Chairperson: Dr. Maria Perez
Vice-Chairperson: Mary Neubauer
Secretary: Kathie Eilers
Research Analyst: Kate Flynn Post, (414) 257-7473
Board Liaison: Jodi Mapp, (414) 257-5202

MILWAUKEE COUNTY MENTAL HEALTH BOARD

Thursday, April 28, 2022 - 9:00 A.M.
Microsoft Teams Meeting

MINUTES

PRESENT: Shirley Drake, Kathie Eilers, *Ken Ginlack, Walter Lanier, *Dennise Lavrenz, Jon Lehrmann, Thomas Lutzow, Mary Neubauer, Maria Perez, James Stevens, and Brenda Wesley
EXCUSED: Rachel Forman and Sheri Johnson

*Board Members Ginlack and Lavrenz were not present at the time the roll was called but joined the meeting shortly thereafter.

SCHEDULED ITEMS:

1.	**Welcome.** Chairwoman Perez welcomed everyone to the Milwaukee County Mental Health Board's April 28, 2022, remote/virtual meeting.
2.	**Approval of the Minutes from the February 24, 2022, and March 17, 2022, Milwaukee County Mental Health Board Meeting and Budget Public Hearing.** ***MOTION BY:*** ***(Eilers) Approve the February 24, 2022, and the March 27, 2022, Regular and Public Hearing Meeting Minutes. 8-0*** ***MOTION 2ND BY:*** ***(Lutzow)*** ***AYES:*** Drake, Eilers, Lanier, Lutzow, Neubauer, Perez, Stevens, and Wesley – 8 ***NOES:*** 0 ***ABSTENTIONS:*** 0 ***EXCUSED:*** Ginlack and Lavrenz - 2
3.	**A Proclamation for Board Member Brenda Wesley from the County Executive for Eight Years of Service and Commitment to Milwaukee County and the Mental Health Board (MHB).** County Executive David Crowley County Executive Crowley began his remarks by thanking the MHB for all the work they continuously do, not only for this Board, but in their respective professions and personally as well. He stated it is honor to present a proclamation to Board Member Wesley and thanked her for her dedication to the cause. Her work at the National Alliance on Mental Illness (NAMI) was

SCHEDULED ITEMS (CONTINUED):

	acknowledged, in addition to all the work she has done over the years in and for the community. Board Member Wesley is being celebrated and recognized for her eight years of service on the Board. County Executive Crowley felt it extremely important to say thank you to Board Member Wesley for a lifetime of service. Board Member Wesley thanked the County Executive for his kind words. Chairwoman Perez echoed the County Executive's sentiments. This Item was Informational.
4.	**Follow-Up Discussions from the March 17, 2022, Budget Public Hearing.** Matt Fortman, Fiscal Administrator, Department of Health and Human Services Mr. Fortman provided a brief summary of the items referenced at the public hearing. There were quite a few exciting ideas suggested at the meeting. Most of the comments centered around capacity, rate increases, and staffing shortages. A lot of the items mentioned are already on the radar. It is still early in the budget process. It is hoped the recommendations can be integrated into the 2023 Budget request. Vice-Chairwoman Neubauer indicated she would be following up with Mr. Lappen based on recommendations Lesbian, Gay, Bisexual, Transgender, and Queer+ (LGBT+) Community Center representatives made, which will require funding. This Item was Informational.
5.	**Confirmation of the County Executive's Recommendation to Appoint Shakita LaGrant-McClain to the Mental Health Emergency Center Joint Venture Board.** Schinika Fitch, Community Relations Director, County Executive's Office The Board was informed the Governance Committee, at its meeting on April 26, 2022, unanimously agreed to recommend approval of the nominee's confirmation as recommended by the County Executive. ***MOTION BY:*** ***(Eilers) Approve the Appointment Confirmation of Shakita LaGrant-McClain, Director of the Department of Health and Human Services, to the Mental Health Emergency Center Joint Venture Board Replacing Kenneth Ginlack. 10-0*** ***MOTION 2ND BY:*** ***(Stevens)*** ***AYES:*** Drake, Eilers, Ginlack, Lanier, Lavrenz, Lutzow, Neubauer, Perez, Stevens, and Wesley – 10 ***NOES:*** 0 ***ABSTENTIONS:*** 0 ***EXCUSED:*** 0

SCHEDULED ITEMS (CONTINUED):

6. **Finance Committee Professional Services Contracts Recommendation.**

- Contract Amendment(s)
  - 2-Story Creative, LTD
  - Kane Communications Group
  - Medical College of Wisconsin Affiliated Hospitals, Inc.
  - Trempealeau County Health Care

- 2022 Contracts
  - Sunburst Workforce Advisors, LLC

Michael Lappen, Administrator, Behavioral Health Services

Professional Services Contracts focus on facility-based programming, supports functions critical to patient care, and are necessary to maintain hospital and crisis services licensure. An overview was presented of all hospital/operations services provided.

The Board was informed the Finance Committee unanimously recommended approval of the Professional Services Contracts as delineated in the corresponding report, except for Board Member Lehrmann who abstained from recommending approval of the Medical College of Wisconsin contracts.

Board Member Stevens requested separate action be taken on the Medical College of Wisconsin contracts.

MOTION BY:	***(Neubauer) Approve the Medical College of Wisconsin Affiliated Hospitals, Inc., and Medical College of Wisconsin, Inc., Contracts Delineated in the Corresponding Report. 9-0-1***
MOTION 2ND BY:	***(Lutzow)***
AYES:	Drake, Eilers, Ginlack, Lanier, Lavrenz, Lutzow, Neubauer, Perez and Wesley – 9
NOES:	0
ABSTENTIONS:	Stevens - 1
EXCUSED:	0

MOTION BY:	***(Lutzow) Approve the Balance of Professional Services Contracts Delineated in the Corresponding Report. 10-0***
MOTION 2ND BY:	***(Eilers)***
AYES:	Drake, Eilers, Ginlack, Lanier, Lavrenz, Lutzow, Neubauer, Perez, Stevens, and Wesley – 10
NOES:	0
ABSTENTIONS:	0
EXCUSED:	0

SCHEDULED ITEMS (CONTINUED):

7.	**Finance Committee Purchase-of-Service Agreements Recommendation.** • Agreement Amendments • 2022 Agreements Purchase-of-Service Agreements for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services were reviewed. An overview was provided detailing the adult and youth services agreements. The Board was informed the Finance Committee unanimously recommended approval of the Purchase-of-Service Agreements as delineated in the corresponding report. Board Members Drake and Wesley requested separate action be taken on the Wisconsin Community Services, Inc., agreement. ***MOTION BY:*** ***(Lutzow) Approve the Wisconsin Community Services, Inc., Agreement Delineated in the Corresponding Report. 8-0-2*** ***MOTION 2ND BY:*** ***(Eilers)*** ***AYES:*** Eilers, Ginlack, Lanier, Lavrenz, Lutzow, Neubauer, Perez, and Stevens – 8 ***NOES:*** 0 ***ABSTENTIONS:*** Drake and Wesley - 2 ***EXCUSED:*** 0 ***MOTION BY:*** ***(Lutzow) Approve the Balance of Purchase-of-Service Agreements Delineated in the Corresponding Report. 10-0*** ***MOTION 2ND BY:*** ***(Neubauer)*** ***AYES:*** Drake, Eilers, Ginlack, Lanier, Lavrenz, Lutzow, Neubauer, Perez, Stevens, and Wesley – 10 ***NOES:*** 0 ***ABSTENTIONS:*** 0 ***EXCUSED:*** 0
8.	**Finance Committee Fee-for-Service Agreements Recommendation.** Fee-for-Service Agreements are for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services. An overview was provided detailing the program agreements, which provide a broad range of support services for adults and children with serious emotional disturbances and their families. The Board was informed the Finance Committee unanimously agreed to recommend approval of the Fee-for-Service Agreements as delineated in the corresponding report.

SCHEDULED ITEMS (CONTINUED):

	MOTION BY:	***(Lutzow) Approve the 2022 Fee-for-Service Agreements Delineated in the Corresponding Report. 10-0***
	MOTION 2ND BY:	***(Drake)***
	AYES:	Drake, Eilers, Ginlack, Lanier, Lavrenz, Lutzow, Neubauer, Perez, Stevens, and Wesley – 10
	NOES:	0
	ABSTENTIONS:	0
	EXCUSED:	0
9.	**American Rescue Plan Act (ARPA) State and Local Recovery Funds for Mental Health Programs and Services.** The Board was informed the Finance Committee unanimously agreed to recommend approval of the ARPA State and Local Recovery Funds for Mental Health Programs and Services as delineated in the corresponding report. ***MOTION BY:*** ***(Lutzow) Approve the American Rescue Plan Act (ARPA) State and Local Recovery Funds for Mental Health Programs and Services. 10-0*** ***MOTION 2ND BY:*** ***(Neubauer)*** ***AYES:*** Drake, Eilers, Ginlack, Lanier, Lavrenz, Lutzow, Neubauer, Perez, Stevens, and Wesley – 10 ***NOES:*** 0 ***ABSTENTIONS:*** 0 ***EXCUSED:*** 0
10.	**2021 Collective Bargaining Agreement with the Trades Union Base Wage Negotiation.** ***MOTION BY:*** ***(Neubauer) Approve the 2021 Collective Bargaining Agreement's 1% Wage Increase for the Milwaukee Building and Construction Trades Council. 10-0*** ***MOTION 2ND BY:*** ***(Lutzow)*** ***AYES:*** Drake, Eilers, Ginlack, Lanier, Lavrenz, Lutzow, Neubauer, Perez, Stevens, and Wesley – 10 ***NOES:*** 0 ***ABSTENTIONS:*** 0 ***EXCUSED:*** 0
11.	**2021 Annual Environment of Care Program Report and 2022 Environment of Care Management Plans.** The Board was informed the Quality Committee, at their meeting on March 7, 2022, unanimously recommended approval of this Item.

SCHEDULED ITEMS (CONTINUED):

	MOTION BY:	***(Neubauer) Approve the Environment of Care 2021 Annual Report and 2022 Goals and Plans Recommendation. 10-0***
	MOTION 2ND BY:	***(Wesley)***
	AYES:	Drake, Eilers, Ginlack, Lanier, Lavrenz, Lutzow, Neubauer, Perez, Stevens, and Wesley – 10
	NOES:	0
	ABSTENTIONS:	0
	EXCUSED:	0
12.	**Quality Committee Documents and Policies Package Recommendation.** • Hospital Quality Assurance Performance Improvement (QAPI) and Patient Safety Annual Plan • Hospital Scope of Services Policy The Board was informed the Quality Committee, at their meeting on March 7, 2022, unanimously agreed to recommend approval of the Policies Package as presented and represented in the corresponding reports. ***MOTION BY:*** ***(Wesley) Approve the Quality Committee's Policies Package as Presented and Represented in the Corresponding Reports. 10-0*** ***MOTION 2ND BY:*** ***(Neubauer)*** ***AYES:*** Drake, Eilers, Ginlack, Lanier, Lavrenz, Lutzow, Neubauer, Perez, Stevens, and Wesley – 10 ***NOES:*** 0 ***ABSTENTIONS:*** 0 ***EXCUSED:*** 0
13.	**Medical Executive Report Appointment and Privileging Recommendations and Utilization Review Plan and Medical Staff Organization Policy Update**. Dr. Shane Moisio, Medical Director, Behavioral Health Services (BHS) Lora Dooley, Medical Staff Office, BHS Dr. Moisio stated there are two new appointments, one reappointment, and two provisional status changes contained within the appointment and privileging report. There are no notations requiring closed session. ***MOTION BY:*** ***(Eilers) Approve the Medical Staff Credentialing Report and Medical Executive Committee Recommendations. 10-0*** ***MOTION 2ND BY:*** ***(Lutzow)*** ***AYES:*** Drake, Eilers, Ginlack, Lanier, Lavrenz, Lutzow, Neubauer, Perez, Stevens, and Wesley – 10 ***NOES:*** 0 ***ABSTENTIONS:*** 0 ***EXCUSED:*** 0

SCHEDULED ITEMS (CONTINUED):

	There were some minor language edits made to the Utilization Review Plan. Ms. Dooley stated the only changes made were related to the branding changes from the Behavioral Health Division to Behavioral Health Services. ***MOTION BY:*** ***(Neubauer) Approve the Utilization Review Plan Inclusive of Recommended Changes. 10-0*** ***MOTION 2ND BY:*** ***(Wesley)*** ***AYES:*** Drake, Eilers, Ginlack, Lanier, Lavrenz, Lutzow, Neubauer, Perez, Stevens, and Wesley – 10 ***NOES:*** 0 ***ABSTENTIONS:*** 0 ***EXCUSED:*** 0 Dr. Moisio explained the informational portion of this Item is related to Medical staff advanced practice professional independent practitioner verifications, monitoring, and adverse action reporting. Some of the edits are related to branding changes, but there was also language removed referencing dentists and podiatrists. Ms. Dooley stated the only other change made had to do with licensing in terms of what constitutes renewal timeliness. This policy is reviewed every three years. Questions and comments ensued. This Item was Informational.
14.	**Office of Strategy, Budget, and Performance Report on the Implementation of Mental Health Board Cost-of-Living Adjustment (COLA) Directives for Affected Behavioral Health Services (BHS) Employees.** Joseph Lamers, Director, Office of Strategy, Budget, and Performance Margaret Daun, Corporation Counsel Mr. Lamers provided background information as to what was discussed at the Board's February meeting related to the lack of COLAs for BHS employees at the top of their pay range and pay grade adjustments for BHS employees dating back to 2015. Differences between the County-wide pay grade system and BHS' pay grade system were explained. Mr. Lamers confirmed all general BHS employees would receive the County-wide COLA effective April 3, 2022. Questions pertaining to legal ramifications were posed at the February meeting, which triggered follow-up discussions with Corporation Counsel. The item was informational, but the Board chose to act, which included retroactively adjusting past and present employees pay for those who were/are at the maximum of their pay ranges and pensions were to be adjusted accordingly and was to include an inflationary factor. There was no fiscal note or comprehensive review associated with the action. One important development is Corporation Counsel concluded there is no legal risk involved and any claim pertaining to the fact affected employees had not received COLAs in past years would have no merit. Risks include difficulty locating former employees, manual calculation complexities, and pension impacts. Retroactive raises of this type have never been applied at the County.

SCHEDULED ITEMS (CONTINUED):

	Preliminary cost estimates are projected to be approximately $1 million, with an annual cost to maintain of approximately $300,000. As the transition to the Mental Health Emergency Center occurs, some of the impacted staff is expected to no longer be with BHS and would potentially bring down the annual cost to maintain. A true number would require identifying each employee and doing a detailed examination of each year, which could result in a higher cost. This review was done with the County Executive, who prioritizes compensation equity. However, certain aspects of the motion approved by the Board were reviewed and are not supported by the County Executive's Office. There are concerns surrounding making the COLAs retroactive and how they would be applied and addressing employees no longer with Milwaukee County. Next steps include an agreement to give the 2% increase this year for affected employees, taking a closer look at impacted current positions, and potentially doing lump sum adjustments if the market review indicates the positions have not been adjusted upward over the years and has resulted in pay equity issues. Mr. Lamers indicated the explanation provided is different from the motion approved, which reflects disagreement in terms of how to proceed. A compromise is the goal. Mr. Lamers did confirm all County-wide COLAs will include all BHS employees going forward and would be applied as it is to the rest of the County. They are in alignment with the intent do this going forward as well and have BHS employees treated the same way as the rest of County general employees are treated. Questions and comments ensued at length. Chairwoman Perez explained many were puzzled as to how this could happen. All other County employees at the top of their pay grade received COLAs whereas staff at BHS did not. It was perceived as problematic. She discussed a series of meetings she and Board Member Lutzow participated, in the spirit of due diligence, including with the Administration staff, Pension Board, Ethics Board, and Civil Service Commission. The Pension Board indicated it is neither unusual or complicated for recalculations, adjustments to pay, and adjustments to pensions to be made. Data was requested from the Department of Human Resources (HR), which was never provided. HR indicated accessing the historical data would be very cumbersome due to a line-by-line review, which is what would be needed and would prove especially challenging for those no longer working at BHS. HR believes the efforts should be focused on moving forward versus retroactively as going back is not a standard practice for HR. This Item was informational.
15.	**Department of Human Resources Report on Efforts Made to Assist the Transition of Impacted and Displaced Employees Due to the Hospital Closure Per Milwaukee County Civil Service Rules.** Lisa Ruiz, Manager, Department of Human Resources Peter German, Business Partner, Department of Human Resources Mr. German stated later this year, Behavioral Health Services (BHS) Inpatient Services will transition to Granite Hills, and Psychiatric Crisis Emergency Services (PCS) will transition to the

SCHEDULED ITEMS (CONTINUED):

	Joint Venture Mental Health Emergency Center (MHEC). This has a major impact on employees working in these service areas. Impacted employees will have employment opportunities due to extreme vacancy levels in the industry today. Granite Hills has been actively recruiting BHS employees and has requested to return to BHS for a job fair to answer employee questions. Granite Hills is reporting continued openings for several clinical positions. There are approximately 28 postings currently on their website, with postings containing multiple positions. The positions are for full-time, part-time, all shifts, weekends, and holidays. As their census grows, it is anticipated the vacancies will increase, as well. Advocate Aurora has also been engaged with BHS employees by attending several Town Hall meetings and would like to return to BHS for a job fair to share information on benefits, positions available and how to apply. They intend to hold four additional open houses for BHS employees. Advocate Aurora currently has 70 openings posted on their website and have hired 11 BHS employees. There has been a lack of interest in opportunities by physicians. Internal efforts made by Human Resources to support displaced workers include learning opportunities, being available to assist employees, sharing career webpages, partnerships with other County departments, and retirement options. This Item was informational.
16.	**Better Ways to Cope Campaign Presentation.** Jeremy Triblett, Prevention Coordinator, Community Access to Recovery Services, Behavioral Health Services (BHS) Mr. Triblett stated one of his main focuses is managing dollars to be used to disseminate to the community to spread the prevention message and increase the prevention efforts currently in place around Milwaukee County. Since these are one-time dollars, it is a unique opportunity to expand BHS' impact and include folks who also have yet to be engaged. The Better Ways to Cope campaign was created to reach individuals affected by the pandemic and have been reduced to trying different ways to cope. Those particular behavior patterns have been exacerbated by isolation, lack of resources, and loss of opportunities. The dollars have been really poignant, and the campaign truly reflects this. The money comes from Substance Abuse Prevention Treatment Block Grant Supplemental COVID Emergency Relief funds. The presentation provided an overview of funding, the life skills curriculum, funded agencies, visual assets, and the web and social media page. This Item was informational.

SCHEDULED ITEMS (CONTINUED):

17.	**Update from the County Executive's Office and Report on Expiring Board Member Terms Resulting in End of Board Service.** Schinika Fitch, Community Relations Director, Office of the County Executive Ms. Fitch began by sharing several County events the Executive's Office has been working on, including the Health County Challenge on Saturday, April 30, 2022, at the Oakleaf Trail at 10:00 a.m., and the Community Health and Healing Series, which will continue during Children's Mental Health Awareness week on Tuesday, May 3, 2022. A recording from the County Executive will be played between 9 and 10 a.m. and will be livestreamed on Facebook and Youtube. She stated she has been working with the Office of Corporation Counsel for a legal review of term expiration dates of original Board Members Lehrmann, Lutzow, Perez, and Wesley. Corporation Counsel's review indicated Lehrmann's term is not an issue due to his position being non-voting. Both Lutzow and Perez are appointed voting members currently serving valid terms expiring on June 10, 2023. Board Member Wesley's term will expire May 1, 2022. This will be her last full Board meeting. Ms. Fitch explained once an individual terms off the Board, they can be eligible for reappointment after twelve months. Questions and comments ensued. This Item was informational.
18.	**Administrative Update.** Michael Lappen, Administrator, Behavioral Health Services (BHS) Mr. Lappen informed the Board of a complaint survey lodged due to a complaint made related to a patient outcome at BHS on April 6, 2022, which focused on the Psychiatric Crisis Services unit. After a detailed review, the survey was exited with no citations, and the complaint was deemed unfounded. The takeaway is everything put in place after the Systems Improvement Agreement related to BHS' checks and balances is still operating at a high level. He continued by providing an update on the opioid settlement, the Mental Health Emergency Center (MHEC) and Granite Hills, and the hiring of a new Director of Outpatient Services. Questions and comments ensued. Board Member Lutzow stated he would like to encourage the idea of bringing Jennifer Bergersen from Granite Hills and Kevin Kleusner from MHEC to this Board on a regular basis to help serve the interest of integrated programming. The Board was part of the parenting process and should continue as part of the implementation process to make sure we have integrated resources to improve the impact on patients and services. This Item was informational.

SCHEDULED ITEMS (CONTINUED):

19.	**Board Advocacy Regarding Fentanyl Testing Strips Legislation.** Kate Flynn Post, Research Analyst, Mental Health Board Michael Lappen, Administrator, Behavioral Health Services (BHS) Ms. Flynn Post stated last month Governor Evers signed legislation to decriminalize the use of fentanyl testing strips. Administrator Lappen previously shared an update about BHS' distribution plans. This Item was originally brought before the Board by Vice-Chairwoman Neubauer. The Board voted unanimously to support Senate Bill 600. A letter from the Board was sent to the Judiciary and Public Safety Committee. This needed to be highlighted due to it being an issue-based advocacy effort on the part of the Board. Mr. Lappen stated BHS continues to work with its partners at the State to secure a long-term sustainable source for fentanyl test strips, Narcan, and naloxone. Currently, Vivent, a great partner in the Community, does have those resources available for anyone who needs them. This information continues to be communicated through their networks. There are plans to greatly expand access to harm reduction tools in the near future. This Item was informational.
20.	**Mental Health Board Executive Committee Update.** Chairwoman Perez provided an overview of where Board committee assignments currently stand. Board Member Eilers is giving up her title as the Chairwoman of Governance but will retain her seat on the Committee. Vice-Chairwoman Neubauer will Chair the Community Engagement Committee on an interim basis. There were discussions surrounding allowing non-Board Members to serve on committees, which would also be a good way to identify potential Board Members. This is due to a lack of responsiveness from other Board Members to step into these roles. The Committee was reminded Governance and Community Engagement were created as ad hoc committees. However, the need for Governance's existence to help support the Board's function was emphasized. The Committee also discussed Board Member term expirations and seat vacancies. This Item was informational.
21.	**Mental Health Board Finance Committee Update.** Matt Fortman, Fiscal Administrator, Department of Health and Human Services Board Member Lutzow, Chairman of the Finance Committee, stated the mid-year report indicated the year would not end well. Contrary to the report, it ended very well with a $6 million surplus. This was due to unanticipated Client Assistance for Re-Employment and Economic Support System (CARES) and America Rescue Plan Act (ARPA) funding contributions. The census at the hospital is not what it should be. There are transition issues with having to maintain high levels of staffing related to credentialing, licensing, and other issues, while waiting for Granite Hills and the Mental Health Emergency Center. These expenses will no longer be carried as a result of their operations.

SCHEDULED ITEMS (CONTINUED):

	Mr. Fortman reiterated BHS did end the year in a $6 million surplus due to some unexpected one-time revenues and fringe surplus. BHS is still anticipating some pretty substantial reliance on reserves in 2022 with the hospital transition but is on a financially sustainable path to continue to expand community services in 2023. This Item was informational.
22.	**Mental Health Board Governance Committee Update.** • Code of Conduct • Mental Health Board Bylaws Board Member Eilers, Chairwoman of the Governance Committee, stated the Code of Conduct policy will not require any action as it needs additional work. The Committee reviewed the bylaws and agreed the bylaws are in order as they currently stand and will come up for review on an annual basis going forward. This Item was informational.
23.	**Mental Health Board Quality Committee Update.** Vice-Chairwoman Neubauer indicated the items contained under the hospital services section of the Quality agenda were approved by the Board in prior items on this Agenda. She reminded the Board the Quality Committee will be completing an annual governance of quality assessment. The results will be shared with the Board. She discussed collaborating with Blue Rock WI again to facilitate what would be the Board's second retreat. A discussion is needed related to quality oversight for Granite Hills and the Mental Health Emergency Center. This Item was informational.
24.	**Mental Health Board Community Engagement Committee Update.** Board Member Wesley, Chairwoman of the Community Engagement Committee, stated this would be her final report as the Committee's Chair and as a member of this Board. The work she started with the Committee will continue, which includes completion of the infographic, Facebook page, and creation of the community advisory council. Vice-Chairwoman Neubauer will serve as interim chair of this Committee until further notice. In closing, Board Member Wesley stated the Board was created to have the responsibility for overseeing and directing the delivery and financing of mental health services in Milwaukee County. The Board has jurisdictions for all programs and services. She expressed how proud she is of the work the Board has done. Many of the Board's ideas and discussion topics are now being adopted and implemented enterprise wide by the Department of Health and Human Services without credit to the Milwaukee County Mental Health Board. She encouraged the Board to take credit where credit is due. The Board should be applauded. She thanked everyone for everything she learned

SCHEDULED ITEMS (CONTINUED):

	from each and every one of her colleagues. She will continue to have a voice in the community as well and hold all mental health providers accountable. This Item was informational.
25.	**Adjournment.** Chairwoman Perez ordered the meeting adjourned.

