MILWAUKEE COUNTY MENTAL HEALTH BOARD

Thursday, December 17, 2015 - 8:00 A.M.
Milwaukee County Mental Health Complex Auditorium

MINUTES

PRESENT: Robert Chayer, Ronald Diamond, Jon Lehrmann, Jeffrey Miller, *Mary Neubauer, Duncan Shrout, Kimberly Walker, and Brenda Wesley

EXCUSED: Peter Carlson, Thomas, Lutzow, and Maria Perez

*Board Member Neubauer was not present at the time the roll was called but appeared shortly thereafter.

SCHEDULED ITEMS:

1. Welcome.

   Madame Chair opened the meeting by greeting Board Members and the audience.

2. Approval of the Minutes from the October 22, 2015, Milwaukee County Mental Health Board Meeting.

   After the October 22, 2015, Mental Health Board meeting, Deputy Corporation Counsel Foley provided the Board with information correcting her statement made and the statute cited at the meeting regarding Ms. Malofsky’s vacant seat on the Board. The October 22, 2015, Board meeting minutes reflect this correction.

   MOTION BY: (Shrout) Approve the Minutes, AS CORRECTED by Corporation Counsel, from the October 22, 2015, Milwaukee County Mental Health Board Meeting. 6-0

   MOTION 2ND BY: (Miller)

   AYES: Chayer, Miller, Neubauer, Shrout, Walker, and Wesley - 6

   NOES: 0

   A voice vote was taken on this item.

3. A Presentation by the Public Policy Forum on the Outpatient Capacity Study.

   APPEARANCES:
   Rob Henken, President, Public Policy Forum
   Joy Tapper, Executive Director, Behavioral Health Provider Workgroup
**SCHEDULED ITEMS (CONTINUED):**

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Mr. Henken provided a high-level overview of the Milwaukee County Outpatient Behavioral Health Capacity Assessment (OCA) report prepared by the Public Policy Forum. The report focuses on behavioral health services provided outside of inpatient settings. Highlights included a review of the scope of services, overarching research, provider volume policy implications, trends in Medicaid enrollment, Medicaid utilization, service gaps and barriers, Behavioral Health Division leadership and facilitator functions, processes and policies to improve access to outpatient care, strategies to increase outpatient service capacity, and suggested recommendations.</td>
<td></td>
</tr>
<tr>
<td>Ms. Tapper provided conclusions and next steps for the OCA. She addressed expanding access and improving coordination of outpatient mental health and substance abuse services for low-income populations, multi-stakeholder responsibility, the need for an implementation plan, determinants of behavioral health, and suggested recommendations. Questions and comments ensued.</td>
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<tr>
<td><strong>The Board took no action regarding this informational item.</strong></td>
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4. **Board Positions Update.**

Chairwoman Walker addressed vacancies left by Board Members Malofsky and Landingham. Board Member Malofsky’s seat is that of the consumer and is nominated by the Milwaukee County Board of Supervisors. Nominations for this seat have been submitted to the County Executive. Board Member Landingham’s seat is appointed by the County Executive. It is anticipated the vacancies will be filled by the February 2016 Mental Health Board meeting. 

**The Board took no action regarding this informational item.**

5. **Local Public/Private Partnership and National Entity Partnership Joint Task Force Update.**

Board Member Shrout stated the Mental Health Board Joint Task Force had its first meeting November 30, 2015. From that meeting, additional January 2016 meeting dates were derived to interview groups that have been identified both locally and nationally. The Joint Task Force understands the future of acute care services is extremely important to the organization and the community. At the first meeting in January, the Joint Task Force will finalize questions that will be utilized for the interviews with providers. He emphasized that both Task Forces continue to meet jointly, which allows for the ability to capture the expertise needed for this search. This may change in the future.

Questions and comments ensued.

**The Board took no action regarding this informational item.**
6. Mental Health Board Sub-Committee Update.
   - Finance Committee

   Board Member Lehmann, Finance Committee member, provided the update stating the Finance Committee addressed the redesign of the entire contract process, both management and coordination of such, and 2016 contracts for the organization. The Finance Committee recommended the Board approve all 2016 contracts.

   - Quality Committee

   Board Member Chayer, Chairman of the Quality Committee, discussed the dashboard, consumer satisfaction data, the Joint Commission, mock survey, performance improvement projects, quality education, the role of quality leadership, and the overall quality process.

   Questions and comments ensued.

   Board Member Neubauer requested that a Committee/Task Force membership ist be provided to Board Members.

   *The Board took no action regarding this informational item.*


**APPEARANCE:**
Alicia Modjeska, Chief Administrative Officer, Behavioral Health Division, Department of Health and Human Services

Ms. Modjeska stated the existing contract process requires significant revision to be performance-based and value-based purchasing oriented. Internal discussions culminated in a decision to redesign the entire process, including creating a contract report card for all providers. The contract report card will include compliance requirements and a menu of key performance measures/indicators; some of which are process, some are structure, and some are outcomes based. Planning is underway regarding how to integrate quality, patient experience, and grievance information into contracts to build a robust system of data that can be evaluated on an on-going basis. The redesign also includes internal restructuring that dedicates staff strictly to reviewing and monitoring contracts, including announced and unannounced visits. The intent is to ensure accountability, quality services are being provided, and fiscal viability.

Questions and comments ensued.

*The Board took no action regarding this informational item.*
SCHEDULED ITEMS (CONTINUED):

8. 2016 Purchase of Service Contracts.

APPEARANCES:
Amy Lorenz, Director, Community Access to Recovery Services, Behavioral Health Division (BHD), Department of Health and Human Services (DHHS)
Mary Jo Meyers, Director, Wraparound Milwaukee, BHD, DHHS

Ms. Lorenz provided an overview detailing the various program contracts for Adult Mental Health and Alcohol and Other Drug Abuse (AODA); Community Based Crisis Services, which included the Community Linkages and Stabilization Program (CLASP), Access Clinic – South, the Crisis Mobile Team, Crisis Stabilization, the Crisis Resource Center (CRC), and the Community Consultation Team; Mental Health Services; and Substance Abuse Services.

Ms. Meyers stated Wraparound Milwaukee contract allocations for 2016 vary slightly from 2015. Contracts for care coordination and other services that support the operation of the Wraparound Milwaukee Program include Reaching, Engaging, and Assisting Children and Families (REACH); Family Intervention and Support Services (FISS); Project O-YEAH (Young Emerging Adult Heroes); and the Mobile Urgent Treatment Team (MUTT). All remaining services are purchased on a fee-for-service basis through agencies participating in the Wraparound Milwaukee Provider Network.

Contract performance data are tracked by conducting agency reviews twice a year, with financial incentives and disincentives built in and agency improvement plans required. This information is included with Requests for Proposals to ensure the evaluating committee can make the proper decision as to which agencies’ contracts will be renewed. Contracted agencies have gone from eight to six due to performance indicators and for better quality control.

MOTION BY: (Miller) Approve the Families Moving Forward, Grand Avenue Club, Office of Consumer Affairs, and Mental Health America Purchase of Service Contracts. 5-0-1

MOTION 2ND BY: (Shrout)
AYES: Chayer, Miller, Shrout, Walker, and Wesley – 5
NOES: 0
ABSTENTIONS: Neubauer – 1

MOTION BY: (Miller) Approve the Community Advocates Purchase of Service Contract. 4-0-2

MOTION 2ND BY: (Shrout)
AYES: Chayer, Miller, Shrout, and Wesley – 4
NOES: 0
ABSTENTIONS: Neubauer and Walker – 2
**SCHEDULED ITEMS (CONTINUED):**

<table>
<thead>
<tr>
<th>MOTION BY:</th>
<th>(Miller) Approve the Balance of 2016 Purchase of Service Contract Recommendations. 6-0</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOTION 2\textsuperscript{ND} BY:</td>
<td>(Shrout)</td>
</tr>
<tr>
<td>AYES:</td>
<td>Chayer, Miller, Neubauer, Shrout, Walker, and Wesley – 6</td>
</tr>
<tr>
<td>NOES:</td>
<td>0</td>
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<tr>
<td>ABSTENTIONS:</td>
<td>0</td>
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</tbody>
</table>

Voice votes were taken on this item.

The Board took a break after Item 8 at 10:30 a.m. and reconvened at approximately 10:42 a.m. The roll was taken, and all Board Members were present.


**APPEARANCE:**
Alicia Modjeska, Chief Administrative Officer, Behavioral Health Division, Department of Health and Human Services

Ms. Modjeska explained Professional Services Contracts focus on facility-based programming, support functions that are critical to patient care, and are necessary to maintain hospital and crisis services licensure. Background information was provided on services the contracted agencies provide, which include cleaning, laboratory, and pharmacy.

<table>
<thead>
<tr>
<th>MOTION BY:</th>
<th>(Neubauer) Approve the CleanPower Professional Services Contract. 5-0-1</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOTION 2\textsuperscript{ND} BY:</td>
<td>(Miller)</td>
</tr>
<tr>
<td>AYES:</td>
<td>Chayer, Miller, Neubauer, Shrout, and Wesley – 5</td>
</tr>
<tr>
<td>NOES:</td>
<td>0</td>
</tr>
<tr>
<td>ABSTENTIONS:</td>
<td>Walker – 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MOTION BY:</th>
<th>(Neubauer) Approve the Balance of 2016 Professional Services Contract Recommendations. 6-0</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOTION 2\textsuperscript{ND} BY:</td>
<td>(Miller)</td>
</tr>
<tr>
<td>AYES:</td>
<td>Chayer, Miller, Neubauer, Shrout, Walker, and Wesley – 6</td>
</tr>
<tr>
<td>NOES:</td>
<td>0</td>
</tr>
<tr>
<td>ABSTENTIONS:</td>
<td>0</td>
</tr>
</tbody>
</table>

Voice votes were taken on this item.

10. 2016 Social Services Contract.

