




Community Access to Recovery Services Mid Cycle Report

Mental Health Board Quality Committee Meeting

November 1, 2021

Quality Initiative/Project:	Quadruple Aim Impacted			
	Population Health	Client Experience	Cost of Care	Staff Quality of Life
<p>1. Data Literacy The CARS Research and Evaluation Team recently presented on the topic of data literacy to the entire CARS team. The presentation was focused on better understanding the competencies of data literacy, why we feel it is important to develop those skills, how they can be applied in their everyday lives, and the R&E team’s role in the development of those skills. The team asked CARS staff to conduct a self-assessment on data literacy before the presentation and intends to use the survey in the future to track changes in staff’s assessment of their data literacy skills. Results from the initial survey have already identified areas of focus, which the R&E team plan to follow up on in the near future.</p>	✓	✓	✓	✓
<p>2. Patient Ping Expansion Since BHD first entered a contract with Patient Ping (now Bamboo Health) in 2020, CARS has rapidly expanded the use of this value health information exchange tool. It is now being utilized in 6 programs to provide real-time notifications to community providers when their clients are admitted to or discharged from an emergency department or hospital, creating more opportunities for rapid response and care coordination. Further, these data have given CARS a more accurate and comprehensive picture of the acute service utilization of our clients. This richer data set has enabled us to conduct more complex, value-based investigations of client outcomes and return on investment analyses, with more valued-based initiatives planned in the future.</p>	✓		✓	
<p>3. Staff Quality of Life As a part of the ongoing CARS Quality Plan, the CARS staff quality of life committee has collected feedback from CARS staff on the topics of teleworking and returning to the office. This feedback has been shared with DHHS leadership, and members of the committee have worked with other department staff to help them collect similar feedback. In addition, the committee recently prepared a literature review on the topic of a hybrid work environment. This review also included recommendations, based on information gathered through research and staff feedback, on plans for our own hybrid work environment, to be considered in the future.</p>		✓	✓	✓
<p>4. Cost of Care and System Wide CQI Project This endeavor originated with the observation from the CARS Quarterly Report that there was a disparity in per member per month spend between our Black and white consumers, a discrepancy that has existed for the last 5 quarters (since we first began disaggregating spend by race). After this disparity was identified last year, it was subsequently added as an area of focus in the CARS</p>	✓	✓	✓	

<p>Quality Plan for 2021-2022. It was also noted during the July 2021 meeting of the MHB Quality Committee. Efforts thus far have focused on identifying disparities within CARS programs and conducting more in-depth analyses within these programs to determine which key factors appear to be most explanatory for the observed differences, such as demographic, clinical, or operational factors. A more comprehensive summary of these efforts will be presented in the first quarter of 2022.</p>				
<p>5. Client Experience Survey Implementation Implementation of the internally created Client Experience survey is nearly complete. The last two programs, CBRF/AFH and MAT, will start survey collection in November. All CARS programs will then be utilizing the survey (with the exception of CCS). Through the use of the survey platform Qualtrics, program managers are able to monitor their survey results in real-time and track progress toward achieving Contract Performance Measures, implement quality improvement projects, and prioritize the voice of the consumer in care delivery.</p>		✓	✓	
<p>6. PowerBI Implementation BHD-CARS remains data rich and the opportunity to share data among CARS leadership and staff has been made easier with the utilization of PowerBI. PowerBI is part of the Microsoft family and is more intuitive than other data tools. Staff with access to PowerBI can explore, on a limited basis, certain collected data sets. When combined with data literacy, the presentation and sharing of data elements makes each user a critical part of data collection process and promotes a higher quality data input. The extended sharing of data, in aggregate, with community providers promotes an unambiguous communication of outcome measures and quality metrics that are continuously available to all stakeholders in the program.</p>	✓	✓	✓	✓
<p>7. Mentorship Program The CARS Mentorship Program recently launched. This program connects new employees with a current CARS employee with the goal of helping new staff feel welcomed, learn about CARS, and become acclimated to our workplace. The Mentorship Program was created through a collaboration between the CARS Staff Quality of Life Committee and the CARS Diversity Task Force. CARS believes this program will results in an increase in the recruitment and retention of employees and the enhancement of psychological safety in our workforce. This program may also help to ensure a diverse and inclusive workplace and boost professional esteem for both mentors and mentees.</p>				✓
<p>8. Non-Episodic PPS Transition The transition to non-episodic PPS continues. The state data portal is designed to accept data entered in a non-episodic manner, and BHD’s alignment with this will reduce the data collection burden. This will significantly reduce the data collection burden on community staff and clients. The data collection process will continue at regular intervals while the client remains enrolled in BHD services. Each individual episode of care may only be a small part of the client’s overall service needs. This data collection change will more accurately reflect the client’s overall experience with an array of services. Additionally, the PPS data set has been enhanced with</p>	✓	✓	✓	✓

