

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

**MILWAUKEE COUNTY MENTAL HEALTH BOARD**

**Thursday, January 26, 2017 - 2:30 P.M.**  
**Washington Park Senior Center**  
**4420 West Vliet Street**

**MINUTES**

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

\*Board Members Mike Davis and Maria Perez 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.**

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| 1. | <p><b>Welcome.</b></p> <p>Chairman Shrout opened the meeting by greeting Board Members and the audience.</p>   |
| 2. | <p><b>Approval of the Minutes from the December 15, 2016, Milwaukee County Mental Health Board Meeting.</b></p> <p><b>MOTION BY:</b> (Thorson) Approve the Minutes from the December 15, 2016, Milwaukee County Mental Health Board Meeting. 7-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Forman)</p> <p><b>AYES:</b> Chayer, Forman, Lutzow, Neubauer, Shrout, Thorson, and Wesley - 7</p> <p><b>NOES:</b> 0</p> <p><b>EXCUSED:</b> Davis and Perez – 2</p> |
| 3. | <p><b>State of Wisconsin Legislative Audit Bureau Report 16-14, Milwaukee County Mental Health Board. (Informational)</b></p> <p>Michael Lappen, Administrator, Behavioral Health Division (BHD)<br/>Randy Oleszak, Chief Financial Officer, BHD<br/>Jennifer Bergersen, Chief Clinical Officer, BHD</p>   |

**SCHEDULED ITEMS (CONTINUED):**

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|    | <p>Mr. Lappen provided background on the report explaining how its origin derived from Act 203. He addressed each recommendation reflected in the report detailing which recommendations are currently in place and which recommendations staff is working to implement.</p> <p>Discussion ensued at length.</p> <p>The Audit will be brought back to the Board for further discussion at the February 23, 2017, Board meeting.</p> <p><b>The Board took a break after Item 3 at 4:01 p.m. and reconvened at approximately 4:30 p.m. The roll was taken, and all Board Members were present.</b></p>  |
| 4. | <p><b>Public Comment on Behavioral Health Division Topics/Services. (Informational)</b></p> <p>The meeting opened for public comment on Behavioral Health Division Topics/Services. The following individuals appeared and provided comments:</p> <p>Jan Wilberg, Mental Health Task Force<br/>Rick Badger, AFSCME<br/>Dedra Richardson, Blue Ribbon Health Care<br/>Julia Loritz, Independence First<br/>Julie Alexander, Independence First<br/>Mike Hineberg, Independence First<br/>Barbara Beckert, Disability Rights Wisconsin<br/>Joel Garny<br/>Mary Lou Burger, Mental Health Task Force<br/>Eugene Barufkin, Wisconsin Voices for Recovery<br/>Clay Ecklund<br/>Julie Meyer<br/>Josephine Morris<br/>Maria I. Nogueroon<br/>Jamie Lucas, WFNHP<br/>State Representative Jonathan Brostoff<br/>Milwaukee County Supervisor Supreme Moore Omokunde<br/>Denise Caradine-Beechum<br/>Marion Chambers</p> <p>Kenyatta Yamel registered but did not speak on this Item.</p> |

**SCHEDULED ITEMS (CONTINUED):**

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| <b>5.</b>   | <p><b>Adjournment.</b></p> <p><b>MOTION BY:</b> (Neubauer) <i>Adjourn. 9-0</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Chayer)</p> <p><b>AYES:</b> Chayer, Davis, Forman, Lutzow, Neubauer, Perez, Shrout, Thorson, and Wesley - 9</p> <p><b>NOES:</b> 0</p> <p><b>EXCUSED:</b> 0</p> |
| <p>This meeting was recorded. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Behavioral Health Division/Mental Health Board web page.</p> <p>Length of meeting: 2:33 p.m. to 5:28 p.m.</p> <p>Adjourned,</p><br><p><b>Jodi Mapp</b><br/>Senior Executive Assistant<br/>Milwaukee County Mental Health Board</p> |  |
| <p><b>The next regular meeting for the Milwaukee County Mental Health Board is<br/>Thursday, February 23, 2017, @ 8:00 a.m. at the<br/>Zoofari Conference Center<br/>9715 Bluemound Road</b></p>  |  |

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

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Dr. Robert Chayer, Secretary  
Milwaukee County Mental Health Board

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

**DATE:** February 9, 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 (BHD) since the previous Board meeting and provide ongoing perspectives to the Milwaukee County Mental Health Board regarding the work of the organization and its leadership.

**Discussion**

**Legislative Audit Bureau Recommendations: BHD Progress, Request for Statutory Support, and Further Updates**

- **Summary**

At the special meeting of the Milwaukee County Mental Health Board convened to discuss the Legislative Audit Bureau report released in December 2016, the Board directed BHD to seek clarity from the LAB on the “contract, statutory, or Federal regulation” that guided the recommendations, to enable BHD to prioritize those recommendations that were driven by such requirements versus those that were encouraging best practices. Additionally, the Board directed BHD to present at each MCMHB meeting going forward a listing of LAB recommendations, noting which ones have been completed, which ones (not completed) are most urgent because they pertain to a contract, statutory or federal requirement (including a timeline for completion), and which ones (not completed) are best practice recommendations, but are not a contract, statutory or federal requirement (including a timeline for completion or a reason for why the LAB recommendation should not be completed).

When this report was submitted, BHD had not yet received a formal response from LAB, so the presentation below demonstrates the LAB recommendations that have been completed and the status of the others.

- **Completed Recommendations**

*The LAB report states that “BHD does not consistently budget on a program-level basis or maintain expenditure information in sufficient detail to allow for an accurate estimation of program-level expenditures for MOST (emphasis added) of its 26 programs.” The LAB recommends that such reporting be implemented (p. 18).*

BHD actually implemented such reporting in 2016 for 8 major programs representing 78% of the total BHD budget: Acute Adult Inpatient, Child and Adolescent Inpatient (CAIS), Psychiatric Crisis Services (PCS), Wraparound, Targeted Case Management (TCM), Comprehensive Community Services (CCS), Community Support Programs (CSP), and Community Recovery Services (CRS). This information was most recently shared in a third quarter report to the Finance Committee (and later shared with the full board) included dashboards with complete financial information for each service, and represented the most current information at the time. Previously, most of the AODA services were accounted for and reported on based on the requirements of the funding source (AODA Block Grant and TANF). Fiscal will report on 11 AODA “programs” in the same format as the other major programs in 2017, re-defining each AODA service as a program as suggested by LAB. This means that the great majority of the BHD 2017 budget expenditures will be reported as recommended by the LAB. There are several “programs” that are implemented with contracts with a single provider (for example, Community Linkage and Stabilization). These contracts are approved by the Board as part of the budget process, and the process of monitoring the contract is not enhanced by the program level accounting that larger programs will now be tracked with.

*The LAB recommendation is to submit to the Board for its review and approval all fee-for-service contracts that are likely to total or exceed \$100,000 (p. 20).*

Fee-for-Service Contracts were advanced to the Finance Committee of the Board for approval starting in August of 2016. All such contracts will be presented for Board approval going forward.

*The LAB recommends BHD centrally maintain all policies adopted by the Board and make them accessible to Board members and the public (p. 67). The report goes on to recommend the Board: “Maintain in a central location all of the policies adopted by the Milwaukee County Mental Health Board, Ensure all Milwaukee County Mental Health Board members are provided with current copies of these policies, including information on the dates they were adopted and the dates they were revised, if applicable; and make these policies accessible to the public by posting them on the Milwaukee County Mental Health Board’s website.”*

Policies adopted by the MCMHB are currently available on the Board's web page.  
<http://county.milwaukee.gov/ImageLibrary/Public/BHD/20161215160851762.pdf>

More detail will be added when we publish the new upgrade to the BHD web page in 2017. It is possible that each action item could be listed to make it easier and more transparent for the public to track Board decisions.

*The LAB recommended BHD develop a strategy to address staffing issues at its hospital, and report on this strategy to the Joint Legislative Audit Committee and the Board by June 1, 2017 (p. 39).*

A comprehensive recruitment and retention plan was developed and implemented in 2016 to address psychiatrist, registered nurses and crisis clinician recruitment. Pay ranges for psychiatrist were modified, a new recruitment agency was hired, a temporary agency was retained for nurses and the Finance Committee approved \$2,000,000 at the December 2016 meeting for temp staff. Shift differentials were improved. Sign-on bonuses were established. A referral bonus program developed. Attendance incentives were implemented. A school loan payback program was developed. A comprehensive marketing plan was developed by Kane Communications to attract nursing. It is scheduled to be formally rolled out mid-Feb 2017 to include targeted internet, radio, and print media campaigns. Nine new nurses were scheduled to start in February as of 2/6. Seven were recruited as regular BHD employees (3 with referral bonuses to current staff) and 2 "agency" nurses.

*The LAB recommended BHD electronically maintain records of services provided to recipients, and to report on this strategy to the Joint Legislative Audit Committee and the Board by June 1, 2017 (p. 48).*

Provider Connect, a Netsmart product that also can interface with our electronic health records, went live 10/1/2015 and maintains this data. This system facilitates billing, authorization, and documentation with the BHD provider network. LAB observed that BHD staff struggled to retrieve data on services provided in 2015, but those services occurred during the transition between 2 BHD systems, and also the transition from the State HSRS to State PPS system, complicating the requests and creating numerous data reconciliation issues.

*The LAB recommended BHD review the 144 policies that are overdue for review, and report on this to the Joint Legislative Audit Committee and the Board by June 1, 2017 (p. 65).*

A comprehensive plan has been developed by the BHD safety officer to review, revise, or retire all policies in the Policystat system by May 1<sup>st</sup> 2017. Policystat was first implemented in October 2015. The system allows for robust policy management, and allows for a central repository of all policies and a method to track historical changes. All BHD policies were entered into Policystat at implementation, even those that were obsolete, so that we could maintain an audit history of amended or retired policies. This meant that there were many policies that now appear to be long overdue for review.

*The LAB recommended the Behavioral Health Division develop performance indicators specific to each of its four community-based programs for children and adolescents.*

The LAB report refers to the four programs serving children and adolescents as Wraparound, REACH, OYEAH and MUTT. Wrap and REACH have had performance indicators in place for over 10 years and the data has been maintained and reviewed with all contracts associated with those programs twice a year with a performance improvement plan submitted each time.

*The LAB recommended BHD submit the proposed performance indicators for community-based programs for children and adolescents to the Milwaukee County Mental Health Board for its review and approval.*

BHD has reported to the Quality Committee and the full MCMHB performance indicators for Wraparound and Reach since the Board was established. Performance indicators have also been developed for OYEAH and the Mobile Urgent Treatment Team (MUTT) and will be presented for approval in March 6, 2017.

*The LAB recommends BHD annually report to the Milwaukee County Mental Health Board on the results of its performance indicators for community-based programs for children and adolescents; and adequately document and maintain information on its procedures and the data used to support its measurements (for children and adolescents) for at least five years from the time the performance results are reported to the Milwaukee County Mental Health Board.*

BHD has done this for close to 20 years for Wrap, and close to 10 years for REACH once we made the expansion to that population. It has been reported to the MCMHB Quality Committee through the annual report that then gets passed on to the full board. We will add the indicators for OYEAH and MUTT once approved in March 2017.

- **Recommendations with Significant Progress**

*The LAB recommends BHD maintain and analyze electronic data on the specific community-based services provided to all recipients who are discharged home from its psychiatric emergency room (p. 26).*

This can be relatively easily implemented for individuals enrolled or connected to services through BHD Community Access to Recovery Services (CARS), since the information is already available in Avatar. BHD has requested this system upgrade, and have identified it as a high priority. We will also add a field to capture non-BHD providers, so we can collect, analyze, and report this data. The latter will be more challenging, as there are many providers outside our network, but we are committed to capturing the data.

*The LAB recommends BHD develop and submit to the Board for its approval adequate performance indicators for each of its programs, modify the calculation of certain performance indicators to ensure they are accurate, maintain information on the procedures it used, and annually report performance results to the Board (pp. 34, 52, and 61).*

Performance indicators have been added to fee-for-service contracts and are being developed for others. The Chief Quality Officer will present to the Quality Committee a timeline and methodology for the implementation of such indicators across a number of programs throughout 2017.

*The LAB report recommends BHD modify its contracts for mental health services to include provisions establishing performance based standards, annually assess vendor performance, and annually report to the Board on these assessments (p. 64)*

Performance measures have been added to each contract as services have moved from Purchase-of-Service to Fee-for-Service (TCM completed, AODA Residential in progress). There is a long-term plan to include such measures in all contracts, but this has been a challenge to implement quickly. Challenges presented by providers, and internal BHD resource limits in our Contracting and Network Management areas have slowed progress.

**\*\*There are similar recommendations repeated under "oversight": BHD should modify its contracts for mental health services to include provisions establishing performance-based standards and use these standards to measure vendor performance. Assess the performance of each of its vendors on an annual basis; and submit to the Milwaukee County Mental Health Board an annual report summarizing the results of its vendor performance assessments, including any significant performance concerns it may identify.**

*The LAB recommends BHD clearly delineate the community-based programs for adults that it administers and the services provided by each (p. 48)*

Community Access to Recovery Services (CARS) staff will present to the MH Board on all programs in 2017, scheduling each of the major programs over several meetings to allow for adequate explanation. We are developing new materials describing programs, and also plan to develop a comprehensive guide to services based on an example provided by Barbara Beckert from the La Crosse integrated care consortium. Furthermore, we have been directed to link program descriptions and the related budget expenditures in presentations to the Board to help more clearly demonstrate how budget and services are presented.

*The LAB recommends identifying the policies that apply to each of its programs and the policies with which vendors are expected to comply (p. 48).*

All BHD policies will be reviewed by May 1, 2017. Current contracts have significant reference to policies, but each will need to be reviewed as policies are amended, retired, etc.

- **Recommendations Requiring Clarification, Further Analysis, Prioritization Criteria, etc. as of February 6, 2017**

*The LAB recommends developing performance indicators for individuals placed on a waiting list for institutional-based care (p. 39).*

BHD will work with the Quality Committee to review the data related to this item, and develop meaningful KPI.

*LAB recommends that the Board comply with statutes by appointing a Board of Trustees for BHD's psychiatric hospital, as specified ins. 46.18 (1), Wis. Stats. (p. 70).*

Corporation Counsel observed that Act 203 amended certain provisions of chapter 46, including a long dormant (and ignored) clause regarding the naming of trustees for the "institution". We will work with the state audit bureau and counsel to better understand any required further obligations under this provision and report back to the Board accordingly. Corporation Counsel is reaching out to the Attorney General's office about whether the MHB is really truly required to name trustees to perform (redundant) duties essentially now assigned to the Mental Health Board. The LAB also suggests that a change in State law might be logical to seek on this issue.

*The LAB recommends BHD should exclude scores of zero in calculating the average progress made by recipients who are served by community-based programs for children and adolescents.*

BHD believes that this recommendation is based on a misunderstanding of the performance measure that utilizes “zero” when an agency does not address an area of need. Eliminating “zero” will lead to sloppy practice where a care coordinator could simply skip ranking some of the final scores of need on the final plan of care to enhance their overall rating of success. Wrap/REACH staff use zeros to make sure that the care coordinator is reviewing all needs in the final plan of care and allowing the family to rank their level of progress. When they fail to do this, or skip over a need, that gets scored a zero. This doesn't happen often, and the assumption is that providers know they will get a “zero” if they fail to address a need, and thus reduce their average score. Staff will review this particular issue with the Quality Committee and report back to the full Board.

## **High Quality and Accountable Service Delivery**

- **Journey House Funding/Accessibility**

While the current project serving 10 individuals transitioning out of the Wraparound Program does not have accessible apartments, no individuals have been turned away from the program who needed an accessible apartment, and James Mathy from the Housing Division indicates that his agency would accommodate such a request at another site that was accessible if needed. Additionally, Phase II of the project, in a partnership with Gorman and Company, Pathfinders, and the Housing Division, there be newly constructed “tiny houses” that will include accessible units. There will be approximately 24 homes built, with the first 8 reserved for more participants from Wraparound. Pathfinders is providing services, including Peer Support to the project.

- **Program Descriptions**

Community Access to Recovery Services (CARS) is working with Kane Communications to improve our materials describing programs. We have a document (**Attachment A**) with basic descriptions of each program as a first step, and we will develop more comprehensive descriptions of services, eligibility, providers, etc. We are also looking to develop a more comprehensive guide for families based on a template used by La Crosse within their multi-County consortium.

- **Waitlists for Community Services**

TCM: Effectively has no wait list. Once eligibility is determined, people are assigned in real time.