**APPEARANCE:**
Randy Oleszak, Chief Financial Officer, Behavioral Health Division, Department of Health and Human Services
### SCHEDULED ITEMS (CONTINUED):

Mr. Oleszak stated 2016 contracts with the State Department of Health and Human Services and Children and Families with the State are mandated by state law. Authorization is needed to receive Community Aids Basic County allocation reimbursement that is included in the Behavioral Health Division (BHD) Budget. The funding identified pertains only to revenues associated with services within BHD.

**MOTION BY:** (Shrout) **Approve the 2016 Contracts with the State of Wisconsin for Social Services and Community Programs.** 6-0  
**MOTION 2ND BY:** (Miller)  
**AYES:** Chayer, Miller, Neubauer, Shrout, Walker, and Wesley - 6  
**NOES:** 0  

A voice vote was taken on this item.

11. **2015 Information Management Services Division Funds.**

**APPEARANCE:**  
Alicia Modjeska, Chief Administrative Officer, Behavioral Health Division, Department of Health and Human Services

Ms. Modjeska indicated there have been previous discussions around the issues with information technology and the lack of internal staff for the electronic medical records system at the Behavioral Health Division (BHD). Currently, those services are being outsourced. Estimations have been made as to the amount of internal support needed to implement a number of modules that will support care coordination and treatment plans across the system and eventually having a community-based impact. Work has begun with the Information Management Services Division and consulting staff to create a structure to be available on-site, dedicated solely to BHD. When issues are encountered with the system, the problem can be addressed immediately by instituting a help desk, which will be a mechanism to support the many web-based products that are used in-house.

**MOTION BY:** (Shrout) **Approve the Use of 2015 Information Management Services Division Funds.** 6-0  
**MOTION 2ND BY:** (Miller)  
**AYES:** Chayer, Miller, Neubauer, Shrout, Walker, and Wesley - 6  
**NOES:** 0  

A voice vote was taken on this item.

12. **Administrative Update.**

**APPEARANCES:**  
Amy Lorenz, Director, Community Access to Recovery Services, Behavioral Health Division (BHD), Department of Health and Human Services (DHHS)  
Patricia Schroeder, Administrator, BHD, DHHS
Ms. Lorenz provided the Comprehensive Community Services (CCS) update discussing enrollment, the ancillary provider network CCS for youth, CCS for the elderly, the Statement of Deficiency, and North Side Place planning.

Ms. Schroeder highlighted key activities and issues related to BHD operations. She addressed psychiatry staffing in acute services, Deloitte State Audit findings, 2016 Board meetings location, which the Board recommended the Sojourner Family Peace Center, and Mental Health Complex roof repairs.

Questions and comments ensued.

It was announced that this would be Ms. Schroeder’s last Board meeting as Administrator. Mr. Colon took time to thank Ms. Schroeder for all of her hard work and stated she performed with rigor, accountability, and structure providing a sound platform to move forward. The County Executive will present Ms. Schroeder with a proclamation for her County service.

Mr. Colon stated he has had conversations with other BHD leaders and is beginning to explore options on how to move forward. More information will be provided to the Board once Mr. Colon has the opportunity to fully vet the circumstance.

*The Board took no action regarding this informational item.*

13. Joint Commission on Accreditation.

**APPEARANCE:**
Patricia Schroeder, Administrator, Behavioral Health Division (BHD), Department of Health and Human Services

Ms. Schroeder provided background information on BHD’s road to re-accreditation, which reflects use of nationally recognized processes for care and operations. Joint Commission standards have specific expectations for Board practices and policies. The standards are listed below:

- Responsibilities of the Board
- Scope of Services Description
- Conflict of Interest Policy
- Conflict Management Policy
- Code of Conduct Policy

Ms. Schroeder also discussed the Board’s annual self-evaluation process, a process required by the Joint Commission.
### SCHEDULED ITEMS (CONTINUED):

<table>
<thead>
<tr>
<th>MOTION BY:</th>
<th>(Miller) Accept and Approve all Policies Delineated in the Associated Report while Continually Moving Toward Accreditation. 6-0</th>
</tr>
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<tbody>
<tr>
<td>MOTION 2ND BY:</td>
<td>(Shrout)</td>
</tr>
<tr>
<td>AYES:</td>
<td>Chayer, Miller, Neubauer, Shrout, Walker, and Wesley - 6</td>
</tr>
<tr>
<td>NOES:</td>
<td>0</td>
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</table>

A voice vote was taken on this item.

Pursuant to Wisconsin Statutes Section 19.85(1)(c), the Board may adjourn into Closed Session for the purpose of considering employment or performance evaluation data for public employees over which the Board has jurisdiction and exercises responsibility. Some or all of the information discussed may also be subject to confidentiality under Section 146.38, Stats. as they relate to the following matter(s):


**APPEARANCE:**
Dr. Clarence Chou, President, Medical Staff Organization, Behavioral Health Division, Department of Health and Human Services

<table>
<thead>
<tr>
<th>MOTION BY:</th>
<th>(Chayer) Adjourn into Closed Session under the provisions of Wisconsin Statutes Section 19.85(1)(c) for the purpose of considering employment or performance evaluation data for public employees over which the Board has jurisdiction and exercises responsibility. Some or all of the information discussed may also be subject to confidentiality under Section 146.38, Stats. as it relates to Item #14. At the conclusion of the Closed Session, the Board may reconvene in Open Session to take whatever action(s) it may deem necessary on the aforesaid item. 6-0</th>
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<tbody>
<tr>
<td>MOTION 2ND BY:</td>
<td>(Neubauer)</td>
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<tr>
<td>AYES:</td>
<td>Chayer, Miller, Neubauer, Shrout, Walker, and Wesley - 6</td>
</tr>
<tr>
<td>NOES:</td>
<td>0</td>
</tr>
</tbody>
</table>

A voice vote was taken on this item.

The Committee convened into Closed Session at 11:30 a.m. and reconvened back into Open Session at approximately 11:45 a.m. The roll was taken, and all Board Members were present

<table>
<thead>
<tr>
<th>MOTION BY:</th>
<th>(Neubauer) Approve the Medical Staff Credentialing Report and Executive Committee Recommendations. 6-0</th>
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<tbody>
<tr>
<td>MOTION 2ND BY:</td>
<td>(Chayer)</td>
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<tr>
<td>AYES:</td>
<td>Chayer, Miller, Neubauer, Shrout, Walker, and Wesley - 6</td>
</tr>
<tr>
<td>NOES:</td>
<td>0</td>
</tr>
</tbody>
</table>
A voice vote was taken on this item.

15. Talbot Contract Update.

**APPEARANCES:**
Hector Colon  Director, Department of Health and Human Services  
Collen Foley, Deputy, Corporation Counsel

Madame Chair provided background information indicating this item generated from discussions at a County Board meeting where questions were raised.

Mr. Colon began by explaining planning for community placement was completed with support of a team of about twenty people representing local and state government meeting every-other-week for more than two years. This issue relates to the Behavioral Health Division’s long-term care closure and the importance of treating individuals in the least restrictive setting. This provides an opportunity to live in a community of their choice and to be close to loved ones and family, which research shows results in better outcomes. He acknowledged the opposition encountered by some constituency groups, but stated a comprehensive approach has been taken to ensure the safety and protection of individuals being treated, as well as the community. Because of that comprehensive approach, transitions have been successful, with all local, state, and federal laws being followed.

Ms. Foley indicated this is a very sensitive topic and strict confidentiality provisions regarding mental health laws, Chapter 51 as well as the Health Insurance Portability and Accountability Act (HIPAA), make it complicated in terms of someone’s health treatment. Ms. Foley supported Mr. Colon’s statements indicating the law has been followed. There are prohibitions and restrictions under the City of Milwaukee Residency Ordinance, but none the individuals fall under those restrictions.

Questions and comments ensued.

Due to a disruption by an audience member, Board discussions turned to the public’s access to communicate their opinions, concerns, and thoughts with Board Members on the various topics discussed at non-public comment Board meetings.

**MOTION BY:** (Neubauer) Open the Floor to Discussions Regarding Board Members Obtaining County Email Addresses.  6-0

**MOTION 2ND BY:** (Shrout)

**AYES:** Chayer, Miller, Neubauer, Shrout, Walker and Wesley  - 6

**NOES:** 0

Ms. Foley provided the Board with the financials of Board Members obtaining County email addresses and the Information Management Services Division (IMSD) process of creating the email addresses.
Questions and comments ensued.

**MOTION BY:** (Shroat) Approve the Establishment of Milwaukee County Email Addresses for Milwaukee County Mental Health Board Members. 6-0

**MOTION 2ND BY:** (Wesley)

**AYES:** Chayer, Miller, Neubauer, Shroat, Walker and Wesley - 6

**NOES:** 0

Voice votes were taken on this item.


**MOTION BY:** (Chayer) Adjourn. 6-0

**MOTION 2ND BY:** (Miller)

**AYES:** Chayer, Miller, Neubauer, Shroat, Walker, and Wesley - 6

**NOES:** 0

A voice vote was taken on this item.

This meeting was recorded. The aforementioned agenda items were not necessarily considered in agenda order. 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.

Length of meeting: 8:10 a.m. to 11:48 a.m.

Adjourned,

Jodi Mapp  
Senior Executive Assistant  
Milwaukee County Mental Health Board

The next meeting for the Milwaukee County Mental Health Board will be on Thursday, February 25, 2016, @ 8:00 a.m.
SCHEDULED ITEMS (CONTINUED):

The December 17, 2015, 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.

Dr. Robert Chayer, Secretary
Milwaukee County Mental Health Board
COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: January 20, 2016

TO: Kimberly Walker, Chairperson -- Milwaukee County Mental Health Board

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by Amy Lorenz, Deputy Administrator, Behavioral Health Division

SUBJECT: Report from the Director, Department of Health and Human Services, requesting authorization to enter into a Purchase of Service contract with Community Advocates for substance use prevention activities supported by funds from the Division of Milwaukee Child Protective 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 to enter into a purchase of service contract with Community Advocates for substance use prevention activities, not to exceed $266,600.

