

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

MILWAUKEE COUNTY MENTAL HEALTH BOARD

Thursday, October 24, 2019 - 9:00 A.M.
Zoofari Conference Center
9715 West Bluemound Road

MINUTES

PRESENT: Robert Curry, Rachel Forman, *Sheri Johnson, Jon Lehrmann, Thomas Lutzow, Mary Neubauer, Maria Perez, Duncan Shrout, James Stevens, and *Brenda Wesley

EXCUSED: Michael Davis and Kathie Eilers

ABSENT: Walter Lanier

*Board Members Sheri Johnson and Brenda Wesley were not present at the time the roll was called but joined the meeting shortly thereafter.

NOTE: All Informational Items are Informational Only Unless Otherwise Directed by the Board.

SCHEDULED ITEMS:

1. **Welcome.**

Chairman Lutzow greeted Board Members and welcomed everyone to the October 24, 2019, Mental Health Board meeting.

2. **Approval of the Minutes from the August 22, 2019, and the September 26, 2019, Milwaukee County Mental Health Board Regular Meeting and Public Hearing.**

MOTION BY: (Perez) Approve the Minutes from the August 22, 2019, and the September 26, 2019, Milwaukee County Mental Health Board Regular Meeting and Public Hearing. 7-0

MOTION 2ND BY: (Forman)

AYES: Curry, Forman, Lutzow, Neubauer, Perez, Shrout, and Stevens – 7

NOES: 0

Board Member Neubauer recommended "Public Hearing Follow-Up Discussions" be a standing agenda item at the first Board meeting immediately following all Board Public Hearings.

SCHEDULED ITEMS (CONTINUED):

3.	<p>2019 Collective Bargaining Agreement with the Trades Union Base Wage Negotiation.</p> <p>Margo Franklin, Employee Relations Director, Department of Human Resources</p> <p>Ms. Franklin explained, under Act 10, the Milwaukee Building and Construction Trades Council is only allowed to negotiate on base wage and only up to a maximum of the Consumer Price Index (CPI), which is 1%. It is an across-the-board increase effective as of June 16, 2019. Upon the Board's vote of approval, the increase will be immediately processed and paid retroactively.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the wage increase delineated in the 2019 Collective Bargaining Agreement with the Milwaukee Building and Construction Trades Council.</p> <p>MOTION BY: (Shrout) Approve the 2019 Collective Bargaining Agreement's 1% Wage Increase for the Milwaukee Building and Construction Trades Council. 8-0</p> <p>MOTION 2ND BY: (Neubauer)</p> <p>AYES: Curry, Forman, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley – 8</p> <p>NOES: 0</p>
4.	<p>Administrative Update.</p> <p>Michael Lappen, Administrator, Behavioral Health Division (BHD)</p> <p>Mr. Lappen highlighted key activities and issues related to BHD operations. He discussed two grants awarded to Wraparound Milwaukee to support crisis redesign and supportive employment for transition age youth. BHD also received three additional Alcohol and Other Drug Abuse (AODA) awards, which will help provide comprehensive treatment and recovery support services for opioid use disorders, improve access and connections to resources, and fund a Medication Assisted Treatment (MAT) pilot project.</p> <p>He provided updates on Crisis Redesign efforts, retention agreements for staff impacted by the transition of the in-patient hospital, Universal Health Services' timeline, and a cross discipline workgroup formed to review issues of concern regarding the larger topic of mass shootings and examine the evidence to determine some high-level next step recommendations for BHD and the Division's community partners.</p> <p>For the Board's information, Mr. Lappen referenced the Kane Communications Update, which is attached to the report.</p> <p>Questions and comments ensued.</p>

SCHEDULED ITEMS (CONTINUED):

5.	<p>Mental Health Board Finance Committee Professional Services Contracts Recommendations.</p> <p>Jennifer Bergersen, Chief of Operations, Behavioral Health Division</p> <ul style="list-style-type: none">• 2019 Contract Amendments<ul style="list-style-type: none">➤ Aramark Correctional Services, LLC➤ Allied Universal Security Services➤ Kane Communications➤ Pharmacy Systems, Inc.➤ Clean Power➤ University of Wisconsin Milwaukee• 2019 Contract<ul style="list-style-type: none">➤ Perceptivity, LLC <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.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the 2019 Professional Services Contract and Contract Amendments delineated in the corresponding report.</p> <p>MOTION BY: (Shrout) Approve the 2019 Professional Services Contract and Contract Amendments Delineated in the Corresponding Report. 8-0</p> <p>MOTION 2ND BY: (Perez)</p> <p>AYES: Curry, Forman, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley – 8</p> <p>NOES: 0</p>
6.	<p>Mental Health Board Finance Committee Purchase-of-Service Contracts Recommendation.</p> <p>Amy Lorenz, Deputy Administrator, Community Access to Recovery Services (CARS), Behavioral Health Division</p> <ul style="list-style-type: none">• 2019 Contract Amendments <p>Purchase-of-Service Contracts are for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the 2019 Purchase-of-Service Contract Amendments delineated in the corresponding report.</p>

SCHEDULED ITEMS (CONTINUED):

	<p>Board Member Wesley requested separate action be taken on the Wisconsin Community Services, Inc., contract.</p> <p>MOTION BY: (Perez) Approve the Wisconsin Community Services, Inc., Contract Delineated in the Corresponding Report. 7-0-1</p> <p>MOTION 2ND BY: (Shrout)</p> <p>AYES: Curry, Forman, Lutzow, Neubauer, Perez, Shrout, and Stevens - 7</p> <p>NOES: 0</p> <p>ABSTENTIONS: Wesley - 1</p> <p>MOTION BY: (Perez) Approve the Balance of 2019 Purchase-of-Service Contract Amendments Delineated in the Corresponding Report. 8-0</p> <p>MOTION 2ND BY: (Neubauer)</p> <p>AYES: Curry, Forman, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley – 8</p> <p>NOES: 0</p> <p>ABSTENTIONS: 0</p>
7.	<p>Mental Health Board Finance Committee Fee-for-Service Agreements Recommendation.</p> <p>Brian McBride, Director, Children’s Community Services and Wraparound Milwaukee 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. The program agreement amendment provides therapeutic services to children and their families.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the Fee-for-Service Agreement Amendment delineated in the corresponding report.</p> <p>MOTION BY: (Perez) Approve the Fee-for-Service Agreement Amendment Delineated in the Corresponding Report. 8-0</p> <p>MOTION 2ND BY: (Shrout)</p> <p>AYES: Curry, Forman, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley - 8</p> <p>NOES: 0</p>
8.	<p>Employment Agreement.</p> <p>Dr. John Schneider, Chief Medical Officer, Behavioral Health Division (BHD)</p>

SCHEDULED ITEMS (CONTINUED):

	<p>The Department of Human Resources and Corporation Counsel established a personnel policy requiring employment agreements for specific classified, unclassified, and exempt advanced practice nurse classifications within Milwaukee County.</p> <p>BHD is requesting authorization to establish an employment agreement with a mental health advanced practice nurse employee.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the Employee Agreement.</p> <p>MOTION BY: (Perez) <i>Approve the Employment Agreement. 8-0</i> MOTION 2ND BY: (Neubauer) AYES: Curry, Forman, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley - 8 NOES: 0</p>
9.	<p>State Budget Update.</p> <p>Matt Fortman, Fiscal Director, Department of Health and Human Services</p> <p>Mr. Fortman referred to the items contained within the State 2019-2021 Budget related to an increase in reimbursement for Crisis Services. Currently, the federal share is 60%, while the local share is 40%. The complex model being suggested is the State would look at each county's local share contribution, remove the explicit maintenance of effort for crisis requirement, and "set the county maintenance of effort for crisis intervention services in a manner it determines is appropriate and equitable." This change greatly impacts the Behavioral Health Division's ability to expand and enhance crisis intervention services.</p> <p>Questions and comments ensued.</p>
10.	<p>Mental Health Board Finance Committee Update.</p> <p>Matt Fortman, Fiscal Director, Department of Health and Human Services</p> <p>Vice-Chairwoman Perez, Chairwoman of the Finance Committee, reviewed topics addressed at the Finance Committee's quarterly meeting. Mr. Fortman discussed the 2018 balance sheet, the audit control recommendation, the 2019 financial reporting package and dashboard, and provided an analysis of the Behavioral Health Division's reserve funds.</p>
11.	<p>Center for Medicare/Medicaid Services (CMS) Systems Improvement Agreement Update.</p> <p>Michael Lappen, Administrator, Behavioral Health Division (BHD)</p> <p>Mr. Lappen stated this item has been before the Quality Committee on several occasions. The Systems Improvement Agreement (SIA) BHD has entered into with the Center for</p>

SCHEDULED ITEMS (CONTINUED):

	<p>Medicaid Services (CMS) regarding hospital certification runs through July 1, 2021. It dates back to July 30, 2018. A meeting was held with Quality Committee Chairwoman Neubauer and others where the timeline and process decisions were reviewed. As required under the SIA, BHD created two Requests for Proposals (RFP), one for an expert consultant to provide a root cause analysis on the challenges at the hospital and the other for a compliance monitor to be deployed on site to ensure BHD is able to implement the recommendations from the consultant.</p> <p>The RFPs were a challenge. There were no adequate responses to the first submission. Resubmission of the RFP garnered adequate responses, which were scored. BHD has submitted three candidates for the expert consultant and two candidates for the compliance consultant as required to Medicaid. Medicaid has ten (10) working days to approve or deny the recommended candidates. Should CMS approve any of the candidates, BHD would be able to move forward with the associated contracts, which would come before this Body for approval.</p> <p>Discussion ensued at length.</p>
12.	<p>Mental Health Board Quality Committee Update.</p> <p>Jennifer Bergersen, Chief of Operations, Behavioral Health Division (BHD)</p> <p>Board Member Neubauer, Chairwoman of the Quality Committee, reviewed topics addressed at the Quality Committee's quarterly meeting. She discussed the key performance indicator (KPI) dashboard and Community Access to Recovery Services (CARS) quarterly narrative, CARS quality plan, BHD's quadruple aim, Wrap's medication adherence performance improvement project, adult and youth Comprehensive Community Services overview and dashboard, KPI and seclusion and restraint data, Centers for Medicare and Medicaid Services (CMS) survey update, status of policies and procedures, and contract quality monitoring.</p> <p>Questions and comments ensued.</p>

SCHEDULED ITEMS (CONTINUED):

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

13. Medical Executive Report Appointment and Privileging Recommendations.

Dr. Shane Moisio, Medical Staff President, Behavioral Health Division

MOTION BY: *(Perez) Adjourn into Closed Session under the provisions of Wisconsin Statutes Section 19.85(1)(c) for the purpose of considering employment or performance evaluation data for public employees over which the Board has jurisdiction and exercises responsibility. Some or all of the information discussed may also be subject to confidentiality under Section 146.38, Stats. as it relates to Item 13. At the conclusion of the Closed Session, the Board may reconvene in Open Session to take whatever action(s) it may deem necessary on the aforesaid item. 7-0*

MOTION 2ND BY: *(Neubauer)*

AYES: Curry, Forman, Lutzow, Neubauer, Perez, Stevens, and Wesley – 7

NOES: 0

EXCUSED: Shrout - 1

The Board convened into Closed Session at 10:55 a.m. to discuss Item 13 and reconvened back into Open Session at approximately 11:01 a.m. The roll was taken, and all Board Members were present.

MOTION BY: *(Neubauer) Approve the Medical Staff Credentialing Report and Medical Executive Committee Recommendations. 7-0*

MOTION 2ND BY: *(Forman)*

AYES: Curry, Forman, Lutzow, Neubauer, Perez, Stevens, and Wesley – 7

NOES: 0

14. Mental Health Board and Committee 2020 Tentative Meeting Schedule.

A draft 2020 Mental Health Board (MHB) and Committee meeting schedule was provided to Board Members. A final draft of the 2020 meeting schedule will be included in the December Board materials. Calendar invitations are forthcoming.

SCHEDULED ITEMS (CONTINUED):

15. **Adjournment.**

MOTION BY: (Neubauer) Adjourn. 7-0

MOTION 2ND BY: (Perez)

AYES: Curry, Forman, Lutzow, Neubauer, Perez, Stevens, and Wesley – 7

NOES: 0

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: 9:01 a.m. to 11:05 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 on Thursday,
December 12, 2019, @ 8:00 a.m. at the
Zoofari Conference Center
9715 West Bluemound Road**

Visit the Milwaukee County Mental Health Board Web Page at:

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

The October 24, 2019, 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.



Chairman Thomas Lutzow for Michael Davis, Secretary
Milwaukee County Mental Health Board

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

DATE : 11/14/2019

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

FROM : Joe Lamers, Director, DAS Office of Performance, Strategy, and Budget

SUBJECT : Department of Administrative Services Quarterly Update – December 2019

OVERVIEW

I will be attending the December 2019 Mental Health Board Meeting to provide an update on Milwaukee County's interests and matters related to the Behavioral Health Division

The 2020 Milwaukee County budget was adopted by the County Board on November 12, 2019. At the Mental Health Board Meeting in December, I will provide a verbal update on items included in the County budget and be available to answer questions.

The following changes impacting BHD's budget were included within the 2020 adopted budget:

1. 1% COLA Date Change: County Board Amendment 1A011 moved the effective date of the 1% wage increase from mid-year to the beginning of the year (pay period 2). \$175,333 was placed in a non-departmental account, earmarked for BHD.
2. IT Central Spend Accounting Change: In the past, certain technology costs pertaining to BHD were budgeted in an IT central spend account, outside of BHD's budget. These IT costs, in the amount of \$2,094,800, are reflected in BHD's 2020 budget. This change was initiated in the 2020 Recommended Budget and is included in the Adopted Budget. The change provides for accounting of BHD IT related costs within the BHD budget and may provide opportunities for additional revenue reimbursement of IT costs in the future.

RECOMMENDATION

This report is for informational purposes only.



Joseph Lamers, Director
Office of Performance, Strategy and Budget
Department of Administrative Services



OFFICE OF THE COUNTY EXECUTIVE

Milwaukee County

CHRIS ABELE • COUNTY EXECUTIVE

Date: December 12, 2019

To: Tom Lutzow, PhD, MBA, Board Chair, Milwaukee County Mental Health Board

From: Schinika Fitch, Director of Community Relations, Office of County Executive

Subject: Milwaukee County Mental Health Board Appointments

ARTICLE III MEMBERS

The members of this board shall be appointed to and removed from office under the express authority of Wisconsin State Statute 51.41(1d)(i)1 and 2, as applicable. Members terms are for 4 consecutive years, with a maximum tenure of 2, 4-year consecutive terms for voting members unless the voting member serves 3 consecutive terms totaling less than 10-years pursuant to Wisconsin State Statute 51.4(1d)(d)6. A voting member who has served 2 consecutive 4-year terms or 3 consecutive terms totaling less than 10 years is again eligible to be suggest for nomination as a voting member after the individual has not served on the board for 12 months.

Milwaukee County Mental Health Board Term Dates

Tom Lutzow
Appointed 5/1/14 – 6/10/16 (2 years)
Reappointed 6/10/16 – 6/10/20 (4 years)
Total time served on the Board to date (5 years 6 months)
Can be reappointed in 2020 to a 3-year term

Rachel Forman
Appointed 7/21/16 – 5/1/2018 (2 years)
Reappointed 5/1/18 – 4/1/22 (4 years)
Total time served on the Board to date (3 years 5 months)
Can be reappointed in 2022 to a 3-year term

Michael Davis
Appointed 4/18/16 – 5/2/16 (1 month)
Reappointed 5/2/16 - 5/2/2020 (4 years)
Total time served on the Board to date (3 years 8 months)
Can be reappointed in 2020 to a 4-year term

Walter Lanier

Appointed 9/16/16 – 5/xx/17 (1 year 2 months)

(6-month gap)

Reappointed 11/28/17-11/xx/2020 (3 years)

Total time served on the Board to date (3 year 3 months)

Can be reappointed in 2020 to a 4-year term

Brenda Wesley

Appointed 1/1/15 - 5/1/18 (3 years 4 months)

Reappointed 5/1/18 - 5/1/22 (4 years)

Total time served on the Board to date (4 year 11 months)

Can reappointed in 2022 to a 2-year term

Dr. James Stevens

Appointed 7/19/19 - 7/19/2023 (4 years)

Can be reappointed in 2023 to a 4-year term

Total time served on the Board to date (5 months)

Can reappointed in 2024 to a 4-year term

Kathie Eilers

Appointed 3/1/18 - 3/1/21 (3 years)

Total time served on the Board to date (1 year 9 months)

Can be reappointed in 2021 to a 4-year term

Maria Perez

Appointed 1/1/15 - 5/1/16 (1 year 4 months)

(2 year gap)

Reappointed 5/1/18 - 5/1/20 (2 years)

Total time served on the Board to date (4 years 11 months)

Can be reappointed in 2020 to a 4-year term

Robert Curry

Appointed 11/28/17 - 5/1/18 (6 months)

Reappointed 5/1/18 - 5/1/22 (4 years)

Total time served on the Board to date (2 years 1 month)

Can be reappointed in 2022 to a 4-year term

Jon Lehrmann

Appointed 1/1/15 - 5/1/17 (1 year 4 months)

Total time served on the Board to date (4 years 11 months)

Can be reappointed in 2020 to a 4-year term

Sheri Johnson

Appointed 3/1/18 - 3/1/21 (3 years)

Total time served on the Board to date (1 year 9 months)

Can be reappointed in 2021 to a 4-year term

REVISED

Item 5

OCC CROSS-CHARGES BHD

Office of Corporation Counsel
Deputy Paul Kuglitsch
Deputy Anne Berleman Kearney

What is Cross-Charging?

Cross-charging is providing legal expertise or specialized legal services for client groups within the County and "charging" the client groups for the expert time/work.

Efficiency and cost are key factors to keeping department spend lower than it would be if clients used outside resources.

What Services Does the OCC Provide?

- Provide general legal support services, including legal opinions when requested by the Mental Health Board and related service-providing departments;
- Represent County in court matters involving the protection of mentally ill individuals, including Chapter 51 cases, criminal conversion cases, and Chapter 55 cases;
- Contract review and negotiation;
- Represent related service-providing departments in civil matters before administrative bodies and in both state and federal courts, which may include preparation of the case, presentation of the case or settlement of the case;
- Represent related service-providing departments in employment matters before the PRB, the ERD, and the EEOC, which may include preparation of the case, presentation of the case or settlement of the case.
- Provide training and legal advice on a variety of issues, such as HR practices, including discipline of employees, public records, and open meetings

Who Provides Service?

- › The OCC has 3 dedicated attorneys & 2.5 dedicated paralegals providing services to related service-providing departments:
 - Attorneys: Al Polan, Tedia Gamino, Lisa Procaccio
 - Paralegals: Ashley McCune, Lacy Firehammer, Sara Martin

- › Additional services provided by OCC
 - Employment matters (Katie West)
 - ◻ Discipline
 - ◻ Policy review

- › Contract review
 - Paul Kuglitsch and Dave Farwell

Who Provides Service?

➤ Advisory work includes issues dealing with the interpretation of Act 203, Mental Health Board mental health jurisdiction, and Chapter 51-related issues.

.The Advisory team includes:

- Anne Kearney
- Margaret Daun
- Alan Polan

- Open meetings/Public records
 - . Nelson Phillips

How are Cross Charges Calculated?

- Cross charges are based on a per hour basis for OCC attorney and paralegal time.
- The range of per-hour rates for OCC attorneys providing representation to related service-providing departments and the Mental Health Board is \$62 to \$88 and for paralegals is \$43 to \$47. These are highly discounted rates.
- If the attorney time provided by OCC attorneys were provided by outside counsel, the hourly rate would be \$250 to \$450 per hour and \$150 to \$200 for paralegal services. In addition, outside counsel does not have the same level of commitment nor the institutional knowledge of our internal OCC team.
- The total cross charges budgeted to BHD is \$500,000 and this represents approximately 5500 hours of OCC attorney time only. We have experienced significant increases in our services and this rate is not an accurate reflection of the work being done.
- The total cross-charge amount range to BHD has remained consistent for the past 4 years.

OCC Contacts



Alan M. Polan | Assistant Corporation Counsel
Milwaukee County Office of Corporation Counsel
901 N 9th Street, Suite 303 | Milwaukee, WI 53233
Alan.Polan@MilwaukeeCountywi.gov
(414) 278-5049 - Office (414) 223-1283 Fax



Lisa M. Procaccio | Assistant Corporation Counsel
Milwaukee County Office of Corporation Counsel
901 N 9th Street, Suite 303 | Milwaukee, WI 53233
Lisa.Procaccio@MilwaukeeCountywi.gov
Phone: (414) 278-4300 Fax: (414) 223-1249



Tedia Gamino | Deputy Corporation Counsel
Milwaukee County Office of Corporation Counsel
901 N 9th Street, Suite 303 | Milwaukee, WI 53233
Tedia.Gamino@MilwaukeeCountywi.gov
(414) 278-4319 Office (414) 223-1249 Fax



Ashley McCune | Paralegal
Milwaukee County Office of Corporation Counsel
901 N 9th Street, Suite 303 | Milwaukee, WI 53233
Ashley.McCune@MilwaukeeCountywi.gov
(414) 278- 5117 Office



Lacey Firehammer | Paralegal
Milwaukee County Office of Corporation Counsel
901 N 9th Street, Suite 303 | Milwaukee, WI 53233
Lacey.Firehammer@MilwaukeeCountywi.gov
(414) 278-4035 Office



Sara Martin | Paralegal
Milwaukee County Office of Corporation Counsel
901 N 9th Street, Suite 303 | Milwaukee, WI 53233
Sara.Martin@MilwaukeeCountywi.gov
(414) 278-4290 Office

Cross- Charges Calculations

- The range of per-hour rates for OCC attorneys providing representation to related service-providing departments and the Mental Health Board is \$62 to \$88 and for paralegals is \$43 to \$47. These are highly discounted rates.
- The OCC has 3 dedicated attorneys & 2.5 dedicated paralegals providing services to BHD matters.
- The total cross charges budgeted to BHD is \$500,000 and this represents approximately 5500 hours of OCC attorney time only.
- The total cross-charge amount range to BHD has remained consistent for the past 4 years.

Above calculation is an approx. of one hour of **attorney** time.

$\$500,00 / 5500 = \91.00

In actuals it is: $\$484,000/5500 = \88 (at the highest rate). And this is only 1 attorney's time.

What is not shown:

Are approx. 340 paralegal hours @ \$47 = 15,980 (the OCC has discounted this rate heavily to maintain the roughly \$500,000 annual budget).

On average, our dedicated BHD paralegals work 2000 hours a year on BHD matters.

- Dedicated - Ashley - \$43/hr. x 2000 = \$86,000
- Dedicated - Lacey – \$43/hr. x 2000 = \$86,000
- Dedicated half - Sara - \$43/hr. x 1000 = \$43,000

- If we had added in an additional 2000 hours worth of paralegal work, it would total \$570,000 in cross-charges
- If both dedicated paralegals and the half of our third paralegal are added in, the annual cross charge amount would be \$699,000.

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

DATE: November 21, 2019

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

High Quality and Accountable Service Delivery

- **Community Health Center Projects**

See **Attachments A and B**

- **Recertification Survey Results**

BHD had its bi-annual certification visit for adult and child inpatient and our crisis program. There were no citations, and BHD received a two (2) year certification from November 1, 2019, through October 31, 2021.

Optimal Operations and Administrative Efficiencies

- **Psychiatric Crisis Redesign**

Meetings of both the Emergency Department Advisory Committee and the Crisis Continuum Steering Committee were held. A brief summary of efforts to date are listed below.

Psych Emergency Room (ER) Diligence:

- The first meeting of the Psych ER Advisory Committee was held, which Board Members are part
 - ❖ An overview was provided of the phases as they relate to Psych Crisis Services project.
 - ❖ Roles were reviewed and purpose of forming the ER Advisory Committee
 - ❖ Feedback was collected on key issues identified that will need to be addressed by the ER Advisory committee with regards to the Psych ER
- Continued internal discussions exploring position on key notions
- Continued conversations with representatives of private health systems on path ahead

Rest of Psych Crisis Continuum:

- A public/private Psych Crisis Redesign Steering Committee meeting was held with new members, including members of the Mental Health Board
 - ❖ An overview was provided of Psych Crisis Project
 - ❖ Expectations of the Steering Committee were reviewed as we move forward in Phase 3
 - ❖ Kane Communications provided update on approach to Stakeholder Involvement
 - Feedback was collected regarding assessment of stakeholder involvement and the constituents that should be included
- The need for developing separate work groups for different community service enhancements was identified, and the internal group discussed community-based enhancements, such as Community Health Center (CHC)/Federally Qualified Health Center (FQHC) collaborations

Child/Adolescent Continuum:

- ECG provided a presentation to the public/private group on their early findings about Child/Adolescent crisis system current state
- Next steps of process have been identified as determining future state of system and enhancements

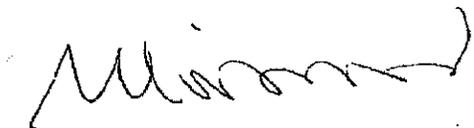
Stakeholder Involvement:

- Kane Communications will complete the following:
 - ❖ Begin to identify key parties to include in roundtable discussions related to crisis redesign
 - ❖ Formulate questions for round table discussions to be reviewed by Steve G. and Stephanie T. and the Psych Crisis Redesign Steering Committee
 - ❖ The first round table discussion is expected to be held Q1 2020

Other Topics of Interest

- **Kane Communications Update**

See **Attachment C.**

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

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



Psychiatric Crisis Redesign Service Description

BHD Access Centers: In Partnership with Milwaukee area Community Health Centers

CHC Location	Co-Located Services	Project Update
Sixteenth Street Community Health Center, Location TBD	<ul style="list-style-type: none"> ➤ Walk in Crisis Clinic ➤ Crisis Assessment & Response Planning ➤ Brief Term Prescriber Services ➤ Brief Care Coordination ➤ Certified Peer Services ➤ Access to BHD System of Care ➤ Access to DHHS System of Care ➤ Health Ins. & Benefits Navigation ➤ Access to other CHC services 	<ul style="list-style-type: none"> ➤ Staffing, Budget, and Broad Program Design & Goals completed ➤ More detailed Program Development in progress ➤ MOA signed; LOI in draft; Lease in progress ➤ Space Planning for co-located site in progress ➤ Other Facilities Prep work in progress ➤ Program Improvement Team Connect & Care Coordination in progress; new P&P Manuals in draft <p>Est.Start Date: Quarter 3, 2020</p>
Milwaukee Health Services, Inc., 8200 W. Silver Spring Dr.	<ul style="list-style-type: none"> ➤ Add Walk in Hours & Provider Capacity to MHSI DHS 35 ➤ Assessment & Planning ➤ Brief Term Prescriber & Psychotherapy ➤ Certified Peer Services ➤ Access to BHD System of Care ➤ Access to DHHS System of Care ➤ Health Ins. And Benefits Navigation ➤ Access to other CHC services 	<ul style="list-style-type: none"> ➤ Program Development in progress ➤ Budget Development in progress ➤ Discussions with BHD and Med Exec Teams for new contract model with MHSI in progress <p>Est.Start Date: Quarter 3, 2020</p>
Outreach Community Health Center, 210 W. Capitol Dr.	<ul style="list-style-type: none"> ➤ Walk in Crisis Clinic ➤ Crisis Assessment & Response Planning ➤ Brief Term Prescriber & Psychotherapy ➤ Certified Peer Services ➤ Access to BHD System of Care ➤ Access to DHHS System of Care ➤ Health Ins. And Benefits Navigation ➤ Access to other CHC services 	<ul style="list-style-type: none"> ➤ Staffing, Budget, and Broad Program Design & Goals completed ➤ Staff Identified for site ➤ MOA, BAA signed ➤ Contract for Space Planning Executed ➤ Space Planning in progress ➤ Program Improvement for Access Clinic in progress; new P&P Manual in draft <p>Est.Start Date: Quarter 2, 2020</p>
Progressive Community Health Center, 3522 W Lisbon Ave	<ul style="list-style-type: none"> ➤ Crisis Assessment & Response Planning ➤ Brief Term Psychotherapy ➤ Certified Peer Services ➤ Access to BHD System of Care ➤ Access to DHHS System of Care ➤ Health Ins. And Benefits Navigation ➤ Access to other CHC services ➤ Brief Care Coordination 	<ul style="list-style-type: none"> ➤ Staffing, Budget, and Broad Program Design & Goals completed ➤ MOA, BAA reviewed and awaiting signature ➤ Program Manual completed; ➤ Staff Training completed ➤ Equipment for staff delivered; install date TBD ➤ Space prepared and ready for staff ➤ IT Plan in draft <p>Start Date: December 2, 2019</p>

Attachment B



BHD | Behavioral Health Division

A Division of the Department of Health & Human Services

Dear BHD staff,

I have exciting news to share about our partnerships with the local Community Health Centers.

As you know, the partnerships with local community health centers are a critical part of BHD's transition plan to increase accessibility and improve behavioral health care services in all areas of Milwaukee County.

Early next month, two members of the BHD's Team Connect will transition to Progressive Community Health Center to provide embedded crisis response services.



To add to the excitement, today Sixteenth Street Community Health Centers will announce the opening of a new Behavioral Health Support Center in collaboration with BHD. The center will focus on prevention, early intervention, and same-day access. The Center will offer community-based behavioral health and substance use services across the continuum, increasing access for families on the south side of Milwaukee. BHD will rent space at the new clinic and plans to place approximately 26 employees in this location.

BHD's partnership with Sixteenth Street will help bring more culturally competent mental health services to underserved areas. Our partnership with Sixteenth Street is a critical part of Milwaukee County's efforts to increase early intervention

services and create a racially equitable system of care that is accessible to all of our communities.

The Center will be located at what is now the Badger Mutual Building at 1635 W National Avenue. Sixteenth Street will provide behavioral health, AODA, and Comprehensive Community Services (CCS), and BHD will provide same-day walk-in services. The services provided at the new clinic will focus on upstream prevention and early intervention, expanded and enhanced access to community-based services, and improved reintegration services.

There are still details to be worked out, and I will share them with you as they become available. The project will be announced to the media later this morning so please refrain from talking about it until it is announced publicly.

Thank you,

Mike Lappen
Administrator

Attachment C

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION

COMMUNICATIONS UPDATE

Mental Health Board Report / December 2019

EMPLOYEE ENGAGEMENT

BHD Newsletter

The Q4/Winter Newsletter will be sent out in December to nearly 1300 BHD staff, Mental Health Board members, community partners and providers. The newsletter features updates from administrator Michael Lappen and the following sections: program spotlight, employee spotlight, important dates, Schneider studies and top town hall questions.

Town Hall Meetings

- Town Hall Meetings
 - October - Town Hall meetings were held on October 17 at 7:15 a.m. and 1:45 p.m.
 - Agenda:
 - DHHS Future State staff input session (50 minutes)
 - Employee Retention & Severance update
 - Town Hall Question Box Q&A
 - November - Town Hall meetings will be held on November 21 at 7:15 a.m. and 1:45 p.m. Round-up analytics will be available later in the month.

RETENTION BONUS PLAN

The Retention Bonus Plan communications efforts launched on November 1 with the goal of communicating with BHD staff and the Milwaukee County Mental Health Board to ensure that they have access to up-to-date, fact-based information about the Retention Bonus Plan. Key communications strategies included:

- **Strategy #1:** Creating ongoing, personalized communications employees can count on for updates about the Retention Bonus Plan.
- **Strategy #2:** Providing opportunities for employees to ask questions, receive information quickly and individually as needed and get connected to county resources that can help inform employment decisions.



- **Strategy #3:** Ensuring leadership has information accessible to them to share with staff, board members and the public.
- **Strategy #4:** Ensuring potential applicants and the public can access information about how the transition will impact BHD services and employment opportunities.

BHD management and staff received e-blasts containing pertinent Retention Bonus Plan information and a link to a Frequently Asked Questions document. The open rates for the e-blasts is 60% for management and 49.5% for all staff. Both open rates exceed the industry average open rate of 22%.

In addition to the e-blast, with Frequently Asked Questions, BHD's management team received talking points and supporting documents designed to equip them with information that was necessary for them to assist their staff with making well-informed decisions about their future.

Additional communications tactics that will be executed in the coming weeks and months include reminder emails and updates using BHD's existing communication channels such as Town Hall meetings, the BHD newsletter and management meetings.

PUBLIC RELATIONS

Community Health Center Partnership Communications

- Developed a communications and media relations plan to announce the four community health center partnerships.
- Communicated regularly with Sixteenth Street to develop messaging for their Board of Zoning Appeals application and determine a strategic community outreach and communications plan for announcing the new Mental Health Support Center on 1635 W National Avenue.
- Developed key messages for BHD staff, Mental Health Board Members and the four community health centers that are partnering with BHD to provide consistent messaging when speaking with various audiences.
- Developed internal employee communications to share the community health center partnership news with staff and the Mental Health Board.

BizTimes Healthcare Heroes Awards

- Nominated Mike Lappen, Mary Jo Meyers, Jeff Munz and Wraparound Milwaukee for BizTimes Healthcare Hero awards.

Media Relations

- Secured a WISN 12 interview with Dr. Dykstra promoting early detection of mental health illnesses.
- Fielded a media inquiry about teen suicide.
- Pitched opportunities for World Mental Health Day.
- Developed media materials inviting local outlets to attend the History Tour on Saturday, October 5.



NURSE RECRUITMENT CAMPAIGN

Accomplishments

- September
 - 4 attendees - 2 of them were viable applicants
- October
 - 6 attendees - 4 of the were promising applicants
- Attendees heard about the job fair through primarily social media, radio and billboard ads, and postings on the county website. **Important to note that due to the lack of social media ads in September, attendance of the job fair was relatively low that month. No buzz or promo on social negatively affected attendance.**

Inquiries from nurses via the form on the Milwaukee.gov/Nursing page

Month	Leads Generated Form	# of RNs Applied	# of Applications From Leads	Screened and Moved into Review	Hired
August	6	9	6	7	2
September	6	8	6	7	0
October	14	13	3	7	1

Paid Media

Total campaign impressions for the month of **September = 1,324,873 impressions and October = 1,371,872 impressions** (breakdown below)

- Over The Top media delivered 65,803 impressions in Sep and 69,127 in Oct (11,257 and 14,582 more than was contracted)
- Digital Banner Ads delivered 293,411 impressions in Sep and 290,032 in Oct (103,411 and 100,032 more than was contracted)
- Digital Outdoor delivered 965,660 impressions in Sep and 842,692 in Oct (58,336 more than was contracted in October)
- Facebook Video Ad: Lauren delivered 30,356 impressions
- Facebook Video Ad: Jeff delivered 30,096 impressions
- Facebook Video Ad: Vi delivered 26,840 impressions
- Facebook Event Ad: 52,718 impressions delivered

DIGITAL ADS

What are the total digital ad impressions?

