

**Chairperson:** 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, March 4, 2024 - 10:00 A.M.**  
**Microsoft Teams Meeting**

**MINUTES**

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

**SCHEDULED ITEMS:**

**1. Welcome.**

Chairwoman Drake welcomed everyone to the Milwaukee County Mental Health Board Quality Committee's March 4, 2024, remote/virtual meeting.

**2. Minutes from the December 4, 2023, Committee meeting.  
Informational**

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

This Item was Informational.

**3. Quarter lag proposal for MHB Quality Committee materials**

Dr. Drymalski explained the need for a quarter lag in submitting materials.

Dennise Lavrenz motioned to approve the proposal, Ken Ginlack seconded the motion, and Chairwoman Drake approved and asked if any questions. There were no questions.

The Quality Committee unanimously agreed to recommend approval of the Quarter lag proposal for MHB Quality Committee materials.

This is a Recommendation/Action Item for the Board.

**4. Granite Hills Hospital 2023 Q4 Quality Reports**

Granite Hills uses paper charts, which makes it a little more challenging to extract the data.

**Overall Patient Referrals – 1049. Total Patient Admissions – 452.** Barbara Jones explained the referrals not admitted, are usually picked up by other hospitals prior to our intake admission coordinator, Nancy reviewing the admission documentation.

Milwaukee County Mental Health Board

Quality Committee

March 4, 2024

**SCHEDULED ITEMS (CONTINUED):**

**Patient Demographics:**

**Ages:**

13-14 - 8.6%  
15-17 - 11.4%  
18-25 - 17.5%  
25-35 - 20.1%  
35-45 - 22.3%  
46-55 - 11.5%  
55-65 - 8.3%  
65+ - 0.3%

**Gender**

Female: 43.9%  
Male: 56.1%

**Race/Ethnicity**

Black - 45.77%  
White - 44.03%  
Other - 10.2%  
Hispanic - 7.78%  
Non-Hispanic - 92.22%

**Marital Status**

Divorced - 1.9%  
Married - 3.5%  
Single - 85.2%  
Unknown/Other - 9.4%

**Legal Status**

Involuntary - 40.7%%  
Voluntary - 59.3%

**Utilization:**

403 MHEC Referrals  
215 MHEC Admissions  
Adults - 171  
Adolescents - 44  
Male - 124  
Female - 91

**Average Length of Stay**

6.8 days

**Serving 40 + zip codes**

Leather (4pt) restraints are not used: Physical holds 0.03 of 3873 days for every 1000 hours of patient care, WI average is 0.64. 0.27 patients in seclusion, WI average is 0.90.

**Follow up Care**

83% of patients discharged received complete record of inpatient psychiatric care and plans for follow up. WI average 48 %.  
8.72% unplanned readmissions, National average 19.6%

**Patient Satisfaction Survey**

n = 311, 86% report they felt better at discharge than when they were admitted.  
n = 309, 82% report they were satisfied with their treatment.  
n = 310, 82% report their treatment goals and needs were met.

Chairwoman Drake inquired how many questions are on the survey? 15  
Chairwoman Drake asked if marital status is necessary, Dennise Lavrenz and Mary Neubauer agreed and advised not to include marital status on future reports.  
Dennise asked what are the benchmarks of other organizations? The goal for UHS is 90%.  
Communication and transfers with MHEC is somewhat improving. There are no longer significant holes with regards to staffing. Still recruiting for a nursing supervisor. At this time, there are 48 beds available and are looking to add an additional 12 beds by summer.

This Item was Informational.

**SCHEDULED ITEMS (CONTINUED):**

5	<p><b>Policy and Procedure Quarterly Report</b></p> <p>Policy/Procedure Report displayed and explained. As of February 1, 2024 96.3% of policies are completed within the scheduled review period, with a goal of 96%. A total of 18 are overdue. A breakdown of due dates are found in the packet.</p> <p>This Item was Informational.</p>
6	<p><b>2023 Q4 Community Report and Dashboards: Community Access to Recovery Services (CARS), Community Crisis Services, and Children’s Community Mental Health Services and Wraparound Milwaukee</b></p> <ul style="list-style-type: none"><li>a) CARS Quarterly Report with Narrative Summary A workgroup (Jen. W, fiscal, and quality) was set up to investigate dollars spent on black/white clients to gain a better understanding of the discrepancy. See packet for details of the report.</li><li>b) 2023 Q4 Community Crisis Services Dashboard Updates Would like to separate Outpatient and Milwaukee Mobile crisis into 2 distinct dashboards as the services and needs of each are unique.</li><li>c) BHS Wide Adult Services Dashboard Enrollment dates are a little off and are looking to cleaning this up. Would like to look at year over year in the next year when there is more data available.</li></ul> <p>Chairwoman Drake asked about Quality of Life (QOL) of staff. Cars Director, Jen. W was looking into staff turnover rate which is 19.25% within CARS. Turnover rates per year for Government employees in general is 20.00%.</p> <p>Dennise L. asked about QOL in general and if dollars will be spent to improve this for patients. Matt stated, social determinants go beyond the scope of CARS which will need a larger, wider approach within Milwaukee County services.</p> <p>Chairwoman Drake inquired about a specific zip code within MMC and if there is a connection with MHEC about this. Dr. J. Schneider replied pandemic and post-pandemic brought about changes. Each patient is unique with different goals and needs. Input &amp; output can vary.</p> <p><b>BHS KPI Report – Children’s Community Mental Health Services and Wraparound Milwaukee</b></p> <p>Review of Clients Served and Costs for Wraparound, Reach, and CCS. Family satisfaction overall score for Q4 2023 is 4.6 with a goal of 4.0 or higher. There was a discussion of why services were no longer desired on the Discharge Outcome data.</p> <p>Ken Ginlack requested to look deeper into the reasons with a special chart just for reasons of why services are no longer desired.</p> <p>This Item was Informational.</p>

**SCHEDULED ITEMS (CONTINUED):**

7	<p><b>Community Contract Vendor Quality Updates: Sanctions, Holds, and Service Suspensions</b></p> <p>a) Sebastian Family Psychology Practice, LLC, CCS - Referral Suspension Lifted</p> <p>Sebastian Family Psychology Practice were notified on 1/12/24, will be allowed to resume referrals, effective 1/25/24.</p> <p>This Item was Informational.</p>
8	<p><b>Children’s Community Contract Vendor Quality Updates: Sanctions, Holds, and Service Suspensions</b></p> <p>a) After long session of verifying documentation, Exodus Family Services repaid the money in full, which was identified from auditing.</p> <p>b) Exodus also hired a part time person to review compliance.</p> <p>This Item was Informational.</p>
9	<p><b>Community Outpatient Services Report</b></p> <p>Provided a summary of the Access Clinics which centers around Connection, Compassion, and Healing.</p> <p>a) Reports all clinics were strategically placed to be easily accessed in the community served.</p> <p>b) All clinics have a variety level of staff and services with the ability to see someone in crisis on a same day basis depending on their specific circumstance.</p> <p>Dr. Cole received many compliments for his presentation, which touched the hearts of others.</p> <p>This Item was Informational.</p>
10	<p><b>Department of Health and Human Services Quality Management Update</b></p> <p>TJ Cobb was out of the office today. This Item will be added to the May Quality Committee agenda.</p>
11	<p><b>2024 Tentative Schedule and Submission Calendar</b></p> <p>June 3, 2024, at 10 a.m. September 9, 2024, at 10 a.m. December 2, 2024, at 10 a.m.</p> <p>This Item was Informational.</p>

**SCHEDULED ITEMS (CONTINUED):**

**12 Adjournment.**

Mary Neubauer announced she will be staying active with Board activities and was recently appointed as Chairwoman of the Milwaukee County Mental Health Board.

Shirley Drake was recently appointed as Secretary of the Milwaukee County Mental Health Board.

Meeting was adjourned.

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: 10:03 am – 11:41 am

Minutes taken by Vicki Orzel, Quality Coordinator.

Adjourned,  
*Vicki Orzel, Quality Coordinator*  
Milwaukee County Mental Health Board

**The next meeting for the Milwaukee County Mental Health Board Quality Committee is scheduled for June 3, 2024.**

**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>**

# 4

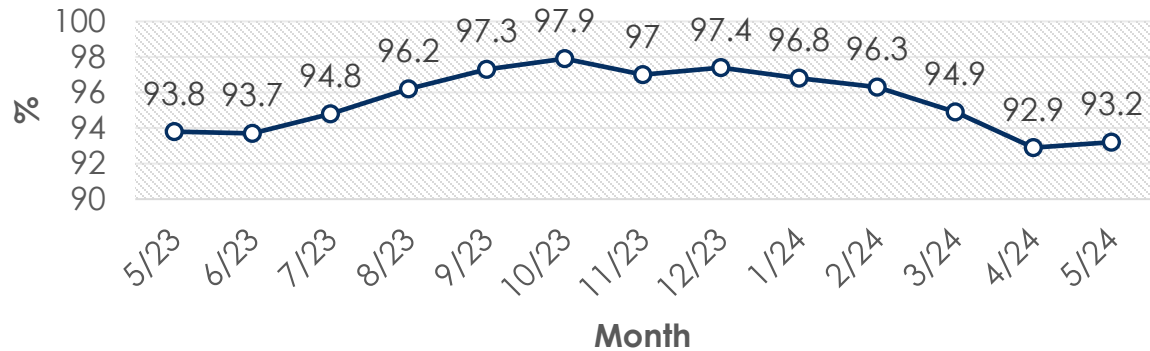
Baseline 71.5% as of August 2016 LAB report

Overall Progress 93.2% as of May 1, 2024

Current Goal = 96%

Review period	Number of Policies		Percentage of total	
	Last Month	This Month	Last Month	This Month
Within Scheduled Period	447	426	92.9%	93.2%
Up to 1-year Overdue	31	27	6.4%	5.9%
More than 1 yr & up to 3 yrs overdue	3	4	0.6%	0.9%
More than 3 yrs & up to 5 yrs overdue	0	0	0%	0%
More than 5 yrs & up to 10 yrs overdue	0	0	0%	0%
<b>Total</b>	<b>481</b>	<b>457</b>	<b>100%</b>	<b>100%</b>

Monthly Rate Trends



Past Due by Policy Area	Past Due	Number of Policies coming due in the next 12 months	
BHS - Administration	2	Month/Year	# Due
BHS - Health Information/HIPAA Privacy & Security	3	May 2024	13
		June 2024	17
BHS - Nursing	4	July 2024	19
		August 2024	16
Community Access to Recovery Services (CARS)	3	September 2024	9
Emergency Management	2	October 2024	7
Emergency Management- Confidential	1	November 2024	7
Engineering & Environmental Services- Operations	2	December 2024	95
Environment of Care	2	January 2025	9
Fiscal	1	February 2025	11
Human Resources	7	March 2025	3
Patient Rights	3	April 2025	13
Pharmacy	1	May 2025	2
Safety	1	Last Month's Activity	
Volunteer Services	1	New Policies	1
Wraparound (Wrap, REACH, youth CCS)- Vendor	1	Reviewed/Revised	24
		Retired	0
<b>Total</b>	<b>34</b>		



# Review of 2023 Admission Data Behavioral Health Services

FOR MHB QUALITY COMMITTEE  
Version 5/10/2024





# Objective:

REVIEW NETWORK ADMISSION AND PATIENT FLOW  
DATA WITH EMPHASIS ON MHEC, UHS GH AND WMHI.



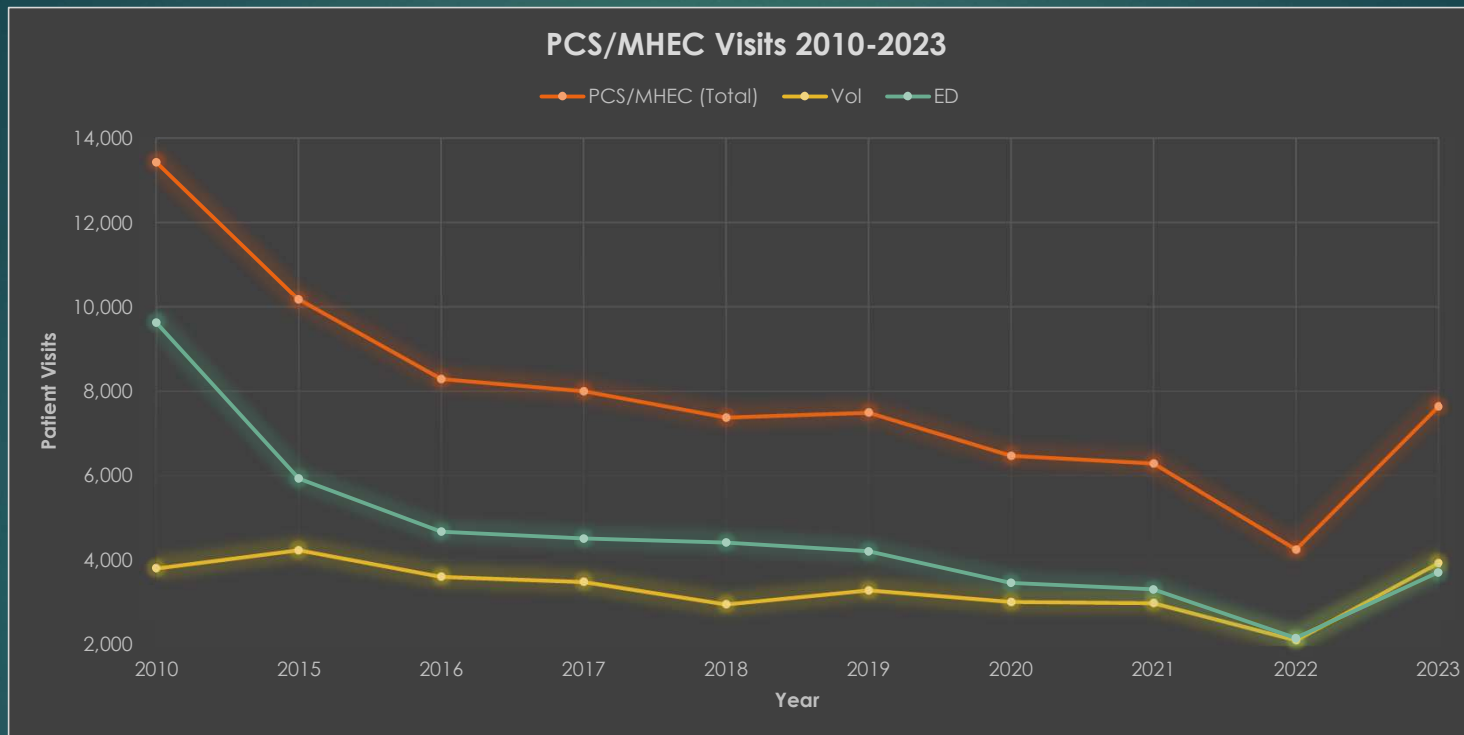
# Agenda:

1. Review of PCS/MHEC Visits 2010 to 2023
2. PCS/MHEC Transfers to Regional IMDs 2015 to 2023
3. BHS Admissions to WMHI 2023 and Historical
4. Change of Venue admits to WMHI 2023
5. System Flow: Comparison MKE to Waukesha and Full MHEC 2023 data set



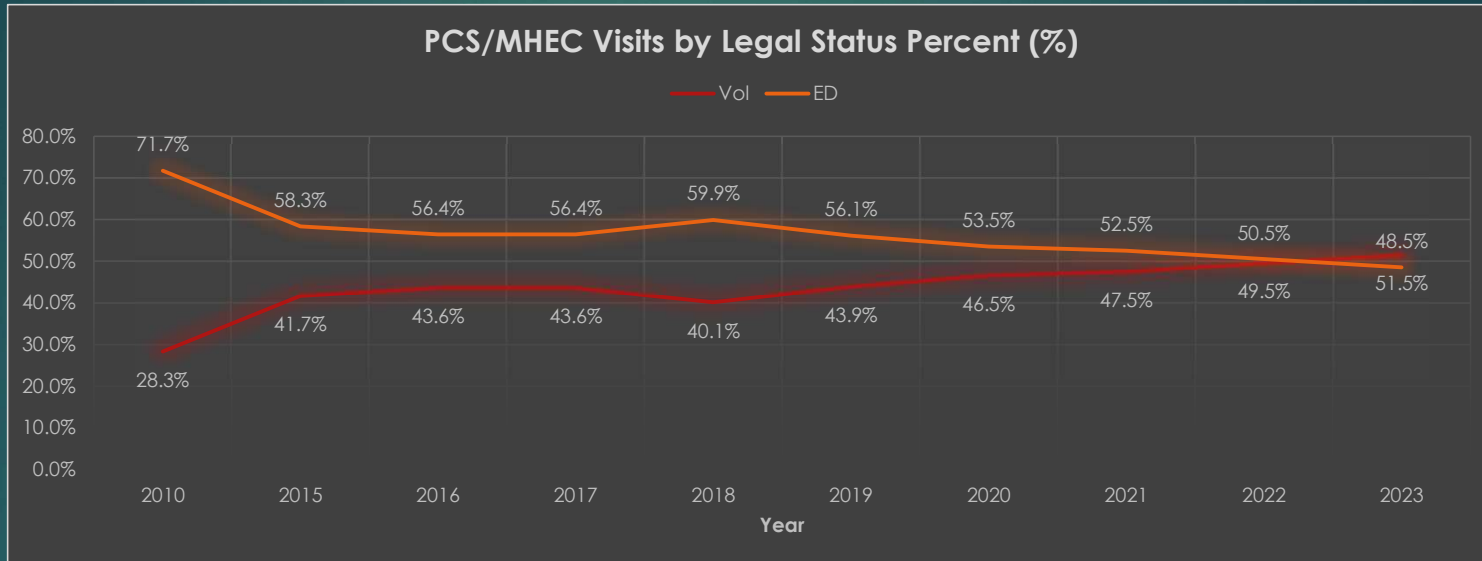
# Review of PCS/MHEC data 2010-2023

# 2010-2023 PCS and MHEC Visits



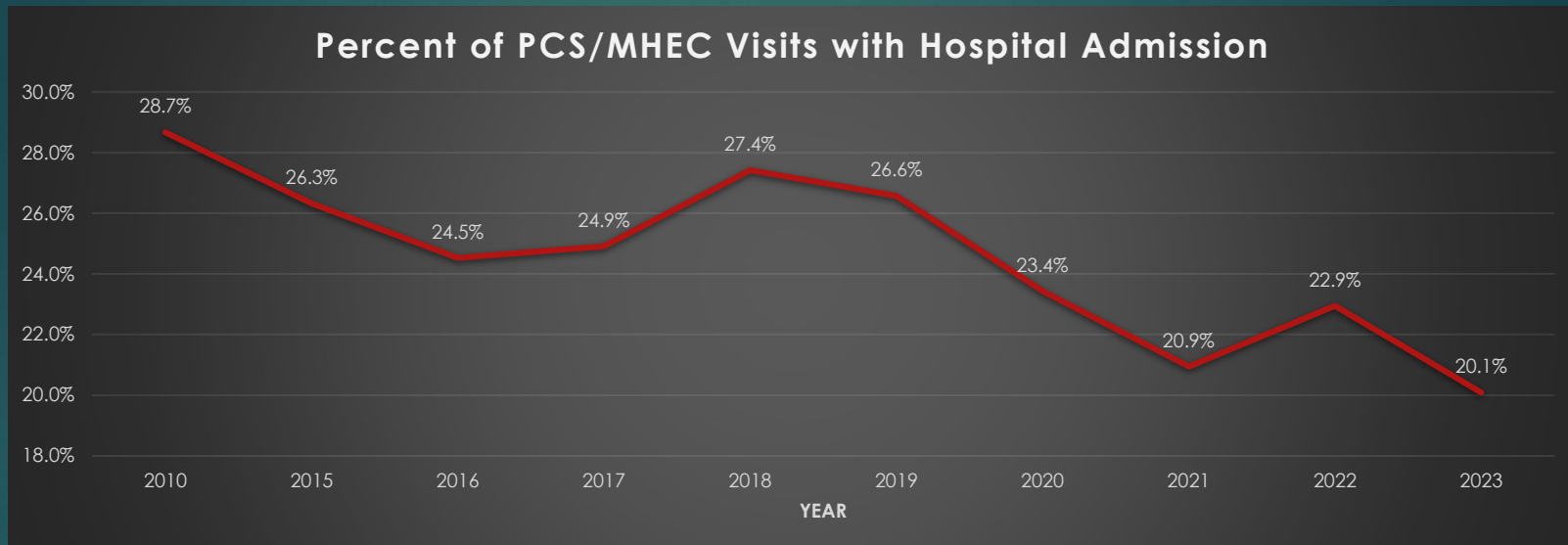
Year	2010	2015	2016	2017	2018	2019	2020	2021	2022	2023
PCS/MHEC	13,443	10,173	8,286	8,001	7,375	7,492	6,471	6,289	4,254	7,641
Vol	3,808	4,238	3,611	3,488	2,958	3,287	3,012	2,987	2,106	3,934
ED	9,635	5,935	4,675	4,513	4,417	4,205	3,459	3,302	2,148	3,707

# 2010-2023 Visits by Legal Status Percent (%)



Year	2010	2015	2016	2017	2018	2019	2020	2021	2022	2023
Vol	28.3%	41.7%	43.6%	43.6%	40.1%	43.9%	46.5%	47.5%	49.5%	51.5%
ED	71.7%	58.3%	56.4%	56.4%	59.9%	56.1%	53.5%	52.5%	50.5%	48.5%

# 2010-2023 % PCS/MHEC Visits with Admit



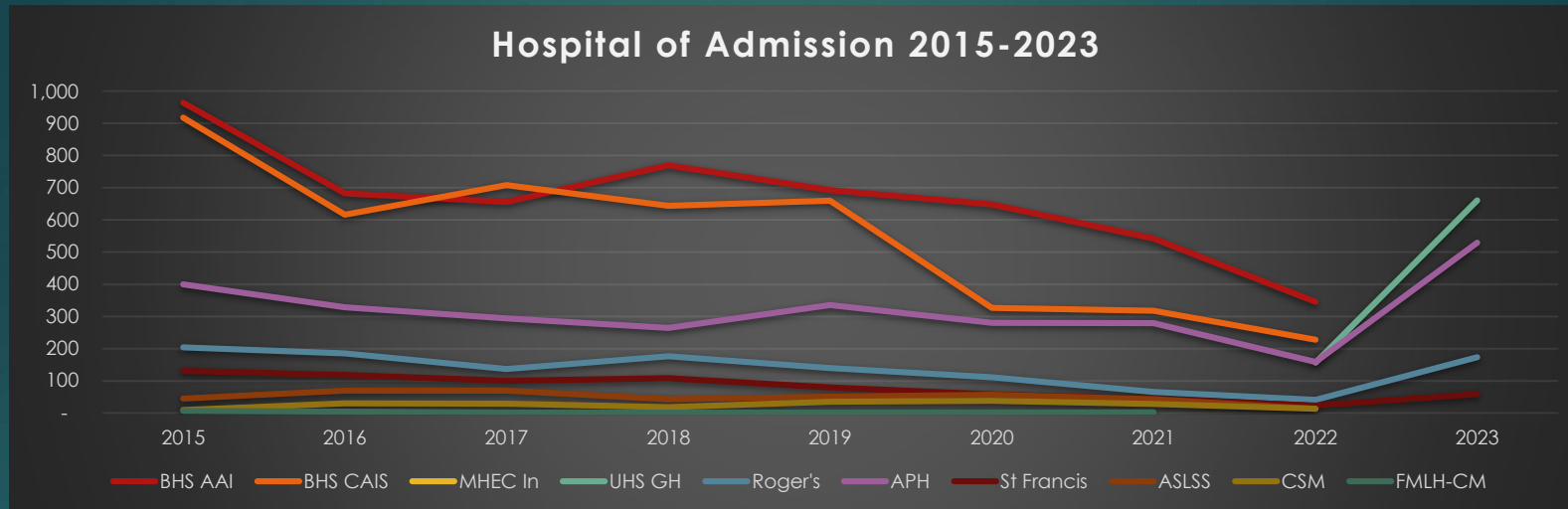
Year	2010	2015	2016	2017	2018	2019	2020	2021	2022	2023
% Admit	28.7%	26.3%	24.5%	24.9%	27.4%	26.6%	23.4%	20.9%	22.9%	20.1%



PCS/MHEC transfers to regional hospitals 2015-2023



# 2015\*-2023 Location of Admits

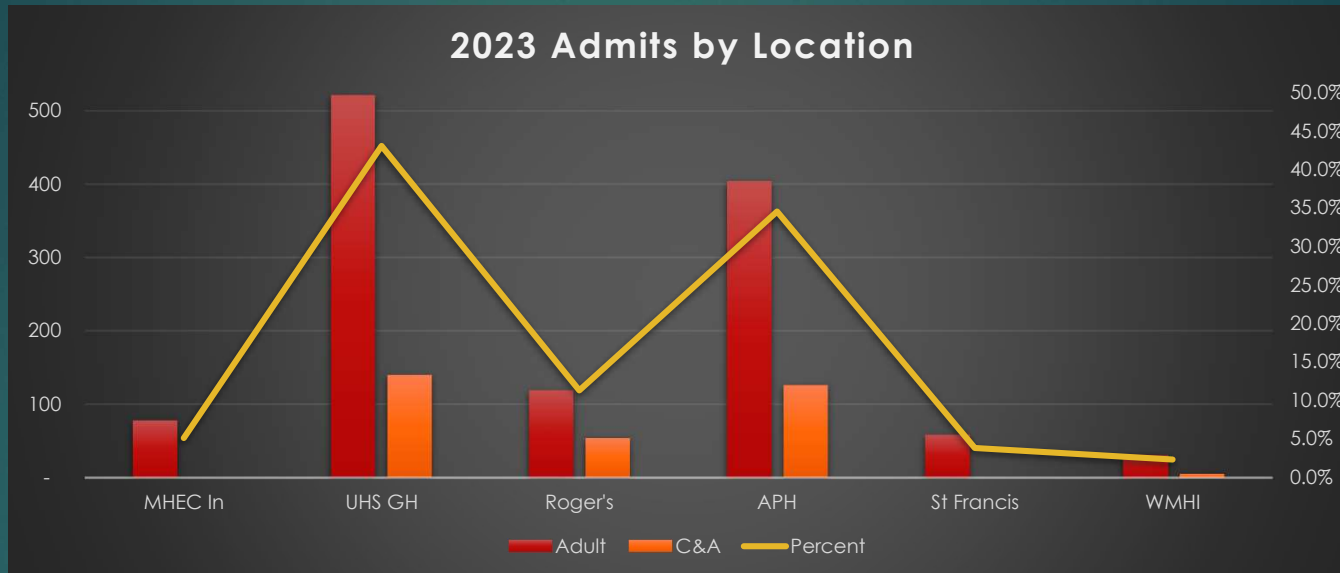


**NOTE: MHEC and UHS GH are NOT on this Table**

Year	2015	2016	2017	2018	2019	2020	2021	2022	2023
Roger's	204	185	136	176	139	111	65	40	173
APH	400	328	294	264	335	280	279	158	530
St Francis	131	117	100	108	79	57	43	23	58
ASLSS	44	69	69	42	50	56	42	13	
CSM	9	29	28	17	34	37	27	13	
FMLH-CM	6	4	1	1	1	1	2		



