



Milwaukee County Behavioral Health Division
2017 Key Performance Indicators (KPI) Dashboard * REVISED 12/4/2017

Program	Item	Measure	2015 Actual	2016 Actual	2017 Quarter 1	2017 Quarter 2	2017 Quarter 3	2017 YTD (Jan 1 - Sep 30)	2017 Target	2017 Status (1)	Benchmark Source
Community Access To Recovery Services	1	Service Volume - All CARS Programs ⁵	9,624	7,971	5,105	5,276	5,410	7,334	8,370	Green	BHD (2)
		Sample Size (Unique Clients)			2,414	2,519	2,529		-		
	2	Percent with any acute service utilization ⁶	-	13.09%	16.94%	19.02%	19.89%	18.62%	12.05%	Red	BHD (2)
	3	Percent with any emergency room utilization ⁷		12.44%	12.80%	16.08%	15.78%	14.89%	11.20%	Red	
	4	Percent abstinence from drug and alcohol use	-	66.71%	63.34%	60.82%	61.8%	61.98%	73.81%	Yellow	BHD (2)
	5	Percent homeless	-	4.74%	6.71%	7.26%	8.42%	4.00%		Red	BHD (2)
	6	Percent employed	-	15.80%	15.29%	16.83%	16.57%	16.23%	17.38%	Yellow	BHD (2)
	Sample Size (Admissions)		6,315	1,688	1,642	1,708		-			
	7	Percent of clients returning to Detox within 30 days	19.6%	55.61%	62.26%	59.99%	58.90%	60.38%	50.61%	Yellow	BHD (2)
Wraparound	8	Families served in Wraparound HMO (unduplicated count)	3,329	3,500	1,949	2,532	2,950	-	3,670	Green	BHD (2)
	9	Annual Family Satisfaction Average Score (Rating scale of 1-5)	4.6	4.6	4.8	4.8	4.6	4.7	>= 4.0	Green	BHD (2)
	10	Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice system)	62%	60.2	63.9%	65.6%	66.9%	65.4%	>= 75%	Yellow	BHD (2)
	11	Average level of "Needs Met" at disenrollment (Rating scale of 1-5)	3.2	2.86	2.68	2.76	2.68	2.70	>= 3.0	Yellow	BHD (2)
	12	Percentage of youth who have achieved permanency at disenrollment	58%	53.6%	55.6%	55.1%	64.1%	58.2%	>= 70%	Yellow	BHD (2)
	13	Percentage of Informal Supports on a Child and Family Team	42%	43.6%	45.1%	44.3%	45.1%	44.8%	>= 50%	Yellow	BHD (2)
Crisis Service	14	PCS Visits	10,173	8,286	1,896	2,046	2,081	6,023	9,000	Green	BHD (2)
	15	Emergency Detentions in PCS	5,334	4,059	877	1,000	952	2,829	3,830	Green	BHD (2)
	16	Percent of patients returning to PCS within 3 days	8%	7.9%	7.8%	7.5%	7.3%	7.5%	8%	Green	BHD (2)
	17	Percent of patients returning to PCS within 30 days	25%	24.8%	23.8%	23.0%	22.8%	23.2%	24%	Green	CMS (4)
	18	Percent of time on waitlist status	16%	80.1%	75.6%	91.7%	70.4%	79.2%	25%	Red	BHD (2)
Acute Adult Inpatient Service	19	Admissions	965	683	169	155	175	499	900	Green	BHD (2)
	20	Average Daily Census	47.2	45.8	42.7	43.9	42.7	43.1	54	Green	BHD (2)
	21	Percent of patients returning to Acute Adult within 7 days	3%	3.6%	2.4%	2.2%	2.0%	2.2%	3%	Green	BHD (2)
	22	Percent of patients returning to Acute Adult within 30 days	11%	10.8%	9.6%	9.0%	8.3%	9.0%	10%	Green	NRI (3)
	23	Percent of patients responding positively to satisfaction survey	73%	70.6%	69.5%	78.4%	71.5%	73.1%	74%	Yellow	NRI (3)
	24	If I had a choice of hospitals, I would still choose this one. (MHSIP Survey)	63%	57.1%	64.1%	68.5%	66.7%	66.4%	65%	Green	BHD (2)
	25	HBIPS 2 - Hours of Physical Restraint Rate	7.2	3.32	0.45	0.61	0.71	0.59	0.66	Green	CMS (4)
	26	HBIPS 3 - Hours of Locked Seclusion Rate	0.47	0.48	0.27	0.25	0.44	0.32	0.14	Red	CMS (4)
	27	HBIPS 4 - Patients discharged on multiple antipsychotic medications	18%	18.5%	18.9%	21.5%	17.5%	19.2%	9.5%	Red	CMS (4)
	28	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	98%	95.0%	90.9%	94.1%	79.3%	88.5%	90.0%	Yellow	BHD (2)
Child / Adolescent Inpatient Service (CAIS)	29	Admissions	919	617	184	167	167	518	930	Green	BHD (2)
	30	Average Daily Census	9.8	8.4	10.2	8.9	7.2	8.8	12.0	Green	BHD (2)
	31	Percent of patients returning to CAIS within 7 days	6%	5.2%	4.4%	5.0%	4.7%	4.7%	5%	Green	BHD (2)
	32	Percent of patients returning to CAIS within 30 days	16%	11.8%	11.6%	12.5%	11.0%	11.7%	11%	Yellow	BHD (2)
	33	Percent of patients responding positively to satisfaction survey	71%	78.1%	77.7%	72.1%	64.9%	71.6%	74%	Yellow	BHD (2)
	34	Overall, I am satisfied with the services I received. (CAIS Youth Survey)	74%	82.1%	84.7%	81.8%	70.0%	78.8%	80%	Yellow	BHD (2)
	35	HBIPS 2 - Hours of Physical Restraint Rate	5.2	4.51	1.42	1.10	0.59	1.08	0.22	Red	CMS (4)
	36	HBIPS 3 - Hours of Locked Seclusion Rate	0.42	0.20	0.28	0.44	0.49	0.39	0.34	Yellow	CMS (4)
	37	HBIPS 4 - Patients discharged on multiple antipsychotic medications	2%	1.6%	1.6%	8.0%	6.8%	5.4%	3.0%	Red	CMS (4)
	38	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	100%	88.9%	100.0%	100.0%	100.0%	100.0%	90.0%	Green	BHD (2)
Financial	39	Total BHD Revenue (millions)	\$120.2	\$129.4	\$149.9	\$149.9	\$149.9	\$149.9	\$149.9	Green	
	40	Total BHD Expenditure (millions)	\$173.5	\$188.2	\$207.3	\$207.3	\$207.3	\$207.3	\$207.3	Yellow	

Notes:

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

CARS Quarterly Report

Number of Clients Receiving Service, By Program

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

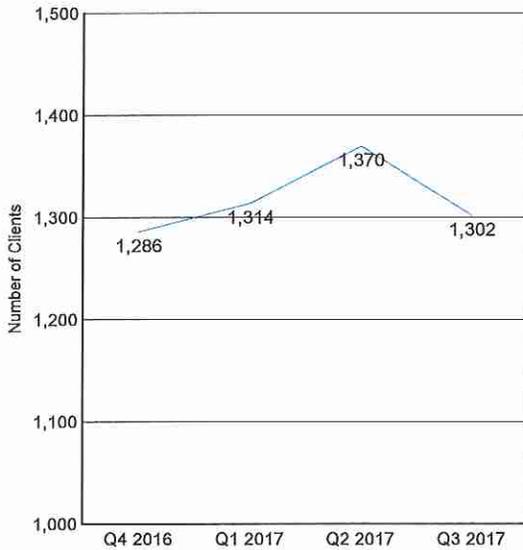


Admissions By Program

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



Referrals/Intakes By Access Point



	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Total
Access Clinic at BHD	108	116	98	140	458
Access Clinic South	18	0	0	0	18
CARS	437	407	465	482	1,694
IMPACT	301	310	340	269	1,174
JusticePoint	32	36	38	40	135
M & S	231	250	224	193	870
UCC	46	61	67	70	240
WCS	148	160	164	144	594
Total	1,286	1,314	1,370	1,302	4,821

Time to Treatment

Average Number of Days from Intake to Admission

Program	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Trend
CBRF	39	55	94	-	
CSP	101	86	73	22	
TCM	33	22	17	15	
CCS	1.6	1.2	0.5	0.8	
AODA Transitional Residential	18	16	22	24	
AODA Day Treatment	10	8	7	9	
AODA Outpatient	11	13	10	9	
Recovery Support Services	10	11	7	9	



Wraparound Milwaukee

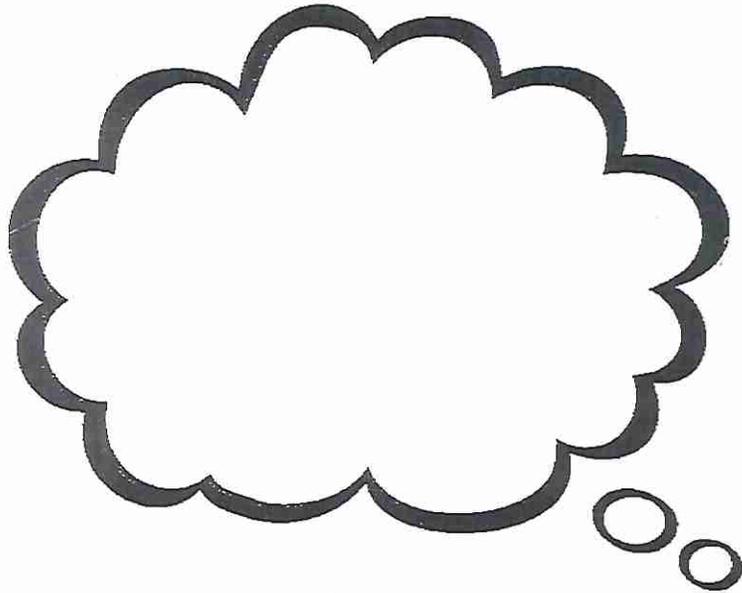
Youth Living Out Loud (YLOL) – OJJDP Funded Grant