CCS: No wait list. Individuals are connected with the service facilitation agency they chose within a day or two---and often even the same day.

CBRF: There were 6 people on the "wait list" at the end of 2016. Four were actively working on their move in dates - tours, overnights, etc. The other two were either not yet ready for placement or are ambivalent about accepting placement - both would have had a placement immediately available to them were they ready. There are six CBRF beds currently open in the system. By including these as "wait list," it appears that BHD is delaying a service when the delays are outside of our control and not always related to capacity.

CSP: There were 60 people on the CSP wait list at the end of December 2016. As of February 3, 2017, there are 33 individuals waiting for CSP. Twenty-eight of them are currently in a CARS service: TCM or CCS, with a request for a higher level of care. There are five individuals receiving crisis case management and who have been prioritized for CSP. The longest wait time for an individual waiting for CSP who is not in TCM or CCS is 22 days.

A large number of CSP clients were transferred from an underperforming provider to other providers in the second half of 2016, and this transition has contributed to a backlog for this service. There is sufficient capacity in the system in that there are approximately 70 open CSP slots at this time, but given the nature of CSP, it is not possible for agencies to admit a large number of clients at a time. We currently have 17 teams serving more than 1300 individuals. ACT fidelity standards dictate that teams can admit no more than four clients per month. We believe the current capacity will be able to address the wait list and the progress since December supports this.

### **Other Topics of Interest**

- **"Fake News" Directed at BHD**

A recent story in the Milwaukee Record, comments by a caller to WNOV, and also statements made during public comments at the recent MCMHB listening session alleged that the LAB audit report indicates that there are 27 individuals served through the Community Based Residential Facilities (CBRF) program "missing". The information apparently comes from Appendix 4 page 10 of the LAB report: Selective Treatment

Outcomes. The appendix lists the target population as "Adults who have severe mental health issues that require supervision and care in a residential setting", and indicates there were 180 individuals served with an average length of stay of 5.7 years. Recipient Treatment Outcomes are listed, and there are zero recipients listed for "major" or "moderate improvement", zero recipients listed in "unchanged or worsened", 3 recipients are reported as "leaving a program before treatment was completed", 149 recipients are listed as "Continued in Treatment Program", and 27 recipients are listed as "unknown". It appears that these "unknown" recipients are cases where either the data provided to LAB did not exactly match their categories, or where surveys were not returned. The outcomes data for Community Based Detoxification Residential Program shows 1413 recipients in the "unknown" category, yet no allegation of "missing" clients has been made from that data. This appears to be a calculated misrepresentation of data.

Respectfully Submitted,

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

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

# Attachment A



**Community Access to Recovery Services (CARS)** — A department of Milwaukee County's Behavioral Health Division — provides a full array of supportive, recovery-oriented services for persons coping with severe and persistent mental illness and/or substance use disorders. CARS serves over 10,000 Milwaukee County residents each year. Its offered programs, work collaboratively to ensure that individuals receive trustworthy, high quality, reliable services to support them in addressing their mental health and/or substance abuse treatment needs.

**CSP – Community Support Program** – The most intensive level of case management available in a person's home or community. If necessary, CSP consumers can be seen up to seven days per week, two times per day. CSP services are available for individuals coping with a severe a persistent mental illness and/or substance use disorder. Services include: supportive psychotherapy, stress reduction, medication management, social skills training, independent living skill development, crisis services, employment-related supports, symptom management. In Milwaukee County, all CSPs utilize ACT-IDD (Assertive Community Treatment and Integrated Dual Disorder Treatment), which are evidence-based practices.

**CCS – Comprehensive Community Services** – A voluntary, consumer driven, Medicaid benefit that offers a wide variety of supports based on a consumer's needs and desires. CCS services are traditionally less intensive than a CSP, but more intensive than an outpatient level of care. To be eligible for CCS, a consumer needs to be diagnosed with a mental health condition, substance use disorder, or both. Services can include: peer support, service coordination and linkage to community resources, managing physical health, independent living skill development, psychotherapy, employment and education related skills training, medication management, substance abuse treatment, wellness management and recovery support, and individual and family psychoeducation. Other covered services include: personal training, art therapy, yoga, etc.

**TCM- Targeted Case Management** – Targeted Case Management (TCM) is the least intensive case management model offered by CARS. Within TCM, the case manager and consumer generally meet one time per week. TCM is designed to address the needs of individuals coping with mental health and/or substance use disorders. Services offered include: service linkage and consultation, system navigation, crisis assistance planning, general monitoring, and independent skill development.

**AODA Targeted Case Management (TCM)** – For individuals who are in the early stages of recovery and primarily struggling with a substance use disorder, CARS offers a specialized level of TCM that meets consumers where they are at and works in partnership to connect them to resources and services that will assist them in moving further along in the recovery process.

**CRS – Community Recovery Services** – A Medicaid benefit that funds additional services intended to enhance levels of support for individuals coping with severe and persistent mental illness. Services are delivered in partnership with existing case management and other service providers. Three services are available under the CRS benefit: Peer Support, Community Living Supportive Services (independent skill development, social skills training, coping skill development, etc.), and Supported Employment. CRS is currently being offered within qualifying contracted CBRF facilities.

**Day Treatment** – Offers therapeutic services via two separate tracks: Stabilization and Recovery or Dialectical Behavioral Therapy (DBT). Within both programs, a multi-disciplinary team of highly skilled clinicians work closely with consumers to develop coping strategies and skills that will support them in moving forward in their recovery. Services are generally offered in a group setting. Groups meet hourly Monday, Tuesday, Thursday and Friday from 10 AM- 3:00 PM. Length of participation is determined by both the team and consumer, but generally ranges from 3- 12 months. Prescriber and other medication management services are available to consumers while they are enrolled in Day Treatment. Descriptions of the two programs are listed below:

**Stabilization and Recovery Program**- offers a variety of groups to facilitate stabilization of symptoms from mental illnesses such as Schizophrenia, Schizoaffective disorder, Bi-polar Affective disorder, and Major Depressive disorder.

***Dialectical Behavioral Therapy (DBT) Program***- DBT is a nationally recognized treatment approach, and is the treatment of choice for individuals living with chronic suicidal thoughts, self-injurious and impulsive behaviors, and emotional dysregulation. The program integrates behavioral and dialectal therapy with the use of eastern mindfulness practices. DBT has proven to be effective in enhancing social and life function, reducing suicidal behaviors, reducing substance abuse, improving engagement in therapy, and reducing hospitalizations.

**CBRF** – Community-Based Residential Facilities offer the highest level of residential support and service intensity for adults coping with severe and persistent mental illness, outside of an inpatient setting. This level of care is intended for individuals who have struggled to live safely and successfully in the community with other types of supportive services in place. CBRFs offer 24 hour on-site supervision, monitoring, and intensive service delivery. Services include, but are not limited to: medication management, independent skill development, social skills training, physical health monitoring and management, crisis management, etc.

**Access Points** – To access the services offered by CARS, Milwaukee County offers several different access point locations. The access points utilize a comprehensive approach to the screening and assessment of both behavioral health and/or substance use disorders. The screening process, for CARS services, can take up to two hours and is based on consumer choice. The comprehensive screen identifies strengths in multiple life domains such as: family, emotional health, education and employment, living environment, etc. The screen concludes with matching the recommended service to the individual's needs for behavioral health and/or substance use disorder services.

**OP – Outpatient** – Outpatient is a non-residential treatment service totaling less than 12 hours of counseling per consumer per week, which provides a variety of evaluation, diagnostic, crisis and treatment services relating to substance abuse to ameliorate negative symptoms and restore effective functioning. Services include individual counseling and intervention and may include group and family therapy and referral to non-substance abuse services that may occur over an extended period

**MHOP – Mental Health Outpatient Package** – Milwaukee County partners with providers to provide outpatient psychotherapy to persons without insurance. The average session is one hour per week for eight weeks. MHOP was created to take another step toward fully integrated, holistic behavioral health care. To access MHOP, a person can present to any of the Access Points.

**RSC** – Recovery Support Coordination is a strength-based case management model similar to Targeted Case Management. It is the expectation that RSCs meet with their consumers at least one time per week for the purpose of service planning, coordination, and service delivery. RSCs offer an additional level of support beyond the provision of formal services. CARS offers RSC services to various target populations including, but not limited to: pregnant woman coping with a substance use disorder, families with minor children, IV drug users, and individuals receiving Medication-Assisted Treatment (MAT).

**Residential AODA Treatment** – A clinically supervised, peer supported, therapeutic environment with clinical involvement. This service offers substance abuse treatment, in the form of counseling, 3 to 11 hours per consumer per week. Immediate access to peer support and intensive case management is available. Additional services may include: education and monitoring in the areas of personal health and hygiene, community socialization, job readiness, problem resolution counseling, housekeeping, and financial planning.

**Detox** – Detoxification is a set of interventions aimed at managing acute intoxication and withdrawal to minimize the physical harm caused by the abuse of substances. Supervised detoxification can prevent potentially life-threatening complications that may arise in the absence of treatment. Detoxification is also a form of palliative care for persons who want to become abstinent from substance use. Detoxification is a critical component on the continuum of care that provides emergency stabilization services for a person in need, preparing that individual for engagement with appropriate substance abuse treatment commensurate with his or her ongoing needs.

**Medication-Assisted Treatment (MAT)** – A combination of medication, counseling, and behavioral therapy proven to be effective in treating alcohol and opioid dependency.

**COUNTY OF MILWAUKEE**  
**Behavioral Health Division Administration**  
**INTER-OFFICE COMMUNICATION**

**DATE:** February 9, 2017

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

**FROM:** Héctor Colón, Director, Department of Health and Human Services  
Approved by Mike Lappen, Administrator, Behavioral Health Division  
Prepared by Jennifer Bergersen, MSW, Chief Clinical Officer, Behavioral Health Division

**SUBJECT:** Informational Report from the Director, Department of Health and Human Services (DHHS), Identifying BHD's Funding Allocations and Program Efficiencies for Mental Health Programs in Compliance with Ch. 51 of Wisconsin Statutes

**Issue**

Wisconsin Statute 51.41 (8)(a) requires the Milwaukee County Mental Health Board to submit a report on the funding allocations for mental health programs and services by March 1 every year beginning in 2015.

Per the statute, the report is to include a description of the funding allocations for mental health functions, services and programs as well as describe improvements and efficiencies in these areas. The report is to be provided to the County Executive, Milwaukee County Board of Supervisors and the State Department of Health Services. DHS is to make the report available to the public by posting it to the DHS website.

**Discussion**

**I. Funding Allocations**

In compliance with the statute, the table below identifies the 2015 net revenues received by program area for both inpatient and Community Access to Recovery Services (CARS). As shown in the table, there is an even distribution of BHD's major funding streams: patient revenues, State & Federal grants/Basic County Allocation (BCA), and tax levy. Each source comprises about one-third of the overall revenue received by BHD for its programs and services.

In terms of the split between inpatient and CARS, the majority of BHD's total tax levy allocation supports inpatient services. CARS derives most of its nearly \$99.6 million in revenue from Patient Revenue and State and Federal grants, which account for about \$70.2 million of its total funding making it less reliant upon the county's tax levy. Patient revenue accounts for 33 percent of Inpatient's overall revenue and 41 percent of CARS' overall revenue.

**Milwaukee County Behavioral Health Division  
Funding Allocations by Program - 2015 Actuals**

| 2015 BHD Funding Allocation |                   |                      |                   |                  |                   |                    |
|-----------------------------|-------------------|----------------------|-------------------|------------------|-------------------|--------------------|
|                             | Patient Revenues  | State/Federal Grants | BCA               | Other            | Tax Levy          | Total              |
| Inpatient Hospital          | 24,523,780        | 488,700              | 7,700,026         | 808,169          | 40,399,913        | 73,920,588         |
| Community Services          | 40,946,631        | 29,273,715           | 14,636,560        | 1,868,608        | 12,899,080        | 99,624,594         |
| <b>Total BHD</b>            | <b>65,470,411</b> | <b>29,762,415</b>    | <b>22,336,586</b> | <b>2,676,777</b> | <b>53,298,993</b> | <b>173,545,182</b> |
| <i>% of total funding</i>   | 38%               | 17%                  | 13%               | 2%               | 31%               |                    |

| 2015 Inpatient Funding Allocation |                   |                      |                  |                |                   |                   |
|-----------------------------------|-------------------|----------------------|------------------|----------------|-------------------|-------------------|
|                                   | Patient Revenues  | State/Federal Grants | BCA              | Other          | Tax Levy          | Total             |
| Acute Adult                       | 12,849,328        | -                    | -                | -              | 17,838,765        | 30,688,093        |
| CAIS                              | 6,041,622         | -                    | -                | 85,838         | 814,276           | 6,941,736         |
| Rehab Hilltop - closed            |                   |                      |                  |                |                   | -                 |
| Rehab Central                     | 1,211,912         | 488,700              |                  | 399            | 8,922,879         | 10,623,890        |
| Psychiatry/Fiscal Admin           | 86,058            | -                    | -                | 797,392        | (601,141)         | 282,309           |
| Psych Crisis                      | 4,334,860         | -                    | 7,700,026        | (75,460)       | 13,425,134        | 25,384,560        |
| <b>Total Inpatient</b>            | <b>24,523,780</b> | <b>488,700</b>       | <b>7,700,026</b> | <b>808,169</b> | <b>40,399,913</b> | <b>73,920,588</b> |
| <i>% of Inpatient Funding</i>     | 33%               | 1%                   | 10%              | 1%             | 55%               |                   |

| 2015 Community Services Funding |                   |                      |                   |                  |                   |                   |
|---------------------------------|-------------------|----------------------|-------------------|------------------|-------------------|-------------------|
|                                 | Patient Revenues  | State/Federal Grants | BCA               | Other            | Tax Levy          | Total             |
| MH                              | 5,583,437         | 7,749,372            | 12,302,829        | 361,192          | 11,215,896        | 37,212,726        |
| AODA                            | -                 | 8,493,614            | 2,333,731         | 1,149,811        | 1,772,867         | 13,750,023        |
| Wraparound                      | 35,363,194        | 13,030,729           | -                 | 357,605          | (89,683)          | 48,661,845        |
| <b>Total Community Services</b> | <b>40,946,631</b> | <b>29,273,715</b>    | <b>14,636,560</b> | <b>1,868,608</b> | <b>12,899,080</b> | <b>99,624,594</b> |
| <i>% of Community Funding</i>   | 41%               | 29%                  | 15%               | 2%               | 13%               |                   |

## II. Program and Service Improvements & Efficiencies

BHD has been working diligently to provide outstanding care to its patients while simultaneously making an increased and continual investment in behavioral health services and support in the community. The following narrative, SMART Goals Chart (**Attachment A**) and Slide Show (**Attachment B**) describe the strides BHD has achieved in key areas over the last few years, including a 69.7 % decrease in psychiatric acute adult inpatient admissions, 50.9 % reduction in emergency detentions and 38.4% reduction in emergency room admissions.

### ***Community Access to Recovery Services (CARS)***

Community Access to Recovery Services (CARS) is the community-based mental health and substance abuse system for adults in Milwaukee County. CARS provides and oversees a variety of services to help adults with behavioral health issues achieve the greatest possible independence and quality of life by assessing individual needs and facilitating access to appropriate community services and supports. CARS is committed to fostering independence, choice, and hope for individuals by creating an array of services that are person-centered, recovery oriented, trauma informed, and culturally intelligent.

### ***Grant Awards***

#### ***MacArthur Foundation Grant***

In April 2016, Milwaukee County was awarded a \$2 million grant from the John D. and Catherine T. MacArthur Foundation to implement reforms to safely reduce Milwaukee's jail population and address racial and ethnic disparities in the justice system. One of the reform strategies involves methods to further promote law enforcement's utilization of existing mental health crisis services which includes a proposed expansion of the Crisis Assessment Response Team (CART). Through grant funding, there will be a new CART that partners a BHD clinician with a District Attorney investigator to provide county-wide intervention and outreach. Other strategies focus on changing key drivers of entry into the jail, increasing care and decreasing length of stay of individuals with significant trauma and mental health issues in the jail, as well as providing law enforcement with an expanded toolbox for responding to individuals with mental health issues.

#### ***Treatment Service Enhancements for Milwaukee County Adult Drug Treatment Court***

In August of 2016, CARS was awarded a grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to enhance services of the already existing Milwaukee County Adult Drug Treatment Court. This grant proposes to increase the completion rate for individuals enrolled in Adult Drug Treatment Court and reduce recidivism by implementing evidence-based practices that serve the needs of opiate users, formalize transitions to aftercare and enhance protocols and linkages for all Veterans. This federal grant is to span three years for a total of \$973,520.

