

Chairperson: Duncan Shrout
Vice-Chairman: Thomas Lutzow
Secretary: Dr. Robert Chayer
Senior Executive Assistant: Jodi Mapp, 257-5202

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MILWAUKEE COUNTY MENTAL HEALTH BOARD

Thursday, January 25, 2018 - 4:30 P.M.
Washington Park Senior Center
4420 West Vliet Street

MINUTES

PRESENT: Robert Chayer, Michael Davis, Rachel Forman, *Jon Lehrmann, Thomas Lutzow, Mary Neubauer, Maria Perez, Duncan Shrout, and Brenda Wesley
EXCUSED: Robert Curry, Ronald Diamond, and Walter Lanier

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

SCHEDULED ITEMS:

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

1. **Welcome.**

Michael Lappen, Administrator, Behavioral Health Division (BHD)

Chairman Shrout welcomed everyone to the Public Hearing. Board Members and Staff were asked to introduce themselves.

Mr. Lappen explained the Mental Health Board Joint Task Force had what is expected to be its final meeting on the proposed outsource of acute services. At that meeting, the Joint Task Force unanimously agreed to recommend BHD enter into formal negotiations with Universal Health Systems (UHS). This recommendation will be addressed at the February 22, 2018, Mental Health Board meeting. Negotiations are expected to occur over the course of the next several months.

UHS responded to a proposal compiled of 133 questions reviewed by a clinical team Review Committee made up of Board Members and BHD Senior Staff. All concerns raised by the Review Committee related to UHS' response were adequately addressed. After a thorough vetting and due diligence process, the recommendation derived is to move forward. As a point of clarification, there is currently no contract, but the way has been paved to proceed with negotiations.

SCHEDULED ITEMS (CONTINUED):

There is still a lengthy process ahead. It is important to make sure not only our communities' interests but also BHD's interests are achieved. Moving forward with a signed contract would trigger a two-and-a-half year transition period. Preparation would begin related to no longer serving inpatient acute psychiatric patients at BHD but instead, contract with UHS to serve those customers.

Projections have been done on this change and reflect significant cost savings in the area of facility maintenance and the overall modernization of care provided. Some of these savings would then, in turn, be put back into community services. BHD's main goal has always been to provide services in the least restrictive setting with a strong focus on community services and recovery.

Mr. Lappen also discussed a parallel effort recently started that involves BHD's engagement with the private health systems in Milwaukee, through the Milwaukee Health Care Partnership, to explore a collaborative redesign of Crisis Services. If the outsource moves forward as planned, the Psychiatric Crisis Services Unit at BHD will not be in a position to operate in its current state. This is an extremely valuable service in the community, for which a large continuum of care exists. It is the contention to collaboratively create a plan to sustain the continuum of care within the community for crisis services. This could include a centrally located psychiatric emergency room and will be supported by crisis assessment and response teams, mobile teams, and crisis resource centers, which is all that is entailed in the whole continuum.

There has also been some discussion surrounding interesting ideas on how to expand the crisis footprint though the County's Housing Division and the work it does, from outreach to shelters for homeless individuals who are experiencing a crisis, to individuals with substance use challenges.

These are all components encompassed in the transition plan. Completion of the acute outsource and psych crisis redesign will probably be about a three-year project. This is the next step in securing a contract that works for everyone involved.

Chairman ShROUT reiterated this is all being done in an effort to significantly improve community-based services by ensuring easy access to those services, eliminating waitlists, and early screenings.

SCHEDULED ITEMS (CONTINUED):

2.	<p>Public Comment on Outsourcing Acute In-Patient Behavioral Health Hospital Services and all Behavioral Health Division Topics/Services.</p> <p>The meeting opened for public comment on Outsourcing Acute In-Patient Behavioral Health Hospital Services and all Behavioral Health Division Topics/Services. The following individuals appeared and provided comments:</p> <p>Barbara Beckert, Disability Rights Wisconsin Kelly Davis, Mental Health Task Force Eugene Barufkin Patricia Obletz, Mental Health Task Force Clay Ecklund Cecile Duhnke, COPE Services Janette Herrera Bria Grant, Unite MKE Milton Childs, State Public Defender's Office</p>
3.	<p>Adjournment.</p> <p>MOTION BY: (Lutzow) <i>Adjourn. 8-0</i> MOTION 2ND BY: (Davis) AYES: Chayer, Davis, Forman, Lutzow, Neubauer, Perez, Shrout, and Wesley - 8 NOES: 0</p>
<p>This meeting was recorded. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Behavioral Health Division/Mental Health Board web page.</p> <p>Length of meeting: 4:41 p.m. to 5:40 p.m.</p> <p>Adjourned,</p> <p>Jodi Mapp Senior Executive Assistant Milwaukee County Mental Health Board</p>	

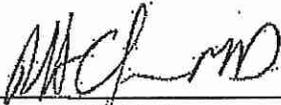
SCHEDULED ITEMS (CONTINUED):

**The next regular meeting for the Milwaukee County Mental Health Board is
Thursday, February 22, 2018, @ 8:00 a.m. at the
Zoofari Conference Center
9715 Bluemound Road**

Visit the Milwaukee County Mental Health Board Web Page at:

<http://county.milwaukee.gov/BehavioralHealthDivi7762/Mental-Health-Board.htm>

The January 25, 2018, meeting minutes of the Milwaukee County Mental Health Board are hereby submitted for approval at the next scheduled regular meeting of the Milwaukee County Mental Health Board.



Dr. Robert Chayer, Secretary
Milwaukee County Mental Health Board

Chairperson: Duncan Shrout
Vice-Chairman: Thomas Lutzow
Secretary: Dr. Robert Chayer
Senior Executive Assistant: Jodi Mapp, 257-5202

MILWAUKEE COUNTY MENTAL HEALTH BOARD

Thursday, December 14, 2017 - 8:00 A.M.

Zoofari Conference Center
9715 West Bluemound Road

MINUTES

PRESENT: Robert Chayer, Robert Curry, Michael Davis, Ronald Diamond, Walter Lanier, Thomas Lutzow, Mary Neubauer, *Maria Perez, Duncan Shrout and Brenda Wesley

EXCUSED: Rachel Forman and Jon Lehrmann

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

SCHEDULED ITEMS:

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

1. **Welcome.**

Chairman Shrout welcomed Board Members and the audience to the meeting and provided preliminary comments.

2. **Approval of the Minutes from the October 26, 2017, Milwaukee County Mental Health Board Meeting.**

MOTION BY: (Lutzow) *Approve the Minutes from the October 26, 2017, Milwaukee County Mental Health Board Meeting. 8-0-1*

MOTION 2ND BY: (Davis)

AYES: Chayer, Curry, Davis, Lanier, Lutzow, Neubauer, Shrout, and Wesley – 8

NOES: 0

EXCUSED: Perez - 1

3. **Board Positions Update.**

Chairman Shrout introduced the Board's newest Member, Robert Curry, and briefly explained Mr. Curry's background and experience as it relates to the area of mental health. Mr. Curry will be filling the seat of the Community Stakeholder.

SCHEDULED ITEMS (CONTINUED):

	<p>Mr. Curry addressed the Board by providing brief comments.</p> <p>Board Members welcomed Mr. Curry to the Board.</p>
4.	<p>Governance Presentation on Strategic Planning for the Mental Health Board.</p> <p>Brett Remington, Blue Rock WI</p> <p>Mr. Remington discussed the development of a governance model for the Milwaukee County Mental Health Board. He will be working with all Board Members, individually and as a group, to help elevate their governance. Mr. Remington explained in addition to the statutory provisions describing the Mental Health Board's responsibility, the Board should also embrace the custodial role of the Behavioral Health Division (BHD) strategy, as well as to ensure effective governance of BHD itself.</p> <p>A number of different areas will be explored, including accountability for senior leaders' actions, progress of the strategic plan, fiscal accountability, transparency of operations, compliance with all legal requirements and applicable policies, independence and effectiveness of internal and external audits, protection of stakeholder interests, and succession planning for senior leaders.</p> <p>This project will be done in four phases; baseline development, strategic alignment, governance model development, and measures of success. Interviews with Board Members will be scheduled in the near future.</p> <p>Questions and comments ensued.</p>
5.	<p>Administrative Update.</p> <p>Michael Lappen, Administrator, Behavioral Health Division (BHD)</p> <p>Mr. Lappen explained the importance of acknowledging the impressive work done by BHD employees who were recognized by Biz Times as Health Care Heroes. Mr. Lappen presented the Biz Times Health Care Heroes awards to Nzinga Khalid in the Community Service Category, Lauren Hubbard in the Nurse Category, and Team Connect, led by Chad Meinholdt and Tanya Cummings, in the Corporate Achievement in Health Care category.</p> <p>Mr. Lappen continued his report by highlighting key activities and issues related to BHD operations. He provided updates on BHD's Board of Trustees statutory requirement, addressed the Board's quality concerns related to Wisconsin Community Services Targeted Case Management Program, the Transportation Subsidy Pilot Program, Peer Run Respite Request for Proposals, Vistelar training preliminary findings, Kane Communications' 2017 Platinum MarCom Award for BHD's nurse recruitment campaign, and BHD's Milwaukee Police Department Merit Award for Crisis Services.</p>

SCHEDULED ITEMS (CONTINUED):

	<p>Questions and comments ensued.</p> <p>Mr. Lappen took time to again recognize Board Members for their contribution and participation in the impressive performance of the play "Pieces" sponsored by Milwaukee Area Technical College in conjunction with Mental Health Awareness.</p>
<p><i>Pursuant to Wisconsin Statutes Section 19.85(1)(e), the Board may adjourn into Closed Session for the purpose of deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session as it relates to the following matter(s):</i></p>	
6.	<p>Local Public/Private Partnership and National Entity Partnership Joint Task Force Update.</p> <ul style="list-style-type: none">• Potential Negotiation Strategies for Acute Services Vendor. <p>Michael Lappen, Administrator, Behavioral Health Division Teig Whaley-Smith, Director, Department of Administrative Services</p> <p>Chairman ShROUT provided an update on the Joint Task Force's December 7, 2017, meeting describing the comprehensive overview given, which reflects the thoroughness, to the due diligence process. Universal Health Services' (UHS) appeared to address patient care concerns related to the Buzzfeed article/video regarding their Hillcrest facility in Alabama in preparation for the negotiation phase.</p> <p>Mr. Lappen provided an additional update on the Review Committee, established to evaluate and score UHS' written proposal, and their progress.</p> <p>MOTION BY: (Chayer) <i>Adjourn into Closed Session under the provisions of Wisconsin Statutes Section 19.85(1)(e) for the purpose of deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive bargaining reasons require a closed session as it relates to Item 6. At the conclusion of the Closed Session, the Board may reconvene in open session to take whatever action(s) it may deem necessary on the aforesaid item. 9-0</i></p> <p>MOTION 2ND BY: (Perez)</p> <p>AYES: Chayer, Curry, Davis, Lanier, Lutzow, Neubauer, Perez, ShROUT, and Wesley - 9</p> <p>NOES: 0</p> <p>EXCUSED: 0</p> <p>The Board convened into Closed Session at 9:22 a.m. to discuss Item 6 and reconvened back into Open Session at approximately 10:14 a.m. The roll was taken, and all Board</p>

SCHEDULED ITEMS (CONTINUED):

	<p>Members, except for Robert Curry, who was not present at the time the roll was called but joined the meeting shortly thereafter, and Mary Neubauer, who was excused, were present.</p>
7.	<p>Mental Health Board Finance Committee Professional Services Contracts Approval Recommendations.</p> <p>Dennis Buesing, Contract Administrator, Department of Health and Human Services</p> <ul style="list-style-type: none">• UW-Milwaukee Substance Abuse and Mental Health Services Administration (SAMHSA) Grant• Cambio Solutions, LLC• Robert Half Technology• Vistelar, LLC• Kane Communications Group <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. Mr. Buesing provided background information on services the contracted agencies provide, which include program evaluation, consulting, information technology, training, grant management, and communications management services. Approvals are for amendments to existing contracts.</p> <p>The Finance Committee, at its December 7, 2017, meeting, unanimously agreed to recommend approval of the Professional Services Contract Amendments as delineated in the corresponding report to the full Board.</p> <p>MOTION BY: (Lutzow) <i>Approve the Professional Services Contract Amendments as Delineated in the Corresponding Report. 8-0-1</i></p> <p>MOTION 2ND BY: (Perez)</p> <p>AYES: Chayer, Curry, Davis, Lanier, Lutzow, Perez, Shrout, and Wesley – 8</p> <p>NOES: 0</p> <p>EXCUSED: Neubauer - 1</p>
8.	<p>Mental Health Board Finance Committee Purchase-of-Service Contracts Approval Recommendations.</p> <p>Dennis Buesing, Contract Administrator, Department of Health and Human Services</p> <p>Purchase-of-Service Contracts for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services were reviewed. Mr. Buesing provided an overview detailing the various program contracts.</p> <p>The Finance Committee, at its December 7, 2017, meeting, unanimously agreed to recommend approval of the Purchase-of-Service Contracts delineated in the corresponding report to the full Board.</p>

SCHEDULED ITEMS (CONTINUED):

	<p>MOTION BY: (Lutzow) <i>Approve the Purchase-of-Service Contracts as Delineated in the Corresponding Report. 8-0-1</i></p> <p>MOTION 2ND BY: (Perez)</p> <p>AYES: Chayer, Curry, Davis, Lanier, Lutzow, Perez, Shrout and Wesley – 8</p> <p>NOES: 0</p> <p>EXCUSED: Neubauer - 1</p>
9.	<p>Mental Health Board Finance Committee Fee-for-Service Agreements Approval Recommendations.</p> <p>Dennis Buesing, Contract Administrator, Department of Health and Human Services</p> <p>Fee-for-Service Agreements for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services were reviewed. Mr. Buesing provided an overview detailing the various program agreements, which provide a broad range of rehabilitation and support services to adults with mental health and/or substance use disorders and children with serious emotional disturbances.</p> <p>The Finance Committee, at its December 7, 2017, meeting, unanimously agreed to recommend approval of the Fee-for-Service Agreements delineated in the corresponding report to the full Board.</p> <p>MOTION BY: (Perez) <i>Approve the Fee-for-Service Agreements as Delineated in the Corresponding Report. 8-0-1</i></p> <p>MOTION 2ND BY: (Lutzow)</p> <p>AYES: Chayer, Curry, Davis, Lanier, Lutzow, Perez, Shrout, and Wesley – 8</p> <p>NOES: 0</p> <p>EXCUSED: Neubauer - 1</p>
10.	<p>Mental Health Board Finance Committee Update.</p> <p>Chris Walker, Interim Chief Financial Officer, Behavioral Health Division (BHD)</p> <p>Vice-Chairman Lutzow, Chairman of the Finance Committee, stated the Committee received and update on BHD’s overall financial picture from BHD Fiscal. There are concerns surrounding outstanding/uncollectable accounts and the development of strategies to close the gap. Issues surrounding the budget include slower growth in Comprehensive Community Services (CCS) than expected, lower Wraparound enrollment than originally projected, higher costs in State institutions, and the payor mix.</p> <p>Ms. Walker stated the main drivers of the deficit are acute inpatient and Child/Adolescent Inpatient Services (CAIS) and State institution costs. Community services are doing well.</p>

SCHEDULED ITEMS (CONTINUED):

11.	<p>Corporation Counsel's Legal Opinion Regarding Legacy Costs and the Impact on Allocated Tax Levy.</p> <p>Collen Foley, Deputy, Corporation Counsel Eric Peterson, Government Affairs Liaison, County Executive's Office Scott Manske, Comptroller, Comptroller's Office</p> <p>Ms. Foley explained Act 203 defines the Board's statutory obligation to fund institutional and community services. Although Act 203 created an independent governing body for the Behavioral Health Division (BHD), BHD, nonetheless, remains a County entity under the purview of the County Comptroller and must still abide by County rules. Legacy costs were considered and included when the amount of tax levy dedicated was identified. This continues to be a County-wide issue.</p> <p>Mr. Peterson provided background and history on Act 203. He outlined everything entailed in working with Representative Sanfelippo to create tax levy parameters, inclusive of legacy costs, for the Board to work within.</p> <p>Questions and comments ensued.</p> <p>Mr. Manske explained changes made in the 2018 budget allocation of legacy and fringe expenditures made based on historical employment within each department.</p>
12.	<p>County Email Addresses for Mental Health Board Members.</p> <p>Colleen Foley, Deputy, Corporation Counsel</p> <p>Ms. Foley stated it has always been the contention and recommendation Board Members use the County email system. Milwaukee County's Information Management Services Division is well versed at being custodians of information and records. This allows for the accommodation of open records requests while eliminating personal exposure to these requests, which could still be affected after a Board Member's tenure ends.</p> <p>Questions and comments ensued.</p>
13.	<p>Mental Health Board Quality Committee Update.</p> <p>Board Member Neubauer, Chairwoman of the Quality Committee, reviewed topics addressed at the Quality Committee's quarterly meeting. She discussed the analysis of the key performance indicators, the hospital transfer waitlist, seclusion and restraint progress, the NIATX Project, Wisconsin Community Services' appearance addressing quality concerns posed by Board Members, and a policy and procedure update.</p> <p>Questions and comments ensued.</p>

SCHEDULED ITEMS (CONTINUED):

14.	<p>Wraparound Milwaukee Presentation.</p> <p>Mary Jo Meyers, Director, Wraparound Milwaukee, Behavioral Health Division (BHD) Jenna Reetz, Program Manager, Wraparound Milwaukee, BHD Rashaan Cherry, Transitional Services Manager, Wraparound Milwaukee, BHD Maria Castillo, Outreach Coordinator, Wraparound Milwaukee, BHD</p> <p>Ms. Meyers provided a brief introduction of what would be presented by the Wraparound (Wrap) team, discussed Wrap's mission and vision, and highlighted Wrap's overall services.</p> <p>Ms. Reetz reviewed Wrap's core values, key components and comprehensive service array, the shift, resource guide, and options counseling.</p> <p>Ms. Castillo provided a detailed description of the Wraparound/REACH and CORE (Coordinated Opportunities for Recovery and Empowerment) programs. She also discussed the Children's Mobile Crisis Team, Owen's Place, and Family Intervention Support Services (FISS).</p> <p>Ms. Cherry provided an overview of the O-Yeah (Older Youth and Emerging Adult Heroes) program and other mental health resources available.</p> <p>Questions and comments ensued.</p> <p style="text-align: center;">The Board did not convene into Closed Session for Item 15.</p>
15.	<p>Medical Executive Report and Credentialing and Privileging Recommendations.</p> <p>Dr. Clarence Chou, President, Medical Staff Organization</p> <p>Dr. Chou provided a summary of the Medical Executive Committee recommendations related to medical staff credentialing.</p> <p>MOTION BY: (Lutzow) <i>Approve the Medical Staff Credentialing Report and Medical Executive Committee Recommendations. 7-0-2</i></p> <p>MOTION 2ND BY: (Neubauer)</p> <p>AYES: Chayer, Curry, Davis, Lutzow, Neubauer, Shrout, and Wesley – 7</p> <p>NOES: 0</p> <p>EXCUSED: Lanier and Perez - 2</p>
16.	<p>2018 Board/Committee Meeting Dates.</p> <p>The Board was informed the 2018 meeting dates provided are now confirmed and final. Calendar invitations have been forwarded to all Board Members and staff.</p>

SCHEDULED ITEMS (CONTINUED):

17. **Adjournment.**

MOTION BY: (Neubauer) Adjourn. 7-0-2
MOTION 2ND BY: (Chayer)
AYES: Chayer, Curry, Davis, Lutzow, Neubauer, Shrout, and Wesley - 7
NOES: 0
EXCUSED: Lanier and Perez - 2

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: 8:15 a.m. to 12:17 p.m.

Adjourned,

Jodi Mapp

Senior Executive Assistant
Milwaukee County Mental Health Board

**The next meeting of the Milwaukee County Mental Health Board
will be a PUBLIC HEARING on
Thursday, January 25, 2018, @ 4:30 p.m. at the
Washington Park Senior Center
4420 West Vliet Street**

**PUBLIC COMMENT WILL BE HEARD ON
BEHAVIORAL HEALTH DIVISION TOPICS/SERVICES**

Visit the Milwaukee County Mental Health Board Web Page at:

<http://county.milwaukee.gov/BehavioralHealthDivi7762/Mental-Health-Board.htm>

The December 14, 2017, 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.



Dr. Robert Chayer, Secretary
Milwaukee County Mental Health Board

Chairperson: Duncan Shrout
Chairperson: Thomas Lutzow
Secretary: Dr. Robert Chayer
Senior Executive Assistant: Jodi Mapp, 257-5202

6

**JOINT MEETING
TASK FORCES ON LOCAL PUBLIC/PRIVATE PARTNERSHIP
AND NATIONAL ENTITY PARTNERSHIP**

January 4, 2018 - 8:30 A.M.
Milwaukee County Mental Health Complex
9455 West Watertown Plank Road

MINUTES

PRESENT: Duncan Shrout (LPPP), Jon Lehrmann (LPPP), Thomas Lutzow (NEP), Robert Chayer (NEP), Mary Neubauer (NEP), Michael Lappen, John Schneider, Jennifer Bergersen, Rose Kleman (Ad Hoc), and Alicia Modjeska (Ad Hoc)
EXCUSED: Brenda Wesley (LPPP) and Kelly Davis (Ad Hoc)

SCHEDULED ITEMS:

1. **Welcome.**

Chairman Shrout opened the meeting by greeting members of the Joint Task Force and the audience. He took time to thank the Joint Task Force for all its hard work and dedication to the elaborate process of identifying a viable partner.

2. **Due Diligence Process Overview.**

There have been inquiries related to the proposal submitted by Universal Health Systems (UHS), including the questions put forth to UHS from the Review Committee; what criteria would be evaluated; and basically, what the due diligence process encompassed. The due diligence process was extensive and lengthy and reviewed with the assistance of Reinhart Law Offices.

The three phases of the process was summarized. Phase 1 consisted of the request for numerous documents, which were reviewed by Reinhart, BHD Senior Leaders, and Milwaukee County's own Corporation Counsel. From that initial review, questions were compiled and forwarded to UHS for answers and further information. With this request satisfied, Phase 2, the site visits, was the next step.

The Joint Task Force appointed Board Members and BHD Senior Leaders deemed the Site Visit Committee. A Reinhart representative accompanied the Committee on the visits. Once the site visits were complete, questions were again compiled and forwarded to UHS for answers and further information. Upon receipt, Phase 3 was initiated.

SCHEDULED ITEMS (CONTINUED):

	<p>Phase 3 of the due diligence process entailed the review of UHS' written proposal. BHD's Administrator was directed to put together the Review Committee for that purpose and to prepare a report, inclusive of a recommendation. It was a thorough and thoughtful process. It was extremely important to be very detail oriented to assure the vendor selected in the end would be able to provide the services needed.</p> <p>Questions and comments ensued.</p>
3.	<p>Joint Task Force's Recommendation to Enter into Formal Negotiations with Universal Health Services.</p> <p>The Review Committee's corresponding report does not represent the results of the due diligence process. The information collected from UHS as a result of the due diligence process is considered proprietary and therefore confidential. The Joint Task Force was presented regular updates on the findings throughout the entire process.</p> <p>Discussion related to the Review Committee's recommendation to move forward ensued at length.</p> <p>MOTION BY: (Neubauer) <i>Move Forward into Formal Negotiations with Universal Health Services. 8-0</i></p> <p>MOTION 2ND BY: (Lutzow)</p> <p>AYES: Shrout, Lehrmann, Lutzow, Chayer, Neubauer, Lappen, Schneider, and Bergersen - 8</p> <p>NOES: 0</p>
4.	<p>Adjournment.</p> <p>MOTION BY: (Lappen) <i>Adjourn. 8-0</i></p> <p>MOTION 2ND BY: (Schneider)</p> <p>AYES: Shrout, Lehrmann, Lutzow, Chayer, Neubauer, Lappen, Schneider, and Bergersen - 8</p> <p>NOES: 0</p>

SCHEDULED ITEMS (CONTINUED):

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

Length of meeting: 8:42 a.m. to 9:15 a.m.

Adjourned,

Jodi Mapp

Senior Executive Assistant
Milwaukee County Mental Health Board

**The next meeting of the Milwaukee County Mental Health Board
Joint Task Force (if necessary) is Thursday, February 1, 2018, at 8:30 a.m., at the
Mental Health Complex
9455 West Watertown Plank Road
Conference Room 1045**

Visit the Milwaukee County Mental Health Board Web Page at:

<http://county.milwaukee.gov/BehavioralHealthDivi7762/Mental-Health-Board.htm>

The January 4, 2018, meeting minutes of the Milwaukee County Mental Health Board Joint Task Force on Local Public/Private Partnership and National Entity Partnership are hereby approved.



Dr. Robert Chayer, Secretary
Milwaukee County Mental Health Board
Joint Task Force on Local/Private Partnership
and National Entity Partnership

MHB Joint Task Force Item 2

**Due Diligence Process Summary to Identify an Acute Care Partner
Milwaukee County Mental Health Board - Joint Task Force Meeting
January 4, 2017**

Introduction

Due diligence is a process used to investigate the past, present and future potential business partner to ensure the business is what it appears to be, identify concerns or bad practices that would lead to avoiding the partnership, and to determine the financial soundness of the organization.

The amount of due diligence conducted is based on factors such as the size of the transaction, risk tolerance, time constraints, and resource availability. It is impossible to learn everything about a business but it is important to learn enough to make good, informed decisions. In the case of identifying an acute care partner, the Joint Task Force (JTF) took great care to insure the process was comprehensive, methodical and sound.

The purpose of this document is to describe in detail the process, the data and information reviewed and analyzed by various groups appointed by the JTF. This document does not include any specific findings as those findings and data are considered proprietary and confidential.

The JTF consulted with the Milwaukee County Office of Corporation Counsel in selecting an outside firm specializing in healthcare due diligence. To that end, the County retained the firm of Reinhart Boerner Van Deuren, S.C. (hereinafter “Reinhart”) to conduct the overall due diligence process and document review.

The due diligence process included 3 phases: Phase 1 – Document Review; Phase 2 – Site Visits; and Phase 3 – Proposal Analysis. This document contains all the topics and questions asked of the potential acute partner(s) during each phase of the process to demonstrate the thoroughness of the process to the members of the Mental Health Board and the public.

Phase 1 – Document Review

Reinhart coordinated the document request and review as noted to:

- Learn the organization’s legal structure
- Determine financial stability
- Identify risk management and potential legal issues
- Understand the clinical and medical models, and standards used
- Gather quality information
- Understand the organization’s human resource, information technology platforms

The documents were first reviewed and analyzed by Reinhart staff followed by a secondary review by Milwaukee County and BHD senior staff with expertise in the specific areas of concentration. Findings were shared with the JTF during closed sessions throughout the process due to the confidential, privileged nature of the data.

Below is a detailed listing of the information reviewed and analyzed during Phase 1:

1. Quality Measures and Metrics for Each Facility for the Last Three Years.
 - a. Performance compared to System’s internal benchmarks
 - b. Performance compared to County’s benchmarks
2. Staff Retention and Turnover Data for Each Facility for the Last Three Years.
3. Financial Records (Limited to Behavioral Health Facilities as Practical)
 - a. Consolidated audited financial statements with consolidating schedules for the last three fiscal years for the System with consolidating entity-level detail in columnar format and intercompany eliminations.
 - b. Year-to-date interim consolidated and consolidating financial statements with a comparison to the same period for the previous fiscal year and to the current fiscal year budget with the same consolidating entity-level detail in columnar format and intercompany eliminations.
 - c. Current budget.
 - d. Internal cost comparisons for each facility compared to benchmarks (if benchmarks are tracked) for the last three years.
 - e. Payer mix for each facility for the last three years.
 - f. Multi-year capital expenditure plan.
 - g. Long-range master facility plans.
 - h. Current debt facilities.
 - i. Future borrowing plans, if known.
 - j. Details of any nonrecurring revenues or expenses for the last 3 fiscal years (e.g., settlements, discontinued business, change in accounting policies, etc.).
 - k. Federal, state and local tax returns for the last 3 years.
4. Organizational Status.