<p>several questions related to key health outcomes and the social determinants of health. The “go-live” date will tentatively be in Q4-2021.</p>				
<p>9. AFH/CBRF ROI Project This effort grew out of a cost control initiative in CARS centered on clients in AFHs and CBRFs with extremely high costs. Initial analyses, however, revealed that while some of these placements were very expensive, many of them actually resulted in a cost savings because of a reduced reliance on even more expensive inpatient and emergency department services following admission to either an AFH or CBRF. Therefore, this project shifted its focus to a more in-depth study of the cost offset of these community based residential placements. We supplemented BHD’s cost data with acute service utilization data from Patient Ping and the Wisconsin State Institutes to help us derive our cost of care estimates. At a future MHB Quality Committee meeting, we will share several select case studies of clients in these services to demonstrate the extent of the consideration and thought behind each individual placement and the impact an effective placement can have on the deinstitutionalization effort and on each unique client’s quality of life.</p>				

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

Updated 9/23/21

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Agency Name:	Rae of Hope	Phone:	414-963-4673
Address:	5618 W Melvina St. Milwaukee, WI 53216	Fax:	414-963-8800
Contact Person:	Dinah Williams	Email:	rae_of_hope@yahoo.com

Please ensure all requested information is completed prior to signing and submitting. Submit completed document via email to wrapqa@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, I, Dinah Williams, 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 Wraparound Milwaukee (WM).

Dinah Williams	9-15-21
Signature (typed signature is a valid signature on this document)	Date Signed

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

Updated 9/23/21

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)
Orientation and training provided did not specifically include all required areas as outlined in DHS 34	All staff are required to have training on the pertinent parts of DHS 34.	Cristina Krueger/ Program Manager Dinah Williams/ Director	Immediate Steps: All staff will receive supplemental training on all pertinent parts of DHS 34 as outlined, to ensure that our staff is properly trained. All documentation for completion of training will be documented to directly address specific training received. Rae of Hope staff will sign off on the new documentation once training is completed – CK, DW	All staff will have attended and signed of on attending DHS 34 supplemental training.	Implementation Date: 9/15/21 Completed for current Staff by 9/30/21
		Cristina Krueger/ Program Manager Dinah Williams/ Director	Ongoing Steps: Rae of Hope will provide training on required areas as outlined in DHS 34 during the onboarding process within the initial new provider training. In addition, all proof of training documentation will be revised and updated to specifically mention pertinent parts of DHS 34. – CK, DW	All staff going forward will receive the new documentation when signing off on trainings.	Projected Completion Date: ONGOING
WM office use only - Follow Up:	<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Further Action Needed	Note: 9/23/21- WM received and reviewed requested information and accept the CAP. 1. WM would provide a recommendation to add a staff name line on Training Log. 9/17/21- WM reviewed and is requesting additional information as listed below: 1. A list of training and brief description that all staff will receive to meet all pertinent parts of DHS 34. <i>See Training Log</i> 2. Provide the sign off template. <i>See Attached Training Completion Notice</i>			