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

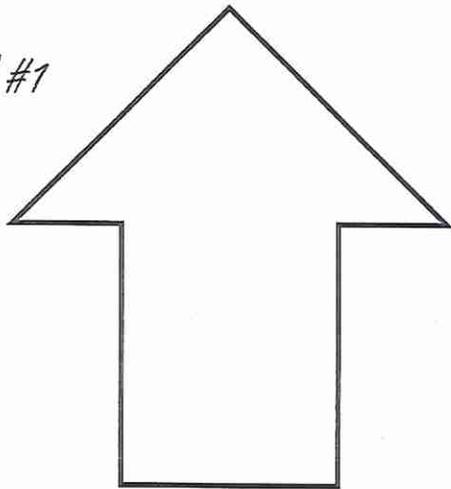


Mentor Action Plan

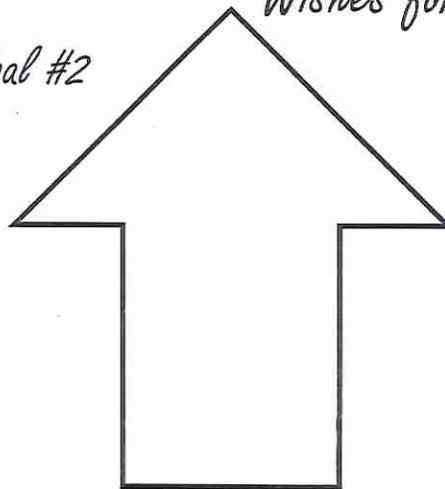
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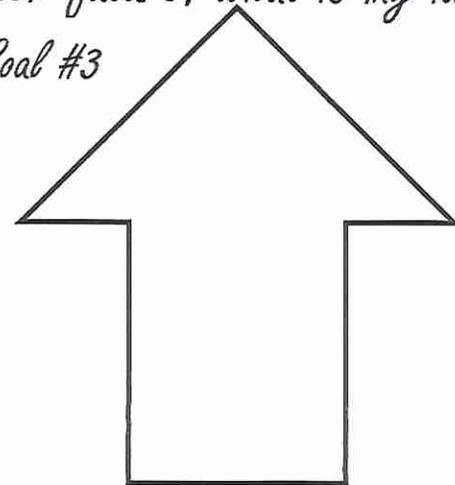
Goal #1



Goal #2



Goal #3



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

Mentee Signature: _____

Date: _____

Mentor Signature: _____

Date: _____



Goal #1

Review Date:

1 2 3 4 5

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

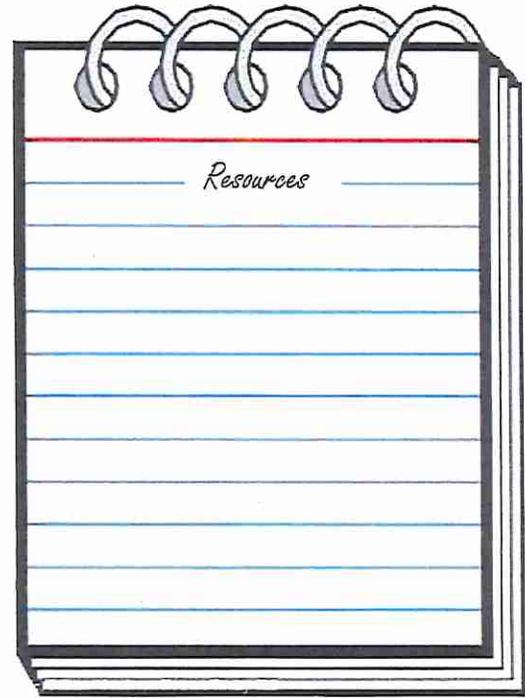
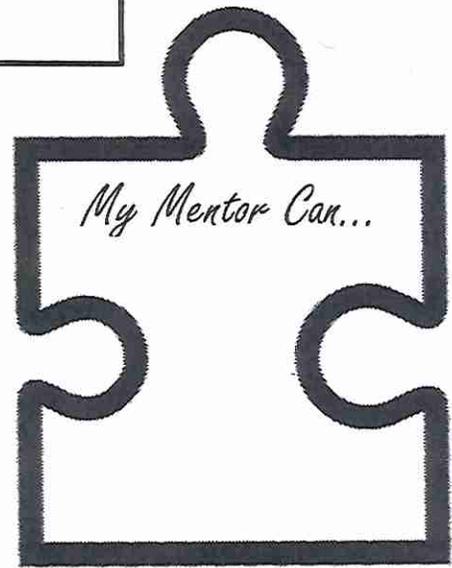
Goal banner

3

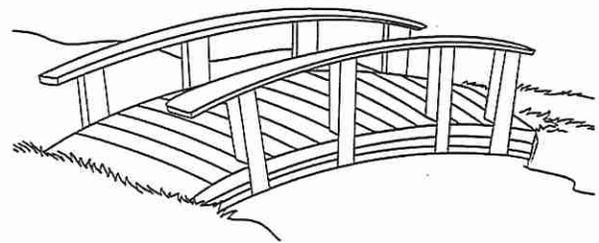
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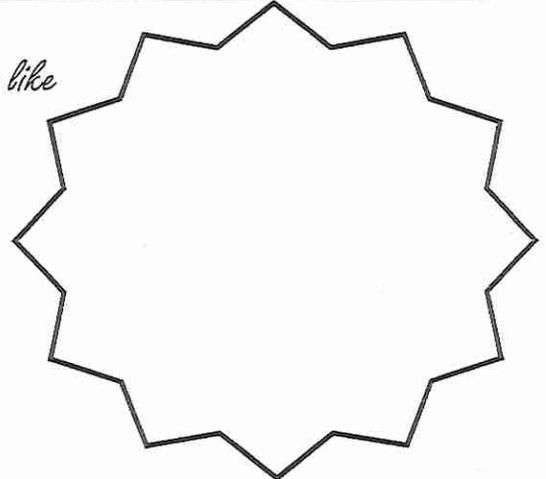
Steps



Barriers



Success looks like



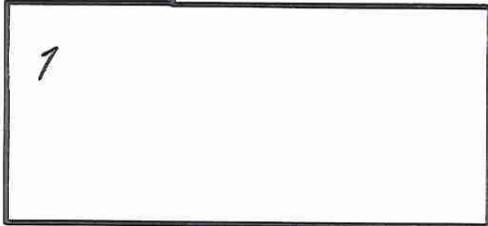
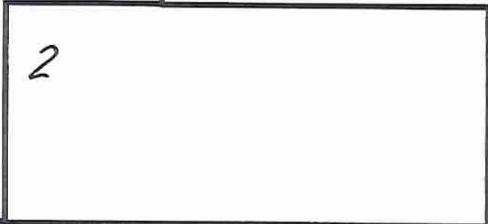
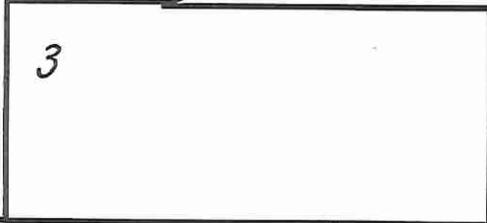
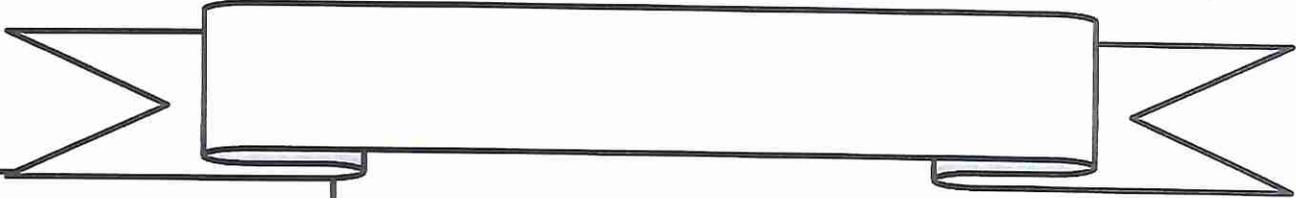
Solutions



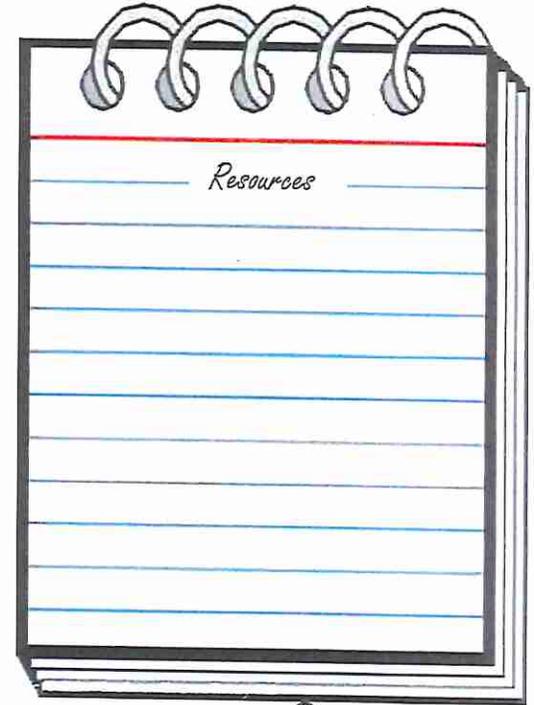
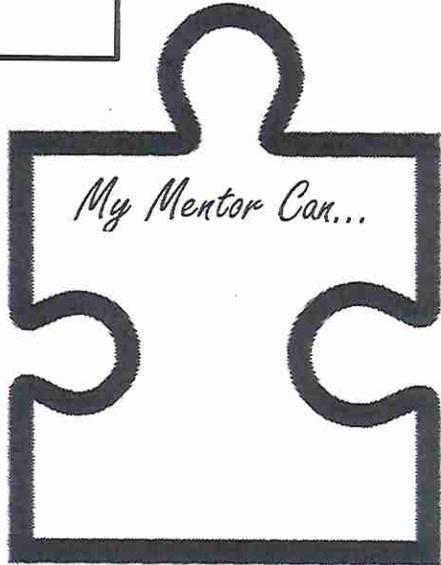
Goal #2

Review Date:

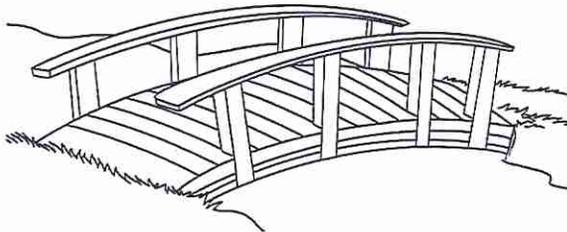
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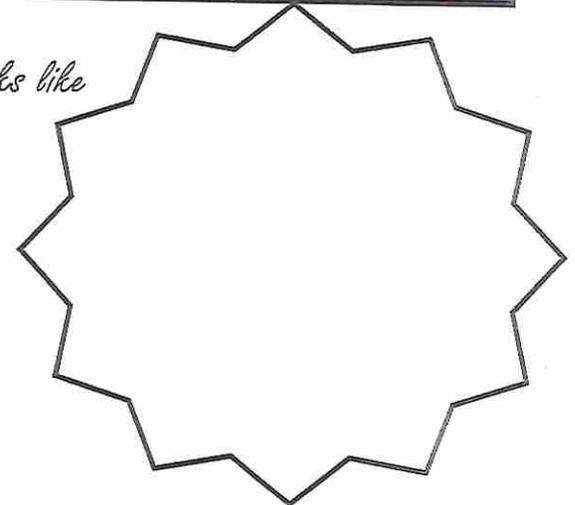
Steps



