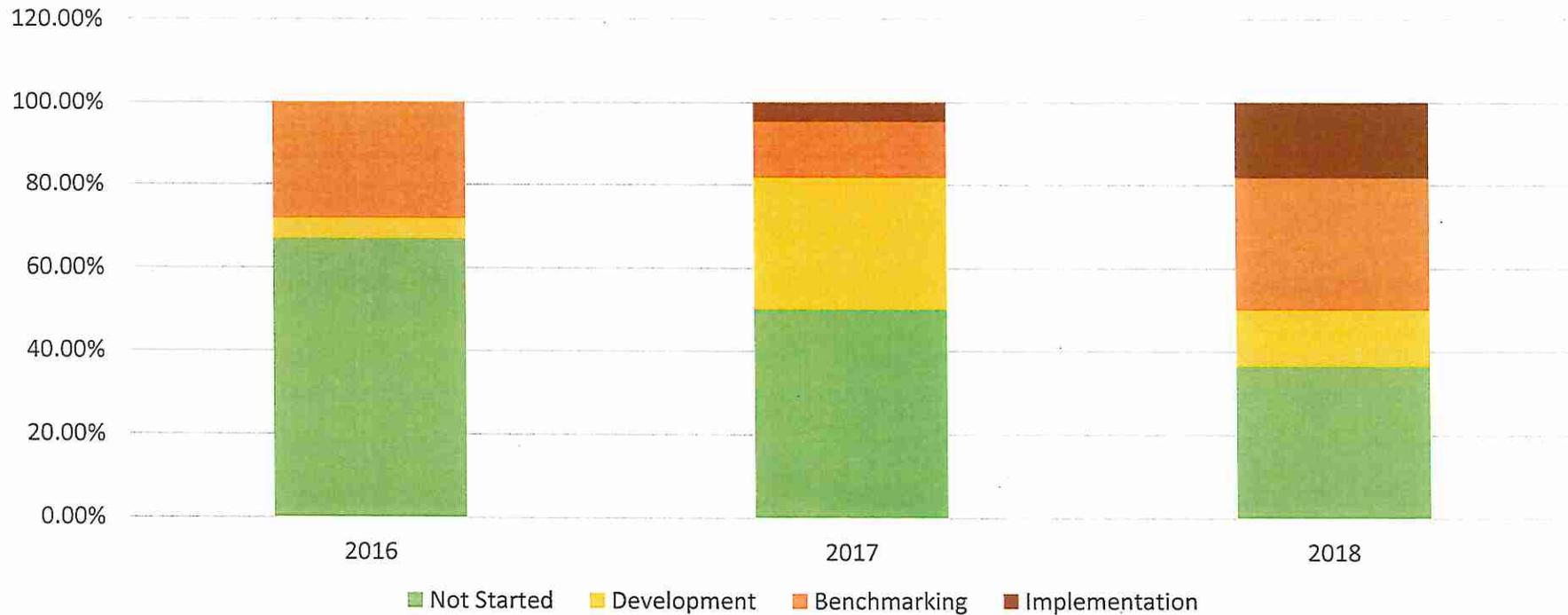
# Count of CARS Programs Over Time

Count of CARS Programs (22)

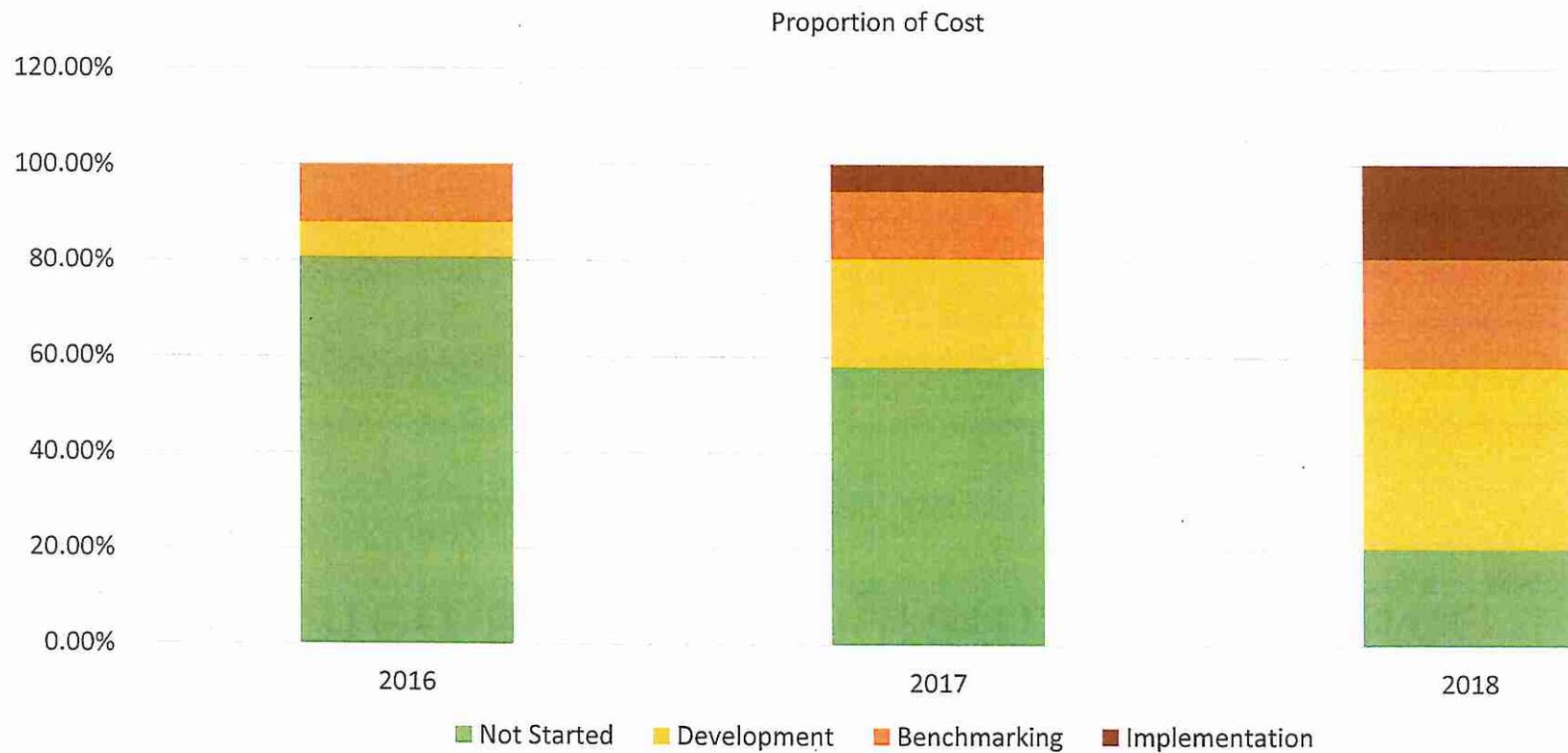


# Proportion of Clients (unique within program, aggregated across programs) Over Time

Proportion of All Unique Clients - Aggregated Across Programs



# Proportion of Total Cost Over Time



# Conclusions

- We can use the same prioritization methodology to implement and track progress with other related initiatives
  - Dashboard development
  - Contracts themselves
- We will continue to provide progress reports for CPM development on a regular basis
  - This will be accomplished by tracking tasks per stage

# Quality Committee Item 7

Draft

Mid-Year Report Update

## PCS Hospital Transfer Waitlist Report

# 2017

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This report contains information describing the first six (6) months of 2017 are summarized as follows:

- 3 hospital transfer waitlist events occurred
- PCS was on hospital transfer waitlist status 83.6%
- The 847 individuals delayed comprised 21.5% of the total PCS admissions (3,942)
- The median wait time for all individuals delayed was 4.6 hours
- The average length of waitlist per patient is 7.8 hours

Prepared by:  
Quality Improvement Department

Date: July 27, 2017

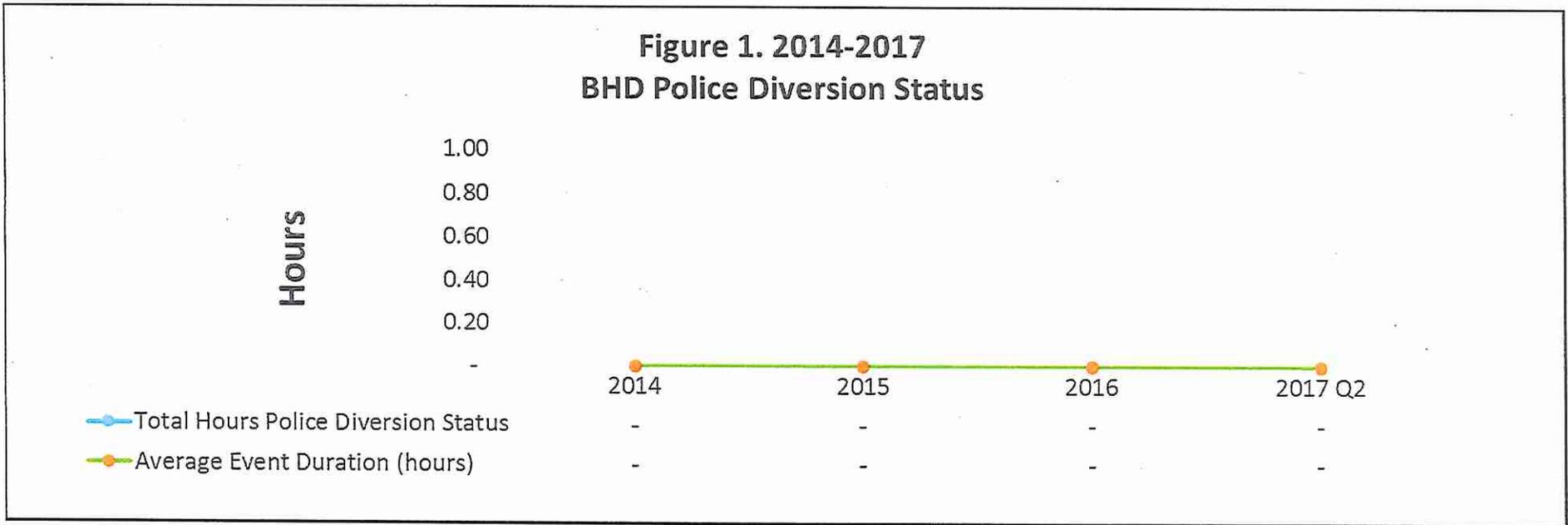
### **Definitions:**

**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.

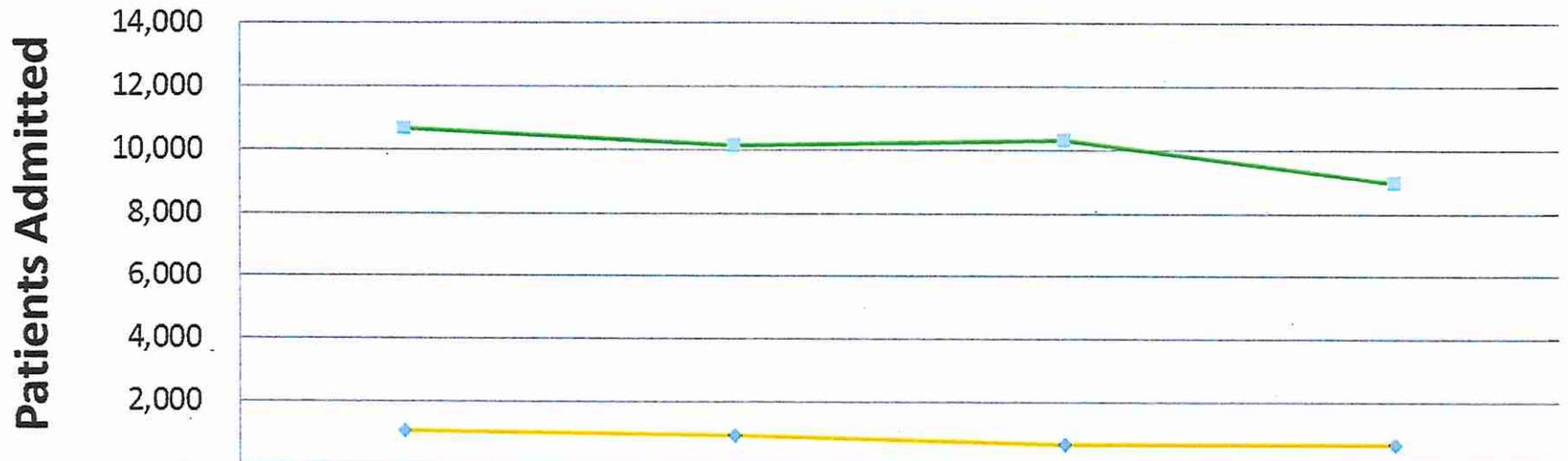
**Reporting Time Period:** The data in this report reflects three (3) years or the last twelve (12) quarters, unless specified otherwise.

