

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

**MILWAUKEE COUNTY MENTAL HEALTH BOARD**

**Thursday, August 22, 2019 - 9:00 A.M.**  
**Sojourner Family Peace Education Center**  
**619 West Walnut Street**  
**Conference Room Inspirations North and South**

**MINUTES**

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

**SCHEDULED ITEMS:**

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

1.	<p><b>Welcome.</b></p> <p>Chairman Lutzow greeted Board Members and welcomed everyone to the August 22, 2019, Mental Health Board meeting.</p>
2.	<p><b>Approval of the Minutes from the June 20, 2019, and the July 11, 2019, Milwaukee County Mental Health Board Regular and Budget Meetings.</b></p> <p><b>MOTION BY:</b> (Perez) Approve the Minutes from the June 20, 2019, and the July 11, 2019, Milwaukee County Mental Health Board Regular and Budget Meetings. 9-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Eilers)</p> <p><b>AYES:</b> Davis, Eilers, Forman, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley – 9</p> <p><b>NOES:</b> 0</p>
3.	<p><b>Mental Health Board Positions Update and Introduction of New Board Member Dr. James Stevens.</b></p> <p>Schinika Fitch, Community Relations Director, Office of the County Executive</p> <p>Ms. Fitch introduced Dr. Stevens as the Board’s newest member and presented an overview of his background and experience as it relates to providing children’s mental health services.</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p>Board Member Stevens spoke briefly. Board Members welcomed Dr. Stevens to the Milwaukee County Mental Health Board.</p>
4.	<p><b>Parachute House Presentation.</b></p> <p>Nora Hitchcock, Executive Director, Our Space</p> <p>Ms. Hitchcock explained the Parachute House is a 24/7 Peer Run Respite and is open 365 days-a-year. The focus is on individuals experiencing low-level crisis, with stays no longer than seven days. The facility is fully run and operated by Peer Support Specialists. The biggest obstacle encountered entailed learning the demographics and needs of Milwaukee County. The Request for Proposals was modeled after the State’s Guide to Financial Operations (GFO). Our Space meets quarterly with the State.</p> <p>Parachute House has served 82 individuals to date since opening February 12, 2019. A major part of the services being provided includes assisting with placement after the seven-day stay through referrals and directly connecting clients to other services.</p> <p>Questions and comments ensued.</p>
5.	<p><b>WIPFLi Crisis Redesign Presentation.</b></p> <p>Michael Lappen, Administrator, Behavioral Health Division Jane Jerzak, WIPFLi</p> <p>Mr. Lappen provided a Phase 1 high-level recap of the project. He explained the catalyst for the initiative; described the planning team, planning process, and desired outcome; and reviewed the key planning assumptions, the modified model, Human Services Research Institute’s (HSRI) recommendations, and BHD’s Psychiatric Emergency Detention (Psych ED) utilization. Mr. Lappen discussed BHD’s care delivery philosophy, changing utilization, cross-cutting functions, and Phase 2 of the project’s three components, which include fiscal analysis, detailed design, and plan implementation.</p> <p>Ms. Jerzak presented a financial model reflective of a dedicated Psych ED. She provided the scope of the fiscal analysis based on Phase 1 report conclusions. Both the centralized and decentralized models were examined with a fiscal analysis conclusion indicating the financial assessment supported Phase 1 recommendation to develop a Centralized Psych ED model of care as a key component to the Crisis Redesign Initiative in Milwaukee County.</p> <p>Discussion ensued at length.</p> <p>Chairman Lutzow recommended the Board create a structure similar to the one used for the consideration of the Universal Health Services contract. This model proved to be relatively successful. It would require the creation of advisory and negotiating teams. The Mental Health Board Chair and Vice-Chair would sit on the advisory team along with a</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p>variety of resources from the community, as well as BHD and State staff to assist in the review/evaluation/due diligence process. The negotiating team would be made up of County and BHD leadership.</p> <p>Assembly of the advisory and negotiating teams were directed by Chairman Lutzow.</p>
6.	<p><b>Administrative Update.</b></p> <p>Michael Lappen, Administrator, Behavioral Health Division (BHD)</p> <p>Mr. Lappen highlighted key activities and issues related to BHD operations. He provided updates on Crisis Resource Center expansion efforts; the MacArthur Foundation Safety and Justice Challenge phase three funding, which includes funding of a BHD Community Access to Recovery Services (CARS) staff person/liaison to the jail; and the cross discipline workgroup currently exploring the stigmatization of people with mental illness related to recent mass shootings. He also referenced the Kane Communications Update, which is attached to the report.</p> <p>Questions and comments ensued.</p>
7.	<p><b>Legal Opinion on the Milwaukee County Mental Health Board's Fiduciary Oversight Responsibility Related to the Interest Earned on the Behavioral Health Division's Reserve Account.</b></p> <p>Nelson Phillips, Assistant, Office of Corporation Counsel</p> <p>Attorney Phillips informed the Board they are not, in fact, a fiduciary subject to the state statutes definition. The Board, as a body, operates in the role of an appointed public official with duties consistent with ethical rules and bound by criminal law restrictions.</p> <p>Attorney Phillips indicated interest earned on the reserve account gets diverted back into mental health services.</p> <p>Questions and comments ensued.</p>
8.	<p><b>Mental Health Board Finance Committee Professional Services Contracts Recommendations.</b></p> <ul style="list-style-type: none"><li>• 2019 Contract<ul style="list-style-type: none"><li>➤ Evaluation Research Services, LLC</li></ul></li><li>• 2020 Contracts<ul style="list-style-type: none"><li>➤ University Wisconsin – Milwaukee</li><li>➤ Robert Half International, Inc./DBA Robert Half Technology</li><li>➤ LocumTenems.com, LLC</li></ul></li></ul>

**SCHEDULED ITEMS (CONTINUED):**

	<p>Jennifer Bergersen, Chief of Operations, Behavioral Health Division</p> <p>Professional Services Contracts focus on facility-based programming, supports functions that are critical to patient care, and are necessary to maintain hospital and crisis services licensure. Ms. Bergersen provided a detailed description on all services provided.</p> <p>Questions and comments ensued.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the 2019 and 2020 Professional Services Contracts delineated in the corresponding report to the Board.</p> <p><b>MOTION BY:</b> (Neubauer) <i>Approve the 2019 and 2020 Professional Services Contracts Delineated in the Corresponding Report. 9-0</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Perez)</p> <p><b>AYES:</b> Davis, Eilers, Forman, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley – 9</p> <p><b>NOES:</b> 0</p>
9.	<p><b>Mental Health Board Finance Committee Purchase-of-Service Contracts Recommendation.</b></p> <ul style="list-style-type: none"><li>• 2019 and 2020 Contracts</li></ul> <p>Amy Lorenz, Deputy Administrator, Community Access to Recovery Services (CARS), Behavioral Health Division (BHD) Brian McBride, Director, Children’s Community Services and Wraparound Milwaukee, BHD</p> <p>Purchase-of-Service Contracts for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services were reviewed. Ms. Lorenz and Mr. McBride provided an overview detailing the various program contracts and their respective services as it relates to CARS and Wrap.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the 2020 Purchase-of-Service Contracts, with the exception of Board Member Eilers who abstained from recommending the 2020 Grand Avenue Club contract for approval.</p> <p>Board Member Wesley requested separate action be taken on the two Wisconsin Community Services, Inc., contracts.</p> <p>Board Member Eilers requested separate action be taken on the Grand Avenue Club, Inc., contract.</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p><b>MOTION BY:</b> <i>(Eilers) Approve the TWO Wisconsin Community Services, Inc., Contracts Delineated in the Corresponding Report. 8-0-1</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> <i>(Perez)</i></p> <p><b>AYES:</b> Davis, Eilers, Forman, Lutzow, Neubauer, Perez, Shrout, and Stevens - 8</p> <p><b>NOES:</b> 0</p> <p><b>ABSTENTIONS:</b> Wesley - 1</p> <p><b>MOTION BY:</b> <i>(Shrout) Approve the Grand Avenue Club, Inc., Contract Delineated in the Corresponding Report. 6-0-3</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> <i>(Perez)</i></p> <p><b>AYES:</b> Davis, Lutzow, Perez, Shrout, Stevens, and Wesley - 6</p> <p><b>NOES:</b> 0</p> <p><b>ABSTENTIONS:</b> Eilers, Forman, and Neubauer - 3</p> <p><b>MOTION BY:</b> <i>(Eilers) Approve the Balance of Purchase-of-Service Contracts Delineated in the Corresponding Report. 9-0</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> <i>(Perez)</i></p> <p><b>AYES:</b> Davis, Eilers, Forman, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley - 9</p> <p><b>NOES:</b> 0</p> <p><b>ABSTENTIONS:</b> 0</p>
10.	<p><b>Mental Health Board Finance Committee Fee-for-Service Agreements Recommendation.</b></p> <p>Amy Lorenz, Deputy Administrator, Community Access to Recovery Services (CARS), Behavioral Health Division (BHD)          Brian McBride, Director, Children’s Community Services and Wraparound Milwaukee, BHD</p> <p>Fee-for-Service Agreements for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services were reviewed. An overview was provided detailing the program agreements, which provide a broad range of support services to adults and children with serious emotional disturbances.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the Fee-for-Service Agreements, with the exception of Chairwoman Perez who abstained from recommending the Psychological Assessment Services, LLC, Fee-for-Service Agreement for approval.</p> <p>Vice-Chairwoman Perez requested separate action be taken on the Psychological Assessment Services Agreement.</p> <p>Board Member Wesley requested separate action be taken on the two Wisconsin Community Services, Inc., contracts.</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p><b>MOTION BY:</b> <i>(Eilers) Approve the Psychological Assessment Services Fee-for-Service Agreement Delineated in the Corresponding Report. 8-0-1</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> <i>(Neubauer)</i></p> <p><b>AYES:</b> Davis, Eilers, Forman, Lutzow, Neubauer, Shrout, Stevens, and Wesley - 8</p> <p><b>NOES:</b> 0</p> <p><b>ABSTENTIONS:</b> Perez - 1</p> <p><b>MOTION BY:</b> <i>(Neubauer) Approve the TWO Wisconsin Community Services, Inc., Contracts Delineated in the Corresponding Report. 8-0-1</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> <i>(Forman)</i></p> <p><b>AYES:</b> Davis, Eilers, Forman, Lutzow, Neubauer, Perez, Shrout, and Stevens - 8</p> <p><b>NOES:</b> 0</p> <p><b>ABSTENTIONS:</b> Wesley - 1</p> <p><b>MOTION BY:</b> <i>(Perez) Approve the Balance of Fee-for-Service Agreements Delineated in the Corresponding Report. 9-0</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> <i>(Neubauer)</i></p> <p><b>AYES:</b> Davis, Eilers, Forman, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley - 9</p> <p><b>NOES:</b> 0</p> <p><b>ABSTENTIONS:</b> 0</p>
11.	<p><b>Medical Executive Report Appointment and Privileging Recommendations.</b></p> <p>Dr. Shane Moisio, Medical Staff President, Behavioral Health Division</p> <p><b>MOTION BY:</b> <i>(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 11. 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. 9-0</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> <i>(Neubauer)</i></p> <p><b>AYES:</b> Davis, Eilers, Forman, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley – 9</p> <p><b>NOES:</b> 0</p> <p>The Board convened into Closed Session at 10:38 a.m. to discuss Item 11 and reconvened back into Open Session at approximately 10:47 a.m. The roll was taken, and</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p>all Board Members were present, except for Board Member Eilers who joined the meeting shortly thereafter.</p> <p><b>MOTION BY:</b> (Perez) <i>Approve the Medical Staff Credentialing Report and Medical Executive Committee Recommendations. 8-0-1</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Forman)</p> <p><b>AYES:</b> Davis, Forman, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley – 8</p> <p><b>NOES:</b> 0</p> <p><b>EXCUSED:</b> Eilers - 1</p>
12.	<p><b>Adjournment.</b></p> <p><b>MOTION BY:</b> (Shrout) <i>Adjourn. 9-0</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Eilers)</p> <p><b>AYES:</b> Davis, Eilers, Forman, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley – 9</p> <p><b>NOES:</b> 0</p>
<p>This meeting was recorded. The aforementioned agenda items were not necessarily considered in agenda order. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Behavioral Health Division/Mental Health Board web page.</p> <p>Length of meeting: 9:10 a.m. to 11:27 a.m.</p> <p>Adjourned,</p> <p><i>Jodi Mapp</i></p> <p><b>Jodi Mapp</b> Senior Executive Assistant Milwaukee County Mental Health Board</p> <p><b>The next meeting for the Milwaukee County Mental Health Board will be a Public Hearing On Thursday, September 26, 2019, @ 4:30 p.m. at Washington Park Senior Center 4420 West Vliet Street</b></p> <p><b>TOPIC: Milwaukee County Crisis Redesign Initiative, in addition to all Behavioral Health Division Topics/Services</b></p> <p>Visit the Milwaukee County Mental Health Board Web Page at: <a href="https://county.milwaukee.gov/EN/DHHS/About/Governance">https://county.milwaukee.gov/EN/DHHS/About/Governance</a></p>	

**SCHEDULED ITEMS (CONTINUED):**

The August 22, 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.

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

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Michael Davis, Secretary  
Milwaukee County Mental Health Board

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

**MILWAUKEE COUNTY MENTAL HEALTH BOARD  
PUBLIC HEARING**

**Thursday, September 26, 2019 - 4:30 P.M.**  
**Washington Park Senior Center**  
**4420 West Vliet Street**

**MINUTES**

**PRESENT:** Michael Davis, Kathie Eilers, Rachel Forman, Jon Lehrmann, Thomas Lutzow, Mary Neubauer, and Brenda Wesley

**EXCUSED:** Maria Perez, Duncan Shrout, and James Stevens

**ABSENT:** Robert Curry, Sheri Johnson, and Walter Lanier

**SCHEDULED ITEMS:**

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

1. **Welcome.**

Chairman Lutzow greeted Board Members and welcomed the audience to the September 26, 2019, Mental Health Board Public Hearing.

2. **Public Comment on Psychiatric Crisis Redesign and all Behavioral Health Division Topics/Services.**

The hearing opened for public comment. The following individuals appeared and provided comments:

John K. Griffith, Milwaukee LGBT Community Center  
Patricia Oblatz, Milwaukee Mental Health Task Force  
Eugene Barufkin  
Terri Ellzey  
Barbara Beckert, Disability Rights Wisconsin  
Maria I. Nogueron

**SCHEDULED ITEMS (CONTINUED):**

3. **Adjournment.**

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

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

**AYES:** Davis, Eilers, Forman, Lutzow, Neubauer, and Wesley – 6

**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: 4:33 p.m. to 5:28 p.m.

Adjourned,



**Jodi Mapp**

Senior Executive Assistant

Milwaukee County Mental Health Board

**The next regular meeting for the Milwaukee County Mental Health Board is  
Thursday, October 24, 2019, @ 9:00 a.m. at the  
Zoofari Conference Center**

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

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

The September 26, 2019, public hearing 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.



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Michael Davis, Secretary  
Milwaukee County Mental Health Board

**COUNTY OF MILWAUKEE  
INTER-OFFICE COMMUNICATION**

**Date:** August 15, 2019  
**To:** Tom Lutzow, Chairman, Milwaukee County Mental Health Board  
**From:** Margo J. Franklin, Employee Relations Director, Department of Human Resources.  
**RE:** Ratification of the 2019 Memorandum of Agreement between Milwaukee County and the Milwaukee Building & Construction Trades Council, AFL-CIO

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Milwaukee County has reached an understanding with the bargaining team for the Milwaukee Building & Construction Trades Council, AFL-CIO (TRADES) that establishes a Memorandum of Agreement (MOA) for 2019.

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

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

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

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



## MILWAUKEE BUILDING & CONSTRUCTION TRADES COUNCIL

DAN BUKIEWICZ  
*President*

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



August 14, 2019

Ms. Margo Franklin  
Director of Employee Relations  
Milwaukee County Dept of Human Resources  
901 North 9<sup>th</sup> Street, Suite 210  
Milwaukee, WI 53233

### **Re: Milwaukee County Members: Wage Increase Voting Results**

Dear Ms. Franklin,

The Milwaukee Building Trades held a meeting with our members currently employed by Milwaukee County on Monday, July 8<sup>th</sup>. During this meeting, they voted to accept the 2% raise increase proposed by the County for 2019. The effective date of this increase is June 16, 2019.

Please do not hesitate to contact me with any questions.

Sincerely,

Dan Bukiewicz  
President

**COUNTY OF MILWAUKEE**  
INTEROFFICE COMMUNICATION

DATE: August 7, 2019

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

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

SUBJECT: Fiscal Impact – 2019 Collective Bargaining Agreement with the Milwaukee Building & Construction Trades Council

Under Wisconsin Employment Relations Commission (WERC) rules and Statute Statute, non-public safety bargaining units are only allowed to negotiate for base wage increases on an annual basis. The start of the bargaining year for the Milwaukee Building & Construction Trades Council (MBCTC), AFL-CIO, was January 1, 2019. The last day of their previously negotiated contract was December 31, 2018. The bargaining unit was recertified in 2019.

**2019 Base Wage Limit**

Using rules provided by WERC, a calculation was made to provide the maximum base wage increase allowable for 2019 for this bargaining unit. The calculation was based on the members of the bargaining unit in the pay period that was 180 days prior to the expiration date of the most recent collective bargaining agreement. The pay period used was Pay Period 15 2018 (ending July 14, 2018). At that time, the bargaining unit had two members who were actively employed<sup>1</sup>. The annual wages of the members were calculated based upon their existing wage rates and were then multiplied by the CPI applicable to bargaining years beginning on January 1, 2019, or 2.25 percent. This became the maximum base wage increase allowable for purposes of bargaining or \$3,289; this is the maximum amount that can be paid in additional base wages in 2019 and can be paid out however agreed upon by the union and the County.

**2019 Wage Increase and Base Wage Compliance**

Based upon the proposed agreement with the bargaining unit, the base wage rates will increase by 2.0 percent effective with Pay Period 14 (beginning June 16, 2019) for all members. The base wage increase results in a total salary lift for 2019 of \$1,614 for the bargaining unit, which is \$1,674 below the maximum base wage increase allowable. Calculation of the maximum base wage increase for the bargaining unit was made in accordance with the WERC rules. The Office

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

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

**Impact of 2019 Wage Increase on 2019 Budget and 2020 Budget**

Based upon the proposed agreement with the bargaining unit, the base wage rates will increase by 2.0 percent effective with Pay Period 14 (beginning June 16, 2019). The cost of the wage increase for 2019, using the contract effective date, would be as follows:

2019 Salary Increase	\$	1,614
FICA	\$	123
<b>Net cost</b>	\$	1,738

The 2019 Adopted Budget included an appropriation for a 2.0 percent wage increase for all employees, effective Pay Period 14 (beginning June 16, 2019), or approximately \$1,609 in additional salary dollars. Therefore, there is a \$6 cost based on the proposed agreement for the current year.

2019 Budgeted Salary Increase	\$	1,609
FICA	\$	123
<b>Net Budgeted Amount</b>	\$	1,732
<b>Net Actual Cost of Bargained 2%</b>	\$	1,738
<b>Savings / (Cost)</b>	\$	(6)

Since this wage increase inflates the base wage of these employees, it would therefore impact each subsequent year budget. The budget impact on 2020, assuming the same pension percentages, would be as follows:

2020 Salary Increase	\$	2,952
FICA	\$	226
<b>Net cost</b>	\$	3,178



Scott B. Manske  
Comptroller



Cynthia (CJ) Pahl  
Financial Services Manager

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

**DATE:** October 1, 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 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**

- **Grant Awards**

Two new grants have been awarded to the children's area of the Behavioral Health Division (BHD). One will be a key support for the crisis redesign and provides significant resources to explore alternatives. The other focuses on supportive employment for transition age youth. The abstracts: Grants for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (Short Title: System of Care [SOC] Expansion and Sustainability Grants) (SAMHSA, 2019-2023, \$3,998,092). Submitted April 17, 2019. Awarded September 10, 2019.

The project proposes to support the redesign and implementation of the psychiatric crisis service SOC for youth ages 4-18 by expanding early intervention, prevention, response, and postvention services, while also working to enhance the crisis SOC for youth and their caregivers through infrastructure development. Based on enrolling new youth and families in the Wraparound Milwaukee(WM) SOC following Psychiatric Crises Services (PCS) admission, the projected number of unique consumers to be served through direct service delivery are: Year 1, 67; Year 2; Year 3; and Year 4, 90; 337 consumers throughout the project lifetime. Strategies and interventions include implementing a PCS-based Youth Clinical Resource and Referral Coordinator; enhancing

evidence-based youth and caregiver screening and assessment tools in PCS and WM SOC enrollment; initiating Youth Team Connect for post-PCS follow-up; and expanding crisis response services such as Youth Crisis and Assessment Response Team (CART) and a 23-hour stabilization unit. The project focuses on building stronger system partnerships between law enforcement, education, healthcare, and county programs for youth with significant behavioral health challenges.

Transforming Lives Through Supported Employment (Short Title: Supported Employment Program) (SAMHSA, 2019-2024, \$3,985,445). Submitted May 17, 2019. Awarded August 26, 2019. The project proposes to implement and sustain an evidence-based practice (EBP) Supported Employment (SE) program, and mutually compatible and supportive EBPs of Wraparound Care Coordination, Supported Education (SEd), and Supported Housing (SH) for transition-aged youth (TAY) with serious emotional disturbances (SED). The focus population are youth enrolled in the WM Older Youth Emerging into Adult Heroes (OYEAH) Program. Based on an OYEAH average length of stay at 14.62 months, 78% retention, and increasing caseloads per EBP fidelity, the projected unduplicated number to be served are: Year 1, 30; Year 2, 22; Year 3, 10; Year 4, 25; and Year 5, 28; 115 youth over the 5-year project period.

Project goals are to provide access to EBPs in delivering comprehensive mental health and vocational services, actively engage the public and government sectors in supporting SE implementation, and sustain ongoing support and growth of the SE model.

BHD also received three additional Alcohol and Other Drug Abuse (AODA) awards. Twenty-five percent (\$225,574) of requested funding from \$902,294 has been granted through a Strategic Opioid Response (SOR) grant for opioid use disorder for treatment of unmet needs. The grant period is from September 30, 2019, through September 29, 2020. The total request from all counties and tribes is greater than the approved budgeted amount for this project. Over the next few weeks, the Division of Care and Treatment Services will work to evaluate and prorate final award amounts and send out a new letter indicating the final award amount.

BHD will provide comprehensive treatment and recovery support services for opioid use disorders to 100 individuals currently on or anticipated to be placed on the AODA transitional residential waiting list for whom opioids are the primary drug of choice.

BHD has been awarded \$250,000 through an SOR grant for expansion of the You Matter Program. The grant period is from September 30, 2019, through September 29, 2020. You Matter is a program offered through a partnership between the Medical College of Wisconsin, Froedtert Hospital, and BHD. You Matter offers support, connection to resources, treatment services and providers for individuals following an opioid overdose. We are targeting serving 80 people for this grant.

## **High Quality and Accountable Service Delivery (Cont.)**

- **Grant Awards**

Offered through the Comprehensive Opioid Abuse Site-Based Program (COAP), which solicited locally driven responses to the opioid epidemic, BHD was awarded \$1,199,999 (BJA, 2019-2022,) on September 30, 2019. The Medication-Assisted Treatment (MAT) pilot project focuses on implementing Naltrexone (Vivitrol) for sentenced and sanctioned offenders in custody at the Milwaukee County House of Correction and supporting the transition to community-based services once these individuals are released from custody. Project goals include expanding infrastructure and building capacity among correctional staff to implement evidence-based practices to address offenders' mental health, substance abuse, and trauma-related needs; improving the access and availability of services to reduce recidivism and opioid use disorders among substance-using offenders who are within 30-90 days of release; and increasing capacity for replication by criminal justice systems and MAT providers across Wisconsin by identifying and disseminating program impacts and outcomes. Project partnerships include the Milwaukee County House of Correction, Wisconsin Department of Corrections (DOC), WellPath Medical and Behavioral Health Care Providers (in-custody), Community Medical Services (opioid treatment provider), Share Training, ClareMatrix, The Bizzell Group, AIDS Resource Center of Wisconsin, and the University of Wisconsin-Milwaukee (UWM).

## **Optimal Operations and Administrative Efficiencies**

- **Psychiatric Crisis Redesign**

At the time of submission, health system executive leaders were scheduled to meet to align their position on a jointly operated/funded Psychiatric Emergency Department (ED) as recommended by the Human Services Research Institute (HSRI) in their 2018 report. The BHD team has continued to move forward with community-based enhancements and stakeholder engagement around the entire crisis continuum. Per the direction of Chairman Lutzow, a Psychiatric ED advisory group is being assembled to provide support to a BHD negotiations team. The advisory group will include Mental Health Board (MHB) Members (Chaired by Chairman Lutzow with Vice-Chairwoman Perez as co-chair), people with experience in the crisis continuum, community partners and stakeholders, as well as relevant county supports. This group will meet publically as needed to review and provide feedback to the collaboration with the health systems that have joined with BHD to explore a centralized future state emergency crisis resource that meets community needs (Aurora Advocate, Ascension, Children's, Froedert). A Crisis Continuum Steering Committee is also being assembled to engage stakeholders across the crisis continuum. The Committee will include MHB Members and several key stakeholders with broad crisis continuum experience, as well as

opportunities for ad-hoc discussion with representatives from key stakeholder groups - consumers and their families, law enforcement, community providers, courts, etc.

Beyond the above, there will be a number of break out teams or ad hoc groups that will further explore individual aspects of the crisis continuum. These ad-hoc teams of subject matter experts, stakeholders, and consumers will look at improvements and expansion of programs and services like Crisis Resource Centers, Crisis Mobile and CART, Community Health Center Partnerships, and will also assist in the development of innovative and new services identified in the HSRI recommendations and other nationally recognized best practices like the Georgia "Air Traffic Control" model, expanded peer delivered services, tele-health, tele-consult, etc. The expectation is the Steering Committee will be an enduring group that will help to shepherd the transition to a community-based system of crisis care that started in 2010 but will gain significant traction as we move toward the closure of the BHD inpatient hospital scheduled for 2021.

Additional engagement efforts have been ongoing with various stakeholder and community groups. The community engagement proposal that is before the MHB today is intended to utilize the Harwood Institute model of holding targeted "kitchen table" style conversations with key stakeholder groups throughout the community to build understanding for and to get meaningful feedback to the development of the future state of the crisis continuum. This effort is one of many directed at community engagement and feedback. The proposal from Perceptivity includes deliverables around convening the conversations, collecting data, and reporting back information at multiple points in the course of the redesign effort.

### **Workforce Investment, Development, and Engagement**

- **Retention Agreements**

The retention agreements for staff impacted by acute outsource that have been approved by the Mental Health Board are moving forward. BHD Human Resources will be meeting with the Admin team to finalize the rollout of the Employee Retention Agreements. We hope to have the agreements in place by November 1, 2019.

## High Quality and Accountable Service Delivery

- **Universal Health Services (UHS)**

UHS continues to finalize their design and complete the land sale with the city of West Allis. In a conference call on 9/27/2019, Diane Henneman indicated that they are still on track to open on or before January 1, 2021. At the time of submission Diane was scheduling a visit to Milwaukee, and we agreed to meet to discuss the progress on their facility planning.

- **Cross Discipline Workgroup**

The Workgroup on Mass Shootings have had five topic area sub-groups (see below) reviewing issues of concern regarding the larger topic of Mass Shootings to examine the evidence and determine some high level next step recommendations for BHD and our community partners. A follow-up meeting is planned to review progress thus far and to evaluate our interim findings for any that may have strong evidence or critical prominence for immediate collection and dissemination. We will also determine the timeline and plan a wrap-up meeting later this fall to finalize our work. The final findings and recommendations will be shared with the BHD Quality Committee, BHD Executive Leaders, BHD Departments, and appropriate community partners and stakeholders.

The Topic Areas and Team Leaders are:

\*Link (or lack of causal link) Between Mental Illness and Violence/Mass Violence – Dr Thrasher.

\*De-Institutionalization, Inpatient Capacity and Violence Risk with some emphasis on the demographics, treatability and acuity of individuals. – Dr Schneider.

\*Threat Assessment, Risk Screening and the Civil Commitment Process with some emphasis on prohibition from possessing any firearm/adjudicated pursuant to 18 USC 922(g)(4) as a “mental defective” – Dr Zincke.

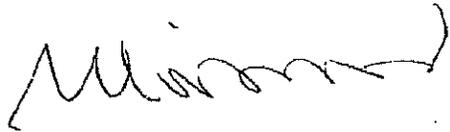
\*Modeling Feasibility of Mass Violence Screening with Ranges of Positive/Negative Predictive Values with emphasis on public health prevention strategies – Drs. Drymalski and Singh.

\*Confidentiality, Duty to Warn and Limits of Communication for Extra-BHD Coordination – Michael Lappen, Dr Schneider and Vicki Wheaton.

**Other Topics of Interest**

- **Kane Communications Update**

See **Attachment A.**

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

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

# Attachment A

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION

## COMMUNICATIONS UPDATE

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### Mental Health Board Report / October 2019

#### EMPLOYEE ENGAGEMENT

##### BHD Newsletter

- The Q3/Fall Newsletter was distributed to 1,237 BHD staff, Mental Health Board Members, community partners and providers in September and featured an employee spotlight about Dr. Dykstra, a Workforce Development for Diversity and Inclusion article, monthly top town hall questions, an article from Dr. Schneider, a calendar of upcoming events, and BHD's recent media coverage.
- The Q4/Winter Newsletter will be sent out in December to BHD staff, Mental Health Board members, and community partners and providers.

##### Town Hall Meetings

- Town Hall Meetings
  - August - Town Hall meetings were held on August 15 at 7:15 a.m. and 1:45 p.m.
    - Agenda - worker's compensation, water management update, Recovery Month, psychiatric crisis redesign and answers to question box submissions.
    - Round-up analytics
      - Sent - 661
      - Open rate - 48.5%
  - September - Town Hall meetings were held on September 19 at 7:15 a.m. and 1:45 p.m.
    - Agenda - grant announcements, BHD racial equity assessments, water management update, Centers for Medicare and Medicaid Services (CMS) Systems Improvement Agreement update and answers to question box submissions.
    - Round-up analytics - round-up analytics will be available later in the month.
- Town Hall Meeting Survey Results - in July we implemented a new Town Hall Survey to get immediate feedback from staff who attend the meetings. The survey includes questions about attendance, length of meeting, the meeting agenda, how to improve and what staff want to hear about. The results follow:
  - Most of the participants are regular meeting attendees.
  - 92% indicate that the information provided is helpful.
  - 100% indicate the length is perfect.



- Employees would like to hear more about: updates and information on transitions of the hospital, next steps for BHD employees, county-wide policy changes, what is being said about BHD in the media, and retention and severance packages.
- Employees think town hall meetings could be improved by: donuts and coffee, and increased attendance by executive team members.

## COMMUNICATIONS COLLATERAL

Individual Placement and Support (IPS) Supported Employment Program - developed a branded brochure to share information on the IPS program with current clients and partners. The brochure includes an overview of the program and the positive aspects of working during recovery.

## CRISIS REDESIGN

In preparation for the August Mental Health Board meeting, a Key Message Workshop was held with Stephanie Townsend, Joy Tapper, Mike Lappen, Mary Jo Meyers and David Muhammad. The Key Message Workshop reviewed messaging for the overall redesign efforts and specifically related to the psychiatric emergency department. During the workshop, specific roles and themes were assigned to individual spokespeople to ensure it was clear who would own the various messages related to the crisis redesign. The group also discussed specific media questions related to the Wipfli Report findings and developed a high-level one-pager to share with media.

## RECOVERY MONTH

National Recovery Month is sponsored by the Substance Abuse and Mental Health Services Administration and is held every September to educate Americans that substance use treatment and mental health services can enable those with mental and substance use disorders to live healthy and rewarding lives.

This observance celebrates the millions of Americans who are in recovery from mental and substance use disorders, reminding us that treatment is effective and that people can and do recover. It also serves to help reduce the stigma and misconceptions that cloud public understanding of mental and substance use disorders, potentially discouraging others from seeking help. This aligns with the work that BHD does every day. In collaboration with various partners, we are sponsoring activities and events throughout the month.

- Walk for Recovery
  - A media advisory was sent out promoting the event.
  - The event information was posted on nine community calendars.
- An internal e-blast was sent to BHD staff, partners and providers with a list of activities for the month.

## NURSE RECRUITMENT CAMPAIGN

- We updated the messaging on the nurse recruitment outdoor billboards and ran a print insertion in the September issue of the Wisconsin Nurse.
- The September Nurse Recruitment Job Fair was held on September 9 from 1-4 p.m. at BHD. Four candidates attended. Numbers were low due to not running Facebook or Instagram ads for the job fair. The next Nurse Recruitment Job Fair will take place on October 14 from 1 - 4 p.m. at the Behavioral Health Division.
- To date, the nurse recruitment campaign resulted in:
  - 14 nursing leads through the website for July and August



- 9 RN candidates applied in August, and 2 of those were leads generated by Kane.

**Come explore a Nursing Career in Kidney Care.**  
Openings available throughout Wisconsin  
**CLINICAL MANAGERS, REGISTERED NURSES, & PATIENT CARE TECHNICIANS (CCHT)**  
Benefits  
Paid Training for Non-Dialysis Nurses or Technicians  
Tuition Reimbursement  
Clinical Advancement Programs  
Sundays Off  
Very Competitive Pay  
Best in Class Benefits Package including medical, vision, dental, 401k, etc...  
If interested, please contact one of our representatives below or visit [job.fresenius.com/Wisconsin](http://job.fresenius.com/Wisconsin)  
Fresenius Medical Care  
Alverno College  
Learn more at [alverno.edu/msn](http://alverno.edu/msn)

**Sprint Works™ for Healthcare Professionals**  
If you work in the healthcare field, enjoy special savings through the Sprint Works Program. It's our thanks for your good work.  
<http://sprint.co/2ny2aR>



## 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.

### MEDIA COVERAGE

WUWM	<a href="#">Psychologists Talk Mental Illness And Early Detection In College-Age Adults</a>	September 17, 2019
WUWM	<a href="#">Monday on Lake Effect: Future Urban Leaders, Mental Health Care, Skylight Music Theatre</a>	September 16, 2019
Urban Milwaukee	<a href="#">Milwaukee County Announces \$4 Million Grant to Support Young Adults Experiencing Mental Health Diagnoses</a>	September 12, 2019
Milwaukee Journal Sentinel	<a href="#">Series of inspections finds ongoing problems at Behavioral Health Division's hospital in Wauwatosa</a>	September 11, 2019
Milwaukee Neighborhood News Service	<a href="#">Post from the Community: Mental Health Summit will focus on mitigating and managing self-harm</a>	September 5, 2019
Patch.com	<a href="#">Mental Health Summit Will Focus on Mitigating, Managing Self-Harm</a>	September 4, 2019
Milwaukee Journal Sentinel	<a href="#">Milwaukee County wants to retool how it treats people suffering an acute mental health crisis. There isn't a consensus.</a>	August 16, 2019
Milwaukee Journal Sentinel	<a href="#">The company planning a behavioral health hospital in West</a>	July 26, 2019

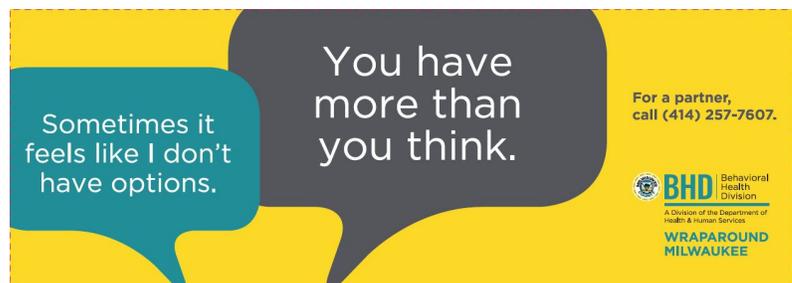
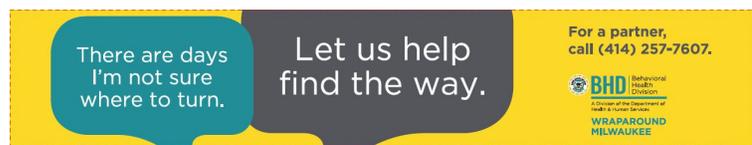


	<a href="#">Allis will pay \$127M to settle fraud allegations</a>	
BizTimes	<a href="#">West Allis behavioral health hospital nets city approval</a>	July 18, 2019
Milwaukee Business Journal	<a href="#">West Allis approves \$33M behavioral health hospital</a>	July 18, 2019
Milwaukee Journal Sentinel	<a href="#">Proposed mental health hospital should be at County Grounds, not in West Allis, supervisor says</a>	June 11, 2019
Milwaukee Journal Sentinel	Universal Health Services plans 120-bed behavioral health hospital in West Allis	June 3, 2019

## 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:** September 24, 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 Professional Services Contract Amendments and a 2019 Contract for Food, Security, Communications, Pharmacy, Cleaning, Research, and Youth Crisis 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**

**ARAMARK Correctional Services, LLC – 673,397**

ARAMARK Correctional Services, LLC, prepares and delivers food for the BHD inpatient population. The funds are being requested for 2020.