- a. System organizational chart, including affiliated entities.
 - b. States in which each behavioral health entity in the system conducts business.
5. Litigation.
- a. List of all pending litigation, lawsuits, arbitrations, administrative proceedings, including employee claims or grievances, and actions on which an insurance carrier has been given notice with a claim in excess of \$100,000.
 - b. List of all pending or threatened investigations by any governmental agency, authority or enforcement body, including fraud and abuse claims.
 - c. List of claims in excess of \$100,000 asserted in the last three years and a description of their resolutions.
6. Regulatory Matters.
- a. Copies of all documentation regarding regulatory noncompliance for the past three years.
 - b. Copies of licensure survey reports for the last three years.
 - c. Copies of the three most recent accreditation survey reports and responses to noted deficiencies or to conditional accreditation, if any.
 - d. Copies of all information relating to claims or other actions by any governmental entity relating to reimbursement, including threatened claims or actions, in the last three years.

Phase 1 Follow-up Request List.

1. Quality Data

- a. Data regarding near misses.
- b. Data regarding sentinel events, including any data reported to The Joint Commission.
- c. Data regarding mortality, including any data reported to The Joint Commission.
- d. A profile of patient population for each facility for which System has provided information or will provide information pursuant to this request.
- e. Performance compared to System benchmarks for facilities that serve similar patient populations (by acuity) as the County.
- f. Performance compared to County benchmarks for facilities that serve similar patient population (by acuity) as the county.
- g. Sample QAPI programs for two facilities that serve similar patient populations (by acuity) as the County.
- h. For each of the facilities identified in Request 1g above, copies or descriptions of three sample Quality Improvement projects that are part of the facility's QAPI program.
- i. A detailed description of patient perception of care (broken down by domain), including any customer satisfaction reports and plans of improvement.
- j. Results of any surveys that the system has conducted within the last three years to measure the culture of safety within the System, as required by The Joint Commission.
- k. A description of employee development or training related to quality, including any curriculum, philosophy, orientation and ongoing development materials.

1. A description of all active treatment or group activities, the System offers to its patients, including the context of any group activities (e.g. music therapy).

2. Human Resources

- a. A description of how employee turnover is calculated.
- b. Description of employee benefit plans with current rates, including retirement and PTO programs.
- c. Copy of employee handbook.
- d. Description of overall compensation philosophy, including approach to pay increases (e.g. performance or fixed).
- e. Staffing ratios if utilized.
- f. A description of how the System treats employees of an acquired facility or entity. For example, are the employees offered employment with the System and, if so, do they get credit for prior years of service?

3. Financial Data

A number of specific questions regarding financials, including percentage of labor costs as compared to total costs, facility specific financial statements, explanations to changes in cash and cash equivalents, explanations regarding account payable and reserves were requested. Due to the confidential nature of the requests specifics cannot be disclosed.

4. Litigation

- a. A description of the System's professional liability insurance structure, including policy limits and whether such limits apply on a per-facility basis.
- b. A description of any measures implemented to address concerns raised by the company-wide governmental investigation (both midstream and long term), and explanation of the extent to which the concerns were related to activities of acquired facilities prior to acquisition.
- c. An explanation related to the specific litigation.
- d. A description of the claim in excess of \$100,000 that was previously disclosed in Due Diligence Request 5.b.

5. Regulatory Matters

- a. Copies of licensure survey reports for the last three years for facilities that serve similar patient population (by acuity) as the County.
- b. Copies of the three most recent accreditation survey reports and responses to noted deficiencies or to conditional accreditations, if any, for facilities that serve similar patient populations (by acuity) as the County.
- c. Copies of any Joint Commission Surveys for the last three years not previously provided or provided pursuant to this Request.
- d. Plans of corrections and any additional surveys in the past three years

- e. For all System facilities, a description of any deficiencies that have had a material and direct impact on patient health and safety, including any deficiencies or violations that warranted immediate attention or subjected the facility to immediate jeopardy, and a description of the steps taken by the facility to address such matters and the results of such steps.

Operational Matters

- a. A list of the facilities, if any, that the System owns.
- b. A description of the typical contractual relationship between the System and a local agency.
- c. A description of the rationale for the various name changes System has undergone in recent years.
- d. A description of the System's current leadership structure.
- e. A comprehensive description of the System's child and adolescent services, including acute, outpatient and community services.
- f. Identity of the two System facilities that provided the most comprehensive set of child and adolescent programming, including a description of the services provided at each facility.
- g. A description of the System's relationships with local providers including the typical rates (as a percentage of Medicare or Medicaid) that the System compensates such providers.
- h. A description of the System's relationships with other health care providers in its markets.
- i. For ten patients for whom care was transitioned to a subsequent provider, copies of any and all discharge summaries, patient discharge instructions and any additional information transmitted to the subsequent care provider.
- j. The System's level of integration/collaboration as determined under SAMA-HRSA Center for Integrated Health Solutions, Standard Framework for Levels of Integrated Healthcare.
- k. A description of the System's community involvement (e.g., not-for-profit board participation by System employees, not-for-profit foundations and community educational sessions).

Phase 2 – Site Visits

The Joint Task Force appointed a site visit group which included BHD senior leadership and Mental Health Board members. In total, 7 individuals and a Reinhart representative attended and performed the site visits during February of 2017.

The process for site visit identification was as follows;

- Reinhart provided CCRS and UHS with BHD patient stats in order for the future potential future partner to identify sites which reflected the BHD patient population.
- The Site Visit team chose to visit 2 sites for each organization in order to optimize time investment during the site visits
- Reinhart recommended the process and BHD approved the site visit plan including the areas to evaluate
- 2-person teams were established with the following focus:
 - Administration and Facilities,
 - Medical and Psychiatric Care,
 - Nursing and Support Services,
 - Quality and Environment of Care,
 - Patient Experience and Peer Support,
 - Community Integration and General Experience of Care,
 - Family Experience and Cultural Competence, and
 - Risk Management and Corporate Compliance.
- A scoring tool was developed for the 2-person teams to use during the site visits.
 - Each areas of focus was evaluated by each team separately and assessed through a different lens of expertise.
 - A numerical score was assessed by each of the evaluators and submitted post visit to the site visit leader for summation.
- No meetings occurred with advocacy organizations prior to the site visits so teams would remain unbiased
- Both organizations were provided with an opportunity to "present" to the site visit team during the initial introductory / entrance discussion. No other presentations were made to the teams. The evaluation took place through interviews and dialog. Questions were not provided in advance
- A site visit schedule and visit team bios were provided to the organizations before arrival
- A listing of documents were available during the site visit
- There were a number of meetings which occurred 1-on-1 and without corporate or administrative presence
 - Medical director
 - Chief Nursing Officer
- The entire team participated in the evaluation of the admission, treatment and discharge process. The team ate the same meals as the patients and participated in a facility tour
- The entire team evaluated the complaint resolution/grievance procedures separately
- Site programing was an area of focus

- Site administration provided information on how to obtain needed resources and provide non-reimbursed care.
- Interviews held with HR to assess the organization's staff training programs, recruitment, retention, orientation

Each member of the site team was responsible for a particular area of focus during the visit as described below:

Administration and Facilities: Mike Lappen
 Medical and Psychiatric Care: John Schneider MD
 Nursing and Support Services: Linda Oczus RN, MSN
 Quality and Environment of Care: Jen Bergersen MSW
 Patient Experience and Peer Support: Mary Neubauer MHB Member
 Community Integration and General Experience of Care: Rachel Forman MHB Member
 Family Experience and Cultural Competence: Brenda Wesley MHB Member
 Risk Management and Corporate Compliance: Heather Fields, JD Reinhart Boerner Van Deuren S.C.

- Each team member had a set of areas to evaluate during the site visits, however each team member was not limited to these focus areas and had the flexibility to observe and collect information freely. The questions or areas of focus was not provided to the sites in order to avoid any special preparation by the organizations.
- The Administration and Facilities
 - Does administration demonstrate patient centered processes and facility look and feel?
 - How does administration support improvement of patient experience?
 - How does administration address access to care versus acuity of patients Vis a Vis EMTALA?
 - How does administration support excellence, Evidenced Based Practices, Cultural Competence, Trauma-informed care?
 - How does staff ensure regulatory compliance, safety focus and culture, and environment of care?
- Medical and Psychiatric Care:
 - State and status of the medical staff organizations, credentialing, independence, peer review, & leadership.
 - Medical Staff administration? Productivity, QI, Education, Continuing Medical Education, MOC, performance review.
 - Feedback to medical staff, Staff feedback to medical staff, patient and family feedback to medical staff.
 - Burn out and work life balance.
 - Care quality.
- Nursing and Support Services

- Staffing
 - What is the nursing skill mix?
 - What are your staffing patterns-minimal requirements and typical staffing patterns for all three shifts?
 - Use of nursing hours per patient day formula to determine staffing? Nurse/patient ratio.
 - Staffing structure (RN/LPS/CNA/Techs).
 - Turnover and vacancy rates.
 - Employee injury rates and safety review/committee-are incidents reviewed in a safety committee and if so, how is this addressed?
- Infection Control
 - What is the nosocomial infection rate and common types of infections?
 - Success of patient influenza program-percentage of individuals who are asked/accept the vaccine?
 - Outbreak of illnesses-food prep related, etc.
 - Handling of linen.
- Clinical Changes in Condition
 - Failure to rescue rate.
 - Fall rates.
 - Patient acuity levels/medical complexity.
 - How are clinical competencies measured of nursing/social work/rehab?
 - Seclusion and Restraint rates.
- In-service/Education
 - What are the annual training requirements?
 - How are educational needs of the staff determined?
 - Describe the orientation process.
 - Educational model.
 - Patient education.
 - Programming for staff related to stress//burnout – “support” systems of the employees.
- Active Treatment
 - Who performs active treatment and how is this determined?
 - Composition of programming for the individual patient – how is it decided what groups the patients will attend?
 - How are patient’s education on active programming? Is it part of their treatment planning, orientation to unit, etc.?
- Quality and Environment of Care
 - Programing / Activity / Treatment
 - What kinds of services are being provided to the patient population?
 - What is the overall philosophy/content of the program/curriculum and how are therapeutic activities deployed? What methods are utilized?
 - Are schedule activities related to specific patient needs? How are individual needs met?

- Describe the process of documentation in the plan of care.
- Are patient needs met consistently at all times including evening and weekends?
- Discharge Planning
 - Describe the discharge planning process.
 - How is the patient, family, significant other and multidisciplinary team involved in the discharge planning process?
 - How discharge related resources are made available to patient, family, significant other and community treatment providers/supports?
 - How are patients discharged and connected to community resources and support?
 - Describe how discharge plans/treatment are being communicated to the post discharge entities, supports, etc.
- Seclusion and Restraints (Patient Rights) – Plan of Care Discussion
 - What is your seclusion and restraint policy including philosophy and processes etc.?
 - Describe your seclusion and restraint prevention education.
 - Describe your current recovery plan/treatment plan process, tool, and documentation strategies. How are patient’s personal preferences and choice incorporated into the plan of care?
 - How are patients informed of their rights and how do they access a grievance/complaint system?
- National Patient Safety Goals (patient identification, staff communication, safe use of medications, alarm safety, infection prevention, & patient safety risks)
 - How the patients are identified correctly for all care and related treatment?
 - How are important results communicated to the right staff person on time?
 - What are your facility goals and methods to prevent infection?
 - How do you identify patient safety risks, identify your processes e.g. patients that are at risk for suicide, violence, elopement, etc.? How do you safeguard and prevent above from occurring?
- Quality Improvement and Culture of Safety
 - How do you measure, track and analyze quality indicators and other aspects of performance that assess processes of care, hospital service and operations? Share an example.
 - What is your quality plan/program and philosophy of quality improvement? How do you sustain improvement?
 - What specific risks to your environment of care have been identified in your organization? What procedures and controls, both human and physical components does your organization implement to minimize the impact of risk to patients, visitors and staff?
 - What environmental monitoring activities have taken place to ensure care in a safe setting?
- Family Experience, Cultural competence, Patient Centered Care

- How are families engaged?
- How families are engaged if the patient refuses contact?
- How is advisory input taken? Structured Committee, etc.? Is NAMI or formal Advocacy involved?
- Do staff engage individuals in a trauma informed and patient centered way? How is patient choice and preferences captured in assessments? Treatment? Planning? Discharge Planning? How is sensitivity to trauma incorporated?
- Do staff engage patients with cultural intelligence? Is there a staff training or curriculum? Is an annual or periodic update included?
- Patient Experience, Peer Support, Patient Centered Care
 - Do staff engage individuals in a trauma informed and patient centered way? How is patient choice and preference captured in assessment? Treatment? Planning? Discharge Planning? How is sensitivity to trauma incorporated?
 - Do patients have a good experience? How do they capture this? Do patients feel treatment was helpful? Do patients feel they were ready for discharge? Do patients understand their treatment and follow up plan?
 - Is appropriate attention paid to patient rights and grievances? How do they capture this? Do patients feel their rights are respected? Do patients know how to file a grievance/
 - How is advisory input taken? Structured committee? Etc.
 - How are peers used to support care, recovery and engagement?
- Community Integration General Experience, Patient Centered Care
 - Do patients have a good experience?
 - Inquire as to whether the patient can state the purpose of the hospitalization.
 - If the patient does not understand and can state it ask whether the purpose was met.
 - If the patient is not able to articulate the purpose – either an involuntary hospitalization or the person simply does not understand why they are there, then ask weather and why it was a good experience and capture this in patients own words.
 - Please think about your entire stay in the hospital and also about each and every member of your treatment team.
 - Do patients feel that they are co-participants with the Treatment Team in deciding treatment and discharge options?
 - Did the hospital contract people – psychiatrists, therapist’s case, manager, who might be able to offer information about your history that would maximize the effectiveness of the hospital’s treatment team and the discharge planning?
 - Do patients feel listed to?

- Do patients feel their needs were assessed accurately and addressed?
- Do patients and families feel they are treated with respect?
 - For each person (psychiatrist, other doctors, nurses, social workers, inhalation therapist, etc.), was there ever an encounter during your hospital stay that felt disrespectful in any way? Please describe this in detail.
 - What words would you use to describe most of your involvement with the treatment team?
- Does a warm hand-off occur from the facility to community providers?
 - Were you offered information about post-hospital treatment providers or community-based agencies or programs that could be helpful to you?
 - How did the hospital facilitate your capacity to connect with these providers, agencies, or programs?
 - If there are close family members, other loved one, friends, or concerned advocates you want in your life, were they included in the discharge planning as you wanted them to be?
 - Did the hospital ascertain that you were housed and staying in a place with food, adequate heat, etc. before you were released?
- Does transition planning include some sort of crisis planning to prevent readmission within the most at risk 7 days post discharge?
 - Between the day of discharge and the first outpatient appointment, were you and significant others in your life, as described above informed about who to contact if you had questions and concerns?
 - If you made such a contract, were your questions or concerns dealt with?
- Corporate Compliance, Regulatory Oversight, Risk Management
 - How does leadership/administration address access versus acuity of patients, in particular EMTALA issues? How do they capture their compliance?
 - How does leadership/administration ensure regulatory compliance in the environment of care? How do they capture this?
 - How does leadership/administration ensure regulatory compliance and promote a culture of patient safety with the staff? How do they demonstrate this?
 - How does leadership/administration balance fiscal responsibility and compliance against access to care and humanitarian needs? How do they demonstrate this?
 - How does leadership/administration balance fiscal responsibility against quality of care? How do they demonstrate this?

The site visit team visited 3 sites in total. The South Florida State Hospital a Correct Care Hospital, Brooke Glen Behavioral Hospital and Hampton Behavioral Health Center, the latter being UHS sites.

These sites were identified based on comparability to BHD services, population, and ability for the team to tour multiple sites during one visit.

Attached to the end of this document is information describing each facility in detail.

Phase 3- Proposal Submission and Analysis

Phase 3, the last and final due diligence phase consisted of the proposal review. A Proposal Guideline Tool was developed and sent to Universal Health Services (UHS), the potential partner that had not withdrawn from the process.

The Joint Task Force directed the BHD Administrator to appoint a Review Committee whose membership consisted of BHD senior leaders and board members. The purpose of the proposal review and analysis was to:

1. Ensure provider understood the work to be performed
2. Provide a complete document where all deliverables are outlined to be used as the “scope of work” section of the final contract, and to
3. Identify providers’ strengths and opportunities for improvement

The proposal guideline tool included the following target areas:

- A. General Obligations
- B. General Qualifications
- C. Governance and Operations
- D. Technical Qualifications, Approach and Quality
 - a. Technical Qualifications
 - b. Clinical Services
 - c. Quality Plan
 - d. Clinical Care
- E. Facility Plan
- F. Transition Plan
- G. Opening Price Proposal
 - a. Budget
 - b. Forms

Price proposal and budget were submitted separately and not shared with the Review Committee.

The proposal guideline tool consisted of 133 questions and were scored individually by each member of the review committee as follows:

3. Pass
2. Fail
1. Need more information

For those items where more information was needed a conference call was coordinated between UHS officials and the Review Committee to discuss the few remaining issues. The committee

concluded its work once all questions were answered. The results of the review were presented to the JTF January 4, 2018 meeting.

Proposal Guideline

GENERAL OBLIGATIONS

Describe how interested partner(s) will meet the obligations listed below.

1. The interested partner must address transition following termination of the contract. The partner agrees to:
 - a. include the right for the BHD to lease space at the market rate,
 - b. or a right of first refusal for the BHD to purchase the facility
2. Use the behavioral health facility for providing only healthcare services
3. Possess and maintain a license throughout the term of the agreement for a minimum of 60 licensed beds to accommodate involuntary and voluntary patients.
4. Confirm and demonstrate that the facility is easily accessible by public transportation.
5. ~~Confirm and demonstrate that the facility shall comply with the regulations summarized in Sections 2.6 and 2.7 below. Error- duplicate~~
6. Confirm and demonstrate that the facility shall be located in Milwaukee County, Wisconsin.
7. Provide Inpatient acute adult, adolescence, and pediatric behavioral health services 24 hours a day 365 days a year.
8. Describe how the facility will meet the parameters of Wis. Stat. s. 51.08:
 - a. Wis. Stat. s. 51.08: Any county having a population of 500,000 or more may, pursuant to s. 46.17, establish and maintain a county mental health complex. The county mental health complex shall be a hospital devoted to the detention and care of drug addicts, alcoholics, chronic patients and mentally ill persons whose mental illness is acute. Such hospital shall be governed pursuant to s. 46.21. Treatment of alcoholics and persons who are drug dependent at the county mental health complex is subject to approval by the department under s. 51.45(8). The county mental health complex established pursuant to this section is subject to rules promulgated by the department concerning hospital standards. The county board may not sell the county mental health complex under this section without approval of the Milwaukee County mental health board.
 - b. Additionally, the partner must discuss the option of having a courtroom located at the facility to facilitate access to proceedings that are directly related to the patient's status.

9. **Chapter 51, Civil Commitments:** Interested partner understands that the system of care for its consumers may include court oversight. Interested partner is responsible for knowing which consumers are subjects of Wisconsin Statutes Chapter 51-State Alcohol, Drug Abuse, Developmental Disabilities and Mental Health Act, Chapter 54 Guardianships and Conservatorships, Chapter 55 Protective Service System, as well as any Probation and Parole orders/rules.
- a. Partner shall maintain the following information in the individual's chart as applicable:
 1. The guardian's name, current address, phone number and email address.
 2. A copy of the current Determination and Order for Protective Service/Protective Placement, or other specific court order or rules.
 3. Interested partner shall confidentially maintain these documents. A copy of the Letter of Guardianship specifying the consumer's rights shall be retained regarding the extent of the guardian's responsibility.
 - b. Non-emergency transfer of protective placement: If Interested partner initiates a transfer of a person under a protective placement order, it shall provide notice of transfer to the Probate Office, the guardian(s), the case manager, Adult Protective services, and the consumer with 10 day prior written notice. Interested partner must obtain written consent of the guardian prior to transfer. Interested partner must have a safe discharge plan.
 - c. Emergency transfer of protective placement: If interested partner initiates an emergency transfer of a person under a protective placement order, it shall no later than 48 hours after the transfer, provide notice of transfer to the Probate Office, the guardian(s), Adult Protective Services and the consumer. Interested partner must have a safe discharge plan.
 - d. Partner shall prepare a report to the Court when ordered by the Court or requested by the BHD.
 - e. Unless instructed otherwise, the partner shall transport and accompany its consumer to all Court Hearings or otherwise ensure the consumer's presence at the hearings
 - f. When requested, interested partner shall provide testimony in court hearing.
 - g. To facilitate the acquisition of the medical reports required for Court Hearings, the interested partner, when requested shall schedule an appointment with the appropriate physician or psychologist and shall take the consumer to the appointment or otherwise assure the consumer's presence at the appointment.

Describe how the interested partner will meet the following obligations:

10. In addition to serving as the required legal detention center under Wisconsin Statutes Chapter 51, describe how the following services will be provided.

Clinical services

- Behavioral health services
- Pharmacy
- Radiology
- Physical therapy
- EKG
- Laboratory
- Psychiatry
- Family Medicine Physicians and Advance Practice Nurses
- Psychologist
- Nursing Services
- Infection Control Nurse
- Certified Nursing Assistants
- Peer Specialist
- Social Work
- Occupational Therapy
- Speech Therapy
- Music Therapy

Non-clinical services:

- Housekeeping
- Security
 - CCTV monitoring system
- Food Service
- Facility Executive Administration and Oversight
- Quality Improvement and Compliance
- Medical Records
- Billing and Fiscal
- Medical Staff Services
- Secured Transportation
- Utilization Review
- Chaplain Services
- MOU or contract with the appropriate public school district to support Child and Adolescent services.

Administrative Services

- Information Technology
 - Provide and maintain an interoperable electronic health record that includes a bi-directional HL7 connectivity to the electronic health records used by Milwaukee County and its community services.
 - Electronic Health Record is to be accessible to the Court, Corporate Counsel, and Public Defender as required in Wis. Stat. § 51.35.

- Participate in, and be a member of any county, state, or regional health information exchange in place currently and in the future.
 - Provide an electronic prescribing protocol for patients that are consistent with HL7 standards.
 - The provision of a clinical decision support function is highly desirable.
- Human Resources
 - Payroll
 - Legal
 - Risk Management
11. Agree to obtain prior written BHD approval for all subcontractors and/or associates to be used in performing its contractual obligations. The Interested partner will be responsible for contract performance when subcontractors are used.
 12. Any subcontracting by the interested partner will include a provision requiring the subcontractor and/or associates to be bound by the same contract terms and conditions as the interested partner.
 13. Establish and maintain contractual relationships with Medicaid, Medicare and other key payers, and ensure that all practitioners are appropriately credentialed with each payer as required.
 14. Ensure that all interested partners are appropriately privileged and credentialed as members of the interested partner's medical staff.
 15. Provide acute behavioral health services to adults, adolescents, and children regardless of payer source.
 16. Collaborate with the BHD in the transfer of patients from observation and 24 hour emergency department services.
 17. Provide Emergency Services including:
 - Voluntary Protective Placement (55.05)
 - Court-ordered protective placement / protective services (55.06)
 - Emergency Detention (51.15)
 - Voluntary presentment of intoxicated individual to an approved treatment facility (51.45(11)(a))
 - Involuntary presentment of an individual incapacitated by alcohol to an approved treatment facility (by law enforcement) (51.45(11)(b))

- Emergency Commitment - i.e., the commitment of an intoxicated person who has threatened harm or a person who is otherwise incapacitated by alcohol. (51.45(12))
 - Emergency Protective Services for not more than 72 hours (55.13)
 - Emergency or Temporary Protective Placement (55.135)
 - Criminal Conversions (971.14(6))
18. Establish systems for maintaining seamless transitions for patients and open collaborative relationships between acute behavioral health services and the community-based services provided by the BHD and others.
 19. Provide psychiatric assessment, evaluation, treatment, medication administration, symptom management, stabilization, and nursing care as specified in individual treatment plans and as required by applicable law or standards.
 20. Work with county-funded potential service partners to facilitate coordinated and appropriate outpatient/community treatment and discharge planning for individuals.
 21. Enter into an agreement with the Department of Health Services or Milwaukee County pursuant to Wis. Stat. § 51.35 granting authority to transfer involuntary patients between treatment facilities or from treatment facilities into the community.
 22. Affiliate with Medical College of Wisconsin to be a Medical Student teaching site. Affiliate with Medical College of Wisconsin Affiliated Hospitals as a residency and fellowship teaching site - including continuing current level of stipend support for residents and fellows, and coordinate with Center for Medicare and Medicaid Services for transfer of teaching facility status to be eligible for direct medical education (DME) and indirect medical education (IME) payments.
 23. Facilitate MOUs or affiliations with schools of nursing, including undergraduate, graduate, and doctoral programs.
 24. Participate in the BHD efforts to improve systems for case management and coordination related to behavioral health and clinical needs of consumers and other system-wide needs. Develop strategies to maximize communication and coordination between interested partners to promote a seamless patient centered clinical treatment approach. Work with the BHD and other interested partners to ensure smooth transitions back to the community. Facilitate with BHD to coordinate, communicate, and collaborate through community based Case Management Services to achieve goals that promote high quality, cost-effective strategies, maximizing positive patient outcomes focusing on individual patient assessments.

25. Develop and implement methods to prevent hospital and emergency readmissions.
26. Obtain Joint Commission accreditation within the first 12 months of operation.
27. Provide services which lead to and enable patients to function effectively in less restrictive environments within the community.
28. Provide services which include but are not limited to assessment/diagnosis, care planning, monitoring and ongoing review; counseling/psychotherapy; physical health activities; education/training; personal care; supervision and therapy.
29. Demonstrate what measures will be in place to protect the safety of all patients and staff, and how management will balance those safety measures ensuring patients are not subject to unnecessary restraints
30. Obtain authorization of admission and additional in-patient days, specifying the number of days approved for funding. The BHD will provide a comprehensive assessment to determine the appropriate initial length of stay and a continued hospitalization. The length of the hospital stay will also be compared with the average length of stay for similar diagnoses.
31. Collaborate with the BHD Utilization Management department by providing information necessary to enable the BHD to monitor length of stay for each authorized admission.
32. Notify BHD promptly when a given patient requires inpatient care for a period of time in excess of the pre-authorized days, and provide sufficient information to allow BHD to determine whether an extension will be authorized. BHD will only pay for authorized inpatient days.
33. Dispense appropriate one (1) month supply of outpatient medications to low income and indigent patients without insurance when discharged from the inpatient setting.
34. Agree to request approval/prior-authorization from the BHD for specialized psychiatric and psychological evaluations before the services are rendered for the following services in order to be considered for reimbursement:
 - Certified Nurse Specialist Assessments/Tests 96101-96125
 - Crisis Psychotherapy 90839-90840
 - Psychoanalysis 90845
 - Narcosynthesis 90865

- Therapeutic Repetitive Trans cranial Magnetic Stimulation (rTMS) 90867-90869
- Electroconvulsive Therapy 90870
- Biofeedback 90901-90911

The following services and/or professional services fees will not be authorized:

- Any service beyond the scope of care of the faculty or the credentialing of the providing licensed independent practitioner.
- Other Psychiatric Services or Procedures 90863-90899 - unless declaratively listed above
- Miscellaneous Services coded under CPT 99000-99091

35. Have available the necessary technology to perform video conferencing with the court for individuals in Emergency Detention.
36. Ensure quality of care and protect the civil and legal rights of patients.
37. The BHD will petition the Milwaukee Healthcare Partnership and the Emergency Management System (EMS) to allow interested partner to participate /obtain membership.

GENERAL QUALIFICATIONS AND EXPERIENCE

38. Describe current experience in the successful planning, budgeting, managing, directing, and operating of a psychiatric hospital similar to the size and scope of the BHD
39. Describe your history of successful operations and provision of services of other behavioral healthcare facilities comparable in size and high patient acuity.
40. Describe your ability to perform key aspects of managing a high quality behavioral health hospital including evidence of quality and performance measures.
41. Describe your experience and success dealing with a culturally diverse patient mix.
42. Describe your experience caring for individuals with highly acute behavioral health conditions including potentially aggressive behaviors.
43. Describe your organization, for example, its size, scope and holdings.
44. Provide a listing of behavioral health hospitals the firm/company owns and /or operates.

45. Provide length of time your organization has been in business.
46. Provide the experience and professional qualifications of key leadership staff who will be accountable for the quality and financial performance of the behavioral health services.
47. Provide examples of hospitals similar to the BHD, with similar demographics, size, function, that the firm/company has direct experience operating or managing.
48. Provide proposed governance structure for the organization.
49. ~~Provide experience in operations and management of behavioral healthcare facilities. Duplicate to #38~~
50. Provide the firm's financial capabilities and resources to perform the services proposed.
51. Describe your hiring policies and how you expect to appropriately recruit, hire, retain and train new hospital staff. Please include an overview of your recruitment expertise, and consideration process for hiring current BHD personnel.
52. Describe your current information system platforms that are utilized by your hospital organization, and describe how these systems would be applied to this facility (remote, regional billing office etc.). Describe which IT services you plan on outsourcing. For outsourced services provide the name of the entity providing those services.
53. Describe which services will be provided by your "corporate" infrastructure.
54. Describe how you will be performing research in the facility, the intent of the research and the proposed structure for its oversight.
55. Describe your experience with clinical professional teaching and medical residency programs, and /or any concerns you have regarding the operation of such programs.

