

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

MILWAUKEE COUNTY MENTAL HEALTH BOARD

Thursday, October 26, 2017 - 8:00 A.M.
Zoofari Conference Center
9715 West Bluemound Road

MINUTES

PRESENT: Robert Chayer, Michael Davis, Ronald Diamond, Rachel Forman, Jon Lehrmann, *Mary Neubauer, Maria Perez, and *Brenda Wesley

EXCUSED: Walter Lanier, Thomas Lutzow, and Duncan Shrout

*Board Members Mary Neubauer and Brenda Wesley were not present at the time the roll was called but joined the meeting shortly thereafter.

SCHEDULED ITEMS:

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

1.	<p>Welcome.</p> <p>Board Secretary Robert Chayer welcomed Board Members and the audience to the meeting and announced due to Chairman Duncan Shrout's and Vice-Chairman Thomas Lutzow's absence, he would be serving as Acting Chairman for this meeting.</p>
2.	<p>Approval of the Minutes from the September 28, 2017, Milwaukee County Mental Health Board Meeting.</p> <p>MOTION BY: (Forman) Approve the Minutes from the September 28, 2017, Milwaukee County Mental Health Board Meeting. 4-0</p> <p>MOTION 2ND BY: (Perez)</p> <p>AYES: Chayer, Davis, Forman, and Perez – 4</p> <p>NOES: 0</p> <p>ABSTENTIONS: 0</p> <p>EXCUSED: Neubauer and Wesley - 2</p>
3.	<p>2017 Collective Bargaining Agreement with the Wisconsin Federation of Nurses and Health Professionals (WFNHP).</p> <p>Kerry Mitchell, Chief Human Resources Officer, Department of Human Resources</p>

SCHEDULED ITEMS (CONTINUED):

	<p>Ms. Mitchell explained under Act 10, the WFNHP is only allowed to negotiate on base wage and only up to a maximum of the Consumer Price Index (CPI), which is 1%. It is an across-the-board increase effective as of June 18, 2017. Upon this Board's vote of approval, the increase would be immediately processed.</p> <p>Questions and comments ensued.</p> <p>MOTION BY: (Davis) Approve the 2017 Collective Bargaining Agreement with the Wisconsin Federation of Nurses and Health Professionals. 4-0</p> <p>MOTION 2ND BY: (Perez)</p> <p>AYES: Chayer, Davis, Forman, and Perez – 4</p> <p>NOES: 0</p> <p>ABSTENTIONS: 0</p> <p>EXCUSED: Neubauer and Wesley - 2</p>
4.	<p>Administrative Update.</p> <p>Michael Lappen, Administrator, Behavioral Health Division (BHD)</p> <p>Mr. Lappen highlighted key activities and issues related to BHD operations. He provided updates on the Northside Facility community presence expansion; Community Access to Recovery Services (CARS) mobile rapid response; the Care Coordination, Crisis Mobile, and Crisis Assessment and Response Teams (CART); Access Points, the Crisis Resource Center (CRS) North, Team Connect, the collaboration with the Kresge/American Public Human Services Association (APHSA), City-County Heroin, Opioid, and Cocaine Taskforce related grant funding, and organizational leadership structure changes.</p> <p>Questions and comments ensued.</p> <p>Mr. Lappen also acknowledged the impressive performance of the play "Pieces" sponsored by Milwaukee Area Technical College in recognition of Mental Health Awareness, along with the assistance of Board Member Lanier. Board Members Neubauer and Wesley assumed a major role participating in the play's production.</p>
5.	<p>Local Public/Private Partnership and National Entity Partnership Joint Task Force Update.</p> <p>Michael Lappen, Administrator, Behavioral Health Division (BHD)</p> <p>Acting Chairman Chayer stated the process up to this point has identified one potential partner, Universal Health Services (UHS). Discussions between BHD Administration and UHS are ongoing.</p> <p>Mr. Lappen provided additional information explaining the "Site Visit Group" has taken on the responsibility of now being the Review Committee as it relates to the clinical</p>

SCHEDULED ITEMS (CONTINUED):

	<p>component and aspects of the written submission due from UHS 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. A Review Committee related to the financial components and aspects of the written submission will be chartered by Milwaukee County in November.</p> <p>The Milwaukee Behavioral Health Coalition withdrew from consideration. The Coalition relayed the decision was based on their inability to provide a viable proposal at this time.</p> <p>The original purpose of the Joint Taskforce's October 5th meeting was to hear presentations from both UHS and the Coalition. Once the Coalition announced their withdrawal, the meeting was kept as scheduled and designated as an opportunity to provide the full Board with information and solicit everyone's input on how to move forward.</p> <p>It is anticipated that a request to proceed with negotiations will be brought forth to the Board at the December meeting.</p>
6.	<p>Mental Health Board Finance Committee Professional Services Contracts Approval Recommendations.</p> <p>Dennis Buesing, Contract Administrator, Department of Health and Human Services</p> <ul style="list-style-type: none">• Aramark Correctional Services, LLC• Locum Tenens.com, LLC• U.S. Securities <p>Professional Services Contracts focus on facility-based programming, supports functions that are critical to patient care, and are necessary to maintain hospital and crisis services licensure. Mr. Buesing presented background information on services the contracted agencies provide, which include food, psychiatrist staffing, and security services. Approvals would be for amendments to existing contracts.</p> <p>Board Member Davis explained past practice had been to approve a large number of contracts in December. The Board made a request that would help mitigate the excessive number of contracts brought forth at the end of the year by implementing a process that would allow the Board the ability to more thoroughly review contracts. Per that request, contracts are being brought to the Board upon finalization in anticipation of an approved Budget. Reviewing contracts every meeting cycle will lessen the number of contracts that need approval in December.</p> <p>Board Member Lehrmann reported the Finance Committee unanimously agreed to recommend approval of the Professional Services Contract Amendments as delineated in the corresponding report.</p>

SCHEDULED ITEMS (CONTINUED):

	<p>MOTION BY: (Davis) Approve the Professional Services Contract Amendments as Delineated in the Corresponding Report. 6-0</p> <p>MOTION 2ND BY: (Forman)</p> <p>AYES: Chayer, Davis, Forman, Neubauer, Perez, and Wesley – 6</p> <p>NOES: 0</p> <p>ABSTENTIONS: 0</p> <p>EXCUSED: 0</p>
7.	<p>Mental Health Board Finance Committee Purchase-of-Service Contracts Approval Recommendations.</p> <p>Dennis Buesing, Contract Administrator, Department of Health and Human Services</p> <p>Purchase-of-Service Contracts for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services were reviewed. Mr. Buesing provided an overview detailing the various program contracts.</p> <p>Questions and comments ensued.</p> <p>Board Member Lehrmann reported he abstained from recommending the Milwaukee Center for Independence, Inc., dba Whole Health Clinical Group Crisis Resource Center (CRC) contract for approval at the Finance Committee meeting. Remaining Finance Committee Members unanimously agreed to recommend approval of the Milwaukee Center for Independence, Inc., dba Whole Health Clinical Group CRC contract to the full Board.</p> <p>Board Member Lehrmann continued by stating the Finance Committee, as a whole, unanimously agreed to recommend approval of the balance of Purchase-of-Service Contracts delineated in the corresponding report to the full Board.</p> <p>MOTION BY: (Perez) Approve the Purchase-of-Service Contracts as Delineated in the Corresponding Report. 6-0</p> <p>MOTION 2ND BY: (Neubauer)</p> <p>AYES: Chayer, Davis, Forman, Neubauer, Perez, and Wesley – 6</p> <p>NOES: 0</p> <p>ABSTENTIONS: 0</p> <p>EXCUSED: 0</p>
8.	<p>Mental Health Board Finance Committee Fee-for-Service Agreements Approval Recommendations.</p> <p>Dennis Buesing, Contract Administrator, Department of Health and Human Services Michael Lappen, Administrator, Behavioral Health Division (BHD) Amy Lorenz, Deputy Administrator, Community Access to Recovery Services (CARS), BHD</p>

SCHEDULED ITEMS (CONTINUED):

Mr. Buesing provided an overview detailing the various program agreements, which 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.

Board Member Lehrmann reported the Finance Committee unanimously agreed to recommend approval of the Fee-for-Service Agreements delineated in the corresponding report.

Board Members raised concerns regarding the Wisconsin Community Services, Inc. (WCS), Fee-for-Service Agreement.

Questions and comments ensued.

Ms. Lorenz stated CARS has not received any reports nor has been made aware of quality issues/concerns surrounding Targeted Case Management services being provided by WCS.

MOTION BY: (Davis) Approve the Wisconsin Community Services, Inc., Fee-for-Service Agreement. 3-2-1

MOTION 2ND BY: (Perez)

AYES: Chayer, Davis, and Perez - 3

NOES: Neubauer and Wesley - 2

ABSTENTIONS: Forman – 1

EXCUSED: 0

Mr. Lappen will report on concerns raised surrounding the WCS Fee-for-Service Agreement at the December meeting.

MOTION BY: (Davis) Approve the Alternatives in Psychological Consultation, S.C., Fee-for-Service Agreement. 5-0-1

MOTION 2ND BY: (Perez)

AYES: Chayer, Davis, Forman, Perez, and Wesley - 5

NOES: 0

ABSTENTIONS: Neubauer – 1

EXCUSED: 0

MOTION BY: (Davis) Approve the Ascent for Life, Inc., Fee-for-Service Agreement. 5-0-1

MOTION 2ND BY: (Perez)

AYES: Chayer, Davis, Forman, Perez, and Wesley - 5

NOES: 0

ABSTENTIONS: Neubauer – 1

EXCUSED: 0

SCHEDULED ITEMS (CONTINUED):

	<p>MOTION BY: (Davis) Approve the Balance of Fee-for-Service Agreements as Delineated in the Corresponding Report. 6-0</p> <p>MOTION 2ND BY: (Perez)</p> <p>AYES: Chayer, Davis, Forman, Neubauer, Perez, and Wesley - 6</p> <p>NOES: 0</p> <p>ABSTENTIONS: 0</p> <p>EXCUSED: 0</p> <p>Board Member Davis informed the Board of Finance Committee discussions regarding legacy costs, which increase yearly, and their impact on BHD's overall budget. It was concluded this type of major impact needs to be addressed. A recommendation was made by the Finance Committee that the Board request a legal opinion. Corporation Counsel would be asked to provide the Board with a legal opinion as to whether Act 203 addresses legacy costs, particularly in terms of future funding of the Behavioral Health Division's community and institutional services and also on the related impact of all allocated tax levy. Essentially, the legal opinion should address if anything in Act 203 protects tax levy from going to non-service areas.</p> <p>Discussion ensued at length.</p> <p>Acting Chairman Chayer requested Corporation Counsel provide the Board with a legal opinion as requested by the Finance Committee for the December meeting cycle.</p>
9.	<p>Milwaukee County Mental Health Board Ethics Policy.</p> <p>Colleen Foley, Deputy, Office of Corporation Counsel</p> <p>Ms. Foley explained this Ethics Policy is the counterpart to the Procurement Policy the Board previously adopted. It is overarching in broadness and addresses individuals from the medical profession, administration, and the Board. It is an attempt to consolidate all policies referenced in the corresponding report.</p> <p>MOTION BY: (Neubauer) Approve the Code of Ethics Policy. 6-0</p> <p>MOTION 2ND BY: (Perez)</p> <p>AYES: Chayer, Davis, Forman, Neubauer, Perez, and Wesley - 6</p> <p>NOES: 0</p> <p>ABSTENTIONS: 0</p> <p>EXCUSED: 0</p>
10.	<p>Mental Health Board Quality Committee Update.</p> <p>Board Member Neubauer, Chairwoman of the Quality Committee, reviewed topics addressed at the Quality Committee's quarterly meeting. She discussed seclusion and restraint progress, the facility's capital improvement needs, Health Insurance Portability and Accountability (HIPAA) compliance, the Press Ganey satisfaction survey for Targeted Case Management (TCM), and the hospital transfer waitlist.</p>

SCHEDULED ITEMS (CONTINUED):

11.	<p>Crisis Services Presentation.</p> <p>Chad Meinholdt, Director of Community Centers, Behavioral Health Division (BHD) Michele LeCloux, Psychiatric Social Worker, BHD Tanya Cummings, Crisis Services Manager, BHD Kirsten Juzenas, Administrative Coordinator, BHD</p> <p>Mr. Meinholdt explained an overview would be presented on Crisis Services and briefly introduced staff that would provide information on the various service areas.</p> <p>Ms. LeCloux described the Crisis Mobile Team's diverse staff, their roles, and training received. She detailed the functions of the Crisis line and mobiles stating in 2016 the Crisis Mobile Team completed 2,590 mobile assessments in the community.</p> <p>Ms. Juzenas discussed Crisis Stabilization Houses and their locations, the Observation Unit, and geriatric nurse services and the collaboration with the Department on Aging as it relates to the population served.</p> <p>Mr. Meinholdt highlighted the activities of the Crisis Assessment Response Team (CART), their collaboration with the Milwaukee Police Department and future plans to expand to West Allis, and CART objectives. He also provided information on the Access Clinic, who it serves, what new people should expect, and the linkage to services.</p> <p>Ms. Cummings presented an overview of Team Connect, its intended outcomes, what individuals can expect, and discharge. She discussed the Community Consultation Team (CCT), types of services offered, and the population served.</p>
12.	<p>Medical Executive Report and Credentialing and Privileging Recommendations.</p> <p>Dr. John Schneider, Chief Medical Officer, Behavioral Health Division</p> <p>MOTION BY: <i>(Neubauer) Adjourn into Closed Session under the provisions of Wisconsin Statutes Section 19.85(1)(c) for the purpose of considering employment or performance evaluation data for public employees over which the Board has jurisdiction and exercises responsibility. Some or all of the information discussed may also be subject to confidentiality under Section 146.38, Stats. as it relates to Item 12. At the conclusion of the Closed Session, the Board may reconvene in Open Session to take whatever action(s) it may deem necessary on the aforesaid item. 6-0</i></p> <p>MOTION 2ND BY: <i>(Davis)</i></p> <p>AYES: Chayer, Davis, Forman, Neubauer, Perez, and Wesley - 6</p> <p>NOES: 0</p> <p>ABSTENTIONS: 0</p> <p>EXCUSED: 0</p>

SCHEDULED ITEMS (CONTINUED):

	<p>The Board convened into Closed Session at 10:47 a.m. to discuss Item 12 and reconvened back into Open Session at approximately 10:57 a.m. The roll was taken, and all Board Members were present.</p> <p>MOTION BY: (Forman) Approve the Medical Staff Credentialing Report and Medical Executive Committee Recommendations. 6-0</p> <p>MOTION 2ND BY: (Davis)</p> <p>AYES: Chayer, Davis, Forman, Neubauer, Perez, and Wesley – 6</p> <p>NOES: 0</p> <p>ABSTENTIONS: 0</p> <p>EXCUSED: 0</p>
13.	<p>2018 Board/Committee Tentative Meeting Dates.</p> <p>The Board was informed the 2018 meeting dates provided are tentative and subject to change. Calendar invitations are forthcoming, and the final document with confirmed dates will be presented at the December meeting.</p>
14.	<p>Adjournment.</p> <p>MOTION BY: (Neubauer) Adjourn. 6-0</p> <p>MOTION 2ND BY: (Perez)</p> <p>AYES: Chayer, Davis, Forman, Neubauer, Perez, and Wesley - 7</p> <p>NOES: 0</p> <p>ABSTENTIONS: 0</p> <p>EXCUSED: 0</p>
	<p>This meeting was recorded. The aforementioned agenda items were not necessarily considered in agenda order. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Behavioral Health Division/Mental Health Board web page.</p> <p>Length of meeting: 8:14 a.m. to 11:00 a.m.</p> <p>Adjourned,</p> <p>Jodi Mapp Senior Executive Assistant Milwaukee County Mental Health Board</p> <p>The next regular meeting for the Milwaukee County Mental Health Board is Thursday, December 14, 2017, @ 8:00 a.m. at the Zoofari Conference Center 9715 Bluemound Road</p>

SCHEDULED ITEMS (CONTINUED):

The October 26, 2017, meeting minutes of the Milwaukee County Mental Health Board are hereby submitted for approval at the next scheduled regular meeting of the Milwaukee County Mental Health Board.



Dr. Robert Chayer/Acting Chairman/Secretary
Milwaukee County Mental Health Board

*Proposal: Mental Health Board
Governance*



Department of
Health and
Human Services

August, 2017

Prepared for:

Michael Lappen
Administrator
Milwaukee County Behavioral Health Division
9455 Watertown Plank Road
Milwaukee, WI 53226



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Background

Mr. Mike Lappen
 Administrator
 Milwaukee County Behavioral Health Division
 9455 Watertown Plank Road
 Milwaukee, WI 53226

Dear Mike,

I respectfully submit to you this proposal for the development and deployment of an effective governance model for the Milwaukee County Mental Health Board by Blue Rock WI. The following reflects our understanding of your requirements:

The Milwaukee County Mental Health Board (MCMHB), composed of 13 diverse community members, was established through Wisconsin Act 203 and requires that the MCMHB do all of the following:

- Oversee the provision of mental health programs and services in Milwaukee County.
- Cooperate and consult with DHS on recommendations for and establishing policy for inpatient mental health treatment facilities and related programs in Milwaukee County.
- Allocate money for mental health functions, programs, and services in Milwaukee County within the budget amount determined by the formula established in the Act, as described below.
- Make the final determination on mental health policy in Milwaukee County.
- Carry out all mental health functions in Milwaukee County that are typically performed by a county board of supervisors.
- Attempt to achieve cost savings in the provision of mental health programs and services in Milwaukee County.
- Adopt policies regarding mental health and mental health institutions, programs, and services.

In addition to these requirements, there are a number of cascading objectives that involve or rely on MCMHB:

- 1) Embrace a custodial role for BHD strategy:
 - a. Advance community health through the efficient and effective provision of mental and behavioral health services.
 - b. Increase access to these services (defined in a variety of specific ways).
 - c. Play a key role in the stewardship of decisions related to BHD strategy (and as prescribed through statute).
- 2) Ensure effective governance of BHD
 - a. Accountability for senior leaders' actions
 - b. Accountability for progress on the strategic plan
 - c. Fiscal accountability
 - d. Transparency in operations
 - e. Compliance with all legal requirements and applicable policies
 - f. Independence and effectiveness of internal and external audits
 - g. Protection of stakeholder interests
 - h. Succession planning for senior leaders



- 3) Evaluation of both senior leader performance (not overlapping areas within the domain of the Human Resource department) and MCMHB performance through self-evaluation.
- 4) Anticipate and/or address legal, regulatory and community concerns with the provision of services and/or operations.

As an enthusiastic advocate for the interests of BHD and success of the MCMHB, I am recommending a comprehensive approach to governance development facilitated by Blue Rock WI outlined on the following pages.

The quotation provided assumes the Milwaukee County Risk Manager will waive requirements for general liability and professional liability insurance coverage as they have done under all prior contracts with Blue Rock WI. If the Risk Manager arrives at a different conclusion, I will resubmit the proposal and incorporate the desired coverages.

Mike, I sincerely appreciate your consideration, and reiterate my eagerness and enthusiasm to serve you and the MHB in creating your successful future. You are rocking it!

A handwritten signature in black ink, appearing to be 'M. K. I.', written in a cursive style.

Investment

In order to provide BHD/MHB with certainty for pricing and effort, we quoted Phases I - IV as a firm, fixed-price engagement. All preparation, development of materials, performance of work, travel, ordinary expenses and expected follow-up are included.

MCMHB Governance Proposal

Phase	Activity
I	<p>Baseline Development</p> <p>Conduct individual interviews with the 13 board members to understand and evaluate their perspectives, aspirations and reservations about the MCMHB, its mission and function.</p>
II	<p>Strategic Alignment</p> <p>Educate, orient and ground the MCMHB in the (soon to be finalized) DHHS Strategic Plan. The plan is an integrated approach to advancing community health and requires active engagement from all participants. Define MCMHB's role in advancing the plan.</p>
III	<p>Governance Model Development</p> <p>Evaluate the current state of MCMHB's governance functions and close any identified gaps in the following areas:</p> <ul style="list-style-type: none"> • Accountability for senior leaders' actions • Accountability for progress on the strategic plan • Fiscal accountability • Transparency in operations • Compliance with all legal requirements and applicable policies • Independence and effectiveness of internal and external audits • Protection of stakeholder interests • Succession planning for senior leaders • Self-assessment of board performance



IV

Measures of Success

- Define key performance measures (financial and non-financial) that MCMHB will continually monitor.
- Define decisions MCMHB may make as it monitors those measures.
- Describe the methods of making decisions related to those measures.
- Create, document and sustain a clear and unambiguous governance function that complements and fully integrates with its statutorily described requirements.

Total: \$19,460.00



COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: November 29, 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

Legislative Audit Bureau (LAB) Recommendations Update

- **Board of Trustees**

One of the findings reported in the 2017 LAB audit of the Behavioral Health Division (BHD) was the provision for a “Board of Trustees” under SS 46.18(1) for County-run facilities, including the BHD Acute Hospital, which had been long ignored by the Milwaukee County Board of Supervisors, and subsequently was not addressed by Act 203 as it relates to the Milwaukee County Mental Health Board (MCMHB). The LAB recommended the MCMHB could appoint a Board of Trustees - although acknowledging with the impending outsource, this would be very short-term - or could simply seek a legislative fix where the MCMHB could assume the functions of such a Board of Trustees given their unique governance role in Milwaukee County over mental health and substance use disorder programs.

A legislative change was explored but was delayed by the extended State Budget process, so Assistant Corporation Counsel Colleen Foley drafted bylaw changes for the MCMHB that would assign the statutory functions of a Board of Trustees to the MCMHB Finance Committee. Before the matter could be brought before the Board for approval, we learned that there was a draft bill that eliminated the Board of Trustees requirement for Milwaukee County. The draft bill recognizes that the Milwaukee County Mental Health Board has jurisdiction over all mental health and substance use services in

Milwaukee County and thus makes the requirement for a Board of Trustees for the BHD hospital redundant given the intent of said requirement was to have governance for such county facilities outside of the County Board.

The following is the Legislative Reference Bureau's analysis of the preliminary draft of the bill amending SS 46.18(1):

This bill removes the specifications on the Milwaukee County Mental Health Board's appointment of Trustees to manage county homes, infirmaries, hospitals, or institutions providing mental health treatment in Milwaukee County. The Milwaukee County Mental Health Board is established by Milwaukee County as specified by law and oversees the provision of mental health programs and services in Milwaukee County in place of the Milwaukee County Board of Supervisors.

Current law requires the Milwaukee County Mental Health Board to elect a Board of Trustees to manage county homes, infirmaries, hospitals, or institutions providing mental health treatment. Current law requires the Milwaukee County Mental Health Board to appoint at its annual meeting an odd number of trustees, from three to nine, for staggered three-year terms and specifies how the Board must fill vacancies. The bill eliminates the specific requirements for appointment of trustees and specifies that every county home, infirmary, hospital, or similar institution that provides mental health treatment in Milwaukee County must be managed as specified by the Milwaukee County Mental Health Board.

The sponsors of the bill will be seeking a letter of support from the MCMHB for this bill in 2018.

High Quality and Accountable Service Delivery

- **Wisconsin Community Services (WCS) Targeted Case Management (TCM) Quality Concerns**

At the October 26, 2017, MCMHB meeting during a vote to approve a contract for WCS, a Board Member raised concerns about their TCM program. It was reported that in her role working for the National Alliance on Mental Illness (NAMI) Milwaukee, individuals had raised concerns that the WCS TCM program was too punitive. The BHD Administrator was directed to explore these concerns. On November 1, 2017, I spoke with Peter Hoeffel, Executive Director of NAMI. I had requested from him via email information related to NAMI's policy and procedure for handling complaints and if he was aware of any recent complaints regarding WCS TCM. Mr. Hoeffel responded that it

was the practice of NAMI to refer individuals with complaints to Disability Rights Wisconsin (DRW). He indicated that he was not personally aware of recent concerns. He also indicated that he had been personally involved in a complaint against WCS “more than a year ago” but nothing specific to TCM and nothing recently. He did mention that a NAMI member called in response to the Board Member’s comments indicating that she had a friend whose son was not being well served by WCS. However, it was not clear whether this was related to a BHD or Department of Corrections (DOC) funded program. This individual would be referred to Disability Rights Wisconsin (DRW) for advocacy and assistance in exploring the complaint.

I then contacted Barbara Beckert from DRW to see if that agency had received complaints regarding WCS TCM. I received the following response:

Good evening, Mike. I am following up on your request to Disability Rights Wisconsin, asking for clarification regarding requests for advocacy assistance received over the past year from WCS TCM clients. I have reviewed data for DRW service requests and advocacy assistance provided over the past year. During that time, DRW did not receive any requests from individuals who indicated they were WCS TCM clients. There were two service requests from callers who indicated they were WCS clients: one was related to concerns about the Community Support Program (CSP), and after gathering more information, the other caller had a concern with a different agency.

The lack of complaints regarding any specific agency does not necessarily reflect one way or the other on the delivery of services. We find that community members who are enrolled in TCM are often not aware that they can contact Disability Rights Wisconsin for free advocacy assistance. I wanted to share a few recommendations to ensure that those enrolled in TCM or other community services are aware of DRW’s role as the State’s Protection and Advocacy Agency and understand they have the option to contact us for advocacy assistance. The recommendations are as follows:

- *Add information about DRW’s role and contact information to the BHD web page. Currently Mental Health America and NAMI Greater Milwaukee are the only agencies listed.*
- *Provide copies of the DRW brochure to community members enrolled in TCM or other BHD community services, as is the practice for those receiving inpatient services.*
- *Work together on a plan to hold some trainings on consumer rights in the community that would be publicized to WCS clients and to others receiving community services. DRW staff would be willing to provide trainings to clients on consumer rights. We would recommend that provider staff not be in attendance so that consumers feel safe asking questions.*

Thanks for your consideration of these suggestions, Mike. Please let me know if you would like to discuss further. Best wishes, Barbara Beckert, Milwaukee Office Director, DISABILITY RIGHTS WISCONSIN.

I subsequently received an urgent meeting request from Clarence Johnson, Chief Executive Officer at WCS. He was extremely concerned about the comments that were shared at the Board meeting and that a major contract for his agency was opposed by Board members on quality concerns. He indicated that there had been no concerns or recent complaints filed against WCS TCM. I agreed to meet with WCS representatives and representatives from Community Access to Recovery Services (CARS) to explore the concerns.

WCS staff shared their concern that the first they were hearing of complaints regarding their TCM program was in a public forum and that the concern had nearly caused a contract to be rejected by the Board. They shared their policy and procedure regarding concerns and grievances, a recent Quality Assurance Report, and agreed to present to the December 4, 2017, MCMHB Quality Committee meeting to further address quality concerns.

I finally explored the concern with CARS staff, including the TCM Service Manager, and none had been made aware of recent complaints or quality concerns about WCS TCM. The details of the Quality Committee report will be presented during Agenda Item 13.

- **Transportation Subsidy Pilot Program**

Attachments A and B are documents related to a Board approved pilot program intended to make sure that transportation alone was not a barrier to individuals accessing treatment. Everything is in place on the BHD end, but there remains a technical issue to be resolved in managing the fund transfers required to purchase transit fares on behalf of participants. Hopefully, the program is operational at the time of this report to the Board.

Optimal Operations and Administrative Efficiencies

- **Peer Run Respite Request for Proposals (RFP)**

The RFP was issued November 22, 2017, and closes December 29, 2017. There is a question and answer session scheduled for Monday December 18, 2017, from 3:00 p.m. to 4:30 p.m.

Workforce Investment and Engagement

- **Vistelar Training Preliminary Findings**

In April of 2017, the Behavioral Health Division (BHD) began a partnership with Vistelar, a conflict management and training company, in order to train staff on a variety of techniques, including use of a universal greeting, relationship building and customer service skills, as well as principles of stabilization and control for high risk populations. At the same time, BHD engaged with UWM to establish the Vistelar techniques as best practice through a research project aimed at determining the effectiveness of the training, as well as staff perceptions of the techniques.

The initial findings of this research were recently reported, and I would like to share some key statistics with you from UWM's report. For example, 93% of staff have found the Vistelar training to be a good use of their time while 86% of staff indicated they learned new skills that they had never had before. The majority of staff implemented these new skills immediately after training and found them to be effective. The universal greeting, used by 93.7% of staff, was found to be useful, as were the non-escalation and de-escalation skills taught, one of which was re-direction. This was found to be effective 90% of the time it was used. The "beyond active listening" technique which teaches employees to not only listen to what is said but also how it is said by another individual, was used 93% of the time and found to be effective in 90% of interactions. Lastly, 65% of staff felt the training made them more empathic in the workplace.

While these are only preliminary results, they do indicate a positive response by staff supporting the belief that the Vistelar training is teaching new skills to staff, which they are using and finding to be effective in their interactions with clients as well as other staff members.

Other Topics of Interest

- **Biz Times Health Care Heroes**

BizTimes Media recently announced their Health Care Hero recipients, and we were proud to see our Behavioral Health Division (BHD) staff earn three well-deserved awards, recognizing them for connecting our community to great care, no matter their severity of need or ability to pay.

Other Topics of Interest

- **Biz Times Health Care Heroes Continued**

- **Congratulations to Nzinga Khalid, Health Care Hero in the Community Service Category**

Nzinga Khalid, a Prevention Coordinator at BHD, was recognized for her work leading the "Light and Unite Red" Committee. This group of more than twenty-five (25) community organizations, health systems, high schools, and more aimed to shine a light on the dangers of substance abuse with teens during National Drug and Alcohol Fact Week last January. Nzinga and her committee successfully reached thousands of teens and community members through school activities, social media, Public Service Announcements (PSAs), a phone bank with WTMJ-4, and more. We look forward to seeing Nzinga continue to use her passion and magnetic personality to expand our reach in the community.

- **Congratulations to Lauren Hubbard, Health Care Hero in the Nurse Category**

Lauren Hubbard, a Nurse Manager in the BHD Psychiatric Crisis Services (PCS) Unit, grew up in central city Milwaukee. Lauren saw first-hand how stigma in the African-American community surrounded individuals with mental illness and acted as a barrier to seek treatment. She became a nurse to break this stigma and quickly earned her position as manager. Now, Lauren cares for individuals struggling with the most acute and persistent mental health needs. She knows mental health nursing requires a unique set of skills and is now working to recruit more nurses who have what it takes through BHD's nurse recruitment campaign. We look forward to seeing more nurses like Lauren join the team at BHD.

- **Congratulations to Team Connect, Health Care Hero in the Corporate Achievement in Health Care Category**

Lead by Chad Meinholt and Tanya Cummings, this BHD program was recognized for its unique approach to reduce the risk of harm to individuals post-discharge, while improving their ongoing care and access to community resources. Introduced in June 2017, Team Connect provides additional follow-up services and supports individuals discharged from BHD's PCS, the observation unit (OBS), and acute care units. Within 24-hours of discharge, a Team Connect clinician and/or peer specialist connects with the patient to begin providing aftercare services and encourages conversation to support individuals as they continue on their recovery journey. No other facility in the Milwaukee area offers this type of service. I look forward to sharing more of this program's success before the end of the year.

- **Kane Communications Wins the 2017 Platinum MarCom Award for BHD's Nurse Recruitment Campaign**

We have some exciting news about BHD's nurse recruitment campaign. The campaign received the highest honor possible from the MarCom Awards - a 2017 Platinum Award for Strategic and Integrated Communications. MarCom is an international competition honoring excellence in marketing and communication administered by the Association of Marketing and Communication Professionals. This year, about 6,500 entries were submitted throughout the United States, Canada, and seventeen other countries. Our nurse recruitment campaign is one of only a handful of award winners from Wisconsin, and we hope our employees and nurses are proud because it is their voice that makes the campaign shine. We're able to measure the effectiveness of the campaign advertisements and new applications coming in the door thanks to the visibility it has generated for BHD. We thank **Kane Communications Group** for their work in making this campaign successful. We share in their excitement as they accept this award.

- **Milwaukee Police Department Recognizes BHD Crisis Services**

At a recent Milwaukee Police Department (MPD) Merit Awards ceremony (**Attachment C**), the BHD Psychiatric Crisis Service, which includes our Psychiatric Emergency Room, Mobile Teams, Crisis Resource Centers, etc., was presented with an MPD Certificate of Appreciation (**Attachment D**). It is always positive when your services are recognized by a major community stakeholder, and in this case, MPD has acknowledged the quality and value of BHD's Crisis Services.

- **Recovery Month and "Pieces: In My Own Voice"**

September was also National Recovery Month. We promoted the community's 9th Annual Walk for Recovery with dozens of BHD employees participating in a day of celebration and support for recovery. We extended our community awareness efforts into October as we promoted Mental Health Awareness Day – MKE on October 25 in collaboration with several other community and faith-based organizations. The day concluded with the 2017-18 season premiere of "Pieces: In My Own Voice," a theatrical performance written and directed by our Mental Health Board Member, Brenda Wesley. More than 300 community members attended this play, putting the spotlight on the struggles faced living with mental illness. The event was well covered in local media:

- Our Issues Milwaukee: [Host Andrea Williams discusses Mental Health Awareness Day MKE](#) with Pastor Walter Lanier of the Progressive Baptist Church, Mental Health Board member and director of Men of Color for MATC

- WUWM Lake Effect: 'Pieces: In My Own Voice' Brings Mental Health Struggles to the Stage. Pastor Walter Lanier joins Brenda Wesley, writer and director of "Pieces: In My Own Voice" to discuss mental health.
 - The Earl Ingram Show: Pastor Walter Lanier, Mental Health Board member speaks out against stigma and advocates for mental health support.
 - Milwaukee Courier: "Pieces in my Own Voice" depicts life with mental illness at MATC second year
 - 1560 WGLB: 10/21/17 - LIVE with Pastor Lanier
 - TMJ4: 10/23/17- Live at Noon - Pastor Lanier and Mike Lappen discuss how "recovery starts with a connection"
- **Recovery Month and "Pieces: In My Own Voice" Continued**
 - WNOV 860 AM: 10/24/17 - LIVE at 8 a.m.: Pastor Lanier, Brenda Wesley and Sandra Becher from AKA Sorority joined Jermaine Reed on the Rise and Shine morning show to discuss "Pieces"

Respectfully Submitted,



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



Milwaukee County Behavioral Health Division Go Pass/Reduced Fare Funding Eligibility Determination

Step 1: Does the client currently have a GO Pass or Reduced Fare card?