#### ***Coordinated Specialty Care for Early Intervention for First Episode Psychosis***

In October of 2016, the Behavioral Health Division was awarded a \$369,000 grant from the state of Wisconsin Department of Health Services to incorporate Comprehensive Community Services (CCS) as a foundation of a Coordinated Specialty Care (CSC) model for young adults ages 15-25. The grant proposes to increase the number of individuals served through the current first episode psychosis (FEP) program, Coordinated Opportunity for Recovery and Empowerment (CORE), which was established in 2015 by MCBHD Wraparound Milwaukee.

### ***Targeted Case Management***

Targeted Case Management (TCM) is a service to support individuals with serious and persistent mental illness to live as independently as possible in the community. TCM must include assessment, case planning, obtaining and referral to services, ongoing monitoring, and services coordination. In 2016, these services were successfully transitioned to a fee-for-service network to address capacity issues and increase enrollments. This created an increased ability to serve individuals which resulted in the elimination of the waitlist for TCM services.

### ***Assertive Community Treatment & Integrated Dual Disorder Treatment***

CARS has continued to expand the evidence based practices of Assertive Community Treatment (ACT) and Integrated Dual Disorder Treatment (IDDT) in the Community Support Programs (CSP). ACT is a multi-disciplinary team providing services to individuals with serious and persistent mental illness and their natural supports that are comprehensive, community-based, psychiatric rehabilitative, and individualized. IDDT provides clinical interventions that are tailored to the readiness to change of the individual. By the end of 2016, all eight CSPs were trained on ACT and IDDT and all are demonstrating fidelity to both models. Currently, within the eight CSPs, there are now 17 ACT Teams in Milwaukee County.

In 2016, CARS made a decision to discontinue the use of the fidelity measurement tool, the Dartmouth Assertive Community Treatment Scale (DACTs) in support of a tool that measures person-centered and recovery-oriented practices. CARS decided on the Tool for Measurement of Assertive Community Treatment (TMACT). The TMACT focuses on team processes rather than just the structure of the team. These clinical processes and services are measured by reviewing a team's Operations and Structure, Core Team, Specialists Team, Core Practices, Evidence-Based Practices, and person-Centered Planning and Practices. Thus far, six ACT Teams have been reviewed with this new fidelity measurement tool.

### ***Comprehensive Community Services***

Comprehensive Community Services (CCS), which is a Medicaid entitlement that provides a coordinated and comprehensive array of recovery, treatment, and psychosocial rehabilitation services, continues to expand in Milwaukee County. There were 27 admissions to CCS in 2014, 225 in 2015, and 442 admissions in 2016 bringing the total number of individuals enrolled in CCS since being offered in Milwaukee County to 674. There were also 155 discharges which brings the total number of individuals enrolled in CCS at the end of 2016 to 519. This rate of increase is on target for reaching the projected enrollment goal of 800 by the end of 2017. CCS also had the success of enrolling a child in 2016 and will continue to expand this benefit to children and adolescents throughout 2017.

### ***Employment***

The Behavioral Health Division Community Access to Recovery Services (CARS) Department recognizes the important role employment and education play in an individual's recovery. As a result, CARS supports the Individual Placement and Supports (IPS) evidence-based model of supported employment. The IPS supported employment model is a well-researched approach that has proven to increase competitive employment rates and successful participation in education programs. The model is driven by a fidelity scale and routinely subject to State fidelity reviews to ensure that participating programs are meeting the standards and expectations outlined within the model.

During 2016, two additional CCS treatment teams began offering IPS, which brings the total number of treatment teams offering IPS to five teams; 4 CCS teams and 1 CSP team. The 2016 goal was to double the number of participants from 38 to 76 individuals, and by the end of 2016 there were a total of 100 consumers being served by IPS.

### ***Medication Assisted Treatment***

Medication Assisted Treatment (MAT) is the use of medications in combination with counseling and behavioral therapies to provide a whole person approach to the treatment of substance use disorders. CARS has integrated the use of MAT beginning with methadone treatment services over 15 years ago

and has integrated the use of Vivitrol in the last three years. MAT involving Vivitrol has been found to be a promising approach towards addressing the opioid epidemic. Vivitrol must be administered to people who are both motivated to break their opioid addictions and are clear of opioids. In 2016, with a \$10,000 state award, BHD was also able to purchase 95 nasal Narcan dosages which will be distributed in early 2017 to contracted community providers.

In 2016, CARS also partnered with the Department of Corrections, Milwaukee Secure Detention Facility (MSDF) and the Division of Community Corrections to provide Milwaukee County residents participating in an MSDF ATR with access to the full array of MAT services and supports. One highlight of this coordination is the opportunity for offenders to be transported directly from MSDF to the Vivitrol provider in the community to receive their first shot upon release. In the first few months this partnership served 12 opioid-addicted offenders to receive a Vivitrol shot on the day of release.

### ***Day Treatment***

BHD has met the needs of many individuals who have not routinely been served by other partial hospitalization programs (PHP) through the BHD Day Treatment programs. The Dialectical Behavioral Therapy (DBT) Team and the Recovery and Stabilization Therapy (RST) Team are recognized as leaders in the treatment of individuals with the most severe emotional and behavioral concerns. This treatment is rooted in nationally recognized evidenced-based approaches that support the mission of serving the most vulnerable individuals in our community.

BHD is now working to expand this continuum of care by offering intensive outpatient programs (IOP). These programs will provide a less intensive level of care while serving a similar population of individuals. The IOP will also provide service to a greater number of individuals served on both a daily and annual basis and further contribute to the existing continuum of care in our community. In 2016, there were meaningful accomplishments toward the achievement of these goals. BHD developed preliminary plans to submit an application for certification as an outpatient mental health clinic under DHS 35, which will occur in 2017. Lastly, a Director of Outpatient Treatment Programs was hired to continue to move this initiative forward. This leadership role will be essential as planning continues for the current expansion as well as the proposed integration of these outpatient programs within the North Side Center.

### ***North Side Center***

The Behavioral Health Division is dedicated to increasing access to behavioral health care and continuing to expand community based services. One of the most visible steps to achieving this is the support of the creation of a North Side Center that promotes individual and community wellness by creating convenient access to an array of integrated behavioral health, medical, and social services. In 2016, work has been completed on selecting the direct and supportive services that will be located within the facility and those collaborations needed for highly coordinated referrals and transitions. Significant work has been completed on the facility pre-design which is integral to the creation of site selection criteria. The feasibility of potential facilities and sites will be determined based on the fit test analysis, cost estimates for renovation/new construction, and overall financial analysis. A Director of Community Centers has been hired to continue to move this initiative forward. Additional community conversations were also completed in 2016 to get feedback and recommendations from consumers, family members, community stakeholders, and providers.

### ***Crisis Assessment Response Team***

In 2016, an expansion of the Crisis Assessment Response Team (CART) occurred to create a third team consisting of a Milwaukee Police Officer and Crisis Mobile Team Clinician to respond to individuals who

may be experiencing a psychiatric crisis in the community. The staff for the third team were hired/selected and trained in 2016 to begin responding to calls for assistance in the community. This additional expansion of CART increases the service from 5 days/week to 7 days/week starting in 2017.

#### ***Milwaukee Crisis Prevention and Stabilization Initiative***

In 2016, Milwaukee County BHD collaborated with the State of Wisconsin Department of Health Services and Family Care Managed Care Organizations (MCOs) to increase collaborative prevention and planning to support individuals in the community with long term care needs as well as complex mental health needs and challenging behaviors. This collaboration resulted in the Milwaukee County MCO Crisis Planning Guidelines for collaborative care planning that incorporates best practices to prevent crisis and clearly documents roles and responsibilities. This initiative has given support to increased crisis planning for individuals with intellectual/developmental disabilities through collaboration with the BHD Community Consultation Team (CCT) and for elderly individuals with the BHD Geriatric Specialist RN.

#### ***Crisis Mobile Prevention***

In 2016, a new initiative to provide prevention services within the community by providing follow-up with individuals post-discharge to decrease risk of harm, ensure individuals connect/transition to outpatient services, and decrease the rate of recidivism was budgeted but not implemented due to a lack of managerial resources. Effort was made to promote, recruit, and hire managerial staff. A Crisis Services Coordinator has been hired to implement this program in 2017, which will consist of prevention services, post-acute community based strategies, and mobile peer services.

#### ***Children to Young Adult Support & Services/Wraparound***

Wraparound Milwaukee is a State of Wisconsin HMO which is the umbrella to provide the programs and services below. We receive funding from Medicaid through a capitation for eligible youth and fee-for-service billing for crisis services, as well as case rate payments from Delinquency and Court Services and from the Milwaukee County Division of Child Protective Services (DMCPS). There is no tax levy used in Wraparound Milwaukee.

Wraparound Milwaukee has actively worked on transforming their delivery system to continuously improve and expand all services and support for children to young adults. In 2016, system partners such as school systems, child protective services, and delinquency have been made aware of easier access to enrollment as well as efficiencies in the enrollment process to allow children and youth to obtain services and supports even earlier than previously known to them. We continuously work on outreach to increase enrollments and continue to have no waiting lists to utilize any programs or services for Wraparound Milwaukee.

**Changes in #  
Enrollees Served**

|   | 2014  | 2015  | 2016  | 2016<br>'Goal'<br>per<br>Board<br>Rpt | %<br>Increase<br>2014-15 | %<br>Increase<br>2015-16 |
|---|-------|-------|-------|---------------------------------------|--------------------------|--------------------------|
| Wraparound  | 1,034 | 1,066 | 1,068 | 1,300                                 | 3%                       | -                        |
| REACH   | 545   | 637   | 691   | 550                                   | 17%                      | 9%                       |
| Mobile Urgent<br>Treatment Team, #<br>youth Served*                               | 2,458 | 2,645 | 2,659 |                                       | 7%                       | -                        |
| Mobile Urgent<br>Treatment Team, #<br>youth Seen*                                 | 1,566 | 1,560 | 1,519 | 1,800                                 | -                        |                          |
| O-YEAH (Older Youth<br>and Emerging Adult<br>Heroes [transition to<br>adulthood]- | 125   | 201   | 219   |                                       | 60%                      | 1%                       |
| CORE (Coordinated<br>Opportunities for<br>Recovery and<br>Empowerment)            | x     | 17    | 50    |                                       |                          | 300%                     |
| YLOL (Youth Living Out<br>Loud [specialized<br>mentors])                          | x     | 37    | 52    |                                       |                          | 40%                      |

\*For MUTT, data is provided in two ways: # of youth SEEN and # of youth SERVED: Youth SEEN, data includes ONLY face-to-face contact; Youth SERVED, data includes ALL contacts, including phone.

Enrollees in Wraparound did not increase as projected due to incorrect assumptions made regarding the movement of youth from Lincoln Hills. We provided mental health screens to over 100 youth place in Lincoln Hills in 2016. Despite our repeated efforts, the judges were largely unwilling to move youth to community based programming. We instituted new methods to enroll youth in Wraparound earlier in the intake process of court referrals earlier in hopes to increase those numbers for 2017. REACH enrollees did increase in 2016 by 9% and will most likely continue to be an area of growth. One of the FISS (Family Intervention and Support Services) program's main components is the assessment function. Based on the assessment results, the family is referred to the FISS services unit, DMCPs, Delinquency and Court Services or programs/agencies in the community. FISS has provided 583 to youth in 2016.

Mobile Urgent Treatment Team expanded their outreach through partnerships with Sojourner Family Peace Center and the Police Districts for 2016 and increased the number of both family satisfaction

surveys as well as distribution of crisis plans. While the overall numbers do not reflect a significant increase for 2016, our hopes are that the expanded outreach will reap benefits in 2017. For 2016, the City of Milwaukee Health Department contracted with BHD-Wraparound Milwaukee to fund two Mobile Urgent Treatment Team staff positions for a MUTT Trauma Team to expand delivery of Trauma Response to children and families living in District 7 and District 5. This initiative is based off an evidence based approach out of Yale University in New Haven, Connecticut.

In 2016, O-YEAH has had a 1% increase in enrollments. To better serve youth aging out of Foster Care, Wraparound Milwaukee increased its contract with Journey House for and additional five apartments (total of eleven) to be used by young adults in the O-YEAH program.

Also in 2016, the CORE (Coordinated Opportunities for Recovery and Empowerment) program expanded with the addition of two teams (total of three). This program is modeled after the evidence based model of OnTrackNY to work with youth and young adults who are experiencing their first episode of psychosis. This program demonstrates our largest percentage of growth related to enrollment numbers from 17 youth to 50.

Wraparound Milwaukee, in partnership with the Medical College of Wisconsin, also was awarded an OJJDP (Office of Juvenile Justice and Delinquency Prevention) grant of \$156,039 to enhance the provision of services to child victims of sexual exploitation and/or domestic sex trafficking. These funds were used to develop a curriculum for training specialized mentors to work with these youth on an intensive basis for up to one year. The goal was to serve a total of 60 youth during the first three years of this service. We achieved that goal by the end of the first year, and continue to grow.

### ***BHD Inpatient***

Aggressive efforts continue in order to hire and retain quality nursing personnel, managers and physicians to ensure inpatient service accountability and quality care of individuals with complex challenging behavioral health care needs. This includes strategies to improve coordination of human resources, and nursing and physician recruitment in an effort to attract quality candidates and a prepared workforce. A recruitment and retention program was developed with a variety of incentives including a sign-on bonus, loan re-payment program and a current incentivized staff referral program to attract qualified candidates.

As BHD continues to evolve, driven by multiple factors including the closure of the Rehabilitation Centers as well as the County's change to Dayforce Time and Attendance system, an analysis of staffing office functions was undertaken in 2015-2016 to determine the appropriate scope of the department. The analysis included current staffing duties, hours of operation and customer service needs. In addition to current state of the internal department, best practices of hospital staffing functions were researched. A decentralized scheduling option was selected with realignment and accountability with nurse managers to complete these functions.

### ***Rehabilitation Centers – Hilltop and Central***

The shift from BHD institutional care to smaller settings and homes throughout the community has been completed. The Hilltop Program closed in 2014 with all residents transitioning to community-based settings. In addition, Rehabilitation Center-Central completed the discharge of all remaining resident participants on *January 15, 2016*. Continued efforts to define, measure and ensure quality community care and less reliance on institution model continues.

The table below contains an updated 2013-2016 BHD Rehab Center Resident Readmission Report through 12/31/16.

| 2013-2016 BHD Discharged Rehab Center Resident - Inpatient Readmission Rate |              |                     |   |           |             |             |          |          |                            |
|---|--------------|---------------------|---|-----------|-------------|-------------|----------|----------|----------------------------|
| Time Period: 4/1/13 - 12/31/16  |              |                     |   |           |             |             |          |          |                            |
| Program   | Year         | Resident Discharges | Admissions From Discharged Rehab Center Residents |           |             |             |          |          | Inpatient Readmission Rate |
|   |              |                     | Crisis Service                                    |           |             | Acute Adult |          |          |                            |
|   |              |                     | Crisis Mobile                                     | PCS       | Observation | 43A         | 43B      | 43C      |                            |
| Central   | 2013         | 18                  | 1   | 2         | 0           | 0           | 0        | 0        | 0.0%                       |
|   | 2014         | 23                  | 5   | 13        | 3           | 1           | 4        | 0        | 12.2%                      |
|   | 2015         | 27                  | 9   | 45        | 13          | 4           | 3        | 1        | 11.8%                      |
|   | 2016         | 1                   | 11  | 29        | 3           | 7           | 1        | 0        | 11.6%                      |
|   | <b>Total</b> | <b>69</b>           | <b>26</b>   | <b>89</b> | <b>19</b>   | <b>12</b>   | <b>8</b> | <b>1</b> |                            |
| Hilltop   | 2013         | 9                   | 0   | 1         | 1           | 0           | 1        | 0        | 11.1%                      |
|   | 2014         | 45                  | 6   | 10        | 4           | 1           | 0        | 0        | 1.9%                       |
|   | 2015         | 1                   | 8   | 25        | 7           | 0           | 0        | 0        | 0.0%                       |
|   | 2016         | 0                   | 5   | 12        | 2           | 0           | 0        | 0        | 0.0%                       |
|   | <b>Total</b> | <b>55</b>           | <b>19</b>   | <b>48</b> | <b>14</b>   | <b>1</b>    | <b>1</b> | <b>0</b> |                            |

**Recommendation**

The DHHS Director, or his designee, requests permission to submit this informational report to the State of Wisconsin Department of Health Services, Milwaukee County Executive and Milwaukee County Board in compliance with Ch. 51 of the Wisconsin Statutes.



