

**Chairperson:** Thomas Lutzow  
**Vice-Chairperson:** Maria Perez  
**Secretary:** Michael Davis  
**Senior Executive Assistant:** Jodi Mapp, 257-5202

**MILWAUKEE COUNTY MENTAL HEALTH BOARD**

Thursday, June 18, 2020 - 9:00 A.M.  
**Teleconference Meeting**

**MINUTES**

**PRESENT:** Michael Davis, Kathie Eilers, Rachel Forman, Sheri Johnson, Walter Lanier, Jon Lehrmann, Thomas Lutzow, Mary Neubauer, Maria Perez, Duncan Shrout, James Stevens, and Brenda Wesley

**SCHEDULED ITEMS:**

1. **Welcome.**  
  
 Chairman Lutzow welcomed Board Members, Staff, and everyone listening in to the Milwaukee County Mental Health Board’s remote/virtual meeting.

2. **Approval of the Minutes from the April 23, 2020, Milwaukee County Mental Health Board Meeting.**  
  
**MOTION BY:** (Forman) Approve the February 27, 2020, Meeting Minutes. 10-0  
**MOTION 2<sup>ND</sup> BY:** (Neubauer)  
**AYES:** Davis, Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley – 10  
**NOES:** 0

3. **Department of Administrative Services Quarterly Update on the State of Milwaukee County’s Interests and Matters Related to the Behavioral Health Division.**  
  
 Joseph Lamers, Budget Director, Department of Administrative Services  
  
 Mr. Lamers explained COVID-19 has had a severe impact on previous projections for the budget years 2020 and 2021. There is also a high level of uncertainty regarding future impacts. The Administration has been working diligently on a solution. He provided an overview of current fiscal projections as well as the 2021 outlook.  
  
 In order to close the gap for 2020, a fiscal administrative order was issued shortly after the pandemic placing freezes on hiring and operational expenses, land sales were processed, a freeze will be placed on contingency, and monies seen from the reduction in fringe due to a decline in healthcare service usage will be added to the County’s bottom line.

**SCHEDULED ITEMS (CONTINUED):**

	<p>It is extremely difficult to foresee what 2021 will look like. It will depend on the scale of economic recovery, whether operations are back up and running to normal capacity, and what happens with healthcare expenses. A range of impacts are being considered. There is some economic recovery expected, but sales tax and some program revenues are unlikely to bounce back. Mr. Lamers expressed even though difficulties have been encountered with the assembly of the 2021 Budget process, it is being prepared with an optimistic outlook. If circumstances do not play out as expected, freezes along with other remedies will continue. The County is expecting a larger debt reserve use, which is used for emergency situations such as this. Centralized savings will also continue to be sought.</p> <p>As it directly relates to the Behavioral Health Division (BHD), BHD was exempt from certain freezes. However, BHD's fringe surplus will fall to the County's bottom line. The County does remain cognizant of the issues related to the Systems Improvement Agreement.</p> <p>Questions and comments ensued.</p> <p>This item was informational.</p>
4.	<p><b>Corporation Counsel Crisis Services Legal Opinion Update.</b></p> <p>Anne Kearney, Deputy, Corporation Counsel</p> <p>Attorney Kearney stated the engagement letter is currently being constructed. There are several workgroups hammering out the operational details. With Von Briesen's assistance, a binding letter of intent is being drafted. It will capture the terms agreed upon with the private healthcare system provider representatives. Preparation of the drafts and negotiations are gaining momentum. The goal is to have a letter of intent inked by early September. To follow will be a comprehensive suite of legal agreements.</p> <p>This item was informational.</p>
5.	<p><b>Administrative Update.</b></p> <p>Michael Lappen, Administrator, Behavioral Health Division (BHD)</p> <p>Mr. Lappen explained the continued impact COVID-19 has had on BHD by stating the hospital continues to operate at a reduced census since going to single-bed rooms. This dramatically impacts revenues. Approximately thirty patients have been tested using the COVID-19 swabs. The non-FDA approved antibodies test has also been used in the emergency room as an adjunct. The Board was informed about the first confirmed COVID-19 positive patient previously. The second was identified earlier in the week. The individual tested positive at a different hospital. BHD continues to have a protocol in place. Psychiatric Crisis Services (PCS) screens everyone before they enter the hospital. If people screen positive, they are moved on to the next level of screening and testing. Supplies such as Personal Protective Equipment (PPE), hand sanitizer, and peroxide wipes are maintained and fully stocked. Detailed cleaning and universal masking protocols have been implemented.</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p>The Systems Improvement Agreement consultants did a walkthrough of PCS and provided information as to the changes required. Many of the changes are also needed to safely address incoming patients who are potentially exposed to COVID-19. The walkthrough data is expected to be finalized soon, and the BHD team will then work with the County facilities team. BHD has moved forward with quite a few of other improvements. The consultants are working with the BHD team to keep costs as reasonable as possible. Quality has been the area that has made the most progress and growth. There have also been several changes to policies and procedures and a substantial improvement in documentation related to governance. An extension of timelines related to COVID-19 was granted.</p> <p>Mr. Lappen went on to discuss staff engagement and grants awarded.</p> <p>Questions and comments ensued.</p> <p>This item was informational.</p>
6.	<p><b>Mental Health Board Finance Committee Professional Services Contracts Recommendation.</b></p> <ul style="list-style-type: none"><li>• 2020 Contract<ul style="list-style-type: none"><li>➤ Kane Communications</li></ul></li></ul> <p>Jennifer Bergersen, Chief of Operations, Behavioral Health Division</p> <p>Professional Services Contracts focus on facility-based programming, supports functions that are critical to patient care, and are necessary to maintain hospital and crisis services licensure. This specific Kane Communications contract is for nine months, focuses on youth services, and is funded through grant dollars. The contract supports the promotion of Wraparound Milwaukee program resources and services to assist youth with connections to care.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the 2020 Professional Services Contract delineated in the corresponding report.</p> <p><b>MOTION BY:</b> (Davis) Approve the 2020 Professional Services Contract Delineated in the Corresponding Report. 9-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Perez)</p> <p><b>AYES:</b> Davis, Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, Stevens, and Wesley – 9</p> <p><b>NOES:</b> 0</p> <p><b>EXCUSED:</b> Shrout – 1</p>

**SCHEDULED ITEMS (CONTINUED):**

**7. Mental Health Board Finance Committee Purchase-of-Service Contracts Recommendation.**

Amy Lorenz, Deputy Administrator, Community Access to Recovery Services (CARS), Behavioral Health Division

- 2020 Contracts
- 2020 Contract Amendments

Purchase-of-Service Contracts for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services were reviewed. An overview was provided detailing the various adult program contracts and amendments.

As previously reported, 2019 contracts for Community Access Points were extended until June 30, 2020, as the Behavioral Health Division continued to work on the previously posted Request for Proposals (RFP) appeals. In May, it was determined by Behavioral Health Division (BHD) Leadership to cancel the RFP and intent to award. BHD reached out to the four current provider Access Points to request they continue to contract with BHD but within a fee-for-service environment. All four vendors agreed to continue, but three months is needed to transition the program to a fee-for-service structure. The purchase-of-service contracts are for three months.

The Board was informed the Finance Committee unanimously agreed to recommend approval of the 2020 Purchase-of-Service Contracts and Amendments delineated in the corresponding report.

**MOTION BY:** *(Perez) Approve the Wisconsin Community Services, Inc., Contract Delineated in the Corresponding Report. 8-0-1*

**MOTION 2<sup>ND</sup> BY:** *(Davis)*

**AYES:** Davis, Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, and Stevens – 8

**NOES:** 0

**ABSTENTIONS:** Wesley - 1

**EXCUSED:** Shrout - 1

**MOTION BY:** *(Perez) Approve the Balance of 2020 Purchase-of-Service Contract Amendments and 2020 Contracts Delineated in the Corresponding Report. 9-0*

**MOTION 2<sup>ND</sup> BY:** *(Eilers)*

**AYES:** Davis, Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, Stevens, and Wesley – 9

**NOES:** 0

**ABSTENTIONS:** 0

**EXCUSED:** Shrout - 1

**SCHEDULED ITEMS (CONTINUED):**

<p>8.</p>	<p><b>Mental Health Board Finance Committee Fee-for-Service Agreements Recommendation.</b></p> <p>Amy Lorenz Deputy Administrator, Community Access to Recovery Services (CARS), Behavioral Health Division</p> <p>Fee-for-Service Agreements are for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services. An overview was provided detailing the program agreements, which provide a broad range of support services for adults and children with serious emotional disturbances and their families.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the 2020 Fee-for-Service Agreement Amendment delineated in the corresponding report.</p> <p><b>MOTION BY:</b> (Perez) Approve the 2020 Fee-for-Service Agreement Amendment Delineated in the Corresponding Report. 8-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Davis)</p> <p><b>AYES:</b> Davis, Eilers, Forman, Lutzow, Neubauer, Perez, Stevens and Wesley – 8</p> <p><b>NOES:</b> 0</p> <p><b>EXCUSED:</b> Lanier and Shrout - 2</p>
<p>9.</p>	<p><b>Employment Agreement.</b></p> <p>An amendment is being requested to an existing employment agreement. A psychiatrist in Crisis Services has achieved ten years' experience post residency. Two tiers were established for Crisis Services psychiatrists when the position was placed under employment agreements in 2017. The tiers include a junior attending level and a senior attending level. Reaching the senior attending level aligns with senior pay status. This enables the Behavioral Health Division to retain staff and be competitive in the market.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the Employment Agreement Amendment delineated in the corresponding report.</p> <p><b>MOTION BY:</b> (Perez) Approve the Employment Agreement Amendment. 9-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Davis)</p> <p><b>AYES:</b> Davis, Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, Stevens, and Wesley – 9</p> <p><b>NOES:</b> 0</p> <p><b>EXCUSED:</b> Shrout - 1</p>
<p>10.</p>	<p><b>Mental Health Board Governance Ad Hoc Committee Update.</b></p> <p>Board Member Eilers explained the Governance Committee met on June 5, 2020. The Chairwoman of the Quality Committee summarized the issues the Quality Committee were addressing and how they relate to the Board. The Committee was supportive of those efforts and assured the Quality Committee it would be supported fully by the Board. Other issues discussed related to the role of the Committee in terms of having an evaluative role regarding the</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p>Board's functioning and a nominating committee to vet potential members of the Board. Board Member Eilers will meet with the County Executive's Chief of Staff to discuss the vacancy that was created by Robert Curry's resignation. Board Members were encouraged to submit names of strong candidates. Other items discussed include creating a grievance and appeal process and how the Board might respond to systemic racism and provide services cognizant of it. Systemic racism will be a topic of discussion at the next scheduled Governance Committee meeting.</p> <p>Questions and comments ensued.</p> <p>This was an informational item.</p>
11.	<p><b>Potential Third-Party Fiscal Agents for the Provision of Mental Health Board Support Staff Oversight.</b></p> <p>Matt Fortman, Fiscal Administrator, Department of Health and Human Services</p> <p>Mr. Fortman stated the Request for Proposals for the fiscal agent is live. It will close in late July. There will be a scoring process, and a recommendation will be brought to the Board for consideration. If approved, the Board can move forward with hiring for the Board Analyst position.</p> <p>This was an informational item.</p>
12.	<p><b>Mental Health Board Finance Committee Update.</b></p> <p>Matt Fortman, Fiscal Administrator, Department of Health and Human Services</p> <p>Mr. Fortman provided an overview stating the Behavioral Health Division (BHD) was given a \$2.5 million tax levy reduction for 2021 due to the issues discussed by Director Lamers in Item 3. BHD has achieved the target with no cuts to services through increases in revenue and elimination of some vacant positions. BHD was also able to expand the High-Fidelity Act Team, the Youth Crisis Stabilization Facility, and other exciting projects funded through grants. Revenue projections were optimistically made. There are still a lot of unknowns and uncertainty. There are also opportunities for additional grant and federal funds. However, if the revenue reduction related to the bed capacity persists into 2021 and there is no other grant revenue or other options to offset that reduction in revenue, decisions will have to be made and brought before the Board in late 2020 or early 2021.</p> <p>Mr. Fortman also mentioned the ability to submit amendments to the budget via a link on the Board's webpage is live and active. It is a template that any Milwaukee County resident can complete. There was an initial deadline of tomorrow for submissions but was extended through the weekend. Amendments will be collected and scored next week with a summary to be provided to the Finance Committee ahead of their June 25, 2020, meeting.</p> <p>This was an informational item.</p>

**SCHEDULED ITEMS (CONTINUED):**

13.	<p><b>Inpatient Proposed Key Performance Indicators.</b></p> <p>Board Member Neubauer explained the new format of the reports, which are before the Board for consideration.</p> <p>Questions and comments ensued regarding the proposed indicators.</p> <p>The Board was informed the Quality Committee, at their meeting on June 1, 2020, unanimously agreed to recommend approval of the additional proposed inpatient key performance indicators and use of the newly updated dashboard format reflected.</p> <p><b>MOTION BY:</b>            <i>(Neubauer) Approve the Additional Proposed Inpatient Key Performance Indicators and Use of the Newly Updated Dashboard Format. 9-0</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b>    <i>(Forman)</i></p> <p><b>AYES:</b>                 Davis, Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, Stevens, and Wesley – 9</p> <p><b>NOES:</b>                 0</p> <p><b>EXCUSED:</b>            Shrout - 1</p>
14.	<p><b>Quality Committee Documents and Policies Package.</b></p> <ul style="list-style-type: none"><li>• Hospital Quality Assurance Performance Improvement (QAPI) &amp; Patient Safety Annual Plan</li><li>• Clinical Contract Management Policy</li><li>• Hospital Scope of Services</li><li>• Grievance Policy and Committee</li></ul> <p>Board Member Neubauer provided a comprehensive description of the Quality documents package item by item. Corrections were made to some documents at the Quality Committee level.</p> <p>Questions and comments ensued.</p> <p>The Board was informed the Quality Committee, at their meeting on June 1, 2020, unanimously agreed to recommend approval of the Policies Package as presented and represented in the corresponding reports.</p> <p><b>MOTION BY:</b>            <i>(Neubauer) Approve the Quality Committee’s Policies Package as Presented and Represented in the Corresponding Reports. 9-0</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b>    <i>(Forman)</i></p> <p><b>AYES:</b>                 Davis, Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, Stevens, and Wesley – 9</p> <p><b>NOES:</b>                 0</p> <p><b>EXCUSED:</b>            Shrout - 1</p>

**SCHEDULED ITEMS (CONTINUED):**

15.	<p><b>Mental Health Board Quality Committee Update.</b></p> <p>Board Member Neubauer, Chairwoman of the Quality Committee, reviewed topics addressed at the Quality Committee’s quarterly meeting. She discussed the fourth quarter 2019 community-based and Wraparound key performance indicator (KPI) dashboard and Community Access to Recovery Services (CARS) summary and metrics, children’s mobile crisis team program recertification and improvement, year-end client experience data, contract monitoring, hospital KPI dashboard and seclusion and restraint data, the Systems Improvement Agreement, the crisis resource center collaborative, and the status of policies and procedures.</p> <p>Questions and comments ensued.</p> <p>Ms. Bergersen stated the current state of emergency has had an impact on the health, safety, and wellness of individuals the Behavioral Health Division serves. The Quality Assurance Performance Improvement (QAPI) Committee has identified safety enhancements and will continue to monitor the enhancements moving forward. It is understood they are obviously a big indicator of safety and wellness for those served.</p> <p>This item was informational.</p>
16.	<p><b>Medical Staff Organization Governing Body’s Proposed Changes to its Rules and Regulations.</b></p> <p>Dr. Shane Moisio, President, Medical Staff Organization, Behavioral Health Division</p> <p>Dr. Moisio provided a summary of notable changes proposed to the Medical Staff Organization Rules and Regulations.</p> <p><b>MOTION BY:</b>            <i>(Eilers) Approve the Behavioral Health Division Medical Staff Organization Rules and Regulations as Amended. 10-0</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b>    <i>(Stevens)</i></p> <p><b>AYES:</b>                    Davis, Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley - 10</p> <p><b>NOES:</b>                    0</p> <p><b>EXCUSED:</b>              0</p>
17.	<p><b>Medical Executive Credentialing and Privileging Recommendations Report.</b></p> <p>Dr. Shane Moisio, President, Medical Staff Organization Behavioral Health Division</p> <p>Dr. Moisio stated under Wisconsin and Federal regulatory requirements, all physicians and other practitioners authorized under the scope of licensure of the hospital to provide independent care must be credentialed and privileged. Dr. Moisio presented one new appointment and two provisional status reviews. There are no items requiring Closed Session, and it is requested the recommendations as submitted be approved.</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p><b>MOTION BY:</b> (Perez) Approve the Medical Staff Credentialing Report and Medical Executive Committee Recommendations. 10-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Shrout)</p> <p><b>AYES:</b> Davis, Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley – 10</p> <p><b>NOES:</b> 0</p> <p><b>EXCUSED:</b> 0</p>
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18.	<p><b>Adjournment.</b></p> <p><b>MOTION BY:</b> (Neubauer) Adjourn. 10-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Forman)</p> <p><b>AYES:</b> Davis, Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley – 10</p> <p><b>NOES:</b> 0</p> <p><b>EXCUSED:</b> 0</p>
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This meeting was recorded. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Behavioral Health Division/Mental Health Board web page.

Length of meeting: 9:05 a.m. to 11:07 a.m.

Adjourned,

*Jodi Mapp*

**Jodi Mapp**

Senior Executive Assistant  
Milwaukee County Mental Health Board

**The next meeting for the Milwaukee County Mental Health Board will be a Public Hearing on Thursday, July 9, 2020, @ 8:00 a.m. at a Location to be Determined**

**Visit the Milwaukee County Mental Health Board Web Page at:**

<https://county.milwaukee.gov/EN/DHHS/About/Governance>

**SCHEDULED ITEMS (CONTINUED):**

The June 18, 2020, meeting minutes of the Milwaukee County Mental Health Board are hereby submitted for approval at the next scheduled regular meeting of the Milwaukee County Mental Health Board.

A handwritten signature in black ink that reads "Michael G. Davis". The signature is written in a cursive style with a large, stylized "G" and "D".

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Michael Davis, Secretary  
Milwaukee County Mental Health Board

**Chairperson:** Thomas Lutzow  
**Vice-Chairperson:** Maria Perez  
**Secretary:** Michael Davis  
**Senior Executive Assistant:** Jodi Mapp, 257-5202

**MILWAUKEE COUNTY MENTAL HEALTH BOARD  
BUDGET MEETING**

**Thursday, July 9, 2020 - 8:00 A.M.**  
**Teleconference Meeting**

**MINUTES**

**PRESENT:** Michael Davis, Kathie Eilers, Rachel Forman, Sheri Johnson, Walter Lanier, Jon Lehrmann, Thomas Lutzow, Mary Neubauer, Maria Perez, Duncan Shrout, James Stevens, and Brenda Wesley

**SCHEDULED ITEMS:**

1. **Welcome.**

Chairman Lutzow welcomed Board Members, Staff, and everyone listening in to the Milwaukee County Mental Health Board's remote/virtual Budget meeting.

2. **County Executive Presentation.**

County Executive David Crowley

The County Executive began his presentation by stating the vision for Milwaukee County is to become the healthiest county in Wisconsin by achieving racial equity. Milwaukee County continues to recognize structural racism has long contributed to the health seen in communities today. All practices and policies going forward will be viewed through a racial equity lens. The Mental Health Board's commitment to racial equity is clear.

He spoke of the efforts and initiatives the Behavioral Health Division (BHD) has undertaken, which also align with this vision. They include expanding the provider network with an intentional focus on improving diversity and cultural competency, improving the Request for Proposals process and contracting procedures to ensure systematic barriers do not keep providers who reflect this community from being awarded contracts, and establishing a team to enhance the workforce development for diversity and inclusion providing tools in education for managers to make sure the workplace is more inclusive and to recruit local talent.

When looking at mental health, eliminating the stigma associated is key. The County Executive indicated he wants to work directly with BHD to do exactly that and continue to build on these efforts across the organization.

This was an informational item.

**SCHEDULED ITEMS (CONTINUED):**

**3. Milwaukee County Behavioral Health Division 2021 Recommended Budget Narrative Presentation.**

Michael Lappen, Administrator, Behavioral Health Division (BHD)  
Matt Fortman, Fiscal Administrator, Department of Health and Human Services

Mr. Lappen opened by conveying regret to the public for not being able to conduct this hearing in the traditional format. The public's input is truly valued, and all feedback was welcomed. However, an in-person meeting was just not practical due to the circumstances surrounding the pandemic. The Division worked diligently to ensure there were resources provided to accommodate public submissions. Feedback was received, and staff did its best to incorporate that feedback into the decision making but recognizing the desire to have done better.

It has been an extremely challenging year. BHD's Fiscal team was able to balance a budget that started off in a deficit and was able to achieve that balance without cutting any services or ending programs. There were several items where savings were achieved including a Wisconsin Medicaid Cost Reporting (WIMCR) funding increase, an increase in Crisis revenue, and vacant positions were eliminated. All these things helped offset other costs.

There were also some new initiatives and expansions. An increase in funding is expected from the State for the Comprehensive Community Services (CCS) program, a grant was received from the Substance Abuse and Mental Health Services Administration (SAMHSA) to create a High-Fidelity Assertive Community Treatment Team, Crisis Stabilization Houses will be redesigned, and there will be an increase in funding for supported employment.

Risks include the assumption the census will go back to double occupancy rooms in the inpatient hospital at some point by the end of 2020 and a projected slight increase for Wraparound Milwaukee's capitated rate. BHD has not received final word on some of the Alcohol and Other Drug Abuse (AODA) grants used to fund drug and alcohol services. The grants are expected, and the funds are available.

Chairman Lutzow directed staff to track the vulnerabilities, risks, and assumptions as they come due and provide the Finance Committee with regular updates as to the status. The Fiscal Administrator indicated it will be made a standing item for future Finance Committee meetings, along with progress made on other major budget items. He stated if there is an encounter where one of the risk items does not go in BHD's favor, the Board would be updated on a corrective action as well.

Questions and comments ensued.

Board Member Neubauer recommended an update also be provided to the Finance Committee related to the fiscal impact of excessive employee unused vacation time due to furloughs and the pandemic and how it could affect funding streams.

This was an informational item.

**SCHEDULED ITEMS (CONTINUED):**

4.	<p><b>Milwaukee County Behavioral Health Division 2020 Budget Consideration.</b></p> <p>Matt Fortman, Fiscal Administrator, Department of Health and Human Services</p> <p>Mr. Fortman reiterated the Finance Committee unanimously recommended approval of the recommended budget with no amendments.</p> <p><b>MOTION BY:</b> (Perez) Approve the Behavioral Health Division's 2021 Recommended Budget. 10-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Davis)</p> <p><b>AYES:</b> Davis, Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley – 10</p> <p><b>NOES:</b> 0</p>
5.	<p><b>Adjournment.</b></p> <p><b>MOTION BY:</b> (Neubauer) Adjourn. 10-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Forman)</p> <p><b>AYES:</b> Davis, Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley – 10</p> <p><b>NOES:</b> 0</p>
<b>ADDENDUM ITEM</b>	
6.	<p><b>Coronavirus Aid, Relief, and Economic Security Act (CARES) Fund Allocation.</b></p> <p>Matt Fortman, Fiscal Administrator, Department of Health and Human Services (DHHS) Joseph Lamers, Budget Director, Department of Administrative Services</p> <p>Mr. Fortman explained the CARES funding is a \$77 million relief package going before the County Board next week. The Behavioral Health Division and DHHS staff have advocated heavily for use of these funds for various public health and behavioral health needs in the community. The key item to point out to the Board is the \$1.6 million for mental health services. Most of it will go to support psychiatric services for uninsured individuals particularly, newly uninsured individuals who lost their jobs related to the pandemic. We also have \$15 million to support housing and homeless services and \$7 million for small business grants to go to affected providers in BHD's network. There will be an application process for the small business funds.</p> <p>Questions and comments ensued.</p> <p>Mr. Lamers stated the County has received funding from the State and Federal government for the CARES Act with an allocation included for mental health services for individuals who are uninsured. Programming also identified includes housing support, small business grants, and employment jobs programs related to the pandemic. The COVID-19 Relief Fund</p>

**SCHEDULED ITEMS (CONTINUED):**

gives the County the opportunity to launch some new programs to benefit the community, which will cover the County's new costs related to the pandemic.

This was an informational 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: 8:03 a.m. to 8:47 a.m.

Adjourned,

*Jodi Mapp*

**Jodi Mapp**

Senior Executive Assistant  
Milwaukee County Mental Health Board

**The next regular meeting for the Milwaukee County Mental Health Board is  
Thursday, August 27, 2020, @ 9:00 a.m. at  
a Location to be Determined**

**Visit the Milwaukee County Mental Health Board Web Page at:  
<https://county.milwaukee.gov/EN/DHHS/About/Governance>**

The July 9, 2020, meeting minutes of the Milwaukee County Mental Health Board are hereby submitted for approval at the next scheduled regular meeting of the Milwaukee County Mental Health Board.

*Michael G. Davis*

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Michael Davis, Secretary  
Milwaukee County Mental Health Board

**COUNTY OF MILWAUKEE  
INTER-OFFICE COMMUNICATION**

**Date:** 7/28/2020

**To:** Tom Lutzow, Chairman, Milwaukee County Mental Health Board

**From:** Margo J. Franklin, Chief Human Resources Officer, Department of Human Resources

**RE:** Ratification of the 2020 Memorandum of Agreement between Milwaukee County and the Milwaukee Building & Construction Trades Council, AFL-CIO

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Milwaukee County (the County) has reached an understanding with the bargaining team for the Milwaukee Building and Construction Trades Council, AFL-CIO (TRADES) that establishes a Memorandum of Agreement (MOA) for 2020.

I am requesting that this item be placed on the next agenda for the meeting of the Milwaukee County Mental Health Board.

The following documents will be provided to the Committee for their review:

- 1) The MOA between the County and the TRADES;
- 2) A notification from the TRADES that the MOA was ratified by the membership;
- 3) A fiscal note that has been prepared by the Office of the Comptroller.

If you have any questions, please call me at 278-4852.

cc: David Crowley – County Executive  
Mary Jo Meyers – Chief of Staff, Office of the County Executive  
Scott Manske – Milwaukee County Comptroller  
Steve Cady – Director of Research and Policy, Office of the Comptroller  
Maggie Daun – Corporation Counsel

**2020  
AGREEMENT  
BETWEEN THE  
COUNTY OF MILWAUKEE  
AND THE  
MILWAUKEE BUILDING & CONSTRUCTION TRADES COUNCIL, AFL-CIO**

**MILWAUKEE COUNTY  
DEPARTMENT OF HUMAN RESOURCES  
EMPLOYEE RELATIONS  
COURTHOUSE, ROOM 210  
901 NORTH. 9TH STREET  
MILWAUKEE, WI 53233  
414-278-4852**

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1 1.02 EMPLOYEE DEFINED

2 Whenever the term "employee" is used in this Agreement, it shall mean and include  
3 only those employees of the County within the certified bargaining unit represented by  
4 the Council as seen in the Appendix.

5  
6 1.03 DURATION OF AGREEMENT

7 This Agreement is to take effect on January 1, 2020. Unless otherwise modified or  
8 extended by mutual agreement of the parties, this Agreement shall expire on December  
9 31, 2020.

10  
11 **PART 2**

12  
13 2.01 WAGES

14 Effective Pay Period 02, 2020 (December 29, 2019) the wages of bargaining unit  
15 employees shall be increased by one percent (1.0%).

Appendix

Milwaukee Building & Construction Trades Council, AFL-CIO Positions

<b>Union Code</b>	<b>High Org</b>	<b>Low Org</b>	<b>Position Description</b>
BT	6300	6532	Electrical Mech
BT	6300	6532	Plumber

SIGNATURE PAGE FOLLOWS



## MILWAUKEE BUILDING & CONSTRUCTION TRADES COUNCIL

DAN BUKIEWICZ  
*President*

5941 WEST BLUEMOUND ROAD  
MILWAUKEE, WISCONSIN 53213  
(414) 475-5580 *phone*  
(414) 475-5590 *fax*  
[milwbuildingtrades.org](http://milwbuildingtrades.org)



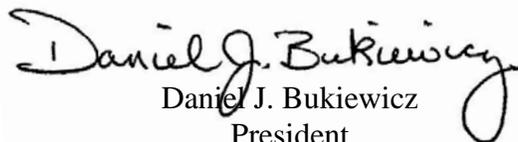
July 7, 2020

**Margo J Franklin** | Chief Human Resources Officer  
Milwaukee County Department of Human Resources  
901 N. 9th St., Suite 210, Milwaukee, WI 53233

Dear Ms. Franklin,

This letter is to inform you that our Milwaukee County members have met to discuss the 1% wage increase as proposed by Milwaukee County. Our membership has voted unanimously to accept it. We understand that this increase is retroactive to December 29, 2019 and respectfully request that it be expedited as quickly as possible to ensure that it appears on the upcoming agenda for the Milwaukee County Board of Supervisors' meeting for approval.

Sincerely,

  
Daniel J. Bukiewicz  
President

**COUNTY OF MILWAUKEE**  
INTEROFFICE COMMUNICATION

DATE: July 28, 2020

TO: Tom Lutzow, Chairman, Milwaukee County Mental Health Board

FROM: Scott B. Manske, Comptroller  
Cynthia (CJ) Pahl, Financial Services Manager, Office of the Comptroller

SUBJECT: Fiscal Impact – 2020 Collective Bargaining Agreement with the Milwaukee Building & Construction Trades Council

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 Milwaukee Building & Construction Trades Council (MBCTC), AFL-CIO, was January 1, 2020. The last day of their previously negotiated contract was December 31, 2019. The bargaining unit was recertified in 2020.

**2020 Base Wage Limit**

Using rules provided by WERC, a calculation was made to provide the maximum base wage increase allowable for 2020 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 2019 (ending July 13, 2019). At that time, the bargaining unit had two members who were actively employed<sup>1</sup>. 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, 2020, or 2.07 percent. This became the maximum base wage increase allowable for purposes of bargaining or \$3,056; this is the maximum amount that can be paid in additional base wages in 2020 and can be paid out however agreed upon by the union and the County.

**2020 Wage Increase and Base Wage Compliance**

Based upon the proposed agreement with the bargaining unit, the base wage rates will increase by 1.0 percent effective with Pay Period 2 (beginning December 29, 2019) for all members. The base wage increase results in a total salary lift for 2020 of \$1,501 for the bargaining unit, which is \$1,555 below 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. The Office

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<sup>1</sup> For purposes of this fiscal note, the MBCTC bargaining unit consists of all represented employees only under control of the Milwaukee County Mental Health Board.

of the Comptroller and outside legal counsel have discussed and have agreed to the definition, application and calculation of base wages.

**Impact of 2020 Wage Increase on 2020 Budget and 2021 Budget**

Based upon the proposed agreement with the bargaining unit, the base wage rates will increase by 1.0 percent effective with Pay Period 2 (beginning December 29, 2019). The cost of the wage increase for 2020, using the contract effective date, would be as follows:

2020 Salary Increase	\$	1,501
FICA	\$	115
<b>Net cost</b>	\$	1,616

The 2020 Adopted Budget included appropriations for a 1.0 percent wage increase for all employees, effective Pay Period 2<sup>2</sup> (beginning December 29, 2019), or approximately \$1,501 in additional salary dollars. Therefore, there is no cost based on the proposed agreement for the current year.

2020 Budgeted Salary Increase	\$	1,501
FICA	\$	115
<b>Net Amount Budgeted for Salary Increase</b>	\$	1,616
<b>Net Actual Cost of Bargained 1%</b>	\$	1,616
<b>Savings / (Cost)</b>	\$	-

Since this wage increase inflates the base wage of these employees, it would therefore impact each subsequent year budget. The budget impact on 2021, assuming the same pension percentages, would be as follows:

2021 Salary Increase	\$	1,501
FICA	\$	115
<b>Net cost</b>	\$	1,616



Scott B. Manske  
Comptroller



Cynthia (CJ) Pahl  
Financial Services Manager

<sup>2</sup> The Behavioral Health Division’s budget included an appropriation for a 1.0 percent wage increase for all employees, effective Pay Period 15, starting June 28, 2020. Nondepartmental Org. 1972 includes additional funds to implement the 1.0 percent wage increase effective Pay Period 2, starting December 29, 2019.

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

**DATE:** August 14, 2020

**TO:** Thomas Lutzow, Chairman – Milwaukee County Mental Health Board

**FROM:** Michael Lappen, Administrator, Behavioral Health Division

**SUBJECT: Report from the Administrator, Behavioral Health Division, Providing an Administrative Update**

**Background**

The purpose of this standing report is to highlight key activities or issues related to the Milwaukee County Behavioral Health Division (BHD) since the previous Board meeting and provide ongoing perspectives to the Milwaukee County Mental Health Board regarding the work of the organization and its leadership.

**Discussion**

**Optimal Operations and Administrative Efficiencies**

- **Systems Improvement Agreement (SIA) Update**

BHD ligature risk abatement construction is scheduled to begin September 7, 2020. The project will begin with two unoccupied spaces: the side of the Child and Adolescent Treatment Service (CAIS) unit where the classroom operates and on 43D, a licensed but inactive unit. Once these spaces are updated and deemed safe by our consultants, we will begin relocating patients from active units until all the clinical spaces meet modern safety guidelines. This will be a very complex project, but it has been carefully planned with the guidance of our expert consultants and in collaboration with County Facilities Management.

As a protection against COVID-19 transmission, contractors performing the work will enter and exit the buildings through designated entrances on the units being repaired and will not have access to patients or staff. We hope to have all the work completed by early 2021. At a recent monthly meeting with our SIA team to review our monthly report on the Corrective Action Plan to the Centers for Medicare and Medicaid Services (CMS), the great majority of items were in green or yellow status. The items in “red”

## **Optimal Operations and Administrative Efficiencies (Contd.)**

status, indicating they were behind schedule, were discussed at length, and plans were put in place to accelerate the efforts to complete those items.

- **Complaint Survey**

On Tuesday August 11, 2020, BHD had an unannounced complaint survey by Wisconsin Department of Health Services surveyors operating under the direction of CMS. They indicated they would also be surveying BHD for COVID-19 management. The BHD Team provided all requested documentation and all relevant policies and procedures and facilitated the surveyors to interview staff and patients. At exit at approximately 3:45 p.m., the surveyors indicated they did not expect any citations to be issued but would be submitting their findings to CMS who makes the final decisions. As an aside, the surveyors were complimentary about BHD's COVID-19 response and indicated we were much more successful with patient mask compliance than other psychiatric hospitals they have surveyed. They indicated they had no recommendations for improvement in that area.

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

- **Universal Health Services (UHS) Update**

UHS is actively building their new hospital in West Allis. The facility is on track to be completed by July 1, 2021, and will be named Granite Hills. Representatives from UHS recently presented to the Milwaukee Mental Health Task Force sharing this information and also indicating they have already interviewed several Chief Executive Officer (CEO) candidates and hope to have the local leadership team in place by the end of the year. A "last beam" ceremony was originally scheduled for September, but this has been postponed secondary to COVID-19 concerns and travel restrictions.

- **COVID-19 Update**

BHD continues to have many safeguards in place to keep patients and staff safe. All clinical staff are screened daily, and we recently went live with an Abbott Rapid test supplied by the Milwaukee Health Department with a testing program operated by BHD medical staff to provide testing for high risk staff. All patients are screened in a new screening area in the Psychiatric Crisis Services (PCS) Unit operating in the space formerly occupied by the Access Clinic. To date, we have tested about 60 clients through a partnership with the City of Milwaukee Health Department laboratory with 5 confirmed cases. We are using one unit (43A) as a designated COVID-19 unit and are

operating at a reduced census with single rooms and social distancing as much as possible.

### **Other Topics of Interest**

- **Kane Communications Update**

See **Attachment A**.

A handwritten signature in black ink, appearing to read "Mike Lappen", written in a cursive style.

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

# Attachment A

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION

# COMMUNICATIONS UPDATE

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## Mental Health Board Report / August 2020

Through the COVID-19 pandemic, Milwaukee County Behavioral Health Division continues to provide patient-centered and cost-effective behavioral health care for Milwaukee County residents. Over the past several months, Milwaukee County Behavioral Health Division and its community partners have expanded access to mental health services through telehealth and virtual capabilities. BHD employees continue to provide the highest quality care whether working on-site with patients or through virtual work from home settings.

### EMPLOYEE ENGAGEMENT

#### **BHD Town Halls**

Virtual Town Halls hosted every other week by BHD Leadership have been highly attended, averaging 100-120 staff members joining the meeting via Microsoft Teams. After each Town Hall, all staff members are sent a recap email highlighting countywide and BHD-specific updates, staff submitted questions and a recording of the Town Hall.

#### **Quarterly Newsletter**

The Q3/Fall Newsletter will be sent out in September to nearly 1,300 BHD staff, Mental Health Board members, community partners and providers. The newsletter features updates from Mike Lappen and the following sections are included: Program Spotlight, Employee Spotlight, Schneider studies, top Town Hall questions and recent media coverage of BHD.

### PUBLIC RELATIONS

#### **National Nurses Day**

- Secured 8 different live segments with [FOX6](#) for National Nurses Day,
- Secured donation from Pick N Save for National Nurses Day
- Coordinated the development of *Heroes Work Here* banners to hang at BHD
- Secured Sheriff's Department participation in National Nurses Day

#### **Mental Health Awareness Month**

- Developed a communications plan for Mental Health Awareness Month
- Secured a media partnership with Spectrum News 1 for the COVID-19 Mental Health Series for Mental Health Awareness Month



- Secured and prepped spokespeople for the COVID-19 Mental Health Series including:
  - Dr. Kweku Ramel Smith - [COVID-19 mental health stressors impacting communities of color.](#)
  - Dr. Sebastian Ssempijja, Ph.D. - [COVID-19 challenges facing immigrants and mental health resources available.](#)
  - Carmen Pitre - [Dealing with mental health stressors when home is not a safe place to be during COVID-19.](#)
  - Marietta Luster - [Coping with COVID-19 mental health stressors for older adults and individuals with disabilities.](#)
  - Dr. Gunjan Khandpur - [How to help your children manage their mental health during COVID-19.](#)
- Drafted a media advisory and social media flyers for Mental Health Awareness Month Owen's Place Grab and Go events
- Secured media coverage from [FOX6](#) and [TMJ4](#)

### **BIPOC Mental Health Awareness Month**

- Drafted and distributed the BIPOC Mental Health Awareness Month press release
- Incorporated talking points into the County Executive's COVID-19 press briefing related to BIPOC Mental Health Month

### **CART Partnership Media Stories**

- Secured Milwaukee Police Department participation in CART media opportunities and facilitated calls with MPD and BHD regarding the story angle, approach and timeline
- Coordinated [FOX6](#) and [CBS58](#) CART media opportunities

### **Media Relations**

- Pitched experts for media segments about mental health trends during COVID-19
- Fielded media inquiries related to various programs and community news related to mental health
- Coordinated logistics for the [Milwaukee Magazine](#) June/July roundtable opportunity and secured a spokesperson
- Developed an advertisement for the *Milwaukee Magazine* June/July edition
- Coordinated Milwaukee Journal Sentinel crisis resources story and interview with Lauren Hubbard
- Drafted and distributed a press release about recent grant awards totaling over \$6.4 million dollars and secured media coverage from [Urban Milwaukee](#) and [Milwaukee Courier](#)

## **NURSE RECRUITMENT CAMPAIGN**

As a part of the planning for the 2020 nurse recruitment campaign, Kane held input sessions with Linda Oczus, Amy Lorenz, Lauren Hubbard, Merry Otero and Peter German to determine key differentiators and benefits to highlight about working at BHD.

## **SERIOUS MENTAL ILLNESS CAMPAIGN**

In May of 2020, the Wraparound Milwaukee Serious Mental Illness Campaign was re-launched to build awareness through a public education campaign that focuses on promoting the importance of early identification of Serious Mental Illness (SMI). The campaign targets 18-22 year old college students in Milwaukee County and their parents/guardians. The campaign consists of:



- **Digital Ads** - plan, purchase, manage and report on a paid digital ad buy targeting 18-22 year olds. Ads included social media ads on Facebook and Instagram, geo-fencing and geo-retargeting digital banner ads for mobile devices and native display ads as well.
- **PR Outreach** - A PR and community relations plan was developed to help focus the campaign further not only by raising awareness of Wraparound among college students and their parents but help cast a wider net that encompassed community leaders and influencers, potential partners and others.
- **Creative Development** - develop campaign messaging and creative to be used on on an direct mail piece
- **Direct Mailer** - develop, print and mail an SMI direct mail piece targeted to 120,750 households in Milwaukee County with kids ages 10+. The message will be around the importance of general mental health as it relates to children and the pandemic. The direct mailer will be finalized in August and mailed out in September.

### Digital Ad Campaign Results - May - July

The SMI campaign went live on 05/04. As of 07/31 it had produced the following results:

- 1,251,603 digital impressions (Impressions = number of ads served to our target audience)
- 6,790 clicks
- .54% CTR (Click-Through Rate) - this was 7.75 times the national average CTR of .07
- .55% engagement rate
- 71 verified visits to the BHD campus
  - Verified visits are individuals who are in our target audience, who were served a digital ad, and through GPS were tracked to the BHD campus where they then went on to visit the Wraparound website. - This is a high level of engagement.

## CLINICALLY HIGH-RISK - TRAINING VIDEOS

In May of 2020, Wraparound Milwaukee became a Technical Assistance Network to other FEP programs across the nation and wanted to develop a series of videos to help with training and support the treatment of individuals experiencing FEP.

The objective of this project was to plan, shoot and develop four training modules (about 8-12 minutes in length) that cover a variety of FEP-related topics. Kane worked with the Wraparound Milwaukee team to determine a structure for the videos, develop a video outline, and draft questions to ask in the modules. In July, Kane successfully completed a whole video shoot and is currently in the process of post-production planning for August.

## MENTAL HEALTH BOARD

### Budget Survey

In March 2020, the 2021 Mental Health Board Public Comment Survey launched to gain community members' opinions and ideas on the 2021 Milwaukee County Behavioral Health Division Budget. The survey garnered a total of 29 responses and weekly result reports were produced for BHD.

### Facebook Recommendation

There is public concern that information regarding the Milwaukee County Mental Health Board meetings is not easily accessible to the public. A Facebook page dedicated to only posting meeting information can address these concerns by providing a space to announce meeting related content. This page would also show that the Mental Health Board is proactive in responding to the public.



The purpose of the Facebook page is to spread information about Milwaukee County Mental Health Board meetings to their stakeholders. The content should be limited to meetings announcements, agendas and minutes. Pictures are not necessary besides the profile and cover images.

The Facebook page should be used only for distributing information related to meetings so the public can be better informed. The Facebook page administrators should not engage stakeholders since the page only serves an informational, not a social or community purpose. Therefore, the page's messaging inbox should be disabled. While comments cannot be disabled, they can be hidden or deleted.

A full [MHB Facebook page recommendation](#) proposal has been shared with BHD Leadership. Next steps are pending due to board approval and ownership of page responsibilities.





# Perceptivity

## MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION

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### Mental Health Board Report - August 2020 Psychiatric Crisis Redesign Community Engagement Project

#### PROJECT GOALS

The psychiatric crisis redesign community engagement project launched in January 2020 with the following goals:

- Educate the community and build awareness of the psychiatric crisis service redesign process and the programs and services BHD continues to offer.
- Gather systems-level and specific element input from diverse key stakeholders at various points in the redesign process.
- Keep the community informed about progress during the redesign process.

The project was originally slated to run from January to June 2020. Due to COVID-19 precautions, the project timeline was extended to September 2020.

#### STRATEGY

Adhering to COVID-19 safety orders and guidelines, the project strategy was updated to include virtual community conversations (CCs), one-on-one phone or Zoom interviews with questions about the impact of COVID-19 on behavioral health service delivery. Key components of the strategy are outlined below:

- **90 to 120-minute, virtual community conversations**  
The community conversations are structured as input sessions, for 15 to 20 participants, with targeted questions being asked by a trained facilitator who documents the anonymous responses of participants. The questions are tailored to fit each input group and were asked in rounds with each participant having two minutes to respond to each question.

Participants start the session as a large group where they receive an overview of the psychiatric crisis redesign project from Mike Lappen, BHD Administrator, or a member of BHD's leadership team. Participants are then broken into small groups of six to seven for intimate conversations.

- 60-minute one-on-one interviews with key stakeholders**  
 Utilizing the same questions from the community conversations, the one-on-one interviews are conducted via Zoom or phone and are an opportunity to collect additional feedback from key stakeholders.
- Pre- and post-quantitative participant surveys for CCs and interview participants**  
 Pre- and post-quantitative surveys are administered to assess participants' understanding of the psychiatric crisis redesign process.
- Online stakeholder surveys**  
 Online surveys are conducted to get input from stakeholders who are not able to attend community conversations and/or one-on-one interviews. The survey questions are the same questions that are asked during the community conversations.
- Report out tactics**  
 Designed to keep stakeholders informed about the findings of the project, report out tactics include a written summary report, video report, key stakeholder sessions, community-wide sessions and face-to-face meetings. Please note that sessions and meetings may be virtual.

## TARGET POPULATION

The project targets key behavioral health stakeholders including BHD staff, law enforcement, mental health advocates, providers, consumers, families, community members and elected officials.