Total digital ad impressions for **October = 460,053**

What is the click-through rate? (Industry average 0.02%-0.07%)

- Digital Banners Ads had a click-through rate of 0.12%
- Facebook Video Ad: Lauren had a click-through rate of 1.38%



- Facebook Video Ad: Jeff had a click-through rate of 1.16%
- Facebook Video Ad: Vi had a click-through rate of 2.17%
- Facebook Event Ad: had a click-through rate of 1.40%

How many total clicks?

- A total of 5429 landing page clicks in October

SERIOUS MENTAL ILLNESS CAMPAIGN

In August the Wraparound Milwaukee Serious Mental Illness Campaign was 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.
- **PR Outreach** - research local university contacts, identify speaking opportunities, build connections with local university Greek life chapters and secure opportunities to meet with student organizations on local college campuses
- **Creative Development** - develop campaign messaging and creative to be used on printed posters and digital ads.
- **Media Relations** - develop stories on early identification of SMI and pitch to local media.

Digital Ad Campaign Results - August

The SMI campaign went live on 08/19. As of 08/31 it had produced the following results:

- 119,003 digital impressions (Impressions = number of ads served to our target audience)
- 926 clicks
- .78% CTR (Click-Through Rate) - this was 11.12 times the national average CTR of .07
- 78% engagement rate
- 19 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 engagement.

CLINICALLY HIGH-RISK CAMPAIGN

The objective of this project is to raise awareness of psychosis, educate audiences on what it means to be clinically at-risk for developing psychosis and share information with Wraparound Milwaukee's target audiences on the resources available through BHD's Wraparound Milwaukee program.

The campaign includes high impact videos and strategically placed transit ads. The videos will be used for a combination of target audiences including the general public, high school students and their families, high school educators and community health workers. The transit ads will raise awareness among target audiences and encourage youth and their families to partner with BHD to access behavioral health services and resources. Bus shelter ads will also be placed around the four Milwaukee public high-schools that are partnering with Wraparound Milwaukee for high message visibility.



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

DATE: December 6, 2019

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

FROM: Mary Jo Meyers, 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 2019 Contract Amendments and 2020 Professional Services Contracts for Consulting, Marketing, Grant Management, and Research 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 2019 and 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

Critical Management Solutions - \$1,326,960.00

Critical Management Solutions is a healthcare consulting company that specializes in accreditation and regulatory compliance. They will be providing an expert consultant to perform gap and root cause analyses as well as develop a plan of correction in accordance with the Centers for Medicare and Medicaid System Improvement Agreement (SIA) requirements. Additional reporting to CMS at regular intervals will also be required for the duration of the SIA anticipated to end on July 1, 2021. BHD is requesting \$1,326,960 for the 2020 contract. The total contract amount for 2020 will be \$1,326,960.

Barrins Consulting and Associates - \$366,000.00

Barrins Consulting and Associates is a healthcare consulting company that specializes in accreditation and regulatory compliance. They will be providing a full-time compliance consultant to perform ongoing monitoring of the hospital's plan of correction in accordance with the Centers for Medicare and Medicaid System Improvement Agreement (SIA) requirements.

The position will be required for the duration of the SIA anticipated to end on July 1, 2021. BHD is requesting \$333,600 for the 2020 contract. The total contract amount for 2020 will be \$366,000.

***Kane Communications Group - \$25,000**

Kane Communications group will provide community outreach, advertising, and public information communications to assist Wraparound Milwaukee CHRP grant. BHD is asking for an additional \$25,000 for 2020. The total contract amount would be \$129,000.

Evaluation Research Services, LLC - \$15,000

Evaluation Research Services, LLC provides grant management coordination, inclusive of grant writing to Milwaukee County BHD. Using a Lifecycle management approach to grant management, processes and infrastructure is developed and implemented to manage grant proposals from beginning, or 'pre-award', stage of a project implementation, or 'post award', through the termination, or 'closeout', of an award. BHD is requesting an additional \$15,000 for 2019 to assist Wraparound Milwaukee. The total contract amount for 2019 will be \$361,800.

Perceptivity, LLC – N/A

Perceptivity, LLC, will conduct research for BHD to help engage the community. The research will collect information from BHD's target audience to provide insights into the public's beliefs, values, and ways to work to build awareness that will allow communication to be strategic and ensure that outreach is shaped by what the public wants. BHD previously requested \$225,000 for 2019 and 2020 for the Perceptivity, LLC professional services agreement from the Mental Health Board on October 24, 2019; however, BHD failed to indicate that this contract and request was not a result of the competitive bid process; but was a single source award. A single source award occurs when there are two or more suppliers who could provide the service, but the Administrator, or designee awards the contract to one supplier over the other(s) when a public exigency or emergency will not permit a delay. Due to the need to expedite the Community Engagement Services for the Psychiatric Crisis Redesign to ensure that BHD meets the stated deadlines of the closing of the BHD operated facility in 2021, the complexity of the project, the firms familiarity with the issues surrounding the project, and in the interest of continuity and efficiencies the team would bring, BHD felt a exigency existed and felt the use of Perceptivity, LLC to provide the service would minimize potential delays in meeting the established deadlines and awarded them the contract.

Fiscal Summary

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

Vendor Name	New/Amendment	2019 Amount Requested	2020 Amount Requested	Total Contract Amount 2019	Total Contract Amount 2020
Critical Management Solutions	New	N/A	\$1,326,960	N/A	\$1,326,960

Vendor Name	New/Amendment	2019 Amount Requested	2020 Amount Requested	Total Contract Amount 2019	Total Contract Amount 2020
Barrins Consulting & Associates	New	N/A	\$366,000	N/A	\$366,000
*Kane Communications Group	Amendment	N/A	\$25,000	N/A	\$129,000
Evaluation Research Services, LLC	Amendment	\$15,000	N/A	\$361,800	N/A
Perceptivity, LLC	New	N/A	N/A	N/A	N/A
		\$15,000	\$1,717,960	\$361,800	\$1,717,960

*Denotes contract with partial or total grant funding.

Mary Jo Meyers, Director
 Department of Health and Human Services
 Cc: Maria Perez, Finance Chairperson

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

DATE: December 6, 2019

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

FROM: Mary Jo Meyers, 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 2019 Purchase-of-Service Contract Amendments and 2020 Purchase of Service Contracts 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 2019 and 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

Impact Alcohol & Other Drug Abuse Services, Inc.* - \$127,353

The Vendor is a Community Access Point that currently does screening and assessments for CARS consumers and matches the recommended services to the individual's needs. BHD is asking for an additional \$127,353 to extend the current agreement from December 31, 2019 to March 31, 2020. The total contract amount will be increased from \$509,412 to \$636,765.

M&S Clinical Services, Inc.* - \$136,925

The Vendor is a Community Access Point that currently does screening and assessments for CARS consumers and matches the recommended services to the individual's needs. BHD is asking for an additional \$136,925 to extend the current agreement from December 31, 2019 to March 31, 2020. The total contract amount will be increased from \$547,700 to \$684,925.

Wisconsin Community Services, Inc.* - \$78,878

The Vendor is a Community Access Point that currently does screening and assessments for CARS consumers and matches the recommended services to the individual's needs. BHD is asking for an additional \$78,878 to extend the current agreement from December 31, 2019 to March 31, 2020. The total contract amount will be increased from 315,512 to \$394,390.

La Causa, Inc. - \$250,000

The purpose of the crisis mobile services is to provide emergency mental health crisis response and intervention services on an outreach basis to individuals in the community during third shift (0000 to 0730) for the adult Crisis Mobile Team (CMT). The crisis mobile services fulfill Milwaukee County's DHS 34 Emergency Mental Health Service Programs requirement to provide immediate, on-site, in-person mental health services for individuals experiencing a mental health crisis. This service was opened for Competitive proposals on September 1, 2019, via the request for proposal process. La Causa, Inc. is the Vendor currently doing the work, and was also the only Vendor who submitted a proposal in response to the solicitation, and as a result the contract is being awarded to La Causa, Inc. BHD is requesting \$250,000 for the 2020 contract. The total contract amount for 2020 will be \$250,000.

Wisconsin Community Services - \$391,643

The Vendor provides Peer Support via the Office of Consumer Affairs program for BHD. BHD is requesting an additional \$391,643 for 2020 to add six additional Peer Specialist to the program. BHD previously requested \$458,913 for 2020 and with the additional \$391,642 the total 2020 contract would be \$850,556.

Wisconsin Community Services - \$250,000

The Vendor provides Care Coordination, and OYEAH services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting an additional \$250,000 for 2020. BHD previously requested \$1,090,140 for 2020 and with the additional \$250,000 the total contract amount for 2020 is \$1,340,140.

St. Charles Youth & Family Services, Inc. - \$135,000

The Vendor provides Care Coordination, REACH, OYEAH, mobile crisis, Peer Specialists, case management and screening/assessment services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting an additional \$135,000 for 2020. BHD previously requested \$5,652,562 for 2020 and with the additional \$135,000 the total 2020 contract will be \$5,787,562.

Family Strong, LLC - \$15,000

The Vendor provided family engagement and advocacy services for the Wraparound Milwaukee Program serving children/youth and their families and the 2019 contract has been terminated. BHD is requesting an additional \$15,000 for 2019 to pay the remaining invoices for the services provided. BHD previously requested \$225,000 for 2019 and with the additional \$15,000 the total 2019 contract will be \$240,000.

Wisconsin Community Services - \$279,714

BHD's Community Linkages and Stabilization Program (CLASP) is an extended crisis stabilization program designed to assist persons with ongoing behavioral health concerns through individual support in the community provided by a state-certified Peer Specialists. This service was opened for competitive proposals on September 1, 2019, via the request for proposal process. Based on the results of the solicitation the contract is being awarded to Wisconsin Community Services. BHD is requesting \$279,714 for the 2020 contract. The total contract amount for 2020 will be \$279,714.

La Causa, Inc. -

The Vendor currently provides the Community Linkages and Stabilization Program (CLASP) which is an extended crisis stabilization program designed to assist persons with ongoing behavioral health concerns through individual support in the community provided by a state-certified Peer Specialists. BHD is asking for an additional \$23,309.50 to extend the current agreement until 1/1/2020 to allow the transfer of clients from La Causa, Inc. to Wisconsin Community Services. The total contract amount will be \$303,023.50.

Fiscal Summary

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

Vendor Name	New/Amendment	2019 Increase Requested	2020 Amount Requested	Total Contract Amount 2019	Total Contract Amount 2020
*Impact Alcohol & Other Drug Abuse Services, Inc.	Amendment	\$127,353	N/A	\$636,765	N/A
*M&S Clinical Services, Inc.	Amendment	\$136,925	N/A	\$684,925	N/A
*Wisconsin Community Services	Amendment	\$78,878	N/A	\$394,390	N/A
La Causa, Inc.	New	N/A	\$250,000	N/A	\$250,000
Wisconsin Community Services	New	N/A	\$279,714	N/A	\$279,714
Wisconsin Community Services	New	N/A	\$391,643	N/A	\$850,556

Vendor Name	New/Amendment	2019 Increase Requested	2020 Amount Requested	Total Contract Amount 2019	Total Contract Amount 2020
Wisconsin Community Services	New	N/A	\$250,000	N/A	\$1,340,140
St. Charles Youth & Family Services, Inc.	New	N/A	\$135,000	N/A	\$5,787,562
Family Strong, LLC	Amendment	\$15,000	N/A	\$240,000	N/A
*Community Advocates	New	N/A	\$760,000	N/A	\$760,000
*Social Development Commission	New	N/A	\$100,000	N/A	\$100,000
*Safe and Sound	New	N/A	\$360,000	N/A	\$360,000
La Causa, Inc.	Amendment		\$23,309.50	N/A	\$303,023.50
		\$358,156	\$2,549,667	\$1,956,080	\$10,030,996

*Denotes contract with partial or total grant funding.

Mary Jo Meyers, Director
Department of Health and Human Services

Cc: Maria Perez, Finance Chairperson

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

DATE: December 6, 2019

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

FROM: Mary Jo Meyers, 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 2019 Fee-for-Service Agreement Amendments and 2020 Fee-for-Service Agreements 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 2019.

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

***Bell Therapy - \$1,100,000**

This vendor provides Behavioral Health and/or Social Services for the CARS Program serving adults. BHD is requesting \$1,100,000 for the 2020 contract. The total contract amount will be \$1,100,000.

***Jefferson Crest, LLC - \$590,000**

This Vendor provides Residential Services for the CARS Program serving adults. BHD is requesting \$590,000 for the 2020 contract. The total contract amount will be \$590,000.

Kajsiab Senior Center, Inc. - \$115,000

This vendor provides Behavioral Health and/or Social Services for the CARS Program serving adults. BHD is requesting \$115,000 for the 2020 contract. The total contract amount will be \$115,000.

ILife Financial Management Services - \$220,000

This vendor provides fiscal management services via the Family Support Services application process for Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting an additional \$90,000 for the 2019 contract and \$130,000 for the 2020 contract. The total contract amount will be \$144,572 for 2019 and \$130,000 for 2020.

Atach'd to Tomorrows Generation - \$120,000

This vendor provides Group Home Care Services for Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$130,000 for the 2020 contract. The total contract amount will be \$130,000 for 2020.

Girl's Lovett GH - \$299,000

This vendor provides Group Home Care Services for Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$299,000 for the 2020 contract. The total contract amount will be \$299,000 for 2020.

Good Outcomes, LLC - \$130,000

This vendor provides Group Home Care Services for Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$130,000 for the 2020 contract. The total contract amount will be \$130,000 for 2020.

Home 4 the Heart - \$250,000

This vendor provides Group Home Care Services for Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$250,000 for the 2020 contract. The total contract amount will be \$250,000 for 2020.

House of Love Youth Homes - \$250,000

This vendor provides Group Home Care Services for Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$250,000 for the 2020 contract. The total contract amount will be \$250,000 for 2020.

Moe's Transitional Living Center - \$300,000

This vendor provides Group Home Care Services for Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$300,000 for the 2020 contract. The total contract amount will be \$300,000 for 2020.

Next Chapter Living Center - \$200,000

This vendor provides Group Home Care Services for Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$200,000 for the 2020 contract. The total contract amount will be \$200,000 for 2020.

Wright Stride GH - \$120,000

This vendor provides Group Home Care Services for Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$120,000 for the 2020 contract. The total contract amount will be \$120,000 for 2020.

Word of Hope Ministries, Inc. - \$109,000

This vendor provides Behavioral Health and/or Social Services for the CARS Program serving adults. BHD is requesting \$109,000 for the 2020 contract. The total contract amount will be \$109,000.

Fiscal Summary

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

Vendor Name	New/Amendment	2019 Amount Requested	2020 Amount Requested	Total 2020 Contract Amount
*Bell Therapy	New		\$1,100,000	\$1,100,000
*Jefferson Crest, LLC	New		\$590,000	\$590,000
Kajsiab Senior Center, Inc.	New		\$115,000	\$115,000
ILife Financial Management Services	Amendment	\$90,000	\$130,000	\$130,000
Atach'd to Tomorrow Generation	New		\$120,000	\$120,000
Girl's Lovett GH	New		\$299,000	\$299,000
Good Outcomes, LLC	New		\$130,000	\$130,000
Home 4 the Heart	New		\$250,000	\$250,000
House of Love Youth Homes	New		\$250,000	\$250,000
Moe's Transitional Living Center	New		\$250,000	\$250,000
Next Chapter Living Center	New		\$200,000	\$200,000
Wright Stride GH	New		\$120,000	\$120,000

Vendor Name	New/Amendment	2019 Amount Requested	2020 Amount Requested	Total 2020 Contract Amount
Word of Hope Ministries, Inc.	New		\$109,000	\$109,000
		\$90,000	\$3,663,000	\$3,663,000

*Denotes contract with partial or total grant funding.

Mary Jo Meyers, Director
Department of Health and Human Services

Cc: Maria Perez, Finance Chairperson

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

10

DATE: November 15, 2019

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

FROM: Mary Jo Meyers, 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 for Release of Funds from Non-Departmental
Budget Related to 2020 Milwaukee County Budget Amendment 1A011

Issue

Through the 2020 Milwaukee County Budget process, the County Board approved Amendment 1A011. The following language was included in that amendment:

“Amend Org. Unit No. 1940-1972 – Wages and Benefits Modification narrative as follows:

Strategic Implementation: This program includes centrally budgeted modifications to Wages and/or Benefits. All eligible employees will see a 1 percent increase effective in Pay Period 15 2. (Pay Period 1 dates are all in 2019). Funds for this salary increase is included in departmental budgets-, except for \$175,333 that is contained in this non-departmental budget earmarked for Department of Health and Human Services-Behavioral Health Division (DHHS-BHD) employees. Subject to the approval of the Milwaukee County Mental Health Board and County Executive, these funds are available for a salary increase for DHHS-BHD employees.”

Recommendation

Under normal circumstances, the Mental Health Board would not be required to approve this type of salary recommendation. Because the County Board specifically named the Mental Health Board’s approval as a precondition to accessing these funds, the Behavioral Health Division (BHD) is requesting approval for this action. With approval, BHD will request a transfer of funds in the amount of \$175,333 from the non-departmental budget to BHD salary accounts for the purpose of moving the 1% wage increase from Pay Period 15 to Pay Period 2 in 2020.



Mary Jo Meyers, Director
Department of Health and Human Services

cc: Maria Perez, Finance Chairperson

Chairperson: Maria Perez
Senior Executive Assistant: Jodi Mapp, 257-5202

**MILWAUKEE COUNTY MENTAL HEALTH BOARD
 FINANCE COMMITTEE**

Thursday, December 5, 2019 - 1:30 P.M.
 Milwaukee County Mental Health Complex
 9455 West Watertown Plank Road
 Conference Room 1045

A G E N D A

SCHEDULED ITEMS:

1.	Welcome. (Chairwoman Perez)
2.	Mental Health Board Finance Committee Professional Services Contracts Recommendation. (Jennifer Bergersen, Behavioral Health Division/Recommendation Item) <ul style="list-style-type: none"> • 2020 Contract <ul style="list-style-type: none"> ➤ Critical Management Solutions ➤ Barrins Consulting and Associates ➤ Kane Communications ➤ Evaluation Research Services ➤ Perceptivity, LLC
3.	Mental Health Board Finance Committee Purchase-of-Service Contracts Recommendation. (Amy Lorenz and Brian McBride, Behavioral Health Division/Recommendation Item)
4.	Mental Health Board Finance Committee Fee-for-Service Agreements Recommendation. (Amy Lorenz and Brian McBride, Behavioral Health Division/Recommendation Item)
5.	2020 1% Cost of Living Adjustment (COLA). (Matt Fortman, Department of Health and Human Services/Recommendation Item)
6.	Corporation Counsel Report on Behavioral Health Division Cross Charges. (Anne Kearney, Office of Corporation Counsel/Informational)
7.	September 2019 Financial Reporting Package. (Matt Fortman, Department of Health and Human Services/Informational)

SCHEDULED ITEMS (CONTINUED):

8.	2019 Third Quarter Dashboard. (Matt Fortman, Department of Health and Human Services/Informational)
9.	State Budget Crisis Services Reimbursement Update. (Matt Fortman, Department of Health and Human Services/Informational)
10.	Quarterly Fund Transfers. (Matt Fortman, Department of Health and Human Services/Informational)
11.	Quarterly Update and Reserve Analysis Overview. (Matt Fortman, Department of Health and Human Services/Informational)
12.	2021 Budget Timeline and Schedule. (Matt Fortman, Department of Health and Human Services/Informational)
13.	Budget Amendment Policy and 2021 Budget Amendment Process. (Matt Fortman, Department of Health and Human Services/Recommendation Item)
14.	Mental Health Board Finance Committee 2020 Meeting Schedule. (Informational)
15.	Adjournment.
<p>The next meeting of the Milwaukee County Mental Health Board Finance Committee is Thursday, February 27, 2020, at 8:00 a.m. at a the Milwaukee County Zoo Peck Welcome Center</p> <p>Visit the Milwaukee County Mental Health Board Web Page at:</p> <p>https://county.milwaukee.gov/EN/DHHS/About/Governance#MCMHBrecords</p>	
<p><i>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.</i></p>	

Finance Committee Item 7

	2019 Budget				2019 Annual Projection				2019 Projected Surplus/(Deficit)			
	Hospital	Community Services	Mgmt/ Ops/Fiscal	Total BHD	Hospital	Community Services	Mgmt/ Ops/Fiscal	Total BHD	Hospital	Community Services	Mgmt/ Ops/Fiscal	Total BHD
Revenue												
BCA	7,700,026	14,636,560	-	22,336,586	7,700,026	14,636,560	-	22,336,586	-	-	-	-
State & Federal	-	19,063,511	-	19,063,511	-	20,916,612	-	20,916,612	-	1,853,101	-	1,853,101
Patient Revenue	18,024,127	88,158,927	50,000	106,233,054	19,419,885	90,053,500	65,416	109,538,801	1,395,758	1,894,573	15,416	3,305,747
Other	-	1,778,578	252,997	2,031,575	75,166	1,480,383	241,386	1,796,935	75,166	(298,195)	(11,611)	(234,640)
Sub-Total Revenue	25,724,153	123,637,576	302,997	149,664,726	27,195,077	127,087,055	306,802	154,588,934	1,470,924	3,449,479	3,805	4,924,208
Expense												
Salary	15,687,788	9,753,376	7,123,421	32,564,585	15,040,025	8,361,380	6,819,753	30,221,158	647,763	1,391,996	303,668	2,343,427
Overtime	477,048	3,144	137,808	618,000	2,365,026	177,950	203,664	2,746,640	(1,887,978)	(174,806)	(65,856)	(2,128,640)
Fringe	16,637,914	11,033,540	8,740,132	36,411,586	16,868,871	10,944,443	10,767,210	38,580,524	(230,957)	89,097	(2,027,078)	(2,168,938)
Services/Commodities	3,235,560	1,285,080	8,851,474	13,372,114	3,122,043	1,243,556	8,787,741	13,153,340	113,517	41,524	63,733	218,774
Other Charges/Vendor	2,500,000	120,890,849	-	123,390,849	3,655,856	124,970,416	(0)	128,626,272	(1,155,856)	(4,079,567)	0	(5,235,423)
Capital	-	-	200,000	200,000	-	2,405	140,180	142,585	-	(2,405)	59,820	57,415
Cross Charges	16,492,614	18,262,978	7,250,060	42,005,652	15,800,681	19,801,671	7,235,099	42,837,450	691,933	(1,538,693)	14,961	(831,798)
Abatements	-	(6,347,467)	(32,769,727)	(39,117,194)	-	(5,026,778)	(33,646,845)	(38,673,623)	-	(1,320,689)	877,118	(443,571)
Total Expense	55,030,924	154,881,500	(466,832)	209,445,592	56,852,502	160,475,042	306,802	217,634,346	(1,821,578)	(5,593,542)	(773,634)	(8,188,754)
Tax Levy	29,306,771	31,243,924	(769,829)	59,780,866	29,657,425	33,387,987	0	63,045,412	(350,654)	(2,144,063)	(769,829)	(3,264,546)

Hospital includes Adult Inpatient, Child and Adolescent Inpatient and Crisis ER/Observation.

Mgmt/Ops/Fiscal includes administrative functions includes all support functions such as: management, quality, contracts, legal, dietary, fiscal, admissions, medical records and facilities.
 The projected cost of these functions which is allocated out to the BHD programs is: **\$ 33,646,845**

Community includes Wraparound, AODA and Community Mental Health.

Community Mental Health includes major programs: TCM, CCS, CSP and CRS in addition to CBRF, CCC, IOP, Day Treatment, Community Administrative functions and Community Crisis programs including Mobile Teams, Access Clinic and contracted crisis services.

Behavioral Health Division

CARSD

Q3 2019 - 2019 Annual Projection

	2019 Budget				2019 Annual Projection				2019 Projected Surplus/(Deficit)			
	AODA	Mental Health	WRAP	Total CARSD	AODA	Mental Health	WRAP	Total CARSD	AODA	Mental Health	WRAP	Total CARSD
Revenue												
BCA	2,333,731	12,302,829	-	14,636,560	2,333,731	12,302,829	-	14,636,560	-	-	-	-
State & Federal	8,666,005	9,182,506	1,215,000	19,063,511	9,700,802	8,895,482	2,320,329	20,916,612	1,034,797	(287,024)	1,105,329	1,853,101
Patient Revenue	-	34,062,299	54,096,628	88,158,927	0	36,770,444	53,283,056	90,053,500	-	2,708,145	(813,572)	1,894,573
Other	550,000	1,138,578	90,000	1,778,578	489,112	839,093	152,178	1,480,383	(60,888)	(299,485)	62,178	(298,195)
Sub-Total Revenue	11,549,736	56,686,212	55,401,628	123,637,576	12,523,645	58,807,848	55,755,562	127,087,055	973,909	2,121,636	353,934	3,449,479
Expense												
Salary	66,610	6,659,680	3,027,086	9,753,376	70,415	5,667,397	2,623,568	8,361,380	(3,805)	992,283	403,518	1,391,996
Overtime	-	-	3,144	3,144	0	144,886	33,064	177,950	-	(144,886)	(29,920)	(174,806)
Fringe	76,567	7,670,360	3,286,613	11,033,540	76,854	7,605,631	3,261,959	10,944,443	(287)	64,729	24,654	89,097
Services/Commodities	251,136	931,559	102,385	1,285,080	42,817	546,587	654,152	1,243,556	208,319	384,972	(551,767)	41,524
Other Charges/Vendor	13,877,854	58,081,638	48,931,357	120,890,849	14,758,746	60,912,729	49,298,942	124,970,416	(880,892)	(2,831,091)	(367,585)	(4,079,567)
Capital	-	-	-	-	0	-	2,405	2,405	-	-	(2,405)	(2,405)
Cross Charges	1,346,033	10,637,606	6,279,339	18,262,978	1,225,739	11,423,453	7,152,479	19,801,671	120,294	(785,847)	(873,140)	(1,538,693)
Abatements	-	-	(6,347,467)	(6,347,467)	-	-	(5,026,778)	(5,026,778)	-	-	(1,320,689)	(1,320,689)
Total Expense	15,618,200	83,980,843	55,282,457	154,881,500	16,174,570	86,300,682	57,999,790	160,475,042	(556,370)	(2,319,839)	(2,717,333)	(5,593,542)
Tax Levy	4,068,464	27,294,631	(119,171)	31,243,924	3,650,925	27,492,834	2,244,228	33,387,987	417,539	(198,203)	(2,363,399)	(2,144,063)

(2,019,385) 3,359,636 2,747,963 4,088,213

Community Mental Health includes the following major programs: TCM, CCS, CSP and CRS in addition to CBRF, CCC, IOP, Day Treatment, Community Administrative functions,

Behavioral Health Division

Inpatient - Hospital

Q3 2019 - 2019 Annual Projection

	2019 Budget				2019 Annual Projection				2019 Projected Surplus/(Deficit)			
	Adult	CAIS	Crisis ER/Obs	Total Inpatient	Adult	CAIS	Crisis ER/Obs	Total Inpatient	Adult	CAIS	Crisis ER/Obs	Total Inpatient
Revenue												
BCA	-	-	7,700,026	7,700,026	-	-	7,700,026	7,700,026	-	-	-	-
State & Federal	-	-	-	-	-	-	-	-	-	-	-	-
Patient Revenue	12,744,737	3,743,875	1,535,515	18,024,127	14,505,323	3,559,420	1,355,142	19,419,885	1,760,586	(184,455)	(180,373)	1,395,758
Other	-	-	-	-	-	75,166	-	75,166	-	75,166	-	75,166
Sub-Total Revenue	12,744,737	3,743,875	9,235,541	25,724,153	14,505,323	3,634,585	9,055,168	27,195,077	1,760,586	(109,290)	(180,373)	1,470,924
Expense												
Salary	7,682,112	2,094,748	5,910,928	15,687,788	7,099,018	1,940,119	6,000,887	15,040,025	583,094	154,629	(89,959)	647,763
Overtime	255,480	41,544	180,024	477,048	1,309,867	107,182	947,977	2,365,026	(1,054,387)	(65,638)	(767,953)	(1,887,978)
Fringe	9,329,565	2,102,720	5,205,629	16,637,914	9,436,013	2,115,926	5,316,932	16,868,871	(106,448)	(13,206)	(111,303)	(230,957)
Services/Commodities	2,461,140	260,743	513,677	3,235,560	2,475,040	239,576	407,427	3,122,043	(13,900)	21,167	106,250	113,517
Other Charges/Vendor	2,500,000	-	-	2,500,000	3,655,856	-	-	3,655,856	(1,155,856)	-	-	(1,155,856)
Capital	-	-	-	-	-	-	-	-	-	-	-	-
Cross Charges	8,231,066	2,726,474	5,535,074	16,492,614	8,318,263	2,680,524	4,801,895	15,800,681	(87,197)	45,950	733,179	691,933
Abatements	-	-	-	-	-	-	-	-	-	-	-	-
Total Expense	30,459,363	7,226,229	17,345,332	55,030,924	32,294,056	7,083,327	17,475,119	56,852,502	(1,834,693)	142,902	(129,787)	(1,821,578)
Tax Levy	17,714,626	3,482,354	8,109,791	29,306,771	17,788,733	3,448,741	8,419,951	29,657,425	(74,107)	33,613	(310,160)	(350,654)

281,309 (1,212,418) (955,714) (1,886,823)

Behavioral Health Division
Management/Operations/Fiscal
Q3 2019 - 2019 Annual Projection

	2019 Budget	2019 Annual Projection	2019 Projected Surplus/(Deficit)
Revenue			
BCA	-	-	-
State & Federal	-	-	-
Patient Revenue	50,000	65,416	15,416
Other	252,997	241,386	(11,611)
Sub-Total Revenue	302,997	306,802	3,805
Expense			
Salary	7,123,421	6,819,753	303,668
Overtime	137,808	203,664	(65,856)
Fringe	8,740,132	10,767,210	(2,027,078)
Services/Commodities	8,851,474	8,787,741	63,733
Other Charges/Vendor	-	(0)	0
Capital	200,000	140,180	59,820
Cross Charges	7,250,060	7,235,099	14,961
Abatements	(32,769,727)	(33,646,845)	877,118
Total Expense	(466,832)	306,802	(773,634)
Tax Levy	(769,829)	0	(769,829)

County targeted reduction of BHD levy

Finance Committee Item 8

BEHAVIORAL HEALTH DIVISION

DASHBOARD REPORT

Q3 2019

Table of Contents

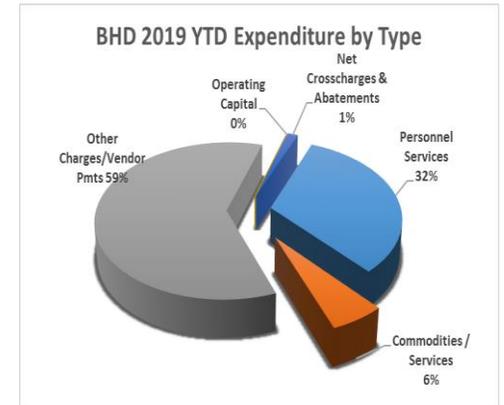
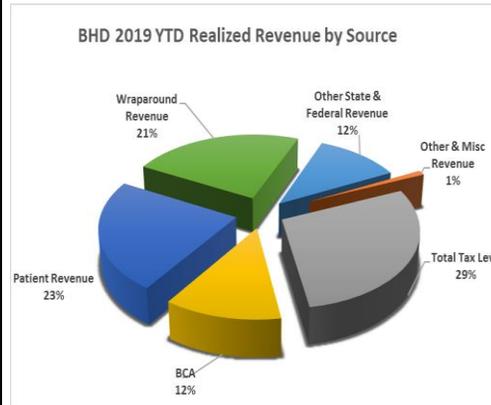
PAGE 2	Table of Contents
PAGE 3	BHD Combined
PAGE 4	Acute Adult Inpatient
PAGE 5	Child and Adolescent Inpatient (CAIS)
PAGE 6	Psychiatric Crisis Services
PAGE 7	AODA
PAGE 8	Wraparound
PAGE 9	TCM (Targeted Case Management)
PAGE 10	CCS (Comprehensive Community Services)
PAGE 11	CSP (Community Support Program)

BHD COMBINED DASHBOARD

3rd Quarter September 2019

	Actual Sept YTD	2019 Annual Projection		
		Projection	Budget	Variance
Revenue	118,237,893	154,588,934	149,664,726	4,924,208
Expense				
Personnel	53,823,729	71,548,321	69,594,171	(1,954,150)
Svcs/Commodities	9,618,914	13,153,340	13,372,114	218,774
Other Chgs/Vendor	100,257,202	128,626,272	123,390,849	(5,235,423)
Capital	2,004	142,585	200,000	57,415
Cross Charges	29,184,188	42,837,450	42,005,652	(831,798)
Abatements	(26,716,996)	(38,673,623)	(39,117,194)	(443,571)
Total Expense	166,169,041	217,634,345	209,445,592	(8,188,753)
Tax Levy	47,931,148	63,045,412	59,780,866	(3,264,546)
Wraparound		2,244,228	(119,171)	(2,363,399)
BHD Excluding Wraparound		60,801,184	59,900,037	(901,147)

2019 Year To Date Revenues & Expenses by Percentage



Note: "Other Charges" in Expenditures include all Provider Payments - Fee For Service, Purchase of Service and other contracted services.

