

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

2

MILWAUKEE COUNTY MENTAL HEALTH BOARD

Thursday, August 23, 2018 - 8:00 A.M.

Milwaukee County Zoo
Peck Welcome Center Pavilion
10001 West Bluemound Road

MINUTES

PRESENT: Michael Davis, Kathie Eilers, Rachel Forman, Sheri Johnson, Thomas Lutzow, Mary Neubauer, Maria Perez, Duncan Shrout, and Brenda Wesley

EXCUSED: Walter Lanier and Jon Lehrmann

ABSENT: Robert Curry

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 August 23, 2018, Mental Health Board meeting.

2. **Approval of the Minutes from the June 21, 2018, and July 12, 2018, Milwaukee County Mental Health Board Meeting and Budget Hearing.**

MOTION BY: (Forman) Approve the Minutes from the June 21, 2018, and July 12, 2018, Milwaukee County Mental Health Board Meeting and Budget Hearing. 8-0

MOTION 2ND BY: (Davis)

AYES: Davis, Eilers, Forman, Lutzow, Neubauer, Perez, Shrout, and Wesley – 8

NOES: 0

3. **Universal Health Services Contract for the Provision of Acute Psychiatric Services and Update.**

Michael Lappen, Administrator, Behavioral Health Division (BHD)

Mr. Lappen indicated contract negotiations with United Health Services (UHS) are approximately 95% complete. Minutia related to insurance and UHS being a self-insured entity is an example of issues outstanding. A final draft of the contract is expected within

SCHEDULED ITEMS (CONTINUED):

	<p>the next couple of weeks. Many of the provisions requested by BHD, such as being alerted and have the opportunity to secure beds if UHS is near capacity, remain in the contract. UHS has submitted an acceptable financial model that is felt best addresses the needs of both the taxpayer and BHD. All of the most challenging issues have been resolved but changes, no matter how minor, have to go through legal analysis. A meeting will be scheduled with the Contract Advisory Team to review the contract and for discussion. The goal is to hold a Special Meeting of the Board, along with a Special Finance Committee meeting, to be held in September.</p> <p>Questions and comments ensued.</p>
4.	<p>Administrative Update.</p> <p>Michael Lappen, Administrator, Behavioral Health Division (BHD)</p> <p>Mr. Lappen highlighted key activities and issues related to BHD operations. He provided an update on BHD's implementation of a best practice model for integrated care as a result of moving away from being a provider of inpatient acute psychiatric care and expanding community-wide access to high quality care. He went on to explain how new contract performance measures and fee-for-service contract regulations will affect providers. The addition of contract performance metrics was directed by the Board, fulfills Legislative Audit Bureau requirements, and ensures individuals receive high quality services.</p> <p>Mr. Lappen also provided an update on the latest activities of the City-County Heroin Opioid Cocaine Task Force and the community engagement sessions held in June, July, and August. The intent of the community sessions was to explore expanding access to treatment. There was overwhelming support to expand sober and bridge housing and same day access to Medication Assisted Treatment, both of which are currently being expanded in the BHD network and are addressed in the 2019 Proposed Budget.</p> <p>Questions and comments ensued.</p> <p style="text-align: center;">Item #s 5, 6, and 7 were considered together.</p>
5.	<p>Mental Health Board Finance Committee Professional Services Contracts Recommendations.</p> <p>Jennifer Bergersen, Chief Operations Officer, Behavioral Health Division</p> <ul style="list-style-type: none">• 2018 Contract Amendment and 2019 Contract<ul style="list-style-type: none">➤ Clean Power, LLC• 2018 Contract Amendments<ul style="list-style-type: none">➤ New Resources Consulting dba Clinical Path Consulting➤ Trempealeau County Health Care

SCHEDULED ITEMS (CONTINUED):

	<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. Background information was provided on the cleaning, consultation, and fiscal oversight services the contracted agencies provide. An approval recommendation would be for 2017 and 2018 Contract Amendments and a 2019 Contract.</p> <p>Ms. Bergersen provided clarification regarding the 2019 Contract with Clean Power. The contract was reopened to include revisions to the scope of work and an employee wage increase and incorporates performance measures and compliance indicators. The Committee's recommendation for approval would be for an adjustment for 2018, as well as the 2019 Contract.</p> <p>Mr. Lappen explained the Trempealeau County Health Care contract is for services provided for a client with exceptional needs who had previously been served at Mendota. Trempealeau provides a much less restrictive environment and is less expensive than the level of care delivered at Mendota.</p> <p>Questions and comments ensued.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the 2018 Contract Amendments and 2019 Contract delineated in the corresponding report to the Board.</p> <p style="text-align: center;">SEE ITEM 7 FOR BOARD ACTION</p>
6.	<p>Mental Health Board Finance Committee Purchase-of-Service Contracts Recommendation.</p> <p>Amy Lorenz, Director, Community Access to Recovery Services, BHD</p> <ul style="list-style-type: none">• 2018 Contract Amendments <p>Purchase-of-Service Contracts for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services were reviewed. An overview was provided detailing the various program contracts. Approvals would be for 2018 Contract Amendments.</p> <p>For future reports, the Board requested to be provided with information related to vendors whose funds are supported by grant money.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the 2018 Purchase-of-Service Contract Amendments delineated in the corresponding report to the Board.</p> <p style="text-align: center;">SEE ITEM 7 FOR BOARD ACTION</p>

SCHEDULED ITEMS (CONTINUED):

7.	<p>Mental Health Board Finance Committee Fee-for-Service Agreements Recommendation.</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 various program agreements, which 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.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of Amendments to the 2018 Fee-for-Service Agreements delineated in the corresponding report to the Board.</p> <p>Board Member Neubauer requested the following corrections be made to Page 3 of the report: 1) Whole Health Medical should be Whole Health Clinical Group and 2) Outreach Community Health Associates should be Outreach Community Health Center.</p> <p>MOTION BY: <i>(Perez) Approve the 2018 Professional Services Contract Amendments and 2019 Contract, the 2018 Purchase-of-Service Contract Amendments, and the 2018 Fee-for-Service Agreement Amendments as Delineated in the Corresponding Reports for Item #s 5, 6, and 7. 8-0</i></p> <p>MOTION 2ND BY: <i>(Davis)</i></p> <p>AYES: Davis, Eilers, Forman, Lutzow, Neubauer, Perez, Shrout, and Wesley – 8</p> <p>NOES: 0</p>
8.	<p>2017 Annual Environment of Care Program Report and 2018 Environment of Care Management Plans.</p> <p>Jennifer Bergersen, Chief Operations Officer, Behavioral Health Division</p> <p>Ms. Bergersen explained the report and management plans were brought before the Quality Committee in June and unanimously recommended for approval by the Board. She indicated revisions and changes have been identified in red print to clearly reflect updates.</p> <p>MOTION BY: <i>(Eilers) Approve the Environment of Care 2017 Annual Report and 2018 Goals and Plans Recommendation. 8-0</i></p> <p>MOTION 2ND BY: <i>(Neubauer)</i></p> <p>AYES: Davis, Eilers, Forman, Lutzow, Neubauer, Perez, Shrout, and Wesley - 8</p> <p>NOES: 0</p>

SCHEDULED ITEMS (CONTINUED):

9.	<p>Mental Health Board Governance on Strategic Planning Update.</p> <p>Brett Remington, Blue Rock WI</p> <p>Board Member Shrout, as a Strategic Planning Committee Member, provided an update on discussions from the Committee's July 30, 2018, meeting. The Committee's immediate focus is the upcoming Board retreat. Board Members should have received a self-assessment survey from Mr. Remington. Surveys must be completed and returned to Mr. Remington by Friday, August 24, 2018.</p> <p>Mr. Remington explained the purpose and importance of the Board retreat, which is the most effective and practical way to address any issues the Board faces. It also provides an opportunity to build comradery.</p> <p>The Board's first retreat will be held on Wednesday, September 26, 2018, at the Wisconsin Club, from 8 a.m. to 1 p.m. in the MacArthur Room on the third floor. The agenda for the meeting will correspond with materials Board Members will receive in early September.</p> <p>Mr. Remington provided some background information on the self-assessment survey and emphasized the importance of completing the survey. The results of the assessment will be consolidated and forwarded to Board Members along with the retreat agenda and materials.</p>
10.	<p>Medical Executive Report and Credentialing and Privileging Recommendations.</p> <p>Dr. Shane Moisio, Medical Director, Behavioral Health Division</p> <p>MOTION BY: <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 10. 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. 8-0</i></p> <p>MOTION 2ND BY: <i>(Shrout)</i></p> <p>AYES: Davis, Eilers, Forman, Lutzow, Neubauer, Perez, Shrout, and Wesley – 8</p> <p>NOES: 0</p> <p>The Board convened into Closed Session at 8:54 a.m. to discuss Item 10 and reconvened back into Open Session at approximately 9:10 a.m. The roll was taken, and all Board Members were present.</p>

SCHEDULED ITEMS (CONTINUED):

	<p>MOTION BY: (Shrout) Approve the Medical Staff Credentialing Report and Medical Executive Committee Recommendations. 8-0</p> <p>MOTION 2ND BY: (Perez)</p> <p>AYES: Davis, Eilers, Forman, Lutzow, Neubauer, Perez, Shrout, and Wesley – 8</p> <p>NOES: 0</p>
11.	<p>Medical Staff Organization Governing Body’s Adopted Changes to its Bylaws.</p> <p>Dr. Shane Moisio, Medical Director, Behavioral Health Division</p> <p>State statutes list the duties of the medical staff as it relates to having written rules and bylaws for governance of themselves. The Medical Staff Organization, at its meeting of August 1, 2018, amended and adopted the bylaws, which ensures compliance. Dr. Moisio described the amendments proposed in detail.</p> <p>Questions and comments ensued.</p> <p>MOTION BY: (Neubauer) Approve the Behavioral Health Division Medical Staff Organization Bylaws as Amended. 8-0</p> <p>MOTION 2ND BY: (Forman)</p> <p>AYES: Davis, Eilers, Forman, Lutzow, Neubauer, Perez, Shrout, and Wesley – 8</p> <p>NOES: 0</p>
12.	<p>Adjournment.</p> <p>MOTION BY: (Neubauer) Adjourn. 8-0</p> <p>MOTION 2ND BY: (Shrout)</p> <p>AYES: Davis, Eilers, Forman, Lutzow, Neubauer, Perez, Shrout, and Wesley – 8</p> <p>NOES: 0</p>

SCHEDULED ITEMS (CONTINUED):

This meeting was recorded. The aforementioned agenda items were not necessarily considered in agenda order. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Behavioral Health Division/Mental Health Board web page.

Length of meeting: 8:04 a.m. to 9:30 a.m.

Adjourned,

Jodi Mapp

Senior Executive Assistant
Milwaukee County Mental Health Board

The next meeting for the Milwaukee County Mental Health Board will be a Public Hearing on Thursday, September 27, 2018, @ 4:30 p.m. at the Washington Park Senior Center 4420 West Vliet Street

TOPIC: Behavioral Health Division Topics/Services

Visit the Milwaukee County Mental Health Board Web Page at:

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

The August 23, 2018, meeting minutes of the Milwaukee County Mental Health Board are hereby submitted for approval at the next scheduled regular meeting of the Milwaukee County Mental Health Board.



Michael Davis, Secretary
Milwaukee County Mental Health Board

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

**SPECIAL MEETING
MILWAUKEE COUNTY MENTAL HEALTH BOARD**

Wednesday, September 26, 2018 - 2:30 P.M.
Milwaukee Public Museum
Kohl's Garden Gallery
800 West Wells Street

MINUTES

PRESENT: Robert Curry, Michael Davis, *Kathie Eilers, Rachel Forman, Walter Lanier, Thomas Lutzow, Mary Neubauer, Maria Perez, Duncan Shrout, and Brenda Wesley

EXCUSED: Sheri Johnson and Jon Lehrmann

*Board Member Kathie Eilers was not present at the time the roll was called but joined the meeting shortly thereafter.

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, 2018, Special Meeting of the Mental Health Board.

2. **Mental Health Board Finance Committee Fee-for-Service Agreement Recommendation.**

Michael Lappen, Administrator, Behavioral Health Division
Teig Whaley-Smith, Director, Department of Administrative Services

- Universal Health Services

Finance Committee Chairwoman Perez informed the Board the Finance Committee unanimously recommends approval of the Fee-for-Service Agreement Contract with Universal Health Services.

Questions and comments ensued.

SCHEDULED ITEMS (CONTINUED):

	<p>Chairman Lutzow summarized the years of hard work and level of due diligence that went into crafting the contract.</p> <p>MOTION BY: (Perez) Approve the Fee-for-Service Agreement Contract with Universal Health Services. 10-0</p> <p>MOTION 2ND BY: (Shrout)</p> <p>AYES: Curry, Davis, Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, Shrout, and Wesley – 10</p> <p>NOES: 0</p>
3.	<p>Adjournment.</p> <p>MOTION BY: (Neubauer) Adjourn. 10-0</p> <p>MOTION 2ND BY: (Perez)</p> <p>AYES: Curry, Davis, Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, Shrout, and Wesley – 10</p> <p>NOES: 0</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: 2:58 p.m. to 3:15 p.m.</p> <p>Adjourned,</p> <p>Jodi Mapp Senior Executive Assistant Milwaukee County Mental Health Board</p>	
<p>The next meeting for the Milwaukee County Mental Health Board will be a Public Hearing on Thursday, September 27, 2018, @ 4:30 p.m. at the Washington Park Senior Center 4420 West Vliet Street</p> <p>TOPIC: Behavioral Health Division Topics/Services</p> <p>Visit the Milwaukee County Mental Health Board Web Page at: https://county.milwaukee.gov/EN/DHHS/About/Governance#MCMHBrecords</p>	

SCHEDULED ITEMS (CONTINUED):

The September 26, 2018, minutes of the Milwaukee County Mental Health Board Special Meeting 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 "M" and "D".

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 27, 2018 - 4:30 P.M.
Washington Park Senior Center
4420 West Vliet Street

MINUTES

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

*Board Members Michael Davis and Walter Lanier were not present at the time the roll was called but joined the meeting shortly thereafter.

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 27, 2018, Mental Health Board Public Hearing.

2. **Public Comment on Behavioral Health Division Topics/Services.**

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

Eugene Barufkin

Paul Mozina

Maria I. Nogueron, Mental Health Task Force

Jamie Lucas, Wisconsin Federation of Nurses and Healthcare Professionals

Clay Ecklund

SCHEDULED ITEMS (CONTINUED):

3.	<p>Adjournment.</p> <p>MOTION BY: (Neubauer) Adjourn. 8-0 MOTION 2ND BY: (Eilers) AYES: Davis, Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, and Shrout – 8 NOES: 0</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: 4:33 p.m. to 5:15 p.m.</p> <p>Adjourned,</p> <p>Jodi Mapp Senior Executive Assistant Milwaukee County Mental Health Board</p>	
<p>The next regular meeting for the Milwaukee County Mental Health Board is Thursday, October 25, 2018, @ 8:00 a.m. at the Zoofari Conference Center 9715 Bluemound Road</p> <p>Visit the Milwaukee County Mental Health Board Web Page at:</p> <p>https://county.milwaukee.gov/EN/DHHS/About/Governance#MCMHBrecords</p>	

The September 27, 2018, minutes of the Milwaukee County Mental Health Board Public Hearing are hereby submitted for approval at the next scheduled regular meeting of the Milwaukee County Mental Health Board.



Michael Davis, Secretary
Milwaukee County Mental Health Board

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

DATE: October 11, 2018

TO: Thomas Lutzow, Chairperson – 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

- **Universal Health Services (UHS) Contract for Inpatient Psychiatric Services**
 - **Who sits on the UHS “Board of Governors” and who will that be in Milwaukee?**
The contract with UHS allows the Mental Health Board to assign two representatives to the new UHS Milwaukee Hospital’s Governing Board. The Board has not assigned this to any individuals yet, but there has been discussion about assigning the Behavioral Health Division (BHD) Administrator and the BHD Chief Medical Officer/Treatment Director.
 - **What is happening with Child/Adolescent Inpatient Services (CAIS)?**
UHS will operate a 24 Bed Child and Adolescent Inpatient Unit in their new facility, and our contract agreement includes paying for uninsured youth under the same parameters as adults. BHD will probably fund very few youth beds as most individuals admitted to CAIS currently have insurance. The current challenges with Certificates of Need (CON) for certain cases will actually be resolved when we close CAIS. There will likely be some tax levy savings there given that there have been a number of elective/urgent CONs rejected by Medicaid over the past 2 years (BHD can’t do CONs for Urgent/Elective cases admitted to our own facility). Our transition planning would have CAIS close when UHS is ready to accept County referrals. Our

census on CAIS has been low for some time, but historically, this has been cyclical and hard to predict.

➤ **What's likely to happen with Psychiatric Crisis Services (PCS) and why the hesitancy on UHS' part to assume this responsibility?**

*There is currently a collaborative project underway that has been co-funded by BHD and the Milwaukee Health Care Partnership (MHCP) looking into the whole continuum of crisis mental health care in Milwaukee County. While we are a few months away from the final proposals, the assumptions supported by all of the stakeholders state the current location of PCS will close, and there will be an expanded continuum of community crisis care, potentially including a psychiatric emergency department funded in a collaboration between BHD and the health systems. At this point, the "environmental scan" done by the Human Services Research Institute (HSRI) and * (TAC) for the Wisconsin Policy Forum shows some of the current volume served at PCS could be served in other community-based ways [expanded Mobile, Crisis Assessment and Response Team (CART), outpatient, Crisis Resource Centers (CRC), etc.], but a central Psychiatric Emergency Department could be the most efficient and effective way to serve the most acute patients. Any future incarnation of a psychiatric emergency department (PED) would have to include a sustainable funding model where BHD maintained responsibility for its statutory responsibilities, but the private health systems also contribute to the long-term operating costs. While I can't speak for UHS on the issue, they likely have the same concerns as the local hospitals who were not interested in operating a specialized psychiatric emergency room---the primary issue being insufficient revenue available for the service to be fiscally viable. Other concerns could be Emergency Medical Treatment and Labor Act (EMTALA) obligations for emergency departments, the shortage of qualified staff, frequent police presence required as our emergency mental health system is law enforcement based in Wisconsin, etc.*

➤ **How will the lowered rate of insured people in the state impact the bottom line for UHS and the delivery of services to the community?**

The rate that we have agreed to pay UHS for uninsured customers is fair to them and sustainable to us. They will have a much broader payer mix than the current BHD hospital with 120 beds and in other similar markets, they have demonstrated an effective business model serving higher acuity clients.

➤ **It is felt that the current 48 beds at BHD are often more full than reported. Explain the methodology behind the 40 beds in the new facility being sufficient to replace the 48.**

There is no limit to the number of beds available to BHD under the contract. Our agreement is to make them the "primary receiving facility" for involuntary clients (with and without insurance) and to pay them a contracted per diem rate when other funding sources are unavailable. I believe this question comes from Section 23 in the

contract describing "Exit". The number of beds, for the calculation of our potential exit penalty is 40. That would be the factor in calculating our costs to exit the contract before 15 years in order to provide the financial guarantee needed for UHS to justify the capital investment needed to build local beds for BHD referrals. This number favors BHD in that we anticipate more than 40 beds to be occupied by BHD referrals, but we are not responsible for an exit penalty beyond 40 beds. As a side note, our census has been consistently at or below 40 for several weeks.

➤ **How will the mental health court interact with this new model?**

There is language in the contract to include a courtroom in the building design, and we will work with the Chief Judge to make sure that it meets the requirements to be certified as a courtroom for BHD related proceedings. We strongly believe that there is a mutual benefit for our customers and staff to avoid Court transports out of our Chapter 51 receiving facility as much as possible.

➤ **What will be the capacity for EDs? What will happen when at capacity?**

UHS will be our primary receiving facility for all EDs. We have included language and a reimbursement structure to reimburse UHS for enhanced care for higher acuity cases (1:1). There will also be a system in place where BHD will be notified if UHS is reaching maximum census for any of our target groups and will be able to secure the remaining beds if needed. Their experience in other markets for similar facilities serving a similar client base would indicate that there will be enough discharges each day to provide the capacity BHD has needed to serve individuals under EDs to date.

➤ **Which services does UHS normally subcontract? Which services do they plan to subcontract? Who are the subcontracted companies with whom they work?**

Subcontracting is addressed in Section Six of the agreement. I can reach out to UHS for more information, but since they will be new to this market, I would assume they do not have contract arrangements with individual service providers at this time. Our contract states that BHD would have to approve sub-contracts for mental health services provided to service recipients.

➤ **What is the contingency plan if either party severs the agreement?**

BHD has several Memorandums of Understanding (MOU) agreements with local hospitals. In the unlikely event that this agreement needed to be severed, BHD would have to explore contracts with other acute inpatient providers and would likely have to utilize the State hospital, in some cases, while we explored and developed a new long-term solution.

➤ **What happens here if the numerous complaints against UHS are found to have merit?**

Our legal counsel completed significant due diligence on the legal issues with a small number of UHS entities, and they were comfortable that the issues have been

isolated to the specific locations and not UHS-wide concerns. It would not be unexpected for an organization as large as UHS, who is in the business of acquiring and turning around troubled facilities, to have quality and regulatory challenges along the way. Inpatient psychiatric care is a highly regulated industry.

- **What will be done to guard against a shuffling of the deck as it relates to filling UHS positions with BHD employees? A situation at the jail that harmed patient care was that County employees were hired into privatized jobs so the private company, on paper, looked like it was meeting its staffing obligations. However, there was no net gain in staffing numbers because there was actually nobody added to the facility.**

I can't speak to the jail issue referenced here as I was not here and have no knowledge of the situation. In my conversations with UHS, they have been quite clear that they are counting on being able to recruit many of our current staff. They recognize, as do I, that we have many experienced and dedicated professionals here, and the market for good staff in this field is extremely competitive. UHS believes they will be able to compete for staff. This should be a positive for many current BHD staff for the long-term.

- **Which current UHS market is most like Milwaukee's and how did UHS reach that understanding?**

Our team visited a facility in Pennsylvania and one in New Jersey where UHS was serving a very similar client population to that served by BHD, including subcontracted beds for State Hospital patients. While every State has its own unique mental health laws, the BHD team (Chief Nursing Officer, Chief Medical Officer, Chief of Operations, BHD Administrator, and Board Members Neubauer, Forman, and Wesley) found the target groups and staffing of those two facilities to be adequately serving a very similar target group in two different states.

Respectfully Submitted,



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

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: August 13, 2018

TO: Thomas Lutzow, Chairman
Maria Perez, Chairwoman, Finance Committee
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: Approval Protocol for Requests for Projects Funded through Capital and Operational Reserve Funds

Background

2013 Act 203 created the Milwaukee County Mental Health Board (MHB), enacted by Wis. Stat. § 51.41. Among its provisions is a requirement that at year-end, any unexpended / unencumbered mental health budget funds be held by the Milwaukee County Treasurer in a mental health reserve fund. Once that fund reaches a \$10 million balance, any surplus amounts may be used for “any mental health function, program, or service in Milwaukee County.” Wis. Stat. § 51.41(4)(d):

The treasurer in Milwaukee County shall hold any moneys that at the end of a fiscal year have not been expended or encumbered from the amount budgeted for mental health functions, programs, and services in a mental health reserve fund. Moneys in the reserve fund may be used at any time to cover deficits in the Milwaukee County mental health budget. If the amount in the reserve fund exceeds \$10,000,000, the amount exceeding \$10,000,000 may be used at any time for any mental health function, program, or service in Milwaukee County. Moneys in the reserve fund may be used only for the purposes described in this paragraph.

2013 Act 203 shifted authority for the building reserve fund from the County Board to the Milwaukee County Mental Health Board. Wis. Stat. § 46.18(13):

In Milwaukee County, the Milwaukee County mental health board, for mental health infirmity structures and equipment, shall ensure the maintenance, as a segregated cash reserve, of an annual charge of 2 percent of the original cost of new construction or purchase or of the appraised value of existing mental health infirmity structures and equipment. If the infirmity or any of its equipment is replaced, any net cost of replacement in excess of the original cost is subject to an annual charge of 2%... In Milwaukee County, the Milwaukee County mental health

board may require to be appropriated from reserve sums for mental health infirmaries to be expended for the enlargement, modernization, or replacement of a mental health infirmary and its equipment.

Discussion

2013 Act 203 established the operating and capital reserve funds, but does not outline a procedure for accessing the funds.

To access reserve funds, the Behavioral Health Division (BHD) Administrator will submit a memorandum to the Milwaukee County Mental Health Board (MCMHB) Finance Committee requesting the release of funds. In the memo, BHD will outline the project(s) being funded, the amount being requested, justification as to why the project(s) are appropriate for reserve funds, and the anticipated impact on reserve funds.

The Finance Committee will review the request and make a recommendation to the full MCMHB. If the MCMHB approves of the request, BHD will submit a fund transfer (**See Attachment A**) to the Department of Administrative Services requesting an amendment to the current year budget. In the fund transfer document, expenses will be increased by the anticipated current year cost of the approved project(s) to be funded through reserves.

The Finance Committee will receive quarterly updates on reserve balances and the status of approved projects funded from reserves (**See Attachment B**).



Mary Jo Meyers, Director
Department of Health and Human Services



Date Issued: N/A
 Last Approved Date: N/A
 Last Revised Date: N/A
 Next Review: 3 years after approval
 Owner: Matthew Fortman:
 11002001-Director -
 Financial Services
 Policy Area: Fiscal
 References:

BHD Reserve Policy

Purpose:

To establish a process for withdrawing funds from the Behavioral Health Division Operational and Capital Reserves established under WI 2013 Act 203.

Scope:

Milwaukee County Behavioral Health Division (BHD)

Policy:

2013 Act 203 created the Milwaukee County Mental Health Board (MCMHB), enacted by Wis. Stat. § 51.41. Among its provisions is a requirement that at year-end, any unexpended / unencumbered mental health budget funds be held by the Milwaukee County Treasurer in a mental health reserve fund. Once that fund reaches a \$10 million balance, any surplus amounts may be used for "any mental health function, program, or service in Milwaukee County." Wis. Stat. § 51.41(4)(d):

The treasurer in Milwaukee County shall hold any moneys that at the end of a fiscal year have not been expended or encumbered from the amount budgeted for mental health functions, programs, and services in a mental health reserve fund. Moneys in the reserve fund may be used at any time to cover deficits in the Milwaukee County mental health budget. If the amount in the reserve fund exceeds \$10,000,000, the amount exceeding \$10,000,000 may be used at any time for any mental health function, program, or service in Milwaukee County. Moneys in the reserve fund may be used only for the purposes described in this paragraph.

2013 Act 203 shifted authority for the building reserve fund from the County Board to the Milwaukee County Mental Health Board. Wis. Stat. § 46.18(13):

In Milwaukee County, the Milwaukee County mental health board, for mental health infirmity structures and equipment, shall ensure the maintenance, as a segregated cash reserve, of an annual charge of 2 percent of the original cost of new construction or purchase or of the appraised value of existing mental health infirmity structures and equipment. If the infirmity or

any of its equipment is replaced, any net cost of replacement in excess of the original cost is subject to an annual charge of 2%... In Milwaukee County, the Milwaukee County mental health board may require to be appropriated from reserve sums for mental health infirmaries to be expended for the enlargement, modernization, or replacement of a mental health infirmary and its equipment.

Definitions:

Operating Reserve: A segregated fund held in order to meet emergency or short-term needs established in Wis. Stat. § 51.41(4)(d).

Capital Reserve: A segregated fund held in order to be expended on the enlargement, modernization, or replacement of mental health infirmary and its equipment per Wis. Stat. § 46.18(13).

Procedure:

To access reserve funds, the BHD Administrator will submit a memorandum to the MCMHB Finance Committee requesting the release of funds. In the memo, BHD will outline the project(s) being funded, the amount being requested, justification as to why the project(s) are appropriate for reserve funds, and the anticipated impact on reserve funds.

The Finance Committee will review the request and make a recommendation to the full MCMHB. If the MCMHB approves of the request, BHD will submit a fund transfer to the Department of Administrative Services requesting an amendment to the current year budget. In the fund transfer document, expenses will be increased by the anticipated current year cost of the approved project(s) to be funded through reserves. Offsetting revenue will be added in the form of a contribution from reserves.

BHD will deliver a quarterly report of all current reserve balances, outstanding projects anticipated to affect reserve balances, and anticipated future reserve balances.

References:

Wis. Stat. § 51.41(4)(d)

Wis. Stat. § 46.18(13)

Monitors:

(add content here)

Attachments:

[Reserve Balance Report Example](#)

[Reserve Fund Transfer Example](#)

Approval Signatures

Step Description	Approver	Date
	Matthew Fortman: 11002001-Director - Financial Services	pending

Applicability

Milwaukee County Behavioral Health

Attachment A

APPROPRIATION TRANSFER REQUEST

1699 R4E

MILWAUKEE COUNTY

FISCAL YEAR
2019

DEPT. NO.
6300

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

DEPARTMENT NAME

Were Appropriations Requested Below Denied For The Current Budget?								No	No	X	
	Line No.	ACCOUNT DISTRIBUTION						OBJECT CODE DESCRIPTION	Transfer Request	DOA Account Modification	
		Fund	Agency	Org. Unit	Revenue/Objct	Activity	Balance Sheet				
TO (Credit)	1										
	2										
	3										
	4										
	5										
	6										
	7										
	8										
	9										
	10										
	11										
	12										
	13										
	14										

TO TOTALS (Credit) \$ - \$ -

FROM (Debit)	1									
	2									
	3									
	4									
	5									
	6									
	7									
	8									
	9									
	10									
	11									
	12									

FROM TOTALS (Debit) \$ - \$ -

E X P L A N A T I O N

EXAMPLE: FUND TRANSFER

TYPE OF TRANSFER		TRANSFER NO.
<input type="checkbox"/> AP <input type="checkbox"/> EB <input type="checkbox"/> RB		

IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL PAGES.

DATE OF REQUEST	SIGNATURE OF DEPARTMENT HEAD	TITLE

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

Attachment B

BHD Reserves:

Account Summaries	12/31/2016	2017 Contribution	12/31/2017	Proj. 2018 Contribution*	Proj 12/31/2018 Balance
785 Encumbrance Reserve	\$ 1,473,845	\$ (555,710)	\$ 918,135	\$	\$ 918,135
904 Wrap Reserve	\$ 6,860,245	\$ 1,427,993	\$ 8,288,238	\$	\$ 8,288,238
906 Capital Reserve	\$ 3,540,000	\$ 1,180,000	\$ 4,720,000	\$	\$ 4,720,000
741 Carryover Reserve		\$	\$ -	\$	\$ -
905 Surplus (Operational) Reserve	\$ 19,568,857	\$ 1,744,030	\$ 21,312,887	\$ (400,000)	\$ 20,912,887
Total Reserves	\$ 31,442,947	\$ 3,796,313	\$ 35,239,260	\$ (400,000)	\$ 34,839,260

Projected Balance Detail - Operational Reserve

Project A	\$	-	\$	-	
Project B	\$	-	\$	-	
Project C	\$	-	\$	-	
Anticipated Year End Contribution (Withdrawal)		1,744,030	\$	(400,000)	
905 Surplus (Operational) Reserve Total	\$ 19,568,857	\$ 1,744,030	\$ 21,312,887	\$ (400,000)	\$ 20,912,887

Projected Balance Detail - Capital Reserve

Capital Project A	\$	-	\$	-	
Capital Project B	\$	-	\$	-	
Capital Project C	\$	-	\$	-	
Anticipated Year End Contribution (Withdrawal)	\$	1,180,000	\$	1,180,000	
906 Capital Reserve Total	\$ 3,540,000	\$ 1,180,000	\$ 4,720,000	\$ 1,180,000	\$ 5,900,000

EXAMPLE: BHD RESERVE BALANCE REPORT

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

DATE: October 1, 2018

TO: Thomas Lutzow, Chairman – 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 2018 Professional Services Contract
Amendments for Staffing and Recruitment, Food, Grant Writing,
Technology, and Public Safety 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 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

AMN Healthcare Inc. (dba Merritt Hawkins) - \$20,000

The Behavioral Health Division is seeking an amendment to the current Agreement with AMN Healthcare Inc., dba Merritt Hawkins. Contractor was retained in February 2016 to recruit full-time psychiatrists for Acute Inpatient. Services include provision of full-service recruitment of Board eligible psychiatrists for permanent employment including on-site consultation, advertising campaign(s), sourcing, screening and prescreening qualified candidates, coordination of candidate travel and interviews, assistance with candidate relocation upon acceptance and other usual and customary matters. Inpatient vacancies have necessitated the continued use of locum tenens staffing to fulfill essential psychiatrist needs, but through the efforts of this firm, a total of five psychiatrists have now been placed, including most recently, a new hire in September and one scheduled to start early November. This shall be the third amendment and will cover the completion fee(s) and estimated expenses associated with remaining retained

searches. We are seeking to amend the existing agreement by **\$20,000** for a new **not to exceed amount of \$254,950** and to extend the end date through 12/31/2019.