**Figure 1. 2014-2017  
BHD Police Diversion Status**



\*There have been no police diversion in the last 8 year, last police diversion was in 2008

**Figure 2. 2014-2017  
PCS and Acute Adult Admissions**



	2014	2015	2016	2017 Proj.
Acute Adult Admissions	1,093	965	683	676
PCS Admissions	10,698	10,173	10,334	9,016

\*PCS Admissions = Projected Waitlist Clients + Projected PCS Clients

**Figure 3. 2014-2017**  
**Percent of Time on Waitlist Status**

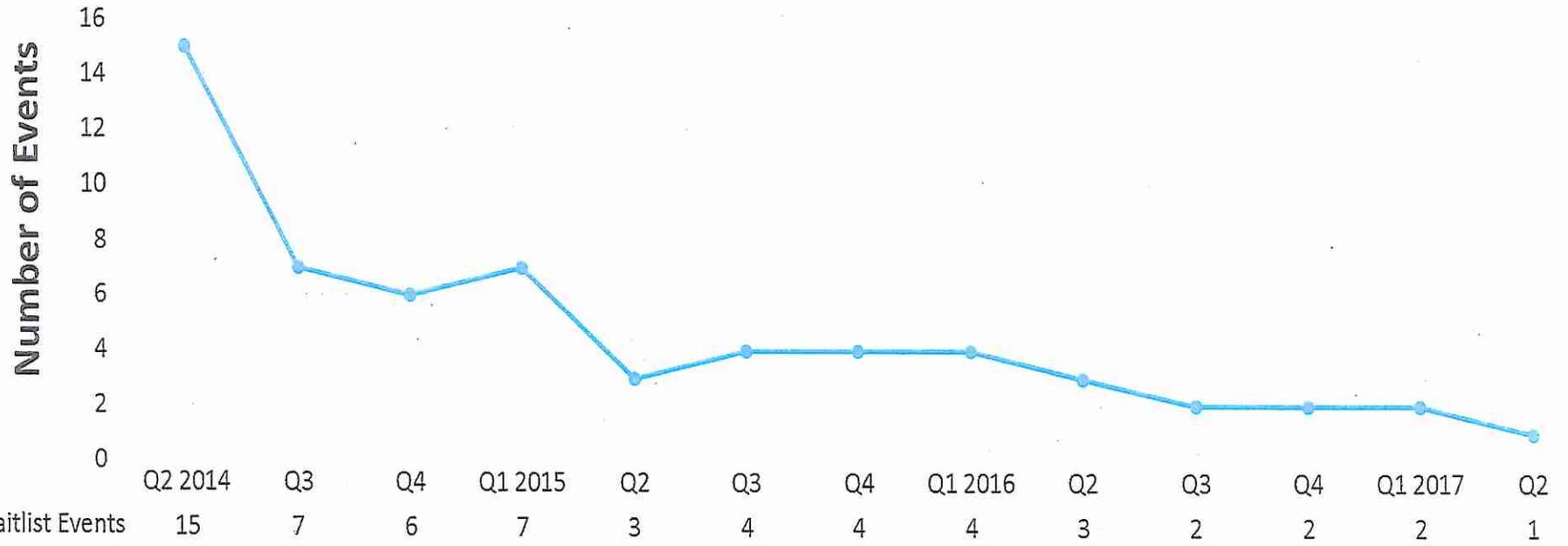


\*Waitlist Percent = Waitlist Duration/ (Number of day in the quarter\*24)

Figure 4. 2014-2017  
Patients on Hospital Transfer Waitlist



Figure 5. Waitlist Events  
2014-2017



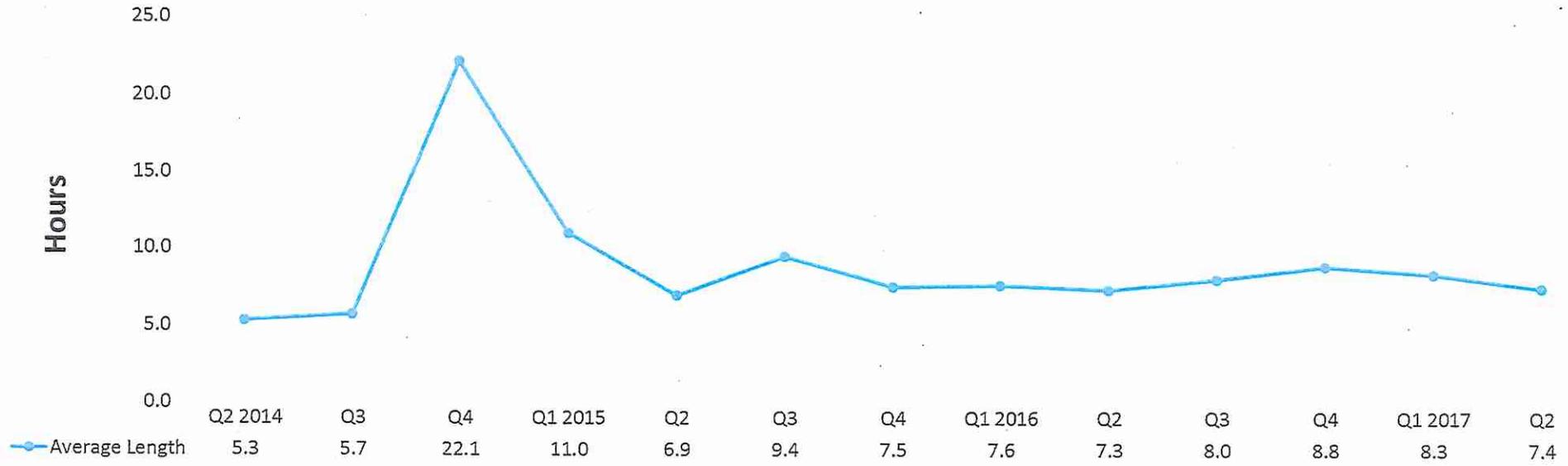
**Figure 6. 2014-2017  
Average Duration of Event  
(Hours)**



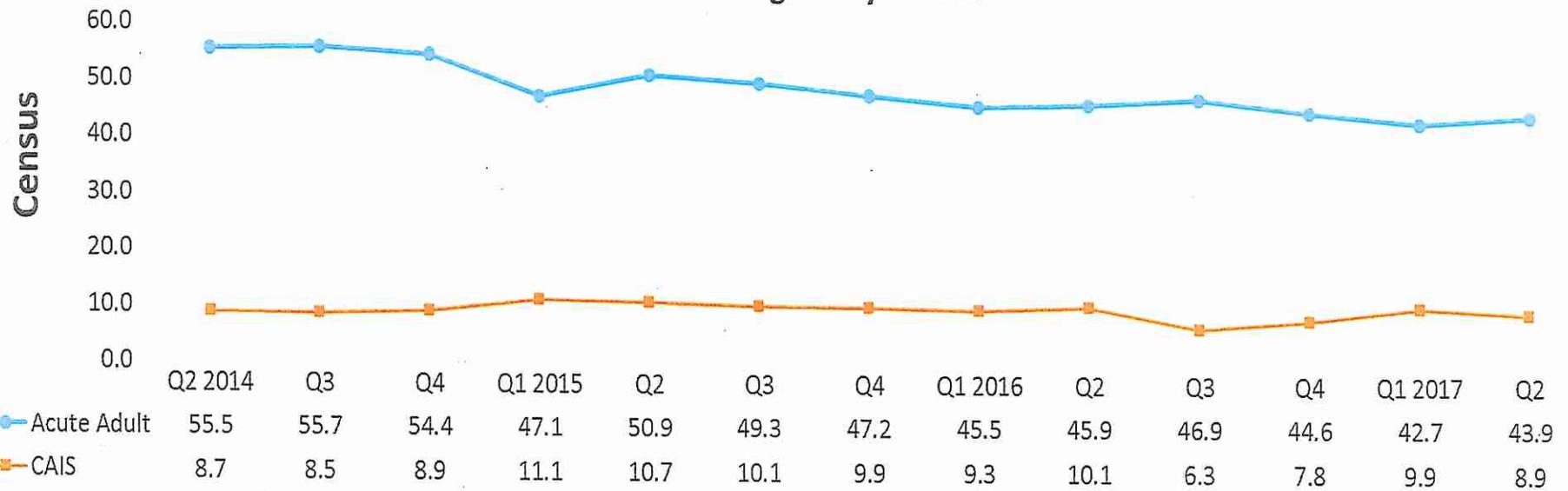
Figure 7. 2014 - 2017  
Median Wait Time For Individuals Delayed  
(Hours)



**Figure 8. 2014-2017**  
**Average Length of Waitlist For Individuals Delayed**  
**(Hours)**

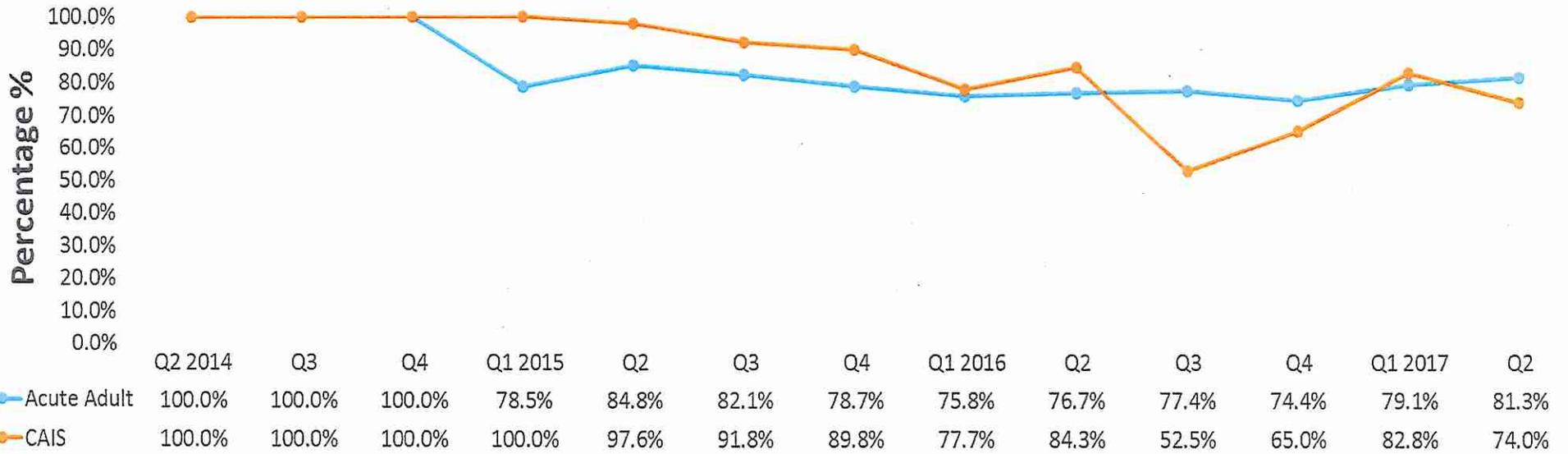


**Figure 9. 2014-2017  
Acute Adult/CAIS  
Average Daily Census**



\*Average Daily Census = Patient days/amount of days per quarter

**Figure 10. 2014-2017  
Acute Adult/CAIS  
Budgeted Occupancy Rate**



\*Occupancy Rate = Patient's Day/ (Number of day in the quarter\*number of beds budgeted)

