

Chairperson: Mary Neubauer

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MILWAUKEE COUNTY MENTAL HEALTH BOARD QUALITY COMMITTEE

Monday, December 4, 2023 - 10:00 A.M.

Microsoft Teams Meeting

MINUTES

PRESENT: Mary Neubauer, Shirley Drake, Rachel Forman, Kenneth Ginlack and Dennise Lavrenz

SCHEDULED ITEMS:

1. Welcome.

Acting Chairwoman Drake welcomed everyone to the Milwaukee County Mental Health Board Quality Committee's December 4, 2023, remote/virtual meeting.

2. Minutes from the September 11, 2023, Committee meeting.

The minutes from the September 11, 2023, meeting were reviewed, acknowledged, and accepted by the Committee.

This item was informational.

3. Granite Hills Hospital 2023 Q3 Quality Reports.

Patient satisfaction remained consistent throughout the quarters. In Quarter 3, 84% of patients reported feeling better at discharge than during admission. Eighty percent were satisfied with the treatment, and 82% reported their treatment goals and needs were met. There were 271 patient referrals from the Mental Health Emergency Center (MHEC) this quarter, and 156 of those were admitted. The average length of stay was 7.8 days. The zip codes with the highest utilization were 53218, 53216, 53212, 53206, and 53209.

There was a question as to what happens to the difference in number of those referred and those admitted. Most of the time, another facility has accepted the patient as MHEC sends the referrals to multiple facilities. The other question posed was how the satisfaction report compares to the standards of other facilities. Rates are slightly lower than counterpart facilities similar in size. During the next meeting, there will be an update on Granite Hills actual ranking.

Committee Member Drake requested demographic information be included in the reporting moving forward.

Questions and comments ensued.

SCHEDULED ITEMS (CONTINUED):

	This item was informational.
4.	<p>Mental Health Emergency Center Annual Report.</p> <p>Within one year of opening the Mental Health Emergency Center (MHEC), there were a total of 7,163 patient visits. There was roughly an even split of voluntary and involuntary patients. Two percent of arrivals were by ambulance, 69% by law enforcement, and 29% were walk-ins. Eighty percent of patients were discharged to either community-based care or homes and 20% were admitted to inpatient care.</p> <p>Outcomes reflect all patients were seen by a psychiatrist within 30 minutes of arrival with an average length stay of 13.5 hours. MHEC received its full Det Norske Veritas (DNV) Psychiatric Hospital Accreditation on March 2, 2023. Timely discharge planning has been implemented, including the facilitation to inpatient or community-based care with transportation by Milwaukee County Behavioral Health Services (BHS) transportation services and post-discharge follow-up through BHS Care Management Organizations. MHEC's collaboration with the Medical College of Wisconsin states MHEC will serve as a rotation site for psychiatric medical residents. The first group of residents began in May. All staff positions have been filled with very limited turnover.</p> <p>Overall, year-to-date data shows roughly 650 visits a month. Voluntary and involuntary intakes are consistent in both youth and adult volumes. As of May 2023, there was an increase in voluntary patients arriving by law enforcement. There has been a total of 263 adult involuntary transfers to Granite Hills Hospital and 88 voluntary transfers. Overall, 75 youths were transferred to Granite Hills Hospital involuntarily and 24 voluntarily.</p> <p>Questions and comments ensued.</p> <p>This item was informational.</p>
5.	<p>Community Access to Recovery Services (CARS) Diversity Task Force Presentation.</p> <p>CARS Diversity Task Force Group was established in 2021 after a desire to increase equity was expressed. The group meets monthly and has been divided to work in subgroups. The group's accomplishments were highlighted. Highlights include the creation of a list-serve for job postings aiming to reach a diverse audience; an interview question bank to use across the board addressing values and attitudes about equity, diversity, and inclusion; and the official launch of a CARS mentorship program are a few amongst many more accomplishments.</p> <p>Some of the projects in progress consist of adding more mentors to the mentorship program and continuing training, finalizing the interview question bank, and incorporating equity expectations into Contract Performance Measures.</p> <p>Questions and comments ensued.</p>