Financial Highlights

- Adult Inpatient revenue surplus offset by increased costs
- State Institutions (\$1.2m) deficit
- CCS growth on target for 2020 goals
- Wraparound deficit primarily due to decrease in capitation rate

2019 Budget Initiatives

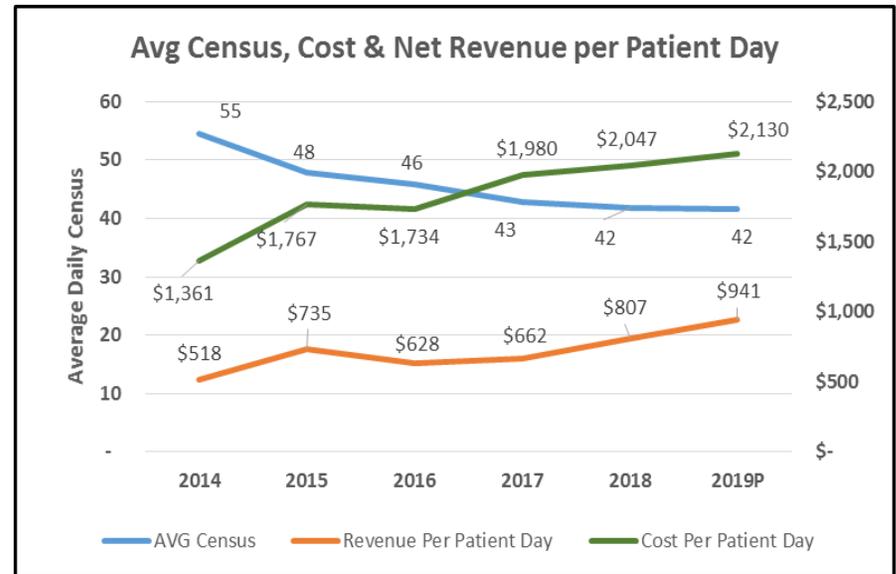
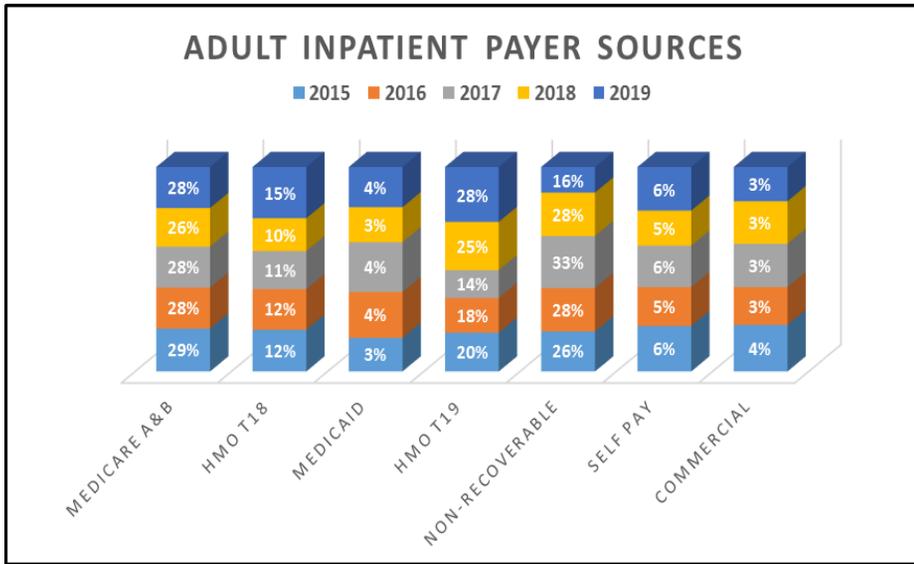
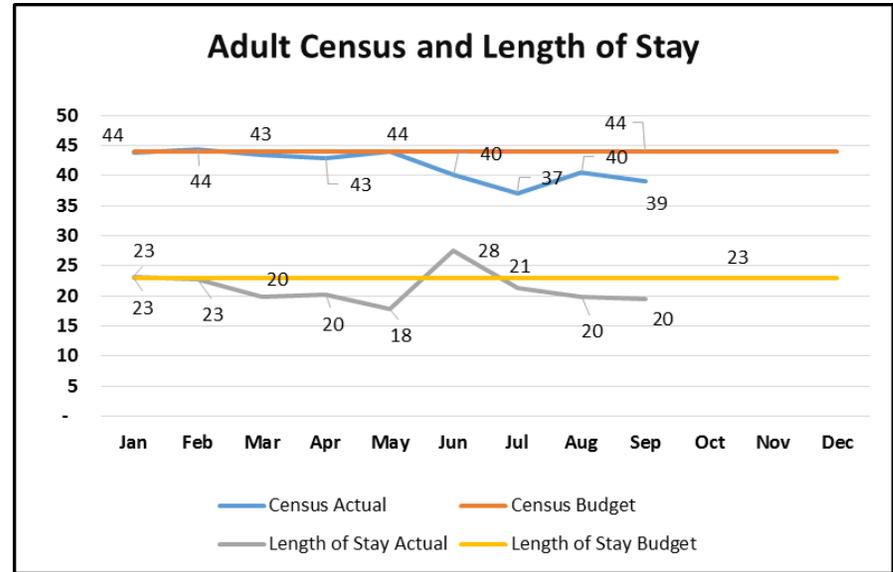
Initiative	Status
FQHC Partnership	➡ In progress
CCS Expansion	⬆ Enrollment increase on track
Outpatient Plus	➡ Anticipated go-live early 2020
RSC Increase	➡ Anticipating surplus due to adjusted reimbursement model

Complete ⬆ Not Done ⬇ Progressing ➡

ACUTE ADULT INPATIENT DASHBOARD

3rd Quarter September 2019

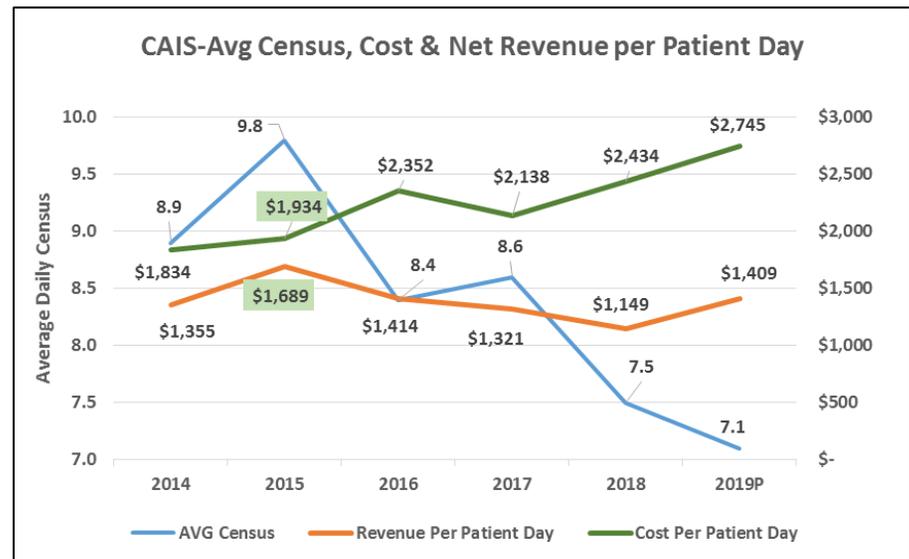
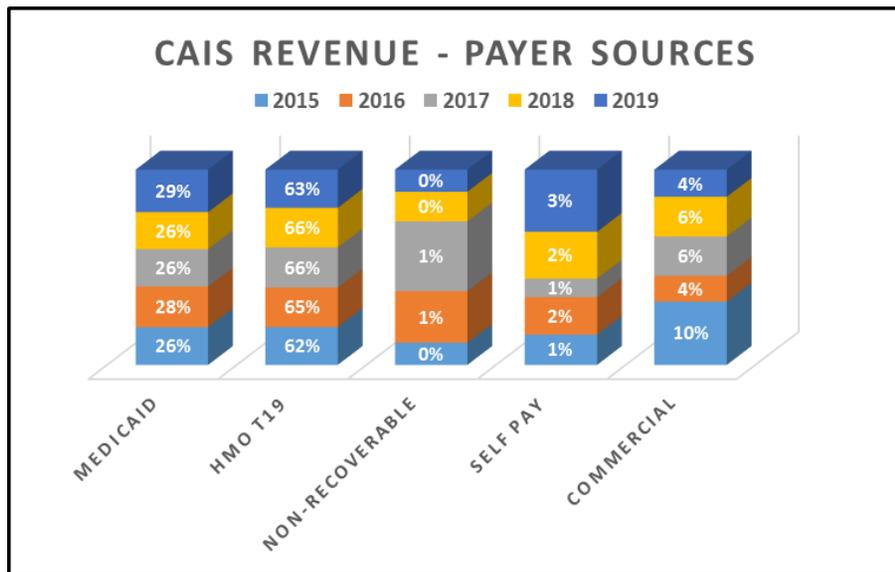
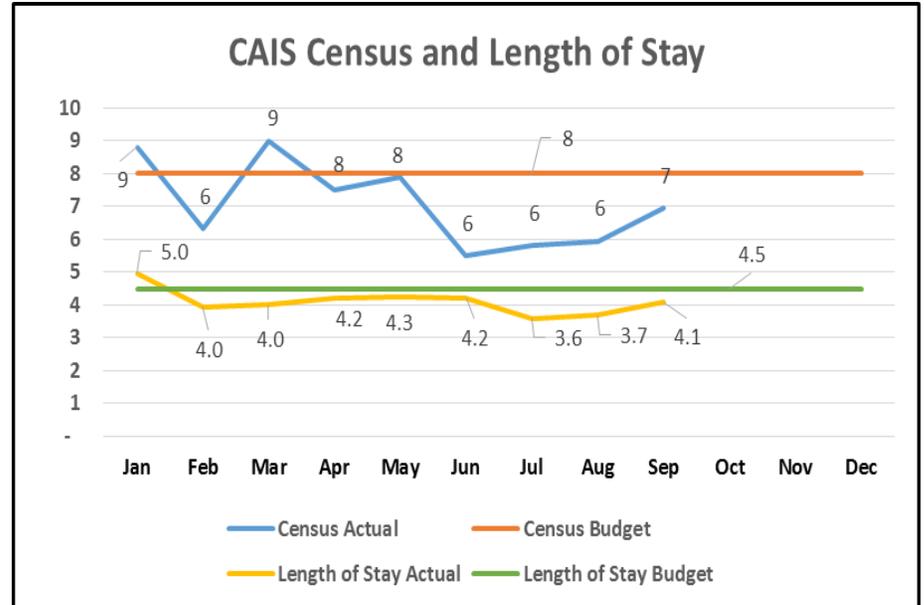
	Actual Sept YTD	2019 Annual Projection		
		Projection	Budget	Variance
Revenue	11,848,644	14,505,323	12,744,737	1,760,586
Expense				
Personnel	13,519,992	17,844,898	17,267,157	(577,741)
Svcs/Commodities	1,929,202	2,475,040	2,461,140	(13,900)
Other Chgs/Vendor	2,665,241	3,655,856	2,500,000	(1,155,856)
Capital	-	-	-	-
Cross Charges	5,694,025	8,318,263	8,231,066	(87,197)
Abatements	-	-	-	-
Total Expense	23,808,460	32,294,057	30,459,363	(1,834,694)
Tax Levy	11,959,816	17,788,734	17,714,626	(74,108)



CAIS (Child & Adolescent Inpatient) DASHBOARD

3rd Quarter September 2019

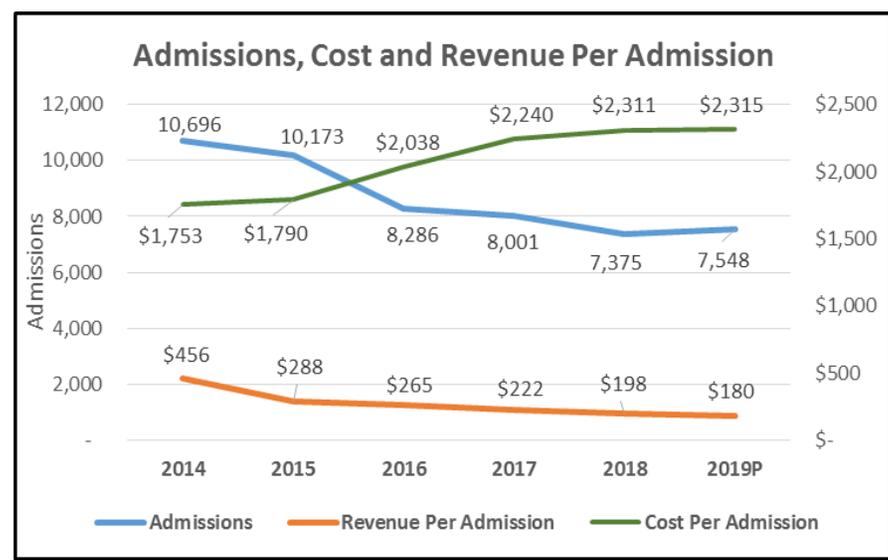
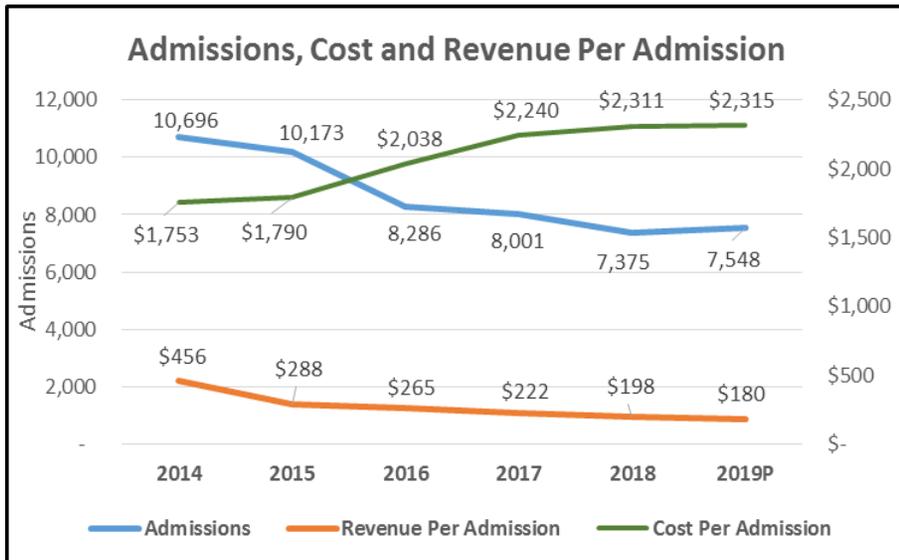
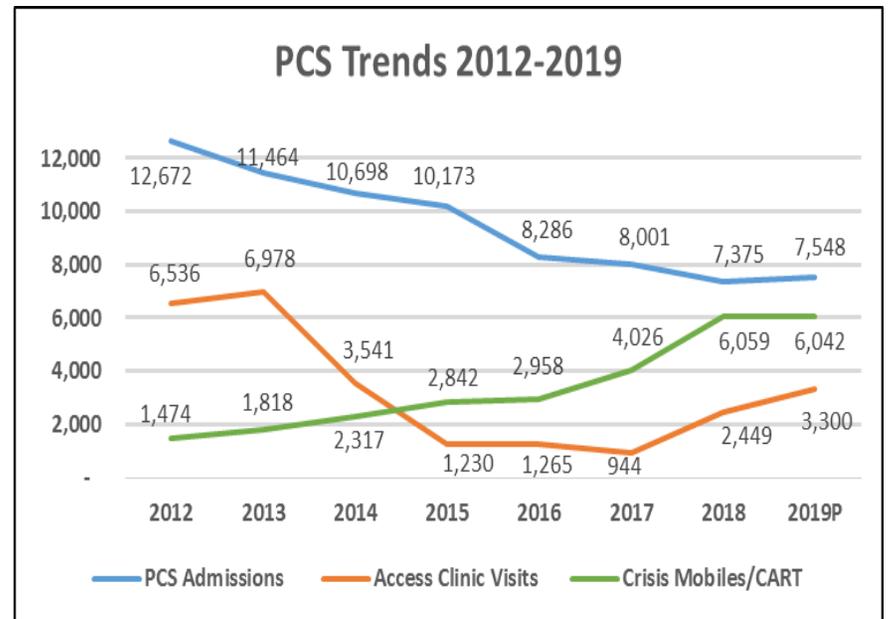
	Actual Sept YTD	2019 Annual Projection		
		Projection	Budget	Variance
Revenue	3,028,821	3,634,585	3,743,875	(109,290)
Expense				
Personnel	3,554,256	4,163,227	4,239,012	75,785
Svcs/Commodities	192,030	239,576	260,743	21,167
Other Chgs/Vendor	-	-	-	-
Capital	-	-	-	-
Cross Charges	1,831,399	2,680,524	2,726,474	45,950
Abatements	-	-	-	-
Total Expense	5,577,685	7,083,327	7,226,229	142,902
Tax Levy	2,548,864	3,448,742	3,482,354	33,612



PCS - ER and Observation DASHBOARD

3rd Quarter September 2019

	Actual Sept YTD	2019 Annual Projection		
		Projection	Budget	Variance
Revenue	8,059,310	9,055,168	9,235,541	(180,373)
Expense				
Personnel	10,353,319	12,265,797	11,296,581	(969,216)
Svcs/Commodities	334,973	407,427	513,677	106,250
Other Chgs/Vendor	-	-	-	-
Capital	-	-	-	-
Cross Charges	3,288,294	4,801,895	5,535,074	733,179
Abatements	-	-	-	-
Total Expense	13,976,586	17,475,119	17,345,332	(129,787)
Tax Levy	5,917,276	8,419,951	8,109,791	(310,160)

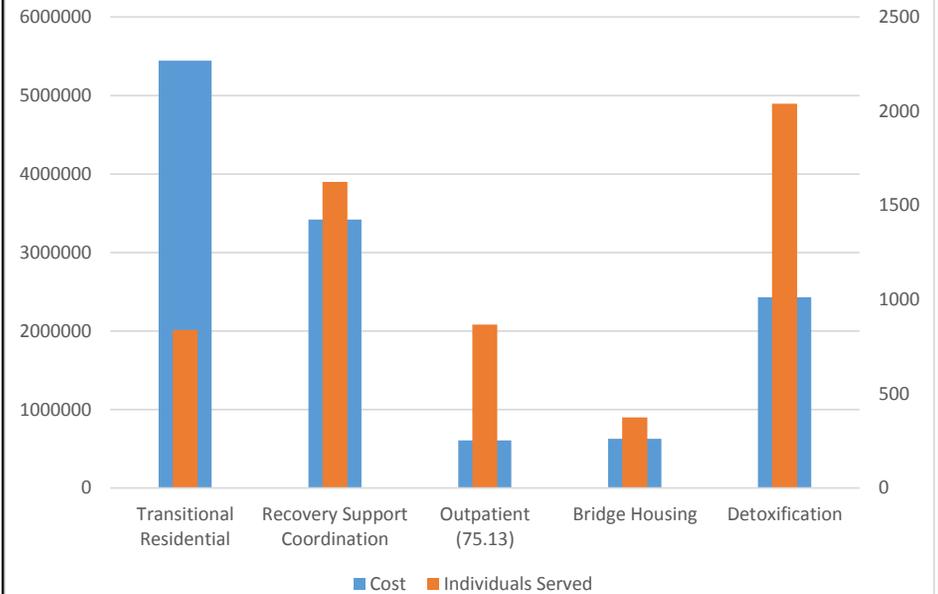


AODA DASHBOARD

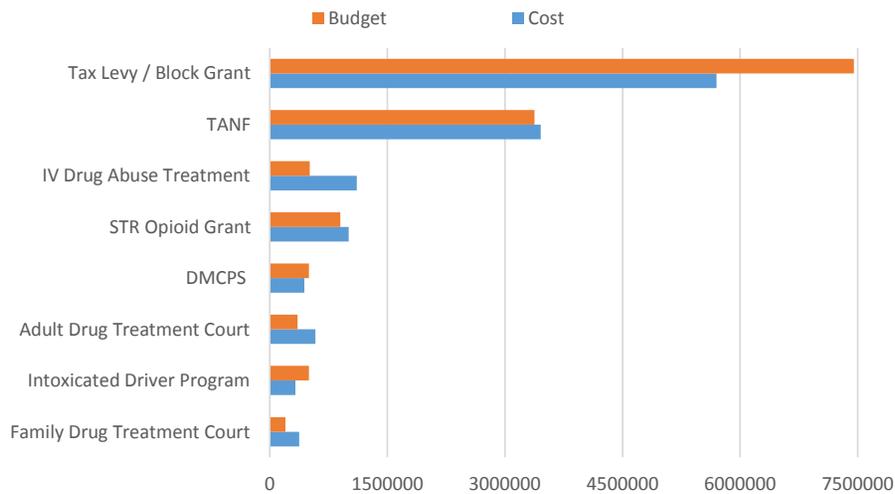
3rd Quarter September 2019

	Actual Sept YTD	2019 Annual Projection		
		Projection	Budget	Variance
Revenue	10,584,992	12,523,645	11,549,736	973,909
Expense				
Personnel	124,742	147,269	143,177	(4,092)
Svcs/Commodities	35,680	42,817	251,136	208,319
Other Chgs/Vendor	11,569,316	14,758,746	13,877,854	(880,892)
Capital	-	-	-	-
Cross Charges	836,296	1,225,739	1,346,033	120,294
Abatements	-	-	-	-
Total Expense	12,566,034	16,174,571	15,618,200	(556,371)
Tax Levy	1,981,042	3,650,926	4,068,464	417,538

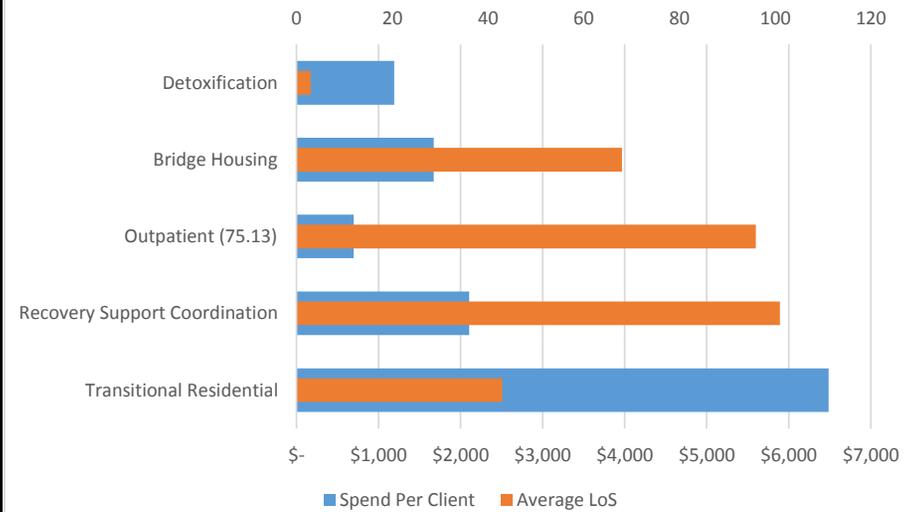
Spending & Clients Served by Program



AODA Revenue



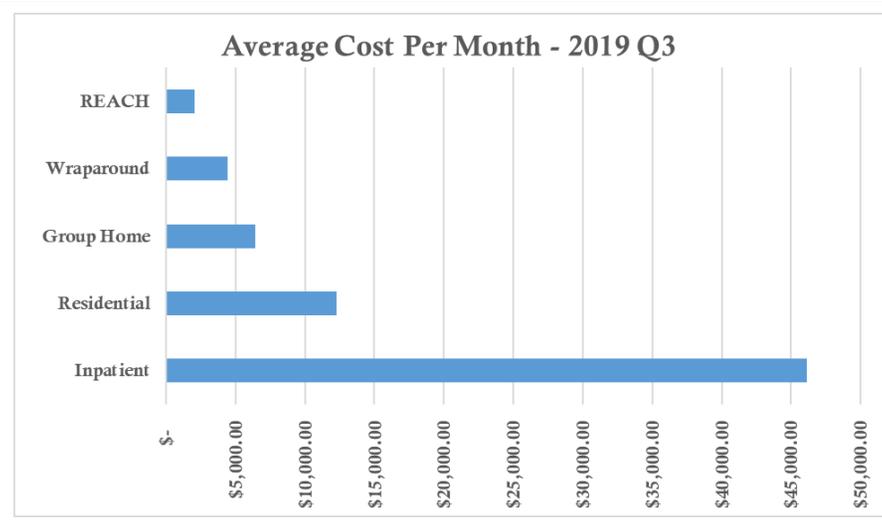
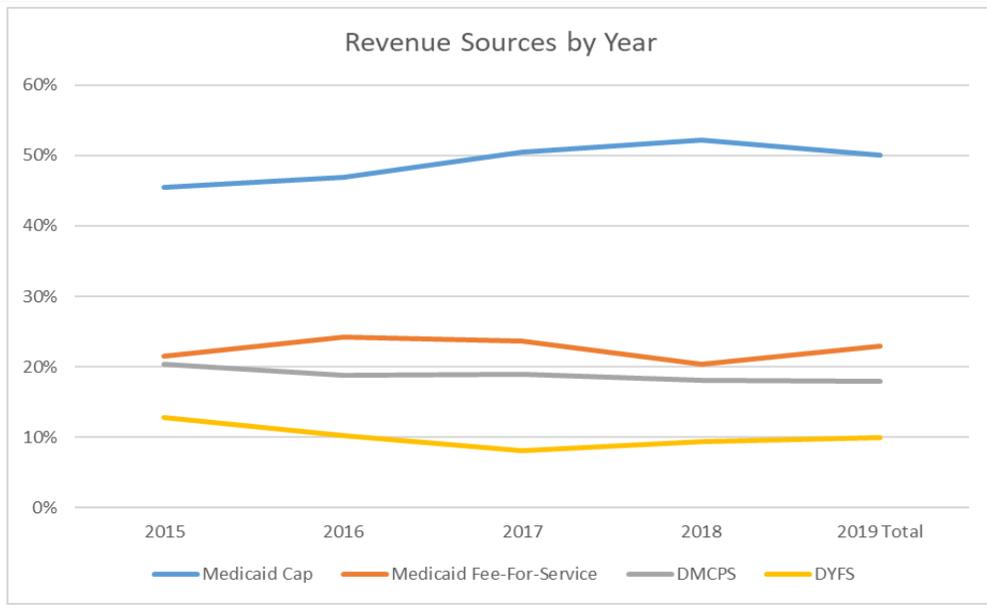
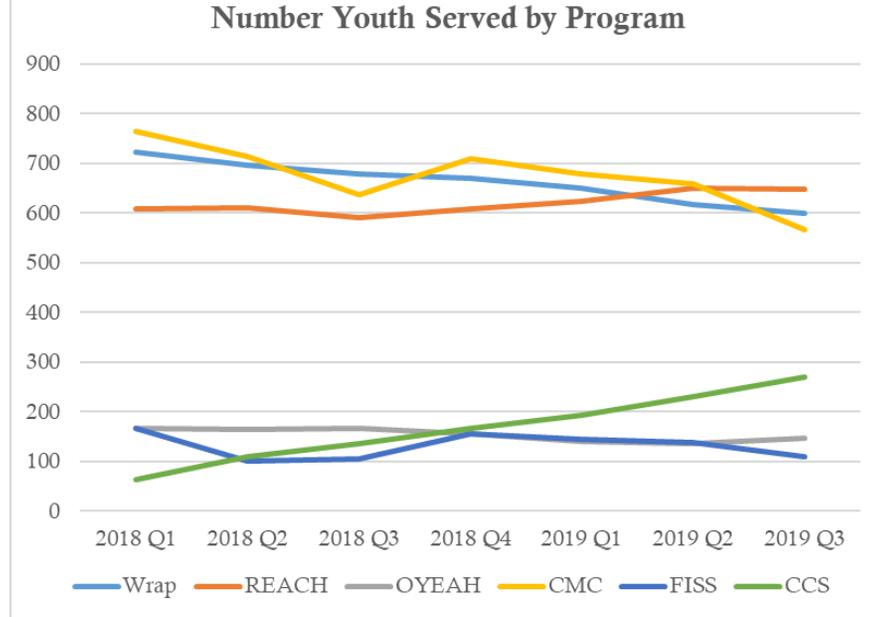
Spend per Client & Length of Stay



WRAPAROUND DASHBOARD

3rd Quarter September 2019

	Actual Sept YTD	2019 Annual Projection		
		Projection	Budget	Variance
Revenue	40,139,956	55,755,562	55,401,628	353,934
Expense				
Personnel	4,336,002	5,918,590	6,316,843	398,253
Svcs/Commodities	491,537	654,152	102,385	(551,767)
Other Chgs/Vendor	37,162,345	49,298,942	48,931,357	(367,585)
Capital	2,004	2,405		(2,405)
Cross Charges	4,912,272	7,152,479	6,279,339	(873,140)
Abatements	(3,766,746)	(5,026,778)	(6,347,467)	(1,320,689)
Total Expense	43,137,414	57,999,790	55,282,457	(2,717,333)
Tax Levy	2,997,458	2,244,228	(119,171)	(2,363,399)



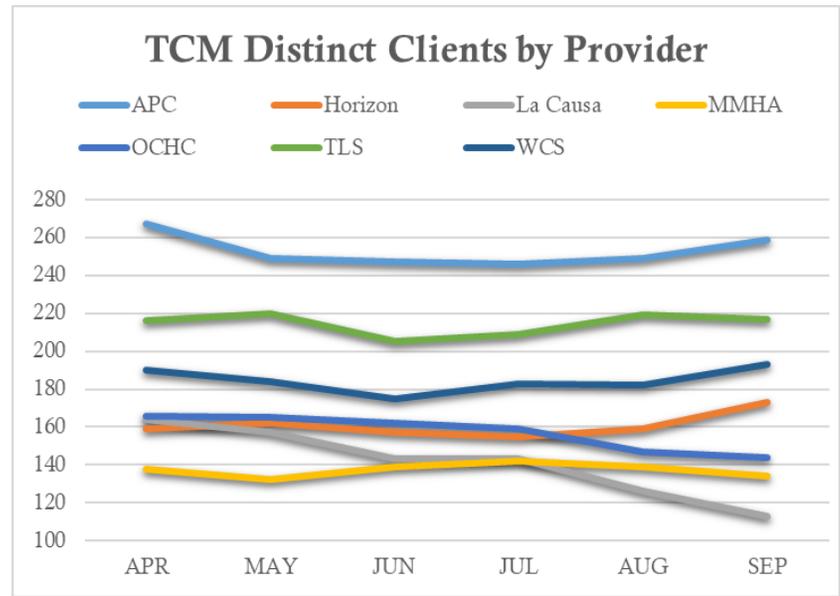
*** Inpatient services are clients in CAIS
 *** Wraparound and REACH services are outpatient services

TCM (Targeted Case Management) DASHBOARD

3rd Quarter September 2019

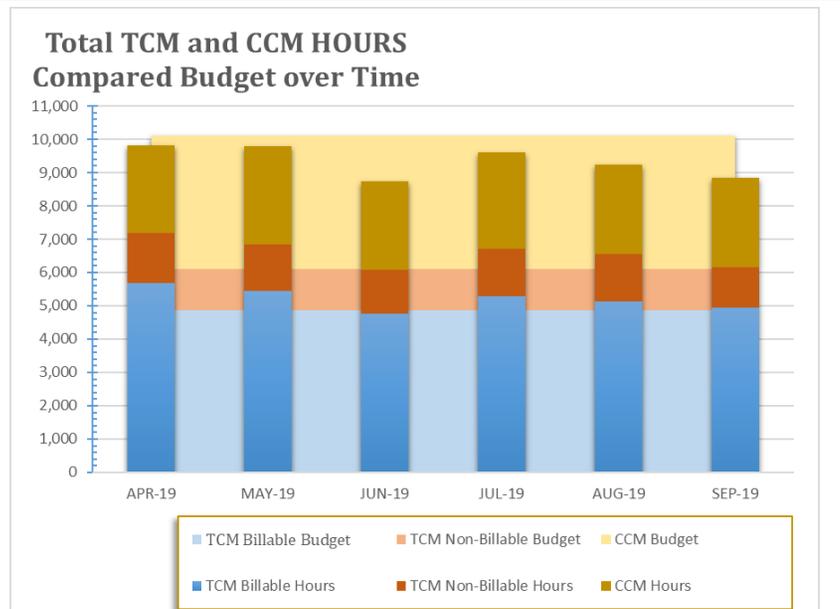
	Actual Sept YTD	2019 Annual Projection		
		Projection	Budget	Variance
Revenue	1,874,412	3,297,897	3,553,778	(255,881)
Expense				
Personnel	208,192	281,010	266,775	(14,235)
Svcs/Commodities	-	6,659	6,659	-
Other Chgs/Vendor	4,711,546	5,657,455	6,452,933	795,478
Capital	-	-	-	-
Cross Charges	362,342	531,448	606,194	74,746
Abatements	-	-	-	-
Total Expense	5,282,080	6,476,572	7,332,561	855,989
Tax Levy	3,407,668	3,178,675	3,778,783	600,108

Average Enrollment	1,265	1,250	1,610
--------------------	-------	-------	-------



	2019 Q3			2019 YTD		
	Billable	Non-billable	% Non-billable	Billable	Non-billable	% Non-billable
APC	13,629	5,569	29%	42,360	15,666	27%
Horizon	8,666	1,509	15%	24,584	6,062	20%
La Causa	6,207	1,021	14%	21,862	4,503	17%
MMHA	8,127	3,422	30%	22,634	8,776	28%
OCHC	6,428	793	11%	22,924	2,523	10%
Whole Health	9,312	1,284	12%	28,927	5,049	15%
WCS	9,005	2,636	23%	26,013	9,019	26%
Total	61,373	16,234	21%	189,304	51,598	21%

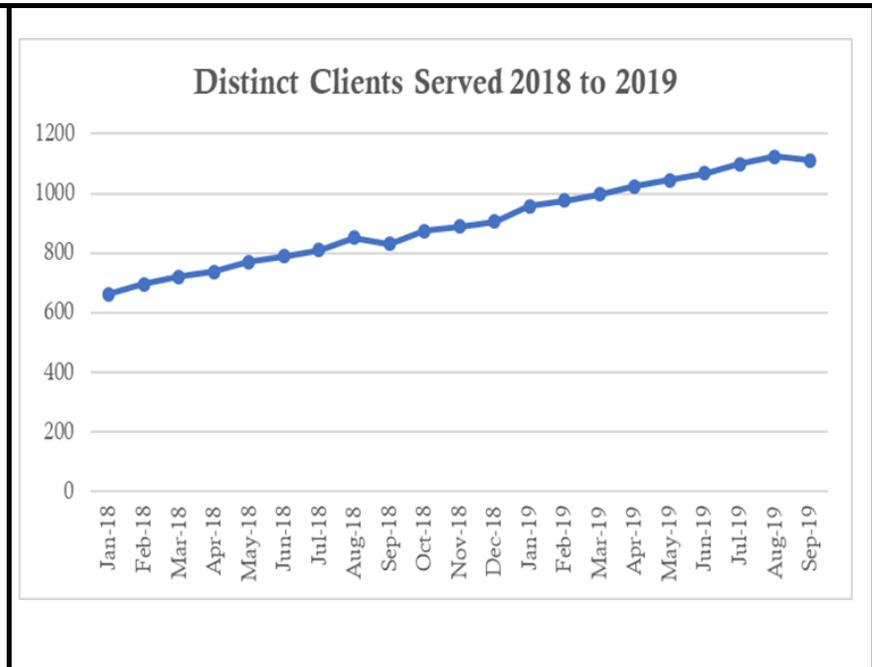
*** Non-billable services are paid to Providers, but not billable to Medicaid