## PROGRESS TO DATE

Community conversations were held with the stakeholders listed below. Additionally, stakeholders completed a quantitative pre- and post-community conversation survey to assess their confidence in psychiatric crisis services continuing, their understanding of the psychiatric crisis redesign process and their knowledge of psychiatric crisis services that are available to the community. See the table below for community conversation details and participant insights. The participant insights are high-level quantitative data points from the pre- and post-surveys, qualitative themes and participant quotes from the community conversations and online surveys. Please note that comprehensive summary reports from each session are available.

INPUT GROUP	LOGISTICS	PARTICIPANTS (99 total)
BHD STAFF	In person February 20 7:15 am & 1:45 pm	7:15 am participants - 14 1:45 pm participants - 8 Online surveys - 11
LAW ENFORCEMENT	In person March 5 10:00 am	Participants - 15 Online surveys - 0

Mental Health Advocates	In person March 10 3:00 pm	Participants - 39 Online surveys - 2
Providers	Virtual June 30 10:00 am	Participants - 8 Online surveys - 3
Community Members	Virtual August 4 6:00 pm	Participants - 11 Online surveys - 0

**ON THE HORIZON**

- Community conversations with consumers and families, elected officials and additional community members.
- One-on-one interviews with key stakeholders including partners, consumers and families and community members.
- Community-wide report out sessions to share the findings of the community conversations and how BHD will use stakeholder input to inform decisions about behavioral health service access and delivery.

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

**DATE:** August 11, 2020

**TO:** Thomas Lutzow, Chairperson – Milwaukee County Mental Health Board

**FROM:** Shakita LaGrant, Interim Director, Department of Health and Human Services  
*Approved by Michael Lappen, Administrator, Behavioral Health Division*

**SUBJECT:** **Report from the Director, Department of Health and Human Services, Requesting Authorization to Execute Lease Agreement with Sixteenth Street Community Health Center**

**Issue**

Partnerships with the local Community Health Centers are a critical part of BHD's transition plan to increase access to services within the community and to improve behavioral health care services in all areas of Milwaukee County. BHD is partnering with Sixteenth Street Community Health Center (SSCHC) to co-locate in a building newly obtained by SSCHC on the city's south side. BHD will create an Access Clinic at this location to support the outpatient psychiatry needs of community members and provide crisis stabilization services. Additionally, BHD will relocate two community crisis service teams to this location: Team Connect and Care Coordination.

**Background**

Approval of the recommended lease will allow BHD to provide a broad range of crisis stabilization services to adults with mental health and/or substance use disorders at this community-based location, thereby increasing access for individuals in need of services and increasing collaborative efforts with SSCHC. Below are the highlights of the recommended lease:

- 5-year term with one 5-year option to extend
- Approximately 5,483 rentable square feet
- Year 1 rent is \$97,773 with 3% annual increases
- Capital costs of \$400,166 for tenant improvements (excluding furniture and relocation costs)
- Capital costs have been rolled into the rent agreement with 0% interest on capital costs
- Rent is all-inclusive except for telecom and data, which will be provided by the County
- Projected move in date is the second week of February 2021

**Recommendation**

Requesting the Mental Health Board approval to enter into lease agreement with Sixteenth Street Community Health Center for co-location at 1635 W. National Avenue.



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Shakita LaGrant, Interim Director  
Department of Health and Human Services

cc: Maria Perez, Finance Chairperson

**REVISED**

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

**DATE:** August 20, 2020

**TO:** Thomas Lutzow, Chairperson – Milwaukee County Mental Health Board

**FROM:** Shakita LaGrant, Interim Director, Department of Health and Human Services  
*Approved by Michael Lappen, Administrator, Behavioral Health Division*

**SUBJECT: Report from the Interim Director, Department of Health and Human Services, Requesting Authorization to Execute 2020 Professional Services Contracts for Program Evaluation, Training, Pharmacy, Technology, and Public Relations/Communications Services**

**Issue**

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health (substance use disorder) with a value of at least \$100,000. No contract or contract adjustment shall take effect until approved by the Milwaukee County Mental Health Board. Per the statute, the Director of the Department of Health and Human Services is requesting authorization for BHD/CARS/Wraparound/Inpatient Hospital to execute mental health and substance use contracts for 2020.

**Background**

Approval of the recommended contract allocations will allow BHD/CARS/Wraparound/Inpatient Hospital to provide a broad range of rehabilitation and support services to adults with mental health and/or substance use disorders and children with serious emotional disturbances.

**Professional Services Contracts****Adult Services Contracts****University of Wisconsin Milwaukee (UWM) - \$339,484**

UWM, Center for Urban Population Health (CUPH) provides program evaluation for the newly awarded SAMHSA Assisted Outpatient Treatment (AOT) grant. The evaluators will focus on the process (what was done and how it was accomplished) and the outcomes (i.e. results) of the Milwaukee County AOT program that will be implementing an Assertive Community Treatment (ACT) model. BHD is requesting \$339,484 for 2020. The four-year contract amount will be \$339,484.

Year	New/Amendment	Contract Amount
2020	New	\$81,252
2021	New	\$83,616
2022	New	\$86,054
2023	New	\$88,562

### **University of Minnesota Center for Practice Transformation - \$259,250**

The University of Minnesota will provide various trainings to include training on the Assertive Community Treatment (ACT) model as part of the SAMHSA Assisted Outpatient Treatment (AOT) grant. These trainings will be provided to the AOT team members and additional CARS and Community Support Program (CSP) staff. BHD is requesting \$259,250 for 2020. The four-year contract amount will be \$259,250.

Year	New/Amendment	Contract Amount
2020	New	\$105,650
2021	New	\$110,300
2022	New	\$21,650
2023	New	\$21,650

### **Hospital/Operations Contracts**

#### **CareFusion, Inc. - \$123,432.48**

Pharmacy utilizes Pyxis for automated dispensing systems. Pyxis plays a critical role in the medication dispensing/administration process at BHD. Pyxis uses automated dispensing medication cabinets that is a critical piece of medication administration at BHD. Without the automated dispensing medication cabinets Pyxis provides there would be a large gap in the medication administration (closed loop) process that would compromise patient safety. This request is to continue to utilize Pyxis with CareFusion support. The addition of these funds will increase the contract amount to a total of \$723,297.48.

#### **Netsmart Technologies, Inc. - \$105,000**

Netsmart Technologies, Inc. provides support for BHD's Electronic Health Record (E.H.R.) system "myAvatar". BHD is requesting \$25,000 to be added to Netsmart's contract to provide training services to further educate staff on how to properly navigate the E.H.R. The training is required in order to improve staff's ability to navigate Avatar to determine the degree and intensity of treatment provided as to assist in safe care and treatment. BHD is obligated to implement the Service Improvement Agreement (SIA) Corrective Action Plans (CAP) before the deadline to meet the regulatory Medicare and Medicaid Conditions of Participation. BHD is also requesting an additional \$80,000 earmarked for use with technology and training services as is needed in support of additional SIA requirements related to the EHR. The total request of 105,000 is in addition to the previously approved, projected and utilized Central Spend budget. The addition of these funds will increase the contract amount to \$3,961,758.00.

### **Youth Services Contracts**

#### **Kane Communications Group - \$37,600**

BHDS is requesting funds for Kane Communications Group to build awareness and drive audiences to seek services and focus on promoting the resources and services available for Serious Mental Illness (SMI) through Wraparound Milwaukee. The additional \$37,600 for 2020 is being requested to complete a targeted direct mailer for SMI awareness that will reach approximately 120,750 households in Milwaukee County with kids ages 10 and up. The nine-month contract amount will be \$173,932.

### Fiscal Summary

The amount of spending requested in this report is summarized below.

Vendor Name	Existing Amount/New	2020 Amount Requested	2021 Amount Requested	2022 Amount Requested	2023 Amount Requested	Total Contract Amount
*University of Minnesota Center for Practice Transformation	New	\$105,650	\$110,300	\$21,650	\$21,650	\$259,250
*University of Wisconsin Milwaukee	New	\$81,252	\$83,616	\$86,054	\$88,562	\$339,484
CareFusion, Inc.	\$599,865	\$123,432.48	\$0	\$0	\$0	\$723,297.48
Netsmart Technologies, Inc.	\$3,856,758	\$105,000	N/A	N/A	N/A	\$3,961,758
*Kane Communication Group	\$136,332	\$37,600	N/A	N/A	N/A	\$173,932
<b>TOTAL</b>	<b>\$4,592,955</b>	<b>\$415,334.48</b>	<b>\$193,916</b>	<b>\$107,704</b>	<b>\$110,212</b>	<b>\$5,457,721.48</b>

\*Denotes a Vendor whose funding is supported by a grant.




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Shakita LaGrant, Interim Director  
Department of Health and Human Services

cc: Maria Perez, Finance Chairperson

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

**DATE:** August 11, 2020

**TO:** Thomas Lutzow, Chairperson – Milwaukee County Mental Health Board

**FROM:** Shakita LaGrant, Interim Director, Department of Health and Human Services  
*Approved by Michael Lappen, Administrator, Behavioral Health Division*

**SUBJECT:** **Report from the Director, Department of Health and Human Services, Requesting Authorization to Execute 2020 Purchase-of-Service Contract Amendments with a Value in Excess of \$100,000 for the Behavioral Health Division for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services**

**Issue**

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health (substance use disorder) with a value of at least \$100,000. No contract or contract adjustment shall take effect until approved by the Milwaukee County Mental Health Board. Per the statute, the Director of the Department of Health and Human Services is requesting authorization for BHD/CARS/Wraparound/Inpatient Hospital to execute mental health and substance use contracts for 2020

**Background**

Approval of the recommended contract allocations will allow BHD/CARS/Wraparound/Inpatient Hospital to provide a broad range of rehabilitation and support services to adults with mental health and/or substance use disorders and children with serious emotional disturbances.

**Purchase-of-Service Contracts**

**Adult Service Contracts**

**Impact Alcohol & Other Drug Abuse Services, Inc. - \$7,500**

The Vendor provides additional case management services for the Intoxicated Driver Program (IDP), which is a service provided on behalf of Milwaukee County to implement and manage the Intoxicated Driver Program. BHD is requesting \$7,500 to cover the cost of the position and services provided for the remainder of the 2020 contract year. The one-year total contract amount for 2020 will be \$382,500.

**Youth Services Contracts**

**Wisconsin Community Services, Inc. - \$707,037**

Wisconsin Community Services, Inc. (WCS) will manage/operate the Youth Crisis Stabilization Facility. Identified as a high need county having a high rate of youth admitted, and readmitted, to psychiatric emergency rooms, inpatient services, and local hospitals, the project proposes to develop, implement, and operate a youth crisis stabilization facility (YCSF) in partnership with WCS. The treatment facility will have a maximum of 6 beds that will admit Milwaukee County male youth and young adults ages 13-17 to prevent, deescalate, and treat mental health crisis and avoid admission to a more restrictive setting. The YCSF will provide mental health crisis support for the target population 24 hours a day, 7 days a week, 365 days per year. For the purpose of this grant, the YCSF will serve two distinct populations of male youth and young adults, ages 13-17, who will be assessed for short-term residential treatment as a clinically appropriate treatment option: (1) youth accessing crisis services through Psychiatric Crisis Services (PCS), and (2) youth transitioning out of the Child and Adolescent Inpatient Services (CAIS) for step-down crisis care prior to the youth's return to their family. A secondary target population are male youth and young adults, ages 13-17, who are currently in Out-of-Home Care placements and determined to be in need of crisis respite. This contract/request is not a result of a competitive bid process, but a single source award to WCS. Due to the need to expedite the Youth Crisis Facility, WCS familiarity with the crisis stabilization services/population of youth served, and in the interest of continuity and efficiencies the team would bring, Wraparound feels the use of WCS to provide the service would minimize potential delays in meeting the established deadlines and awarded them the contract. BHD is requesting an additional \$707,037 for the 2020 contract. The one-year contract amount will be increased to \$2,047,177.

**Wisconsin Community Services, Inc. - \$578,737**

Wisconsin Community Services, Inc. (WCS) will manage/operate the Youth Crisis Stabilization Facility. Identified as a high need county having a high rate of youth admitted, and readmitted, to psychiatric emergency rooms, inpatient services, and local hospitals, the project proposes to develop, implement, and operate a youth crisis stabilization facility (YCSF) in partnership with WCS. The treatment facility will have a maximum of 6 beds that will admit Milwaukee County male youth and young adults ages 13-17 to prevent, deescalate, and treat mental health crisis and avoid admission to a more restrictive setting. The YCSF will provide mental health crisis support for the target population 24 hours a day, 7 days a week, 365 days per year. For the purpose of this grant, the YCSF will serve two distinct populations of male youth and young adults, ages 13-17, who will be assessed for short-term residential treatment as a clinically appropriate treatment option: (1) youth accessing crisis services through Psychiatric Crisis Services (PCS), and (2) youth transitioning out of the Child and Adolescent Inpatient Services (CAIS) for step-down crisis care prior to the youth's return to their family. A secondary target population are male youth and young adults, ages 13-17, who are currently in Out-of-Home Care placements and determined to be in need of crisis respite. This contract/request is not a result of a competitive bid process, but a single source award to WCS. Due to the need to expedite the Youth Crisis Facility, WCS familiarity with the crisis stabilization services/population of youth served, and in the interest of continuity and efficiencies the team would bring, Wraparound feels the use of WCS to provide the service would minimize potential delays in meeting the established deadlines and awarded them the contract. BHD is requesting an additional \$578,737 for the 2020 contract. The one-year contract amount will be \$578,737.

### **Fiscal Summary**

The amount of spending requested in this report is summarized below.

<b>Vendor Name</b>	<b>Existing Amount/New</b>	<b>2020 Amount Requested</b>	<b>2021 Amount Requested</b>	<b>2022 Amount Requested</b>	<b>2023 Amount Requested</b>	<b>2024 Amount Requested</b>	<b>Total Contract Amount</b>
*Impact Alcohol & Other Drug Abuse Services, Inc.	\$375,000	\$7,500	N/A	N/A	N/A	N/A	\$382,500
*Wisconsin Community Services, Inc.	\$1,340,140	\$707,037	N/A	N/A	N/A	N/A	\$2,047,177
*Wisconsin Community Services, Inc.	New	\$578,737	N/A	N/A	N/A	N/A	\$578,737
	<b>\$1,715,140</b>	<b>\$1,293,274</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,008,414</b>

\*Denotes a Vendor whose funding is supported by a grant.




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Shakita LaGrant, Interim Director  
Department of Health and Human Services

cc: Maria Perez, Finance Chairperson

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

**DATE:** August 11, 2020

**TO:** Thomas Lutzow, Chairperson – Milwaukee County Mental Health Board

**FROM:** Shakita LaGrant, Interim Director, Department of Health and Human Services  
*Approved by Michael Lappen, Administrator, Behavioral Health Division*

**SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Execute 2020 Fee-for-Service Agreement Amendments with a Value in Excess of \$100,000 for the Behavioral Health Division for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services**

**Issue**

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health (substance use disorder) with a value of at least \$100,000. No contract or contract adjustment shall take effect until approved by the Milwaukee County Mental Health Board. Per the statute, the Director of the Department of Health and Human Services is requesting authorization for BHD/CARS/Wraparound/Inpatient Hospital to execute mental health and substance use contracts for 2020.

**Background**

Approval of the recommended contract allocation **projections** will allow BHD/CARS/Wraparound/Inpatient Hospital to provide a broad range of rehabilitation and support services to adults with mental health and/or substance use disorders and children with serious emotional disturbances.

**Fee-for-Service Agreements**

**Adult Service Contracts**

**Goodwill Industries of Southeastern Wisconsin, Inc. - \$20,000**

The Vendor provides Individual Placement and Support (IPS) employment services for CARS consumers in various case management and care coordination services. BHD is requesting an additional \$20,000 for 2020. The one-year total contract amount for 2020 will be \$599,000.

**Fiscal Summary**

The amount of spending requested in this report is summarized below.

Vendor Name	Existing Amount/New	2020 Amount Requested	Total 2020 Contract Amount
Goodwill Industries of Southeastern Wisconsin, Inc.	\$579,000	\$20,000	\$599,000
	<b>\$579,000</b>	<b>\$20,000</b>	<b>\$599,000</b>

\*Denotes a Vendors whose funding is supported by a grant




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Shakita LaGrant, Interim Director  
Department of Health and Human Services

Cc: Maria Perez, Finance Chairperson

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

**DATE:** August 13, 2020

**TO:** Thomas Lutzow, Chairperson – Milwaukee County Mental Health Board

**FROM:** Shakita LaGrant, Interim Director, Department of Health and Human Services  
*Approved by Michael Lappen, Administrator, Behavioral Health Division*

**SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Fund the Start Up of a Milwaukee County Sheriff's Office Crisis Assessment and Response Team**

**Issue**

During a recent discussion with Ted Chisolm, Chief of Staff for the Milwaukee County Sheriff's Office (MCSO), Mr. Chisolm expressed interest in moving forward with a MCSO/Behavioral Health Division (BHD) Crisis Assessment and Response Team (CART). He indicated we would work to implement a team beginning Fall of 2020, with the goal to have 5 MCSO Deputies assigned to CART by 2022. The team would provide round-the-clock CART coverage to all of Milwaukee County. This exciting development would achieve one of the major recommendations from the 2019 Public Policy Forum/Human Services Research Institute (HSRI) study of the BHD crisis continuum to expand CART significantly.

**Background**

There are many opportunities for this new team to make a significant impact in our community. We anticipate an expanded role as we move away from the BHD operated hospital and Psychiatric Crisis Service (PCS) and into a future with expanded community-based options designed to address mental health and substance use disorder needs "upstream." CART teams have been very successful at diverting people in crisis who have police contact from both the criminal justice system and from involuntary hospitalization. With our Milwaukee Police Department CART teams, the data shows that about 80% of the time a CART team responds to a call, the outcome is something other than an arrest or an Emergency Detention. Since the BHD clinician has access to our electronic health record and knows what options are available, the CART teams are often able to reconnect people to services like Community Support Programs (CSP), Targeted Case Management (TCM), crisis case management, or to make the first connection to the services they need that address the challenges that were the root causes precipitating the crisis contact.

## **Recommendation**

BHD projects about \$7.2 million in additional funding to be available for expansion of our crisis continuum once the current BHD Acute Hospital and PCS close. We project the closure to occur in early 2022. Some of these funds will be used for a new service to replace the current PCS to make sure BHD continues to meet its statutory responsibilities to provide a receiving facility and to complete a Treatment Director's Supplement for individuals under Emergency Detention under Chapter 51. The balance of the funds will be invested in community-based and preventative services recommended by HSRI/TAC starting in 2022. This funding, supplemented by DHS 34 crisis revenue, will provide sustainable funding for this CART expansion with MCSO. We believe that it is prudent to move forward as soon as possible with this initiative to make sure that the teams are up and running at full strength by 2022. We therefore ask the Mental Health Board today to support funding this CART expansion with \$500,000.00 in BHD reserves.

## **Fiscal Summary**

The funding would support the first three MCSO deputies and two additional BHD clinicians. There already was one clinician budgeted in anticipation of a new CART team. We estimate that this funding should allow the service to grow through 2021 and will support it until the sustainable funds are available. As we have done with other partnerships with law enforcement, BHD would fund the officers at first. By the 2022 budget, MCSO would budget for a share of the costs for this CART expansion. If the expansion moves faster than expected and if we can recruit, hire, and train enough staff to achieve five active teams; we may need to come back for additional funding to bridge the program until 2022. The BHD Community Crisis team feels that the request for \$500,000.00 will adequately fund this well into 2021, and thus we want to limit our request from BHD reserves.



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Shakita LaGrant, Interim Director  
Department of Health and Human Services

cc: Maria Perez, Chairperson  
Mental Health Board Finance Committee

1 By Supervisor Moore Omokunde

File No. 20-287

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**A RESOLUTION**

to modify the policy of the Department of Health and Human Services (DHHS) and other Departments to adopt the Wisconsin Caregiver Law for barrable offenses as part of the background check process for contract agency employees who provide direct care and services to youth, adhere to the State of Wisconsin Rehabilitation appeals review process, retain the County’s policy to recognize Wisconsin Chapter 948 Crimes Against Children as a barrable offense (for those offenses not already barred by the State Caregiver Law) and urge the Milwaukee County Mental Health Board which oversees the DHHS-Behavioral Health Division to adopt this policy

WHEREAS, many Milwaukee County Department of Health and Human Services (DHHS)employees and vendors serve as caregivers for families and youth in Milwaukee County; and

WHEREAS, a caregiver is defined by the Wisconsin Caregiver Law as a person who is employed by, under contract, or a volunteer that has direct contact with clients, client’s personal property or client information that is planned, scheduled or expected or periodic; and

WHEREAS, in April 1999, the Milwaukee County Board of Supervisors adopted File No. 99-233, a resolution that among other things, requires all County departments that contract for youth services and programs to complete background checks on those individuals providing services, to ensure they are not involved in criminal and gang activity, and designated certain offenses, including Chapter 948 of the Wisconsin Statutes – Crimes Against Children as barrable offenses, and two (2) or more misdemeanors involving separate incidences within the last three (3) years; and

WHEREAS, in May 2000, the Milwaukee County Board of Supervisors amended File No. 99-233 to separate and bar individuals for five (5) years who have committed crimes in violation of the Uniform Controlled Substances Act under Chapter 961 Wisconsin State Statutes, excluding simple possession, from those who have committed crimes against another individual(s) causing bodily harm or death who are permanently barred; and

39 WHEREAS, DHHS contracts with many vendors which employ individuals who  
40 provide direct care and services to youth and families in Milwaukee County that  
41 positively impact youth and their families; and

42  
43 WHEREAS, under the current background check policy automatic barrable  
44 offenses, with no rehabilitation appeal process, may prevent individuals from sharing  
45 relatable personal experiences that positively influence the attitudes and behaviors of  
46 at-risk youth and prevent those individuals from working with families in the county; and

47  
48 WHEREAS, the State of Wisconsin Department of Health Services  
49 Administrative Code, Chapter 12 – Caregiver Background Checks, allows for the  
50 Substantially Related Test to be utilized to allow convictions, such as for Domestic  
51 Violence, to be reviewed to determine if it should disqualify the individual for the position  
52 they hold; and

53  
54 WHEREAS, the State of Wisconsin under Wis. Stat. § 50.065(5c) permits an  
55 individual who has failed to demonstrate to the Wisconsin Department of Health  
56 Services that he or she has been rehabilitated has the right to appeal to the Secretary of  
57 Health Services and request a judicial case review; and

58  
59 WHEREAS, the State of Wisconsin outlines the required criteria that an individual  
60 must adhere to and submit to the department in Wis. Stat. § 50.065(5d); and

61  
62 WHEREAS, the State agency has 90 days to review the rehabilitation plan upon  
63 receipt, and unless disapproved by the department, the plan is considered approved;  
64 and

65  
66 WHEREAS, under the current policy Milwaukee County does not have  
67 rehabilitation review appeals process which would allow an individual convicted of a  
68 barred offense the opportunity to provide convincing evidence that he or she has been  
69 rehabilitated, even if the State has already granted a rehabilitation review request under  
70 the Caregiver Law guidelines; and

71  
72 WHEREAS, any individual who has been barred from working with youth under  
73 the Wisconsin Caregiver Law shall be granted the opportunity to prove to the State and  
74 the County that he or she has been rehabilitated, as individuals with prior convictions  
75 often have relevant experience(s) which youth may relate to, will help strengthen  
76 communities impacted by mass incarceration; now, therefore,

77 BE IT RESOLVED, the Milwaukee County Board of Supervisors hereby adopts a  
78 policy to amend the background check process for the Milwaukee County Department  
79 of Health and Human Services (DHHS) and other departments that provide services to  
80 youth directly or through contract vendors services, to adopt the barrable offenses  
81 outlined in the Wisconsin Caregiver Law and to accept the rehabilitation of any  
82 individual as determined by the State of Wisconsin's appeal process under Wis. Stat. §  
83 50.065; and

84

85 BE IT FURTHER RESOLVED, that Milwaukee County shall maintain Chapter  
86 948 Crimes Against Children as barrable offenses, whether also barred by the  
87 Wisconsin Caregiver Law or not, as part of the background check process for contract  
88 agency employees who provide direct care to youth, a copy of which is hereto attached  
89 to this file; and

90

91 BE IT FURTHER RESOLVED, that Milwaukee County shall also follow the State  
92 of Wisconsin Department of Health Services Administrative Code, Chapter 12 –  
93 Caregiver Background Checks, for any criminal convictions using the Substantially  
94 Related Test to provide greater uniformity and understanding by vendors; and

95

96 BE IT FURTHER RESOLVED, that the Department of Health and Human  
97 Services is requested to collaborate with the Office of Corporation Counsel to modify  
98 the current background check process to comport with the direction provided in this  
99 resolution for implementation as soon as practicable; and

100

101 BE IT FURTHER RESOLVED, the Department of Health and Human Services is  
102 requested to provide an informational report to the County Board on the status of this  
103 reform as soon as practical and is requested to submit the new policy to the Milwaukee  
104 County Mental Health Board for consideration and possible adoption to ensure a  
105 uniform policy that comports with the State Caregiver Law and appeal process except  
106 for those Chapter 948 offenses barred only by the County.

<b>Milwaukee County</b> <b>Department of Health &amp; Human Services</b>	Date Issued: October 23 2014	Reviewed: By: DHHS Contract Admin	Section: <b>ADMINISTRATION</b>	Policy No: <b>DHHS          001</b>	Pages: 1 of 5 (5 Attachments)
<input checked="" type="checkbox"/> Behavioral Health Division (BHD) <input checked="" type="checkbox"/> Housing Division (Housing) <input checked="" type="checkbox"/> Disabilities Services Division (DSD) <input checked="" type="checkbox"/> Division of Youth & Family Services (DYFS) <input checked="" type="checkbox"/> Management Services Division (MSD)	Effective Date: <b>October 23, 2014</b>  Revise Date: <b>June 30, 2020</b>	Subject: <b>CAREGIVER BACKGROUND CHECKS / AMENDED MILWAUKEE COUNTY RESOLUTION</b>			

## I. POLICY

It is the policy of Milwaukee County Department of Health & Human Services (DHHS) that a **Caregiver Background Check (CBC)** be completed on all applicable caregivers/staff/employees/volunteers/interns, as defined within this policy. This policy applies to **all** DHHS contractors or service providers having reimbursable or non-reimbursable agreements including agencies/organizations with which DHHS has Purchase of Service contract(s), Fee-for-Service Agreement(s), Professional Service Agreement(s), Procurement or Price Agreement(s) or Memorandum(a) of Understanding. The results of the CBC must meet the requirements as stated under Wisconsin Caregiver Law (see *Attachment 1 – Chapter DHS 12 Caregiver Background Checks* and the amended Milwaukee County Caregiver Resolution, File No. 20-287 (see *Attachment 2*)).

**OTHER POLICY REFERENCES** (includes Add-Delete procedure, and CBC submission protocol)

\*Providers of DYFS, DSD, Housing, and MSD – refer to “Staff Roster and Add-Delete Procedure, Policy No. 800-004”  
<https://county.milwaukee.gov/EN/DHHS/Provider-Portal>

### **BHD:**

\*Providers of CARS – refer to “Contracted Agency Staff Add-Drop Procedure”  
<http://milwaukeebhd.policystat.com/?lt=qhaRCXS6xPmzmujl7g3RdN>

\*Providers of Wraparound Milwaukee – refer to “Provider Add, Drop and Record Maintenance, Policy No. 035”  
<http://wraparoundmke.com/wp-content/uploads/2013/07/Provider-Add-Drop-and-Record-Maintenance.pdf> and  
 “PROVIDER AGENCY RESPONSIBILITIES / GUIDELINES, Policy No. 054”  
<http://wraparoundmke.com/wp-content/uploads/2013/07/054-Provider-Agency-Responsibilities-Guidelines.pdf>

## II. DEFINITIONS

- A. **Caregiver/Employee/Volunteer** – a person who meets all of the following:
1. Is employed by, under contract with an entity, volunteer or intern.
  2. Has regular, direct contact with or access to the entity’s clients, their personal property, or client information.
  3. Is under the entity’s control.

### **A Caregiver is also a person who is one of the following:**

1. The owner or administrator of an entity, whether or not they have regular, direct contact with clients.
2. A board member or corporate officer that has regular, direct contact with clients.

- B. **Regular Contact** –contact that is planned, scheduled, expected or periodic.

- C. **Direct Contact** –face-to-face proximity to a client that affords the opportunity to commit abuse or neglect of a client or misappropriation of a client’s property.

## II. DEFINITIONS (cont'd)

- D. **Under the Entity's Control** – a person employed by or under contract with the entity for whom the entity does both of the following:
1. Determines whether a person employed by or under contract with the entity that has access to clients may provide care, treatment or other similar support service functions to clients being served by the entity.
  2. Directs or oversees one or more of the following:
    - a) The policy or procedures the person must follow in performing his or her duties as a caregiver/employee.
    - b) The conditions under which the person performs his or her duties.
    - c) The tasks performed by the person.
    - d) The person's work schedule.
    - e) The supervision or evaluation of the person's work or job performance, including imposing discipline or awarding performance awards.
    - f) The compensation the person may receive for performing his or her duties as a caregiver/employee.
- E. **"Provider"** – an agency, organization or individual with whom a DHHS contract, agreement or Memoranda of Understanding has been executed.
- F. **"Direct Service Provider"** (DSP) – Provider employee, volunteer, paid or unpaid intern, Independent Service Provider or subcontractor, who provides direct care and/or Covered Services to a Participant/Service Recipient on behalf of a Provider, for which the Provider receives compensation from the Purchaser under the agreement.
- G. **"Indirect Staff"** - is an employee, individual independent contractor or subcontractor who is not a DSP, but is associated with Covered Services as a supervisor, billing staff, case records and/or quality assurance worker, and/or is someone (i.e.: volunteer) who has access to clients, client property, and/or client information of Service Recipients. Agency owner, President, CEO, Executive Director, and/or Senior Staff are considered Indirect Staff if reporting to work at a site where Covered Services are provided.

## III. PROCEDURE

- A. **Prior to the provision of service**, a CBC must be completed on all DSP and Indirect Staff as required by the State of Wisconsin Caregiver Law.
- B. **A complete CBC consists of the three following required documents:**
1. A completed Background Information Disclosure (BID) form (*must use current DHS BID F-82064 <https://www.dhs.wisconsin.gov/library/F-82064.htm>*). The initial BID must be dated no more than 90 days prior to the start of service. *All BID's (typed or handwritten) must contain a handwritten signature of the applicant. An electronic signature system date stamped is acceptable per required guidelines mentioned elsewhere in the contract.*
  2. A response from the Department of Justice (DOJ) Wisconsin Criminal History Record Request consisting of either a "no record found" response or a criminal record transcript (*see Attachment 4 – Sample DOJ*).
  3. A response letter (Caregiver Background Check) from the Department of Health Services (DHS) that reports the person's status, including administrative finding or licensing restrictions (*see Attachment 5 – Sample DHS Letter*).
  4. **Optional:** Conviction records through the Wisconsin Circuit Court Access (WCCA) system, formerly known as CCAP, online at <http://wcca.wicourts.gov> and may consider convictions found through WCCA which may or may not appear through the Wisconsin Criminal History Records Request process (the DOJ report).
- C. If providing **direct care and services to children and/or youth**, qualified agency personnel are responsible for closely examining the results of the Caregiver Background Checks for criminal convictions or findings of misconduct by a governmental agency; and to make employment decisions in accordance with the requirements and prohibitions in the law and in the AMENDED MILWAUKEE COUNTY CAREGIVER RESOLUTION.

### III. PROCEDURE (cont'd)

- D. **All copies of ALL** Background Check information must be kept in the DSP or Indirect Staff's personnel file or other file for the **most recent five-year** period, for the express purpose of retaining all required CBC information.
- E. Agency shall have a **written policy** that is communicated to all DSP's and Indirect Staff upon hire, and annually thereafter, requiring immediate (*within 24 hours of the event*) notification to Agency of any new arrests, charges, or convictions. Communication of this policy shall be documented with the employee's signature and kept in the employee file. Upon notification from caregiver/employee/volunteer/intern to Agency as described above, Agency shall notify respective Network (BHD - [bhdproviders@milwaukeecountywi.gov](mailto:bhdproviders@milwaukeecountywi.gov) or DHHS [dhscbc@milwaukeecountywi.gov](mailto:dhscbc@milwaukeecountywi.gov)) within one (1) business day.
- F. RESPECTIVE NETWORK or DHHS may also request from provider or obtain conviction records through the [Wisconsin Circuit Court Access \(WCCA\) system, formerly known as CCAP](http://wcca.wicourts.gov), online at: <http://wcca.wicourts.gov>, and may consider convictions found through WCCA which may or may not appear through the Wisconsin Criminal History Records Request process (the DOJ report).

### IV. REQUIREMENTS

- A. **Within 90 days prior** to the provision of services, agencies shall conduct Background Checks at their own expense on all applicable staff/DSP's/Indirect Staff. Background Checks conducted at other agencies where individual may have been employed/volunteered are **NOT** transferrable to the new potential employer.
- B. After the initial Background Check, Providers are required to conduct a new Background Check **every four years** (*every four years means to the date of the last Background Check – i.e., if a Background Check was completed on 1/16/10, the next Check must be completed prior to or on the date of 1/16/14*), OR at any time within that period when Agencies have reason to believe that a new check should be obtained, or as often as is necessary to ensure that Individual Direct Service Providers and/or Indirect Staff have suitable backgrounds and are free of any barred convictions at all times that services are delivered.
- C. Agencies must obtain a Background Check from the previous State of residence if any prospective staff has been living in the State of Wisconsin for less than three (3) years either by obtaining the record from the other state, National Check or by obtaining a FBI fingerprint check.

Note: out-of-state checks are not available from all states – some are considered “closed” states. In these cases, FBI check must be obtained. National Criminal Search may be substituted for FBI check (“open” states only). Details for obtaining an FBI fingerprint check can be found at <http://www.doj.state.wi.us/dles/cib/cib-forms>.

- D. **A Background Check (all 3 parts) of a potential new staff that reveals any criminal history, regardless of the disposition or any finding of licensure restriction, denial or revocation, must be sent to the respective Network or DHHS with the Add Request Form before that individual will be approved to provide services or have indirect contact with clients.**
- E. If a disposition of a criminal charge is not given (*other than “pending” or “open”*), the disposition must be obtained by the Provider by contacting the Milwaukee County Clerk of Courts ~ fax: (414) 454-4074. If an “open or pending” charge would affect staff's ability to enter the Network or DHHS will suspend consideration until resolution of the charge. Once the disposition is final, it is the responsibility of the agency to provide the Network or DHHS with the final disposition (if agency still considering New Hire).

IV. REQUIREMENTS (cont'd)

- F. Agencies must notify the RESPECTIVE NETWORK (BHD - [bhdproviders@milwaukeecountywi.gov](mailto:bhdproviders@milwaukeecountywi.gov)) or DHHS ([dhscbc@milwaukeecountywi.gov](mailto:dhscbc@milwaukeecountywi.gov)) **within one business day** to when any of the following occurs with one of their employees, DSP, Indirect Staff, owners, directors, etc.
- The person has been charged with or convicted of any crime.
  - The person has been or is being investigated for any act, offense or omission, including abuse, neglect or misappropriation.
  - The person has a substantiated finding of abuse, neglect or misappropriation.
  - The person has been denied a license or had their license restricted or otherwise limited.

G. The Caregiver Background Check, review of criminal convictions, includes the following:

- For any barred offense per *Wis. Stat. § 50.065* (See Attachment 5 for List of Barred Offenses: Table I (serving individuals 18 years of age or older) and Table II (serving individuals under age 18), and
- Additionally, for caregivers providing direct care to children and youth, review for any Wis. Stats. Chapter 948 offenses whether or not covered by state barred offense list (See Attachment 2, Amended Milwaukee County Resolution, File 20-287), and
- Substantially Related Test (DHS 12.06, and section IV, H. of this Policy).

DHHS will accept findings of rehabilitation of any individual as determined by the State of Wisconsin's appeal process under *Wis. Stat. § 50.065*.

- H. In addition to compliance with Caregiver Background Checks and the amended Milwaukee County Caregiver Resolution, provider agency will also consider conviction history of any candidate before requesting to add as a DSP and/or Indirect Staff to determine suitability based on a substantially related offense test as described in DHS 12.06 ([https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/001/12.pdf](https://docs.legis.wisconsin.gov/code/admin_code/dhs/001/12.pdf)).

In the following instances, provider agency shall obtain a copy of the Criminal Complaint and Judgment of Conviction from the Clerk of Court's Office, to determine whether a conviction is substantially related to care of a client:

- Any recent (within 5 years) misdemeanor criminal convictions as listed in 50.065 Wis Stats; i.e. battery, disorderly conduct, invasion of privacy, harassment; etc. or,
- Any felony convictions (within 5 years); or
- Any charges with open dispositions (for offenses that would possibly affect the provider's ability to enter the Network or DHHS)

This documentation shall be retained in the personnel file and submitted to the Respective Network or DHHS upon request. When requested, the respective Network and/or DHHS will conduct an administrative review, on a case-by-case basis, to determine whether an offense is substantially related. The respective Network and/or DHHS reserves the right to make final determination regarding conviction records and whether a conviction is substantially related to the Covered Service in question.

Agency should take into consideration the following when making a **substantially related** determination:

- Severity of past convictions.
- Number of past convictions.
- Patterns of past criminal behavior.
- Duration of time between the first charge/conviction and the last charge/conviction (*i.e., does the person have a criminal history that spans 2 years or 20 years*).
- Time frame between the last charge/conviction and current date (*i.e., were they last charged/ convicted of a crime 1 year ago or 18 years ago*).
- Specific convictions and their relevance to performing the job/position being applied for.

- I. Agencies shall not assign any staff to conduct work under the agreement who does not meet the requirements of the Wisconsin Caregiver Laws and the amended Milwaukee County Caregiver Resolution, File No. 20-287.

### For References and more Information

Please see Wisconsin Department of Health Services (DHS) 12 "Caregiver Background Checks," ss. 48.685 "Children's Code" and 50.065 "Uniform Licensure" of Wisconsin Statutes.

DHS Caregiver Program -> <http://www.dhs.wisconsin.gov/caregiver/>

Wisconsin Caregiver Program Manual -> <https://www.dhs.wisconsin.gov/library/P-00038.htm>

### **Attachments:**

1. DHS 12 – Caregiver Background Checks
2. Amended Milwaukee County Caregiver Resolution File No. 20-287
3. *Sample DOJ*
4. *Sample DHS Letter*  
\*BID form not attached - (use **current version** DHS F-82064 Background Information Disclosure - <https://www.dhs.wisconsin.gov/library/F-82064.htm>)
5. WI Caregiver Program Offenses Affecting Caregiver Eligibility (Offense List)

## Chapter DHS 12

## CAREGIVER BACKGROUND CHECKS

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**Note:** Chapter HFS 12 was repealed and recreated as an emergency rule effective February 13, 2000. Chapter HFS 12 as it existed August 31, 2000 was repealed and recreated, Register, August, 2000, effective September 1, 2000. Chapter HFS 12 was renumbered chapter DHS 12 under s. 13.92 (4) (b) 1., Stats., and corrections made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635.

**Note:** This chapter applies to Department of Health Services and Department of Children and Families programs until such time as each of the departments can adopt separate rules.

**Subchapter I — General Provisions**

**DHS 12.01 Authority and purpose.** This chapter is promulgated under the authority of s. 48.685 (1) (ag) 1. a., (2) (d), (4), (5) (a), (6) (b) and (c), Stats.; and s. 50.065 (1) (ag) 1. a., (2) (d), (4), (5), (6) (b) and (c), Stats.; and s. 227.11 (2), Stats., to protect from harm clients served by department-regulated programs, children placed in foster homes licensed by county departments of social or human services or private child-placing agencies or children who are being adopted, and children served in day care programs contracted by local school boards under s. 120.13 (14), Stats., by requiring uniform background information screening of persons regulated and persons who are employees of or under contract to regulated entities or who are nonclient residents of regulated entities.

**Note:** Administrative rules governing county certified day care centers appear in ch. DCF 202.

**History:** Cr. Register, August, 2000, No. 536, eff. 9-1-00; correction made under s. 13.92 (4) (b) 7., Stats., Register June 2009 No. 642.

**DHS 12.02 Applicability. (1) SCOPE.** (a) *Persons and agencies affected.* This chapter applies to the department; to applicants for regulatory approval from the department; to persons, agencies and entities that have received regulatory approval from the department; to county department and child-placing agencies that license foster homes and approve applications for adoption home studies; to foster home license applicants and licensees and applicants for an adoption home study; to school boards that establish or contract for daycare programs under s. 120.13 (14), Stats., and to applicants and persons under contract to a school board to operate a day care program under s. 120.13 (14), Stats.

(b) *Entities covered.* The entities subject to this chapter are those regulated under: chs. DHS 34, 35, 36, 40, 61, 63, 75, 82, 83, 85, 88, 89, 105, 110, 124, 127, 131, 132, 133, and 134, and chs. DCF 52, 54, 56, 57, 59, 250, 251, and 252, any other direct client care or treatment program that may be licensed or certified or registered by the department.

**History:** Cr. Register, August, 2000, No. 536, eff. 9-1-00; corrections in (1) (b) made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635; CR 10-091: am. (1) (b) Register December 2010 No. 660, eff. 1-1-11; correction in (1) (b) made under s. 13.92 (4) (b) 7., Stats., Register July 2011 No. 667; correction in (1) (b) made under s. 13.92 (4) (b) 7., Stats., Register August 2011 No. 668.

**Note:** This chapter applies to department of health services and department of children and families programs until such time as each of the departments can adopt separate rules.

**DHS 12.03 Definitions.** In this chapter:

(1) "Adoption home study" means an evaluation of a prospective adoptive family under ch. DCF 51 or 54.

(2) "Agency" means the department, a county department or a school board or a child welfare agency licensed under s. 48.60, Stats., as a child-placing agency.

(3) "Background information disclosure form" means the department's form, F-82064, on which a person provides certain information concerning the person's background.

(4) "Bar" means, as a noun, that a person is not permitted to receive regulatory approval, or be employed as a caregiver by or under contract with an entity, or to reside as a nonclient at an entity.

(5) "Caregiver" has the meaning specified in s. 48.685 (1) (ag) or 50.065 (1) (ag), Stats., whichever is applicable.

(6) "Client" means a person who receives direct care or treatment services from an entity. For the purposes of this chapter, "client" includes an adopted child for whom an adoption assistance payment is being made under s. 48.975, Stats.

(7) "Contractor" has the meaning specified in ss. 48.685 (1) (ar) and 50.065 (1) (bm), Stats.

(8) "County department" means a county department of social services established under s. 46.215 or 46.22, Stats., or a county department of human services established under s. 46.21 (2m) or 46.23, Stats.

(9) "Department" means the Wisconsin department of health services.

**Note:** This chapter applies to department of health services and department of children and families programs until such time as each of the departments can adopt separate rules.

(10) "Direct contact" has the meaning specified in ss. 48.685 (1) (ar) and 50.065 (1) (br), Stats.

(11) "Entity" has the meaning specified in s. 48.685 (1) (b) or 50.065 (1) (c), Stats., whichever is applicable.

(12) "Foster home" means any facility operated by a person required to be licensed under s. 48.62 (1), Stats., in which care and maintenance are provided for no more than 4 foster children, or, if all are siblings, for no more than 6 children, and also includes a treatment foster home that also provides structured professional treatment by trained individuals, and a home licensed for placement of children for adoption under s. 48.833, Stats., for whom adoption assistance will be provided under s. 48.975, Stats.

**Note:** The term "treatment foster home" no longer appears in the statutes.

(13) "Hospital" means a facility approved as a hospital under s. 50.35, Stats.

(14) "Nonclient resident" has the meaning specified in ss. 48.685 (1) (bm) and 50.065 (1) (cn), Stats.

(15) "Personal care services" has the meaning given in s. 50.065 (1) (cr), Stats.

(16) "Regular" means, in terms of direct contact with clients, contact that is scheduled, planned, expected, or otherwise periodic.

**(17) "Regulatory approval" means:****(a) For purposes of s. 48.685, Stats., any of the following:**

1. Issuance by the department of a license or certification or the continuation or renewal of a license or certification, or approval of a prospective adoptive parent application for a home study.

2. Issuance or renewal by a county department or child-placing agency of a foster home or treatment foster home license under s. 48.62 or 48.75, Stats., including a home licensed for placement of children for adoption under s. 48.833, Stats., for whom adoption assistance will be provided under s. 48.975, Stats., and includes approval of pre-adoptive applicants who contract for a home study with a licensed private child placing agency for approval of a placement of a child for adoption.

Note: Administrative rules governing county certified day care centers appear in ch. DCF 202.

Note: The term "treatment foster home" no longer appears in the statutes. See also the note to s. DHS 12.03 (22).

3. Approval by a school board under s. 120.13 (14), Stats., of day care services established by or contracted with a day care provider.

(b) For purposes of s. 50.065, Stats., issuance by the department of an entity license, certification, certificate of approval or registration, or approval by the department of the continuation of an entity license, certification, certificate of approval or registration.

