

**Chairperson:** Dennise Lavrenz  
**Research Analyst:** Kate Flynn Post, (414) 391-7845  
**Committee Coordinator:** Jessica Iggen, (414) 257-7606

**MILWAUKEE COUNTY MENTAL HEALTH BOARD  
QUALITY COMMITTEE**

**Monday, December 1, 2025 - 10:00 A.M.**  
**Microsoft Teams Meeting**

**MINUTES**

**PRESENT:** *Staci O'Dell, Dennise Lavrenz, Mary Neubauer*

**EXCUSED:** *Shirley Drake*

**ALSO PRESENT:** *Rachel Forman*

**SCHEDULED ITEMS:**

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

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| 1. | <p><b>Welcome.</b></p> <p>Chairwoman Lavrenz welcomed everyone to the December 1, 2025 virtual Milwaukee County Mental Health Quality Committee Meeting.</p>  |
| 2. | <p><b>Minutes from the September 8, 2025, Committee Meeting.</b></p> <p>No questions, discussion, or corrections.<br/>Minutes approved.</p>   |
| 3. | <p><b>Granite Hills Hospital Q1 2023 - Q2 2025 Quality Reports.</b></p> <p>Stacey Gates, Quality Specialist Granite Hills Hospital updated the committee on the Granite Hills data for Q2. She highlighted the patient satisfaction scores, overall referrals, patient admissions, demographic of admissions, patient safety, unplanned readmission rate, and zip codes served. Questions and discussion ensued regarding patient surveys. Stacey Gates to breakdown surveys as to voluntary and involuntary status in a future report. She also noted that surveys will be provided via an ipad rather than paper survey in the future. Committee Member O'Dell commended Granite Hills on getting release of information/records out more quickly than in the past.</p> <p>This Item was Informational.</p> |
| 4. | <p><b>MHEC Update.</b></p>  |