\*Reduced staffing impacted operation bed count

**Figure 11. 2014-2017**  
**Number of patients on waitlist for 24 hours or greater**

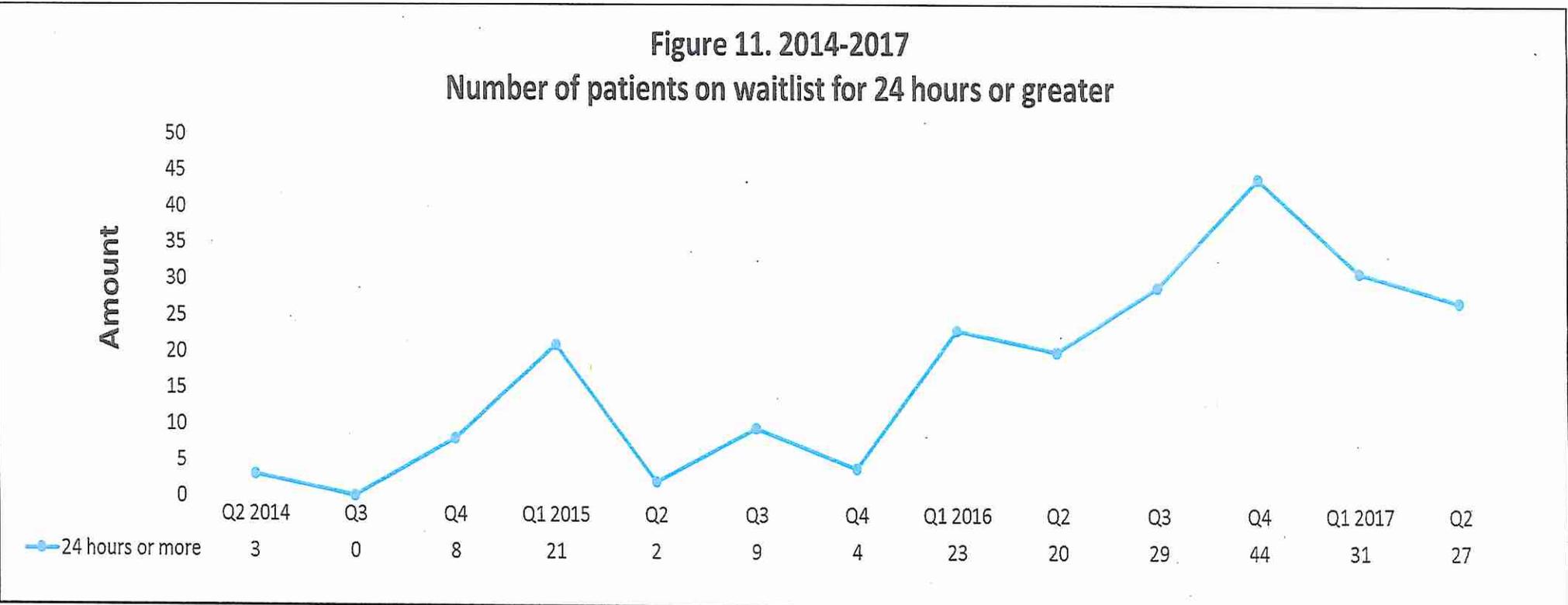


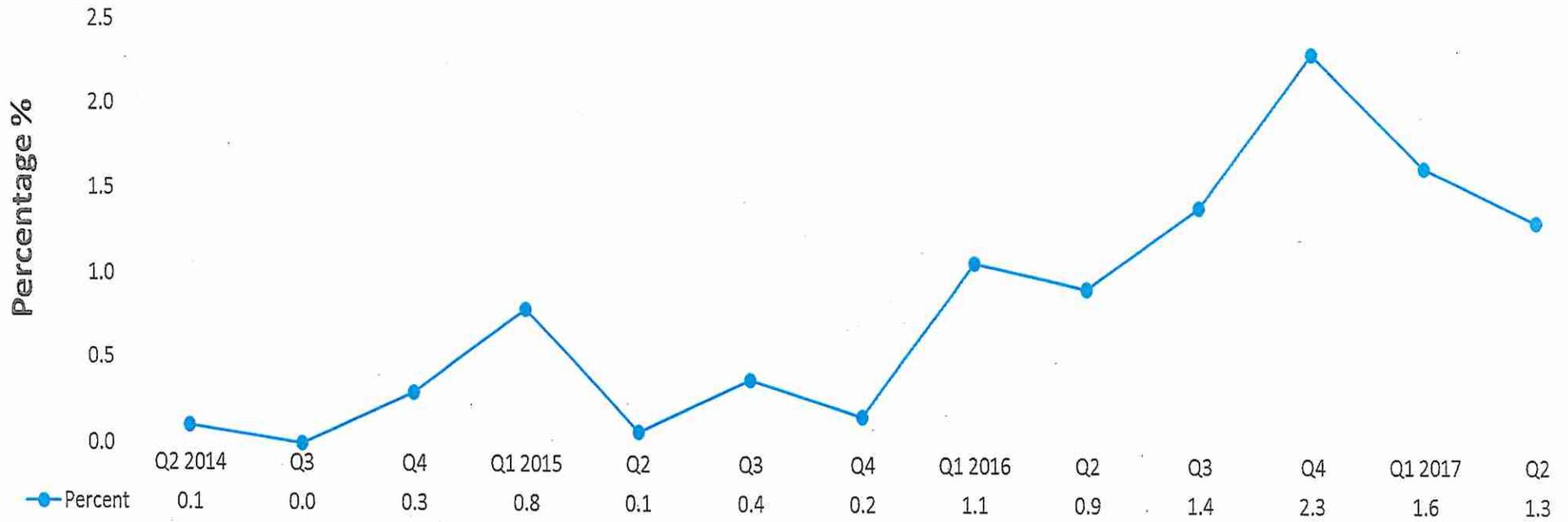
Figure 12. 2014-2017

Patients on waitlist for 24 hours or greater as a percentage of number of clients waitlisted



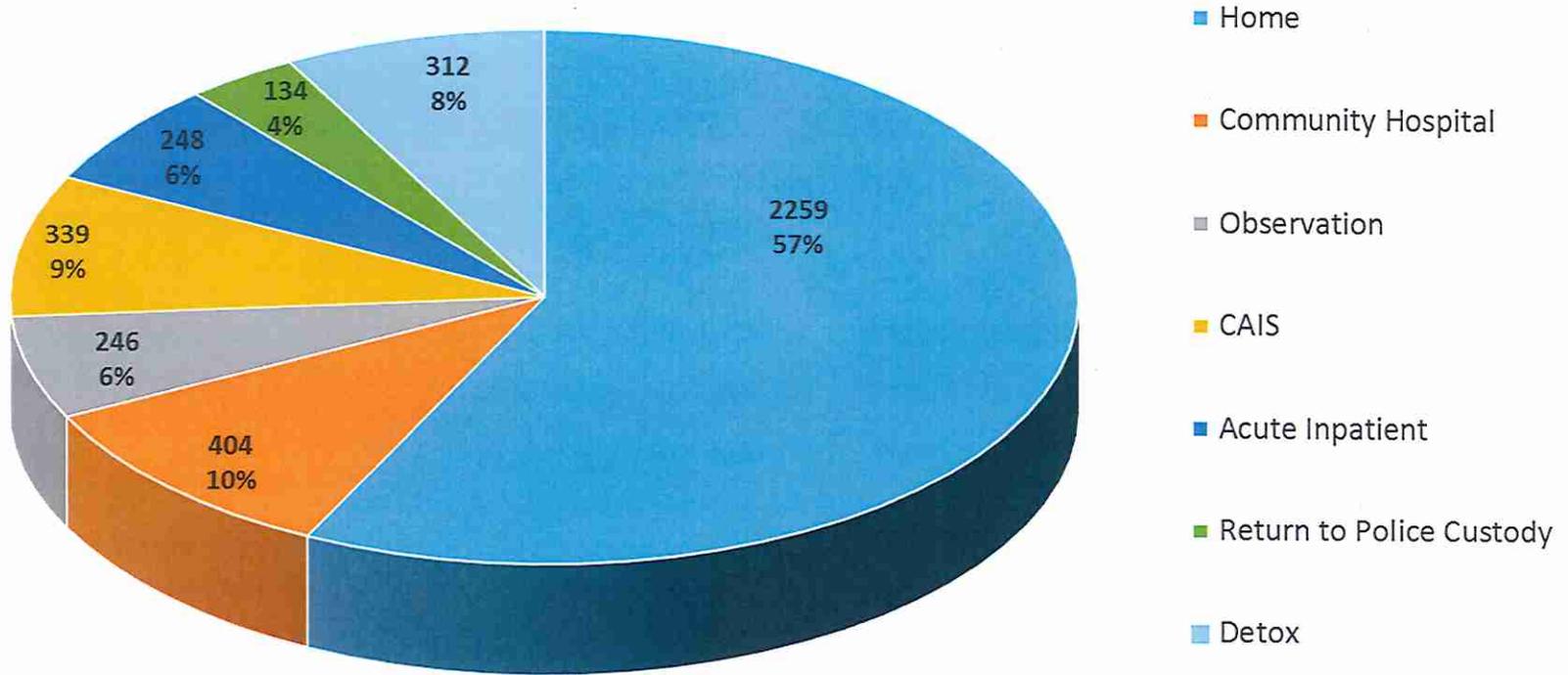
\*Percent = Number of Patients on waitlist for 24 hours or greater/Number of Clients Waitlisted

Figure 13. 2014-2017  
Patients on waitlist for 24 hours or greater as a percentage of PCS Admission



\*Percent = Number of Patients on waitlist for 24 hours or greater/PCS Admission

Figure 14. 2017 Q2 (January - June)  
Disposition of all PCS admission



# Quality Committee Item 8

## Acute Inpatient Seclusion and Restraint

Mid-Year Update

# 2017

This report contains information describing the first six (6) months of 2017 as summarized:

- Acute Adult: Restraint hourly rate decreased by 84.8% from 2016 through mid-year 2017 while restraint incident rate decreased by 57.3% during the same time period. Seclusion incident rate decreased by 26.7% from 2016 through mid-year 2017 while Seclusion hourly rate decreased by 40.0% during the same time period.
- CAIS: Restraint hourly rate decreased by 70.5% from 2016 through mid-year 2017.

Prepared by: Quality  
Improvement  
Department

Date: August 1, 2017

# Summary

## 43A

- 43A rate of restraint hours decreased by 90.9% from 2016 through mid-year 2017.
- 43A had 38 reported restraint hours, 20 reported restraint hours were for 5 individuals (53% of all hours)
- 43A restraint incident rate decreased by 72.1% from 2016 through mid-year 2017.
- 43A had 39 reported restraint incidents, 16 reported restraint incidents were for 5 individuals (41% of all incidents)
- 43A seclusion hour's rate decreased by 66.7% from 2016 to mid-year 2017, while the seclusion incident rate decreased by 63.4%.

## 43B

- 43B rate of restraint hours decreased by 75.0% from 2016 through mid-year 2017.
- 43B had 45 reported restraint hours, 15.4 reported restraint hours were for 1 individuals (34% of all hours)
- 43B restraint incident rate decreased by 50.2% from 2016 through mid-year 2017.
- 43B seclusion hour's rate decreased by 50.0% from 2016 to mid-year 2017, while the seclusion incident rate decreased by 6.1%.

## 43C

- 43C rate of restraint hours decreased by 40.0% from 2016 through mid-year 2017.
- 43C had 18 reported restraint hours, 10.5 reported restraint hours were for 2 individuals (58% of all hours)
- 43C restraint incident rate decreased by 19.5% from 2016 through mid-year 2017.
- 43C seclusion hour's rate did not changed from 2016 to mid-year 2017, while the seclusion incident rate increased by 55.6%.

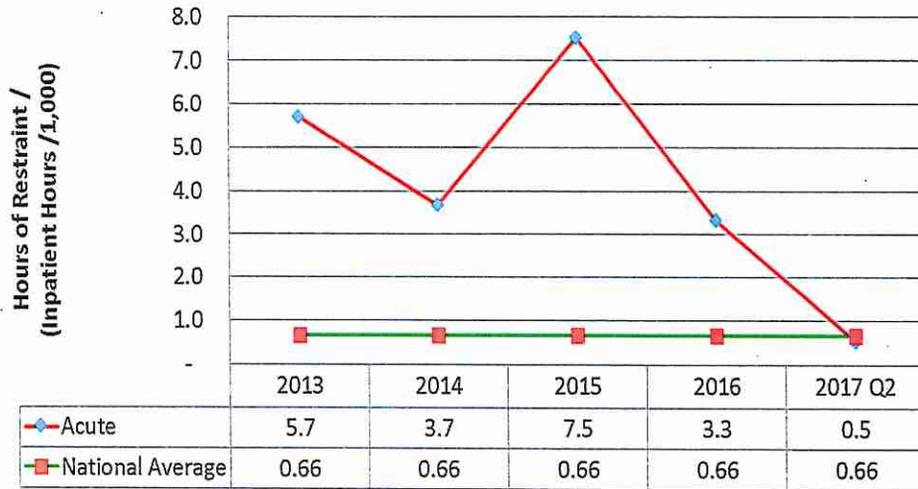
## CAIS

- Five (5) individuals had 30 reported restraint hours, 57% of all restraints
- CAIS restraint incident rate decreased by 61.0% from 2016 through mid-year 2017.
- CAIS had 23 reported restraint incidents, 7 reported restraint incidents were for 2 individuals (30% of all incidents)

