

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

**MILWAUKEE COUNTY MENTAL HEALTH BOARD  
QUALITY COMMITTEE**

**September 12, 2016 - 10:00 A.M.**  
**Milwaukee County Mental Health Complex  
Conference Room 1045**

**MINUTES**

**PRESENT:** Robert Chayer, \*Ronald Diamond, Jeffrey Miller, Mary Neubauer, and Brenda Wesley

\*Committee Member Ronald Diamond appeared by phone.

**SCHEDULED ITEMS:**

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| 1. | <p><b>Welcome.</b></p> <p>Chairman Chayer welcomed everyone to the September 12, 2016, Mental Health Board Quality Committee meeting.</p>   |
| 2. | <p><b>Quality Subcommittee Updates:</b></p> <p>*Quality Management Services.</p> <p>Information provided under this item is the product of a collaborative effort between various workgroups and the initiatives underway redesigning care and services across all programs at the Behavioral Health Division, focusing on improvement of the client experience. Charters for each project have been drafted.</p> <ul style="list-style-type: none"><li>• Contract Performance Management</li></ul> <p>Developing performance measures for contracts began last year. They are currently in place for detox providers and are in the process of being revised and implemented. A set has been created for Targeted Case Management (TCM), Alcohol and Other Drug Abuse (AODA) Residential, and Warmline services. A template has been developed focused on four broad domains within contract performance measures relevant to assessing the quality of service provided in any given contract. Those domains are access to services, transfers to subsequent programs within the continuum of care, outcomes, and the client experience.</p> |

**SCHEDULED ITEMS (CONTINUED):**

	<ul style="list-style-type: none"><li>• Compliment, Complaint, and Grievances <p>This team is comprised of representatives from the areas of clients' rights and finance and includes a clinician and a peer, who provides the voice of the customer. The mix provides very different perspectives that are all equally important. The intent is to centralize the process across the Behavioral Health Division (BHD). Community services and inpatient are currently functioning independently. Centralizing the process will assist in ensuring state and federal guidelines are being met for accreditation purposes. The team is also exploring electronic tools to assist in collecting and storing data.</p></li><li>• Data Request Management <p>This team is responsible for data management and preparation throughout BHD, which includes Information Technology (IT), Fiscal, and Community Access to Recovery Services (CARS). The teams' charge is to examine both internal and external data requests. BHD is currently developing methodology and a categorization system to track requests and determine if they are internal or external.</p></li><li>• The Client Experience/Satisfaction <p>Evaluation of the current process identified an opportunity to create a more uniform distribution and collection method of surveys. Organizations specializing in gathering client experience tools are being evaluated.</p></li></ul>
3.	<p><b>2016 Key Performance Indicators (KPI) Dashboard and Community Access to Recovery Services (CARS) Quarterly Report.</b></p> <p>Volume fluctuation of emergency detentions for 2015/2016 is due to entry of data into the system, not volume increasing. Work continues to modify the data collection forms and assist with uploading difficulties. Provider training has been deployed through Healthstream, with the assistance of Educational Services, and focuses on data entry. The goal is to have one hundred percent compliance and to reduce the lag time between admissions and the date the Program Participation System (PPS) form is entered into the system.</p> <p>The CARS quarterly report was broken down by number of clients receiving services and by program, number of admissions and by program, referrals/intakes by access point, and average days on waitlists for mental health programs and AODA residential services.</p> <p>Questions and comments ensued.</p>