# 2023 MHEC Admits by Location

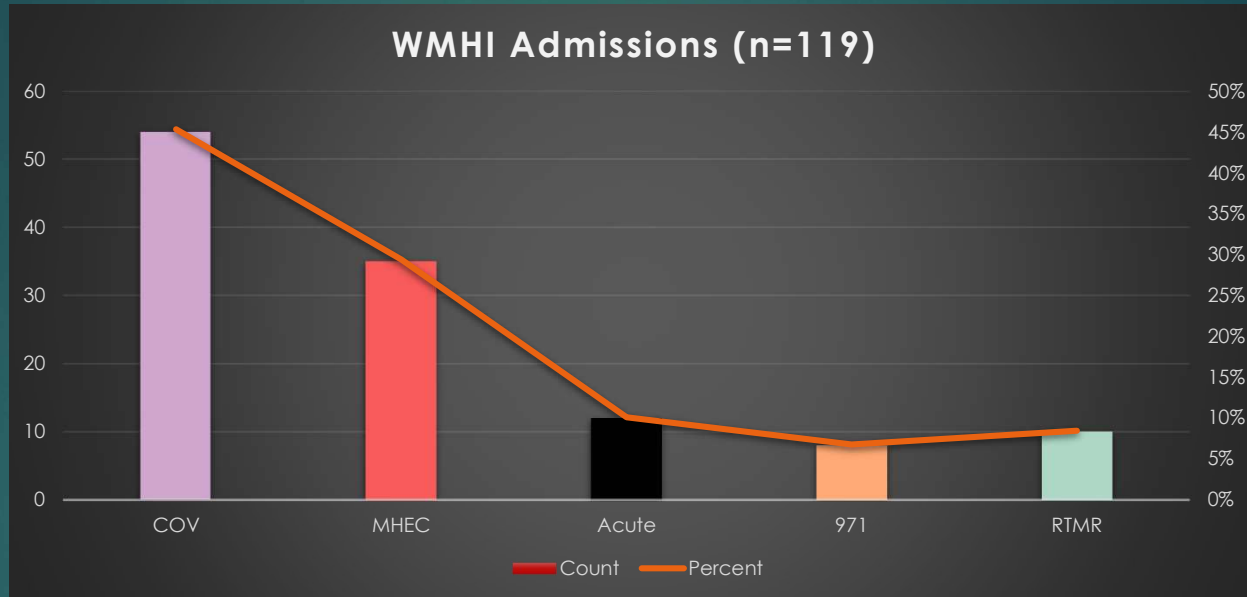


	Adult	C&A	Percent
<b>MHEC In</b>	78		5.1%
<b>UHS GH</b>	521	140	43.1%
<b>Roger's</b>	119	54	11.3%
<b>APH</b>	404	126	34.5%
<b>St Francis</b>	58	NA	3.8%
<b>WMHI</b>	30	5	2.3%



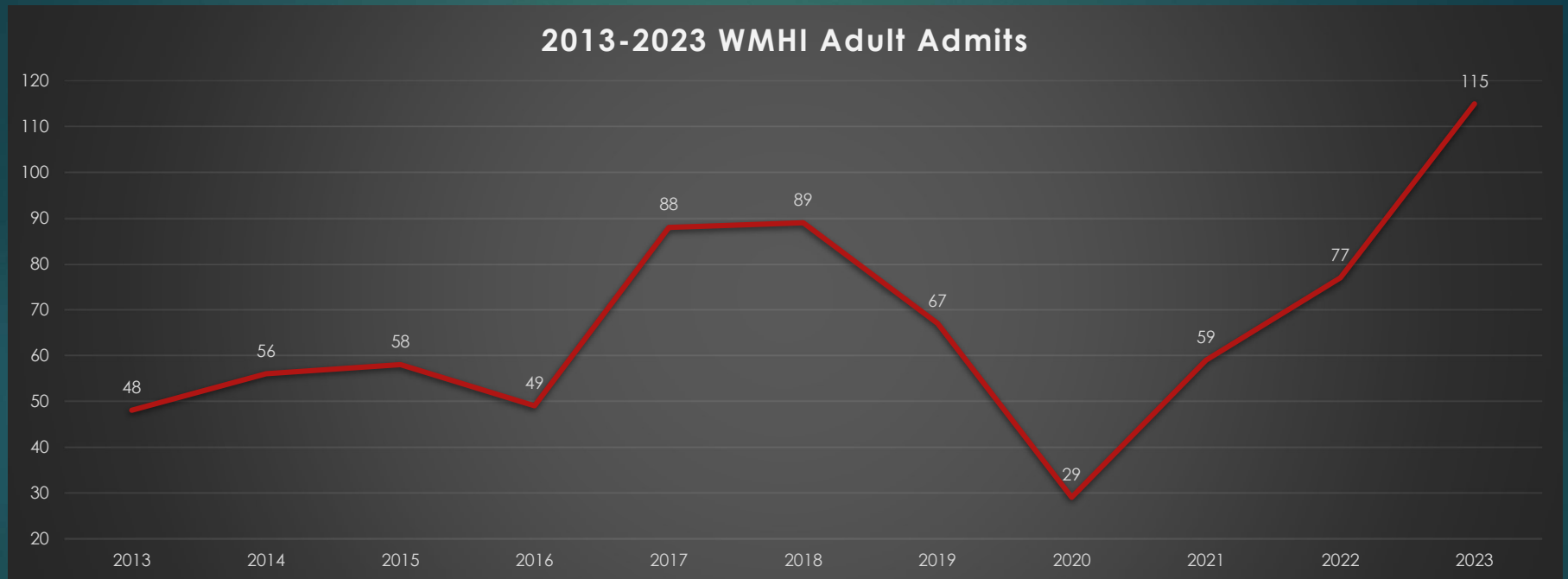
# BHS Admissions to WMHI

# 2023 WMHI Admissions



Total WMHI		COV	MHEC	Acute	971	RTMR
<b>119</b>	Count	54	35	12	8	10
	Percent	45%	29%	10%	7%	8%
<b>24.93</b>	LOS	<b>16.87</b>	<b>26.5</b>	<b>44.00</b>	<b>40.67</b>	<b>54.56</b>
<b>1</b>	Min LOS	1	3	7	12	7
<b>166</b>	Max LOS	111	166	131	42	57

# Historical Admissions to WMHI 2013-2023



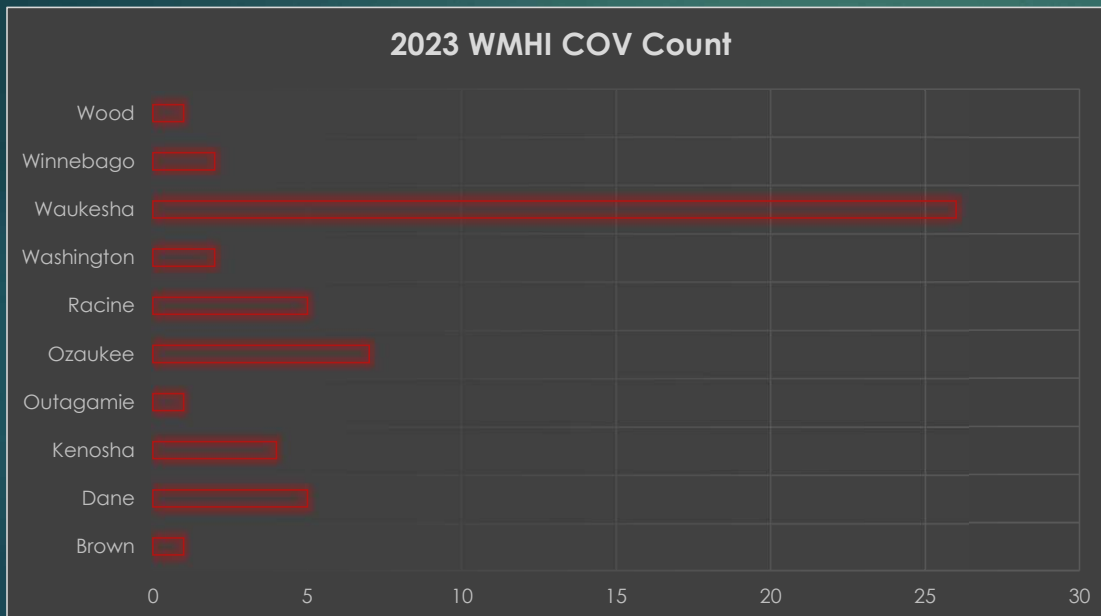
Ave 2013-2022: **62** +/- 18  
Data from WMHI report.





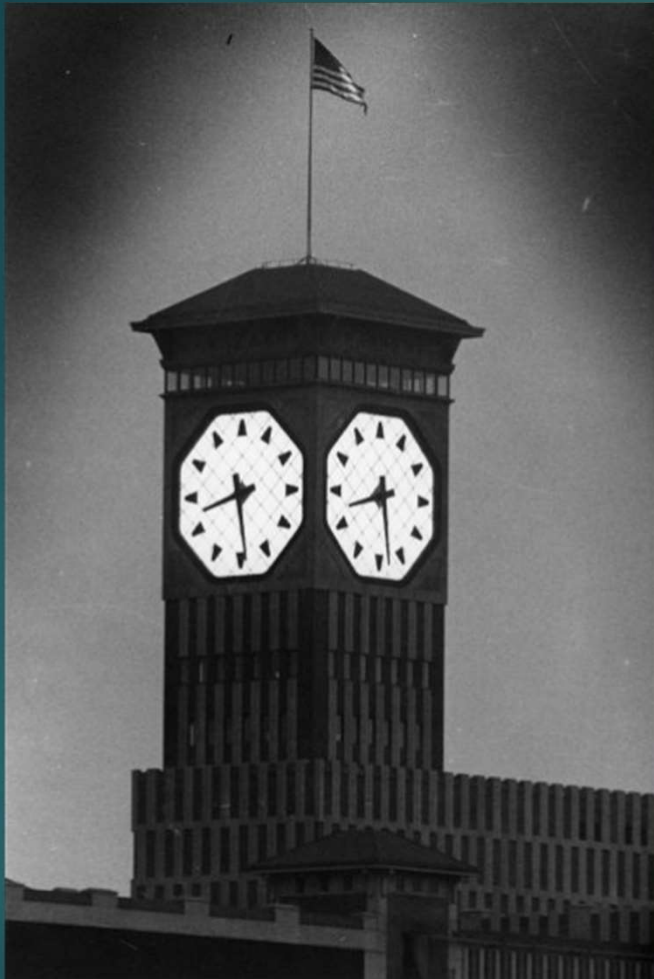
Change of  
Venue admits  
to WMHI 2023

# 2023 WMHI COV Cases



From	Num	Ave	LOS	
			Min	Max
<b>Brown</b>	1	6.0	6	6
<b>Dane</b>	5	11.2	9	13
<b>Kenosha</b>	4	8.3	7	10
<b>Outagamie</b>	1	4.0	4	4
<b>Ozaukee</b>	7	18.7	9	57
<b>Racine</b>	5	24.0	7	47
<b>Washington</b>	2	10.0	7	13
<b>Waukesha</b>	26	19.3	1	111
<b>Winnebago</b>	2	10.5	5	16
<b>Wood</b>	1	18.0	18	18

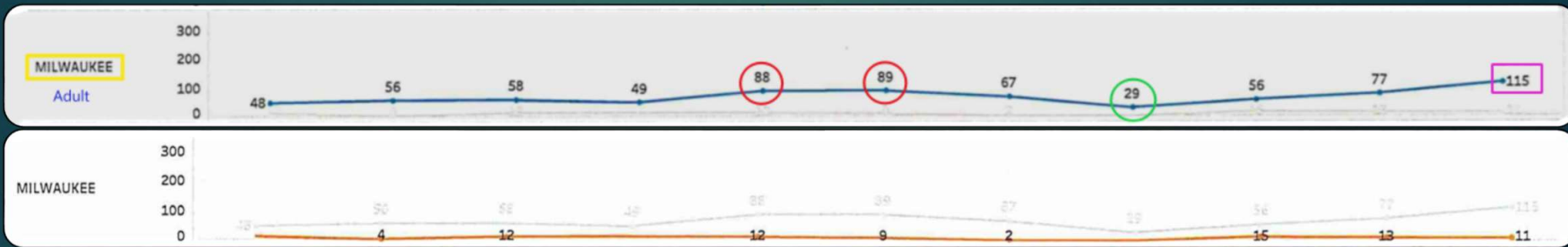
2023 Total WMHI Admits via COV to MKE Co. N = 54



