

Chairperson: Staci O'Dell
Research Analyst: Kate Flynn Post, (414) (414) 506-0145
Committee Coordinator: Jessica Iggens, (414) 257-7606

**MILWAUKEE COUNTY MENTAL HEALTH BOARD
QUALITY COMMITTEE**

Monday, June 1, 2026 - 10:00 A.M.
Microsoft Teams Meeting

MINUTES

PRESENT: *Staci O'Dell*
EXCUSED: *Shirley Drake, Ken Ginlack*
ALSO PRESENT: *Christine Apple*

SCHEDULED ITEMS:

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

- | | |
|----|---|
| 1. | Welcome.

Chairwoman O'Dell welcomed everyone to the June 1, 2026 Milwaukee County Mental Health Board Quality Committee Meeting. |
| 2. | Minutes from March 2, 2026, Committee Meeting.

Chairwoman O'Dell noted she did not see any edits.
Not changes, edits, revisions.

This item was informational only. |
| 3. | Quality Improvement/NIATx Participation 2025/2026.

Rick Kastenmeier, Program Evaluator, presented the Quality Improvement/NIATx Participation 2025/2026. He provided an overview of the NIATx projects and contract requirements of quality improvement. He spoke about the steps for a culture of continued quality improvement, provided quality improvement assistance/resources, and individual and aggregate feedback. He presented the 2025 QI projects results/project which included a comparison from 2024. He noted that this year's storyboard marketplace will be held October 28, 2026 at the King Center and he will be circulating a flyer with the information. He also spoke about participant experience and changes that were made to get higher satisfaction scores. He highlighted the quality improvement project quality, and future of NIATx projects.

This Item was Informational Only. |

SCHEDULED ITEMS (CONTINUED):

4.	<p>Granite Hills Hospital Quality Reports Q1 2023-Q4 2025.</p> <p>Stacey Gates, Quality Specialist Granite Hills Hospital, presented the Q1 2023-Q4 2025 Granite Hills Hospital Quality Reports. She spoke about the data regarding the patient satisfaction scores and noted that there is a new PI team to continue to elevate patient satisfaction scores. She also presented the data regarding referrals, admissions, demographics, and restraint and seclusion rates. She highlighted the MHEC referrals and the demographics related to those referrals and spoke about the zip codes of clients served. Questions and discussion ensued regarding new PI efforts to increase patient satisfaction scores.</p> <p>This Item was Informational Only.</p>
5.	<p>MHEC Update.</p> <p>Dr. Matt Drymalski, Clinical Program Director of Quality and Compliance, noted that this is the report that is available to the public created by Dr. Owen and her team. He indicated he will relay any questions to Dr. Owen and her team. Chairperson O'Dell indicated that coordination of care and communication with MHEC is difficult at times and this is an area that she believes we could work on together. Dr. Drymalski noted that he will bring this concern to Dr. Owen.</p> <p>This Item was Informational Only.</p>
6.	<p>Quality of Life as an Outcome Metric.</p> <p>Dr. Matt Drymalski, Clinical Program Director of Quality and Compliance, presented the Quality of Life as an Outcome Metric: Criterion Validity Data report. He highlighted the purpose of the data and spoke about the quality of life (QOL) scores. He also noted that there were 350 clients with complete QOL data at the first and last assessment and presented the NOMS assessment timepoint regarding these clients. He indicated that the group who had the biggest change in utilization was the group who started out with poor quality of life and got better. He cautioned that correlation is not causation, but the key is that quality of life is sensitive to these changes.</p> <p>This Item was Informational Only.</p>
7.	<p>Community Reports and Dashboards</p> <p>a) Q1 2026 BHS Clients' Rights Dashboard</p> <p>Holly McElhatton, Quality Assurance Coordinator, presented the clients' rights dashboard. She noted that during Q1 of 2026 there was an average of about 24 unique contacts, with one grievance that went to a level 3 state review. She presented the demographics and noted that these did not change much this quarter, but there was contact with a client in every age group. She also presented the concerns/grievance reason types and noted that personal rights were the most common concern.</p>

SCHEDULED ITEMS (CONTINUED):

b) **Q4 2025 BHS Wide Adult Services Dashboard**

Gary Kraft, Integrated Services Manager, presented the BHS wide adult services dashboard, which included data from all of 2025. He noted that the most common entry to the BHS system of care is through the mobile crisis program. The other large front door/entry point is through Access Points.

