

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

**MILWAUKEE COUNTY MENTAL HEALTH BOARD
EXECUTIVE COMMITTEE**

Thursday, March 12, 2020 - 10:00 A.M.
Milwaukee County Mental Health Complex
Conference Room 1045

MINUTES

PRESENT: Thomas Lutzow and Maria Perez
EXCUSED: Michael Davis and Duncan Shrout

SCHEDULED ITEMS:

1. **Welcome.**

Chairman Lutzow greeted Committee Member Perez and welcomed everyone to the March 12, 2020, Mental Health Board Executive Committee meeting.

2. **Milwaukee County Mental Health Board Goals and Vision for 2020.**

Chairman Lutzow referenced a report Administrator Lappen and Governance Ad Hoc Committee Chairperson Kathie Eilers are writing. It will be instrumental in developing a plan for the Board ensuring its role is being fulfilled under Chapter 51.41, layout a blueprint or road map for the future, and should be aspirational as well as inspiring. Crisis redesign and strengthening community services will be part of that road map. It can then be used as the basis of a retreat and formation of a vision. A consensus on the direction the Board is headed is timely given the upcoming change in the County's administration. A snapshot of the information gathered to this point was presented at the iCare Conference Forum held last week.

The plan should have input from the community, advocates, and the County Executive. The goal is to end up with a product everyone can agree on.

The Committee was informed a meeting of the Governance Ad Hoc Committee has been scheduled. Administrator Lappen and Board Member Eilers are working closely on the issues described by Chairman Lutzow. An update with recommendations will be presented to the Board at the April meeting.

SCHEDULED ITEMS (CONTINUED):

3. Report on the Fiscal Impact of the Systems Improvement Agreement and Request for Funds.

Jennifer Bergersen, Chief of Operations, Behavioral Health Division (BHD)
Matt Fortman, Fiscal Administrator, Department of Health and Human Services

Ms. Bergersen stated attached to the report is a list of items in need of repair in the facility to bring it up to the appropriate standards. There is a lot of work to accomplish within a very short timeframe. Repairs must begin immediately. Operations has been actively planning and have acquired estimates on some of the costs. BHD is requesting the Executive Committee approve an amount not to exceed \$3 million, drawn from the Building Reserve fund, to move forward. Deadlines and Systems Improvement Agreement requirements must be met, but more importantly, ensuring an anti-ligature free environment is created for the health and safety of those that are being served is a priority.

The Committee was cautioned the attached list is preliminary. As labor is identified and people are brought in to do the work, efficiencies will be sought. There are other areas requiring attention not reflected in the total cost at this time, including enhancements and/or related build outs regarding the emergency room to meet Emergency Medical Treatment and Labor Act (EMTALA) requirements.

In order to do the improvements, renovations will be done two units at a time. A plan has been devised on moving units around while maintaining operations. Areas are being vacated and patients are being safely moved. Once repairs are satisfactorily completed, BHD will participate in two subsequent Centers for Medicare and Medicaid Services (CMS) surveys to gauge progress and inspect corrections made towards the plan.

The intent is to keep the Finance Committee and Board updated on progress made and bring forth any related contracts for consideration. Today's approval will allow purchases to be made and work to begin immediately. The County has a program under which a project manager will be provided to oversee the job.

Questions and comments ensued.

Mr. Fortman explained the Building Reserve fund by statute is described as an Infirmary Reserve fund. There have been multiple interpretations over the years as to what happens to those funds after BHD no longer operates an infirmary. The funds, however, were intended for a purpose exactly like this. If the funds are not used by the time the building is vacated, it is the Comptroller's opinion the funds do not stay with BHD. In a future state, BHD could operate psychiatric crisis services and an emergency department with a micro hospital associated, which could possibly be defined as an infirmary. One would argue the funds apply to that future state structure. Otherwise, there is very limited use of these funds outside of the BHD facility.

Mr. Fortman described four possible options to address BHD's current situation, both attractive and unattractive.

