Milwaukee County Behavioral Health Division
2017 Key Performance Indicators (KPI) Dashboard

2

Program	Item	Measure	2015 Actual	2016 Actual	2017 Quarter 1	2017 Quarter 2	2017 Quarter 3	2017 Quarter 4	2017 Actual	2017 Target	2017 Status (1)	Benchmark Source
Community Access To Recovery Services	1	Service Volume - All CARS Programs[5]	9,624	7,971	5,105	5,276	5,410	5,493	8,346	8,370		BHD (2)
		Sample Size (Unique Clients)			2,414	2,519	2,529	2,993		-		
	2	Percent with any acute service utilization[6]	-	13.09%	16.94%	19.02%	19.89%	16.87%	18.18%	12.05%		BHD (2)
	3	Percent with any emergency room utilization[7]		12.44%	12.80%	16.08%	15.78%	13.46%	14.53%	11.20%		
	4	Percent abstinence from drug and alcohol use	-	66.71%	63.34%	60.82%	61.8%	63.3%	62.30%	73.81%		BHD (2)
	5	Percent homeless	-	4.74%	6.71%	7.26%	8.42%	7.35%	7.44%	4.00%		BHD (2)
	6	Percent employed	-	15.80%	15.29%	16.83%	16.57%	16.71%	16.35%	17.38%		BHD (2)
		Sample Size (Admissions)		6,315	1,688	1642	1,708	1,451		-		
	7	Percent of clients returning to Detox within 30 days	19.6%	55.61%	62.26%	59.99%	58.90%	57.06%	59.55%	50.61%		BHD (2)
Wraparound	8	Families served in Wraparound HMO (unduplicated count)	3,329	3,500	1,949	2,532	2,950	3,404	3,404	3,670		BHD (2)
	9	Annual Family Satisfaction Average Score (Rating scale of 1-5)	4.6	4.6	4.8	4.8	4.6	4.8	4.75	> = 4.0		BHD (2)
	10	Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice system)	62%	60.2	63.9%	65.6%	66.9%	66.5%	65.7%	> = 75%		BHD (2)
	11	Average level of "Needs Met" at disenrollement (Rating scale of 1-5)	3.2	2.86	2.68	2.76	2.68	2.34	2.59	> = 3.0		BHD (2)
	12	Percentage of youth who have achieved permanency at disenrollment	58%	53.6%	55.6%	55.1%	64.1%	56.4%	57.8%	> = 70%		BHD (2)
	13	Percentage of Informal Supports on a Child and Family Team	42%	43.6%	45.1%	44.3%	45.1%	42.2%	44.1%	> = 50%		BHD (2)
Crisis Service	14	PCS Visits	10,173	8,286	1,896	2,046	2,081	1,978	8,001	9,000		BHD (2)
	15	Emergency Detentions in PCS	5,334	4,059	893	1,017	979	1,090	3,979	4,000		BHD (2)
	16	Percent of patients returning to PCS within 3 days	8%	7.9%	7.8%	7.5%	7.3%	7.3%	7.3%	8%		BHD (2)
	17	Percent of patients returning to PCS within 30 days	25%	24.8%	23.8%	23.0%	22.8%	23.1%	23.1%	24%		CMS (4)
	18	Percent of time on waitlist status	16%	80.1%	75.6%	91.7%	70.4%	62.3%	75.0%	25%		BHD (2)
Acute Adult Inpatient Service	19	Admissions	965	683	169	155	175	157	656	900		BHD (2)
	20	Average Daily Census	47.2	45.8	42.7	43.9	42.7	42.1	42.9	54		BHD (2)
	21	Percent of patients returning to Acute Adult within 7 days	3%	3.6%	2.4%	2.2%	2.0%	1.4%	1.4%	3%		BHD (2)
	22	Percent of patients returning to Acute Adult within 30 days	11%	10.8%	9.6%	9.0%	8.3%	7.7%	7.7%	10%		NRI (3)
	23	Percent of patients responding positively to satisfaction survey	73%	70.6%	69.5%	78.7%	71.4%	76.7%	74.0%	74%		NRI (3)
	24	If I had a choice of hospitals, I would still choose this one. (MHSIP Survey)	63%	57.1%	64.1%	67.2%	65.1%	65.1%	65.4%	65%		BHD (2)
	25	HBIPS 2 - Hours of Physical Restraint Rate	7.2	3.32	0.45	0.61	0.71	0.45	0.56	0.66		CMS (4)
	26	HBIPS 3 - Hours of Locked Seclusion Rate	0.47	0.48	0.27	0.25	0.44	0.22	0.30	0.14		CMS (4)
	27	HBIPS 4 - Patients discharged on multiple antipsychotic medications	18%	18.5%	17.9%	21.5%	16.9%	13.6%	17.5%	9.5%		CMS (4)
	28	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	98%	95.0%	90.3%	94.1%	78.6%	95.5%	89.6%	90.0%		BHD (2)
Child / Adolescent Inpatient Service (CAIS)	29	Admissions	919	617	184	167	167	191	709	930		BHD (2)
	30	Average Daily Census	9.8	8.4	10.2	8.9	7.2	8.2	8.6	12.0		BHD (2)
	31	Percent of patients returning to CAIS within 7 days	6%	5.2%	4.4%	5.0%	4.7%	5.2%	5.2%	5%		BHD (2)
	32	Percent of patients returning to CAIS within 30 days	16%	11.8%	11.6%	12.5%	11.0%	12.3%	12.3%	11%		BHD (2)
	33	Percent of patients responding positively to satisfaction survey	71%	78.1%	77.7%	72.1%	68.1%	65.0%	71.3%	74%		BHD (2)
	34	Overall, I am satisfied with the services I received. (CAIS Youth Survey)	74%	82.1%	84.7%	81.8%	71.4%	68.9%	76.8%	80%		BHD (2)
	35	HBIPS 2 - Hours of Physical Restraint Rate	5.2	4.51	1.42	1.10	0.59	1.45	1.17	0.22		CMS (4)
	36	HBIPS 3 - Hours of Locked Seclusion Rate	0.42	0.20	0.28	0.44	0.49	0.28	0.37	0.34		CMS (4)
	37	HBIPS 4 - Patients discharged on multiple antipsychotic medications	2%	1.6%	1.7%	7.5%	7.5%	3.7%	5.0%	3.0%		CMS (4)
	38	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	100%	88.9%	100.0%	100.0%	100.0%	85.7%	97.1%	90.0%		BHD (2)
Financial	39	Total BHD Revenue (millions)	$120.2	$129.4	$149.9	$149.9	$149.9	$149.9	$149.9	$149.9		
	40	Total BHD Expenditure (millions)	$173.5	$188.2	$207.3	$207.3	$207.3	$207.3	$207.3	$207.3		

Notes:

(1) 2017 Status color definitions: Red (outside 20% of benchmark), Yellow (within 20% of benchmark), Green (meets or exceeds benchmark)

(2) Performance measure target was set using historical BHD trends

(3) Performance measure target was set using National Association of State Mental Health Directors Research Institute national averages

(4) Performance measure target was set using Centers for Medicare & Medicaid (CMS) Hospital Compare national averages

(5) Service volume has been consolidated into one category to avoid potential duplication of client counts due to involvement in both MH and AODA programs.

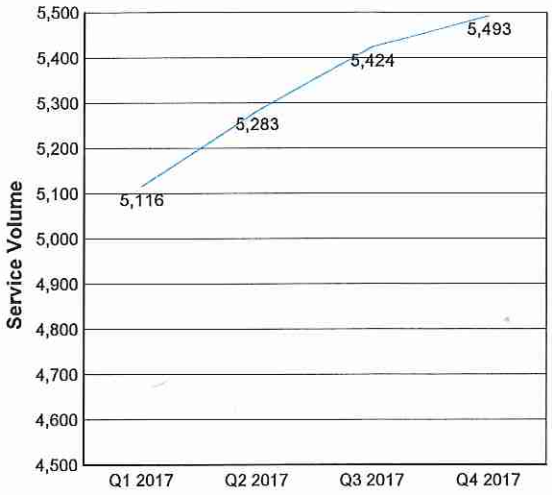
(6) Includes medical inpatient, psychiatric inpatient, and detoxification utilization in the last 30 days

(7) Includes any medical or psychiatric ER utilization in last 30 days

CARS Quarterly Report

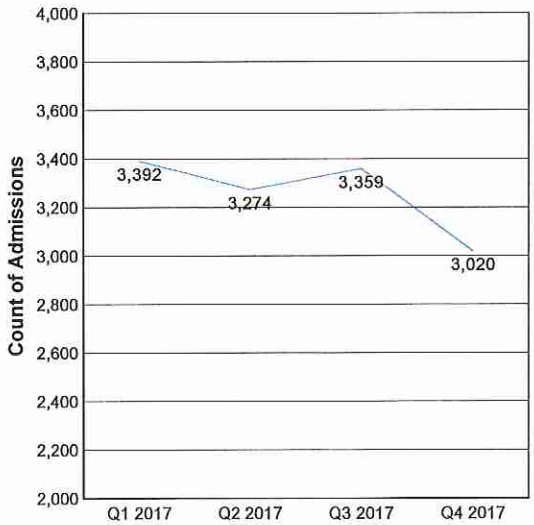
Number of Clients Receiving Service, By Program

	Q1 2017	Q2 2017	Q3 2017	Q4 2017
Adult Family Home	18	19	19	23
Case Mgmt & After Care Support	81	77	60	50
CBRF	134	128	135	144
CCS	622	665	704	745
CLASP	66	65	63	76
Community Support Program	1,276	1,284	1,329	1,359
Crisis	0	0	80	131
Crisis Case Management	219	222	185	130
CRS	28	25	24	23
Day Treatment (75.12)	18	27	18	18
Detoxification (75.07)	642	667	690	632
Med. Monitor Residentl (75.11)	3	0	0	0
Medication Assisted Treatment	4	7	15	16
MH Day Treatment	16	17	10	0
Outpatient 75.13	283	321	323	313
Outpatient-MH	60	53	49	68
Recovery House Plus OP/DT	33	24	23	19
Recovery Support Coordination	552	601	605	609
RSS-Employment	101	82	66	46
RSS-Housing	125	132	145	145
RSS-Psych. Self Mgmt	53	43	51	62
RSS-School and Training	75	61	55	37
Targeted Case Management	1,542	1,640	1,700	1,715
Transitional Residential (75.14)	299	292	296	297
Youth CCS	0	0	8	20
Total	5,116	5,283	5,424	5,493

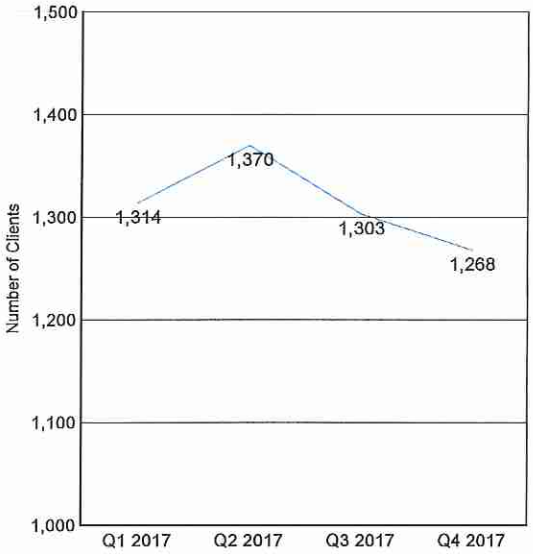


Admissions By Program

	Q1 2017	Q2 2017	Q3 2017	Q4 2017
Adult Family Home	3	0	2	4
Case Mgmt & After Care Support	28	32	17	21
CBRF	17	12	12	13
CCS	100	104	109	99
CLASP	13	20	24	36
Community Support Program	62	75	89	70
Crisis Case Management	112	78	87	61
CRS	0	1	0	0
Day Treatment (75.12)	17	30	37	39
Detoxification	1,683	1,641	1,708	1,451
MH Day Treatment	5	14	8	7
Outpatient (75.13)	173	198	179	207
Outpatient-MH	115	62	76	65
Recovery House Plus OP/DT	26	23	26	9
Recovery Support Coordination	359	329	325	328
RSS-Employment	85	72	57	42
RSS-Family	0	1	0	0
RSS-Housing	88	85	100	88
RSS-Psych Self Mgmt	21	18	27	27
RSS-School and Training	71	59	54	36
Targeted Case Management	185	211	203	184
Transitional Residential	229	209	219	233
Total	3,392	3,274	3,359	3,020



Referrals/Intakes By Access Point



	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Total
Access Clinic at BHD	116	98	140	129	476
CARS	407	465	482	502	1,761
IMPACT	310	340	269	288	1,168
JusticePoint	36	38	40	61	165
M & S	250	224	194	173	817
UCC	61	67	69	18	213
WCS	160	164	145	123	576
Total	1,314	1,370	1,303	1,268	4,854

Time to Treatment

Average Number of Days from Intake to Admission

Program	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Trend
CBRF	55	94	-	161	
CSP	86	73	22	33	
TCM	22	17	15	18	
CCS	1.2	0.5	0.8	2	
AODA Transitional Residential	16	22	24	28	
AODA Day Treatment	8	7	9	15	
AODA Outpatient	13	10	9	11	
Recovery Support Services	11	7	9	7	

Quality Management Services Update
Compliments, Complaints & Grievance Team Charter
Executive Summary

Milwaukee County Mental Health Board – Quality Committee Meeting
March 5, 2018

PURPOSE: To develop a centralized, effective electronic methodology to track all BHD compliments, complaints, grievances and appeals, and to develop mechanisms to utilize client feedback data for service enhancement and improvement.

OBJECTIVE: The project objectives are to (1) provide all BHD clients the highest quality services by effectively and promptly responding to, and addressing concerns; and (2) ensure the above process meets state, federal and accreditation requirements.

Progress:

- March 2017: Go-live with the electronic system, referred to as Verge
- Compliments, complaints & grievances tracked in the system are related to in-house services
    - Psychiatric Crisis Services, Observation and Inpatient Units
    - Access Clinic
    - Community Consultation Team
    - Day Treatment
    - Wraparound Wellness Clinic
    - Fiscal Management Department (billing)
    - Children's Mobile Crisis Team (formerly known as the Mobile Urgent Treatment Team)
    - Crisis Mobile Team (adult services)
- Comprehensive review and revisions of all related Policies related to the process and system
- Revision of the "Compliment, Complaint, Grievance Form #4397-1"
    - More user friendly
    - Included "compliments" on the form

Quality Management Services Update
Compliments, Complaints & Grievance Team Charter
Executive Summary

2017 Data & Trends (01/01/2017-12/31/2017)

Case Type:
Compliant: 54% (28)
Grievance: 42% (22)
Compliment: 2% (1)

Top 4 Locations with Concern:
Psychiatric Crisis Services
43A-ITU
43B-ATU
43C-WTU

Top 4 Areas of Concern:
1. Staff Behavior: Intervention/PDSA
    a. Customer service strategies
    b. Cell phone usage

2. Discharge Process
    a. Discharge Delay
    b. Loss/damaged belongings
    c. Not ready for discharge

3. Billing (Work with a collection specialist to offer the following options)
    a. Itemized billing and summary
    b. Payment plan
    c. Deferment
    d. Settlement

4. Treatment
    a. Change in medication
    b. Release date and time
    c. Treatment team review

QA Mental Health Board Meeting

3/5/18

ITEM #1

Announcement

Interim Director and Associate Director of Wraparound Milwaukee

1/30/18 - From the desk of Mary Jo Meyers – DHHS Director:

It is my pleasure to announce that effective today, Brian McBride will be Interim Director of Wraparound Milwaukee and Jenna Kreuzer (Reetz) will be Interim Associate Director of Wraparound Milwaukee during the recruitment process. Both positions will be posted within the next two weeks. I am confident Brian and Jenna will step into these roles and continue our established vision of helping build healthy and strong communities by enhancing children and families' ability to meet life's challenges and to foster resiliency and hope for a better future. They both possess a wealth of knowledge and experience working with children and families and I believe they will provide stability during this transition.

ITEM#2

2018 Wraparound Milwaukee Performance Improvement Project

The administrative & clinical staff of Wraparound were brought together to discuss areas of potential improvement in the Wraparound program. The topic that emerged as highly relevant and of critical importance is medication compliance for youth that receive medication through the Wraparound Milwaukee Wellness Clinic.

Medication compliance/adherence has been a topic of clinical concern since the 1970's (Jing J. et.al. 2008). Hundreds of research articles have been published on non-adherence, and dozens of devices and programs have been developed to assess and resolve adherence-related problems. Yet, despite the tremendous efforts of health care providers, medication non-adherence remains a major public health problem. (Nichols-English G. & Poirier S. 2000). Low adherence increases morbidity and medical complications, contributes to poorer quality of life and an overuse of the health care system.

According to a meta-analysis that focused on non-psychiatrist physician prescriptions, the average study-defined adherence was highest in HIV disease (88.3%) followed by arthritis (81.2%), gastrointestinal disorders (80.4%), and cancer (79.1%). The average adherence in other physical diseases ranged between 74% and 77%. The concern becomes direr as the research delves into individuals with mental health concerns. Most studies on psychotic patients reported high frequencies of non/poor adherence, ranging from 24% to 40%. (Kane J. et.al. 2013). The studies of non-adherence in childhood/adolescent and adult ADHD reveals a prevalence of medication discontinuation or non-adherence ranges of 13.2% to 64 %.(Adler L. & Nierenberg A. 2015)
Furthermore, the high prevalence of low adherence to medication treatment during adolescence varies widely from 10% to 89%. This variability seems to be related to the range of specific chronic related illnesses, the perceived stigma related to the illness (Sirey J. et. al. 2001) and how adherence is measured (full or partial compliance). Compounding this problem in adolescents is the very nature of adolescence, which includes cognitive maturation, self-identity challenges and the powerful desire to function autonomously (Taddeo D. et. al. 2007).

Rationale for Study

Through the Wraparound Milwaukee Wellness Clinic, children and youth are seen for medication management related to their diagnosed mental health concerns. The population that is served in the clinic, as indicated in the literature, exhibits great challenges with medication compliance. First, their average age is 14.2; well within the most difficult age range (adolescents) for managing medication. In addition to their mental health challenges, nearly 70% live below the 50% of poverty rate (Goldfarb, P. 2015) and display familial issues including mental illness, incarceration, drugs and significant family losses (Wraparound Milwaukee Quality Assurance/Quality Improvement Annual Report 2016). The literature findings are supported by Wellness Clinic medical personnel who have expressed strong concern about medication compliance.

Study Population

The targeted population will be all youth who are enrolled in Wraparound Milwaukee who are coming to the Wellness Clinic for their Intake Appointments from December 11, 2017 through the week of February 5, 2018.

Procedure & Research Design

1. A Simple Random Sampling Technique will be applied at the beginning of the study to all Intake appointment slots, 77 in total. Beginning with youth who have Intake appointments the first week of the study, December 11, 2017 through the eighth week of Intake appointments, February 5, 2018; youth with be divided into 2 groups, a Control and an Experimental Group.

2. Both groups will receive the same orientation to the medications as follows:
    a. Explain the risks and benefits of medication, include side effects and potential medical risks
    b. Help youth & family articulate their concerns about medication and goals for medication use
    c. Articulate medication adherence practices
    d. Provide educational materials about the medication to youth and family

3. Except for the orientation as described above, no additional support will be provided for the Control group

4. The Experimental Group will be provided with the Medication Planning Tool to further support medication adherence practice.
    a. The tool will be introduced and individualized for each youth in discussion with the youth, nurse/doctor, the parent/guardian and the Care Coordinator
    b. The family will take home the completed tool which reflects the plan for daily medication(s) administration
    c. The Medication Planning Tool will be uploaded to the File Store of the youth's medical record in Synthesis (Wraparound Milwaukee's electronic medical record) so that it can be referred to in subsequent Follow-up Medication appointments

5. At return visits of both groups (every 10-12 weeks), the physician will review medication, asking about adherence, how it is helping and any side effects and/or concerns.