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: 9:03 a.m. to 12:09 p.m.

Adjourned,

Jodi Mapp

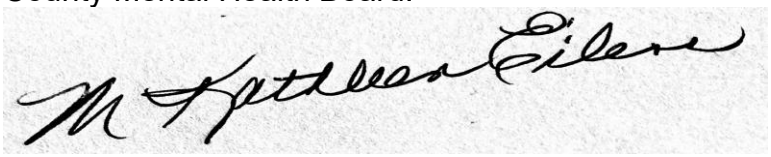
Jodi Mapp
Board Liaison
Milwaukee County Mental Health Board

The next meeting for the Milwaukee County Mental Health Board will be on Thursday, June 16, 2022, @ 9:00 a.m.

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

The April 28, 2022, meeting minutes of the Milwaukee County Mental Health Board are hereby submitted for approval at the next scheduled regular meeting of the Milwaukee County Mental Health Board.



Kathie Eilers, Secretary
Milwaukee County Mental Health Board

COUNTY OF MILWAUKEE
Behavioral Health Services Administration
Inter-Office Communication

DATE: **May 28, 2022**

TO: Maria Perez, Chairperson – Milwaukee County Mental Health Board

FROM: Shakita LaGrant-McClain, Director, Department of Health and Human Services
Approved by Michael Lappen, Administrator, Behavioral Health Services

SUBJECT: **Report from the Director, Department of Health and Human Services, Requesting Authorization to enter into 2022 Professional Services Contracts**

Issue

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health (substance use disorder) with a value of at least $100,000. No contract or contract adjustment shall take effect until approved by the Milwaukee County Mental Health Board. Per the statute, the Director of the Department of Health and Human Services is requesting authorization for the Behavioral Health Services (BHS) to enter into new agreements and amend existing professional services agreements.

Background

Approval of the recommended contract allocations will allow BHS to continue hospital operations for an additional 3 months (through September 2022) and provide necessary support for community AODA services.

Professional Services Contracts

Clean Power, LLC - $400,000
Clean Power provides cleaning services for BHD. The request for funds includes the negotiated increase in vendors wages associated with COVID-19 cleaning and risk mitigation.

Column Rehab Services, Inc - $60,000
The vendor provides rehabilitation services including physical, occupational and speech therapy as well as active treatment for inpatient services. Column Rehab provides additional staffing support for active treatment on inpatient units, providing coverage on nights and weekends. The vendor supports day-to-day active treatment on inpatient units as necessitated by ongoing staffing vacancies. The Vendor also provides rehabilitation services for outpatient BHD clients.

Comprehensive Pharmacy Systems, LLC - $375,000
Comprehensive Pharmacy Systems, Inc., provides pharmaceutical services to BHD.

LocumTenens.com LLC - $170,000
Behavioral Health Services is seeking an amendment to the current Agreement with LocumTenens.com LLC directly related to delay in the inpatient hospital closure and transition to UHS-Granite Hill. This firm is utilized to fulfill essential psychiatrist staffing for BHS acute inpatient services on a temporary basis. Services include sourcing, screening, presenting and facilitating psychiatrist candidate assignments to cover vacancies and employee off-time. This shall be the twelfth amendment, since the agreement was initially executed on 11/16/2015. This added funding is necessary to support necessary psychiatrist staffing levels through the adjusted anticipated closure date of September 30, 2022. We are seeking to amend the existing funding by an additional $170,000, increasing the approximate seven-year agreement total to $4,846,250.

MobileX USA - $5,000
The Vendor provides radiology and ultrasound services for the BHD Inpatient Hospital.

The Medical College of Wisconsin, Inc. $50,000.00
The Medical College of Wisconsin, Inc. provides Mental Health Services and Assessments to youth enrolled in Wraparound Milwaukee. The request is to add $50,000.00 for year 2022 which brings the total contract amount to $197,360.70.

University of Wisconsin-Milwaukee $122,378.00
UWM provides program evaluation of the State of Wisconsin Temporary Assistance for Needy Families (TANF) Alcohol and Other Drug Abuse (AODA) grant for CARS. The evaluation will focus on the process (what was done and how it as accomplished), and the outcomes (i.e. results) of the Milwaukee County TANF/AODA system of care. This is Year 6 of the grant and the amount requested for year 2022 is $122,378.00.

Wisconsin Diagnostics Laboratories, LLC - $5,000
Wisconsin Diagnostic Laboratories, LLC provides laboratory services for BHD.

Fiscal Summary

The amount of spending requested in this report is summarized below.

Vendor Name	Existing Amount	2022 Amount Requested	Total Contract Amount
Clean Power, LLC	$5,883,023	$400,000	$6,283,023
Column Rehab Services, Inc.	$721,380	$60,000	$781,380
Comprehensive Pharmacy System, LLC	$750,000	$375,000	$1,125,000
Locum-Tenens.com, LLC	$4,676,250	$170,000	$4,846,250
MobileX USA	$154,434	$5,000	$159,434
University of Wisconsin-Milwaukee*	$133,000	$122,378	$255,378
The Medical College of Wisconsin, Inc.	$147,360.70	$50,000	$197,360.70
Wisconsin Diagnostics Laboratories, LLC	$142,900	$5,000	$147,900
Total	$12,608,348	$1,187,378	$13,795,726

*Denotes an agreement which is at least partially supported by grant funding.

Shakita LaGrant-McClain

Shakita LaGrant-McClain, Director
Department of Health and Human Services

cc: Thomas Lutzow, Finance Chairperson

COUNTY OF MILWAUKEE
Behavioral Health Services Administration
Inter-Office Communication

DATE: **May 28, 2022**

TO: Maria Perez, Chairperson – Milwaukee County Mental Health Board

FROM: Shakita LaGrant-McClain, Director, Department of Health and Human Services
Approved by Michael Lappen, Administrator, Behavioral Health Services

SUBJECT: **Report from the Director, Department of Health and Human Services, Requesting Authorization to Execute a 2022 Purchase-of-Service Agreement**

Issue

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health (substance use disorder) with a value of at least $100,000. No contract or contract adjustment shall take effect until approved by the Milwaukee County Mental Health Board. Per the statute, the Director of the Department of Health and Human Services is requesting authorization for Behavioral Health Services (BHS) to execute mental health and substance use contracts.

Background

Approval of the recommended contract allocation will allow BHS to provide a broad range of rehabilitation and support services to adults with mental health and/or substance use disorders and children with serious emotional disturbances.

Purchase of Service Contract

2022 Hospital Contracts

ARAMARK Correctional Services, LLC – $120,000
ARAMARK Correctional Services, LLC, prepares and delivers food for the BHS patients. This increase is necessary to extend hospital operations through September 2022.

2022 Contract for Adult Services

Matt Talbot Services, Inc. - $194,966
The vendor provides detoxification services to individuals in the community. This grant funding will be used to make improvements to both the physical environment (appliances, furniture, supplies, etc.) and the treatment services at the detoxification facility through increased training for direct care staff and programmatic resources.

Meta House, Inc. - $175,000
The vendor provides SUD residential services, and these grant funds are being requested to expand the current capacity. This grant funding will be used to make improvements to both the physical environment (appliances, furniture, supplies, etc.) and the treatment services at the facility through increased training for direct care staff and programmatic resources.

Fiscal Summary

The amount of spending requested in this report is summarized in the table below:

Vendor Name	Existing Amount/New	2022 Amount Requested	Total Contract Amount
ARAMARK Correctional Services, LLC	$618,000	$120,000	$738,000
Matt Talbot Recovery Services, Inc.*	N/A	$194,966	$194,966
Meta House, Inc.*	N/A	$175,000	$175,000
Total	**$618,000**	**$489,966**	**$1,107,966**

*Represents an agreement with at least partial grant funding

Shakita LaGrant-McClain

Shakita LaGrant-McClain, Director
Department of Health and Human Services

cc: Thomas Lutzow, Finance Chairperson

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COUNTY OF MILWAUKEE
Inter-Office Communication

Date: May 20, 2022

To: Maria Perez, Chairperson – Milwaukee County Mental Health Board

From: Shakita LaGrant-McClain, Director, Department of Health and Human Services

Subject: Report from the Director, Department of Health and Human Services, requesting authorization to enter into an agreement with Wisconsin DHS for the Wraparound Milwaukee Prepaid Inpatient Health Plan.

File Type: Action Report

REQUEST

DHHS is seeking approval of an amendment to an agreement with the Wisconsin Department of Health services to establish an updated monthly capitation rate for each member in the amount of $1,787.97. The total amount of this revenue agreement is anticipated to be $26,932,486 in the 2022 budget.

BACKGROUND

Wraparound Milwaukee operates a Prepaid Inpatient Health Plan (PIHP) in which DHS reimburses Milwaukee County a monthly amount for each enrollee in the program. The rate for the current period is being updated to $1.787.97. This rate update enables Wraparound Milwaukee to provide a 5% rate increase to eligible providers for American Rescue Plan Act (ARPA) eligible services

RECOMMENDATION

It is recommended that the Milwaukee County Mental Health Board authorize the Director, Department of Health and Human Services, to execute the amended agreement with Wisconsin DHS.

PREPARED BY:

Matt Fortman, Fiscal Administrator

APPROVED BY:

Shakita LaGrant-McClain

Shakita LaGrant-McClain, Director, Department of Health & Human Services

cc: Thomas Lutzow, Finance Chairperson

COUNTY OF MILWAUKEE
Behavioral Health Services Administration
Inter-Office Communication

DATE: May 12, 2022

TO: Maria Perez, PhD, LCSW, Chairperson, Milwaukee County Mental Health Board

FROM: Michael Lappen, BHS Administrator
Submitted by John Schneider, MD, FAPA, BHD Chief Medical Officer

SUBJECT: **Report from Behavioral Health Services Administrator, Requesting Approval to Implement One "Employment Agreement" As Established Under BHS Personnel Policy for Specific Classified, Unclassified and Exempt Physician, Psychologist and Advanced Practice Nurse County Employees and an Informational Report Pertaining to one Employment Agreement Amendment**

Issue

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health with a value of at least $100,000. No such contract or contract amendment shall take effect until approved by the Milwaukee County Mental Health Board.

Per the above Statute, the BHD Administrator is requesting authorization to establish one (1) new "Employment Agreement" with one position for which we are currently recruiting.

Discussion

Due to the significant time, effort and expense associated with recruiting and retaining qualified medical staff, the Behavioral Health Division, in collaboration with the Compensation Division and Corporation Counsel, has established a personnel policy that allows for employment agreements for specific classified, unclassified and exempt physician, psychologist and advanced practice nurse classifications within Milwaukee County employ. The purpose of these agreements is to stipulate total compensation including fringe benefits, recruitment/retention incentives and to establish a reasonable and fair "minimum resignation notice" requirement, which does not exist under Civil Service rules.

We submit the table below, which lists one (1) personnel transaction that BHD will be requesting the Milwaukee County Chief Human Resources Officer to implement, in connection with Employment Agreement execution.

NEW AGREEMENT

ITEM ID	HIGH/ LOW ORG	POSITION JOB CODE	NO. POSITIONS	CURRENT PAY RANGE	CURRENT ANNUAL PAY RATE		RECOMMENDED PAY RANGE	RECOMMENDED ANNUAL PAY RATE		INFORMATIIONAL: Market equitable alignment based on overall job duties/responsibilities, industry competition, competencies and education/experience requirements.		EFFECTIVE DATE (on or after)
EA2022-6A	6300/ 6474	21027002	1	P027	Min	190,195	P027	Min	190,195	X	Immediate Recruitment Need.	08/01/2022
					Mid	232,981		Mid	232,981	X	Retention	
					Max	275,787		Max	275,787	X	Industry shortage / high competition for profession	
					N/A			$269,340.00*			Other:	

The individual practitioner(s) entering into these agreements shall maintain current status as a benefit-eligible COUNTY EMPLOYEE, or if newly hired shall be established as a benefit-eligible COUNTY EMPLOYEE, including ERS enrollment, and subject to all applicable County and BHD personnel policies and Civil Service rules, where applicable.

Based on industry shortage and high competition, a recruitment/retention bonus may also be offered in some instances. All bonuses awarded shall be subject to conditions. Amount of bonus for above position(s), if determined to be eligible, **shall not exceed $25,000 annually**.

*If practitioner is offered and accepts part-time employment, recommended annual pay rate and bonus shall be pro-rated based on the assigned part-time FTE.

In all cases, any funds identified through the Employment Agreement as a retention or other bonus shall not be considered eligible earnings under the Milwaukee County Pension Plan. Therefore, a retention or other bonus shall not affect in any manner any pension benefit under the Employee Retirement System (ERS), including, but not limited to, earnable compensation, final average salary, service credit, eligibility for a benefit or timing of a benefit.

Recommendation

It is recommended that the Milwaukee County Mental Health Board approve entering into an "Employment Agreement" (contract) with the candidate that is selected for the above position for the recommended total compensation amounts.

References

Wis. Stats. 46.19(4): the salaries of any superintendent of a mental health institution and the salaries of any visiting physician and necessary additional officers and employees whose duties are related to mental health shall be fixed by the county executive.

Wis. Stats. 51.41(10): MENTAL HEALTH CONTRACTS. Any contract related to mental health with a value of at least $100,000, to which Milwaukee County is a party may take effect only if the Milwaukee County mental health board votes to approve, or does not vote to reject, the contract.

Wis. Stats. 51.42(6m)(i)**:** Establish salaries and personnel policies of the programs of the county department of community programs subject to approval of the county executive or county administrator and county board of supervisors, except in Milwaukee County, or the Milwaukee County mental health board in Milwaukee County unless the county board of supervisors or the Milwaukee County mental health board elects not to review the salaries and personnel policies.

Fiscal Effect

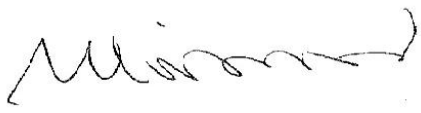
The recommended compensation contained in this report is supported by currently funded and authorized positions within the Behavioral Health Division's 2022 operating budget. There is no tax levy associated with this request.

Informational Item

This is to inform the Mental Health Board that BHS has amended one Employment Agreement with a practitioner who retired in April 2022 but since elected to rescind retirement and remain in full-time employment with BHS until the inpatient hospital closure. The Employment Agreement amendment re-set the retention period to correlate with the return to work date.

All compensation terms shall continue as per the Employment Agreement amendment approved by the Mental Health Board at the December 9, 2021 meeting, as included under agenda item 8 and identified as report item EA2021-12B, at that time.

Respectfully Submitted,



_____

Michael Lappen, Administrator
Behavioral Health Division

cc Thomas Lutzow, Chairperson, Milwaukee County Mental Health Board Finance Committee
Shakita LaGrant-McClain, Director, Department of Health and Human Services
John Schneider, MD, BHD Chief Medical Officer
Dean Legler, Milwaukee County Director of Compensation and HRIS
Matthew Fortman, DHHS/BHD Fiscal Administrator
Lora Dooley, BHD Director of Medical Staff Services
Jodi Mapp, BHD Senior Executive Assistant and Board Administrative Liaison

COUNTY OF MILWAUKEE
Behavioral Health Division Medical Staff Organization
Inter-Office Communication

DATE: May 12, 2022

TO: Maria Perez, PhD, LCSW; Chairperson, Milwaukee County Mental Health Board

FROM: Shane V. Moisio, MD, President of the Medical Staff Organization
Prepared by Lora Dooley, Director of Medical Staff Services

SUBJECT: **A Report from the President of the Medical Staff Organization Requesting Approval of Appointment and Privilege Recommendations Made by the Medical Staff Executive Committee; AND an Informational Report Regarding a Policy and Procedure Approval**

Background

Under Wisconsin and Federal regulatory requirements, all physicians and all other practitioners authorized under scope of licensure and by the hospital to provide independent care to patients must be credentialed and privileged through the Medical Staff Organization. Accepting temporary privileges for an immediate or special patient care need, all appointments, reappointments and privileges for each physician and other practitioners must be approved by the Governing Body.

Discussion

From the President of the Medical Staff Organization and Chair of the Medical Executive Committee presenting recommendations for appointments and/or privileges. Full details are attached specific to items A through C :

A. New Appointments

B. Reappointments

C. Provisional Period Reviews, Amendments &/or Status Changes

D. Notations Reporting (to be presented in **CLOSED SESSION** in accordance with protections afforded under Wisconsin Statute 146.38)

Recommendation

It is recommended that the Milwaukee County Mental Health Board approve all appointments and privilege recommendations, as submitted by the Medical Staff Executive Committee.

Informational Item(s)

The following Medical Staff Organization policy and procedure was reviewed and approved by the Medical Staff Executive Committee. In accordance with authority granted to the Medical Staff Executive Committee in the MSO Bylaws for policy and procedure approval, the following policies are being presented to the Mental Health Board, as informational only, unless otherwise directed.

A. **(New)** Medical Staff Organization: Credentialing File and Peer Review File Maintenance and Retention

As we get closer to the hospital closure, BHS Leadership and the Medical Staff Organization are assessing maintenance and retention guidelines for various types of records, in accordance with what state statutes require as well as what is best practice. The purpose of this policy is self-explanatory.

Respectfully Submitted,

Shane V. Moisio, MD
President, BHD Medical Staff Organization

cc Michael Lappen, BHD Administrator
John Schneider, BHD Chief Medical Officer
M. Tanja Zincke, MD, BHD Vice-President of the Medical Staff Organization
Lora Dooley, BHD Director of Medical Staff Services
Jodi Mapp, BHD Senior Executive Assistant and MH Board Administrative Liaison

Attachment(s)
1 Medical Staff Credentialing Report & Medical Executive Committee Recommendations
2 Medical Staff Organization: Credentialing File and Peer Review File Maintenance and Retention

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
GOVERNING BODY REPORT
MEDICAL STAFF CREDENTIALING REPORT & EXECUTIVE COMMITTEE RECOMMENDATIONS
MAY-JUNE 2022

The following credentials files were reviewed. Privilege recommendations/actions were made based on information related to qualifications, current competence and ability to perform privileges (health status). All requisite primary source verifications or queries were obtained and reviewed regarding professional training, professional licensure(s), registrations, National Practitioner Data Bank and OIG-List of Excluded Individuals and Entities & System Award Management. Decisions were further based on Service Chief (Medical Director and Chief Psychologist, when applicable) recommendations, criminal background check results, peer recommendations when applicable, focused or ongoing (FPPE/OPPE) professional practice evaluation data, malpractice claims history and verification of good standing with other hospitals/practices. Notations reporting shall be presented at the Board Meeting in closed session.

INITIAL APPOINTMENT	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE MAY 5, 2022	MEDICAL STAFF EXECUTIVE COMMITTEE MAY 12, 2022	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
MEDICAL STAFF							
Matthew Bohr, MD	General Psychiatry	Affiliate / Provisional		Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, as requested, subject to a minimum provisional period of 6 months.	Recommends appointment and privileging as per C&PR Committee.	
Sarah Cook, MD	General Psychiatry	Affiliate / Provisional		Dr. Zincke recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, as requested, subject to a minimum provisional period of 6 months.	Recommends appointment and privileging as per C&PR Committee.	
Herbert Roehrich, MD	General Psychiatry	Affiliate / Provisional		Dr. Zincke recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, as requested, subject to a minimum provisional period of 6 months.	Recommends appointment and privileging as per C&PR Committee.	
ALLIED HEALTH							
NONE THIS PERIOD.							

REAPPOINTMENT / REPRIVILEGING	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE MAY 5, 2022	MEDICAL STAFF EXECUTIVE COMMITTEE MAY 12, 2022	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
MEDICAL STAFF							
Kenneth Erdmann, MD	General Psychiatry	Affiliate / Full		Dr. Zincke recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years.	Recommends reappointment and privileging as per C&PR Committee.	
Rebecca Harrison, MD	General Psychiatry	Active / Full		Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years.	Recommends reappointment and privileging as per C&PR Committee.	
ALLIED HEALTH							
NONE THIS PERIOD							

PROVISIONAL STATUS CHANGE REVIEWS	PRIVILEGE GROUP(S)	CURRENT CATEGORY/ STATUS	RECOMMENDED CATEGORY/ STATUS	SERVICE CHIEF RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE MAY 5, 2022	MEDICAL STAFF EXECUTIVE COMMITTEE MAY 12, 2022	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
The following applicants are completing the required six-month minimum provisional period, as required for all initial appointments and/or new privileges.							
MEDICAL STAFF							
NONE THIS PERIOD							
ALLIED HEALTH							
NONE THIS PERIOD.							

AMENDMENTS / CHANGE IN STATUS	CURRENT PRIVILEGE GROUP(S) OR APPOINTMENT CATEGORY	RECOMMENDED CHANGE	SERVICE CHIEF RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE MAY 5, 2022	MEDICAL STAFF EXECUTIVE COMMITTEE MAY 12, 2022	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
NONE THIS PERIOD.						

CHAIR, CREDENTIALING AND PRIVILEGING REVIEW COMMITTEE
(☐ OR PHYSICIAN COMMITTEE MEMBER DESIGNEE)

5/11/2022
DATE

PRESIDENT, MEDICAL STAFF ORGANIZATION
CHAIR, MEDICAL STAFF EXECUTIVE COMMITTEE

5/11/22
DATE

BOARD COMMENTS / MODIFICATIONS / OBJECTIONS TO MEC PRIVILEGING RECOMMENDATIONS:

RECOMMENDATIONS OF THE MCBHD MEDICAL STAFF CREDENTIALING & PRIVILEGING REVIEW AND MEDICAL STAFF EXECUTIVE COMMITTEES WERE REVIEWED. ALL PRIVILEGE AND APPOINTMENTS ARE HEREBY GRANTED AND APPROVED, AS RECOMMENDED BY THE MEC, UNLESS OTHERWISE INDICATED ABOVE.

GOVERNING BOARD CHAIRPERSON

DATE

BOARD ACTION DATE: JUNE 16, 2022

Status **Pending** PolicyStat ID **11734446**

MILWAUKEE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
BEHAVIORAL HEALTH SERVICES

Date Issued	N/A
Last Approved Date	N/A
Effective	Upon Approval
Last Revised Date	N/A
Next Review	3 years after approval

Owner	Lora Dooley
Policy Area	Medical Staff Organization

Medical Staff Organization: Credentialing File and Peer Review File Maintenance and Retention

Purpose:

To provide a guideline for the maintenance, storage, retention and destruction of Medical Staff Organization practitioner credentials files, peer review files and supplementary records.

Scope:

This policy applies to:

- Medical Staff Organization Credentialing Files, Peer Review Files and supplementary records
- Allied Health Professional Credentialing Files, Peer Review Files and supplementary records
- The BHS Medical Staff Office and the Medical Staff Services Professionals responsible for the maintenance, storage, retention and destruction of Medical Staff and Allied Health Professional practitioner credentialing, files, peer review files and supplementary records

Policy:

There are no specific requirements in the State of Wisconsin governing retention of credentials files for those practitioners credentialed through medical staff mechanisms. The BHS Medical Staff Organization will refer to, in part, the Wisconsin Statues of Limitation for medical malpractice actions in determining its policy for the retention and destruction of in-active practitioner credentials files and peer review files.

Currently these statutes require that all medical malpractice actions for personal injury or death be filed within three years from the date of injury. The statute also provides that a claimant may bring an action for medical malpractice within one year from the date of discovery, subject to a maximum limit of five years from the date of the negligent act. Actions brought by or on behalf of a minor are subject to the aforementioned limitations, or such actions must be brought by the time the minor reaches ten years of age, whichever is later.