System Flow:  
Comparison MKE to  
Waukesha and Full  
MHEC 2023 data set



# WMHI Admits - Regional Comparison 2013-2023



MKE 10 Year Average (2013-2022) **Adult** 62 COV +/- 18

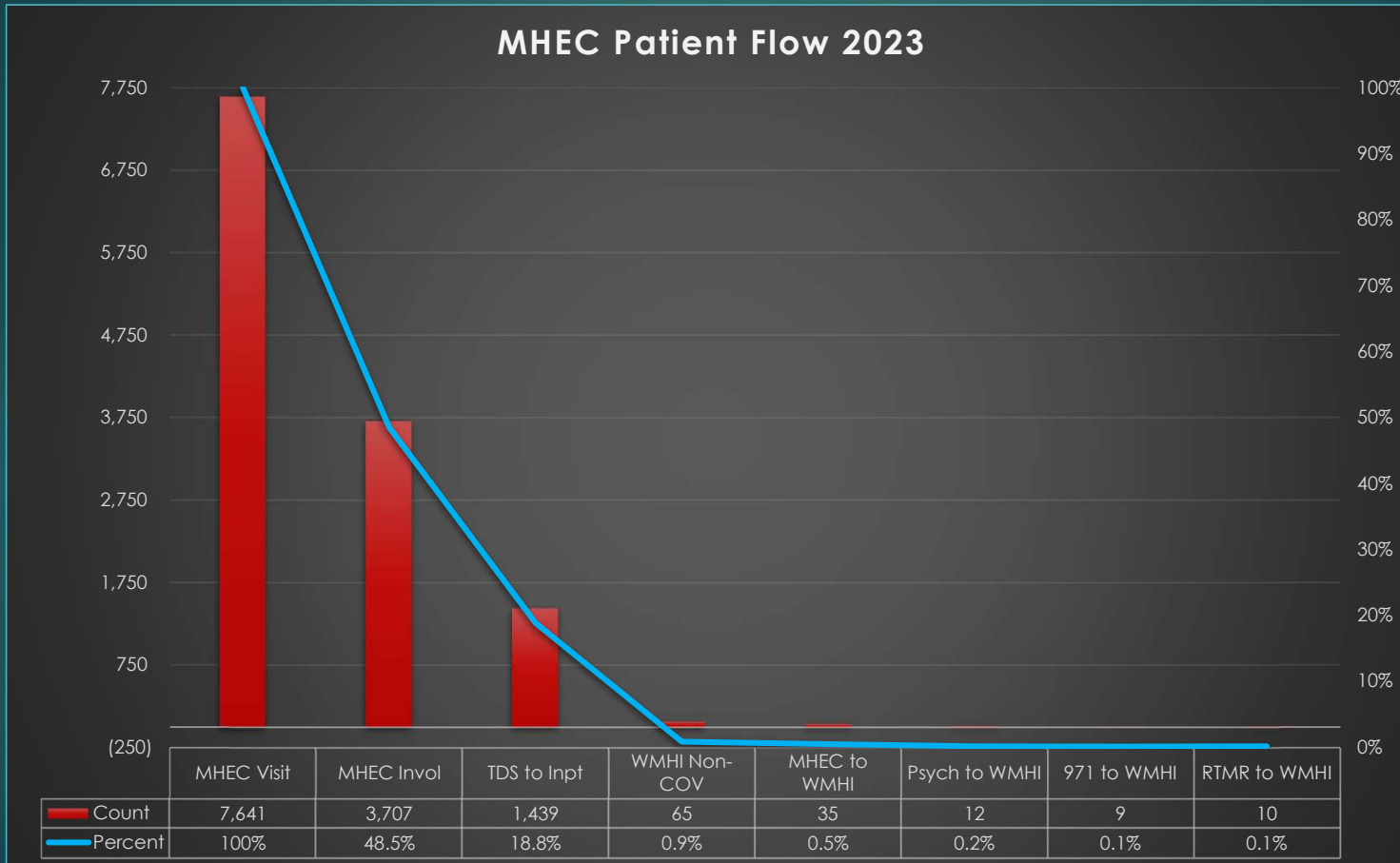
- ▶ **2017<sup>+</sup>, 2018<sup>+</sup>** and **2020** Outlier years.
- ▶ 2023s **115** is 2x 10-year average.

Compare Waukesha, suburban adjacent county for rate of WMHI use per 10,000 citizens:

- ▶ **Waukesha 120 / (410,273 / 10,000) = 2.92**
- ▶ **Milwaukee 115 / (916,205 / 10,000) = 1.26**



# MHEC System Flow 2023



A scenic view of a coastal path with a wooden railing overlooking the ocean under a cloudy sky. The path is dirt and runs along a grassy cliffside. The railing is made of dark wood and follows the curve of the path. In the background, the ocean is visible, and the sky is filled with dark, heavy clouds. The overall mood is somber and atmospheric.

# Questions and Answers

# Client Rights at Milwaukee County Behavioral Health Services

Presentation to the Mental Health Board Quality Committee  
June 3, 2024

Jenn Pyles, Client Rights Specialist and CLAS Standards  
Implementation Lead



# Client Rights Specialists (CRS)

- Jenn Pyles 414-257-7469
- [Jennifer.pyles@milwaukeecountywi.gov](mailto:Jennifer.pyles@milwaukeecountywi.gov)
- Vicki Orzel 414-299-0063
- [Vicki.orzel@milwaukeecountywi.gov](mailto:Vicki.orzel@milwaukeecountywi.gov)

## Wraparound/ Children's Staff

- Laura Pittman 414-704-5151
- [Laura.pittman@milwaukeecountywi.gov](mailto:Laura.pittman@milwaukeecountywi.gov)
- Holly McElhatton 414-639-7810
- [Holly.Mcelhatton@milwaukeecountywi.gov](mailto:Holly.Mcelhatton@milwaukeecountywi.gov)



# Overview

- Understanding the role of client rights and grievances
- 2023 process improvements
- 2023 grievance/ complaint summary
- 2024 goals



# What does a Client Rights Specialist do?

- Help clients resolve concerns about services they receive from a program or provider.
- Review grievances and make recommendations for resolution
- Advocate and educate on client rights issues and compliance





# Why are Client Rights Important?

- Prevent ethics complaints and lawsuits filed by clients who allege that mental health professionals violated their rights
- Help define how clients should be treated while receiving a community- based service
  - Standardizes care across healthcare fields
  - Enables clients to have uniform expectations during treatment
- Empowers people to take an active role in improving their health
- Mandated by DHS 94



# What is the Grievance Process

A set of steps to follow when a client has a concern regarding their care or treatment.



# Why is this process important?

- Resolves disputes in a fair and transparent way
- The documentation process makes it difficult for complaints to go ignored (i.e.: We didn't know there was a problem with racial discrimination)
- Protects the client from receiving punishment if they appeal
- Helps identify areas for process improvement



# Improvements

1. Reinforced and enhanced the grievance process
2. Educated internal and external service providers on process
3. Strengthened policy
4. Enhanced communication with external providers
5. Enriched relationship with state grievance examiner



# Reinforced and enhanced the grievance process

- Defined processes for:
  - Notifying someone of potential Client Rights violation
  - Granting of emergency timeframes
  - Need to contact agency for level 1 grievance
  - Granting of 45-day filing extensions
  - Proposing new timeframes to allow longer investigation
  - Formal and informal grievance findings.
- Designed letter templates
- Developed documentation standards



# Educated internal and external service providers on process

- Partnership on Client Rights Forum with Wraparound
- Clarified contract language on client rights
- Edited and revised new training for Workforce Training and Development on client rights at onboarding
- Attendance at All-Provider meetings with updates on client rights topics
- Train the Trainer to service managers for internal staff
- Provide program managers with informative emails on the process when a grievance or complaint arises that outlines their expectations and role.



# Strengthened Policy

- User friendly language
- Took out hospital references
- Streamlined flow chart
- Replaced outdated attachments in accordance with newer state communication
- Addition of posthumous investigations
- Addition of provider grievances





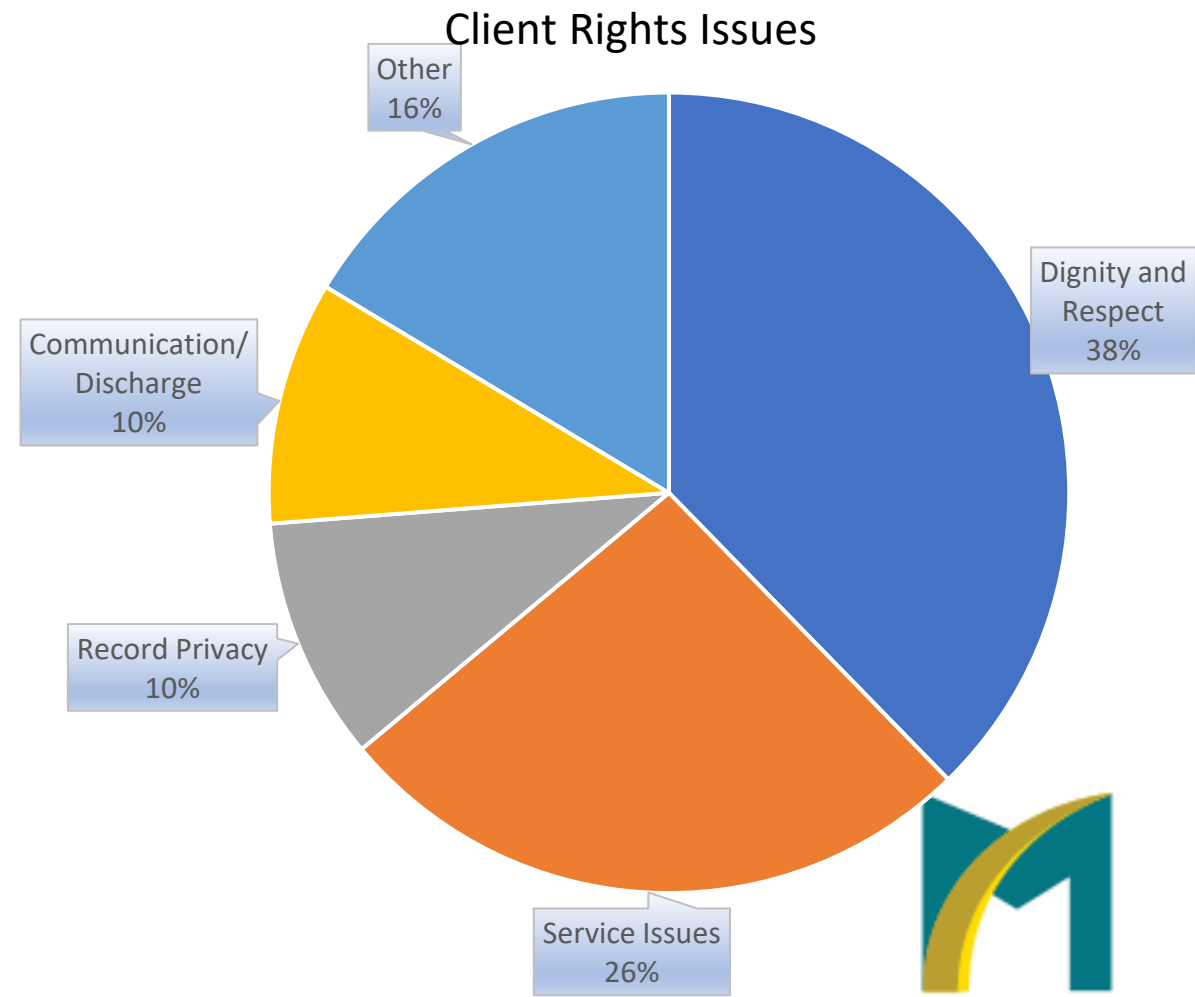
# Enhanced Communication with Providers

- Developed process for warm hand off when concerns need to be heard at Level 1
- Created spreadsheet of all CRS and back up CRS and contact numbers/ emails.
- Designed process for partnering on investigations per DHS 94.48