ARAMARK Correctional Services, LLC - \$673,397

ARAMARK Correctional Services, LLC prepares and delivers food for the BHD inpatient and outpatient population.

Evaluation Research Services - \$173,400

Evaluation Research Services provides grant management coordination, inclusive of grant writing services to the Milwaukee County Behavioral Health Division. Using a Lifecycle management approach to grant management, processes and infrastructure is developed and implemented to manage grant proposals from beginning, or “pre-award”, stage of a project implementation, or “post-award”, through the termination, or closeout, of an award. These funds are being requested for 2019. The total contract amount will be \$346,800.

LocumTenens.com LLC - \$275,000

The Behavioral Health Division is seeking an amendment to the current Agreement with LocumTenens.com. This firm is utilized to fulfill required psychiatrist staffing for the Behavioral Health Division inpatient services on a temporary basis. Services include sourcing, screening, and presenting psychiatrist candidates for the purpose of fulfilling essential coverage needs due to vacancies and other absences. Continued temporary staffing is required, while BHD continues to recruit for permanent psychiatrist employees. This shall be the seventh amendment, since the agreement was initially executed on 11/16/2015. The costs associated with locum tenens staffing are offset by current vacancies. The need to utilize temporary staffing decreases, as permanent positions are filled. We are seeking to amend the existing agreement by an additional **\$275,000** for a new **not to exceed total of \$3,361,750** and to extend the end date through 12/31/2019.

Netsmart Technologies, Inc. - \$8,400

BHD is requesting \$8,400 for Netsmart related to the Electronic Medical Records Optimization of MyAvatar. The amount requested is an increase to the original contract that was executed in April of 2017. The total contract amount is now \$3,770,558. The funds are being requested for 2018.

New Resources Consulting dba Clinical Path Consulting, LLC - \$2,200

This was a professional services agreement that provided BHD with a Clinical Informaticist, and Principal Trainer position that was critical to the success of the Our Avatar (EMR Optimization) Project as well as training and oversight of the BHD clinical documentation tools. Clinical Path Consulting provided the consultant to fill the two positions, and the Clinical Informaticist consultant has since been hired as a full time BHD Associate, and the Principal Trainer position is now vacant. The funds are being requested to pay an outstanding invoice that covered the time period when the Clinical Informaticist position was being transitioned from a Clinical Path consultant to a full time BHD associate. The total contract amount is now \$226,975. The funds are being requested for 2018.

Robert Half International dba Robert Half Technology (Robert Half) - \$397,060

Robert Half is assisting Wraparound Milwaukee with the Synthesis Desktop Application Conversion Project. Wraparound Milwaukee is working to convert their current web model to ASP.NET. ASP.NET is a unified web development model that includes the services necessary for you to build enterprise-class Web applications with a minimum of coding. Robert Half also provides support and training for the existing Synthesis application. The funds are being requested for 2019. The total contract amount will be \$794,120.

U.S. Securities Associates/Allied Universal - \$468,000

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 escorting services, monitoring the outside parking lots, and performing environment of care safety checks, etc. The current agreement is being extended until 12/31/2019. These funds are being requested for 2019. The total contract amount would be \$2,800,222.

Fiscal Summary

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

Vendor Name	New/Amendment	2018 Increase Amount	2019 Amount	Total Contract Amount
AMN Healthcare Inc. (dba Merritt Hawkins)	Amendment		\$20,000	\$254,950
ARAMARK	Amendment		\$673,397	\$673,397
Evaluation Research Services	Amendment		\$173,400	\$346,800
LocumTenens.com LLC	Amendment		\$275,000	\$3,361,750
Netsmart Technologies	Amendment	\$8,400	N/A	\$3,770,558
New resources Consulting dba Clinical Path Consulting, LLC	Amendment	\$2,200	N/A	\$226,975
Robert Half International dba Robert Half Technology	Amendment		\$397,060	\$794,120
U.S. Securities/Allied Universal	Amendment		\$468,000	\$2,800,222
Total		\$10,600	\$2,006,857	\$12,228,772

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



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 13, 2018

TO: Tom Lutzow, Chairperson – Milwaukee County Mental Health Board (MCMHB)
Maria Perez, Chairwoman – Finance Committee, MCMHB

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 Contracts with a Value in Excess of \$100,000 for the Behavioral Health Division for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services

Issue

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health (substance use disorder) with a value of at least \$100,000. No contract or contract adjustment shall take effect until approved by the Milwaukee County Mental Health Board. Per the statute, the Director of the Department of Health and Human Services is requesting authorization for BHD/CARS/Wraparound/Inpatient Hospital to execute mental health and substance use contracts for 2019.

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

AIDS Resource Center of Wisconsin- \$96,213*

The Vendor provides Behavioral Health and/or Social Services for CARS consumers. BHD is requesting \$96,213 for 2019.

M & S Clinical Services, Inc. - \$273,850*

The Vendor is an Access Point that does screening and assessments for CARS consumers and matches the recommended services to the individual's needs. BHD will be inviting community agencies, organizations and interested parties to submit proposals to be an Access Point Vendor in the first quarter of 2019, therefore BHD is only requesting \$273,850 for the first six months of 2019.

M & S Clinical Services, Inc. - \$150,000

The Vendor provides information, AODA prevention, and education to individuals, their families, and the general public through the Families Moving Forward coalition. . BHD is requesting \$150,000 for 2019.

Impact, Inc. - \$254,706*

The Vendor is an Access Point that does screening and assessments for CARS consumers and matches the recommended services to the individual's needs. BHD will be inviting community agencies, organizations and interested parties to submit proposals to be an Access Point Vendor in the first quarter of 2019, therefore BHD is only requesting \$254,706 for the first six months of 2019.

Impact, Inc. - \$315,000

The Vendor the IMPACT 211 services and is the central access point for people in need. During times of personal crisis or community disaster, the free, confidential helpline and online resource directory make it easy for residents to get connected to information and assistance. BHD is requesting \$315,000 for 2019.

Wisconsin Community Services, Inc. - \$157,756*

The Vendor is an Access Point that does screening and assessments for CARS consumers and matches the recommended services to the individual's needs. BHD will be inviting community agencies, organizations and interested parties to submit proposals to be an Access Point Vendor in the first quarter of 2019, therefore BHD is only requesting \$157,756 for the first six months of 2019.

Wisconsin Community Services, Inc. - \$428,913

The Vendor has been contracted to run the Office of Consumer Affairs program for BHD. BHD is requesting \$428,913 for 2019.

Justice Point, Inc. - \$22,500*

The Vendor is an Access Point that does screening and assessments for CARS consumers and matches the recommended services to the individual's needs. BHD will be inviting community agencies, organizations and interested parties to submit proposals to be an Access Point Vendor in the first quarter of 2019, therefore BHD is only requesting \$22,500 for the first six months of 2019.

Matt Talbot Recovery Services, Inc. - \$2,572,145

The Vendor provides residential intoxication monitoring service for CARS consumers. BHD is requesting \$2,572,145 for 2019.

Matt Talbot Recovery Services, Inc. - \$2,196,557

The Vendor provides residential service for CARS consumers. BHD is requesting \$2,196,577 for 2019.

Community Advocates, Inc. - \$500,000*

The Vendor provides information, prevention education, and training to individuals, their families, and the general public to increase awareness and reduce the stigma related to mental illness, substance abuse, and co-occurring disorders. BHD is requesting \$500,000 for 2019.

Community Advocates, Inc. - \$266,600*

The Vendor provides prevention services for CARS consumers. BHD is requesting \$266,600 for 2019.

Mental Health America of WI - \$40,000

The Vendor provides suicide prevention information and training for individuals, their families, and the general public to increase awareness and help reduce the number of suicides. BHD is requesting \$40,000 for 2019.

Mental Health America of WI - \$44,000

The Vendor provides information and training for individuals, their families, and the general public and provides linkages and referrals to other community services. BHD is requesting \$44,000 for 2019.

St. Charles Youth & Family Services, Inc. - \$350,000*

The Vendor provides training coordination for CARS. BHD is requesting \$350,000 for 2019.

Meta House, Inc. - \$50,000*

The Vendor provides AODA prevention services for CARS consumers. BHD is requesting \$50,000 for 2019.

Outreach Community Health Centers, Inc. - \$2,196,557

The Vendor provides outpatient treatment service for CARS consumers. BHD is requesting \$2,196,557 for 2019.

National Alliance for Mentally Ill - \$30,000

The Vendor provides consumer advocacy services for CARS consumers. BHD is requesting \$30,000 for 2019.

Milwaukee Center for Independence, Inc. - \$331,984

The Vendor provides benefit advocacy and assistance for BHD consumers through the Winged Victory program. BHD is requesting \$331,984 for 2019.

Milwaukee Center for Independence, Inc. - \$1,160,000

The Vendor provides a Crisis Resource Center (North) that serves adults with mental health needs who are in need of crisis intervention and/or short-term crisis stabilization versus hospitalization. BHD is requesting \$740,000 for 2019. Additionally, \$420,000 in Medicaid passthrough payments is also being requested to support CRC services.

Milwaukee Center for Independence, Inc. - \$1,160,000

The Vendor provides a Crisis Resource Center (South) that serves adults with mental health needs who are in need of crisis intervention and/or short-term crisis stabilization versus hospitalization. BHD is requesting \$740,000 for 2019. Additionally, \$420,000 in Medicaid passthrough payments is also being requested to support CRC services.

United Community Center - \$45,000

The Vendor in partnership with the Sixteenth Street Community Health Center will strengthen their bilingual and bicultural service delivery for both behavioral health and physical health for BHD consumers. BHD is requesting \$45,000 for 2019.

Warmline, Inc. - \$50,000

The Vendor provides non-crisis phone line coverage to individuals living with mental illness who need supportive talk and linkages to community resources. BHD is requesting \$50,000 for 2019.

Our Space, Inc. - \$250,962

The Vendor provides a psychosocial drop-in center that provides a casual environment for education, recreation, socialization, pre-vocational activities, and occupational therapy opportunities for individuals with severe and persistent mental illness and/or co-occurring disorders. BHD is requesting \$250,962 for 2019.

Our Space, Inc. - \$400,000

The Vendor is creating 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 \$400,000 for 2019.

Grand Avenue Club, Inc. - \$200,000

The Vendor provides psycho-social club which is a model of rehabilitation for individuals living with mental illness and/or co-occurring disorders. The clubhouse operates with participants as members, who engage in partnership with staff in the running of the clubhouse and includes involvement in the planning processes and all other operations of the club. BHD is requesting \$200,000 for 2019.

Vital Voices for Mental Health - \$75,000

The Vendor does consumer satisfaction surveys for CARS consumers. BHD is requesting \$45,000 for 2019.

La Causa, Inc. - \$609,714

The Vendor provides post hospitalization support by Peer Specialists to increase independence and success following discharge. BHD is requesting to enter into a purchase of service contract for \$329,714 for 2019. This is the same amount that was requested for these services in 2018. Additionally, \$280,000 in Medicaid passthrough payments is also being requested to support these services.

La Causa, Inc. - \$200,000

The Vendor provides crisis mobile services. Crisis mobile pairs crisis workers with Police Officers to more effectively handle mental health crisis in the community and decrease involuntary admissions. BHD is requesting \$200,000 for 2019.

Bell Therapy, Inc. - \$298,000

The Vendor provides crisis stabilization home services. BHD is requesting \$298,000 for 2019.

Bell Therapy, Inc. - \$279,135

The Vendor provides crisis stabilization home services. BHD is requesting \$279,135 for 2019.

AJA Enterprises LLC dba AJA Counseling Center - \$1,770,372

The Vendor provides Care Coordination, REACH, and screening/assessment services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$1,770,372 for 2019.

Alternatives in Psychological Consultation, S.C. - \$2,500,491

The Vendor provides Care Coordination, REACH, and screening/assessment services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$2,500,491 for 2019.

SEA Group - \$300,000

The Vendor provides Educational Advocacy services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$300,000 for 2019.

Family Strong, LLC - \$225,000*

The Vendor provides family engagement and advocacy services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$225,000 for 2019.

Kids Forward - \$250,000

The Vendor provides support services such as program evaluation, training, consultation for the Wraparound Milwaukee Program. BHD is requesting \$250,000 for 2019.

La Causa, Inc. - \$4,736,424

The Vendor provides Care Coordination, REACH, and screening/assessment services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$4,736,424 for 2019.

Lad Lake - \$283,720

The Vendor provides the OYEAH program for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$283,720 for 2019.

Pathfinders Milwaukee, Inc. - \$141,860

The Vendor provides the OYEAH program for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$141,860 for 2019.

SaintA, Inc. - \$1,917,779

The Vendor provides Care Coordination, REACH, and screening/assessment services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$1,917,779 for 2019.

St. Charles Youth & Family Services, Inc. - \$4,567,143

The Vendor provides Care Coordination, REACH, OYEAH, screening/assessment, mobile crisis, Peer Specialists, and case management services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$4,567,143 for 2019.

Willowglen Community Care - \$1,920,516

The Vendor provides Care Coordination, REACH, and screening/assessment services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$1,920,516 for 2019.

Wisconsin Community Services, Inc. - \$463,140

The Vendor provides Care Coordination, and OYEAH services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$463,140 for 2019.

Fiscal Summary

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

Vendor Name	New/Amendment	2019 Amount	Total Contract Amount
AIDS Resource Center of Wisconsin*	New	\$96,213	\$96,213
M&S Clinical Services, Inc.*	New	\$273,850	\$273,850
M&S Clinical Services, Inc.	New	\$150,000	\$150,000
Impact, Inc.	New	\$254,706	\$254,706
Impact, Inc.	New	\$315,000	\$315,000
Wisconsin Community Services, Inc.*	New	\$157,756	\$157,756
Wisconsin Community Services, Inc.	New	\$428,913	\$428,913
Justice Point, Inc.*	New	\$22,500	\$22,500
Matt Talbot Recovery Services, Inc.	New	\$2,572,145	\$2,572,145

Vendor Name	New/Amendment	2019 Amount	Total Contract Amount
Matt Talbot Recovery Services, Inc.	New	\$2,196,557	\$2,196,557
Community Advocates, Inc.*	New	\$500,000	\$500,000
Community Advocates, Inc.*	New	\$266,600	\$266,600
Mental Health America of WI	New	\$40,000	\$40,000
Mental Health America of WI	New	\$44,000	\$44,000
St. Charles Youth & Family Services, Inc.*	New	\$350,000	\$350,000
Meta House, Inc.*	New	\$50,000	\$50,000
Outreach Community Health Centers, Inc.	New	\$2,196,557	\$2,196,557
National Alliance for Mentally Ill	New	\$30,000	\$30,000
Milwaukee Center for Independence, Inc.	New	\$331,984	\$331,984
Milwaukee Center for Independence, Inc.	New	\$1,160,000	\$1,160,000
Milwaukee Center for Independence, Inc.	New	\$1,160,000	\$1,160,000
United Community Center	New	\$45,000	\$45,000
Warmline, Inc.	New	\$50,000	\$50,000
Our Space, Inc.	New	\$250,962	\$250,962
Our Space, Inc.	New	\$400,000	\$400,000
Grand Ave, Club, Inc.	New	\$200,000	\$200,000
Vital Voices for Mental Health	New	\$75,000	\$75,000
La Causa, Inc.	New	\$609,714	\$609,714
La Causa, Inc.	New	\$200,000	\$200,000
Bell Therapy, Inc.	New	\$298,000	\$298,000
Bell Therapy, Inc.	New	\$279,135	\$279,135

Vendor Name	New/Amendment	2019 Amount	Total Contract Amount
AJA Enterprises dba AJA Counseling Center	New	\$1,770,372	\$1,770,372
Alternatives in Psychological Consultation, S.C.	New	\$2,500,491	\$2,500,491
SEA Group	New	\$300,000	\$300,000
Family Strong, LLC*	New	\$225,000	\$225,000
Kids Forward	New	\$250,000	\$250,000
La Causa, Inc.	New	\$4,736,424	\$4,736,424
Lad Lake	New	\$283,720	\$283,720
Pathfinders Milwaukee, Inc.	New	\$141,860	\$141,860
SaintA, Inc.	New	\$1,917,779	\$1,917,779
St. Charles Youth & Family Services, Inc.	New	\$4,576,143	\$4,576,143
Willowglen Community Care	New	\$1,920,516	\$1,920,516
Wisconsin Community Services, Inc.	New	\$463,140	\$463,140
Total		\$34,090,037	\$34,090,037

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

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: October 16, 2018

TO: Thomas Lutzow, Chairman – 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 an Amendment to a 2018 Purchase-of-Service Contract and 2019 Purchase of Service Contracts with a Value in Excess of \$100,000 for the Behavioral Health Division for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services**

Issue

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health (substance use disorder) with a value of at least \$100,000. No contract or contract adjustment shall take effect until approved by the Milwaukee County Mental Health Board. Per the statute, the Director of the Department of Health and Human Services is requesting authorization for BHD/CARS/Wraparound/Inpatient Hospital to execute mental health and substance use contracts for 2018 and 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

Community Medical Services - \$1,000,000*

The Substance Abuse and Mental Health Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP), has granted The Community Access to Recovery Services (CARS), Behavioral Health Division (BHD) an additional \$1,000,000 for 2018/2019 as part of the Targeted Response to the Opioid Crisis. The goal of the grant is to increase access to treatment, reduce the unmet treatment need, and reduce the number of opioid related deaths. CARS will use the additional funding to bring Community Medical Services, a new Vendor into the Milwaukee County area to help realize the goals of the grant. The funds will be used for the startup costs. Community Medical Services provides ASAM Level 1 Outpatient Opioid Maintenance Treatment Services for consumers with a

diagnosis use disorder (OUD) determined by DSM and ASM criteria. BHD is requesting \$500,000 for 2018 and \$500,000 for 2019. BHD is currently awaiting the State award letter.

La Causa, Inc. - \$100,000

The Vendor provides crisis mobile services. Crisis mobile pairs crisis workers with Police Officers to more effectively handle mental health crisis in the community and decrease involuntary admissions. BHD is requesting to increase by \$50,000 for 2018 & 2019 for a total increase of \$100,000. This amendment will increase the total contract amounts for 2018 & 2019 to \$250,000. This increase will be funded through anticipated underspend in La Causa's Community Linkages and Stabilization Program (CLASP).

Matt Talbot Recovery Services, Inc. - \$2,572,145

The Vendor provides residential intoxication services in a safe, supportive, and therapeutic environment. The funds are being requested for 2019 and the total contract amount will be \$2,572,145.

Fiscal Summary

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

Vendor Name	New/Amendment	2018 Amount	2019 Amount	Total Contract Amount
Community Medical Services*	New	\$500,000	\$500,000	\$1,000,000
La Causa, Inc.	Amendment	\$250,000	\$250,000	\$500,000
Matt Talbot, Recovery Services, Inc.	New	\$2,572,145	\$2,572,145	\$2,572,145
Total		\$3,322,145	\$3,322,145	\$4,072,145

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

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 13, 2018

TO: Tom Lutzow, Chairperson – Milwaukee County Mental Health Board
Maria Perez, Chairwoman – Finance Committee

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 2018 Fee-for-Service Agreement Amendments with a Value in Excess of \$100,000 for the Behavioral Health Division for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services

Issue

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health (substance use disorder) with a value of at least \$100,000. No contract or contract adjustment shall take effect until approved by the Milwaukee County Mental Health Board. Per the statute, the Director of the Department of Health and Human Services is requesting authorization for BHD/CARS/Wraparound/Inpatient Hospital to execute mental health and substance use contract amendments for 2018.

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

Allendale Association, Inc. - \$400,000

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 \$400,000 for 2018. The total contract amount will be \$480,000.

Dominion Behavioral Health Services, LLC - \$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 2018. The total contract amount will be \$155,688.

Libertas Community Center - \$115,000

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 \$30,000 for 2018. The total contract amount will be \$115,000.

Fiscal Summary

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

Vendor Name	New/Amendment	2018 Increase	Total Contract Amount
Allendale Association, Inc.	Amendment	\$400,000	\$480,000
Dominion Behavioral Health Services, LLC	Amendment	\$20,000	\$155,688
Libertas Treatment Center	Amendment	\$30,000	\$115,000
Total		\$450,000	\$750,688

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

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: October 17, 2018

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 2018 and 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 2018, and 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

Community Medical Services - \$99,000*

Community Medical Services provides ASAM Level 1 Outpatient Opioid Maintenance Treatment Services for consumers with a diagnosis use disorder (OUD) determined by DSM and ASM criteria. The provider will provide Medication Assisted Treatment (MAT) for indigent consumers in Milwaukee County. BHD is requesting \$99,000 For 2019.

***The following Fee for Service Agreements are for the Community Support Program (CSP):**

These contracts are being awarded as the result of the successful proposals that the Providers submitted in response to the Request for Proposal that was issued by BHD on August 28, 2018. CSP is for persons with severe and persistent mental illness. CSP is defined as a coordinated care

and treatment program which provides a range of treatment, rehabilitation, and support services through an identified treatment program.

MCFI dba Whole Health Medical - \$2,590,000

Whole Health Medical is being awarded a Fee for Service contract to provide Community Support Program (CSP) as a result of a Request for Proposal that was issued. BHD is requesting to enter into a contract not to exceed \$2,590,000 for CSP services in 2019.

Milwaukee Mental Health Associates, Inc. - \$3,160,000

The Provider is being awarded a Fee for Service contract to provide Community Support Program (CSP) as a result of a Request for Proposal that was issued. BHD is requesting to enter into a contract not to exceed \$3,160,000 for CSP services in 2019.

Outreach Community Health Centers - \$1,020,000

The Provider is being awarded a Fee for Service contract to provide Community Support Program (CSP) as a result of a Request for Proposal that was issued. BHD is requesting to enter into a contract not to exceed \$1,020,000 for CSP services in 2019.

Phoenix Care Systems, Inc. - \$1,870,000

The Provider is being awarded a Fee for Service contract to provide Community Support Program (CSP) as a result of a Request for Proposal that was issued. BHD is requesting to enter into a contract not to exceed \$1,870,000 for CSP services in 2019.

Project Access - \$2,450,000

The Provider is being awarded a Fee for Service contract to provide Community Support Program (CSP) as a result of a Request for Proposal that was issued. BHD is requesting to enter into a contract not to exceed \$2,450,000 for CSP services in 2019.

Wisconsin Community Services - \$2,930,000

The Provider is being awarded a Fee for Service contract to provide Community Support Program (CSP) as a result of a Request for Proposal that was issued. BHD is requesting to enter into a contract not to exceed \$2,930,000 for CSP services in 2019.

The following Fee for Service Agreements are for Comprehensive Community Services (CCS) Medicaid increases

Bracy Psychological Services & Stress Management - \$20,000

The 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 2018. The total contract amount will be \$406,000 for 2018/2019.

Honey Creek Counseling - \$180,661.89

This vendor provides Behavioral Health and/or Social Services for consumers in the CARS program. BHD is requesting an additional \$90,661.89 for 2018 and \$90,000 for 2019. The total contract amount will be \$230,000 for 2018/2019.

Libertas - \$30,000

The Vendor provides Behavioral Health and/or Social Services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting an additional \$23,000 for 2018. The total contract amount will be \$115,000 for 2018.

MCFI Home Care - \$195,000

This vendor provides Behavioral Health and/or Social Services for consumers in the CARS program. BHD is requesting an additional \$195,000 for 2018. The total contract amount will be \$450,000 for 2018/2019.

Meta House - \$38,000

This vendor provides Behavioral Health and/or Social Services for consumers in the CARS program. BHD is requesting an additional \$38,000 for 2018. The total contract amount will be \$402,000 for 2018/2019.

Mental Health America of Wisconsin Inc. - \$110,000

This vendor provides Behavioral Health and/or Social Services for consumers in the CARS program. BHD is requesting an additional \$110,000 for 2018 and \$150,00 for 2019. The total contract amount will be \$280,000 for 2018/2019.

Milwaukee Mental Health Associates- \$78,000

This vendor provides Behavioral Health and/or Social Services for consumers in the CARS program. BHD is requesting an additional \$78,000 for 2018. The total contract amount will be \$444,000 for 2018/2019.

Our Space, Inc. - \$154,606.10

This vendor provides Behavioral Health and/or Social Services for consumers in the CARS program. BHD is requesting an additional \$154,606.10 for 2018. The total contract amount will be \$185,393.90 for 2018/2019.

Project Access, Inc. - \$8,000

This vendor provides Behavioral Health and/or Social Services for consumers in the CARS program. BHD is requesting an additional \$8,000 for 2018. The total contract amount will be \$872,000 for 2018/2019.

Professional Services Group, Inc. - \$17,000

This vendor provides Behavioral Health and/or Social Services for consumers in the CARS program. BHD is requesting an additional \$17,000 for 2018. The total contract amount will be \$323,000 for 2018/2019.

Revive Youth & Family Services, LLC - \$332,914

The Vendor provides Behavioral Health and/or Social Services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$166,457 for 2019. The total contract amount will be \$332,914 for 2018/2019.

Sebastian Family Psychology Practice - \$25,000

This vendor provides Behavioral Health and/or Social Services for consumers in the CARS program. BHD is requesting an additional \$25,000 for 2018. The total contract amount will be \$675,000.

Summit Wellness, Inc. - \$267,748

This vendor provides Behavioral Health and/or Social Services for consumers in the CARS program. BHD is requesting an additional \$267,748 for 2018. The total contract amount will be \$1,072,252.

Tomorrow's Future, LLC - \$221,462

The Vendor provides Behavioral Health and/or Social Services for the Wraparound Milwaukee Program serving children/youth and their families, under a Fee for Service Agreement. BHD is requesting an additional \$41,462 for 2018 and \$180,000 for 2019. The total contract amount will be \$360,000 for 2018/2019.

Tomorrow's Future, LLC - \$100,000

The Vendor provides Behavioral Health and/or Social Services for the Wraparound Milwaukee Program serving children/youth and their families, under an Out of Network Agreement. BHD is requesting an additional \$100,000 for 2018. The total contract amount will be \$180,000 for 2018.

Fiscal Summary

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

Vendor Name	New/Amendment	2018 Contract Amount	2018 Increase	2019 Amount	Total Contract Amount (2018/2019)
Bracy Psychological Services & Stress Management	Amendment	\$153,447	\$20,000	\$232,553	\$406,000
MCFI dba Whole Health Medical	New	N/A	N/A	\$2,590,000	\$2,590,000
Milwaukee Mental Health Associates, Inc.	New	N/A	N/A	\$3,160,000	\$3,160,000
Outreach Community Health Center	New	N/A	N/A	\$1,020,000	\$1,020,000
Phoenix Care Systems, Inc.	New	N/A	N/A	\$1,870,000	\$1,870,000

Vendor Name	New/Amendment	2018 Contract Amount	2018 Increase	2019 Amount	Total Contract Amount (2018/2019)
Project Access, Inc.	New	N/A	N/A	\$2,450,000	\$2,450,000
Wisconsin Community Services	New	N/A	N/A	\$2,930,000	\$2,930,000
Community Medical Services	New	N/A	N/A	\$99,000	\$99,000
Honey Creek Counseling	Amendment	\$49,338.11	\$90,661.89	\$90,000	\$230,000
Libertas	Amendment	\$85,000	\$30,000	N/A	\$115,000
MCFI Home Care, LLC	Amendment	\$125,000	\$195,000	\$130,000	\$450,000
Meta House, Inc.	Amendment	\$182,000	\$38,000	\$182,000	\$402,000
Mental Health America of Wisconsin, Inc.	Amendment	\$20,000	\$110,000	\$150,000	\$280,000
Milwaukee Mental Health Associates, Inc.	Amendment	\$222,000	\$78,000	\$222,000	\$444,000
Our Space, Inc.	Amendment	\$15,393.90	\$154,606.10	\$15,393.90	\$185,393.90
Project Access, Inc.	Amendment	\$432,000	\$8,000	\$432,000	\$872,000
Professional Services Group, Inc.	Amendment	\$153,000	\$17,000	\$153,000	\$323,000
Revive Youth & Family Services, LLC	Amendment	\$166,457	N/A	\$166,457	\$332,914
Sebastian Family Psychology	Amendment	\$325,000	\$25,000	\$325,000	\$675,000
Summit wellness, Inc.	Amendment	\$402,252	\$267,748	\$402,252	\$1,072,252
Tomorrow's Future, LLC (FFSA)	Amendment	\$138,538	\$41,462	\$180,000	\$360,000
Tomorrow's Future, LLC (OONA)	Amendment	\$80,000	\$100,000	N/A	\$180,000

Vendor Name	New/Amendment	2018 Contract Amount	2018 Increase	2019 Amount	Total Contract Amount (2018/2019)
Total		\$2,549,426	\$1,175,478	\$16,799,655.90	\$20,446,559.90

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

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 13, 2018 - 1:30 P.M.
Milwaukee County Mental Health Complex
9455 West Watertown Plank Road
Conference Room 1045

MINUTES

PRESENT: Maria Perez, Jon Lehrmann, Michael Davis, and Kathleen Eilers

ABSENT: Duncan Shrout

SCHEDULED ITEMS:

1.	<p>Welcome.</p> <p>Chairwoman Perez welcomed everyone to the September 13, 2018, Mental Health Board Finance Committee meeting.</p>
2.	<p>Reserve Analysis Overview.</p> <p>An update was provided on the overall state of Behavioral Health Division Reserves. Year-End 2017 Reserve balances include \$21,300 million in Operating, \$4,700 million in Capital, and \$8,300 million in Wraparound. Wraparound Reserves can only be used to serve children. With Reserve numbers in mind, a review was done of the current projects/initiatives that have been committed to, future commitments, and risk exposure. All of which is funded through Reserves.</p>
3.	<p>Reserve Fund Policy.</p> <p>A provision of Act 203 requires at year end, any unexpended or unencumbered mental health budget funds be held by the Milwaukee County Treasurer in a mental health reserve fund. Once the fund reaches a \$10 million balance, any surplus amounts may be used for “any mental health function, program, or service in Milwaukee County.” It also shifted authority for the building reserve fund to the Mental Health Board (MHB).</p> <p>The policy outlines the procedure for accessing the funds. The Behavioral Health Division (BHD) Administrator will submit a memorandum to the MHB’s Finance Committee requesting the release of funds. In the memo, BHD will outline the project(s) being funded,</p>

SCHEDULED ITEMS (CONTINUED):

	<p>the amount being requested, justification as to why the project(s) are appropriate for reserve funds, and the anticipated impact on reserve funds.</p> <p>The Finance Committee will review the request and make a recommendation to the Board. If approved by the Board, BHD will submit a fund transfer to the Department of Administrative Services requesting an amendment to the current year budget.</p> <p>Questions and comments ensued.</p> <p>The Finance Committee unanimously agreed to recommend approval of the Reserve Fund Policy to the Board.</p>
4.	<p>Mental Health Board Finance Committee Purchase-of-Service Contracts Recommendation.</p> <ul style="list-style-type: none">• 2019 Contracts <p>Purchase-of-Service Contracts for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services were reviewed. An overview was provided detailing the various program contracts. A recommendation to approve would be for 2019 Contracts.</p> <p>Questions and comments ensued.</p> <p>Finance Committee Member Eilers abstained from recommending the Grand Avenue Club and the Milwaukee Center for Independence contracts for approval.</p> <p>Remaining Committee Members unanimously agreed to recommend approval of the Grand Avenue Club and the Milwaukee Center for Independence contracts to the Board.</p> <p>Finance Committee Chairwoman Maria Perez abstained from recommending the United Community Center contract for approval.</p> <p>Remaining Committee Members unanimously agreed to recommend approval of the United Community Center contract to the Board.</p> <p>The Finance Committee, as a whole, unanimously agreed to recommend approval of the balance of 2019 Purchase-of-Service Contracts delineated in the corresponding report to the Board.</p>

SCHEDULED ITEMS (CONTINUED):

<p>5.</p>	<p>Mental Health Board Finance Committee Fee-for-Service Agreements Recommendation.</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 various program agreements, which 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.</p> <p>The Finance Committee unanimously agreed to recommend approval of Amendments to the 2018 Fee-for-Service Agreements delineated in the corresponding report to the Board.</p>
<p>6.</p>	<p>2018 Financial Reporting Package.</p> <p>The anticipated deficit for 2018 is \$400,000. Data projections included patient revenue generated from adult inpatient and Child/Adolescent Inpatient Services (CAIS). The Emergency Room (ER)/Observation Unit (OBS) is under budget. A surplus is expected for management, operations, and fiscal due to vacant positions. Both hospital and community services revenue and expenses were identified as either over or under budget.</p> <p>Questions and comments ensued.</p>
<p>7.</p>	<p>Veteran Health Support Program.</p> <p>At the June 28, 2018, Finance Committee Budget meeting, Board Member Curry put forth an amendment related to legal services for veterans who were less than honorably discharged. The status prohibits enrollment in the Department of Veterans Affairs (VA) healthcare system. Behavioral Health Division (BHD) staff reached out to Milwaukee County Veteran Services Director Jim Duff, who provided a written opinion on their position in this matter.</p> <p>According to the opinion, Milwaukee County Veteran Services already provides this assistance, and Milwaukee County funding a similar legal option would be redundant. Veteran Services are able to keep up with the current demand for these services and have a successful track record getting the status overturned.</p> <p>A preliminary analysis was done related to the number of veterans served by BHD in the last eighteen months. A better understanding is needed as to why (less than honorable discharge issue or needs not being met) these individuals are not accessing VA services. Included in the analysis will be to assess the comparable services the VA offers.</p> <p>Questions and comments ensued.</p>

SCHEDULED ITEMS (CONTINUED):

	<p>The Finance Committee indicated it would not recommend funding the program at this time. The Committee did request to be provided with data by Board Member Curry reflecting the number of veterans who need and are not receiving these particular legal services with a report back to the Committee in a year.</p> <p>BHD staff will follow-up with Board Member Curry.</p>
8.	<p>Adjournment.</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 3:03 p.m.</p> <p>Adjourned,</p> <p>Jodi Mapp Senior Executive Assistant Milwaukee County Mental Health Board</p>	
<p style="text-align: center;">The next regular meeting of the Milwaukee County Mental Health Board Finance Committee is Thursday, October 25, 2018, at 7:00 a.m. at the Zoofari Conference Center</p> <p style="text-align: center;">Visit the Milwaukee County Mental Health Board Web Page at:</p> <p style="text-align: center;">https://county.milwaukee.gov/EN/DHHS/About/Governance#MCMHBrecords</p>	

Finance Committee Item 2

Milwaukee County Behavioral Health Division Reserve Analysis (\$000's)

Year End 2017 Reserve Balances

Operating Reserve	\$ 21,300
Capital Reserve	\$ 4,700
Wraparound Reserve	\$ 8,300
	<u>\$ 34,300</u>

Usage of Reserves

Committed¹

Peer Respite Annual Expense (thru 2020)	\$ 200
CART Annual Expense (thru 2020)	\$ 100
Board Analyst Annual Expense	\$ 50

Funds Committed
\$ 200
\$ 100
\$ 50

Projected Usage	
Minimum	Maximum
\$ 200	\$ 600
\$ 100	\$ 300
\$ 50	\$ 150

Future Commitments

Retention / Severance Payments	
CSP High Fidelity Grant (5yr) (5yr \$1m/yr. - \$250k/yr1, \$350k/yr2)	
Veterans	
Oxford House	

\$ 2,400	\$ 4,200
\$ 600	\$ 600
\$ 100	\$ 100
\$ 200	\$ 200

Risk Exposure

Inpatient/ER Operating Deficit	
CAIS - CON Medicaid Recoupment Building	
Life Safety	
Major Repairs	
Downsizing Exposure	
Accounts Receivable - uncollectable	

\$ 350

\$ -	\$ 4,000
\$ 500	\$ 1,000
?	
?	
?	
\$ -	\$ 2,000

Total Committed to Initiatives

Range of funds to be withdrawn from reserves:

\$ 4,150	\$ 13,150
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¹Committed funds for specific initiatives will not be withdrawn from reserves if there is a surplus in the year.