A. CREDENTIAL FILES:

1. ACTIVE credential files shall be maintained in hard copy form or via electronic storage for the duration of a practitioner's appointment and/or privileges. It is acceptable to destroy the paper copy, if electronic storage is utilized along with a backup system to assure documents are reproducible.
2. IN-ACTIVE credential files shall be maintained in hard copy form or via electronic storage for a minimum of ten (10) inclusive years following practitioner's separation date. It is acceptable to destroy the paper copy, if electronic storage is utilized along with a backup system to ensure documents are reproducible.
3. JUSTIFICATION AND RATIONALE: Maintaining credential files of practitioners with no activity for at least ten years, allows for the Behavioral Health Services Medical Staff Organization:
    a. To retain the file for the period covering malpractice statute of limitation purposes, and
    b. To assure that there has been no activity involving the practitioner whose file is being destroyed within the last ten years

B. PEER REVIEW FILES

1. Peer review files shall be maintained in hard copy form or via electronic storage for a period of ten (10) inclusive years following the conclusion of the Medical Staff member / AHP peer review investigation matter.
    a. In the case of a practitioner that resigned his/her privileges, whether voluntarily or involuntarily, while under investigation, for a period of ten (10) inclusive years from the date of resignation; or
    b. In the case of a practitioner whose privileges lapsed due to failure or inability to return from leave of absence from the Medical Staff, for a period of ten (10) inclusive years from the date that the leave of absence commenced or from the date that the peer review investigation was concluded, whichever is later. If the matter did not conclude and was tabled pending request to return from leave, the file shall be retained for a period of ten (10) inclusive years from the date of appointment/privilege expiration; or
    c. In the case of a practitioner where termination of appointment and/or privileges resulted, for a period of ten (10) inclusive years from date of final action as to termination by the Governing Body, inclusive of the hearing and appeal process, when so exercised in accordance with the MSO Bylaws Appendices I, II and/or III.

Definitions:

A. **ACTIVE FILE**: The credentials file of a practitioner who holds current appointment and/or privileges granted through the BHS Medical Staff Organization and Governing Body approval process.

B. **IN-ACTIVE FILE**: The credentials file of a practitioner who no longer holds current appointment and/or privileges with the BHS Medical Staff Organization. Appointment/privileges are considered in-active upon resignation of, expiration of or termination of Medical Staff appointment and/or privileges or may be administratively placed into in-active status upon a practitioner's retirement, resignation or any other form of separation from employment, contractual or consultation arrangement with BHS.

C. **AHP**: An allied health professional granted delineated privileged through the Medical Staff Organization process for the purpose of providing patient care, treatment, services, education or research within one or more BHS services and programs

D. **BHS**: Behavioral Health Services, a subdivision of Milwaukee County's Department of Health and Human Services

E. **CMS**: Centers for Medicaid and Medicare Services

F. **DEA**: Drug Enforcement Administration

G. **FPPE**: Focused professional practice evaluation

H. **Governing Body**: The Mental Health Board as of April 2014 *(and the Director of Health and Human Sources, as designee of the County Board prior to enactment of 2013 Act 203)*

I. **MSO**: The Medical Staff Organization of Behavioral Health Services comprised of all physicians, podiatrists, dentists and psychologists granted appointment and/or delineated privileges through the Medical Staff Organization process for the purpose of providing patient care, treatment, services, education or research within one or more BHS services and programs

J. **NO ACTIVITY**: No open malpractice claim(s) or other lawsuits wherein practitioner is named and/or no other open investigative activity involving the practitioner

K. **OIG-LEIE**: Office of Inspector General-List of Excluded Individuals and Entities

L. **OPPE**: Ongoing professional practice evaluation

M. **SAM**: System for Award Management

N. **TJC**: The Joint Commission

O. **ESSENTIAL CREDENTIALING FILE DOCUMENTS**:

1. Documents necessary to determine the practitioner's competence, as outlined per CMS, TJC and/or other required regulatory standards, policies and procedures; and/or
2. Documents that contain information not reproducible from the primary source
3. Essential file documents include:
    a. Initial appointment application
    b. Reappointment application(s)

c. Privilege request(s) and approval(s)
d. Medical school / internship / residency / fellowship verifications
e. Allied Health Professional school / internship / fellowship verifications
f. Malpractice claims history and current policy verification(s)
g. Medical / Professional license verifications (current and historical)
h. Board Certification verifications, when Certification is required
i. Current DEA registration / verification
j. Peer references
k. Service Chief / Supervisor assessments
l. National Practitioner Data Bank queries
m. Correspondence / documents related to special circumstances *(i.e., written explanations by practitioner to disclosure questions and/or malpractice activity involvement)*
n. Complete Wisconsin Caregiver Background Check reports *(Background Information Disclosure Form, Response from the Department of Justice as to criminal history and to caregiver background check)*
o. Other state conviction / criminal background check report(s), when required
p. Routine FPPE / OPPE data for two most recent appointments

P. **NON-ESSENTIAL CREDENTIALING FILE DOCUMENTS:**

1. Materials which augment the credentialing process but are not considered core criteria in the decision to appoint or reappoint to the medical staff or allied health professional staff, and/or
2. Materials that are not required by CMS, TJC or State regulations or standards
3. Materials easily reproducible from the primary source
4. Non-essential file documents include:
    a. Other state medical license verifications
    b. Expired license copies, DEA certificates, malpractice certificates
    c. Appointment affiliation verifications
    d. Faculty / clinical appointment verifications
    e. Routine FPPE / OPPE data greater than five years old
    f. OIG-LEIE and SAM queries
    g. CPR certification(s)
    h. Continuing medical education certificates
    i. Miscellaneous correspondence related to the acquisition of information during the re/credentialing process

Procedure:

A. ACTIVE Credential Files:

1. Active files with a history of five inclusive years or more can be "thinned" according to essential and nonessential documents prior to paper or electronic storage as follows:

    a. Initial appointments shall be maintained in full.

    b. Reappointments shall be maintained in full for the two most recent appointment cycles.

    c. Reappointments from older cycles can be thinned using the definitions of essential versus non-essential documents.

B. IN-ACTIVE Credential Files:

1. Files with the most recent applications dated within five years of the current date and with no activity for the previous two years can be "thinned" and all non-essential information may be destroyed. Essential information shall be maintained in hard copy or via electronic storage until they are dated ten (10) full years with no activity.

C. IN-ACTIVE Credential Files Dated Ten (10) Years with No Activity:

1. Credential files with applications and privilege approvals (initial or reappointment) dated eight complete years prior to the current date and with no activity during the past two years may be destroyed.

2. General information about practitioners shall be permanently maintained in a database, including practitioner's name (including any name changes), beginning and ending dates of appointment/privileges, appointment category, privileges category(s) held, whether practitioner was subject to any formal disciplinary action by the BHS Medical Staff Organization, whether practitioner resigned his/her privileges while under investigation, any period(s) of leave of absence from the medical staff, reason for separation from BHS and any other information that speaks to medical staff standing, at time of separation.

3. Date of credentialing file destruction shall be entered on the practitioner's data base profile.

4. File content shall be maintained and destroyed in a manner that conforms with the federal Privacy Act by ensuring confidentiality of personal information and with state and federal laws governing peer reviewed, restricted, protected and/or sensitive information.

D. PEER REVIEW FILES with Event Closure/Termination Dated Past Ten (10) Years

1. File content shall be maintained and destroyed in a manner that conforms with the federal Privacy Act by ensuring confidentiality of personal information and with state and federal laws governing peer reviewed, restricted, protected and/or sensitive information.

2. Aggregate data about the peer review event and the MSO action *(i.e., no action, commendation, counseling, corrective action, as applicable)* shall be maintained in

the peer review investigation data base.

References:

A. Wisconsin Statutes of Limitations:
   1. Wis. Stat. Ann. § 893.55: Medical malpractice, limitation of actions, limitation of damages, itemization of damages.
   2. Wis. Stat. Ann. § 893.56: Health care providers, minors actions.
   3. Wis. Stat. Ann. § 893.16: Person under disability.

B. National Association Medical Staff Services (NAMSS) Document Retention and Confidentiality guidelines

C. Policy Resources shared from other Wisconsin Hospital Medical Staff Organizations

D. Quarles & Brady "Hospital Records Retention Schedule" Recommendations (2018)

E. American Medical Association: [Hospital, Ambulatory Surgery Facility, Nursing Home, or Other Health Care Facility Closure: Physician Credentialing Records (Policy H-230.956)]

Approvals:

Recommended for approval by Credentialing and Privileging Review Committee, 05–05-2022

Approved by Action of the Medical Staff Executive Committee, 05-12-2022

Informational report to Mental Health Board, 06-16-2022

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Shane Moisio: BH Med Dir - Acute Services	Pending
Credentialing and Privileging Review Committee	John Schneider: Executive Medical Director	5/12/2022
Medical Staff Services	Lora Dooley: Medical Service Manager	5/12/2022
	Lora Dooley: Medical Service Manager	5/12/2022

Milwaukee County Behavioral Health Division

2022 Infection Prevention & Control Program Plan

Purpose:

The Infection Prevention and Control Program is committed to identifying and minimizing, reducing, or eliminating the endemic and epidemic risks of infections in our patients, staff, vendors, visitors, students, and others in the community.

Scope:

The scope of the Infection Prevention and Control Program includes all of Milwaukee County Behavioral Health Division including all staff, volunteers, students and independent licensed practitioners.

Plan:

A. Authority

The Infection Preventionist (IP) and the Infection Prevention Chairperson have the authority vested by the Administration and Medical staff to initiate any emergency infection control measures deemed necessary for the protection of patients, staff, vendors, visitors, students, and others in the community.

1) The Infection Preventionist (IP) and the Infection Prevention Chairperson have the authority to conduct studies of personnel or of the environment where outcome can be expected to have a beneficial effect on standards of care, or to support change in maintenance practices, personnel practices or equipment care and maintenance.
    i. All data collected through studies made as a part of process improvement will be reported out to the Infection Prevention and Control Committee and will be shared with the appropriate department leaders in the form of improvement plans as appropriate.
    ii. The Infection Preventionist, Infection Prevention Chairperson, and the Infection Prevention and Control Committee have the authority to initiate improvement plans, to work with department leaders to establish plans and monitor progress, and to inform Administration of improvement plan initiation and progress.

B. Infection Prevention and Control Management and Staffing

1) The Infection Prevention and Control Committee Chairperson is an appointed physician from the medical staff by the Medical Executive Committee

Currently, the Infection Preventionist is the Chief Nursing Officer (CNO). The CNO has direct accountability for the Infection Preventionist role and has been the backup Infection Preventionist when the position has been historically vacant. She has infection prevention and control experience in hospital, long term care, community, and home care settings. She holds a Master's Degree in Nursing and is scheduled to sit for the national Board Certification examination this year.

i. The Infection Preventionist is considered the "Infection Control Officer" responsible for developing and implementing or assisting with the implementation of policies governing prevention and control of infections and communicable diseases. In addition, this individual has the responsibility for reporting, investigating, and controlling infections and communicable diseases identified in patients and staff, and for maintaining records of incidents related to infections and communicable disease. The Infection Preventionist assists the local, state, and national Public Health Departments in outbreak investigations and reporting of required diseases and conditions.

C. Infection Prevention and Control Committee (IPAC)

1) The IPAC is an interdisciplinary team that oversees activities related to surveillance, prevention and control of infections. Membership includes, but is not limited to, representation from:
   i. Administration
   ii. Medical Staff Services
   iii. Psychology
   iv. Nursing
   v. Clinical Laboratory/Microbiology
   vi. Environmental Services
   vii. Dietary
   viii. Pharmacy
   ix. Quality Improvement
   x. Education Services
   xi. Consumer Affairs
   xii. Maintenance
   xiii. Operations
2) Responsibilities of the IPAC Committee members include, but are not limited to:
   i. Communication with the Infection Preventionist when infection prevention concerns are identified within their respective areas/departments.
   ii. Dissemination of information back to the groups they represent and keep the committee advised of areas of concerns in their areas/departments.
   iii. Development of infection prevention education as needs are identified.
   iv. Completion of required audits pertaining to infection prevention, including but not limited to hand hygiene audits.
   v. Participation in and recruiting for scheduled infection prevention rounding team activities in designated areas.
   vi. Participation in process improvement projects initiated as a part of the yearly infection prevention program goals or implemented as a part of a plan of improvement initiated from findings from rounds or incident review.
   vii. Evaluation and approval of new products or product changes applicable to Infection Preventions (e.g., cleaning or disinfection products, waste management products, or items used for sterile/aseptic technique).
   viii. Development, review, and approval of all Infection Prevention and Control Policies, Procedures, Guidelines and Plans on a yearly basis.
   ix. Participation in Root Cause Analysis (RCA) when events or near misses are identified.

x. Review of exposure events, and safeguards in place to prevent bloodborne pathogen exposures.
xi. Review and Approval of the Annual Facility Tuberculosis Risk Assessment.
xii. Review and Approval of the Annual IPAC Proactive Risk Assessment (PRA) and Hazard Vulnerability Analysis (HVA).
xiii. Review and Approval of the IPAC Program Goals based upon HVA on an annual basis.
xiv. Periodic evaluation of progress towards meeting IPAC Program Goals throughout the course of the year.

D. Surveillance Resources

1) Access to information needed to support the Infection Prevention and Control Program is made available via several sources:
   i. Patient records are assessed via Avatar, the Electronic Medical Record (EMR) for MCBHS.
   ii. Avatar is also the source for admission and patient day data.
   iii. Wisconsin Diagnostic Labs provides electronic access to laboratory data and submits notification via currier serviced to the Infection Preventionist when a lab result indicating a public health reportable condition is identified (e.g., STD). Laboratory data for public health reportable diseases is electronically reported to public health from Wisconsin Diagnostic Labs.

E. Surveillance Activities

1) The process used to determine and develop Infection Prevention and Control surveillance activities includes a targeted approach to high-risk, problem prone and preventable infections. The annual process used to determine surveillance activities has included:
   i. Data and analysis of existing issues and trends
   ii. Infection Control Proactive Risk Assessment and Hazard Vulnerability Analysis
   iii. Applicable local, state and federal regulations
   iv. Requirements by accrediting organizations
   v. Nationally recognized recommendations and guidelines
   vi. Evidence-based national guidelines
   vii. Expert consensus

2) Surveillance activities designed to minimize, reduce, or eliminate the risk of infections include:

--Monitoring high-risk organisms such as, but not limited to:
SARS CoV- 2, Mycobacterium tuberculosis, Methicillin Resistant Staphylococcus aureus, Vancomycin Resistant Enterococcus, Clostridium difficile, & Aspergillus.
--Monitoring for the presence of reportable diseases or conditions with public health significance such as sexually transmitted diseases.
--Monitoring for communicable disease incidence and implementation of transmission-based precautions for the prevention and control of disease clusters or outbreaks within the behavioral health setting.
--Review of the National Patient Safety Goals.
--Monitoring of Hand Hygiene compliance data.
--Reviewing any identified cases of unanticipated death or major permanent loss of function associated with an infection.
--Performing targeted compliance rounds and audits to assess accordance with Infection Prevention and Control principles, policies, and procedures to identify potential risks for infection from practice or the environment.
--Monitoring health care worker influenza vaccination compliance data as reported to the Centers for Disease Control and Prevention via NHSN on an annual basis.

--Monitoring of patient influenza vaccination data as communicated to Medical Staff, Nursing Leadership, and Quality Departments.

F. Outbreak and Communicable Disease Exposure Investigation

1) In addition to planned surveillance indicators, special studies are conducted in the event of an increase in infections from baseline including identification of clusters or outbreaks, or identification of an unusual or epidemiologically significant organism.
2) Any suspicion of a potential outbreak of infectious disease are reported to the Infection Preventionist by various sources, e.g., lab, physicians, nursing staff, public health, etc. Outbreak investigation and implementation of infection controls is done under the guidance of the Infection Preventionist and the Infection Prevention and Control Committee Chairperson.
3) If patients are thought to have been potentially exposed to infectious disease, the Infection Preventionist will consult with the Infection Prevention and Control Committee Chairperson, Public Health and the patient's attending as needed to determine appropriate assessment, testing, immunization, prophylaxis/treatment and counseling.

G. Influenza Prevention

1) The Infection Preventionist coordinates flu vaccine clinic availability for staff, and tracks data for completion of flu vaccination as reported to NHSN.
2) Flu vaccination is also available and encouraged for inpatients during the active flu season with data reported to CMS by the Quality Department.

H. Covid-19 Disease Monitoring and Vaccination Status

1) The Infection Preventionist coordinates in house Covid-19 vaccination clinics, tracks required Covid vaccination status of employees and vendors and reports outbreaks to a variety of sources including Public Health, the CDC through the NHSN and will coordinate future staff and vendor clinics as deemed necessary by community needs.
2) All pandemic PPE supplies and equipment are tracked, monitored, and distributed by the EES and nursing departments in conjunction with Infection Prevention.

I. Facility Tuberculosis Risk Assessment

1) The Infection Preventionist conducts surveillance for cases of latent and active tuberculosis. Data is reviewed on an ongoing and annual basis and a facility risk assessment is completed following the programs Prevention of Tuberculosis Plan. The Facility TB Risk Assessment will determine if staff are required annual testing for positive TB or screened via questionnaire.

J. Demographics

1) The IPAC Program for surveillance, prevention, and control of infections is primarily hospital based with the Infection Preventionist having a consultative role organization-wide.
2) The design of the IPAC activities include consideration of the organization's uniqueness, including the characteristics of the community, patient population, and available services.

K. IPAC Program Goals

1) IPAC Program Goals have been completed on an annual basis. As the hospital will be closing in 2022, terminal goals for the hospital are a continuation of the 2021 plan.

L. Evaluation

3) The IPAC Program is evaluated on an annual basis. A final evaluation will include a summary of the 2022 plan, as well as goal measurements and effectiveness of the program.

Milwaukee County Behavioral Health Division

2022 Infection Prevention & Control Program Plan

2021 End of Year Report and Ongoing 2022 Plan

Risk:	Goal:	Measure:	Objective Status (Met/Partially Met/Not Met:
Risk for Non-Compliance with Hand Hygiene	Goal of 80% compliance for staff Hand Hygiene Audits and a minimum of 15 audits will be completed quarterly for each unit.	House Wide 91% Hand Hygiene Compliance for 2021	Met
Risk for Non-Compliance with Hand Hygiene	Patients receive hand hygiene education upon admission.	Confirmed that hand hygiene education is currently include welcome education packets. No current method for auditing documentation of welcome education packet.	Met
Risk for Non-Compliance with Standard Precautions - PPE Use	Goal of 90% PPE use per Standard Precautions observed on Hand Hygiene Audits.	91% Compliance on Hand Hygiene Audits	Met
Risk for Non-Compliance with Standard Precautions - Safe Injections Practices *(Shadow Measure)*	Each inpatient unit will complete a minimum of one Safe Injections Practice Audit	No issues identified.	Met
Risk for Non-Compliance with Standard Precautions - Regulated Medical Waste Disposal	The MCBHD Acute Inpatient Hospital will reduce regulated medical waste (red biohazard bag) disposal to maintain under 50 pounds per month.	Consistently under 50 lbs./month	Met
Risk for Non-Compliance with Standard Precautions-Respiratory Hygiene Patients	Patients receive respiratory hygiene upon admission.	Confirmed that respiratory hygiene education is currently include welcome education packets. Patient education regarding SARS CoV-2 (Covid-19) is done for all patients. Goal: 90% compliance	Met

Milwaukee County Behavioral Health Division

2022 Infection Prevention & Control Program Plan

Risk for Non-Compliance with Standard Precautions-Handling of Patient Belongings	Standardize the practice for handling of patient belongings to minimize risk of infection.	Property room-Maintenance of policy and procedures. Goal of 90% compliance through quarterly auditing.	Met

Milwaukee County

Department of Human Resources

INTER-OFFICE COMMUNICATION

Date: May 19, 2022

To: Maria Perez Chairwoman, Milwaukee County Mental Health Board

From: Lisa Ruiz Garcia, HR Manager, Department of Human Resources

Subject: Informational Report on Staff Impact of Hospital Transition to Granite Hills

Request

This informational report is being submitted in response to the Mental Health Board request for staff transition plans related to the closure of the Behavioral Health Hospital, impacting Milwaukee County inpatient mental health and emergency services.

Background

In 2022, the Behavioral Health Services (BHS) inpatient mental health services will transition to Granite Hills and the emergency services to the Joint Venture Mental Health Emergency Center (MHEC), which will impact BHS employees in these service areas.

Employees impacted by the transition of the BHS inpatient mental health services to Granite Hills and emergency services to the Joint Venture Mental Health Emergency Center have employment opportunities.

Granite Hills

Granite Hills has actively worked to recruit BHS employees and will be attending the Milwaukee County job fair on May 23, 2022, at the Milwaukee County Mitchell Park Domes to be available to speak with BHS employees. Granite Hills has openings for the following positions:

- Registered Nurses
- Activity Therapists
- Inpatient Clinical Therapist
- Nurse Manager
- Mental Health Technicians
- Housekeepers
- Dietary Aide

While Granite Hills has been actively hiring/recruiting, they have not provided concrete numbers to report the number of BHS employees hired. It is anticipated that as Granite Hills' census grows, the number of position vacancies will increase.

Advocate Aurora

Advocate Aurora reported that the MHEC has approximately 70 open positions. Since last report, Advocate Aurora has hired 1 (one) additional Registered Nurse, bringing the total of BHS employees hired to four (4) Behavioral Health Techs and eight (8) Registered Nurses. Advocate Aurora continues to be committed to working closely with BHS leadership to ensure the stability of PCS staffing during the transition from PCS to the MHEC, partnering on anticipated release dates in consideration of signed employee Retention Bonus Agreements. To date, no physicians have applied with Advocate Aurora.

Advocate Aurora will be attending the Milwaukee County job fair on May 23, 2022, at the Milwaukee County Mitchell Park Domes to be available to speak with BHS employees. Advocate Aurora has scheduled four (4) additional open houses at the MHEC to invite BHS employees. Dates and times of the open houses are as follows:

- May 17: 1:00-4:00pm
- June 2: 11:00am-3:00pm
- June 23: 1:00-4:00pm
- July 21: 9:00am-Noon

Internal Opportunities – Milwaukee County

HR is committed to supporting our displaced workers and offer learning opportunities to ensure employees are employable and have relevant skills, whether it is at BHS or elsewhere.

DHR representatives continue to be available to assist BHS impacted employees on a one-on-one basis and inform them of potential employment opportunities available at Granite Hills, the MHEC and with Milwaukee County, directing them to the organizational websites' career pages. As well as directing them to other necessary Departments for assistance, including Retirement Plan Services.

DHR is hosting a County-wide job fair and Granite Hills and Advocate Aurora will be attending. County leaders will be available to conduct onsite interviews for specific positions and answer questions regarding available positions within DHHS and other County Departments. The job fair will be held on May 23, 2022, at the Milwaukee County Mitchell Park Domes. On May 10, 2022, an email communication was sent to BHS employees to invite them to attend the event, and the Milwaukee County careers page was shared for employees to begin to review current vacancies. The contact information for the HR Business Partner and HR Manager was provided to employees as a contact to respond to questions regarding the fair and career opportunities.

HR in partnership with other Milwaukee County department leaders, will work to ensure transfers coincide with closures to cause minimal disruption to BHS operations while considering the needs of the employee's new department.

If you have any questions, please call Lisa Ruiz Garcia at 414-257-7489.

SUMMARY

Milwaukee County is committed to providing support, guidance, and resources to impacted employees as they look for new roles within Milwaukee County as well as with Granite Hills and Advocate Aurora. HR will continue its efforts to ensure staff are informed of employment opportunities.

RECOMMENDATION

No recommendation, report for informational purposes only.

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MILWAUKEE COUNTY
DEPARTMENT OF
HEALTH & HUMAN
SERVICES

STRATEGIC PLAN:

Creating Healthy Communities

2020-2025

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LETTER FROM THE DIRECTOR

DHHS STRATEGIC PLAN 2020-2025

I am proud to present our bold vision for 2025, where we reimagine how services are delivered. Along with the rest of Milwaukee County, DHHS is a catalyst for change, by addressing racial equity, investing in upstream prevention, and improving health outcomes for program participants and the community as a whole.

The *2020-2025 DHHS Strategic Plan: Creating Healthy Communities* lays out an ambitious roadmap with specific and realistic goals. We are focused on real change, pursuing an integrated service model that orchestrates care for its program participants while providing a welcoming, friendly, trusted, trauma-informed environment. We address social determinants of health and improve community health outcomes as we infuse policy and practice with the understanding of racial and health equity and invest in staff and the human services ecosystem.

This document represents the work of dozens of DHHS staff, their investment in the strategic planning process and their thoughtful contributions in envisioning a "Future State" for DHHS. The Future State is outlined in this strategic plan document. Activities detailed reflect the commitment of DHHS staff and community partners to make a difference in the lives of nearly one million residents of Milwaukee County.

Much like other strategic plans, this is a dynamic document that will continue to be tested and adapted throughout its implementation. We were deep in the planning process when we experienced a global pandemic (COVID-19), a public health crisis unlike any we have seen in a century. Implementation of this plan began in 2020 and in many ways was advanced by the pandemic. DHHS is committed to implementing the strategies outlined in this plan, while remaining adaptable as we navigate a new normal.