6. Physician will rate the level of compliance on the Clinician Rating Scale (CRS) (See below) after every return visit

7. After two med review appointments (approximate total time 20-24 weeks), the Experimental Group will be divided into two groups using a simple randomization process; Experimental Group #1 & Experimental Group #2.

8. Experimental Group #1 will continue using the Medication Planning Tool for two additional medication review appointments (another 20-24 weeks).

9. Experimental Group #2 will continue using the Medication Planning Tool for two additional medication review appointments as well. Additionally, there will be the introduction of a phone call from the nurse one week after each appointment to again encourage medication compliance by reminding the youth and family about their personalized plan laid out on the Medication Planning Tool and to answer any questions or concerns.

Conclusion

The purpose of this Performance Improvement Project is to improve the medication compliance/adherence of youth in Wraparound Milwaukee. Following through with the their individualized medication plan will have direct short term and long term positive impact on the quality of life for these youth. It has potential for moderating psychological and emotional symptomology, increase success in school and work, and reduce any reactive, impulsive behaviors that may result in challenges in the home and/or community.

TO BE COMPLETED BY PSYCHIATRIST

Clinician Rating Scale; CRS
(Kemp et al. 1996 Sara, M. 1998)

The CRS uses an ordinal scale of 1–7 to quantify the clinician's assessment of the level of adherence shown by the patient.

Higher numbers represent greater adherence.

Circle the type of appointment and the rating that seems to fit the youth's behavior best

Client ID # _____ Intake Appointment Date_____

Follow-up #1

Follow-up #2

Follow-up #3

Follow-up #4

Level of Adherence	Rating
Complete refusal	1
Partial refusal or only accepts minimum dose	2
Accepts only because compulsory, or very reluctant / requires persuasion, or questions the need for medication often (e.g. every 2 days)	3
Occasional reluctance (e.g. questions the need for medication once a week)	4
Passive acceptance	5
Moderate participation, some knowledge and interest in medication and no prompting required	6
Active participation, readily accepts, and shows some responsibility for regimen	7

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
WRAPAROUND MILWAUKEE WELLNESS CLINIC

Youth's Name: Today's Date:

Medication Planning						
Medication Name:						
	School day	No school day	School day	No school day	School day	No school day
6:00 AM						
7:00 AM						
8:00 AM						
9:00 AM						
10:00 AM						
11:00 AM						
12:00 PM						
1:00 PM						
2:00 PM						
3:00 PM						
4:00 PM						
5:00 PM						
6:00 PM						
7:00 PM						
8:00 PM						
9:00 PM						
10:00 PM						

My helpful notes:

My next appointment is _____.

If I have any questions, I can call the Wellness Clinic at 414-257-7610.

PHONE: (414) 257-7610 9455 WATERTOWN PLANK ROAD, MILWAUKEE, WI 53226 FAX: (414) 257-7575

Draft

5

PCS Hospital Transfer Waitlist Report

End Of Year Report Update

2017

This report contains information describing 2017 are summarized as follows:

- 5 hospital transfer waitlist events occurred
- PCS was on hospital transfer waitlist status 75.2%
- The 1528 individuals delayed comprised 19.1% of the total PCS admissions (8,001)
- The median wait time for all individuals delayed was 4.6 hours
- The average length of waitlist per patient is 7.6 hours

Prepared by:
Quality Improvement Department

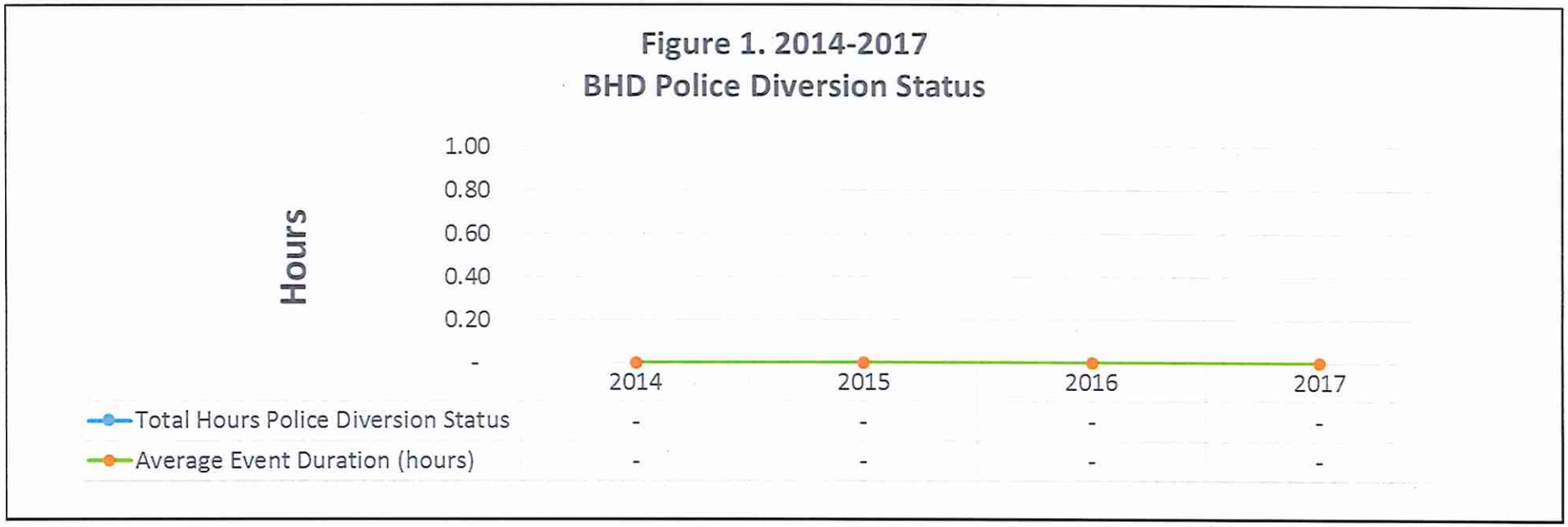
Date: January 25, 2018

Definitions:

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

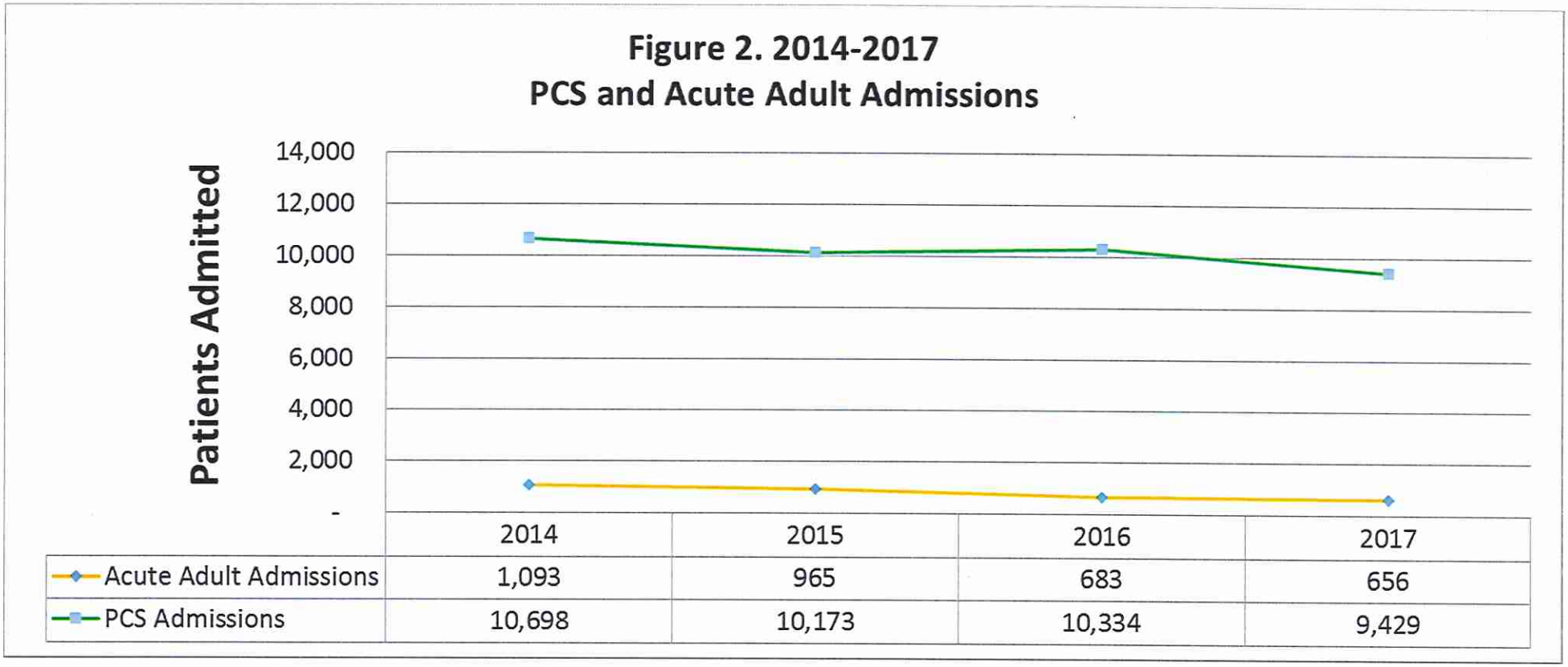
Diversion: A total lack of capacity in PCS and a lack of Acute Inpatient and Observation Unit beds. It results in actual closing of the door with no admissions to PCS allowed. Moreover, it requires law enforcement notification and Chapter 51 patients re-routed.

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

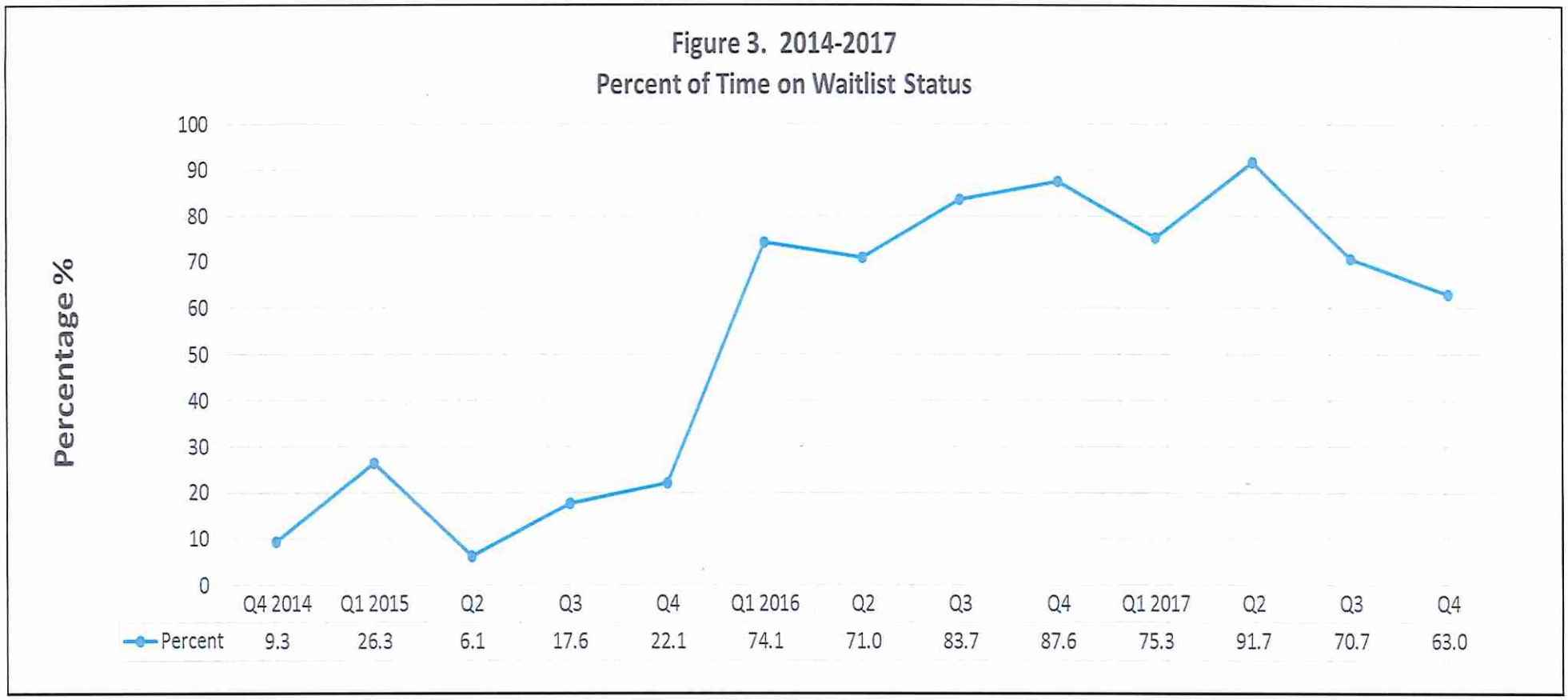


	2014	2015	2016	2017
Total Hours Police Diversion Status	-	-	-	-
Average Event Duration (hours)	-	-	-	-

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



*PCS Admissions = Waitlist Clients + PCS Clients



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

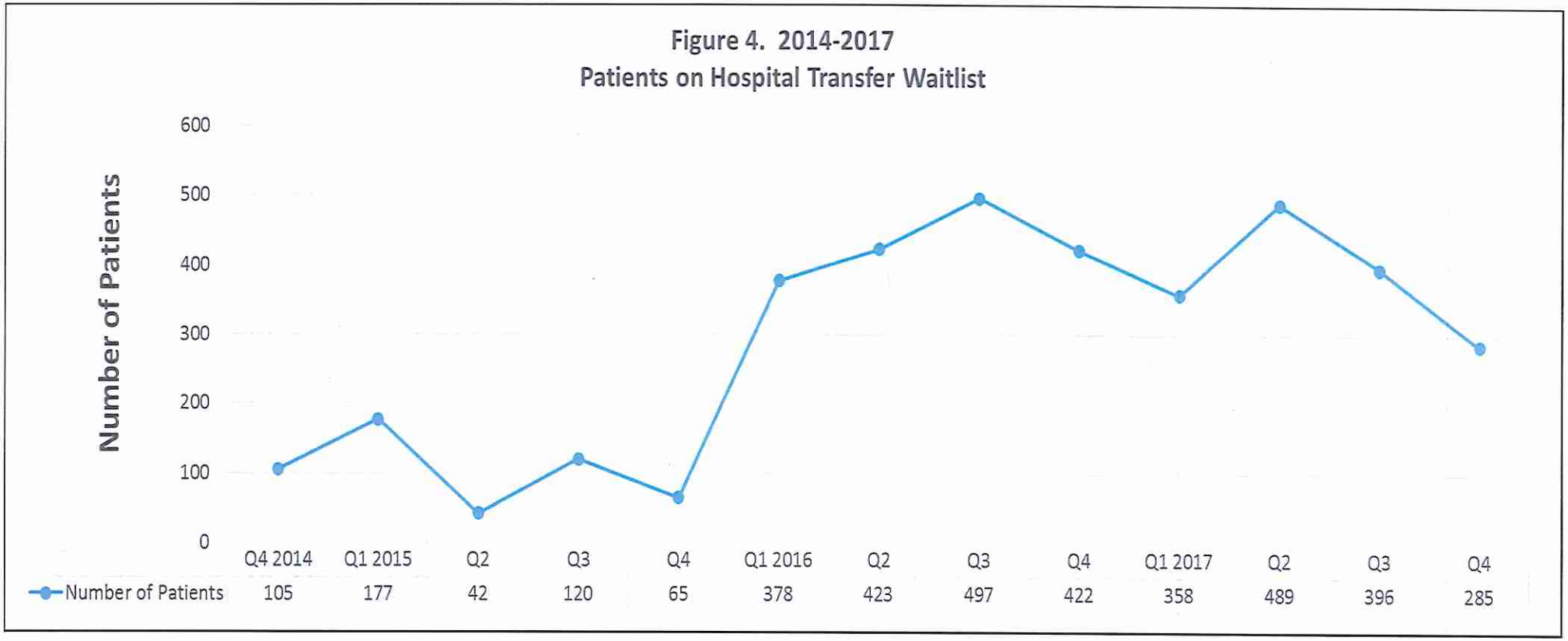


Figure 4. 2014-2017
Patients on Hospital Transfer Waitlist
Number of Patients
600
500
400
300
200
100
0
Q4 2014
Q1 2015
Q2
Q3
Q4
Q1 2016
Q2
Q3
Q4
Q1 2017
Q2
Q3
Q4
Number of Patients
105
177
42
120
65
378
423
497
422
358
489
396
285

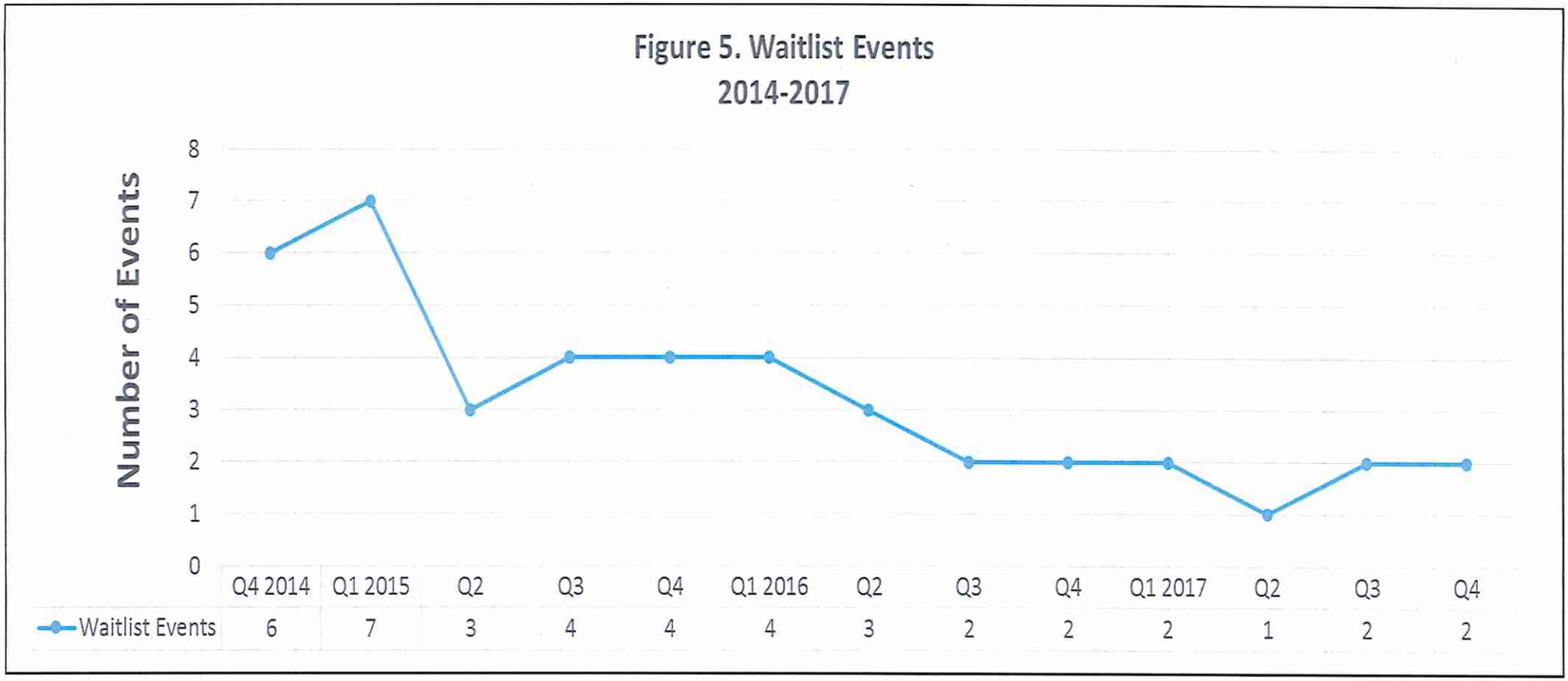


Figure 5. Waitlist Events
2014-2017
Number of Events
8
7
6
5
4
3
2
1
0
Q4 2014
Q1 2015
Q2
Q3
Q4
Q1 2016
Q2
Q3
Q4
Q1 2017
Q2
Q3
Q4
Waitlist Events
6
7
3
4
4
4
3
2
2
2
1
2
2