Finance Committee Item 6

Milwaukee County Behavioral Health Division

2018 June Year to Date Projection - Major Variances
(\$ millions)

Total BHD Projected Surplus/(Deficit) \$ (0.4)

Hospital (Adult Inpatient, CAIS, ER/Obs) **(\$1.7)**

REVENUE:

Patient Revenue - CAIS (\$0.9), PCS-ER/Obs (\$1.7), Adult (\$0.1) \$ (2.7)

EXPENSES:

Personnel Expenses (Overtime over Budget) \$ (0.6)

Miscellaneous Patient Expenses \$ 1.8

State Institutes \$ (0.6)

Internal Allocation revised, favorable to Inpatient \$ 0.4

Sub-Total Hospital Expenses \$ 1.0

Management/Operations/Fiscal **\$0.5**

Personnel Expenses - Salary surplus from vacant positions

Community Services **\$0.7**

REVENUE:

CCS WIMCR \$ 1.8

EXPENSES:

Access Clinic \$ (0.3)

CRS/IOP/Day Tx Underspend \$ 0.7

Residential - CBRF \$ (0.8)

Salary Underspend \$ 1.3

AODA Grant underspend \$ (0.5)

RSC/Outpatient Overspend \$ (1.5)

Sub-Total Community Expenses \$ (1.1)

Finance Committee Item 7

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: September 13, 2018

TO: Tom 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 Additional Information on 2019 Budget Amendment #1 Titled Veteran Health Support Program**

Background

At the June 28, 2018, Finance Committee meeting, the Committee laid over 2019 Budget Amendment #1 titled Veteran Health Support Program. This Amendment would use \$150,000 Behavioral Health Division (BHD) Reserve funds annually to fund a legal team to support Milwaukee County veterans in their efforts to overturn their denied benefits status.

In July, BHD Administration reached out to the Milwaukee County Veterans Service Office (MCVSO) to get information on what MCVSO is already doing to assist veterans in overturning denied benefits status. After reviewing the Budget Amendment, the MCVSO Director, Jim Duff, offered to submit a memorandum to the Milwaukee County Mental Health Board (**See Attachment A**) on the ability of MCVSO to meet this objective with existing resources.



Mary Jo Meyers, Director
Department of Health and Human Services

Cc: Maria Perez, Finance Chairperson

AMENDMENT #1

BUDGET RECOMMENDATION 2019 REQUESTED BUDGET MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION



Please send completed recommendation forms to:
Maria Perez, PhD (Maria.Perez@milwaukeecountywi.gov) &
Lisa Wozny (Lisa.Wozny@milwaukeecountywi.gov)

Title: Veteran Health Support Program

MCMHB Sponsor: Robert Curry

Narrative Description:

After recent discussions with various community stakeholders, it has become apparent that a gap exists in community service which results in an unnecessary burden upon Milwaukee's county-funded behavioral health services. Other communities throughout the nation, facing similar financial hurdles, have invested resources into addressing this problem at its source rather than at the point of crisis, which results in improvements to the health of the targeted community while expanding available resources for the general public. The gap which this proposal seeks to fill is the lack of accessible legal services for trauma-affected veterans who have earned VA healthcare, but are unnecessarily utilizing county-funded behavioral health services.

Milwaukee's current legal and advocacy services lack the capacity to provide specialized administrative knowledge on a pro bono basis to veterans who suffered service-connected trauma and have been denied VA eligibility. Private attorneys accept cases on retainer or collecting fees from the client's financial award, and county veteran resources provide advice on completing paperwork and filing deadlines. What Milwaukee lacks is a resource for veterans with PTSD or other trauma to have an attorney represent them for free to challenge their denial of benefits, one who has been trained in current administrative guidance and the evolving treatment of PTSD and trauma by the military and VA. Investing in this advocacy as a priority to address public health is the forward-thinking solution which will, within months, reduce unnecessarily utilization of county resources.

The MCMHB can receive a great return on investing in such a program. By funding a local non-profit with \$150,000 annually, the MCMHB could invite proposals from organizations to describe how they would implement such a project, and how county health services could better identify veterans currently utilizing BHD services whose costs of care should be borne by the federal government, not by Milwaukee County. Proposals would require the director of such a project to be a licensed attorney and accredited by the VA, and should describe how the remaining funds would be used to train a network of volunteer attorneys and implement positive change to BHD services. This Veteran Peer should be WI State Certified Peer, as well as Paralegal training. Assuming a limited commitment of 3 years of funding, proposals would also need to identify how the project would sustain itself once financial investments from MCMHB expire.

Anticipated 2019 Financial Impact of Recommendation:

Description	Revenue	Expense	Tax Levy
Veteran Health Support Program	-	\$150,000	-
Contribution from Reserves	\$150,000	-	-
Total	\$150,000	\$150,000	\$0

This initiative requires a total commitment of \$450,000 from the BHD general reserve. This is a three year commitment, not to exceed \$150,000 annually. The \$450,000 commitment also does not include the administrative costs of setting up or administering an RFP.

The 2019 budgeted contribution from reserves would increase from \$351,697 to \$501,697 in 2019 and 2020. The 2021 budgeted contribution from reserves would decrease to \$150,000, since other initiatives currently funded from the reserve would have been completed at that time.

Contract expenditures would increase by \$150,000 in 2019, and then decrease by \$150,000 in 2022.

Memorandum for Record (Related to Budget Recommendation (Veteran Health Support Program))

From: Jim Duff, Director, Milwaukee County Veterans Service Office

Without further clarification of the extent of the need that may exist and sufficient justification for the amount requested, I would not support this budget recommendation. I would suggest that any BHD patients identifying as veterans and claiming ineligibility for VA health care (or any other veterans benefit) be referred to the Milwaukee County Veterans Service Office for assistance.

The Milwaukee County Veterans Service Office (2018 levy \$197K) assists veterans and their families residing in Milwaukee County with identifying and applying for various state and federal veterans benefits, and connects them also with some associated social services.

In 2017, the MCVSO provided clients with 1500+ iterations of assistance with federal/misc benefits (direct assistance with applications and follow-up). These included 864 requests/provision of service records, 21 discharge upgrades, 54 VA compensation, 47 VA pension, 22 VA survivors' pensions, and 106 VA Health Care Apps. There were another 800+ iterations of assistance to veterans and their families with state of Wisconsin veterans benefits.

Related to discharge upgrades, and contrary to the budget recommendation writer's narrative, we do more than "provide advice on completing paperwork and filing deadlines." We advise the veteran on the likelihood of success (90+% of less than honorable discharges will never be upgraded, because they were fair and legal when issued), identify and assist the veteran in obtaining supporting documentation, prepare the application for the veteran's signature, submit the paperwork and correspond with the various Boards for Correction of Military Records.

Less than Honorable discharges may disqualify veterans for VA health care. However, the VA makes individual determinations, and does not deny emergency health care to veterans claiming service connected mental health care issues. See attached fact sheet.

County Veterans Service Offices throughout Wisconsin assist veterans with the discharge upgrade process, similar to what our office does. In some cases, veterans service organizations (e.g., American Legion, VFW, etc) may assist veterans also. In addition, private attorneys, as the budget recommendation writer mentions, assist veterans also, sometimes pro bono, sometimes for fees from a potential award of compensation. (It should be noted that there are similar groups of attorneys who assist citizens applying for Social Security Disability. I would not suggest that Milwaukee County consider funding attorneys to represent citizens on SSD claims.)

Related to the issues discussed in the budget recommendation, among other veterans we have assisted in the past 24 months with discharge upgrades, we assisted 4 veterans in particular with getting their discharges upgraded, who's less than honorable discharges were related to mental trauma/Military Sexual Trauma.

a. Veteran 1 – Gulf War 1 veteran – Initially Other Than Honorable – Upgraded to General, Under Honorable Conditions. Mitigating factor: undiagnosed PTSD. Now eligible for VA benefits, including health care, and the WI Property Tax Credit for 100% service-connected disabled veterans.

b. Veteran 2 – Vietnam veteran - Initially Other Than Honorable - Upgraded to General, Under Honorable Conditions. Mitigating factor: undiagnosed PTSD. Previously eligible for VA health care. Now eligible for VA compensation, receiving at the 70% level.

c. Veteran 3 – Iraq War Veteran – Initially Other Than Honorable – Upgrade denied, but now in appeal. Mitigating factor: BiPolar Disorder. Review Board opined that veteran should be eligible for health care, and we have assisted vet with that application and are awaiting VA Hospital's determination.

d. Veteran 4 – Iraq War era veteran - Initially General, Under Honorable Conditions – Upgraded to fully Honorable. Mitigating factor: Military Sexual Trauma/Personality Disorder. Already receiving VA health care and VA compensation. Potential eligibility for Post 9/11 GI Bill.

Where military sexual trauma, undiagnosed mental trauma, and/or racism can be shown to be a factor leading to a less than honorable discharge, there is a high likelihood of success in the upgrade process.

The DOD promulgated a policy letter a few years ago, directing the various Boards for Correction of Military Records to consider undiagnosed mental trauma as a mitigating factor when determining whether or not to upgrade a discharge. While the policy is not compelling on the Boards, it has had a positive effect.

The discharge upgrade process can take up to 2 years and sometimes longer, so it is not an immediate fix.

It may be helpful to have knowledge of the state of the veterans population.

The veterans population is in significant decline in Wisconsin and throughout the nation. In the past 12-14 years, the population of veterans in WI has declined by 25%, which approximately mirrors the decline nation-wide. The VA predicts veterans population nation-wide to decline by an additional 32% (from 20M to 13.6M) by 2037, more in WI. As of FY 2016, VA estimated WI's veterans' population at 373,606. The VA has the following estimates of Milwaukee County veterans population: (see also attached sheets)

Sep 30, 2015 – 49,381

Sep 30, 2017 – 45,832

Sep 30, 2021 – 39,295

Sep 30, 2025 – 33, 555

Sep 30, 2030 – 27,643

The reasons for this decline are the passing away of draft-era veterans (from WWII, Korea, Cold War, Vietnam eras), and the transition to an all-volunteer force coupled with low personnel end strength in the active military and reserves.

Personnel End Strength - end, FY2017					
	Active	Guard	Selected Reserve**	Civilian	TOTAL
TOTAL	1,296,900	448,700	364,500	764,400	2,875,500
DOD	-----	-----	-----	193,800	193,800
Army	476,000	343,000	199,000	196,500	1,214,500
Navy	322,900	-----	58,000	183,300	564,200
Marines	182,000	-----	38,500	20,000	245,000
Air Force	317,000	105,700	69,000	170,800	662,500

(extracted from www.globalsecurity.org)

In summary, the number of veterans needing the kind of assistance referred to in the Budget Recommendation must be relatively small, and does not justify the expenditure of additional county resources to address it, especially when there are already county and other resources positioned/funded to assist. Those affected veterans should be referred to the Milwaukee County Veterans Service Office.

Dear Mental Health Board:

MILWAUKEE IS FACING A CRISIS AMONG A ~~COMMUNITY~~ POPULATION OF VETERANS WHO ARE UNABLE TO OBTAIN TREATMENT THROUGH THE VETERANS ADMINISTRATION. MANY VETERANS HAVE ~~BEEN~~ ENDED THEIR MILITARY CAREER DUE TO CONDUCT WHICH IS RELATED TO SERVICE-CONNECTED TRAUMA. ONLY 10% OF VETERANS WHO ARE INELIGIBLE FOR BENEFITS EVER CHALLENGE THAT PRESUMPTION DUE TO LACK OF ACCESS TO LEGAL COUNSEL.

ON BEHALF OF GRASSROOTS EMPOWERMENT, THIS GROUP SEEMS TO OBTAIN \$100,000 IN ORDER TO CREATE A LEGAL CLINIC TO ASSIST VETERANS TO ACCESS THE BENEFITS THROUGH THE VA WHICH THEY HAVE EARNED. THIS INVESTMENT WOULD REDUCE THE STRAIN ON COUNTY & PRIVATE SERVICE PROVIDERS WHILE IMPROVING RECOVERY OPTIONS FOR TRAUMA-AFFECTED VETERANS.

SIGNIFICANT COMMUNITY STATE LEADERS ARE ON BOARD TO ASSIST WITH THIS EFFORT, INCLUDING VA, MILWAUKEE COUNTY, MUNICIPAL GOVTS, & LEGAL PROVIDERS.

PLEASE CONTACT BRIAN MICHEL JD @ GMAIL.COM FOR FURTHER DETAILS = TO DISCUSS A GRANT AMENDMENT.

Best,

Brian Michel



Other than Honorable¹ Discharges

Impact on Eligibility for VA Health Care Benefits

Benefit Description

Except for persons who die during military service, status as a Veteran requires that he or she was discharged or released under conditions other than dishonorable. If a Veteran honorably completed the period of military service for which he or she was initially obligated but because of a change in military status was not discharged or released, and he or she did not honorably complete a subsequent period of service, then the Veteran may be eligible for VA benefits based on the initial period. An administrative decision is required by VBA to determine if the initial obligation was satisfied and whether or not the individual meets the qualification of a Veteran. Examples of a change in military status include:

- Reenlistment
- Voluntary or involuntary extensions of a period of obligated service
- Discharge for acceptance of an appointment as a commissioned officer or warrant officer;
- Change from a Reserve commission to a Regular commission
- Change from a Regular commission to a Reserve commission (Title 38 U.S.C. 101(18)).

Administrative "Other than Honorable" discharges may or may not be disqualifying for purposes of general VA benefit eligibility or VA health benefits eligibility specifically. In assessing whether such discharges were issued "under conditions other than dishonorable," VA must apply the standards set forth in Title 38 Code of Federal Regulations (C.F.R.) §3.12

"Other than Honorable" Discharges – Special Health Care Rule

An individual with an "Other than Honorable" discharge that VA has determined to be disqualifying under application of title 38 C.F.R. §3.12 still retains eligibility for VA health care benefits for service-incurred or service-aggravated disabilities unless he or she is subject to one of the statutory bars to benefits set forth in Title 38 United States Code §5303(a). Authority: Section 2 of Public Law 95-126 (Oct. 8, 1977).

VA health care benefits: If an individual presents or makes an application for VA health care benefits and has an "other than honorable" discharge, eligibility staff must register the individual and place in a Pending Verification Status unless Veteran has a separate and distinct "unconditional" qualifying military service episode with a qualifying Character of Service. A request for an administrative decision regarding the character of service for VA health care purposes must be made to the local VA Regional Office (VARO).

¹ In this document, the phrase "other than honorable discharge" refers to specific the administrative military discharge "under other than honorable conditions." Thus, this term does not encompass punitive discharges (dishonorable discharges, bad-conduct discharges, or officer dismissals), or other types of military discharges.

This request may be submitted using a VA Form 7131, Exchange of Beneficiary Information and Request for Administrative and Adjudicative Action. In making determinations of health care eligibility the same criteria will be used as are now applicable to determinations of service connection when there is no character of discharge bar. The active psychosis or mental illness presumptions under 38 U.S.C. § 1702 (implemented at 38 C.F.R. § 17.109) may be applicable to an individual with an other than honorable discharge. If the eligibility criteria are met, the individual's mental health condition will be presumed to be service-connected for purposes of health care benefits for service-incurred or service-aggravated disabilities.

Note: Treatment for mental health conditions may be provided under VA's tentative eligibility authority (38 C.F.R. § 17.34) to an individual with an other than honorable discharge who presents to VA seeking mental health care in emergency circumstances for a condition the former servicemember asserts is related to military service. For non-mental health conditions, VA may provide emergent treatment under VA's humanitarian care authority at 38 U.S.C. 1784. In instances where a former servicemember's eligibility is not yet established, the former servicemember must sign a VA Form 119, Report of Contact, stating that if s/he is subsequently found to be NOT eligible for VA health care, they agree to pay the Humanitarian Rate for any emergent care or services provided.

Review of Military Discharge References:

A Veteran may request a review of his/her discharge from the Armed Forces, by submitting Form DD 293, "Application for the Review of Discharge from the Armed Forces of the United States" to the appropriate branch of service where the active duty was served. This request must be made within 15 years of discharge from active service. Form DD 293 can be found at the following link: www.dtic.mil/whs/directives/forms/eforms/dd0293.pdf.

If the discharge the Veteran wants reviewed was issued over 15 years ago, instead of applying on a DD Form 293, the Veteran must petition the appropriate Board for Correction of Military Record using DD Form 149, Application for Correction of Military Record Under the Provisions of Title 10, U.S. Code, Section 1552. Form DD 149 can be found at the following link: www.dtic.mil/whs/directives/forms/eforms/dd0149.pdf.

Note: A Veteran may request copies of Military Records, by submitting Form SF 180, "Request Pertaining to Military Records" to the appropriate branch of service. The form can be found at www.archives.gov/research/order/standard-form-180.pdf, or it may be completed online at www.archives.gov/veterans/military-service-records.

For Further Information: Contact your local VA health care facility's Eligibility office or the Health Eligibility Center at 404-828-5257. This and other eligibility related fact sheets are available at www.va.gov/healthbenefits/resources/publications.asp.

Authorities: Title 38, United States Code, §5303(a); Pub. L. No. 95-126, §2; and Title 38, Code of Federal Regulations, §§3.12 and 17.34.

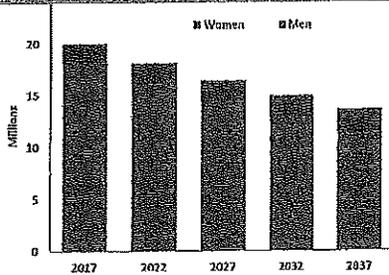


U.S. Department
of Veterans Affairs

Veteran Population Projections 2017-2037

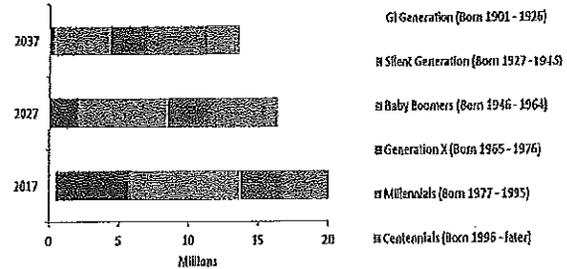
The Veteran Population Projection Model 2016 (VetPop2016) provides the latest official Veteran population projection from the Department of Veterans Affairs (VA). VetPop2016 contains projections for each fiscal year from 2015 to 2045.

The total Veteran Population is predicted to decline from 20.0 million in 2017 to 13.6 million in 2037

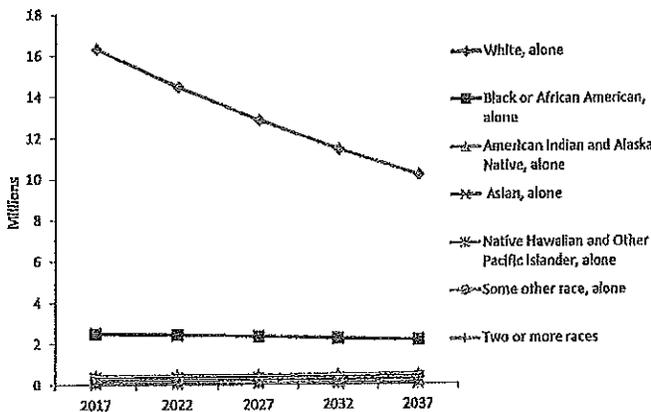


**Annual % Change
2017 - 2037**

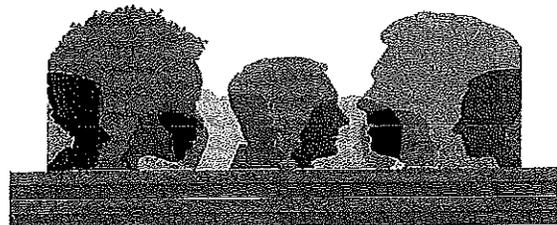
Total: -1.9%
Male: -2.3%
Female: +0.7%



Race and Ethnicity



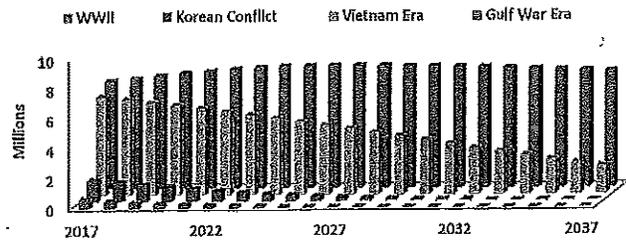
Minority Veterans are predicted to increase from 23.2 percent of the total Veteran population in 2017 to 32.8 percent in 2037. Hispanic Veterans will increase from 7.4 percent in 2017 to 11.2 percent in 2037. Minorities are all races/ethnicities except non-Hispanic White Veterans.



Beginning in 2016 Gulf War Era Veterans became the largest Veteran Cohort

2017

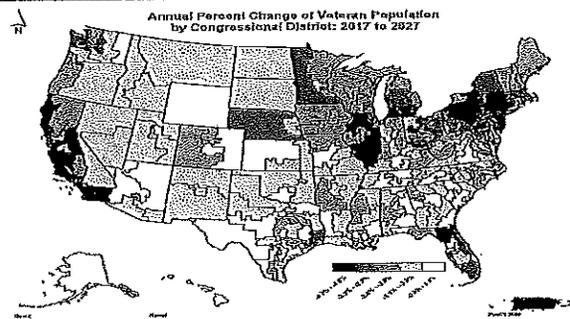
Gulf War	7,271,000
World War II	624,000
Korean Conflict	1,475,000
Vietnam Era	6,651,000



Where Veterans Live

Rank	2017	2027	2037
1	CALIFORNIA	TEXAS	TEXAS
2	TEXAS	CALIFORNIA	FLORIDA
3	FLORIDA	FLORIDA	CALIFORNIA
4	PENNSYLVANIA	N. CAROLINA	N. CAROLINA
5	NEW YORK	VIRGINIA	VIRGINIA
6	OHIO	GEORGIA	GEORGIA
7	N. CAROLINA	PENNSYLVANIA	OHIO
8	VIRGINIA	OHIO	PENNSYLVANIA
9	GEORGIA	NEW YORK	WASHINGTON
10	ILLINOIS	WASHINGTON	NEW YORK

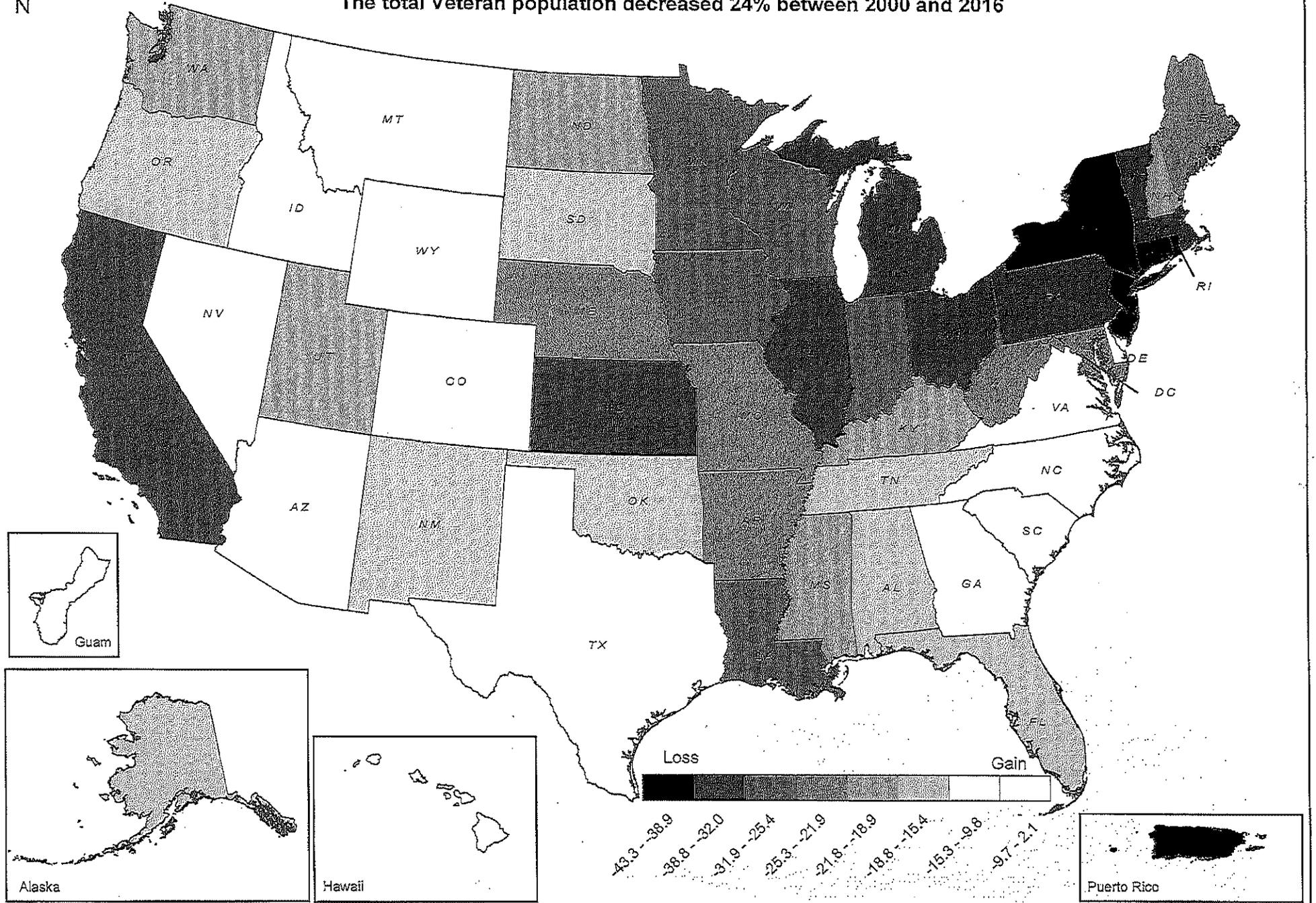
50% of Veterans reside in the top 10 states. Veterans are moving to the West and South.





Percent Change in Veteran Population by State

The total Veteran population decreased 24% between 2000 and 2016



Chairperson: Mary Neubauer
Executive Assistant: Kiara Abram, 257-7212

**MILWAUKEE COUNTY MENTAL HEALTH BOARD
 QUALITY COMMITTEE**

September 17, 2018 - 10:00 A.M.
Milwaukee County Mental Health Complex
Conference Room 1045

MINUTES

SCHEDULED ITEMS:

1.	<p>Welcome. (Chairwoman Neubauer)</p> <p>Chairwoman Neubauer welcomed everyone to the September 17, 2018 meeting.</p>
2.	<p>Key Performance Indicators (KPI) Dashboard Quarter 2 – 2018; Summaries & Quarterly Reports (Jennifer Bergersen, Chief Operations Officer; Pam Erdman, Quality Assurance Director; Justin Heller, Integrated Services Manager; Edward Warzonek, Quality Assurance Coordinator; Jim Feagles, Integrated Services Manager; and Dr. Matt Drymalski, Clinical Program Director)</p> <p>Overall results for CARS during the second quarter of 2018 have been mixed. The volume served continues to increase relative to previous quarters. CARS will continue to develop the Dashboard over time, incorporating metrics within new domains and refining existing categories. Acute service utilization and substance abuse metrics remain generally flat.</p> <p>There was an approximate 20% increase in families served from the 1st to 2nd quarter in Wraparound Milwaukee. Refer to dashboard summary.</p> <p>PCS patient visits continue to decline. The downward trend may be attributed to alternative interventions such as Team Connect, Crisis Mobile, CART Team expansions, and additional community based resources.</p>
3.	<p>CARS Customer Satisfaction – Mental Health Statistical Improvement Program (MHSIP) 2017 Results (Dr. Denis Birgenheir, CARS Research & Evaluation)</p> <p>For 2017, CARS maintained the target range of at least 70-80% positive responses for all MHSIP domains. New customer satisfaction survey vendor and plan was briefly discussed.</p>
4.	<p>Seclusion and Restraint Quarterly Update Reports (Linda Oczus, Chief Nursing Officer; Dr. John Schneider, Chief Medical Officer)</p>

	Acute adult restraint hourly rate remained the same from 2017 through the second quarter of 2018 while restraint and seclusion incident rates have decreased by 20.2% and 7.3% during the same time period. CAIS (Child & Adolescent Inpatient Services) and PCS restraint hour rates have increased through mid-year 2018. S&R reduction interventions were shared and discussed.
5.	<p>TANF (Temporary Assistance for Needy Families) Alcohol & Other Drug Abuse (AODA) Grant – Evaluation Activities (Michelle Bunyer, M.A. Associate Researcher; Dr. Lisa Berger, PhD, Director, Center for Urban Population Health)</p> <p>Ms. Bunyer presented a brief overview on the TANF & AODA Grant. Key evaluation activities were discussed. Refer to written presentation and audio.</p>
6.	<p>Division Quality Assurance/CMS Survey – Verbal Report (Dr. John Schneider, Chief Medical Officer; Linda Oczus, Chief Nursing Officer; Amy Lorenz, Deputy Administrator, CARS)</p> <p>There has been no written response received yet from surveyors regarding an alleged complaint in the Psychiatric Crisis Service. BHD has initiated improvements based on verbal feedback to date. BHD will continue to comply with all necessary requirements.</p>
7.	<p>PCS Hospital Transfer Waitlist Report: 2018 Mid-Year Update (Richard Wright, Program Analyst; Dr. John Schneider, Chief Medical Officer)</p> <p>Patient waitlist time continues to be similar as previously reported. The average length of waitlist per patient is 7.1 hours with a median wait time at 5.0.</p>
8.	<p>Policy & Procedure Status Report Update (Lynn Gram, Safety Officer)</p> <p>An updated policy and procedure status report as of September 1, 2018 was distributed. Positive progress noted.</p>
9.	<p>Next Scheduled Meeting Date.</p> <ul style="list-style-type: none"> • December 3, 2018 at 10:00 a.m.
10.	<p>Adjournment.</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>	

Length of meeting: 10:04 a.m. – 11:44 a.m.