GOVERNANCE AND OPERATIONS

56. Explain how the changes currently shaping the delivery of behavioral health services, either driven by federal governmental reform, through state legislation or demonstration projects, are affecting the manner in which insurers, hospitals, and physicians operate. Discuss how these changes will impact the operations of the hospital and your financial viability. Describe how your organization is preparing for these changes and how your plans will specifically enable the hospital to successfully navigate in this new arena.
57. Describe how you will form relationships and work with other healthcare systems in Milwaukee to care for those individuals experiencing a psychiatric crisis and in need of medical services.
58. Describe how you will build a solid relationship with law enforcement to ensure patients receive care in the least restrictive environment.
59. Describe how your organization plans to interface with the legal court system.
60. Describe how you will ensure appropriate staffing patterns with the current and future staffing challenges.
61. Describe how you will ensure the organization's sustainability over the next 20 years.

TECHNICAL QUALIFICATIONS, QUALITY AND APPROACH

Technical qualifications

Electronic Health Record Meaningful Use Criteria: Interested partner will be required to meet Meaningful Use Criteria as established by CMS. Stage 2 criteria final rules published in 2012 are listed for reference.

Modified Stage 2 program requirements

62. Use computerized interested partner order entry (CPOE) for medication, laboratory and radiology orders.
63. Generate and transmit permissible prescriptions electronically.
64. Use clinical decision support to improve performance on high-priority health conditions.
65. Provide patients the ability to view online, download and transmit their health information.
66. Incorporate clinical lab-test results into certified EHR technology.
67. Use secure electronic messaging to communicate with patients on relevant health information.

Quality

Clinical Services

68. Provide a detailed proposal of the care delivery model that will address the behavioral healthcare needs of the persons served.
69. Describe your experience working with highly acute behavioral health population who periodically displays aggressive behaviors.
70. Describe how staff will provides quality and culturally intelligent behavioral health care, please give specific details.
71. Describe how you will integrate behavioral and medical services.
72. Describe your understanding of the role of “Treatment Director”, and how you will work with the Treatment Director on a day to day basis.
73. Describe what preventative / recovery oriented services will be offered, and how these services will be integrated into the patients treatment plan.
74. Describe how trauma informed care is provided. Please be specific.
75. Describe what specific tools, methods or clinical models will be used to provide care in a least restrictive environment.
76. Describe how the model of care is different when caring for involuntary acute adult, adolescent and children rather than voluntary patients.
77. Describe how multidisciplinary care coordination planning conferences are managed.
78. Describe how your organization will transition patients into community services and facilities, and how your organization will work/collaborate with the BHD’s community services to facilitate the provision of follow-up care to discharged patients.
79. Describe how your organization plans to deal with transition planning for adolescents who come of age. How are these individuals supported through the transition from child and adolescent services to adult services?
80. Describe your experience, failures and success in preventing readmissions.
81. Describe your plans to provide a supply of discharge medications.

82. Describe your experience working with a closed loop medication administration system.

83. Describe your treatment model and philosophy regarding seclusion and restraint (physical and chemical).

84. Provide medical, and nursing staffing models for all proposed services. Staffing ratios, staffing mix, on-call programs etc.

85. Describe your medical and nursing orientation programs and continuing education programs designed to maintain and enhance competency.

Quality Plan

86. List, describe and provide results of current performance measures addressing person centered care/services and how you will provide and monitor that person centered care/services.

87. List, describe and provide results of current performance measures addressing trauma informed services and how you will provide and monitor that trauma informed care/services.

88. List, describe and provide results of current performance measures addressing culturally intelligent care/services and how you will provide and monitor that culturally intelligent care/services.

89. List, describe and provide results of current performance measures addressing recovery oriented care/services and how you will provide and monitor that recovery oriented care/services.

90. List, describe and provide results of current performance measures addressing “least restrictive environment” and how you will provide and monitor how “least restrictive environment” is utilized within the facility and in discharge planning.

91. List, describe and provide results of current performance measures you have developed and how you will measure, and monitor the client experience.

92. Describe how you will support the ongoing quality improvement and sustainability of the performance measures.

93. Describe how you will measure structure, process, outcomes, efficiency and effectiveness of clinical services.

94. Describe how you will measure the organization/facility/practice, individual healthcare professionals, multi-disciplinary teams, system coordination, and population health outcomes.

95. Describe how you will measure effectiveness in care transitions along with developing strategies and processes to fill the gaps to ensure seamless patient care across the system.

96. Describe how records will be maintained in a confidential manner in accordance with Wis. Stats. §§ 146.81 to 146.83, DHS 92 Confidentiality of Treatment Records, and any other applicable state and federal laws.

97. Do you intend to have a “culture of safety” philosophy? If you have already implemented a “culture of safety” please describe how long the program has been in place and share if the program has been successful.

Clinical Care

98. Describe your work in improving population health.

99. Describe how you would work with the designated BHD medical director.

100. Describe how you will develop, or implement current care models for treating persons with co-occurring challenges.

101. Describe how you will provide consultation on all aspects of the provision of acute inpatient services.

102. Describe your experience with Peer Support Specialist and how you will integrate them in the acute hospital setting.

103. Describe how you will engage the patient, family members, or significant others in the care planning and treatment process.

104. Describe how you will ensure the patient's discharge plan includes elements to reduce recidivism.

105. Describe how you will care for and provide for a safe environment for individuals with aggressive behaviors and those detained. Specifically address your organization's plan to care for individuals with suicide risk, elopement risk, the potential for significant property damage, and/or as aggressive acts.

106. Describe your processes that allows for patients to refuse treatment to the extent permitted by law and how patients are informed of the consequences of the refusal.

107. Describe how you will provide services that are co-occurring, trauma-informed, recovery oriented, and person centered.

108. Describe how you will provide services that reflect how patients are treated with consideration, respect and recognition of their individuality and personal needs, including the need for privacy in treatment.

109. Describe how you will integrate into processes and policy the provision of person centered services.

110. Describe how you will integrate into processes and policy the provision of trauma informed services.

111. Describe how you will integrate into processes and policy the provision of culturally intelligent services.

112. Describe how you will integrate processes and policy for recovery oriented services.

113. Describe how you will integrate family and support systems into the care planning and treatment process.

114. Describe how you will care and provide support to the patient's family and support system.

115. Describe how you will ensure the patients discharge plan includes transitional elements to enhance the patient experience.

116. Describe how you will ensure the hospital has current information on community resources available for continuing care of the clients post discharge.

Approach

117. Describe your current understanding of the BHD services and how as a partner you will address the opportunities and challenges that currently exist within the system. Please describe the ideas and initiatives you would implement to maintain and enhance service, increase efficiency and reduce costs for the BHD.

118. BHD's goal is to reduce the amount of tax levy devoted to inpatient services in order to redirect funding to early detection, prevention and enhancement of community services. As an interested partner, what economic model would you propose to ensure success?

119. What plans or ideas would you bring to the table as a partner to reduce tax levy?

120. Describe your plans to develop a long term relationship with the BHD. Specifically address your approach to relationship management.

121. Describe your plans to implement a robust utilization management program to ensure appropriate utilization of services, eliminate unnecessary bed days, and re-admissions,

FACILITY PLAN

122. Provide a facility rendering.

123. Identify the location of the facility.

124. Describe your plan to build a new facility or remodel an existing space to provide inpatient behavioral health services.

125. Provide a detailed schedule illustrating the various phases, milestones and overall time period for the opening of a new or remodeled hospital including a potential occupancy date.

126. Describe how the site will reflect that it is of sufficient size and space for excellent care, intended square footage and number of beds.

127. Explain rationale or data evaluated to determine the number of inpatient beds proposed.

128. Describe the plan to meet all federal, state, local and Joint Commission requirements for a safe acute psychiatric facility.

129. Describe how patients will be able to access secured outdoor areas for therapeutic purposes.

TRANSITION PLAN

130. Describe your proposed transition plan for services, and timeline for completion.

131. Describe your proposed transition plan for patients, and timeline for completion.

132. Describe your intent of hiring the BHD management, professional, clinical and non-professional staff.

133. Provide a draft communication plan for your current organization and the community.

OPENING PRICE PROPOSAL

All price data and information must be provided in a separate sealed envelope marked Price Proposal. Please provide 6 hard copies and 1 copy in electronic format.

1. Provide an estimated expense budget required for implementation of the proposed solution with delineation between startup costs, working capital and ongoing operational costs.

It is understood that funding is subject to appropriation and may change over the contact period. The BHD reserves the right to amend any resulting contract to reflect changes in funding on an annual basis

2. Complete – “Cover Sheet for Pricing Proposal”
3. Complete – ‘Cost Proposal’ in the prescribed format, with requested information and pricing structure. The BHD will pay the Proposer for the cost of Milwaukee County resident clients with no known payer source. Payment will occur based upon authorized services for clients whose payment status has been independently verified by the BHD.

COVER SHEET FOR PRICING PROPOSAL

COVER SHEET FOR RATE PROPOSAL (Sign and Submit with Price Proposal)

In submitting and signing this proposal, we also certify that we have not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free trade or competition; that no attempt has been made to induce any other person or firm to submit or not to submit a proposal; that this proposal has been independently arrived at without collusion with any other interested partner, competitor, or potential competitor; that this proposal has not knowingly been disclosed prior to the opening of the proposals to any other interested partner or competitor; that the above statement is accurate under penalty of perjury.

In submitting and signing this proposal, we understand the requirements, and technical expertise and experience needed to provide behavioral health services to individuals in Milwaukee County and are submitting this response in good faith. We understand the requirements of the program and have provided the required information.

Unless otherwise required by law, the prices which have been quoted in this Proposal have not been knowingly disclosed by the interested partner and will not knowingly be disclosed by the interested partner prior to award of a negotiated procurement, directly or indirectly to any other interested partner or to any competitor; and

No attempt has been made or will be made by the Proposer to induce any other person or firm to submit or not to submit a Proposal for the purpose of restricting competition.

The undersigned certifies and represents that all data, pricing, representations, and other information, of any sort or type, contained in this response, is true, complete, accurate, and correct. Further, the undersigned acknowledges that the JTF is, in part, relying on the information contained in this proposal in order to evaluate and compare proposal submissions.

Name

Title

Signature/Date

COST PROPOSAL

RATE PROPOSAL

Indicate the all-inclusive proposed price for providing services.

**Behavioral Health Division
Request for Financial Information**

Billing/Revenue Code	Description	Rate Per Day	Unit Rate
0124	Acute Inpatient Facility		
0124C	Child and Adolescent Inpatient		
99221	Initial Hospital Care (level 1)		
99222	Initial Hospital Care (level 2)		
99223	Initial Hospital Care (level 3)		
99231	Subsequent Hospital Care (level 1)		
99232	Subsequent Hospital Care (level 2)		
99233	Subsequent Hospital Care (level 3)		
99238	Hospital Discharge Services 0-30 min		
99239	Hospital Discharge Services 30+ min		
99356	Prolonged Service, First Hour		
99357	Prolonged Service, Each Add'l 30 Min		
0450	Emergency Room - Level I		
04502	Emergency Room - Level II		
04503	Emergency Room - Level III		
04504	Emergency Room - Level IV		
4505	Emergency Room - Level V		
99281	Emergency Department Service (level 1)		
99282	Emergency Department Service (level 2)		
99283	Emergency Department Service (level 3)		
99284	Emergency Department Service (level 4)		
99285	Emergency Department Service (level 5)		

0760	Observation Room (per hour)		
99217	Observation Status Discharge		
99218	Observation Status Care (level 1)		
99219	Observation Status Care (level 2)		
99220	Observation Status Care (level 3)		
99234	Observation/Hospital Same Day (level 1)		
99235	Observation/Hospital Same Day (level 2)		
99236	Observation/Hospital Same Day (level 3)		

90791	Psychiatric Diagnostic Interview		
90792	Psychiatric Diagnostic Interview w/medical service		

**For Adult and CAIS inpatient the proposal can include a blended per diem and professional service fee rate*

***The proposed rates are for payment of Milwaukee County indigent clients only. For clients that have a payer source that payer should be billed and payment accepted as payment in full.*

****Please add additional codes and rate information as necessary.*

*****BHD is interested in discussing a value based economic model. Please provide potential models for consideration.*

Correct Care

South Florida State Hospital- (Obtained directly from organization's website)

Location: 800 East Cypress DrPembroke Pines, FL 33025

Phone: (954) 392-3000

Fax: (954) 392-3499

Capacity: 341

Client: State of Florida

Accreditations: Joint Commission

BACKGROUND:

Correct Care was selected by the Department of Children and Families in 1998 to operate South Florida State Hospital, the first in the nation to be completely privatized. Correct Care designed, constructed and financed a completely new 350 licensed bed facility on the same state-owned property with 341 beds currently under contract. When the new complex was completed in December 2000, the whole hospital was moved to the new site, the only new state civil psychiatric hospital to have been built in the state in the last 40 years.

SCOPE OF WORK:

The mission of the facility is to empower the persons served to acquire and use the skills and supports necessary to achieve maximum independence, success and satisfaction in the environment of their choice. The population consists primarily of severely and persistently mentally ill adults who are involuntarily committed to the hospital when community treatment alternatives are no longer effective. The hospital provides a secure setting with longer-term treatment by psychiatrist-led teams of clinicians. Students from various professional disciplines, such as medicine, psychology and pharmacy also participate as part of their training regimen.

FACILITY DESCRIPTION:

The entire complex consists of one-story Mediterranean-looking buildings with barrel tile roofs, tile floors, pleasant colors and lush landscaping. The persons served live in seven residential

areas, including one designed for the elderly with amenities to meet their special needs, and one for those with extraordinary medical needs. There are two person bedrooms, each having its own bathroom. The distinctly non-institutional atmosphere not only improves the mental healthcare experience for persons served and their families, it also plays an integral part in treatment and recovery. Consistent with the role recovery philosophy, which emphasizes the opportunity to make choices, a wealth of programming is offered in the Town Center, the complex in the center of the campus. Buildings in a quadrangle house life skills programs, education and career development, an addictions program, dining areas, gift shop, beauty parlor, a chapel, and a library. Gazebos and a clock tower decorate the grounds and provide gathering places for socializing. Since Correct Care assumed responsibility for the operation of the hospital, the number of people admitted in a given year (1999-2000) was greater than in any of the previous 10 years, as was the number discharged, reflecting a philosophy of active treatment and an emphasis on community reintegration. Readmissions have been at about half the rate of similar Joint Commission-accredited hospitals. Compliant with national best practices, incidents of restraint and seclusion were substantially reduced from an average of 13 per month in 1998 to less than one (1) per month by the Fall of 2000. The facility continues to maintain the incidents at an average of less than one (1) per month.

ACCREDITATION:

SOUTH FLORIDA STATE HOSPITAL DOCTORAL PSYCHOLOGY INTERNSHIP PROGRAM

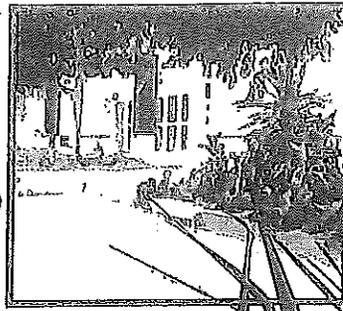
South Florida State Hospital, a 350 bed state psychiatric hospital, has an internship program that is accredited by the American Psychological Association (APA), and is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). The accreditation status of this program can be obtained from the APA Office of Program Consultation & Accreditation, 750 First Street NE, Washington, DC, 20002-4242, (202) 336-5979 and at its website: www.apa.org/cd/accreditation. The internship training program provides a unique opportunity to gain practical experience in assessment and intervention with a diverse patient population. Goals include increasing awareness of and sensitivity to the cultural, social and psychological needs of special populations and learning to adapt traditional modalities while receiving direct supervision and formal didactic training. The facility provides treatment using a multidisciplinary psychiatric rehabilitation model based on a philosophy of Illness Management & Recovery. The intern functions broadly as a clinical practitioner, however, experience with specialized behavior plans, cognitive assessment, and forensic assessment and treatment is also

provided. In addition, interns will participate in each of the three following rotations: (1) Forensic (2) Assessment and (3) Specialized Behavior Planning.

SFSH Handbook

ABOUT BROOKE GLEN

We offer unique and individualized programming that sets us apart



Brooke Glen Behavioral Hospital (BGBH) is located on an 11-acre campus in picturesque Fort Washington, PA, a small suburban town outside of Philadelphia. Our 146-bed facility provides a safe and comfortable environment for patients suffering from mental illness and behavioral disorders.

Founded in 1966, BGBH has been a long-time neighbor to this quiet suburb. Through the years, our commitment to safe, effective, quality mental health services has continued, and today we are proud to offer unique and individualized programming that sets us apart from many other behavioral hospitals. We actively participate in the community by providing education and local support of the awareness of psychological issues and challenges faced by those suffering with mental illness.

About the Staff

led by physicians, doctoral level psychologists, and senior clinical staff, all of whom are recognized for their expertise with mental illness and the special needs inherent within an acute inpatient setting.

In addition, BGBH supports continued education training and graduate level opportunities for training. BGBH is host to medical students, doctoral psychology students, and other multi-discipline opportunities. Promoting training and education allows for a more robust treatment experience for patients, and creates an atmosphere of learning and growth for our employees.

TOBACCO-FREE CAMPUS

Brooke Glen Behavioral Hospital is a tobacco-free campus. This means that our patients, visitors and employees are prohibited from using tobacco products anywhere on the hospital's property. Brooke Glen is part of a nation-wide initiative for behavioral health facilities to be tobacco-free. We recognize this may be challenging for our patients and offer Nicotine Replacement Therapies as alternatives.

Brooke Glen Behavioral Hospital is with you at every stage, from adolescence to adulthood and everything in between

Adolescents + Teenagers

Age 13-18

Adults + Older Adult Services

18 and over
Adults 45 and over

EAC Services

18 and over

Non-discrimination

Admissions, the provisions of services, and referrals are made without regard to race, color, religious creed, disability, ancestry, national origin, age, gender or sexual identity.



**BG
BH**

For the best in total care call 215-641-5404. Schedule an appointment for an assessment 24-hours a day/7 days a week. Immediate appointments are available.

Philadelphia,
easily accessible

Pennsylvania Turnpike:
Exit 199 Fort Washington/Ambler

W. PENNSYLVANIA AVE
NORTH AVENUE
VETTE CONNECTOR
E AVENUE

PHILADELPHIA

Exit 199 towards NEW JERSEY
Exit 199 towards

Exit 199 from above

Exit 199

Exit 199 Pike
Exit 199 Connector
Exit 199 E AVENUE

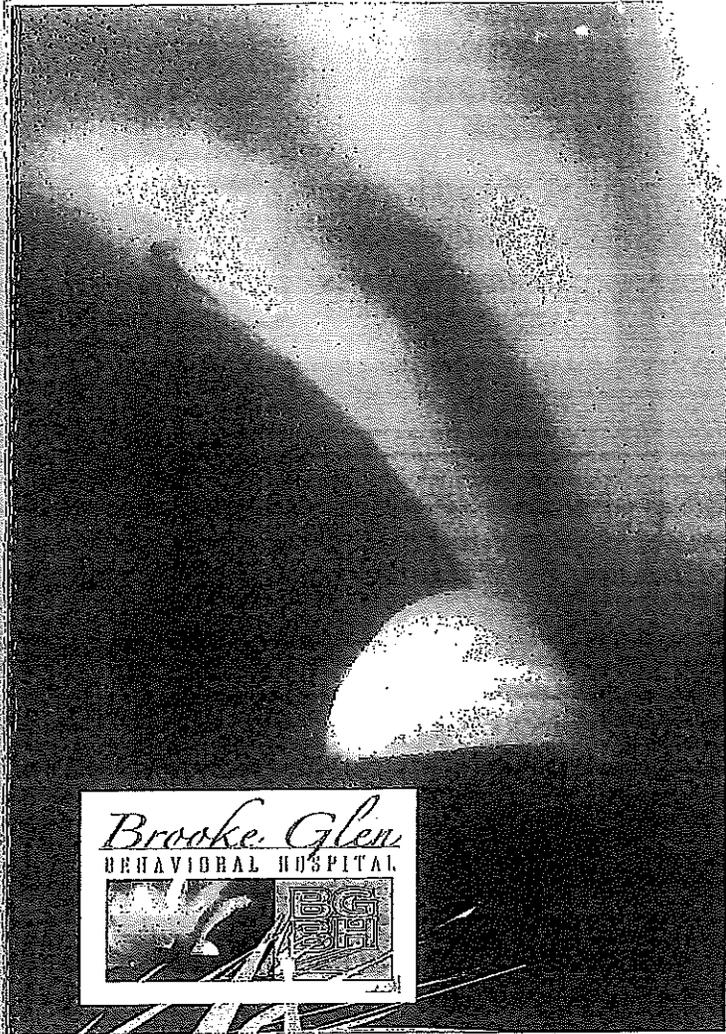
Exit 199 DEKALB ST / US-202 N
Exit 199 K PIKE / PA-73
Exit 199 E AVE

Exit 199 on right side

Exit 199
Exit 199 Walk up the steps to
Exit 199 the street
Exit 199 near the intersection of
Exit 199 Vette Connector

Exit 199 Lafayette Avenue
Exit 199 Washington, PA 19034
Exit 199 215-256-5300
Exit 199 brookeglenhospital.com

Exit 199 Appointment
Exit 199 appointments are:



*Creating the person, supporting the family,
dedicated to the community*

CUSTOMIZED AND PERSONAL CARE

*Our focus is on
individualized treatment*

At Brooke Glen, we provide care for the person, not the illness. Guided by a comprehensive treatment plan, our treatment teams work closely with the individual and their families to access their strengths, resources, and resiliencies. We work closely with each patient's network and support systems so that gains made while at Brooke Glen can be sustained and enhanced once in the community.

Brooke Glen ensures that individualized programming for each patient occurs. This includes but is not limited to:

- Creative/expressive therapy
- Psychological testing (as clinically indicated)
- Treatment focused groups
- Psychoeducational groups

AS A PATIENT AT BROOKE GLEN, A COMPREHENSIVE PSYCHIATRIC AND PHYSICAL EXAMINATION IS PROVIDED. SERVICES ALSO INCLUDE PSYCHOTHERAPY WITH THE TREATING PSYCHIATRIST, GROUP THERAPIES, FAMILY THERAPY, AND ACCESS TO THE IN-HOUSE SCHOOL LED BY SPECIAL EDUCATION CERTIFIED TEACHERS.

ADOLESCENT SERVICES (AGES 13-18)

We offer the right tools for support

The Adolescent program at Brooke Glen is prepared to meet the needs of our patients ages 13-18. We recognize adolescence can be a complicated time and we strive to create a safe, nurturing environment to promote coping, healing, and recovery. As a patient at Brooke Glen, a comprehensive psychiatric and physical exam is provided. Services also include psychotherapy with the treating psychiatrist, group therapies, family meetings, education services, and aftercare planning.

The acute adolescent unit can help with identified psychological disorders. We offer guidance and intervention for adolescents to successfully cope with issues including:

- Depression/Anxiety
- Impulse Control
- Situational Crisis
- Trauma Related Issues
- Obsessive Compulsive Disorders

Due to the high percentage of co-occurring diagnoses, we offer education and support for alcohol/drug use.

Our primary focus is assisting each patient with their identified challenges so they may promptly return to their life outside the hospital.



**BG
BH**

For the best in total care call 215-641-5404.
Schedule an appointment for an assessment,
24-hours a day / 7 days a week.
Immediate appointments are available.

FAMILIES AND SCHOOL DISTRICTS WORK TOGETHER TO SUCCESSFULLY RETURN CHILDREN TO THEIR HOME & SCHOOL SETTINGS. STUDENTS ATTEND SCHOOL DAILY AT BROOKE GLEN ACCORDING TO THE REGULAR SCHOOL CALENDAR AND ARE TAUGHT AT THEIR LEVEL OF ABILITY.

ADULT SERVICES

Our efforts are to get the patient home

Tailored to the needs of adults 18 & older, Brooke Glen provides a comprehensive psychiatric assessment, crisis stabilization, relapse prevention, medication review, and rehabilitation for an array of psychiatric disorders.

Program services offered but are not limited to:

- Trauma Informed Treatment
- Group Therapy
- Educational & support services to assist with alcohol & drug use
- Recreation Therapy
- Art Therapy
- Music Therapy
- Movement Therapy

Treatment at Brooke Glen is individualized to each patient. Our patients benefit from working with highly trained staff, a comfortable environment, and daily support towards reaching their treatment goals.

THE EAC UNIT

We provide the best therapy and care

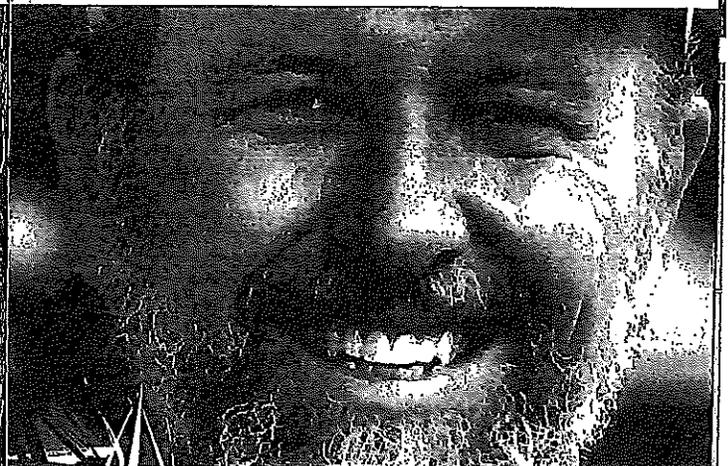
The Extended Acute Unit at Brooke Glen is a unit designed for individuals requiring longer term care than our acute side of the hospital, with the purpose of reintegration into the community.

The EAC espouses the philosophies of the Recovery Movement and Trauma Informed Care to guide treatment, and utilizes empirically based treatments to provide the best therapy and care available. This unit has a unique treatment team including a Certified Peer Specialist and Behavior Specialist, in addition to the more traditional treatment team members.

From admission, the goal is to work with each individual to link them up with resources and support services in their home communities to prepare for successful transition into the community while maintainin the dignity and wishes of each individual.

At BGBH, some of the services offered include:

- Creative/Expressive Therapy
- Therapeutic groups that meet during the week and on weekends
- Individual Therapy (as clinically indicated)
- Drug and alcohol education and awareness



**JOIN US FOR THE ALUMNI ASSOCIATION
THE FIRST WEDNESDAY OF EVERY MONTH FROM 6:30PM-8PM.
COME AND SHARE YOUR TREATMENT EXPERIENCE AND HOW YOU
ARE DOING IN YOUR OWN RECOVERY WITH OTHER ALUMNAE AND
OUR ALUMNI ASSOCIATION GROUP.**



7170 Lafayette Avenue
Fort Washington, PA 19034
1-800-256-5300
www.brookeglenhospital.com



24-HOUR ACCESS CENTER

Hampton Behavioral Health Center is dedicated to providing you or a loved one with immediate help. Our Access Center is an assessment and referral service that is available 24/7, 365 days a year.

Professionally trained clinical staff provides confidential assessments and referrals to appropriate programs, including intensive outpatient, partial hospitalization, inpatient services and electroconvulsive therapy (ECT)*.

Hampton Behavioral Health Center is licensed by the State of New Jersey and is fully accredited by The Joint Commission.

For more information or to schedule an appointment, please call the Access Center at 800-603-6767 or 609-518-2100.

Directions to Main Campus

From the South Jersey Area

Take I-295 North to Exit 45A. Follow the signs for Mount Holly. The hospital is on the right.

From North Jersey

Take the NJ Turnpike South to Exit 5. Turn left (west) onto Route 541. Take I-295 South to Exit 45A. The hospital is on the right.

From Cape May and Atlantic City

Take the Atlantic City Expressway West to I-295 North to Exit 45A. The hospital is on the right. Drive time: 1 hour.

From Philadelphia

Take the Ben Franklin Bridge to New Jersey. Take Route 38 East to I-295 North to Exit 45A. The hospital is on the right. Drive time: 30 minutes.

From the Pennsylvania Turnpike

Follow the connector to the NJ Turnpike and travel South to Exit 5 onto Route 541. Take South to Exit 45A. The hospital is on the right.