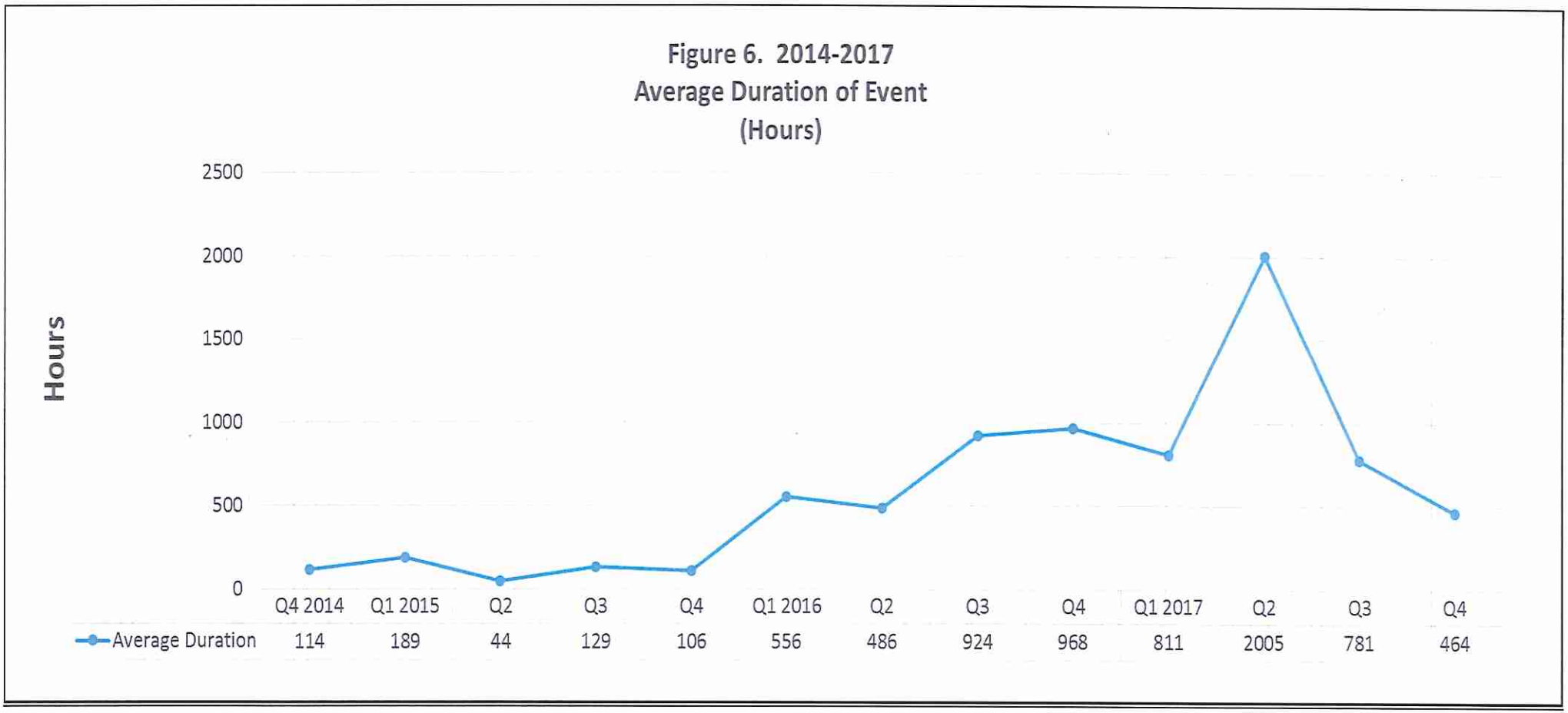


Figure 6. 2014-2017
Average Duration of Event
(Hours)
Hours
2500
2000
1500
1000
500
0
Q4 2014
Q1 2015
Q2
Q3
Q4
Q1 2016
Q2
Q3
Q4
Q1 2017
Q2
Q3
Q4
Average Duration
114
189
44
129
106
556
486
924
968
811
2005
781
464

Figure 7. 2014 - 2017
Median Wait Time For Individuals Delayed
(Hours)
Hours
25
20
15
10
5
0
Q4 2014
Q1 2015
Q2
Q3
Q4
Q1 2016
Q2
Q3
Q4
Q1 2017
Q2
Q3
Q4
Median Wait Time
21.1
7.3
4.9
5.7
3.3
3.4
5.3
5.2
5
4.8
4.3
4.3
5.0

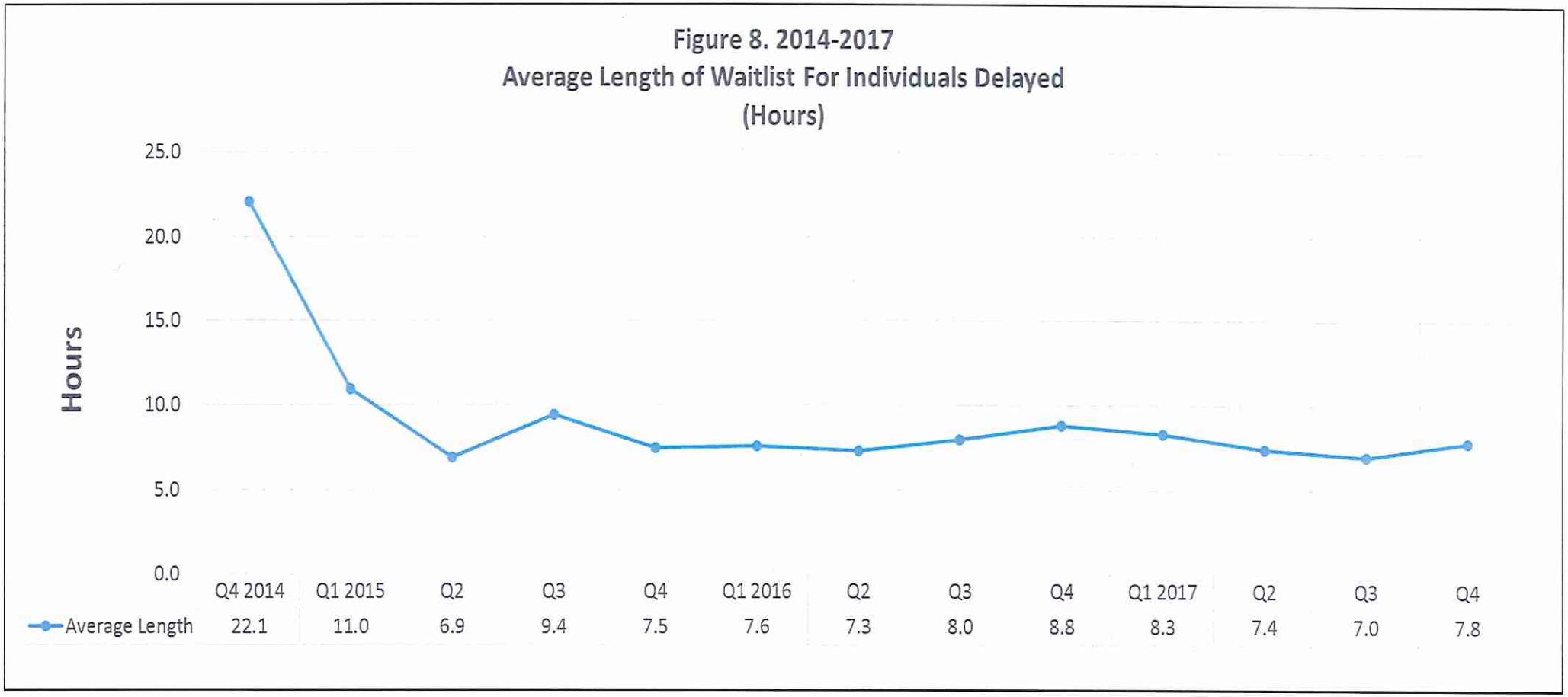
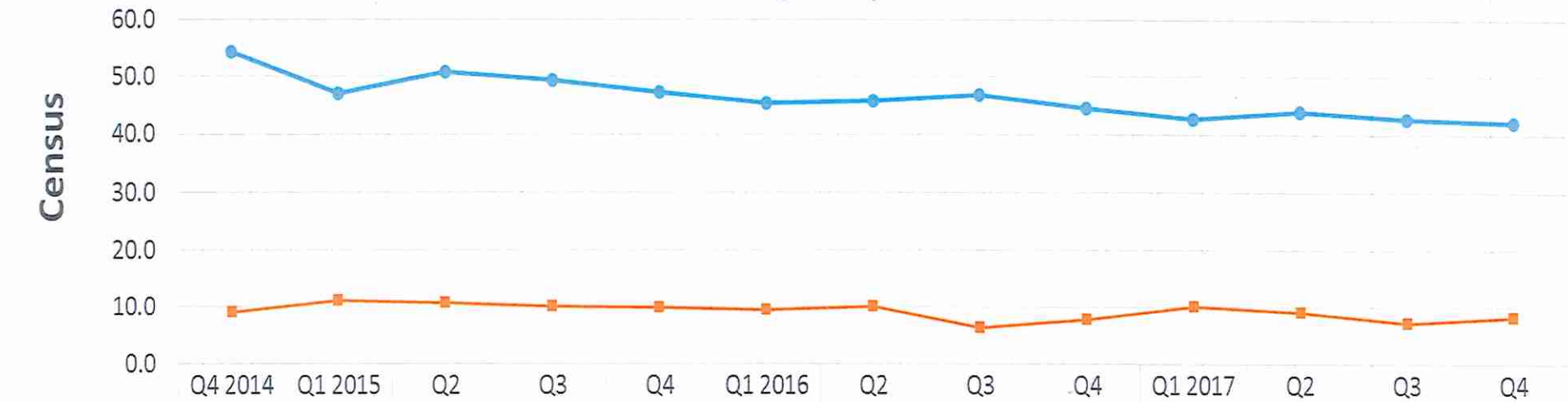
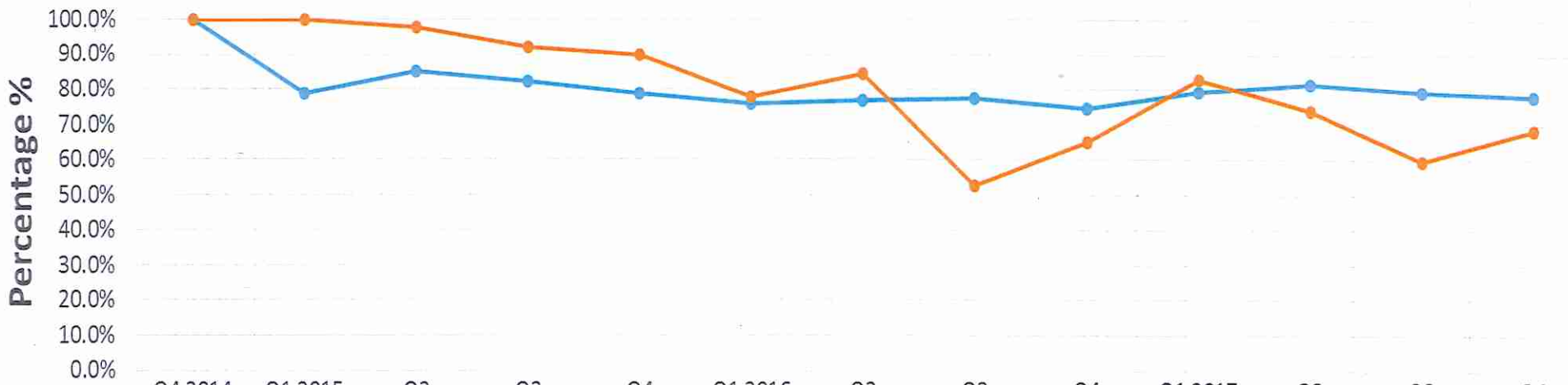


Figure 8. 2014-2017
Average Length of Waitlist For Individuals Delayed
(Hours)
Hours
25.0
20.0
15.0
10.0
5.0
0.0
Q4 2014
Q1 2015
Q2
Q3
Q4
Q1 2016
Q2
Q3
Q4
Q1 2017
Q2
Q3
Q4
Average Length
22.1
11.0
6.9
9.4
7.5
7.6
7.3
8.0
8.8
8.3
7.4
7.0
7.8



	Q4 2014	Q1 2015	Q2	Q3	Q4	Q1 2016	Q2	Q3	Q4	Q1 2017	Q2	Q3	Q4
Acute Adult	54.4	47.1	50.9	49.3	47.2	45.5	45.9	46.9	44.6	42.7	43.9	42.7	42.1
CAIS	8.9	11.1	10.7	10.1	9.9	9.3	10.1	6.3	7.8	9.9	8.9	7.2	8.2

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



	Q4 2014	Q1 2015	Q2	Q3	Q4	Q1 2016	Q2	Q3	Q4	Q1 2017	Q2	Q3	Q4
Acute Adult	100.0%	78.5%	84.8%	82.1%	78.7%	75.8%	76.7%	77.4%	74.4%	79.1%	81.3%	79.1%	78.1%
CAIS	100.0%	100.0%	97.6%	91.8%	89.8%	77.7%	84.3%	52.5%	65.0%	82.8%	74.0%	59.6%	68.4%

*Occupancy Rate = Patient's Day/ (Number of day in the quarter*number of beds budgeted)
*Reduced staffing impacted operation bed count

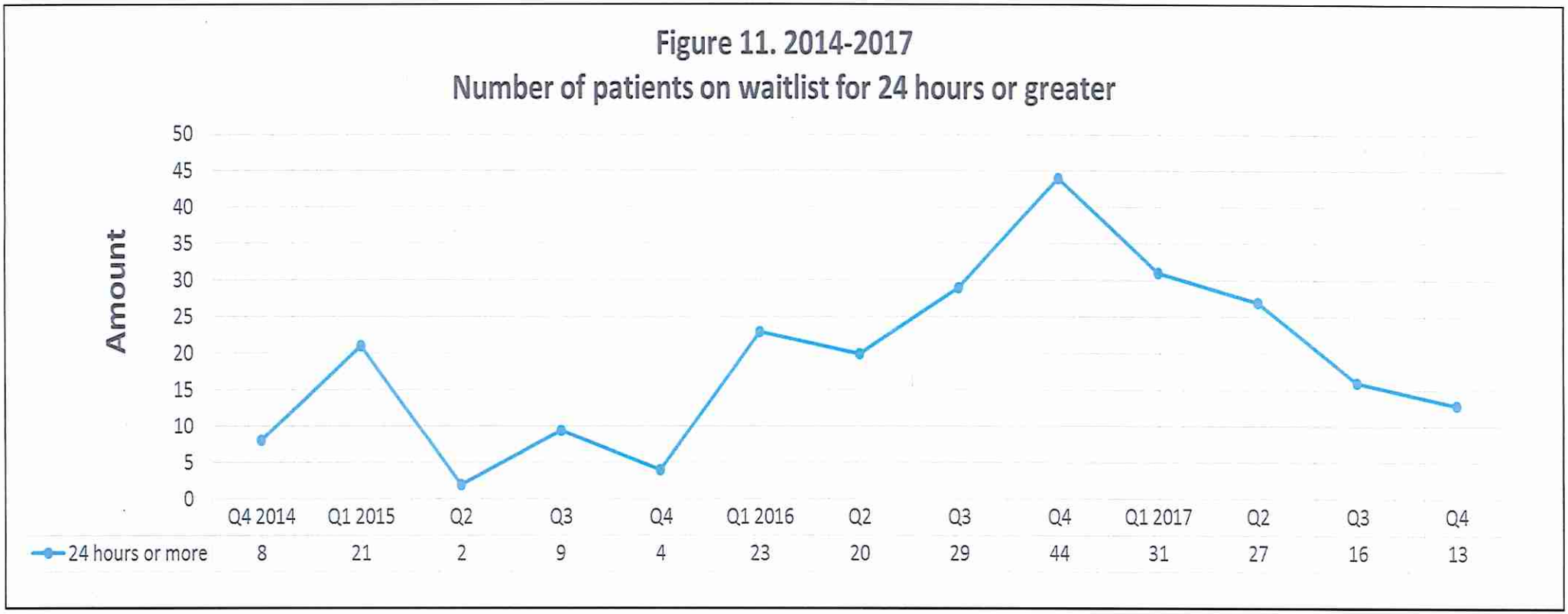
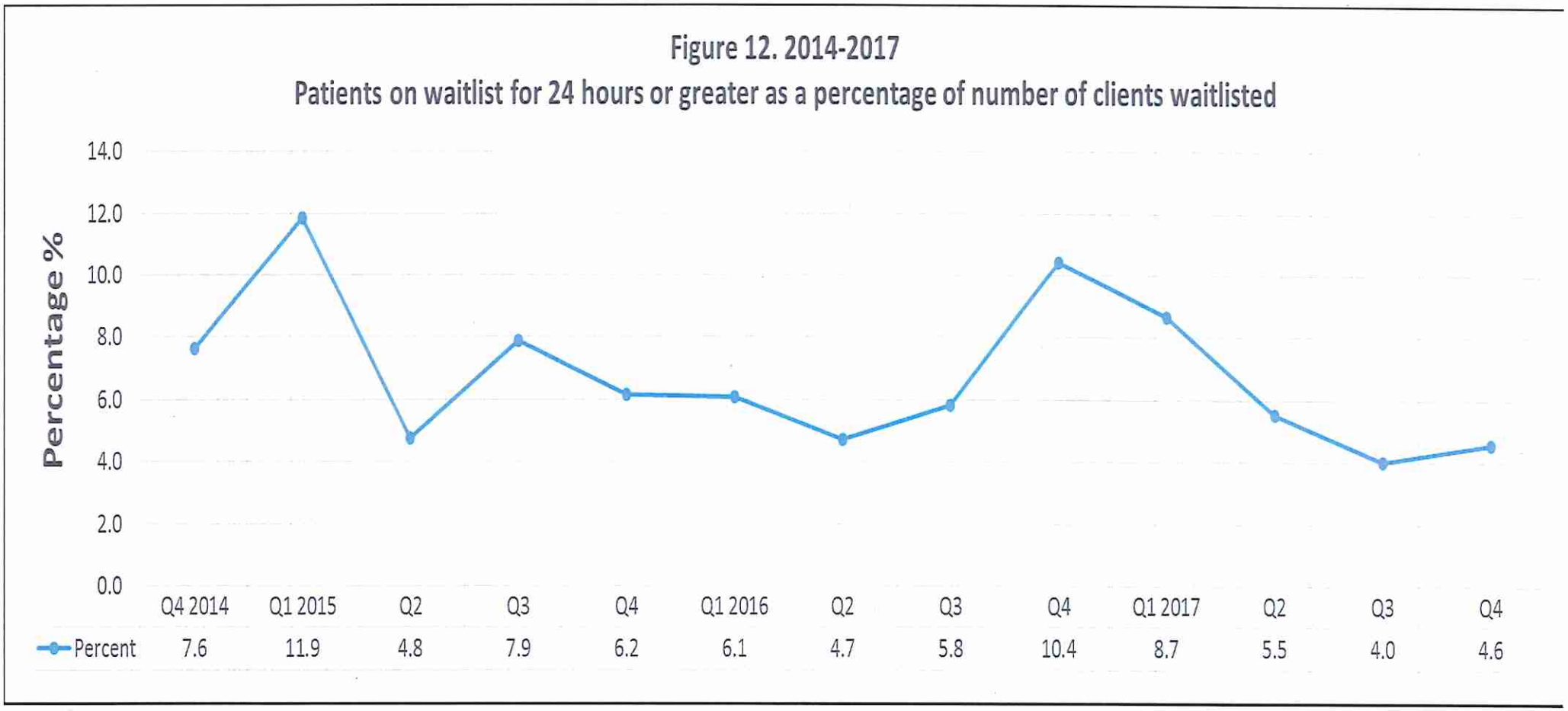