**Allied Universal Security Services - \$936,000**

This Vendor provides public safety services for BHD. They provide services twenty-four hours a day, and seven days a week. The Vendor is responsible for monitoring the outside parking lots, and performing environment of care safety checks, etc. These funds are being requested for 2020. The total contract amount would be \$1,322,599.

**Kane Communications Group - \$54,053**

Kane Communications group will provide community outreach, advertising, and public information communications to assist Wraparound Milwaukee CHRP grant. BHD is asking for an additional \$54,053 for 2019. The total contract amount would be \$104,000.

**Pharmacy Systems, Inc. - \$1,439,804**

Pharmacy Systems, Inc., provides pharmaceutical services to BHD. BHD is requesting an additional \$50,000 for 2019 and \$1,389,804 for 2020 as a result of the adjusted/projected consumer price index (CPI). These funds are being requested for 2019 and 2020.

**Clean Power - \$670,168.14**

Clean Power provides cleaning services for BHD. These funds are being requested for 2020. The total contract amount would be \$2,010,504.42.

**Perceptivity, LLC - \$225,000**

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 is requesting \$225,000 for 2019 and 2020. The total contract amount will be \$225,000.

**University of WI-Milwaukee - \$332,548**

University of WI-Milwaukee will support the redesign and implementation of the psychiatric crisis service system of care (SOC) for youth and young adults by expanding early intervention, prevention, response, and postvention services, while also working to enhance the crisis SOC for youth and their caregivers through infrastructure development. BHD is requesting an additional \$332,548 over a four-year period; (Year 1: \$81,002; Year 2: \$83,383; Year 3: \$83,480; Year 4: \$84,683). The total contract amount will be \$362,048.

### Fiscal Summary

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

Vendor Name	New/Amendment	2019 Amount Requested	2020 Contract Amount	2021 Contract Amount	2022 Contract Amount	Total Contract Amount
Aramark Correctional Services, LLC	Amendment		\$673,397			
Allied Universal Security Services	Amendment		\$936,000			\$1,322,599
Kane Communications Group	Amendment	\$54,053				\$104,000
Pharmacy Systems, Inc.	Amendment	\$50,000	\$1,389,804			
Clean Power	Amendment		\$670,168.14			\$2,010,504.42
Perceptivity, LLC	New	\$225,000				\$225,000
University of Wisconsin - Milwaukee	Amendment	\$81,002	\$83,383	\$83,480	\$84,683	\$362,048
		<b>\$410,055</b>	<b>\$3,752,752</b>	<b>\$83,480</b>	<b>\$84,683</b>	<b>\$4,024,151</b>

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

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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:** September 24, 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 Contract 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 contract amendments and contract for 2019

**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**

**Wisconsin Community Services, Inc. - \$65,273.85\***

The Vendor provides Peer Support via the Office of Consumer Affairs program for BHD. BHD requested \$458,913 previously for 2020 but an additional peer support has been added, and BHD is requesting an additional \$12,256.34 for 2019 and \$65,273.85 for 2020. The total contract amount for 2020 will be \$536,443.19.

**Trempealeau County Health Care - \$149,001**

This contract is to assure clarity of fiscal obligations for care services provided to individuals placed by Milwaukee County at the Trempealeau County Health Care Center. BHD is requesting an additional \$149,001 for 2019. The total contract amount for 2019 will be \$300,000.

**Our Space, Inc. - \$18,000\***

The Vendor runs a peer run respite house for individuals who are experiencing an increase in symptoms, or life needs, and who are in need of support and services to aid in their recovery and thereby avert crises and prevent hospitalization. BHD is requesting an additional \$18,000 for 2019 related to unspent startup cost for 2018. The total contract amount for 2019 will be \$433,000.

**Fiscal Summary**

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

<b>Vendor Name</b>	<b>New/Amendment</b>	<b>2019 Amount Requested</b>	<b>2020 Amount Requested</b>	<b>Total Contract Amount 2019</b>	<b>Total Contract Amount 2020</b>
Wisconsin Community Services, Inc.	Amendment	\$12,256.34	\$65,273.85		\$536,443.19
Trempealeau County Health Care	Amendment	\$149,001		\$300,000	
Our Space, Inc.	Amendment	\$18,000		\$433,000	
<b>Total</b>		\$177,001	\$65,273.85	\$733,000	\$536,443.19

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

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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:** September 24, 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 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**

**BLOOM: Center for Art and Integrated Therapies - \$20,000**

This vendor provides Behavioral Health and/or Social Services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting an additional \$20,000 for 2019. The total contract amount will be \$121,000.

**Fiscal Summary**

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

Vendor Name	New/Amendment	2019 Amount Requested	Total 2019 Contract Amount
BLOOM: Center for Art and Integrated Therapies	Amendment	\$20,000	\$121,000
		\$20,000	\$121,000

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

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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:** September 24, 2019

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

**FROM:** Michael Lappen, BHD Administrator  
*Submitted by John Schneider, MD, FAPA, BHD Chief Medical Officer*

**SUBJECT: Report from the Behavioral Health Division Administrator, Requesting Approval to Implement a Practitioner "Employment Agreement" As Established Under BHD Personnel Policy for Specific Classified, Unclassified and Exempt Physician and Advanced Practice Nurse County Employees**

**Issue**

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health with a value of at least \$100,000. The contract shall take effect only if the Milwaukee County Mental Health Board votes to approve, or does not vote to reject, the contract within 28 days after the contract is signed or countersigned by the County Executive.

Per the above Statute, the BHD Administrator is requesting authorization to establish one (1) "Employment Agreement" with one prospective Psychiatric/Mental Health Advanced Practice Nurse employee. The salary specified within the agreement exceeds \$100,000 annually.

It has been determined that these "Employment Agreements" fall under BOTH personnel policy AND contract requirements.

**Discussion**

Due to the significant time, effort and expense associated with recruiting and retaining qualified psychiatric licensed independent practitioners, the Behavioral Health Division, in collaboration with the Department of Human Resources and Corporation Counsel, has established a personnel policy that requires employment agreements for specific classified, unclassified and exempt physician and advanced practice nurse classifications within Milwaukee County employ. The purpose of these agreements is to stipulate total compensation including fringe benefits, recruitment/retention incentives and to establish a reasonable and fair "minimum resignation notice" requirement, which does not exist under Civil Service rules.

We submit the table below, which lists the one (1) personnel transaction that BHD will be requesting the Milwaukee County Chief Human Resources Officer to implement, in connection with Employment Agreement execution.

ITEM ID	HIGH/ LOW ORG	NEW APPOINTMENT JOB CODE / POSITION #	NO. POSITIONS	RECOMMENDED SALARY		INFORMATIONAL: Market equitable alignment based on overall job duties/responsibilities, industry competition, competencies and education/experience requirements.		EFFECTIVE DATE	
				PAYRANGE	ANNUAL PAY RATE				
EA2019-10A	6300/ 6413	21016003000002	1	P020	Min	110,975		Immediate Recruitment Need.	On or after 11/03/19
					Mid	135,945	X	Retention	
					Max	160,914	X	Industry shortage / high competition for profession	
					\$130,000			Other:	

The individual practitioner entering into this agreement shall maintain current status as a benefit-eligible COUNTY EMPLOYEE, or if newly hired shall be established as a benefit-eligible COUNTY EMPLOYEE, including ERS enrollment, and subject to all applicable County and BHD personnel policies and Civil Service rules, where applicable.

Appointee to above position shall be eligible for recruitment/retention bonus. All bonuses shall be subject to conditions. Amount of bonus shall not exceed \$10,000 annually. In all cases, any funds identified through the Employment Agreement as a retention or other bonus shall not be considered eligible earnings under the Milwaukee County Pension Plan. Therefore, a retention or other bonus shall not affect in any manner any pension benefit under the Employee Retirement System (ERS), including, but not limited to, earnable compensation, final average salary, service credit, eligibility for a benefit or timing of a benefit.

### **Recommendation**

It is recommended that the Milwaukee County Mental Health Board approve entering into "Employment Agreement" (contract) with the appointee to the above position for the recommended total compensation amounts.

### **References**

Wis. Stats. [46.19\(4\)](#): the salaries of any superintendent of a mental health institution and the salaries of any visiting physician and necessary additional officers and employees whose duties are related to mental health shall be fixed by the county executive.

Wis. Stats. [51.41\(10\)](#): MENTAL HEALTH CONTRACTS. Any contract related to mental health with a value of at least \$100,000, to which Milwaukee County is a party may take effect only if the Milwaukee County mental health board votes to approve, or does not vote to reject, the contract within 28 days after the contract is signed or countersigned by the county executive.

Wis. Stats. [51.42\(6m\)\(i\)](#): Establish salaries and personnel policies of the programs of the county department of community programs subject to approval of the county executive or county administrator and county board of supervisors, except in Milwaukee County, or the Milwaukee County mental health board in Milwaukee County unless the county board of supervisors or the Milwaukee County mental health board elects not to review the salaries and personnel policies.

### **Fiscal Effect**

The recommended compensation contained in this report is supported by currently funded and authorized positions within the Behavioral Health Division's 2019 and 2020 operating budgets. There is no tax levy associated with this request.

Respectfully Submitted,



Michael Lappen, Administrator  
Behavioral Health Division

cc Maria Perez, Chairperson, Milwaukee County Mental Health Board Finance Committee  
Mary Jo Meyers, Acting Director, Department of Health and Human Services  
John Schneider, MD, FAPS, BHD Chief Medical Officer  
Matt Fortman, DHHS/BHD Fiscal Administrator  
Dean Legler, Milwaukee County Compensation Director  
Lora Dooley, BHD Director of Medical Staff Services  
Jodi Mapp, BHD Senior Executive Assistant

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

**DATE:** September 27, 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 Update on 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. The Budget initially required counties to maintain a maintenance of effort payment equal to 75% of a county's crisis expenditures during calendar years 2016, 2017, and 2018. Through veto, Governor Evers removed the explicit maintenance of effort requirement and instead directed DHS to "set the county maintenance of effort for crisis intervention services in a manner it determines is appropriate and equitable."

Additional crisis reimbursement from DHS has the possibility to have a profound impact on Milwaukee County's ability to expand and enhance crisis intervention services. Milwaukee County is hopeful that DHS will announce the mechanism for the expanded crisis reimbursement quickly, so Wisconsin counties will be able to plan their expansion of crisis services accordingly. At this time, we do not have additional information about how crisis intervention services will be reimbursed by DHS or how the county maintenance of effort requirement will be calculated.



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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, September 12, 2019 - 1:30 P.M.**  
**Milwaukee County Mental Health Complex**  
**9455 West Watertown Plank Road**  
**Conference Room 1045**

**MINUTES**

**PRESENT:** Maria Perez, Jon Lehrmann, and Kathie Eilers

**EXCUSED:** Duncan Shrout and Michael Davis

**SCHEDULED ITEMS:**

1.	<p><b>Welcome.</b></p> <p>Chairwoman Perez welcomed everyone to the September 12, 2019, Mental Health Board Finance Committee meeting.</p>
2.	<p><b>State Budget Updates.</b></p> <p>Items contained within the State Budget that positively impact the Behavioral Health Division are additional resources for Crisis Services. There will be a potential increase in reimbursement for those services. The Governor's veto removed some of the prescriptive language, which gives the State Department of Human Services more latitude to implement the increase. As such, it will probably take a few months for the State to decide what to do. A regional approach is being vetted due to the needs of Southeastern Wisconsin differing from the needs of Northern Wisconsin with regards to Crisis Services and existing capacity. The change in reimbursement is anticipated to assist the acceleration of crisis services changes discussed over the past eighteen months.</p> <p>Questions and comments ensued.</p>
3.	<p><b>2018 Balance Sheet.</b></p> <p>The balance sheet is for year ending November 31, 2018, and consists of audited financial statements for 2018. It's included in the County-wide comprehensive annual financial report (CAFR), which was released in early August. It reflects the Behavioral Health Division's assets and liabilities and operational, capital, and Wraparound reserve accounts. Some of the items, such as the capital assets and depreciation, fall under the function of central</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p>accounting. This information was presented to the Committee because of its inclusion in the County's CAFR.</p> <p>Questions and comments ensued.</p>
4.	<p><b>2018 Financial Audit Control Recommendation.</b></p> <p>The Behavioral Health Division (BHD) has historically been subject to annual financial audits. Auditors identify issues of concern, as well as make recommendations for improvements, which are referred to as control recommendations.</p> <p>Issues arising from control recommendations are not considered to be serious or a misstatement of financial results. Though not serious, rectification is still required. Auditors prepared a written paragraph for documentation related to BHD's control recommendation. It reflects repeat comments dating back to 2016. Since 2016, BHD has acquired control recommendations related to patient receivable accounts. Work continues to be done to reconcile patient receivable balances by revising processes on how those balances are reflected on the general ledger and how and when client accounts are written off.</p> <p>The automated process being used saved time and provided a cleaner workflow. However, a technical issue was discovered. The system was inaccurately hardcoding the write-off data reflected on the client ledger. The Information Management Services Division is working to correct this glitch to enable write-off data to be reflected in real time.</p> <p>Questions and comments ensued.</p>
5.	<p><b>2019 Financial Reporting Package and Dashboard. (Matt Fortman, Behavioral Health Division/Informational)</b></p> <p>A correction was made to the Annual Projection Major Variances report under the Hospital Revenue section. The numbers should read as follows: \$.2 million for CAIS, \$.2 million for PCS-ER/Obs, and \$2.4 million for Adults.</p> <p>An overview was provided of the 2019 Quarter 2 fiscal report detailing combined reporting, inpatient hospital annual projections, and 2019 year-to-date revenues and expenses. Program Dashboards for acute adult inpatient, child and adolescent inpatient (CAIS), Psychiatric Crisis Services (PCS), Alcohol and Other Drug Abuse (AODA), Wraparound, Targeted Case Management (TCM), Comprehensive Community Services (CCS), and Community Support Programs (CSP) were all reviewed. Year-end financial highlights included information on inpatient census, patient receivable accounts, Crisis Resource Center expansion, state institutions, CCS growth, and AODA costs. BHD is looking at an overall deficit of \$3.1 million. The deficit reflected in the Wraparound area is due to a decreased capitation rate.</p>

**SCHEDULED ITEMS (CONTINUED):**

	Questions and comments ensued.
6.	<p><b>Quarterly Update and Reserve Analysis Overview.</b></p> <p>Quarterly dashboard projections include current reserve balances and anticipated end-of-the-year reserve balances. Everything held equal. A portion of the anticipated deficit falls under the Wraparound program. Fiscal leaned on the conservative side with initial estimates in the hopes of lowering the amount of the total deficit. The remainder of the deficit balance would fall to the operational surplus reserve.</p> <p>All current reserve account commitments are reflected in the report. There are smaller specific items, nebulous items related to the upcoming system change, and the ongoing expenditure reduction from the Budget Office to help with ongoing County-wide financial issues.</p> <p>Questions and comments ensued.</p>
7.	<p><b>Adjournment.</b></p> <p>Chairwoman Perez ordered the meeting adjourned.</p>
<p>This meeting was recorded. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Behavioral Health Division/Mental Health Board web page.</p> <p>Length of meeting: 1:34 p.m. to 2:45 p.m.</p> <p>Adjourned,</p> <p><i>Jodi Mapp</i></p> <p>Jodi Mapp Senior Executive Assistant Milwaukee County Mental Health Board</p>	
<p><b>The next regular meeting of the Milwaukee County Mental Health Board Finance Committee is Thursday, October 24, 2019, at 8:00 a.m. at the Zoofari Conference Center</b></p> <p><b>Visit the Milwaukee County Mental Health Board Web Page at:</b> <a href="https://county.milwaukee.gov/EN/DHHS/About/Governance">https://county.milwaukee.gov/EN/DHHS/About/Governance</a></p>	

# Finance Committee Item 3

## COUNTY OF MILWAUKEE, WISCONSIN

Balance Sheet  
Behavioral Health Division Fund  
As of December 31, 2018  
(In Thousands)

### Assets

#### Current Assets:

Cash	\$ 39,483
Patient Receivables	23,905
Allowance for Uncollectible Accounts	(14,402)
Accounts Receivable - Other	27
Due from Other Governments	6,426
Prepaid Items	80
Total Current Assets	<u>55,519</u>

#### Noncurrent Assets:

##### Capital Assets:

Land Improvements	1,625
Buildings and Improvements	36,458
Machinery, Vehicles and Equipment	3,140
Total Capital Assets	<u>41,223</u>
Less: Accumulated Depreciation	(35,921)
Total Capital Assets (Net)	<u>5,302</u>
Total Assets	<u>60,821</u>

### Deferred Outflows of Resources

Deferred Loss on Refunding of Debt	9
Total Assets and Deferred Outflows of Resources	<u>\$ 60,830</u>

### Liabilities

#### Current Liabilities:

Accounts Payable	\$ 11,775
Accrued Payroll	1,908
Due to Other Governments	338
Bonds and Notes Payable - General Obligation	1,541
Compensated Absences Payable	2,822
Other Current Liabilities	1,367
Total Current Liabilities	<u>19,751</u>

#### Long-Term Liabilities:

Bonds and Notes Payable - General Obligation	781
Compensated Absences Payable	1,270
Total Long-Term Liabilities	<u>2,051</u>
Total Liabilities	<u>21,802</u>

### Net Position

Net Investments in Capital Assets	2,988
Restricted for:	
Commitments	2,952
Operational Reserve	21,285
Capital Reserve	5,155
Title XIX Capitation	9,092
Compensated Absences	1,649
Unrestricted (Deficit)	(4,093)
Total Net Position	<u>39,028</u>
Total Liabilities and Net Position	<u>\$ 60,830</u>

# COUNTY OF MILWAUKEE, WISCONSIN

Schedule of Revenues, Expenses and Changes in Net Position  
Behavioral Health Division Fund  
For the Year Ended December 31, 2018  
(In Thousands)

Operating Revenues:	
Charges for Services	\$ 100,165
Other Revenues	1,736
Total Operating Revenues	<u>101,901</u>
Operating Expenses:	
Personnel Services	64,773
Client Service Costs	46,116
Contractual Services	10,620
Intra-County Services	1,915
Commodities	3,446
Depreciation and Amortization	1,342
Maintenance	105
Provider Network Services	73,020
Total Operating Expenses	<u>201,337</u>
Operating Income (Loss)	(99,436)
Nonoperating Revenues (Expenses):	
Intergovernmental Revenues	<u>43,072</u>
Income (Loss) Before Transfers	(56,364)
Transfers In	<u>58,496</u>
Changes in Net Position	2,132
Net Position -- Beginning	<u>36,896</u>
Net Position -- Ending	<u>\$ 39,028</u>

# Finance Committee Item 4

COUNTY OF MILWAUKEE  
Behavioral Health Division Administration  
Inter-Office Communication

**DATE:** September 12, 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, Detailing Audit Control Recommendation Related to 2018 Year-End Financial Audit**

**Issue**

In planning and performing the annual audit of financial statements, Baker Tilly identifies control recommendations related to deficiencies in internal control. Such deficiencies exist when management or employees are unable to prevent, detect, or correct misstatements on a timely basis. The audit of Milwaukee County for year ended December 31, 2018 identified one such control recommendation for the Behavioral Health Division. This control recommendation is not considered a material weakness in our financial statements.

The control recommendation and Behavioral Health Division response is attached.



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

## **BEHAVIORAL HEALTH DIVISION**

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### **Patient Receivable Balance (Repeat comment since 2016 report)**

During our 2016 audit, we identified the County's Behavioral Health Division did not have a process in place to reconcile a detailed listing of patient receivable balance to the general ledger. During our 2017 audit, it was noted that a process was put in place to reconcile a detailed listing of patient receivable balance to the general ledger, however, the reconciliation resulted in an unexplained variance between the patient receivable detail and the amount reported in the general ledger. Again, during our 2018 audit, a similar unexplained variance between the patient receivable detail and the amount reported in the general ledger was noted. Ideally, at the end of each accounting period the receivable balance reported in the general ledger should be reconciled to a detailed, aged list of individual billings and any identified variances should be resolved. This detail list should be reviewed with further collection procedures or write-offs made as appropriate. At a minimum, we recommend that a detailed patient receivable list be reconciled as of year-end to the general ledger and that identified variances be investigated and resolved in a timely manner.

### ***Behavioral Health Division Response***

It is currently the Behavioral Health Division's process to reconcile patient receivable detail to the general ledger at year end. This was completed for 2018. However, it was noted during the audit that some of the patient receivables in the detail provided appeared to be written off prior to year-end. After an investigation, we found that an automated write-off process used for certain receivable categories had been back-dating the "adjustment date" of when the receivable was written-off. For example, if the automated write-off process was completed in April 2019 to close out November 2018, the adjustment date would have been hard coded to "11/30/2018" rather than the date the process was run in April of 2019. This gives the appearance that certain were receivables included in the year-end balance detail inappropriately.

We are working with our IT team to alter the report to no longer back-date the "adjustment date" for this process. We are confident that this issue will be resolved for the FY 2019 close.

# Finance Committee Item 5

**Milwaukee County Behavioral Health Division**  
Annual Projection as of 2nd Qtr 2019 - Major Variances  
Favorable/(Unfavorable) - (\$ millions)

**Total BHD Projected Surplus/(Deficit) \$ (3.1)**

**Hospital (Adult Inpatient, CAIS, ER/Obs) **\$0.2****

REVENUE:

*Patient Revenue - CAIS (\$1.5), PCS-ER/Obs (\$2.0), Adult (\$0.5)* \$ 2.8

EXPENSES:

*Personnel Expenses* \$ (1.6)

*Miscellaneous Patient Expenses* \$ (0.2)

*State Institutes* \$ (1.4)

*Internal Allocation revised, favorable to Inpatient* \$ 0.5

*Sub-Total Hospital Expenses* \$ (2.6)

**Management/Operations/Fiscal **(\$0.8)****

*(\$2.0) million abatement of tax levy partially offset by lower expenses  
and 2019 pharmacy contract expense recognized in 2018*

**Community Services **(\$2.5)****

REVENUE:

*Wraparound Capitation rate decrease* \$ (2.3)

*Wraparound CCS Revenue above plan* \$ 3.8

EXPENSES:

*Personnel Expenses* \$ 1.4

*Wraparound Expenses* \$ (4.6)

*Internal Allocation revised, increased allocation to CARS* \$ (0.4)

*Sub-Total Community Expenses* \$ (3.6)

Behavioral Health Division

Combined Reporting

Q2 2019 - 2019 Annual Projection

	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
<b>Revenue</b>												
BCA	7,700,026	14,636,560	-	22,336,586	7,700,030	14,636,560	-	22,336,590	4	-	-	4
State & Federal	-	19,063,511	-	19,063,511	-	19,815,125	-	19,815,125	-	751,614	-	751,614
Patient Revenue	18,024,127	88,158,927	50,000	106,233,054	20,769,752	88,991,650	-	109,761,402	2,745,625	832,723	(50,000)	3,528,348
Other	-	1,778,578	252,997	2,031,575	42,316	1,503,032	353,760	1,899,109	42,316	(275,546)	100,763	(132,466)
Sub-Total Revenue	25,724,153	123,637,576	302,997	149,664,726	28,512,098	124,946,367	353,760	153,812,225	2,787,945	1,308,791	50,763	4,147,499
<b>Expense</b>												
Salary	15,687,788	10,475,907	7,123,421	33,287,116	15,127,942	8,967,595	6,780,354	30,875,890	559,846	1,508,312	343,067	2,411,226
Overtime	477,048	3,144	137,808	618,000	2,430,922	167,890	246,885	2,845,697	(1,953,874)	(164,746)	(109,077)	(2,227,697)
Fringe	16,637,914	10,311,009	8,740,132	35,689,055	16,800,235	10,292,696	10,761,025	37,853,956	(162,321)	18,313	(2,020,893)	(2,164,901)
Services/Commodities	3,235,560	1,285,080	8,851,474	13,372,114	3,430,566	1,052,568	8,031,845	12,514,979	(195,006)	232,512	819,629	857,135
Other Charges/Vendor	2,500,000	120,890,849	-	123,390,849	3,870,119	124,458,589	0	128,328,708	(1,370,119)	(3,567,740)	(0)	(4,937,859)
Capital	-	-	200,000	200,000	-	1,871	50,000	51,871	-	(1,871)	150,000	148,129
Cross Charges	16,492,614	18,262,978	7,250,060	42,005,652	16,003,186	18,720,111	7,234,735	41,958,032	489,428	(457,133)	15,325	47,620
Abatements	-	(6,347,467)	(32,769,727)	(39,117,194)	-	(5,006,719)	(32,767,809)	(37,774,528)	-	(1,340,748)	(1,918)	(1,342,666)
Total Expense	55,030,924	154,881,500	(466,832)	209,445,592	57,662,970	158,654,600	337,035	216,654,605	(2,632,046)	(3,773,100)	(803,867)	(7,209,013)
<b>Tax Levy</b>	29,306,771	31,243,924	(769,829)	59,780,866	29,150,872	33,708,233	(16,725)	62,842,380	155,899	(2,464,309)	(753,104)	(3,061,514)

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: \$ 32,767,809

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

Q2 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
<b>Revenue</b>												
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	9,506,581	8,668,050	1,640,494	19,815,125	840,576	(514,456)	425,494	751,614
Patient Revenue	-	34,062,299	54,096,628	88,158,927	0	34,214,644	54,777,006	88,991,650	-	152,345	680,378	832,723
Other	550,000	1,138,578	90,000	1,778,578	505,582	837,203	160,248	1,503,032	(44,418)	(301,375)	70,248	(275,546)
Sub-Total Revenue	11,549,736	56,686,212	55,401,628	123,637,576	12,345,894	56,022,726	56,577,748	124,946,367	796,158	(663,486)	1,176,120	1,308,791
<b>Expense</b>												
Salary	71,710	7,168,801	3,235,396	10,475,907	74,989	6,194,309	2,698,297	8,967,595	(3,279)	974,492	537,099	1,508,312
Overtime	-	-	3,144	3,144	0	139,030	28,860	167,890	-	(139,030)	(25,716)	(164,746)
Fringe	71,467	7,161,239	3,078,303	10,311,009	71,467	7,161,239	3,059,990	10,292,696	-	-	18,313	18,313
Services/Commodities	251,136	931,559	102,385	1,285,080	47,802	451,105	553,660	1,052,568	203,334	480,454	(451,275)	232,512
Other Charges/Vendor	13,877,854	58,081,638	48,931,357	120,890,849	14,359,562	58,698,501	51,400,526	124,458,589	(481,708)	(616,863)	(2,469,169)	(3,567,740)
Capital	-	-	-	-	0	-	1,871	1,871	-	-	(1,871)	(1,871)
Cross Charges	1,346,033	10,637,606	6,279,339	18,262,978	1,129,883	10,992,963	6,597,265	18,720,111	216,150	(355,357)	(317,926)	(457,133)
Abatements	-	-	(6,347,467)	(6,347,467)	-	-	(5,006,719)	(5,006,719)	-	-	(1,340,748)	(1,340,748)
Total Expense	15,618,200	83,980,843	55,282,457	154,881,500	15,683,703	83,637,147	59,333,750	158,654,600	(65,503)	343,696	(4,051,293)	(3,773,100)
<b>Tax Levy</b>	4,068,464	27,294,631	(119,171)	<b>31,243,924</b>	3,337,810	27,614,421	2,756,002	<b>33,708,233</b>	<b>730,654</b>	<b>(319,790)</b>	<b>(2,875,173)</b>	<b>(2,464,309)</b>

(2,019,385) 3,359,636 2,747,963 4,088,215

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

Q2 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
<b>Revenue</b>												
BCA	-	-	7,700,026	7,700,026	-	-	7,700,030	7,700,030	-	-	4	4
State & Federal	-	-	-	-	-	-	-	-	-	-	-	-
Patient Revenue	12,744,737	3,743,875	1,535,515	18,024,127	15,110,160	3,912,692	1,746,900	20,769,752	2,365,423	168,817	211,385	2,745,625
Other	-	-	-	-	-	42,316	-	42,316	-	42,316	-	42,316
Sub-Total Revenue	12,744,737	3,743,875	9,235,541	25,724,153	15,110,160	3,955,008	9,446,930	28,512,098	2,365,423	211,133	211,389	2,787,945
<b>Expense</b>												
Salary	7,682,112	2,094,748	5,910,928	15,687,788	7,143,770	2,003,305	5,980,867	15,127,942	538,342	91,443	(69,939)	559,846
Overtime	255,480	41,544	180,024	477,048	1,289,845	115,520	1,025,557	2,430,922	(1,034,365)	(73,976)	(845,533)	(1,953,874)
Fringe	9,329,565	2,102,720	5,205,629	16,637,914	9,378,822	2,101,318	5,320,095	16,800,235	(49,257)	1,402	(114,466)	(162,321)
Services/Commodities	2,461,140	260,743	513,677	3,235,560	2,748,913	268,058	413,595	3,430,566	(287,773)	(7,315)	100,082	(195,006)
Other Charges/Vendor	2,500,000	-	-	2,500,000	3,870,119	-	-	3,870,119	(1,370,119)	-	-	(1,370,119)
Capital	-	-	-	-	-	-	-	-	-	-	-	-
Cross Charges	8,231,066	2,726,474	5,535,074	16,492,614	8,349,019	2,752,980	4,901,188	16,003,186	(117,953)	(26,506)	633,886	489,428
Abatements	-	-	-	-	-	-	-	-	-	-	-	-
Total Expense	30,459,363	7,226,229	17,345,332	55,030,924	32,780,487	7,241,181	17,641,302	57,662,970	(2,321,124)	(14,952)	(295,970)	(2,632,046)
<b>Tax Levy</b>	17,714,626	3,482,354	8,109,791	29,306,771	17,670,327	3,286,173	8,194,372	29,150,872	44,299	196,181	(84,581)	155,899

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

Behavioral Health Division  
**Management/Operations/Fiscal**  
**Q2 2019 - 2019 Annual Projection**

	2019 Budget	2019 Annual Projection	2019 Projected Surplus/(Deficit)	
<b>Revenue</b>				
BCA	-	-	-	
State & Federal	-	-	-	
Patient Revenue	50,000	-	(50,000)	
Other	252,997	353,760	100,763	
Sub-Total Revenue	302,997	353,760	50,763	
<b>Expense</b>				
Salary	7,123,421	6,780,354	343,067	
Overtime	137,808	246,885	(109,077)	
Fringe	8,740,132	10,761,025	(2,020,893)	County targeted reduction of BHD levy
Services/Commodities	8,851,474	8,031,845	819,629	Encumbered Pharmacy Systems Inc
Other Charges/Vendor	-	0	(0)	
Capital	200,000	50,000	150,000	
Cross Charges	7,250,060	7,234,735	15,325	
Abatements	(32,769,727)	(32,767,809)	(1,918)	
Total Expense	(466,832)	337,035	(803,867)	
<b>Tax Levy</b>	<b>(769,829)</b>	<b>(16,725)</b>	<b>(753,104)</b>	

BEHAVIORAL HEALTH DIVISION

DASHBOARD REPORT

Q2 2019

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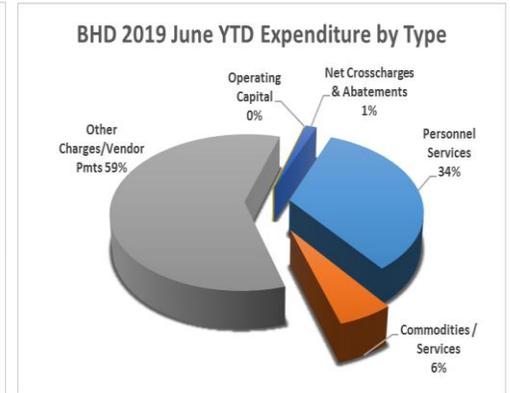
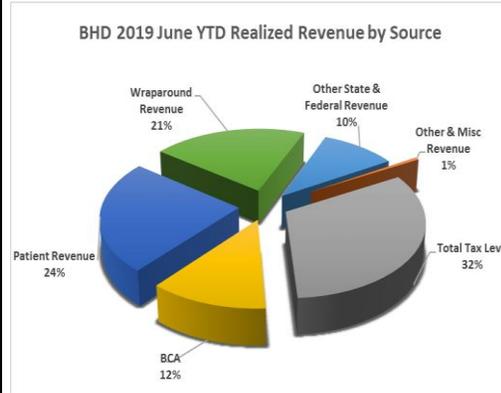
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# BHD COMBINED DASHBOARD

2nd Quarter June 2019

	Actual June YTD	2019 Annual Projection		
		Projection	Budget	Variance
<b>Revenue</b>	62,990,650	153,812,225	149,664,726	4,147,499
<b>Expense</b>				
Personnel	31,259,463	71,575,543	69,594,171	(1,981,372)
Svcs/Commodities	5,217,843	12,514,979	13,372,114	857,135
Other Chgs/Vendor	55,014,547	128,328,708	123,390,849	(4,937,859)
Capital	935	51,871	200,000	148,129
Cross Charges	15,345,272	41,958,032	42,005,652	47,620
Abatements	(13,861,113)	(37,774,528)	(39,117,194)	(1,342,666)
<b>Total Expense</b>	92,976,947	216,654,605	209,445,592	(7,209,013)
Tax Levy	29,986,297	62,842,380	59,780,866	(3,061,514)
Wraparound		2,756,002	(119,171)	(2,875,173)
BHD Excluding Wraparound		60,086,378	59,900,037	(186,341)
Percentage Spent	44%			
Percentage Yr Ela	50%			

## 2019 June YTD 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

- Inpatient revenue surplus due to better payer mix
- State Institutions (\$1.4m) deficit
- Slow CCS growth in 2018 now on target for 2019
- Wraparound deficit primarily due to decrease in capitation rate

## 2019 Budget Initiatives

Initiative	Status
FQHC Partnership	➡ Delayed
CCS Expansion	⬆ Enrollment increase on track
Outpatient Plus	➡ Anticipated go-live December 2019
RSC Increase	➡ Anticipating surplus due to adjusted reimbursement model

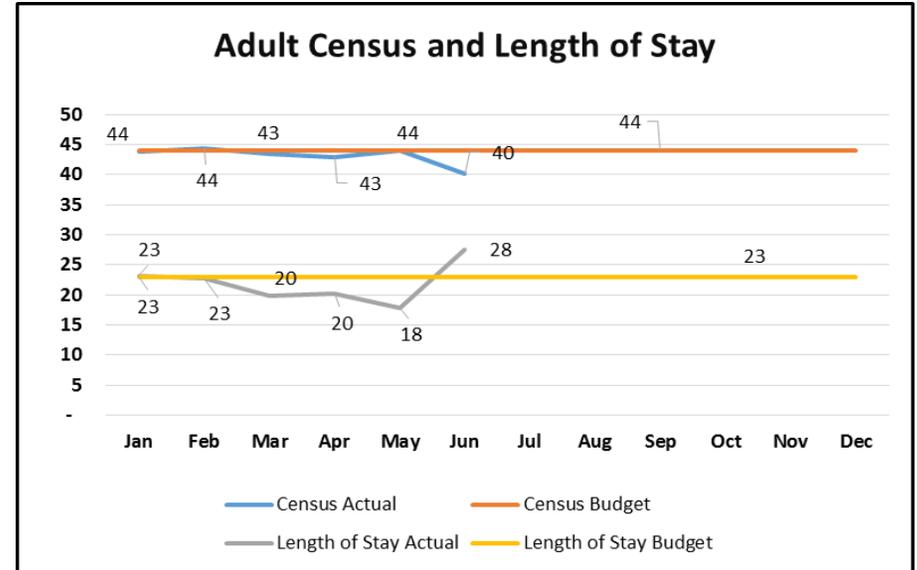
Complete ⬆ Not Done ⬇ Progressing ➡

# ACUTE ADULT INPATIENT DASHBOARD

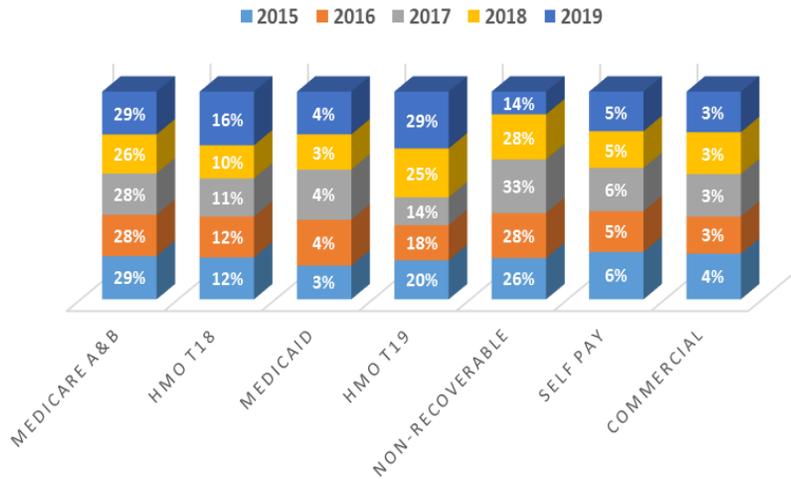
2nd Quarter June 2019

	Actual June YTD	2019 Annual Projection		
		Projection	Budget	Variance
<b>Revenue</b>	6,739,688	15,110,160	12,744,737	2,365,423
<b>Expense</b>				
Personnel	7,902,708	17,812,436	17,267,157	(545,279)
Svcs/Commodities	1,307,525	2,748,913	2,461,140	(287,773)
Other Chgs/Vendor	1,362,737	3,870,119	2,500,000	(1,370,119)
Capital	-	-	-	-
Cross Charges	3,023,577	8,349,019	8,231,066	(117,953)
Abatements	-	-	-	-
<b>Total Expense</b>	<b>13,596,547</b>	<b>32,780,487</b>	<b>30,459,363</b>	<b>(2,321,124)</b>
Tax Levy	6,856,859	17,670,327	17,714,626	44,299