Discussion

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, and the Behavioral Health Prevention Coordinator has met with Community Advocates to determine how the funds will be allocated. A funding breakdown and program descriptions are included below:

<table>
<thead>
<tr>
<th>The Parenting Network</th>
<th>$50,000</th>
<th>Welcome Baby, Fatherhood initiative, Outreach</th>
</tr>
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<tbody>
<tr>
<td>Silver Spring Neighborhood</td>
<td>$50,000</td>
<td>Life Skills for Parenting and Life Skills for youth</td>
</tr>
<tr>
<td>UMOS</td>
<td>$50,000</td>
<td>Celebrating Families</td>
</tr>
<tr>
<td>Penfield</td>
<td>$50,000</td>
<td>ACE screening and AODA programming</td>
</tr>
<tr>
<td>MAWIR</td>
<td>$50,000</td>
<td>AODA programming</td>
</tr>
<tr>
<td>Community Advocates</td>
<td>$16,600</td>
<td>Awareness campaign materials, evaluation and administrative oversight</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$266,600.00</td>
<td></td>
</tr>
</tbody>
</table>
The Parenting Network:
- $5,000 – Welcome Baby Class costs include staff time, materials and child care (two 10-session weeks with 20 parents)
- $40,000 – Fathers First Class costs include outreach, staff time and materials (four 8-week sessions with 30 fathers);
- $5,000 – Education and outreach marketing materials to pregnant women who are using substances to engage in parenting support programming.

Silver Spring Neighborhood Center:
- $25,000 – Life Skills Class for Parents costs include staff time, materials and child care (two 7-week sessions with 40 parents);
- $25,000 – Life Skills Class for Youth costs include staff time, and materials (two 7-week sessions with 60 youth)

UMOS:
- $50,000 – Celebrating Families Class costs include staff time, materials, meals and child care (two 16-week sessions with 40 families)

Penfield Children’s Center:
- $50,000 – to provide staff time and materials to conduct Adverse Childhood Experiences screenings. Research shows that youth who have trauma or adverse childhood experiences often lead to mental health and substance abuse disorders. Penfield is implementing New Hope, which was adapted from other evidence-based programs such as Trauma-Focused Cognitive Behavior Therapy to be used in the homes of central-city families with young children. This program screens kids for Adverse Childhood Experiences to identify students who may need to address such things as coping skills, depression, anxiety and AODA use.

Milwaukee Area Workforce Investment Board (MAWIB):
- $50,000 – to cover a quarter of staff time, curriculum and resources. MAWIB seeks to place an employment coordinator in North Division high school, located in the 53206 area code, an area of the City that has been particularly affected by drugs and alcohol. This employment coordinator will work with interested youth to primarily prepare for and find employment. However it has been noted that in the past mental health and drug use often prevents job placement. The Employment coordinator will provide alcohol and drug prevention and mental health awareness education to support the youth, family and enhance opportunities for job placement.
Community Advocates:
- $5,600 — Drug awareness materials.
- $6,000 — Staff support for programming including evaluation and data collection.
- $5,000 — Administrative costs.

Fiscal Effect

The $266,600 expenditure authorized in this report is supported by funds from the Division of Milwaukee Child Protective Services. There is no tax levy associated with this request.

Respectfully Submitted:

Héctor Colón, Director
Department of Health and Human Services
COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: January 19, 2016

TO: Kimberly Walker, Chairperson – Milwaukee County Mental Health Board

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by Randy Oleszak, Chief Financial Officer, Behavioral Health Division

SUBJECT: Report from the Director, Department of Health and Human Services, requesting authorization to update anticipated 2016 Medicaid payments from the Behavioral Health Division to community providers of mental health 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 increased BHD Medicaid payments to providers.

Background

Previous to October 2015, Targeted Case Management (TCM) and Community Support Program (CSP) providers billed Medicaid directly for services they provide. Under the updated methodology, BHD began billing Medicaid on behalf of providers and requires additional expenditure authority to act as a pass-through for these payments.

In December 2015, the Mental Health Board approved BHD’s 2016 purchase of service contracts. This report also included expenditure authority for Medicaid payments to providers of CSP and TCM programs. The report used data from 2014. In a review of 2015 spending, BHD fiscal staff found that some of the Medicaid pass-through estimates included in the previous report would be insufficient for 2016.

Discussion

Below is a list of anticipated Medicaid payments to providers from BHD than what was anticipated in the December 2015 report. Several CSP providers (Outreach Community Health, Whole Health Clinical Group, and Wisconsin Community Services) were found not to need an increase from the amounts approved in the December 2015 report. Medicaid payments for the Community Linkage and Stabilization Program (CLASP) were not included in the December 2015
report because they were initially anticipated not to exceed the expenditure $100,000 threshold for Board approval.

### Community Support Programs (CSP)

<table>
<thead>
<tr>
<th>Agency</th>
<th>December Report</th>
<th>Revised Total</th>
<th>Increase Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bell Therapy North &amp; South</td>
<td>$1,097,575</td>
<td>$2,035,707</td>
<td>$40,030</td>
</tr>
<tr>
<td>Milwaukee Mental Health Association</td>
<td>$977,430</td>
<td>$1,286,974</td>
<td>$325,521</td>
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<tr>
<td>Outreach Community Health Center</td>
<td>$829,172</td>
<td>$829,172</td>
<td>$0</td>
</tr>
<tr>
<td>Project Access, Inc.</td>
<td>$1,013,248</td>
<td>$1,175,492</td>
<td>$170,357</td>
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<tr>
<td>Whole Health Clinical Group (TLS)</td>
<td>$1,695,387</td>
<td>$1,695,387</td>
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<tr>
<td>Wisconsin Community Services</td>
<td>$1,413,827</td>
<td>$1,413,827</td>
<td>$0</td>
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</table>

### Targeted Case Management (TCM)

<table>
<thead>
<tr>
<th>Agency</th>
<th>December Report</th>
<th>Revised Total</th>
<th>Increase Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternatives in Psychological Consultation</td>
<td>$508,671</td>
<td>$722,434</td>
<td>$213,763</td>
</tr>
<tr>
<td>Bell Therapy</td>
<td>$43,426</td>
<td>$84,635</td>
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<tr>
<td>Horizon Healthcare, Inc.</td>
<td>$164,760</td>
<td>$338,707</td>
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</tr>
<tr>
<td>La Causa, Inc.</td>
<td>$49,134</td>
<td>$408,342</td>
<td>$359,208</td>
</tr>
<tr>
<td>Milwaukee Mental Health Associates</td>
<td>$290,313</td>
<td>$359,647</td>
<td>$69,334</td>
</tr>
<tr>
<td>Outreach Community Health Center</td>
<td>$134,892</td>
<td>$154,052</td>
<td>$19,160</td>
</tr>
<tr>
<td>Whole Health Clinical Group (formerly TLS)</td>
<td>$201,348</td>
<td>$660,868</td>
<td>$459,520</td>
</tr>
<tr>
<td>Wisconsin Community Services</td>
<td>$204,861</td>
<td>$207,993</td>
<td>$3,132</td>
</tr>
</tbody>
</table>

### Community Linkage and Stabilization Program (CLASP)

<table>
<thead>
<tr>
<th>Agency</th>
<th>December Report</th>
<th>Revised Total</th>
<th>Increase Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>La Causa</td>
<td>$0</td>
<td>$103,425</td>
<td>$103,425</td>
</tr>
</tbody>
</table>
Fiscal Effect

There is no tax levy impact associated with this request. The $11,476,663 in Medicaid payments to providers anticipated on this report is covered by Medicaid revenue. This represents a $1,978,115 increase in expenditure authority over the December 2015 report.

Respectfully Submitted:

[Signature]

Héctor Colón, Director
Department of Health and Human Services
DATE: January 8, 2016

TO: Kimberly Walker, Chairwoman, Milwaukee County Mental Health Board

FROM: Scott B. Manske, Comptroller

SUBJECT: Fiscal Impact – 2015 Collective Bargaining Agreement with the Federation of Nurses and Health Professionals Local 5001, AFT, AFL-CIO

Under Wisconsin Employment Relations Commission (WERC) rules and Statute Statute, non-public safety bargaining units are only allowed to negotiate for base wage increases on an annual basis. The start of the bargaining year for the Federation of Nurses and Health Professionals Local 5001, AFT, AFL-CIO (FNHP) was January 1, 2015. The last day of their previously negotiated contract was December 31, 2014. The bargaining unit was recertified in 2015.

2015 Base Wage Limit

Using rules provided by WERC, a calculation was made to provide the maximum base wage increase allowable for 2015 for this bargaining unit. The calculation was based on the members of the bargaining unit in the pay period that was 180 days prior to the expiration date of the most recent collective bargaining agreement. The pay period used was Pay Period 15 2014 (ending July 5, 2014). At that time, the bargaining unit had 150 members who were actively employed. The annual wages of the members were calculated based upon their existing wage rates and were then multiplied by the CPI applicable to bargaining years beginning on January 1, 2015 or 1.57 percent. This became the maximum base wage increase allowable for purposes of bargaining or $103,012.2

2015 Wage Increase and Base Wage Compliance

Based upon the proposed agreement with the bargaining unit, the base wage rates will increase by 1.5 percent effective with Pay Period 14 (beginning June 21, 2015). The determination of compliance with Base Wage Limit uses the proposed 1.5 percent increase for the portion of the calendar year which the increase is in effect. As a result, the base wage increase will result in a total salary lift for 2015 of $52,465 for the bargaining unit, which is within the maximum base wage increase allowable. Calculation of the maximum base wage increase for the bargaining unit was made in accordance with the WERC rules. No provision was made for any litigation that may have occurred subsequent to the issuance of those rules, and we have no knowledge of any such litigation. Representatives of Labor Relations, Corporation

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1 For purposes of this fiscal note, the FNHP bargaining unit consists of all represented employees only under control of the Milwaukee County Mental Health Board.
2 The FNHP bargaining unit had 150 total authorized positions as of July 5, 2014 (authorized positions having the definition provided by WERC "...those positions in the bargaining unit that are filled"). However, 29 of these employees were pool or hourly positions. These employees have been excluded for purposes of calculating the maximum base wage increase and total salary lift due to language within the WERC rule ERC90.03(3) which states to multiply the hourly base wage rate by the annual number of regularly scheduled hours for each authorized position when determining maximum base wage increases. Since these positions do not have regularly scheduled hours, they have been excluded.
Counsel, Department of Administrative Services, Office of the Comptroller and outside legal counsel have discussed and agreed to the definition, negotiation, and calculation of base wages.