CCS (Comprehensive Community Services) DASHBOARD

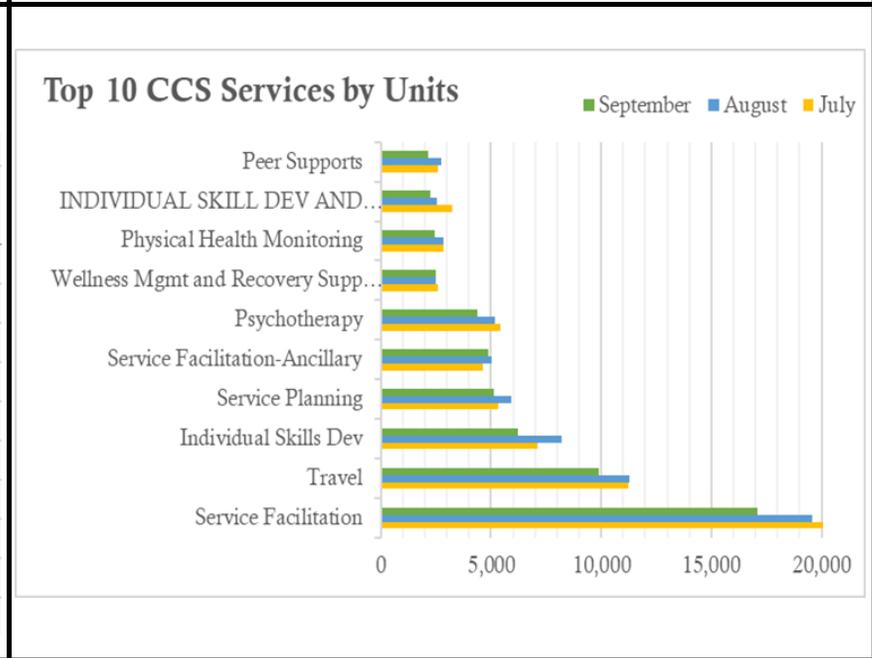
3rd Quarter September 2019

	Actual Sept YTD	2019 Annual Projection		
		Projection	Budget	Variance
Revenue	15,961,100	22,003,096	17,160,888	4,842,208
Expense				
Personnel	595,407	788,028	803,834	15,806
Svcs/Commodities	1,378	1,654	-	(1,654)
Other Chgs/Vendor	16,132,290	20,311,049	16,692,513	(3,618,536)
Capital	-	-	-	-
Cross Charges	1,189,780	1,743,225	1,740,491	(2,734)
Abatements	-	-	-	-
Total Expense	17,918,855	22,843,956	19,236,838	(3,607,118)
Tax Levy	1,957,755	840,860	2,075,950	1,235,090
Average Enrollment	1,044	1,070	1,100	



Number of Billable to Nonbillable Units - Top 10 Providers

	2019 Q3 Totals			2019 YTD Totals		
	Billable	Non-Billable	% Non-Billable	Billable	Non-Billable	% Non-Billable
WHCG	25421	316	1.2%	71,488	870	1.2%
APC	21792	281	1.3%	66,805	1,259	1.9%
Guest House	21514	392	1.8%	67,703	666	1.0%
JusticePoint	20869	276	1.3%	65,362	854	1.3%
Bell Therapy	13982	46	0.3%	41,751	301	0.7%
Summit	13576		0.0%	38,794		0.0%
Project Access	12570	184	1.5%	28,898	771	2.7%
OCHC	9547	152	1.6%	25,080	396	1.6%
MMHA	8669	117	1.3%	21,034	190	0.9%
WCS	7961	280	3.5%	18831	306	1.6%

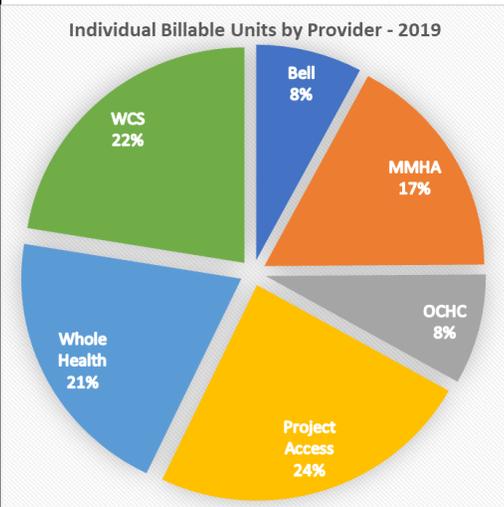
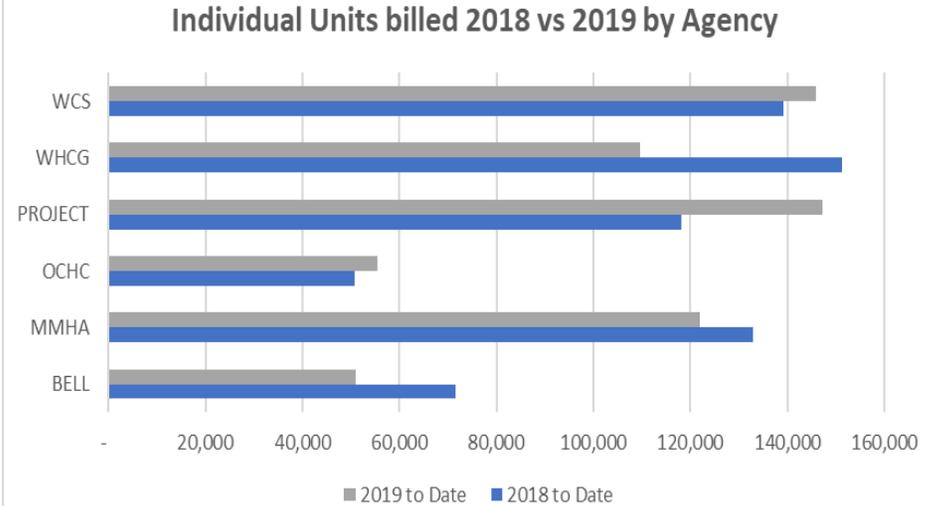


CSP (Community Support Program) DASHBOARD

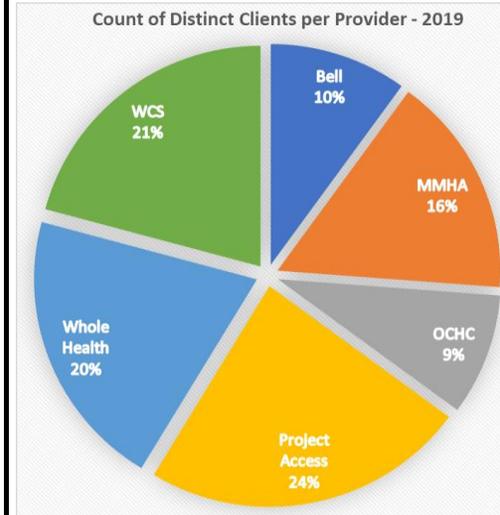
3rd Quarter September 2019

	Actual Sept YTD	2019 Annual Projection		
		Projection	Budget	Variance
Revenue	4,606,135	7,426,442	9,095,234	(1,668,792)
Expense				
Personnel	251,849	296,548	287,220	(9,328)
Svcs/Commodities	931	1,118	-	(1,118)
Other Chgs/Vendor	11,980,230	14,184,947	14,966,091	781,144
Capital	-	-	-	-
Cross Charges	946,641	1,387,306	1,316,108	(71,198)
Abatements	-	-	-	-
Total Expense	13,179,651	15,869,919	16,569,419	699,500
Tax Levy	8,573,516	8,443,477	7,474,185	(969,292)

Average Enrollment	1,292	1,292	1,267
--------------------	-------	-------	-------



Agency	September	YTD Total
Bell	5,982	51,076
MMHA	12,799	121,897
OCHC	6,262	55,339
Project Access	19,883	147,335
Whole Health	10,741	109,722
WCS	15,043	146,020
Grand Total	70,710	631,389



Agency	September	YTD Ave per Month
Bell	138	134
MMHA	217	214
OCHC	115	118
Project Access	295	297
Whole Health	244	253
WCS	274	274
Grand Total	1,283	1,291

Finance Committee Item 9

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: November 15, 2019

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

FROM: Mary Jo Meyers, 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,
Providing an Informational Update Detailing Reimbursement for Crisis
Intervention Services Included in the 2019-2021 State of Wisconsin Budget

Issue

The 2019-2021 Biennial State Budget includes a provision allowing the Department of Health Services (DHS) to reimburse counties for crisis intervention services provided to Medical Assistance Recipients. On October 21, 2019, DHS staff held a meeting and outlined the following recommendations for the crisis services expansion:

- **Recommendation 1**

- Calculate counties' contribution amounts using counties' full cost of providing crisis services in previous years and pay counties GPR on the remaining portion of the non-federal share of interim and WIMCR cost settlement payments

	FED Share	Non-FED Share
Cost Settlements	Counties receive about 83%	Counties' contribution and State's share
Interim Payments	Counties receive 100%	

- As originally proposed, GPR payments would have been made only on interim payments

- **Recommendation 2**

- Determine counties' contribution amount using the average of counties' crisis intervention service costs from calendar years 2016, 2017, and 2018
- This methodology reflects language in the legislature's version of the biennial budget; the Governor's partial veto gave DHS flexibility as to which year(s) to use

- **Recommendation 3**
 - Freeze counties' contribution amount at the amount calculated for calendar year 2020
 - That is, for calendar years 2021 and beyond, counties' contribution will remain the same as calculated for 2020

- **Recommendation 4**
 - Make GPR reimbursements to counties' as they submit claims for crisis intervention services equal to 25 percent of the non-federal share and make an additional GPR reimbursement, if necessary, at the time of cost settlement

- **Recommendation 5**
 - Construct regionalization criteria to give counties flexible options for being deemed to be operating on a regional basis

Medicaid-funded Crisis Intervention Services Provider Requirements	
Existing	DHS 34, Sub. III certified
Existing	Medicaid Certified
Regionalization Criteria	One of the following: 1) Participation in Regional 24/7 Crisis Call Center 2) Shared Services: may include stabilization services, staffing, training, EHRs, etc. 3) § 51.42 Multi-county program 4) Single County region under CCS

Analysis

Milwaukee County estimates **Recommendation 4** will create a savings of \$1,000,000 in local funding for FY 2020 and annually thereafter. Assuming these recommendations are approved and implemented, Behavioral Health Division administration recommends reinvesting these funds into crisis service enhancements and expansion.

Additional reimbursement for crisis service expansion beyond the 2016, 2017, and 2018 baseline will be funded through the Wisconsin Medicaid Cost Reporting (WIMCR) cost settlement process in the following fiscal year.

It should be noted this reimbursement mechanism only funds crisis service costs related to Medicaid-eligible individuals. Milwaukee County will need to continue to use local funding for crisis services provided to individuals not enrolled in Medicaid. For context, approximately 30% of Adult Mobile Team encounters are provided to individuals not enrolled in Medicaid.

Recommendation

This report is for informational purposes only.



Mary Jo Meyers, Director
Department of Health and Human Services

cc: Maria Perez, Finance Chairperson

Finance Committee Item 10

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: November 15, 2019

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

FROM: Mary Jo Meyer, Director, Department of Health and Human Services
Approved by Michael Lappen, Administrator, Behavioral Health Division

SUBJECT: From the Director, Department of Health and Human Services, Providing an Informational Report Notifying the Milwaukee County Mental Health Board of Fund Transfers Processed in the Previous Quarter

Issue

Per the “Behavioral Health Division (BHD) Fund Transfer Policy” adopted by the Mental Health Board (MHB), the BHD Fiscal Administrator will provide a quarterly informational report notifying the MHB as to any administrative fund transfers that have occurred during the previous quarter.

Background

Wisconsin Statutes 51.41 authorizes the MHB to propose an annual budget to the County Executive for BHD. Once this budget is approved by the County Executive, the budget provides the total spending authority for BHD for one calendar year. This budget reflects total expenditures, revenues, and property tax levy required for the operation of programs and services within BHD.

Throughout the course of the year, certain adjustments to the budget may be necessary to better reflect BHD’s actual experience. In most cases, these adjustments, or appropriation transfers, would increase or decrease BHD’s expenditures and revenues compared to its base budget while maintaining the same tax levy as established in the original budget.

Q1 2019 Fund Transfers

Title	Description	Total Funds Transferred
BJA Grant Award Fund Transfer	The Milwaukee County Behavioral Health Division is requesting a 2020 appropriation transfer in the amount of \$401,338 to recognize revenue and spending authority related to a grant from the Bureau of Justice Assistance for Comprehensive Opioid Abuse Site-based Program.	\$401,338

Respectfully Submitted,



Mary Jo Meyers, Director
Department of Health and Human Services

APPROPRIATION TRANSFER REQUEST

1699 R4E

MILWAUKEE COUNTY

FISCAL YEAR
2020

DEPT. NO.
6300

INSTRUCTIONS: REFER TO MILW. COUNTY ADMINISTRATIVE MANUAL SECTION 4.05 FOR INSTRUCTIONS ON PREPARING THIS FORM.

DEPARTMENT NAME

Behavioral Health Division

Were Appropriations Requested Below Denied For The Current Budget? No No

TO (Credit)	Line No.	ACCOUNT DISTRIBUTION					OBJECT CODE DESCRIPTION	Transfer Request	DAS Account Modification
		Fund	Agency	Org. Unit	Revenue/ Object	Activity			
	77	630	6425	5199			SALARIES - WAGES BUDGET	\$ 67,029.00	
	77	630	6425	5312			ADJ - SOCIAL SEC TAXES	\$ 5,129.00	
	77	630	6425	5420			EMPLOYEE HEALTHCARE	\$ 10,055.00	
	77	630	6425	5421			EMPLOYEE PENSION	\$ 5,232.00	
	77	630	6425	5190			DIRECT LABOR TRANSFER IN	\$ 15,878.00	
	77	630	6425	5313			ADJ - SOCIAL SEC TAXES	\$ 1,213.00	
	77	630	6425	5490			FRINGE TRF -INDIRECT OUT	\$ 10,209.00	
	77	630	6425	6809			CONFERENCE EXPENSE	\$ 3,083.00	
	77	630	6425	6148			PROF. SERV-RECURRING OPER	\$ 193,840.00	
	77	630	6425	6030			ADVERTISING	\$ 300.00	
	77	630	6425	8164			Purchase of Serv 51.42 Board	\$ 89,370.00	

TO TOTALS (Credit) \$ 401,338.00 \$ -

FROM (Debit)	Line No.	Fund	Agency	Org. Unit	Revenue/ Object	Activity	Project	OBJECT CODE DESCRIPTION	Transfer Request	DAS Account Modification
	77	630	6425	2699				Other Fed Grants & Reim	\$ 401,338.00	

FROM TOTALS (Debit) \$ 401,338.00 \$ -

E X P L A N A T I O N

The Milwaukee County Behavioral Health Division is requesting a 2020 appropriation transfer in the amount of \$401,338 to recognize revenue and spending authority related to a grant from the Bureau of Justice Assistance for Comprehensive Opioid Absute Site-based Program.

TYPE OF TRANSFER							TRANSFER NO.
	AP		EB			RB	

IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL PAGES.

DATE OF REQUEST	SIGNATURE OF DEPARTMENT HEAD	TITLE

A c t i o n		Dept. of Administration	County Executive	Finance Committee	County Board
	DATE				
	APPROVE				
	DISAPPROVE				
	MODIFY				

Finance Committee Item 11

2019 Projected BHD Reserve Balances

	Year End 12/31/2017	2018 Contribution	2018 Balance	2019 Contribution	2019 Balance (Proj)
0785 Encumbrance Reser	917,971	1,731,256	2,649,227	-	2,649,227
0904 Wrap Reserve	8,288,238	803,515	9,091,752	(2,363,399)	6,728,353
0906 Capital Reserve	4,720,000	434,733	5,154,733	-	5,154,733
0905 Surplus Reserve	21,285,469	-	21,285,469	(901,147)	20,384,322
Total Reserves	35,211,678	2,969,504	38,181,182	(3,264,546)	34,916,636

Reserve Commitments

Committed

	Amount
Employment Initiative	\$ 75,000
CART Annual Expense	\$ 300,000
Board Analyst Annual Expense	\$ 100,000

Future Commitments

Retention / Severance Payments	\$ 5,100,000 (max)
Relocation Costs	\$ 4,700,000 (max)
2020 Expenditure Reduction	\$ 2,000,000

Total **\$ 12,275,000**

Behavioral Health Division
2021 Budget
Board/Committee Dates & Deliverables

Finance Committee Item 12

Date	Mental Health Board	Finance Committee	Other Deliverables
March 19, 2020	Public Comments – Budget		
March 26, 2020		2021 Budget Assumptions	
April 23, 2020	2021 Budget Assumptions		
June 4, 2020		➤ CFO/Finance Chair to present 2021 Preliminary Budget	
June 16, 2020		➤ Public Comments - Budget	Budget request narrative posted for public review
June 19, 2020			Budget amendments due
June 25, 2020		<ul style="list-style-type: none"> ➤ DHHS Director presents 2021 Recommended Budget ➤ Public Comments - Budget ➤ Committee reviews and votes on amendments ➤ Committee makes recommendation on 2021 Recommended Budget 	
July 9, 2020	<ul style="list-style-type: none"> ➤ DHHS Director presents final 2021 Recommended Budget ➤ Finance Committee Chair presents the Committee’s Budget recommendations to Board ➤ Board votes on 2021 Budget 		
July 15, 2020			Formal Budget Submission

The Board will be notified when the feedback/suggestions link on the Mental Health Board website/page regarding the 2021 Budget is active.

FYI Finance Committee Item 14

Milwaukee County Mental Health Board Finance Committee

2020 Meeting Schedule

February 27, 2020, at 8:00 a.m. (Contracts Approval)

March 26, 2020, at 1:30 p.m. (Quarterly Meeting)

April 23, 2020 at 8:00 a.m. (Contracts Approval)

June 4, 2020, at 4:30 p.m. (Preliminary Budget Presentation)

June 16, 2020, at 4:30 p.m. (Budget/Public Comment)

June 18, 2020, at 8:00 a.m. (Contracts Approval)

June 25, 2020, at 1:30 p.m. (Budget Presentation/Public Comment/Budget Approval)

August 27, 2020, at 8:00 a.m. (Contracts Approval)

September 10, 2020, at 1:30 p.m. (Quarterly Meeting)

October 22, 2020, at 8:00 a.m. (Contracts Approval)

December 3, 2020, at 1:30 p.m. (Contracts Approval/Quarterly Meeting)

Current Status: *Pending*

PolicyStat ID: 7245197



Date Issued: N/A
Effective: *Upon Approval*
Last Approved Date: N/A
Last Revised Date: N/A
Next Review: *3 years after approval*
Owner: *Matthew Fortman: Finance Director*
Policy Area: *Fiscal*
References:

MCMHB Budget Amendment Policy

Purpose:

To establish an amendment process for the annual budget.

Scope:

Milwaukee County Mental Health Board

Policy:

As outlined in 51.41 (1s), a core responsibility of the Milwaukee County Mental Health Board is to "allocate moneys for mental health functions, programs, and services in Milwaukee County within the mental health budget" As such, the MCMHB needs a clearly outlined policy on how to alter the requested budget.

Definitions:

MCMHB: Milwaukee County Mental Health Board

Requested Budget: budget developed by the BHD administration and submitted to the MCMHB

Procedure:

Each year, BHD administration will submit a budget to the MCMHB by mid-June at a date determined based on that year's budget calendar released in the first quarter of that year. With the publication of the budget, there will be an attached amendment template that outlines how to submit an amendment to the proposed budget.

Any member of the Milwaukee County Mental Health Board or citizen of Milwaukee County may submit an amendment through this process. Amendments will be submitted to a BHD staff member. All amendments will be compiled and scored by BHD staff based on the following criteria:

1. Financial feasibility
2. Amendment's fit with current continuum of care
3. Alignment with mission
4. Consistency with achieving statutory responsibilities

Amendments and scores will be submitted to the MCMHB Finance Committee and voted on at a meeting in

late June. The Finance Committee members will consider the score, but their final vote is entirely independent. The scores are non-binding.

References:

Wis. Stat. § 51.41(1s)

Wis. Stat. § 46.18(13)

Monitors:

(add content here)

Attachments:

[12_MCMHB Budget Amendment Scoring Template.xlsx](#)
[BHD Budget Amendment Template.xlsx](#)

Approval Signatures

Step Description	Approver	Date
	Matthew Fortman: Finance Director	pending

COPY

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

**MILWAUKEE COUNTY MENTAL HEALTH BOARD
EXECUTIVE COMMITTEE**

Friday, December 6, 2019 - 2:00 P.M.
Milwaukee County Mental Health Complex
Conference Room 1045

A G E N D A

NOTE: All Items Contained Within the Agenda are Verbal Updates and Informational Only Unless Otherwise Directed by the Committee.

SCHEDULED ITEMS:

1.	Welcome. (Chairman Lutzow)
2.	Governance Committee Recommendation. (Chairman Lutzow/Informational)
3.	Psychiatric Crisis Services Proposal. (Michael Lappen, Behavioral Health Division/Informational)
4.	Universal Health Services Timeline. (Michael Lappen, Behavioral Health Division/Informational)
5.	Protesting Centers for Medicare and Medicaid Services (CMS)/Department of Health Services (DHS) Audit Process and Findings. (Chairman Lutzow/Informational)
6.	Administration Transition Implications. (Chairman Lutzow/Informational)
7.	Comprehensive Compliance Risk Management Plan.
8.	Testing Actuarial Soundness of Wraparound Rates. (Brian McBride, Behavioral Health Division)
9.	Redesigning Mental Health, Alcohol and Other Drug Abuse, and Emergency Detention Rates/Programs. (Chairman Lutzow/Informational)
10.	Board Support Staff Position. (Chairman Lutzow/Informational)
11.	Incumbent Board Officers' Interest in Remaining in Place. (Chairman Lutzow/Informational)

SCHEDULED ITEMS (CONTINUED):

12. Adjournment.

**The next meeting for the Milwaukee County Mental Health Board Executive Committee
Will be on Thursday, March 12, 2020, at 10:00 a.m. at the
Mental Health Complex
9455 W. Watertown Plank Rd.**

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.***

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

**MILWAUKEE COUNTY MENTAL HEALTH BOARD
 QUALITY COMMITTEE**

December 02, 2019 - 10:00 A.M.
 Milwaukee County Mental Health Complex
 Conference Room 1045

A G E N D A

SCHEDULED ITEMS:

1.	Welcome. (Chairwoman Neubauer)
2.	Third Quarter 2019 Community Based Key Performance Indicators (KPI) Dashboard, Wraparound Milwaukee & Community Access to Recovery Services (CARS) (Dana James, Quality Assurance Manager; Justin Heller, Integrated Services Manager; Dr. Matt Drymalski, Clinical Program Director)
3.	CARS Quality Dashboard Summary Q3, Health and Well-Being Metrics and BHD Adult Services Dashboard (Dr. Matt Drymalski, Clinical Program Director; Justin Heller, Integrated Services Manager)
4.	An Evaluation of the Vistelar Training Initiative at Milwaukee County Behavioral Health Division (Dr. Tina Freiburger and Dr. Danielle M. Romaine Dagenhardt, University of Wisconsin-Milwaukee)
5.	Psychiatric Hospital Reports Q3: KPI Dashboard Summary, Seclusion & Restraint Summaries (Edward Warzonek, Quality Assurance Coordinator)
6.	Inpatient, Emergency Services Program Certification Update & Hospital System Improvement Agreement Verbal Report (Dr. John Schneider, Chief Medical Officer; Linda Oczus, Chief Nursing Officer)
7.	Quarterly Policy & Procedure Update (Luci Reyes-Agron, Quality Improvement Coordinator)
8.	Institutional Review Board (IRB) Report – November 22, 2019 (Dr. Justin Kuehl, Chief Psychologist)
9.	Contract Quality Monitoring: Termination of Family Strong contract; Food Services quality monitoring verbal update (Jennifer Bergersen, Chief Operations Officer; Dana James, Quality Assurance Manager; Linda Oczus, Chief Nursing Officer)
10.	Adjournment. (Chairwoman Neubauer)

<p>The next regular meeting for the Milwaukee County Mental Health Board Quality Committee is March 02, 2020 at 10:00 a.m.</p>
<p>Visit the Milwaukee County Mental Health Board Web Page at:</p> <p>https://county.milwaukee.gov/EN/DHHS/About/Governance</p>
<p><i>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.</i></p>



Milwaukee County Behavioral Health Division
2019 Key Performance Indicators (KPI) Dashboard

Quality Committee Item 2

Program	Item	Measure	2017 Actual	2018 Actual	2019 Quarter 1	2019 Quarter 2	2019 Quarter 3	2019 Quarter 4	2019 Actual	2019 Target	2019 YTD Status (1)	Benchmark Source
Community Access To Recovery Services	1	Service Volume - All CARS Programs ⁵	8,346	9,393	6,032	6,285	6,356		7,461	9,500		
		Sample Size for Rows 2-6 (Unique Clients)			3,531	3,533	3,406					
	2	Percent with any acute service utilization ⁶	17.40%	17.05%	19.55%	20.58%	20.44%		20.2%	16.35%		
	3	Percent with any emergency room utilization ⁷	13.87%	14.60%	15.33%	17.74%	16.46%		16.5%	13.64%		
	4	Percent abstinence from drug and alcohol use	63.65%	63.65%	64.67%	63.32%	61.22%		63.1%	64.18%		
	5	Percent homeless	7.61%	9.18%	8.46%	9.87%	9.90%		9.4%	8.84%		
	6	Percent employed	18.09%	20.06%	19.51%	19.15%	18.96%		19.2%	20.27%		
	Sample Size for Row 7 (Admissions)					1,560						
	7	Percent of all admissions that are 7 day readmissions	59.55%	60.12%	49.11%	52.51%	50.74%		50.80%	49.00%		
Wraparound	8	Families served in Wraparound HMO (unduplicated count)	3,404	2,955	1,697	2,104	2,456		2,456	3,450		BHD (2)
	9	Annual Family Satisfaction Average Score (Rating scale of 1-5)	4.8	4.60	4.5	4.5	4.6		4.5	> = 4.0		BHD (2)
	10	Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice system)	65.7%	65.3%	66.2%	63.3%	61.6%		63.7%	> = 75%		BHD (2)
	11	Average level of "Needs Met" at disenrollment (Rating scale of 1-5)	2.59	2.4	2.4	2.5	2.3		2.4	> = 3.0		BHD (2)
	12	Percentage of youth who have achieved permanency at disenrollment	57.8%	58.0%	69.1%	51.3%	45.8%		55.40%	> = 70%		BHD (2)
	13	Percentage of Informal Supports on a Child and Family Team	44.1%	38.4%	34.3%	33.1%	34.3%		33.90%	> = 50%		BHD (2)
	14	Average cost per month (families served in Wraparound HMO)				\$2,187	\$2,937		\$2,562			BHD (2)
Crisis Service	15	PCS Visits	8,001	7,375	1,905	1,960	1,815		7,573	8,000		BHD (2)
	16	Emergency Detentions in PCS	3,979	3,023	795	775	825		3,193	4,000		BHD (2)
	17	Percent of patients returning to PCS within 3 days	7.3%	7.5%	10.0%	12.6%	6.9%		9.8%	8%		BHD (2)
	18	Percent of patients returning to PCS within 30 days	23.1%	24.0%	24.4%	29.5%	23.5%		25.8%	24%		BHD (2)
	19	Percent of time on waitlist status	75.2%	83.2%	100.0%	100.0%	100.0%		100.0%	50%		BHD (2)
Acute Adult Inpatient Service	20	Admissions	656	770	162	176	178		688	800		BHD (2)
	21	Average Daily Census	42.9	41.8	43.8	42.4	38.9		41.7	54		BHD (2)
	22	Percent of patients returning to Acute Adult within 7 days	1.4%	1.6%	1.3%	3.8%	2.8%		2.6%	3%		BHD (2)
	23	Percent of patients returning to Acute Adult within 30 days	7.7%	6.6%	3.2%	6.0%	9.6%		6.3%	10%		NRI (3)
	24	Percent of patients responding positively to satisfaction survey	74.0%	74.8%	74.4%	74.9%	77.9%		75.7%	75.0%		NRI (3)
	25	If I had a choice of hospitals, I would still choose this one. (MHSIP Survey)	65.4%	65.2%	66.0%	65.2%	64.4%		65.2%	65%		BHD (2)
	26	HBIPS 2 - Hours of Physical Restraint Rate	0.56	0.51	0.24	0.36	0.58		0.39	0.38		CMS (4)
	27	HBIPS 3 - Hours of Locked Seclusion Rate	0.30	0.28	0.15	0.10	0.14		0.13	0.29		CMS (4)
	28	HBIPS 4 - Patients discharged on multiple antipsychotic medications	17.5%	21.5%	25.3%	23.9%	22.0%		23.7%	9.5%		CMS (4)
29	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	89.6%	95.8%	92.5%	95.5%	97.4%		95.1%	90.0%		BHD (2)	
Child / Adolescent Inpatient Service (CAIS)	30	Admissions	709	644	168	149	152		625	800		BHD (2)
	31	Average Daily Census	8.6	7.5	8.2	7.0	6.2		7.2	12.0		BHD (2)
	32	Percent of patients returning to CAIS within 7 days	5.2%	3.4%	7.2%	4.8%	4.0%		5.3%	5%		BHD (2)
	33	Percent of patients returning to CAIS within 30 days	12.3%	12.4%	16.6%	16.3%	15.2%		16.0%	12%		BHD (2)
	34	Percent of patients responding positively to satisfaction survey	71.3%	71.1%	79.6%	73.5%	74.2%		75.8%	75%		BHD (2)
	35	Overall, I am satisfied with the services I received. (CAIS Youth Survey)	76.8%	74.2%	88.9%	83.3%	78.9%		83.7%	75%		BHD (2)
	36	HBIPS 2 - Hours of Physical Restraint Rate	1.17	1.18	1.98	0.95	2.42		1.78	0.38		CMS (4)
	37	HBIPS 3 - Hours of Locked Seclusion Rate	0.37	0.47	0.39	0.35	0.30		0.35	0.29		CMS (4)
	38	HBIPS 4 - Patients discharged on multiple antipsychotic medications	5.0%	1.1%	0.0%	0.0%	0.7%		0.2%	3.0%		CMS (4)
39	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	97.1%	85.7%	-	-	100.0%		100.0%	90.0%		BHD (2)	
Financial	40	Total BHD Revenue (millions)	\$149.9	\$154.9	\$149.7	\$149.7	\$149.7			\$149.7		
	41	Total BHD Expenditure (millions)	\$207.3	\$213.5	\$208.2	\$208.2	\$208.2			\$208.2		

- Notes:
- (1) 2018 Status color definitions: Red (outside 20% of benchmark), Yellow (within 20% of benchmark), Green (meets or exceeds benchmark)
 - (2) Performance measure target was set using historical BHD trends
 - (3) Performance measure target was set using National Association of State Mental Health Directors Research Institute national averages
 - (4) Performance measure target was set using Centers for Medicare & Medicaid (CMS) Hospital Compare national averages
 - (5) Service volume has been consolidated into one category to avoid potential duplication of client counts due to involvement in both MH and AODA programs.
 - (6) Includes medical inpatient, psychiatric inpatient, and detoxification utilization in the last 30 days
 - (7) Includes any medical or psychiatric ER utilization in last 30 days

Program	Item	Measure	2019 Quarter 1	2019 Quarter 2	2019 Quarter 3	2019 Quarter 4	2019 Actual	2019 Target	2019 Status (1)	Benchmark Source
Wraparound	8	Families served by Wraparound (unduplicated count)	1,697	2,104	2,456		2,456	3,450		BHD (2)
	9	Annual Family Satisfaction Average Score (Rating scale of 1-5) (Wrap HMO)	4.5	4.5	4.6		4.5	> = 4.0		BHD (2)
	10	Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice System)	66.2%	63.3%	61.6%		63.7%	> = 75%		BHD (2)
	11	Average level of "Needs Met" at disenrollment (Rating scale of 1-5) (Wrap HMO)	2.35	2.50	2.3		2.4	> = 3.0		BHD (2)
	12	Percentage of youth who have achieved permanency at disenrollment (Wrap HMO)	69.1%	51.3%	45.8%		55.4%	> = 70%		BHD (2)
	13	Percentage of Informal Supports on a Child and Family Team (Wrap HMO)	34.3%	33.1%	34.3%		33.9%	> = 50%		BHD (2)
	14	Average Cost per Month (families serviced in Wraparound HMO)		\$2,187	\$2,937		\$2,562			

Notes:

(1) 2019 Status color definitions: Red (outside 20% of benchmark), Yellow (within 20% of benchmark), Green (meets or exceeds benchmark)

(2) Performance measure target was set using historical BHD trends

SUMMARY - 3rd QUARTER/CY 2019

8 - This number is for those enrolled in a program with Children's Community Mental Health Services and Wraparound Milwaukee.

9 – On target for the 3rd quarter of 2019. Exceeding the threshold of 4.0.

10 - There was a slight decline from Quarter 2. This indicator is within 20% of the threshold. This is an area Wraparound Milwaukee continues to look into and review the numbers on a weekly basis.

11 – There was a slight decrease from 2nd quarter, The 2019 actual is within 20% of the benchmark of 3.0. Data is specific to those youth in Wraparound on court orders and those in the REACH program. **NOTE:** Those in Wraparound court ordered programs who are disenrolled to a home type setting in the 3rd quarter of 2019 have a higher "Needs Met" score (3.09) than those disenrolled on runaway status or to corrections (1.70).

#12 – In the 3rd quarter, there was a decrease in the percentage of youth achieving permanency at disenrollment compared to the 2019 2nd quarter. 3rd quarter data falls out of the 20% benchmark, and the 2019 actual falls outside that 20% by .6%. This continues to be an area that the Wraparound Milwaukee Research and Evaluation Team is reviewing and looking for trends to help inform practice or potential educational moments with Judges, system partners, etc.