**(18) "Rehabilitation review" refers to an agency or tribal process where a person who is eligible under s. 48.685 (5) (a) or 50.065 (5), Stats., may seek the removal of a bar from regulatory approval, from employment as a caregiver at or contracting with an entity, or from residency at an entity.**

**(19) "School board" means the school board or board of school directors in charge of the schools of a school district.**

**(20) "Serious crime" has the meaning specified in s. 48.685 (1) (c) or 50.065 (1) (e), Stats., whichever is applicable.**

**(20m) "Substitute caregiver" means, with respect to a client who is receiving personal care services in the client's residence, an individual who provides personal care services to the client for 7 or fewer days in a 90-day period.**

**(21) "Supportive home care service agency" means a home health agency licensed under s. 50.49, Stats., and ch. DHS 133.**

**(22) (a) "Treatment foster home" means a family-oriented facility operated by a person or persons required to be licensed under s. 48.62 (1) (b), Stats., in which treatment, care and maintenance are provided for no more than 4 foster children.**

(b) "Treatment foster home" includes a placement for adoption under s. 48.833, Stats., of a child for whom adoption assistance will be provided under s. 48.975, Stats., after adoption is finalized.

(c) "Treatment foster home" does not include a shift-staffed facility, except as permitted under s. DCF 38.02 (2) (d).

Note: Section 48.62 (1) (b), Stats., was repealed. The term "treatment foster home" no longer appears in the statutes.

**(23) "Tribal governing body" means an elected tribal governing body of a federally recognized American Indian tribe.**

**(24) "Tribe" has the meaning specified in s. 50.065 (1) (g), Stats.**

**(25) "Under the entity's control" means an entity does all of the following:**

(a) Determines whether a person employed by or under contract with the entity who has direct, regular contact with clients served by the entity may provide care, treatment, or other similar support service functions to clients.

**(b) Directs or oversees one or more of the following:**

1. The policies or procedures the person must follow in performing his or her duties.

2. The conditions under which the person performs his or her duties.

3. The tasks the person performs.

4. The person's work schedule.

5. The supervision or evaluation of the person's work or job performance, including imposing discipline or awarding performance awards.

6. The compensation the person receives for performing his or her duties.

History: Cr. Register, August, 2000, No. 536, eff. 9-1-00; correction in (12) made under s. 13.93 (2m) (b) 7., Stats., Register, April, 2001, No. 544; corrections in (1), (3), (9), (15), (21) and (22) (c) made under s. 13.92 (4) (b) 6. and 7., Stats., Register November 2008 No. 635; EmR0832: emerg. r. and rec. (15), cr. (20m), eff. 11-1-08; CR 08-098: r. and rec. (15), cr. (20m) Register June 2009 No. 642, eff. 7-1-09; correction in (24) made under s. 13.92 (4) (b) 7., Stats., Register December 2010 No. 659.

**Subchapter II — Background Checks****DHS 12.04 Contracting for background checks.**

**(1) An entity may enter into and shall retain an agreement or contract with any entity identified under s. 48.685 (1) (b) or 50.065 (1) (c), Stats., or with any college, or university, including any vocational or technical college or school, or temporary employment agency or other person, to have the entity, school, temporary employment agency, or other person obtain and retain required background information related to caregivers, including contractors, students, or temporary employees, who, as part of their curriculum, must participate in clinical or practicum experiences at an entity.**

**(2) An entity that enters into an agreement or contract under sub. (1) shall obtain, at a minimum, from the other entity, university, college or technical school, temporary employment agency, or other person contracted with, and shall retain so that it may be promptly retrieved for inspection by the agency, a letter indicating the name or names and social security numbers, if available, of the caregivers, including temporary employees, contractors, or students, listing any convictions learned of during the course of the required background checks, along with any substantiated findings of misconduct, licensure denial or restriction or any other credential limitation found by either the department or the department of safety and professional services.**

Note: To obtain a master copy of the F-82064 Background Information Disclosure Form, in order to reproduce it, either download the form from the department's internet web site at [www.dhs.wisconsin.gov/caregiver/index.htm](http://www.dhs.wisconsin.gov/caregiver/index.htm), or you may request a copy of the form from the agency that regulates your entity.

Note: The only persons who may access information maintained by a county department regarding a substantiated report of child abuse or neglect against a person are those identified in s. 48.981 (7), Stats.

History: Cr. Register, August, 2000, No. 536, eff. 9-1-00; correction in (2) made under s. 13.92 (4) (b) 6., Stats., Register February 2012 No. 674.

**DHS 12.05 Sanctions. (1) SANCTIONABLE ENTITY ACTIONS. An entity that commits any of the following acts may be subject to any of the sanctions specified in sub. (2):**

(a) Hires, employs, or contracts with a caregiver, or permits to reside at an entity a nonclient resident, where the entity knows or should have known the caregiver or nonclient resident is barred under s. 48.685 (4m) (b) or 50.065 (4m) (b), Stats.

(b) Violates any provision of initial background information gathering or periodic background information gathering required by s. 48.685 or 50.065, Stats.

**(2) ENTITY SANCTIONS. Any of the following sanctions may be imposed on any entity that commits any of the acts described in sub. (1):**

(a) A forfeiture not to exceed \$1,000.

(b) A requirement that the entity submit to the agency a written corrective action plan specifying corrections that will be made to the identified personnel screening practices needing correction and that the entity implement the plan.

(c) At entity expense, attendance at agency-designated personnel screening training or other appropriate training.

(d) Specific conditions or limitations placed on the license, certification or registration or on a school board-issued contract,

including denial, revocation, nonrenewal or suspension of regulatory approval issued by the department, or denial, nonrenewal or termination by a school board of a contract with a day care provider under s. 120.13 (14), Stats.

(e) For a person licensed to operate a child welfare agency, shelter care facility, group foster home or day care facility, any sanction or penalty described in s. 48.715, Stats.

(f) A requirement that the entity use, at entity expense, a temporary employment agency for screening and hiring personnel.

(3) **SANCTIONABLE INDIVIDUAL ACTIONS.** Any person who is required to complete a background information disclosure form and who commits any of the following actions may be subject to any of the sanctions specified in sub. (4):

(a) Fails to complete and submit the background information disclosure form to the appropriate agency or entity.

(b) Knowingly gives false information on or knowingly omits information from the background information disclosure form submitted to an agency or entity.

(c) After submitting a background information disclosure form to an agency or entity, subsequently fails to report any information about a conviction for a crime or other act or offense requested on the background information disclosure form, about a substantiated finding of abuse or neglect or a client or of misappropriation of a client's property, or, in the case of a position for which the person must be credentialed by the department of safety and professional services, about a licensure denial, restriction, or other license limitation by either the department or the department of safety and professional services.

(4) **INDIVIDUAL SANCTIONS.** All of the following sanctions may be imposed by an agency on any person who commits any of the acts described in sub. (3):

(a) A forfeiture not to exceed \$1,000.

(b) Denial or revocation of regulatory approval or the termination of a contract.

(c) Denial or termination of eligibility to reside at the entity.

(d) Special conditions or limitations placed upon the person, including restriction to an off-premises location during business hours or otherwise restricting the person's contact with clients.

**History:** Cr. Register, August, 2000, No. 536, eff. 9-1-00; correction in (3) (c) made under s. 13.92 (4) (b) 6., Stats., Register February 2012 No. 674.

**DHS 12.06 Determining whether an offense is substantially related to client care.** To determine whether a crime or a delinquency adjudication under s. 48.685 (5m) or 50.065 (5m), Stats., is substantially related to the care of a client, the agency or entity may consider all of the following:

(1) In relation to the job, any of the following:

(a) The nature and scope of the job's client contact.

(b) The nature and scope of the job's discretionary authority and degree of independence in judgment relating to decisions or actions that affect the care of clients.

(c) The opportunity the job presents for committing similar offenses.

(d) The extent to which acceptable job performance requires the trust and confidence of clients or a client's parent or guardian.

(e) The amount and type of supervision received in the job.

(2) In relation to the offense, any of the following:

(a) Whether intent is an element of the offense.

(b) Whether the elements or circumstances of the offense are substantially related to the job duties.

(c) Any pattern of offenses.

(d) The extent to which the offense relates to vulnerable clients.

(e) Whether the offense involves violence or a threat of harm.

(f) Whether the offense is of a sexual nature.

(3) In relation to the person, any of the following:

(a) The number and type of offenses the person committed or for which the person has been convicted.

(b) The length of time between convictions or offenses, and the employment decision.

(c) The person's employment history, including references, if available.

(d) The person's participation in or completion of pertinent programs of a rehabilitative nature.

(e) The person's probation or parole status.

(f) The person's ability to perform or to continue to perform the job consistent with the safe and efficient operation of the program and the confidence of the clients served including, as applicable, their parents or guardians.

(g) The age of the person on the date of conviction or dates of conviction.

**Note:** A person refused employment or who has had his or her employment terminated and believes he or she may have been discriminated against, may file a complaint under s. 111.335, Stats., with the Equal Rights Division, Department of Workforce Development, P.O. Box 8928, Madison, WI 53708-8928 or telephone 608-266-6860.

**History:** Cr. Register, August, 2000, No. 536, eff. 9-1-00; CR 10-091: am. (intro.) Register December 2010 No. 660, eff. 1-1-11.

**DHS 12.07 Reporting background changes and nonclient residency.** (1) An entity shall include in its personnel or operating policies a provision that requires caregivers to notify the entity as soon as possible, but no later than the person's next working day, when any of the following occurs.

(a) The person has been convicted of any crime.

(b) The person has been or is being investigated by any governmental agency for any other act, offense, or omission, including an investigation related to the abuse or neglect, or threat of abuse or neglect, to a child or other client, or an investigation related to misappropriation of a client's property.

(c) The person has a governmental finding substantiated against them of abuse or neglect of a client or of misappropriation of a client's property.

(d) In the case of a position for which the person must be credentialed by the department of safety and professional services, the person has been denied a license, or the person's license has been restricted or otherwise limited.

(2) When any of the following occurs relative to a signatory or other legal party to the entity application for regulatory approval or under which a contract under s. 120.13 (14), Stats., is signed, or relative to a nonclient resident at the entity, an entity shall, as soon as possible, but no later than the regulatory agency's next business day, report the information to the agency that gave regulatory approval, or the school board with which the day care entity contracts under s. 120.13 (14), Stats.

(a) The person has been convicted of any crime.

(b) The person has been or is being investigated by any governmental agency for any other act, offense, or omission, including an investigation related to the abuse or neglect, or threat of abuse or neglect, to a child or other client, or an investigation related to misappropriation of a client's property.

(c) The person has a governmental finding substantiated against them of abuse or neglect of a client or of misappropriation of a client's property.

(d) In the case of a position for which the person must be credentialed by the department of safety and professional services, the person has been denied a license, or the person's license has been restricted or otherwise limited.

(3) When a person begins residing at or is expected to reside at an entity, or the signatory for licensure changes, the entity shall, as soon as possible, but no later than the regulatory agency's next business day, report the residency, expected residency, or signatory change to the agency that gave regulatory approval or to the school board that the day care entity contracts with under s. 120.13 (14), Stats., and submit to the regulatory agency a completed

background information disclosure form for the new nonclient resident or new signatory.

**History:** Cr. Register, August, 2000, No. 536, eff. 9-1-00; corrections in (1) (d), (2) (d) made under s. 13.92 (4) (b) 6., Stats., Register February 2012 No. 674.

**DHS 12.08 Armed forces background searches.** If a person who is the subject of a background search under s. 48.685 or 50.065, Stats., served in a branch of the U.S. armed forces, including any reserve component, within the last 3 years, the agency or entity shall make a good faith effort to obtain the discharge status of that person, either from the discharge papers issued to the person or from the armed forces branch in which the person served. If the discharge status is other than honorable, the agency or entity shall obtain information on the nature and circumstances of the discharge.

**History:** Cr. Register, August, 2000, No. 536, eff. 9-1-00; CR 10-091: am. Register December 2010 No. 660, eff. 1-1-11.

**DHS 12.09 Transmittal of background check information.** (1) When an entity sends a required background information disclosure form to the department under s. 48.685 (3) (a), Stats., the entity shall include in the transmittal all the following:

(a) Any reason for denial or revocation of a license or denial of an adoption application.

(b) The date of the license denial or revocation or adoption application denial.

(2) A child-placing agency or county department shall provide the department with written information about each person to whom the child-placing agency or county department denies a license or adoption home study approval for a reason specified in s. 48.685 (4m) (a), Stats., including all the following:

(a) The reason for denial or revocation of a license or denial of adoption application.

(b) The date of the license denial or revocation or adoption application denial.

**Note:** Send the information required in subs. (1) and (2) to the Bureau of Regulation and Licensing, Division of Children and Family Services, P. O. Box 8916, 1 West Wilson Street, Madison, WI 53708-8916.

(3) In addition to the persons specified in s. 48.685 (6) (b) 2., Stats., an entity shall send a completed background information disclosure form to the county department for a person who is licensed or an adoptive parent applicant studied by a county department.

(4) In addition to the persons specified in s. 48.685 (6) (b) 3., Stats., an entity shall send a completed background information disclosure form to the child-placing agency for a person who is in a home studied for adoptive parent applicant approval.

**History:** Cr. Register, August, 2000, No. 536, eff. 9-1-00.

**DHS 12.10 Maintaining confidentiality of background information disclosure forms.** Agencies and entities shall retain all required completed department background information forms in a manner that ensures prompt retrieval of the forms for inspection and shall comply with applicable federal and state confidentiality laws.

**History:** Cr. Register, August, 2000, No. 536, eff. 9-1-00.

**DHS 12.11 Supervision pending receipt of caregiver background checks.** Entity supervision required under ss. 48.685 (4m) (c) and 50.065 (4m) (c), Stats., shall include at a minimum periodic direct observation of the person.

**History:** Cr. Register, August, 2000, No. 536, eff. 9-1-00.

**DHS 12.115 Personal care services, disclosure of convictions.** Pursuant to s. 50.065 (2m) (d), Stats., Table DHS 12.115 lists the crimes for which an entity must disclose to a client or the client's guardian under s. 50.065 (2m) (a) 1., Stats., a conviction of a caregiver, other than a substitute caregiver, who provides personal care services to a client in the client's residence. For the purposes of s. 50.065 (2m) (a) 4. and (b), Stats., 'substitute caregiver' has the meaning given in s. DHS 12.03 (20m).

Table DHS 12.115

Wisconsin Statutes	Crime
940.19 (3), 1999 Stats.	Battery
940.01	First-degree intentional homicide
940.02	First-degree reckless homicide
940.03	Felony murder
940.05	Second-degree intentional homicide
940.12	Assisting suicide
940.19 (2), (4), (5) or (6)	Battery (felony)
940.22 (2) or (3)	Sexual exploitation by therapist; duty to report
940.225 (1), (2) or (3)	1st, 2nd or 3rd degree sexual assault
940.285 (2)	Abuse of individuals at risk
940.29	Abuse of residents of penal facilities
940.295	Abuse or neglect of patients and residents
943.20	Theft
943.201	Unauthorized use of an individual's personal identifying information or documents
943.203	Unauthorized use of an entity's identifying information or documents
943.32	Robbery
943.38	Forgery
943.41	Financial transaction card crimes
948.02 (1) or (2)	1st or 2nd degree sexual assault of a child
948.025	Engaging in repeated acts of sexual assault of the same child
948.03 (2) (a), (b) or (c)	Physical abuse of a child
948.05	Sexual exploitation of a child
948.051	Trafficking of a child
948.055	Causing a child to view or listen to sexual activity
948.06	Incest with a child
948.07	Child enticement
948.08	Soliciting a child for prostitution
948.085	Sexual assault of a child placed in substitute care
948.11 (2) (a) or (am)	Exposing a child to harmful material or harmful descriptions or narrations
948.12	Possession of child pornography
948.13	Child sex offender working with children
948.21 (1)	Neglecting a child

Table DHS 12.115 (Continued)

Wisconsin Statutes	Crime
948.30	Abduction of another's child; constructive custody
948.53	Child unattended in child care vehicle
961.41 (1)	Manufacture, distribution or delivery of a controlled substance or a controlled substance analog
961.41 (1m)	Possession with intent to manufacture, distribute or deliver a controlled substance or a controlled substance analog
961.41 (3g)	Possession or attempt to possess a controlled substance or a controlled substance analog Only if the date of conviction is within 5 or fewer years from the date the results of the criminal background check are obtained by the entity.
961.43 (1) (a)	Acquire or obtain possession of a controlled substance by misrepresentation, fraud, forgery, deception or subterfuge
961.43 (1) (b)	To make, distribute or possess material designed to reproduce the trademark upon any drug or container or label so as to make a counterfeit substance or to duplicate the physical appearance, form, package or label of a controlled substance

A violation of the law of any other state or United States jurisdiction that would be a violation of a crime listed in this table.

**History:** EmR0832; emerg. cr. eff. 11-1-08; CR 08-098; cr. Register June 2009 No. 642, eff. 7-1-09.

### Subchapter III — Rehabilitation Review

**DHS 12.12 Rehabilitation process for persons who have committed certain offenses.** (1) GENERAL PROVISIONS. (a) An agency shall conduct rehabilitation reviews as described in this section for persons who are eligible to receive rehabilitation review under this section for any of the following:

1. Entities the agency regulates.
2. Persons an entity employs.
3. Persons an entity contracts with.
4. Nonclient residents of an entity.

(b) 1. A tribal governing body may conduct rehabilitation reviews under ss. 48.685 (5) and 50.065 (5), Stats., if a plan submitted under s. 48.685 (5d) or 50.065 (5d), Stats., has been approved by the department.

2. Tribes desiring to conduct rehabilitation reviews shall send a rehabilitation review plan required under ss. 48.685 (5d) and 50.065 (5d), Stats., to the department.

**Note:** Send rehabilitation review plans to the Office of Legal Counsel, Department of Health Services, P.O. Box 7850, 1 West Wilson St., Rm 651, Madison, WI 53707-7850.

(2) ELIGIBILITY TO REQUEST REHABILITATION REVIEW. (a) Any person who is ineligible under s. 50.065 (4m) (a) or (b), or 48.685

(4m) (a) or (b), Stats., to receive regulatory approval, to be employed as a caregiver, or to contract with or reside at an entity, may request a rehabilitation review if the person meets both of the following conditions:

1. The person has not requested a rehabilitation review for a similar type of regulatory approval, job function or nonclient resident status within the preceding year. In this subdivision, "similar" means comparable regulatory approval, or a comparable job function or activity.

**Note:** Examples of "similarity" and "comparability" are positions that require a comparable level of direct contact with children; a comparable level of unsupervised client access; a previous review involved family day care and the applicant is seeking licensing for group day care; or the applicant sought a group home license and now is seeking a child-caring institution license.

2. If the person is a foster home license applicant under s. 48.62, Stats., or an applicant for an adoption home study, the person has not been convicted of a serious crime under s. 48.685 (5) (bm) 1., 2. or 3., Stats., another crime listed in section III of the appendix that results in a permanent bar, or a similar serious crime in another jurisdiction or, if the person was convicted of a crime under s. 48.685 (5) (bm) 4., Stats., the crime was committed more than 5 years before the background check was requested.

(b) If a person is eligible to request a rehabilitation review, the agency or tribe from which the person is seeking regulatory approval, or the entity with whom the person is seeking employment as a caregiver or a contract, or where the person wishes to reside shall give the person information on rehabilitation review eligibility criteria and on how to obtain the rehabilitation review request form.

**Note:** To obtain a master copy of the Department's Rehabilitation Review Request Form (EXS-263) in order to reproduce it, either download the form from the department's internet site at [www.dhs.wisconsin.gov/caregiver/index.htm](http://www.dhs.wisconsin.gov/caregiver/index.htm), or request a copy of the form from, as appropriate, the agency that regulates the entity or from the entity.

(3) INITIATING A REHABILITATION REVIEW REQUEST. To request a rehabilitation review, an eligible person shall do all of the following:

(a) Obtain a rehabilitation review request form developed by the department or applicable tribe and submit the completed form to the agency that regulates the entity, or to the applicable tribe, or for day care programs established under s. 120.13 (14), Stats., to the school board.

(b) Submit any supporting documents and information required by the applicable rehabilitation review request form to the same agency, tribe, or school board.

(4) PROCESSING REHABILITATION REVIEW REQUESTS. (a) *Rehabilitation review panel.* When an eligible person has filed a complete rehabilitation review request form along with all required additional and supporting information, the applicable agency, tribe, or school board shall appoint a review panel of at least 2 persons to review the information submitted. The panel may request additional information from the person or from other agencies or persons familiar with the person requesting the review.

(b) *Time frame.* If the application form and any requested supporting materials are not complete within 90 days of the date the application is submitted, and the person requesting the review does not have good cause for the failure to submit a complete application form or supporting materials, the rehabilitation approval shall be denied.

(c) *Requester appearance.* The person requesting the rehabilitation review shall have an opportunity to appear before the review panel to answer any questions the panel members may have.

(d) *Rehabilitation decision formulation and factors.* After reviewing the information obtained, the review panel shall decide whether the person has demonstrated, by clear and convincing evidence, that the person is rehabilitated for purposes of receiving regulatory approval, employment as a caregiver, or contracting with or residing at an entity. The panel shall consider at least the following factors, as applicable:

1. Personal reference checks and comments from employers, persons, and agencies familiar with the applicant and statements from therapists, counselors and other professionals.

2. Evidence of successful adjustment to, compliance with or proof of successful completion of parole, probation, incarceration or work release privileges.

3. Proof that the person has not had subsequent contacts with law enforcement agencies leading to probable cause to arrest or evidence of noncompliance leading to investigations by other regulatory enforcement agencies.

4. Any pending or existing criminal or civil arrest warrants, civil judgments or other legal enforcement actions or injunctions against the person.

5. Any aggravating or mitigating circumstances surrounding the crime, act or offense.

6. Evidence of rehabilitation, such as public or community service, volunteer work, recognition by other public or private authorities for accomplishments or efforts or attempts at restitution, and demonstrated ability to develop positive social interaction and increased independence or autonomy of daily living.

7. The amount of time between the crime, act or offense and the request for rehabilitation review, and the age of the person at the time of the offense.

8. Whether the person is on the sexual offender registry under s. 301.45, Stats., or on a similar registry in another jurisdiction.

9. A victim's impact statement, if appropriate.

10. Employment history, including evidence of acceptable performance or competency in a position and dedication to the person's profession.

11. The nature and scope of the person's contact with clients in the position requested.

12. The degree to which the person would be directly supervised or working independently in the position requested.

13. The opportunity presented for someone in the position to commit similar offenses.

14. The number, type and pattern of offenses committed by the person.

15. Successful participation in or completion of recommended rehabilitation, treatment or programs.

16. Unmet treatment needs.

17. The applicant's veracity.

**(5) REHABILITATION DECISIONS.** (a) *Review panel decision.* The review panel shall decide whether to approve, defer, or deny rehabilitation approval, and shall issue a written decision to that effect, as follows:

1. If the review panel finds sufficient evidence to support rehabilitation approval, the decision shall indicate, as applicable, whether the person is eligible for regulatory approval, employment as a caregiver, or contracting with or residency at an entity. The decision shall describe the scope of the rehabilitation approval and state any conditions or limitations placed on the approval, such as whether the approval is only for employment doing certain job functions or the eligibility for regulatory approval is only to operate certain entity types.

2. If the review panel decides to defer a rehabilitation decision, the panel decision shall state the reasons for the deferral. Unless otherwise agreed to by the requester, the panel may defer a final decision for a period of not more than 6 months from the initial decision date.

3. If the review panel decides to deny approval of the rehabilitation request, the decision shall explain the reasons for the denial and inform the requester that he or she may appeal the decision as described in s. 48.685 (5c) or 50.065 (5c), Stats., as applicable, by filing a written request for review of the decision within 10 days of receipt.

**Note:** Pursuant to s. 48.685 (5c), Stats., or 50.065 (5c), Stats., submit an appeal to the following, as appropriate: 1. To appeal a department denial of a rehabilitation approval, send the appeal request to the Department of Health Services, Office of Legal Counsel, P.O. Box 7850, Madison, WI 53707-7850. 2. To appeal a school board denial of a rehabilitation approval, send the appeal request to the Superintendent of the Department of Public Instruction, 125 South Webster St., Madison, WI 53703; or call 608-266-3390. 3. To appeal a county denial of a rehabilitation approval, send the appeal request to the appropriate county. When any of the preceding rehabilitation appeals are denied, a further appeal is available under ch. 227, Stats. Send a request for a ch. 227, Stats., hearing to appeal any of the preceding department, department of public instruction or county denials of rehabilitation appeals to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. The request may be delivered in person to that office at 5005 University Avenue, Suite 201, Madison, Wisconsin.

**Note:** Any person who is listed in the department's caregiver misconduct registry under ch. DHS 13 as having a substantiated finding of abuse or neglect of a client or misappropriation of a client's property as the result of an action the person took while working as a nurse aide in a federally certified nursing home or intermediate care facility for persons with mental retardation (ICF/MR) is permanently prohibited from being employed, in any capacity, in a federally-certified nursing home or a federally-certified ICF/MR. If such a person obtains a rehabilitation approval, the person is eligible to be considered for regulatory approval, for employment as a caregiver, or for non-client residency at or contracting with other entities covered by ss. 50.065 and 48.685, Stats. See 42 CFR 483.13 and 483.420 for federal regulations relating to nurse aides.

(b) *Burden of proof.* A person who appeals under par. (a) 3. shall bear the burden of proving, by a preponderance of the evidence, that the agency or tribe abused its discretion in deciding that the person did not show sufficient evidence to support rehabilitation approval.

(c) *Review panel decision distribution.* The review panel shall send its decision to the requester and a copy, if appropriate, to the entity. If the agency conducting the rehabilitation review is other than the department or a tribe, the review panel shall also, within 10 days of sending its decision, send a completed copy of the department's required reporting form regarding any rehabilitation decision to the department. If the entity conducting the rehabilitation review is a tribe, the review panel shall also send a copy of the decision to the same address accompanied by a copy of the requester's application materials.

**Note:** Rehabilitation decisions should be addressed to the Office of Legal Counsel, Department of Health Services, P.O. Box 7850, 1 W. Wilson St., Room 651, Madison, WI 53707-7850.

(d) *Maintaining rehabilitation decision documentation.* The review panel shall maintain a file containing a copy of the original written decision and any decisions from filed appeals that may result. The agency or tribe shall maintain in the file the rehabilitation review request and all materials or information obtained or notes made as part of the rehabilitation review decision.

**(6) REHABILITATION APPROVAL COMPLIANCE AND WITHDRAWALS.** (a) *Approval conditions.* A person who receives rehabilitation approval shall comply with all conditions and limitations imposed with that approval.

(b) *Rehabilitation approval violation—mandatory withdrawal.* An agency or tribe that has granted a person a rehabilitation approval shall withdraw the approval if the agency or tribe learns that the person is no longer eligible under s. 50.065 (4m) (a) or (b), or 48.685 (4m) (a) or (b), Stats., for regulatory approval, to be employed as a caregiver, or to contract with or reside at an entity.

(c) *Rehabilitation approval violation—summary suspension.* An agency or tribe that granted a person a rehabilitation approval may immediately temporarily rescind the rehabilitation approval when the agency or tribe has knowledge that the person has done either of the following:

1. The person has failed to comply with or abide by any conditions or limitations imposed with the rehabilitation approval.

2. The person knowingly submitted false information or withheld pertinent information relevant to the rehabilitation request that otherwise could or would have affected the review panel's decision to grant the rehabilitation approval.

(d) *Informing agencies or tribes.* An agency, entity or tribe other than the agency or tribe that granted a rehabilitation approval, that becomes aware that any person has violated his or

her rehabilitation approval under par. (b) or (c), shall inform the agency or tribe that granted the approval, of the violation.

(e) *Review of summary suspensions.* 1. Within 10 working days of temporarily rescinding a rehabilitation approval under par. (c), the approving agency or tribe shall determine whether the new information related to an approval violation under par. (c) is valid and represents a risk of harm to the client. If the new information is valid and does represent a risk of harm to the client, the approving agency or tribe shall withdraw the rehabilitation approval, thereby re-imposing, as applicable, the person's bar from regulatory approval, from employment as a caregiver or from contracting with or residing at an entity.

2. An agency, entity, or tribe, as applicable, that determines the new information related to an approval violation under par. (c) represents a risk of harm to a client shall also immediately take appropriate measures to protect clients until any appeal filed under par. (g) is exhausted. Appropriate measures may include a repeal of regulatory approval, termination of employment as a caregiver or of approval to reside at an entity, contract termination, reassigning the person away from duties involving direct regular contact with clients or placing the person on temporary leave.

(f) *Withdrawal decisions.* When an agency or tribe withdraws a rehabilitation approval, it shall issue a written decision to that effect. The decision shall explain the reasons for the withdrawal and inform the requester whether he or she may appeal under par. (g).

(g) *Appeal rights.* Any person who has his or her rehabilitation approval withdrawn under par. (f) may file an appeal of this decision as provided in sub. (5) (a).

(h) *Withdrawal reporting.* When an agency or tribe that granted a rehabilitation approval withdraws the approval, and the withdrawal results in a bar to regulatory approval, to eligibility to work as a caregiver, or to contracting with or residing at an entity, the approving agency or tribe shall immediately report the withdrawal to the subunit of the department responsible for collecting this information.

Note: Send reports of withdrawn rehabilitation approval to: Office of Legal Counsel, Department of Health Services, P. O. Box 7850, 1 West Wilson Street, Room 651, Madison, WI 53707-7850.

(7) **SCOPE OF AGENCY OR TRIBE REHABILITATION APPROVAL.** (a) *Agency approval limitations.* An agency may grant rehabilitation approval only within the scope of its regulatory authority. The approval applies to all types of entities, job activities and functions the agency regulates, unless the agency specifies otherwise in the form of limitations or conditions expressed in the written rehabilitation approval decision.

(b) *Tribe approval limitations.* A tribe may only grant rehabilitation approvals within the scope of its own employment, contracting, or licensing authority.

(c) *Rehabilitation approval transfers.* 1. When an agency, tribe, or entity learns from the department's background information disclosure form or in any other way that an applicant for regulatory approval, for employment as a caregiver, or for a contract with or permission to reside at an entity has had a rehabilitation review, the agency, tribe, or entity shall request from the rehabilitation review agency or tribe a copy of the rehabilitation review decision. If the rehabilitation review decision was an approval, the agency, tribe or entity shall determine whether the approval may be applied to the regulatory approval, employment as a caregiver, or contract with or residency at an entity that the applicant currently seeks.

2. Except as specified in subd. 3., an agency, entity, or tribe may review and accept a rehabilitation approval granted to a person by another agency or tribe if the receiving agency or tribe determines both of the following:

a. The crime, act, or offense that required the person to request rehabilitation review is not substantially related to the person's job duties.

b. Any limitations or conditions imposed with the rehabilitation approval continue to be able to be met.

3. No rehabilitation approval granted by a tribe may be transferred outside of the tribe's employment or contracting authority.

4. Before transferring a rehabilitation approval under subd. 1., an agency, tribe, or entity shall verify with the department that the applicant has had a rehabilitation review, and if so, the date and status of that review and whether any reason other than the one the applicant reported on the background information disclosure form exists that requires the applicant to request a rehabilitation review.

5. If the decision of the agency or tribe that conducted the rehabilitation review is to deny approval of transferring the rehabilitation approval, the agency, entity, or tribe shall determine whether the applicant for regulatory approval, for employment as a caregiver, or for contracting with or residency at an entity is eligible to seek another rehabilitation review under sub. (2), and if so, shall inform the person of his or her eligibility.

Note: Examples of circumstances in which approvals may or may not be transferable include the following:

1. An approval to be a foster parent by one county or child-placing agency is not, unless approved by the other county or child-placing agency, transferable to the other county or child-placing agency.

2. An approval by the department for a person to work as a shipping clerk in a hospital or nursing home would be transferable to another entity or job function or activity regulated under ch. 50, Stats., as long as limitations or conditions, if any, imposed with the rehabilitation approval are able to be met.

3. A rehabilitation approval for employment at a children's day care or a child-care institution is not transferable to a hospital or nursing home or vice versa.

4. A rehabilitation approval is not transferable from a group day care center to a family day care center if the department's rehabilitation approval imposed limits or conditions.

5. A rehabilitation approval is transferable from one department-regulated child care residential setting to another as long as any limitations or conditions can be met.

History: Cr. Register, August, 2000, No. 536, eff. 9-1-00; CR 10-091: am. (6) (g) Register December 2010 No. 660, eff. 1-1-11.

1 By Supervisor Moore Omokunde

File No. 20-287

2  
3  
4 **A RESOLUTION**

5  
6 to modify the policy of the Department of Health and Human Services (DHHS) and other  
7 Departments to adopt the Wisconsin Caregiver Law for barrable offenses as part of the  
8 background check process for contract agency employees who provide direct care and  
9 services to youth, adhere to the State of Wisconsin Rehabilitation appeals review  
10 process, retain the County's policy to recognize Wisconsin Chapter 948 Crimes Against  
11 Children as a barrable offense (for those offenses not already barred by the State  
12 Caregiver Law) and urge the Milwaukee County Mental Health Board which oversees  
13 the DHHS-Behavioral Health Division to adopt this policy  
14

15  
16 WHEREAS, many Milwaukee County Department of Health and Human  
17 Services (DHHS) employees and vendors serve as caregivers for families and youth in  
18 Milwaukee County; and  
19

20 WHEREAS, a caregiver is defined by the Wisconsin Caregiver Law as a person  
21 who is employed by, under contract, or a volunteer that has direct contact with clients,  
22 client's personal property or client information that is planned, scheduled or expected or  
23 periodic; and  
24

25 WHEREAS, in April 1999, the Milwaukee County Board of Supervisors adopted  
26 File No. 99-233, a resolution that among other things, requires all County departments  
27 that contract for youth services and programs to complete background checks on those  
28 individuals providing services, to ensure they are not involved in criminal and gang  
29 activity, and designated certain offenses, including Chapter 948 of the Wisconsin  
30 Statutes – Crimes Against Children as barrable offenses, and two (2) or more  
31 misdemeanors involving separate incidences within the last three (3) years; and  
32

33 WHEREAS, in May 2000, the Milwaukee County Board of Supervisors amended  
34 File No. 99-233 to separate and bar individuals for five (5) years who have committed  
35 crimes in violation of the Uniform Controlled Substances Act under Chapter 961  
36 Wisconsin State Statutes, excluding simple possession, from those who have  
37 committed crimes against another individual(s) causing bodily harm or death who are  
38 permanently barred; and

DHHS POLICY 001 – Attachment 2  
Amended Milwaukee County Caregiver Resolution File No. 20-287

39 WHEREAS, DHHS contracts with many vendors which employ individuals who  
40 provide direct care and services to youth and families in Milwaukee County that  
41 positively impact youth and their families; and

42  
43 WHEREAS, under the current background check policy automatic barrable  
44 offenses, with no rehabilitation appeal process, may prevent individuals from sharing  
45 relatable personal experiences that positively influence the attitudes and behaviors of  
46 at-risk youth and prevent those individuals from working with families in the county; and

47  
48 WHEREAS, the State of Wisconsin Department of Health Services  
49 Administrative Code, Chapter 12 – Caregiver Background Checks, allows for the  
50 Substantially Related Test to be utilized to allow convictions, such as for Domestic  
51 Violence, to be reviewed to determine if it should disqualify the individual for the position  
52 they hold; and

53  
54 WHEREAS, the State of Wisconsin under Wis. Stat. § 50.065(5c) permits an  
55 individual who has failed to demonstrate to the Wisconsin Department of Health  
56 Services that he or she has been rehabilitated has the right to appeal to the Secretary of  
57 Health Services and request a judicial case review; and

58  
59 WHEREAS, the State of Wisconsin outlines the required criteria that an individual  
60 must adhere to and submit to the department in Wis. Stat. § 50.065(5d); and

61  
62 WHEREAS, the State agency has 90 days to review the rehabilitation plan upon  
63 receipt, and unless disapproved by the department, the plan is considered approved;  
64 and

65  
66 WHEREAS, under the current policy Milwaukee County does not have  
67 rehabilitation review appeals process which would allow an individual convicted of a  
68 barred offense the opportunity to provide convincing evidence that he or she has been  
69 rehabilitated, even if the State has already granted a rehabilitation review request under  
70 the Caregiver Law guidelines; and

71  
72 WHEREAS, any individual who has been barred from working with youth under  
73 the Wisconsin Caregiver Law shall be granted the opportunity to prove to the State and  
74 the County that he or she has been rehabilitated, as individuals with prior convictions

DHHS POLICY 001 – Attachment 2  
Amended Milwaukee County Caregiver Resolution File No. 20-287

75 often have relevant experience(s) which youth may relate to, will help strengthen  
76 communities impacted by mass incarceration; now, therefore,

77 BE IT RESOLVED, the Milwaukee County Board of Supervisors hereby adopts a  
78 policy to amend the background check process for the Milwaukee County Department  
79 of Health and Human Services (DHHS) and other departments that provide services to  
80 youth directly or through contract vendors services, to adopt the barrable offenses  
81 outlined in the Wisconsin Caregiver Law and to accept the rehabilitation of any  
82 individual as determined by the State of Wisconsin's appeal process under Wis. Stat. §  
83 50.065; and

84

85 BE IT FURTHER RESOLVED, that Milwaukee County shall maintain Chapter  
86 948 Crimes Against Children as barrable offenses, whether also barred by the  
87 Wisconsin Caregiver Law or not, as part of the background check process for contract  
88 agency employees who provide direct care to youth, a copy of which is hereto attached  
89 to this file; and

90

91 BE IT FURTHER RESOLVED, that Milwaukee County shall also follow the State  
92 of Wisconsin Department of Health Services Administrative Code, Chapter 12 –  
93 Caregiver Background Checks, for any criminal convictions using the Substantially  
94 Related Test to provide greater uniformity and understanding by vendors; and

95

96 BE IT FURTHER RESOLVED, that the Department of Health and Human  
97 Services is requested to collaborate with the Office of Corporation Counsel to modify  
98 the current background check process to comport with the direction provided in this  
99 resolution for implementation as soon as practicable; and

100

101 BE IT FURTHER RESOLVED, the Department of Health and Human Services is  
102 requested to provide an informational report to the County Board on the status of this  
103 reform as soon as practical and is requested to submit the new policy to the Milwaukee  
104 County Mental Health Board for consideration and possible adoption to ensure a  
105 uniform policy that comports with the State Caregiver Law and appeal process except  
106 for those Chapter 948 offenses barred only by the County.

DEPARTMENT OF JUSTICE CRIME INFORMATION BUREAU

09/24/2014

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau.

Name

Date of Birth

Sex

Race

Alias

The response is based on a search using the identification data supplied. Searches based solely on name and non-unique identifiers are not fully reliable. The CIB cannot guarantee that the information furnished pertains to the individual you are interested in.

No CRIMINAL HISTORY FOUND.

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DHS Letter

Scott Walker  
Governor  
Kitty Rhoades  
Secretary DHS



State of Wisconsin  
Department of Health Services

DIVISION OF ENTERPRISE SERVICES  
1 WEST WILSON STREET  
P.O. BOX 7850  
MADISON WI 53707-7850  
dhs.wisconsin.gov

SAMPLE

Date: September 24, 2014

From: The Department of Health Services,  
The Department of Children and Families and  
The Department of Regulation and Licensing

Re: Response to Caregiver Background Check



On September 24, 2014, we received notice from the Department of Justice (DOJ) that you requested a Caregiver Background Check for the above named individual. You are receiving this letter per the requirements of sections 48.685 and 50.065 of the Wisconsin Statutes.

The Department of Health Services (DHS) and the Department of Children and Families (DCF) provides the following information in this letter:

- a) Noncredentialed Caregiver Findings of Abuse or Neglect of a Client; or Misappropriation of a Client's Property - A name listed in this area may prohibit employment or licensure for that person.
- b) Denials or Revocations of Operating Licenses for Adult (Chapter 50) Programs- A name listed in this area may prohibit employment or licensure for that person.
- c) Denials or Revocations of Operating Licenses for Child (Chapter 48) Programs -A name listed in this area may prohibit employment or licensure for that person.
- d) Rehabilitation Review Findings - A name listed in this area means that the individual has completed a rehabilitation review and the outcome may affect employment or licensure.

The Department of Regulation and Licensing (DRL) search results also appear in this letter and are listed as:

- e) Status of Professional Credential(s), License(s), or Certificate(s) -This section lists each professional credential, license, and certificate held by the individual. If an individual's name appears, note the "Eligible to Practice" indicator. If you have questions, contact the listed phone number.

The Department of Justice, Wisconsin criminal records search results are returned in a separate letter and are not part of this letter.

Before contacting one of the state agencies regarding the accuracy of the results of the electronic search, please verify that the name, date of birth, and Social Security Number shown at the beginning of this letter in the "Re" section match the name, date of birth, and Social Security Number of the original request.

NOTE: If you need TTY support, call (608) 266-7376 instead of the numbers listed in the rest of this letter.

Enclosure: Response to Caregiver Background Check.

Electronic Search Results from the Department of Health Services (DHS) and the Department of Children and Families (DCF)

a. Noncredentialed Caregiver Findings of Abuse or Neglect of a Client; or Misappropriation of a Client's Property in Wisconsin

No findings for [REDACTED] in the caregiver law were listed for

If additional information is needed, contact the Division of Quality Assurance at (608)261-8319.

Noncredentialed Caregiver Findings of Abuse or Neglect of a Client; or Misappropriation of a Client's Property Out of State

No findings for reasons specified in the caregiver law were listed for

If additional information is needed, contact the Division of Quality Assurance at (608)261-8319.

b. Denials or Revocations of operating Licenses for Adult (Chapter 50) Programs

No denials or revocations specified in the caregiver law were found for

c. Denials or Revocations of operating Licenses for Child (Chapter 48) Programs

No denials or revocations specified in the caregiver law were found for

If additional information is needed, contact the Bureau of Regulation and Licensing at (608)266-9314.

c. Denials or revocations of Operating Licenses for CLD BPP

No denials or revocations for the reasons specified in the caregiver law were found for

c. Denials or revocations of Operating Licenses for CLD BRL

No denials or revocations for the reasons specified in the caregiver law were found for

If additional information is needed, contact the Bureau of Regulation and Licensing at (608)266-9314.

c. Denials or revocations of a Family Day Care Certification for CLD DWD

No denials or revocations for the reasons specified in the caregiver law were found for

If additional information is needed, contact the Certifying Agency at (608)261-4595.

d. Rehabilitation Review Findings Time Matters

No Rehabilitation findings were found for

If additional information is needed, contact the Office of Legal Counsel at (608)266-8428.

Electronic Search Results from the Department of Regulation and Licensing (DRL)

NOTE: All information provided is public record. Please ignore names that do not match the name you requested.

e. Status of Professional Credential(s), License(s) or Certificate(s)  
No professional credential, license or certificate was found for

[REDACTED]

If you believe this is incorrect or incomplete, see [www.drl.state.wi.us](http://www.drl.state.wi.us) and click on License Lookup. Print the results and file with this letter.

For additional information related to licensing of Health Professionals, please contact the Department of Regulation and Licensing at (608) 266-8794.

For additional information related to licensing of Business Professionals or Nursing Home Administrators contact (608) 261-2390 .

To verify the employment eligibility of a nurse aide, search the Wisconsin Nurse Aide Registry at [www.promissor.com](http://www.promissor.com) or call the IVR at 1-877-224-0235.

NOTE: The Department of Health Services, the Department of Children and Families and the Department of Regulation and Licensing cannot guarantee that the information furnished pertains to the Individual in whom you are interested.

**WISCONSIN CAREGIVER PROGRAM  
OFFENSES AFFECTING CAREGIVER ELIGIBILITY FOR CHAPTER 50 PROGRAMS**

**INTRODUCTION**

This document lists Wisconsin crimes and other offenses that the Wisconsin State Legislature, under the Caregiver Law, Chapter 50.065, Wis. Stats., has determined require rehabilitation review approval before a person may receive regulatory approval, work as a caregiver, reside as a non client resident at, or contract with an entity.

For more information, see DQA publication P-00038, *Wisconsin Caregiver Program Manual*, at:

<http://www.dhs.wisconsin.gov/publications/DQAnum.asp>

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Unless the person is approved through the Rehabilitation Review process, the crimes and findings by government agencies included on the Offenses List (Tables I and II), and comparable crimes and offenses from other states or other U.S. jurisdictions, prohibit:

- employment as a caregiver in regulated entities;
- licensure, certification, or registration of a person to operate an entity; and
- residence of a non client resident.

Any conviction not on the Offenses List may be determined to be substantially related to the duties or the circumstances of the job. This may result in:

- refusal to hire a candidate for that reason, although an employer is not required to bar the person from employment;
- denial, revocation, or suspension of a license, certificate, or approval or registration; or
- denial of residency of a non client resident.

A criminal record that indicates "not guilty," "no prosecution," "dropped," or "dismissed" means that the person was not convicted of the crime for which they were charged.

Additional information must be obtained when:

1. The person reports a conviction for a crime on the Offense List that does not appear on the Department of Justice (DOJ) report to the criminal history record request.
2. The DOJ report does not provide a conclusive disposition on a criminal charge for a crime on the Offense List;
3. The military discharge was other than "honorable;" or
4. The Background Information Disclosure (BID) or DOJ response indicates a conviction of any of the following, where the conviction occurred five years or less from the date on which the information was obtained.
  - Misdemeanor battery s. 940.19(1), Wis. Stats.
  - Battery to an unborn child s. 940.195, Wis. Stats.
  - Battery, special circumstances s. 940.20, Wis. Stats.
  - Reckless endangerment s. 941.30, Wis. Stats.
  - Invasion of privacy s. 942.08, Wis. Stats.
  - Disorderly conduct s. 947.01, Wis. Stats.
  - Harassment s. 947.013, Wis. Stats.