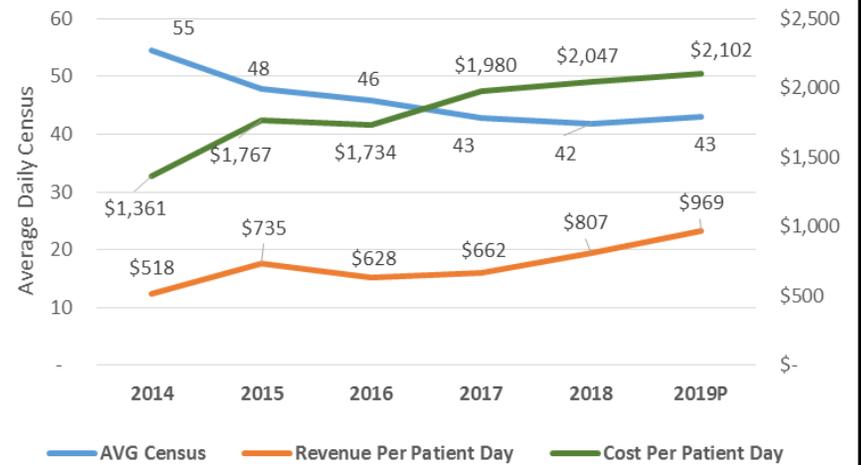
Percentage Spent 45%  
 Percentage Yr Elapsed 50%



## ADULT INPATIENT PAYER SOURCES



## Avg Census, Cost & Net Revenue per Patient Day

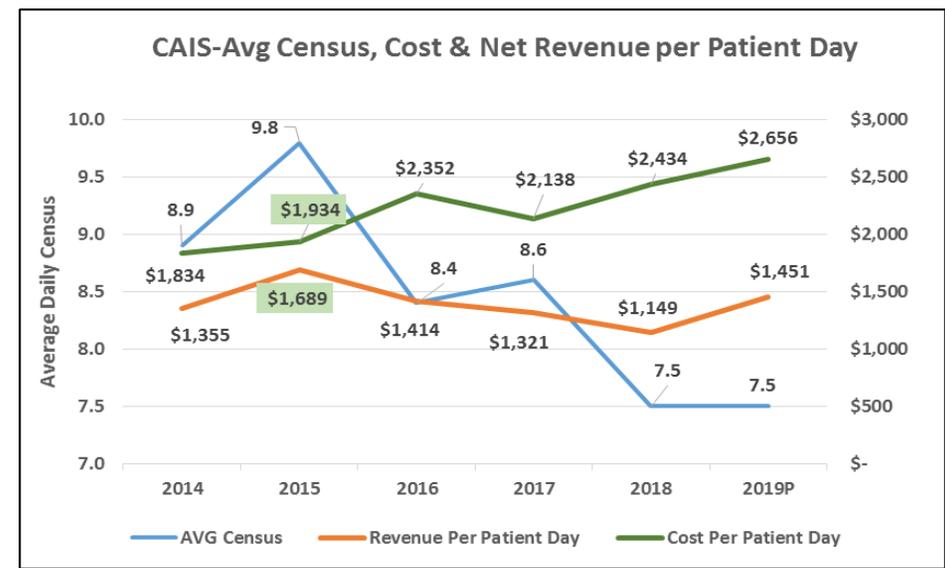
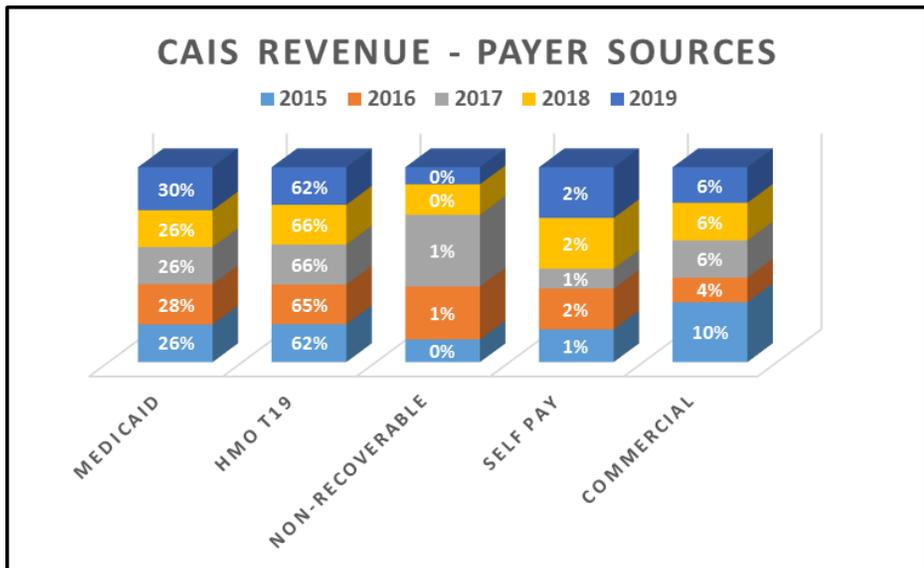
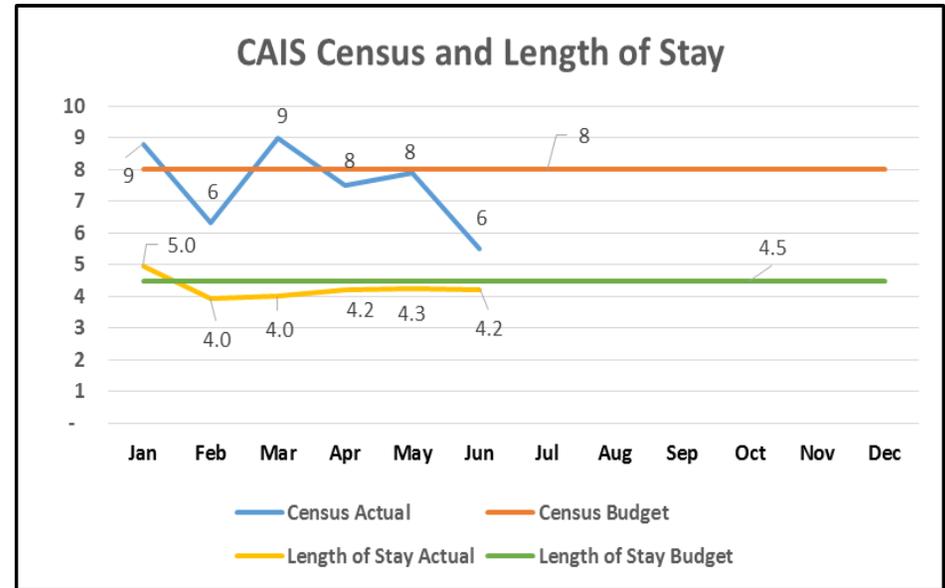


# CAIS (Child & Adolescent Inpatient) DASHBOARD

2nd Quarter June 2019

	Actual June YTD	2019 Annual Projection		
		Projection	Budget	Variance
<b>Revenue</b>	1,977,504	3,955,008	3,743,875	211,133
<b>Expense</b>				
Personnel	2,100,781	4,220,143	4,239,012	18,869
Svcs/Commodities	125,896	268,058	260,743	(7,315)
Other Chgs/Vendor	-	-	-	-
Capital	-	-	-	-
Cross Charges	993,280	2,752,980	2,726,474	(26,506)
Abatements	-	-	-	-
<b>Total Expense</b>	3,219,956	7,241,181	7,226,229	(14,952)
Tax Levy	1,242,452	3,286,173	3,482,354	196,181

Percentage Spent 45%  
 Percentage Yr Elapsed 50%

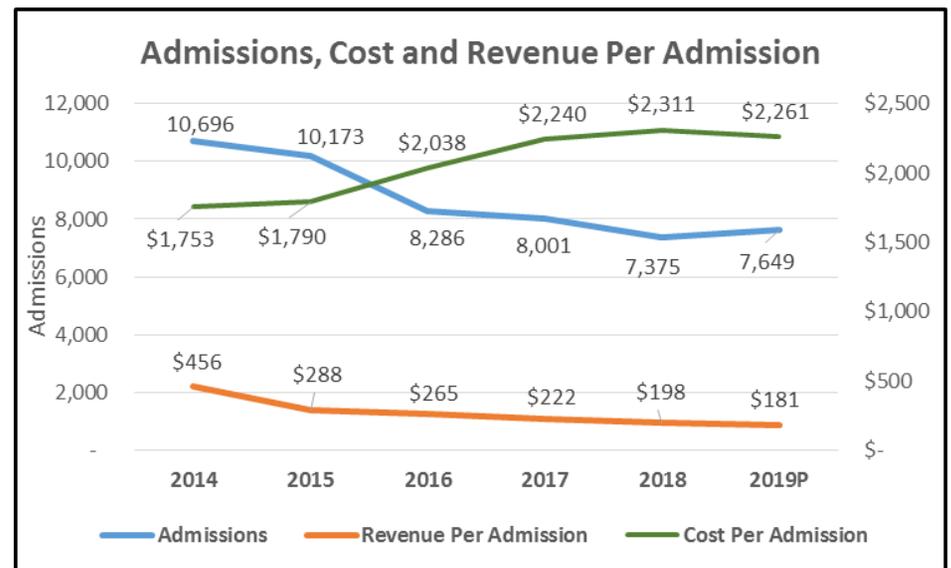
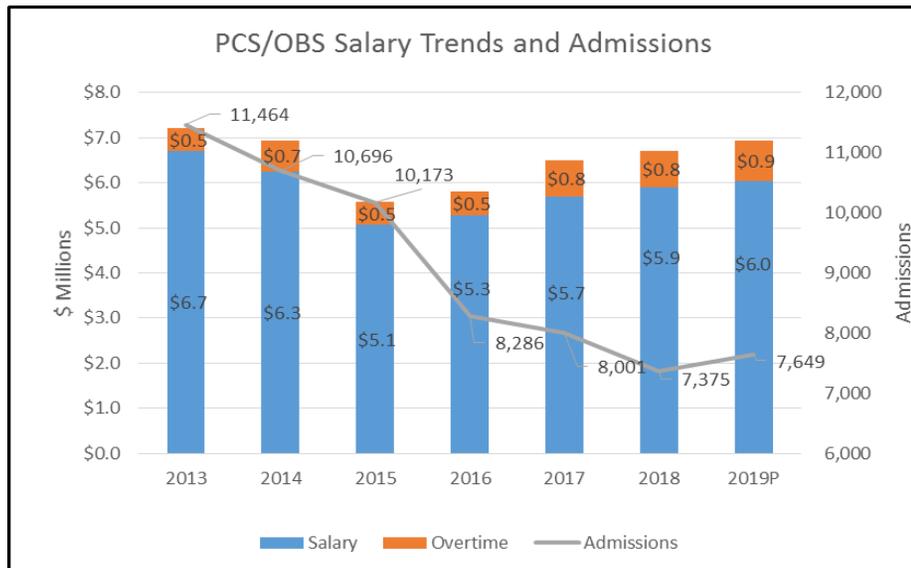
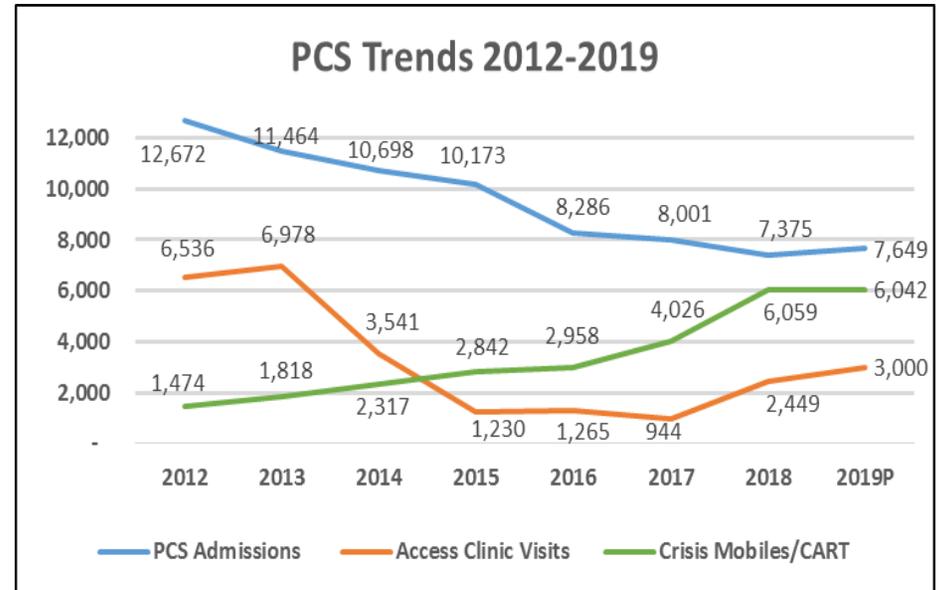


# PCS - ER and Observation DASHBOARD

2nd Quarter June 2019

	Actual June	2019 Annual Projection		
	YTD	Projection	Budget	Variance
<b>Revenue</b>	4,723,465	9,446,930	9,235,541	211,389
<b>Expense</b>				
Personnel	6,037,166	12,326,519	11,296,581	(1,029,938)
Svcs/Commodities	201,951	413,595	513,677	100,082
Other Chgs/Vendor	-	-	-	-
Capital	-	-	-	-
Cross Charges	1,776,741	4,901,188	5,535,074	633,886
Abatements	-	-	-	-
<b>Total Expense</b>	8,015,859	17,641,302	17,345,332	(295,970)
Tax Levy	3,292,394	8,194,372	8,109,791	(84,581)

Percentage Spent 46%  
 Percentage Yr Elapsed 50%

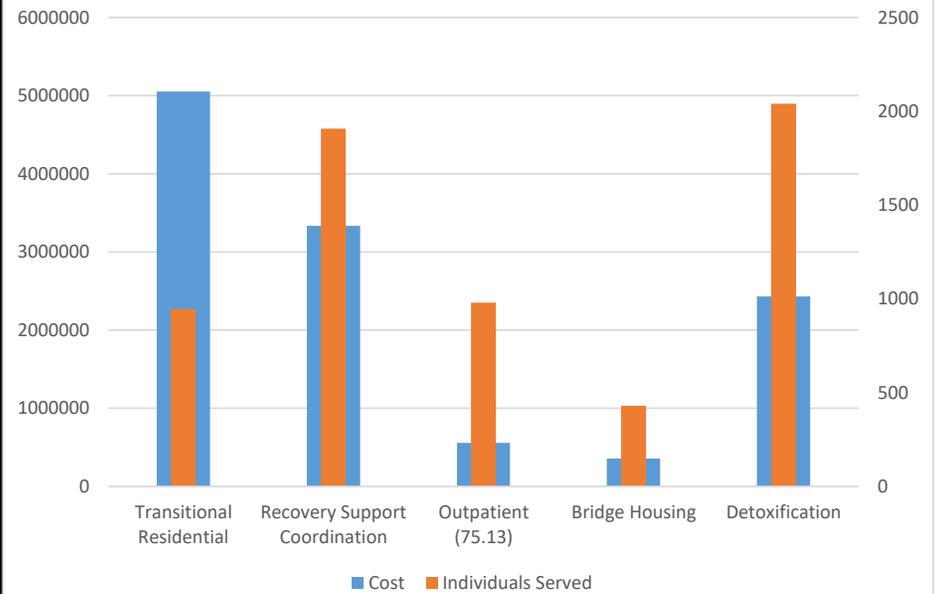


## AODA DASHBOARD 2nd Quarter June 2019

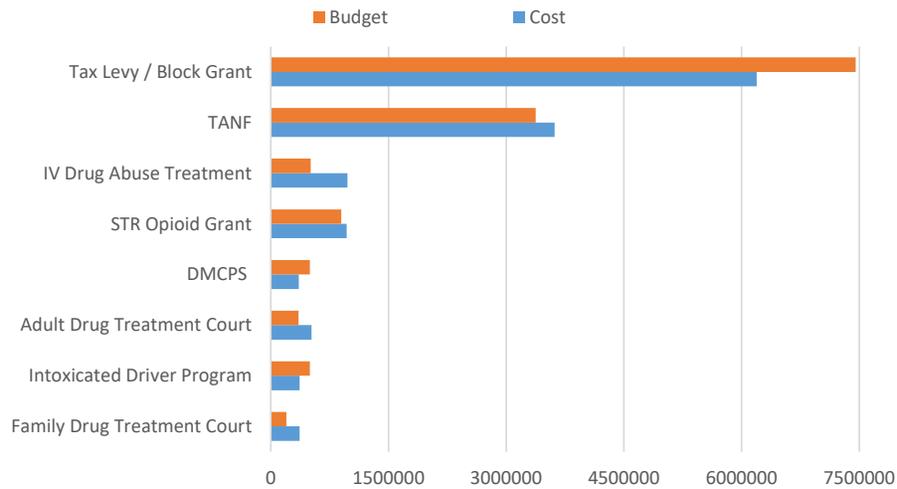
	Actual June YTD	2019 Annual Projection		
		Projection	Budget	Variance
<b>Revenue</b>	5,708,569	12,345,894	11,549,736	796,158
<b>Expense</b>				
Personnel	72,102	146,456	143,177	(3,279)
Svcs/Commodities	23,901	47,802	251,136	203,334
Other Chgs/Vendor	6,597,529	14,359,562	13,877,854	(481,708)
Capital	-	-	-	-
Cross Charges	406,589	1,129,883	1,346,033	216,150
Abatements	-	-	-	-
<b>Total Expense</b>	7,100,121	15,683,703	15,618,200	(65,503)
Tax Levy	1,391,552	3,337,810	4,068,464	730,654

Percentage Spent 45%  
Percentage Yr Elapsed 50%

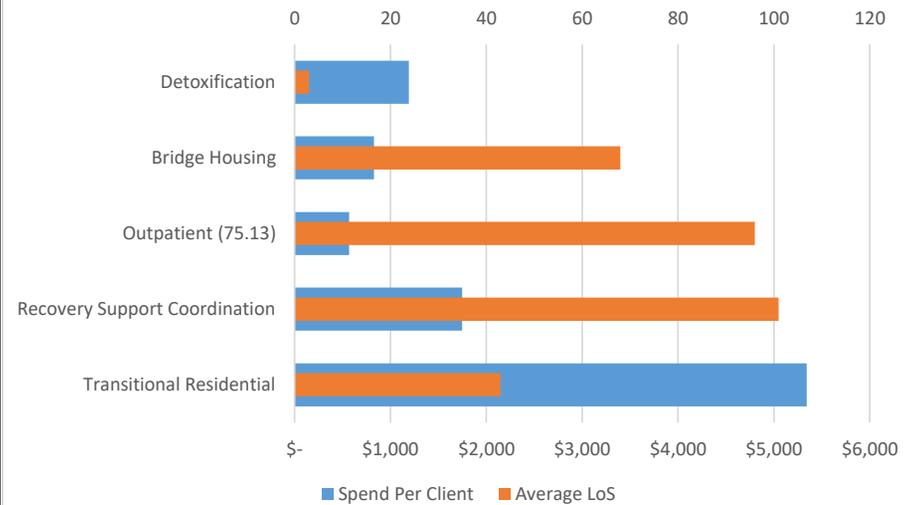
### Spending & Clients Served by Program



### AODA Revenue



### Spend per Client & Length of Stay

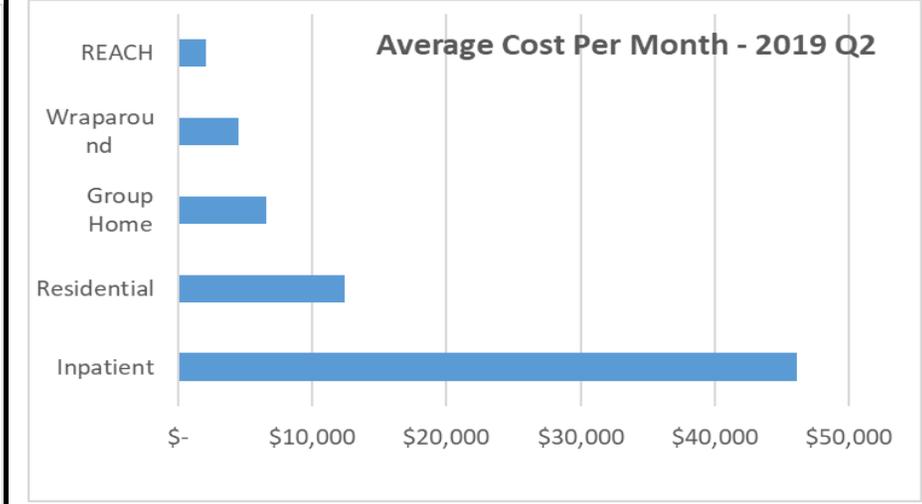
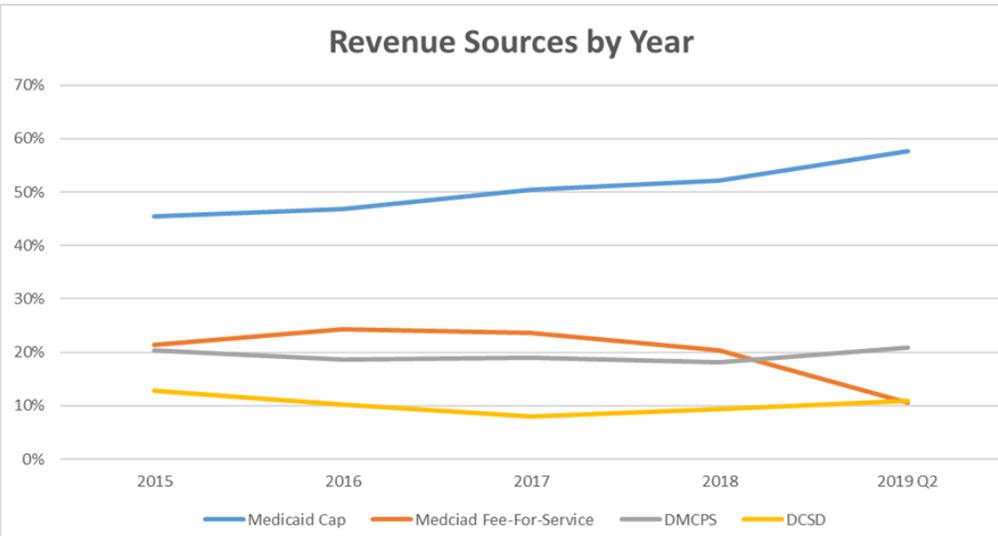
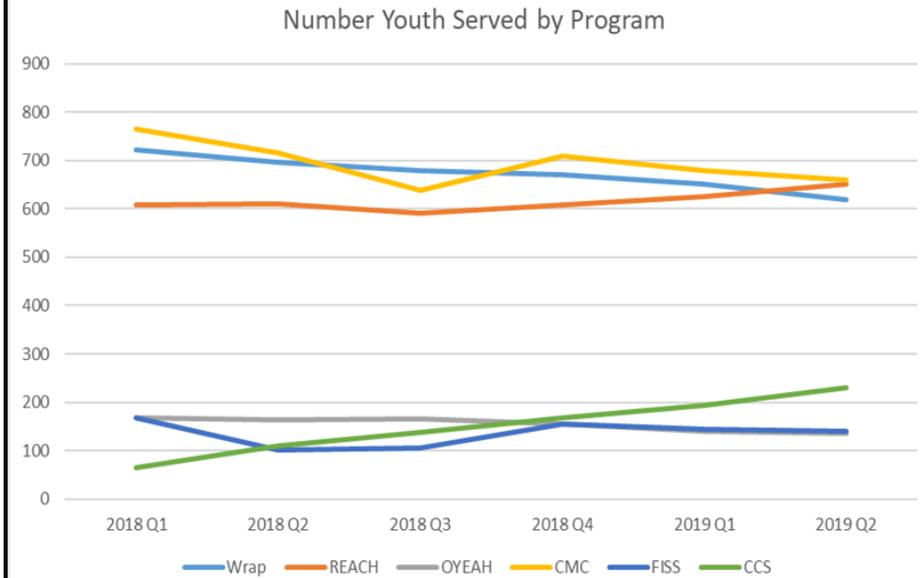


## WRAPAROUND DASHBOARD

### 2nd Quarter June 2019

	Actual June YTD	2019 Annual Projection		
		Projection	Budget	Variance
<b>Revenue</b>	19,978,955	56,577,747	55,401,628	1,176,119
<b>Expense</b>				
Personnel	2,483,663	5,787,147	6,316,843	529,696
Svcs/Commodities	230,002	553,660	102,385	(451,275)
Other Chgs/Vendor	19,893,654	51,400,526	48,931,357	(2,469,169)
Capital	935	1,871		(1,871)
Cross Charges	2,404,726	6,597,265	6,279,339	(317,926)
Abatements	(2,075,775)	(5,006,719)	(6,347,467)	(1,340,748)
<b>Total Expense</b>	22,937,206	59,333,750	55,282,457	(4,051,293)
Tax Levy	2,958,251	2,756,002	(119,171)	(2,875,173)

Percentage Spent                    41%  
 Percentage Yr Elapsed            50%

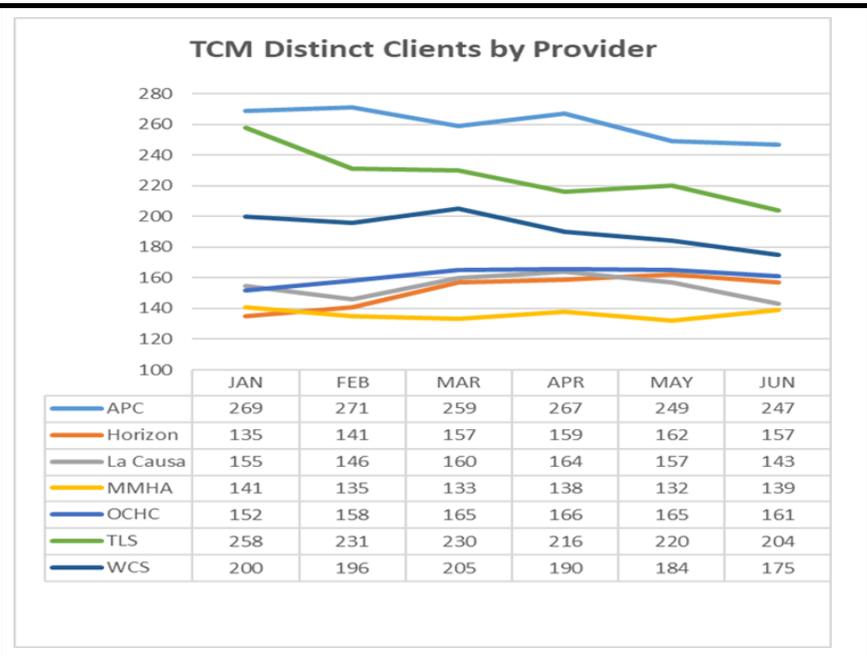


\*\*\* Inpatient services are clients in CAIS  
 \*\*\* Wraparound and REACH services are outpatient services

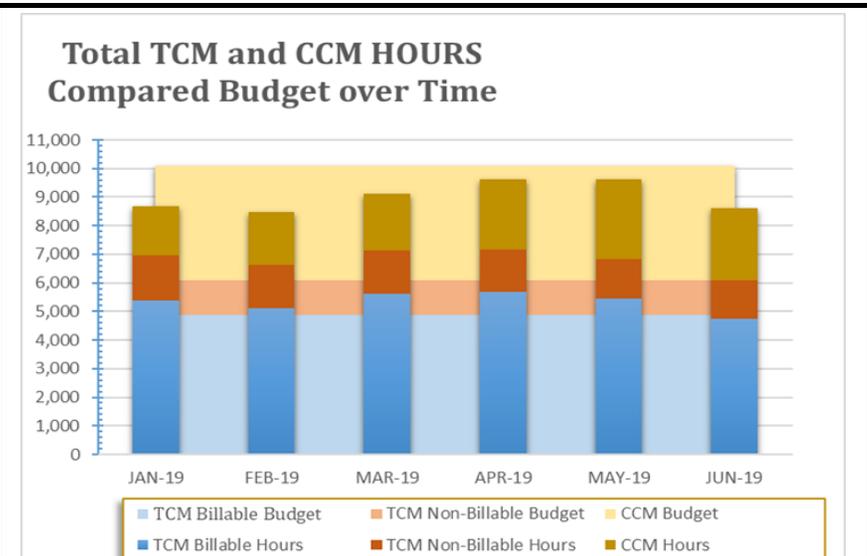
## TCM (Targeted Case Management) DASHBOARD

2nd Quarter June 2019

	Actual June YTD	2019 Annual Projection		
		Projection	Budget	Variance
<b>Revenue</b>	1,113,895	3,276,393	3,553,778	(277,385)
<b>Expense</b>				
Personnel	118,929	279,774	266,775	(12,999)
Svcs/Commodities	-	6,659	6,659	-
Other Chgs/Vendor	2,640,059	5,916,694	6,452,933	536,239
Capital	-	-	-	-
Cross Charges	172,368	479,477	606,194	126,717
Abatements	-	-	-	-
<b>Total Expense</b>	2,931,356	6,682,604	7,332,561	649,957
<b>Tax Levy</b>	1,817,461	3,406,211	3,778,783	372,572
<b>Average Enrollment</b>	1,445	1,445	1,610	



	2019 Q2			2019 YTD		
	Billable	Non-billable	% Non-billable	Billable	Non-billable	% Non-billable
APC	13,756	5,595	29%	28,731	10,097	26%
Horizon	8,547	1,773	17%	15,918	4,554	22%
La Causa	8,358	1,869	18%	15,654	3,483	18%
MMHA	6,686	2,536	28%	14,507	5,354	27%
OCHC	8,219	847	9%	16,494	1,729	9%
Whole Health	10,116	1,457	13%	19,603	3,765	16%
WCS	7,844	2,733	26%	17,008	6,383	27%
<b>Total</b>	<b>63,526</b>	<b>16,811</b>	<b>21%</b>	<b>127,917</b>	<b>35,364</b>	<b>22%</b>

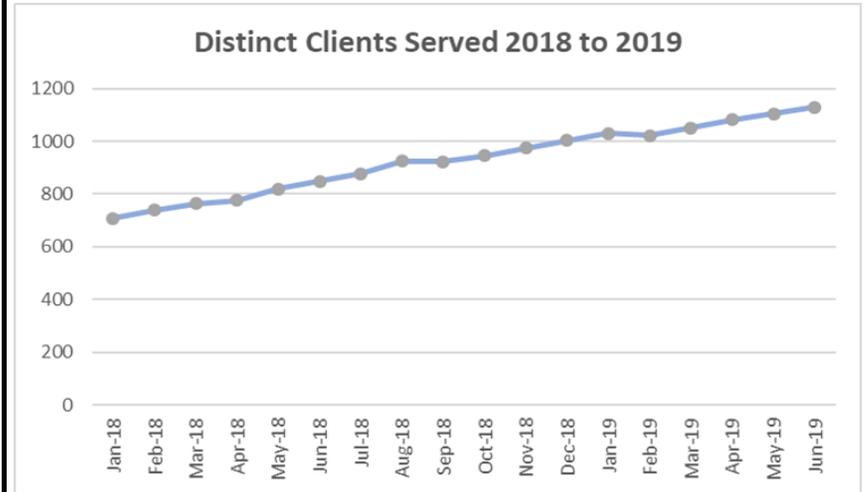


\*\*\* Non-billable services are paid to Providers, but not billable to Medicaid

# CCS (Comprehensive Community Services) DASHBOARD

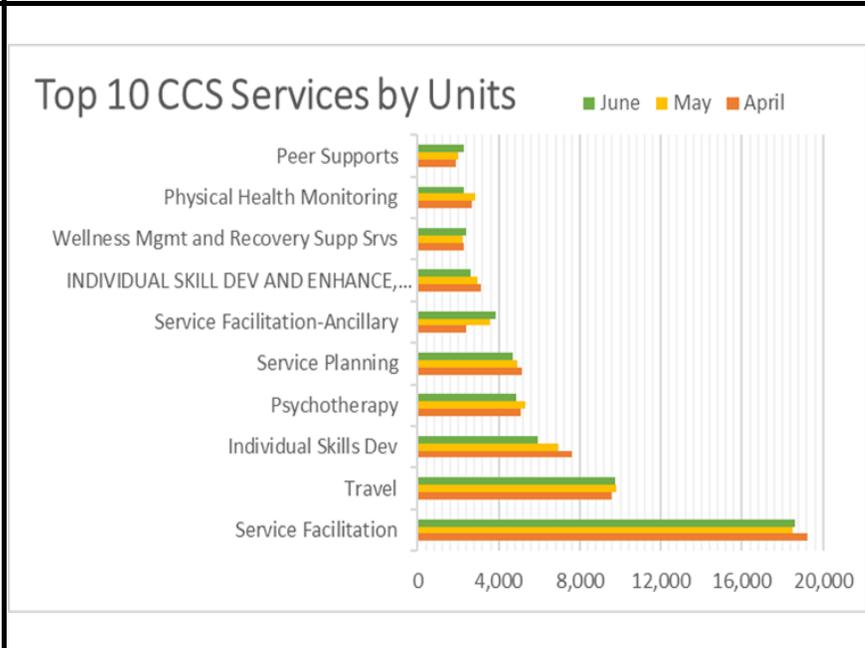
2nd Quarter June 2019

	Actual June YTD	2019 Annual Projection		
		Projection	Budget	Variance
<b>Revenue</b>	8,514,885	19,464,929	17,160,888	2,304,041
<b>Expense</b>				
Personnel	339,244	771,511	803,834	32,323
Svcs/Commodities	1,116	2,232	-	(2,232)
Other Chgs/Vendor	8,476,239	19,027,676	16,692,513	(2,335,163)
Capital	-	-	-	-
Cross Charges	579,302	1,608,776	1,740,491	131,715
Abatements	-	-	-	-
<b>Total Expense</b>	9,395,902	21,410,195	19,236,838	(2,173,357)
Tax Levy	881,017	1,945,266	2,075,950	130,684
Average Enrollment	795	795	1,100	



### Number of Billable to Nonbillable Units - Top 10 Providers

	2019 Q2 Totals			2019 YTD Totals		
	Billable	Non-Billable	% Non-Billable	Billable	Non-Billable	% Non-Billable
GuestHou	24,548	118	0.5%	46,189	274	0.6%
WHCG	24,810	311	1.3%	46,067	554	1.2%
APC	24,406	621	2.5%	45,021	978	2.2%
JusticePo	23,104	307	1.3%	44,493	578	1.3%
Bell Ther	13,748	205	1.5%	27,769	255	0.9%
Summit	12,075		0.0%	25,218		0.0%
Project A	8,899	275	3.1%	16,328	587	3.6%
OCHC	8,407	170	2.0%	15,533	244	1.6%
MMHA	6,385	57	0.9%	12,365	73	0.6%
WCS	5,522	8	0.1%	10,870	26	0.2%

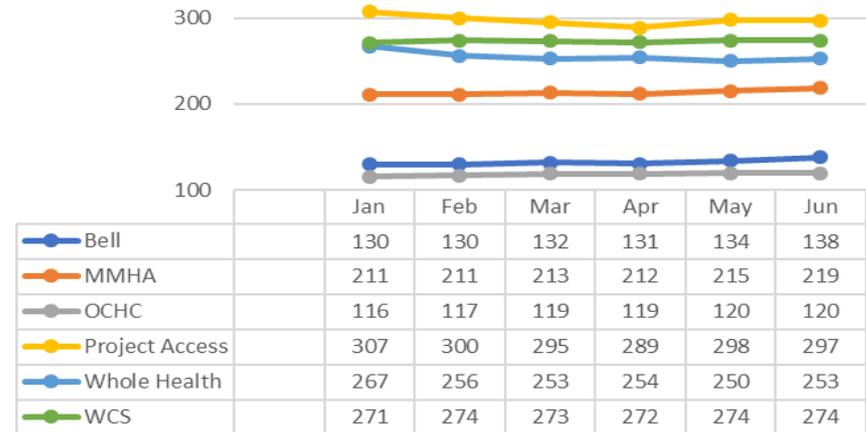


## CSP (Community Support Program) DASHBOARD 2nd Quarter June 2019

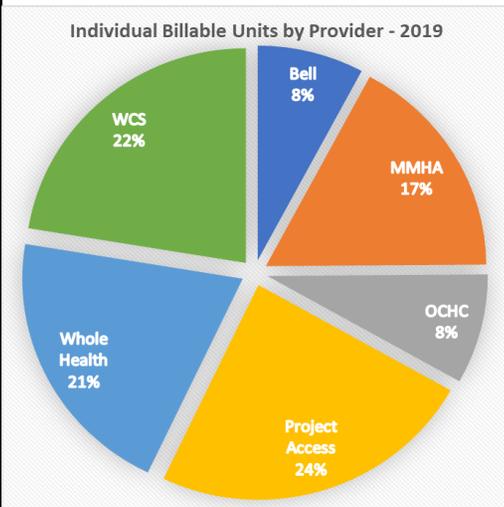
	Actual June YTD	2019 Annual Projection		
		Projection	Budget	Variance
<b>Revenue</b>	2,568,049	7,166,682	9,095,234	(1,928,552)
<b>Expense</b>				
Personnel	145,923	295,758	287,220	(8,538)
Svcs/Commodities	347	694	-	(694)
Other Chgs/Vendor	7,479,115	13,810,842	14,966,091	1,155,249
Capital	-	-	-	-
Cross Charges	455,166	1,264,584	1,316,108	51,524
Abatements	-	-	-	-
<b>Total Expense</b>	<b>8,080,551</b>	<b>15,371,878</b>	<b>16,569,419</b>	<b>1,197,541</b>
Tax Levy	5,512,502	8,205,196	7,474,185	(731,011)

Average Enrollment                      1,291                      1,288                      1,267

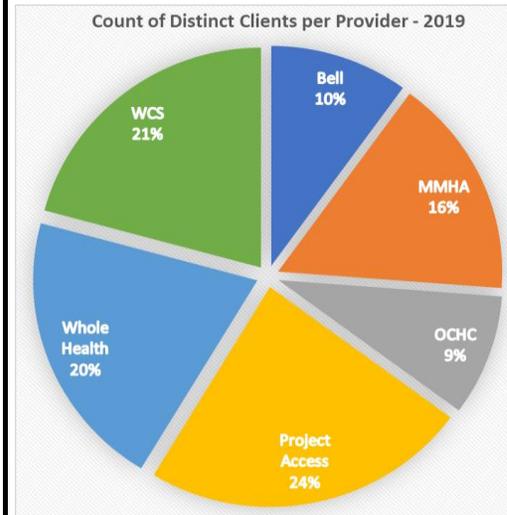
### Distinct Clients per Provider



\* Ave Capacity                      2016                      2017                      2018                      2019  
    1,245                      1,234                      1,291                      1,291



Agency	June	YTD Total
Bell	5,864	33,011
MMHA	14,302	80,321
OCHC	5,823	36,290
Project Access	15,027	93,144
Whole Health	10,506	75,112
WCS	15,886	96,614
<b>Grand Total</b>	<b>67,408</b>	<b>414,492</b>



Agency	June	YTD Total
Bell	138	795
MMHA	219	1,281
OCHC	120	711
Project Access	297	1,786
Whole Health	253	1,533
WCS	274	1,638
<b>Grand Total</b>	<b>1,301</b>	<b>7,744</b>

# Finance Committee Item 6

## 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	(2,875,173)	6,216,579
0906 Capital Reserve	4,720,000	434,733	5,154,733	-	5,154,733
0905 Surplus Reserve	21,285,469	-	21,285,469	(186,341)	21,099,128
<b>Total Reserves</b>	<b>35,211,678</b>	<b>2,969,504</b>	<b>38,181,182</b>	<b>(3,061,514)</b>	<b>35,119,668</b>

## 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

### Risk Exposure

CON Form Issues (CAIS)	\$ 1,000,000
------------------------	--------------

### Total

\$ 13,275,000

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

**DATE:** October 7, 2019

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

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

**SUBJECT:** **Informational Report Providing a Timeline and Update on the Center for Medicare/Medicaid Services (CMS) Systems Improvement Agreement (SIA)**

**Background**

As previously reported to the Mental Health Board's (MHB) Quality Committee, The Behavioral Health Division (BHD) had a CMS survey with a number of survey visits initially triggered by an external complaint regarding the Emergency Medical Treatment and Labor Act (EMTALA).