SCHEDULED ITEMS (CONTINUED):

	<p>This item was informational.</p>
6.	<p>Policy and Procedure Quarterly Report.</p> <p>Reports from October 2023 through November 2023 can be found in the meeting packet. Updates were shared from the November 2023 report. The overall progress as of November 1, 2023, was 97% with a goal of 96%. There was a total of 14 past-due policies. In October, there were 12 policies renewed and reviewed.</p> <p>Questions and comments ensued.</p> <p>This item was informational.</p>
7.	<p>2023 Q3 Community Report and Dashboards: Community Access to Recovery Services (CARS), Community Crisis Services, and Children’s Community Mental Health Services and Wraparound Milwaukee.</p> <p>a) CARS Quarterly Report with Narrative Summary</p> <p>The overview began by highlighting one of the changes in the report. The cost per month is no longer reported. The summary now includes the overall cost per quarter. Also, the number of individuals beginning enrollment at a CARS Access Point who had received services from a CARS community service within 30 days of enrollment increased by 30%.</p> <p>b) 2023 Q3 Community Crisis Services Dashboard Updates.</p> <p>Between 2021 and 2022, the number of unique clients served in BHS Crisis Services decreased by 8.3%. The declination occurred during the time of the Psychiatric Crisis Service (PCS) Hospital closure. The zip codes with the largest drop were 53210, 53208, and 53225. Since then, there has been a significant increase. In 2023 Quarter 3, 2,260 unique clients were served. Client satisfaction scores for this quarter average a 4.7 out of 5. There was an 84% to 94% decline in suicide ideation between clients’ initial and last assessments. The suicide attempt rate declined by roughly 31 or 65%.</p> <p>c) BHS Wide Adult Services Dashboard</p> <p>This report represents the first iteration of the Behavioral Health Services (BHS)-wide Adult Services dashboard. The plan is to expand this to children and adolescents as well. Within this data set, the rubrics are organized and aligned to the County’s health rankings. This helps to reinforce the Department of Health and Human Services ‘No Wrong Door’ philosophy because it depicts BHS as a single continuum of care rather than separate departments. Further overview of the data itself will be presented in future meetings.</p>

SCHEDULED ITEMS (CONTINUED):

	<p>d) BHS KPI Report – Children’s Community Mental Health Services and Wraparound Milwaukee</p> <p>In Quarter 3 of 2023, there was a total of 1,465 youth served. Overall costs remain consistent throughout the quarters. The average number of youths who moved from an in-home to an out-of-home setting was 16 for the quarter. Permanency at discharge averaged 82%, and family satisfaction scores averaged around 4.5. As mentioned previously, there will be a 2024 Performance Improvement Project to increase and fully understand the lack of natural support rates.</p> <p>Committee Member Drake suggested requesting direct feedback from those receiving natural support, in the event it is not currently being captured.</p> <p>Questions and comments ensued.</p> <p>This item was informational.</p>
8.	<p>Community Contract Vendor Quality Updates: Sanctions, Holds, and Service Suspensions.</p> <p>a) Broadstep – Community Based Residential Facility (CBRF) - Referral Reinstatement</p> <p>On October 18, 2022, a notice was submitted to suspend all Broadstep referrals. Over time and after corrections and audits, multiple locations have begun to resume services. Updates have been provided consistently to the Committee. On September 15, 2023, a notice was submitted to resume Broadstep services at the Chambers, Congress, Hampton, and Florist community-based residential facilities effective September 18, 2023.</p> <p>b) Sebastian Family Psychology Practice, LLC – Referral Suspension</p> <p>On May 16, 2023, Sebastian Family Psychology Practice (SFPP), LLC, received notice indicating Behavioral Health Services (BHS) would be placing the organization on a corrective action plan (CAP) due to noncompliance with Department of Health Services Chapter 36 - Community Comprehensive Services and Department of Health and Human Services Policy 005 - Provider Obligations. BHS’ Contract Management area requested the CAP be submitted by May 19, 2023. After multiple attempts, a CAP was accepted on September 15, 2023. On October 25, 2023, a notice was submitted to SFPP suspending all referrals due to noncompliance with the CAP.</p> <p>Questions and comments ensued.</p> <p>This item was informational.</p>