**Note:** These seven convictions do not prohibit employment, but do require the entity to obtain the criminal complaint and judgment of conviction from the Clerk of Courts office in the county where the person was convicted.

**WISCONSIN CAREGIVER PROGRAM  
OFFENSES AFFECTING CAREGIVER ELIGIBILITY FOR CHAPTER 50 PROGRAMS**

**Table I**

**Entities and Programs Serving Only Persons 18 Years of Age or Older**

Regulatory approval, employment as a caregiver, and non client residency at or contracting with an entity are prohibited until rehabilitation approval is received, for all programs and entities that serve only clients 18 years of age or older.

**CONVICTIONS**

<b>Wisconsin State Statute</b>	<b>Offense</b>
940.01	First degree intentional homicide
940.02	First degree reckless homicide
940.03	Felony murder
940.05	Second degree intentional homicide
940.12	Assisting suicide
940.19 (2), (3), (4), (5) or (6)	Battery; substantial battery; aggravated battery (felony)
940.22 (2) or (3)	Sexual exploitation by therapist; duty to report
940.225 (1), (2) or (3)	Sexual assault (first, second, or third degree)
940.285 (2)	Abuse of individuals at risk
940.29	Abuse of residents of penal facilities
940.295	Abuse and neglect of patients and residents
948.02 (1)	Sexual assault of a child (first degree)
948.025	Engaging in repeated acts of sexual assault of the same child
948.03 (2)(a)	Physical abuse of a child (intentional causation of bodily harm)
	Violation of the law of any other state or U.S. jurisdiction that would be a violation of any of the above.

**OTHER OFFENSES**

	Finding by a government agency of abuse or neglect of a client or of misappropriation of a client's property
	Finding by a government agency of child abuse or neglect

**WISCONSIN CAREGIVER PROGRAM  
OFFENSES AFFECTING CAREGIVER ELIGIBILITY FOR CHAPTER 50 PROGRAMS**

Table II

**Entities and Programs Serving Any Persons Under the Age of 18 Years**

Regulatory approval, employment as a caregiver, and non client residency at or contracting with an entity are prohibited until rehabilitation approval is received, for all programs and entities that serve any clients who are under the age of 18.

**CONVICTIONS**

<b>Wisconsin State Statute</b>	<b>Offense</b>
940.01	First degree intentional homicide
940.02	First degree reckless homicide
940.03	Felony murder
940.05	Second degree intentional homicide
940.12	Assisting suicide
940.19 (2), (3), (4), (5) or (6)	Battery; substantial battery; aggravated battery (felony)
940.22 (2) or (3)	Sexual exploitation by therapist; duty to report
940.225 (1), (2) or (3)	Sexual assault (first, second, or third degree)
940.285 (2)	Abuse of individuals at risk
940.29	Abuse of residents of penal facilities
940.295	Abuse and neglect of patients and residents
948.02 (1) or (2)	Sexual assault of a child (first and second degree)
948.025	Engaging in repeated acts of sexual assault of the same child
948.03 (2)(a), (b) or (c)	Physical abuse of a child (intentional causation of bodily harm)
948.05	Sexual exploitation of a child
948.051	Trafficking of a child
948.055	Causing a child to view or listen to sexual activity
948.06	Incest with a child
948.07	Child enticement
948.08	Soliciting a child for prostitution
948.085	Sexual assault of a child placed in substitute care
948.11 (2)(a) or (am)	Exposing a child to harmful material or harmful descriptions or narrations
948.12	Possession of child pornography
948.13	Child sex offender working with children
948.21 (1)	Neglecting a child
948.30	Abduction of another's child; constructive custody
948.53	Child unattended in child care vehicle
	Violation of the law of any other state or U.S. jurisdiction that would be a violation of any of the above.

**OTHER OFFENSES**

	Finding by a government agency of abuse or neglect of a client or of misappropriation of a client's property
	Finding by a government agency of child abuse or neglect

**Chairman:** Thomas Lutzow  
**Vice-Chairperson:** Maria Perez  
**Secretary:** Michael Davis  
**Senior Executive Assistant:** Jodi Mapp, 257-5202

**MILWAUKEE COUNTY MENTAL HEALTH BOARD  
EXECUTIVE COMMITTEE**

**Thursday, August 13, 2020 - 1:30 P.M.**  
**Teleconference Meeting**

**A G E N D A**

**SCHEDULED ITEMS:**

- |    |   |
|----|---|
| 1. | Welcome. <b>(Chairman Lutzow)</b>   |
| 2. | Introduction of and Presentation by the Acting Director of the Office of African American Affairs (OAAA) on the OAAA's Vision to Support the Overall Vision and Mission of Milwaukee County. <b>(Jeff Roman, Office of African American Affairs – Verbal Report/Informational Only)</b> |
| 3. | Reform of the Request for Proposals and Contracting Process. <b>(David Muhammad, Department of Health and Human Services - Verbal Report/Informational Only)</b>  |
| 4. | Third-Party Fiscal Agent for the Provision of Mental Health Board Support Staff Oversight Request for Proposals Update. <b>(Matt Fortman, Behavioral Health Division – Verbal Report/Informational Only)</b>  |
| 5. | Adjournment.  |

**To Access the Meeting, Call the Number Below:**

**(414) 436-3530**

**Conference ID: 367 565 759#**

**The next meeting for the Milwaukee County Mental Health Board Executive Committee  
Will be on Tuesday, December 1, 2020, at 1:30 p.m. at a  
Location to be Determined**

**Visit the Milwaukee County Mental Health Board Web Page at:  
<https://county.milwaukee.gov/EN/DHHS/About/Governance>**

***ADA accommodation requests should be filed with the Milwaukee County Office for Persons with Disabilities,  
278-3932 (voice) or 711 (TRS), upon receipt of this notice.***

# Executive Committee Item 3

**COUNTY OF MILWAUKEE**  
Inter-Office Communication

**DATE:** May 20, 2020

**TO:** Supervisor Marcelia Nicholson, Chairwoman, Milwaukee County Board of Supervisors

**FROM:** Shakita LaGrant-McClain, Interim Director, Department of Health and Human Services and Department on Aging  
*Prepared by David Muhammad, Deputy Director, Department of Health and Human Services*

**SUBJECT:** **An informational report from the Interim Director, Department of Health and Human Services, providing an update on racial equity and contracting**

## **Background**

On April 17, the Milwaukee County Board of Supervisors adopted File No. 20-173 which created Chapter 108, "Achieving Racial Equity and Health," of the Milwaukee County Code of General Ordinances. DHHS is in alignment with this ordinance as DHHS leadership continues to focus on social determinants of health as well as racial and health equity through the work it does internally with its operations and externally, with its participants, contracted provider organizations, system, and community partners. Racial Equity and Contracting is one area identified by DHHS leadership in which there is an opportunity to address structural barriers and advance equitable policy and practice. The primary goal is to assess DHHS's contract procurement strategy and develop additional tactics to address structural barriers to expand the provider network and ensure that its diversity is representative of those served in DHHS.

Currently, DHHS does most of its work through contracted provider organizations. In fact, over 50 percent of the budget is comprised of outside contracts. The vast majority of these are nonprofits and traditional diversity procurement strategies do not fully address the needs of this sector. In response, DHHS seeks to establish a collaborative Racial Equity in Contracting Workgroup to assess our institutional practices through a racial equity lens. It is our goal to develop DHHS's capacity to improve its work with providers and institutional partners to ensure a consistent process that addresses their needs.

## ***Challenges and Opportunities***

Our initial assessment found that many smaller agencies face challenges with administrative capacity and staff training. These providers often encounter differences in the Request for Proposals (RFP) process moving from provider networks to other divisions. Additionally, there are key indicators to help providers successfully compete in the RFP process. This includes data on staff turnover, examples of how cultural competency is addressed, and emergency management plans. Specific capacity building efforts and workshops can improve and ensure a more equitable contracting process for DHHS.

While it may be more organizationally efficient to work with large providers with stronger administrative capacity, this does not guarantee better outcomes for impacted populations. The utilization of the GARE RE Tool will allow for the consideration of racial equity and help address the disparities in the social determinants of health. There is also a need to develop greater internal capacity to measure outcomes for providers that serve specific needs of targeted populations. DHHS benefits from partnerships with providers that specialize in servicing specific populations. Often, a lack of institutional diversity can promote narrative bias against smaller providers. Therefore, this process may allow for the identification of measures to expand the provider network and encourage non-profit diversity which may positively impact the talent pool that is available to Milwaukee County. The following are some Challenges and Opportunities to achieving an expanded and diverse talent pool of providers:

### Challenges

- 1) DHHS has received appeals for decisions and there has historically been a disparity between smaller institutions and larger, less diverse institutions being awarded.
- 2) Costs associated with securing DBE status, insurance requirements, training, and crisis plans may disadvantage smaller organizations.
- 3) Distinction between fee for services and purchase of services has varying implications on different types of organizations.
- 4) Knowledge gaps and capacity for dedicated bandwidth to complete administrative requirements.
- 5) Current scoring rubric advantages larger, often less diverse institutions.

### Opportunities:

- 1) Opportunity exists to advance diverse leadership in this region due to the symbiotic relationship between the non-profit sector and public sector. Currently, there is not a clear path for diverse leaders to enter Milwaukee County or advance from within Milwaukee County. Furthermore, this has implications to Milwaukee County's institutional commitment which is highlighted in the five to three-year objectives of the strategic plan outline in file #20-173, "Milwaukee County leadership, management, and staff will reflect the demographics (including but not exclusively racial) of Milwaukee County."
- 2) Championing equitable contracting processes is not only the right thing to do, it is a key factor in Milwaukee County's ability to increase access to care that is acceptable and appropriate to meet the needs of individuals, children, and families with dignity and quality.
- 3) The utilization of the RE Tool will allow for greater transparency which may enable DHHS and Milwaukee County to build trust with the community and key-stakeholders. The RE Tool has a specific component that focuses on community engagement, which will enable this.

- 4) Utilizing the RE Tool to review the current scoring rubric, RFP requirements, and other items associated with contracting may reveal additional areas for increased equity.

**DHHS Participant Demographics and Racial Equity**

The overwhelming majority of DHHS contract providers are non-profits that are not reached by traditional Disadvantaged Business Enterprise (DBE) or Targeted Business Enterprise (TBE) efforts. Diversity is measured in the RFP process and efforts are underway to track representation in the provider network. There is a diversity gap that DHHS can address by encouraging the advancement of professionals of color in the human service sector. The demographics of our participants speak to this need at all organizational levels.

According to the most recent figures from the United States Census Bureau, Milwaukee County’s total population is 948,201. Females comprise 51.6 percent of the population. And the racial breakdown is 51 percent White, 27 percent African American, 5 percent Asian, 15 percent Latino and 1 percent American Indian. DHHS provides services to all 19 cities with the City of Milwaukee being the largest service consumer.

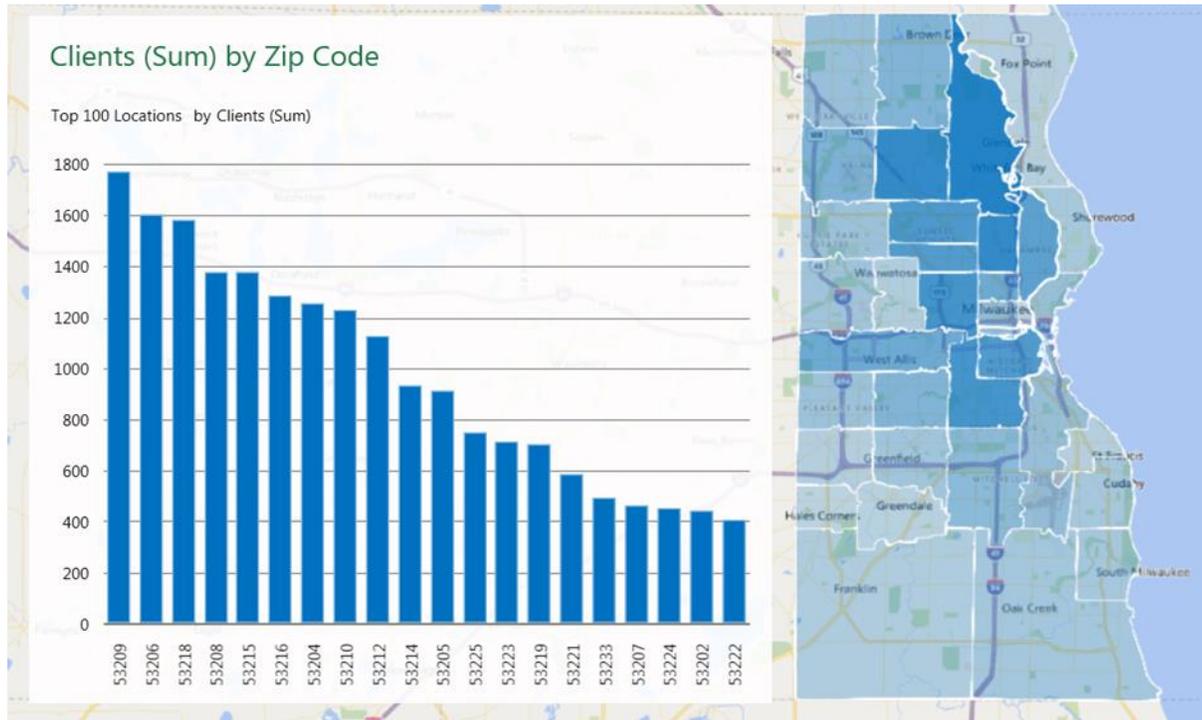
In 2018, DHHS served 84,778 individuals throughout its divisions and Energy Assistance Program. The breakdown of participants is as follows:

- DYFS: 1,452 (2 percent)
- BHD (excluding Wraparound Milwaukee): 13,017 (15 percent)
- DSD: 5,843 (7 percent)
- Housing Division: 2,385 (3 percent)
- Wraparound: 1,306 (2 percent)
- Energy Assistance: 60,775 (72 percent)

**Data Snapshot**

Males received the majority of services provided by BHD (61 percent) and Wraparound (65 percent) while DYFS’ participant population was 79 percent male. Housing and the Disabilities Services Division (DSD) each served over 50 percent females in its programs with Housing being slightly over 66 percent. The racial breakdown for participants is as follows with all other groups being at less than 1 percent:

Division	African American	White	Latino
DYFS 2018	77%	13%	9%
DSD 2018	68%	28%	0%
Housing 2019	69%	30%	0%
BHD 2018 (ex. Wrap)	49%	33%	7%
Wraparound 2018	64%	14%	14%



Note that in the graphic above, the vast majority of DHHS participants are from Milwaukee and concentrated within several zip codes.

***Racial Equity and DHHS Contracting Best Practices***

Successful contracting for racial equity and achieving greater participation of diverse organizations may consider the following factors:

- Representation of people of color on board of directors, administration, or ownership;
- Composition of the agency’s overall staff diversity, not just Milwaukee County specific program staff; and
- Consider how the organization’s mission and vision statement addresses targeting populations of color and historically underserved communities.

DHHS has already undertaken the following actions:

- Expanded DHHS-BHD RFP review panels from 3 reviewers to 5 panelists to minimize outlier scores;
- Implemented requirement that all review panels be racially diverse before proceeding with any scoring process;
- Held preliminary interviews with internal and external stakeholders regarding potential and reported barriers to the RFP Process
- Assess the current diversity of provider network and report out data

- Scheduled June/July RFP technical assistance session for upcoming opportunities
- Evaluated internal racial equity efforts to increase cultural competency in DHHS as a part of “No Wrong Door” Future State efforts

The Racial Equity in Contracting Workgroup will evaluate potential strategies to expand contracting opportunities for diverse organizations utilizing the RE Tool. Opportunities may include, but are not limited to the following:

- Determine potential maximum contract amounts that that could be carved out and available for smaller providers that serve targeted populations; it could, for example, be a contract threshold of \$250,000.
- For certain RFP opportunities that serve specific populations or niche providers, identify a maximum annual budget of an organization to qualify for potential contract opportunities; it could for example be an annual budget of \$2 million, or \$2.5 million. This would provide a pathway for smaller entities that provide services to priority populations.
- Review implications of purchase of service contract payment methodology versus fee for service. In some cases, there may be advantages that best meet the needs of newer or smaller entities.
- Reassess insurance requirements for contractors that are sole proprietors. If they are single proprietors with no employees, workman’s comp requirements can be a challenge.
- Include providers in the program design process to better inform quality assurance functions and for RFP opportunities to address specific social determinants of health for specific populations.
- Review the scoring rubric for weighted factors that may advantage larger institutions (training budgets for example) but also increase points for those factors that promote diversity.
- Create RFP standing review panels by division to ensure diversity and community participation.
- Implement participatory budget sessions to inform priorities and promote transparency.

According to the Governmental Alliance for Racial Equity (GARE), there are several best practices which should be implemented during a contracting equity program. DHHS is in alignment with GARE and seeks to advance the following tactics:

<p>Ensure RFP process is clear and accessible</p>	<ul style="list-style-type: none"> <li>• Revision of scoring process and rubric</li> <li>• Review communication tactics and technology platforms which house RFP announcements, materials and submission forms</li> </ul>	<ul style="list-style-type: none"> <li>• Increase number of diverse-led organizations who successfully apply for RFPs and submit all required documents</li> <li>• Decreased number of appeals for RFP decisions</li> </ul>
<p>Evaluate progress and lead a continuous</p>	<ul style="list-style-type: none"> <li>• Include internal QA/QI staff and assess current capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Fidelity measures to know if the policies and practices are being</li> </ul>

<p>process of enhancing the program</p>	<ul style="list-style-type: none"> <li>• Establish DHHS standards for how cultural competency is defined</li> <li>• Include external partners in the setting of metrics</li> </ul>	<p>implemented consistently across the department</p> <ul style="list-style-type: none"> <li>• Diversity of contracted provider admin/board leadership</li> <li>• Diversity of participants</li> </ul>
<p>Drive culture change to promote an inclusive procurement and contracting environment</p>	<ul style="list-style-type: none"> <li>• Track and collect demographic data of providers in alignment with CBDP process</li> <li>• Establish goals for provider network diversity</li> </ul>	<ul style="list-style-type: none"> <li>• Incorporate internal partners (OAAA, Procurement, DAS) and external partners to evaluate outcomes</li> <li>• Measure economic impact to communities of color alongside program outcomes</li> </ul>

***Racial Equity and Contracting Action Workgroup***

This action team will be composed of members from the Milwaukee County community, government employees and elected officials who are diverse in race, ethnicity, gender, ability, sexual orientation, leadership and work level, experience, discipline, etc. This group will assist DHHS Leaders to intentionally and critically examine race, ethnicity and health equity when analyzing problems, proposing solutions and measuring success of contracting processes.

***Proposed Objectives:***

- Develop processes based on the GARE Best Practices, Milwaukee County Vision and DHHS strategic priorities, and community voice to advance greater contracting equity within DHHS
- Ensure power dynamics are considered to determine the beneficiary of the task, strategy or solution
- Establish metrics to measure impact on Human Service Provider network, social determinants of health, and economic impact
- Identify and assess differential impacts, unintentional and/or intentional, that result from contracting processes
- Create communication and engagement tactics for stakeholders
- Champion the establishment of an overall policy that advances equity within DHHS and can inform best practices countywide

**Next Steps**

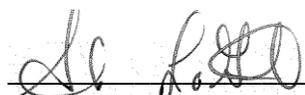
DHHS plans to establish a Racial Equity and Contracting Action Workgroup that includes representation from the Office on African American Affairs (OAAA), County Board, provider network, community, DHHS team, and other leadership as determined by the County Executive’s office. This workgroup will accomplish the following:

- Drafting of Workgroup charter, metrics, and timeline
- Apply the GARE Racial Equity Tool to guide the work and evaluate recommendations
- Review and draft recommendations of internal policy and RFP practices
- Oversee the creation of a policy white paper and report regarding diversity in DHHS contracting and the department's overall economic impact on communities of color
- Identify strategies to address structural barriers to ensure a diverse provider network
- Hire external evaluator and create advisory structure for implementation

Timeline: Completed by the end of 2020

**Recommendation**

This report is informational and no action is required.



Shakita LaGrant-McClain, Interim Director

Department of Health and Human Services and Department on Aging

cc: County Executive David Crowley  
Mary Jo Meyers, County Executive's Office  
County Supervisor Supreme Moore-Omokunde  
Steve Cady, Research Director, Comptroller's Office  
Pam Matthews, Fiscal & Management Analyst, DAS  
Lottie Maxwell-Mitchell, Research & Policy Analyst, Comptroller's Office

**Chairperson:** Mary Neubauer  
**Executive Assistant:** Kiara Abram, 257-7212  
**BHD Staff:** Jennifer Bergersen

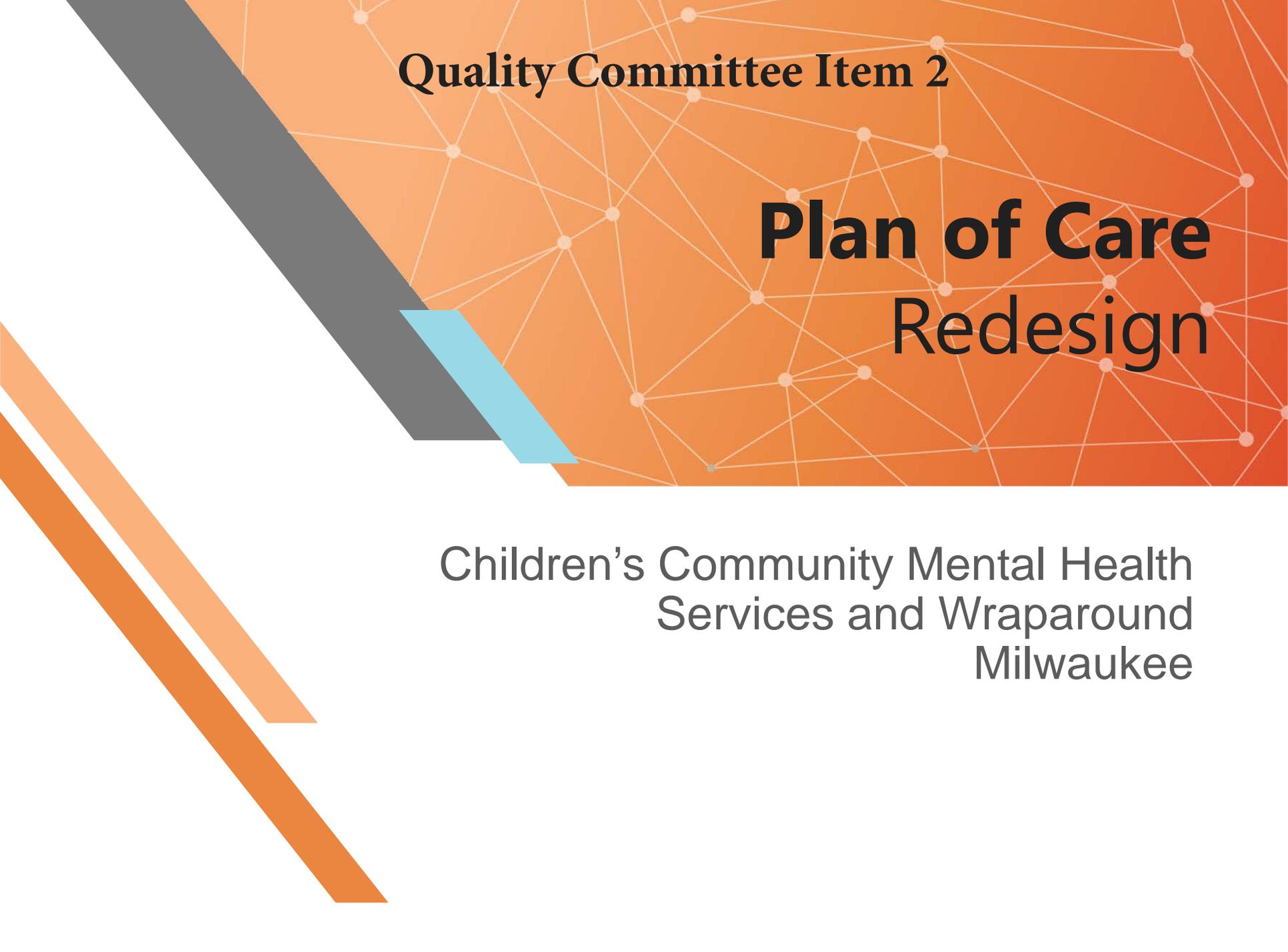
**MILWAUKEE COUNTY MENTAL HEALTH BOARD  
 QUALITY COMMITTEE  
August 3, 2020 - 10:00 A.M.  
 Microsoft Teams Meeting**

**A G E N D A**

**SCHEDULED ITEMS:**

1.	Welcome ( <b>Chairwoman Neubauer</b> )
	<b>COMMUNITY SERVICES:</b>
2.	Wraparound Milwaukee - Plan of Care; Pre and Post Evaluation ( <b>Dana James, Quality Assurance and Quality Improvement Manager; Adrienne Sulma, Integrated Services Manager</b> )
3.	NIATX Project ( <b>Krista McNeil; Alternatives in Psychological Consultation</b> )
4.	Value in Healthcare – A Phased Approach ( <b>Dr. Matt Drymalski, Clinical Program Director</b> )
5.	Community Access to Recovery Services Mid Cycle Report ( <b>Dr. Matt Drymalski, Clinical Program Director; Justin Heller, Integrated Services Manager</b> )
6.	Community Contract Vendor Quality Updates; A Place for Miracles Living Center, LLC ( <b>Amy Lorenz, Deputy Administrator, CARS</b> )
	<b>HOSPITAL SERVICES:</b>
7.	Proposed 2020 BHD Inpatient Dashboard Q2 ( <b>Edward Warzonek, Quality Assurance Coordinator; Demetrius Anderson, Quality Improvement Manager; Dale Brown, RN, MSN; Jennifer Bergersen, COO</b> )
8.	Sentinel Event Committee 2019 Annual Report ( <b>Dr. Sara Coleman, SEC Chair</b> )
9.	Quality Assurance/Quality Improvement Hiring Update - Verbal ( <b>Demetrius Anderson, Quality Improvement Manager</b> )
10.	Hospital Contracted Services Provider Update - Verbal ( <b>Luci Reyes-Agron</b> )

11.	Annual Action Items for the Mental Health Board Quality Committee ( <b>Jennifer Bergersen, COO</b> )
12.	Adjournment. ( <b>Chairwoman Neubauer</b> )
<p style="text-align: center;"><b>To Access the Meeting, Call the Number Below:</b></p> <p style="text-align: center;">(414) 436-3530 Conference ID: 318 289 280#</p> <p style="text-align: center;"><b>The next regular meeting for the Milwaukee County Mental Health Board Quality Committee is October 5, 2020 at 10:00 a.m.</b></p> <p style="text-align: center;"><b>Visit the Milwaukee County Mental Health Board Web Page at:</b></p> <p style="text-align: center;"><a href="https://county.milwaukee.gov/EN/DHHS/About/Governance">https://county.milwaukee.gov/EN/DHHS/About/Governance</a></p>	
<p style="text-align: center;">ADA accommodation requests for Milwaukee County events should be filed with the <a href="#">Milwaukee County Office for Persons with Disabilities</a>, 278-3932 (voice), 711 (TRS), or upon receipt of this notice.</p>	



**Quality Committee Item 2**

# **Plan of Care Redesign**

Children's Community Mental Health  
Services and Wraparound  
Milwaukee

# The Need

## **UPDATED, USER-FRIENDLY DOCUMENT**

- POC is accessible, reflective of experience, and helpful to youth, young adults, and families
- Care coordinators (CCs) and providers utilize an understandable document to drive quality care consistent with program values.

## **IMPROVED QUALITY INDICATORS TO ASSESS QUALITY CARE**

- New data points based on multiple stakeholder input
- Seeks to better inform both administration and POC teams of progress being made and needs met

# Pre-Evaluation Events

## Administration and Sup/Lead Feedback

- Created the initial draft of the new POC

## CC and Provider Feedback Sessions

- 4 sessions
- 63 respondents
- Mixed method analysis

## Parent and Young Adult Focus Group

- 1 session
- 9 respondents
- Qualitative analysis

## New POC Layout

- Sent to Synthesis Developers
- Test the form before go-live

## New POC training

- All staff (admin, CCs, etc.) required
- Go live August 3<sup>rd</sup>, 2020

# Feedback Themes

Qualitative themes gleaned from written and vocal feedback on the original and new drafts of the POC.

## Provider Themes

- New wording
- New layout
- Removal of sections due to sensitive/triggering nature
- Removal of school attendance graph

## Parent/Young Adult Themes

- New plan is “straight and to-the-point”
- Inclusion/exclusion of diagnoses on full POC
- Improved layout and accessibility

## Shared Themes

- More recent information displayed on full plan
- Plan is first
- New layout is family-friendly
- Positive regard for Team Plan

# Next Steps

## Training

- Purpose: To inform staff of new changes, instruct form utilization, and help staff understand its usefulness.

## Assessment

- POC Audit: compare timeliness and content of submitted new POCs to the past iteration.
- Post-Survey among providers: 3 and 6 month survey assessing utility, knowledge, and applicability of the new POC.

## Quality Improvement

- Determine if action is needed
  - If so, construct a quality improvement plan to address needs uncovered by assessment

# Post-Evaluation Timeline

August 3<sup>rd</sup>, 2020

- Go live in Synthesis
- CCs begin to use new POC form

November 2020

- 1<sup>st</sup> CC survey

February 2021

- 2<sup>nd</sup> CC survey (follow-up)

March/April 2021

- POC audits completed by Wraparound QA department

# AIM



90% OF APC EMPLOYEES  
WILL KNOW 3 MC3 VALUES.

**NIATx Change Team Members:** Rorey Kroening – *Change Leader*, Pam Fleider – *Executive Director*, Abby Matthews – *CCS Consultant*, J Bell – *TCM Consultant*, Karen Drexler – *Data Collector*, Mary Moftah – *FSS Consultant*, Michele Potrikus – *Operations Consultant*, Krista McNeil – *REACH Consultant*, Rob Bergeson - *Agency Consultant*

# Change Cycle #1

- Engaged APC Leadership Team to promote MC3 Values at department meetings.
- Surveyed all 180 employees asking them to list any MC3 Values they know to get baseline data.
- Results: Received 86 responses, 44/86 (51%) knew 3 or more MC3 Values, 26 responses reported not knowing any MC3 Values.

## What We Learned:

- Established an aim of 90% of employees will know at least 3 MC3 Values.
- Adapted continuing to raise MC3 Values awareness for all staff through Leadership engagement at team meetings.



# Change Cycle #2



- Leadership used MC3 Value ice breakers at team meetings.
- Re-surveyed all 180 employees asking them to list any MC3 Values they know to compile data.
- Results: Received 61 responses, 53/61 responses reported knowing at least 3 MC3 Values ( 87%), 4 responses reported not knowing any MC3 Values.
- Went from 51% of employees knowing at least 3 MC3 Values in Cycle 1 to 87% in Cycle 2
  - Shared survey results with all staff via email.

## What We Learned:

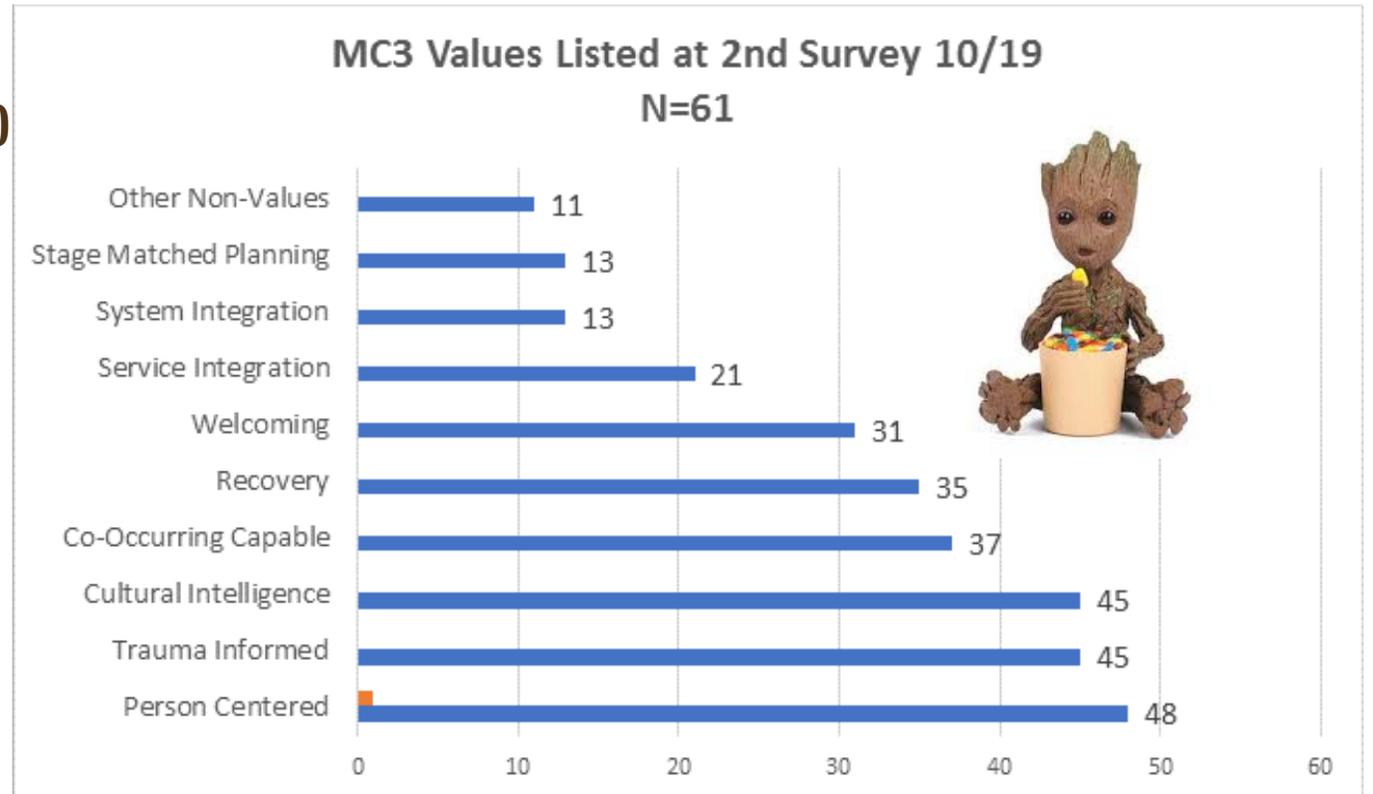
- Awareness of MC3 Values increased overall. ( *see data slide*)
- Employees are operating under the MC3 Values umbrella but cannot always define their actions under a specific MC3 Value name.
- Attending current MC3 meetings does not teach the foundation of what MC3 Values are or what MC3 is at it's core.

# Change Cycle #2: Data

**Results:** 53/61 responses knew 3 MC3 Values (87%)

- Average: **4 values**
- 4 staff didn't know ANY values (7%)
- 5 staff knew all 9 values (8%)
- 11 "Non-Values" Mentioned:

- "Strength Based" (3)
- Disorder
- Fun
- Gather info
- Helping
- Respectful
- Integrity
- Learning
- Provider Integration



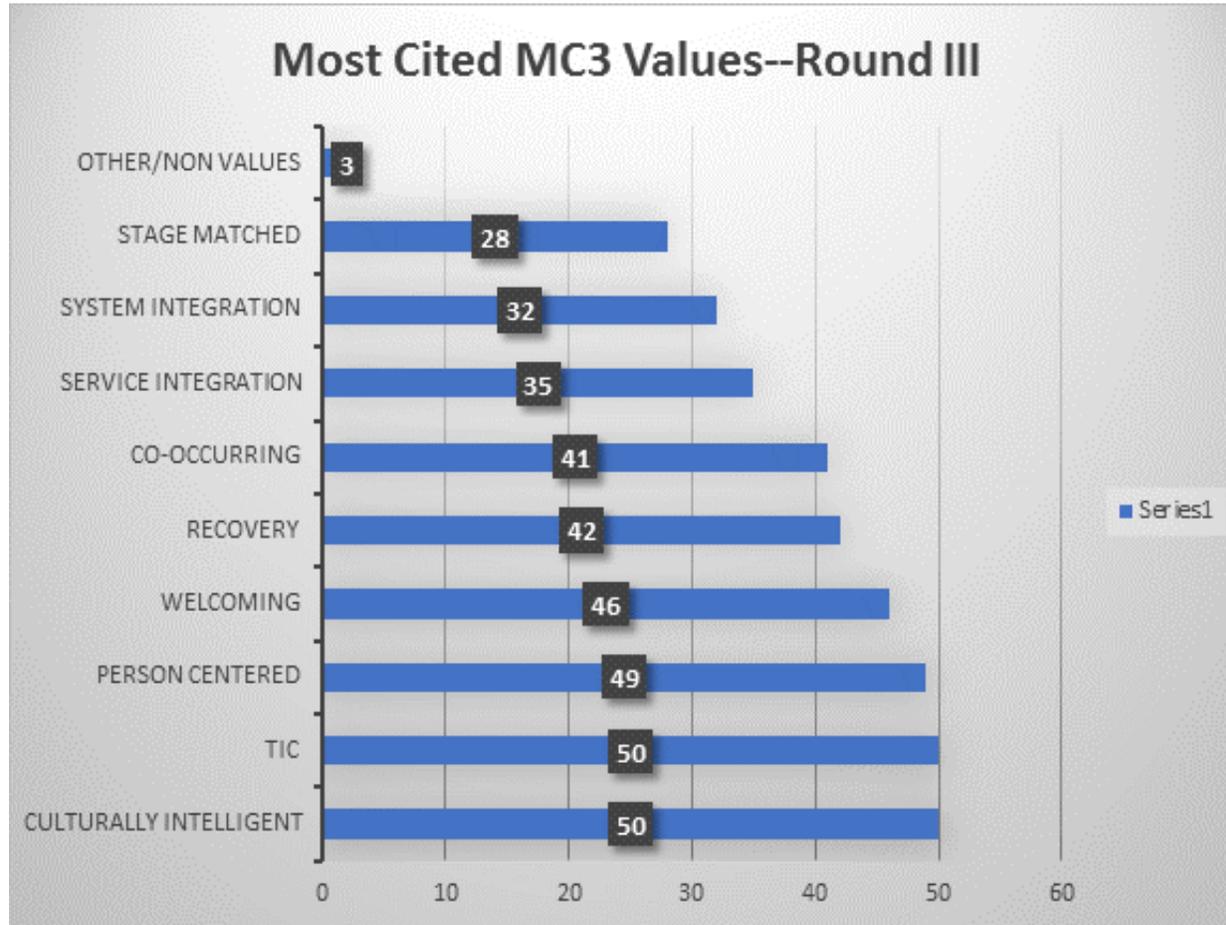
# Change Cycle #3

## **Next Steps:**

- Organize and schedule a MC3 Orientation event with Amy Moebius at APC for all employees to attend.
- Continue to have Leadership in departments raise MC3 Values knowledge through ice breaker activities at team meetings.
- Continue to survey staff for data purposes.
- Continue to share any survey results with all staff.



# Change Cycle #3: Survey Results



- After Cycle #3 MC3 Orientation was done at APC, employees were surveyed again.
- Survey results were 94.5% of employees knew at least 3 MC3 Values.
- **WE EXCEEDED OUR AIM OF 90% OF EMPLOYEES KNOW AT LEAST 3 MC3 VALUES!**
- The most commonly known MC3 Values were TIC and Culturally Intelligent.



# Quality Committee Item 4



VALUE IN HEALTHCARE: A PHASED  
APPROACH

# VALUE IN HEALTHCARE AND THE QUADRUPLE AIM

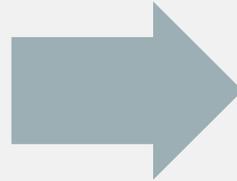
- Value in healthcare is founded upon the accurate measurement and application of the Quadruple Aim



## NEXT STEPS: VALUE MODEL AS ROADMAP

Descriptive

- Quadruple Aim



Actionable

- Value Model

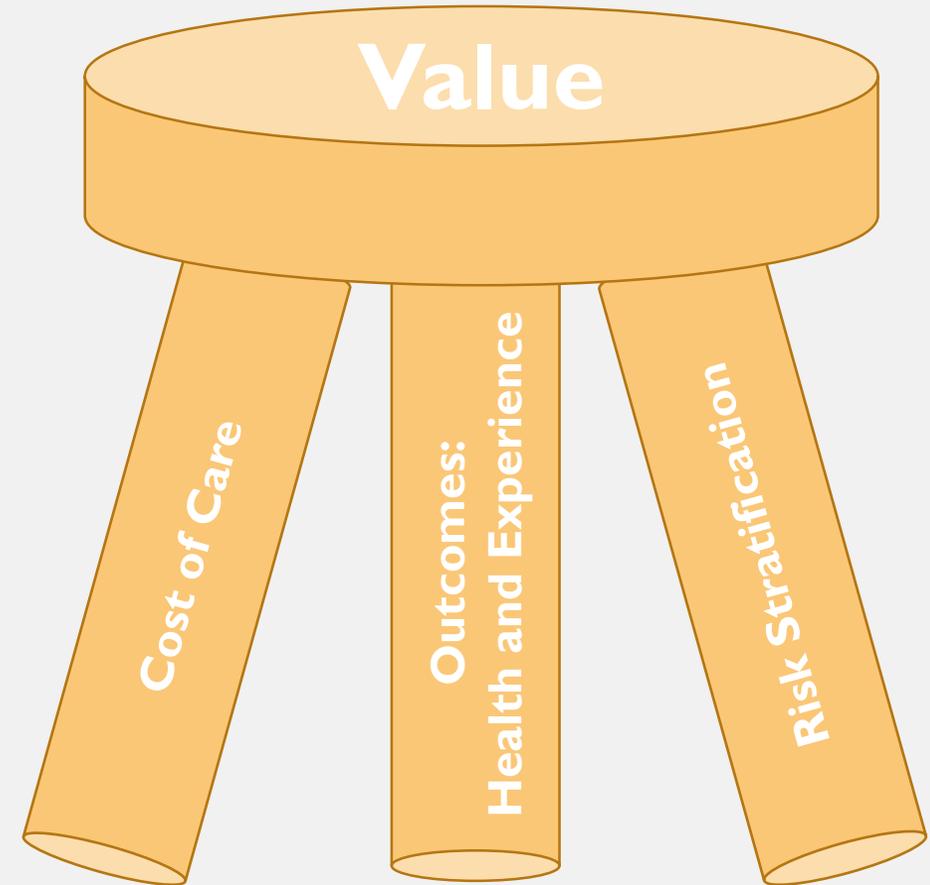
## VALUE: A WORKING DEFINITION

$$= \text{Patient Outcomes} \div \text{Dollars Spent on Care}$$

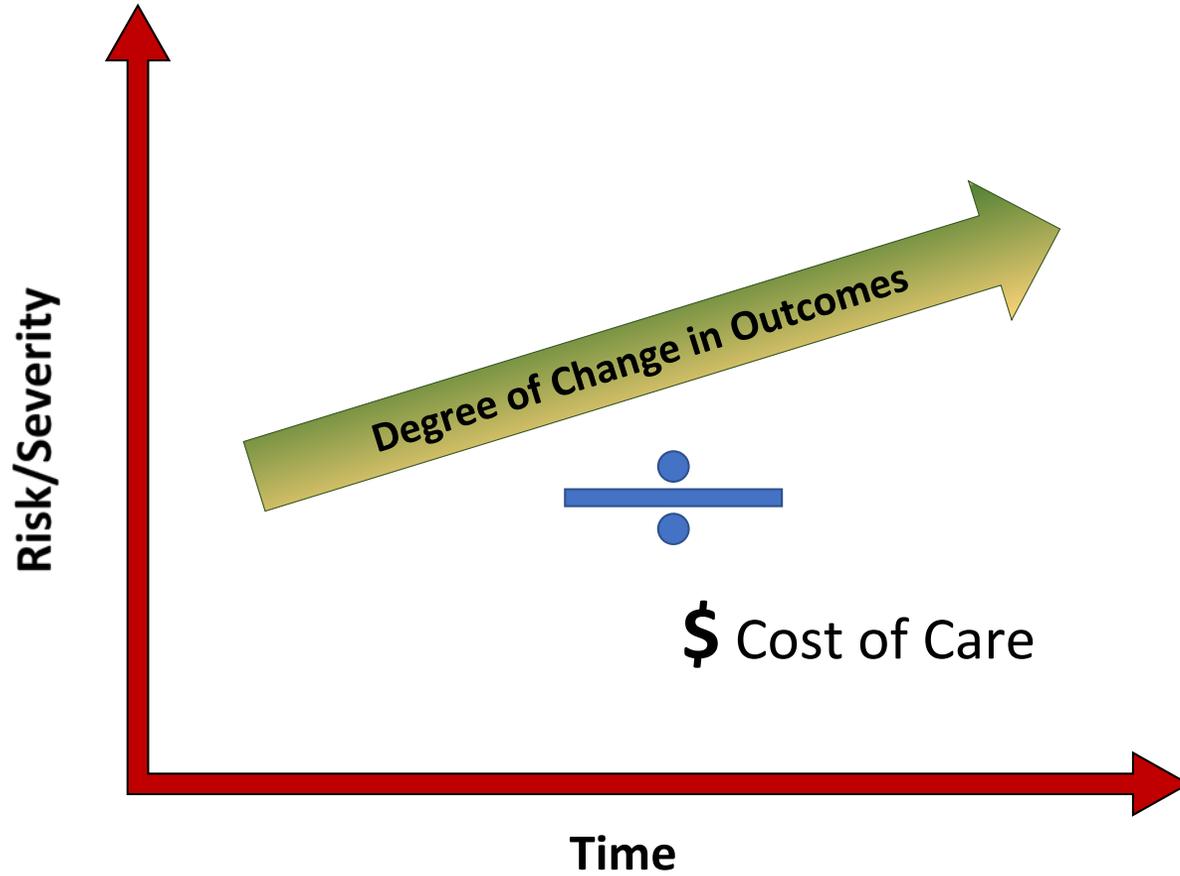
- Porter also states that “any outcome measurement should include sufficient measurement of risk factors or initial conditions to allow for risk adjustment.” (p. 2479, Porter 2010)

# VALUE AS A THREE-LEGGED STOOL

- The Value-Based Proposition: A Model
  - Cost of care, stratified by severity, linked to client outcomes



THE  
VALUE  
MODEL



IMMEDIATE NEXT  
STEPS AND PROGRESS  
THUS FAR...