# Acute Adult

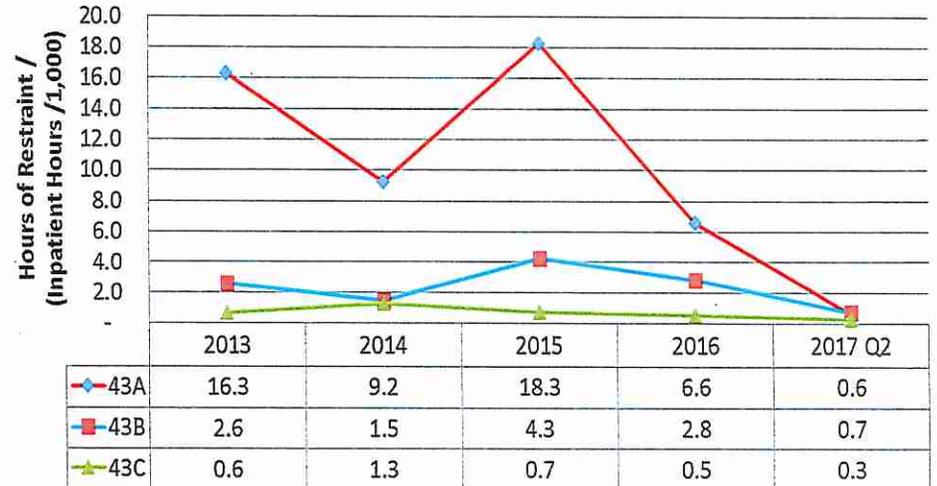
## Acute Adult

### 2013-2017 Hours of Restraint (Aggregate)



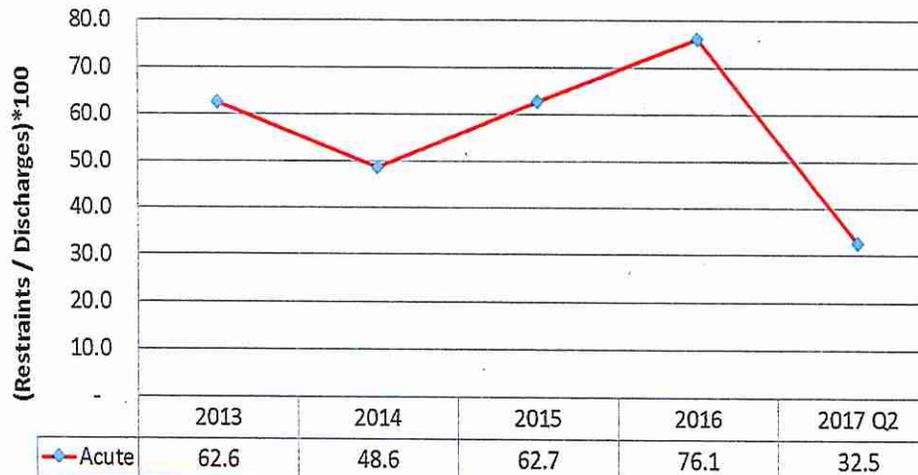
## Acute Adult

### 2013-2017 BHD - Hours of Restraint by Unit



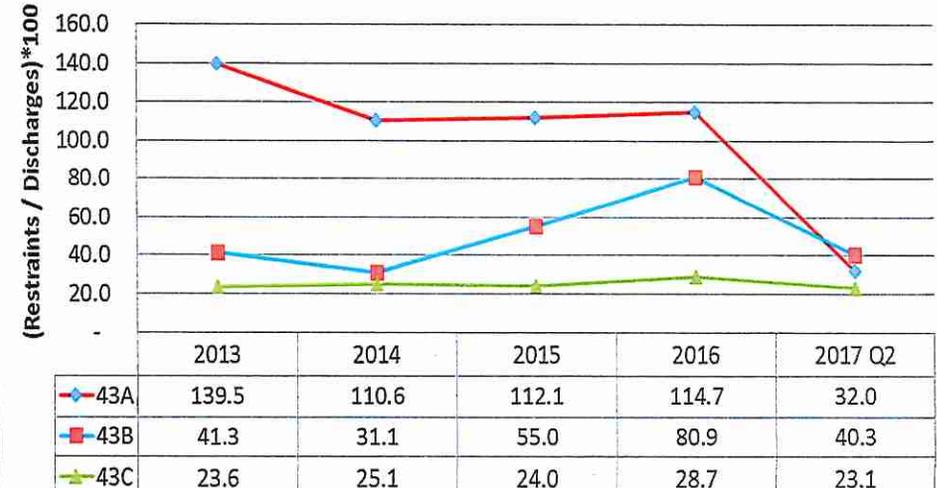
## Acute Adult

### 2013-2017 Restraint Incident % (Aggregate)



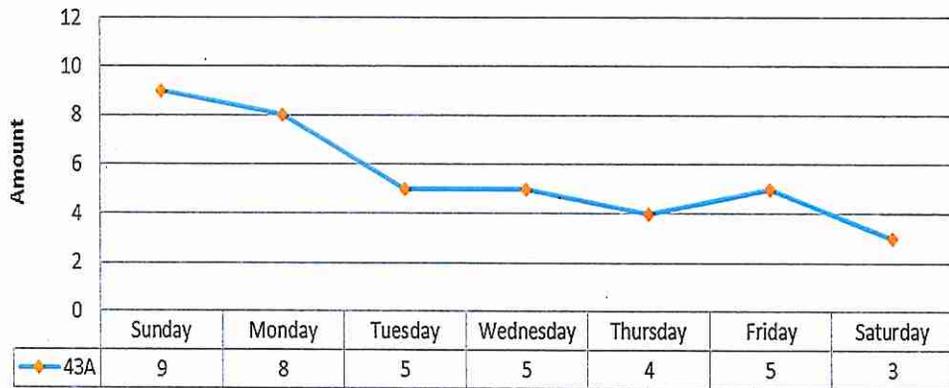
## Acute Adult

### 2013-2017 BHD - Restraint Incident % by Unit

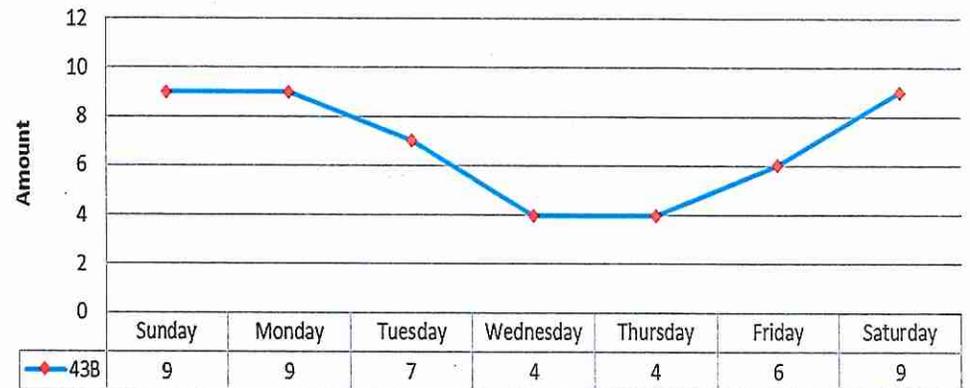


# Acute Adult

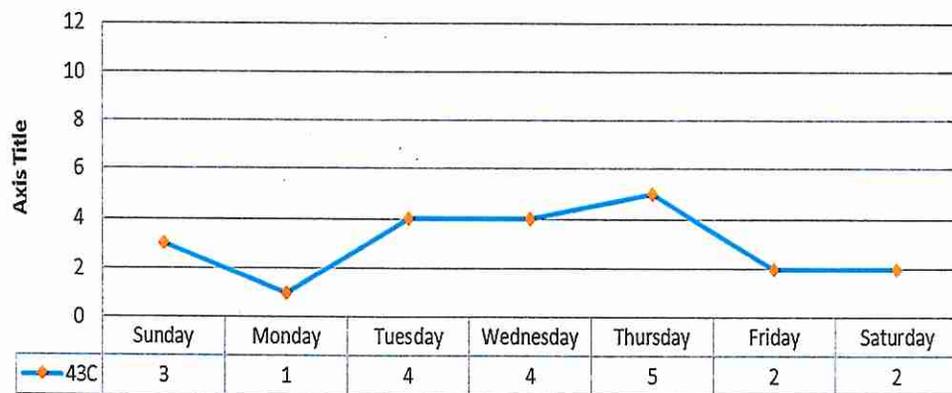
**43A Restraints by Day of Week**  
N = 39



**43B Restraints by Day of Week**  
N = 48

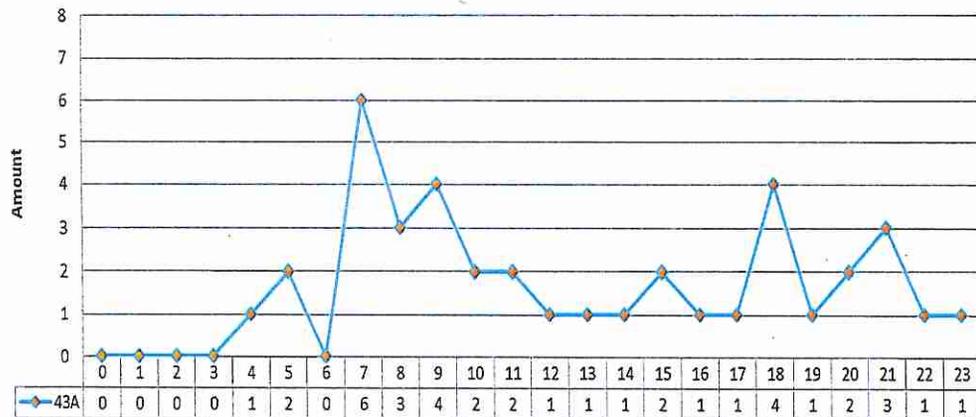


**43C Restraints by Day of Week**  
N = 21

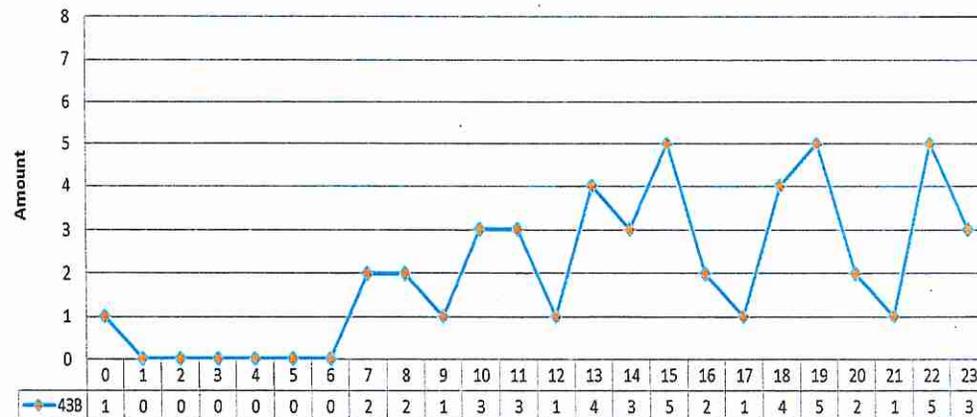


# Acute Adult

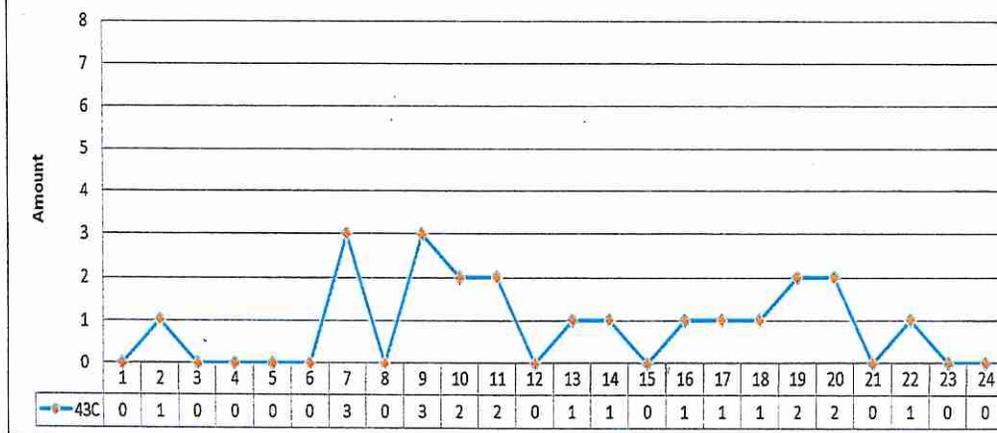
**43A Restraints by Time of Day**  
N = 39



**43B Restraints by Time of Day**  
N = 48



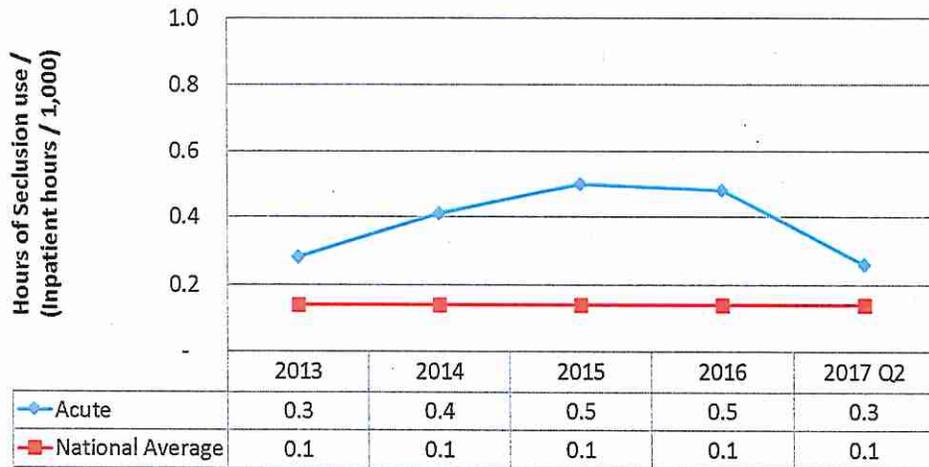
**43C Restraints by Time of Day**  
N = 21



