

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

**MILWAUKEE COUNTY MENTAL HEALTH BOARD**

**Thursday, August 27, 2020 - 9:00 A.M.**  
**Teleconference Meeting**

**MINUTES**

**PRESENT:** \*Kathie Eilers, Rachel Forman, Sheri Johnson, Walter Lanier, Jon Lehrmann, Thomas Lutzow, Mary Neubauer, Maria Perez, Duncan Shrout, James Stevens, and Brenda Wesley

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

**SCHEDULED ITEMS:**

1. **Welcome.**

Chairman Lutzow welcomed everyone to the Milwaukee County Mental Health Board's August 27, 2020, remote/virtual meeting.

2. **Approval of the Minutes from the June 18, 2020, and the July 9, 2020, Milwaukee County Mental Health Board Regular and Budget Meetings.**

**MOTION BY:** (Perez) Approve the June 18, 2020, and the July 9, 2020, Regular and Budget Meeting Minutes. 8-0

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

**AYES:** Forman, Lanier, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley – 8

**NOES:** 0

**EXCUSED:** Eilers – 1

3. **Mental Health Board Positions Update.**

Schinika Fitch, Director of Community Relations, Office of the County Executive (CEX)

Ms. Fitch indicated there were three Board Members scheduled for interviews with the County Executive for reappointment. Within the past week, the County Executive received a resignation communication from Board Member Michael Davis, a scheduled interviewee for reappointment. The CEX is working diligently to fill the two vacant seats. All recommendations are welcome.

This item was informational.

**SCHEDULED ITEMS (CONTINUED):**

4.	<p><b>2020 Collective Bargaining Agreement with the Trades Union Base Wage Negotiation.</b></p> <p>Lisa Ruiz, Interim Director of Employee Relations, Department of Human Resources</p> <p>Under Act 10, the Milwaukee Building and Construction Trades Council is only allowed to negotiate on base wage and only up to a maximum of the Consumer Price Index (CPI), which is 1%. It is an across-the-board increase effective December 29, 2019. Upon the Board's vote of approval, the increase will be immediately processed and paid retroactively.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the wage increase delineated in the 2020 Collective Bargaining Agreement with the Milwaukee Building and Construction Trades Council.</p> <p><b>MOTION BY:</b> (Shrout) Approve the 2020 Collective Bargaining Agreement's 1% Wage Increase for the Milwaukee Building and Construction Trades Council. 9-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Perez)</p> <p><b>AYES:</b> Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley – 9</p> <p><b>NOES:</b> 0</p>
5.	<p><b>Corporation Counsel Crisis Services Update.</b></p> <p>Anne Kearney, Deputy, Corporation Counsel</p> <p>Attorney Kearney stated there haven't been any bad developments, and things are proceeding at pace. However, the pace appears to be going at a different timeline than originally hoped for. Given everything going on in the world, this pace is exactly where the project should be.</p> <p>Questions and comments ensued.</p> <p>This item was informational.</p>
6.	<p><b>Administrative Update.</b></p> <p>Michael Lappen, Administrator, Behavioral Health Division (BHD)</p> <p>Mr. Lappen provided an update on the Systems Improvement Agreement (SIA). The ligature abatement is scheduled to begin on September 8, 2020. The project will begin with unoccupied spaces. Once the spaces are updated and are deemed to meet modern safety guidelines, BHD will move forward with other spaces. As a protection against COVID-19 transmission, the contractors will perform the work by entering and exiting through separate entrances on the units. There will be no interaction between the contractors and BHD staff or patients.</p> <p>Mr. Lappen also discussed an unannounced complaint survey visit by the Wisconsin Department of Health Services, which the surveyors indicated no citations were expected to be</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p>recommended, Universal Health Services, and BHD’s continuous implementation of COVID-19 safeguards.</p> <p>Questions and comments ensued.</p> <p>This item was informational.</p>
7.	<p><b>Lease Agreement with Sixteenth Street Community Center for the Community Health Center Project.</b></p> <p>Amy Lorenz, Deputy Administrator, Community Access to Recovery Services (CARS), Behavioral Health Division (BHD)</p> <p>This project has been in process for quite some time and will house the city’s second Access Clinic. The first partnership was established with Outreach Community Health Center. However, the partnership with Sixteenth Street Community Center will be on a larger scale and provide a greater array of services. The clinic will be located at 1635 West National. BHD’s Team Connect and Care Coordination will occupy space at the location. It is a five-year term lease with an option to extend the lease an additional five years for the use of 5,483 square feet. Capital costs have been rolled into the lease amount.</p> <p>The Board was informed the Finance Committee unanimously, except for Chairwoman Perez who abstained from making a recommendation on this item, agreed to recommend approval of the Lease Agreement with Sixteenth Street Community Center as referenced in the corresponding report.</p> <p><b>MOTION BY:</b> (Shrout) Approve the Lease Agreement with Sixteenth Street Community Center for Co-Location of an Access Clinic Related to the Community Health Center Project. 8-0-1</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Eilers)</p> <p><b>AYES:</b> Eilers, Forman, Lanier, Lutzow, Neubauer, Shrout, Stevens, and Wesley – 8</p> <p><b>NOES:</b> 0</p> <p><b>ABSTENTION:</b> Perez – 1</p>
8.	<p><b>Mental Health Board Finance Committee Professional Services Contracts Recommendations.</b></p> <ul style="list-style-type: none"><li>• 2020 Contract Amendments<ul style="list-style-type: none"><li>➤ University of Minnesota Center for Practice Transformation</li><li>➤ University of Wisconsin - Milwaukee</li><li>➤ CareFusion, Inc.</li><li>➤ Netsmart Technologies, Inc.</li><li>➤ Kane Communications Group</li></ul></li></ul>

**SCHEDULED ITEMS (CONTINUED):**

	<p>Amy Lorenz, Deputy Administrator, Community Access to Recovery Services (CARS), Behavioral Health Division</p> <p>Professional Services Contracts focus on facility-based programming, supports functions that are critical to patient care, and are necessary to maintain hospital and crisis services licensure. An overview was presented of all hospital/operations and youth services provided.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the 2020 Professional Services Contract Amendments delineated in the corresponding report.</p> <p><b>MOTION BY:</b> (Perez) Approve the 2020 Professional Services Contract Amendments Delineated in the Corresponding Report. 9-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Eilers)</p> <p><b>AYES:</b> Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley – 9</p> <p><b>NOES:</b> 0</p>
9.	<p><b>Mental Health Board Finance Committee Purchase-of-Service Contracts Recommendation.</b></p> <ul style="list-style-type: none"><li>• 2020 Contract Amendments</li></ul> <p>Amy Lorenz, Deputy Administrator, Community Access to Recovery Services (CARS), Behavioral Health Division (BHD)</p> <p>Brian McBride, Director, Children’s Community Services and Wraparound Milwaukee, BHD</p> <p>Purchase-of-Service Contracts for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services were reviewed. An overview was provided detailing the various program contracts and amendments.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the 2020 Purchase-of-Service Contract Amendments delineated in the corresponding report.</p> <p>Board Member Wesley requested separate action be taken on Wisconsin Community Services, Inc., contracts.</p> <p><b>MOTION BY:</b> (Shrout) Approve the TWO Wisconsin Community Services, Inc., Contracts Delineated in the Corresponding Report. 8-0-1</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Perez)</p> <p><b>AYES:</b> Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, Shrout, and Stevens – 8</p> <p><b>NOES:</b> 0</p> <p><b>ABSTENTIONS:</b> Wesley - 1</p> <p>Board Member Shrout requested Wisconsin Community Services present at the October meeting given the size of their involvement with BHD to fully inform the Board on the services they provide.</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p><b>MOTION BY:</b> (Perez) Approve the Balance of 2020 Purchase-of-Service Contract Amendments Delineated in the Corresponding Report. 9-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Shrout)</p> <p><b>AYES:</b> Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley – 9</p> <p><b>NOES:</b> 0</p> <p><b>ABSTENTIONS:</b> 0</p>
10.	<p><b>Mental Health Board Finance Committee Fee-for-Service Agreements Recommendation.</b></p> <p>Amy Lorenz, Deputy Administrator, Community Access to Recovery Services (CARS), Behavioral Health Division</p> <p>Fee-for-Service Agreements are for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services. An overview was provided detailing the program agreements, which provide a broad range of support services for adults and children with serious emotional disturbances and their families.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the 2020 Fee-for-Service Agreement Amendment delineated in the corresponding report.</p> <p><b>MOTION BY:</b> (Eilers) Approve the 2020 Fee-for-Service Agreement Amendment Delineated in the Corresponding Report. 9-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Perez)</p> <p><b>AYES:</b> Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley – 9</p> <p><b>NOES:</b> 0</p>
11.	<p><b>Funding the Start-Up of a Milwaukee County Sheriff’s Office/Behavioral Health Division (BHD) Crisis Assessment and Response Team (CART) from BHD Reserves.</b></p> <p>Michael Lappen, Administrator, Behavioral Health Division Ted Chisholm, Chief of Staff, Office of the Sheriff</p> <p>BHD has sought a collaboration with the Sheriff’s Office on a CART team for quite some time. The previous Sheriff rescinded the agreement based on budget challenges and being on his way out of office. He did not want to make that commitment for the new Sheriff. In most recent discussions, the Sheriff’s Office committed to having five deputies making this a potentially 365/24-7 team with jurisdiction anywhere within Milwaukee County. This also is a big part of BHD’s future state of taking some of the burden off emergency room services and to be more proactive by providing an alternative for law enforcement taking people into custody under emergency detention. Data shows 80% of the time when CART teams respond to a situation, the result is something other than an emergency detention or arrest, which is proof this is a proactive and positive intervention.</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p>The request is to fund the initiative through reserves in order to get the project started, up, and running as soon as possible. It would include three Sheriff Deputies and two BHD CART clinicians. It is believed there is sustainability for this in the 2022 Budget because a certain number of dollars is projected to be available from the closure of the BHD hospital and Psychiatric Crisis Services (PCS). The intent was always to invest as much of those dollars as possible into the expansion of preventative upstream and community-based measures.</p> <p>Questions and comments ensued.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of funding the Start-Up of a Milwaukee County Sheriff's Office/BHD CART Team from BHD Reserves as referenced in the corresponding report.</p> <p><b>MOTION BY:</b> (Perez) Approve Funding the Start-Up of a Milwaukee County Sheriff's Office/Behavioral Health Division (BHD) Crisis Assessment and Response Team from BHD Reserves. 9-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Shrout)</p> <p><b>AYES:</b> Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley – 9</p> <p><b>NOES:</b> 0</p>
12.	<p><b>County Board Resolution File No. 20-287 to modify the policy of the Department of Health and Human Services (DHHS) and other Departments to adopt the Wisconsin Caregiver Law for barrable offenses as part of the background check process for contract agency employees who provide direct care and services to youth, adhere to the State of Wisconsin Rehabilitation appeals review process, retain the County's policy to recognize Wisconsin Chapter 948 Crimes Against Children as a barrable offense (for those offenses not already barred by the State Caregiver Law) and urge the Milwaukee County Mental Health Board which oversees the DHHS-Behavioral Health Division to adopt this policy.</b></p> <p><b>MOTION BY:</b> (Eilers) Approve County Board Resolution, File No. 20-287, as Policy for the Milwaukee County Behavioral Health Division.</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Shrout)</p> <p>Chairman Lutzow stated he expressed concern to Administrator Lappen regarding this policy. Certainly, caregiver backgrounds require important consideration related to ensuring safety of clients. There are several clients, however, who receive personal care supportive services, are self-directing their care from home, and have the right to choose who provides the service regardless of their criminal background, i.e. a relative. By in large, those cases are approved. In many instances, it is very difficult to persuade the client to accept services from an outsider. What needs to be discussed is if approval of this Resolution would invalidate second chance. It may come into play especially in the area of peer counseling resources.</p> <p>Questions and comments ensued at length.</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p>Board Member Lanier recommended laying over the resolution and as a matter of process, referring it to one of the Board’s Committees to be vetted with rigor and therefore, avoiding the Board imposing any unintended consequences that may have great implications.</p> <p>Board Member Eilers Withdrew her Motion to Approve.</p> <p><b>MOTION BY:</b> (Eilers) Lay Over to the Board’s October Meeting Cycle and Refer to the Ad Hoc Committee on Governance for Discussion and Recommendation at their September 2, 2020, Meeting. 9-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Wesley)</p> <p><b>AYES:</b> Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley – 9</p> <p><b>NOES:</b> 0</p>
13.	<p><b>Mental Health Board Executive Committee Update.</b></p> <p>Michael Lappen, Administrator, Behavioral Health Division Matt Fortman, Fiscal Administrator, Department of Health and Human Services</p> <p>Chairman Lutzow informed the Board Jeff Roman, Acting Director of the Office of African American Affairs (OAAA), introduced himself at the meeting and provided a brief presentation on the direction he intends to take the organization in support of advancing the County Executive’s vision of achieving equity and becoming the healthiest County in Wisconsin. He stated the Committee heard from David Muhammad, Deputy Director of the Department of Health and Human Services (DHHS), on reforming the Request for Proposals (RFP) and contracting process, which the primary goal is to assess DHHS’ contract procurement strategy and develop additional tactics to address structural barriers to expand the provider network and ensure its diversity is representative of those served.</p> <p>Questions and comments ensued at length.</p> <p>The Board expressed great concern over ensuring the reform moves forward and produces data/results.</p> <p>Chairman Lutzow recommended forming a committee on racial equality, and task the committee with analyzing both mental health procurement and contracting processes from top to bottom. Mr. Lappen stated he would be reluctant at this time to bring in outside consultants due to the department-wide effort currently underway to review all policies and procedures and the growing relationship with the OAAA.</p> <p>Mr. Lappen recommended the Board consider joining DHHS’ and the County’s efforts. If there are areas observed specific to BHD and where there is a particular behavioral health concern, maybe some specialty work might be needed in that regard. It is his sense BHD is well aligned through diversity work being done by line and management staff who have led this charge. His advice is to maximize the current internal resources and result to an outside agent if needed.</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p>Board Member Forman indicated considering her experience in this area with her own organization, she would be interested in working with BHD on this very important project. She will connect with David Muhammad.</p> <p>Chairman Lutzow stated the Board should review data and metrics on this topic to show the needle is being moved on racial equality.</p> <p>Mr. Lappen stated an evaluation can be produced related to where BHD is today versus two or three years ago to demonstrate the Division’s diversifying efforts related to staff. Mr. Lappen will provide a presentation to establish a baseline for future improvements.</p> <p>Board Member Neubauer reminded the Board they currently have two vacant seats, which is an opportunity to act within their own collective.</p> <p>Mr. Fortman stated since the Finance Committee sees so many contracts and has great responsibility for contract oversight, a report could be brought to the Finance Committee on the demographic makeup of the provider partners’ leadership teams for a quarterly Finance Committee meeting, as well as an update on some of the items Mr. Muhammad spoke to at the Executive Committee meeting to provide progress against the goals and also hear from Board Members on whether or not this is the right track or if there are other areas that need exploring to prove racial equity focus in the contracting process. Chairman Lutzow would like the information to include whether the composition reflects the patients served.</p> <p>Board Member Wesley suggested a questionnaire be sent to providers to obtain the structure’s demographic information.</p> <p>Board Member Lehrmann recommended the RFP and contracting reform item be made a high priority and a standing item to keep the Board updated on progress made.</p> <p>Chairman Lutzow continued the Executive Committee update with information on the third-party fiscal agent. The RFP has closed. There was one applicant submission, which was incomplete and ruled out. In order to keep the momentum, BHD’s existing fiscal agents were solicited for rates on providing this service. One response has been received thus far with a reasonable rate. BHD will be prepared to move forward with a sole source contract due to the results of the RFP. Once established, the fiscal agent will be the employer of record.</p> <p>This item was informational.</p>
14.	<p><b>Mental Health Board Quality Committee Update.</b></p> <p>Board Member Neubauer, Chairwoman of the Quality Committee, reviewed topics addressed at the Quality Committee’s quarterly meeting. She discussed Wraparound Milwaukee’s Plan of Care, the NIATx project, value in healthcare, Community Access to Recovery Services (CARS) mid cycle report, a quality update on A Place for Miracles Living Center, the inpatient dashboard, the Sentinel Event Committee’s annual report, and a hospital contracted services provider update.</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p>Questions and comments ensued.</p> <p>This item was informational.</p>
15.	<p><b>Behavioral Health Division Medical Staff Organization Bylaws - Required Two Year Review and Proposed Amendments.</b></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 amended and adopted the bylaws, which ensures compliance. Dr. Moisio described the amendments proposed in detail.</p> <p>Questions and comments ensued.</p> <p><b>MOTION BY:</b> (Shrout) Approve the Behavioral Health Division Medical Staff Organization Bylaws as Amended. 8-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Neubauer)</p> <p><b>AYES:</b> Eilers, Forman, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley – 8</p> <p><b>NOES:</b> 0</p> <p><b>EXCUSED:</b> Lanier – 1</p>
<p><b><i>Pursuant to Wisconsin Statutes Section 19.85(1)(c) for the purpose of considering employment or performance evaluation data for public employees over which the Board has jurisdiction and exercises responsibility. Some or all the information discussed may also be subject to confidentiality under Section 146.38, Stats. as they relate to the following matter(s):</i></b></p>	
16.	<p><b>Medical Executive Report Appointment and Privileging Recommendations.</b></p> <p>Dr. Shane Moisio, Medical Staff President, Behavioral Health Division</p> <p><b>MOTION BY:</b> (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 the information discussed may also be subject to confidentiality under Section 146.38, Stats. as it relates to Item 16. 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</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Neubauer)</p> <p><b>AYES:</b> Eilers, Forman, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley – 8</p> <p><b>NOES:</b> 0</p> <p><b>EXCUSED:</b> Lanier - 1</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p>The Board convened into Closed Session at 11:35 a.m. to discuss Item 16 and reconvened back into Open Session at approximately 11:43 a.m. The roll was taken, and all Board Members were present except for Eilers, Johnson, and Lanier.</p> <p><b>MOTION BY:</b> (Perez) Approve the Medical Staff Credentialing Report and Medical Executive Committee Recommendations. 7-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Shrout)</p> <p><b>AYES:</b> Forman, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley – 7</p> <p><b>NOES:</b> 0</p> <p><b>EXCUSED:</b> Eilers and Lanier – 2</p>
17.	<p><b>Adjournment.</b></p> <p><b>MOTION BY:</b> (Shrout) Adjourn. 7-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Neubauer)</p> <p><b>AYES:</b> Forman, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley – 7</p> <p><b>NOES:</b> 0</p> <p><b>EXCUSED:</b> Eilers and Lanier - 2</p>
<p>This meeting was recorded. The aforementioned agenda items were not necessarily considered in agenda order. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Behavioral Health Division/Mental Health Board web page.</p> <p>Length of meeting: 9:05 a.m. to 11:47 a.m.</p> <p>Adjourned,</p> <p><i>Jodi Mapp</i></p> <p><b>Jodi Mapp</b> Senior Executive Assistant Milwaukee County Mental Health Board</p>	
<p><b>The next meeting for the Milwaukee County Mental Health Board will be a Public Hearing On Thursday, September 24, 2020, @ 4:30 p.m. TOPIC: Behavioral Health Division Topics/Services</b></p> <p><b>Visit the Milwaukee County Mental Health Board Web Page at: <a href="https://county.milwaukee.gov/EN/DHHS/About/Governance">https://county.milwaukee.gov/EN/DHHS/About/Governance</a> for Comment Submission Information</b></p>	

**SCHEDULED ITEMS (CONTINUED):**

The August 27, 2020, 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.



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Chairman Thomas Lutzow  
Milwaukee County Mental Health Board

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

**MILWAUKEE COUNTY MENTAL HEALTH BOARD  
PUBLIC HEARING**

**Thursday, September 24, 2020 - 4:30 P.M.**  
**Teleconference Meeting**

**MINUTES**

**PRESENT:** Kathie Eilers, Rachel Forman, Walter Lanier, Jon Lehrmann, Thomas Lutzow, Mary Neubauer, Maria Perez, James Stevens, and Brenda Wesley  
**EXCUSED:** Sheri Johnson and Duncan Shrout

**SCHEDULED ITEMS:**

1. **Welcome.**

Chairman Lutzow welcomed everyone to the Milwaukee County Mental Health Board's September 24, 2020, remote/virtual Public Hearing.

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

Michael Lappen, Administrator, Behavioral Health Division

Mr. Lappen informed the Board there were no submissions received for the Public Hearing. He stated Kane Communications provided information related to the various community calendars and publications to which the Board's public notice was posted.

Board Members expressed their disappointment in the lack of feedback from the community. However, it was understood considering society's current climate.

This was an informational item.

3. **Adjournment.**

**MOTION BY:** (Eilers) Adjourn. 9-0

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

**AYES:** Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, Shrout, Stevens, and Wesley – 9

**NOES:** 0

**SCHEDULED ITEMS (CONTINUED):**

This meeting was recorded. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Behavioral Health Division/Mental Health Board web page.

Length of meeting: 4:36 p.m. to 4:43 p.m.

Adjourned,

*Jodi Mapp*

**Jodi Mapp**

Senior Executive Assistant  
Milwaukee County Mental Health Board

**The next regular meeting for the Milwaukee County Mental Health Board is  
Thursday, October 22, 2020, @ 9:00 a.m.**

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

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

The September 24, 2020, 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.



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Chairman Thomas Lutzow  
Milwaukee County Mental Health Board

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

**DATE:** September 21, 2020

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

**FROM:** Shakita LaGrant, 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 Lease Agreement with Outreach Community Health Center**

**Issue**

Partnerships with the local Community Health Centers are a critical part of BHD's transition plan to increase access to services within the community and to improve behavioral health care services in all areas of Milwaukee County. BHD is partnering with Outreach Community Health Center (OCHC) to co-locate in a section of their building at 210 W. Capitol Drive. BHD will relocate the current Access Clinic located at BHD to this location to support the outpatient psychiatry needs of community members and provide crisis stabilization services.

**Background**

Approval of the recommended lease (see attached) will allow BHD to provide a broad range of crisis stabilization services to adults with mental health and/or substance use disorders at this community-based location, thereby increasing access for individuals in need of services and increasing collaborative efforts with OCHC. Below are the highlights of the recommended lease:

- 5-year term with one 5-year option to extend
- Year 1 rent is \$20,310.95 with 3% annual increases
- Approx. 882 rentable square feet plus 722.5 square feet of shared space (lobby, waiting room, bathrooms)
- Rent is all-inclusive except for telecom and data, which will be provided by the County, and 60% of security costs for the shared workspace area
- Capital costs covered by funding provided by the Wisconsin Health Care Partnership

**Recommendation**

Requesting the Mental Health Board approval to enter into lease agreement with Outreach Community Health Center for co-location at 210 W. Capitol Drive.

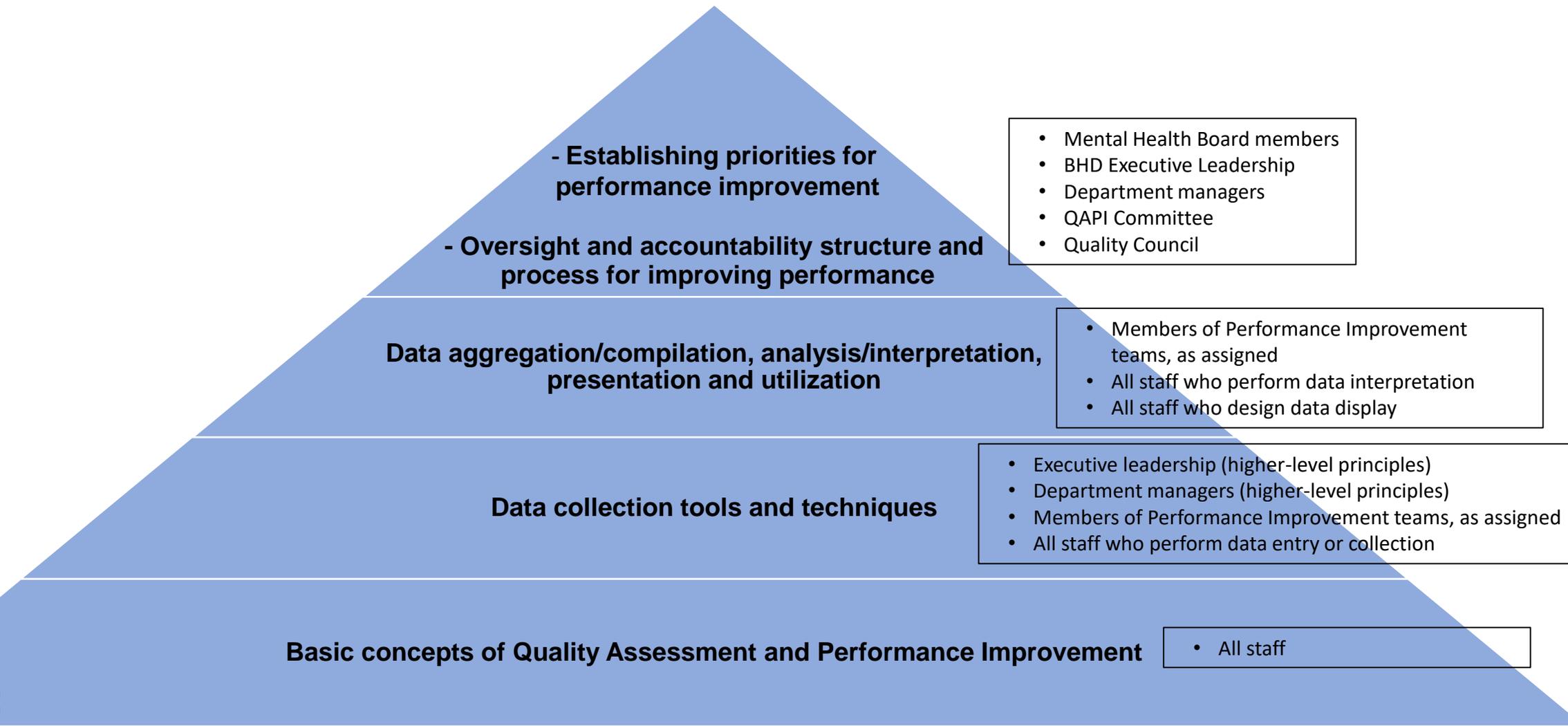


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Shakita LaGrant, Director  
Department of Health and Human Services

cc: Maria Perez, Finance Chairperson

# Milwaukee County BHD Data Literacy/Competency Plan



Data Competency	Examples of Education Content	Frequency of Education
Basic concepts of Quality Assessment and Performance Improvement (QAPI)	<ul style="list-style-type: none"> <li>• Why perform QAPI?</li> <li>• The value of QAPI in healthcare</li> <li>• BHD QAPI Plan</li> <li>• PDSA cycle</li> <li>• BHD QAPI priorities</li> <li>• Identifying and communicating improvement opportunities</li> </ul>	New Employee orientation and triennially thereafter
Establishing priorities for performance improvement	<ul style="list-style-type: none"> <li>• How to establish priorities for data collection</li> </ul>	Initial orientation and ongoing development
Data collection tools and techniques	<ul style="list-style-type: none"> <li>• Data collection</li> <li>• Data entry</li> <li>• Data storage</li> <li>• Data retrieval</li> <li>• Data scrubbing</li> <li>• Completeness of data collection</li> <li>• Data integrity (accuracy, consistency, completeness, reliability and validity)</li> <li>• Data definitions</li> </ul>	<p>Initial</p> <p>Initial</p> <p>As assigned to PIPs</p> <p>Upon initial hire/assumption of these responsibilities with annual competence assessment</p>



Data Competency	Examples of Education Content	Frequency of Education
Data aggregation/compilation, and analysis/interpretation	<ul style="list-style-type: none"> <li>• Statistical tools and techniques to analyze and display data</li> <li>• Data interpretation               <ul style="list-style-type: none"> <li>○ Data analysis and comparison internally over time to identify levels of performance, patterns, trends and variations</li> <li>○ Comparison against external benchmarks</li> </ul> </li> <li>• Use of data analysis to identify improvement opportunities</li> <li>• Planning improvements priorities</li> <li>• Taking action when planned improvements are not achieved or sustained</li> </ul>	<p>As assigned to PIPs</p> <p>Upon initial hire/assumption of these responsibilities and annual competence assessment</p>
Data presentation	<ul style="list-style-type: none"> <li>• Data visualization</li> <li>• Clinical decision support</li> </ul>	<p>As assigned to PIPs</p> <p>Initial</p>



Data Competency	Examples of Education Content	Frequency of Education
Data utilization	<ul style="list-style-type: none"> <li>• Taking action based on analyzed, presented data</li> <li>• Systematic/structured change management and performance improvement</li> <li>• Ongoing measurement/monitoring to evaluate the effectiveness of improvements</li> <li>• Using data to assess sustainability</li> <li>• Revising improvement plans in response to monitoring data</li> </ul>	<p>As assigned to PIPs</p> <p>Upon initial hire/assumption of these responsibilities</p>
Oversight and accountability structure and process for improving performance	<ul style="list-style-type: none"> <li>• Establishing expectations for data and information use</li> <li>• Holding the organization accountable for achieving measurable improvement</li> </ul>	Initial orientation and ongoing development



# The Top Tier

- Establishing priorities for performance improvement
- Oversight and accountability structure and process for improving performance
- Target Audience:
  - Mental Health Board members
  - BHD Executive Leadership
  - Department managers
  - QAPI Committee
  - Quality Council

# Establishing Priorities

- Performance improvement activities
- Patient health outcomes
- Give priority to
  - High-volume
  - High-risk
  - Problem-prone processes
- Aligned with BHD's goals and priorities
- Reprioritize in response to changes in the internal or external environment
- Define the frequency of data collection

# Establishing Priorities – Additional Considerations

- SIA Priorities
  - Complaint & Grievance process
  - Completion of Therapeutic Passes
  - Documented Informed Consent for Psychotropic Medication
  - Interim measures to compensate for ligature risks
  - Safe and Appropriate Restraint and Seclusion use
  - Physical Care consultation
  - Patient Engagement

# Establishing Priorities – Additional Considerations

- SIA Priorities
  - Medical Record documentation
  - Orders for waived testing
  - Medical gas storage
  - EMTALA Compliance
  - Medication Use
  - Infection Prevention and Control Practices

# Gauging Quality at the Board Level



# Best Practices

- Ensure ongoing access to the requisite expertise
- Establish goals and identify appropriate metrics to assess performance
- Utilize dashboard/performance scorecards to facilitate monitoring and oversight
- Data should be presented clearly; avoid jargon and “advocacy”
- Consider both institution-specific information and relevant comparative benchmarks
  - Patient/provider satisfaction surveys
  - Leapfrog
  - Joint Commission

# Best Practices

- Promote proactive risk assessment and reduction
  - Proactive problem solving should be fostered throughout the organization
- Assure thorough and credible root cause analyses
- Remedial measures are promptly developed, effectively implemented and closely monitored
- Closing the loop - Results of follow-up measurement

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

**DATE:** October 13, 2020

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

**FROM:** Michael Lappen, Administrator, Behavioral Health Division

**SUBJECT:** **Report from the Administrator, Behavioral Health Division, Providing an Administrative Update**

**Background**

The purpose of this standing report is to highlight key activities or issues related to the Milwaukee County Behavioral Health Division (BHD) since the previous Board meeting and provide ongoing perspectives to the Milwaukee County Mental Health Board regarding the work of the organization and its leadership.

**Discussion**

**Optimal Operations and Administrative Efficiencies**

- **Complaint Survey**

On August 13, 2020 the Behavioral Health Division's (BHD) hospital leadership were notified Wisconsin Department of Health Services had received a complaint regarding the Acute Inpatient Hospital. Per usual practice, we were not given details of the actual complaint, but provided records as requested over the course of several weeks. On September 13, 2020. BHD was informed the complaint investigation was complete, and there were no recommended citations. We received a "deficiency free" statement September 23, 2020, closing the matter.

**Workforce Investment, Development, and Engagement**

- **Demographic Data**

During the previous Board meeting, I was asked to provide "baseline" data regarding the demographic makeup of BHD's contracted vendors. This information is in the process of being collected for the first time and is required as part of all contract renewals for 2021. Per Contract Administrator Dennis Buesing, the data should be available by the end of November 2020 and can be incorporated into the February 2021 Administrator's Report. On a related note, we have collected data on the demographic makeup of BHD

staff, which could also be used to baseline our current state and demonstrate progress going forward. I have attached this information (**Attachment A**) to my report.

## High Quality and Accountable Service Delivery

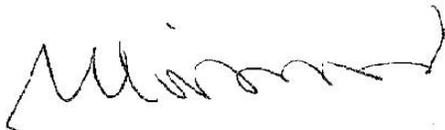
- **Utilization Review Plan**

A newly developed Utilization Review Plan for the hospital was recently approved by the Medical Executive Committee. The Utilization Review Plan provides for review of inpatient services furnished by the Milwaukee County Behavioral Health Division (BHD) Hospital and by members of the medical staff to patients reported through the Utilization Review Committee, as a function of the Medical Executive Committee.

This U/R Plan was designed to provide for the following goals and objectives:

- an ongoing, systematic process for measurement and assessment of the necessity, appropriateness and efficiency of the use of its health care services, procedures, and facilities.
- the review of the professional services provided, to determine medical necessity and to promote the most efficient use of health facilities and services.
- recommendations to appropriate administration, department or clinical personnel to eliminate inefficient or unnecessary utilization of services and help facilitate discharge as soon as an acute level of care is no longer necessary, within the boundaries of applicable Wisconsin statutes (DHS 51, 54/55, and 94).
- identify problems, design and implement corrective actions, and document the impact of corrective action using retrospective reviews and concurrent utilization processes.

Copies of the finalized Plan will be included with the MECs report to the Board in December.

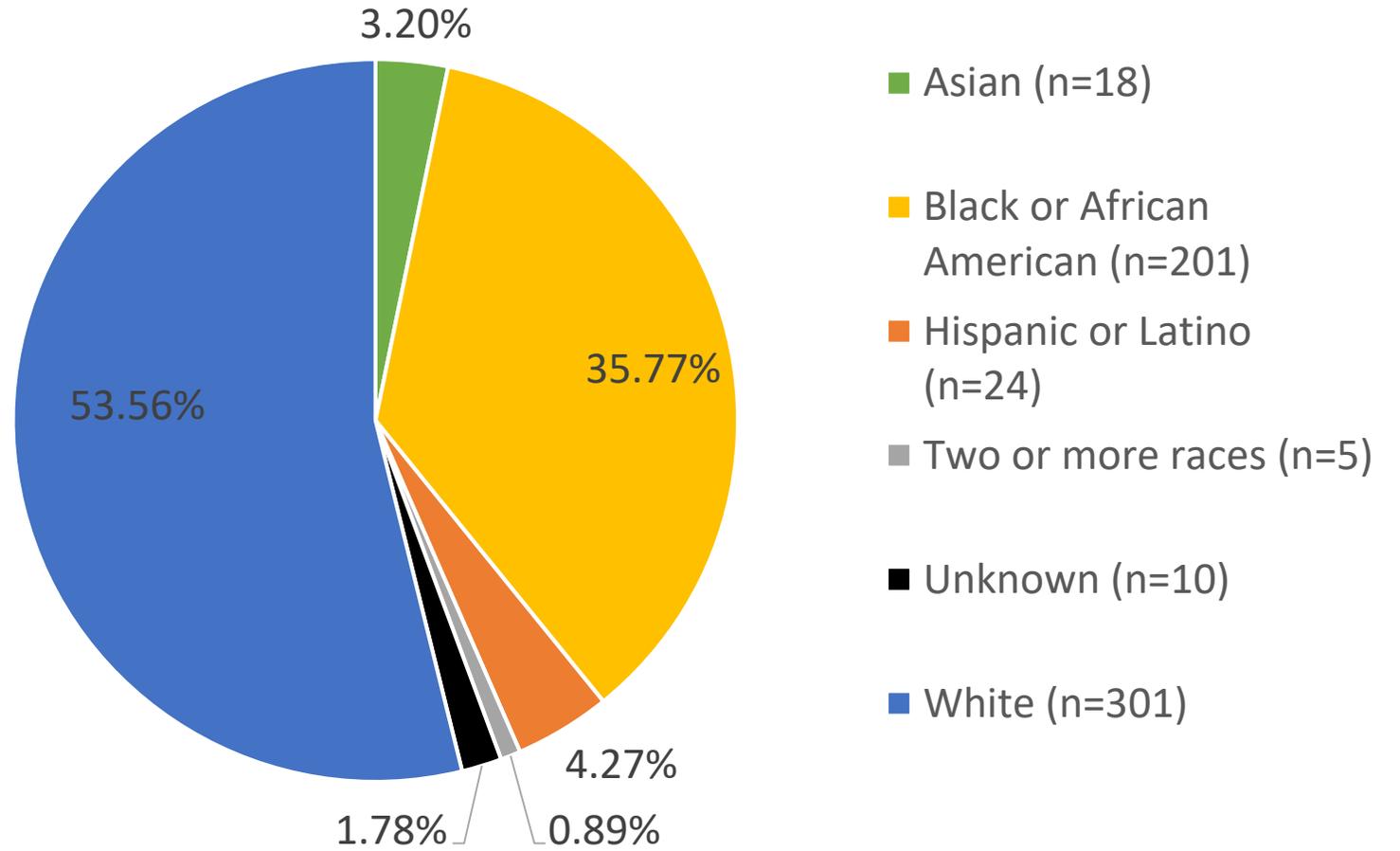


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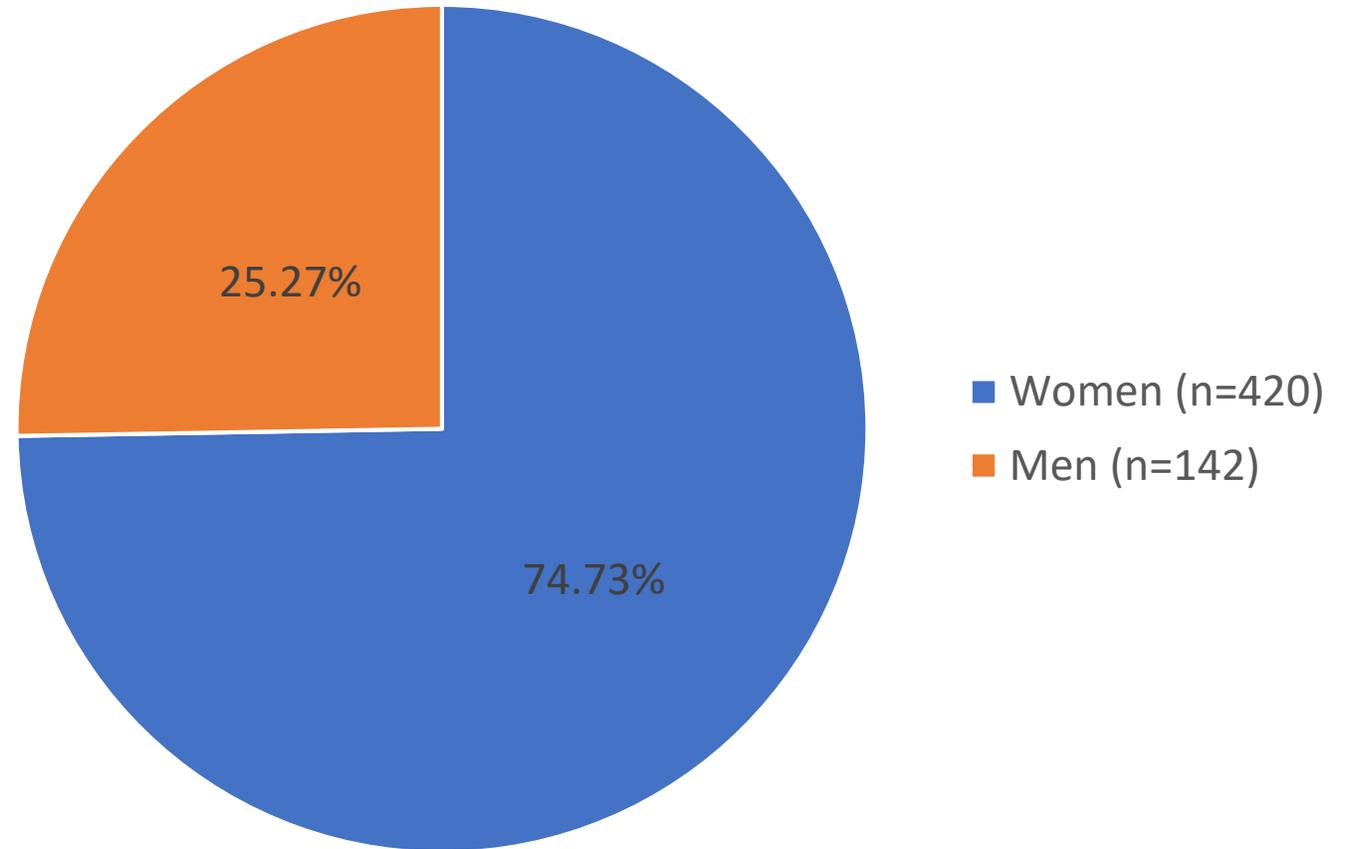
Michael Lappen, Administrator  
Milwaukee County Behavioral Health Division  
Department of Health and Human Services

# Attachment A

Overall  
Demographics –  
All BHD

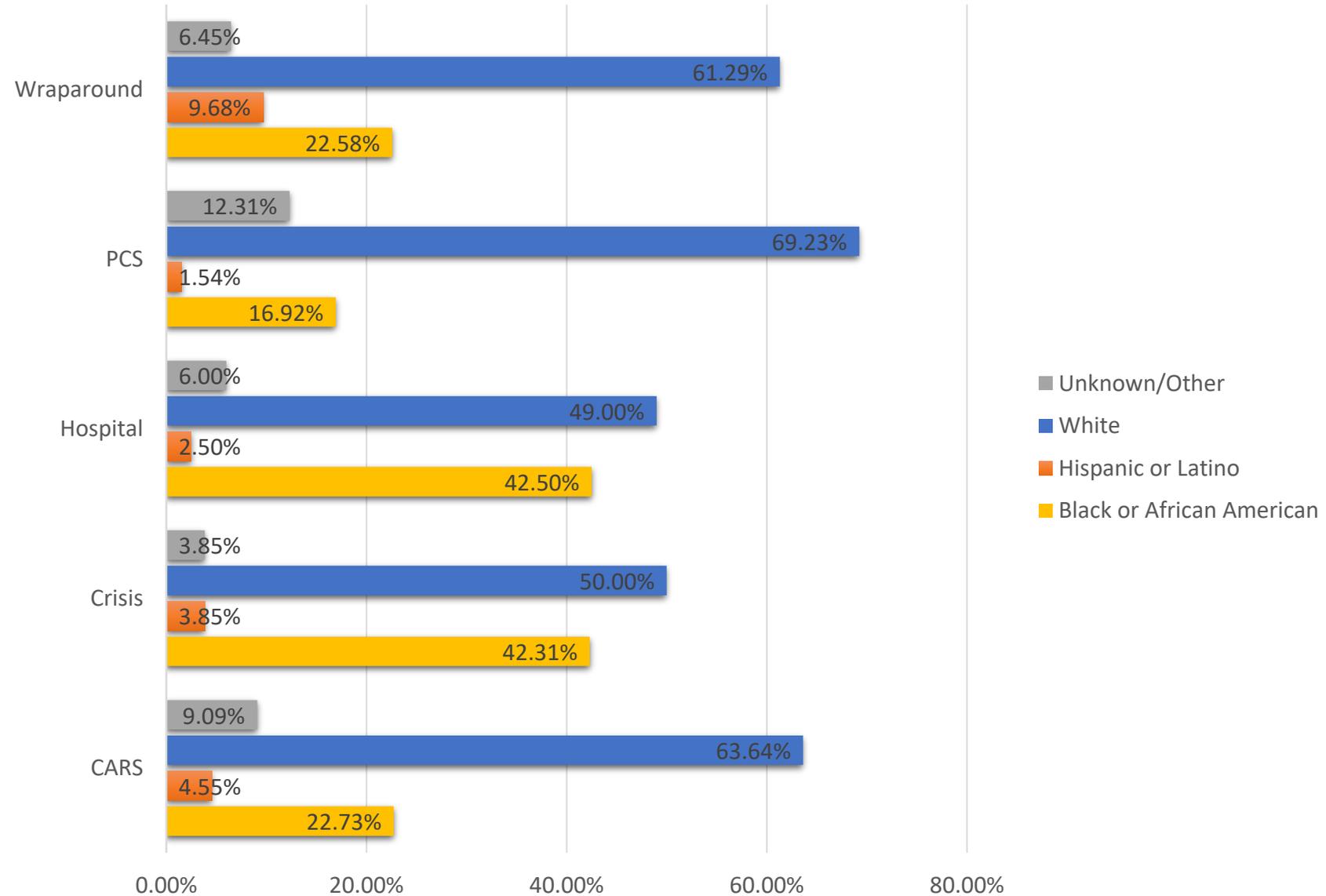


Overall  
Demographics –  
All BHD

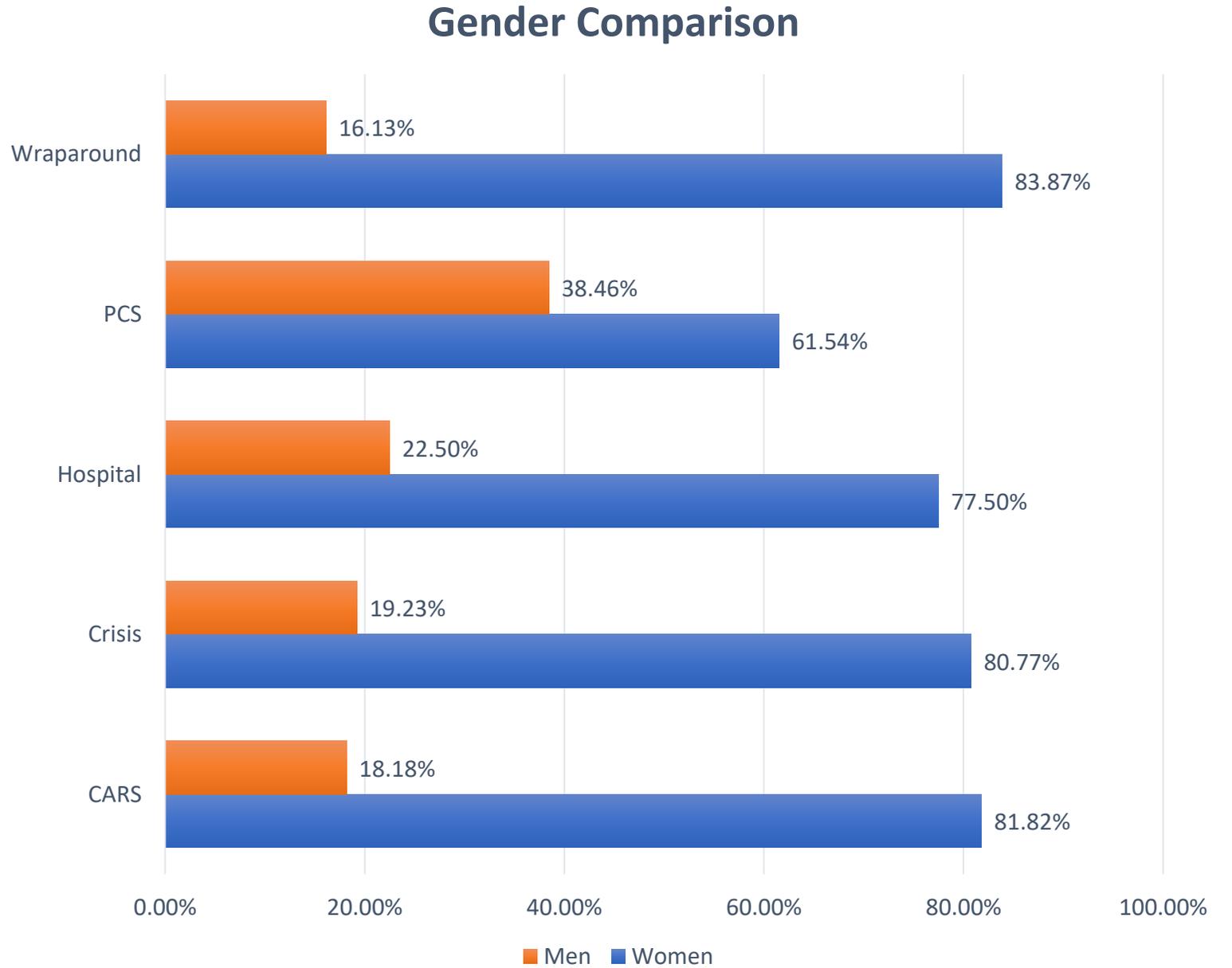


# Demographics by Department— All BHD

## Race/Ethnicity Comparison

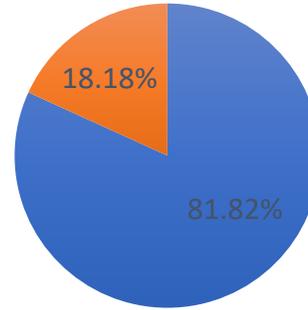


# Demographics by Department – All BHD



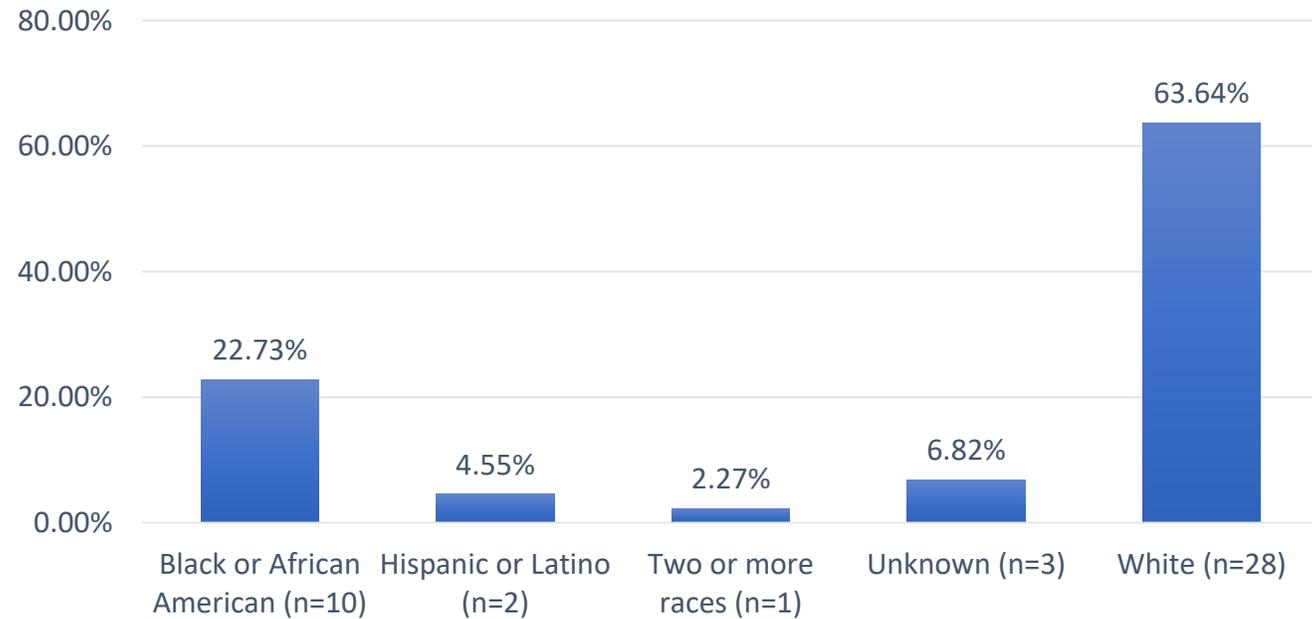
# Community Access to Recovery Services (CARS)

## Gender



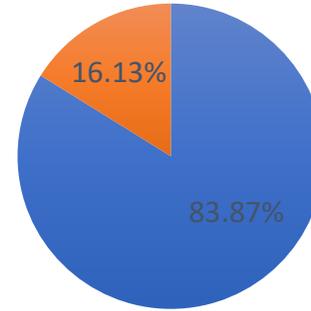
■ Women (n=36) ■ Men (n=8)

## Race/Ethnicity



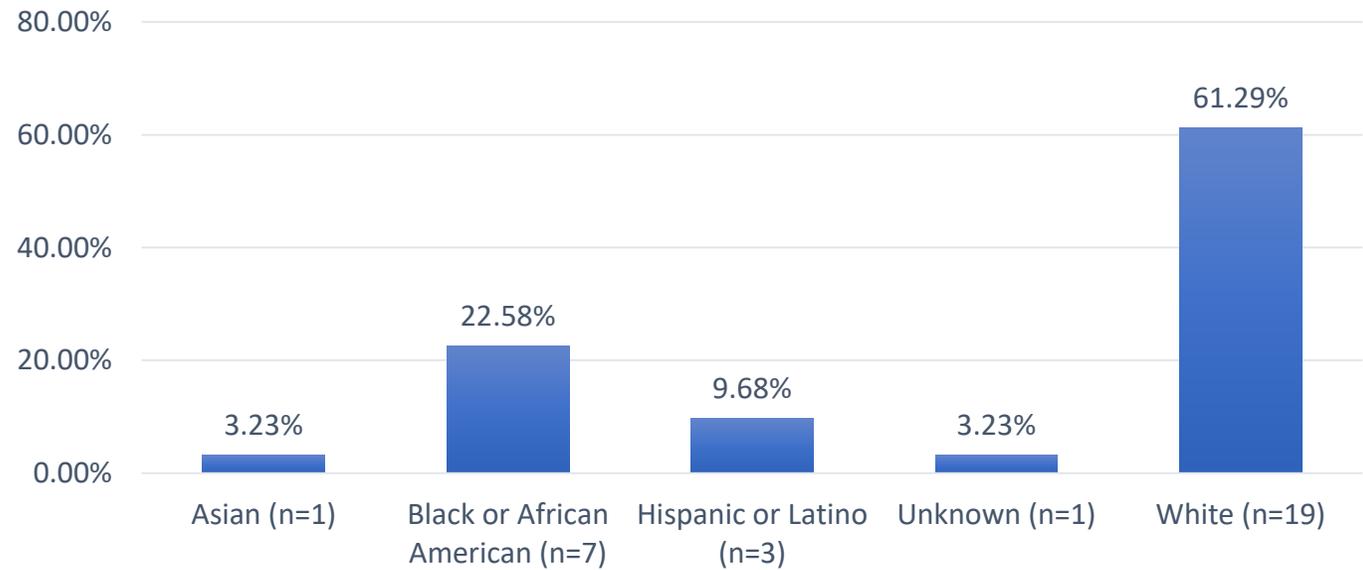


## Gender



■ Women (n=26) ■ Men (n=5)

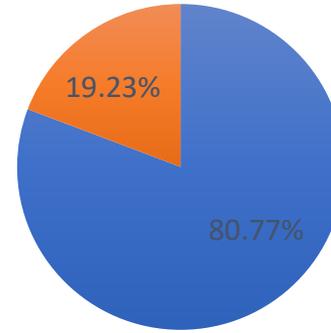
## Race/Ethnicity





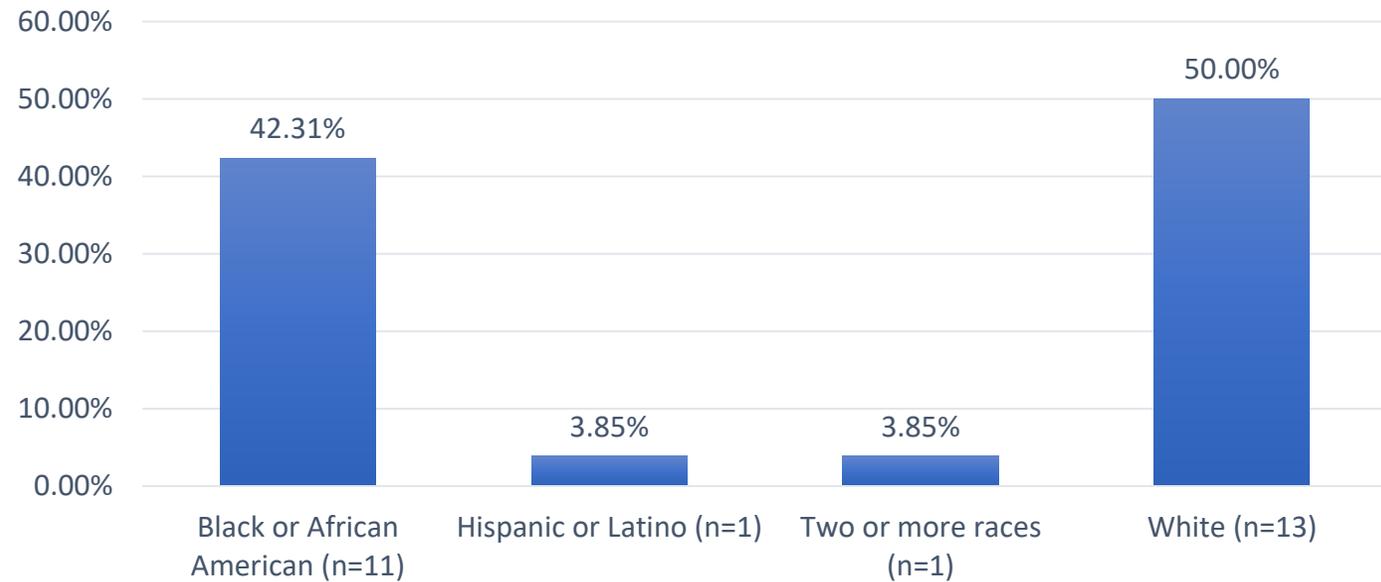
Crisis includes: Access Clinic, Team Connect, and Mobile Teams