**Impact of 2015 Wage Increase on 2015 Budget and 2016 Budget**

Based upon the proposed agreement with the bargaining unit, the base wage rates will increase by 1.5 percent effective with Pay Period 14 (beginning June 21, 2015). The cost of the wage increase for 2015, using the contract effective date, would be as follows:

<table>
<thead>
<tr>
<th>Component</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 Salary Increase</td>
<td>$52,465</td>
</tr>
<tr>
<td>FICA</td>
<td>$4,014</td>
</tr>
<tr>
<td>Pension - County Portion</td>
<td>$5,247</td>
</tr>
<tr>
<td>Pension - Employee Contribution</td>
<td>$(2,623)</td>
</tr>
<tr>
<td><strong>Net Cost</strong></td>
<td><strong>$59,102</strong></td>
</tr>
</tbody>
</table>

The 2015 Adopted Budget did not include an appropriation for the 1.5 percent wage increase for the bargaining unit, and therefore, the cost will need to be absorbed within current appropriations for 2015. Since this wage increase inflates the base wage of these employees it would therefore impact each subsequent year budget. The 2016 Adopted Budget included the impact of the 1.5 percent wage increase, and therefore, there is no resulting budgetary impact based on the proposed agreement for 2016.
<table>
<thead>
<tr>
<th>Date</th>
<th>Mental Health Board</th>
<th>Finance Committee</th>
<th>Other Deliverables</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 25th</td>
<td>BHD CFO presents budget timeline and deliverables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 24th</td>
<td>Public Comments related to budget and strategy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 31st</td>
<td>BHD CFO to present high-level 2017 budget assumptions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>April 28th</td>
<td>MH board member present budget recommendations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 26th</td>
<td></td>
<td>Public &amp; MH Board budget comments</td>
<td>BHD CFO presents preliminary 2017 budget</td>
</tr>
<tr>
<td>June 6th</td>
<td>BHD CFO presents high-level 2017 budget</td>
<td></td>
<td>MH Board members submit recommendations to finance committee</td>
</tr>
<tr>
<td>June 16th</td>
<td></td>
<td>Public &amp; MH Board budget comments</td>
<td>DHHS Director presents 2017 budget</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BHD CFO presents preliminary 2017 budget</td>
<td>Committee votes on recommendations and budget</td>
</tr>
<tr>
<td>June 23rd</td>
<td>DHHS Director presents final budget request</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Finance committee chair presents recommendations to board</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Board reviews final recommendations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Board votes on amendments and 2017 budget</td>
<td></td>
<td></td>
</tr>
<tr>
<td>July 2015</td>
<td>Formal request to County</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: February 4, 2016

TO: Kimberly Walker, Chairperson – Milwaukee County Mental Health Board

FROM: Alicia Modjeska, Interim 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

The attached grid represents a summary of progress towards a set of strategic initiatives developed in early 2015. These initiatives are aligned with our Vision 2020 document.

There are several areas of interest in this report where the Mental Health Board should take notice. These areas will require policy decisions and significant resources. They are Item 1, privatization of acute services, and Items 4 and 10, information technology.

Respectfully Submitted,

Alicia Modjeska, Interim Administrator
Milwaukee County Behavioral Health Division
Department of Health and Human Services
High Quality and Accountable Service Delivery

<table>
<thead>
<tr>
<th>Goals for High Quality and Accountable Service delivery</th>
<th>Accountable Leader</th>
<th>Performance Measure</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Explore opportunities to privatize facility based, acute behavioral health services Plan By Q3-2016</td>
<td>Alicia Modjeska</td>
<td>Proposals evaluated and recommendation to Mental Health Board June 2016</td>
<td>• Task forces continue to meet on a regular basis.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Contract negotiated Q3</td>
<td>• Conducting high level due diligence re: financials, legal, quality of transitions, references etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Implementation plan developed and carried out Q3 2016 - 2018</td>
<td>• In process of interviewing legal firms to assist with contract negotiations.</td>
</tr>
<tr>
<td>2. Implement enhanced community based services into two community settings—Northside and Southside. Create administrative location to house the infrastructure for support. One site by Q4 2016</td>
<td>Amy Lorenz</td>
<td>Redesign program model and footprint of services to be imbedded into the community Q1</td>
<td>• About 30 community/stakeholder input sessions held</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Crisis evaluation, support to be incorporated Q1</td>
<td>• Posted position for Director of Community Centers, to be filled by end of Feb.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Access clinic and peer specialist programming to be included</td>
<td>• Architect and realtor in process</td>
</tr>
<tr>
<td>3. Create and implement new BHD organizational structure that fits with the future services offered by BHD, integrating quality, safety, the patient/client experience, and a culture of accountability. By Q3-2016</td>
<td>Alicia Modjeska</td>
<td>Consider Accountable Care Organization, or Managed Care Organization model</td>
<td>• Potential partners have been identified utilizing information gathered at community input sessions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Exploring relationship with TLS to include primary care presence in Northside location</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Vision 2020 presented MHB in Feb 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Analysis in process of functions, roles and leadership across system, in preparation for restructuring. Studying other organizational models</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>4. Redesign entire service model using a care coordination model, to continuously assess, treat, evaluate progress, and facilitate transition of clients through various levels of programming in order to promote highest level of autonomy, independence, and least restrictive environment. By Q2-2016</td>
<td>Jennifer Bergersen &amp; Dr. Schneider</td>
<td>--Eliminate waitlists for community based services  --Reduce time to admission to services, from 67 days to 7 days  --Implement enhanced UM and case management model  --Reduce denials of payment  --Implement enhanced utilization management strategies including community based services</td>
<td>--Several charters written and in process of implementation; consolidation of quality, case management, credentialing, and grievance &amp; appeals process.  --Incremental progress made during 2015 thus the addition of this tactic to the 2015 business plan  --Vision 2020 is grounded in care coordination expectations, across all services and functions in BHD, and provider network.  --Will evaluate technology options to support care coordination this year.</td>
</tr>
</tbody>
</table>
## Workforce Investment and Engagement

<table>
<thead>
<tr>
<th>Goals for Workforce Investment and Engagement Strategy</th>
<th>Accountable Leader</th>
<th>Performance Measure</th>
<th>Progress</th>
</tr>
</thead>
</table>
| **5. Implement an enhanced workforce internal communication process to address the 2015 employee feedback results, and develop a plan to towards positively re-brand the Behavioral Health Division to enhance communication venues. By Q1 2016** | Kane Communications | Improve results on employee engagement survey, specifically related to “communication between senior leaders and employees is good”. To include:  
- Monthly forum  
- Twice a month newsletter  
- Executive attends small group staff meetings at least annually  
- Other strategies as defined by survey tool  
- Develop a new brand and logo for the BHD organization  
- Redesign MCBHD’s website |  
- Kane Communications is the expert partner in planning and implementation  
- Quarterly “pulse checks” of employee feedback survey scheduled.  
- Newsletters for employees enhanced and continuing. Monthly Town Hall discussions and other small group opportunities.  
- Will implement executive rounding Q2 |
| **6. Improve employee recruitment and retention to ensure successful operations and safe patient care during RFP process, the potential transition period and beyond. Specific focus on roles with critical shortage including psychiatrists, RNs, and other key positions. By Q4-2016** | Jennifer Bergersen, Kane Communications, Dr. John Schneider | Improved results on staffing and filled positions  
Improved results on employee engagement survey  
Monitoring staffing levels on a daily and monthly basis |  
- Dedicated recruiter for RN’s and other professionals in place  
- RN staffing campaign to be initiated in Q1 2016 with Kane Communications  
- Psychiatry staffing continues to be challenging. Dr. Schneider has been providing clinical services since September of 2015. As of 2.2.2016 |
| Identifying and Implementing retention plans | one of the job boards for psychiatry included 112 open positions in Wisconsin and 4712 open positions across the US which includes psychiatric subspecialties |
| Adjusting bed levels based on staffing needs | - Recruitment efforts include |
| Locum Tenens Firms (Temporary Psychiatry/Physician Staffing) | - Jackson & Coker Locum Tenens, LLC |
| | - LocumTenens.Com, LLC |
| | - Also considering a 3rd agency due to ongoing shortage and tremendous competition for psychiatrists—even for temporary work |
| Permanent Psychiatry/Physician Recruitment Firms | - Providence Healthcare Group |
| | - Merritt Hawkins (Pending Agreement finalization--expected to be on or about 2/15/16) |
| | - An improved physician compensation and contracting plan has been developed and will be implemented this February. This effort will support our retention efforts |
| | - Currently staffing 48 acute beds. Wait lists across the county continues to be high. |
# Community and Partner Engagement