# Acute Adult

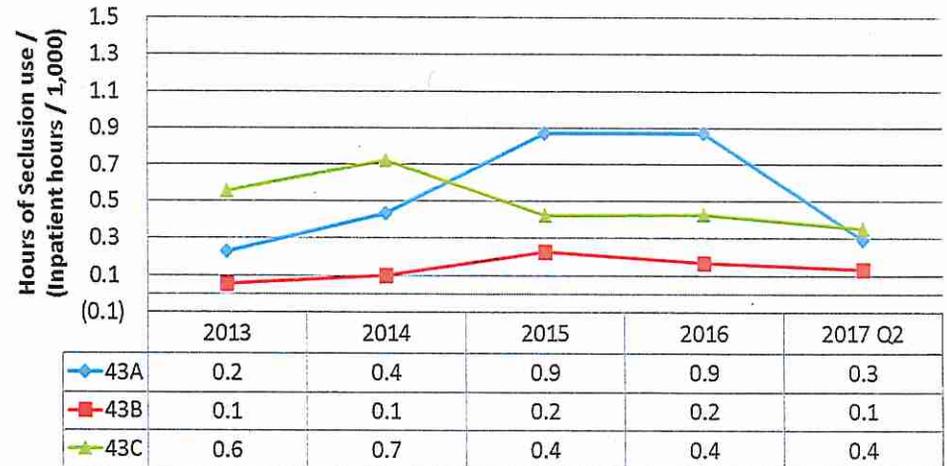
## Acute Adult

### 2013-2017 Hours of Seclusion Rate (Aggregate)



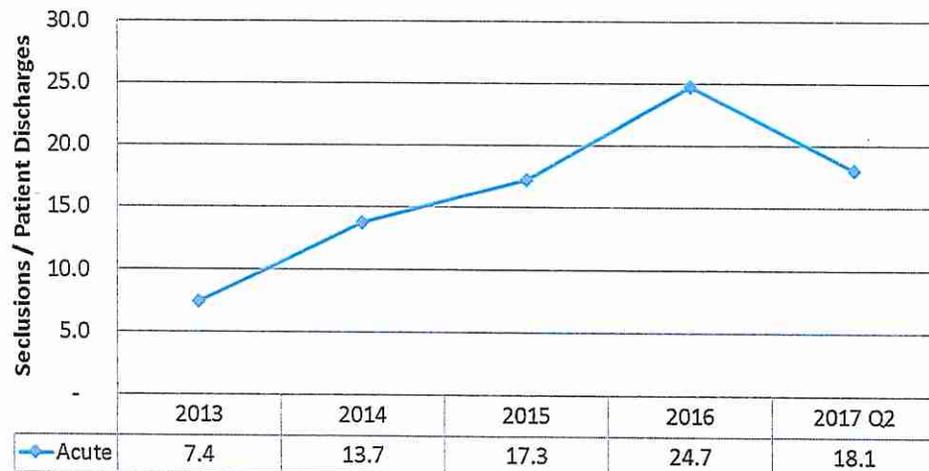
## Acute Adult

### 2013-2017 Hours of Seclusion Rate by Unit



## Acute Adult

### 2013-2017 Seclusion Incident % (Aggregate)



## Acute Adult

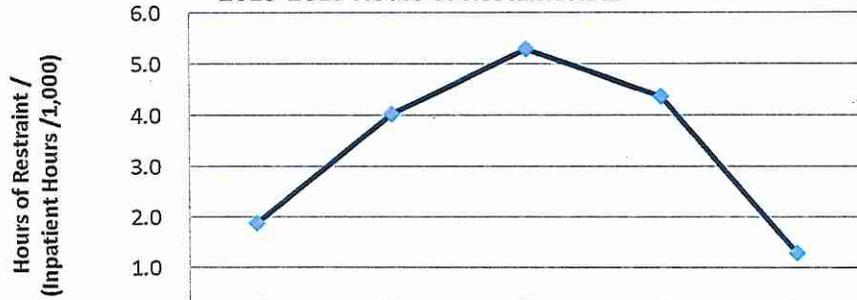
### 2013-2017 Seclusion Incident % by Unit





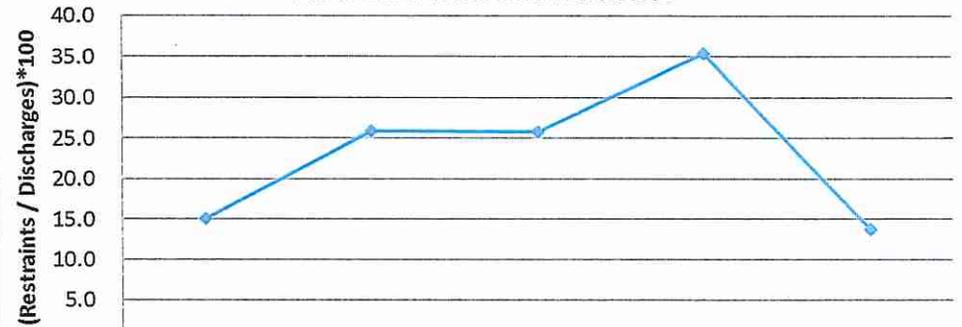
# CAIS

**CAIS**  
2013-2017 Hours of Restraint Rate



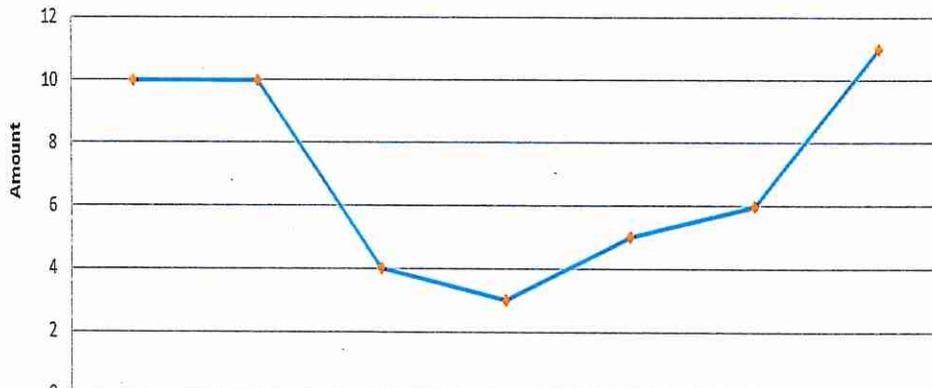
	2013	2014	2015	2016	2017 Q2
CAIS	1.9	4.0	5.3	4.4	1.3
National Average	0.22	0.22	0.22	0.22	0.22

**CAIS**  
2013-2017 Restraint Incident %



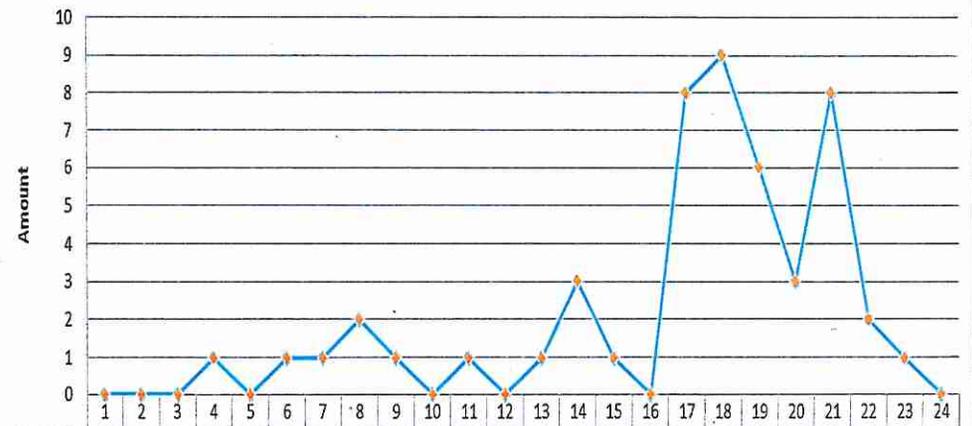
	2013	2014	2015	2016	2017 Q2
CAIS	15.1	25.9	25.9	35.4	13.8

**CAIS Restraints by Day of Week**  
N = 49



	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
538	10	10	4	3	5	6	11

**CAIS Restraints by Time of Day**  
N = 49



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
538	0	0	0	1	0	1	1	2	1	0	1	0	1	3	1	0	8	9	6	3	8	2	1	0



# Facility Data

Program		Restraint Incidents							Restraint Hours						
		2011	2012	2013	2014	2015	2016	2017 Q2	2011	2012	2013	2014	2015	2016	2017 Q2
Acute	43A	282	367	558	303	306	249	39	1,704	1,473	2,321	1,293	2,402	864	38
	43B	78	124	236	138	237	207	48	89	139	492	259	600	399	45
	43C	173	88	112	98	63	58	21	1,602	78	113	205	104	67	18
	Total	966	775	906	539	606	514	108	4,579	2,268	2,926	1,757	3,106	1,330	101
CAIS	CAIS	173	84	124	246	238	218	49	476	98	133	314	458	323	53
Crisis	PCS	638	537	445	405	417	373	159	651	514	509	413	445	408	165
	OBS	122	76	106	146	83	74	23	190	100	179	207	117	98	17

Program/Unit		Seclusion Incidents							Seclusion Hours						
		2011	2012	2013	2014	2015	2016	2017 Q2	2011	2012	2013	2014	2015	2016	2017 Q2
Acute	43A	47	22	18	40	83	102	21	87	17	33	61	115	115	18
	43B	4	12	15	16	32	25	11	4	8	11	18	32	24	9
	43C	58	15	74	96	52	40	28	73	10	100	118	60	54	22
	Total	154	62	107	152	167	167	60	218	48	144	196	207	193	49
CAIS	CAIS	27	6	5	32	44	17	24	32	4	3	21	35	13	15

# Quality Committee Item 9

COUNTY OF MILWAUKEE  
Behavioral Health Division Administration  
Inter-Office Communication

**DATE:** August 15, 2017

**TO:** Mary Neubauer, Chairwoman – MH Quality Committee  
Milwaukee County Mental Health Board

**FROM:** Steve Delgado, Director of Operations, Jennifer Bergersen, Chief Operations Officer  
Behavioral Health Division

**SUBJECT:** 2018 Capital Improvement Requests; Behavioral Health Division  
Environment of Care; Quality and Safety

**REQUEST:** Informational

## Behavioral Health Division Building Project Descriptions

### **1. Pitched Roof Replacement: \$1,528,162**

*The roof system is original to the BHD building (1978) and is well past its useful life expectancy of 30 years.*

### **2. BHD Ventilation System Study: \$50,000**

*HVAC engineering study needs to be conducted to identify specific needed updates as the system is original to the building.*

### **3. Additional Equipment Generator \$1,121,707**

*In the event of the loss of main electrical power and in order to sustain patient care, the ventilation system (HVAC) needs to be powered. This would provide heating, cooling and required air exchanges.*

### **4. BHD Exterior Door Replacement Assembly \$347,925**

*The exterior doors and frames, which are original to the building construction (1978) are rotting away at the base due to weather conditions and snow/ice removal procedures. The door jackets are split and pulling away at the seams. Door replacement underway.*

Refer to attached 2018 Capital Improvement Requests; side two.

Project Description	2018		2019		2020		2021		2022	
	County Funding	Dept Rank								
Mental Health Complex - Repave Parking Lot X-42										
BHD Air Handling System	\$ 1,382,538	2	\$ 3,000,000	2	\$ 3,000,000	2	\$ 3,000,000	2	\$ 3,000,000	2
BHD Window Replacement					\$ 1,320,909	7				
BHD Bathroom Bldg Settling Repair & Replacement			\$ 423,841	6						
BHD-ACT System Renewal									\$ 136,812	10
BHD-VCT 4 Renewal									\$ 136,812	9
BHD-Door Assembly Replacement	\$ 347,925	5								
BHD-Fire Damper Replacement	\$ 132,219	4								
Mental Health Complex - Repave Parking Lot X35										
MHC-Repave Parking Lots X-32 A, B, & C							\$ 576,534	8		
BHD Roof Repair	\$ 1,528,162	1								
Mental Health Complex New Generator	\$ 1,121,707	3								
Stairwell Sprinkler Protection System										
<b>Grand Total</b>	<b>\$4,512,551</b>		<b>\$3,423,841</b>		<b>\$4,320,909</b>		<b>\$3,576,534</b>		<b>\$3,273,624</b>	

# Quality Committee Item 10

## HIPAA Compliance & Data Sharing Project – Update

**Purpose:** To fulfill the vision of a "No Wrong Door"<sup>1</sup> approach to mental health and supporting services from DHHS, and to implement clear policies and procedures for accessing and sharing protected health information, enabling secure and efficient warm handoffs between county services. The project's primary objectives are to:

- Increase capacity to share information between divisions in a compliant fashion
- Increase knowledge of the responsibilities inherent in sharing protected health information
- Understand and improve County compliance with information sharing regulations and controls

**Background:** The 3<sup>rd</sup> party security contractor Sword & Shield conducted a Risk Assessment and Gap Analysis of BHD in April, 2017. The objectives of this review were to compare HIPAA security requirements with the internal safeguards currently in place, and to identify areas of risk associated with the storage, transmission, and processing of electronic protected health information. The most relevant results from these studies were that:

- BHD was found to be only 66% compliant with HIPAA security requirements when counting controls that have been both implemented and documented
- BHD was determined to be at high risk for internal and external attack, with incomplete policies and business process gaps contributing to further compliance risks

**Progress:** Since the initial assessment, BHD has taken the following steps to provide additional security and structure to the myAvatar Electronic Medical Record (EMR)

- Ann Seltzer was designated HIPAA security officer, responsible for both technology and policy updates
- The authorization process for EMR access was streamlined and configured to include more accountability
- The password reset process moved from phone to email, now ensuring identity verification
- myAvatar password length and complexity requirements were increased to match security standards
- Terminals displaying sensitive information were directed to lock out after shorter periods of user inactivity

Following these changes, BHD formed an EMR Policy Workgroup to draft policies and implement business practices relevant to the EMR. So far, its work has included access management, change control, data requests, and Business Associate Agreements, as well as miscellaneous policies that have been developed as needed to support myAvatar optimization. To fulfill broader county goals—focusing on efficiency and clarity of data sharing in addition to regulatory compliance—BHD developed and submitted a Data Sharing Project Charter for approval in June.

**Projected:** BHD has effectively launched the project with internal improvement efforts, and is now engaging the Department of Health & Human Services to partner in this work. With DHHS assistance this project will recruit consultants dedicated to regulatory compliance (including HIPAA, HITECH etc.) and network integrity.

**Topics to consider:** Although steps toward more secure data sharing and a higher level of HIPAA compliance have been taken, it remains clear that multiple far-reaching decisions must be made to ensure this project's long-term success. Specifically, it is important that BHD clarify and propagate its definition of 'treatment', to smoothly coordinate care for clients with needs across services and organizations. In addition, BHD must work with DHHS to coordinate development of interrelated policy to better serve its clients.