**Discussion**

07/31/18: CMS surveyors arrived on an unannounced complaint visit related to EMTALA/Psychiatric Crisis Services (PCS). Upon leaving the facility at the end of the day, surveyors stated they had "concerns, but the final determination regarding citations was determined by CMS." No mention of any Immediate Jeopardy (IJ) citation was made.

08/01/18: Although no official deficiencies were known, corrections for certain items were initiated (i.e., surveyors identified the need for an additional EMTALA sign at the involuntary entrance to PCS).

08/09/18: Chief Nursing Officer (CNO) received a voicemail left by the Department of Quality Assurance (DQA) surveyor at 3:20 p.m. to call surveyor ASAP. The voicemail was listened to at 3:40 p.m. and the call was returned immediately. CNO was informed of "potential for an IJ citation under A Tag-2407, stabilizing treatment for emergency medical conditions." No abatement plan was requested, which would be the typical directive.

8/15/18, 8:30 a.m.: CNO received a phone call asking for the IJ abatement plan even though BHD had not received a definitive indication that an IJ was cited. BHD did respond with an abatement plan for the IJ at 1:00 p.m. on 08/15/18.

8/20/19: A revised abatement plan was requested by CMS as they wished some defending documentation that BHD had provided to be taken out of the plan.

08/20/18: BHD responded with a revised abatement plan for CMS, removing the requested documentation.

09/17/18: EMTALA complaint/survey was reported to the Quality Committee of the Mental Health Board (MHB).

09/26/18: BHD received the Statement of Deficiency (SOD) from CMS; BHD was given two IJs; one for A2407 medical stabilization and the other for A2406, emergency medical examination/identification. We also received citations for A2402, EMTALA signage and A2405, Emergency Room Log.

10/01/18: Plan of Correction sent to and accepted by CMS.

10/11/18: DQA surveyors returned to perform verification visit for EMTALA; cleared IJs and other citations but indicated new areas of concern. NOTE: No formal acceptance of the abatement plan was issued by CMS which would be the expected course of action to be taken.

12/21/18: Plan of Correction submitted to and accepted by CMS.

01/17/19: DQA surveyors returned to perform verification visit for EMTALA violations; found new areas of concern.

02/07/19: Plan of Correction submitted to CMS and accepted.

03/05/19: DQA surveyors returned to perform verification visit for EMTALA violations. New areas of concern found.

03/11/2019 - 3/13/2019: State and Federal surveyors at BHD for routine triannual survey. Both survey teams left with the lead surveyor stating the facility has noticeably improved and we would likely not see her again as she was retiring in May of 2019.

04/25/19: BHD received SODs for triannual surveys, as well as additional EMTALA violations. Due to the results of these combined surveys, CMS requested that BHD enter into a Systems Improvement Agreement (SIA) with CMS.

04/30/19: BHD's Executive Team met to review options posed by CMS; a decision was made to agree to enter into the SIA agreement. CMS was informed of this, and BHD requested of them a list of potential consultants who might apply or qualify for the position(s); they stated they do not have any such list.

CMS Timeline/Survey Visits

Page 3

October 7, 2019

05/23/19: BHD requested phone call with DQA to request additional information regarding SIA, assistance with finding consultants, etc.

06/03/19: MHB Quality Committee Meeting at which the Committee was informed of the SIA.

06/20/19 - 07/31/19: Various drafts of the SIA received by BHD/vetted through Milwaukee County Corporation Counsel.

08/01/19: BHD signed SIA.

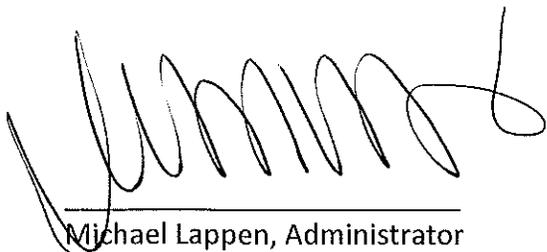
08/05/19: Received signed SIA from CMS; **SIA now in effect.**

09/09/19: MHB Quality Committee Meeting with SIA distributed to Committee.

09/27/19 BHD Administrator reached out to Area Administration to arrange a consult with Otis Woods (DQA) to request a meeting to discuss our concerns with the survey and the process in general. He responded through area administration that he would not be able to speak to us until the SIA consultants were in place, but we could submit something in writing if we wished to.

NOTE: Verbal updates were provided on the status of our surveys and ongoing DQA/CMS visits at every Quality Committee Board meeting since the first EMTALA visit (09/17/18, 12/03/18, 03/04/19, 06/03/19).

Respectfully Submitted,



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

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

**MILWAUKEE COUNTY MENTAL HEALTH BOARD  
QUALITY COMMITTEE**  
September 09, 2019 - 10:00 A.M.  
Milwaukee County Mental Health Complex  
Conference Room 1045

**MINUTES**

**SCHEDULED ITEMS:**

1.	<p>Welcome. <b>(Chairwoman Neubauer)</b></p> <p>Chairwoman Neubauer welcomed everyone to the September 9, 2019 meeting.</p>
2.	<p>Second Quarter 2019 Community Based Key Performance Indicators (KPI) Dashboard, Wraparound Milwaukee &amp; Community Access to Recovery Services (CARS) <b>(Dana James, Quality Assurance Manager; Pnina Goldfarb, PhD Research Associate; Kim Daane, Program Analyst; Dr. Matt Drymalski, Clinical Program Director)</b></p> <p>Wraparound reviewed Q2 dashboard status to date and inclusion of CCS initial data. The percentage of youth who have achieved permanency at disenrollment for quarter Q2 is under further review. Average cost per month has now been included. CARS shared a Health and Well-Being dashboard with measures of population health outcome data, created to follow the County Health Rankings Model. CARS reported that further examination of the data noted that there is a discrepancy in improvement in quality of life between African American and Caucasians from intake to the six-month follow-up. Team will seek to further analyze, identify and address racial and other health disparities.</p>
3.	<p>CARS Quality Plan &amp; Quarter 2 Progress Updates <b>(Dr. Matt Drymalski, Clinical Program Director)</b></p> <p>The CARS Quality Plan has been developed to organize improvement efforts; The Plan is organized into each section of The Quadruple Aim and aligned to the County Department of Health and Human Services (DHHS) and BHD's strategic goals. Valuable feedback is developed from department staff and clients as to provide key insight for quality improvement opportunities. Key goals will be identified; progress reporting will continue to occur on a quarterly basis. Refer to the document for specific detail.</p>
4.	<p>BHD Update: Quadruple Aim <b>(Dr. Matt Drymalski, Clinical Program Director)</b></p> <p>BHD's quality framework with attention to the client experience of care, population health, staff quality of work life and cost of care were discussed. Current evaluation of high utilization turnover data is underway as well as a set of key demographics and social determinants. Data is specifically being evaluated through a racial equity lens. Client</p>

	<p>experience of care surveys continue to be implemented across BHD as well as the development of an enterprise wide set of survey questions, to be piloted in Wraparound Milwaukee. A separate report is being developed for cost per enrollment. Staff retention rates and benchmarks comparisons are also under review. Next steps will include a revised dashboard to be presented here in December.</p>
5.	<p>Wraparound Milwaukee: Performance Improvement Project, Medication Adherence <b>(Pnina Goldfarb, PhD Research Associate; Heidi Ciske-Schmidt, DHHS Enterprise Project Manager)</b></p> <p>A review of the study determined some value in improving medication adherence. Study suggests plans would be more helpful when used consistently with a follow-up phone call in-between appointments; and more targeted and individualized as difficulties with adherence can be related to numerous reasons. Use of an individual medication planning tool may not be enough and a focus on what engages individuals to participate in treatment and service is critical, and unique to the recipient.</p>
6.	<p>Comprehensive Community Services (CCS) Overview, Dashboard Reports &amp; Presentation: Adult &amp; Youth <b>(Tamara Layne &amp; Jennifer Alfredson, Integrated Services Coordinators; Dana James, Quality Assurance Manager)</b></p> <p>CCS is a voluntary psychosocial rehabilitative Medicaid program for eligible children and adults of Milwaukee County. Individuals in the program work with a care coordinator to design an individualized recovery plan. Available services range from improving health and wellness, achieving personal goals, stability and independence. Refer to data reports for CCS service array, demographics, enrollment numbers for adults and youth as well as satisfaction data to date. BHD's CCS State Survey was recently conducted with a two-year re-certification granted as well as no issuance of any citations.</p>
7.	<p>Psychiatric Hospital Reports: KPI Data, S&amp;R <b>(Edward Warzonek, Quality Assurance Coordinator)</b></p> <p>Acute Adult admissions have plateaued over the past 4 years, and 30-day readmission rates have continued to decline in 2019. The hours of physical restraint rate for 2019 was .30, below the national average and Wisconsin's average rate. CAIS 30-day readmission rates have remained consistent at 16%. CAIS' hours of physical restraint rate have declined from 2015 to 2019 yet remain above CMS' reported average.</p>
8.	<p>CMS Hospital Survey Update &amp; System Improvement Agreement <b>(Dr. John Schneider, Chief Medical Officer; Linda Oczus, Chief Nursing Officer; Jennifer Bergersen, Chief Operations Officer)</b></p> <p>The System Improvement Agreement that was discussed at the June 3, 2019 Quality meeting has now been executed as of August 5, 2019. The agreement requires BHD to</p>

	submit two Request for Proposals (RFP) to obtain an Expert Consultant and Compliance Consultant to guide BHD on satisfying the requirements for the Medicare Conditions of Participation. Discussion ensued.
9.	<p><b>Quarterly Policy &amp; Procedure Update (Luci Reyes-Agron, Quality Improvement Coordinator)</b></p> <p>An updated report as of September 2019 was distributed. The overall policy and procedure progress status has slightly decreased to 94.7%. Status updates will continue to be reported quarterly.</p>
10.	<p><b>Contract Quality Monitoring Updates; Termination of Contract (FFSA) for Transportation Services with Myles Logistics Verbal Update (Jennifer Bergersen, Chief Operations Officer; Dennis Buesing, Contract Administrator; Dana James, Quality Assurance Manager)</b></p> <p>Myles Logistics FFSA has been terminated following a thorough investigation of services. An appeal was submitted by Myles Logistics; decision to terminate services were upheld.</p>
11.	<p><b>Adjournment. (Chairwoman Neubauer)</b></p> <p>Chairwoman Neubauer ordered the meeting adjourned.</p>
<p>This meeting was recorded. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Behavioral Health Division/Mental Health Board web page.</p> <p>Length of meeting: 10:00 a.m. – 12:00 p.m.</p> <p>Adjourned,  <i>Kiara Abram</i>  Executive Assistant  Milwaukee County Mental Health Board</p> <ul style="list-style-type: none"> <li>• <b>The next regular meeting for the Milwaukee County Mental Health Board Quality Committee is December 2, 2019 at 10:00 a.m.</b></li> </ul> <p><b>Visit the Milwaukee County Mental Health Board Web Page at:</b></p> <p><a href="https://county.milwaukee.gov/EN/DHHS/About/Governance">https://county.milwaukee.gov/EN/DHHS/About/Governance</a></p> <p><b><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></b></p>	



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

# Quality Committe 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 <sup>5</sup>	8,346	9,393	6,032	6,285			7,461	9,500	Green	
		Sample Size for Rows 2-6 (Unique Clients)			3,531	3,533						
	2	Percent with any acute service utilization <sup>6</sup>	17.40%	17.05%	19.55%	20.58%			20.1%	16.35%	Red	
	3	Percent with any emergency room utilization <sup>7</sup>	13.87%	14.60%	15.33%	17.74%			16.5%	13.64%	Red	
	4	Percent abstinence from drug and alcohol use	63.65%	63.65%	64.67%	63.32%			64.0%	64.18%	Yellow	
	5	Percent homeless	7.61%	9.18%	8.46%	9.87%			9.2%	8.84%	Yellow	
	6	Percent employed	18.09%	20.06%	19.51%	19.15%			19.3%	20.27%	Yellow	
	Sample Size for Row 7 (Admissions)											
	7	Percent of all admissions that are 7 day readmissions	59.55%	60.12%	49.11%	52.51%			50.8%	49.00%	Yellow	
Wraparound	8	Families served in Wraparound HMO (unduplicated count)	3,404	2,955	1,697	2,104			2,104	3,450	Green	BHD (2)
	9	Annual Family Satisfaction Average Score (Rating scale of 1-5)	4.8	4.60	4.5	4.5			4.5	> = 4.0	Green	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%			64.8%	> = 75%	Yellow	BHD (2)
	11	Average level of "Needs Met" at disenrollment (Rating scale of 1-5)	2.59	2.38	2.35	2.50			2.4	> = 3.0	Yellow	BHD (2)
	12	Percentage of youth who have achieved permanency at disenrollment	57.8%	58.0%	69.1%	51.3%			60.2%	> = 70%	Yellow	BHD (2)
	13	Percentage of Informal Supports on a Child and Family Team	44.1%	38.4%	34.3%	33.1%			33.7%	> = 50%	Red	BHD (2)
	14	Average cost per month (families served in Wraparound HMO)				\$2,187			\$2,187			BHD (2)
Crisis Service	15	PCS Visits	8,001	7,375	1,905	1,960			7,730	8,000	Green	BHD (2)
	16	Emergency Detentions in PCS	3,979	3,023	795	775			3,140	4,000	Green	BHD (2)
	17	Percent of patients returning to PCS within 3 days	7.3%	7.5%	10.0%	12.6%			11.3%	8%	Green	BHD (2)
	18	Percent of patients returning to PCS within 30 days	23.1%	24.0%	24.4%	29.5%			27.0%	24%	Yellow	BHD (2)
	19	Percent of time on waitlist status	75.2%	83.2%	100.0%	100.0%			100.0%	50%	Red	BHD (2)
Acute Adult Inpatient Service	20	Admissions	656	770	162	176			676	800	Green	BHD (2)
	21	Average Daily Census	42.9	41.8	43.8	42.4			43.1	54	Green	BHD (2)
	22	Percent of patients returning to Acute Adult within 7 days	1.4%	1.6%	1.3%	3.8%			2.6%	3%	Green	BHD (2)
	23	Percent of patients returning to Acute Adult within 30 days	7.7%	6.6%	3.2%	6.0%			4.7%	10%	Green	NRI (3)
	24	Percent of patients responding positively to satisfaction survey	74.0%	74.8%	74.2%	75.8%			75.0%	75.0%	Green	NRI (3)
	25	If I had a choice of hospitals, I would still choose this one. (MHSIP Survey)	65.4%	65.2%	67.3%	68.9%			68.1%	65%	Green	BHD (2)
	26	HBIPS 2 - Hours of Physical Restraint Rate	0.56	0.51	0.24	0.36			0.30	0.36	Green	CMS (4)
	27	HBIPS 3 - Hours of Locked Seclusion Rate	0.30	0.28	0.15	0.10			0.12	0.23	Green	CMS (4)
	28	HBIPS 4 - Patients discharged on multiple antipsychotic medications	17.5%	21.5%	25.3%	23.9%			24.6%	9.5%	Red	CMS (4)
29	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	89.6%	95.8%	92.5%	95.5%			94.0%	90.0%	Green	BHD (2)	
Child / Adolescent Inpatient Service (CAIS)	30	Admissions	709	644	168	149			634	800	Green	BHD (2)
	31	Average Daily Census	8.6	7.5	8.2	7.0			7.6	12.0	Green	BHD (2)
	32	Percent of patients returning to CAIS within 7 days	5.2%	3.4%	7.2%	4.8%			6.0%	5%	Yellow	BHD (2)
	33	Percent of patients returning to CAIS within 30 days	12.3%	12.4%	16.6%	16.3%			16.5%	12%	Red	BHD (2)
	34	Percent of patients responding positively to satisfaction survey	71.3%	71.1%	79.6%	88.9%			84.3%	75%	Green	BHD (2)
	35	Overall, I am satisfied with the services I received. (CAIS Youth Survey)	76.8%	74.2%	73.5%	83.3%			78.4%	75%	Green	BHD (2)
	36	HBIPS 2 - Hours of Physical Restraint Rate	1.17	1.18	1.98	0.95			1.51	0.36	Red	CMS (4)
	37	HBIPS 3 - Hours of Locked Seclusion Rate	0.37	0.47	0.39	0.35			0.37	0.23	Red	CMS (4)
	38	HBIPS 4 - Patients discharged on multiple antipsychotic medications	5.0%	1.1%	0.0%	0.0%			0.0%	3.0%	Green	CMS (4)
39	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	97.1%	85.7%	-	-			-	90.0%	Green	BHD (2)	
Financial	40	Total BHD Revenue (millions)	\$149.9	\$154.9	\$149.7	\$149.7				\$149.7	Yellow	
	41	Total BHD Expenditure (millions)	\$207.3	\$213.5	\$208.2	\$208.2				\$208.2	Yellow	

- 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	2019	2019	2019	2019	2019	2019 Status (1)	Benchmark Source
			Quarter 1	Quarter 2	Quarter 3	Quarter 4	Actual	Target		
Wraparound	8	Families served by Wraparound (unduplicated count)	1,697	2,104			2,104	3,450		BHD (2)
	9	Annual Family Satisfaction Average Score (Rating scale of 1-5) (Wrap HMO)	4.5	4.5			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%			64.8%	>= 75%		BHD (2)
	11	Average level of "Needs Met" at disenrollment (Rating scale of 1-5) (Wrap HMO)	2.35	2.50			2.4	>= 3.0		BHD (2)
	12	Percentage of youth who have achieved permanency at disenrollment (Wrap HMO)	69.1%	51.3%			60.2%	>= 70%		BHD (2)
	13	Percentage of Informal Supports on a Child and Family Team (Wrap HMO)	34.3%	33.1%			33.7%	>= 50%		BHD (2)
	14	Average Cost per Month (families serviced in Wraparound HMO)		\$2,187						

**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 - 2nd QUARTER/CY 2019**

# 8 - This number is for those enrolled in a program with Wraparound Milwaukee. This was changed from HMO as this number includes CCS/CMC initial contacts. We will be presenting some CCS data with CARS for the meeting. For 3rd quarter, WM will explore areas that CCS data can be reported on.

# 9 – On target for the 2nd quarter of 2019. Exceeding the threshold of 4.0.

# 10 - Declined by about 3% since 1st quarter. Still within 20% of benchmark. Efforts are ongoing to have youth reside in the least restrictive setting possible.

# 11 – Increase by .15 since 1st quarter. This is now 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 2nd quarter of 2019 have a higher "Needs Met" score (3.75) than those disenrolled on runaway status or to corrections (1.96).

#12 – In the 2nd quarter, there was a significant decrease in the percentage of youth achieving permanency at disenrollment compared to the 2019 1st quarter, which had a significant increase from 2018 actual. Upon review, there was an increase in the number of youth who disenrolled to Corrections. Of those disenrolled to Corrections, they averaged 9.6 in Wraparound Milwaukee, with only one enrolled for more than 1 year. 2nd quarter data falls out of the 20% benchmark, however, 2019 actual falls within the 20%.

"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 2nd quarter compliance (33.1) is slightly lower than the 2019 1st quarter. This falls outside 20% benchmark of 40%.

#14- This item was requested by the Quality Board at the meeting in June 2019. This is the first time that this information is being reported. Further discussion needs to be had on target goal.

# CARS QUALITY DASHBOARD SUMMARY Q2 2019

## CHANGES AND UPDATES

### Further Development of the Quadruple Aim

The CARS Quality Dashboard continues to evolve. The first draft of the CARS Quality Plan, which is organized around the Quadruple Aim and aligned to the CARS Quality Dashboard, is complete and will be presented at the September meeting of the Mental Health Board Quality Committee.

### Population Health

Following the CARS pilot of the change over time metrics for population health, CARS will now move this pilot to the next phase and begin disaggregating some of these key metrics by race (other stratification variables will be deployed in future iterations). This effort helps to align CARS's evaluation activities to the Milwaukee County Executive's stated goal of addressing racial disparities in Milwaukee County. A new addition to the CARS Quality Dashboard is a measure of the distribution of male and female consumers by cause of death.

### Patient Experience of Care

The Press Ganey survey has been distributed to all CARS programs and data collection is ongoing. All CARS staff are also being trained in the "Spirit of Motivational Interviewing," an educational seminar to help CARS staff learn principles of Motivational Interviewing that are designed to help foster more positive interactions and relationships with the clients we serve *and* providers with whom we work. Previous iterations of the CARS Quality Dashboard have included a measure on Time to Service. This measure has been changed to Timeliness of Access, which looks at the percentage of clients who receive service within 7 days of their Comprehensive Assessment.

### Staff Wellbeing

For the first time, the CARS Quality Dashboard will begin reporting the turnover rate of CARS staff, relative to all a national turnover benchmark for all government employees. This will be a standing metric for all future CARS Quality Dashboards. CARS staff also recently held listening sessions of all CARS staff to discuss what would improve the quality of their work life. The information from these listening sessions has been summarized and recommendations are forthcoming.

### Cost of Care

The cost per member per month metric on the CARS Quality Dashboard continues to evolve. The approach used by CARS to calculate cost will serve as a template to develop cost of care metrics for all of BHD in future versions of the BHD dashboards.

## RESULTS

With regards to the change over time metrics, many individuals who enter CARS services through one of the community access points appear to experience improvements in the first six months of service in quality of life, social determinants of health, and health behaviors, though a smaller sample size and missing data enjoin caution when interpreting the results. One notable finding was the discrepancy in improvement in quality of life between African American and Caucasians from intake to the six-month follow up. The origins of this disparity have not yet been determined, but this finding will be discussed with the CARS leadership as CARS seeks to identify and address racial and other health disparities.

## NEXT STEPS

The CARS Quality Dashboard will continue to evolve as we add/revise our metrics. We will begin disaggregating other health and operational measures by race and other key variables. The data gleaned from this exercise will not only inform future analyses, but future quality improvement initiatives as CARS seeks to do its part to reduce health care disparities. As noted above, future versions of the CARS Quality Dashboard will also include progress updates on the implementation of the CARS Quality Plan.

# 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.

Q2 2019

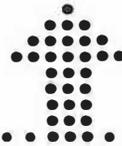


## Health Outcome

**30.14%** increase in Good or Very Good self-reported Quality of Life\*\*

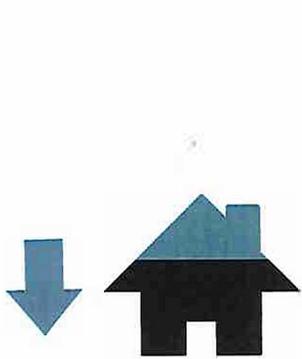
n=267

34.50% → 44.90%



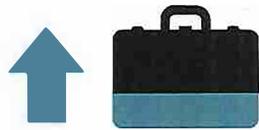
## Social Determinants

## Health Behaviors



**41.80%** decrease in Homelessness\*\*\*

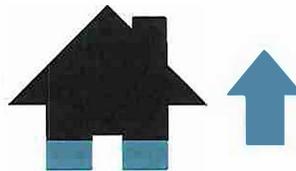
n=375



19.70% → 24.40%

**23.86%** increase in Employment

n=365



62.70% → 73.90%

**17.86%** increase in "Stable Housing"\*\*\*

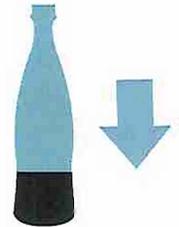
n=375



13.24 → 5.72

**56.80%** decrease in Past 30 days Days of Drug Use\*\*\*

n=152



8.97 → 2.19

**75.59%** decrease in Past 30 days Days ETOH\*\*\*

n=112

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

# Health and Well-Being Comparison

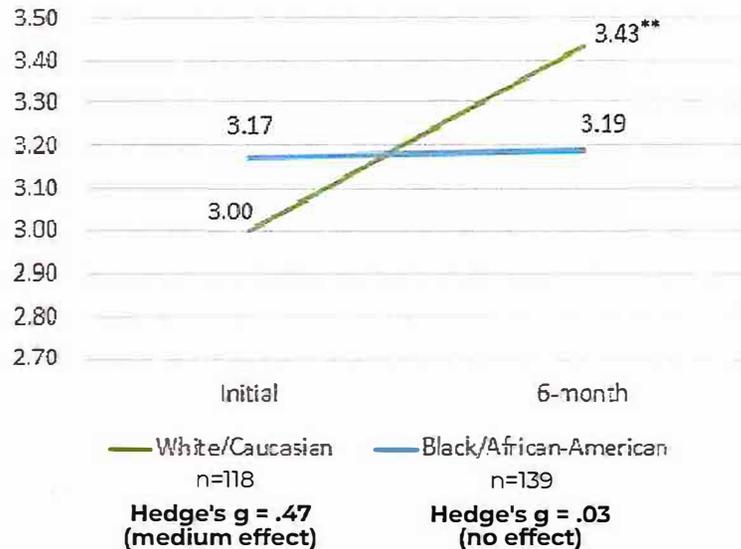
This dashboard contains measures of 6-month population health outcome data (intake to follow-up) for our consumers, comparing White/Caucasian and Black/African-American consumers.

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

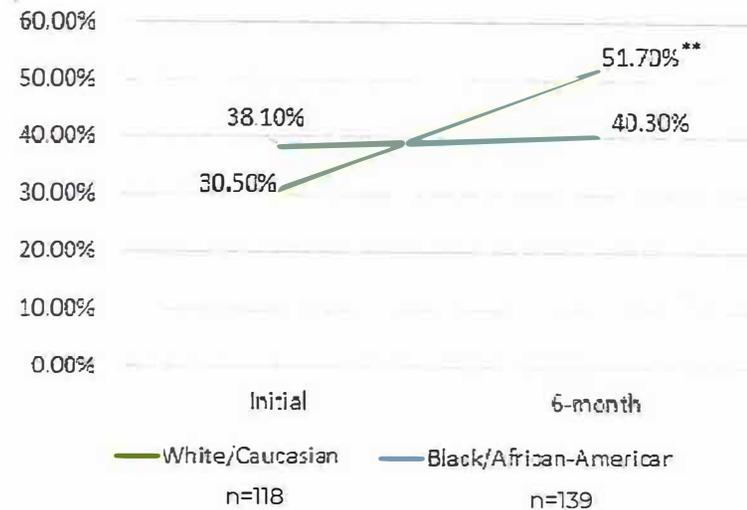
Q2 2019

## Quality of Life

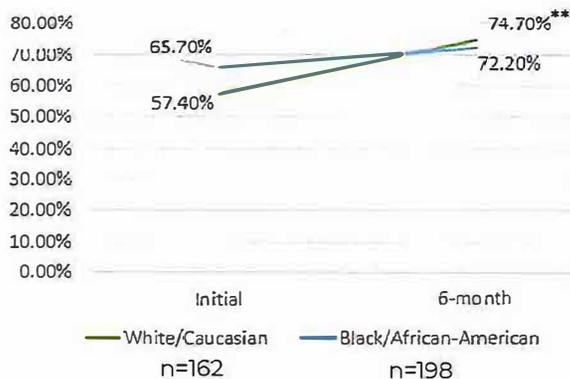
Average Score



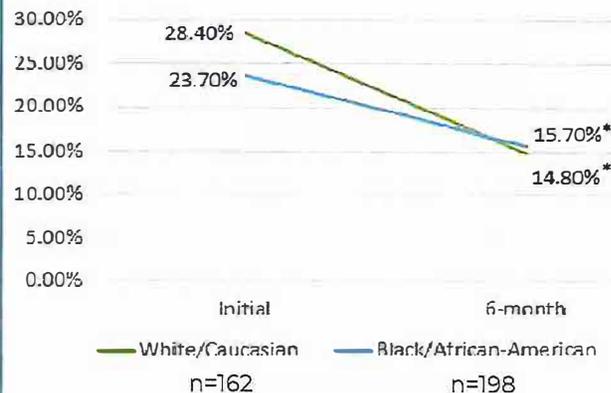
Proportion of consumers indicating "Good" or "Very Good" Quality of Life



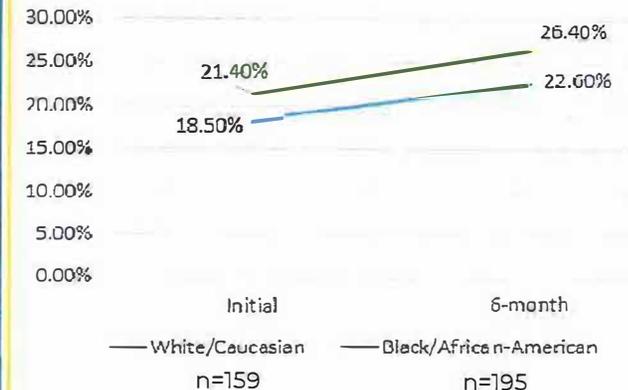
## "Stable" Housing



## Homelessness



## Employment



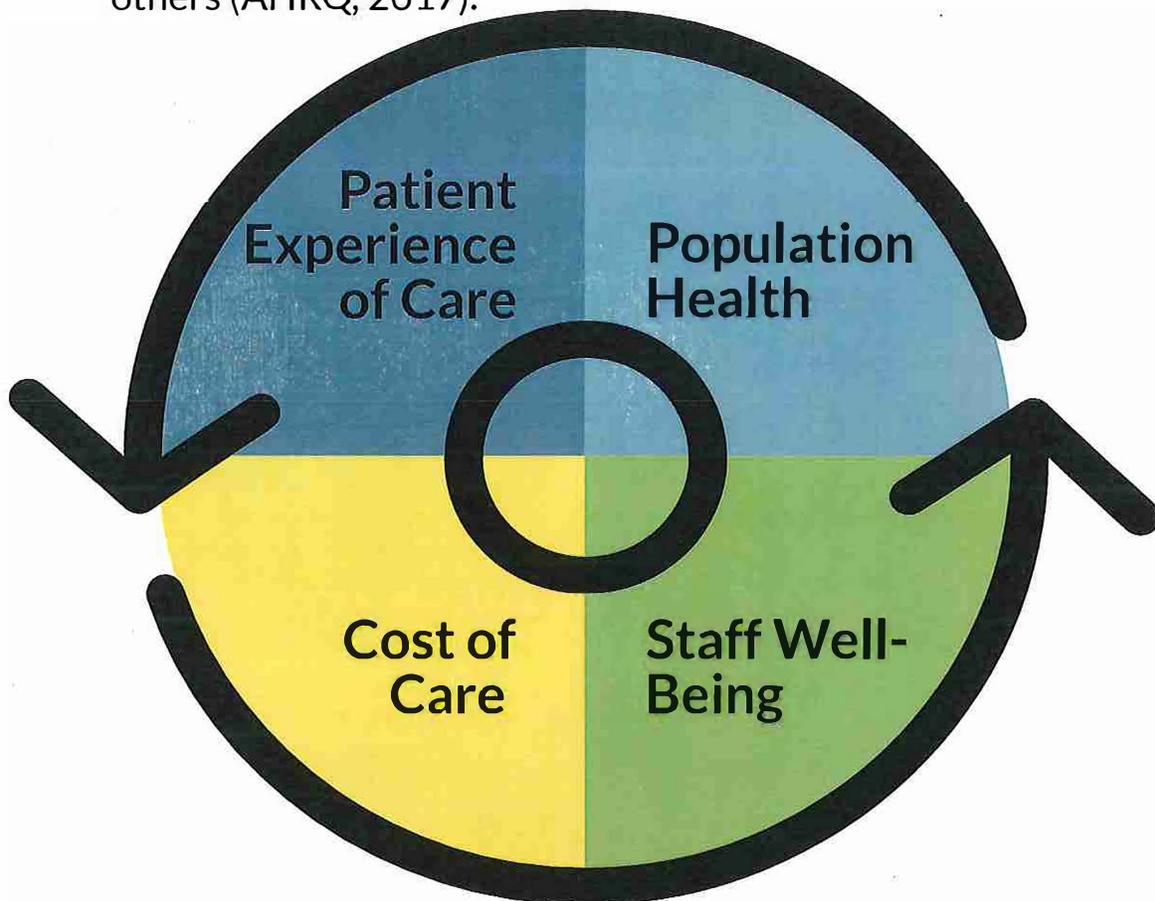
\*p<.05 \*\*p<.001



## 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).

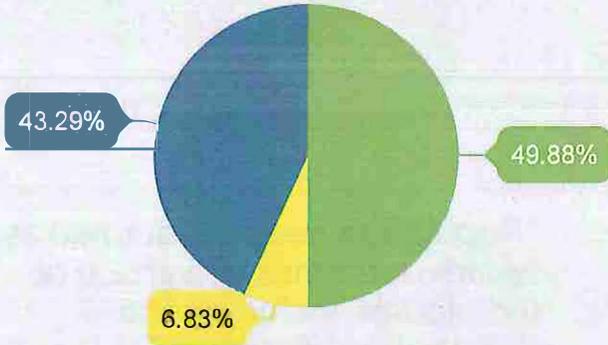
The quality of work life and the well being of healthcare professionals (Bodenheimer and Sinsky, 2014).