Transportation is available within local communities.



Behavioral Health Center

650 Rancocas Road
Westampton, NJ 08060

Access Center: 800-603-6767
609-518-2100 | Fax: 609-518-2210

www.hamptonhospital.com

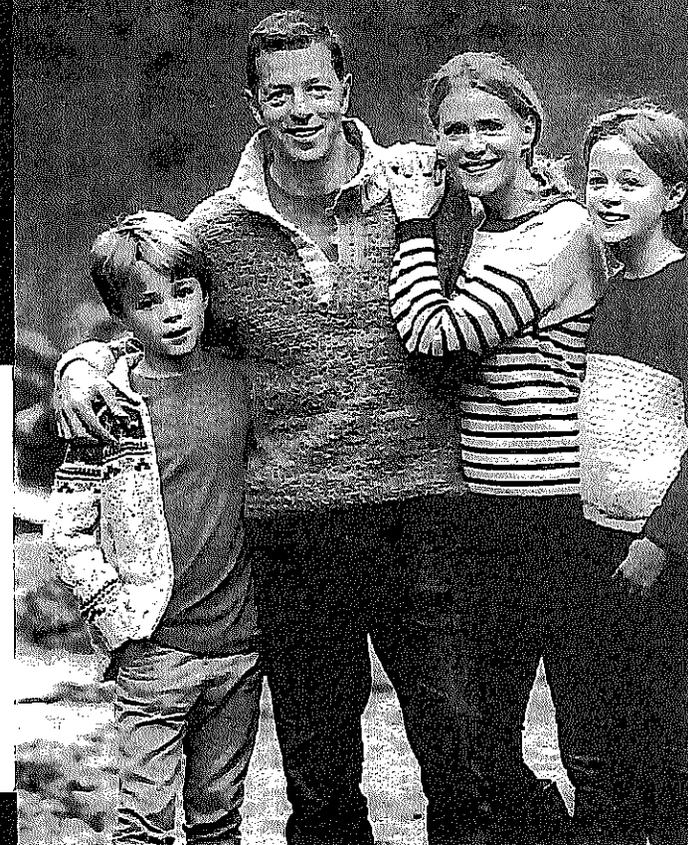
Insurance Information

Hampton Behavioral Health Center accepts insurances including Medicare and TRICARE[®] and works with unions and worker's compensation. Please contact our Admissions Department at (609) 518-2100 or (800) 603-6767.



TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved. Physicians are on the medical staff of Hampton Behavioral Health Center but, with limited exceptions, are independent practitioners who are not employees or agents of Hampton Behavioral Health Center. The facility shall not be liable for actions or treatments provided by physicians. There are risks associated with any treatment procedure and individual results may vary. Please consult the dedicated professionals within the ECT program at Hampton Behavioral Health Center to assess if you are a candidate for ECT treatment. Our Medical Staff will also consult with you on the risks and benefits of ECT treatment if you are a suitable candidate. Most representations of real patients are shown. Actual patients cannot be divulged due to HIPAA regulations. 10/15/09 10/16

*Bringing New Direction
and Hope
to Patients' Lives*



Behavioral Health Center

Access Center:
800.603.6767



Hampton Behavioral Health Center offers a path to hope, happiness and overall wellness. A private behavioral healthcare center, it is a 120-bed facility on a beautiful 23-acre main campus in Westampton Township, with satellite offices in Cherry Hill and Hamilton Townships. All facilities accommodate the handicapped.

Hampton offers advanced behavioral health, diagnostic and treatment services for adults, adolescents and older adults. We offer inpatient and outpatient programs with a multidisciplinary, highly individualized approach to treatment. The Center accepts patients on a voluntary and involuntary basis.

We are dedicated to excellence in psychiatric diagnostics, treatment and education.



A High Standard of Care

A multidisciplinary team — led by a psychiatrist and including registered nurses, clinical nurse specialists, social workers, certified substance use counselors and creative therapists — treats all patients. Most often, families are included in treatment.

The Center offers diagnosis and treatment for issues that include:

- Acute Psychosis
- Depression
- Anxiety
- Suicidal Impulses
- Substance Use
- Co-occurring Disorders

Inpatient Care

After a comprehensive evaluation, patients can be admitted to one of the following inpatient programs:

- Adolescent program
- Adult program
- Older adult program
- Dual-diagnosis program (adults with primary behavioral health problems along with substance use issues)
- ECT (electroconvulsive therapy)

Hampton tailors programs to individual needs. Treatment includes:

- A comprehensive evaluation and assessment
- Individual and group therapy
- Family education and therapy
- Individualized bio-psychosocial treatment plan
- Aftercare and discharge planning

Outpatient Programs

We accommodate the needs of patients of all ages, offer an effective extension of treatment and make counseling more accessible. Hampton outpatient programs include:

INTENSIVE OUTPATIENT PROGRAM: Offers treatment to adults and adolescents who have behavioral health disorders with or without substance use issues. Both day and evening sessions are available for adults.

PARTIAL HOSPITALIZATION PROGRAM: Provides treatment to adults and adolescents with or without substance use, and to those transitioning from inpatient programs.

ECT (ELECTROCONVULSIVE THERAPY*): Can offer those with severe mental illness a beneficial treatment option when traditional therapies are neither safe nor effective.

Aftercare

Hampton's outpatient programs offer an effective aftercare option for patients who are ready for their next phase in recovery. The partial hospitalization program is offered Monday through Friday from 9:00 am to 3:00 pm. The intensive outpatient program is offered four days or evenings, depending on an individual's work, school, and family obligations. Transportation is available for partial hospitalization and daytime intensive outpatient programs.



*For more information,
call our Access Center
at 800-603-6767.*

MHB Joint Task Force Item 3

Joint Task Force Meeting

January 4, 2018

Proposal Review Committee Results and Recommendation

Background

Under the direction of the Joint Task Force, Mr. Mike Lappen appointed four members from the Behavioral Health Division leadership as well as three members from the Joint Task Force to participate in the proposal review process. The proposal review is the last and final due diligence phase to be completed to identify a high quality acute behavioral care provider to partner with BHD and provide inpatient behavioral health services. United Health Services (UHS) is the only provider who submitted a proposal.

UHS's proposal included responses to the following areas:

- A. General Obligations
- B. General Qualifications
- C. Governance and Operations
- D. Technical Qualifications, Approach and Quality
 - a. Technical Qualifications
 - b. Clinical Services
 - c. Quality Plan
 - d. Clinical Care
- E. Facility Plan
- F. Transition Plan
- G. Opening Price Proposal
 - a. Budget
 - b. Forms

The Review Committee was responsible for reviewing and analyzing sections A-F of the proposal. Each question was scored as P= pass, F= fail, NI= need more information/clarification. The proposal contained 133 questions.

Summary

Of 133 questions;

107 – Passed.

4 - Passed, but placed on the contract negotiations list.

13 - Needed more information/clarification which were later clarified and changed to pass.

9 - Failed (10cc, 10dd, 10 gg, 62, 63, 64, 65, 66, and 67)

These nine questions addressed the electronic health record. UHS currently uses paper records.

Based on the above scores the Review Committee members are in agreement the proposal submitted by UHS is acceptable and recommends moving forward with the next step in the process.

Respectfully,

Mr. Lappen, BHD Administrator

Dr. John Schneider, Chief Medical Officer

Ms. Jennifer Bergersen, Chief Operations Officer

Ms. Linda Oczus, Chief Nursing Officer

Ms. Rachel Forman, Board Member

Ms. Mary Neubauer, Board Member

Ms. Brenda Wesley, Board member

Milwaukee County Mental Health Board and Joint Task Force 2014-2017 Timeline of Acute Care Options Evaluation Process

The Milwaukee County Behavioral Health Division (BHD) provides the citizens of Milwaukee County with a comprehensive array of the highest quality behavioral health care services - no matter their severity of illness or ability to pay. Today, BHD is transforming to become a national best practice leader in integrated behavioral health care. This means moving from being a hospital-based provider of acute psychiatric care to become a comprehensive provider of preventive, treatment and recovery-oriented care in community-based settings.

Key Mental Health Board Activities

September 2014 - November 2015:	The Administration of the Milwaukee County Behavioral Health Division ("BHD") informs the Milwaukee County Mental Health Board ("MCMHB") about the poor condition of Milwaukee County's acute care facilities, the impact of this on services, and future acute care service needs.
November 2014:	BHD forms a Facility Administrative Committee ("Committee") and hires the architectural firms of Zimmerman Architectural Studios, Inc. and Architecture Plus to assist in developing a space plan for a new behavioral health hospital (the "Program").
April 23, 2015:	Committee presents a Program to MCMHB, and at that meeting, MCMHB votes (as a policy matter) to authorize BHD to pursue a Request for Proposals ("RFP") process to identify one or more parties to partner with BHD to construct and operate a new behavioral health acute care facility.
June 25, 2015:	Committee presents key aspects of the RFP to the MCMHB, and MCMHB votes (as a policy matter) to approve BHD's continued exploration of finding a partner to operate an acute care facility.
July 9, 2015:	MCMHB holds special meeting to solicit input from the public regarding outsourcing acute care services.
July 15, 2015:	BHD issues an RFP.
August 24, 2015:	Interested parties are required to attend a preproposal conference on this day. Only three potential partners come to the conference: Correct Care Recovery Solutions ("CCRS"); Liberty Healthcare ("Liberty"); and Universal Health Services, Inc. ("UHS"). Shortly thereafter, Liberty informs BHD they will not be able to meet the RFP timelines and withdraw from the process.
October 22, 2015:	BHD presents to MCMHB the RFP Review Panel's recommendation to withdraw the RFP due to the limited number of potential respondents. At that meeting, MCMHB appoints two task forces: the Task Force on Local Public/Private Partnership and the Task Force on National Entity Partnership. The two Task Forces decide at their first meeting on November 30, 2015 to convene as a single joint Task Force ("Joint Task Force").

Key Joint Task Force Activities

November 30, 2015:	Joint Task Force holds first meeting.
November, 2015 - April 2016:	BHD administrators and Joint Task Force representatives update Joint Task Force at each meeting regarding ongoing discussions with local health systems about partnership options. These updates are provided in closed session in accordance with Wisconsin Statutes, Chapter 19.85(1)(e), which provides for closed sessions when conducting public business "whenever competitive or bargaining reasons require a closed session."
January 18, 2016:	CCRS presents to Joint Task Force.
January 25, 2016:	Liberty presents to Joint Task Force.
February 5, 2016:	Joint Task Force sends letter to UHS and local providers soliciting responses for potential partnership opportunities.
February 16, 2016:	Local health systems indicate their inability to respond to the letter due to lack of data. They submit a number of recommendations for the Joint Task Force to consider.
March 10, 2016:	Joint Task Force reviews Milwaukee Health Care Partnership ("MHCP") recommendation to hire consultant, Public Policy Forum, to develop comprehensive acute and outpatient plan, including option of developer financing new acute care facility.
March 21, 2016:	Joint Task Force invites MHCP and State of Wisconsin Department of Health and Human Services to meet with Joint Task Force.
April 12, 2016:	UHS presents to Joint Task Force.
May 2, 2016 – December 2016:	Due diligence conducted regarding CCRS and UHS (Liberty withdraws from consideration May 13, 2016, after receiving initial due diligence request). See attached Due Diligence Summary.
June 6, 2016:	Public Policy Forum indicates its inability to perform study without additional resources.
August 2016:	MHCP presents a "MCHP Behavioral Health Workplan" to Joint Task Force.
October 2016 - March 2017:	BHD and local health system discuss use of existing campus space for acute behavioral health care services. BHD evaluates the space and application of IMD exclusion. Options explored are deemed unworkable by the parties for a number of reasons, including financing limitations and capitalization requirements.
February 14, 2017:	Joint Task Force site visit team visits CCRS's South Florida State Hospital.
February 21-22, 2017:	Joint Task Force site visit team visits two UHS facilities - Brook Glen Behavioral Health, Ft. Washington, PA and Hampton Behavioral Health Center, Westhampton, NJ.
March 8, 2017:	BHD reports regarding evaluation of option with local health system. Letter sent to local health systems indicating that any proposals for other options must be received before the April 6, 2017 meeting. No proposals are submitted by this deadline.
April 6, 2017:	Immediately after the Joint Task Force's meeting adjourns, a Joint Task Force Co-Chair receives a telephone call from a representative of a

	group of local providers requesting the opportunity to present a proposal at the Joint Task Force's May 4, 2017 meeting. The representative acknowledges awareness of the April 6, 2017 deadline for proposals.
May 4, 2017:	Milwaukee Coalition presents potential partnership, and interest to provide all behavioral health services to the Joint Task Force. Joint Task Force invites UHS back to Milwaukee to present at the June 1, 2017 Joint Task Force meeting.
May 19, 2017	Correct Care withdraws from process.
June 1, 2017:	UHS presents to Joint Task Force. In closed session, Joint Task Force requests BHD to work with the Coalition to form a partnership. Joint Task Force requests same between BHD and UHS. Joint Task Force also requests BHD to perform due diligence and develop a financial proforma for a developer to build a new hospital facility. Deadline set for October 5, 2017. Deadline established for Coalition to present their proposal at the October 5, 2017 Joint Task Force meeting.
June 22, 2017:	Timeline of process shared with Mental Health Board.
July 18, 2017	Joint Task Force determines partnerships with multiple providers is the best current option for the community. Potential partners notified of decision. Joint Task Force sets October 5, 2017 for verbal presentations from Milwaukee Coalition and UHS, and a November 6, 2017 deadline for written proposals. BHD administrative staff attends Coalition due diligence meeting as guests to clarify process used with high intensity patients. Additional due diligence meetings held on July 18, July 31, and August 7, 2017
August 6, 2017	BHD administrative staff attends UHS due diligence conference call to clarify processes used by BHD. Additional due diligence conference calls held on August 22 and August 29, 2017.
August 15, 2017	Joint Task Force makes motion requesting BHD administration to study the feasibility of maintaining operational control and responsibility for Emergency and Intensive Treatment Services.
September 7, 2017	Joint Task Force makes a motion requesting BHD administration to appoint a clinical and a financial proposal evaluation teams.
September 15, 2017	Coalition withdraws from process
October 5 2017	Update provided by the Proposal Review Committee to the Joint Task Force. A tool, process and timeline for the review of the UHS proposal was presented.
November 6, 2017	UHS submits proposal to BHD.
November 2017– January 2018	Review committee reviews and scores proposal.
December 7, 2017	Karen Johnson, Senior Vice President of Clinical Services, United Health Services and Shelah Adams, National Director of Behavioral Health Integration attend the Joint Task Force meeting to explain UHS's

	<p>response and follow up to the BuzzFeed article. Mr. Lappen updates the Joint Task Force on the evaluation of Crisis Services and the goal to work in collaboration with all community partners to ensure crisis services are adequately addressed.</p>
January 4, 2018	<p>A summary of the 3 phase due diligence process is presented to the Joint Task Force which demonstrates the thoroughness' and thoughtfulness of the process. The Review Committee presents their findings of the UHS proposal and Ms. Neubauer makes a motion to recommend to the Mental Health Board the initiation of contract negotiations with UHS at the February 22, 2018 Board Meeting.</p>
January 25, 2018	<p>Public hearing is held by the Mental Health Board.</p>
February 22, 2018	<p>Mental Health Board considers Joint Task Force recommendation to proceed with contract negotiations.</p>

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

DATE: January 31, 2018

TO: Duncan Shrout, Chairperson – Milwaukee County Mental Health Board

FROM: Michael Lappen, Administrator, Behavioral Health Division

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

Background

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

Discussion

High Quality and Accountable Service Delivery

- **Crisis Services Collaborative Redesign**

The Behavioral Health Division (BHD) and the Milwaukee Health Care Partnership are funding a project to create a collaborative redesign of the continuum of crisis mental health and substance use disorder treatment in Milwaukee County. The project is being coordinated by the Wisconsin Policy Forum in collaboration with the Technical Assistance Collaborative (TAC) and the Human Services Research Institute (HSRI). **(See Attachment A)** An initial meeting occurred on Friday, January 19, 2018, with the identified sponsors of the project, which include decision makers from each health system, BHD, Milwaukee County Mental Health Board (MCMHB) Member Dr. Lehrmann, and the County Executive. Initial stakeholder interviews were scheduled on January 31, 2018, at BHD and February 1, 2018, at each Health System.

- **Criminal Justice Collaborative**

BHD has been a strong partner in a number of efforts to reduce the number of people with mental health and substance use issues ending up in jail. One major initiative, funded by the MacArthur Foundation's Safety and Justice Challenge is Post Booking Stabilization (PBS). In this program, individuals who have been arrested but not charged

High Quality and Accountable Service Delivery

- **Criminal Justice Collaborative Continued**

are screened using the Brief Jail Mental Health Screen. If they are deemed eligible for early interventions based on the risk associated with their crime, they can be quickly released from jail to the care of a PBS Community Integration Specialist (the same individuals who are facilitating Housing First in the Department of Health and Human Services Housing Division). The Specialist is able to immediately respond and facilitate release from jail. Individuals are then connected or re-connected to mental health or substance abuse providers, who provide assistance with housing, benefits, etc.

If the individual engages back to treatment and does not re-offend, they are not formally charged and avoid jail and a “record” that would further marginalize them. The program was to serve 51 individuals in 2017—the pilot year—and easily surpassed that number. We expect more than 100 individuals to be admitted to the program throughout 2018. The addition of a multi-jurisdictional Crisis Assessment and Response Team (CART) is expected to help the program do outreach throughout the County as data indicates City residents with mental health and substance use issues are often arrested outside of the City of Milwaukee.

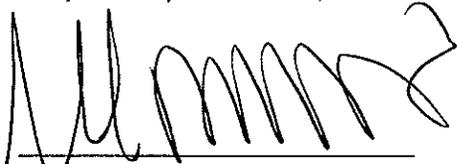
There are additional developments to report in depth at later meetings, including a new Vivitrol Program at the Milwaukee County Jail, and a successful Vivitrol Pilot Program at the Milwaukee Secure Detention Facility.

Other Topics of Interest

- **Kane Communications Update**

(See Attachment B)

Respectfully Submitted,



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

Attachment A

MILWAUKEE COUNTY PSYCHIATRIC CRISIS REDESIGN PROJECT Project Summary

I. Scope/Purpose

- Research, develop, deliberate, and select a psychiatric crisis service model for Milwaukee County.
- The driver of the project is Milwaukee County's planned closure of PCS in conjunction with its transfer of inpatient services to a contracted provider; however, it is recognized that development of an alternative psychiatric emergency room model will require considering the entire continuum of crisis services and related legal and financial issues and constraints.

II. Structure

- Project sponsors are the four MHCP health systems and Milwaukee County.
- HSRI – with assistance from TAC – is the subject matter expert and will lead the analytical aspects of the project; WPF is the fiscal agent, project manager, and facilitator and also will lead County-related fiscal research if necessary.
- Project will be guided by an advisory team (Tapper, Carlson, Lehrmann, Lappen, Myers). Team will meet personally or by phone at least monthly and will guide project scope, identify key stakeholders, monitor progress.
- Sponsor meetings will occur twice (beginning and end) and perhaps middle if appropriate. WPF will provide e-mail project updates as key milestones met.
- Other key stakeholders (private ER/BH leaders, BHD leaders, community-based service providers, State of Wisconsin, advocates, law enforcement, corp counsel, etc.) will be involved in key informant interviews and deliberation of options.

III. Three Components

- **Environmental scan** – identify exemplary models nationally, describe characteristics (programmatic and fiscal) in a written document.
- **Key informant interviews** – understand the demand for services, how and where they are currently being provided, key challenges, key opportunities.
- **Identify options/facilitate decision-making, prepare implementation plan.**
- Complete within six months, though accessibility of data and key informants will drive timeline.

IV. Parameters

- The design will consider the current and future continuum of BHD psychiatric crisis services (both for adults and children/adolescents).
- The design will address the current and future role of both public (county and state) and private providers.
- The design will consider the County's legal and regulatory responsibilities.
- The design will include consideration of opportunities for workforce training and education (medical and non-medical).
- If a psychiatric emergency department is among the recommendations for the new system, it would not be operated by BHD or located in the current BHD facility.
- The new design will consider the County's current property tax levy expenditures on PES and seek to reduce the amount of those annual expenditures.
- The redesigned system must be implemented on or before the date of outsourcing and relocation of BHD inpatient services slated for late 2020 or early 2021.

Attachment B

BHD MENTAL HEALTH BOARD

COMMUNICATIONS UPDATE

Kane Communications Group Activities // December - January // Updated 1.25.18

Awards and Recognition

2018 Gold AVA Digital Award

BHD's nurse recruitment campaign continues to win awards for its ability to showcase authentic stories of real nurses and drive applicants to apply. In addition to the Platinum MarCom Award, the campaign recently received a gold award for video production and commercial ads from the AVA Digital Award competition.

- The AVA Digital Awards is an international competition that recognizes achievement through concept, direction, design and production of media sponsored and judged by the Association of Marketing and Communication Professionals.
- This year, there were more than 2,500 award entries from around the world, and our nurse recruitment videos were selected as one of only a handful of award winners from Wisconsin.

Nurse Recruitment Campaign

This fall and winter, we continued to support nurse recruitment efforts at BHD via our nurse recruitment marketing campaign - with the goal of continuously driving new leads to our nurse recruiter.

- The goal for the fall/winter campaign was to generate 45 nursing candidate leads in the first six months.
- The campaign has generated more than 50 leads in five months through the campaign website, social media and job fairs combined.

December media coverage:

- Morning Blend - Dec. 19: [Addressing shortages in mental health nursing](#)
- WUWM Lake Effect- Jan. 9 - [Milwaukee County campaign to hire mental health nurses](#)
- BizTimes: Health Care Hero - Dec. 18 issue: [Lauren Hubbard](#)
- Wisconsin Health News - Dec. 22: [Jan. 11 Nursing job fair](#)
- Milwaukee Courier, Neighborhood News Service (NNS)- Dec. 30: [Stop the mental health stigma](#)
- Journal Sentinel - Week of Jan. 10: ["We take care of the whole person" - Lauren Hubbard](#)

Upcoming media and events:

- Alverno College will feature Vie Lucas, BHD nurse, in their alumni magazine
- Neighborhood News Service will feature Lauren Hubbard, a mental health nurse giving back to her community in 53206
- BHD's recruitment ambassadors will be speaking at local colleges:
 - UWM: Monday, Jan. 29
 - UW-Parkside: Tuesday, Jan. 30
 - St. Francis Hospital: Feb. 5 & 6

Community Relations

Light & Unite Red - National Drugs and Alcohol Facts Week | January 22-22, 2018

The Light & Unite Red committee is a prevention-focused committee led by the Milwaukee County Behavioral Health Division with more than 50 community organizations and surrounding health departments. Each year they present National Drugs and Alcohol Facts Week (NDAFW), a national health observance week that aims to increase awareness among teens about substance abuse.

Highlights from the week (at time of this compiled report):

Signs on the highway (partnership with WI DOT):

TMJ4 Phone Bank (Jan. 23, 4 - 7 p.m.):

- TMJ4 received more than 100 calls and text messages (still being counted). These numbers are slightly higher than last year.
- We secured five live spots to share individuals' personal experience with substance use and encourage others to call in
- We secured four stories that aired the day of the phone bank:
 - [How to talk to your children about substance abuse](#)
 - [Franklin High School student teachers peers the dangers of tobacco](#)
 - Two additional stories were used in shorter stories and not available online.

"Written Off" feature film screening and panel discussion talk back (Jan. 25 at the Oriental Theater)

- **SOLD OUT** - 500 tickets reserved
- Panel discussion including Jermaine Reed, Rise and Shine Morning Show, WNOV 860 AM; Michael Lappen, Milwaukee County Behavioral Health Division; Maria Perez, Sixteenth Street Community Health Centers; Mark Fossie, M&S Clinical Services, Inc; Michael Vann, Recovery Support Specialist, Wisconsin Resource Center; Pastor Walter Lanier, Milwaukee Area Technical College Progressive, Baptist Church
- Coverage:
 - [Milwaukee Public Radio's interview with "Written Off" director](#)
 - WNOV 860 AM - promoting throughout the week

Substance use prevention resource fair (Jan. 27 at Southridge Mall)

- 45+ vendors secured to share resources
- Radio spot promoting the event
- FLASH MOB - youth performance planned for 1:30 p.m.

A full report to come, including: website, social, media and community/youth engagement results.

Acute Hospital Transition Communications

- Working on communication plan to announce severance and retention program.
- The Journal Sentinel wrote an article this month on crisis services in Milwaukee County: [How should Milwaukee provide care when mental illness becomes an emergency?](#)



BHD

MILWAUKEE COUNTY
Behavioral
Health
Division

DATE: January 26, 2018

TO: Duncan Shrout, Chairperson, Milwaukee County Mental Health Board

FROM: Mary Jo Myers, Director, Department of Health and Human Services
Approved by Mike Lappen, Administrator, Behavioral Health Division
Prepared by Jennifer Bergersen, Chief Operations Officer, Behavioral Health Division

SUBJECT: Informational Report from the Director, Department of Health and Human Services (DHHS), Identifying BHD's Funding Allocations and Program Efficiencies for Mental Health Programs in Compliance with Ch. 51 of Wisconsin Statutes

Issue

Wisconsin Statute 51.41 (8)(a) requires the Milwaukee County Mental Health Board to submit a report on the funding allocations for mental health programs and services by March 1 every year beginning in 2015.

Per the statute, the report is to include a description of the funding allocations for mental health functions, services and programs as well as describe improvements and efficiencies in these areas. The report is to be provided to the County Executive, Milwaukee County Board of Supervisors and the State Department of Health Services. DHS is to make the report available to the public by posting it to the DHS website.

Discussion

I. Funding Allocations

In compliance with the statute, the table below identifies the 2016 net revenues received by program area for both Inpatient and Community Access to Recovery Services (CARS). As shown in the table, Patient Revenue is nearly half (48%) of all revenue. This is an increase over prior year as CHIPS revenue of \$11M for the Wraparound program was reclassified to patient revenue from State and Federal grants. Patient revenue accounts for 33% of Inpatient's overall revenue and 55% of CARS' overall revenue.

In terms of the split between inpatient and CARS, 55% or \$27.6 million of BHD's total tax levy allocation supports inpatient services. This is a decrease from prior year due to the closure of Rehab Central, the last long term care unit, and a change to account for Community based crisis services in CARS. At the division level, tax levy represents 52% of the funding for Inpatient services and 18% for Community Services.

Milwaukee County Behavioral Health Division
Funding Allocations by Program – 2016 Actuals.

2016 BHD Funding Allocation						
	Patient Revenues	State/Federal Grants	BCA	Other	Tax Levy	Total
Inpatient Hospital	17,862,594	54,208	7,700,026	341,743	27,622,897	53,581,468
Community Services	69,455,375	18,190,229	14,636,560	1,907,105	22,980,543	127,169,812
Total BHD	87,317,969	18,244,437	22,336,586	2,248,848	50,603,440	180,751,280
<i>% of total funding</i>	48%	10%	12%	1%	28%	

2016 Inpatient Funding Allocation						
	Patient Revenues	State/Federal Grants	BCA	Other	Tax Levy	Total
Acute Adult	10,450,568	54,208	-	1,295	18,478,847	28,984,918
CAIS	4,335,730	-	-	100,186	2,779,945	7,215,861
Rehab Hilltop - closed						-
Rehab Central - closed Jan	7,200			272	120,497	127,969
Psychiatry/Fiscal Admin	57,286	-	-	237,190	75,153	369,629
Psych Crisis (ER/Obs only)	3,011,810	-	7,700,026	2,800	6,168,455	16,883,091
Total Inpatient	17,862,594	54,208	7,700,026	341,743	27,622,897	53,581,468
<i>% of Inpatient Funding</i>	33%	0%	14%	1%	52%	

2016 Community Services Funding						
	Patient Revenues	State/Federal Grants	BCA	Other	Tax Levy	Total
MH	18,553,250	8,628,226	12,302,829	346,105	20,539,514	60,369,924
						-
AODA	-	8,203,082	2,333,731	1,091,351	2,698,192	14,326,356
						-
Wraparound	50,902,125	1,358,921	-	469,649	(257,163)	52,473,532
						-
Total Community Services	69,455,375	18,190,229	14,636,560	1,907,105	22,980,543	127,169,812
<i>% of Community Funding</i>	55%	14%	12%	1%	18%	

II. Program and Service Improvements & Efficiencies

BHD has been working diligently to provide outstanding care to its patients while simultaneously making an increased and continual investment in behavioral health services and support in the community. The following narrative, previous SMART Goals chart ([Attachment 1](#)) and slide show ([Attachment 2](#)) describe the strides BHD has achieved in key areas since 2010, including a 70.9 % decrease in psychiatric acute adult inpatient admissions, 51.9 % reduction in emergency detentions and 40.5% reduction in emergency room visits. Please recall there was a decision to sunset the current list of SMART goals in favor of a revised Quality Dashboard.