Barriers



Success looks like



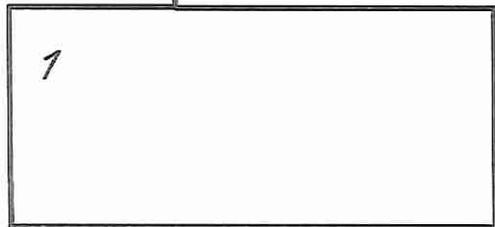
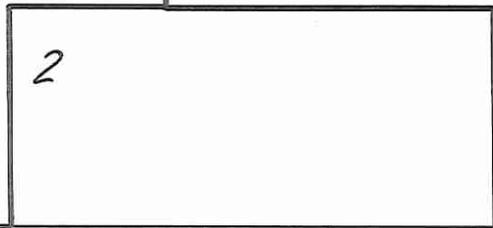
Solutions



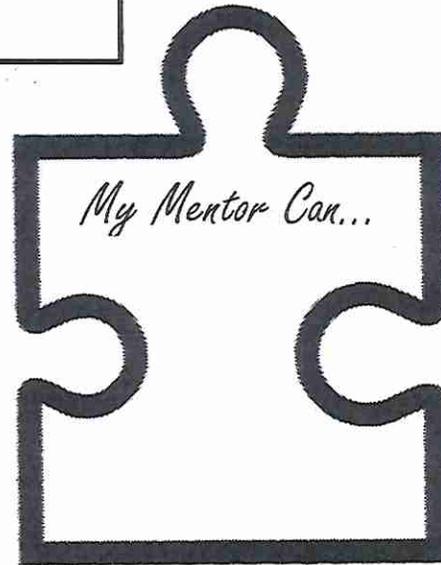
Goal #3

Review Date:

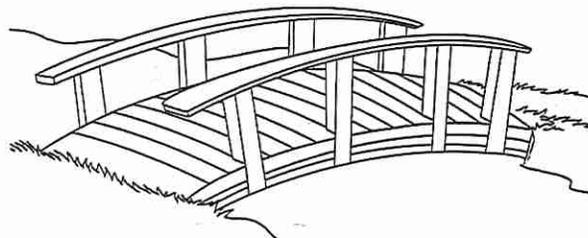
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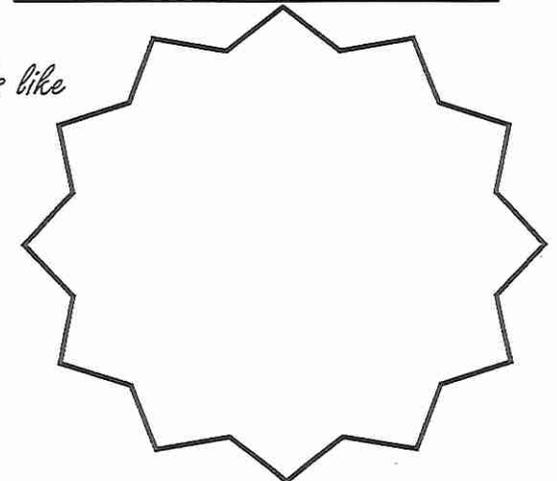
Steps



Barriers



Success looks like



Solutions



Demographic Information:

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

Chart 1



Delinquency Activity:

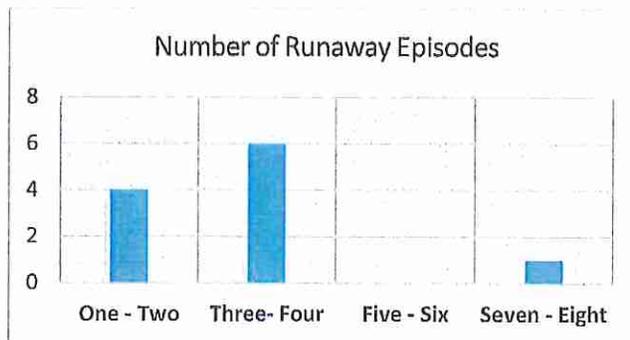
Of the 30 youth that have been in the YLOL program during this tracking period (30), 2 youth offended. This constitutes a recidivism rate of 6% for this tracking period, lower than the overall recidivism 2015 rate for Wraparound Milwaukee which was 10.1%. Both were property offenses, one felony (vehicle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

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

Runaway Behavior:

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

Chart 2



School

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

Chart 3

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

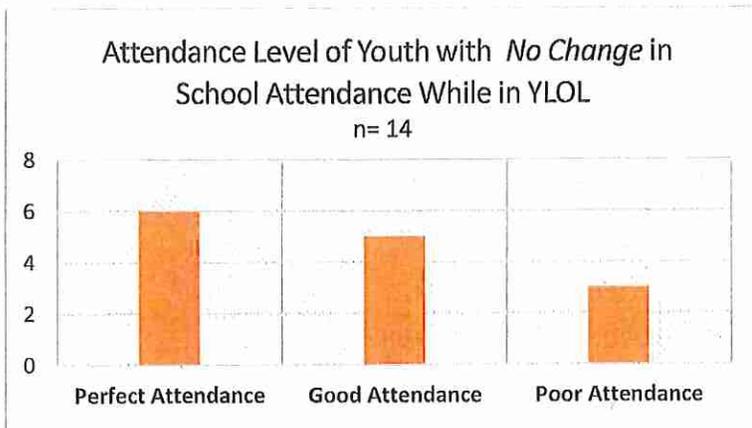
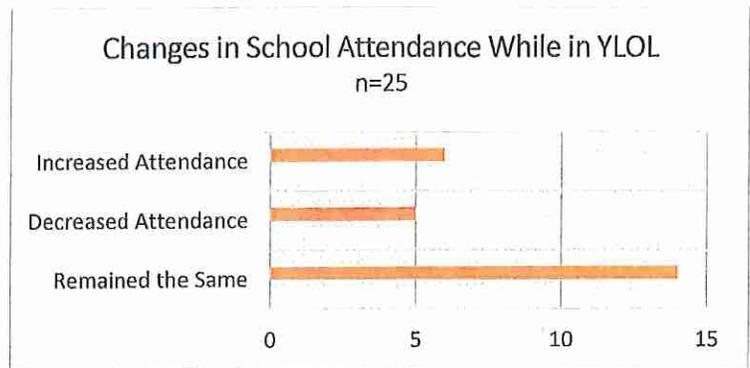


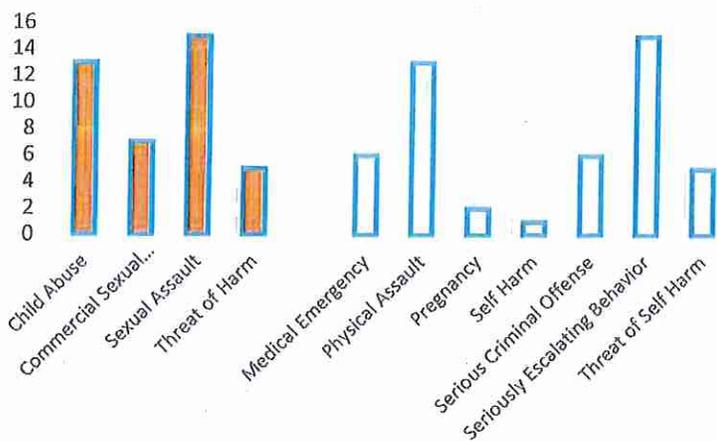
Chart 4

Critical Incidences:

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

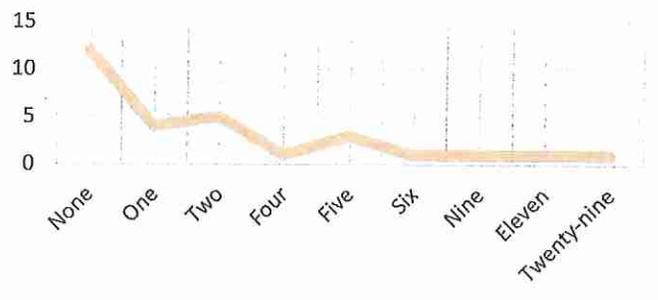
Number of Critical Incidences Across Categories - Highlighting Incidences Associated with Victimization & Trauma

n=88



Number of Critical Incidences per Youth

n=88



Respectively submitted,
Prina Goldfarb, Ph.D.



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

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

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

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

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

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



Wraparound Milwaukee

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

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

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

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

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

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



Wisconsin Child Sex Trafficking and Exploitation Indicator and Response Guide



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

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

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

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

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

Please review each level of risk

At-Risk

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

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

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

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

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

1 or more High Risk items selected

1 or more Confirmed items selected

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

3 or more At-Risk items selected

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

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

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

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

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

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

PCS Hospital Transfer Waitlist Report

Third Quarter Report Update

2017

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

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

Prepared by:
Quality Improvement Department

Date: October 25, 2017

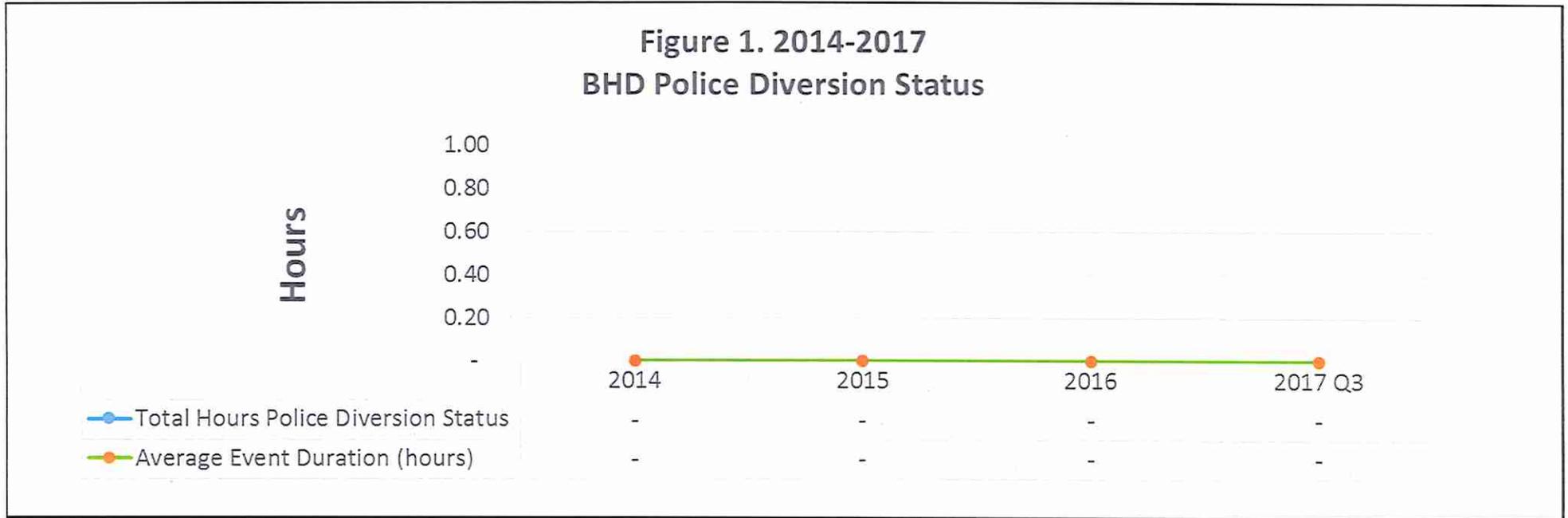
Definitions:

Waitlist: When there is a lack of available beds between the Acute Inpatient Units and the Observation Unit. Census cut off is 5 or less open beds. These actions are independent of acuity or volume issues in PCS.