SCHEDULED ITEMS (CONTINUED):

9.	<p>Children’s Community Contract Vendor Quality Updates: Sanctions, Holds, and Service Suspensions.</p> <p>a) Family Options Counseling, LLC - Outcome of Desk Review, Termination of FFSA Contract</p> <p>b) Diorio Consulting & Assessment, LLC - Outcome of Desk Review, Termination of FFSA Contract</p> <p>c) Young Consulting & Assessment, LLC - Outcome of Desk Review, Termination of FFSA Contract</p> <p>Due to an allegation of billing concerns, a quality desk review was conducted for Family Options Counseling, LLC. Due to the initial findings identified, the review was expanded to the other organizations owned and operated by Family Options Counseling, LLC, founders. Those organizations are Diorio Consulting & Assessment, LLC, and Young Consulting & Assessment, LCC. During the additional desk reviews, alleged incidents of fraud were found and reported to the Office of Inspector General and other required entities. Both providers were suspended immediately. In conclusion of the desk review, consistent quality and fiscal findings were identified across all three organizations. Based on the findings, it was decided to terminate the contract with each organization.</p> <p>d) LeAnn Spahn – Desk Review – Verbal Report</p> <p>A desk review was conducted for LeAnn Spahn due to financial concerns. There were both quality and fiscal findings identified. Based off of the findings, a corrective action plan (CAP) was developed. The CAP was submitted and accepted on October 12, 2023. After the CAP was accepted, LeAnn Spahn requested a meeting to better understand the findings and receive additional assistance. Within a short period of time, significant improvement has been shown.</p> <p>Questions and comments ensued.</p> <p>This item was informational.</p>
10.	<p>Department of Health and Human Services Quality Management Update.</p> <p>The Department of Health and Human Services (DHHS) Quality Management Team has been working to identify synchronicities in the evaluation of participant satisfaction across service areas. An overview of this project included a presentation shared covering the purpose, methods and frequency, survey construction, demographics, DHHS values, service delivery, established key performance indicators, established performance measures, and discussion questions.</p>

SCHEDULED ITEMS (CONTINUED):

	<p>Most of the effort to measure participant satisfaction occurs in the form of a hard copy survey elicited from participants post-service. Survey questions mostly elicited close-ended responses. Likert scales were the most used question type. The demographic questions focused on social determinants of health, specifically neighborhood and built environment; economic stability; and social and community context. Survey results revealed services are accessible, available, and acceptable. Using this information, the team worked to develop a list of categories for the characteristics of acceptability. The next steps include continuing to work with each service area to move this project forward.</p> <p>Questions and comments ensued.</p> <p>This item was informational.</p>
11.	<p>2024 Tentative Schedule and Submission Calendar.</p> <p>The Committee Coordinator referred the Committee and Quality Staff to the calendar included in the meeting packet. The Quality Staff was informed all report submission deadlines are included in the calendar. Quality Improvement Coordinator Luci Reyes-Agron will send the calendar as well to ensure all required staff have received it.</p> <p>Chairwoman Neubauer informed everyone she will no longer be with the Board as of February 2024. She feels Committee Member Drake will be the best person to chair the Committee in her departure. Everyone took turns expressing gratitude, words of acknowledgment, and thanking Chairwoman Neubauer for all she has done for the Committee and Board throughout the years.</p> <p>Questions and comments ensued.</p> <p>This item was informational.</p>
12.	<p>Adjournment.</p> <p>Acting Chairwoman Drake ordered the meeting adjourned.</p>
<p>This meeting was recorded. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Legislative Information Center web page.</p> <p>Length of meeting: 10:01 a.m. – 12:12 p.m.</p> <p>Adjourned, <i>Dairionne Washington</i></p> <p>Committee Coordinator Milwaukee County Mental Health Board</p>	

Milwaukee County Mental Health Board
Quality Committee
December 4, 2023

SCHEDULED ITEMS (CONTINUED):

**The next meeting for the Milwaukee County Mental Health Board
Quality Committee is scheduled for
March 4, 2023**

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