SCHEDULED ITEMS (CONTINUED):

	<p>MOTION BY: (Lutzow) <i>*Approve the Funds Requested to Address Systematic Hospital Improvements as Described in the Corresponding Report. 2-0</i></p> <p>MOTION 2ND BY: (Perez)</p> <p>AYES: Lutzow and Perez – 2</p> <p>NOES: 0</p> <p>*NOTE: This approval is provisional only and binding until the next regularly scheduled Board meeting at which time the Board must consider the Executive Committee’s action.</p>
4.	<p>Potential Third-Party Fiscal Agents for the Provision of Mental Health Board Support Staff Oversight.</p> <p>Chairman Lutzow indicated Board Member Neubauer, at the last Board meeting, mentioned the possibility of using a third-party fiscal agent to provide oversight of the Board staff position, which is the perfect solution. Chairman Lutzow researched agencies in the business of providing employer of record services. The vendors listed in the attachment are State Department of Health Services Recognized, provide third-party fiscal agent services to various organizations, and are relatively inexpensive. The State may even be willing to share their evaluation of the vendors in terms of quality scores.</p> <p>Selection should be done by a Request for Information (RFI) to include evidence of certification proving ability to practice as a fiscal agent, their terms and conditions, an example of a contract with a payor/co-employer, their fees and charges, and whether or not they provide services to public entities. The RFI should not be confused with a Request for Proposals (RFP). This is not a bid but a request for information.</p> <p>Chairman Lutzow directed the Fiscal Administrator to vet and perform due diligence on the agencies delineated in the corresponding report for viability. Once the process is complete and the best option is identified, the Board can move forward with a contract.</p>
5.	<p>Crisis Services Legal Opinion Update.</p> <p>Anne Kearney, Deputy, Office of Corporation Counsel (OCC)</p> <p>Attorney Kearney stated the OCC is currently proceeding on two tracks. The first consists of taking a robust look at outside counsel to deal with specific issues identified related to the Emergency Medical Treatment and Labor Act (EMTALA). Interviews with at least three law firms are being scheduled over the next couple of weeks. The second is working with the people who have already been on the ground putting together the infrastructure. This track is running through the County, private health systems, and the State by way of the collaboratively formed workgroup.</p> <p>Attorney Kearney assured the Committee the OCC understands the directive given and the time sensitivity associated with the project resulting in the time constraints the workgroup is</p>

SCHEDULED ITEMS (CONTINUED):

	<p>facing. The OCC will be part of the conversation organizationally to make sure everything stays on track. The goal is to get the work done by the date identified by the Board.</p> <p>Chairman Lutzow stated legal experts representing the private systems are skilled when it comes to EMTALA. They do not need BHD to inform them on the subject. Guidance and legal assistance are needed for the private health systems as it relates to Chapter 51 and understanding BHD's obligation under Chapter 51. Hand holding is not likely needed with EMTALA; however, it will be likely needed with Chapter 51.</p> <p>Attorney Kearney indicated the OCC can accommodate Chapter 51 requirements. There are a variety of options to satisfy the County's Chapter 51 responsibilities, including what this venture will look like and how it will be set up physically. The OCC plans to address Chapter 51 but is not there yet. She stated currently, the focus is on how the joint venture will be structured and who will have control. When it comes to the EMTALA piece, there are various perspectives related to the definition of EMTALA stabilization. The private systems' interpretation appears to be different from the County's interpretation. EMTALA counsel can help bridge the gap. The idea is to make sure the County and the Board has the information to communicate effectively with the private health systems.</p> <p>Chairman Lutzow requested the OCC provide regular updates at upcoming Board meetings.</p>
6.	<p>Adjournment.</p> <p>Chairman Lutzow ordered the meeting adjourned.</p>
<p>This meeting was recorded. The official copy of these minutes, along with the audio recording of this meeting, is available on the Milwaukee County Behavioral Health Division/Mental Health Board web page.</p> <p>Length of meeting: 10:07 a.m. to 11:00 a.m.</p> <p>Adjourned,</p> <p><i>Jodi Mapp</i></p> <p>Jodi Mapp Senior Executive Assistant Milwaukee County Mental Health Board</p>	

SCHEDULED ITEMS (CONTINUED):

**The next meeting for the Milwaukee County Mental Health Board Executive Committee
Will be on Thursday, August 13, 2020, at 1:30 p.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>**

The March 12, 2020, meeting minutes of the Milwaukee County Mental Health Board Executive Committee have been reviewed and are hereby approved.



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