"Permanency" is defined as:

- 1.) Youth who returned home with their parent(s)
- 2.) Youth who were adopted
- 3.) Youth who were placed with a relative/family friend
- 4.) Youth placed in subsidized guardianship
- 5.) Youth placed in sustaining care
- 6.) Youth in independent living

#13 – This item is monitored within the context of the Care Coordination Agency Performance Report (APR) that is distributed semi-annually. The data is available at all times to all Care Coordination agencies for self-monitoring. The 3rd quarter compliance (34.3) is slightly higher than the 2019 2nd quarter. This falls outside 20% benchmark of 40%.

#14- This item was requested by the Quality Board at the meeting in June 2019.

Quality Committee Item 3

CARS QUALITY DASHBOARD SUMMARY Q3 2019

CHANGES AND UPDATES

Further Development of the Quadruple Aim

The CARS Quality Dashboard, driven by the CARS Quality Plan, continues to be revised, refined, and enhanced. Please see below!

Population Health

Some of the key CARS change over time metrics for population health are now disaggregated by race. Our current efforts to address some of our identified disparities include utilization of statistical methods to uncover the source of these disparities, as well as a review of the research literature to help inform our root cause analyses. This effort helps to align CARS's evaluation activities to the Milwaukee County Executive's stated goal of addressing racial disparities in Milwaukee County. Future iterations of the CARS Quality Dashboard will include other health and care quality metrics disaggregated by key variables.

Patient Experience of Care

The Press Ganey survey has been distributed to all CARS programs and data collection is ongoing. We are happy to announce that the 3rd quarter CARS Quality Dashboard presents preliminary aggregate data on the Press Ganey surveys collected to date. These data will be disaggregated per disparity variable and per other variables of interest in future iterations.

Staff Wellbeing

The 3rd quarter CARS Quality Dashboard does include an update to the CARS retention rates, year to date. CARS staff also recently held listening sessions of all CARS staff to discuss what would improve the quality of their work life. The CARS Quality Dashboard therefore contains a brief update from the Staff Quality of Work Life Committee's efforts to date to create a more flexible work environment, with more updates to follow!

Cost of Care

The cost per member per month metric on the CARS Quality Dashboard is now actively being used as a template for a cost of care metric for all of BHD adult services. It is anticipated that this cost of care metric will be utilized in our value-based purchasing analyses in the future. Also notable within this aim is the CARS Quality Plan-driven reduction in tax levy reliance in some of our services, such as our one to one companion service in our Community Based Residential Facilities.

RESULTS

With regards to the change over time metrics, the disparity in terms of quality of life improvements between African-Americans and White clients within CARS remains consistent. As noted above, we are actively engaged in attempting to understand this disparity, including examining whether SES might be a factor in the lack of improvement. Further analyses and findings will be presented at future meetings.

NEXT STEPS

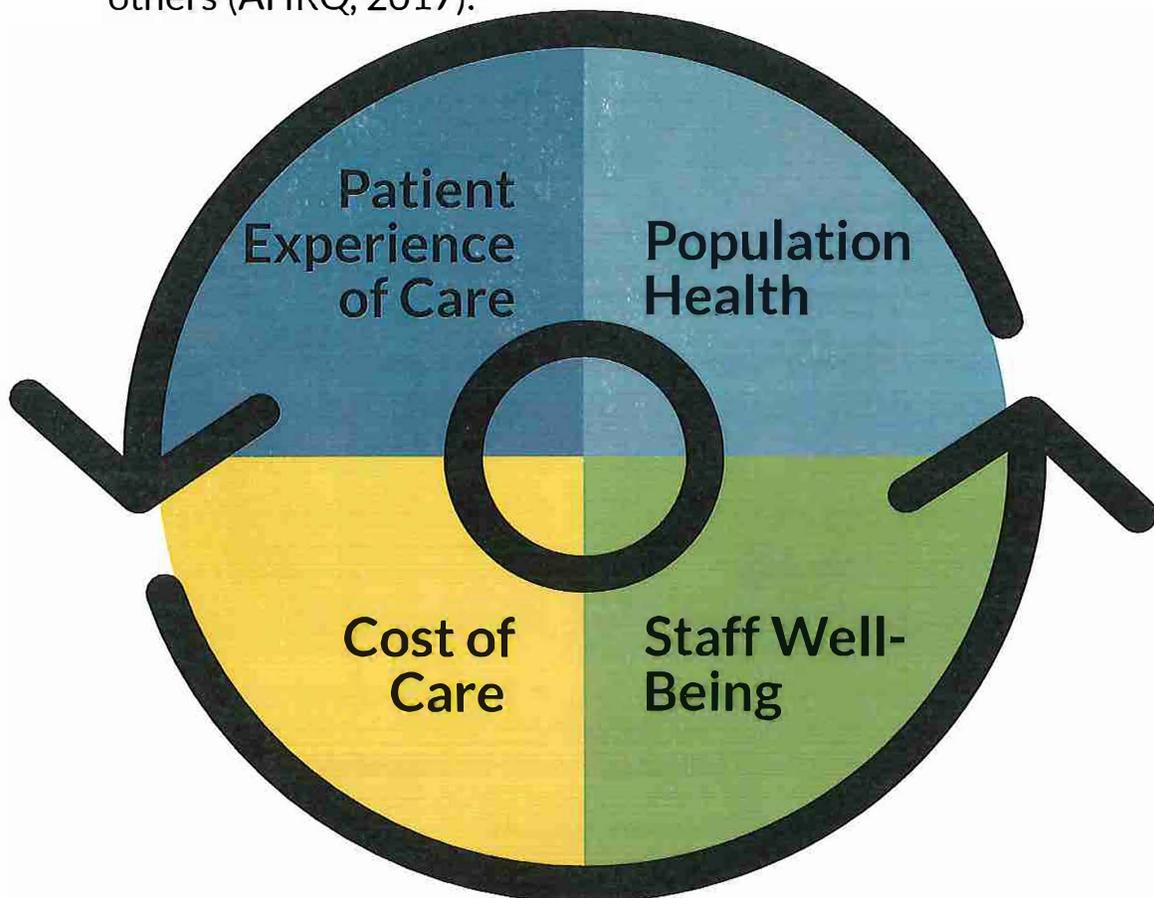
Future versions of the CARS Quality Dashboard will continue to include progress updates on the implementation of the CARS Quality Plan, which informs and drives our quality improvement activities. We anticipate presenting more complex analyses with regards to quality metrics as we attempt to better understand and utilize our data to drive our decisions and hold both our providers and ourselves accountable for the care we provide to the residents of Milwaukee County.



The Framework: The Quadruple Aim

The patient experience of care encompasses the range of interactions that patients have with the healthcare system and includes several aspects of healthcare delivery, including satisfaction, timely appointments, and easy access to information, among others (AHRQ, 2017).

"Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group." (Kindig and Stoddart, 2003)



The total cost of care a patient receives across all settings and services, often presented as cost per member of the population per month (Stiefel & Nolan, 2012).

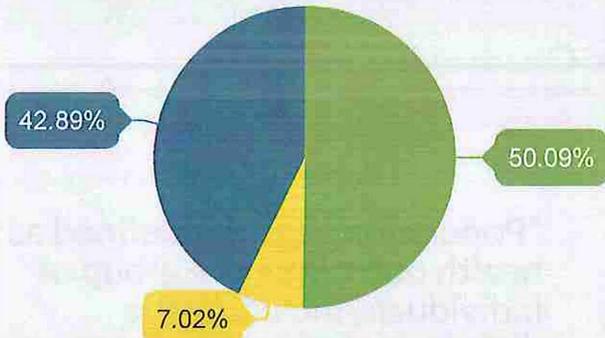
The quality of work life and the well being of healthcare professionals (Bodenheimer and Sinsky, 2014).

Demographic Information of the Population We Serve

This section outlines demographics of the consumers CARS served last quarter compared to the County population.

Race (CARS)

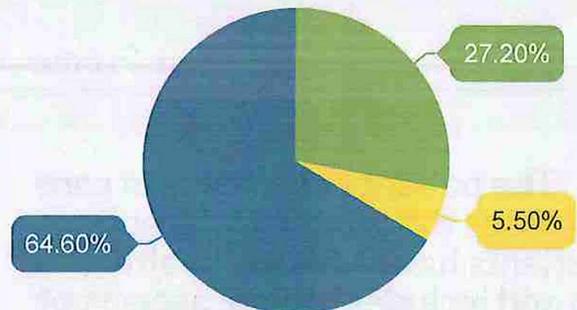
- Black/African-American
- White/Caucasian
- Other



"Other" encompasses small percentages of indicated racial identity including "Alaskan Native/American Indian", "Asian", "Native Hawaiian/Pacific Islander", and "Other"

Race (Milwaukee County)*

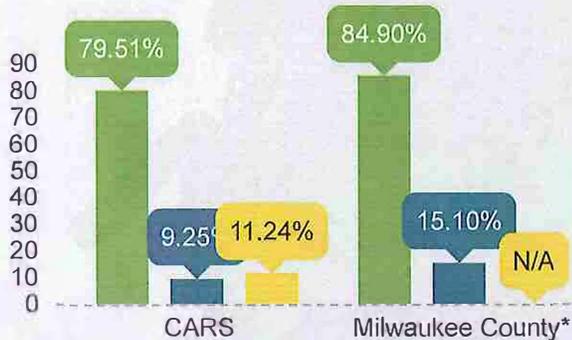
- Black/African-American
- White/Caucasian
- Other



"Other" encompasses small percentages of indicated racial identity including "Alaskan Native/American Indian", "Asian", "Native Hawaiian/Pacific Islander", and "Other"

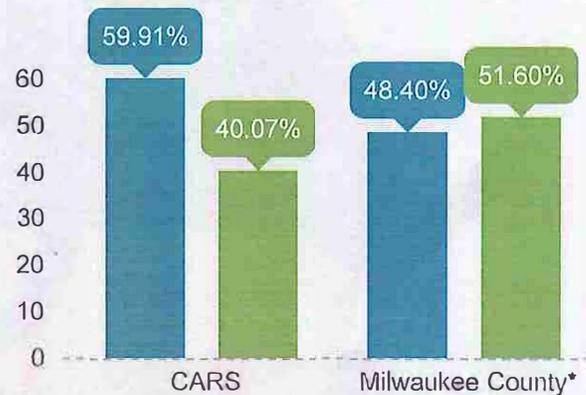
Ethnicity

- Not Hispanic/Latino
- Hispanic/Latino
- No Entry/Unknown

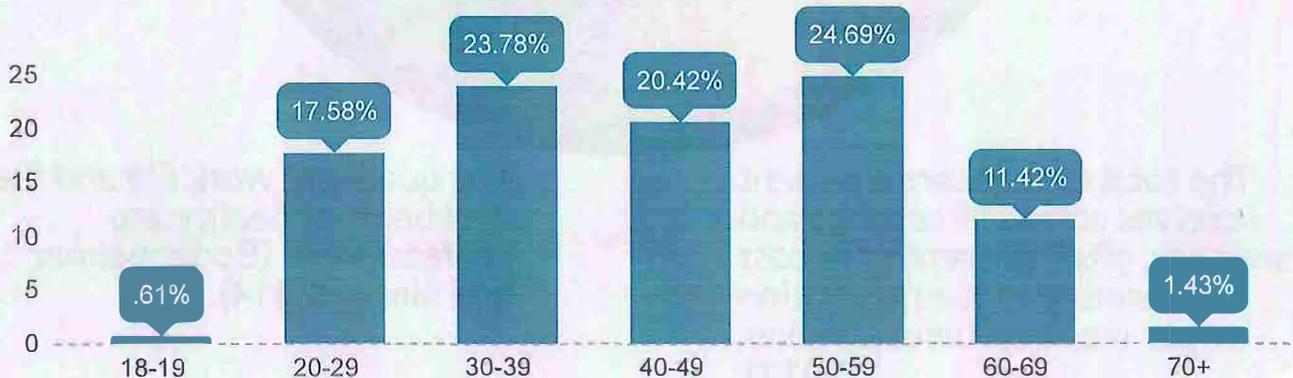


Gender

- Men
- Women



Age



*Comparable data has been pulled from the United States Census Bureau, which can be found at: <https://www.census.gov/quickfacts/fact/table/milwaukeecountywisconsin/PST045217#qf-flag-Z>



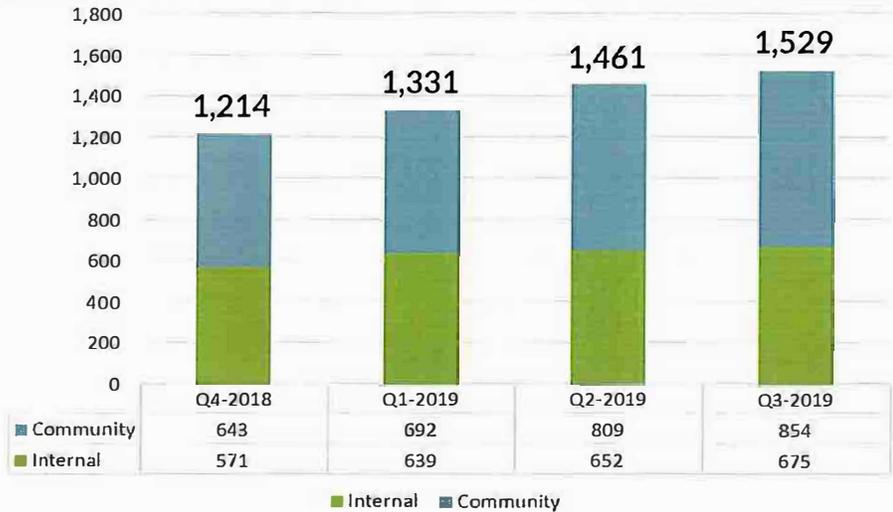
Domain: Patient Experience of Care

Items within this domain encompass volume, averages, and percentages. These data points compare the past four quarters in order to show change over time.



Referrals

Total number of referrals at community-based and internal Access Points per quarter.



Timeliness of Access

Percentage of clients per quarter who received a service within 7 days of their Comprehensive Assessment.



Admissions

All admissions during the past four quarters (not unique clients, as some clients had multiple admissions during the quarter). This includes detoxification admissions.



Volume Served

Service volume has been consolidated into one category to avoid potential duplication of client counts due to involvement in both MH and AODA programs.



Consumer Satisfaction



The Press Ganey Consumer Satisfaction Survey has been distributed to all CARS providers. Response rate as of the end of the quarter. Results will be reported at a later date.

10.22%

Response Rate

7,214

surveys distributed

737

surveys received



Domain: Population Health

Data informing each item is formatted as percentages based on the description. Most of the data points compare the past four quarters in order to indicate change over time.



Acute Services

Percent of all unique clients who reported that they had received a psychiatric hospitalization, medical hospitalization, or detoxification service in the last 30 days.



ER Utilization

Percent with any emergency room utilization. Includes any medical or psychiatric ER utilization in last 30 days.



Detoxification 7-Day Readmissions

Percent of consumers returning to detoxification within 7 days.



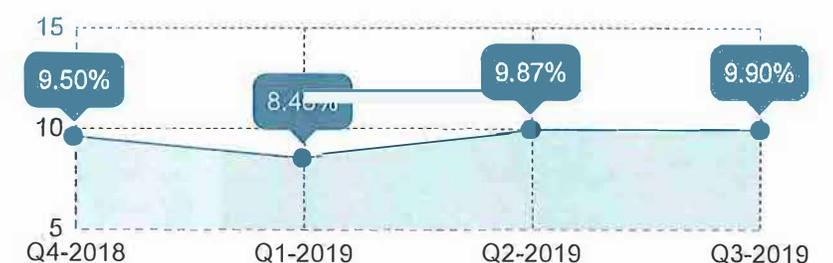
Abstinence

Percent of consumers abstinent from drug and alcohol use.



Homelessness

Percent of all unique clients who reported their current living situation was "street, shelter, no fixed address, homeless".





Domain: Population Health (Continued)

Items within this domain encompass volume, averages, and percentages. Most of the data points compare the past four quarters in order to indicate change over time.

Employment



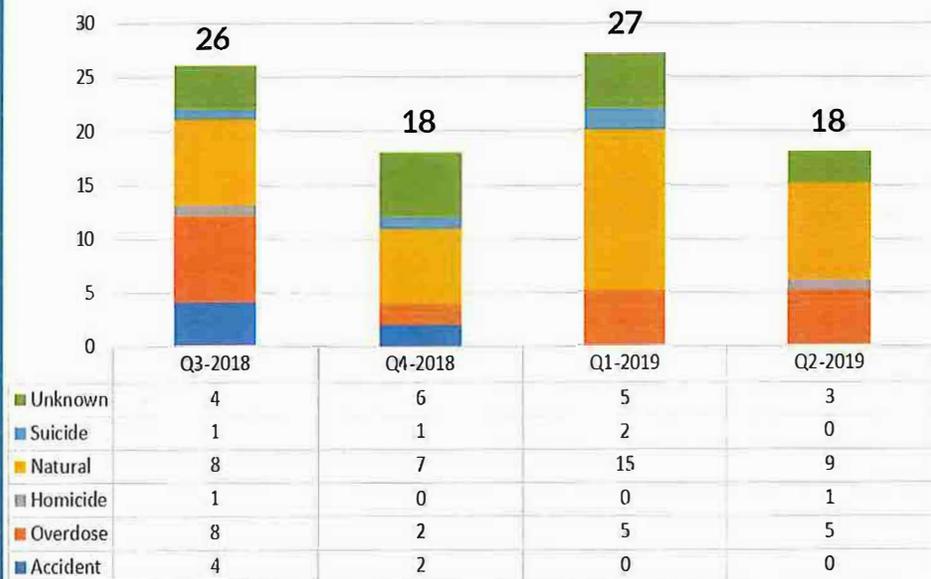
Percent of current employment status of unique clients reported as "full or part time employment, supported competitive employment, sheltered employment, or student status".



Mortality Over Time

Mortality is a population health metric used by other institutions such as the Center for Disease Control, the U.S. Department of Health and Human Services, and the World Health Organization. This graph represents the total number of deaths by cause of death from the previous four quarters.

Note: There is a lag in death reporting. See note in the next item.



Cause of Death

This is the reported average age at time of death by cause of death from the previous four quarters.

Please note that there is a one quarter lag of the mortality data on the CARS Quarterly Dashboard. This decision was made to ensure that CARS has accurate cause of death data from the Milwaukee County Medical Examiner's office, a determination which can sometimes take several months for the Medical Examiner's office to render.



Cause of Death

Distribution of Male vs. Female consumers by cause of death for the four previous quarters.

Total Male: 67
Total Female: 25

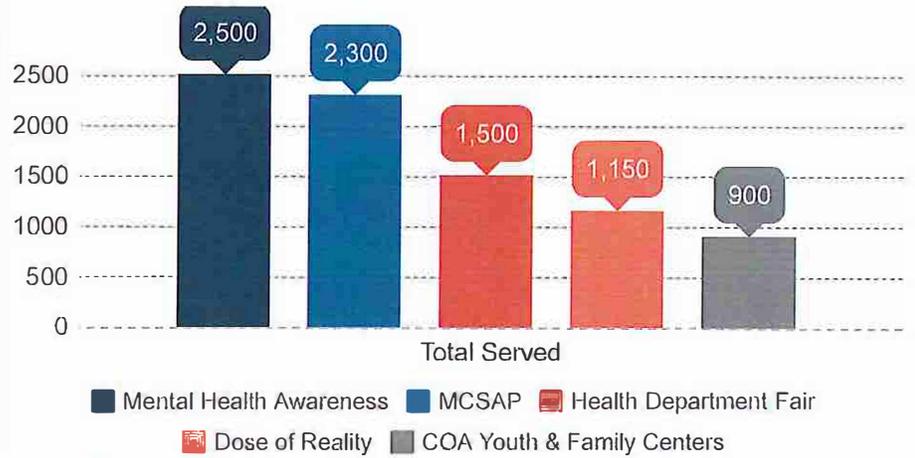
Note: There is a lag in death reporting. See note in the previous item.



Top Prevention Activities/Initiatives

Prevention is an important population health factor. Many prevention activities include evidence based practices and presentations. The top five prevention activities from the previous quarter are listed in the graphic.

MCSAP: Milwaukee County Substance Abuse Prevention Coalition



Domain: Cost of Care

Cost of care compares average cost per month over the past four quarters in order to indicate change over time.

Average Cost Per Consumer Per Month

The average cost per consumer per month within each quarter for CARS services received by CARS consumers (not including inpatient and crisis). This is not separated out by funding stream or limited to those dollars spent by Milwaukee County on these services. The average number of consumers per month within each quarter is below:

Q4 - 2018 N = 5,042	Q1 - 2019 N = 5,056
Q2 - 2019 N = 5,225	Q3 - 2019 N = 5,285



Domain: Staff Well-Being

Turnover

Turnover is calculated by looking at the total number of staff who have left year-to-date (YTD), divided by the average number of employees per month, YTD.



*Source: Bureau of Labor Statistics (<https://www.bls.gov/news.release/jolts.t16.htm>)

13.50%

CARS turnover rate (YTD)

20.00%

Turnover rate for government employees (per year)*



Staff Quality of Life

A group of CARS staff have been working to positively impact the workplace culture. Initial efforts have been focused on gathering employee feedback, and that feedback has told us the biggest priorities for staff are related to flexible benefits, e.g. telecommuting, flex time, etc. Based on this feedback, the team is working on a proposal to create new policy that will allow for a more flexible work environment, which we anticipate will have a positive impact on staff quality of life and also make BHD-CARS a more competitive employer.

Health and Well-Being

This dashboard contains measures of 6-month population health outcome data (intake to follow-up) for our consumers. This dashboard was created to follow the County Health Rankings Model.

Only consumers with a Comprehensive Assessment and subsequent PPS completed within 4-7 months are included in these measures.

Q3 2019



37.20% → 45.40%

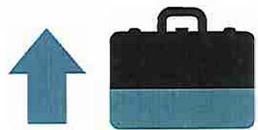
Health Outcome

22.04% increase in Good or Very Good self-reported Quality of Life*

n=282



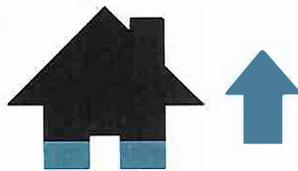
Social Determinants



14.20% → 18.40%

29.58% increase in Employment*

n=408

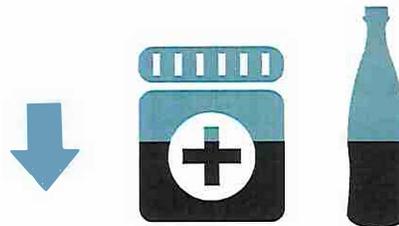


64.70% → 76.10%

17.62% increase in "Stable Housing"****

n=375

Health Behaviors

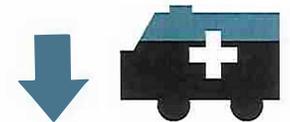


16.00% → 8.30%

48.13% decrease in Past 30 days Detoxification Use***

n=432

Clinical Care



13.60% → 9.50%

30.15% decrease in Psych ER Use*

n=433



30.50% → 12.70%

58.36% decrease in Past 30 days Psych. Inpatient***

n=433

*p<.05 **p<.01 ***p<.001

Health and Well-Being Comparison

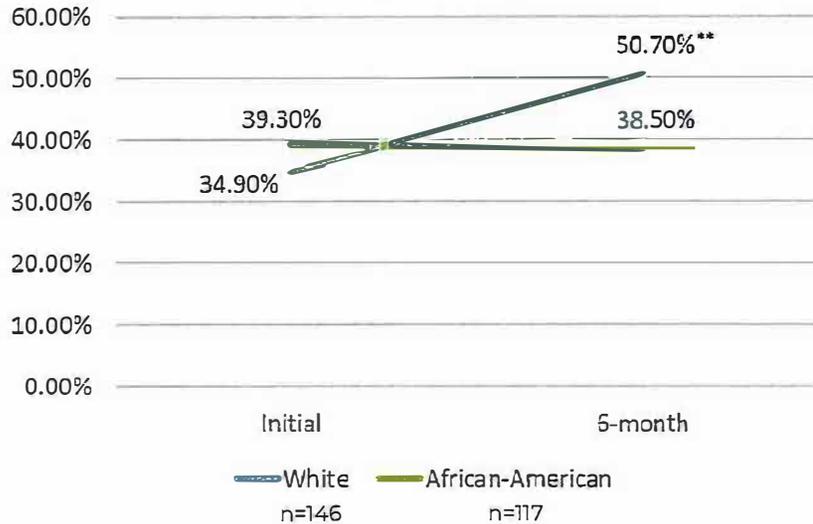
This dashboard contains measures of 6-month population health outcome data (intake to follow-up) for our consumers, comparing White/Caucasian and Black/African-American consumers.

Only consumers with a Comprehensive Assessment and subsequent PPS completed within 4-7 months are included in these measures.

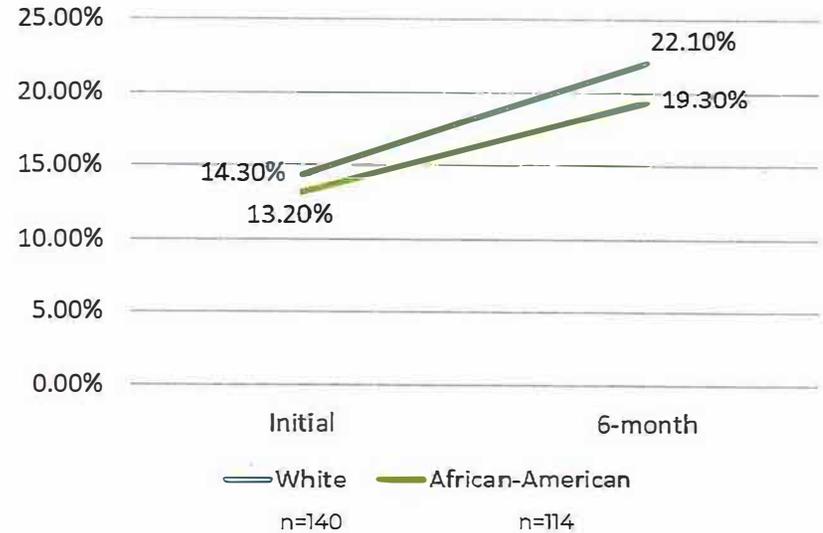
Q3 2019

Quality of Life

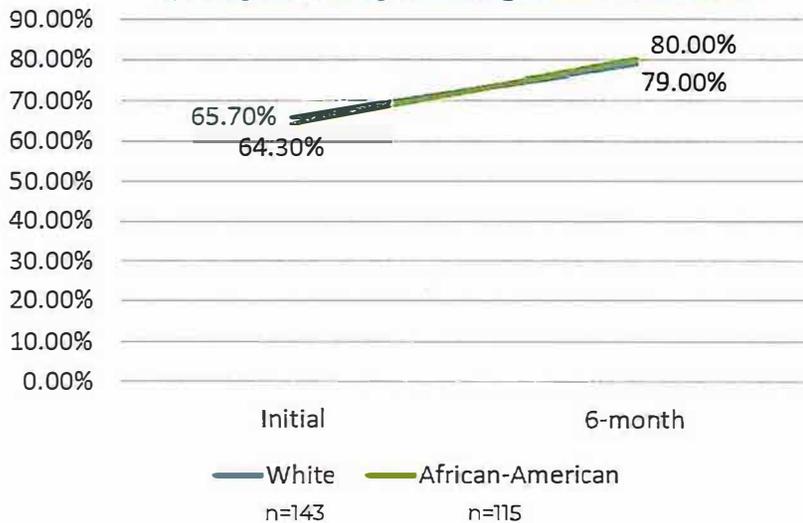
Proportion of consumers indicating "Good" or "Very Good" Quality of Life



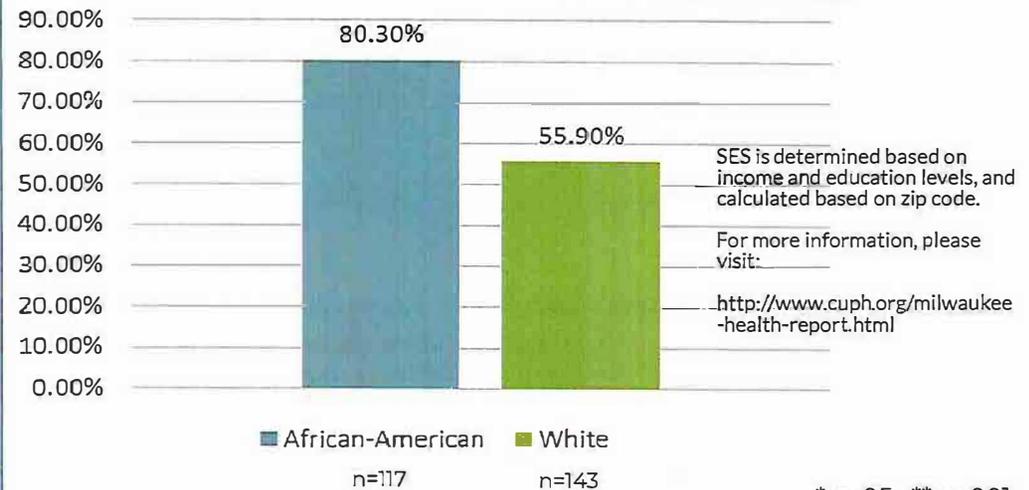
Quality of Life by Employment Status and Race



Quality of Life by Housing Status and Race



Percent of Consumers with "Low" or "Medium Low" SES Status**

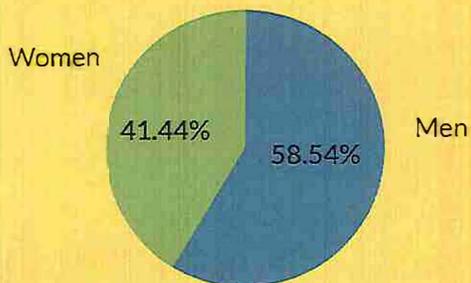


*p<.05 **p<.001



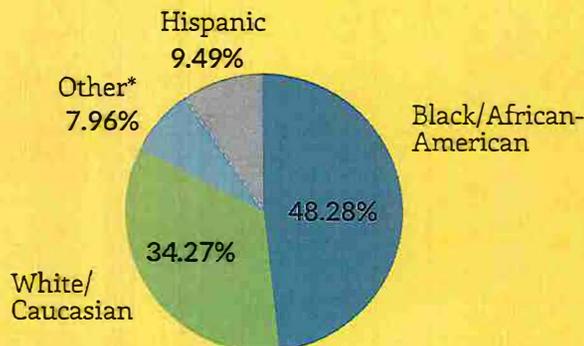
Volume Served

8,334



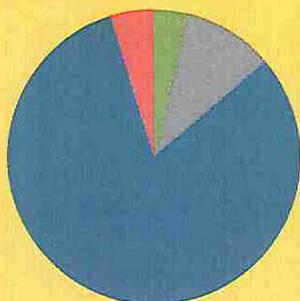
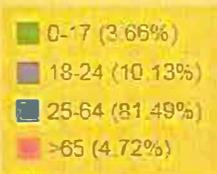
Gender

Race/Ethnicity

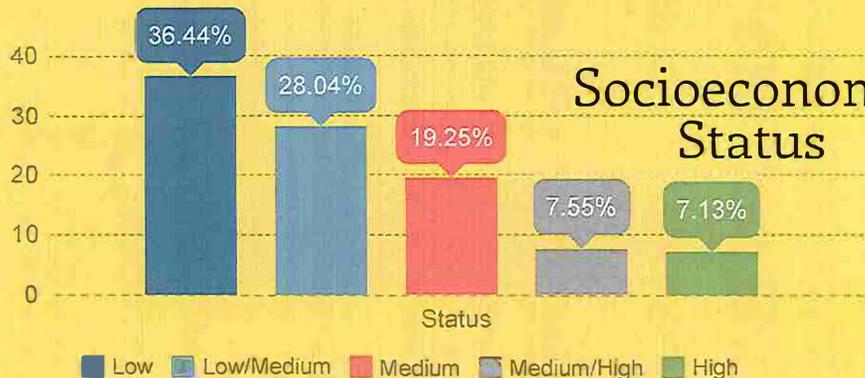


*"Other" encompasses small percentages of indicated racial identity including "Alaskan Native/American Indian", "Asian", "Native Hawaiian/Pacific Islander", "Other", and N/A

Age



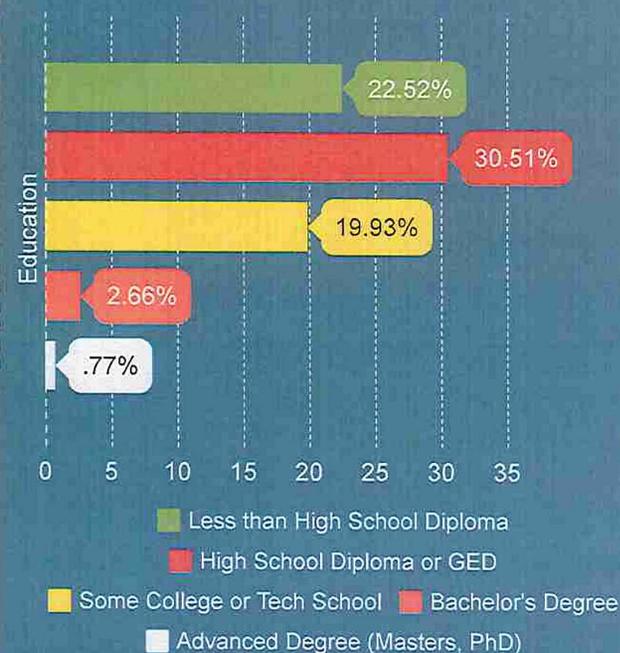
Socioeconomic Status



SES is determined based on income and education levels, and calculated based on zip code.

For more information, please visit:
<http://www.cuph.org/milwaukee-health-report.html>

Education



Employment

14.13%

percent of clients reported as "full or part time employment, supported competitive employment, sheltered employment, or student status"

Quality Committee Item 4



An Evaluation of the Vistelar Training Initiative at Milwaukee County Behavioral Health Division: Final Survey Report

Tina Freiburger, Ph.D. & Danielle Romain Dagenhardt, Ph.D.
Department of Criminal Justice & Criminology, University of Wisconsin-Milwaukee



Improving lives and strengthening
communities through research,
education, and community partnerships

Executive Summary

In May of 2017, the Milwaukee County Behavioral Health Division (BHD) implemented a new training program for all staff to address conflict in the workplace. The training was conducted by Vistelar, a global consulting firm that specializes in trainings to address conflict in a variety of areas. Researchers from the University of Wisconsin-Milwaukee were contracted to complete an outcome evaluation of the program. This evaluation involved the collection of baseline data prior to the training and follow-up data one month, one year, and two years after the training. This report presents the findings of this evaluation.