Diversion: A total lack of capacity in PCS and a lack of Acute Inpatient and Observation Unit beds. It results in actual closing of the door with no admissions to PCS allowed. Moreover, it requires law enforcement notification and Chapter 51 patients re-routed.

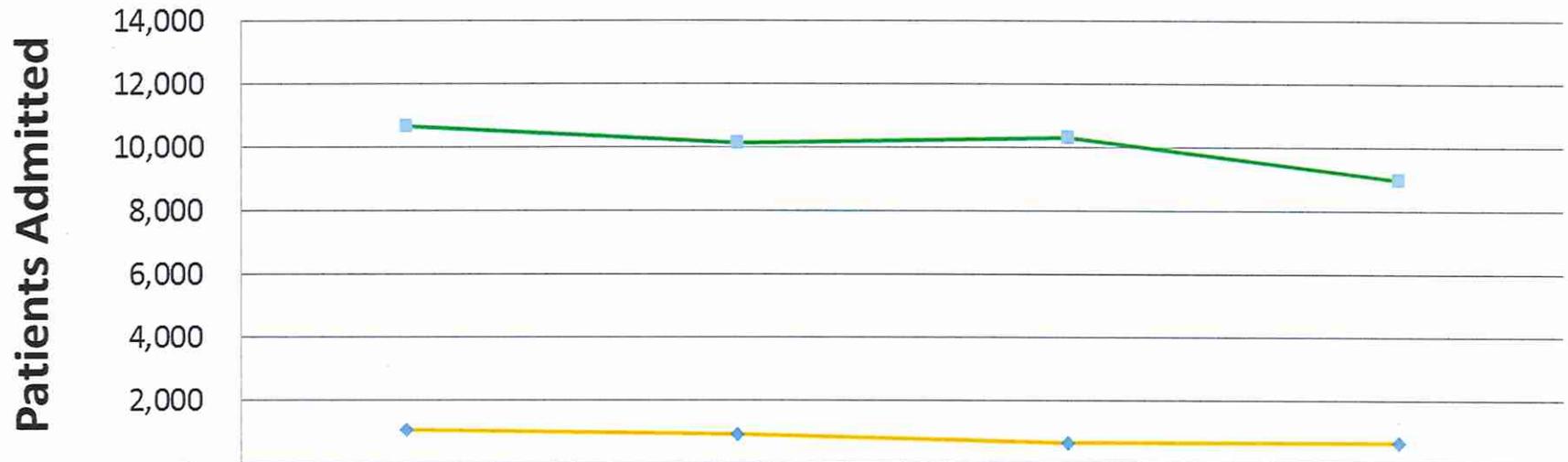
Reporting Time Period: The data in this report reflects three (3) years or the last twelve (12) quarters, unless specified otherwise.

Figure 1. 2014-2017
BHD Police Diversion Status



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

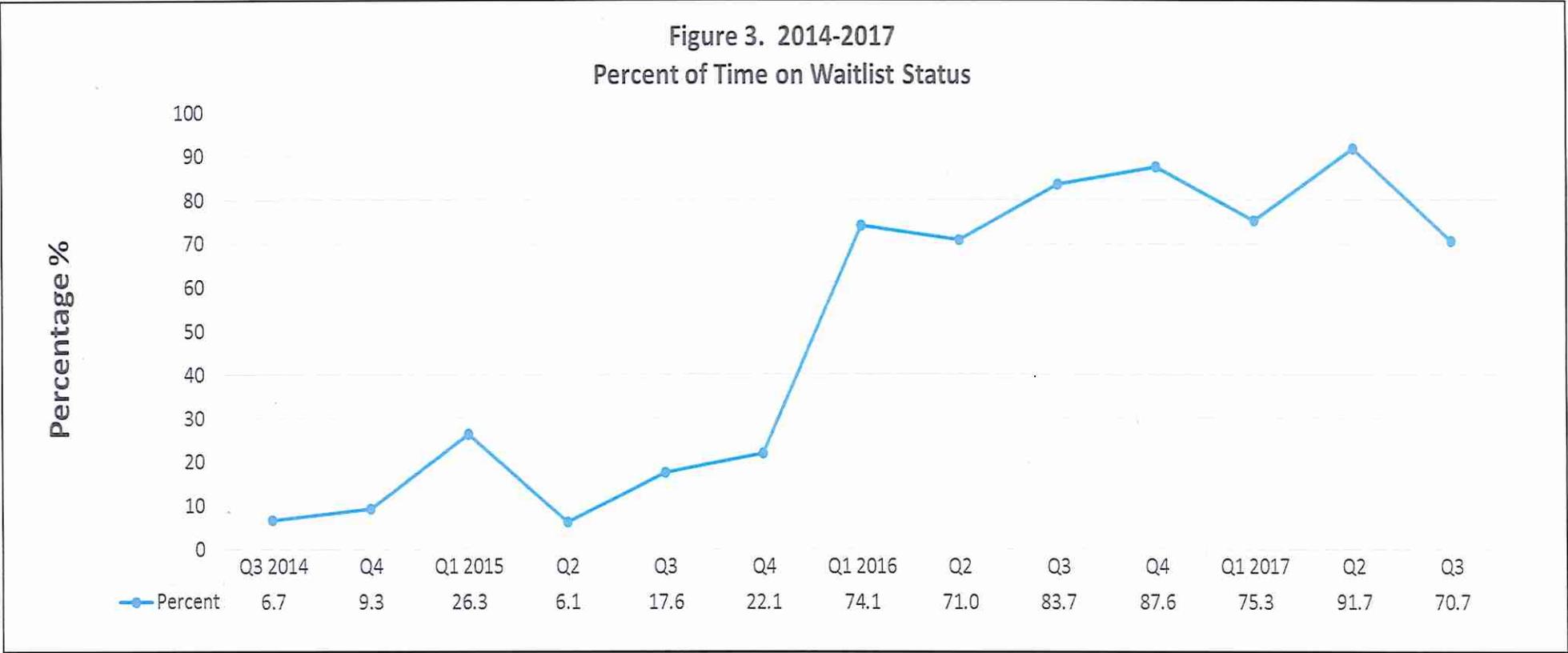
**Figure 2. 2014-2017
PCS and Acute Adult Admissions**