Community Access to Recovery Services (CARS)

Community Access to Recovery Services (CARS) is the community-based mental health and substance abuse system for adults in Milwaukee County. CARS provides and oversees a variety of services to help adults with behavioral health issues achieve the greatest possible independence and quality of life by assessing individual needs and facilitating access to appropriate community services and supports. CARS is committed to fostering independence, choice, and hope for individuals by creating an array of services that are person-centered, recovery oriented, trauma informed, and culturally intelligent.

Grant Awards

Family Treatment Drug Court

In July of 2017, CARS was awarded a grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to enhance services through the Milwaukee County Family Treatment Drug Court (MCFDTC). This grant proposes to enhance treatment services that focus on increasing access to and the utilization of services that promote parent child bonding; providing access to regular clinical consultation to the MCFDTC team; increasing access to screening and in-home assessments for children; and transitioning MCFDTC clients and their children to Comprehensive Community Services (CCS) for continuity of care. This federal grant is to span five years for a total of \$2,124,330.

State Targeted Response (STR) to the Opioid Crisis Grant

In July of 2017, CARS was awarded a grant from the state of Wisconsin Department of Health Services (DHS) Division of Care and Treatment Services (DCTS) for decreasing waitlists, service denials, or other unmet needs for individuals seeking treatment services for an opioid use disorder. This award was in the amount of \$505,639.

Comprehensive Community Services

Comprehensive Community Services (CCS), which is a Medicaid entitlement that provides a coordinated and comprehensive array of recovery, treatment, and psychosocial rehabilitation services, continues to expand in Milwaukee County. 923 individual adult clients were enrolled and served in CCS throughout 2017 with 695 adults enrolled as of 12/31/17. The BHD Youth Services Division also began enrolling youth into CCS in 2017 and enrolled 34 youth. BHD also continues to expand the network of credentialed providers for the CCS ancillary network, especially for those serving children, youth, and families.

CARS Intake Team

An Integrated Services Manager position was created to be responsible for the oversight of the CARS Intake Team and their duties regarding completion of referrals for CARS services. A restructuring of CARS staff was completed to create efficiencies and focus intake staff duties on assessing referrals for services. This restructuring has allowed for a rapid response to occur in which referrals for services are immediately assigned to an Administrative Coordinator on the Intake Team who will contact the consumer to begin supporting the person and assessing their individual needs. This assessment process, which includes face to face meetings whenever possible, typically begins within 24 hours of receipt of the referral and often even the same day. The Administrative Coordinator can meet with the person in the community at the location where s/he is most comfortable. In addition to a face to face meeting with the client and/or his or her natural supports, the Administrative Coordinator will also collaborate with the referent and other service providers when necessary to get all the pertinent information to make an eligibility determination and recommend an appropriate level of care. With an emphasis on rapid response, efficiency, and meeting individuals in the community, CARS has been able to successfully connect individuals to service within 24-48 hours in many instances.

Reduction in Wait Time to CARS Service

The creation and implementation of the CARS Intake Team, along with some network capacity expansion, has helped to create efficiencies and reduce wait times for CARS services in all non-residential levels of care. All individuals receiving a service at time of referral/intake continue to receive that service until transferred into the new service. Individuals not receiving a service at time of referral/intake will have access to crisis case management, recovery support coordination, and/or outpatient services at a minimum within one business day. Agency providers are required to constantly engage in utilization review of client services to ensure that clients are enrolled in the appropriate level of care. Additionally, CARS management also completes utilization review of clients in all services levels. Lastly, CARS leadership completes reviews to ensure network capacity and make recommendations for increased provider networks when needed. These efforts combined have resulted in reduction of wait times for most levels of care. For example, wait times from intake to admission from the end of 2016 to Quarter 3 2017 decreased for Community Support Program (CSP) from 101 days to 22 days; Targeted Case Management (TCM) 33 days to 15 days; AODA Outpatient from 11 days to 9 days; and CCS from 1.6 days to 0.8 days.

Crisis Redesign

Throughout 2017 many departments at BHD were involved in the Crisis Redesign project to increase efficiencies in program design, utilization and availability of services, productivity, documentation of billable services, and revenues related to crisis case management. A strategic implementation plan was developed to improve documentation infrastructure in the electronic health record (EHR), design of contracted services, and clinical workflows for the expansion of crisis case management utilization across CARS.

In October 2017, the Care Coordination Team changed documentation systems and documented service workflow to increase crisis case management. In December 2017, the CARS Intake Team implemented crisis response plan documentation to capture billable services that are completed by this team. Additionally, electronic reporting was created from the EHR system to monitor staff productivity of the adult Crisis Mobile Team. The prioritization of community-based mobiles, along with reporting capabilities, led to an increased staff productivity for mobile completion from 31% (6/25/17) to 72% (12/31/17). This increase resulted in a 45% billing increase by the Crisis Mobile Team that is expected to result into an additional \$170,000 net revenue for Milwaukee County for 2017.

Crisis Assessment Response Team

In 2017, an expansion of the Crisis Assessment Response Team (CART) occurred to create an additional team consisting of a Crisis Mobile Team clinician and an investigator from the District Attorney's office to respond to individuals who may be experiencing a psychiatric crisis in any location in Milwaukee County. This new team allows CART to provide crisis intervention and outreach services county-wide. This additional expansion of CART began in November and is available 5 days/week.

Crisis Mobile Prevention: Team Connect

In June of 2017, a new initiative to provide prevention services within the community by providing follow-up with individuals post-discharge from BHD Acute Care Units, Psychiatric Crisis Services (PCS), or Observation Unit. Team Connect is intended to provide additional support to individuals to decrease risk of harm, ensure individuals connect/transition to outpatient services, decrease the rate of recidivism, and promote overall wellness. This team consists of Master's level Licensed Clinicians and Certified Peer Specialists who provide additional support via phone and in person when needed. Services provided by Team Connect include but are not limited to assessing current needs, assisting individuals with managing aftercare mental health/substance use/physical care appointments, identifying community resources, creating and/or revising crisis plan and a warm hand off to outpatient service providers.

Day Treatment/Intensive Outpatient Program (IOP)

In 2017, BHD continued working toward expanding the continuum of care to include intensive outpatient programs (IOP). A review of the existing Day Treatment program validated that a more flexible and efficient model of care was warranted. The determination was made to transition the Day Treatment program resources to expand services of the Access Clinic, including an IOP. Plans for this transition were implemented in December 2017 along with an application for DHS 35 Outpatient Mental Health Clinic certification to the State of Wisconsin. The expanded Access Clinic services will provide walk-in crisis assessment, stabilization, and linkage; short term care coordination; brief course Cognitive Behavioral Therapy, "Zero Suicide" practices (risk screening, safety planning, means restriction, follow-

up) and the application of Motivational Interviewing; skills based Intensive Outpatient Programming; bridge, short-term prescriber services; and nursing services.

Children to Young Adult Support & Services/Wraparound Milwaukee

Wraparound Milwaukee is a specialized HMO created to serve the children and families of Milwaukee County with complex needs who meet the designated enrollment criteria. Due to its recognized Practice Model and flexible funding structure, Wraparound Milwaukee became umbrella for the programs listed below. Wraparound Milwaukee receives funding from Medicaid through a capitation rate for all eligible youth. In addition, funding is received through Medicaid for crisis services on a fee-for-service basis. Wraparound Milwaukee pools those dollars with monies from Milwaukee County Delinquency and Court Services Division (DCSD) in the form of as case rate payment for the youth they enroll as well as from the Division of Milwaukee Child Protective Services (DMCPS) for the youth they enroll. There is no tax levy used in Wraparound Milwaukee.

Wraparound Milwaukee has worked progressively over the years to transform their delivery service and to continuously improve and expand all services and supports for children and their families.

Wraparound Milwaukee continues to engage our system partners, such as schools, child protective services, and delinquency services as well as the greater community. In 2017, Wraparound Milwaukee made major improvements in creating a single call line, which provides a person calling in direct access to options counseling followed by an in-home visit when requested to assure families have easier access to enrollment and the assistance they are asking for. Wraparound Milwaukee continuously participates in outreach activities to increase enrollment and we continue to have no waiting list for any of our programs.

Wraparound Milwaukee Enrollees Served	2015	2016	2017 to date*	2017 Projections	% Increase 2015-2016	% Increase 2016-2017
Wraparound	1,066	1,068	981	1024	0%	-4%
REACH	637	691	738	770	8%	11%
Mobile Urgent Treatment Team, # youth SERVED*	2,645	2,659	2,368	2,368	1%	-11%
Mobile Urgent Treatment Team, # youth SEEN*	1,560	1,519	1,506	1,506	-3%	-1%
O-YEAH (Older Youth and Emerging Adult Heroes (transition to adulthood))	201	219	232	232	9%	6%

CORE (Coordinated Opportunities for Recovery & Empowerment)	17	50	70	70	194%	40%
YLOL (Youth Living Out Loud (specialized mentors))	37	52	31	31	41%	-40%
<p>*Mobile Team data is segmented by: # of youth SERVED and # of youth SEEN. SERVED data includes all contact, including phone. SEEN data includes only face-to-face contact. **As of 01/09/2018, billing is complete through 10/2017. Data is reflective through 10/2017 services.</p>						

The Wraparound program had a minimal decrease in enrollments in 2017. As our more preventative programs of REACH and O-YEAH continue to have increased enrollments, the goal to prevent youth from being on a court orders would appear to a step towards success for Wraparound Milwaukee. Also, the decrease in enrollments is due to a lack of an anticipated transition and change for youth at Lincoln Hills.

REACH enrollments continued to increase in 2017 by 11% and the program is expected to be an area of continued growth for Wraparound Milwaukee. One of the FISS (Family Intervention and Support Services) program’s main components is the assessment function. Based on the assessment results, the family is referred to the FISS services unit, DMCPs, DCSD or programs/agencies in the community. FISS assessed 725 youth in 2017. Of those assessed, 379 youth enrolled into FISS and received case management services.

While we need to do further investigation we believe the slight trend in decreased utilization of Mobile Crisis may be a result of efforts put forth over the past couple of years to improve meaningful crisis plans for families and an increase in utilization of Crisis Stabilization, a service in our Provider Network. Other factors could be recent staff turnover as well as increased time and effort devoted to expansion of the Trauma Response Team.

In 2017, O-YEAH enrollments continued to increase by 6% from the previous year. While understanding the ongoing mental health needs of youth and young adults, Wraparound Milwaukee facilitated a Performance Improvement Plan in 2017 that focused on offering transitional support to youth post disenrollment from Wraparound and REACH. The type of transitional support that was offered was both informal, such support through Owen’s Place (community drop-in center for youth) and formal, such as enrollment into O-YEAH.

In 2017, the CORE (Coordinated Opportunities for Recovery and Empowerment) program expanded and added another team, which now consists of four (4) teams total. This program is modeled from the evidence based practice of OnTrackNY that works with youth and young adults who are experiencing their first episode of psychosis. This program demonstrates Wraparound Milwaukee’s largest percentage of growth (increase of 40% from the previous year) from 50 to 70 youth enrolled into the program. Also, in 2017 a staff member was designated to focus on outreach activities and educate the community about the CORE Program. This staff member’s primary focus for outreach is with mental health/behavioral health inpatient services and community services.

Contracted with the City of Milwaukee Health Department, Mobile Urgent Treatment Team implemented a Trauma Response Team at a second Milwaukee Police Department district in 2017. Districts 7 and 5 fund two (2) Mobile Team staff positions. The Trauma Response Team is modeled from the evidence based approach from Yale University in New Haven, Connecticut, which connects children and families to resources and support following a traumatic event.

Through September 2017, the OJJD (Office of Juvenile Justice and Delinquency Prevention) grant continued. The intent of the grant was to enhance the provision of services to child victims of sexual exploitation and/or domestic sex trafficking. This grant opportunity is referred to the YLOL (Youth Living Out Loud) program. Wraparound Milwaukee successfully met and exceeded an established goal of providing services to over 60 youth within the existence of the grant. Prior to the grant ending in September 2017, individualized transitioning planning was implemented for each of the enrollees, which is the reason for the decrease in enrollments (-40% from the previous year).

BHD Inpatient

The recruitment and retention campaign which was developed with the assistance of Kane Communications in order to recruit professional nursing staff for the hospital continued in 2017 and was internationally recognized with a MarCom Platinum Award for excellence. It has been very successful in attracting quality candidates to BHD and has enabled us to use our own nursing staff as ambassadors and experts to help candidates understand what it is like to work at BHD and educate the general public on mental health nursing as a profession.

BHD replaced its Mandt training initiative for staff in managing behaviors with Vistelar, a national organization that emphasizes customer service, relationship building and non-escalation techniques as front line methods to working with clients with acute mental health issues. While initial training consisting of 1-3 days, depending upon job classification, was required, ongoing and sustainability training will be able to be done at the bedside or on the units, working closely with staff 1:1 or in small groups rather than require all staff to go through a one day recertification training every year.

Seclusion and restraint rates have been reduced across all inpatient areas as well as PCS and OBS through 1:1 staff training, quality monitoring and education in the moment at the time of a seclusion or restraint episode. Vistelar training has also impacted these rates through the techniques mentioned previously. This has resulted in increased patient and staff satisfaction as evidenced by an increase in positive ratings for all six survey item domain categories on our MHSIP Consumer Satisfaction Survey for 2017.

Rehabilitation Centers – Closure Hilltop and Central

The shift from BHD institutional care to smaller settings and homes throughout the community has been completed. The Hilltop Program closed in 2014 with all residents transitioning to community-based settings. In addition, Rehabilitation Center-Central completed the discharge of all remaining resident participants on *January 15, 2016*. Continued efforts to define, measure and ensure quality community care and less reliance on institution model continues.

The following Word document contains an updated 2013-2017 BHD Rehab Center Resident Readmission Report through [12/31/17](#).

2013-2017 BHD Admissions by Discharged Rehab Center Residents												
BHD admissions detailed below are from Rehab Center residents discharged after 4/1/13												
Created 1/12/18												
Program	Year	Rehab Center Resident Discharges	Admissions From Discharged Rehab Center Residents								Percent of former Rehab Center Residents with a PCS visit (1)	Percent of former Rehab Center Residents with an Acute Adult Inpatient Readmission (2)
			Crisis Service						Acute Adult Inpatient Service			
			Crisis Mobile		PCS		Observation		Admissions	Unique former Rehab Center residents		
			Admissions	Unique former Rehab Center residents	Admissions	Unique former Rehab Center residents	Admissions	Unique former Rehab Center residents				
Central	2013	18	1	1	2	1	0	0	0	0	5.6%	0.0%
	2014	23	5	5	13	7	3	2	5	3	17.1%	7.3%
	2015	27	9	7	45	12	13	10	8	6	17.6%	8.8%
	2016	1	11	6	29	6	3	3	8	5	8.7%	7.2%
	2017	0	9	4	32	10	2	2	11	6	14.5%	8.7%
Hilltop	2013	9	0	0	1	1	1	1	1	1	11.1%	11.1%
	2014	45	6	2	10	2	4	2	1	1	3.7%	1.9%
	2015	1	8	5	25	8	7	3	0	0	14.5%	0.0%
	2016	0	5	2	12	6	2	2	0	0	10.9%	0.0%
	2017	0	3	2	13	7	2	2	0	0	12.7%	0.0%

Notes:

(1) Percent of residents with a PCS visit formula: Unique former Rehab Center residents with a PCS visit/Rehab Center resident discharges (4/1/13 through end of time period)

(2) Percent of residents with an Acute Adult readmission formula: Unique former Rehab Center residents with an Acute Adult Inpatient Admission/Rehab Center resident discharges (4/1/13 through end of time period)

Recommendation

The DHHS Director, or her designee, requests permission to submit this informational report to the State of Wisconsin Department of Health Services, Milwaukee County Executive and Milwaukee County Board in compliance with Ch. 51 of the Wisconsin Statutes.



 Mary Jo Meyers, Director
 Department of Health and Human Services

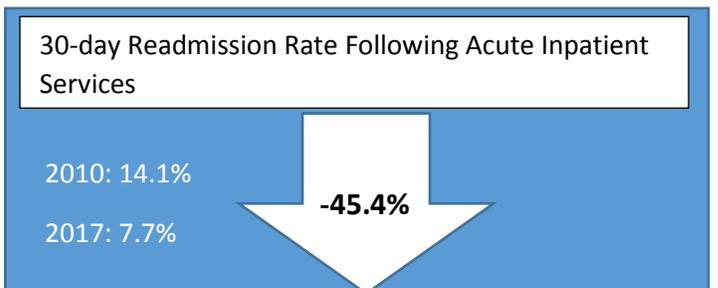
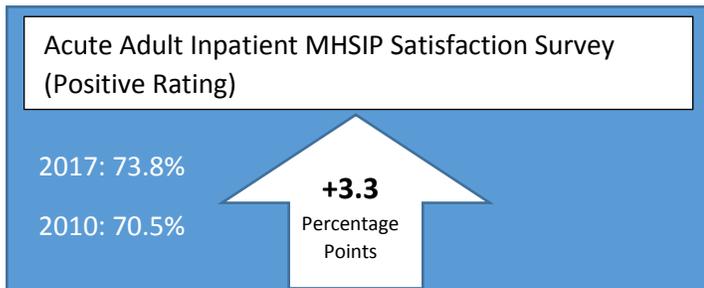
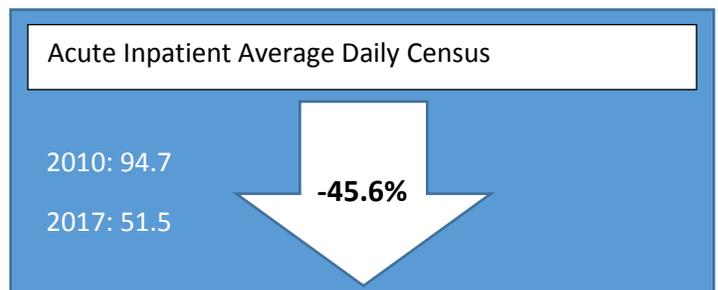
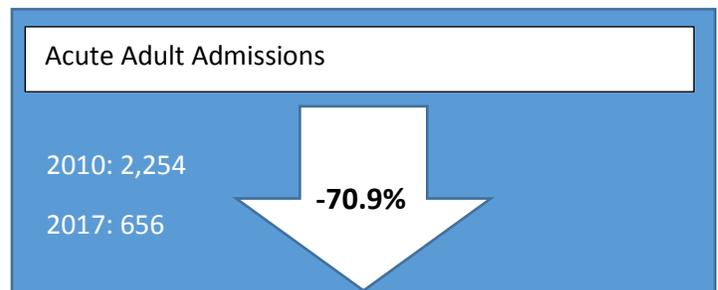
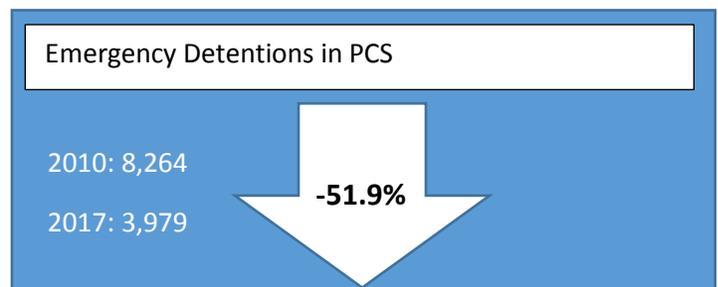
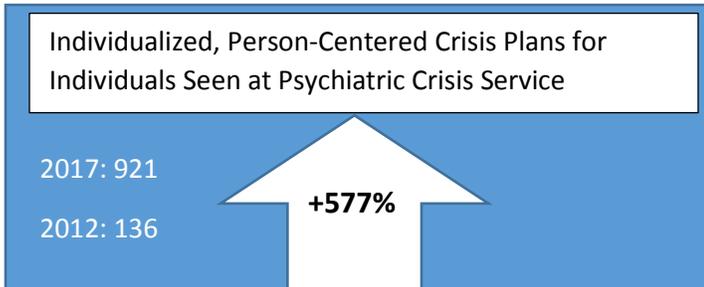
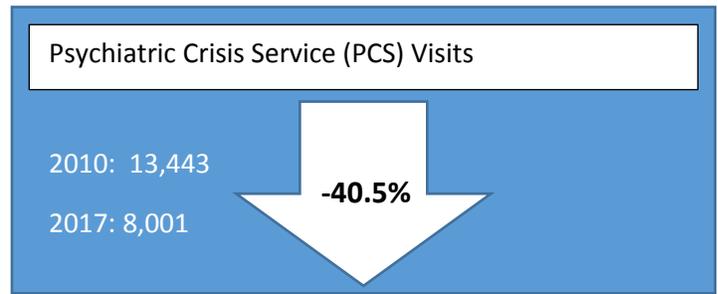
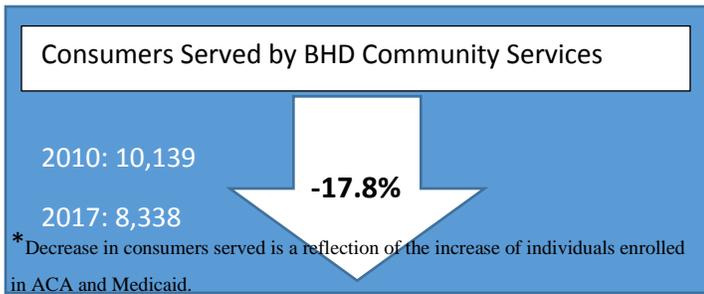
Attachments (2): former SMART Goals chart (Attachment 1) and slide show (Attachment 2)

Cc: County Executive Chris Abele
 Secretary Linda Seemeyer, Department of Health Services (DHS)
 Raisa Koltun, Chief of Staff, County Executive Abele
 Milwaukee County Board of Supervisors
 Milwaukee County Mental Health Board

Attachment 1

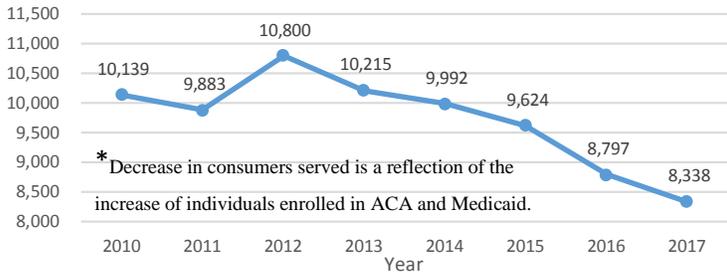
2010-2017 SMART Goal Accomplishments

1/30/18

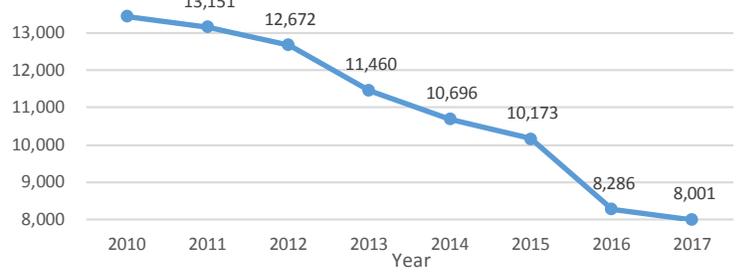


2010-2017 SMART Goal Accomplishments

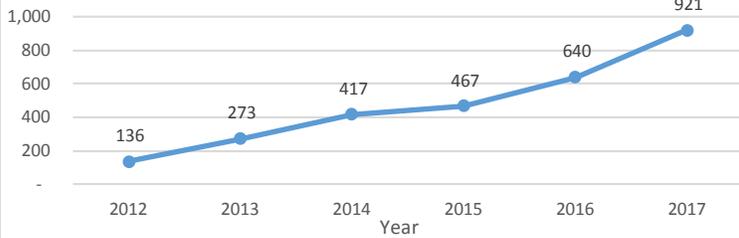
Consumers Served by BHD Community Services



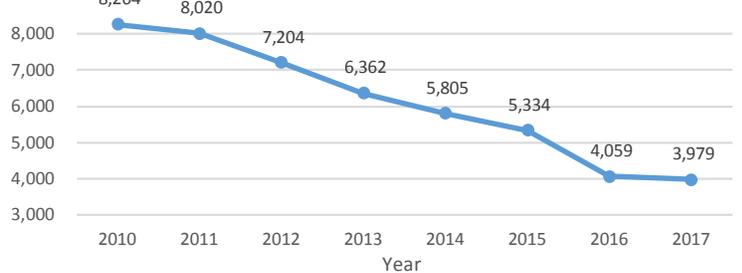
Psychiatric Crisis Service (PCS) Visits



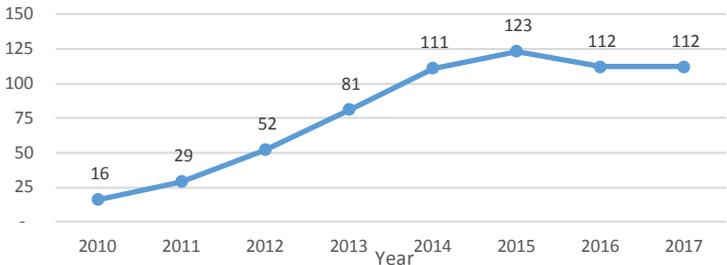
Individualized, Person-Centered Crisis Plans for Individuals Seen at PCS



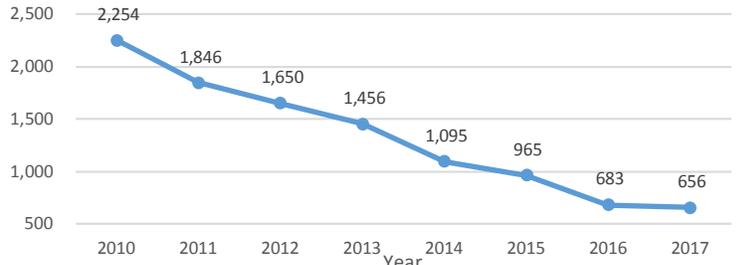
Emergency Detentions in PCS



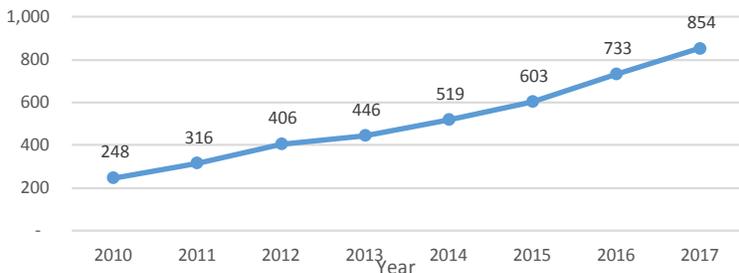
Certified Peer Specialists (Milwaukee County)



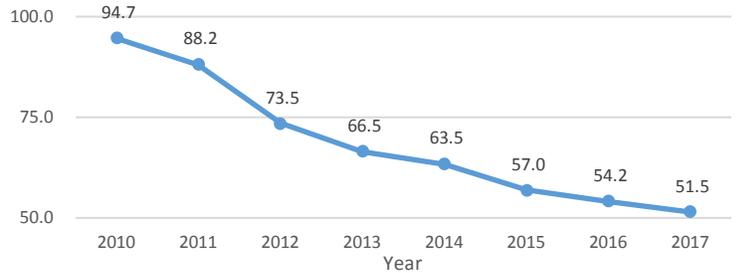
Acute Adult Admissions



Recovery-Oriented Supporting Housing



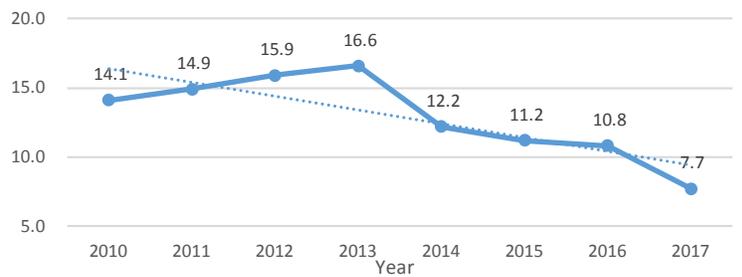
Acute Inpatient Average Daily Census



Acute Adult Inpatient MHSIP Satisfaction Survey (Positive Rating)