This plan aligns with the vision for Milwaukee County: **By achieving racial equity, Milwaukee will be the healthiest county in Wisconsin.** It advances the **No Wrong Door** model, centering services and processes around the accessibility and needs of participants, rather than around the convenience and needs of systems. Additionally, it supports the priorities of the countywide strategic plan published in 2020.

To reach our goals, we will need to challenge ourselves and each other. Creating systemic change will require an intense examination of the status quo. It means aligning our approach with providers and community stakeholders, enhancing existing partnerships, and developing new ones. This will only be accomplished by working together toward a shared vision, **"Together, creating healthy communities."**

I invite you to join us on our journey.

Shakita LaGrant-McClain
Director

MILWAUKEE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

Consists of Aging, Behavioral Health, Disabilities Services, Housing Services, Management Services, Youth & Family Services, and Veterans' Services

INTRODUCTION

The Milwaukee County Department of Health and Human Services (DHHS) created this strategic plan to communicate how it will achieve the department's mission of **"Empowering safe, healthy, and meaningful lives."** It will do so by carrying out two unique strategies developed through a comprehensive planning process to define its 2025 Future State. The implementation of these strategies will improve Milwaukee County's health outcomes and will play a major role in advancing Milwaukee County's overall vision: **"By achieving racial equity, Milwaukee will be the healthiest county in Wisconsin."**

80,000	$376M	900
RESIDENTS SERVED ANNUALLY	ANNUAL BUDGET	APPROXIMATE STAFF

DHHS provides essential human services to more than **80,000** residents annually, with a budget of **$376 million** and work carried out by approximately **900** staff and more than **4,000** contracted staff.* The department is made up of Aging, Behavioral Health, Disabilities Services, Housing Services, Management Services, Youth & Family Services, and Veterans' Services. A significant portion of services are provided in contracted partnership with non-profit agencies that serve residents on behalf of the county. The funding for DHHS is derived from state and federal reimbursement and county tax levy. Grants and private funding play a small but increasing role across the department. DHHS leads by example in addressing racial and health equity through a close examination of policy and practice. It invests resources and staffing in impacted communities and pursues authentic community engagement that seeks to ensure access, voice, and ownership to residents. The department measures its success by collecting data on individual and aggregate participant outcomes, with a focus on eliminating disparities by race.

**Budget represents 2021 DHHS budget including all its service areas; number of staff represents the number of Full-Time Equivalent positions; number of contracted staff represents number of individuals who are part of the DHHS provider network.*

In May of 2019, Milwaukee County passed a first-of-its-kind resolution declaring racism a public health crisis. DHHS shares Milwaukee County's bold commitment to addressing racial and health equity with the goal of influencing systems to reduce health disparities and improve health outcomes. Moving forward, DHHS will view its work through the lens of racial equity, from policy and practice internally to how we dissect participant and population health data to evaluate our performance.

Along with championing racial equity among our system partners, DHHS aims to advance principles of prevention, person-centered practice, and community voice to influence the trajectory of current legislation and human service investments, while advancing best practices that affect Milwaukee County residents' lives. For behavioral health, it is addressing needs in the least restrictive environment via collaborative partnerships and community-based services. In youth justice reform, it is working with our system partners to decrease the carceral footprint, while reinvesting those funds in community-based programs. With housing instability, it is through direct outreach and housing navigation for those experiencing homelessness, through eviction prevention, and through collaboration with programs to address root cause. For older individuals and people with disabilities, it is increasing their ability to live safely and independently in the community. And for veterans, it is making sure they have access to resources and support. Through advocacy for these principles and collaboration with our diverse network of partners, we will work together to improve population health and the quality of life for people across their lifespan.

DHHS will address root cause and social determinants through coordinated efforts with residents and our collaborative partners.

While working with partners to invest upstream to prevent downstream effects, and advancing Milwaukee County toward the vision of improved health, DHHS is focused on integrating its internal services for its program participants. To this end, Milwaukee County is advancing a **"No Wrong Door"** vision of customer service so anyone, regardless of age or ability, can and will be served no matter how they enter the system. No Wrong Door creates easier access to quality, person-centered care by ensuring an improved customer experience; looking at the unique needs of the individual and providing direct access to tailored services; giving people what they need to thrive; and designating additional funding for the most needed services such as transportation, caregiver support, housing, and case management services. No Wrong Door means serving people across their lifespan with acceptable care that promotes dignity, regardless of race, gender, age, or socio-economic status. DHHS is committed to leading the way in partnering internally and externally to see each person as a whole person and promoting equitable solutions to meet individual needs which will lead to healthier communities.

In 2020, DHHS integrated with the Department on Aging and Veterans' Services to advance the No Wrong Door model. By moving Aging and Veterans' Services under the umbrella of DHHS, it gives residents more direct access to all the available services offered by DHHS, including accessing and maintaining housing, energy assistance, disabilities, and behavioral health services across the lifespan.

Integration is a proven strategy to tailor service delivery and address health outcomes.

For DHHS, the purpose of integration is to wrap services around participants' needs in order to improve their outcomes, rather than to eliminate organizational inefficiencies. Orienting staff with this model of service delivery will take the investment of time and resources. To accomplish this, DHHS is committed to convening and collaborating with all partners who share the county's population health goals. The work we are doing will be a model for scaling this process across departments to ensure enterprise-wide alignment.

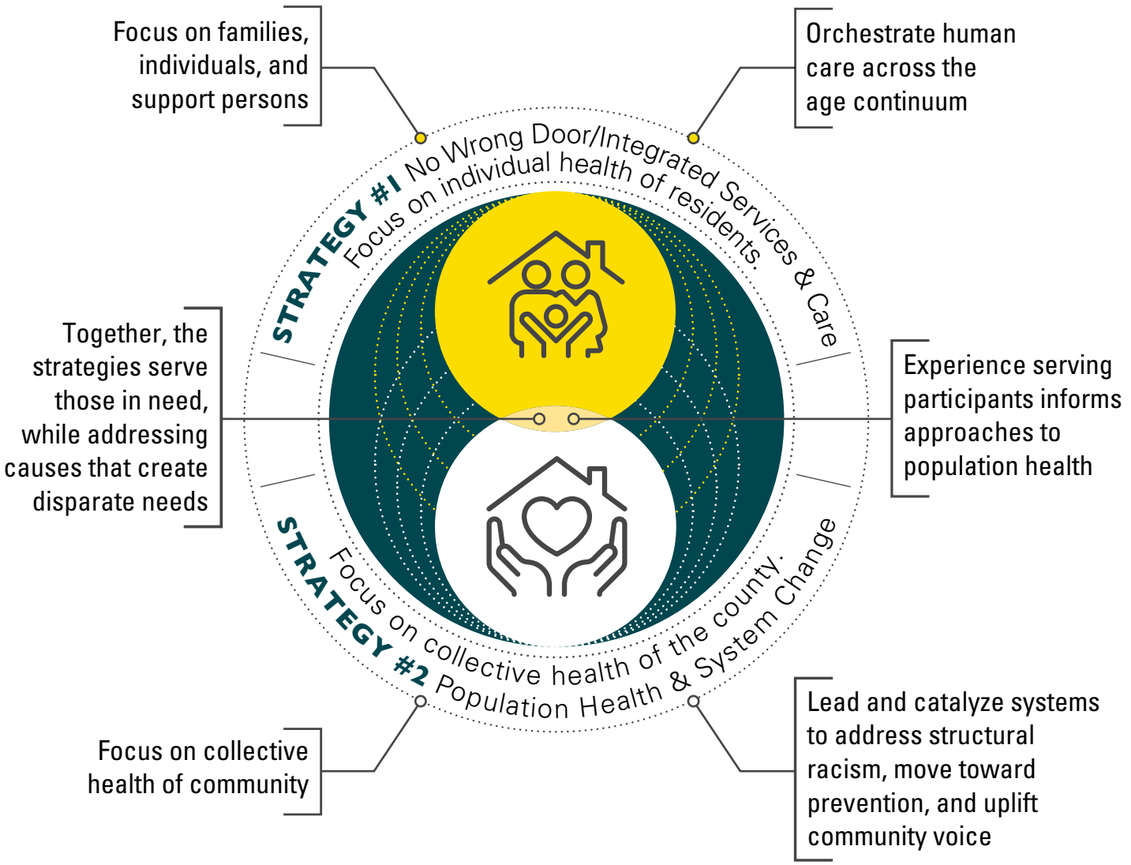
When considering the path toward health of residents, we recognize that disparities by race exist across almost all indicators, and there is a concern that the effects of COVID-19 have further exacerbated these trends. DHHS is well positioned to radically alter the health trajectory of Milwaukee County by addressing disparities and transforming how services are offered through a system of care which better meets the needs of people in a way that is easy for them to navigate. As DHHS moves toward the Future State, organizational changes will impact both the place and persons rendering service. Considering the role DHHS is taking on in public spaces such as parks and neighborhoods through direct outreach by navigators, mobile teams, and human service workers, DHHS will no longer be defined by a destination, but by authentic service connection.

DHHS staff drove the work and helped create the vision for the 2025 Future State. To assist in the strategic planning process, DHHS staff sought input on the top issues affecting Milwaukee County residents from stakeholders and secondary research. Racism, Poverty, Economic Opportunity, Housing Instability, Violence and Public Safety, Substance Abuse, and Mental Health were all identified as critical issues that DHHS could systemically impact. As DHHS outlines the path forward, it helped create a leadership role in addressing these top issues. While the needs of the community are many, funding continues to be a constraint. DHHS will need to evolve in how it is funded and what it focuses on, not only serving as a safety net for vulnerable residents, but also finding innovative ways to invest upstream to address these critical issues.

DHHS has prepared this strategic plan for the years of 2020-2025 to declare its priorities and strategic direction. This plan sets forth the goals of DHHS and how they will be accomplished. This is the roadmap to sweeping transformative change that will improve the health of individual residents and the overall health of Milwaukee County.

DHHS TO PURSUE TWO STRATEGIES

Milwaukee County's Department of Health & Human Services (DHHS) serves individuals of all ages, putting the department in a unique position to advance the health of the County. By pursuing two mutually-reinforcing strategies that place individuals and community at the center and are guided by principles of racial equity, these strategies address root causes of individuals' needs and social determinants of health in the community.



STRATEGY #1:
No Wrong Door/Integrated Services & Care

Coordinate care and manage human service needs for individuals. Address root cases of needs, including addressing social determinants. Infuse policy and practice with an understanding of racial equity. Invest in staff and the human services ecosystem. Pursue improvement of participants' health outcomes.

Focus	Achieving Success
Place the individual, their families, and supports at the center of the work, with DHHS coordinating services and care Address individuals' needs with DHHS programs, and partner with organizations that serve additional needs (e.g. food, education, etc.) Geographically focus on Milwaukee County and all residents, recognizing vulnerabilities across the lifespan and differences in type and depth of need	Put forward a new service delivery model across DHHS and contracted staff that addresses root causes of needs, incorporates racial equity and cultural competency, promotes dignity and trust, and ensures individuals get the "right thing" at the "right time" in the "right place" Break down division, program silos for the purpose of improving outcomes (vs. savings) and share successful practices across the Department Address racial equity and economic disparities within DHHS's own policies and practices Continue to improve availability and access to DHHS services, while assessing acceptability of how and where those services are provided Use technology to support practice, integration of services, evaluation, and communication Build capacity of staff and human services partners in the ecosystem, including providing resources, technology, training, administrative capabilities, and other support Address root causes of individuals' needs and social determinants through strong partnerships with other county agencies and community partners Seek funding sources and request funder flexibility to meet needs of residents Partner with communities, participants, providers, and local organizations to ensure DHHS serves the needs of anyone seeking support; normalize the use of DHHS and other County services

Core Capabilities Needed	Systems Needed
Cohesive training, coaching, and quality assurance across DHHS Technology and participant data to improve collaboration and the ability to track outcomes Change management Authentic and representative community engagement and input Finance and contracts teams capable of supporting braided funding of services Develop partnerships to research and evaluate health outcomes	Organize department by demographics across a person's lifespan (e.g. youth and families, and adults) – including program structure and physical locations Support fair pay levels, pay equity, and career paths to reduce turnover; provide staff and contracted staff with advancement opportunities across areas of DHHS and with contracted providers Inform staffing and contracting with goals of addressing racial equity, economic disparities, and investment in affected communities; create greater opportunity to diversify the workforce Develop human services access points for residents who are connected to trusted organizations in the community; meet residents where they seek help Develop systems for consistent, authentic feedback from stakeholders to build trust Track key measures at a participant outcomes level, with focus on disparities by race

STRATEGY #2:
Population Health & System Change

Along with the rest of the county, become change agents to address racial equity and increase prevention in the human services systems in which DHHS operates, and in the systems that impact vulnerable individuals. Invest resources to prevent crisis and negative outcomes. Pursue the goal of improving population health outcomes.

Focus

Place community at the center, with DHHS encouraging changes in major human services systems, with county support

Look to place 25% of resources in primary prevention (social determinants), 25% in secondary prevention (diversion/addressing risky behavior), and 50% in tertiary prevention (acute care)

Serve as the change agent in the human service systems that directly tie to DHHS programs; influence other social determinants by partnering with county departments and services that affect health outcomes, such as transportation, recreation, and justice

Geographically focus on Milwaukee County and all residents, recognizing vulnerabilities across the lifespan and differences in type and depth of need

Achieving Success

Influence system partners to address structural racism and to re-direct investment upstream; build trust with partners and with community

Innovate to develop prevention approaches that shift funds for services upstream

Build more collaborative relationships across DHHS to employ population health interventions tailored to communities in Milwaukee County and to collaborate on funding opportunities

Enhance resources for public health and collaboration, gathering support by building awareness at the local, state, and national level, including through policy, advocacy, and attracting funders

Core Capabilities Needed

Collective impact and leading system change

Policy and advocacy

The ability to effectively communicate demonstrated successes to become a sought after partner

Authentic and representative community engagement

Partner on population health evaluation with other government entities, academics, and philanthropic organizations

Systems Needed

Build partnerships with key agencies to collaboratively influence systems

Include direct-practice staff and contracted staff at all levels in system change activities

Publicly highlight DHHS successes and track coverage of positive stories of population outcomes

Track population health outcome measures, with focus on disparities by race

Improved grants management and accounting systems

Cooperative agreements and contracting

GOALS

The following **FOCUS AREAS** outline the department's goals and indicators of success. These goals describe how DHHS is executing the work and progress toward the Future State. In many cases, this work has already begun in order to achieve success by 2025. Partnerships are critical in achieving the goals, especially those systemic in nature. Building relationships based on trust and transparent communication with partners is necessary to achieving the goals set forth. Alignment across the department is fundamental to goal attainment, ensuring that DHHS staff are motivated and committed to the work of No Wrong Door, their ideas valued, and skills maximized.

FOCUS AREA:
Racial and Health Equity

GOALS	INDICATORS OF SUCCESS
DHHS organizes to advance racial and health equity through the refinement of tools, investment in resources, and linkages to evaluation capacity and community engagement standards. DHHS will operationalize racial and health equity by partnering with communities and institutions to address disparities due to structural racism, with vendor partners and funders to set concrete targets which eliminates racial and health inequities in the community. DHHS will utilize participant and community feedback, quality of life indicators, and other metrics to drive decision making and target services where they are needed.	• Measure the percentage of staff who identify racial and health equity as a DHHS priority. Increase the percentage of staff that agree with the statement: leadership visibly supports diversity and inclusion with their actions and not just words. • Increase vendor diversity by benchmarking the current proportion of DHHS contracted providers in 2021 who are led by minority leadership and increasing the percentage of minority-led contracted providers. • Measure the ratio of staff and contracted staff that indicate the effectiveness of racial equity training, achieving an increase in the ratio. • Track investment of funds serving individuals in targeted vulnerable geographic areas.

FOCUS AREA:
Integration

GOALS	INDICATORS OF SUCCESS
DHHS completes a series of projects to develop streamlined systems of care for children and adults. Efforts are also made to center services around participants and implement a consistent practice model while eliminating organizational inefficiencies. DHHS incorporates social determinants of health and joint screening in call centers for children and the newly established Aging and Disabilities Resource Center. DHHS continues to establish effective partnerships to collaborate seamlessly within its youth system of care and adult system of care, such that people may enter through any "door" and are able to access orchestrated care across DHHS, Milwaukee County, and partners' programs.	• Measure improvement of program participants and family quality of life outcomes across DHHS programs. • Improve the ability for individuals to get their basic needs met. • Measure individuals' progress toward self-sufficiency after program participation.

FOCUS AREA:
Organizational Development and Staff Support

GOALS	INDICATORS OF SUCCESS
DHHS advances workplace culture strategies through the implementation of recommendations from compensation and position analyses, enhancing partnerships which reflect alignment of efforts, and sustaining investments in staff supports. DHHS is an employer of choice in human services, resulting from operationalizing a new strategy-aligned organizational chart which reflects a talent model that considers equity, employee training, workplace culture, leadership development, and retention.	• Increase the percentage of staff that agree with the statement: they would recommend DHHS to others as a great place to work. • Increase the percentage of staff and contracted staff who are non-white. • Increase the percentage of job candidates interviewed for positions who are non-white. • Increase the number of non-white staff in leadership/ supervisory roles. • Increase the number of non-white staff who are promoted to leadership. • Reduce voluntary staff turnover across staff levels.

FOCUS AREA:
System Change/Partnerships/Advocacy

GOALS	INDICATORS OF SUCCESS
Sustain and build on partnerships within current system work, build community support for change, and build partnerships to address social determinants of health (SDOH) in the work of DHHS. DHHS is developing and formalizing relationships and several pilots for partnership on SDOH, including annual assessments and monitoring of agreed-upon wellness goals. In partnership with mission-aligned organizations, with community members and with other County departments, align on well-being goals, and move human service and social determinant systems toward addressing racial equity and prevention, including changes in how services are funded.	• Improvement in measure of non-natural deaths amongst working-age (16-64) Milwaukee County residents. • Decrease the number of individuals experiencing homelessness in Milwaukee County. • Increase access to and availability of affordable, safe, and energy efficient housing for low-income residents. • Decrease the number of evictions across Milwaukee County. • Decrease unemployment rate for individuals 16-24 in Milwaukee County, compared to overall unemployment levels. • Measure the number of calls to the DHHS-operated crisis call line. • Increase enrollment in early childhood development programs.

FOCUS AREA:
Financial Sustainability/Building Resources

GOALS	INDICATORS OF SUCCESS

Establish systems and baseline information to track funding, improve flexibility and reimbursement, align service area funding requests, and increase visibility to government and nongovernment sources of support.
 	
Develop the framework for DHHS's role in primary and secondary prevention, with partnerships and funding for resource development/ support; more than $10M of annual incremental funding or partner contribution identified for primary and secondary prevention; relationship building for future, long-term funding.
 	
Develop organizational capacity to partner, shape, win, and manage a diverse set of funding opportunities, with the goal of increasing primary and secondary prevention spending or partner support by 100%+ from 2021 baseline.
	• Increase funding for primary and secondary prevention and resources, compared with 2020 budget baseline.
	• Increase funding from new sources, including:
	  • Technical assistance grants from national and regional philanthropy/public entities.
	  • Through collaboration with partners shape local and state policy to recalibrate spending on acute services to invest upstream.
	  • Utilize tax levy to prove prevention models and secure funding to sustain those models.
	  • Advocate for better reimbursement for upstream services.
	  • Make the case to private sector entities and philanthropy to invest in population health.

FOCUS AREA:
Building Organizational Capabilities

GOALS	INDICATORS OF SUCCESS
Establish models and implementation approaches that benchmark progress for community involvement, leadership development, outcomes evaluation, and community research. This includes documenting these practices to enable planning and optimization. Pilot evaluation/research capacity across all service areas; a community involvement function has been established; leadership development is structured, and pilot projects are in place. These efforts are supported in frameworks that are sufficiently resourced and documented. DHHS has participant and population outcomes embedded in all programs, has evaluation/research partnerships to improve outcomes, and has been noted by local and national leaders for its involvement (and capacity building) of affected communities in all levels of decision-making, from direction-setting to implementation. Internal resources established to guide current and future departmental leadership to execute these goals.	• Measure the extent of community involvement in setting priorities, direction, and implementation of DHHS programs. • Grow evaluation methods and research partnerships with academic partners.

FOCUS AREA:
Facilities

GOALS	INDICATORS OF SUCCESS
DHHS seeks to locate in sites that are physically closer to and more accessible for participants, co-locating in spaces that residents trust and where they seek out help. Set direction for new DHHS locations that are supported by identified funding, and which are accessible to program participants, key partners, and other county services. DHHS has transitioned majority of its staff to its administration location that is in alignment with strategy, co-located with most trusted community providers and supported by staff; Senior Centers/Housing projects are aligned with the Strategic Plan, facilitating greater access to services and programs.	DHHS is going through a significant geographic transition of services from the Behavioral Health campus on Watertown Plank Road in Wauwatosa to various community locations in 2021-23; related success measures include metrics related to access: • Number of participants accessing behavioral health care (before and after transition) • Proportion of participants accessing behavioral health care from vulnerable zip codes (before and after transition) • Measure of awareness and accessibility of service locations

FOCUS AREA:
Technology

GOALS

Affirm direction on the suite of technology tools required to meet the department's needs; significantly reduce use of manual/paper processes; prepare for implementation of case management of updated Electronic Health Record (EHR).

All service areas are transitioned to a streamlined, connected case management system that allows a singular view of participants and their outcomes; case management is connected to a new EHR solution, call center, fiscal tools; pilots are launched to increase public-facing tools available to residents to enable access without requiring a phone or in-person interaction; all these efforts lead to automation and little paper being utilized in service.

DHHS FUTURE STATE THEMES & ANALYSIS

The following themes were developed based on the potential influence and impact of DHHS's role in the human services ecosystem, and are based on the department's guiding principles. These themes are interwoven, reinforcing and affecting each other. To lay a foundation for measurement, the current state is provided, followed by a description and future vision for each of the themes.

THE CURRENT STATE OF RESIDENT HEALTH OUTCOMES DISPARITIES BY RACE/ETHNICITY

Milwaukee County is ranked 70 of 72 in a composite of health indicators among Wisconsin counties.* Milwaukee County has higher than the state average rates of infant mortality, sexually transmitted infections, cancer (breast, cervical, lung and prostate), violence, teen pregnancy, childhood lead poisoning, and mortality due to unintentional injuries.

Top health issues listed by Milwaukee County residents – by race/ethnicity:

African American, non-Hispanic	Hispanic	White, non-Hispanic
• Chronic Illness • Infectious Diseases • Violence and Public Safety	• Infectious Disease • Chronic Illness • Violence and Public Safety	• Illegal Drug Use • Access to Healthcare • Obesity • Mental Health

Source: 2018 Milwaukee County Community Health Needs Assessment

Through DHHS research, stakeholders identified racism and a variety of disparities, including housing, employment, transportation, and healthcare, among others, as major barriers to health in Milwaukee County.

Source: www.countyhealthrankings.org/app/wisconsin/2019/rankings/milwaukee/county/outcomes/overall/snapshot.

THEME #1:
No Wrong Door/Integrated Services & Care

The first theme centers around accessibility and needs of individuals and those who support them, rather than on the parameters imposed by systems. This means staff will have the capability to identify root causes of individuals' needs and the ability to address them in an effective and timely manner regardless of which "door" an individual may enter. This includes basic needs of individuals such as food, shelter, and other social determinants like employment, education, and safety.

DHHS will fill the gaps in human services for individuals where a partnership is not available and staff members will have the tools and resources to collectively get to "yes" in terms of addressing needs, resulting in positive stories of recovery, health, and success identifying a path forward.

The footprint of DHHS will include physical and virtual spaces that are warm and welcoming, with the DHHS brand reflecting that. DHHS will improve accessibility of buildings with modifications and equipment, including for those who have vision and/or hearing loss. Finally, DHHS will meet community members where they are and create greater accessibility for vulnerable residents.

THEME #2:
Investing in Staff and in Ecosystem

Our second theme focuses on ensuring that our staff, contracted providers and agencies reflect the diversity of DHHS program participants, and that the ecosystem of non-profit providers DHHS contracts with are supported so they can prosper, be financially healthy, and deliver quality services. Capacity-building services will be available to local agencies, ensuring they have the knowledge and capabilities that reflect Milwaukee County values. Further, DHHS will assure family-sustaining salaries for its staff and contracted staff, addressing pay inequities. Quality assurance of contracted services will go beyond monitoring compliance but also support organizational development. DHHS will ensure physical environments support staff well-being, including investing in staff wellness.