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

*PCS Admissions = Projected Waitlist Clients + Projected PCS Clients

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



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

Figure 4. 2014-2017
Patients on Hospital Transfer Waitlist



Figure 5. Waitlist Events
2014-2017



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



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



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

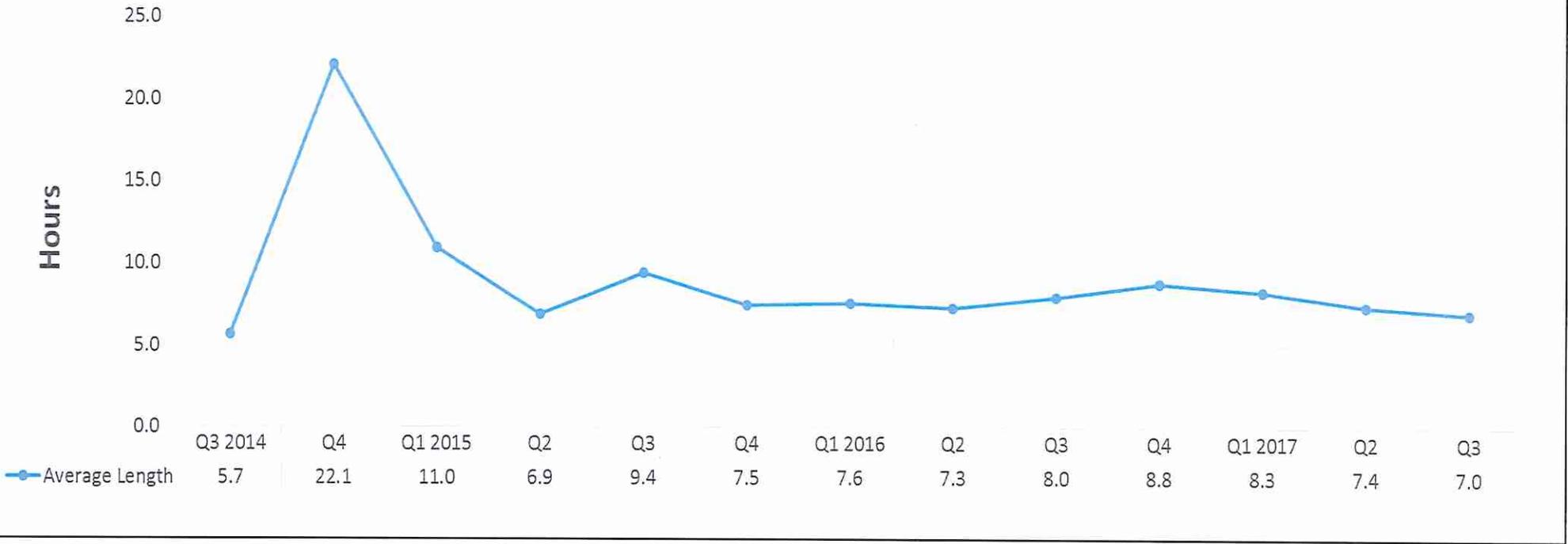
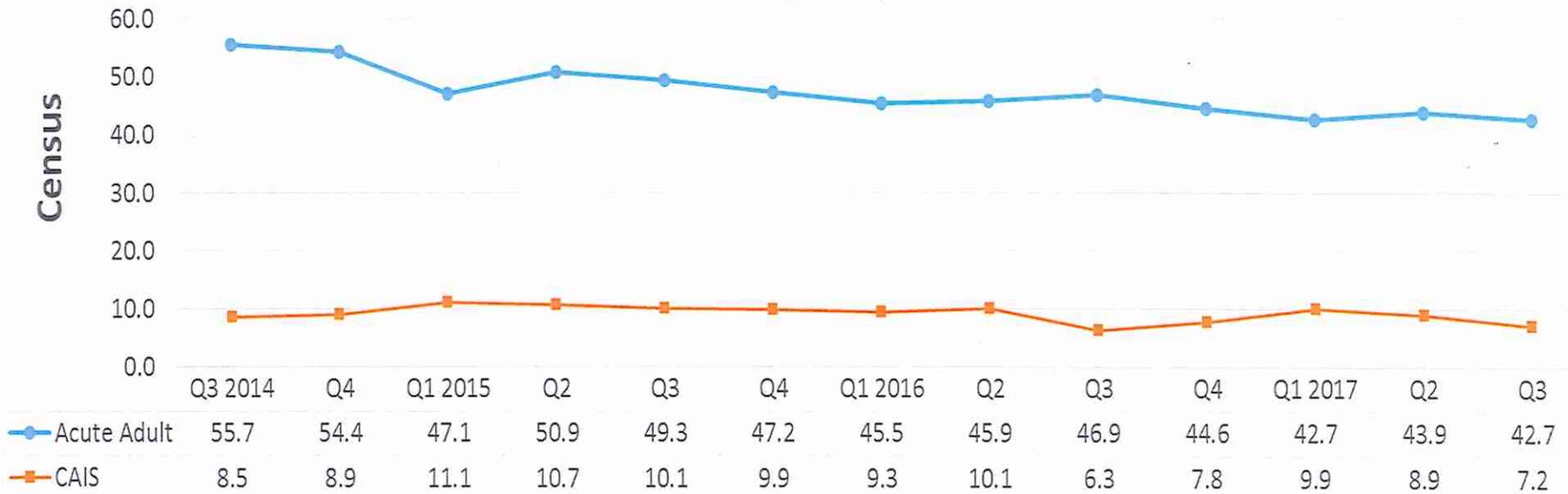
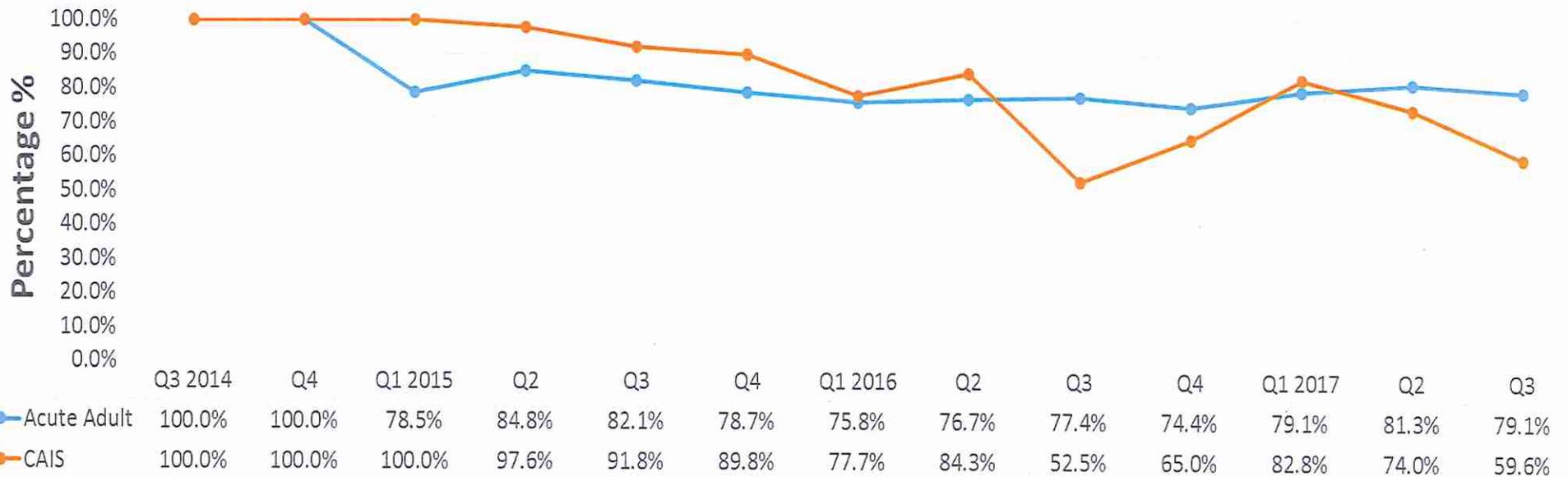


Figure 9. 2014-2017
Acute Adult/CAIS
Average Daily Census



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

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



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

*Reduced staffing impacted operation bed count

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



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



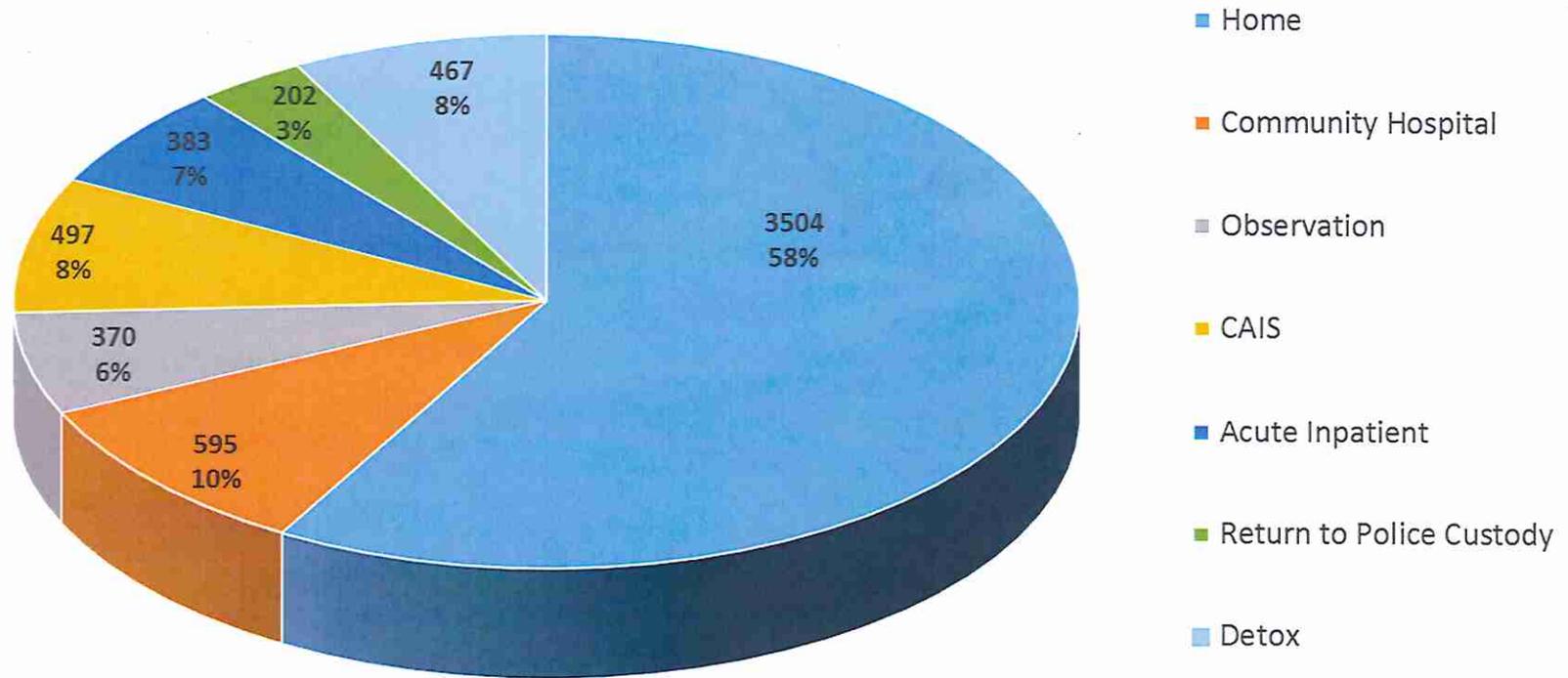
*Percent = Number of Patients on waitlist for 24 hours or greater/Number of Clients Waitlisted

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



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

Figure 14. 2017 Q3 (January - September)
Disposition of all PCS admission



Acute Inpatient Seclusion and Restraint

Third Quarter Update

2017

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

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

Prepared by: Quality
Improvement
Department

Date: November 1, 2017

Summary

43A

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

43B

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

43C

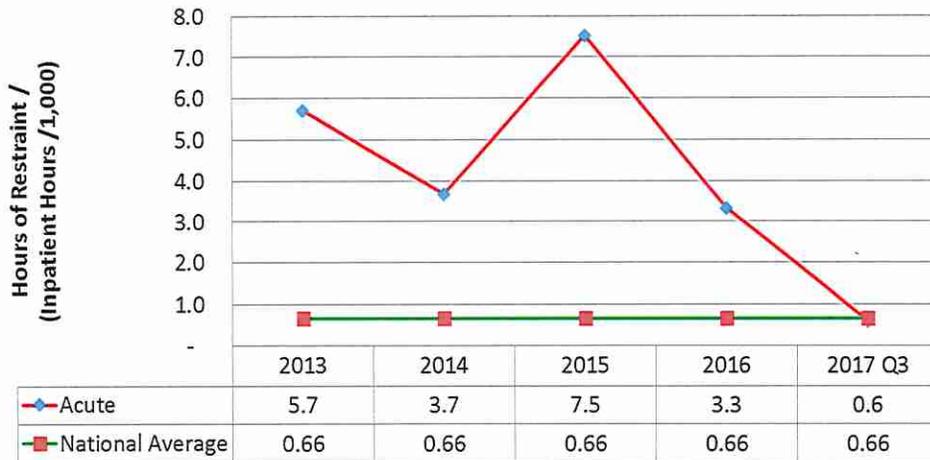
- 43C rate of restraint hours decreased by 40.0% from 2016 through the third quarter of 2017.
- 43C had 25.3 reported restraint hours, 14.6 reported restraint hours were for 3 individuals (58% of all hours)
- 43C restraint incident rate decreased by 17.4% from 2016 through the third quarter of 2017.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