Perhaps most importantly, BHD recognizes that the scope of this project is only to begin working toward HIPAA compliance and efficient data sharing. Enforced, ongoing compliance, as well as process updates to countywide data sharing, are too far-reaching to confine to any reasonable timeframe. Instead, BHD must make subjective decisions concerning the prioritization of tackling certain security or process concerns before others, whether due to their high risk, high impact, or ease of fixture. Furthermore, BHD will require additional resources to continue this process of increasing HIPAA compliance; although this project will act as an accelerator, long-term investment will be necessary to achieve the overall goal.

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<sup>1</sup> A "No Wrong Door" approach would ensure that any client who arrives at a County health facility—regardless of how well matched their medical concern is to said facility—would be given sufficient immediate treatment, as well as a smooth transition to an appropriate facility. This transition would require the transmission of the patient's protected health information, in order to ensure awareness of their initial symptoms and treatment.

# Quality Committee Item 12

## POLICY & PROCEDURE STATUS REPORT

Baseline 71.5% as of August 2016 LAB report

Review period	Number of Policies	Percentage of total
Reviewed within Scheduled Period	361	71.5%
Up to 1 year Overdue	32	6.3%
More than 1 year and up to 3 years overdue	20	4.0%
More than 3 years and up to 5 years overdue	31	6.1%
More than 5 years and up to 10 years overdue	18	3.6%
More than 10 years overdue	43	8.5%
<b>Total</b>	<b>505</b>	<b>100.0%</b>

Recently Approved Policies	New Policies	Reviewed/ Revised Policies	Retired Policies
March	2	7	7
April	0	5	4
May	8	57	20
June	19	10	10
July	1	4	1

Overall Progress 86.5% as of August 1, 2017

Current				
Review period	Number of Policies		Percentage of total	
	Last Month	This Month	Last Month	This Month
Within Scheduled Period	431	430	86.9%	86.5%
Up to 1 year Overdue	21	25	4.2%	5.0%
More than 1 yr and up to 3 years overdue	9	9	1.8%	1.8%
More than 3 years and up to 5 years overdue	5	5	1.0%	1.0%
More than 5 years and up to 10 years overdue	7	6	1.4%	1.2%
More than 10 years overdue	23	22	4.6%	4.4%
<b>Total</b>	<b>497</b>	<b>497</b>	<b>100%</b>	<b>100%</b>

### Forcast Due for Review

Past Due Policies - 67

Coming Due Policies

August - 3

December - 62

September - 3

January - 7

October - 8

November - 9

# BHD Crisis Services

Milwaukee County Mental Health Board  
September 28, 2017

# Crisis Mobile Team

## (414) 257-7222



- ▶ Adult Crisis Mobile Team has 29 diverse staff members consisting of nurses, licensed social workers and professional counselors.
- ▶ Team consists of social workers and professional counselors who are fully licensed. In 2017 the team expanded to include staff who are currently in training to receive their full license.



# Crisis Mobile Team

**Mobile Team Clinicians are trained in the following areas:**

- ▶ Answering the Crisis Line
- ▶ Responding to community and hospital based mobiles
- ▶ Supporting people at short and long term Crisis Stabilization Houses
- ▶ Assisting doctors with coordinating care and planning for discharge on the Observation Unit



# Crisis Mobile Team – Crisis Line

- ▶ Clinicians provide direct mental health crisis counseling and safety planning on the crisis line (414) 257-7222.
- ▶ Clinicians receive calls from people or family members who are in need of information on mental health and substance use resources in the community.
- ▶ In 2016 over 40,000 calls were received on the Crisis Line.

# Crisis Mobile Team - Crisis Line and Mobiles

- ▶ Individuals, family members, police officers, community agencies or anyone from the community can call and request a mental health, substance use or co-occurring assessment in the community.
- ▶ Mobile team members respond in pairs and complete the assessment in the community, while in consultation with PCS doctors.
- ▶ In addition to the assessment, the crisis mobile team provides crisis stabilization, de-escalation and linkage to services.
- ▶ In 2016 the crisis mobile team completed 2590 mobiles in the community.



# Crisis Mobile Team – Crisis Stabilization Houses

- ▶ Clinicians assess new people and go to Crisis Stabilization Houses on a daily basis to assess overall wellness and ensure their needs are being met.
- ▶ Three houses in total; short term (14 days) long term (approx.. 4 months)
- ▶ Becher 2057 S. 14th Street – short term.
- ▶ Martin 1141 N. 46th Street – long term.
- ▶ Silverlawn 5554 N. 57th Street – short term and long term.

# Crisis Mobile Team – Observation Unit



- ▶ Clinicians assist doctors on the Observation Unit with assessments, coordinating services and discharge planning.



# Geriatric Nurse Services

- ▶ Serves people age sixty and above and residing in Milwaukee County.
- ▶ Referrals from all concerned community members including agencies, family members, apartment managers, etc.
- ▶ If primary diagnosis is Dementia or Alzheimer's an individual will be referred to the Department of Aging. (414) 289-6874.

# Crisis Assessment Response Team (CART)



- ▶ In 2013 the Milwaukee Police Department and Milwaukee County Behavioral Health Division collaborated to create CART.
- ▶ Co-responder program, Crisis intervention Trained (CIT) officer partners with a master's level mental health clinician – highest level of response to an individual experiencing a mental health crisis.
- ▶ In 2017 moved to seven day per week coverage
- ▶ 348 CART contacts in 2016 (678 contacts and 327 mobiles through August 2017)
- ▶ In 2017 a third CART team was added with MPD
- ▶ In October 2017 a county wide CART team will begin service
- ▶ Exploring a CART collaboration with the city of West Allis

# Crisis Assessment Response Team (CART) Objectives

- ▶ Decrease the volume of involuntary emergency detentions in Milwaukee County by utilization of voluntary options, stabilization on scene, or referral to other mental health resources.
- ▶ Provide Mental health assessments and CJF clearance for individuals in custody, preventing an unnecessary transport to Psychiatric Crisis Services (PCS)
- ▶ Respond as a resource squad to high priority crisis calls involving persons with mental illness (i.e. person threatening self harm, active psychosis, etc.)
- ▶ Decrease the possibility of use of force and injuries to officers, consumers, and the community.
- ▶ Attempt to decrease the number of repeated interactions between individuals diagnosed with significant mental health needs and law enforcement.



# How to request CART Services

- ▶ Call 911 or non-emergency through MPD at 414-933-4444, when speaking with the dispatcher, request CART.
- ▶ Call the Crisis Mobile Team's Crisis Line at 414-257-7222. CMT can also dispatch a CART team.



# Access Clinic

## Who Does the Access Clinic Serve:

- ▶ Milwaukee County Residents
- ▶ 18 years of age and older
- ▶ Uninsured persons in the need of mental health and substance use services.
- ▶ Over 1200 visits in 2016.

# Access Clinic

## What New People Should Expect:

- ▶ This is a walk in clinic and people are served in the order they arrive.
- ▶ Go through registration including meeting with a benefits specialist to learn more about insurance options.
- ▶ Complete a comprehensive assessment with the clinician.

# Access Clinic

## **Clinician will provide linkage to services including:**

- ❖ Substance use and/or mental health therapy
- ❖ Psychiatry
- ❖ Insurance assistance through Winged Victory
- ❖ AODA residential and day treatment

# Team Connect

- ▶ Started in June 2017
- ▶ Team of a Master's Level Clinician and Certified Peer Specialist
- ▶ Supports persons 18 years and older who are discharged from the following BHD areas:
  - ❖ Psychiatric Crisis Services
  - ❖ Observation Unit
  - ❖ Acute Care Units



# Team Connect intended outcomes

- ▶ To reduce the risk of harm post discharge
- ▶ Help improve continuity of care
- ▶ Increase connections to community resources
- ▶ Reduce incidence of hospital readmission and PCS visits

# What individuals can expect

- ▶ Contact within 24 hours or the next business day following discharge
- ▶ Assistance with managing after care appointments
- ▶ Frequent phone check ins
- ▶ Access to a Certified Peer Specialist
- ▶ Crisis Intervention
- ▶ Linkage to Recovery Focused Supports
- ▶ Warm hand off to outpatient providers



# Team Connect Discharge

Enrollment is intended to be short term and is based on the person's needs. People may discharge from Team Connect for the following reasons:

- ▶ An individual is in treatment
- ▶ Level of risk diminishes sufficiently
- ▶ No longer wishes to participate in the program
- ▶ Unable to make contact consecutively on 3 separate dates



# Community Consultation Team

The Community Consultation Team (CCT) is a service designed to help support adults with developmental disabilities to live successfully in the community.



# Community Consultation Team

**Developmental Disability:** A condition in which an individual has a diagnosis with onset before age 22 of one of the following:

- ▶ Intellectual Disability (onset before age 18)
- ▶ Autism Spectrum Disorder
- ▶ Traumatic Brain Injury
- ▶ Cerebral Palsy
- ▶ Epilepsy
- ▶ Another neurological condition similar to Intellectual Disability



# Community Consultation Team

- ▶ Service began in January, 2015
- ▶ Team consists of a psychologist, nurse and two master's level clinicians
- ▶ PM/Weekend/Holiday crisis services provided by Dungarvin of WI

# Community Consultation Team



## Three primary types of services:

1. Consultation services
2. Staff Training
3. Crisis Line and Mobile Teams



# Community Consultation Team

## Consultation Services

Working in a preventative manner to try to manage risks in the community and reduce the likelihood of significant behavioral and mental health needs and crises.

### **Behavioral assessments**

- Description and history of target behaviors
- Daily routine
- Setting events/ Environmental triggers
- Replacement behaviors
- Interests/potential reinforcers
- Sensory assessment



# Community Consultation Team

## Staff Training

Offers a comprehensive educational curriculum designed to increase community providers' job-related knowledge and skills. Also offer training at MCFI for their staff.

### Current Training Topics:

- Nature of Intellectual Disability
- Autism Spectrum Disorder
- Mental Illness and Developmental Disabilities
- Positive Behavioral Support
- Understanding Challenging Behavior
- Managing Threatening Confrontations
- Detecting and Managing Physical Illness
- Stress Management for Staff



# Community Consultation Team

**Direct Support (414) 257-7797**

CCT available to assist community providers, families, individuals, the police, and others by phone or in person during a crisis.

- Problem solving
- Empathy/encouragement
- Positive attention/reinforcement
- Socialization

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

**DATE:** September 20, 2017

**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**

**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<sup>1</sup>:

- A. New Appointments
- B. Reappointments
- C. Provisional Period Reviews / Amendments &/or 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.

**Informational Item(s)**

The following Medical Staff Organization policies and procedures were revised and approved by the Medical Staff Executive Committee, in accordance with the MSO Bylaws and are presented to the Mental Health Board, as informational only unless otherwise directed.

- A. Health and Welfare Policy
- B. Continuing Education Requirements – Medical Staff and Privileged Allied Health Professionals

Respectfully Submitted,

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

- cc Michael Lappen, BHD Administrator  
John Schneider, BHD Chief Medical Officer  
Shane Moio, MD, Vice-President of the Medical Staff Organization  
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 (MSO) Health and Welfare Policy
- 3 (MSO) Continuing Education Requirements – Medical Staff and Privileged Allied Health Professionals

**MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION  
GOVERNING BODY REPORT  
MEDICAL STAFF CREDENTIALING REPORT & EXECUTIVE COMMITTEE RECOMMENDATIONS  
SEPTEMBER / OCTOBER 2017**

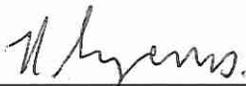
The following credentials files were reviewed. Privilege recommendations/actions were made based on information related to qualifications, current competence and ability to perform privileges (health status). All requisite primary source verifications or queries were obtained and reviewed regarding professional 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 SEPTEMBER 6, 2017	MEDICAL STAFF EXECUTIVE COMMITTEE SEPTEMBER 20, 2017	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
<b>MEDICAL STAFF</b>							
Jeremy Chapman, 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 contingent on attaining Wisconsin medical licensure (Confirmation obtained that Wisconsin medical license was granted 9/11/17*).	Recommends appointment and privileging as per C&PR Committee.	
Claire Drom, 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 contingent on attaining Wisconsin medical licensure (Confirmation obtained that Wisconsin medical license was granted 9/11/17*).	Recommends appointment and privileging as per C&PR Committee.	
Devin Dunatov, 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.	
Sarah Slocum, 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.	
Erika Steinbrenner, 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 contingent on attaining Wisconsin medical licensure (Confirmation obtained that Wisconsin medical license was granted 9/11/17*).	Recommends appointment and privileging as per C&PR Committee.	
*The Wisconsin two-year licensing period for MD physicians opened on 9/11/17. All MD-physician licenses issued prior to 9/11/17 will expire 10/31/17. These applicants for initial licenses completed all requirements prior to 9/11/17 but opted to wait for initial issuance so as not to have to renew license within just weeks of issuance date.							
<b>ALLIED HEALTH</b>							
None this period							
REAPPOINTMENT / REPRIVILEGING	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE SEPTEMBER 6, 2017	MEDICAL STAFF EXECUTIVE COMMITTEE SEPTEMBER 20, 2017	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
<b>MEDICAL STAFF</b>							
Mara Bach, PhD	General Psychology-Adult	Active / Full	B	Drs. Kuehl & Schneider recommend reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Gregory Burek, MD	Psychiatric Officer of the Day; Medical Officer of the Day	Affiliate / Full		Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	