- If the client currently has a GO Pass or Reduced Fare Card please provide proof along with this application.
- If the client has an old Go Pass that is no longer valid due to the eligibility requirements please provide proof along with this application. This will allow for possible funding of Reduced Fare.
- If the client is not currently approved for a GO Pass or Reduced Fare you will have to assist the client in going to Milwaukee County Aging and Disability Resource Center (1220 W Vliet St, 3rd floor) between the hours of 9am and 2pm, Monday thru Friday and apply. You will take the CARS approval for funding with you when applying.

The Behavioral Health Division does not make the determination for GO Pass or Reduced Fare eligibility. Please refer to <https://www.ridemcts.com/fares-passes/go-pass> for specific Milwaukee County Transit Criteria.

Step 2: The client must meet the following criteria in order for funding to be considered by BHD.

- The client is enrolled in BHD services.
- The client has no income or severe financial constraints.
- The client's need for BHD assistance for GO Pass or Reduced Fare is demonstrated in the Individualized Recovery Plan. Please attach the current IRP and circle the goals and interventions that demonstrate this request.

Step 3: If you have completed the above steps and the client meets the criteria please complete the attached CARS Go Pass/Reduced Fare Application. If approved the client will receive 90 days of transportation funding. The client is eligible for one time funding. Under extreme circumstances a one-time renewal will be considered using the same process.



**MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
COMMUNITY ACCESS TO RECOVERY SERVICES
GO Pass / Reduced Fare Application**

MRN Number: _____ Date: [Click here to enter a date.](#)

Name of Consumer: _____

Consumer Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____

Agency (Name, Address, Phone): _____

Case Manager: _____

Birth Date: _____

Living Arrangement: _____ Payee: _____

Monthly Income: _____

Rationale for Need of assistance with GO Pass or Reduced Fare: _____

Does the client need a replacement Go Pass?
If yes, how many replacements has the client already had?

*****CARS AUTHORIZATION*****

Request Authorized _____

New Card Fee: \$5 _____

Replacement Card Fee:
1st Replacement \$10 _____ 2nd Replacement \$25 _____ 3rd Replacement \$50 _____

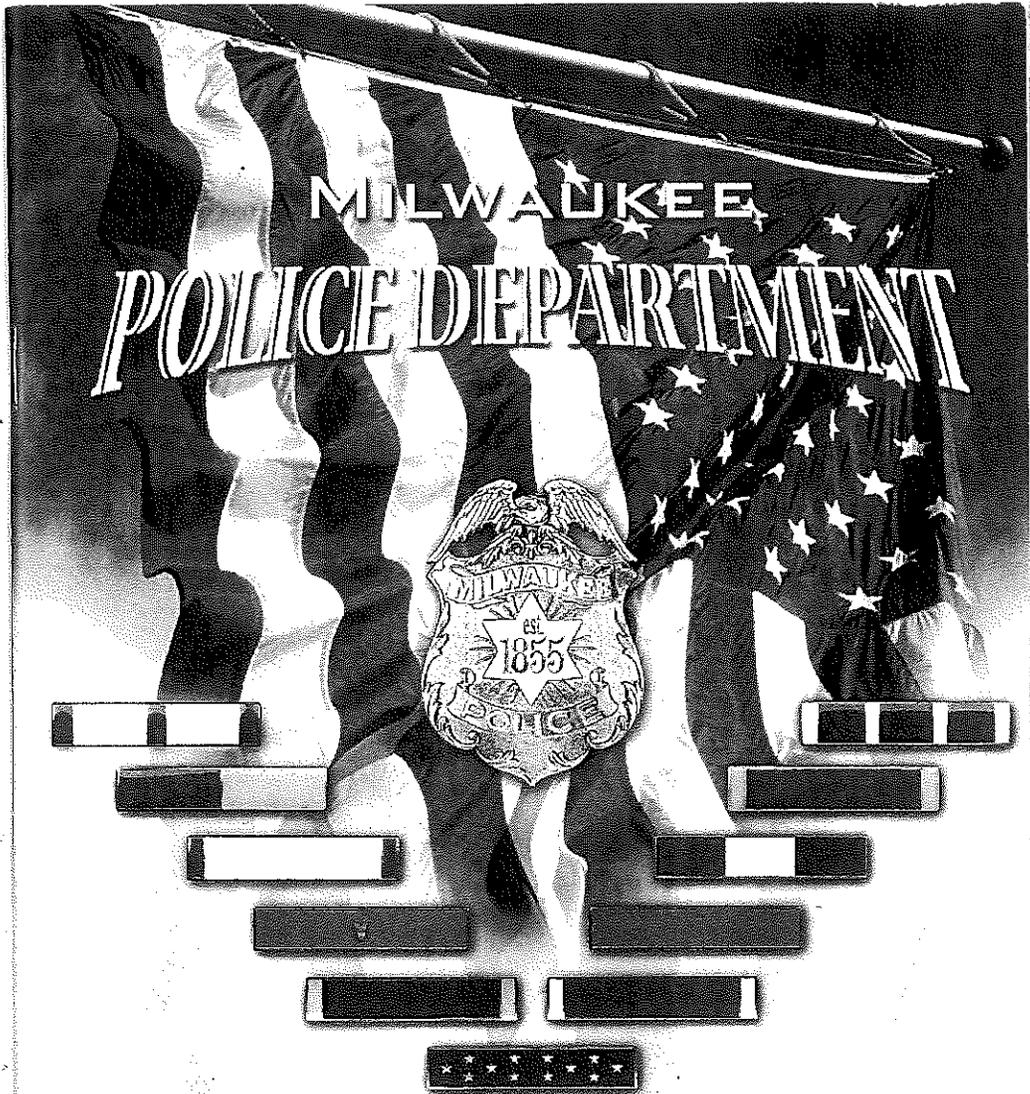
GO Pass or Reduced Fare funding: \$90 Yes _____ No _____

Total Amount: _____

Request Authorized:
YES _____ NO _____ Amount: _____

Authorized By: _____

Attachment C



Presents the

MERIT AWARDS CEREMONY

Tuesday, November 14, 2017
6:00 pm

Certificate of Appreciation

Alzheimer Association, Southeastern WI Chapter

Autism Society of Southeastern WI

Community Resource Referral Center

Crisis Resource Centers

Greater Milwaukee Foundation

Milwaukee County Courts

Milwaukee County Department of Aging

Milwaukee County Mobile Urgent Treatment Team

Milwaukee County Office of Corporation Counsel

NAMI-Greater Milwaukee

Outreach Community Health Centers

Psychiatric Crisis Services

The Grand Avenue Club

US Department of Veteran Affairs

Impact 211

Our Space

Heather Kersten

Christopher Prochut

Attachment D

MILWAUKEE POLICE DEPARTMENT

PRESENTS THIS

CERTIFICATE OF APPRECIATION

TO

PSYCHIATRIC CRISIS SERVICES

THIS AWARD IS PRESENTED ON THIS 14TH, DAY OF NOVEMBER 2017




EDWARD A. FLYNN, CHIEF OF POLICE



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**

December 7, 2017 - 11:30 A.M.
 Milwaukee County Mental Health Complex
 9455 West Watertown Plank Road

A G E N D A

SCHEDULED ITEMS:

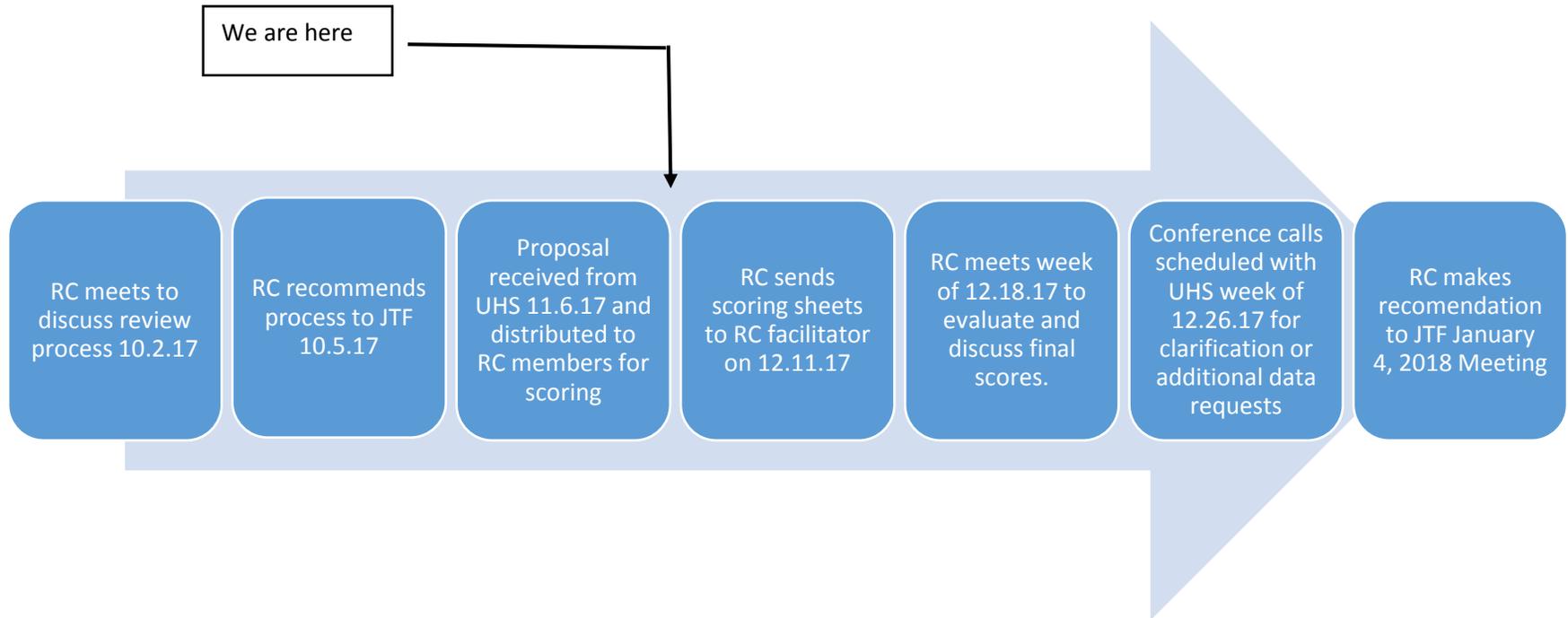
1.	Welcome. (Chairman Shrout/Lutzow)
2.	United Health Services/Buzzfeed Article. (Colleen Foley, Corporation Counsel)
3.	Behavioral Health Division's Communication Plan. (Kane Communications)
4.	Psychiatric Crisis Services (PCS)/Observation Unit (OBS) Planning Update. (Michael Lappen, Behavioral Health Division)
5.	Proposal Review Update. (Cambio Solutions)
6.	Potential Negotiation Strategies for Acute Services Vendor. (Teig Whaley-Smith, Department of Administrative Services)
7.	2018 Joint Taskforce Meeting Dates.
8.	Adjournment.

**The next meeting of the Milwaukee County Mental Health Board
 Joint Task Force is Thursday, January 4, 2018, at 8:30 a.m., at the
 Mental Health Complex
 9455 West Watertown Plank Road
 Conference Room 1045**

***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.***

Joint Task Force Committee Item 5

REVIEW COMMITTEE (RC) PROCESS



Review Committee Role and Responsibilities Summary

JTF - December 7, 2017

Background

The Joint Task Force (JTF) of the Milwaukee County Mental Health Board (MHB) is charged with identifying a partner(s) who are qualified and have the experience to provide high quality acute behavioral care for individuals in need of inpatient services, regardless of their ability to pay. The JTF has completed Phase 1 – Legal due diligence, Phase 2 – Site visits, and has almost completed Phase 3, the last and final due diligence process which is the review of proposals. Universal Health Services (UHS) is the only provider who has submitted a proposal.

The purpose of the proposal review is to:

1. Ensure provider understands the work that is expected to be performed
2. Have a complete document where all deliverables by UHS are outlined and be used as the “scope of work” section of the final contract, and to
3. Identify providers’ strengths and opportunities for improvement

Proposal Outline

- A. General Obligations
- B. General Qualifications
- C. Governance and Operations
- D. Technical Qualifications, Approach and Quality
 - a. Technical Qualifications
 - b. Clinical Services
 - c. Quality Plan
 - d. Clinical Care
- E. Facility Plan
- F. Transition Plan
- G. Opening Price Proposal
 - a. Budget
 - b. Forms

Scoring description

3. Pass
2. Fail
1. Need more information

** The Review Committee has received and is in the process of analyzing sections A-F of the proposal. Section G will be reviewed by a separate group.

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

DATE: November 20, 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 Program Evaluation, Consulting, Information Technology, Training, Grant Management, and Communications Management 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

University of Wisconsin-Milwaukee (UWM) - \$129,998

UWM has been designated as the entity that will provide program evaluation services to the Milwaukee County Behavioral Health Division (MCBHD) Community Access to Recovery Services (CARS) as part of the Federal SAMHSA Grant for Adult Treatment Drug Court. The existing agreement is being extended to until September 30, 2019. The funds are being requested for 2018 (\$64,999) and 2019 (\$64,999).

Cambio Solutions, LLC (Cambio) - \$25,000

Cambio provides Consulting Services to Milwaukee County Behavioral Health Division (MCBHD) in support of MCBHD's effort to change the location and manner in which the behavioral health acute care services are provided for adults, children, and adolescents. The

existing agreement is being extended until April 30, 2018. The total contract amount would be \$124,900. The funds are being requested for 2018.

Robert Half Technology (Robert Half) - \$397,060

Robert Half is assisting the Wraparound Milwaukee with the Synthesis Desktop Application Conversion project. Wraparound Milwaukee is working to convert their current web model to ASP.NET. ASP.NET is a unified web development model that includes the services necessary for you to build enterprise-class Web applications with a minimum of coding. Robert Half also provides support and training for the existing Synthesis application. The funds are being requested for 2018.

Vistelar, LLC (Vistelar) - \$150,000

Vistelar is a global consulting and training institute focused on training staff to safely address interpersonal discord, verbal abuse, bullying, crisis communications, assault and physical violence. This training which MCBHD is offering to staff is the “gold standard” in the industry, and will result in reduced complaints, liability and injuries, while improving performance, morale and overall safety for clients, patients, and customers. Training which has been provided thus far has met with an overwhelmingly positive response from all levels of staff. Additional dollars are needed for “trainer the trainer” monies so BHD can provide their own staff competencies in future years rather than relying on Vistelar. It is also needed to provide training for physicians as well as to offer make up classes for individuals who have either not attended classes when scheduled as well as for additional staff hired since initial monies were requested. The Total contract amount would be \$571,160. These funds are being requested for 2018.

Evaluation Research Services - \$173,400

Evaluation Research Services provides grant management coordination, inclusive of grant writing services to the Milwaukee County Behavioral Health Division. Using a Lifecycle management approach to grant management, processes and infrastructure is developed and implemented to manage grant proposals from beginning, or ‘pre-award’, stage of a project implementation, or ‘post-award’, through the termination, or closeout, of an award. These funds are being requested for 2018.

Kane Communications - \$648,000

Kane provides communication strategies that align with the Milwaukee County Behavioral Health Division and Milwaukee County Mental Health Board. Services of this two-year contract will include the following goals: (1) managing communications with all stakeholders throughout a potential hospital transition to another provider of acute inpatient services, (2) expansion of community awareness of the Behavioral Health Division's services and related strategic initiatives, and (3) continued communications to drive employee recruitment and retention activities in support of pending transitions and current personnel needs. This contract will include onsite support in order to manage daily communication needs. The existing agreement is being amended to extend until December 31, 2019. The total contract amount would be \$1,265,000.00. The funds are being requested for years 2018 and 2019 but please note that the funds for 2018 were not included in the 2018 budget. Refer to attached scope of work.

Fiscal Summary

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

Vendor Name	New/Amendment /Existing Contract	2018 Amount	2019 Amount
University of Milwaukee Wisconsin	Existing	\$64,999	\$64,999
Cambio Solutions, LLC	Amendment	\$25,000	
Robert Half Technology	New	\$397,060	
Vistelar, LLC	Amendment	\$150,000	
Evaluation Research Services	New	\$173,400	
Kane Communications	Amendment	\$324,000	\$324,000
Total		\$1,134,459	\$388,999



Jeanne Dorff, Interim Director
Department of Health and Human Services



KANE COMMUNICATIONS GROUP

inspire results

BEHAVIORAL HEALTH DIVISION
2018-19 Communications Support Statement of Work
Presented November 2017

Michael Lappen, MS, LPC
Milwaukee County Behavioral Health Division
9455 W Watertown Plank Road
Milwaukee, WI 53226

November 10, 2017

Dear Mike,

What an honor it is to partner with the Milwaukee County Behavioral Health Division (BHD) to help educate our community about BHD's work.

At Kane Communications Group, we know that intelligent communication strategies that align with organizational goals can achieve significant results. Our team has partnered with BHD to deeply understand your position in the community and develop real and informed communications programs that have achieved important outcomes. These include measurable improvements in employee trust and communications; the expansion of dozens of partnerships with community organizations; ongoing and positive media coverage; and a measured increase in qualified candidate leads, applications and hires through our award-winning RN recruitment campaign.

As BHD's care model changes, it is more important than ever to clarify the division's role as a vital connector to high-quality services that people can count on and a leading voice on key behavioral health issues. The proposal below builds on our experience working with you and the team and BHD and provides additional support at a significantly reduced rate to expand the amount of dedicated communications resources you have at BHD.

We are pleased to present this statement of work to you to achieve the following goals in 2018 and 2019:

- Manage communications throughout the hospital transition process
- Continue & expand on community awareness of BHD, its services & causes related to its purpose
- Continue to use communications to drive leads to recruiters and develop programs that positively impact employee retention

These efforts will enable you to continue to clearly message your work as a behavioral health care leader in Milwaukee County and a meaningful place for caregivers to work.

Enclosed please find a proposal for the work. We look forward to supporting BHD with the very important endeavors.

Kind Regards,

Kimberly Kane
President & CEO
Kane Communications Group



WORK PROPOSAL

Situation Analysis

The Milwaukee County Behavioral Health Division (BHD) provides the people of Milwaukee County with a comprehensive array of high-quality behavioral health services - no matter their severity of need or ability to pay.

Today, BHD is transforming from a provider of acute, hospital-based psychiatric services and long-term care to a community-based model that ensures all residents have access to high-quality care, including crisis, acute and community-based treatment services. As part of this process, BHD and its governing body, the Milwaukee County Mental Health Board are working to identify a provider to build a new acute psychiatric hospital in Milwaukee County. This partnership would enable BHD to expand its support for community-based programs, especially in underserved areas of the county, while ensuring the acute and crisis needs of county residents are met.

This is a major operational process and leadership recognize that clear and consistent communication to employees, patients and their families, the community, providers and partners play an important role in helping people understand what the transition means to them and what it means to behavioral health care in Milwaukee County.

Opportunity

Mike Lappen has identified the following goals for Kane Communications Group:

1. **HOSPITAL TRANSITION COMMUNICATIONS:** Implement and manage communications outlined in the transition communications plan Kane developed in the Fall 2017, including employee communications and external communications through the full transition and BHD hospital closure.
2. **COMMUNITY AND AWARENESS BUILDING:** Communicate with employees, stakeholders and the media as BHD's model changes. Emphasize BHD's community services and partnerships (i.e. Northside, Sixteenth Street Community Health Centers, CART, Peer Run Respite) to increase the number of Milwaukee County residents who reach out for help before crisis; use this transition to strengthen partnerships and position BHD as a community leader and voice on key issues including AODA, trauma-informed care, behavioral health for children and families, prevention; educate providers and referral sources about how to refer individuals to BHD services and programs.
3. **RECRUITMENT AND RETENTION:** Extend and expand on the existing recruitment marketing campaign to continue to drive leads to BHD's recruiters for open positions, and discover new ways to retain the great staff already working at BHD. Build awareness of mental health career options at area colleges and schools of nursing, activate recruitment ambassadors to build relationships with key influencers and the media, and develop and promote referral and retention programs for employees. The full transition to the new acute care facility could take up to two years. During this time, BHD will continue providing acute and crisis care to Milwaukee County residents with mental illness and will need to recruit and retain talented mental health nurses and caregivers.

Services Timeline

All work outlined in this agreement will begin in January 2018 upon the execution of a signed contract.



Specific deliverable timeline will be developed in the respective project plans. This engagement will end December 31, 2019, or when hours are completed, whichever comes first.

	Q1-18	Q2-18	Q3-18	Q4-18	Q1-19	Q2-19	Q3-19	Q4-19
Onsite support	Dedicated support for community service, hospital, leadership, employee communications (including email & newsletter management); subject matter expert communications							
Transition communications	Transition communications plan implementation and updates							
			Update plan per board decisions					
			Collaborate with UHS comms					
						Comms planning for BHD hospital closure	Closure events	
Community and Awareness Building	Plan creation			Evaluate & plan for 2019				Evaluate
	Implement plan elements							
	Light and Unite Red	Mental Health Month	Recovery Month		Light & Unite Red	Mental Health Month	Recovery Month	
			Develop, roll out provider and partner education program about BHD					Evaluate
Recruitment and Retention	'17 campaign ends	Media campaigns in market (exact timing based on plans)						
	Planning & buying for 2018			Planning & buying for 2019				
	Referral / Retention Research & Planning							
			Referral / Retention Program implementation & management					



Scope of Services & Deliverables

The following services and deliverables will be included in the scope of work:

Services:

- Reduced-rate onsite support from Kane team member (at up to 24/hours per week)
- Strategic planning and research
- Public relations, media relations and community relations
- Paid media strategy, buying, research, planning, placement and reporting
- Social media management, strategy and content creation
- Video planning, producing, directing, management, editing, scouting - not including outside resources
- Creative concepting, creative direction, art direction, graphic design, production management, photography
- Copywriting, editing and proofreading
- Internal communications management, including enews management & deployment
- Client meetings
- Account and project management
- Committee management

Deliverables:

- Monthly activity reports for BHD leadership
- Reports on individual campaign results
- Deliverables as outlined in the transition communications plan (written in 2017)
 - Key messages
 - Talking points for BHD leaders
 - Communications schedule
 - Creative and written communications pieces (emails, letters to be mailed, press release(s))
- Two community awareness plans (2018 & 2019)
 - Annual content plans
 - Media page
 - Limited original and stock photography
 - Written and creative materials for campaigns
 - Light & Unite Red
 - Mental Health Month
 - Recovery Month
- Two recruitment and retention media plans (2018 & 2019)
 - Written and creative materials as outlined in plans - advertisements, videos, radio ads, flyers, billboards, etc.
 - Quarterly lead reports (in conjunction with recruiter)

Assumptions

- Mike Lappen will be the primary point of contact at BHD.
- Jennifer Bergersen will be a secondary, day-to-day contact who can facilitate approvals of materials, meetings and assist with getting the Kane team access to BHD team members.
- Justin Metzger will continue to manage BHD's digital board, webpages, Do the Right Thing



- committee and participate in communications planning including on the editorial committee
- Specific tactics may change based on what is outlined in the plan recommendations.
 - Mike Lappen will provide key personnel for the implementation of the deliverables, where required for successful fulfillment of desired outcomes.
 - Mike Lappen will make personnel who may be part of the project team available for help.
 - Mike Lappen will perform timely turnaround for issue resolution, review, acceptance, etc.

Out of Scope

The following items have been identified as out of scope and will not be completed as part of this agreement. Additional estimates and statements of work can be provided as requested:

- Video services requiring outside resources for editing, shooting, audio, music, animation, etc.
- Front- and back-end programming related to website and digital projects
- Printing
- Paid media costs or sponsorship fees
- Stock videography
- Merchandise costs
- Travel and meals
- Paid market research
- Event space rental
- Survey or research participation stipends

Any deliverables not specifically listed in Scope of Services are excluded from the scope of this project.

BILLING SCHEDULE

The fees for services provided by Kane Communications Group will be \$27,000 per month, unless otherwise agreed to by Client and Kane due to an amended work schedule. This rate is in effect through December 31, 2019. If the engagement extends beyond that time, Client and Kane will reevaluate the priorities of the activities and re-scope the work. Any additional time required by Kane beyond that which is outlined in this statement of work will be billed at a \$170 per hour rate. Any element that will cause the total cost of the project to exceed the quoted amount reflected in the contract must first be approved (in written form) by Kane and Mike Lappen. Client shall reimburse out-of-pocket expenses consistent with Client's internal protocol. All invoices are due according to terms of the Professional Services Agreement.

Change Management

Should circumstances arise that change this proposal, Kane will contact BHD to discuss the situation and document any agreed-upon changes in the form of a Change Order. All Change Orders must be reviewed and approved by both parties in writing prior to proceeding with any changes.



COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: November 20, 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

Phoenix Care Systems, Inc. (Bell Therapy) - \$627,167

Bell Therapies contract amount was reduced in 2016 for their Community Support Program (CSP) due to quality issues. The upcoming 2018 Bell Therapy CSP contract is again being reduced as Bell Therapies has not been able to correct the quality issues. Milwaukee County Behavioral Health Division (MCBHD) is reducing the Bell Therapy CSP slots by 100 and these slots will be redistributed to **Project Access, Inc.**, CSP contract. Project Access, Inc. will increase their CSP capacity from 200 to 300. **Fiscal Impact:** The Bell Therapy CSP contract for 2018 will be reduced to \$627,167 from the current 2017 contract for \$1,102,294 (variance - \$475,127) and Project Access, Inc.'s, CSP contract will increase to \$1,368,209 for 2018 from \$912,139 for 2017 (variance \$456,070). MCBHD believes that the quality issues with Bell Therapy will be resolved by serving fewer consumers.

La Causa, Inc. (La Causa) – (-\$95,286)

La Causa notified Milwaukee County Behavioral Health Division (MCBHD) that they will not be providing Peer Specialist for Team Connect in 2018. The La Causa CLASP contract will be reduced by \$95,286 as the funds La Causa received for the Peer Specialist for Team Connect will be added to the Consumer Affairs agreement for 2018.

Impact, Inc. (Impact) - \$315,000

Impact 2-1-1 contract is being increased for Impact to be the first line of answering the Milwaukee County Crisis Line calls. Impact 2-1-1 is the largest information resource in the community and will be able to address 40-45% of the calls coming into the Crisis Line. Any callers needing emergency behavioral health services will be immediately transferred to the Crisis Mobile team clinicians to assist as needed. The funds are being requested for 2018.

Proposed 2018 Contract Allocations: \$18,981,157

Overview

Overall contract allocations for 2018 in BHD's Child and Adolescent Community Services Branch will vary only slightly from 2017. BHD will again contract with a number of community agencies for care coordination and other services that support the operation of the Wraparound Milwaukee Program, REACH (Reaching, Engaging and Assisting Children and Families), FISS (Family Intervention and Support Services), OYEAH (Young Emerging Adult Heroes), and MUTT (Mobile Urgent Treatment Team). As a special, 1915a Managed Care program under Medicaid, all remaining services are purchased on a fee-for-service basis through agencies participating in the Wraparound Milwaukee Provider Network. Individual Purchase of Service contract allocations being recommended are listed in this report.

Care Coordination Services

Care Coordination is a key service in Wraparound as they are the staff who facilitate the child and family team, help the family develop and then document the individual treatment plans (Plans of Care), coordinate the provision of mental health and other services to the youth and family, and provide reports to and present at Children's Court. For 2016 and 2017, Wraparound contracted with six care coordination agencies: AJA Counseling Center, Alternatives in Psychological Consultation, La Causa, Inc., SaintA, St. Charles Youth and Family Services, and Willowglen Community Care. An RFP was issued for 2018 care coordination services and based on scoring, history of agency performance, and program needs, we will continue to contract with these six agencies.

For the voluntary REACH program, a separate RFP was issued. Based on scoring, history of agency performance, program needs and continuity of care for children and families, the following six agencies were chosen: AJA Counseling Center, Alternatives in Psychological Consultation, La Causa, Inc., SaintA, St. Charles Youth and Family Services, and Willowglen Community Care. In reviewing enrollment trends, we have chosen a seventh agency to begin enrolling families when needed. That agency will be Wisconsin Community Services.

OYEAH provides care (transition) coordination services to youth and young adults, age 17-23, who have serious emotional and mental health needs and are usually transitioning out of foster

care or other out-of-home care. An RFP was issued for this service as well, the five agencies selected to provide these services are: La Causa, Inc., Lad Lake, Pathfinders, St. Charles Youth and Family Services, and Wisconsin Community Services.

The total number of youth and families projected to be served in 2018 is 1,700 families with an average projected daily enrollment of 1,150 families across regular, court-ordered Wraparound, REACH and OYEAH.

Overall, the nine agencies providing care coordination services, including screening and assessment services, are:

Care Coordination Agency	Service Type	2018 Proposed Contract
AJA Counseling Center	Wrap Care Coordination	\$ 950,958
	REACH	\$ 744,414
	Screening/Assessment	<u>\$ 75,000</u>
		\$1,770,372
Alternatives in Psychological Consultation	Wrap Care Coordination	\$1,433,045
	REACH	\$ 967,446
	Screening/Assessment	<u>\$ 100,000</u>
		\$2,500,491
LaCausa, Inc.	Wrap Care Coordination	\$2,264,209
	REACH	\$1,860,316
	OYEAH	\$ 506,899
	Screening/Assessment	<u>\$ 375,000</u>
	\$5,006,424	
Lad Lake	OYEAH	<u>\$ 283,720</u>
		\$ 283,720
Pathfinders	OYEAH	<u>\$ 141,860</u>
		\$ 141,860
SaintA	Wrap Care Coordination	\$ 981,119
	REACH	\$ 861,660
	Screening/Assessment	<u>\$ 75,000</u>
		\$1,917,779
St. Charles Youth and Family Services	Wrap Care Coordination	\$ 852,336
	REACH	\$ 827,861
	OYEAH	\$ 508,197
	Screening/Assessment	<u>\$ 300,000</u>
	\$2,488,394	
Willowglen Community Care	Wrap Care Coordination	\$1,412,413

	REACH	\$ 358,103
	Screening/Assessment	\$ 150,000
		<u>\$1,920,516</u>
Wisconsin Community Services	OYEAH	\$ 378,140
		\$ 378,140
Care Coordination Total:		\$16,407,696

Support Services for Wraparound Milwaukee

For 2018, BHD recommends continuing an agreement with the Kids Forward (formerly Wisconsin Council on Children and Families) to arrange for; program evaluation, staff training, management consultation, and other support necessary to maintain the Medicaid Capitation contract with DHS. This will assure continued approval by the Center for Medicare/Medicaid Service (CMS) for Wraparound Milwaukee's 1915a status.

Information Technology and technical assistance has been provided through Robert Half Technologies since 2016. In 2018, we propose the separation of Kids Forward and Robert Half Technologies to delineate services provided by each agency and to ensure appropriate insurance requirements are met.

SEA Group provides educational advocacy to help enrolled youth obtain an Individual Education Plan (IEP), achieve appropriate school placements, and reduce unnecessary residential and day treatment services. In February 2017, SEA Group was contracted separately from Families United of Milwaukee, Inc. to provide educational advocacy services. We propose to continue an agreement with SEA Group. This agency consists of a Program Director and five Educational Liaisons, one of whom solely dedicates time to children involved with the Division of Milwaukee Child Protective Services.

Fiscal intermediary services through the Milwaukee Center for Independence (MCFI) allow the purchase of services from relatives and other natural supports for youth. Families can identify relatives or close friends who are available to provide supportive services such as transportation or respite but who would be unable to do so without financial assistance. The family 'hires' the provider, and MCFI serves as the fiscal intermediary with the provider.

At the time of this report, Family Advocacy services (historically provided for by Families United of Milwaukee, Inc.) remains open for RFP submissions, however we recommend extending the 2017 contract for 2 months until an agency is selected.

Support Services for Wraparound	Service Type	2018 Proposed Contract
Families United of Milwaukee, Inc.	Family Advocacy	\$ 37,500
Kids Forward	Program Evaluation, Training,	\$250,000

	Consultation	
SEA Group	Education Advocacy	\$300,000
Milwaukee Center for Independence	Fiscal Intermediary	\$ 25,000
Support Services for Wraparound Total:		\$612,500

Mobile Urgent Treatment Services

The Mobile Urgent Treatment Team provides crisis intervention services on a 24 hour basis to families enrolled in the Wraparound Milwaukee Program. In addition, this team provides services to any family in Milwaukee County with a child who is having a mental health crisis. Team members go to where the crisis is occurring, assess the situation, and work with the youth and family to determine the safest, least restrictive options to address the crisis, as well as provide support and referrals for continued services as needed. The Mobile Urgent Treatment Team (MUTT) will serve an estimated 2,300 families in 2018.

The Division of Milwaukee Child Protective Services will again fully fund a dedicated MUTT team to work specifically with youth in foster care and their foster parents. This team has been effective at reducing the incidence of failed foster placements through the provision of 24/7 crisis intervention services to foster families who are experiencing a mental health or behavioral crisis with a child in their care.

To support BHD's professional team of county psychologists and psychiatric social workers assigned to the MUTT program, St. Charles Youth and Family Services will provide up to ten, crisis support workers for MUTT to ensure adequate shift and seven days per week coverage.

In 2015, the City of Milwaukee Health Department contracted with BHD-Wraparound Milwaukee to fund two staff positions for a Trauma Team to work directly with Police Officers in District 7. The Police Officers identify youth who are exposed to traumatic events during the course of a police response. With the consent of the family, the Officers may refer a youth to the Mobile Trauma Team, who call the family to arrange a follow up visit and provide support/services as needed. The Mobile Trauma Team staff then communicate with the referring Officers to close the loop and let the Officers know that contact has been made. In 2016, we expanded our partnership to District 5 and we are currently, (as of 11/2017) in the process of signing a Memorandum of Understanding with the City of Milwaukee Fire Department to expand our partnership and further our work with the children and families of Milwaukee.

Started under the Federal Healthy Transitions Grant, Wraparound Milwaukee will continue contracting with St. Charles Youth and Family Services for operation of the youth/young adult resource center (Owen's Place) and for the provision of the resource center manager and several young adult peer specialists. Peer Specialists are now Medicaid reimbursable under our contract with the Wisconsin Department of Health and those service costs will be incorporated in our capitation rate.

