

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

**MILWAUKEE COUNTY MENTAL HEALTH BOARD  
QUALITY COMMITTEE  
March 1, 2021 10:00 A.M.  
Microsoft Teams Meeting**

**MINUTES**

**SCHEDULED ITEMS:**

1. Welcome (**Chairwoman Neubauer**)

Chairwoman Neubauer welcomed everyone to the March 1, 2021 meeting.

**COMMUNITY SERVICES:**

2. Combined Q4 2021 Community Report & Dashboards: CARS and Children's Community Mental Health Services & Wraparound Milwaukee (**Justin Heller, Integrated Services Manager; Dr. Matt Drymalski, Clinical Program Director; Dana James, Quality Assurance/Quality Improvement Manager**)

CARS quarterly reporting metrics have now been disaggregated by race. Key developments and findings are included with reference to population health, client experience of care, staff well-being, and cost of care. Updates to the CARS Quality Plan are near completion and will be reviewed at a subsequent meeting. The average cost per family, out of home recidivism rate, average functionality score and perceived outcomes of the Children's Community Mental Health Services & Wraparound Milwaukee were reviewed as referenced in the report.

3. Consumer Experience of Care Executive Summaries: CARS and Children's Community Mental Health Services & Wraparound Milwaukee (**Justin Heller, Integrated Services Manager; Dr. Matt Drymalski, Clinical Program Director; Dana James, Quality Assurance/Quality Improvement Manager**)

Experience with Telehealth results will be shared at the next committee meeting. CARS is utilizing Qualtrics to further collect and analyze experience of care results. Additional focus groups will resume as to ensure the voices of participants are included in these evaluations. Client experience surveys and that of network providers' experience of BHD is underway. Additional information regarding satisfaction/experience of care during this pandemic from Wraparound was requested. It was noted that Comprehensive Community Services (CCS) data regarding client experience will be available for review at a subsequent meeting.

4.	<p><b>Individual Placement and Support (IPS) (Beth Lohmann, Integrated Services Coordinator)</b></p> <p>IPS is an evidence based approach to supported employment services, designed for individuals with serious mental illnesses. IPS focuses on 8 principles: zero exclusion, competitive employment, benefit planning, integration of employment and mental health services, etc. Reported data showed an increase in employment status between intake to 6 months for individuals receiving IPS services opposed to those not in the program. Employment rates are included in the detailed report, as well as future opportunities.</p>
5.	<p><b>Community contract vendor quality updates - any sanctions, holds, service suspensions (Heidi Ciske-Schmidt, Integrated Services Manager; Dennis Buesing, Contract Administrator)</b></p> <ul style="list-style-type: none"> <li>a. Multicultural Trauma &amp; Addiction Tx Center of WI - approved Corrective Action Plan <ul style="list-style-type: none"> <li>i. A random statistics review of client records resulted in a fiscal disallowance. A corrective action plan was created for further monitoring. As highlighted in the report, each finding was listed with an expectation of corrective steps, measurable outcomes, and a targeted timeline.</li> </ul> </li> <li>b. St. Charles Youth &amp; Family Services - Appeal at BHD &amp; Outcome <ul style="list-style-type: none"> <li>i. On September 25, 2020, Wraparound Milwaukee issued an Appeal Determination to St. Charles Youth &amp; Family Services (St. Charles) that identified the outcome of an appeal at the program-level (Wraparound Milwaukee) related to an audit of 1:1 Supervision., 5303g service code. Following review and determination, the appeal resulted in a fiscal recoupment of \$6,108.00. St. Charles formally appealed the outcome. The final determination has resulted in the fiscal recoupment being upheld. The total amount will be recouped from the agency's next scheduled payment(s) over the next 30 days.</li> </ul> </li> </ul>
	<p><b>HOSPITAL SERVICES:</b></p>
6.	<p><b>2020 Q4 Inpatient Dashboard (Edward Warzonek, Quality Assurance Coordinator; Dr. John Schneider, Chief Medical Officer; Linda Oczus, Chief Nursing Officer)</b></p> <p>Q4: Increase of readmission rates in PCS during this pandemic, improvements made in the category of aggression rates. Acute Adult units have shown improvements across readmission, seclusion/restraint, and aggression rates. Acute Adult MHSIP (satisfaction) survey scores were highest to date with a response rate of 46%, significantly above the 27% national average response rate for inpatient behavioral health patient satisfaction</p>