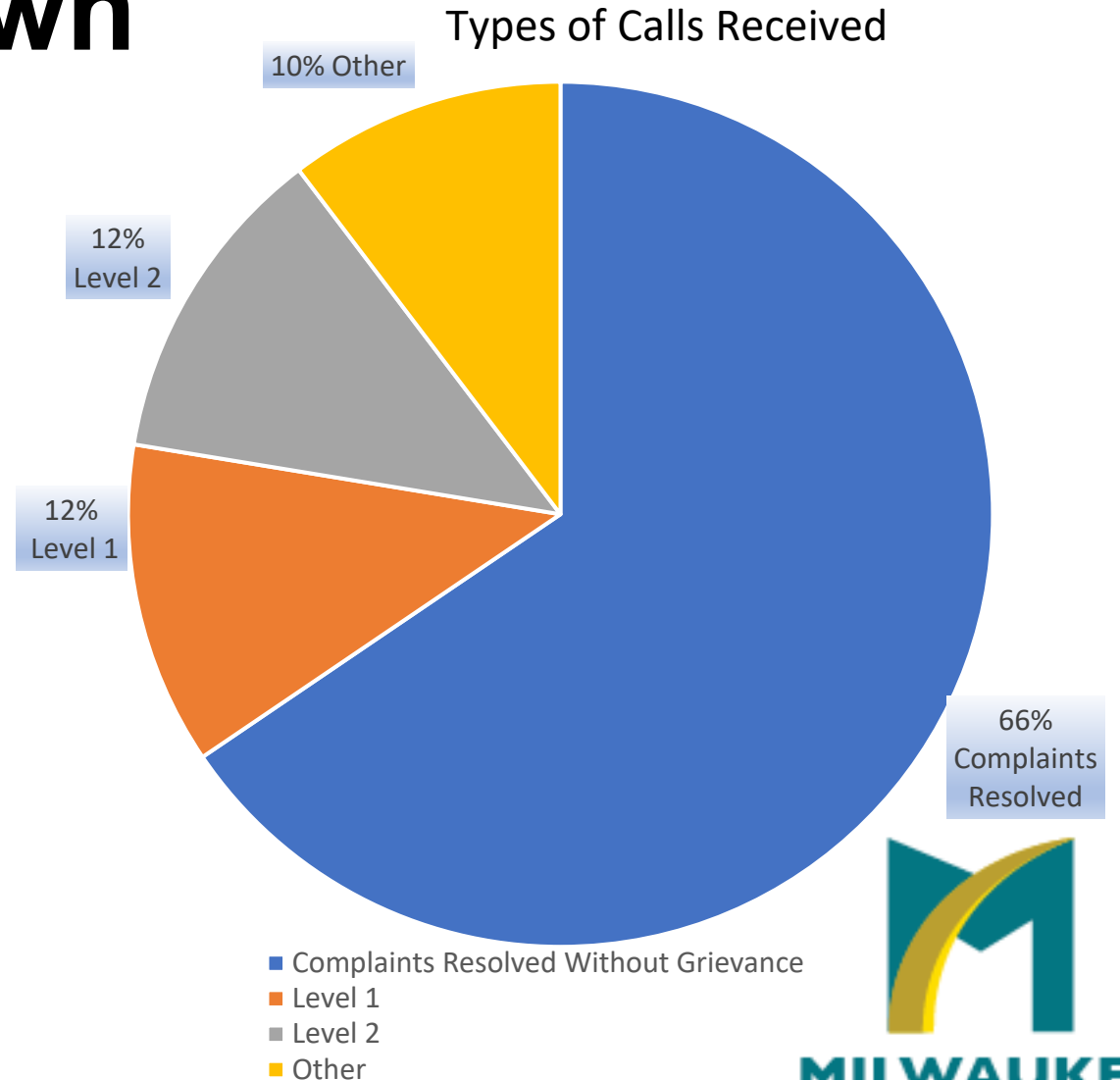
# 2023 Client Rights Issues

- Largest number of grievances is client's stating they are not being treated with dignity and respect. 38%
- 26% Service Issues
- 10% Record Privacy
- 10% Communication/ Discharge planning
- 16% Other
  - 7% rep payee/ management of personal funds
  - 6% Grievance process
  - 4% Secure storage space/ thefts
  - 1% Consents
  - 1% Isolation
  - 1% Medication



# Grievance Breakdown

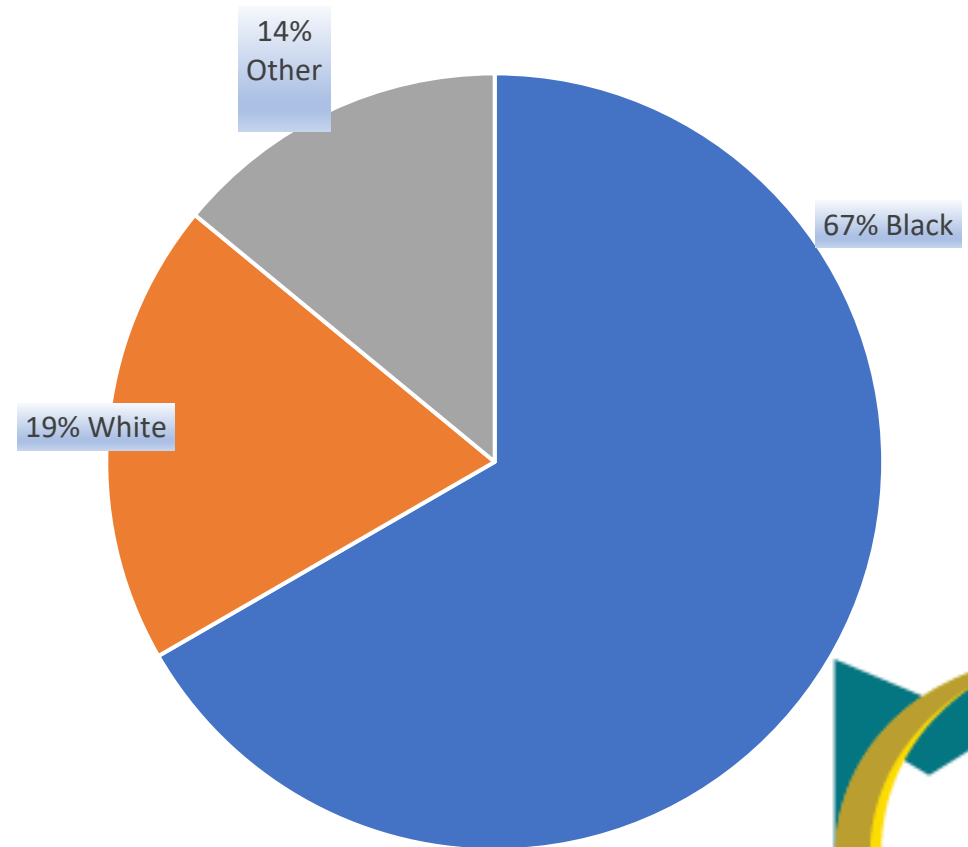
- Adult/ Mobile Crisis: 36 unique client.
- Wraparound: 22 unique clients
- Ranging from 30 minutes to 60+ hours worth of work. On average, each client is about 10 hours of work.
- 16 were complaints that were resolved without the grievance procedure. (All 22 in Wraparound)
- 7 Level 1 grievances
  - 5 were sent to Level 1 agency
  - 2 internal (BHS Level 1)
- 7 Level 2 grievances
- 6 Other
  - 2 informal grievances
  - 2 that spread across multiple grievances
  - 2 were not BHS clients



# Who are our Callers?

- Adult and Mobile Crisis ages
  - 100% between the ages of 30 and 64.
    - 73% age 45-64 (Born between 1957 and 1978).
    - 27% age 30-44 (Born between 1979 and 1994).
- Wraparound ages
  - 68% age 0-17 (2006 and prior)
  - 32% age 18-23 (2000-2005)
- 53% male, 44% female, 3% non-binary

Caller Racial Demographics



■ Black ■ White ■ Other

# What's Next?

**GOAL 1: Improve our Client experience**

**GOAL 2: Coordinate processes across DHHS**

**GOAL 3: Continue to enhance provider education and communication**



# 2024 Initiatives

- Develop larger integrated DHHS policy with offshoot BHS policy
- Strategic networking and case coordination with Chief Compliance Officer- Safety, Risk, and Population Health
- Create Client Rights Website
- Develop better mechanisms for data tracking and client documentation
- Survey all client's satisfaction with grievance process
- Qualitative and quantitative data presentation at Mental Health Quality Board



# Questions?







**MILWAUKEE  
COUNTY**

# PPS Non-Episodic Implementation Status Update

Preliminary Results

MHB Quality Committee Meeting

June 3<sup>rd</sup>, 2024

# Context



Implemented a non-episodic form of PPS in February of 2023 – intended to reduce data collection burden



Removed non-essential items and added questions related to SDOHs



Provided training and education and built monitoring mechanisms to ensure completeness

# Benefits

- Potential to collect SDOH data on all the clients we serve (regardless of program)
- Ability to track changes in self-reported SDOHs over time
- Reduction in data collection burden for providers and clients



# Benefit 1

Collecting SDOH data on all the clients we serve

# Benefit 1: Collecting SDOH Data on All Clients BHS Serves

- The Quality and Research Team has already built an All BHS Adult Services Dashboard using the SDOH data



## The BHS Wide Adult Services Dashboard

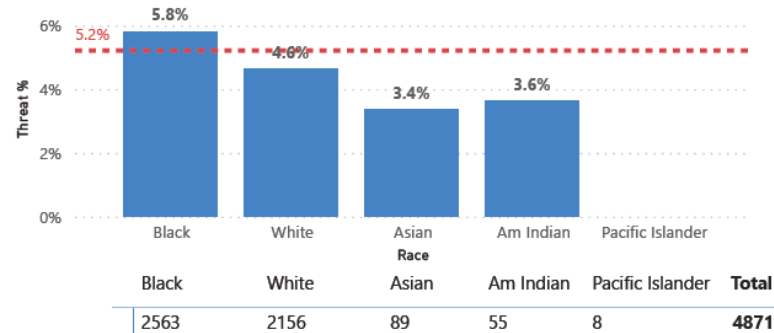
The BHS Wide Adult Services Dashboard includes the clients served by the Community Access to Recovery Services (CARS) and Crisis Departments is reported as a single population. This helps to reinforce the Milwaukee County DHHS "No Wrong Door" philosophy at Milwaukee County Behavioral Health Services (BHS) because it depicts BHS as a single continuum of care, with multiple front doors and a single population of clients served.

Further, this dashboard also presents data on the social determinants of health (SDOH). As noted in the first iteration of this dashboard, we are collecting more comprehensive data on social needs for all BHS clients, and this data set is growing. The number of clients on whom we had clinical and SDOH data averaged 4967 clients per question in the Q4 2022 to Q3 2023 version of this dashboard, whereas that number jumped to 5506 in this iteration, an increase of nearly 11%.

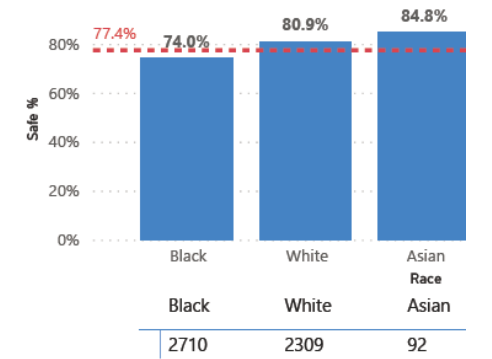
The SDOH data are organized using the County Health Rankings and Roadmaps framework published by the University of Wisconsin's Population Health Institute. We look forward to utilizing this data to understand the needs of the clients we serve and track the outcomes/impact of

## Social Economic Factors

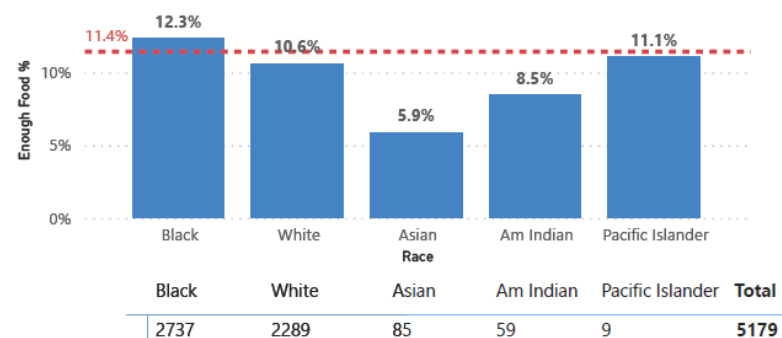
How Often Does Anyone Physically, Emotionally, or Verbally Hurt or Threaten You (Fairly Often, Always, Frequently)



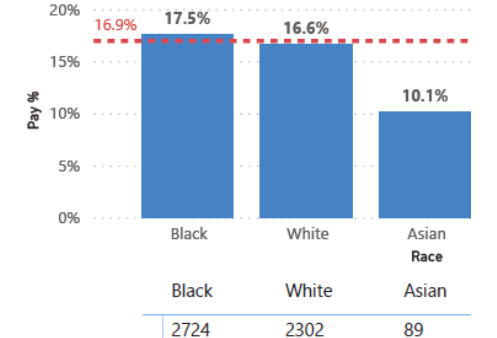
Do You Feel Safe Where You Live (Usually, Always)



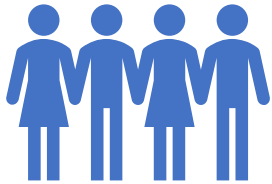
In the Past 6 Months, You Worried That Your Food Would Run Out Before You Got Money To Buy More (Usually, Always)



How Often is it Difficult For You To Pay for the Medical Care and Heating (Usually, Always)



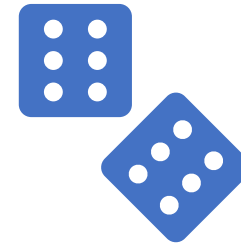
# Benefit 1: Continued...



Opportunity for broader evaluation  
of entire population



Opportunity to generate more  
referrals based on more  
comprehensively identified needs



Opportunity to use SDOH data for  
risk adjustment in future analyses of  
cost, outcome, value, etc.