Héctor Colón, Director  
Department of Health and Human Services

Attachments (2): SMART Goals Chart (Attachment A) and slide show (Attachment B)

Cc: County Executive Chris Abele  
Secretary Linda Seemeyer, Department of Health Services (DHS)  
Raisa Koltun, County Executive's Office  
Milwaukee County Board of Supervisors  
Milwaukee County Mental Health Board

# Attachment A

## 2010-2016 SMART Goal Accomplishments

1/27/17

### Consumers Served by BHD Community Services

2010: 10,139

2016: 8,797

**-13.2%**

### Psychiatric Crisis Service (PCS) Visits

2010: 13,443

2016: 8,286

**-38.4%**

### Individualized, Person-Centered Crisis Plans for Individuals Seen at Psychiatric Crisis Service

2016: 640

2012: 136

**+371%**

### Emergency Detentions in PCS

2010: 8,264

2016: 4,059

**-50.9%**

### Certified Peer Specialists (Milwaukee County)

2016: 112

2010: 16

**+600%**

### Acute Adult Admissions

2010: 2,254

2016: 683

**-69.7%**

### Recovery-Oriented Supportive Housing

2016: 733

2010: 248

**+196%**

### Acute Inpatient Average Daily Census

2010: 94.7

2016: 54.2

**-42.8%**

### Acute Adult Inpatient MHSIP Satisfaction Survey (Positive Rating)

2016: 70.6%

2010: 70.5%

**+0.1**

Percentage Points

### 30-day Readmission Rate Following Acute Inpatient Services

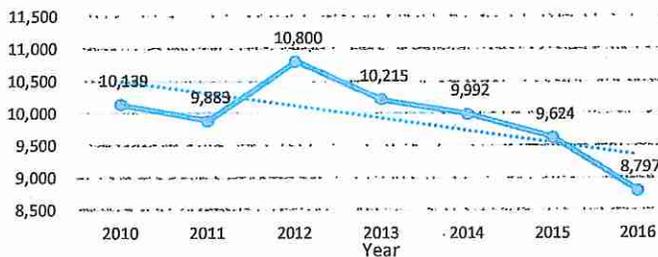
2010: 14.1%

2016: 10.8%

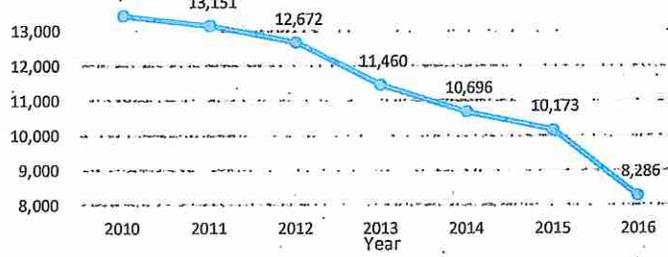
**-23.4%**

# 2010-2016 SMART Goal Accomplishments

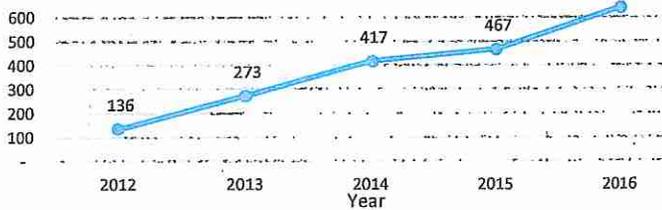
### Consumers Served by BHD Community Services



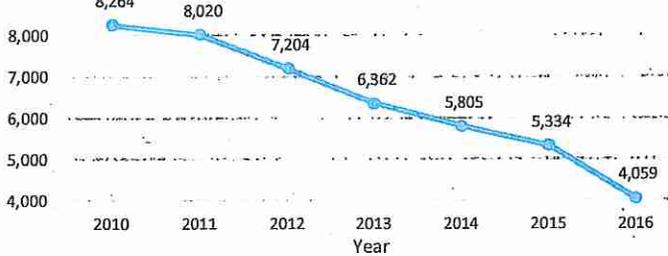
### Psychiatric Crisis Service (PCS) Visits



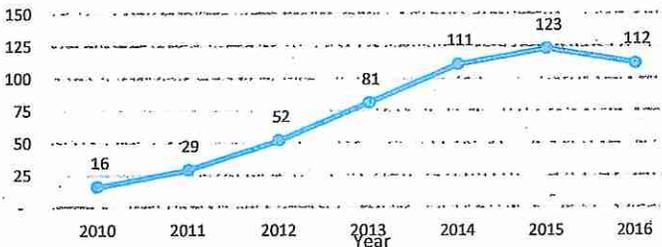
### Individualized, Person-Centered Crisis Plans for Individuals Seen at PCS



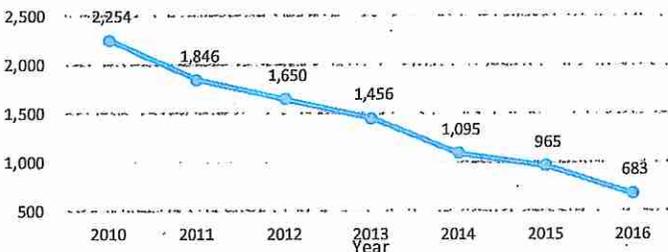
### Emergency Detentions in PCS



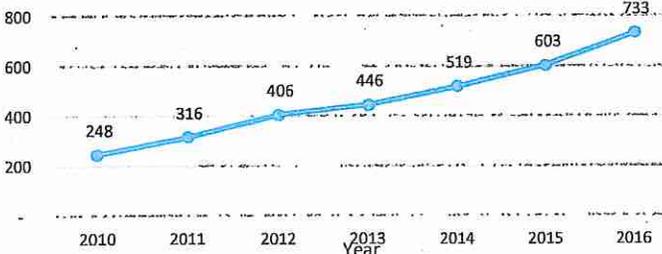
### Certified Peer Specialists (Milwaukee County)



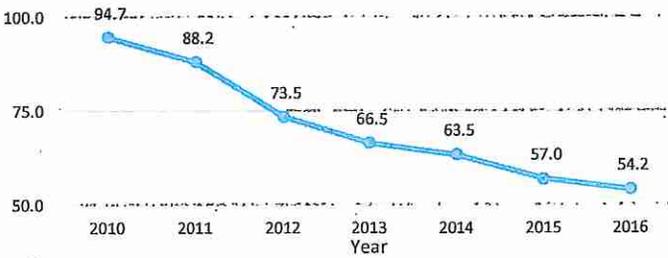
### Acute Adult Admissions



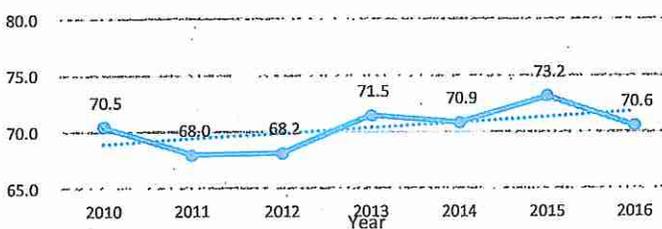
### Recovery-Oriented Supporting Housing



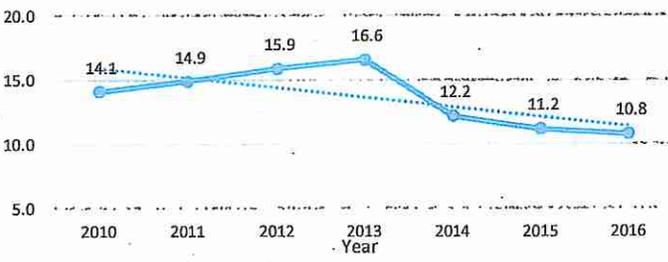
### Acute Inpatient Average Daily Census



### Acute Adult Inpatient MHSIP Satisfaction Survey (Positive Rating)



### Acute Adult 30-Day Readmission Rate

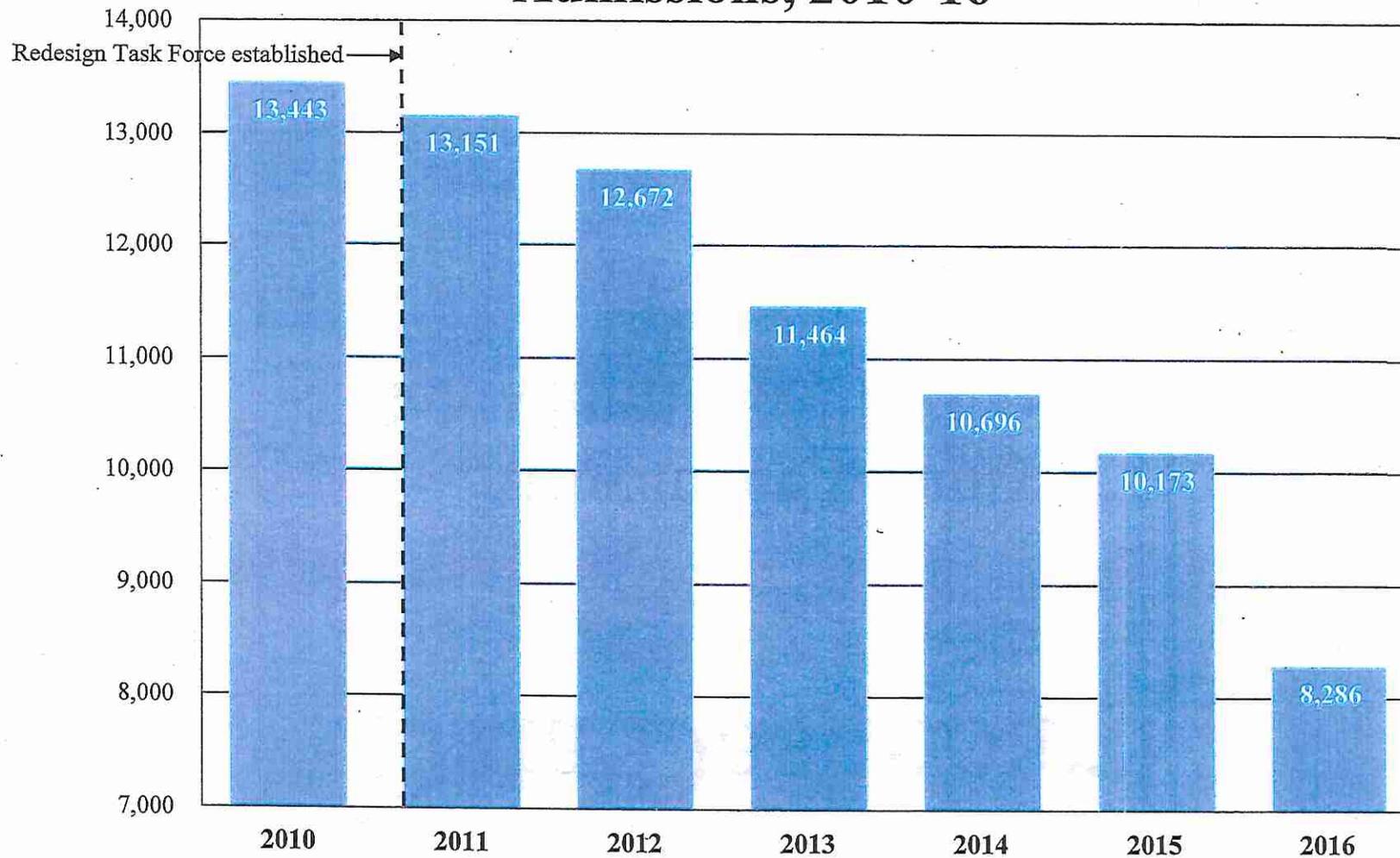


# Data Dashboard

Milwaukee County  
Behavioral Health Division

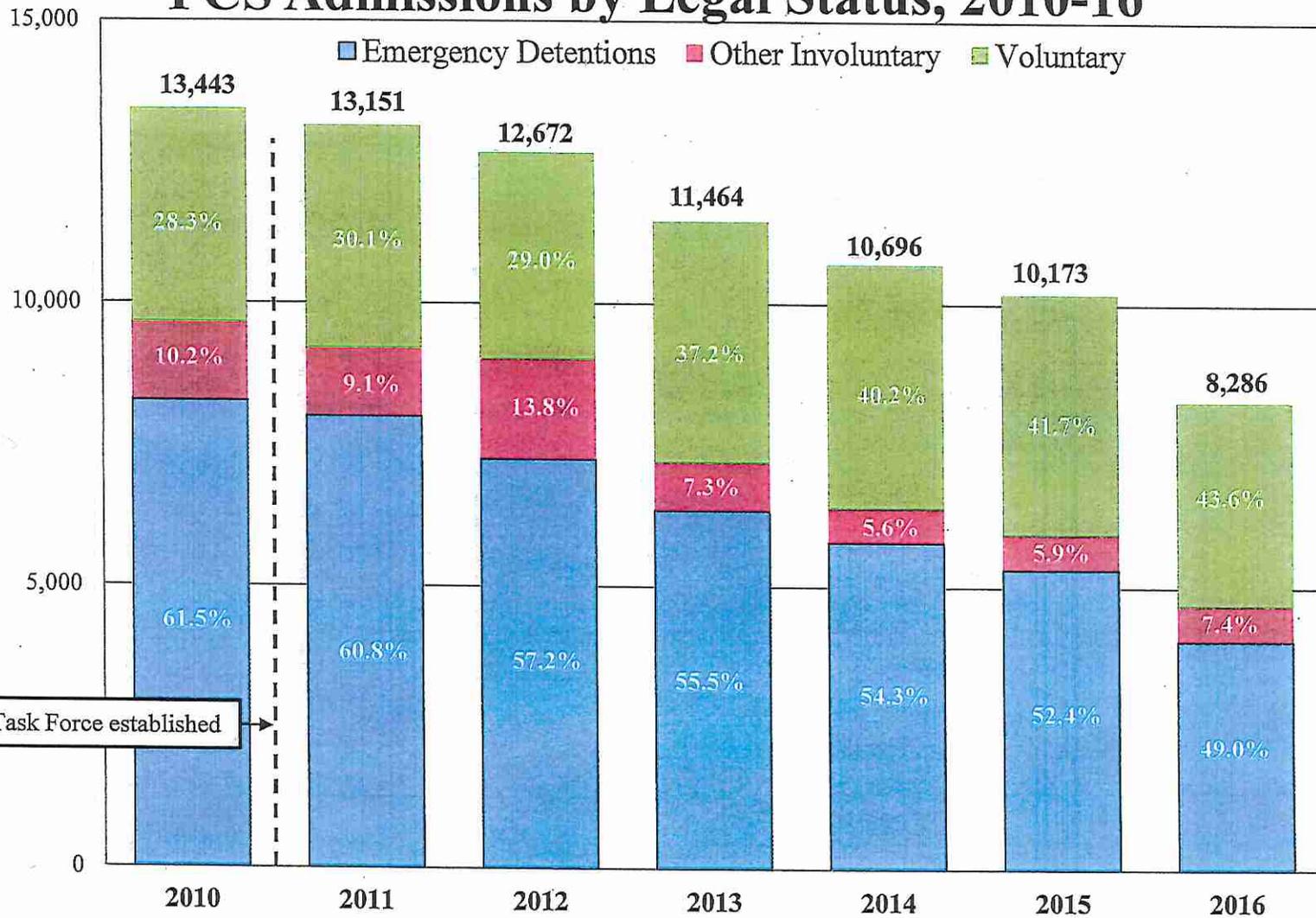
Revised January 27, 2017

# Psychiatric Crisis Service (PCS) Admissions, 2010-16



PCS: Psychiatric Crisis Service (Behavioral Health Division emergency department)