THEME #3:
Leading Major Systems Change

DHHS will focus on Leading Major Systems Change to address racial equity and to prevent harmful outcomes by leveraging its unique position to convene partners, taking the lead in system change efforts in human services systems with the purpose of addressing institutional racism and investing in disease prevention and health promotion. DHHS will address the intersection of racism and gender, age, poverty, mental or physical abilities, and sexual identity. In systems that

affect DHHS program participants but where DHHS does not have influence, relevant county departments and partners will benefit from DHHS leadership. DHHS will engage in system change efforts in the service of program participants, rather than system, and elevate community voice in system goal setting and planning. In involuntary settings, program participants' dignity and self-empowerment are reinforced, engaging them to achieve voluntary status in a community-based setting.

THEME #4:
Re-Investing Upstream

DHHS will work with system partners to identify opportunities to redirect resources spent on acute services to invest in upstream supports. Savings from efficiencies are reinvested into upstream services and supports that avert need for acute interventions, with a focus on funding prevention work. DHHS partners with other organizations to influence policy, shape funds, and submit joint applications for grants and funding requests. DHHS and partners will engage state and federal entities that have the ability to fund services differently, such as not tying funding to the number of cases or number of secure placements.

THEME #5:
Participant and Community at the Center

This theme ensures that individuals are served across their lifespan with care they deem as acceptable, which promotes dignity, and which takes into account inequities by race, gender, and socio-economic status. The needs of individuals are prioritized over needs of the system, and when serving participants in involuntary capacity, they are treated with dignity and moved to voluntary status as quickly, safely, and responsibly as possible.

DHHS develops, trains, and coaches its staff and network of partners to perform in ways that address racial equity, trust, cultural competence, trauma, and address root causes of individuals' needs in ways that promote dignity and ensure individuals get the "right thing" at the "right time" in the "right place." This includes the physical spaces where residents receive services to make them welcome, reduce their stress, and make them feel valued. Additionally, services will be available at locations where vulnerable individuals seek help.

Infrastructure supports inclusion of county residents on all key decisions made by DHHS, ensuring follow-up and follow-through when their input is solicited to build trust. The health and human services for the county will address needs differentially by community, reflecting the knowledge that depth and breadth of need is different across populations.

THEME #6:
Addressing Racial Equity and Investment in Affected Communities

DHHS is leading the county by example in addressing racial equity internally via staff practices, contracting practices, policy, and procedures. DHHS staff, leaders, and contractors will continue to be educated on racial equity, given building tools, and improve capabilities to assure implementation, while addressing the intersection of racism and gender, age, poverty, mental or physical abilities, and sexual identity.

The department leads and participates in system change initiatives that look to tackle institutional racism externally, while working toward partnerships with all of the county's departments that address systemic racism more powerfully together. Talent is hired from affected communities, creating a pipeline to recruit and retain diverse staff.

THEME #7:
Addressing Root Causes and Social Determinants

DHHS will significantly partner with organizations that address areas DHHS does not serve, such as other county services, Parks or Transportation, other government systems—for example Milwaukee Public Schools (MPS), Division of Milwaukee Child Protective Services, area health departments, or civic organizations, including the YWCA, Running Rebels, Boys & Girls Clubs of Greater Milwaukee, and others.

DHHS will address all needs that program participants present with. Like many other health and human service systems, DHHS has traditionally focused on increasing access to or improving the quality of care people receive once they present themselves for available services. For communities, families, and individuals to thrive and reach optimal health, DHHS will expand its focus. While continuing to honor the longstanding commitment of providing access to quality care, DHHS is pivoting to emphasize the importance of addressing underlying needs and root causes of needs in a way that promotes dignity and ensures participants get the "right thing" at the "right time" in the "right place."

A new model, which can transform the lives of the people served by DHHS in Milwaukee County, requires investment in other factors that are proven to promote positive quality of life outcomes, such as community safety, family and social support, and housing and care that fosters healthy behaviors. These factors, also known as social determinants of health, are conditions in the environments in which people are born, live, learn, work, play, pray, and age, that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

THEME #8:
Developing Trust

DHHS leaders have learned that changes and collaborations that are required by the Strategic Plan move 'at the speed of trust'. Intentional actions will be required by leaders to ensure development of trust between leaders and staff, DHHS and contractors, DHHS and community, and others.

THEME #9:
Developing and Intentionally Applying Resources

DHHS seeks and secures resources to build capabilities and programs that align with and enable the execution of Future State strategies and department values. In particular, DHHS will focus on funding for prevention and expansion of programs that build capacity of our staff, contracted staff, and community members. DHHS is developing strategic relationships with state and federal government resources, national and regional philanthropic organizations, community, and academics to expand resources that support and sustain the work outlined in this Strategic Plan.

FUTURE STATE THEMES ALIGNMENT TO MILWAUKEE COUNTY STRATEGY

For the first time in more than 20 years, Milwaukee County developed a countywide strategic plan, establishing three strategic focus areas with nine objectives to guide its work moving forward.

The DHHS Strategic Plan represents the goals and activities the department will take on to move toward the 2025 Future State, in support of the County's overall mission and vision. While the plans of any department require a specificity that may not be possible to cover in a broader countywide strategic plan, DHHS's Future State aims to advance the County's vision and strategic focus areas. This section describes the connection between Milwaukee County's focus areas and goals with the themes of the DHHS Future State outlined in this Strategic Plan.

COUNTY (2020)

Create Intentional Inclusion	Bridge The Gap	Invest In Equity
Reflect the full diversity of the County at every level of County Government Create and nurture an inclusive culture across the County Increase the number of County contracts awarded to minority- and women-owned businesses	Determine what, where, and how we deliver services based on the resolution of health disparities Break down silos across County government to maximize access to and quality of services offered Apply a racial equity lens to all decisions	Invest "upstream" to address root causes of health disparities Enhance the County's fiscal health and sustainability Dismantle barriers to diverse and inclusive communities

DHHS (2020)

STRATEGY #1
No Wrong Door/Integrated Services & Care

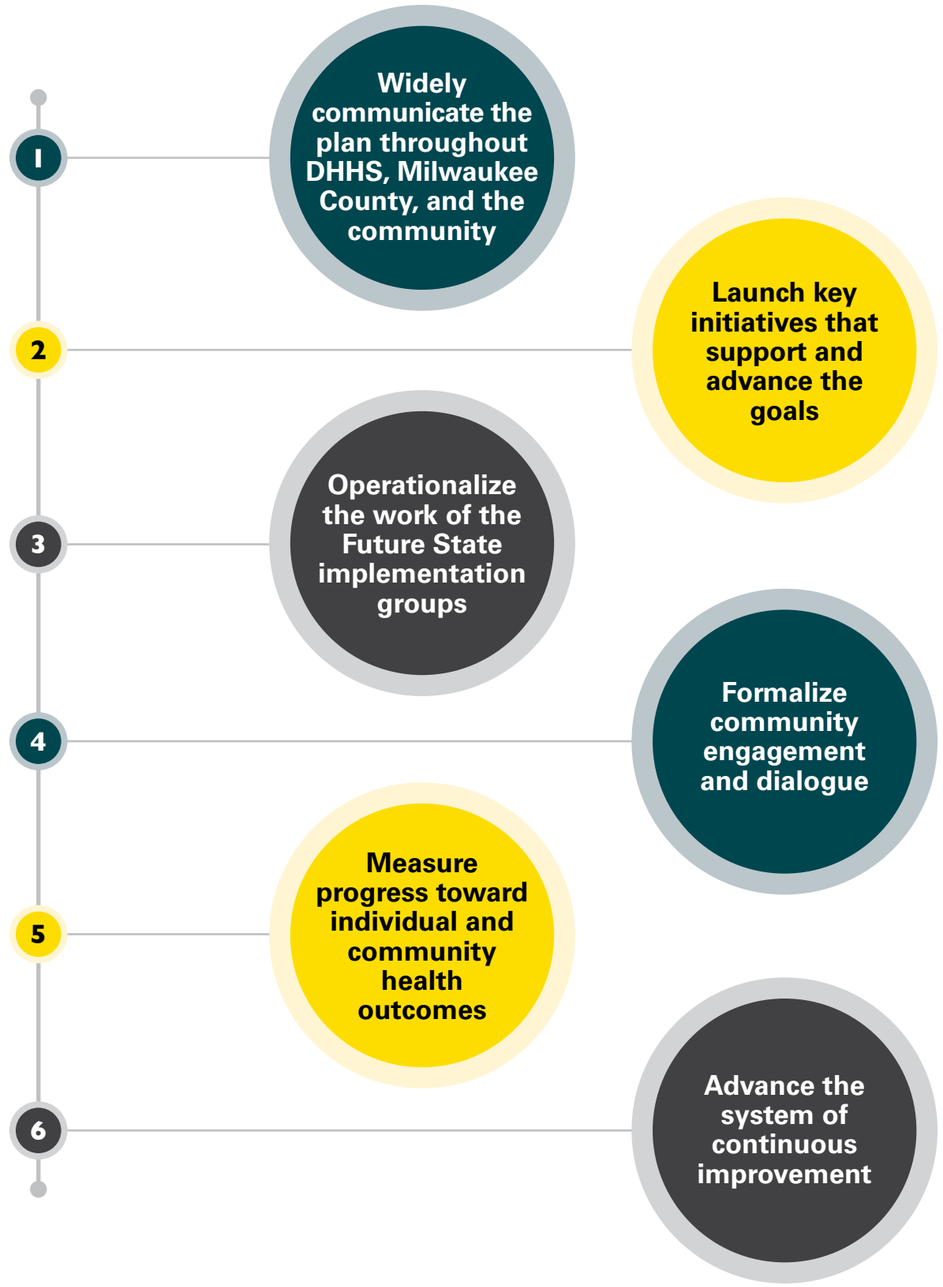
STRATEGY #2
Population Health & System Change

County Strategic Goals	DHHS Future State Themes	Connection
Create Intentional Inclusion • Reflect the full diversity of the County at every level of County government • Create and nurture an inclusive culture across the County • Increase the number of County contracts awarded to minority- and women-owned businesses **Bridge the Gap** • Apply a racial equity lens to all decisions	**Theme #6:** Addressing Racial Equity and Investment in Affected Communities **Theme #2:** Investing in Staff and in Ecosystem	A number of County strategic goals are related to incorporating racial equity into County policy and practice, with staff and contractors in particular. These elements are a reflection of the theme of "Addressing Racial Equity," with recent work related to contracts, budgeting, and practices at DHHS. They are also reflected in "Investing in Staff and in Ecosystem," where the work will continue to focus on supporting staff and contracted providers with racial equity in mind. Furthermore, DHHS is participating in countywide working groups on this topic, both to share with other departments what DHHS has learned and changed in its practices, and to collectively determine direction on countywide decisions related to racial equity.

County Strategic Goals	DHHS Future State Themes	Connection
Bridge the Gap • Determine what, where, and how we deliver services based on the resolution of health disparities • Break down silos across County government to maximize access to and quality of services offered	**Theme #1:** No Wrong Door, Orchestrating Services **Theme #5:** Participant and Community at the Center **Theme #8:** Developing Trust	These goals align with the "No Wrong Door" and "Participant and Community at the Center" themes, as DHHS seeks to break down its division silos and to integrate care, which is driven by participants. DHHS also aims to develop authentic relationships with community partners and residents to ensure we are providing the right services. Service considerations, program funding, and participant experience all contribute to the accessibility and acceptability of available and needed health and human services. All must be addressed to achieve successful health outcomes. The "Developing Trust" theme aligns to these goals, as well as work with participants and community will require trust to be built and maintained.
Invest in Equity • Invest "upstream" to address root causes of health disparities	**Theme #4:** Re-investing Upstream **Theme #7:** Addressing Root Causes and Social Determinants	The county's goal of investing resources upstream to address root causes is in alignment with several of DHHS's themes with similar titles. The goal is to address issues before they become acute needs. These root causes are hurdles to the successful application of evidence-based interventions in health and human services. They affect participants, providers, and staff. They challenge the successful uptake of information and skills.

County Strategic Goals	DHHS Future State Themes	Connection
Invest in Equity • Enhance the County's fiscal health and sustainability	**Theme #9:** Developing and Intentionally Applying Resources	Due to a structural deficit, without intervention, the county will continue to experience a shrinking pool of tax levy resources, which affects DHHS's ability to provide care and services. This is recognized by the DHHS theme of "Developing and Intentionally Applying Resources," with the goal of expanding DHHS resources through partnership, grants, and other means. At DHHS, fund development needs to be reimagined, exploring sustainable partnerships that advance achievable goals, reducing the incidence of social and physical harm that leads to high rates of disease and distress.
Invest in Equity • Dismantle barriers to diverse and inclusive communities	**Theme #3:** Leading Major System Change **Theme #6:** Addressing Racial Equity and Investment in Affected Communities	In alignment with the County's overall vision of achieving health of the County, the county strategic goals focus on dismantling barriers to equity, and a focus on community segregation in particular. Dismantling barriers requires leadership in changing the systems that create them, recognizing that long-term racialized disinvestment in communities have contributed to health inequities. Thus, DHHS will look to address systemic issues by acting as a catalyst for change in systems where it operates, including justice, behavioral health, aging, disabilities, housing, and others. Furthermore, DHHS will plan to utilize the economic power of our department's contracts to target affected communities, in order to bring resources to those areas.

NEXT STEPS



CLOSING LETTER

Dear Reader,

It would be difficult to overstate the importance of this document. This is the DHHS roadmap to **"Together, creating healthy communities"** by 2025. We are talking about much more than singular tactics. We are proposing a complete transformation of the way in which we work. Driven not by the parameters, and in some cases limitations, of the systems in which DHHS operates, but instead centered around the people we serve. We are asking ourselves, "How can we comprehensively support this person?" We are asking our partners, providers, and networks to join us in this way of thinking. Our goal is to exponentially improve how people connect and receive services for the better and forever.

We are appreciative you took the time to read our *2020-2025 DHHS Strategic Plan: Creating Healthy Communities.* Thank you for your thought investment in this document.

The work we are embarking on will not be easy. Transforming the system to best serve individuals and the community, compared to deploying resources based on budget considerations, will require wide ranging support within and outside of DHHS. Please know that we are fully committed to this transformation, and to ensuring adult and youth systems of care are effective and well-funded. We are committed to bringing our services to the people we serve as well as providing a warm and welcoming front door for those who come to us.

We did not rush the process to arrive at this point in time. We have been thoughtful and thorough throughout the strategic planning process. We have taken as many perspectives as possible into consideration. The work represented in this document was done with great intention. While this work is aspirational, we believe in our core that it is achievable.

Our goals are lofty. Operationalizing racial and health equity will require addressing longstanding inequities. Establishing seamless systems of care for adults and youth will require a highly successful integration of DHHS. Retaining and growing top talent by becoming an employer of choice will require considerable work, incorporating equity, training, culture, development, and retention. System change and building resources to increase our organizational capabilities will move us into new territory.

We would like to take a moment to thank the DHHS team for their focus and commitment to developing an unprecedented path forward. All of us have a deep commitment to improving the lives of residents in Milwaukee County.

David Muhammad
DHHS Deputy Director

ACKNOWLEDGMENTS

Much of the original analyses considered for this document were completed by the staff encompassing the DHHS Future State Team, who developed analysis across nine months of 2019. Additional input and analysis was completed across three months of 2020.

Team members include:

Karin Bachman, Martha Badger, Heidi Ciske-Schmidt, Matt Drymalski, Steve Dykstra, Jim Feagles, Janet Fleege, Matt Fortman, Lois Gildersleeve, Justin Heller, Jenna Kreuzer, Justin Kuehl, Marietta Luster, Keith Murphy, Linda Oczus, De Shell Parker, Jessica Peterson, Luke Rosynek, Brenda Smith-Jenkins, and Jennifer Wittwer

2020 additions to the group: TJ Cobb, Dinah LaCaze, Bekki Ross, and Kayla Steinke

The DHHS leadership team conducted discussions, supported Future State thinking, and developed documents across the same time period. Those leaders were augmented in 2020 to include:

Dennis Buesing, Sumaiyah Clark, Matt Fortman, Steve Gorodetskiy, Jon Janowski, Rachel Kaehny-Frank, Shakita LaGrant-McClain, Michael Lappen, Jill Lintonen, Amy Lorenz, Marietta Luster, Jim Mathy, Brian McBride, Mark Mertens, David Muhammad, and Clare O'Brien

2019 Future State development was completed with leadership and input from Mary Jo Meyers.

Thank you to Gary Hollander for his support and guidance on the DHHS Future State work. Special thanks to the Do the Right Thing Committee who also assisted in reviewing DHHS values.

MILWAUKEE COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES

For more information, please visit:
county.milwaukee.gov/DHHS

1220 W. Vliet Street | Milwaukee, WI 53205

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: June 3, 2022

TO: Maria Perez, Chairwoman – Milwaukee County Mental Health Board

FROM: Michael Lappen, Administrator, Behavioral Health Services

SUBJECT: **Report from the Administrator, Behavioral Health Division, Providing an Administrative Update**

Background

The purpose of this standing report is to highlight key activities or issues related to the Milwaukee County Behavioral Health Division (BHD) since the previous Board meeting and provide ongoing perspectives to the Milwaukee County Mental Health Board regarding the work of the organization and its leadership.

Discussion

Optimal Operations and Administrative Efficiencies

High Quality and Accountable Service Delivery

- **Granite Hills**

  Granite Hills has been operating a 10-bed inpatient unit since mid-April and had their Joint Commission survey the week of May 23rd. The survey went very well, and there were only some very minor notations, which were expected to be resolved by June 3, 2022. Granite Hills will begin expanding capacity with a target of at least two 24-bed adult units and a 10-bed youth unit to be operational by September 1, 2022. There are many opportunities for Behavioral Health Services (BHS) hospital staff at Granite Hills, and we are working very closely with Jennifer Bergersen and her team to enable a smooth transition for staff interested in becoming Granite Hills employees. A number of BHS staff have already started making the transition.

- **Mental Health Emergency Center (MHEC)**

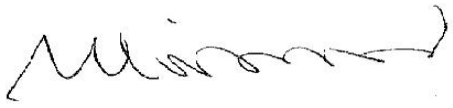
  The MHEC is scheduled to open September 6, 2022. The MHEC Board was informed at the most recent meeting there are enough psychiatrists under contract to open on time, and they have more than 50% of the nurses and psychiatric technicians they need to

operate under contract. Aurora Advocate has some locum tenens agreements in place for medical doctors (MDs) but continue to recruit MDs for both full-time and hourly positions, including a number of hourly staff currently employed at BHS. The locums contracts can be cancelled with a 30 day notice but was a prudent way to make sure the September 6, date would not be delayed due to physician recruitment. A number of current BHS staff have agreements in place to work at MHEC post BHS closure, and Aurora Advocate is working closely with BHS administration to assist staff to make a smooth transition to MHEC if they are interested.

Other Topics of Interest

- **Historical Behavioral Health Services Documents, Artifacts, and Memorabilia**

  As we move toward the final closure of the Milwaukee County Mental Health Complex, there is a large collection of historical documents, patient records, photographs, and memorabilia dating back to 1880. There is a County Administrative Manual of Operating Procedures (**Attachment A**) addressing the preservation of such items. BHS has submitted the required documentation to transfer these historical items to the Milwaukee County Historical Society (**Attachment B**). BHS will maintain possession of some items representative of BHD/BHS history to eventually become part of a historical display intended to represent and memorialize our history providing care and treatment to Milwaukee County residents since the first facilities were established on the "County Grounds" in the 1880s. There is a plan in place to celebrate the history of BHD/BHS with the release of a series of "Past, Present, and Future" videos; social media posts featuring pictures of artifacts and historical information; and a guided historical "Walking Tour" of the grounds before the final closure expected in September 2022.



Michael Lappen, Administrator
Milwaukee County Behavioral Health Division
Department of Health and Human Services

ATTACHMENT A

Administrative Manual of Operating Procedures

Procedure #:	Procedure Title:		Revision #:
12.04	**Records Management**		**1.0**
Original Issue Date:	Revised Issue Date:	Next Review Date:	Responsible Department:
01/13/2022	**N/A**	**01/13/2024**	**Department of Administrative Services**
Statutory References: **Wis. Stat. §§ 19.31-19.39** Table of Record Statutes			Ordinance References: **MCO 38, 56**
Appendices: Appendix B – Records Management Training PowerPoint; Appendix C – 1. Lifecycle of a Record Flowchart, 2. Disposition Process Flowchart; Appendix D - DOJ Wisconsin Public Records Law Compliance Guide; Appendix E - Records Management Requirements & Responsibilities FAQs; Appendix F - General Records Retention/Disposition Schedule (GRS)			Forms: Form 12.04(a) - Milwaukee County Historical Society Notification Template; Form 12.04(b) – Email Template: 2022 Disposition of Off-Site Records

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1. OBJECTIVE:

The purpose of this procedure is to provide a framework to ensure that Milwaukee County's records are effectively and efficiently managed throughout their lifecycle, including creation, access, retention, storage, and disposition.

2. DEFINITIONS:

A. Confidential. This term can have two different definitions: 1) content within a record has personally identifiable information and therefore must be safeguarded while in use and destroyed in a confidential manner and 2) a record is designated with a restriction that limits the public's access and disclosure rights.

B. County Record. Any record prepared or received by any unit of the county government.

C. Disposition. The treatment of records that have met their retention obligation as defined in a Records Retention Disposition Authorization (RDA). Records in Wisconsin may be designated for transfer to the Milwaukee County Historical Society or the State Archives at the Wisconsin Historical Society (WHS). More often, records are destroyed.

D. Electronic Records. A record that is created, generated, sent, communicated, received, or stored by electronic means. Ch. Adm. 12 Wis. Adm. Code establishes defined requirements, standards and guidelines for electronic records management.

E. Inactive Records. Records no longer used in the day-to-day course of business, but which must be retained for their remaining lifecycle to meet fiscal, legal or historical obligations of the County.
F. Inventory. Official records maintained in their inactive state to complete the lifecycle prescribed in the associated RDA. Records inventory may exist electronically, physically on-site, or off-site at an outside records management facility.
G. Milwaukee County Historical Society (MCHS). The MCHS is a cultural organization that provides third party records retention services for Milwaukee County. To contact the historical society with questions pertaining to historical records, destruction authorization, record transfer, etc., email Ben Barbera, Director of Collections and Exhibitions at BBarbera@milwaukeehistory.net.
H. Off-Site Records Storage Vendor. The current vendor for off-site record storage is Vital Records Control (VRC). The customer service email is service-mke@vrcofwis.com. This should be used for all service requests and general questions.
I. Personally Identifiable Information. Wis. Stat. § 19.62(5) defines personally identifiable information (PII) as "information that can be associated with a particular individual through one or more identifiers or other information or circumstances". Although there are multiple references to PII in Wisconsin statutes, the definition in Wis. Stat. § 19.62(5) is applicable for records management purposes.
J. Record Custodian. Person empowered by statute (§19.33 Wis. Stats.) with the care and custody of public records and tasked with the responsibility of compliance with Wisconsin's Public Records Law (§§19.31 – 19.39 Wis. Stats.). Unless otherwise designated in the schedule, the custodian is, as a rule, the: 1) department head or their permitted designee; 2) an elected official or their permitted designee; and 3) for the county board and for any committees, commissions, boards or authorities created by ordinance or resolution of the county board, the county clerk.
K. Record Retention Disposition Authorization (RDA). Provides information as to the record content, format, length of the retention period, official record location and disposition at the end of the record's lifecycle. The terms RDA and retention schedule are often used interchangeably. All RDAs must be approved by the WPRB.
L. Record. Any material on which written, drawn, printed, spoken, visual or electromagnetic information is recorded or preserved, regardless of physical form or characteristics, which has been created or is being kept by an authority. "Record" includes, but is not limited to, handwritten, typed or printed pages, maps, charts, photographs, films, recordings, tapes (including computer tapes) and computer printouts, optical discs, and any other medium on which electronically generated or stored data is recorded or preserved. "Record" does not include drafts, notes, preliminary computations and like materials prepared for the originator's personal use or prepared by the originator in the name of a person for whom the originator is working; materials which are purely the personal property of the custodian and have no relation to his/her office; materials to which access is limited by copyright, patent or bequest; and published materials in the possession of an authority other than a public library which are available for sale, or which are available for inspection at a public library.
M. Records Series. A group of records arranged together as a unit and pertaining to a particular subject.
N. VitalWeb. VRC's web-based records management software. It provides online access to the County's records inventory as well as an alternative way to initiate the record disposition process.
O. Wisconsin Public Records Board (WPRB). The WPRB works with records managers throughout the State to develop various policies, rules and guidelines that promote responsible records

management practices and assist in the compliance with retention and preservation requirements. Statutory authority may be found at Wis. Stat. § 16.61.