# 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)

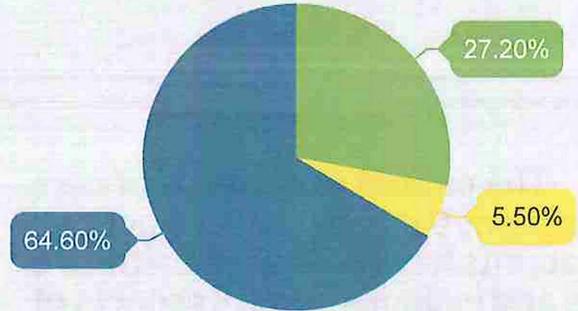
- Black/African-American
- White/Caucasian
- Other



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

## Race (Milwaukee County)\*

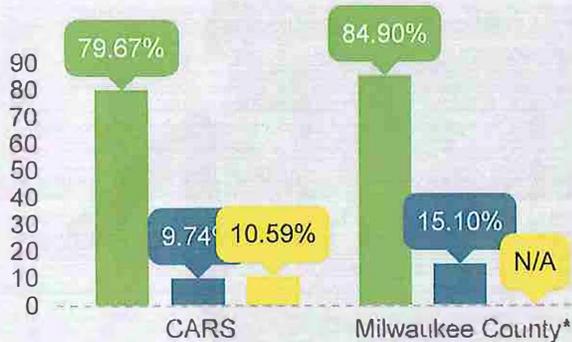
- Black/African-American
- White/Caucasian
- Other



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

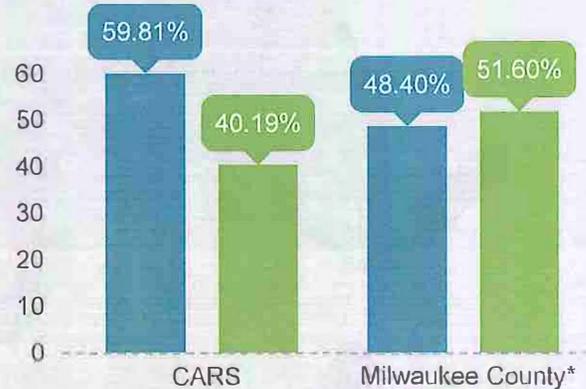
## Ethnicity

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

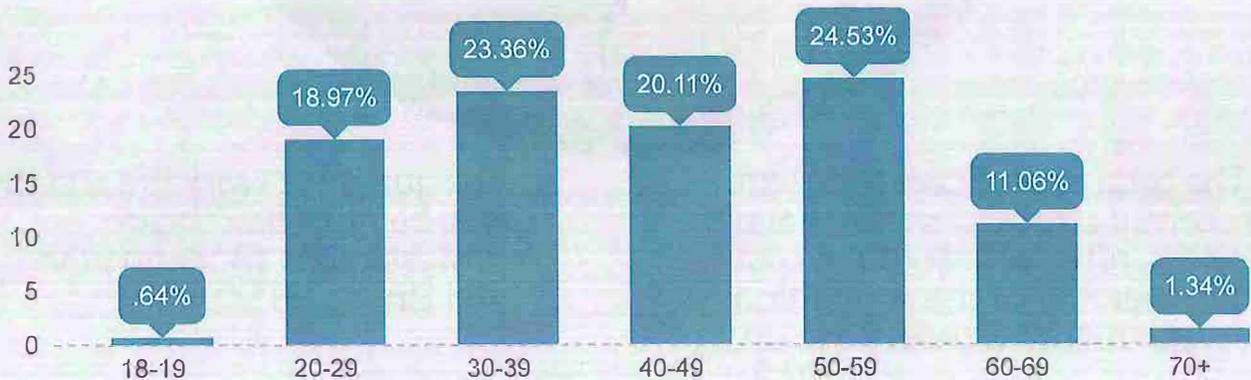


## Gender

- Males
- Females



## 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.





## 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".



### Employment

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





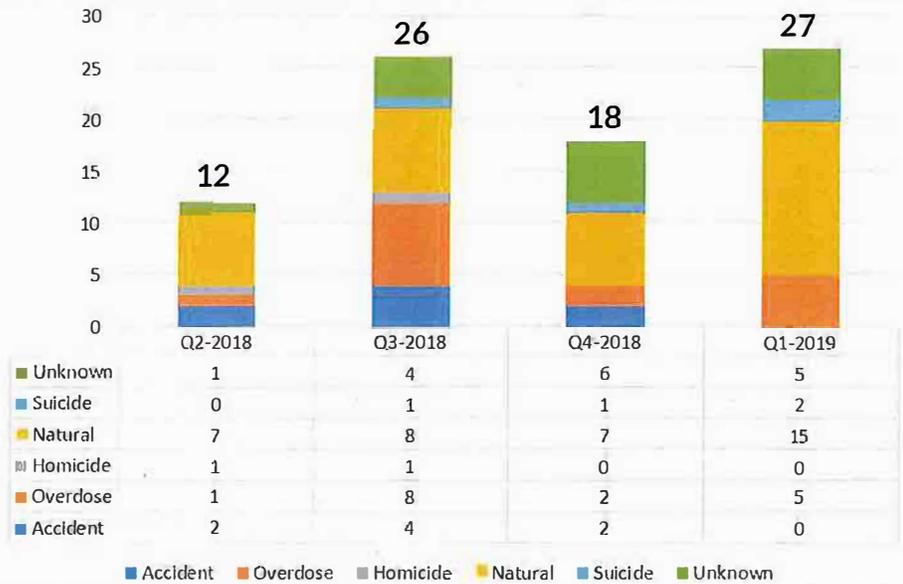
## Domain: Population Health (Continued)

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.

### 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.

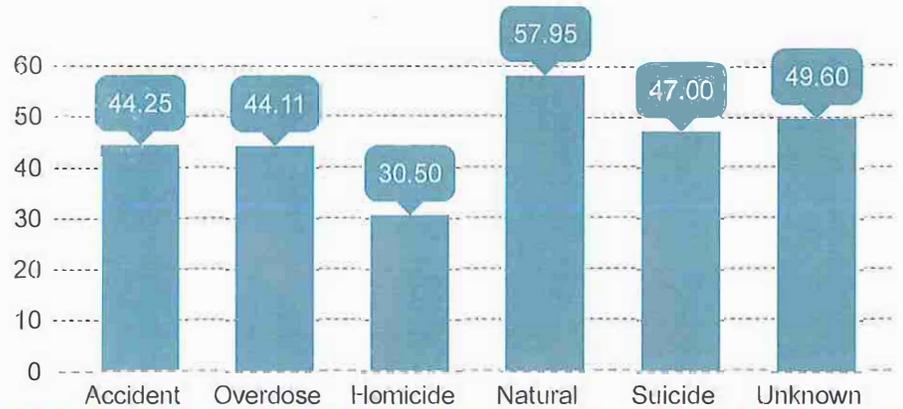
Note: There is a lag in death reporting. See note in the next item.



### 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: 60  
Total Female: 23

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

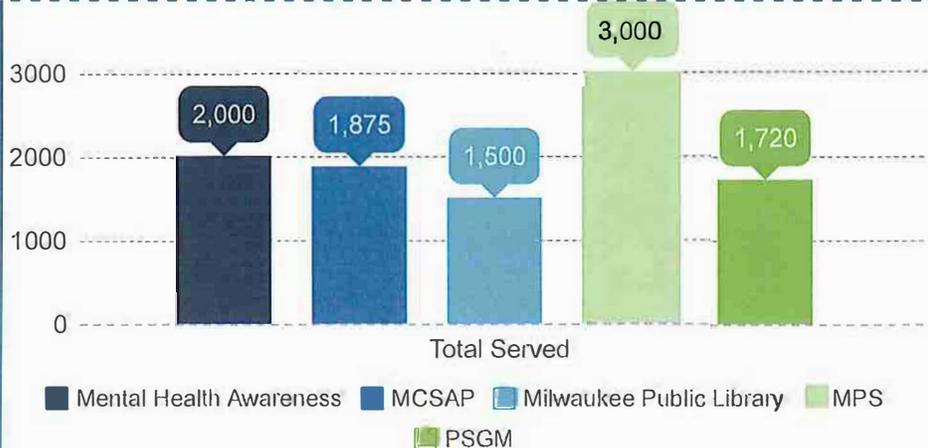


### Top Prevention Activities/Initiatives

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

PSGM: Prevent Suicide Greater Milwaukee





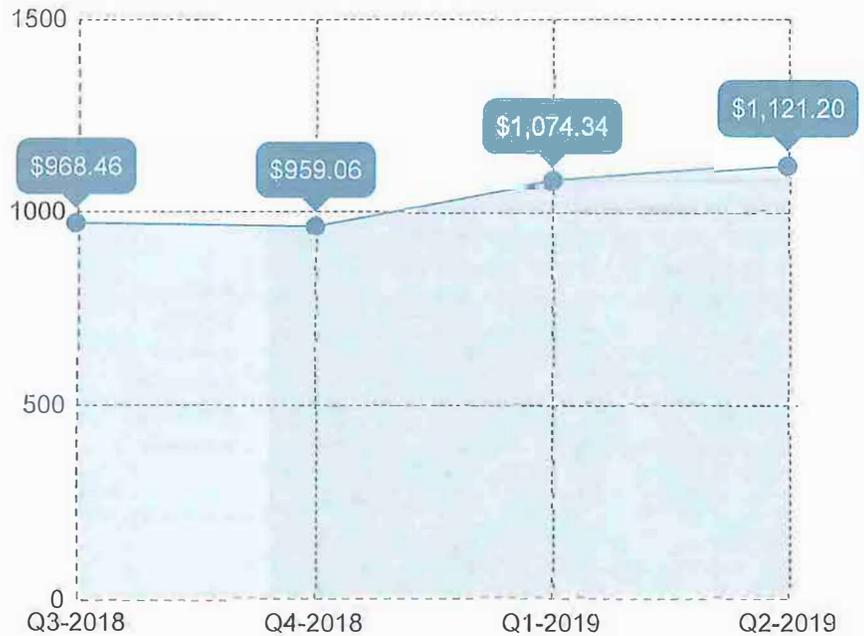
## Domain: Cost of Care

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:

Q3- 2018 N = 4,865	Q4 - 2018 N = 5,042
Q1- 2019 N = 5,056	Q2 - 2019 N = 5,225



## 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.

# 11.30%

CARS turnover rate (YTD)

# 20.0%

Turnover rate for government employees (per year)\*

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



## Under Development

These are data points the CARS Research and Evaluation team plans to implement in future iterations of the Quarterly Dashboard. Each will contribute to a more comprehensive picture of each domain within The Quadruple Aim.



All Domains:  
Case Study

The CARS Research and Evaluation team will capture case study interviews twice a year from consumers, community providers, and other stakeholders as it relates to one of the four domains within The Quadruple Aim.



Patient Experience of Care Domain:  
Consumer Satisfaction

The Press Ganey Consumer Satisfaction Survey is currently being distributed to all CARS providers. Results will be reported in the coming months.



**BHD**

MILWAUKEE COUNTY  
Behavioral  
Health  
Division

**THE BHD - CARS QUALITY PLAN  
2019 - 2020**



# The CARS Quality Plan

## Introduction

A Quality Plan (QP) is a crucial component of an organization's journey to become a self-learning, data-driven entity in which quality improvement is deeply embedded in the organizational culture. Given the resource limitations with which most organizations must contend, the QP can guide more efficient allocation of both financial and staff resources toward those initiatives deemed most important by the organization. Moreover, the QP helps to orient business activities towards a set of mutually agreed upon objectives and creates unity of purpose among leaders and line staff. Thus, the QP can help change the culture of an organization, enabling staff at all levels of the organization to engage in quality improvement (QI) activities and helping to foster a culture of quality.

This document represents Milwaukee County Behavioral Health Division's Community Access to Recovery Services (CARS). This plan outlines the strategic goals for CARS for 2019 and 2020, goals which are themselves guided by and aligned to the mission and strategic goals of Milwaukee County Behavioral Health Division (BHD) and Milwaukee County Department of Health and Human Services (DHHS). The Quadruple Aim for healthcare, which proposes that healthcare systems should simultaneously seek to improve the patient's experience of care, improve the health of populations, reduce the per capita costs of care for populations, and improve the quality of work life for staff, provides the quality framework for the CARS QP. To that end, the CARS strategic goals, and the objectives and activities associated with them, are organized by these four aims.

In addition to articulating the quality goals for CARS in 2019 and 2020, this document is also intended to create a measure of accountability by identifying current and target performance metrics, assigning responsible staff, and creating reporting timeframes throughout the year to review progress towards each goal. These review timeframes depend on the stakeholder and reporting format, but allow for transparency, input, and mutual responsibility at all levels of the organization. Finally, this plan is designed such that subsequent versions should intentionally build off previous versions. This allows new goals to build off previous goals, and affords CARS the opportunity to create sequenced, stepped goals with multi-year timelines.

## Development of the Plan

This QP was developed with several key principles in mind. These include:

**Alignment.** Effective QPs that have broad support should demonstrate that they are driven by and can support the realization of the mission and strategic goals of the larger organization. The CARS QP was designed to align to:

- a. DHHS's Strategic Goals
- b. The Quadruple Aim
- c. BHD's mission and strategic goals
- d. Best practice, where available
- e. External mandates, where applicable

**Feedback.** Feedback from all levels of a department or organization is critical when developing a QP. Not only can this encourage support and enthusiasm for the QP from every level of the organization but is extremely valuable when selecting the most meaningful goals and objectives on which to focus the QP. Line staff often are aware of issues of quality before management staff and can provide key insights and ideas for QI activities. The CARS QP was developed with feedback from the following sources:

- f. Executive staff
- g. Departmental leadership
- h. Line staff
- i. Clerical staff

This feedback was obtained through several different mechanisms, including focus groups, meetings with key stakeholders, and staff surveys. To that end, CARS developed a staff survey that is designed to solicit staff ideas for QI activities, and which utilizes the Quadruple Aim as its organizing framework. The survey also included questions regarding staff perceptions of and engagement in the QI at CARS and BHD. The survey will be disseminated to staff annually.

**Psychological Safety.** As noted above, staff engagement is extremely important to the development and implementation of QPs and QI projects, as well as to the establishment of a culture of quality in an organization. If, however, staff believe that their ideas will be maligned, or they will be personally judged when they express quality concerns or make recommendations for QI initiatives, they may be less likely to share their valuable input to or participate in an organization’s QI endeavors. CARS believes that the first step in creating a culture of quality is to first create a culture of psychological safety, where staff feel accepted and respected. Thus, CARS will strive to foster a “safe” environment where staff feel free to share their ideas and generate innovations without fear of repercussions, where they are motivated to collaboratively build the culture of quality, and where data creates opportunities for learning and growth.

### Organization of Plan

The Plan is organized into four sections, one for each of the Quadruple Aims. Each section begins with a brief definition of the aim. This is followed by an overview of the current activities and initiatives in which CARS staff are engaging that are consistent with the aim in question. A table is then provided in each section which identifies the core quality dimension within each aim that is being addressed by the objective (i.e., the quality goal). The performance measure for each objective is then defined, followed by the current and target metrics for each objective, the staff member or members responsible for tracking each objective, and concluding with options for quarterly updates on progress towards the objective.

### Frequency of Review

Progress reporting towards each objective specified in the plan will occur on a quarterly basis by the internal CARS leadership team. This review is designed to ensure the activities to implement each objective are occurring as appropriate and to identify problems and engage in course corrections as necessary. A formal status report on the attainment or lack thereof of the performance targets for each objective will occur on an annual basis. The audience for this report will be both internal CARS staff and other external stakeholders as appropriate, such as the BHD executive team and Mental Health Board.

Reporting	Description	2 Year QP Timeframe							
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6	Quarter 7	Quarter 8
Internal Review	A more informal process of reviewing metrics and activities on a quarterly basis for CARS leadership to assess progress and make necessary modifications in order to attain objectives or maintain momentum.	X	X	X	X	X	X	X	X
Annual Report	This is a formal report that is intended for both internal and external stakeholders and is designed to highlight progress toward objectives and the activities in which CARS engaged to realize these objectives. This will be presented in the first quarter of a new year for the summative progress in the previous year.	X				X			
Planning Meeting	This review of progress thus far is designed to help CARS leadership review current objectives and extend these objectives and/or set new objectives for the subsequent year. This planning should begin in the third quarter in order for CARS to be prepared to implement the new QP at the start of the subsequent year.							X	
Internal Survey	This survey is designed to elicit staff ideas regarding areas for quality improvement and innovations to address them. It is also intended to gauge staff engagement in and perceptions of the quality improvement culture in CARS.			X				X	

## Quadruple Aim 1: Client Experience of Care

*Client Experience of Care Definition:* 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).

*CARS Client Experience of Care QI Goals for 2019:*

Quadruple Aim 1: Client Experience of Care					
Focus	Objectives	Lead Staff	Perform. Metric	Current Perform.	Target Perform.
1. Improve Access to Information	A. Build Comprehensive and Consistently Accurate Provider Directory	Justin Heller, Matt Drymalski	Present or Absent	Absent	Present
	B. Revise/Enhance CARS Website	Jen Alfredson	Present or Absent	Absent	Present
2. Increase Opportunities for Feedback	A. Obtain Feedback from Clients and Families	Matt Drymalski, Tamara Layne	Present or Absent	Absent	Present
	B. Obtain Feedback from Providers	Lynn Shaw	Present or Absent	Absent	Present
	C. Obtain Feedback from DHHS and Other System Partners	Janet Fleege	Present or Absent	Absent	Present

## Quadruple Aim 2: Population Health

*Population Health Definition:* "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).

*CARS Population Health QI Improvement Goals for 2019:*

Quadruple Aim 2: Population Health					
Focus	Objectives	Lead Staff	Perform. Metric	Current Perform.	Target Perform.
1. Improve Access for Those with Unmet Needs	A. Compare target population by zip code in MKE County to population served by CARS; determine degree of unmet needs and specific geographic locations or populations to be targeted for outreach	Nzinga Khalid, Amy Moebius	Present or Absent	Absent	Present
2. Address Stigma	A. Launch a stigma reduction campaign specific to one or more geographic areas or specific populations with unmet needs	Nzinga Khalid, Amy Moebius	Present or Absent	Absent	Present

### Quadruple Aim 3: Cost of Care

*Cost of Care Definition:* 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).

*CARS Cost of Care QI Improvement Goals for 2019:*

Quadruple Aim 3: Cost of Care					
Focus	Objectives	Lead Staff	Perform. Metric	Current Perform.	Target Perform.
1. Reduce the proportion of tax levy dollars spent on the following programs: a. Access Points b. AODA Residential c. CBRFs/AFHs d. Companion Care e. RSC f. CCS expansion g. CSP	A. Reduce overall costs associated with programs in question	Jen Wittwer, Matt Drymalski, Justin Heller	Present or Absent	Absent	Present
	B. Reduce proportion of total costs of programs in question paid for by tax levy by shifting payment to other funding streams	Jen Wittwer, Sue Clark, Tamara Layne, Davide Donaldson	Present or Absent	Absent	Present

### Quadruple Aim 4: Staff Quality of Work Life

*Staff Quality of Work Life Definition:* The quality of work life and the well-being of healthcare professionals (Bodenheimer & Sinsky, 2014).

*CARS Staff Quality of Work Life QI Goals for 2019:*

Quadruple Aim 4: Staff Quality of Work Life					
Focus	Objectives	Lead Staff	Perform. Metric	Current Perform.	Target Perform.
1. Positively impact the CARS workplace culture with the use of mechanisms for staff feedback and implementation of workplace innovation	A. Create multiple avenues and opportunities for CARS staff to share and implement ideas	Jim Feagles, Justin Heller	Present or Absent	Absent	Present
	B. Based on generated ideas, implement at least one innovation that positively impacts the workplace culture	Jen Wittwer	Present or Absent	Absent	Present

## Quality Plan Progress Log

Quadruple Aim 1: Client Experience of Care			
Focus	Objectives	Date Reviewed	Progress Notes
1. Improve Access to Information	A. Build Comprehensive and Consistently Accurate Provider Directory	7/16/19	<ul style="list-style-type: none"> <li>Internal versions of directories within CARS have been gathered from the various program managers for review.</li> <li>The team is working with Contract Management to realize the full potential of Avatar to store agency, provider, program, and performing provider information. This will then be used to create a directory that should stay current in real time.</li> </ul>
	B. Revise/Enhance CARS Website	7/16/19	<ul style="list-style-type: none"> <li>An internal meeting has been held to review the CARS portion of the Milwaukee County DHHS website and generate ideas.</li> <li>Meetings have also been held with DHHS personnel to begin making some modest modifications to the website and some of these changes have occurred already.</li> <li>A website "walk through" has been done to assess the ease of finding information on the website or via a web browser. With the recent changes, much of the commonly searched information was easily located.</li> <li>The lead for this quality plan area has received training on Titan, the system used to make web updates.</li> </ul>
2. Increase Opportunities for Feedback	A. Obtain Feedback from Clients and Families	7/16/19	<ul style="list-style-type: none"> <li>Meetings have occurred with Wraparound, Crisis Services, and Inpatient to discuss development of a universal tool to assess client experience.</li> </ul>
	B. Obtain Feedback from Providers	7/16/19	<ul style="list-style-type: none"> <li>The team met and attended the various CARS operations meetings to distribute opportunities for providers to give feedback. A number of individuals have already shared feedback. The next internal meeting for this project is 7/31/19.</li> </ul>
	C. Obtain Feedback from DHHS and Other System Partners	7/16/19	<ul style="list-style-type: none"> <li>The internal group has met 4 times thus far. A Survey Monkey has been sent out to a wide variety of system partners, including child welfare, Department of Corrections, hospital systems, DYFS, Housing Division, advocacy groups, Aging, and HMOs. A number of surveys have been returned. The survey closes 7/29/19 and results will be reviewed at that time.</li> </ul>

Quadruple Aim 2: Population Health			
Focus	Objectives	Date Reviewed	Progress Notes
1. Improve Access for Those with Unmet Needs	A. Compare target population by zip code in MKE County to population served by CARS; determine degree of unmet needs and specific geographic locations or populations to be targeted for outreach	7/16/19	<ul style="list-style-type: none"> <li>The team has met to discuss and analyze the interface between poverty, substance abuse and mental illness in an effort to determine the prevalence of need in the community. A thorough analysis will be done to review: a) assumptions on which the estimates of behavioral health need are based, adjusted for poverty level; b) stratification of need by race and location (zip code); and c) research to better understand the needs and service gaps in these underserved and/or higher need communities.</li> <li>The team has also brainstormed how they might accumulate innovative ways to capture prevention data by looking at other counties and organizations to see if they already have successful means we can learn from.</li> <li>Next steps will be sharing information and ideas formally with program staff.</li> </ul>

2. Address Stigma	A. Launch a stigma reduction campaign specific to one or more geographic areas or specific populations with unmet needs	7/16/19	<ul style="list-style-type: none"> <li>The team met in June to brainstorm a wide variety of ideas for a stigma reduction campaign.</li> <li>Team members have been charged with thinking of a creative campaign or catch phrase to depict the welcoming values of BHD services.</li> <li>The focus agreed upon thus far includes: a) Welcoming all communities; and b) Trauma</li> </ul>
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**Quadruple Aim 3: Cost of Care**

Focus	Objectives	Date Reviewed	Progress Notes
1. Reduce the proportion of tax levy dollars spent on the following programs: a. Access Points b. AODA Residential c. CBRFs/AFHs d. Companion Care e. RSC f. CCS expansion g. CSP	A. Reduce overall costs associated with programs in question	7/16/19	<ul style="list-style-type: none"> <li>RSC: An RFP process was completed and new awards have been made. In the new contracts, agencies will be billing a 15-minute unit rate, as opposed to the daily rate that had been paid previously. While the RSC program has seen some growth, projections of savings can be challenging. Even so it is believed that this change may result in as much as \$500K in savings annually. More importantly, this will achieve a result of a greater emphasis on service delivery.</li> <li>A contract is now in place between Milwaukee County BHD and My Choice Family Care to cover CSP services. This achieves a result whereby individuals in CSP can be co-enrolled in Family Care. Instead of billing Medicaid for the CSP services, My Choice Family Care will now be billed as a fund source. Enrollment is still quite low but is expected to grow over time and achieve cost savings. Additionally, this affords consumers the opportunity to “age in place” and maintain their CSP providers while accessing the Family Care array of services.</li> <li>Outpatient Mental Health services are now being captured in Avatar. As such, BHD can now measure actual usage of units. This will prepare for the ability to eventually move this service from a Purchase of Service to a Fee for Service environment, as we will have more information to make good rate decisions for that level of care.</li> <li>Access Points: An RFP will be released on 8/1/19, with new contracts in place by 1/1/20. This will move the Access Points from a Purchase of Service contract environment to a flat fee paid for completed assessments in a Fee for Service environment. It is believed this will achieve some cost savings, though it is not yet clear what those projections might be.</li> </ul>
	B. Reduce proportion of total costs of programs in question paid for by tax levy by shifting payment to other funding streams	7/16/19	<ul style="list-style-type: none"> <li>The CARS and BHD fiscal teams have collaborated to have a more robust and accurate verification fund source process for clients receiving substance abuse services. Accurate fund source verification ensures we are maximizing use of funds from our various grants and ultimately reduces tax levy burden.</li> <li>CBRF/AFHs: The CARS team has worked closely with mental health residential vendors to put a practice, policy and procedure in place to routinely review individuals who are receiving 1:1 care in these settings. In 2018, the average individual receiving 1:1 care received 19.5 hours per day on average, at a cumulative cost of \$1.05 million annually. With the newly implemented process of quarterly reviews, robust risk assessment tool use, and requirement of a physician prescription for the service, the use of 1:1 care in the first half of 2019 has decreased by 25% to an average of 14.5 hours per day, per consumer. Conservatively, we will see a commensurate cost savings of approximately \$250K, although it is likely that may be far greater as projections are based on a limited amount of data. It is noteworthy, as well, that consumers who have had reduced or eliminated 1:1 care have responded very favorably to this less restrictive care, and the vendors have noted no notable increase in incidents.</li> <li>The BHD fiscal team and CARS leadership for CCS, CSP and TCM review a list of consumers without Medicaid on a monthly basis and work to explore with agencies why Medicaid has been lost and identify means by which it can be reinstated.</li> </ul>

**Quadruple Aim 4: Staff Quality of Work Life**

<b>Focus</b>	<b>Objectives</b>	<b>Date Reviewed</b>	<b>Progress Notes</b>
1. Positively impact the CARS workplace culture with the use of mechanisms for staff feedback and implementation of workplace innovation	A. Create multiple avenues and opportunities for CARS staff to share and implement ideas	7/16/19	<ul style="list-style-type: none"><li>A World Café was held with the CARS team on 6/5/19 to solicit ideas and feedback that may lead to addressing concerns and/or identifying possible innovations. Results have been compiled and shared with CARS executive leadership. Results will soon be shared with the whole team, with further discussion to occur. The plan will be to achieve consensus as a team on what are the next most important things to work to address. Themes identified by staff members in the World Café included Dayforce/clocking in, flexible work schedules and/or location, perceptions of trust and respect, flexibility with lunch time and use of sick hours/occurrences.</li></ul>
	B. Based on generated ideas, implement at least one innovation that positively impacts the workplace culture	7/16/19	<ul style="list-style-type: none"><li>This work has not yet begun, but will commence before the end of this fiscal year.</li></ul>

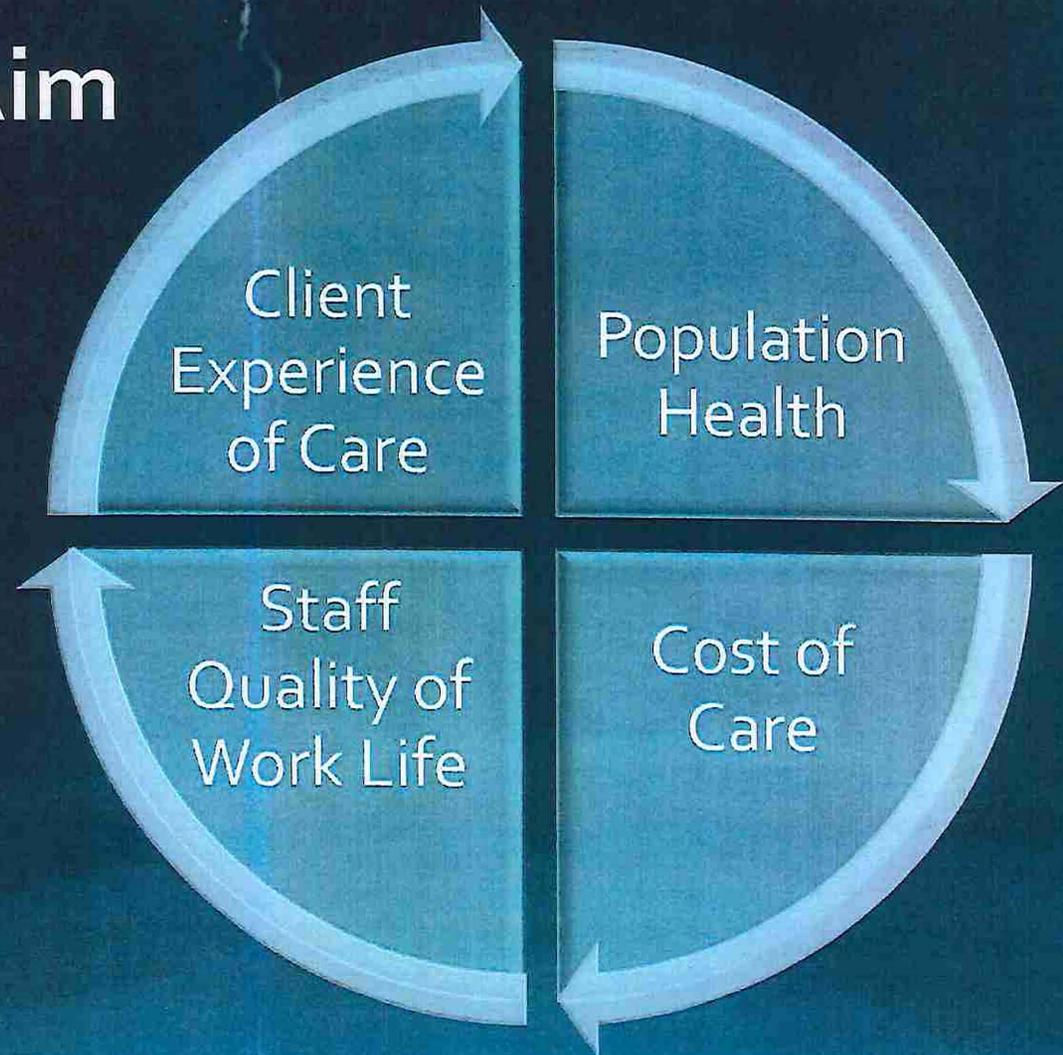
# Quality Committee Item 4

Third Quarter Update  
BHD Quality Dashboard

Progress Thus Far...

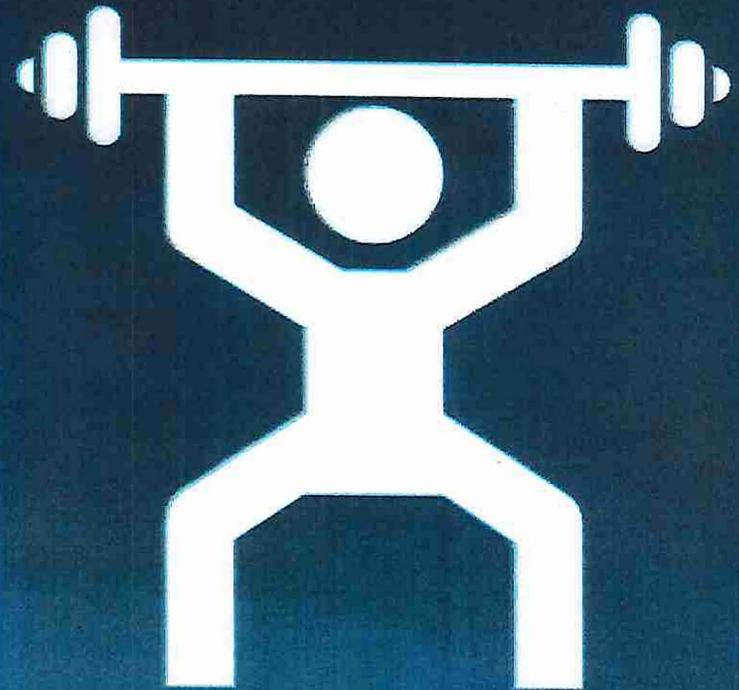
# The Quadruple Aim

BHD's Quality  
Framework:  
Progress by Aim

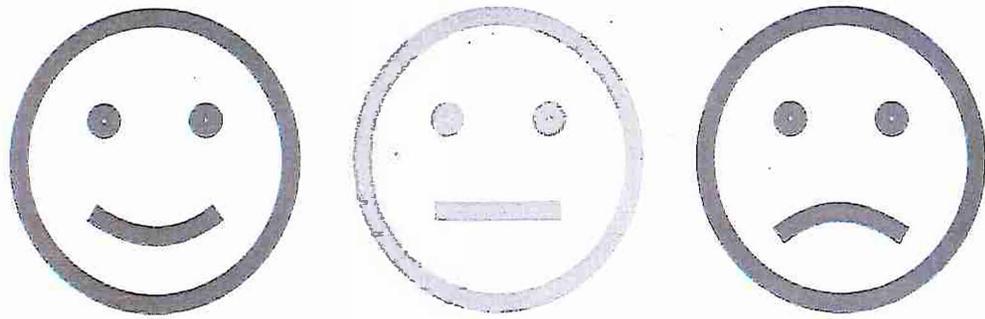


# Aim 1: Population Health

- High Utilization  
Turnover
- Key demographics  
and social  
determinants



## Aim 2: Client Experience



FEEDBACK

- Press Ganey expansion
- Enterprise questions

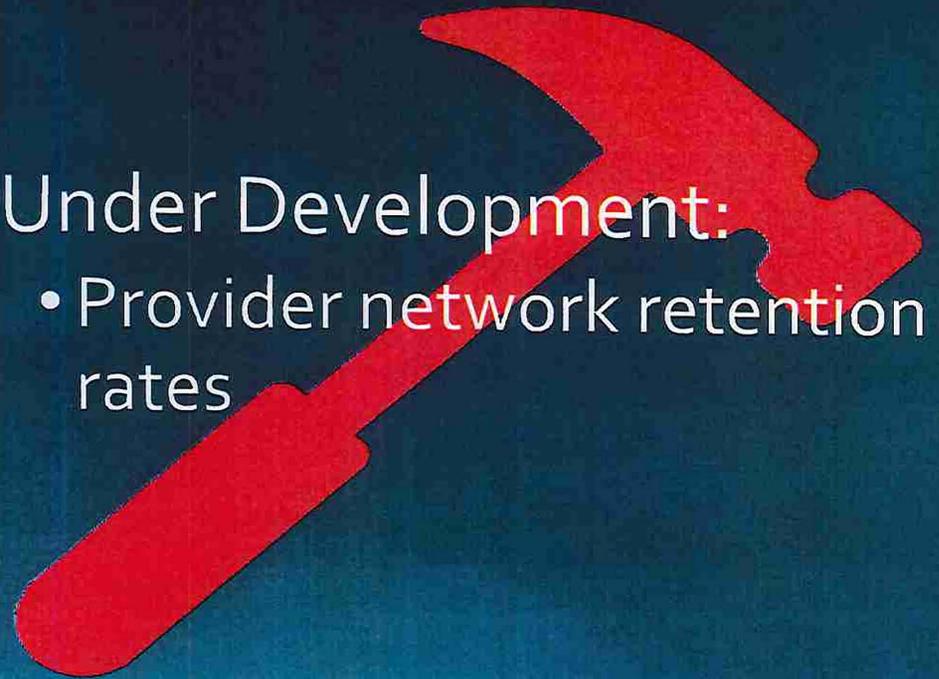
## Aim 3: Cost of Care

- Cost per Enrollment
- Separate report being built as well

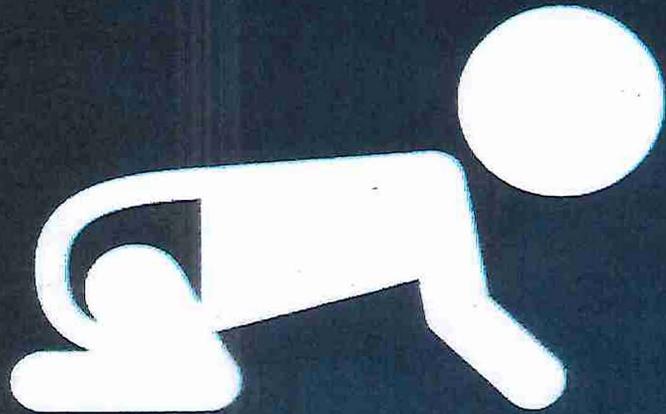


# Staff Quality of Work Life

- Ready:
  - Staff retention rates from HR
- Under Development:
  - Provider network retention rates



# Next Steps



- Inaugural dashboard to be presented at 4<sup>th</sup> quarter meeting
- Questions?



Wraparound Milwaukee  
2018 Performance Improvement Project **Quality Committee Item 5**  
Medication Adherence  
Synopsis

Medication adherence has been a topic of clinical concern since the 1970's (Jing J. et.al. 2008). In particular, the high prevalence of low adherence to medication treatment during adolescence is well documented and is further compounded by specific patient-centered factors that include emotional and mental health problems, cognitive impairment, social difficulties and patient fears. Moreover, environmental factors that contribute to non-adherence are caregiver mental health issues, family conflicts and low socio-economic status. All of which are prevalent in the Wraparound Milwaukee population of youth we serve in the Wellness Clinic. With agreement from the Wellness Clinic professional staff, a study was initiated to determine if the introduction of identified interventions could positively impact the level of medication adherence with the youth that are treated and monitored at the Wellness Clinic.