	surveys. CAIS MHSIP scores were 1% shy of anticipated target. Acute inpatient seclusion rates are below the national average.
7.	<p><b>2020 Grievance Data (Sherrie Bailey-Holland, Client Rights Specialist; Demetrius Anderson, Manager Quality Improvement; Dana James, Quality Assurance/Quality Improvement Manager)</b></p> <p>In June 2020, a new grievance policy was developed and approved by the MHB. The definition of grievance was reclassified in support of CMS requirements and the policy was revised with the initiation of a new Grievance Committee, actioned by the Board. Data showed total grievances to total admissions was at 0.42% with a significant decrease in incident rates from Q4 2019 throughout 2020. Grievance themes and interventions were highlighted as well as a review of data across all areas of BHD. A request to refine the report format was suggested.</p>
8.	<p><b>SIA Updates – Verbal Update (Mike Lappen, BHD Administrator; Jennifer Bergersen, Chief Operations Officer)</b></p> <p>The SIA (System Improvement Agreement) completion timeframe has now been extended by 6 months (September 2021). Continuous improvements are being made amongst the hospital to prepare for the survey and to meet all required corrective action milestones, focusing on physical plant renovations, patient engagement, active treatment, and treatment planning. The Patient Safety Committee and the Hospital QAPI Committee continue with progress review of these activities.</p>
9.	<p><b>Client Experience of Care/Satisfaction Reports (Edward Warzonek, Quality Assurance Coordinator; Sherrie Bailey-Holland, Client Rights Specialist; Demetrius Anderson, Manager Quality Improvement)</b></p> <p>The 2020 survey results revealed a positive rating increase for all survey domains in comparison to 2019's scores. All of Acute Adult Inpatient Service's survey item domain scores are above the published national averages. Results revealed a "High" response score for the Dignity domain (82.4%) and "Good" response scores for 4 of the 6 survey item domains. CAIS survey results revealed a 24.0% response rate, currently, no national averages/benchmarks are publicly available for this survey. The highest scored positive survey items and patient comments were highlighted in this report.</p>
10.	<p><b>QAPI/Patient Safety updates/Board Feedback – Verbal Update (Board Members; Christen Marx, Risk Manager; Demetrius Anderson, Manager Quality Improvement; Jennifer Bergersen, Chief Operations Officer)</b></p> <p>This agenda item includes a reminder for committee participants that the May meeting will include an annual action item of the QAPI and Patient Safety Plan for approval. Board member feedback was encouraged prior to the next scheduled meeting.</p>

11.	<p>Hospital Contract Vendor Quality Updates; sanctions, holds, service suspensions - Verbal Update (<b>Luci Reyes-Agron, Quality Improvement Coordinator; Jennifer Bergersen, Chief Operations Officer</b>)</p> <p>A team is actively working with two contracts: Allegis (nursing staffing) &amp; WI Diagnostics (lab). There are no current sanctions or holds to report today.</p>
12.	<p>Policy and Procedure quarterly report(s); reformatted (<b>Lynn Gram, Safety Officer; Luci Reyes-Agron, Quality Improvement Coordinator</b>)</p> <p>Overall progress is at 88.2%. A new format for the policy and procedure progress report was presented and accepted by committee.</p>
13.	<p>Adjournment. (<b>Chairwoman Neubauer</b>)</p> <p>Chairwoman Neubauer ordered the meeting adjourned.</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.

Length of meeting: 10:00 a.m. – 12:36 p.m.

Adjourned,

*Kiara Abram*

Executive Assistant

Milwaukee County Mental Health Board

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

[+1 414-436-3530](tel:+14144363530)

**Conference ID: 440 566 185#**

**The next regular meeting for the Milwaukee County Mental Health Board Quality Committee is May 3, 2021 at 10:00 a.m.**

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

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

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