# Benefit 2

Track changes in self-reported SDOHs over time

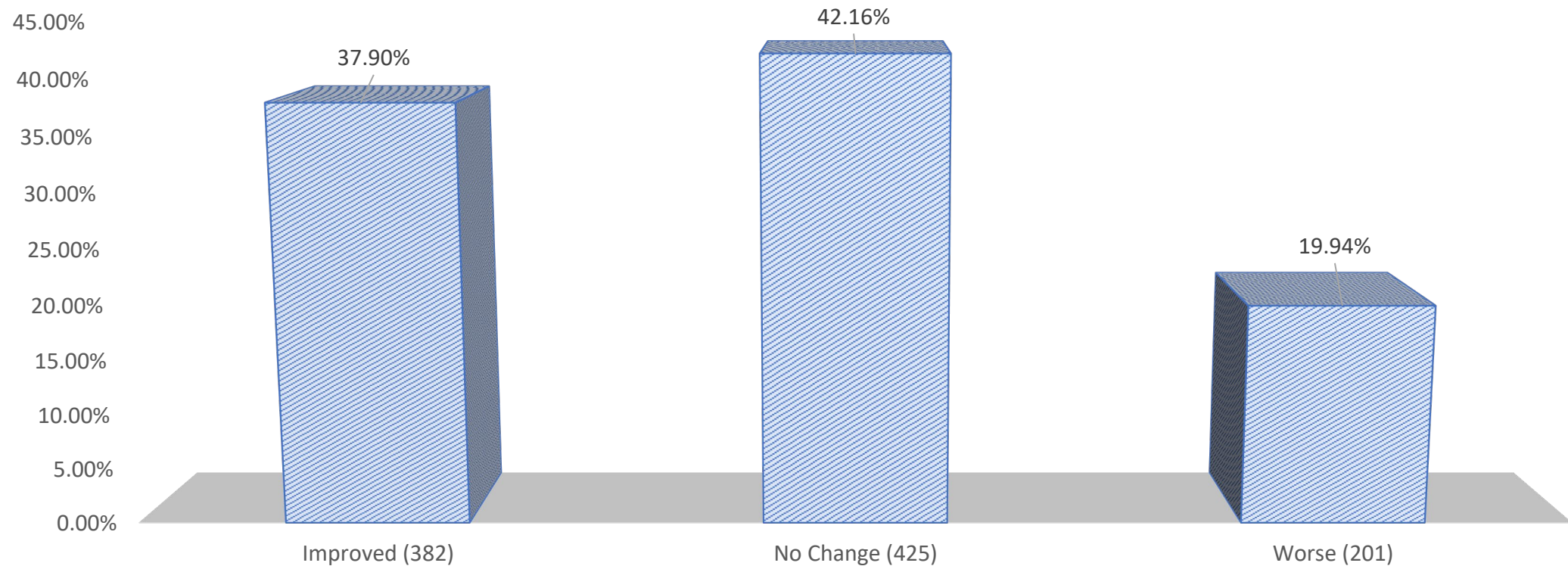
## Benefit 2: Using SDOHs as an Outcome

- Since February of 2023, there were 1008 clients with:
  - At least one pair of SDOH questions with complete data as of the first and last assessment
  - At least 30 days between the first and last assessment
  - Client were evaluated based on change status

Change Status Definition	Status
Endorsed fewer SDOH needs at their last assessment relative to their first	Improved
Endorsed more SDOHs at their last assessment relative to their first	Worse
Endorsed the same number of SDOHs at their last assessment relative to their first	No Change

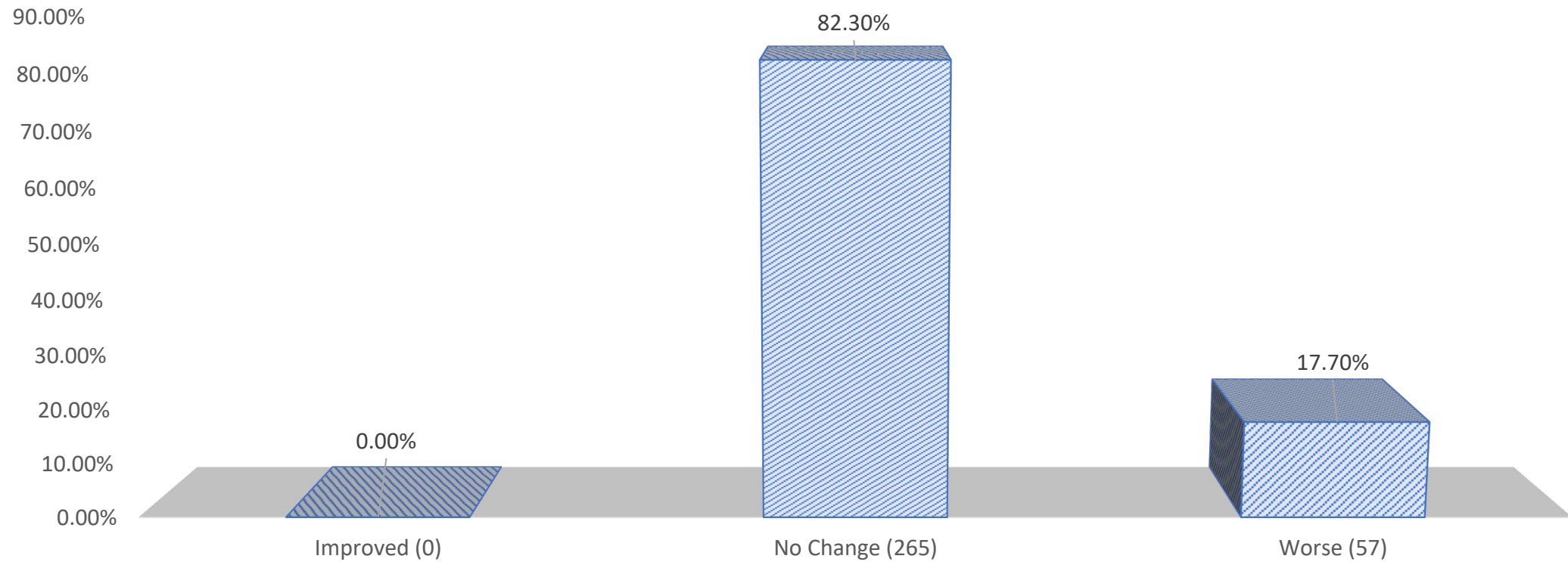
# Change Status: Proportion of Clients Who Either Improved, Remained Unchanged, or Got Worse

PERCENT BY CHANGE CATEGORY (ALL N=1008)



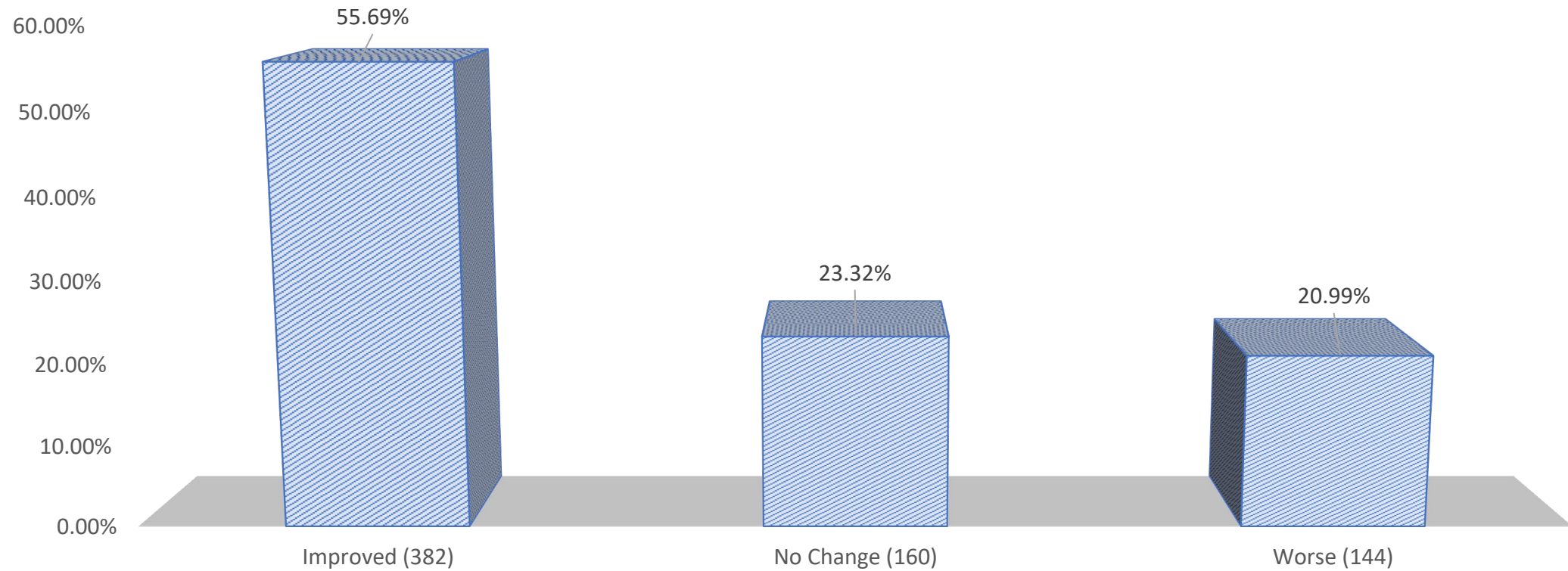
# Clients with 0 Endorsed SDOHs at Intake

## PERCENT BY CHANGE CATEGORY (ALL N=322)



# Clients with *At Least 1* Endorsed SDOH at Intake

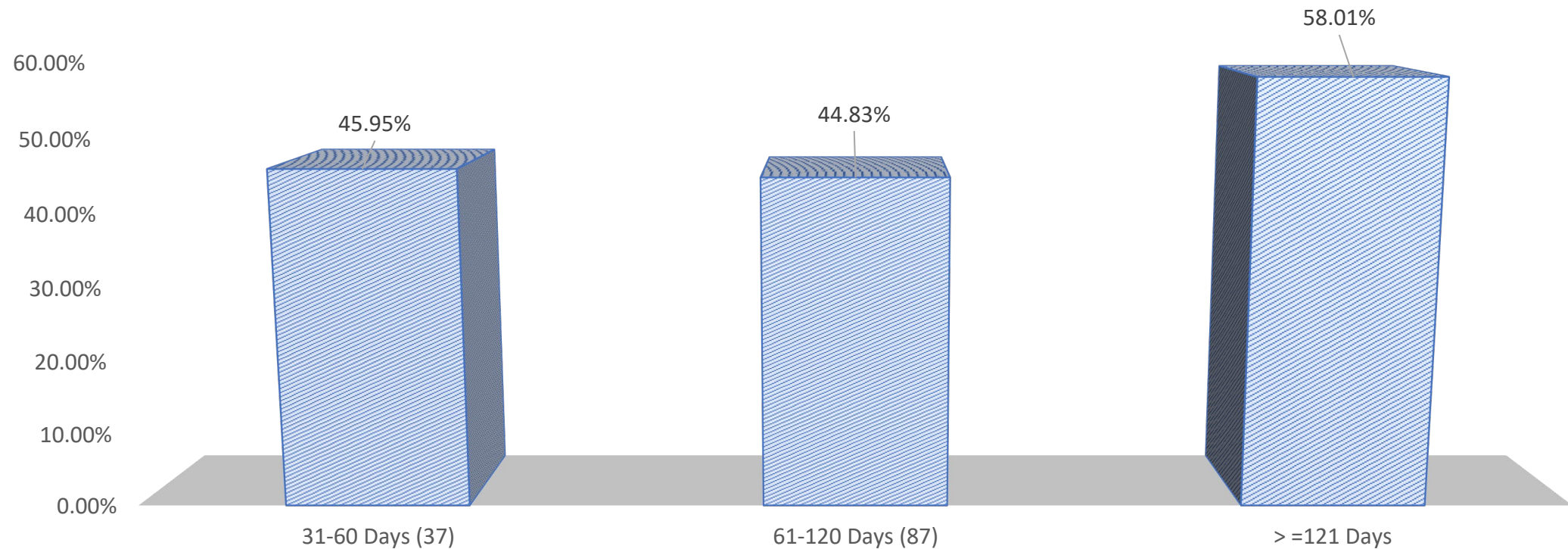
## PERCENT BY CHANGE CATEGORY (ALL N=686)





# Change Status as a Function of Enrollment Length: Clients with *At Least 1* SDOH at Intake

PERCENT IMPROVED BY LENGTH OF ENROLLMENT (ALL N=686)