3. OVERVIEW:

A. **Record Retention Schedule**

i. Milwaukee County's records are subject to the General Records Retention/Disposition Schedule (GRS) provided for under Milwaukee County Ordinance § 56.14(4).

ii. The primary aims of the Records Retention/Disposition Schedule are:

a. To provide clear guidance regarding how long to keep records and what to do with those records once that time has passed.

b. Eliminate the need for individual counties to develop, and obtain WPRB approval of, their own records retention/disposition schedule.

c. Facilitate uniformity, as to records retention and disposition, across Wisconsin's seventy-two counties, and

d. Promote the effective and resource-efficient retention and disposition of records.

iii. The following terms and abbreviations are used in the records retention schedule:

- *AT: After termination*
- *C: Confidential*
- *CR: Creation or receipt (typically the retention is calculated from the creation or receipt of a record, plus the designated number of years)*
- *EVT: Event (typically the retention is calculated from an event, such as the close of a*
- *case or end of the project, plus the designated number of years)*
- *FIS: Fiscal (meaning the current fiscal year and the designated number of years)*
- *MCHS: Milwaukee County Historical Society*
- *N: Notify WHS before destruction*
- *N/A: Not applicable*
- *P: Permanent*
- *PII: Personally Identifiable Information (has the meaning specified in §19.62(5) Wis. Stats.)*
- *S: Until superseded*
- *W: Waived Notification*
- *WHS: Wisconsin Historical Society*
- *WPRB: Wisconsin Public Records Board*

4. PROCEDURE:

A. **Record Creation**

i. Records are created through employee activities and from external transactions and correspondence.

ii. A record, as defined in MCGO § 56.14(2)(a, includes any material on which written, drawn, printed, spoken, visual, or electromagnetic information or electronically generated or stored data is recorded or preserved, regardless of physical form or characteristics, which has been created or is being kept by Milwaukee County.

a. Must be created or kept in connection with official purpose or function of the County. Content determines whether a document is a "record," not medium, format, or location. Not everything a public official or employee creates is a public record.

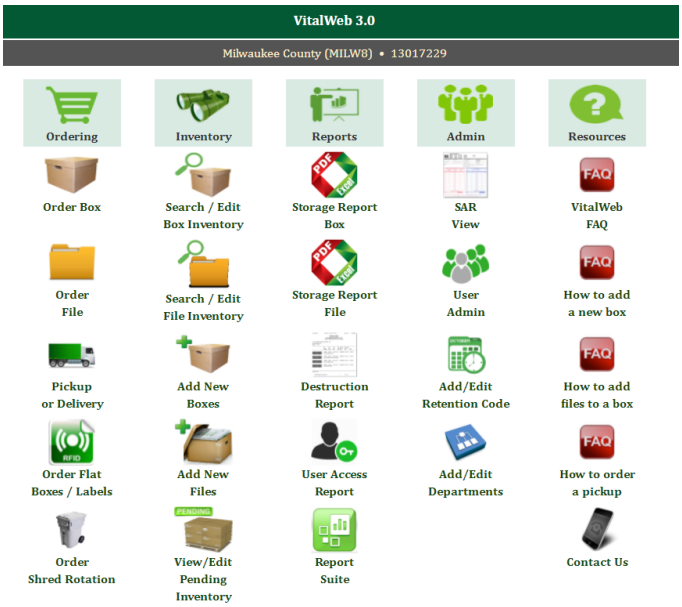
iii. "Record" examples include:

a. Handwritten, typed, or printed documents.
b. Maps and charts.
c. Photographs, films, and tape recordings.
d. Tapes, optical disks, and any other medium on which electronically generated or stored data is recorded or preserved.
e. Electronic records and communications. This includes:
    i. Information regarding government business kept or received by an elected official.
    ii. Email sent or received on the County's computer system. This includes personal email sent by employees.
    iii. Email conducting government business sent or received on the personal email account of a County officer or employee.

iv. "Record" does not include:
    a. Drafts, notes, preliminary documents, and similar materials prepared for the originator's personal use or by the originator in the name of a person for whom the originator is working.
    b. This exception is generally limited to documents that are circulated to those persons over whom the person for whom the draft is prepared has authority.
    c. This exclusion will be narrowly construed; the burden of proof is on the records custodian.
v. For further information, refer to the Wisconsin Department of Justice Public Records Law Guide.

B. **Active Records (Distribute/Use/File)**
i. Active records are shared, used for decisions, evidence, and other public business purposes.
ii. These records should be retained on-site. Department heads are responsible for ensuring a process is in place for on-site storage and review of active records.
iii. If a record is considered inactive (see below) but potentially would need to be accessed for reference, it is recommended to retain that record on-site in order to avoid incurring additional fees from the off-site vendor.

C. **Inactive Records (Storage)**
i. Records that have lived past their immediate use but must be retained long term should be stored off-site.
    a. Department head or designee should contact the off-site vendor via email at service-mke@vrcofwis.com to initiate the transfer of the records into storage.
    b. Alternatively, VRC has a web-based records management software (VitalWeb) in which requests can be made for any service (e.g. delivery, pick up, destruction) or to view reports and inventory.



ii. VitalWeb Set Up:
   a. To be set up as a user in the VitalWeb system, email VRC's service request email address at service-mke@vrcofwis.com, request access to VitalWeb and provide the following information:
      i. Full name
      ii. Contact phone number
      iii. Work address
      iv. Email address
      v. Department Low Org number

D. **Retention and Disposition**

i. Dispose of (destroy or transfer) records when the minimum retention period expires as outlined in Milwaukee General Records Retention/Disposition Schedule provided under Milwaukee County Ordinance § 56.14(4). Records retained beyond the minimum retention period are susceptible to disclosure and discovery in the context of audits, litigation, and/or public records request, and incur unnecessary storage costs.

ii. To help ensure timely and proper records disposition, an annual disposition review process has been established. Department heads may designate an employee to act as the departmental records custodian for the disposition process. During the first quarter of each year, department heads are expected to complete a thorough review of their active and inactive records. To initiate this process, refer to step iv. below.

iii. For the 2022 disposition process only, a separate fund for record destruction has been authorized and an accounting code has been created for destruction charges as part of a county-wide project. Any record eligible for destruction that is older than 7 years and destroyed in 2022 will automatically be charged to the project accounting code, instead of crosscharged to departments, as per normal procedure.

iv. Alternatively, departments can initiate the disposition process at any time. To obtain a report of records stored off-site that are past their destroy date and eligible for disposition, email VRC at service-mke@vrcofwis.com requesting for a "Past Destroy Date Report" and provide your department's low org number or go to VitalWeb to view the reports at any time.

v. After you receive the report, review the spreadsheet and the accuracy of each disposition date. If any records need to be physically reviewed, contact VRC via service-mke@vrcofwis.com or use VitalWeb to arrange for the delivery of the boxes for onsite review. Note: Additional charges apply for this service.
vi. Determine if litigation/audit/public records request is pending. If so, place "hold" on records (i.e., cease all disposition activity) until after the public record request is granted or 60 days after request is denied (§19.35(5) Wis. Stats.) or until any litigation or audit is fully and finally resolved. Contact the Office of Corporation Counsel for assistance.
vii. Sixty (60) days prior written notice of destruction must be given to the Milwaukee County Historical Society and the Wisconsin Historical Society (WHS) pursuant to §19.21(5)(d) Wis. Stats. This does not apply to any record listed in the schedule and designated "waived".
viii. Records determined to have long term value will be permanently preserved by the Milwaukee County Historical Society or Wisconsin Historical Society. Work with the necessary historical society to notify and transfer the applicable records. The following determines primacy between MCHS and WHS when it comes to Milwaukee County records.
    a. In 1963, the Milwaukee County Board of Supervisors adopted Resolution File No. 63-734, which states that "prior to the offer of county records to the State Historical Society under the provisions of Section 59.716, all county officers and departments heads are directed to inform the Director of the Milwaukee County Historical Society of the records to be offered and permit an examination of such records by the Director. All records which in the opinion of the Director are of local historical interest shall not be offered to the State Historical Society but shall be retained and preserved as the property of Milwaukee county for the benefit of its citizens."
    b. If the Milwaukee County Historical Society rejects the records offered, the series should be offered to the State Historical Society, which is notified in the same manner as the Milwaukee County Historical Society. The State Historical Society is also afforded 60 days for their review per Wisconsin State Statutes 19.21 (5)(d). If the State Society accepts the records series, ownership passes to the State Society.
ix. Use Form 12.04(a) to notify the Milwaukee County Historical Society or email BBarbera@milwaukeehistory.net to collaborate on the transfer of records.
x. For the State Historical Society, contact govarc@wisconsinhistory.org with questions or to collaborate on record transfer. The notification process is summarized below:
    a. Include the following information in all notification letters:
        - Titles of each record series to be destroyed
        - Years covered by the records
        - Volume (size or quantity) of records
        - Name and phone number of a knowledgeable person who could answer questions about the use and content of the records
    b. Direct notification letter to:

        Angela Fritz, State Archivist
        Wisconsin Historical Society
        816 State Street
        Madison, WI 53706-1482
xi. Records that are eligible for disposition and are determined to have no long-term value may move forward on the destruction process. After hearing back from the Historical Societies or the 60 day prior written notice period has passed, edit the Past Destroy Date Report spreadsheet to indicate what records can be destroyed and send to the off-site contact at service-mke@vrcofwis.com, or use VitalWeb to authorize destruction.

xii. The off-site vendor will create a destruction authorization report and each page requires a wet signature by the department head prior to the destruction of any records.
xiii. After the signature authorization is received, the off-site vendor will destroy the records based on their internal processes and, if requested, provide a certificate of destruction when complete.

5. REVISION HISTORY:

Rev. #	Summary of Changes	Date of Change	Author
1.0	New procedure	1/13/2022	Una Stojsavljevic

ATTACHMENT B

MILWAUKEE COUNTY
AMOP 12.04 RECORD MANAGEMENT
FORM 12.04(a) – Milwaukee County Historical Society Records Disposition Authorization

RECORDS RETENTION / DISPOSITION AUTHORIZATION
MILWAUKEE COUNTY HISTORICAL SOCIETY

Department/Division Name: Milwaukee County Behavioral Health Services	
Name of Records Custodian or designee: Michael Lappen, MS, LPC	Email of Records Custodian or designee: michael.lappen@milwaukeecountywi.gov
Medium for Storage: ☐ Electronic/Digital ☐ Microform ☑ Paper ☑ Other (Specify) photographs	Disposition: ☐ Destroy ☑ Transfer to HS ☐ Retain off-site
Records Contain Personally Identifiable Information (PII): ☑ Yes ☐ No	Record Date From: 3/26/1880 Record Date To: 1995

Record Description: *[format this space as needed]*

Admission and discharge records for the Asylum for Acute Insane, Asylum for Chronic Insane, and later incarnations of the facilities as well as later facilities operated by Milwaukee County over 142 years.

Annual reports, and other admistrative and accounting records dating back to 1880.

Photographs of patients and staff from the entire history of the County institutions located on the "County Grounds", including community outings.

Digital copies of 16 mm videos shot at the historic buildings.

Various historical documents and artifacts representative of County institutions from about 1860 to present.

APPROVAL SIGNATURES

Milwaukee County Record Custodian (Department Head):	Date:
Milwaukee County Historical Society Archivist:	Date:

Email Form to BBarbera@milwaukeehistory.net

Chairperson: Thomas Lutzow
Research Analyst: Kate Flynn Post, (414) 257-7473
Board Liaison: Jodi Mapp, (414) 257-5202

MILWAUKEE COUNTY MENTAL HEALTH BOARD
FINANCE COMMITTEE BUDGET MEETING

Thursday, June 2, 2022 - 4:30 P.M.
Microsoft Teams Meeting

A G E N D A

SCHEDULED ITEMS:

1.	Welcome. **(Chairman Lutzow)**
2.	2023 Budget Preliminary Overview. **(Matt Fortman, Behavioral Health Services/Informational)**
3.	Adjournment. **(Chairman Lutzow)**

To Access the Meeting, Call the Number Below:

Click here to join the meeting
or call
(414) 436-3530
Phone Conference ID: 851 900 498#

The next meeting of the Milwaukee County Mental Health Board's Finance Committee will be a Public Hearing on Tuesday, June 14, 2022, at 4:30 p.m.

TOPIC: 2023 Budget Narrative
PUBLIC COMMENT WILL BE HEARD ON THE 2023 BUDGET

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

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.

MILWAUKEE COUNTY
DEPARTMENT OF
HEALTH & HUMAN
SERVICES

Behavioral Health Services 2023 Budget

2022 BHD Financial Outlook & Initiatives

MILWAUKEE COUNTY
DEPARTMENT OF HEALTH
& HUMAN SERVICES
BEHAVIORAL HEALTH SERVICES

- 2022 budget anticipated $9.1m reserve draw based on increased operational costs during closure and transition to new care model.
- Additional $2.0m-$3.0m reserve draw anticipated for additional 3 months of psychiatric hospital operations due to staffing delays at Mental Health Emergency Center and Granite Hills
- Continued expansion in Comprehensive Community Services and Crisis Intervention services for youth and adults including new community clinic partnerships.
- Staffing challenges limiting abilities to expand community services

2023 Milwaukee County Financial Health

MILWAUKEE COUNTY
DEPARTMENT OF HEALTH
& HUMAN SERVICES
BEHAVIORAL
HEALTH SERVICES

- The Milwaukee County Office of Performance, Strategy and Budget (PSB) projected and reported to the County Board a budget gap estimate of approximately **$12.6 million** for 2023, due to ongoing structural deficit factors.
- This is lower than the estimated **$23 million** budget gap for the 2021 budget.
- Behavioral Health Services has been given a flat tax levy target of **$53 million**.

2023 Behavioral Health Services Major Changes

- The 2023 budget anticipates the mental health complex will be fully closed. Psychiatric Emergency Room Services will be provided through the Mental Health Emergency Center. Inpatient psychiatric services will be provided through Granite Hills Hospital in West Allis
- BHS will continue expanding comprehensive community services, crisis intervention services, and other supports that help keep individuals healthy in the community.
- 2023 budget initiatives are primarily aimed at supporting existing provider networks through staffing challenges and cost increases.
- BHS may need to absorb loss of Youth Aids revenue due to ongoing budget deficits in youth justice services related to increasing costs at Lincoln Hills.

2023 Budget Initiatives

MILWAUKEE COUNTY
DEPARTMENT OF HEALTH
& HUMAN SERVICES
BEHAVIORAL HEALTH SERVICES

2023 Budget Initiatives
Community Support Program Rate Increase for Bachelors and Masters degree clinicians
Continued expansion of Comprehensive Community Services (CCS) enrollment
Community Based Residential Rate Increase
Peer Specialist Training Program
Peer Specialist Rate Increase
Bridge Housing Rate Increase
Crisis Mobile Team shift differential rate increase for nights and weekends

2023 Budget Unknowns

MILWAUKEE COUNTY
DEPARTMENT OF HEALTH
& HUMAN SERVICES
BEHAVIORAL
HEALTH SERVICES

- Impact of potential additional **American Rescue Plan Act (ARPA)** funds allocated to mental health services and supports
- Impact of **Opioid Settlement funds** and related timing

Public and Stakeholder Feedback

MILWAUKEE COUNTY
DEPARTMENT OF HEALTH
& HUMAN SERVICES
BEHAVIORAL
HEALTH SERVICES

- The Mental Health Board held a public input meeting on March 17th. This meeting helped establish funding priorities for 2023.
- DHHS Budget Balancing tool was created to help identify funding priorities among internal stakeholders and frontline staff. The survey tool lists various initiatives suggested by mid-level managers at DHHS. The survey is available for all staff to respond what they feel should be a priority in the 2023 budget.
- Another opportunity for public feedback on the 2023 budget will take place at the June 23rd Finance Committee meeting at

Next Steps

MILWAUKEE COUNTY
DEPARTMENT OF HEALTH
& HUMAN SERVICES
BEHAVIORAL
HEALTH SERVICES

- 2022 budget narrative will be released on June 14th on the MCMHB website.
- Budget amendments or suggestions are due on Monday June 20th More information on how to submit amendment requests will be provided at the June 14th meeting.
- 2023 Budget process includes new form to request projects outside of the budget target to be considered in the County Executive's budget recommendation
- Finance Committee will meet June 23rd to discuss and vote on the budget and any budget amendments.
- The full board will meet on July 7th to approve final budget for County Executive.

COUNTY OF MILWAUKEE
Inter-Office Communication

DATE: May 2, 2022

TO: Maria Perez, Chairperson – Milwaukee County Mental Health Board

FROM: Shakita LaGrant McClain, Director, Department of Health and Human Services
Prepared by Sumaiyah Clark, Enterprise Project Administrator, DHHS
TJ Cobb, Enterprise Project Manager, DHHS
Isaac Rowlett, Director of Strategic Planning Office of Milwaukee County

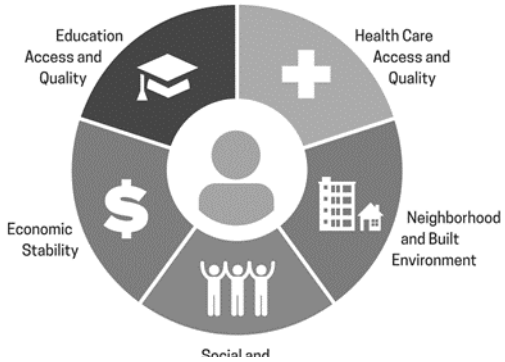
SUBJECT: **An informational report from the Director, Department of Health and Human Services, providing an overview of the 2020 CARES allocations for Community Resilience and Mental Health**

Background

This report was submitted to the County Board of Supervisors on February 19, 2021.

Historically, inequities have been driven by explicit and implicit racist policies and practices at the local, state and federal government levels to advantage white people and to disadvantage people of color. According to research, "health disparities, differences in treatment access, living conditions, health literacy, language, immigration status, risk perceptions, and confidence in the government's ability to respond could exacerbate risks for particular populations."

The COVID-19 pandemic has worsened pre-existing racial inequities by compounding challenges experienced by many who reside in Milwaukee County. Disparate rates of infection and death in communities where people of color live also illuminate longstanding structural inequities. In order to address the impacts on health due to COVID-19, three funds were established to provide time-limited funding to support community and neighborhood efforts focused on responding and healing from the direct and indirect impacts of COVID-19: Community Resilience Fund, Mental Health Fund and Food Program Fund.



Social Determinants of Health Categories

Milwaukee County has committed to addressing racism, a public health crisis. DHHS leadership continues to address social determinants of Health (SDoH) and seeks to advance racial and health equity through the work it does internally with its operations and externally with its participants, contracted provider organizations, system and community partners.

DHHS was tasked with developing a process to assist community members access resources which met their basic needs (food, diapers, etc.) and to "invest upstream to address root causes of health disparities" by partnering with and allocating a portion of the Coronavirus Aid, Relief, and Economic Security Act (CARES) funds, awarded to Milwaukee County by the U.S. Department of the Treasury. Initial guidance released by the Treasury indicated that the funding can only be used to cover costs that:

1. Are necessary expenditures incurred due to the public health emergency
2. Were not accounted for in the budget most recently approved as of March 27, 2020
3. Were incurred during the period that begins March 1, 2020 and ends on December 30, 2020

Community Resilience Fund

This fund built upon federal guidelines and extended the opportunity for groups and organizations which align with three criteria: a) Excluded by other COVID-19 funding opportunities including undocumented immigrants and refugees (but not limited to); b) Work with essential workers without health supports, childcare, and other necessary services; and c) Serves groups who are experiencing disparate health impacts (communities of color, individuals with differing disabilities, aging individuals, etc.)

Not only does this fund support the countywide strategic direction, it also aligns with national objectives to improve health and well-being by addressing SDoH over the next decade known as Healthy People 2030. This fund specifically focused on enhancing communities' ability for greater resilience in four areas:

- Service delivery
- Education & awareness
- Community capacity building
- Systems improvement and other improvements

Community Resilience is defined as "helping people get the social support they need in the places where they live, work, learn, and play." Support efforts aimed to increase positive relationships in households, within workplaces, and in the community, which in turn reduce the negative impacts of COVID-19 and related factors which contribute to health disparities. Milwaukee County DHHS partnered with Community Advocates (subrecipient which served as a fiscal agent for community organizations) to award $825,000 to support the following types of initiatives and projects, critical for improving health and well-being:

- Health communications
- Nutrition and healthy eating
- Youth empowerment
- Access to broadband internet
- Programming for aging adults in Milwaukee County Latinx Communities
- Housing and food insecurities
- Basic essentials such as diapers, feminine hygiene products and clothing
- Increased testing for COVID- 19
- Technical assistance for system improvements
- Expanded direct services for injury prevention (e.g. domestic violence)

The following organizations were awarded funds:

- The Asha Project
- Black Health Coalition of Wisconsin, Inc.
- Test Up MKE
- QDC Research and Policy Consulting Group LLC
- Lovell Johnson Quality of Life Center
- INPOWER
- Jump at the Sun
- Greater Milwaukee Center for Health Education and Prevention Inc.
- Latino Chamber of Commerce of SEW
- CORE El Centro
- Forward Latino, Inc.
- Clarke Square Neighborhood Initiative
- Walker's Point Center for the Arts
- United Community Center
- Hispanic Collaborative
- Mental of America of SEW
- Milwaukee Diaper Mission
- Health Connections Inc.

Mental Health Fund

An allocation of $1.6 million was expended for public health services, specifically mental and behavioral health services for populations that are impacted by COVID-19. There has been an increased demand of public health services from existing and new clients who are experiencing high levels of stress and anxiety from impacts related to COVID-19. This need has been demonstrated in part by an increase in calls to suicide prevention hotlines, 211 Impact and requests for other services such as housing, food/ personal needs, and healthcare. For example, approximately a 16.2 percent increase in calls to suicide prevention hotlines has been recorded

since the stay-at-home order was put in place. Milwaukee County's homicide and domestic violence abuse rates have followed similar rates of intensification.

Concerted efforts to diversify the vendors and engage woman-led, minority, veteran and LBGTQ+ providers were also employed to advance racial and health equity. The following types of initiatives and projects, critical for improving mental/ behavioral health and well-being, were funded:

- Public Education/ Social Marketing
- Translation, Printing and Direct Mail to ensure community members are aware of available resources and services provided by Milwaukee County and community organizations
- Support for uninsured individuals due to unemployment as a result of COVID-19
- Suicide Prevention strategies (e.g. gun locks, awareness podcast, etc.)
- Culturally responsive coaching for DHHS employees who work directly with community members impacted by COVID-19
- Materials and infrastructure
- Winter gear and clothing
- Life skills, emotional intelligence, mindfulness and coping strategies
- Community healing therapy sessions were offered virtually or in community-based settings, while adhering to social distancing and health requirements, which were facilitated by culturally relatable leaders who are experienced and trusted community members. The therapy sessions addressed increased grief, loss, sadness and depression that has been experienced in Milwaukee County communities of color due to the disparate rates of COVID-19 infection and death.

The following organizations were awarded funds:

- Be Inspired Works, Inc.
- Muslim Community & Health Center
- Outreach Community Health Center
- All 4 Kidz, Inc.
- Blaquesmith Consultative Services
- True Skool
- Balanced Mental Health and Wellness
- Mental Health America of SEW
- Miracle Network
- Safe & Sound, Inc.
- Amri Counseling Services
- TTJ
- Ma'Ruf Center for Youth Innovation
- Sky Schools Milwaukee
- Bayview High School
- City of Light Church
- Health Connections, Inc.
- St. A's
- TransCenter for Youth, Inc.
- My Sistas KeepHer
- Walnut Way
- MKE Turners
- Heal the Hood
- Joyce's House
- City Press Graphic Communications

Mental Health Civic Response Team Partnership

Milwaukee County DHHS partnered with philanthropic, intergovernmental, system and community leaders established to organize the prioritization of resources (dollars, volunteers, and in-kind goods & services) to respond to priorities and opportunities flowing from the COVID-19 crisis in the Milwaukee Area. Six "Civic Response Teams" were developed to address leading priorities that were elevated by leaders and people who live in Milwaukee County: a) Early Childhood Education; b) K-12 Schools; c) Food; d) Shelter/Housing; e) Physical Health; and f) Mental Health.

Through this partnership, which also included the Greater Milwaukee Foundation, a rapid application and review process was created and included public participation in the selection process. DHHS also partnered with Hope House (subrecipient who served as a fiscal agent for community organizations) to ensure the community organizations received capacity building support and were able to receive funds prior to the original December 30 deadline for expenditure of the CARES funding. Through this partnership, $600,000 of the Mental Health fund was allocated.