The outcomes examined in this report were 1) role conflict, 2) conflict resolution skills, 3) perceptions of participants' abilities to protect themselves and others from physically and verbally aggressive situations, 4) experiences with horizontal violence, 5) feelings of safety while at work, 6) burnout, and 7) turnover. Additional outcomes for direct healthcare workers included 1) role conflict with security, 2) moral sensitivity, 3) perceptions of patients, 4) confidence working with behavioral health patients, and 5) employer constraints in providing appropriate care.

The results indicated that the training was successful in:

- Decreasing role conflict through the two-year study period.
- Improving conflict resolution skills in the short-term.
- Improving participants' perceptions of their abilities to protect themselves and others in physically and verbally aggressive situations. This effect was sustained over the two-year study period.
- Reducing experiences with horizontal violence over the two-year study period.
- Increasing feelings of safety at work.
- Decreasing burnout amount of direct-care employees.
- Increasing direct-care employees' confidence in working with patients after one year.
- Reducing perceptions that employers constrained direct-care workers' abilities to provide appropriate care to patients.

Perceptions of the training, whether staff viewed the skills as useful, and the effectiveness of the skills acquired during the training were also assessed at the one-month follow-up. The results indicated that:

- Participants felt the training was a good use of their time and taught them new skills.
- Most direct care staff felt the training increased practicing empathy, awareness of conflict triggers, and awareness of physical distance.
- Most non-direct care staff felt the training made them aware of physical distance.
- Most staff continued to utilize the non-escalation and de-escalation skills two years after training, with direct care staff using these skills at a higher frequency than non-direct care staff.
- Of those who utilized the skills, the vast majority felt the skills were effective at reducing conflict.
- Participants felt the training led to improvements in the work culture at BHD and led to an increased emphasis on showing respect.

- Participants felt the training led to an increased focus on teamwork in direct care units, better communication among staff, and more support among employees when handling conflict.

Based on these findings, we make the following recommendations:

- BHD continue training their employees in conflict management.
- The program had many long-term successes; however, some of the positive impacts decreased between year one and year two. This iterates the importance of continued training and reinforcement of these skills.
- Consult with Vistelar to ensure subsequent training by BHD staff adheres to the same curriculum and standards.

Introduction

In May of 2017, the Milwaukee County Behavioral Health Division (BHD) implemented a new training program for all staff to address conflict in the workplace. The training was conducted by Vistelar, a global consulting firm that specializes in trainings to address conflict in a variety of areas. Vistelar developed the Gatekeeper Training Program to specifically address conflict in behavioral health centers to include conflict between coworkers and staff and clients. The initial goal was to have all existing employees trained by September 2017, with continued sessions held for any new hires. Healthcare workers who work directly with patients on units (e.g., RNs, CNAs) also were required to attend a two-day workshop for additional training on proper procedures for client stabilization.

The evaluators (Drs. Freiburger and Romain Dagenhardt) were asked to determine whether the program met its intended goals – namely if conflict within the workplace was reduced, role clarification improved, and a cultural change toward non-escalation was achieved. This report presents a description of the training, the results of a process evaluation to address program fidelity, and the results from the one-month, one-year, and two-year follow-ups of those who completed the training as of August 2018.¹ It presents a comparison between baseline data and follow-up data for the following outcomes: 1) role conflict, 2) conflict resolution skills, 3) perceptions of participants' abilities to protect themselves and others from physically and verbally aggressive situations, 4) experiences with horizontal violence, 5) feelings of safety while at work, 6) burnout, and 7) turnover intention. Additional outcomes for direct care workers include 1) moral sensitivity, 2) perceptions of patients, 3) confidence working with behavioral

¹ Approximately 100 employees had not completed Gatekeeper Training by August 2018. Analyses include only those who completed the training by this cutoff point. Agency records for some measures were not available at the time of the final report (i.e. turnover, restraint use).

health patients, and 4) employer constraints in providing appropriate care. The report further includes summaries of perceptions of the training, whether staff viewed the skills as useful, and the effectiveness of the skills acquired during the training. Lastly, recommendations for the trainers (e.g., Vistelar, BHD trainers) and Milwaukee County BHD based on these results are discussed.

Overview of the Gatekeeper Training

The Gatekeeper Training Program was developed as an eight-hour training for all employees of Milwaukee County BHD to provide non-escalation and de-escalation skills. Much of the training focused on non-escalation skills, including utilizing a *Universal Greeting* to introduce oneself to new clients, families, or visitors, *Five Ways to Show Respect*, and the *Empathy Triad*. In the *Respect* module, the aspects of asking someone to do something, providing options, and explaining why were emphasized as a method of not escalating a conflict. In the *Empathy Triad*, staff learned that acknowledging the other person's perspective and seeing the world through their eyes were important to demonstrate empathy for someone's situation. Employees watched a video on the importance of *Establishing a Social Contract* (e.g., unwritten rules of how everyone should act within the hospital) and thought about *Conflict Triggers*. Participants were told to examine and identify their personal conflict triggers and build *Conflict Trigger Guards* to maintain *Emotional Equilibrium*. Staff learned ways to *Establish Equilibrium* such as being aware of one's conflict triggers, remembering that actions are typically recorded on camera and thinking about who they represent in their community. With this focus on *Conflict Triggers*, staff also were required to think about the conflict triggers of others, including posture, facial expressions, tone of voice, and language that can create conflict.

Another component to the non-escalation training focused on how one enters a situation, recomposing oneself when feeling stressed, and awareness of *Proxemics*. The *First Responder Philosophy* emphasized the need to assess the situation before entering a room for both safety issues and to properly respond to crises. With this, staff were taught to recognize physical and verbal cues from a client that may be indicative of violence. The *Showtime Mindset* technique taught participants to think of themselves as stepping onto a stage whenever they enter a room, answer a phone, or meet with a client. The physical and mental steps can refocus an employee who may have had a bad day or a stressful previous experience. Another skillset that participants were taught related to paying attention to *Proxemics* between themselves and another person. Staff were taught what they can do to keep themselves safe at certain distances (10-5-2), hand placement, and assertive seating to keep themselves safe if a person were to physically attack them (i.e., emergency timeout, guiding hands, tactical sitting). Finally, staff were trained on tools for *Beyond Active Listening*, which were six techniques for gathering more information from a person in order to solve a problem and avoid conflict (i.e., clarify, paraphrase, reflect, mirror, advocate, and summarize).

The last two modules for the training focused on three de-escalation skills to be used when a conflict emerged. The first was *Redirections*, which demonstrated acknowledging what the other person is saying while redirecting them back to what needs to be accomplished (e.g., filling out an intake form) and diverting attention when someone is extremely upset (e.g., asking an unrelated benign question). Second, staff were taught the *Persuasion Sequence*, to be used when someone is resisting or refusing a request in order to obtain cooperation. The steps mirror the components of the *Five Ways of Showing Respect* module – namely explaining why they are being asked to do something, offering them options (framed as positive and less positive), letting

them choose, and, if necessary, allowing them time to reconsider. The final de-escalation skill was the *Crisis Intervention* technique when someone is demonstrating the potential for physical aggression. This technique was used to de-escalate a person who may be excitable by using reverse yelling, meeting unmet needs (e.g., offering water, a snack), reducing stimulation (e.g., turning down lights, fewer people in the room), and separating them from the area. Together, these skills were aimed at reducing conflict that has already occurred and promoting the safety of both staff and clients. The emphasis on non-escalation skills in both the number of skills provided and the amount of time spent on these skills was indicative of the focus for BHD – that conflict often can be prevented if non-escalation skills are used consistently.

Program Fidelity Observations

Five sessions of the Gatekeeper Training Program were observed to examine whether the curriculum of the program was being implemented as intended. Four of the observations occurred during the summer of 2017, when most trainings were held. From these observations, it was discovered that the main trainer and the staff of Vistelar were very consistent in delivering the curriculum, with minor variations across trainings. BHD employees appeared to be engaged in the lecture content, and the use of activities for role playing and small group work aided in a high level of engagement throughout the one-day trainings. Some staff (e.g., Katie) gave examples from their work experience that resonated more with direct care employees, while others seemed to emphasize law enforcement examples more often. After Vistelar trained BHD nurse educators to administer the program, one session was observed. Coincidentally, this session was the first to condense the Gatekeeper Training Program into a half-day morning session. Two main concerns are highlighted. First, it was difficult for the educators to cover all the material by noon; indeed, they ended approximately a half hour over schedule in order to fit

all the modules into the session. Second, with the condensed format, there were fewer activities to foster teamwork and practice skills. The goal of a cultural change and actual utilization of skills may become lost if there is less time for these activities.

Methods

Sample

All BHD employees who were not new hires at the time of Gatekeeper Training were included in the evaluation and asked to complete a survey. The vast majority of staff agreed to participate in the baseline survey, with a 98.4% response rate. As of September 1, 2018, 447 Milwaukee County BHD employees completed the Vistelar training, with 226 completing the one-month follow-up survey. Of the individuals who completed the training, the majority were direct care workers (66.4% trained). For the yearly follow-ups, 123 employees completed the one-year survey and 99 employees completed the two-year survey.

Obtaining follow-up surveys was challenging, as the process of follow-up procedures changed since the beginning of the evaluation. Initially, all direct care workers were to receive the Phase Two training one-month after the first training, at which time they would receive the first follow-up survey, leading to high response rates from a captive audience. However, with trainings scheduled as part of new employee orientation after fall 2017, several direct care workers received all three days in the same week. Because of this change, all non-direct care workers and most direct care workers participating in Phase Two from December 2017 through August 2018 were administered follow-up surveys through interdepartmental mail. Despite this challenge, 59 (26.1%) non-direct care staff and 167 direct care staff (73.9%) completed the one-month follow-up survey, for a total follow-up response rate of 50.6%.² For the one-year survey,

² Babbie (1990 & 1998) argues that a response rate of 50% can be considered representative of the larger population.

76 (61.8%) non-direct care staff and 47 (38.2%) direct care staff completed the survey, with a 27.52% response rate. The two-year survey yielded 99 responses, of which 66 (66.7%) were non-direct care and 33 (33.3%) were direct care staff, with a 22.15% response rate.

Table 1 reports the demographic information for the sample of employees for the pre-test. The 447 staff who completed the baseline survey before Gatekeeper Training included a wide array of both clinical and non-clinical staff. The average length of time staff had been employed at BHD was 7.86 years, with a standard deviation of 7.99 years. While some staff had been employed for only a few months, others were employed with BHD for over 20 years. The most frequent positions for those who completed Gatekeeper Training were healthcare specialist (18.3%), followed by administration (11.6%) and care worker (8.9%). Most employees at baseline were female (63.1%) and White (44.3%), with the most common age groups represented of 45-54 years of age (24.4%) and 55 and older (23%).

Table 1. Pre-Test Demographics for BHD.

Variable	Direct Care Worker		Non-Direct Care Worker		Total Sample	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Gender						
Male	53	17.8	56	37.3	109	24.4
Female	195	65.7	87	58	282	63.1
Transgender	4	1.3	--	--	4	.9
Other	1	.3	1	.7	2	.4
Missing	44	14.8	6	4	50	11.2
Age						
18-24	5	1.7	6	4	11	2.5
25-34	52	17.5	24	16	76	17
35-44	70	23.6	21	14	91	20.4
45-54	60	20.2	49	32.7	109	24.4
55+	60	20.2	43	28.7	103	23
Missing	50	16.8	7	4.7	57	12.8
Race/Ethnicity						
Black	106	35.7	41	27.3	147	32.9
White	114	38.4	84	56	198	44.3
Asian	6	2.0	2	1.3	8	1.8
Hispanic	7	2.4	8	5.3	15	3.4
Multiracial	7	2.4	5	3.3	12	2.7

Other	5	1.7	2	1.3	7	1.6
Missing	52	17.5	8	5.3	60	13.4
Position						
Healthcare Specialist	82	27.6	--	--	82	18.3
Supervisor/Coord.	--	--	--	--	--	--
Care Worker	40	13.5	--	--	40	8.9
Clerical/Administration	2	.7	50	33.3	52	11.6
Maintenance/Custodial	--	--	4	2.7	4	.9
Security	--	--	13	8.7	13	2.9
Quality Assurance	--	--	1	.7	1	.2
Human Resources	--	--	2	1.3	2	.4
IT/Analyst	--	--	3	2	3	.7
Other	5	1.7	17	11.3	22	4.9
Missing	168	56.6	60	40	228	51
Length of Employment	Mean	SD	Mean	SD	Mean	SD
	8.70	8.22	6.46	7.43	7.86	7.99

Table 2 reports the demographic information of the 226 respondents for the one-month follow-up. As can be seen, the average length of employment at BHD was 8.26 years (SD=8.20). Again, the most common positions reported were healthcare specialist (21.2%), followed by administration (9.7%) and care worker (7.5%). Most of the staff were female (66.4%), White (39.4%), and within the 45-54 age group (28.8%). Additional descriptive information is delineated by direct care staff and non-direct care staff.

Table 2. Post-Test Demographics for BHD at One-Month.

Variable	Direct Care Worker		Non-Direct Care Worker		Total Sample	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Gender						
Male	27	16.2	16	27.1	43	19
Female	113	67.7	37	62.7	150	66.4
Transgender	--	--	1	1.7	1	.4
Other	--	--	--	--	--	--
Missing	27	16.2	5	8.5	32	14.2
Age						
18-24	2	1.2	1	1.7	3	1.3
25-34	30	18	10	16.9	40	17.7
35-44	28	16.8	8	13.6	36	15.9
45-54	48	28.7	17	28.8	65	28.8
55+	34	20.4	16	27.1	50	22.1
Missing	25	15	7	11.9	32	14.2
Race/Ethnicity						
Black	63	37.7	11	18.6	74	32.7
White	56	33.5	33	55.9	89	39.4

Asian	6	--	--	--	6	2.7
Hispanic	4	3.6	3	5.1	7	3.1
Multiracial	--	2.4	2	3.4	2	.9
Other	8	4.8	3	5.1	11	4.9
Missing	30	18	7	11.9	37	16.4
Position						
Healthcare Specialist	48	28.7	--	--	48	21.2
Supervisor/Coord.	--	--	--	--	--	--
Care Worker	17	10.2	--	--	17	7.5
Clerical/Administration	1	.6	21	35.6	22	9.7
Maintenance/Custodial	--	--	--	--	--	--
Security	--	--	2	3.4	2	.9
Quality Assurance	--	--	--	--	--	--
Human Resources	--	--	--	--	--	--
IT/Analyst	--	--	--	--	--	--
Other	8	4.8	7	11.9	15	6.6
Missing	93	55.7	29	49.2	122	54
Length of Employment						
	Mean	SD	Mean	SD	Mean	SD
	9.31	8.56	5.41	6.39	8.26	8.20

Table 3 includes the demographic information for the 123 respondents who completed the one-year survey. The mean length of employment was 7.39 years (SD=6.67) for direct care employees and 7.95 (SD=7.91) for non-direct care employees. Most respondents were employed as healthcare specialist (4.1%), followed by clerical/administration (3.7%). The most common demographics for the one-year survey were female, 45-54 years of age, and White. The table also presents descriptive statistics for direct and non-direct care workers separately.

Table 3. Post-Test Demographics for BHD at One-Year.

Variable	Direct Care Worker		Non-Direct Care Worker		Total Sample	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Gender						
Male	8	17	22	28.9	30	24.4
Female	32	68.1	42	55.3	74	60.2
Transgender	--	--	--	--	--	--
Other	--	--	--	--	--	--
Missing	7	14.9	12	15.8	19	15.4
Age						
18-24	1	2.1	--	--	1	.8
25-34	11	23.4	6	7.9	17	13.8
35-44	10	31.3	17	22.4	27	22.0
45-54	11	23.4	26	34.2	37	30.1
55+	9	19.1	16	21.1	25	20.3
Missing	5	10.6	11	14.5	357	13.0

Race/Ethnicity						
Black	19	40.4	13	17.1	32	26.0
White	17	36.2	42	55.3	59	48.0
Asian	--	--	--	--	--	--
Hispanic	2	4.3	2	2.6	4	3.3
Multiracial	2	4.3	1	1.3	3	2.4
Other	1	2.1	3	3.9	4	3.3
Missing	6	12.8	15	19.7	362	17.1
Position						
Healthcare Specialist	19	40.4	--	--	19	4.1
Supervisor/Coord.	--	--	--	--	--	--
Care Worker	7	14.9	--	--	7	1.5
Clerical/Administration	--	--	17	22.4	17	3.7
Maintenance/Custodial	--	--	--	--	--	--
Security	--	--	3	3.9	1	.6
Quality Assurance	--	--	1	1.3	1	.2
Human Resources	--	--	--	--	--	--
IT/Analyst	--	--	--	--	--	--
Other	--	--	1	1.3	1	.2
Missing	21	44.7	54	71.1	416	89.7
Length of Employment	Mean	SD	Mean	SD	Mean	SD
	7.39	6.67	7.95	7.91	7.72	7.40

Table 4 presents the demographic information for the sample of 99 respondents at year two. As can be seen, respondents had worked at BHD for an average of 8.34 years (SD=8.12), and the most common positions reported were clerical/administration (24.2%) and care worker (16.2%). Most of the sample was female (58.6%), 45 and older (57.6%), and White (57.6%).

Table 4. Post-Test Demographics for BHD at Two-Years.

Variable	Direct Care Worker		Non-Direct Care Worker		Total Sample	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Gender						
Male	7	21.2	19	28.8	26	26.3
Female	21	63.6	37	69.2	58	58.6
Transgender	--	--	--	--	--	--
Other	--	--	--	--	--	--
Missing	5	15.2	10	15.2	15	15.2
Age						
18-24	--	--	--	--	--	--
25-34	5	15.2	6	9.1	11	11.1
35-44	7	21.2	9	13.6	16	16.2
45-54	8	24.2	22	33.3	30	30.3
55+	8	24.2	19	28.8	27	27.3
Missing	5	15.2	10	15.2	15	15.2

Race/Ethnicity						
Black	13	39.4	11	16.7	24	24.2
White	15	45.5	42	63.6	57	57.6
Asian	--	--	--	--	--	--
Hispanic	1	3	3	4.5	4	4
Multiracial	1	3	--	--	1	1
Other	--	--	--	--	--	--
Missing	3	9.1	10	15.2	13	13.1
Position						
Healthcare Specialist	13	39.4	--	--	13	13.1
Supervisor/Coord.	--	--	--	--	--	--
Care Worker	6	18.2	10	15.2	16	16.2
Clerical/Administration	--	--	24	36.4	24	24.2
Maintenance/Custodial	--	--	--	--	--	--
Security	--	--	--	--	--	--
Quality Assurance	--	--	--	--	--	--
Human Resources	--	--	--	--	--	--
IT/Analyst	--	--	--	--	--	--
Other	--	--	9	13.6	9	9.1
Missing	14	42.4	23	34.8	37	37.4
Length of Employment	Mean	SD	Mean	SD	Mean	SD
	7.96	7.95	8.53	8.28	8.34	8.12

In comparing the pre-test demographic statistics with the one-month, one-year, and two-year BHD employee demographic statistics, the groups appear to be similar. Chi-square tests for age, gender, race/ethnicity, and job position and an ANOVA for how long each employee had worked at MCBHD were conducted to determine whether there were significant differences between respondents at the pre-test and the three post-tests. The only variable that was significantly different between the two sets of data was the distribution of direct care versus non-direct care employees. Gender, race/ethnicity, age, position held, and years worked at BHD did not differ significantly between the pre-and post-samples.

Design and Analysis

The design for this program evaluation is to compare baseline survey responses from existing employees to a one-month, one-year, and two-year follow-up. At the beginning of each Gatekeeper Training, the evaluators or a research assistant would explain the purpose of the

evaluation and would administer the paper-and-pen survey to eligible employees. For most direct care workers, they were asked to complete the one-month follow-up survey by the evaluators and research assistants at the end of Phase Two training. Non-direct care workers and direct care workers, who completed both phases of the training within the same week, were administered the one-month follow-up survey via interdepartmental mail. All surveys were anonymous; no names or identifiers were collected. Year one surveys were administered from September through October 2018, corresponding to the year marker for two-thirds of employees. Year two surveys were administered from July through August 2019, as the grant period ended in September 2019.

To increase response rates for these individuals, the evaluators utilized a modification of the Dillman method of survey administration (Dillman, Smyth, & Christian, 2009). Three mailings were used for the one-month surveys; four mailings were used for the one-year and two-year surveys. The first mailing contained the initial anonymous survey and a blue post card containing the employee's name. Employees were directed to return the survey to a locked box for which only the evaluation team had keys. The postcard was to be returned in a separate locked box so there would be no link between a staff member's survey and their postcard. This allowed the survey to remain anonymous while allowing for follow-ups to be administered to those who had not yet completed the survey. Those who refused participation were instructed to simply return the post-card to avoid receiving follow-ups. The second mailing was an orange post card reminder to complete the survey, and the third was another copy of the survey and a green post card to track responses and refusals. The fourth mailing was a pink postcard as a final reminder urging employees to complete their survey.

Quantitative Outcome Measures

This evaluation included measures for role conflict, conflict resolution skills, perceptions of confidence in keeping oneself and others safe, horizontal violence at work, burnout, turnover intention, and feelings of safety at Milwaukee County BHD. In addition, direct care workers were asked questions about role conflict with security, moral sensitivity, perceptions of patients, confidence in working with behavioral health patients, and employer constraints in providing adequate care. At the one-month follow-up, four outcome measures were examined for all employees – conflict resolution skills, perceptions of confidence in keeping oneself and others safe, horizontal violence at work, and feelings of safety at Milwaukee County BHD. In addition, four outcome measures were examined for direct care workers – moral sensitivity, perceptions of patients, confidence in working with behavioral health patients, and employer constraints in providing adequate care. At the one-year and two-year follow-up, the measures for role conflict, conflict resolution skills, perceptions of confidence in keeping oneself and others safe, horizontal violence at work, feelings of safety at Milwaukee County BHD, burnout, and turnover intention were examined. The four measures specific to direct care workers at the one-month survey were also included, as well as a scale of role conflict for direct care workers in relation to security’s role. See Table 5 for a summary of the outcomes at each time point.

Table 5. Outcomes Measured in Follow-Up Surveys.

	All Employees	Direct Care Employees Only
One-Month Outcomes	1) Conflict resolution skills 2) Confidence in keeping oneself and others safe 3) Horizontal violence at work 4) Feelings of safety at MCBHD	1) Moral sensitivity 2) Perceptions of patients 3) Confidence in working with BH patients 4) Employer constraints in providing adequate care
Additional Outcomes in One- and Two-Year	5) Role conflict 6) Burnout 7) Turnover intention	5) Role conflict in relation to security’s role

Universal Outcomes

The first universal outcome was measured through a six-question scale regarding role conflict within the workplace, adapted from Rizzo, House, and Lirtzman (1970).³ This scale contained questions such as “I have to do things that should be done differently” and “I receive requests from two or more people that are at odds with each other.” The Cronbach alpha for this measure was adequately reliable at each time point (.794 pre, .847 one-year, .871 two-years). Higher values on this scale indicate greater role conflict.

The second universal outcome was measured through a five-question scale regarding conflict resolution skills. This scale contained questions such as, “During a conflict, it is important to listen to the other person’s point of view” and “When I negotiate, I think about everyone’s needs.” The Cronbach alpha for this measure was .796 on the pre-test, .564 at one-month, .7 at one-year, and .666 at two-years, indicating that the scale was adequately reliable. Higher scores on this scale indicate stronger conflict resolution tactics.

The third outcome examined respondents’ confidence in their abilities to keep themselves and others safe during a physical or verbal altercation at work. This ten-item scale contained items such as, “I am confident that I can handle a verbal conflict with a person,” “I am confident that I can handle a physical conflict with a person,” “I am confident that if a person tried to physically assault me, I could keep myself safe,” and “I am confident that if a person tried to physically assault me, I could keep the person safe.” The Cronbach alpha for this measure was .823 on the pre-test, .88 at one-month, .866 at one-year, and .892 at two-years, indicating that the

³ This outcome measure was not asked of respondents at the one-month survey.

scale was adequately reliable. Higher values on this scale indicate greater confidence in keeping oneself and others safe.

For these first three outcomes (i.e., role conflict, conflict resolution skills, and confidence in keeping self and others safe), respondents indicated their level of agreement for each item on a Likert scale ranging from “Strongly Agree” to “Strongly Disagree.” Responses were coded from five to one, with five indicating “Strongly Agree” and one indicating “Strongly Disagree.” Negative items were appropriately reverse coded and an average of all items on the scale was calculated.

For the fourth outcome, respondents were asked to report their experiences with horizontal violence in the last month. Respondents were asked how often they personally experienced or witnessed the following: harsh criticism of someone without having heard both sides of the story, making hurtful remarks to or about coworkers in front of others, complaining about a coworker to others instead of attempting to resolve a conflict, and raising eyebrows or rolling eyes at another coworker. This scale was adopted from Dumont, Riggelman, Meisinger, and Lein (2011). Respondents indicated their experiences with each behavior in the past month on a scale of never, once, a few times, monthly, weekly, and daily. Responses were coded so that a higher number indicated more frequent experiences with the behaviors. An average was then calculated for each respondent. The Cronbach alpha for this measure was .9 on the pre-test, .852 at one-month, .884 at one-year, and .918 at two-years, indicating that the scale was adequately reliable.

Feelings of safety while working at MCBHD were examined for the fifth outcome. This consisted of comparing pre- and post-responses to the following question, “How often do you feel safe (free from violence) while working at the Milwaukee County Behavioral Health

Division.” Respondents indicated their level of agreement to this statement on a scale of never, once, a few times, monthly, weekly, and daily. Responses were coded so that a higher number indicates more frequent feelings of safety.

Two additional sets of outcomes were asked of employees at the pre-test and each year. The sixth outcome examined turnover intention and asked respondents whether they occasionally think of leaving Milwaukee County BHD, as well as if they intend to leave in the next few months or years. This scale was adapted from Nissly, Mor Barak, & Levin (2005). Respondents were asked to indicate their level of agreement on a five-point scale ranging from “Strongly Agree” to “Strongly Disagree,” and an average was calculated for each respondent. The Cronbach alpha for this scale was .768 at the pre-test, .716 at one-year, and .81 at two-years, indicating that the scale was adequately reliable. Responses were coded so that a higher number indicates greater intention of turnover.

The seventh outcome examines burnout among direct care workers and non-direct care workers separately. The Oldenburg Inventory was used for non-direct care workers and is a 12-item scale that includes statements such as “There are days I feel tired before I arrive to work” and “I find my work to be a positive challenge” (Demerouti, Bakker, Vardakou, & Kantas, 2003). Responses for this scale were on a four-point Likert scale ranging from “Strongly Agree” to “Strongly Disagree.” The Cronbach alpha for this scale was .831 at the pre-test, .856 at one-year, and .849 at two-years, indicating that the scale is adequately reliable. For direct care workers, the Malash Burnout Inventory was used, which is an 18-item scale (Malasch, Jackson & Leiter, 1996). Statements on this scale included “I feel used up at the end of the workday” and “I have become more callous toward people since I took this job.” Respondents were asked to circle a number that corresponded to their attitudes, ranging from 0 (Never) to 6 (Daily). The Cronbach alpha for this scale was .848 at the pre-test, .837 at one-year, and .896 at two-years, indicating that the scale

was adequately reliable. For both burnout scales, *higher* numbers indicate *less* burnout among employees, responses were reverse coded for applicable items, and an average was calculated for each respondent.

Additional Healthcare Worker Outcomes

Five additional outcome measures were examined for direct care workers. The first assessed moral sensitivity towards behavioral healthcare patients. This four-item scale was adopted from Lutzen, Dahlqvist, Eriksson, and Norberg (2006) and contained items such as, “When caring for patients, I am always aware of the balance for doing good and the risk of causing harm” and “I always feel a responsibility for the patient receiving good care even if the resources are inadequate.” Cronbach alpha statistics of .72 on the pre-test, .619 at one-month, .732 at one-year, and .557 at two-years indicate the scale was adequately reliable.

The second measure examined direct care workers’ perceptions of behavioral health patients. This outcome was assessed with an eight-item scale adopted from Gibb, Beautrais, and Surgenor (2010). It contained items such as, “Behavioral health patients are difficult to work with,” “Behavioral health patients are a waste of my time,” and “I think my contact with behavioral health patients is helpful to them.” Cronbach alpha statistics of .765 on the pre-test, .633 at one-month, .584 at one-year, and .79 at two-years indicate the scale was adequately reliable. Each scale was coded so that higher numbers indicate greater moral sensitivity and more positive perceptions of patients, respectively.

Two survey items assessed the third outcome, respondents’ confidence in working with behavioral health patients. The first asked respondents their level of agreement with the following statement, “I think I am adequately trained to deal with behavioral health patients.” The second asked level of agreement with, “I feel confident in assessing the risks of violent outburst in behavioral health patients.” Cronbach alpha statistics of .704 on the pre-test, .703 at

one-month, and .715 at two-years indicate the scale was adequately reliable. Unfortunately, at one-year the alpha was .258, which suggests some issues with reliability based on respondents' answers. For this scale, responses were coded so that higher numbers indicate greater confidence in working with behavioral health patients. The last outcome was assessed through one question, "MCBHD makes it difficult to deal with patients." This item was coded so that higher values indicate more perceived difficulty in working with patients in Milwaukee County BHD.

Finally, direct care workers were asked about role conflict specific to working with security to keep patients safe.⁴ A five-item scale was asked of respondents, including items such as, "If I have to call security for assistance with a patient, I know what decisions should be made by me as the health care specialist" and "I have confidence that the security at MCBHD will listen to me when it concerns the health of a patient." The Cronbach alpha for the scale was .774 at the pre-test, .726 at one-year, and .803 at two-years, indicating that the scale was adequately reliable. This scale was coded so that higher numbers indicate greater role conflict between direct care workers and security.

For all four outcomes, respondents indicated their level of agreement on a Likert scale ranging from "Strongly Agree" to "Strongly Disagree." Responses were coded from five to one, with five indicating "Strongly Agree" and one indicating "Strongly Disagree." For outcomes that were scaled (e.g., moral sensitivity, perceptions of patients, confidence in working with patients) negative items were appropriately reverse coded and an average of all items on the scale was calculated.

⁴ This scale was not included in the one-month survey.

Quantitative Results of Outcome Measures

For each of the outcomes examined, ANOVAs were conducted to determine whether the survey responses differed across any time points. The following section presents the results of these statistical tests and whether there were significant differences between each time point.

Universal Outcome Results

Results for universal outcomes measures are presented in Table 6. As shown in the table, respondents indicated decreased role conflict when comparing the pre-test to the one-year post-test and two-year post-test. There were no significant differences in comparing the one-year to two-year averages for role conflict, suggesting the effect was sustained over time. Similarly, employees' conflict resolution skills and confidence in keeping themselves and others safe changed over the course of the evaluation. When comparing the pre-test to the one-month period, respondents' conflict resolution skills significantly improved, yet there were no significant differences when comparing the pre-test to the one-year or two-year time periods. Interestingly, respondents' conflict resolution skills decreased between the one-month to two-year time periods, suggesting that changes in conflict resolution skills were short-term in nature. Employees' confidence in keeping themselves and others safe, however, increased when comparing the pre-test to the one-month follow-up, the one-year follow-up, and the two-year follow-up, suggesting that training had a long-term impact on these perceptions. The comparisons between other time points demonstrate that the greatest change was between the pre-test and one-month after the training, as there were decreases in these perceptions when comparing one-month to one-year and one-year to two-year.

The second set of outcomes examines coworker conflict and general feelings of safety. There were significant changes in employees' perceptions of horizontal violence at work in the anticipated direction. Staff reported less experience with various forms of staff conflict and aggression when comparing the pre-test to one-month, as well as comparing the pre-test to one-year and two-years. General feelings of safety increased over time; although there were no significant differences between the pre-test and the one-month survey, this increase was significant when comparing the pre-test to one-year and two-years.

The third set of outcomes relates to burnout and turnover intentions. When looking at non-direct care workers, there were no significant differences in burnout over time, suggesting the training had no impact on burnout. For direct care workers, by contrast, there were significant differences over time in their burnout. These employees had decreased burnout over time when comparing the pre-test to one-year and two-year follow-ups, yet there were no differences when comparing the one-year to two-year time periods. The largest change occurred between the pre-test and one-year follow-up. Finally, there were significant differences in turnover intention across time. Turnover intention was higher at the one-year and two-year time points compared to the pre-test, demonstrating that turnover attitudes actually increased over the duration of the evaluation.

Table 6: Quantitative Results for MCBHD Employees

Measure	Mean for Groups	Mean Difference Between Groups
Role Conflict F= 11.525***	Pre-test= 2.972 One-year= 2.639 Two-year= 2.663	Pre-test to One-year= .333*** Pre-test to Two-year= .309** One-year to Two-year= -.025
Conflict Resolution Skills F= 11.731***	Pre-test= 4.132 One-month= 4.382 One-year= 4.274 Two-year= 4.206	Pre-test to One-month= -.251*** Pre-test to One-year= -.143^ Pre-test to Two-year= -.075 One-month to One-year= .108 One-month to Two-year= .176* One-year to Two-year= .068

Confidence in Safety Skills F= 37.743***	Pre-test= 3.634 One-month= 4.169 One-year= 3.906 Two-year= 3.845	Pre-test to One-month= -.536*** Pre-test to One-year= -.273*** Pre-test to Two-year= -.211* One-month to One-year= .263** One-month to Two-year= .324*** One-year to Two-year= .061
Experience with Horizontal Violence F= 8.841***	Pre-test= 1.692 One-month= 1.224 One-year= 1.275 Two-year= 1.239	Pre-test to One-month= .469*** Pre-test to One-year= .417* Pre-test to Two-year= .453* One-month to One-year= -.051 One-month to Two-year= -.015 One-year to Two-year= .036
Feelings of Safety at Work F= 5.862**	Pre-test= 3.471 One-month= 3.662 One-year= 4.091 Two-year= 4.071	Pre-test to One-month= -.189 Pre-test to One-year= -.620** Pre-test to Two-year= -.599* One-month to One-year= -.430 One-month to Two-year= -.410 One-year to Two-year= .020
Burnout Among Non-Direct Care Employees F= 1.523	Pre-test= 2.625 One-year= 2.778 Two-year= 2.792	Pre-test to One-year= -.153 Pre-test to Two-year= -.167 One-year to Two-year= -.014
Burnout Among Direct Care Employees F= 147.479***	Pre-test= 2.627 One-year= 4.122 Two-year= 4.154	Pre-test to One-year= -1.495*** Pre-test to Two-year= -1.527*** One-year to Two-year= -.032
Turnover Attitudes F= 37.801***	Pre-test= 1.692 One-year= 2.585 Two-year= 2.633	Pre-test to One-year= -.892*** Pre-test to Two-year= -.940*** One-year to Two-year= -.048

Note: ^p=05, *p<.05, **p<.01, ***p<.001

Direct Care Worker Outcome Results

Results for the five direct care worker outcomes are presented in Table 7. As shown in the table, there were no significant differences over time in role conflict for direct care workers with regards to their interactions with security, nor were there differences in moral sensitivity. Direct care workers reported greater confidence in working with patients at the one-month and one-year time periods compared to the pre-test; however, there were no significant differences when comparing the pre-test to two-years. Additionally, staff perceptions that BHD makes it difficult to care for patients effectively decreased when comparing the pre-test to one-month,

one-year, and two-year time periods. One outcome measure changed in unanticipated directions. Direct care workers reported lower perceptions of patients at the one-month and one-year time periods compared to the pre-test, while there were no significant differences between the pre-test and two-years.