**Research Design:**

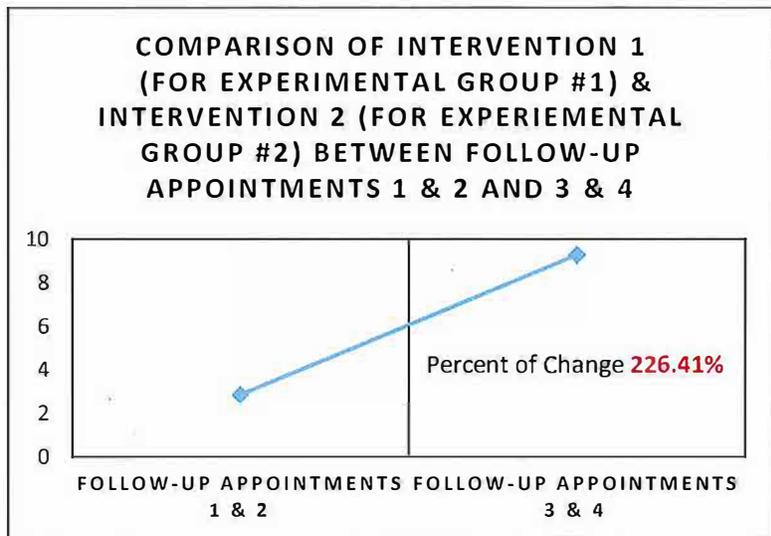
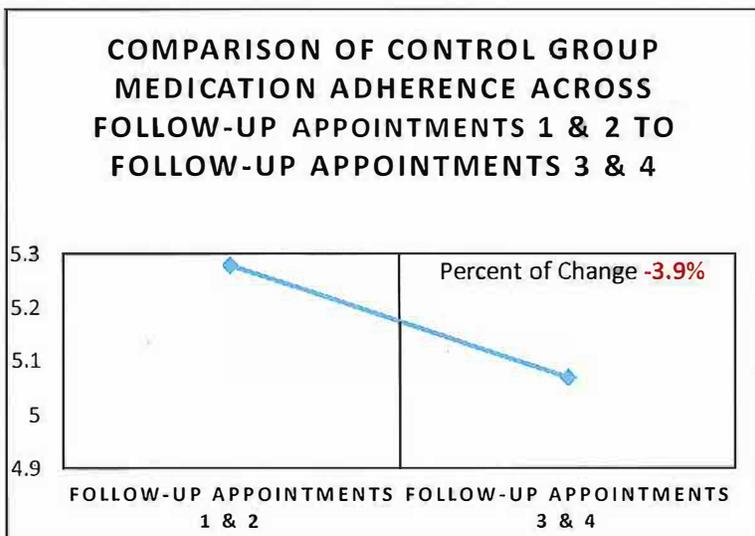
Using a control group research design, two interventions were explored to determine if they would have an impact on the level of medication adherence compared to the control group and compared to each other.

**Methodology:**

Two assessment tools were used to determine level of adherence at each clinic visit. Other than initial orientation and conversation at each visit, the Control Group received no additional interventions. The Experimental Group was provided with a *Medication Planning Tool* that was completed with the nurse and taken home. The original Experimental Group was broken into two Experimental Groups (1 & 2), which is identified as Phase 2. In addition to the *Medication Planning Tool*, the Experimental Group 2 was provided with a phone call one week after the appointment to discuss how the medication regimen was proceeding.

**Results:**

A comparison of the Control Group with the Experimental Groups revealed a modest increase in medication adherence with the use of the *Medication Planning Tool* and even greater improvement when the phone call was added to the intervention mix. Although trending in the right direction, the increase was not statistically significant. However, further analysis reveals that the Control Group's adherence decreased (-3.9% change) across time (the four follow-up appointments) while the Experimental Group's adherence increased (226% change) across the 4 follow-up appointments as identified in the charts below:



## Conclusions:

Follow-up interviews were conducted with some parents/guardians. They felt that the *Medication Planning Tool* could be helpful if used consistently across time and the phone call would perhaps be better received midway between appointments.

After reviewing the study outcomes, it was determined that some intervention is certainly valuable in improving medication adherence. However, the plans need to be more targeted and individualized as difficulties with adherence can be related to a number of reasons and each youth's situation is different. The plan moving forward addresses the individual differences and does not burden the staff when there is no adherence problem identified.

The revised plan is as follows:

1. **Have youth complete self-assessment tool while waiting for appointment**
2. **Assessment tool reviewed by prescriber**
3. **If it is determined that there is an adherence problem, the prescriber should further explore possible reasons, e.g.**
  - a. **Is it a problem of attitude/resistance to taking meds**
  - b. **Is it a problem of managing a daily routine**
  - c. **Is it a problem of how the youth feels on the meds (side effects)**
  - d. **Is it a problem with the med container**
  - e. **Is it a problem of managing more than one medication at a time**
4. **Identify a solution to match the identified problem(s).**

*It is important to convey that the dispensing of medication by the prescriber and the level of compliance by the youth is a result of a partnership and collaboration between them to best find the specific drug that allows the youth to feel as best as possible when taking the drug (minimize the side effects) and also simultaneously optimize effectiveness.*
5. **Examples of Strategies:**
  - a. **Use of a strong, repeated orientation to medication (explain risks and benefits, allow for youth and family to articulate their concerns, etc.)**
  - b. **Medication Planning Tool**
  - c. **Pill box**
  - d. **Reminder phone calls about meds**
  - e. **Use Child & Family team to discuss & support medication adherence**
6. **Keep closer watch of youth that are deemed to have adherence difficulties (Go back to #3 and follow process again).**

## Quality Committee Item 6



**Your Illness is a very small part of you.**  
You are an individual with a unique personality, talents, and skills which are valuable to yourself and others.

# COMPREHENSIVE COMMUNITY SERVICES (CCS)



# What is CCS?

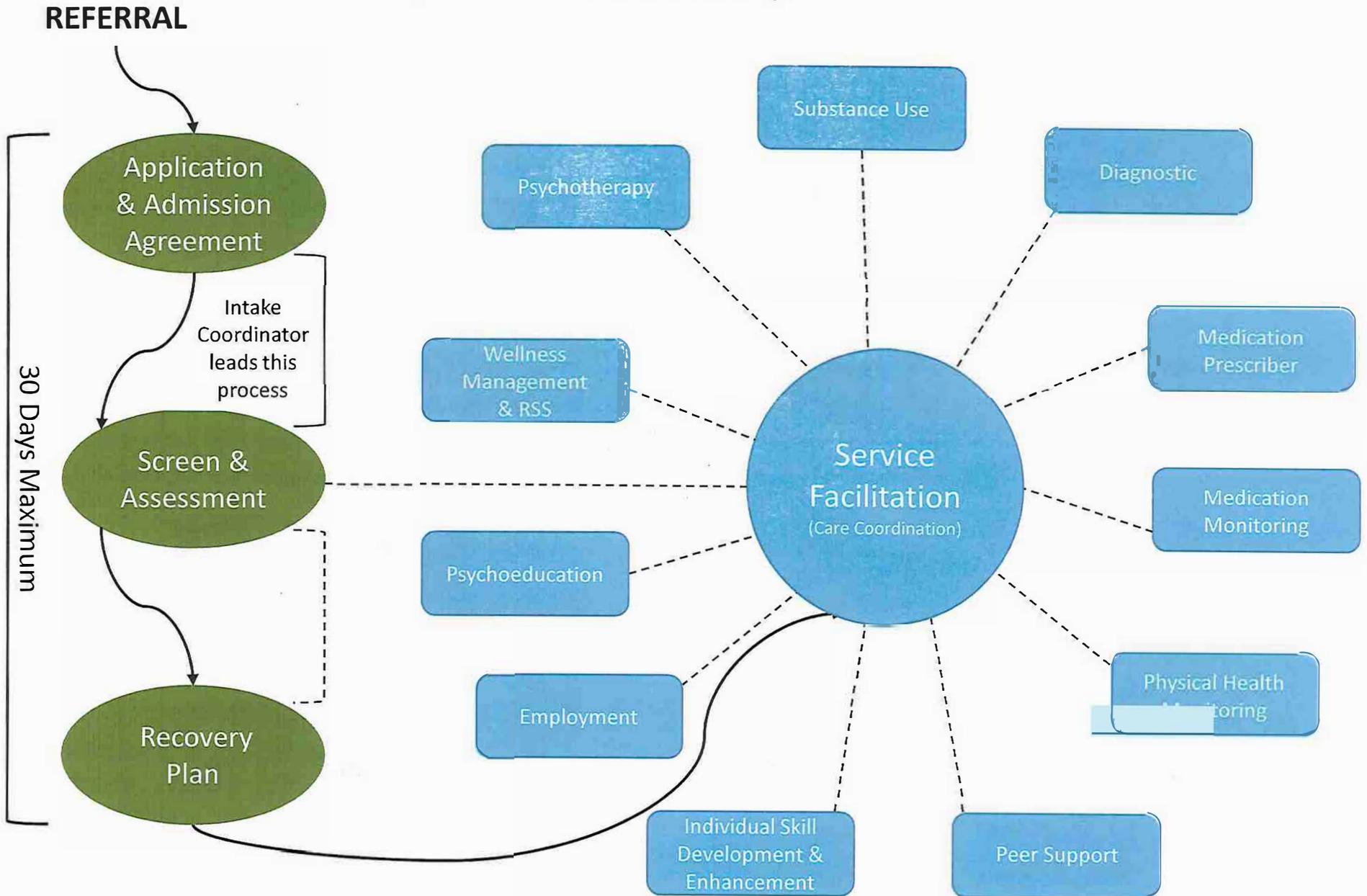
# WHAT IS CCS?

- CCS is a voluntary psychosocial rehabilitative Medicaid program for eligible residents (children and adults) of Milwaukee County.
- CCS focuses on helping people who have a mental health and/or a substance use diagnosis on their journey to recovery.
- Those who qualify for CCS work with a care coordinator to design a recovery plan of their choice.
- Individuals can choose from a wide range of services and service providers intended to help them:
  - Improve Health
  - Promote wellness
  - Achieve personal goals
  - Enhance overall quality of life

# HIGHLIGHTS OF CCS

- CCS offers a variety of unique rehabilitative services that are intended to support the individual in achieving their highest possible level of **independent functioning, stability and independence** and to facilitate recovery.
- The CCS service provider is teaching, coaching, and mentoring so that CCS participants are empowered to self-direct their own care and path to recovery.

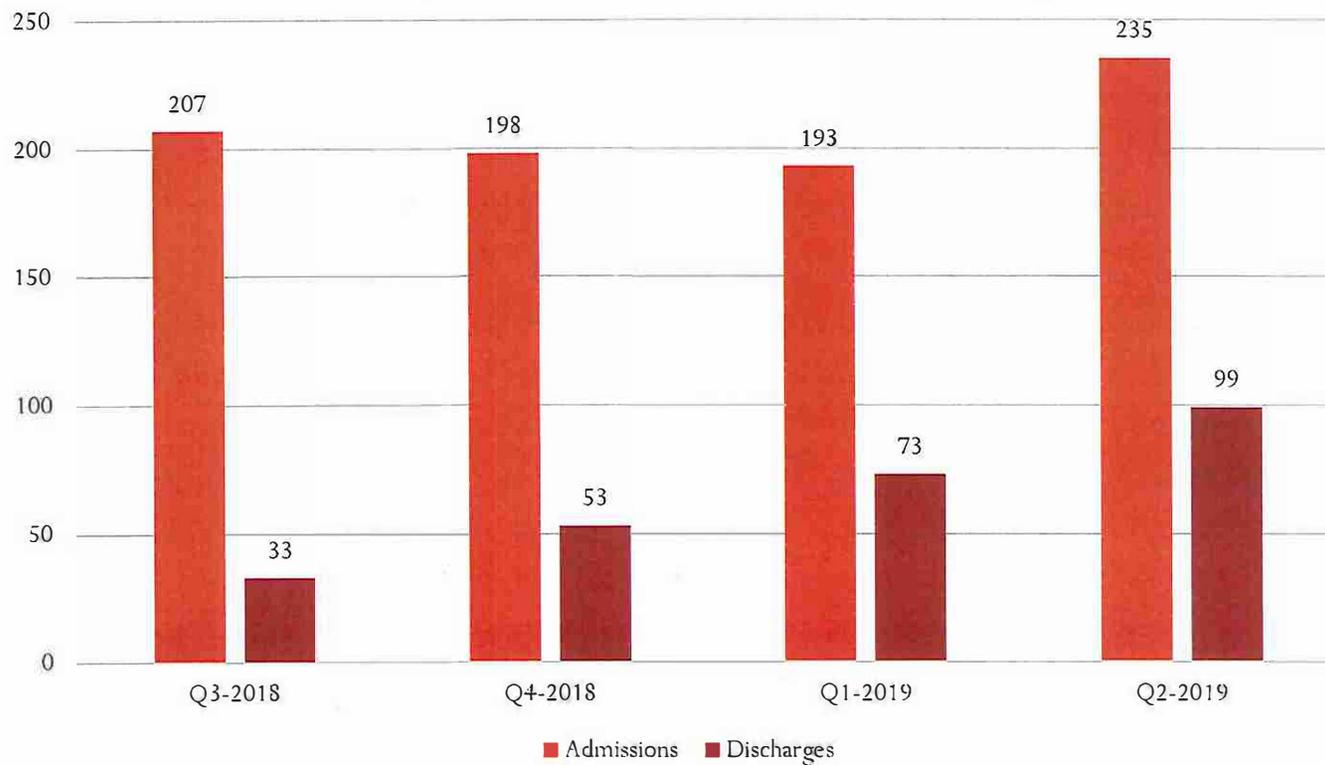
# The CCS Service Array



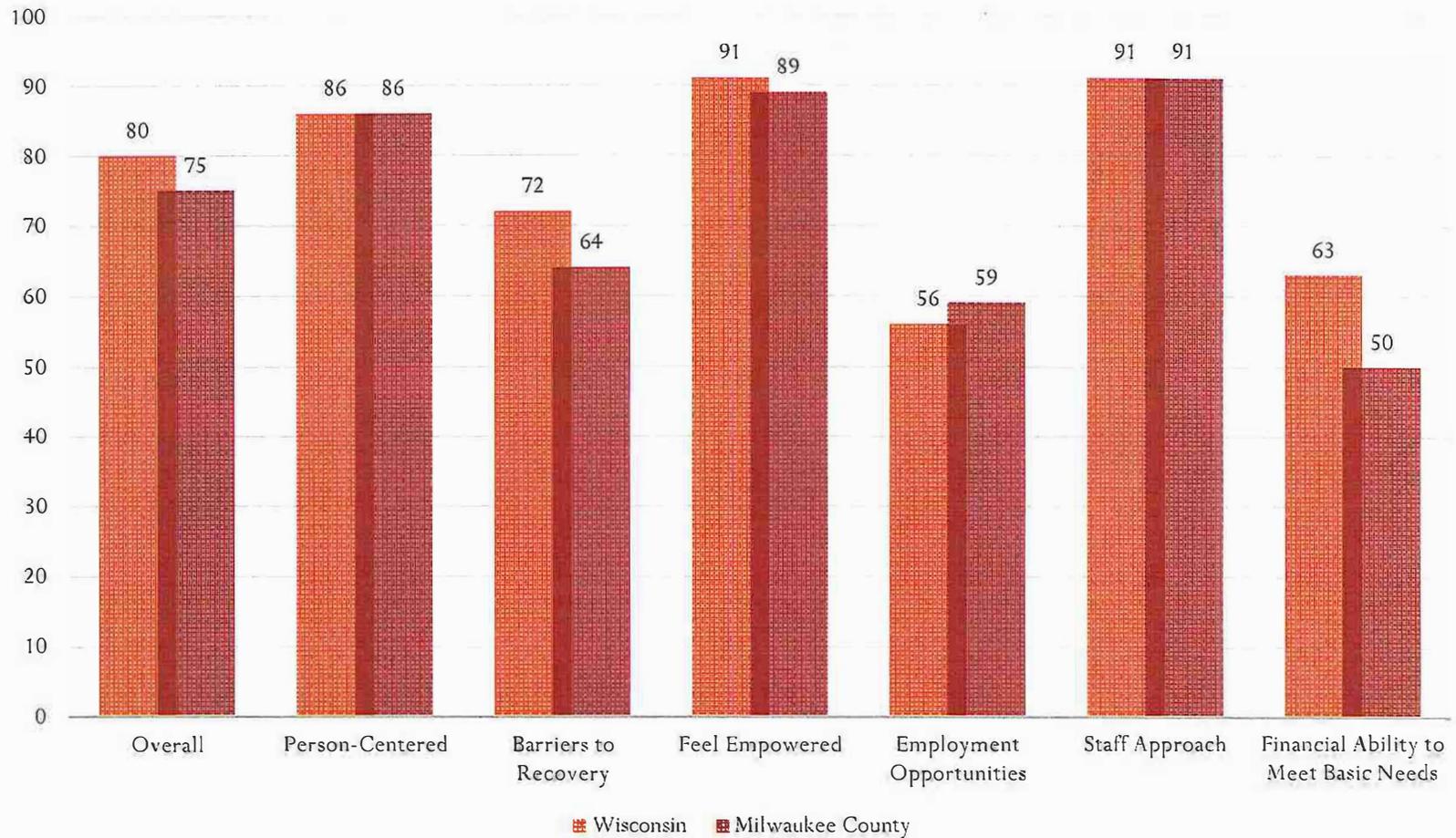
# What is the Impact of CCS?

# CCS DATA! (as of 6/30/2019)

- Total Served Since Inception: 2293
- Currently Enrolled Clients: 1293

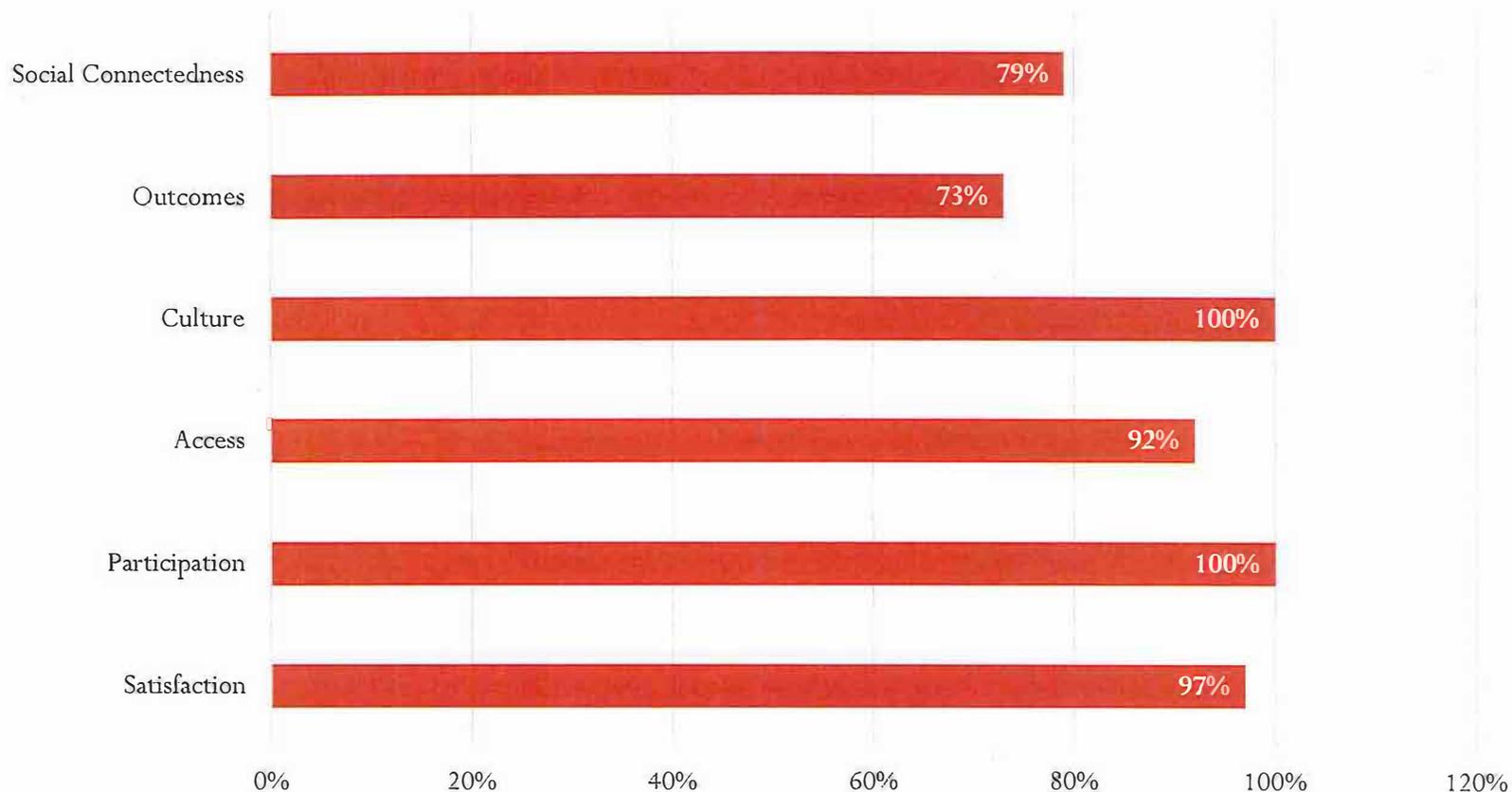


# ROSI Scores (18 and Older): Milwaukee vs. Wisconsin Overall 2016-2017



# MHSIP Scores (Youth 17 and Under)

MHSIP Results 2018



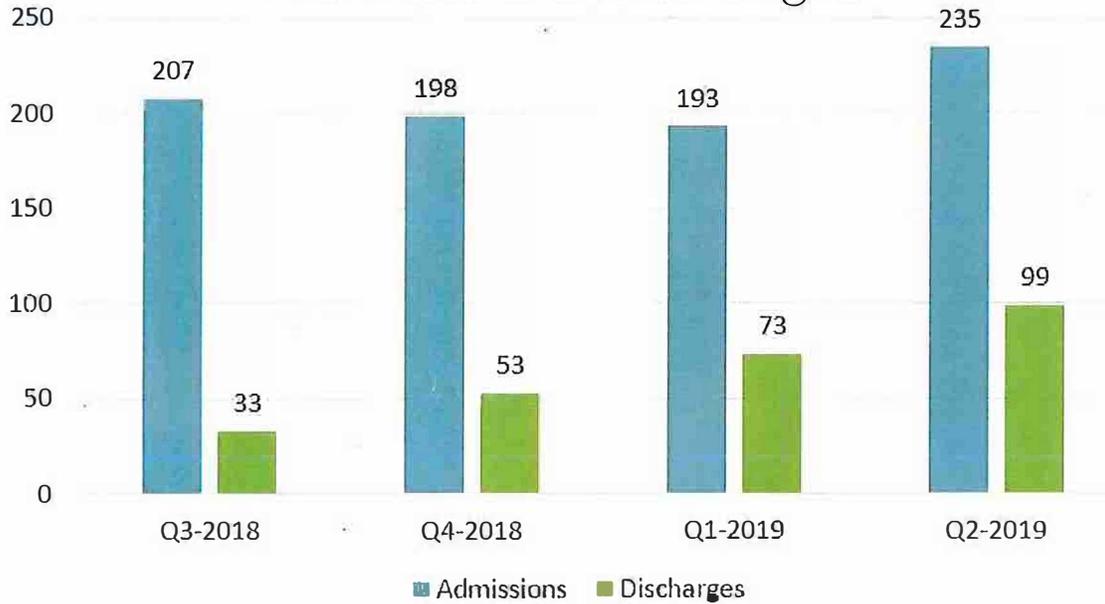


data updated 6/30/2019

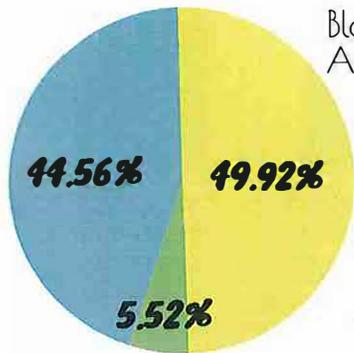
**1,286** Currently Active Clients

**2,293** Unique Clients All-time

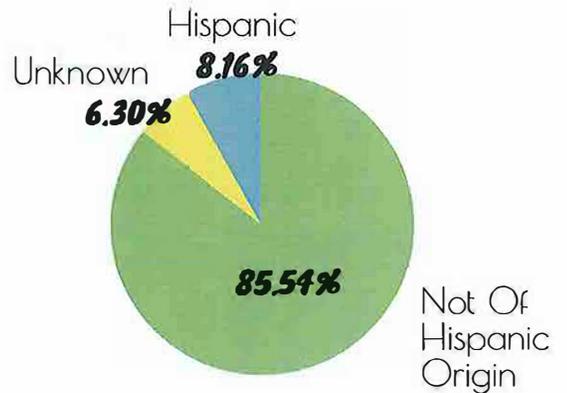
## Admissions & Discharges



White/  
Caucasian



Asian, Alaskan Native/American Indian, Native Hawaiian/Pacific Islander, or other descent

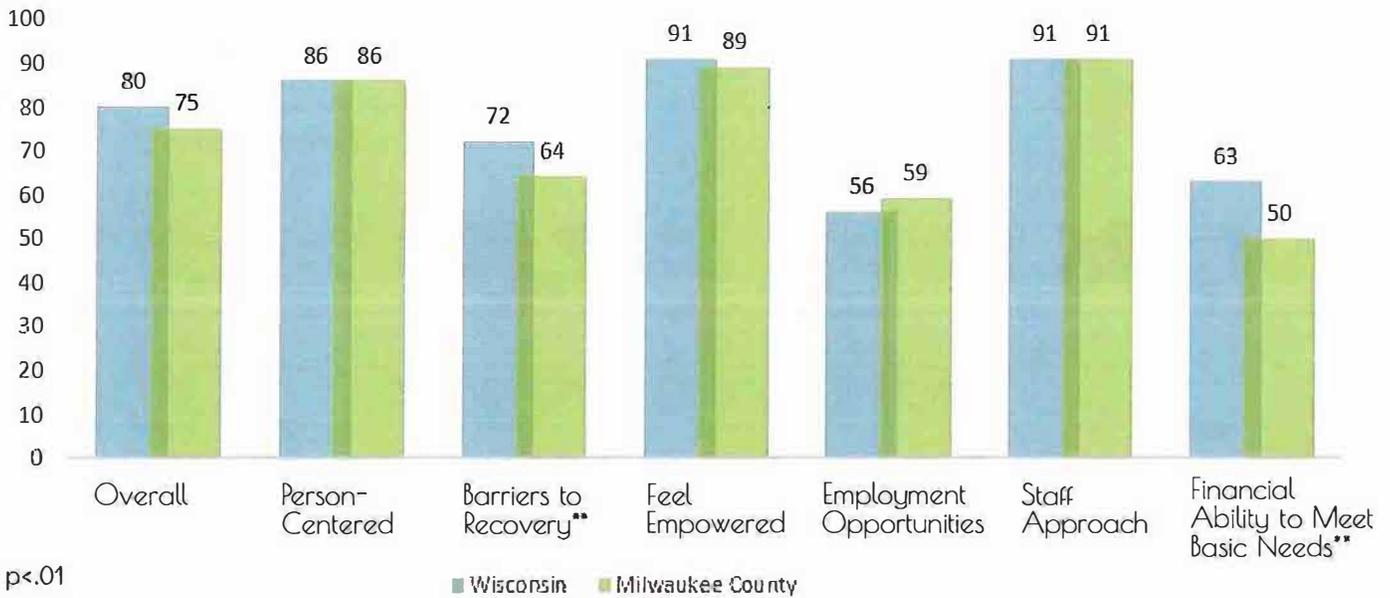


**4.7** Average # of unique services received while enrolled (2018)

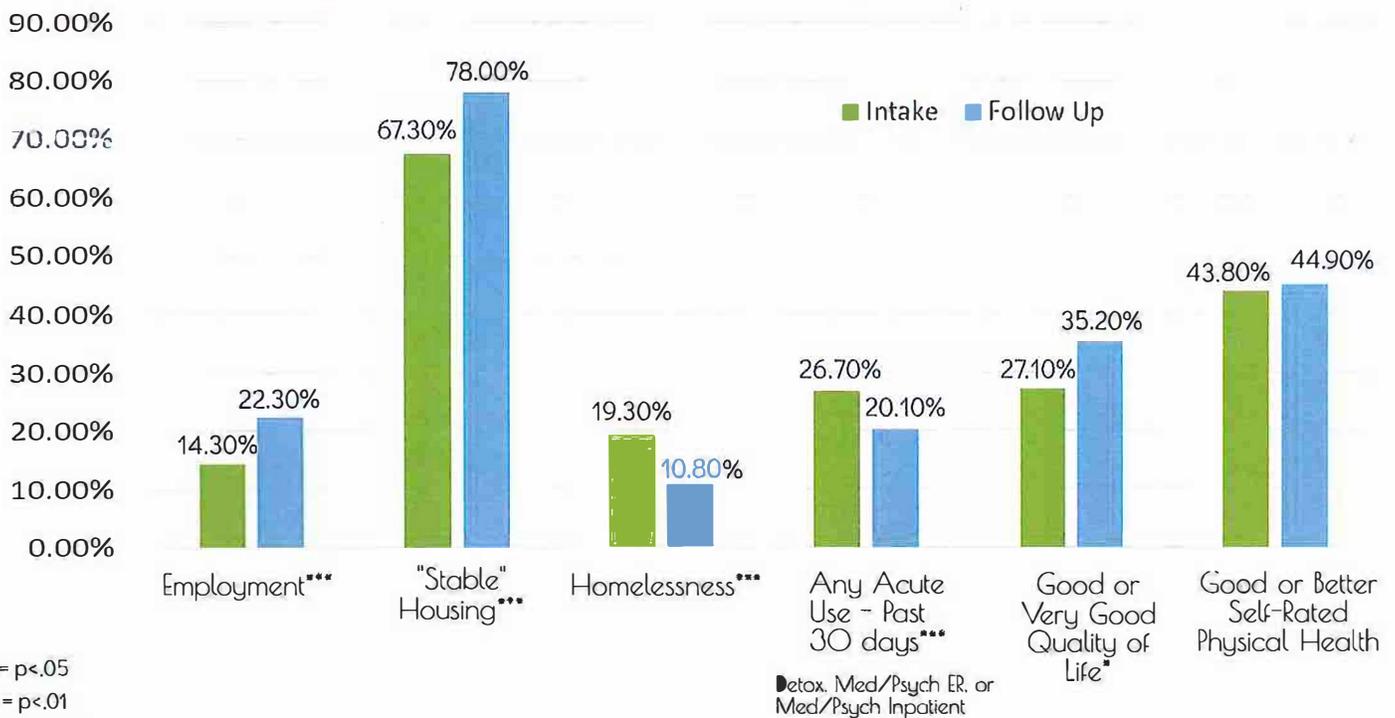
**2.2 days** Average time to service  
Inquiry to first contact with care coordination (2018)

# '16-'17 ROSI Survey

Clients who had a "More Positive Experience"



## 6 months post-intake changes



## Audit results

### Strengths

- Progress toward goals is being documented well
- Documentation reflects excellent rapport between consumers and Care Coordinators
- There is an increase in both the offering and utilization of ancillary services
- Care Coordinators are doing a great job of identifying consumers' strengths

### Opportunities for Improvement

- Work to tie consumers' life vision, goal, objectives, interventions together seamlessly
- Inclusion of natural supports in Recovery Team Meetings
- Improve coordination with ancillary service providers



# BHD

MILWAUKEE COUNTY  
Behavioral  
Health  
Division

## CCS Basics

- CCS is a flexible option for individuals who are looking for extra support in their recovery journey
- Meeting times and schedules are not fixed and can be adjusted based on the individual's desires and needs (ex. We don't require people to see us "x" amount of times per week)
- CCS is one of the few programs that can work in conjunction with Family Care (Family Care focuses on physical needs and CCS focuses on recovery from MH and Substance Abuse)
- The CCS network was designed to give consumers access to a wide range of services (many of which are not available via other programs) to help build skills and develop as many tools as possible to improve their quality of life and obtain personal goals
- Individuals can select from as many services and providers they want
- CCS is a voluntary program, meaning if someone doesn't want to be in it, all they need to do is let their care coordinator know and the CC can disenroll them easily. Individuals can always reapply (if they meet eligibility and decide they want to be in the program in the future)

### Some of the Services Available in the Network:

Personal Trainer services

Nutrition Consultants

Yoga

Tai Chi

Music Therapy

Art Therapy

Dance/Movement Therapy (Coming Soon)

Float Therapy/Guided Meditation

Healthy Cooking Groups

Equine Therapy (horse therapy)

Animal Assisted Therapy

Trauma Informed Self Defense to increase assertiveness and decrease victimization

Therapy (In-Home and Clinic based)

Substance Abuse Tx (In-Home and Clinic based)

MD and APNP prescriber services for medication management

Employment and Education specialists

Housing specialists

Parenting Coaches

Ready access to Diagnostic Evaluations for Eating Disorders, Neuropsych Evaluations, and additional testing to clarify diagnoses (testing related to autism, intellectual and learning disabilities not available)

Peer Support- Individuals who have experience with living with a mental health or substance use condition (or both)

Use of Gardening and Horticultural in Wellness and Recovery

Spiritual Care and Reconnection

Specialists who can support individuals in applying for Social Security (and other benefits) and navigating the process

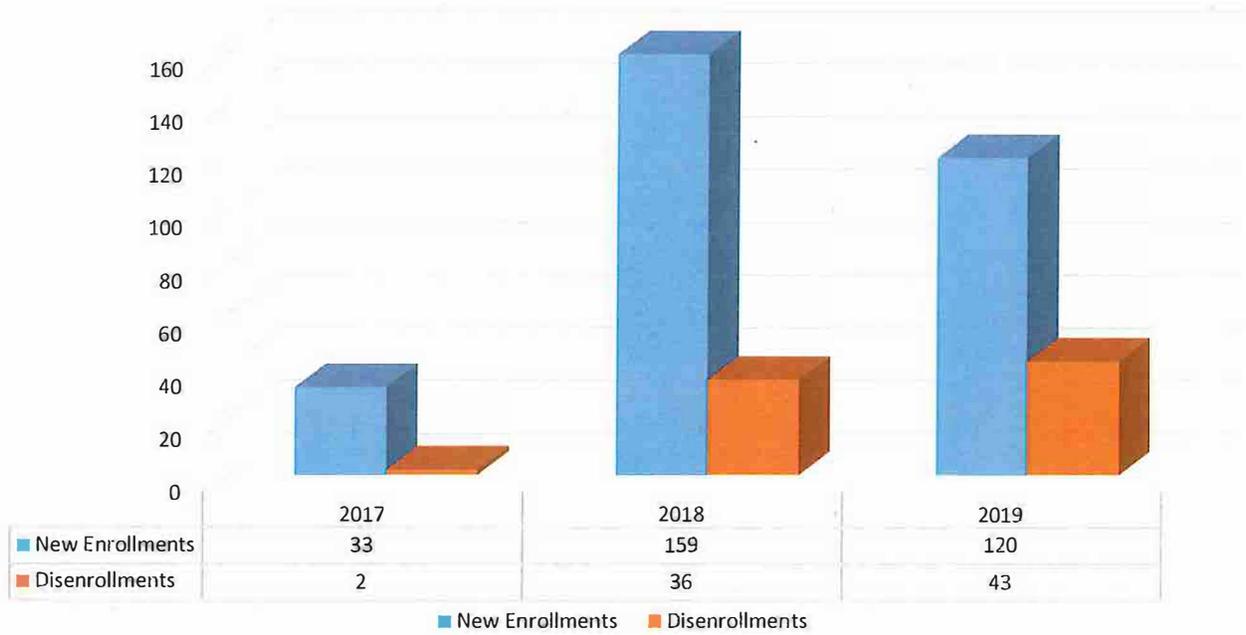
Trauma programming (individual and group)

Pharmacists and RNs to support education and skill building in both taking medications and managing physical health conditions (in-home and agency based)



MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION  
CHILDREN'S MENTAL HEALTH SERVICES

# WRAPAROUND MILWAUKEE CCS REPORT

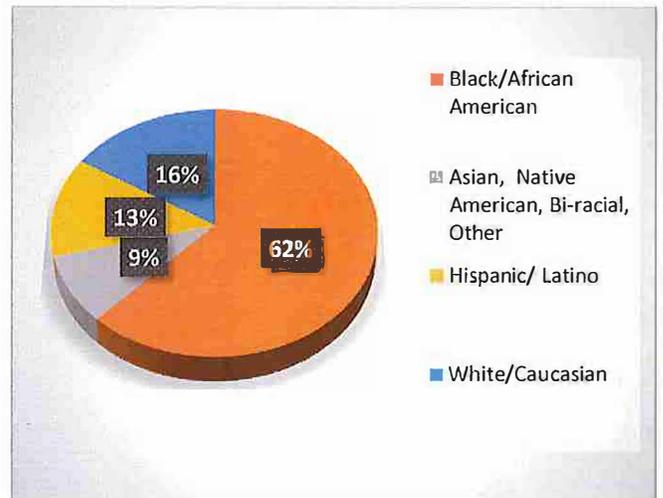


**AVERAGE AGE:**  
15.7 years old

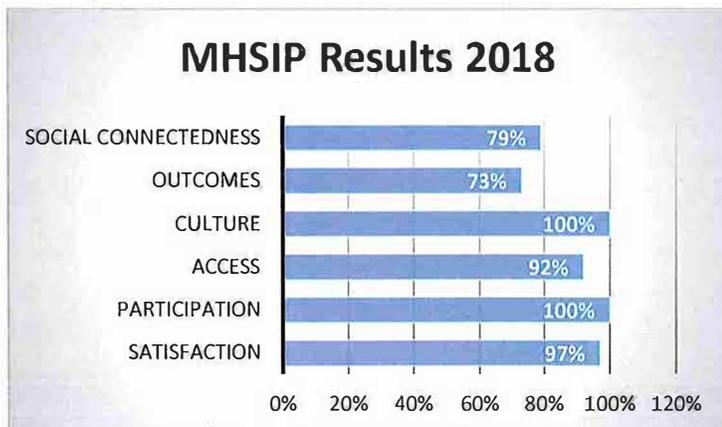
Family MHSIP- Completed by Caregiver for those 12 and under  
Youth MHSIP- Completed by enrollees who are 13-17 years old

Surveys are sent to those enrolled 6 months or longer and under the age of 18: 30 total sent, 6 received

**RETURN RATE: 20%**

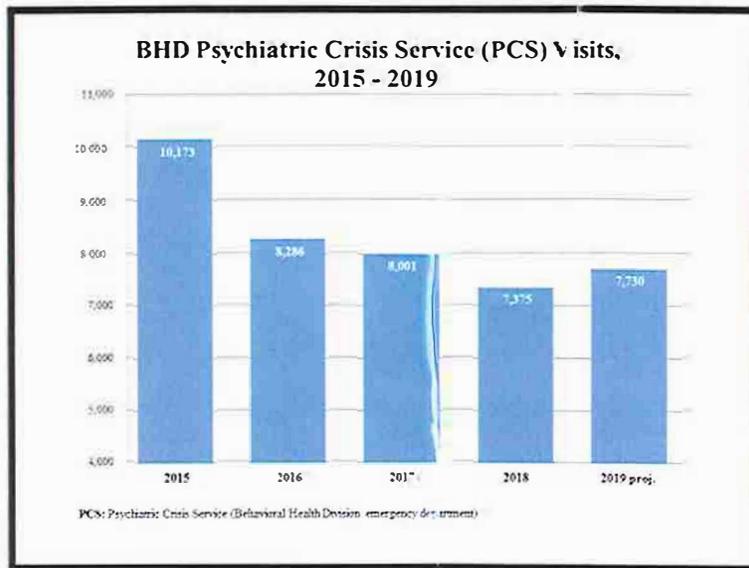


**CURRENT  
ENROLLMENTS:  
232**

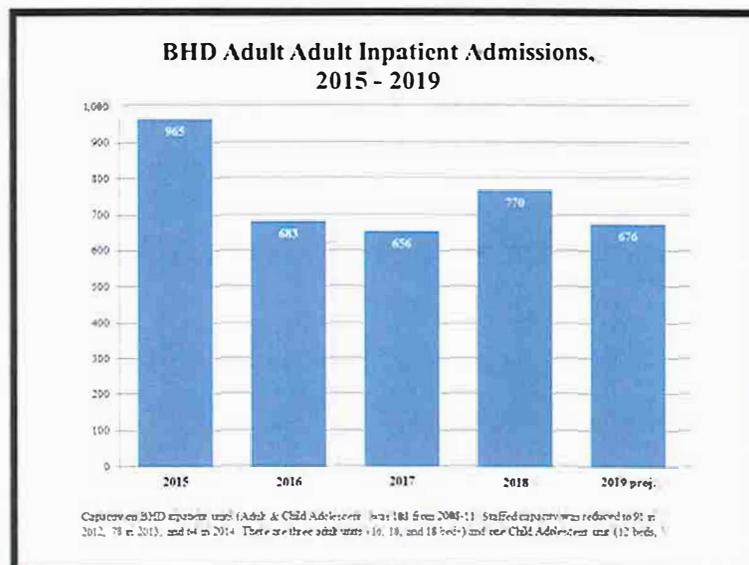


# 2019 Q2 Milwaukee County Behavioral Health Division (BHD) Crisis Service and Acute Inpatient KPI Dashboard Summary Quality Committree Item 7

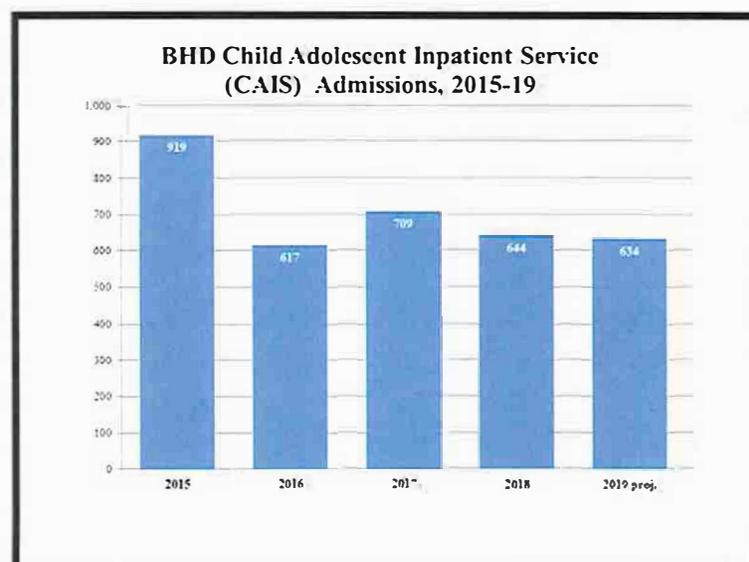
Psychiatric Crisis Service annual patient visits continue to decline from 10,173 in 2014 to 7,730 projected annual visits in 2019 (24% decline from 2015 to 2019). The continued downward trend of PCS utilization can be attributed in part to the inception of Team Connect, Crisis Mobile and CART Team expansions, and additional resources in the community. While PCS utilization is declining, PCS waitlist status is increasing (9% in 2014, 100% in 2019).