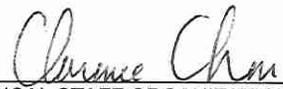
PROVISIONAL STATUS CHANGE REVIEWS	PRIVILEGE GROUP(S)	CURRENT CATEGORY/ STATUS	RECOMMENDED CATEGORY/ STATUS	SERVICE CHIEF RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE SEPTEMBER 6, 2017	MEDICAL STAFF EXECUTIVE COMMITTEE SEPTEMBER 20, 2017	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
<i>The following applicants are completing the required six month minimum provisional period, as required for all initial appointment and/or new privileges.</i>							
<b>MEDICAL STAFF</b>							
Rachel Ramaswamy, DO	Psychiatric Officer of the Day; Medical Officer of the Day	Affiliate/ Provisional	Affiliate/ Full	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.	
<b>ALLIED HEALTH</b>							
None this period							

AMENDMENTS / CHANGE IN STATUS	CURRENT PRIVILEGE GROUP(S) OR APPOINTMENT CATEGORY	REQUESTED / RECOMMENDED CHANGE	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE SEPTEMBER 6, 2017	MEDICAL STAFF EXECUTIVE COMMITTEE SEPTEMBER 20, 2017	GOVERNING BODY
NONE THIS PERIOD							

MEDICAL STAFF ORGANIZATION POLICY UPDATES	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE SEPTEMBER 6, 2017	MEDICAL STAFF EXECUTIVE COMMITTEE	GOVERNING BODY
HEALTH AND WELFARE POLICY	Not Applicable	Approved revisions, 8/23/17.	Informational only unless otherwise directed by the MH Board
CONTINUING EDUCATION REQUIREMENTS – MEDICAL STAFF AND PRIVILEGED ALLIED HEALTH PROFESSIONALS	Recommends approval of revisions, as presented.	Approved revisions, 9/20/17.	Informational only unless otherwise directed by the MH Board

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

9/20/2017  
 DATE

  
 PRESIDENT, MEDICAL STAFF ORGANIZATION  
 CHAIR, MEDICAL STAFF EXECUTIVE COMMITTEE

9/20/17  
 DATE

BOARD COMMENTS / MODIFICATIONS / OBJECTIONS TO MEC PRIVILEGING RECOMMENDATIONS:

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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: OCTOBER 26, 2017



**Date Issued:** 6/14/2001  
**Last Approved Date:** 9/19/2017  
**Last Revised Date:** 9/19/2017  
**Next Review:** 9/18/2020  
**Owner:** Lora Dooley:  
12009001-Medical Services  
Manager  
**Policy Area:** Medical Staff Organization  
**References:**

## Health and Welfare Policy

**Approved by Medical Executive Committee on 8/23/17.**

### **POLICY:**

The Medical Staff Organization (MSO) of the Milwaukee County Behavioral Health Division recognizes that it has an obligation to both patients and staff centering around care and treatment of patients. It is the policy of the MSO, in accordance with The Joint Commission (TJC) requirements, to provide a mechanism for identifying and managing matters of individual health for Medical Staff members and other privileged Licensed Independent Practitioners (LIPs) that is separate from the Medical Staff disciplinary function.

### **PURPOSE:**

To prevent physical, psychiatric or emotional illness.

To facilitate confidential diagnosis, treatment and rehabilitation, rather than discipline, of Medical Staff and LIPs who suffer from a potentially impairing condition.

To assist Medical Staff members and LIPs in retaining and regaining optimal professional functioning.

To protect patients, staff members, and other persons present in the hospital from harm.

### **PROCEDURES:**

- I. When a Medical Staff member or other Licensed Independent Practitioner (LIP) is found or believed to be physically, cognitively or emotionally impaired at any time during the diagnosis, treatment or rehabilitation phase of the process so as to affect his or her ability to safely perform privileges he or she has been granted, the matter is forwarded for appropriate corrective action.
  - A. The President of the Medical Staff Organization, in consultation with the Chief Medical Officer, shall appoint members to serve as the Medical Staff Organization **Health and Welfare Committee**, which shall convene on an ad hoc basis.
    1. The Committee shall consist of no fewer than three (3) physicians selected from the Active, Affiliate or Consulting Staff.
    2. Members newly appointed in the year 2017 shall serve for a term of just greater than one, two or three years as determined by the President and Chief Medical Officer. Each member appointed thereafter shall serve for a term of three-years, with one new appointment to occur

annually to provide continuity. New appointments shall be confirmed at the first meeting each year of the Medical Staff Executive Committee beginning in 2019 and at any other time it is deemed necessary.

3. Members on the Health and Welfare Committee may not simultaneously serve as a member of the Medical Staff Peer Review Committee or the Medical Staff Executive Committee during this appointment.
- B. The MSO Health and Welfare Committee shall be charged with:
1. Arranging for annual educational inservices for Medical Staff, LIPs and other hospital staff of at-risk criteria pertaining to illness and impairment recognition issues of physicians and other Medical Staff and LIPs, in coordination with the Medical Staff Executive Committee. Written materials shall be made available to all staff upon request.
  2. Investigating, assisting and advising Medical Staff and Medical Administrators in dealing with matters related to Medical Staff and LIP impairment in a positive and supportive manner. The Medical Staff shall assist the Medical Staff member or LIP to the greatest extent possible, while strictly adhering to state and federally mandated reporting requirements.
- C. Referrals or concerns pertaining to the health or welfare of a Medical Staff member or LIP shall be referred to and addressed by the MSO Health and Welfare Committee. Referrals may be:
1. self-referral by a Medical Staff member or LIP
  2. by other organization staff, whose confidentiality must be maintained;
  3. by a Medical Staff Committee.
- D. The MSO Health and Welfare Committee shall, when it determines to be appropriate, refer the affected Medical Staff member or LIP to the Milwaukee County Employee Assistance Program (for mild or moderate emotional issues or stress) or to a suitable external resource for evaluation, diagnosis and treatment of a physical, psychiatric or more severe emotional illness, condition or concern.
- E. The MSO Health and Welfare Committee shall maintain records of all referrals received. The Committee shall, to the greatest extent possible, maintain the confidentiality of the Medical Staff member or LIP seeking referral or who has been referred for assistance, except as limited by law, ethical obligation, or when the safety of a patient is in question.
- F. The MSO Health and Welfare Committee shall conduct an evaluation as to the credibility of a complaint, allegation or concern as it relates to the health or welfare of the affected Medical Staff member or LIP.
- G. The MSO Health and Welfare Committee shall make recommendations to the Chief Medical Officer (or designee), President of the Medical Staff Organization and Credentialing and Privileging Review Committee that the affected Medical Staff member or LIP be monitored to ensure the safety of patients until the rehabilitation or any ongoing or impending disciplinary process is complete and periodically thereafter, when such monitoring has been determined to be necessary. Recommendations may also include a request for the provision of reasonable accommodations for the affected Medical Staff member or LIP to assist him or her in safely performing privileges and the discharge of his or her patient care responsibilities.
- H. The MSO Health and Welfare Committee shall initiate appropriate actions when a Medical Staff member or LIP fails to complete the required rehabilitation program.

- I. The MSO Health and Welfare Committee shall report to the Medical Staff Executive Committee:
  1. promptly, all instances where it is found that a Medical Staff member or LIP is providing unsafe treatment
  2. periodically, reports of data and trends that does not include identification of the affected individuals.
  
- II. These procedures and the authority and responsibilities of the MSO Health and Welfare Committee shall in no way replace or circumvent the obligations, authority and responsibilities of the Medical Staff Peer Review Committee, the Credentialing and Privileging Review Committee, the Medical Staff Executive Committee and/or Medical Administration from investigating and making recommendations concerning substandard or inappropriate medical practice or behavior when brought to its attention and to recommend disciplinary or termination proceedings, when deemed appropriate.
  
- III. If it becomes apparent to one of the aforementioned review bodies that concerns being investigated may be related to the physical, psychiatric or emotional health or welfare of the affected Medical Staff member or LIP, they shall:
  - A. Refer the matter to the MSO Health and Welfare ad hoc committee for review to assist the medical staff member, when possible, in retaining or regaining optimal performance capacity; and
  - B. Take such factors into account **before** proceeding with disciplinary or termination actions, whenever possible.

## Reference:

The Joint Commission, Comprehensive Accreditation and Certification standards requirements for Medical Staff, MS.11.01.01

## Additional Resources:

Optum Behavioral Health - Milwaukee County Employee Assistance Program

Phone: 1-800-622-7276

[www.liveandworkwell.com](http://www.liveandworkwell.com)

## Attachments:

No Attachments

## Approval Signatures

Step Description	Approver	Date
Mental Health Board (some)	Michael Lappen: BHD Administrator	9/19/2017
Medical Staff Organization	Clarence Chou: 21025000-Psychiatrist-Staff	9/18/2017
	Lora Dooley: 12009001-Medical Services Manager	9/2/2017



Date Issued: 12/21/2000  
 Last Approved Date: 9/20/2017  
 Last Revised Date: 9/20/2017  
 Next Review: 9/19/2020  
 Owner: *Lora Dooley:*  
           12009001-Medical Services  
           Manager  
 Policy Area: *Medical Staff Organization*  
 References:

## Continuing Education Requirements – Medical Staff and Privileged Allied Health Professionals

### POLICY:

It is the policy of the Medical Staff Organization of the Milwaukee County Behavioral Health Division, in accordance with regulatory and best practice credentialing standards, to require members of the Medical Staff and privileged Allied Health Professionals to provide proof of continuing education that supports privileges requested at time of initial appointment and/or privileging and at time of reappointment and/or reprivilging and to make recommendations for privileging based, in part, on continuing education data.

### PURPOSE:

To assure that all members of the Medical Staff and all privileged Allied Health Professionals participate in continuing education activities that are specifically related to privileges requested and any special populations regularly served.

To assure that all members of the Medical Staff and all privileged Allied Health Professionals participate in continuing education as an adjunct to maintaining clinical skills and current competence within their practice specialty(s), including pharmacology when applicable, and special populations who are regularly served by BHD, by participating in sufficient and relevant continuing education activities.

### PROCEDURES:

All members of the Medical Staff and all privileged Allied Health Professionals shall report continuing education activities, in writing, to the Medical Staff Office for inclusion in credentials files for consideration in decisions about initial, renewal or revision of individual clinical privileges. All members of the Medical Staff and all privileged Allied Health Professionals shall comply with the minimum continuing education requirements established by the Medical Staff which may be the same as, or in addition to, requirements established by the Wisconsin Department of Safety and Professional Services. Failure to comply with established continuing education requirements shall be grounds for consideration to limit, restrict or deny applicable privileges. Continuing education documentation shall not substitute for internship, residency, fellowship, preceptorship or any other formal graduate or post-graduate training, when required.

#### I. GENERAL PRIVILEGE GROUP (PRACTICE SPECIALTY)

Minimum CME/CEU reporting shall be as required by Wisconsin Department of Safety and Professional Services and as recommended by the Credentialing and Privileging Review Committee of the MCBHD

Medical Staff Organization. See Attachment for a summary of the minimum State mandated requirements by Board, periods for completion and special requirements or methods for earning and claiming credit. In addition to State requirements, the Behavioral Health Division shall require the following:

- A. **PHYSICIANS** – At least 50% of the State Medical Board required 30 hour minimum per license period shall be earned within the physician's primary practice specialty
1. For Active and Affiliate Staff, at least 5 hours of continuing education, per year, is required pertaining to special populations or services provided as part of regular program/service assignment, when applicable (e.g. treatment of children, adolescents, geriatrics, developmentally disabled, addiction, crisis response, forensics, etc.).
  2. Psychiatrists – At least 4 hours of Category I continuing education, per year, in psychopharmacology shall be required.
  3. The Wisconsin Department of Safety and Professional Services deems three months of post-graduate medical training to be equivalent to 30 hours of Category I CME.
    - a. Physicians seeking appointment/reappointment as a Psychiatric Officer of the Day who are presently in a psychiatry residency or sub-specialty psychiatry fellowship program shall be considered to be in compliance with the continuing education requirement.
    - b. Physicians seeking appointment/reappointment as a Medical Officer of the Day who are presently in a medical residency or medical sub-specialty fellowship program shall be considered to be in compliance with the continuing education requirement.
  4. Board Certified physicians complying with maintenance of certification (MOC) requirements shall be considered to satisfy applicable privilege group CME requirements.
  5. New Special Medical Board Requirement: All physicians shall be required to complete two (2) of the required 30 hours via a Wisconsin Medical Board-approved course on responsible opioid prescribing for the next two license renewal periods. Applies to 2017 and 2019 renewals for MD-physicians and 2018 and 2020 renewals for DO-physicians.
- B. **PSYCHOLOGISTS** - At least 50% of the State Psychologist Board required 40 hour minimum per license period shall be relevant to the professional practice of clinical or counseling psychology.
1. For Active and Affiliate Staff, at least 5 hours of continuing education, per year, is required pertaining to special populations or services provided as part of regular program/service assignment, when applicable (e.g. treatment or assessment relating to children, adolescents, geriatrics, developmental disabilities, addictions, crisis response, forensics, etc.).
  2. While the Psychology Licensing Board does not require newly licensed psychologists to complete CE during the initial period of licensure, newly licensed psychologists appointed to the Medical Staff shall be required to complete not less than 20 hours of CE during his/her initial two-year appointment period.
- C. **DENTISTS** - While the Dentistry Licensing Board does not require newly licensed dentists to complete CE during the initial period of licensure, newly licensed dentists appointed to the Medical Staff shall be required to complete not less than 15 hours of CE during his/her initial appointment period in clinical dentistry or clinical medicine.
- D. **PODIATRISTS** - At least 50% of the State Medical Board required 50 hour minimum shall be specific to podiatric care.
- E. **ALLIED HEALTH PROFESSIONALS**

1. **Nurse Practitioners/Clinical Nurse Specialists** - A minimum of 30 hours every 2 calendar years; with at least 15 hours specific to practice certification specialty(s) shall be required.
  - a. At least 16 hours **per biennium** in clinical pharmacology or therapeutics relevant to the advanced nurse prescribers area of practice and specialty certification shall be required, as per State Nursing Board requirements.
  - b. At least two (2) of the required 16 hours shall be in responsible prescribing of controlled substances, as per State Nursing Board requirements.
  - c. The remaining 14 hour BHD required minimum shall be in treatment modalities specific to practice certification specialty and privileges.
2. **Other AHP Categories** - At least 50% of the required minimum per two year licensing period shall be specific to clinical practice specialty unless Licensing Board requires more.