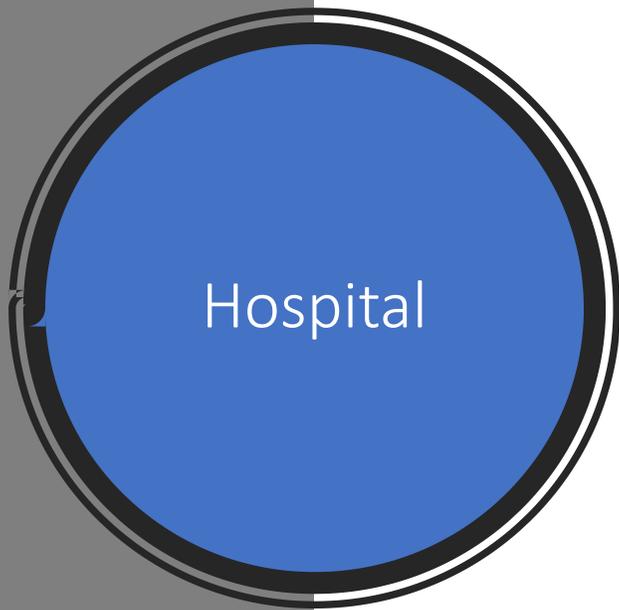
## Gender



■ Women (n=21) ■ Men (n=5)

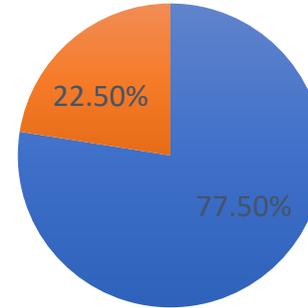
## Race/Ethnicity





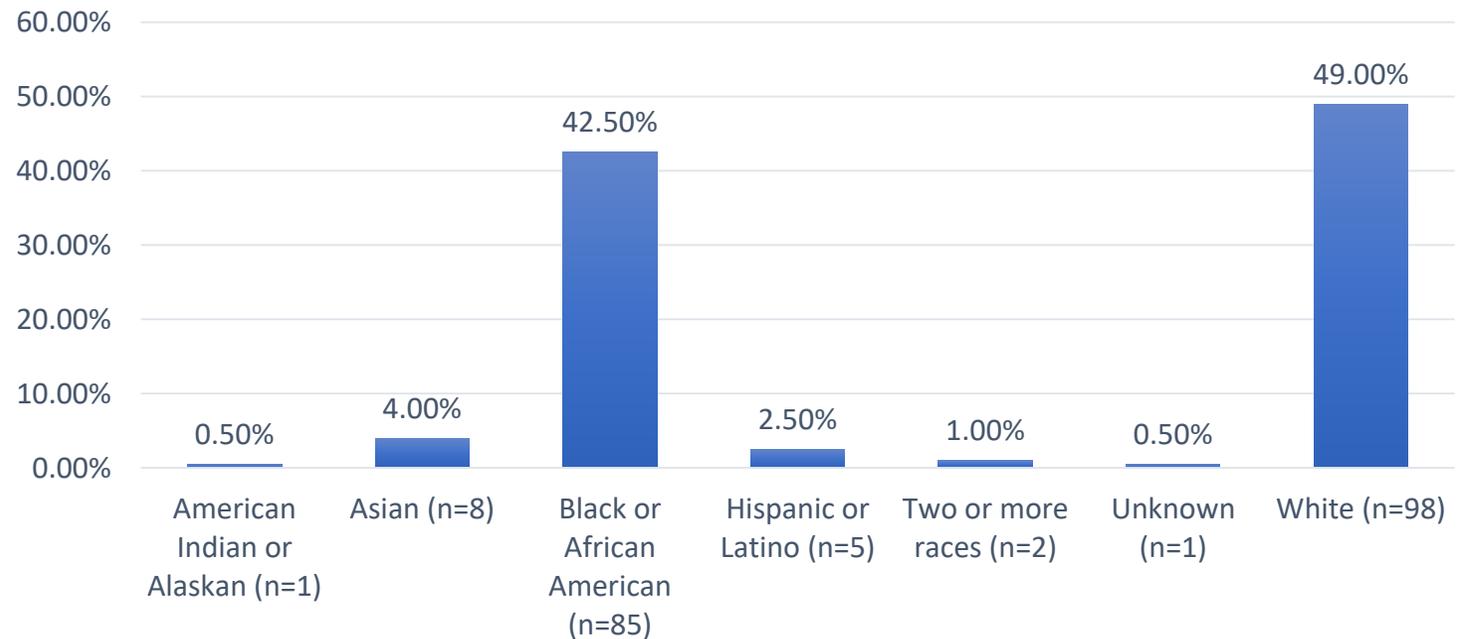
Hospital includes:  
Inpatient staff, Nursing  
Admin, Psychiatry and  
Psychology Admin,  
Housekeeping, Linen,  
and Facilities

## Gender



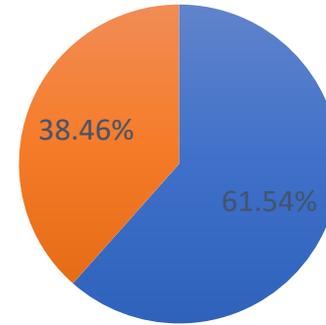
■ Women (n=155) ■ Men (n=45)

## Race/Ethnicity



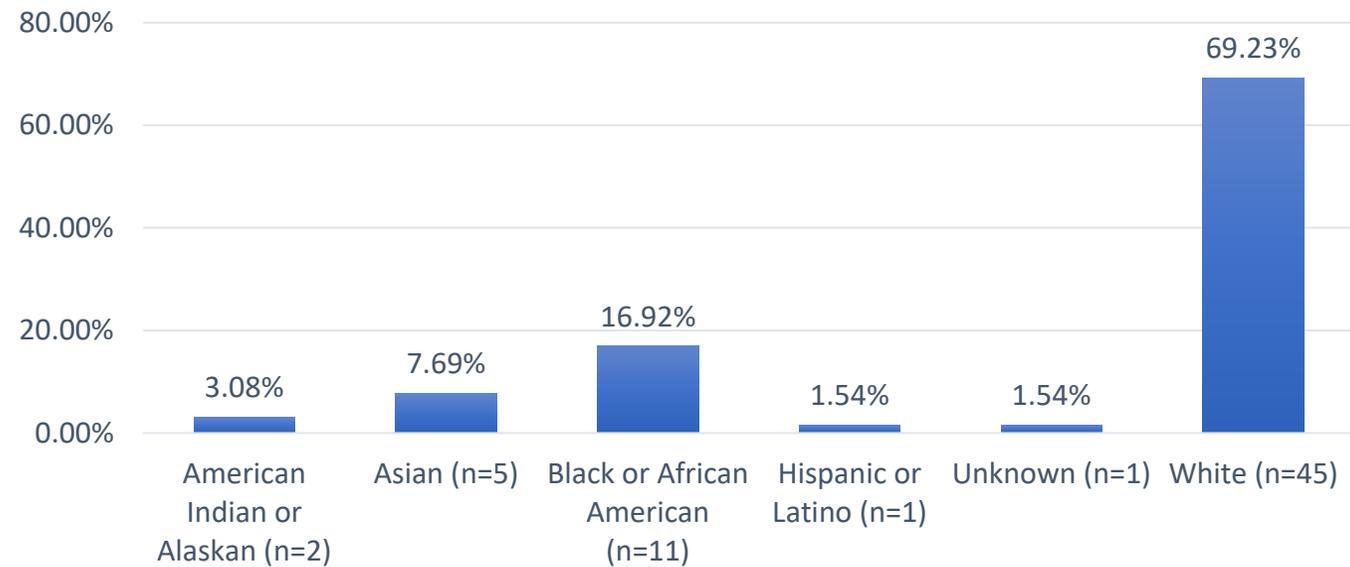
# Psychiatric Crisis Services (PCS)

## Gender



■ Women (n=40) ■ Men (n=25)

## Race/Ethnicity



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

**DATE:** October 14, 2020

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

**FROM:** Shakita LaGrant, Director, Department of Health and Human Services  
*Approved by Michael Lappen, Administrator, Behavioral Health Division*

**SUBJECT: Mental Health Board Bylaws Proposed Amendment-Emergency Medical Treatment and Active Labor Act (EMTALA)**

**Issue**

As specified in the EMTALA regs, the *Hospital* (Mental Health Board) and not the Medical Staff Bylaws or Rules and Regulations need to specify who are the authorized Qualified Medical Personnel (QMPs) who are authorized to perform Medical Screening Examinations (MSEs):

“The MSE must be conducted by an individual(s) who is determined qualified by **hospital by-laws or rules and regulations** and who meets the requirements of §482.55 concerning emergency services personnel and direction. The designation of the qualified medical personnel (QMP) should be set forth in a document approved by the governing body of the hospital. **If the rules and regulations of the hospital** are approved by the board of trustees or other governing body, those personnel qualified to perform the medical screening examinations may be set forth in the **rules and regulations, or the hospital by-laws**.

**Background**

As part of their Systems Improvement Agreement (SIA) gap analysis, Critical Management Solutions noted that the BHD policy regarding the assessment of Emergency Medical Conditions in our Psychiatric Crisis Service Emergency room must be approved by the Mental Health Board. This policy had been approved by the BHD Medical Staff Organization, but to satisfy EMTALA requirements spelled out in SS 482.55, this policy declaration must be included in the “hospital bylaws”, which in the case of BHD, would be the bylaws of the Milwaukee County Mental Health Board.

**Recommendation**

The BHD Administration team responsible for managing the SIA respectfully requests that the following policy declaration be added to the Milwaukee County Mental Health Board Bylaws under Article VIII Declarations of Policy: “Consistent with the Emergency Medical Treatment and Labor Act (EMTALA) statute, all privileged Psychiatric Crisis Service (PCS) physicians are designated as qualified medical personnel (QMP) authorized to conduct medical screening examinations (MSE) within the capacity of the PCS (BHD’s dedicated emergency department) to

determine whether or not an emergency medical condition (EMC) exists for individuals presenting to the PCS.”

**Fiscal Summary**

There is zero financial impact.

A handwritten signature in black ink, appearing to read 'Shakita LaGrant', written over a horizontal line.

Shakita LaGrant, Director  
Department of Health and Human Services

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

**DATE:** September 22, 2020

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

**FROM:** Shakita LaGrant, Acting Director, Department of Health and Human Services  
*Approved by Michael Lappen, Administrator, Behavioral Health Division*  
*Submitted by Jennifer Bergersen, Chief Operations Officer, Behavioral Health Division*

**SUBJECT: Report from the Acting Director, Department of Health and Human Services, Requesting Authorization to Withdraw Funds from the Behavioral Health Division’s Building Reserve for System Improvement Agreement Hospital Compliance Remodel Project(s)**

**Issue**

Target Area: Access Clinic/PCS (Psychiatric Crisis Service/Emergency Room) Remodel

The condition of the physical plant and the overall hospital environment of care must be developed and maintained in such a manner that the safety and well-being of patients, staff and visitors are assured. The hospital must meet all applicable codes as to ensure life safety from fire, also including but not limited to, the assurance that facilities, supplies and equipment are maintained to meet an acceptable level of both safety and quality. State and Federal regulations require hospitals to now achieve a ligature resistant environment in all psychiatric units of acute care hospitals, including locked emergency departments (PCS). The presence of an unmitigated ligature risk in a psychiatric hospital is a significant health and safety violation and if left unmitigated, may jeopardize patient safety and continued participation and funding from the Centers for Medicare and Medicaid Program.

**Background**

Upon assessment and review, the hospital’s current physical environment of care does not meet standards as required. The hospital is currently participating in a System Improvement Agreement to address all facility deficiencies now scheduled for completion by March 30, 2021. Additional approval from the governing body is being requested to obtaining funding, to pursue contracted work, obtain permits for physical changes and or obtain products, supplies and labor to correct deficiencies and ensure timely completion of corrective actions. For additional reference, this governing body approved an amount not to exceed \$3,000,000 in March 2020. The attached request is an addition to the previous report as to complete all necessary work and ensure compliance.

BHD has a Building Reserve Fund balance of \$5,154,733 as of December 31, 2019. The \$3,000,000 in capital spending approved by the MCMHB in March will reduce the balance to \$2,154,733. The additional \$2,014,192.48 being requested in this report is anticipated to reduce to BHD Building Reserve fund to a new balance of \$140,541 once the SIA improvements are completed.

46.18 (13) Building Reserve Fund. The Except in Milwaukee County, the county board shall maintain as a segregated cash reserve and annual charge of 2% of the original cost of new construction or purchase or of the appraised value of existing infirmary structures and equipment. In Milwaukee County, the Milwaukee County mental health board, for mental health infirmary structures and equipment, shall ensure the maintenance, as a segregated cash reserve, of an annual charge of 2% of the original cost of new construction or purchase of the appraised value of existing mental health infirmary structures and equipment. If the infirmary 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%. No contributions to the cash reserve in excess of the amount required in this subsection may be included in the calculation under s. 49.726 (1). The county board, except the Milwaukee county board, may from time to time appropriate from such reserve funds to be expended solely for the enlargement, modernization or replacement of such infirmary or its equipment. 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 or its equipment.

**Fiscal Summary: TOTAL ADDITIONAL REQUEST: \$2,014,192.48**

**Access Clinic/PCS Remodel: Cost Estimate(s) \$292,650.00**

Budget includes all union labor, equipment, materials, transportation, and disposal.

Cost proposal is provided below and covers the following statement of work:

- Eliminate existing closet and renovate restroom to ADA standards
- Convert restroom into soil utility room
- Upgrade light fixtures to anti-ligature
- Upgrade sprinkler heads to anti-ligature
- Create openings in block wall; includes new lintel
- Remove existing vestibule doors and install bi-parting doors
- New flooring in waiting area and security / screening area
- Replace existing door hardware with anti-ligature hardware
- Upgrade ACT with new 2x2 tiles and 15/16" grid
- Paint all walls
- No scope in exam rooms
- Architectural fees to provide drawings and permits
- Project management and oversight
- Construction proposal
- Unknown conditions

**Additional Hospital Remodel: Cost Estimate(s)**

1. Architectural services	<b>\$63,456.24</b>
2. Ducted return air system	<b>\$131,325.00</b>
3. Acoustical tile ceiling upgrade	<b>\$42,024.00</b>
4. Observation windows (12); two windows per unit/blind spots	<b>\$31,518.00</b>
5. Unforeseen conditions upon corridor ceiling removal	<b>\$60,000.00</b>
6. Critical re-circuitry electric power to egress systems; critical life safety systems. Provide power from emergency generator per code and ordinances	<b>\$392,866.62</b>
7. Shower door replacement in patient rooms (96)	<b>\$105,556.60</b>
8. Anti-ligature shower head (9) replacement & controls 53A	<b>\$30,257.28</b>
9. Fireproofing of Penthouses (10 total)	<b>\$864,538.74</b>
 10. Pending Items, cost to be determined:	 <b>TBD</b>

Sprinkler heads, detectors (turn towards new ducted return system)  
Accelerated construction schedule

**TOTAL REQUEST:** **\$2,014,192.48**

**Recommendation**

BHD Administration respectfully requests the Finance Committee of the Mental Health Board, and the Milwaukee County Mental Health Board to approve a not to exceed amount of \$2,014,192.48 to be drawn from the BHD Building Reserve Fund. It will not be possible to meet the deadline of the System Improvement Agreement Access Clinic/PCS remodel and pending facility work without this authorization, as funds must be approved by the Mental Health Board in advance of the work beginning. BHD will continue to bring updates to the Board as to the work that will need to be completed, including those items removed from the scope of work.




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Shakita LaGrant, Acting Director  
Department of Health and Human Services

cc: Maria Perez, Chairperson  
Mental Health Board Finance Committee

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

**DATE:** September 22, 2020

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

**FROM:** Shakita LaGrant, Acting 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 2020 Professional Services Contracts  
for Grant Management and Temporary Staff 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 2020.

**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.

**Professional Services Contracts**

**Adult Services**

**Greater Milwaukee Foundation (GMF) - \$600,000**

This Vendor will serve as the fiscal agent providing grant management services of CARES Act funding BHD recently received. GMF will make awards to community organizations using an agency application for the purpose of behavioral health services and relief due to the pandemic. BHD is requesting \$600,000 for 2020. The total contract amount will be \$600,000.

**Hospital Services**

**Allegis Global Solutions - \$830,000**

Allegis Global Solutions will be providing temporary staff to support shortages in Nursing and Psychiatric Technicians for the inpatient hospital unit at BHD to support the current Pandemic as BHD transitions inpatient services to UHS and BHD works to close the inpatient hospital unit.

BHD anticipates utilizing funds from vacant positions and retention payments that will not be needed as staff terminate employment. The funds are being requested for 2020 and 2021. The total contract amount would be \$830,000.

**Maxim Healthcare Services Holdings, Inc. - \$166,667**

Maxim Health Services Holdings, Inc. will be providing temporary staff to support shortages in Nursing and Psychiatric Technicians for the inpatient hospital unit at BHD to support the current Pandemic as BHD transitions inpatient services to UHS and BHD works to close the inpatient hospital unit. BHD anticipates utilizing funds from vacant positions and retention payments that will not be needed as staff terminate employment. The funds are being requested for 2020. The total contract amount would be \$166,667.

**Fiscal Summary**

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

Vendor Name	Existing Amount/New	2020 Amount Requested	Total Contract Amount
Greater Milwaukee Foundation	New	\$600,000	\$600,000
Allegis Global Solution	New	\$830,000	\$830,000
Maxim Healthcare Services Holdings, Inc.	New	\$166,667	\$166,677
<b>Total</b>		<b>\$1,596,667</b>	<b>\$1,596,677</b>

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




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Shakita LaGrant, Acting Director  
Department of Health and Human Services

cc: Maria Perez, Finance Chairperson

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

**DATE:** October 5, 2020

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

**FROM:** Shakita LaGrant, 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 2020 Professional Services Contract Amendments for Evaluation Services, Business Development, Training and Support, Security, Food, Housekeeping, Consultation Communications, Staffing, Information Technology, Pharmacy, Consultation, and Laboratory 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 2020/2021.

**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.

**Professional Services Contracts**

**Adult Services**

**Evaluation Research Services, LLC- \$173,400**

This Vendor provides grant management coordination, inclusive of grant writing to Milwaukee County BHD. Using a Lifecycle management approach to grant management, processes and infrastructure is developed and implemented to manage grant proposals from beginning, or 'pre-award', stage of a project implementation, or 'post award', through the termination, or 'closeout', of an award. BHD is requesting \$173,400 for 2021. The total contract amount will be \$346,800.

**Goodwill Industries of Southeastern WI, Inc. - \$75,000**

This Vendor provides the service of a Business Developer for CARS. The Business Developer will develop employer relationships to identify job opportunities for CARS consumers. BHD is requesting an additional \$75,000 for 2021. The total contract amount will be \$150,000.

**Youth Services****Robert Half International, Inc. DBA Robert Half Technology- \$397,060**

This vendor is assisting on the Synthesis Desktop Application Conversion project and provides training and support for the existing Synthesis application for Wraparound Milwaukee. BHD is requesting \$397,060 for 2021. The total contract amount would be \$1,588,240.

**Hospital Services****Allied Universal Services- \$960,000**

This Vendor provides public safety and security services for BHD. They provide services twenty-four hours a day, and seven days a week. The Vendor is responsible for monitoring the outside parking lots, performing environment of care safety checks, and crisis intervention, emergency, and behavioral incidents in support of BHD clinical staff. These funds are being requested for 2021. The total contract amount would be increased to \$5,082,821.

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

ARAMARK Correctional Services, LLC prepares and delivers food for the BHD inpatient population. The funds are being requested for 2021.

**Clean Power - \$934,168.14**

Clean Power provides cleaning services for BHD. The request for funds includes the negotiated increase in Vendors wages associated with COVID-19 cleaning and risk mitigation. These funds are being requested for 2021. The total contract amount would be \$4,285,008.14.

**Critical Management Solutions - \$663,480**

Critical Management Solutions is a healthcare consulting company that specializes in accreditation and regulatory compliance. They will be providing an expert consultant to perform gap and root cause analyses as well as develop and implement a plan of correction in accordance with the Centers for Medicare and Medicaid System Improvement Agreement (SIA) requirements and preparation for successful CMS surveys. Additional reporting to CMS at regular intervals will also be required for the duration of the SIA anticipated to end on July 1, 2021. This is funded through BHD reserves. BHD is requesting \$663,480 for the 2021 contract. The total contract amount would be \$1,990,440.

**Kane Communications Group - \$116,666.67**

Kane Communications Group will provide communication services to ensure that BHD employees, community partners and stakeholders are provided input, consistent communication, messaging, and information about BHD's strategic initiatives and activities. Areas of focus

include those specifically identified within the detailed statement of work including but not limited to: psychiatric crisis re-design, hospital transition, employee retention, system improvement agreement progress and communication services/care transitioning to community based locations etc. BHD is asking for an additional \$116,666.67 for 2021. The total contract amount would be \$350,000.

**LocumTenens.com LLC - \$728,000**

The Behavioral Health Division is seeking an amendment to the current Agreement with LocumTenens.com LLC. This firm is utilized to fulfill required psychiatrist staffing for the Behavioral Health Division inpatient services on a temporary basis. Services include sourcing, screening, presenting and facilitating psychiatrist candidate assignments for essential vacation, leaves of absence and for one current full-time vacancy. This shall be the tenth amendment, since the agreement was initially executed on 11/16/2015. The need to utilize temporary psychiatrist staffing will continue until the UHS transition occurs. We are seeking to extend the end date of the agreement to 06/30/2022 and to amend the existing funding by an additional \$728,000 beginning in 2021, increasing the six-year agreement total to \$4,676,250.

**Netsmart Technologies, Inc. - \$1,700,000.00**

Netsmart Technologies, Inc. provides BHD's Electronic Health Records (EHR) system, "myAvatar". The EHR is an integral system to the daily clinical and community operations at BHD. The EHR provides a comprehensive suite to manage patient records, patient care, patient medications, clinical scheduling, complex billing and reimbursement, and detailed analytics. BHD is requesting \$1,700,000 to cover the costs of renewing our overall agreement with Netsmart for one additional year. This renewal includes the myAvatar software subscription as well as ongoing maintenance and support from Netsmart Technologies, Inc. Support includes 2.5 contracted FTEs who complete a variety of AMS hours, OneTeam HelpDesk Services, and advanced technical support. The specific documents that we are renewing are the Professional Services Agreement (PSA); Software License and Hosting Services Agreement (SLA); Statement of Work (SOW) 1 and 3; Schedule 1, 3, 4, and 5. The addition of these funds will increase the total contract amount to \$5,661,758.00.

**Comprehensive Pharmacy Systems, LLC - \$1,100,000**

Comprehensive Pharmacy Systems, Inc., provides pharmaceutical services to BHD. BHD is requesting \$1,100,000 for 2021. These funds are being requested for 2021.

**The Greeley Company, LLC - \$475,000**

The Greeley Company, LLC is a healthcare consulting company that specializes in accreditation and regulatory compliance. They will be providing a full-time compliance consultant to perform ongoing monitoring of the hospital's plan of correction in accordance with the Centers for Medicare and Medicaid System Improvement Agreement (SIA) requirements. The position will be required for the duration of the SIA anticipated to end on July 1, 2021. BHD is requesting \$475,000 for the 2021 contract. This contract is funded through savings from BHD reserves. The total contract amount would be \$1,425,000.

**Wisconsin Diagnostics Laboratories, LLC - \$28,000**

Wisconsin Diagnostic Laboratories, LLC provides laboratory services for BHD. The funds are being requested for 2021. The total contract amount would be \$155,900.

**Fiscal Summary**

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

<b>Vendor Name</b>	<b>Existing Amount/New</b>	<b>2021 Amount Requested</b>	<b>Total Contract Amount</b>
Evaluation Research Services, LLC	\$173,400	\$173,400	\$346,800
Goodwill Industries of Southeastern WI, Inc.	\$75,000	\$75,000	\$150,000
Robert Half International, Inc. dba Robert Half Technology	\$1,191,180	\$397,060	\$1,588,240
Allied Universal Services	\$4,122,821	\$960,000	\$5,082,821
Aramark Correctional Services, LLC		\$673,397	\$673,397
Clean Power	\$3,350,840	\$934,168.14	\$4,285,008.14
Critical Management Solutions	\$1,326,960	\$663,480	\$1,990,440
Kane Communications Group	\$233,333.33	\$116,666.67	\$350,000
Locum Tenems.com, LLC	\$3,948,250	\$728,000	\$4,676,250
Netsmart Technologies, Inc.	\$3,961,758	\$1,700,000	\$5,661,758
Pharmacy Systems, Inc.		\$1,100,000	\$1,100,000
The Greeley Company	\$950,000	\$475,000	\$1,425,000
Wisconsin Diagnostics Laboratory	\$127,900	\$28,000	\$155,900
<b>Total</b>	<b>\$19,461,442.33</b>	<b>\$8,024,171.81</b>	<b>\$27,485,614.14</b>

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



Shakita LaGrant, Director  
Department of Health and Human Services

cc: Maria Perez, Finance Chairperson

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

**DATE:** September 22, 2020

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

**FROM:** Shakita LaGrant, 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 a 2020 Purchase-of-Service Contract Amendment and 2021 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 2021.

**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.

**Purchase-of-Service Contracts**

**Adult Services**

**Broadstep-Wisconsin (fka Bell Therapy) - \$144,284**

The Vendor provides crisis stabilization home services. BHD is requesting \$144,284 to support services during the first quarter 2021. BHD Administration will request additional funds to support crisis stabilization services after the outcome of a competitive RFP for this service is evaluated.

**Community Advocates, Inc. - \$443,334\***

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 \$443,334 for 2021.

**Community Relations Social Development Commission- \$225,000\***

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 \$225,000 for 2021.

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

The Vendor offers pre-vocational, paid employment and supported education opportunities to its members, as well as an evening, weekend, and holiday program involving the arts, writing, film, field trips, and making friends. BHD is requesting \$200,000 for 2021.

**Impact, Inc. - \$375,000\***

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 \$375,000 for 2021.

**La Causa, Inc. - \$250,000**

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 \$250,000 for 2021.

**Matt Talbot Recovery Services, Inc. - \$4,768,702\***

The Vendor provides residential intoxication monitoring service, and also provides residential services in a 5 bed CBRF for CARS consumers. BHD is requesting \$4,768,702 for 2021.

**Milwaukee Center for Independence, Inc. - \$4,370,000**

The Vendor provides a Crisis Resource Centers that serves adults with mental health needs who are in need of crisis intervention and/or short-term crisis stabilization versus hospitalization the Vendor also provides benefit advocacy and assistance for BHD consumers through the Winged Victory program. BHD is requesting \$2,570,000 for 2021. Additionally, \$1,800,000 in Medicaid passthrough payments is also being requested to support 2021 CRC services.

BHD is also requesting an additional \$600,000 spending authority for passthrough payments to support CRC services in 2020. The new total 2020 contract amount is increased to \$3,501,984.

**Outreach Community Health Centers, Inc. - \$150,000\***

The Vendor provides outpatient treatment service for CARS consumers to include medication and laboratory tests. BHD is requesting \$150,000 for 2021.

**Our Space, Inc. - \$694,142\***

The Vendor runs a peer run respite house for individuals who are experiencing an increase in symptoms, or life needs, and who are in need of support and services to aid in their recovery and thereby avert crises and prevent hospitalization. The Vendor also provides an introduction to Family Drug Treatment Court. BHD is requesting \$694,142 for 2021.

**Oxford House, Inc. - \$150,000**

The mission of Oxford House, Inc. is to establish three to five Oxford Houses to provide individuals with a substance use disorder the opportunity to live in the time-tested environment designed to learn sober behavior sufficiently to avoid relapse. To implement this mission successfully in Milwaukee County and the state of Wisconsin. BHD is requesting \$150,000 for 2021.

**Safe & Sound - \$205,000\***

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 \$205,000 for 2021.

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

The Vendor provides training coordination for CARS. BHD is requesting \$350,000 for 2021.

**The House of Kings & Priests, Inc - \$142,800\***

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 \$142,800 for 2021.

**Wisconsin Community Services, Inc. - \$529,714\***

The Vendor provides Peer Support via the Office of Consumer Affairs program for BHD. BHD is requesting \$529,714 for 2021.

**Wisconsin Community Services, Inc. - \$915,829.85\***

The Vendor provides the Community Linkage and Stabilization Program (CLASP) for BHD. BHD is requesting \$915,829.85 for 2021.

**Youth Services****Alternatives in Psychological Consultation, SC - \$2,500,491**

The Vendor provides Care Coordination services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$2,500,491 for 2021.

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

The Vendor provides Care Coordination services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$1,770,372 for 2021.

**Christine Shafer DBA SEA Group - \$525,000**

The Vendor provides educational advocacy to help enrolled youth obtain an Individual Education Plan (IEP), achieve appropriate school placements, and reduce unnecessary residential and day treatment services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$525,000 for 2021.

**Christine Shafer DBA SEA Group - \$35,000**

The Vendor provides educational advocacy to help enrolled youth obtain an Individual Education Plan (IEP), achieve appropriate school placements, and reduce unnecessary residential and day treatment services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$35,000 for 2020. The total contract for 2020 will be \$467,188.

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

The Vendor provides Care Coordination services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$4,736,424 for 2021.

**Moving Families Forward - \$140,000**

The Vendor provides Family Advocacy services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$140,000 for 2021.

**SaintA, Inc. - \$1,861,529**

The Vendor provides Care Coordination services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$1,861,529 for 2021.

**St. Charles Youth & Family Services, Inc. - \$5,787,562**

The Vendor provides Care Coordination services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$5,787,562 for 2021.

**Broadstep-Wisconsin (fka Willowglen) - \$1,920,516**

The Vendor provides Care Coordination services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$1,920,516 for 2021.

**Wisconsin Community Services, Inc. - \$2,047,174**

The Vendor provides Care Coordination services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$2,047,174 for 2021.

**Wisconsin Council on Children and Families DBA Kids Forward - \$250,000**

The Vendor provides program evaluation, training, and consultation services for the Wraparound Milwaukee Program. BHD is requesting \$250,000 for 2021.

## **Fiscal Summary**

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

<b>Vendor Name</b>	<b>New 2020 Amount</b>	<b>2021 Amount Requested</b>	<b>Total Contract Amount 2021</b>
Alternatives in Psychological Consultation, SC		\$2,500,491	\$2,500,491
AJA Enterprises, LLC DBA AJA Counseling Center		\$1,770,372	\$1,770,372
La Causa, Inc.		\$4,736,424	\$4,736,424
Moving Families Forward		\$140,000	\$140,000
Christine Shafer DBA SEA Group		\$525,000	\$525,000
St. Charles Youth and Family Services, Inc.		\$350,000	\$350,000
Broadstep -Wisconsin, Inc.		\$1,920,516	\$1,920,516
Wisconsin Community Services, Inc.		\$2,047,174	\$2,047,174
Wisconsin Community Services, Inc.		\$529,714	\$529,714
Wisconsin Community Services, Inc.		\$915,829.85	
Wisconsin Council on Children and Families DBA Kids Forward		\$250,000	\$250,000
Oxford House, Inc.		\$150,000	
Matt Talbot Recovery Services, Inc.	\$3,501,984	\$4,768,702	\$4,768,702
Community Advocates, Inc.		\$443,334	\$443,334
Safe & Sound		\$205,000	\$205,000
The House of Kings & Priests, Inc.		\$142,800	\$142,800
Community Relations Social Development Commission		\$225,000	\$225,000
St. Charles Youth & Family Services, Inc.		\$5,787,562	\$5,787,562
Outreach Community Health Centers, Inc.		\$150,000	\$150,000
Milwaukee Center for Independence, Inc.		\$4,370,000	\$4,370,000
Our Space, Inc.		\$694,142	\$694,142
Grand Avenue Club, Inc.		\$200,000	\$200,000
Impact, Inc.		\$375,000	\$375,000
La Causa, Inc.		\$250,000	\$250,000
SaintA, Inc.		\$1,861,529	\$1,861,529

<b>Vendor Name</b>	<b>New 2020 Amount</b>	<b>2021 Amount Requested</b>	<b>Total Contract Amount 2021</b>
Broadstep (fka Bell Therapy)		\$144,284	\$144,284
Total	\$3,501,984	\$19,617,353	\$19,617,353

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




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Shakita LaGrant, Director  
Department of Health and Human Services

cc: Maria Perez, Finance Chairperson

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

**DATE:** September 23, 2020

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

**FROM:** Shakita LaGrant, 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 2021 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 2020/2021.

**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**

**Adult Service Contracts**

“Community Access to Recovery Services” (CARS) - a branch of the Behavioral Health Division that offers a central access point for Milwaukee County adult residents ages 18-59 seeking mental health and/or substance use disorder services through a network of community providers. The amounts listed below are fee-for-service agreements and represent the anticipated payments providers are expected not to exceed during 2021; these are not guaranteed payment amounts.

Agency Name	Total 2021 Contract Amount Requested	Services Agency Provides
Access Recovery Mental Health Services	\$295,000	Behavioral Health & AODA Substance Abuse Disorder Services
Adkins Counseling Services, LLC	\$268,000	Behavioral Health & AODA Substance Abuse Disorder Services
Alternative Family Services, Inc.	\$143,000	Behavioral Health & AODA Substance Abuse Disorder Services
Alternatives in Psychological Consultation, S.C.	\$4,774,000	Behavioral Health & AODA Substance Abuse Disorder Services
Benedict Center, Inc.	\$163,000	Behavioral Health & AODA Substance Abuse Disorder Services
Broadstep–Wisconsin, Inc.	\$8,818,000	Behavioral Health & AODA Substance Abuse Disorder Services
Brotoloc South, Inc.	\$152,000	Residential Services
Community Medical Services (Premier Care of Wisconsin)	\$500,000	Behavioral Health & AODA Substance Abuse Disorder Services
Core El Centro	\$160,000	Behavioral Health & AODA Substance Abuse Disorder Services
Creative Counseling of Milwaukee, LLC	\$816,000	Behavioral Health & AODA Substance Abuse Disorder Services
D Taylor Properties	\$112,000	Behavioral Health & AODA Substance Abuse Disorder Services
Dominion Behavioral Health Services, LLC	\$100,000	Behavioral Health & AODA Substance Abuse Disorder Services
East Point Residential Facility, LLC	\$139,000	Residential Services
Easter Seals Southeast WI, Inc.	\$518,000	Behavioral Health & AODA Substance Abuse Disorder Services
Genesis Behavioral Services Inc.	\$1,690,000	Behavioral Health & AODA Substance Abuse Disorder Services
Goodwill Industries of Southeastern, Wisconsin, Inc.	\$542,000	Behavioral Health & AODA Substance Abuse Disorder Services
Great Lakes Dryhooch, Inc.	\$234,000	Behavioral Health & AODA Substance Abuse Disorder Services
Guest House of Milwaukee	\$1,908,000	Behavioral Health & AODA Substance Abuse Disorder Services
Honey Creek Counseling & Recovery Services, LLC	\$168,000	Behavioral Health & AODA Substance Abuse Disorder Services

Agency Name	Total 2021 Contract Amount Requested	Services Agency Provides
Impact Alcohol & Other Drug Abuse Services, Inc.	\$497,160	Behavioral Health & AODA Substance Abuse Disorder Services
Integrity Residential Services	\$731,000	Residential Services
Jefferson Crest, LLC	\$590,000	Residential Services
Jewish Family Services, Inc.	\$475,000	Behavioral Health & AODA Substance Abuse Disorder Services
JusticePoint, Inc.	\$3,680,400	Behavioral Health & AODA Substance Abuse Disorder Services
Kajsiab Senior Center, Inc.	\$188,000	Behavioral Health & AODA Substance Abuse Disorder Services
La Causa, Inc.	\$2,184,000	Behavioral Health & AODA Substance Abuse Disorder Services
M & S Clinical Services, Inc.	\$294,120	Behavioral Health & AODA Substance Abuse Disorder Services
Matt Talbot Recovery Services, Inc.	\$1,162,000	Behavioral Health & AODA Substance Abuse Disorder Services
MCFI dba Whole Health Clinical Group	\$8,072,000	Behavioral Health & AODA Substance Abuse Disorder Services
MCFI Home Care, LLC	\$331,000	Behavioral Health & AODA Substance Abuse Disorder Services
Mental Health America of Wisconsin, Inc.	\$4,356,000	Behavioral Health & AODA Substance Abuse Disorder Services
Meta House, Inc.	\$760,000	Behavioral Health & AODA Substance Abuse Disorder Services
Milwaukee Recovery Associates, LLC dba Rosenberg Medical Clinic, LLC	\$118,000	Behavioral Health & AODA Substance Abuse Disorder Services
Multicultural Community Services	\$297,000	Behavioral Health & AODA Substance Abuse Disorder Services
Mystic Creek, LLC	\$314,000	Behavioral Health & AODA Substance Abuse Disorder Services
Navarro Professional Counseling Services, LLC	\$257,000	Behavioral Health & AODA Substance Abuse Disorder Services
Our Safe Place, Inc.	\$213,000	Behavioral Health & AODA Substance Abuse Disorder Services
Our Space, Inc.	\$296,000	Behavioral Health & AODA Substance Abuse Disorder Services
Outreach Community Health Centers, Inc.	\$2,712,000	Behavioral Health & AODA Substance Abuse Disorder Services

Agency Name	Total 2021 Contract Amount Requested	Services Agency Provides
Positive Outlook Clinical Services, LLC	\$115,000	Behavioral Health & AODA Substance Abuse Disorder Services
Professional Services Group, Inc.	\$821,000	Behavioral Health & AODA Substance Abuse Disorder Services
Project Access, Inc.	\$6,260,000	Behavioral Health & AODA Substance Abuse Disorder Services
Sebastian Family Psychology Practice, LLC	\$829,000	Behavioral Health & AODA Substance Abuse Disorder Services
St. Charles Youth & Family Services, Inc.	\$322,000	Behavioral Health & AODA Substance Abuse Disorder Services
Summit Wellness, Inc.	\$1,229,000	Behavioral Health & AODA Substance Abuse Disorder Services
United Community Center	\$1,852,000	Behavioral Health & AODA Substance Abuse Disorder Services
Vital Voices for Mental Health, Inc.	\$137,600	Behavioral Health & AODA Substance Abuse Disorder Services
Wisconsin Community Services, Inc.	\$6,829,360	Behavioral Health & AODA Substance Abuse Disorder Services
Word of Hope Ministries, Inc.	\$109,000	Behavioral Health & AODA Substance Abuse Disorder Services

### **Youth Services**

**Wraparound Milwaukee** is a unique system of care for children and young adults with serious emotional, and mental health needs and their families. It utilizes a *WRAPAROUND* philosophy and approach which focuses on strength-based, individualized care, that promotes parental and youth choice, family independence, and provides trauma informed care for children and youth in the context of their family and community

**Comprehensive Community Service (CCS)** program is a voluntary, consumer driven, Medicaid benefit that offers a wide variety of supports based on a consumer's needs and desires. BHD is requesting the following funds for 2021 for the following agencies listed below.

Wrap Agencies	2021 Contract Amount CCS	Total 2021 Contract Amount
Adkins Counseling	\$300,000	\$762,000
Ascent for Life	\$100,000	\$130,000

Wrap Agencies	2021 Contract Amount CCS	Total 2021 Contract Amount
Broadstep (Bell CSP)	\$898,000	\$898,000
Creative Counseling	\$130,000	\$180,000
Dominion Behavioral	\$100,000	\$150,000
Educates	\$350,000	\$450,000
Family Options	\$20,000	\$370,000
La Causa	\$1,700,000	\$2,000,000
Lutheran Social Services	\$15,000	\$220,000
MD Therapy	\$250,00	\$450,000
Mindstar Counseling	\$30,000	\$230,000
Multi Cultural & Trauma	\$20,000	\$320,000
Navarro Professional Counseling	\$350,00	\$370,000
Pathfinders Milwaukee	\$500,00	\$520,000
Positive Outlook	\$60,000	\$120,000
Psychological Purposes	\$60,000	\$190,000
Rise Youth	\$220,000	\$460,000
Riverstone Counseling	\$500,000	\$1,000,000
SaintA	\$400,000	\$550,000
Sebastian Family Services	\$180,000	\$580,000
Wisconsin Community Services	\$1,600,000	\$2,100,000

**Other Wraparound Milwaukee Services requiring approval of 2021 funds:**

Agency Name	2021 Contract Amount All other FFS	Total 2021 Contract Amount	Services Agency Provides
1-9 Youth	\$90,000	\$170,000	Behavioral Health and/or Social Services
Adkins Counseling	\$462,000	\$762,000	Behavioral Health and/or Social Services
AKNU	\$130,000	\$165,000	Behavioral Health and/or Social Services

Agency Name	2021 Contract Amount All other FFS	Total 2021 Contract Amount	Services Agency Provides
Alternatives In Psychological Counseling	\$600,000	\$600,000	Behavioral Health and/or Social Services
American United	\$200,00	\$200,00	Transportation Services
Anders Developmental	\$65,000	\$155,000	Group Home Services
Anu Counseling	\$650,000	\$650,000	Behavioral Health and/or Social Services
A Promise of Hope	\$300,000	\$390,000	Behavioral Health and/or Social Services
Ascent for Life	\$30,000	\$130,000	Behavioral Health and/or Social Services
Atach'd Tomorrow	\$260,000	\$380,000	Group Home Services
Boys II Men Transitional	\$200,000	\$290,000	Group Home Services
Butterflies Home for Teen Girl's (B-Fly)	\$70,000	\$160,000	Behavioral Health and/or Social Services
Bloom Center for Art	\$75,000	\$105,000	Behavioral Health and/or Social Services
Bracy Psychological Services	\$188,000	\$208,000	Behavioral Health and/or Social Services
Broadstep-Wisconsin	\$0.00	\$898,000	Group Home Services
Butterflyz, LLC	\$200,000	\$200,000	Group Home Services
Children Service Society	\$200,000	\$200,000	Foster Care Services
Community Harbor	\$250,000	\$250,000	Behavioral Health and/or Social Services
Courage House	\$150,000	\$150,00	Group Home Services
Creative Counseling	\$50,000	\$180,000	Behavioral Health and/or Social Services
Devoted Heart 1	\$200,000	\$295,000	Group Home Services
Dominion Behavioral	\$50,000	\$150,000	Behavioral Health and/or Social Services
Eau Claire Academy	\$100,000	\$100,000	Behavioral Health and/or Social Services
Educates, LLC	\$100,00	\$450,000	Behavioral Health and/or Social Services

Agency Name	2021 Contract Amount All other FFS	Total 2021 Contract Amount	Services Agency Provides
Family Options	\$350,000	\$370,000	Behavioral Health and/or Social Services
Family Works	\$20,000	\$100,600	Foster Care Services
Forward Choices	\$60,000	\$132,000	Behavioral Health and/or Social Services
FreshStart	\$350,00	\$350,000	Behavioral Health and/or Social Services
Genesee Community Services	\$600,000	\$600,000	Foster Care Services
Girls Lovett	\$150,000	\$449,000	Behavioral Health and/or Social Services
GLOW Services, Inc.	\$50,000	\$100,000	Behavioral Health and/or Social Services
Grateful Girls	\$180,000	\$180,000	Group Home Services
Harmony Social Services	\$230,000	\$230,000	Behavioral Health and/or Social Services
Helping Others Prosper Everyday	\$80,000	\$160,000	Foster Care
Home 4 the Heart	\$120,000	\$370,000	Group Home Services
Hopgood Youth Homes	\$450,000	\$450,000	Group Home Services
House of Love II	\$150,000	\$150,000	Group Home Services
House of Love Youth Homes	\$160,000	\$310,000	Group Home Services
Human Development Center	\$250,000	\$250,000	Behavioral Health and/or Social Services
ILIFE Management	\$115,000	\$230,000	Respite Care
Inspiring Young Woman	\$350,000	\$350,000	Group Home Services
Integration Healing Alivio	\$38,000	\$108,000	Behavioral Health and/or Social Services
Integrity Family services	\$1,200,000	\$1,200,000	Behavioral Health and/or Social Services
Journey House	\$150,000	\$150,000	Behavioral Health and/or Social Services
La Causa, Inc.	\$300,000	\$2,000,000	Behavioral Health and/or Social Services
Lad Lake, Inc.	\$2,000,000	\$2,000,000	Behavioral Health and/or Social Services
Lutheran Social Services	\$205,000	\$220,000	Behavioral Health and/or Social Services
MCFI Home Care	\$30,000	\$105,000	Behavioral Health and/or Social Services

Agency Name	2021 Contract Amount All other FFS	Total 2021 Contract Amount	Services Agency Provides
Meditca Living	\$140,000	\$175,000	Behavioral Health and/or Social Services
Men of Men	\$120,000	\$205,000	Group Home Services
MD Therapy	\$200,000	\$450,000	Behavioral Health and/or Social Services
Milwaukee Academy (ClinicCorp)	\$1,000,000	\$1,000,000	Behavioral Health and/or Social Services
Mindstar Counseling	\$200,000	\$230,000	Behavioral Health and/or Social Services
Moe's Transitional Living	\$200,000	\$500,000	Behavioral Health and/or Social Services
Mt. Castle	\$700,000	\$700,000	Behavioral Health and/or Social Services
Multi Cultural & Trauma	\$300,000	\$320,000	Behavioral Health and/or Social Services
Navarro Professional Counseling	\$20,000	\$370,000	Behavioral Health and/or Social Services
New CHOICES	\$240,000	\$240,000	Behavioral Health and/or Social Services
New Horizon	\$100,000	\$100,000	Behavioral Health and/or Social Services
Next Chapter Living	\$300,000	\$500,000	Behavioral Health and/or Social Services
Norris, Inc.	\$1,000,000.00	\$1,000,000	Behavioral Health and/or Social Services
Pathfinders Milwaukee	\$20,000.00	\$520,000	Behavioral Health and/or Social Services
Positive Outlook	\$60,000.00	\$120,000	Behavioral Health and/or Social Services
Psychological Assessment	\$100,000.00	\$100,000	Behavioral Health and/or Social Services
Psychological Purposes	\$130,000.00	\$190,000	Behavioral Health and/or Social Services
Rae of Hope	\$240,000.00	\$320,000	Behavioral Health and/or Social Services
Rawhide	\$200,000	\$200,000	Residential
Riley's AFH	\$55,000	\$135,000	Behavioral Health and/or Social Services

Agency Name	2021 Contract Amount All other FFS	Total 2021 Contract Amount	Services Agency Provides
Revive Youth and Family	\$200,000	\$200,000	Behavioral Health and/or Social Services
Rise Youth	\$240,000	\$460,000	Behavioral Health and/or Social Services
Riverstone Counseling	\$500,000	\$1,000,000	Behavioral Health and/or Social Services
Running Rebels	\$250,000	\$250,000	Behavioral Health and/or Social Services
SaintA, Inc.	\$150,000	\$550,000	Behavioral Health and/or Social Services
Sebastian Family Services	\$400,000	\$580,000	Behavioral Health and/or Social Services
Servant Manor	\$600,000	\$600,000	Behavioral Health and/or Social Services
St. Charles Youth & Family Services, Inc.	\$2,500,000	\$2,500,000	Behavioral Health and/or Social Services
Thrive	\$550,000	\$550,000	Behavioral Health and/or Social Services
Tomorrow's Future	\$250,000	\$250,000	Behavioral Health and/or Social Services
VIC	\$110,000	\$110,000	Behavioral Health and/or Social Services
Wright Stride Group Home	\$250,000	\$370,000	Group Home Services
Whole Health Clinical Group	\$20,000	\$105,000	Behavioral Health and/or Social Services
Wisconsin Community Services, Inc.	\$500,000	\$2,100,000	Behavioral Health and/or Social Services

### **Fiscal Impact Summary**

The total amount recommended for the 2021 fee-for-service agreements for youth and adult services provided through the Behavioral Health Division is \$92,385,240. Amounts recommended for approval for each individual vendor are identified below. The amounts listed below are fee-for-service agreements and represent anticipated 2021 payments to providers; these are not guaranteed payment amounts.

Agency Name	Existing Amount/New	2021 Contract Amount	Total Contract Amount
1-9 Youth	\$80,000	\$90,000	\$170,000
Access Recovery Mental Health Services*	\$295,000	\$295,000	\$590,000
Adkins Counseling Services, LLC	\$50,000	\$268,000	\$318,000
Adkins Counseling Services, LLC	\$50,000	\$50,000	\$100,000
AKNU	\$35,000	\$130,000	\$165,000
Alternative Family Services, Inc.	\$60,000	\$60,000	\$120,000
Alternative Family Services, Inc.	\$60,000	\$143,000	\$203,000
Alternatives in Psychological Consultation, S.C.*	\$4,512,000	\$4,774,000	\$9,286,000
AMRI*	\$80,000	\$80,000	\$160,000
Anders Developmental	\$90,000	\$65,000	\$155,000
Anu Family Services, Inc.	\$55,400	\$55,400	\$110,800
A Promise of Hope	\$300,000	\$90,000	\$390,000
Atach'd Tomorrow	\$120,000	\$260,000	\$380,000
Benedict Center, Inc.*	\$118,000	\$163,000	\$281,000
Boys II Men Transitional	\$90,000	\$200,000	\$290,000
Broadstep–Wisconsin, Inc.*	\$2,555,750	\$8,818,000	\$11,373,750
Brotoloc South, Inc.*	\$236,000	\$152,000	\$388,000
Butterflies Home for Teen Girls (B-Fly)	\$90,000	\$70,000	\$160,000
Column Rehab Services	\$90,000	\$90,000	\$180,000
Community Medical Services (Premier Care of Wisconsin)*	\$99,000	\$401,000	\$500,000
Core El Centro	\$80,000	\$80,000	\$160,000

Agency Name	Existing Amount/New	2021 Contract Amount	Total Contract Amount
Creative Counseling of Milwaukee, LLC	\$359,000	\$816,000	\$1,175,000
D Taylor Properties	\$56,000	\$56,000	\$112,000
Devoted Heart 1	\$95,000	\$200,000	\$295,000
Dominion Behavioral Health Services, LLC	\$50,000	\$50,000	\$100,000
East Point Residential Facility, LLC*	\$116,000	\$139,000	\$255,000
Easter Seals Southeast WI, Inc.	\$428,000	\$518,000	\$946,000
Educates, LLC	\$50,000	\$50,000	\$100,000
Family Works	\$80,600	\$20,000	\$100,600
Forward Choices	\$72,000	\$60,000	\$132,000
Genesis Behavioral Services Inc.*	\$1,510,000	\$1,690,000	\$3,200,000
Girls Lovett	\$299,000	\$150,000	\$449,000
Goodwill Industries of Southeastern, Wisconsin, Inc.*	\$444,000	\$542,000	\$986,000
Great Lakes Dryhooch, Inc.*	\$308,000	\$234,000	\$542,000
Guest House of Milwaukee*	\$2,143,000	\$1,908,000	\$4,051,000
Helping Others Prosper Everyday	\$80,000	\$80,000	\$160,000
Hmong American Friendship/ Lo Neng Kiatoukysy	\$50,000	\$50,000	\$100,000
Home 4 the Heart	\$250,000	\$120,000	\$370,000
Impact Alcohol & Other Drug Abuse Services, Inc.*	\$125,000	\$497,160	\$622,160
In Home Behavioral Management Specialist	\$90,000	\$90,000	\$180,000
In Home Behavioral Health Management Specialist, LLC	\$90,000	\$90,000	\$180,000

Agency Name	Existing Amount/New	2021 Contract Amount	Total Contract Amount
Integration Healing Alivio Integral, LLC	\$50,000	\$50,000	\$100,000
Integrative Psyche	\$75,000	\$75,000	\$150,000
Honey Creek Counseling & Recovery Services, LLC	\$112,000	\$168,000	\$280,000
House of Love Youth Homes	\$250,000	\$160,000	\$410,000
ILIFE Management	\$115,000	\$115,000	\$230,000
Integration Healing Alivio	\$38,000	\$72,000	\$110,000
Integrity Residential Services	\$1,094,000	\$731,000	\$1,825,000
Jefferson Crest, LLC	\$590,000	\$590,000	\$1,180,000
Jewish Family Services, Inc.	\$229,000	\$475,000	\$704,000
JusticePoint, Inc.	\$4,672,000	\$3,680,400	\$8,352,400
Kajsiab Senior Center, Inc.	\$115,000	\$188,000	\$303,000
La Causa, Inc.*	\$2,726,000	\$2,184,000	\$4,910,000
Lutheran Social Services of Wisconsin and Upper Michigan	\$50,000	\$50,000	\$100,000
Matt Talbot Recovery Services, Inc.*	\$1,177,000	\$1,162,000	\$2,339,000
MCFI dba Whole Health Clinical Group*	\$8,350,000	\$8,072,000	\$16,422,000
MCFI Home Care, LLC*	\$324,000	\$331,000	\$655,000
Meditca Living	\$35,000	\$140,000	\$175,000
Men of Men	\$85,000	\$120,000	\$205,000
Mental Health America of Wisconsin, Inc.	\$135,000	\$4,356,000	\$4,491,000
Meta House, Inc.*	\$1,542,000	\$760,000	\$2,302,000
Mindstar Counseling, LLC	\$50,000	\$50,000	\$100,000

Agency Name	Existing Amount/New	2021 Contract Amount	Total Contract Amount
Milwaukee Recovery Associates, LLC dba Rosenberg Medical Clinic, LLC	\$50,000	\$118,000	\$168,000
Milwaukee Recovery Associates, LLC dba Rosenberg Medical Clinic, LLC	\$50,000	\$50,000	\$100,000
Miracle Home Health of Wisconsin, Mindy Myers	\$75,000	\$75,000	\$150,000
Moe's Transitional Living	\$300,000	\$200,000	\$500,000
Multicultural Community Services*	\$297,000	\$297,000	\$594,000
Muslim Community Center	\$90,000	\$90,000	\$180,000
Mystic Creek, LLC*	\$326,000	\$314,000	\$640,000
Navarro Professional Counseling Services, LLC	\$50,000	\$50,000	\$100,000
Navarro Professional Counseling Services, LLC	\$50,000	\$257,000	\$307,000
Next Chapter Living	\$200,000	\$300,000	\$500,000
North Shore Psychotherapy Associates	\$50,000	\$50,000	\$100,000
Our Safe Place, Inc.	\$250,000	\$213,000	\$463,000
Our Space, Inc.*	\$235,000	\$296,000	\$531,000
Outreach Community Health Centers, Inc.*	\$2,655,000	\$2,712,000	\$5,367,000
Positive Outlook Clinical Services, LLC	\$50,000	\$50,000	\$100,000
Positive Outlook Clinical Services, LLC	\$50,000	\$115,000	\$165,000
Professional Services Group, Inc.	\$626,000	\$821,000	\$1,447,000
Project Access, Inc.	\$4,090,000	\$6,260,000	\$10,350,000
Psychological Purposes	\$50,000	\$50,000	\$100,000
Sebastian Family Psychology Practice, LLC*	\$418,000	\$829,000	\$1,247,000
Sixteenth Street Clinic	\$90,000	\$90,000	\$180,000

Agency Name	Existing Amount/New	2021 Contract Amount	Total Contract Amount
SMILE, Inc.	\$90,000	\$90,000	\$180,000
St. Charles Youth & Family Services, Inc.*	\$108,000	\$322,000	\$430,000
Summit Wellness, Inc.	\$1,288,000	\$1,229,000	\$2,517,000
United Community Center*	\$2,498,000	\$1,852,000	\$4,350,000
Vital Voices for Mental Health, Inc.	\$68,800	\$68,800	\$137,600
Wisconsin Community Services, Inc.	\$5,409,000	\$6,829,360	\$12,238,360
Word of Hope Ministries, Inc.	\$109,000	\$109,000	\$218,000
Adkins Counseling Services, LLC	\$662,000	\$462,000	\$1,124,000
Alternatives in Psychological Consultation, S.C.	\$500,000	\$600,000	\$1,100,000
American United Cab	\$231,000	\$200,000	\$431,000
Anu Family Services, Inc.	\$650,000	\$650,000	\$1,300,000
Ascent for Life, Inc.	\$58,000	\$130,000	\$188,000
Bloom Center for Art and Integrated Therapies	\$82,000	\$75,000	\$157,000
Bracy Psychological Services & Stress Management	\$152,000	\$188,000	\$340,000
Butterflyz, LLC dba Home Away from Home	\$125,000	\$200,000	\$325,000
Children Service Society of Wisconsin	\$126,000	\$200,000	\$326,000
Community Harbor, LLC	\$162,000	\$250,000	\$412,000
Courage Initiative Limited, dba Courage MKE	\$80,000	\$150,000	\$230,000
Creative Counseling of Milwaukee, LLC	\$110,000	\$50,000	\$160,000
Dominion Behavioral Health Services, LLC	\$128,000	\$50,000	\$178,000
Eau Claire Academy	\$150,000	\$100,000	\$250,000
Educates, LLC	\$291,000	\$100,000	\$391,000
Family Options Counseling, LLC	\$340,000	\$350,000	\$690,000

Agency Name	Existing Amount/New	2021 Contract Amount	Total Contract Amount
Fresh Start Counseling Services	\$240,000	\$350,000	\$590,000
Genesee Community Services, LLC	\$688,000	\$600,000	\$1,288,000
GLOW Services, LLC	\$50,000	\$50,000	\$100,000
Grateful Girls, Inc.	\$212,000	\$180,000	\$392,000
Harmony Social Services, CPA Inc.	\$258,000	\$230,000	\$488,000
Willie Hopgood Social Services, LLC	\$475,000	\$450,000	\$925,000
House of Love Youth Homes, Inc.	\$300,000	\$150,000	\$450,000
Human Development Center, Inc.	\$1,144,000	\$250,000	\$1,394,000
Inspiring Young Woman, Inc.	\$154,000	\$350,000	\$504,000
Integrity Family Services, LLC	\$1,100,000	\$1,200,000	\$2,300,000
Journey House	\$190,000	\$150,000	\$340,000
La Causa, Inc.	\$290,000	\$300,000	\$590,000
Lad Lake, Inc.	\$2,694,180	\$2,000,000	\$4,694,180
Lutheran Social Services of Wisconsin and Upper Michigan, Inc.	\$450,000	\$205,000	\$655,000
M & S Clinical Services, Inc.	\$99,500	\$294,120	\$393,620
MCFI Home Care	\$75,000	\$30,000	\$105,000
MD Therapy, LLC	\$460,000	\$200,000	\$660,000
Milwaukee Academy (Clinicare Corporation)	\$620,000	\$1,000,000	\$1,620,000
Mindstar Counseling, LLC	\$210,000	\$200,000	\$410,000
Mt. Castle Transitional Living Services	\$610,000	\$700,000	\$1,310,000
Multi Cultural & Trauma & Addiction Treatment Center of WI, LLC	\$70,000	\$300,000	\$370,000
Navarro Professional Counseling Services, LLC	\$70,000	\$20,000	\$90,000
New CHOICES, LLC	\$280,000	\$240,000	\$520,000
New Horizon, Inc.	\$120,000	\$100,000	\$220,000

Agency Name	Existing Amount/New	2021 Contract Amount	Total Contract Amount
Norris, Inc.	\$560,000	\$1,000,000	\$1,560,000
Pathfinders Milwaukee, Inc.	\$123,000	\$20,000	\$143,000
Positive Outlook Clinical Services, LLC	\$60,000	\$60,000	\$120,000
Psychological Assessment Services, LLC	\$135,000	\$100,000	\$235,000
Psychological Purposes, LLC	\$90,000	\$130,000	\$220,000
Rae of Hope, LLC	\$50,000	\$240,000	\$290,000
Rawhide, Inc.	\$500,000	\$200,000	\$700,000
Revive Youth and Family Services, LLC	\$250,000	\$200,000	\$450,000
Riley's AFH	\$55,000	\$80,000	\$135,000
Rise Youth and Family Services, LLC	\$400,000	\$240,000	\$640,000
Riverstone Counseling & Crisis Services, LLC	\$1,305,500	\$500,000	\$1,805,500
Running Rebels Community Organization, Inc.	\$365,000	\$250,000	\$615,000
SaintA, Inc.	\$800,000	\$150,000	\$950,000
Sebastian Family Psychological Practice, LLC	\$1,279,000	\$400,000	\$1,679,000
Servant Manor, Inc.	\$625,000	\$600,000	\$1,225,000
St. Charles Youth & Family Services, Inc.	\$3,913,000	\$2,500,000	\$6,413,000
Thrive Treatment Services, LLC	\$605,000	\$550,000	\$1,155,000
Tomorrow's Future, LLC	\$310,000	\$250,000	\$560,000
V.I.C. Living Center, LLC	\$85,000	\$110,000	\$195,000
Whole Health Clinical Group	\$65,000	\$40,000	\$105,000
Wisconsin Community Services, Inc.	\$1,600,000	\$500,000	\$2,100,000
<b>TOTAL</b>	<b>\$85,160,730</b>	<b>\$92,385,240</b>	<b>\$177,545,970</b>

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

A handwritten signature in black ink, appearing to read 'Shakita LaGrant', positioned above a horizontal line.