Table 7: Quantitative Results for MCBHD Direct Care Employees

Measure	Mean for Groups	Mean Difference Between Groups
Role Conflict Among Direct Care-Workers F= 2.968	Pre-test= 3.543 One-year= 3.804 Two-year= 3.752	Pre-test to One-year= -.261 Pre-test to Two-year= -.208 One-year to Two-year= -.025
Moral Sensitivity F= 1.149	Pre-test= 4.523 One-month= 4.346 One-year= 4.201 Two-year= 4.152	Pre-test to One-month= -.094 Pre-test to One-year= .051 Pre-test to Two-year= .101 One-month to One-year= .145 One-month to Two-year= .194 One-year to Two-year= .050
Perceptions of Patients F= 9.474***	Pre-test= 4.159 One-month= 3.971 One-year= 3.782 Two-year= 3.943	Pre-test to One-month= .188** Pre-test to One-year= .377** Pre-test to Two-year= .216 One-month to One-year= .189 One-month to Two-year= .023 One-year to Two-year= -.161
Confidence in Working with Patients F= 18.911***	Pre-test= 3.789 One-month= 4.235 One-year= 4.065 Two-year= 4.015	Pre-test to One-month= -.445*** Pre-test to One-year= -.276* Pre-test to Two-year= -.226 One-month to One-year= .169 One-month to Two-year= .219 One-year to Two-year= .050
Difficulty in Dealing with Patients Appropriately F= 60.568***	Pre-test= 3.802 One-month= 2.469 One-year= 2.489 Two-year= 2.469	Pre-test to One-month= 1.333*** Pre-test to One-year= 1.312*** Pre-test to Two-year= 1.333*** One-month to One-year= -.021 One-month to Two-year= .000 One-year to Two-year= .021

Note: *p<.05, **p<.01, ***p<.001

Quantitative Results on Perceptions of Training

Perception of Training

Statistics for the survey responses asking about direct care employees’ perceptions of the training at one-month are provided in Table 8. When asked if individuals felt the training was a

good use of their time, about 90% “agreed” or “strongly agreed” to the statement. Approximately 94% also “agreed” or “strongly agreed” that they learned a lot from the Vistelar training. The majority of the direct care employees (91%) answered “agree” or “strongly agree” when asked if they felt like they can apply the skills they learned in the training to their job. Most direct care employees felt the trainers were easy to understand (95.2%) and that the trainers were knowledgeable about the content they were presenting (96.4%). When asked if direct care employees were engaged during the training, 93.5% of the employees answered “agree” or “strongly agree.” The majority (86.8%) either “agreed” or “strongly agreed” when asked if the training had taught them skills they never learned before.

Table 8: Perceptions of Training for Direct Care Workers

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
I felt the training was a good use of my time	109 (65.3)	40 (24.0)	9 (5.4)	4 (2.4)	1 (0.6)
I learned a lot from the training	115 (68.9)	42 (25.1)	4 (2.4)	1 (0.6)	1 (0.6)
I feel like I can apply the skills I learned in the training to my job	108 (64.7)	44 (26.3)	6 (3.6)	4 (2.4)	1 (0.6)
The trainers were easy to understand	114 (68.3)	45 (26.9)	3 (1.8)	0 (0)	1 (0.6)
The trainers were knowledgeable about the content they were presenting.	133 (79.6)	28 (16.8)	1 (0.6)	0 (0)	1 (0.6)
I felt engaged during the training	120 (71.9)	36 (21.6)	3 (1.8)	1 (0.6)	1 (0.6)
This training taught me skills I have never learned before	99 (59.3)	46 (27.5)	7 (4.2)	8 (4.8)	2 (1.2)

Note. Percentages in parenthesis. Percentages may not add up to 100% due to missing data.

Statistics for the survey responses asking about non-direct care employees’ perceptions of the training at one-month are provided in Table 9. When asked if individuals felt the training was a good use of their time, about 72% “agreed” or “strongly agreed” to the statement. Approximately 68% also “agreed” or “strongly agreed” that they learned a lot from the Vistelar training. The majority of the non-direct care employees (70%) answered “agree” or “strongly

agree” when asked if they feel like they can apply the skills they learned in the training to their job. Most non-direct care employees felt the trainers were easy to understand (86%) and that the trainers were knowledgeable about the content they were presenting (93%). When asked if non-direct care employees were engaged during the training, 86% of the employees answered “agree” or “strongly agree.” The majority (64.9%) either “agreed” or “strongly agreed” when asked if the training had taught them skills they never learned before.

Table 9: Perceptions of Training for Non-Direct Care Workers

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
I felt the training was a good use of my time.	13 (22.8)	28 (49.1)	9 (15.8)	5 (8.8)	1 (1.8)
I learned a lot from the training.	10 (17.5)	29 (50.9)	12 (21.1)	4 (7.0)	1 (1.8)
I feel like I can apply the skills I learned in the training to my job.	10 (17.5)	30 (52.6)	13 (22.8)	3 (5.3)	0 (0)
The trainers were easy to understand.	23 (40.4)	26 (45.6)	4 (7.0)	3 (5.3)	0 (0)
The trainers knew a lot about the information they were presenting.	29 (50.9)	24 (42.1)	1 (1.8)	1 (1.8)	0 (0)
I felt engaged during the training.	22 (38.6)	27 (47.4)	5 (8.8)	1 (1.8)	1 (1.8)
This training taught me skills I have never learned before.	8 (14.0)	29 (50.9)	10 (17.5)	8 (14.0)	1 (1.8)

Note. Percentages in parenthesis. Percentages may not add up to 100% due to missing data.

Usefulness of Skills

One-Month

As shown in Table 10, approximately 66% of direct care employees “agreed” or “strongly agreed” that the training caused them to practice empathy more often at work (65.8%). The majority of healthcare employees “agreed” or “strongly agreed” that the training made them more aware of their conflict triggers (74.2%). Approximately 77% of the employees “agreed” or “strongly agreed” that the training made them more aware of other people’s conflict triggers (76.6%). When asked if direct care employees built trigger guards to respond to their conflict

triggers, 67.7% “agreed” or “strongly agreed.” Employees were asked if they have used the non-escalation skills taught in training and about 87% “agreed” or “strongly agreed” with the statement. The majority of the direct care employees (86.8%) also reported using the de-escalation techniques. The training also helped most direct care employees become more aware of their physical presence when interacting with people at work (88.6%).

Table 10: Usefulness of Skills for Direct Care Workers at One Month.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
The training caused me to practice empathy more often at work.	42 (25.1)	68 (40.7)	42 (25.1)	7 (4.2)	4 (2.4)
The training has made me more aware of my conflict triggers.	49 (29.3)	75 (44.9)	26 (15.6)	10 (6.0)	2 (1.2)
The training has made me more aware of others people’s conflict triggers.	46 (27.5)	82 (49.1)	26 (15.6)	9 (5.4)	0 (0)
I have built trigger guards to respond to my conflict triggers.	35 (21.0)	78 (46.7)	38 (22.8)	10 (6.0)	1 (.6)
I have used the non-escalation skills taught in the training.	59 (35.3)	87 (52.1)	12 (7.2)	4 (2.4)	1 (.6)
I have used the de-escalation skills taught in the training.	57 (34.1)	88 (52.7)	15 (9.0)	2 (1.2)	1 (.6)
The training has made me more aware of my physical presence when interacting with people at work.	63 (37.7)	85 (50.9)	12 (7.2)	3 (1.8)	0 (0)

Note. Percentages in parenthesis. Percentages may not add up to 100% due to missing data.

Approximately 46% of non-direct care employees “agreed” or “strongly agreed” that the training caused them to practice empathy more often at work (45.6%). Just over half of non-direct care employees “agreed” or “strongly agreed” that the training made them more aware of their conflict triggers (50.9%). Nearly half of the employees agreed or strongly agreed that the training made them more aware of other people’s conflict triggers (46.1%). When asked if non-direct care employees built trigger guards to respond to their conflict triggers, 42.1% “agreed” or “strongly agreed.” Non-direct care employees were asked if they have used the non-escalation skills taught in training and about 40% “agreed” or “strongly agreed” with the statement. Just

over a third of the non-direct care employees (35.1%) reported using de-escalation techniques. The training also helped the majority of non-direct care employees become more aware of their physical presence when interacting with people at work (66.7%). These statistics are presented in Table 11. Additional descriptive statistics for perceptions of the usefulness of skills at years one and two are presented in Appendix B. In general, the results at years one and two follow the descriptive statistics presented here for direct care workers and non-direct care workers, with most respondents finding the skills helpful or neutral.

Table 11: Usefulness of Skills for Non-Direct Care Workers at One Month.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
The training caused me to practice empathy more often at work.	6 (10.5)	20 (35.1)	23 (40.4)	5 (8.8)	2 (3.5)
The training has made me more aware of my conflict triggers.	9 (15.8)	20 (35.1)	21 (36.8)	4 (7.0)	2 (3.5)
The training has made me more aware of others people's conflict triggers.	10 (17.5)	22 (28.6)	19 (33.3)	3 (5.3)	2 (3.5)
I have built trigger guards to respond to my conflict triggers.	7 (12.3)	17 (29.8)	27 (47.4)	4 (7.0)	1 (1.8)
I have used the non-escalation skills taught in the training.	8 (14.0)	15 (26.3)	20 (35.1)	12 (21.1)	1 (1.8)
I have used the de-escalation skills taught in the training.	8 (14.0)	12 (21.1)	22 (38.6)	10 (17.5)	4 (7.0)
The training has made me more aware of my physical presence when interacting with people at work.	11 (19.3)	27 (47.4)	12 (21.1)	6 (10.5)	0 (0)

Note. Percentages in parenthesis. Percentages may not add up to 100% due to missing data.

Effectiveness

One-Month

In examining perceptions of the effectiveness of the Gatekeeper Training skills at one-month, overall, most of the direct care employees used the non-escalation techniques and found that they were effective. The majority of employees used the *Universal Greeting* (88%) and all employees found it effective when they used it. In addition, the *Five Approaches to Showing*

Respect demonstrated similar results with 89.2% of direct care employees using the skill, and of those, 98.6% found it to be effective. A majority of direct care employees used the *Establish a Social Contract* skill (83.2%) and *Proxemics* techniques (87.4%), and of those, about 99% found the *Establish a Social Contract* to be effective and 98.6% found *Proxemics* to be effective.

Employees who used the *Showtime Mindset* (83.2%) found it effective about 97.8% of the time.

An even higher percentage of direct care employees used the beyond active listening technique (89.8%), and approximately 98% found it effective. For the de-escalation techniques, employees used these skills the majority of the time and found them to be effective in almost all of the instances they were used. The majority of employees (90%) used the *Re-direct* technique, and it was rated effective 98% of the time. Most also used the *Persuasion Sequence* (84.4%) and the *Crisis Intervention* techniques (86.2%), with 100% effectiveness for the *Persuasion Sequence* and about 99% effectiveness for *Crisis Intervention*.

For non-direct care employees, the majority of employees used the *Universal Greeting* (77.2%), and 97.7% found it effective. In addition, the *Five Approaches to Showing Respect* demonstrated similar results, with 86% reporting using it and 97.9% finding it effective.

Approximately 58% of non-direct care employees used the *Establish a Social Contract* technique and 53% used the *Proxemics* techniques. Of those who utilized these skills, about 88% found *Establish a Social Contract* to be effective and 82.8% found *Proxemics* effective. Although fewer employees reported using the *Showtime Mindset* (63.1%), those who used the skill found it effective about 89% of the time. Finally, the *Beyond Active Listening* technique was used almost 80% of the time (78.9%), and approximately 96% found it effective. De-escalation techniques were less commonly used by non-direct care employees, yet when used, they demonstrated high ratings of effectiveness. *Re-direct* was used by approximately 58% of non-direct care employees

(57.9%), and 100% of employees who tried the skill found it effective. As for the *Persuasion Sequence*, just over half of the employees used the technique, with 93.1% reporting that they found it effective. The *Crisis Intervention* technique was used by only 40.4% of non-direct care workers, yet 100% of those who tried this skill found it effective.

One-Year

Perceptions of the effectiveness of the Gatekeeper Training skills at one-year demonstrate that generally direct care employees have used the skills and, when used, mainly find them to be effective. All direct care employees used the *Universal Greeting*, and 97.9% found it effective. Similarly, all staff used the *Five Approaches to Showing Respect*, again with 97.9% rating it as effective. Almost 90% (89.4%) of direct care staff have used *Establish a Social Contract*, of whom 92.9% rated it as effective. Most staff have used *Proxemics* (85.7%) and the majority of these individuals (94.4%) found it to be effective. Slightly less commonly used was the *Showtime Mindset* (79.1%), yet 82.4% rated it as effective. *Beyond Active Listening* was used by all direct care workers at one-year, with 90.2% rating it as effective. For the de-escalation techniques, a similar trend of use and effectiveness rating emerged. *Re-direct* was used by almost all direct care workers (97.8%), with 93.3% rating it as effective at reducing conflict. Most used the *Persuasion Sequence* (88.9%), with 92.5% finding it helpful. Lastly, *Crisis Intervention* skills were used by 93.5% of direct care workers, with 95.3% rating it as effective.

As with the one-month results, non-direct care workers used the non-escalation and de-escalation skills less frequently. Skills that were used more often by non-direct care workers included the *Universal Greeting* (80.8%), *Five Approaches to Showing Respect* (86.5%), and *Beyond Active Listening* (87.5%). These skills were found to generally be effective when applied in non-direct care settings (98.3%, 96.9%, and 96.8%, respectively). Fewer staff had used the

Social Contract skill (63.8%), yet 97.7% found it helpful. Even less frequently used was *Proxemics* (54.3%), yet again 97.4% of those who used the skill found it effective. The *Showtime Mindset* was used by just over two-thirds of non-direct care staff (68.6%) at one-year, with 97.9% finding it effective. For de-escalation skills, a similar picture of less common use of skills emerged. *Re-direct* was used by 73.6% of non-direct care staff, yet 90.6% found it effective. *Persuasion Sequence* and *Crisis Intervention* skills were used less commonly (57.7% and 58.8%), yet they tended to be rated as helpful when used (80.5% and 90.5%).

Two-Years

Direct care workers tended to report utilizing the skills from Gatekeeper Training through the second year of the evaluation. All staff reported using the *Universal Greeting* and *Five Approaches to Showing Respect*, with the vast majority rating these skills as effective (90.9% and 93.9%). Most direct care workers have used *Establish a Social Contract* and *Beyond Active Listening* (90.3% and 93.9%), again with high ratings of effectiveness (96.4% and 93.5%). *Proxemics* was used by 84.8% of direct care workers, with 78.6% rating it as helpful. Over 80% (81.8%) of staff reported using the *Showtime Mindset*, and 85.2% found it effective. Similar findings emerge for the de-escalation skills. *Persuasion Sequence* was used by 87.9% of direct care workers through year two, with 93.1% rating the skill as helpful for reducing conflict. All direct care workers reported using *Re-direct*, and 97% of those rated it as effective. Finally, the vast majority of direct care workers used *Crisis Intervention* skills (97.0%); of those, 93.8% rated it as effective.

A similar trend emerges for non-direct care workers at two-years for utilizing skills compared to the one-month and one-year surveys. Just under 70% (69.8%) of non-direct care workers reported using the *Universal Greeting*, with 97.7% rating it as effective. More

commonly used was the *Five Approaches to Showing Respect* (77.8%), with 95.9% feeling it was effective. *Beyond Active Listening* was also used more frequently among non-direct care workers (73.8%); of which, 97.8% of staff felt the skill was helpful. Less commonly utilized were *Establish a Social Contract*, *Proxemics*, and *Showtime Mindset* (59.0%, 58.3% and 61.0%, respectively). When used, these skills were rated as highly effective (94.4%, 97.1%, and 94.4%, respectively). The de-escalation skills have similar results. 75% of non-direct care workers reported using *Re-direct*, with 97.9% rating the skill as effective when used. Just under 60% (58.7%) of non-direct care staff used the *Persuasion Sequence* at least once by the second year; of which, 97.3% rated it as helpful in reducing conflict. Finally, 60.9% reported using *Crisis Intervention* skills, with 97.4% stating the skill was effective.

From the above findings at one-month, one-year, and two-years, direct care workers report using the non-escalation and de-escalation skills more commonly than non-direct care workers. Utilization of these skills is relatively consistent over time for each group of employees, suggesting that the training has influenced approaches to conflict and potential conflict.

Qualitative Measures of Perceptions of Training

Two focus groups were conducted with existing employees after they completed the Gatekeeper Training to better capture their thoughts on the training content and flow, utility of skills learned, and any recommendations they had for improving the training or implementation across Milwaukee County BHD. Appendix A contains the list of interview questions that were asked of participants. One group was a mix of direct care workers; the other a mix of non-direct care workers – whether in administration positions or serving clients in the community. Focus groups were conducted by a research assistant and transcribed. The evaluators analyzed the

transcripts for key themes emerging from each group, with comparisons made between groups. Four themes were prevalent across groups, which will be outlined below.

Qualitative Results on Perceptions of Training and Implementation

The focus groups elicited a variety of perceptions about the training and whether changes had been made across Milwaukee County BHD. Four main themes emerged from these focus groups: two focused on recommendations specific to the training (Vistelar or BHD trainers) and BHD administrators, while the other two emphasized the aspects of the training most useful and how the training has changed the culture at Milwaukee County BHD. A discussion of each theme follows.

Key Training Takeaways

The feedback from employees on the training was generally quite positive, with most expressing how useful the skills were when applied to their positions. One focus group participant stated, “The presenters were incredibly knowledgeable on the training they were providing. I also think that it is very useful for anybody on a unit or having active engagement with consumers.” One of the biggest strengths of the training was the emphasis on teamwork and communication between coworkers as key for reducing conflict. Second, participants appreciated the emphasis on assessing the situation before entering a room, as well as role clarification on who is to take charge in a de-escalation situation. Staff mentioned that because everyone had gone through the training, regardless of department or unit, they felt comfortable with handling any crisis. In terms of which tools or tactics were seen as most helpful, both groups mentioned the *Showtime Mindset*, *Five Ways to Show Respect*, and *Universal Greeting* were the tools they used daily whether working with clients or interacting with coworkers. One focus group participant commented on her common use of the *Showtime Mindset*, “... by the time I got to

Friday, I was exhausted. And right before I got into that, I thought, *Showtime*. And that is something I will always keep. Stop, put things back together for a moment, and *Showtime*, let's do this." For those who went through Phase 2 training, they appreciated the hands-on training, particularly the direction of who should be taking charge, what positions should be assumed in a stabilization technique, and the importance of assessing a situation before acting. Participants mentioned that these techniques increased their feelings of safety while working at BHD and that they felt empowered in the work they do. Several praised the instructors from Vistelar for demonstrating modifications for the stabilization and hands-on techniques that could be done across different strength and ability levels.

Cultural Changes

In addition to discussing strengths of the training, many participants emphasized that the training had led to changes across departments and the organization as a whole. Some mentioned that historically there was less emphasis on showing respect, but they noticed a distinct change since the training. When discussing respect as a cultural change, participants often emphasized that the skills they learned in Gatekeeper Training were part of how their department or unit acted with one another and toward clients. Some emphasized that there was more of a focus on teamwork in the units that provided direct patient care, better communication among staff, and more support among employees when handling conflict. One focus group participant commented, "I can go to a code and be comfortable because I know everyone is going to communicate." Some felt that the mixed seating at the trainings helped foster this culture of teamwork, as they were able to connect with employees with whom they normally do not work.

Although many cited a positive change in the culture at BHD, several voiced concerns that the change may not be long-lived. Some felt that the high rates of turnover, coupled with

delays in having everyone, and supervisors in particular, trained dampened the impact of the training on changing the culture. Others felt that employees who had worked at the organization for longer periods, or physicians, may not work as a team when handling a crisis, particularly if hands-on tactics are needed.

Training Recommendations

While there were many positive perceptions of the training, areas for improvement were also discussed. Many of the staff interviewed felt that the training sessions for both Gatekeeper and Phase 2 Trainings were drawn out, with too many breaks or too much repetition. Some recommended condensing Gatekeeper Training into a half day training and Phase 2 into two half-day sessions, as they felt that 8 hours of training became too long to remain focused and engaged. Others would like more practice opportunities for some of the hands-on positions, including practicing with coworkers while trainers observed, corrected, and offered suggestions. Still others wanted more time for applied questions and felt as though questions raised were at times brushed off as “what ifs,” yet were applicable to experiences they had in the past. Employees who work in the community also recommended more examples to their environment, where they often do not work in team settings. Others voiced the need for specialized training to address their unique experiences with clients. Participants were also concerned that not having a module on documenting situations with clients (e.g., hand sweep, escape to a safe zone) could still lead to problems if everyone was not instructed on the language to use when writing reports. Additionally, some felt that the trainers were not clearly explaining role expectations when a crisis emerged – including the “one voice” concept and who should be the leader in assessing the situation.

BHD Recommendations

Finally, participants recommended changes specific to Milwaukee County BHD policies in conjunction with Gatekeeper and Phase 2 Trainings. The first recommendation was to clearly define who should be required to take all phases of training – as some administrative staff were required to take Phase 2 and others were only required to take Gatekeeper Training. This also reflected the concern about who should be involved in responding to crises requiring de-escalation tactics, particularly for staff who do not typically work on a unit but may pass through. Second, participants recommended a faster pace of training for all employees, including requiring supervisors and administration to take Gatekeeper Training sooner. They expressed the challenges of trying to implement some of the skills requiring assessing a situation before acting and hands-on tactics when only part of a shift or unit had been trained. Similarly, there was a concern that because supervisors had been trained later than most line-level direct care staff, supervisors may not know that certain procedures were correct, resulting in fear of job security when policies and procedures were being rewritten to reflect the training that staff were receiving. Finally, almost all participants emphasized the need for ongoing support, whether through refresher trainings every few months or shift meetings to plan or debrief on tactics used. They felt that without these mechanisms in place, skills may be lost or forgotten

Conclusions

The results from the two years of follow-up demonstrate the program was successful in achieving most of its goals. First, employees had reduced role conflict and felt they had greater confidence in their ability to keep themselves and others safe after they completed the training. Second, staff reported less coworker conflict, or horizontal violence, after completing the training. Third, employees felt safer at Milwaukee County BHD after one year, which was sustained for the two-year follow-up. Fourth, direct care workers reported less burnout. Fifth,

direct care workers also reported greater confidence in working with clients and higher agreement that Milwaukee County BHD made it easy to work with clients. Unfortunately, the non-direct care workers' burnout was not impacted during the study period, and turnover intentions increased over time. Similarly, the training did not have an impact on direct care workers' role conflict with security, moral sensitivity toward patients, and their perceptions of patients became more negative at one-month and one-year. Table 12 provides a summary of these findings.

Table 12. Summary of Findings across Employee Categories.

All Employees	Direct Care Employees	Non-Direct Care Employees
1) Reduced role conflict	1) Less burnout	1) No impact on burnout
2) Greater confidence in ability to keep self and others safe	2) Greater confidence working with BH patients	
3) Less horizontal violence	3) Less feelings of employer constraints in providing adequate care	
4) Greater feelings of safety at MCBHD	4) No impact on role conflict with security	
5) Turnover intentions increased	5) No impact on moral sensitivity	
	6) Perceptions of patients fluctuated	

Despite some mixed findings of the outcomes, the results indicate that the Vistelar training was effective in achieving its broad goals to reduce conflict in the workplace and incite a cultural change toward non-escalation. Furthermore, BHD employees used the skills taught to them in the trainings and found them to be effective when they used them.

When Vistelar staff delivered the training, there was a consistency in the content and quality of the content across trainings. When BHD staff were observed, the change of scheduling to a 4-hour training impacted the ability of trainers to cover every aspect of the training, as well as explain each aspect sufficiently. Finally, results from the focus groups and the survey questions demonstrate that most staff felt the training was a valuable use of their time, that they had learned skills that could be used in their roles within Milwaukee County BHD, and that a cultural change had taken place. Some concerns were expressed about refresher trainings, ensuring all staff on a unit were trained, and that supervisors were aware of changes to policies and procedures that reflect the current training.

Recommendations

Based on the results from the focus groups and the process evaluation, we make the following recommendations:

- Milwaukee County BHD continue training their employees in conflict management.
- Consult with Vistelar to ensure subsequent training by BHD staff adheres to the same curriculum and standards. The researchers noted that several changes have been made to the curriculum to save time. Refresher “train the trainer” trainings for nurse educators may be helpful in this regard.
- Continue to reinforce skills and techniques acquired during the training through subsequent “refresher” trainings for staff.

References

- Babbie, E. R. (1990). *Survey research methods*. Belmont, CA: Wadsworth Publishing.
- Babbie, E. R. (1998). *The practice of social research* (Vol. 112). Belmont, CA: Wadsworth Publishing.
- Demerouti, E., Bakker, A. B., Vardakou, I., & Kantas, A. (2003). The convergent validity of two burnout instruments: A multitrait-multimethod analysis. *European Journal of Psychological Assessment, 19*(1), 12.
- Dillman, D. A., Smyth, J. D., & Christian, L. M. (2009). *Internet, mail, and mixed-mode surveys: The tailored design method, 3rd edition*. Hoboken, NJ: Wiley and Sons.
- Dumont, C., Riggleman, K., Meisinger, S., & Lein, A. (2011). Nursing 2011 horizontal violence survey. *Nursing 2018, 41*(4), 9-10.
- Gibb, S. J., Beautrais, A. L., & Surgenor, L. J. (2010). Health-care staff attitudes towards self-harm patients. *Australian & New Zealand Journal of Psychiatry, 44*(8), 713-720.
- Lütznén, K., Dahlqvist, V., Eriksson, S., & Norberg, A. (2006). Developing the concept of moral sensitivity in health care practice. *Nursing Ethics, 13*(2), 187-196.
- Maslach, C., Jackson, S.E., & Leiter, M.P. (1996). *Maslach Burnout Inventory manual* (3rd ed.). Palo Alto, CA: Consulting Psychologists Press Inc.
- Nissly, J. A., Barak, M. E. M., & Levin, A. (2005). Stress, social support, and workers' intentions to leave their jobs in public child welfare. *Administration in Social Work, 29*(1), 79-100.
- Rizzo, J. R., House, R. J., & Lirtzman, S. I. (1970). Role conflict and ambiguity in complex organizations. *Administrative Science Quarterly, 15*(2), 150-163.

Appendix A. Focus Group Interview Questions

Interview Schedule

1. What are your general thoughts about the training by Vistelar?
2. Do you believe the Vistelar training was a good use of your time? Did they address things that you are concerned about/thought were useful?
3. What part of the training stood out as the most useful for your daily work with patients/coworkers?
4. What part of the training was least useful in your daily work?
5. Was there any part of the training that was difficult to follow?
6. Was there any part of the training that you felt was unhelpful, or not applicable to your work with patients/coworkers?

(Questions 7-9 applicable only to those interviewed after completing Gatekeeper Training i.e. follow-ups)

7. Can you think of a time when you have used a concept or tactic from the training? Can you explain the incident? Do you think it changed the outcome of the situation? (Did it deescalate the situation?)
8. Have you witnessed others using a concept or tactic from the training? Can you explain the incident? Do you think it changed the outcome of the situation? (Did it deescalate the situation?)
9. In your opinion has the training had an impact on the people that work at MCBHD? If yes, what impact?
10. Is there anything else you would like to share with me about the Vistelar training?

Appendix B. Perceptions of the Usefulness of Skills and One- and Two-Years.

Table 13: Usefulness of Skills for Direct Care Workers at One-Year

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
The training caused me to practice empathy more often at work	9 (19.1)	16 (34.0)	15 (31.9)	5 (10.6)	2 (4.3)
The training has made me more aware of my conflict triggers	11 (23.4)	21 (44.7)	10 (21.3)	3 (6.4)	2 (4.3)
The training has made me more aware of other people's conflict triggers	13 (27.7)	19 (40.4)	12 (25.5)	2 (4.3)	1 (2.1)
I have built trigger guards to respond to my conflict triggers	7 (14.9)	16 (34.0)	17 (36.2)	4 (8.5)	2 (4.3)
I have used the non-escalation skills taught in the training	16 (34.0)	25 (53.2)	5 (10.6)	0 (0)	1 (2.1)
I have used the de-escalation techniques taught in the training	16 (34.0)	23 (48.9)	6 (12.8)	1 (2.1)	1 (2.1)
This training has made me more aware of my physical presence when interacting with people at work	16 (34.0)	21 (44.7)	8 (17.0)	1 (2.1)	1 (2.1)

Note. Percentages in parenthesis. Percentages may not add up to 100% due to missing data.

Table 14: Perceptions of Usefulness of Skills for Direct Care Workers at Two-Years

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
The training caused me to practice empathy more often at work	4 (12.1)	18 (54.5)	9 (27.3)	2 (6.1)	0 (0)
The training has made me more aware of my conflict triggers	6 (18.2)	13 (39.4)	8 (24.2)	6 (18.2)	0 (0)
The training has made me more aware of other people's conflict triggers	6 (18.2)	16 (48.5)	9 (27.3)	2 (6.1)	0 (0)
I have built trigger guards to respond to my conflict triggers	3 (9.1)	10 (30.3)	14 (42.4)	5 (15.2)	1 (3.0)
I have used the non-escalation skills taught in the training	9 (27.3)	14 (42.4)	8 (24.2)	2 (6.1)	0 (0)
I have used the de-escalation techniques taught in the training	9 (27.3)	13 (39.4)	8 (24.2)	2 (6.1)	0 (0)
This training has made me more aware of my physical presence when interacting with people at work	5 (15.2)	17 (51.5)	8 (24.2)	1 (3.0)	2 (6.1)

Note. Percentages in parenthesis. Percentages may not add up to 100% due to missing data.

Table 15: Perceptions of Usefulness of Skills for Non-Direct Care Workers at One-Year

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
The training caused me to practice empathy more often at work	5 (6.6)	32 (42.1)	30 (39.5)	6 (7.9)	1 (1.3)
The training has made me more aware of my conflict triggers	4 (5.3)	39 (51.3)	22 (28.9)	9 (11.8)	0 (0)
The training has made me more aware of other people's conflict triggers	5 (6.6)	39 (51.3)	22 (28.9)	8 (10.5)	0 (0)
I have built trigger guards to respond to my conflict triggers	4 (5.3)	28 (36.8)	31 (40.8)	10 (13.2)	1 (1.3)
I have used the non-escalation skills taught in the training	7 (9.2)	32 (42.1)	23 (30.3)	12 (15.8)	0 (0)
I have used the de-escalation techniques taught in the training	7 (9.2)	30 (39.5)	23 (30.3)	14 (18.4)	0 (0)
This training has made me more aware of my physical presence when interacting with people at work	6 (7.9)	44 (57.9)	20 (26.3)	4 (5.3)	0 (0)

Note. Percentages in parenthesis. Percentages may not add up to 100% due to missing data.

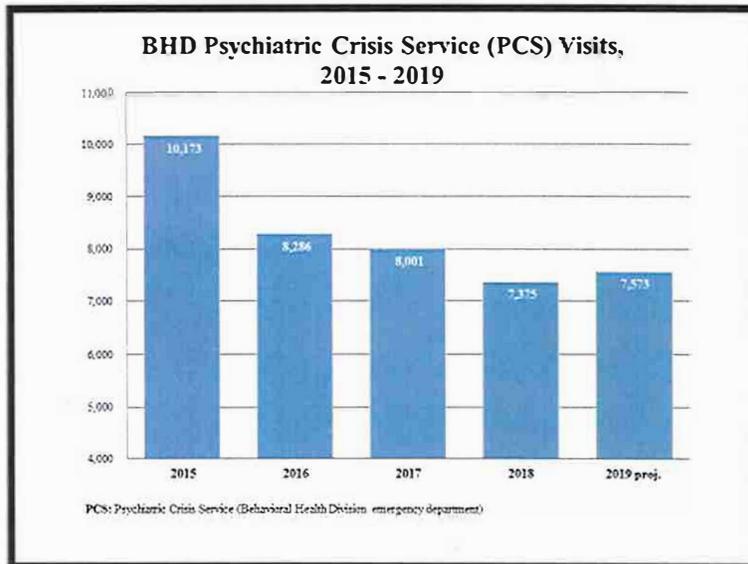
Table 16: Perceptions of Usefulness of Skills for Non-Direct Care Workers at Two-Years

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
The training caused me to practice empathy more often at work	2 (3.0)	28 (42.4)	25 (37.9)	8 (12.1)	0 (0)
The training has made me more aware of my conflict triggers	3 (4.5)	28 (42.4)	23 (34.8)	9 (13.6)	0 (0)
The training has made me more aware of other people's conflict triggers	2 (3.0)	35 (53.0)	19 (28.8)	7 (10.6)	0 (0)
I have built trigger guards to respond to my conflict triggers	1 (1.5)	31 (47.0)	25 (37.9)	6 (9.1)	0 (0)
I have used the non-escalation skills taught in the training	2 (3.0)	29 (43.9)	22 (33.3)	7 (10.6)	2 (3.0)
I have used the de-escalation techniques taught in the training	3 (4.5)	30 (45.5)	19 (28.8)	8 (12.1)	2 (3.0)
This training has made me more aware of my physical presence when interacting with people at work	2 (3.0)	35 (53.0)	19 (28.8)	7 (10.6)	0 (0)

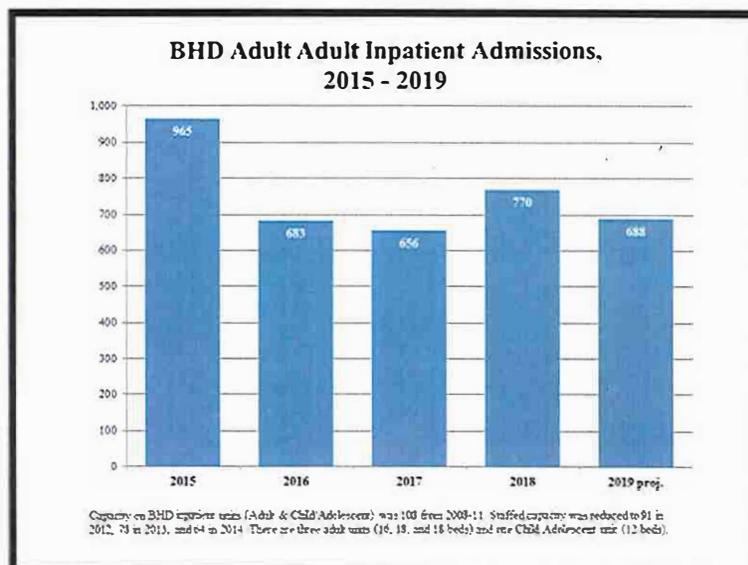
Note. Percentages in parenthesis. Percentages may not add up to 100% due to missing data.