## Phase 1

### Phase 1

- Complete foundation of Quadruple Aim

## Phase 2

### Phase 2

- Apply the Value Model (or some other paradigm)

## Phase 3

### Phase 3

- Set quality goals and evaluate progress



Cost of care



Outcomes



Risk Stratification Variables  
(including social  
determinants)

ESTABLISH  
CORE METRICS  
IN QUADRUPLE  
AIM

## COST OF CARE

Many ways to conceptualize

Cost of care report being built in Avatar\*

- Developed in consultation with Fiscal Department
- Uses cost value assigned per unit of care delivered
- Accounts for purchase of service contracts and Medicaid pass thru dollars

\* Formula already being used in CARS

# OUTCOMES

- Should be patient-centered and may include\*:
  - Acute Services (*PCS and Detox under development!*)
  - Social Determinants
  - Client Self Report
  - Mortality

\* Many of these are already reported in CARS Quarterly Dashboard

\*\* Client experience metrics could be used as outcome as well



## OUTCOMES: QUALITY OF LIFE

### Quality of life (QOL) as a key outcome

### Many potential benefits

- Ultra brief (single item)
- Program and client agnostic
- Broadly related to health, socio-behavioral determinants
- Client centered
- Client reported\*

\* Please see handout for more QOL results



## RISK STRATIFICATION

The process of adjusting estimates of outcome (cost, clinical, etc.), based variables that impact that outcome

Often based on diagnosis; more recent risk adjustment efforts have incorporated social and behavioral determinants of health

## RISK STRATIFICATION: CURRENT EFFORT AND NEXT STEPS

- Need to have the right variables in place
- CARS has a preliminary social determinants screen built and ready for implementation

Category	Examples of Variables
Demographic characteristics	Age, gender, origin, and ethnic group
Clinical factors	Diagnoses, comorbidities, and symptoms
Socio-economic characteristics	Education, income, and marital status
Health behaviors	Smoking, alcohol consumption, and diet
Preferences	QOL, expectations of healthcare system

## NEXT STEPS

Continue

Continue to build out key, foundational data elements of Quadruple Aim



Pilot

Pilot Value Model

## POSSIBLE APPLICATIONS OF VALUE MODEL?



Population health outcomes



Contract performance measures



Contract awards (initial and extensions)



Utilization Management/Utilization Review



Continued dashboard development/revision



Identifying and addressing waste/low value care



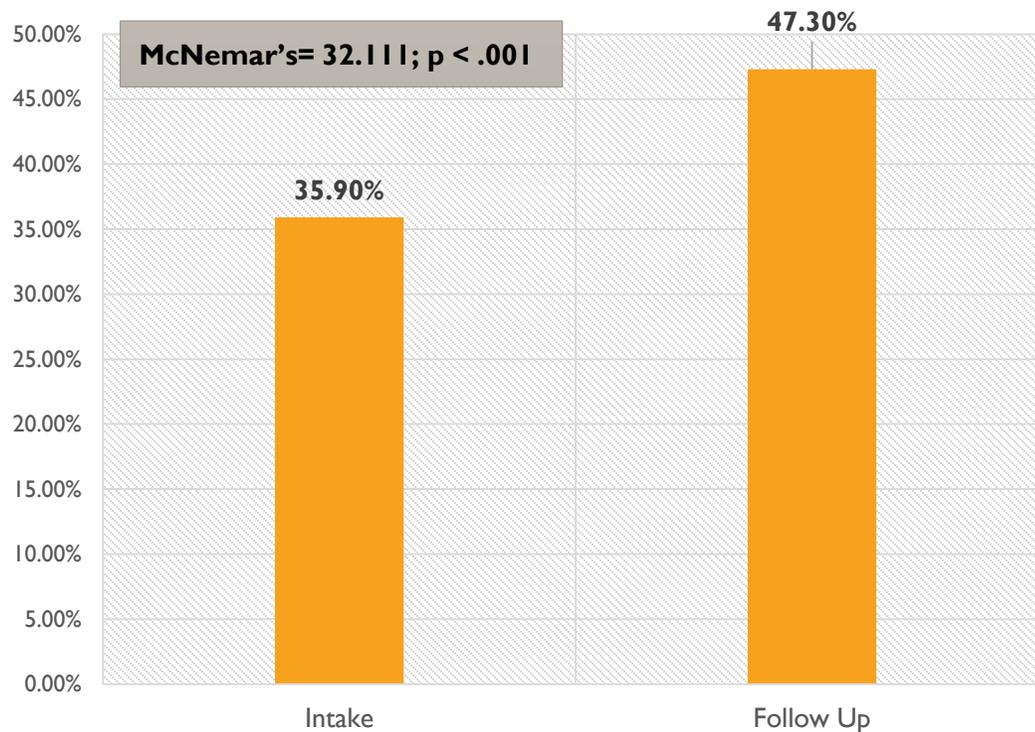
Other QI projects?

THOUGHTS?

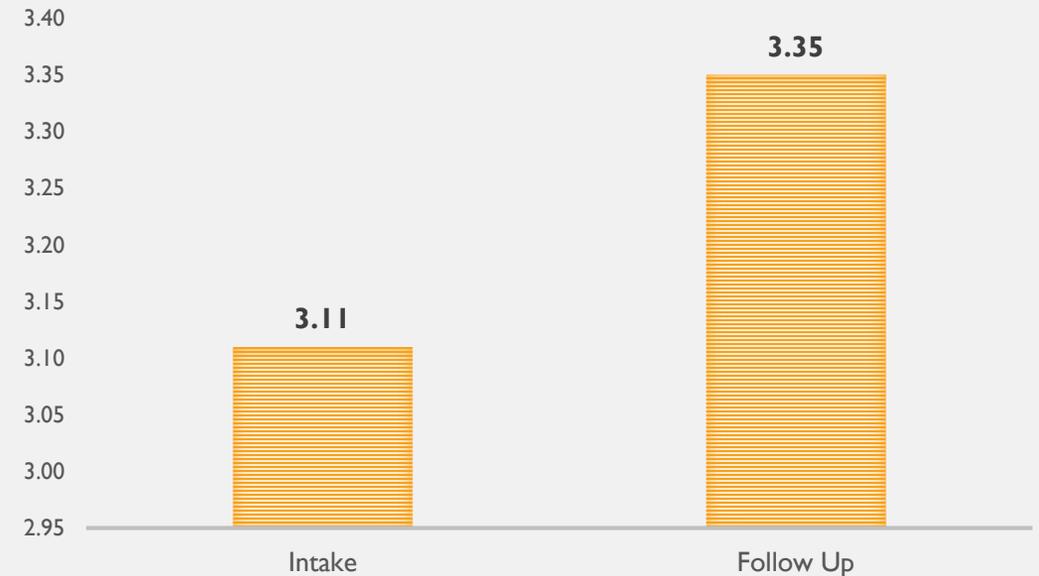
APPENDIX:  
SINGLE ITEM QUALITY OF LIFE DATA

# SINGLE ITEM QOL AS OUTCOME: PRELIMINARY DATA (N=969)

% of Clients Reporting Good or Very Good Quality of Life: Intake to Follow Up (N=969)



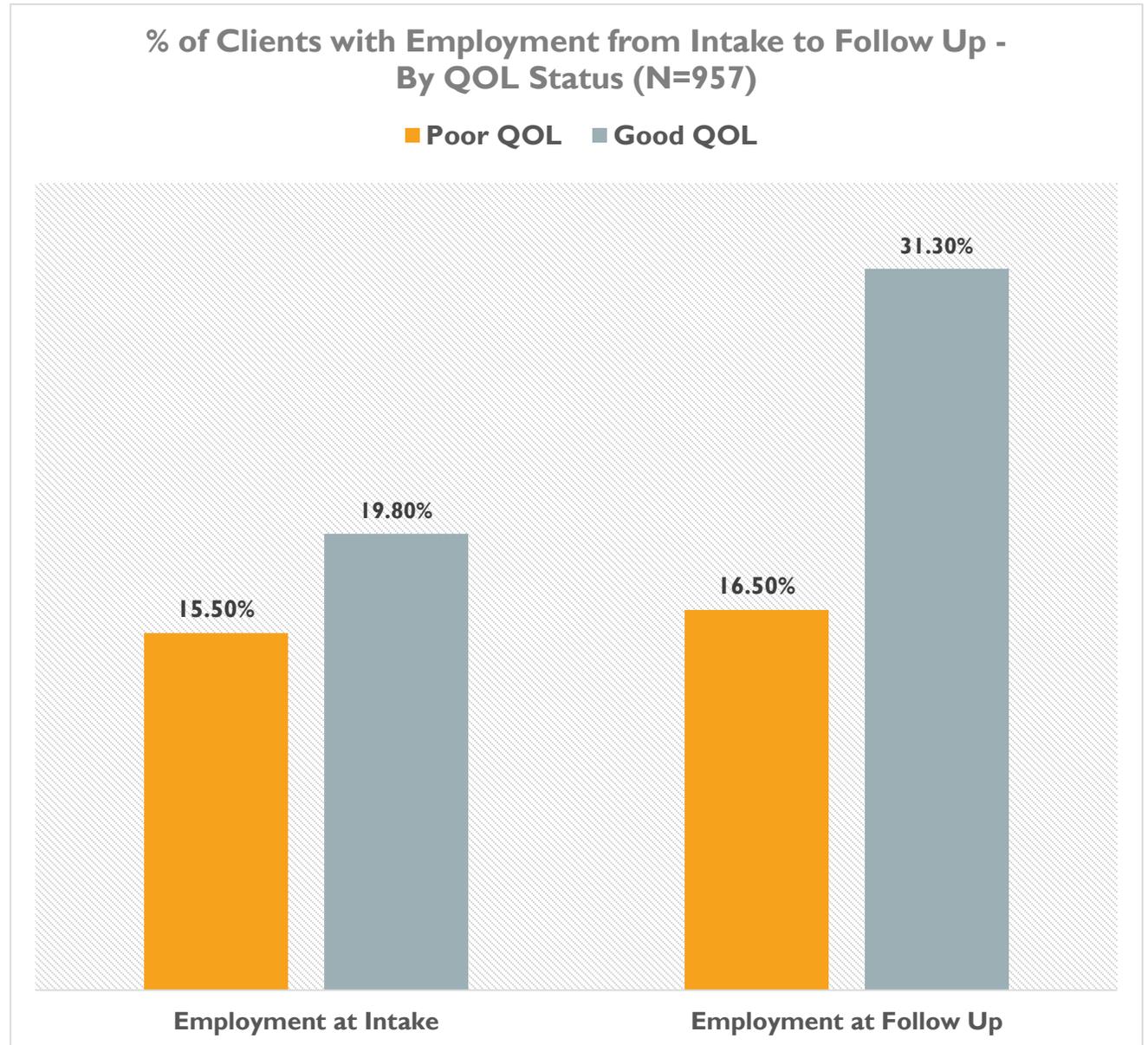
TOTAL QUALITY OF LIFE SCORE:  
INTAKE TO FOLLOW UP



Paired Samples t-test:  $t(968) = -6.530, p < .001$   
Effect Size:  $d = .25$   
Standardized Response Mean:  $= .21$

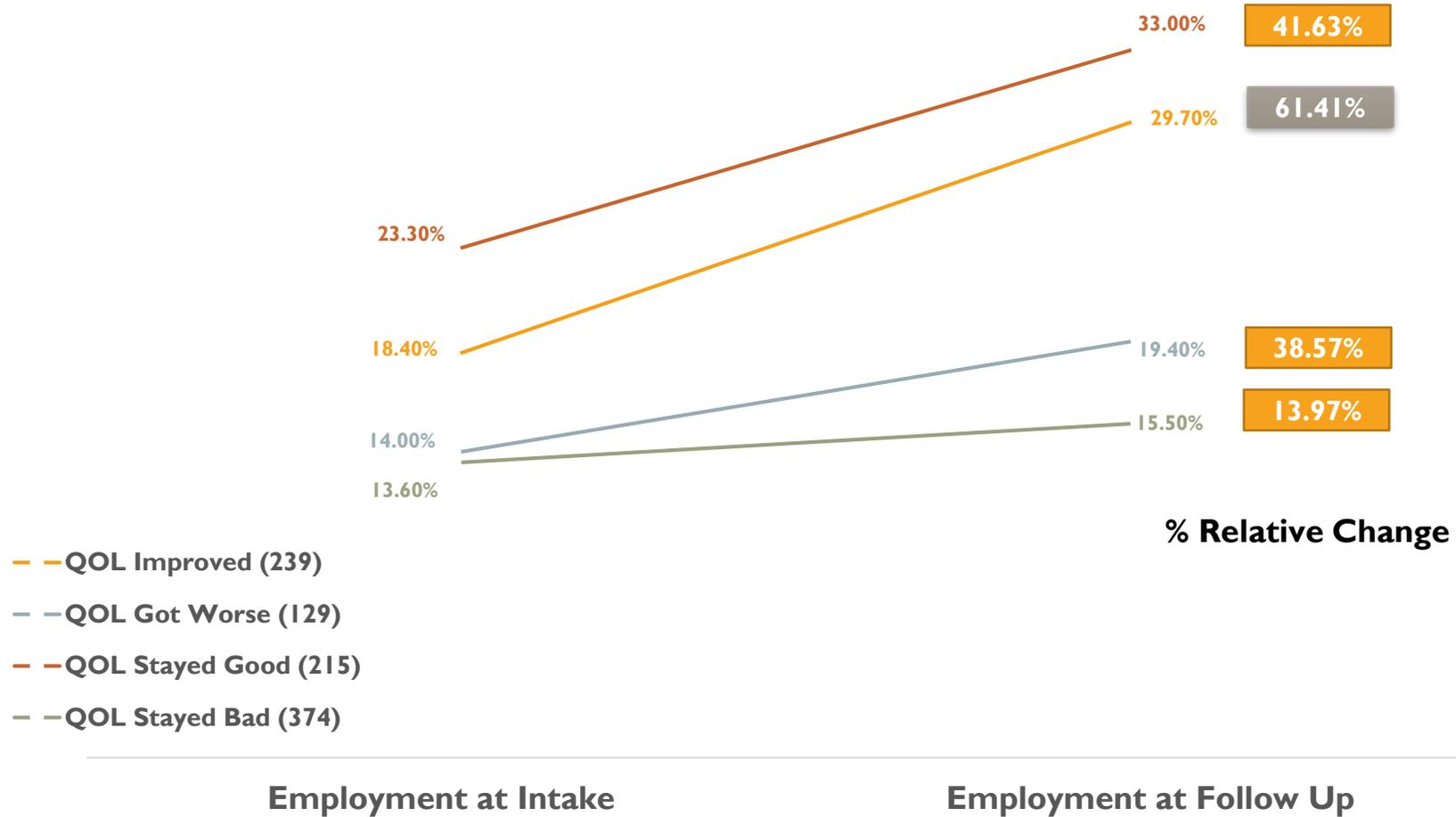
Cohen's Convention: Small  $d = .2$ ; Medium  $d = .5$ ; Large  $d = .8$

# QOL DATA: EMPLOYMENT STATUS



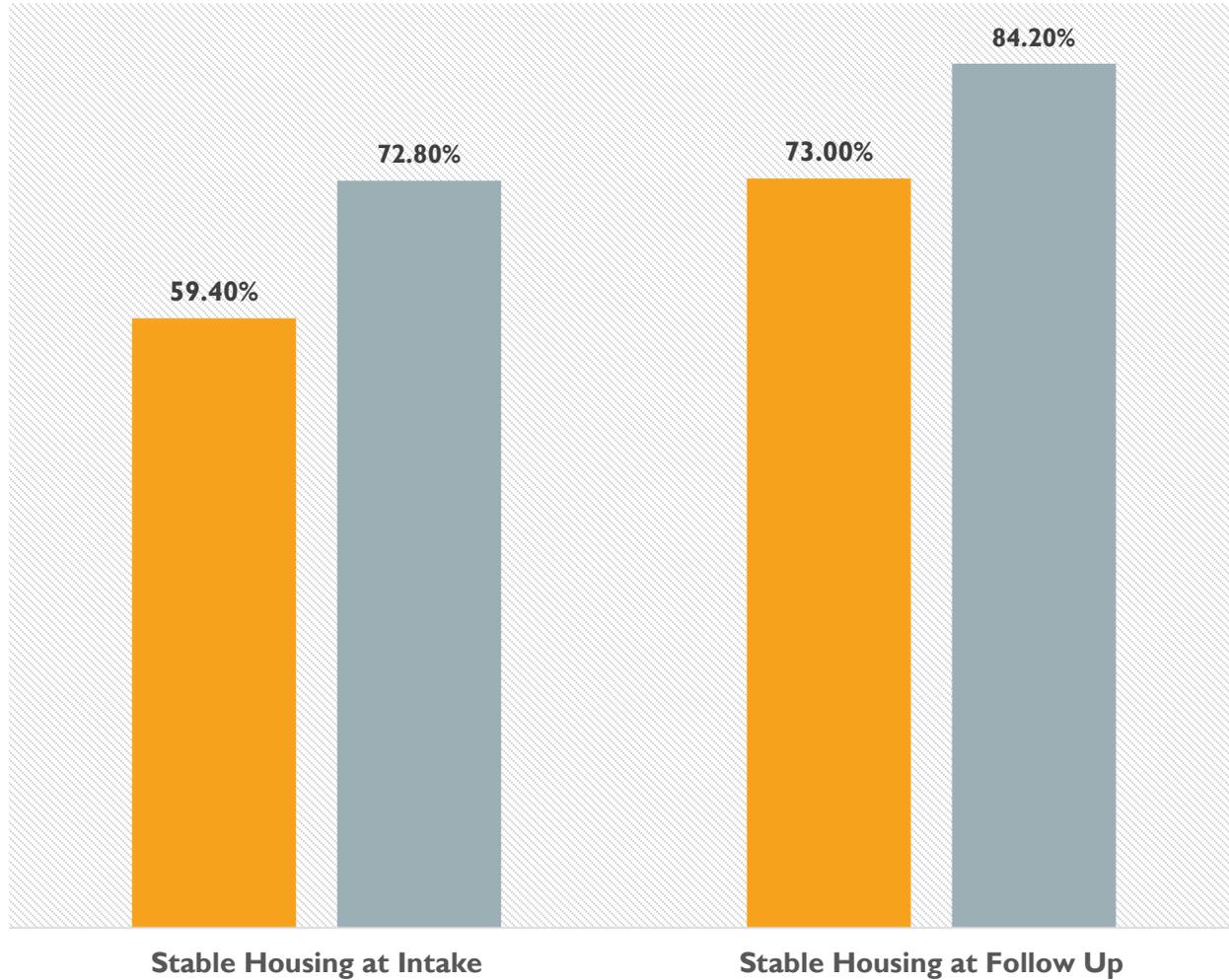
# QOL DATA: EMPLOYMENT STATUS

RELATIONSHIP OF QUALITY OF LIFE CHANGE TO EMPLOYMENT CHANGE:  
INTAKE TO 6 MONTH FOLLOW UP



**% of Clients with Stable Housing from Intake to Follow Up  
- By QOL Status (N=952)**

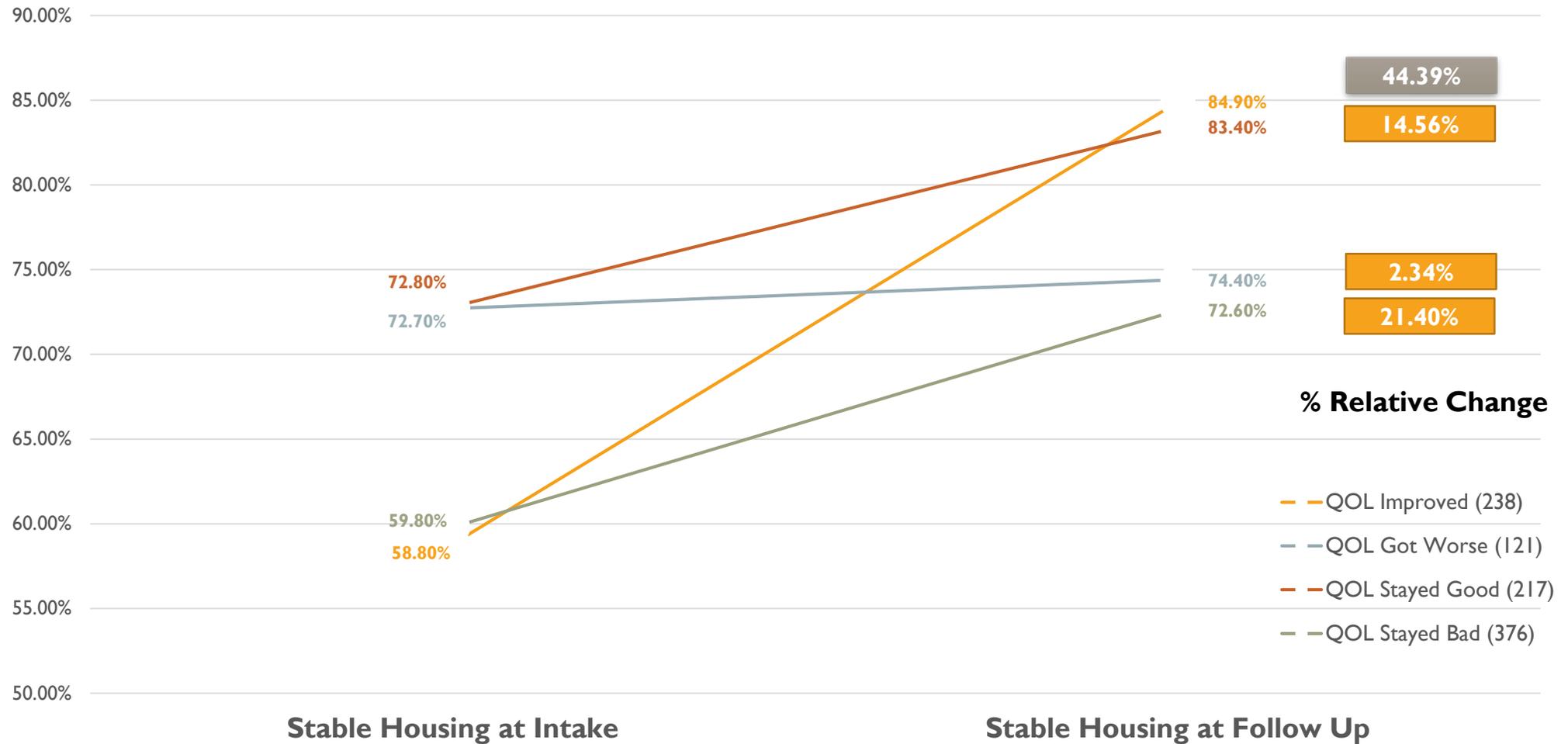
■ Poor QOL ■ Good QOL



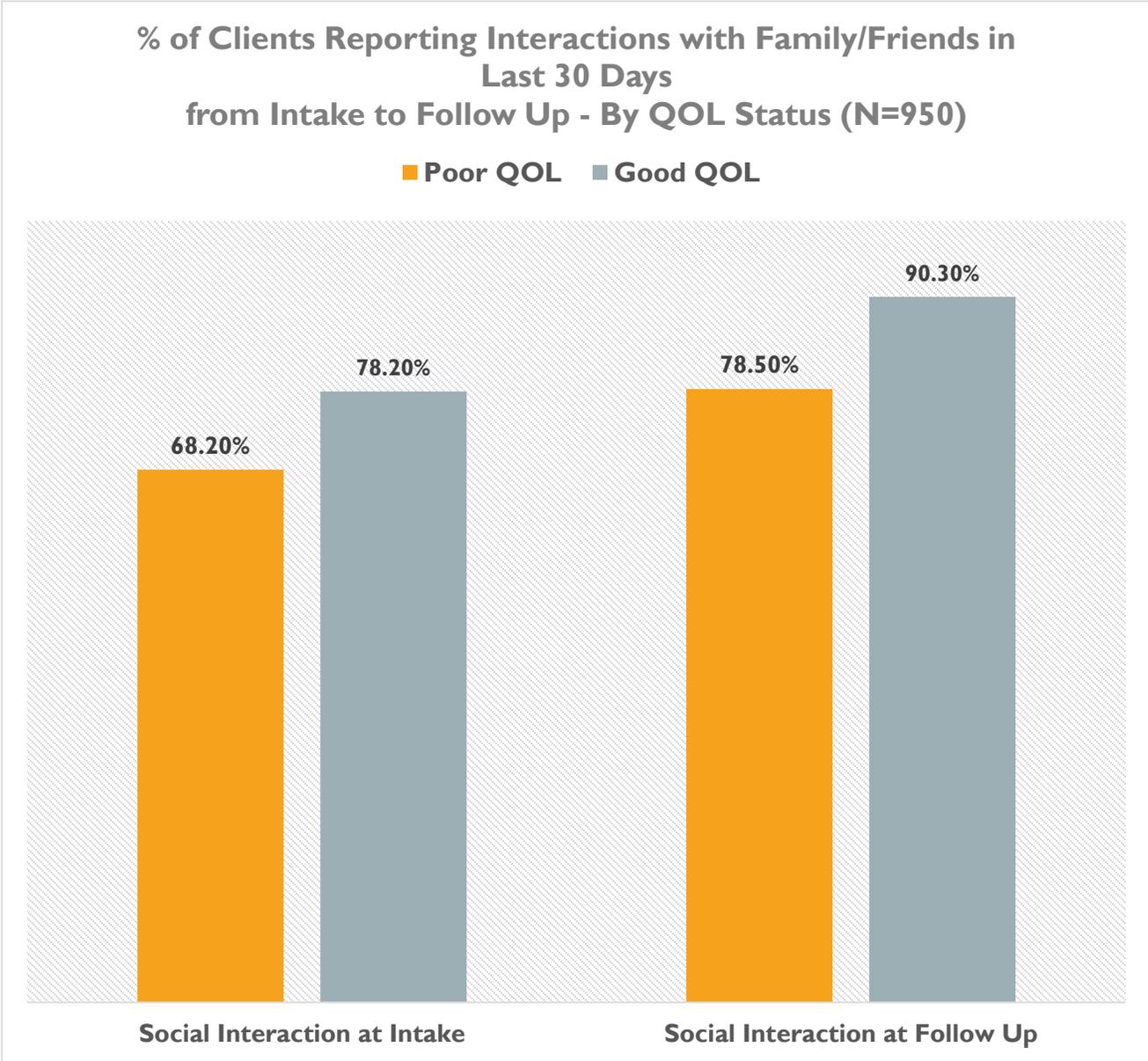
QOL DATA:  
STABLE HOUSING  
STATUS

# QOL DATA: STABLE HOUSING STATUS

RELATIONSHIP OF QUALITY OF LIFE CHANGE TO STABLE HOUSING STATUS CHANGE:  
INTAKE TO 6 MONTH FOLLOW UP

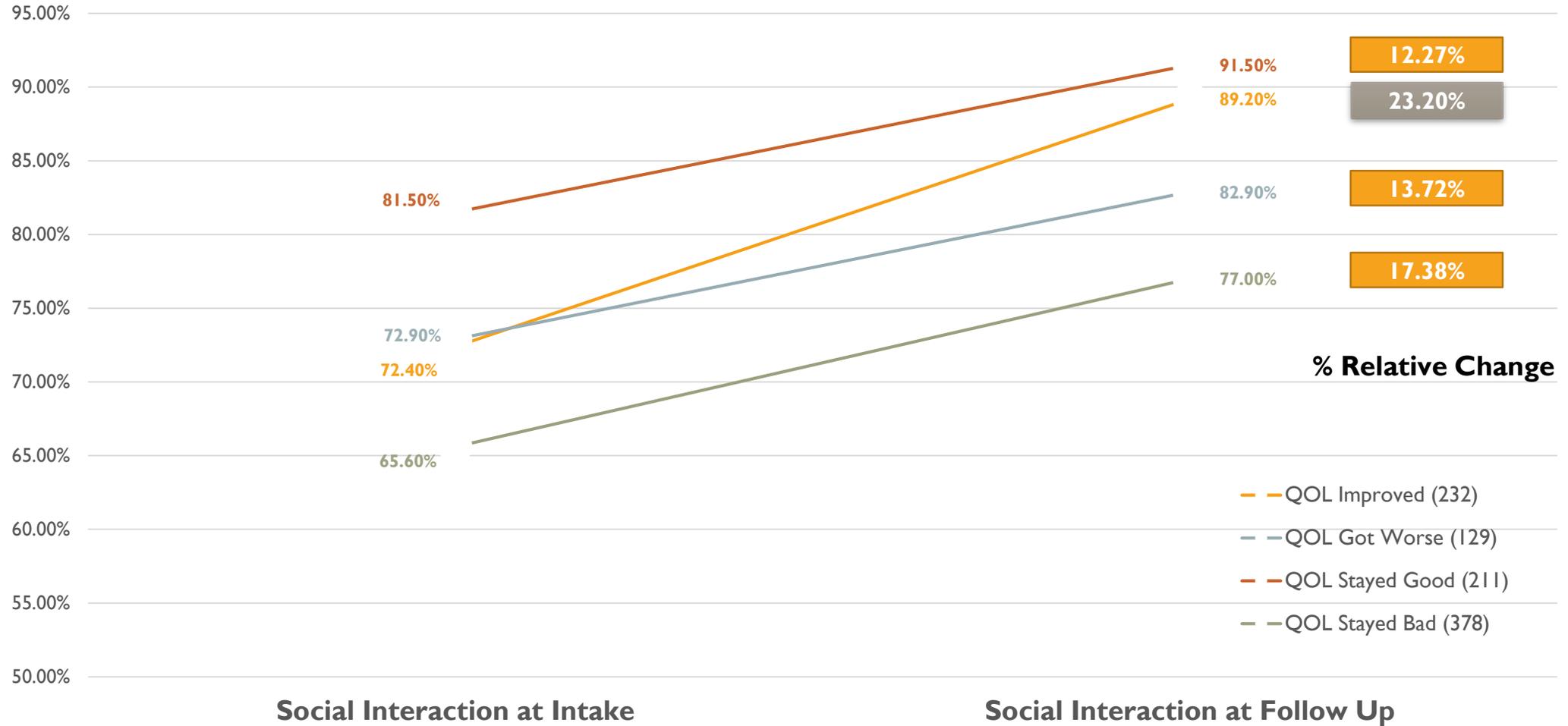


QOL DATA: SOCIAL  
INTERACTION  
STATUS



# QOL DATA: SOCIAL INTERACTION STATUS

RELATIONSHIP OF QUALITY OF LIFE CHANGE TO SOCIAL INTERACTION CHANGE:  
INTAKE TO 6 MONTH FOLLOW UP



## QOL: SUMMARY STATS

- **24.77%** moved from “poor” to “good” quality of life by the 6 month follow up
- **36.95%** moved up at least one level on the 5 point QOL scale
- Compared to those with “poor” QOL, those with “good” QOL were:
  - 89.70% increase in likelihood of being employed
  - 15.34% increase in likelihood of having stable housing
  - 15.03% increase in likelihood of interacting with family or friends in last 30 days
- Individuals who quality of life improved from “poor” to “good” experienced a greater degree of relative improvement in every category, compared to **every other group**

# QOL SUMMARY



Brief



Patient-reported, patient-centered



Program agnostic



Appears sensitive to change



Has solid criterion validity



Recovery-oriented

# Quality Committee Item 5

## Community Access to Recovery Services Mid Cycle Report

### Mental Health Board Quality Committee Meeting

August 3<sup>rd</sup>, 2020

Quality Initiative/Project:	Quadruple Aim Impacted			
	Population Health	Client Experience	Cost of Care	Staff Quality of Life
<p><b>1. Qualitative Research Process:</b></p> <p>This effort formalized a process of conducting Focus Groups of BHD consumers/customers to ensure that the voice of the consumer is incorporated into quality improvement measures. Current efforts include exploring “quality of life” measure with consumers and validating PPS data collection and entry with providers. Considering COVID, we are exploring telephone interviews with a sample of individuals to get the qualitative data normally obtained through in-person Focus Groups.</p>	✓	✓	✓	✓
<p><b>2. Value in Healthcare:</b></p> <p>The core premise of “value” in healthcare is the efficient allocation of resources to achieve the best possible outcomes for clients and populations, or, “health outcomes achieved per dollar spent.” This calculation is built upon effective and accurate assessment of the domains of the Quadruple Aim (health of populations, client experience, cost of care, staff quality of work life), and represents an end goal for organizations and systems attempting to realize the Quadruple Aim. For this topic, we will be reviewing a PowerPoint which details the efforts of CARS thus far to develop a model of “value” for CARS services, built upon the foundation of the Quadruple Aim.</p>	✓	✓	✓	✓

<p><b>3. Recovery Support Coordination Value Analysis:</b></p> <p>The aforementioned value in healthcare model is being used by CARS to examine a number of programs with high expenditures, beginning with RSC (case management for clients with substance use disorders). Using a combination of cost/volume metrics, outcomes, and client experience, our goal is to understand who an ideal candidate for this program and how much service leads to the best outcomes.</p>	✓	✓	✓	✓
<p><b>4. Dashboard Implementation:</b></p> <p>The Research &amp; Evaluation Team is always working to improve its existing dashboards, and exploring new options for more efficient, and user-friendly dashboards. Team members have worked with other CARS staff to identify more limited sets of actionable metrics that can be used in a meaningful way. The team continues to explore new dashboard technology from multiple sources, in an effort to make our data more transparent and create a more data driven team in CARS and BHD.</p>	✓	✓	✓	✓
<p><b>5. Client Experience Survey Implementation:</b></p> <p>Implementation of the internally created Client Experience survey is ongoing, with 3 grants and 4 programs now utilizing the survey. Through the use of the survey platform Qualtrics, program managers will also be able to monitor their survey results in real-time and track progress toward achieving Contract Performance Measures, as well as prioritize the voice of the consumer in care delivery.</p>		✓	✓	✓
<p><b>6. Brief Literature Review Process to support Data-Driven Decision-Making:</b></p> <p>This project was initiated in early 2020 to support policy decisions and inform data-driven decision making. This discussion will center on the process CARS developed to rapidly conduct a brief, targeted literature review. We believe this method helps us to make more informed business decisions through a careful,</p>	✓	✓	✓	✓

<p>yet efficient, evaluation of existing research on a given topic, building on the efforts of others and while simultaneously determining its local feasibility. We will also discuss the application of this rapid review methodology to several recent real-world examples.</p>				
<p><b>7. Diversion and Readmission as Quality Metrics:</b></p> <p>This effort began with a desire from multiple staff to develop BHD-wide outcome metrics through a collaborative, cross-departmental workgroup. Moreover, the workgroup believed that these broader, organizational/system metrics could inform the departmental and programmatic dashboards within BHD, such that all business units throughout the organization had a shared focus on certain key quality metrics. These efforts have begun to create greater departmental cohesion and alignment to a shared vision, particularly with regards to Crisis Redesign, and has led to the development of several quality metrics that we hope to finalize and present to the MHB later this year.</p>				
<p><b>8. Detox Deep Dive:</b></p> <p>The Research &amp; Evaluation team and members of the CARS AODA team have joined forces in an effort to better understand the needs of Detoxification consumers. Through review of the literature, analysis of demographic and utilization data, meetings with program managers and staff, and focus groups with consumers, this group's goal is to create performance measures that will better reflect the goals of Detoxification.</p>				



A Place for Miracles Living Center, LLC  
Attention: David Howard/Toni Howard  
7022 North 43<sup>rd</sup> Street  
Milwaukee, WI 53209

June 11, 2020

**RE: Potential Contract Violations**

Dear Mrs. Toni Howard, Mr. David Howard,

Milwaukee County Behavioral Health Division (MCBHD), Community Access to Recovery Services (CARS) was made aware that [REDACTED], Co-Owner of A Place for Miracles Living Center, LLC (A Place for Miracles), on or around May 11, 2020 may have been arrested in connection with injuries a resident sustained at one of your group homes.

Please be aware that while the alleged incident did not occur at a facility that is currently under contract with CARS; that per A Place for Miracles current Fee for Service Agreement (FFSA), with CARS, Policy and Procedure 005 Provider Obligations, Section Provider Obligations for DSPs and Indirect Staff, section O; states that A Place for Miracles shall notify CARS of any new arrests, charges, or convictions within 24 hours of the event for all Direct Service Providers. [REDACTED], as a Co-Owner of A Place for Miracles, is considered a Direct Service Provider; and as CARS was not notified of the arrest, and charges, A Place for Miracles is currently in violation of the terms of their agreement.

Additionally, per section Twenty-Five of the current FFSA, Corrective Action, Conditional Status, Suspension, & Milwaukee County Debarment, CARS can impose a condition of Corrective Action for a client safety related matter. As a result of A Place for Miracles' failure to notify CARS of the arrest and charges, the nature of the allegations against [REDACTED], and because they are related to the care of a client in A Place for Miracles care, CARS is suspending all referral of CARS clients to A Place for Miracles effective May 29, 2020.

Furthermore, please be aware that CARS Staff has made the Guardian of the client currently residing at A Place for Miracles facility, aware of the allegations as well, and are working with the Guardian to relocate the client to another facility.

Additionally, per your current FFSA; A Place for Miracles may file a formal grievance or otherwise appeal this decision in accordance with the Purchaser Policies and Procedures,



**BHD** | MILWAUKEE COUNTY  
Behavioral  
Health  
Division

Milwaukee County Mental Health Board policy for contracts with BHD, Article 1,  
Procurement Procedure Administrative Manual MCBHD, Legal & Contractual Remedies.

If you need additional information, please send inquiries to  
[bhdproviders@milwaukeecountywi.gov](mailto:bhdproviders@milwaukeecountywi.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Dennis B. Buesing".

Dennis B. Buesing, CPA  
Contract Administrator  
Milwaukee County Department  
of Health and Human Services  
1220 W Vliet Street, Suite 304  
Milwaukee, WI 53205  
Coggs Ph: 414-289-5853  
BHD Ph: 414-257-7788

Cc: Brenda SJ, Amy L, Jennifer W, Janet F



# Quality Committee Item 7

## 2020 Q2 MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION INPATIENT DASHBOARD

Psychiatric Crisis  
Service (PCS)

Target Key: ■ Better Than Expected ■ Expected ■ Worse Than Expected

Quarter	YTD	Quality Indicator	Threshold	Description
 Q1: Rate=6.7% Q2: Rate=10.2% Q3: Q4:	 Rate=8.3%	Percent of patients returning to PCS within 3 days	Rate  X < 7.8%  X = 7.8%  X > 7.8%	Rate=Count of client visits within 3 days of prior visit/Total client visits Q1: 116 readmissions within 3 days by 84 unique individuals Q2: 154 readmissions within 3 days by 82 unique individuals In 2020 Q2, PCS had 2 outlier patients who had 21 PCS visits each.
 Q1: Rate=22.4% Q2: Rate=26.2% Q3: Q4:	 Rate=24.2%	Percent of patients returning to PCS within 30 days	Rate  X < 24%  X = 24%  X > 24%	Rate=Count of client visits within 30 days of prior visit/Total client visits Q1: 387 readmissions within 30 days by 206 unique individuals Q2: 395 readmissions within 30 days by 182 unique individuals In 2020 Q2, PCS had 2 outlier patients who had 21 PCS visits each.
 Q1: Rate=100% Q2: Rate=100% Q3: Q4:	 Rate=100%	Percent of time on waitlist status	Rate  X < 50%  X = 50%  X > 50%	Rate=PCS hours on Waitlist Status / Total hours in time period x 100. Joint Commission reports that psychiatric patients board in the ED on average 6 hours. Currently, BHD waitlisted patients are on waitlist status for an average of 7.5 hours.
 Q1: Rate=2.3 (n=4) Q2: Rate=6.0 (n=9) Q3: Q4:	 Rate=4.1 (n=13)	Behavioral Codes (Code 1)	Rate  X < 2.3  X = 2.3  X > 2.3	Rate=Behavioral codes per 1,000 PCS visits The objective of this metric is to not only to monitor the quantity/rate of codes called resulting in further treatment (Restraint and Seclusion). At the next meeting information regarding the outcomes will be reviewed.
 Q1: Rate=0.0 (n=0) Q2: Rate=0.0 (n=0) Q3: Q4:	 Rate=0.0 (n=0)	Physical Aggression - Patient/Patient	Incidents  Zero  2 or Less  > 2	Rate=Pt/Pt physical aggression incidents per 1,000 PCS visits.
 Q1: Rate=1.2 (n=2) Q2: Rate=0.0 (n=0) Q3: Q4:	 Rate=0.6 (n=2)	Physical Aggression - Patient/Staff	Incidents  Zero  2 or Less  > 2	Rate=Pt/Staff physical aggression incidents per 1,000 PCS visits.