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Shakita LaGrant, Director  
Department of Health and Human Services

cc: Maria Perez, Finance Chairperson

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

**DATE:** September 21, 2020

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

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

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

**Issue**

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health with a value of at least \$100,000. No such contract or contract amendment shall take effect until approved by the Milwaukee County Mental Health Board.

Per the above Statute, the BHD Administrator is requesting authorization to establish one (1) new “Employment Agreement” with one position currently on recruitment.”

**Discussion**

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

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

NEW AGREEMENT												
ITEM ID	HIGH/LOW ORG	POSITION	NO. POSITIONS	CURRENT		RECOMMENDED		INFORMATIONAL:			EFFECTIVE DATE (on or after)	
		JOB CODE / POSITION #		PAY RANGE	ANNUAL PAY RATE	PAY RANGE	ANNUAL PAY RATE	Market equitable alignment based on overall job duties/responsibilities, industry competition, competencies and education/experience requirements.				
EA2020-10A	6300/6405	11012000000008*	1	E013	Min	192,338	P027	Min	192,338	X	Immediate Recruitment Need.	2020-2021 SPECIFIC DATE TBD
					Mid	245,323		Mid	245,323	X	Retention	
					Max	298,126		Max	298,126	X	Industry shortage / high competition for profession	
					N/A			Not to exceed \$260,000.00		X	Other: Recruitment is in process with anticipated hire in December or January. Annual salary offered will be based on experience of candidate selected.	
<p>The individual practitioners entering into these agreements shall maintain current status as a benefit-eligible COUNTY EMPLOYEE, including ERS enrollment, and subject to all applicable County and BHD personnel policies and Civil Service rules, where applicable.</p> <p>*The salary associated with this classification is in the final stages of reallocation by DHR/Compensation. Therefore, Job Code/Position # may change from what is reflected above.</p> <p>Based on industry shortage and high competition, a recruitment/retention bonus may also be offered in some instances. All bonuses awarded shall be subject to conditions. Amount of bonus for above position(s), if determined to be eligible, <b>shall not exceed \$25,000 annually.</b></p> <p>In all cases, any funds identified through the Employment Agreement as a retention or other bonus shall not be considered eligible earnings under the Milwaukee County Pension Plan. Therefore, a retention or other bonus shall not affect in any manner any pension benefit under the Employee Retirement System (ERS), including, but not limited to, earnable compensation, final average salary, service credit, eligibility for a benefit or timing of a benefit.</p>												

### **Recommendation**

It is recommended that the Milwaukee County Mental Health Board approve entering into an "Employment Agreement" (contract) with the candidate that is selected for the above position for the recommended, not to exceed, total compensation amounts.

### **References**

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

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

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

### **Fiscal Effect**

The recommended compensation contained in this report will be partially grant funded and is further supported by currently funded and authorized positions within the Behavioral Health Division's 2020 and 2021 operating budgets. There is no tax levy associated with this request.

Respectfully Submitted,



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Michael Lappen, Administrator  
Behavioral Health Division

cc Maria Perez, Chairperson, Milwaukee County Mental Health Board Finance Committee  
Shakita LaGrant, Interim Director, Department of Health and Human Services  
John Schneider, MD, BHD Chief Medical Officer  
Dean Legler, Milwaukee County Director of Compensation and HRIS  
Matthew Fortman, DHHS/BHD Fiscal Administrator  
Lora Dooley, BHD Director of Medical Staff Services  
Jodi Mapp, BHD Senior Executive Assistant

1 By Supervisor Moore Omokunde

File No. 20-287

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**A RESOLUTION**

to modify the policy of the Department of Health and Human Services (DHHS) and other Departments to adopt the Wisconsin Caregiver Law for barrable offenses as part of the background check process for contract agency employees who provide direct care and services to youth, adhere to the State of Wisconsin Rehabilitation appeals review process, retain the County’s policy to recognize Wisconsin Chapter 948 Crimes Against Children as a barrable offense (for those offenses not already barred by the State Caregiver Law) and urge the Milwaukee County Mental Health Board which oversees the DHHS-Behavioral Health Division to adopt this policy

WHEREAS, many Milwaukee County Department of Health and Human Services (DHHS)employees and vendors serve as caregivers for families and youth in Milwaukee County; and

WHEREAS, a caregiver is defined by the Wisconsin Caregiver Law as a person who is employed by, under contract, or a volunteer that has direct contact with clients, client’s personal property or client information that is planned, scheduled or expected or periodic; and

WHEREAS, in April 1999, the Milwaukee County Board of Supervisors adopted File No. 99-233, a resolution that among other things, requires all County departments that contract for youth services and programs to complete background checks on those individuals providing services, to ensure they are not involved in criminal and gang activity, and designated certain offenses, including Chapter 948 of the Wisconsin Statutes – Crimes Against Children as barrable offenses, and two (2) or more misdemeanors involving separate incidences within the last three (3) years; and

WHEREAS, in May 2000, the Milwaukee County Board of Supervisors amended File No. 99-233 to separate and bar individuals for five (5) years who have committed crimes in violation of the Uniform Controlled Substances Act under Chapter 961 Wisconsin State Statutes, excluding simple possession, from those who have committed crimes against another individual(s) causing bodily harm or death who are permanently barred; and

39 WHEREAS, DHHS contracts with many vendors which employ individuals who  
40 provide direct care and services to youth and families in Milwaukee County that  
41 positively impact youth and their families; and

42  
43 WHEREAS, under the current background check policy automatic barrable  
44 offenses, with no rehabilitation appeal process, may prevent individuals from sharing  
45 relatable personal experiences that positively influence the attitudes and behaviors of  
46 at-risk youth and prevent those individuals from working with families in the county; and

47  
48 WHEREAS, the State of Wisconsin Department of Health Services  
49 Administrative Code, Chapter 12 – Caregiver Background Checks, allows for the  
50 Substantially Related Test to be utilized to allow convictions, such as for Domestic  
51 Violence, to be reviewed to determine if it should disqualify the individual for the position  
52 they hold; and

53  
54 WHEREAS, the State of Wisconsin under Wis. Stat. § 50.065(5c) permits an  
55 individual who has failed to demonstrate to the Wisconsin Department of Health  
56 Services that he or she has been rehabilitated has the right to appeal to the Secretary of  
57 Health Services and request a judicial case review; and

58  
59 WHEREAS, the State of Wisconsin outlines the required criteria that an individual  
60 must adhere to and submit to the department in Wis. Stat. § 50.065(5d); and

61  
62 WHEREAS, the State agency has 90 days to review the rehabilitation plan upon  
63 receipt, and unless disapproved by the department, the plan is considered approved;  
64 and

65  
66 WHEREAS, under the current policy Milwaukee County does not have  
67 rehabilitation review appeals process which would allow an individual convicted of a  
68 barred offense the opportunity to provide convincing evidence that he or she has been  
69 rehabilitated, even if the State has already granted a rehabilitation review request under  
70 the Caregiver Law guidelines; and

71  
72 WHEREAS, any individual who has been barred from working with youth under  
73 the Wisconsin Caregiver Law shall be granted the opportunity to prove to the State and  
74 the County that he or she has been rehabilitated, as individuals with prior convictions  
75 often have relevant experience(s) which youth may relate to, will help strengthen  
76 communities impacted by mass incarceration; now, therefore,

77 BE IT RESOLVED, the Milwaukee County Board of Supervisors hereby adopts a  
78 policy to amend the background check process for the Milwaukee County Department  
79 of Health and Human Services (DHHS) and other departments that provide services to  
80 youth directly or through contract vendors services, to adopt the barrable offenses  
81 outlined in the Wisconsin Caregiver Law and to accept the rehabilitation of any  
82 individual as determined by the State of Wisconsin's appeal process under Wis. Stat. §  
83 50.065; and

84

85 BE IT FURTHER RESOLVED, that Milwaukee County shall maintain Chapter  
86 948 Crimes Against Children as barrable offenses, whether also barred by the  
87 Wisconsin Caregiver Law or not, as part of the background check process for contract  
88 agency employees who provide direct care to youth, a copy of which is hereto attached  
89 to this file; and

90

91 BE IT FURTHER RESOLVED, that Milwaukee County shall also follow the State  
92 of Wisconsin Department of Health Services Administrative Code, Chapter 12 –  
93 Caregiver Background Checks, for any criminal convictions using the Substantially  
94 Related Test to provide greater uniformity and understanding by vendors; and

95

96 BE IT FURTHER RESOLVED, that the Department of Health and Human  
97 Services is requested to collaborate with the Office of Corporation Counsel to modify  
98 the current background check process to comport with the direction provided in this  
99 resolution for implementation as soon as practicable; and

100

101 BE IT FURTHER RESOLVED, the Department of Health and Human Services is  
102 requested to provide an informational report to the County Board on the status of this  
103 reform as soon as practical and is requested to submit the new policy to the Milwaukee  
104 County Mental Health Board for consideration and possible adoption to ensure a  
105 uniform policy that comports with the State Caregiver Law and appeal process except  
106 for those Chapter 948 offenses barred only by the County.

<b>Milwaukee County</b> <b>Department of Health &amp; Human Services</b>	Date Issued: October 23 2014	Reviewed: By: DHHS Contract Admin	Section: <b>ADMINISTRATION</b>	Policy No: <b>DHHS          001</b>	Pages: <b>1 of 5</b> (5 Attachments)
<input checked="" type="checkbox"/> Behavioral Health Division (BHD) <input checked="" type="checkbox"/> Housing Division (Housing) <input checked="" type="checkbox"/> Disabilities Services Division (DSD) <input checked="" type="checkbox"/> Division of Youth & Family Services (DYFS) <input checked="" type="checkbox"/> Management Services Division (MSD)	Effective Date: <b>October 23, 2014</b>  Revise Date: <b>June 30, 2020</b>	Subject: <b>CAREGIVER BACKGROUND CHECKS / AMENDED MILWAUKEE COUNTY RESOLUTION</b>			

## I. POLICY

It is the policy of Milwaukee County Department of Health & Human Services (DHHS) that a **Caregiver Background Check (CBC)** be completed on all applicable caregivers/staff/employees/volunteers/interns, as defined within this policy. This policy applies to **all** DHHS contractors or service providers having reimbursable or non-reimbursable agreements including agencies/organizations with which DHHS has Purchase of Service contract(s), Fee-for-Service Agreement(s), Professional Service Agreement(s), Procurement or Price Agreement(s) or Memorandum(a) of Understanding. The results of the CBC must meet the requirements as stated under Wisconsin Caregiver Law (see *Attachment 1 – Chapter DHS 12 Caregiver Background Checks* and the amended Milwaukee County Caregiver Resolution, File No. 20-287 (see *Attachment 2*)).

**OTHER POLICY REFERENCES** (includes Add-Delete procedure, and CBC submission protocol)

\*Providers of DYFS, DSD, Housing, and MSD – refer to “Staff Roster and Add-Delete Procedure, Policy No. 800-004”  
<https://county.milwaukee.gov/EN/DHHS/Provider-Portal>

### **BHD:**

\*Providers of CARS – refer to “Contracted Agency Staff Add-Drop Procedure”  
<http://milwaukeebhd.policystat.com/?lt=qhaRCXS6xPmzmujl7g3RdN>

\*Providers of Wraparound Milwaukee – refer to “Provider Add, Drop and Record Maintenance, Policy No. 035”  
<http://wraparoundmke.com/wp-content/uploads/2013/07/Provider-Add-Drop-and-Record-Maintenance.pdf> and  
 “PROVIDER AGENCY RESPONSIBILITIES / GUIDELINES, Policy No. 054”  
<http://wraparoundmke.com/wp-content/uploads/2013/07/054-Provider-Agency-Responsibilities-Guidelines.pdf>

## II. DEFINITIONS

- A. **Caregiver/Employee/Volunteer** – a person who meets all of the following:
1. Is employed by, under contract with an entity, volunteer or intern.
  2. Has regular, direct contact with or access to the entity’s clients, their personal property, or client information.
  3. Is under the entity’s control.

### **A Caregiver is also a person who is one of the following:**

1. The owner or administrator of an entity, whether or not they have regular, direct contact with clients.
2. A board member or corporate officer that has regular, direct contact with clients.

- B. **Regular Contact** –contact that is planned, scheduled, expected or periodic.

- C. **Direct Contact** –face-to-face proximity to a client that affords the opportunity to commit abuse or neglect of a client or misappropriation of a client’s property.

## II. DEFINITIONS (cont'd)

- D. **Under the Entity's Control** – a person employed by or under contract with the entity for whom the entity does both of the following:
1. Determines whether a person employed by or under contract with the entity that has access to clients may provide care, treatment or other similar support service functions to clients being served by the entity.
  2. Directs or oversees one or more of the following:
    - a) The policy or procedures the person must follow in performing his or her duties as a caregiver/employee.
    - b) The conditions under which the person performs his or her duties.
    - c) The tasks performed by the person.
    - d) The person's work schedule.
    - e) The supervision or evaluation of the person's work or job performance, including imposing discipline or awarding performance awards.
    - f) The compensation the person may receive for performing his or her duties as a caregiver/employee.
- E. **"Provider"** – an agency, organization or individual with whom a DHHS contract, agreement or Memoranda of Understanding has been executed.
- F. **"Direct Service Provider"** (DSP) – Provider employee, volunteer, paid or unpaid intern, Independent Service Provider or subcontractor, who provides direct care and/or Covered Services to a Participant/Service Recipient on behalf of a Provider, for which the Provider receives compensation from the Purchaser under the agreement.
- G. **"Indirect Staff"** - is an employee, individual independent contractor or subcontractor who is not a DSP, but is associated with Covered Services as a supervisor, billing staff, case records and/or quality assurance worker, and/or is someone (i.e.: volunteer) who has access to clients, client property, and/or client information of Service Recipients. Agency owner, President, CEO, Executive Director, and/or Senior Staff are considered Indirect Staff if reporting to work at a site where Covered Services are provided.

## III. PROCEDURE

- A. **Prior to the provision of service**, a CBC must be completed on all DSP and Indirect Staff as required by the State of Wisconsin Caregiver Law.
- B. **A complete CBC consists of the three following required documents:**
1. A completed Background Information Disclosure (BID) form (*must use current DHS BID F-82064 <https://www.dhs.wisconsin.gov/library/F-82064.htm>*). The initial BID must be dated no more than 90 days prior to the start of service. *All BID's (typed or handwritten) must contain a handwritten signature of the applicant. An electronic signature system date stamped is acceptable per required guidelines mentioned elsewhere in the contract.*
  2. A response from the Department of Justice (DOJ) Wisconsin Criminal History Record Request consisting of either a "no record found" response or a criminal record transcript (*see Attachment 4 – Sample DOJ*).
  3. A response letter (Caregiver Background Check) from the Department of Health Services (DHS) that reports the person's status, including administrative finding or licensing restrictions (*see Attachment 5 – Sample DHS Letter*).
  4. **Optional:** Conviction records through the Wisconsin Circuit Court Access (WCCA) system, formerly known as CCAP, online at <http://wcca.wicourts.gov> and may consider convictions found through WCCA which may or may not appear through the Wisconsin Criminal History Records Request process (the DOJ report).
- C. If providing **direct care and services to children and/or youth**, qualified agency personnel are responsible for closely examining the results of the Caregiver Background Checks for criminal convictions or findings of misconduct by a governmental agency; and to make employment decisions in accordance with the requirements and prohibitions in the law and in the AMENDED MILWAUKEE COUNTY CAREGIVER RESOLUTION.

### III. PROCEDURE (cont'd)

- D. **All copies of ALL** Background Check information must be kept in the DSP or Indirect Staff's personnel file or other file for the **most recent five-year** period, for the express purpose of retaining all required CBC information.
- E. Agency shall have a **written policy** that is communicated to all DSP's and Indirect Staff upon hire, and annually thereafter, requiring immediate (*within 24 hours of the event*) notification to Agency of any new arrests, charges, or convictions. Communication of this policy shall be documented with the employee's signature and kept in the employee file. Upon notification from caregiver/employee/volunteer/intern to Agency as described above, Agency shall notify respective Network (BHD - [bhdproviders@milwaukeecountywi.gov](mailto:bhdproviders@milwaukeecountywi.gov) or DHHS [dhscbc@milwaukeecountywi.gov](mailto:dhscbc@milwaukeecountywi.gov)) within one (1) business day.
- F. RESPECTIVE NETWORK or DHHS may also request from provider or obtain conviction records through the [Wisconsin Circuit Court Access \(WCCA\) system, formerly known as CCAP](http://wcca.wicourts.gov), online at: <http://wcca.wicourts.gov>, and may consider convictions found through WCCA which may or may not appear through the Wisconsin Criminal History Records Request process (the DOJ report).

### IV. REQUIREMENTS

- A. **Within 90 days prior** to the provision of services, agencies shall conduct Background Checks at their own expense on all applicable staff/DSP's/Indirect Staff. Background Checks conducted at other agencies where individual may have been employed/volunteered are **NOT** transferrable to the new potential employer.
- B. After the initial Background Check, Providers are required to conduct a new Background Check **every four years** (*every four years means to the date of the last Background Check – i.e., if a Background Check was completed on 1/16/10, the next Check must be completed prior to or on the date of 1/16/14*), OR at any time within that period when Agencies have reason to believe that a new check should be obtained, or as often as is necessary to ensure that Individual Direct Service Providers and/or Indirect Staff have suitable backgrounds and are free of any barred convictions at all times that services are delivered.
- C. Agencies must obtain a Background Check from the previous State of residence if any prospective staff has been living in the State of Wisconsin for less than three (3) years either by obtaining the record from the other state, National Check or by obtaining a FBI fingerprint check.

Note: out-of-state checks are not available from all states – some are considered “closed” states. In these cases, FBI check must be obtained. National Criminal Search may be substituted for FBI check (“open” states only). Details for obtaining an FBI fingerprint check can be found at <http://www.doj.state.wi.us/dles/cib/cib-forms>.

- D. **A Background Check (all 3 parts) of a potential new staff that reveals any criminal history, regardless of the disposition or any finding of licensure restriction, denial or revocation, must be sent to the respective Network or DHHS with the Add Request Form before that individual will be approved to provide services or have indirect contact with clients.**
- E. If a disposition of a criminal charge is not given (*other than “pending” or “open”*), the disposition must be obtained by the Provider by contacting the Milwaukee County Clerk of Courts ~ fax: (414) 454-4074. If an “open or pending” charge would affect staff's ability to enter the Network or DHHS will suspend consideration until resolution of the charge. Once the disposition is final, it is the responsibility of the agency to provide the Network or DHHS with the final disposition (if agency still considering New Hire).

IV. REQUIREMENTS (cont'd)

- F. Agencies must notify the RESPECTIVE NETWORK (BHD - [bhdproviders@milwaukeecountywi.gov](mailto:bhdproviders@milwaukeecountywi.gov)) or DHHS ([dhscbc@milwaukeecountywi.gov](mailto:dhscbc@milwaukeecountywi.gov)) **within one business day** to when any of the following occurs with one of their employees, DSP, Indirect Staff, owners, directors, etc.
- The person has been charged with or convicted of any crime.
  - The person has been or is being investigated for any act, offense or omission, including abuse, neglect or misappropriation.
  - The person has a substantiated finding of abuse, neglect or misappropriation.
  - The person has been denied a license or had their license restricted or otherwise limited.

G. The Caregiver Background Check, review of criminal convictions, includes the following:

- For any barred offense per *Wis. Stat. § 50.065* (See Attachment 5 for List of Barred Offenses: Table I (serving individuals 18 years of age or older) and Table II (serving individuals under age 18), and
- Additionally, for caregivers providing direct care to children and youth, review for any Wis. Stats. Chapter 948 offenses whether or not covered by state barred offense list (See Attachment 2, Amended Milwaukee County Resolution, File 20-287), and
- Substantially Related Test (DHS 12.06, and section IV, H. of this Policy).

DHHS will accept findings of rehabilitation of any individual as determined by the State of Wisconsin's appeal process under *Wis. Stat. § 50.065*.

- H. In addition to compliance with Caregiver Background Checks and the amended Milwaukee County Caregiver Resolution, provider agency will also consider conviction history of any candidate before requesting to add as a DSP and/or Indirect Staff to determine suitability based on a substantially related offense test as described in DHS 12.06 ([https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/001/12.pdf](https://docs.legis.wisconsin.gov/code/admin_code/dhs/001/12.pdf)).

In the following instances, provider agency shall obtain a copy of the Criminal Complaint and Judgment of Conviction from the Clerk of Court's Office, to determine whether a conviction is substantially related to care of a client:

- Any recent (within 5 years) misdemeanor criminal convictions as listed in 50.065 Wis Stats; i.e. battery, disorderly conduct, invasion of privacy, harassment; etc. or,
- Any felony convictions (within 5 years); or
- Any charges with open dispositions (for offenses that would possibly affect the provider's ability to enter the Network or DHHS)

This documentation shall be retained in the personnel file and submitted to the Respective Network or DHHS upon request. When requested, the respective Network and/or DHHS will conduct an administrative review, on a case-by-case basis, to determine whether an offense is substantially related. The respective Network and/or DHHS reserves the right to make final determination regarding conviction records and whether a conviction is substantially related to the Covered Service in question.

Agency should take into consideration the following when making a **substantially related** determination:

- Severity of past convictions.
- Number of past convictions.
- Patterns of past criminal behavior.
- Duration of time between the first charge/conviction and the last charge/conviction (*i.e., does the person have a criminal history that spans 2 years or 20 years*).
- Time frame between the last charge/conviction and current date (*i.e., were they last charged/ convicted of a crime 1 year ago or 18 years ago*).
- Specific convictions and their relevance to performing the job/position being applied for.

- I. Agencies shall not assign any staff to conduct work under the agreement who does not meet the requirements of the Wisconsin Caregiver Laws and the amended Milwaukee County Caregiver Resolution, File No. 20-287.

### For References and more Information

Please see Wisconsin Department of Health Services (DHS) 12 "Caregiver Background Checks," ss. 48.685 "Children's Code" and 50.065 "Uniform Licensure" of Wisconsin Statutes.

DHS Caregiver Program -> <http://www.dhs.wisconsin.gov/caregiver/>

Wisconsin Caregiver Program Manual -> <https://www.dhs.wisconsin.gov/library/P-00038.htm>

### **Attachments:**

1. DHS 12 – Caregiver Background Checks
2. Amended Milwaukee County Caregiver Resolution File No. 20-287
3. *Sample DOJ*
4. *Sample DHS Letter*  
\*BID form not attached - (use **current version** DHS F-82064 Background Information Disclosure - <https://www.dhs.wisconsin.gov/library/F-82064.htm>)
5. WI Caregiver Program Offenses Affecting Caregiver Eligibility (Offense List)

## Chapter DHS 12

## CAREGIVER BACKGROUND CHECKS

**Subchapter I — General Provisions**

DHS 12.01 Authority and purpose.  
DHS 12.02 Applicability.  
DHS 12.03 Definitions.

**Subchapter II — Background Checks**

DHS 12.04 Contracting for background checks.  
DHS 12.05 Sanctions.  
DHS 12.06 Determining whether an offense is substantially related to client care.  
DHS 12.07 Reporting background changes and nonclient residency.

DHS 12.08 Armed forces background searches.  
DHS 12.09 Transmittal of background check information.  
DHS 12.10 Maintaining confidentiality of background information disclosure forms.  
DHS 12.11 Supervision pending receipt of caregiver background checks.  
DHS 12.115 Personal care services, disclosure of convictions.

**Subchapter III — Rehabilitation Review**

DHS 12.12 Rehabilitation process for persons who have committed certain offenses.

**Note:** Chapter HFS 12 was repealed and recreated as an emergency rule effective February 13, 2000. Chapter HFS 12 as it existed August 31, 2000 was repealed and recreated, Register, August, 2000, effective September 1, 2000. Chapter HFS 12 was renumbered chapter DHS 12 under s. 13.92 (4) (b) 1., Stats., and corrections made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635.

**Note:** This chapter applies to Department of Health Services and Department of Children and Families programs until such time as each of the departments can adopt separate rules.

**Subchapter I — General Provisions**

**DHS 12.01 Authority and purpose.** This chapter is promulgated under the authority of s. 48.685 (1) (ag) 1. a., (2) (d), (4), (5) (a), (6) (b) and (c), Stats.; and s. 50.065 (1) (ag) 1. a., (2) (d), (4), (5), (6) (b) and (c), Stats.; and s. 227.11 (2), Stats., to protect from harm clients served by department-regulated programs, children placed in foster homes licensed by county departments of social or human services or private child-placing agencies or children who are being adopted, and children served in day care programs contracted by local school boards under s. 120.13 (14), Stats., by requiring uniform background information screening of persons regulated and persons who are employees of or under contract to regulated entities or who are nonclient residents of regulated entities.

**Note:** Administrative rules governing county certified day care centers appear in ch. DCF 202.

**History:** Cr. Register, August, 2000, No. 536, eff. 9-1-00; correction made under s. 13.92 (4) (b) 7., Stats., Register June 2009 No. 642.

**DHS 12.02 Applicability. (1) SCOPE.** (a) *Persons and agencies affected.* This chapter applies to the department; to applicants for regulatory approval from the department; to persons, agencies and entities that have received regulatory approval from the department; to county department and child-placing agencies that license foster homes and approve applications for adoption home studies; to foster home license applicants and licensees and applicants for an adoption home study; to school boards that establish or contract for daycare programs under s. 120.13 (14), Stats., and to applicants and persons under contract to a school board to operate a day care program under s. 120.13 (14), Stats.

(b) *Entities covered.* The entities subject to this chapter are those regulated under: chs. DHS 34, 35, 36, 40, 61, 63, 75, 82, 83, 85, 88, 89, 105, 110, 124, 127, 131, 132, 133, and 134, and chs. DCF 52, 54, 56, 57, 59, 250, 251, and 252, any other direct client care or treatment program that may be licensed or certified or registered by the department.

**History:** Cr. Register, August, 2000, No. 536, eff. 9-1-00; corrections in (1) (b) made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635; CR 10-091: am. (1) (b) Register December 2010 No. 660, eff. 1-1-11; correction in (1) (b) made under s. 13.92 (4) (b) 7., Stats., Register July 2011 No. 667; correction in (1) (b) made under s. 13.92 (4) (b) 7., Stats., Register August 2011 No. 668.

**Note:** This chapter applies to department of health services and department of children and families programs until such time as each of the departments can adopt separate rules.

**DHS 12.03 Definitions.** In this chapter:

(1) "Adoption home study" means an evaluation of a prospective adoptive family under ch. DCF 51 or 54.

(2) "Agency" means the department, a county department or a school board or a child welfare agency licensed under s. 48.60, Stats., as a child-placing agency.

(3) "Background information disclosure form" means the department's form, F-82064, on which a person provides certain information concerning the person's background.

(4) "Bar" means, as a noun, that a person is not permitted to receive regulatory approval, or be employed as a caregiver by or under contract with an entity, or to reside as a nonclient at an entity.

(5) "Caregiver" has the meaning specified in s. 48.685 (1) (ag) or 50.065 (1) (ag), Stats., whichever is applicable.

(6) "Client" means a person who receives direct care or treatment services from an entity. For the purposes of this chapter, "client" includes an adopted child for whom an adoption assistance payment is being made under s. 48.975, Stats.

(7) "Contractor" has the meaning specified in ss. 48.685 (1) (ar) and 50.065 (1) (bm), Stats.

(8) "County department" means a county department of social services established under s. 46.215 or 46.22, Stats., or a county department of human services established under s. 46.21 (2m) or 46.23, Stats.

(9) "Department" means the Wisconsin department of health services.

**Note:** This chapter applies to department of health services and department of children and families programs until such time as each of the departments can adopt separate rules.

(10) "Direct contact" has the meaning specified in ss. 48.685 (1) (ar) and 50.065 (1) (br), Stats.

(11) "Entity" has the meaning specified in s. 48.685 (1) (b) or 50.065 (1) (c), Stats., whichever is applicable.

(12) "Foster home" means any facility operated by a person required to be licensed under s. 48.62 (1), Stats., in which care and maintenance are provided for no more than 4 foster children, or, if all are siblings, for no more than 6 children, and also includes a treatment foster home that also provides structured professional treatment by trained individuals, and a home licensed for placement of children for adoption under s. 48.833, Stats., for whom adoption assistance will be provided under s. 48.975, Stats.

**Note:** The term "treatment foster home" no longer appears in the statutes.

(13) "Hospital" means a facility approved as a hospital under s. 50.35, Stats.

(14) "Nonclient resident" has the meaning specified in ss. 48.685 (1) (bm) and 50.065 (1) (cn), Stats.

(15) "Personal care services" has the meaning given in s. 50.065 (1) (cr), Stats.

(16) "Regular" means, in terms of direct contact with clients, contact that is scheduled, planned, expected, or otherwise periodic.

**(17) "Regulatory approval" means:****(a) For purposes of s. 48.685, Stats., any of the following:**

1. Issuance by the department of a license or certification or the continuation or renewal of a license or certification, or approval of a prospective adoptive parent application for a home study.

2. Issuance or renewal by a county department or child-placing agency of a foster home or treatment foster home license under s. 48.62 or 48.75, Stats., including a home licensed for placement of children for adoption under s. 48.833, Stats., for whom adoption assistance will be provided under s. 48.975, Stats., and includes approval of pre-adoptive applicants who contract for a home study with a licensed private child placing agency for approval of a placement of a child for adoption.

Note: Administrative rules governing county certified day care centers appear in ch. DCF 202.

Note: The term "treatment foster home" no longer appears in the statutes. See also the note to s. DHS 12.03 (22).

3. Approval by a school board under s. 120.13 (14), Stats., of day care services established by or contracted with a day care provider.

(b) For purposes of s. 50.065, Stats., issuance by the department of an entity license, certification, certificate of approval or registration, or approval by the department of the continuation of an entity license, certification, certificate of approval or registration.

**(18) "Rehabilitation review" refers to an agency or tribal process where a person who is eligible under s. 48.685 (5) (a) or 50.065 (5), Stats., may seek the removal of a bar from regulatory approval, from employment as a caregiver at or contracting with an entity, or from residency at an entity.**

**(19) "School board" means the school board or board of school directors in charge of the schools of a school district.**

**(20) "Serious crime" has the meaning specified in s. 48.685 (1) (c) or 50.065 (1) (e), Stats., whichever is applicable.**

**(20m) "Substitute caregiver" means, with respect to a client who is receiving personal care services in the client's residence, an individual who provides personal care services to the client for 7 or fewer days in a 90-day period.**

**(21) "Supportive home care service agency" means a home health agency licensed under s. 50.49, Stats., and ch. DHS 133.**

**(22) (a) "Treatment foster home" means a family-oriented facility operated by a person or persons required to be licensed under s. 48.62 (1) (b), Stats., in which treatment, care and maintenance are provided for no more than 4 foster children.**

(b) "Treatment foster home" includes a placement for adoption under s. 48.833, Stats., of a child for whom adoption assistance will be provided under s. 48.975, Stats., after adoption is finalized.

(c) "Treatment foster home" does not include a shift-staffed facility, except as permitted under s. DCF 38.02 (2) (d).

Note: Section 48.62 (1) (b), Stats., was repealed. The term "treatment foster home" no longer appears in the statutes.

**(23) "Tribal governing body" means an elected tribal governing body of a federally recognized American Indian tribe.**

**(24) "Tribe" has the meaning specified in s. 50.065 (1) (g), Stats.**

**(25) "Under the entity's control" means an entity does all of the following:**

(a) Determines whether a person employed by or under contract with the entity who has direct, regular contact with clients served by the entity may provide care, treatment, or other similar support service functions to clients.

**(b) Directs or oversees one or more of the following:**

1. The policies or procedures the person must follow in performing his or her duties.

2. The conditions under which the person performs his or her duties.

3. The tasks the person performs.

4. The person's work schedule.

5. The supervision or evaluation of the person's work or job performance, including imposing discipline or awarding performance awards.

6. The compensation the person receives for performing his or her duties.

History: Cr. Register, August, 2000, No. 536, eff. 9-1-00; correction in (12) made under s. 13.93 (2m) (b) 7., Stats., Register, April, 2001, No. 544; corrections in (1), (3), (9), (15), (21) and (22) (c) made under s. 13.92 (4) (b) 6. and 7., Stats., Register November 2008 No. 635; EmR0832; emerg. r. and rec. (15), cr. (20m), eff. 11-1-08; CR 08-098: r. and rec. (15), cr. (20m) Register June 2009 No. 642, eff. 7-1-09; correction in (24) made under s. 13.92 (4) (b) 7., Stats., Register December 2010 No. 659.

**Subchapter II — Background Checks****DHS 12.04 Contracting for background checks.**

**(1) An entity may enter into and shall retain an agreement or contract with any entity identified under s. 48.685 (1) (b) or 50.065 (1) (c), Stats., or with any college, or university, including any vocational or technical college or school, or temporary employment agency or other person, to have the entity, school, temporary employment agency, or other person obtain and retain required background information related to caregivers, including contractors, students, or temporary employees, who, as part of their curriculum, must participate in clinical or practicum experiences at an entity.**

**(2) An entity that enters into an agreement or contract under sub. (1) shall obtain, at a minimum, from the other entity, university, college or technical school, temporary employment agency, or other person contracted with, and shall retain so that it may be promptly retrieved for inspection by the agency, a letter indicating the name or names and social security numbers, if available, of the caregivers, including temporary employees, contractors, or students, listing any convictions learned of during the course of the required background checks, along with any substantiated findings of misconduct, licensure denial or restriction or any other credential limitation found by either the department or the department of safety and professional services.**

Note: To obtain a master copy of the F-82064 Background Information Disclosure Form, in order to reproduce it, either download the form from the department's internet web site at [www.dhs.wisconsin.gov/caregiver/index.htm](http://www.dhs.wisconsin.gov/caregiver/index.htm), or you may request a copy of the form from the agency that regulates your entity.

Note: The only persons who may access information maintained by a county department regarding a substantiated report of child abuse or neglect against a person are those identified in s. 48.981 (7), Stats.

History: Cr. Register, August, 2000, No. 536, eff. 9-1-00; correction in (2) made under s. 13.92 (4) (b) 6., Stats., Register February 2012 No. 674.

**DHS 12.05 Sanctions. (1) SANCTIONABLE ENTITY ACTIONS. An entity that commits any of the following acts may be subject to any of the sanctions specified in sub. (2):**

(a) Hires, employs, or contracts with a caregiver, or permits to reside at an entity a nonclient resident, where the entity knows or should have known the caregiver or nonclient resident is barred under s. 48.685 (4m) (b) or 50.065 (4m) (b), Stats.

(b) Violates any provision of initial background information gathering or periodic background information gathering required by s. 48.685 or 50.065, Stats.

**(2) ENTITY SANCTIONS. Any of the following sanctions may be imposed on any entity that commits any of the acts described in sub. (1):**

(a) A forfeiture not to exceed \$1,000.

(b) A requirement that the entity submit to the agency a written corrective action plan specifying corrections that will be made to the identified personnel screening practices needing correction and that the entity implement the plan.

(c) At entity expense, attendance at agency-designated personnel screening training or other appropriate training.

(d) Specific conditions or limitations placed on the license, certification or registration or on a school board-issued contract,

including denial, revocation, nonrenewal or suspension of regulatory approval issued by the department, or denial, nonrenewal or termination by a school board of a contract with a day care provider under s. 120.13 (14), Stats.

(e) For a person licensed to operate a child welfare agency, shelter care facility, group foster home or day care facility, any sanction or penalty described in s. 48.715, Stats.

(f) A requirement that the entity use, at entity expense, a temporary employment agency for screening and hiring personnel.

(3) **SANCTIONABLE INDIVIDUAL ACTIONS.** Any person who is required to complete a background information disclosure form and who commits any of the following actions may be subject to any of the sanctions specified in sub. (4):

(a) Fails to complete and submit the background information disclosure form to the appropriate agency or entity.

(b) Knowingly gives false information on or knowingly omits information from the background information disclosure form submitted to an agency or entity.

(c) After submitting a background information disclosure form to an agency or entity, subsequently fails to report any information about a conviction for a crime or other act or offense requested on the background information disclosure form, about a substantiated finding of abuse or neglect or a client or of misappropriation of a client's property, or, in the case of a position for which the person must be credentialed by the department of safety and professional services, about a licensure denial, restriction, or other license limitation by either the department or the department of safety and professional services.

(4) **INDIVIDUAL SANCTIONS.** All of the following sanctions may be imposed by an agency on any person who commits any of the acts described in sub. (3):

(a) A forfeiture not to exceed \$1,000.

(b) Denial or revocation of regulatory approval or the termination of a contract.

(c) Denial or termination of eligibility to reside at the entity.

(d) Special conditions or limitations placed upon the person, including restriction to an off-premises location during business hours or otherwise restricting the person's contact with clients.

**History:** Cr. Register, August, 2000, No. 536, eff. 9-1-00; correction in (3) (c) made under s. 13.92 (4) (b) 6., Stats., Register February 2012 No. 674.

**DHS 12.06 Determining whether an offense is substantially related to client care.** To determine whether a crime or a delinquency adjudication under s. 48.685 (5m) or 50.065 (5m), Stats., is substantially related to the care of a client, the agency or entity may consider all of the following:

(1) In relation to the job, any of the following:

(a) The nature and scope of the job's client contact.

(b) The nature and scope of the job's discretionary authority and degree of independence in judgment relating to decisions or actions that affect the care of clients.

(c) The opportunity the job presents for committing similar offenses.

(d) The extent to which acceptable job performance requires the trust and confidence of clients or a client's parent or guardian.

(e) The amount and type of supervision received in the job.

(2) In relation to the offense, any of the following:

(a) Whether intent is an element of the offense.

(b) Whether the elements or circumstances of the offense are substantially related to the job duties.

(c) Any pattern of offenses.

(d) The extent to which the offense relates to vulnerable clients.

(e) Whether the offense involves violence or a threat of harm.

(f) Whether the offense is of a sexual nature.

(3) In relation to the person, any of the following:

(a) The number and type of offenses the person committed or for which the person has been convicted.

(b) The length of time between convictions or offenses, and the employment decision.

(c) The person's employment history, including references, if available.

(d) The person's participation in or completion of pertinent programs of a rehabilitative nature.

(e) The person's probation or parole status.

(f) The person's ability to perform or to continue to perform the job consistent with the safe and efficient operation of the program and the confidence of the clients served including, as applicable, their parents or guardians.

(g) The age of the person on the date of conviction or dates of conviction.

**Note:** A person refused employment or who has had his or her employment terminated and believes he or she may have been discriminated against, may file a complaint under s. 111.335, Stats., with the Equal Rights Division, Department of Workforce Development, P.O. Box 8928, Madison, WI 53708-8928 or telephone 608-266-6860.

**History:** Cr. Register, August, 2000, No. 536, eff. 9-1-00; CR 10-091: am. (intro.) Register December 2010 No. 660, eff. 1-1-11.

**DHS 12.07 Reporting background changes and nonclient residency.** (1) An entity shall include in its personnel or operating policies a provision that requires caregivers to notify the entity as soon as possible, but no later than the person's next working day, when any of the following occurs.

(a) The person has been convicted of any crime.

(b) The person has been or is being investigated by any governmental agency for any other act, offense, or omission, including an investigation related to the abuse or neglect, or threat of abuse or neglect, to a child or other client, or an investigation related to misappropriation of a client's property.

(c) The person has a governmental finding substantiated against them of abuse or neglect of a client or of misappropriation of a client's property.

(d) In the case of a position for which the person must be credentialed by the department of safety and professional services, the person has been denied a license, or the person's license has been restricted or otherwise limited.

(2) When any of the following occurs relative to a signatory or other legal party to the entity application for regulatory approval or under which a contract under s. 120.13 (14), Stats., is signed, or relative to a nonclient resident at the entity, an entity shall, as soon as possible, but no later than the regulatory agency's next business day, report the information to the agency that gave regulatory approval, or the school board with which the day care entity contracts under s. 120.13 (14), Stats.

(a) The person has been convicted of any crime.

(b) The person has been or is being investigated by any governmental agency for any other act, offense, or omission, including an investigation related to the abuse or neglect, or threat of abuse or neglect, to a child or other client, or an investigation related to misappropriation of a client's property.

(c) The person has a governmental finding substantiated against them of abuse or neglect of a client or of misappropriation of a client's property.

(d) In the case of a position for which the person must be credentialed by the department of safety and professional services, the person has been denied a license, or the person's license has been restricted or otherwise limited.

(3) When a person begins residing at or is expected to reside at an entity, or the signatory for licensure changes, the entity shall, as soon as possible, but no later than the regulatory agency's next business day, report the residency, expected residency, or signatory change to the agency that gave regulatory approval or to the school board that the day care entity contracts with under s. 120.13 (14), Stats., and submit to the regulatory agency a completed

background information disclosure form for the new nonclient resident or new signatory.

**History:** Cr. Register, August, 2000, No. 536, eff. 9-1-00; corrections in (1) (d), (2) (d) made under s. 13.92 (4) (b) 6., Stats., Register February 2012 No. 674.

**DHS 12.08 Armed forces background searches.** If a person who is the subject of a background search under s. 48.685 or 50.065, Stats., served in a branch of the U.S. armed forces, including any reserve component, within the last 3 years, the agency or entity shall make a good faith effort to obtain the discharge status of that person, either from the discharge papers issued to the person or from the armed forces branch in which the person served. If the discharge status is other than honorable, the agency or entity shall obtain information on the nature and circumstances of the discharge.

**History:** Cr. Register, August, 2000, No. 536, eff. 9-1-00; CR 10-091: am. Register December 2010 No. 660, eff. 1-1-11.

**DHS 12.09 Transmittal of background check information.** (1) When an entity sends a required background information disclosure form to the department under s. 48.685 (3) (a), Stats., the entity shall include in the transmittal all the following:

(a) Any reason for denial or revocation of a license or denial of an adoption application.

(b) The date of the license denial or revocation or adoption application denial.

(2) A child-placing agency or county department shall provide the department with written information about each person to whom the child-placing agency or county department denies a license or adoption home study approval for a reason specified in s. 48.685 (4m) (a), Stats., including all the following:

(a) The reason for denial or revocation of a license or denial of adoption application.

(b) The date of the license denial or revocation or adoption application denial.

**Note:** Send the information required in subs. (1) and (2) to the Bureau of Regulation and Licensing, Division of Children and Family Services, P. O. Box 8916, 1 West Wilson Street, Madison, WI 53708-8916.

(3) In addition to the persons specified in s. 48.685 (6) (b) 2., Stats., an entity shall send a completed background information disclosure form to the county department for a person who is licensed or an adoptive parent applicant studied by a county department.

(4) In addition to the persons specified in s. 48.685 (6) (b) 3., Stats., an entity shall send a completed background information disclosure form to the child-placing agency for a person who is in a home studied for adoptive parent applicant approval.

**History:** Cr. Register, August, 2000, No. 536, eff. 9-1-00.

**DHS 12.10 Maintaining confidentiality of background information disclosure forms.** Agencies and entities shall retain all required completed department background information forms in a manner that ensures prompt retrieval of the forms for inspection and shall comply with applicable federal and state confidentiality laws.

**History:** Cr. Register, August, 2000, No. 536, eff. 9-1-00.

**DHS 12.11 Supervision pending receipt of caregiver background checks.** Entity supervision required under ss. 48.685 (4m) (c) and 50.065 (4m) (c), Stats., shall include at a minimum periodic direct observation of the person.

**History:** Cr. Register, August, 2000, No. 536, eff. 9-1-00.

**DHS 12.115 Personal care services, disclosure of convictions.** Pursuant to s. 50.065 (2m) (d), Stats., Table DHS 12.115 lists the crimes for which an entity must disclose to a client or the client's guardian under s. 50.065 (2m) (a) 1., Stats., a conviction of a caregiver, other than a substitute caregiver, who provides personal care services to a client in the client's residence. For the purposes of s. 50.065 (2m) (a) 4. and (b), Stats., 'substitute caregiver' has the meaning given in s. DHS 12.03 (20m).

Table DHS 12.115

Wisconsin Statutes	Crime
940.19 (3), 1999 Stats.	Battery
940.01	First-degree intentional homicide
940.02	First-degree reckless homicide
940.03	Felony murder
940.05	Second-degree intentional homicide
940.12	Assisting suicide
940.19 (2), (4), (5) or (6)	Battery (felony)
940.22 (2) or (3)	Sexual exploitation by therapist; duty to report
940.225 (1), (2) or (3)	1st, 2nd or 3rd degree sexual assault
940.285 (2)	Abuse of individuals at risk
940.29	Abuse of residents of penal facilities
940.295	Abuse or neglect of patients and residents
943.20	Theft
943.201	Unauthorized use of an individual's personal identifying information or documents
943.203	Unauthorized use of an entity's identifying information or documents
943.32	Robbery
943.38	Forgery
943.41	Financial transaction card crimes
948.02 (1) or (2)	1st or 2nd degree sexual assault of a child
948.025	Engaging in repeated acts of sexual assault of the same child
948.03 (2) (a), (b) or (c)	Physical abuse of a child
948.05	Sexual exploitation of a child
948.051	Trafficking of a child
948.055	Causing a child to view or listen to sexual activity
948.06	Incest with a child
948.07	Child enticement
948.08	Soliciting a child for prostitution
948.085	Sexual assault of a child placed in substitute care
948.11 (2) (a) or (am)	Exposing a child to harmful material or harmful descriptions or narrations
948.12	Possession of child pornography
948.13	Child sex offender working with children
948.21 (1)	Neglecting a child

Table DHS 12.115 (Continued)

Wisconsin Statutes	Crime
948.30	Abduction of another's child; constructive custody
948.53	Child unattended in child care vehicle
961.41 (1)	Manufacture, distribution or delivery of a controlled substance or a controlled substance analog
961.41 (1m)	Possession with intent to manufacture, distribute or deliver a controlled substance or a controlled substance analog
961.41 (3g)	Possession or attempt to possess a controlled substance or a controlled substance analog Only if the date of conviction is within 5 or fewer years from the date the results of the criminal background check are obtained by the entity.
961.43 (1) (a)	Acquire or obtain possession of a controlled substance by misrepresentation, fraud, forgery, deception or subterfuge
961.43 (1) (b)	To make, distribute or possess material designed to reproduce the trademark upon any drug or container or label so as to make a counterfeit substance or to duplicate the physical appearance, form, package or label of a controlled substance

A violation of the law of any other state or United States jurisdiction that would be a violation of a crime listed in this table.

History: EmR0832; emerg. cr. eff. 11-1-08; CR 08-098; cr. Register June 2009 No. 642, eff. 7-1-09.

### Subchapter III — Rehabilitation Review

**DHS 12.12 Rehabilitation process for persons who have committed certain offenses.** (1) GENERAL PROVISIONS. (a) An agency shall conduct rehabilitation reviews as described in this section for persons who are eligible to receive rehabilitation review under this section for any of the following:

1. Entities the agency regulates.
2. Persons an entity employs.
3. Persons an entity contracts with.
4. Nonclient residents of an entity.

(b) 1. A tribal governing body may conduct rehabilitation reviews under ss. 48.685 (5) and 50.065 (5), Stats., if a plan submitted under s. 48.685 (5d) or 50.065 (5d), Stats., has been approved by the department.

2. Tribes desiring to conduct rehabilitation reviews shall send a rehabilitation review plan required under ss. 48.685 (5d) and 50.065 (5d), Stats., to the department.

Note: Send rehabilitation review plans to the Office of Legal Counsel, Department of Health Services, P.O. Box 7850, 1 West Wilson St., Rm 651, Madison, WI 53707-7850.

(2) ELIGIBILITY TO REQUEST REHABILITATION REVIEW. (a) Any person who is ineligible under s. 50.065 (4m) (a) or (b), or 48.685

(4m) (a) or (b), Stats., to receive regulatory approval, to be employed as a caregiver, or to contract with or reside at an entity, may request a rehabilitation review if the person meets both of the following conditions:

1. The person has not requested a rehabilitation review for a similar type of regulatory approval, job function or nonclient resident status within the preceding year. In this subdivision, "similar" means comparable regulatory approval, or a comparable job function or activity.

Note: Examples of "similarity" and "comparability" are positions that require a comparable level of direct contact with children; a comparable level of unsupervised client access; a previous review involved family day care and the applicant is seeking licensing for group day care; or the applicant sought a group home license and now is seeking a child-caring institution license.

2. If the person is a foster home license applicant under s. 48.62, Stats., or an applicant for an adoption home study, the person has not been convicted of a serious crime under s. 48.685 (5) (bm) 1., 2. or 3., Stats., another crime listed in section III of the appendix that results in a permanent bar, or a similar serious crime in another jurisdiction or, if the person was convicted of a crime under s. 48.685 (5) (bm) 4., Stats., the crime was committed more than 5 years before the background check was requested.

(b) If a person is eligible to request a rehabilitation review, the agency or tribe from which the person is seeking regulatory approval, or the entity with whom the person is seeking employment as a caregiver or a contract, or where the person wishes to reside shall give the person information on rehabilitation review eligibility criteria and on how to obtain the rehabilitation review request form.

Note: To obtain a master copy of the Department's Rehabilitation Review Request Form (EXS-263) in order to reproduce it, either download the form from the department's internet site at [www.dhs.wisconsin.gov/caregiver/index.htm](http://www.dhs.wisconsin.gov/caregiver/index.htm), or request a copy of the form from, as appropriate, the agency that regulates the entity or from the entity.

(3) INITIATING A REHABILITATION REVIEW REQUEST. To request a rehabilitation review, an eligible person shall do all of the following:

(a) Obtain a rehabilitation review request form developed by the department or applicable tribe and submit the completed form to the agency that regulates the entity, or to the applicable tribe, or for day care programs established under s. 120.13 (14), Stats., to the school board.

(b) Submit any supporting documents and information required by the applicable rehabilitation review request form to the same agency, tribe, or school board.

(4) PROCESSING REHABILITATION REVIEW REQUESTS. (a) *Rehabilitation review panel.* When an eligible person has filed a complete rehabilitation review request form along with all required additional and supporting information, the applicable agency, tribe, or school board shall appoint a review panel of at least 2 persons to review the information submitted. The panel may request additional information from the person or from other agencies or persons familiar with the person requesting the review.

(b) *Time frame.* If the application form and any requested supporting materials are not complete within 90 days of the date the application is submitted, and the person requesting the review does not have good cause for the failure to submit a complete application form or supporting materials, the rehabilitation approval shall be denied.

(c) *Requester appearance.* The person requesting the rehabilitation review shall have an opportunity to appear before the review panel to answer any questions the panel members may have.

(d) *Rehabilitation decision formulation and factors.* After reviewing the information obtained, the review panel shall decide whether the person has demonstrated, by clear and convincing evidence, that the person is rehabilitated for purposes of receiving regulatory approval, employment as a caregiver, or contracting with or residing at an entity. The panel shall consider at least the following factors, as applicable:

1. Personal reference checks and comments from employers, persons, and agencies familiar with the applicant and statements from therapists, counselors and other professionals.

2. Evidence of successful adjustment to, compliance with or proof of successful completion of parole, probation, incarceration or work release privileges.

3. Proof that the person has not had subsequent contacts with law enforcement agencies leading to probable cause to arrest or evidence of noncompliance leading to investigations by other regulatory enforcement agencies.

4. Any pending or existing criminal or civil arrest warrants, civil judgments or other legal enforcement actions or injunctions against the person.

5. Any aggravating or mitigating circumstances surrounding the crime, act or offense.

6. Evidence of rehabilitation, such as public or community service, volunteer work, recognition by other public or private authorities for accomplishments or efforts or attempts at restitution, and demonstrated ability to develop positive social interaction and increased independence or autonomy of daily living.

7. The amount of time between the crime, act or offense and the request for rehabilitation review, and the age of the person at the time of the offense.

8. Whether the person is on the sexual offender registry under s. 301.45, Stats., or on a similar registry in another jurisdiction.

9. A victim's impact statement, if appropriate.

10. Employment history, including evidence of acceptable performance or competency in a position and dedication to the person's profession.

11. The nature and scope of the person's contact with clients in the position requested.

12. The degree to which the person would be directly supervised or working independently in the position requested.

13. The opportunity presented for someone in the position to commit similar offenses.

14. The number, type and pattern of offenses committed by the person.

15. Successful participation in or completion of recommended rehabilitation, treatment or programs.

16. Unmet treatment needs.

17. The applicant's veracity.

**(5) REHABILITATION DECISIONS.** (a) *Review panel decision.* The review panel shall decide whether to approve, defer, or deny rehabilitation approval, and shall issue a written decision to that effect, as follows:

1. If the review panel finds sufficient evidence to support rehabilitation approval, the decision shall indicate, as applicable, whether the person is eligible for regulatory approval, employment as a caregiver, or contracting with or residency at an entity. The decision shall describe the scope of the rehabilitation approval and state any conditions or limitations placed on the approval, such as whether the approval is only for employment doing certain job functions or the eligibility for regulatory approval is only to operate certain entity types.