Journey House

In 2018, Wraparound Milwaukee recommends continuing a contract with Journey House for eleven apartments to be used by young adults in the OYEAH program. Wraparound Milwaukee will assist young adults in this transition by subsidizing their rental payments to no more than 30% of their monthly income for the entire length of the 18-month lease. While living in this housing, young adults will receive support to help ensure a successful transition to adulthood. Services include peer support, mental health services, daily living support and other individualized services as needed. Through OYEAH and our partnership with Journey House young adults are taught skills needed to successfully live on their own with the goal of each resident saving at least 25% of their income. After the completion of the 18-month lease, OYEAH transitional coordinators work with young adults to transition them to a long-term housing option.

Agency Providing Support Services	Service Type	2018 Proposed Contract
St. Charles Youth and Family Service	Mobile Crisis and other Clinical Services	\$1,235,873
	Resource Center/Peer Specialists	\$ 250,000
Journey House	OYEAH Housing support	\$ 58,212
MUTT and Housing Support Services Total:		\$1,544,085

Family Intervention and Support Services (FISS)

The BHD-Wraparound Program will continue to oversee the operations of Family Intervention Support and Services Program (FISS) for the Division of Milwaukee Child Protective Services and Milwaukee County Children's Court.

The assessment services component of FISS is targeted to conduct about 600 assessments in 2018 as well as serve over 150 families in the case management component. FISS targets adolescents who are experiencing parent-child conflicts manifesting in school truancy, chronic running away from home, and other issues of uncontrollability. FISS is a voluntary, early intervention alternative for parents who can receive a range of mental health and support services as an alternative to filing a formal CHIPS (Child in Need of Protection and Services) petition. FISS is fully funded by the Division of Milwaukee Child Protective Services.

St. Charles Youth and Family Services, provides assessment and case management.

Agency Providing FISS Program Services Contract	Service Type	2018 Proposed Contract
St. Charles Youth and Family	FISS Assessment and	\$ 416,876

Services

Case Management

FISS Support Services Total: \$ 416,876

Summary

The following are the total contract recommendations for BHD's Child and Adolescent Community Services Branch for 2018 as compared to 2017.

Agency Providing Proposed Services	Adjusted 2017 Contract	2018 Contracts
AJA Counseling Center	\$ 2,040,700	\$ 1,770,372
Alternatives in Psychological Consultation	\$ 1,910,400	\$ 2,500,491
Families United of Milwaukee, Inc.	\$ 225,000	\$ 37,500
Journey House	\$ 43,752	\$ 58,212
Kids Forward (formerly Wisconsin Council On Children and Families)	\$ 649,623	\$ 250,000
La Causa, Inc.	\$ 3,638,512	\$ 5,006,424
Lad Lake	\$ 0	\$ 283,720
Milwaukee Center for Independence	\$ 25,000	\$ 25,000
Pathfinders	\$ 0	\$ 141,860
SaintA	\$ 2,004,500	\$ 1,917,779
SEA Group	\$ 300,000	\$ 300,000
St. Charles Youth and Family Services	\$ 4,110,899	\$ 4,391,143
Wisconsin Community Services	\$ 0	\$ 378,140
Willowglen Community Care	\$ 1,318,000	\$ 1,920,516
Total 2018 Proposed POS Contracts:	\$16,266,386	\$18,981,157

Fiscal Summary

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

Vendor Name	New/Amendment/Renewal/Extension/Existing Contract	2018 Amount
Impact, Inc.	Renewal	\$315,000
Phoenix Care Systems, Inc.	Renewal	\$627,167
Project Access, Inc.	Renewal	\$1,368,209
Wraparound Milwaukee	Renewal	\$18,981,157
Total		\$21,291,533



Jeanne Dorff, Interim Director
Department of Health and Human Services

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: November 20, 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 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

St. Charles Youth & Family Services (St. Charles) – N/A

The current Fee for Service Agreement with St. Charles for Comprehensive Community Services (CCS), Care Coordination and Recovery Support Coordination (RSC) has been terminated due to ongoing quality issues. St. Charles has received formal notification of the decision.

Empathetic Counseling Services, Inc. (Empathetic) – \$768,395

Empathetic provides supportive, recovery oriented services for AODA and Mental Health.

Allendale Association, Inc. (Allendale) – \$390,000

This agency provides Behavioral Health and/or Social Services for the Wraparound Milwaukee Program serving children/youth and their families.

Vendor Name	New/Amendment/Renewal/Extension/ Existing Contract	2018 Amount
Allendale Association, Inc.	Renewal	\$390,000
Empathetic Counseling Services, Inc.	Renewal	\$768,395
Total		\$1,158,395



Jeanne Dorff, Interim Director
Department of Health and Human Services

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

**MILWAUKEE COUNTY MENTAL HEALTH BOARD
FINANCE COMMITTEE**

Thursday, December 7, 2017 - 1:30 P.M.
Milwaukee County Mental Health Complex
Conference Room 1045

A G E N D A

SCHEDULED ITEMS:

1.	Welcome. (Chairman Lutzow)
2.	2016 Behavioral Health Division Comprehensive Annual Financial Report. (Chris Walker, Behavioral Health Division/Informational)
3.	2017 Financial Results. (Chris Walker, Behavioral Health Division/Informational)
4.	2018 Budget Update. (Chris Walker, Behavioral Health Division/Informational)
5.	2019 Budget Timeline Schedule. (Chris Walker, Behavioral Health Division/Recommendation Item)
6.	Affordable Care Act (ACA) Subsidies Project Status Update. (Matt Fortman, Behavioral Health Division – Verbal Report/Informational)
7.	Corporation Counsel’s Legal Opinion Regarding Legacy Costs and the Impact on Allocated Tax Levy. (Collen Foley, Corporation Counsel/Informational)
8.	Mental Health Board Finance Committee Professional Services Contracts Approval Recommendations. (Dennis Buesing, Department of Health and Human Services/Recommendation Item) <ul style="list-style-type: none"> • UW-Milwaukee Substance Abuse and Mental Health Services Administration (SAMHSA) Grant • Cambio Solutions, LLC • Robert Half Technology • Vistelar, LLC • Evaluation Research Services • Kane Communications Group

SCHEDULED ITEMS (CONTINUED):

9.	Mental Health Board Finance Committee Purchase-of-Service Contracts Approval Recommendations. (Dennis Buesing, Department of Health and Human Services/Recommendation Item)
10.	Mental Health Board Finance Committee Fee-for-Service Agreements Approval Recommendations. (Dennis Buesing, Department of Health and Human Services/Recommendation Item)
11.	2018 Committee Meeting Dates.
12.	Adjournment.
The next meeting of the Milwaukee County Mental Health Board Finance Committee is Thursday, February 22, 2018, at 7:00 a.m., at the Zoofari Conference Center 9715 West Bluemound Road	
<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>	

Finance Committee Item 2

COUNTY OF MILWAUKEE, WISCONSIN

Balance Sheet
Behavioral Health Division Fund
As of December 31, 2016
(In Thousands)

	2016
<u>Assets</u>	
Current Assets:	
Cash	\$ 35,880
Patient Receivables	30,664
Allowance for Uncollectible Accounts	(21,900)
Accounts Receivable - Other	39
Due from Other Governments	3,704
Prepaid Items	90
Total Current Assets	48,477
Noncurrent Assets:	
Capital Assets:	
Land Improvements	1,703
Construction in Progress	327
Buildings and Improvements	39,281
Machinery, Vehicles and Equipment	3,136
Total Capital Assets	44,447
Less: Accumulated Depreciation	(36,658)
Total Capital Assets (Net)	7,789
Total Assets	56,266
<u>Deferred Outflows of Resources</u>	
Deferred Loss on Refunding of Debt	24
Total Assets and Deferred Outflows of Resources	\$ 56,290
<u>Liabilities</u>	
Current Liabilities:	
Accounts Payable	\$ 11,481
Accrued Payroll	1,743
Due to Other Governments	6
Bonds and Notes Payable - General Obligation	705
Compensated Absences Payable	2,625
Other Current Liabilities	1,359
Total Current Liabilities	17,919
Long-Term Liabilities:	
Bonds and Notes Payable - General Obligation	3,161
Compensated Absences Payable	1,589
Total Long-Term Liabilities	4,750
Total Liabilities	22,669
<u>Net Position</u>	
Net Investments in Capital Assets	3,946
Restricted for:	
Commitments	1,775
Operational Reserve	19,569
Capital Reserve	3,540
Title XIX Capitation	6,860
Compensated Absences	2,145
Unrestricted (Deficit)	(4,214)
Total Net Position	33,621
Total Liabilities and Net Position	\$ 56,290

COUNTY OF MILWAUKEE, WISCONSIN

Schedule of Revenues, Expenses and Changes in Net Position
Behavioral Health Division Fund
For the Year Ended December 31, 2016
(In Thousands)

	<u>2016</u>
Operating Revenues:	
Charges for Services	\$ 88,532
Other Revenues	<u>1,552</u>
Total Operating Revenues	<u>90,084</u>
Operating Expenses:	
Personnel Services	56,814
Client Service Costs	43,922
Contractual Services	11,182
Intra-County Services	9,340
Commodities	3,488
Depreciation and Amortization	1,383
Maintenance	11
Provider Network Services	<u>55,405</u>
Total Operating Expenses	<u>(181,545)</u>
Operating Income (Loss)	(91,461)
Nonoperating Revenues (Expenses):	
Intergovernmental Revenues	<u>40,581</u>
Income (Loss) Before Transfers	(50,880)
Transfers In	59,112
Transfers Out	<u>(826)</u>
Changes in Net Position	7,406
Net Position -- Beginning	<u>26,215</u>
Net Position -- Ending	<u>\$ 33,621</u>

Finance Committee Item 3

BEHAVIORAL HEALTH DIVISION

DASHBOARD REPORT

3rd Quarter 2017

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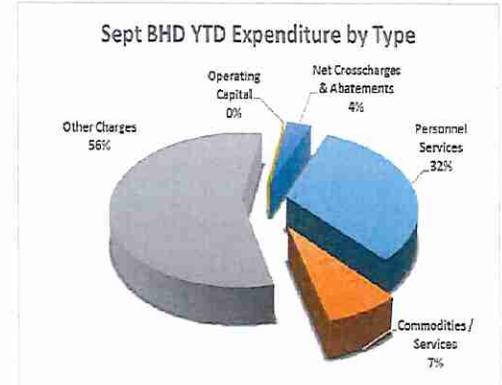
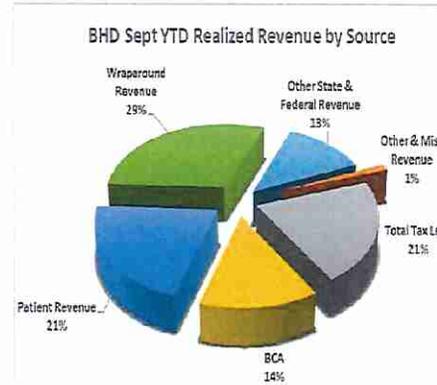
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PAGE 10	CCS (Comprehensive Community Services)
PAGE 11	CSP (Community Support Program)
PAGE 12	CRS (Community Recovery Services)

BHD COMBINED DASHBOARD

3rd Quarter 2017

	2017 September YTD			
	Sept YTD	Projection	Budget	Variance
Revenue	103,152,387	136,061,877	149,935,413	(13,873,536)
Expense				
Personnel	42,408,225	59,150,089	65,702,327	6,552,238
Svcs/Commodities	10,185,428	16,824,190	18,144,507	1,320,317
Other Chgs/Vendor	73,607,163	114,730,177	123,241,274	8,511,097
Capital	72,508	353,912	281,456	(72,456)
Cross Charges	43,384,962	54,699,188	48,525,887	(6,173,301)
Abatements	(38,681,935)	(50,525,544)	(47,100,086)	3,425,458
Total Expense	130,976,352	195,232,012	208,795,365	13,563,353
Tax Levy	27,823,965	59,170,135	58,859,952	(310,183)
Wraparound		685,230	388,411	(296,819)
BHD Excluding Wraparound		58,484,905	58,471,541	(13,364)
Percentage Spent	63%			
Percentage Yr Elapsed	75%			

2017 SEPTEMBER YTD Revenues & Expenses by Percentage



Note: "Other Charges" in Expenditures include all Provider Payments - Fee For Service, Purchase of Service and other contracted services.

3rd Quarter Financial Highlights

- Inpatient Census below budget
- Adult Inpatient Payer Mix unfavorable
- State Institutions
- Staffing turnover
- Slower CCS growth
- Lower Wraparound enrollment
- State Plan Amendment Revenue 2014

2017 Budget Initiatives

Initiative	Status	Description
Northside Hub	➡	On hold
CCS Expansion	➡	Slower growth than anticipated
Increase Wrap enrollment	➡	Less from Lincoln Hills than expected
Ending Chronic Homelessness	⬆	Increased from \$750,000 to \$1 million
IOP (Intensive Outpatient)	➡	Delayed until 2018
EMR Redesign or Improve	➡	Continuing improvements
CRC 3rd shift expansion	⬆	Staffed at Northside, admit at both
Add three CART teams	➡	Team with DA operational, West Allis in 2018.

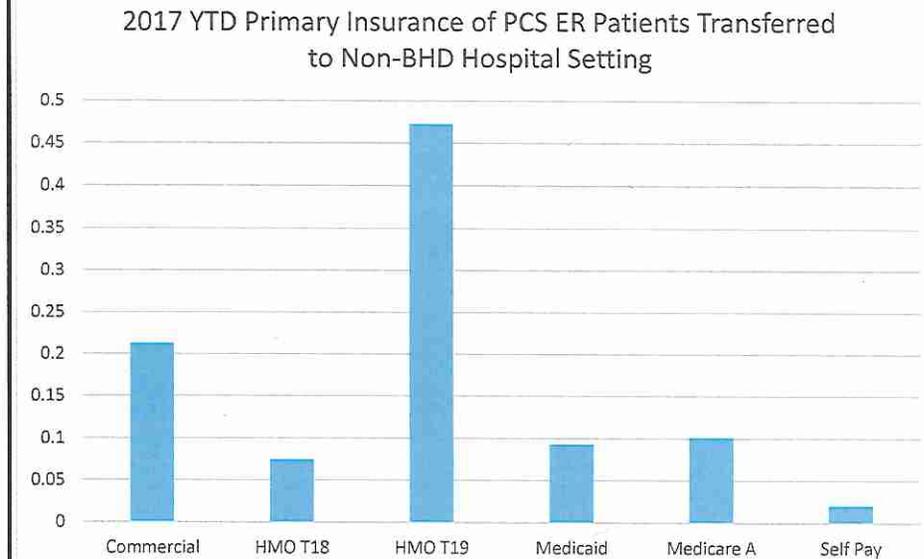
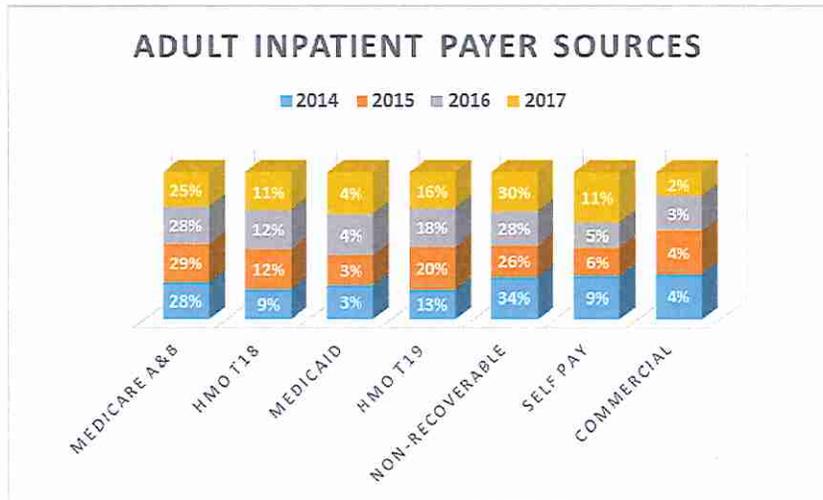
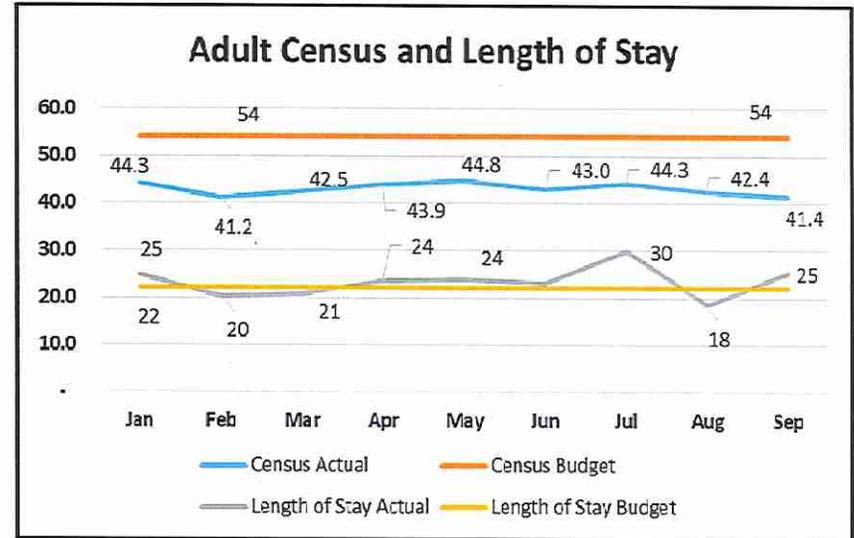
Complete ⬆ Not Done ⬇ Progressing ➡

ACUTE ADULT INPATIENT DASHBOARD

3rd Quarter 2017

	2017 September YTD			
	Sept YTD	Projection	Budget	Variance
Revenue	8,545,135	10,504,418	14,587,005	(4,082,587)
Expense				
Personnel	11,054,427	15,497,904	16,569,560	1,071,656
Svcs/Commodities	2,526,538	3,700,030	2,395,674	(1,304,356)
Other Chgs/Vendor	1,604,489	2,544,401	1,500,000	(1,044,401)
Capital	-	-	17,500	17,500
Cross Charges	6,858,932	8,773,259	9,556,659	783,400
Abatements	-	-	-	-
Total Expense	22,044,386	30,515,594	30,039,393	(476,201)
Tax Levy	13,499,251	20,011,176	15,452,388	(4,558,788)

Percentage Spent 73%
 Percentage Yr Elapsed 75%

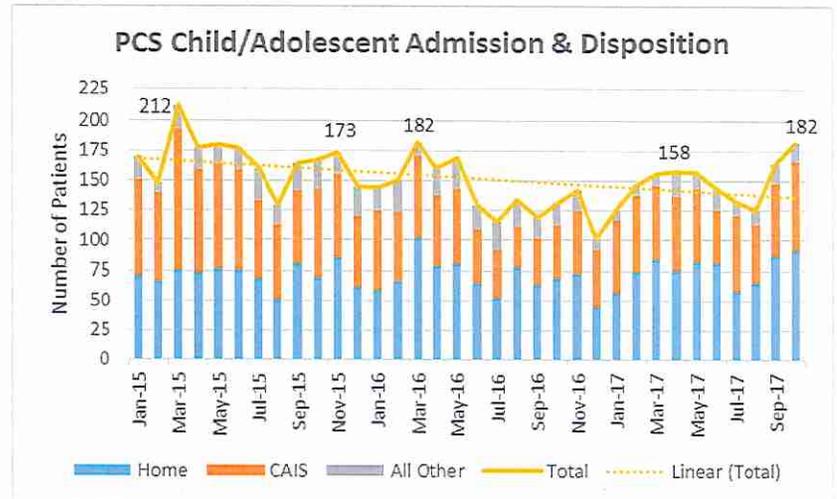
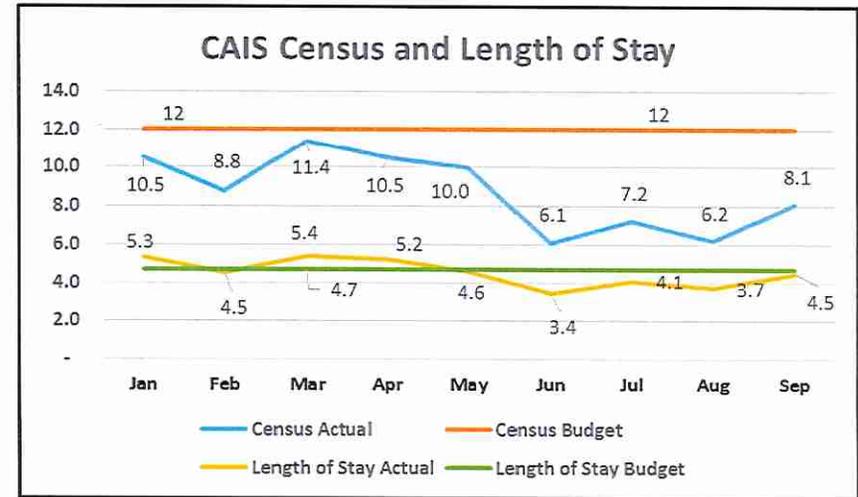


CAIS (Child & Adolescent Inpatient) DASHBOARD

3rd Quarter 2017

	2017 September YTD			
	Sept YTD	Projection	Budget	Variance
Revenue	3,310,292	3,897,123	5,869,200	(1,972,077)
Expense				
Personnel	2,608,691	3,624,219	4,004,748	380,529
Svcs/Commodities	178,980	251,013	291,914	40,901
Other Chgs/Vendor	84	111		(111)
Capital	-	-	-	-
Cross Charges	1,909,210	2,648,035	2,655,558	7,523
Abatements	-	-	-	-
Total Expense	4,696,965	6,523,378	6,952,220	428,842
Tax Levy	1,386,673	2,626,255	1,083,020	(1,543,235)

Percentage Spent 68%
 Percentage Yr Elapsed 75%

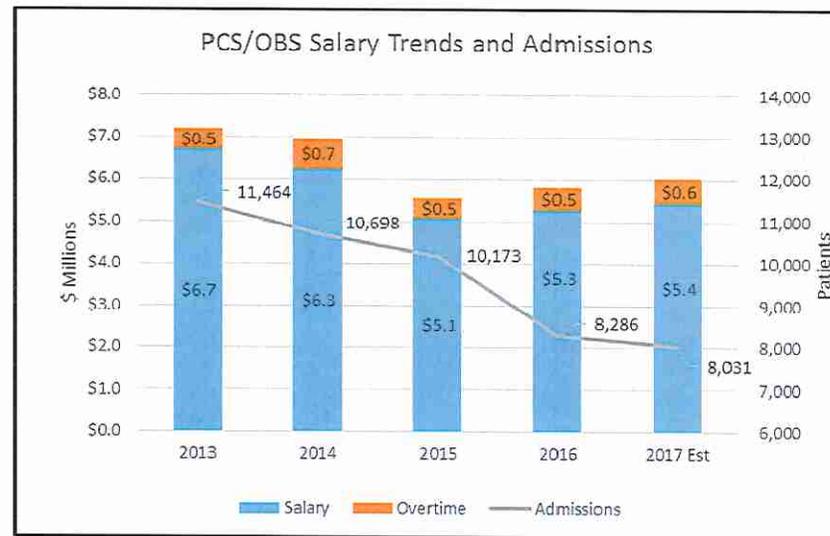
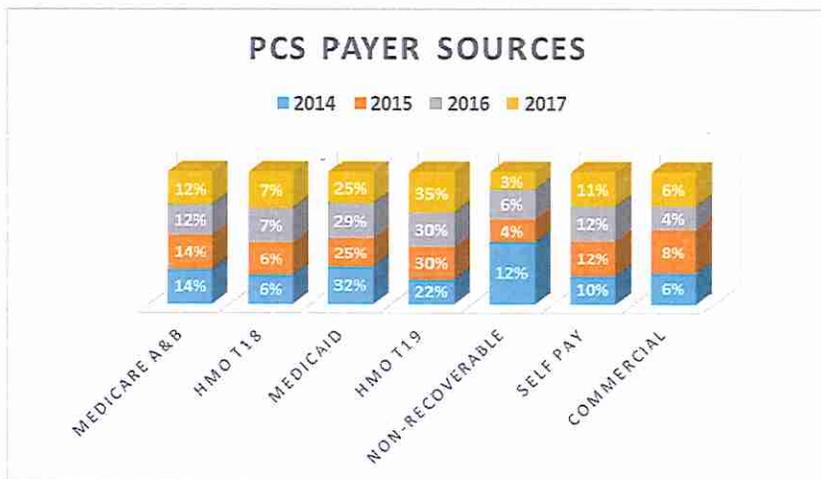
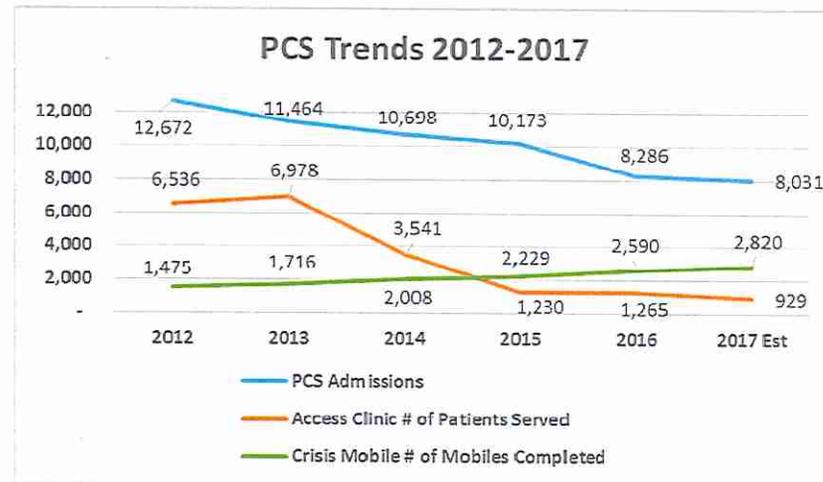


PCS - ER and Observation DASHBOARD

3rd Quarter 2017

	Sept YTD	2017 September YTD		
		Projection	Budget	Variance
Revenue	7,679,178	10,509,659	11,468,783	(959,124)
Expense				
Personnel	7,561,853	10,704,963	11,121,042	416,079
Svcs/Commodities	522,846	662,378	1,447,424	785,046
Other Chgs/Vendor	308	410	-	(410)
Capital	-	15,000	2,000	(13,000)
Cross Charges	4,155,864	6,625,208	5,448,553	(1,176,655)
Abatements	-	-	-	-
Total Expense	12,240,871	18,007,959	18,019,019	11,060
Tax Levy	4,561,693	7,498,300	6,550,236	(948,064)

Percentage Spent 68%
 Percentage Yr Elapsed 75%

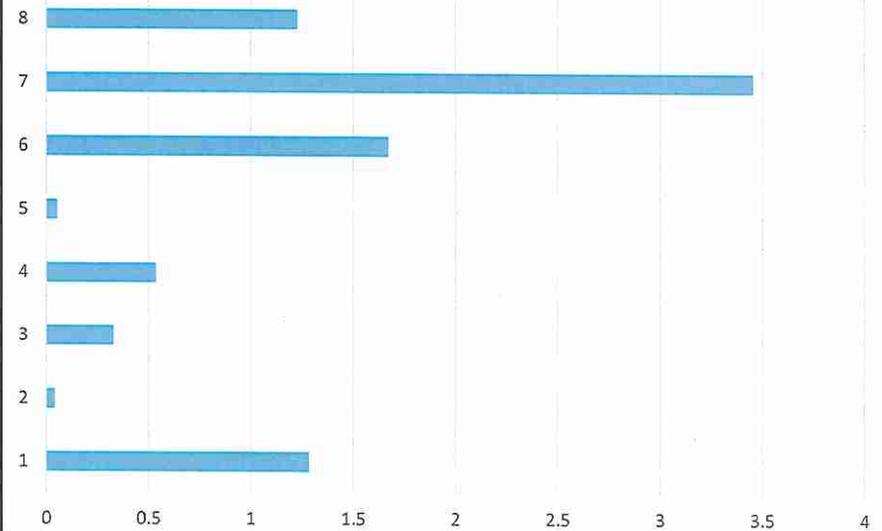


AODA DASHBOARD 3rd Quarter 2017

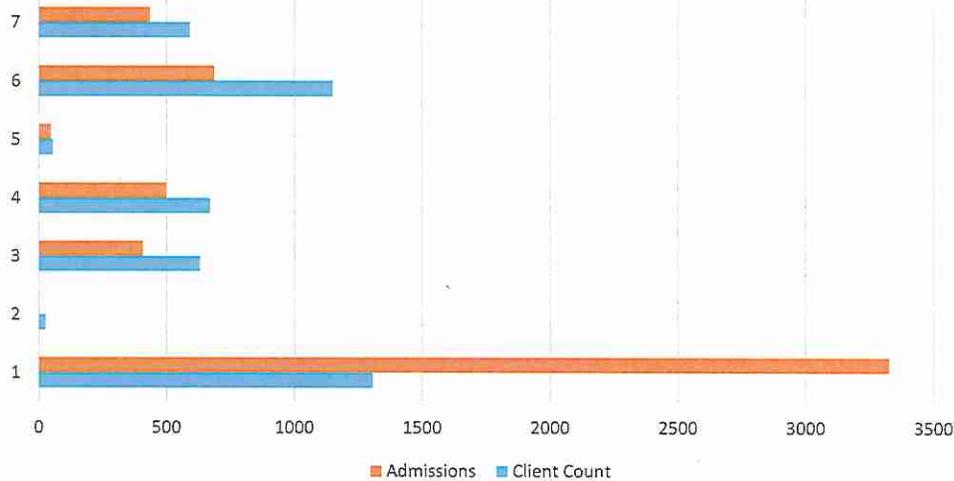
	Sept YTD	2017 September YTD		
		Projection	Budget	Variance
Revenue	8,966,403	11,230,915	11,240,593	(9,678)
Expense				
Personnel	274,579	371,540	813,248	441,708
Svcs/Commodities	78,810	105,080	205,644	100,564
Other Chgs/Vendor	9,241,286	14,139,908	12,285,203	(1,854,705)
Capital	-	-	-	-
Cross Charges	2,437,929	876,283	1,675,485	799,202
Abatements	-	-	-	-
Total Expense	12,032,605	15,492,812	14,979,580	(513,232)
Tax Levy	3,066,202	4,261,896	3,738,987	(522,909)

Percentage Spent 80%
 Percentage Yr Elapsed 75%

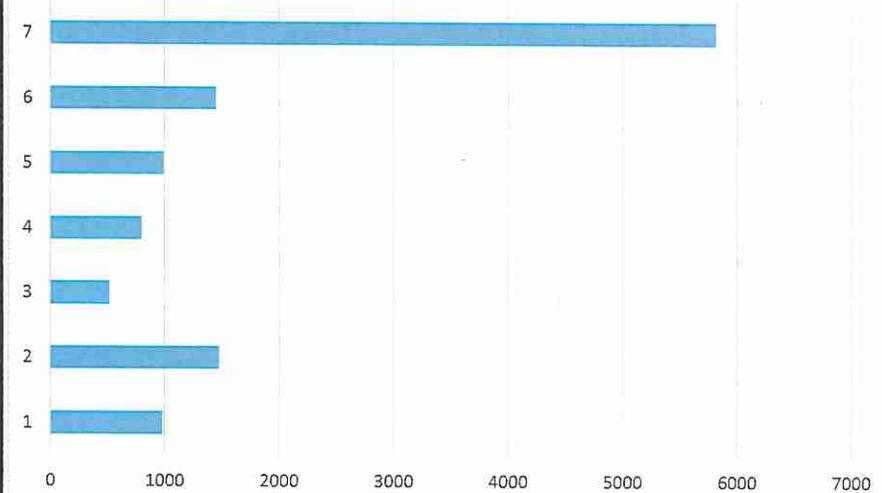
AODA Spending by Program (\$millions)



Jan-Sept 2017 AODA Utilization



Spending per Client

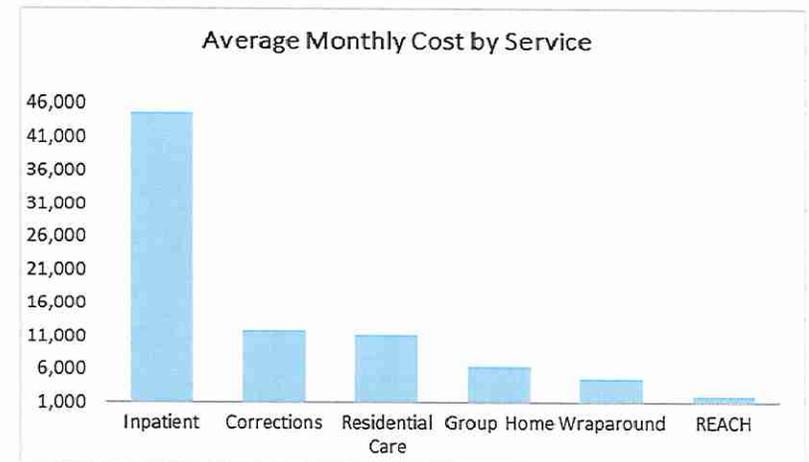
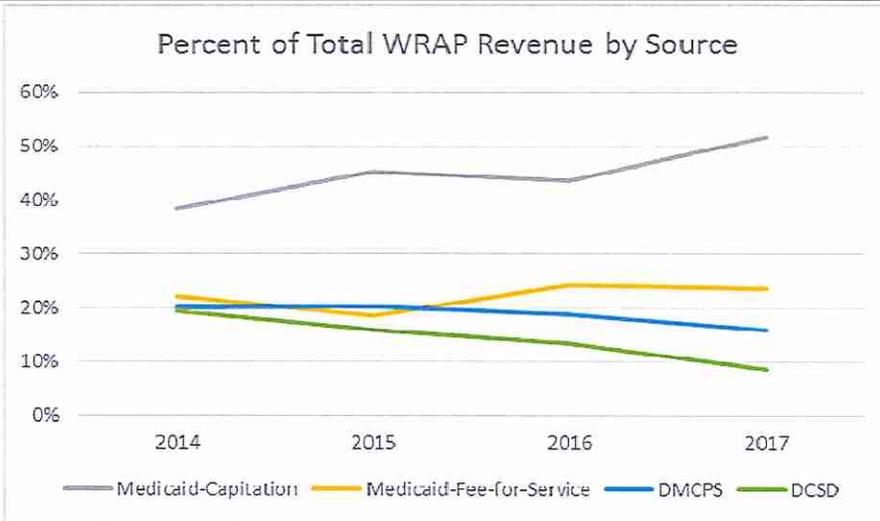
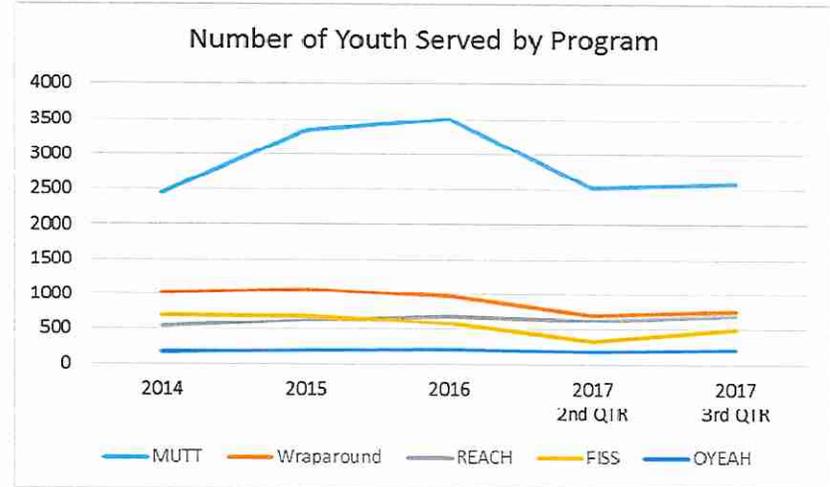