# PCS Admissions by Legal Status, 2010-16

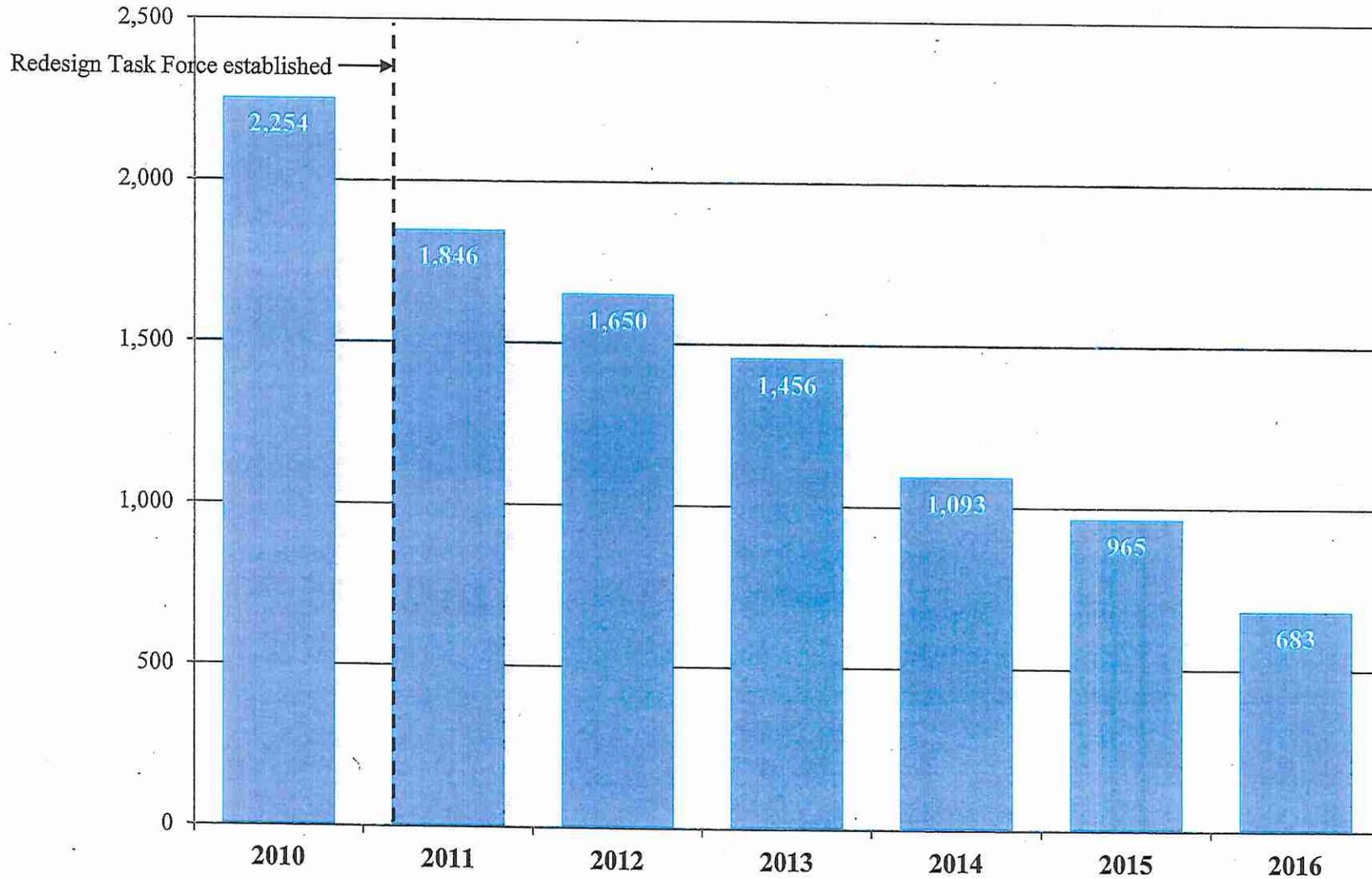


Redesign Task Force established →

PCS: Psychiatric Crisis Service (Behavioral Health Division emergency department)

**Other Involuntary:** Three-Party Petition, Treatment Director Affidavit, Treatment Director Supplement, Re-Detention from Conditional Release, Re-Detention / Not Follow Stipulations

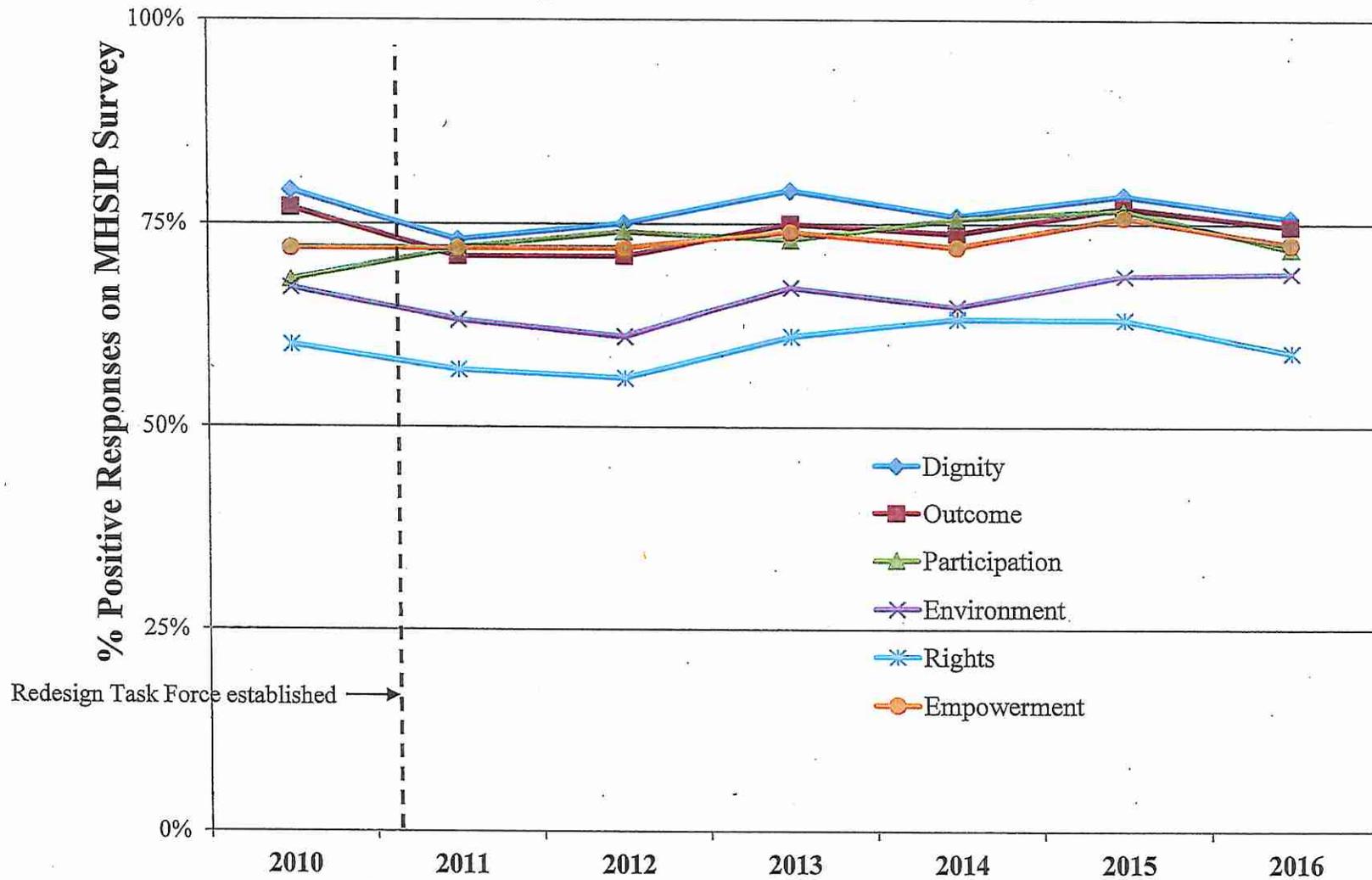
# BHD Adult Inpatient Admissions, 2010-16



Capacity on BHD inpatient units (Adult & Child/Adolescent) was 108 from 2008-11. Staffed capacity was reduced to 91 in 2012, 78 in 2013, and 64 in 2014. There are three adult units (16, 18, and 18 beds) and one Child/Adolescent unit (12 beds).

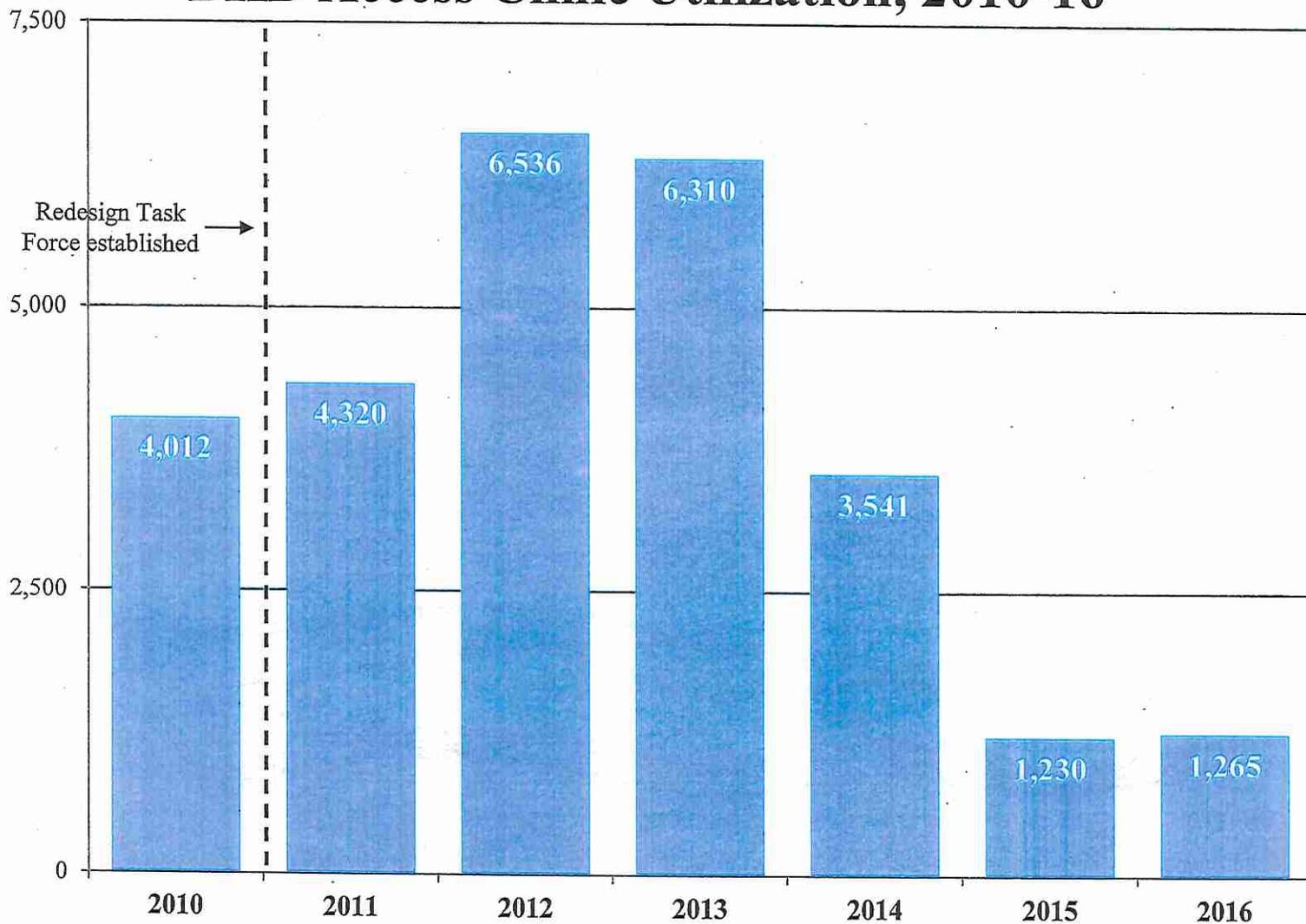
rev. 1/27/17

## BHD Adult Inpatient – Satisfaction, 2010-16



Issues addressed by domain: **Dignity** – respect, recovery-oriented staff; **Outcome** – crisis planning, reduced symptoms, social improvement; **Participation** – engaging community provider(s), involved in discharge planning; **Environment** – atmosphere, privacy, safety, comfort; **Rights** – grievances addressed, safety refusing treatment; **Empowerment** – choice, helpful contact

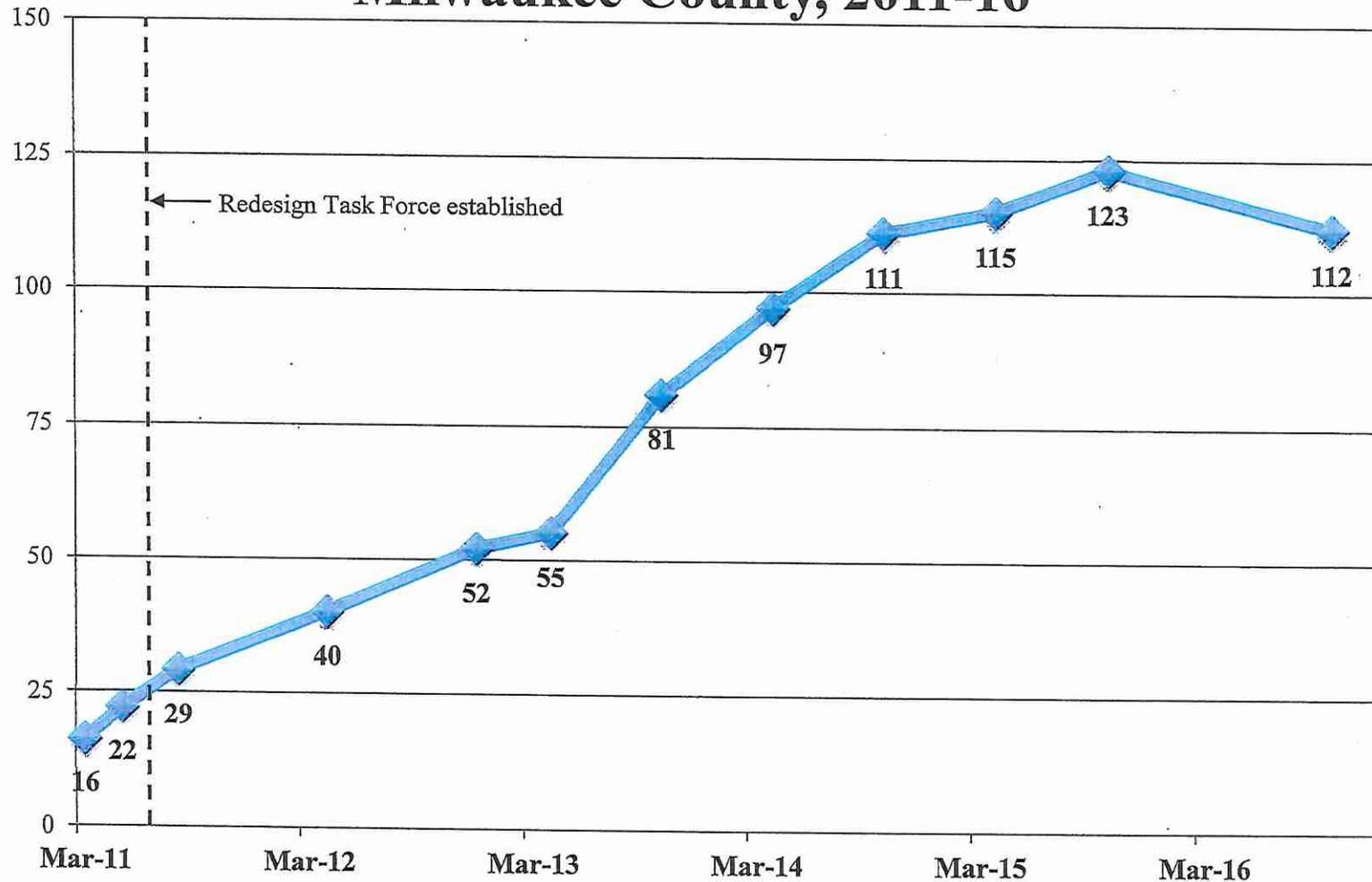
## BHD Access Clinic Utilization, 2010-16



The Access Clinic is a walk-in center (located at the Milwaukee County Mental Health Complex) providing mental health assessment and referral for individuals without insurance. A satellite location is planned southern Milwaukee in 2014.