c) **Q1 2026 BHS Youth KPI Report**

Marin Schmitt, Program Evaluator, presented the dashboard for BHS youth. She highlighted the connections made through the resource and referral line, the direct outreach within the community, demographic information, and the average cost per youth per month for REACH and CCS. She also spoke about the youth crisis stabilization facility and presented the data related to that facility. Chairwoman O'Dell inquired if there has been any data tracked regarding the readmission rate of the stabilization facility as well as any follow up done following discharge. Brian McBride, Director of Wraparound, spoke about the different services offered at discharge.

d) **Q4 2025 CARS Quarterly Report**

Gary Kraft, Integrated Services Manager, presented the CARS dashboard, which included data from all of 2025. He noted there is a complete list of the CARS levels of care at the end of this report. He also highlighted the admission rates compared to the previous year and prior quarter and spoke about the service table measurements. He also noted that clients who are discharging to private housing remains problematic, nothing this does not mean clients are being discharged to homelessness.

e) **Q4 2025 BHS Outpatient Treatment Dashboard**

Gary Kraft, Integrated Services Manager, presented the BHS Outpatient Treatment Dashboard. He noted that there was an increase in number of youth served, which was expected due to consolidation of services into Avatar. He also highlighted the data related to the zero-suicide initiative. Chairwoman O'Dell inquired about data related to the access clinics. BHS Deputy Administrator, Amy Lorenz, noted that there will be an update as to the access clinics presented at the full board meeting on June 18th and her team continues to collect data to present to the board in the future.

f) **Q4 2025 Community Crisis Services Dashboard Updates**

Gary Kraft, Integrated Services Manager, presented the Community Crisis Services Dashboard, which included data from all of 2025. He noted that this report will change significantly in the next few months. He highlighted the clients served and the demographics of the clients served. He also highlighted the data related to the zero-suicide initiative.

g) **April 2025 – March 2026 BHS CARS Prevention Services Dashboard**

Dr. Matt Drymalski, Clinical Program Director of Quality and Compliance, presented the CARS prevention services dashboard. He highlighted the amount of prevention work that has been done in BHS over the last several years and the data that has been collected. He noted that while the data is great data, this dashboard will be reduced in the future to present the best prevention metrics.

SCHEDULED ITEMS (CONTINUED):

	<p>h) Q1 2026 CCS Dashboard Marin Schmitt, Program Evaluator, presented the CCS dashboard. She noted that this is the first time that this dashboard is being presented and welcomed any feedback or requests for additional data. She highlighted the demographics of clients currently enrolled, length of stay at discharge, admissions and discharge by quarter, and CCS outcomes and client experience. Questions and discussion ensued regarding how surveys are conducted.</p> <p>This Item was Informational Only.</p>
8.	<p>Community Contract Vendor Quality Updates: Sanctions, Holds, and Service Suspensions.</p> <p>Lolita Williams, Director of Contract Compliance, presented the four letters included in the packet for this quarter. Chairwoman O'Dell questioned the outcomes of the letters that went out. Director Williams indicated that regarding 8a, the provider is still on a corrective action plan, and she will provide an update at the next Quality Committee meeting. She noted that regarding 8b, the clients are being moved from this location to a different provider. BHS Deputy Administrator, Amy Lorenz, noted that regarding 6c, BHS was able to meet with Our Safe Place and are working on the environmental changes and improvements and have requested 30 days to do so. Director Williams and her team will conduct a site visit following the 30 days to determine whether referrals can resume. Deputy Administrator Lorenz indicated that regarding 8d, this suspension has been lifted following a discussion with the provider.</p> <p>This Item was Informational Only.</p>
9.	<p>Policy and Procedure Updates.</p> <p>Dr. Matt Drymalski, Clinical Program Director of Quality and Compliance, presented the quarterly policy and procedure updates. He noted that there is a larger PolicyStat project within DHHS currently happening and noted that this dashboard could change in the future. He indicated that he will continue to speak to Chairwoman O'Dell about this to determine how this dashboard will look in the future.</p> <p>This Item was Informational Only.</p>
10.	<p>Adjournment.</p> <p>Chairwoman O'Dell thanked everyone for their attendance and participation and adjourned the meeting.</p>

SCHEDULED ITEMS (CONTINUED):

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: 10:00 a.m. to 11:40 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
September 14, 2026 at 10:00 a.m.**

**To View All Associated Meeting Materials,
Visit the Milwaukee County Legislative Information Center at:
[Milwaukee County - Calendar \(legistar.com\)](https://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,
414-239-5679 (voice) or 711 (TRS), upon receipt of this notice.***