Figure 11. 2014-2017
Number of patients on waitlist for 24 hours or greater
Amount
50
45
40
35
30
25
20
15
10
5
0
Q4 2014
Q1 2015
Q2
Q3
Q4
Q1 2016
Q2
Q3
Q4
Q1 2017
Q2
Q3
Q4
24 hours or more
8
21
2
9
4
23
20
29
44
31
27
16
13



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

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

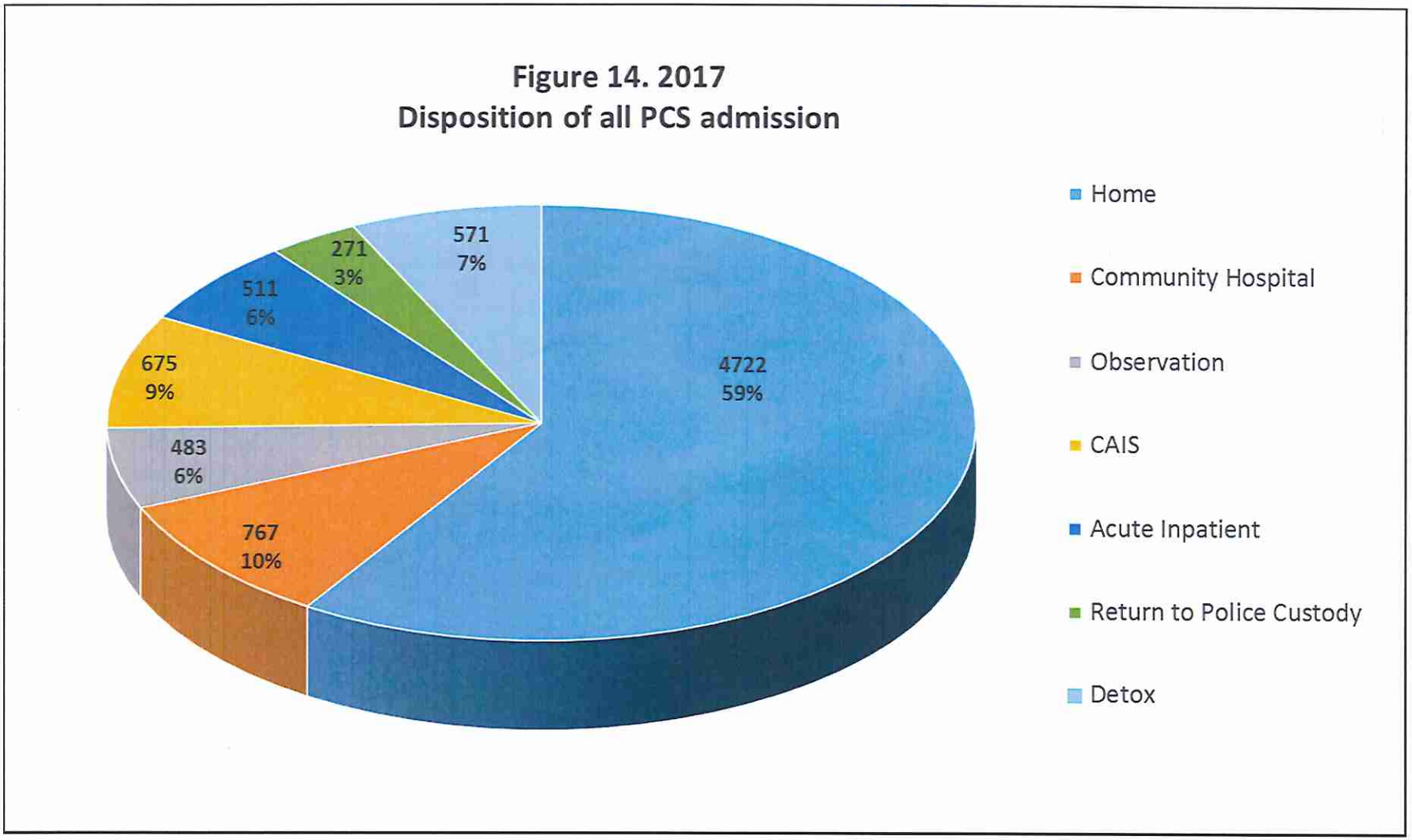


Figure 14. 2017
Disposition of all PCS admission
4722
59%
767
10%
483
6%
675
9%
511
6%
271
3%
571
7%
Home
Community Hospital
Observation
CAIS
Acute Inpatient
Return to Police Custody
Detox

Acute Inpatient Seclusion and Restraint

End of Year Update

2017

This report contains information describing 2017 as summarized:

- Acute Adult: Restraint hourly rate decreased by 81.8% from 2016 through end of year 2017 while restraint incident rate decreased by 59.0% during the same time period. Seclusion incident rate decreased by 17.0% from 2016 through end of year 2017 while Seclusion hourly rate decreased by 40.0% during the same time period.
- CAIS: Restraint hourly rate decreased by 72.7% from 2016 through end of year 2017.

Prepared by: Quality Improvement Department

Date: January 24, 2018

Summary

43A

- 43A rate of restraint hours decreased by 86.4% from 2016 through end of year 2017.
- 43A had 109.38 reported restraint hours, 45.3 reported restraint hours were for 5 individuals (41% of all hours)
- 43A restraint incident rate decreased by 63.5% from 2016 through end of year 2017.
- 43A had 93 reported restraint incidents, 37 reported restraint incidents were for 5 individuals (40% of all incidents)
- 43A seclusion hour's rate decreased by 55.6% from 2016 through end of year 2017, while the seclusion incident rate decreased by 47.2%.

43B

- 43B rate of restraint hours decreased by 78.6% from 2016 through end of year 2017.
- 43B had 72.4 reported restraint hours, 38.6 reported restraint hours were for 5 individuals (53% of all hours)
- 43B restraint incident rate decreased by 65.3% from 2016 through end of year 2017.
- 43B seclusion hour's rate remained the same from 2016 through end of year 2017, while the seclusion incident rate increased by 6.1%.

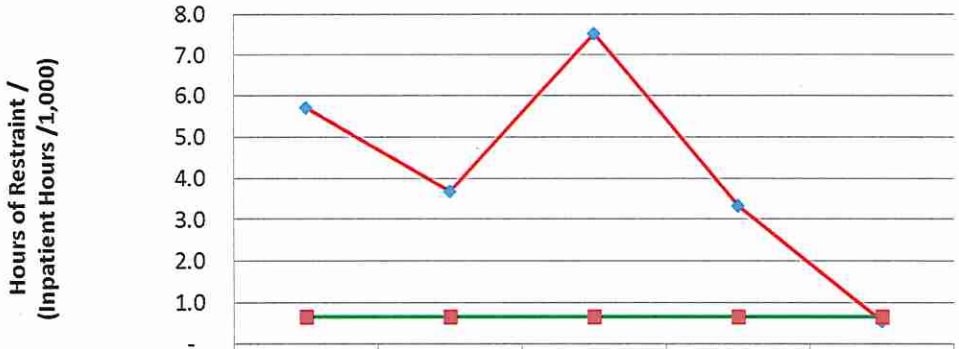
43C

- 43C rate of restraint hours decreased by 60.0% from 2016 through end of year 2017.
- 43C had 28.4 reported restraint hours, 14.6 reported restraint hours were for 3 individuals (51% of all hours)
- 43C restraint incident rate decreased by 21.6% from 2016 through end of year 2017.
- 43C seclusion hour's rate decreased by 25.0% from 2016 through end of year 2017, while the seclusion incident rate increased by 50.5%.

CAIS

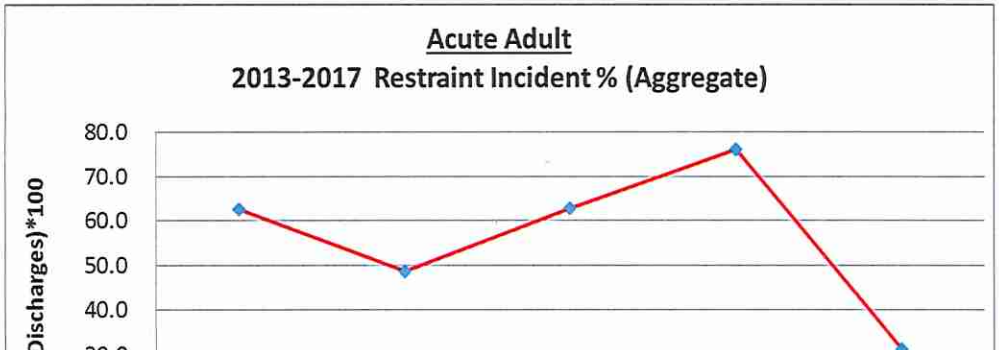
- CAIS rate of restraint hours decreased by 72.7% from 2016 through end of year 2017.
- Five (5) individuals had 36 reported restraint hours, 41% of all restraints
- CAIS restraint incident rate decreased by 67.2% from 2016 through the third quarter of 2017.

Acute Adult

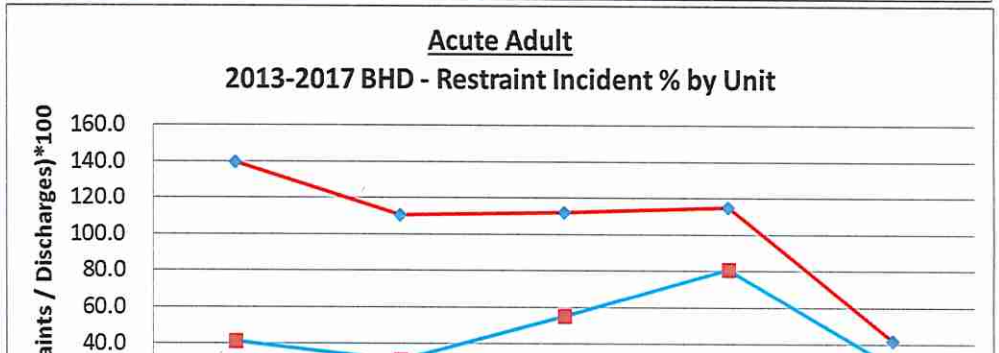


	2013	2014	2015	2016	2017
Acute	5.7	3.7	7.5	3.3	0.6
National Average	0.66	0.66	0.66	0.66	0.66

	2013	2014	2015	2016	2017
43A	16.3	9.2	18.3	6.6	0.9
43B	2.6	1.5	4.3	2.8	0.6
43C	0.6	1.3	0.7	0.5	0.2

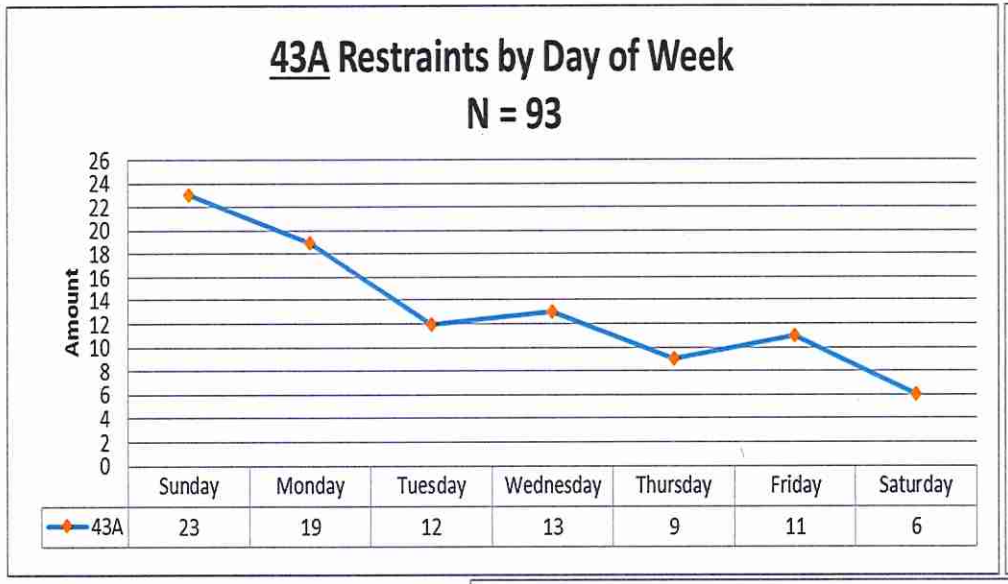


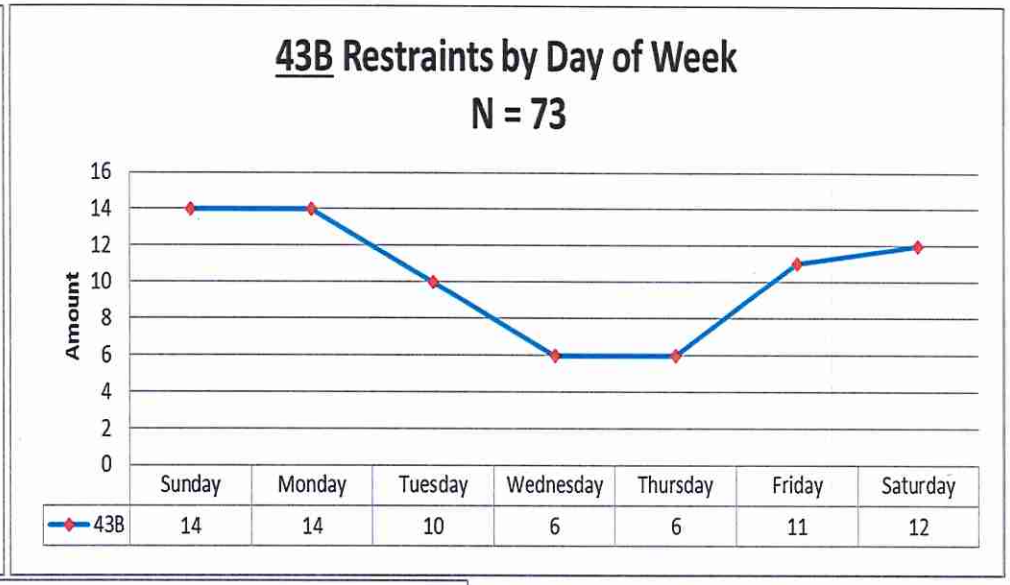
	2013	2014	2015	2016	2017
Acute	62.6	48.6	62.7	76.1	31.2

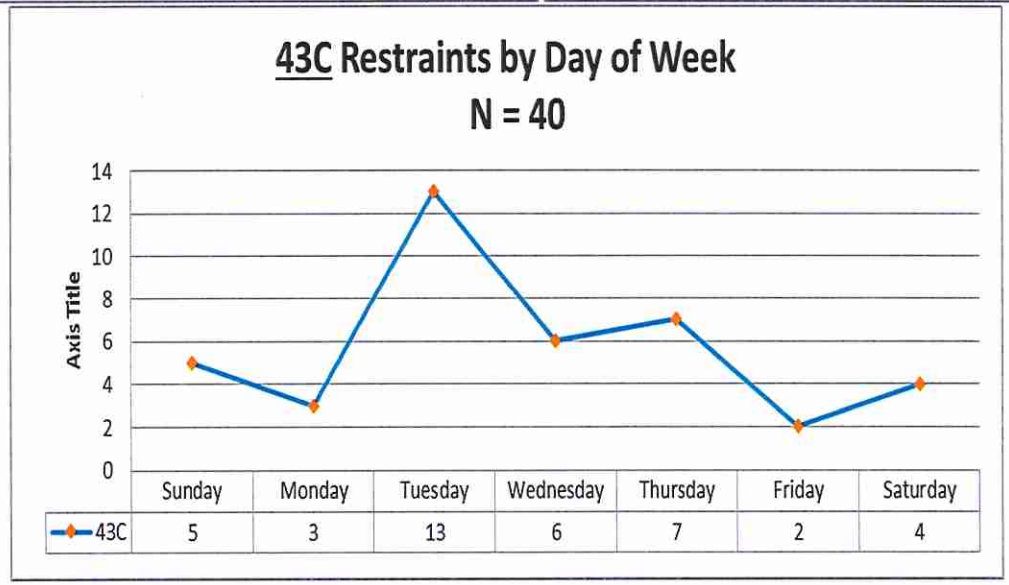


	2013	2014	2015	2016	2017
43A	139.5	110.6	112.1	114.7	41.9
43B	41.3	31.1	55.0	80.9	28.1
43C	23.6	25.1	24.0	28.7	22.5

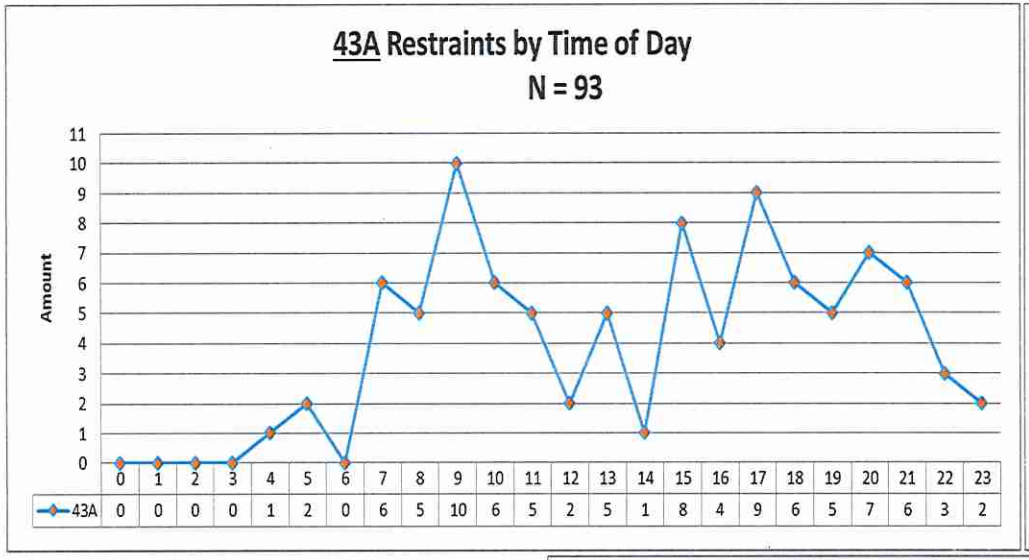
Acute Adult

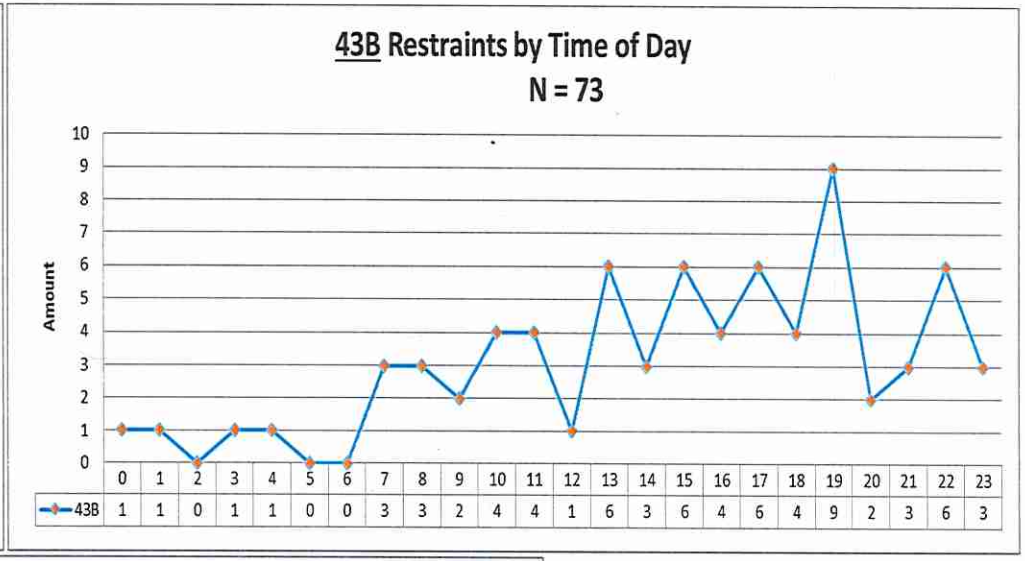

43A Restraints by Day of Week
N = 93
Amount
26
24
22
20
18
16
14
12
10
8
6
4
2
0
Sunday Monday Tuesday Wednesday Thursday Friday Saturday
43A 23 19 12 13 9 11 6