Acute Adult 30-Day Readmission Rate



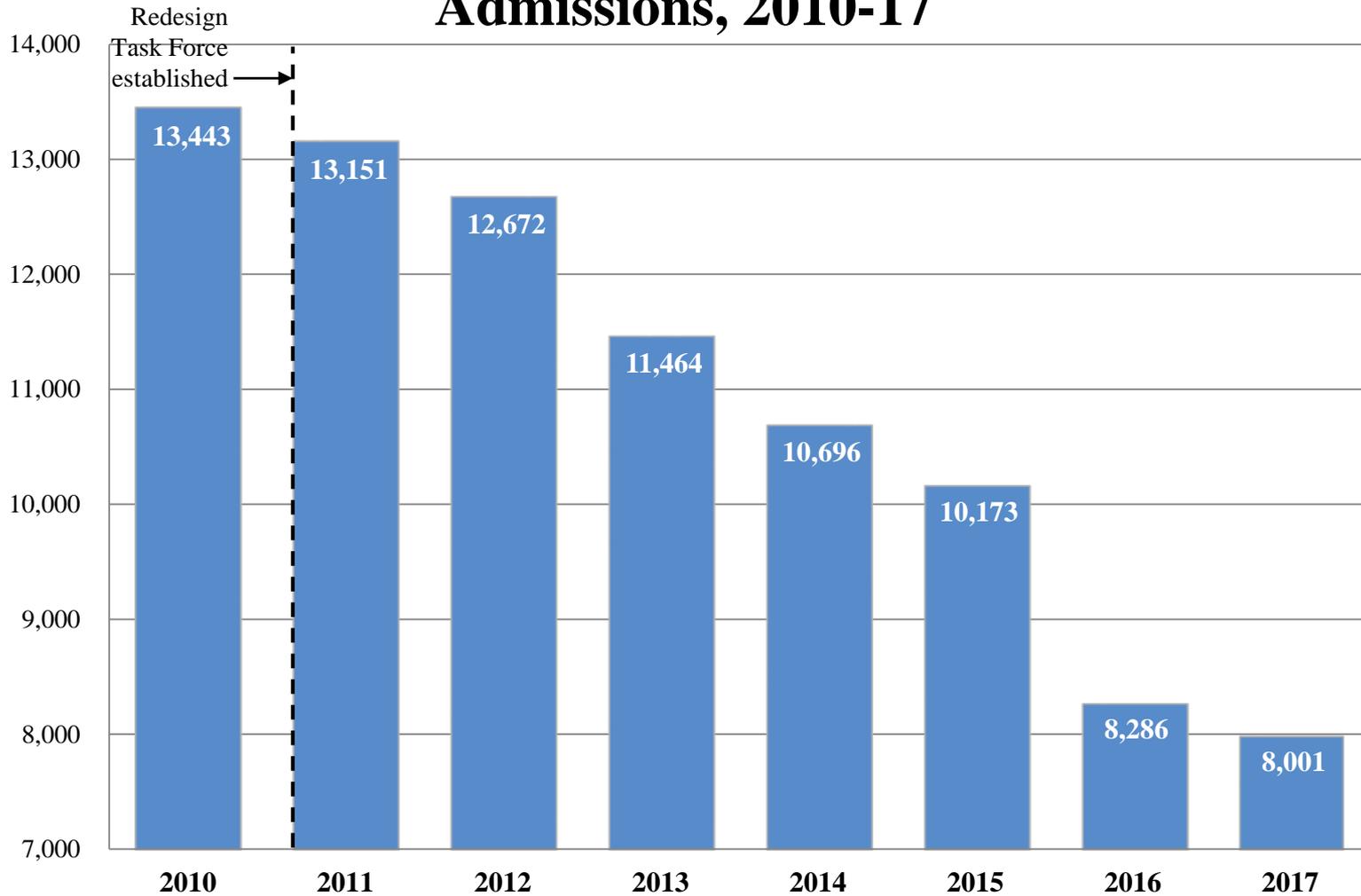
Attachment 2

Data Dashboard

Milwaukee County
Behavioral Health Division

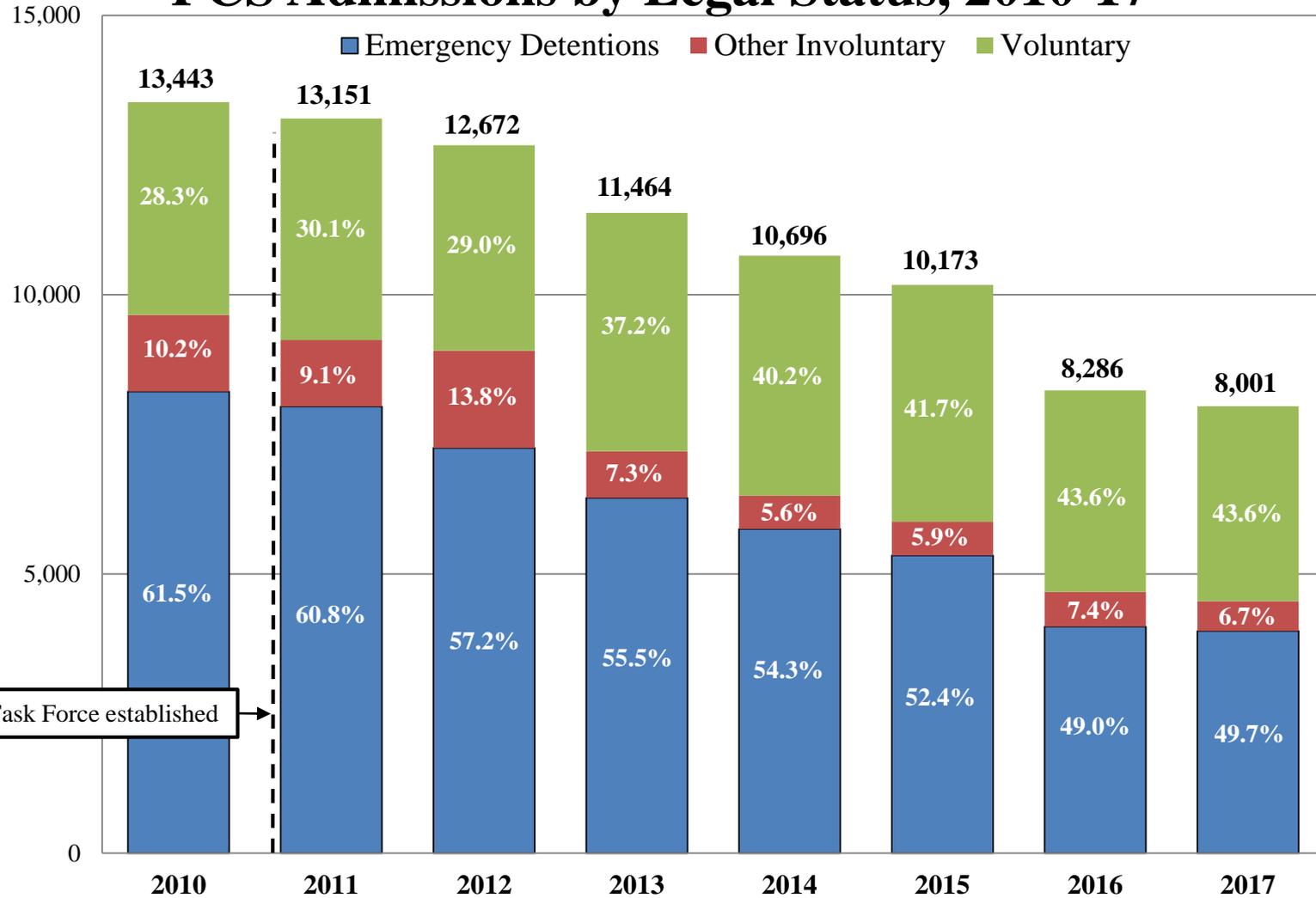
Revised January 24, 2018

Psychiatric Crisis Service (PCS) Admissions, 2010-17



PCS: Psychiatric Crisis Service (Behavioral Health Division emergency department)

PCS Admissions by Legal Status, 2010-17

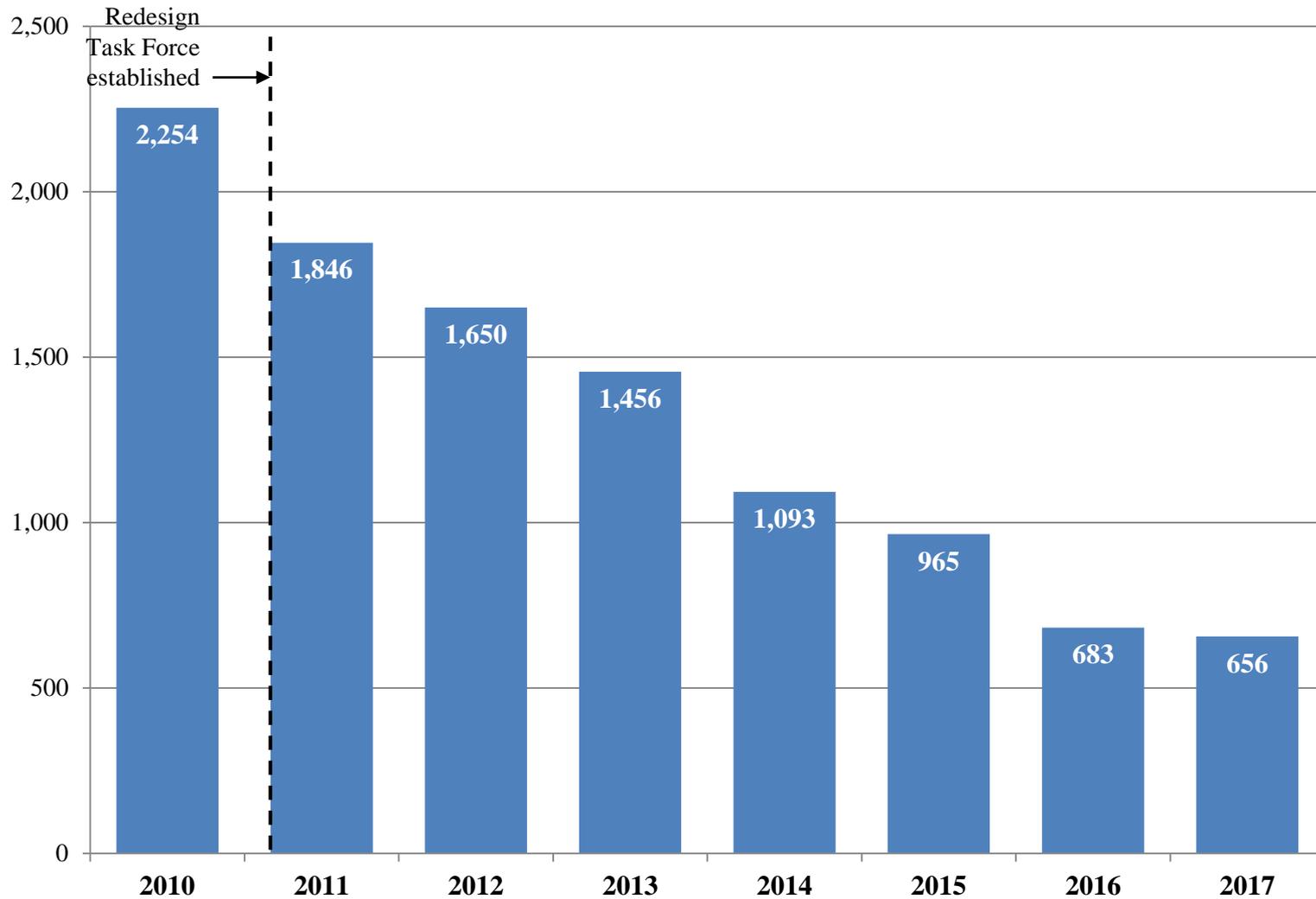


Redesign Task Force established

PCS: Psychiatric Crisis Service (Behavioral Health Division emergency department)

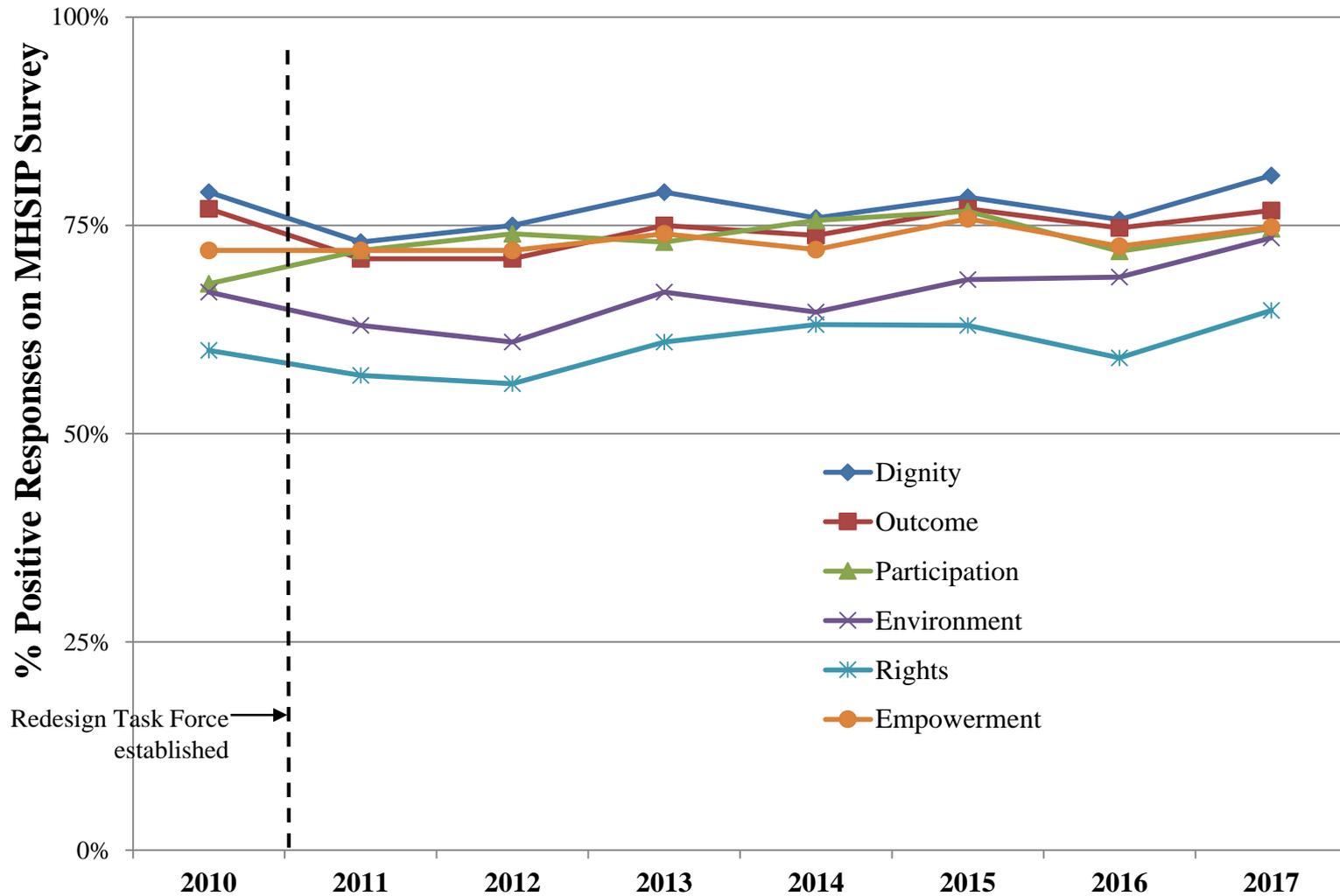
Other Involuntary: Three-Party Petition, Treatment Director Affidavit, Treatment Director Supplement, Re-Detention from Conditional Release, Re-Detention / Not Follow Stipulations

BHD Adult Inpatient Admissions, 2010-17



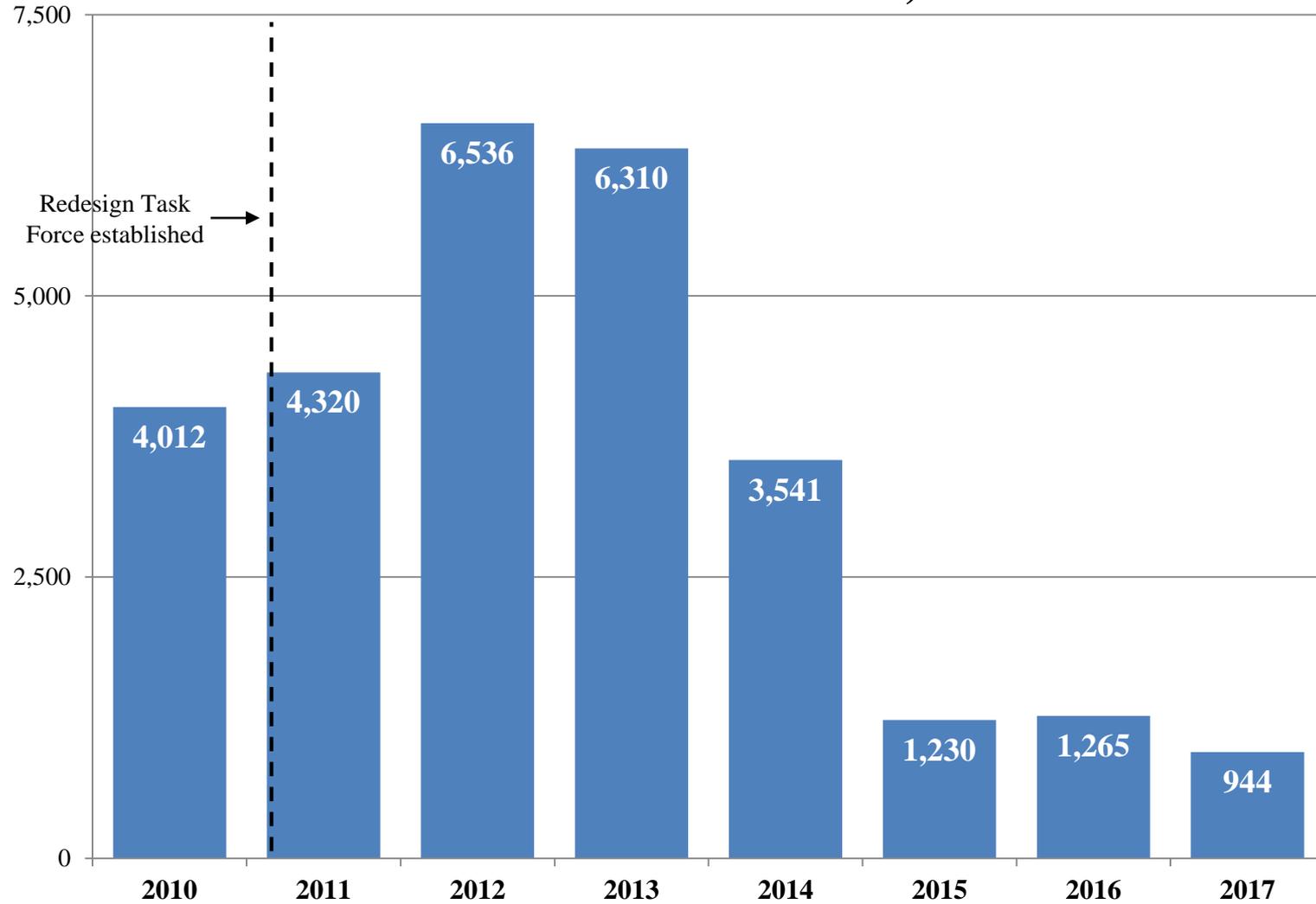
Capacity on BHD inpatient units (Adult & Child/Adolescent) was 108 from 2008-11. Staffed capacity was reduced to 91 in 2012, 78 in 2013, and 64 in 2014. There are three adult units (16, 18, and 18 beds) and one Child/Adolescent unit (12 beds).

BHD Adult Inpatient – Satisfaction, 2010-17



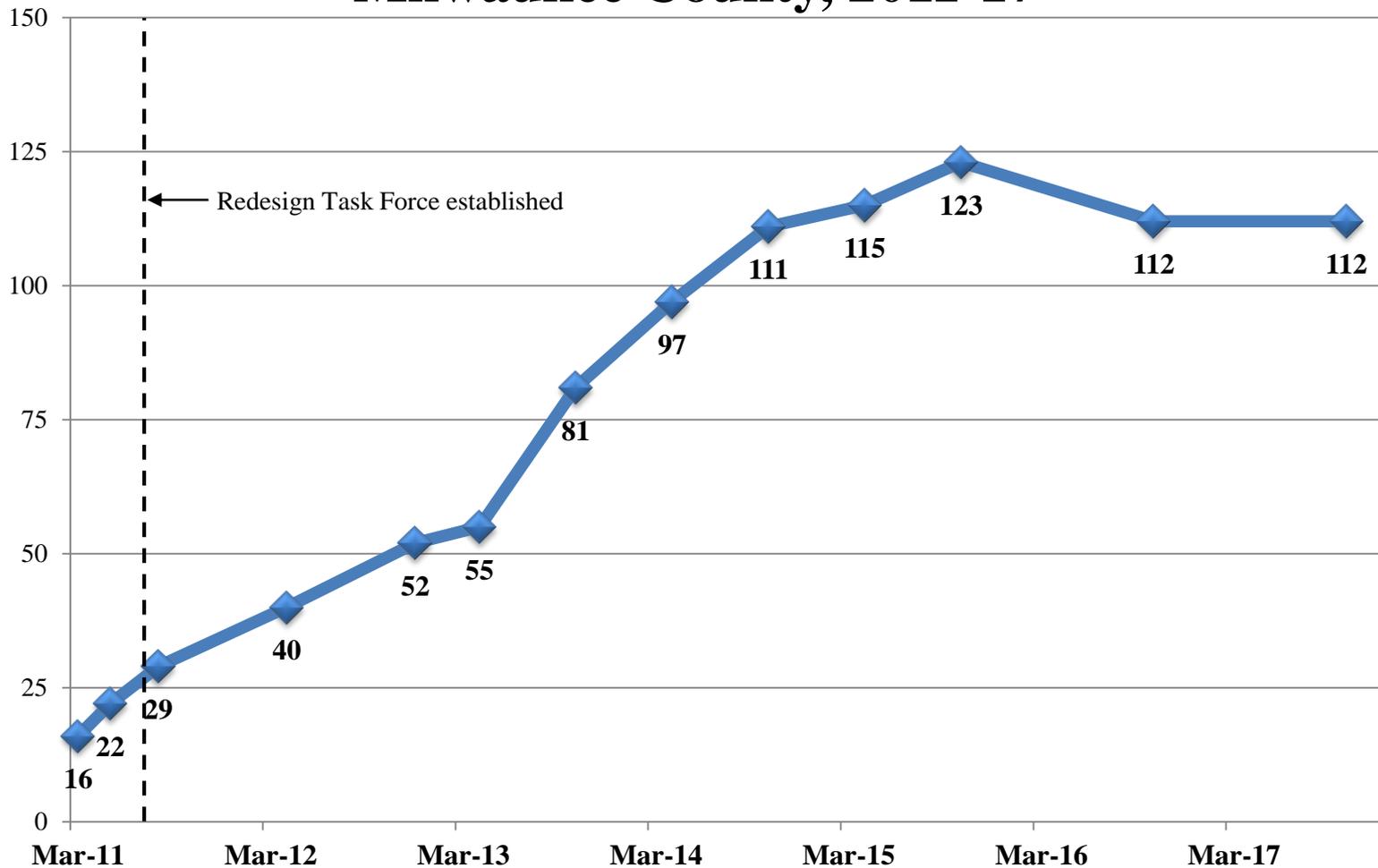
Issues addressed by domain: **Dignity** – respect, recovery-oriented staff; **Outcome** – crisis planning, reduced symptoms, social improvement; **Participation** – engaging community provider(s), involved in discharge planning; **Environment** – atmosphere, privacy, safety, comfort; **Rights** – grievances addressed, safety refusing treatment; **Empowerment** – choice, helpful contact

BHD Access Clinic Utilization, 2010-17



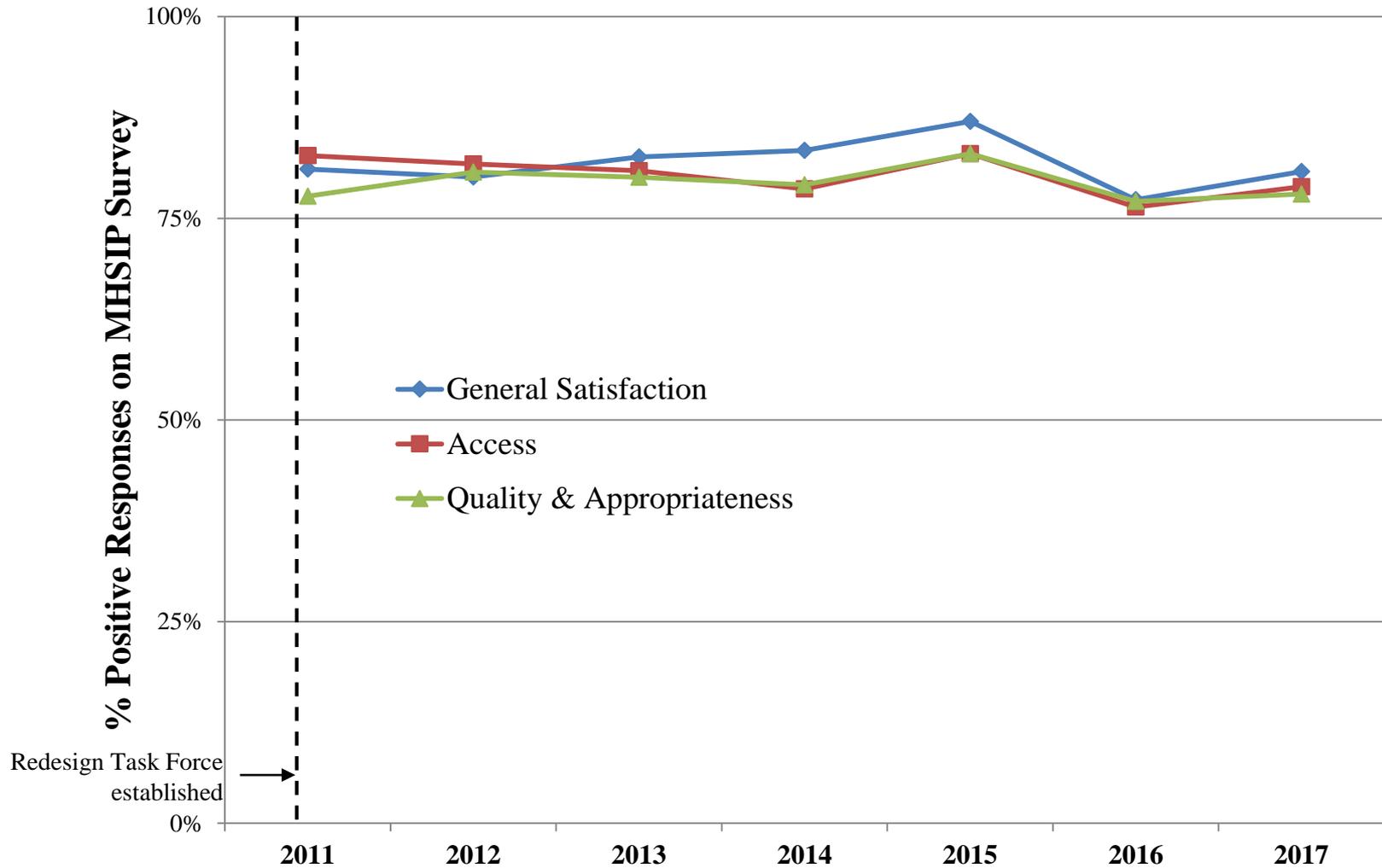
The **Access Clinic** is a walk-in center (located at the Milwaukee County Mental Health Complex) providing mental health assessment and referral for individuals without insurance.