Adjourned,

Kiara Abram

Executive Assistant
Milwaukee County Mental Health Board

- **The next regular meeting for the Milwaukee County Mental Health Board Quality Committee is Monday, December 3, 2018 at 10:00 a.m.**

Visit the Milwaukee County Mental Health Board Web Page at:

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

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.



Milwaukee County Behavioral Health Division
2018 Key Performance Indicators (KPI) Dashboard

Quality Committee Item 2

Program	Item	Measure	2017 Actual	2018 Quarter 1	2018 Quarter 2	2018 Quarter 3	2018 Quarter 4	2018 Actual	2018 Target	2018 Status (1)	Benchmark Source
Community Access To Recovery Services	1	Service Volume - All CARS Programs ⁵ Sample Size for Rows 2-6 (Unique Clients)	8,346	5,771	5,861			7,054	8,555		BHD (2)
	2	Percent with any acute service utilization ⁶	17.40%	15.78%	15.91%				16.52%		BHD (2)
	3	Percent with any emergency room utilization ⁷	13.87%	12.26%	13.82%				13.04%		BHD (2)
	4	Percent abstinence from drug and alcohol use	63.65%	65.22%	62.91%				64.54%		BHD (2)
	5	Percent homeless	7.61%	8.17%	9.67%				7.24%		BHD (2)
	6	Percent employed	18.09%	20.04%	20.32%				18.58%		BHD (2)
	7	Sample Size for Row 7 (Admissions) Percent of clients returning to Detox within 30 days		1,622	1,673						
Wraparound	8	Families served in Wraparound HMO (unduplicated count)	3,404	1,749	2,185				3,670		BHD (2)
	9	Annual Family Satisfaction Average Score (Rating scale of 1-5)	4.8	4.5	4.5				> = 4.0		BHD (2)
	10	Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice system)	65.7%	64.5%	63.6%				> = 75%		BHD (2)
	11	Average level of "Needs Met" at disenrollment (Rating scale of 1-5)	2.59	2.25	2.68				> = 3.0		BHD (2)
	12	Percentage of youth who have achieved permanency at disenrollment	57.8%	43.1%	53.0%				> = 70%		BHD (2)
	13	Percentage of Informal Supports on a Child and Family Team	44.1%	40.8%	39.4%				> = 50%		BHD (2)
Crisis Service	14	PCS Visits	8,001	1,866	1,844				8,000		BHD (2)
	15	Emergency Detentions in PCS	3,979	811	847				4,000		BHD (2)
	16	Percent of patients returning to PCS within 3 days	7.3%	6.2%	8.0%				8%		BHD (2)
	17	Percent of patients returning to PCS within 30 days	23.1%	20.0%	26.3%				24%		BHD (2)
	18	Percent of time on waitlist status	75.0%	54.3%	100.0%				25%		BHD (2)
Acute Adult Inpatient Service	19	Admissions	656	189	183				800		BHD (2)
	20	Average Daily Census	42.9	40.6	44.5				54		BHD (2)
	21	Percent of patients returning to Acute Adult within 7 days	1.4%	0.5%	3.4%				3%		BHD (2)
	22	Percent of patients returning to Acute Adult within 30 days	7.7%	5.2%	9.0%				10%		NRI (3)
	23	Percent of patients responding positively to satisfaction survey	74.0%	74.5%	72.9%				75%		NRI (3)
	24	If I had a choice of hospitals, I would still choose this one. (MH/SIP Survey)	65.4%	68.8%	62.1%				65%		BHD (2)
	25	HBIPS 2 - Hours of Physical Restraint Rate	0.56	0.26	0.94				0.44		CMS (4)
	26	HBIPS 3 - Hours of Locked Seclusion Rate	0.30	0.36	0.38				0.29		CMS (4)
	27	HBIPS 4 - Patients discharged on multiple antipsychotic medications	17.5%	13.5%	21.5%				9.5%		CMS (4)
	28	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	89.6%	92.3%	94.7%				90.0%		BHD (2)
Child / Adolescent Inpatient Service (CAIS)	29	Admissions	709	164	152				800		BHD (2)
	30	Average Daily Census	8.6	8.1	7.0				12.0		BHD (2)
	31	Percent of patients returning to CAIS within 7 days	5.2%	2.4%	5.3%				5%		BHD (2)
	32	Percent of patients returning to CAIS within 30 days	12.3%	10.0%	15.2%				12%		BHD (2)
	33	Percent of patients responding positively to satisfaction survey	71.3%	76.4%	67.9%				75%		BHD (2)
	34	Overall, I am satisfied with the services I received. (CAIS Youth Survey)	76.8%	75.0%	86.4%				75%		BHD (2)
	35	HBIPS 2 - Hours of Physical Restraint Rate	1.17	1.38	1.81				0.44		CMS (4)
	36	HBIPS 3 - Hours of Locked Seclusion Rate	0.37	0.93	0.50				0.29		CMS (4)
	37	HBIPS 4 - Patients discharged on multiple antipsychotic medications	5.0%	1.2%	0.7%				3.0%		CMS (4)
	38	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	97.1%	100.0%	0.0%				90.0%		BHD (2)
Financial	39	Total BHD Revenue (millions)	\$149.9	\$154.9	\$154.9						
	40	Total BHD Expenditure (millions)	\$207.3	\$213.5	\$213.5						

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

CARS QUALITY DASHBOARD SUMMARY

CHANGES

Further Development of the Quadruple Aim

As noted last quarter, the CARS Quality Dashboard was substantially revised to align to the domains of the Quadruple Aim (population health, client experience of care, staff wellbeing, and cost of care). This past quarter we have attempted to further develop some of the data points that will represent these domains.

Population Health

1. Demographics: CARS will now begin reporting basic metrics on the demographics of the people we serve. Although these measures will be global initially, we plan to utilize these variables in the future to help us better identify and understand any significant health disparities that may exist in our population in terms of quality, outcomes.
2. Mortality: A common and vital metric for most population health initiatives, we will now begin reporting the deaths which have occurred among clients who were enrolled in CARS services at the time of their death during the previous quarter. The number of deaths by cause per quarter will be presented, as will the average age by cause for the previous four quarters cumulative.

Patient Experience of Care

No new changes in this domain.

Staff Wellbeing

The fourth aim of the Quadruple Aim, a burgeoning literature has found links between poor professional quality of life among health care staff and lower quality of care and higher rates of burnout and turnover. CARS staff were administered the Professional Quality of Life Survey in the spring of 2018 and results were presented this summer. These results will provide the basis for an internal quality improvement project in CARS to increase staff satisfaction with work. Future iterations of the Dashboard will highlight these efforts, as well as provide data on other metrics related to staff wellbeing.

Cost of Care

Although not currently represented on the CARS Quality Dashboard, development is well underway in partnership with our Fiscal Department to create a report to produce a cost of care metric based on a per person per month calculation.

RESULTS

Overall results for CARS during the second quarter of 2018 were mixed. Volume served continued to increase relative to previous quarters, as did the number of individuals who reported some type of employment as of their last assessment. Other measures, such as acute service utilization and substance abuse metrics remains generally flat, while emergency department utilization, rates of self-reported homelessness, and rates of 30 day readmissions to detoxification increased slightly.

NEXT STEPS

CARS will continue to develop the Dashboard over time, adding new metrics to the domains as they are built and refining existing ones. For example, we would like to add rates of tobacco use to the next iteration of the Dashboard.

However, perhaps even more important than the changes we will make to the Dashboard are the changes that CARS has made and will continue to make in response to the data in the Dashboard. For example, the CARS Leadership is attempting to add Oxford Housing to our service array to respond to the increased need for housing in our population. Contract performance measures and dashboards are continuing to be developed so that we can better target the subsets of our population who may need additional assistance on their recovery journey. For example, the contract performance measures for our detoxification provider have undergone substantial revisions to better focus on a key element of care quality and address the high rates of readmission. These are just a few of the myriad of quality improvement efforts being implemented by CARS staff to improve the care experience of the people we serve. We will continue to highlight not just the data in the Dashboard, but our response to it in future summaries.



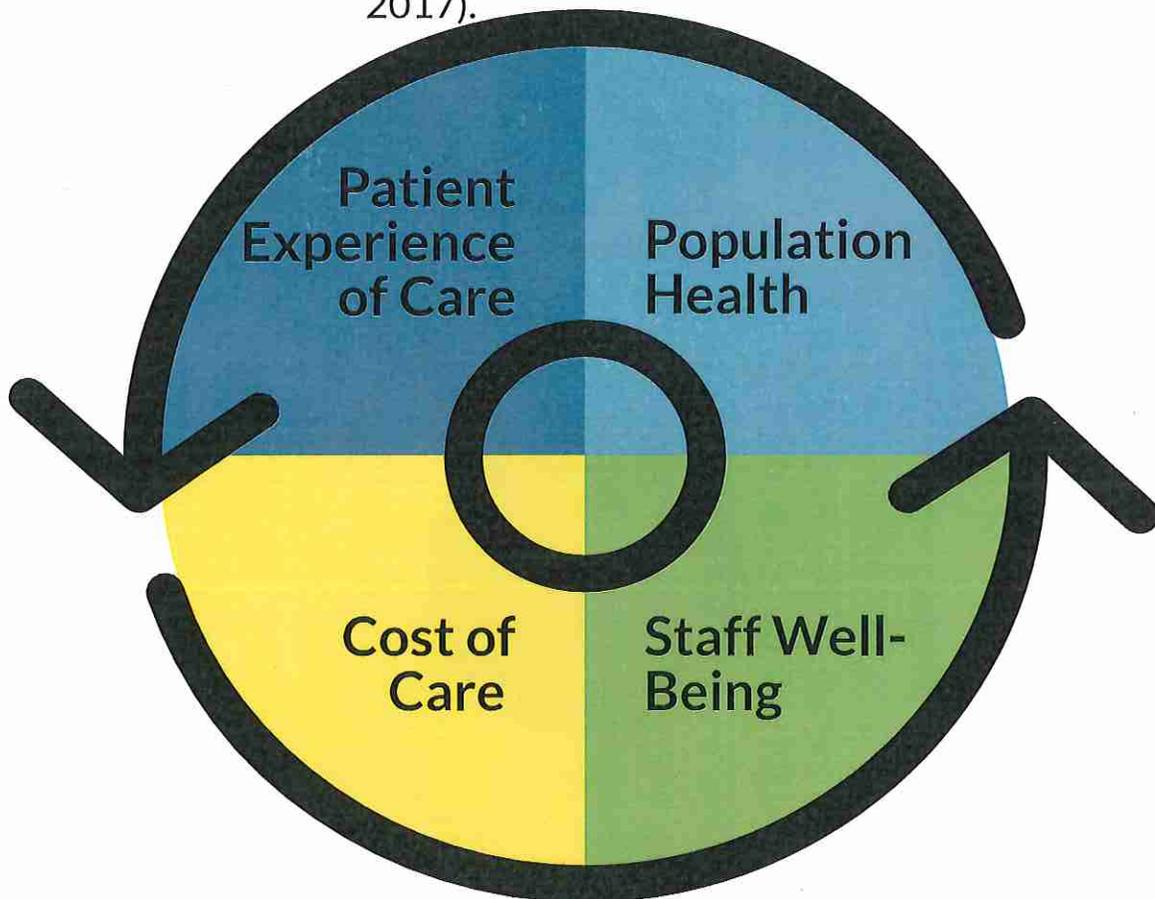
CARS Quality Dashboard

CARS Research + Evaluation Team

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).



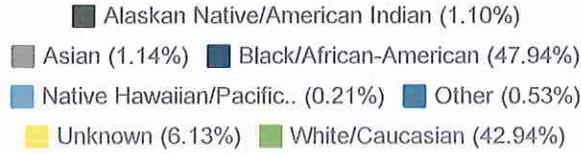
The total cost of care a patient receives across all settings and services, often presented as cost per member of the population per month. (Stiefel & Nolan, 2012)

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

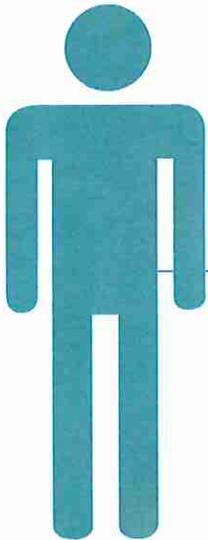
Demographic Information of the Population We Serve

This section outlines the demographics of the consumers CARS served or continues to serve in the past quarter.

Race



Males



60.80%

Females

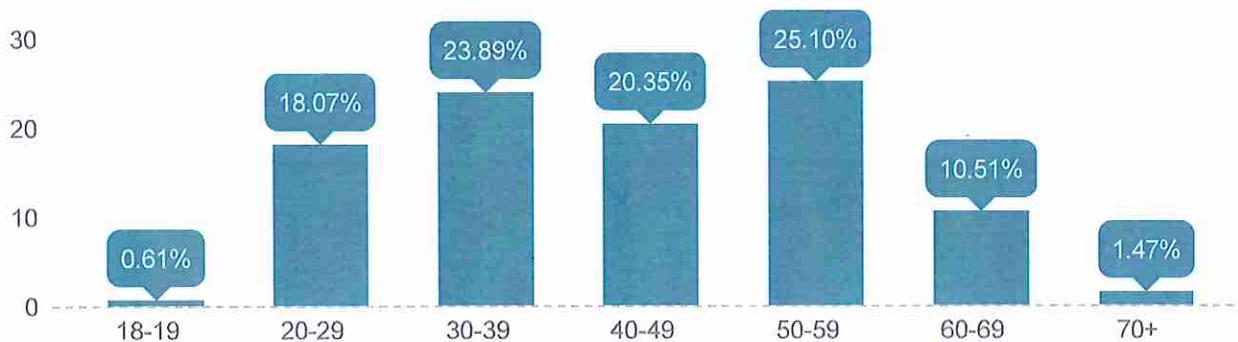


39.20%

Ethnicity



Age





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 indicate change over time.



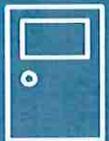
Referrals/Intakes

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



Time to Service

Average number of days between the time of referral to the first service date.



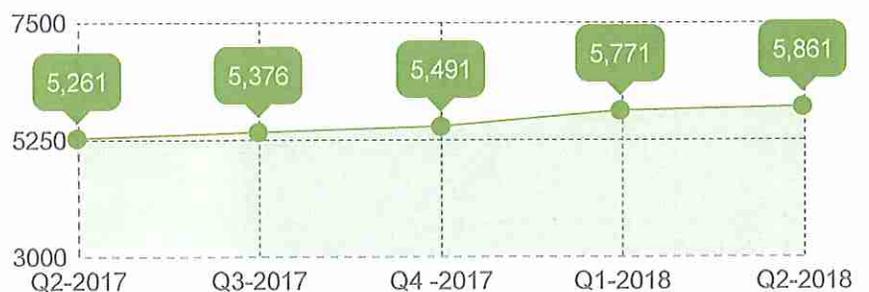
Admissions

All admissions during the quarter in question (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. These 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.



Detox 30 Day Readmissions

Percent of consumers returning to detox within 30 days.



Abstinence

Percent of consumers abstinent from drug and alcohol use.



Housing

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".





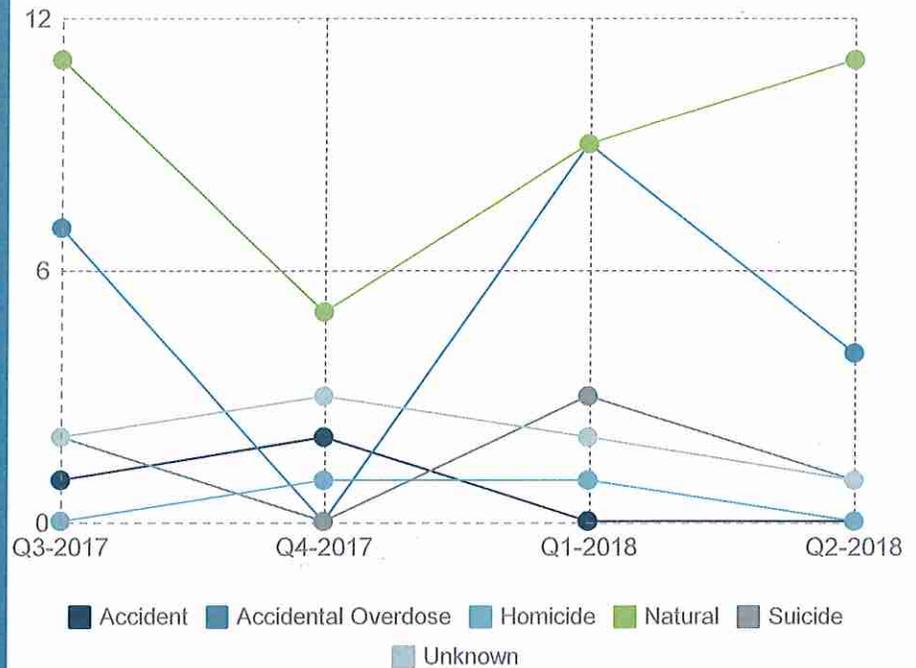
Domain: Population Health (Continued)

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

Mortality Over Time

Total number of deaths in the past four quarters by the cause of death. The total count over time is below:

Q3 - 2017 N = 24
Q4 - 2017 N = 17
Q1 - 2018 N = 23
Q2 - 2018 N = 11



Average Age by Cause of Death

This is the reported average age at time of death by cause of death in the past four quarters.



Domain: Staff Well-Being

Items within this domain encompass volume, averages, and descriptions of professional quality of life.



Professional Quality of Life Satisfaction

Average score based on a professional quality of life survey. CARS staff indicated average levels of compassion satisfaction, and relatively low levels of burnout and secondary trauma.



2018 Wraparound Milwaukee KPI Dashboard Summary – 2nd Quarter

		1 st Q	2 nd Q	3 rd Q	4 th Q	2018 Target	Status					
Wraparound	8	Families served in Wraparound HMO (unduplicated count)				1,749	2,185			3,670		BHD (2)
	9	Annual Family Satisfaction Average Score (Rating scale of 1-5)				4.5	4.5			>= 4.0		BHD (2)
	10	Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice system)				64.5%	63.6%			>= 75%		BHD (2)
	11	Average level of "Needs Met" at disenrollment (Rating scale of 1-5)				2.25	2.68			>= 3.0		BHD (2)
	12	Percentage of youth who have achieved permanency at disenrollment				43.1%	53.0%			>= 70%		BHD (2)
	13	Percentage of Informal Supports on a Child and Family Team				40.8%	39.4%			>= 50%		BHD (2)

8 – There was approx. a 20% increase in families served (unduplicated count) from the 1st quarter to the 2nd quarter.

9 – On target. No comments.

10 - Achieved 85% of the target of "75% or greater". Within 20% range of the benchmark. Continued efforts to have youth reside in the least restrictive setting possible.

11 – Overall improvement of .43 from the 1st quarter. Currently at 2.68 on a scale of 1-5. Above the 20% benchmark (2.4) but below the set standard of 3.0. Data is specific to those youth in Wraparound on court orders and those in the REACH program. Those in Wraparound court ordered programs who are disenrolled to a home type setting have a higher "Need Met" score (3.41) than those disenrolled on runaway status or to corrections (2.32). Discharge placement appears correlated with Needs Met. Those in the REACH program average a disenrollment Needs Score of 2.32.

#12 –There was approx. a 10% increase in the percentage of youth achieving permanency at disenrollment compared to the 1st quarter. Although still 3% short of achieving the "within 20% of the benchmark" status (which would be 56%), the increase is notable.

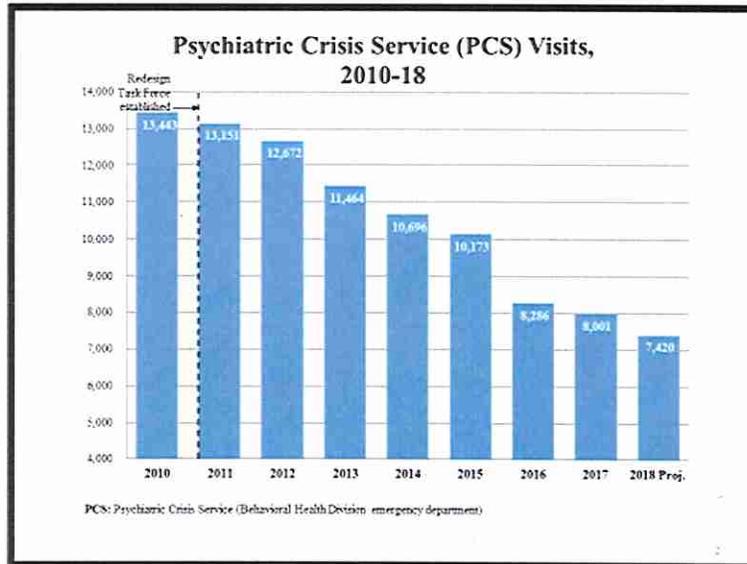
"Permanency" is defined as:

- 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

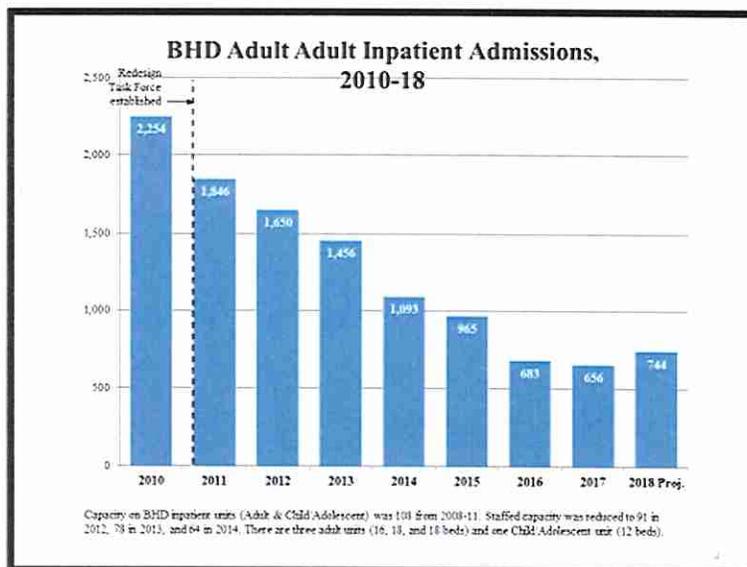
#13 – This item is monitored within the context of the Care Coordination Agency Performance Report (APR) that is distributed semi-annually. The data is available at all times to all Care Coordination agencies for self-monitoring. The current APR period (2/1/18 – 7/31/18) reflects an overall average of 41.3%.

2018 Q2 Milwaukee County Behavioral Health Division (BHD) Crisis Service and Acute Inpatient KPI Dashboard Summary

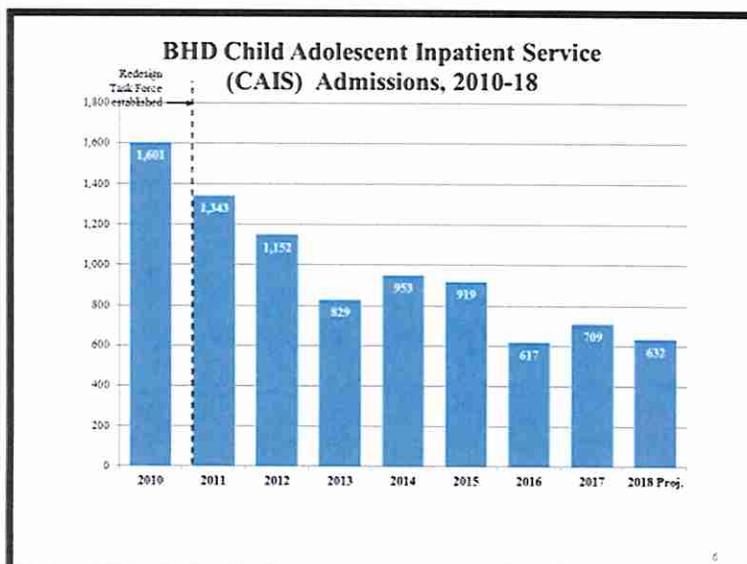
Psychiatric Crisis Service annual patient visits continue to decline from a high of 13,443 in 2010 to 7,420 projected annual visits in 2018 (45% decline from 2010 to 2018). The continued downward trend of PCS utilization can be attributed in part to the inception of Team Connect, Crisis Mobile and CART Team expansions, and additional resources in the community. While PCS utilization is declining, PCS waitlist status is increasing (54% in 2018 Q1, 100% in 2018 Q2).



Acute Adult Inpatient Service's annual patient admissions are projected to increase to 744, the first increase since the Redesign Task Force was established in 2010 (67% decline from 2010 to 2018). While Acute Adult admissions are projected to rise, readmission rates have continued to decline over the past four years (30-day readmission rate: 11% in 2015, 7% in the 1st half of 2018). During the first half of 2018, Acute Adult's hours of physical restraint rate exceeded CMS' inpatient psychiatric facility national average by 36%. Acute Adult's 2018 Q2 MHSIP patient satisfaction survey scores are near the national average (2018 Q2 BHD Acute Adult overall score 73%, NRI national average 75%)



Child Adolescent Inpatient Service's annual patient admissions have plateaued over the past few years and are projected at 632 for annual 2018 (61% reduction from 2010 to 2018). Over the past four years, CAIS' 30-day readmission rates have declined from 16% in 2015 to 12% in the first half of 2018. While CAIS' 2018 Q2 hours of physical restraint rate is 4 times the national average, their hours of physical restraint rate declined from 5.2 in 2015 to 1.8 in 2018 Q2. CAIS' Youth Satisfaction Survey overall scores declined in 2018 Q2 and are now 9% below BHD's historical average.



Quality Committee Item 3

MENTAL HEALTH STATISTICAL IMPROVEMENT PROGRAM (MHSIP) OVERALL RESULTS 2017

MILWAUKEE COUNTY
BEHAVIORAL HEALTH DIVISION
COMMUNITY ACCESS TO RECOVERY SERVICES
RESEARCH AND EVALUATION TEAM

MENTAL HEALTH STATISTICAL IMPROVEMENT PROGRAM (MHSIP) OVERALL RESULTS 2017

INTRODUCTION

Milwaukee County Behavioral Health Division's Community Access to Recovery Services (CARS) has annually conducted a survey of persons receiving mental health services in its community-based programs. CARS uses the revised Mental Health Statistics Improvement Program (MHSIP) Consumer Survey to survey persons who were actively receiving services in two community mental health program areas: Community Support Programs (CSP) and Community-Based Residential Facility Programs (CBRF). The surveys ask information to help answer key questions:

1. What are the perceptions of persons receiving services of the appropriateness and quality of the mental health services they received?
2. What are the perceptions of persons receiving services of access to the mental health services they received?
3. What are the perceptions of persons receiving services of the outcomes of the mental health services they received?
4. What are perceptions of persons receiving services of their relationships with other persons, not including their mental health service providers?
5. To what extent are persons receiving services satisfied with the mental health services they received in the last year?

METHODS

SAMPLE

Separate sampling procedures were used for different CARS program areas. Procedures took into account logistical issues pertinent to data collection, with sampling procedures for each program area representing the most feasible approach to obtaining desirable sample sizes. The following approaches were used for each CARS program area:

- **Community Based Residential Facilities (CBRF):** attempt to survey the total population of persons residing in community-based facilities who had been receiving residential services for at least three months as of September 2017.
- **Community Support Programs (CSP):** attempt to survey a convenience sample of 10-20% from each provider of persons who had received CSP services for at least three months as of September 2017.

PROCEDURES

The consumer survey was conducted as a point-in-time measure of the perceptions of persons receiving mental health services of the particular program from which each received services in 2017.

Trained surveyors from Vital Voices for Mental Health administered the MHSIP Consumer Survey utilizing a peer-to-peer methodology, and assisted individuals as necessary to complete the survey instrument. Responses were coded so as to be anonymous.

INSTRUMENT

The MHSIP Consumer Survey is a 36-item instrument designed to measure six major domains of mental health services: Access, Quality, Person-Centeredness, General Satisfaction, Changes, and Abilities. Respondents indicate their level of agreement / disagreement with statements about mental health services they have received. The response range utilizes a 5-point scale: strongly agree – agree – neutral – disagree – strongly disagree. Respondents may record an item as not applicable.

Respondents also complete survey items to provide basic demographic data: age, gender, and ethnicity. Respondents may choose to provide written comments on the survey form about their responses or about areas not covered by the questionnaire, but these are not required.

CARS has established a target range of 70-80% positive responses (i.e., strongly agree or agree) in all MHSIP domains. The following tables represent the individual survey items and the overall proportion of items scored as 1 or 2 (strongly agree or agree):

Consumer Perception of Access

Statement	Percentages (#valid)
A10. The location of services was convenient	81.6% (207)
A11. Staff were willing to see me as often as I felt was necessary	86.1% (208)
A12. Staff returned my calls within 24 hours	75.3% (198)
A13. I was able to see a psychiatrist when I wanted to	77.8% (203)
A14. I was able to get all the services I thought I needed	80.2% (207)

Consumer Perception of Quality

Statement	Percentage
Q16. Staff here believe that I can grow, change and recover	85.0% (207)
Q17. I felt comfortable asking questions about my treatment and medication	86.1% (208)
Q18. Staff told me what side effects to watch for	66.3% (208)
Q19. Staff respected my wishes about who is, and who is not, to be given information about my treatment	83.5% (206)
Q20. Staff was sensitive to my cultural/ethnic background (race, religion, language, etc.)	79.5% (205)
Q21. Staff helped me to obtain information so that I could take charge of managing my illness	80.0% (205)
Q22. I felt free to complain	76.7% (202)
Q23. I was given information about my rights	79.2% (207)

Q24. Staff encouraged me to take responsibility for how I live my life	85.5% (207)
Q25. I was encouraged to use consumer-run programs (support groups, crisis phone line, etc.)	75.5% (204)
Q26. I, not staff, decided my treatment goals	69.9% (206)

Consumer Perception of **Person-Centeredness**

Statement	Percentage
PC28. I felt the rules were fair and consistent	85.5% (207)
PC29. Staff encouraged me to have hope and high expectations for my life	78.7% (207)
PC30. Staff welcomed my thoughts about my medication	80.1% (206)
PC31. I am included in decisions about my money	81.9% (204)
PC32. Staff and I work together as a team to reach my life goals	78.7% (207)
PC33. Staff understand that I have been through a lot	79.3% (208)

Consumer Perception of **General Satisfaction**

Statement	Percentage
GS35. I like the services that I received here	85.1% (208)
GS36. If I had other choices, I would still get services from this agency	77.6% (205)

Consumer Perception of **Change**

Statement	Percentage
C38. I deal more effectively with daily problems	76.6% (205)
C39. I am better able to control my life	76.9% (208)
C40. I am better able to deal with crisis	78.6% (206)
C41. I am getting along better with my family	70.9% (196)
C42. I do better in social situations	71.0% (207)
C43. I do better in school and/or work	73.3% (75)
C44. My symptoms are not bothering me as much	78.6% (206)
C45. My housing situation has improved	74.4% (207)

Consumer Perception of Abilities

Statement	Percentage
A47. I do things that are more meaningful to me	86.1% (208)
A48. I am better able to take care of my needs	81.3% (208)
A49. I am better able to handle things when they go wrong	79.8% (208)
A50. I am better able to do things that I want to do	78.4% (208)

RESULTS

Data presented include results broken out for two CARS program areas (CBRF and CSP). Agency-level analysis of the 2017 survey will also be prepared.