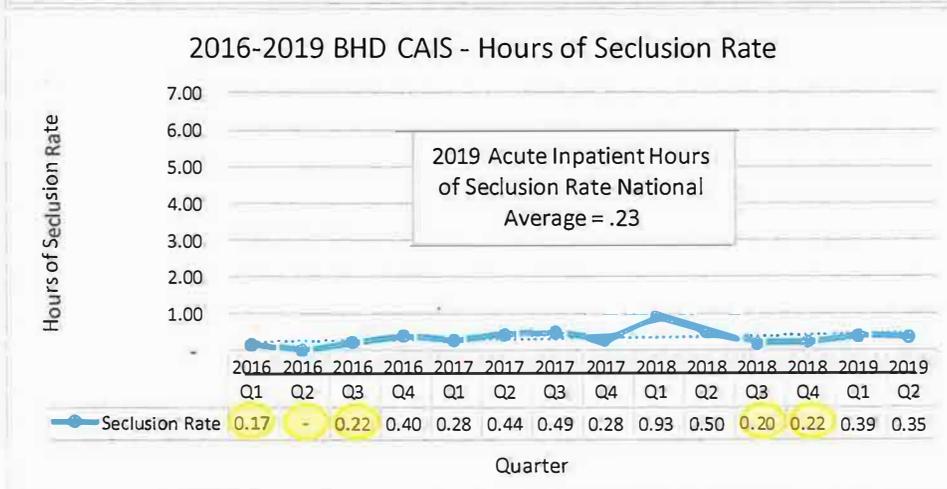
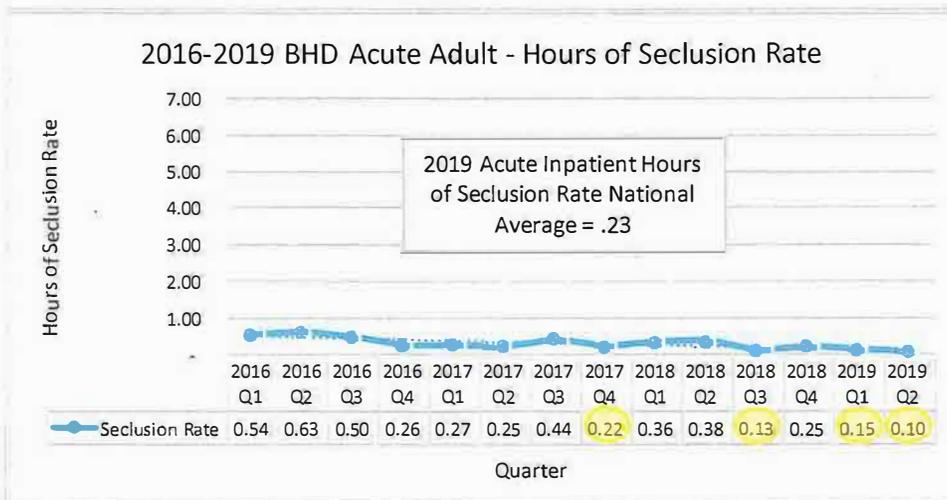
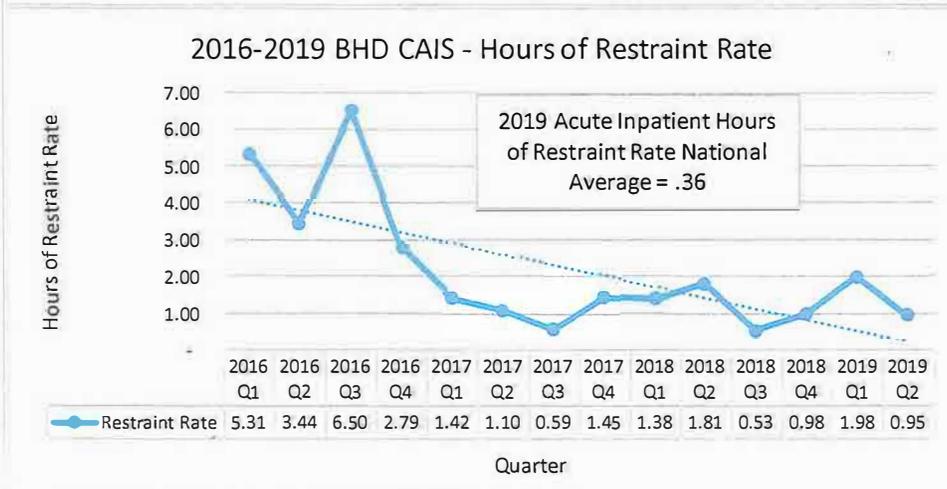
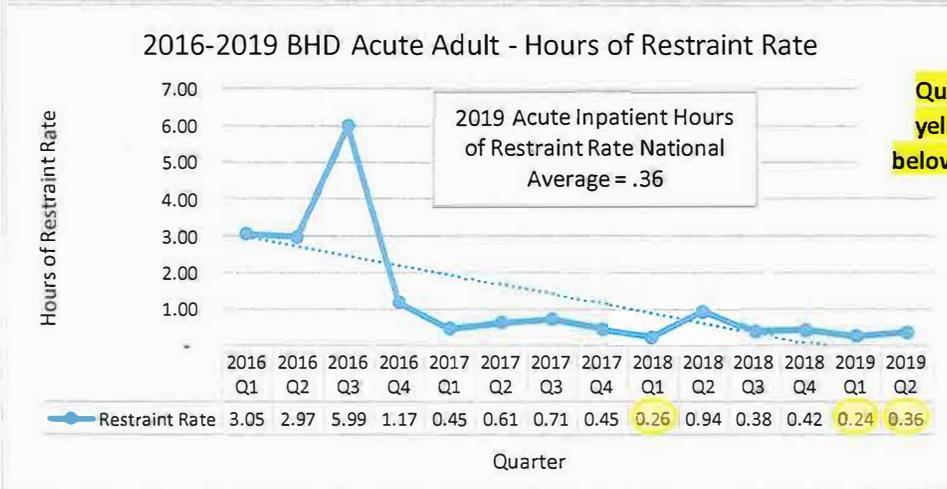
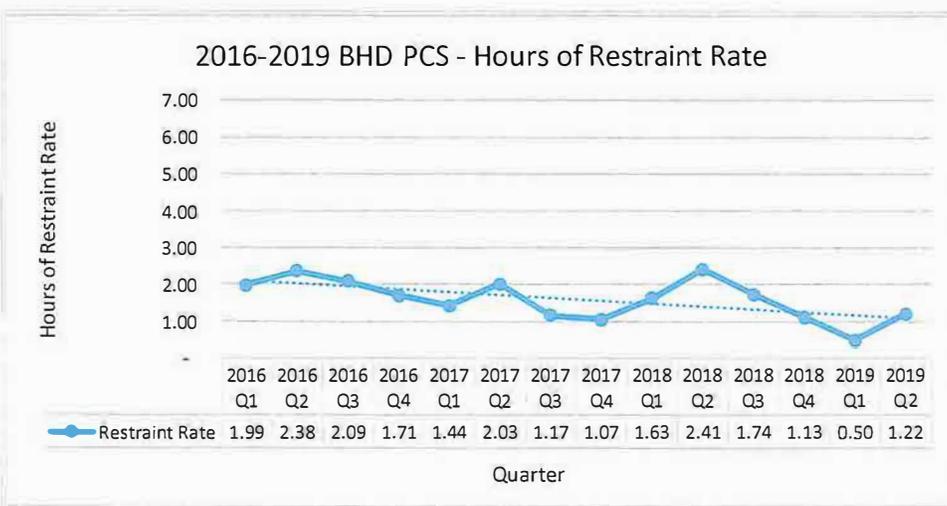
Acute Adult Inpatient Service's annual patient admissions are projected at 676 in 2019. While Acute Adult admissions have plateaued over the past 4 years, readmission rates have continued to decline (30-day readmission rate: 11% in 2015, 4% in 2019). Acute Adult's hours of physical restraint rate in 2019 was .30, well below CMS' inpatient psychiatric facility national average of .36, 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 634 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 1.5 in 2019, but remains above CMS' reported average of .36. CAIS' Youth Satisfaction Survey overall score of 84% positive rating is 9 percentage points higher than BHD's historical average.

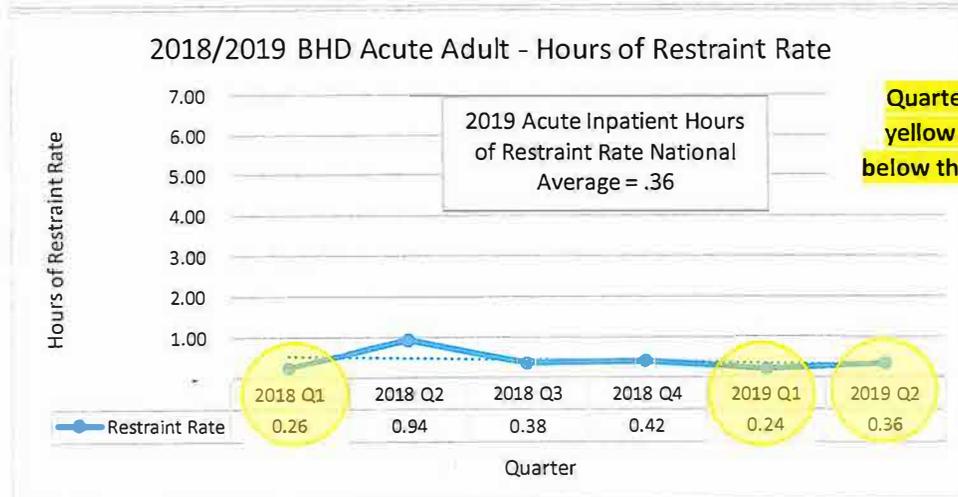
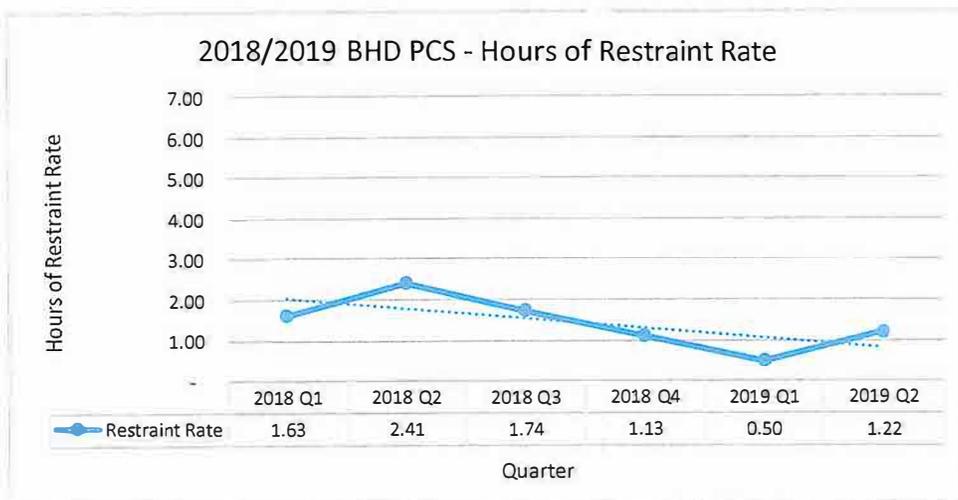


# 2016-2019 BHD Crisis Service and Acute Inpatient Seclusion and Restraint Summary

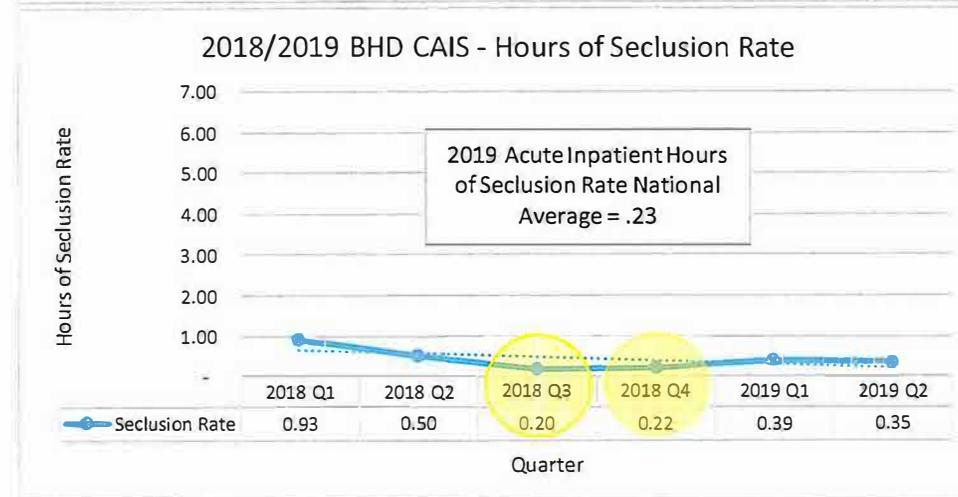
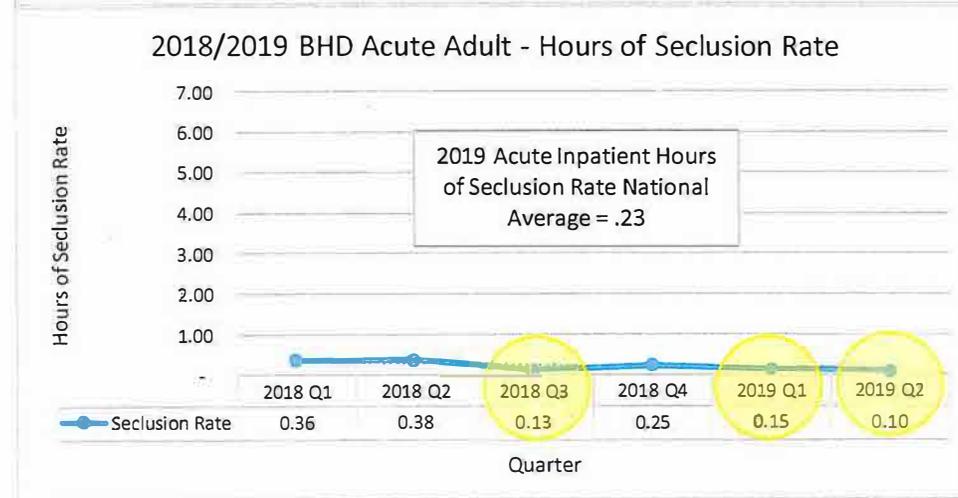
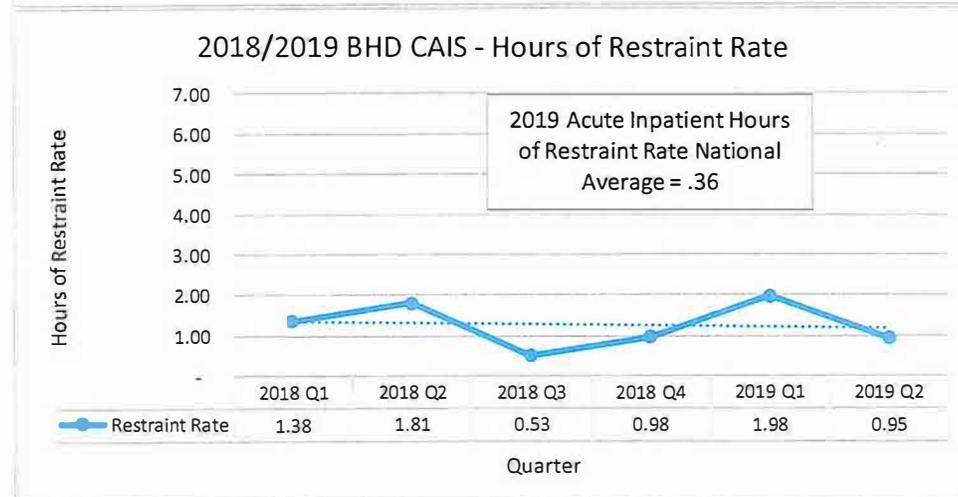


Hours of Restraint Rate Formula:  $\text{Restraint Hours} / (\text{Inpatient Hours} / 1,000)$

# 2019 Q2 Milwaukee County Behavioral Health Division (BHD) Crisis Service and Acute Inpatient Seclusion and Restraint Summary



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



# Quality Committee Item 8

## Systems Improvement Agreement between Milwaukee County Behavioral Health Division and the Centers for Medicare & Medicaid Services

This Systems Improvement Agreement (SIA or the Agreement) is between the Centers for Medicare & Medicaid Services (CMS), a division of the United States Department of Health and Human Services (HHS), and Milwaukee County Behavioral Health Division (BHD or the Hospital) (collectively the Parties). BHD is a psychiatric hospital governed by the Mental Health Board of Milwaukee County (the Board) of the Milwaukee County Department of Health & Human Services (MCDHHS). BHD participates in the Medicare program under CCN #52-4001.

This Agreement is being executed and will be implemented to further the objectives of Titles XVIII and XIX of the Social Security Act; to facilitate the delivery of quality psychiatric hospital services to the community served by BHD; to promote consistent compliance by BHD with the applicable Medicare Conditions of Participation for Hospitals at 42 C.F.R. §§ 482.11 – 482.57 and for Psychiatric Hospitals at 42 C.F.R. §§ 482.61-482.62; and to promote consistent compliance with the regulations implementing the Emergency Medical Treatment and Labor Act (EMTALA).

### Recitals

*Whereas*, numerous surveys at BHD found noncompliance with multiple Medicare Conditions of Participation and noncompliance with the regulations implementing EMTALA, as follows:

1. The Wisconsin Department of Health Services identified an immediate jeopardy to patient health and safety at BHD following a complaint survey conducted on August 9, 2018. CMS notified BHD of the immediate jeopardy finding on September 25, 2018. The immediate jeopardy finding was based on 42 C.F.R. § 489.24 for failure to perform comprehensive medical screening exams or to stabilize and provide appropriate treatment prior to discharge for patients who presented to the Emergency Department (ED) with psychiatric symptoms. CMS notified BHD that it was terminating BHD's provider agreement effective October 18, 2018. CMS received an acceptable plan of correction on October 1, 2018.
2. The Wisconsin Department of Health Services conducted a revisit on November 26, 2018. The revisit resulted in CMS removing the immediate jeopardy, but noncompliance remained at 42 C.F.R. §§ 489.20 and 489.24 under the Emergency Medical Treatment and Labor Act (EMTALA). On December 12, 2018, CMS notified BHD that it was extending the termination date to January 23, 2019. CMS received an acceptable plan of correction on January 3, 2019.

3. The Wisconsin Department of Health Services conducted a second revisit on January 17, 2019, which found continued noncompliance at 42 C.F.R. §§ 489.20 and 489.24 under EMTALA. CMS notified BHD on January 23, 2019, that it would extend the termination date. On January 29, 2019, CMS notified BHD that the revised termination date would be March 9, 2019. CMS received an acceptable plan of correction on February 22, 2019.
4. The Wisconsin Department of Health Services conducted a third revisit on March 5, 2019, which found continued noncompliance at 42 C.F.R. §§ 489.20 and 489.24 under EMTALA. CMS notified BHD on March 7, 2019, that CMS was extending the termination date to May 6, 2019.
5. On March 13, 2019, surveyors from the Wisconsin Department of Health Services and surveyors contracted by CMS conducted a recertification survey, which found BHD out of compliance with the Medicare Conditions of Participation at 42 C.F.R. § 482.13, Patient Rights; and 42 C.F.R. § 482.61, Special Medical Record Requirements for Psychiatric Hospitals. CMS notified BHD on April 25, 2019, that it was extending the termination date to May 21, 2019. CMS also offered BHD the option to enter into a System Improvement Agreement.

*Whereas*, CMS has determined that, in view of the impact BHD's termination would have on the community, affording BHD an additional opportunity to achieve and maintain substantial compliance with all Medicare Conditions of Participation for Hospitals and for Psychiatric Hospitals and with the regulations implementing EMTALA is in the best interest of the Medicare program in particular and the community served by BHD, generally. CMS issued a letter to BHD on May 15, 2019, indicating CMS's agreement to enter into a System Improvement Agreement with BHD and to extend the termination date to allow the parties to develop and finalize this SIA.

Whereas, BHD does not admit to the existence of the deficiencies referenced above and does not agree that these deficiencies were cited correctly. Nevertheless, BHD has agreed to remedy these alleged deficiencies and to enter into this SIA in order to comply with all required Federal laws and evidence BHD's commitment to maintain compliance therewith.

*NOW, THEREFORE*, in consideration of the stipulations contained herein the Parties agree as follows:

## Agreement

1. **Term of Agreement.** This Agreement is in effect for the period beginning on the date this Agreement is signed by CMS, through July 1, 2021, unless voluntary withdrawal or termination of the Medicare Provider Agreement occurs, the Parties amend the Agreement in accordance with Section 23, or the terms of the Agreement are fulfilled earlier, in accordance with the provisions contained in this Agreement. CMS will be the last party to sign the Agreement.

2. **Stay of Scheduled Termination Date.** CMS agrees to stay the scheduled termination BHD's Medicare Provider Agreement during the pendency of this Agreement and agrees to provide written notice of the same to be executed and delivered to BHD within 24 hours after execution of the Agreement.

A. During the term of the Agreement, CMS further agrees to exercise its discretion in conducting survey and enforcement activities with respect to BHD as provided below in Section 10.B.

B. In consideration for CMS's stay of the scheduled termination of BHD's Medicare Provider Agreement and exercise of discretion in survey and enforcement activities with respect to BHD, BHD agrees to perform the services and activities described in this Agreement at its expense.

3. **Retention of Independent Expert Consultant.** BHD, through MCDHHS, will obtain an Independent Expert Consultant ("Expert Consultant") to conduct an onsite review of BHD and to perform the services and activities specified in Sections 4, 5, and 6 of this Agreement.

A. **Name and Information of Expert Consultant:** Within 90 calendar days after the effective date of this Agreement, BHD shall provide CMS with written notification of the name and qualifications of at least three Expert Consultants that BHD proposes to retain to carry out the services and activities specified in Sections 4, 5, and 6 of this Agreement. The written notification to CMS shall contain the name of the Expert Consultant and the Expert Consultant's proposal submitted in response to MCDHHS' Request for Proposals ("RFP") to carry out the services and activities specified in this Agreement. If BHD does not receive at least three responses to MCDHHS' RFP for an Expert Consultant, BHD will submit to CMS all of the names and Expert Consultant proposals that it did receive.

B. **Minimum Qualifications of Expert Consultant:** At minimum, the proposed Expert Consultant shall be an organization or individual with expertise in the design, implementation, management, and evaluation of psychiatric hospital services, including, but not limited to the following:

1. Governance and leadership organizational effectiveness;
2. Human resource and organizational culture change management;
3. Quality and appropriateness of services provided to patients in accordance with the applicable Medicare Conditions of Participation for Hospitals, the Medicare Conditions of Participation for Psychiatric Hospitals, the regulations implementing EMTALA, and nationally accepted standards of practice;
4. Protection and promotion of patients' rights;
5. Maintenance of safe environment of care;
6. Assessment for the use of restraints;
7. Development of individualized treatment plans;
8. Quality assessment and performance improvement; and
9. Treatment of individuals with a prior criminal history.

**C. Approval or Rejection of Expert Consultant:** BHD, through MCDHHS, shall not enter into a contract with the proposed Expert Consultant to perform the duties set forth in this Agreement until BHD receives CMS's approval of the proposed Expert Consultant. Within 10 calendar days after receiving written notification of the proposed Expert Consultants as described in Section 3.A., CMS shall notify BHD in writing whether it approves or rejects each of the proposed Expert Consultants. BHD will then select an Expert Consultant from the candidates approved by CMS. If CMS rejects all three proposed Expert Consultants, BHD shall submit the names of three additional proposed Expert Consultants in accordance with the requirements set out in Section 3.A and 3.B. above. If on the third attempt at submitting names of proposed Expert Consultants, BHD fails to propose an Expert Consultant meeting the qualifications identified in Section 3.B., BHD will be in breach of this Agreement.

**D. Conflict of Interest:** Unless otherwise approved in writing by CMS, no proposed Expert Consultant may be an employee of BHD, Milwaukee County, or the State of Wisconsin or have worked for BHD, Milwaukee County, or the State of Wisconsin in the past 12 months. For the purposes of this Agreement, a conflict of interest means a person has a financial, private, or personal interest that may adversely affect or influence or appear to adversely affect or influence the professional and objective exercise of his or her duties and obligations as set forth in this

Agreement. If BHD proposes an Expert Consultant with a potential conflict of interest, BHD will explain in writing the nature and scope of the interests involved.

E. **Change of Expert Consultant:** If the Expert Consultant retained by BHD fails to fulfill its obligations to BHD and/or MCDHHS as specified in this Agreement, breaches a material term of a contract with BHD and/or MCDHHS, or abandons the position, BHD and/or MCDHHS may terminate, in accordance with State and/or County law and administrative processes, its relationship with the Expert Consultant after providing CMS with written notice of the basis for terminating its relationship with the Expert Consultant and obtaining CMS's comments prior to the termination. Within 14 calendar days after receiving CMS's written comments regarding the termination of the Expert Consultant, BHD shall provide CMS with information as described in Section 3.A regarding a replacement Expert Consultant. The process for approving the replacement Expert Consultant shall then proceed as set forth in Section 3.C. The Parties will amend this Agreement, if necessary, to incorporate any new deadlines required as a result of the change in Expert Consultant.

4. **Written Report: Gap and Root Cause Analyses.** The Expert Consultant will prepare a written report that includes a Gap Analysis that identifies areas of needed improvements in BHD's regulatory compliance; a Root Cause Analysis of process and system failures; and recommendations to achieve and sustain compliance based on the findings of the Gap and Root Cause analyses.

A. **Gap Analysis:** The Gap Analysis will include a comprehensive hospital-wide analysis of BHD's current operations compared to industry-accepted standards of practice that achieve and maintain compliance with all applicable Medicare Conditions of Participation for Hospitals and Psychiatric Hospitals, including, but not limited to the following areas:

1. Governance/leadership/management accountability mechanisms;
2. BHD's governing body, management team, and leadership structure with regard to their ability to oversee a Corrective Action Plan (as described in Section 5), with any recommendations for changes to the governing body's membership or management;
3. Providing emergency services in accordance with the Emergency Medical Treatment and Labor Act (EMTALA);
4. Quality and appropriateness of services in a safe environment;
5. Patients' rights protections;

6. Qualified and supportive staffing resources;
7. Staff training and education;
8. Nursing Services;
9. Restraint use;
10. Treatment plan development;
11. BHD's current Quality Assurance and Performance Improvement (QAPI) program, including, but not limited to whether:
  - a. The program is effective in achieving increased patient safety and improved quality of care;
  - b. It is ongoing and has adequate resources;
  - c. Hospital leadership (including the governing body) is appropriately engaged in the program;
  - d. The program is hospital-wide;
  - e. It is data-driven, including the process for determining the selection of tracking measures that comply with the requirements of 42 C.F.R. § 482.21, definitions of adverse events and methods to identify them;
  - f. Data collection and analysis are adequate; and
  - g. The program includes a process to develop, implement and evaluate performance improvement activities and projects.

B. **Root Cause Analysis:** The Root Cause Analysis of process and system failures will address the following:

1. Problem identification and definition;
2. Investigation for gathering information;
3. Identification of root causes;
4. Implementation of solutions; and

5. Process for monitoring these solutions to confirm they continue to prevent the original problem identified.

C. **Recommendations:** In addition to the Gap and Root Cause Analyses, the written report shall also include recommendations for hospital-wide changes and improvement to achieve and sustain substantial compliance with all the applicable Medicare Conditions of Participation for Hospitals and Psychiatric Hospitals and with the regulations implementing EMTALA. The recommendations must include, at a minimum, recommendations related to sustaining compliance with the Conditions of Participation at Governing Board, Patient Rights, Quality Assessment and Performance Improvement, Nursing Services, and Special Medical Record Requirements for Psychiatric Hospitals; and to sustaining compliance with regulations implementing EMTALA requirements. CMS is aware that BHD is a County owned and operated psychiatric hospital and that any recommendations submitted by the Expert Consultant may factor in BHD's need to adhere to State and/or County regulations, legislative appropriation processes and limitations, union contracts, other external factors, or market influences. BHD is aware that its status as a County owned and operated psychiatric hospital does not alleviate its obligation to comply with all applicable Medicare Conditions of Participation for Hospitals and Psychiatric Hospitals or with the regulations implementing EMTALA.

D. **Submission and Approval of the Expert Consultant Report:**

1. The Expert Consultant will submit the written report described in this Section to CMS for review and approval and will also provide an oral briefing to CMS, at the discretion of CMS, on the report's findings. This report will be due to CMS no later than 90 calendar days after CMS has provided written notice of its approval of the Expert Consultant.
2. The Expert Consultant must submit the written report to BHD and MCDHHS at the same time the report is submitted to CMS, and BHD or MCDHHS may request an oral briefing from the Expert Consultant on the contents of the report after the report is submitted to CMS. However, the Expert Consultant must not solicit any feedback or input for inclusion or revision of the report from BHD or MCDHHS.
3. If CMS rejects the written report, CMS will notify the Expert Consultant, BHD, and MCDHHS in writing that it is rejecting the written report either in total or in part. CMS may, at its discretion, provide an oral and/or written explanation to the Expert Consultant, BHD, and MCDHHS regarding its rationale for rejecting the report. The Expert Consultant will have 30 calendar days from the date of

its receipt of CMS's written notification rejecting the report to submit a revised written report.

- a. The Expert Consultant must provide a copy of the revised written report to BHD and MCDHHS at the same time the revised written report is submitted to CMS but must not solicit any feedback or input for inclusion or revision of the report from BHD or MCDHHS.
  - b. The Expert Consultant's failure to submit an acceptable written report on the third attempt shall be deemed a breach of this Agreement. Upon such failure, CMS may, at its discretion, allow BHD to obtain a new Expert Consultant in lieu of terminating BHD's Medicare Provider Agreement pursuant to Section 24. CMS recognizes that BHD is bound by State and/or County law and administrative processes in terminating the Expert Consultant and solicitation and selection of a new Expert Consultant.
4. If CMS accepts the written report described in this Section, CMS will notify the Expert Consultant, BHD, and MCDHHS in writing (via electronic mail) that CMS accepts the report. After CMS has reviewed and accepted the written report, CMS will determine a due date for submitting a Corrective Action Plan as described below in Section 5.

**5. Corrective Action Plan.**

A. **Development of the Corrective Action Plan.** After CMS has approved the written report described in Section 4, the Expert Consultant, in consultation with BHD and MCDHHS, will develop and submit to CMS a detailed, written Corrective Action Plan identifying specific actions to be taken, including milestones, to achieve and sustain substantial compliance with all the applicable Medicare Conditions of Participation for Hospitals and Psychiatric Hospitals and with the regulations implementing EMTALA. The Corrective Action Plan must include the following:

1. Identification of actions to correct identified deficiencies in each service /functional area;
2. Identification of detailed milestones related to each deficiency;
3. A proposed timeline for completion of the specific actions to be taken as identified above, including a nine-month "window" for survey activities following the completion of the Corrective Action Plan.

**B. Submission and Approval of the Corrective Action Plan.** The Expert Consultant will submit the Corrective Action Plan described in this Section to CMS for review and approval no later than the due date established in Section 4.D.4. A copy of the Corrective Action Plan must be provided to BHD and MCDHHS at the same time the Expert Consultant provides it to CMS.

1. If CMS rejects the Corrective Action Plan, CMS will notify the Expert Consultant, BHD, and MCDHHS in writing that it is rejecting the Corrective Action Plan either in total or in part. CMS may, at its discretion, provide an oral and/or written explanation to the Expert Consultant, BHD, and MCDHHS regarding its rationale for rejecting the Corrective Action Plan. The Expert Consultant shall have 30 calendar days from the date of its receipt of CMS's written notification rejecting the report to submit a revised written report. The Expert Consultant must provide a copy of the revised Corrective Action Plan to BHD and MCDHHS at the same time the revised written report is submitted to CMS.
2. The Expert Consultant's failure to submit an acceptable corrective action plan on the third attempt shall be deemed a breach of this Agreement. Upon such failure, CMS may, at its discretion, allow BHD to obtain a new Expert Consultant in lieu of terminating BHD's Medicare Provider Agreement pursuant to Section 24. CMS recognizes that BHD is bound by State and County law and administrative processes in terminating the Expert Consultant and solicitation and selection of a new Expert Consultant.