WRAPAROUND DASHBOARD

3rd Quarter 2017

	2017 September YTD			
	Sept YTD	Projection	Budget	Variance
Revenue	40,483,890	55,135,056	57,324,032	(2,188,976)
Expense				
Personnel	2,726,348	3,810,251	4,533,751	723,500
Svcs/Commodities	35,464	47,286	218,976	171,690
Other Chgs/Vendor	31,974,000	50,256,693	56,354,526	6,097,833
Capital	-	-	-	-
Cross Charges	4,965,357	7,566,978	6,124,014	(1,442,964)
Abatements	(3,727,281)	(5,860,921)	(9,518,824)	(3,657,903)
Total Expense	35,973,889	55,820,287	57,712,443	1,892,156
Tax Levy	(4,510,001)	685,230	388,411	(296,819)

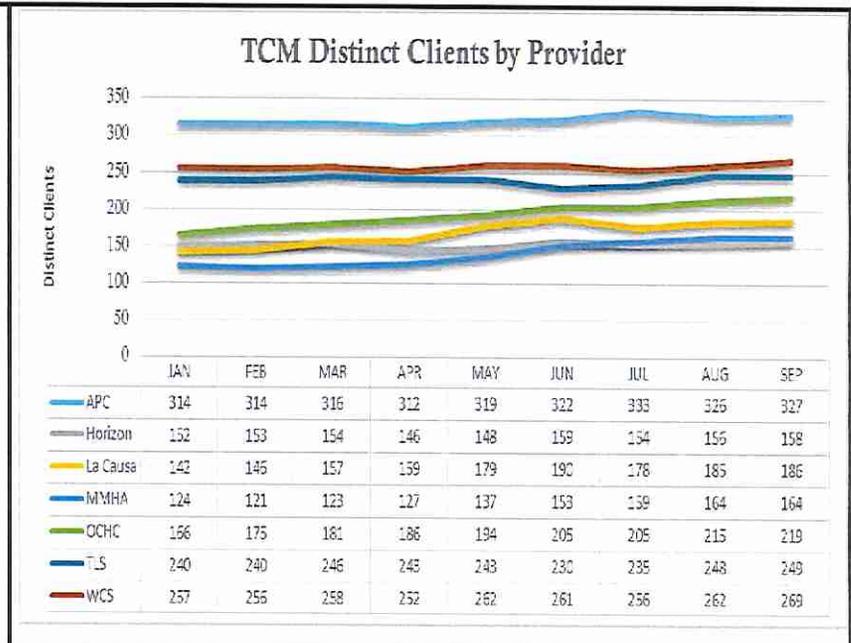
Percentage Spent 62%
 Percentage Yr Elapsed 75%



*** Inpatient services are clients in CAIS
 *** Wraparound and REACH services are outpatient services

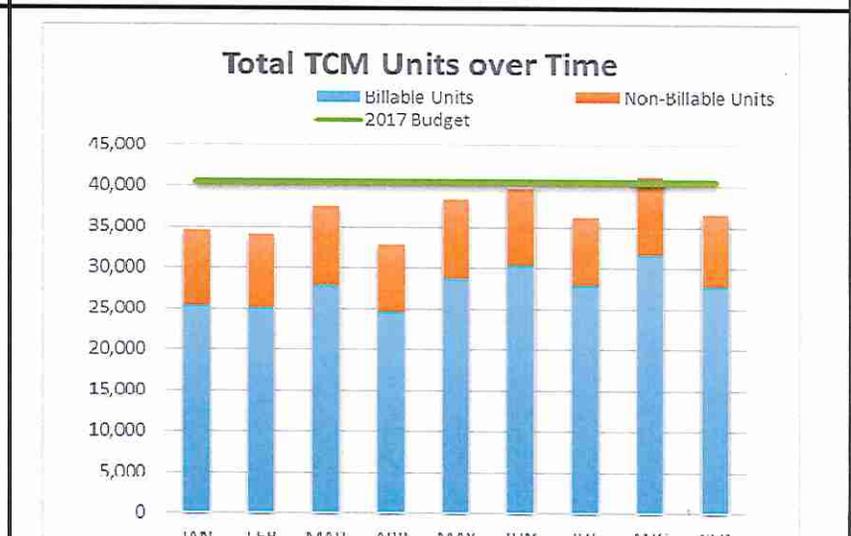
TCM (Targeted Case Management) DASHBOARD
3rd Quarter 2017

	2017 September YTD			
	Sept YTD	Projection	Budget	Variance
Revenue	2,403,745	3,299,563	1,983,749	1,315,814
Expense				
Personnel	127,836	180,594	50,182	(130,412)
Svcs/Commodities	1,158	1,544	-	(1,544)
Other Chgs/Vendor	4,540,725	6,013,781	5,902,163	(111,618)
Capital	-	-	-	-
Cross Charges	1,174,453	1,014,736	886,962	(127,774)
Abatements	-	-	-	-
Total Expense	5,844,172	7,210,654	6,839,307	(371,347)
Tax Levy	3,440,427	3,911,091	4,855,558	944,467
Average Enrollment	1,501	1,513	1,553	



Units by Provider - September 2017

	17-Sep			YTD		
	Billable	Non-billable	% Non-billable	Billable	Non-billable	% Non-billable
APC	5,683	2,013	26%	62,211	19,733	24%
Bell Therapy	-	-	0%	-	-	0%
Horizon	2,970	988	25%	25,025	7,276	23%
La Causa	2,711	620	19%	22,119	7,303	25%
MMHA	2,715	1,132	29%	22,693	7,602	25%
OCHC	3,402	1,034	23%	27,592	9,534	26%
TLS	5,457	873	14%	46,321	6,242	12%
WCS	4,783	2,136	31%	43,040	23,902	36%
TOTAL	27,721	8,796	24%	249,001	81,592	25%



*** Non-billable is paid to Provider but not billable to Medicaid

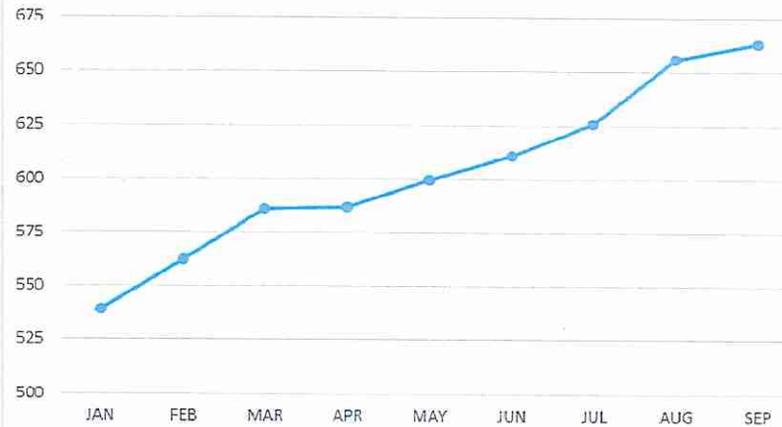
CCS (Comprehensive Community Services) DASHBOARD

3rd Quarter 2017

	2017 September YTD			
	Sept YTD	Projection	Budget	Variance
Revenue	7,063,120	9,417,493	11,628,000	(2,210,507)
Expense				
Personnel	286,653	411,180	101,105	(310,075)
Svcs/Commodities	6,500	8,667	-	(8,667)
Other Chgs/Vendor	6,863,893	10,112,375	12,240,000	2,127,625
Capital	-	-	-	-
Cross Charges	1,764,254	1,520,916	1,843,478	322,562
Abatements	-	-	-	-
Total Expense	8,921,300	12,053,138	14,184,583	2,131,445
Tax Levy	1,858,180	2,635,644	2,556,583	(79,061)

Average Enrollment	603	618	560
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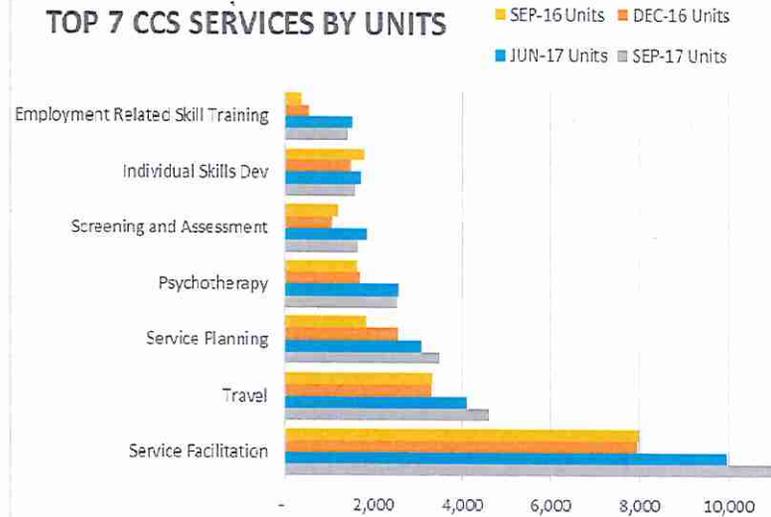
Distinct Clients Served 2017



Number of Billable to Nonbillable Units - Top 10 Providers

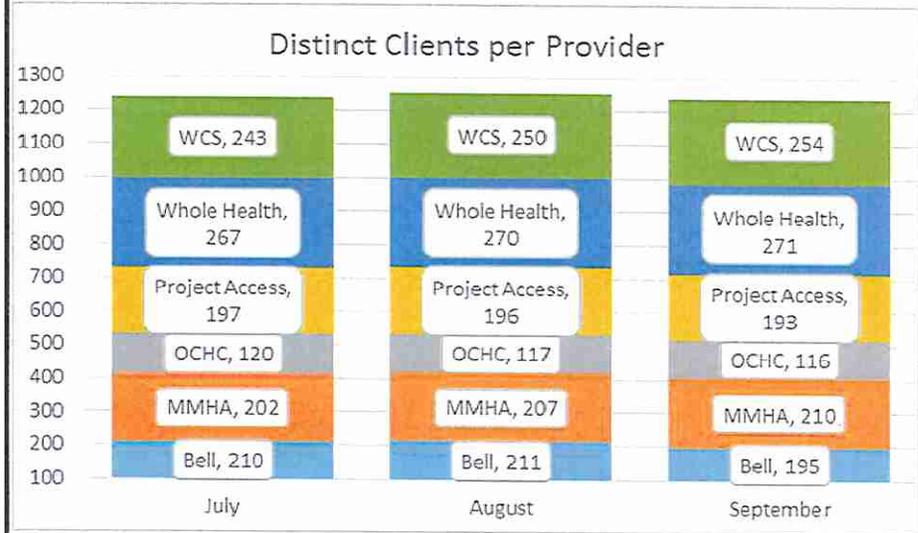
	Sep-17			JAN to SEP 2017		
	Billable	Non-Billable	% Non-Billable	Billable	Non-Billable	% Non-Billable
APC	4,548	50	1.1%	47,724	356	0.7%
Whole Health	5,799	20	0.3%	34,567	524	1.5%
La Causa	4,988	94	1.8%	33,056	858	2.5%
Guest House	4,113	20	0.5%	27,190	245	0.9%
Dell Therapy	2,533	10	0.4%	19,530	405	2.0%
St Charles	871	-	0.0%	19,130	73	0.4%
JusticePoint	1,437	46	3.1%	17,760	504	2.8%
Goodwill	826	-	0.0%	12,825	-	0.0%
Ascent	1,438	-	0.0%	10,675	-	0.0%
OCHC	1,511	23	1.5%	10,376	331	3.1%

TOP 7 CCS SERVICES BY UNITS



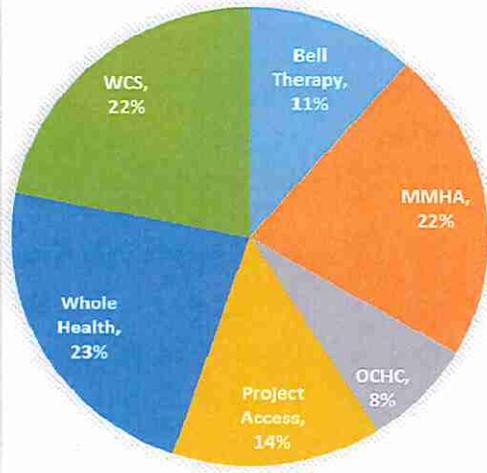
CSP (Community Support Program) DASHBOARD
3rd Quarter 2017

	Sept YTD	2017 September YTD		
		Projection	Budget	Variance
Revenue	5,366,270	8,573,356	9,102,966	(529,610)
Expense				
Personnel	134,139	190,091	52,357	(137,734)
Svcs/Commodities	-	-	-	-
Other Chgs/Vendor	7,689,564	13,320,575	14,891,434	1,570,859
Capital	-	-	-	-
Cross Charges	1,978,617	1,705,711	2,319,976	614,265
Abatements	-	-	-	-
Total Expense	9,802,320	15,216,377	17,263,767	2,047,390
Tax Levy	4,436,050	6,643,022	8,160,801	1,517,779
Average Enrollment	1,240	1,271	1,267	



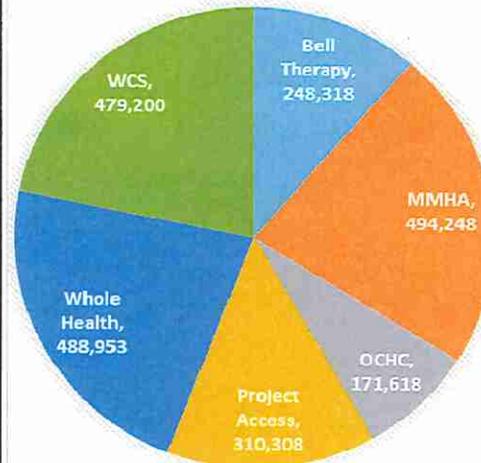
* 2016 Ave Total Clients was 1,245.

Units of Service per Provider - September 2017



Agency	September	YTD Total
Bell Therapy	7,937	86,006
MMHA	15,226	164,588
OCHC	5,326	45,933
Project Access	9,838	112,769
Whole Health	15,884	134,593
WCS	15,242	157,763
Grand Total	69,453	701,652

Cost of Service per Provider - September 2017



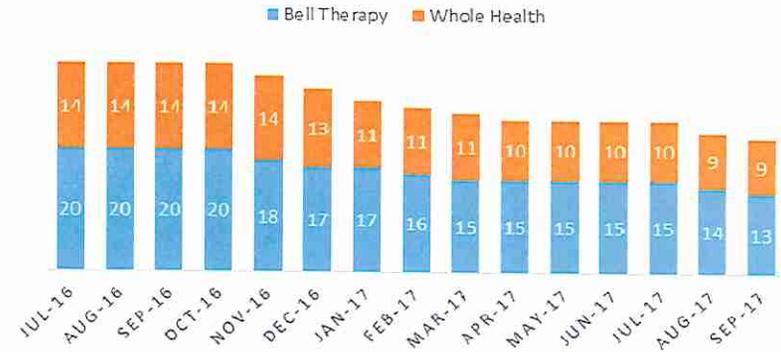
Agency	September	YTD Total
Bell Therapy	248,318	2,625,215
MMHA	494,248	5,207,273
OCHC	171,618	1,469,908
Project Access	310,308	3,415,755
Whole Health	488,953	4,090,458
WCS	479,200	4,593,298
Grand Total	2,192,643	21,401,905

CRS (Community Recovery Services) DASHBOARD
3rd Quarter 2017

	Sept YTD	2017 September YTD		
		Projection	Budget	Variance
Revenue	388,894	518,525	819,261	(300,736)
Expense				
Personnel	83,588	111,451	101,946	(9,505)
Svcs/Commodities	-	-	507	507
Other Chgs/Vendor	714,937	1,060,379	1,545,775	485,396
Capital	-	-	-	-
Cross Charges	215,397	189,965	278,783	88,818
Abatements	-	-	-	-
Total Expense	1,013,923	1,361,796	1,927,011	565,215
Tax Levy	625,029	843,270	1,107,750	264,480

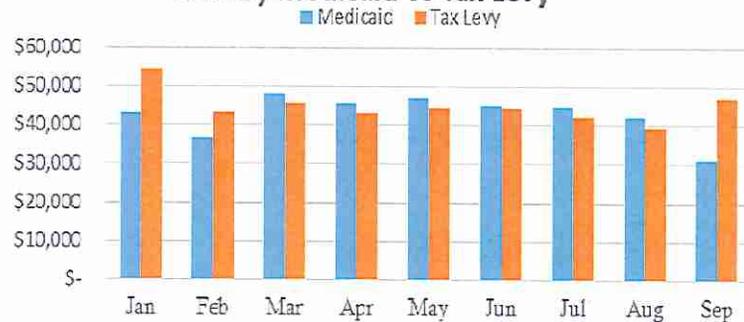
Average Enrollment 25 25 35

DISTINCT CLIENTS OVER TIME



CRS is being replaced with CCS.

Cost by Medicaid vs Tax Levy



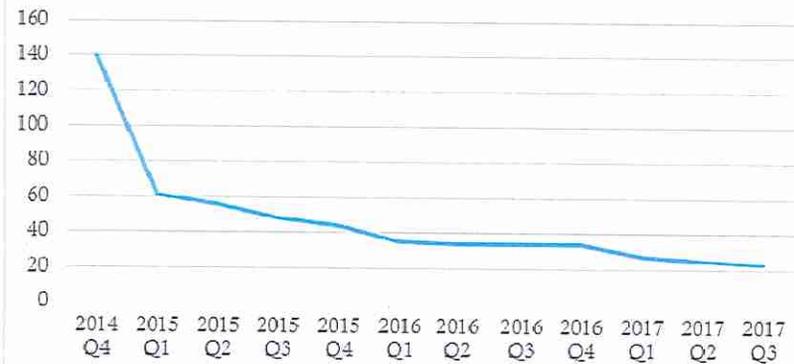
Medicaid pays 50% of approved costs.

Medicaid reimbursement averages 50.3% to Aug-17; averaged 47.3% in 2016.

Medicaid payments for September are still in process.

* These costs include the reimbursements to community agencies only.

Individuals Served over life of Program



Finance Committee Item 4

BEHAVIORAL HEALTH DIVISION 2018 BUDGET RISKS & OPPORTUNITIES

2018 Budget Financial Risks

Item	Description
Adult Inpatient Census	The 2018 budget has an adult inpatient census of 54 compared to an average of 43 in 2017. The decrease is due to imposed caps resulting from a shortage in clinical staffing. The impact is a revenue deficit of (\$2.2M).
Adult Inpatient Payor Mix	As a result of needing to cap census, patients who are able to be transferred are often transferred to other area hospitals to free up bed capacity at BHD. T19 HMO and commercially insured clients are often easier to transfer. This is resulting in an increasing number of self pay clients and increased write offs (\$1.6M)
Children and Adolescent Inpatient Census	The 2018 budget has a census of 10 compared to an average census of 8.7 in 2017. The impact is a revenue deficit of \$.6M.
Wisconsin Interim Medicaid Cost Report (WIMCR)	Due to changes in state calculation, BHD received \$1.2M less than planned in 2016. The impact to the next payment will not be known until the end of 2017, which will help to inform our projection for 2018.

2018 Budget Financial Opportunities

Item	Description
Medicaid Inpatient Rates	The inpatient Medicaid rates increased from \$1,486.69 to \$1,530.43 an increase of 3%. In comparison, 2016 saw an increase of 4% and 2017 saw a decrease of (7%) over previous year rates. The estimated impact is a \$.2M revenue increase
State Plan Amendment	In 2017 BHD received net payment of \$1.5M for 2013/2014 versus a budget of \$0.5M. 2018 Budget of \$.3M is low, so anticipating a surplus if 2015 and/or 2016 payments are received in 2018.
Medicaid Outpatient Rates	State announced that they will be increasing Medicaid rates to be competitive with Medicare. Exact impact is unknown.
IMD Exclusion Waiver for AODA Residential Services	2018 Budget includes \$2.6M tax levy and Community Aids funds for AODA Residential Services. Some of these costs could be shifted to Medicaid if the waiver is granted in FY 2018.

Behavioral Health Division
2019 Budget
Board/Committee Dates & Deliverables

Finance Committee Item 5

Date	Mental Health Board	Finance Committee	Other Deliverables
March 22 nd	Public Comments – Budget		
March 29 th		2019 Budget Assumptions	
April 26 th	<ul style="list-style-type: none"> ➤ CFO/Finance Chair to present preliminary budget assumptions ➤ MH board members discuss budget assumptions 		
June 7 th		<ul style="list-style-type: none"> ➤ Public Comments - Budget ➤ BHD CFO presents preliminary 2019 budget 	
June 15 th			Budget request narrative posted for public review
June 21 st			MH Board members submit budget recommendations to finance chair
June 28 th		<ul style="list-style-type: none"> ➤ DHHS Director presents requested 2019 budget ➤ Public Comments - Budget ➤ Committee votes on recommendations and budget 	
July 12 th	<ul style="list-style-type: none"> ➤ DHHS Director presents final budget request ➤ Finance committee chair presents recommendations to board ➤ Board votes on 2019 budget 		
July 15 th			Formal Budget Submission

Finance Committee Item 11

Milwaukee County Mental Health Board Finance Committee

2018 Meeting Schedule

February 22, 2018, at 7:00 a.m. (Contracts Approval)

March 29, 2018, at 1:30 p.m. (Contracts Approval/Quarterly Meeting)

June 7, 2018, at 4:30 p.m. (Budget/Public Comment)

June 21, 2018, at 7:00 a.m. (Contracts Approval)

June 28, 2018, at 1:30 p.m. (Budget Presentation/Public Comment/Budget Approval)

August 23, 2018, at 7:00 a.m. (Contracts Approval)

September 13, 2018, at 1:30 p.m. (Quarterly Meeting)

October 25, 2018, at 7:00 a.m. (Contracts Approval)

December 6, 2018, at 1:30 p.m. (Contracts Approval/Quarterly Meeting)

OFFICE OF CORPORATION COUNSEL



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Corporation Counsel

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Deputy Corporation Counsel

TIMOTHY R. KARASKIEWICZ
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DEWEY B. MARTIN
JAMES M. CARROLL
KATHRYN M. WEST
JULIE P. WILSON
CHRISTINE L. HANSEN
Assistant Corporation Counsel

To: Milwaukee County Mental Health Board - Finance Committee

Cc: Milwaukee County Mental Health Board
County Executive Chris Abele
Comptroller Scott Manske
Interested Parties and Stakeholders

From: Colleen Foley, Deputy Corporation Counsel

Re: Act 203 – BHD Legacy Costs

Date: November 27, 2017

Background: The Milwaukee County Mental Health Board (MHB) requested a legal opinion at its October 26, 2017 meeting on whether Act 203 addresses legacy costs, particularly regarding funding of community and institutional services, and any corresponding impact on the allocated tax levy. The issue arose in part from the Milwaukee County Budget Director’s 2018 budget presentation to the MHB Finance Committee in March of 2017. The presentation included actuarial projections for retiree healthcare and pension benefits through 2021, noting that such projections are best if within 10 years or less. The presentation forecast a fiscal crisis for Milwaukee County by 2024 due to the absorption of [virtually] the entire operating tax levy by retiree benefit obligations.¹ Ultimately, the presentation renewed concerns regarding the MHB’s ability to fulfill its statutory mandate to fund community and institutional mental health functions, services, and programs when faced with escalating retiree obligations.

Analysis:

Creation of the MHB: Act 203 took effect on April 10, 2014. It created the MHB (seated in July 2014) and instilled it with primary authority over mental health functions, programs, and services for Milwaukee County. Wis. Stat. § 51.41. Its jurisdiction includes the Behavioral Health Division (BHD) unit 6300, consisting of management and support services, adult crisis services, and inpatient services for adults and children, and the Behavioral Health Community Services Branch

¹See related power point, specifically, slides 16 and 17:
<http://county.milwaukee.gov/ImageLibrary/Public/BHD/Mental-Health-Board/MHBFinanceMarch31MeetingPacket1.pdf>

unit 8700, consisting of adult day treatment, alcohol and other drug abuse (AODA), family intervention support, and crisis services.

MHB Duties: Pertinent to this issue, the MHB's duties include to:

- Budget and allocate for mental health programs and services and achieve cost savings within the statutory formula (Wis. Stat. § 51.41(1s))
- Commit to community-based services (Wis. Stat. § 51.41(1s))
- Provide necessary emergency services for the community's mentally ill, alcoholic, and drug dependent citizens (Wis. Stat. § 51.42(1)(b))
- Establish an annual cash reserve contribution of 2% of original cost or appraised value of existing building structures and equipment (Wis. Stat. § 46.18(13))
- Determine the manner of mental health disbursements, consistent with but not controlled by sound accounting and auditing procedure and with applicable federal statutes and regulations, state statutes, and rules and requirements of the county auditor and county department of administration (Wis. Stat. § 46.21(6))

MHB Annual Budget Submission: Act 203 established a tax levy floor and ceiling of \$53 million and \$65 million respectively for mental health services. The MHB must submit an annual proposed budget to the County Executive within that tax levy range, in addition to community aids funding, and patient revenues and other sources (e.g., gifts, grants, bequests). Wis. Stat. § 51.41(4)(b). Act 203 authorizes the County Executive to modify the MHB's approved tax levy but only within the stated dollar parameters. *Id.* The County Board then incorporates the County Executive's tax levy amount into the overall proposed mental health budget. *Id.*

There are 2 exceptions to the stated tax levy range. First, if the MHB transfers to itself jurisdiction of a function, service, or program, then the tax levy will increase by an amount equal to that derived from revenue from the transferred function, service, or program. *See* Wis. Stat. 51.41(4)(b)5. Additionally, should a majority of the MHB and County Board approve and the County Executive agree, the tax levy may be either reduced or increased beyond the stated amounts. *See* Wis. Stat. 51.41(4)(b)6.

Reserve Fund/Budget Deficits: Act 203 afforded the MHB the ability to hold surplus funds in trust to offset future deficits. In particular, the County Treasurer holds in a reserve account funds budgeted, but not expended or encumbered by fiscal year end. Once the reserve exceeds \$10 million, the MHB may tap it for budget shortfalls and/or mental health services, functions, or programs. Wis. Stat. § 51.41(4)(d).² That could include legacy benefit costs, or any other debt that exceeds adopted budget amounts.

BHD as a County Entity: Act 203 made BHD unique as to County governance structure, but it did not alter BHD's status as a county entity. BHD remains part of Milwaukee County and is therefore subject to fiscal oversight by the Comptroller as the County's (elected) chief financial officer and administrator, responsible for *all* county debt. Wis. Stat. § 59.255(2)(a). And Chapter 59's

² According to the Legislative Audit Bureau's December 2016 report, a total of \$13.2 million has been transferred to the mental health reserve fund, including \$6.9 million in 2014 and \$6.3 million in 2015. *See* <https://legis.wisconsin.gov/lab/media/2570/16-14full.pdf>.

provisions regarding the Comptroller's duties do not except BHD from his statutory obligations. Accordingly, the Comptroller is responsible for Milwaukee County's fiscal health in its entirety, inclusive of BHD. The same fiscal expenditures and cross-charge controls implemented for other county departments apply to BHD as well, including:

- salaries
- services
- commodities
- risk management
- IMSD
- active fringe
- legacy fringe

Legacy Costs: Act 203 factored existing legacy costs into the mental health tax levy amount by reference to the 2014 adopted BHD budget with a tax levy amount of \$57,474,122. That number takes into account legacy expenditures and served as the median point in establishing Act 203's tax levy range.

And though it is usually difficult to discern legislative intent without a written record, this assertion is based upon review of Act 203's underlying legislation, 2013 Assembly Bill 718 (AB 718), as well as reported exchanges between the Act's chief sponsor, State Representative Joe Sanfelippo, Milwaukee County Comptroller Scott Manske, and Government Affairs Liaison Eric Peterson that Act 203 incorporate legacy costs into the tax levy basis and range. (Both Comptroller Manske and Liaison Peterson are available to attend the MHB's December 14, 2017 meeting to answer any questions on this issue.)

AB 718 required a minimum expenditure budget for mental health. But it put no limit on the tax levy amount required to fund those services, thus potentially impeding the levy for other County functions or resulting in a higher property tax. Specifically, AB 718 called for a "total budget amount for each fiscal year to be the sum of a base budget amount equal to \$177,425,000 and any amount of unexpended moneys held by the Milwaukee County treasurer in a mental health reserve fund . . ." See <https://docs.legis.wisconsin.gov/2013/related/proposals/ab718>. That base budget amount came from the BHD 2014 adopted budget expenditure amount of \$179,793,648. (Subtracting that expenditure amount from the \$122,319,526 in stated revenue for that year results in the 2014 MHB budget tax levy of \$57,474,122. For that budget year, personnel services were at \$71,051,105, which included \$31.8 million in fringe costs -- \$16 million for active employees and \$15.8 million for legacy employees. See attached 2014 BHD/Behavioral Health Community Services budget.)

But this version of the bill was *not* adopted. Ultimately, an alternative recommendation emerged. This alternate bill changed the minimum funding from an expenditure commitment to a property tax levy commitment. It resulted in Act 203 as we know it, with a set tax levy range of \$53-\$65 million and the corresponding ability to fund deficits from the reserve fund after it hits the \$10 million mark.

Staffing Impact on Legacy Costs: As BHD's footprint has shrunk, so too has its staff - with associated repercussions for legacy cost calculation. For instance, in 1993, BHD employed 1,305.6

employees. By 2004, that number had shrunk to 906.8. Now, in 2016, it stands at 571.3. And while BHD's workforce shrinks, its legacy costs contemporaneously expand. Accordingly, and for the first time, the 2018 budget based BHD's portion of legacy fringe costs on its *historical* number of employees versus the previous calculation based upon active employees. (Comptroller Manske will attend the December 14, 2017 MHB meeting to address any fiscal questions on this point as well.)

Conclusion: Legacy costs are not referenced in Act 203's statutory language. But they were nonetheless incorporated into the Act's established tax levy range for mental health services at the Act's inception. So, the MHB has a statutory mandate to provide certain critical services but it must simultaneously fund legacy costs from the same pot. BHD also had a larger workforce in its heyday, and therefore bears larger legacy costs. As legacy costs continue to rise, the MHB and the rest of Milwaukee County government face fiscal challenges in meeting retiree obligations while continuing to provide primary services.

Suffice it to say that this is a complex issue without easy answers. One possible short term solution is to amend Act 203 on use of the tax levy and/or grant the MHB bonding authority. Long term, policy makers countywide must determine how to fund legacy costs without sacrificing key services. For now, there is no answer to that question, but a tipping point is on the horizon per the budget office presentation.