Based on many years of conducting the MHSIP Consumer Survey, CARS suggests the following guidelines when interpreting the percentage of agree/strongly agree (positive) responses. When utilizing these guidelines, however, it is critical to take into consideration response and sample sizes when evaluating results for individual providers. When reviewing specific survey items, it also must be understood that particular items may be more germane to some program areas than to others.

- Percentages less than 60% can be considered *'poor'*
- Percentages in the 60 - 70% range can be considered *'relatively low'*
- Percentages in the 70 - 79% range can be considered *'good' or 'expected'*
- Percentages in the 80 - 89% range can be considered *'high'*
- Percentages above 90% can be considered *'exceptional'*

Results of the 2017 Consumer Survey are presented in tabular form on the next several pages. Table 1 (below) presents data on sample size, respondents, and response rate. The survey response rate overall was 53.9%, which is consistent with research standards that indicate a reasonable goal for response rates for this type of survey is 50-60%. It is important to note that interpretation of results from this survey cannot account for perceptions of services for those who chose not to respond nor determine whether those who did respond represent consumers with comparatively more favorable or less favorable perceptions than those who did not respond.

Table 1

Response Rate By Program			
Program	Sample Size	Number of Respondents	Response Rate %
CBRF	147	74	50.3%
CSP	239	134	56.1%
Total	386	208	53.9%

Tables 2 and 3 below present 2017 demographic data on the age, gender, and ethnicity of respondents. Demographic data from the 2017 survey are generally consistent with previous years. In general, the more intensive the service, the older the case mix. Males continued to outnumber females in both programs surveyed.

Table 2

Program	Mean Age	Female		Male		Unknown		Grand Total
		N	%	N	%	N	%	
CBRF	51.0	23	31%	49	66%	2	3%	74
CSP	47.3	45	33%	88	66%	1	1%	134

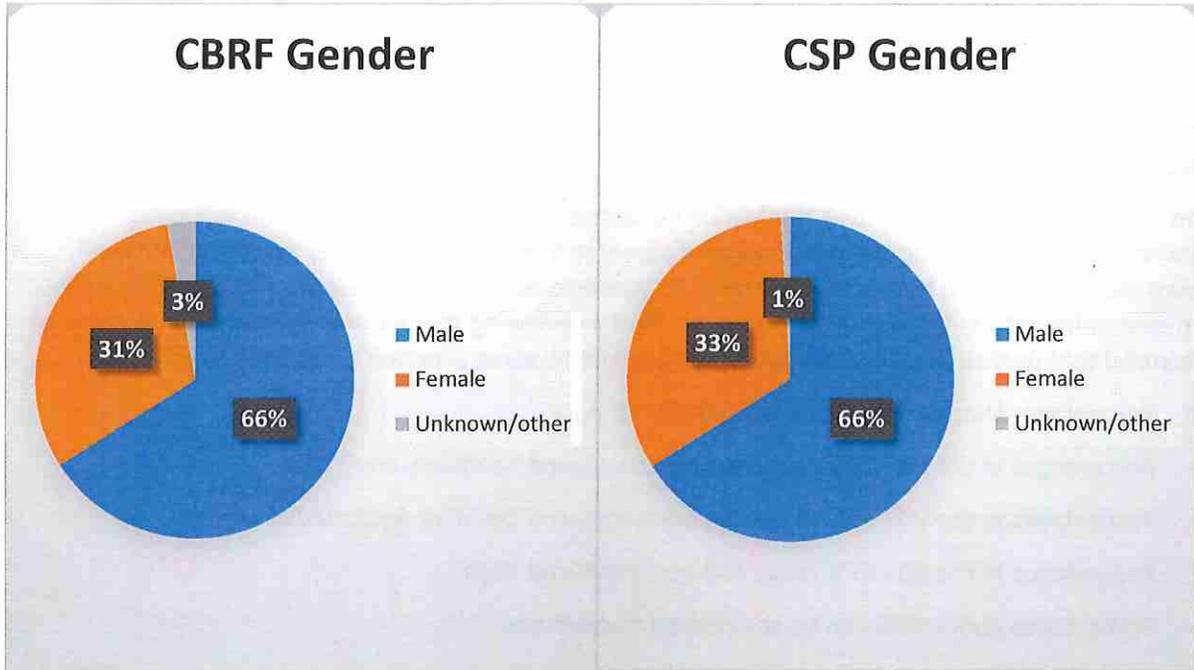
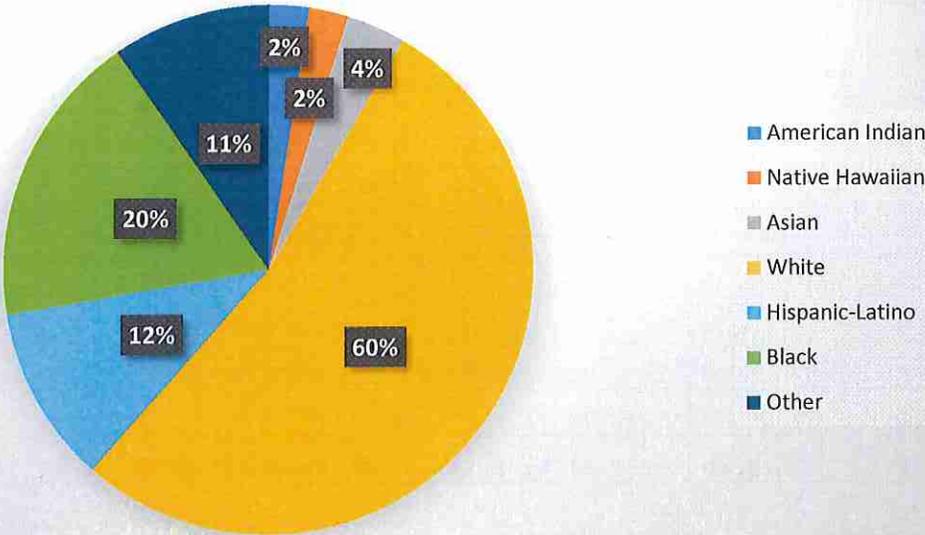


Table 3

	American Indian		Native Hawaiian		Asian		White		Hispanic-Latino		Black		Other	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
CBRF	2	2.7	2	2.7	3	4.1	44	59.5	9	12.2	15	20.3	8	10.8
CSP	3	2.2	0	0	4	3.0	36	26.9	10	7.5	72	53.7	19	14.2

CBRF Ethnicity



CSP Ethnicity

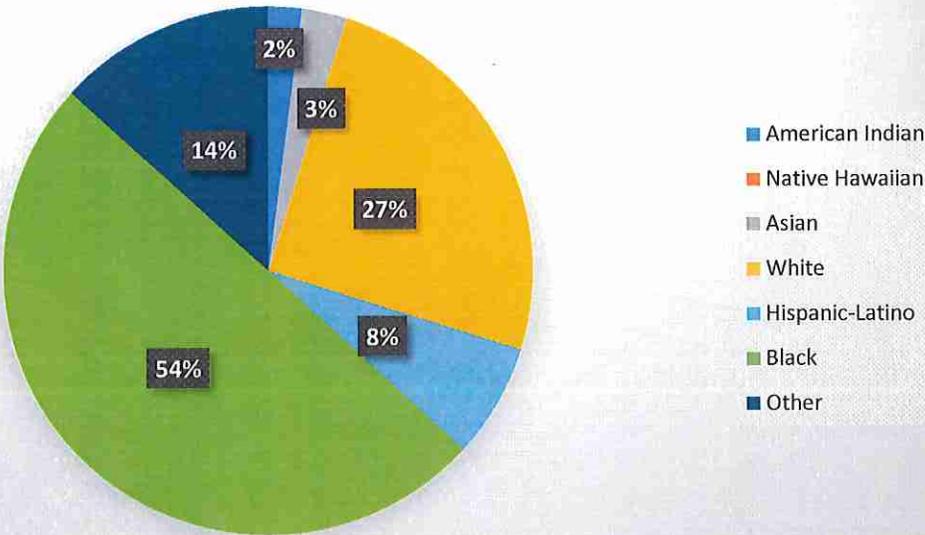


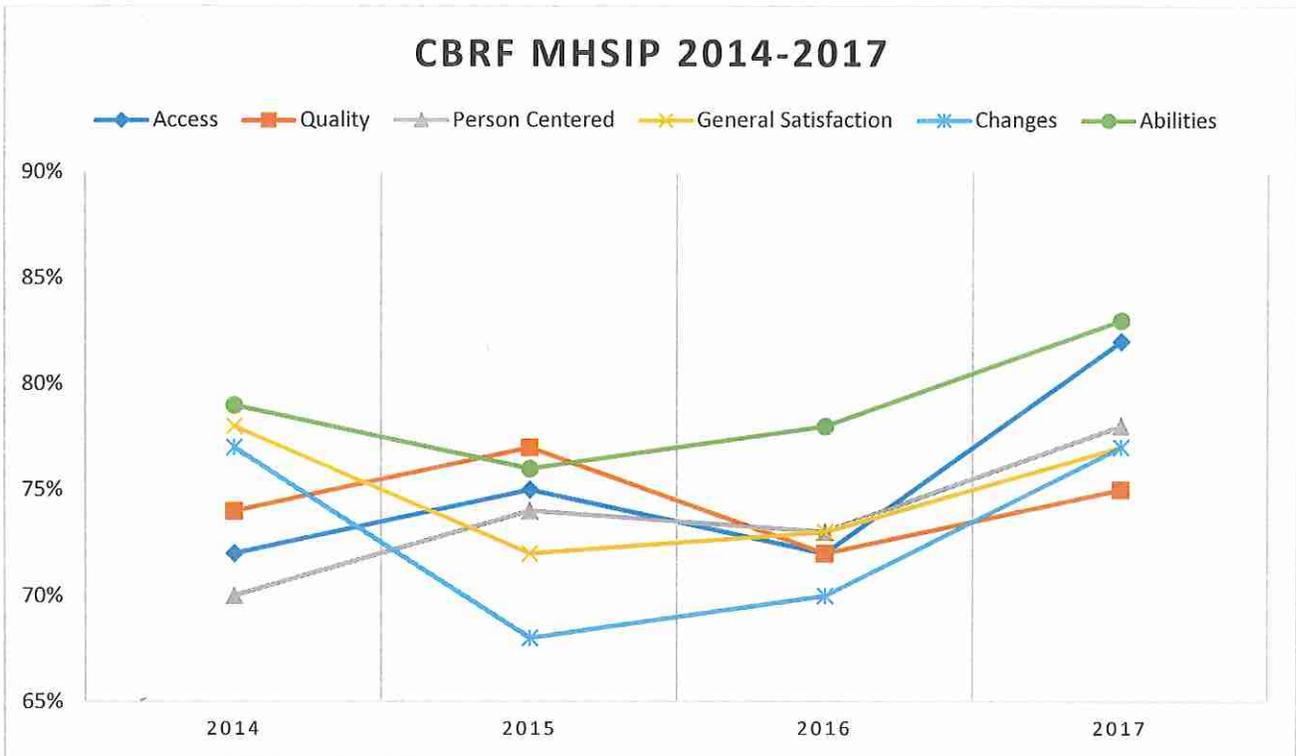
Table 4 below presents 2016 data for the Consumer Survey items organized by the six new domain titles of Access, Changes, Quality, General Satisfaction, Abilities, and Person-Centeredness for each Community Access to Recovery Services program in this report and for the total of all respondents in these CARS programs. To facilitate year-over-year comparisons, Table 5 (next page) presents Consumer Survey domain scores for the six domains included in the last four years the MHSIP or modified MHSIP has been administered.

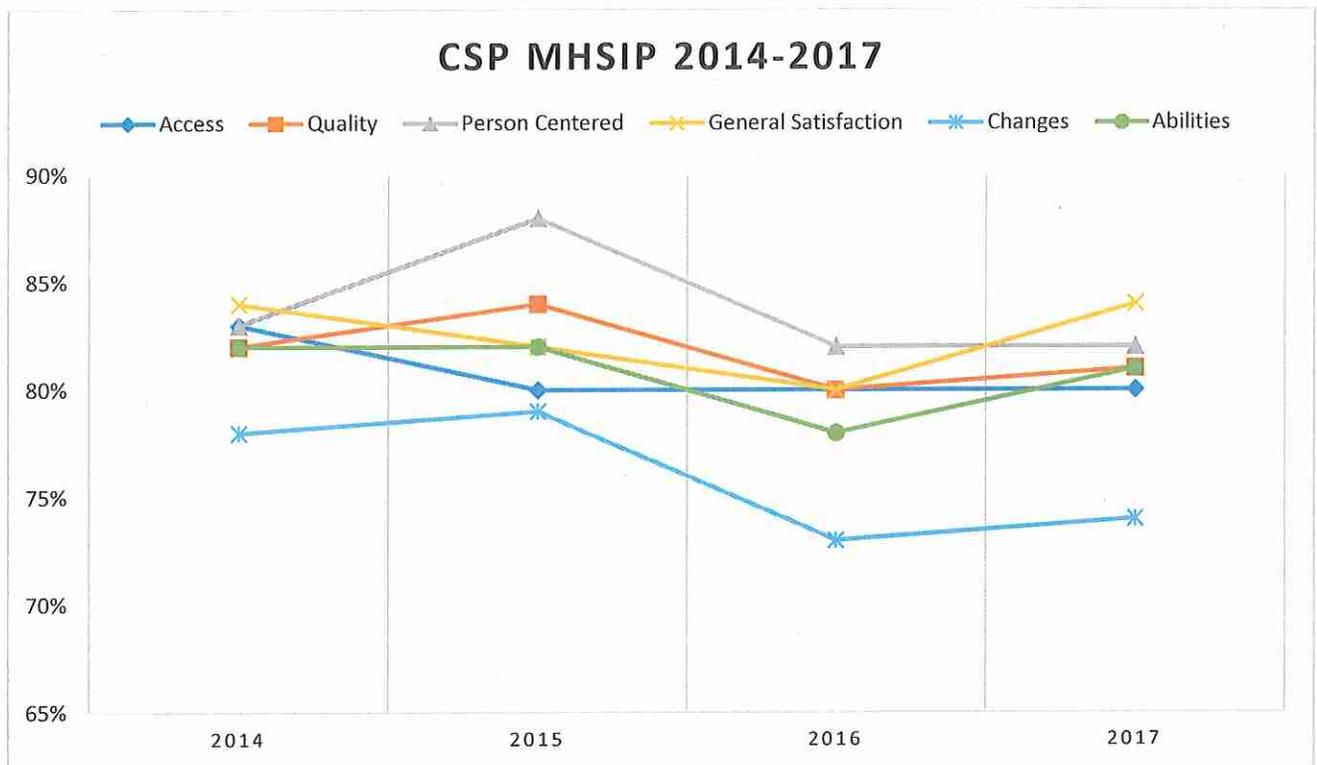
Table 4

Program	N	Percent Agree/Strongly Agree					
		Access	Quality	Person Centered	General Satisfaction	Changes	Abilities
CBRF	74	81.8%	74.8%	78.2%	76.9%	76.5%	82.8%
CSP	134	79.7%	81.1%	82.1%	83.8%	74.3%	80.6%

Table 5

2014-2017 CARS MHSIP Domain Scores (Percent Agree/Strongly Agree)																								
Service	Access				Quality				Person Centered				General Satisfaction				Changes				Abilities			
	'14	'15	'16	'17	'14	'15	'16	'17	'14	'15	'16	'17	'14	'15	'16	'17	'14	'15	'16	'17	'14	'15	'16	'17
CBRF	72	75	72	82	74	77	72	75	70	74	73	78	78	72	73	77	77	68	70	77	79	76	78	83
CSP	83	80	80	80	82	84	80	81	83	88	82	82	84	82	80	84	78	79	73	74	82	82	78	81





As discussed earlier, CARS expected each program area to be positively rated at 70-80% agree/strongly agree responses in each of the six modified MHSIP domains. Detailed results by CARS program are presented in the companion 2017 CARS MHSIP Program Reports.

- Both programs exceeded the target range for Access to services.
- Residential met the target in Quality, and CSP slightly exceeded this target.
- Residential met the target in the Person-Centered category, and CSP exceeded the target.
- Similarly, Residential met the target in General Satisfaction, and CSP exceeded this target.
- Both programs met the target in the Changes category.
- Both programs exceeded the target in the Abilities category.

SUMMARY

For 2017, the third year in which a CARS modified MHSIP was administered, CARS programs maintained the target range of at least 70-80% positive responses for all our modified MHSIP domains.

Analyses of survey responses obtained for 2017 revealed:

- Both program areas met or exceeded the target range for Access to services.
- Both program areas met or exceeded the target range for Quality of services.
- Both program areas met or exceeded the target range for Person-Centered services.

- Both program areas met or exceeded the target range for General Satisfaction with services.
- Both programs met the targets in the Changes domain.
- Both program areas met the target range for improvement in Abilities due to provision of services.

Results for the last five years of the MHSIP survey indicate persons receiving CARS mental health services generally have positive perceptions of those services and high General Satisfaction with community services.

RECOMMENDATIONS

The following are recommended based on the results of the 2017 MHSIP Consumer Survey:

1. Publish the results of the 2017 MHSIP on the Milwaukee County BHD – CARS website to highlight the satisfaction expressed by the recipients of community case management services.
2. Review the 2017 survey results with providers to attempt to clarify and explain those domains and items that received lower ratings by individuals receiving services within each program and consider what actions should be taken in response.
3. Utilize the 2017 survey results in discussions with BHD and CARS management, consumers, providers, and other stakeholders with the objective of identifying areas needing improvement and designing strategies to promote improvement.
4. Have each program area select at least one domain and/or item to be explicitly targeted for improvement on the 2018 MHSIP satisfaction survey.
5. Identify specific items on the CARS modified MHSIP that reflect client perceptions of adherence to core values of CARS identified in the overall CARS evaluation plan. Include these items in summary data made available to current and potential service recipients.
6. Include aggregate results from key MHSIP domains on the Behavioral Health Division KPI Dashboard developed in the Quality Management Services Committee.
7. Continue to consult with individuals receiving services of various kinds to allow their perceptions of satisfaction instruments, items, and results to inform decisions about how to make use of these indicators in continuous quality improvement efforts.
8. Consider other ways to effectively publicize the results of surveys of recipient satisfaction and to make them more available to the broader Milwaukee community.

Quality Committee Item 4

Acute Inpatient Seclusion and Restraint

Mid-Year Update

2018

This report contains information describing the first six (6) months of 2018 as summarized:

- Acute Adult: Restraint hourly rate remained the same from 2017 through quarter 2 2018 while restraint incident rate decreased by 20.2% during the same time period. Seclusion incident rate decreased by 7.3% from 2017 through the mid-year 2018 while Seclusion hourly rate increased by 33.3% during the same time period.
- CAIS: Restraint hourly rate increased by 33.3% from 2017 through mid-year 2018.

Prepared by: Quality
Improvement
Department

Date: August 15, 2018

Summary

43A

- 43A rate of restraint hours decreased by 44.4% from 2017 through mid-year 2018.
- 43A had 29.12 reported restraint hours, 16.8 reported restraint hours were for 5 individuals (57.6% of all hours)
- 43A restraint incident rate decreased by 41.8% from 2017 through mid-year 2018.
- 43A had 29 reported restraint incidents, 15 reported restraint incident were for 5 individuals (51.7% of all hours)
- 43A seclusion hour's rate decreased by 25.0% from 2017 to first quarter 2018, while the seclusion incident rate decreased by 35.5%.

43B

- 43B rate of restraint hours increased by 66.7% from 2017 through mid-year 2018.
- 43B had 62.9 reported restraint hours, 37.9 reported restraint hours were for 1 individuals (60.2% of all hours)
- 43B restraint incident rate decreased by 9.3% from 2017 through mid-year 2018.
- 43B seclusion hour's rate remained the same from 2017 to the mid-year 2018, while the seclusion incident rate decreased by 41.3%.

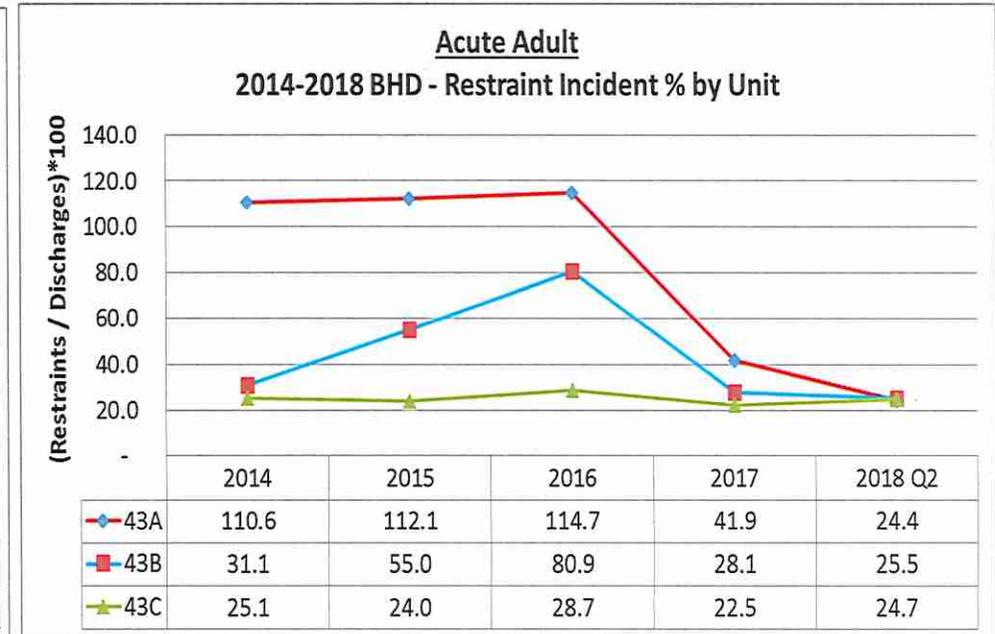
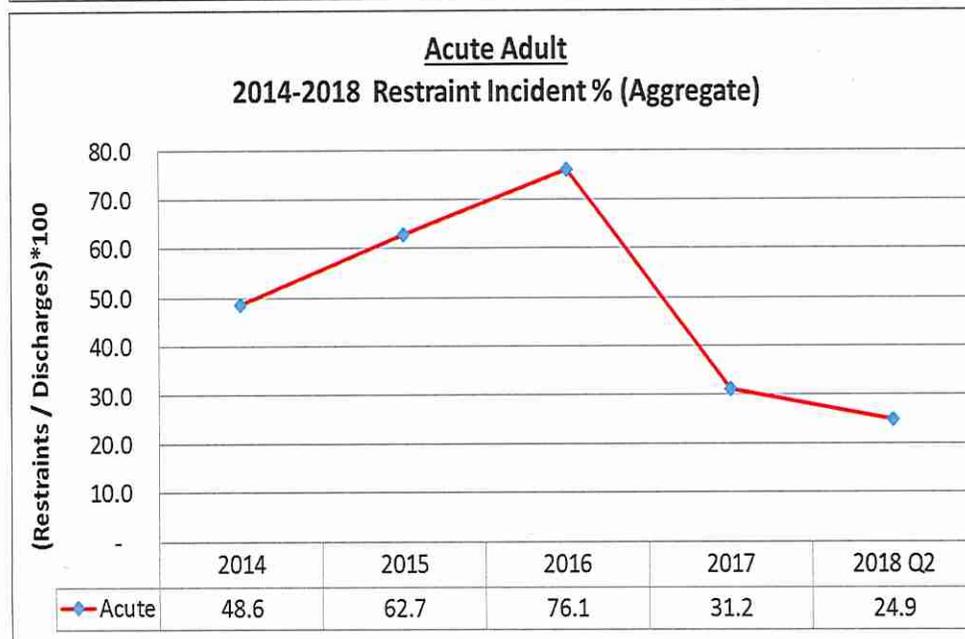
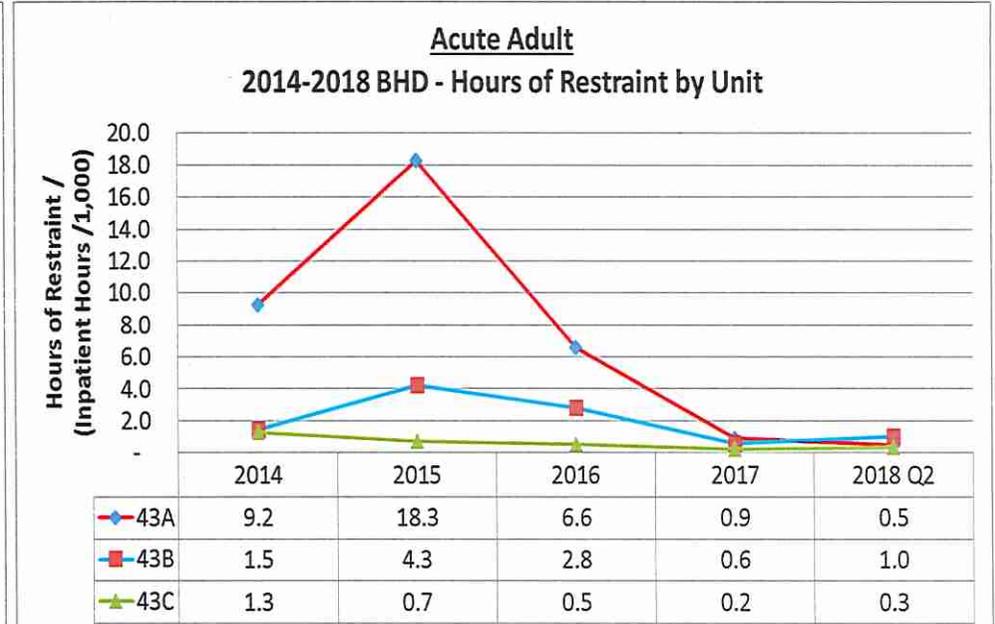
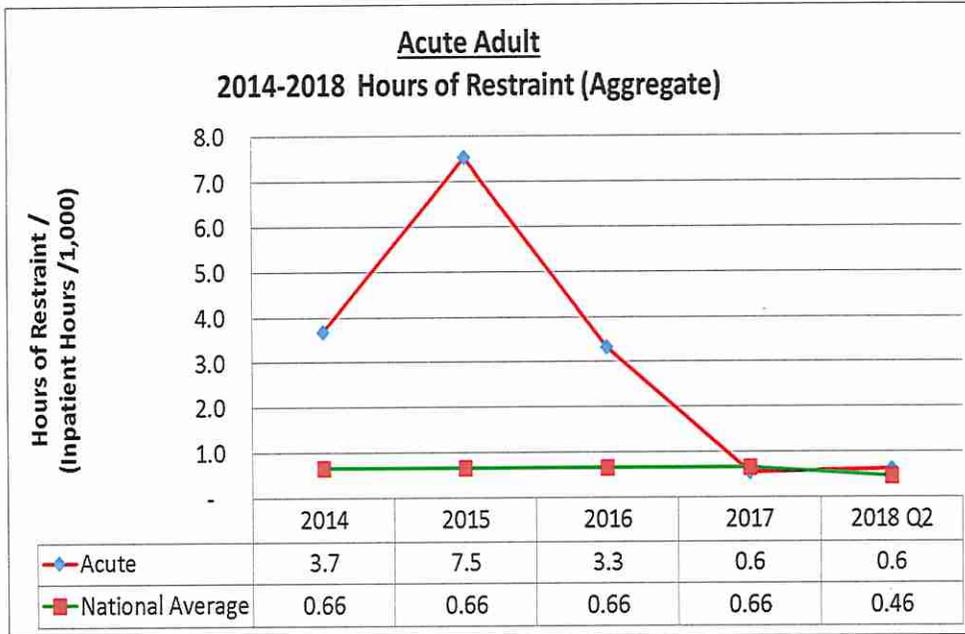
43C

- 43C rate of restraint hours increased by 50.0% from 2017 through mid-year 2018.
- 43C had 20.97 reported restraint hours, 12.1 reported restraint hours were for 1 individuals (57.7% of all hours)
- 43C restraint incident rate increased by 9.8% from 2017 through mid-year 2018.
- 43C seclusion hours rate increased by 100.0% from 2017 to the mid-year 2018, while the seclusion incident rate increased by 61.7%.

CAIS

- Five (5) individuals had 23.3 reported restraint hours, 44.9% of all restraints hours.
- CAIS restraint incident rate increased by 33.3% from 2017 through the mid-year 2018.