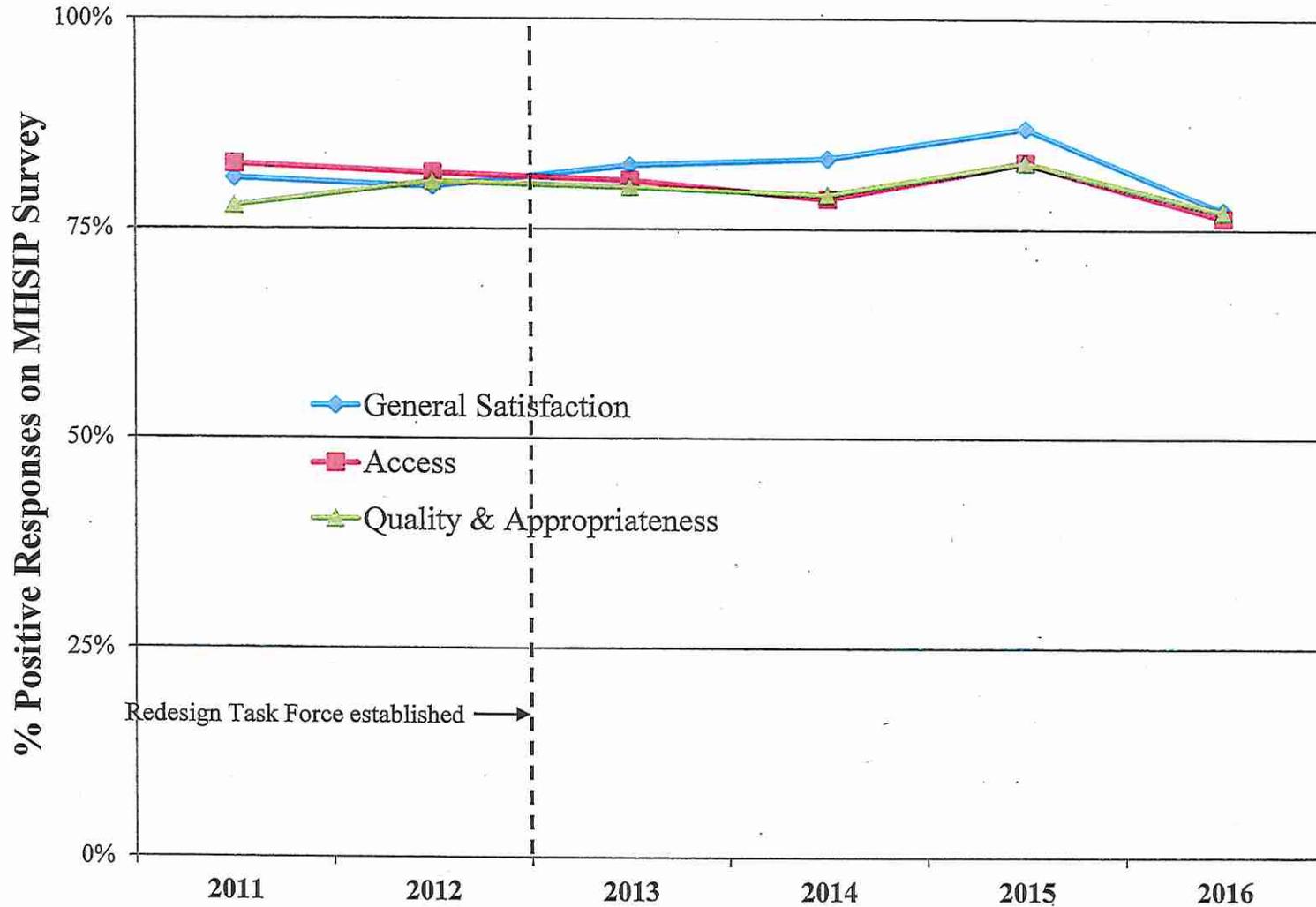
rev. 1/27/17

## Certified Peer Specialists in Milwaukee County, 2011-16



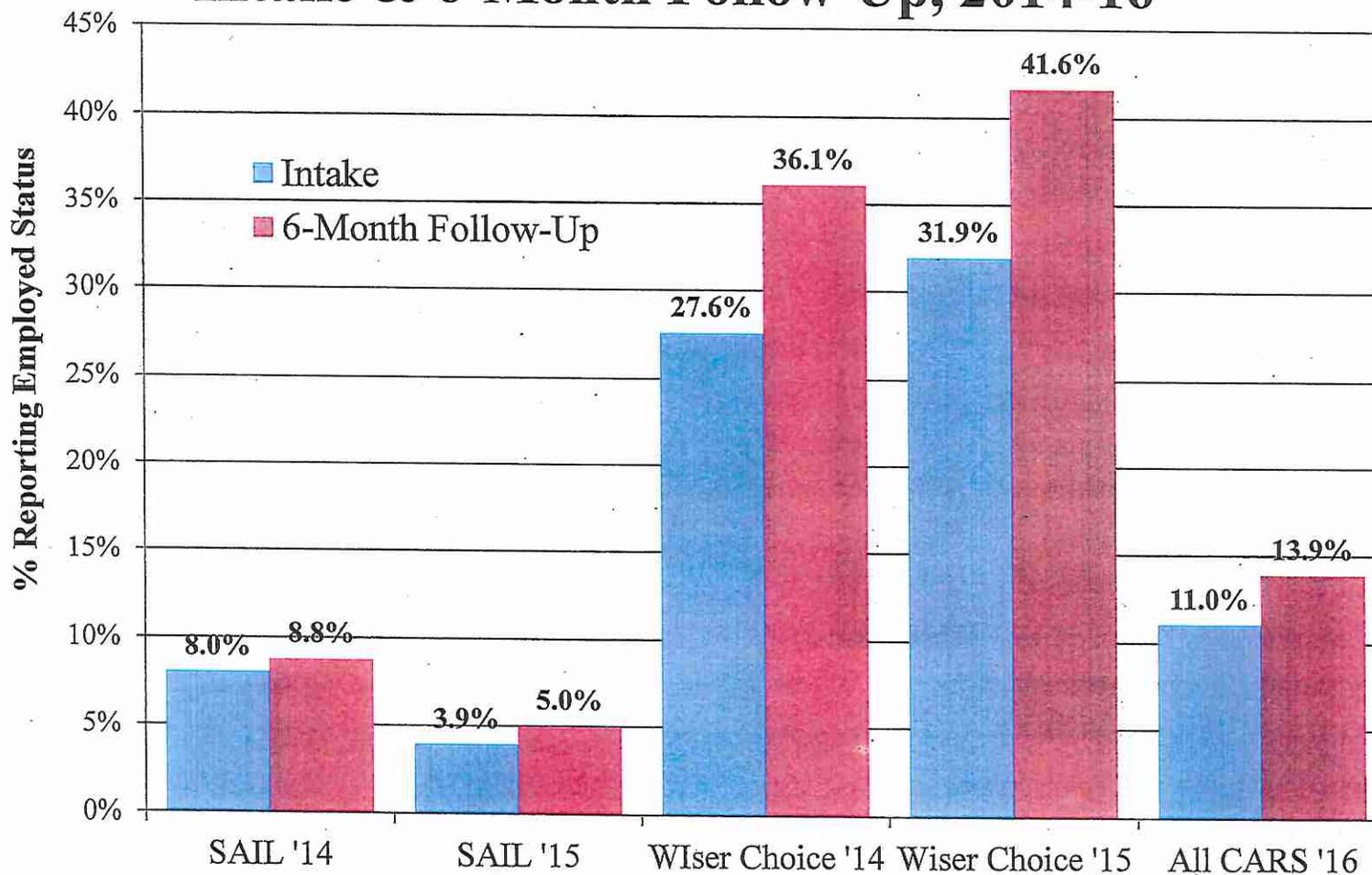
**Certified Peer Specialists** are individuals with lived experience of mental illness and formal training in the peer specialist model of mental health support. Mental Health America of Wisconsin hosts an online clearinghouse for training, employment, and continuing education opportunities for Certified Peer Specialists at <http://www.mhawisconsin.org/peerpipeline.aspx>.

# Community Services – Satisfaction, 2011-16



Community Services include case management, day treatment, and group homes funded by Milwaukee County.  
MHSIP: Mental Health Statistics Improvement Program

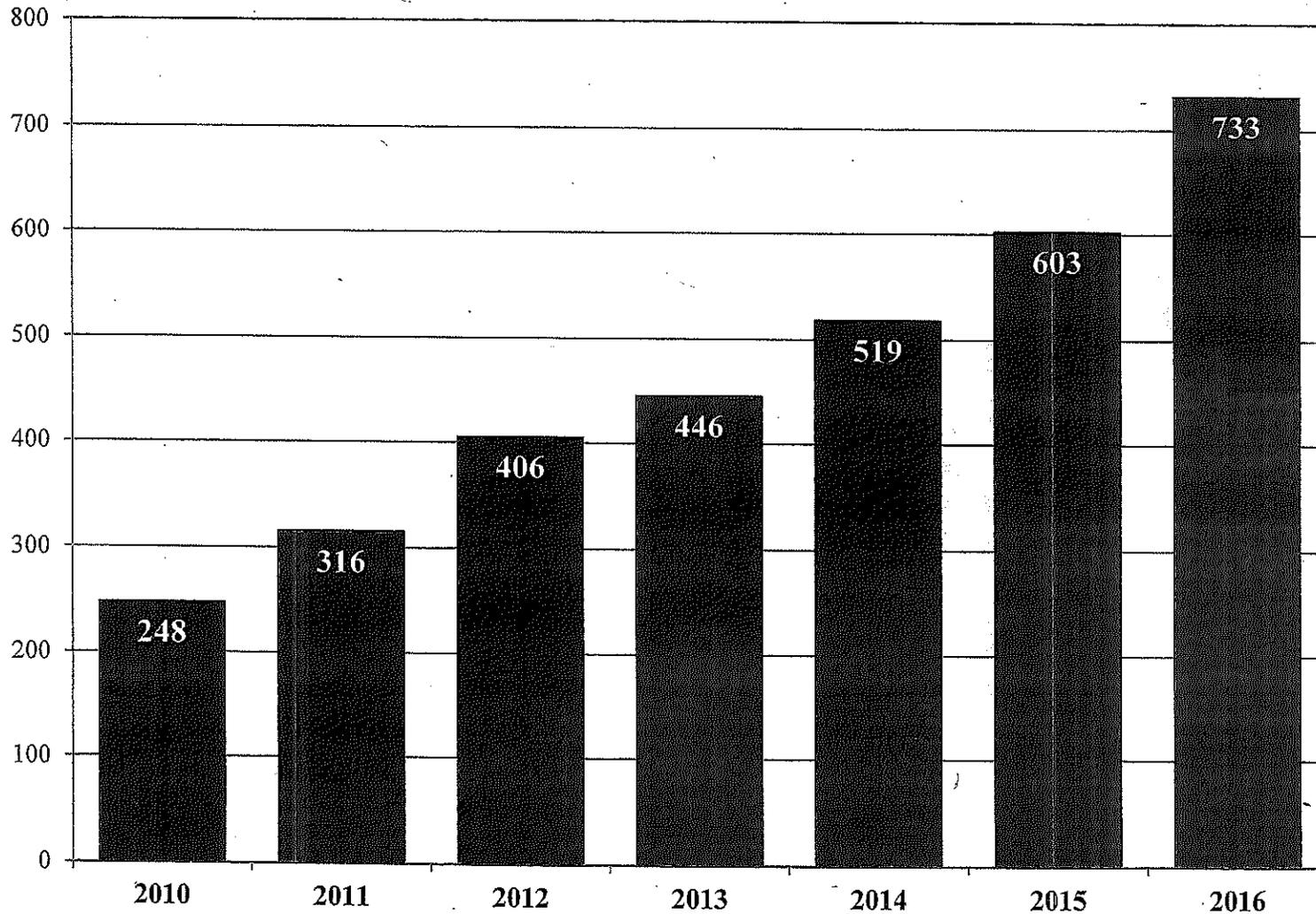
## Community Services – Employment Intake & 6-Month Follow-Up, 2014-16



**Employed Status** for SAIL graphs includes Competitive Employment; Wiser Choice graphs include Full and Part Time. SAIL includes TCM, CSP, Day Treatment, and CBRF services; **Wiser Choice** is substance use treatment. **Employed Status in 2016** includes Full and Part Time Employment, Supported Competitive Employment, Sheltered Employment, and Student status.

rev. 1/27/17

## Supportive Housing Units, 2010-16



The data represent recovery-oriented, project-based supportive housing. Not depicted are 426 scattered-site Shelter+Care units.

Current Status: *Active*

PolicyStat ID: 2993437



## Behavioral Health Division

Date Issued: 1/18/2017  
 Last Approved Date: 1/18/2017  
 Last Revised Date: 1/18/2017  
 Next Review: 1/18/2020  
 Owner: *Randy Oleszak:  
80045-Executive Director 2  
- Associate MH Administ*  
 Policy Area: *Mental Health Board*  
 References:

## Request for Analysis/Research

**Effective Date if Other Than Approval Date:**

### Purpose:

This policy governs the process to submit Mental Health Board Member requests to the Milwaukee County Department of Administrative Services (DAS) for research and/or analysis.

### Scope:

N/A

### Policy:

The 2017 Behavioral Health Division Budget approved by the Mental Health Board provided the ability for Board Members to submit information, research, and analysis requests to the (DAS) to be completed.

### Definitions:

N/A

### Procedure:

- A. **Board Member Request Submission:** Mental Health Board Members will submit requests directly to the Mental Health Board Chairperson utilizing the approved request form. (See Attachment)
- B. **MHB Chairperson Submission:** The MHB Chairperson will review the requests of Board Members and forward requests to the Director of the DAS.
- C. **Department of Administrative Services:** Upon receiving the request the Director of DAS will provide the Board Chairperson with an estimated time to complete. DAS will track all requests by sponsor, description, and time to complete. Completed request will be sent to the Board Chairperson for distribution.

## References:

N/A

## Monitors:

N/A

## Attachments:

[Request for Analysis or Research Form](#)

### Approval Signatures

| Step Description    | Approver  | Date      |
|---------------------|---|-----------|
| Mental Health Board | Michael Lappen: BHD Administrator                                 | 1/18/2017 |
|                     | Michael Lappen: BHD Administrator                                 | 1/18/2017 |
|                     | Randy Oleszak: 80045-Executive Director 2 - Associate MH Administ | 1/18/2017 |

COPY

# Milwaukee County Mental Health Board Request for Analysis or Research

*Instructions: Please complete this form and submit it by e-mail to the Mental Health Board Chair.*

## Requestor Identifying Information

|              |  |
|--------------|--|
| Name         |  |
| E-mail       |  |
| Phone Number |  |

## Request Information

Date Request Submitted \_\_\_\_\_

Date Requested Information should be Returned by \_\_\_\_\_

Please provide an e-mail address where the requested information be sent to. \_\_\_\_\_

Who should the Requested Information be sent to? \_\_\_\_\_

Please describe your request for analysis or research in the box below.

*For DAS Use Only*

Date Request Received

Analyst

Description of Scope:

Current Status: *Active*

PolicyStat ID: 2944312



## Behavioral Health Division

**Date Issued:** 2/6/2017  
**Last Approved Date:** 2/6/2017  
**Last Revised Date:** 2/6/2017  
**Next Review:** 2/6/2020  
**Owner:** Michael Lappen: BHD  
 Administrator  
**Policy Area:** Purchasing  
**References:**

## Procurement and Purchasing

### Effective Date if Other Than Approval Date:

### Purpose:

To obtain in a cost-effective and responsive manner the materials, services, and equipment required by the Behavioral Health Division (BHD).

To delineate guidelines for source selection, purchasing methodology, and approval of purchases and contracts at BHD.

### Scope:

This Policy applies to all MCBHD Managers and leaders.

### Policy:

BHD will procure goods and services in a manner that assures:

- Compliance with applicable laws governing procurement;
- The acquisition of quality goods and services which meet the BHD's needs;
- Prudent use of resources;

No person is authorized to obligate MCBHD without encumbering, in advance, sufficient funds to meet the purchase obligation

Quality and affordability are to be balanced during the decision making process.

Quality will have a higher percentage weight with all procurement efforts

### Definitions:

**Director:** Any staff member that is responsible for a Department or service area of MCBHD

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

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

**Single Source:** Even though two or more suppliers can provide the required goods or services, the Administrator, or designee awards the contract to one supplier over the other(s).

**Request for Proposal (RFP):** A request for proposal is used to submit a solicitation in the form of a bid for some type of commodity, service, asset, or property. It is typically used to get information about the proposed asset or service. This can include a history of the asset's ownership, financial information, information about the seller, or the product's availability. Request for proposals will follow the process rules set forth by the August 2002 Regulations for State and Local Governments as approved by the MCBHD Board in 2014. RFP process will be used when: the total costs of services will exceed \$250,000 on an annual basis, the need for the service is anticipated four to six months in advance, there are federal mandates requiring a RFP process (construction), there is a need for a new service to be provided which MCBHD had not offered previously.