<table>
<thead>
<tr>
<th>Goals for Community and Partner Engagement</th>
<th>Accountable Leader</th>
<th>Performance Measure</th>
<th>Progress</th>
</tr>
</thead>
</table>
| 7. Implement an enhanced contracting strategy for all BHD vendors. Ongoing for 3 years | Alicia Modjeska & Randy Oleszak | -10% of contracts have performance measures by Q4 2015  
- Mechanism to monitor contract compliance implemented by Q3 2015  
- 30% more of all contracts have performance measures by Q4 2016.  
- 30% more of all contracts have performance measures by Q4 2017  
- All contracts revised by 2018. | • Contracting revisions underway since June 2015, incorporating performance and compliance measures,  
• TCM services has been identified as the first service to be transitioned from purchase of service to fee for service. Value based purchasing TBD as enhancements with information technology improve.  
• Compliance audits of all providers to occur every 6 months, structure developed to support this function  
• Provider meetings held in January to communicate forthcoming changes  
• Provider newsletters in process of development to support this major change and enhance communications, and build partnership  
• Position for Director of Network Development and Contracting posted. |
| 8. Create or contract for a robust intensive outpatient program By Q-4 2016 | Dr. Schneider Amy Lorenz | Pilot program model designed by Q1 2016 and implemented by Q3 2016  
The process will:  
- Improve pre hospital diversion and pre crisis preventive strategies | • New IOP program model drafted.  
• Working on revising financial proforma and development of implementation plan. |
| 9. **Assure timely access and admission of clients served in the community** | **Amy Lorenz**<br>By Q4-2016 | **In an effort to decrease the number of days from referral to admission for community based mental health services, several parts of the referral process are under analysis. Areas being reviewed are:**<br>**Actions to include:**<br>-targeting outreach efforts to underserved populations<br>-providing services which are culturally intelligent<br>-changing contracts with vendors to a fee for service model<br>-developing community sites located in the north and south sides of Milwaukee County to ensure easy access | **- Increase the number of total patients served by 15%**<br>**- Expand CCS enrollment and progressive growth**<br>**- Dramatically reduce time to admission in community from current 67 days to 3-7 days.**

**Research of industry standards for admission into levels of service**
- Analysis of monthly data, in particular post-Avatar go live
- Review of referral process to identify intervention points to increase efficiencies yet maintain clinical integrity
- Determine need for restructuring of resources and possible increase due to increased volume of referrals
- Examine provider networks, expectations for enrollments, and capacity
## Optimal Operations and Administrative Efficiencies

<table>
<thead>
<tr>
<th>Goals for Optimal Operations and Administrative Efficiencies</th>
<th>Accountable Leader</th>
<th>Performance Measure</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Enhance and improve the IT infrastructure including and beyond the electronic record. By Q4 2016</td>
<td>Alicia Modjeska</td>
<td>Implementation of internal IT support infrastructure. Evaluation of Net Smart Avatar and Synthesis completed</td>
<td>• Launching internal staff team, including Net Smart rep, to manage entire electronic infrastructure at BHD. Help Line go live — 2.15.2016 • To evaluate the future state needs for and capacity of info technology, including Avatar and Synthesis Q2 start date. • Exploring impact of acute outsourcing on Net Smart contract, and future IT implications.</td>
</tr>
</tbody>
</table>
## Financial Health and Sustainability

<table>
<thead>
<tr>
<th>Goals for Financial Health and Sustainability</th>
<th>Accountable Leader</th>
<th>Performance Measure</th>
<th>Progress</th>
</tr>
</thead>
</table>
| 11. Develop a methodology to continually evaluate costs, revenue optimization, and revenue cycle management to enhance financial sustainability. By Q2-2016 | Randy Oleszak | --Fee for service contracting implemented with all new contracts and contract renewals  
--Denials reviewed quarterly for improvement  
Optimize utilization management/case management model | • Deloitte conducting revenue optimization audit, to be completed by March 2016.  
• Need enhanced technology, dependent on conversion of systems across County  
• Enhancing processes related to authorization, registration, benefits enrollment, client throughput, great care coordination and transitioning to appropriate levels of care |
DATE: February 3, 2016

TO: Kimberly R. Walker, JD, 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 Adopted Changes to the Behavioral Health Division Medical Staff Organization Bylaws

Background

Under Wisconsin and Federal regulatory requirements, the Medical Staff Organization must develop and adopt Bylaws. After adoption or any amendment by the Medical Staff Organization, it is required that the proposed Bylaws be presented to the Governing Authority for action. Bylaws and amendments thereto become effective only upon Governing Authority approval. In accordance with Joint Commission standard MS.01.01.03 and CMS CoP §482.12(a)(4), neither the organized medical staff or the governing body may unilaterally amend the Medical Staff Bylaws.

Discussion

The following is a summary of the major changes proposed and adopted by the Behavioral Health Division Medical Staff Organization at their meeting of February 3, 2016:

<table>
<thead>
<tr>
<th>SCOPE &amp; REASON FOR CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definitions</strong></td>
</tr>
<tr>
<td>Hospital leadership references amended throughout the Bylaws to reflect current Executive Staff titles.</td>
</tr>
<tr>
<td><strong>4.0 Article IV – Appointment Categories</strong></td>
</tr>
<tr>
<td>4.5 <em>Community Affiliate</em> - new category recommended, in connection with Phase III launch of Avatar within the CARS Division and community provider network; relates to patient care collaboration and information sharing</td>
</tr>
</tbody>
</table>
5.0 Article V – Officers and Medical Administration

5.1 & 5.2 Elimination of phase in language added in 2014 specific to the creation of a now Officer and At-Large positions, terms and elections.

5.3.1 (13. e) describes the process for management of conflict between the Medical Staff and Medical Executive Committee, as required by Joint Commission standards under MS.01.01.01

Full copy of the Bylaws redline document shall be available at the Board meeting or in advance upon request should there be any questions regarding changes.

Recommendation

It is recommended that the Milwaukee County Mental Health Board approve the Bylaws, as amended and adopted by the Medical Staff Organization at their meeting of February 3, 2016.

Respectfully Submitted,

[Signature]
Clarence P. Chou, MD
President, BHD Medical Staff Organization

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

Attachment
1 BHD Medical Staff Organization Bylaws, February 2016
4.5 Community Affiliate Medical Staff.

The community affiliate Medical Staff shall consist of fully licensed physicians and psychologists who are engaged in community practice in conjunction with an MCBHD Community Access to Recovery Services contracted service provider. Community affiliate Medical Staff are involved in the care and treatment of behavioral health clients and have need to engage in consultation with members of the MCBHD Active or Affiliate Medical Staff. The community affiliate medical staff will include those physicians and psychologists who do not meet criteria for Active or Affiliate Staff appointment. Members of the community affiliate Medical Staff are not eligible to vote, hold office, or serve on Medical Staff committees. Appointment to the community affiliate Medical Staff may be with or without privileges.

5.1 Officers and Members-At-Large

The officers of the Medical Staff shall be the President of the Medical Staff Organization, the Vice-President of the Medical Staff Organization and the Vice-President of Quality. The officers and members-at-large shall be elected biennially at a pre-determined meeting of the Medical Staff Organization or through a time-limited electronic ballot process, when more feasible, and shall hold office for the designated term or until a successor is elected. Each officer must be a member of the active Medical Staff. For the positions of President and Vice-President of the Medical Staff Organization, the candidate must be either a physician, dentist or podiatrist. The Executive Medical Director, Chief Medical Officer, and Chief Psychologist shall not be eligible to hold office.

5.1.3 The Vice-President of Quality shall be elected by special election in 2014 to serve for a three year term commencing January 1, 2015. Thereafter, this officer shall be elected for a two year term. S/he shall be responsible for oversight of quality processes throughout MCBHD and shall work closely with the Chief Medical Officer, Chief Quality Officer, and Office of Compliance and Deputy Administrator on projects that improve quality and support the reduction of medical/healthcare errors and other factors that could contribute to unintended adverse patient outcomes.

5.1.4 The Members-At-Large positions are to represent the psychology community at the Medical Staff Executive Committee. There shall be two Members-At-Large, selected by special election in 2014 with terms commencing January 1, 2015. One shall serve for a one year term and one shall serve for a two year term or until successors are elected. Thereafter, each Member-At-Large shall serve elected for a two-year term. One election shall take place each year, with commencement of one position beginning on January 1 (even years) and the second on January 1 (odd years).
5.2 Election and Removal of Officers and Members-At-Large.

5.2.1 Election of the President and the Vice-President of the Medical Staff Organization shall take place at the November meeting of the Medical Staff Organization that directly precedes the expiration of the term of the offices (even years). Office terms shall be for two years beginning January 1 (odd years).

Election of the initial Vice-President of Quality shall take place by special election in December 2014 for a three-year term. Thereafter, the election shall take place at the November meeting of the Medical Staff Organization that directly precedes the expiration of the term of office (odd years). The beginning in 2017 and office term shall then be for two years beginning January 1 (even years).

Elections of the initial Members-At-Large shall take place by special election in December 2014. Thereafter, there shall be one Member-At-Large election held each year at the November meeting of the Medical Staff Organization and each Member-At-Large term shall be for two years. Election of the Members-At-Large shall be by the psychology members of the active Medical Staff.

5.3.1 The Medical Staff Executive Committee.

13. It shall review the Medical Staff Bylaws and Rules and Regulations at least every two years and make recommendations for revisions, as necessary, and shall review Medical Staff policies and procedures at least every three years and make revisions, as necessary;

a. There shall be a defined process to manage and resolve conflicts between the Medical Staff and the Medical Staff Executive Committee regarding proposals to adopt Rules, Regulations, policies, or procedures of the Medical Staff Organization. Such conflicts may be identified by a petition signed by at least ten members of the Active Medical Staff. When such conflicts are identified, the President of the Medical Staff must call a special meeting of the Medical Staff Organization, as provided in section 6.2 of these Bylaws. The sole issue for any such special meeting will be discussion of the issue in conflict, which shall be resolved as provided in Section 6.2 of these Bylaws. The MCBHD Conflict Management policy and procedure shall be utilized for conflict between the Governing Authority and the Medical Staff and for all other issues of significant importance to the Medical Staff. Nothing in the foregoing is intended to prevent Medical Staff members from communicating with the Governing Authority on a rule, regulation, or policy adopted by the Medical Staff Organization or the Medical Staff Executive Committee. The Governing Authority shall determine the method of communication.
COUNTY OF MILWAUKEE
Behavioral Health Division Medical Staff Organization
Inter-Office Communication

DATE: February 3, 2016
TO: Kimberly R. Walker, JD, 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 Changes to the Behavioral Health Division Medical Staff Organization Rules and Regulations

Background

Under Wisconsin and Federal regulatory requirements, the Medical Staff Organization must develop and adopt Bylaws, Rules and Regulations. After adoption or amendment by the Medical Staff Organization, it is also required that these governing documents, and any changes thereto, be presented to the Governing Authority for action. All Bylaws and Rules and Regulations amendments become effective only upon Governing Authority approval. In accordance with Joint Commission standard MS.01.01.03 and CMS CoP §482.12(a)(4), neither the organized medical staff or the governing body may unilaterally amend the Medical Staff Bylaws or Rules and Regulations. As is permitted, the Bylaws grant authority to the Medical Staff Executive Committee to adopt rules and regulations on behalf of the Medical Staff Organization, with appropriate advance notification to medical staff members. The required advance notification was provided on January 14, 2016.