 Q1: Rate=.58 (n=1) Q2: Rate=0.0 (n=0) Q3: Q4:	 Rate=.29 (n=1)	Patient Elopement	Incidents  Zero  1  > 2	Rate=Patient elopements per 1,000 PCS visits Elopement definition: Patient eloped from locked unit and returned within the building or patient eloped from locked unit and exited the building.
 Q1: Rate=0.0 (n=0) Q2: Rate=0.7 (n=1) Q3: Q4:	 Rate=0.3 (n=1)	Patient Self Injurious Behavior	Incidents  Zero  1  > 2	Rate=Patient Self Injurious Behavior Incidents per 1,000 PCS visits
 Q1: Rate=0.0 (n=0) Q2: Rate=0.0 (n=0) Q3: Q4:	 Rate=0.0 (n=0)	Medication Errors  Identify common type, number of errors	Rate  X = 0  X < 1.1  X > 1.1	Rate=Medication Errors per 10,000 Doses Dispensed

DRAFT



## 2020 Q2 MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION INPATIENT DASHBOARD

**Acute Adult  
Inpatient Service**

Target Key: ■ Better Than Expected ■ Expected ■ Worse Than Expected

Quarter	YTD	Quality Indicator	Threshold	Description
<div style="text-align: center;"><span style="color: blue;">■</span></div> Q1: Rate=2.1% (n=4) Q2: Rate=0.6% (n=1) Q3: Q4:	<div style="text-align: center;"><span style="color: blue;">■</span></div> 1.4% (n=5)	Percent of patients returning to Acute Adult within 7 days	Rate <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"><span style="color: blue;">■</span> X &lt; 3%</div> <div style="display: flex; align-items: center; margin-bottom: 5px;"><span style="color: green;">■</span> X = 3%</div> <div style="display: flex; align-items: center;"><span style="color: red;">■</span> X &gt; 3%</div> </div>	Rate=Percent of patient admissions occurring within 7 days of patient's prior discharge from the program
<div style="text-align: center;"><span style="color: blue;">■</span></div> Q1: Rate=8.2% (n=16) Q2: Rate=8.2% (n=13) Q3: Q4:	<div style="text-align: center;"><span style="color: blue;">■</span></div> 8.2% (n=29)	Percent of patients returning to Acute Adult within 30 days	Rate <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"><span style="color: blue;">■</span> X &lt; 9.6%</div> <div style="display: flex; align-items: center; margin-bottom: 5px;"><span style="color: green;">■</span> X = 9.6%</div> <div style="display: flex; align-items: center;"><span style="color: red;">■</span> X &gt; 9.6%</div> </div>	Rate=Percent of patient admissions occurring within 30 days of patient's prior discharge from the program
<div style="text-align: center;"><span style="color: blue;">■</span></div> Q1: 71.7% positive Q2: 77.3% positive Q3: Q4:	<div style="text-align: center;"><span style="color: red;">■</span></div> 74.0%	Percent of patients responding positively to MHSIP satisfaction survey	Rate <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"><span style="color: blue;">■</span> X &gt; 75%</div> <div style="display: flex; align-items: center; margin-bottom: 5px;"><span style="color: green;">■</span> X = 75%</div> <div style="display: flex; align-items: center;"><span style="color: red;">■</span> X &lt; 75%</div> </div>	Rate=Percent of patients selecting "Agree" or "Strongly Agree" to all survey items Q1: 96 completed surveys (49% response rate) Q2: 70 completed surveys (44% response rate) Q3: Q4:
<div style="text-align: center;"><span style="color: blue;">■</span></div> Q1: 66.3% positive Q2: 65.6% positive Q3: Q4:	<div style="text-align: center;"><span style="color: blue;">■</span></div> 66.0%	If I had a choice of hospitals, I would still choose this one. (MHSIP Survey)	Rate <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"><span style="color: blue;">■</span> X &gt; 65%</div> <div style="display: flex; align-items: center; margin-bottom: 5px;"><span style="color: green;">■</span> X = 65%</div> <div style="display: flex; align-items: center;"><span style="color: red;">■</span> X &lt; 65%</div> </div>	Rate=Percent of patients selecting "Agree" or "Strongly Agree" to survey item Q1: 96 completed surveys (49% response rate) Q2: 70 completed surveys (44% response rate) Q3: Q4:
<div style="text-align: center;"><span style="color: blue;">■</span></div> Q1: Rate=9.2 (n=35) Q2: Rate=7.5 (n=19) Q3: Q4:	<div style="text-align: center;"><span style="color: blue;">■</span></div> Rate=8.3 (n=54)	Behavioral Codes	Rate <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"><span style="color: blue;">■</span> X &lt; 9.2</div> <div style="display: flex; align-items: center; margin-bottom: 5px;"><span style="color: green;">■</span> X = 9.2</div> <div style="display: flex; align-items: center;"><span style="color: red;">■</span> X &gt; 9.2</div> </div>	Rate=Behavioral codes per 1,000 patient days The objective of this metric is to not only to monitor the quantity/rate of codes called resulting in further treatment (Restraint and Seclusion). At the next meeting information regarding the outcomes will be reviewed.
<div style="text-align: center;"><span style="color: red;">■</span></div> Q1: Rate=2.9 (n=11) Q2: Rate=5.1 (n=13) Q3: Q4:	<div style="text-align: center;"><span style="color: red;">■</span></div> Rate=4.0 (n=24)	Physical Aggression - Patient/Patient	Rate <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"><span style="color: blue;">■</span> X &lt; 2.9</div> <div style="display: flex; align-items: center; margin-bottom: 5px;"><span style="color: green;">■</span> X = 2.9</div> <div style="display: flex; align-items: center;"><span style="color: red;">■</span> X &gt; 2.9</div> </div>	Rate=Pt/Pt physical aggression incidents per 1,000 patient days 43A Incidents - Q1: 2 Q2: 0 43B Incidents - Q1: 9 Q2: 10 43C Incidents - Q1: 0 Q2: 3
<div style="text-align: center;"><span style="color: blue;">■</span></div> Q1: Rate=4.7 (n=18) Q2: Rate=2.0 (n=5) Q3: Q4:	<div style="text-align: center;"><span style="color: red;">■</span></div> Rate=3.3 (n=23)	Physical Aggression - Patient/Staff	Rate <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"><span style="color: blue;">■</span> X &lt; 2.9</div> <div style="display: flex; align-items: center; margin-bottom: 5px;"><span style="color: green;">■</span> X = 2.9</div> <div style="display: flex; align-items: center;"><span style="color: red;">■</span> X &gt; 2.9</div> </div>	Rate=Pt/Staff physical aggression incidents per 1,000 patient days 43A Incidents - Q1: 0 Q2: 0 43B Incidents - Q1: 16 Q2: 4 43C Incidents - Q1: 2 Q2: 1

				In 2020 Q1, one female patient accounted for 14 of the 16 reported patient-to-staff physical aggression incidents on 43B.
 Q1: Rate=.52 (n=2) Q2: Rate=.72 (n=2) Q3: Q4:	 Rate=.62 (n=4)	Patient Elopement	Incidents  Zero  1  > 2	Rate=Patient elopements per 1,000 patient days 43A Incidents - Q1: 1 Q2: 0 (patient exited the unit into hallway but was returned to unit by staff) 43B Incidents - Q1: 1 Q2: 1 (patient exited the unit to hallway but was returned by staff, patient exited the unit to Children's Hospital but was returned by Sheriff) 43C Incidents - Q1: 0 Q2: 1 (patient broke glass to exit building but returned to unit by police)
 Q1: Rate=0.3 (n=1) Q2: Rate=0.0 (n=0) Q3: Q4:	 Rate=.15 (n=1)	Patient Self Injurious Behavior	Incidents  Zero  1  > 2	Rate=Patient Self Injurious Behavior Incidents per 1,000 patient days 43A Incidents - Q1: 0 Q2: 0 43B Incidents - Q1: 0 Q2: 0 43C Incidents - Q1: 1 Q2: 0
 Q1: Rate=1.11 (n=5) Q2: Rate=0.37 (n=1) Q3: Q4:	 Rate=.83 (n=6)	Medication Errors	Rate  $X < 1.1$  $X = 1.1$  $X > 1.1$	Rate=Medication errors per 10,000 administered doses 43A Incidents - Q1: 2 Q2: 1 43B Incidents - Q1: 2 Q2: 0 43C Incidents - Q1: 1 Q2: 0 For 2020 YTD, Acute Adult's medication errors were: 2-incorrect doses, 1-omitted dose, 1-incorrect time, 1-incorrect course of therapy, and 1-allergen to patient
 Q1: Rate=.38 (34.7 hrs) Q2: Rate=.21 (12.8 hrs) Q3: Q4:	 .31 (47.5 hrs)	HBIPS 2 - Hours of Physical Restraint Rate	Rate  $X < .38$  $X = .38$  $X > .38$	Rate=Hours that patients spent in physical restraints for every 1,000 hours of patient care 43A Restraint Rate - Q1: .41 (12.9 hrs) Q2: .44 (7.2 hrs) 43B Restraint Rate - Q1: .54 (16.4 hrs) Q2: .11 (2.5 hrs) 43C Restraint Rate - Q1: .18 (5.4 hrs) Q2: .15 (3.1 hrs)
 Q1: Rate=.22 (19.8 hrs) Q2: Rate=.14 (8.6 hrs) Q3: Q4:	 .19 (28.3 hrs)	HBIPS 3 - Hours of Locked Seclusion Rate	Rate  $X < .29$  $X = .29$  $X > .29$	Rate=Hours that patients spent in seclusion for every 1,000 hours of patient care 43A Seclusion Rate - Q1: .41 (12.8 hrs) Q2: .34 (5.6 hrs) 43B Seclusion Rate - Q1: .00 (0.0 hrs) Q2: .04 (1.0 hrs) 43C Seclusion Rate - Q1: .23 (7.0 hrs) Q2: .09 (2.0 hrs)
 Q1: Rate=26% (n=50) Q2: Rate=24% (n=38) Q3: Q4:	 25% (n=88)	HBIPS 4 - Patients discharged on multiple antipsychotic medications	Rate  $X < 9.5\%$  $X = 9.5\%$  $X > 9.5\%$	Rate=Percent of patients discharged from an inpatient psychiatric facility on 2 or more antipsychotic medications
 Q1: Rate=98% (n=49) Q2: Rate=92% (n=35) Q3: Q4:	 95% (n=84)	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	Rate  $X > 61\%$  $X = 61\%$  $X < 61\%$	Rate=Percent of patients discharged from an inpatient psychiatric facility on 2 or more antipsychotic medications with appropriate justification



## 2020 Q2 MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION INPATIENT DASHBOARD

**Child Adolescent  
Inpatient Service (CAIS)**

Target Key: ■ Better Than Expected ■ Expected ■ Worse Than Expected

Quarter	YTD	Quality Indicator	Threshold	Description
<div style="text-align: center;"><span style="color: blue;">■</span></div> Q1: 2.9% (n=4) Q2: 2.4% (n=1) Q3: Q4:	<div style="text-align: center;"><span style="color: blue;">■</span></div> Rate=2.7% (n=5)	Percent of patients returning to Acute Adult within 7 days	Rate <span style="color: blue;">■</span> X < 5.0% <span style="color: green;">■</span> X = 5.0% <span style="color: red;">■</span> X > 5.0%	Rate=Percent of patient admissions occurring within 7 days of patient's prior discharge from the program
<div style="text-align: center;"><span style="color: blue;">■</span></div> Q1: 9.3% (n=13) Q2: 4.8% (n=2) Q3: Q4:	<div style="text-align: center;"><span style="color: blue;">■</span></div> Rate=8.2% (n=15)	Percent of patients returning to Acute Adult within 30 days	Rate <span style="color: blue;">■</span> X < 9.6% <span style="color: green;">■</span> X = 9.6% <span style="color: red;">■</span> X > 9.6%	Rate=Percent of patient admissions occurring within 30 days of patient's prior discharge from the program
<div style="text-align: center;"><span style="color: red;">■</span></div> Q1: 70.8% positive Q2: 63.2% positive Q3: Q4:	<div style="text-align: center;"><span style="color: red;">■</span></div> 69.7%	Percent of patients responding positively to satisfaction survey	Rate <span style="color: blue;">■</span> X > 75% <span style="color: green;">■</span> X = 75% <span style="color: red;">■</span> X < 75%	Rate=Percent of patients selecting "Agree" and "Strongly Agree" to all survey items Q1: 22 completed surveys (16% response rate) Q2: 4 completed surveys (10% response rate) Q3: Q4:
<div style="text-align: center;"><span style="color: blue;">■</span></div> Q1: 68.2% positive Q2: 100.0% positive Q3: Q4:	<div style="text-align: center;"><span style="color: red;">■</span></div> 73.1%	Overall, I am satisfied with the services I received. (CAIS Youth Survey)	Rate <span style="color: blue;">■</span> X > 75% <span style="color: green;">■</span> X = 75% <span style="color: red;">■</span> X < 75%	Rate=Percent of patients selecting "Agree" and "Strongly Agree" to survey item Q1: 22 completed surveys (16% response rate) Q2: 4 completed surveys (10% response rate) Q3: Q4:
<div style="text-align: center;"><span style="color: blue;">■</span></div> Q1: Rate=8.0 (n=5) Q2: Rate=4.3 (n=1) Q3: Q4:	<div style="text-align: center;"><span style="color: blue;">■</span></div> Rate=6.1 (n=6)	Behavioral Codes (Code 1)	Rate <span style="color: blue;">■</span> X < 8.0 <span style="color: green;">■</span> X = 8.0 <span style="color: red;">■</span> X > 8.0	The objective of this metric is to not only to monitor the quantity of codes but of the codes called and how many of them resulted in further treatment with restraint and/or seclusion. For this meeting the only number we will have is the rate/number of codes but at the next meeting we will have the results of the codes.
<div style="text-align: center;"><span style="color: blue;">■</span></div> Q1: Rate=4.8 (n=3) Q2: Rate=0.0 (n=0) Q3: Q4:	<div style="text-align: center;"><span style="color: red;">■</span></div> Rate=2.4 (n=3)	Physical Aggression - Patient/Patient	Incidents <span style="color: blue;">■</span> Zero <span style="color: green;">■</span> 2 or Less <span style="color: red;">■</span> > 2	Rate=Pt/Pt physical aggression incidents per 1,000 patient days

 Q1: Rate=0.0 (n=0) Q2: Rate=4.3 (n=1) Q3: Q4:	 Rate=2.2 (n=1)	Physical Aggression - Patient/Staff	Incidents  Zero  2 or Less  > 2	Rate=Pt/Staff physical aggression incidents per 1,000 patient days
 Q1: Rate=0.0 (n=0) Q2: Rate=0.0 (n=0) Q3: Q4:	 Rate=0.0 (n=0)	Patient Elopement	Incidents  Zero  1  > 2	Rate=Patient elopements per 1,000 patient days
 Q1: Rate=0.0 (n=0) Q2: Rate=0.0 (n=0) Q3: Q4:	 Rate=0.0 (n=0)	Patient Self Injurious Behavior	Incidents  Zero  1  > 2	Rate=Patient self-injurious behavior Incidents per 1,000 patient days
 Q1: Rate=3.24 (n=1) Q2: Rate=7.54 (n=1) Q3: Q4:	 Rate=4.53 (n=2)	Medication Errors	Rate  X < 1.1  X = 1.1  X > 1.1	Rate=Medication errors per 10,000 doses administered  For 2020 YTD, CAIS' medication errors were 2-omitted doses
 Q1: Rate=.72 (10.8 hrs) Q2: Rate=.13 (0.7 hrs) Q3: Q4:	 .56 (11.5 hrs)	HBIPS 2 - Hours of Physical Restraint Rate	Rate  X < .38  X = .38  X > .38	Rate=Hours that patients spent in physical restraints for every 1,000 hours of patient care
 Q1: Rate=.08 (n=1.3 hrs) Q2: Rate=.00 (0.0 hrs) Q3: Q4:	 .06 (1.3 hrs)	HBIPS 3 - Hours of Locked Seclusion Rate	Rate  X < .29  X = .29  X > .29	Rate=Hours that patients spent in seclusion for every 1,000 hours of patient care
 Q1: Rate=3.6% (n=5) Q2: Rate=0.0% (n=0) Q3: Q4:	 2.8% (n=5)	HBIPS 4 - Patients discharged on multiple antipsychotic medications	Rate  X < 3%  X = 3%  X > 3%	Rate=Percent of patients discharged from an inpatient psychiatric facility on 2 or more antipsychotic medications
 Q1: Rate=80% (n=4) Q2: N/A Q3: Q4:	 80% (n=4)	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	Rate  X > 61%  X = 61%  X < 61%	Rate=Percent of patients discharged from an inpatient psychiatric facility on 2 or more antipsychotic medications with appropriate justification



## 2020 Q2 MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION INPATIENT DASHBOARD

**Acute Inpatient  
Performance Measures  
Reported to CMS**

Target Key: ■ Better Than Expected ■ Expected ■ Worse Than Expected

Quarter	YTD	Quality Indicator	Threshold	Description
 Q1: Rate=.43 (45.5 hrs) Q2: Rate=.20 (13.5 hrs) Q3: Q4:	 .34 (59.0 hrs)	HBIPS 2 - Hours of Physical Restraint Rate	Rate  X < .38  X = .38  X > .38	Rate=Hours that patients spent in physical restraints for every 1,000 hours of patient care
 Q1: Rate=.20 (21.0 hrs) Q2: Rate=.13 (8.6 hrs) Q3: Q4:	 .17 (29.6 hrs)	HBIPS 3 - Hours of Locked Seclusion Rate	Rate  X < .29  X = .29  X > .29	Rate=Hours that patients spent in seclusion for every 1,000 hours of patient care
 Q1: 96% (n=53) Q2: 92% (n=35) Q3: Q4:	 95% (n=88)	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	Rate  X > 61%  61%  X < 61%	Rate=Patients discharged from an inpatient psychiatric facility on 2 or more antipsychotic medications with appropriate justification
 Q1: 99% (n=277) Q2: 98% (n=191) Q3: Q4:	 99% (n=468)	Screening for metabolic disorders	Rate  X > 74%  X = 74%  X < 74%	Rate=Patients discharged on antipsychotic medications who had a body mass index, blood pressure, blood sugar, and cholesterol level screenings in the past year
 Q1: 33% (n=78) Q2: N/A Q3: N/A Q4:	 33% (n=78)	Patient influenza immunization	Rate  X > 83%  X = 83%  X < 83%	Rate=Patients assessed and given influenza vaccination (time period 10/1 – 3/31)
 Q1: 77% (n=20) Q2: 42% (n=10) Q3: Q4:	 60% (n=30)	SUB 2 - Alcohol use brief intervention provided or offered	Rate  X > 83%  X = 83%  X < 83%	Rate=Patients with alcohol abuse who received or refused a brief intervention during their inpatient stay.
 Q1: 58% (n=15) Q2: 33% (n=8) Q3: Q4:	 46% (n=23)	SUB 2a - Alcohol use brief intervention provided	Rate  X > 74%  X = 74%  X < 74%	Rate=Patients with alcohol abuse who received a brief intervention during their inpatient stay.

 Q1:100% (n=128) Q2:100% (n=91) Q3: Q4:	 100% (n=219)	SUB 3 - Alcohol and other drug use disorder treatment provided or offered at discharge	Rate  X > 70%  X = 70%  X < 70%	Rate=Patients who screened positive for an alcohol or substance abuse disorder during their inpatient stay who, at discharge, either; received or refused a prescription for medications to treat their alcohol or drug use disorder, or received or refused a referral for addiction treatment
 Q1: 35% (n=45) Q2: 57% (n=52) Q3: Q4:	 44% (n=97)	SUB 3a - Alcohol and other drug use disorder treatment at discharge	Rate  X > 59%  X = 59%  X < 59%	Rate=Patients who screened positive for an alcohol or substance abuse disorder during their inpatient stay who, at discharge, either; received a prescription for medications to treat their alcohol or drug use disorder, or received a referral for addiction treatment
 Q1: 82% (n=58) Q2: 82% (n=49) Q3: Q4:	 82% (n=107)	TOB 2 - Tobacco use treatment provided or offered	Rate  X > 81%  X = 81%  X < 81%	Rate=Patients who use tobacco and who received or refused counseling to quit and received or refused medications to help them quit tobacco during their hospital stay
 Q1: 52% (n=37) Q2: 52% (n=31) Q3: Q4:	 53% (n=68)	TOB 2a - Tobacco use treatment (during the hospital stay)	Rate  X > 46%  X = 46%  X < 46%	Rate=Patients who use tobacco and who received counseling to quit and received medications to help them quit tobacco during their hospital stay
 Q1: 54% (n=38) Q2: 37% (n=22) Q3: Q4:	 46% (n=60)	TOB 3 - Tobacco use treatment provided or offered at discharge	Rate  X > 58%  X = 58%  X < 58%	Rate=Patients who use tobacco and at discharge received or refused a referral for outpatient counseling AND received or refused a prescription for medications to help them quit.
 Q1: 6% (n=4) Q2: 2% (n=1) Q3: Q4:	 4% (n=5)	TOB 3a - Tobacco use treatment provided at discharge	Rate  X > 18%  X = 18%  X < 18%	Rate=Patients who use tobacco and at discharge received a referral for outpatient counseling AND received a prescription for medications to help them quit
 2018: 29.4%		FUH 30 - Follow-up after hospitalization for mental illness	Rate  X > 50%  X = 50%  X < 50%	Rate=Patients hospitalized for mental illness who received follow-up care from an outpatient mental healthcare provider within 30 days of discharge. CMS calculates this measure based on Medicare claims data and reports BHD's performance on the <a href="https://data.medicare.gov/data/hospital-compare">https://data.medicare.gov/data/hospital-compare</a> website annually.
 2018: 5.9%		FUH 7 - Follow-up after hospitalization for mental illness	Rate  X > 28%  X = 28%  X < 28%	Rate=Patients hospitalized for mental illness who received follow-up care from an outpatient mental healthcare provider within 7 days of discharge. CMS calculates this measure based on Medicare claims data and reports BHD's performance on the <a href="https://data.medicare.gov/data/hospital-compare">https://data.medicare.gov/data/hospital-compare</a> website annually.

 2018: 19.4% CMS reports BHD is “no different than the national rate”		READMN 30 IPF - 30 day all cause unplanned readmission following psychiatric hospitalization in an inpatient psychiatric facility (IPF)	Rate  X > 20%  X = 20%  X < 20%	Rate=Patients readmitted to any hospital within 30 days of discharge from the inpatient psychiatric facility CMS calculates this measure based on Medicare claims data and reports BHD’s performance on the <a href="https://data.medicare.gov/data/hospital-compare">https://data.medicare.gov/data/hospital-compare</a> website annually.
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DRAFT

# Quality Committee Item 8

## Mental Health Board Quality Subcommittee Meeting August 3, 2020

### Sentinel Event Committee

The Behavioral Health Division reviewed a total of two events in 2019. Both events were deaths by suicide that occurred in clients receiving case management provided by a community provider.

In 2018 the Behavioral Health Division reviewed 15 total events. Those included 8 Sentinel Events and 7 Other Events.

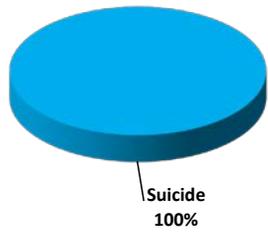
### *2019 Root Cause Analysis Findings Themes*

- Inadequate risk assessment
- Dual diagnosis not sufficiently addressed
- Community agencies were not consistently in compliance with the BHD CARS Missed Appointment and Inability to Reach Client Policy

### *Current Happenings*

- So far this year the Sentinel Event Committee has reviewed three cases – one death by suicide and two suicide attempts.
- Committee members are currently engaged in an RCA training program provided by the Institute for Healthcare Improvement. Their process, RCA<sup>2</sup>, is endorsed by The Joint Commission for application with Event Reviews. Following completion of this training the BHD Sentinel Event Policy and procedures will be updated in accordance with recommendations identified during the current Systems Improvement Agreement.

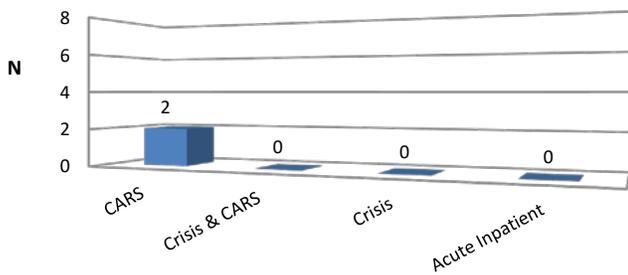
## Type of Event



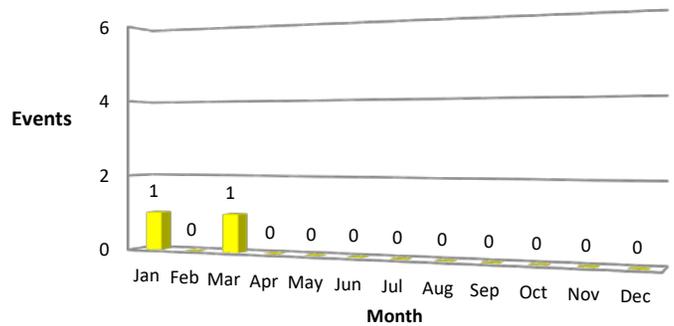
## Location of Event



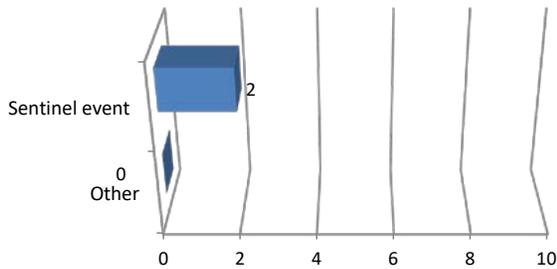
## Program (Open with/last contact)



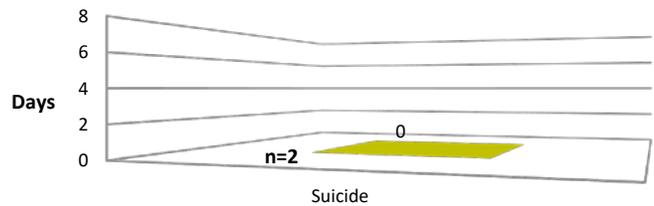
## Month of Event



## Level of Review

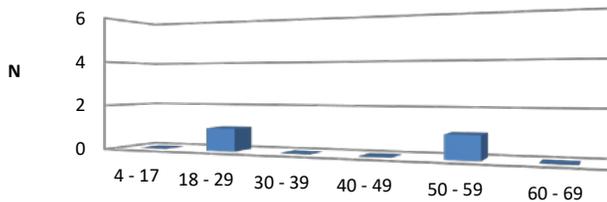


## Average Days After Last BHD Contact



## Patient Age

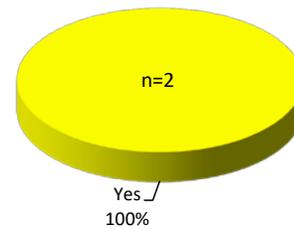
Average Age: 38 yrs male, 45 yrs female; Gender: 73% male, 27% female



	4 - 17	18 - 29	30 - 39	40 - 49	50 - 59	60 - 69
N	0	1	0	0	1	0

## Significant AODA Component to Event

33% (n=5) of events reviewed had a significant AODA component



# Quality Committee Item 11

## Annual Action Items for the Mental Health Board Quality Committee

### Refer to QAPI/Patient Safety Plan

- Reviewing, evaluating and approving the BHD Hospital QAPI/Patient Safety plan **annually**; (page 7)
  - Determination of the number and distinct improvement projects conducted **annually**; (pages 7 and 13)
  - Supporting and guiding implementation of quality improvement activities at BHD **on-going**; (pages 7 and 13)
  - Hospital Scope of Services policy and procedure is to be reviewed and updated **annually**
  - Assess needs and request financial resources to ensure quality improvement activities are properly planned and budgeted on an **annual basis** (page 8)
  - Mental Health Board Quality Committee will complete an **annual** Governance of Quality Assessment (page 9)
- 

#### BHD QAPI Committee Meetings

- Monthly; first Friday of every month at 11:00 a.m.

#### BHD Patient Safety Committee Meetings

- Every other month/Six times per year; first Thursday of every other month at 9: 00 a.m.

#### Quality Committee of the Board (2020)

- March 2, 2020 at 10 a.m.
- June 1, 2020 at 10 a.m.
- August 3, 2020 at 10 a.m.
- October 5, 2020 at 10 a.m.
- December 7, 2020 at 10 a.m.

#### BHD Enterprise-Wide Quality Management Services Committee; (a rotation of operations/PI, education and data analysis/planning)

- Monthly: Fourth Friday at 8:30 a.m.

Notes:

8/03/20 jb

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

**DATE:** August 5, 2020  
**TO:** Thomas Lutzow, Chairperson, Milwaukee County Mental Health Board  
**FROM:** Shane V. Moio, 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**

Proposed changes to the Behavioral Health Division Medical Staff Organization Bylaws were presented to and adopted by the voting members at their meeting of August 5, 2020. The following is a summary of the major changes:

<b>SCOPE &amp; REASON FOR CHANGE</b>
<b>DEFINITIONS</b>
<p>The definition of "Medical Staff" was amended to remove references throughout the Bylaws to dentists and podiatrists. Since closing the long-term-care facilities, these provider types are no longer utilized at BHD.</p> <p>The definition of "Licensed Independent Practitioner" was modified in accordance with The Joint Commission's current definition.</p>
<b>3.0 APPOINTMENT, REAPPOINTMENT &amp; PRIVILEGING</b>
<p>3.3 Allied Health Professional Qualifications – reference to optometrists has been removed, for the same reason cited above regarding the definition of Medical Staff (no longer utilized).</p>

**5.0 OFFICERS AND MEDICAL ADMINISTRATION**

5.1.3 Member-At-Large Quality Advisor – amended to allow the President the option of fulfilling this role or to appoint a member of the Active or Associate Medical Staff, due to limited interest by Medical Staff members in taking on this role.

5.3.4 Utilization Review.

It was determined that this should be changed from a hospital committee to a medical staff committee.

**9.0 RULES AND REGULATIONS, POLICIES AND PROCEDURES**

9.2 Clarifying language was added regarding the Governing Authority's delegation of Medical Staff Organization policy and procedure adoption and amendments to the Medical Staff Executive Committee. Also addressed under 5.3.1 Medical Staff Executive Committee.

**Recommendation**

A full copy of the amended Bylaws are enclosed. It is recommended that the Milwaukee County Mental Health Board approve the Behavioral Health Division Medical Staff Organization Bylaws, as amended and adopted on August 5, 2020 by the Medical Staff Organization.

Respectfully Submitted,



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Shane V. Moiso, MD  
President, BHD Medical Staff Organization

Enclosure

cc Michael Lappen, BHD Administrator  
John Schneider, BHD Chief Medical Officer  
M. Tanja Zincke, MD, Vice-President, BHD Medical Staff Organization  
Lora Dooley, BHD Director of Medical Staff Services  
Jodi Mapp, BHD Senior Executive Assistant

**PROPOSED AMENDMENTS**

**MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION  
MEDICAL STAFF ORGANIZATION**

**BYLAWS**

**PREAMBLE**

Whereas, the Milwaukee County Behavioral Health Division is organized under the laws of the County of Milwaukee and the State of Wisconsin and functions within the organizational framework established by the duly constituted authorities of the County of Milwaukee; and

Whereas, its purpose is to provide patient care, treatment, services, education, and research; and

Whereas, it is recognized that the Medical Staff Organization is self-governing in its responsibilities for overseeing quality medical and behavioral health care, treatment, and services provided by practitioners with privileges as well as for those providing education and research in the Milwaukee County Behavioral Health Division and within community sites; and

Whereas, the Medical Staff shall accept and discharge this responsibility subject to the Governing Authority of the Milwaukee County Behavioral Health Division; and

Whereas, the Milwaukee County Behavioral Health Division serves as a teaching resource for physicians and behavioral health professionals; and

Whereas, the cooperative efforts of the Medical Staff, the Administrative Staff and the Governing Authority are necessary to fulfill the obligations of the Behavioral Health Division to its patients and to the community;

Therefore, the Medical Staff of the Milwaukee County Behavioral Health Division hereby organize themselves in conformity with these Bylaws.

**PROPOSED AMENDMENTS**

DEFINITIONS:

~~1. 1.~~ The term "Medical Staff" shall be interpreted to include licensed physicians (medical and osteopathic), ~~licensed dentists, licensed podiatrists,~~ and licensed psychologists. All "Medical Staff" shall have delineated clinical privileges and shall be eligible for membership in the Medical Staff Organization.

~~2. The term "Licensed Independent Practitioner (LIP)" shall be interpreted to be an individual permitted by law and by the organization to provide care, treatment and services without direction or supervision. A licensed independent practitioner operates within the scope of his or her license, consistent with individually granted clinical privileges.~~

2. The term "Allied Health Professional" shall be interpreted to include licensed health care providers other than physicians, and psychologists, ~~dentists and podiatrists~~ who are permitted by scope of license, state law AND by the Hospital to provide patient care services within approved Hospital programs/services. Allied Health Professional Staff shall be categorized as independent or dependent and shall be permitted to practice with or without direction or supervision, based on the scope of his/her license, certification and/or registration and in conjunction with required hospital approval and Medical Staff approvals, including delineated clinical privileges when applicable. "Allied Health Professional" Staff shall not be eligible for membership in the Medical Staff Organization.

A. Independent Allied Health Professional: an individual who may provide care to patients, in accordance with and as permitted by state licensure laws, without the supervision or direction of a physician but in collaboration with a physician who is privileged and working with the same or very similar patient population and who is assigned to the same service or program. In accordance with these Bylaws and State and Federal standards, independent Allied Health Professional staff shall have delineated clinical privileges. Advanced Practice Nurses shall maintain a current collaboration agreement with a member of the Active or Affiliate staff.

B. Dependent Allied Health Professional: an individual who may provide care to patients, in accordance with and as permitted by state licensure laws, under the supervision or direction of a physician. It shall be determined by the Chief Medical Officer or designee whether supervision shall be direct or indirect based on BHD scope of practice. In accordance with these Bylaws and State and Federal standards, dependent Allied Health Professional staff shall have delineated clinical privileges whenever such services and supplies are furnished as an incident to a physician's service as would otherwise be covered if furnished by a physician or as an incident to a physician's service.

3. The term "Governing Authority" shall be interpreted to refer to the Milwaukee County Mental Health Board as created under Wisconsin Statute 15.195(9)

4. The term "Executive Committee" shall be interpreted to refer to the Executive Committee of the Medical Staff of the Milwaukee County Behavioral Health Division.

5. The term "Allied Staff" shall be interpreted to refer to clinical professional staff who provide service to patients under the direction of a member of the Medical Staff and do not have delineated clinical privileges. This group shall include but not be limited to registered nurses, social workers, occupational and music therapists, clinical dietitians and non-licensed psychologists.

**PROPOSED AMENDMENTS**

6. The term "Chief Medical Officer" shall be interpreted to refer to the Executive Medical Director appointee of the Administrator of the Milwaukee County Behavioral Health Division who shall serve as Chief Medical Officer and have authority and responsibility for the overall medical and clinical management of the MCBHD.
7. The term "Administrator" shall be interpreted to refer to the Administrator of the Milwaukee County Behavioral Health Division appointed by the Director of Health and Human Services and confirmed by the Governing Authority and is equivalent to that of the position of Chief Executive Officer.
8. The term "Chief of Staff" shall be interpreted to refer to the President of the Medical Staff Organization.
9. The term "Chief Quality Officer" shall be interpreted to refer to the Deputy Administrator(s) of the Milwaukee County Behavioral Health Division charged with overseeing quality and clinical compliance.

**PROPOSED AMENDMENTS**

1.0 ARTICLE I - NAME

The name of the organization shall be the "Medical Staff Organization of the Milwaukee County Behavioral Health Division (MCBHD)."

2.0 ARTICLE II - PURPOSE

The purpose of this organization shall be:

- 2.1 to ensure that all patients admitted to all programs of the MCBHD receive a uniform standard of quality patient care, treatment and services through participation in the following:
  - 2.1.1 direction, review and evaluation of the quality of patient care through continuous hospital-wide and Medical Staff quality improvement monitoring activities;
  - 2.1.2 ongoing monitoring of patient care practices;
  - 2.1.3 delineation of clinical privileges for Medical Staff and Allied Health Professional Staff commensurate with individual credentials and demonstrated ability and judgment;
  - 2.1.4 provision of continuing medical and professional education based on needs identified through monitoring and review, evaluation, and planning mechanisms; and
  - 2.1.5 review of utilization of the MCBHD's resources to provide for the appropriate allocation to meet patient care needs;
- 2.2 to initiate and maintain Bylaws, Rules and Regulations and policies and procedures for self-governance of the Medical Staff, with at least biennial review of the Bylaws and Rules and Regulations. These reviews shall be more frequent, when necessary, to reflect the hospital's current practice and/or to comply with changes in law or regulation;
- 2.3 to provide a means whereby issues may be discussed by the Medical Staff with the Chief Medical Officer of MCBHD and the Governing Authority;
- 2.4 to promote educational programs and activities for staff and trainees; and
- 2.5 to promote programs in research, in order to advance knowledge and skills in the behavioral health sciences.

## PROPOSED AMENDMENTS

### 3.0 ARTICLE III - APPOINTMENT, REAPPOINTMENT AND PRIVILEGING

All new applicants seeking clinical privileges or current Medical Staff Members and Allied Health Professionals seeking amended clinical privileges shall be subject to the credentialing and privileging requirements in place, for privileges sought, at the time the initial privilege request or the privilege amendment is approved. Therefore, new applicants, current Medical Staff Members and Allied Health Professionals shall be held subject to any and all changes in credentialing and privileging requirements, for new privileges being sought, that are enacted during the period that the initial privilege request or privilege amendment is pending approval.

All credentialing and privileging requirements shall be as defined by these Bylaws. Methods for carrying out requirements shall be in accordance with Medical Staff policy and procedure.

3.1 Physician Qualifications. The applicant shall be a graduate of a recognized medical or osteopathic school and licensed to practice as a physician (medical or osteopathic) in the State of Wisconsin, shall provide evidence of relevant training and experience, current competence and ability to perform the privileges requested. All physicians practicing within the hospital or its clinics shall be privileged by the Medical Staff and shall be eligible for membership in the Medical Staff Organization. Applicants seeking tele-medicine privileges shall be licensed in the state of Wisconsin AND in the state from which the tele-service is provided, shall be privileged by the Medical Staff but shall not be eligible for Active staff membership. All applicants must demonstrate recent (within the last two-years) practice experience, which may include formal residency or fellowship training, commensurate to the privileges being requested. All physicians requesting and granted specialty privileges shall obtain board certification in his/her primary specialty and any subspecialty as recognized by the American Board of Medical Specialties or American Osteopathic Association within the time requirements and as recognized by the applicable ABMS or AOA specialty after the completion of his/her training. Practitioner shall remain board certified in his/her principal areas of practice at all times after the date he/she obtains or is required to obtain such board certification. Exceptions to the board certification requirements may be waived on recommendation of the Chief Medical Officer for applicants that have appropriate experience and urgent clinical need exists.

~~3.2 Dentist Qualifications. The applicant shall be a graduate of a recognized dental school and licensed to practice dentistry in the State of Wisconsin, shall provide evidence of relevant training and experience, current competence and ability to perform the privileges requested. All dentists shall be privileged by the Medical Staff and shall be eligible for membership in the Medical Staff Organization. All applicants must demonstrate recent (within the last two-years) practice experience, which may include formal residency or fellowship training, commensurate to the privileges being requested.~~

~~3.3 Podiatrist Qualifications. The applicant shall be a graduate of a recognized podiatric medical school and licensed to practice podiatry in the State of Wisconsin, shall provide evidence of relevant training and experience, current competence and ability to perform the privileges requested. All podiatrists shall be privileged by the Medical Staff and shall be eligible for membership in the Medical Staff Organization. All applicants must demonstrate recent (within the last two-years) practice experience, which may include formal residency or fellowship training, commensurate to the privileges being requested.~~

3.42 Psychologist Qualifications. The applicant shall be a graduate of a recognized doctoral program in clinical or counseling psychology, licensed to practice psychology in the State of Wisconsin, shall

## PROPOSED AMENDMENTS

provide evidence of relevant training and experience, current competence and ability to perform the privileges requested. All psychologists who meet these qualifications shall be privileged by the Medical Staff and shall be eligible for membership in the Medical Staff Organization. All applicants must demonstrate recent (within the last two-years) practice experience, which may include formal pre- or post-doctoral internship or fellowship training, commensurate to the privileges being requested.

3.53 Allied Health Professional Qualifications. The applicant shall be a graduate of a recognized master's degree program in their professional specialty and licensed, certified and/or registered to practice independently or dependently, in accordance with what scope of practice in the State of Wisconsin allows, shall provide evidence of relevant training and experience, current competence and ability to perform the privileges requested. All independent allied health professionals shall be privileged by the Medical Staff but shall not be eligible for membership in the Medical Staff Organization. Dependent allied health professionals shall be privileged when recommended by the Medical Staff and authorized by the Hospital. Allied health professional staff may include, but shall not be limited to, Advanced Practice Nurses (including Nurse Practitioners, Clinical Nurse Specialists and Nurse Midwives), Physician's Assistants, ~~Optometrists~~, licensed Social Workers and Marriage and Family Therapists if permitted by the hospital to practice independently. All applicants must demonstrate recent (within the last two-years) practice experience or specialty training, commensurate to the privileges being requested.

3.6 Procedure for Appointment and/or Privileging.

3.6.1 Applicants for membership and/or privileges must meet the qualifications as specified above.

3.6.2 An applicant shall not be denied consideration for an appointment to the Medical Staff or for clinical privileges based on race, sex, age, disability, creed, color, sexual orientation, marital status, military service membership, arrest/conviction record (unless offense is substantially related to circumstances of position and/or licensed activity) or national origin or any other basis prohibited by law or any physical or mental impairment that, after any legally-required reasonable accommodation, does not preclude professional ability and compliance with the Medical Staff Bylaws or Hospital policies.

3.6.2.1 Criminal Activities.

An applicant may have his or her application for membership and/or clinical privileges denied, modified or restricted and a member may have his or her Medical Staff membership or clinical privileges modified, restricted or revoked, when the individual has a conviction of, or a plea of guilty or no contest to any felony, or to any misdemeanor involving controlled substances; illegal drugs; Medicare, Medicaid, or insurance or health care fraud or abuse; violence against another; sexual misconduct; or fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct with respect to any act or omission in a program (other than a healthcare program) operated or financed in whole or in part by any Federal, State or local government agency, even if not yet excluded, debarred, or otherwise declared ineligible.

(Reference Social Security Act Sec. 1123)

3.6.2.2 Administrative Denial.

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The Medical Staff Office may, with the approval of the Chief Medical Officer or Credentialing and Privileging Review Chairperson, deny any application for appointment or reappointment to the Medical Staff or Allied Health Professional Staff and/or application for clinical privileges, without further review, if it is determined that the applicant does not hold a valid Wisconsin medical/professional license and/or other registrations or certifications applicable to his/her practice and no application is pending; does not have adequate professional liability insurance, if required; is not eligible to receive payment from the Medicare or Medicaid programs or is currently excluded from any health care program funded in whole or in part by the federal government or by a state or local government; or is barred from providing services under Chapter DHS 12 of the Wisconsin Administrative Code. Reference Wisconsin DHS 12: Caregiver Background Checks)

- 3.6.3 Applications for initial Medical Staff membership and/or clinical privileges shall be in writing, and the form shall include evidence of current licensure (including, registrations and/or certifications, as required), relevant training and experience (including all medical/professional schools attended, internships, residencies, fellowships and other post-doctoral programs), current competence (including but not limited to names of peer references, one of which shall be directed, a chronological list of all past and present hospital appointments and practice affiliations, military history, faculty or clinical teaching appointments, recent continuing education activities), and reasonable evidence of current ability to perform privileges requested (health status). The application form shall request information relating to involvement in any professional liability action, previously successful or currently pending challenges to or any voluntary or involuntary limitation or relinquishment of any licensure or registration, any limitation, reduction, or loss of medical or professional staff membership or clinical privileges at another hospital, whether voluntary or involuntary, whether ever reprimanded, censured, excluded, suspended or disqualified by Medicare, Medicaid, CLIA or any other health plan, whether they have any present or pending guilty or no contest pleas or convictions involving dishonesty, assault, sexual misconduct or abuse, or abuse of controlled substances or alcohol. The application form shall request names of at least two (2) peers who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time, and who can and will provide reliable information regarding applicant's current clinical ability, ethical character, and ability to work with others. Allied Health professional references may be provided by a physician when recent work activities do not include a direct contact/observation of performance by a peer. At least one peer reference must be from the same professional discipline as the applicant. These peer recommendations and all other documentation obtained in connection with the application shall become a part of the applicant's permanent record and shall be maintained by Medical Staff Services on behalf of the Credentialing and Privileging Review Committee and Medical Staff Organization. Applicants must consent to the inspection of records and documents related to the application. Applications shall include a request for specific clinical privileges. Advanced Practice Nurse application requirements shall further include an approved written collaboration agreement(s), which shall include practice guidelines defining independent and/or dependent functions for which clinical privileges are being requested. Each applicant for Medical Staff membership and/or privileges shall be provided with a copy of and be oriented to the Bylaws, Rules and Regulations, and major policies of the Medical Staff, and shall agree in writing to abide by them.

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- 3.6.4 Application for membership and/or privileges by physicians, ~~dentists,—podiatrists,~~ psychologists, and allied health professionals shall be submitted to the Chief Medical Officer or designee. The Chief Medical Officer or designee shall be responsible for processing the application and obtaining all required and any additional supporting documentation. Application processing shall include the collection of at least two peer references and for verifying from the primary source or an approved equivalent to primary source (i.e., AMA, AOA, ECFMG, ABMS, and/or FSMB) all required professional training (medical/professional schools attended, internships, residencies, fellowships and other post-doctoral programs), required current professional licensure from the appropriate State Medical Board(s), DEA registration, and for querying the National Practitioner Data Bank (NPDB) and the Office of Inspector General List of Excluded Individuals and Entities (OIG-LEIE). Additional supporting documentation, including other hospital appointment and practice affiliation verifications, malpractice claims history verifications and recent continuing education may also be collected and used in the initial evaluation process. Before assigning initial clinical responsibilities, applicant identity is verified, criminal background check is completed and all applicable health screening requirements must be satisfied. Upon completion of the credentialing verification processes, the Chief Medical Officer or designee shall transmit the application and all required and any supporting documentation to the Chief Psychologist (if applicable) and to the Service Medical Director. The Chief Psychologist's recommendation, when applicable, shall be forwarded to the Service Medical Director by Medical Staff Services. The Service Medical Director's recommendation shall be forwarded to the Medical Staff Credentialing and Privileging Review Committee. Temporary privileges, for a period of not more than 120 days, may be granted to an applicant pending appointment and/or privileging after receiving a recommendation by the Credentialing and Privileging Review Committee or by the Chair acting on behalf of the Committee, provided the application is complete and meets all Category 1 application criteria. A Category 1 application means that all required verifications as established by the Medical Staff Credentialing and Privileging Review Committee are in place, applicant has no history of corrective action (hospital/licensing board), has a clean/satisfactory criminal background check (no felony convictions or charges pending and no non-felony matters substantially related to ability to professionally practice), minimal or no malpractice history, privilege requests are appropriate to training, and all references are good. No Medical Staff member shall be permitted to recommend approval of his/her own privileges or appointment.
- 3.6.5 The Credentialing and Privileging Review Committee shall review the application and supporting documentation, review and confirm the validity of the applicant's credentials and may conduct an interview with the applicant. Applicants shall be acted upon by this committee within 90 days upon application completion and verification of meeting all credentialing requirements, or reasonable attempts thereto, for all privileges requested, and this committee shall recommend to the Executive Committee of the Medical Staff that the application for appointment and/or request for clinical privileges be accepted, deferred or rejected. When a recommendation to defer is made, the Credentialing and Privileging Review Committee must follow-up within 60 days with a final recommendation of acceptance or rejection to the Executive Committee. Applicants have the burden of producing accurate and adequate information for proper evaluation of professional, ethical and other qualifications for membership and/or clinical privileges and for resolving any doubts about such qualifications. This burden may include submission to a medical, psychiatric or psychological examination, at the applicant's expense, if deemed appropriate by the Medical Staff Executive Committee, which may select the examining practitioner. The Chief Medical Officer or Medical Staff Services, when designated shall

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notify the applicant of any areas of incompleteness, question and/or failure of others to respond to such information collection or verification efforts. It will then be the applicant's obligation to obtain all required information within the next thirty (30) days. Applicants who do not make reasonable and timely attempts to resolve misstatements or omissions from the application or resolve doubts about qualifications, current abilities or credentials within thirty (30) days, when additional information is requested by the Chief Medical Officer or Medical Staff Services may, in the sole discretion of the Chief Medical Officer, be deemed a voluntary withdrawal of the application due to incompleteness and shall not be subject to hearing rights under these Bylaws. If temporary privileges were granted pending completion of the application approval process, they will be deemed expired at this time.