Certified Peer Specialists in Milwaukee County, 2011-17



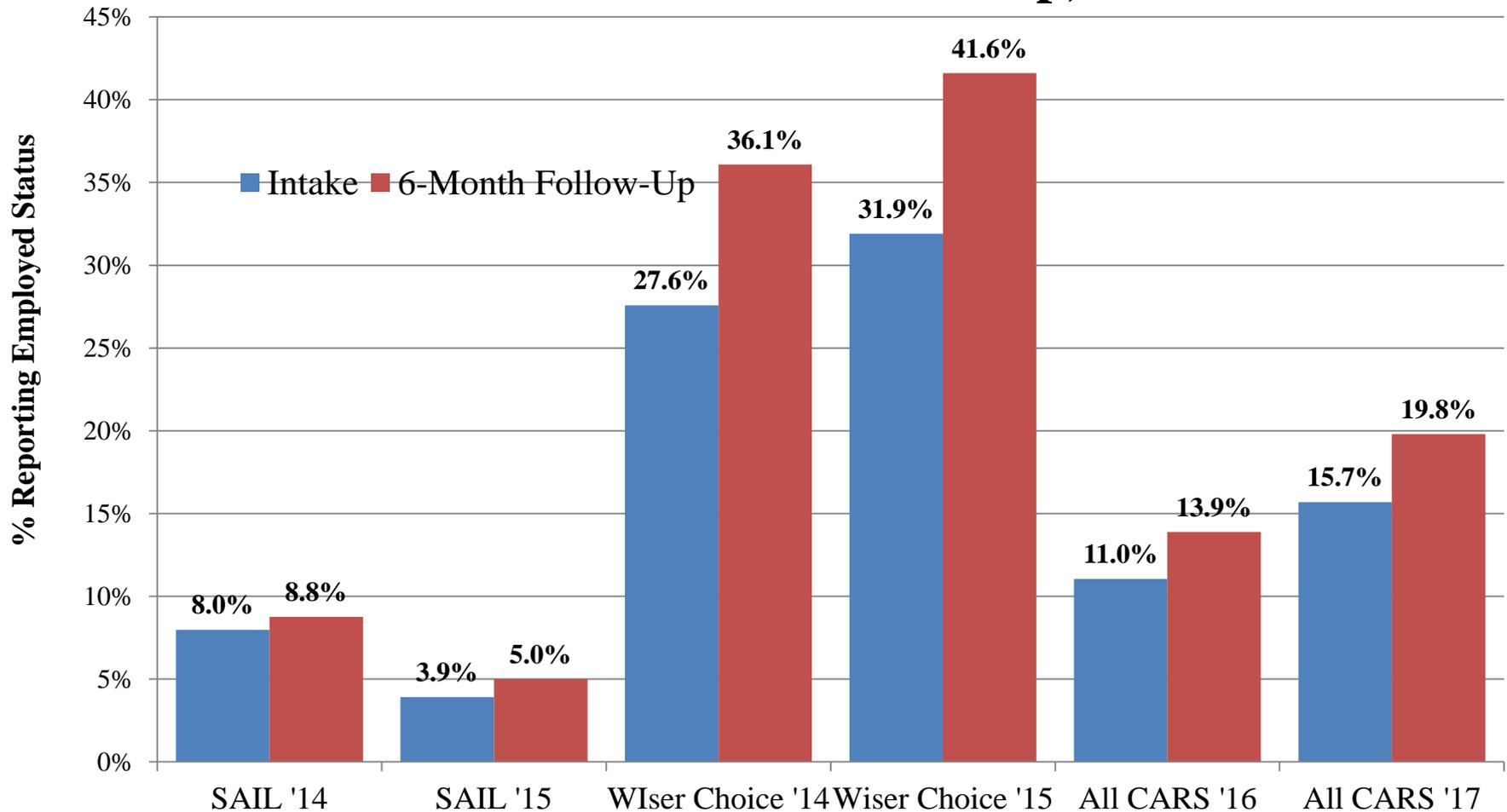
Certified Peer Specialists are individuals with lived experience of mental illness and formal training in the peer specialist model of mental health support. Mental Health America of Wisconsin hosts an online clearinghouse for training, employment, and continuing education opportunities for Certified Peer Specialists at <http://www.mhawisconsin.org/peerpipeline.aspx>.

Community Services – Satisfaction, 2011-17



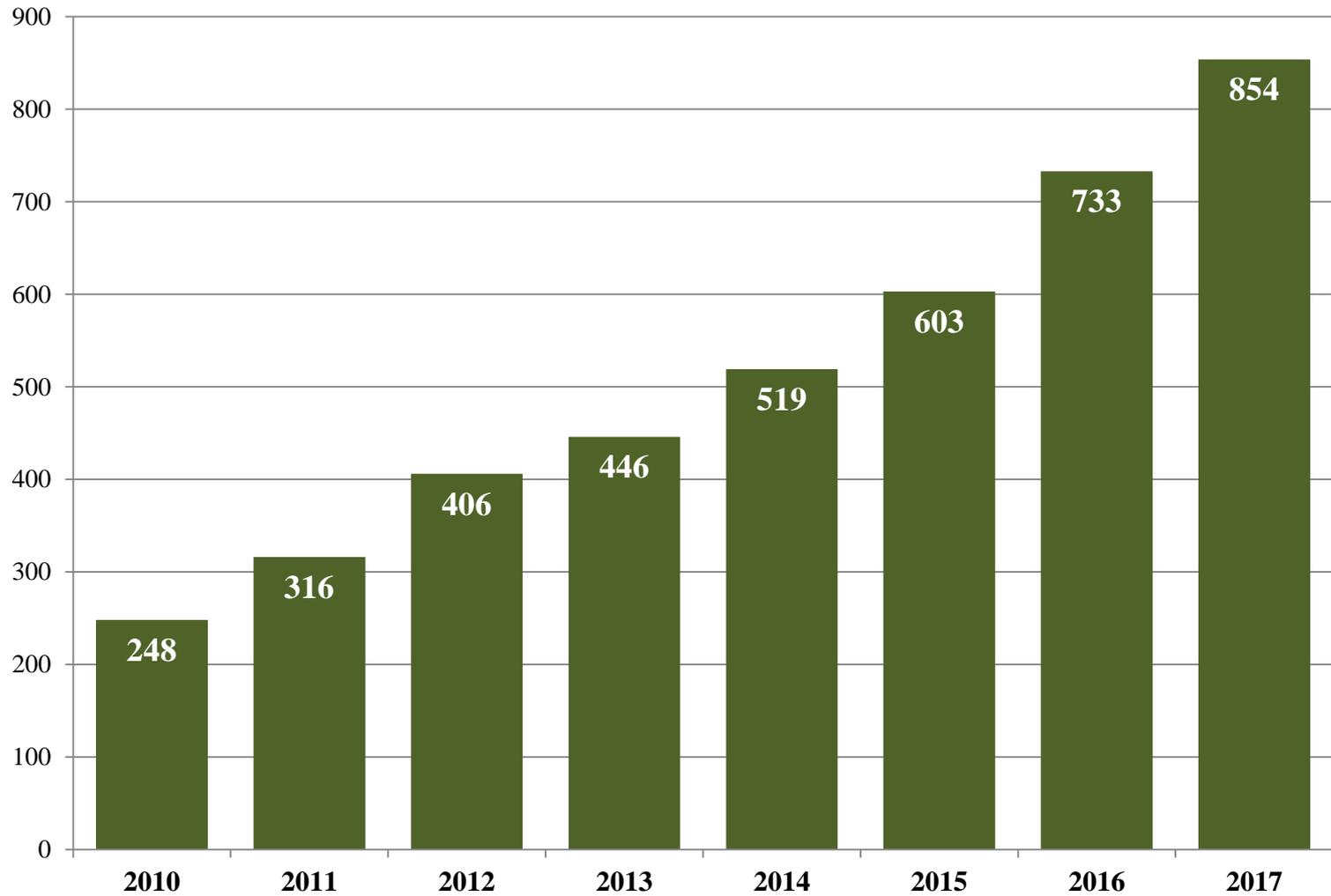
Community Services include case management, day treatment, and group homes funded by Milwaukee County.
MHSIP: Mental Health Statistics Improvement Program

Community Services – Employment Intake & 6-Month Follow-Up, 2014-17



Employed Status for SAIL graphs includes Competitive Employment; Wiser Choice graphs include Full and Part Time. SAIL includes TCM, CSP, Day Treatment, and CBRF services; **Wiser Choice** is substance use treatment. **Employed Status in 2016 and 2017** includes Full and Part Time Employment and Student Status.

Supportive Housing Units, 2010-17



The data represent recovery-oriented, project-based supportive housing. Not depicted are 426 scattered-site Shelter+Care units.

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

DATE: February 1, 2018

TO: Duncan Shrout, Chairperson – Milwaukee County Mental Health Board

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

SUBJECT: **Report from the Acting Director, Department of Health and Human Services, Requesting Authorization to Amend 2017 Professional Services Contracts and Execute a 2018 Professional Services Contract for Program Evaluation, Information Technology, and Crisis Services**

Issue

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health (substance use disorder) with a value of at least \$100,000. No contract or contract adjustment shall take effect until approved by the Milwaukee County Mental Health Board. Per the statute, the Director of the Department of Health and Human Services is requesting authorization for BHD/CARS/Wraparound/Inpatient Hospital to execute mental health and substance use contracts for 2018-2019.

Background

Approval of the recommended contract allocations will allow BHD/CARS/Wraparound/Inpatient Hospital to provide a broad range of rehabilitation and support services to adults with mental health and/or substance use disorders and children with serious emotional disturbances.

Professional Services Contracts

University of Milwaukee Wisconsin

\$14,557

BHD is requesting \$14,557 for program evaluation services provided by University of Milwaukee Wisconsin for BHD as part of the Substance Abuse and Mental Health Service Administration (SMHSA) Federal Grant to expand substance abuse treatment capacity in Family Treatment Drug Court. UWM serves as the site principal investigator. The contract term is from 10/1/2017 – 9/30/2022 and the amount being requested is to cover the remaining amount of the contract period. The total contract amount is \$268,922.

City of West Allis Police Department

\$200,000

BHD is requesting \$200,000 to implement the West Allis Crisis Assessment Response Team in collaboration with the West Allis Police Department. This is a Memorandum of Understanding

(MOU). The role of CART is to respond to behavioral health crises in the City of West Allis. The team is comprised of crisis team clinicians and police officers. CART can respond to situations when police intervention may be needed. The goal of CART is to reduce the number of involuntary hospital admissions in Milwaukee County. The funds are being requested for 2018 and 2019. The total contract amount is \$200,000

NetSmart

\$384,000

BHD is requesting \$384,000 for NetSmart related to EMR Optimization of MyAvatar for period March 1, 2018 – December 31, 2018. This contract amount is an extension of the original approved in 2017. Funds include one Netsmart consultant through October 2018, and another consultant through December 2018. This will complete the identified objectives to ensure the EMR (myAvatar) is poised to support the ongoing efforts in use for both inpatient and community based services. This includes the completion of Optimization work and the transition of daily operations to BHD staff to include ongoing maintenance through the existing NETSMART contract. The funds being requested are for 2018.

Fiscal Summary

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

Vendor Name	Contract Type	2018 Amount	2019 Amount
UWM	Amendment	\$14,557	
West Allis CART	New	\$100,000	\$100,000
Netsmart	Renewal	\$384,000	
Total		\$498,557	\$100,000



 Mary Jo Meyers, Acting Director
 Department of Health and Human Services

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

DATE: February 1, 2018

TO: Duncan Shrout, Chairperson – Milwaukee County Mental Health Board

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

SUBJECT: **Report from the Acting Director, Department of Health and Human Services, Requesting Authorization to Amend 2017 Purchase-of-Service Contracts with a Value in Excess of \$100,000 for the Behavioral Health Division for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services**

Issue

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health (substance use disorder) with a value of at least \$100,000. No contract or contract adjustment shall take effect until approved by the Milwaukee County Mental Health Board. Per the statute, the Director of the Department of Health and Human Services is requesting authorization for BHD/CARS/Wraparound/Inpatient Hospital to execute mental health and substance use contracts for 2017.

Purchase-of-Service Contracts

Wisconsin Community Services, Inc. - \$1,658,410

Milwaukee Mental Health Associates, Inc. - \$1,747,013

In August 2017, the Milwaukee County Mental Health Board approved increased contract and CSP capacity for WCS and MMHA. BHD is requesting additional funds to reimburse the two providers for Medicaid revenue received for CSP services provided in FY2017. The WCS amount represents an increase of \$160,000 over the previously approved amounts while the MMHA amount of \$1,885,931 represents an increase of \$90,000 over previously approved amounts.

La Causa, Inc. - \$260,000

BHD is requesting a \$10,000 increase to Medicaid passthrough funds related to CLASP services provided in FY 2017. The new total FY 2017 amount is \$260,000.

Fiscal Summary

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

Vendor Name	New/Amendment/Renewal/Extension/Existing Contract	2018 Amount
Wisconsin Community Services, Inc.	Amendment	\$1,681,854
Milwaukee Mental Health Associates, Inc.	Amendment	\$1,885,931
La Causa, Inc.	Amendment	\$280,000
Total		\$9,241,294



 Mary Jo Meyers, Acting Director
 Department of Health and Human Services

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: February 1, 2018

TO: Duncan Shrout, Chairperson – Milwaukee County Mental Health Board

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

SUBJECT: **Report from the Acting Director, Department of Health and Human Services, Requesting Authorization to Execute 2018 Purchase-of-Service Contracts with a Value in Excess of \$100,000 for the Behavioral Health Division for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services**

Issue

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

Background

Approval of the recommended contract allocations will allow BHD/CARS/Wraparound/Inpatient Hospital to provide a broad range of rehabilitation and support services to adults with mental health and/or substance use disorders and children with serious emotional disturbances.

Purchase-of-Service Contracts

Bell Therapy, Inc. - \$879,084

Bell Therapy, Inc. does the Community Support Services program, which is a community based service for those with severe and persistent mental illness designed to allow individuals to maintain as much independence in the community as possible. The funds being requested are funds for Medicaid revenue. Medicaid claims are submitted to BHD, who then submits the claims to Medicaid using the Milwaukee County NPI number. The payment to the provider will be equal to the Medicaid revenue received for the services provided by the agency, minus a 5% administrative fee. The funds are being requested for 2018. This is in addition to the \$627,167 purchase of service funds already approved for Bell Therapy CSP.

Outreach Community Health Centers, Inc. - \$474,856

Outreach Community Health Centers, Inc. does the Community Support Services program, which is a community based service for those with severe and persistent mental illness designed to allow individuals to maintain as much independence in the community as possible. The funds being requested are funds for Medicaid revenue. Medicaid claims are submitted to BHD, who then submits the claims to Medicaid using the Milwaukee County NPI number. The payment to the provider will be equal to the Medicaid revenue received for the services provided by the agency, minus a 5% administrative fee. The funds are being requested for 2018. This is in addition to the \$606,307 purchase of service funds already approved for Outreach Community Health Center CSP services.

Outreach Community Health Centers, Inc. - \$360,500

Outreach Community Health Centers, Inc. provides outpatient mental health counseling services to uninsured individuals who are seen at the Access Clinic and require immediate short term mental health counseling and prescribing services. The funds are being requested for 2018.

Project Access, Inc. - \$1,233,131

Project Access, Inc. does the Community Support Services program, which is a community based service for those with severe and persistent mental illness designed to allow individuals to maintain as much independence in the community as possible. The funds being requested are funds for Medicaid revenue. Medicaid claims are submitted to BHD, who then submits the claims to Medicaid using the Milwaukee County NPI number. The payment to the provider will be equal to the Medicaid revenue received for the services provided by the agency, minus a 5% administrative fee. The funds are being requested for 2018. This is in addition to the \$1,368,209 purchase of service funds already approved for Project Access CSP services.

Wisconsin Community Services, Inc. - \$1,681,854

Wisconsin Community Services, Inc. does the Community Support Services program, which is a community based service for those with severe and persistent mental illness designed to allow individuals to maintain as much independence in the community as possible. The funds being requested are funds for Medicaid revenue. Medicaid claims are submitted to BHD, who then submits the claims to Medicaid using the Milwaukee County NPI number. The payment to the provider will be equal to the Medicaid revenue received for the services provided by the agency, minus a 5% administrative fee. The funds are being requested for 2018. This is in addition to the \$1,315,677 purchase of service funds already approved for Wisconsin Community Services CSP.

Milwaukee Center for Independence, Inc. - \$1,326,993

Milwaukee Center for Independence, Inc. does the Community Support Services program, which is a community based service for those with severe and persistent mental illness designed to allow individuals to maintain as much independence in the community as possible. The funds being requested are funds for Medicaid revenue. Medicaid claims are submitted to

BHD, who then submits the claims to Medicaid using the Milwaukee County NPI number. The payment to the provider will be equal to the Medicaid revenue received for the services provided by the agency, minus a 5% administrative fee. The funds are being requested for 2018. This is in addition to the \$1,207,580 purchase of service funds already approved for MCFI CSP services.

Milwaukee Mental Health Associates, Inc. - \$1,885,931

Milwaukee Mental Health Associates, Inc. does the Community Support Services program, which is a community based service for those with severe and persistent mental illness designed to allow individuals to maintain as much independence in the community as possible. The funds being requested are funds for Medicaid revenue. Medicaid claims are submitted to BHD, who then submits the claims to Medicaid using the Milwaukee County NPI number. The payment to the provider will be equal to the Medicaid revenue received for the services provided by the agency, minus a 5% administrative fee. The funds are being requested for 2018. This is in addition to the \$1,377,758 purchase of service funds already approved for MMHA CSP services.

La Causa, Inc. - \$280,000

La Causa, Inc. does the Community Linkage and Stabilization Program (CLASP). CLASP provides post-hospitalization extended support and treatment designed to support an individual's recovery, increase ability to function independently in the community, and reduce incidents of emergency room contacts and re-hospitalizations. The funds being requested are funds for Medicaid revenue. Medicaid claims are submitted to BHD, who then submits the claims to Medicaid using the Milwaukee County NPI number. The payment to the provider will be equal to the Medicaid revenue received for the services provided by the agency, minus a 5% administrative fee. The funds are being requested for 2018. This is in addition to the \$404,174 already approved for La Causa CLASP.

Milwaukee Center for Independence, Inc. - \$386,000

Milwaukee Center for Independence, Inc., is the Crisis Resource Center. The Crisis Resource Center serves adults with mental illness and may include individuals with co-occurring substance use disorder who are experiencing psychiatric crisis and is an alternative to hospitalization. The funds being requested are funds for Medicaid revenue. Medicaid claims are submitted to BHD, who then submits the claims to Medicaid using the Milwaukee County NPI number. The payment to the provider will be equal to the Medicaid revenue received for the services provided by the agency, minus a 5% administrative fee. The funds are being requested for 2018. This is in addition to the \$1,480,000 already approved for the CRC Programs.

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

Milwaukee Center for Independence, Inc. does the Winged Victory program. Winged Victory assists individuals in accessing, applying for, and maintaining disability benefits. They help eligible consumers navigate Medicaid, and Social Security. The funds are being requested for 2018.

Moving Families Forward, Inc. - \$225,000

Moving Families Forward, Inc. was awarded the Family Engagement and Advocacy contract as part of the Request for Proposal process. Family Engagement and Advocacy services are provided to support and advocate for families enrolled in and/or receiving support from Wraparound Milwaukee. The service helps families to understand and exercise their rights to secure specialized mental health supports and other services for their child with complex behavioral and mental health needs. The family engagement and advocacy services ensure the provision of family-driven, youth-guided, community based care utilizing the Wraparound philosophy.

Fiscal Summary

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

Vendor Name	Program	Contract Type	2018 Purchase of Service	2018 Medicaid Pass Through Funding
Bell Therapy, Inc.	Community Support Program	Amendment	\$627,167	\$879,084
Outreach Community Health Centers, Inc.	Outpatient Mental Health Services	Amendment	\$360,500	
Outreach Community Health Centers, Inc.	Community Support Program	Amendment	\$606,307	\$474,856
Project Access, Inc.	Community Support Program	Amendment	\$1,368,209	\$1,233,131
Wisconsin Community Services, Inc.	Community Support Program	Amendment	\$1,315,677	\$1,681,854
Milwaukee Center for Independence, Inc.	Community Support Program	Amendment	\$1,207,580	\$1,326,993
Milwaukee Mental Health Associates, Inc.	Community Support Program	Amendment	\$1,377,758	\$1,885,931
La Causa, Inc.	Community Support Program	Amendment	\$404,714	\$280,000
Milwaukee Center for Independence, Inc.	Winged Victory	Renewal	\$331,984	
Moving Families Forward, Inc.	Family Engagement and Advocacy	New	\$225,000	
Milwaukee Center for Independence, Inc. dba Whole Health Medical	Crisis Resource Center	Amendment	\$1,480,000	\$386,000
Total			\$9,304,896	\$8,147,849



 Mary Jo Meyers, Acting Director
 Department of Health and Human Services

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

DATE: January 16, 2018

TO: Duncan Shrouf, Chairperson – Milwaukee County Mental Health Board

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

SUBJECT: **Report from the Acting Director, Department of Health and Human Services, Requesting Authorization to Amend 2017 Fee-for-Service Agreements and Execute 2018 Fee-for-Service Agreements with a Value in Excess of \$100,000 for the Behavioral Health Division for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services**

Issue

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

Background

Approval of the recommended contract allocations will allow BHD/CARS/Wraparound/Inpatient Hospital to provide a broad range of rehabilitation and support services to adults with mental health and/or substance use disorders and children with serious emotional disturbances.

Fee-for-Service Agreements

Chileda Insitute, Inc. - \$150,000

This agency provides behavioral health and/or social services for Wraparound Milwaukee Program serving children/youth and their families. These funds are being requested for 2018.

Crossroads Behavioral Health Services- \$118,260

This agency provides Bridge Housing for CARS consumers. These funds are being requested for 2018.

Revive Youth and Family Services, LLC - \$63,294

This agency provides group home services for Wraparound Milwaukee Program serving children/youth and their families. These funds are being requested for 2018.

SaintA, Inc. - \$80,000

This agency provides behavioral health and/or social services for Wraparound Milwaukee Program serving children/youth and their families. These funds are being requested for 2018.

MD Therapy - \$228,698

This agency provides youth CCS, Therapy and other services for Wraparound Milwaukee Program serving children/youth and their families. These funds are being requested for 2018.

Teen Living Center - \$150,000

This agency provides behavioral health and/or social services for Wraparound Milwaukee Program serving children/youth and their families. These funds are being requested for 2018.

Wisconsin Community Services - \$1,367,924

This agency provides behavioral health and/or social services for CARS consumers. These funds are being requested for 2018.

Fiscal Summary

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

Vendor Name	New/Amendment/Renewal/Existing Contract	2018 Amount
Chileda Institute, Inc.	Renewal	\$150,000
Crossroads Behavioral Health Services	New	\$118,260
Revive Youth and Family Services, LLC	Renewal	\$63,294
SaintA, Inc.	Amendment	\$80,000
MD Therapy	Amendment	\$228,698
Teen Living Center	Amendment	\$150,000
Wisconsin Community Services, Inc.	Amendment	\$1,367,924
Total		\$2,158,176



Mary Jo Meyers, Acting Director
Department of Health and Human Services

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: February 1, 2018

TO: Duncan Shrout, Chairperson – Milwaukee County Mental Health Board

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

SUBJECT: Report from the Acting Director, Department of Health and Human Services, Requesting authorization to Amend 2017 Contracts with the State of Wisconsin for Social Services and Community Programs

Issue

Sections 46.031 and 49.325 of the Wisconsin Statutes require counties to execute annual contracts with the State Departments of Health Services (DHS) and Children and Families (DCF) for Social Services and Community Programs. The contracts, referred to as Community Aids, provide State and Federal funding for county services to persons with mental illness, disabilities, and substance abuse problems, and to juvenile delinquents and their families as mandated by State and/or Federal law.

The Director, Department of Health and Human Services (DHHS), is therefore requesting authorization to sign the 2017 contract amendment for Substance Abuse Treatment for Temporary Assistance to Needy Families. These services provide AODA support to pregnant women and families with one or more dependent children.

Background

In June, the Milwaukee County Mental Health Board approved \$38,138,433 in revenue related to State of Wisconsin Social Services and Community Programs. In July, Milwaukee County received notification of an award of \$505,639 in State Targeted Response to the Opioid Crisis (STR) funding for a period beginning in July 2017 and ending in April 2018.

Below is a summary of anticipated State Community Aids revenue at BHD for FY 2017:

**CY 2017 State/County Social Services/Community Program
Final Revenue Allocation Compared to the 2017 Budget**

	2017 BHD Budget	2017 Final State Allocation	Variance from Budget
Basic County Allocation			
DHS Community Aids	22,336,586	22,336,586	-
Earmarked Revenues			
Community Mental Health Allocation	7,780,317	7,780,317	-
Mental Health Block Grant	640,910	640,910	45,004
TANF	4,394,595	4,394,595	-
AODA Block Grant	2,431,021	2,431,021	-
IV Drug	500,000	510,000	10,000
STR	-	505,639	505,639
Subtotal BHD earmarked Revenues	15,746,843	16,262,482	515,639
 Grand Total Revenue	 38,083,429	 38,599,068	 515,639

Recommendation

It is recommended that the Mental Health Board authorize the Director, Department of Health and Human Services, to execute the amended 2017 Social Services and Community Programs contracts from the State Departments of Health Services and Children and Families, and any addenda to those contracts, in order for the County to obtain the State Community Aids revenue. The 2017 Social Services and Community Programs contracts provide total revenue of \$38,599,068.



 Mary Jo Meyers, Acting Director
 Department of Health and Human Services

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: February 1, 2018

TO: Duncan Shrout, Chairperson – Milwaukee County Mental Health Board

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

SUBJECT: Report from the Acting Director, Department of Health and Human Services, Requesting Authorization Amend 2018 Contracts with the State of Wisconsin for Social Services and Community Programs

Issue

Sections 46.031 and 49.325 of the Wisconsin Statutes require counties to execute annual contracts with the State Departments of Health Services (DHS) and Children and Families (DCF) for Social Services and Community Programs. The contracts, referred to as Community Aids, provide State and Federal funding for county services to persons with mental illness, disabilities, and substance abuse problems, and to juvenile delinquents and their families as mandated by State and/or Federal law.

The Director, Department of Health and Human Services (DHHS), is therefore requesting authorization to sign the 2018 contract amendment for Substance Abuse Treatment for Temporary Assistance to Needy Families. These services provide AODA support to pregnant women and families with one or more dependent children.

Background

Below is a summary of anticipated State Community Aids revenue at BHD:

**CY 2018 State/County Social Services/Community Program
Final Revenue Allocation Compared to the 2018 Budget**

	2018 BHD Budget	2018 Final State Allocation	Variance from Budget
Basic County Allocation			
DHS Community Aids	22,336,586	22,336,586	-
Earmarked Revenues			
Community Mental Health Allocation	7,780,317	7,780,317	-
Mental Health Block Grant	640,910	640,910	-
TANF	4,394,595	4,394,595	-
AODA Block Grant	2,431,021	2,431,021	-
IV Drug	510,000	510,000	-
Subtotal BHD earmarked Revenues	15,756,843	15,756,843	-
 Grand Total Revenue	 38,093,429	 38,093,429	 -

Recommendation

It is recommended that the Mental Health Board authorize the Director, Department of Health and Human Services, to execute the amended 2018 Social Services and Community Programs contracts from the State Departments of Health Services and Children and Families, and any addenda to those contracts, in order for the County to obtain the State Community Aids revenue. The 2018 Social Services and Community Programs contracts provide total revenue of \$38,093,429.



Mary Jo Meyers, Acting Director
Department of Health and Human Services

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

DATE: January 24, 2018

TO: Duncan Shrout, Chairperson, Milwaukee County Mental Health Board

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

SUBJECT: A Report from the President of the Medical Staff Organization Requesting Approval of Changes to the Behavioral Health Division Medical Staff Organization Rules and Regulations

Background

Under Wisconsin and Federal regulatory requirements, the Medical Staff Organization must develop and adopt Bylaws, Rules and Regulations. After adoption or amendment by the Medical Staff Organization, it is also required that these governing documents, and any changes thereto, be presented to the Governing Authority for action. All Bylaws and Rules and Regulations amendments become effective only upon Governing Authority approval. In accordance with Joint Commission standard MS.01.01.03 and CMS CoP §482.12(a)(4), neither the organized medical staff or the governing body may unilaterally amend the Medical Staff Bylaws or Rules and Regulations. As is permitted, the Bylaws grant authority to the Medical Staff Executive Committee (MEC) to adopt rules and regulations on behalf of the Medical Staff Organization, with appropriate advance notification to medical staff members. The required advance notification was provided on January 12, 2018 followed by one additional change and notification on January 18, 2017 prior to approval by the MEC.