## Benefit 2: Continued...

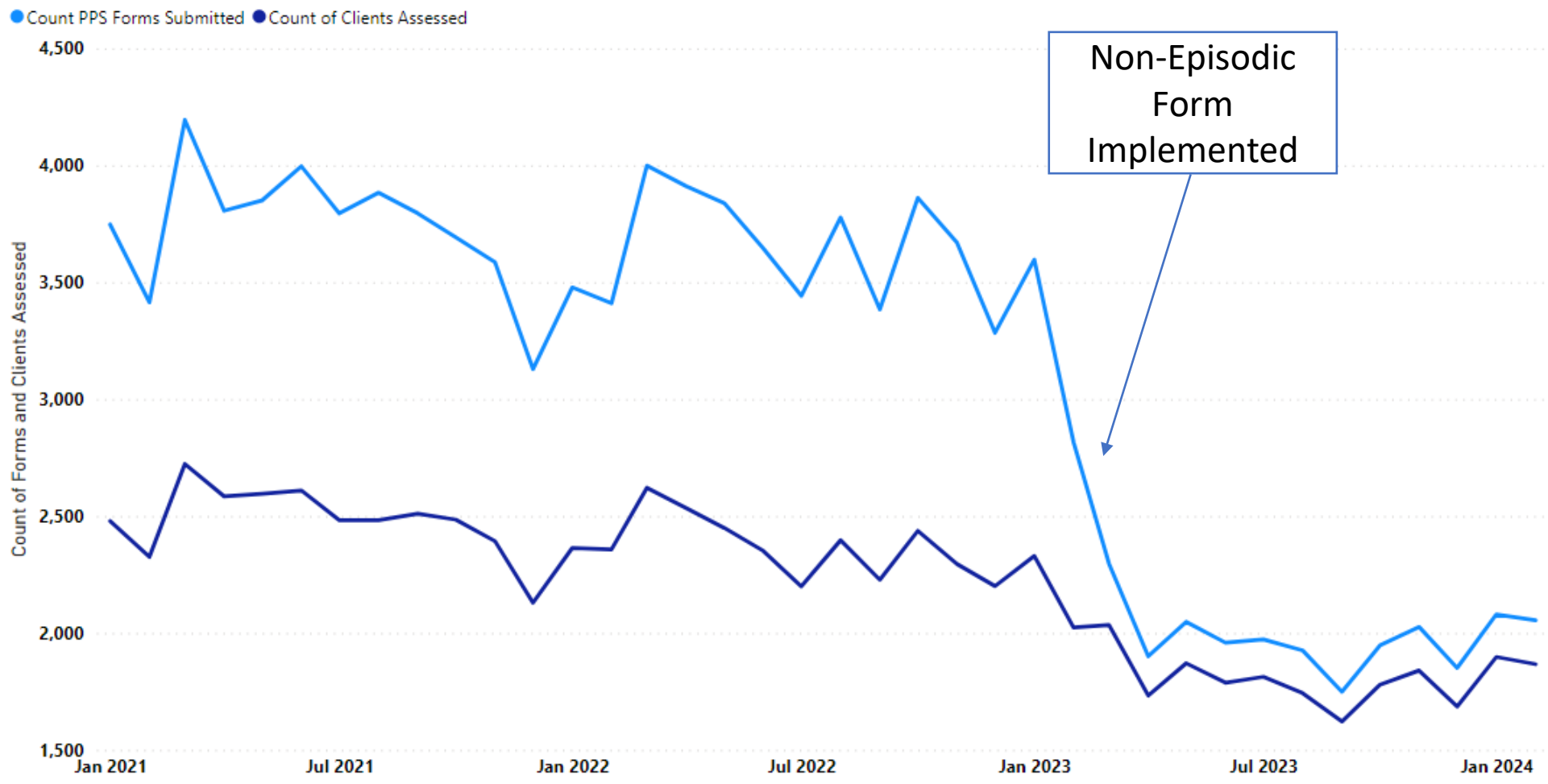
- Composite metric is a straightforward, user friendly, and comprehensive way to display multiple SDOHs at the same time
- Composite metric has potential to track change over time as a system outcome
- Further analyses should explore:
  - Is change in SDOHs related to QOL, acute service use, etc.), and
  - Do SDOHs individually or in composite predict subsequent outcomes post treatment, such as mortality, return to services, etc.
- What is the optimal enrollment length to maximize improvement, and can this be broken down by client presentation and need?



# Benefit 3

Reducing data collection burden for providers and clients

Count PPS Forms Submitted and Count of Clients Assessed by Year, Quarter and Month



# Benefit 3

- Although the SDOHs were exciting, one of the largest benefits of the implementation had to do with reducing administrative burden

# Benefit 3: Continued...

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- In the year prior to implementation, clients averaged 3.22 assessments per year
- In the year subsequent to implementation that ratio dropped to 1.77
- This translated into a reduction of nearly 20,000 (~19,529) PPS assessments per year!

Ratio of Assessments Per Client Per Month

Ratio by Year, Quarter and Month



# Quantifying the Savings

- Estimating 3 minutes (on the low end) per completed assessment, this translates into:

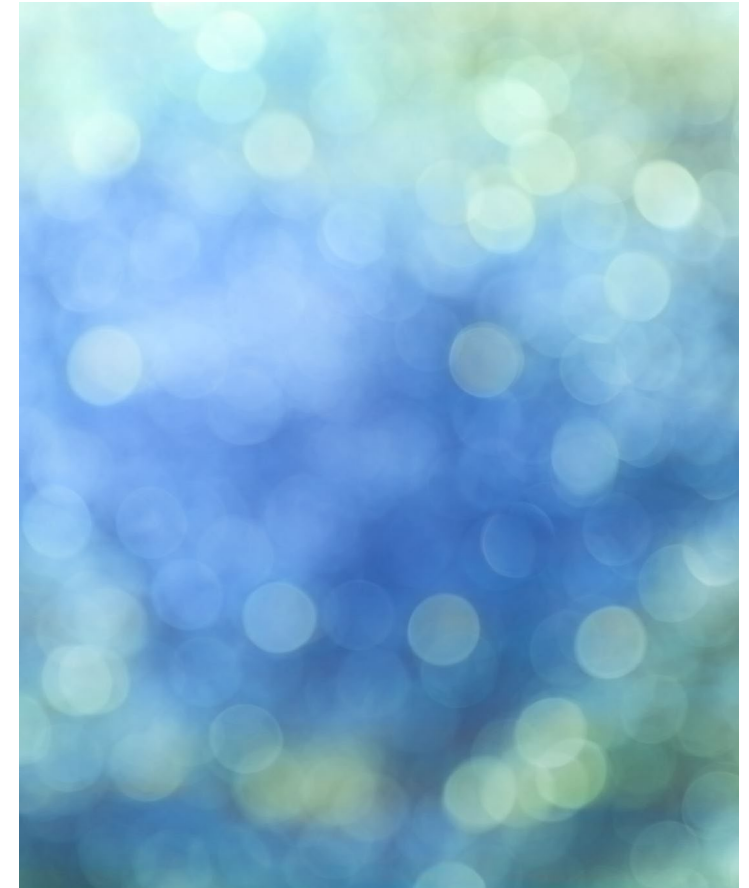
58,587 minutes saved

976.45 hours fewer hours of administrative time

Nearly 19 (18.78) hours per week added for clinical (or other) services

44.98% reduction in total assessments requiring completion

Providers: more time in clinical work;  
Clients: less time on redundant questions



# Conclusions



Added new, clinically relevant questions



Streamlined process of collection by creating a single form to be completed by all BHS services



Used data to develop new dashboards and create a composite metric to track system outcomes for BHS



Saved hundreds of hours by moving to a new, non-episodic process that is more efficient for providers and person-centered for clients

# Next Steps – Not An Exhaustive List



Share results at All Provider meeting



Continue to build change over time SDOH composite metric into current and future dashboards



Continue to leverage SDOH data for other analyses (risk, value, predictive)



Utilize SDOH to determine success of referrals



Utilize SDOH data to determine future service investments and expansion opportunities

Many Thanks

- Implementation Team
  - Ann Hamachek
  - Ross Winklbauer
  - Gary Kraft
  - Matt Drymalski





CFI

CENTERS FOR INDEPENDENCE

8

# NO TRAIN NO GAIN

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SARAH HARKNESS AND TRICIA SCHOMMER

PRESENTED BY WHOLE HEALTH CLINICAL GROUP OF CFI

# Aim Statement

DEVELOP A NEW AND IMPROVED MULTIFACETED TRAINING AND ONBOARDING PROCESS TO EMPOWER NEW HIRES TO PROSPER AND SUCCEED WITHIN THE AGENCY.

---

# Pre-Survey

Current employees participated in a survey on our training and onboarding program

- 27 employees who have worked for WHCG from 6 months to several years participated
- On average they rated the quality of our training as a 3.59

# Post-Survey

Current employees participated in a post survey and rated the quality of the new training and onboarding program

- 22 employees who have worked for WHCG from 6 months to several years participated
- On average they rated the quality of the program improvement as a 4.27

We asked how well they understood their job duties and what could have been communicated better AND what resources would have been beneficial

3 respondents (11%) answered **duties** for this question.

A word cloud visualization of responses to the question 'What could have been communicated better?' for the topic of 'duties'. The words are arranged in a roughly rectangular shape, with 'duties' and 'work' being the largest and most prominent. Other significant words include 'clients', 'official duties', 'remote work', 'job duties', 'personal vehicle', 'paperwork', 'side of things', 'helpful', 'workload', 'salary', 'responsible', 'case manager', 'office work', 'better description', 'deadlines and organization', 'provider connect', 'wage', and 'meaning and understanding'.

4 respondents (15%) answered **trainings** for this question.

A word cloud visualization of responses to the question 'What resources would have been beneficial?' for the topic of 'trainings'. The words are arranged in a roughly rectangular shape, with 'trainings' and 'teams' being the largest and most prominent. Other significant words include 'comprehensive training', 'Step instructions', 'clients', 'subject matters', 'coworkers', 'phone numbers', 'cheat sheets', 'files/cheat', 'hands-on training', 'list of the medications', 'handbook or something similar', 'trainings with county CCS program', 'Program resources', 'Step by Step', 'Avatar', 'care coordinators', and 'continuing ed'.

# Pre-Survey

7. Did the training meet your expectations?

● Yes	16
● No	3
● Maybe	8



# Post-Survey

4. Does the new training program meet your expectations?

[More Details](#)

[Insights](#)

● Yes	17
● No	0
● Maybe	5



We asked what would improve the training in our program:

These are the steps we took to improve the program:

*“More shadowing experience/mentor type coworker to ask questions to. They generally feel more approachable and provide a lot of support.”*

- Created a training program in three formats to meet staff needs; written, oral and visual.
- Created welcome videos to get to know the leadership team
- A Universal welcome packet including a get to know your peers and all policies and procedures
- Universal training checklists for leaders and new hires
- A supportive onboarding workflow for leadership and new hires
- One on one trainings
- Mentorship program

We asked the staff how satisfied they are with the overall changes made to the training program

● Very satisfied	11
● Somewhat satisfied	6
● Neither satisfied nor dissatisfied	5
● Somewhat dissatisfied	0
● Very dissatisfied	0



### Next Steps:

- To review and make changes as needed
- An additional post survey in September

# Niatx – Expanding Milwaukee Mobile Crisis Referral Sources & Community Presence

Hannah Lang & Michele LeCloux





# Aim (Plan)

- Milwaukee Mobile Crisis will increase community presence (number of community mobiles) by increasing referral sources



# Changes (Do)

Milwaukee Mobile Crisis has been adding several referral sources including:

- **Ch. 51.45** (West Allis PD and MCSO)
  - Starting on 7/26/2023
- **Mental Health Emergency Center (MHEC)**
  - Starting on 9/23/2023
- **Molina**
  - Starting on 9/25/2023
- **Adult Protective Services (APS)**
  - Starting on 11/20/2023



# Changes (Do)

- MMC follows the typical workflow for processing new referrals (in accordance with DHS 34)
  - Assessment, stabilization, and linkage related to mental health and/or substance use concerns
- Referrals to MMC can result in the following:
  - Phone contact
  - Community mobiles
  - Post intervention follow up



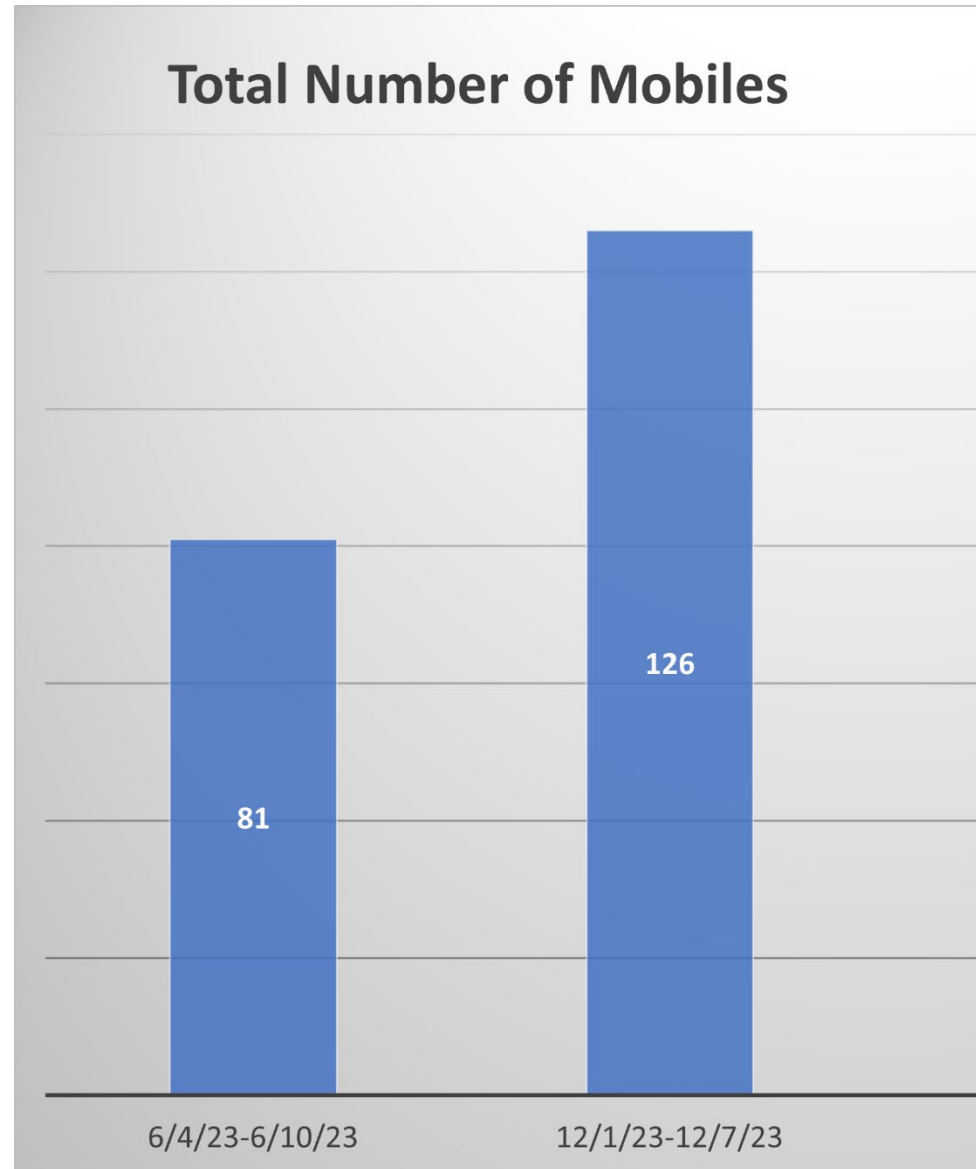
# Changes (Do)

- MMC collected the total number of mobiles for one week in June of 2023 – Prior to the introduction of new referral sources
- MMC collected the total number of mobiles for one week in December of 2023 (6 months later) – After the integration of several new referral sources (Ch 51.45, MHEC, Molina, and APS referrals)



# Results

## Total Number of Mobiles



## Next Steps (Act)

# Adopt



# Next Steps (Act)

- Milwaukee Mobile Crisis continues to receive and track these new referrals.
- MMC coordinators communicate with each of the respective referral sources to monitor and collaborate.
- The MMC assignments have been adjusted to accommodate this new workflow.

