

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

**MILWAUKEE COUNTY MENTAL HEALTH BOARD  
QUALITY COMMITTEE**

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

**MINUTES**

**PRESENT:** Robert Chayer and Mary Neubauer

**EXCUSED:** Ronald Diamond, Rachel Forman and Brenda Wesley

**SCHEDULED ITEMS:**

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

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

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

12.	<p><b>Policy &amp; Procedure Update. (Lynn Gram, Safety Officer)</b></p> <p>A number of individuals have been making progress in updating/retiring various BHD policies. Overall project progress is 87.3% as of September 1<sup>st</sup>, 2017.</p> <p>An updated September 2017 progress report was distributed.</p>
13.	<p><b>Next Scheduled Meeting Date.</b></p> <ul style="list-style-type: none"> <li>• December 4, 2017, at 10:00 a.m.</li> </ul>
14.	<p><b>Announcement:</b> The 2017 BHD CARS (Community Access to Recovery Services) NIATx Collaborative Storyboard Marketplace showcasing 2016-2017 provider(s) continuous quality improvement projects is scheduled: Wednesday, October 18, 2017 from 9-11 a.m. BHD CARS 44B training room. All are welcome to attend.</p> <p>Adjournment.</p> <p>Chairwoman Neubauer ordered the meeting adjourned.</p> <p>This meeting was recorded. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Behavioral Health Division/Mental Health Board web page.</p> <p>Length of meeting: 10:03 a.m. to 12:23 p.m.</p> <p>Adjourned, Jennifer Bergersen, Chief Operations Officer jb</p> <p><b>Kiara Abram</b> Executive Assistant Milwaukee County Mental Health Board</p>
<p align="center"><b>The next regular meeting for the Milwaukee County Mental Health Board Quality Committee is Monday, December 04, 2017, @ 10:00 a.m.</b></p>	
<p align="center"><b><i>ADA accommodation requests should be filed with the Milwaukee County Office for Persons with Disabilities, 278-3932 (voice) or 711 (TRS), upon receipt of this notice.</i></b></p>	