Discussion

The following is a summary of notable changes proposed and approved by the Medical Executive Committee:

<table>
<thead>
<tr>
<th>SCOPE &amp; REASON FOR CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital leadership references amended throughout Rules and Regulations to reflect current Executive Staff titles.</td>
</tr>
<tr>
<td>Section 3.0:</td>
</tr>
<tr>
<td>Subsection 3.1.4 expands requirements related to medical staff accessibility and timely reply to/from work sites for pager/cell phone communications and adds new requirement that all Active, Affiliate and privileged Allied Health staff must establish and utilize County email accounts for hospital and Medical Staff business.</td>
</tr>
<tr>
<td>Subsection 3.1.10 (3.1.10.6) – added section on other information/change in status that require timely notification.</td>
</tr>
</tbody>
</table>

Full copy of the Rules and Regulations redline document shall be available at the Board meeting or in advance upon request should there be any questions regarding changes.
Recommendation

It is recommended that the Milwaukee County Mental Health Board approve the Rules and Regulations, as amended and adopted by the Medical Staff Executive Committee, on behalf of the Medical Staff Organization, at their meeting of January 20, 2016.

Respectfully Submitted,

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

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

Attachment
1  BHD Medical Staff Organization Rules and Regulations, February 2016
3.1.4 Each member of the Medical Staff and Allied Health Professional Staff shall arrange coverage of his/her patients and/or service for any planned absence, in accordance with program and/or clinical department procedures. In instances of emergent absence or illness, the Medical Staff supervisor, the Medical Director/Chief Medical Officer or the Chief Psychologist shall, upon notification, designate a member of the Medical Staff to serve in this capacity.

4-3.1.4.1 Each member of the Medical Staff and Allied Health Professional Staff shall ensure that s/he is easily accessible to treatment teams, other members of the Medical Staff, professional staff, administration and medical support services during all times that s/he is on duty or on call.

3.1.4.2 Each member of the Medical Staff and Allied Health Professional Staff shall maintain a pager and/or cell phone for prompt communication regarding patient care, whenever on duty or on call. It shall be expected that Medical Staff and Allied Health Professional Staff respond to all pages, calls or texts in a timely fashion based on acuity of the situation. Medical Staff Members and Allied Health Professional Staff shall promptly notify the Medical Staff Office of any change in cell phone or pager number.

2-3.1.4.3 Email is an expedient means of communication used to conduct hospital and Medical Staff business. Each member of the Medical Staff (Active and Affiliate) and Allied Health Professional Staff shall maintain and utilize a County email account for communications regarding patient care, Behavioral Health Division, and Medical Staff Organization business. If using email for communications regarding patients, appropriate HIPAA and confidentiality protocols and policies shall be followed. Effective October 1, 2015, a County email account is required to access the Behavioral Health Division’s electronic policy and procedure system, which links to the educational training module and acknowledgement system. All Active and Affiliate Medical Staff and Allied Health Professional Staff using non-County email accounts shall be required to establish and utilize a County email account for hospital and Medical Staff business by not later than March 1, 2016.
3.1.10 Medical Staff members and Allied Health Professionals shall report promptly (within two business days) to the chairperson of the Credentialing and Privileging Review Committee via the Medical Staff Office any of the following:

3.1.10.1 Any and all notices of investigation or challenge to any licensure or registration, any discipline or voluntary or involuntary limitation or relinquishment of such licensure or registration.

3.1.10.2 Any and all voluntary or involuntary terminations of Medical Staff membership or voluntary or involuntary limitations, reductions, or losses of clinical privileges at any facility.

3.1.10.3 The circumstances surrounding any and all involvements in professional liability actions, including notice of injury, claim or intent to file and all final judgments, settlements, or dismissals, even if not resulting in monetary damages.

3.1.10.4 Any arrest, indictment, pending charges or conviction to a felony, a serious or gross misdemeanor, any crime or municipal violation involving dishonesty, assault, sexual misconduct or abuse, or abuse of controlled substances or alcohol.

3.1.10.5 Any and all notices of reprimand, censure, exclusion, sanction, suspension, or disqualification by Medicare, Medicaid, CLIA or other health care program or any notice of investigation that could lead to such an action.

3.1.10.6 Any other change in status of information maintained in the credentials file, including but not limited to, change in name, address, contact information, Board certification attainment or lapse, provider enrollment certification, etc.
COUNTY OF MILWAUKEE  
Behavioral Health Division Medical Staff Organization
Inter-Office Communication

DATE: February 3, 2016
TO: Kimberly R. Walker, JD, 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:

A. New Appointments

B. Reappointments

C. Provisional Period Reviews / 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,

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

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

Attachment
1  Medical Staff Credentialing Report & Medical Executive Committee Recommendations
MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
GOVERNING BODY REPORT
MEDICAL STAFF CREDENTIALING REPORT & EXECUTIVE COMMITTEE RECOMMENDATIONS
JANUARY - FEBRUARY 2016

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.

<table>
<thead>
<tr>
<th>INITIAL APPOINTMENT</th>
<th>PRIVILEGE GROUP(S)</th>
<th>APPT/CAT/ PRIV STATUS</th>
<th>NOTATIONS</th>
<th>SERVICE CHIEF(S) RECOMMENDATION</th>
<th>CREDENTIALING &amp; PRIVILEGING REVIEW COMMITTEE JANUARY 6, 2016</th>
<th>MEDICAL STAFF EXECUTIVE COMMITTEE JANUARY 20, 2016</th>
<th>GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)</th>
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<tbody>
<tr>
<td>MEDICAL STAFF</td>
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<tr>
<td>Justin Geratner, MD</td>
<td>Psychiatric Officer of the Day; Medical Officer of the Day</td>
<td>Affiliate/ Provisional</td>
<td>Dr. Thrasher recommends appointment &amp; privileges, as requested</td>
<td>Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months</td>
<td>Requires appointment and privileging as per C&amp;P Committee.</td>
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<tr>
<td>ALLIED HEALTH</td>
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<tr>
<td>Angela Smith, MSN</td>
<td>Advanced Practice Nurse – Family Practice</td>
<td>Allied Health Professional/ Provisional</td>
<td>Dr. Puls recommends privileges, as requested</td>
<td>Committee recommends privileges, as requested, for 2 years, subject to a minimum provisional period of 6 months</td>
<td>Requires privileges as per C&amp;P Committee.</td>
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<tr>
<td>REAPPOINTMENT / REPRIVILEGING</td>
<td>PRIVILEGE GROUP(S)</td>
<td>APPT/CAT/ PRIV STATUS</td>
<td>NOTATIONS</td>
<td>SERVICE CHIEF(S) RECOMMENDATION</td>
<td>CREDENTIALING &amp; PRIVILEGING REVIEW COMMITTEE JANUARY 6, 2016</td>
<td>MEDICAL STAFF EXECUTIVE COMMITTEE JANUARY 20, 2016</td>
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<td>MEDICAL STAFF</td>
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<tr>
<td>Kelly Duggan, PhD</td>
<td>General Psychology-Adult</td>
<td>Active/ Full</td>
<td>CB</td>
<td>Dr. Kuehl and Dr. Schneider recommend reappointment &amp; privileges, as requested</td>
<td>Committee recommends reappointment and privileges, as requested, for 2 years. No changes.</td>
<td>Requires reappointment and privileging as per C&amp;P Committee.</td>
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<tr>
<td>Christina Girgis, MD</td>
<td>General Psychiatry</td>
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<td>Committee recommends reappointment and privileges, as requested, for 2 years. No changes.</td>
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<td>Michelle Heaton, MD</td>
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<td>CB</td>
<td>Dr. Thrasher recommends reappointment &amp; privileges, as requested</td>
<td>Committee recommends reappointment and privileges, as requested, for 2 years. No changes.</td>
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<td>Elizabeth Lampe, MD</td>
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<td>Committee recommends reappointment and privileges, as requested, for 2 years. No changes.</td>
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<td>Anna Nusbaum, MD</td>
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<tr>
<td>Mark Phelps, MD</td>
<td>General Psychiatry</td>
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<tr>
<td>John Schneider, MD</td>
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<td>CB</td>
<td>Dr. Moiso recommends reappointment &amp; privileges, as requested</td>
<td>Committee recommends reappointment and privileges, as requested, for 2 years. No changes.</td>
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<td>REAPPOINTMENT / REPRIVILEGING</td>
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<td>APPT CAT/ PRIV STATUS</td>
<td>NOTATIONS</td>
<td>SERVICE CHIEF(S) RECOMMENDATION</td>
<td>CREDENTIALING &amp; PRIVILEGING REVIEW COMMITTEE JANUARY 6, 2016</td>
<td>MEDICAL STAFF EXECUTIVE COMMITTEE JANUARY 20, 2016</td>
<td>GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)</td>
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<td>Robert Sharpe, MD</td>
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<td></td>
<td>Dr. Thrasher recommends reappointment and privileges, as requested.</td>
<td>Committee recommends reappointment and privileges, as requested, for 2 years. No changes.</td>
<td>Recommends reappointment and privileges as per C&amp;P Committee.</td>
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<tr>
<td>Gary Stark, PhD</td>
<td>General Psychology- Adult</td>
<td>Active/ Full</td>
<td>Dr. Kueh and Dr. Thrasher recommend reappointment &amp; privileges, as requested</td>
<td>Committee recommends reappointment and privileges, as requested, for 2 years. No changes.</td>
<td>Recommends reappointment and privileges as per C&amp;P Committee.</td>
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**PROVISIONAL STATUS CHANGE REVIEWS**

None this period.