CAIS

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

Acute Adult

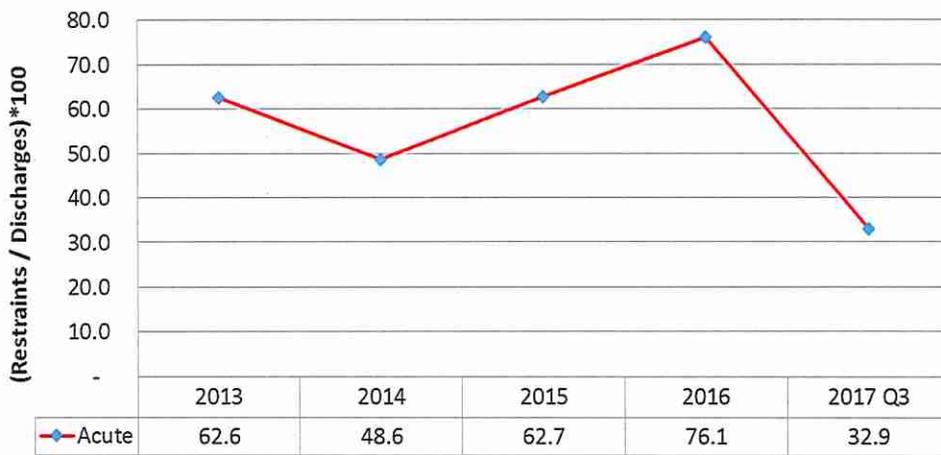
Acute Adult
2013-2017 Hours of Restraint (Aggregate)



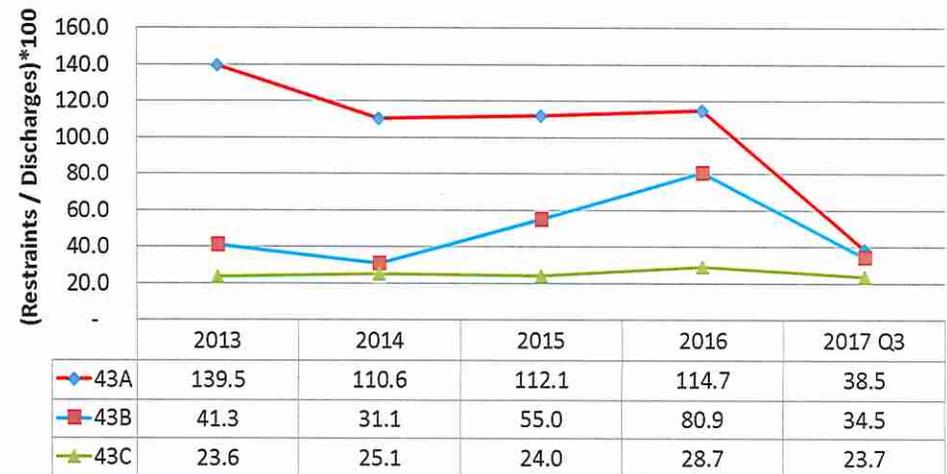
Acute Adult
2013-2017 BHD - Hours of Restraint by Unit



Acute Adult
2013-2017 Restraint Incident % (Aggregate)



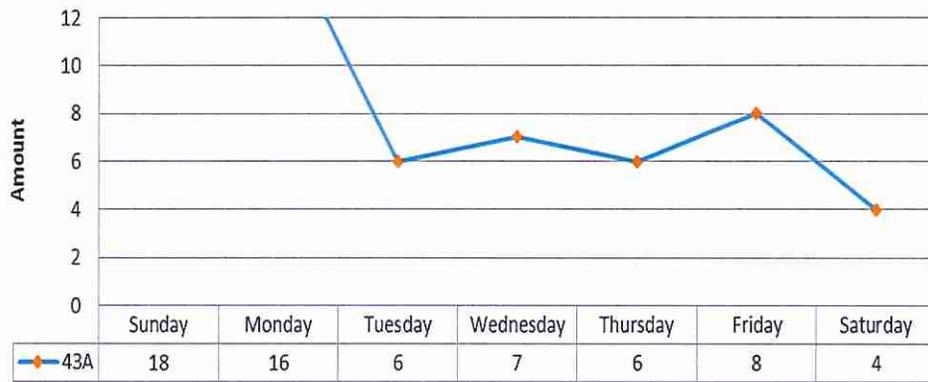
Acute Adult
2013-2017 BHD - Restraint Incident % by Unit