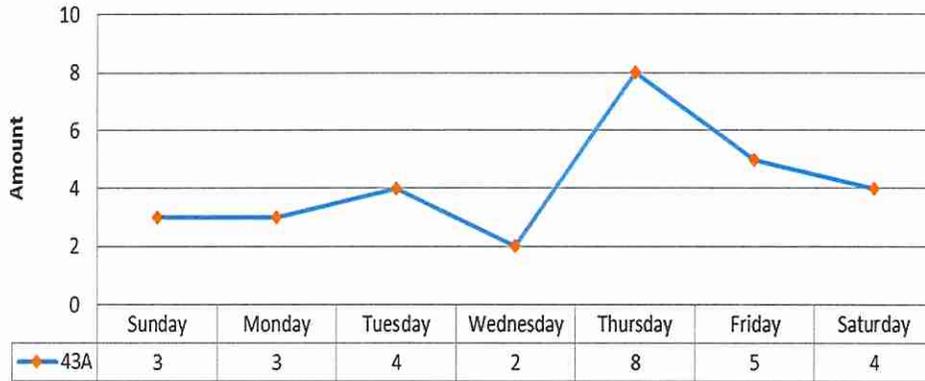
Acute Adult



Acute Adult

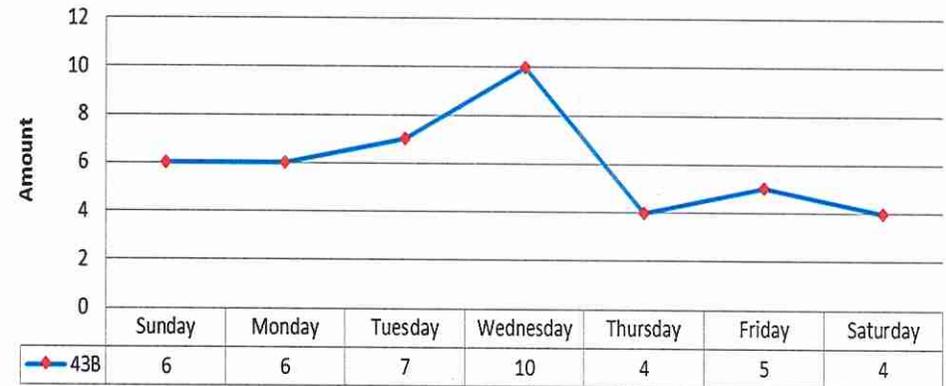
43A Restraints by Day of Week

N = 29



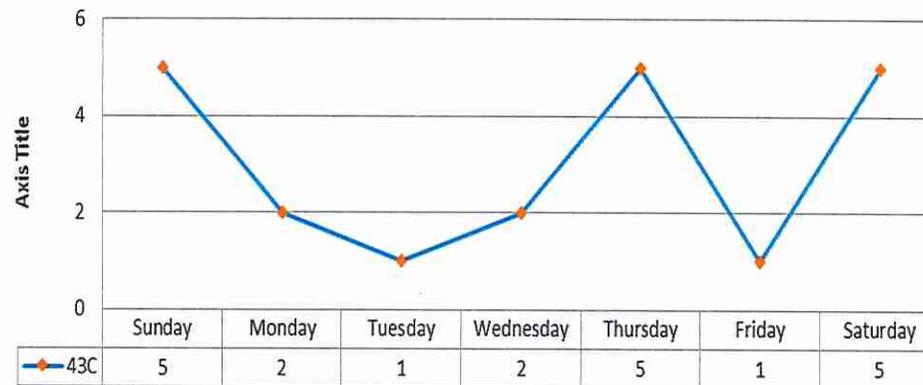
43B Restraints by Day of Week

N = 42



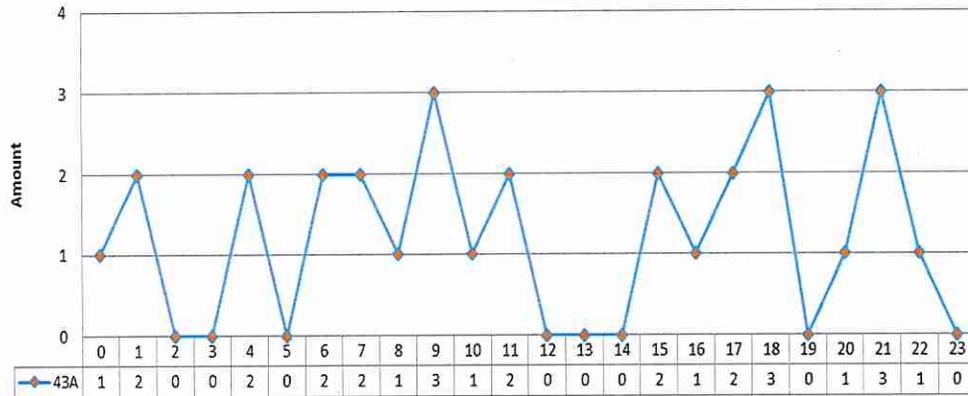
43C Restraints by Day of Week

N = 21

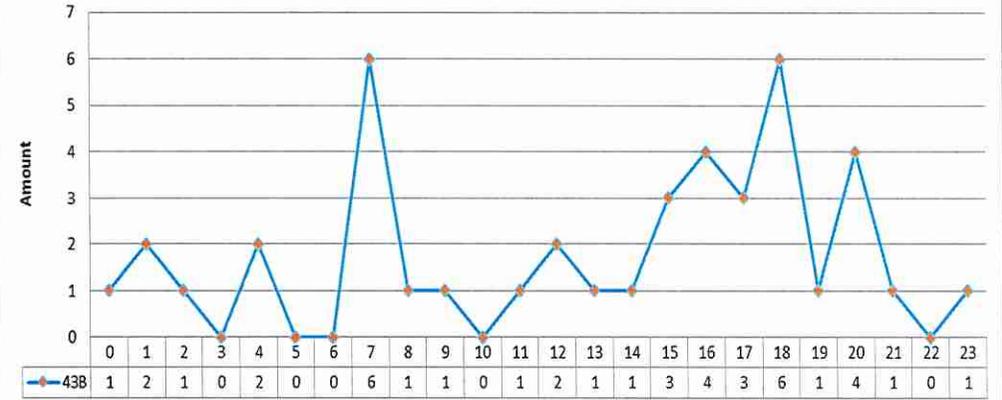


Acute Adult

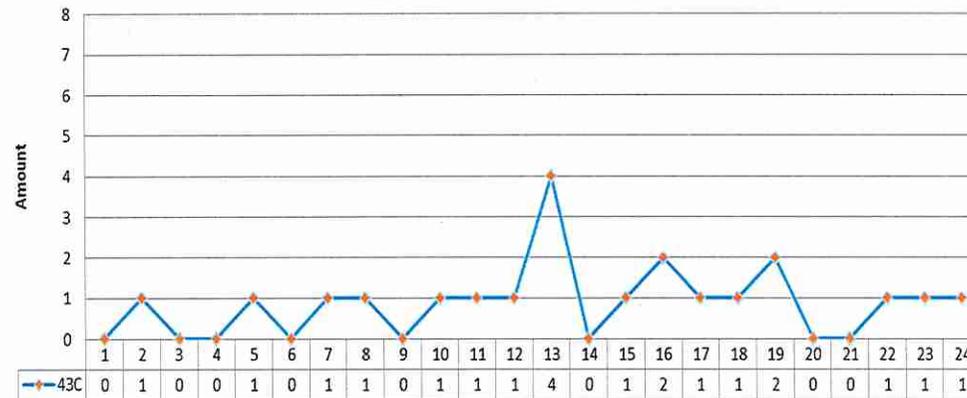
43A Restraints by Time of Day
N = 29



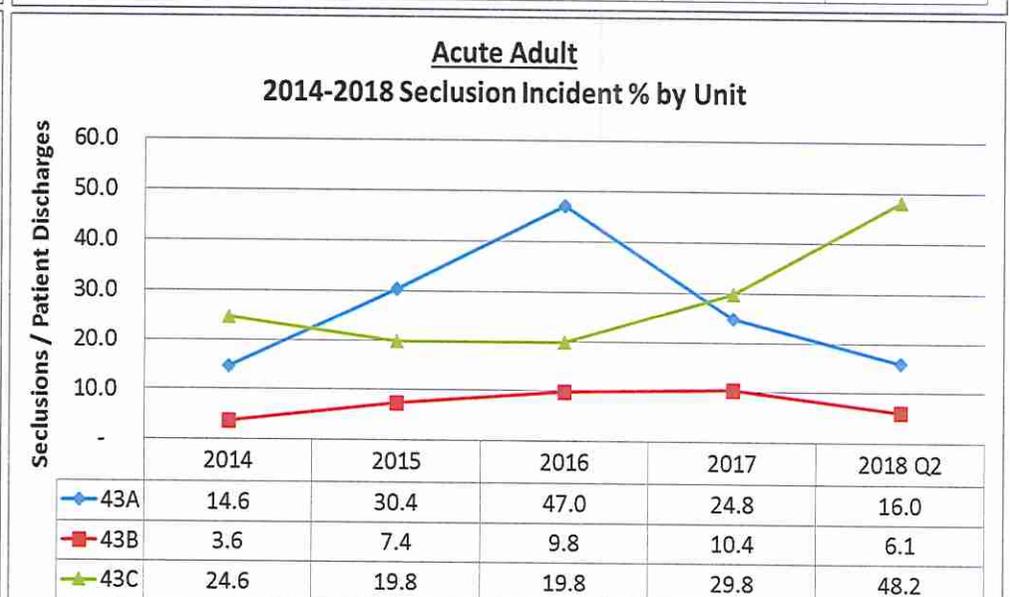
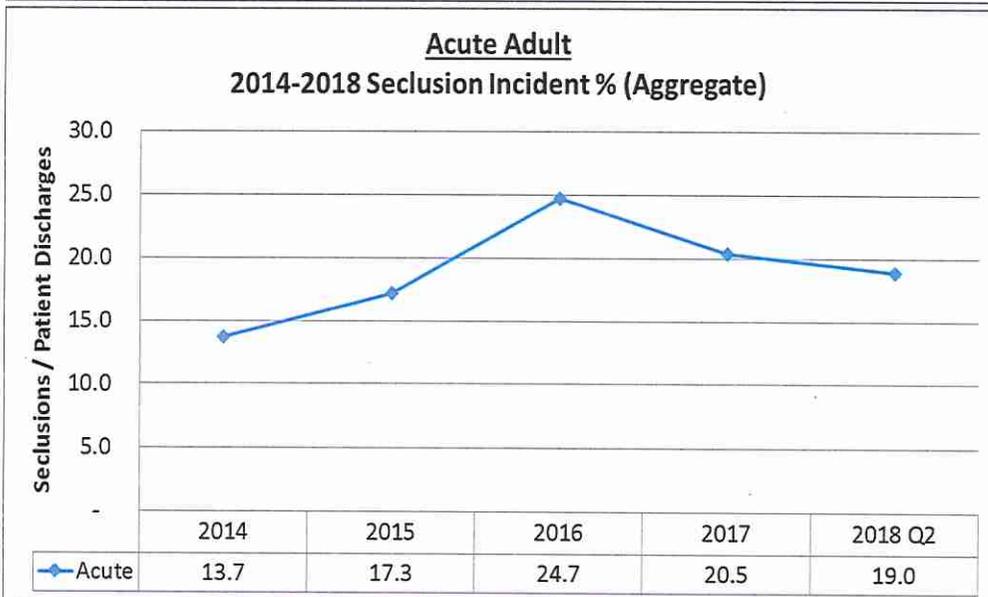
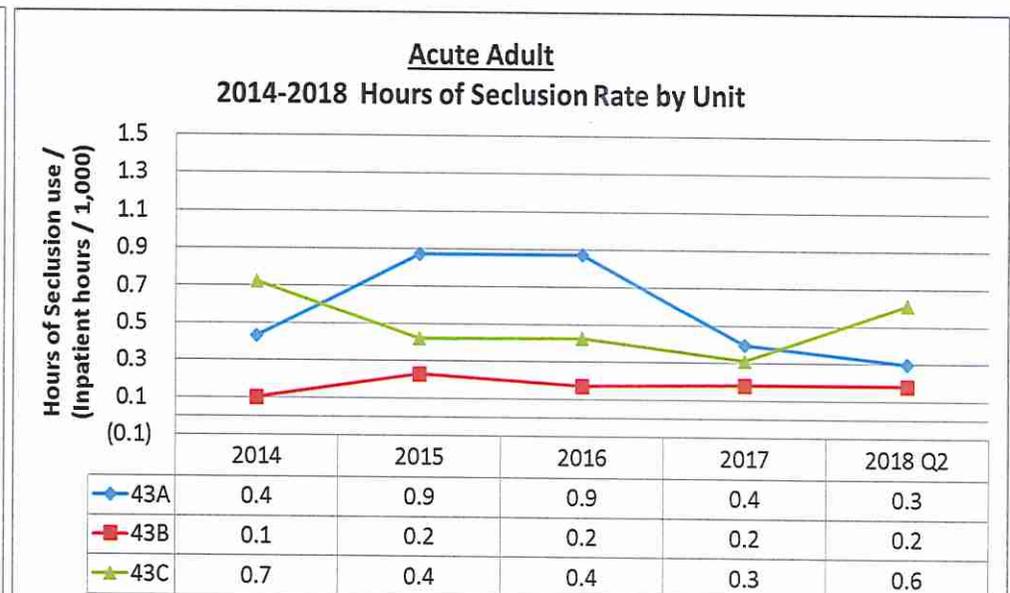
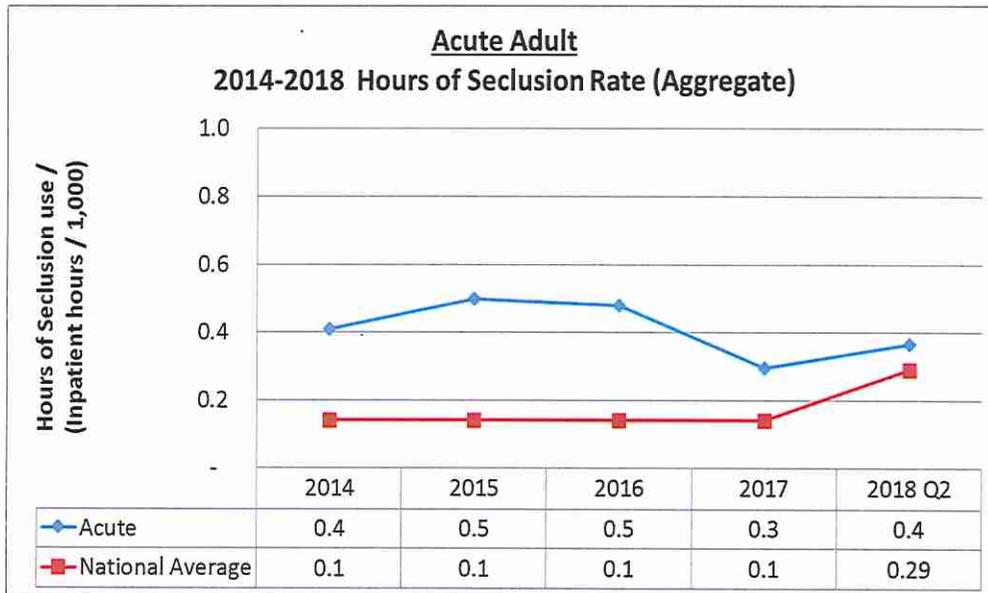
43B Restraints by Time of Day
N = 42



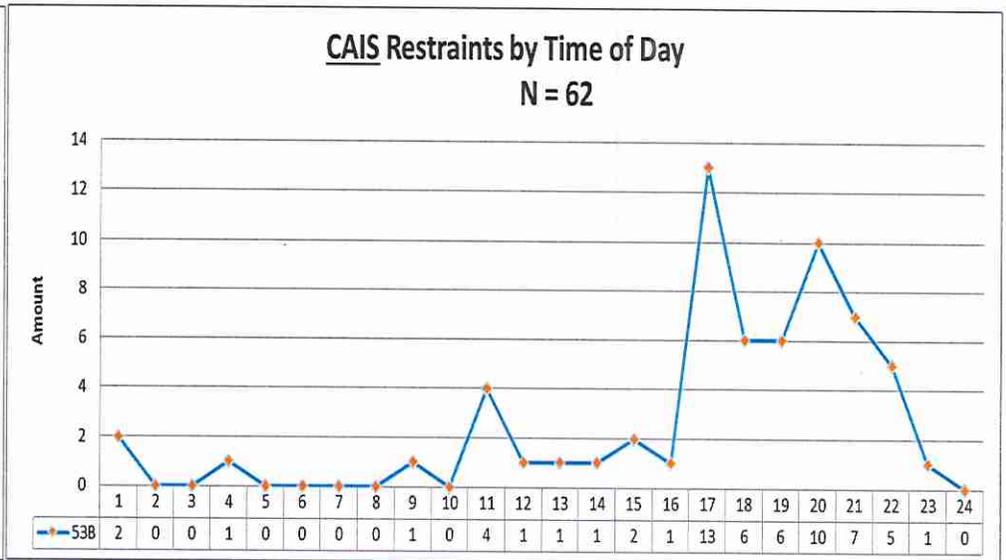
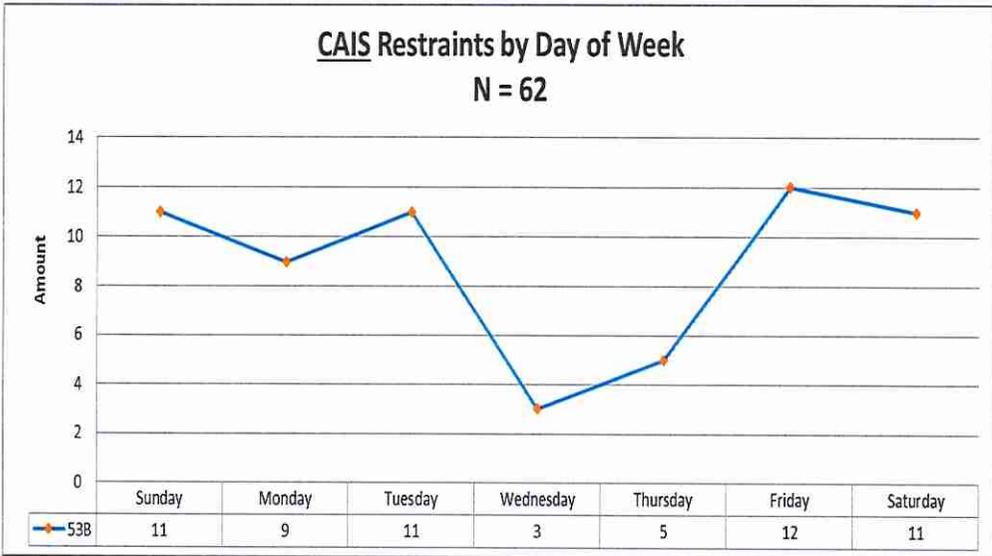
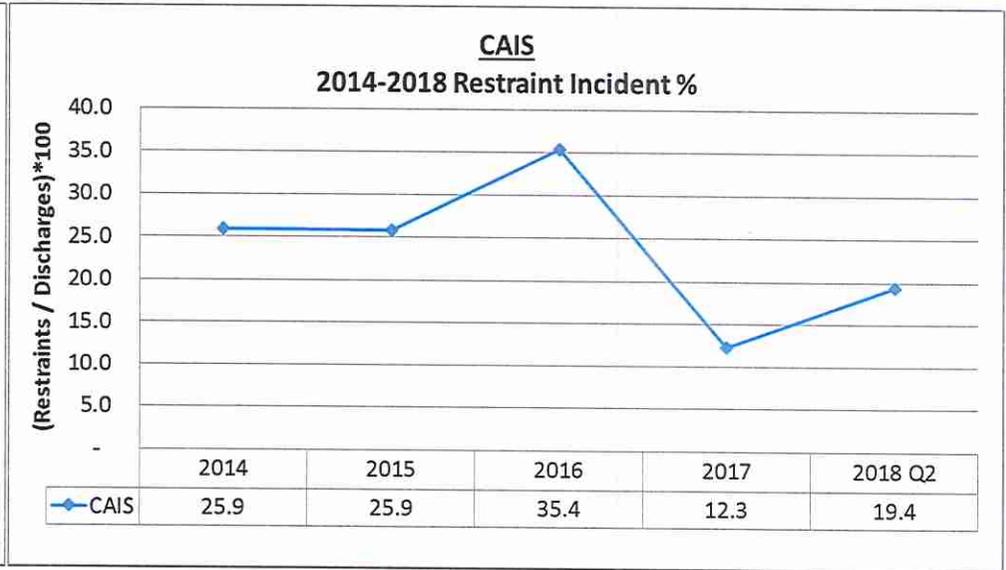
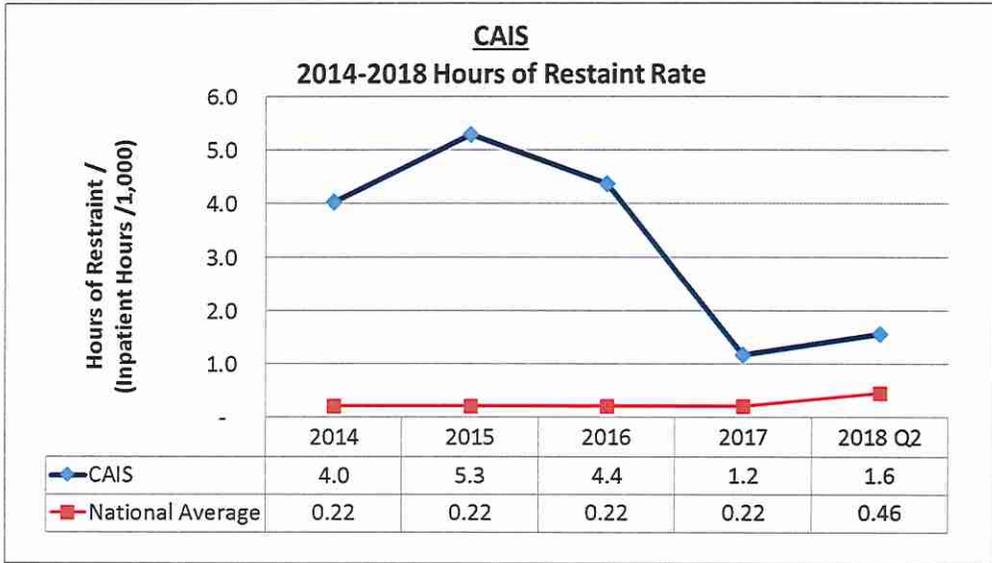
43C Restraints by Time of Day
N = 21



Acute Adult



CAIS



Facility Data

Program		Restraint Incidents								Restraint Hours							
		2011	2012	2013	2014	2015	2016	2017	2018 Q2	2011	2012	2013	2014	2015	2016	2017	2018 Q2
Acute	43A	282	367	558	303	306	249	93	29	1,704	1,473	2,321	1,293	2,402	864	109	29
	43B	78	124	236	138	237	207	73	42	89	139	492	259	600	399	72	63
	43C	173	88	112	98	63	58	40	21	1,602	78	113	205	104	67	28	21
	Total	966	775	906	539	606	514	206	92	4,579	2,268	2,926	1,757	3,106	1,330	210	113
CAIS	CAIS	173	84	124	246	238	218	87	62	476	98	133	314	458	323	88	52
Crisis	PCS	638	537	445	405	417	373	275	189	651	514	509	413	445	408	269	180
	OBS	122	76	106	146	83	74	63	13	190	100	179	207	117	98	46	9

Program/Unit		Seclusion Incidents								Seclusion Hours							
		2011	2012	2013	2014	2015	2016	2017	2018 Q2	2011	2012	2013	2014	2015	2016	2017	2018 Q2
Acute	43A	47	22	18	40	83	102	55	19	87	17	33	61	115	115	49	18
	43B	4	12	15	16	32	25	27	10	4	8	11	18	32	24	23	11
	43C	58	15	74	96	52	40	53	41	73	10	100	118	60	54	40	39
	Total	154	62	107	152	167	167	135	70	218	48	144	196	207	193	111	68
CAIS	CAIS	27	6	5	32	44	17	45	42	32	4	3	21	35	13	28	24

Crisis Seclusion and Restraint

Mid-Year Update

2018

This report contains information describing the first six (6) months of 2018 are summarized as follows:

- 2018 mid-year PCS restraint incident rate increased by **50.0%** from 2017.
- 2018 mid-year PCS restraint hour increased by **44.0%** from 2017.
- 2018 mid-year Observation incident rates decreased by **42.5%** from 2017.
- 2018 mid-year Observation restraint hour decreased by **48.2%** from 2017.

Prepared by: Quality
Improvement
Department

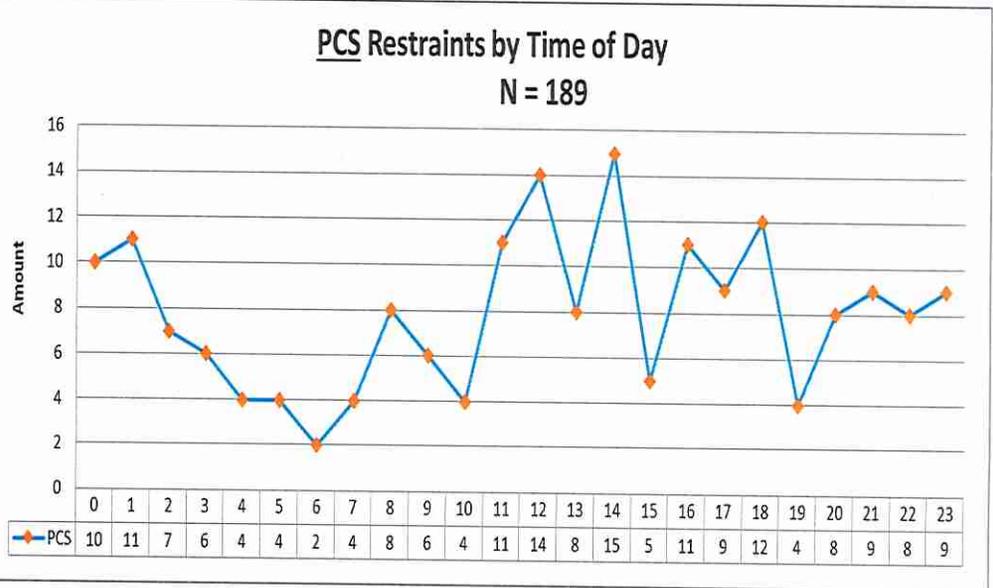
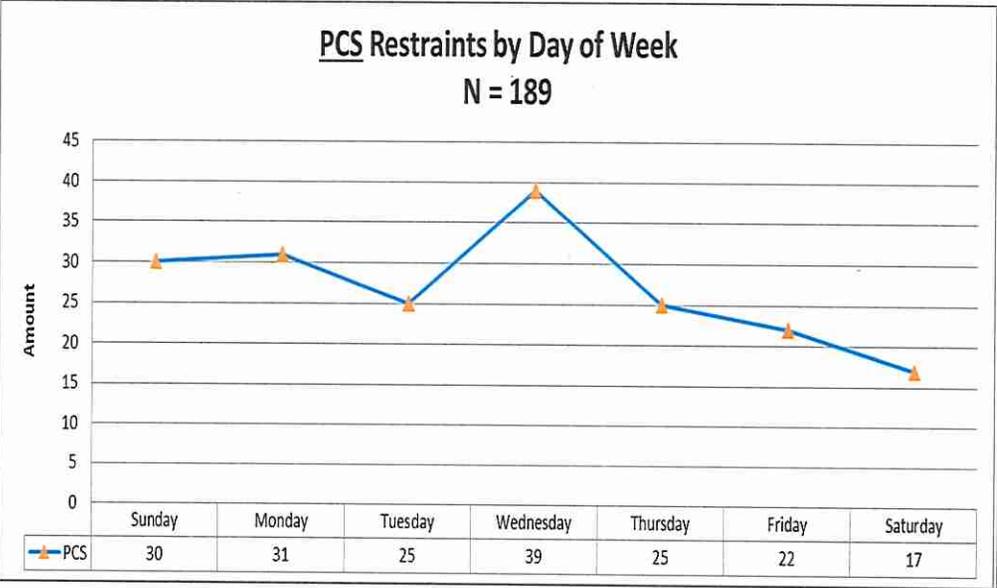
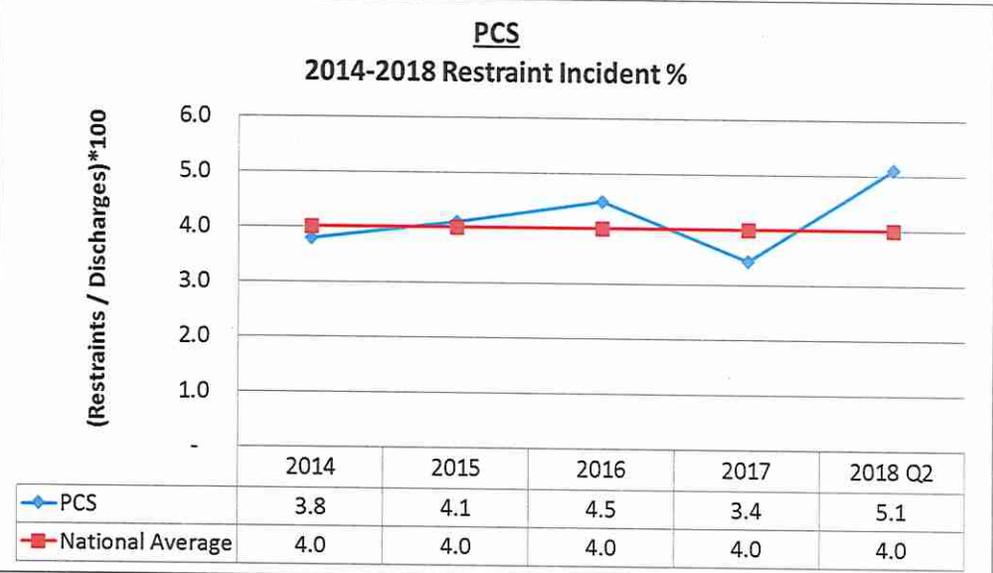
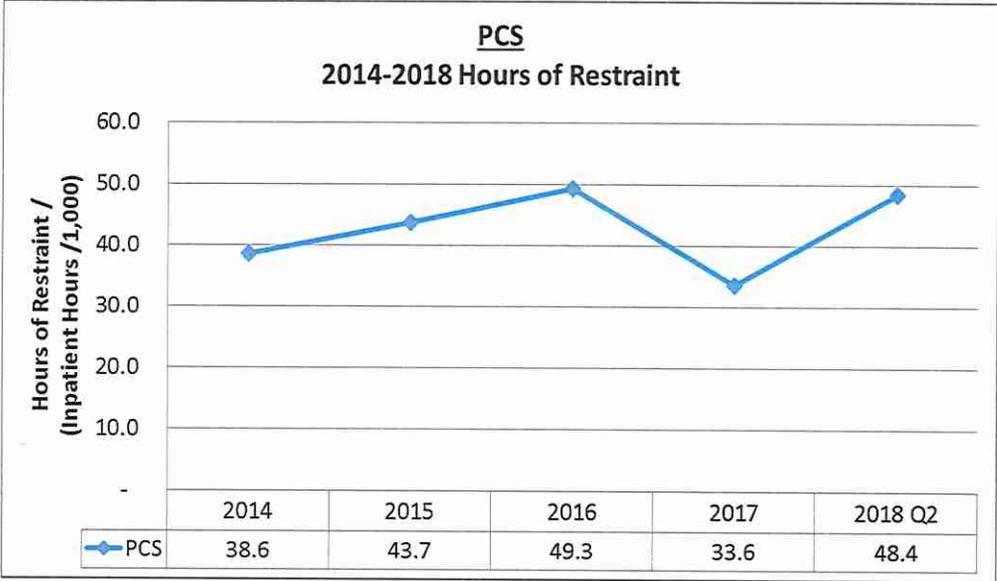
Date: August 15, 2018

Summary

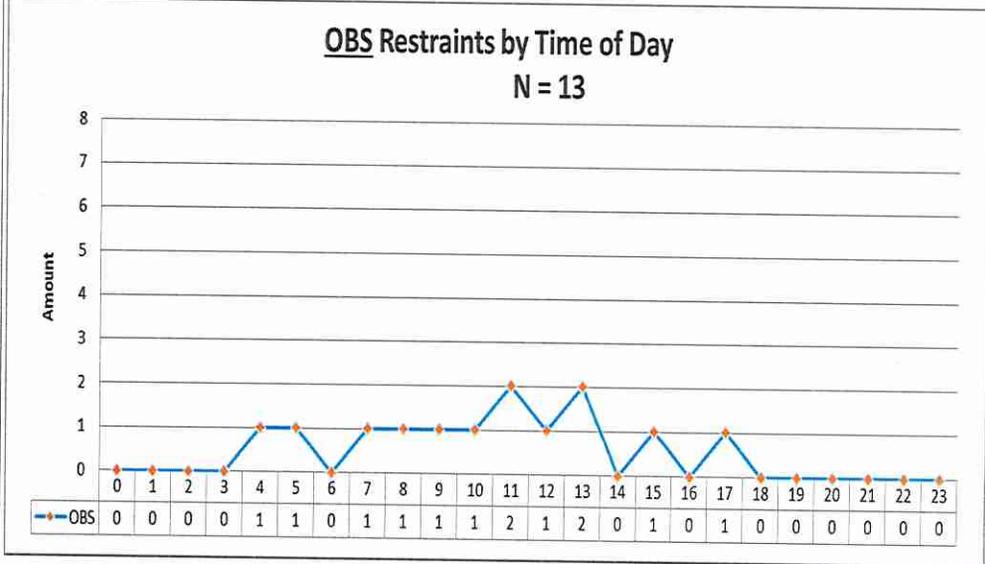
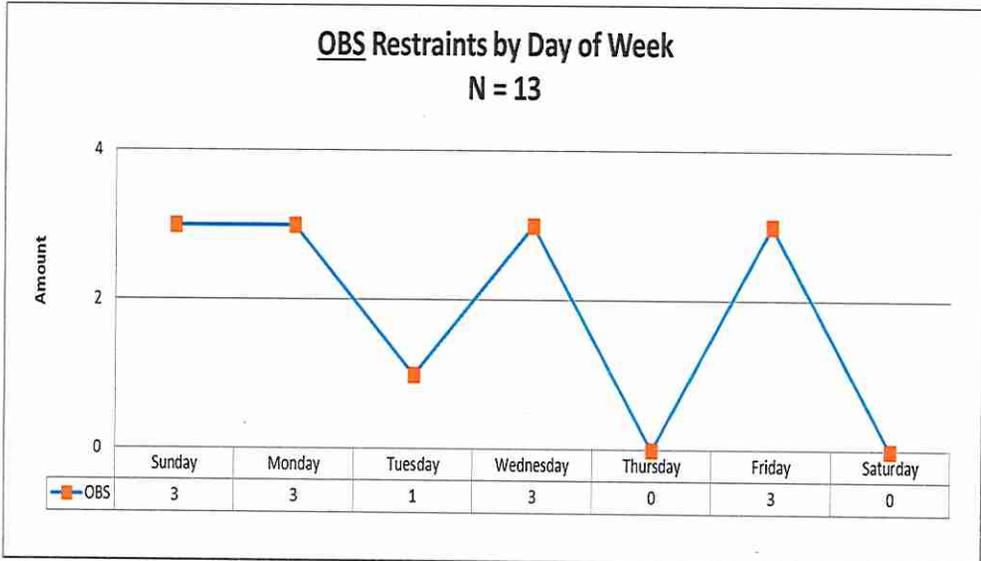
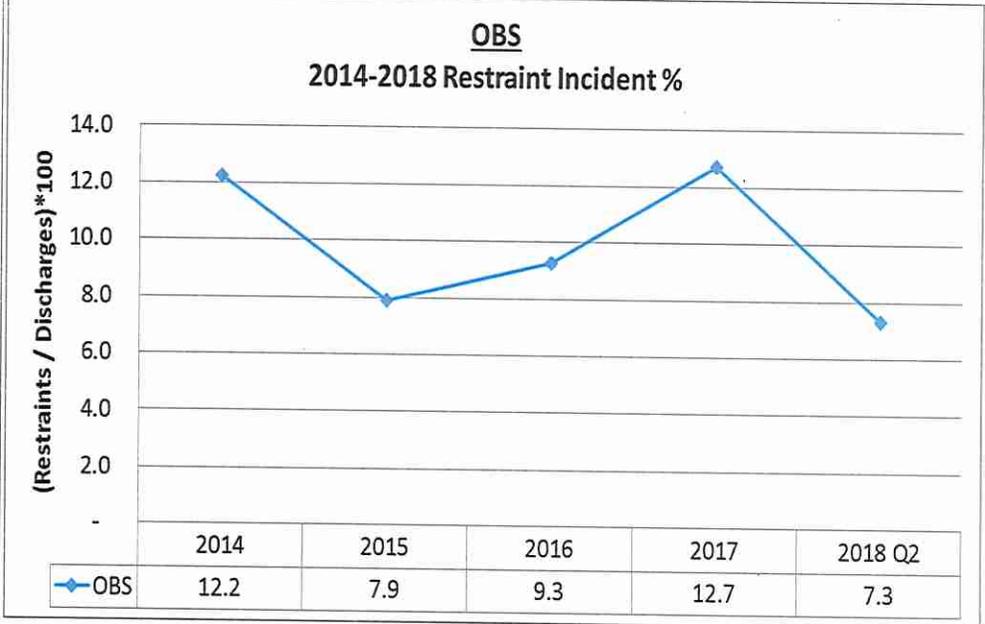
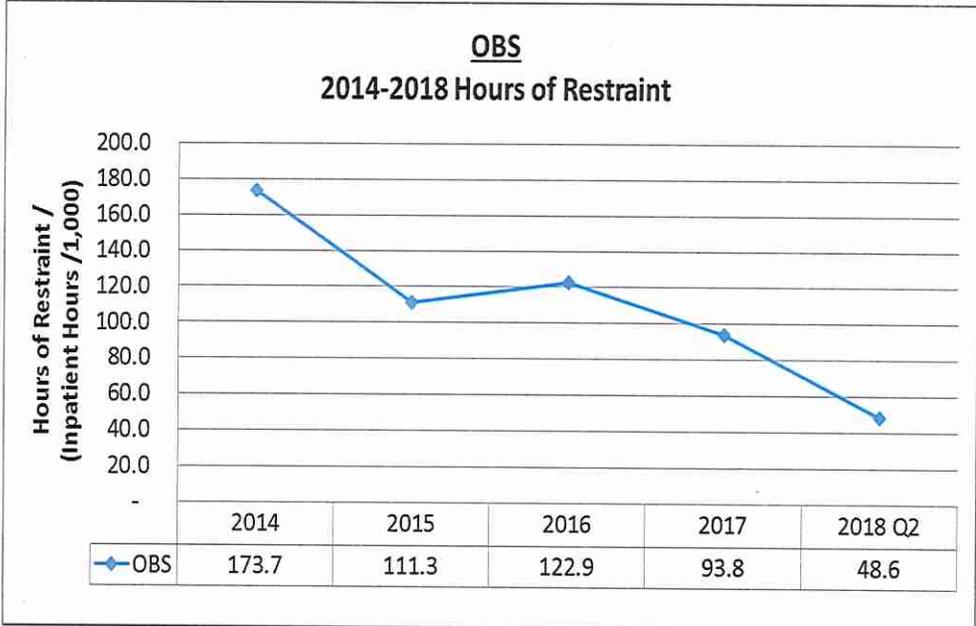
PCS

- PCS had 179.73 reported restraint hours, of which 69.2% of reported restraints, the patient were in restraints for less than 2 hours
- PCS had 189 reported restraint incidents, of which 65% of reported restraint incidents were patients with one (1) episode of restraint.