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

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

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

## Procedure:

### Authority:

- A. Authority to make or approve purchases is granted to specific managerial or officer level staff only.
  1. This authority is determined by the MCBHD Administrator and the Milwaukee County Mental Health Board.
  2. Persons authorized to make purchase on behalf of MCBHD will be required to disclose any conflict of interests annually via the [Statement of Economic Interest Form](#) and [Affidavit](#) submitted to the County Ethics Committee.
  3. An Authorized Signature Card (Attachment) will remain on file in the MCBHD Fiscal Department and forwarded to the Office of the Comptroller
- B. Before a contract or agreement may be executed:
  1. Funding must be verified and encumbered through the MCBHD Fiscal Department
  2. All approvals must be granted either electronically or in writing.
- C. The table below outlines who may approve purchases and sign contracts, legally binding agreements, business ventures and other agreements with external parties that obligate MCBHD. (including Memoranda of Understanding)
- D. Oversight of procurement for clinical services such as pharmaceuticals, diagnostics and procedures occurs by MCBHD Chief Medical Officer. Clinical based contracts; pharmacy, food services, laboratory, and radiology must also receive approval from the MCBHD Medical Executive Committee.

## BHD Contract Spending Authority

| Title level of Purchase Initiator | Spending Authority (budgeted) | Contract Signature Approvals                          | County Approvals * |
|-----------------------------------|-------------------------------|---|--------------------|
| Manager                           | Not to exceed \$5000          | Director and Officer or Chief Financial Officer (CFO) | x                  |
| Director                          | Not to exceed \$10,000        | Officer or COO or CFO                                 | x                  |
| Officer                           | Not to exceed \$50,000        | COO or Administrator or CFO                           | x                  |
| Chief Operating Officer (COO)     | Not to exceed \$75,000        | Administrator or CFO                                  | x                  |
| Administrator                     | Not to exceed \$100,000       | CFO   | x                  |
| BHD Mental Health Board           | \$100,000 and over            | Administrator or CFO                                  | x                  |

\* County approvals include: Director of DHHS, Risk Manager, Corporation Counsel, Comptroller, and County Executive

## Purchasing Methods:

- A. Purchasing of products and services is accomplished through a variety of processes, which are designed to address the differences in complexity, value, risk and transaction volumes associated with MCBHD purchasing needs.
1. **Milwaukee County Procurement:** This method is used for purchases where a County wide contract exists or when a standard bidding process is desired. This includes:
    - a. Price agreements for a set cost for a specific time-frame
    - b. Purchase Orders for one time purchases under \$2000
    - c. Purchase Requisitions for one time purchases greater than \$2000
      - i. Follow Milwaukee County Procurement Department process for competitive bidding
      - ii. Require an additional electronic approval from the Office of the Comptroller
  2. **Purchasing Card:** Used for non contract, local and online spending.
    - a. Excludes travel
    - b. Maximum purchase value of \$2000.
    - c. Monthly limits vary by department and individual card holder.
    - d. Purchases are reviewed and approved monthly by the manager of the department and Purchasing Card Administrator.
  3. **Milwaukee County Time and Materials (T & M) Contractors**
    - a. Milwaukee County Facilities Management (MCFM) vets and authorizes specific companies to be used for construction and repair projects by category without an additional formal RFP or Bidding process. MCBHD may utilize these companies as long as the quality and cost meets

MCBHD standards. MCBHD may requests Bids and formal RFP for construction and repair projects when MCBHD funds are used to finance these projects.

- b. Contract periods are determined by MCFM.
- c. BHD can purchase services from any authorized T & M contractor if the project price is less than \$25,000
- d. BHD obtains price quotes from multiple authorized T & M contractors for projects above \$25,000.
- e. If there are no authorized T & M Contractors for the type of work needed, or when MCBHD will finance the project directly a competitive sourcing process using a minimum of 3 bids/quotes will be utilized.
  - i. Any contractor may participate in this process, irrespective of current T & M status.
  - ii. Proposals submitted by contractors who have lost T & M status prior to the end of the contract period for cause may be rejected at MCBHD's discretion.

## Competitive Sourcing

- A. **Informal Bids** - A competitive sourcing process is required where the value and or nature of the product or service is greater than \$10,000 and the product or service can be obtained from more than one source.
  1. MCBHD encourages participation in the competitive sourcing process by as many qualified suppliers as possible.
  2. Efforts are made to obtain a minimum of three proposals or price quotes verbally, by email or by letter
  3. Less than three proposals may be acceptable given the following limitations:
    - a. time constraints,
    - b. availability of qualified suppliers able to meet the specifications and
    - c. the opportunity for significant cost savings
  4. All proposals and quotations received will be evaluated on the basis of quality, service, compliance to specifications and price.
  5. Awards will be made in the best interest of MCBHD.
  6. Any or all proposals received may be rejected at MCBHD's discretion.
- B. **Formal written Requests For Proposal (RFP)** are used for sourcing projects over \$250,000 where a value determination is necessary and clear specifications are available for comparative products or services.
  1. Each RFP clearly defines a set of criteria to be used to evaluate the proposals.
    - a. The form and function of what will be provided is an essential part of the evaluation.
    - b. A weighted value is assigned to each criteria.
  2. Proposals may be issued and submitted electronically, in hard copy form or a combination of both.
    - a. Pricing and items identified as proprietary information will be considered confidential
    - b. MCBHD does reserve the right to benchmark all pricing through contracted 3rd party resources

- c. Pricing may be used for analysis of specific endpoints.
3. After proposals are received and evaluated, the contract(s) is/are awarded to the supplier(s) presenting the best combination of quality of service price, delivery, compliance to specifications, capacity to perform, and service price.
4. The Evaluation Panel will consist of a minimum of 3 members.
  - a. Panel members can be employees of MCBHD
  - b. Outside panel members may be selected from various sources such as
    - i. Community or Professional expert in the field or subject of the RFP
    - ii. Representatives of community councils and/or advocacy organizations.
  - c. Identification of the panel members will be kept confidential throughout the RFP process.
  - d. Results of the evaluation may be disclosed in aggregate and will not identify the specific scoring by any panel member.
- C. **Group Purchasing Organizations (GPO)**-BHD uses GPO pricing and supplies when appropriate.
- D. **Municipal Contracts** -BHD may utilize existing municipal contracts on the [State of Wisconsin VendorNet](#) list without any additional competitive process.

## Exceptions to Competitive Sourcing

- A. There are circumstances when competitive sourcing is not required or practical. Examples of these situations are;
- B. Emergency situations endangering the health and safety of patients, staff and visitors
- C. Purchases that meet Non-Competitive- Sole Source requirements
- D. Requisitions for products or services less than \$10,000

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

- A. Instances when Sole Source or Single Source purchasing may be applicable include the following:
  1. Property or services can be obtained only from a specific supplier (ie., real estate; one of a kind items, etc)
  2. Competitive sourcing is precluded because of the existence of patents, copyrights, secret processes, control of raw materials by suppliers or similar circumstances
  3. Procurement of electric power or energy, gas, water or other utility services where it would not be practical or feasible to allow other suppliers to provide such services
  4. Procurement of support services in connection with the assembly, installation or servicing of equipment or software of a highly technical or specialized nature.
  5. Procurement of parts or components to be used as replacements in support of equipment manufactured by a particular supplier
  6. Procurement involving construction where a contractor is already at work on the site and it would not be practical to engage another contractor.
  7. Procurement where only a single supplier in a market is licensed or authorized to service or sell a specific product line.

8. Procurement of compatible additions to existing equipment where a different manufacturer's equipment would be impractical for the specific need.
9. The supplier or products are specified and required by a funding agency of a grant, or State/Federal contract.

B. Documentation;

1. Justification explaining the exceptional circumstances of the purchase must show that an equitable evaluation has been made and that rejection of alternative suppliers or solutions is based on objective and relevant criteria.
2. Special Review and Signature approvals are required for all Sole Source and Single Source purchases.

## Contracting Process:

- A. The MCBHD Contract Management Department is responsible for the contracting process, compliance monitoring, coordination, and maintaining copies of all contracts. Contract rates will be determined with the collaboration of the fiscal department.
- B. Contract Management under the direction of the MCBHD Administrator and its Chief Medical Officer is responsible for network development.
- C. All contractors, vendors and providers will be encouraged to hire minorities, individuals with disabilities and use DBE. A DBE "requirement" will not be mandated until such time the employment market, specifically for medical, social, and psychiatric services improves.
- D. Standard RFP Templates are utilized
- E. Standard Contract Templates are utilized for all contracts

## Protest Resolution process

- A. In the event a supplier protests or disputes the outcome of an RFP for which their proposal was rejected or, if they successfully submitted a proposal but did not receive an award of business, a standard review and resolution process has been established and contained within the RFP template.
- B. **Right to Protest-** any actual or prospective bidder or contractor who is aggrieved in connection with the solicitation or award of a contract may protest.
  1. The protest shall be submitted in writing with 14 days after such aggrieved person knows or should have known of the facts giving rise thereto.
  2. The protest is to be submitted to the MCBHD Administrator and/or Chief Financial Officer.
- C. **Authority to Resolve Protests.-** The Administrator or Chief Financial Officer shall have the authority, prior to the commencement of any court action concerning the controversy, to settle and resolve a protest of an aggrieved bidder, offeror, or contractor, actual or prospective, concerning the solicitation or award of a contract
- D. **Decision-** If the protest is not resolved by mutual agreement, the Administrator or Chief Financial Officer shall promptly issue a decision in writing. The decision shall:
  1. state the reasons for the action taken; and
  2. inform the protestant of its right to judicial or administrative review.

3. The Notice of Decision will be mailed to the protestant and any other party intervening.

E. **Finality of Decision-** The decision rendered shall be final and conclusive, unless fraudulent, or:

1. any person adversely affected by the decision commences an action in court.
2. any person adversely affected by the decision appeals administratively to the MCBHD Administrator.

F. **Stay of Procurements During Protests-** In the event of a timely protest or appeal, the MCBHD shall not proceed further with the solicitation or with the award of the contract until the Administrator or CFO makes a written determination that the award of the contract without delay is necessary to protect substantial interests of the MCBHD

G. **Entitlement of Costs-** In addition to any other relief, when a protest is sustained and the protesting bidder or offeror should have been awarded the contract under the solicitation but is not, then the protesting bidder or offeror shall be entitled to the reasonable costs incurred in connection with the solicitation, including bid preparation costs other than attorney's fees

## Emergency Purchases:

A. In case of an emergency due to an accident or other unforeseen incident or condition which affects property or other interests of MCBHD, or threatens the life, health or safety of persons and requires immediate action.

1. The Administrator or his or her designee may authorize the procurement on other than a competitive basis.
2. Known suppliers and/or MOU's in place will be considered.

B. The basis for concluding that there was an emergency and the methods used to identify the selected contractor will be documented.

## Document Retention

A. Purchasing documentation will be kept on file for 7 years after the contract ends.

## Bonds Insurance Guarantees

A. Insurance requirements for each contract will be determined by Milwaukee County Risk Management and MCBHD Contract Management.

## Modification and Termination of Contracts

A. Contracts that are modified or expanded to greater than the next highest value level listed in the MCBHD Spending Authority Table will be evaluated to determine if an additional competitive process is warranted.

B. MCBHD purchasing agents will not create a contract at a lower level, with the intent of expanding at a later point to avoid compliance with the required competitive process for the aggregate value of the contract.

C. Attempts will be made to resolve concerns or issues with a specific contractor prior to issuing notice of contract termination.

## Authority to Resolve Contract and Breach of Contract Controversies:

- A. Controversies between the MCBHD and a contractor/Provider which arise under or by virtue of a contract between them for example; breach of contract, mistake, misrepresentation, poor quality, or other cause for contract modification or rescission.
1. **Authority to Resolve Controversies.**- The Contract Management Department in collaboration with operations and Quality Services have the authority to work to resolve controversy.
  2. The processes for resolution of controversies are outlined in the Compliance Audit, Performance Measures and Grievance procedures attached to all MCBHD Provider contracts.
  3. **Decision-** If the controversy or grievance is not resolved by mutual agreement between Contract Management and provider, the provider can submit an appeal to the MCBHD Administrator who will follow the grievance procedure process and time line
  4. **Finality of Decision-** The decision rendered shall be final and conclusive, unless fraudulent, or the contractor commences to an action in court.

## References:

The 2000 Model Procurement Code for State and Local Governments.

## Monitors:

Purchases are reviewed prior to approval by those listed in the MCBHD Contract Spending Authority Table. Additional review and/or audits may be conducted as deemed appropriate.

## Attachments:

[Authorized Signature Card](#)

### Approval Signatures

| Step Description    | Approver                                  | Date      |
|---------------------|---|-----------|
| Mental Health Board | Michael Lappen: BHD Administrator         | 2/6/2017  |
|                     | Michael Lappen: BHD Administrator         | 2/6/2017  |
|                     | Alicia Modjeska: Chief Operations Officer | 1/30/2017 |

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

**DATE:** December 29, 2016

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

**FROM:** Héctor Colón, Director, Department of Health and Human Services  
*Approved by Mike Lappen, Administrator, Behavioral Health Division*

**SUBJECT: Report from the Director, Department of Health and Human Services, requesting authorization to enter into 2017 contracts with the State of Wisconsin for Social Services and Community Programs**

**Issue**

Sections 46.031 and 49.325 of the Wisconsin Statutes require counties to execute annual contracts with the State Departments of Health Services (DHS) and Children and Families (DCF) for Social Services and Community Programs. The contracts, referred to as Community Aids, provide State and Federal funding for county services to persons with mental illness, disabilities, and substance abuse problems, and to juvenile delinquents and their families as mandated by State and/or Federal law.

The Director, Department of Health and Human Services (DHHS), is therefore requesting authorization to sign the 2017 contracts with DHS and DCF for the provision of Social Services and Community Programs mandated by state law.

**Background**

State and Federal funds that are forwarded to the Behavioral Health Division (BHD) under the Social Services and Community Programs state contract – commonly referred to as Community Aids – provide a significant funding source for the department, with at least at least \$33 million anticipated for BHD in 2017.

The State's Social Services and Community Programs contracts include various separate revenues used to fund DHHS, including BHD. Funding identified in this report pertains only to revenues associated with services within BHD.

DHHS received the 2017 Community Aids contract allocations from the State. Allocations are posted at the websites below:

- <http://www.dhs.wisconsin.gov/sca/>

- [http://www.dcf.wi.gov/contractsgrants/social\\_human\\_services\\_contracts](http://www.dcf.wi.gov/contractsgrants/social_human_services_contracts)

### **State Allocations and Fiscal Effect**

#### ***Community Aids – Basic County Allocation (BCA)***

The Basic County Allocation (BCA) is a type of block grant provided to counties that is not earmarked to serve a specific target population. Counties are able to determine how much funding to provide to each of the populations eligible to be served with these funds: persons with mental illness, developmental disabilities, physical disabilities, substance abuse problems and delinquent children.

The 2017 Budget includes \$22,336,586 of BCA for BHD. This amount is consistent with the State allocation of BCA to Milwaukee County.

#### ***BHD Earmarked Revenue Sources***

##### **Community Mental Health**

The 2015-2017 State budget consolidated several mental health grant programs into a new community mental health allocation. The bill combines mental health institutional relocation programs and psychosocial rehabilitation programs into a new community aids program for community mental health services.

##### **Substance Abuse Grants**

BHD is currently in the process of applying for the Substance Abuse Treatment TANF grant. BHD has been awarded a renewal for the Substance Abuse Block Grant and an increase in \$10,000 for the IV Drug Abuse Treatment Grant.

**CY 2017 State/County Social Services/Community Program  
 Final Revenue Allocation Compared to the 2017 Budget**

|                                    | 2017 BHD<br>Budget | 2017 Final State<br>Allocation | State Notice vs.<br>2017 BHD Budget |
|------------------------------------|--------------------|--------------------------------|-------------------------------------|
| <b>Basic County Allocation</b>     |                    |                                |                                     |
| DHS Community Aids                 | 22,336,586         | 22,336,586                     | -                                   |
| <b>Earmarked Revenues</b>          |                    |                                |                                     |
| Community Mental Health Allocation | 7,780,317          | 7,780,317                      | -                                   |
| Mental Health Block Grant          | 640,910            | 685,914                        | 45,004                              |
| AODA Block Grant                   | 2,431,021          | 2,431,021                      | -                                   |
| IV Drug                            | 500,000            | 510,000                        | 10,000                              |
| Subtotal BHD earmarked Revenues    | 11,352,248         | 11,407,252                     | 55,004                              |
| <br>Grand Total Revenue            | <br>33,688,834     | <br>33,743,838                 | <br>55,004                          |

**Recommendation**

It is recommended that the Mental Health Board authorize the Director, Department of Health and Human Services, to execute the 2017 Social Services and Community Programs contracts from the State Departments of Health Services and Children and Families, and any addenda to those contracts, in order for the County to obtain the State Community Aids revenue. The 2017 Social Services and Community Programs contracts provide total revenue of \$33,743,838.