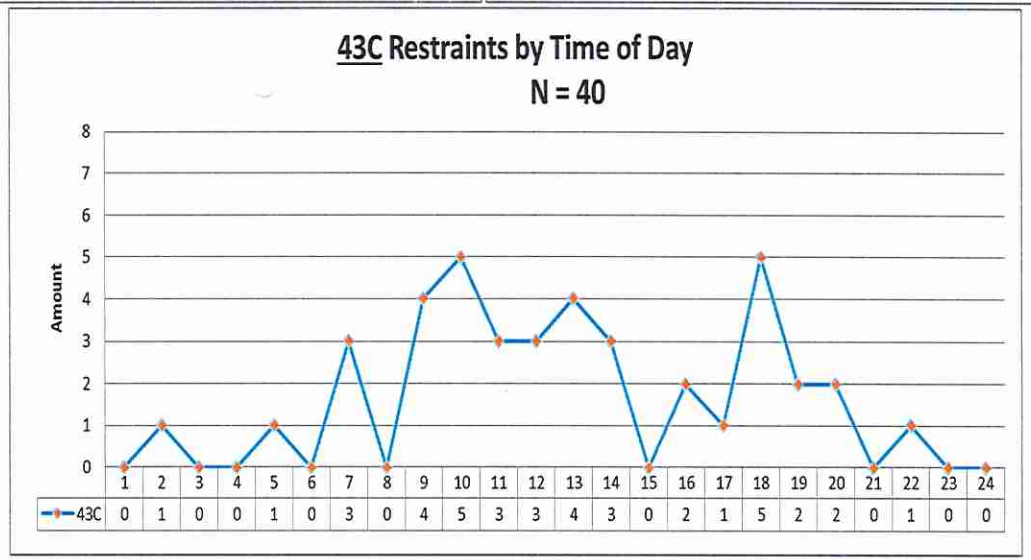

43B Restraints by Day of Week
N = 73
Amount
16
14
12
10
8
6
4
2
0
Sunday Monday Tuesday Wednesday Thursday Friday Saturday
43B 14 14 10 6 6 11 12


43C Restraints by Day of Week
N = 40
Axis Title
14
12
10
8
6
4
2
0
Sunday Monday Tuesday Wednesday Thursday Friday Saturday
43C 5 3 13 6 7 2 4

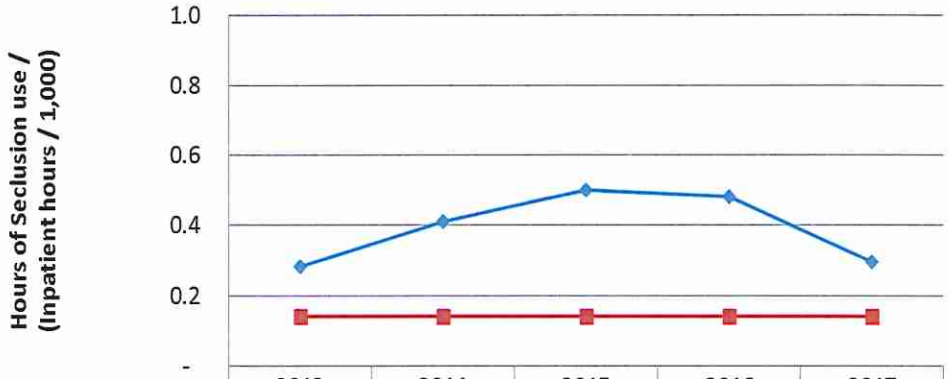
Acute Adult


43A Restraints by Time of Day
N = 93
Amount
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23
43A 0 0 0 0 1 2 0 6 5 10 6 5 2 5 1 8 4 9 6 5 7 6 3 2

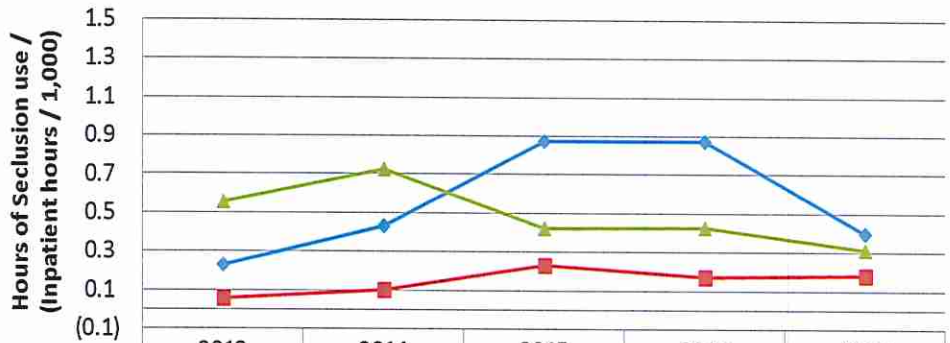

43B Restraints by Time of Day
N = 73
Amount
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23
43B 1 1 0 1 1 0 0 3 3 2 4 4 1 6 3 6 4 6 4 9 2 3 6 3


43C Restraints by Time of Day
N = 40
Amount
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
43C 0 1 0 0 1 0 3 0 4 5 3 3 4 3 0 2 1 5 2 2 0 1 0 0

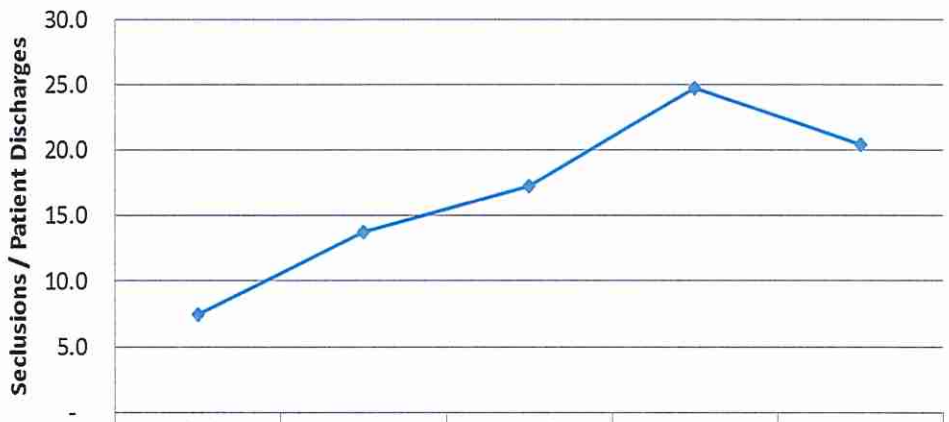
Acute Adult



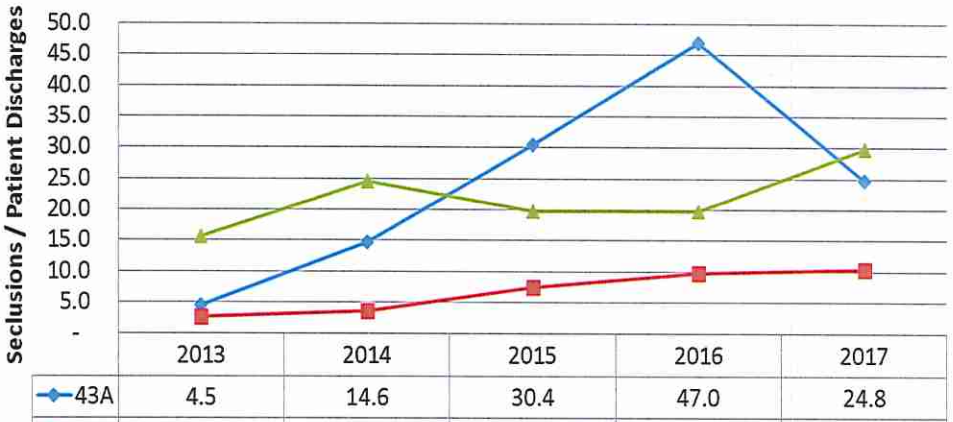
	2013	2014	2015	2016	2017
Acute	0.3	0.4	0.5	0.5	0.3
National Average	0.1	0.1	0.1	0.1	0.1



	2013	2014	2015	2016	2017
43A	0.2	0.4	0.9	0.9	0.4
43B	0.1	0.1	0.2	0.2	0.2
43C	0.6	0.7	0.4	0.4	0.3

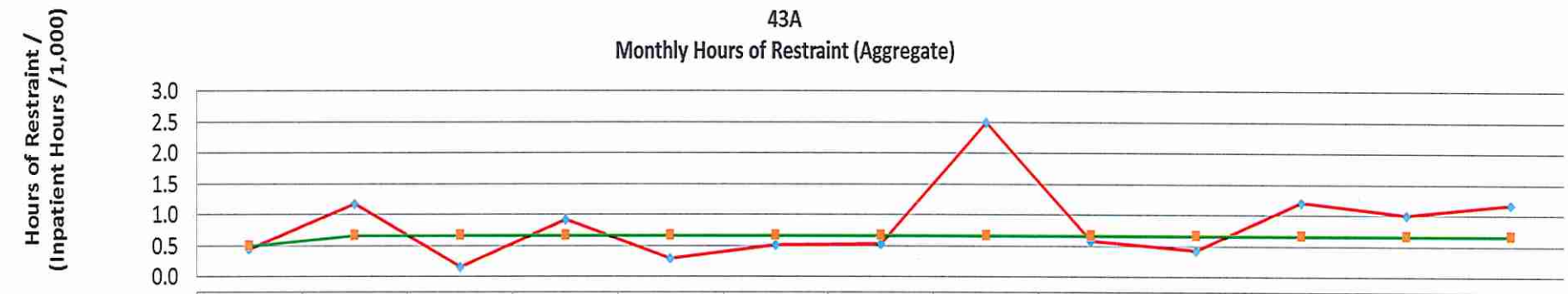


	2013	2014	2015	2016	2017
Acute	7.4	13.7	17.3	24.7	20.5

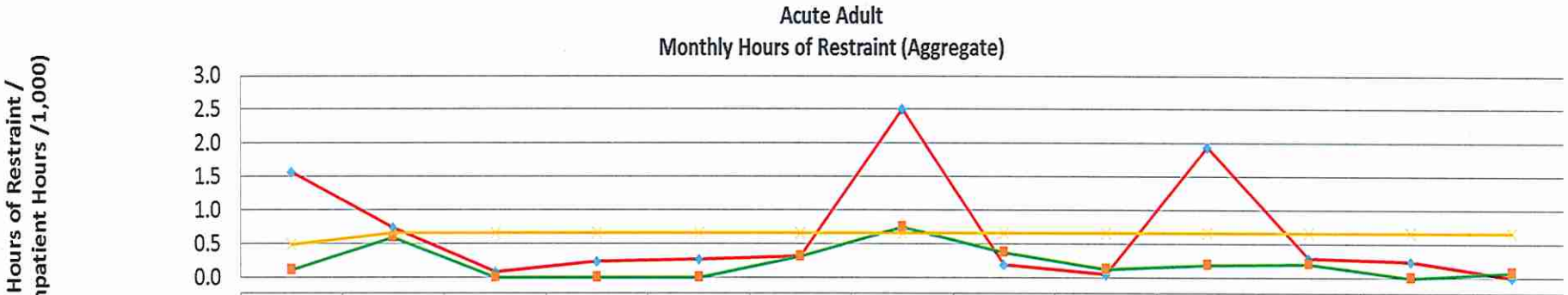


	2013	2014	2015	2016	2017
43A	4.5	14.6	30.4	47.0	24.8
43B	2.6	3.6	7.4	9.8	10.4
43C	15.6	24.6	19.8	19.8	29.8

Acute Adult

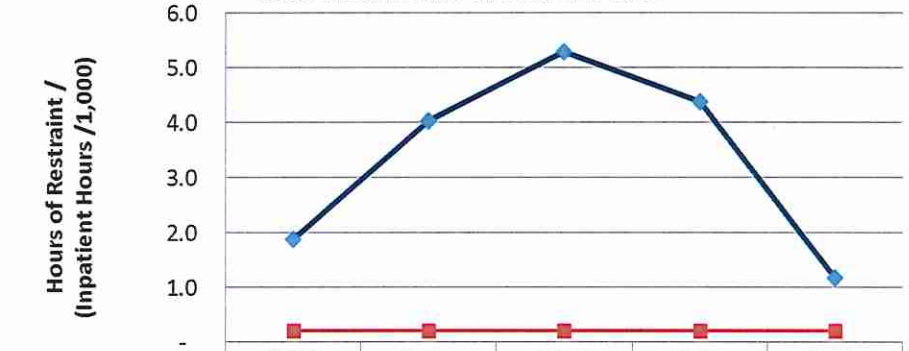


	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
43A	0.4	1.2	0.2	0.9	0.3	0.5	0.5	2.5	0.6	0.4	1.2	1.0	1.2
National Average	0.49	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66

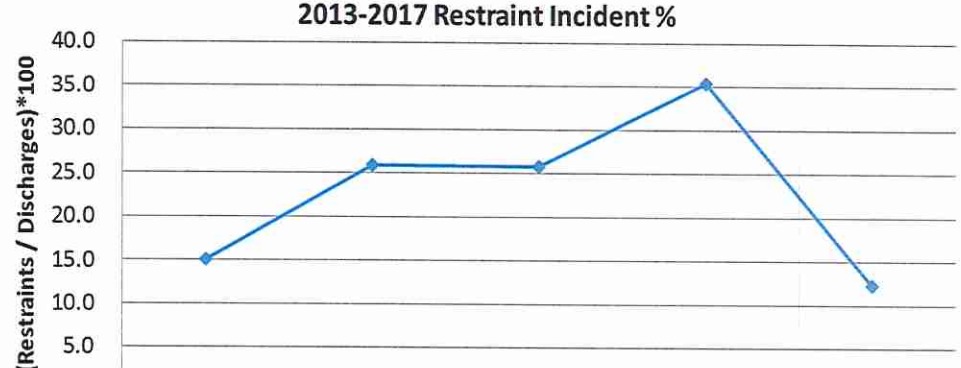


	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
43B	1.6	0.7	0.1	0.2	0.3	0.3	2.5	0.2	0.0	2.0	0.3	0.2	0.0
43C	0.1	0.6	0.0	0.0	0.0	0.3	0.8	0.4	0.1	0.2	0.2	0.0	0.1
National Average	0.49	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66

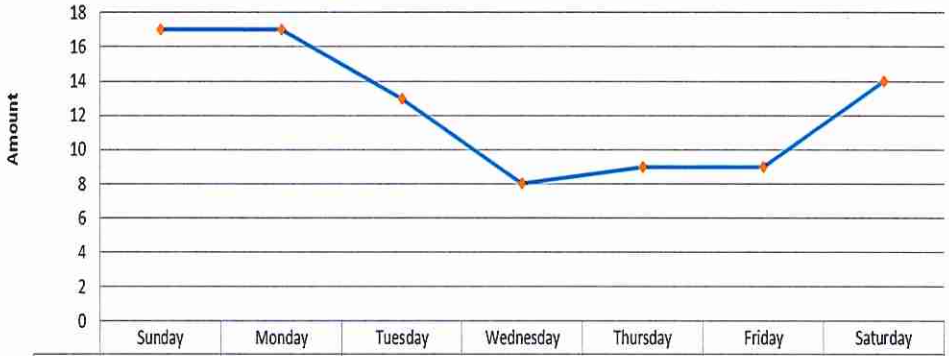
CAIS



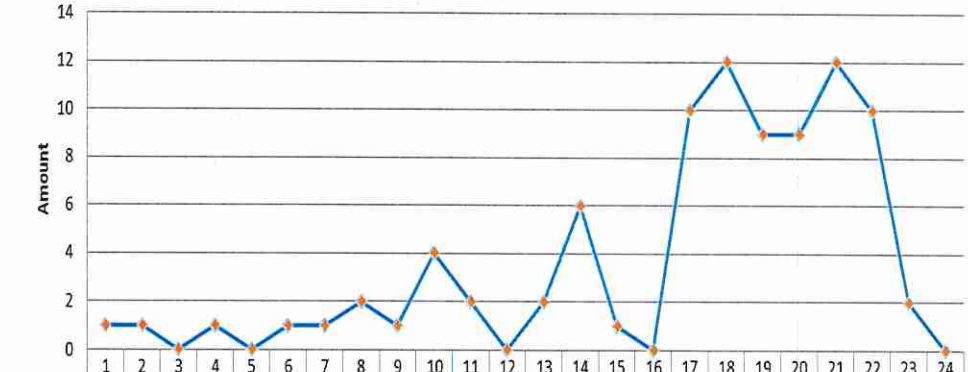
	2013	2014	2015	2016	2017
CAIS	1.9	4.0	5.3	4.4	1.2
National Average	0.22	0.22	0.22	0.22	0.22



	2013	2014	2015	2016	2017
CAIS	15.1	25.9	25.9	35.4	12.3

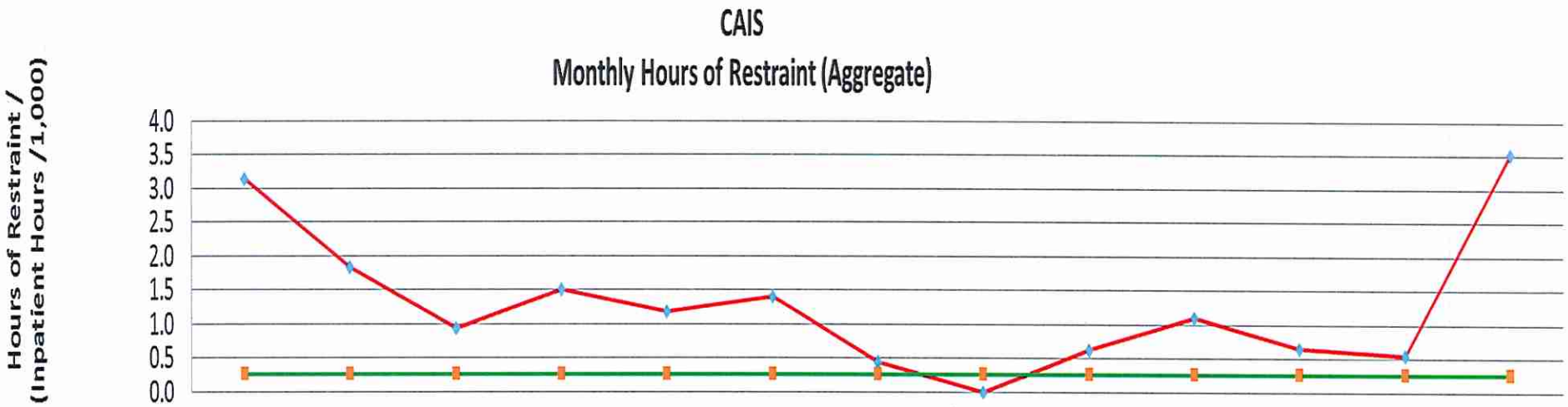


	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
53B	17	17	13	8	9	9	14



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
53B	1	1	0	1	0	1	1	2	1	4	2	0	2	6	1	0	10	12	9	9	12	10	2	0

CAIS



	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
53B	3.1	1.8	0.9	1.5	1.2	1.4	0.4	0.0	0.6	1.1	0.6	0.5	3.5
National Average	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26

Facility Data

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

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

MHSIP Consumer Satisfaction Survey

Annual

2017

Prepared By:
Quality Improvement Department

Created 1/23/17

Overview

• In 2017, 218 of the 656 consumers discharged from Acute Adult Inpatient Service completed the MHSIP survey. Acute Adult Inpatient Service's 2017 MHSIP survey response rate of 33% is significantly above the 27% national average response rate for inpatient behavioral health patient satisfaction surveys.

• Acute Adult Inpatient Service's survey item domain scores are within 3 percentage points of the published national averages.

• The survey results for 2017 revealed an **increase** in positive rating for all six survey item domain categories in comparison to 2016's scores. In 2017, the Dignity and Environment domains received the highest positive rating in the 15 year history of administering this survey.