PCS



OBS



Facility Data

Program		Restraint Incidents								Restraint Hours							
		2011	2012	2013	2014	2015	2016	2017	2018 Q2	2011	2012	2013	2014	2015	2016	2017	2018 Q2
Acute	43A	282	367	558	303	306	249	93	29	1,704	1,473	2,321	1,293	2,402	864	109	29
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Program/Unit		Seclusion Incidents								Seclusion Hours							
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	Total	154	62	107	152	167	167	135	70	218	48	144	196	207	193	111	68
CAIS	CAIS	27	6	5	32	44	17	45	42	32	4	3	21	35	13	28	24

Quality Committee Item 5

Temporary Assistance for Needy Families (TANF)
Alcohol and Other Drug Abuse (AODA) Grant

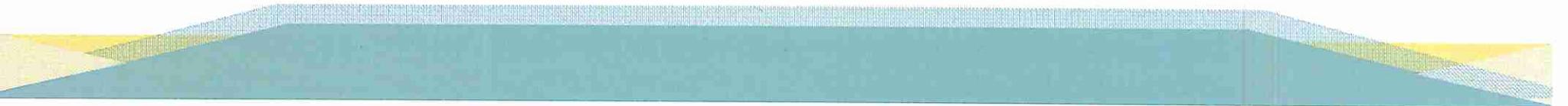
Evaluation Activities

Presented to Mental Health Board Quality Committee

September 17, 2018



Background



TANF AODA Grant Award

- Notice in mid-2017 that award would be continued based on application submitted by BHD CARS in December 2016
- Funded by the State of Wisconsin Department of Health Services, Division of Care and Treatment Services, Bureau of Prevention Treatment and Recovery

“The consortium application addresses the need for comprehensive substance use disorder treatment and recovery support services for TANF-eligible individuals and their families, with a focus on special populations, multiple system service delivery and coordination that is strength-based, gender and culturally-sensitive, and family focused.”



TANF AODA Program Eligibility

- Criteria developed by State of Wisconsin which chose to use TANF funds from the Federal government for substance use treatment
 - Milwaukee County resident
 - Parent of a child(ren) under the age of 18 who lives in Milwaukee County, or currently pregnant
 - Includes non-custodial parents
 - Annual household income at or below 200% of the poverty level
 - Compliant with child support
 - Involved in multiple systems such as W2, Child Welfare, Food Share, Probation/Parole, BHD, etc.

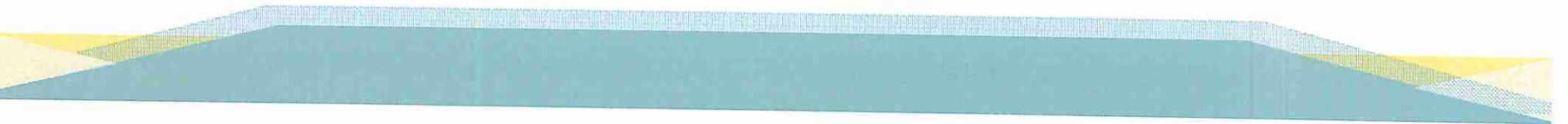


TANF AODA Grant Goals

- Goal 1:** Provide appropriate alcohol and drug addiction outreach, intervention, treatment, care coordination and support services for individuals and their families who are TANF eligible and who have a family income of not more than 200% of the federal poverty level.
- Goal 2:** Provide services of the highest quality that are evidence-based or promising practices in accordance with the elements, standards, and core values of the TANF individual's outreach, treatment, and support program.
- Goal 3:** Achieve positive family functioning, self-directed recovery and improved quality of life among persons and families served.
- Goal 4:** Track the number of alcohol and drug-related deaths in the county and among service providers and implement appropriate anti-drug diversion, overdose prevention and other effective strategies.



Evaluation Team

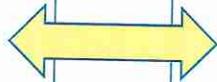


- BHD CARS staff chose to add evaluation resources to the TANF AODA program by including an external evaluation team from UW-Milwaukee Helen Bader School of Social Welfare and the Center for Urban Population Health in the grant application
- Evaluation approach is collaborative
 - Monthly TANF AODA Evaluation Team meeting
 - Regular communication among team members



*UW-Milwaukee &
Center for Urban Population
Health (CUPH)*

*Behavioral Health Division
Community Access to Recovery
Services (BHD CARS)*



Michelle Bunyer

Associate Researcher, CUPH

Lisa Berger

Professor, Helen Bader School of
Social Welfare; Director, CUPH

Michelle Corbett

Associate Researcher, CUPH

Sue Clark

Janet Fleege

Justin Heller

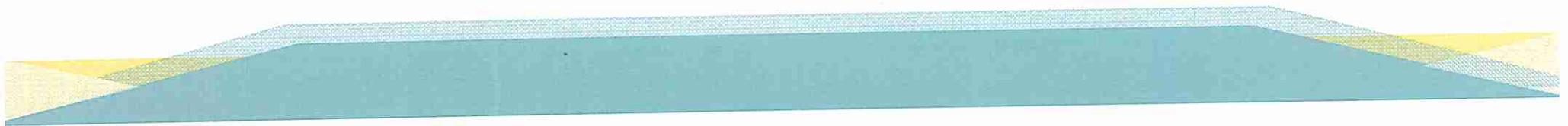
Nzinga Khalid

Gary Kraft

Adrienne Sulma



Key Evaluation Activities



Client Focus Groups

- Conducted at AODA residential treatment facilities with men and women receiving services
 - 7 focus groups including 55 clients (as of 8/17/18)
- Collected information for TANF team to develop more effective outreach and engagement strategies, better understand how to integrate families into treatment, and determine how to add clients in an advisory role to the program
- Groups completed April- August 2018; currently compiling full results
 - ✓ Preliminary results suggest that clients desire more family contact while they are in treatment, especially with their children, whom many times are their motivation for recovery



TANF Client Satisfaction Survey

- 8-item survey developed by BHD CARS staff
- Pilot launch in June 2017; re-launch with new methodology in April 2018 to improve completion rate
- Administered by the Recovery Support Coordinator (RSC) at 4-months into treatment; paper survey or online link
- Responses from **40 clients** as of mid-August 2018



TANF
AODA

TANF Client Satisfaction Survey (contd.)

Question	% Agree ¹
Staff were polite and respectful.	90%
Staff were sensitive to my cultural and spiritual needs.	95%
Staff were compassionate and understood what I have been through.	95%
Staff encouraged me to feel more hopeful about my future.	95%
It was easy for me to get the services that I needed.	90%
I was actively involved in making decisions about my care and the services I received.	98%
The services that I received will help me meet the challenges that I may face in my life.	95%
I would recommend this service to a friend or family member.	93%

¹ Strongly agree or agree.



Workshop Evaluation Surveys

- Surveys conducted for the following provider trainings:

Finding Your Best Self (August 2017)

Gaining Clarity (October 2017)

Matrix Model (February 2018)

- **Initial Survey:** Relevance and utility of materials, agency capacity to use materials, how to best support implementation
 - Adapted from the TCU-WEVAL survey developed by the Texas Christian University Institute of Behavioral Research
- **3-Month Follow-up Survey:** Use of the materials since the workshop, client experiences, barriers to implementation of materials
 - Adapted from the TCU-WAFU survey developed by the Texas Christian University Institute of Behavioral Research



Workshop Evaluation Surveys (contd.)

- Used a methodology shown to maximize response rates
 - Monetary incentives, multiple contact (mail, email) and multiple return (online link, paper) modes approach

Completed Consent & Initial Survey	144/162	89%
Completed 3-Month Follow-Up Survey (among those who completed the Initial survey and likely received our communications at follow-up)	113/133	85%

- For each training created a comprehensive report detailing survey responses and recommendations based on the results
 - ✓ Across all three trainings, providers reported relevance of the materials to client needs, welcome opportunities to learn more about application of the materials, and are interested in interacting with others using the materials in the community to learn about implementation successes
- Will continue at future trainings as requested by TANF program staff



Executive Director Survey

- Created to gather information from BHD CARS AODA Provider Network agency Executive Directors
- Topics include: Views on TANF AODA program administration and requirements, agency practice values and approaches, agency quality improvement activities, agency implementation of Evidence-Based Practices, staff certification and retention, and strengths/weaknesses in providing services to TANF AODA clients
- Will be administered Fall 2018



Analysis of TANF Client Data

- Compiled a TANF client data set with information drawn from the electronic health record for future use in:
 - Describing TANF client characteristics
 - Describing TANF client treatment outcomes
 - Examining factors related to successful discharge
 - Tracking the grant's Performance Measures
 - Creating special reports focused on data for pregnant women and IV drug users
- Work continues on refining the structure of the data set and the elements included



NIATx Collaborative Evaluation

- The NIATx Collaborative meets monthly and includes staff from community providers (not specific to TANF providers) who are working on quality improvement (QI) projects
 - ✓ 21 community providers have sent a representative at some point in 2018
- Each Fall BHD CARS sponsors a NIATx Storyboard Marketplace where providers showcase their quality improvement projects
 - ✓ 18 community providers presented projects at the October 2017 Storyboard Marketplace
- Developed a logic model to conceptualize the group's goals and determine how to measure movement toward achieving those goals



NIATx Collaborative Evaluation (contd.)

- Will be collecting data to assess progress on meeting goals and provide recommendations based on results
 - Meeting attendance patterns
 - Agency & individual interest in QI, capacity to engage in QI
 - Communication and collaboration among attendees
 - Attendee perceptions of benefits to themselves and clients
 - NIATx project quality
- Related to the Collaborative – the UWM Evaluation team provides individualized research methodology support to agencies seeking assistance with their NIATx projects
 - ✓ 3 projects in 2017
 - ✓ 6 projects so far in 2018



TANF
AODA

For additional information about the TANF AODA
program evaluation please contact:

Michelle Bunyer, michelle.bunyer@aurora.org

Sue Clark, Susan.Clark@milwaukeecountywi.gov

Lisa Berger, Lberger@uwm.edu

The logo features the text "TANF AODA" centered on a horizontal bar. The bar has a teal background with a yellow-to-teal gradient on the left and right sides. The word "TANF" is in white, and "AODA" is in yellow.

TANF
AODA

PCS Hospital Transfer Waitlist Report

Mid-Year Update

2018

This report contains information describing the first six (6) months of 2018 are summarized as follows:

- 3 hospital transfer waitlist events occurred
- PCS was on hospital transfer waitlist status 77.4%
- The 648 individuals delayed comprised 17.1% of the total PCS admissions (3,710)
- The median wait time for all individuals delayed was 5.0 hours
- The average length of waitlist per patient is 7.1 hours

Prepared by:
Quality Improvement Department

Date: August 14, 2018

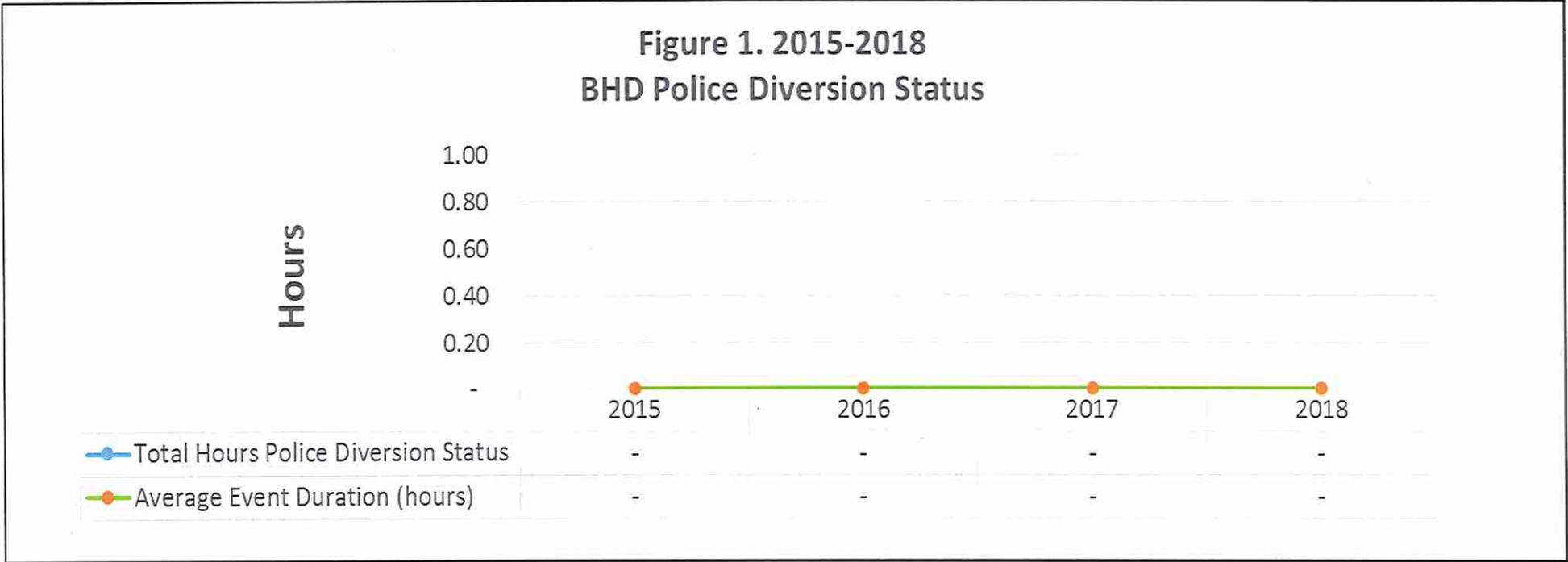
Definitions:

Waitlist: When there is a lack of available beds between the Acute Inpatient Units and the Observation Unit. Census cut off is 5 or less open beds. These actions are independent of acuity or volume issues in PCS.

Diversion: A total lack of capacity in PCS and a lack of Acute Inpatient and Observation Unit beds. It results in actual closing of the door with no admissions to PCS allowed. Moreover, it requires law enforcement notification and Chapter 51 patients re-routed.

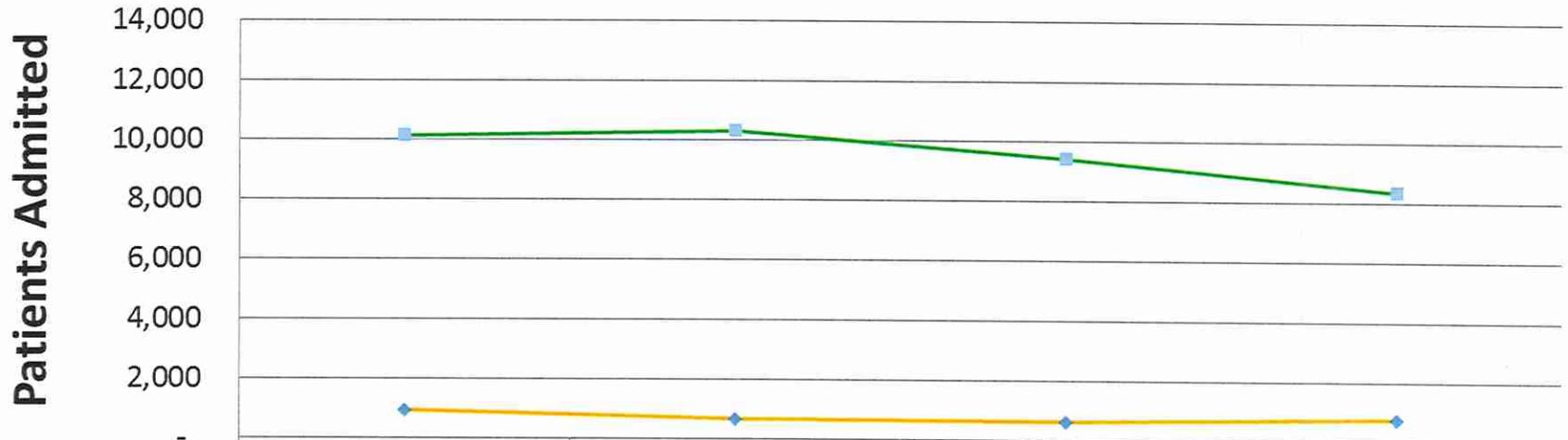
Reporting Time Period: The data in this report reflects three (3) years or the last twelve (12) quarters, unless specified otherwise.

Figure 1. 2015-2018
BHD Police Diversion Status



*There have been no police diversion in the last 8 year, last police diversion was in 2008

**Figure 2. 2015-2018
PCS and Acute Adult Admissions**



	2015	2016	2017	2018 Proj.
Acute Adult Admissions	965	683	656	756
PCS Admissions	10,173	10,334	9,429	8,360

*PCS Admissions = Projected Waitlist Clients + Projected PCS Clients

Figure 3. 2015-2018
Percent of Time on Waitlist Status



*Waitlist Percent = Waitlist Duration/ (Number of day in the quarter*24)

Figure 4. 2015-2018
Patients on Hospital Transfer Waitlist



Figure 5. Waitlist Events
2015-2018

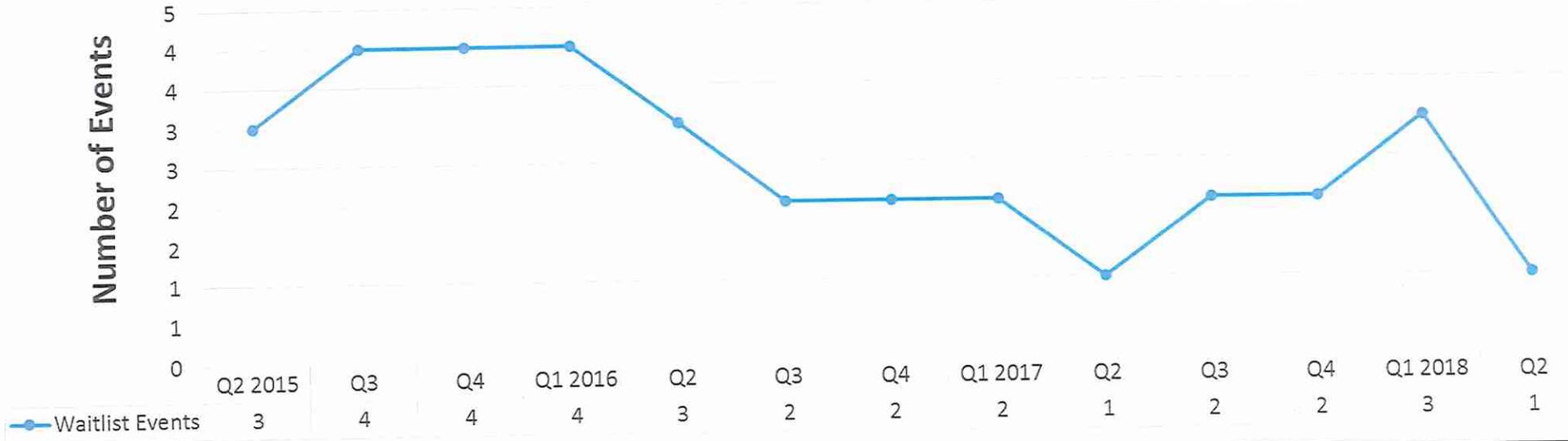


Figure 6. 2015-2018
Average Duration of Event
(Hours)

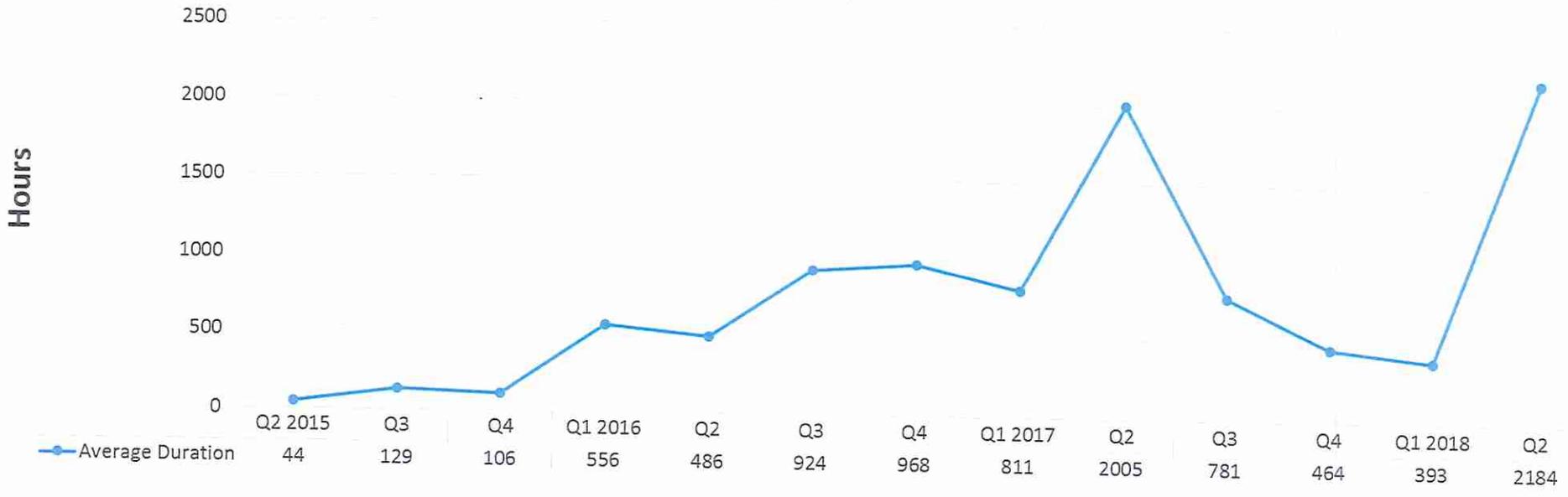


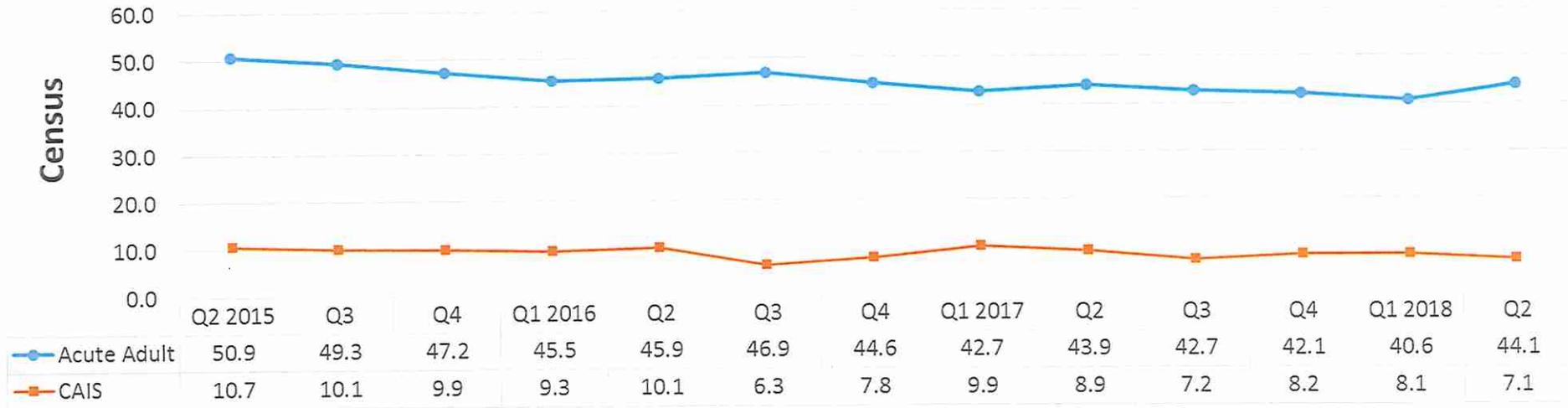
Figure 7. 2015 - 2018
Median Wait Time For Individuals Delayed
(Hours)



Figure 8. 2015-2018
Average Length of Waitlist For Individuals Delayed
(Hours)

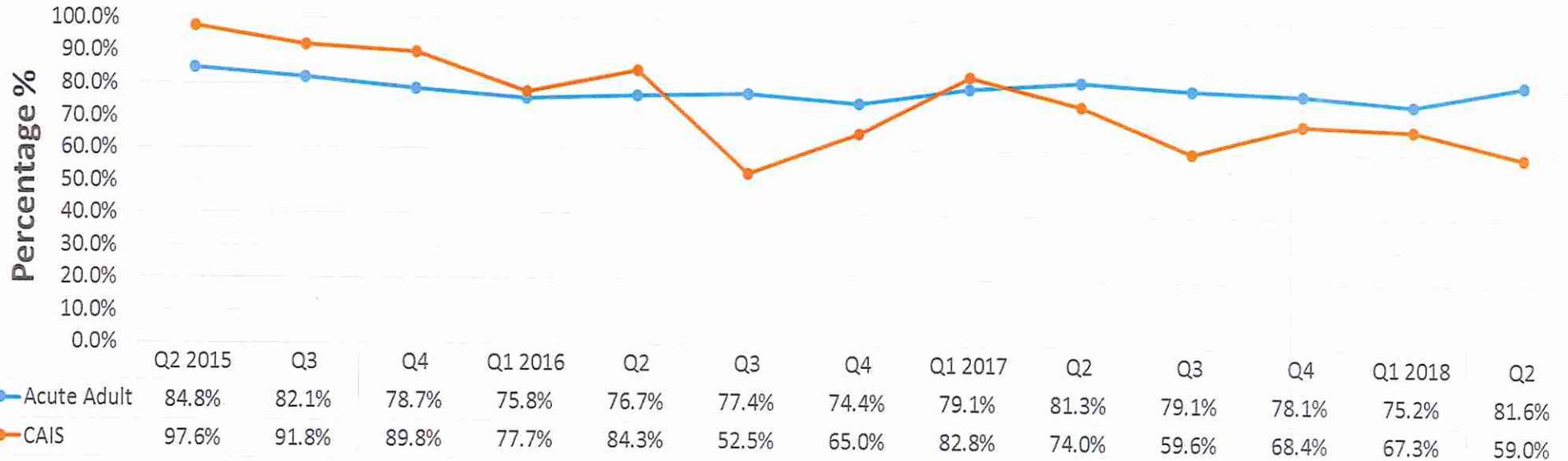


**Figure 9. 2015-2018
Acute Adult/CAIS
Average Daily Census**



*Average Daily Census = Patient days/amount of days per quarter

Figure 10. 2015-2018
Acute Adult/CAIS
Budgeted Occupancy Rate



*Occupancy Rate = Patient's Day/ (Number of day in the quarter*number of beds budgeted)

*Reduced staffing impacted operation bed count

Figure 11. 2015-2018
Number of patients on waitlist for 24 hours or greater



Figure 12. 2015-2018
Patients on waitlist for 24 hours or greater as a percentage of number of clients waitlisted



