Chairperson: Shirley Drake

Research Analyst: Kate Flynn Post, (414) 391-7845 Committee Coordinator: Jessica Iggens, (414) 257-7606

# MILWAUKEE COUNTY MENTAL HEALTH BOARD QUALITY COMMITTEE

Monday, December 2, 2024 - 10:00 A.M.
Microsoft Teams Meeting

#### **MINUTES**

PRESENT: Shirley Drake, Mary Neubauer, Dennise Lavrenz, Rachel Forman

**EXCUSED:** Kenneth Ginlack

#### **SCHEDULED ITEMS:**

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

1. Welcome.

Due to technical difficulties, Committee Member Dennise Lavrenz acted as chair during the December 2, 2024 Mental Health Board Quality Committee meeting and welcomed everyone to the aforementioned meeting.

2. Minutes from the September 9, 2024, Committee meeting.

No questions or edits.

Minutes approved.

3. Granite Hills Hospital Q3 2023-Q4 2024 Quality Reports.

Jennifer Houben, Granite Hills Hospital Director of Risk Management & Performance Improvement & Facility Compliance Officer, provided the quality reports for Granite Hills Hospital. She provided an update as to questions and concerns raised at the previous Quality Committee meeting.

Mental Health Board Chairwoman Neubauer made comments regarding concerns she is hearing from the community and will set up a meeting to speak about these concerns.

This item was informational.

#### 4. MHEC Update.

Matt Drymalski, Clinical Program Director of Quality and Compliance, indicated that this report is a publicly accessible report and while he cannot directly answer questions regarding the report he can relay the information if need be. Discussion ensued.

This item was informational.

#### 5. | Policy and Procedure Quarterly Report.

Luci Reyes-Agron, Quality Improvement Coordinator, provided the Policy and Procedure report. She emphasized that there continue to be hospital policies that are being retired. She also indicated that there were 3 policies that were retired in October.

Chairwoman Lavrenz inquired about the mental health board policies that are overdue.

This item was informational.

## 6. **Community Report and Dashboards** (\*Chairwoman Drake appeared during item number 6d and assumed the role of chairwoman)

#### a) 2024 Q2 BHS KPI Report - Wraparound Milwaukee.

Savannah Olsen, Program Evaluator, provided the update for Wraparound Milwaukee. She highlighted the top 10 zip codes served, average cost per youth, and discharge outcomes.

#### b) Quarterly Q&R Team Progress.

Matt Drymalski, Clinical Program Director of Quality and Compliance, provided updates as to MHB Quarterly Reporting. He highlighted updates since last reporting period and updates that will occur in the future.

#### c) 2024 Q2 BHS Wide Adult Services Dashboard.

Matt Drymalski, Clinical Program Director of Quality and Compliance, spoke about the BHS Wide Adult Services Dashboard. He emphasized changes that will occur regarding metrics and tracking.

#### d) 2024 Q2 CARS Quarterly Report.

Gary Kraft, Integrated Services Manager, updated the committee on the CARS quarterly report. He emphasized the services that have been provided to African American men. He suggested inviting community program leaders to future meetings to speak about the services that are provided to add context to the numbers and data that is presented.

- e) 2024 Q2 BHS Outpatient Treatment.
- f) 2024 Q2 Community Crisis Services Dashboard Updates.

Items 6e and 6f were taken together: Ed Warzonek, Quality Assurance Coordinator, provided the committee with the updates for both the Outpatient Treatment dashboard and Community Crisis Services Dashboard. Regarding the Outpatient Treatment dashboard, he highlighted the rate per 100k individuals residing in the zip codes where services were provided. He also indicated that efforts are being made to encourage client experience survey completions. He also spoke to the Community Crisis Services Dashboard and the different metrics used to obtain the data. Similarly to the Outpatient Dashboard, few client experience surveys were completed, and efforts are being made to encourage completion of these surveys. He highlighted the data element definitions that are now provided with these dashboards.

g) 2024 Q2 BHS CARS Prevention Services Dashboard.

Adriana Smith, Public Health Data Analyst, indicated that there was a typo, and this data is for Q2 not Q3 as indicated in the report and on the agenda. She highlighted the prevention team events, the data for the harm reduction vending machines (HRVM), suicide prevention data, and the better ways to cope (BWTC) funded organizations. Questions and discussion ensued.

This item in its entirety (Items 6a-6g) were informational.

7. Community Contract Vendor Quality Updates: Sanctions, Holds, and Service Suspensions.

Amy Lorenz, Deputy Administrator BHS, provided a verbal update indicating referrals were resumed for Broadstep Belwood. No providers currently have referrals suspended.

This item was informational.

8. Wraparound Performance Improvement Project (AODA Service Needs).

Savannah Olsen, Program Evaluator, presented the wraparound performance improvement project on the AODA services for youth that were deemed high risk. She reviewed the study topic, questions, and process. She also spoke to screening information, tier II assessment information, substance use, and referrals. To conclude the study and the presentation, she also highlighted the limitations, PDSA, lessons learned, and sustained improvement from the study.

Discussions and questions ensued.

This item was informational.

#### 9. ARPA Projects.

Carla Kimber, Network Development Manager, presented the American Rescue Plan Act (ARPA) projects. She highlighted three of the ARPA campaigns which include the emergency mental health and healing campaign, youth mental health clinic campaign, and access to mental and behavioral care. She spoke about the different events and results of these events.

Questions and discussion ensued.

This item was informational.

#### 10. Quality Plan 2025-2026.

Matt Drymalski, Clinical Program Director of Quality and Compliance indicated he previously spoke to Chairwoman Drake regarding this matter and this item should be a recommendation item to the Board. Procedural comments made by Administrator Lappen. Matt Drymalski continues the presentation of the Quality Plan and highlighted the future goals and goal deadlines.

Chairwoman Drake indicated that with the support of committee this item is recommended for approval by the full board. No objection or comments made by committee members.

The Quality committee recommends this item and the corresponding report be approved by the Mental Health Board at the December 12, 2024 Mental Health Board Meeting.

### 11. 2025 Meeting Schedule and Submission Calendar.

Jessica Iggens, Committee Coordinator reviewed the 2025 Meeting and Submission Calendar.

This item was informational.

### 12. Adjournment.

Chairwoman Drake thanked attendees for their dedication and patience during today's meeting and adjourned the meeting.

This meeting was recorded. The official copy of these minutes and subject reports, along with the audio recording of this meeting, are available on Milwaukee County's Legislative Information Center website, which can be accessed by clicking the link below.

Length of meeting: 10:26 a.m. to 11:58 a.m.

Adjourned,

Jessica Iggens

## Jessica Iggens

Committee Coordinator Milwaukee County Mental Health Board

The next meeting for the Milwaukee County Mental Health Board
Quality Committee is scheduled for
March 3, 2025 at 10:00 a.m.

To View All Associated Meeting Materials,
Visit the Milwaukee County Legislative Information Center at:
Milwaukee County - Calendar (legistar.com)

Visit the Milwaukee County Mental Health Board Web Page at: https://county.milwaukee.gov/EN/DHHS/About/Governance

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