## II. REPORTING CME/CE INFORMATION

- A. **Initial Application:** All Medical Staff and Allied Health Professionals shall be required to provide CME/CE documentation as part of his/her initial application. Recent formal post-graduate training may count toward CME/CE requirements, in accordance with what the applicable Professional Licensing Board allows.
- B. **Reappointment/Reprivileging:** Evidence of satisfaction of the minimum CME/CEU requirements must be submitted for each licensing period. Medical Staff and Allied Health Professionals that choose not to submit CME/CE documentation to the Medical Staff Office, routinely as credits are earned, are required to provide evidence of completion of the State requirements as well as any BHD specific requirements at time of reappointment/reprivileging application.
- C. **Privilege Amendments:** CME/CE documentation shall be reported to support a request to amend privileges, when applicable.
- D. **Acceptable Forms of Documentation:** CME/CE reporting shall be by submission of copies of CME/CE certificates or in the form of a CME/CE tracker or other evidence of course completion or satisfaction by other means. Information provided must include course or activity title, course or activity date, credits earned and the name of the accredited sponsor.

## ATTACHMENT –

SUMMARY OF WISCONSIN MEDICAL & PROFESSIONAL LICENSING BOARD MINIMUM CME/CE REQUIREMENTS

## REFERENCES:

Wisconsin Department of Safety and Professional Services;  
Joint Commission MS 12.01.01, EP4 and EP5

## Attachments:

[CME POLICY ATTACHMENT \(Rev 9-6-2017\).pdf](#)

## Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Clarence Chou: 21025000-Psychiatrist-Staff	9/20/2017
Credentialing and Privileging Review Committee	Lora Dooley: 12009001-Medical Services Manager	9/20/2017
Medical Staff Services	Lora Dooley: 12009001-Medical Services Manager	9/20/2017
	Lora Dooley: 12009001-Medical Services Manager	9/20/2017

COPY

**MEDICAL STAFF ORGANIZATION CME/CE POLICY - ATTACHMENT**  
**SUMMARY OF WISCONSIN MEDICAL & PROFESSIONAL LICENSING BOARD MINIMUM CME/CE REQUIREMENTS**

**THIS DOCUMENT IS INTENDED AS A QUICK REFERENCE SUMMARY ONLY. ALWAYS REFER TO THE APPLICABLE WISCONSIN DEPT. OF SAFETY AND PROFESSIONAL SERVICES BOARD SITE FOR COMPLETE AND MOST UP-TO-DATE DETAILS REGARDING ACCEPTED EARNING METHODS AND TYPES OF BOARD-APPROVED COURSES REQUIRED.**

<i>Provider Type</i>	<i>CME/CE Period</i>	<i>Minimum Requirements Per Licensing Period</i>	<i>Licensing Board Special Requirements / Methods for Earning Credits</i> <i>(*Refer to MSO Policy for additional BHD privileging requirements)</i>	<i>License Renewal</i>
<b>MEDICAL STAFF CATEGORIES</b>				
Physicians	1/1 even to 12/31 odd	30 hours	Effective beginning in 2017, for the next two renewals for both MD and DO physicians, each license holder will be required to take two (2) of the required 30 hours via a Board-approved course on responsible opioid prescription.  Physicians who do not hold a U.S. Drug Enforcement Administration number to prescribe controlled substances are exempted under the rules.  <a href="http://dps.wi.gov/LicensesPermitsRegistrations/Credentialing-Division-Home-Page/Health-Professions/Physician/Physician-Continuing-Education/">http://dps.wi.gov/LicensesPermitsRegistrations/Credentialing-Division-Home-Page/Health-Professions/Physician/Physician-Continuing-Education/</a>	MD - 10/31 odd DO - 2/28 even
Dentists	10/1 odd to 9/30 odd	30 hours	A minimum of 25 credit hours of instruction must be in clinical dentistry or clinical medicine. CPR and AED must be current to practice dentistry.  *Continuing education requirement does not apply to the biennium in which a license is first issued.  <a href="http://dps.wi.gov/Default.aspx?Page=2a3ba255-a760-401c-b861-5bf2c327b12b">http://dps.wi.gov/Default.aspx?Page=2a3ba255-a760-401c-b861-5bf2c327b12b</a>	9/30 odd
Podiatrists	11/1 even to 10/31 even	50 hours	Must be approved by APMA, AMA, AOA or accreditation council for continuing medical education (ACCME).  <a href="http://dps.wi.gov/Default.aspx?Page=2827ba04-78e8-46d5-acca-59bcf090e79b">http://dps.wi.gov/Default.aspx?Page=2827ba04-78e8-46d5-acca-59bcf090e79b</a>	10/31 even
Psychologists	10/1 odd to 9/30 odd	40 hours	A minimum of six (6) hours shall be in ethics, risk management or jurisprudence.  CE credits can also be obtained by authoring professional books or papers (up to 20 hours), the first time of teaching a course, seminar, or workshop (up to 20 hours) or taking and completing graduate courses (up to 20 hours).  *Continuing education requirement does not apply to the biennium in which the license was first issued.  <a href="http://dps.wi.gov/Default.aspx?Page=a483eb94-1a16-4043-ba50-707fa0ee63b">http://dps.wi.gov/Default.aspx?Page=a483eb94-1a16-4043-ba50-707fa0ee63b</a>	9/30 odd
<b>ALLIED HEALTH PROFESSIONAL CATEGORIES</b>				
Advanced Practice Nurses	10/1 even – 9/30 even	16 hours	Completion of at least 16 contact hours per biennium in pharmacology/therapeutics relevant to the advanced practice nurse prescriber's area of practice, including at least two (2) contact hours in responsible prescribing of controlled substances.  <a href="http://dps.wi.gov/LicensesPermitsRegistrations/Credentialing-Division-Home-Page/Health-Professions/Advanced-Practice-Nurse-Prescriber/Advanced-Practice-Nurse-Prescriber-Continuing-Education/">http://dps.wi.gov/LicensesPermitsRegistrations/Credentialing-Division-Home-Page/Health-Professions/Advanced-Practice-Nurse-Prescriber/Advanced-Practice-Nurse-Prescriber-Continuing-Education/</a>	9/30 even
SOCIAL WORK SECTION  Marriage and Family Therapist  Social Worker – Advanced Practice  Professional Counselor  Social Worker – Licensed Clinical	All - 3/1 odd to 2/28 odd	30 hours	<u>Marriage &amp; Family Therapists, Professional Counselors &amp; Social Workers</u> are required to successfully complete 30 hours of CE in the first full biennium <u>after</u> they are licensed.  Four (4) of the required 30 credit hours must be in the area of ethics and professional boundaries related to the license holder's area of practice.  <u>The remainder of the 30 CE hours</u> may be obtained from any CE program approved, sponsored, provided, endorsed or authorized by one of the <u>Marriage &amp; Family Therapy, Counseling &amp; Social Worker Board</u> approved entities, as long as the hours relate to the license holder's area of practice.  Additional credits may be given for other activities including, but not limited to, presentation or development of CE, teaching academic courses, publishing professional books, and presenting at national conferences subject to Board rules and criteria.  *Continuing education requirement does not apply to the biennium when license was first issued.  <a href="https://docs.legis.wisconsin.gov/code/admin_code/mpsw/19.pdf">https://docs.legis.wisconsin.gov/code/admin_code/mpsw/19.pdf</a>	All - 2/28 odd

**MILWAUKEE COUNTY MENTAL HEALTH BOARD  
2018 COMMITTEE/BOARD SCHEDULE**

**DRAFT** **13**

**DATE**

**COMMITTEE/BOARD**

January 4, 2018, at 8:30 a.m.	<b>Joint Task Force</b> - Mental Health Complex
<b>January 25, 2018, at 4:30 p.m.</b>	<b>Mental Health Board (<i>Public Comment/General</i>) - Location TBD</b>
February 1, 2018, at 8:30 a.m.	<b>Joint Task Force</b> - Mental Health Complex
February 22, 2018, at 7:00 a.m.	<b>Finance Committee (<i>Contract Approval</i>) - Location TBD</b>
<b>February 22, 2018, at 8:00 a.m.</b>	<b>Mental Health Board - Location TBD</b>
March 1, 2018, at 8:30 a.m.	<b>Joint Task Force</b> - Mental Health Complex
March 5, 2018, at 10:00 a.m.	<b>Quality Committee</b> - Mental Health Complex
<b>March 22, 2018, at 4:30 p.m.</b>	<b>Mental Health Board (<i>Public Comment/Budget</i>) - Location TBD</b>
March 29, 2018, at 1:30 p.m.	<b>Finance Committee (<i>Regular Quarterly Meeting</i>) - Mental Health Complex</b>
April 5, 2018, at 8:30 a.m.	<b>Joint Task Force</b> - Mental Health Complex
April 26, 2018, at 7:00 a.m.	<b>Finance Committee (<i>Contract Approval</i>) - Location TBD</b>
<b>April 26, 2018, at 8:00 a.m.</b>	<b>Mental Health Board - Location (TBD)</b>
May 3, 2018, at 8:30 a.m.	<b>Joint Task Force</b> - Mental Health Complex
June 1, 2018, at 8:30 a.m.	<b>Joint Task Force</b> - Mental Health Complex
June 4, 2018, at 10:00 a.m.	<b>Quality Committee</b> - Mental Health Complex
June 7, 2018, at 4:30 p.m.	<b>Finance Committee (<i>Public Comment/Budget</i>) - Location TBD</b>
June 21, 2018, at 7:00 a.m.	<b>Finance Committee (<i>Contract Approval</i>) - Location TBD</b>
<b>June 21, 2018, at 8:00 a.m.</b>	<b>Mental Health Board - Location TBD</b>
June 28, 2018, at 1:30 p.m.	<b>Finance Committee (<i>Budget Presentation/Public Comment/Budget Approval</i>) - Mental Health Complex</b>
July 10, 2018, at 8:30 a.m.	<b>Joint Task Force</b> - Mental Health Complex
<b>July 12, 2017, at 8:00 a.m.</b>	<b>Mental Health Board (<i>Budget Presentation/Approval</i>) - Location TBD</b>
August 2, 2018, at 8:30 a.m.	<b>Joint Task Force</b> - Mental Health Complex

**MILWAUKEE COUNTY MENTAL HEALTH BOARD  
2018 COMMITTEE/BOARD SCHEDULE**

**DATE**

**COMMITTEE/BOARD**

August 23, 2018, at 7:00 a.m.	<b>Finance Committee</b> ( <i>Contract Approval</i> ) - Location TBD
<b>August 23, 2018, at 8:00 a.m.</b>	<b>Mental Health Board - Location TBD</b>
September 6, 2018, at 8:30 a.m.	<b>Joint Task Force</b> - Mental Health Complex
September 13, 2018, at 1:30 p.m.	<b>Finance Committee</b> ( <i>Regular Quarterly Meeting</i> ) - Mental Health Complex
September 17, 2018, at 10:00 a.m.	<b>Quality Committee</b> - Mental Health Complex
<b>September 27, 2018, at 4:30 p.m.</b>	<b>Mental Health Board</b> ( <i>Public Comment/General</i> ) - Location TBD
October 4, 2018, at 8:30 a.m.	<b>Joint Task Force</b> - Mental Health Complex
October 25, 2018, at 7:00 a.m.	<b>Finance Committee</b> ( <i>Contract Approval</i> ) - Location TBD
<b>October 25, 2018, at 8:00 a.m.</b>	<b>Mental Health Board - Location TBD</b>
November 1, 2018, at 8:30 a.m.	<b>Joint Task Force</b> - Mental Health Complex
December 3, 2018, at 10:00 a.m.	<b>Quality Committee</b> - Mental Health Complex
December 6, 2018, at 1:30 p.m.	<b>Finance Committee</b> ( <i>Regular Quarterly Meeting/Contract Approval</i> ) - Mental Health Complex
December 7, 2018, at 8:30 a.m.	<b>Joint Task Force</b> - Mental Health Complex
<b>December 13, 2018, at 8:00 a.m.</b>	<b>Mental Health Board - Location TBD</b>