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Héctor Colón, Director  
 Department of Health and Human Services

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

**DATE:** February 21, 2017

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

**FROM:** Héctor Colón, Director, and Department of Health and Human Services  
*Approved by Mike Lappen, Administrator, Behavioral Health Division*

**SUBJECT:** **Report from the Director, Department of Health and Human Services, requesting authorization to execute 2017 purchase of service contracts, professional service and 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 to execute mental health and substance use contracts for 2017.

**Background**

Approval of the recommended contract allocations will allow BHD/CARS 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**

|                                 |           |
|---------------------------------|-----------|
| <i>U.S. Security Associates</i> | \$470,000 |
|---------------------------------|-----------|

This vendor will provide public safety services at BHDs front and back entrance twenty- four hours a day, seven days a week. They will have 2-4 public safety personnel present at BHD daily and will have an on-call management or administrative personnel contact available twenty-four hours a day. The staff is also responsible for escorting services, monitoring the outside parking lots, and performing environment of care safety checks. This is a two year agreement at \$470,000 per year for a total of \$940,000 through the end of 2018.

*Netsmart* \$363,163  
 MCBH continues to collaborate with IMSD with the Netsmart contract negotiations. This is a complex process requiring numerous individuals to vet the contract, rewrite the Terms & Conditions, the Professional Services Agreement and negotiate pricing. MCBHD is requesting an additional two month extension for a cost of \$363,163.

*Vistelar* \$396,160  
 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 would offer 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. Vistelar training will replace the current MANDT training at BHD and is cost neutral. The professional service contract costs.

### **Fee-For-Service Agreements**

*MindStar Counseling, LLC* \$170,000  
 This vendor will provide intensive clinical and therapeutic services to children, adolescents, and families with identified mental health diagnoses. Treatment can be provided in an office, clinic, or other facility that is licensed by the State of Wisconsin.

*Choices to Change Inc.* \$228,000  
 This vendor has four license group homes that will provide care to youth enrolled in the Wraparound Program. Their facilities provide 24-hour supervision as an alternative living situation for children who temporarily cannot live with their families.

*Community Harbor LLC* \$500,000  
 Provides crisis services to Wraparound youth who, due to their emotional and/or mental health needs, are at risk of imminent placement in a psychiatric hospital, residential care center or other institutional placement. This service is used to prevent and/or ameliorate a crisis that could ultimately result in an impatient psychiatric hospitalization or residential placement if the crisis intervention/supervision had not occurred. Mental Health intervention provided in or outside of the youth’s home, designed to evaluate, manage, monitor, stabilize, and support the youth’s well-being and appropriate behavior consistent with the youth’s individual Crisis/Safety Plan.

*House of Love* \$234,200  
 This vendor is a licensed group home that will provide care to youth. The facility provides 24-hour supervision as an alternative living situation for children who temporarily cannot live with their families.

*Riverstone Counseling and Crisis Services* \$631,000  
Provides intensive clinical and therapeutic services to children, adolescents and families with identified mental health diagnoses. Treatment can be provided in an office, clinic, or other facility that is licensed by the State of Wisconsin.

*Southwest Key Programs, Inc.* \$150,000  
This vendor provides intensive clinical and therapeutic services to children, adolescents and families with identified mental health diagnoses. Treatment can be provided in an office, clinic, or other facility that is licensed by the State of Wisconsin.

*Grateful Girls* \$120,000  
This vendor is a licensed group home provider to girls enrolled in Wraparound Milwaukee Program. Their facilities provide emergency and non-emergency group home care, as well as shelter care for girls.

*Jefferson Crest* \$309,500  
This vendor provides supportive and supervised living services for consumers enrolled within CARS services programs.

*Home 4 the Heart* \$234,210  
This vendor is licensed group home provider to girls enrolled in the Wraparound Milwaukee Program. Their facilities provide 24-hour supervision as an alternative living situation for youth. They provide education, employment, and independent living skills to the youth residing in their group home.

### **Purchase-of-Service Contracts**

*Community Advocates* \$266,600  
The Division of Milwaukee Child Protective Services designates BHD Community Access to Recovery Services (CARS) to oversee a portion of its Substance Abuse Prevention and Treatment Block Grant funds to conduct prevention activities. CARS seeks to contract with Community Advocates to manage these funds to be allocated as follows:

| <b>Vendor</b>                  | <b>Amount</b>    | <b>Description</b>  |
|--------------------------------|------------------|---|
| The Parenting Network          | \$50,000         | Welcome Baby, Fatherhood Initiative, Outreach                         |
| Silver Spring Neighborhood     | \$50,000         | Life Skills for Parenting and Life Skills for youth                   |
| Neu Life Community Development | \$50,000         | Life Skills for Youth   |
| Penfield                       | \$50,000         | ACE screening and AODA programming                                    |
| CUPH                           | \$15,000         | Program Evaluation  |
| Community Advocates            | \$51,600         | Awareness campaign materials, evaluation and administrative oversight |
| <b>TOTAL</b>                   | <b>\$266,600</b> |   |

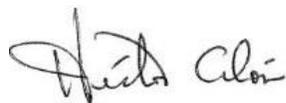
|   |             |
|---|-------------|
| <i>Milwaukee Mental Health Associates</i> | \$3,014,771 |
| <i>Wisconsin Community Services</i>       | \$2,814,087 |

In August 2016, the Milwaukee County Mental Health Board approved increased contract and CSP capacity for two providers. The amended 2017 payment totals listed above will allow the providers to sustain the increased capacity in 2017. Milwaukee Mental Health Associate's amended 2017 contract consists of \$1,377,758 in purchase of service payments and an estimated \$1,637,013 in estimated Medicaid payments. Wisconsin Community Services' amended 2017 CSP contract consists of \$1,315,677 in purchase of service payments and \$1,498,410 in anticipated Medicaid payments.

### **Summary**

The amount of spending requested in this report is summarized below. These costs are reflected in the 2017 Budget.

| <b>Vendor</b>                             | <b>New/Amendment</b> | <b>2017 Amount</b> |
|---|----------------------|--------------------|
| U.S. Security Systems                     | New                  | \$470,000          |
| Netsmart                                  | Amendment            | \$363,163          |
| Vistelar                                  | New                  | \$396,160          |
| Minstar Counseling, LLC                   | New                  | \$170,000          |
| Choices to Change Inc.                    | New                  | \$228,000          |
| Community Harbor LLC                      | New                  | \$500,000          |
| House of Love                             | New                  | \$234,200          |
| Riverstone Counseling and Crisis Services | New                  | \$631,000          |
| Grateful Girls                            | New                  | \$120,000          |
| Jefferson Crest                           | New                  | \$309,500          |
| Home 4 The Heart                          | New                  | \$234,210          |
| Southwest Key Programs, Inc.              | New                  | \$150,000          |
| Community Advocates                       | New                  | \$266,600          |
| Milwaukee Mental Health Associates        | Amendment            | \$3,014,771        |
| Wisconsin Community Services              | Amendment            | \$2,814,087        |
| <b>Total Approved</b>                     |                      | <b>\$9,901,691</b> |



Héctor Colón, Director  
Department of Health and Human Services

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

**DATE:** February 15, 2017      **(AMENDED ATTACHMENT)**

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

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

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

**Background**

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

**Discussion**

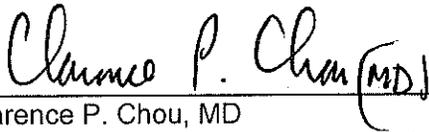
From the President of the Medical Staff and Chair of Credentialing and Privileging Review presenting recommendations for appointments and/or privileges. Full details are attached specific to items A through C<sup>1</sup>:

- A. New Appointments
- B. Reappointments
- C. Provisional Period Reviews / Amendments &/or Status Changes
- D. Notations Reporting (to be presented in **CLOSED SESSION** in accordance with protections afforded under Wisconsin Statute 146.38)

**Recommendation**

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

Respectfully Submitted,

Handwritten signature of Clarence P. Chou, MD, in cursive script, written over a horizontal line.

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

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

**Attachments**

1 Medical Staff Credentialing Report & Medical Executive Committee Recommendations (Amended 2-15-17)

**MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION  
GOVERNING BODY REPORT  
MEDICAL STAFF CREDENTIALING REPORT & EXECUTIVE COMMITTEE RECOMMENDATIONS  
JANUARY / FEBRUARY 2017 (AMENDED)**

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/<br>PRIV STATUS  | NOTATIONS | SERVICE CHIEF(S)<br>RECOMMENDATION                             | CREDENTIALING & PRIVILEGING<br>REVIEW COMMITTEE<br>JANUARY 11, 2017  | MEDICAL STAFF<br>EXECUTIVE COMMITTEE<br>JANUARY 18, 2017      | GOVERNING BODY<br>(COMMENT REQUIRED<br>FOR MODIFICATIONS<br>ONLY) |
|-----------------------|--|---------------------------|-----------|--|--|---|---|
| <b>MEDICAL STAFF</b>  |  |                           |           |  |  |   |   |
| Elizabeth Holcomb, MD | Psychiatric Officer of the Day; Medical Officer of the Day | Affiliate/<br>Provisional |           | Dr. Thrasher recommends appointment & privileges, as requested | Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months contingent on receipt of satisfactory out-of-state background check results, which were still pending on 1-11-17<br>(received 1-12-17 w/no findings) | Recommends appointment and privileging as per C&PR Committee. |   |
| Reena Kumar, DO       | Psychiatric Officer of the Day; Medical Officer of the Day | Affiliate/<br>Provisional |           | Dr. Thrasher recommends appointment & privileges, as requested | Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months contingent on receipt of satisfactory out-of-state background check results, which were still pending on 1-11-17<br>(received 1-18-17 w/no findings) | Recommends appointment and privileging as per C&PR Committee. |   |
| Sally Lohs, MD        | Psychiatric Officer of the Day; Medical Officer of the Day | Affiliate/<br>Provisional |           | Dr. Thrasher recommends appointment & privileges, as requested | Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months  | Recommends appointment and privileging as per C&PR Committee. |   |
| Mi Nelson, MD         | Psychiatric Officer of the Day; Medical Officer of the Day | Affiliate/<br>Provisional |           | Dr. Thrasher recommends appointment & privileges, as requested | Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months contingent on receipt of satisfactory out-of-state background check results, which were still pending on 1-11-17<br>(received 1-12-17 w/no findings) | Recommends appointment and privileging as per C&PR Committee. |   |

| REAPPOINTMENT /<br>REPRIVILEGING | PRIVILEGE GROUP(S)                         | APPT CAT/<br>PRIV STATUS          | NOTATIONS | SERVICE CHIEF(S)<br>RECOMMENDATION                                | CREDENTIALING & PRIVILEGING<br>REVIEW COMMITTEE<br>JANUARY 11, 2017                       | MEDICAL STAFF<br>EXECUTIVE COMMITTEE<br>JANUARY 18, 2017        | GOVERNING BODY<br>(COMMENT REQUIRED FOR<br>MODIFICATIONS ONLY) |
|----------------------------------|--|-----------------------------------|-----------|---|---|---|--|
| <b>MEDICAL STAFF</b>             |  |                                   |           |   |   |   |  |
| Jeffrey Anders, MD               | General Psychiatry                         | Affiliate/<br>Full                |           | Dr. Schneider 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. |  |
| Loren Cohen, MD                  | Diagnostic Radiology Interpretive Services | Telemedicine Consulting /<br>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. |  |

| REAPPOINTMENT / REPRIVILEGING | PRIVILEGE GROUP(S)   | APPT CAT/ PRIV STATUS          | NOTATIONS | SERVICE CHIEF(S) RECOMMENDATION                                      | CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JANUARY 11, 2017                             | MEDICAL STAFF EXECUTIVE COMMITTEE JANUARY 18, 2017              | GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY) |
|-------------------------------|--|--------------------------------|-----------|--|---|---|--|
| Marc Gunderson, MD            | Psychiatric Officer of the Day; Medical Officer of the Day | Affiliate/ Full                |           | Dr. Thrasher recommends reappointment & privileges, as requested     | Committee recommends reappointment and privileges, as requested, for 2 years. No changes. | Recommends reappointment and privileging as per C&PR Committee. |  |
| Ibrahim Khaja, MD             | General Psychiatry   | Active / Full                  | MA        | 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. |  |
| Megan McClymonds, MD          | General Psychiatry; Child Psychiatry                       | Active / Full                  |           | Dr. Moio 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. |  |
| Anurag Mishra, MD             | Internal Medicine / Cardiology Interpretive Services       | Telemedicine Consulting / Full | M#        | 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. |  |
| Shane Moio, MD                | General Psychiatry; Child Psychiatry                       | Active / Full                  |           | Dr. Schneider 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. |  |
| Julie Owen, MD                | Psychiatric Officer of the Day; Medical Officer of the Day | Affiliate/ Full                |           | Dr. Thrasher recommends reappointment & privileges, as requested     | Committee recommends reappointment and privileges, as requested, for 2 years. No changes. | Recommends reappointment and privileging as per C&PR Committee. |  |
| Jaquaye Russell, PsyD         | General Psychology-Adult, Child and Adolescent             | Active / Full                  |           | Drs. Kuehl & Moio 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. |  |
| Suraj Singh, MD               | General Psychiatry   | Active / Full                  |           | Dr. Schneider 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. |  |
| <b>ALLIED HEALTH</b>          |  |                                |           |  |   |   |  |
| Denise Matel-Anderson, MSN    | Advanced Practice Nurse-Adult Health                       | 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. |  |
| Tamara Perryman, DNP, MSN     | Advanced Practice Nurse-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 | NOTATIONS | SERVICE CHIEF RECOMMENDATION | CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JANUARY 11, 2017 | MEDICAL STAFF EXECUTIVE COMMITTEE JANUARY 18, 2017 | GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY) |
|-----------------------------------|--------------------|--------------------------|-----------|------------------------------|---|--|--|
| 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 JANUARY 11, 2017   | MEDICAL STAFF EXECUTIVE COMMITTEE JANUARY 18, 2017     | GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY) |
|-------------------------------|--|--|-----------|--|---|--|--|
| Elizabeth Lampe, MD           | Psychiatric Officer of the Day; Medical Officer of the Day / Affiliate | Amend Privileges to General Psychiatry |           | Dr. Thrasher recommends privileges, as requested | Committee recommends amending privileges for remainder to current appointment biennium, subject to a minimum provisional period of 6 months | Recommends amending privileges, as per C&PR Committee. |  |

AMENDMENT TO JANUARY / FEBRUARY REPORT

| REAPPOINTMENT / REPRIVILEGING | PRIVILEGE GROUP(S)  | APPT CAT/ PRIV STATUS            | NOTATIONS | SERVICE CHIEF(S) RECOMMENDATION   | CREDENTIALING & PRIVILEGING REVIEW COMMITTEE<br>FEBRUARY 10, 2017  | MEDICAL STAFF EXECUTIVE COMMITTEE<br>FEBRUARY 15, 2017          | GOVERNING BODY<br>(COMMENT REQUIRED FOR MODIFICATIONS ONLY) |
|-------------------------------|---|----------------------------------|-----------|---|--|---|---|
| Justin Kuehl, PsyD            | General Psychology-Adult<br><br>Extended Psychology-Acute Adult Inpatient | Active / Full<br><br>Provisional |           | Dr. Drymalski (designee) and Dr. Schneider recommend reappointment & privileges, as requested, with continuation of provisional status for Extended Psychology due to low volume use of privileges, to date | Chair, on behalf of Committee recommends reappointment and privileges, as requested, and as recommended by Service Chief(s) for 2 years. No changes. | Recommends reappointment and privileging as per C&PR Committee. |   |

*[Signature]*  
 CHAIR, CREDENTIALING AND PRIVILEGING REVIEW COMMITTEE  
 (OR PHYSICIAN COMMITTEE MEMBER DESIGNEE)

2/15/2017  
 DATE

*[Signature]*  
 PRESIDENT, MEDICAL STAFF ORGANIZATION  
 CHAIR, MEDICAL STAFF EXECUTIVE COMMITTEE

2/15/2017  
 DATE

BOARD COMMENTS / MODIFICATIONS / OBJECTIONS TO MEC PRIVILEGING RECOMMENDATIONS:

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

\_\_\_\_\_  
 GOVERNING BOARD CHAIRPERSON

\_\_\_\_\_  
 DATE

BOARD ACTION DATE: FEBRUARY 23, 2017