2. If the review panel decides to defer a rehabilitation decision, the panel decision shall state the reasons for the deferral. Unless otherwise agreed to by the requester, the panel may defer a final decision for a period of not more than 6 months from the initial decision date.

3. If the review panel decides to deny approval of the rehabilitation request, the decision shall explain the reasons for the denial and inform the requester that he or she may appeal the decision as described in s. 48.685 (5c) or 50.065 (5c), Stats., as applicable, by filing a written request for review of the decision within 10 days of receipt.

**Note:** Pursuant to s. 48.685 (5c), Stats., or 50.065 (5c), Stats., submit an appeal to the following, as appropriate: 1. To appeal a department denial of a rehabilitation approval, send the appeal request to the Department of Health Services, Office of Legal Counsel, P.O. Box 7850, Madison, WI 53707-7850. 2. To appeal a school board denial of a rehabilitation approval, send the appeal request to the Superintendent of the Department of Public Instruction, 125 South Webster St., Madison, WI 53703; or call 608-266-3390. 3. To appeal a county denial of a rehabilitation approval, send the appeal request to the appropriate county. When any of the preceding rehabilitation appeals are denied, a further appeal is available under ch. 227, Stats. Send a request for a ch. 227, Stats., hearing to appeal any of the preceding department, department of public instruction or county denials of rehabilitation appeals to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. The request may be delivered in person to that office at 5005 University Avenue, Suite 201, Madison, Wisconsin.

**Note:** Any person who is listed in the department's caregiver misconduct registry under ch. DHS 13 as having a substantiated finding of abuse or neglect of a client or misappropriation of a client's property as the result of an action the person took while working as a nurse aide in a federally certified nursing home or intermediate care facility for persons with mental retardation (ICF/MR) is permanently prohibited from being employed, in any capacity, in a federally-certified nursing home or a federally-certified ICF/MR. If such a person obtains a rehabilitation approval, the person is eligible to be considered for regulatory approval, for employment as a caregiver, or for non-client residency at or contracting with other entities covered by ss. 50.065 and 48.685, Stats. See 42 CFR 483.13 and 483.420 for federal regulations relating to nurse aides.

(b) *Burden of proof.* A person who appeals under par. (a) 3. shall bear the burden of proving, by a preponderance of the evidence, that the agency or tribe abused its discretion in deciding that the person did not show sufficient evidence to support rehabilitation approval.

(c) *Review panel decision distribution.* The review panel shall send its decision to the requester and a copy, if appropriate, to the entity. If the agency conducting the rehabilitation review is other than the department or a tribe, the review panel shall also, within 10 days of sending its decision, send a completed copy of the department's required reporting form regarding any rehabilitation decision to the department. If the entity conducting the rehabilitation review is a tribe, the review panel shall also send a copy of the decision to the same address accompanied by a copy of the requester's application materials.

**Note:** Rehabilitation decisions should be addressed to the Office of Legal Counsel, Department of Health Services, P.O. Box 7850, 1 W. Wilson St., Room 651, Madison, WI 53707-7850.

(d) *Maintaining rehabilitation decision documentation.* The review panel shall maintain a file containing a copy of the original written decision and any decisions from filed appeals that may result. The agency or tribe shall maintain in the file the rehabilitation review request and all materials or information obtained or notes made as part of the rehabilitation review decision.

**(6) REHABILITATION APPROVAL COMPLIANCE AND WITHDRAWALS.** (a) *Approval conditions.* A person who receives rehabilitation approval shall comply with all conditions and limitations imposed with that approval.

(b) *Rehabilitation approval violation—mandatory withdrawal.* An agency or tribe that has granted a person a rehabilitation approval shall withdraw the approval if the agency or tribe learns that the person is no longer eligible under s. 50.065 (4m) (a) or (b), or 48.685 (4m) (a) or (b), Stats., for regulatory approval, to be employed as a caregiver, or to contract with or reside at an entity.

(c) *Rehabilitation approval violation—summary suspension.* An agency or tribe that granted a person a rehabilitation approval may immediately temporarily rescind the rehabilitation approval when the agency or tribe has knowledge that the person has done either of the following:

1. The person has failed to comply with or abide by any conditions or limitations imposed with the rehabilitation approval.

2. The person knowingly submitted false information or withheld pertinent information relevant to the rehabilitation request that otherwise could or would have affected the review panel's decision to grant the rehabilitation approval.

(d) *Informing agencies or tribes.* An agency, entity or tribe other than the agency or tribe that granted a rehabilitation approval, that becomes aware that any person has violated his or

her rehabilitation approval under par. (b) or (c), shall inform the agency or tribe that granted the approval, of the violation.

(e) *Review of summary suspensions.* 1. Within 10 working days of temporarily rescinding a rehabilitation approval under par. (c), the approving agency or tribe shall determine whether the new information related to an approval violation under par. (c) is valid and represents a risk of harm to the client. If the new information is valid and does represent a risk of harm to the client, the approving agency or tribe shall withdraw the rehabilitation approval, thereby re-imposing, as applicable, the person's bar from regulatory approval, from employment as a caregiver or from contracting with or residing at an entity.

2. An agency, entity, or tribe, as applicable, that determines the new information related to an approval violation under par. (c) represents a risk of harm to a client shall also immediately take appropriate measures to protect clients until any appeal filed under par. (g) is exhausted. Appropriate measures may include a repeal of regulatory approval, termination of employment as a caregiver or of approval to reside at an entity, contract termination, reassigning the person away from duties involving direct regular contact with clients or placing the person on temporary leave.

(f) *Withdrawal decisions.* When an agency or tribe withdraws a rehabilitation approval, it shall issue a written decision to that effect. The decision shall explain the reasons for the withdrawal and inform the requester whether he or she may appeal under par. (g).

(g) *Appeal rights.* Any person who has his or her rehabilitation approval withdrawn under par. (f) may file an appeal of this decision as provided in sub. (5) (a).

(h) *Withdrawal reporting.* When an agency or tribe that granted a rehabilitation approval withdraws the approval, and the withdrawal results in a bar to regulatory approval, to eligibility to work as a caregiver, or to contracting with or residing at an entity, the approving agency or tribe shall immediately report the withdrawal to the subunit of the department responsible for collecting this information.

Note: Send reports of withdrawn rehabilitation approval to: Office of Legal Counsel, Department of Health Services, P. O. Box 7850, 1 West Wilson Street, Room 651, Madison, WI 53707-7850.

(7) **SCOPE OF AGENCY OR TRIBE REHABILITATION APPROVAL.** (a) *Agency approval limitations.* An agency may grant rehabilitation approval only within the scope of its regulatory authority. The approval applies to all types of entities, job activities and functions the agency regulates, unless the agency specifies otherwise in the form of limitations or conditions expressed in the written rehabilitation approval decision.

(b) *Tribe approval limitations.* A tribe may only grant rehabilitation approvals within the scope of its own employment, contracting, or licensing authority.

(c) *Rehabilitation approval transfers.* 1. When an agency, tribe, or entity learns from the department's background information disclosure form or in any other way that an applicant for regulatory approval, for employment as a caregiver, or for a contract with or permission to reside at an entity has had a rehabilitation review, the agency, tribe, or entity shall request from the rehabilitation review agency or tribe a copy of the rehabilitation review decision. If the rehabilitation review decision was an approval, the agency, tribe or entity shall determine whether the approval may be applied to the regulatory approval, employment as a caregiver, or contract with or residency at an entity that the applicant currently seeks.

2. Except as specified in subd. 3., an agency, entity, or tribe may review and accept a rehabilitation approval to a person by another agency or tribe if the receiving agency or tribe determines both of the following:

a. The crime, act, or offense that required the person to request rehabilitation review is not substantially related to the person's job duties.

b. Any limitations or conditions imposed with the rehabilitation approval continue to be able to be met.

3. No rehabilitation approval granted by a tribe may be transferred outside of the tribe's employment or contracting authority.

4. Before transferring a rehabilitation approval under subd. 1., an agency, tribe, or entity shall verify with the department that the applicant has had a rehabilitation review, and if so, the date and status of that review and whether any reason other than the one the applicant reported on the background information disclosure form exists that requires the applicant to request a rehabilitation review.

5. If the decision of the agency or tribe that conducted the rehabilitation review is to deny approval of transferring the rehabilitation approval, the agency, entity, or tribe shall determine whether the applicant for regulatory approval, for employment as a caregiver, or for contracting with or residency at an entity is eligible to seek another rehabilitation review under sub. (2), and if so, shall inform the person of his or her eligibility.

Note: Examples of circumstances in which approvals may or may not be transferable include the following:

1. An approval to be a foster parent by one county or child-placing agency is not, unless approved by the other county or child-placing agency, transferable to the other county or child-placing agency.

2. An approval by the department for a person to work as a shipping clerk in a hospital or nursing home would be transferable to another entity or job function or activity regulated under ch. 50, Stats., as long as limitations or conditions, if any, imposed with the rehabilitation approval are able to be met.

3. A rehabilitation approval for employment at a children's day care or a child-care institution is not transferable to a hospital or nursing home or vice versa.

4. A rehabilitation approval is not transferable from a group day care center to a family day care center if the department's rehabilitation approval imposed limits or conditions.

5. A rehabilitation approval is transferable from one department-regulated child care residential setting to another as long as any limitations or conditions can be met.

History: Cr. Register, August, 2000, No. 536, eff. 9-1-00; CR 10-091: am. (6) (g) Register December 2010 No. 660, eff. 1-1-11.

1 By Supervisor Moore Omokunde

File No. 20-287

2  
3  
4 **A RESOLUTION**

5  
6 to modify the policy of the Department of Health and Human Services (DHHS) and other  
7 Departments to adopt the Wisconsin Caregiver Law for barrable offenses as part of the  
8 background check process for contract agency employees who provide direct care and  
9 services to youth, adhere to the State of Wisconsin Rehabilitation appeals review  
10 process, retain the County's policy to recognize Wisconsin Chapter 948 Crimes Against  
11 Children as a barrable offense (for those offenses not already barred by the State  
12 Caregiver Law) and urge the Milwaukee County Mental Health Board which oversees  
13 the DHHS-Behavioral Health Division to adopt this policy  
14

15  
16 WHEREAS, many Milwaukee County Department of Health and Human  
17 Services (DHHS) employees and vendors serve as caregivers for families and youth in  
18 Milwaukee County; and  
19

20 WHEREAS, a caregiver is defined by the Wisconsin Caregiver Law as a person  
21 who is employed by, under contract, or a volunteer that has direct contact with clients,  
22 client's personal property or client information that is planned, scheduled or expected or  
23 periodic; and  
24

25 WHEREAS, in April 1999, the Milwaukee County Board of Supervisors adopted  
26 File No. 99-233, a resolution that among other things, requires all County departments  
27 that contract for youth services and programs to complete background checks on those  
28 individuals providing services, to ensure they are not involved in criminal and gang  
29 activity, and designated certain offenses, including Chapter 948 of the Wisconsin  
30 Statutes – Crimes Against Children as barrable offenses, and two (2) or more  
31 misdemeanors involving separate incidences within the last three (3) years; and  
32

33 WHEREAS, in May 2000, the Milwaukee County Board of Supervisors amended  
34 File No. 99-233 to separate and bar individuals for five (5) years who have committed  
35 crimes in violation of the Uniform Controlled Substances Act under Chapter 961  
36 Wisconsin State Statutes, excluding simple possession, from those who have  
37 committed crimes against another individual(s) causing bodily harm or death who are  
38 permanently barred; and

DHHS POLICY 001 – Attachment 2  
Amended Milwaukee County Caregiver Resolution File No. 20-287

39 WHEREAS, DHHS contracts with many vendors which employ individuals who  
40 provide direct care and services to youth and families in Milwaukee County that  
41 positively impact youth and their families; and

42  
43 WHEREAS, under the current background check policy automatic barrable  
44 offenses, with no rehabilitation appeal process, may prevent individuals from sharing  
45 relatable personal experiences that positively influence the attitudes and behaviors of  
46 at-risk youth and prevent those individuals from working with families in the county; and

47  
48 WHEREAS, the State of Wisconsin Department of Health Services  
49 Administrative Code, Chapter 12 – Caregiver Background Checks, allows for the  
50 Substantially Related Test to be utilized to allow convictions, such as for Domestic  
51 Violence, to be reviewed to determine if it should disqualify the individual for the position  
52 they hold; and

53  
54 WHEREAS, the State of Wisconsin under Wis. Stat. § 50.065(5c) permits an  
55 individual who has failed to demonstrate to the Wisconsin Department of Health  
56 Services that he or she has been rehabilitated has the right to appeal to the Secretary of  
57 Health Services and request a judicial case review; and

58  
59 WHEREAS, the State of Wisconsin outlines the required criteria that an individual  
60 must adhere to and submit to the department in Wis. Stat. § 50.065(5d); and

61  
62 WHEREAS, the State agency has 90 days to review the rehabilitation plan upon  
63 receipt, and unless disapproved by the department, the plan is considered approved;  
64 and

65  
66 WHEREAS, under the current policy Milwaukee County does not have  
67 rehabilitation review appeals process which would allow an individual convicted of a  
68 barred offense the opportunity to provide convincing evidence that he or she has been  
69 rehabilitated, even if the State has already granted a rehabilitation review request under  
70 the Caregiver Law guidelines; and

71  
72 WHEREAS, any individual who has been barred from working with youth under  
73 the Wisconsin Caregiver Law shall be granted the opportunity to prove to the State and  
74 the County that he or she has been rehabilitated, as individuals with prior convictions

DHHS POLICY 001 – Attachment 2  
Amended Milwaukee County Caregiver Resolution File No. 20-287

75 often have relevant experience(s) which youth may relate to, will help strengthen  
76 communities impacted by mass incarceration; now, therefore,

77 BE IT RESOLVED, the Milwaukee County Board of Supervisors hereby adopts a  
78 policy to amend the background check process for the Milwaukee County Department  
79 of Health and Human Services (DHHS) and other departments that provide services to  
80 youth directly or through contract vendors services, to adopt the barrable offenses  
81 outlined in the Wisconsin Caregiver Law and to accept the rehabilitation of any  
82 individual as determined by the State of Wisconsin's appeal process under Wis. Stat. §  
83 50.065; and

84

85 BE IT FURTHER RESOLVED, that Milwaukee County shall maintain Chapter  
86 948 Crimes Against Children as barrable offenses, whether also barred by the  
87 Wisconsin Caregiver Law or not, as part of the background check process for contract  
88 agency employees who provide direct care to youth, a copy of which is hereto attached  
89 to this file; and

90

91 BE IT FURTHER RESOLVED, that Milwaukee County shall also follow the State  
92 of Wisconsin Department of Health Services Administrative Code, Chapter 12 –  
93 Caregiver Background Checks, for any criminal convictions using the Substantially  
94 Related Test to provide greater uniformity and understanding by vendors; and

95

96 BE IT FURTHER RESOLVED, that the Department of Health and Human  
97 Services is requested to collaborate with the Office of Corporation Counsel to modify  
98 the current background check process to comport with the direction provided in this  
99 resolution for implementation as soon as practicable; and

100

101 BE IT FURTHER RESOLVED, the Department of Health and Human Services is  
102 requested to provide an informational report to the County Board on the status of this  
103 reform as soon as practical and is requested to submit the new policy to the Milwaukee  
104 County Mental Health Board for consideration and possible adoption to ensure a  
105 uniform policy that comports with the State Caregiver Law and appeal process except  
106 for those Chapter 948 offenses barred only by the County.

DEPARTMENT OF JUSTICE CRIME INFORMATION BUREAU

09/24/2014

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau.

Name

Date of Birth

Sex

Race

Alias

The response is based on a search using the identification data supplied. Searches based solely on name and non-unique identifiers are not fully reliable. The CIB cannot guarantee that the information furnished pertains to the individual you are interested in.

No CRIMINAL HISTORY FOUND.

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DHS Letter

Scott Walker  
Governor  
Kitty Rhoades  
Secretary DHS



State of Wisconsin  
Department of Health Services

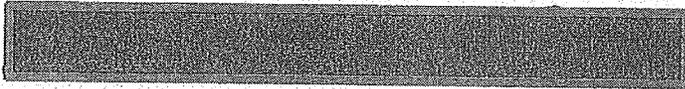
DIVISION OF ENTERPRISE SERVICES  
1 WEST WILSON STREET  
P.O. BOX 7850  
MADISON WI 53707-7850  
dhs.wisconsin.gov

SAMPLE

Date: September 24, 2014

From: The Department of Health Services,  
The Department of Children and Families and  
The Department of Regulation and Licensing

Re: Response to Caregiver Background Check



On September 24, 2014, we received notice from the Department of Justice (DOJ) that you requested a Caregiver Background Check for the above named individual. You are receiving this letter per the requirements of sections 48.685 and 50.065 of the Wisconsin Statutes.

The Department of Health Services (DHS) and the Department of Children and Families (DCF) provides the following information in this letter:

- a) Noncredentialed Caregiver Findings of Abuse or Neglect of a Client; or Misappropriation of a Client's Property - A name listed in this area may prohibit employment or licensure for that person.
- b) Denials or Revocations of Operating Licenses for Adult (Chapter 50) Programs- A name listed in this area may prohibit employment or licensure for that person.
- c) Denials or Revocations of Operating Licenses for Child (Chapter 48) Programs -A name listed in this area may prohibit employment or licensure for that person.
- d) Rehabilitation Review Findings - A name listed in this area means that the individual has completed a rehabilitation review and the outcome may affect employment or licensure.

The Department of Regulation and Licensing (DRL) search results also appear in this letter and are listed as:

- e) Status of Professional Credential(s), License(s), or Certificate(s) -This section lists each professional credential, license, and certificate held by the individual. If an individual's name appears, note the "Eligible to Practice" indicator. If you have questions, contact the listed phone number.

The Department of Justice, Wisconsin criminal records search results are returned in a separate letter and are not part of this letter.

Before contacting one of the state agencies regarding the accuracy of the results of the electronic search, please verify that the name, date of birth, and Social Security Number shown at the beginning of this letter in the "Re" section match the name, date of birth, and Social Security Number of the original request.

NOTE: If you need TTY support, call (608) 266-7376 instead of the numbers listed in the rest of this letter.

Enclosure: Response to Caregiver Background Check.

Electronic Search Results from the Department of Health Services (DHS) and the Department of Children and Families (DCF)

a. Noncredentialed Caregiver Findings of Abuse or Neglect of a Client; or Misappropriation of a Client's Property in Wisconsin

No findings for [REDACTED] in the caregiver law were listed for

If additional information is needed, contact the Division of Quality Assurance at (608)261-8319.

Noncredentialed Caregiver Findings of Abuse or Neglect of a Client; or Misappropriation of a Client's Property Out of State

No findings for reasons specified in the caregiver law were listed for

If additional information is needed, contact the Division of Quality Assurance at (608)261-8319.

b. Denials or Revocations of operating Licenses for Adult (Chapter 50) Programs

No denials or revocations specified in the caregiver law were found for

c. Denials or Revocations of operating Licenses for Child (Chapter 48) Programs

No denials or revocations specified in the caregiver law were found for

If additional information is needed, contact the Bureau of Regulation and Licensing at (608)266-9314.

c. Denials or revocations of Operating Licenses for CLD BPP

No denials or revocations for the reasons specified in the caregiver law were found for

c. Denials or revocations of Operating Licenses for CLD BRL

No denials or revocations for the reasons specified in the caregiver law were found for

If additional information is needed, contact the Bureau of Regulation and Licensing at (608)266-9314.

c. Denials or revocations of a Family Day Care Certification for CLD DWD

No denials or revocations for the reasons specified in the caregiver law were found for

If additional information is needed, contact the Certifying Agency at (608)261-4595.

d. Rehabilitation Review Findings Time Matters

No Rehabilitation findings were found for

If additional information is needed, contact the Office of Legal Counsel at (608)266-8428.

Electronic Search Results from the Department of Regulation and Licensing (DRL)

NOTE: All information provided is public record. Please ignore names that do not match the name you requested.

e. Status of Professional Credential(s), License(s) or Certificate(s)  
No professional credential, license or certificate was found for

[REDACTED]

If you believe this is incorrect or incomplete, see [www.drl.state.wi.us](http://www.drl.state.wi.us) and click on License Lookup. Print the results and file with this letter.

For additional information related to licensing of Health Professionals, please contact the Department of Regulation and Licensing at (608) 266-8794.

For additional information related to licensing of Business Professionals or Nursing Home Administrators contact (608) 261-2390 .

To verify the employment eligibility of a nurse aide, search the Wisconsin Nurse Aide Registry at [www.promissor.com](http://www.promissor.com) or call the IVR at 1-877-224-0235.

NOTE: The Department of Health Services, the Department of Children and Families and the Department of Regulation and Licensing cannot guarantee that the information furnished pertains to the Individual in whom you are interested.

## WISCONSIN CAREGIVER PROGRAM OFFENSES AFFECTING CAREGIVER ELIGIBILITY FOR CHAPTER 50 PROGRAMS

### INTRODUCTION

This document lists Wisconsin crimes and other offenses that the Wisconsin State Legislature, under the Caregiver Law, Chapter 50.065, Wis. Stats., has determined require rehabilitation review approval before a person may receive regulatory approval, work as a caregiver, reside as a non client resident at, or contract with an entity.

For more information, see DQA publication P-00038, *Wisconsin Caregiver Program Manual*, at:

<http://www.dhs.wisconsin.gov/publications/DQAnum.asp>

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Unless the person is approved through the Rehabilitation Review process, the crimes and findings by government agencies included on the Offenses List (Tables I and II), and comparable crimes and offenses from other states or other U.S. jurisdictions, prohibit:

- employment as a caregiver in regulated entities;
- licensure, certification, or registration of a person to operate an entity; and
- residence of a non client resident.

Any conviction not on the Offenses List may be determined to be substantially related to the duties or the circumstances of the job. This may result in:

- refusal to hire a candidate for that reason, although an employer is not required to bar the person from employment;
- denial, revocation, or suspension of a license, certificate, or approval or registration; or
- denial of residency of a non client resident.

A criminal record that indicates "not guilty," "no prosecution," "dropped," or "dismissed" means that the person was not convicted of the crime for which they were charged.

Additional information must be obtained when:

1. The person reports a conviction for a crime on the Offense List that does not appear on the Department of Justice (DOJ) report to the criminal history record request.
2. The DOJ report does not provide a conclusive disposition on a criminal charge for a crime on the Offense List;
3. The military discharge was other than "honorable;" or
4. The Background Information Disclosure (BID) or DOJ response indicates a conviction of any of the following, where the conviction occurred five years or less from the date on which the information was obtained.
  - Misdemeanor battery s. 940.19(1), Wis. Stats.
  - Battery to an unborn child s. 940.195, Wis. Stats.
  - Battery, special circumstances s. 940.20, Wis. Stats.
  - Reckless endangerment s. 941.30, Wis. Stats.
  - Invasion of privacy s. 942.08, Wis. Stats.
  - Disorderly conduct s. 947.01, Wis. Stats.
  - Harassment s. 947.013, Wis. Stats.

**Note:** These seven convictions do not prohibit employment, but do require the entity to obtain the criminal complaint and judgment of conviction from the Clerk of Courts office in the county where the person was convicted.

**WISCONSIN CAREGIVER PROGRAM  
OFFENSES AFFECTING CAREGIVER ELIGIBILITY FOR CHAPTER 50 PROGRAMS**

**Table I**

**Entities and Programs Serving Only Persons 18 Years of Age or Older**

Regulatory approval, employment as a caregiver, and non client residency at or contracting with an entity are prohibited until rehabilitation approval is received, for all programs and entities that serve only clients 18 years of age or older.

**CONVICTIONS**

<b>Wisconsin State Statute</b>	<b>Offense</b>
940.01	First degree intentional homicide
940.02	First degree reckless homicide
940.03	Felony murder
940.05	Second degree intentional homicide
940.12	Assisting suicide
940.19 (2), (3), (4), (5) or (6)	Battery; substantial battery; aggravated battery (felony)
940.22 (2) or (3)	Sexual exploitation by therapist; duty to report
940.225 (1), (2) or (3)	Sexual assault (first, second, or third degree)
940.285 (2)	Abuse of individuals at risk
940.29	Abuse of residents of penal facilities
940.295	Abuse and neglect of patients and residents
948.02 (1)	Sexual assault of a child (first degree)
948.025	Engaging in repeated acts of sexual assault of the same child
948.03 (2)(a)	Physical abuse of a child (intentional causation of bodily harm)
	Violation of the law of any other state or U.S. jurisdiction that would be a violation of any of the above.

**OTHER OFFENSES**

	Finding by a government agency of abuse or neglect of a client or of misappropriation of a client's property
	Finding by a government agency of child abuse or neglect

**WISCONSIN CAREGIVER PROGRAM  
OFFENSES AFFECTING CAREGIVER ELIGIBILITY FOR CHAPTER 50 PROGRAMS**

Table II

**Entities and Programs Serving Any Persons Under the Age of 18 Years**

Regulatory approval, employment as a caregiver, and non client residency at or contracting with an entity are prohibited until rehabilitation approval is received, for all programs and entities that serve any clients who are under the age of 18.

**CONVICTIONS**

<b>Wisconsin State Statute</b>	<b>Offense</b>
940.01	First degree intentional homicide
940.02	First degree reckless homicide
940.03	Felony murder
940.05	Second degree intentional homicide
940.12	Assisting suicide
940.19 (2), (3), (4), (5) or (6)	Battery; substantial battery; aggravated battery (felony)
940.22 (2) or (3)	Sexual exploitation by therapist; duty to report
940.225 (1), (2) or (3)	Sexual assault (first, second, or third degree)
940.285 (2)	Abuse of individuals at risk
940.29	Abuse of residents of penal facilities
940.295	Abuse and neglect of patients and residents
948.02 (1) or (2)	Sexual assault of a child (first and second degree)
948.025	Engaging in repeated acts of sexual assault of the same child
948.03 (2)(a), (b) or (c)	Physical abuse of a child (intentional causation of bodily harm)
948.05	Sexual exploitation of a child
948.051	Trafficking of a child
948.055	Causing a child to view or listen to sexual activity
948.06	Incest with a child
948.07	Child enticement
948.08	Soliciting a child for prostitution
948.085	Sexual assault of a child placed in substitute care
948.11 (2)(a) or (am)	Exposing a child to harmful material or harmful descriptions or narrations
948.12	Possession of child pornography
948.13	Child sex offender working with children
948.21 (1)	Neglecting a child
948.30	Abduction of another's child; constructive custody
948.53	Child unattended in child care vehicle
	Violation of the law of any other state or U.S. jurisdiction that would be a violation of any of the above.

**OTHER OFFENSES**

	Finding by a government agency of abuse or neglect of a client or of misappropriation of a client's property
	Finding by a government agency of child abuse or neglect

**COUNTY OF MILWAUKEE**  
Inter-Office Communication

**DATE:** 9/24/2020

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

**FROM:** Shakita LaGrant McClain, Director, Department of Health and Human Services  
*Prepared by David Muhammad, Deputy Director, Department of Health and Human Services*

**SUBJECT:** **An Informational Report from the Director, Department of Health and Human Services, Providing an Update on Racial Equity and Contracting**

**Background**

On April 17, the Milwaukee County Board of Supervisors adopted File No. 20-173 which created Chapter 108, "Achieving Racial Equity and Health," of the Milwaukee County Code of General Ordinances. DHHS is in alignment with this ordinance as DHHS leadership continues to focus on social determinants of health as well as racial and health equity through the work it does internally with its operations and externally, with its participants, contracted provider organizations, system, and community partners. Racial Equity and Contracting is one area identified by DHHS leadership in which there is an opportunity to address structural barriers and advance equitable policy and practice. The primary goal is to assess DHHS's contract procurement strategy and develop additional tactics to address structural barriers to expand the provider network and ensure that its diversity is representative of those served in DHHS.

Currently, DHHS does most of its work through contracted provider organizations. In fact, over 50 percent of the budget is comprised of outside contracts. The vast majority of these are nonprofits and traditional diversity procurement strategies do not fully address the needs of this sector. In response, DHHS seeks to establish a collaborative Racial Equity in Contracting Workgroup to assess our institutional practices through a racial equity lens. It is our goal to develop DHHS's capacity to improve its work with providers and institutional partners to ensure a consistent process that addresses their needs.

**Purpose of Committee**

**The scope of the committee is to** assist DHHS Leaders to intentionally and critically examine race, ethnicity and health equity when analyzing problems, proposing solutions and measuring success. Furthermore, the committee is expected to evaluate potential strategies that will expand contracting opportunities for diverse organizations utilizing the Racial Equity tool. The committee meets biweekly.

## **Deliverables**

- Drafting of Workgroup charter, metrics, and timeline
- Apply the GARE Racial Equity Tool to guide the work and evaluate recommendations
- Review and draft recommendations of internal policy and RFP practices
- Oversee the creation of a policy white paper and report regarding diversity in DHHS contracting and the department's overall economic impact on communities of color
- Identify strategies to address structural barriers to ensure a diverse provider network
- Hire external evaluator and create advisory structure for implementation

## **Committee Participants**

*Sector & Community Representatives:*-Arnitta Holliman (Office of Violence Prevention); Darlene Russell (Greater Milwaukee Foundation); Dr. Pat McManus (Black Health Coalition); Mark Fossie (M&S Clinical Services); Elsa Diaz-Bautista (ALAS); Martina Golin-Graves (Mental Health America)

*Milwaukee County Representatives:*-Rashaan Cherry (Wraparound); Jeff Roman (OAAA); Brenda Smith-Jenkins (Contract Services); Kelly Pethke (DYFS); Nzinga Khalid (CARS); Matt Fortman (Director's Office-CFO); Dennis Buesing (Contract Services); Lamont Robinson (CBDP)

*Staff Support:* Jessica Peterson, TJ Cobb

**Workgroup Timeline** Completed by the end of 2020

## **Initial Meeting Update**

The initial meeting of the Racial Equity in Contracting Workgroup held on Sept. 24 focused on a review of relevant demographic data of DHHS staff, program participants/customers, and contracted providers. This included geographic density and zip code data, in addition to race and gender.

Several key themes emerged as topics of discussion, focusing largely on the responsibility of DHHS broadly and BHD specifically, to provide technical assistance and capacity building opportunities for providers. Additionally, there was significant time spent on defining cultural competency and the importance of provider leadership diversity and board representation. Several participants emphasized the need for diversity to be mirrored within DHHS as an institution, highlighting its relevance to professional expertise.

The remainder of the meeting focused on the RFP scoring rubric and the weighting assigned to these categories. Most of the participants agreed that diversity and cultural competency were weighed too low and that the overall scoring rubric needed to be assessed. The RFP Scoring documents were shared with the group for policy review and recommendations will be discussed when the group reconvenes in October.

**Tasks Completed:**

- Workgroup Charter Drafted (Completed 9/04/20)
- External evaluation contract executed with Dr. Debra Blanks (Kairo Communications) and Dr. David Pate (UWM) as the lead evaluators (Completed 9/9/20)
- Initial Meeting held and policy document review process has begun by workgroup and evaluators (Completed 9/24/20)

**Next Steps:**

- Next meeting to be scheduled for early October (TBD)
- Begin draft of workgroup policy recommendation document to present to Director LaGrant by December
- Evaluators to begin additional focus groups and stakeholder interviews

**Recommendation**

This report is informational, and no action is required.



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Shakita LaGrant, Director  
Department of Health and Human Services

cc: Maria Perez, Finance Chairperson

**Chairperson:** Kathie Eilers  
**Senior Executive Assistant:** Jodi Mapp, 257-5202

**MILWAUKEE COUNTY MENTAL HEALTH BOARD  
GOVERNANCE AD HOC COMMITTEE**

**Wednesday, September 2, 2020 – 2:00 P.M.**  
**Teleconference Meeting**

**AGENDA**

**SCHEDULED ITEMS:**

- |    |   |
|----|---|
| 1. | Welcome. <b>(Chairwoman Eilers)</b>   |
| 2. | Prioritization of Committee Tasks: <ul style="list-style-type: none"> <li>• Hear issues brought forth by the public at Board Public Hearings</li> <li>• Serve an evaluative role regarding fulfillment of both statutes and other regulatory laws impacting the Board</li> <li>• Assess MHB's function as a board</li> <li>• Board Member self-evaluation of participation</li> <li>• Nominating/vetting responsibilities of potential new members</li> <li>• Onboarding and new member orientation</li> <li>• Advocate for changes related to the Board's bylaws</li> <li>• Pursue educational component opportunities for Board's self-development</li> </ul> |
| 3. | The Milwaukee County Mental Health Board's Response to Institutional and Systematic Racism. <b>(Chairwoman Eilers)</b>  |
| 4. | Mental Health Board's Research Analyst Position. <b>(Board Member Neubauer)</b>   |

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

**(414) 436-3530**

**Conference ID: 591 429 595#**

**The next meeting of the  
Milwaukee County Mental Health Board  
Governance Committee  
Will be scheduled at the Call of the Chair**

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

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

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

**Chairperson:** Kathie Eilers  
**Senior Executive Assistant:** Jodi Mapp, 257-5202

**MILWAUKEE COUNTY MENTAL HEALTH BOARD  
GOVERNANCE AD HOC COMMITTEE**

**Wednesday, September 2, 2020 – 2:00 P.M.**  
**Teleconference Meeting**

**ADDENDUM NO. 1**

**SCHEDULED ITEMS:**

5. County Board Resolution File No. 20-287 to modify the policy of the Department of Health and Human Services (DHHS) and other Departments to adopt the Wisconsin Caregiver Law for barrable offenses as part of the background check process for contract agency employees who provide direct care and services to youth, adhere to the State of Wisconsin Rehabilitation appeals review process, retain the County’s policy to recognize Wisconsin Chapter 948 Crimes Against Children as a barrable offense (for those offenses not already barred by the State Caregiver Law) and urge the Milwaukee County Mental Health Board which oversees the DHHS-Behavioral Health Division to adopt this policy Mental Health Board Quality Committee Update. **(Chairwoman Eilers) (The Mental Health Board, at their meeting on August 27, 2020, laid this item over to the October meeting cycle with a referral to the Governance Committee.)**

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

**(414) 436-3530**

**Conference ID: 591 429 595#**

**The next meeting for the Milwaukee County Mental Health Board’s  
Governance Committee**

**Will be scheduled at the Call of the Chair**

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

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

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

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

**MILWAUKEE COUNTY MENTAL HEALTH BOARD  
FINANCE COMMITTEE**

**Thursday, September 10, 2020 - 1:30 P.M.**  
**Teleconference Meeting**

**MINUTES**

**PRESENT:** Maria Perez, Jon Lehrmann, \*Duncan Shrout, and Kathie Eilers  
 \*Committee Member Shrout was not present at the beginning of the meeting but joined shortly thereafter.

**SCHEDULED ITEMS:**

- |    |  |
|----|--|
| 1. | <p><b>Welcome.</b></p> <p>Chairwoman Perez welcomed everyone to the September 10, 2020, Mental Health Board Finance Committee virtual/remote meeting.</p>  |
| 2. | <p><b>2019 Balance Sheet.</b></p> <p>The balance sheet represents 2019 financial results and reflects the schedule of revenues, expenses, and changes in net position. It is included in the County-wide Comprehensive Annual Financial Report (CAFR), which was released sometime in August. It provides a snapshot of the Behavioral Health Division's assets, liabilities, operational capital, and Wraparound reserve accounts. Some of the items, such as the capital assets and depreciation, fall under the function of central accounting. This is a standing annual item for the Committee.</p> <p>Questions and comments ensued.</p> |
| 3. | <p><b>Update on Financial Vulnerabilities, Risks, and Progress on Initiatives Related to the 2021 Budget.</b></p> <p>As part of the Behavioral Health Division's (BHD) 2021 Budget discussion, items of risk were identified. The Board directed a standing report be presented to the Finance Committee providing an update.</p> <p>An ongoing risk for BHD is the general financial health of Milwaukee County (the County) and its struggles with structural budget issues over the years. Costs are quickly rising while revenues continue to go down. There are a lot of statutory state-imposed limits on how much</p>                   |

**SCHEDULED ITEMS (CONTINUED):**

	<p>revenue the County can generate locally, which causes issues as the County has various statutory commitments that require funding. In the past several years, the Budget Office has included a \$2 million structural deficit item in BHD’s budget. The intention was to remove the item once BHD reached its statutory limit balance on reserves. Since the pandemic has caused further stress on the County’s finances, it is not clear if the structural deficit item will be lifted once the limit balance has been reached. If the item is not removed, \$2 million in savings will have to be identified to overcome the structural issue.</p> <p>The hospital is currently in the process of executing a Systems Improvement Agreement with the Centers for Medicare and Medicaid Services to address all facility deficiencies by March 30, 2021. BHD Administration is working with the Wisconsin Department of Health Services on opportunities for waivers related to certain improvements in addition to exploring lower-cost options. Additional capital costs due to regulatory and building code issues will remain a risk until the aged Mental Health Complex fully closes in 2022.</p> <p>BHD has been running at an approximately 60% bed capacity compared to what it had been prior to pandemic levels. However, staffing levels haven’t changed. There are a lot of fixed costs and a lot less revenue for lack of serving as many patients because of the shift to single bed occupancy. The projected deficit is partially offset by one-time CARES Act Provider Relief funds. BHD could possibly see additional CARES Act funding for increased staffing costs.</p> <p>There have also been ongoing struggles with Wraparound Milwaukee’s capitated rate. The new rate was received, which was effectively a level set rate at a 0.2% decrease. It was projected at the June meeting a 3% rate increase would be needed to break even and make Wraparound whole. BHD is working with an actuary, and the State was notified a letter from the actuary on behalf of BHD is forthcoming. Discussions with the State surrounding rate setting have been positive and may put BHD in a better position when it is addressed again in the summer of 2021.</p> <p>Questions and comments ensued.</p>
4.	<p><b>Fiscal Impact of Excessive Employee Unused Vacation Time Due to Furloughs and the Pandemic.</b></p> <p>The Comptroller indicated there would not be a direct financial impact related to employee unused vacation time. All paid time off and carryover costs are budgeted centrally. The only possible issue is substantial amounts of carryover into 2021 could lead to mass vacation use, and in turn, contribute to increased overtime. Right now, it is not a major concern.</p>
5.	<p><b>2020 Financial Dashboard.</b></p> <p>An overview was provided of the 2020 Quarter 2 fiscal report detailing combined reporting, inpatient hospital annual projections, and 2020 year-to-date revenues and expenses. Program Dashboards for acute adult inpatient, child and adolescent inpatient (CAIS),</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p>Psychiatric Crisis Services (PCS), Alcohol and Other Drug Abuse (AODA), Wraparound, Targeted Case Management (TCM), Comprehensive Community Services (CCS), and Community Support Programs (CSP) were all reviewed. Year-end financial highlights included information on inpatient census, Crisis Resource Center expansion, state institutions, CCS growth, and AODA costs. BHD is looking at an overall deficit of \$7.2 million for 2020. The deficit reflected in the Wraparound area is due to the decreased capitation rate.</p> <p>Questions and comments ensued.</p>
6.	<p><b>The Behavioral Health Division’s Facility Relocation Plan Update.</b></p> <p>The plan is to co-locate the Behavioral Health Division (BHD) with other divisions under the Department of Health and Human Services (DHHS) umbrella. It supports the theory for an integrated services approach of breaking down silos and furthering the “no wrong door” concept, which translates to better efficiency and customer service. Co-location will add to BHD’s population health and system change focus as well. Key reasons for the move include to promote DHHS’ overall philosophy and closure of the inpatient hospital and emergency department. The initial assessment was based on a 54,000 square foot need. With staff successfully teleworking from home, there has been a re-evaluation and assessment of space needs. The goal is to be closer to the center of the City for convenience of individuals seeking to access services. Site selection should be complete no later than January of next year. \$3.7 million is needed to fund the project and will come from BHD reserves.</p>
7.	<p><b>2020 Financial Reporting Package and Dashboard.</b></p> <p>This report represents the Behavioral Health Division’s combined reporting with annual projections in greater detail. The important items contained within were addressed in a previous item.</p>
8.	<p><b>Quarterly Fund Transfers Summary.</b></p> <p>Fund transfers delineated in the report are related to the Systems Improvement Agreement and grant awards received increasing revenue and expenses by the grant amount.</p>
9.	<p><b>Quarterly Reserve Impact Analysis and Overview.</b></p> <p>The 2019 reserve balances for various accounts total \$34.5 million. The Committee’s attention was directed to the balances in the Capital and Surplus Reserves for year-end 2019. Based on results presented today related to the \$7.2 million deficit, changes are being projected at year end in those reserve balances, which brings the Capital Reserve down. This change only includes the base amount. It does not include the additional amount alluded to earlier. The Surplus Reserves balance appears to be in a good place. However, there are major reserve commitment items on the horizon. These items include the retention and</p>

**SCHEDULED ITEMS (CONTINUED):**

	severance package, relocation costs, and the 2021 structural deficit, all of which will drastically impact the Surplus Reserve. Quarterly updates will continue to be provided.
10.	<b>Adjournment.</b>  Chairwoman Perez 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.</p> <p>Length of meeting: 1:33 p.m. to 2:35 p.m.</p> <p>Adjourned,</p> <p><i>Jodi Mapp</i></p> <p>Jodi Mapp Senior Executive Assistant Milwaukee County Mental Health Board</p>	
<p><b>The next regular meeting of the Milwaukee County Mental Health Board Finance Committee is Thursday, October 22, 2020, at 8:00 a.m.</b></p> <p><b>Visit the Milwaukee County Mental Health Board Web Page at:</b> <a href="https://county.milwaukee.gov/EN/DHHS/About/Governance">https://county.milwaukee.gov/EN/DHHS/About/Governance</a></p>	

# Finance Committee Item 2

## COUNTY OF MILWAUKEE, WISCONSIN

Balance Sheet  
Behavioral Health Division Fund  
As of December 31, 2019  
(In Thousands)

### Assets

#### Current Assets:

Cash	\$ 34,644
Patient Receivables	27,234
Allowance for Uncollectible Accounts	(16,476)
Accounts Receivable - Other	12
Due from Other Governments	5,367
Prepaid Items	15
Total Current Assets	<u>50,796</u>

#### Noncurrent Assets:

##### Capital Assets:

Land Improvements	1,625
Construction in Progress	13
Buildings and Improvements	35,154
Machinery, Vehicles and Equipment	3,061
Total Capital Assets	<u>39,853</u>
Less: Accumulated Depreciation	<u>(35,652)</u>
Total Capital Assets (Net)	<u>4,201</u>
Total Assets	<u>54,997</u>

### Deferred Outflows of Resources

Deferred Loss on Refunding of Debt	3
Total Assets and Deferred Outflows of Resources	<u>\$ 55,000</u>

### Liabilities

#### Current Liabilities:

Accounts Payable	\$ 10,984
Accrued Payroll	2,087
Due to Other Governments	6
Bonds and Notes Payable - General Obligation	239
Compensated Absences Payable	2,886
Other Current Liabilities	1,337
Total Current Liabilities	<u>17,539</u>

#### Long-Term Liabilities:

Bonds and Notes Payable - General Obligation	567
Compensated Absences Payable	1,189
Total Long-Term Liabilities	<u>1,756</u>
Total Liabilities	<u>19,295</u>

### Net Position

Net Investments in Capital Assets	3,398
Restricted for:	
Commitments	1,593
Operational Reserve	19,075
Capital Reserve	5,155
Title XIX Capitation	9,080
Compensated Absences	1,479
Unrestricted (Deficit)	<u>(4,075)</u>
Total Net Position	<u>35,705</u>
Total Liabilities and Net Position	<u>\$ 55,000</u>

# COUNTY OF MILWAUKEE, WISCONSIN

Schedule of Revenues, Expenses and Changes in Net Position  
Behavioral Health Division Fund  
For the Year Ended December 31, 2019  
(In Thousands)

Operating Revenues:	
Charges for Services	\$ 109,457
Other Revenues	1,286
Total Operating Revenues	<u>110,743</u>
Operating Expenses:	
Personnel Services	65,392
Client Service Costs	43,391
Contractual Services	8,965
Intra-County Services	2,147
Commodities	3,319
Depreciation and Amortization	1,105
Maintenance	2
Provider Network Services	88,210
Total Operating Expenses	<u>212,531</u>
Operating Income (Loss)	<u>(101,788)</u>
Nonoperating Revenues (Expenses):	
Intergovernmental Revenues	44,624
Interest Expense	(50)
Total Nonoperating Revenues (Expenses)	<u>44,574</u>
Income (Loss) Before Transfers	(57,214)
Transfers In	56,250
Transfers Out	<u>(2,359)</u>
Changes in Net Position	(3,323)
Net Position -- Beginning	39,028
Net Position -- Ending	<u>\$ 35,705</u>

# Finance Committee Item 3

COUNTY OF MILWAUKEE  
Behavioral Health Division Administration  
Inter-Office Communication

**DATE:** August 28, 2020

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

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

**SUBJECT:** **Report from the Interim Director, Department of Health and Human Services, Notifying the Milwaukee County Mental Health Board of Financial Risks, Vulnerabilities, and Progress on Budget Initiatives**

## Issue

At the 2021 Budget Meeting, board members requested a standing item on financial vulnerabilities, risks, and progress on budget items be added to the Finance Committee Agenda. This list will be updated as risks and vulnerabilities shift.

## Background

The Milwaukee County Behavioral Health Division has

## Risks & Vulnerabilities

### 1) Milwaukee County General Financial Health

Milwaukee County has struggled with stagnant revenues for several decades. The pandemic has brought sales and property tax revenues into further turmoil. The Behavioral Health Division is somewhat isolated from these issues with a statutory tax levy floor of \$53 million. The 2021 requested budget includes \$53,453,991 in local tax levy funds; \$453,991 above the tax levy floor.

However, the 2021 budget also includes an expenditure reduction of \$2 million. This is a structural deficit included in BHD's budget to help mitigate Milwaukee County's financial strain. When this was initially put into BHD's budget, it was assumed that it would be removed when Milwaukee County achieved success through Fair Deal initiative. It now seems unlikely that Milwaukee County will be in a position to remove the \$2 million reduction before BHD's surplus is reduced to the \$10 million required balance. BHD may have to reduce spending to overcome to the \$2 million structural deficit.

**2) BHD Systems Improvement Agreement Costs**

The hospital is currently participating in a System Improvement Agreement (SIA) with the Centers for Medicare and Medicaid Services (CMS) to address all facility deficiencies now scheduled for completion by March 30, 2021. The Mental Health Board approved an amount not to exceed \$3 million in March 2020. This was in addition to the \$1.5 million in consulting costs related to the SIA. As work proceeds, there is a possibility that additional funds will be needed in addition to the \$3 million in capital costs already approved. BHD Administration is working with Wisconsin DHS to identify opportunities for waivers to some improvements and is exploring lower-cost options to others. Additional capital costs due to regulatory and building code issues will remain a risk until the aged Mental Health Complex fully closes in 2022.

**3) BHD Inpatient Revenue Loss due to Bed Capacity Reduction**

Due to COVID-19 mitigation efforts, BHD has been running at approximately 60% bed capacity of what was budgeted since March 2020:

2020 BHD Acute Inpatient Average Daily Census		
Month	Average Daily Census	
	Acute Adult	CAIS
Jan	43.9	7.9
Feb	39.3	9.0
Mar	42.0	3.9
Apr	27.7	0.7
May	28.0	2.9
Jun	28.1	4.0
Mid-Year Average	34.9	4.7

BHD is currently projecting a \$4.4m deficit in inpatient revenue over 2020 budgeted amounts. This is partially offset by one-time CARES Act Provider Relief funds of \$2.0m. It is unlikely additional Provider Relief funds will be available in 2021 if the reduced bed capacity continues.

**4) Wraparound Milwaukee Capitated Rate**

Wraparound Milwaukee’s capitated rate has been an ongoing source of concern. The SFY 2021 rate represents a 0.2% decrease over prior year rate. Wraparound is working closely with DHS on assumptions around cost allowability in the rate setting process.

**SFY 2021 CAPITATION RATES**

Table 1 summarizes the SFY 2021 capitation rates compared to the SFY 2020 capitation rates.

<b>Table 1</b> <b>State of Wisconsin Department of Health Services</b> <b>Children Come First and Wraparound Milwaukee Programs</b> <b>SFY 2021 Monthly Capitation Rate Summary (July 2020 through June 2021)</b>					
Program	SFY 2021		SFY 2020		Rate Change
	Capitation Rate PMPM	Capitation Rate per Day <sup>1</sup>	Capitation Rate PMPM	Capitation Rate per Day <sup>1</sup>	
CCF Dane	\$2,428.64	\$79.85	\$2,238.38	\$73.59	8.5%
Wraparound Milwaukee	\$2,005.41	\$65.93	\$2,008.61	\$66.04	-0.2%

<sup>1</sup>Daily capitation rate is calculated as the monthly capitation rate divided by the average number of days per month (365/12). DHS pays a pro-rated capitation rate for individuals enrolled for a partial month.

