

Chairperson: Mary Neubauer (for Shirley Drake)
Research Analyst: Kate Flynn Post, (414) 391-7845
Interim Committee Coordinator: Jennifer Miles, (414) 257-7639

**MILWAUKEE COUNTY MENTAL HEALTH BOARD
QUALITY COMMITTEE**

Monday, June 3, 2024 - 10:00 A.M.
Microsoft Teams Meeting

MINUTES

PRESENT: Kenneth Ginlack, Dennise Lavrenz, Mary Neubauer

EXCUSED: Shirley Drake, Rachel Forman

SCHEDULED ITEMS:

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

1. Welcome.

Chairwoman Neubauer welcomed everyone to the Milwaukee County Mental Health Board Quality Committee's June 3, 2024, remote/virtual meeting.

2. Minutes from the March 4, 2024, Committee meeting.

The minutes from the March 4, 2024, meeting reviewed, acknowledged, and accepted by the Committee.

This Item was Informational.

3. Quarter Lag in Reporting.

A reminder that there will be no quarterly reporting at this meeting due to the year-end data being presented in March and Q1 2024 data not yet being fully available. The Quality Meeting in September 2024 will have that data reported.

This Item was Informational.

4. Policy and Procedure Quarterly Report.

426 policies that were within the scheduled period meeting that were up to date.
27 that were overdue by one year; 4 that were overdue between one and three years; Zero for the three to five years; and Zero for the five to ten years.

SCHEDULED ITEMS (CONTINUED):

	<p>There are several overdue policies that are hospital related policies that we either need to retire or update. The plan is to meet with folks individually to take care of these once and for all. We don't want to blanket-retire them since they may apply to current crisis services, so reviewing/updating is the better option.</p> <p>This Item was Informational.</p>
5.	<p>Review of 2023 Admission Data Behavioral Health Services.</p> <p>Dr. John Schneider presented admission data for 2023. He reviewed trends from 2010-2023. Granite Hills took almost half of all patients from Mental Health Emergency Center (MHEC). For state institute cases, there were 118 Winnebago adult admissions. They had an average length of stay of about 25 days, with a range of 1 to 166 days.</p> <p>Deep dive into the data was presented for various aspects of admissions with children and youth admission data presented separately.</p> <p>There were cases where the patient was refused by all local hospitals, either based out of equity or based on their not being any beds in the Milwaukee region. When we look at the length of stay, they have a length of stay of about 27 days. These are sicker than average patients, the BHS inpatient length of stay when we closed was around 14 to 16 days.</p> <p>The Committee all voiced appreciation of the data and look forward to having it shared more broadly with the public.</p> <p>This Item was Informational.</p>
6.	<p>Client Rights Presentation.</p> <p>Client Rights Specialists help clients resolve the concerns about services they receive from a program or the provider. They review grievances and make recommendations for resolution and advocate and educate on client rights issues and compliance across BHS. They prevent some lawsuits and prevent ethics complaints filed by clients who allege that mental health professionals have violated their rights. They standardize care across healthcare fields and enable clients to have uniform expectations during their treatment. The BHS Client Rights team created a spreadsheet so that they know how to connect people with the proper Client Rights Specialist. They also created a process for partnering on investigations. The largest number of grievances are regarding dignity and respect.</p> <p>38% of our callers are complaining that they are not being treated with dignity and respect. 26% are due to service issues. 10% record privacy. 10% due to communication and discharge planning 16% other miscellaneous issues</p>

SCHEDULED ITEMS (CONTINUED):

	<p>Some improvement goals for the area are: Goal #1 improve our client experience. Goal #2 coordinate our processes across DHS Goal #3 continue to enhance provider education and communication.</p> <p>As of June 1, 2024 Client Rights is rolling out a new documentation tracking system, which will quantify work being done in real time and allow reporting more regularly without detracting from the work that needs to be done. They inherited a very burdensome process and are now modernizing this legacy system to be able to get real time data tracking.</p> <p>Questions and comments followed.</p> <p>This Item was Informational.</p>
7.	<p>PPS Non-Episodic Implementation Status Update.</p> <p>A new form and the new process for collecting data has been developed over the past couple of years. Where it originally came from was this desire to reduce data collection burden because moving from an episodic process to a non-episodic means that rather than collecting forms on specific episodes (people could be involved in multiple episodes at once or transitioned from one episode to another), we're tracking a person over the course of their enrollments and really follow the person rather than the episode of the program. That allows us to reduce some of the redundant data collection.</p> <p>There were three main benefits that we hoped we would derive out of this effort.</p> <p>#1 collecting social determinants of health data on all clients that we serve. If we're looking to see where we need to expand our services or enhance our services, this data is valuable for that purpose.</p> <p>#2 beyond the point of time prevalence estimate that we're looking at in some of the analytic work we can do with that and some of the other service and referral work we can do, we believe we can use the social determinants of health to track changes over time. We can see if their needs improved, remained the same, or got worse.</p> <p>#3 implementation moves beyond using the social determinants of health questions and outcomes and really focuses on the nuts and bolts of data collection because when we started this project, we were really trying to reduce the number of PPS forms that are providers and clients had to complete. When we quantified what this was, it was a reduction of nearly 20,000 assessments over the course of a year and if we quantify some of these savings, its remarkable. If we take that number of assessments that we reduced and we assign a value of about 3 minutes per assessment, some are longer, some are shorter, we're talking about anywhere from 50,000-60,000 minutes saved per year. That translates to nearly 1000 hours of less administrative time, close to 19 hours per week that were saved, which could be used for other services to serve more clients and about a 45% reduction in the total number of assessments that needed to be completed.</p> <p>This Item was Informational.</p>