**SCHEDULED ITEMS (CONTINUED):**

4.	<p><b>Joint Commission Survey Progress Update.</b></p> <p>Hospital treatment plans are still currently on paper. A statement of work and charter is being developed as it relates to one single care plan across all services and providers. Additionally, the medication reconciliation process is not part of the electronic system. BHD is currently reviewing its electronic health record (EHR) system and recommendations are forthcoming.</p>
5.	<p><b>Acute Hospital Recertification.</b></p> <p>On June 13, 2016, BHD participated in an unannounced recertification State survey on behalf of the Centers for Medicare and Medicaid Services (CMS). Overall, the feedback was positive. Areas recommended for improvement include contract management compliance monitoring, the electronic health record system, environment/facility issues, and infection control. A plan of correction, which included education and training, was submitted and approved based on a verification visit.</p> <p>Subsequently on August 29, 2016, CMS came and reviewed special components of the correction plan; specifically, treatment planning, active treatment, and seclusion and restraint usage. Concerns were raised on the use of ambulatory restraints. BHD was directed to address ambulatory restraints immediately. An abatement plan, eliminating the use of ambulatory restraints for patients including the incorporation of an administrative review used, was submitted surveyors immediately.</p> <p>Questions and comments ensued.</p>
6.	<p><b>Comprehensive Community Services (CCS) Survey.</b></p> <p>Surveyors were on site from August 23 through August 25, 2016. The visit resulted in a yearly provisional certification for CCS. Improvement recommendations included enrollment of adults and children. A citation was received for individual recovery plans. A plan for corrective action will be submitted on September 27, 2016.</p>
7.	<p><b>Community-Based Residential Facility (CBRF) Audit.</b></p> <p>BHD Quality and Compliance partnered to perform an unannounced site and patient care audit of the Uncas CBRF on July 12 and 13, 2016. Community-based residential facilities standards were used, in addition to adherence to the substitute care model of quality performance standards and measures. Staff spoke to residents who provided positive feedback. The audit was satisfactory.</p>

**SCHEDULED ITEMS (CONTINUED):**

8.	<p><b>Wraparound Milwaukee 2016 Resource Fair – Data And Evaluation.</b></p> <p>Wraparound held its Resource Fair in June where families and providers were invited. Turnout was great. The fair provides an opportunity for people to network with providers and other families to receive information about services and support. Tables were set up for vendors to distribute information, including community support services.</p> <p>A summary of the results of the survey provided to participants were presented.</p>
9.	<p><b>Community Access to Recovery Services (CARS) Quality Improvement Event.</b></p> <p>On August 17, 2016, Annual Storyboard Marketplace was celebrated. It is an opportunity for providers to showcase quality improvement projects implemented over the last year. CARS wanted to systemically look at a quality improvement project that would involve providers to understand why consumers die at an early age due to physical health issues.</p> <p>A LIFE (Learning Ideas For Enduring) event was held and all providers attended a day of training. The first part of the day was spent with a nutritionist, and the second part of the day was slated for Plan Do Study Act (PDSA), where providers concentrated on improving health outcomes.</p> <ul style="list-style-type: none"><li>• Project: Good Nutrition is Our Mission</li></ul> <p>The Good Nutrition is Our Mission Committee conducted an agency-wide survey to identify barriers to eating well and having good nutrition. A pilot study of forty-eight consumers that included a five-week intervention and follow-up survey was done. Results of the surveys were explained in detail.</p>
10.	<p><b>Psychiatric Crisis Services (PCS) Hospital Transfer Waitlist Report: 2016 Mid-Year Update.</b></p> <p>When BHD has less than ten adult beds available of any type, a waitlist is instituted. Individuals at hospitals other than BHD, remain there until BHD has capacity. Walk-ins or emergency detentions are not affected. The Mobile Crisis Team evaluates individuals at other hospitals and determines if the emergency detention is, in fact, needed. The root cause of the increasing waitlist utilization is physician/nursing vacancies. Data contained in the report, which is reflective of the last twelve quarters, was reviewed in detail.</p>
11.	<p><b>Next Scheduled Meeting Dates:</b></p> <ul style="list-style-type: none"><li>• December 5, 2016, at 10:00 a.m.</li><li>• March 6, 2017, at 10:00 a.m.</li></ul> <p>The next meeting date was announced as December 5, 2016, at 10:00 a.m.</p>

**SCHEDULED ITEMS (CONTINUED):**

12.	<b>Adjournment.</b>  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 12:19 p.m.</p> <p>Adjourned,</p>  <p><b><i>Jodi Mapp</i></b> Senior Executive Assistant Milwaukee County Mental Health Board</p>	
<p style="text-align: center;"><b>The next regular meeting for the Milwaukee County Mental Health Board Quality Committee is Monday, December 5, 2016, @ 10:00 a.m.</b></p>	