2014 Budget	Behaviorial Health Division	Behaviorial Health Community Services	Combined Total
State Grants	\$ 8,793,978	\$ 47,151,647	\$ 55,945,625
Federal Revenue	-	587,500	587,500
Court Fees	-	665,246	665,246
Rental Revenue	332,000	-	332,000
Health/ Patient Revenue	20,344,418	41,793,616	62,138,034
Contibution	-	837,203	837,203
Other Revenue	1,738,918	75,000	1,813,918
	<u>\$ 31,209,314</u>	<u>\$ 91,110,212</u>	<u>\$ 122,319,526</u>
Personnel Services	\$ 57,290,938	\$ 13,760,167	\$ 71,051,105
Services	15,003,603	824,863	15,828,466
Commodities	3,138,701	1,694,904	4,833,605
Capital Projects	597,839	45,000	642,839
Other Costs	2,678,837	89,207,477	91,886,314
Cross Charges	31,260,154	5,701,877	36,962,031
Abatements	(31,540,122)	(9,870,590)	(41,410,712)
	<u>\$ 78,429,950</u>	<u>\$ 101,363,698</u>	<u>\$ 179,793,648</u>
Tax Levy	<u>\$ 47,220,636</u>	<u>\$ 10,253,486</u>	<u>\$ 57,474,122</u>

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

**MILWAUKEE COUNTY MENTAL HEALTH BOARD
 QUALITY COMMITTEE**

December 4, 2017 - 10:00 A.M.
Milwaukee County Mental Health Complex
Conference Room 1045

A G E N D A

SCHEDULED ITEMS:

1.	Welcome. (Chairwoman Neubauer)
2.	Key Performance Indicator Dashboard & Community Access to Recovery Services Quarterly Report. (Pam Erdman, Quality Manager; Justin Heller, Program Evaluator; Edward Warzonek, Quality Assurance Coordinator; Jim Feagles, Integrated Services Coordinator; and Dr. Matt Drymalski, Clinical Program Director)
3.	Youth Living Out Loud (YLOL) Grant and the Proactive Outreach for the Health of Sexually Exploited Youth (POHSEY) Grant (Jenna Kreuzer, Wraparound Milwaukee Program Manager)
4.	2017 Third Quarter PCS Hospital Transfer Waitlist Report. (Richard Wright, Program Analyst; Dr. Schneider, Chief Medical Officer)
5.	2017 Third Quarter Seclusion and Restraint Report & Education Updates. (Linda Oczus, Chief Nursing Officer)
6.	Team Connect: NIATX Change Project 2017 - Crisis Services. (Tanya Cummings, Crisis Manager; Chad Meinholdt, Director of Community Centers)
7.	Community NIATX Project (Carole Kaiser, Wisconsin Community Services, Inc.)
8.	Quality Update (Doug Hinton, Wisconsin Community Services, Inc.)
9.	Policy & Procedure Update. (Lynn Gram, Safety Officer)
10.	End of Year Discussion & Planning; Next Year Meeting Dates. (Jennifer Bergersen, Chief Operations Officer)

11.	Next Scheduled Meeting Date. <ul style="list-style-type: none">• March 5, 2018 at 10:00 a.m.
12.	Adjournment.
The next regular meeting for the Milwaukee County Mental Health Board Quality Committee is Monday, March 5, 2018, @ 10:00 a.m.	
<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>	



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

Quality Committee Item 2

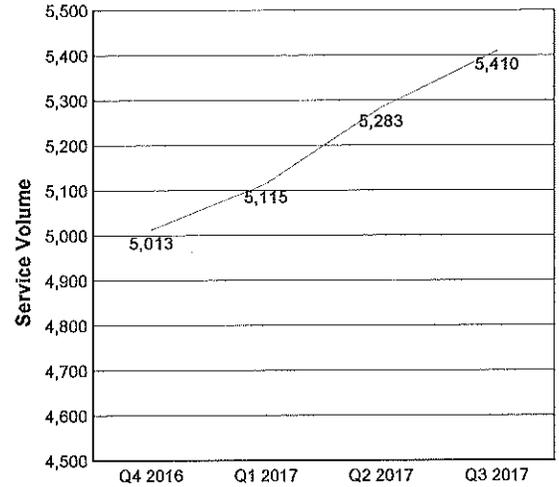
Program	Item	Measure	2015 Actual	2016 Actual	2017 Quarter 1	2017 Quarter 2	2017 Quarter 3	2017 YTD (Jan 1 - Sep 30)	2017 Target	2017 Status (1)	Benchmark Source
Community Access To Recovery Services	1	Service Volume - All CARS Programs ⁵ Sample Size (Unique Clients)	9,624	7,971	5,105	5,276	5,410	7,334	8,370	Green	BHD (2)
	2	Percent with any acute service utilization ⁶	-	13.09%	16.94%	19.02%	19.89%	18.62%	12.05%	Red	BHD (2)
	3	Percent with any emergency room utilization ⁷	-	12.44%	12.80%	16.08%	15.78%	14.89%	11.20%	Red	BHD (2)
	4	Percent abstinence from drug and alcohol use	-	66.71%	63.34%	60.82%	61.8%	61.98%	73.81%	Yellow	BHD (2)
	5	Percent homeless	-	4.74%	6.71%	7.26%	8.42%	7.46%	4.00%	Red	BHD (2)
	6	Percent employed	-	15.80%	15.29%	16.83%	16.57%	16.23%	17.38%	Yellow	BHD (2)
		Sample Size (Admissions)		6,315	1,688	1,642	1,708		-		
	Percent of clients returning to Detox within 30 days		19.6%	55.61%	62.26%	59.99%	58.90%	60.38%	50.61%	Yellow	BHD (2)
Wraparound	8	Families served in Wraparound HMO (unduplicated count)	3,329	3,500	1,949	2,532	2,950	-	3,670	Green	BHD (2)
	9	Annual Family Satisfaction Average Score (Rating scale of 1-5)	4.6	4.6	4.8	4.8	4.6	4.7	>= 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%	66.9%	65.4%	>= 75%	Green	BHD (2)
	11	Average level of "Needs Met" at disenrollement (Rating scale of 1-5)	3.2	2.86	2.68	2.76	2.68	2.70	>= 3.0	Green	BHD (2)
	12	Percentage of youth who have achieved permanency at disenrollment	58%	53.6%	55.6%	55.1%	64.1%	58.2%	>= 70%	Green	BHD (2)
	Percentage of Informal Supports on a Child and Family Team	42%	43.6%	45.1%	44.3%	45.1%	44.8%	>= 50%	Green	BHD (2)	
Crisis Service	14	PCS Visits	10,173	8,286	1,896	2,046	2,081	6,023	9,000	Green	BHD (2)
	15	Emergency Detentions in PCS	5,334	4,059	877	1,000	952	2,829	3,830	Green	BHD (2)
	16	Percent of patients returning to PCS within 3 days	8%	7.9%	7.8%	7.5%	7.3%	7.5%	8%	Green	BHD (2)
	17	Percent of patients returning to PCS within 30 days	25%	24.8%	23.8%	23.0%	22.8%	23.2%	24%	Green	CMS (4)
	18	Percent of time on waitlist status	16%	80.1%	75.6%	91.7%	70.4%	79.2%	25%	Red	BHD (2)
Acute Adult Inpatient Service	19	Admissions	965	683	169	155	175	499	900	Green	BHD (2)
	20	Average Daily Census	47.2	45.8	42.7	43.9	42.7	43.1	54	Green	BHD (2)
	21	Percent of patients returning to Acute Adult within 7 days	3%	3.6%	2.4%	2.2%	2.0%	2.2%	3%	Green	BHD (2)
	22	Percent of patients returning to Acute Adult within 30 days	11%	10.8%	9.6%	9.0%	8.3%	9.0%	10%	Green	NRI (3)
	23	Percent of patients responding positively to satisfaction survey	73%	70.6%	69.5%	78.4%	71.5%	73.1%	74%	Yellow	NRI (3)
	24	If I had a choice of hospitals, I would still choose this one. (MHSIP Survey)	63%	57.1%	64.1%	68.5%	66.7%	66.4%	65%	Green	BHD (2)
	25	HBIPS 2 - Hours of Physical Restraint Rate	7.2	3.32	0.45	0.61	0.71	0.59	0.66	Green	CMS (4)
	26	HBIPS 3 - Hours of Locked Seclusion Rate	0.47	0.48	0.27	0.25	0.44	0.32	0.14	Red	CMS (4)
	27	HBIPS 4 - Patients discharged on multiple antipsychotic medications	18%	18.5%	18.9%	21.5%	17.5%	19.2%	9.5%	Red	CMS (4)
28	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	98%	95.0%	90.9%	94.1%	79.3%	88.5%	90.0%	Yellow	BHD (2)	
Child / Adolescent Inpatient Service (CAIS)	29	Admissions	919	617	184	167	167	518	930	Green	BHD (2)
	30	Average Daily Census	9.8	8.4	10.2	8.9	7.2	8.8	12.0	Green	BHD (2)
	31	Percent of patients returning to CAIS within 7 days	6%	5.2%	4.4%	5.0%	4.7%	4.7%	5%	Green	BHD (2)
	32	Percent of patients returning to CAIS within 30 days	16%	11.8%	11.6%	12.5%	11.0%	11.7%	11%	Yellow	BHD (2)
	33	Percent of patients responding positively to satisfaction survey	71%	78.1%	77.7%	72.1%	64.9%	71.6%	74%	Yellow	BHD (2)
	34	Overall, I am satisfied with the services I received. (CAIS Youth Survey)	74%	82.1%	84.7%	81.8%	70.0%	78.8%	80%	Yellow	BHD (2)
	35	HBIPS 2 - Hours of Physical Restraint Rate	5.2	4.51	1.42	1.10	0.59	1.08	0.22	Red	CMS (4)
	36	HBIPS 3 - Hours of Locked Seclusion Rate	0.42	0.20	0.28	0.44	0.49	0.39	0.34	Yellow	CMS (4)
	37	HBIPS 4 - Patients discharged on multiple antipsychotic medications	2%	1.6%	1.6%	8.0%	6.8%	5.4%	3.0%	Red	CMS (4)
38	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	100%	88.9%	100.0%	100.0%	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	\$149.9	\$149.9	Green	
	40	Total BHD Expenditure (millions)	\$173.5	\$188.2	\$207.3	\$207.3	\$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

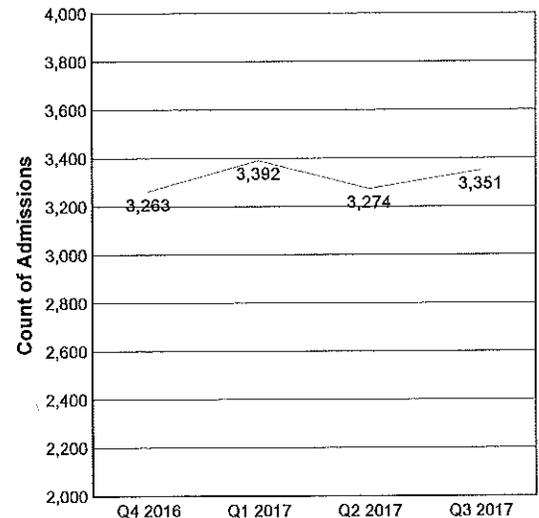
Number of Clients Receiving Service, By Program

	Q4 2016	Q1 2017	Q2 2017	Q3 2017
Adult Family Home	14	18	19	19
Case Mgmt & After Care Support	83	81	77	60
CBRF	141	134	127	132
CCS	567	620	665	703
CLASP	79	66	65	63
Community Support Program	1,286	1,276	1,284	1,329
Crisis	0	0	0	76
Crisis Case Management	180	219	222	185
CRS	35	28	25	24
Day Treatment (75.12)	26	18	27	17
Detoxification (75.07)	639	642	667	690
Med. Monitor Residentl (75.11)	1	3	0	0
Medication Assisted Treatment	0	4	7	15
MH Day Treatment	17	16	17	10
Outpatient 75.13	313	283	321	317
Outpatient-MH	62	60	53	48
Recovery House Plus OP/DT	20	33	24	23
Recovery Support Coordination	499	552	601	604
RSS-Employment	112	101	82	66
RSS-Housing	105	125	132	145
RSS-Psych. Self Mgmt	38	53	43	51
RSS-School and Training	79	75	61	55
Targeted Case Management	1,513	1,542	1,640	1,700
Transitional Residential (75.14)	260	299	292	296
Youth CCS	0	0	0	8
Total	5,013	5,115	5,283	5,410



Admissions By Program

	Q4 2016	Q1 2017	Q2 2017	Q3 2017
Adult Family Home	1	3	0	2
Case Mgmt & After Care Support	35	28	32	17
CBRF	12	17	11	10
CCS	113	100	104	109
CLASP	22	13	20	24
Community Support Program	100	62	75	89
Crisis Case Management	99	112	78	87
CRS	0	0	1	0
Day Treatment (75.12)	29	17	30	38
Detoxification	1,611	1,684	1,642	1,708
MH Day Treatment	6	5	14	8
Outpatient (75.13)	181	173	198	173
Outpatient-MH	111	115	62	76
Recovery House Plus OP/DT	16	26	23	27
Recovery Support Coordination	272	359	329	324
RSS-Employment	98	85	72	57
RSS-Family	1	0	1	0
RSS-Housing	63	88	85	100
RSS-Psych Self Mgmt	15	21	18	27
RSS-School and Training	88	71	59	54
Targeted Case Management	187	184	211	202
Transitional Residential	203	229	209	219
Total	3,263	3,392	3,274	3,351



Quality Committee Item 3



Wraparound Milwaukee

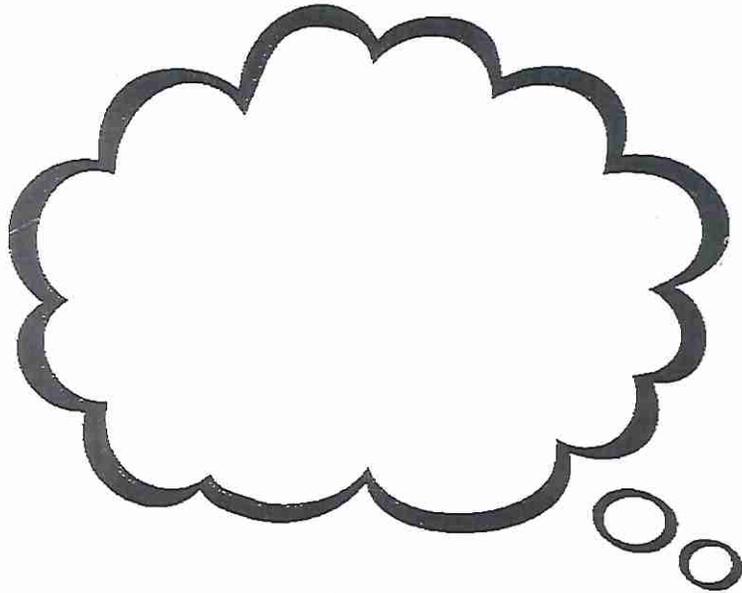
Youth Living Out Loud (YLOL) – OJJDP Funded Grant

Youth Living Out Loud (YLOL) was a three year federal grant awarded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP). The grant began in September 2014, and ended in September 2017. Partners included La Causa, Inc., Diverse & Resilient, Rethink Resources, Medical College of Wisconsin and Wraparound Milwaukee. The primary focus of YLOL was to provide specialized mentoring services to identified youth who are significantly at risk for, or have been sexually exploited/trafficked. Partners worked diligently to develop training curriculums and policies around best practice to ensure that mentors were adequately prepared to engage in a true mentoring relationship with identified youth. Pre/Post Test surveys were used across training modules, as well as graded role play rubrics. Mentors also completed self-assessments that were compared to peer reports, and feedback from training facilitators to ensure they had a full picture of their successes and areas of needed improvement. Specialized mentoring services were provided within the wider context of Wraparound Milwaukee, so youth and families remained connected to additional treatment opportunities. Enrolled youth also had the opportunity to participate in a clinic offered by Dr. Wendi Ehrman (MCW) and Maryan Torres, RN (Wraparound) to address any on-going medical needs or concerns. Each youth in this service completed a Mentor Action Plan (MAP), which supported them in developing skills around goal-setting, as well as ensuring their voice is heard. This document was completed a minimum of every three months and contains a guided goal-setting structure that allows for the tracking of progress by both the youth, and other members of the Child and Family Team. During the training process, mentors were required to complete a MAP for themselves using provided feedback to outline goals for professional development, and needed steps to meet those objectives. YLOL Partners were required to submit data at sixth month intervals, and elected to provide supplementary information to OJJDP in recognition of related vulnerability factors and opportunities to gauge success. While the grant funded portion of this service has concluded, significant steps were taken prior to September 2017 to ensure that educational and training materials are available to new agencies that are interested in offering this service.

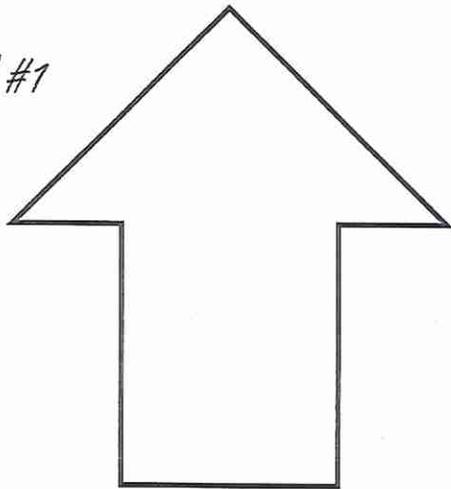


Mentor Action Plan

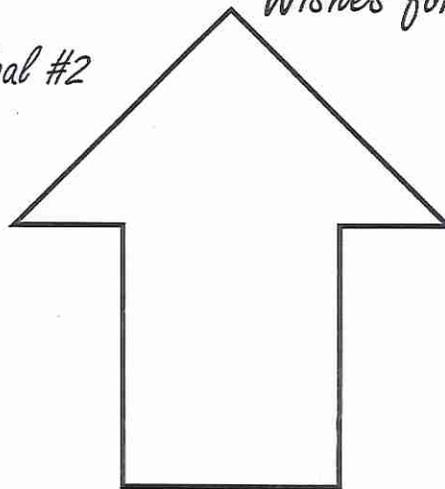
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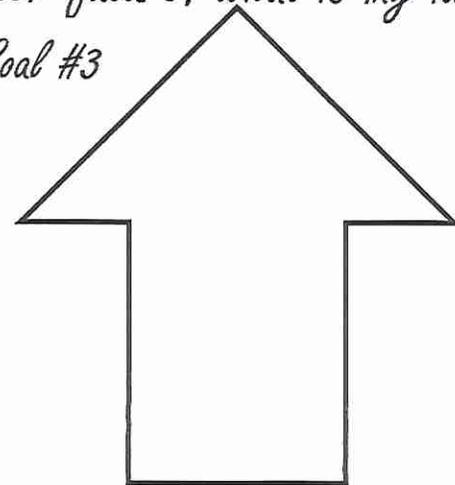
Goal #1



Goal #2



Goal #3



Wishes for a better future: what is my ideal self?

Mentee Signature: _____

Date: _____

Mentor Signature: _____

Date: _____



Goal #1

Review Date:

1 2 3 4 5

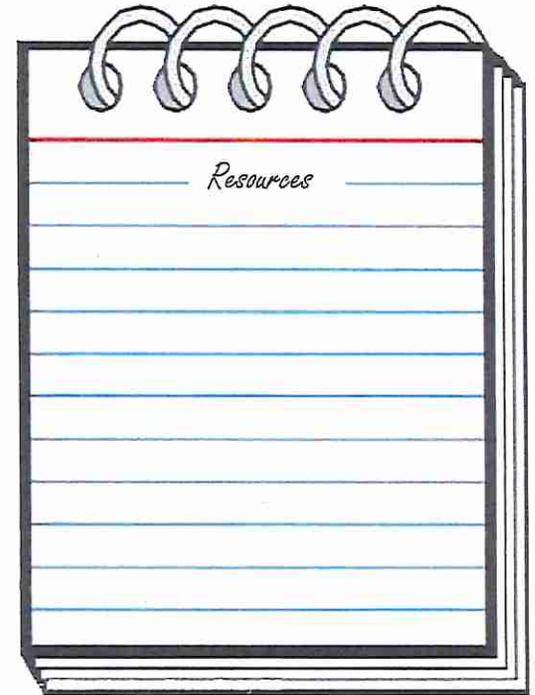
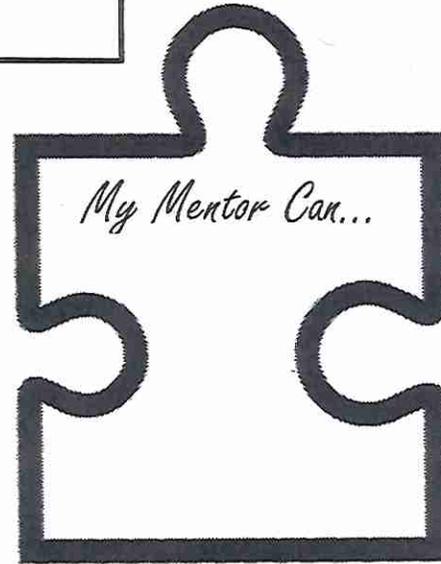
1. Write the goal
2. Complete the steps
3. List resources, barriers, and solutions
4. How can mentor help
5. Describe success

3

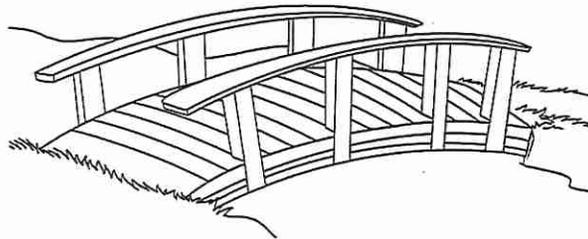
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1

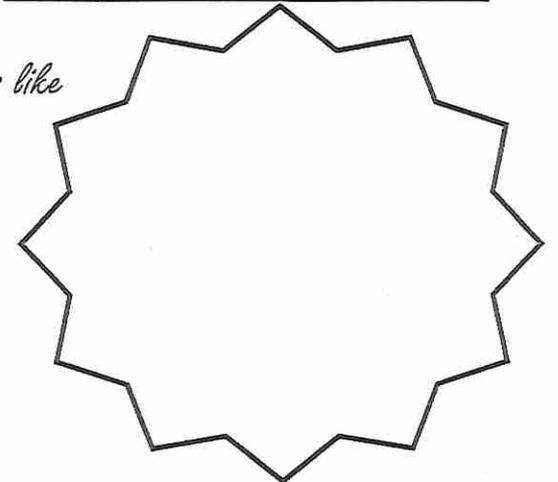
Steps



Barriers



Success looks like



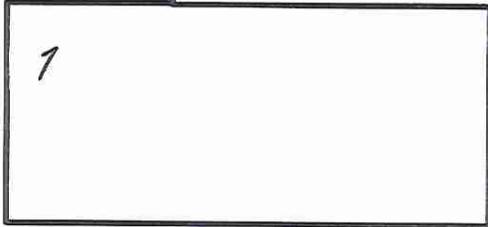
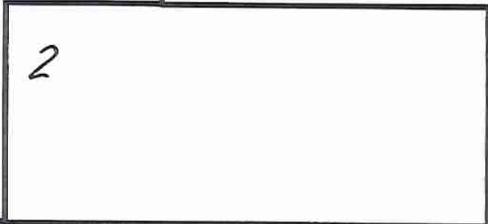
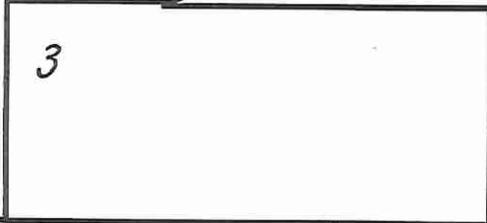
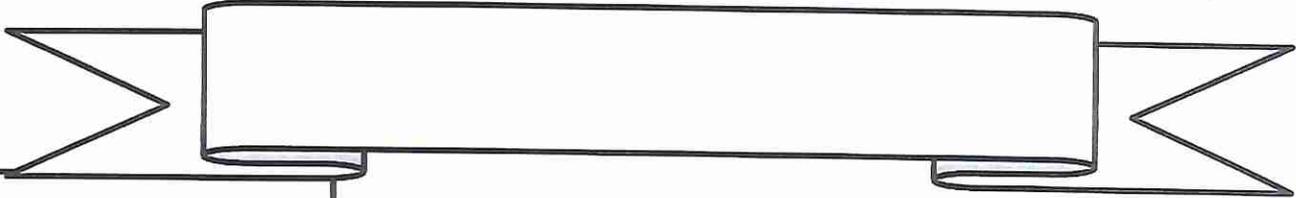
Solutions



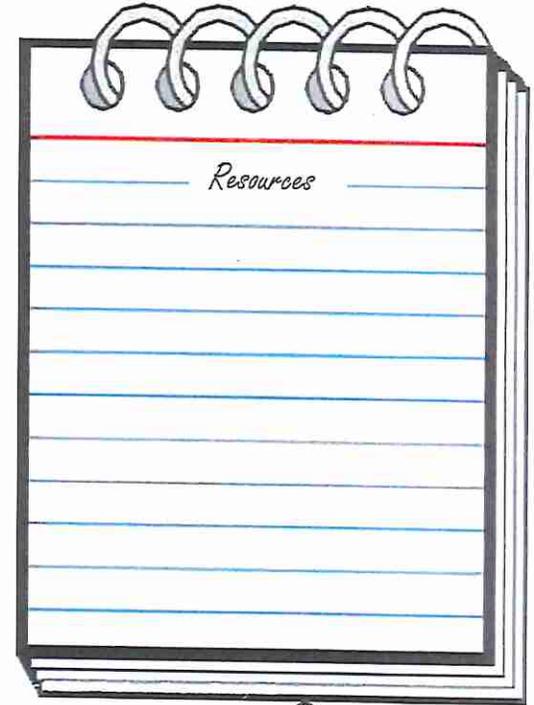
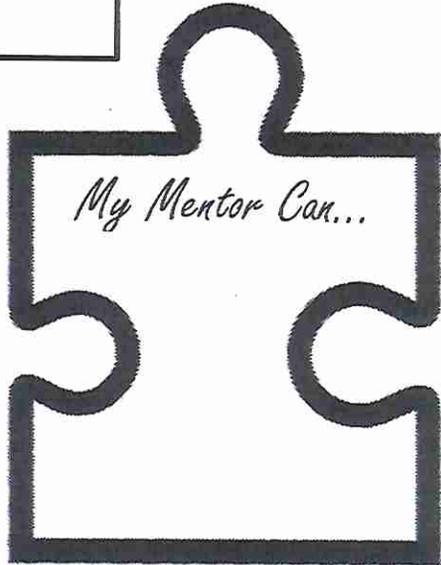
Goal #2

Review Date:

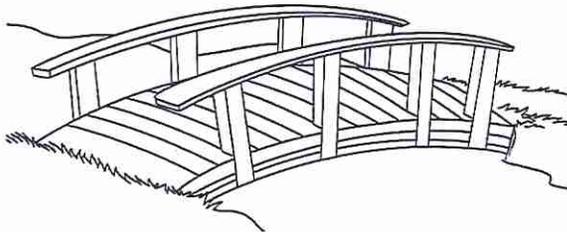
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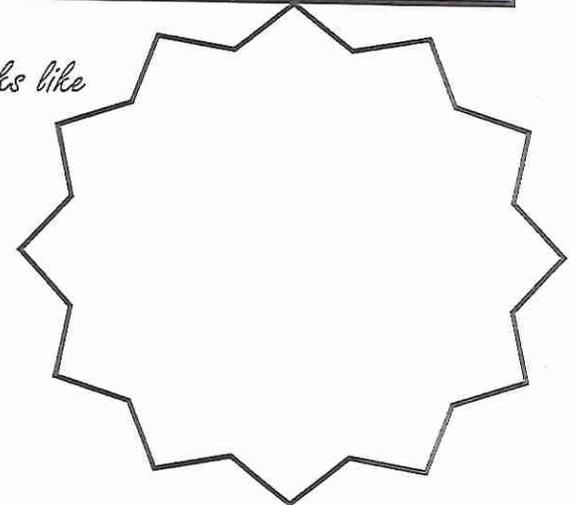
Steps



Barriers



Success looks like



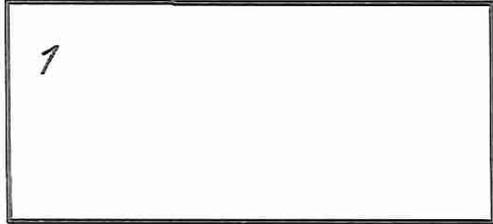
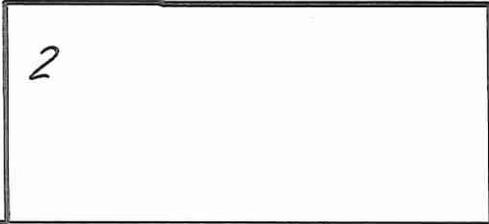
Solutions



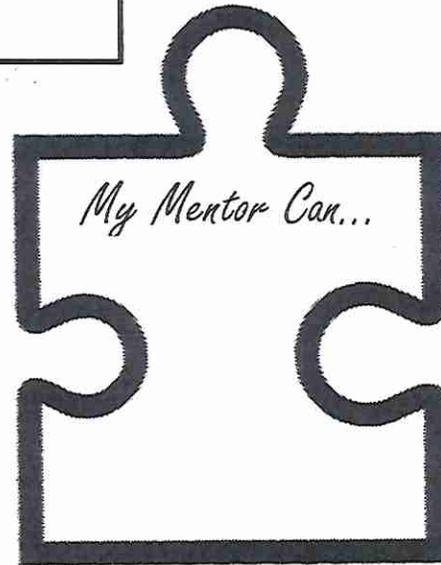
Goal #3

Review Date:

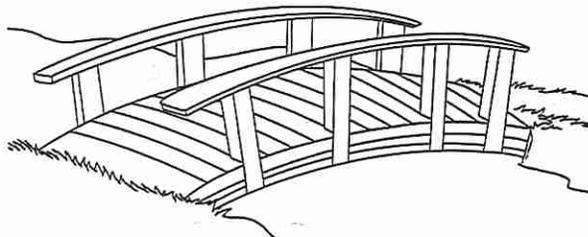
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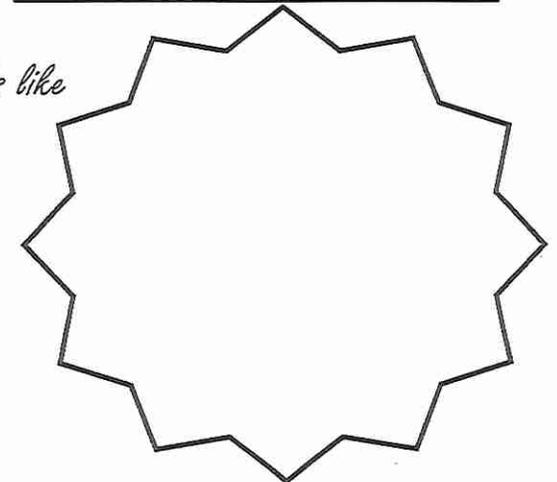
Steps



Barriers



Success looks like



Solutions



Demographic Information:

Out of the 30 youth that have been served during this reporting period. Seventeen percent (5/30) are males. There were no youth who identify as transgender in the program during this reporting period. However, throughout the duration of the grant period, 6 transgender youth were served. Twenty two (73%) of youth have entered Youth Living Out Loud (YLOL) through regular Wraparound and 8 or 27% through Wraparound-REACH. The demographic data of this reporting period is very similar to previous reporting periods in which the preponderance of youth in YLOL are system involved youth. Seventy two percent (16/22) are on CHIPS petitions and of these, 31% (5/16) are on dual orders (both CHIPS and Delinquency).

Chart 1



Delinquency Activity:

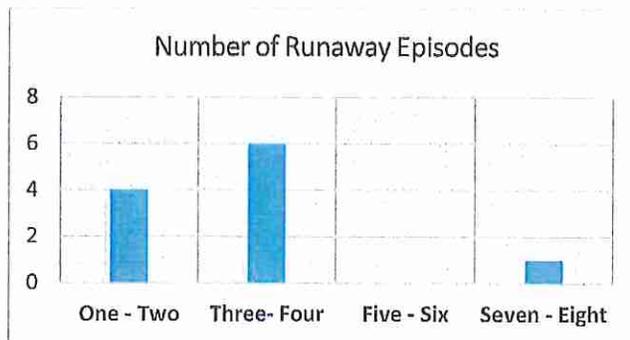
Of the 30 youth that have been in the YLOL program during this tracking period (30), 2 youth offended. This constitutes a recidivism rate of 6% for this tracking period, lower than the overall recidivism 2015 rate for Wraparound Milwaukee which was 10.1%. Both were property offenses, one felony (vehicle related offense) and the other a misdemeanor (damage to property offense).

Of the 11 youth that are on Delinquency or dual orders, their rate of offending prior to entering the program was significantly higher, with 6 youth having a multiple offense history (the range from 2-5 offenses), which included assault, property and sexual assault offenses.

Runaway Behavior:

Runaway behavior appears to be characteristic of this high risk population which is supported by the data. Nevertheless, there appears to be a decrease in overall number of youth that have runaway. Thirty seven percent (11/30), compared to previous two reporting periods (61% and 62%) (19/31), have had at least one runaway episode during their enrollment in YLOL. The number of runaway episodes range from 1- 8 (see Chart 2), with the median number of episodes is 3.5. This apparent improvement does not reflect youth that are deemed missing for less than 24 hours. Only one youth had a runaway episode that was greater than 30 days (99 days). For the other 10 youth the length of time missing ranged from 1 to 17 days.

Chart 2



School

Monitoring youth's attendance in school throughout their participation in YLOL revealed that for the majority, there did not appear to be any direct program effect. For fifty six percent of the youth (14/25) there was no change in attendance. While 24% (6/25) of youth increased their school attendance and 20% (5/25) had a drop in school attendance (see Chart 3). Intuitively, one might think that runaway behavior affects school attendance. A comparison between school attendance outcomes from previous reporting periods, in which runaway behavior was more frequent and youth were missing for longer periods of time, infers that there should be a greater participation in school. However, the increase in attendance is not statistically significant (0.5525), suggesting that there may be other factors, in addition to runaway behavior, that affect school attendance.

Chart 3

Chart 4 reveals that the *No Change* group contains youth with the best attendance, as well as some of those with very low attendance.

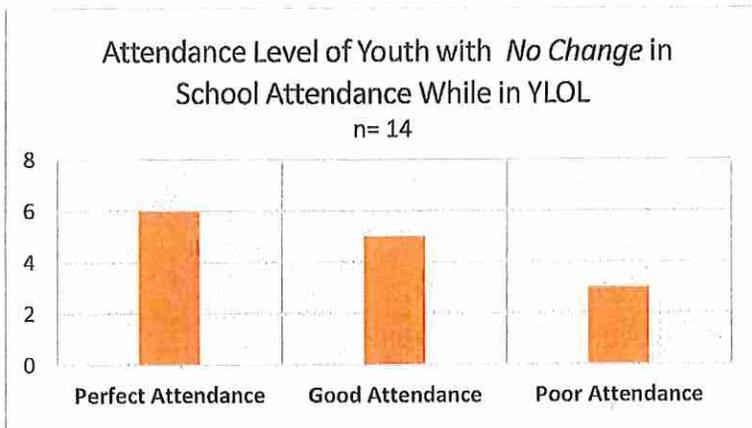
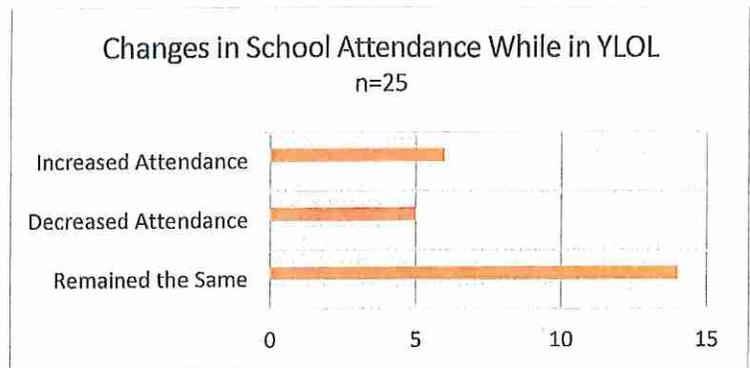


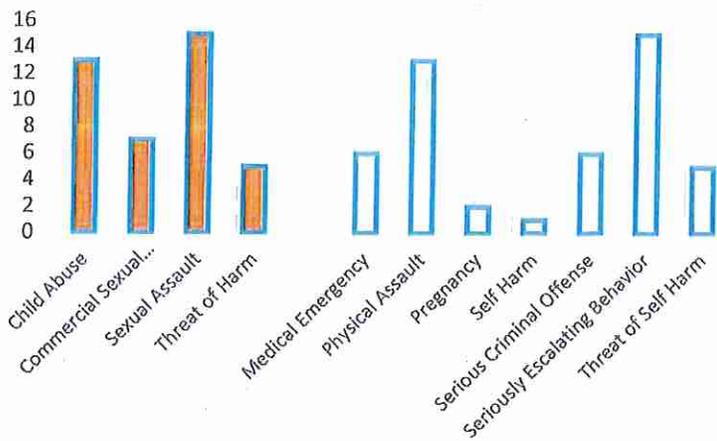
Chart 4

Critical Incidences:

Tracking critical incidences of this population provides a gauge of the relative stability of the YLOL population. Fifty-three percent (16/30) have been touched by at least one critical incident during their time in the program with a total of 88 discreet incidences, which decreased from last reporting period. These include incidences that were determined to be initiated by the youth, those that occurred to the youth and those incidences that happened in the youth's environment. The number of incidences per youth range from 1- 29. See Charts 5 & 6 for the breakdown of numbers and types of critical incidences.