**AMENDMENTS / CHANGE IN STATUS**

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<tr>
<th>PRIVILEGE GROUP(S) OR APPOINTMENT CATEGORY</th>
<th>REQUESTED / RECOMMENDED CHANGE</th>
<th>NOTATIONS</th>
<th>SERVICE CHIEF RECOMMENDATION</th>
<th>CREDENTIALING &amp; PRIVILEGING REVIEW COMMITTEE JANUARY 6, 2016</th>
<th>MEDICAL STAFF EXECUTIVE COMMITTEE JANUARY 20, 2016</th>
<th>GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)</th>
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<tr>
<td>Anna Berg, MD</td>
<td>General Psychiatry / Affiliate</td>
<td>Child Psychiatry</td>
<td>Dr. Thrasher recommends amending privileges, as requested</td>
<td>Committee recommends amending privileges, as requested, subject to a minimum provisional period of 6 months</td>
<td>Recommends amending privileges as per C&amp;P Committee.</td>
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**CHAIR, CREDENTIALING AND PRIVILEGING REVIEW COMMITTEE**

(OR PHYSICIAN COMMITTEE MEMBER DESIGNEE)

2/3/2016

**DATE**

**PRESIDENT, MEDICAL STAFF ORGANIZATION CHAIR, MEDICAL STAFF EXECUTIVE COMMITTEE**

1/28/16

**DATE**

**BOARD COMMENTS / MODIFICATIONS / OBJECTIONS TO MEC PRIVILEGING RECOMMENDATIONS:**

---

**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 25, 2016**
COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: January 28, 2016

TO: Kimberly Walker, Chairperson, Milwaukee County Mental Health Board

FROM: Héctor Colón, Director, Department of Health and Human Services
       Approved by Patricia Schroeder, 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 2014 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 $91.5 million in revenue from State and Federal grants and BCA, which account for about $47.3 million of its total funding making it less reliant upon the county’s tax levy. Patient revenue accounts for 32 percent of inpatient’s overall revenue and 41 percent of CARS’ overall revenue.
Milwaukee County Behavioral Health Division
Funding Allocations by Program - 2014 Actuals

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<tr>
<th></th>
<th>2014 BHD Funding Allocation</th>
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<td>Patient Revenues</td>
<td>State/Federal Grants</td>
<td>BCA</td>
<td>Other</td>
<td>Tax Levy</td>
<td>Total</td>
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<td>Inpatient Hospital</td>
<td>25,666,362</td>
<td>1,234,200</td>
<td>7,700,026</td>
<td>1,113,263</td>
<td>43,968,714</td>
<td>79,682,565</td>
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<td>Community Services</td>
<td>37,888,303</td>
<td>33,027,191</td>
<td>14,316,569</td>
<td>2,982,956</td>
<td>3,334,624</td>
<td>91,549,643</td>
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<td>Total BHD</td>
<td>63,554,665</td>
<td>34,261,391</td>
<td>22,016,595</td>
<td>4,096,219</td>
<td>47,303,338</td>
<td>171,232,208</td>
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<tr>
<td>% of total funding</td>
<td>37%</td>
<td>20%</td>
<td>13%</td>
<td>2%</td>
<td>28%</td>
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<td>Patient Revenues</td>
<td>State/Federal Grants</td>
<td>BCA</td>
<td>Other</td>
<td>Tax Levy</td>
<td>Total</td>
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<td>Acute Adult</td>
<td>10,325,808</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>16,425,379</td>
<td>26,751,187</td>
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<tr>
<td>CAIS</td>
<td>4,425,877</td>
<td>-</td>
<td>-</td>
<td>101,585</td>
<td>1,517,960</td>
<td>6,045,422</td>
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<td>Rehab Hilltop</td>
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<td>276,000</td>
<td>8,130,210</td>
<td>12,555,182</td>
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<td>Rehab Central</td>
<td>1,903,106</td>
<td>654,300</td>
<td>-</td>
<td>-</td>
<td>9,218,052</td>
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<td>Psychiatry/Fiscal Admin</td>
<td>233,173</td>
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<td>-</td>
<td>846,918</td>
<td>(61,911)</td>
<td>1,018,180</td>
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<td>Psych Crisis</td>
<td>5,209,326</td>
<td>-</td>
<td>7,700,026</td>
<td>(111,240)</td>
<td>8,739,024</td>
<td>21,537,136</td>
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<tr>
<td>Total Inpatient</td>
<td>25,666,362</td>
<td>1,234,200</td>
<td>7,700,026</td>
<td>1,113,263</td>
<td>43,968,714</td>
<td>79,682,565</td>
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<tr>
<td>% of Inpatient Funding</td>
<td>32%</td>
<td>2%</td>
<td>10%</td>
<td>1%</td>
<td>55%</td>
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<td>Patient Revenues</td>
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<td>BCA</td>
<td>Other</td>
<td>Tax Levy</td>
<td>Total</td>
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<td>MH</td>
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<td>8,308,159</td>
<td>11,982,834</td>
<td>337,308</td>
<td>6,225,933</td>
<td>31,912,762</td>
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<td>AODA</td>
<td>-</td>
<td>11,948,922</td>
<td>2,333,735</td>
<td>1,506,764</td>
<td>(410,691)</td>
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<td>Wraparound</td>
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<td>12,770,110</td>
<td>-</td>
<td>1,138,885</td>
<td>(2,480,618)</td>
<td>44,258,152</td>
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<td>Total Community Services</td>
<td>37,888,303</td>
<td>33,027,191</td>
<td>14,316,569</td>
<td>2,982,956</td>
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<td>91,549,643</td>
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<td>% of Community Funding</td>
<td>41%</td>
<td>36%</td>
<td>16%</td>
<td>3%</td>
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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 1) and slide show (Attachment 2) describe the strides BHD has achieved in key areas over the last few years, including a 57% decrease in psychiatric inpatient admissions, 35% reduction in emergency detentions and 24% reduction in emergency room admissions.

Community Access to Recovery Services (CARS)

Community Access to Recovery Services (CARS) has undertaken significant improvements and sought efficiencies. CARS continues to place a premium value on the input of stakeholders and advocacy groups in the community, including the voices of individuals with lived experience of mental illness and substance use disorders. The following discussion highlights several key improvements and efficiencies that have come to fruition in the past year in CARS.

Mobile Crisis Efforts

In March of 2015, an expansion of the Crisis Assessment Response Team (CART) occurred to create a second team consisting of a Milwaukee Police Officer and Crisis Mobile Team Clinicians to respond to individuals who may be experiencing a psychiatric crisis in the community. The goal of the team is to decrease Emergency Detentions by identifying and utilizing voluntary alternatives and make a positive impact for individuals experiencing a crisis whenever possible. Due to this expansion, the number of individuals able to be seen for assessment and services by CART increased 42% in 2015.

Community Consultation Team

In January of 2015, another crisis mobile expansion occurred with the official start of the Community Consultation Team (CCT). The goal of CCT is to provide individuals with intellectual/developmental disabilities and mental health issues with services in the community as a way to support their community placements and thereby reduce the need for admission to higher levels of care such as emergency room visits and hospitalizations. CCT provides on-going crisis intervention, consultation, and education services to individuals in the community. In 2015, CCT provided crisis services and comprehensive assessments to 117 unique individuals.

Crisis Resource Center

On November 30, 2015, the Crisis Resource Center (CRC) North expanded availability to complete admissions and crisis intervention services during third shift for individuals who are experiencing a psychiatric crisis and as an alternative to emergency room care. Individuals are able to access assessment, stabilization, supportive services, and linkage to community resources while receiving services at the CRC. In 2015, seven individuals received services on third shift due to this expansion.

Comprehensive Community Services

Community Access to Recovery Services (CARS) continued to expand the implementation of Comprehensive Community Services (CCS) in 2015, thereby strengthening the continuum of care for individuals with mental health or substance use disorders. The purpose of the CCS benefit is to provide for a maximum reduction of the effects of the individual’s mental health and/or substance use disorder; restore consumers to the best possible level of functioning; and facilitate the individual’s recovery. In 2015, 200 individuals were enrolled in CCS and began receiving services under this benefit. Additionally,
efforts were made to be able to expand this benefit across the life span to include children/adolescents and the elderly population.

**Housing First**

In 2015, Milwaukee County Behavioral Health partnered with the Milwaukee County Housing Division to implement the Housing First model in Milwaukee to end chronic homelessness for individuals with mental illness. In addition to funding of $600,000, CARS and Housing Division have been working in partnership to create system efficiencies for providing mental health and substance abuse services to these individuals. This work will be continuing into 2016 to meet both the housing and community mental health needs of those needing services.

**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 began piloting the integration of the Individual Placement and Supports (IPS) evidence-based model of supported employment into several of its treatment teams starting in 2014 and continuing into 2015. 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.

There are currently three (3) IPS pilots (two within Comprehensive Community Services (CCS) teams and one Community Support Program (CSP) team) in operation with a total of 38 consumers being serviced within IPS. The goal will be to expand IPS services in 2016 to double (38 to 76 participants) the number of individuals being served within this model. The expected goal will be to have a minimum of 5-7 clients employed or enrolled in education programs per month.