3.6.6 The Executive Committee shall recommend to the Governing Authority that the application be accepted or rejected; and if accepted, provisional or full clinical privileges shall be granted. The Executive Committee, as represented by the President of the Medical Staff Organization and/or by the Chairperson of the Credentialing and Privileging Review Committee, shall submit to the Governing Authority all recommendations for Medical Staff appointment and/or clinical privileging.

3.6.7 Temporary Privileges.

The Administrator, or designee, acting on behalf of the Governing Authority and based on the recommendation of the President of the Medical Staff or designee, may grant temporary privileges. Temporary privileges may be granted only in two (2) circumstances: 1) to fulfill an important patient care, treatment or service need, or 2) when an initial applicant with a complete application that raises no concerns is awaiting review and approval of the Medical Staff Executive Committee and the Governing Authority. Temporary privileges shall be granted by the Administrator or by one of the following authorized designees: the Chief Medical Officer or the Chairperson of the Medical Staff Credentialing and Privileging Review Committee. No Medical Staff member shall be permitted to approve his/her own privileges.

3.6.7.1 Important Patient Care, Treatment or Service Need.

Temporary privileges may be granted on a case by case basis when an important patient care, treatment or service need exists that mandates an immediate authorization to practice, for a limited period of time, not to exceed 120 calendar days. When granting such privileges the organized Medical Staff verifies current licensure and current competence.

3.6.7.2 Clean Application Awaiting Approval (Category 1).

Temporary privileges may be granted for up to 120 calendar days when the new applicant for Medical Staff membership and/or privileges is waiting for review and recommendation by the Medical Staff Executive Committee and approval by the Governing Authority. Criteria for granting temporary privileges in these circumstances include the applicant providing evidence of the following which has been verified by the hospital: current licensure; education, training and experience; current competence; current DEA (if applicable); current professional liability insurance in the amount required (when applicable); malpractice history; one positive reference specific to the applicant's competence from an appropriate medical peer; ability to perform the privileges

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requested; a query to the OIG-LEIE, and results from a query to the National Practitioner Data Bank. Additionally, the application must meet the criteria for Category 1 privileging consideration, as described in section 3.6.4 of these Bylaws.

3.6.7.3 Special requirements of consultation and reporting may be imposed as part of the granting of temporary privileges. Except in unusual circumstances, temporary privileges will not be granted unless the practitioner has agreed in writing to abide by the Bylaws, rules, and regulations and policies of the Medical Staff and hospital in all matters relating to his/her temporary privileges. Whether or not such written agreement is obtained, these Bylaws, rules, regulations, and policies control all matters relating to the exercise of clinical privileges.

3.6.7.4 Termination of temporary privileges: The Administrator, acting on behalf of the Governing Authority and after consultation with the President of the Medical Staff, may terminate any or all of the practitioner's privileges based upon the discovery of any information or the occurrence of any event of a nature which raises questions about a practitioner's privileges. When a patient's life or wellbeing is endangered, any person entitled to impose precautionary suspension under the Medical Staff Bylaws may affect the termination. In the event of any such termination, the practitioner's patients then will be assigned to another practitioner by the Chief Medical Officer acting as the Administrator's designee. The wishes of the patient shall be considered, when feasible, in choosing a substitute practitioner.

3.6.7.5 Rights of the practitioner with temporary privileges: A practitioner is not entitled to the procedural rights afforded in Appendix II or Appendix III of these Bylaws (Investigation, Corrective Action, Hearing and Appeal Plan) because his/her request for temporary privileges is refused or because all or any part of his/her temporary privileges are terminated or suspended unless the decision is based on clinical incompetence or unprofessional conduct.

3.6.8 Disaster privileges – Medical Staff Leadership, in collaboration with Hospital Leadership and the Governing Authority, has determined that disaster privileging shall not be utilized at the Behavioral Health Division (as a hospital specializing in psychiatric and behavioral care, instances would be too few where such volunteers would be required to come forward or would volunteer to come forward, to assist).

3.6.9 Telemedicine privileges - Licensed independent practitioners who are responsible for the care, treatment and/or services of an MCBHD patient via telemedicine link, including interpretive services, are subject to credentialing and privileging requirements and will be processed through one of the following mechanisms:

3.6.9.1 MCBHD shall fully privilege and credential the practitioner according to the processes described in sections 3.6.1 - 3.6.7 of these Bylaws; or

3.6.9.2 MCBHD may privilege practitioners using credentialing information from the distant site, if the distant site is a Joint Commission-accredited organization that follows hospital credentialing standards.

3.6.9.3 MCBHD may use the credentialing and privileging decision from the distant site if all of the following requirements are met:

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1. The distant site is a Joint Commission-accredited hospital or ambulatory care organization and has a direct contract/agreement with MCBHD to provide services;
2. The practitioner is privileged at the distant site for those services to be provided at MCBHD; and
3. MCBHD has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided; and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the hospital.

3.6.10 An expedited Governing Authority approval process shall not be used.

- 3.7 Appointment and/or privileging. Medical Staff and Allied Health Professional appointment and/or clinical privileging shall be approved by the Governing Authority based on Medical Staff recommendations. Prior to a written decision of rejection, the Governing Authority shall meet with the President of the Medical Staff and the Chairperson of the Credentialing and Privileging Review Committee to review the recommendations and the concerns regarding the appointee's professional qualifications. The Credentialing and Privileging Review Committee Chairperson shall transmit the decision to the applicant. In cases of rejection, the applicant shall be informed and advised of his/her right to appeal in accordance with the provisions of Appendix II or Appendix III of these Bylaws. Medical Staff and Allied Health Professional appointment and/or privileging shall be for a period of no more than two (2) years. All initial appointments and privileges shall be subject to a provisional period of at least six (6) months and shall require a focused audit of practitioner performance based on an adequate volume of patient encounters prior to completion of the provisional privilege period. The decision to grant, limit or deny an initially requested privilege or existing privilege for renewal is communicated to the practitioner within 30 days of approval.

- 3.8 Reappointment and/or reprivileging. Applicants have the burden of producing accurate and adequate information for proper evaluation of professional, ethical and other qualifications for continued membership and/or clinical privileges and for resolving any doubts about such qualifications. This burden may include submission to a medical, psychiatric or psychological examination, at the applicant's expense, if deemed appropriate by the Medical Staff Executive Committee, which may select the examining practitioner. The applicant's failure to sustain this burden shall constitute cause for recommendation that the application for reappointment and/or privileges be denied. Medical Staff and Allied Health Professional reappointment and/or clinical reprivileging shall be approved by the Governing Authority based on Medical Staff recommendations. Any significant misstatements in, falsifications in, or omissions from the reprivileging application requirements, which shall include being current on annual dues assessments, if applicable, shall constitute cause for the application to be deemed incomplete. The Chief Medical Officer or Medical Staff Services shall notify the applicant of any areas of incompleteness and/or failure of others to respond to such information collection or verification efforts. It will then be the applicant's obligation to obtain all required information prior to the Credentialing and Privileging Review Committee meeting at which the application is scheduled for review. Applicants who do not make reasonable and timely attempts to resolve misstatements or

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omissions from the application or doubts about qualifications, current abilities or credentials, or resolve dues delinquencies when requested, shall result in application being deemed incomplete and no further action shall be required. The Executive Committee, as represented by the President of the Medical Staff Organization and/or the Chairperson of the Credentialing and Privileging Review Committee, shall submit to the Governing Authority all recommendations for Medical Staff and Allied Health Professional reappointment and/or clinical reprivileging. The recommendations of the Executive Committee shall be derived, in part, from the recommendations of the Credentialing and Privileging Review Committee, who will review and reappraise the individual based on information collected. Information collection shall include the required two-year NPDB query, re-verification of current professional licensure from the appropriate State Medical Board(s), query of the OIG-LEIE and adherence to these Bylaws, the Rules and Regulations and Medical Staff Organization policies. Additional information collection shall include statements regarding the applicant's current ability to perform privileges (health status), training and experience (continuing education specifically related to privileges being requested), and current competence (professional performance, judgment and clinical/technical skills as assessed by his/her supervisor and as indicated by the results of ongoing professional practice evaluations and other Medical Staff monitors and peer review activities). A Medical Staff peer reference shall also be required, when the Service Medical Director or other supervisor is not a clinical peer. In the case of Allied Health Professionals, the physician collaborator shall also provide a reference or assessment of professional performance, judgment and clinical/technical skills, if s/he is not the supervisor. Applications for reappointment and/or reprivileging shall be acted upon prior to expiration of current appointment and/or privileges. Medical Staff and Allied Health Professional reappointment and/or reprivileging shall be for a period of no more than two (2) years.

All applicants seeking reappointment and/or reprivileging within the Active, Associate or Affiliate Medical Staff Category or Allied Health Professional Staff Category must have exercised all privileges held at least once every three months from date of last appointment (excepting applicants formally granted medical, family or other leave of absence or applicants who are assigned by the Chief Medical Officer or his/her designee to provide vacation coverage on an as needed or seasonal basis) or s/he shall not be considered eligible for reappointment and/or reprivileging within those privilege areas that have not been utilized with sufficient frequency to allow for the required performance and current competency assessments. Applicants who do not utilize privileges held at least once every three months shall remain in good standing, as appropriate, upon expiration of such privileges. S/he shall remain eligible to reapply for appointment and/or such privileges should s/he so desire, and it is evident that s/he will be able to exercise such privileges with the required minimum frequency, and a current need and position vacancy in his/her specialty exists.

Failure without good cause to timely submit a completed application for reappointment shall result in automatic termination of the Medical Staff or Allied Health Professional member's membership and privileges upon expiration of the current appointment period.

- 3.9 Clinical Privileges. All individuals permitted by law and by the MCBHD (as specified under sections 3.1 through 3.5 of these Bylaws) to provide patient care services independently, or dependently under the direction of a Medical Staff Member when privileging is recommended, shall have hospital specific delineated clinical privileges, whether or not they are members of the Medical Staff of the MCBHD. Physicians, ~~Dentists, Podiatrists,~~ Psychologists and Allied Health Professionals who are not staff members but who meet the above independent practice definition, may request privileges through the Medical Staff by submitting a written request to the Chief Medical Officer or designee, who will review credentials and transmit the application to the appropriate Service

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Medical Director and to the Chief Psychologist, when applicable, and to the Credentialing and Privileging Review Committee.

- 3.9.1 The delineation of an individual's clinical privileges includes the limitations, if any, on the individual's privileges to treat patients or direct the course of treatment for the conditions for which the patient was admitted. Each patient cared for shall have a physical examination and/or medical history documented by a physician or authorized designee, such as an advanced practice nurse, privileged to perform such.

The physical examination shall include a thorough medical history and physical examination with all indicated laboratory examinations required to discover all structural, functional, systemic and metabolic disorders, and performance of a screening neurological exam. History shall include patient's past physical disorders, head trauma, accidents, substance dependence/abuse, exposure to toxic agents, tumors, infections, seizure or temporary loss of consciousness or headaches, and past surgeries. Screenings shall include a complete neurological exam, when indicated (i.e., system review indicates positive neurologic symptomatology); a record of mental status; the onset of illness and circumstances leading to admission; attitudes and behavior; an estimate of intellectual functioning, memory functioning and orientation; and an inventory of the patient's assets in a descriptive fashion. More than one practitioner may participate in the performance, documenting and authentication of a history and physical for a single patient. The authenticating practitioner(s) shall be responsible for its content. All procedures requiring surgery or anesthesiology shall require a history and physical update prior to the procedure.

If a physical examination was completed within 30 days of the patient's admission (or readmission), an update examination to document any changes in patient's condition is required within 24 hours after admission or re-admission. If the examining practitioner finds no change in the patient's condition since the history and physical was completed, s/he shall indicate in the patient's record that the H&P was reviewed, the patient was examined, and that "no change" has occurred in the patient's condition since the H&P was completed. However, any noted changes in the patient's condition must be documented in an update note and placed in the patient's record within 24 hours after admission [per DHS 124.14(3)(c)(2) and CMS 482.22(c)(5)(ii)].

~~3.9.2 Clinical privileges to dentists shall be limited to outpatient activities only and must be specifically defined. Each patient cared for by a dentist must have a physical examination entered into the medical record by a physician, certified nurse practitioner or physician's assistant staff member. The dentist shall perform the part of his or her patient's history and physical examination that relates to dentistry. All procedures requiring surgery or anesthesiology shall require a history and physical update prior to the procedure.~~

~~3.9.3 Clinical privileges to podiatrists shall be limited to outpatient activities only and must be specifically defined. Each patient cared for by a podiatrist must have a physical examination entered into the medical record by a physician, certified nurse practitioner or physician's assistant staff member. The podiatrist shall perform the part of his or her patient's history and physical examination that relates to podiatry. All procedures requiring surgery or anesthesiology shall require a history and physical update prior to the procedure.~~

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- 3.9.4 Clinical privileges to allied health professionals must be specifically defined and shall be limited to activities within the individual's assigned service/program or to service provisions defined within a provider's service contract. Independent Allied Health Professional practice is permitted only in Hospital approved programs and services and must be in collaboration with the service(s)/program(s) Medical Director and/or attending physician(s). Certified ~~advanced practice nurses-practitioners~~ and physician's assistants may perform patient histories and physical examinations.

- 3.9.5 In an emergency, any Medical Staff member or Allied Health Professional who has clinical privileges is permitted to provide any type of patient care necessary as a life-saving measure or to prevent serious harm, regardless of his or her Medical Staff status or clinical privileges, provided that the care provided is within the scope of the individual's license.

- 3.10 Revised Clinical Privileges. The Credentialing and Privileging Review Committee shall review all applications and supporting documentation to revise or amend current privileges. Applicants are required to submit documentation as to licensure (including certifications, registrations, as applicable), training and experience, current competence and ability to perform privileges requested. All requests to revise privileges shall require primary source (or approved equivalent to primary source) verification of required training, primary source re-verification of required license(s), registrations and/or certifications, a new NPDB query and OIG-LEIE query. Requests shall be acted upon by this committee within 90 days upon completion of the verification of the applicant's credentials and current ability to perform the privilege requested, and this committee shall recommend to the Executive Committee of the Medical Staff that the application and request for revised clinical privileges be accepted, deferred or rejected. When a recommendation to defer is made, the Credentialing and Privileging Review Committee must follow-up within 60 days with a final recommendation of acceptance or rejection to the Executive Committee. All clinical privilege revisions shall be subject to a provisional period of at least six (6) months and shall require a focused audit demonstrating satisfactory practitioner performance based on an adequate volume of patient encounters prior to advancing from provisional to full privilege status.

- 3.11 Reapplication After Adverse Action.

- 3.11.1 A Medical Staff Member or Allied Health Professional who has received a final adverse professional review action regarding appointment or clinical privileges or both, and who did not exercise any of the hearing rights provided in Appendix II or Appendix III, shall not be eligible to reapply for the membership category or privileges that were subject of the adverse action for a period of one (1) year from the date of the final adverse action.

- 3.11.2 A Medical Staff Member or Allied Health Professional who has received a final adverse professional review action regarding appointment or clinical privileges or both, and who exercised some or all of the hearing rights provided under Appendix II or Appendix III, shall not be eligible to reapply for the membership category or privileges that were the subject of the adverse action for a period of two (2) years from the date of final adverse action.

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#### 3.12 Leave of Absence and Reappointment.

- 3.12.1 Any member of the Active or Associate Medical Staff or Allied Health Professional who will be absent for a period of time exceeding twelve (12) weeks must provide written notification to the President of the Medical Staff and Chief Medical Officer which may be done through Medical Staff Services as designee for both. Such notification shall state the start and, if known, anticipated end date of the leave and the reasons for the leave (e.g., military duty, additional training, family matters, or personal health). The Medical Staff Member or Allied Health Professional shall be responsible for arranging for coverage with his or her Service Medical Director during the leave. If the practitioner fails to return following the last day of the approved leave (including any extension granted up to the end of the current term of appointment), and does not reapply as described below, the practitioner shall be considered to have resigned his or her membership and/or clinical privileges and shall not be entitled to any hearing or appellate review. A request for appointment to the Medical Staff or Allied Health Professional Staff and clinical privileges subsequently received from a practitioner so terminated shall be submitted and processed in the manner specified in these Bylaws for applications for initial appointment.
- 3.12.2 Upon timely return from leave of absence prior to expiration of the practitioner's then current appointment period, the practitioner shall be required to submit a written request for reinstatement to the Credentialing and Privileging Review Committee. The practitioner may be required to submit such additional information as may be relevant to his/her request for reinstatement, including interval status information. Reinstatement of membership and privileges following a leave of absence may be granted subject to monitoring and/or a provisional period, when determined to be appropriate and recommended. The Credentialing and Privileging Review Committee will review the request and submit their recommendations to the Medical Staff Executive Committee. Thereafter, the process described for reappointment shall be followed.
- 3.12.3 A leave of absence may not extend beyond the term of the Medical Staff Member's or Allied Health Professional's current term of appointment. If the practitioner is not able to return from leave before his/her current appointment period and/or clinical privileges are set to expire but has submitted an application for reappointment and/or renewal of clinical privileges, action on the application will be deferred for up to two (2) years until the practitioner identifies, with reasonable certainty, the date of anticipated return from leave. Deferring the application due to continued leave of absence shall not give practitioners any rights to hearing or appeal. The practitioner will then be required to supply interval data through the date of the notice of anticipated return from leave to begin the reappointment process. The practitioner's membership and/or clinical privileges shall be considered expired between the time of expiration of the term in which the leave began and the date of reappointment.

#### 3.13 Impaired Practitioners.

- 3.13.1 Because it is inevitable that from time to time, some Medical Staff Members and Allied Health Professionals will develop physical or mental conditions that may limit their ability to safely exercise the clinical privileges they have been granted, it shall be the responsibility of all Medical Staff and Allied Health Professionals to bring to the attention of the Chief Medical Officer or his/her designee or the President of the Medical Staff, such conditions. Refer to Medical Staff Organization Policy on Health and Welfare-Ad-Hoc Committee Responsibilities.

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- 3.13.2 If, as a result of a practitioner's self-reporting of a condition, the Medical Staff Executive Committee recommends modification of status or privileges, the affected practitioner shall be notified, in writing, of the recommendation. The recommendation shall not be considered a professional review action, if the practitioner voluntarily accepts the recommendation. If the Medical Staff Executive Committee recommends modifications of appointment status or privileges due to the practitioner's condition initially discovered by means other than self-reporting, such recommendation shall constitute a professional review action without regard to whether or not the practitioner exercises the hearing rights under Appendix II or Appendix III.

#### 3.14 Ethics and Ethical Relationships.

- 3.14.1 The Code of Ethics as adopted by the professional organizations of each member profession shall govern the professional conduct of the membership of the Medical Staff and all individuals privileged by the Medical Staff.
- 3.14.2 Medical Staff and Allied Health Professionals shall sign a statement prior to appointment and/or privileging indicating an understanding of the requirement to observe the ethical principles of their profession as well as those of the Milwaukee County Behavioral Health Division.
- 3.14.3 The Behavioral Health Division and Governing Authority shall take steps to protect and ensure the integrity of clinical decision making of all members of the Medical Staff and privileged Allied Health Professional Staff. Medical Staff and independent Allied Health Professional clinical decisions shall be autonomous and based solely on identified needs of the patient, regardless of their ability to pay. Dependent Allied Health Professionals shall consult with and defer to their supervising physician or the unit/program/service attending physician regarding clinical decisions, as appropriate. Medical Staff and Allied Health Professional clinical decisions shall be protected from financial issues or influences such as compensation, incentives or financial risk. Ethical conflicts related to patient care decisions may be referred to the Ethics Committee.

### 4.0 ARTICLE IV – APPOINTMENT CATEGORIES

#### 4.1 Active Medical Staff.

The Active Medical Staff shall consist of fully licensed physicians who are full or part-time employees of, or on contract with the Milwaukee County Behavioral Health Division who function as the primary attending Medical Staff or actively assume clinical responsibility as part of the primary treatment team, including, where appropriate, emergency service care, consultation assignments, and supervisory assignments. Members of the Active Medical Staff shall be eligible to vote, to hold office, to hold member-at-large positions and to serve on all Medical Staff committees. Those physicians or psychologists who are licensed and have a history of medical impairment that may impede clinical practice or those with some limitations in their licensing or level of training, which would necessitate restriction and/or supervision of their clinical practice, will be given specific clinical responsibilities under the supervision of a designated member of the Active staff for a period recommended by the Credentialing and Privileging Review Committee.

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4.2 Associate Medical Staff.

The associate Medical Staff shall consist of fully licensed psychologists who are full or part-time employees of, or on contract with the Milwaukee County Behavioral Health Division that have clinical responsibility as part of the primary treatment team, including, where appropriate, inpatient service care, emergency service care, ambulatory service care, consultation assignments, and supervisory assignments. Members of the associate Medical Staff shall be eligible to vote, to hold member-at-large positions, and to serve on Medical Staff committees. Those psychologists who are licensed and have a history of medical impairment that may impede clinical practice or those with some limitations in their licensing or level of training, which would necessitate restriction and/or supervision of their clinical practice, will be given specific clinical responsibilities under the supervision of a designated member of the Active or Associate staff for a period recommended by the Credentialing and Privileging Review Committee.

4.2 Affiliate Medical Staff.

The affiliate Medical Staff shall consist of fully licensed physicians, ~~dentists, podiatrists~~ and psychologists who do not function as a primary attending Medical Staff or actively assume clinical responsibility as part of the primary treatment team or are temporary staff (i.e., locum tenens). They shall be ~~employed-retained~~ in a manner consistent with their professional preparation and qualifications within the overall plan of the Behavioral Health Division and be subject to the Bylaws and Rules and Regulations of the Medical Staff that are applicable to their profession. Members of the Affiliate Medical Staff shall not be eligible to vote, hold office, or serve on the Medical Staff Credentialing and Privileging Review Committee or Peer Review Committee. They may serve on the Executive Committee of the Medical Staff, without vote. Those physicians, ~~dentists, podiatrists~~ or psychologists who are licensed and have a history of medical impairment that may impede clinical practice or those with some limitations in their licensing or level of training, which would necessitate restriction and/or supervision of their clinical practice, will be given specific clinical responsibilities under the supervision of a designated member of the Active or Associate Medical Staff for a period recommended by the Credentialing and Privileging Review Committee.

4.3 Consulting Medical Staff.

The consulting Medical Staff shall consist of fully licensed physicians, ~~dentists, podiatrists~~ and psychologists who may treat patients at the Behavioral Health Division, or who are only engaged in consultation with members of the Medical Staff such as for special cases or procedures, or to conduct research or for teaching and/or lecturing to medical students, psychiatric residents and fellows and/or psychology interns and fellows. The consulting Medical Staff will include those physicians, ~~dentists, podiatrists~~ or psychologists who do not wish to accept a regular Active or Associate appointment. Members of the consulting Medical Staff are not eligible to vote, hold office, or serve on the Medical Staff Credentialing and Privileging Review Committee or Peer Review Committee. They may serve on the Executive Committee of the Medical Staff, without vote. Appointment to the consulting Medical Staff may be with or without privileges.

4.4 Telemedicine Consulting Medical Staff.

The Telemedicine Consulting Medical Staff shall consist of fully licensed physicians who may treat patients at the Behavioral Health Division via an electronic link, but who are mainly engaged in consultation with members of the Medical Staff by providing radiological or cardiology interpretive services. Members of the Telemedicine Consulting Medical Staff shall be eligible for

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Medical Staff membership but do not have the rights and privileges of a member of the Medical Staff to vote or to hold office or serve on committees.

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, Associate or Affiliate Medical Staff. The community affiliate medical staff will include those physicians and psychologists who do not meet criteria for Active, Associate 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.

4.6 Allied Health Professional Staff.

The allied health professional staff shall consist of fully licensed and certified Advanced Practice Nurses, Physician's Assistants, ~~Optometrists~~ or other licensed independent practitioners other than physicians, or psychologists, ~~dentists or podiatrists~~ who are allied with the Medical Staff and who are permitted by law and by the hospital to practice independently or dependently. Allied health professional staff may be full or part-time employees, or employed by a Medical Staff Member on contract or independent contractors or employed by a Medical Service Contractor whose services have been authorized by Milwaukee County for the Milwaukee County Behavioral Health Division. Members of the allied health professional staff shall not be eligible for Medical Staff membership and do not have the rights and privileges of a member of the Medical Staff to vote or to hold office. Those allied health professionals who are licensed and have a history of medical impairment that may impede clinical practice or those with some limitations in their licensing, which would necessitate restriction and/or supervision of their clinical practice, will be given specific clinical responsibilities under the supervision of a designated member of the Active or Affiliate Medical Staff for a period recommended by the Credentialing and Privileging Review Committee.

Summary of Eligibilities by Appointment Category								
Appointment Category	May Hold Officer Positions	May Hold Member-at-Large Positions	May Vote for Officers	May Vote for Members-At-Large	May Vote on MSO Business Items	May Serve on Med Exec Cmt	May Serve on Other Med Staff Committees	May Be Required to Pay Dues
Active	YES*	YES*	YES	YES*	YES	YES	YES	YES
Associate	NO	YES*	YES	YES*	YES	YES	YES	YES
Affiliate	NO	NO	NO	NO	NO	YES	NO	NO
Consulting	NO	NO	NO	NO	NO	YES	NO	NO
Telemedicine-Consulting	NO	NO	NO	NO	NO	NO	NO	NO
Community Affiliate	NO	NO	NO	NO	NO	NO	NO	NO
Allied Health Professional	NO	NO	NO	NO	NO	NO	NO	NO

\*Subject to eligibilities as described under Section 5.0 Article V – Officers and Medical Administration

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### 4.7 Appointment Amendment.

A Medical Staff Member may, at any time, request modification of his/her staff category by submitting a written request. All Medical Staff appointments are subject to the eligibility criteria, as described in sections 4.1 through 4.5.

## 5.0 ARTICLE V - OFFICERS AND MEDICAL ADMINISTRATION

### 5.1 Officers and Members-At-Large

The officers of the Medical Staff shall be the President of the Medical Staff Organization and the Vice-President of the Medical Staff Organization. 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 in good standing and shall have satisfactorily completed the requisite initial provisional appointment and privilege period. For the positions of President and Vice-President of the Medical Staff Organization, the candidate must be ~~either a physician, dentist or podiatrist.~~ The Chief Medical Officer ~~and Chief Psychologist~~ shall not be eligible to hold office.

There shall also be four (4) Members-At-Large positions. The qualifications for these positions are that each Member-At-Large must be a Member of the Active or Associate Medical Staff in good standing and shall have satisfactorily completed the requisite initial provisional appointment and privilege period.

5.1.1 The President shall be elected for a two-year term. S/he shall preside at meetings of the Medical Staff Organization and be Chairperson of the Executive Committee of the Medical Staff. S/he may delegate specific duties to the Vice-President of the Medical Staff Organization. The President may be re-elected to that office to succeed himself/herself for one additional term.

5.1.2 The Vice-president of the Medical Staff Organization shall be elected for a two-year term. S/he shall act in the event of any absence of the President, and when acting in this capacity, s/he shall assume all the duties, responsibilities, and authority of the President. S/he shall be responsible for keeping complete minutes of all general Medical Staff Organization meetings, Executive Committee meetings and meetings on order of the President. S/he shall make recommendations to the Executive Committee concerning dues assessments, as necessary, and shall be accountable for all funds of the Medical Staff, and s/he shall report on receipts and disbursements of such funds. The Vice-President of the Medical Staff Organization may be re-elected to that office to succeed himself/herself for one additional term. In the event that the office of the President becomes permanently vacant, the Vice-President of the Medical Staff Organization shall succeed to the Presidency for the remainder of the term and a new Vice-President of the Medical Staff Organization shall be elected. In the event that a Vice-President of the Medical Staff Organization is unable to carry out his/her duties, a special election shall be held to fill his/her office.

5.1.3 The ~~President upon taking office has the option to serve as the~~ Member At-Large Quality Advisor ~~or to appoint a member of the Active or Associate Staff to this position shall be elected for a two-year term.~~ The Quality Advisor ~~s/he~~ shall be responsible for oversight of

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quality processes throughout MCBHD and shall work closely with the Chief Medical Officer and Quality Management Services on projects that improve quality and support the reduction of medical/healthcare errors and other factors that could contribute to unintended adverse patient outcomes. S/he shall serve ~~on the Medical Staff Peer Review Committee for process oversight in an ex-officio capacity, without vote, serve on hospital administrative quality committees and make recommendations to the Executive Committee and Quality Council on such matters.~~ The Member-At-Large Quality Advisor may be re-~~appointed~~ ~~elect~~ ~~to that office~~ to succeed himself/herself. There shall be no restriction on the number of terms that s/he may serve. ~~In the event that a Member-At-Large Quality Advisor is unable to carry out his/her duties, a special election shall be held to fill his/her.~~

5.1.4 The Member-At-Large physician position is to represent the physician community at the Medical Staff Executive Committee. There shall be one physician Member-At-Large. She/he shall serve for a two-year term. There shall be no restriction on the number of terms that a Member-At-Large may serve. In the event that a Member-At-Large is unable to carry out his/her duties, a special election shall be held to fill his/her seat on the Medical Staff Executive Committee.

5.1.5 The Members-At-Large psychologist positions are to represent the psychology community at the Medical Staff Executive Committee. There shall be two psychologist Members-At-Large. Each Member-At-Large shall serve 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). There shall be no restriction on the number of terms that a Member-At-Large may serve. In the event that a Member-At-Large is unable to carry out his/her duties, a special election shall be held to fill his/her seat on the Medical Staff Executive Committee.

### 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 Officers shall be by the Active and Associate Medical Staff.

Election of the Member-At-Large Quality Advisor 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 office term shall be for two-years beginning January 1 (even years). Election of the Member-At-Large Quality Advisor shall be by the Active and Associate Medical Staff.

Election of the ~~first~~ Member-At-Large physician shall take place at the ~~November 2018 meeting of the Medical Staff Organization and shall take place thereafter at the~~ November meeting that directly precedes the expiration of the term of office (even years). The office term shall be for two-years beginning January 1 (odd years). Election of the Member-At-Large physician shall be by the Active Medical Staff

There shall be one Member-At-Large psychologist election held each year at the November meeting of the Medical Staff Organization and each Member-At-Large term

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shall be for two-years. Election of the Members-At-Large shall be by the psychology members of the Associate Medical Staff.

Special elections shall be held within sixty days for elected positions vacant due to disability, ineligibility, or unavailability. Elections shall be by simple majority vote, including absentee ballots. Elections may be held at a regular or special meeting of the Medical Staff Organization or may be conducted outside of a meeting by ballot, including electronic means, as directed by the President of the Medical Staff.

When only one nomination is put forth for a Member-At-Large position, the President of the Medical Staff may appoint that nominee to the vacant Member-At-Large position and shall communicate such appointment to the Medical Staff Organization.

- 5.2.2 In the event that an officer is unable to carry out his/her duties, and following a review by the Peer Review Committee or Credentialing and Privileging Review Committee, as appropriate, an officer may be removed from office by two-thirds majority vote of the Active and Associate Medical Staff. The removal of an officer ~~shall~~ may be initiated by the ~~joint recommendation of the Chief Medical Officer or designee and Chief Psychologist or designee~~ or on written request of 25% or more of the voting members of the Medical Staff.

In the event that a Member-At-Large is unable to carry out his/her duties, the procedure for removal of Executive Committee members in section 5.3.1 of these Bylaws shall be followed.

### 5.3 Committees of the Medical Staff.

The committees of the Medical Staff shall be the Executive, Credentialing and Privileging Review, ~~and~~ Medical Staff Peer Review and Utilization Review. The President of the Medical Staff shall have the right upon taking office to appoint Chairpersons in collaboration with the Chief Medical Officer and/or Chief Psychologist, as appropriate, and members unless specified otherwise in committee descriptions. The President of the Medical Staff and the Chief Medical Officer shall be Ex-Officio members of all Medical Staff committees, as well as any special ad hoc committees, if not appointed as regular members. For purposes of conducting business, a membership quorum with a physician majority must be present for all committees, unless quorum is otherwise defined for the committee. If a quorum is not present, the chairperson may entertain a motion to recess, to fix the time to which to adjourn to allow selection of a new date and time, or to adjourn the meeting.

#### 5.3.1 The Medical Staff Executive Committee.

The Medical Staff Executive Committee shall consist of the two elected officers of the Medical Staff, four Members-At-Large, the Chairperson of the Credentialing and Privileging Review Committee, the Chairpersons of the Medical Staff Peer Review Committee, the Chief Medical Officer, the Service Medical Directors, and the Chief Psychologist. A majority of voting Medical Staff Executive Committee members shall be fully licensed physicians within the Active Staff. Selection and appointment of Medical Staff members, in addition to the aforementioned automatic appointments, may be made upon the joint recommendation by the Chief Medical Officer, ~~Chief Psychologist~~ and Medical Staff President, subject to maintaining majority composition requirements, and shall be approved by the Committee. All members of the Medical Staff shall be eligible for

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membership on the Executive Committee. The Administrator, the Chief Nursing Officer and the Director of Medical Staff Services shall attend each meeting on an ex-officio basis. The President of the Medical Staff shall chair the Medical Staff Executive Committee. The Medical Staff Executive Committee has the primary authority for activities related to self-governance of the Medical Staff and for performance improvement of the professional services provided by licensed independent practitioners and other practitioners privileged through the Medical Staff process. Functions of the Medical Staff Executive Committee shall be as follows:

1. it shall be empowered to act for and represent the Medical Staff in the intervals between the general Medical Staff Organization Meetings. Such authority shall include the review, and recommendations for amendment of Medical Staff Bylaws and Rules and Regulations, the assessment of dues, and development, review, amendment and adoption of Medical Staff policies and procedures that form the system of rights, responsibilities, and accountabilities between the organized Medical Staff and the Governing Authority and between the organized Medical Staff and its members;
2. it shall review and make Medical Staff committee appointments and Medical Staff committee chairperson appointments at the first meeting of each year, and at any other time it is deemed necessary;
3. it shall receive quarterly reports from the hospital-wide Quality Improvement Program and shall concern itself with programmatic, departmental and support service quality improvement activities as well as the results and corrective actions taken from such activities;
4. it shall concern itself with all matters affecting the delivery and quality of professional services and medical services in the hospital, the organization of the Medical Staff, and with reports and recommendations from the Credentialing and Privileging Review Committee, the Medical Staff Peer Review Committee, and any hospital committees or services that recommend actions that impact individuals with privileges;
5. it shall ensure Medical Staff representation and participation in any hospital deliberation affecting the discharge of Medical Staff responsibilities;
6. it shall ensure Medical Staff representation for the opportunity to participate and provide advice in any hospital leadership deliberation concerning the selection of medical services to be provided through a contractual arrangement (e.g., laboratory, radiological, pharmacy, rehabilitative, etc.) and in the selection of any medical or clinical staffing contractual arrangements [e.g., for ~~dentists, podiatrists, primary or specialty care~~ physicians, psychiatrists, psychologists, advanced practice nurses; ~~optometrists, physician's assistants~~ or any other licensed independent practitioners (LIPs) or non-LIPs if privileges are required];
7. it shall provide liaison between the Medical Staff, the Chief Medical Officer, and the Administrator of MCBHD as well as the Governing Authority;

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8. it shall ensure that the Medical Staff is kept abreast of the accreditation/regulatory compliance program and informed of the accreditation status of the hospital, and it shall direct the Medical Staff concerning its responsibilities in this area;
9. it shall coordinate the activities and policies governing the Medical Staff;
10. it shall communicate with the Allied Staff (defined in the Preamble of these Bylaws) through acceptable mechanisms as determined by their respective Clinical Discipline Heads and through mechanisms as determined by the appropriate Service Administrator for those Allied Staff who are not members of discipline departments;
11. it shall make recommendations directly to the Governing Authority for its approval, on matters relating to the following and other matters, as relevant:
  - a. the structure of the Medical Staff;
  - b. the participation of the Medical Staff in organization performance-improvement activities;
  - c. the mechanisms used for evaluating individual professional practice;
  - d. the mechanism used to review credentials and to delineate individual clinical privileges;
  - e. recommendations of individuals for Medical Staff membership;
  - f. recommendations for delineated clinical privileges for each eligible individual;
  - g. the mechanism by which membership on the Medical Staff may be terminated;
  - h. the mechanism by which clinical privileges may be terminated;
  - i. the mechanism for fair hearing procedures; and
  - j. other medical-administrative matters including sentinel events;
12. it shall take reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of Medical Staff Members and Allied Health Professional Staff and shall request evaluation, by an appropriate body, in instances where there is doubt about an applicant's ability to perform privileges requested or privileges currently granted;
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. if the voting members of the Medical Staff Organization propose to adopt a rule, regulation or policy or an amendment thereto, they first communicate the proposal to the Medical Staff Executive Committee;

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- b. if the Medical Staff Executive Committee proposes to adopt a rule, regulation or an amendment thereto, they first communicate the proposal to the Medical Staff;
  - c. when the Medical Staff Executive Committee adopts a policy or an amendment thereto, they shall communicate this to the Medical Staff Organization and to the Governing Authority, as informational only, unless otherwise directed;
  - d. in cases of documented need for an urgent amendment to rules and regulations necessary to comply with law or regulation, the Medical Staff Executive Committee may provisionally adopt and the Governing Authority may provisionally approve an urgent amendment without prior notification of the Medical Staff. The Medical Staff shall be notified and have opportunity for retrospective review and comment on the provisional amendment. If there is no conflict between the Medical Staff Organization and the Medical Staff Executive Committee, the provisional amendment shall stand.
  - e. 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 25% of the members of the Active and Associate 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. No conflict management or dispute resolution process can amend the Medical Staff Bylaws, Rules and Regulations, or policies of the Medical Staff Organization. Bylaws, rules, regulations and policy amendments proposed as a result of a dispute management process must be acted upon by the Medical Staff and Governing Authority, in accordance with the requirements of these Bylaws.
  - f. The process for managing and resolving disputes or conflict between the Medical Staff Executive Committee and the Governing Authority shall be in accordance with the Governing Authority Conflict Management policy and procedure.
14. it shall receive and act on reports and recommendations from Medical Staff committees, hospital committees, clinical services, and assigned activity groups and make recommendations directly to the Governing Authority;
  15. the Administrator or designee shall attend each Executive Committee Meeting on an ex-officio basis and may vote if s/he is a member of the Medical Staff;

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16. it shall assure the provision of a single level of care to all patients, irrespective of the staff providing the care, by means of institution-wide and program specific standards of care, policies and procedures, monitors and corrective actions.

The Executive Committee shall meet as often as needed, but at least ten times per year, to represent the Medical Staff in the intervals between the general Medical Staff Organization meetings. All meetings shall be documented and made available to the Medical Staff as a whole. Regular attendance by all Committee members is expected. In the event that a member is unable to or fails to carry out his/her duties, a member may be removed from the committee by two-thirds majority vote of the Executive Committee. The removal of a member shall be initiated, with cause cited, by the joint recommendation of any two members of the Executive Committee.

### 5.3.2 The Credentialing and Privileging Review Committee.

The Credentialing and Privileging Review Committee shall consist of at least six members of the Active and Associate Medical Staff to be comprised of a physician majority ~~but and not more than with at least~~ two psychologists. The Chairperson shall be a physician. The members and Chairperson shall be appointed by the President of the Medical Staff in collaboration with the Chief Medical Officer and Chief Psychologist. The Director of Medical Staff Services shall attend each meeting on an ex-officio basis. This committee shall be responsible for establishing credentialing and privileging requirements for each profession, in conjunction with recommendations from the Service Medical Directors and the Chief Psychologist, when applicable, subject to Medical Staff Executive Committee and Governing Authority approval, and for evaluating and recommending all applicants for Medical Staff appointment, privileging, reappointment, repriviliging and privilege revisions to the Medical Staff Executive Committee and for conveying all recommendations of the Medical Staff Executive Committee to the Governing Authority for approval. It shall further be responsible for the delineation of privileges, recommending promotions to Active Staff and other changes in appointment or privileges and for making recommendations thereon to the Executive Committee of the Medical Staff. It shall review credentials, reports and references, as well as reports and records from Peer Review, Medical Records, Quality Management, and other Medical Staff committees, when appropriate, in order to formulate its decisions and recommendations. It shall act as the review body for all matters involving medical staff professional behavior including, but not limited to, professional and personal conduct, professional ethics, compliance with established Medical Staff and hospital rules, regulations and policies that relate to professional conduct, and initiation of corrective action, when indicated. This committee shall further be responsible for carrying out the same or similar review activities and initiation of corrective action, when indicated, for Allied Health Professional Staff.

This committee shall meet as often as needed, but at least quarterly, and shall present written reports of all appointment and privileging recommendations, in summary fashion, to the Medical Staff Executive Committee, with notations reporting presented verbally and in closed session only. All meetings shall be documented. Records of reviews and conclusions shall be maintained in accordance with State and Federal laws governing confidentiality of information acquired in connection with the review and evaluation of a healthcare provider. Regular attendance by all members is expected. In the event that a member is unable to or fails to carry out his/her duties, a member may be removed from

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the committee by request of the Chairperson to the Medical Staff President and Chief Medical Officer and to the Chief Psychologist, as applicable.

### 5.3.3 Medical Staff Peer Review Committee.

There shall be a Medical Staff Peer Review Committee. A physician and a psychologist shall be selected to serve as Co-Chairpersons and shall be appointed by the President of the Medical Staff in collaboration with the Chief Medical Officer and Chief Psychologist, as appropriate. The Chairpersons shall select three additional physicians and two additional psychologists from the Active and Associate Medical Staff to serve as members. ~~The Vice-President of Quality shall serve ex-officio, without vote.~~ This committee shall be responsible for carrying out quality improvement activities including, but not limited to, the review of clinical performance of members of their discipline to assess compliance with discipline established standards of practice, the review of Medical Staff monitors, compliance with established Medical Staff rules, regulations and policies that pertain to clinical performance, and initiation of corrective action, when indicated. This committee shall further be responsible for carrying out the same or similar review activities and initiation of corrective action, when indicated, for Allied Health Professional Staff. This committee may conduct a professional practice evaluation when questions arise through focused or ongoing professional practice evaluation activities, or through other mechanisms, regarding a practitioner's quality of care, treatment and service, professional competence, clinical judgment, ability to perform privileges held, or when concerns regarding the provision of safe, high quality patient care are identified through clinical practice trends evidenced during the course of focused or ongoing professional practice evaluation or are triggered by single incident. In these instances, the committee shall assign one or more of its members to serve as peer investigator(s) for the specific practice concern. The Committee may consult with or seek assistance from other members of the Medical Staff or from an external source, in some circumstances, such as need for specialty review, when there are a limited number or no Medical Staff members within the required specialty or with the appropriate technical expertise on the Medical Staff or when the Medical Staff Peer Review Committee and/or Credentialing and Privileging Review Committee is/are unable to make a determination and requests an external opinion. Upon completion and committee discussion of the investigator(s) findings, the committee shall make a recommendation as to whether or not any action is required. Recommendations may be that no action is warranted, a self-acknowledged action plan, education, an informal or formal time-limited improvement plan or referral to the Credentialing and Privileging Review Committee. Whenever corrective action could result in consideration for reduction or suspension of clinical privileges, the Peer Review Committee shall forward its findings and recommendations to the Credentialing and Privileging Review Committee.

Ongoing professional review and required focused professional review activities associated with initial and provisional privileging may be delegated to members of the Medical Staff who are not members of this committee. All practitioners upon initial privilege approval or upon revised privilege approval shall be subject to a period of focused professional practice evaluation by his/her immediate supervisor or designee. Focused professional practice evaluation guidelines and evaluation monitors, for this purpose, shall be program or service specific and approved by the Medical Staff Peer Review Committee.

(Note: Per Wisconsin Stat. 146.37-Healthcare Services Review; civil immunity and 146.38-Healthcare Services Review; confidentiality of information and Title IV-Health Care Quality Improvement Act. SEC 411 [42 U.S.C. sec 11131 et seq] Professional Review.

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The Peer Review Committee shall meet as often as needed, but at least semi-annually, and shall report in statistical or summary fashion only to the Medical Staff Executive Committee. All meetings of the Peer Review Committee shall be documented. Records of reviews, inquiries, proceedings and conclusions shall be maintained in accordance with State and Federal laws governing confidentiality of information acquired in connection with the review and evaluation of a healthcare provider. Regular attendance by all members is expected. In the event that a member is unable to or fails to carry out his/her duties, a member may be removed from the committee at the discretion of the Chairpersons.

### **5.3.4 Utilization Review.**

The Utilization Review Committee shall consist of the Chief Medical Officer, the Service Medical Directors of Acute Adult Inpatient, Child and Adolescent Inpatient and Crisis Services. The Chairperson shall be a physician. The Chairperson and one additional physician selected from the Active Medical Staff shall be appointed by the President of the Medical Staff in collaboration with the Chief Medical Officer. Additional members who shall be non-voting shall include the Directors/Managers (or his/her designee) of Utilization Review, Quality and Fiscal. The Directors/Managers (or his/her designee) of Nursing, Social Services and Community Access to Recovery Services (CARS) shall serve as ad hoc members providing support, reports and feedback, as needed.

This committee shall oversee the utilization review activities of the Behavioral Health Division through the implementation of a written Utilization Review Plan that describes and delineates the responsibilities and authority of those involved in various utilization review functions within MCBHD. The committee will focus on the efficiency and cost effectiveness of patient care through the appropriate use of behavioral health services and the appropriate allocation of resources within MCBHD.