• The following are *general guidelines* for interpreting the inpatient consumer survey results based on thirteen years of administering the survey. The percentage of agree/strongly agree (positive) responses may be interpreted as:

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

• The results revealed a "High" response score for the Dignity domain (81%), "Good" response scores for 4 of the 6 survey item domains: 77% for Outcome, 75% for Participation, 75% for Empowerment, and 74% for Environment. Relatively low response scores were obtained for the patient Rights domain 65%.

• Survey items with the highest positive response scores were:

- I was encouraged to use self-help/support groups (84%)
- Staff here believe that I could grow, change and recover (81%)
- My contact with nurses and therapists was helpful (81%)
- I felt comfortable asking questions about my treatment and medications (81%)
- The hospital environment was clean and comfortable (81%)
- I participated in planning my discharge (79%)
- I was treated with dignity and respect (78%)
- I do better in social situations (78%)
- My symptoms are not bothering me as much (77%)

Introduction

The survey of Acute Adult Inpatient consumers is intended to obtain consumers' perceptions of services received during their inpatient episode of care. The survey is an ongoing performance improvement project that utilizes the information obtained to identify performance improvement initiatives for inpatient treatment. Consumers' perceptions of inpatient services are obtained regarding:

- Outcomes attained
- The environment in which services were provided
- Participation in treatment planning and discharge
- Protection of rights
- Being treated with dignity
- Empowerment
- Additional aspects of services received including cultural sensitivity, treatment choices, and medications

Method

At the time of discharge, unit social workers present the survey to all consumers and emphasize that the BHD values consumer input to the evaluation of services provided in its programs. They also explain to consumers that survey participation is voluntary, and assure consumers that analyses of the information obtained is summarized and does not identify any individual's responses. Individuals with multiple inpatient episodes are provided opportunities to respond to the survey after each inpatient stay.

Instrument

The MHSIP Inpatient Consumer Survey (2001) contains a total of 28 items. Twenty-one items are designed to measure six domains: *Outcome, Dignity, Rights, Participation, Environment and Empowerment*. Seven additional items ask respondents to rate other aspects of services received including treatment options, medications, cultural sensitivity, and staff. Respondents indicate their level of agreement/disagreement with statements about the inpatient mental health services they have received utilizing a 5-point scale: strongly agree – agree – neutral – disagree – strongly disagree. Respondents may also record an item as not applicable.

Additional survey items are completed to provide basic demographic and descriptive information: age, gender, marital status, ethnicity, length of stay, and legal status. Respondents may choose to provide written comments on the survey form about their responses or about areas not covered by the questionnaire. The following lists the consumer survey items.

NRI/MHSIP Inpatient Consumer Survey (2001)

Outcome Domain:

- I am better able to deal with crisis.
- My symptoms are not bothering me as much.
- I do better in social situations.
- I deal more effectively with daily problems.

Dignity Domain:

- I was treated with dignity and respect.
- Staff here believe that I can grow, change and recover.
- I felt comfortable asking questions about my treatment and medications.
- I was encouraged to use self-help/support groups.

Rights Domain:

- I felt free to complain without fear of retaliation.
- I felt safe to refuse medication or treatment during my hospital stay.
- My complaints and grievances were addressed.

Participation Domain:

- I participated in planning my discharge.
- Both I and my doctor or therapist from the community were actively involved in my hospital treatment plan.
- I had the opportunity to talk with my doctor or therapist from the community prior to discharge.

Environment Domain:

- The surroundings and atmosphere at the hospital helped me get better.
- I felt I had enough privacy in the hospital.
- I felt safe while in the hospital.
- The hospital environment was clean and comfortable.

Empowerment Domain:

- I had a choice of treatment options.
- My contact with my doctor was helpful.
- My contact with nurses and therapists was helpful.

Other survey items:

- The medications I am taking help me control symptoms that used to bother me.
- I was given information about how to manage my medication side effects.
- My other medical conditions were treated.
- I felt this hospital stay was necessary.
- Staff were sensitive to my cultural background.
- My family and/or friends were able to visit me.
- If I had a choice of hospitals, I would still choose this one.

Results

The following presents the results of the Inpatient MHSIP Consumer survey completed by consumers of the Acute Adult Inpatient Service in 2017. Data from 2013 – 2016 administrations of the survey are also presented in select tables of this report to allow for comparisons.

The following are *general guidelines* for interpreting the inpatient consumer survey results based on twelve years of administering the survey. The percentage of agree/strongly agree (positive) responses may be interpreted as:

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

Response Rate

Completed surveys were obtained at discharge from 33% of the 656 consumers discharged from the Acute Adult Inpatient service in 2017. Acute Adult Inpatient Service's 2017 MHSIP survey response rate of 33% is significantly above the 27% national average response rate for inpatient behavioral health patient satisfaction surveys.

Table 1 presents data on response rates by unit and the total BHD Acute Adult Inpatient Service for 2014 – 2017.

Table 1. Inpatient MHSIP Consumer Survey - Response Rate by Unit

Unit	2014		2015		2016		2017	
	Completed Surveys	Response Rate	Completed Surveys	Response Rate	Completed Surveys	Response Rate	Completed Surveys	Response Rate
43A - ITU	48	19.6%	76	27.8%	70	30.2%	48	21.6%
43B - ATU	143	29.7%	334	77.5%	171	66.5%	154	59.5%
43C - WTU	94	25.7%	92	35.1%	39	20.1%	16	9.0%
Total	285	**26.1%**	502	**52.0%**	280	**41.0%**	218	**33.1%**

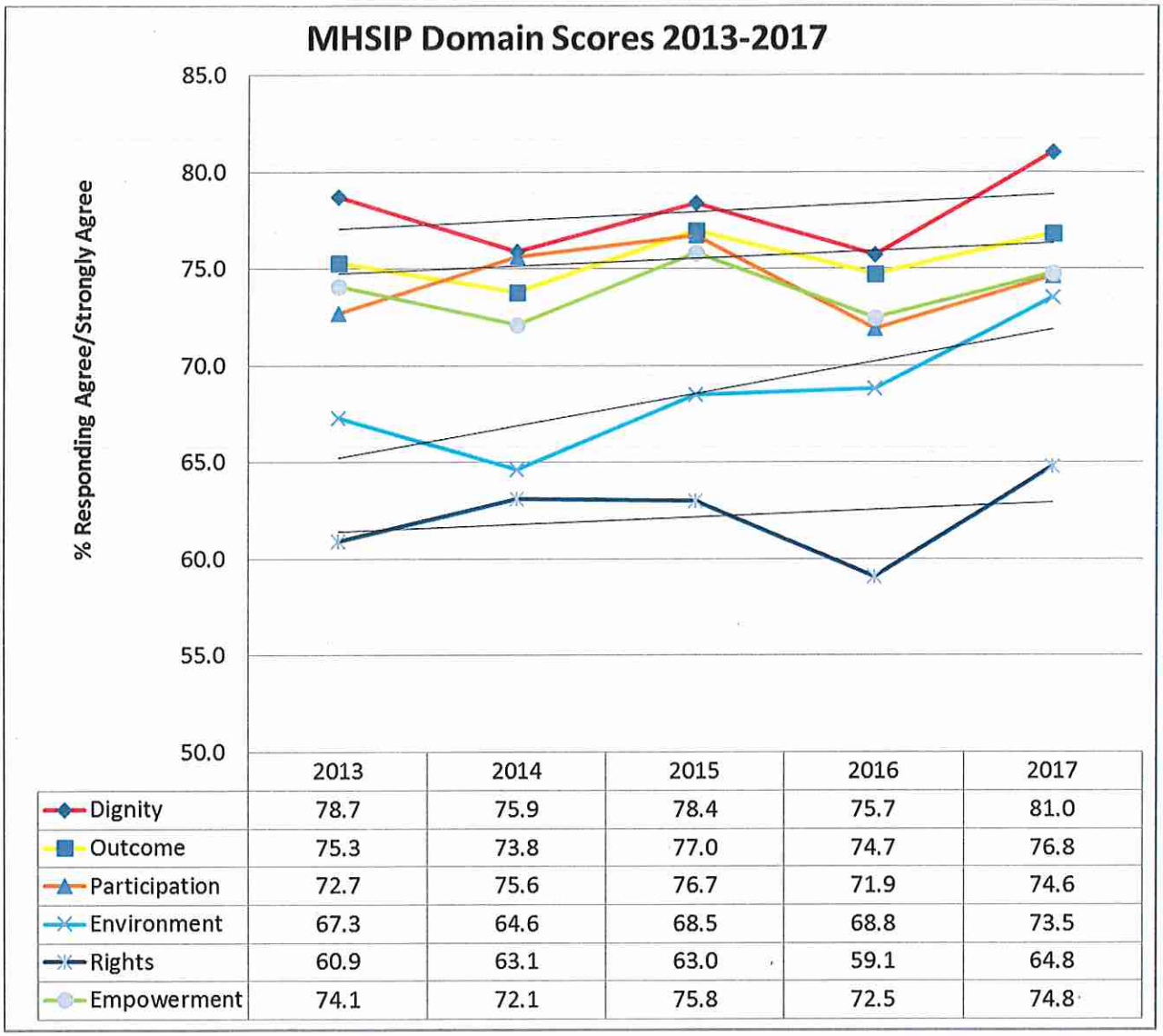
Acute Adult Inpatient Service

Table 2 presents Acute Adult Inpatient Service's consumer positive (agree/strongly agree) responses for 2013 – 2017. In 2017, the results revealed a "High" response score for the Dignity domain (81%), "Good" response scores for 4 of the 6 survey item domains: 77% for Outcome, 75% for Participation, 75% for Empowerment, and 74% for Environment. Relatively low response scores were obtained for the patient Rights domain 65%.

Table 2. Inpatient MHSIP Consumer Survey - All Units

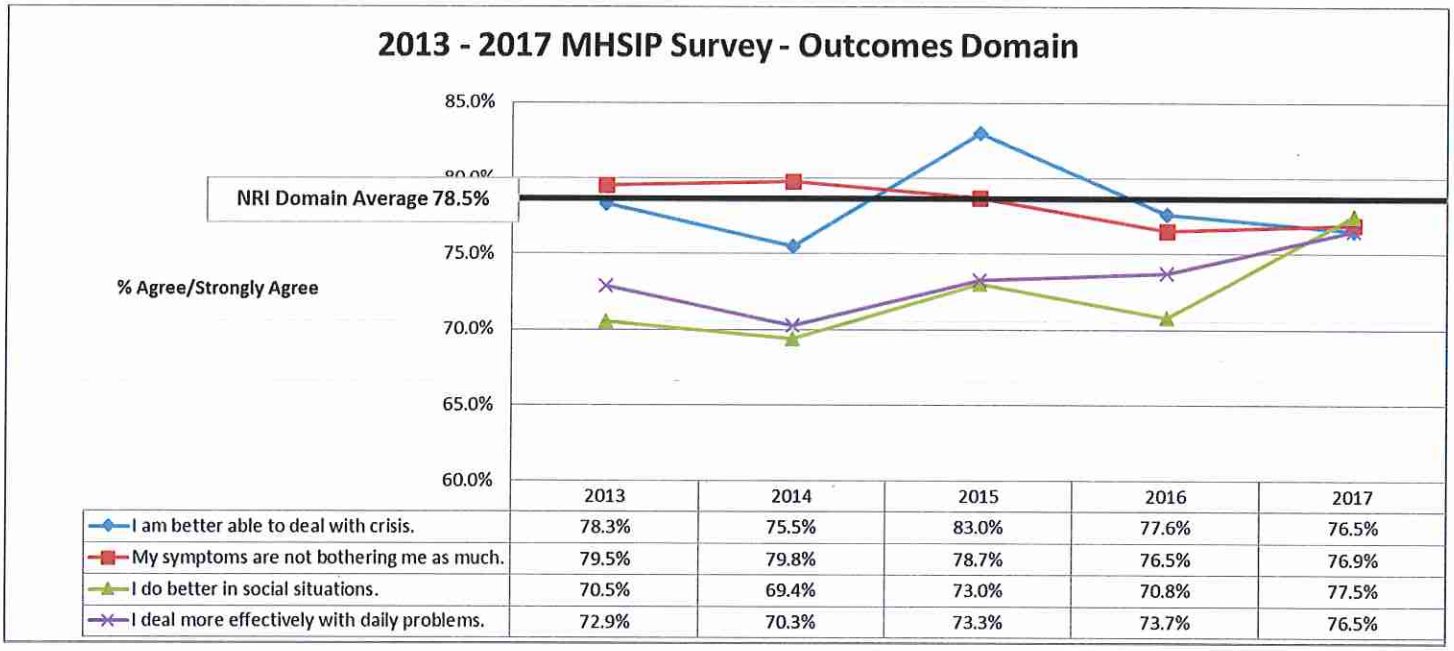
Domains	Agree/Strongly Agree Response %				
	2013	2014	2015	2016	2017
Dignity	78.7%	75.9%	78.4%	75.7%	81.0%
Outcome	75.3%	73.8%	77.0%	74.7%	76.8%
Participation	72.7%	75.6%	76.7%	71.9%	74.6%
Environment	67.3%	64.6%	68.5%	68.8%	73.5%
Rights	60.9%	63.1%	63.0%	59.1%	64.8%
Empowerment	74.1%	72.1%	75.8%	72.5%	74.8%
Additional Questions					
My family and/or friends were able to visit me.	79.0%	78.8%	78.6%	77.9%	81.8%
The Medications I am taking help me control my symptoms that used to bother me.	73.2%	74.8%	77.0%	74.3%	76.9%
My other medical conditions were treated.	72.4%	66.3%	68.1%	67.7%	72.5%
Staff were sensitive to my cultural background.	61.9%	63.8%	67.4%	64.7%	71.3%
I felt this hospital stay was necessary.	66.0%	68.4%	65.8%	62.5%	66.0%
I was given information about how to manage my medication side effects.	64.7%	63.3%	72.1%	66.1%	69.2%
If I had a choice of hospitals, I would still choose this one.	60.3%	55.3%	63.2%	56.0%	65.4%
Surveys Completed	487	285	502	280	218

The following graph presents Acute Adult Inpatient Service's 2013-2017 positive (agree/strongly agree) Domain scores.

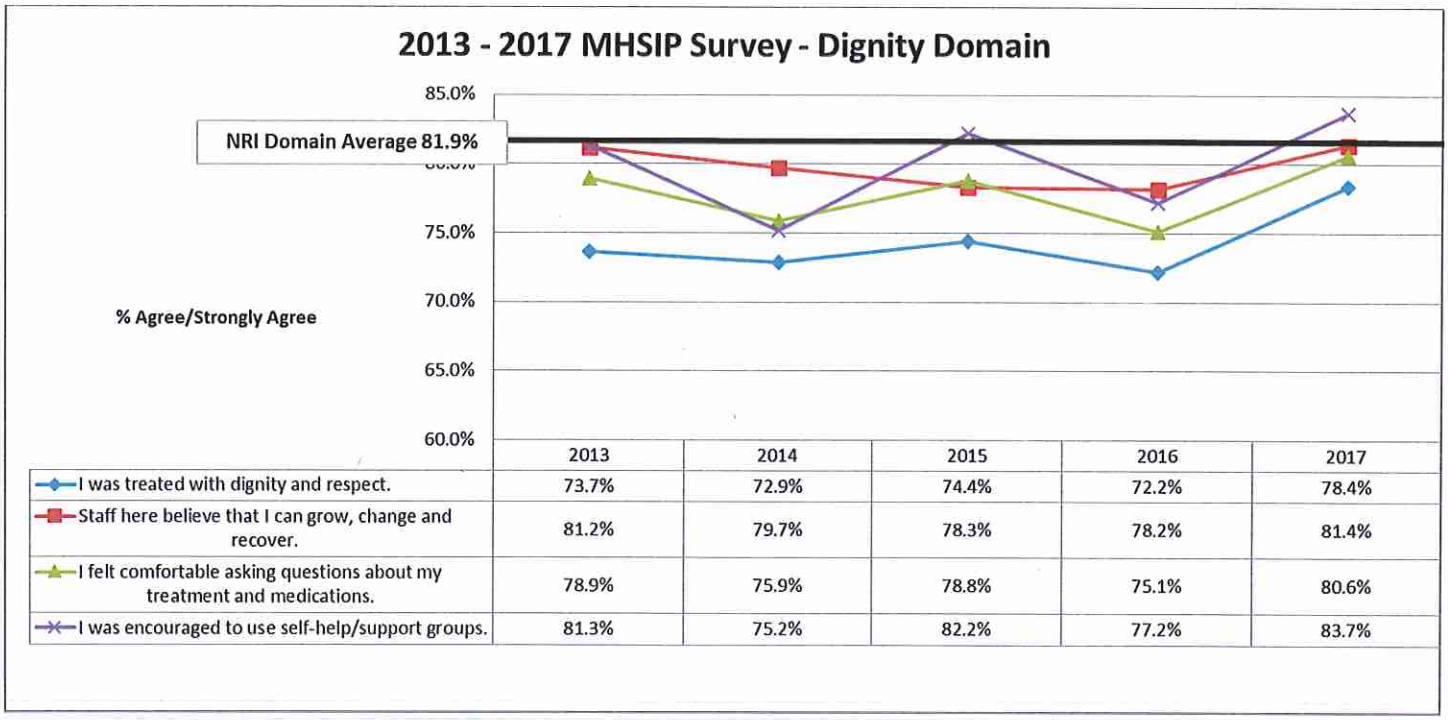


	2013	2014	2015	2016	2017
Dignity	78.7	75.9	78.4	75.7	81.0
Outcome	75.3	73.8	77.0	74.7	76.8
Participation	72.7	75.6	76.7	71.9	74.6
Environment	67.3	64.6	68.5	68.8	73.5
Rights	60.9	63.1	63.0	59.1	64.8
Empowerment	74.1	72.1	75.8	72.5	74.8

The following graphs present Acute Adult Inpatient Service's 2013-2017 positive (agree/strongly agree) survey item scores and NRI's domain average.