Table 2 summarizes the capitation rate changes by component:

<b>Table 2</b> <b>State of Wisconsin Department of Health Services</b> <b>Children Come First and Wraparound Milwaukee Programs</b> <b>Summary of PMPM Capitation Rate Changes by Rate Component</b>						
Contract Period	Children Come First			Wraparound Milwaukee		
	Projected Claims	Projected Administrative Expenses	Total Capitation Rate	Projected Claims	Projected Administrative Expenses	Total Capitation Rate
SFY 2021	\$2,141.85	\$286.79	\$2,428.64	\$1,734.53	\$270.88	\$2,005.41
SFY 2020	\$1,952.33	\$286.05	\$2,238.38	\$1,761.47	\$247.15	\$2,008.61
Change	9.7%	0.3%	8.5%	-1.5%	9.6%	-0.2%

Respectfully Submitted,



Shakita La Grant, Interim Director  
 Department of Health and Human Services

**Finance Committee Item 5**

**BEHAVIORAL HEALTH DIVISION**

**DASHBOARD REPORT**

**Year End 2019**

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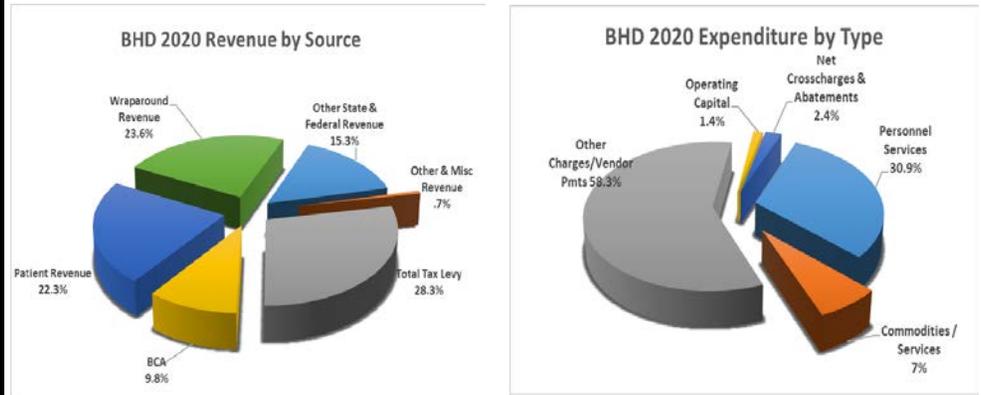
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# BHD COMBINED DASHBOARD

2nd Quarter June 2020

	2020 Annual Projection			
	Actual YTD	Projection	Budget	Variance
<b>Revenue</b>	77,600,951	163,000,648	165,527,402	(2,526,754)
<b>Expense</b>				
Personnel	37,646,774	70,346,951	70,106,871	(240,080)
Svcs/Commodities	7,527,527	15,927,245	14,710,819	(1,216,426)
Other Chgs/Vendor	68,107,191	132,698,391	130,898,564	(1,799,827)
Capital	-	3,088,700	2,663,504	(425,196)
Cross Charges	24,795,665	50,476,067	45,910,786	(4,565,281)
Abatements	(21,858,534)	(45,087,091)	(41,530,392)	3,556,699
<b>Total Expense</b>	116,218,624	227,450,262	222,760,152	(4,690,110)
Tax Levy	38,617,673	64,449,614	57,232,750	(7,216,864)

## 2020 Projected Annual Revenues & Expenses by Percentage



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

## Financial Highlights

- Inpatient revenue deficit from COVID-19 bed limit (\$4.4m)
- SIA Capital and Consulting costs (\$4.0m)
- State Institutions \$.7m surplus
- CCS (youth & adult) surplus due to better write-off experience & WIMCR \$0.8m
- TCM surplus due increased crisis billing \$0.4m
- Structural deficit partially offset by position vacancies and furlough savings for net (\$0.2m) deficit

## 2020 Budget Initiatives

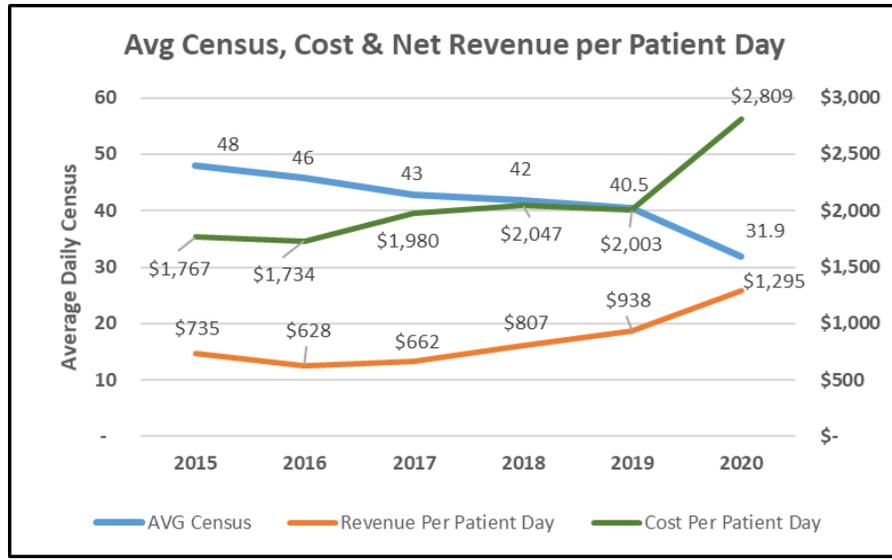
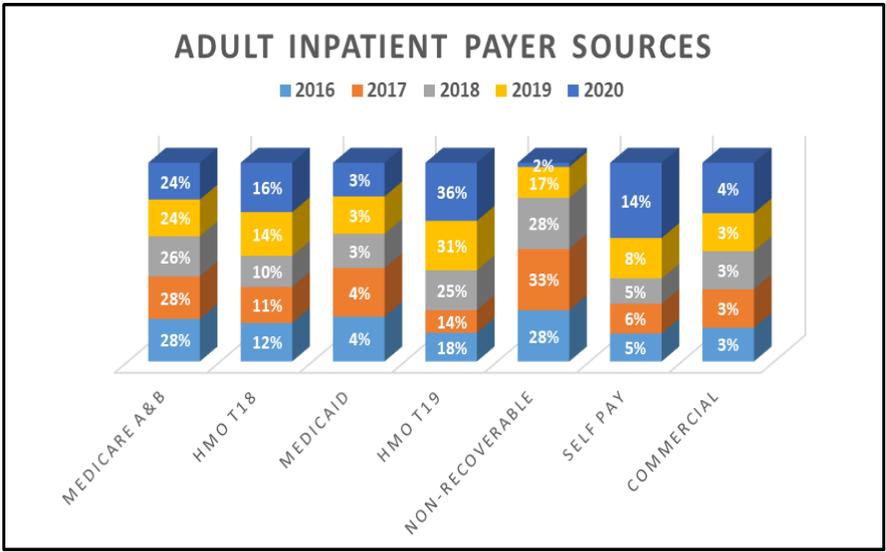
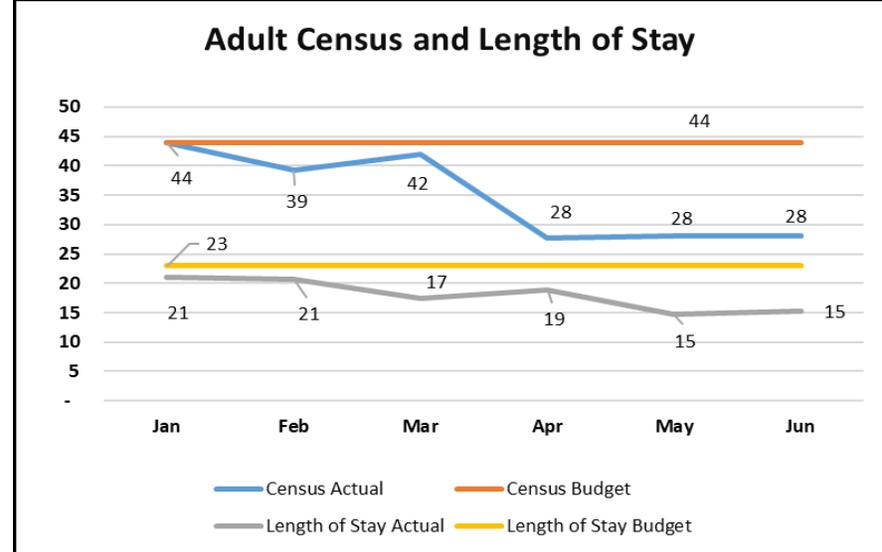
Initiative	Status
FQHC Partnership	➡ In progress
CCS Expansion	⬆ Enrollment increase on track
Third CRC Location	➡ In progress
State Instiutes under budget	⬆ Positive trend

Complete	⬆	Not Done	⬇	Progressing	➡
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# ACUTE ADULT INPATIENT DASHBOARD

2nd Quarter June 2020

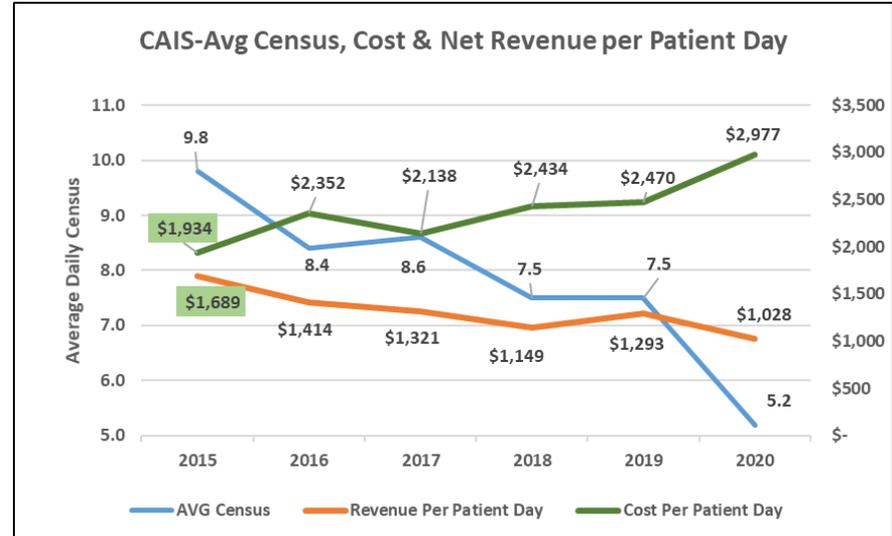
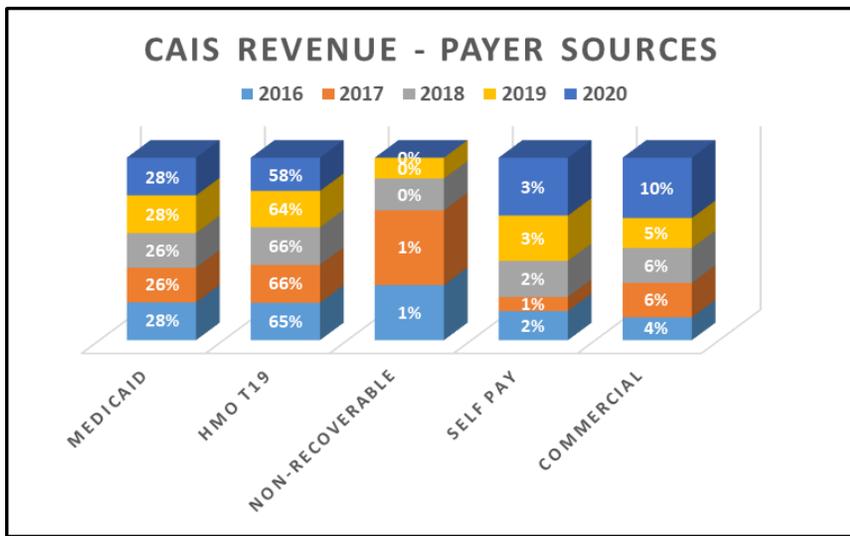
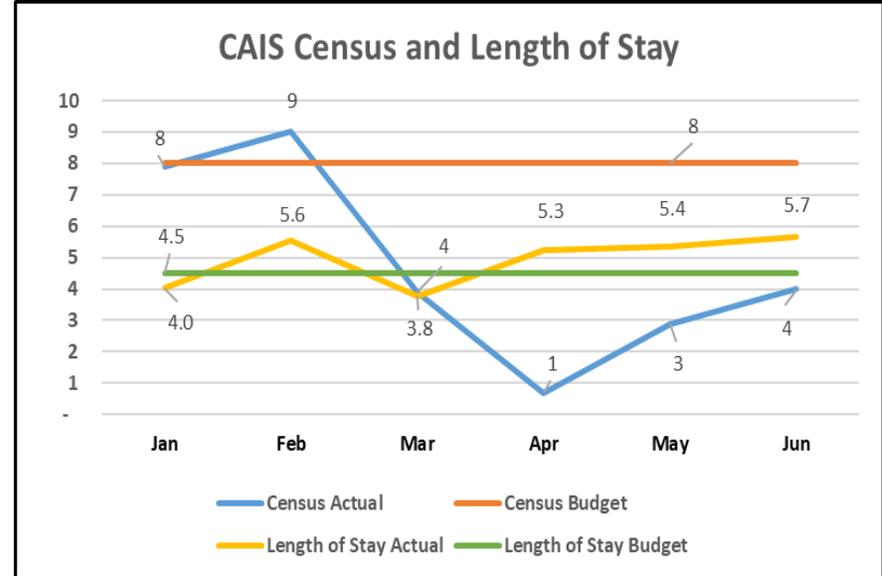
	2020 Annual Projection			
	Actual YTD	Projection	Budget	Variance
<b>Revenue</b>	8,985,956	15,129,659	16,355,583	(1,225,924)
<b>Expense</b>				
Personnel	8,993,916	17,073,608	16,961,310	(112,298)
Svcs/Commodities	1,176,229	2,723,462	2,582,826	(140,636)
Other Chgs/Vendor	1,771,811	3,153,962	3,849,001	695,039
Capital	-	-	-	-
Cross Charges	4,766,503	9,858,211	8,769,988	(1,088,223)
Abatements	-	-	-	-
<b>Total Expense</b>	16,708,459	32,809,244	32,163,125	(646,119)
Tax Levy	7,722,502	17,679,584	15,807,542	(1,872,042)



# CAIS (Child & Adolescent Inpatient) DASHBOARD

2nd Quarter June 2020

	2020 Annual Projection			
	Actual YTD	Projection	Budget	Variance
<b>Revenue</b>	1,225,829	1,869,409	4,052,472	(2,183,063)
<b>Expense</b>				
Personnel	2,561,040	4,273,569	4,178,417	(95,152)
Svcs/Commodities	95,622	206,658	270,743	64,085
Other Chgs/Vendor	-	-	-	-
Capital	-	-	-	-
Cross Charges	1,470,507	3,047,983	2,810,114	(237,869)
Abatements	-	-	-	-
<b>Total Expense</b>	4,127,169	7,528,211	7,259,274	(268,937)
Tax Levy	2,901,340	5,658,801	3,206,802	(2,451,999)

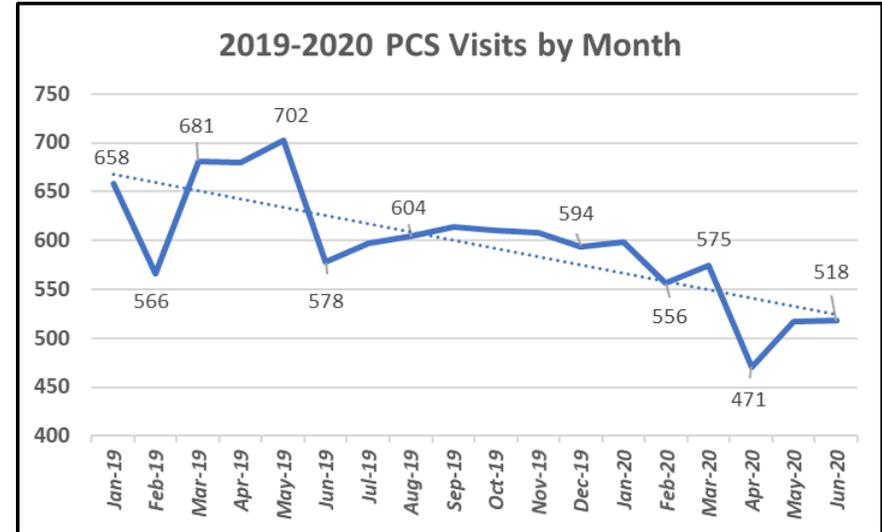


# PCS - ER and Observation DASHBOARD

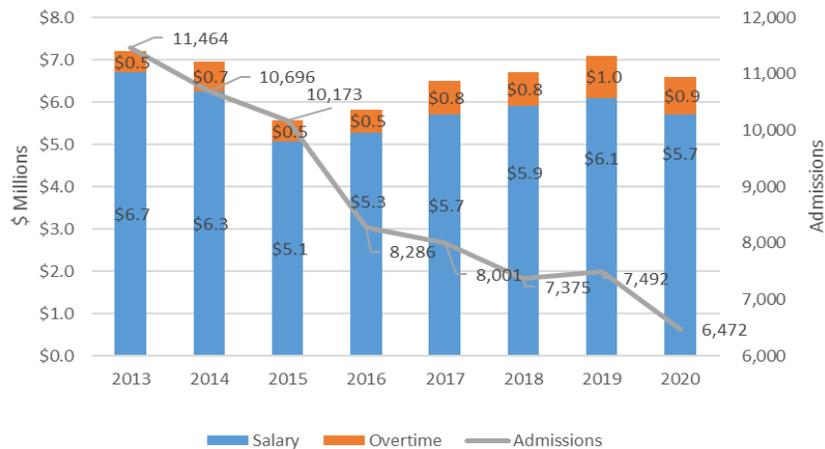
2nd Quarter June 2020

	Actual YTD	2020 Annual Projection		
		Projection	Budget	Variance
<b>Revenue</b>	6,137,254	8,909,573	8,959,547	(49,974)
<b>Expense</b>				
Personnel	6,578,082	12,442,751	12,172,526	(270,225)
Svcs/Commodities	188,434	439,579	529,199	89,620
Other Chgs/Vendor	-	-	-	-
Capital	-	-	-	-
Cross Charges	3,124,746	6,458,742	5,833,717	(625,025)
Abatements	-	-	-	-
<b>Total Expense</b>	9,891,262	19,341,072	18,535,442	(805,630)
Tax Levy	3,754,008	10,431,499	9,575,895	(855,604)

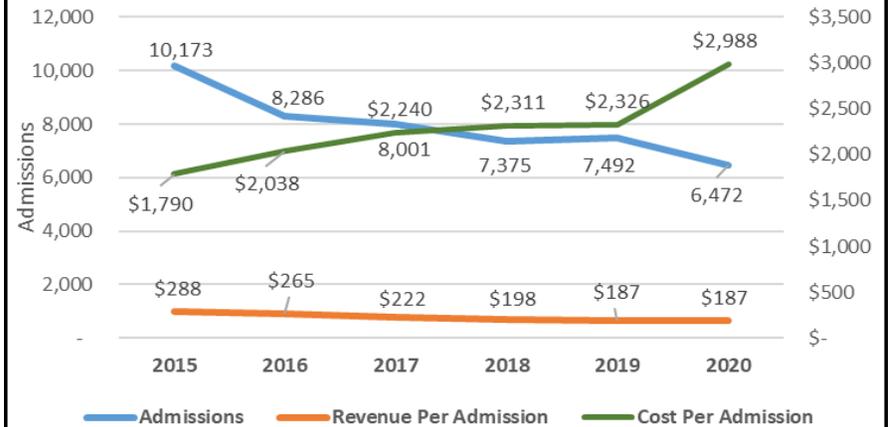
Number of PCS visits plateaued/decreased for the 10 months from June 2019 through March 2020 prior to the Covid related drop in April 2020:



PCS/OBS Salary Trends and Admissions



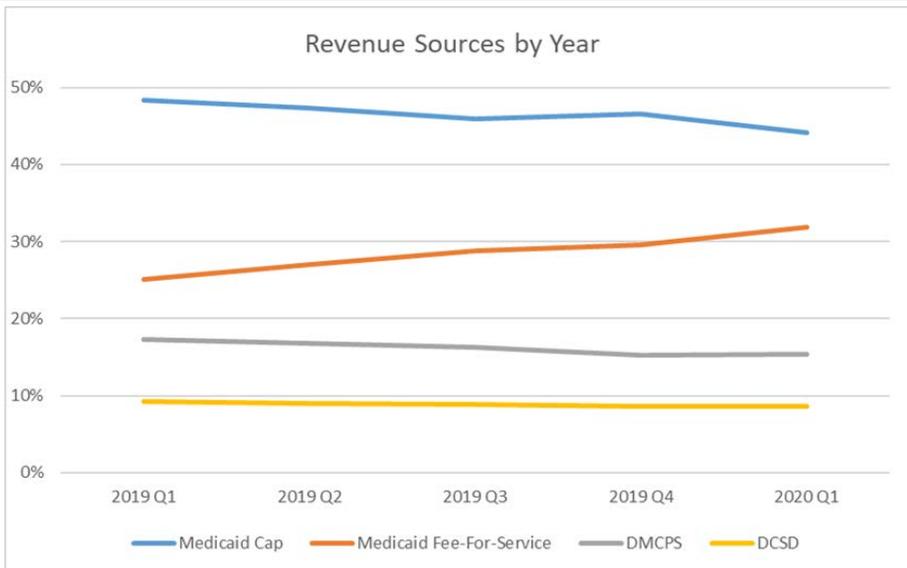
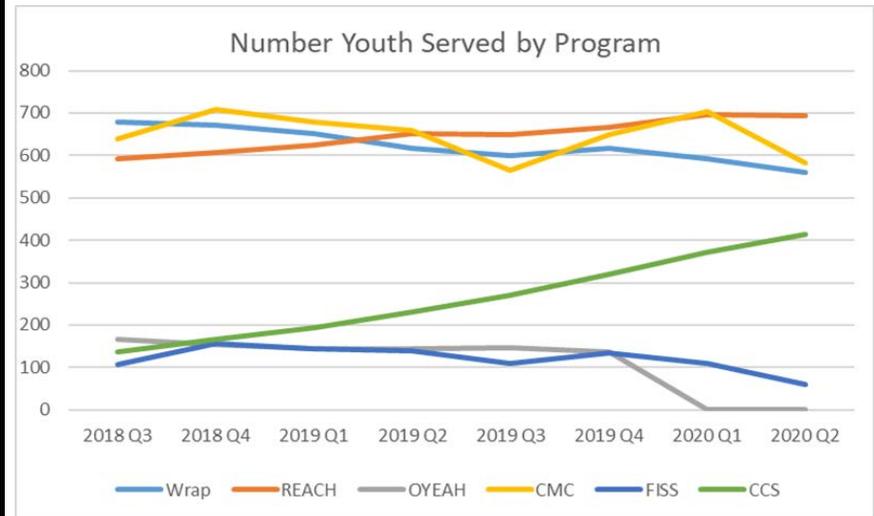
Admissions, Cost and Revenue Per Admission



## WRAPAROUND DASHBOARD

2nd Quarter June 2020

	2020 Annual Projection			
	Actual YTD	Projection	Budget	Variance
<b>Revenue</b>	28,503,648	58,170,059	58,248,350	(78,291)
<b>Expense</b>				
Personnel	3,253,820	6,144,784	6,562,010	417,226
Svcs/Commodities	411,676	887,216	758,988	(128,228)
Other Chgs/Vendor	25,121,165	50,909,420	51,919,725	1,010,305
Capital	-	-	-	-
Cross Charges	3,803,698	7,847,917	6,597,654	(1,250,263)
Abatements	(2,795,455)	(5,483,263)	(6,887,447)	(1,404,184)
<b>Total Expense</b>	29,794,904	60,306,074	58,950,930	(1,355,144)
Tax Levy	1,291,256	2,136,014	702,580	(1,433,434)



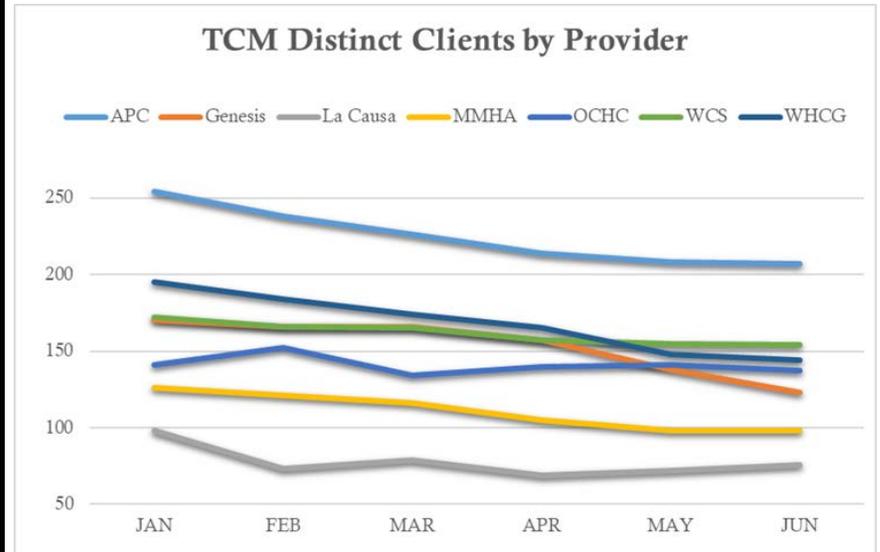
### WRAP by Low Org

	Projected 2020		
	Wrap (6474)	CCS (6477)	FIS (6483)
<b>REVENUE:</b>			
State and Federal Revenue	1,245,441	938,138	260,292
Other Direct Revenue	49,012,319	6,713,870	0
<b>Revenue Total</b>	<b>50,257,760</b>	<b>7,652,008</b>	<b>260,292</b>
<b>EXPENDITURE:</b>			
PERSONAL SERVICES	6,013,283	0	131,501
COMMODITIES/SERVICES	680,202	207,013	0
OTHER CHARGES	43,404,869	7,161,461	343,090
CAPITAL OUTLAYS	0	0	0
CROSSCHARGES	7,578,137	191,964	77,816
ABATEMENTS	(5,483,263)	0	0
<b>Expenditure Total</b>	<b>52,193,229</b>	<b>7,560,439</b>	<b>552,407</b>
<b>TAX LEVY</b>	<b>1,935,469</b>	<b>(91,569)</b>	<b>292,115</b>

## TCM (Targeted Case Management) DASHBOARD

### 2nd Quarter June 2020

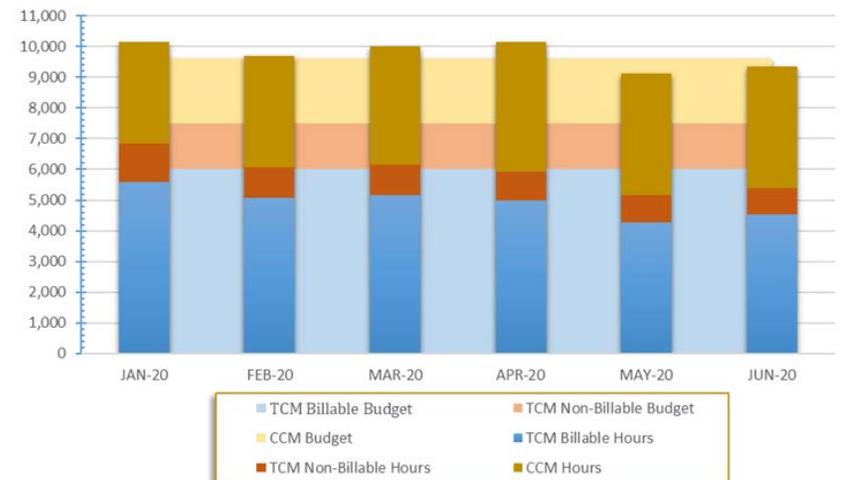
	2020 Annual Projection			
	Actual YTD	Projection	Budget	Variance
<b>Revenue</b>	1,991,830	4,414,566	3,452,193	962,373
<b>Expense</b>				
Personnel	131,919	224,753	269,925	45,172
Svcs/Commodities	-	-	-	-
Other Chgs/Vendor	3,886,538	6,662,636	6,176,707	(485,929)
Capital	-	-	-	-
Cross Charges	339,103	704,491	583,222	(121,269)
Abatements	-	-	-	-
<b>Total Expense</b>	4,357,560	7,591,880	7,029,854	(562,026)
Tax Levy	2,365,730	3,177,315	3,577,661	400,346
<b>Average Enrollment</b>	1,037	1,037	1,500	



	2020 Q2			2020 YTD		
	Billable	Non-billable	% Non-billable	Billable	Non-billable	% Non-billable
APC	4,303	1,089	20%	27,753	7,520	21%
Horizon	2,364	605	20%	18,170	3,861	18%
La Causa	1,161	233	17%	7,469	1,595	18%
MMHA	2,262	476	17%	14,475	3,538	20%
OCHC	1,998	29	1%	11,334	612	5%
WCS	3,630	780	18%	20,971	5,057	19%
WHCG	2,377	233	9%	18,226	1,646	8%
<b>TOTAL</b>	<b>18,094</b>	<b>3,446</b>	<b>16%</b>	<b>118,397</b>	<b>23,829</b>	<b>17%</b>

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

### Total TCM and CCM HOURS Compared Budget over Time



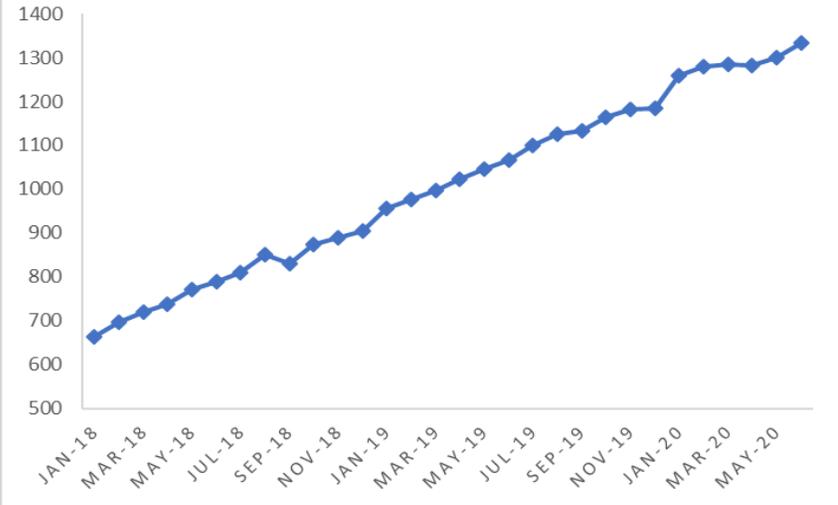
# CCS (Comprehensive Community Services) DASHBOARD

2nd Quarter June 2020

	2020 Annual Projection			
	Actual YTD	Projection	Budget	Variance
<b>Revenue</b>	13,705,598	25,495,311	22,226,708	3,268,603
<b>Expense</b>				
Personnel	433,730	770,050	769,623	(427)
Svcs/Commodities	9,800	16,800	-	(16,800)
Other Chgs/Vendor	13,573,367	23,268,629	21,317,172	(1,951,457)
Capital	-	-	-	-
Cross Charges	1,239,039	2,572,847	2,208,486	(364,361)
Abatements	-	-	-	-
<b>Total Expense</b>	15,255,936	26,628,326	24,295,281	(2,333,045)
Tax Levy	1,550,338	1,133,015	2,068,573	935,558

Average Enrollment	1,334	1,424	1,340
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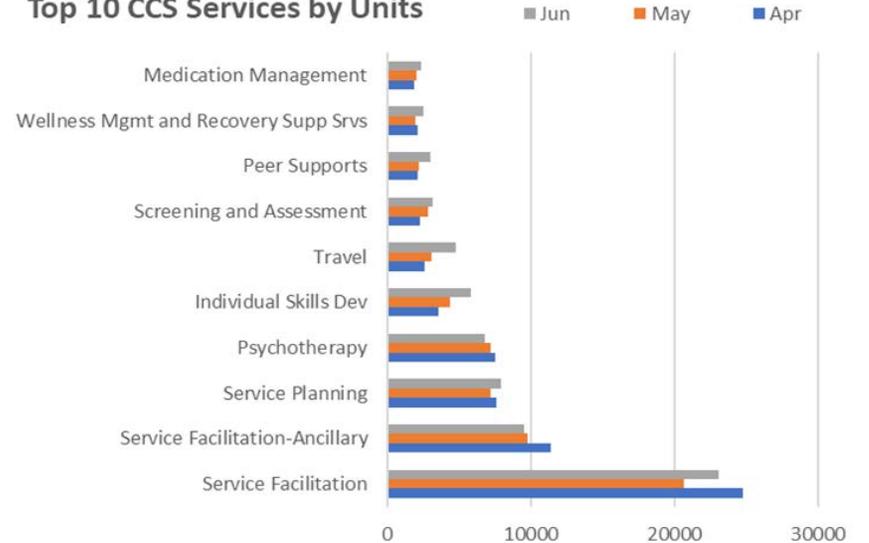
## DISTINCT CLIENTS SERVED 2018 TO 2020 Q2



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

	2020 Q2 Totals			2020 YTD Totals		
	Billable	Non-Billable	% Non-Billable	Billable	Non-Billable	% Non-Billable
APC	25,770	189	0.7%	50,322	569	1.1%
WHCG	19,774	31	0.2%	44,578	158	0.4%
Guest	18,304	170	0.9%	43,214	309	0.7%
Proj	19,527	216	1.1%	40,023	832	2.1%
Just	18,034	191	1.1%	37,883	429	1.1%
WCS	18,053	293	1.6%	35,867	746	2.1%
Broad	6,262	27	0.4%	22,223	46	0.2%
Summit	8,083		0.0%	20,513	-	0.0%
OCHC	9,375	196	2.1%	20,059	537	2.7%
MMHA	8,080	23	0.3%	19,387	131	0.7%

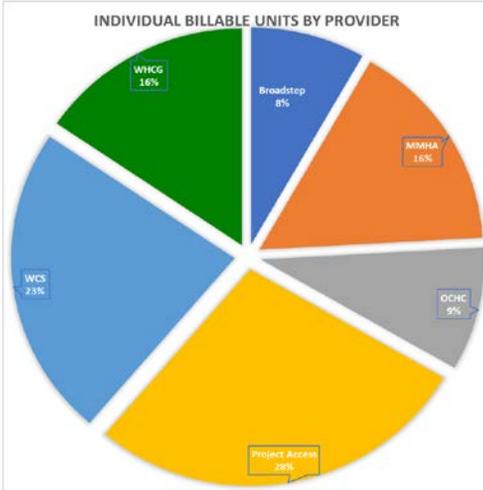
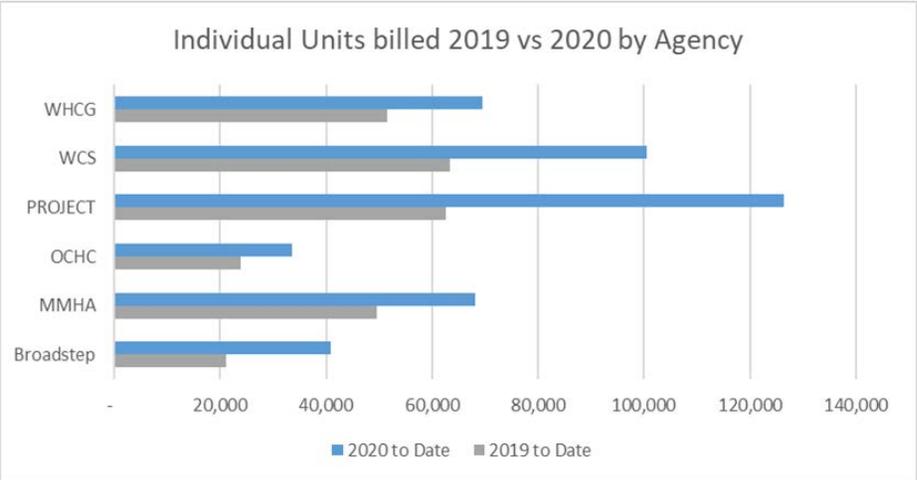
### Top 10 CCS Services by Units



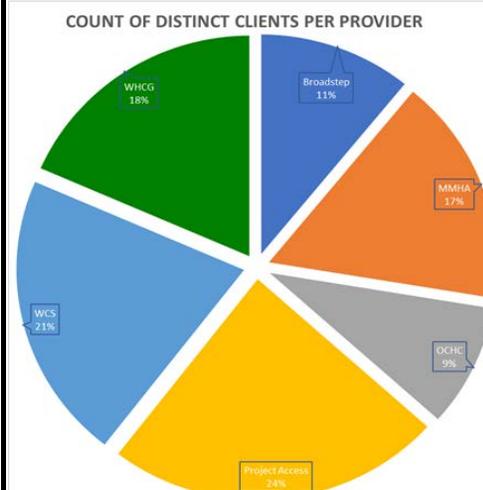
## CSP (Community Support Program) DASHBOARD 2nd Quarter June 2020

	Actual YTD	2020 Annual Projection		
		Projection	Budget	Variance
<b>Revenue</b>	4,972,268	9,686,684	8,729,866	956,818
<b>Expense</b>				
Personnel	103,688	241,183	285,711	44,528
Svcs/Commodities	-	-	-	-
Other Chgs/Vendor	8,079,181	14,714,000	14,218,353	(495,647)
Capital	-	-	-	-
Cross Charges	766,116	1,590,979	1,322,830	(268,149)
Abatements	-	-	-	-
<b>Total Expense</b>	8,948,985	16,546,162	15,826,894	(719,268)
Tax Levy	3,976,717	6,859,479	7,097,028	237,549

Average Enrollment	1,291	1,286	1,293
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Agency	December	YTD Total
Broadstep	6,808	40,917
MMHA	12,456	68,039
OCHC	5,388	33,539
Project Access	21,657	126,287
WCS	18,720	100,415
Whole Health	10,563	69,415
<b>Grand Total</b>	<b>75,592</b>	<b>438,612</b>



Agency	December	YTD Ave per Month
Broadstep	137	138
MMHA	209	211
OCHC	118	117
Project Access	310	309
WCS	274	271
Whole Health	244	241
<b>Grand Total</b>	<b>1,292</b>	<b>1,286</b>



**DHHS**

MILWAUKEE COUNTY  
Department of  
Health & Human  
Services

**WS126 - DHHS Relocation Capital Project**

# DHHS Future State Strategies



## Strategy #1

No Wrong Door /  
Integrated  
Services

- Focus on family health; individual + support persons
- Orchestrate care across a continuum
- Look to get to “yes” on addressing needs, no matter where a participant enters
- Address root causes of needs
- Partner with agencies that address social determinants

## Strategy #2

Population  
Health /  
System Change



- Focus on collective health
- Lead human services systems to address structural racism and prevention
- Look to re-direct more DHHS resources up-stream
- Enhance community voice in DHHS and broader community discussions
- Advocate for system change that promotes health outcome achievement



# Key Reasons for Move

- Successful implementation of “No Wrong Door” enhanced customer approach & population health strategy
- Closure of BHD’s inpatient hospital and sale of Behavioral Health complex
- Increased visibility in community

# Scope



## 2021 Phase 1:

- ~230 Total Employees

BHD: Admin, Contracts, QA/QI, Crisis Mobile, CARS, Fiscal

Children's Integration: Wrap, Disabilities Services (children's programs) & Youth & Family Services (community services)

- Location – City of Milwaukee
- Size – approx. 54,000 square feet

2022 Phase 2 – Renovation of Coggs Center or new location for remaining DHHS employees



# Timeline

Refine Schematic Fit Plans	October 2020
Select Site & Execute Lease	December 2020
Design Tenant Improvements	June 2021
Construct Tenant Improvements	February 2022
Relocate Staff	April 2022
Hospital Closure	Q1 2022

# Preliminary Estimate

## Phase 1



Expense	Amount
Build out	\$4.6M
Furniture, Fixtures & Equipment	\$1.1M
IMSD	\$.3M
Project Management & A&E	\$.3M
<b>Total</b>	<b>\$6.3M</b>

Revenue	Amount
BHD Reserves	(\$3.7M)
Tenant Improvement Allowance <sup>1</sup>	(\$1.7M)
Capital Cash Financing	(\$.9M)
<b>Total</b>	<b>(\$6.3M)</b>

<sup>1</sup> Initial estimate based on analysis of lease market – will be refined through future negotiations with landlord.

# Finance Committee Item 7

Behavioral Health Division

Combined Reporting

2020 Annual Projection as of June 2020

	2020 Budget				2020 Annual Projection				2020 Projected Surplus/(Deficit)			
	Hospital	Community Services	Mgmt/ Ops/Fiscal	Total BHD	Hospital	Community Services	Mgmt/ Ops/Fiscal	Total BHD	Hospital	Community Services	Mgmt/ Ops/Fiscal	Total BHD
<b>Revenue</b>												
BCA	7,700,026	14,636,560	-	22,336,586	7,700,026	14,636,560	-	22,336,586	-	-	-	-
State & Federal	-	22,334,559	-	22,334,559	-	23,020,887	-	23,020,887	-	686,328	-	686,328
Patient Revenue	21,587,576	94,757,302	50,000	116,394,878	18,208,615	97,852,954	-	116,061,569	(3,378,961)	3,095,652	(50,000)	(333,309)
Other	80,000	1,653,578	2,727,801	4,461,379	-	1,249,469	332,138	1,581,606	(80,000)	(404,109)	(2,395,663)	(2,879,773)
Sub-Total Revenue	29,367,602	133,381,999	2,777,801	165,527,402	25,908,641	136,759,869	332,138	163,000,648	(3,458,961)	3,377,870	(2,445,663)	(2,526,754)
<b>Expense</b>												
Salary	15,580,572	10,340,199	7,762,237	33,683,008	14,338,062	8,637,017	7,134,298	30,109,377	1,242,510	1,703,182	627,939	3,573,631
Overtime	626,088	3,276	137,664	767,028	2,269,147	293,635	240,721	2,803,504	(1,643,059)	(290,359)	(103,057)	(2,036,476)
Fringe	17,105,593	11,177,371	7,373,871	35,656,835	17,182,719	11,048,718	9,202,633	37,434,070	(77,126)	128,653	(1,828,762)	(1,777,235)
Services/Commodities	3,382,768	2,308,988	9,019,063	14,710,819	3,369,700	1,099,233	11,458,312	15,927,245	13,068	1,209,755	(2,439,249)	(1,216,426)
Other Charges/Vendor	3,849,001	127,049,563	-	130,898,564	3,153,962	129,544,429	0	132,698,391	695,039	(2,494,866)	(0)	(1,799,827)
Capital	-	-	2,663,504	2,663,504	-	-	3,088,700	3,088,700	-	-	(425,196)	(425,196)
Cross Charges	17,413,819	19,302,967	9,194,000	45,910,786	19,364,937	22,299,828	8,811,302	50,476,067	(1,951,118)	(2,996,861)	382,698	(4,565,281)
Abatements	-	(6,894,326)	(34,636,066)	(41,530,392)	-	(5,483,263)	(39,603,829)	(45,087,091)	-	(1,411,063)	4,967,763	3,556,699
Total Expense	57,957,841	163,288,038	1,514,273	222,760,152	59,678,527	167,439,597	332,137	227,450,262	(1,720,686)	(4,151,559)	1,182,136	(4,690,110)
<b>Tax Levy</b>	28,590,239	29,906,039	(1,263,528)	<b>57,232,750</b>	33,769,886	30,679,728	(0)	<b>64,449,614</b>	<b>(5,179,647)</b>	<b>(773,689)</b>	<b>(1,263,528)</b>	<b>(7,216,864)</b>

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

Mgmt/Ops/Fiscal includes administrative functions includes all support functions such as: management, quality, contracts, legal, dietary, fiscal, admissions, medical records and facilities.

The projected cost of these functions which is allocated out to the BHD programs is: \$ 39,603,829

Community includes Wraparound, AODA and Community Mental Health.

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

Behavioral Health Division

Community Services (CARS & Wraparound)

2020 Annual Projection as of June 2020

	2020 Budget				2020 Annual Projection				2020 Projected Surplus/(Deficit)			
	AODA	Mental Health	WRAP	Total CARSD	AODA	Mental Health	WRAP	Total CARSD	AODA	Mental Health	WRAP	Total CARSD
<b>Revenue</b>												
BCA	2,333,731	12,302,829	-	14,636,560	2,333,731	12,302,829	-	14,636,560	-	-	-	-
State & Federal	11,077,302	9,270,751	1,986,506	22,334,559	11,441,588	9,135,428	2,443,871	23,020,887	364,286	(135,323)	457,365	686,328
Patient Revenue	-	38,585,458	56,171,844	94,757,302	0	42,134,917	55,718,037	97,852,954	-	3,549,459	(453,807)	3,095,652
Other	550,000	1,013,578	90,000	1,653,578	401,542	839,774	8,152	1,249,469	(148,458)	(173,804)	(81,848)	(404,109)
Sub-Total Revenue	13,961,033	61,172,616	58,248,350	133,381,999	14,176,861	64,412,949	58,170,059	136,759,869	215,828	3,240,333	(78,291)	3,377,870
<b>Expense</b>												
Salary	150,663	6,964,334	3,225,202	10,340,199	105,136	5,733,454	2,798,427	8,637,017	45,527	1,230,880	426,775	1,703,182
Overtime	-	-	3,276	3,276	0	269,261	24,374	293,635	-	(269,261)	(21,098)	(290,359)
Fringe	104,379	7,739,460	3,333,532	11,177,371	119,068	7,607,666	3,321,984	11,048,718	(14,689)	131,794	11,548	128,653
Services/Commodities	448,955	1,101,045	758,988	2,308,988	59,076	152,941	887,216	1,099,233	389,879	948,104	(128,228)	1,209,755
Other Charges/Vendor	13,840,146	61,289,692	51,919,725	127,049,563	13,759,309	64,875,700	50,909,420	129,544,429	80,837	(3,586,008)	1,010,305	(2,494,866)
Capital	-	-	-	-	0	-	-	-	-	-	-	-
Cross Charges	1,375,951	11,329,362	6,597,654	19,302,967	1,604,517	12,847,394	7,847,917	22,299,828	(228,566)	(1,518,032)	(1,250,263)	(2,996,861)
Abatements	-	(6,879)	(6,887,447)	(6,894,326)	-	-	(5,483,263)	(5,483,263)	-	(6,879)	(1,404,184)	(1,411,063)
Total Expense	15,920,094	88,417,014	58,950,930	163,288,038	15,647,107	91,486,416	60,306,074	167,439,597	272,987	(3,069,402)	(1,355,144)	(4,151,559)
<b>Tax Levy</b>	1,959,061	27,244,398	702,580	<b>29,906,039</b>	1,470,246	27,073,467	2,136,015	<b>30,679,728</b>	<b>488,815</b>	<b>170,931</b>	<b>(1,433,435)</b>	<b>(773,689)</b>

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

Behavioral Health Division

Inpatient - Hospital

2020 Annual Projection as of June 2020

	2020 Budget				2020 Annual Projection				2020 Projected Surplus/(Deficit)			
	Adult	CAIS	Crisis ER/Obs	Total Inpatient	Adult	CAIS	Crisis ER/Obs	Total Inpatient	Adult	CAIS	Crisis ER/Obs	Total Inpatient
<b>Revenue</b>												
BCA	-	-	7,700,026	7,700,026	-	-	7,700,026	7,700,026	-	-	-	-
State & Federal	-	-	-	-	-	-	-	-	-	-	-	-
Patient Revenue	16,355,583	3,972,472	1,259,521	21,587,576	15,129,659	1,869,409	1,209,547	18,208,615	(1,225,924)	(2,103,063)	(49,974)	(3,378,961)
Other	-	80,000	-	80,000	-	-	-	-	-	(80,000)	-	(80,000)
Sub-Total Revenue	16,355,583	4,052,472	8,959,547	29,367,602	15,129,659	1,869,409	8,909,573	25,908,641	(1,225,924)	(2,183,063)	(49,974)	(3,458,961)
<b>Expense</b>												
Salary	7,339,790	2,014,092	6,226,690	15,580,572	6,653,314	2,015,888	5,668,860	14,338,062	686,476	(1,796)	557,830	1,242,510
Overtime	404,496	41,304	180,288	626,088	1,162,828	170,226	936,093	2,269,147	(758,332)	(128,922)	(755,805)	(1,643,059)
Fringe	9,217,024	2,123,021	5,765,548	17,105,593	9,257,466	2,087,455	5,837,798	17,182,719	(40,442)	35,566	(72,250)	(77,126)
Services/Commodities	2,582,826	270,743	529,199	3,382,768	2,723,462	206,658	439,579	3,369,700	(140,636)	64,085	89,620	13,068
Other Charges/Vendor	3,849,001	-	-	3,849,001	3,153,962	-	-	3,153,962	695,039	-	-	695,039
Capital	-	-	-	-	-	-	-	-	-	-	-	-
Cross Charges	8,769,988	2,810,114	5,833,717	17,413,819	9,858,211	3,047,983	6,458,742	19,364,937	(1,088,223)	(237,869)	(625,025)	(1,951,118)
Abatements	-	-	-	-	-	-	-	-	-	-	-	-
Total Expense	32,163,125	7,259,274	18,535,442	57,957,841	32,809,244	7,528,211	19,341,072	59,678,527	(646,119)	(268,937)	(805,630)	(1,720,686)
<b>Tax Levy</b>	15,807,542	3,206,802	9,575,895	<b>28,590,239</b>	17,679,585	5,658,802	10,431,499	<b>33,769,886</b>	<b>(1,872,043)</b>	<b>(2,452,000)</b>	<b>(855,604)</b>	<b>(5,179,647)</b>

# Finance Committee Item 8

COUNTY OF MILWAUKEE  
Behavioral Health Division Administration  
Inter-Office Communication

**DATE:** August 28, 2019

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

**FROM:** Shakita La Grant, Interim Director, Department of Health and Human Services  
*Approved by Mike Lappen, Administrator, Behavioral Health Division*

**SUBJECT:** **A Report from the Interim Director, Department of Health and Human Services, Notifying the Milwaukee County Mental Health Board of Fund Transfers Processed in the Previous Quarter**

## Issue

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

## Background

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

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

**2020 Fund Transfers**

Title	Description	Total Funds Transferred
SIA Building Repairs	<p>Planning, design and construction costs for active patient units and emergency room Code Compliance Remodel at Milwaukee County BHD. These improvements are requirements under BHD's Systems Improvement Agreement (SIA) with the Centers for Medicare and Medicaid Services (CMS). If not completed, BHD risks losing \$16m+ in annual patient revenue. These costs are funded through BHD's capital (infirmary) reserve fund.</p>	\$2,474,804
FEP Year 2 Grant	<p>The purpose of DHS State of WI grant is to develop and implement the Coordinated Specialty Care Program providing early intervention for First Episode Psychosis (FEP) services.</p> <p>Program period: Oct 2019 - Sept 2020. This fund transfer reflects Jan 2020 through Sept 2020.</p>	\$580,226
SOR Additional Funds	<p>State Opioid Response (SOR) provides comprehensive treatment and recovery support services for opioid use disorders to individuals currently on or anticipated to be placed on the AODA transitional residential waiting list for whom opioids are the primary drug of choice. Treatment services include residential treatment, recovery house/outpatient plus, day treatment and individual and family counseling.</p> <p>This transfer is to account for additional SOR funds awarded. Budget period ends 09/29/2020.</p>	\$497,789

<p>SEP Year 1</p>	<p>The purpose of the Supported Employment Program (SEP) is to support state and community efforts to refine, implement, and sustain evidence-based supported employment programs and mutually compatible and supportive evidence-based practices (e.g., supported education) for transition-aged youth/young adults (ages 16-25) with serious emotional disturbance (SED), and adults with serious mental illness (SMI) or co-occurring mental and substance use disorders (COD). SAMHSA expects that this program will increase state and community capacity to implement and sustain Supported Employment Program (SEP) models and integrated supports to improve competitive employment outcomes for individuals with SED, SMI, or COD.</p> <p>Budget Period: 09/30/2019 – 09/29/2020 and Project Period: 09/30/2019 – 09/29/2024. This fund transfer covers year 1.</p>	<p>\$779,146</p>
<p>SEP Year 2</p>	<p>The purpose of the Supported Employment Program (SEP) is to support state and community efforts to refine, implement, and sustain evidence-based supported employment programs and mutually compatible and supportive evidence-based practices (e.g., supported education) for transition-aged youth/young adults (ages 16-25) with serious emotional disturbance (SED), and adults with serious mental illness (SMI) or co-occurring mental and substance use disorders (COD). SAMHSA expects that this program will increase state and community capacity to implement and sustain Supported Employment Program (SEP) models and integrated supports to improve competitive employment outcomes for individuals with SED, SMI, or COD.</p> <p>Budget Period: 09/30/2020 – 09/29/2021 and Project Period: 09/30/2019 – 09/29/2024. This fund transfer covers partial of year 2 (sept-dec '20)</p>	<p>\$199,266</p>

<p>SOC Year 1</p>	<p>Funds awarded by SAMHSA to support the redesign and implementation of the psychiatric crisis service System of Care (SOC) for youth and young adults by expanding early intervention, prevention, and response services, while also working to enhance the crisis SOC for youth and their caregivers through infrastructure development. Budget Period: 09/30/2019 – 09/29/2020 and Project Period: 09/30/2019 – 09/29/2023. This transfer is to cover year 1.</p>	<p>\$972,185</p>
<p>SOC Year 2</p>	<p>Funds awarded by SAMHSA to support the redesign and implementation of the psychiatric crisis service system of care (SOC) for youth and young adults by expanding early intervention prevention, and response services, while also working to enhance the crisis SOC for youth and their caregivers through infrastructure development. Budget Period: 09/30/2020 – 09/29/2021 and Project Period: 09/30/2019 – 09/29/2023. This transfer is to cover partial of year 2 (Sept - Dec 2020)</p>	<p>\$249,970</p>

Respectfully Submitted,



Shakita La Grant, Interim Director  
Department of Health and Human Services

# Finance Committee Item 9

## 2020 Projected BHD Reserve Balances

	Year End 12/31/2018	2019 Contribution	2019 Balance	2020 Contribution	2020 Balance (Proj)
0785 Encumbrance Reserve	2,649,227	(1,363,976)	1,285,251	-	1,285,251
0904 Wrap Reserve	9,091,752	(11,896)	9,079,856	(700,000)	8,379,856
<b>0906 Capital Reserve</b>	5,154,733	-	5,154,733	(3,000,000)	2,154,733
<b>0905 Surplus Reserve</b>	21,285,469	(2,210,907)	19,074,563	(3,516,864)	15,557,699
<b>Total Reserves</b>	<b>38,181,182</b>	<b>(3,586,779)</b>	<b>34,594,403</b>	<b>(7,216,864)</b>	<b>27,377,539</b>

## Reserve Commitments

	Surplus Reserve	Capital Reserve
<b>Committed</b>		
CART Annual Expense	\$ 500,000	
Board Analyst Annual Expense	\$ 100,000	
Additional SIA Capital Improvements		\$ 1,400,000
<b>Future Commitments</b>		
Retention / Severance Payments	\$ 4,000,000	
Relocation Costs	\$ 3,700,000	
2021 Expenditure Reduction	\$ 2,000,000	
<b>Total</b>	<b>\$ 10,300,000</b>	<b>\$ 1,400,000</b>
<b>Future Balance after Known Commitments/Risks</b>	<b>\$ 5,257,699</b>	<b>\$ 754,733</b>

## Environment of Care –Fall Summary Report 2020

- Management Plans were approved by the Mental Health Board at the April 23rd meeting.

Areas of interest in the Environment of Care during 2020 thus far:

- Education and monitoring of Infectious Waste disposal. BHD has not had a level greater than 50# per month so far this year. If we continue this trend through to the end of the year we will not need to file a Hazardous Medical Waste Report in 2021. The success can most likely be attributed to the additional training, the change in the Regulated Medical Waste receptacles and a different process for accessing the supply of large red bags.

Year	Total for the year	Average per month
2014	3261.6#	271#
2015	1538.55#	128#
2016	908.53#	75#
2017	492.59#	41#
2018	520#	29#
2019	286.09#	24#
2020	157.24# year to date	19.65#

- Recall and Alert management: None of our inventory was involved in the alert/recall so far this year. Urgent alerts are being addressed within the three-day target 99% of the time.
- Environmental Rounds were limited this year related to COVID protocols. All rounds were suspended in spring in keeping with COVID protocols. Infection prevention and Food Service Rounds have restarted. Environmental Rounds will restart in the next month. Since January 1, there have been 80 findings. 70% of the identified items have been completed. There have been no recent findings recorded so a rate for the 30-day completion was not calculated. The rounds scheduled will need to be adjusted due to the relocations/renovations to assure compliance with frequency requirements.
- The Veterans Administration (VA), *Mental Health Environment of Care Checklist* tool has not been revised by the VA since BHD used it in 2018-19. BHD is still in the process of mitigating the findings in the last assessment, the EC Committee will go through the checklist once the remediations are completed or when the VA updates the tool.
- A training regarding the environmental risks was deployed and 99% of staff have completed it.
- A water management plan has been fully implemented to meet the new requirement for a plan to control legionella outbreaks. The number of vacant areas in the building with low water use impacted the chlorine levels. This was corrected late 2019 by running water in remote areas to increase flow throughout the system. As a result of the current work from home status, faucets are being run on the fourth floor.
- New NIOSH medication safety program (USP800) was developed by nursing and pharmacy over the past 2 years. The program involves additional training for staff prior to final implementation. The program identifies hazardous medications and requires expanded controls for the protection of workers who handle the medications. An alert/warning will be present on the medication, in Avatar's E-MAR and in the Pyxis machine. Administration of listed medications will require use of chemo gloves and gown. Staff have been trained and the program is now fully implemented.

Respectfully Submitted by

*Lynn Gram*

Lynn Gram on behalf of the Environment of Care Committee

## Emergency Management – Fall Summary Report 2020

- 2 Drills/Exercises are required. Drills/Exercises completed in 2020 include:
  - March 4<sup>th</sup> tabletop exercise *Wisconsin Emergency Support Function #8* involving Democratic National Convention (DNC) as well as pandemic tangents.
  - Campus wide tabletop exercise in May provided insight into BHD and campus capabilities for a violent event during the DNC. The exercise focused on potential issues related to hard perimeter being set around campus and how staff would be cleared through the perimeter for their shift.
  - July – Full Scale Exercise on MRMC Campus simulating a violent event during the DNC and access to campus issues. This tested the campus wide Emergency Coordination Plan. Multiple organizations involved in the planning and implementation of the drill, including:

Children’s Hospital of Wisconsin  
Medical College of Wisconsin,  
911 Communications Division,  
Milwaukee Police Department,  
Wauwatosa Fire Department,  
Wisconsin Lutheran College,

Froedtert Hospital,  
Milwaukee County Behavioral Health Division,  
Milwaukee County Office of Emergency Management,  
Milwaukee Regional Medical Center,  
Wauwatosa Police Department,  
Versiti Blood Research Institute

BHD tested internal and external communication systems, the establishment of an Incident Command Center, Joint Information Center, and security response/lockdown processes. The activation and use of the Incident Command Center was much improved from prior years. The lockdown process took much longer than in the past due to fewer maintenance staff. Security and Maintenance will be working to improve this procedure.

- The COVID19 Pandemic can be counted as one of our exercises. An after-action Report is being drafted for the first 4 months of the Pandemic. This will be updated as the event continues. BHD’s response was very quick and thorough. Improvements can be made in our medical record documentation and will result in some changes to the Closed Point of Distribution Plan.
- Emergency Operations Plan revision.
  - As part of the SIA the Plan and all supporting documents are being updated. The final plan will be brought to Medical Executive Committee for approval.
  - BHD’s 2014 decision to not use emergency medical staff was reviewed by the Medical Staff President, the Chief Medical Officer/Credentialing Chair, Medical Staff Services, and Safety Office, with consideration of the Wisconsin Emergency Assistance Volunteer Registry (WEAVR) which maintains a list of available volunteers. The use of WEAVR does not eliminate the additional disaster credentialing and privileging requirements for the hospital. The use of WEAVR to obtain volunteers medical staff does not offer a significant benefit to warrant adding it to our emergency plans.
- Other activities
  - Fire Alarm and other emergency announcements have been revised and recorded. The changes are consistent with other hospital messaging and states, “Fire Alarm” and the location. Staff are expected to rely on their training and not reminders in the announcement.
  - Hazard Vulnerability Assessment was completed by the committee in June and will be used to prioritize the revision of the emergency response plans. (see attached)
  - The Office of Emergency Management template for a one-page Emergency Action Plan has been completed. (attached) This will be blended with the existing BHD Emergency response guide flip chart.

Respectfully Submitted by

*Lynn Gram*

Lynn Gram on behalf of the Environment of Care Committee



Emergency Guidelines:

- Emergency alerts may be through the building PA (Public Address system), fire alarm speaker, horns and strobes, or outdoor warning sirens (tornado).
- Emergency notification text/email sign-up is available through OEM.
- Supervisors are responsible to ensure employees are familiar with emergency procedures.
- Team Leaders are assigned through Divisions or units./locations and direct the emergency action herein, to include head counts during evacuation.
- Employees are responsible to report to their Team Leader during an incident or emergency.



Severe weather watches & warnings will be issued by the National Weather Service. Tornado Sirens will be sounded by OEM during a Tornado Warning. Seek shelter in room 4 (tub room) or room 18 (med room), which are on each unit. Additional areas are listed on next page. Close all doors behind you. Follow your Team Leader instructions. Wait for the "All Clear".



If you see smoke or fire, pull fire alarm and dial 9-9-1-1. When horns and strobes are sounded, all occupants are to shelter in place and prepare to evacuate if needed to one of the 4 assembly areas, and report to the Team Leader. Assist others. Those that cannot use the stairs will wait at Areas of Rescue Assistance. Inpatient unit staff prepare to evacuate during drills and in event of a fire on or near your location evacuate laterally to another locked unit.



Dial 9-9-1-1 for a medical emergency. If an adult suddenly falls to the ground, is unresponsive, and not breathing, perform Hands-Only-CPR (cardiopulmonary resuscitation). Instruct someone to dial 9-1-1 and to bring the nearest AED (Automated External Defibrillator). Continue CPR and/or AED until paramedics arrive.



A power outage may occur due to mechanical malfunction or severe weather. Emergency lighting and power may be available using red outlets. Utilize flashlights and follow instructions. There may be a need to evacuate the area and/or close the building. Temporary relocation may apply, follow Supervisor instructions. Your COOP may apply.



When a violent event occurs, but does not involve a patient and is not directed at you, do not interfere and immediately call 9-9-1-1. Move away from the threat and monitor it from a safe distance. **Follow ALICE training -Alert, Lockdown, Inform, Counter, Evacuate.** When in a safe location, dial 9-9-1-1. Follow instructions from first responders. If the event involves a patient, and additional help is needed, call 257-7000 and request a code 1-Behavioral Emergency.



If you suspect an active shooter or armed intruder, immediately dial 9-9-1-1 and 257-7000. **Follow ALICE training -Alert, Lockdown, Inform, Counter, Evacuate.** If under attack, fight for your life, disrupt and/or incapacitate the shooter. Follow police orders & OEM alerts.



If you receive a bomb threat, wave orange bomb threat card or other means to alert coworkers to immediately dial 9-9-1-1 and notify your supervisor. Keep the caller on the line as long as possible. **DO NOT HANG UP.** Write down or record as much information as possible. Use orange bomb threat card as a guide. Follow police directions and notifications issued by OEM.



If you see or receive a suspicious package, leave it where found and dial 9-9-1-1 and 257-7000. Do not disturb or try to conduct any clean up. Keep the immediate area clear of others. Instruct people who've touched the package to wash hands with soap and water. Follow responder's instructions.