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

Updated 9/23/21

Finding #2	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)
Client Rights: Rae of Hope failed to honor and respect the client rights regarding personal wellbeing and the provision of services, specifically recording a youth without proper consent.	BHD Policy #42 Client Rights	Cristina Krueger/ Program Manager Dinah Williams/ Director	Immediate Steps: All current staff will be retrained on client rights and sign off on receiving the training. All staff will receive a copy of the client rights as outlined by Wraparound Milwaukee and BHD. – CK, DW	All staff will receive training and materials on Client Rights.	Implementation Date: 9/15/21 Completed for current Staff by 9/30/21
		Cristina Krueger/ Program Manager Dinah Williams/ Director	Ongoing Steps: All staff will receive detailed training on HIPPA standards and Client Rights during the onboarding process and sign documentation confirming receipt. This will ensure that staff is well aware of the policy and adhere to its standards. – CK, DW	All current and on-boarding staff will receive updated training on HIPPA and Client Rights.	Projected Completion Date: ONGOING
WM office use only - Follow Up:	<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Further Action Needed	Note: 9/23/21- WM received and reviewed requested information and accept the CAP. 1. WM would provide a reminder to ensure use of most updated WM Client Rights Policy, see website (wraparoundmke.com) 9/17/21 WM review and is requesting additional information as outlined below: 1. Confirm the completion date specific to all current staff being trained on client rights 2. Expectation of the training must include DHS 94. <i>See Training Log and Completion Notice</i> 3. Provide curriculum being implemented and used to provide training for Client Rights. <i>See Clients Rights Policy and Attachments</i> 4. Name and certification of Rae of Hope’s Client Rights Specialist. Cristina Krueger BA			

Overall Progress 90.0% as of October 1, 2021

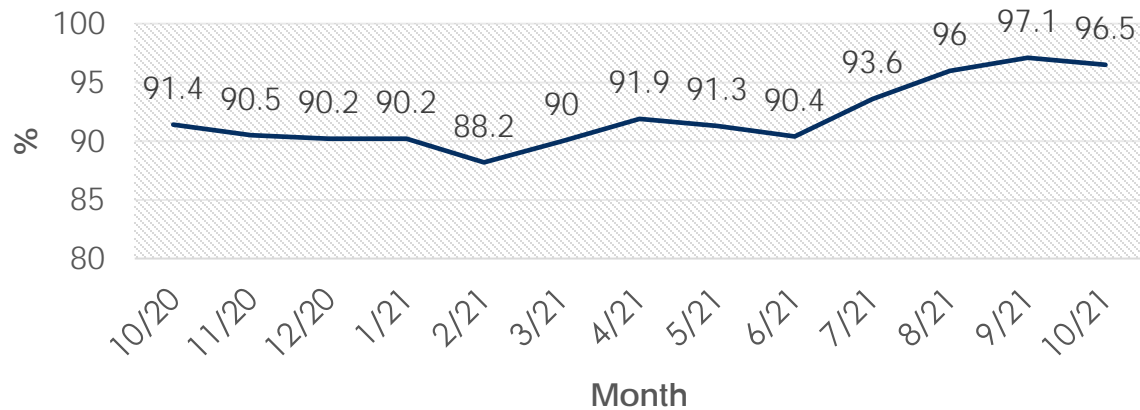
Baseline 71.5% as of August 2016 LAB report

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Current Goal = 96%

Review period	Number of Policies		Percentage of total	
	Last Month	This Month	Last Month	This Month
Within Scheduled Period	639	642	97.1%	96.5%
Up to 1-year Overdue	11	18	2.8%	2.7%
More than 1 yr & up to 3 yrs overdue	6	3	0.9%	0.5%
More than 3 yrs & up to 5 yrs overdue	2	2	0.3%	0.3%
More than 5 yrs & up to 10 yrs overdue	0	0	0%	0%
Total	654	665	100%	100%

Monthly Rate Trends



Past Due by Policy Area	Past Due	12 Month Forecast Due for Review	
		Month/Year	# Due
Division Administration	2	October 2021	12
Emergency Management	1	November 2021	13
Engineering & Environmental Services-Operations	3	December 2021	24
Health Information Management	6	January 2022	11
Human Resources	1	February 2022	4
Materials Management	1	March 2022	14
Mental Health Board	1	April 2022	12
Patient Rights	1	May 2022	19
Pharmacy	2	June 2022	29
Pharmacy and Therapeutics	3	July 2022	21
Provision of Care - Nursing	2	August 2022	19
Physical Medicine	2	September 2022	20
Quality Management	1	September Activity	
Wraparound -Admin/Care Cord/Vendor	2	New Policies	7
Total Past Due	23	Reviewed/Revised	29
		Retired	0