**Prevention and Early Intervention**

Under the leadership and organization of the Behavioral Health Prevention Coordinator, the Behavioral Health Division has been able to lead and/or partner on numerous mental health and substance abuse prevention initiatives within the community during 2015. Some of these initiatives include:

* Heroin/opiate prevention and education events in several area communities, including a town hall meeting in conjunction with the City of Milwaukee, Milwaukee County Substance Abuse Prevention Coalition and Medical Society of Milwaukee County.

* Project to identify strategies and implement action plans to address mental health and suicide prevention within the Milwaukee Public School District.

* Overdose prevention training for AODA treatment providers in Milwaukee.

* Social media campaign for Mental Health Awareness month.
* BHD team participation in the first state of Wisconsin Zero Suicide Academy to promote suicide prevention.

* Partnership with United Way to reduce infant mortality due to pre-natal drug abuse.

Wraparound

In 2015, 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 work directly with Police Officers in District Seven. The Police Officers identify youth who are exposed to traumatic events during the course of a police response. With the consent of the family, the Officers may refer a youth to the MUTT Trauma team, who call the family to arrange a follow up visit and provide support/services as needed. MUTT staff then communicate with the referring Officers to ‘close the loop’ and let the Officers know that contact has been made.

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. In April of 2015, the Youth Living Out Loud (YLOL) program officially began serving youth, with 32 youth currently enrolled in the service. The target over the 3 years of this grant is to serve up to 60 youth.

In 2015, Wraparound Milwaukee began contracting with Journey House for six apartments to be used by young adults in the O-YEAH program. While living in this housing, young adults will receive support to help ensure a successful transition to adulthood. Young adults will receive peer support, mental health services, daily living support and other individualized services as needed. Wraparound Milwaukee will assist young adults in this transition by subsiding their rent payments during the first year on their own. For the first six months, Wraparound will pay the full cost of rent, with the young adult covering other expenses such as utilities. In months seven through ten, the young adult will pay 50% of the rent, and starting in month 11 the young adult will be responsible for 100% of the rent.

In August of 2015, Wraparound Milwaukee began a new evidenced based model to work with youth and young adults who are experiencing their first episode of psychosis. The goal of this model is to first address the anxiety and fear associated with a young person’s first episode of psychosis followed by offering the necessary support to achieve each person’s full potential while living with a diagnosis. After receiving training from “OnTrackNY” out of New York State, Wraparound Milwaukee in partnership with LaCausa began implementation of a 5 person team, made of a Psychiatrist from Wraparound Milwaukee’s Wellness Clinic, supported by a nurse, along with a Care Coordinator, Peer Specialist, Employment/Educational Specialist and Therapist provided through LaCausa. This 5 person team will serve up to 18 youth/young adults to create a coordinated plan to divert the long term effects of psychosis. By the end of 2015 we were already on our way to needing a second team to serve the emerging need in this area.

BHD Inpatient
The following initiatives have also been implemented or are in process to further strengthen quality services at the Behavioral Health Division as well as services under contract. These improvements have been instituted to ensure the health, safety and welfare of those served as well as to include continued compliance with all conditions of participation for state psychiatric hospitals and as established by the Centers for Medicare and Medicaid.

The BHD Quality Plan has served as the Behavioral Health Division’s call to action and is evidence of the commitment to continuously assess and improve the quality of the treatment and services it provides within the context of established benchmark criteria. Services and programs within the service continuum including inpatient services have incorporated measurement and data represented in Balanced Scorecards for Key Performance Indicators with continued attention to:

- Improving the Patient Experience - Customer Satisfaction and Well-being.
- Patient Outcomes.
- Service Utilization Data.
- Quality Assurance and Improvement Activities.
- Required Public Data reporting and benchmark comparisons.
- Workforce Development.
- Financial Impact and Cost.

Further attention to oversight and the specific development and monitoring of both compliance and performance measures for all of BHD contracts are underway. To include a centralization of contract and quality functions, workflow efficiencies and ultimately strengthened utilization review activities.

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 recruitment in an effort to attract quality candidates and a prepared workforce.

**Rehabilitation Centers – Hilltop and Central – Closures Completed**

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 models of care are underway.

## 2013-2015 BHD Discharged Rehab Center Resident - Inpatient Readmission Rate

Time Period: 4/1/13 - 12/31/15

<table>
<thead>
<tr>
<th>Program</th>
<th>Year</th>
<th>Resident Discharges</th>
<th>Admissions From Discharged Rehab Center Residents</th>
<th>Inpatient Readmission Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Crisis Service</td>
<td>Acute Adult</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Crisis Mobile PCS Observation 43A 43B 43C</td>
<td></td>
</tr>
<tr>
<td>Central</td>
<td>2013</td>
<td>18</td>
<td>1 2 0</td>
<td>0 0 0</td>
</tr>
<tr>
<td></td>
<td>2014</td>
<td>23</td>
<td>5 12 3</td>
<td>1 4 0</td>
</tr>
<tr>
<td></td>
<td>2015</td>
<td>23</td>
<td>9 45 13</td>
<td>4 3 1</td>
</tr>
<tr>
<td>Hilltop</td>
<td>2013</td>
<td>9</td>
<td>0 1 1</td>
<td>0 1 0</td>
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<tr>
<td></td>
<td>2014</td>
<td>45</td>
<td>6 9 4</td>
<td>0 0 0</td>
</tr>
<tr>
<td></td>
<td>2015</td>
<td>1</td>
<td>8 25 7</td>
<td>0 0 0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>119</strong></td>
<td><strong>29 94 28</strong></td>
<td><strong>5 8 1</strong></td>
</tr>
</tbody>
</table>

### EMR (Electronic Medical record)

Late in 2014 through the first quarter of 2015, BHD placed greater scrutiny and began to critically assess the clinical processes in Acute, PCS (Psychiatric Crisis Service) and Observation. Complete workflow redesign for the community go live phase was underway in June 2015. The International Classification of Diseases, Tenth Edition (ICD-10) was implemented. A new pharmacy vendor was identified and pharmacy systems implemented to include the management of the pharmacy inventory, adding RxConnect (an Avatar module) and upgrading and expanding the number of Pyxis (medication dispensing) machine, scanning protocols, resulting in the deployment of a closed-loop medication management system. The scanning protocol that matches patient ID to medication greatly improved patient safety.

In late July, PCS was upgraded to allow multiple episodes to be opened simultaneously, improving the patient experience and streamlining process including major changes to the patient/client registration process which was centralized to standardize data capture and minimize duplicative medical records.

Live training for community providers was initiated in late July and continued into September 2015. Data conversion from CMHC to Avatar was successfully completed in late September. Avatar/Provider Connect went live on October 1, 2015 without incident. The central registration model was deployed October 1 for all community providers in order to improve the patient experience and streamline processes.

### 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.

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Héctor Colón, Director  
Department of Health and Human Services

Attachments (2): SMART Goals chart (Attachment 1) and slide show (Attachment 2)
Cc: County Executive Chris Abele  
Secretary Kitty Rhoades, Department of Health Services  
Raisa Koltun, County Executive’s Office  
Milwaukee County Board of Supervisors
SMART Goal Accomplishments

Consumers Served by BHD Community Services
2015: 11,090
2010: 10,139
9.4%

Psychiatric Crisis Service (PCS) Admissions
2010: 13,443
2015: 10,173
-24.3%

Individualized, Person-Centered Crisis Plans for Individuals Seen at Psychiatric Crisis Service
2015: 467
2012: 136
+243%

Emergency Detentions
2010: 8,264
2015: 5,334
-35.5%

Certified Peer Specialists
2015: 148
2010: 16
+825%

Acute Adult Admissions
2010: 2,254
2015: 965
-57.2%

Recovery-Oriented Supportive Housing
2015: 603
2010: 248
+143%

Acute Inpatient Average Daily Census
2010: 94.7
2015: 47.2
-50.2%

Acute Adult Inpatient MHSIP Satisfaction Survey (Positive Rating)
2015: 73.0%
2010: 70.5%
+2.5 Percentage Points

30-day Readmission Rate Following Acute Inpatient Services
2010: 14.1%
2015: 11.2%
-20.6%
Data Dashboard

Milwaukee County
Behavioral Health Division

Revised January 22, 2016
Psychiatric Crisis Service (PCS) Admissions, 2010-15

PCS: Psychiatric Crisis Service (Behavioral Health Division emergency department)
PCS Admissions by Legal Status, 2010-15

- Emergency Detentions
- Other Involuntary
- Voluntary

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

rev. 1/15/16
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. 1/15/16
BHD Adult Inpatient – Satisfaction, 2010-15

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

rev. 1/15/16
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.
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/peer-pipeline.aspx.

rev. 1/19/16
Community Services – Satisfaction, 2010-15

% Positive Responses on MHSIP Survey

- General Satisfaction
- Access
- Quality & Appropriateness

Redesign Task Force established

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

rev. 1/22/16
Community Services – Employment Intake & 6-Month Follow-Up, 2013-15

<table>
<thead>
<tr>
<th>Year</th>
<th>Intake</th>
<th>6-Month Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>MH '13</td>
<td>5.8%</td>
<td>9.7%</td>
</tr>
<tr>
<td>MH '14</td>
<td>8.0%</td>
<td>8.8%</td>
</tr>
<tr>
<td>MH '15</td>
<td>3.9%</td>
<td>5.0%</td>
</tr>
<tr>
<td>AODA '13</td>
<td>27.6%</td>
<td>36.1%</td>
</tr>
<tr>
<td>AODA '14</td>
<td>24.7%</td>
<td>36.5%</td>
</tr>
<tr>
<td>AODA '15</td>
<td>31.9%</td>
<td>41.6%</td>
</tr>
</tbody>
</table>

Employed Status for Mental Health graphs includes Competitive Employment; AODA graphs include Full and Part Time Mental Health (MH) includes TCM, CSP, Day Treatment, and CBRF services; AODA is substance use treatment.

rev. 1/22/16
Supportive Housing Units, 2010-15

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