**C. Implementation of the Corrective Action Plan.** If CMS accepts the Corrective Action Plan described in this Section, CMS will notify the Expert Consultant, BHD, and MCDHHS in writing (via electronic mail) no later than seven calendar days after the date CMS accepts it. No later than 14 calendar days after receipt of CMS's notice accepting the Corrective Action Plan, BHD and MCDHHS must notify CMS in writing (via electronic mail) that they have received the Corrective Action Plan and are committed to implementing the Corrective Action Plan.

1. Any modifications of the approved Corrective Action Plan will be made and implemented only after CMS notification and approval.
2. If the timeline in the Corrective Action Plan and the nine-month survey window extend beyond the expiration date of this Agreement, CMS may, at its discretion, agree to extend the expiration date of this Agreement.

3. CMS will schedule monthly meetings with the Expert Consultant, BHD, and MCDHHS, which may be done by telephone, to discuss BHD progress in implementing the Corrective Action Plan. The Parties may agree to change the frequency of the scheduled meetings without amending this Agreement.

6. **Monthly Expert Consultant Reports.** The Expert Consultant will submit monthly written reports and updates to CMS beginning 30 calendar days after the date on which CMS has accepted the Corrective Action Plan and continuing throughout the duration of this Agreement ("Monthly Reports"). The Expert Consultant must also send a copy of the Monthly Report to BHD and MCDHHS at the same time the Expert Consultant submits the report to CMS.

A. **Content of Monthly Reports.** The Monthly Reports must include the following:

1. Progression and status of BHD's implementation of the Corrective Action Plan;
2. New areas identified that require improvement and/or expansion of the Corrective Action Plan.
3. Identification of problems that may jeopardize successful implementation of the Corrective Action Plan; and
4. Actions underway to address identified problems.
5. After the Corrective Action Plan has been fully implemented, the Monthly Report should identify any new areas that require correction as well as the actions underway to address identified problems.

B. **Option for Telephone or In-Person Meeting.** At the discretion of CMS, the Monthly Reports may be followed by face-to-face or telephone conference discussions between the Expert Consultant and CMS as needed. Any such discussions will be confidential between CMS and the Expert Consultant and conducted at the expense of BHD. BHD and MCDHHS may also request a meeting or conference with CMS and the Expert Consultant following the submission of any Monthly Report.

7. **On-Site Independent Compliance Consultant.** In addition to engaging an Independent Expert Consultant, BHD will contract with an independent, full-time on-site Compliance Consultant ("Compliance Consultant") to work closely with the Independent Expert Consultant and the BHD Chief Nursing Officer to

monitor implementation of the Corrective Action Plan. The Compliance Consultant shall not be the same as the Expert Consultant or be an independent contractor or employee of the Expert Consultant. BHD shall retain the services of a Compliance Consultant at BHD throughout the duration of this Agreement.

**A. Compliance Consultant Duties.** The Compliance Consultant will provide ongoing feedback to the Parties about BHD's improvements and compliance with all Medicare Conditions of Participation for Hospitals and Psychiatric Hospitals and with the regulations implementing EMTALA, and will work directly with BHD's Chief Nursing Officer to coordinate BHD's Quality Assessment and Performance Improvement (QAPI) program. As part of this oversight, the Compliance Consultant will conduct quarterly comprehensive reviews of the QAPI program activities and the status of BHD's progress in meeting the Medicare Conditions of Participation for Hospitals and Psychiatric Hospitals and in meeting the requirements under EMTALA, and will provide the results to CMS, BHD, MCDHHS, and the Expert Consultant.

**B. Retention of the Compliance Consultant.**

1. **Name and Qualifications of the Compliance Consultant.** Within 90 days after the effective date of this Agreement, BHD shall provide CMS with written notification of at least two Compliance Consultants that BHD proposes to retain to carry out the services and activities specified in this Section. The written notification to CMS shall contain the names of the Compliance Consultants and the Compliance Consultants' proposals submitted in response to MCDHHS' Request for Proposals ("RFP") to carry out the services and activities specified in this Section. If the proposed Compliance Consultant is an organization, the submission must also include the resumes for any individual that the organization is considering appointing to BHD. If BHD does not receive at least two responses to MCDHHS' RFP for a Compliance Consultant, BHD will submit to CMS the name and Compliance Consultant proposal that it did receive.
2. **Minimum Qualifications of Compliance Consultant.** At minimum, the proposed Compliance Consultant shall be an individual or organization with expertise in the design, implementation, management, and evaluation of psychiatric hospital services, with an emphasis in the areas of Quality Assessment, Performance Improvement, and EMTALA. If BHD retains an organization as its Compliance Consultant, the organization must assign one individual to BHD throughout the duration of this Agreement.

3. **Approval or Rejection of Compliance Consultant.** BHD, through MCDHHS, shall not enter into a contract with the proposed Compliance Consultant to perform the duties set forth in this Section until BHD receives CMS's approval of the proposed Compliance Consultant. Within 10 calendar days from receiving written notification of the proposed Compliance Consultants as described in Section 7.B.1., CMS shall notify BHD and MCDHHS in writing whether it approves or rejects each of the proposed Compliance Consultants. BHD shall select a Compliance Consultant from the list of candidates approved by CMS. If CMS rejects BHD's proposed Compliance Consultants, BHD shall propose two new Compliance Consultants as described in Section 7.B.1. If on the third attempt at submitting names of proposed Compliance Consultants, BHD fails to propose a Compliance Consultant meeting the qualifications specified in Section 7.B.2, BHD will be in breach of this Agreement.
4. **Conflict of Interest.** Unless otherwise approved in writing by CMS, no proposed Compliance Consultant may be an employee of BHD or MCDHHS or have been employed by BHD or MCDHHS in the past 12 months. For purposes of this Agreement, a conflict of interest means a person has a financial, private, or personal interest that may adversely affect or influence or appear to adversely affect or influence the professional and objective exercise of his or her duties and obligations as set forth in this Agreement. If BHD proposes an individual with a potential conflict of interest, BHD will explain in writing the nature and scope of the interests involved.
5. **Change of Compliance Consultant.** If the Compliance Consultant retained by BHD fails to fulfill its obligations to BHD or MCDHHS as specified in this Agreement, or abandons the position, BHD, through MCDHHS, may terminate, in accordance with State and/or County law and administrative processes, its relationship with the Compliance Consultant after providing CMS with written, explanatory notice of the basis for terminating its relationship with the Compliance Consultant and obtaining CMS's comment prior to the termination. Within 14 calendar days after receiving CMS's written comments regarding the termination of the Compliance Consultant, BHD shall propose a replacement Compliance Consultant to CMS in accordance with Section 7.B.1. The process for approving the replacement Compliance Consultant shall then proceed as set forth in Section 7.B.3.

8. **Final Surveys.** CMS will authorize two unannounced full Medicare certification surveys upon the completion of the approved Corrective Action Plan

described in Section 5 of this Agreement. The surveys will determine BHD's compliance with all applicable Medicare Conditions of Participation for Hospitals and Psychiatric Hospitals and with the regulations implementing EMTALA. The surveys will be conducted prior to the end date of this Agreement.

9. **BHD Resource Allocation.** BHD and MCDHHS agree that financial and personnel resources, within legislative appropriation, will be made available to ensure BHD's efforts to comply with the terms of this Agreement. In addition, MCDHHS and BHD agree that the availability of these financial and personnel resources, within legislative appropriation, will not negatively impact the operations of any other health care providers operated by MCDHHS.

10. **Compliance & Enforcement.**

A. Notwithstanding any provision of this Agreement, or any document generated pursuant hereto, CMS and its agents retain full legal authority and responsibility to investigate substantial allegations of noncompliance and otherwise evaluate compliance with Medicare participation requirements. To this end, CMS, or its authorized agents, may use its existing authority to survey BHD and take enforcement action, including termination of BHD's Medicare Provider Agreement.

B. Without limiting its authority to investigate substantial allegations of noncompliance and otherwise evaluate compliance with Medicare participation requirements, CMS will consider exercising discretion in conducting survey and enforcement activity at BHD while this Agreement remains in effect.

1. CMS may provide the Expert Consultant, BHD, and MCDHHS with information acquired during the course of this Agreement that may be relevant to the development or implementation of the Corrective Action Plan.
2. CMS will provide BHD with the opportunity to provide information about any deficiencies identified during any survey and to meet with CMS to discuss the deficiencies.

C. If BHD demonstrates no condition-level noncompliance with any applicable Medicare Conditions of Participation and compliance with the regulations implementing EMTALA during the two Medicare certification surveys referenced in Section 8, CMS will promptly rescind the pending termination of BHD's Medicare provider Agreement. If any other deficiencies are identified during either of the Medicare certification surveys referenced in Section 8, BHD must submit to CMS within 14 calendar days of receiving the CMS 2567, Statement of Deficiencies, an acceptable plan of correction that is approved by CMS. BHD's deemed status will be restored and the survey jurisdiction of the State will be rescinded only after BHD

successfully passes both certification surveys with no condition-level noncompliance and with compliance with the regulations implementing EMTALA after an acceptable plan of correction has been approved by CMS for any other deficiencies identified during the surveys.

D. In the event that the survey(s) referenced in Section 8 finds condition-level noncompliance in one or more of the Medicare Conditions of Participation for Hospitals or Psychiatric Hospitals or any noncompliance with the regulations implementing EMTALA, CMS will promptly notify BHD and MCDHHS of these findings and set a date for termination of BHD's Medicare Provider Agreement consistent with the notice requirements at 42 C.F.R. § 489.53(d).

1. CMS agrees that this termination decision will be based solely on the findings from the Medicare certification survey(s) referenced in Section 8. CMS may, at CMS's sole discretion, decide not to terminate BHD's Medicare Provider Agreement following condition-level noncompliance that is identified during either certification survey referenced in Section 8.
2. If CMS decides not to terminate BHD's Medicare Provider Agreement for condition-level noncompliance or for noncompliance with the regulations implementing EMTALA, identified during either certification survey referenced in Section 8, BHD must require the Expert Consultant to submit to CMS within 30 calendar days of the survey, a second written report as described in Section 4 of this Agreement that includes a Gap and Root Cause Analysis focusing on the areas for which the relevant noncompliance was found.
  - a. If CMS accepts the written report, the Expert Consultant will issue the accepted report to BHD and MCDHHS no later than two calendar days after CMS accepts it, and no later than two calendar days after receipt of the written report, BHD and MCDHHS must notify CMS in writing (via electronic mail) that they have received the report. No later than 14 calendar days after BHD and MCDHHS have received the written report, BHD must prepare, in consultation with the Expert Consultant, and submit to CMS an acceptable Corrective Action Plan that identifies the specific actions to be taken to address the condition-level noncompliance or noncompliance with the regulations implementing EMTALA (as well as any other deficiencies identified during the survey).
  - b. If CMS rejects the written report submitted by the Expert Consultant or BHD fails to submit an acceptable Corrective

Action Plan within the time frame stated above, such action shall be deemed a breach of this Agreement by BHD and CMS may proceed with termination of BHD's Medicare Provider Agreement.

11. This Agreement does not impact the Wisconsin Department of Health Services' authority to take any licensure action(s) against BHD.

12. BHD shall remain solely responsible for achieving and maintaining substantial compliance with all applicable Medicare requirements.

13. CMS is not responsible for providing BHD, MCDHHS, or its outside Expert Consultant or Compliance Consultant with technical advice in meeting BHD's obligations under its existing Medicare Provider Agreement. CMS may, however, at CMS's sole discretion, provide guidance or discuss best practices with the Expert Consultant, Compliance Consultant, BHD, or MCDHHS.

14. In fulfilling any of its duties pursuant to this Agreement, CMS may consult or seek input from the Wisconsin Department of Health Services or any contractor that performs surveys on CMS's behalf.

15. **BHD'S Right to Informal Reconsideration.** If BHD or MCDHHS wish to dispute any action taken by or on behalf of CMS under this Agreement, including possible termination of BHD's Medicare Provider Agreement at the end of this Agreement based on continued noncompliance with one or more Medicare Conditions of Participation, noncompliance with the regulations implementing EMTALA, or termination due to breach of this Agreement, it may submit a written statement with supporting evidence to CMS within 30 calendar days of receiving written notice of such action. CMS will review such submission and promptly issue a written final determination. CMS's written final determination is not subject to appeal.

16. **BHD's Waiver of Appeal Rights.** Other than requests for informal reconsideration as contemplated in Section 10.B.2 and Section 15, BHD shall neither file nor submit any action or suit against the United States, DHHS, CMS (including its officers, employees, and agents, which includes the Wisconsin Department of Health Services, but only with respect to the Wisconsin Department of Health Services in its role as an agent of CMS), or any other component of the Federal Government in any administrative or judicial forum with respect to the Medicare surveys described in the Recitals or any Medicare survey conducted while this Agreement remains in effect, including any termination action following the certification surveys referenced in Section 8 or any survey conducted in accordance with Section 10.A. This paragraph shall survive the termination of this Agreement for any reason stated here.

17. **Calendar Days.** All reference to number of days herein refers to “calendar days” rather than “business days.” All deadlines that fall on a weekend day or state and/or Federal holiday will be extended to the next full business day. Any deadlines or time parameters referenced in this Agreement may be extended for good cause at the sole discretion and approval of CMS. In the event of the need to extend any deadlines, BHD, MCDHHS, the Expert Consultant, or the Expert Compliance Consultant shall send written notice to CMS detailing the reasons for the requisite extension and the additional time needed to meet the referenced deadline or time parameters.

18. **Contract Complete.** This Agreement sets forth the full and complete basis for the resolution of this matter by the Parties. Each of the Parties shall be responsible for its own costs, including attorney fees associated with this Agreement and any amendments to the Agreement.

19. **Duplicate Copies.** This Agreement will be executed with duplicate originals signed by all Parties.

20. **Contact Notifications.** All reports and notices referenced in this Agreement are to be submitted to the Parties as follows:

For CMS:

Pam Thomas  
Manager, Non-Long Term Care Certification and Enforcement Branch  
Division of Survey & Certification  
Centers for Medicare & Medicaid Services  
233 N. Michigan Avenue, Suite 600  
Chicago, IL 60601  
[Pam.Thomas@cms.hhs.gov](mailto:Pam.Thomas@cms.hhs.gov)

For BHD:

Linda Oczus, Chief Nursing Officer  
Milwaukee County Behavioral Health Division  
9455 W. Watertown Plank Road  
Milwaukee, WI 53226  
[Linda.Oczus@milwaukeecountywi.gov](mailto:Linda.Oczus@milwaukeecountywi.gov)

For Wisconsin Department of Health Services:

Wisconsin Department of Health  
Bureau of Health Services

Attention: Ann Hansen, Section Chief, Acute Care Compliance Section  
PO Box 2969  
1 West Wilson Street  
Madison, WI 53701-2969  
Ann.Hansen@dhs.wisconsin.gov

21. **Binding.** The terms of this Agreement shall be binding on the Parties hereto, including their successors, transferees, administrators, heirs, executors, designees, assigns, agents and contractors.

22. **Authority to Execute Agreement.** Each person executing the Agreement in a representative capacity on behalf of the Parties warrants that he or she is duly authorized to do so and to bind the party he or she represents to the terms and conditions of the Agreement.

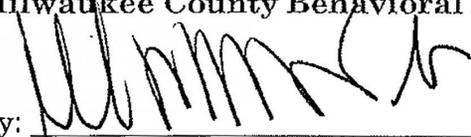
23. **Amendments.** The Parties may amend this Agreement by written agreement.

24. **Breach of Agreement.** Any terms of the Agreement not met by BHD or MCDHHS will constitute a breach of the Agreement and may result in CMS exercising its right to proceed with the termination of BHD's Medicare Provider Agreement in accordance with the notice requirements at 42 C.F.R. § 489.53(d).

25. **Public Disclosure.** In the spirit of Open Government and transparency, CMS will disclose the final terms of this Agreement, and any amendments to the Agreement when executed, in accordance with written requests for the Agreement submitted under the Freedom of Information Act, 5 U.S.C. § 552. BHD and MCDHHS will not object or administratively or judicially challenge CMS's disclosure of the Agreement or any amendments to the Agreement.

26. **Information Privacy and Security.** The Parties hereby agree all documents, information and data produced or prepared in accordance with this Agreement are subject to applicable Federal and state law privacy protections including, but not limited to, Wisconsin Statutes protecting the privilege and privacy of not public data, medical records, quality assurance, patient safety, peer review, and performance improvement activities. Consequently, the documents, information and data are protected from disclosure by exemptions to the Freedom of Information Act, including but not limited to, 5 U.S.C. § 552(b) and 45 C.F.R. §§ 5.61, 5.64, and 5.69. Exemptions protecting inter-agency or intra-agency memorandums or letters, which would not be available by law to a party other than an agency in litigation with an agency, continue to apply.

Milwaukee County Behavioral Health Division

By:  \_\_\_\_\_

8/1/2019

Date

Name: Michael Lappen

Title: Administrator \_\_\_\_\_

Centers for Medicare and Medicaid Services

By:  \_\_\_\_\_

8/5/19

Date

Associate Regional Administrator  
Gregg Brandush  
Division of Survey and Certification  
Centers for Medicare & Medicaid Services  
U.S. Dept. of Health & Human Services  
233 N. Michigan Avenue, Suite 600  
Chicago, Illinois 60601

# Quality Committee Item 9

## 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%
<b>Total</b>	<b>505</b>	<b>100.0%</b>

Recently Approved Policies	New Policies	Reviewed/ Revised Policies	Retired Policies
March	3	16	0
April	2	9	0
May	8	17	1
June	4	7	13
July	0	16	1

## Overall Progress 96.0% as of August 1, 2019

Current				
Review period	Number of Policies		Percentage of total	
	Last Month	This Month	Last Month	This Month
Within Scheduled Period	542	530	96.2%	96.0%
Up to 1 year Overdue	13	12	2.0%	2.2%
More than 1 year and up to 3 years overdue	4	7	1.3%	1.3%
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%
<b>Total</b>	<b>562</b>	<b>552</b>	<b>100%</b>	<b>100%</b>

### Forecast Due for Review

#### Past Due Policies - 22

#### Coming Due Policies

August - 12  
 September - 1  
 October - 19  
 November - 8  
 December - 18

January 2020 - 8

February 2020 - 11

March 2020 - 9

April 2020 - 5

May 2020 - 38

June 2020 - 39

July 2020 - 9

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

**DATE:** September 24, 2019

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

**FROM:** Shane V. Moio, MD, President of the Medical Staff Organization  
*Prepared by Lora Dooley, Director of Medical Staff Services*

**SUBJECT: A Report from the President of the Medical Staff Organization Requesting Approval of Appointment and Privilege Recommendations Made by the Medical Staff Executive Committee and an Informational Report Regarding a Policy and Procedure Update**

**Background**

Under Wisconsin and Federal regulatory requirements, all physicians and all other practitioners authorized under scope of licensure and by the hospital to provide independent care to patients must be credentialed and privileged through the Medical Staff Organization. Accepting temporary privileges for an immediate or special patient care need, all appointments, reappointments and privileges for each physician and other practitioners must be approved by the Governing Body.

**Discussion**

From the President of the Medical Staff Organization and Chair of the Medical Executive Committee presenting recommendations for appointments and/or privileges. Full details are attached specific to items A through C<sup>1</sup>:

- A. New Appointments
- B. Reappointments
- C. Provisional Period Reviews, Amendments &/or Status Changes
- D. Notations Reporting (to be presented in **CLOSED SESSION** in accordance with protections afforded under Wisconsin Statute 146.38)

**Recommendation**

It is recommended that the Milwaukee County Mental Health Board approve all appointments and privilege recommendations, as submitted by the Medical Staff Executive Committee.

**Informational Item(s)**

The following Medical Staff Organization policy and procedure was revised and approved by the Medical Staff Executive Committee. In accordance with authority granted to the Medical Staff Executive Committee in the MSO Bylaws for policy and procedure approval, the following revised policy is being presented to the Mental Health Board, as informational only, unless otherwise directed.

A. Continuing Education – Medical Staff and Privileges Allied Health Professionals

Summary of major changes:

- Updated regarding Wisconsin Medical Board and other Boards extending requirements that prescribers complete a minimum a two (2) hours of responsible opioid/controlled substances prescribing for licensure renewal
- Policy Attachment - updated regarding Licensing Board(s) current minimum and special education requirements; and to reflect the revised Physician-DO license renewal date from February 2020 to October 2019

Respectfully Submitted,



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Shane V. Moisio, 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
- 2 Policy Update: Continuing Education-Medical Staff/AHPs

**MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION  
GOVERNING BODY REPORT  
MEDICAL STAFF CREDENTIALING REPORT & EXECUTIVE COMMITTEE RECOMMENDATIONS  
SEPTEMBER-OCTOBER 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 SEPTEMBER 4, 2019	MEDICAL STAFF EXECUTIVE COMMITTEE SEPTEMBER 18, 2019	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
<b>MEDICAL STAFF</b>							
Makenzie Hatfield Kresch, 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.	
Guy Katz, MD	Diagnostic Cardiology - EKG & Doppler Echocardiogram Interpretation	Consulting Telemedicine / Provisional	#M	Dr. Puls 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.	
<b>ALLIED HEALTH</b>							
NONE THIS PERIOD							

REAPPOINTMENT / REPRIVILEGING	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE SEPTEMBER 4, 2019	MEDICAL STAFF EXECUTIVE COMMITTEE SEPTEMBER 18, 2019	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
<b>MEDICAL STAFF</b>							
Jeremy Chapman, MD	Psychiatric Officer and Medical Officer	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.	
Claire Drom, MD	Psychiatric Officer and Medical Officer	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.	
Devin Dunatov, MD	Psychiatric Officer and Medical Officer	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.	
Sarah Slocum, MD	General Psychiatry	Affiliate / Provisional*		Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years, with continuation of current provisional period for a minimum of six months due to recent privilege group amendment*	Recommends reappointment and privileging as per C&PR Committee.	
Erika Steinbrenner, MD	Psychiatric Officer and Medical Officer	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.	
<b>ALLIED HEALTH</b>							
NONE THIS PERIOD							

PROVISIONAL STATUS CHANGE REVIEWS	PRIVILEGE GROUP(S)	CURRENT CATEGORY/ STATUS	RECOMMENDED CATEGORY/ STATUS	SERVICE CHIEF RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE SEPTEMBER 4, 2019	MEDICAL STAFF EXECUTIVE COMMITTEE SEPTEMBER 18, 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>							
<b>MEDICAL STAFF</b>							
Hannah Schroeder, DO	Psychiatric Officer and Medical Officer	Affiliate / Provisional	Affiliate / Full	Dr. Thrasher recommends 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.	
Guy DeGent, MD	Diagnostic Cardiology - EKG & Doppler Echocardiogram Interpretation	Consulting Telemedicine / Provisional	Consulting Telemedicine / Full	Dr. Puls recommends 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.	
<b>ALLIED HEALTH</b>							
NONE THIS PERIOD							

AMENDMENTS / CHANGE IN STATUS	CURRENT PRIVILEGE GROUP(S) OR APPOINTMENT CATEGORY	RECOMMENDED CHANGE	SERVICE CHIEF RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE SEPTEMBER 4, 2019	MEDICAL STAFF EXECUTIVE COMMITTEE SEPTEMBER 18, 2019	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
NONE THIS PERIOD						

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

9 23 19  
 DATE

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

09/18/19  
 DATE

BOARD COMMENTS / MODIFICATIONS / OBJECTIONS TO MEC PRIVILEGING RECOMMENDATIONS: \_\_\_\_\_

RECOMMENDATIONS OF THE MCBHD MEDICAL STAFF CREDENTIALING & PRIVILEGING REVIEW AND MEDICAL STAFF EXECUTIVE COMMITTEES WERE REVIEWED. ALL PRIVILEGE AND APPOINTMENTS ARE HEREBY GRANTED AND APPROVED, AS RECOMMENDED BY THE MEC, UNLESS OTHERWISE INDICATED ABOVE.

\_\_\_\_\_  
 GOVERNING BOARD CHAIRPERSON

\_\_\_\_\_  
 DATE

BOARD ACTION DATE: OCTOBER 24, 2019



Date Issued: 12/21/2000  
 Effective: Upon Approval  
 Last Approved Date: N/A  
 Last Revised Date: 9/19/2019  
 Next Review: 3 years after approval  
 Owner: Lora Dooley: Medical Service Manager  
 Policy Area: Medical Staff Organization  
 References:

## Continuing Education Requirements – Medical Staff and Privileged Allied Health Professionals

### POLICY:

It is the policy of the Medical Staff Organization of the Milwaukee County Behavioral Health Division, in accordance with regulatory and best practice credentialing standards, to require members of the Medical Staff and privileged Allied Health Professionals to provide proof of continuing education that supports privileges requested at time of initial appointment and/or privileging and at time of reappointment and/or reprivilging and to make recommendations for privileging based, in part, on continuing education data.

### PURPOSE:

To assure that all members of the Medical Staff and all privileged Allied Health Professionals participate in continuing education activities that are specifically related to privileges requested and any special populations regularly served.

To assure that all members of the Medical Staff and all privileged Allied Health Professionals participate in continuing education as an adjunct to maintaining clinical skills and current competence within their practice specialty(s), including pharmacology when applicable, and special populations who are regularly served by BHD, by participating in sufficient and relevant continuing education activities.

### PROCEDURES:

All members of the Medical Staff and all privileged Allied Health Professionals shall report continuing education activities, in writing, to the Medical Staff Office for inclusion in credentials files for consideration in decisions about initial, renewal or revision of individual clinical privileges. All members of the Medical Staff and all privileged Allied Health Professionals shall comply with the minimum continuing education requirements established by the Medical Staff which may be the same as, or in addition to, requirements established by the Wisconsin Department of Safety and Professional Services. Failure to comply with established continuing education requirements shall be grounds for consideration to limit, restrict or deny applicable privileges. Continuing education documentation shall not substitute for internship, residency, fellowship, preceptorship or any other formal graduate or post-graduate training, when required.

#### I. GENERAL PRIVILEGE GROUP (PRACTICE SPECIALTY)

Minimum CME/CEU reporting shall be as required by Wisconsin Department of Safety and Professional Services and as recommended by the Credentialing and Privileging Review Committee of the MCBHD

Medical Staff Organization. See Attachment for a summary of the minimum State mandated requirements by Board, periods for completion and special requirements or methods for earning and claiming credit. In addition to State requirements, the Behavioral Health Division shall require the following:

- A. **PHYSICIANS** – At least 50% of the State Medical Board required 30 hour minimum per license period shall be earned within the physician's primary practice specialty
1. For Active and Affiliate Staff, at least 5 hours of continuing education, per year, is required pertaining to special populations or services provided as part of regular program/service assignment, when applicable (e.g. treatment of children, adolescents, geriatrics, developmentally disabled, addiction, crisis response, forensics, etc.).
  2. Psychiatrists – At least 4 hours of Category I continuing education, per year, in psychopharmacology shall be required.
  3. The Wisconsin Department of Safety and Professional Services deems three months of post-graduate medical training to be equivalent to 30 hours of Category I CME.
    - a. Physicians seeking appointment/reappointment as a Psychiatric Officer of the Day who are presently in a psychiatry residency or sub-specialty psychiatry fellowship program shall be considered to be in compliance with the continuing education requirement.
    - b. Physicians seeking appointment/reappointment as a Medical Officer of the Day who are presently in a medical residency or medical sub-specialty fellowship program shall be considered to be in compliance with the continuing education requirement.
  4. Board Certified physicians complying with maintenance of certification (MOC) requirements shall be considered to satisfy applicable privilege group CME requirements.
  5. ~~New Special Medical Board Requirement: All~~ Effective as of the CME biennium ending in 2017, all physicians shall be required to complete two (2) of the required 30 hours via a Wisconsin Medical Board-approved course on responsible opioid prescribing for ~~the next two~~ each license renewal ~~periods~~ period, when so directed by the Medical Board. ~~-Applies to 2017 and 2019 renewals for MD-physicians and 2018 and 2020 renewals for DO-physicians.~~
- B. **PSYCHOLOGISTS** - At least 50% of the State Psychologist Board required 40 hour minimum per license period shall be relevant to the professional practice of clinical or counseling psychology.
1. For ~~Active~~ Associate and Affiliate Staff, at least 5 hours of continuing education, per year, is required pertaining to special populations or services provided as part of regular program/service assignment, when applicable (e.g. treatment or assessment relating to children, adolescents, geriatrics, developmental disabilities, addictions, crisis response, forensics, etc.).
  2. While the Psychology Licensing Board does not require newly licensed psychologists to complete CE during the initial period of licensure, newly licensed psychologists appointed to the Medical Staff shall be required to complete not less than 20 hours of CE during his/her initial two-year appointment period.
  3. A minimum of six (6) of the required 40 hours shall be in ethics, risk management or jurisprudence.
- C. **DENTISTS** - While the Dentistry Licensing Board does not require newly licensed dentists to complete CE during the initial period of licensure, newly licensed dentists appointed to the Medical Staff shall be required to complete not less than 15 hours of CE during his/her initial appointment period in clinical dentistry or clinical medicine.

1. Effective as of the biennium ending in 2019, the Dental Board requires that at least two (2) of the required 30 hours shall be in responsible prescribing of controlled substances for the treatment of acute dental pain.

D. **PODIATRISTS** - At least 50% of the State Medical Board required 50 hour minimum shall be specific to podiatric care.

E. **ALLIED HEALTH PROFESSIONALS**

1. **Nurse Practitioners/Clinical Nurse Specialists** - A minimum of 30 hours every 2 calendar years; with at least 15 hours specific to practice certification specialty(s) shall be required.

a. At least 16 hours **per biennium** in clinical pharmacology or therapeutics relevant to the advanced nurse prescribers area of practice and specialty certification shall be required, as per State Nursing Board requirements.

b. At least two (2) of the required 16 hours shall be in responsible prescribing of controlled substances, as per State Nursing Board requirements.

c. The remaining 14 hour BHD required minimum shall be in treatment modalities specific to practice certification specialty and privileges.

2. **Other AHP Categories** - At least 50% of the required minimum per two year licensing period shall be specific to clinical practice specialty unless Licensing Board requires more.

II. **REPORTING CME/CE INFORMATION**

A. **Initial Application:** All Medical Staff and Allied Health Professionals shall be required to provide CME/CE documentation as part of his/her initial application. Recent formal post-graduate training may count toward CME/CE requirements, in accordance with what the applicable Professional Licensing Board allows.

B. **Reappointment/Reprivileging:** Evidence of satisfaction of the minimum CME/CEU requirements must be submitted for each licensing period. Medical Staff and Allied Health Professionals that choose not to submit CME/CE documentation to the Medical Staff Office, routinely as credits are earned, are required to provide evidence of completion of the State requirements as well as any BHD specific requirements at time of reappointment/reprivileging application.

C. **Privilege Amendments:** CME/CE documentation shall be reported to support a request to amend privileges, when applicable.

D. **Acceptable Forms of Documentation:** CME/CE reporting shall be by submission of copies of CME/CE certificates or in the form of a CME/CE tracker or other evidence of course completion or satisfaction by other means. Information provided must include course or activity title, course or activity date, credits earned and the name of the accredited sponsor.

**ATTACHMENT –**

SUMMARY OF WISCONSIN MEDICAL & PROFESSIONAL LICENSING BOARD MINIMUM CME/CE REQUIREMENTS

**REFERENCES:**

Wisconsin Department of Safety and Professional Services;  
Joint Commission MS 12.01.01, EP4 and EP5

**APPROVALS**

Recommended for approval by Credentialing and Privileging Review Committee, 09/04/2019

Approved by Action of the Medical Staff Executive Committee, 09/18/2019

Informational report to Mental Health Board, 10/24/2019

**Attachments:**

CME POLICY ATTACHMENT (Rev  
8-26-2019).pdf

**Approval Signatures**

<b>Step Description</b>	<b>Approver</b>	<b>Date</b>
Credentialing and Privileging Review Committee	John Schneider: Executive Medical Director	pending
Medical Staff Services	Lora Dooley: Medical Service Manager	9/19/2019
	Lora Dooley: Medical Service Manager	9/19/2019

COPY

MEDICAL STAFF ORGANIZATION CME/CE POLICY - ATTACHMENT  
SUMMARY OF WISCONSIN MEDICAL & PROFESSIONAL LICENSING BOARD MINIMUM CME/CE REQUIREMENTS

THIS DOCUMENT IS INTENDED AS A QUICK REFERENCE SUMMARY ONLY. ALWAYS REFER TO THE APPLICABLE WISCONSIN DEPT. OF SAFETY AND PROFESSIONAL SERVICES BOARD SITE FOR COMPLETE AND MOST UP-TO-DATE DETAILS REGARDING ACCEPTED EARNING METHODS AND TYPES OF BOARD-APPROVED COURSES REQUIRED.

Provider Type	CME/CE Period	Minimum Requirements Per Licensing Period	Licensing Board Special Requirements / Methods for Earning Credits <i>(*Refer to MSO Policy for additional BHD privileging requirements)</i>	License Renewal
<b>MEDICAL STAFF CATEGORIES</b>				
Physicians	1/1 even to 12/31 odd	30 hours	Effective beginning in 2017, for the next two renewals, for both MD and DO physicians, each license holder will be required to take two (2) of the required 30 hours via a Board-approved course on responsible opioid prescription.  Physicians who do not hold a U.S. Drug Enforcement Administration number to prescribe controlled substances are exempted under the rules.  <a href="https://dsps.wi.gov/Pages/Professions/Physician/CE.aspx">https://dsps.wi.gov/Pages/Professions/Physician/CE.aspx</a>	MD - 10/31 odd DO - 2/28 even 10/31 odd
Dentists	10/1 odd to 9/30 odd	30 hours*	A minimum of 25 credit hours of instruction must be in clinical dentistry or clinical medicine. CPR and AED must be current to practice dentistry.  <u>Effective as of the biennium ending in 2019, at least two (2) of the required 30 hours shall be in responsible prescribing of controlled substances for the treatment of acute dental pain.</u>  *Continuing education requirement does not apply to the biennium in which a license is first issued.  <a href="https://dsps.wi.gov/Pages/Professions/Dentist/CE.aspx">https://dsps.wi.gov/Pages/Professions/Dentist/CE.aspx</a>	9/30 odd
Podiatrists	11/1 even to 10/31 even	50 hours	Must be approved by APMA, AMA, AOA or accreditation council for continuing medical education (ACCME).  <a href="https://dsps.wi.gov/Pages/Professions/Podiatrist/CE.aspx">https://dsps.wi.gov/Pages/Professions/Podiatrist/CE.aspx</a>	10/31 even
Psychologists	10/1 odd to 9/30 odd	40 hours*	<u>Unless granted a postponement or waiver, all licensed psychologists, except those who obtained their initial licensure and commencement of a full two year licensure period, shall complete at least 40 hours of board-approved continuing education.</u> A minimum of six (6) hours shall be in ethics, risk management or jurisprudence.  CE credits can also be obtained by authoring professional books or papers (up to 20 hours), the first time of teaching a course, seminar, or workshop (up to 20 hours) or taking and completing graduate courses (up to 20 hours).  *Continuing education requirement does not apply to the biennium in which the license was first issued.  <a href="https://dsps.wi.gov/Pages/Professions/Psychologist/CE.aspx">https://dsps.wi.gov/Pages/Professions/Psychologist/CE.aspx</a>	9/30 odd
<b>ALLIED HEALTH PROFESSIONAL CATEGORIES</b>				
Advanced Practice Nurses	10/1 even - 9/30 even	16 hours	Completion of at least 16 contact hours per biennium in pharmacology/therapeutics relevant to the advanced practice nurse prescriber's area of practice, including at least two (2) contact hours in responsible prescribing of controlled substances.  <a href="https://dsps.wi.gov/Pages/Professions/APNP/CE.aspx">https://dsps.wi.gov/Pages/Professions/APNP/CE.aspx</a>	9/30 even
SOCIAL WORK SECTION  Marriage and Family Therapist  Social Worker - Advanced Practice  Professional Counselor  Social Worker - Licensed Clinical	All - 3/1 odd to 2/28 odd	30 hours*	<u>Marriage &amp; Family Therapists, Professional Counselors &amp; Social Workers</u> are required to successfully complete 30 hours of CE in the first full biennium after they are licensed.  Four (4) of the required 30 credit hours must be in the area of ethics and professional boundaries related to the license holder's area of practice.  <u>The remainder of the 30 CE hours</u> may be obtained from any CE program approved, sponsored, provided, endorsed or authorized by one of the <u>Marriage &amp; Family Therapy, Counseling &amp; Social Worker Board</u> approved entities, as long as the hours relate to the license holder's area of practice:  Additional credits may be given for other activities including, but not limited to, presentation or development of CE, teaching academic courses, publishing professional books, and presenting at national conferences subject to Board rules and criteria.  *Continuing education requirement does not apply to the biennium when license was first issued.  <a href="https://dsps.wi.gov/Pages/Professions/SocialWorker/CE.aspx">https://dsps.wi.gov/Pages/Professions/SocialWorker/CE.aspx</a>	All - 2/28 odd

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