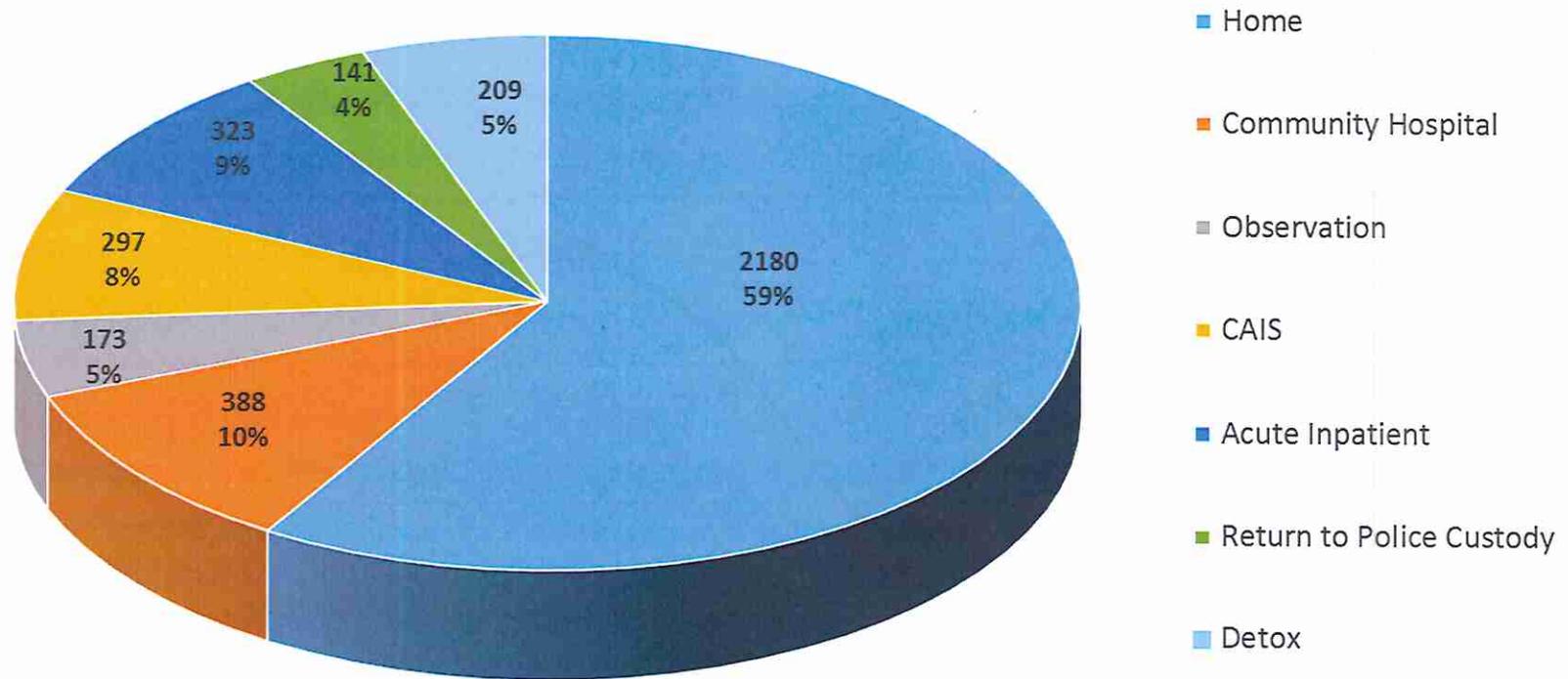
*Percent = Number of Patients on waitlist for 24 hours or greater/Number of Clients Waitlisted

Figure 13. 2015-2018
Patients on waitlist for 24 hours or greater as a percentage of PCS Admission



*Percent = Number of Patients on waitlist for 24 hours or greater/PCS Admission

**Figure 14. 2018 Q2
Disposition of all PCS admission**



Quality Committee Item 8

POLICY & PROCEDURE STATUS REPORT -GOAL=95%

Baseline 71.5% as of August 2016 LAB report

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

Recently Approved Policies	New Policies	Reviewed/ Revised Policies	Retired Policies
March	13	28	3
April	5	8	1
May	5	20	0
June	2	7	3
July	4	18	0

Overall Progress 96.1% as of August 1, 2018

Current				
Review period	Number of Policies		Percentage of total	
	Last Month	This Month	Last Month	This Month
Within Scheduled Period	494	494	96.1%	96.1%
Up to 1 year Overdue	9	10	1.8%	1.9%
More than 1 year and up to 3 years overdue	5	5	1.0%	1.0%
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	0	0	0%	0%
More than 10 years overdue	5	4	1.0%	0.8%
Total	514	514	100%	100%

Forecast Due for Review

Past Due Policies - 20

Coming Due Policies

August – 10
 September – 1
 October – 2
 November – 5
 December – 26

January – 5
 February – 3
 March – 6
 April – 2
 May – 5
 June -11
 July - 9

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

DATE: September 24, 2018

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

FROM: Clarence P. Chou, MD, President of the Medical Staff Organization
Prepared by Lora Dooley, Director of Medical Staff Services

SUBJECT: **A Report from the President of the Medical Staff Organization Requesting Approval of Appointment and Privilege Recommendations Made by the Medical Staff Executive Committee**

Background

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

Discussion

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

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

Recommendation

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

Informational Item(s)

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

- A. Professional Practice Evaluation – Focused and Ongoing Processes (FPPE/OPPE)

Respectfully Submitted,



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

- cc Michael Lappen, BHD Administrator
John Schneider, BHD Chief Medical Officer
Shane Moisio, MD, Vice-President of the Medical Staff Organization
Lora Dooley, BHD Director of Medical Staff Services
Jodi Mapp, BHD Senior Executive Assistant

Attachments

- 1 Medical Staff Credentialing Report & Medical Executive Committee Recommendations
- 2 Professional Practice Evaluation – Focused and Ongoing Processes (FPPE/OPPE) (revised policy)

**MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
GOVERNING BODY REPORT
MEDICAL STAFF CREDENTIALING REPORT & EXECUTIVE COMMITTEE RECOMMENDATIONS
SEPTEMBER / OCTOBER 2018**

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 5, 2018	MEDICAL STAFF EXECUTIVE COMMITTEE SEPTEMBER 19, 2018	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
MEDICAL STAFF							
Guy DeGent, MD	Interventional Cardiology-EKG & Doppler Echocardiogram Interpretation	Consulting Telemedicine/ Provisional		Dr. Puls recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months.	Recommends appointment and privileging as per C&PR Committee.	
Peter DeVries, MD	Psychiatric Officer; Medical Officer	Affiliate/ Provisional		Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months.	Recommends appointment and privileging as per C&PR Committee.	
Olga Hadden, MD	General Psychiatry	Affiliate/ Provisional		Dr. Zinke recommends appointment & privileges, as requested, contingent on attainment of required Wisconsin Medical License	Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months, contingent* on attainment and verification of Wisconsin Medical License <i>(*Applicant completed residency on 8/2/18 and will be relocating from Michigan; WI license application filed ~ 8/1/18)</i>	Recommends appointment and privileging as per C&PR Committee.	
George Morrison, DO	Diagnostic Radiology- X-Ray and Ultrasound Interpretation	Consulting Telemedicine/ Provisional	M#	Dr. Puls recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months.	Recommends appointment and privileging as per C&PR Committee.	
Hannah Reiland, DO	Psychiatric Officer; Medical Officer	Affiliate/ Provisional		Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months.	Recommends appointment and privileging as per C&PR Committee.	
Hannah Schroeder, DO	Psychiatric Officer; Medical Officer	Affiliate/ Provisional		Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months.	Recommends appointment and privileging as per C&PR Committee.	
Codie Vassar, MD	Psychiatric Officer; Medical Officer	Affiliate/ Provisional		Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months.	Recommends appointment and privileging as per C&PR Committee.	
Scott Wiener, MD	General Psychiatry	Active/ Provisional		Dr. Zinke recommends appointment & privileges, as requested.	Committee tabled this item on 9/5/18 pending receipt of one application item. Receipt was confirmed, and Committee reconvened on 9/6/18 and recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months.	Recommends appointment and privileging as per C&PR Committee.	
ALLIED HEALTH							
NONE THIS PERIOD							

REAPPOINTMENT / REPRIVILEGING	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE SEPTEMBER 5, 2018	MEDICAL STAFF EXECUTIVE COMMITTEE SEPTEMBER 19, 2018	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
MEDICAL STAFF							
Donna Luchetta, MD	General Psychiatry	Active / Full	M#	Dr. Zincke 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.	
Jennifer Zaspel, MD	General Psychiatry	Affiliate / Provisional *		Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. <i>* Privileges were amended and newly granted in this category effective 9/1/18 and remain subject to a minimum provisional period of 6 months</i>	Recommends reappointment and privileging as per C&PR Committee.	
ALLIED HEALTH							
NONE THIS PERIOD.							

PROVISIONAL STATUS CHANGE REVIEWS	PRIVILEGE GROUP(S)	CURRENT CATEGORY/ STATUS	RECOMMENDED CATEGORY/ STATUS	SERVICE CHIEF RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE SEPTEMBER 5, 2018	MEDICAL STAFF EXECUTIVE COMMITTEE SEPTEMBER 19, 2018	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 appointment and/or new privileges.</i>							
MEDICAL STAFF							
Amanda Delaney, MD	Psychiatric Officer; 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 appointment and privileging status change, as per C&PR Committee.	
Vuong Vu, MD	Psychiatric Officer; 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 appointment and privileging status change, as per C&PR Committee.	
ALLIED HEALTH							
Rebecca Sauer-Stach, MSN	Advanced Practice Nursing-Psychiatric and Mental Health	Allied Health/ Provisional	Allied Health/ Full	Dr. Thrasher recommends full privileges	Committee recommends change in privilege status from provisional to full for remainder of 2-year appointment period.	Recommends appointment and privileging status change, as per C&PR Committee.	

AMENDMENTS / CHANGE IN STATUS	CURRENT PRIVILEGE GROUP(S) OR APPOINTMENT CATEGORY	RECOMMENDED CHANGE	SERVICE CHIEF RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE SEPTEMBER 5, 2018	MEDICAL STAFF EXECUTIVE COMMITTEE SEPTEMBER 19, 2018	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
Denis Birgenheir, PhD	Active Staff	Associate Staff	N/A- Appointment amendment in conjunction with Bylaws amendment to comply with law &/or regulation, as adopted by the MSO & MHB, in August 2018	Committee recommends amending appointment, as per the amended Bylaws and Category eligibilities.	Recommends amending appointment, as per C&PR Committee.	
Sara Coleman, PsyD	Active Staff	Associate Staff	N/A- Appointment amendment in conjunction with Bylaws amendment to comply with law &/or regulation, as adopted by the MSO & MHB, in August 2018	Committee recommends amending appointment, as per the amended Bylaws and Category eligibilities.	Recommends amending appointment, as per C&PR Committee.	
Walter Drymalski, PhD	Active Staff	Associate Staff	N/A- Appointment amendment in conjunction with Bylaws amendment to comply with law &/or regulation, as adopted by the MSO & MHB, in August 2018	Committee recommends amending appointment, as per the amended Bylaws and Category eligibilities.	Recommends amending appointment, as per C&PR Committee.	
Steven Dykstra, PhD	Active Staff	Associate Staff	N/A- Appointment amendment in conjunction with Bylaws amendment to comply with law &/or regulation, as adopted by the MSO & MHB, in August 2018	Committee recommends amending appointment, as per the amended Bylaws and Category eligibilities.	Recommends amending appointment, as per C&PR Committee.	

AMENDMENTS / CHANGE IN STATUS	CURRENT PRIVILEGE GROUP(S) OR APPOINTMENT CATEGORY	RECOMMENDED CHANGE	SERVICE CHIEF RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE SEPTEMBER 5, 2018	MEDICAL STAFF EXECUTIVE COMMITTEE SEPTEMBER 19, 2018	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
Douglas Hardy, PhD	Active Staff	Associate Staff	N/A- Appointment amendment in conjunction with Bylaws amendment to comply with law &/or regulation, as adopted by the MSO & MHB, in August 2018	Committee recommends amending appointment, as per the amended Bylaws and Category eligibilities.	Recommends amending appointment, as per C&PR Committee.	
Justin Kuehl, PsyD	Active Staff	Associate Staff	N/A- Appointment amendment in conjunction with Bylaws amendment to comply with law &/or regulation, as adopted by the MSO & MHB, in August 2018	Committee recommends amending appointment, as per the amended Bylaws and Category eligibilities.	Recommends amending appointment, as per C&PR Committee.	
David Macherey, PsyD	Active Staff	Associate Staff	N/A- Appointment amendment in conjunction with Bylaws amendment to comply with law &/or regulation, as adopted by the MSO & MHB, in August 2018	Committee recommends amending appointment, as per the amended Bylaws and Category eligibilities.	Recommends amending appointment, as per C&PR Committee.	
Kevin McSorley, PsyD	Active Staff	Associate Staff	N/A- Appointment amendment in conjunction with Bylaws amendment to comply with law &/or regulation, as adopted by the MSO & MHB, in August 2018	Committee recommends amending appointment, as per the amended Bylaws and Category eligibilities.	Recommends amending appointment, as per C&PR Committee.	
Abby Noack Haggas, PsyD	Active Staff	Associate Staff	N/A- Appointment amendment in conjunction with Bylaws amendment to comply with law &/or regulation, as adopted by the MSO & MHB, in August 2018	Committee recommends amending appointment, as per the amended Bylaws and Category eligibilities.	Recommends amending appointment, as per C&PR Committee.	
Jaquaye Russell, PhD	Active Staff	Associate Staff	N/A- Appointment amendment in conjunction with Bylaws amendment to comply with law &/or regulation, as adopted by the MSO & MHB, in August 2018	Committee recommends amending appointment, as per the amended Bylaws and Category eligibilities.	Recommends amending appointment, as per C&PR Committee.	
Gary Stark, PhD	Active Staff	Associate Staff	N/A- Appointment amendment in conjunction with Bylaws amendment to comply with law &/or regulation, as adopted by the MSO & MHB, in August 2018	Committee recommends amending appointment, as per the amended Bylaws and Category eligibilities.	Recommends amending appointment, as per C&PR Committee.	

N. Kuehl
 CHAIR, CREDENTIALING AND PRIVILEGING REVIEW COMMITTEE
 (□ OR PHYSICIAN COMMITTEE MEMBER DESIGNEE)

9/19/2018
 DATE

Charmice Cheng
 PRESIDENT, MEDICAL STAFF ORGANIZATION
 CHAIR, MEDICAL STAFF EXECUTIVE COMMITTEE

9/19/18
 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 25, 2018



Date Issued: 3/20/2012
Last Approved Date: 9/20/2018
Last Revised Date: 9/20/2018
Next Review: 9/19/2021
Owner: *Lora Dooley:*
12009001-Medical Services
Manager
Policy Area: *Medical Staff Organization*
References:

Professional Practice Evaluation - Focused and Ongoing Processes (FPPE/OPPE)

POLICY:

It is the policy of the Medical Staff Organization of the Milwaukee County Behavioral Health Division to comply with statutory and regulatory requirements regarding focused professional practice evaluation and ongoing professional practice evaluation for all individuals with delineated clinical privileges.

PURPOSE:

The Medical Staff has the responsibility for the evaluation and improvement of the quality of care rendered by all privileged individuals within Behavioral Health Division programs and services. To assure that all Medical Staff and privileged Allied Health Professionals are qualified and competent to perform privileges granted, the Medical Staff shall perform focused and ongoing professional practice evaluation of its members. Ongoing data review and findings about practitioner practice and performance shall be evaluated by Medical Staff managers, the Medical Staff Peer Review Committee and the Credentialing and Privileging Review Committee. The purpose of these evaluations shall be for assessing the quality of care provided by each practitioner; for improving professional competency, practice and care, when indicated; and as a basis for making decisions about privileging.

SCOPE:

- All members of the Medical Staff Organization that are granted clinical privileges.
- All members of the Allied Health Professional Staff that are granted clinical privileges through the Medical Staff Organization.

DEFINITIONS:

Focused Professional Practice Evaluation (FPPE) is a process whereby the Medical Staff evaluates the competency and professional performance of a practitioner. Circumstances requiring focused monitoring and evaluation of a practitioner's professional performance shall include:

1. when a practitioner has the credentials to suggest competence, but there is no previously documented evidence of competency in performing the specific privilege or group of privileges at the Behavioral Health Division; or
2. when a question arises regarding a currently privileged practitioner's ability to provide safe, high quality

patient care.

Ongoing Professional Practice Evaluation (OPPE) is a program that allows the Medical Staff to evaluate practitioner performance and identify professional practice trends that impact the quality of care and patient safety on an ongoing basis, with the focus of such evaluations being on improvement.

The **six core competencies** are the bases for criteria selection on which all practitioners shall be assessed and include:

1. patient care
2. medical/clinical practice
3. practice-based learning and improvement
4. interpersonal and communication skills
5. professionalism
6. systems-based practice

PROCEDURES

I. **FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) FOR NEW PRIVILEGES** shall be completed in the following manner:

A. FPPE shall be conducted during the first six months of privileges under the following circumstances:

1. All new practitioners, when initially privileged
2. All new privileges for existing practitioners
3. Practitioners returning from extended leave of absence, if circumstances warrant. Specifics to be determined on a case-by-case basis and on recommendation of the supervising Medical Staff or the Credentialing and Privileging Review Committee.
4. Low-volume practitioners, if circumstances warrant. Specifics to be determined on a case-by-case basis and on recommendation of the supervising Medical Staff or the Credentialing and Privileging Review Committee.

B. FPPE monitoring shall be specific to the requested privilege or group of privileges and shall include:

1. **Chart review or direct observation of not less than five (5) cases**, in which the practitioner was the attending of record or acted as a consultant. The Medical Staff discipline supervisor or his/her discipline service/program designee shall perform these reviews.
 - a. For chart reviews and direct observation assessments, the Medical Staff discipline supervisor of each service/program shall:
 1. Define the intervals at which time FPPE shall be conducted during the initial six-month privilege period (this may vary in service/program areas and by individual dependent upon if full-time, part-time or pool staff);
 2. Develop a monitoring instrument that assesses the six core competencies;
 3. Define the mechanism for how FPPE results shall be conveyed to the practitioner being evaluated
 - b. All service/program FPPE processes and monitoring instruments shall be approved by the Medical Staff Peer Review Committee.

- c. The FPPE process shall be implemented consistently for each practitioner assigned to the service/program.
2. **Proctoring/mentoring**, as deemed to be necessary by the Medical Staff discipline supervisor.
- C. When the initial or new privilege FPPE period is nearing conclusion, the Medical Staff discipline supervisor shall have assessed the six core competencies for each practitioner under focused review on at least five (5) patient cases by completion of the service/program review form. The practitioner shall be rated on a scale of 1-5 with 1 being unsatisfactory and 5 being excels.
- D. The Medical Staff discipline supervisor shall document performance ratings, pertinent findings and recommendations on a separate review form for each patient case evaluated.
 - a. In the case of low or no volume during the initial six-month privilege period, the practitioner shall continue under FPPE until such time that she or he is evaluated on not less than five (5) cases on which he or she was the attending of record or acted as a consultant.
- E. FPPE information gathered shall be submitted to the Medical Staff Office at the conclusion of the focused review period for presentation to the Credentialing and Privileging Review Committee. Information submitted shall include:
 1. specific information about each patient case assessed; and
 2. confirmation that the practitioner has been reviewed and that there are no potential problems with performance or trends that would impact the quality of care or patient safety; or
 3. recommendation to extend the focused review period based on an identified issue.
- F. Method for determining the outcome of FPPE:
 1. At the end of the focused review period, the Credentialing and Privileging Review Committee shall make one of the following recommendations:
 - a. FPPE successfully completed – recommend change in privilege status from provisional to full and enter OPPE phase of privilege performance;
 - b. FPPE to be extended for an additional period - duration shall be determined by the Credentialing and Privileging Review Committee based, all or in part, on the recommendation of the Medical Staff discipline supervisor; or
 - c. FPPE unsuccessfully completed – privileges to be limited or discontinued.
 2. At anytime during the FPPE review process, the Medical Staff discipline supervisor, the Medical Director or Chief Psychologist (as applicable) may request immediate action when there is question about ability to provide safe, high quality patient care. Action may include, but is not limited to:
 - a. Referral to Credentialing and Privileging Review Committee for review or action;
 - b. Referral to Medical Staff Peer Review committee for review or action
 3. The FPPE process shall continue until the Medical Staff discipline supervisor is either:
 - a. Satisfied with the information received and reviewed, or
 - b. Recommendations are made to the Credentialing and Privileging Review Committee for review and recommendation to the Medical Staff Executive Committee for action, including, but not limited to, the initiation of privilege limitation, reduction or revocation per the Medical Staff Organization Bylaws processes.

II. FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) FOR CURRENTLY PRIVILEGED PRACTITIONERS SHALL BE CONDUCTED WHEN AN ISSUE REQUIRING MORE INTENSIVE REVIEW IS IDENTIFIED, as determined by OPPE results or by some other triggering event or circumstance.

- A. In the event that need for FPPE assessment is triggered by the OPPE process or some other event, the Medical Staff Peer Review Committee shall select the criteria and method to be used in the evaluation of the performance of the practitioner.
- B. The decision to assign a focused period of performance monitoring is based upon evaluation of a practitioner's current clinical competency, practice behavior, and/or ability to perform the requested privilege, when issues affecting the provision of safe, high-quality patient care are identified. Criteria and method for evaluation or monitoring may include, but shall not be limited to:
 - 1. direct observation by the Medical Staff discipline supervisor or his/her designee
 - 2. chart review
 - 3. interviews or discussions with other staff members involved in the patient's care
 - 4. proctoring/mentoring
 - 5. peer review
 - 6. monitoring by an external source may be required, in some circumstances, such as:
 - a. need for specialty review, when there are a limited number or no Medical Staff members within the required specialty or with the appropriate technical expertise on the Medical Staff;
 - b. the Medical Staff Peer Review Committee and/or Credentialing and Privileging Review Committee is/are unable to make a determination and requests an external opinion.
- C. The Medical Staff Peer Review Committee shall select a member of the committee or may direct the Medical Staff discipline supervisor or external source, when applicable, to conduct the focused evaluation in accordance with the method(s) recommended.
- D. The FPPE shall be time-limited, for a period determined by the Medical Staff Peer Review Committee.
- E. At the conclusion of the time-limited FPPE period, the Medical Staff Peer Review Committee shall review the assessment data and make one of the following recommendations:
 - 1. FPPE successfully completed – issue/concern has been resolved
 - 2. FPPE to be extended for an additional period with new time-limited duration set by the Committee – issue/concern not fully resolved
 - 3. FPPE unsuccessfully completed – privileges to be limited or discontinued. Refer to Credentialing and Privileging Review.
- F. The findings, conclusions and recommendations from the FPPE shall be shared with the practitioner at the conclusion of each time-limited period.
- G. The FPPE process shall continue until the Medical Staff Peer Review Committee is either:
 - 1. Satisfied with the information received and reviewed, or
 - 2. Recommendations are made to the Credentialing and Privileging Review Committee for review and recommendation to the Medical Staff Executive Committee for action, including, but not

limited to, the initiation of privilege limitation, reduction or revocation per the Medical Staff Organization Bylaws processes.

III. ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE):

- A. The process and criteria for OPPE shall include:
1. The evaluation of an individual practitioner's professional performance as a means of providing opportunities to improve care based on recognized standards;
 2. The evaluation of an individual's strengths related to privileges rather than the quality of care rendered by the system;
 3. Use of multiple sources of information, including but not limited to, the review of individual cases, aggregate data, compliance with Medical Staff Bylaws, the Rules and Regulations, Medical Staff and hospital policies, clinical standards and use of rates compared against established benchmarks;
 4. Evaluation of individuals based on generally recognized standards of care;
 5. Provision of individualized and aggregate feedback to practitioners for personal improvement or confirmation of personal achievement related to the effectiveness of their professional, technical, and interpersonal skills in providing patient care.
- B. OPPE shall be applied to all currently privileged practitioners.
- C. OPPE shall be performed for each practitioner not less than three times during the two-year appointment period .
- D. All service/program OPPE processes and monitoring instruments shall be approved by the Medical Staff Peer Review Committee. OPPE processes shall encompass the elements of the six core competencies, which shall be assessed through one or more of the following mechanisms:
1. Peer performed documentation reviews to assess quality of practice and care provided;
 2. Generic screenings to assess compliance with regulated documentation requirements;
 3. Practice data from other hospitals/agencies (this method to be used for low-volume, consulting and/or tele-medical practitioners with no volume or insufficient practice volume at BHD during the appointment period)
- E. The OPPE process may also include information obtained through, but not limited to, the following mechanisms:
1. Medical Staff discipline supervisor and program supervisor performance evaluations
 2. Peer review referral data
 3. Patient grievance data
 4. Compliance with Medical Staff and hospital policies, the Medical Staff Bylaws and Rules and Regulations
 5. Attendance at Medical Staff organization meetings and participation on Medical Staff and hospital committees;
 6. Results of house-wide quality improvement monitors (e.g., seclusion/restraint rates, drug usage evaluation studies)
- F. The OPPE process shall be implemented consistently within each clinical program/service.

- G. At the end of each six or eight month OPPE review period, Medical Staff Services (or the Psychology QI Committee Chair, as applicable) shall compile individualized and aggregate reports of the generic screen data and peer reviewed documentation assessment data.
- H. Individual practitioner data shall be presented to and reviewed by the Section Chief/Medical Staff discipline supervisor against aggregate data for the service/program who shall document pertinent findings and recommendations, including:
1. Confirmation that each practitioner has been reviewed and that there are no potential problems with individual performance or trends that would impact quality of care and patient safety, or
 2. Request a period of FPPE due to an identified issue.
 3. Make referral to Medical Staff Peer Review Committee when an identified issue affects the provision of safe, high-quality patient care for further FPPE. Criteria or triggers for recommending FPPE or referral to Medical Staff Peer Review may include, but are not limited to the following:
 - a. an overall generic screen average of less than 75% for two consecutive periods;
 - b. a clinical pertinence/treatment assessment overall score for the 6 or 8 month period review of less than 3.0 on a scale of 1-5;
 - c. a performance appraisal that demonstrates a significant variance from generally recognized standards of performance or patient care;
 - d. house-wide quality monitors indicate an unusual pattern or high practitioner usage, and underlying circumstances have been ruled out;
 - e. the Medical Staff discipline supervisor identifies a serious practice pattern or trend
- I. Individual findings, conclusions and recommendations from each six or eight month OPPE shall be shared with the practitioner along with the aggregate scores for his/her clinical service/program following Medical Staff discipline supervisor review.
- J. All aggregate clinical service/program data shall be presented to the Medical Staff Peer Review committee, which is charged with the duty of carrying out Medical Staff quality improvement activities. This Committee shall make recommendations, as needed, for improvement of systems issues.
- K. At anytime during the OPPE review process, the Medical Staff discipline supervisor, the Medical Director or Chief Psychologist (as applicable) may request immediate action according to the Medical Staff Bylaws. This may include, but is not limited to:
1. Referral to Credentialing and Privileging Review Committee for review and action and/or
 2. Referral to Medical Staff Peer Review committee for review and action.

IV. GUIDING PRINCIPLES:

A. Confidentiality

Professional practice evaluation information is privileged and confidential in accordance with state and federal laws and regulations pertaining to confidentiality and non-discoverability. It shall be the policy of the Medical Staff Organization to safeguard all records and proceedings of the Medical Staff that relate to this policy to the extent required by law as per Wisconsin Statutes 146.37 and 146.38 and Title IV-Health Care Quality Improvement Act SEC 411 [42 U.S.C.sec 11111 et seq]

Professional Review.

The hospital shall keep all provider-specific professional practice evaluation and other quality information concerning a practitioner in a secure location. Provider specific professional practice evaluation includes information related to:

1. performance data for all dimensions of performance measures for that individual practitioner
2. the individual practitioner's role in sentinel events, significant incidents, or near misses
3. correspondence to the practitioner regarding commendations, comments regarding practice performance, or corrective action.

B. Information Access

Professional practice evaluation information is available only to authorized individuals who have a legitimate need to know this information, based upon their responsibilities as a Medical Staff leader or medical staff services employee. They shall have access to the information only to the extent necessary to carry out their assigned responsibilities. Only the following individuals shall have access to provider-specific professional practice evaluation information, and only for purposes of quality improvement and as part of their official duties.

1. Medical Staff Officers
2. The BHD Medical Director
3. Service Medical Directors (discipline supervisors)
4. The Chief Psychologist
5. Clinical Program Directors-Psychology (discipline supervisors)
6. Members of the Medical Staff Peer Review Committee
7. Members of the Credentialing and Privileging Review Committee
8. Members of the Psychology Quality Improvement Committee
9. The Director/Manager of Medical Staff Services
10. Medical Staff Services Professionals and/or Psychiatry & Psychology Support Staff
11. The involved practitioner, as provided in the Medical Staff Bylaws
12. Individuals surveying for accrediting and/or regulatory bodies, with appropriate jurisdiction (e.g., Joint Commission, Centers for Medicare/Medicaid, state/federal regulatory bodies)

The hospital shall maintain aggregate professional practice evaluation generic screen data, peer reviewed documentation assessment data and other data, as applicable and available to the Medical Staff, for each clinical service/program. Such aggregate information shall be made available for purposes of quality monitoring and systems improvements, when requested as part of official duties, to the following:

1. All of the above
2. The Hospital Administrator
3. The Governing Body
4. Branch Directors and Administrators
5. The Quality Improvement Director

6. The Medical Records Director

7. Others, if deemed to be appropriate, by Medical Staff Leadership

All focused and ongoing professional practice evaluation data shall be maintained by the Medical Staff Office or, when applicable, by the Psychology Department.

ATTACHMENTS:

REFERENCES:

Joint Commission CAMH Standards, MS.03.01.01 – MS.09.01.01

CMS CoP 43 CFR 412(a) Standard: Medical Staff

Wisconsin Statutes 146.37 and 146.38

Title IV-Health Care Quality Improvement Act SEC 411 [42 U.S.C.sec 11111 et seq] Professional Review Assessing the Competency of Low-Volume Practitioners; Smith, Mark A. MD, MBA, CMSL & Pelletier, Sally CPMSM, CPCS, 2009 HCPro Inc.

Recommended for approval by Medical Staff Peer Review Committee, 7/17/2018

Recommended for approval by Credentialing and Privileging Review Committee, 9/5/2018

Approved by Action of the Medical Staff Executive Committee, 9/19/2018

Informational report to Mental Health Board, 10/25/2018

Attachments:

No Attachments

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Clarence Chou: 21025000-Psychiatrist-Staff	9/20/2018
Credentialing and Privileging Review Committee	Lora Dooley: 12009001-Medical Services Manager	9/19/2018
Medical Staff Services	Lora Dooley: 12009001-Medical Services Manager	9/19/2018
	Lora Dooley: 12009001-Medical Services Manager	9/19/2018

Applicability

Milwaukee County Behavioral Health

DATE

COMMITTEE/BOARD

January 24, 2019, at 4:30 p.m.	Mental Health Board (Public Comment/General) - Washington Park Senior Center
February 21, 2019, at 7:00 a.m.	Finance Committee (Contracts Approval) - Zoofari Conference Center
February 21, 2019, at 8:00 a.m.	Mental Health Board - Zoofari Conference Center
March 4, 2019, at 10:00 a.m.	Quality Committee - Mental Health Complex
March 21, 2019, at 4:30 p.m.	Mental Health Board (Public Comment/Budget) - Washington Park Senior Center
March 28, 2019, at 1:30 p.m.	Finance Committee (Contracts Approval/Quarterly Meeting) - Mental Health Complex
April 25, 2019, at 8:00 a.m.	Mental Health Board - Zoofari Conference Center
June 3, 2019, at 10:00 a.m.	Quality Committee - Mental Health Complex
June 6, 2019, at 4:30 p.m.	Finance Committee (Public Comment/Budget) - Washington Park Senior Center
June 20, 2019, at 7:00 a.m.	Finance Committee (Contracts Approval) - Zoofari Conference Center
June 20, 2019, at 8:00 a.m.	Mental Health Board - Zoofari Conference Center
June 27, 2019, at 1:30 p.m.	Finance Committee (Budget Presentation/Public Comment/Budget Approval) - Mental Health Complex
July 11, 2019, at 8:00 a.m.	Mental Health Board (Budget Presentation/Approval) - Zoofari Conference Center
August 22, 2019, at 7:00 a.m.	Finance Committee (Contracts Approval) - Location TBD
August 22, 2019, at 8:00 a.m.	Mental Health Board - Location TBD
September 9, 2019, at 10:00 a.m.	Quality Committee - Mental Health Complex
September 12, 2019, at 1:30 p.m.	Finance Committee - (Quarterly Meeting) Mental Health Complex
September 26, 2019, at 4:30 p.m.	Mental Health Board (Public Comment/General) - Washington Park Senior Center
October 24, 2019, at 7:00 a.m.	Finance Committee (Contracts Approval) - Zoofari Conference Center
October 24, 2019, at 8:00 a.m.	Mental Health Board - Zoofari Conference Center
December 2, 2019, at 10:00 a.m.	Quality Committee - Mental Health Complex
December 5, 2019, at 1:30 p.m.	Finance Committee (Contracts Approval/Quarterly Meeting) - Mental Health Complex

**MILWAUKEE COUNTY MENTAL HEALTH BOARD
2019 COMMITTEE/BOARD SCHEDULE**

DATE

COMMITTEE/BOARD

December 12, 2019, at 8:00 a.m.	Mental Health Board - Zoofari Conference Center
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