

Chairperson: Dr. Robert Chayer
Senior Executive Assistant: Jodi Mapp, 257-5202

**MILWAUKEE COUNTY MENTAL HEALTH BOARD
QUALITY COMMITTEE**

December 5, 2016 - 10:00 A.M.
**Milwaukee County Mental Health Complex
Conference Room 1045**

MINUTES

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

SCHEDULED ITEMS:

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| 1. | <p>Welcome.</p> <p>Chairman Chayer welcomed everyone to the December 5, 2016, Mental Health Board Quality Committee meeting.</p> |
| 2. | <p>2016 SMART Goals and Analysis.</p> <p>The report was reviewed in detail. 2016 saw a reduction in unique number of individuals served due to 1) the transition from three medical records systems to one, which increased the ability to accurately count an individual one time; 2) cross-referencing medical records numbers across multiple systems; 3) the Affordable Care Act Medicaid eligibility requirement, which led to a decline in certain Medicaid covered services; and 4) a reduction in Alcohol and Other Drug Abuse (AODA) grant funds available. SMART Goal Accomplishments were discussed related to consumers served by BHD Community Services; individualized, person-centered crisis plans for individuals seen by Psychiatric Crisis Services (PCS); certified peer specialists; recovery-oriented supportive housing; acute adult inpatient Mental Health Statistics Improvement Program (MHSIP) Satisfaction Survey; PCS admissions; emergency detentions; acute adult admissions; acute inpatient average daily census; and acute adult thirty-day readmission rate.</p> <p>Questions and comments ensued.</p> |
| 3. | <p>2016 Key Performance Indicators (KPI) Dashboard Updates and Analysis.</p> <p>The Dashboard is broken down by quarter with subsequent formulas attached.</p> <p>Board Member Neubauer posed questions at the October Mental Health Board meeting regarding readmission data reflected in the Dashboard. The KPI is based on a one-time, thirty-day readmission rate, which is more in line with requirements. It is worth noting the</p> |

SCHEDULED ITEMS (CONTINUED):

	<p>National Association of State Mental Health Directors Research Institute (NRI) may not be the best benchmark for this population.</p> <p>A fidelity measuring tool is in the process of being utilized. The developer is currently training staff on its use. A peer review process is being used and will always be led by a County staff person. Peers from other agencies are being vetted to join the group. When Providers assist with a peer review, they get the opportunity to see how other Providers are implementing this evidence-based practice. In turn, it helps Providers know what is expected to be in place to achieve fidelity.</p> <p>Questions and comments ensued.</p>
4.	<p>Wraparound Quality Initiatives.</p> <p>Wraparound Quality highlights include no formal grievances were filed; twenty formal complaints were received representing only one percent of the families served; ninety-two percent of the 271 youth successfully completing the program were in a permanent setting when dis-enrolled; youth in the program, on average, attended school eighty-eight percent of the time; family satisfaction with their Care Coordination Services, on average, was rated 4.4 on a scale of 1–5, 5 being Very Satisfied; the Mobile Urgent Treatment Team provided crisis services to over 1,000 families; and the Coordinated Opportunities for Recovery and Empowerment (CORE) Program was established and designed to provide support to individuals ages fifteen to twenty-three who are experiencing their first episode of psychosis.</p>
5.	<p>Community Access to Recovery Services (CARS) Referral Process Improvement Project.</p> <p>The goal of this project is to reduce the time from referral to admission by at least twenty-five percent. An analysis will be conducted measuring the time between the date the referral is received to the date the referral is considered complete; the date the completed referral is assigned to the date of program admission; and the date a placement decision is made to the date of program admission.</p> <p>In an effort to reduce this time, paper referral forms need to be aligned with Avatar referrals; increase clerical staff's responsibilities; assign one service manager responsible for the intake process and supervise staff; determine the current referral rate and set the standard for number of screens and AC assignments; set the standard for number of days to get screens done and measure them; minimize what is needed for a complete referral by only requiring what is needed for eligibility determination; move Targeted Case Management (TCM) services to the fee-for-service environment; and create a dedicated intake team for TCM, Community Support Programs, Day Treatment, and community-based residential facilities.</p>

SCHEDULED ITEMS (CONTINUED):

6.	<p>Seclusion and Restraint (S&R) Reduction Initiatives Progress to Date.</p> <p>A reduction has been seen in seclusion and restraint usage since the federal survey, which occurred at the end of August. A citation was received for ambulatory restraint use, a practice that is no longer in effect, which has had an impact on the overall restraint rates. Some of the things that have been done as a result of that citation is a review of our policy and the implementation of medical and interdisciplinary teams to review processes when patients are placed in either restraints or seclusion.</p> <p>The federal surveyors were back on site last week. The official results of that follow-up survey have not been received. There were still some areas of concern regarding recording in the medical record related to restraints.</p>
7.	<p>Contract Performance Measures.</p> <p>The Contract Performance Measures (CPM) team developed four sets of CPMs. The standardized process for development includes review of applicable State and Federal guidelines and regulations, evidence-based best practices in the research literature and/or in other systems of care; a review of internal data; receive feedback from internal experts, providers, and consumers in the item development/selection phase; implementation and review of results and feedback for further item refinement and/or removal; and selection with consideration of the consumer experience, validity, and agency performance/quality improvement targets.</p>
8.	<p>Technology Projects Update.</p> <p>There are a number of technology projects focused on improving the quality of health care delivery. Two priority projects currently being implemented are the One Recovery Plan and incident reporting.</p> <p>The One Recovery Plan project will integrate the paper and electronic forms in the electronic medical record. This will align data elements and processes, so both clinicians and patients have one recovery plan. Day Treatment has been selected as the pilot and Community Support Programs (CSP) has been selected as the community program to be tested in parallel.</p> <p>Incidents have been primarily been in paper form. The goal is to identify best practices and automate workflow to better manage incidents.</p>
9.	<p>Psychiatric Crisis Services (PCS) Hospital Transfer Waitlist Third Quarter Update.</p> <p>The turnaround time for individuals continue to be approximately five to eight hours regardless of the length of the waitlist. The total percentage of individuals delayed over a twenty-four-hour period continues to be significantly low. Despite this being a challenge,</p>

SCHEDULED ITEMS (CONTINUED):

	Crisis Services and the Mobile Team are working diligently. Capacity continues to be a work in progress, which will assist in the elimination of the waitlist.
10.	Next Scheduled Meeting Dates and 2017 Meeting Schedule. <ul style="list-style-type: none">• March 6, 2017, at 10:00 a.m.• June 5, 2017, at 10:00 a.m. The next meeting date was announced as March 6, 2017, at 10:00 a.m.
11.	Adjournment. Chairman Chayer ordered the meeting adjourned.
<p>This meeting was recorded. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Behavioral Health Division/Mental Health Board web page.</p> <p>Length of meeting: 10:03 a.m. to 12:01 p.m.</p> <p>Adjourned,</p> <p><i>Jodi Mapp</i> Senior Executive Assistant Milwaukee County Mental Health Board</p>	
The next regular meeting for the Milwaukee County Mental Health Board Quality Committee is Monday, March 6, 2017, @ 10:00 a.m.	