2019 Q3 Milwaukee County Behavioral Health Division (BHD) Crisis Service and Acute Inpatient KPI Dashboard Summary Quality Committee Item 5

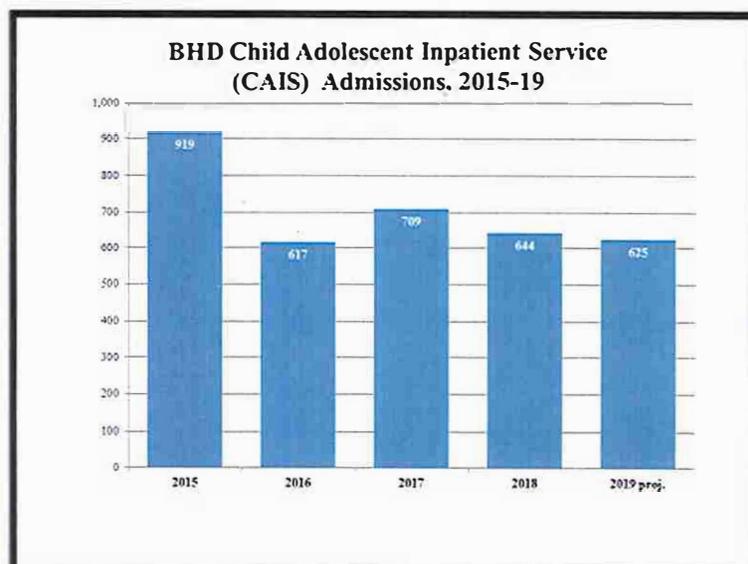
Psychiatric Crisis Service annual patient visits continue to decline from 10,173 in 2015 to 7,573 projected annual visits in 2019 (26% decline from 2015 to 2019). The continued downward trend of PCS utilization can be attributed in part to the inception of Team Connect, Crisis Mobile and CART Team expansions, and additional resources in the community. While PCS utilization is declining, PCS waitlist status is increasing (9% in 2014, 100% in 2019).



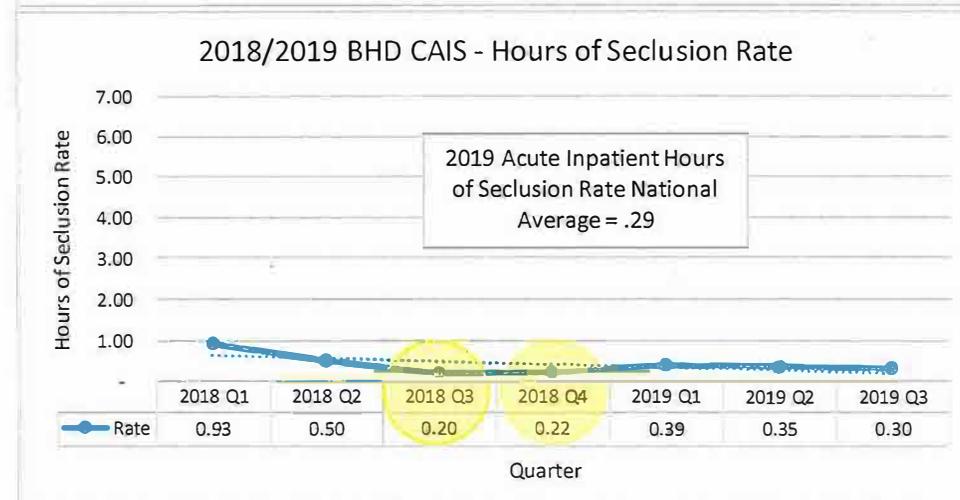
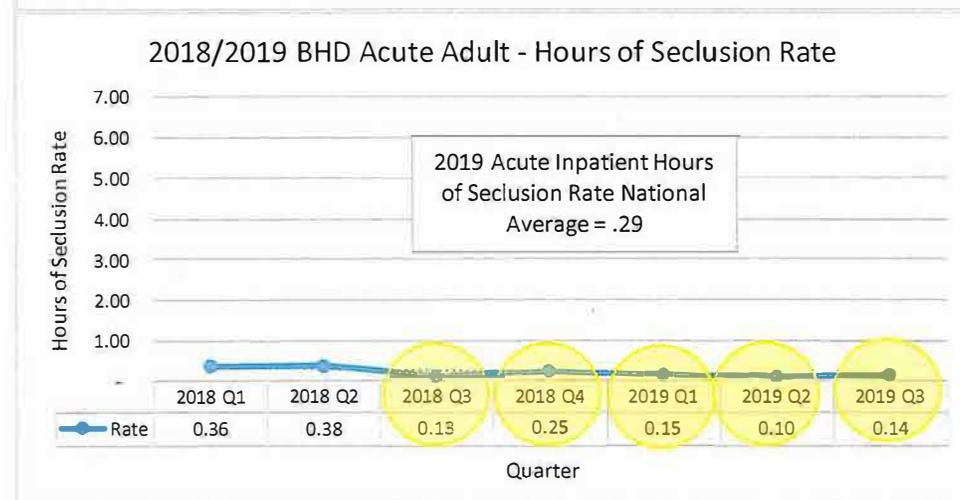
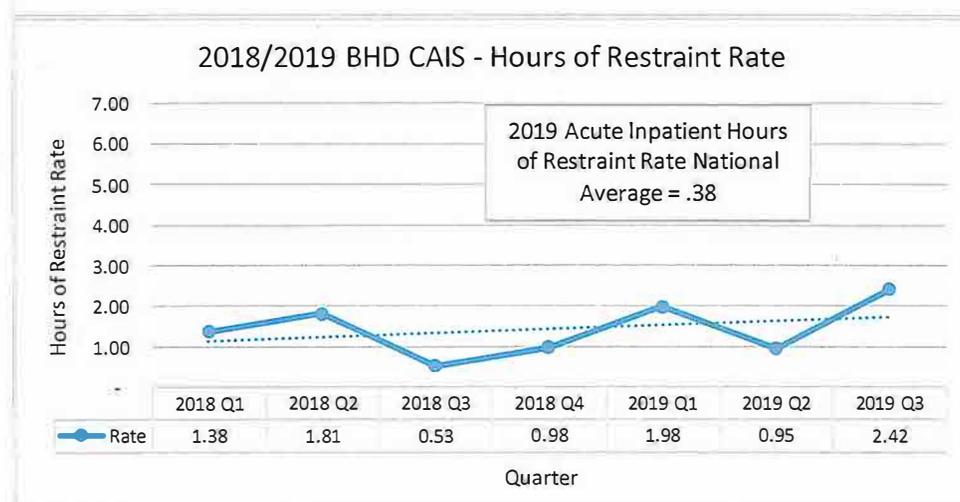
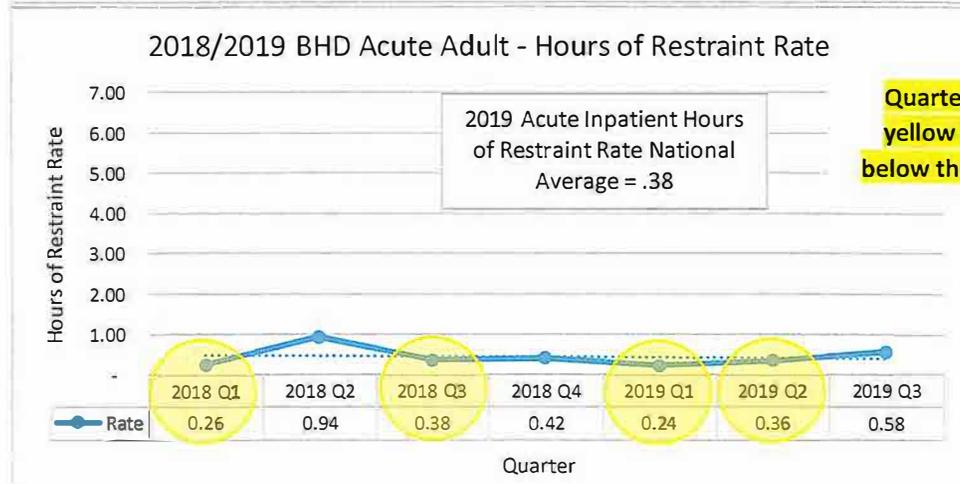
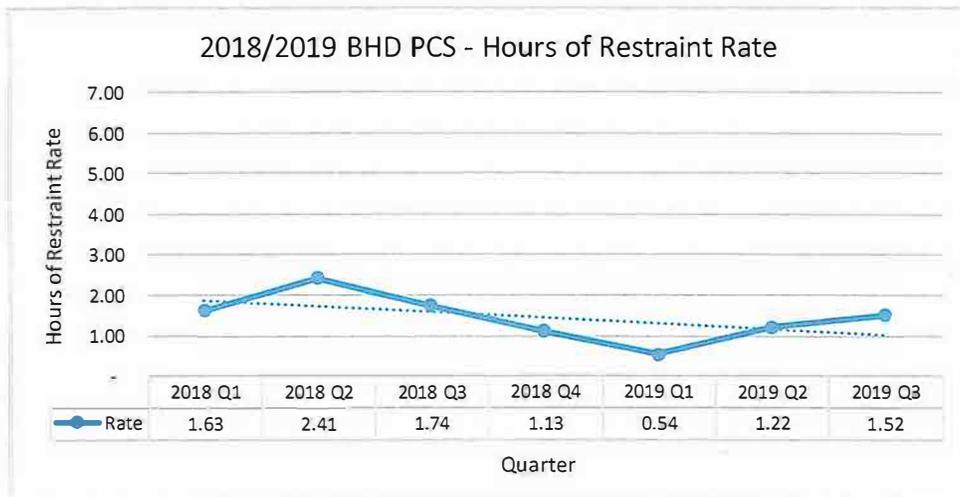
Acute Adult Inpatient Service’s annual patient admissions are projected at 688 in 2019. While Acute Adult admissions have plateaued over the past 4 years, readmission rates have continued to decline (30-day readmission rate: 11% in 2015, 6% in 2019). Acute Adult’s hours of physical restraint rate in 2019 was .39, close to CMS’ inpatient psychiatric facility national average of .38, and below Wisconsin’s average rate of .73. Acute Adult’s 2019 MHSIP overall patient satisfaction survey score of 75% is at the NRI’s reported national average.



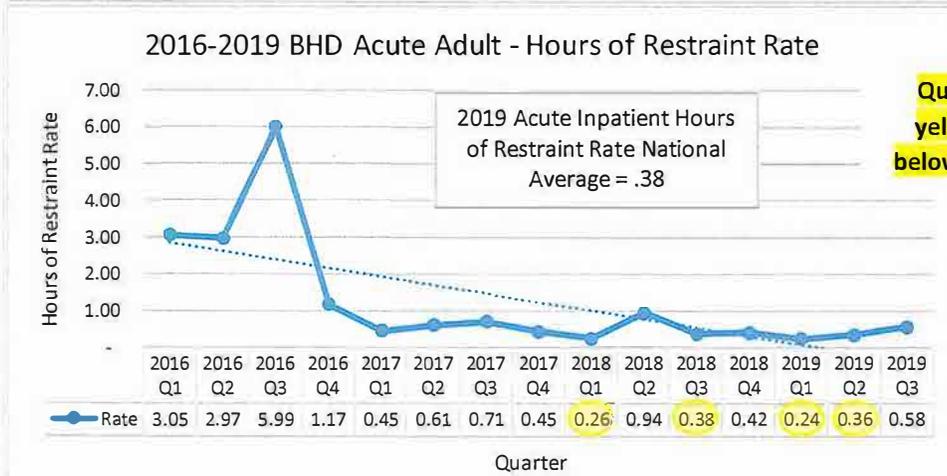
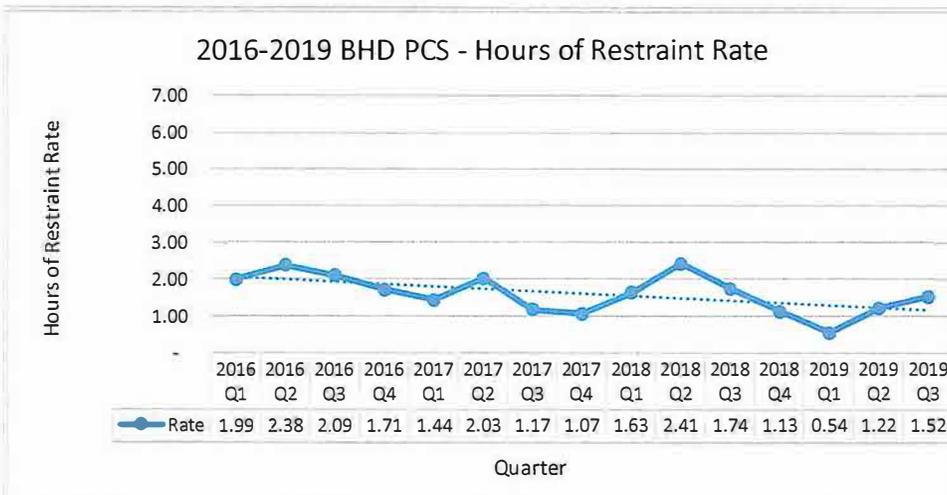
Child Adolescent Inpatient Service’s annual patient admissions have plateaued over the past 4 years and are projected at 625 for annual 2019. Over the past few years, CAIS’ 30-day readmission rates have remained at 16%. CAIS’ hours of physical restraint rate declined from 5.2 in 2015 to 1.7 in 2019, but remains above CMS’ reported average of .38. CAIS’ Youth Satisfaction Survey overall score of 75.8% positive rating is 4 percentage points higher than BHD’s historical average.



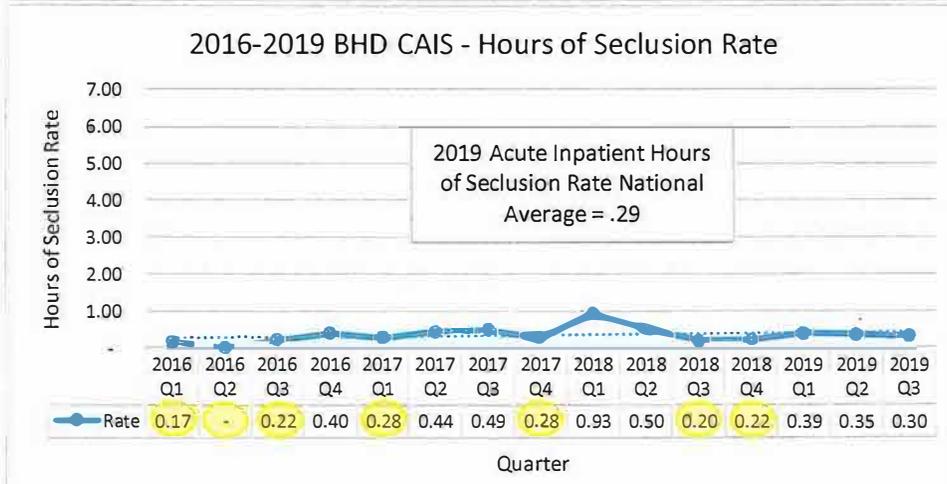
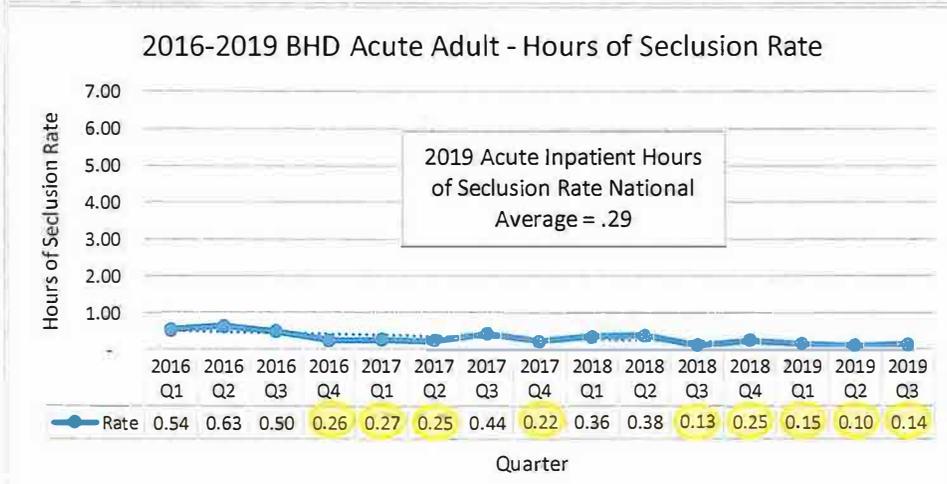
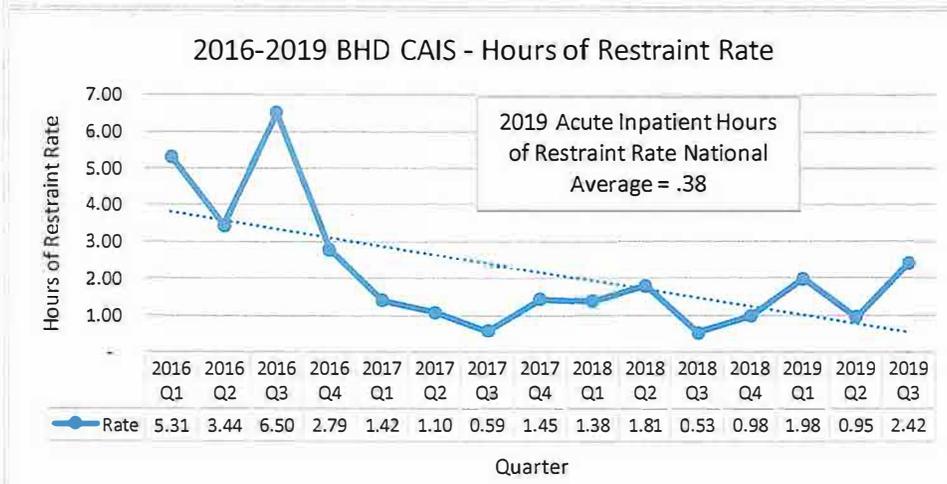
2019 Q3 Milwaukee County Behavioral Health Division (BHD) Crisis Service and Acute Inpatient Seclusion and Restraint Summary



2016-2019 BHD Crisis Service and Acute Inpatient Seclusion and Restraint Summary



Quarters highlighted in yellow have rates at/or below the national average



Hours of Restraint Rate Formula: Restraint Hours / (Inpatient Hours/1,000)

Quality Committee Item 6

PRINTED: 10/29/2019
FORM APPROVED

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1632	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MILWAUKEE COUNTY BEHAV HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 9455 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
X 000	<p>Initial Comments</p> <p>On 10/08/2019, an on-site recertification survey was completed for Milwaukee County Behavioral Health, 1632.</p> <p>The provider holds certification under Wisconsin Administrative Code(s): DHS 61.79 Mental Health Adolescent Inpatient DHS 34.3 Mental Health Emergency Service 3 DHS 61.71 Mental Health Inpatient.</p> <p>A random sample of 22 client records and 8 personnel files were reviewed.</p> <p>No deficiencies were identified. No plan of correction is required.</p>	X 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Quality Committee Item 7

POLICY & PROCEDURE STATUS REPORT -GOAL=96%

Baseline 71.5% as of August 2016 LAB report

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

Recently Approved Policies	New Policies	Reviewed/ Revised Policies	Retired Policies
June	4	7	13
July	0	16	1
August	0	7	0
September	6	15	0
October	8	16	0

Overall Progress 93.6% as of Nov. 1, 2019

Current				
Review period	Number of Policies		Percentage of total	
	Last Month	This Month	Last Month	This Month
Within Scheduled Period	535	530	95.9%	93.6%
Up to 1 year Overdue	10	23	1.8%	4.1%
More than 1 year and up to 3 years overdue	10	10	1.8%	1.8%
More than 3 years and up to 5 years overdue	1	1	0.2%	0.2%
More than 5 years and up to 10 years overdue	1	1	0.2%	0.2%
More than 10 years overdue	1	1	0.2%	0.2%
Total	558	566	100%	100%

Forecast Due for Review

Past Due Policies - 36

Coming Due Policies

November - 6
 December - 18
 January 2020 - 8
 February 2020 - 10
 March 2020 - 9

April 2020 - 4

May 2020 - 38

June 2020 - 39

July 2020 - 9

August 2020 - 11

September 2020 - 12

October 2020 - 19

Quality Committee Item 8

Quality Management Committee Institutional Review Board (IRB) Report November 22, 2019

The Institutional Review Board (IRB) is a committee designed to assure that the rights and welfare of individuals are protected. Its purpose is to review, approve, and monitor any research involving individuals served or employed by the Milwaukee County Behavioral Health Division (BHD). The review and approval process must occur prior to initiation of any research activities. The IRB also conducts periodic monitoring of approved research.

IRB Membership

- Current membership of the IRB includes: Dr. Justin Kuehl (Chair), Ms. Mary Casey, Ms. Shirley Drake, Dr. Matt Drymalski, Dr. Shane Moisio, Ms. Linda Oczus, and Dr. Jaquaye Wakefield.

Recently Completed Research

- Ms. Chioma Anyanwu completed a quality improvement project titled: “Improving the Quality of Nursing Assessment and Documentation for Patients at Risk for Suicide.”

Existing Research

- The IRB has approved and continues to routinely monitor the following proposals:
 - i) Dr. Tina Freiburger: “An Evaluation of the Vistelar Training Initiative at Milwaukee County Behavioral Health Division” (5/24/17).
 - ii) Dr. Gary Stark: “Survey of Suicidal Behavior Among Individuals with a Developmental Disability” (2/7/19).
 - iii) Dr. Pnina Goldfarb: “Building a Collaborative Care Model: An Approach for Effective Early Identification and Treatment of High School Students at Risk for Developing Psychosis” (2/18/19).
 - iv) Dr. John Schneider: “A Comparison of Adult Patient Experiences of Voluntary and Involuntary Commitment at Milwaukee’s Behavioral Health Department” (3/25/19).
 - v) Dr. Tina Freiburger: “Infrastructure Development Research for Milwaukee Wraparound” (8/29/19)
 - vi) Mr. Garrett Grainger: “Predictors of Housing Stability, Neighborhood Attainment, and Well-Being Amongst Community Care Patients” (10/22/19)

Research Proposals

- The IRB recently received a proposal submitted by Dr. Megan McClymonds titled: “The Clinical Utility of Pharmacogenomic Testing in the Treatment of Mood, Behavior and Psychotic Disorders in Children and Adolescents” (10/17/19)

Monthly IRB Chairs Meeting

- The Medical College of Wisconsin (MCW) hosts a monthly meeting of IRB Chairs. The purpose of the meeting is to share information and discuss pertinent issues, which promotes best practices among the various IRBs. Dr. Kuehl continues to routinely attend these meetings.

- The MCW leadership offered to provide additional training to support the BHD IRB. This training occurred on August 9, 2019.

Crisis Services Grand Rounds: November 4, 2019

- Dr. Kuehl offered a presentation to increase awareness of the BHD IRB and to provide basic information regarding human subjects research. This presentation was titled: “Research in Mental Health: An IRB Update.”

Respectfully submitted,

Justin Kuehl, PsyD
Chief Psychologist
IRB Chair

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: November 14, 2019

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

FROM: Dr. John Schneider, Chief Medical Officer, Behavioral Health Division
Approved by Michael Lappen, Administrator, Behavioral Health Division

SUBJECT: **Informational Report from the Chief Medical Officer, Behavioral Health Division, Regarding Acute Inpatient and Transition Planning**

Issue

Scope of service changes are necessary in the area of Acute Adult Inpatient in preparation for the hospital transition.

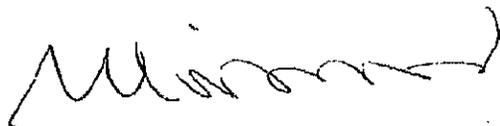
Discussion

The decision to transition Unit 43C (currently a women's unit) to a mixed gender unit was not made lightly. A determination was made the mixed gender unit best supports current and future patient needs in bed capacity, patient experience, and staffing flexibility.

Recommendation

It is recommended the change be implanted December 30, 2019.

Respectfully Submitted,



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

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

DATE: November 14, 2019

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

FROM: Shane V. Moiso, 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

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

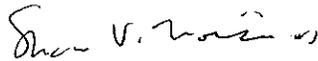
From the President of the Medical Staff Organization and Chair of the Medical Executive Committee presenting recommendations for appointments and/or privileges. Full details are attached specific to items A through C¹:

- 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,



Shane V. Moasio, 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

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
NOVEMBER-DECEMBER 2019**

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.

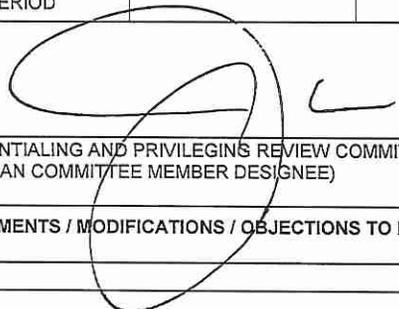
INITIAL APPOINTMENT	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE OCTOBER 30, 2019	MEDICAL STAFF EXECUTIVE COMMITTEE NOVEMBER 13, 2019	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
MEDICAL STAFF							
Thomas Ilic, MD	Psychiatric Officer and Medical Officer	Affiliate / Provisional		Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, as requested, subject to a minimum provisional period of 6 months.	Recommends appointment and privileging as per C&PR Committee.	
Megan Midkiff, MD	Psychiatric Officer and Medical Officer	Affiliate / Provisional		Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, as requested, subject to a minimum provisional period of 6 months.	Recommends appointment and privileging as per C&PR Committee.	
Courtney Weston, PsyD	General Psychology and Clinical Child Psychology	Associate / Provisional		Drs. Kuehl, Moiso and Zinke recommend appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, as requested, subject to a minimum provisional period of 6 months contingent on psychology license attainment. <i>(Primary source verification that psychology license was granted obtained 11/1/2019)</i>	Recommends appointment and privileging as per C&PR Committee.	
ALLIED HEALTH							
Diana April Muckler, MSN	Advanced Practice Nursing-Psychiatric and Mental health	Allied Health / Provisional		Dr. Thrasher recommends privileges, as requested	Committee recommends privileges for 2-years, as requested, subject to a minimum provisional period of 6 months.	Recommends privileging as per C&PR Committee.	

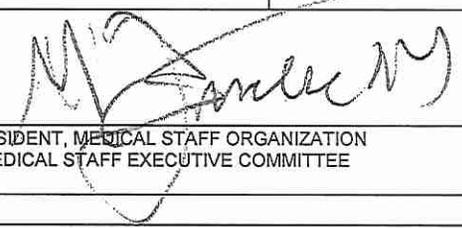
REAPPOINTMENT / REPRIVILEGING	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE OCTOBER 30, 2019	MEDICAL STAFF EXECUTIVE COMMITTEE NOVEMBER 13, 2019	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
MEDICAL STAFF							
Kathleen Burroughs, PhD	General Psychology; Acute Adult Inpatient Treatment Director Designee-Psychology	Affiliate / Full		Drs. Kuehl and Zinke 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.	
Walter Drymalski, PhD	Privileges Not Requested / Psychology Dept.	Consulting / Appointment Only		Drs. Kuehl and Schneider recommend reappointment, as requested	Committee recommends reappointment without privileges, as requested, for 2 years with change in status from Associate to Consulting Staff.	Recommends reappointment as per C&PR Committee.	
Douglas Hardy, PhD	General Psychology; Acute Adult Inpatient Treatment Director Designee-Psychology	Associate / Full		Drs. Kuehl and Zinke 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.	
Eduardo Meza, MD	General Psychiatry	Affiliate / Full		Dr. Zinke 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 OCTOBER 30, 2019	MEDICAL STAFF EXECUTIVE COMMITTEE NOVEMBER 13, 2019	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
Emilie Padfield, MD	General Psychiatry	Affiliate / 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.	
ALLIED HEALTH							
Jenta Alexander, MSN	Advanced Practice Nursing-Family Practice	Allied Health / Provisional	B	Dr. Puls recommends privileges, as requested	Committee recommends privileges for 2-years, as requested. No changes.	Recommends privileging as per C&PR Committee.	
Leah Donovan, MSN	Advanced Practice Nursing-Family Practice	Allied Health / Provisional		Dr. Puls recommends privileges, as requested	Committee recommends privileges for 2-years, as requested. No changes.	Recommends 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 OCTOBER 30, 2019	MEDICAL STAFF EXECUTIVE COMMITTEE NOVEMBER 13, 2019	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							
Samantha Lavarda, PsyD	Clinical Child Psychology	Associate / Provisional	Associate / Full	Drs. Kuehl and Moiso recommend full privileges	Committee recommends change in privilege status from provisional to full for remainder of 2-year appointment period.	Recommends privileging status change, as per C&PR Committee.	
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 OCTOBER 30, 2019	MEDICAL STAFF EXECUTIVE COMMITTEE NOVEMBER 13, 2019	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
NONE THIS PERIOD						


11/13/19


11/13/19

CHAIR, CREDENTIALING AND PRIVILEGING REVIEW COMMITTEE
 () OR PHYSICIAN COMMITTEE MEMBER DESIGNEE

VICE-PRESIDENT, MEDICAL STAFF ORGANIZATION
 CHAIR, MEDICAL STAFF EXECUTIVE COMMITTEE

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: DECEMBER 12, 2019

**MILWAUKEE COUNTY MENTAL HEALTH BOARD
2020 COMMITTEE/BOARD SCHEDULE**

17

DATE

COMMITTEE/BOARD

January 23, 2020, at 4:30 p.m.	Mental Health Board (<i>Public Comment/General</i>) - Washington Park Senior Center
February 27, 2020, at 8:00 a.m.	Finance Committee (<i>Contracts Approval</i>) - Milwaukee County Zoo Peck Welcome Center Pavilion
February 27, 2020, at 9:00 a.m.	Mental Health Board - Milwaukee County Zoo Peck Welcome Center Pavilion
March 2, 2020, at 10:00 a.m.	Quality Committee - Mental Health Complex
March 12, 2020, at 10:00 a.m.	Executive Committee - Mental Health Complex
March 19, 2020, at 4:30 p.m.	Mental Health Board (<i>Public Comment/Budget</i>) - TBD
March 26, 2020, at 1:30 p.m.	Finance Committee (<i>Quarterly Meeting</i>) - Mental Health Complex
April 23, 2020, at 8:00 a.m.	Finance Committee (<i>Contracts Approval</i>) - Milwaukee County Zoo Peck Welcome Center Pavilion
April 23, 2020, at 9:00 a.m.	Mental Health Board - Milwaukee County Zoo Peck Welcome Center Pavilion
June 1, 2020, at 10:00 a.m.	Quality Committee - Mental Health Complex
June 4, 2020, at 4:30 p.m.	Finance Committee (<i>Preliminary Budget Presentation</i>) - Mental Health Complex
June 16, 2020, at 4:30 p.m.	Finance Committee (<i>Public Comment/Budget</i>) - Sojourner Family Peace Center
June 18, 2020, at 8:00 a.m.	Finance Committee (<i>Contracts Approval</i>) - Zoofari Conference Center
June 18, 2020, at 9:00 a.m.	Mental Health Board - Zoofari Conference Center
June 25, 2020, at 1:30 p.m.	Finance Committee (<i>Budget Presentation/Public Comment/Budget Approval</i>) - Mental Health Complex
July 9, 2020, at 8:00 a.m.	Mental Health Board (<i>Budget Presentation/Approval</i>) - Zoofari Conference Center
August 13, 2020, at 1:30 p.m.	Executive Committee - Mental Health Complex
August 27, 2020, at 8:00 a.m.	Finance Committee (<i>Contracts Approval</i>) - Milwaukee County Zoo Peck Welcome Center Pavilion
August 27, 2020, at 9:00 a.m.	Mental Health Board - Milwaukee County Zoo Peck Welcome Center Pavilion
September 10, 2020, at 1:30 p.m.	Finance Committee - (<i>Quarterly Meeting</i>) Mental Health Complex
September 14, 2020, at 10:00 a.m.	Quality Committee - Mental Health Complex
September 24, 2020, at 4:30 p.m.	Mental Health Board (<i>Public Comment/General</i>) - Washington Park Senior Center

**MILWAUKEE COUNTY MENTAL HEALTH BOARD
2020 COMMITTEE/BOARD SCHEDULE**

DATE

COMMITTEE/BOARD

October 22, 2020, at 8:00 a.m.	Finance Committee - (Contracts Approval) - Zoofari Conference Center
October 22, 2020, at 9:00 a.m.	Mental Health Board - Zoofari Conference Center
December 1, 2020, at 9:00 a.m.	Executive Committee - Mental Health Complex
December 3, 2020, at 1:30 p.m.	Finance Committee (Contracts Approval/Quarterly Meeting) - Mental Health Complex
December 7, 2020, at 10:0 a.m.	Quality Committee - Mental Health Complex
December 10, 2020, at 8:00 a.m.	Mental Health Board - Zoofari Conference Center