The committee shall delegate the ongoing utilization review functions and activities to program and service teams. Program/Service Utilization Review teams shall consist of at least one physician reviewer (Chief Medical Officer or Service Medical Director), the Director/Manager of Utilization Review (or his/her designee), the unit/program staff UR-Nurse, the unit/program Nurse Manager, the Director of CARS or his/her designee, and the attending physician for the patient whose care is to be reviewed. All utilization review teams shall conduct rounds generally on a weekly basis but not less than once monthly.

The committee shall meet as often as needed, but at least quarterly, and shall report to the Medical Staff Executive Committee. Regular attendance by all members is expected. All meetings shall be documented. Records of reviews, reports and other pertinent information shall be maintained by the Utilization Review Director/Manager and made available to the Chief Medical Officer, Service Medical Directors, Quality Director/Manager and President of the Medical Staff, as needed.

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### **5.4 Committees (Other).**

#### **5.4.1 Joint Conference Committee.**

The Joint Conference Committee shall consist of not less than two members of the Governing Authority, the Administrator or his/her designee, the Chief Medical Officer and the President of the Medical Staff (or the Vice-President as his/her designee). Additional participants shall be invited, as deemed appropriate.

The purpose of this committee shall be for periodic consultation and discussion of matters related to the quality of medical care provided to patients of the hospital.

This committee shall meet at least semi-annually but may convene more frequently, at the request of the Governing Authority or President of the Medical Staff, when issues of patient safety or quality of care are identified through quality assessment and performance improvement activities, as needing the attention of the Governing Authority in consultation with the Medical Staff. All meetings shall be documented including a list of attendees. [Note: Required per CMS 482.12(a)(10)]

#### **5.4.2 Nominating Committee.**

The Nominating Committee shall consist of two physician members of the Active Medical Staff and one psychologist member of the Associate Medical Staff, selected by the Medical Staff at large at the May meeting of the Medical Staff Organization in the year when the biennial election of the President is scheduled (even years). The Nominating Committee shall serve as an ad hoc committee for a period of two-years and shall reconvene, as necessary during the two-year period for all other regularly scheduled elections or if should there be a need for a special election. Should there be a need to replace a member of the nominating committee, a new physician or psychologist, as appropriate, shall be selected by the Medical Staff at large at the next regular meeting of the Medical Staff Organization.

The Nominating Committee shall have the duty of preparing and presenting to the Medical Staff membership a slate of recommended candidates for the office(s) of the Medical Staff and the candidates for Member-At-Large positions at each meeting when an election is scheduled to take place or for any special election held. The Officers and Members-At-Large shall be nominated by any member of the Active or Associate Medical Staff.

#### **5.4.3 Ad Hoc Committees.**

Ad Hoc Committees, as recommended by the Medical Staff Executive Committee, shall be formed through appointment by the President of the Medical Staff to address Medical Staff issues not within the responsibilities of the Medical Staff committees.

### **5.5 Medical Administrative Organization.**

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The Medical Administrative Organization shall include the positions of Chief Medical Officer, the Service Medical Directors (Adult Inpatient, Child and Adolescent, Crisis, Community and Physical Care Services) and the Chief Psychologist.

All Medical Directors shall be certified by an appropriate specialty board or affirmatively establish comparable competence through the credentialing process. The Chief Psychologist shall be certified by an appropriate psychology board or affirmatively establish comparable competence through the credentialing process. All Medical Directors and the Chief Psychologist, as applicable to psychological services, shall be responsible or collaboratively responsible with Service Administrator(s) for the following, as appropriate to position and function within his/her MCBHD service:

1. all clinical related activities of his/her department;
2. administratively related activities of the department;
3. continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges;
4. recommending to the Medical Staff the criteria for clinical privileges that are relevant to the care provided in the department;
5. recommending clinical privileges for each member of the department;
6. assessing and recommending to the Administrator and/or Governing Authority off-site sources for needed patient care, treatment and services not provided by the department or MCBHD;
7. integration of the department into the primary functions of the organization;
8. the coordination and integration of inter-departmental and intra-departmental services;
9. the development and implementation of policies and procedures that guide and support the provision of care, treatment and services;
10. recommending sufficient numbers of qualified and competent persons to provide care, treatment or service;
11. determining qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care, treatment and services;
12. the continuous assessment and improvement of the quality of care, treatment and services provided;
13. the maintenance of quality control programs, as appropriate;
14. the orientation and continuing education of all persons in the department; and
15. recommendations for space and other resources needed by the department.

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5.5.1 Additional authority and responsibilities to the Medical Staff Organization shall be as follows:

1. serve as a voting member of the Medical Staff Executive Committee;
2. chair and/or serve on other Medical Staff committees, as appointed
3. be responsible for the Medical Staff Organization's adherence to State and Federal regulations as well as the monitoring and evaluation of required standards and shall work in conjunction with the Medical Staff Organization and MCBHD to facilitate compliance;
4. formulate recommendations for rules, policies and responsibilities reasonably necessary for proper discharge of Medical Staff and service responsibilities, subject to the approval of the Medical Staff Executive Committee and Governing Authority, when appropriate; and
5. request, through the President, that special meetings of the Medical Staff Organization be called, when deemed necessary for the proper clinical functioning of the MCBHD.

### 6.0 ARTICLE VI – MEETINGS

6.1 Regular Meetings and Agenda.

There shall be general meetings of the full Medical Staff Organization held at least quarterly. The agenda at each of these meetings shall be:

1. call to order;
2. reading of the minutes of the last regular meeting and of any special meetings held during the quarter and approval of said minutes;
3. unfinished business;
4. report from the Medical Staff Executive Committee regarding activities and actions including the results of Medical Staff and hospital quality management monitors and follow-up;
5. reports from chairpersons of other Medical Staff committees;
6. reports from hospital committee chairpersons and by representatives from the various programs and services;
7. reports from the Vice President and ~~Vice-President of Quality~~ Advisor;
8. reports from the Administrator and Chief Medical Officer;
9. new business; and

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10. adjournment.

11. The last meeting of each calendar year shall be designated as the meeting at which election of officers and Members-At-Large shall occur in accordance with the office terms defined in section 5.1 of these Bylaws. Newly elected officers and Members-At-Large shall take office as of the first of the New Year after the election. This item will be added to the agenda, as appropriate.

### 6.2 Special Meetings and Agenda.

Special meetings of the Medical Staff Organization may be called at any time by the President, at the request of the Medical Staff Executive Committee, at the request of the Chief Medical Officer, at the request of the Governing Authority Chair and/or Administrator of MCBHD, or on written request of 25% or more of the voting members of the Medical Staff. Notification of a special meeting shall be published to the entire Medical Staff five days prior to the date set for the meeting.

The agenda at special meetings shall be limited to the reading of the notice calling the meeting, the transaction of only that business for which the meeting was called, and adjournment.

### 6.3 Attendance at Meetings.

Active Medical Staff - All Active Medical Staff are encouraged to attend all regularly scheduled quarterly meetings during each calendar year.

Associate Medical Staff - All Associate Medical Staff are encouraged to attend all regularly scheduled quarterly meetings during each calendar year.

Affiliate Medical Staff - may, but are not required to, attend meetings.

Consulting Medical Staff - may, but are not required to, attend meetings.

Telemedicine Consulting Medical Staff - may, but are not required to, attend meetings

Community Affiliate Medical Staff - may, but are not required to, attend meetings

Allied Health Professional Staff - may, but are not required to, attend meetings.

The Administrator, Chief Nursing Officer and Director of Medical Staff Services shall attend each meeting on an ex-officio basis.

Members of the Medical Staff, Allied Health Professional Staff and ex-officio attendees shall receive minutes from all regular and special meetings held. All Active Medical Staff and Associate Medical Staff shall be required to submit acknowledgement of receipt and review of information within the timeline designated.

### 6.4 Conduct of Meeting.

All meetings of the Medical Staff Organization and its Medical Staff committees shall be conducted according to the rules contained in "Robert's Rules of Order, Newly Revised" when they are appropriate and consistent with the Bylaws and Rules and Regulations of the Medical Staff.

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### 7.0 ARTICLE VII - CORRECTIVE ACTION AND RIGHT OF APPEAL

7.1 Whenever the professional conduct or other activities of a Medical Staff Member are considered deviant from the standards or are inconsistent with the aims of the Medical Staff, corrective action may be initiated. The manner in which the corrective action shall be initiated, the responsibilities of the Executive Committee and Governing Authority in corrective action, the forms of suspensions, and mechanisms for reduction or termination of Medical Staff appointment and/or privileges are detailed in Appendix I and Appendix II of these Bylaws.

7.2 Whenever the professional conduct or other activities of an Allied Health Professional are considered deviant from the standards or are inconsistent with the aims of the Medical Staff, corrective action may be initiated. The manner in which the corrective action shall be initiated, the responsibilities of the Executive Committee and Governing Authority in corrective action, the forms of suspensions, and mechanisms for reduction or termination of Allied Health Professional appointment and/or privileges are detailed in Appendix I and Appendix III of these Bylaws.

### 8.0 ARTICLE VIII - HEARING AND APPELLATE REVIEW

#### 8.1 Right to Hearing and to Appellate Review.

Whenever a Medical Staff Member or prospective Medical Staff Member is notified by the Credentialing and Privileging Review Committee of a recommendation that may adversely affect his/her Medical Staff appointment and/or clinical privileges, s/he shall be entitled to a hearing and appellate review, as outlined in Appendix II of these Bylaws.

Allied Health Professionals shall have a right to fair hearing but have no right to formal appellate review.

### 9.0 ARTICLE IX - RULES AND REGULATIONS, POLICIES AND PROCEDURES

9.1 The Medical Staff Executive Committee shall adopt by a simple majority of quorum vote subject to physician majority of all voting members such Rules and Regulations as may be necessary for the proper conduct of its work. Members may vote by proxy, if not able to be present at a meeting where a vote is to take place. Amendments shall be communicated, considered and acted upon in accordance with Section 5.3.1, subsection 13 of these Bylaws. Amendments so made shall become effective when approved by the Governing Authority.

9.2 The Governing Authority delegates policy and procedure matters to the Executive Committee. The Executive Committee shall adopt by a simple majority of quorum vote subject to physician majority of voting members present such policies and procedures, as may be necessary. Policies that are adopted or amendments thereto shall be communicated to the Medical Staff and to the Governing Authority in accordance with Section 5.3.1, subsection 13 of these Bylaws.

### 10.0 ARTICLE X - BYLAWS

#### 10.1 Amendments.

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All voting members of the Medical Staff Organization shall be given written notice of any proposed amendment to these Bylaws at least ten days prior to the meeting at which a vote is scheduled to take place. The affirmative vote of two-thirds of the voting membership subject to physician majority shall be required for adoption of the proposed amendment(s). Members may vote by proxy, if not able to be present at a meeting where a vote is to take place. An amendment vote may be held at a regular or special meeting of the Medical Staff Organization or may be conducted outside of a meeting by ballot, including electronic means, as directed by the President of the Medical Staff. Amendments so made shall become effective when approved by the Governing Authority.

Proposed amendments to these Bylaws may be originated by the Medical Staff Executive Committee or by a petition signed by 25% or more members of the Active and Associate Medical Staff.

### 10.2 Adoption.

These Bylaws, together with the appended Rules and Regulations, shall replace any previous Bylaws and Rules and Regulations. They shall, when adopted and approved, be equally binding on the Governing Authority, Medical Staff and privileged Allied Health Professional Staff.

## 11.0 ARTICLE XI - DUES

### 11.1 Authority.

Dues, as determined by the Executive Committee of the Medical Staff, may be assessed to voting members of the Medical Staff.

### 11.2 Assessment.

All members of the Medical Staff Organization holding appointment within the Active or Associate Staff Category (voting members) shall be required to pay dues within 45 days of receiving an assessment.

1. All new applicants who apply for and are formally appointed to the Active Staff or Associate Staff on or before July 1 shall be required to pay dues during his/her initial appointment year, unless no dues are assessed for that year.
2. All new applicants who apply for and are formally appointed to the Active Staff or Associate Staff after July 1 shall not be subject to a dues assessment until the following calendar year.
3. If a Medical Staff member is delinquent, payment of any outstanding dues assessment(s) must be made at time of application for reappointment or application shall be deemed incomplete.

### 11.3 Reporting.

In accordance with 5.0 Article V, Section 5.1.2, the Vice-president of the Medical Staff Organization shall be accountable for all funds of the Medical Staff. S/he shall report on receipts and disbursements of such funds to the Medical Staff Organization, at least annually. Dues accumulated within the treasury fund may be used for, but not limited to, the following purposes:

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1. Bereavements
2. Birth/adoption of child by Medical Staff Member
3. Awards/Recognitions/Appreciations – Individual or Group
4. Scholarships/Education
5. Medical Staff Organization gatherings/functions
6. Other events/circumstances deemed to be appropriate

## PROPOSED AMENDMENTS

### APPENDIX I

#### CORRECTIVE ACTION:

##### Section 1.0 General Procedures:

###### 1.1 Initiation of Corrective Action.

Whenever the activities or professional conduct of a Medical Staff Member or Allied Health Professional deviates from the standards, are inconsistent with the aims of the Medical Staff or are disruptive to the operations of the hospital, corrective action against such Medical Staff Member or Allied Health Professional may be requested by an officer of the Medical Staff, the Chief Medical Officer, a Service Medical Director or the Chief Psychologist, when applicable, or by the Administrator of MCBHD or Governing Authority Chair. Applicants have the burden of producing adequate information for proper evaluation of professional, ethical and other qualifications for membership and/or clinical privileges and for resolving any doubts about such qualifications. If an application is found to contain significant misstatements or omissions following appointment and/or privileging, this shall constitute cause for automatic relinquishment of membership and/or privileges with no right to hearing or appeal. All requests for corrective action shall be in writing, shall be made to the Peer Review Committee or Credentialing and Privileging Review Committee, as appropriate to the matter, and shall be supported by reference to the specific activities or conduct, which constitute the grounds for the request. Appropriate Civil Service procedures shall be followed, when indicated.

###### 1.2 Reduction or Suspension of Clinical Privileges.

Professional Competence. The Peer Review Committee shall conduct a thorough investigation of the charges against the Medical Staff Member or Allied Health Professional. Whenever the corrective action could result in a reduction or suspension of clinical privileges, the Peer Review Committee shall forward its findings and recommendations to the Credentialing and Privileging Review Committee. The Credentialing and Privileging Review Committee shall notify the affected Medical Staff Member or Allied Health Professional, in writing, that charges were filed against him/her.

Professional Conduct. The Credentialing and Privileging Review Committee shall conduct a thorough investigation of the charges against the Medical Staff Member or Allied Health Professional. Whenever the corrective action could result in a reduction or suspension of clinical privileges or appointment, the Credentialing and Privileging Review Committee shall notify the affected Medical Staff Member or Allied Health Professional, in writing, that charges were filed against him/her.

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##### 1.3 Credentialing and Privileging Review Committee Interview:

Within ten (10) days after the Credentialing and Privileging Review Committee's receipt of Peer Review Committee findings or by its own findings, the committee shall present a report to the Medical Staff Executive Committee. Prior to the presentation of such report, the Medical Staff Member or Allied Health Professional against whom corrective action has been requested shall have an opportunity for an interview with the Credentialing and Privileging Review Committee. At such interview, s/he shall be informed of the general nature of the charges against him/her and shall be invited to discuss, explain, or refute them. This interview shall not constitute a hearing and shall be preliminary in nature. A record of such interview shall be made by the Credentialing and Privileging Review Committee and included with its report to the Executive Committee.

##### 1.4 Withdrawal of Initial Application for Medical Staff Appointment or Clinical Privileges:

A Medical Staff Member or Allied Health Professional may voluntarily withdraw his/her initial application for Medical Staff appointment or clinical privileges prior to a final action. Right to hearing and appellate review shall be forfeited at that time. Such withdrawals are generally not reportable to the National Practitioner Data Bank.

##### 1.5 Withdrawal of Application for Renewal of Medical Staff Appointment or Clinical Privileges While Under Investigation:

A Medical Staff Member or Allied Health Professional who applies for renewal of Medical Staff appointment or clinical privileges and voluntarily withdraws that application while under investigation for possible professional incompetence, improper professional conduct, or in return for not conducting such an investigation or taking a professional review action, must be reported to the National Practitioner Data Bank.

##### 1.6 Resignation While Under or to Avoid Investigation:

A physician Medical Staff Member who resigns his/her Medical Staff appointment and/or clinical privileges while under investigation for possible professional incompetence, improper professional conduct, or in return for not conducting such an investigation or not taking a professional review action, must be reported to the National Practitioner Data Bank regardless of whether the physician was aware that they were under investigation. Non-physician Medical Staff Members and Allied Health Professionals may be reported to the National Practitioner Data Bank under these same circumstances, but it is not required.

##### 1.7 A Medical Staff Member or Allied Health Professional that is reported to the National Practitioner Data Bank under the circumstances described under the aforementioned sections 1.5 or 1.6 has no right to hearing and appellate review procedures, as no professional review action was recommended or taken.

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### Section 2.0 Medical Staff Executive Committee Authority:

2.1 The action of the Medical Staff Executive Committee on a request for corrective action may be to reject or modify the request for corrective action, to issue a warning, a letter of admonition or a letter of reprimand, to impose terms of probation or a requirement for consultation, to recommend: a.) reduction, b.) suspension or c.) revocation of clinical privileges, to recommend that an already imposed summary suspension of clinical privileges be terminated, modified or sustained, or to recommend that a Medical Staff Member's membership be suspended or revoked. Any recommendation by the Executive Committee for reduction, suspension, or revocation of clinical privileges, or for suspension or expulsion from the Medical Staff shall entitle the affected practitioner to the procedural rights provided in Appendix II (Hearing and Appellate Procedure: Medical Staff). Any recommendation by the Executive Committee for reduction, suspension, or revocation of clinical privileges, or for suspension or expulsion shall entitle the affected Allied Health Professional to the procedural rights provided in Appendix III (Fair Hearing and Appeal Procedure: Allied Health Professionals).

### 2.2 Responsibilities.

The President of the Medical Staff shall promptly notify the Administrator of MCBHD, in writing, of all requests for corrective action received by the Medical Staff Executive Committee and shall continue to keep the Administrator of MCBHD fully informed of all action taken. After the Medical Staff Executive Committee has made its recommendation in the matter, the procedure to be followed shall be as provided in Appendix II or Appendix III of these Bylaws.

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### Section 3.0 Suspensions:

#### 3.1 Summary.

Any one of the following—the President of the Medical Staff, the Chief Medical Officer, the Chief Psychologist (limited to psychologists), the Administrator, the chairperson of the Credentialing and Privileging Review Committee, or the Governing Authority Chair—shall each have the authority, whenever immediate action must be taken in the best interest of patient care, to summarily suspend all or any portion of the clinical privileges of a practitioner, and such summary suspension shall become effective immediately upon imposition and amendment.

Circumstances which would lead to immediate summary suspensions would include any form of impairment while on duty, sexual misconduct with patients or other caregiver misconduct, conviction of a felony involving violence to others, or any other intentional act performed that endangers patient safety or is considered to be in clear violation of professional ethics.

#### 3.2 Temporary.

A Medical Staff Member whose clinical privileges have been summarily suspended for a period of more than 14 days shall be entitled to request that the Credentialing and Privileging Review Committee of the Medical Staff hold a hearing on the matter. The failure of a Medical Staff Member to request a hearing, from the President of the Medical Staff or designee to which s/he is entitled by these Bylaws, within 30 days shall be deemed a waiver of his/her right to such a hearing and to any appellate review to which s/he might otherwise have been entitled on the matter under Appendix II of these Bylaws. The Credentialing and Privileging Review Committee may recommend modification, continuance or termination of the terms of the summary suspension. If, as a result of such hearing, the Credentialing and Privileging Review Committee does not recommend immediate termination of the summary suspension, the affected Medical Staff member shall be entitled to request an appellate review by the Governing Authority. The summary suspension, as sustained or as modified by the Credentialing and Privileging Review Committee, shall remain in effect pending a final decision by the Governing Authority.

An Allied Health Professional whose clinical privileges have been summarily suspended for a period of more than 14 days shall be entitled to request a meeting on the matter before two physicians and one peer, appointed by the President. The failure of an Allied Health Professional to request a meeting from the President to which s/he is entitled by these Bylaws, within (30) days shall be deemed a waiver of his/her right to such a fair hearing and to any appeal to which s/he might otherwise have been entitled on the matter in under Appendix III of these Bylaws.

#### 3.3 Automatic.

A temporary suspension in the form of a withdrawal of a Medical Staff Member's or Allied Health Professional's clinical privileges, effective until medical records are

## **PROPOSED AMENDMENTS**

completed, shall be imposed automatically seventy-two (72) hours after final warning of delinquency for failure to complete medical records within the time allotted by the hospital. Notification of such suspension to the Medical Staff Member or Allied Health Professional and appropriate hospital authorities shall be made by the Chief Medical Officer or designee.

Action by the State Board of Examiners revoking or suspending a Medical Staff Member's or Allied Health Professional's license, or placing him/her on probation, or failure by a Medical Staff Member or Allied Health Professional to maintain current professional licensure shall automatically suspend all of his/her hospital privileges.

Action by the federal Drug Enforcement Administration revoking or suspending a Medical Staff Member's or Allied Health Professional's registration or placing him/her on probation, or failure by a Medical Staff Member or Allied Health Professional to maintain registration, when required, shall automatically suspend his/her prescriptive authority. Automatic suspension of all hospital privileges shall be considered whenever circumstances warrant.

Action by Medicare/Medicaid resulting in exclusion or suspension from participating in these programs or becoming subject to conviction or offense under DHS 12 Wisconsin Caregiver Laws shall automatically suspend all of his/her hospital privileges.

It shall be the duty of the President of the Medical Staff to cooperate with the Administrator of MCBHD in enforcing all automatic suspensions.

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### APPENDIX II

#### HEARING AND APPELLATE REVIEW: PROCEDURE (MEDICAL STAFF)

##### Section 1.0 Right to Hearing and to Appellate Review:

1.1 Whenever a Medical Staff Member or Medical Staff privilege applicant receives a notice of a recommendation by the Credentialing and Privileging Review Committee which, if approved by decisions of the Medical Staff Executive Committee and the Governing Authority, will adversely affect his/her appointment to or status as a member of the Medical Staff or his/her exercise of clinical privileges or is summarily suspended for a period of more than 14 days, s/he shall be entitled to a hearing before the Medical Staff Executive Committee. If the recommendation of the Medical Staff Executive Committee following such hearing is still adverse to the affected practitioner, s/he shall then be entitled to an appellate review by the Governing Authority before s/he makes a final decision on the matter.

Rights of the practitioner with temporary privileges: A practitioner is not entitled to the procedural rights afforded in Appendix II of these Bylaws because his/her request for temporary privileges is refused or because all or any part of his/her temporary privileges are terminated or suspended unless the decision is based on clinical incompetence or unprofessional conduct.

1.2 When any Medical Staff Member receives notice of a decision by the Governing Authority that will affect his/her appointment to or status as a member of the Medical Staff or his/her exercise of clinical privileges and such decision is not based on a prior adverse recommendation by the Credentialing and Privileging Review Committee of the Medical Staff, s/he shall be entitled to a hearing. Such hearing shall be conducted by an ad hoc hearing committee of not less than three (3) members of the Active or Associate Medical Staff who are discipline peers appointed by the Chair of the Credentialing and Privileging Review Committee, and one of the members so appointed shall be designated as Chairperson. No Medical Staff Member who has actively participated in the consideration of the adverse recommendation shall be appointed a member of this hearing committee. If such a hearing does not result in a favorable recommendation, s/he shall be entitled to an appellate review by the Governing Authority, before a final decision on the matter is made.

1.3 All hearings and appellate reviews shall be in accordance with the procedural safeguards set forth in this Appendix II to assure that the affected practitioner is accorded all rights to which s/he is entitled.

The notice of hearing shall state in concise language the acts or omissions with which the Medical Staff Member is charged, a list of specific or representative medical records being questioned, and/or the other reasons or subject matter that was considered in making the adverse recommendation or decision.

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### Section 2.0 Request for Hearing:

- 2.1 The President of the Medical Staff or his/her designee shall be responsible for giving prompt written notice, by certified mail (return receipt requested), by email (delivery receipt and read receipt requested) or by hand delivery, of an adverse recommendation or decision to any affected Medical Staff Member who is entitled to a hearing or to an appellate review.
- 2.2 The failure of a Medical Staff Member to request a hearing, from the President of the Medical Staff or designee to which s/he is entitled by these Bylaws, within thirty (30) days of receipt of the written notice by certified mail (return receipt requested), by email (delivery receipt and read receipt requested) or by hand delivery, shall be deemed a waiver of his/her right to such a hearing and to any appellate review to which s/he might otherwise have been entitled on the matter.
- 2.3 When the waiver of hearing or appellate review relates to an adverse recommendation of the Credentialing and Privileging Review Committee of the Medical Staff or of a hearing committee appointed by the Medical Staff Executive Committee, the same shall thereupon become and remain effective against the staff member pending decision on the matter. When the waived hearing or appellate review relates to an adverse decision by the Governing Authority, the same shall thereupon become and remain effective against the Medical Staff Member in the same manner as a final decision of the Governing Authority, provided for in Section 7.0 of this Appendix II. The President of the Medical Staff shall promptly notify the affected Medical Staff Member of this status by certified mail (return receipt requested), by email (delivery receipt and read receipt requested) or by hand delivery.

### Section 3.0 Notice of Hearing:

- 3.1 Within ten (10) days after receipt of a request for hearing from a Medical Staff Member, the Medical Staff Executive Committee or the Credentialing and Privileging Review Committee, whichever is appropriate, shall schedule and arrange for such a hearing and shall, through the President of the Medical Staff, notify the Medical Staff Member of the time, place and date so scheduled, by certified mail (return receipt requested), by email (delivery receipt and read receipt requested) or by hand delivery. The hearing date shall not be less than fifteen (15) days, nor more than thirty (30) days from the date of receipt of the request for hearing; provided, however, that a hearing for a Medical Staff Member who is under suspension which is then in effect shall be held as soon as arrangements therefore may reasonably be made, but not later than fifteen (15) days from the date of receipt of such staff member's request for hearing.
- 3.2 Notice of Hearing and Statement of Reasons

Upon receipt of the practitioner's timely request for a hearing, the Administrator, in conjunction with the President of the Medical Staff, shall schedule the hearing and shall give written notice to the practitioner who requested the hearing. The notice shall include:

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- a) The time, place and date of the hearing;
- b) A proposed list of witnesses (as known at that time, but which may be modified) who will give testimony or evidence on behalf of the Medical Staff Executive Committee, (or Governing Authority), at the hearing;
- c) The names of the hearing panel members and presiding officer or hearing officer, if known; and
- d) A statement of the specific reasons for the recommendation as well as the list of patient records and/or information supporting the recommendation. This statement, and the list of supporting patient record numbers and other information, may be amended or added to at any time, even during the hearing so long as the additional material is relevant to the continued appointment or clinical privileges of the individual requesting the hearing, and that the individual and the individual's counsel have sufficient time to study this additional information and rebut it.

The hearing shall begin as soon as feasible, but no sooner than thirty (30) calendar days after the notice of the hearing unless an earlier hearing date has been specifically agreed to, in writing, by both parties.

### Section 4.0 Composition of Hearing Committee:

- 4.1 When a hearing relates to an adverse recommendation of the Credentialing and Privileging Review Committee, such hearing shall be conducted by an ad hoc hearing committee of not less than three (3) members of the Active or Associate Medical Staff who are discipline peers appointed by the Chairperson of the Credentialing and Privileging Review Committee, and one of the members so appointed shall be designated as Chairperson. No Medical Staff Member who has actively participated in the consideration of the adverse recommendation shall be appointed a member of this hearing committee.
- 4.2 When a hearing relates to an adverse decision of the Medical Staff Executive Committee that is contrary to the recommendation of the Credentialing and Privileging Review Committee, the Medical Staff President shall appoint a hearing committee of not less than three (3) individuals to conduct such hearing and shall designate one of the members of said committee as Chairperson. At least one representative from the Medical Staff shall be included on this committee.

### Section 5.0 Conduct of Hearing:

- 5.1 There shall be at least a majority of the members of the hearing committee present when the hearing takes place, and no member may vote by proxy.
- 5.2 An accurate record of the hearing must be kept. The mechanism shall be established by the ad hoc hearing committee and may be accomplished by use of a court reporter, electronic recording unit, detailed transcription or by the taking of minutes.

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- 5.3 The presence of the Medical Staff Member for whom the hearing has been scheduled shall be required. A Medical Staff Member who fails without good cause to appear at such hearing shall be deemed to have waived his/her rights in the same manner as provided in Section 2.0 of this Appendix II and to have accepted the adverse recommendation or decision involved, and the same shall thereupon become and remain in effect as provided in Section 2.0 of this Appendix II.
- 5.4 Postponement of hearing beyond the time set forth in these Bylaws shall be made only with the approval of the ad hoc hearing committee. Granting of such postponement shall only be for cause shown and at the sole discretion of the hearing committee.
- 5.5 The affected Medical Staff Member shall be entitled to be accompanied by and/or represented at the hearing by an attorney, a member of the Medical Staff in good standing or by a member of his/her local professional association.
- 5.6 The Chairperson of the hearing committee or his/her designee shall preside over the hearing to determine the order of procedure during the hearing, to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence and to maintain decorum.
- 5.7 The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs shall be considered, regardless of the existence of any common law or statutory rule that might make evidence inadmissible over objection in civil or criminal action. The practitioner for whom the hearing is being held shall, prior to or during the hearing, be entitled to submit memoranda concerning any issue of procedure or of fact and such memoranda shall become a part of the hearing record.
- 5.8 The Credentialing and Privileging Review Committee, when its action has prompted the hearing, shall appoint one of its members or some other Medical Staff Member to represent it at the hearing, to present the facts in support of its adverse recommendation and to examine witnesses. The Medical Staff Executive Committee, when its action has prompted the hearing, shall appoint one of its members to represent the committee at the hearing, to present the facts in support of the adverse decision and to examine witnesses. It shall be the obligation of such representative to present appropriate evidence in support of the adverse recommendation or decision, but the affected Medical Staff Member shall thereafter be responsible for supporting his/her challenge to the adverse recommendation or decision by an appropriate showing that the charges or grounds involved a lack of any factual basis or that such basis or any action based thereon is either arbitrary, unreasonable or capricious.
- 5.9 The affected Medical Staff Member shall have the following rights: to call and examine witnesses, to introduce written evidence, to cross-examine any witness or any matter relevant to the issue of the hearing, to challenge any witness and to rebut any evidence. If the Medical Staff Member does not testify in his/her own behalf, s/he may be called and examined as if under cross-examination.

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- 5.10 The hearings provided for in these Bylaws are for the purpose of resolving, on an intra-professional basis, matters bearing on professional competency and conduct. Accordingly, both sides shall be entitled to be represented by counsel of their choosing, in connection with preparation for the hearing or for a possible appeal.
- 5.11 The hearing committee may, without special notice, recess the hearing and reconvene the same for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The hearing committee may thereupon conduct its deliberations outside the presence of the staff member for whom the hearing was convened.
- 5.12 Within five (5) days after final adjournment of the hearing, the hearing committee shall make a written report and recommendation and shall forward the same, together with the hearing record and all other documentation, to the Credentialing and Privileging Review Committee or to the Medical Staff Executive Committee, whichever appointed it. The report may recommend confirmation, modification, or rejection of the original adverse recommendation of the Credentialing and Privileging Review Committee or decision of the Medical Staff Executive Committee.
- Section 6.0 Appeal to the Governing Authority:
- 6.1 Within seven (7) days after receipt of a notice by an affected Medical Staff Member of an adverse recommendation or decision made or adhered to after a hearing as above provided, s/he may, by
- written notice to the Governing Authority Chair, then
  - delivered through the President of the Medical Staff by certified mail (return receipt requested), by email (delivery receipt and read receipt requested) or by hand delivery
  - request an appellate review by the Governing Authority.
- Such written notice may request that the appellate review be held only on the record on which the adverse recommendation or decision is based, as supported by the Medical Staff Member's written statement provided for below, or may also request that oral argument be permitted as part of the appellate review.
- 6.2 If such appellate review is not requested within seven (7) days, the affected Medical Staff Member shall be deemed to have waived his/her right to the same and to have accepted such adverse recommendation or decision, and the same shall become effective immediately as provided in Section 7.2 of this Appendix II.
- 6.3 Within ten (10) days after receipt of such notice of request for appellate review, the Governing Authority Chair (or his/her designee) shall schedule a date for such review, including a time and place for oral argument if such has been requested and shall, through the President of the Medical Staff by written notice sent by certified mail

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(return receipt requested), by email (delivery receipt and read receipt requested) or by hand delivery, notify the affected Medical Staff Member of the same. The date of the appellate review shall not be less than fifteen (15) days nor more than thirty (30) days from the date of receipt of the notice of request for appellate review, except that when the Medical Staff Member requesting the review is under a suspension which is currently in effect, such review shall be scheduled as soon as the arrangements can reasonably be made but not more than ten (10) days from the date of receipt of such notice.

- 6.4 The appellate review shall be conducted by the Governing Authority or by a duly appointed appellate review committee appointed by the Governing Authority Chair of not less than three (3) members with one designated as Chairperson.
- 6.5 The affected Medical Staff Member shall have access to the report and record (and transcription, if any) of the ad hoc hearing committee and all other material, favorable or unfavorable, that was considered in making the adverse recommendation or decision against him/her. S/he shall have seven (7) days to submit a written statement in his/her own behalf, in which those factual and procedural matters with which s/he disagrees, and his/her reasons for such disagreement, shall be specified. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the Governing Authority Chair through the President of the Medical Staff by certified mail (return receipt requested), by email (delivery receipt and read receipt requested) or by hand delivery, at least five (5) days prior to the scheduled date for the appellate review. A similar statement may be submitted by the Credentialing and Privileging Review Committee of the Medical Staff. The President of the Medical Staff shall provide a copy thereof to the Medical Staff Member at least five (5) days prior to the date of such appellate review by certified mail (return receipt requested), by email (delivery receipt and read receipt requested) or by hand delivery.
- 6.6 The Governing Authority or its appointed review committee shall act as an appellate body. It shall review the record created in the proceedings and shall consider the written statements submitted pursuant to subparagraph 6.5 of this Section 6, for the purpose of determining whether the adverse recommendation or decision against the affected Medical Staff Member was justified and was not arbitrary or capricious. If oral argument is requested as part of the review procedure, the affected Medical Staff Member shall be present at such appellate review, s/he shall be permitted to speak against the adverse recommendation or decision, and shall answer questions put to him/her by any member of the appellate review body. The Credentialing and Privileging Review Committee or the Medical Staff Executive Committee, whichever is appropriate, shall also be represented by an individual who shall be permitted to speak in favor of the adverse recommendation or decision and who shall answer questions put to him/her by any member of the appellate review body.
- 6.7 New or additional matters not raised during the original hearing or in the hearing committee report, nor otherwise reflected in the record, may be introduced at the appellate review under unusual circumstances, and the Governing Authority or the

## **PROPOSED AMENDMENTS**

committee thereof appointed to conduct the appellate review shall, in its sole discretion, determine whether such new matters shall be accepted.

- 6.8 If the appellate review is conducted by the Governing Authority, it may affirm, modify or reverse its prior decision, or, in its discretion, refer the matter back to the Credentialing and Privileging Review Committee of the Medical Staff for further review and recommendation within thirty (30) days. Such referral may include a request that the Credentialing and Privileging Review Committee of the Medical Staff arrange for a further hearing to resolve specified disputed issues.
- 6.9 If the appellate review is conducted by a committee appointed by the Governing Authority Chair, such committee shall, within seven (7) days after the scheduled or adjourned date of the appellate review, either make a written report recommending that the Governing Authority affirm, modify or reverse its prior decision or refer the matter back to the Credentialing and Privileging Review Committee for further review and recommendation within thirty (30) days. Such referral may include a request that the Credentialing and Privileging Review Committee of the Medical Staff arrange for a further hearing to resolve disputed issues. Within seven (7) days after receipt of such recommendation after referral, the committee shall make its recommendation to the Governing Authority as above provided.
- 6.10 The appellate review shall not be deemed to be concluded until all of the procedural steps provided in this Section 6.0 have been completed or waived.
- Section 7.0 Final Decision by the Governing Authority:
- 7.1 Within ten (10) days after the conclusion of the appellate review, the Governing Authority shall make their final decision in the matter and shall send notice thereof to the Credentialing and Privileging Review Committee and, through the President of the Medical Staff, to the affected Medical Staff Member, by certified mail (return receipt requested), by email (delivery receipt and read receipt requested) or by hand delivery. This decision shall be immediately effective and final and shall not be subject to further hearing or appellate review. All final decision adverse actions shall be reported to the National Practitioner Data Bank.
- 7.2 Notwithstanding any other provision of these Bylaws, no Medical Staff Member shall be entitled as a right to more than one hearing and one appellate review on any matter which shall have been the subject of action by the Credentialing and Privileging Review Committee of the Medical Staff, by the Medical Staff Executive Committee or by the Administrator of MCBHD, or by a duly authorized committee appointed by the Governing Authority Chair.

## PROPOSED AMENDMENTS

### APPENDIX III

#### FAIR HEARING AND APPEAL: PROCEDURE (ALLIED HEALTH PROFESSIONALS)

##### Section 1.0 Right to Fair Hearing:

- 1.1 Allied Health Professional Staff are not entitled to the hearing and appeals procedures set forth in Appendix II of these Bylaws. In the event an Allied Health Professional receives notice of a recommendation by the Medical Staff Executive Committee that will adversely affect his/her exercise of clinical privileges, the Allied Health Professional and his/her supervising physician shall have the right to meet personally with two physicians and one peer assigned by the President of the Medical Staff to discuss the recommendation.
- 1.2 The Allied Health Professional and the supervising physician must request such a meeting, in writing, to the Administrator within ten (10) business days from the date of receipt of such notice. At the meeting, the Allied Health Professional and the supervising physician must be present to discuss, explain, or refute the recommendation, but such meeting shall not constitute a hearing as specified for Medical Staff members and none of the procedural rules set forth in Appendix II of these Bylaws with respect to such hearings shall apply. The meeting shall take place as soon as feasible, but no sooner than thirty (30) calendar days after the notice of the request for meeting unless an earlier date has been specifically agreed to, in writing, by both parties
- 1.3 Within five (5) days after the fair hearing meeting, findings from this review body will be forwarded to the affected Allied Health Professional, the Medical Staff Executive Committee and the Governing Authority.

##### Section 2.0 Right to Appeal:

- 2.1 The Allied Health Professional and the supervising physician may request an appeal, in writing, to the Administrator within ten (10) calendar days of receipt of the findings of the review body. The Administrator shall so notify the Governing Authority Chair of the request.
- 2.2 Within ten (10) calendar days after receipt of such notice of request for appeal, the Governing Authority shall schedule a date for such review, including a time and place through the Administrator, who shall by written notice sent by certified mail (return receipt requested), by email (delivery receipt and read receipt requested) or by hand delivery notify the affected Allied Health Professional and supervising physician of the same. The date of the appeal shall not be less than fifteen (15) days nor more than thirty (30) days from the date of receipt of the notice of request.
- 2.3 Two members of the Governing Authority assigned by the Governing Authority Chair shall hear the appeal from the Allied Health Professional and the supervising physician. A representative from the Medical Staff leadership (President, Vice-President Chief

## PROPOSED AMENDMENTS

Medical Officer or Service Medical Director) may be present. The decision of the appeal body will be forwarded to the Governing Authority for final decision within five (5) days of hearing the appeal.

##### Section 3.0 Final Decision:

- 3.1 The Allied Health Professional and the supervising physician will be notified within ten (10) calendar days of the final decision of the Governing Authority.
- 3.2 Notwithstanding any other provision of these Bylaws, no Allied Health Professional shall be entitled as a right to more than one hearing and one appeal on any matter which shall have been the subject of action by the Credentialing and Privileging Review Committee of the Medical Staff, by the Medical Staff Executive Committee or by the Administrator of MCBHD, or by a duly authorized committee appointed by the Governing Authority Chair.



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

**DATE:** July 15, 2020

**TO:** Thomas Lutzow, Chairperson, Milwaukee County Mental Health Board

**FROM:** Shane V. Moio, 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**

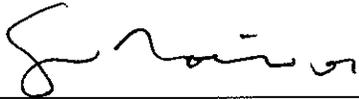
From the President of the Medical Staff Organization and Chair of the Medical Executive Committee presenting recommendations for appointments and/or privileges. Full details are attached specific to items A through C<sup>1</sup>:

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

**Recommendation**

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

Respectfully Submitted,



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Shane V. Moiso, MD  
President, BHD Medical Staff Organization

cc Michael Lappen, BHD Administrator  
John Schneider, BHD Chief Medical Officer  
M. Tanja Zincke, MD, BHD Vice-President of the Medical Staff Organization  
Lora Dooley, BHD Director of Medical Staff Services  
Jodi Mapp, BHD Senior Executive Assistant and MH Board Administrative Liaison

**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  
JULY-AUGUST 2020**

The following credentials files were reviewed. Privilege recommendations/actions were made based on information related to qualifications, current competence and ability to perform privileges (health status). All requisite primary source verifications or queries were obtained and reviewed regarding professional training, professional licensure(s), registrations, National Practitioner Data Bank and OIG-List of Excluded Individuals and Entities & System Award Management. Decisions were further based on Service Chief (Medical Director and Chief Psychologist, when applicable) recommendations, criminal background check results, peer recommendations when applicable, focused or ongoing (FPPE/OPPE) professional practice evaluation data, malpractice claims history and verification of good standing with other hospitals/practices. Notations reporting shall be presented at the Board Meeting in closed session.

INITIAL APPOINTMENT	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JULY 8, 2020	MEDICAL STAFF EXECUTIVE COMMITTEE JULY 15, 2020	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
MEDICAL STAFF							
NONE THIS PERIOD							
ALLIED HEALTH							
NONE THIS PERIOD							

REAPPOINTMENT / REPRIVILEGING	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JULY 8, 2020	MEDICAL STAFF EXECUTIVE COMMITTEE JULY 15, 2020	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
MEDICAL STAFF							
Clarence Chou, MD	General Psychiatry; Child Psychiatry	Active / Full		Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Sara Coleman, PsyD	General Psychology	Associate / Full		Drs. Kuehl & Thrasher recommend reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Gunjan Khandpur, MD	General Psychiatry; Child Psychiatry	Active / Full		Dr. Moisiu recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Ahmed Numaan, MD	General Psychiatry	Active / Full		Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Elaine Sorem, MD	General Psychiatry	Active / Full		Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Larry Sprung, MD	General Psychiatry	Active / Full	M#	Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Quan Ta, MD	General Psychiatry	Affiliate / Provisional*		Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment, as requested, for 2 years. See Amendments regarding privileges.*	Recommends reappointment as per C&PR Committee.	
Tony Thrasher, DO	General Psychiatry	Active / Full		Dr. Schneider recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	

REAPPOINTMENT / REPRIVILEGING	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JULY 8, 2020	MEDICAL STAFF EXECUTIVE COMMITTEE JULY 15, 2020	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
ALLIED HEALTH							
Yorbaica Martin-Thomas, MSN	Advanced Practice Nursing-Family Practice	Allied Health/Full		Dr. Puls recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Maryan Torres, MSN	Advanced Practice Nursing-Psychiatric & Mental Health	Advanced Practice Nursing-Family Practice	CB	Dr. Moisiu recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	

PROVISIONAL STATUS CHANGE REVIEWS	PRIVILEGE GROUP(S)	CURRENT CATEGORY/ STATUS	RECOMMENDED CATEGORY/ STATUS	SERVICE CHIEF RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JULY 8, 2020	MEDICAL STAFF EXECUTIVE COMMITTEE JULY 15, 2020	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
<i>The following applicants are completing the required six-month minimum provisional period, as required for all initial appointments and/or new privileges.</i>							
MEDICAL STAFF							
NONE THIS PERIOD							
ALLIED HEALTH							
NONE THIS PERIOD							

AMENDMENTS / CHANGE IN STATUS	CURRENT PRIVILEGE GROUP(S) OR APPOINTMENT CATEGORY	RECOMMENDED CHANGE	SERVICE CHIEF RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JULY 8, 2020	MEDICAL STAFF EXECUTIVE COMMITTEE JULY 15, 2020	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
Claire Drom, MD	Psychiatric Officer & Medical Officer / Full	General Psychiatry / Provisional	Dr. Thrasher recommends amending privileges, as requested	Committee recommends amending privileges, as requested, subject to a minimum provisional period of 6 months.	Recommends reappointment and privileging as per C&PR Committee.	
Quan Ta, MD	Psychiatric Officer & Medical Officer / Full	General Psychiatry / Provisional	Dr. Thrasher recommends amending privileges, as requested	Committee recommends amending privileges, as requested, subject to a minimum provisional period of 6 months.	Recommends reappointment and privileging as per C&PR Committee.	

  
 CHAIR, CREDENTIALING AND PRIVILEGING REVIEW COMMITTEE  
 (□ OR PHYSICIAN COMMITTEE MEMBER DESIGNEE)

7/15/2020  
 DATE

  
 PRESIDENT, MEDICAL STAFF ORGANIZATION  
 CHAIR, MEDICAL STAFF EXECUTIVE COMMITTEE

07/15/20  
 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: AUGUST 27, 2020