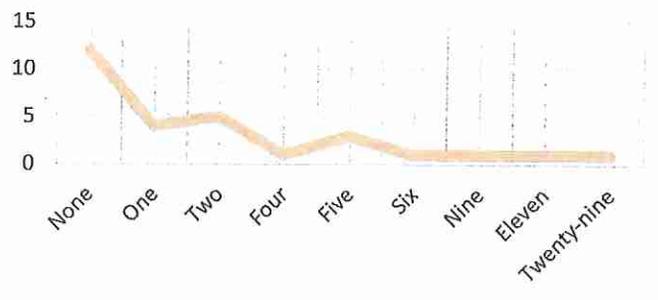
Number of Critical Incidences Across Categories - Highlighting Incidences Associated with Victimization & Trauma

n=88



Number of Critical Incidences per Youth

n=88



Respectively submitted,
Prina Goldfarb, Ph.D.



The Importance of Mentoring – Shared from the Mentor’s Perspective

When KL first came into the Youth Living Out Loud (YLOL) mentoring program, he entered with a significant trauma history that impacted his daily living in challenging ways. Being exploited, trafficked and abused prior to reaching young adulthood caused KL to project a very guarded persona, and he used abrasiveness to keep people at a distance. The only family member that would take him in was his grandmother suffering from numerous health issues, as other family members were physically far or disengaged. KL struggled to attend school as people were continuously bullying and judging for his identity as an LGBTQ youth. His level of fear, fear of the world inside and around him, impacted every decision in his life.

Despite this, KL did not walk away from the YLOL program afraid of decision-making and next steps. When I first met KL, it was at Wraparound Team Meeting at his grandmother’s home. Upon my arrival, he yelled and cussed out every member of his team and then went into a back bedroom to be alone. Despite having just met KL, I was asked by his family case manager to try to talk to him, as well bring him back to the meeting. I was able to engage him in a short discussion about his interests. I later learned he did not trust any professionals and when he would meet new team members, he would always use verbal aggression to keep them at a distance. They would often come away from the meeting thinking there is no way I can, or want to, work with this youth. It took much persistence on my part to get to a point with KL to have him trust me. A week or two afterwards, I attempted to take him on an outing in the community. Due to his appearance, he told me he felt like eyes were always on him, which led to an overt fight or flight mentality at the first feeling of discomfort. I was determined to partner with KL in any way possible and assist him in understanding how to better help himself as he transitioned into adulthood.

KL became one of the strongest self-advocates I have witnessed. Anytime he felt he was not receiving the care he deserved, KL would reach out to a supervisor to defend his needs and uphold the level of service he felt he should be receiving. The whole idea of him deserving excellent service and a higher quality of life was something I tried to push and instill in KL through our relationship and role modeling. Over the twenty or so months I worked with KL, he truly had some ups and downs. From securing an independent living program and SSI funding, to having these taken away due to his negative outbursts, to signing him out of a Detention facility and not too long afterwards helping him buy a birthday gift for his brother, to his grandmother passing away and the support of family that took place afterwards - these are just a few of the rollercoaster stops along KL’s timeline during his participation in the YLOL program. A specific example is the Friday evening I went out of my way to provide him with a ride to his brother’s birthday celebration. I went to a local store with KL and paid for a small present he could give to his brother. As we headed away from the store, news of the Paris terrorist attacks was on the radio. I used the news as a bridge to talk about the larger issues that were impacting KL’s life. Attacking people for who they were, how they lived and enjoyed their lives was something KL had to deal with every day. I talked with KL about his thoughts regarding the attacks and his ideas about the way his life was going. It was a moment of open conversation that never would have occurred if not for the time I spent

developing my relationship with him. Little things, like helping him to purchase an item for his brother went a long way for KL and his trust with me. I dropped him off at his family member's home for the birthday celebration. Before I left, KL said thank you to me in one of the sincerest manners a person can. I knew then that he appreciated the work that I was doing with him and that we had taken a step forward in our relationship.

KL was a struggling teenager when he started in YLOL, but he left a young adult with his own apartment, personal funding and job prospects. He was a young man that during his time in YLOL saw over twenty placements, many of which I had to take him away from or to. In the end, showing him the apartment that would one day be his own is one success that can be focused on for KL. Through much support from his team, YLOL programming and family, KL did not become lost in the streets or in the juvenile justice/child protective service system. He ended up flourishing as a proud youth, stronger for the wounds he has worked through. He sees a brighter future partly due to having people in his life who helped to forge an 'I Deserve Better' mentality through the power of relationships and trust.



Wraparound Milwaukee

Proactive Outreach for the Health of Sexually Exploited Youth (POHSEY) – HWPP Funded Grant

Wraparound Milwaukee is an involved partner in the collaborative efforts of the Proactive Outreach of Sexually Exploited Youth (POHSEY) grant via a Healthier Wisconsin Partnership Program (HWPP) grant. The POHSEY II Grant began in January 2016, and a no-cost extension has been submitted to extend the work of grant partners until March 2018. While POHSEY I, a prior HWPP grant, focused on gathering data to better understand the story of youth in Milwaukee County who have been sexually exploited, POHSEY II aims to transform how these youth experience healthcare by providing tools that empower medical providers to better meet their needs; this includes access to training, and more comprehensive medical templates, as well as advancing a coordinated system response. Partners in POHSEY II include Dr. Wendi Ehrman from the Medical College of Wisconsin (MCW), Dr. Angela Rabbitt from MCW/Children's Hospital, Claudine O'Leary from Rethink Resources, and Stephen Gilbertson, the Clinical Director of Wraparound Milwaukee.

In order to meet the goals of POHSEY II, active training efforts are underway via in-person training opportunities, as well as an online training-module option. From pre/post assessments administered by POHSEY members during these trainings, on average the number of participants underestimating the local prevalence of the Commercial Sexual Exploitation of Children (CSEC) decreased from 44% to 20%, and those who agree or strongly agree that they feel confident in their ability to identify and care for victims increased from 22% to 52%. Training will be on-going throughout the two year life of the grant.

In addition, several templates have been developed to assist the Children's Hospital Emergency Department in more efficiently and effectively documenting, as well as responding to youth who are risk for, or have experienced sexual exploitation/trafficking. Templates have been incorporated into EPIC, the Electronic Medical Record (EMR) system utilized by Children's Hospital. Partners are presently gathering data regarding the use of these templates with the hope of justifying the need for them to be available to all EPIC-based EMRs. In addition, Partners are collaborating with a variety of local healthcare systems to support template integration. Throughout this time, meetings have been occurring regularly with other stakeholders to elicit feedback, and discuss changes that could be made within their own systems of care using the already developed templates.

POHSEY II is also charged with updating the POHSEY Resource Card, which provides individuals with supportive contact information so they can make quick connections for needed resources. An updated version of the card was completed, and is now available to the community.

Training materials for medical providers, and additional information about the grant, including community resources for youth and families in this situation, are available at www.pohsey.org.



Wisconsin Child Sex Trafficking and Exploitation Indicator and Response Guide



The Wisconsin Child Sex Trafficking and Exploitation Indicator and Response Guide should be consulted if you have concerns that a child or youth you have contact with is being sexually trafficked or exploited. Review the indicators in this guide and follow the directions for the appropriate response. This indicator and response guide also alerts the reader to indicators or potential red flags that should continue to be monitored.

Mandated Reporters are required to report suspected abuse or neglect of any child, including those that you may learn about through discussions with the child of concern ([s.48.981\(2\) Wis. Stat.](#)).

Sex trafficking and sexual exploitation are both forms of child abuse, even if the perpetrator is unrelated to the child. Although sex trafficking and sexual exploitation share similar elements, they have distinct differences, as noted below:

Sex Trafficking of a Child involves another person benefitting from forcing, defrauding, or coercing a child into a commercial sex act with another person ([s.948.051 Wis. Stat.](#)).

Sexual Exploitation of a Child involves forcing, defrauding, or coercing a child to engage in a sexually explicit way for the purposes of recording, displaying, and/or distributing the recording ([s.948.05 Wis. Stat.](#)).

Please review each level of risk

At-Risk

- Travel out of the area/to somewhere out of the ordinary or unusual for the child without caregiver permission and/or knowledge
- Child has a history of school truancy
- Child has a history of physical or sexual abuse
- Child has family/friends who have been or are currently involved in the commercial sex industry (e.g., sex worker, exotic dancing, pornography)
- Reports by child or adults that the child has a history of multiple sexual partners (known or unknown)
- Child has possession of money, electronics, or other material items that are unexplained, unusual, or out of the ordinary for that child (e.g., nails, hair, clothing, shoes)
- Child has sexually explicit pictures of themselves that may or may not be on the internet
- Child has an older boyfriend/girlfriend/partner, or is unwilling to provide information about the sex partner
- Child has a history of sexually transmitted infections and/or pregnancies
- Gang affiliation is reported, confirmed, or suspected

High Risk if you have checked YES to one or more of the following:

- Three or more of the "At-Risk" factors have been checked**
- Child has a history of being missing/runaway/kicked out 2 or more times within the last 6 months (caregiver doesn't know where/who child is with)
- Confirmed or reported use of hotels for parties or sexual encounters
- Child has unexplained injuries
- Child has unusual, unexplained, or out of the ordinary tattoos

Confirmed if you have checked YES to one or more of the following:

- Child reported "consensual" participation in a sexual act in exchange for food, shelter, transportation, drugs, alcohol, money, status, or other items of value
- Child reported being forced or coerced into sexual activity for the monetary benefit of another person
- Law enforcement confirmed through an investigation that the child has been trafficked or engaged in any commercial, sexually-exploitative activity

1 or more High Risk items selected

1 or more Confirmed items selected

Fewer than 3 At-Risk items selected AND no High Risk or Confirmed items selected

3 or more At-Risk items selected

REPORT to the local Child Protective Services Agency or Local Law Enforcement if you have 3 or more At-Risk items OR 1 or more boxes checked in the High Risk or Confirmed sections. The agency will determine next steps. You can find contact information for the local agency on the backside of this page or at: <https://dcf.wisconsin.gov/reportabuse>

Continue to **MONITOR** the child. REFER to the DCF Anti-Human Trafficking website: <https://dcf.wisconsin.gov/aht> or the DOJ Human Trafficking website: <https://www.doi.state.wi.us/ocvs/human-trafficking> for more information.

To report suspected sex trafficking of a child or sexual exploitation of a child, please contact the appropriate County or Tribe.

County	Office Hours #	After Hours #
Adams	608-339-4505	608-339-3304
Ashland	715-628-7004	715-682-7023
Barron	715-537-5691	715-537-3106
Bayfield	715-373-6144	715-373-6120
Brown	920-448-6035	920-448-3200
Buffalo	608-685-4412	608-685-4433
Burnett	715-349-7600	715-349-2128
Calumet	920-849-9317	920-849-9317/ 920-832-4646
Chippewa	715-726-7788	715-726-7788
Clark	715-743-5233	715-743-3157
Columbia	608-742-9227	608-742-9227
Crawford	608-326-0248	608-326-0241
Dane	608-261-5437	608-255-6067
Dodge	920-386-3750	920-386-6713
Door	920-746-7155	920-746-2400
Douglas	715-395-1304	715-395-1375
Dunn	715-232-1116	715-232-1348
Eau Claire	715-839-2300	
Florence	715-528-3296	715-528-3346
Fond du Lac	920-929-3400	920-906-5555
Forest	715-478-3351	715-478-3331
Grant	608-723-2136	608-723-2157
Green	608-328-9393	608-328-9393
Green Lake	920-294-4070	920-294-4000
Iowa	608-930-9801	608-935-3314
Iron	715-561-3636	715-561-3800
Jackson	715-284-4301	715-284-5357
Jefferson	920-674-3105	920-674-3105
Juneau	608-847-2400	608-847-6161

County	Office Hours #	After Hours #
Kenosha	262-605-6582	262-657-7188
Kewaunee	920-388-7030	920-388-3108
La Crosse	608-784-4357	608-784-4357
Lafayette	608-776-4902	608-776-4848
Langlade	715-627-6500	715-627-6411
Lincoln	715-536-6200	715-536-6272
Manitowoc	920-683-4230	888-552-6642
Marathon	715-261-7500	715-261-1200
Marinette	715-732-7700	715-732-7600
Marquette	608-297-3124	608-297-2115
Menominee Co.	715-799-3861	715-799-3881
Milwaukee	414-220-7233	414-220-7233
Monroe	608-269-8600	911
Oconto	920-834-7000	920-834-6900
Oneida Co.	715-362-5695	715-361-5100
Outagamie	920-832-5161	920-832-4646
Ozaukee	262-238-8200	262-238-8436
Pepin	715-672-8941	715-672-5944
Pierce	715-273-6766	715-273-5051
Polk	715-485-8400	715-485-8300
Portage	715-345-5350	715-345-5350
Price	715-339-2158	715-339-3011
Racine	262-638-6646	262-638-7720
Richland	608-647-8821	608-647-2106
Rock	608-757-5401	608-757-2244
Rusk	715-532-2299	715-532-2200
Sauk	608-355-4200	800-533-5692
Sawyer	715-634-4806	715-634-4858
Shawano	715-526-4700	715-526-3111

County	Office Hours #	After Hours #
Sheboygan	920-459-3207	920-459-3111
St. Croix Co.	715-246-8285	715-246-8285
Taylor	715-748-3332	715-748-2200
Trempealeau	715-538-2311, ext. 290	715-538-4351
Vernon	608-637-5210	608-637-2123
Vilas	715-479-3668	715-479-4441
Walworth	262-741-3200	262-741-3200
Washburn	715-468-4747	715-468-4720
Washington	262-335-4888	262-365-6565
Waukesha	262-548-7212	262-547-3388
Waupaca	715-258-6300	715-258-4466
Waushara	920-787-6550	920-787-3321
Winnebago	920-236-4600	920-233-7707
Wood	715-421-8600	715-421-8600
Tribe	Contact #	
Bad River	715-682-7127	
Forest County Potawatomi	715-478-4812	
Ho-Chunk	715-284-2622	
Lac Courte Oreilles	715-558-7435	
Lac Du Flambeau	715-588-4275	
Menominee Tribe	715-799-5161	
Oneida Nation	920-490-3701	
Red Cliff	715-799-3785	
Sokaogon	715-478-6437	
St. Croix Tribe	715-349-2671	
Stockbridge- Munsee	715-793-4580	

PCS Hospital Transfer Waitlist Report

Third Quarter Report Update

2017

This report contains information describing the first nine (9) months of 2017 are summarized as follows:

- 4 hospital transfer waitlist events occurred
- PCS was on hospital transfer waitlist status 79.3%
- The 1243 individuals delayed comprised 20.6% of the total PCS admissions (6,023)
- The median wait time for all individuals delayed was 4.4 hours
- The average length of waitlist per patient is 7.5 hours

Prepared by:
Quality Improvement Department

Date: October 25, 2017

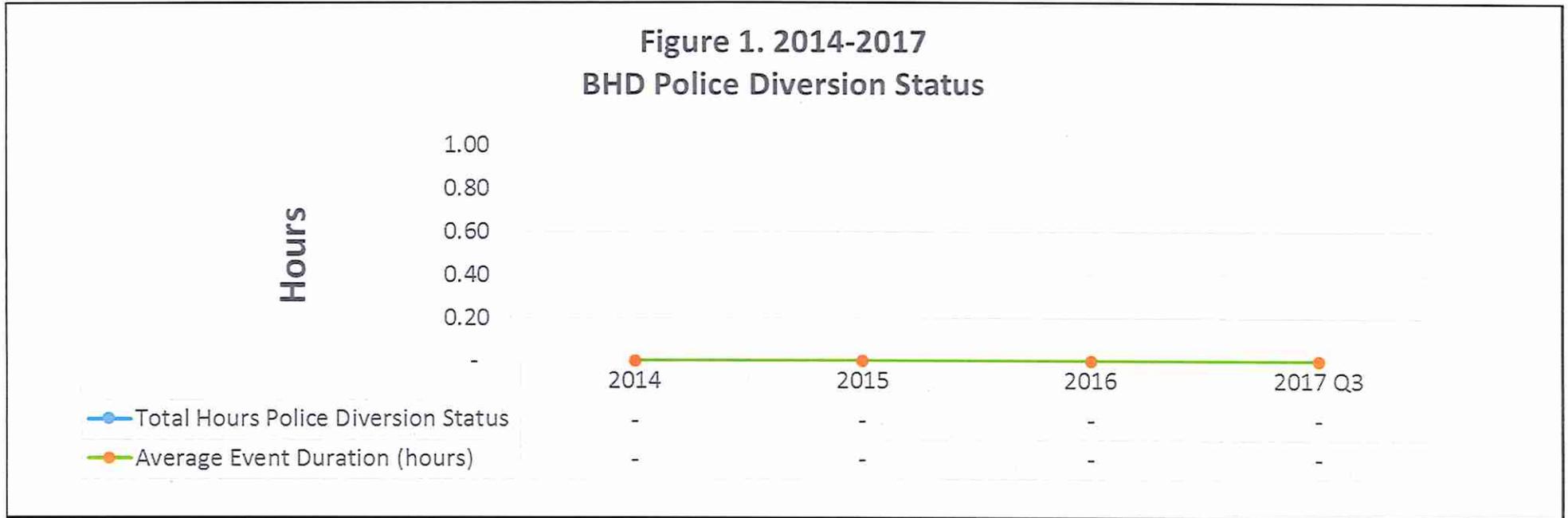
Definitions:

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.

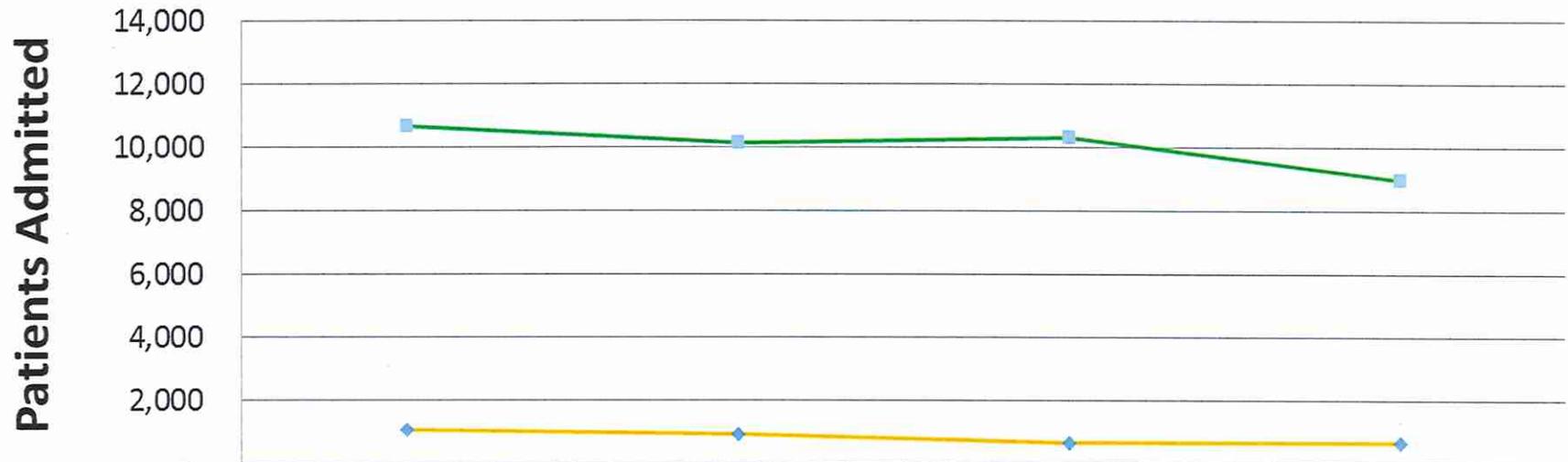
Reporting Time Period: The data in this report reflects three (3) years or the last twelve (12) quarters, unless specified otherwise.

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

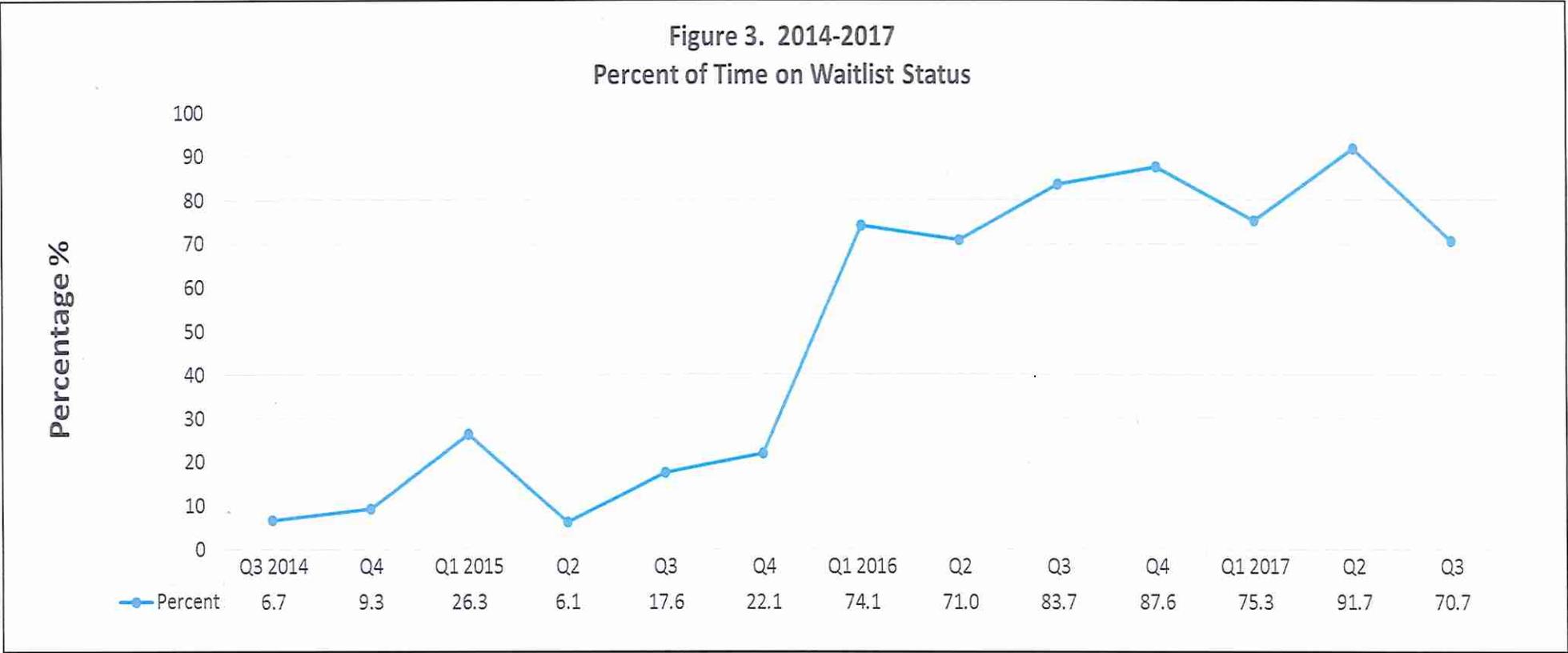
**Figure 2. 2014-2017
PCS and Acute Adult Admissions**



	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)



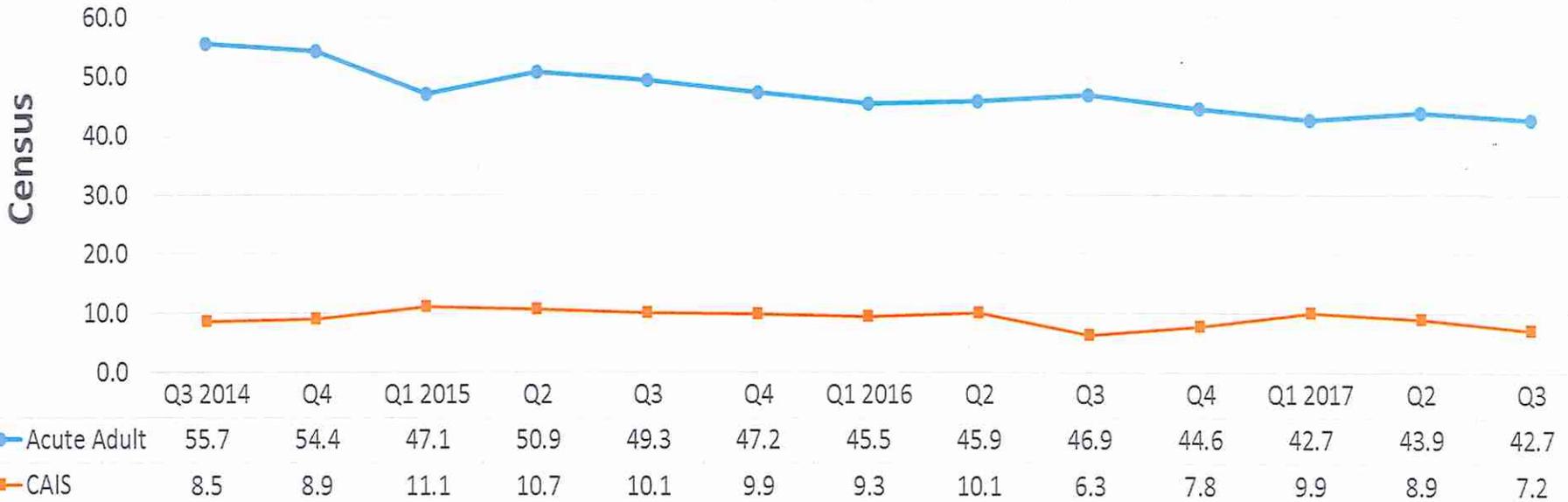
Figure 7. 2014 - 2017
Median Wait Time For Individuals Delayed
(Hours)



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

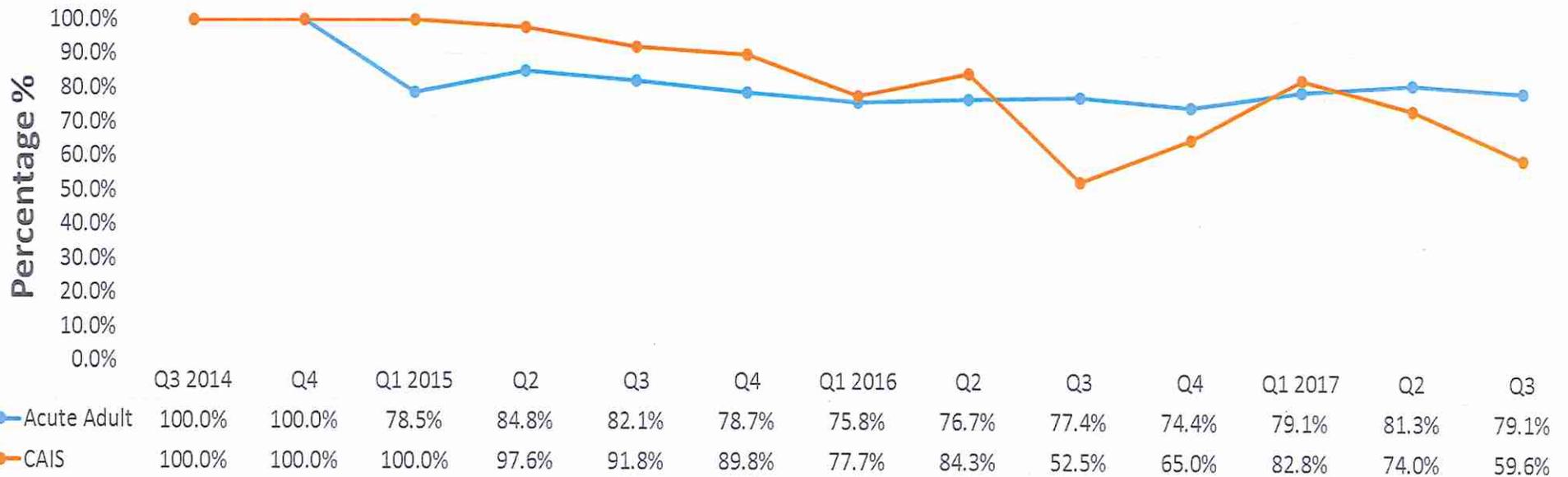


Figure 9. 2014-2017
Acute Adult/CAIS
Average Daily Census



*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

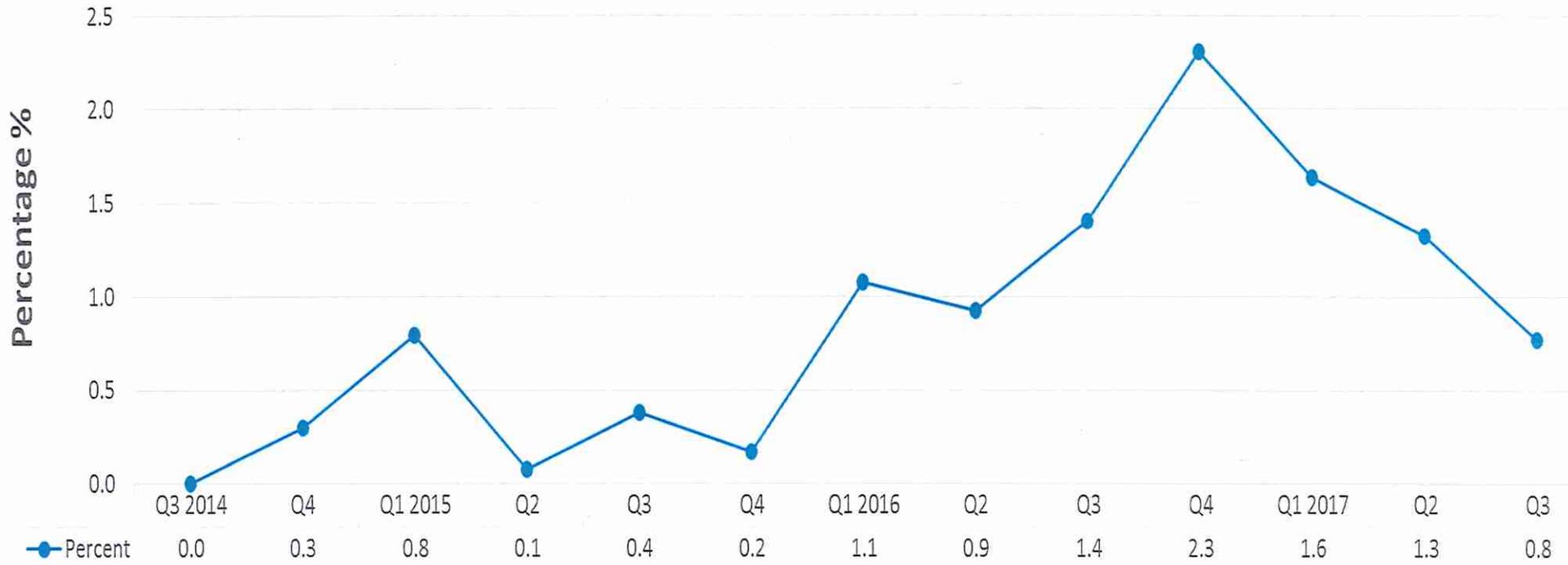


Figure 12. 2014-2017
Patients on waitlist for 24 hours or greater as a percentage of number of clients waitlisted



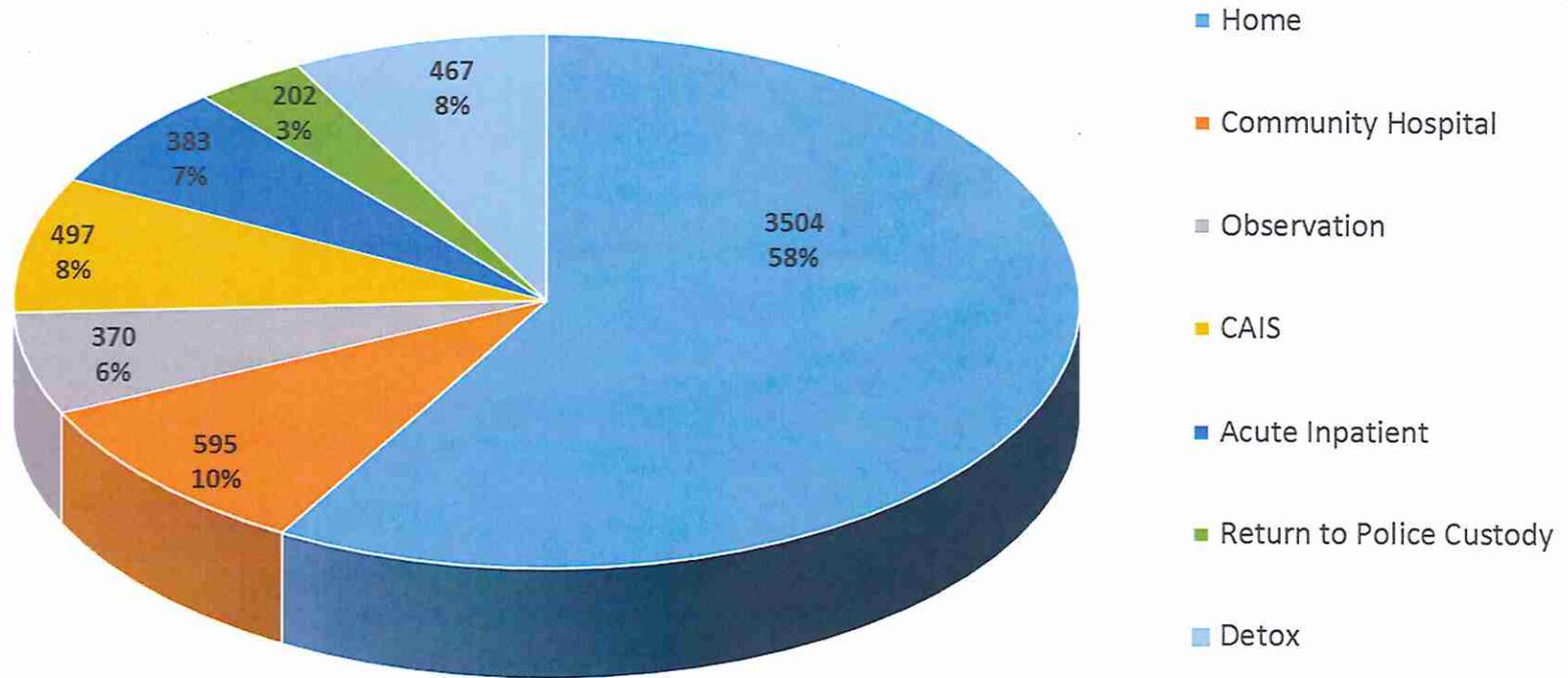
*Percent = Number of Patients on waitlist for 24 hours or greater/Number of Clients Waitlisted

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 Q3 (January - September)
Disposition of all PCS admission



Quality Committee Item 5

Acute Inpatient Seclusion and Restraint

Third Quarter Update

2017

This report contains information describing the first nine (9) months of 2017 as summarized:

- Acute Adult: Restraint hourly rate decreased by 81.8% from 2016 through the third quarter of 2017 while restraint incident rate decreased by 56.8% during the same time period. Seclusion incident rate decreased by 11.3% from 2016 through the third quarter of 2017 while Seclusion hourly rate decreased by 40.0% during the same time period.
- CAIS: Restraint hourly rate decreased by 75.0% from 2016 through the third quarter of 2017.