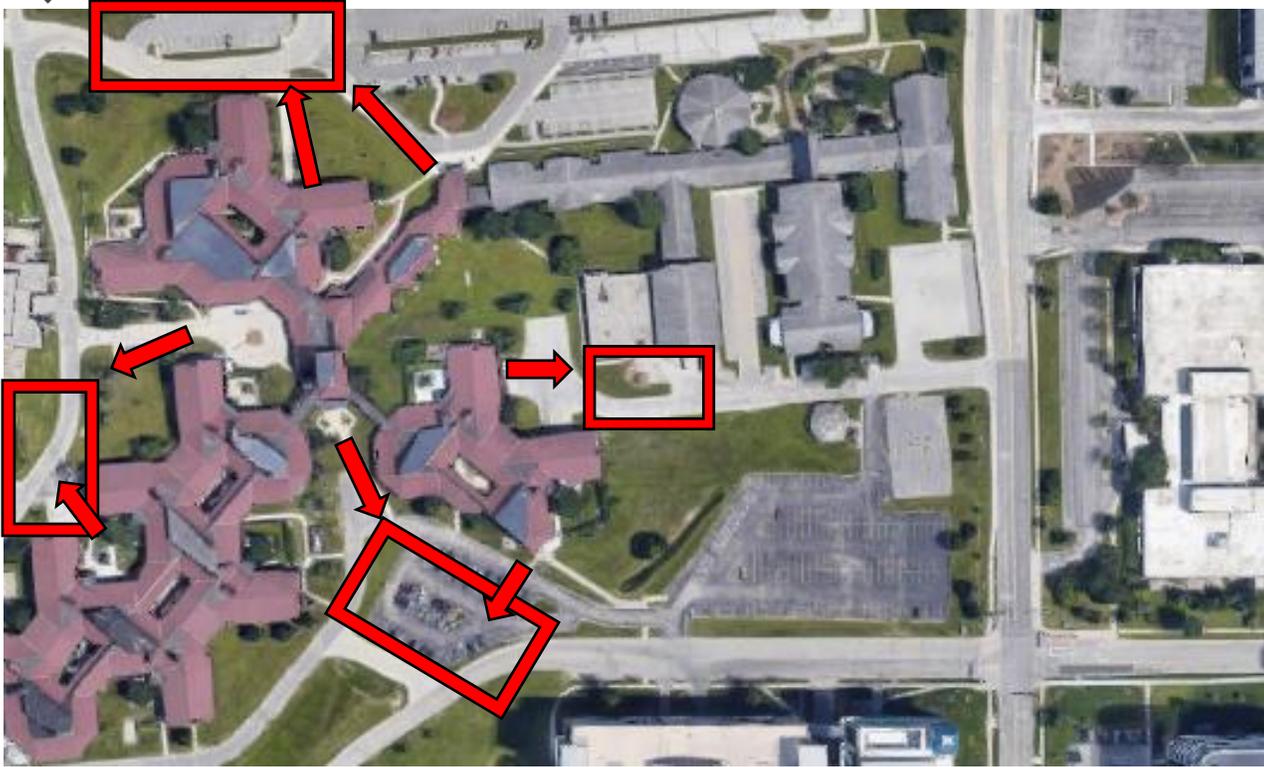
When a hazardous materials spill occurs or is suspected, avoid any contact with the substance close doors, and avoid breathing in vapors. Dial 9-9-1-1 and 257-7000. Alert people in the area to evacuate to another building or outside. Turn off ignition sources, if you can safely do so. Follow directions from emergency response and alerts from OEM.



To report a missing person, abduction or elopement, (unauthorized absence) call security 257-7395 and 257-7000 to report it immediately. Follow the person at a reasonable distance, if able. Report as much information as possible about the person name (if known), age, height, weight, gender, race, clothing, etc., the location last seen and direction they were going.



Evacuate When evacuating, move to a designated assembly area as indicated by:



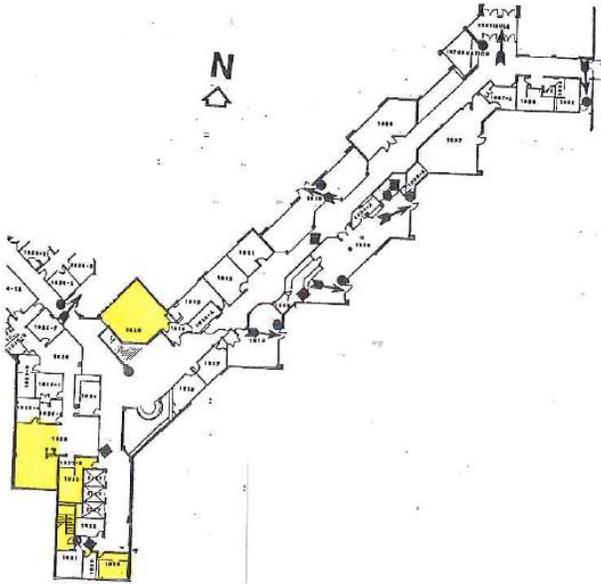
Shelter in Place



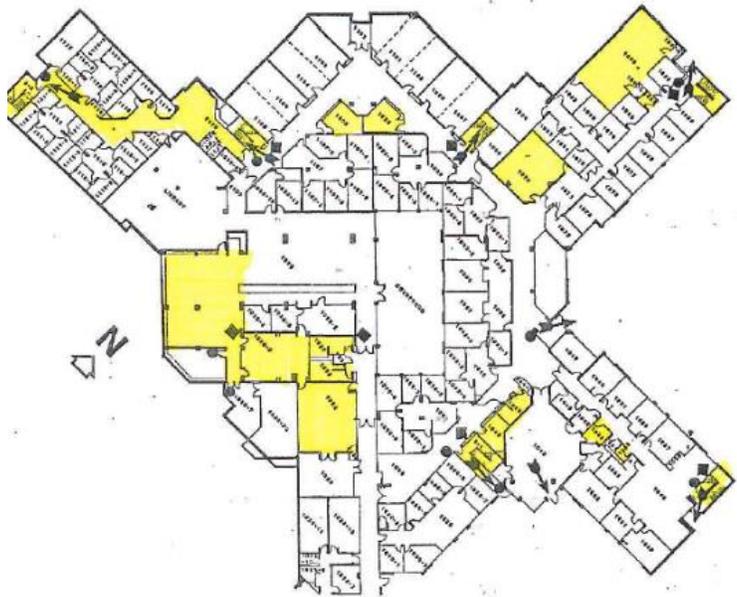
Recommended Shelter Areas during a Tornado:

- Building 1 - Chapel
- Building 2 Level 1 - Stairwell, Bathrooms, Medical Records Rm 1025-5
- Building 2 Level 2 through 4 and Penthouse - Pharmacy corridor in Building 4 level 2.
- Building 3 - Level 1 - Gathering Area (Rm 1110) , Rm 1070 (inside), Room 1090 (inside), Courtrooms, Rm 1038; Rm 1052 (Central Admin); Any Stairwell or Bathroom
- Building 3 - Level 2 - 32A & B, & Access Clinic move laterally to Bldg. 4 or 5, PCS and OBS shelter in place on unit in designated areas.
- Building 4- Level 2 - All areas are Tornado Shelters (away from exterior windows)
- Building 4 - Level 3 - 43A, B & C shelter in place on unit in designated areas. 43D, E, F & office staff move to Level 2 using stairwells
- Building 4 - Level 4 - All areas, move to Level 2 using stairwells
- Building 5 - Level 2 - All areas are Tornado Shelters (away from exterior windows)
- Building 5 - Level 3 - 53B shelter in place on unit in designated areas. All other office pods & staff move to Level 2 using stairwells

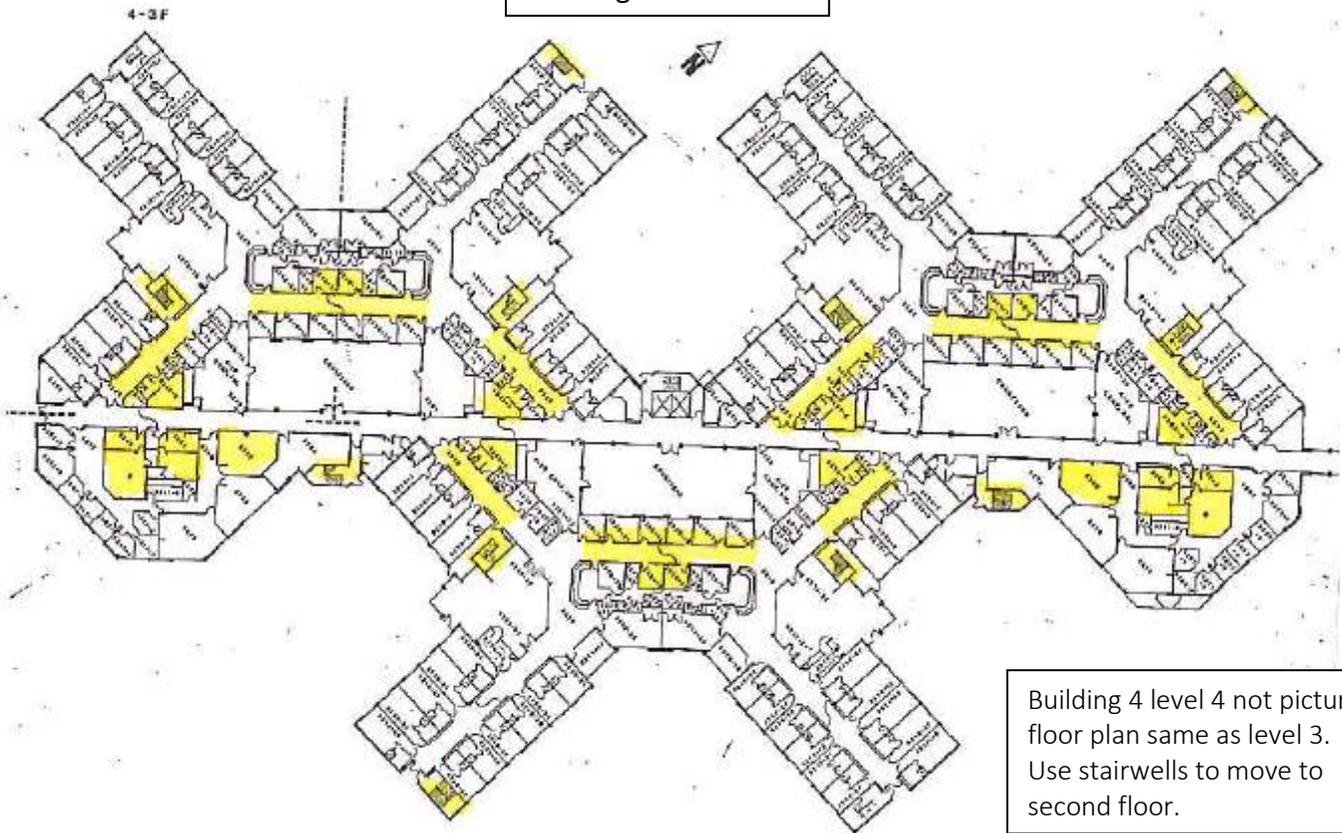
Building 1 & 2 Level 1



Building 3 Level 1

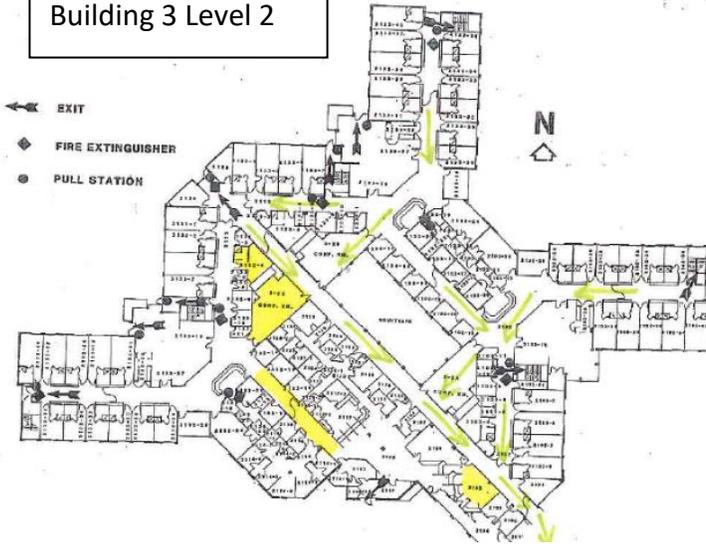


Building 4 Level 3

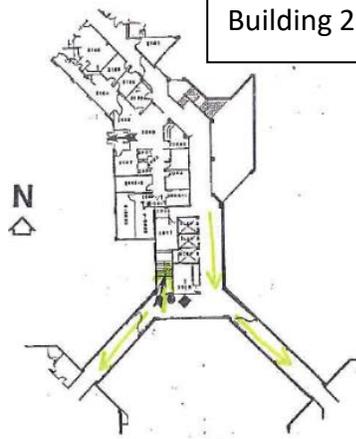


Building 4 level 4 not pictured  
floor plan same as level 3.  
Use stairwells to move to  
second floor.

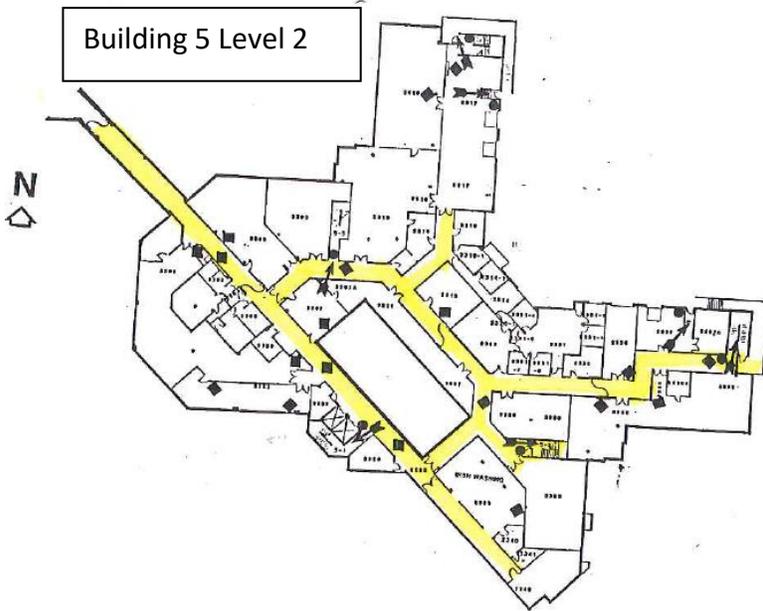
Building 3 Level 2



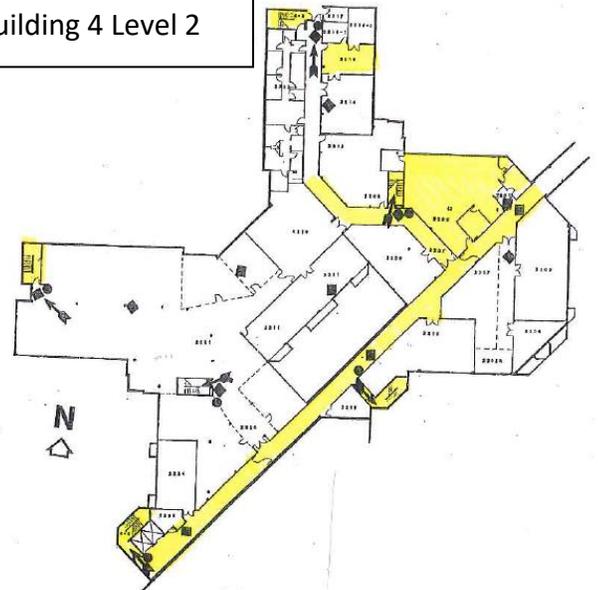
Building 2 Level 2



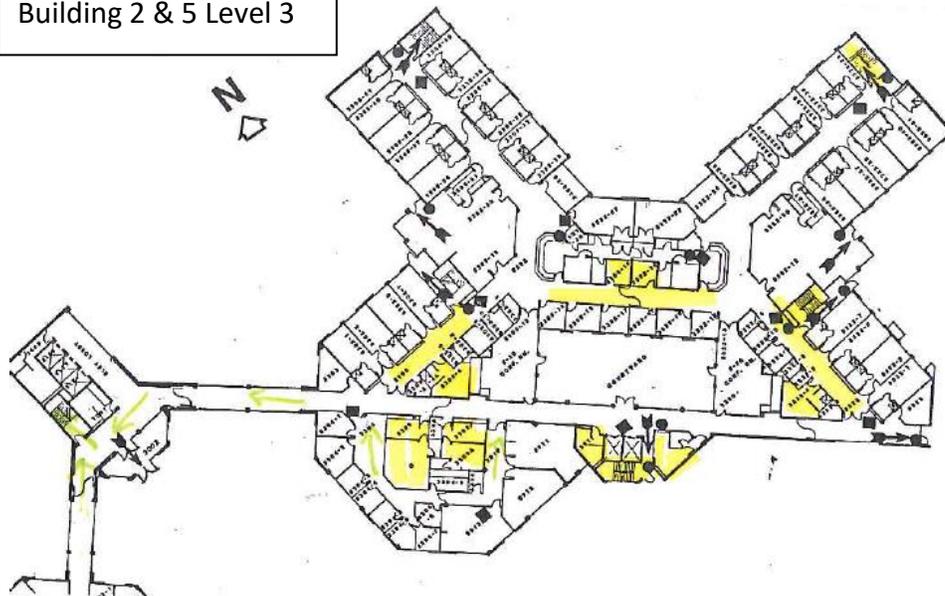
Building 5 Level 2



Building 4 Level 2



Building 2 & 5 Level 3



Event	score	priority rank
Pandemic flu/Epidemic	81	1
Civil Disturbance/Riot on site	81	2
Winter Storms/Blizzard/Ice Storm	75	3
Electrical Failure	60	4
Generator Failure	58	5
Extreme Heat	56	6
Steam failure	54	7
Tornado	48	8
Armed Intruder/Active Shooter	46	9
EMP disruption	45	10
Flooding	40	11
Bomb threat	30	12
Flood Internal	30	13
Fuel shortage	29	14
Forensic admission	27	15
Elevator	24	16
Terrorism	24	17
Supply disruption/shortage	23	18
Cyber Event	23	19
Water contamination	20	20
Sewer failure	20	21
Computer failure	18	22
Hostage situation	17	23
child abduction	10	24
Food Contamination	10	25
Mass Casualty/surge	10	26
Wild fire	9	27

HAZARD VULNERABILITY ANALYSIS (HVA) 2020

EVENT	Impact on the Ability and the Consequences to Provide or Receive Services											
	Internal Factors						External Factors			Impact Scoring	Likelihood of Occurrence	Impact Times Likelihood
	Patient Care Services	Support Services	Staffing	Structure	Utility Services	Business Continuity	Public Services	Business Resources	Staff Family			
Wild fire	1	1	1	1	1	1	1	1	1	9	1	9
child abduction	2	1	1	1	1	1	1	1	1	10	1	10
Food Contamination	2	1	1	1	1	1	1	1	1	10	1	10
Mass Casualty/surge	1	1	2	1	1	1	1	1	1	10	1	10
Hostage situation	3	2	2	1	1	3	1	2	2	17	1	17
Computer failure	3	3	3	1	1	2	2	2	1	18	1	18
Water contamination	2	1	1	1	1	1	1	1	1	10	2	20
Sewer failure	3	4	2	3	3	2	1	1	1	20	1	20
Supply disruption/shortage	5	5	1	1	1	3	1	5	1	23	1	23
Cyber Event	4	4	2	1	2	3	1	3	3	23	1	23
Elevator	2	2	1	1	1	1	2	1	1	12	2	24
Terrorism	3	3	3	3	3	3	1	3	2	24	1	24
Forensic admission	1	1	1	1	1	1	1	1	1	9	3	27
Fuel shortage	5	5	5	1	2	4	1	3	3	29	1	29
Bomb threat	1	1	1	1	1	1	1	1	2	10	3	30
Flood Internal	1	1	1	2	1	1	1	1	1	10	3	30
Flooding	2	2	2	3	3	3	2	2	1	20	2	40
EMP disruption	5	5	5	5	5	5	5	5	5	45	1	45
Armed Intruder/Active Shooter	3	2	4	2	1	4	1	2	4	23	2	46
Tornado	3	3	3	3	3	3	2	1	3	24	2	48
Pandemic flu/Epidemic	4	4	3	1	3	3	3	3	3	27	3	81
Steam failure	3	2	2	3	3	2	1	1	1	18	3	54
Extreme Heat	4	4	4	1	3	5	2	2	3	28	2	56
Generator Failure	3	4	4	3	5	5	1	2	2	29	2	58
Electrical Failure	4	4	4	3	5	5	1	2	2	30	2	60
Winter Storms/Blizzard/Ice	4	4	4	1	2	2	2	3	3	25	3	75
Civil Disturbance/Riot on site	3	3	4	3	2	2	4	3	3	27	3	81

Scoring Criteria

Impact of Event

- 1= 100% prepared or insignificant impact
- 2= 75% prepared or minor impact
- 3= 50% prepared or moderate impact
- 4= 25% prepared or serious impact
- 5= 0% prepared or very serious impact

Likelihood of Occurrence

- 1= Minimal or slight probability with no history
- 2= Moderate probability with some history
- 3= High probability with occurrence in last 10 years

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

**MILWAUKEE COUNTY MENTAL HEALTH BOARD  
 QUALITY COMMITTEE  
 October 5, 2020 - 10:00 A.M.  
 Microsoft Teams Meeting**

**A G E N D A**

**SCHEDULED ITEMS:**

1.	Welcome ( <b>Chairwoman Neubauer</b> )
	<b>COMMUNITY SERVICES:</b>
2.	Community Based Key Performance Indicators (KPI) Dashboard; Combined Overview ( <b>Justin Heller, Integrated Services Manager; Dr. Matt Drymalski, Clinical Program Director; Dana James, Quality Assurance and Quality Improvement Manager; Adrienne Sulma, Integrated Services Manager</b> )
3.	Quarterly Report: Children’s Community Mental Health Services & Wraparound Milwaukee ( <b>Dana James, Quality Assurance and Quality Improvement Manager; Adrienne Sulma, Integrated Services Manager</b> )
4.	Community Access to Recovery Services (CARS) Quarterly Report (a) New summary document; addressing racism as a public health crisis (b) Revised version of the CARS quarterly dashboard (c) BHD-Wide Dashboard  <b>(Justin Heller, Integrated Services Manager; Dr. Matt Drymalski, Clinical Program Director; Kim Daane, Program Analyst; Gary Kraft, Program Analyst)</b>
5.	Telehealth Utilization in the CARs Network ( <b>Justin Heller, Integrated Services Manager; Dr. Matt Drymalski, Clinical Program Director</b> )
6.	Community Contract Vendor Quality Updates – Verbal ( <b>Chairwoman Neubauer</b> )
	<b>HOSPITAL SERVICES:</b>
7.	Milwaukee County BHD Data Literacy/Competency Plan Proposal Presentation ( <b>Glenn Krasker; Dr. Matt Drymalski, Clinical Program Director</b> )

8.	Dashboard (KPI) Performance Indicators ( <b>Edward Warzonek, Quality Assurance Coordinator; Dr. John Schneider, Chief Medical Officer; Linda Oczus, Chief Nursing Officer</b> )
9.	QAPI (Quality Assessment Performance Improvement) Minutes ( <b>Demetrius Anderson, Quality Improvement Manager; Jennifer Bergersen, Chief Operations Officer</b> )
10.	Hospital Contract Vendor Quality Updates - Verbal ( <b>Luci Reyes-Agron, Quality Improvement Coordinator</b> )
11.	Quality Personnel Hiring/Resources Updates – Verbal ( <b>Demetrius Anderson, Quality Improvement Manager</b> )
12.	Policy and Procedure Quarterly Report ( <b>Luci Reyes-Agron, Quality Improvement Coordinator</b> )
13.	Adjournment. ( <b>Chairwoman Neubauer</b> )
<p><b>To Access the Meeting, Call the Number Below:</b></p> <p><a href="tel:+14144363530">+1 414-436-3530</a>  <b>Conference ID: 901 436 959#</b></p> <p><b>The next regular meeting for the Milwaukee County Mental Health Board Quality Committee is December 7, 2020 at 10:00 a.m.</b></p> <p><b>Visit the Milwaukee County Mental Health Board Web Page at:</b></p> <p><a href="https://county.milwaukee.gov/EN/DHHS/About/Governance">https://county.milwaukee.gov/EN/DHHS/About/Governance</a></p>	
<p>ADA accommodation requests for Milwaukee County events should be filed with the <a href="#">Milwaukee County Office for Persons with Disabilities</a>, 278-3932 (voice), 711 (TRS), or upon receipt of this notice.</p>	



**Milwaukee County Behavioral Health Division  
2020 Key Performance Indicators (KPI) Dashboard**

**Quality Committee Item 2**

Program	Item	Measure	2017 Actual	2018 Actual	2019 Actual	2020 Quarter 1	2020 Quarter 2	2020 Quarter 3	2020 Quarter 4	2020 Actual	2020 Target	2020 YTD Status (1)	Benchmark Source
Community Access To Recovery Services	1	Service Volume - All CARS Programs <sup>5</sup>	8,346	9,393	10,049	6,362	6,266				9,500		
		Sample Size for Rows 2-6 (Unique Clients)				3,557	3,052						
	2	Percent with any acute service utilization <sup>6</sup>	17.40%	17.05%	20.13%	20.36%	18.96%				16.35%		
	3	Percent with any emergency room utilization <sup>7</sup>	13.87%	14.60%	16.37%	15.67%	14.87%				13.64%		
	4	Percent abstinence from drug and alcohol use	63.65%	63.65%	62.99%	63.25%	65.14%				64.18%		
	5	Percent homeless	7.61%	9.18%	9.60%	10.67%	9.87%				8.84%		
	6	Percent employed	18.09%	20.06%	19.04%	19.03%	16.57%				20.27%		
		Sample Size for Row 7 (Admissions)				1,726	1,770						
	7	Percent of all admissions that are 7 day readmissions	59.55%	60.12%	50.67%	53.82%	61.75%				49.00%		
Wraparound	8	Families served by Children's Mental Health Services and Wraparound (unduplicated count) <sup>8</sup>	3,404	2,955	2,872	2,106	2,020				3,145		BHD (2)
	9	Annual Family Satisfaction Average Score (Rating scale of 1-5) (Wrap HMO) <sup>9</sup>	4.8	4.60	4.5	4.4	4.8				> = 4.0		BHD (2)
	10	Out of Home Recidivism Rate (Wraparound HMO)				23	20.0%				<= 30		BHD (2)
	11	Youth and Parent Report of "How Well They Are Doing" at Disenrollment (Wrap HMO)				4.0	3.95				> = 4.0		BHD (2)
	12	Percentage of Youth who have achieved permanency at disenrollment	57.8%	58.0%	53.1%	76.2%	81.9%				> = 75%		BHD (2)
	13	Percentage of Informal Supports on a Child and Family Teams	44.1%	38.4%	33.2%	24.3%	26.6%				> = 40%		BHD (2)
	14	Average Cost per Month			\$2,706	\$2,602	\$2,363						BHD (2)
Crisis Service	15	PCS Visits	8,001	7,375	7,492	1,730				6,920	8,000		BHD (2)
	16	Emergency Detentions in PCS	3,979	3,023	3,227	723				2,892	4,000		BHD (2)
	17	Percent of patients returning to PCS within 3 days	7.3%	7.5%	9.6%	6.7%				6.7%	8%		BHD (2)
	18	Percent of patients returning to PCS within 30 days	23.1%	24.0%	26.1%	22.4%				22.4%	24%		BHD (2)
	19	Percent of time on waitlist status	75.2%	83.2%	100.0%	100.0%				100.0%	50%		BHD (2)
Acute Adult Inpatient Service	20	Admissions	656	770	693	185				740	800		BHD (2)
	21	Average Daily Census	42.9	41.8	40.5	41.8				41.8	54.0		BHD (2)
	22	Percent of patients returning to Acute Adult within 7 days	1.4%	1.6%	2.5%	2.1%				2.1%	3%		BHD (2)
	23	Percent of patients returning to Acute Adult within 30 days	7.7%	6.6%	9.0%	8.2%				8.2%	9.6%		WI DHS
	24	Percent of patients responding positively to satisfaction survey	74.0%	74.8%	74.8%	71.5%				71.5%	75.0%		NRI (3)
	25	If I had a choice of hospitals, I would still choose this one. (MHSIP Survey)	65.4%	65.2%	64.7%	65.6%				65.6%	65%		BHD (2)
	26	HBIPS 2 - Hours of Physical Restraint Rate	0.56	0.51	0.51	0.38				0.38	0.38		CMS (4)
	27	HBIPS 3 - Hours of Locked Seclusion Rate	0.30	0.28	0.19	0.22				0.22	0.29		CMS (4)
	28	HBIPS 4 - Patients discharged on multiple antipsychotic medications	17.5%	21.5%	24.7%	26.7%				26.7%	9.5%		CMS (4)
29	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	89.6%	95.8%	95.3%	98.0%				98.0%	90.0%		BHD (2)	
Child / Adolescent Inpatient Service (CAIS)	30	Admissions	709	644	660	132				528	800		BHD (2)
	31	Average Daily Census	8.6	7.5	7.5	6.9				6.9	12.0		BHD (2)
	32	Percent of patients returning to CAIS within 7 days	5.2%	3.4%	6.6%	2.9%				2.9%	5%		BHD (2)
	33	Percent of patients returning to CAIS within 30 days	12.3%	12.4%	16.7%	9.3%				9.3%	9.6%		WI DHS
	34	Percent of patients responding positively to satisfaction survey	71.3%	71.1%	75.7%	70.2%				70.2%	75%		BHD (2)
	35	Overall, I am satisfied with the services I received. (CAIS Youth Survey)	76.8%	74.2%	83.5%	75.0%				75.0%	75%		BHD (2)
	36	HBIPS 2 - Hours of Physical Restraint Rate	1.17	1.18	1.60	0.72				0.72	0.38		CMS (4)
	37	HBIPS 3 - Hours of Locked Seclusion Rate	0.37	0.47	0.33	0.08				0.08	0.29		CMS (4)
	38	HBIPS 4 - Patients discharged on multiple antipsychotic medications	5.0%	1.1%	1.4%	2.9%				2.9%	3.0%		CMS (4)
39	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	97.1%	85.7%	88.9%	75.0%				75.0%	90.0%		BHD (2)	
Financial	40	Total BHD Revenue (millions)	\$149.9	\$154.9							\$149.7		
	41	Total BHD Expenditure (millions)	\$207.3	\$213.5							\$208.2		

Notes:

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

# **BHD KPI Report Q2 2020**

**Children's Community Mental Health  
Services and Wraparound Milwaukee**

# Report Overview



**Unique Families  
Served**  
**2,020**

Children's Community Mental Health Services and Wraparound Milwaukee is a unique system of care for children with serious emotional, behavioral, and mental health needs and their families.

This report seeks to present information about quality care, costs, and outcomes framed by Wraparound values and DHHS values.

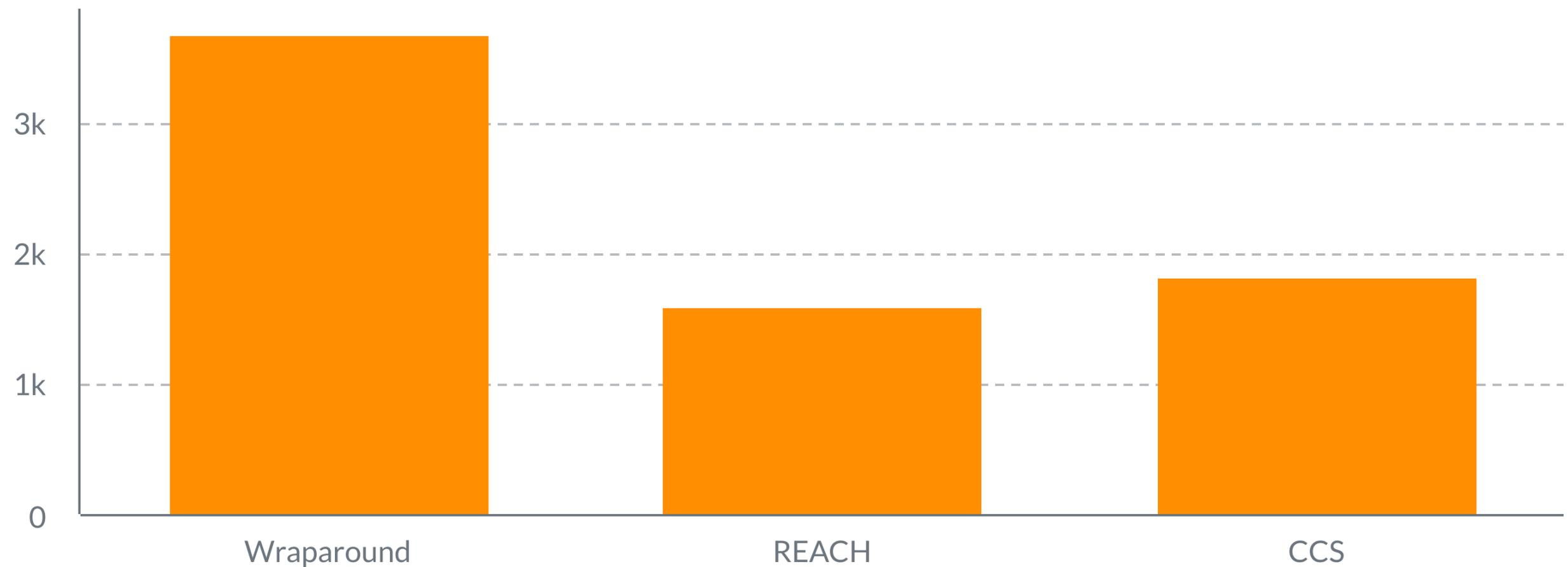
**Average Cost of Care** - average cost of care per family per month by program in the past quarter

**Population Health Metrics** - social support, home placement stability, and out-of-home recidivism

**Outcomes** - overall satisfactions, functionality, permanency at discharge, natural supports, and how well youth/caregiver is doing at discharge

Future iterations will include experience of care surveys which align to the following values: unconditional care, family/person-centered care, collaboration, and culturally competent care.

# Average Cost Per Family



Wraparound  
**3,682**

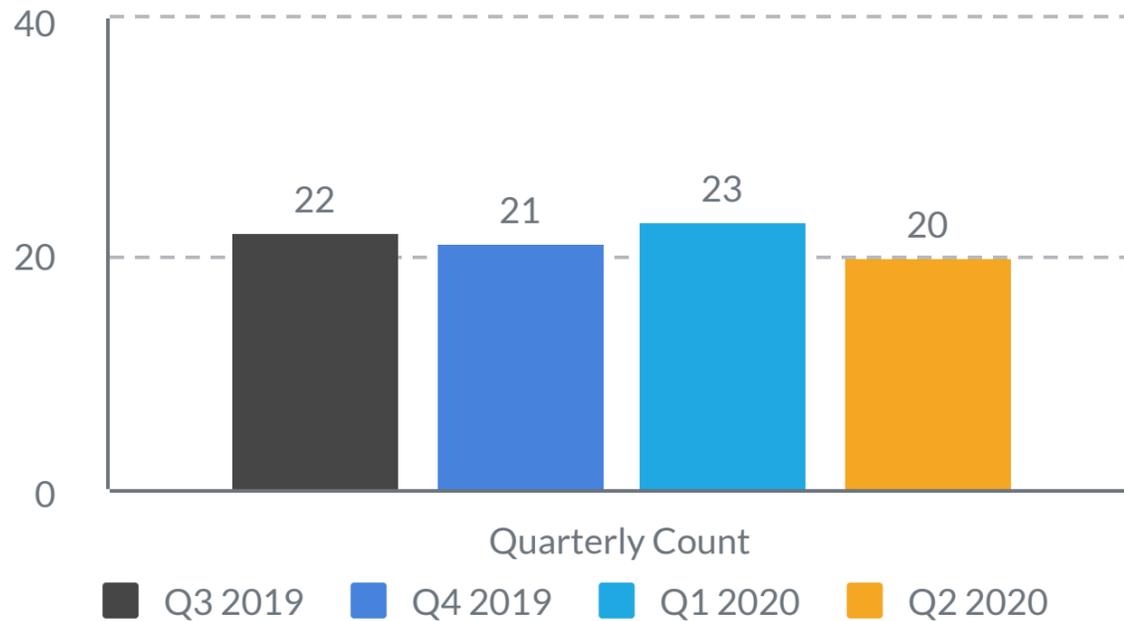
REACH  
**1,595**

CCS  
**1,814**

Average costs are based on the services utilized per family per month in the past quarter in Wraparound, REACH, and CCS.

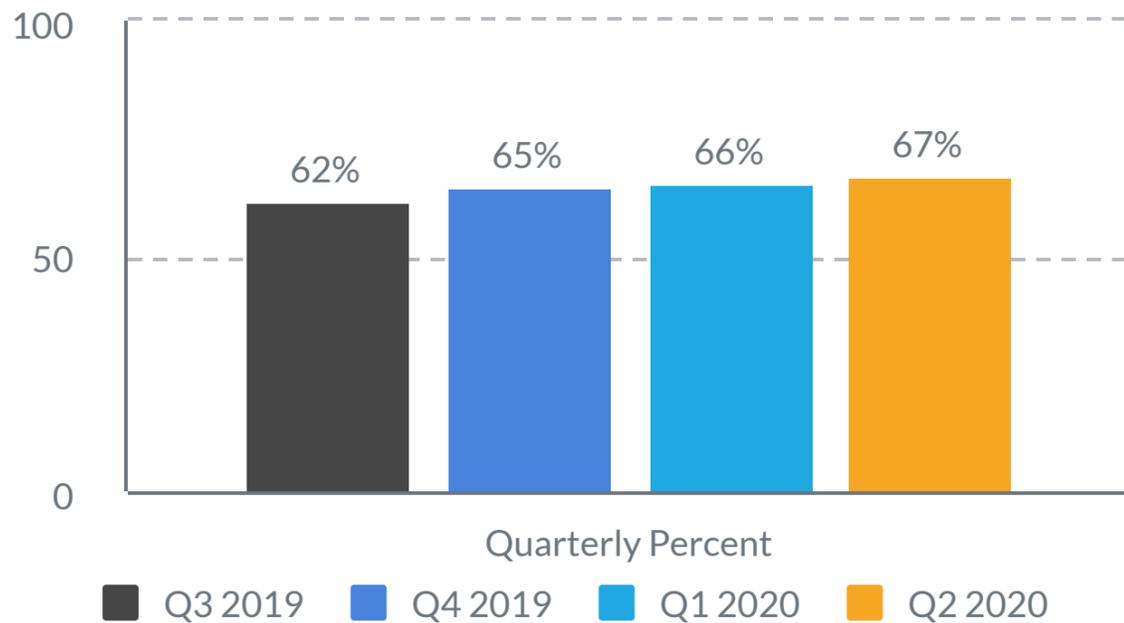
# Population Health

## Out of Home Recidivism Rate



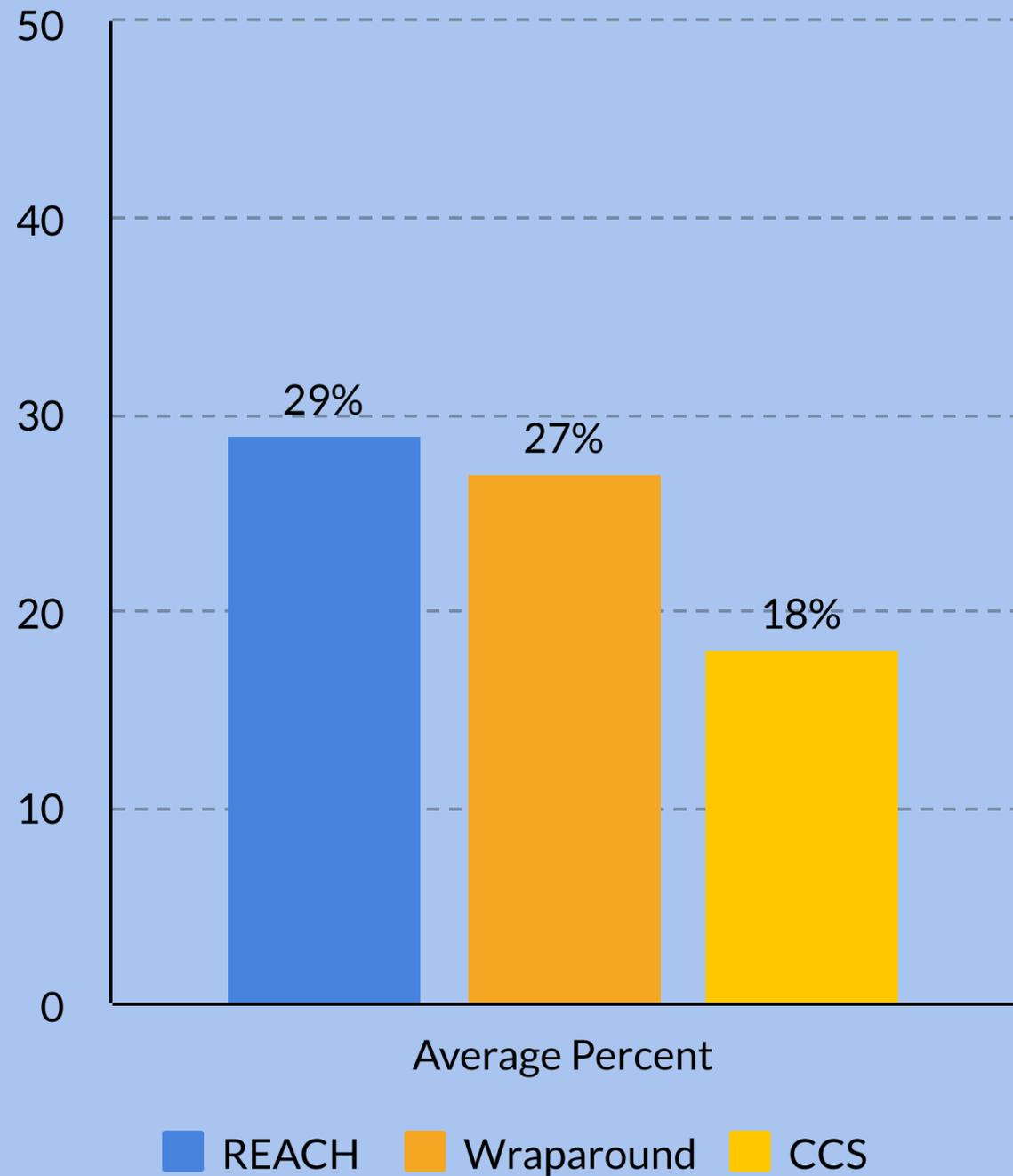
Number of youth in Wraparound and REACH who moved from a home-type setting to an out of home type setting within each quarter displayed.

## Legal Permanency Stability Rate



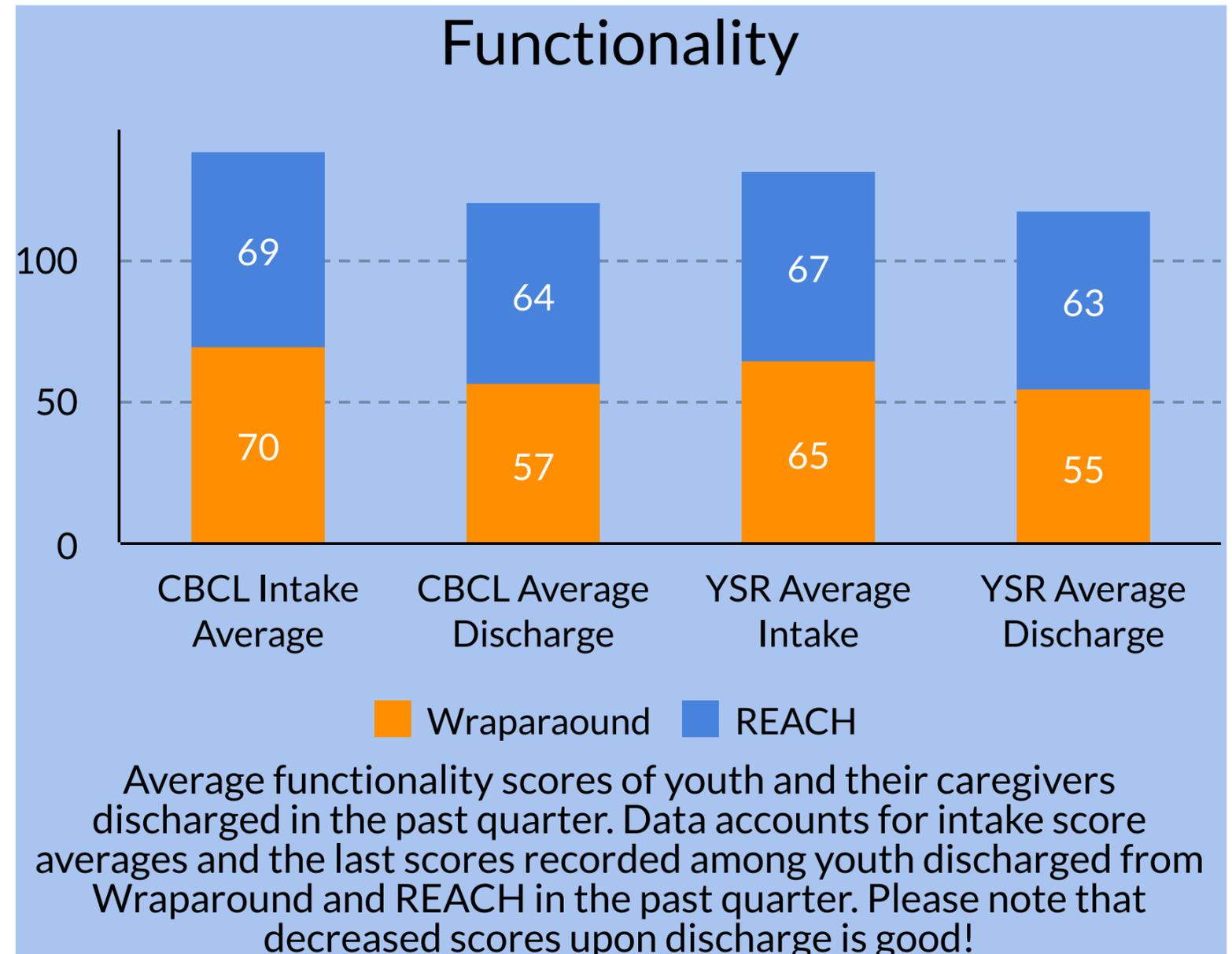
Percent of Wraparound youth in a home-type setting in the past four quarters.

## Percent of Natural Supports



Average percent of informal supports on teams in the past quarter.

# Outcomes



Permanency at Discharge

**81.94%**

Percent of discharged youth placed in a home-type setting. Includes Wraparound, REACH, and CCS in the past quarter.



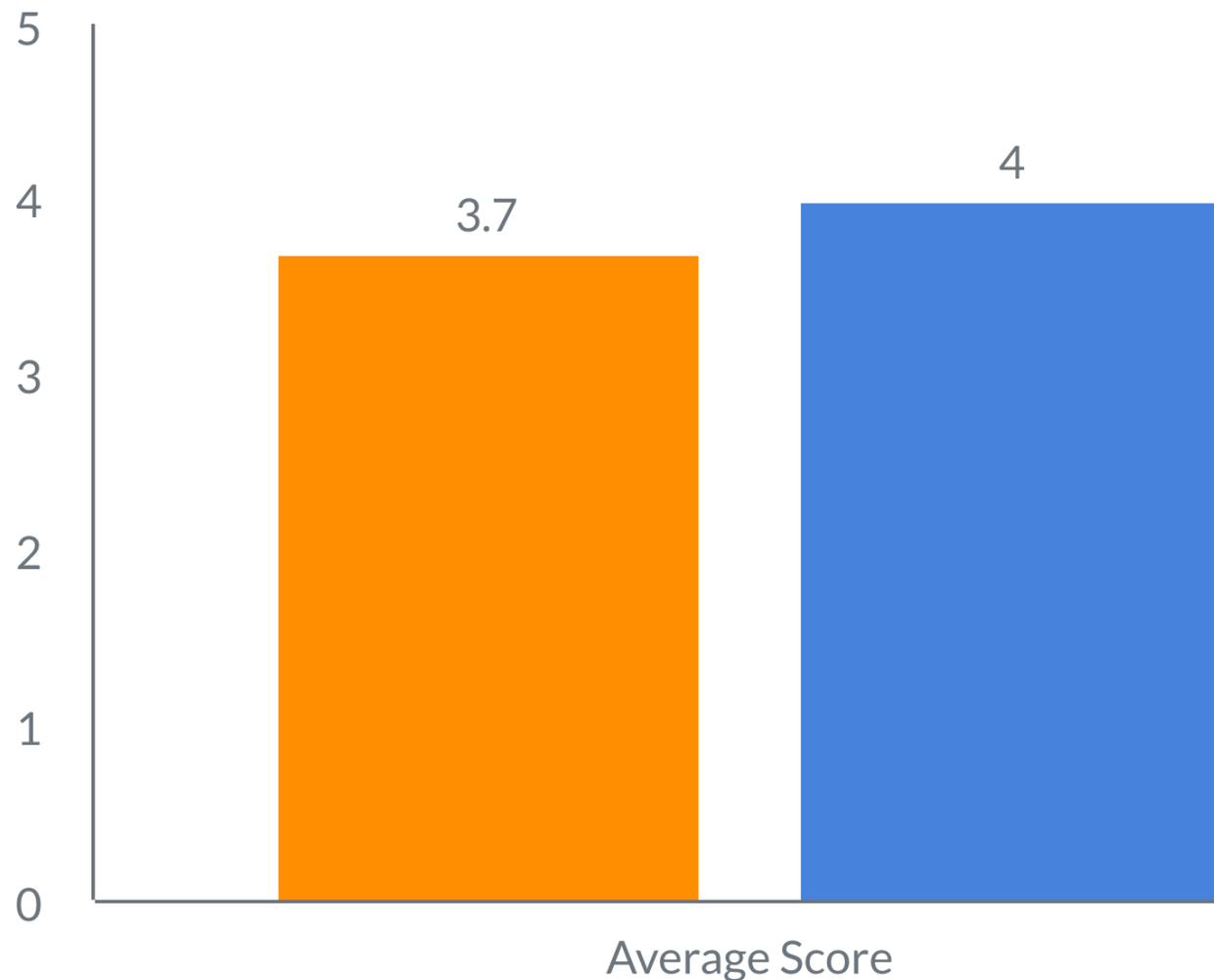
Family Satisfaction  
Overall Average  
Score

**4.8**

For Wraparound and REACH families in the past quarter

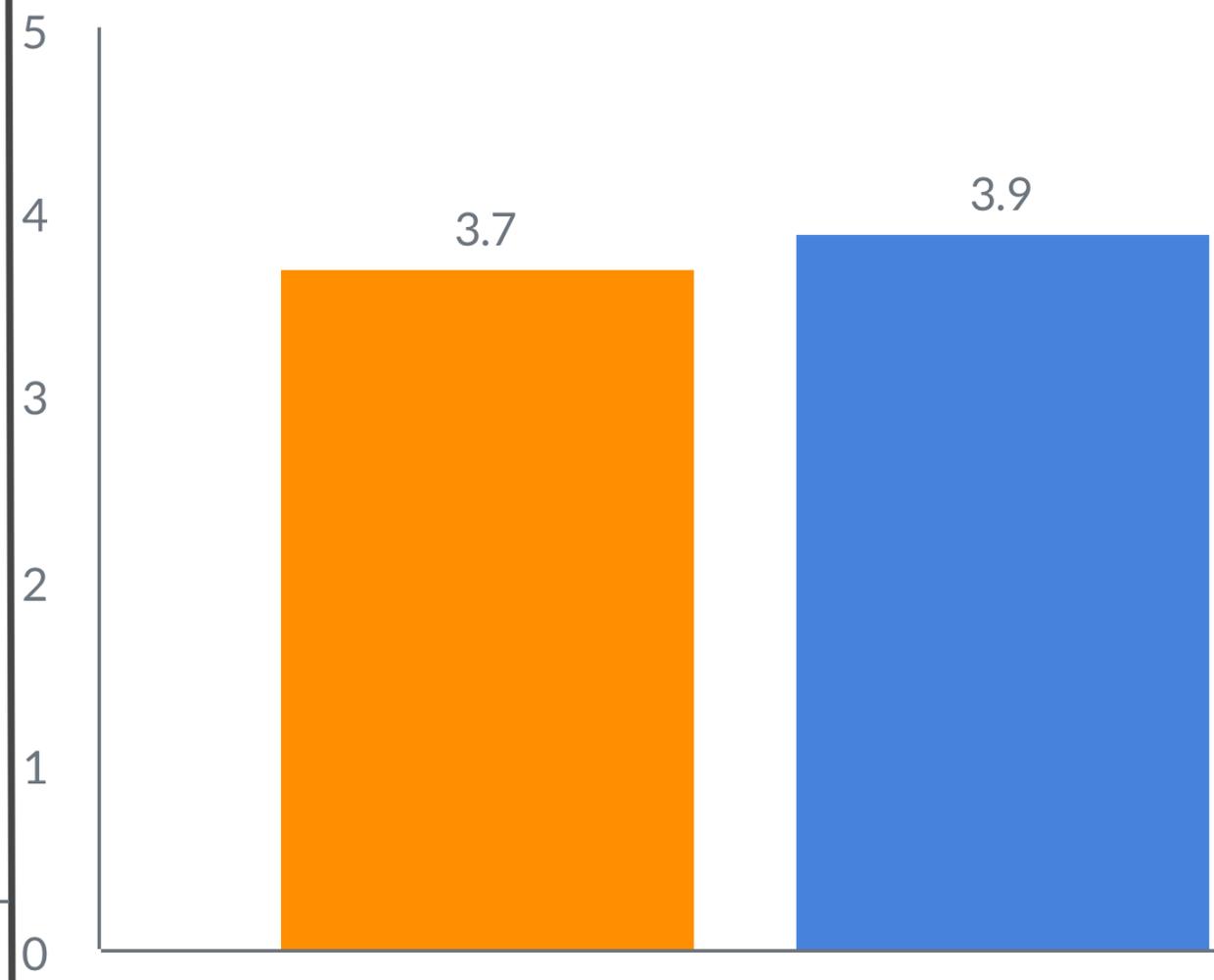
# Wraparound and REACH Perceived Outcomes

## Youth Perceptions



- Getting along with friends and family
- How well youth is doing

## Caregiver Perceptions



- Natural Supports
- How Well Family is Doing

\*Scores are from voluntary dis-enrollment surveys given to caregivers and youth in Wraparound and REACH programs in the past quarter. These categories can be found on the annual CCS survey: MHSIP.

Wraparound Discharges

**58**

REACH Discharges

**47**

CCS Discharges

**22**



**BHD** MILWAUKEE COUNTY  
Behavioral  
Health  
Division

## CARS Quality Dashboard Quarter 2 of 2020

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).

# CARS QUALITY DASHBOARD SUMMARY Q2 2020

## A NEW FOCUS: RACIAL EQUITY

Racial disparities in health and social determinants of health are pervasive throughout the United States. Evidence indicates that, relative to whites, Blacks have higher rates of premature and infant mortality, poorer self-rated health, higher rates of unemployment, higher rates of substandard housing, lower rates of high school completion, and rates of poverty nearly three times greater. These disparities extend to healthcare, as research has found lower rates of access, poorer care quality, and even implicit racial bias among providers, which can negatively impact the experience of care for Black patients. Many of these inequities are particularly pronounced in Milwaukee County, with an average age of death for Black citizens that is nearly 14 years lower than that of whites (61.33 and 75.22, respectively) and an infant mortality rate that is more than twice that of white infants. In 2019, the Milwaukee County Executive, the Milwaukee County Common Council, and the city of Milwaukee passed a resolution declaring racism to be a public health crisis.

In support of this resolution, the CARS Research and Evaluation Team asserts the following: 1) We believe in the inherent value and dignity of each individual we serve. 2) We believe everyone has the right to strive to achieve their best quality of life. 3) We believe everyone has a right to effective and timely health care. 4) We believe that a fair and just system of care does not systematically disadvantage one group over another. These beliefs are at the foundation of three guiding principles:

- 1. *Our commitment to equity embraces all forms of diversity.***
- 2. *Equity is not simply something that we do, it must reflect who we aspire to be.***
- 3. *An equity gap is a quality gap that must be acknowledged and addressed.***

The realization of these principles means that we seek to cultivate a culture of equity that is explicitly embedded in our professional and organizational philosophy. We understand, however, that a verbal commitment to equity rings hollow without the actions to support it. On the CARS Research and Evaluation Team, we believe that one of the practical, immediate ways we can contribute to this vital mission is by leveraging data to identify and highlight any disparities that exist.

Therefore, beginning this quarter, the CARS Research and Evaluation Team will begin to disaggregate several key metrics by race in every category of the Quadruple Aim on the CARS Quarterly Dashboard. We intend to have this disaggregation complete by the winter meeting of the Mental Health Board Quality Committee. Further, these disaggregated metrics will be given place of preference in the Quarterly Dashboard, presented as the first set of statistics in each "Aim," rather than relegated to back page "supplementary analyses."