SCHEDULED ITEMS (CONTINUED):

8.	<p>No Train No Gain NIATx Presentation.</p> <p>with this information that we collected, these are the steps that we took to improve our onboarding and training program. We created a training program in three formats to meet the staff needs and written oral and visual. We created welcome videos to get to know the leadership team UMM we created a universal welcome packet, including get to know Your Peers section and all of our policies and procedures at universal Training checklist for the leaders and new hires, a support of onboarding workflow one on one trainings and a mentorship program.</p> <p>Board member Ginlack added that we often hear about worker shortages and we know that people leave agencies due to not feeling supported and it's great to see that captured on the front end with steps to retain staff.</p> <p>This Item was Informational.</p>
9.	<p>NIATx MMC Referrals Presentation.</p> <p>Hannah Lang and Michele LeCloux presented on mobile crisis and that they're a team of 27 with counselors and social workers, interns, post docs and one psychologist. The crisis phone number is 414-257-7222 and is available 24/7. It's initially answered by impact, but any calls related to mental health, substance use, behavioral health, are forwarded through to mobile crisis clinicians. The second core part of the work done is mobile work which is Community mobiles where the team responds in pairs of two and those can be calls from individuals, schools, families, professionals, law enforcement and more. First, assessments are either on the phone or in person. Then they intervene or stabilize and link to services in the Community, including case management, peer support, etc. The following day or a few days later, a follow up over the phone and or in person and offer harm reduction tools such as gun locks, Narcan, etc. The aim of the NIATx project was to increase community presence. What we've learned so far is that the referral sources might give us a whole lot of referrals like Molina or like the bus ads, they're not going to give us a whole lot of referrals, but they're definitely an important referral source.</p> <p>Questions and comments ensued.</p> <p>This Item was Informational.</p>
10.	<p>Community Contract Vendor Quality Updates: Sanctions, Holds, and Service Suspensions.</p> <p>a) Broadstep Belwood: There was a formal notice sent to the agency on April 17th, 2024, suspending all client referrals until further notice. This is specific to the community based residential facility (CBRF). There was action taken due to concerns regarding deficiencies in standards and quality of care at the CBRF, the severity of the environmental concerns.</p>

SCHEDULED ITEMS (CONTINUED):

	<p>It led to reports being sent to the state of Wisconsin, as well as to the City of Milwaukee Health Department. Several unannounced visits have occurred. This issue is ongoing at this time.</p> <p>b) Matt Talbot: Another one of our BHS adult agencies has had their corrective action plan approved in April 2024. Concerns related to the agency allowing an ineligible provider to provide services at the agency were identified. The corrective action also was related to noncompliance with DHS provider obligations and the staff roster add, delete process, ensuring that the agency has a current staff roster at all times. The course of action plan is being monitored on a regular basis. They identified measurable outcomes. They took immediate steps, including ensuring that their staff reviewed all department policies specific to the process and as well as viewed our tutorial related to the background check process. The add drop process as well as we are regularly reviewing their roster to ensure that all staff have been approved at their agency. This has not been rectified and is an ongoing corrective action plan at the agency.</p> <p>This Item was Informational.</p>
11.	<p>Department of Health and Human Services Quality Management Update.</p> <p>This item was held over from the March 3, 2024, meeting.</p> <p>A request to hold this item over again until a future meeting was presented as there was a staff departure and a replacement is being recruited. The committee acknowledged the request and approved the item to be presented in a future committee meeting.</p> <p>This Item was Informational.</p>
12.	<p>MC3 Steering Committee NIATx Storyboard Marketplace event on October 23, 2024.</p> <p>Each year is the NIATx Storyboard Marketplace event, which occurs on October 23, 2024 and all Mental Health Board members will be getting an invitation to attend that event from the Quality Committee. It is a collection of quality improvement projects and last year approximately 44 agencies participated. It will be held at the Zoofari Conference Center and will be a quite large event for the MC3 Steering Committee.</p> <p>This Item was Informational.</p>
13.	<p>Adjournment.</p> <p>Chairwoman Neubauer 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, is available on the Milwaukee County Legislative Information Center web page (below).

Length of meeting: 10:02 am – 11:47 am

Adjourned,

Jennifer Miles

Interim Committee Coordinator

**The next meeting for the Milwaukee County Mental Health Board
Quality Committee is scheduled for:
September 9, 2024, at 10:00 a.m.**

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<https://county.milwaukee.gov/EN/DHHS/About/Governance>**