Prepared by: Quality
Improvement
Department

Date: November 1, 2017

Summary

43A

- 43A rate of restraint hours decreased by 87.9% from 2016 through the third quarter of 2017.
- 43A had 75.7 reported restraint hours, 38.2 reported restraint hours were for 5 individuals (50% of all hours)
- 43A restraint incident rate decreased by 66.4% from 2016 through the third quarter of 2017.
- 43A had 65 reported restraint incidents, 27 reported restraint incidents were for 5 individuals (42% of all incidents)
- 43A seclusion hour's rate decreased by 66.7% from 2016 through the third quarter of 2017, while the seclusion incident rate decreased by 57.2%.

43B

- 43B rate of restraint hours decreased by 75.0% from 2016 through the third quarter of 2017.
- 43B had 67.0 reported restraint hours, 36.7 reported restraint hours were for 5 individuals (55% of all hours)
- 43B restraint incident rate decreased by 57.4% from 2016 through the third quarter of 2017.
- 43B seclusion hour's rate remained the same from 2016 through the third quarter of 2017, while the seclusion incident rate increased by 41.8%.

43C

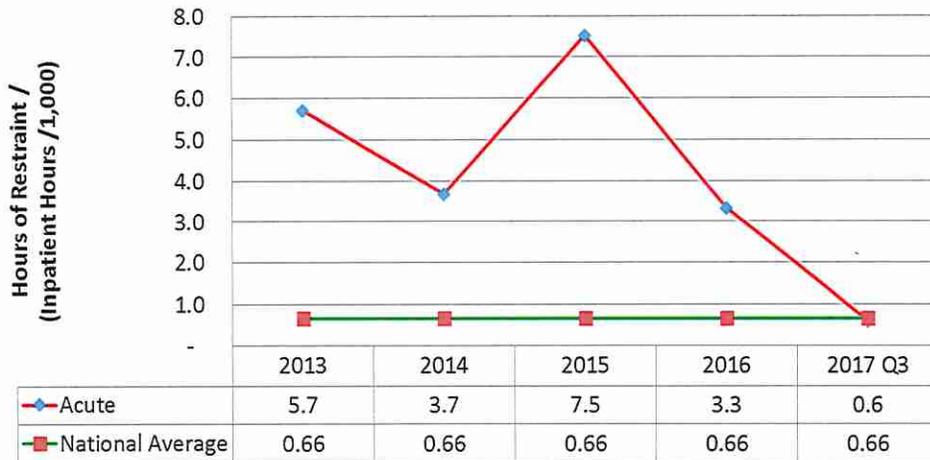
- 43C rate of restraint hours decreased by 40.0% from 2016 through the third quarter of 2017.
- 43C had 25.3 reported restraint hours, 14.6 reported restraint hours were for 3 individuals (58% of all hours)
- 43C restraint incident rate decreased by 17.4% from 2016 through the third quarter of 2017.
- 43C seclusion hour's rate did not changed from 2016 to the third quarter of 2017, while the seclusion incident rate increased by 79.8%.

CAIS

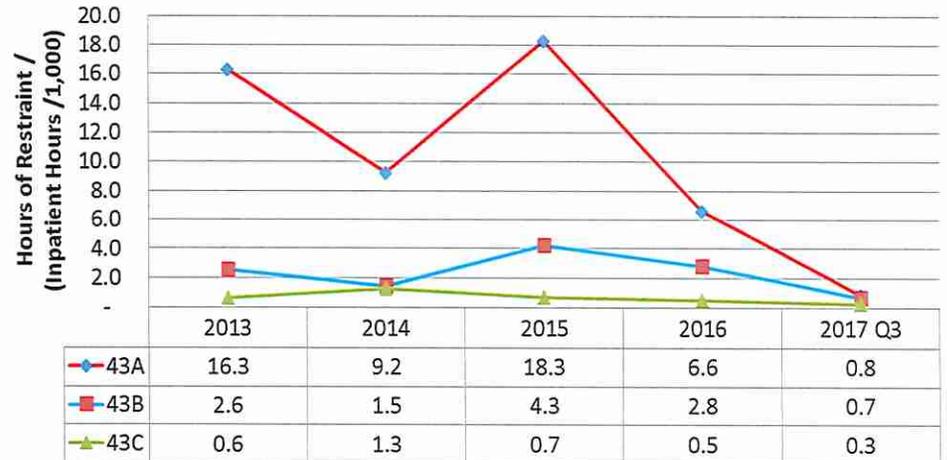
- CAIS rate of restraint hours decreased by 75.0% from 2016 through the third quarter of 2017.
- Five (5) individuals had 30 reported restraint hours, 48% of all restraints
- CAIS restraint incident rate decreased by 67.2% from 2016 through the third quarter of 2017.
- CAIS seclusion hour's rate increased by 100% from 2016 to the third quarter of 2017, while the seclusion incident rate increased by 150.0%.

Acute Adult

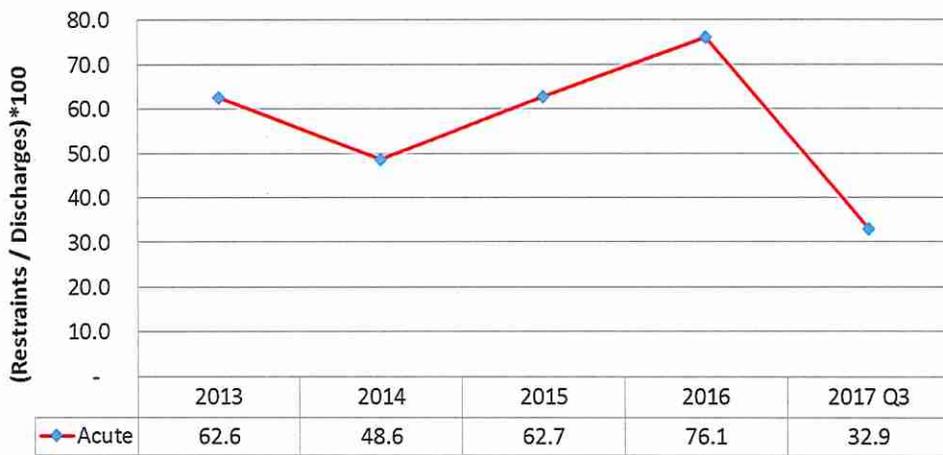
Acute Adult
2013-2017 Hours of Restraint (Aggregate)



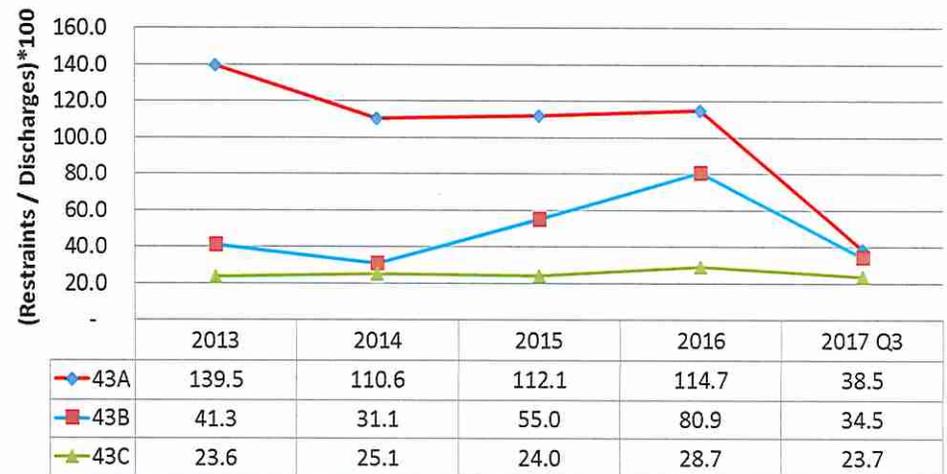
Acute Adult
2013-2017 BHD - Hours of Restraint by Unit



Acute Adult
2013-2017 Restraint Incident % (Aggregate)



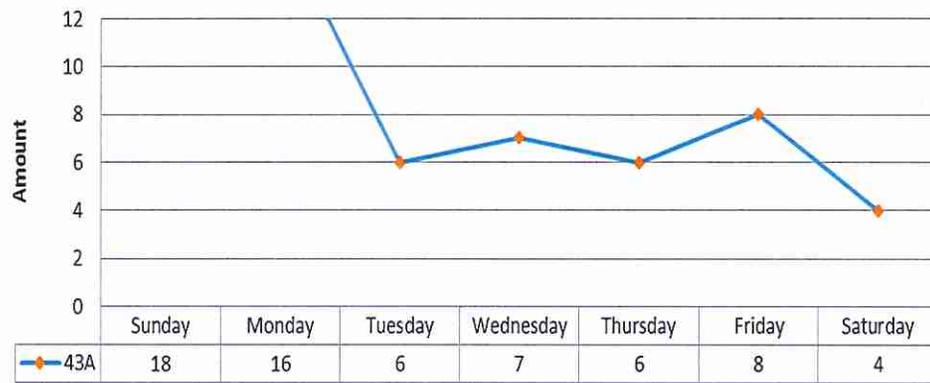
Acute Adult
2013-2017 BHD - Restraint Incident % by Unit



Acute Adult

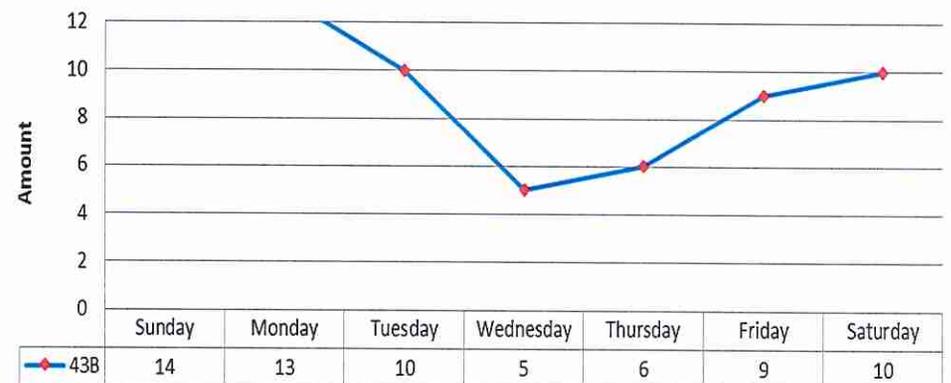
43A Restraints by Day of Week

N = 65



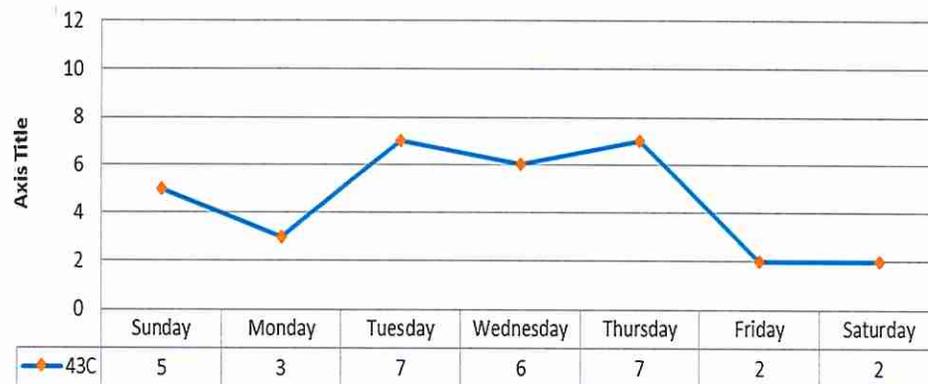
43B Restraints by Day of Week

N = 67



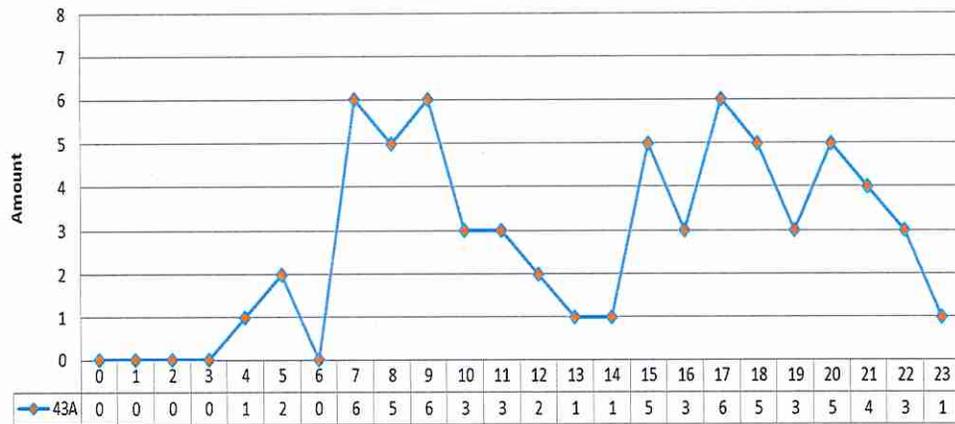
43C Restraints by Day of Week

N = 32

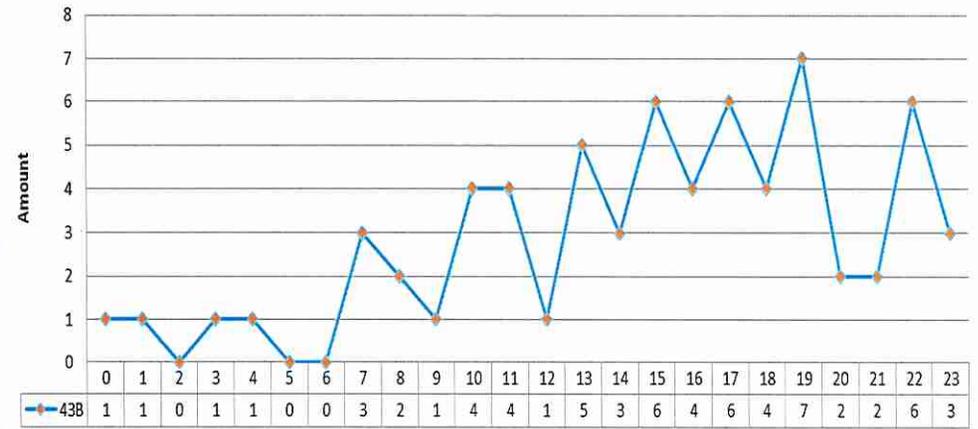


Acute Adult

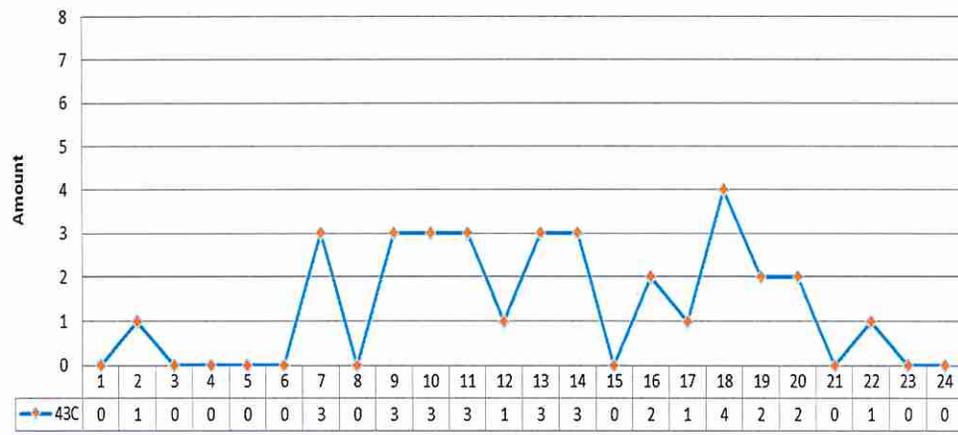
43A Restraints by Time of Day
N = 65



43B Restraints by Time of Day
N = 67



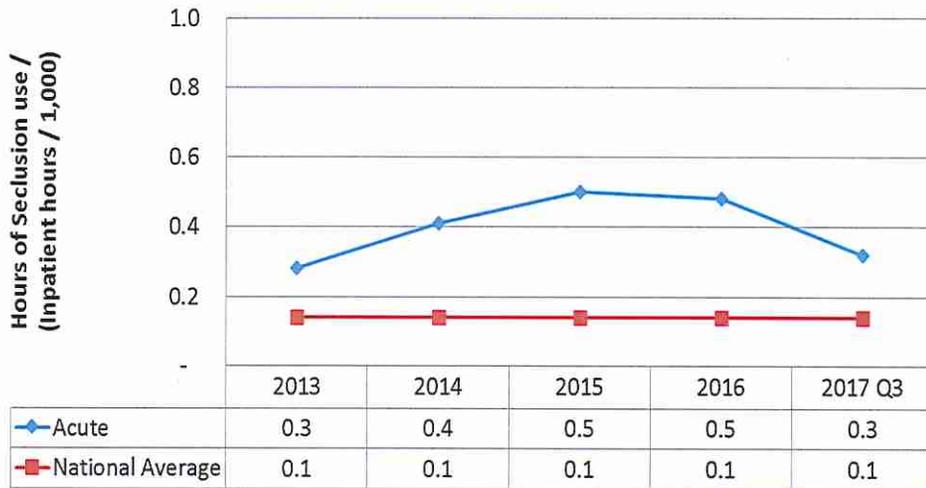
43C Restraints by Time of Day
N = 32



Acute Adult

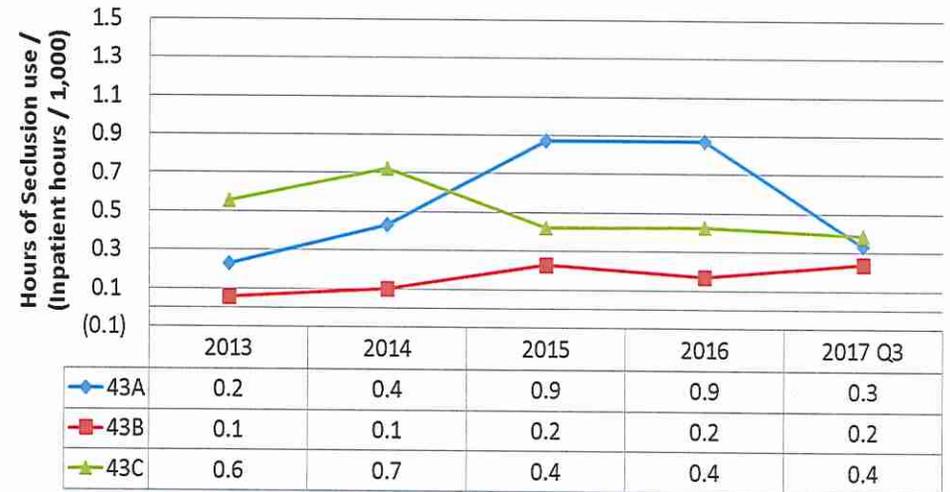
Acute Adult

2013-2017 Hours of Seclusion Rate (Aggregate)



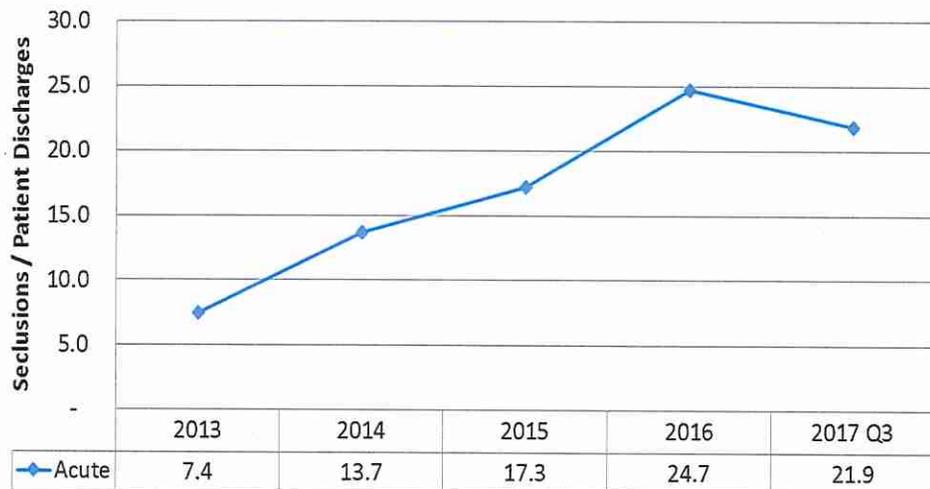
Acute Adult

2013-2017 Hours of Seclusion Rate by Unit



Acute Adult

2013-2017 Seclusion Incident % (Aggregate)

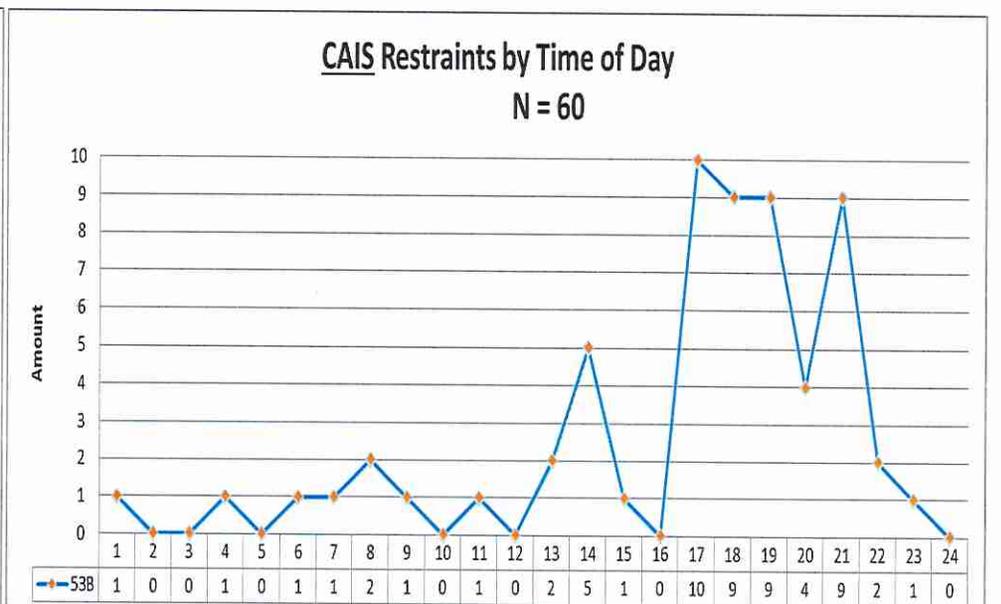
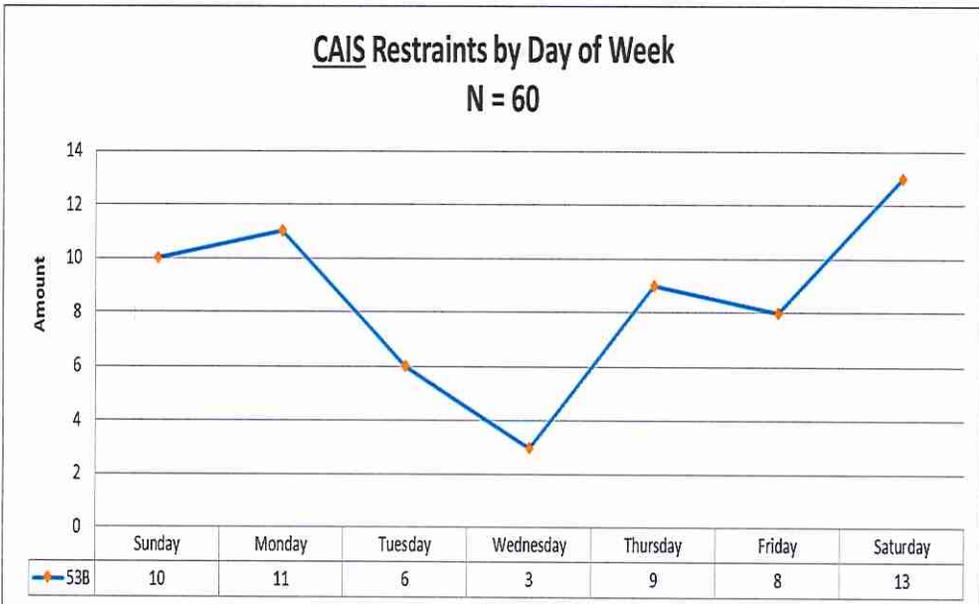
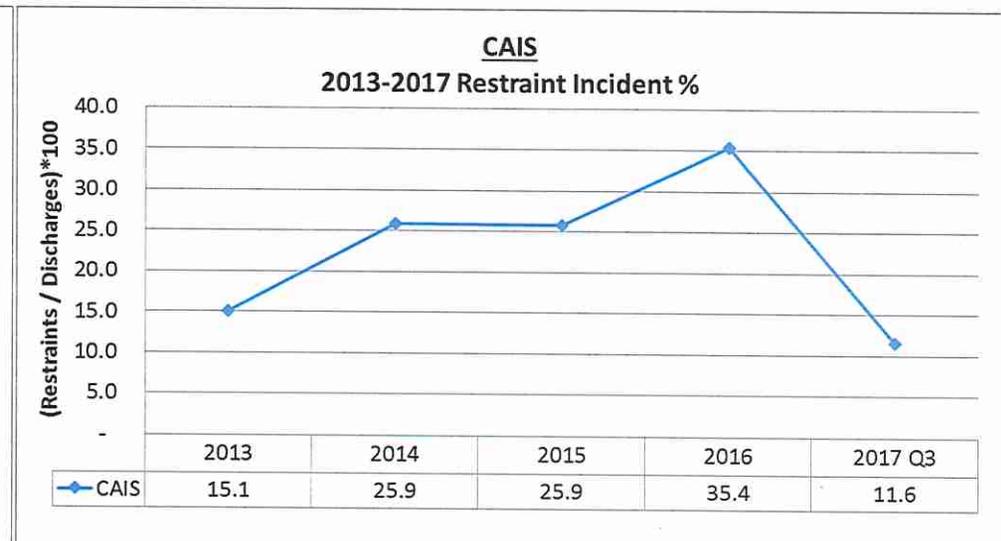
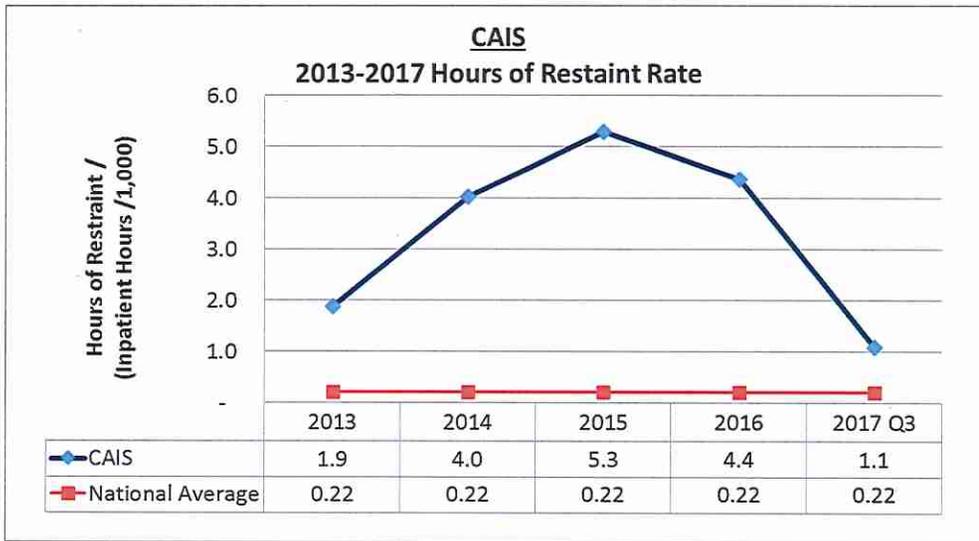


Acute Adult

2013-2017 Seclusion Incident % by Unit



CAIS



Facility Data

Program		Restraint Incidents							Restraint Hours						
		2011	2012	2013	2014	2015	2016	2017 Q3	2011	2012	2013	2014	2015	2016	2017 Q3
Acute	43A	282	367	558	303	306	249	65	1,704	1,473	2,321	1,293	2,402	864	76
	43B	78	124	236	138	237	207	67	89	139	492	259	600	399	67
	43C	173	88	112	98	63	58	32	1,602	78	113	205	104	67	25
	Total	966	775	906	539	606	514	164	4,579	2,268	2,926	1,757	3,106	1,330	168
CAIS	CAIS	173	84	124	246	238	218	60	476	98	133	314	458	323	62
Crisis	PCS	638	537	445	405	417	373	221	651	514	509	413	445	408	223
	OBS	122	76	106	146	83	74	47	190	100	179	207	117	98	36

Program/Unit		Seclusion Incidents							Seclusion Hours						
		2011	2012	2013	2014	2015	2016	2017 Q3	2011	2012	2013	2014	2015	2016	2017 Q3
Acute	43A	47	22	18	40	83	102	34	87	17	33	61	115	115	31
	43B	4	12	15	16	32	25	27	4	8	11	18	32	24	23
	43C	58	15	74	96	52	40	48	73	10	100	118	60	54	37
	Total	154	62	107	152	167	167	109	218	48	144	196	207	193	91
CAIS	CAIS	27	6	5	32	44	17	36	32	4	3	21	35	13	23



Quality Committee Item 6

TEAM CONNECT

NIATX CHANGE PROJECT 2017

Milwaukee County Behavioral Health Division



AIM

Big: Reduce the number of re-admissions to the Acute Adult Inpatient Service at the Milwaukee County BHD.

Little: Reduce the 30 day re-admission rate for the months of August and September 2017 by 25%, as compared to the average monthly 30 day re-admission rate from 2016.

CHANGE

TEAM CONNECT

Starting June 19, 2017, Team Connect staff will reach out by telephone, within 1 business day following discharge, to all individuals who are discharged from Acute Adult Inpatient units.

The goals of Team Connect are to:

- Reduce the risk of harm to individuals post discharge
- Help improve continuity of care
- Ensure linkages to recovery focused supports
- Reduce the incidence of hospital readmission

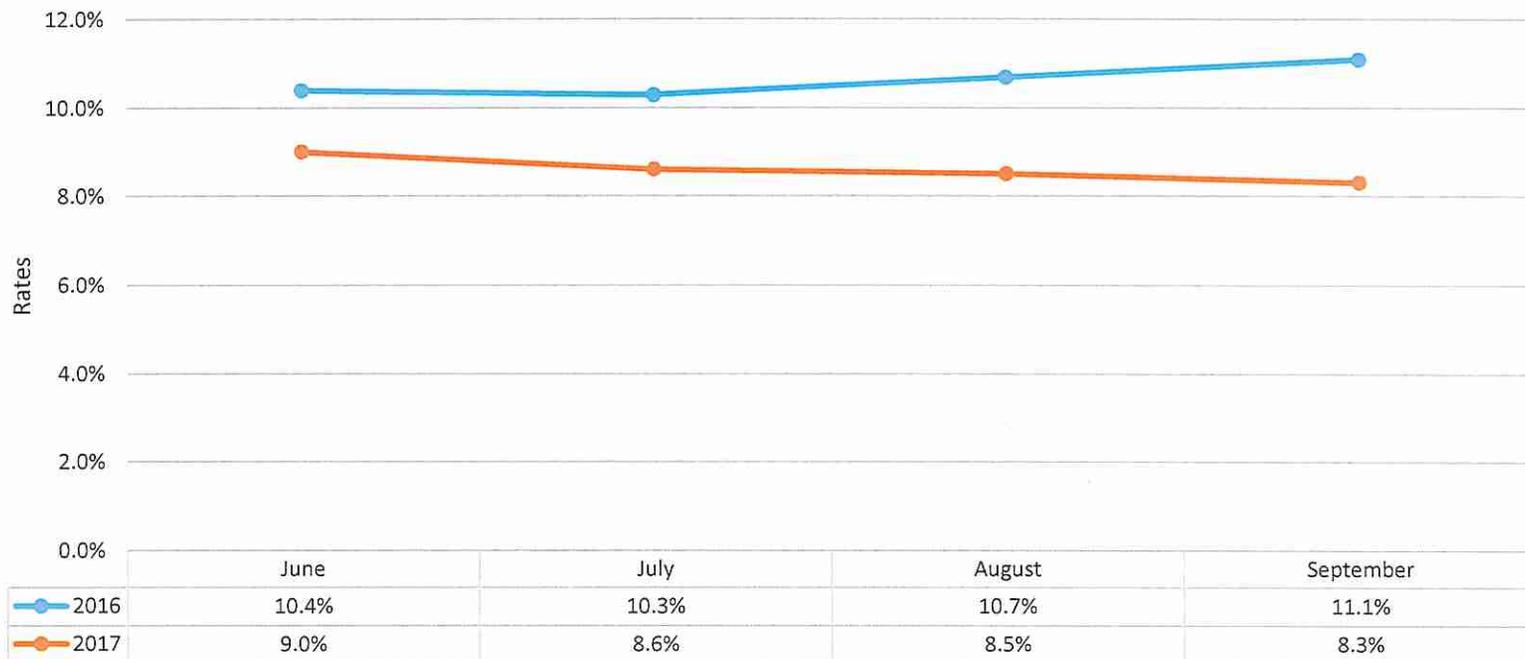
Team Connect staff includes: mental health clinicians and peer support specialists



RESULTS



Percent Of Individuals Returning To Acute Adult Units Within 30 days





NEXT STEPS

ADOPT, ADAPT, or ABANDON?