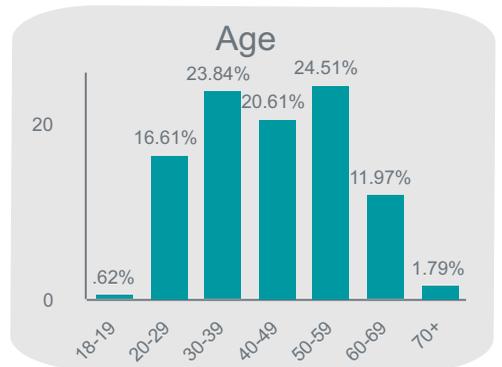
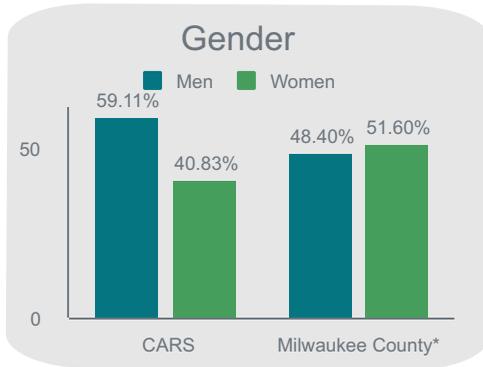
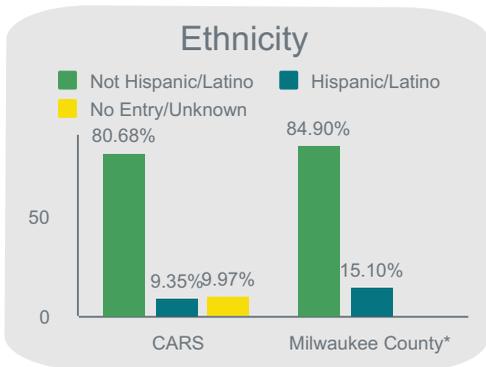
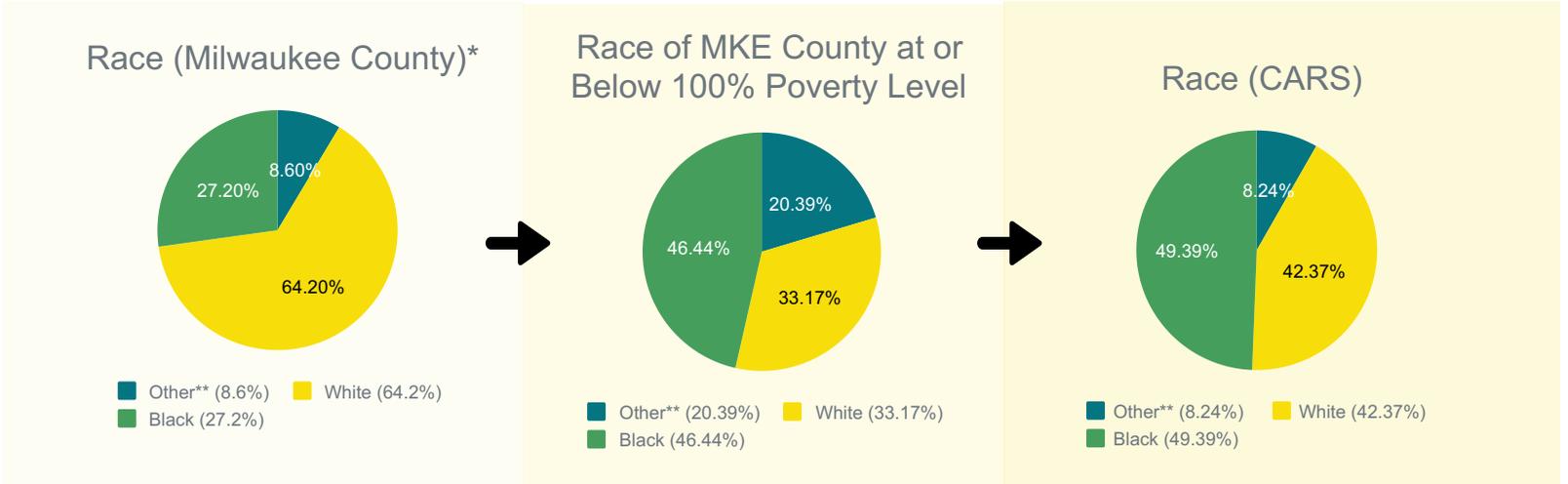
We believe these changes will help us to identify existing disparities of which we may not be aware and will allow us to monitor for the development or exacerbation in disparities in any of these key metrics over time. We hope they will raise awareness, drive quality improvement projects, and help to make the concept of equity part of our daily language and workplace culture. Perhaps most importantly, however, these revisions reflect the commitment of CARS to place equity and racial justice front and center in the work we do. It is, therefore, our perspective that equity is both a moral and scientific issue. *It is our conviction that true, comprehensive quality of care and true, universal population health cannot be achieved without equity.* Let's get to work.

# Looking at our Metrics with a Racial Equity Lens

Q2-2020 data unless noted

## Demographic Information of the Population We Serve

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

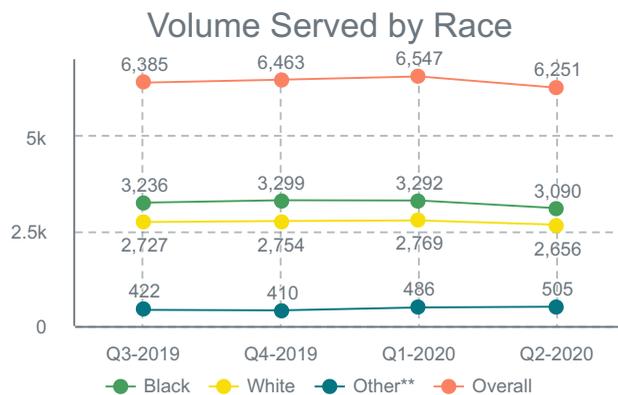


\*Comparable data from United States Census Bureau, which can be found at: <https://www.census.gov/quickfacts/fact/table/milwaukeecountywisconsin/PST045217#qf-flag-Z>  
 \*\*"Other" encompasses small percentages of indicated racial identity including "Alaskan Native/American Indian", "Asian", "Biracial", "Native Hawaiian/Pacific Islander", and "Other"

## Domain: Patient Experience of Care

**Volume Served**

**Timeliness of Access**



### Percent Served within 7 days



Average Consumer Satisfaction Score (Range of 1-5)

159

client experience surveys received in Q2 2020

3.80

average for all consumers (n=159)

3.85

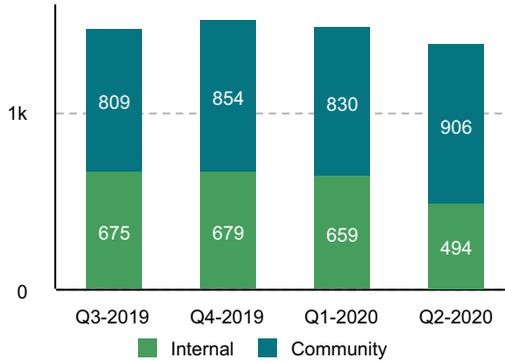
average for Black consumers (n=92)

3.61

average for white consumers (n=48)

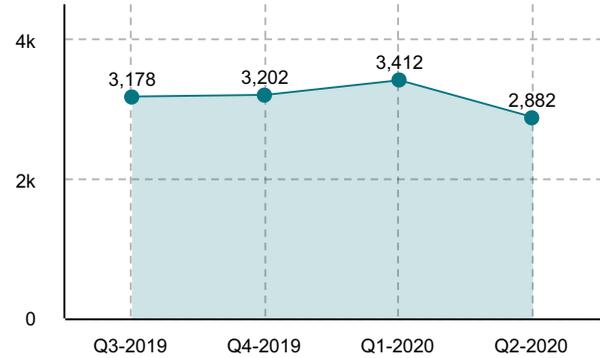
Referrals

Referrals



Admissions

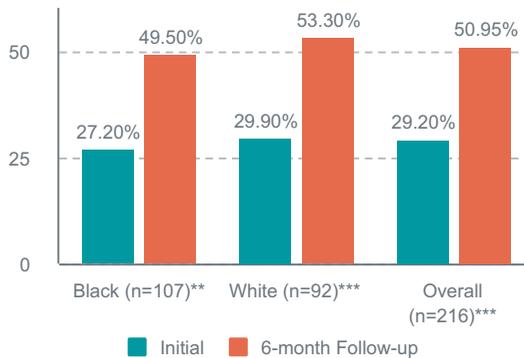
Admissions



Domain: Population Health

Change Over Time

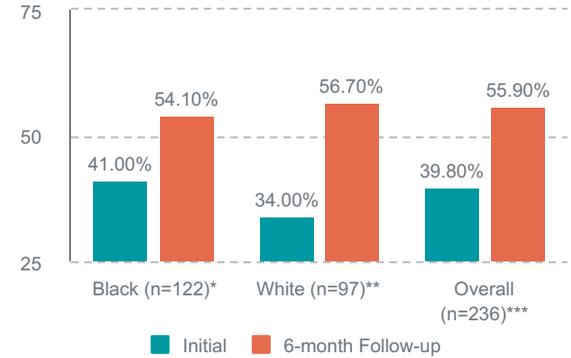
Quality of Life (Percent indicating "Good" or "Very Good")



Quality of Life

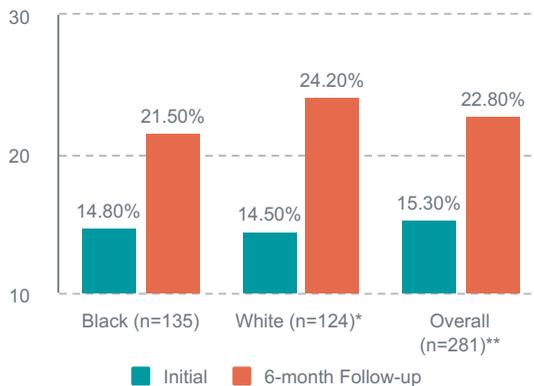
Self-Rated Health

Self-Rated Health (Percent indicating "Good" or better)



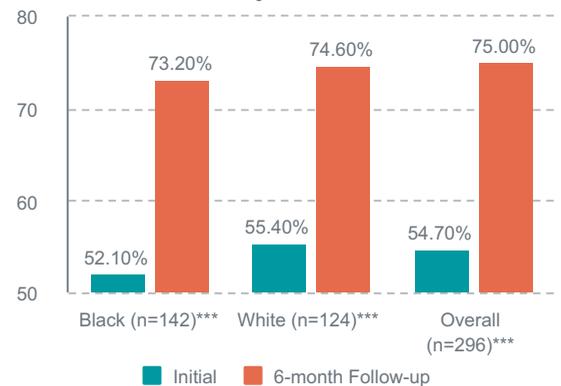
Employed

Employed



Stably Housed

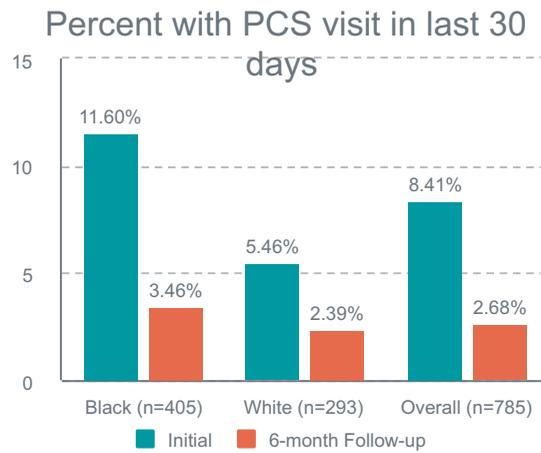
Stably Housed



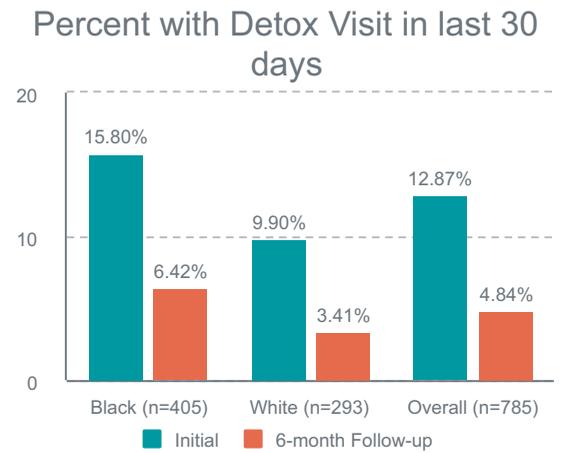
\*p<.05 \*\*p<.01 \*\*\*p<.001

Change Over Time

PCS visits

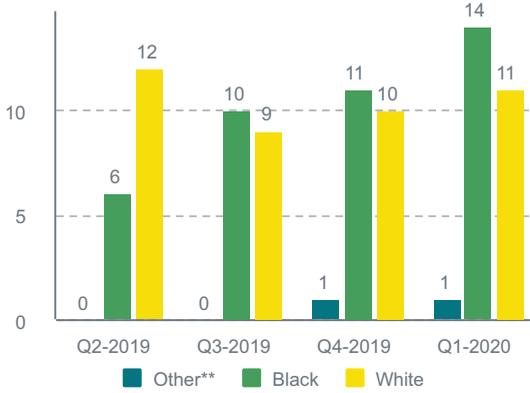


Detox Visits



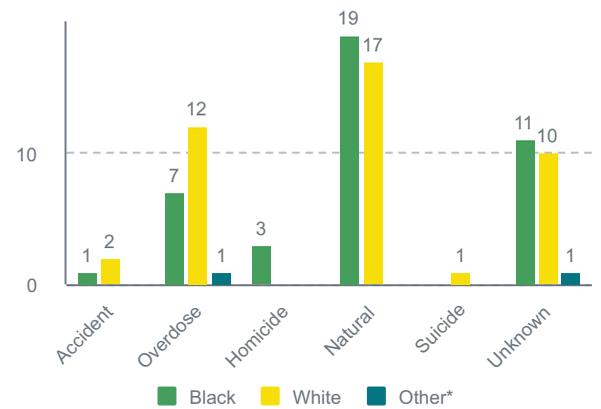
Mortality Over Time by Race

one quarter lag in reporting

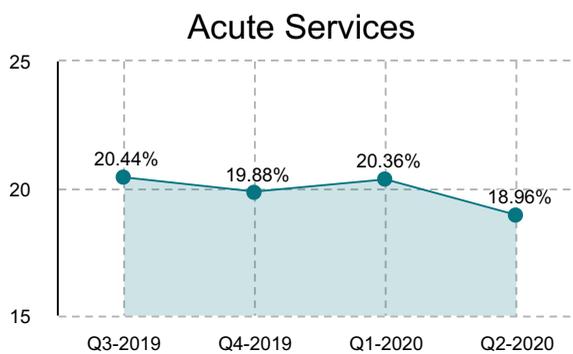


Cause of Death by Race

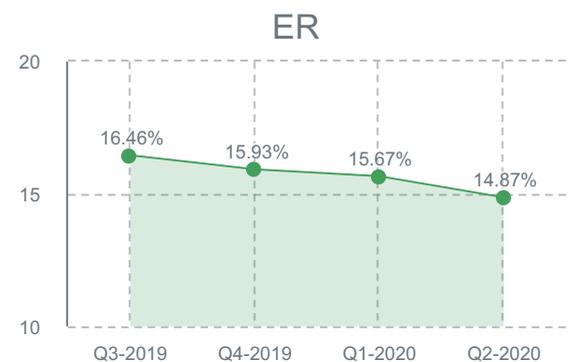
for deaths between Q2-2019 and Q1-2020



Acute Service Utilization



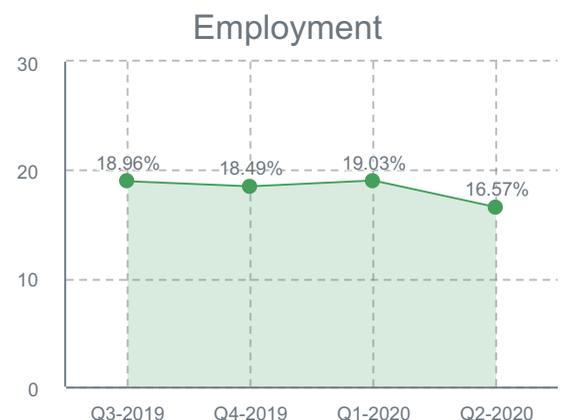
ER Utilization



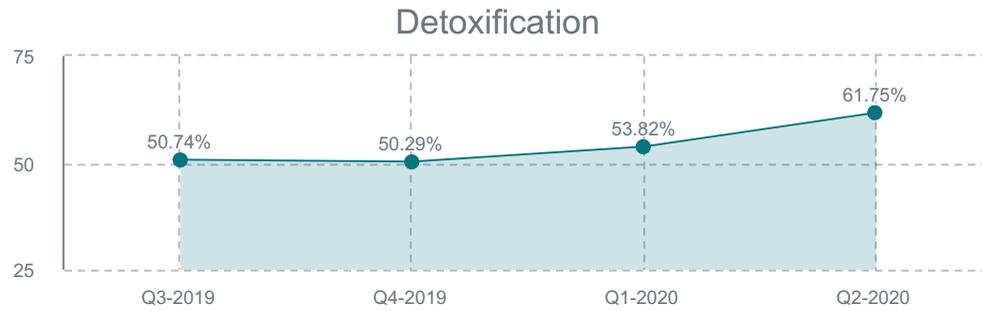
Homelessness



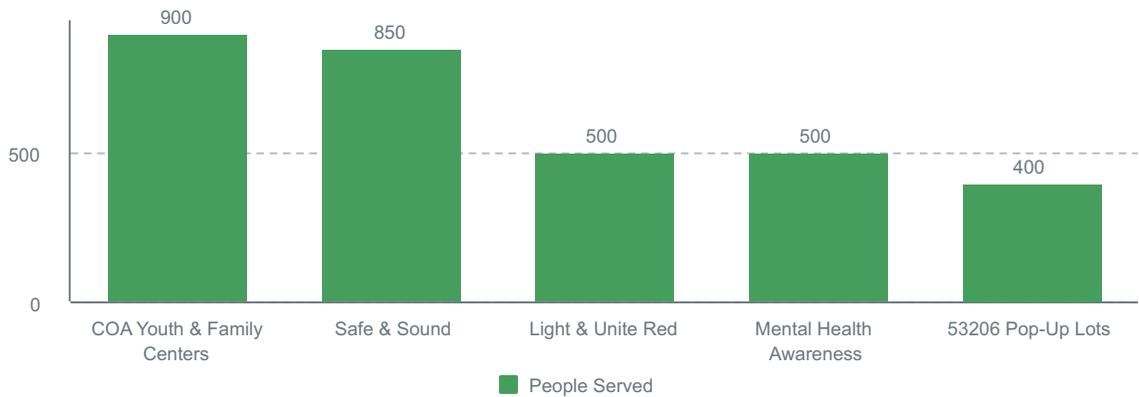
Employment



Detoxification  
7-Day  
Readmissions



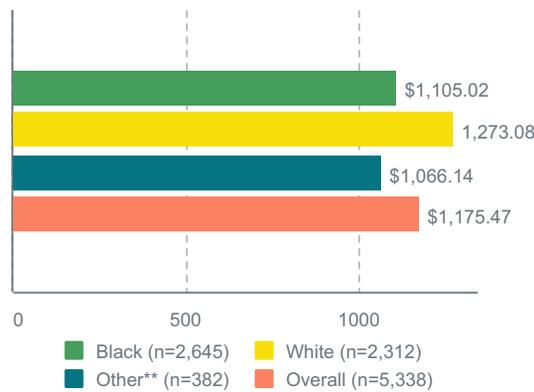
Top Prevention  
Initiatives



Domain: Cost of Care

Average Cost per  
Consumer per  
Month for Q2 by  
Race

"n" refers to an average of the number of unique consumers served per month for the quarter



Average Cost per  
Consumer per  
Month by Quarter



Domain: Staff Well-Being

Turnover

**4.76%**  
CARS turnover rate

Staff Quality  
of Life

**20.00%**  
Turnover rate for government employees (per year)\*

In an effort to increase staff well-being during the COVID-19 pandemic, CARS staff have engaged in Staff Enrichment meetings. Several CARS staff have stepped up to present to their fellow colleagues on topics such as emotional intelligence, racial equity, and gratitude. These meetings have been informational and a great way for staff to connect with one another while working remotely. Staff Enrichment meetings take place every other Friday and will continue throughout the pandemic, and after we reconvene at BHD.

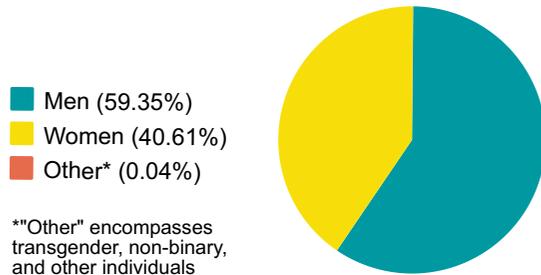
## Metric Definitions

<b>Acute Service Utilization</b>	Percent of all unique clients who reported that they had received a psychiatric hospitalization, medical hospitalization, or detoxification service in the last 30 days.
<b>Admissions</b>	All admissions during the past four quarters (not unique clients, as some clients had multiple admissions during the quarter). This includes detoxification admissions.
<b>Consumer Satisfaction</b>	Implementation of the new, more succinct Client Satisfaction has begun. The survey ranges from 4-10 questions, depending on the program, and all questions range from 1="strongly disagree" to 5="strongly agree". The survey is currently being utilized in CCM, RSC, CLASP, and the Office of Consumer Affairs. CSP will begin implementing the survey in the next month.
<b>Cost of Care</b>	The average cost per consumer per month within each quarter for CARS services received by CARS consumers (not including inpatient and crisis). This is not separated out by funding stream or limited to those dollars spent by Milwaukee County on these services. The "n" is an average of the unique number of consumers served per month for the 3 months in the quarter in question.
<b>Detoxification Re-admissions</b>	Percent of consumers returning to detoxification within 7 days. This includes both Detoxification 75.07, as well as Detoxification 75.09 (Sober Up).
<b>Employment</b>	Percent of current employment status of unique clients reported as "full or part time employment, supported competitive employment, sheltered employment, or student status".
<b>ER Utilization</b>	Percent with any emergency room utilization. Includes any medical or psychiatric ER utilization in last 30 days.
<b>Homelessness</b>	Percent of all unique clients who reported their current living situation was "street, shelter, no fixed address, homeless".
<b>Mortality Over Time</b>	Mortality is a population health metric used by other institutions such as the Center for Disease Control, the U.S. Department of Health and Human Services, and the World Health Organization. The graph represents the total number of deaths by cause of death from the previous four quarters. There is a one quarter lag in death reporting.
<b>Percent Served Within 7 days</b>	Percentage of clients per quarter who received a service within 7 days of their Comprehensive Assessment.
<b>Prevention</b>	Prevention is an important population health factor. Many prevention activities include evidence based practices and presentations. The top five prevention activities from the previous quarter are listed in the graphic.
<b>Quality of Life</b>	This is a self-reported measure based on the question on the Comprehensive Assessment. The graph shows the percentage of people that said that their quality of life was "good" or "very good".
<b>Referrals</b>	Total number of referrals at community-based and internal Access Points per quarter.
<b>Self-Rated Health</b>	This is a self-reported measure based on the question on the Comprehensive Assessment. The graph shows the percentage of people that said that their physical health was at least "good".
<b>Stably Housed</b>	Percent of clients who reported their current living situation as a permanent or supported residence.
<b>Turnover</b>	Turnover is calculated by looking at the total number of staff who have left over the previous four quarters, divided by the average number of employees per month, for the previous four quarters *Source: Bureau of Labor Statistics ( <a href="https://www.bls.gov/news.release/jolts.t16.htm">https://www.bls.gov/news.release/jolts.t16.htm</a> )
<b>Volume Served</b>	Service volume has been consolidated into one category to avoid potential duplication of client counts due to involvement in both MH and AODA programs.

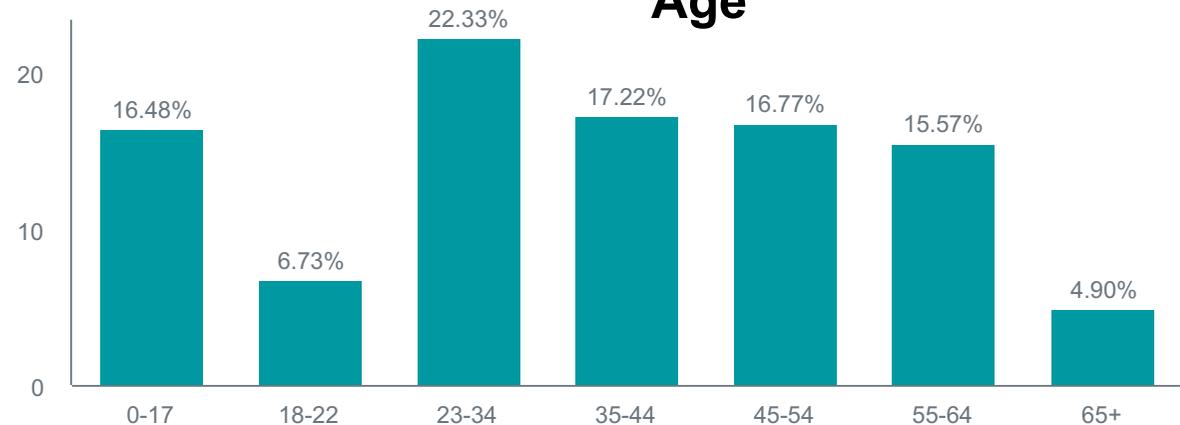


**Volume Served**  
**9,422**

## Gender



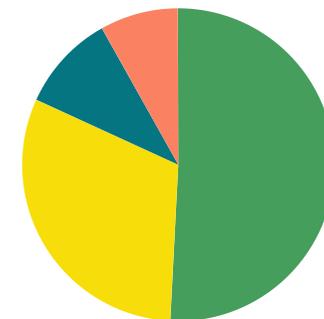
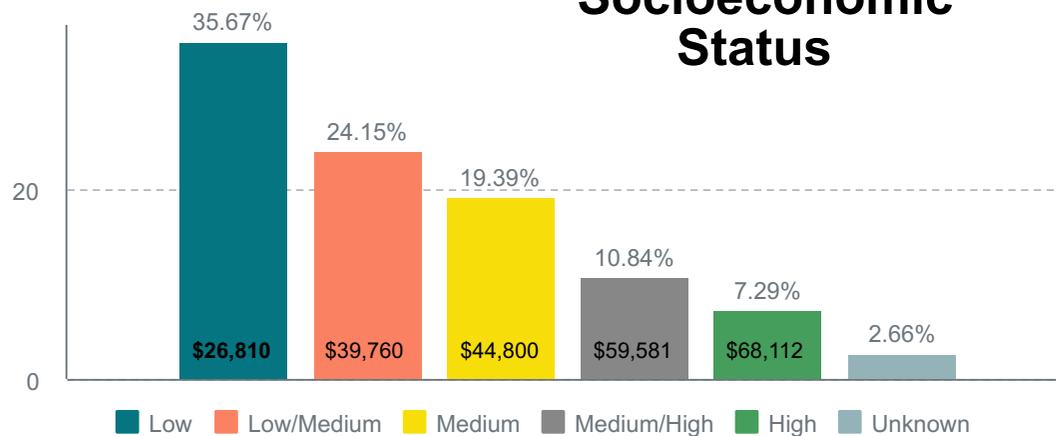
## Age



## Race/Ethnicity



## Socioeconomic Status



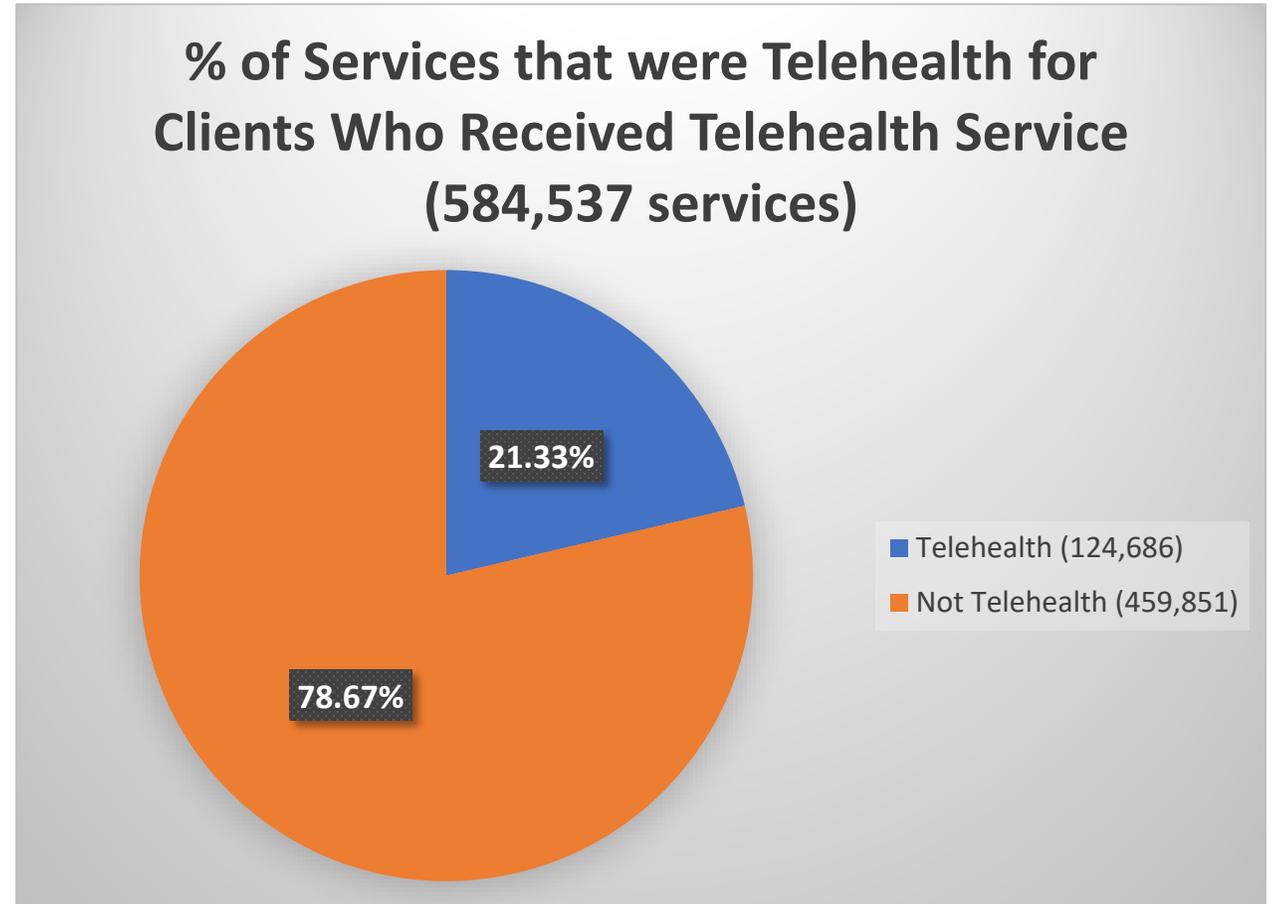
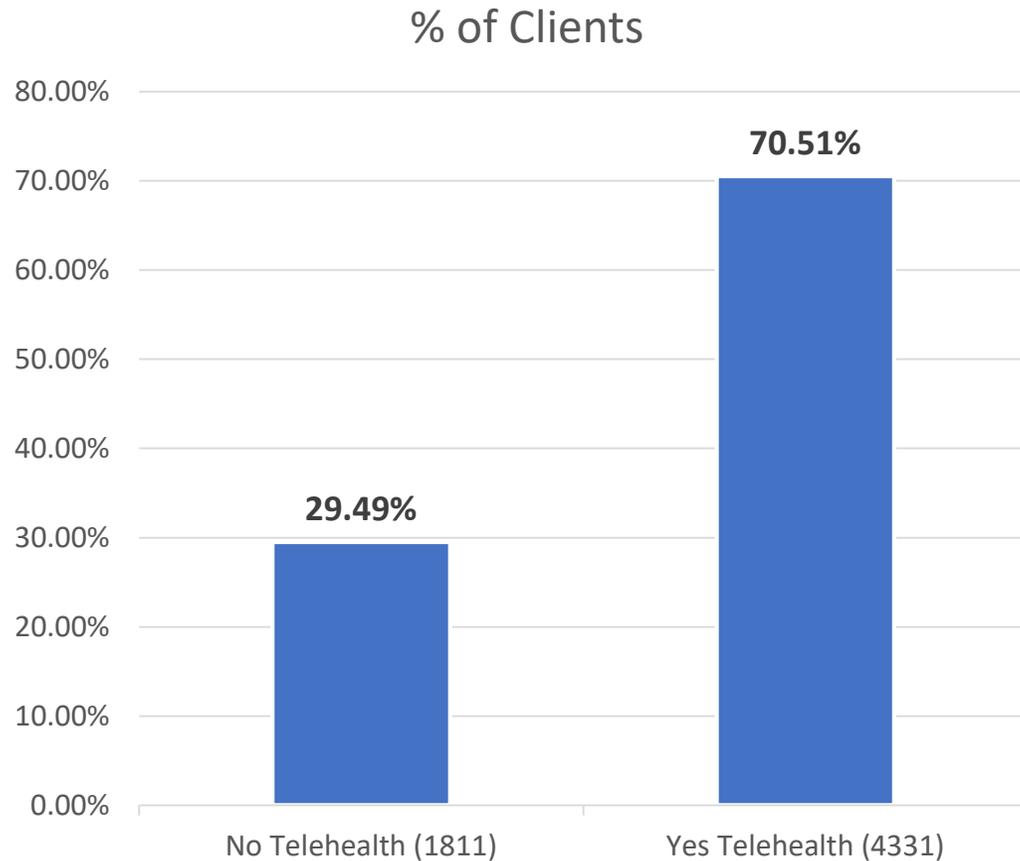
\*\*Other\* encompasses small percentages of indicated racial identity including "Alaskan Native/American Indian", "Asian", "Native Hawaiian/Pacific Islander", "Other", and N/A

SES is determined based on income and education levels, and calculated based on zip code. Median income is listed for each group.

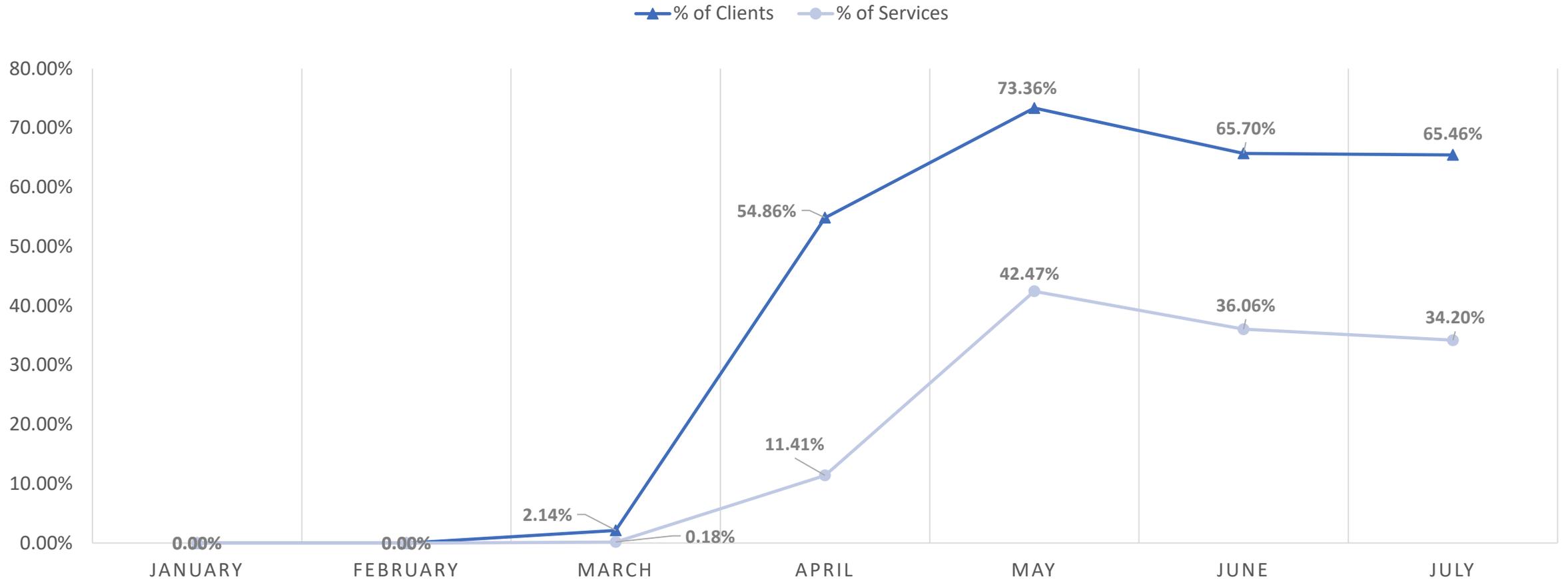
# Telehealth Utilization in the CARS Network

# Prevalence of Telehealth – 6142 Clients

(As of 8/19/2020)

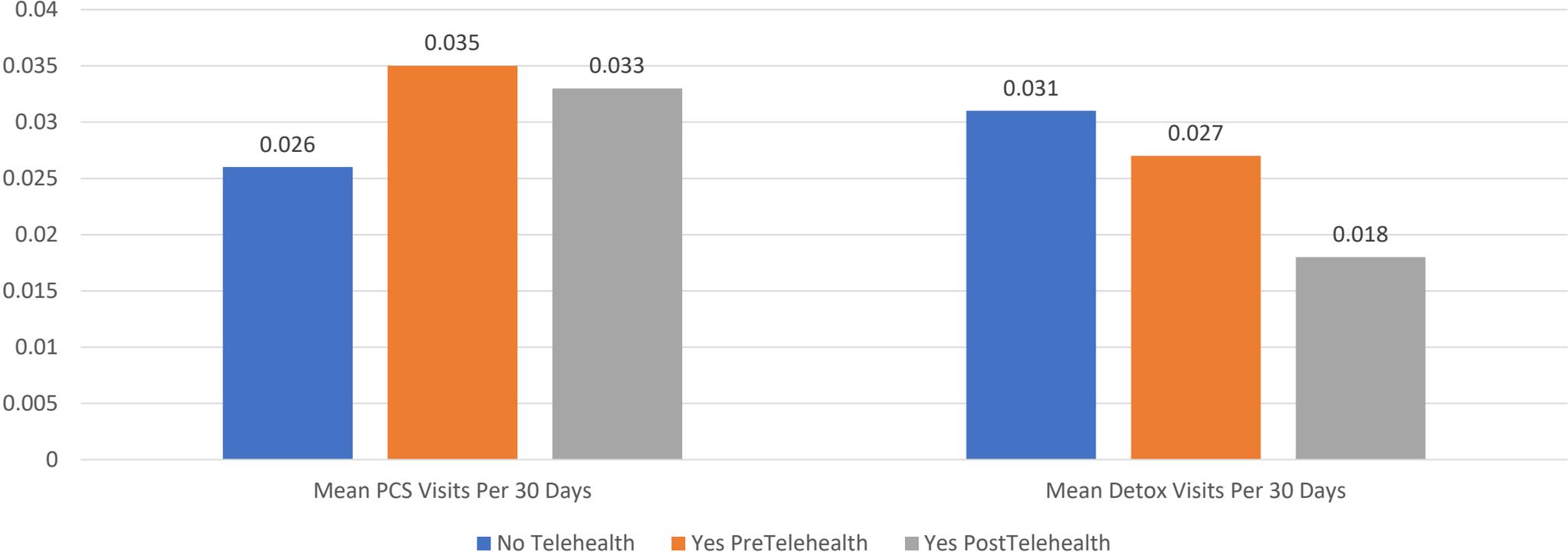


# Growth of Telehealth Services Since 1/1/2020



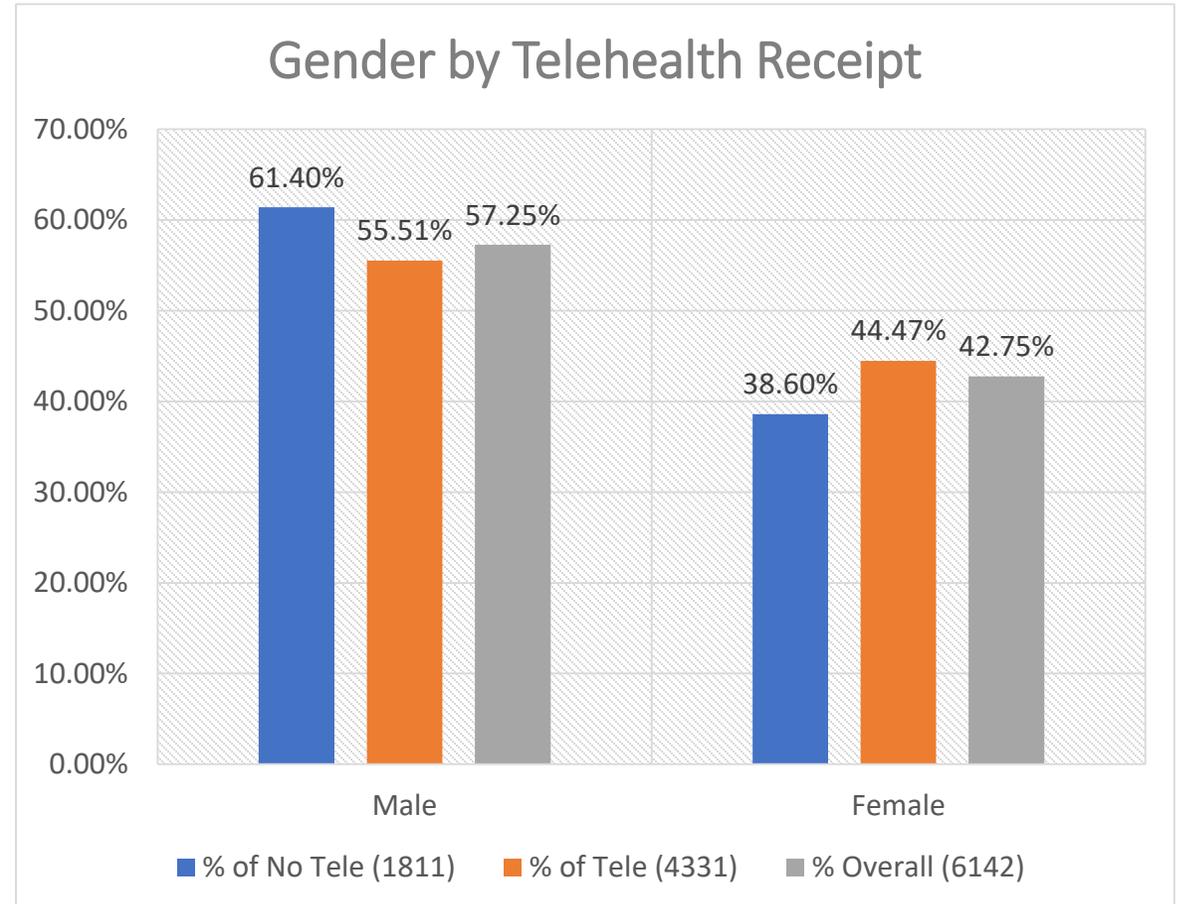
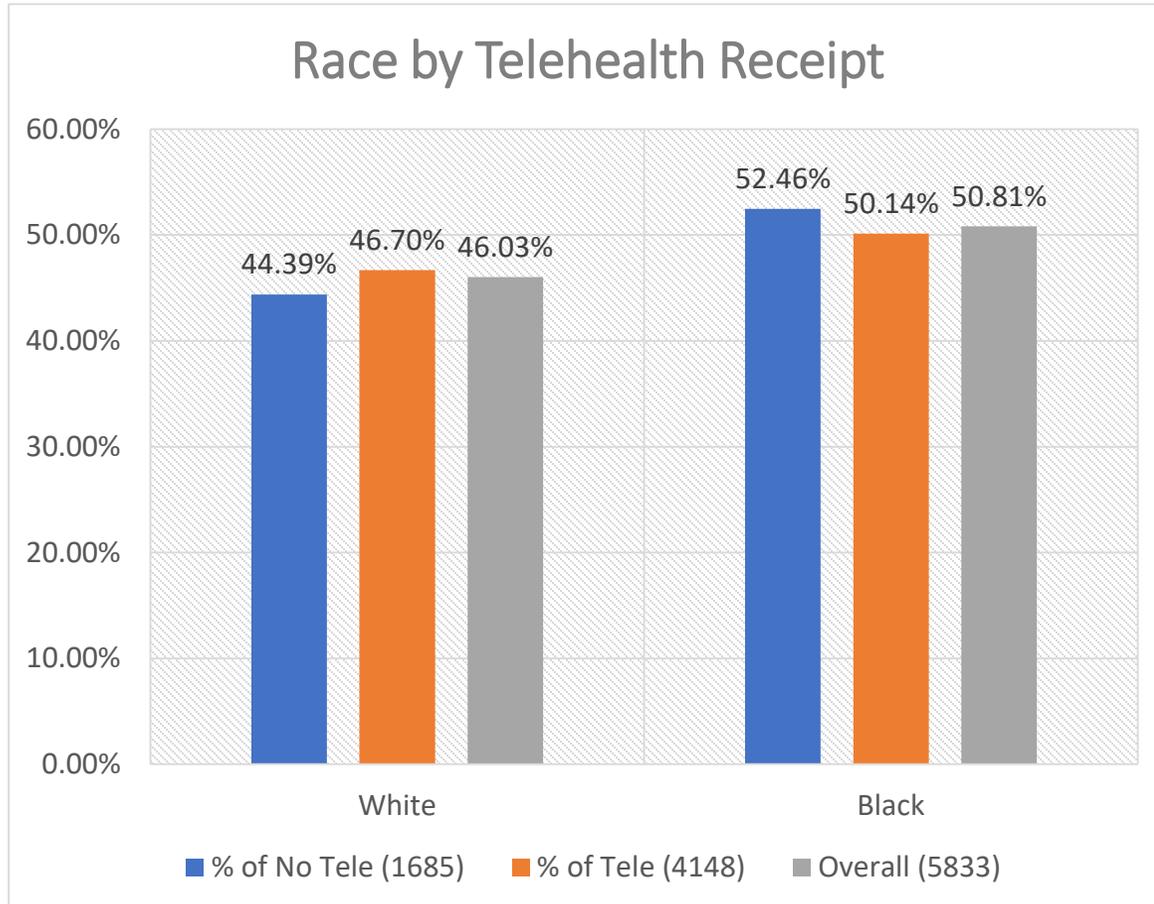
# Change in PCS and Detox Use During Telehealth Conversion

Mean Visits per Cohort

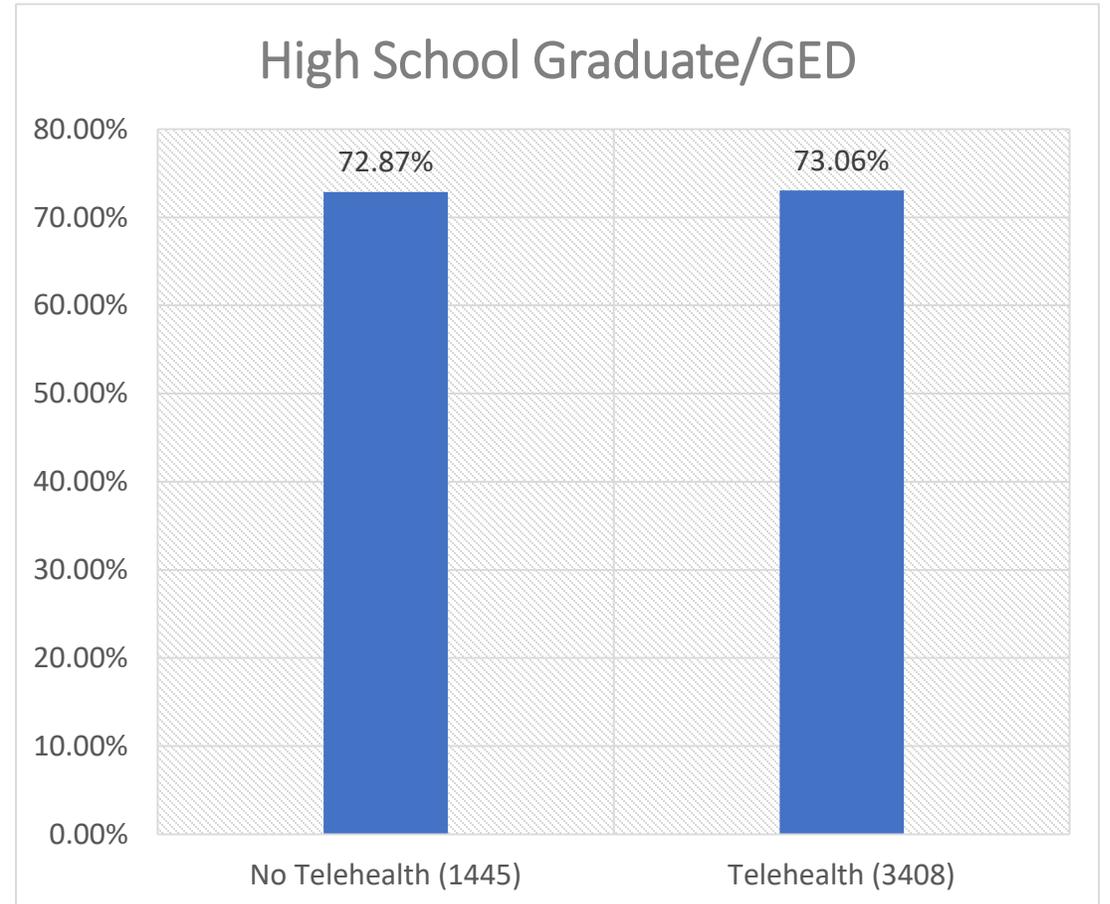
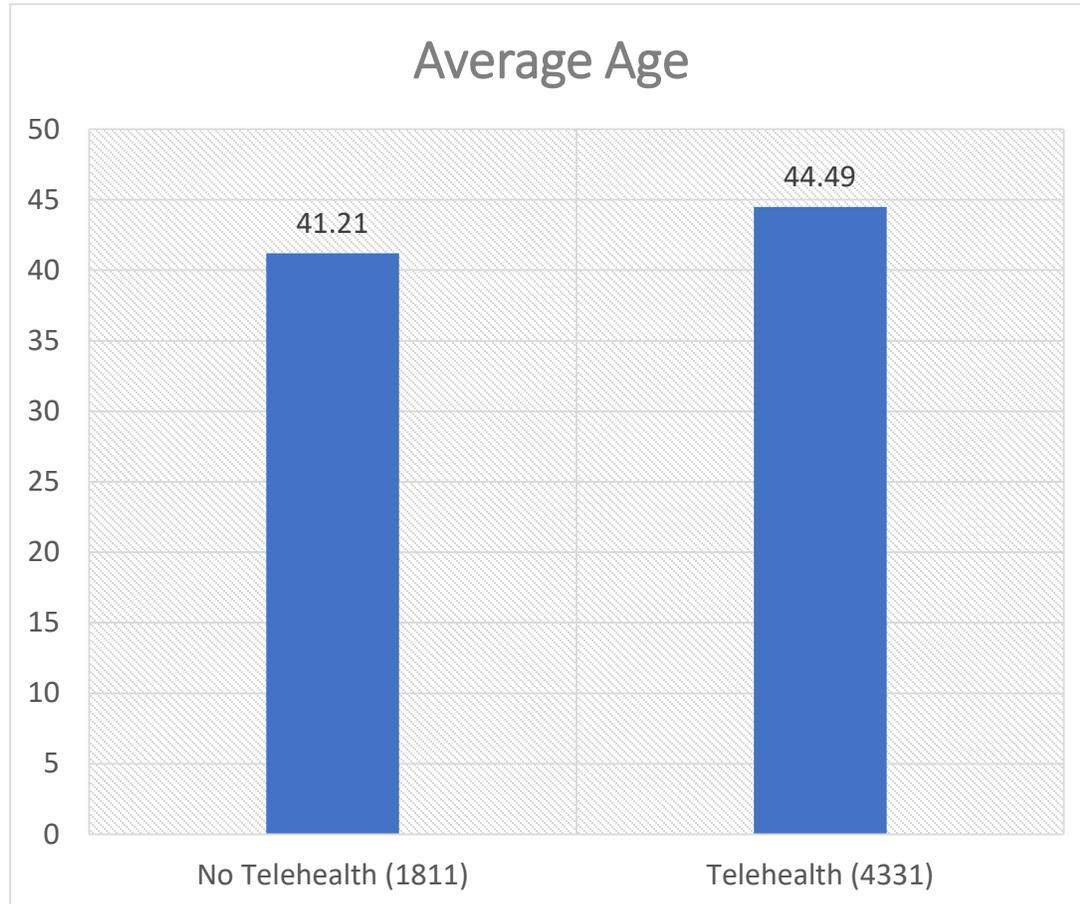


		ClientTeleTotal	PCS PostTele	Detox PostTele
ClientTeleTotal	Pearson Correlation	1	.005	.010
	Sig. (2-tailed)		.728	.531
	N	4331	4331	4331

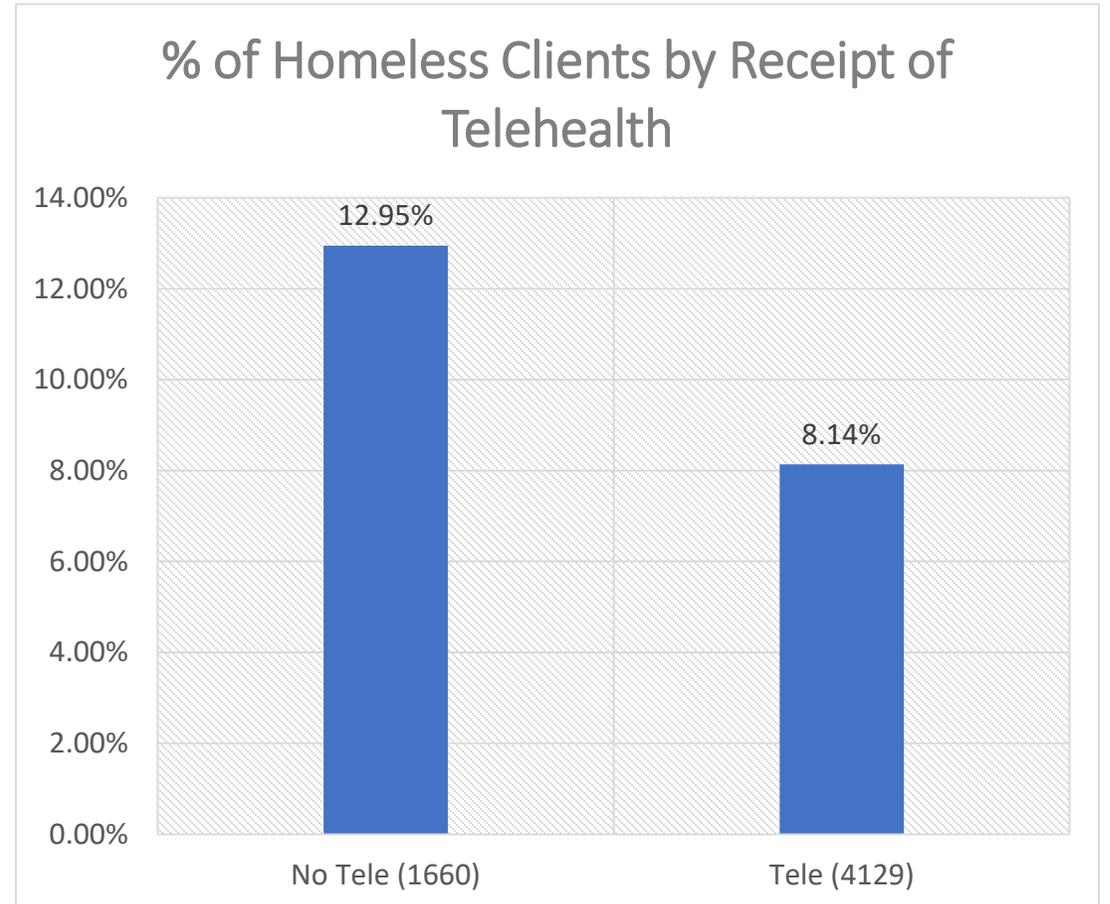
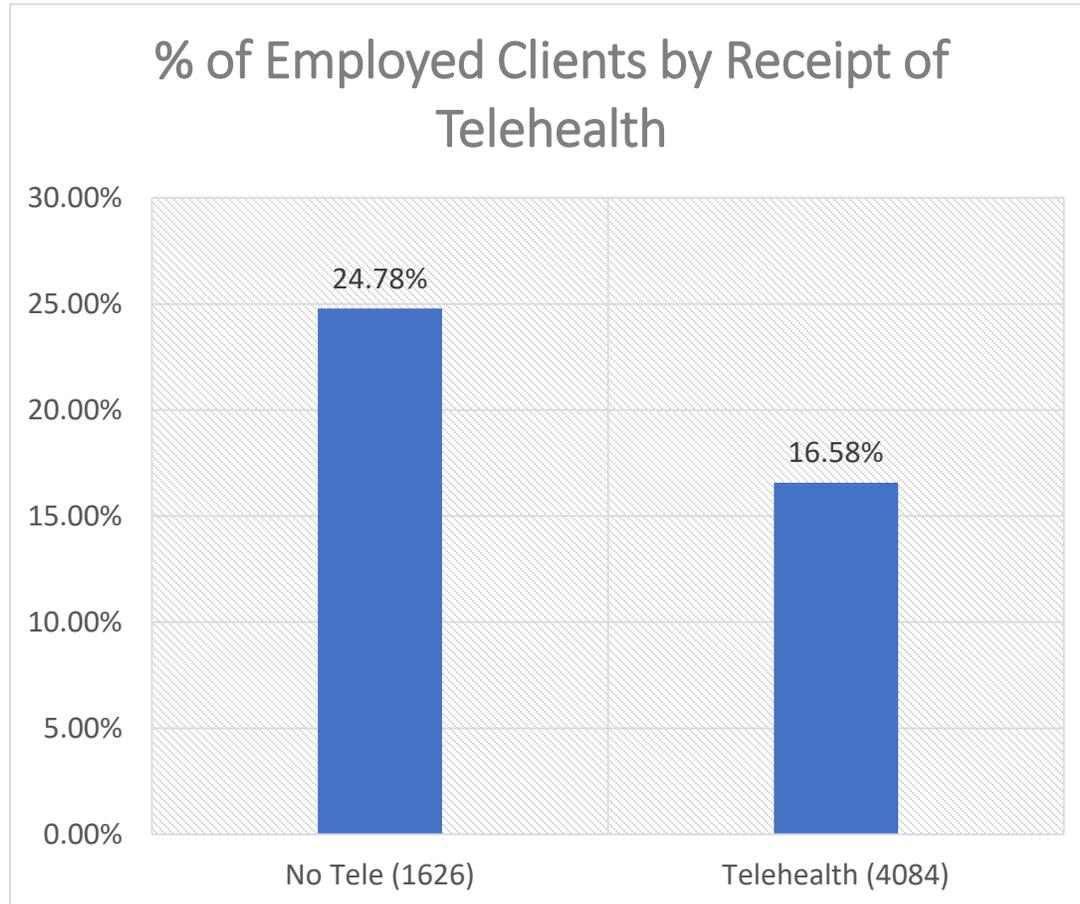
# Demographic Differences