Acute Adult

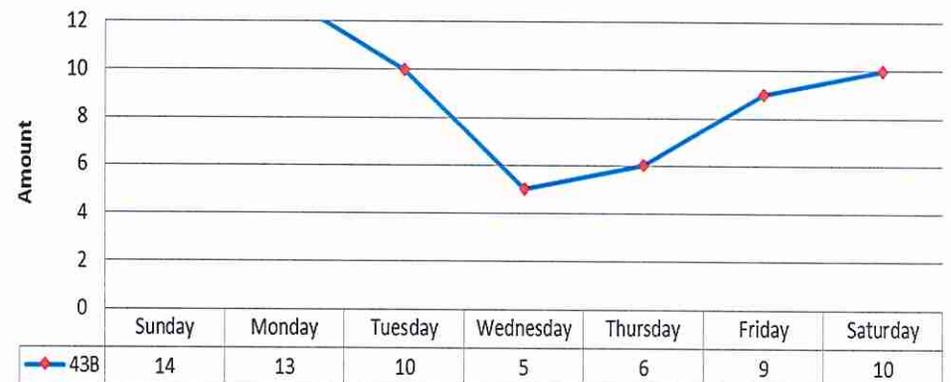
43A Restraints by Day of Week

N = 65



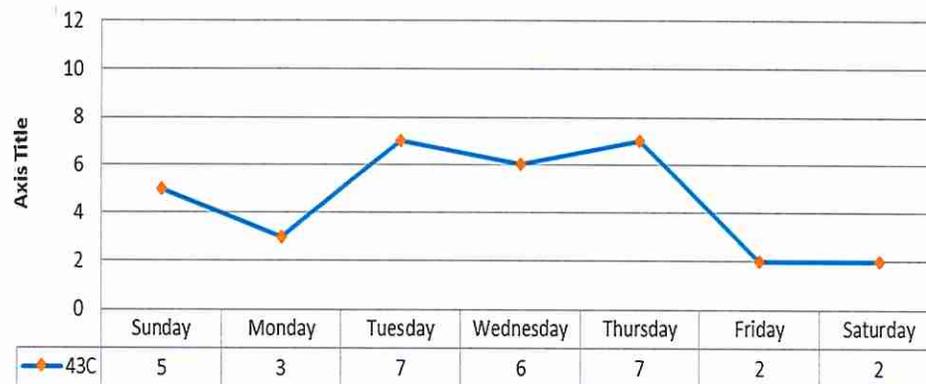
43B Restraints by Day of Week

N = 67



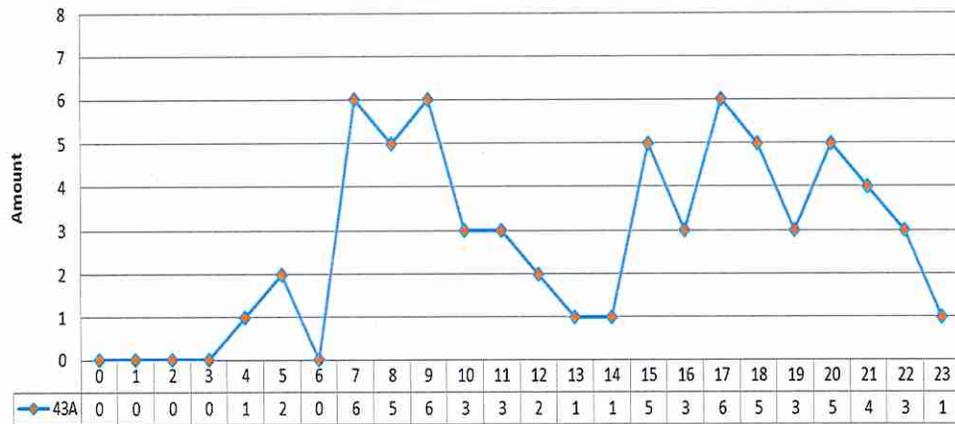
43C Restraints by Day of Week

N = 32

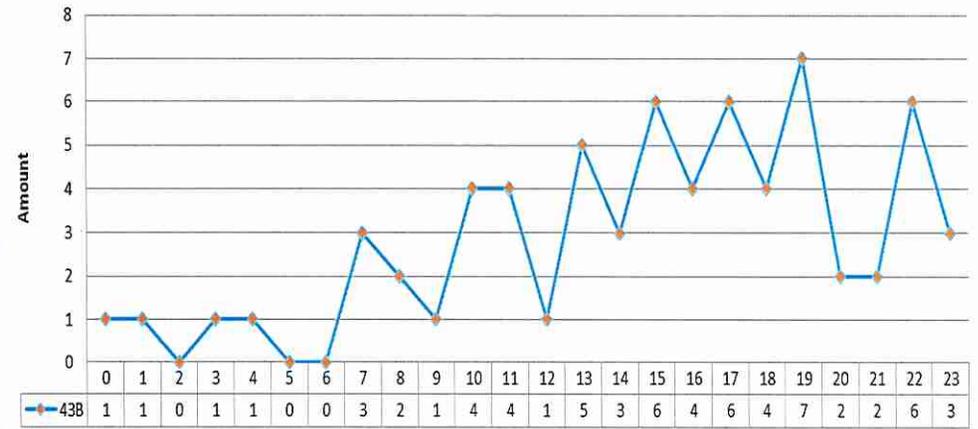


Acute Adult

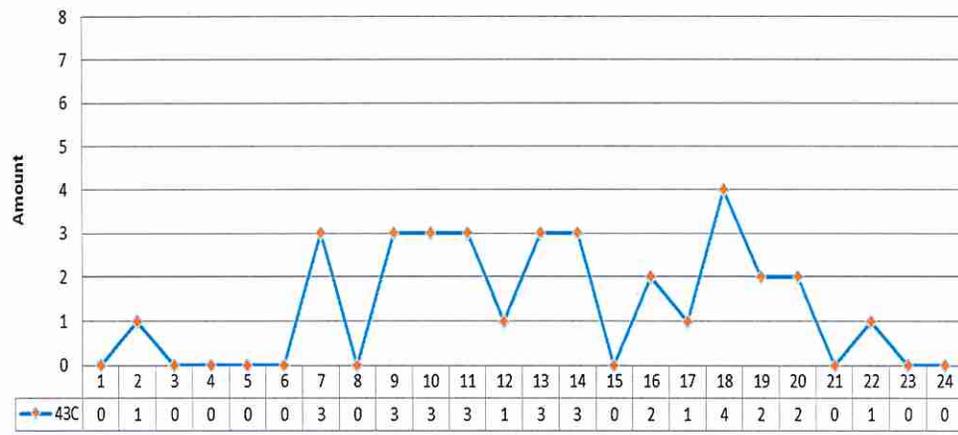
43A Restraints by Time of Day
N = 65



43B Restraints by Time of Day
N = 67



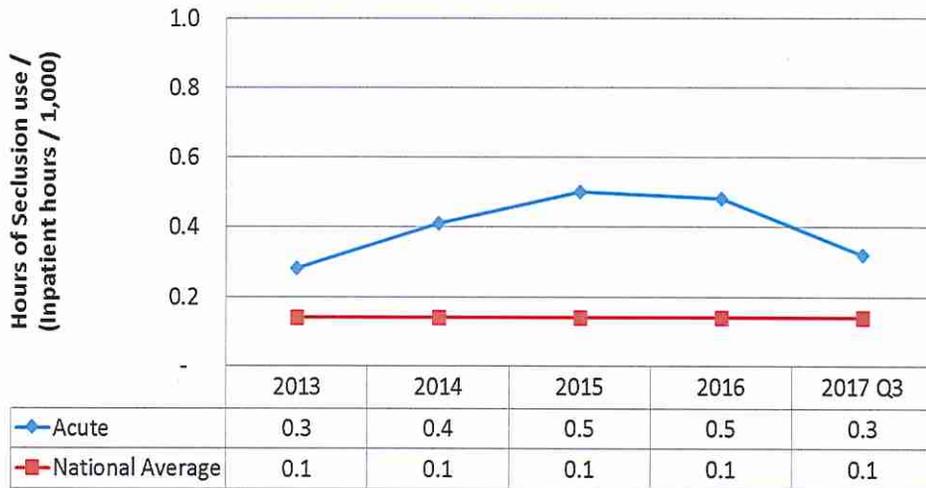
43C Restraints by Time of Day
N = 32



Acute Adult

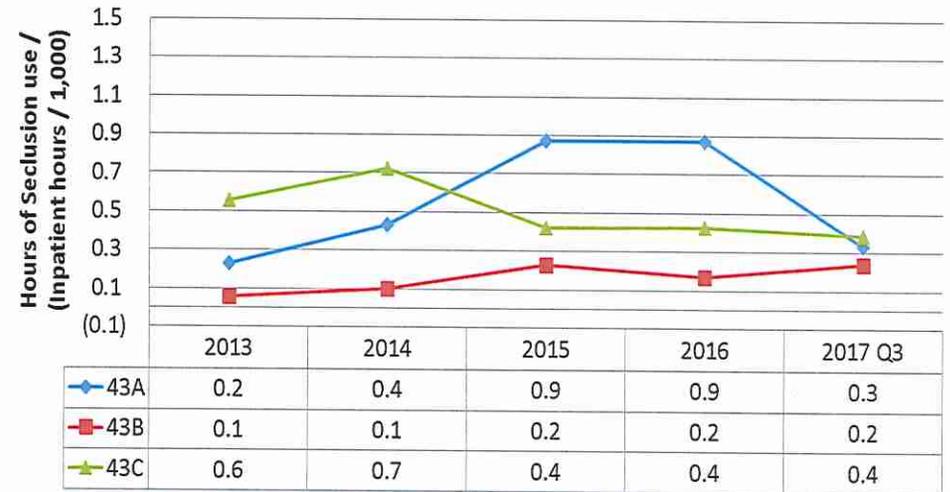
Acute Adult

2013-2017 Hours of Seclusion Rate (Aggregate)



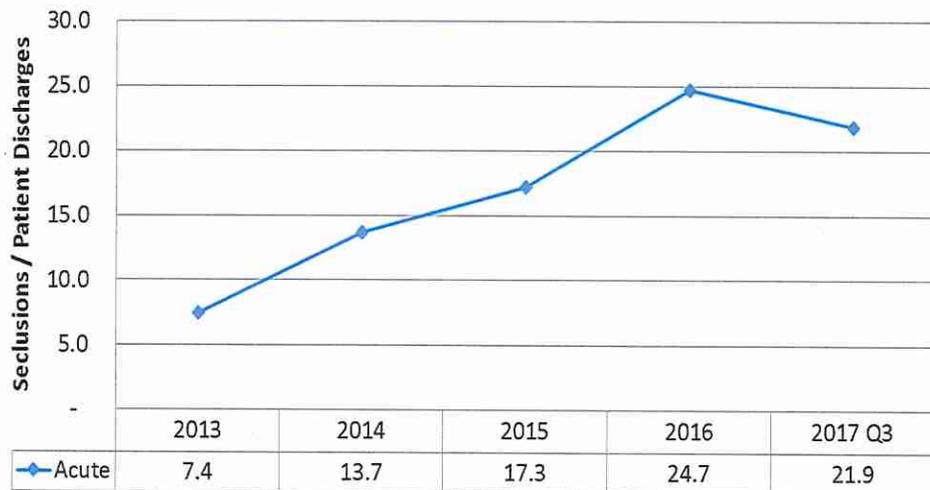
Acute Adult

2013-2017 Hours of Seclusion Rate by Unit



Acute Adult

2013-2017 Seclusion Incident % (Aggregate)

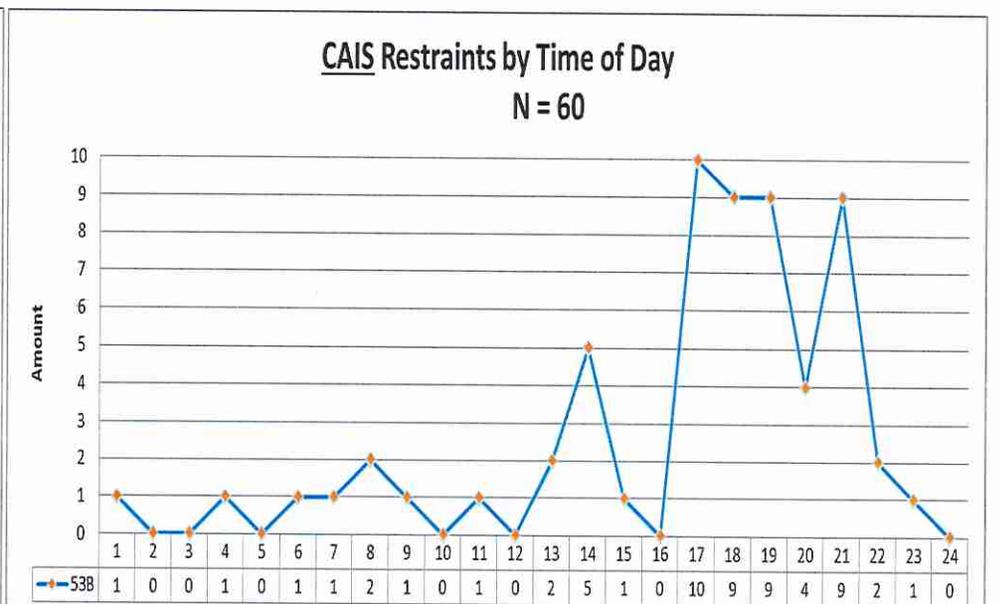
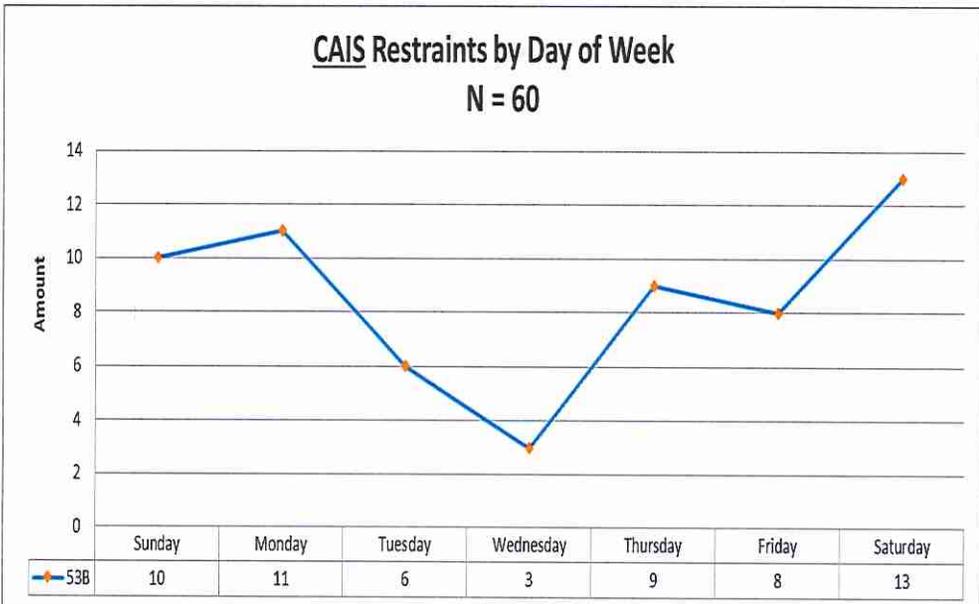
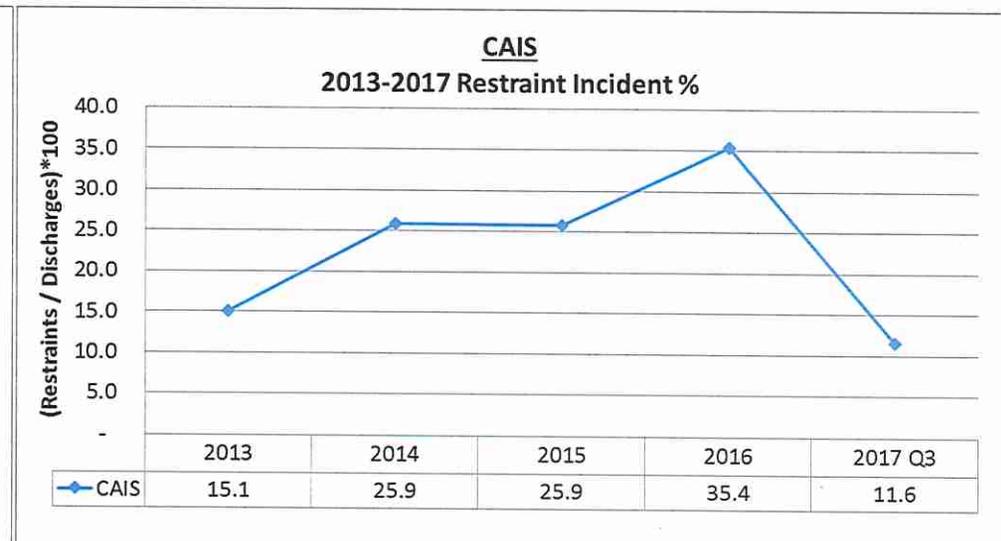
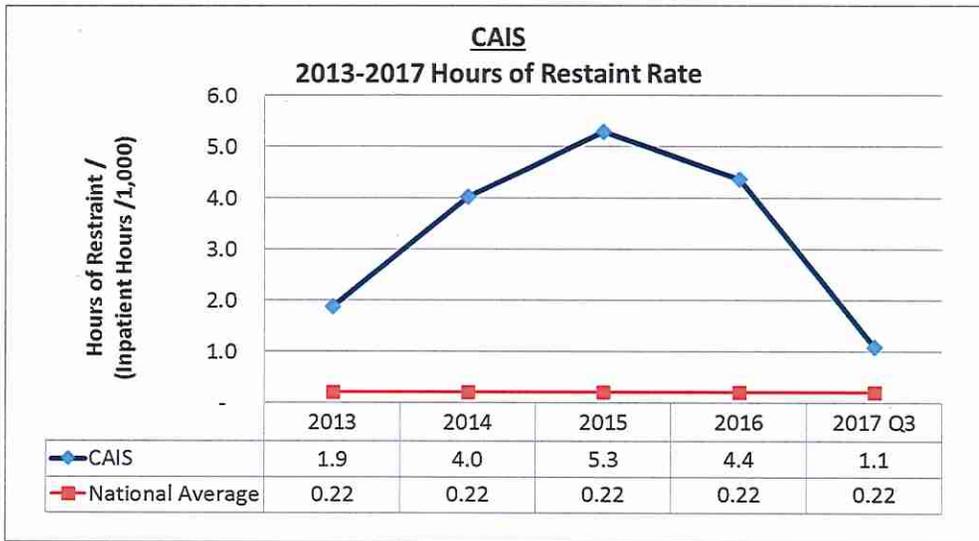