Adopt: Team connect will continue

Adapt: Informing individuals of Team Connect and building rapport before discharge from hospital

Adapt: Increase staff to allow more visits in the community by Team Connect



IMPACT

- Improving communication throughout community programs and with natural supports
- Enhancing discharge planning
- Having a sole contact that individuals can go to with questions and concerns
- Second and subsequent follow ups can be even more impactful
- Improving communication within BHD

Quality Committee Item 7



2017 NIATX PROJECT

THE NURSE MARY CHALLENGE

CHANGETEAM: CAROL KAISER, ANNE DUNN NP, CSP STAFF,
TCM STAFF, NURSING STAFF



AIM:

TO INCREASE CLIENT LAB WORK PARTICIPATION

- **Provide comprehensive health care to monitor and treat medical and mental health concerns**
 - Collaboration with medical providers by sharing lab work results

- **Maximize phlebotomist time to maintain lab services at WCS Clinic**
 - Reduce need and time to take clients to other facilities to gain lab work/blood draws

- **Educate CSP/TCM staff of the importance of annual lab work**
 - Visit staff meetings to teach case managers about the importance of routine lab work so that they can further educate their clients to encourage them to take ownership of their health

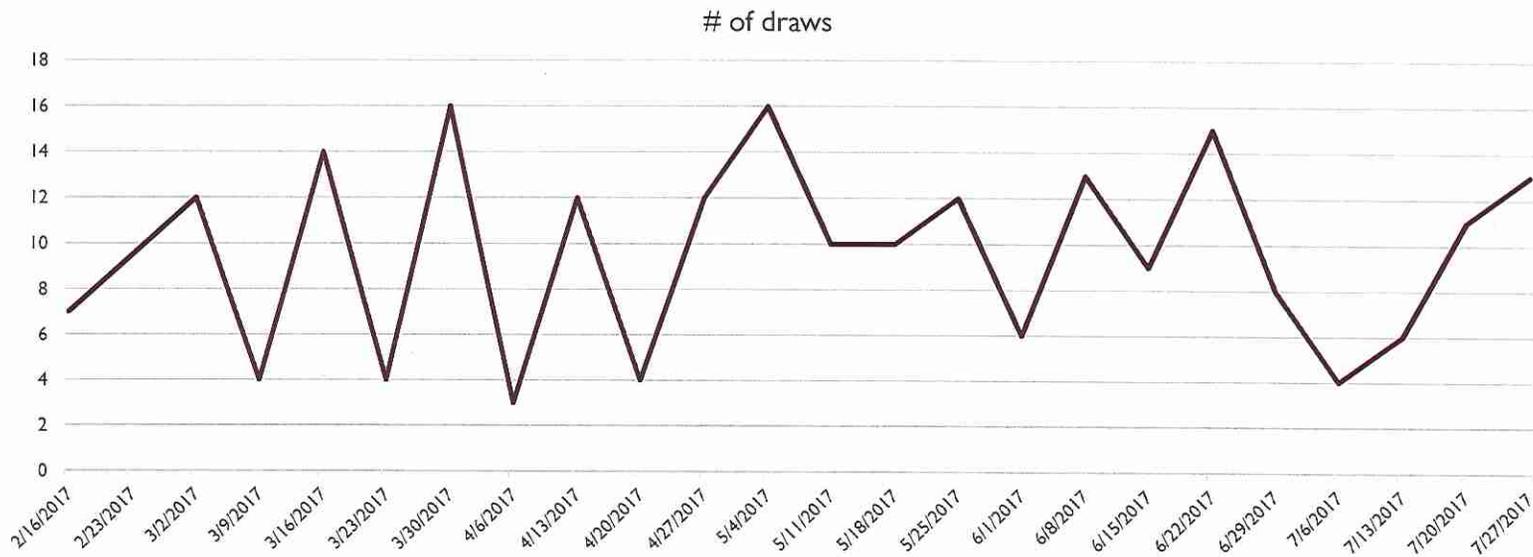
CHANGE:

PROVIDE UNIQUE INCENTIVES TO INCREASE NUMBER OF BLOOD DRAWS

- External incentives – gift card drawing for lab work completed in June and July 2017. We received 25 \$10 Walgreen's gift cards from Nurse Mary, co-founder of the Aurora/WCS Lab Services
- Snacks in the lab room – granola bars and bananas
- Reminder slips placed in the client medication bins informing them of the Nurse Mary Challenge and a chance to win a \$10 gift card
- Placed posters around the WCS Clinic promoting the lab work challenge
- Additional fundraising efforts purchased 6 \$10 gift cards for the drawing

RESULTS:

INCREASED NUMBER OF BLOOD DRAWS PRIOR TO AND DURING NURSE MARY CHALLENGE THROUGH STAFF EDUCATION AND CLIENT INCENTIVES



Baseline: Feb & March
of draws: 57

Lab Work Staff Education: April & May
of draws: 79

Conduct Nurse Mary Challenge: June & July
of draws: 85

FINAL STEP:

- We now have educated CSP & TCM leaders and direct service staff of the importance of annual lab work to ensure that we are providing quality comprehensive health care to our clients
- WCS Lab Services continue to offer snacks for clients as a “thank you” for attending to their lab work
- Develop a routine system of alerting staff when their client’s lab work orders are entered so that staff can prompt, encourage and educate their client to attend to their blood work
- Develop a routine system of alerting staff when their clients completed their lab work so that staff can reinforce the client’s positive behavior in managing their health care

Quality Committee Item 8



Wisconsin Community Services
3732 W. Wisconsin Avenue, Suite 320
Milwaukee, WI 53208
Phone: (414) 290-0400
Fax: (414) 271-4605
www.wiscs.org

Ms. Mary Neubauer, Chairwoman
Milwaukee County Mental Health Board Committee on Quality
9455 W. Watertown Plank Road
Milwaukee, Wisconsin 53226

November 10, 2017

RE: Wisconsin Community Services Targeted Case Management Program

Dear Chairwoman Neubauer,

Wisconsin Community Services (WCS) is aware of concerns brought forward by a member of the Milwaukee County Mental Health Board (MCMHB), during the October 26th, meeting regarding the WCS Targeted Case Management (TCM) program. The concerns were apparently received by the board member in their role as a full time employee of the National Alliance on Mental Illness (NAMI). The MCMHB concluded that the concerns should be directed to the Committee on Quality for further review and discussion. Subsequent to the October 26th, board meeting WCS met with members of the Milwaukee County Behavioral Health Division (BHD) leadership team to determine the presence of concerns or complaints regarding the TCM program. The outcome of the meeting was that the Milwaukee County BHD was unaware of any complaints or concerns related to the WCS TCM program. Additionally, WCS has made an effort to reach out to the MCMHB member to discuss any concerns related to the WCS TCM program. At this time, we have not had the opportunity to speak directly with the board member. Also, please note that WCS has a long established positive relationship with NAMI, and they have not communicated with WCS any concerns they have relative to the operation of the TCM program.

As there are no specific concerns to address at this time, we thought it might be helpful to provide information to the MCMHB Committee on Quality that relate to recent performance indicators of the WCS TCM program. As you will see from your review of the data, the overall performance of the program is quite strong. We also thought it might be helpful to provide information on the process and practices utilized by WCS to address client grievances/complaints, concerns from Milwaukee County BHD, and concerns from community advocates and other external entities. You will find that information attached to this letter. Staff from WCS will also be present at the December 4th meeting to make a formal presentation and to answer any questions committee members may have.

Respectfully,

Clarence Johnson, Executive Director

C. Duncan M. Shrout, Michael Lappen, and Doug Hinton

**Wisconsin Community Services
Targeted Case Management Program: Performance Indicators**

- **Goal: Decreased Hospitalizations**
Outcome: 96% of TCM clients experienced a decrease in hospitalizations in comparison to their experience prior to entering the TCM program.
- **Goal: Involvement in planned and meaningful activities such as employment**
Outcome: 90% of TCM clients were involved in planned and meaningful activities such as employment was accomplished. The 90% attainment level met the expected outcome in this area.
- **Goal: TCM clients will be able to function independently, use appropriate living skills, have positive social relationships, and work on an optimal, moderate, or adequate level as indicated by the Role Functioning Scale.**
Outcome: According to the Mental Health Statistical Improvement Program (MHSIP), the WCS TCM program reached a level of 88% success rate.
- **Goal: Decrease client days spent in jail or in a prison**
Outcome: WCS had approximately 90,900 client days in the TCM program and only 1,088 days were spent incarcerated. This number represents 1% of client days in the program.
- **Goal: TCM Clients will experience consistent satisfaction with TCM program services.**
Outcome: According to client satisfaction surveys, 93% of the clients reported satisfaction with the services they received in the WCS TCM program.

While there are many positive measures of overall TCM program performance, WCS understands the need to examine ways we can improve services. Below are two (2) areas we hope to improve as we move forward.

Goal: TCM clients will be actively engaged in their treatment and recovery planning process.

Outcome: In 2015, we were reached a level of 73% according to the Mental Health Statistical Improvement Program (MHSIP).

Goal: TCM Clients will report they are able to move toward recovery by requiring fewer visits to the WCS Clinic.

Outcome: It is reported that only 18% of the clients would like to have a reduced level of services received by the case manager. However, we can look at this in a positive light. Our clients do report to us that the Clinic is a safe social place for them to come to visit. We do have clients that are not going to be seen on a certain day that come to the Clinic to socialize a part of their day.

Wisconsin Community Services

Addressing Client Concerns and Grievances

How Wisconsin Community Services (WCS) addresses concerns brought to our attention by a client, family member/guardian, community advocate, or funding source:

Client: Our clients are given a client rights brochure and explained how this works at intake. WCS also has a Client Rights posters placed in every program. If a client raises a concern to someone at WCS, this will be addressed by allowing the client to work with the case manager and/or supervisor to resolve the issue. If this does not resolve the issue, we then ask the Program Director to help mediate a solution. If this is not successful, the WCS Behavioral Health Division Administrator and/or the Clients Rights Specialist will set up a meeting with the client to help resolve the issue. During this process, the client can decide at any time to contact the Clients Rights Specialist with the Wisconsin Department of Health Services.

Family Member or Guardian: If a family member or guardian has a concern that they would like to address, WCS program staff will confirm that a Release of Information is signed before discussing a concern. Once this is confirmed, the program staff and/or Program Director will discuss the concern in an effort to resolve the concern. The Division Administrator and/or WCS Clients' Rights Specialist will also be involved to help address any concern if this can't be done at a program level. During this process, the client or legal guardian can decide at any time to contact the Clients Rights Specialist with the Wisconsin Department of Health Services.

Community Advocate: If a community advocate raises a concern about a client or a program, Wisconsin Community Services will listen to the concern. WCS will take the information gathered from this individual in order to look into the question or concern that has been shared. WCS will follow internal agency guidelines if required based on the findings of the question/concern. WCS will not be able to share the resolution or outcome due to confidentiality of the client's in the program.

Funding Source: If WCS has a concern brought to their attention by a funding source (such as Milwaukee County Behavioral Health Division), we will gather all the information from the funding source. WCS will then do an internal investigation in order to determine the validity of the concern. WCS will work with the funding source to share with them the information or findings from the concern as well as any outcomes that may come from this.

Quality Committee Item 9

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%
Total	505	100.0%

Recently Approved Policies	New Policies	Reviewed/ Revised Policies	Retired Policies
June	19	10	10
July	1	4	1
August	2	8	2
September	1	6	3
October	1	11	9

Overall Progress 89.3% as of Nov. 1, 2017

Current				
Review period	Number of Policies		Percentage of total	
	Last Month	This Month	Last Month	This Month
Within Scheduled Period	438	435	88.5%	89.3%
Up to 1 year Overdue	17	20	3.4%	4.1%
More than 1 yr. and up to 3 years overdue	9	8	1.8%	1.6%
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	5	5	1.0%	1.0%
More than 10 years overdue	21	14	4.2%	2.9%
Total	495	487	100%	100%

Forecast Due for Review

Past Due Policies - 52

Coming Due Policies

November - 9

December - 62

January - 7

February - 2

March - 1

April - 3

Quality Committee Item 10

Milwaukee County Mental Health Board
Quality Committee

2018 Meeting Schedule

March 5, 2018

June 4, 2018

*September 17, 2018

December 3, 2018

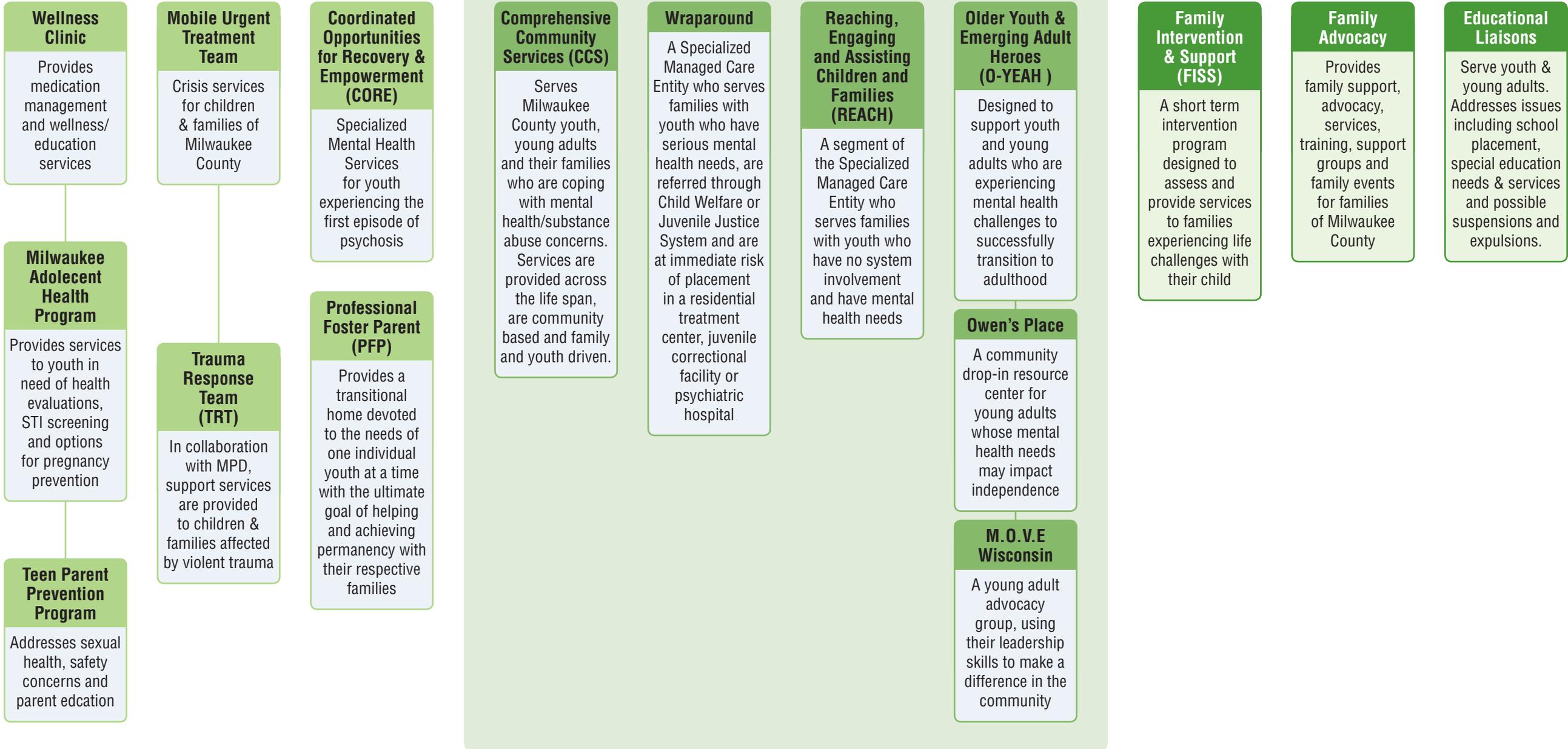
All dates fall on the first Monday of the month.

Meetings are held at the Behavioral Health Division from 10:00 a.m. – 12:00 noon.

****Note: Both the first and second Mondays of the month in September are holidays; therefore, the meeting date falls on the third Monday of the month.***

Behavioral Health Division Children's Mental Health Service & Supports

Wraparound Milwaukee System of Care



Wraparound Milwaukee

Milwaukee County's System of Care for Children & Youth

Wraparound Milwaukee is the Behavioral Health Division entity that manages the public-sector, community-based mental health system for Medicaid eligible children, adolescents and young adults (ages 5-23) in Milwaukee County who have serious mental health or emotional needs. Serving as the umbrella body for a number of programs, all programs rely on care coordination, offer a range of support services, and promotes parental and youth choice, family independence, and provides trauma informed care for children and youth in the context of their family and community.

Wraparound – Referrals are received from the Delinquency and Court Services Division and the Division of Milwaukee Child Protective Services for those youth who either placed out of home and outside of their community or are at risk of being placed. It provides cost-effective, community-based alternatives to residential treatment placements, juvenile correctional placements, and psychiatric hospitalization.

Reaching, Engaging and Assisting Children & Families (REACH) – Referrals come directly from families, schools, service providers and the Mobile Urgent Treatment Team. Youth generally are not involved in the Juvenile Justice system or the Division of Child Protective Services program. Under the same practice model, youth and families receive the same type of supports and services as those in Wraparound program, with the exception of placement services.

Comprehensive Community Services (CCS) – An option for families in Milwaukee County which provides support and services to youth and young adults who are coping with either a mental health and/or substance abuse diagnosis. As a voluntary community based program, CCS addresses needs throughout a person's lifespan, with a coordinated and comprehensive array of recovery, treatment and psychosocial rehabilitation services.

Older Youth and Emerging Adult Heroes (O-YEAH) – Supports older youth and young adults (age 16-23) who are experiencing emotional and behavioral challenges to successful transition to adulthood. In addition to mental health services, there is a focus on life skills, housing and employment/training.

Additional Associated Resources

- **Owens Place** – A community drop-in resource center for young adults age 16-24 whose mental health needs may be impacting their ability to become independent.
- **M.O.V.E Wisconsin** – A youth-run organization designed to empower adolescents and young adults to advocate for themselves around causes that are important to them and their respective community.

Coordinated Opportunities for Recovery and Empowerment (CORE) – Serves 10-23 year olds who are experiencing their first episode with psychosis. Services included: Care Coordination, Individual Therapy, Employment and Education Support, Peer Support and Medication Management.

Professional Foster Parent (PFP) – Provides a transitional home environment for youth with a history of running away. Foster parents are licensed/certified as both treatment foster parents and care coordinators. Serving one girl in a home at a time, the ultimate goal is help the youth to achieve permanency with their respective family.

Mobile Urgent Treatment Team – Provides 24/7 crisis intervention services to any family in Milwaukee County family with a child who is experiencing a mental health emergency in which the behavior of the child threatens his/her removal from home, a community placement and/or, school. The team can also provide short-term case management and can link the child and family to crisis stabilization and community resources.

Trauma Response Team (TRT) – In collaboration with the Milwaukee Police Department, Mobile Urgent Treatment Team provides support services to children & their families when they have witnessed or have been exposed to potentially traumatic events such as serious accidents, sudden death, shootings, violence, or domestic violence.

Wraparound Wellness Clinic – Provides medication management and overall wellness care and education for the mental and physical health of children and youth in Wraparound Milwaukee.

Additional Associated Resources

- **Milwaukee Adolescent Health Clinic** – Provides services to youth in need of a health evaluation, STI screening and pregnancy prevention options.
- **Teen Parent Prevention Initiative** – A support group that addresses sexual health, safety and parenting education.

Family Intervention and Support Services (FISS) – Targets adolescents who are exhibiting behavioral issues in home and community, but have not been diagnosed. This is a voluntary assessment short term intervention program aimed at stabilization and prevention and is designed to assist families in preventing court and system involvement.

Family Advocacy Services – Run by families with lived experience, this provider offers family support, advocacy services, family-run support groups, and family events. They also train providers, and are the voice of families on committees and in the community.

Educational Liaisons – Serves youth & young adults involved in Wraparound Milwaukee System of Care. Addresses school issues including placement, special education needs & services and possible suspensions and expulsions.



MILWAUKEE COUNTY CHILDRENS COMMUNITY MENTAL HEALTH SERVICES & Wraparound Milwaukee

Mental Health Board Presentation

December 14, 2017



Mission and Vision

Vision

To help build healthy and strong communities by enhancing children and families' ability to meet life's challenges and to foster resiliency and hope for a better future.



Mission

- To serve each youth and family with respect and dignity acknowledging their strengths, needs and preferences.
- To partner with the agencies that work with families to create a coordinated, holistic plan for a better life.
- To support youth and their families to remain safely in their homes and communities.
- To provide quality care that is culturally responsive to the diverse needs of the families we serve.
- To provide leadership in creating lasting resources to promote the health and well being of families in their communities.



What is Wraparound Milwaukee?

- Created in 1995, it is a unique system of care for Milwaukee County children and adolescents with serious emotional, mental health and behavioral needs that cross child serving systems (e.g., mental health, juvenile justice, child welfare) who are at imminent risk of institutional type placements
- Operated by Milwaukee County government as a unique Care Management Entity (CME) under the 1915(a) provision of Social Security Act, it acts as a type of behavioral health HMO
- Pools funds from Medicaid, Juvenile Justice and Child Welfare to create greater access and responsive service array; added value for all system partners and families
- Utilizes the Wraparound Practice Model and Trauma Informed Care Principles to guide all program components and service delivery



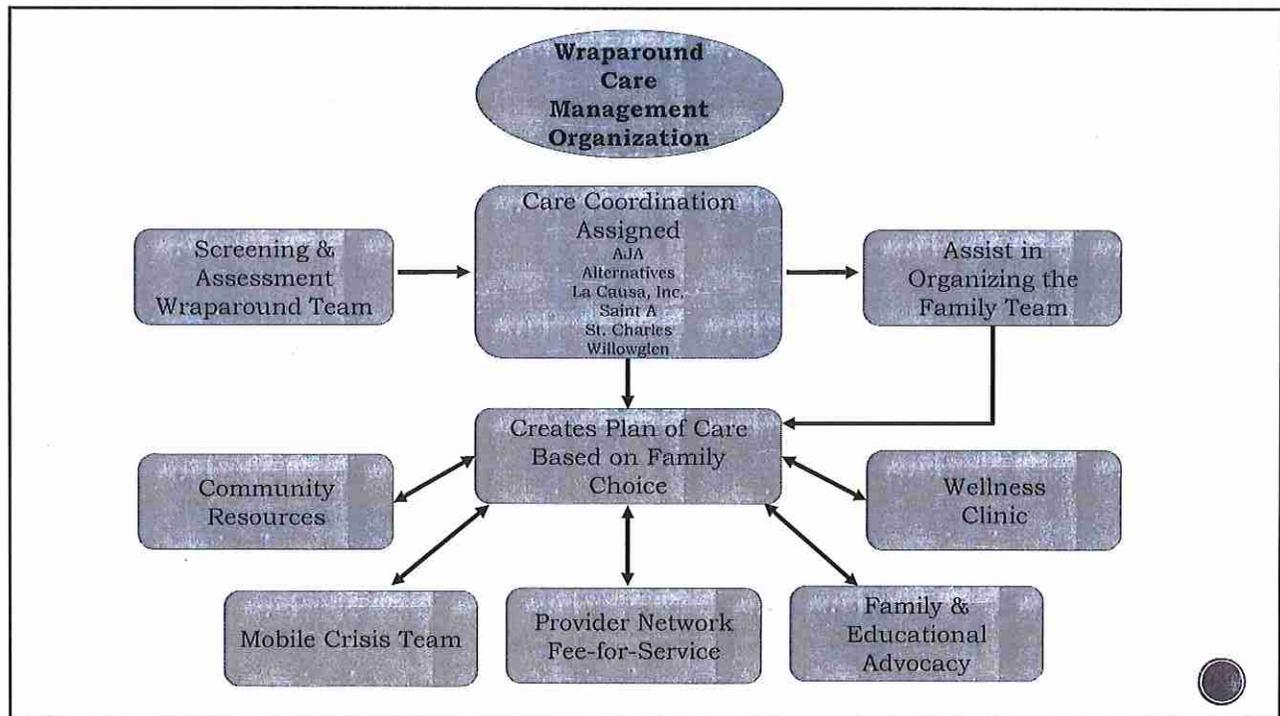
Core Values

- Collaboration
- System Integration
- Refinancing
- Community Based
- Cultural Humility
- Normalization
- Family Centered
- Strengths Based
- Needs Driven
- Unconditional Care



The Shift

- Family Directed
- Strength-Based
- Individualized
- Community-Based
- Coordinated Across Service Systems
- Cultural Humility in Service Provision
- Unconditional Care Responses
- Trauma Informed Practice



Key Components of Wraparound Milwaukee

- Care Coordination
- Family and Educational Advocacy & Support
- Mobile Crisis Services & Crisis Stabilization
- The Wellness Clinic
- Provider Network/Resource Guide
- Finance and Billing
- QA/QI and Evaluation
- IT Services
- Screening/Assessment
- Training, Coaching and High Risk Consultation
- Court liaison functions
- State Plan Authority with Financing from Medicaid, Child Welfare & Juvenile Justice



Comprehensive Service Array

Behavioral & Clinical Services	Supportive Services	Service Coordination	Other Supportive
Crisis intervention	Mentors	Care coordination	Camps
Individual therapy	Crisis 1:1 stabilizer	Respite	After school
Intensive in-home therapy	Tutor	Crisis/planned respite	Suspension accountability
Evaluation	Parent/family aide	Residential respite	Transportation
Substance abuse therapy (individual and group)	Life coach - independent living	Discretionary	Interpretive services
Medication management	Employment preparation and placement	Flex Funds	Equine therapy
Day treatment	Job - internship	Clothing	Consultation with other professionals
Special therapy (i.e. behavioral management team)	Placement Services	Food/groceries	
	Acute hospitalization	Housing assistance	
	Foster home and treatment foster home	Child care	
	Group home care	Furniture, appliances	
	Residential treatment	YMCA membership	
	Crisis/residential, group care, treatment foster care	Educational expenses	
	Supported independent living		



WRAPAROUND MILWAUKEE RESOURCE GUIDE

You are here

Provider Search

FIND A PROVIDER

Welcome to the Wraparound Resource Guide. Here you will find a wide range of individual providers reflecting diverse interests, experience, therapeutic knowledge, and personal styles. Please feel free to browse this selection of providers, based on whatever provider qualities you feel are important. Please contact your care coordinator if you are a family or enrolled member of Wraparound and have any questions.

If you are not enrolled in Wraparound Milwaukee and have questions about Milwaukee area mental health or other resources, please call the Milwaukee County Mobile Urgent Treatment Team at 414-257-7621 or visit [Impact 2-1-1](#).

Options Counseling

Wraparound Milwaukee offers five programs to provide services and supports to children, young adults and families:

- Wraparound/REACH
- O-YEAH (Transition to Adulthood)
- CORE
- Comprehensive Community Services (CCS)

Resource and Referral Line

414-257-7607



Wraparound/REACH



- WRAP/REACH provide support with families whose children have been in behavioral health services and one other system, i.e. juvenile justice, social services, child welfare, or education.
- Children are at risk of being in out of home care, as the need has been ongoing for at least 6 months and is expected to last at least a year.
- Families partner with a Care Coordinator to develop individualized plans, with Families identifying their goals and what they need to achieve those goals.
- Children are Medicaid Eligible

Resource and Referral Line - **414-257-7607**



- O-YEAH is a program designed to support older youth and young adults, who are experiencing emotional and behavioral challenges, to successfully transition to adulthood. O-YEAH is a voluntary program.
- Young adults shape and guide their plans for the future with the help of a Transitional Coordinator.
- Eligibility requirements; Milwaukee county resident, mental health diagnosis, 16.5 -23 years old

Resource and Referral Line – **414-257-7607**



CORE

Coordinated Opportunities for Recovery and Empowerment

- The CORE program offers comprehensive and specialized services and support to individuals who are experiencing their 1st episode of psychosis
- Individuals may be experiencing symptoms such as hallucinations, delusions, unusual thoughts, disorganized thinking/speech, disruption of self care
- **Diagnosis is very specific**
- Services Offered include Care Coordination, Therapy, Employment and Education Support, Peer Support and Psychiatric Services
- Age 10-23

Resource and Referral Line – **414-257-7607**



CCS

Comprehensive Community Services

- CCS provides Support and Services to youth/young adults and their families. CCS is a Recovery Oriented program
- CCS is an option for individuals who are determined to be Functionally Eligible via the State Functional Screen. Must meet ongoing eligibility on a yearly basis, CCS is a lifetime benefit
- A Mental Health or Substance Abuse diagnosis required
- Medicaid Benefit, Must reside in Milwaukee County
- Some of the services offered include Care Coordination, Therapy, Assessment and Evaluations, and Medication Management

Resource and Referral Line – **414-257-7607**



What if a child does NOT qualify for REACH, O-YEAH, CORE or CCS?

Children's Mobile Crisis Team 414-257-7621

- Voluntary support that provides crisis response
- Mental Health Assessment and crisis planning
- Crisis Stabilization services

Owen's Place, MOVE WI 414-977-4249

- Free youth support, community based drop-in center
- Transitional Support for ages 16-23 years old

Family Intervention Support Services (FISS) 414-257-4319

- Aimed at Stabilization and Prevention, designed to assist families to prevent court/system involvement
- Family Driven, voluntary program
- 12 to 18 y/o
- No insurance or mental health service history requirement
- Resources and Case Management
- Possible referral to Children's Court



Other Mental Health Resources

Utilizing current insurance to assess therapeutic services

- Individual and/or family therapy, interns (free)
- Med Management

Katie Beckett WI

Pathfinders

Walker's Point

Providers in the Community:

- Sebastian Family Psychology 414-247-0801
- Forward Choices 414-442-1751
- Family Options 414-431-4444

A FAMILY FRIENDLY GUIDE to services for Milwaukee County Special
Needs Children and Youth and Their Families:

[http://www.disabilityrightswi.org/wp-content/uploads/2017/10/DRWEASSYBooklet5Final with-links.pdf](http://www.disabilityrightswi.org/wp-content/uploads/2017/10/DRWEASSYBooklet5Final%20with-links.pdf)



Questions?



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

DATE: November 16, 2017

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

FROM: Shane V. Moiso, MD, Vice-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:

- 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.

Respectfully Submitted,



Shane V. Moisia, MD
Vice-President, BHD Medical Staff Organization

cc Michael Lappen, BHD Administrator
John Schneider, BHD Chief Medical Officer
Clarence Chou, MD, 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

**MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
GOVERNING BODY REPORT
MEDICAL STAFF CREDENTIALING REPORT & EXECUTIVE COMMITTEE RECOMMENDATIONS
NOVEMBER / DECEMBER 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.

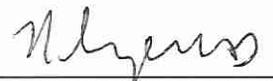
INITIAL APPOINTMENT	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE NOVEMBER 13, 2017	MEDICAL STAFF EXECUTIVE COMMITTEE NOVEMBER 15, 2017	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
MEDICAL STAFF							
Eduardo Meza, MD	General Psychiatry	Affiliate/ Provisional		Dr. Zincke 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.	
ALLIED HEALTH							
NONE THIS PERIOD							

REAPPOINTMENT / REPRIVILEGING	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE NOVEMBER 13, 2017	MEDICAL STAFF EXECUTIVE COMMITTEE NOVEMBER 15, 2017	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
MEDICAL STAFF							
Nagwa Agaiby, MD	General Psychiatry	Affiliate / Full		Dr. Zincke 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.	
Kathleen Burroughs, PhD	General Psychology- Adult; Extended Psychology-Acute Adult Inpatient	Affiliate / Full		Drs. Kuehl & Zincke 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.	
W. Matthew Drymalski, PhD	General Psychology- Adult	Active / Full		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.	
Douglas Hardy, PhD	General Psychology- Adult; Extended Psychology-Acute Adult Inpatient	Active / Full		Drs. Kuehl & Zincke 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.	
Emilie Padfield, MD	Psychiatric Officer and 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.	
James Stevens, MD	General Psychiatry	Affiliate / Provisional**		Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. Privileges are subject to completion of required 6- month provisional period, in connection with 9/1/2017 amendment.**	Recommends reappointment and privileging as per C&PR Committee.	

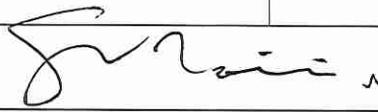
REAPPOINTMENT / REPRIVILEGING	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE NOVEMBER 13, 2017	MEDICAL STAFF EXECUTIVE COMMITTEE NOVEMBER 15, 2017	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
ALLIED HEALTH							
Leah Donovan, MSN	Advanced Practice Nursing-Family Practice	Allied Health / Full		Dr. Puls 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 NOVEMBER 13, 2017	MEDICAL STAFF EXECUTIVE COMMITTEE NOVEMBER 15, 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>							
MEDICAL STAFF							
Ricardo Bayola, MD	General Psychiatry; Child Psychiatry	Affiliate/ Provisional	Affiliate / Full	Drs. Moisis and Zincke recommend full privileges	Committee recommends change in privilege status from provisional to full for remainder of 2-year appointment period.	Recommends appointment and privileging status change, as per C&PR Committee.	
Sally Lohs, MD	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.	
Jack Owens, Jr, MD	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.	
ALLIED HEALTH							
NONE THIS PERIOD.							

AMENDMENTS / CHANGE IN STATUS	CURRENT PRIVILEGE GROUP(S) OR APPOINTMENT CATEGORY	REQUESTED / RECOMMENDED CHANGE	NOTATIONS	SERVICE CHIEF* RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE NOVEMBER 13, 2017	MEDICAL STAFF EXECUTIVE COMMITTEE NOVEMBER 15, 2017	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
NONE THIS PERIOD							


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

11/17/2017
 DATE


 VICE-PRESIDENT, MEDICAL STAFF ORGANIZATION
 ACTING CHAIR, MEDICAL STAFF EXECUTIVE COMMITTEE

11/15/17
 DATE

BOARD COMMENTS / MODIFICATIONS / OBJECTIONS TO MEC PRIVILEGING RECOMMENDATIONS:

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

GOVERNING BOARD CHAIRPERSON

DATE

BOARD ACTION DATE: DECEMBER 14, 2017