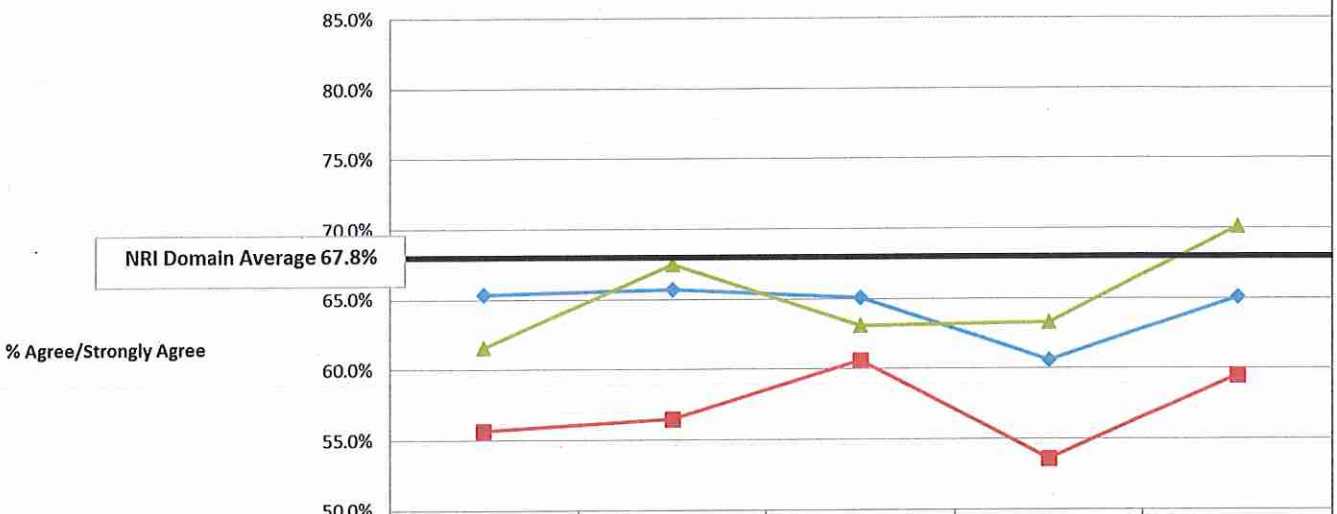


	2013	2014	2015	2016	2017
I am better able to deal with crisis.	78.3%	75.5%	83.0%	77.6%	76.5%
My symptoms are not bothering me as much.	79.5%	79.8%	78.7%	76.5%	76.9%
I do better in social situations.	70.5%	69.4%	73.0%	70.8%	77.5%
I deal more effectively with daily problems.	72.9%	70.3%	73.3%	73.7%	76.5%



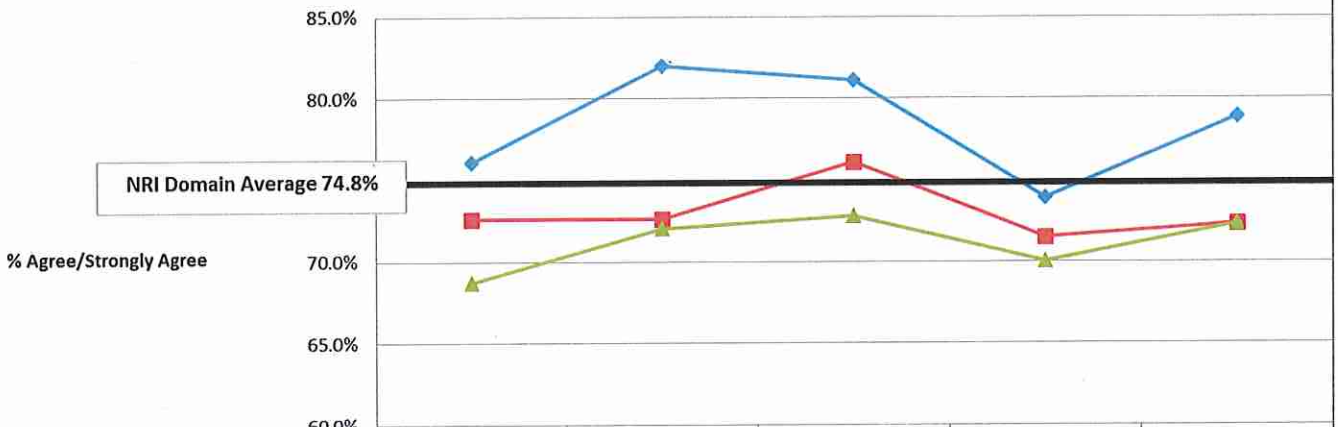
	2013	2014	2015	2016	2017
I was treated with dignity and respect.	73.7%	72.9%	74.4%	72.2%	78.4%
Staff here believe that I can grow, change and recover.	81.2%	79.7%	78.3%	78.2%	81.4%
I felt comfortable asking questions about my treatment and medications.	78.9%	75.9%	78.8%	75.1%	80.6%
I was encouraged to use self-help/support groups.	81.3%	75.2%	82.2%	77.2%	83.7%

2013 - 2017 MHSIP Survey - Rights Domain



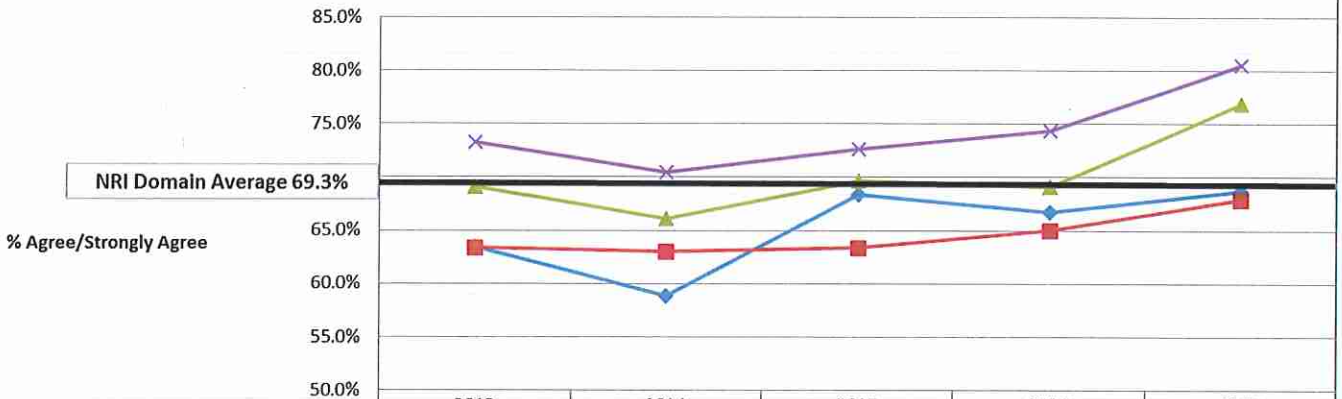
	2013	2014	2015	2016	2017
I felt free to complain without fear of retaliation.	65.4%	65.7%	65.1%	60.6%	65.1%
I felt safe to refuse medication or treatment during my hospital stay.	55.7%	56.5%	60.6%	53.6%	59.5%
My complaints and grievances were addressed.	61.6%	67.5%	63.1%	63.3%	70.1%

2013 - 2017 MHSIP Survey - Participation Domain



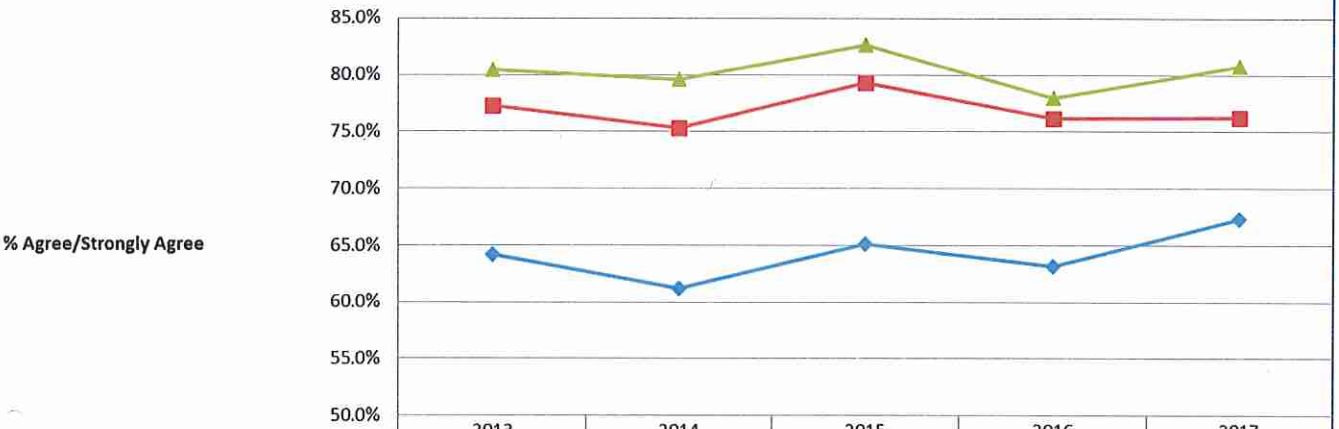
	2013	2014	2015	2016	2017
I participated in planning my discharge.	76.1%	82.0%	81.1%	73.9%	78.9%
Both I and my doctor or therapist from the community were actively involved in my hospital treatment plan.	72.6%	72.6%	76.1%	71.5%	72.3%
I had the opportunity to talk with my doctor or therapist from the community prior to discharge.	68.7%	72.0%	72.8%	70.0%	72.3%

2013 - 2017 MHSIP Survey - Environment Domain

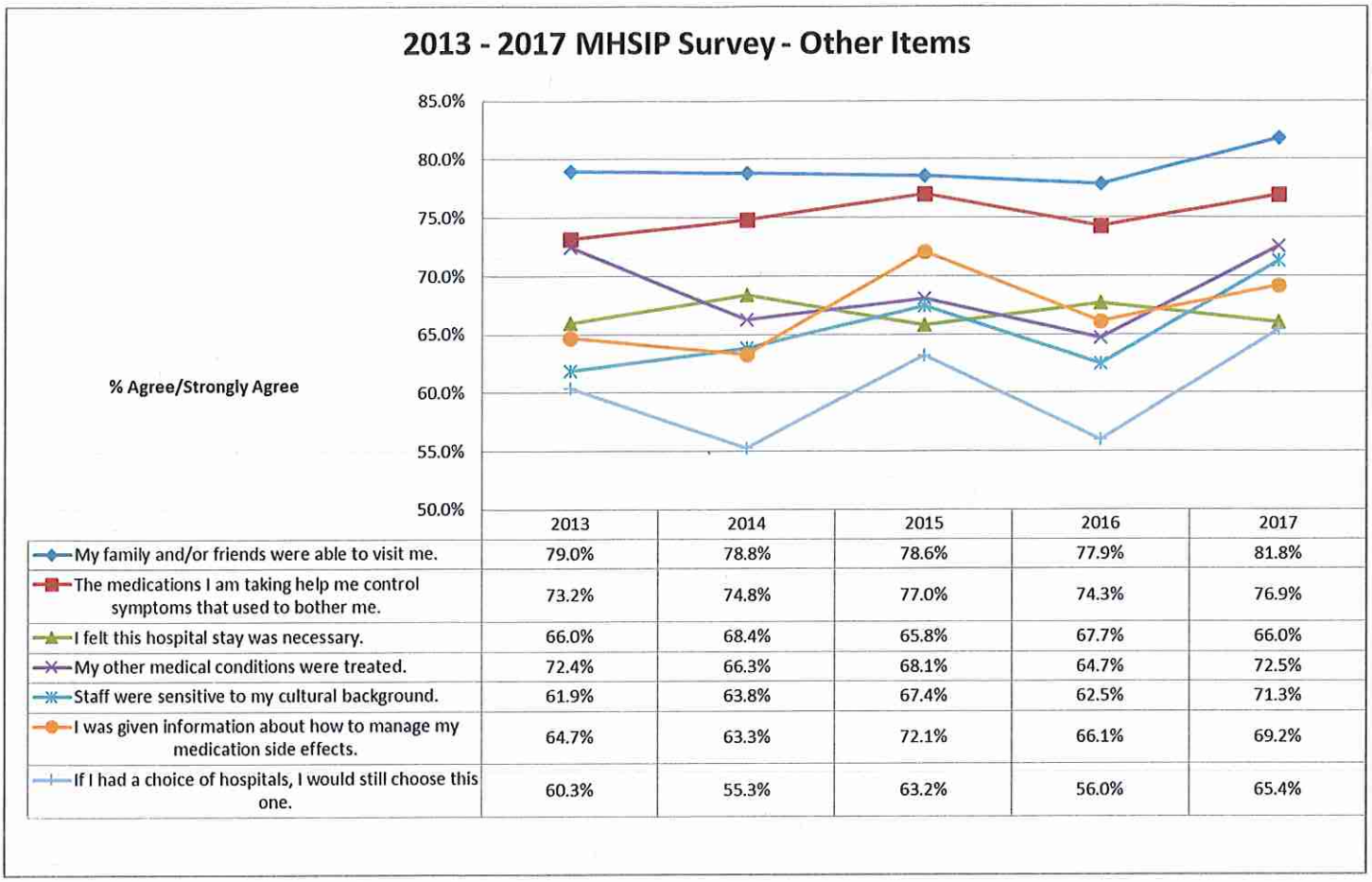


	2013	2014	2015	2016	2017
The surroundings and atmosphere at the hospital helped me get better.	63.5%	58.8%	68.4%	66.7%	68.7%
I felt I had enough privacy in the hospital.	63.4%	63.0%	63.4%	65.0%	67.9%
I felt safe while in the hospital.	69.0%	66.1%	69.6%	69.1%	76.9%
The hospital environment was clean and comfortable.	73.3%	70.4%	72.6%	74.3%	80.5%

2013 - 2017 MHSIP Survey - Empowerment Domain



	2013	2014	2015	2016	2017
I had a choice of treatment options.	64.2%	61.2%	65.1%	63.2%	67.3%
My contact with my doctor was helpful.	77.3%	75.3%	79.3%	76.2%	76.3%
My contact with nurses and therapists was helpful.	80.4%	79.6%	82.6%	78.0%	80.8%



The NRI published national public rates from approximately 70 state inpatient psychiatric facilities that include MHSIP data as part of its Behavioral Healthcare Performance Measurement System. Due to possible differences in organizational and patient population characteristics, these aggregate data may not appropriately compare to BHD data.

Table 3. BHD Inpatient MHSIP Agree/Strongly Agree Domain Response Scores Comparison to NRI National Average

Domains	National Average	2017 BHD	BHD/National Avg Variance
Dignity	81.9%	81.0%	-0.9%
Outcome	78.5%	76.8%	-1.7%
Participation	74.8%	74.6%	-0.2%
Environment	69.3%	73.5%	4.2%
Rights	67.8%	64.8%	-3.0%
Empowerment	Not Reported	74.8%	-

Table 4 presents 2017 survey results for domain and additional items by each Acute Adult Inpatient Unit. The following summarizes these comparisons and should be interpreted as a *general* measure of a unit's performance based on consumers' perceptions of their inpatient stay:

Table 4. 2017 Inpatient MHSIP Consumer Survey - By Unit			
Domains	**Agree/Strongly Agree Response**		
	43A	**43B**	**43C**
Dignity	81.0%	81.4%	77.8%
Outcome	74.7%	76.3%	88.7%
Participation	77.6%	73.0%	81.0%
Environment	66.0%	74.5%	85.9%
Rights	65.9%	63.5%	73.9%
Empowerment	73.4%	74.0%	87.0%
Additional Questions			
My family and/or friends were able to visit me.	82.9%	80.8%	87.5%
The Medications I am taking help me control my symptoms that used to bother me.	71.7%	78.8%	75.0%
My other medical conditions were treated.	82.9%	67.6%	87.5%
Staff were sensitive to my cultural background	68.9%	70.4%	86.7%
I felt this hospital stay was necessary	57.8%	66.4%	86.7%
I was given information about how to manage my medication side effects	73.9%	68.0%	66.7%
If I had a choice of hospitals, I would still choose this one.	59.1%	65.5%	81.3%
Surveys Completed	48	154	16

Appendix

The comments below were written on surveys administered in 2017.

43A - Positive Comments

1. I enjoyed staff of doctors and some staffers.
2. Maurice, Doreen, Todd, Ms. Ophelia, Ms. Courtney, Mr. Percy, Ms. Laurie, Doctor Clark, I am more than grateful for the help provided and exceptional treatment and care.
3. Staff was understanding.
4. Thank you for your support.
5. Thank you to all levels of staff and your help, lessons and practices are that much more appreciated.
6. This hospital is very helpful and targeted at meeting my needs.
7. Todd was helpful to me.
8. The staff were excellent and helpful.

43A - Negative Comments

1. The food is subpar (needs improvement)

43B - Positive Comments

1. Social worker and nursing/ancillary staff were great.
2. Thanks for everything you and staff have done for me, very helpful to me and my needs, greatly appreciated. Thanks a lot.
3. My stay here was the best treatment in over 25 stay across the U.S.A.
4. Thank you for all the help.
5. Very well informed about my treatment and discharge planning.

43B - Negative Comments

1. Cheryl the C.N.A. is not nice and have a bad attitude! Bring negative energy.
2. I prefer not to come back.
3. I would fire everyone, make necessary changes, then have open hiring.
4. Too much noise and lack of privacy, lengthy stay.

CAIS Youth Survey

Annual Report

2017

The CAIS Youth Survey collects demographic data about the age, gender, and race/ethnicity of respondents in addition to obtaining their opinions about the services received during the inpatient stay. In completing the youth survey, respondents indicate their level of agreement / disagreement with statements utilizing a 5-point scale: strongly agree- agree- neutral- disagree- strongly disagree. The CAIS Youth Survey contains 21 items measuring five aspects of the mental health services provided in the program:

- Access to Services
- Appropriateness of Treatment
- Participation in Treatment
- Cultural Sensitivity/ Respectful Treatment
- Outcomes

Prepared By:
Quality Improvement Department

Created 1/29/18

Overview

• In 2017, 182 of the 572 youth (aged 13 years or older) discharged from CAIS completed the CAIS Youth Survey, **yielding a 31.8% response rate.**

• The survey results for 2017 revealed a **decrease** in all five domain categories in comparison to 2016. Over the past five years (please see graph on page 5), the trend lines for Appropriateness of Treatment, Participation of Treatment, and Cultural Sensitivity/Respectful Treatment domains are horizontal (stable) in the range of 77%-80% positive satisfaction. The Access to Services and Patient Outcomes domains have declining trend lines over the past 5 years and have an average range of 66%-68% positive satisfaction.

• Currently, no national averages/benchmarks are publicly available for this survey. The following are *general guidelines* for interpreting the inpatient consumer survey results based on nine years of administering the survey. The percentage of agree/strongly agree (positive) responses may be interpreted as:

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

• The results revealed "Good" positive response scores for 3 of the 5 domains: Cultural Sensitivity/Respectful Treatment (78%), and Appropriateness of Treatment (77%), and Participation in Treatment (76%). Relatively low positive response scores were obtained for the Access to Services (63%) and Patient Outcomes (61%) domains.

• Survey items with the highest positive response scores were:

- Staff spoke with me in a way that I understood (84%)
- I participated in my own treatment (84%)
- I felt I had someone to talk to when I was troubled (82%)
- Staff respected my family's religious/spiritual beliefs (81%)
- The people helping me stuck with me no matter what (79%)
- Staff treated me with respect (79%)
- I helped to choose my treatment goals (77%)
- Overall, I am satisfied with the services I received (77%)

• The open ended survey item "Most helpful things you received during your stay" resulted in patients writing comments regarding: caring, respectful staff (24%), staff listening to patient (20%), anger management techniques (13%), treatment received (13%), safe environment (10%), groups (8%), medication received (8%), and coping skills taught (4%).

• The open ended survey item "What would improve the program here" resulted in patients writing comments regarding: better food (47%), more groups and activities (18%), no improvements needed (15%), respectful staff (9%), better communication between staff and patients (5%), and better treatment (5%).

Method

Youth served in CAIS were requested to participate in the CAIS Youth Survey prior to discharge. Staff administering the survey explained that the Milwaukee County Behavioral Health Division values their input in the evaluation of the CAIS program, and would use the information to help improve the program. The patients filled out the surveys understanding that it was voluntary, confidential and anonymous. Additionally, staff determined whether assistance was needed to complete the survey (e.g. reading comprehension, following instructions, etc.). Assistance was provided as necessary, while maintaining the confidentiality of the responses.

Results

The following presents the results of the CAIS Youth Survey completed by consumers of the Child/Adolescent Inpatient Service in 2017. Data from 2013 – 2016 administrations of the survey are also presented in select tables of this report to allow for comparisons.

The following are *general guidelines* for interpreting the inpatient consumer survey results based on eight years of administering the survey. The percentage of agree/strongly agree (positive) responses may be interpreted as:

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

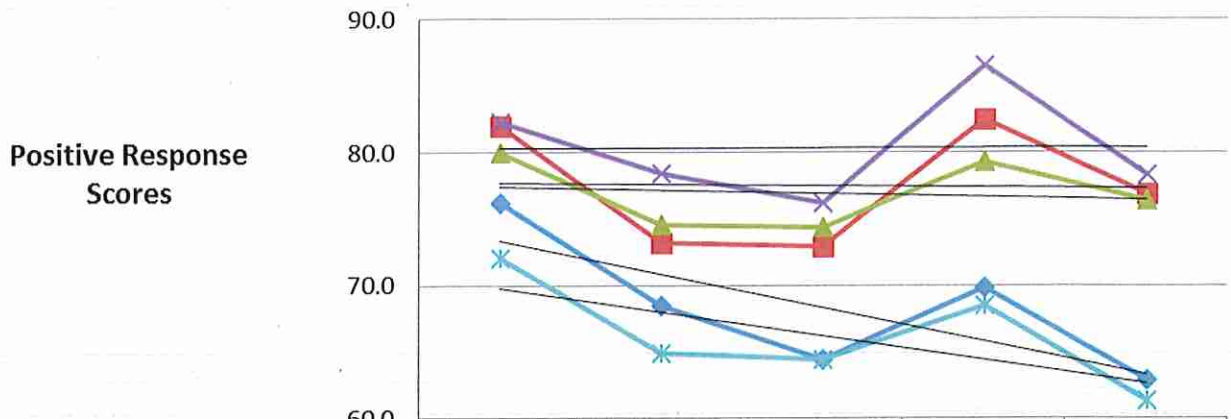
In 2017, 182 of the 572 youth (13 years or older) discharged from CAIS completed the CAIS Youth Survey, **yielding a 31.8% response rate.**

Table 1 presents Child/Adolescent Inpatient Service's consumer positive (agree/strongly agree) responses for 2013 – 2017. In 2017, the results revealed "Good" positive response scores for 3 of the 5 domains: Cultural Sensitivity/Respectful Treatment (78%), and Appropriateness of Treatment (77%), and Participation in Treatment (76%). Relatively low positive response scores were obtained for the Access to Services (63%) and Patient Outcomes (61%) domains.