Acute Adult

2013-2017 Seclusion Incident % by Unit



CAIS



Facility Data

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

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



TEAM CONNECT

NIATX CHANGE PROJECT 2017

Milwaukee County Behavioral Health Division



AIM

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

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

CHANGE

TEAM CONNECT

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

The goals of Team Connect are to:

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

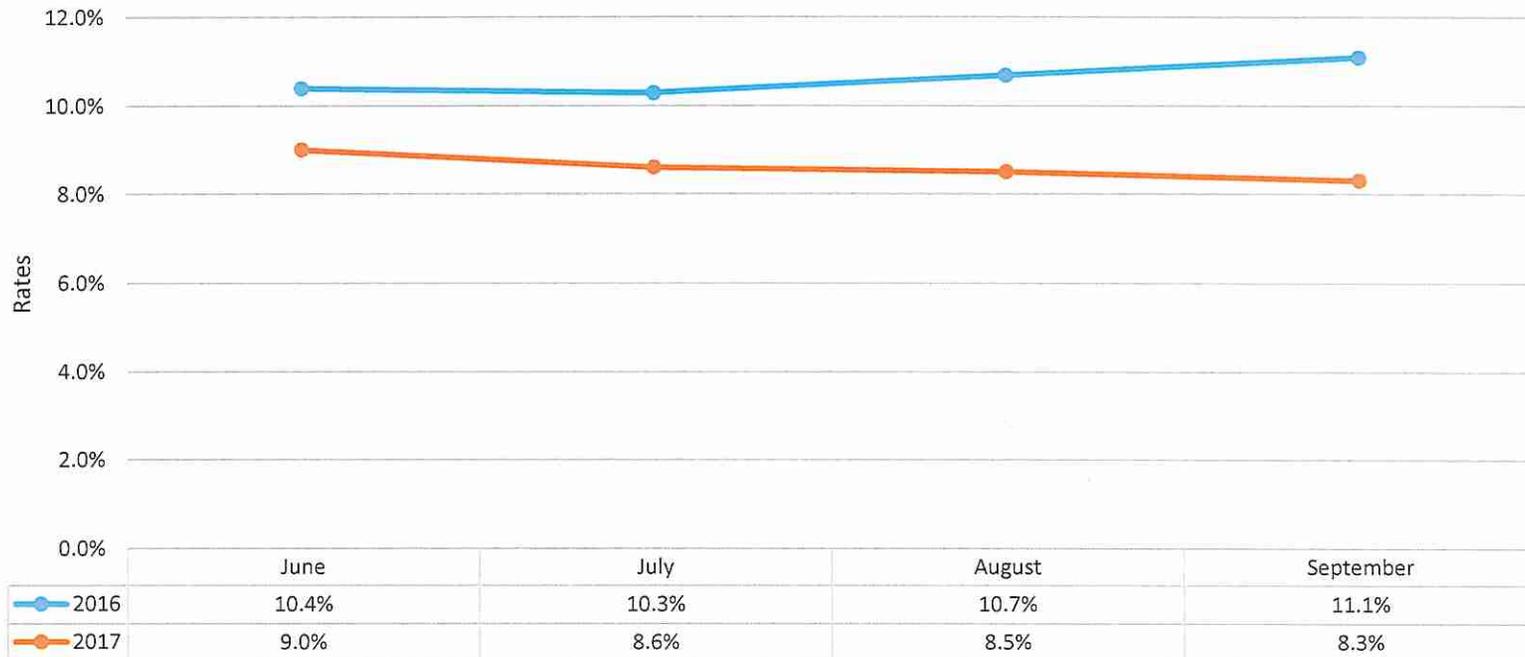
Team Connect staff includes: mental health clinicians and peer support specialists



RESULTS



Percent Of Individuals Returning To Acute Adult Units Within 30 days



NEXT STEPS

ADOPT, ADAPT, or ABANDON?

Adopt: Team connect will continue

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

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



IMPACT

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



2017 NIATX PROJECT

THE NURSE MARY CHALLENGE

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



AIM:

TO INCREASE CLIENT LAB WORK PARTICIPATION

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

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

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

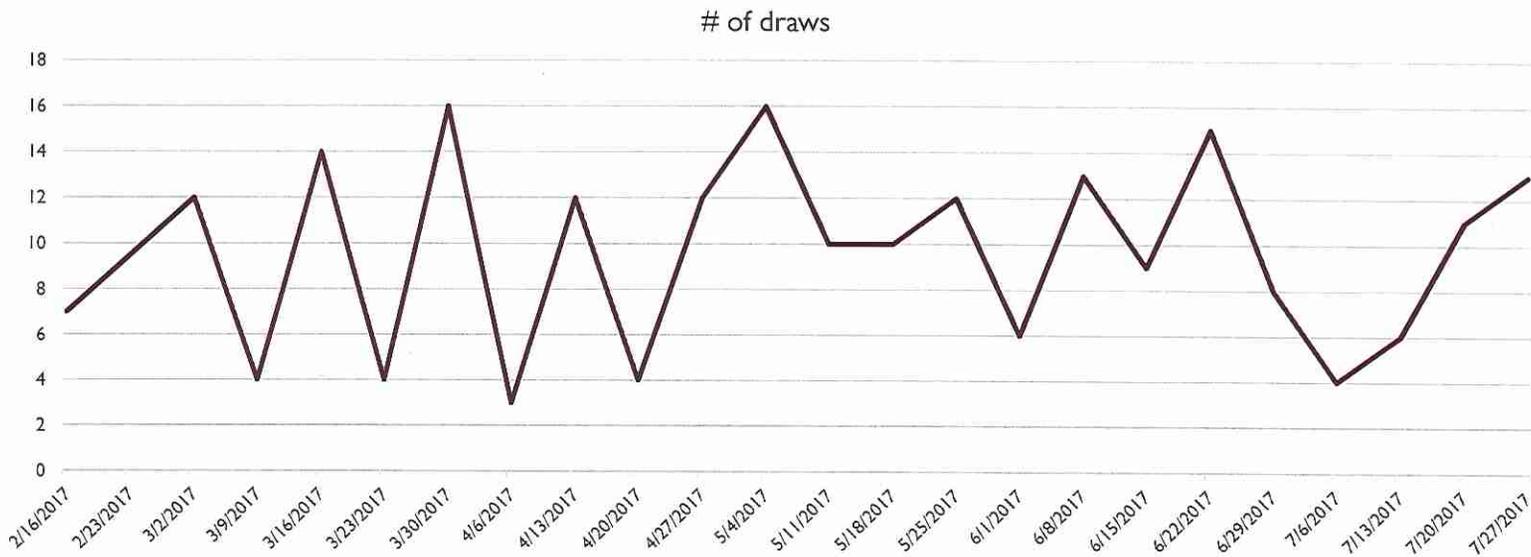
CHANGE:

PROVIDE UNIQUE INCENTIVES TO INCREASE NUMBER OF BLOOD DRAWS

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

RESULTS:

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



Baseline: Feb & March
of draws: 57

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

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

FINAL STEP:

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



Wisconsin Community Services
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 Milwaukee, WI 53208
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 Fax: (414) 271-4605
www.wiscs.org

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

November 10, 2017

RE: Wisconsin Community Services Targeted Case Management Program

Dear Chairwoman Neubauer,

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

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

Respectfully,

Clarence Johnson, Executive Director

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

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

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

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

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

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

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

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

Wisconsin Community Services

Addressing Client Concerns and Grievances

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

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

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

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

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

POLICY & PROCEDURE STATUS REPORT

Overall Progress 88.4% as of Dec. 1, 2017

Baseline 71.5% as of August 2016 LAB report

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

Current				
Review period	Number of Policies		Percentage of total	
	Last Month	This Month	Last Month	This Month
Within Scheduled Period	435	433	89.3%	88.4%
Up to 1 year Overdue	20	26	4.1%	5.3%
More than 1 yr. and up to 3 years overdue	8	7	1.6%	1.4%
More than 3 years and up to 5 years overdue	5	5	1.0%	1.0%
More than 5 years and up to 10 years overdue	5	5	1.0%	1.0%
More than 10 years overdue	14	14	2.9%	2.9%
Total	487	490	100%	100%

Recently Approved Policies	New Policies	Reviewed/ Revised Policies	Retired Policies
July	1	4	1
August	2	8	2
September	1	6	3
October	1	11	9
November	3	20	0

Forecast Due for Review

Past Due Policies - 52 57

Coming Due Policies

November - 9

December - 62 52

January - 7

February - 2

March - 1

April - 3

May - 18

Milwaukee County Mental Health Board
Quality Committee

2018 Meeting Schedule

March 5, 2018

June 4, 2018

*September 17, 2018

December 3, 2018

All dates fall on the first Monday of the month.

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

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