Food Programs Fund

In Milwaukee County, we experienced a series of peaks regarding basic needs, such as food, formula and diapers, personal care items, healthcare, housing and utility assistance during dates which correspond to social distancing orders, the end of the stimulus payments, and the end of supplemental unemployment insurance payments.

According to Feeding America, "the majority of network food banks report seeing a record increase in the number of people needing help. Food banks see an average increase of over 55% more of our neighbors visiting food banks than before the pandemic. Roughly 4 in 10 people visiting food banks had not received food assistance before the pandemic."

To address the increased demand food pantry operators experienced, an allocation of $1.4 million was made to increase food security across the County. Specifically, Milwaukee County allocated $686,411 to Feeding America Eastern Wisconsin, and $752,370 to the Hunter Task Force. These two allocations are described in additional detail below.

Feeding America Eastern Wisconsin

Milwaukee County allocated $686,411 to Feeding America Eastern Wisconsin to enhance the infrastructure of and capacity of the emergency food bank network. For example, the funds enabled the installation of a full walk-in freezer and walk-in cooler in the Feeding America warehouse. The addition of more cold storage is vital to keeping up with the drastic increase in

demand and the corresponding increase in the amount of food the organization are sources and distributes to the Milwaukee County community.

In addition, Feeding America invested in transportation and technology needs for its pantry members in Milwaukee County. These funds allowed them to purchase three Ford Transit cargo vans for members, as well as additional technology such as laptops and WIFI hotspots. These types of investments have been particularly needed due to the pandemic to accommodate the increase in need and distributed food, and to ensure food network members can efficiently and accurately use our online systems to order the food they need, track it, communicate with the organization about it, and perform data collection. These systems allow them to gather better data about who is hungry in Milwaukee County and what the emergency network needs in order to provide equitable access to healthy food.

This program works to advance racial equity and inclusion because it provides access to a basic need (food) that is difficult to access in many neighborhoods because of a history of systemic racism in Milwaukee. Many Milwaukee neighborhoods with predominantly Black populations are also considered food deserts – a neighborhood with little access to fresh fruit, vegetables, farmers' markets, and healthy food providers. Low-income residents are especially vulnerable in food deserts, as traveling to find healthy, affordable food can be difficult if not impossible due to time and expense. This project works to provide reliable access to healthy emergency food in order to give Milwaukee County families the food they need to thrive.

Hunger Task Force

Milwaukee County allocated $752,370 to the Hunter Task Force to purchase refrigerated cargo vans, portable heaters and miscellaneous COVID related food distribution equipment/supplies for 42 emergency food pantries; and commercial grade equipment to improve kitchen facilities for two soup kitchens. In addition, the Hunger Task Force purchased a semi-tractor to move, hold and deliver food across the County as well as PPE, plastic bags, clamshells, and boxes for re-distribution within our network.

Acting as an administrative agent Hunger Task Force increased the capacity of smaller non-profit organizations to obtain, store and safely distribute supplies of emergency food and commodity foods throughout the pandemic. The cargo vans gifted to established food pantries operating on rental vehicles or borrowed volunteer vehicles make a huge difference in stabilizing operations. The portable heaters were especially important in December-February as the state mandated outdoor food distributions. Improving the safe food handling at Center for Veterans Issues and Unity Soup Kitchen will have lasting impacts for homeless people.

Hunger Task Force qualifies local organizations for receipt of food, training them in safe food handling and fair treatment of people. Once qualified these organizations become part of a continuously supplied safety net of services assuring that low-income people across Milwaukee

County obtain equal access to healthy foods in the neighborhood or community where they reside. Money spent on infrastructure will have lasting impact for these groups.

These expenditures advance racial equity by ensuring that people of color, migrants and immigrants are served equally because the food pantry they rely upon has been supplied equally with foods. Because Hunger Task Force is free, no food pantry is charged for receipt or delivery of food. As a result, people visiting the Amani Community Food Pantry will receive the same amounts, types, and quality of food as people visiting a pantry in Franklin or Cudahy.

Regarding health equity Hunger Task Force demonstrates its core values of dignity and stewardship by assuring that all foods distributed are USDA Grade A. Meats are lean, vegetables and fruit are fresh; if canned veggies are no salt and fruit is in its own juice. Hunger task Force adopted the USDA MyPlate initiative more than 4 years ago and assures that the emergency food pantries, soup kitchens and homeless shelters we support received only healthy food, and that the food distributed represents breakfast, lunch, supper, and healthy snacks. As a result, Milwaukee County is the first County in the nation to offer only healthy foods through its food bank.

Recommendation

This report is informational, and no action is required.

Shakita LaGrant-McClain

_____

Shakita LaGrant-McClain, Director
Department of Health and Human Services

cc: Thomas Lutzow, Finance Chair

Chairperson: Mary Neubauer
Research Analyst: Kate Flynn Post, (414)
Committee Coordinator: Dairionne Washington, (414) 257-7606

MILWAUKEE COUNTY MENTAL HEALTH BOARD
QUALITY COMMITTEE

Monday, May 2, 2022 - 10:00 A.M.
Teleconference Meeting

MINUTES

PRESENT: Shirley Drake and Rachel Forman
EXCUSED: Mary Neubauer and Dennise Lavrenz

SCHEDULED ITEMS:

1.	**Welcome.** Committee Member Shirley Drake, Acting Chairperson, welcomed everyone to the Milwaukee County Mental Health Board Quality Committee's May 2, 2022, remote/virtual meeting.
	COMMUNITY SERVICES
2.	**Wraparound Milwaukee 2021 Performance Improvement Project Results.** This Wraparound Milwaukee performance improvement project focused on youth engagement with crisis stabilizers to increase and enhance the program and personal engagement with youth through crisis stabilization. An experimental research process was used to explore a cause-and-effect relationship between the use of targeted engagement strategies. The research done was broken into two phases; formal training, which was given to crisis stabilizers, and cohorts were created to discuss engagement strategies and issues of engagement. Crisis stabilizers focused on building relationship needs, basic needs, problem and conflict resolution, and safety. Outcomes were affected by COVID-19, which lead to decreased numbers of both youth served and crisis stabilizers. This resulted in an increase of caseloads. The amount of time crisis stabilizers spent with youth increased over the course of the study. The post-study data revealed continued influence of the interventions on the behavior of crisis stabilizers; therefore, increasing positive engagement of youth. Questions and comments ensued. This item was informational.

3.	**Community Access to Recovery Services (CARS) Mid Cycle Report and Authorization Team Presentation.** Key findings from the mid-cycle report were highlighted. A provider survey went out to gather feedback on the impact of The Great Resignation. The data will be used with internal quality improvement and network development efforts later this year. High need zip codes have been identified for targeted interventions. The data derived will be included in future quarterly report update submissions. The other development of quality work highlighted was the redesign of the residential intoxication colloquially known as 'Sober Up.' The redesign will help target a population who historically, have not been the focus of many grants previously released. The Community Access to Recovery Services (CARS) Authorization Team was created to provide coverage for CARS administrative coordinator staff when they are out of the office. The team consists of staff members who preform authorizations in Targeted Case Management, Recovery Support Coordination, Adult Family Homes, Outpatient Plus, and Community Based Residential Facilities (CBRF) who will all be crossed trained to provide coverage for all levels of care. Five concrete goals have been established throughout the two-year development. The team has grown from nine to twelve members since its inception in May of 2020. It started with four case management programs and has now expanded. Authorization reviews completed by authorization team members in programs to which they are not traditionally assigned grew from 57 in 2020 to 284 in 2021. In conclusion, the team has become a cohesive unit, coverage has improved, and the authorization process has become more efficient. Questions and comments ensued. This item was informational.
4.	**Community Crisis Services Dashboard Update.** An introduction to the community crisis services dashboard was given. This dashboard is in the early stages of development and is modeled after the existing Community Access to Recovery Services (CARS) dashboard using the framework of the quadruple aim to help identify those metrics that are important to monitor. The dashboard currently displays information reflecting the volume of any client who has received at least one service. It is disaggregated by zip code, race, gender, and ethnicity. Also included are the average scores from the three crisis programs currently in use. They are the Office of Consumer Affairs (OCA), the Community Linkages Stabilization Program (CLASP), and the Crisis Mobile Team (CMT), who started a pilot. This information does not include data from the hospital-based crisis services, nor information from individuals who have chosen to remain anonymous. Those missing elements will be added to the dashboard overtime with the continuation to refine data collection methods. Questions and comments ensued.

	This item was informational.
5.	**Community Contract Vendor Quality Updates: Sanctions, Holds, and Service Suspensions.** The notice of referral suspension for Whole Health Clinic Group (WHCG) was first reported to this Committee in September 2021. Referral services resumed as of March 24, 2022. Since suspending referrals, there have been several meetings with WHGG's leadership team where a quality improvement response plan was created. Audits showed the continuous improvement and sustainability. Questions and comments ensued. This item was informational.
6.	**Mental Health Community Stakeholder Advisory Council Introduction.** An overview was provided of the new Mental Health Community Stakeholder Advisory Council that has been developed by the Mental Health Board Community Engagement Committee. As outlined in the charter, the Council has a three-fold purpose. One of the key purposes that aligns with the Quality Committee is being able to provide an additional strategic mechanism for the Mental Health Board to proactively gather information regarding the quality of consumer, family member, and advocate experiences with Behavioral Health Services (BHS)-supported services including Granite Hills and the Mental Health Emergency Center (MHEC). Updates from the Council's Chairperson, Brenda Wesley, will be reported to this Committee as needed. Questions and comments ensued. This item was informational.
	HOSPITAL SERVICES
7.	**Hospital Infection Prevention and Control Program Plan.** A brief update was given pertaining to the revisions made to the 2022 Hospital Infection Prevention and Control Program Plan. The full document can be found inside of the meeting packet. This item was recommended for Board approval.
8.	**Quality Assurance Performance Improvement (QAPI)/Patient Safety Updates**. With the closure of the Systems Improvement Agreement (SIA), the hospital's Executive Team met in January 2022 to review ongoing focus areas. Areas such as active treatment planning, environmental safety, and the Emergency Medical Treatment and Labor Act (EMTALA) were

	identified as significant items to ensure stay in compliance leading up to the hospital's closure. These are listed as standing items for discussion during both the QAPI and the Patient Safety Committee meetings. Patient Safety Committee meetings are held bi-monthly, and QAPI Committee meetings are held monthly. Questions and comments ensued. This item was informational.
9.	**Policy and Procedure Quarterly Report.** The overall progress as of April 1, 2022, was at 96.5%. Six-hundred and seventy-nine policies were reviewed. Of those, twenty-three were past due. The number of past due policies continue to decrease. In March 2022, eight policies were revised. None were new nor retired. Questions and comments ensued. This item was informational.
10.	**Adjournment.** Committee Member Shirley Drake ordered the meeting adjourned.
	ADDENDUM ITEM
11.	**Department of Health and Human Services Quality Management Update.** An update was provided on the developing strategy and action plan of quality management, which is being created to describe operation functions and activities to advance and unify quality management as an operational development strategy in support of service areas, as well as outline specific roles and responsibilities. After completing the quality needs assessment, results showed resources is the Department's greatest capacity need. Other needs assessment summary findings were highlighted. The framework acknowledges successful quality management was never intended to be only one individual's responsibility. An overview was presented of the operational functions involved. Monitoring and evaluation is a priority function. Monitoring acquires more output related information to assess efficiencies of services, which translates into evaluation and looks at long-term outcomes. Scope of works should be defined and aligned with program needs. Each unit works collaboratively to support programs and services. The different infrastructure components were provided as well. Questions and comments ensued. This item was informational.

This meeting was recorded. The aforementioned agenda items were not necessarily considered in agenda order. 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.

Length of meeting: 10:00 a.m. – 11:59 a.m.

Adjourned,

Dairionne Washington

Committee Coordinator
Milwaukee County Mental Health Board

The next meeting for the Milwaukee County Mental Health Board Quality Committee is scheduled for July 11, 2022

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

Youth Engagement with Crisis Stabilizers

Performance Improvement Project 2021

Wraparound Milwaukee

GOAL

To increase & enhance the program and personal engagement with youth through Crisis Stabilization

Research Design & Process

The use of an experimental research design will allow the exploration of a cause/effect relationship between the use of targeted engagement strategies (independent variable) and the following dependent variables:

- **The average number contacts**
- **The duration of the contacts**

A PDSA Cycle through 2 experimental Phases

Formal Training for the use of engagement strategies that enhance Relationships and providing for Basic Needs from Buckets # 2,3 & 4 during Phase I

Creating group cohorts to discuss engagement strategies and issues of engagement during Phase II and introduce Bucket 5

Study Questions

Crisis Stabilizers will focus on using engagement strategies designed to foster Relationship Building Needs (Bucket # 2), Basic Needs (Bucket # 3), and Problem & Conflict Resolution and Safety (Bucket # 4) with 100% Wraparound Milwaukee youth receiving crisis stabilization from all Crisis Stabilization agencies that will result in an average increase of ≥5% of the number of youth contacts (virtual or in-person) in Phase I (April 1, 2021 – July 31, 2021), and an average increase of ≥10% of the number of contacts (virtual or in-person) in Phase II (August 1, 2021 – November 30, 2021), in comparison to the baseline of 1.76 average hours of youth crisis stabilization contact per week.

Crisis Stabilizers will focus on using engagement strategies designed to foster Relationship Building Needs (Bucket # 2), Basic Needs (Bucket # 3), and Problem & Conflict Resolution and Safety (Bucket # 4) with 100% Wraparound Milwaukee youth receiving crisis stabilization from all Crisis Stabilization agencies that in Phase I will result in an average increase of ≥10% of the length youth contact time (virtual or in-person) in Phase I (April 1, 2021 – July 31, 2021), and an average increase of ≥15% of the length of youth contact time (virtual or in-person) in Phase II (August 1, 2021 – November 30, 2021), in comparison to the baseline of 1.92 average hours of youth crisis stabilization contact time per week.

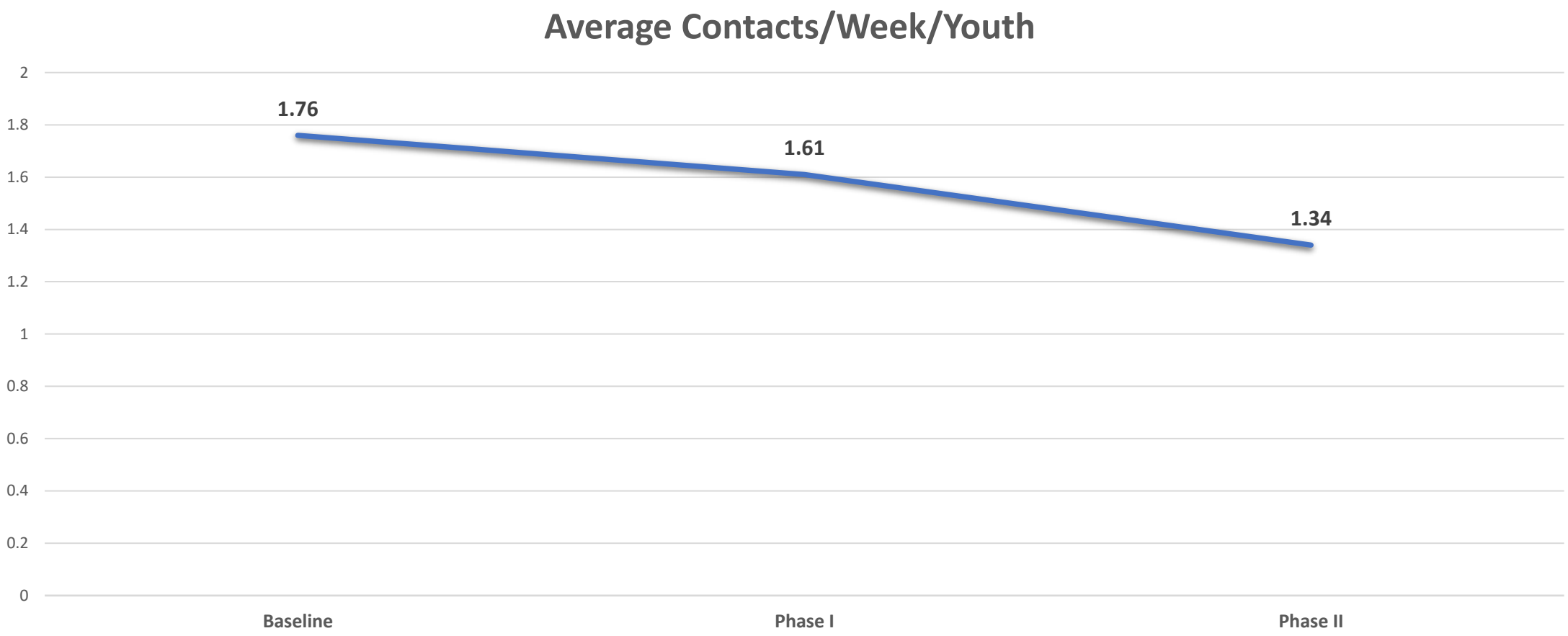
Outcomes

COVID: Setting the Stage

	Baseline	Phase I	Phase II
Youth Served	608	571	517
Crisis Stabilizers	162	151	123
Caseload Average	3.75	3.78	4.2

	Rate of Decrease of Youth Served	Rate of Decrease of Crisis Stabilizers
Baseline to Phase I	-6.1%	-6.8%
Phase I to Phase II	-9.5%	-18.5%
Baseline to Phase II	-14.9%	-24%

Study Question 1: Number of Youth Contacts Across Phases

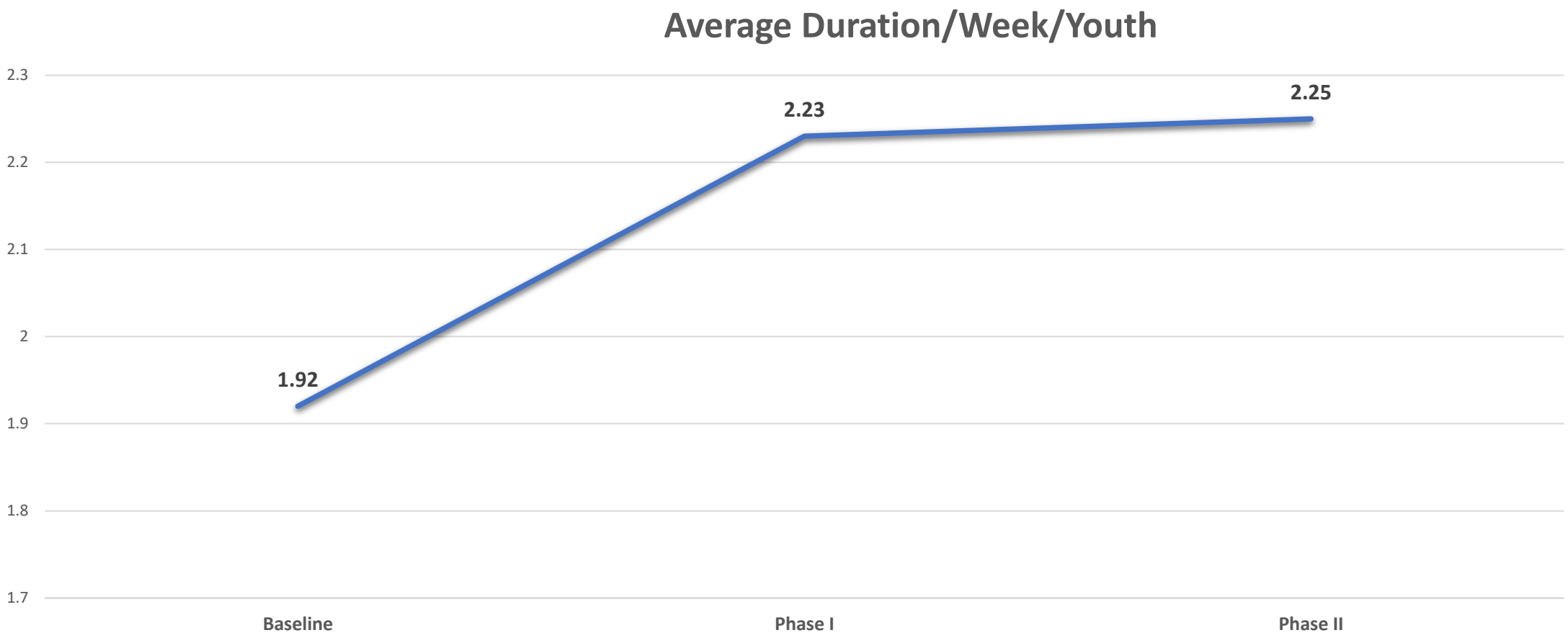


Interpreting the Results: study question I

- External variables related to COVID were so outside characteristic influences
- The pandemic became the tipping point of what has now been coined the *Great Resignation* in which roughly 33 million Americans quit their jobs since the spring of 2021
  - Fewer Crisis Stabilizers → increased caseloads → decrease in the number of contacts
  - From Baseline to Phase I the data revealed an 8.5% decrease in contacts and from Baseline to Phase II a decrease of 23.8%.

- COVID related are the limited platforms for communication
  - Prior to COVID youth would meet with their respective Crisis Stabilizers in school, community, and/or home
  - In Phase I, 43% (6354/14704) and 24% (2752/11096) in Phase II were connected by phone only
  - Only 4.6% (683/14704) and 4.8% (540/11096) in Phase I & Phase II were using video to engage with youth.