• The survey results for 2017 revealed a **decrease** in all five domain categories in comparison to 2016. Over the past five years (please see graph on page 5), the trend lines for Appropriateness of Treatment, Participation of Treatment, and Cultural Sensitivity/Respectful Treatment domains are horizontal (stable) in the range of 77%-80% positive satisfaction. The Access to Services and Patient Outcomes domains have declining trend lines over the past 5 years and have an average range of 66%-68% positive satisfaction.

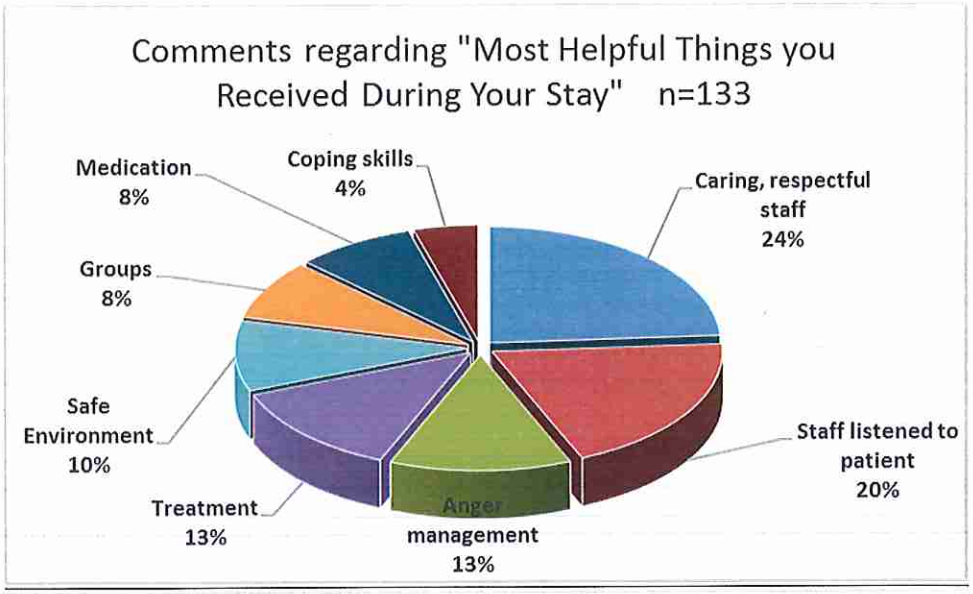
Table 1. 2013-2017 CAIS Youth Survey - Positive Response Rate Summary						
	Year					
Survey Item	**2013**	**2014**	**2015**	**2016**	**2017**	**2016/2017**
	N = 112	**N = 327**	**N = 618**	**N = 106**	**N = 182**	**Variance**
The location of services was convenient	73.4	62.0	61.6	58.7	54.0	-4.7
Services were available at times that were convenient for me	78.9	75.0	67.2	80.8	71.8	-9.0
Total Access to Services	**76.2**	**68.5**	**64.4**	**69.8**	**62.9**	**-6.9**
Overall, I am satisfied with the services I received	80.4	72.8	74.0	82.1	76.8	-5.3
The people helping me stuck with me no matter what	84.8	75.5	71.6	82.1	79.0	-3.1
I felt I had someone to talk to when I was troubled	80.4	74.9	72.6	81.0	81.9	0.9
I received the services that were right for me	83.8	72.6	74.0	84.6	76.4	-8.2
I got the help I wanted	82.9	71.0	72.0	84.0	72.4	-11.6
I got as much help as I needed	79.8	72.6	73.1	81.0	75.1	-5.9
Total Appropriateness of Treatment	**82.0**	**73.2**	**72.9**	**82.5**	**76.9**	**-5.5**
I helped to choose my services	70.3	64.6	65.5	66.7	68.0	1.3
I helped to choose my treatment goals	87.5	79.8	76.6	85.6	77.2	-8.4
I participated in my own treatment	82.1	79.4	81.2	85.6	84.0	-1.6
Total Participation in Treatment	**80.0**	**74.6**	**74.4**	**79.3**	**76.4**	**-2.9**
Staff treated me with respect	85.7	73.6	72.2	81.0	78.9	-2.1
Staff respected my family's religious/spiritual beliefs	75.9	78.5	78.6	88.1	80.9	-7.2
Staff spoke with me in a way that I understood	85.6	84.4	82.2	91.4	84.1	-7.3
Staff were sensitive to my cultural/ethnic background	82.0	77.0	71.9	85.6	69.3	-16.3
Total Cultural Sensitivity / Respectful Treatment	**82.3**	**78.4**	**76.2**	**86.5**	**78.3**	**-8.2**
As a result of the services I received:						
I am better at handling daily life	78.4	69.6	70.9	68.9	70.4	1.5
I get along better with family members	69.4	57.1	60.2	64.2	53.9	-10.3
I get along better with friends and other people	78.0	75.7	70.5	74.3	65.7	-8.6
I am doing better in school and/or work	62.7	59.4	58.8	62.5	53.4	-9.1
I am better able to cope when things go wrong	74.5	69.1	65.1	74.0	65.0	-9.0
I am satisfied with my family life right now	69.1	58.6	60.9	66.7	59.4	-7.3
Total Outcomes	**72.0**	**64.9**	**64.4**	**68.4**	**61.3**	**-7.1**

2013-2017 CAIS Youth Survey Results



	2013	2014	2015	2016	2017
Access to Services	76.2	68.5	64.4	69.8	62.9
Appropriateness of Treatment	82.0	73.2	72.9	82.5	76.9
Participation in Treatment	80.0	74.6	74.4	79.3	76.4
Cultural Sensitivity / Respectful Treatment	82.3	78.4	76.2	86.5	78.3
Patient Outcomes	72.0	64.9	64.4	68.5	61.3

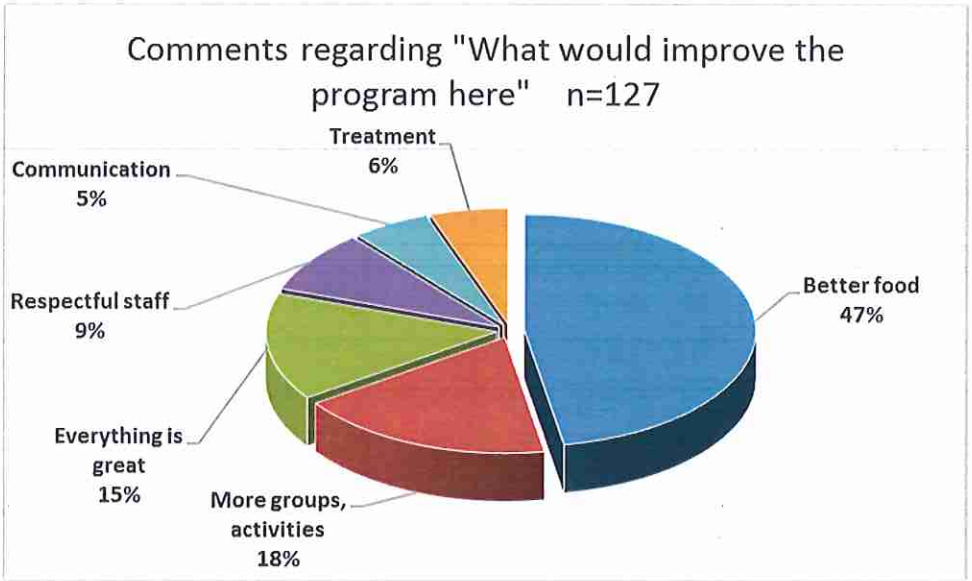
The comments below were written on surveys administered in 2017.



Category	Comments "Most Helpful Things You Received During Your Stay
Anger management	A book on how to manage my anger, and also a stress ball. Advice and ways to deal with my anger. Helped me with my anger. I had people to calm me down when I was angry. The people are nice to talk to. I learned how to control my anger, It helped me a lot cause I used to get angry fast. I learned how to handle my situations better than I did before. I learned when I get irritated just to my room or find someone to talk to. I think It was helpful a lot, they helped me with my anger and they told me that I have a good life ahead of me I shouldn't want to die. Stress ball, books. Food. Stress Ball. Stress ball. A notebook to write in when I'm mad. Take deep breaths. Teaching me to cope with my anger. That they remove me when I get angry. The things that were helpful was calming me down and understand that life is important To learn to stay calm. When I was angry Lisa and James helped me calm down.
Caring, Respectful Staff	Gabe and Matt are awesome at their jobs. Help from the nurses. I kind of liked it here. I was sick the first week but now I know that they were really trying to help me. I think that the most helpful things were knowing that people are there for me and care. Also having all these people help me. I would like to thank all those people that had my back and had the help. You've made me a better stronger person. Just the women in green were helpful and were people you could joke with and talk with. Love the staff. Nurse Chrissy and Ashlee helped me the most by helping me stay happy and positive while I stayed. People were nice and understanding. Shout out when you need help, don't just think there is no one. Staff asked me if I was okay! Staff being nice and having friends to talk to. Staff was great to me. Support when feeling unsafe. Support. Thank you a lot. Great experience won't be back! Thank you for your help. Thank you. The most that helped me was the staff because when I was sad they was working with me. The nurses cared and funny and mindful. The staff are very helpful they do there best to help you with your problems so you can get out of here as fast as you can. The staff talking to me and helping me out. The staff treating me/talking to me like I know and understand things. The staff, especially Ms. Freda when I was feeling down she helped me out and assured me everything was going to be ok. There is really nice staff on the unit. What help me most is talking with staff. When certain people talked to me to get the help I need. When I got to talk to the staff. When I was upset some of the staff lifted me up. When Ms. Pat and Jennifer the C.N.A. talked to us about valuing life more. When the staff helped me when I was crying and saying that this was my fault but they said it wasn't. When the staff was telling things about my depression and anger the helped me understand.
Coping skills	I learned to handle my situations I be in and a better way. I learned how to communicate better with people if I'm having problems. Achieving the goals I needed to work on and using coping skills. Coping mechanisms. Coping skills. I learned more coping skills and how to work things out with my problems. I learned some coping skills.

Category	Comments "Most Helpful Things You Received During Your Stay
Groups	Figit toys, art work. Groups. I participated in groups. Group therapy. Music therapy. O.T. and music groups. OT groups. School at everyone's level, like diverse. School. It was a distraction and kept my mind busy. Schooling, arts and crafts therapy, music therapy, and the just dance game made me smile and happy. The most helpful thing was OT.
Medication	Meds. Meds. I'm sleeping and eating better. Medication. Medicine and nurses. Getting my meds. My meds. Prescription. Taking my meds. The medicine helps a lot. The medication and always having people around. The medication that the doctor prescribed.
Safe environment	Being able to mingle. Being able to talk to someone. Being away for awhile. Being with other kids. I got lots of sleep and read books. I got to get my mind off the bad things. I got to meet people with the same problems. Option to stay in room as much as I wanted and items provided with shower. Overall the program could be peaceful and relaxing Space when I needed it the most. Talking to other children that I didn't know before and knowing that I wasn't judged for anything. The most helpful things were cards which gave me something to do and allowed me to interact. Time to think.
Staff listened to patient	Being able to talk to the nurse (Gabe) He's awesome. Coloring, talking to someone. Communicate working together. Communication and understanding my medical needs. Getting a one on one talk and getting drawings and quotes. Having someone to talk with, positive vibes, respect. How to open up to people. I was able to speak with workers about my problems. I was able to talk to someone when I needed help. Lots of water, people that listen, amazing 1:1's. People talking to me helping me calm down and people respecting me and caring about me. People to talk to and release my emotions. Someone to talk to when I felt down. Someone to talk to, groups, and other kids to talk to. Staff talking to me. Talking about my problems. Talking to people I trust. Talking to staff and workers. Talking to staff when needed. Using my coping skills. Talking to staff. That I was able to talk to someone when I was troubled and able to tell someone that's a professional and understands what I'm going thru. That people took time to talk to me when I'm sad. The fact that I had people to talk to help me with my problems. The talks to help with my disorder. There was always someone to talk to. When people started listening.

Category	Comments "Most Helpful Things You Received During Your Stay
Treatment	I felt like I needed this so I can learn from my mistakes.
	I think the medicine although I can't detect a change in my actions, I feel happier.
	I think the medicine help a big part of my recovery.
	I'm very glad I experienced this because I feel like a new person.
	It's a good place for kids who tries to kill themselves.
	My problems were respected and approached carefully, nothing was forced upon me, allowing willful treatment.
	That everyday staff/psychiatrists would check in to make sure I was okay/feeling better.
	The conversations with doctors and therapy groups.
	The most helpful things I received is what I suppose to do and not to do.
	The most helpful things in this program was the therapists talking to me helping me open up a little more.
	The right kind of treatment I needed along with help I need.
	Therapy.
	They give me helpful advice and was there when I felt down.
	They helped me with what I needed help with.
	They talk to me about my problems and they really understood me and if I needed help with anything I got it.
	Things they taught me.
	Told me stay focused on the positive so I can get out the hospital



Category	Comments "What would improve the program here"
Better food	Better food and help more with coping skills instead of school.
	Better food and like more time talking to the people about problems we are having and to also have groups where we talk about things to make us better.
	Better food. (x44)
	Better food. Didn't get vegetarian food until my 3rd day.
	Better food. More groups and freedom, etc.
	Better food. More things to do on the weekend. (x4)
	Food, and letting us wear our own clothes we are comfortable with.
	I think that the food needs lots of improvement and we all should stay in one class and the staff that isn't in a bad mood.
	I think the food can improve the program but other than that this place is in a good position.
	If they had better food and if it was so cold.
	The food and staff behavior towards patients. (x3)
	They just need better food more school time here.

Category	Comments "What would improve the program here"
Communication	Communicating. Improve the way your staff communications. OT and groups should allow optioned activities for all to participate and strengthen People listen more. Prep talks. The hallways being quieter at night. We should be able to talk to the therapist more.
Everything is great	Everything was ok. I don't think there's anything to improve. I enjoyed my time here. Thank you. No improvements, great patient service. Nothing but stay positive and be happy. Nothing everything was good. Nothing I think the program is great, especially Mrs. Ayanna and Mr. Terry. Nothing it is perfect. Nothing keep it the way it is. Nothing, It was really good here. Nothing, very good service. Nothing. I think its fine the way it is. Nothing. (x8)
More groups, activities	A gymnasium. (x2) Allow more programs. For me I would have liked to be outside more. Groups that helped patients needs. Gym to run around. Having a gym so we can play basketball and other fun things. Letting us bring crayons in our room and color because it is more safer. People should have sound machines at night when they here voices and one scared and feel alone. More activities. (x4) More fun things , more positive and things. Better movies. More groups, to talk and get minds off of things. More groups. (x4) More hand on hand or more helping or coloring. More outside time and the food here. More outside time. The program needs more active things to do here. Writing groups and food getting better.
Respectful staff	Better people. Better staff. Help staff enjoy working here. I guess fire Linda! Her job is to be a nurse not my mom. My mother calls herself our old lady and when I mentioned "my old lady" she started yelling saying you wonder why your mom doesn't like you; even after I explained my mom calls herself that. What Linda said hurt my feelings. Making people feel more comfortable. New Staff (CNA's) Nurses are rude disrespectful Patience with the patient in class and better respect toward patients. Some of the staff be too focused on other stuff things personal. Staff that know what they're doing. They should know the schedule and rules. The staff needs to be more respectful and they violated rights. Try to understand what the patient is going through.
Treatment	Getting people out on weekends. Have a more personalized treatment plan for everyone because everyone is different. More 1 - 1. More one on one therapy. More therapy during regular hours and less school. More things geared toward helping us emotionally. More watch over kids to help them.

CAIS YOUTH SURVEY

Please help CAIS be a better program by answering the following questions. Your answers are confidential. Directions: Put a cross (X) in the box that best describes your answer. Thank you!

Today's Date: _____ / _____ / _____

	Strongly Disagree	**Disagree**	**Undecided**	**Agree**	**Strongly Agree**
1. Overall, I am satisfied with the services I received.					
2. I helped to choose my services.					
3. I helped to choose my treatment goals.					
4. The people helping me stuck with me no matter what.					
5. I felt I had someone to talk to when I was troubled.					
6. I participated in my own treatment.					
7. I received services that were right for me.					
8. The location of CAIS was convenient.					
9. Services were available at convenient times for me.					
10. I got the help I wanted.					
11. I got as much help as I needed.					
12. Staff treated me with respect.					
13. Staff respected my family's religious/spiritual beliefs.					
14. Staff spoke with me in a way that I understood.					
15. Staff were sensitive to my cultural/ethnic background.					
As a result of the CAIS program:	**Strongly Disagree**	**Disagree**	**Undecided**	**Agree**	**Strongly Agree**
16. I am better at handling daily life.					
17. I get along better with family members.					
18. I get along better with friends and other people.					
19. I am doing better in school and/or work.					

20. I am better able to cope when things go wrong.					
21. I am satisfied with my family life right now.					

22. What were the most helpful things you received during your stay in the program? _____
_____

23. What would improve the program here? _____
_____
_____

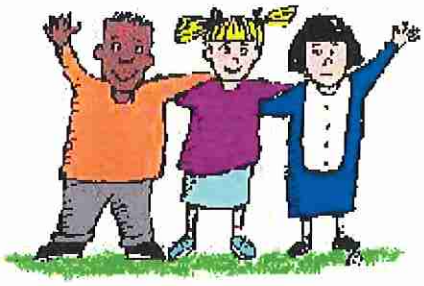
24. Other comments: _____
_____
_____

Please answer the following questions to let us know a little about you.

Race / Ethnicity (mark with an X the category that applies to you):

American Indian/Alaskan Native ___ White (Caucasian)
Black (African American) ___ Asian/Pacific Islander
_____Spanish/Hispanic/Latino ___ Other

Age: _____ years old **Gender (mark with X):** ___Male ___ Female



POLICY & PROCEDURE STATUS REPORT -GOAL=90%

Baseline 71.5% as of August 2016 LAB report

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

Recently Approved Policies	New Policies	Reviewed/ Revised Policies	Retired Policies
September	1	6	3
October	1	11	9
November	3	20	0
December	10	46	7
January	3	42	5

Overall Progress 93.7% as of February 1, 2018

Current

Review period	Number of Policies		Percentage of total	
	Last Month	This Month	Last Month	This Month
Within Scheduled Period	429	460	87.0%	93.7%
Up to 1 year Overdue	39	19	7.9%	3.9%
More than 1 year and up to 3 years overdue	5	4	1.0%	0.8%
More than 3 years and up to 5 years overdue	2	2	0.4%	0.4%
More than 5 years and up to 10 years overdue	6	0	1.2%	0%
More than 10 years overdue	12	6	2.4%	1.2%
Total	492	491	100%	100%

Forcast Due for Review

Past Due Policies - 31

Coming Due Policies

February – 1
March – 2
April – 1
May – 14
June – 0
July – 5
August – 3
September – 1
October – 1
November – 5
December - 7