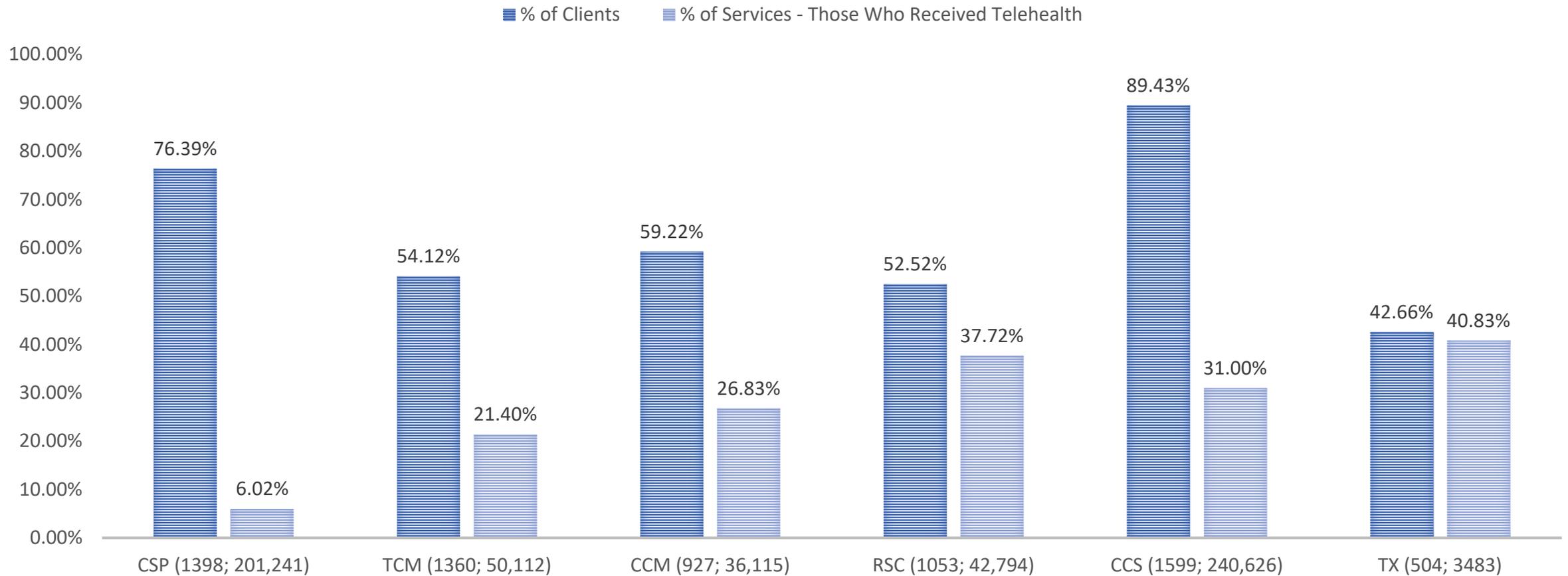
# Demographic Differences



# Demographic Differences



# Which Programs Use Telehealth More?



# Impact of Telehealth on No Shows: A Use Case from APC

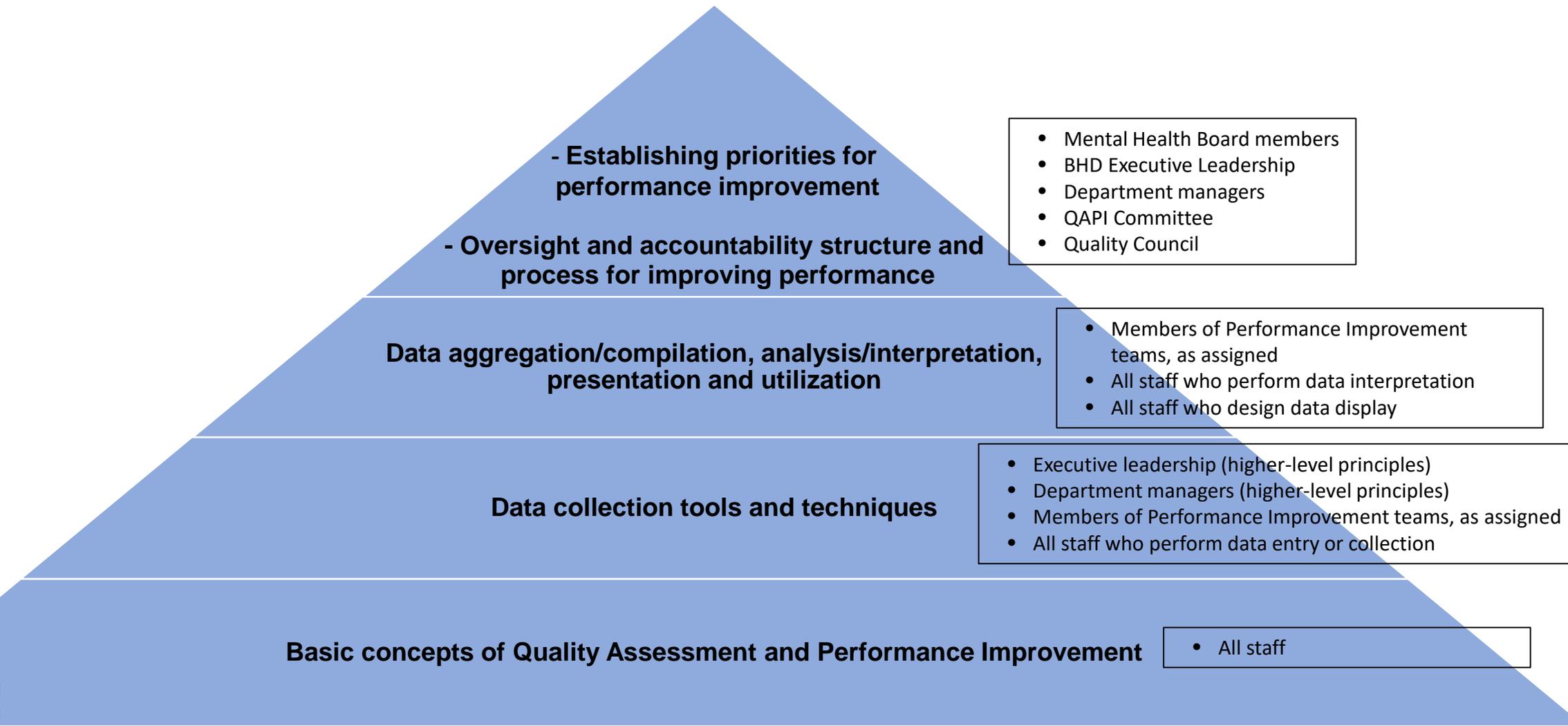
**Rates:**  
 CCS: \$128.56  
 Medicare: \$90.94  
 Wraparound: \$78  
 Medicaid: \$82  
 MHOP: \$93.94

	Missed Appointment Percentages						
	January	Feb	March	April	May	June	July
Total Scheduled	952	906	905	956	862	909	905
Total Missed	174	195	189	85	84	106	116
Total %	18.00%	22.00%	21.00%	9.00%	10.00%	12.00%	13.00%
Potential Revenue Generated (using median rate)	70,020	63,990	64,440	<b>78,390</b>	<b>70,020</b>	<b>72,270</b>	<b>71,010</b>

# Completed and Next Steps

- Completed:
  - Client experience survey
  - Lit review
  - Data to DHS and two follow up emails
  - Initial data on telehealth utilization and outcomes
  - Change request to add internet and PC access to admissions form
- Next steps:
  - Position paper
  - Telehealth implementation plan
  - Research paper focusing on race discrepancy in satisfaction with telehealth at BHD

# Milwaukee County BHD Data Literacy/Competency Plan



Data Competency	Examples of Education Content	Frequency of Education
Basic concepts of Quality Assessment and Performance Improvement (QAPI)	<ul style="list-style-type: none"> <li>• Why perform QAPI?</li> <li>• The value of QAPI in healthcare</li> <li>• BHD QAPI Plan</li> <li>• PDSA cycle</li> <li>• BHD QAPI priorities</li> <li>• Identifying and communicating improvement opportunities</li> </ul>	New Employee orientation and triennially thereafter
Establishing priorities for performance improvement	<ul style="list-style-type: none"> <li>• How to establish priorities for data collection</li> </ul>	Initial orientation and ongoing development
Data collection tools and techniques	<ul style="list-style-type: none"> <li>• Data collection</li> <li>• Data entry</li> <li>• Data storage</li> <li>• Data retrieval</li> <li>• Data scrubbing</li> <li>• Completeness of data collection</li> <li>• Data integrity (accuracy, consistency, completeness, reliability and validity)</li> <li>• Data definitions</li> </ul>	<p>Initial</p> <p>Initial</p> <p>As assigned to PIPs</p> <p>Upon initial hire/assumption of these responsibilities with annual competence assessment</p>



Data Competency	Examples of Education Content	Frequency of Education
Data aggregation/compilation, and analysis/interpretation	<ul style="list-style-type: none"> <li>• Statistical tools and techniques to analyze and display data</li> <li>• Data interpretation               <ul style="list-style-type: none"> <li>○ Data analysis and comparison internally over time to identify levels of performance, patterns, trends and variations</li> <li>○ Comparison against external benchmarks</li> </ul> </li> <li>• Use of data analysis to identify improvement opportunities</li> <li>• Planning improvements priorities</li> <li>• Taking action when planned improvements are not achieved or sustained</li> </ul>	<p>As assigned to PIPs</p> <p>Upon initial hire/assumption of these responsibilities and annual competence assessment</p>
Data presentation	<ul style="list-style-type: none"> <li>• Data visualization</li> <li>• Clinical decision support</li> </ul>	<p>As assigned to PIPs</p> <p>Initial</p>



Data Competency	Examples of Education Content	Frequency of Education
Data utilization	<ul style="list-style-type: none"> <li>• Taking action based on analyzed, presented data</li> <li>• Systematic/structured change management and performance improvement</li> <li>• Ongoing measurement/monitoring to evaluate the effectiveness of improvements</li> <li>• Using data to assess sustainability</li> <li>• Revising improvement plans in response to monitoring data</li> </ul>	<p>As assigned to PIPs</p> <p>Upon initial hire/assumption of these responsibilities</p>
Oversight and accountability structure and process for improving performance	<ul style="list-style-type: none"> <li>• Establishing expectations for data and information use</li> <li>• Holding the organization accountable for achieving measurable improvement</li> </ul>	Initial orientation and ongoing development



# The Top Tier

- Establishing priorities for performance improvement
- Oversight and accountability structure and process for improving performance
- Target Audience:
  - Mental Health Board members
  - BHD Executive Leadership
  - Department managers
  - QAPI Committee
  - Quality Council

# Establishing Priorities

- Performance improvement activities
- Patient health outcomes
- Give priority to
  - High-volume
  - High-risk
  - Problem-prone processes
- Aligned with BHD's goals and priorities
- Reprioritize in response to changes in the internal or external environment
- Define the frequency of data collection

# Establishing Priorities – Additional Considerations

- SIA Priorities
  - Complaint & Grievance process
  - Completion of Therapeutic Passes
  - Documented Informed Consent for Psychotropic Medication
  - Interim measures to compensate for ligature risks
  - Safe and Appropriate Restraint and Seclusion use
  - Physical Care consultation
  - Patient Engagement

# Establishing Priorities – Additional Considerations

- SIA Priorities
  - Medical Record documentation
  - Orders for waived testing
  - Medical gas storage
  - EMTALA Compliance
  - Medication Use
  - Infection Prevention and Control Practices

# Gauging Quality at the Board Level



# Best Practices

- Ensure ongoing access to the requisite expertise
- Establish goals and identify appropriate metrics to assess performance
- Utilize dashboard/performance scorecards to facilitate monitoring and oversight
- Data should be presented clearly; avoid jargon and “advocacy”
- Consider both institution-specific information and relevant comparative benchmarks
  - Patient/provider satisfaction surveys
  - Leapfrog
  - Joint Commission

# Best Practices

- Promote proactive risk assessment and reduction
  - Proactive problem solving should be fostered throughout the organization
- Assure thorough and credible root cause analyses
- Remedial measures are promptly developed, effectively implemented and closely monitored
- Closing the loop - Results of follow-up measurement



# Quality Committee Item 8

## 2020 Q2 MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION INPATIENT DASHBOARD

Psychiatric Crisis  
Service (PCS)

Target Key: ■ Better Than Expected ■ Expected ■ Worse Than Expected

Quarter	YTD	Quality Indicator	Threshold	Description
<span style="color: red;">■</span> Q1: Rate=6.7% Q2: Rate=10.2% Q3: Q4:	<span style="color: red;">■</span> Rate=8.3%	Percent of patients returning to PCS within 3 days	Rate <span style="color: blue;">■</span> X < 7.8% <span style="color: green;">■</span> X = 7.8% <span style="color: red;">■</span> X > 7.8%	Rate=Count of client visits within 3 days of prior visit/Total client visits Q1: 116 readmissions within 3 days by 84 unique individuals Q2: 154 readmissions within 3 days by 82 unique individuals In 2020 Q2, PCS had 2 outlier patients who had 21 PCS visits each.
<span style="color: red;">■</span> Q1: Rate=22.4% Q2: Rate=26.2% Q3: Q4:	<span style="color: red;">■</span> Rate=24.2%	Percent of patients returning to PCS within 30 days	Rate <span style="color: blue;">■</span> X < 24% <span style="color: green;">■</span> X = 24% <span style="color: red;">■</span> X > 24%	Rate=Count of client visits within 30 days of prior visit/Total client visits Q1: 387 readmissions within 30 days by 206 unique individuals Q2: 395 readmissions within 30 days by 182 unique individuals In 2020 Q2, PCS had 2 outlier patients who had 21 PCS visits each.
<span style="color: red;">■</span> Q1: Rate=100% Q2: Rate=100% Q3: Q4:	<span style="color: red;">■</span> Rate=100%	Percent of time on waitlist status	Rate <span style="color: blue;">■</span> X < 50% <span style="color: green;">■</span> X = 50% <span style="color: red;">■</span> X > 50%	Rate=PCS hours on Waitlist Status / Total hours in time period x 100. Joint Commission reports that psychiatric patients board in the ED on average 6 hours. Currently, BHD waitlisted patients are on waitlist status for an average of 7.5 hours.
<span style="color: red;">■</span> Q1: Rate=2.3 (n=4) Q2: Rate=6.0 (n=9) Q3: Q4:	<span style="color: red;">■</span> Rate=4.1 (n=13)	Behavioral Codes (Code 1)	Rate <span style="color: blue;">■</span> X < 2.3 <span style="color: green;">■</span> X = 2.3 <span style="color: red;">■</span> X > 2.3	Rate=Behavioral codes per 1,000 PCS visits The objective of this metric is to not only to monitor the quantity/rate of codes called resulting in further treatment (Restraint and Seclusion). At the next meeting information regarding the outcomes will be reviewed.
<span style="color: blue;">■</span> Q1: Rate=0.0 (n=0) Q2: Rate=0.0 (n=0) Q3: Q4:	<span style="color: blue;">■</span> Rate=0.0 (n=0)	Physical Aggression - Patient/Patient	Incidents <span style="color: blue;">■</span> Zero <span style="color: green;">■</span> 2 or Less <span style="color: red;">■</span> > 2	Rate=Pt/Pt physical aggression incidents per 1,000 PCS visits.
<span style="color: blue;">■</span> Q1: Rate=1.2 (n=2) Q2: Rate=0.0 (n=0) Q3: Q4:	<span style="color: green;">■</span> Rate=0.6 (n=2)	Physical Aggression - Patient/Staff	Incidents <span style="color: blue;">■</span> Zero <span style="color: green;">■</span> 2 or Less <span style="color: red;">■</span> > 2	Rate=Pt/Staff physical aggression incidents per 1,000 PCS visits.

 Q1: Rate=.58 (n=1) Q2: Rate=0.0 (n=0) Q3: Q4:	 Rate=.29 (n=1)	Patient Elopement	Incidents  Zero  1  > 2	Rate=Patient elopements per 1,000 PCS visits Elopement definition: Patient eloped from locked unit and returned within the building or patient eloped from locked unit and exited the building.
 Q1: Rate=0.0 (n=0) Q2: Rate=0.7 (n=1) Q3: Q4:	 Rate=0.3 (n=1)	Patient Self Injurious Behavior	Incidents  Zero  1  > 2	Rate=Patient Self Injurious Behavior Incidents per 1,000 PCS visits
 Q1: Rate=0.0 (n=0) Q2: Rate=0.0 (n=0) Q3: Q4:	 Rate=0.0 (n=0)	Medication Errors  Identify common type, number of errors	Rate  X = 0  X < 1.1  X > 1.1	Rate=Medication Errors per 10,000 Doses Dispensed

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## 2020 Q2 MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION INPATIENT DASHBOARD

**Acute Adult  
Inpatient Service**

Target Key: ■ Better Than Expected ■ Expected ■ Worse Than Expected

Quarter	YTD	Quality Indicator	Threshold	Description
 Q1: Rate=2.1% (n=4) Q2: Rate=0.6% (n=1) Q3: Q4:	 1.4% (n=5)	Percent of patients returning to Acute Adult within 7 days	Rate  X < 3%  X = 3%  X > 3%	Rate=Percent of patient admissions occurring within 7 days of patient's prior discharge from the program
 Q1: Rate=8.2% (n=16) Q2: Rate=8.2% (n=13) Q3: Q4:	 8.2% (n=29)	Percent of patients returning to Acute Adult within 30 days	Rate  X < 9.6%  X = 9.6%  X > 9.6%	Rate=Percent of patient admissions occurring within 30 days of patient's prior discharge from the program
 Q1: 71.7% positive Q2: 77.3% positive Q3: Q4:	 74.0%	Percent of patients responding positively to MHSIP satisfaction survey	Rate  X > 75%  X = 75%  X < 75%	Rate=Percent of patients selecting "Agree" or "Strongly Agree" to all survey items Q1: 96 completed surveys (49% response rate) Q2: 70 completed surveys (44% response rate) Q3: Q4:
 Q1: 66.3% positive Q2: 65.6% positive Q3: Q4:	 66.0%	If I had a choice of hospitals, I would still choose this one. (MHSIP Survey)	Rate  X > 65%  X = 65%  X < 65%	Rate=Percent of patients selecting "Agree" or "Strongly Agree" to survey item Q1: 96 completed surveys (49% response rate) Q2: 70 completed surveys (44% response rate) Q3: Q4:
 Q1: Rate=9.2 (n=35) Q2: Rate=7.5 (n=19) Q3: Q4:	 Rate=8.3 (n=54)	Behavioral Codes	Rate  X < 9.2  X = 9.2  X > 9.2	Rate=Behavioral codes per 1,000 patient days The objective of this metric is to not only to monitor the quantity/rate of codes called resulting in further treatment (Restraint and Seclusion). At the next meeting information regarding the outcomes will be reviewed.
 Q1: Rate=2.9 (n=11) Q2: Rate=5.1 (n=13) Q3: Q4:	 Rate=4.0 (n=24)	Physical Aggression - Patient/Patient	Rate  X < 2.9  X = 2.9  X > 2.9	Rate=Pt/Pt physical aggression incidents per 1,000 patient days 43A Incidents - Q1: 2 Q2: 0 43B Incidents - Q1: 9 Q2: 10 43C Incidents - Q1: 0 Q2: 3
 Q1: Rate=4.7 (n=18) Q2: Rate=2.0 (n=5) Q3: Q4:	 Rate=3.3 (n=23)	Physical Aggression - Patient/Staff	Rate  X < 2.9  X = 2.9  X > 2.9	Rate=Pt/Staff physical aggression incidents per 1,000 patient days 43A Incidents - Q1: 0 Q2: 0 43B Incidents - Q1: 16 Q2: 4 43C Incidents - Q1: 2 Q2: 1

				In 2020 Q1, one female patient accounted for 14 of the 16 reported patient-to-staff physical aggression incidents on 43B.
 Q1: Rate=.52 (n=2) Q2: Rate=.72 (n=2) Q3: Q4:	 Rate=.62 (n=4)	Patient Elopement	Incidents  Zero  1  > 2	Rate=Patient elopements per 1,000 patient days 43A Incidents - Q1: 1 Q2: 0 (patient exited the unit into hallway but was returned to unit by staff) 43B Incidents - Q1: 1 Q2: 1 (patient exited the unit to hallway but was returned by staff, patient exited the unit to Children's Hospital but was returned by Sheriff) 43C Incidents - Q1: 0 Q2: 1 (patient broke glass to exit building but returned to unit by police)
 Q1: Rate=0.3 (n=1) Q2: Rate=0.0 (n=0) Q3: Q4:	 Rate=.15 (n=1)	Patient Self Injurious Behavior	Incidents  Zero  1  > 2	Rate=Patient Self Injurious Behavior Incidents per 1,000 patient days 43A Incidents - Q1: 0 Q2: 0 43B Incidents - Q1: 0 Q2: 0 43C Incidents - Q1: 1 Q2: 0
 Q1: Rate=1.11 (n=5) Q2: Rate=0.37 (n=1) Q3: Q4:	 Rate=.83 (n=6)	Medication Errors	Rate  X < 1.1  X = 1.1  X > 1.1	Rate=Medication errors per 10,000 administered doses 43A Incidents - Q1: 2 Q2: 1 43B Incidents - Q1: 2 Q2: 0 43C Incidents - Q1: 1 Q2: 0 For 2020 YTD, Acute Adult's medication errors were: 2-incorrect doses, 1-omitted dose, 1-incorrect time, 1-incorrect course of therapy, and 1-allergen to patient
 Q1: Rate=.38 (34.7 hrs) Q2: Rate=.21 (12.8 hrs) Q3: Q4:	 .31 (47.5 hrs)	HBIPS 2 - Hours of Physical Restraint Rate	Rate  X < .38  X = .38  X > .38	Rate=Hours that patients spent in physical restraints for every 1,000 hours of patient care 43A Restraint Rate - Q1: .41 (12.9 hrs) Q2: .44 (7.2 hrs) 43B Restraint Rate - Q1: .54 (16.4 hrs) Q2: .11 (2.5 hrs) 43C Restraint Rate - Q1: .18 (5.4 hrs) Q2: .15 (3.1 hrs)
 Q1: Rate=.22 (19.8 hrs) Q2: Rate=.14 (8.6 hrs) Q3: Q4:	 .19 (28.3 hrs)	HBIPS 3 - Hours of Locked Seclusion Rate	Rate  X < .29  X = .29  X > .29	Rate=Hours that patients spent in seclusion for every 1,000 hours of patient care 43A Seclusion Rate - Q1: .41 (12.8 hrs) Q2: .34 (5.6 hrs) 43B Seclusion Rate - Q1: .00 (0.0 hrs) Q2: .04 (1.0 hrs) 43C Seclusion Rate - Q1: .23 (7.0 hrs) Q2: .09 (2.0 hrs)
 Q1: Rate=26% (n=50) Q2: Rate=24% (n=38) Q3: Q4:	 25% (n=88)	HBIPS 4 - Patients discharged on multiple antipsychotic medications	Rate  X < 9.5%  X = 9.5%  X > 9.5%	Rate=Percent of patients discharged from an inpatient psychiatric facility on 2 or more antipsychotic medications
 Q1: Rate=98% (n=49) Q2: Rate=92% (n=35) Q3: Q4:	 95% (n=84)	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	Rate  X > 61%  X = 61%  X < 61%	Rate=Percent of patients discharged from an inpatient psychiatric facility on 2 or more antipsychotic medications with appropriate justification



## 2020 Q2 MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION INPATIENT DASHBOARD

**Child Adolescent  
Inpatient Service (CAIS)**

Target Key: ■ Better Than Expected ■ Expected ■ Worse Than Expected

Quarter	YTD	Quality Indicator	Threshold	Description
<div style="text-align: center;"><span style="color: blue;">■</span></div> Q1: 2.9% (n=4) Q2: 2.4% (n=1) Q3: Q4:	<div style="text-align: center;"><span style="color: blue;">■</span></div> Rate=2.7% (n=5)	Percent of patients returning to Acute Adult within 7 days	Rate <span style="color: blue;">■</span> X < 5.0% <span style="color: green;">■</span> X = 5.0% <span style="color: red;">■</span> X > 5.0%	Rate=Percent of patient admissions occurring within 7 days of patient's prior discharge from the program
<div style="text-align: center;"><span style="color: blue;">■</span></div> Q1: 9.3% (n=13) Q2: 4.8% (n=2) Q3: Q4:	<div style="text-align: center;"><span style="color: blue;">■</span></div> Rate=8.2% (n=15)	Percent of patients returning to Acute Adult within 30 days	Rate <span style="color: blue;">■</span> X < 9.6% <span style="color: green;">■</span> X = 9.6% <span style="color: red;">■</span> X > 9.6%	Rate=Percent of patient admissions occurring within 30 days of patient's prior discharge from the program
<div style="text-align: center;"><span style="color: red;">■</span></div> Q1: 70.8% positive Q2: 63.2% positive Q3: Q4:	<div style="text-align: center;"><span style="color: red;">■</span></div> 69.7%	Percent of patients responding positively to satisfaction survey	Rate <span style="color: blue;">■</span> X > 75% <span style="color: green;">■</span> X = 75% <span style="color: red;">■</span> X < 75%	Rate=Percent of patients selecting "Agree" and "Strongly Agree" to all survey items Q1: 22 completed surveys (16% response rate) Q2: 4 completed surveys (10% response rate) Q3: Q4:
<div style="text-align: center;"><span style="color: blue;">■</span></div> Q1: 68.2% positive Q2: 100.0% positive Q3: Q4:	<div style="text-align: center;"><span style="color: red;">■</span></div> 73.1%	Overall, I am satisfied with the services I received. (CAIS Youth Survey)	Rate <span style="color: blue;">■</span> X > 75% <span style="color: green;">■</span> X = 75% <span style="color: red;">■</span> X < 75%	Rate=Percent of patients selecting "Agree" and "Strongly Agree" to survey item Q1: 22 completed surveys (16% response rate) Q2: 4 completed surveys (10% response rate) Q3: Q4:
<div style="text-align: center;"><span style="color: blue;">■</span></div> Q1: Rate=8.0 (n=5) Q2: Rate=4.3 (n=1) Q3: Q4:	<div style="text-align: center;"><span style="color: blue;">■</span></div> Rate=6.1 (n=6)	Behavioral Codes (Code 1)	Rate <span style="color: blue;">■</span> X < 8.0 <span style="color: green;">■</span> X = 8.0 <span style="color: red;">■</span> X > 8.0	The objective of this metric is to not only to monitor the quantity of codes but of the codes called and how many of them resulted in further treatment with restraint and/or seclusion. For this meeting the only number we will have is the rate/number of codes but at the next meeting we will have the results of the codes.
<div style="text-align: center;"><span style="color: blue;">■</span></div> Q1: Rate=4.8 (n=3) Q2: Rate=0.0 (n=0) Q3: Q4:	<div style="text-align: center;"><span style="color: red;">■</span></div> Rate=2.4 (n=3)	Physical Aggression - Patient/Patient	Incidents <span style="color: blue;">■</span> Zero <span style="color: green;">■</span> 2 or Less <span style="color: red;">■</span> > 2	Rate=Pt/Pt physical aggression incidents per 1,000 patient days

 Q1: Rate=0.0 (n=0) Q2: Rate=4.3 (n=1) Q3: Q4:	 Rate=2.2 (n=1)	Physical Aggression - Patient/Staff	Incidents  Zero  2 or Less  > 2	Rate=Pt/Staff physical aggression incidents per 1,000 patient days
 Q1: Rate=0.0 (n=0) Q2: Rate=0.0 (n=0) Q3: Q4:	 Rate=0.0 (n=0)	Patient Elopement	Incidents  Zero  1  > 2	Rate=Patient elopements per 1,000 patient days
 Q1: Rate=0.0 (n=0) Q2: Rate=0.0 (n=0) Q3: Q4:	 Rate=0.0 (n=0)	Patient Self Injurious Behavior	Incidents  Zero  1  > 2	Rate=Patient self-injurious behavior Incidents per 1,000 patient days
 Q1: Rate=3.24 (n=1) Q2: Rate=7.54 (n=1) Q3: Q4:	 Rate=4.53 (n=2)	Medication Errors	Rate  X < 1.1  X = 1.1  X > 1.1	Rate=Medication errors per 10,000 doses administered  For 2020 YTD, CAIS' medication errors were 2-omitted doses
 Q1: Rate=.72 (10.8 hrs) Q2: Rate=.13 (0.7 hrs) Q3: Q4:	 .56 (11.5 hrs)	HBIPS 2 - Hours of Physical Restraint Rate	Rate  X < .38  X = .38  X > .38	Rate=Hours that patients spent in physical restraints for every 1,000 hours of patient care
 Q1: Rate=.08 (n=1.3 hrs) Q2: Rate=.00 (0.0 hrs) Q3: Q4:	 .06 (1.3 hrs)	HBIPS 3 - Hours of Locked Seclusion Rate	Rate  X < .29  X = .29  X > .29	Rate=Hours that patients spent in seclusion for every 1,000 hours of patient care
 Q1: Rate=3.6% (n=5) Q2: Rate=0.0% (n=0) Q3: Q4:	 2.8% (n=5)	HBIPS 4 - Patients discharged on multiple antipsychotic medications	Rate  X < 3%  X = 3%  X > 3%	Rate=Percent of patients discharged from an inpatient psychiatric facility on 2 or more antipsychotic medications
 Q1: Rate=80% (n=4) Q2: N/A Q3: Q4:	 80% (n=4)	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	Rate  X > 61%  X = 61%  X < 61%	Rate=Percent of patients discharged from an inpatient psychiatric facility on 2 or more antipsychotic medications with appropriate justification



## 2020 Q2 MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION INPATIENT DASHBOARD

**Acute Inpatient  
Performance Measures  
Reported to CMS**

Target Key: ■ Better Than Expected ■ Expected ■ Worse Than Expected

Quarter	YTD	Quality Indicator	Threshold	Description
 Q1: Rate=.43 (45.5 hrs) Q2: Rate=.20 (13.5 hrs) Q3: Q4:	 .34 (59.0 hrs)	HBIPS 2 - Hours of Physical Restraint Rate	Rate  X < .38  X = .38  X > .38	Rate=Hours that patients spent in physical restraints for every 1,000 hours of patient care
 Q1: Rate=.20 (21.0 hrs) Q2: Rate=.13 (8.6 hrs) Q3: Q4:	 .17 (29.6 hrs)	HBIPS 3 - Hours of Locked Seclusion Rate	Rate  X < .29  X = .29  X > .29	Rate=Hours that patients spent in seclusion for every 1,000 hours of patient care
 Q1: 96% (n=53) Q2: 92% (n=35) Q3: Q4:	 95% (n=88)	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	Rate  X > 61%  61%  X < 61%	Rate=Patients discharged from an inpatient psychiatric facility on 2 or more antipsychotic medications with appropriate justification
 Q1: 99% (n=277) Q2: 98% (n=191) Q3: Q4:	 99% (n=468)	Screening for metabolic disorders	Rate  X > 74%  X = 74%  X < 74%	Rate=Patients discharged on antipsychotic medications who had a body mass index, blood pressure, blood sugar, and cholesterol level screenings in the past year
 Q1: 33% (n=78) Q2: N/A Q3: N/A Q4:	 33% (n=78)	Patient influenza immunization	Rate  X > 83%  X = 83%  X < 83%	Rate=Patients assessed and given influenza vaccination (time period 10/1 – 3/31)
 Q1: 77% (n=20) Q2: 42% (n=10) Q3: Q4:	 60% (n=30)	SUB 2 - Alcohol use brief intervention provided or offered	Rate  X > 83%  X = 83%  X < 83%	Rate=Patients with alcohol abuse who received or refused a brief intervention during their inpatient stay.
 Q1: 58% (n=15) Q2: 33% (n=8) Q3: Q4:	 46% (n=23)	SUB 2a - Alcohol use brief intervention provided	Rate  X > 74%  X = 74%  X < 74%	Rate=Patients with alcohol abuse who received a brief intervention during their inpatient stay.

 Q1: 100% (n=128) Q2: 100% (n=91) Q3: Q4:	 100% (n=219)	SUB 3 - Alcohol and other drug use disorder treatment provided or offered at discharge	Rate  X > 70%  X = 70%  X < 70%	Rate=Patients who screened positive for an alcohol or substance abuse disorder during their inpatient stay who, at discharge, either; received or refused a prescription for medications to treat their alcohol or drug use disorder, or received or refused a referral for addiction treatment
 Q1: 35% (n=45) Q2: 57% (n=52) Q3: Q4:	 44% (n=97)	SUB 3a - Alcohol and other drug use disorder treatment at discharge	Rate  X > 59%  X = 59%  X < 59%	Rate=Patients who screened positive for an alcohol or substance abuse disorder during their inpatient stay who, at discharge, either; received a prescription for medications to treat their alcohol or drug use disorder, or received a referral for addiction treatment
 Q1: 82% (n=58) Q2: 82% (n=49) Q3: Q4:	 82% (n=107)	TOB 2 - Tobacco use treatment provided or offered	Rate  X > 81%  X = 81%  X < 81%	Rate=Patients who use tobacco and who received or refused counseling to quit and received or refused medications to help them quit tobacco during their hospital stay
 Q1: 52% (n=37) Q2: 52% (n=31) Q3: Q4:	 53% (n=68)	TOB 2a - Tobacco use treatment (during the hospital stay)	Rate  X > 46%  X = 46%  X < 46%	Rate=Patients who use tobacco and who received counseling to quit and received medications to help them quit tobacco during their hospital stay
 Q1: 54% (n=38) Q2: 37% (n=22) Q3: Q4:	 46% (n=60)	TOB 3 - Tobacco use treatment provided or offered at discharge	Rate  X > 58%  X = 58%  X < 58%	Rate=Patients who use tobacco and at discharge received or refused a referral for outpatient counseling AND received or refused a prescription for medications to help them quit.
 Q1: 6% (n=4) Q2: 2% (n=1) Q3: Q4:	 4% (n=5)	TOB 3a - Tobacco use treatment provided at discharge	Rate  X > 18%  X = 18%  X < 18%	Rate=Patients who use tobacco and at discharge received a referral for outpatient counseling AND received a prescription for medications to help them quit
 2018: 29.4%		FUH 30 - Follow-up after hospitalization for mental illness	Rate  X > 50%  X = 50%  X < 50%	Rate=Patients hospitalized for mental illness who received follow-up care from an outpatient mental healthcare provider within 30 days of discharge. CMS calculates this measure based on Medicare claims data and reports BHD's performance on the <a href="https://data.medicare.gov/data/hospital-compare">https://data.medicare.gov/data/hospital-compare</a> website annually.
 2018: 5.9%		FUH 7 - Follow-up after hospitalization for mental illness	Rate  X > 28%  X = 28%  X < 28%	Rate=Patients hospitalized for mental illness who received follow-up care from an outpatient mental healthcare provider within 7 days of discharge. CMS calculates this measure based on Medicare claims data and reports BHD's performance on the <a href="https://data.medicare.gov/data/hospital-compare">https://data.medicare.gov/data/hospital-compare</a> website annually.

 2018: 19.4% CMS reports BHD is “no different than the national rate”		READMN 30 IPF - 30 day all cause unplanned readmission following psychiatric hospitalization in an inpatient psychiatric facility (IPF)	Rate  X > 20%  X = 20%  X < 20%	Rate=Patients readmitted to any hospital within 30 days of discharge from the inpatient psychiatric facility CMS calculates this measure based on Medicare claims data and reports BHD’s performance on the <a href="https://data.medicare.gov/data/hospital-compare">https://data.medicare.gov/data/hospital-compare</a> website annually.
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## Quality Committee Item 9

Hospital QAPI – MINUTES: August 7, 2020

HOSPITAL QUALITY ASSESSMENT PERFORMANCE IMPROVEMENT (QAPI) MINUTES #15 - AUGUST 07, 2020

Topic/Facilitator	Discussion	Next Steps/Action Items Responsible Persons Timeline
Hospital QAPI June 5, 2020 Minutes Abram/Bergersen 11:00-11:02am	<ul style="list-style-type: none"> <li>Minutes Minutes approved as written.</li> </ul>	Informational.
Milwaukee County BHD Data Literacy/Competency Plan Education/Training/Resource Needs for next month, for this committee or the organization.  Dr. Drymalski, Krasker 11:03-11:25	<ul style="list-style-type: none"> <li>Refer to PPT presentation; attached to agenda. Glenn and Matt proposed a tiered plan for data literacy education at all levels including frequency addressing the following: basic concepts of QAPI, data collection tools and techniques, data aggregation, presentation and analysis, oversight and accountability and identification of priorities for performance improvement. Best practices were reviewed.</li> </ul>	QAPI Committee unanimously approved this plan as proposed. Glenn and Matt will present the material at the Quality Committee of the MH Board, and full MH Board.
BHD QAPI Committee Departmental Reporting Schedule Bergersen & Brown 11:25-11:30  Tips: What is Being Monitored and Changed? What should be reviewed or prioritized for improvement?  What are the sources of data and information relevant to our organization to use as quality assessment and quality improvement?	<ul style="list-style-type: none"> <li>June- Roll-Out Plan</li> <li>July- IT/Patient Rights/ (move due to holiday)</li> <li>August-Psychiatric Social Work/Contract Services</li> <li>September-Pharmacy/Dietary -on deck-</li> <li>October-Environment of Care/EES/IPAC</li> <li>November-Contract Services/SEC</li> <li>December-Contract Services</li> <li>January-Nursing -AICE, CAIS, ATU</li> <li>February-PCS, ITU, OBS</li> <li>March-Contract Services</li> <li>April-Contract Services</li> <li>May-Contract Services</li> <li>Other?</li> </ul> <p>Refer to next section.</p>	Dietary and Pharmacy department reports scheduled next month.

<p>Department Reports: August 11:30-11:55 p.m.</p> <p>Dr. Badger Sherrie-Bailey-Holland Demetrius-Anderson Nan Hillert</p> <p>Katie Skell, Luci Reyes-Agron</p>	<ul style="list-style-type: none"> <li>• <b>IT and Informatics</b> Dr. Badger: shared goals of the SIA corrective action plan including staff re-education for navigating the EHR, comprehensive training on AVATAR, and access to records. Refer to attached PPT presentation for improvement actions.</li> <li>• <b>Patient Rights</b> Bailey-Holland: One grievance has been reported since Q2. There is a new grievance process, policy and committee underway. The hospital grievance education has been rolled out to all hospital employees. Grievance committee meetings are now held bi-weekly. Anderson shared a brief review of the clinical records audit findings. Refer to monthly audit reports for detail.</li> <li>• <b>Psychiatric Social Work</b> Hillert: The PSW 60-hour assessment threshold continues to be met. All June and July PSW admission assessments were completed within 60 hours at 100% compliance. Refer to attached audit report for detail. Hillert is also reviewing the acknowledgement process of the completion of advanced directive, as additional review of the progress notes indicates attempts to gather the required information may not be reflected by only auditing the form.</li> <li>• <b>Contract Service – (Monitoring Tool: September) Clean Power CPM/Rounding</b> Skell: Clean Power is completing monthly audits to identify deficiencies and plans for improvement. Audit components, recurring deficiencies will be flagged for evaluation for continuous process improvement. Components will be scored on a 1-4 scaling system and reviewed at IPAC committee. Refer to attached report for detail.</li> </ul>	<p>Work plan underway. Progress noted.</p> <p>Further analysis is needed on the electronic patient signature component of the acknowledgement, refusal and/or the timing and dating of patient rights and advanced directives; Anderson/Bailey-Holland</p> <p>Nan has shared this data with the PSW team, reviewing expectations and timelines.</p> <p>Glenn recommended collecting a smaller amount of data, more frequently, for a larger sample size. Luci will connect with CP and Sandy.</p>
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HOSPITAL QUALITY ASSESSMENT PERFORMANCE IMPROVEMENT (QAPI) MINUTES #15 - AUGUST 07, 2020

<p>New dashboard format and performance indicators Brown, Bergersen, Warzonek, Anderson, ALL 11:55- 12:15 pm</p>	<ul style="list-style-type: none"> <li>Performance Indicators Areas to target for warranting further investigation and/or performance improvement. Jen B. will gather a Team to discuss findings, identify participants and areas of improvement related to the following indicators as discussed in Patient Safety: <ul style="list-style-type: none"> <li>➤ Further investigation regarding elopements</li> <li>➤ Aggression on 43B</li> <li>➤ Waitlist data</li> <li>➤ Staff injuries relating to restraints</li> </ul> </li> </ul>	<p>Work team(s) to be scheduled.</p>
<p>Any current PIPs to target? ALL 11:55-12:15 pm</p> <p><i>(Reminder: Hospital should seek to prioritize PIPs that are high risk, high frequency, and/or problem prone to include issues that may affect the safety and psychosocial well-being and the rights of the patients. The PIPs will serve the greatest good or ensure better outcomes. The hospital must provide evidence to show why each project was selected.)</i></p>	<p>Any incident data warranting immediate attention, opportunities for improvement?</p> <ul style="list-style-type: none"> <li>Issues that pose a high risk to our patients, is frequent in nature or otherwise impacts the safety and quality of life of our patients.</li> <li>Items for improvement identified at the 8/6 Patient Safety Committee. (Above)</li> <li>SIA updates; <ul style="list-style-type: none"> <li>Emtala/Log – Angela &amp; Dr. Thrasher Item deferred for discussion with Angela next meeting. EMTALA progress report has been submitted by Dr. Thrasher and is attached.</li> <li>Risk Manager Hospital connections – Bergersen An improvement activity has been implemented relating to inappropriate transfers. A partnership has been established with local hospital Risk Managers for assistance in fact findings and investigations regarding such transfers. Glenn has provided EMTALA education to the community hospital partners.</li> </ul> </li> </ul>	<p>Item deferred for discussion with Angela next meeting.</p> <p>Informational at this time.</p>

<p>Education/Compliance updates  <b>Bergersen</b>                  12:15-12:20 p.m.</p>	<ul style="list-style-type: none"> <li>• Introduction to Performance Improvement Knowledge Q                      94% education compliance rate as of 8/6.</li> <li>• Environmental Risks in Patient Care Areas                      86% education compliance rate as of 8/6.</li> <li>• RCA2 training                      73% (8 of 11) participants have completed trainings successfully.</li> </ul>	<p>Quality Committee Governing Board members are also scheduled to complete the Performance Improvement Training; reminders sent by Mary Neubauer</p>
<p>Hospital Contracts                  Quality issues updates                  12:20-12:30 p.m.                  Joint Commission Guidance:                  Leaders are expected to select the best methods for their hospital to oversee the quality and safety of services provided through contractual agreement. (Direct observation, audit of documentation, review of incident reports, report reviews, review of performance indicators, input from staff and patients, review of patient satisfaction, review risk management activities.) Work with the contractor to make improvements, renegotiate, or terminate agreement – need sufficient planning as to not interrupt patient services. <b>ALL</b></p>	<p>Contracts and Improvement Actions</p> <p>Current contract concerns/reports: Discussion and actions</p> <ul style="list-style-type: none"> <li>• Public Safety/Security <b>Delgado, Bergersen</b>                      A communication update of actions has been distributed by leadership earlier this week.</li> <li>• Hospital Contracts -Impaneling challenges; sanctions?  <b>Dennis noted that monetary sanctions can be sent to those hospital contracted vendors who have not completed the required impaneling and contract expectations.</b></li> <li>• Other?</li> </ul>	<p>Informational.</p> <p>Committee agreed to impose financial forfeitures when indicated.</p>

HOSPITAL QUALITY ASSESSMENT PERFORMANCE IMPROVEMENT (QAPI) MINUTES #15 - AUGUST 07, 2020

Next QAPI Meeting Time Virtual Microsoft Teams Meeting ALL 12:30 p.m.	<ul style="list-style-type: none"> <li>• First Friday of every month.</li> </ul>	September 4, 2020 at 11 a.m.
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Attendee Requirements: [Virtual meeting via Microsoft Teams](#)

Participants are to include but not limited to: Executive Director/Administrator, Assistant Administrator, Chief Nursing Officer, Assistant Chief Nursing Officer, Director of Environmental Service, Director of Dietary Services, Director of Rehabilitation Services, Director of Social Services and/or Director of Activities.

Meeting Notes/Participants: [Demetrius Anderson, Dr. Martha Badger, Sherrie Bailey-Holland, Jennifer Bergersen, Dale Brown, Steve Delgado, Glenn Krasker, Lynn Gram, Larry Johansen, Mary Neubauer, Linda Oczus, Luci Reyes- Agron, Dr. Schneider, Katie Skell, Ed Warzonek, Jeanne Wypyski, Dr. Matt Drymalski, Dennis Buesing, Dr. Elise Gropper, Peter German, John Rahilly, Vicki Wheaton & Nan Hillert](#)

# Quality Committee Item 12

## POLICY & PROCEDURE STATUS REPORT -GOAL=96%

**Overall Progress 91.4% as of Sept. 1, 2020**

**Baseline 71.5% as of August 2016 LAB report**

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

Recently Approved Policies	New Policies	Reviewed/ Revised Policies	Retired Policies
April	12	25	0
May	4	14	1
June	10	22	2
July	1	22	0
August	2	18	0

Current				
Review period	Number of Policies		Percentage of total	
	Last Month	This Month	Last Month	This Month
Within Scheduled Period	539	542	91.2%	91.4%
Up to 1 year Overdue	46	45	7.8%	7.6%
More than 1 year and up to 3 years overdue	5	5	1.0%	0.8%
More than 3 years and up to 5 years overdue	0	0	0%	0%
More than 5 years and up to 10 years overdue	1	1	0.2%	0.2%
More than 10 years overdue	0	0	0%	0%
<b>Total</b>	<b>591</b>	<b>593</b>	<b>100%</b>	<b>100%</b>

Forecast Due for Review	
<b>Past Due Policies - 49</b>	February 2021 – 14
<b>Coming Due Policies</b>	March 2021 – 17
September 2020 –10	April 2021 – 14
October 2020 – 15	May 2021 – 18
November 2020 –7	June 2021 – 13
December 2020 – 32	July 2021 –17
January 2021 – 20	August 2021 -20

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

**DATE:** September 23, 2020

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

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

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

**Background**

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

**Discussion**

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

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

**Recommendation**

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

**Informational Item(s)**

The following Medical Staff Organization policy and procedure was revised and approved by the Medical Staff Executive Committee on August 19, 2020. In accordance with authority granted to the Medical Staff Executive Committee in the MSO Bylaws for policy and procedure approval, the following revised policy is being presented to the Mental Health Board, as informational only, unless otherwise directed.

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

Minor changes were made in connection with SIA consultant recommendations that triggers for automatic referral for peer review be included.

Respectfully Submitted,



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Shane V. Moisia, MD  
President, BHD Medical Staff Organization

cc Michael Lappen, BHD Administrator  
John Schneider, BHD Chief Medical Officer  
M. Tanja Zincke, MD, BHD Vice-President of the Medical Staff Organization  
Lora Dooley, BHD Director of Medical Staff Services  
Jodi Mapp, BHD Senior Executive Assistant and MH Board Administrative Liaison

**Attachment**

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

**MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION  
GOVERNING BODY REPORT  
MEDICAL STAFF CREDENTIALING REPORT & EXECUTIVE COMMITTEE RECOMMENDATIONS  
SEPTEMBER-OCTOBER 2020**

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 2, 2020	MEDICAL STAFF EXECUTIVE COMMITTEE SEPTEMBER 23, 2020	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
<b>MEDICAL STAFF</b>							
Zabrina Ebert, DO	Psychiatric Officer & Medical Officer / Full	Affiliate / Provisional		Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, as requested, subject to a minimum provisional period of 6 months.	Recommends appointment and privileging as per C&PR Committee.	
Michael Lance, MD	General Psychiatry	Affiliate / Provisional		Dr. Zinke recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, as requested, subject to a minimum provisional period of 6 months.	Recommends appointment and privileging as per C&PR Committee.	
Douglas McWilliams, MD	Psychiatric Officer & Medical Officer / Full	Affiliate / Provisional		Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, as requested, subject to a minimum provisional period of 6 months.	Recommends appointment and privileging as per C&PR Committee.	
Bradley Zastrow, MD	Psychiatric Officer & Medical Officer / Full	Affiliate / Provisional		Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, as requested, subject to a minimum provisional period of 6 months.	Recommends appointment and privileging as per C&PR Committee.	
<b>ALLIED HEALTH</b>							
NONE THIS PERIOD							

REAPPOINTMENT / REPRIVILEGING	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE SEPTEMBER 2, 2020	MEDICAL STAFF EXECUTIVE COMMITTEE SEPTEMBER 23, 2020	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
<b>MEDICAL STAFF</b>							
Guy DeGent, MD	Tele-Diagnostic Cardiology - EKG & Doppler Echo-cardiogram Interpretation	Consulting Telemedicine / Full		Dr. Puls 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.	
Peter DeVries, MD	Psychiatric Officer & Medical Officer / Full	Affiliate / Full		Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Olga Hadden, MD	General Psychiatry	Active / Full		Dr. Zinke recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Donna Luchetta, MD	General Psychiatry	Active / Full	M#	Dr. Zinke recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
George Morrison, DO	Tele-Diagnostic Radiology - Xray and Ultrasound Interpretation	Consulting Telemedicine / Provisional	M# / PR	Dr. Puls recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes, including continuation of provisional status ( <i>low volume practitioner</i> ).	Recommends reappointment and privileging as per C&PR Committee.	

REAPPOINTMENT / REPRIVILEGING	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE SEPTEMBER 2, 2020	MEDICAL STAFF EXECUTIVE COMMITTEE SEPTEMBER 23, 2020	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
Hannah Reiland, DO	Psychiatric Officer & Medical Officer	Affiliate / Full		Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Hannah Schroeder, DO	Psychiatric Officer & Medical Officer	Affiliate / Full		Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment as per C&PR Committee.	
Jennifer Zaspel, MD	General Psychiatry	Affiliate / Full		Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
REAPPOINTMENT / REPRIVILEGING	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE SEPTEMBER 2, 2020	MEDICAL STAFF EXECUTIVE COMMITTEE SEPTEMBER 23, 2020	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
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 2, 2020	MEDICAL STAFF EXECUTIVE COMMITTEE SEPTEMBER 23, 2020	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
<i>The following applicants are completing the required six-month minimum provisional period, as required for all initial appointments and/or new privileges.</i>							
MEDICAL STAFF							
Ana Navarro-Montoya, 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 privileging status change, as per C&PR Committee.	
Kayla Schenheit, 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 privileging status change, as per C&PR Committee.	
ALLIED HEALTH							
NONE THIS PERIOD							

AMENDMENTS / CHANGE IN STATUS	CURRENT PRIVILEGE GROUP(S) OR APPOINTMENT CATEGORY	RECOMMENDED CHANGE	SERVICE CHIEF RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE SEPTEMBER 2, 2020	MEDICAL STAFF EXECUTIVE COMMITTEE SEPTEMBER 23, 2020	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
Erika Steinbrenner, MD	Psychiatric Officer & Medical Officer	General Psychiatry / Provisional	Dr. Thrasher recommends amending privileges, as requested	Committee recommends amending privileges, as requested, subject to a minimum provisional period of 6 months.	Recommends reappointment and privileging as per C&PR Committee.	

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

9/23/2020  
 DATE

  
 PRESIDENT, MEDICAL STAFF ORGANIZATION  
 CHAIR, MEDICAL STAFF EXECUTIVE COMMITTEE

09/23/20  
 DATE

BOARD COMMENTS / MODIFICATIONS / OBJECTIONS TO MEC PRIVILEGING RECOMMENDATIONS:

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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 22, 2020

Current Status: *Draft*

PolicyStat ID: 8392844



Date Issued:	3/20/2012
Effective:	N/A
Last Approved Date:	N/A
Last Revised Date:	N/A
Next Review:	N/A
Owner:	<i>Lora Dooley: Medical Service Manager</i>
Policy Area:	<i>Medical Staff Organization</i>
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~~ and participation on assigned 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. **AUTOMATIC REFERRAL FOR EVALUATION**

- A. Any single egregious event or concern involving an individual practitioner's performance or professional behavior shall automatically trigger referral for peer review. Automatic triggers shall include, but not be limited to, the following:
1. A sentinel event
  2. Case complaint or grievance by patient/family
  3. Concern by a Service Medical Director, the Administrator or Chief Medical Officer

## V. 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.

## 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~~ 8/4/2020

Recommended for approval by Credentialing and Privileging Review Committee, ~~9/5/2018~~ 8/4/2020

Approved by Action of the Medical Staff Executive Committee, ~~9/19/2018~~ 03/19/2020

Informational report to Mental Health Board, ~~10/25/2018~~ 10/22/2020

## Attachments

No Attachments

<u>DATE</u>	<u>COMMITTEE/BOARD</u>
January 4, 2021, at 10:00 a.m.	<b>Quality Committee - Location TBD</b>
<b>January 28, 2021, at 4:30 p.m.</b>	<b>Mental Health Board (<i>Public Comment/General</i>) - Location TBD</b>
February 25, 2021, at 8:00 a.m.	<b>Finance Committee (<i>Contracts Approval</i>) - Location TBD</b>
<b>February 25, 2021, at 9:00 a.m.</b>	<b>Mental Health Board - Location TBD</b>
March 1, 2021, at 10:00 a.m.	<b>Quality Committee - Location TBD</b>
March 11, 2021, at 10:00 a.m.	<b>Executive Committee - Location TBD</b>
<b>March 18, 2021, at 4:30 p.m.</b>	<b>Mental Health Board (<i>Public Comment/Budget</i>) - Location TBD</b>
March 25, 2021, at 1:30 p.m.	<b>Finance Committee (<i>Quarterly Meeting</i>) - Location TBD</b>
April 22, 2021, at 8:00 a.m.	<b>Finance Committee (<i>Contracts Approval</i>) - Location TBD</b>
<b>April 22, 2021, at 9:00 a.m.</b>	<b>Mental Health Board - Location TBD</b>
May 3, 2021, at 10:00 a.m.	<b>Quality Committee - Location TBD</b>
June 3, 2021, at 4:30 p.m.	<b>Finance Committee (<i>Preliminary Budget Presentation</i>) - Location TBD</b>
June 15, 2021, at 4:30 p.m.	<b>Finance Committee (<i>Public Comment/Budget</i>) - Location TBD</b>
June 17, 2021, at 8:00 a.m.	<b>Finance Committee (<i>Contracts Approval</i>) - Location TBD</b>
<b>June 17, 2021, at 9:00 a.m.</b>	<b>Mental Health Board - Location TBD</b>
June 24, 2021, at 1:30 p.m.	<b>Finance Committee (<i>Budget Presentation/Public Comment/Budget Approval</i>) - Location TBD</b>
<b>July 8, 2021, at 8:00 a.m.</b>	<b>Mental Health Board (<i>Budget Presentation/Approval</i>) - Location TBD</b>
July 12, 2021, at 10:00 a.m.	<b>Quality Committee - Location TBD</b>
August 12, 2021, at 1:30 p.m.	<b>Executive Committee - Location TBD</b>
August 26, 2021, at 8:00 a.m.	<b>Finance Committee (<i>Contracts Approval</i>) - Location TBD</b>
<b>August 26, 2021, at 9:00 a.m.</b>	<b>Mental Health Board - Location TBD</b>
September 9, 2021, at 1:30 p.m.	<b>Finance Committee - (<i>Quarterly Meeting</i>) - Location TBD</b>

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

<u>DATE</u>	<u>COMMITTEE/BOARD</u>
September 13, 2021, at 10:00 a.m	<b>Quality Committee - Location TBD</b>
<b>September 23, 2021, at 4:30 p.m.</b>	<b>Mental Health Board (<i>Public Comment/General</i>) - Location TBD</b>
October 28, 2021, at 8:00 a.m.	<b>Finance Committee (<i>Contracts Approval</i>) - Location TBD</b>
<b>October 28, 2021, at 9:00 a.m.</b>	<b>Mental Health Board - Location TBD</b>
November 1, 2020, at 10:00 a.m	<b>Quality Committee - Location TBD</b>
December 1, 2021, at 9:00 a.m.	<b>Executive Committee - Location TBD</b>
December 2, 2021, at 1:30 p.m.	<b>Finance Committee (<i>Contracts Approval/Quarterly Meeting</i>) - Location TBD</b>
<b>December 9, 2021, at 8:00 a.m.</b>	<b>Mental Health Board - Location TBD</b>