**SCHEDULED ITEMS (CONTINUED):**

	<p>Dr. Matt Drymalski, Clinical Program Director of Quality and Compliance provided the committee with the public facing documentation produced by MHEC and Dr. Owen. If there are any questions, Dr. Drymalski will relay the information to Dr. Owen.</p> <p>This Item was Informational.</p>
5.	<p><b>Policy and Procedure Quarterly Report.</b></p> <p>Luci Reyes-Agron, Quality Improvement Coordinator provided the Policy and Procedure Quarterly report. She highlighted the overall progress of 96.5% for November, noted the past due policies, number of policies coming due, and last month's activity report.</p> <p>This Item was Informational.</p>
6.	<p><b>Community Report and Dashboards</b></p> <p>a) <b>BHS Clients' Rights Dashboard Q3 2025</b> Dr. Matt Drymalski, Clinical Program Director of Quality and Compliance, presented the BHS Clients' Rights Dashboard for Q3. He noted that based on guidance from the state of Wisconsin, BHS will be asking that their network providers contact them when they are proceeding with a level 1 grievance which will impact future data / numbers on this report. He specified that a growth in numbers is based on reporting that we did not receive in the past and to expect an uptick in future trends.</p> <p>b) <b>Q2 2025 BHS Wide Adult Services Dashboard</b> Dr. Matt Drymalski, Clinical Program Director of Quality and Compliance, presented the BHS Wide Dashboard. He noted that a CCS specific dashboard will be presented in March 2026. He also noted that Medicaid enrollment will be a key metric on future dashboards. He highlighted the Child Opportunity Index scores, growth of youth in services, and social determinates of health and quality of life change from initial to last assessment.</p> <p>c) <b>Q2 2025 BHS Youth KPI Report (*This Item was heard out of order after Item #2)</b> Dana James, Integrated Services Manager updated the committee on the BHS youth serving area. She highlighted the connections made, direct outreach, and the youth crisis stabilization facility. She noted the Youth Crisis Stabilization data will continue to be shared on these quarterly reports.</p> <p>d) <b>Q2 2025 CARS Quarterly Report</b> Gary Kraft, Integrated Services Manager, presented the Q2 2025 CARS Quarterly Report. He highlighted admission measures, clients served, "first" admission data, percentage of clients with Medicaid, cost of care measures, and client outcomes measures.</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p>e) <b>Q2 2025 BHS Outpatient Treatment</b> Gary Kraft, Integrated Services Manager, presented the Q2 2025 BHS Outpatient Treatment Dashboard. He noted that at the bottom of the reports, there is a section that provides the various program areas that are included in the data. He highlighted the enrollment by month and indicated that there are abnormally high numbers due to episode management process and this is being reviewed for future dashboards.</p> <p>f) <b>Q2 2025 Community Crisis Services Dashboard Updates</b> Ed Warzonek, Quality Assurance Coordinator, presented the Community Crisis Services Dashboard. He highlighted the clients served demographics, , client experience scores, readmission rates, and clients served by zip code.</p> <p>g) <b>Q2 2025 BHS CARS Prevention Services Dashboard</b> Adriana Smith, Public Health Data Analyst, presented the Prevention Services Dashboard. She highlighted the total events by event type and noted which areas these events are held. She presented the data on prevention and suicide prevention events by child opportunity index, the Harm Reduction Vending Machine data, and the Better Ways to Cope data.</p> <p>This Item was Informational.</p>
7.	<p><b>Community Contract Vendor Quality Updates: Sanctions, Holds, and Service Suspensions.</b></p> <p>Lolita Williams, Director of Contract Compliance provided an update on Broadstep and included letters that were sent to Broadstep on 9/3/25 and 11/14/25 which outlined violations and assessed fines. Questions and discussion ensued regarding violations, impalement process, and next steps with Broadstep. Administrator Michael Lappen noted that BHS is continuing to work with Director Williams and her team to work through Broadstep's response to the letters. Committee Member Neubauer requested an update prior to the next Quality Committee Meeting. Director Williams indicated that her team does plan to do more unannounced audits in 2026. She also indicated that there is a new training available in HealthStream to help providers with the impaneling process. Administrator Lappen noted that this item will be brought back in front of this committee.</p> <p>This Item was Informational.</p>
8.	<p><b>State Audit of Crisis Services Update on Statement of Deficiencies and Plan of Correction.</b></p> <p>Amy Lorenz, Deputy Administrator BHS provided an update on the state audit of the crisis services. She noted that the state DQA visit occurred on August 5<sup>th</sup>. BHS holds two certificates for DHS 34; one for youth services 1634 and one for adult services 1632. The surveyor</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p>complemented staff on a well-run survey, but the site did receive statement of deficiencies for both certificates. On August 27<sup>th</sup>, 2025 BHS received statement of deficiencies for youth services in three areas. The plan of correction was submitted on September 14<sup>th</sup>, and DQA accepted the plan of correction on September 15<sup>th</sup>. Adult services also received statement of deficiencies on August 27<sup>th</sup>, 2025 in five areas. The plan of correction was submitted on September 26<sup>th</sup> and was accepted by DQA on September 29<sup>th</sup>.</p> <p>This item was informational.</p>
9.	<p><b>NIATx Storyboard Update.</b></p> <p>Dr. Matt Drymalski, Clinical Program Director of Quality and Compliance indicated that there were 32 different boards and it was a very successful event. He also noted that the quality of the boards have greatly improved and intend to have some of the projects presented at future board meetings.</p> <p>This item was informational.</p>
10.	<p><b>2026 Quality Committee Meeting Dates and Submission Schedule.</b></p> <p>Meeting dates and submission schedule attached to the packet. Committee Member Neubauer noted that this is the last Quality meeting that Chairwoman Lavrenz will be attending. She thanked Chairwoman Lavrenz for her service and commended her on all the wonderful work she has done for not just the Quality Committee but the full board.</p> <p>This item was informational.</p>
11.	<p><b>Adjournment.</b></p> <p>Chairwoman Lavrenz thanked everyone for their attendance and adjourned the meeting.</p>
<p>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 11:54 a.m.</p> <p>Adjourned,</p> <p><i>Jessica Iggens</i> <b>Jessica Iggens</b> Committee Coordinator Milwaukee County Mental Health Board</p> <p><b>The next meeting for the Milwaukee County Mental Health Board</b></p>	

**SCHEDULED ITEMS (CONTINUED):**

**Quality Committee is scheduled for  
March 2, 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/locations/milwaukee-county-legislative-information-center)**

**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.***