Discussion

The following is a summary of notable changes proposed and approved by the Medical Executive Committee:

SCOPE & REASON FOR CHANGE
<p>Rules and regulations that pertained only to the Rehabilitation Centers (long-term-care) facilities were deleted.</p> <p><u>Section 2.2 – Electronic Medical Records (EMR):</u> Language that was not specific to Medical Staff but pertained to all EMR users was deleted, i.e., access, record retention, password protections.</p> <p><u>Section 2.6 - Authentication, Subsection 2.6.3.3</u> Elimination of attending physician counter-signature requirements for orders written by medical and advanced practice students, since EMR student roles do not currently allow student orders</p>

Section 2.8 – Medical Record Deficiencies

Change in discharge summary completion requirement from 30 days, which is the regulated requirement, to trigger the delinquency notification process if a discharge summary remains incomplete after 14 days.

Section 3.1 – General Professional Responsibilities

3.1.4.1 Newly added - If a cell phone is utilized, meaningful Milwaukee County and BHD business shall not be conducted by text messaging.

(Implemented pending development of formal County-wide policy by Corporation Counsel)

Section 3.3 – Treatment Orders

Amendments to language made to ensure and clarify rules that address written documentation versus those entered directly into the EMR for verbal/telephone orders, questioned orders, medication order renewals, automatic stop orders and standing orders.

Section 3.6 – Consultations

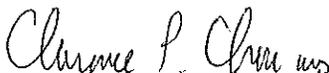
Language added, including examples, regarding circumstances under which treating medical staff should obtain consultations and required authentication and entry of reports within the EMR.

All MEC approved amendments are attached. Full copy of the Rules and Regulations redline document shall be available at the Board meeting or in advance upon request should there be any questions regarding changes.

Recommendation

It is recommended that the Milwaukee County Mental Health Board approve the Rules and Regulations, as amended and adopted by the Medical Staff Executive Committee, on behalf of the Medical Staff Organization on January 17, 2018 and January 23, 2018.

Respectfully Submitted,



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

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

Attachment

1 BHD Medical Staff Organization Rules and Regulations – MEC Approved Amendments

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION MEDICAL STAFF ORGANIZATION

RULES AND REGULATIONS

Amendments as Approved by the Medical Staff Executive Committee
On 1/17/2018 and 1/23/2018

2.2 ELECTRONIC MEDICAL RECORDS (EMR)

~~2.2.1 Medical Staff need to adhere to record keeping practices that support the electronic environment. As much data as possible will be created electronically and paper-based documentation will be scanned. Records will be accessed by Medical Staff and other users on line and the records will not be printed for internal use.~~

~~2.2.2 Access to the EMR – Access to patient information on the EMR will be made available to Medical Staff and Allied Staff Members through Avatar. All access to electronic records is tracked, and unauthorized access to a patient’s record is not tolerated.~~

~~2.2.3 Retention – Current and historical records are maintained in hard copy form or electronically. The EMR is maintained in accordance with state and federal laws, regulatory guidelines and the Behavioral Health Division’s retention policy.~~

~~2.2.4 Passwords – All practitioners and other authorized users must maintain the confidentiality of passwords and may not disclose such passwords to anyone.~~

~~2.2.5 Information From Outside Sources – Health record information obtained on request from an outside source is placed in the medical record and is available to the professional staff treating the patient. Results of examination (laboratory and x-ray) performed prior to the admission are scanned into the patient’s record post discharge.~~

~~2.2.6~~2.2.1 ~~All T~~ransfers of primary responsibility shall require a physician order and acknowledgement by the physician accepting the transfer of the patient are not effective until documented in the EMR by the transferring physician and accepted in the EMR by the accepting physician.

~~2.5.3.2.1~~ long term patients shall receive a history and physical exam within 24 hours of admission. For patients whose length of stay exceeds approaches one (1) year, a new history and physical exam shall be scheduled and performed with subsequent exams performed annually

thereafter, for as long as the patient remains under ~~long~~
term inpatient care;

2.5.4.2 discharge summary - required on all patients hospitalized. ~~All Crisis Observation admissions require a discharge summary, unless transferred to a different level of hospital care and caregivers change. All discharge summaries shall be completed within 14 days.~~ It shall include the final primary and secondary psychiatric diagnoses, and physical diagnoses according to the current DSM nomenclature and format. All diagnoses are to be recorded in full, without abbreviations, using acceptable diagnostic nomenclature. The summary shall include the reason for hospitalization; assessment (mental status); physical findings; allergies; lab/diagnostic findings; radiology findings and any other procedures performed; care, service, treatment course and results; final assessment, including observations and understanding of the patient's condition initially, during treatment, and at discharge; type of separation; discharge medications; continuing care plan; special risks and treatment considerations; dietary and activity restrictions; and patient/family education. In the event of patient death, the discharge summary must include the events leading to the death;

2.6.3.2.1 the attending physician shall counter-sign~~authenticate~~ the health history and physical exam results for all acute inpatients;

2.6.3.3.2 medical students may not write orders~~must be countersigned by the treating physician prior to transcription~~

2.6.3.3.3 advanced practice nurse practicum student may not write orders~~must be countersigned by the supervising advanced practice nurse or physician and/or when applicable, the collaborating physician prior to transcription~~

2.6.3.3.4 physician assistant practicum students may not write orders~~orders must be countersigned by the supervising advanced practice nurse or physician and/or when applicable, the collaborating physician prior to transcription~~

2.8.2 If an inpatient medical record ~~still~~remains incomplete after ~~30~~14 days, it shall trigger the delinquency notification process~~becomes delinquent~~. In such cases, it shall be the policy of the Milwaukee County Behavioral Health Division that

Medical Staff members who are delinquent in completing medical records shall be subject to progressive discipline, ~~to which may~~ include administrative suspension of clinical privileges, when records still remain incomplete after 21 days without pay. The Chief Medical Officer, or designee, shall notify the Medical Staff member in writing about delinquencies and of impending disciplinary action, as ~~per delineated in the Medical Staff's~~ policy and procedure.

3.1.4.2 If a cell phone is utilized, meaningful Milwaukee County and BHD business shall not be conducted by text messaging (a formal County-wide policy is under development).

3.1.4.3 Each member of the Medical Staff and Allied Health Professional Staff shall maintain a pager and/or cell phone for prompt communication regarding patient care, whenever on duty or on call. It shall be expected that Medical Staff and Allied Health Professional Staff shall respond to all pages, calls or texts in a timely fashion [generally within 20 minutes] based on acuity of the situation. Medical Staff Members and Allied Health Professional Staff shall promptly notify the Medical Staff Office of any change in cell phone or pager number.

3.1.4.4 Email is an expedient means of communication used to conduct hospital and Medical Staff business. Each member of the Medical Staff (Active and Affiliate) and Allied Health Professional Staff shall maintain and utilize a County email account for communications regarding patient care, Behavioral Health Division, and Medical Staff Organization business. If using email for communications regarding patients, appropriate HIPPA and confidentiality protocols and policies shall be followed. ~~Effective October 1, 2015, a~~ A County email account is required to access the Behavioral Health Division's electronic policy and procedure system, which links to the educational training module and acknowledgement system. All Active and Affiliate Medical Staff and Allied Health Professional Staff ~~using non-County email accounts~~ are ~~shall be~~ required to establish and utilize a County email account for hospital and Medical Staff business ~~by not later than March 1, 2016.~~

3.1.6 All Medical Staff members shall abide by policies and procedures of the Behavioral Health Division, which outline approved use of and documentation required when special treatment procedures are employed. ~~Special treatment procedures include seclusion and restraint, electroconvulsive therapy, and behavioral treatment procedures that use aversive conditioning.~~

3.3.2 Recording - All orders for treatment or diagnostic studies shall be in the computerized physician order entry system of the EMR, unless on approved downtime whereupon they should be in writing.

3.3.3 Verbal and Telephone Orders - Registered nurses ~~(and LPNs in the Rehabilitation Center),~~ dietitians and pharmacists are authorized to accept

Medical Staff's and Allied Health Professionals' verbal orders. All verbal and telephone orders not entered directly into the EMR shall be transcribed in the proper place in the medical record and shall include the date, time of order, name and signature of the person transcribing the order, the name of the the name of the practitioner issuing the order and documentation that the order had been red back to the practitioner.~~appropriately signed and dated by the person receiving the order, indicating "per order of the Medical Staff member or Allied Health Professional."~~ This Medical Staff member or Allied Health Professional, or his/her Medical Staff designee who has knowledge of the patient, shall sign such orders within 48 hours of issuance. Verbal and telephone orders for medications and diet orders must be authenticated, dated and timed, by the prescribing practitioner.

~~3.3.4 Delegated Orders - Delegated orders may occur only in the Rehabilitation Center. The treating Rehab Center physician may delegate authority to other treatment staff for the purpose of authorizing passes, privileges and activities for patients and for authorizing diet orders for patients. Such delegated authority shall be written on the Physician's Order Sheet.~~

~~3.3.5 - Any delegated order in the Rehabilitation Center for patient passes, privileges, activities or diet orders may be temporarily discontinued by the delegated treatment staff, nursing or a Medical Staff member, if a serious intervening event occurs that would present risk to the patient or others. Such discontinuation will be in effect until a subsequent order is written by a Medical Staff member or delegated treatment staff.~~

3.3.6 Questioned Orders - All orders shall be entered into the EMR. Orders that are written on the "Physician's Order Sheet" shall be written legibly and completely. Orders which are illegible, possibly incorrect or improperly written shall not be executed until rewritten or clarified in a verbal order.

3.3.7 Medication Order Renewals - Renewal orders shall be in compliance with State and Federal standards and shall follow the guidelines within the Pharmacy Policy and Procedure Manual. ~~Medication orders shall be valid for up to 90 days in the Rehabilitation Center.~~ Medications shall not be discontinued without notifying a physician or prescribing Allied Health Professional in accordance with Pharmacy and Therapeutics Committee policy and procedure.

3.3.7.1 ~~Narcotic Orders - Opiate orders must be rewritten every 72 hours. All other Schedule II controlled substances must be re-ordered every seven (7) days (except when an amphetamine or methylphenidate is prescribed for a hyperactive patient, then the order shall be valid for four (4) weeks).~~ Automatic Stop Orders - Automatic stops are used to protect patients against excessive medications, potential adverse effects, and continuation of therapy that is no longer necessary. The specific policy, medication categories and maximum duration are noted within the policy "Automatic Stop Orders VI-B"

3.3.9 Standing Orders - Standing Orders shall be developed by the Medical Staff and approved by ~~that body~~ the Medical Staff Executive Committee at any regular or special ~~Medical Staff~~ meeting. These orders shall be carried out on the specific patient population designated in those orders. The Chief Medical Officer or his/her Medical Director designee shall notify all concerned programs and personnel of these orders or their revisions, as they are made.

3.3.10.1 Medical Diagnostic Examination

~~3.3.10.1.1 When diagnostic examinations are performed by an Allied Health Professional, findings, conclusions and risk assessments are confirmed or endorsed by a physician prior to major diagnostic or therapeutic interventions~~

3.4.2 Whenever a treatment order is ~~written on the "Physician's Order Sheet,"~~ made, a relevant diagnosis shall be entered ~~rationale will be written~~ on the appropriate form ~~Order Sheet or in a progress note or on the Initial Psychiatric/Psychological Data Base or on the Physician's PCS Orders form~~ by the Medical Staff Member or designated staff member.

~~3.5.1.1 It shall be permissible for a minimum stock supply of medications to be maintained in the Crisis Service to allow for 24 hour access to medications during hours when the BHD Pharmacy is not in operation.~~

~~3.5.1.2 It shall be permissible for ambulatory service areas to maintain and dispense medication samples in accordance with State and Federal regulations governing sample pharmacies.~~

3.6.1 Medical/specialty consultations may be requested by the treating Medical Staff.

~~3.6.2~~ 3.6.2 A written opinion signed by the consultant shall be included in the medical information section, which is stored in the medical record. Consultations should be obtained when:

3.6.2.1 The diagnosis is obscure; or

3.6.2.2 There is doubt as to the best therapeutic measure to be utilized; or

3.6.2.3 High risk and/or high profile elements are present; or

3.6.2.4 Response to treatment results in a higher than expected length-of stay.

3.6.3 Consultations shall be requested via an order in the electronic health record noting the reason for the consultation

3.6.4 Medical Staff requesting a consultation shall personally contact the consultant to notify them of the request (routine history and physical and routine medical consults exempt), the reason for the consultation and any other clarification the consulting staff needs to address the request.

3.6.5 A consultation report/written opinion signed by the consultant shall be entered into the electronic health record progress notes.

4.1 All Members of the Medical Staff and privileged Allied Health Professionals shall participate in continuing education activities that ~~specifically relate, in part,~~ to privileges requested and, as per Medical Staff policy and procedure.

4.4 The Credentialing and Privileging Review Committee, Medical Staff Executive Committee, Medical Director or Discipline Chief may recommend specific continuing education requirements for individual Medical Staff and Allied Health Professionals or for disciplines as a whole, when based on findings of performance improvement activities or whenever deemed to be appropriate to maintaining clinical skills and current competence within a specific area of practice.

5.1 The Executive Committee of the Medical Staff shall review the Rules and Regulations, as necessary, but at least every two years, and they shall review all Medical Staff Organization policies and procedures at least every three years and revise, as deemed to be necessary.

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

DATE: January 22, 2018

TO: Duncan Shrouf, Chairperson, Milwaukee County Mental Health Board

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

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

Background

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

Discussion

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

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

Recommendation

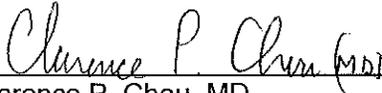
It is recommended that the Milwaukee County Mental Health Board approve all appointments and privilege recommendations, as submitted by the Medical Staff Executive Committee.

Informational Item(s)

The following Medical Staff Organization policies and procedures were revised and approved by the Medical Staff Executive Committee, in accordance with the MSO Bylaws and are presented to the Mental Health Board, as informational only unless otherwise directed.

- A. Specialty Board Certification /Board Equivalency of Medical Directors and Discipline Chiefs
- B. Disruptive Medical Staff

Respectfully Submitted,



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

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

Attachments

- 1. Medical Staff Credentialing Report & Medical Executive Committee Recommendations
- 2. (MSO) Specialty Board Certification /Board Equivalency of Medical Directors and Discipline Chiefs
- 3. (MSO) Disruptive Medical Staff

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

The following credentials files were reviewed. Privilege recommendations/actions were made based on information related to qualifications, current competence and ability to perform privileges (health status). All requisite primary source verifications or queries were obtained and reviewed regarding professional training, professional licensure(s), registrations, National Practitioner Data Bank and OIG-List of Excluded Individuals and Entities & System Award Management. Decisions were further based on Service Chief (Medical Director and Chief Psychologist, when applicable) recommendations, criminal background check results, peer recommendations when applicable, focused or ongoing (FPPE/OPPE) professional practice evaluation data, malpractice claims history and verification of good standing with other hospitals/practices. Notations reporting shall be presented at the Board Meeting in closed session.

INITIAL APPOINTMENT	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JANUARY 10, 2018	MEDICAL STAFF EXECUTIVE COMMITTEE JANUARY 17, 2018	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
MEDICAL STAFF							
Anna Hackenmiller, MD	Psychiatric Officer and Medical Officer of the Day	Affiliate/ Provisional		Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months.	Recommends appointment and privileging as per C&PR Committee.	
ALLIED HEALTH							
Rebecca Sauer-Stach, MSN	Advanced Practice Nursing-Psychiatric/Mental Health	Allied Health/ Provisional		Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months.	Recommends appointment and privileging as per C&PR Committee.	

REAPPOINTMENT / REPRIVILEGING	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JANUARY 10, 2018	MEDICAL STAFF EXECUTIVE COMMITTEE JANUARY 17, 2018	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
MEDICAL STAFF							
Christina Girgis, 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.	
Michelle Heaton, DO	General Psychiatry	Affiliate / Full	CB	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.	
Elizabeth Lampe, 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.	
Anna Nusbaum, MD	General Psychiatry	Active / Full	MA	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.	
Mark Phelps, 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.	
John Schneider, MD	General Psychiatry	Active / Full	CB	Dr. Zincke recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Robert Sharpe, MD	General Psychiatry	Active / 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.	
Gary Stark, PhD	General Psychology-Adult	Active / Full		Drs. Kuehl & Thrasher recommend 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.	
ALLIED HEALTH							
Angelía Felton-Wilks, MSN	Advanced Practice Nursing-Family Practice	Allied Health / 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.	

PROVISIONAL STATUS CHANGE REVIEWS	PRIVILEGE GROUP(S)	CURRENT CATEGORY/ STATUS	RECOMMENDED CATEGORY/ STATUS	SERVICE CHIEF RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JANUARY 10, 2018	MEDICAL STAFF EXECUTIVE COMMITTEE JANUARY 17, 2018	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
<i>The following applicants are completing the required six month minimum provisional period, as required for all initial appointment and/or new privileges.</i>							
MEDICAL STAFF							
Amit Bhavan, MD	General Psychiatry	Affiliate/ Provisional	Affiliate / Full	Dr. Thrasher recommends full privileges	Committee recommends change in privilege status from provisional to full for remainder of 2-year appointment period.	Recommends appointment and privileging status change, as per C&PR Committee.	
Jason Burns, MD	Child Psychiatry	Affiliate/ Provisional	Affiliate / Full	Dr. Thrasher recommends full privileges	Committee recommends change in privilege status from provisional to full for remainder of 2-year appointment period.	Recommends appointment and privileging status change, as per C&PR Committee.	
Kevin McSorley, PsyD	General Psychology-Adult	Active/ Provisional	Affiliate/ Full	Drs. Kuehl and Zincke recommend full privileges	Committee recommends change in privilege status from provisional to full for remainder of 2-year appointment period.	Recommends appointment and privileging status change, as per C&PR Committee.	
Michael Montie, DO	General Psychiatry	Affiliate/ Provisional	Affiliate / Full	Dr. Thrasher recommends full privileges	Committee recommends change in privilege status from provisional to full for remainder of 2-year appointment period.	Recommends appointment and privileging status change, as per C&PR Committee.	
Julie Owen, MD	General Psychiatry	Affiliate/ Provisional	Affiliate/ Full	Dr. Thrasher recommends full privileges	Committee recommends change in privilege status from provisional to full for remainder of 2-year appointment period.	Recommends appointment and privileging status change, as per C&PR Committee.	
ALLIED HEALTH							
NONE THIS PERIOD.							

AMENDMENTS / CHANGE IN STATUS	CURRENT PRIVILEGE GROUP(S) OR APPOINTMENT CATEGORY	REQUESTED / RECOMMENDED CHANGE	NOTATIONS	SERVICE CHIEF* RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JANUARY 10, 2018	MEDICAL STAFF EXECUTIVE COMMITTEE JANUARY 17, 2018	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
NONE THIS PERIOD							

Clarence Chou (MD)
 CHAIR, CREDENTIALING AND PRIVILEGING REVIEW COMMITTEE
 (OR PHYSICIAN COMMITTEE MEMBER DESIGNEE)

1/17/18
 DATE

Clarence Chou (MD)
 PRESIDENT, MEDICAL STAFF ORGANIZATION
 CHAIR, MEDICAL STAFF EXECUTIVE COMMITTEE

1/17/18
 DATE

BOARD COMMENTS / MODIFICATIONS / OBJECTIONS TO MEC PRIVILEGING RECOMMENDATIONS:

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

 GOVERNING BOARD CHAIRPERSON

 DATE

BOARD ACTION DATE: FEBRUARY 22, 2018



Date Issued: 1/23/1992
Last Approved Date: 1/17/2018
Last Revised Date: 1/17/2018
Next Review: 1/16/2021
Owner: Lora Dooley:
 12009001-Medical Services
 Manager
Policy Area: Medical Staff Organization
References:

Specialty Board Certification / Board Equivalency of Medical Directors / Discipline Chiefs

POLICY:

It is the policy of the Milwaukee County Behavioral Health Division that all Medical Staff members appointed to Medical Director or Medical Staff Discipline Chief positions shall be Board Certified by the appropriate specialty board(s) or shall demonstrate and document equivalent experience, training and/or testing as part of his/her credentials.

Only certifications that are made by American Boards of Medical Specialties, the American Osteopathic Association Specialty Boards or the American Board of Professional Psychology shall be recognized by the Behavioral Health Division Medical Staff.

PROCEDURE:

1. At the time of initial appointment to a Medical Director or Medical Staff Discipline Chief position, the Credentialing and Privileging Review Committee shall ask each appointee to provide his or her Specialty Board Certificate or to complete the Specialty Board Equivalence Worksheet, if not Board Certified in the applicable specialty.
2. Specialty Board Certification or its equivalence (as documented on the worksheet) shall be considered by the Committee as a necessary component for privileging and reprivileging of all Medical Staff members in Medical Director or Medical Staff Discipline Chief positions.
3. As part of its deliberations, the Credentialing and Privileging Review Committee shall determine whether or not the information provided on the worksheet constitutes specialty board equivalence.
4. Failure to establish Board Certification or equivalence shall delay assignment of leadership responsibilities by the Medical Staff.

ATTACHMENTS:

1. Specialty Board Equivalency Worksheet – Physician
2. Specialty Board Equivalency Worksheet – Psychologist

Attachments:

[Specialty Board Equivalency Worksheet-Physician](#)
[Specialty Board Equivalency Worksheet-](#)

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Clarence Chou: 21025000-Psychiatrist-Staff	1/17/2018
Credentialing and Privileging Review Committee	Lora Dooley: 12009001-Medical Services Manager	1/17/2018
Medical Staff Services	Lora Dooley: 12009001-Medical Services Manager	1/17/2018
	Lora Dooley: 12009001-Medical Services Manager	1/17/2018

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Date Issued: 6/21/1990
Last Approved Date: 1/17/2018
Last Revised Date: 1/17/2018
Next Review: 1/16/2021
Owner: Lora Dooley:
 12009001-Medical Services
 Manager
Policy Area: Medical Staff Organization
References:

Disruptive Medical Staff

POLICY:

It is the policy of the Milwaukee County Behavioral Health Division to provide, for all staff and patients, a working environment which is free of unacceptable, disruptive conduct on the part of the Medical Staff. It is also the policy of the Medical Staff Organization that any concerns regarding Medical Staff performance, including unacceptable or disruptive conduct shall be referred to the appropriate Peer Review Committee.

PROCEDURE:

In support of this policy, the following Medical Staff conduct is deemed unacceptable and shall be dealt with by appropriate disciplinary action, including, when necessary, dismissal from the staff:

1. Attacks leveled at other appointees to the Medical Staff which are personal, irrelevant, or go beyond the bounds of fair professional comment;
2. Impertinent and inappropriate comments whether verbal or written in patient medical records, or other official documents, impugning the quality of care in the hospital, or attacking particular physicians, staff, or hospital policy;
3. Non-constructive language or abusive criticism;
4. Behavior that interferes or is inconsistent with a safe and effective working environment;
5. Imposing idiosyncratic requirements on the staff, which have not been accepted as appropriate Medical Staff procedure.

All matters involving conduct or behavior shall be referred to the Credentialing and Privileging Review Committee.

Attachments:

No Attachments

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Clarence Chou: 21025000-Psychiatrist-Staff	1/17/2018

Step Description	Approver	Date
Credentialing and Privileging Review Committee	Lora Dooley: 12009001-Medical Services Manager	1/17/2018
Medical Staff Services	Lora Dooley: 12009001-Medical Services Manager	1/17/2018
	Lora Dooley: 12009001-Medical Services Manager	1/17/2018

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LRB-4866/1

TJD:emw

2017 - 2018 LEGISLATURE

2017 ASSEMBLY BILL 939

February 9, 2018 - Introduced by Representative SANFELIPPO, cosponsored by Senator DARLING. Referred to Committee on Mental Health.

1 **AN ACT** *to repeal* 51.41 (9) (c) 2.; *to renumber and amend* 51.41 (9) (c) 1.;
2 *to*
3 *amend* 46.18 (1); and *to create* 51.41 (1d) (em) of the statutes; **relating**
4 **to:**
5 trustees of Milwaukee County mental health facilities, Milwaukee County
Mental Health Board vacancies, and the administrator of the behavioral
health
division.

Analysis by the Legislative Reference Bureau

This bill removes the specifications on the Milwaukee County Mental Health Board's appointment of trustees to manage county homes, infirmaries, hospitals, or institutions providing mental health treatment in Milwaukee County, creates a deadline for suggesting individuals to fill Milwaukee County Mental Health Board vacancies, and changes who may remove the administrator of the behavioral health division of the Milwaukee County Department of Health and Human Services. The Milwaukee County Mental Health Board is established by Milwaukee County as specified by law and oversees the provision of mental health programs and services in Milwaukee County in place of the Milwaukee County board of supervisors. Current law requires the Milwaukee County Mental Health Board to elect a board of trustees to manage county homes, infirmaries, hospitals, or institutions providing mental health treatment. Current law requires the Milwaukee County Mental Health Board to appoint at its annual meeting an odd number of trustees, from three to nine, for staggered three-year terms and specifies how the board must fill vacancies. The bill eliminates the specific requirements for appointment of trustees

and specifies that every county home, infirmary, hospital, or similar institution that provides mental health treatment in Milwaukee County must be managed as specified by the Milwaukee County Mental Health Board.

Under current law, a vacancy in a county office that is an appointed position is filled by the appointing power. Five of the 11 voting members of the Milwaukee County Mental Health Board are appointed by the Milwaukee County executive from individuals suggested by the Milwaukee County board of supervisors. The bill specifies that the board of supervisors must submit its suggestions to fill a vacancy in one of those positions to the county executive within 60 days after the vacancy occurs. If the board of supervisors does not submit its suggestions to fill the vacancy within 60 days, the county executive may fill the vacancy by appointing an individual who meets the criteria for that board member position without the board of supervisors's suggestion.

Currently, the administrator of the behavioral health division of the Milwaukee County Department of Health and Human Services may be removed by vote of the Milwaukee County Mental Health Board. If the county executive has suggested removal, the administrator may be removed on a vote of six members of the mental health board, otherwise the administrator may be removed on a vote of eight members of the board. Under the bill, the administrator may be removed 1) by a vote of eight members of the mental health board, 2) by the county executive, or 3) by the director of the Milwaukee County Department of Health and Human Services.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 SECTION 1. 46.18 (1) of the statutes is amended to read:
2 46.18 (1) TRUSTEES. Every county home, infirmary, hospital, or similar
3 institution, shall, subject to regulations approved by the county board except in
4 Milwaukee County for county homes, infirmaries, hospitals, or institutions
5 providing mental health treatment, be managed by a board of trustees, electors of
6 the
7 county, chosen by ballot by the county board. In Milwaukee County, every county
8 home, infirmary, hospital, or similar institution that provides mental health
9 treatment shall, ~~subject to standards and procedures adopted by the Milwaukee~~
10 ~~County mental health board,~~ be managed by a board of trustees, electors of the
11 ~~county, chosen by ballot~~ as specified by the Milwaukee County mental health
board.
At its annual meeting, the county board ~~or the Milwaukee County mental health~~
board, ~~if applicable,~~ shall appoint an uneven number of trustees, from 3 to 9 at the
option of the board, for staggered 3-year terms ending the first Monday in January.

3 Any vacancy shall be filled for the unexpired term by the county board ~~or the~~
4 ~~Milwaukee County mental health board, as applicable;~~ but the chairperson of the
5 county board may appoint a trustee to fill the vacancy until the county board acts
6 ~~except for boards of trustees appointed by the Milwaukee County mental health~~
7 ~~board for which the chairperson of the Milwaukee County mental health board may~~
8 ~~appoint a trustee to fill the vacancy until the entire Milwaukee County mental~~
9 ~~health~~
10 ~~board acts.~~

11 SECTION 2. 51.41 (1d) (em) of the statutes is created to read:

12 51.41 (1d) (em) If a vacancy occurs in a board member position described
13 under
14 par. (b) 1., 2., 3., 4., or 8., the Milwaukee County board of supervisors shall submit
15 to the Milwaukee County executive suggested individuals to fill the vacancy in that
16 position within 60 days after the vacancy occurs. If the Milwaukee County board of
17 supervisors does not submit suggested individuals to fill a vacancy under par. (b)
18 1.,
19 2., 3., 4., or 8. within 60 days, the Milwaukee County executive may appoint an
20 individual meeting the criteria in accordance with the applicable board member
21 position description under par. (b) 1., 2., 3., 4., or 8. to fill the vacancy without
22 suggestion by the Milwaukee County board of supervisors.

23 SECTION 3. 51.41 (9) (c) 1. of the statutes is renumbered 51.41 (9) (c) and
24 amended to read:

25 51.41 (9) (c) The administrator under this subsection may be removed by
the
Milwaukee County mental health board by a vote of 8 members of that board, the
director of a county department under s. 46.21 in Milwaukee County, or the county
executive of Milwaukee County.

1 SECTION 4. 51.41 (9) (c) 2. of the statutes is repealed.

2 (END)