<b>Milwaukee Mobile Crisis Referral Totals</b> (as of 2/29/24)		
<b>Referral Source</b>	<b>Start Date</b>	<b>Referrals</b>
MHEC	9/23/2023	69
CH 51.45	7/26/2023	22
Molina	9/25/2023	79
APS	11/20/2023	55
<b>Total Referrals</b>		<b>225</b>



# Impact

- Current barriers
  - Balancing new service requests with pre-existing roles and responsibilities
  - Reviewing how these impact availability and promptness for community responses
    - Coverage of the Crisis Stabilization Houses which currently requires 1-4 staff per day for oversight, assessment, admission/discharge, and RN duties
    - Plan for MMC to transition out of this role in 2024





# Impact

- MMC has since added additional referral sources:
  - Milwaukee County Transit System, Youth Detention, and Community Crisis Plans
- Expanding and identifying role of multidisciplinary community crisis response
  - Expanding nursing (RN) staff availability and scope
  - Hiring and integrating Certified Peer Support specialists (CPS)



# Questions?





April 17, 2024

Broadstep Behavioral Health  
Attn: Karl Rajani  
1205 S. 70<sup>th</sup> St. Suite 202  
West Allis, WI 53214

**RE: Notice to Suspend Referrals**

Dear Mr. Rajani,

Milwaukee County Department of Health and Human Services (DHHS) Contract Compliance is submitting this communication as notice that referrals to Broadstep Belwood Community Based Residential Facilities (CBRF) are being suspended as of this date. This action is being taken due to the concerns regarding deficiencies in standards and quality of care at the CBRF.

On March 18, 2024, DHHS completed an unannounced site visit of Broadstep. Several areas were out of compliance with DHS 83 and the agreement with DHHS. Deficiencies included dead mice throughout the facility, dirty client bedrooms, wet substances on floors, and feces near a bathroom entrance. DHHS also found six (6) staff had not been impaneled as required in DHHS Policy 800-004 – Staff Roster and Add-Delete Procedure. The severity of the environment findings led to reports being made to the State of Wisconsin Department of Health Services (DHS) and the City of Milwaukee Health Department.

On April 10, 2024, DHHS become aware that the State of Wisconsin Department of Health Services (DHS) completed a compliant investigation of Belwood on March 18, 2024, where deficiencies were identified. Broadstep leadership did not notify DHHS as required in DHHS Policy 005 Contractor/Provider Obligations. Per the policy, "Provider agrees to notify Purchaser within twenty-four (24) hours if Provider is under investigation by CMS, OIG, or any other government entity." Broadstep was made aware of this reporting requirement in July 2022 after not notifying DHHS of a DHS investigation. Due to these finding, DHHS will be imposing liquidated damages in the amount of \$150 per day for the period of time DHHS was not notified by Broadstep's leadership of the DHS investigation in the amount of \$3,450.

You may propose a repayment plan; or send a check in the amount of \$3,450 payable to the Milwaukee County Department of Health and Human Services to be received by DHHS no later than May 6, 2024.

Please be advised that Milwaukee County General Ordinance 46.09(4)(h) gives authority for DHHS to impose interest on outstanding repayments due to the County "upon demand for repayment by the county." Remit Payment to:





Milwaukee County Behavioral Health Services Fiscal Services  
Attn: Greg Flegel  
1220 W. Vliet Street  
Milwaukee, WI 53205

We want to take this opportunity to emphasize the importance of adhering to the contractual requirements set forth in your FFSA with DHHS. If an infraction would occur again, we reserve the right to recoup funds accordingly.

Milwaukee County Behavioral Health Services leadership will be scheduling a meeting with Broadstep leadership to review these concerns and discuss next steps. Please be aware that as a contracted provider of services with Milwaukee County DHHS, the findings, corrections, and/or outcomes of quality and compliance audits will be reported to the Quality Committee of the Milwaukee County Mental Health Board and other applicable entities as required.

Thank you,

Lolita Williams  
Director of Contract Compliance  
Milwaukee County Department of Health and Human Services  
9445 W. Watertown Plank Road Room 4302  
Milwaukee, WI 53226  
Ph: 414-257-8109

cc: M. Lappen, A. Lorenz, J. Wittwer, D. Buesing, L. Williams, G. Flegel, T. Layne, K. Rajani

**Milwaukee County Department of Health & Human Services (DHHS)  
Corrective Action Plan (CAP)**

Tuesday March 5

<b>Agency Name:</b>	Matt Talbot Recovery Services	<b>Phone:</b>	414-240-6502
<b>Address:</b>	1205 S 70 <sup>th</sup> St, West Allis WI 53214	<b>Fax:</b>	414-635-2227
<b>Contact Person:</b>	Nicole Bligh	<b>Email:</b>	nicole@hhcppo.com

Please ensure all requested information is completed prior to signing and submitting. Submit completed document via email to [BHSImpaneling@milwaukeecountywi.gov](mailto:BHSImpaneling@milwaukeecountywi.gov)

*All Direct Service Providers and applicable Agency Staff have received all applicable/cited Policies and Procedures in the CAP, have read, understand and have been instructed that they (Provider/Staff) must implement and abide by these Policies and Procedures.*

*By signing this CAP, **Tiffany Sanchez, Executive Compliance Analyst**, attest that my signature below will act as personal confirmation that the stated corrective action plan will be implemented per the request and approval of Milwaukee County DHHS and enter your Service Area here*

Tiffany Sanchez, Executive Compliance Analyst	04/02/2024
<b>Signature (typed signature is a valid signature on this document)</b>	<b>Date Signed</b>

# Milwaukee County Department of Health & Human Services (DHHS) Corrective Action Plan (CAP)

Updated \_\_\_\_\_

Finding #1	Expectation (Policy requirement)	Responsible Party(ies) (Name and title)	Corrective Action Steps (Include initials of responsible party for each step)	Measurable Outcomes	Target Timeline (Please list date for each step)
<b>Agency allowed ineligible Provider to provide services</b>	<b>Per DHHS Policy Provider Obligations 005 U:</b> Written notification of eligibility of new or replacement DSPs and Indirect Staff shall be made per Purchaser Policies and Procedures prior to the provision of Covered Services or having any other contact with Service Recipients or access to Service Recipients personal property.	Ann Fraizer Director of Training and Development  Darrol Brown, NCI Instructor and Director of Matt Talbot-Franklin and Uncas  Mira Watson (MW), HR Representative	<b>Immediate Steps:</b> <ul style="list-style-type: none"> <li>- Review DHHS Policy 001 Caregiver Background Checks MW</li> <li>- Review DHHS Policy and Procedure Staff Roster and Add-Delete Procedure 800-004 MW</li> <li>- Review DHHS Policy Provider Obligations 005 MW</li> <li>- Policies can be found at the link below MW</li> <li>- Please include the date of completion MW 3/27/2024</li> <li>- Watch the DHHS Staff Roster Training Video (Include the date of completion) MW 3/27/2024</li> <li>- See link below for training. It can be found under DHHS Trainings/Presentations on the lower part of the page. It will be called "Training Video"</li> </ul> <p style="text-align: center;"><a href="http://milwaukee.gov">Provider Portal (milwaukee.gov)</a></p>	<b>All staff will be approved before having contact with service recipients. We will get approval email from county.</b>  <b>100% staff approval</b>  <b>All Staff responsible for Add Drop Process will review these policies and sign attestations documenting understanding</b>	<b>Implementation Date:</b> March 27, 2024          <b>4/2/2024 (completed see ATTACHED signed policies as we are unable to LOGIN to Policystat and unsure of how to complete attestations.</b>
			<b>Ongoing Steps:</b> <b>Matt Talbot will request all required information from the staff needed, review background checks, and submit staff who pass CBC and DOJ</b>	<b>All staff CBC DOJ will be reviewed by</b>	<b>Projected Completion Date:</b> <b>4/2/2024</b>  <b>Ongoing</b>

**Milwaukee County Department of Health & Human Services (DHHS)  
Corrective Action Plan (CAP)**

Updated \_\_\_\_\_

			<p>review by HR. HR will review all results and only submit employees who would be found eligible to provide services. If there are any concerns, HR will consult with Quality Assurance and or impaneling to as a “check and balance” to ensure compliance. HR will also ensure that staff are impaneled with the appropriate job title and credentials.</p>	<p>HR before submission to County Impaneling.</p>	
<p>DHHS office use only - Follow Up:</p>	<p><input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Further Action Needed</p>	<p>Note: Please continue to document the actions your agency took towards the finding and measurable outcome(s).</p>			

**Milwaukee County Department of Health & Human Services (DHHS)  
Corrective Action Plan (CAP)**

Updated \_\_\_\_\_

Finding #2	Expectation (Policy requirement)	Responsible Part(ies) (Name and title)	Immediate Steps:	Measurable Outcomes	Target Timeline (Please list date for each step)
<p><b>Add Drop requests were submitted with missing Add Drop forms and incomplete CBCs</b></p>	<p><b>Per DHHS Policy Provider Obligations 005 U:</b> Provider agrees to maintain a current roster of eligible DSPs and Indirect staff and to notify Purchaser within 5 business days after a DSP is no longer providing covered services (V.) If DSP or Indirect Staff leaves or is let go from their position serving Milwaukee County clients for any reason connected to services covered in the Contract/Agreement, Purchaser must be notified in writing within two (2) business days if the staff member has access to the Electronic Health Record</p>	<p>Mira Watson, HR Representative</p> <p>Ann Fraizer Director of Training and Development</p>	<ul style="list-style-type: none"> <li>- Review DHHS Policy 001 Caregiver Background Checks MW 4/2/24</li> <li>- Review DHHS Policy and Procedure Staff Roster and Add-Delete Procedure 800-004 MW 4/2/24</li> <li>- Review DHHS Policy Provider Obligations 005 MW 4/2/24</li> <li>- Policies can be found at the link below</li> <li>- Please include the date of completion</li> <li>- Watch the DHHS Staff Roster Training Video (Include the date of completion) MW 4/2/24</li> <li>- See link below for training. It can be found under DHHS Trainings/Presentations on the lower part of the page. It will be called "Training Video"</li> </ul> <p align="center"><a href="https://milwaukee.gov">Provider Portal (milwaukee.gov)</a></p>	<p><b>All staff will be dropped, and roster will be maintained. Each time someone is terminated, quits or removed from our "internal roster" – Matt Talbot will also submit a drop request to BHS.</b></p> <p><b>When individuals are transferred they will be approved in the correct program</b></p>	<p><b>Implementation Date:</b></p> <p>March 27, 2024</p> <p>We are in the process of cleaning up rosters with impaneling.</p>



**Milwaukee County Department of Health & Human Services (DHHS)  
Corrective Action Plan (CAP)**

Updated \_\_\_\_\_

	<p>(EHR) and/or Protected Health Information (PHI) as specified under HIPAA, ... (AA.)”.</p> <p><b>DHHS Policy 001 Caregiver Background Checks</b> H: Provider agrees to abide by the terms of chapters 48 and 50 Wisconsin statutes requiring Background Checks on all caregivers as set forth in Section Twenty-three.</p> <p>Within 90 days prior to the provision of services, agencies shall conduct Background Checks at their own expense on all applicable staff/DSP's/Indirect Staff.</p>	<p>Mira Watson, HR Represent ative</p>	<p><b>Ongoing Steps:</b></p> <p>We will be working impaneling to ensure our roster is current. We actually have a meeting setup for 3/29/24</p> <p>We will drop staff within 5 business days of termination of employment.</p>	<p>through county. <b>Each time someone is transferred on our “internal roster”- a change request will be submitted by Matt Talbot to BHS.</b></p> <p><b>100% Roster Compliance</b></p> <p><b>Having up-to-date roster</b></p> <p><b>100% compliance with updated roster</b></p>	<p><b>Projected Completion Date:</b></p> <p>April 12, 2024</p> <p><b>Ongoing</b></p>
<p>DHHS office use only - Follow Up:</p>	<p><input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Further Action Needed</p>	<p>Note: Please continue to document the actions your agency took towards the finding and measurable outcome(s).</p>			