Study Question 2: Duration of Youth Contacts Across Phases

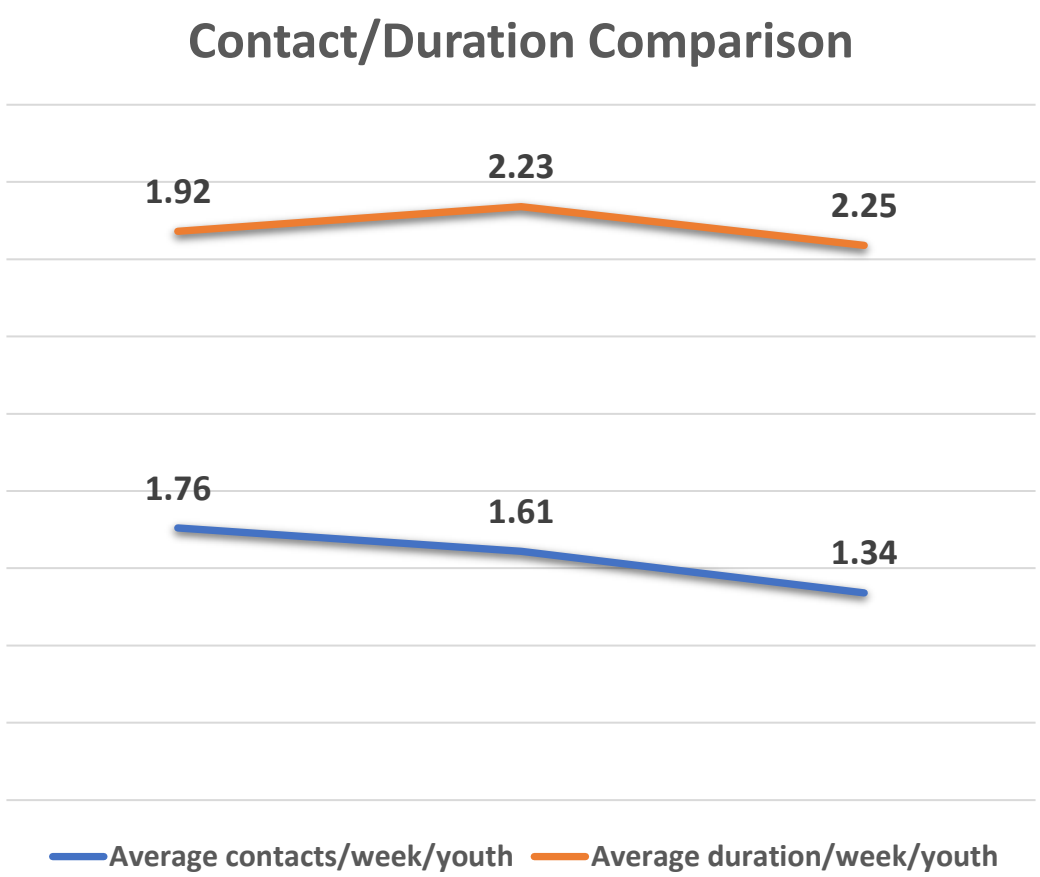


Interpreting the Results: study question II

- The amount of time Crisis Stabilizers spent with youth increased over the course of the study
  - 16.1% increase from Baseline to Phase I, well exceeding the anticipated threshold (10%)
  - 17.1% increase from Baseline to Phase II surpassed the identified 15% threshold

This outcome supports the premise that when youth and Crisis Stabilizers are engaging and relating that the time spent is most meaningful, which contributes to an increased duration of time interacting

Frequency vs Duration Outcome Comparison



- Comparing the number of contact outcomes to the duration outcomes reveals a high negative correlation (r= -0.87)
  - This suggests that as the number of times that Crisis Stabilizers met with youth decreased from Baseline through Phase II, it was **compensated with longer meeting times.**

- Important note: Compensating with longer meeting times would not have been successful if a strong engagement was not present, especially when there is a high percentage of total remote communications by phone and video (a total of 47.8% in Phase 1 and a total of 29.6% in Phase II)

The Focus Group Discussions in Phase II

- 3 sessions
- Questions:
- Session I – Sharing Successes
- Session 2 – Sharing Challenges*
- Session 3 – Engagement of the Family

* Most powerful – lent itself to the most creative thinking & allowed Crisis Stabilizers to let go of their perceived failures – appeared energized by future possibilities

Focus Group Discussion Summary

Trigger Queries	Codes/Themes	Theme Details	
What are some stories that you deemed as successful engagements? What made these engagements successful?	Engagement Techniques	Stop talking/listen Give space Open questions Ask how to help Find common ground Low pressure, low barrier games _____	Be patient Use role plays Find commonalities Tone Sensory techniques Show respect Humor Show authentic self Safety Understand their triggers
	Needs of Youth	Time Stress reduction Giving them control Take ownership Consistency	
What was the biggest engagement challenge you had with youth? What do you think was the major reason for this challenge? What could you have done differently?	Awareness of Problems	Triggers Pandemic Racism Personal issues Holidays Medication concerns _____	
	Ideas to Succeed when there are Problems	Partnering Modeling Admitting mistakes Use relaxation techniques Use music	
How do you engage with the families? How do you incorporate families into your plans with youth?	Family Constellation	Parents Moms Dads Grandmothers	Extended family Foster parent Group Home staff _____
	Family Background	Listening to their rhythms Review the big picture Cultural considerations _____	Struggles of family Understand family dynamics
	Approaches to addressing family	Include family in plan Support family Build trust with family Hearing parent voice	Talk to parent Serve as bridge for all parties Encourage dialogue between family members Have empathy

Impact of COVID

- **The impact of isolation on youth**
  - Engagement Training was modified to include an understanding of the impact of the isolation of COVID on youth in general and more specifically with youth experiencing mental health concerns
- **The challenge of using virtual platforms to engage with youth**
  - What is particularly notable is the 47.8% usage of phones during Phase I which made engagement most challenging. It also may explain why the usage of phones dropped so significantly (29.6%) as soon as the restrictions of the pandemic began to lift during Phase II
- ***The Great Resignation***
  - leaving a significant number of vacancies in every agency (24% drop from baseline).
  - Mitigated somewhat by the 14% drop in enrollees

Conclusions

- As seen in both Phase I and Phase II, the decrease in Crisis Stabilizers influenced by the external variable of COVID was the major contributor to the decrease in the amount of engagement. No training or even providing additional tools could mitigate the power of these external variables
- The duration of the meetings with youth, however, appeared to be strongly influenced by the interventions (formal training, providing the tools organized by topics in buckets, and the FGDs), well exceeding the 10% threshold set in Phase I (16%) and sustaining this a positive momentum in Phase II (17%).
- Real Improvement was evident in the post-study data as follows:

	Baseline	Phase II	Post Study
Crisis Stabilizers	162	123	88
Average Number of Contacts/Week	1.76	1.34	1.21
Average duration of Contacts/Week	1.92	2.25	2.98

The impact of the pandemic on the average number of contacts is consistent with the trend seen throughout the study. The post-study data reveals continued influence of the interventions on the behavior of Crisis Stabilizers and therefore, increased positive engagement of youth

Questions??

Thank you for the Opportunity to Share

MILWAUKEE COUNTY
DEPARTMENT OF HEALTH
& HUMAN SERVICES
BEHAVIORAL
HEALTH SERVICES

WRAPAROUND MILWAUKEE

MILWAUKEE COUNTY
DEPARTMENT OF HEALTH
& HUMAN SERVICES

BEHAVIORAL HEALTH SERVICES

CARS Mid Cycle Report Mental Health Board Quality Committee May 2, 2022

Client Experience of Care

- Continued expansion of Client Experience Survey
- Full implementation of incentivized survey in CSP
- Redesign of Detoxification Services 75.09 ("Sober Up")

Population Health

- Identification of high need zip codes for targeted interventions
- Expanded use of external acute services data for population health evaluation and management
- Submitted grant to provide residential treatment to individuals with co-occurring SPMI and substance use disorders

Staff Quality of Life

- Evaluation of CARS Mentorship Program
- Reassessment of CARS Staff with DISC Assessment
- Evaluation of staff retention among contracted providers

Cost of Care

- Development of additional tools to assist with utilization review
- Review of funding streams to identify opportunities for enhanced investment in social determinants of health
- Ongoing monitoring of equitable spend by race and gender

CARS Research and Evaluation Team

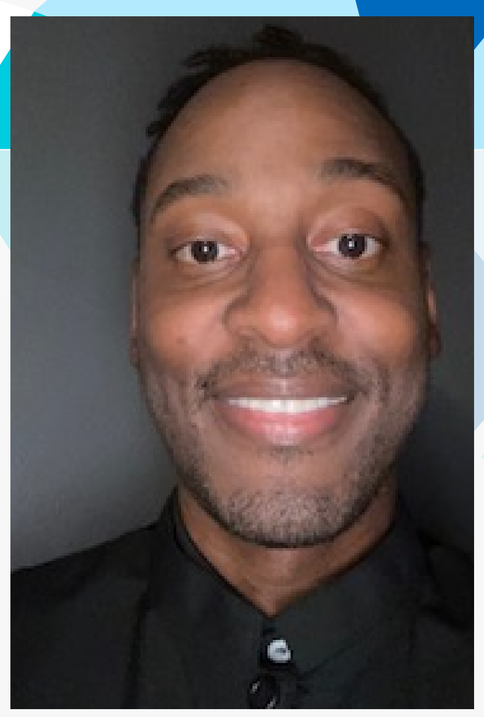
CARS
Authorization Team

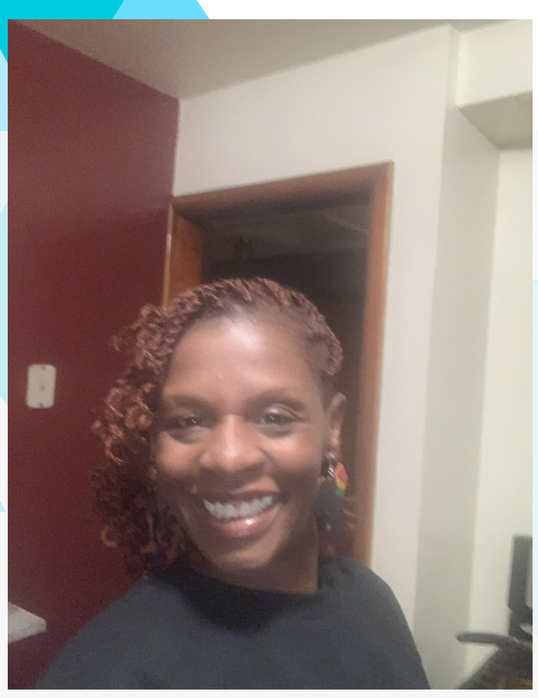
An Overview of It's Purpose, Development, and Progress Thus Far

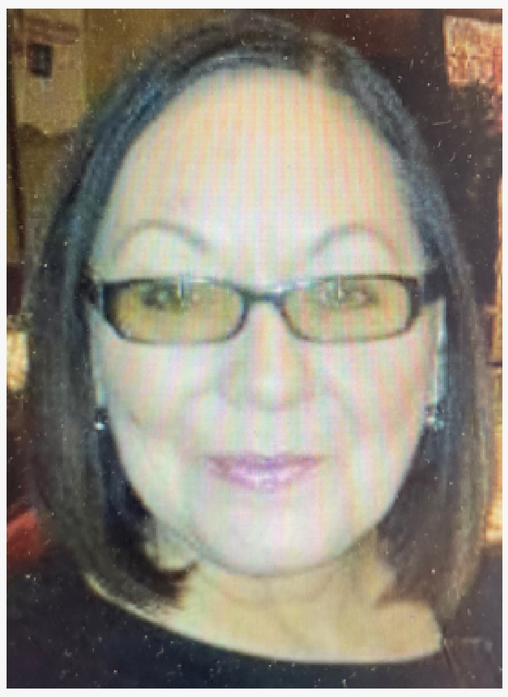
A Presentation to the MHB Quality Committee

May 2nd, 2022

Antoinette Davis and John Moran







Mary Ann Repnik

Where We Started

Prior to the creation of the Authorization Team, each CARS service level functioned relatively independently. If a staff member was out of the office there was no coverage, which delayed the processing of billing for our contracted providers. There was a desire to streamline authorization processes and improve the quality and efficiency of the work that we do.

Formation of the Team

The Authorization Team consists of staff members who perform authorizations in Targeted Case Management, Recovery Support Coordination, Recovery Support Services, AODA Residential, Community Support Program, Crisis Resource Center, Adult Family Homes, Outpatient Plus, Outpatient Treatment, Crisis Case Management and Community Based Residential Facilities. Staff members have been or will be cross-trained to provide coverage across all levels of care

Goals Achieved

Below are a list of significant enhancements that have resulted from the authorization team's efforts.

Goal 1

Created a standardized authorization process flow

Goal 2

Developed a report that provides supplemental data for more efficient utilization review

Goal 3

Developed a report that tracks the efficiency of the authorization submission and utilization review process

Goal 4

Implemented deep dive audits based on agency performance

Goal 5

Developing a widget to track status of existing or pending commitments

Key Metrics

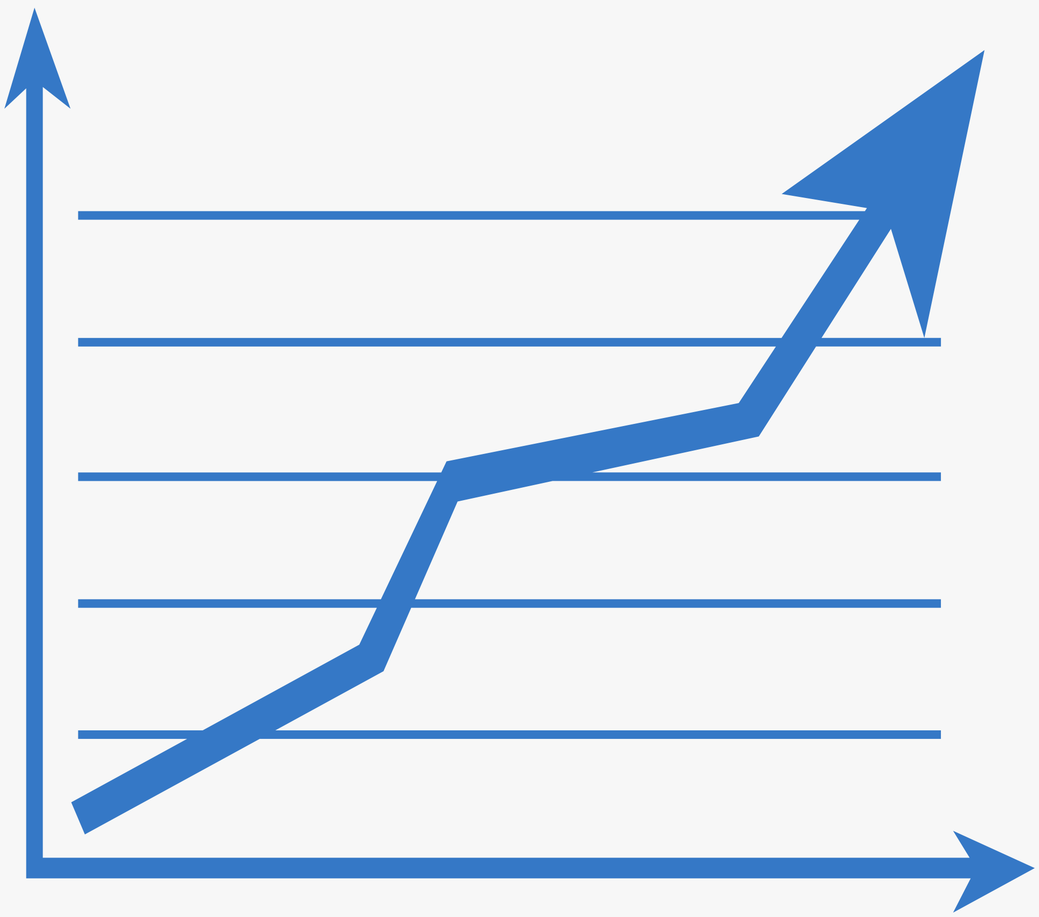
A Growing Team

The authorization team has grown from 9 to 12 team members since its inception in May of 2020.

The team started with 4 case management programs and has now expanded to include all outpatient, residential and recovery support services in CARS.

A Cross-Trained Team!

The number of authorization reviews completed by authorization team members in programs to which they are not traditionally assigned grew from **57** in 2020 to **284** in 2021**!**



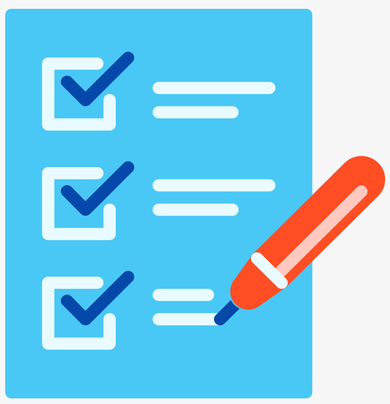
Key Metrics

Authorization Team Member Survey Results

In April of 2022, the 12 Authorization Team members completed a survey on their experiences. Their responses are listed below.

83% (n=12) report the team has helped them to be more objective in their authorization work

75% (n=12) of team members report developing closer relationships with colleagues



92% (n=12) of team members report gaining a better understanding of other programs in CARS

75% (n=12) of team members report that the team helps them to be more effective at their job

92% (n=12) of team members report they are able to more efficiently manage coverage issues

Next Steps

We will continue to cross train Authorization Team staff to provide coverage for all levels of care to enhance our customer service to our contracted providers.

"I think the Authorization Team has done great work to streamline processes and give a more consistent, meaningful and timely experience to our providers."

- Authorization team member

Summary

- The authorization team and programs included has grown
- Coverage has improved
- The authorization process has become more efficient
- The focus of authorization team's work has shifted from *volume to quality of services*
- Key tools have been developed
- The team has become a cohesive unit

Quality Committee Item 4

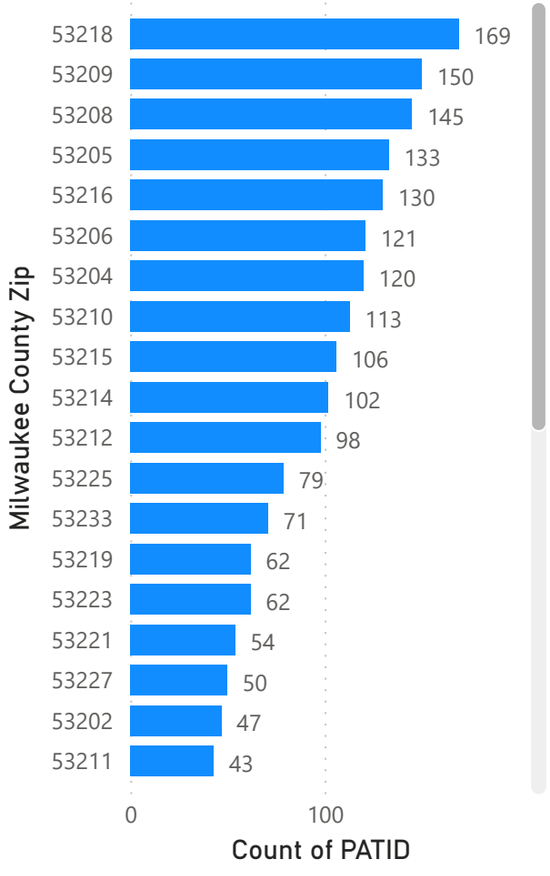
MILWAUKEE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
BEHAVIORAL HEALTH SERVICES

Community Crisis Dashboard Q4 2021

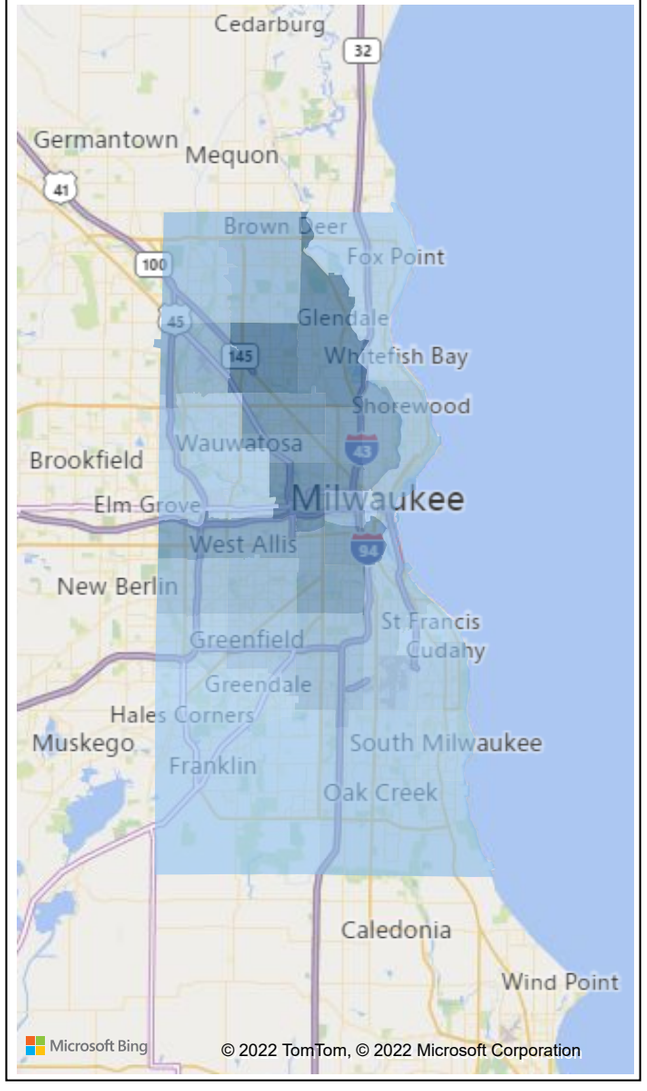
Clients with at Least One Crisis Service

2358

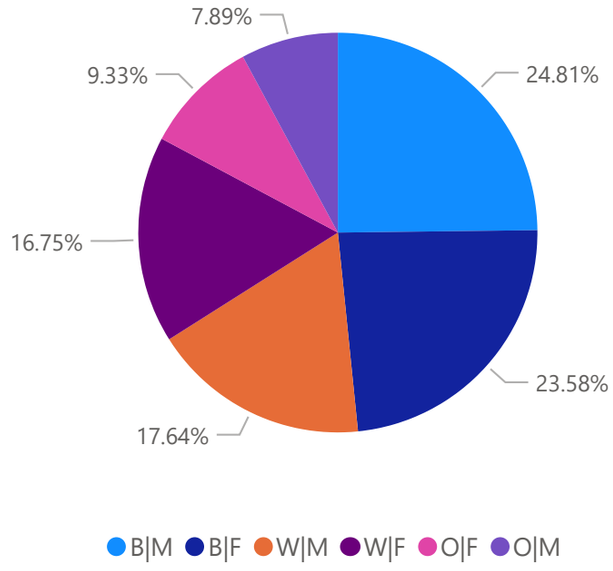
Unique Clients Served by Zip Code



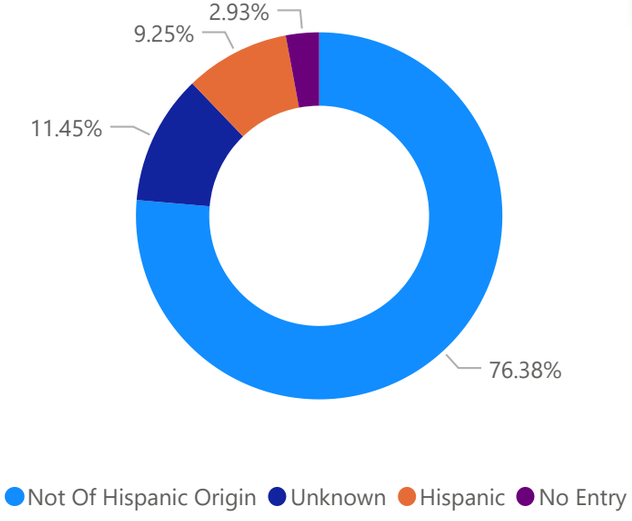
Unique Clients Served by Zip Code



Unique Clients by Race and Gender



Unique Clients by Ethnicity



Summary

This is the inaugural Community Crisis Departmental Dashboard. The dashboard currently displays disaggregated information reflecting the volume of unique clients, that received an actual service, by zip code, race, gender, and ethnicity, along with average client experience scores (OCA, CLASP, CMT). This iteration of the Community Crisis Dashboard does NOT include data from hospital-based crisis services (PCS or Observation), from anonymous crisis line callers, or from crisis line services provided by Impact Inc. Additional data points will be incorporated over time to include identified information about client outcomes, population health, and data from community partners.

Client Experience Scores

Total (N=92): **4.45**

Black (n=53): **4.41**

White (n=27): **4.61**

Other (n=12): **4.27**

Quality Committee Item 5

MILWAUKEE COUNTY

SHAKITA LaGRANT-McCLAIN, MBA • Director
MICHAEL LAPPEN MS, LPC • Division Administrator

March 24, 2022

John Chianelli
Executive Director
Whole Health Clinical Group
932 S. 60th St.
West Allis, WI 53214

Re: Notice regarding Whole Health Clinical Group (WHCG) Comprehensive Community Services (CCS)

Dear Mr. Chianelli,

Milwaukee County Behavioral Health Division (BHD) Community Access to Recovery Services (CARS) is submitting this communication as notice that we will resume making referrals to the Whole Health Clinical Group Comprehensive Community Services (CCS). It is the expectation that WHCG CCS will be able to begin resuming referrals and that the clinical work will continue to be conducted in accordance with all federal, state, local regulations and MCBHD policies.

CARS is pleased to recognize the improvements initiated and sustained by the WHCG CCS leadership team. Compliments to WHCG CCS on demonstrating improvement and maintaining the improvements consistently. In the first quarter of 2022, two client records were audited, and both found to be very good. A billing report was also audited, and all instances of billing travel had a Medicaid service attached. Most notable is that annual reviews are no longer occurring on the same day and that care coordinators have stopped providing direct services. Additionally, concerns regarding the over-utilization of telehealth and lacking appropriate signatures on documents due to telehealth services appears to no longer be a problem. It has also been observed that the concerns regarding the Recovery Plan of Care missing staff billing CCS services has been resolved.

It is apparent that the WHCG CCS Quality Improvement Response Plan that was created by WHCG leadership has been implemented and attention given to sustaining the improvements achieved. This has resulted in all the recognizable improvements, to include great improvement of the thoroughness and accuracy of SARs being submitted which now rarely results in a denial. Lastly, the issue of long periods of time with no case notes being entered for individual clients has improved but continues to need attention from the leadership of the WHCG CCS program. If you have any questions regarding this notification, please let me know.

Please be aware that as a contracted provider of services with Milwaukee County BHD, 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.

MILWAUKEE COUNTY

Sincerely,

Amy Lorenz, MSSW, LCSW
Deputy Administrator
Community Access to Recovery Services
Milwaukee County Behavioral Health Services

MILWAUKEE COUNTY
DEPARTMENT OF HEALTH
& HUMAN SERVICES
BEHAVIORAL
HEALTH SERVICES

9455 WATERTOWN PLANK ROAD | MILWAUKEE, WI 53226
(414) 257-6868 | FAX: (414) 257-8018 | TRS: 7-1-1
county.milwaukee.gov

Milwaukee County Mental Health Board
Community Stakeholder Advisory Council
Charter

Committee's Official Designation

Mental Health Board Community Stakeholder Advisory Council ("Advisory Council")

Authority

The Advisory Council is established under Mental Health Board authority pursuant to and in accordance with the provisions of WI State Statutes Chapter 51.41. The Advisory Council is established as an advisory group of the Mental Health Board Community Engagement Committee.

Jurisdiction

The Advisory Council shall exercise its responsibilities within Milwaukee County.

Duration

The Advisory Council will serve indefinitely on a continuing basis. Start Date TBD.

Statement of Purpose

The Community Stakeholder Advisory Council has a three-fold purpose:

1. The Advisory Council strategically engages consumers, families, and communities as primary stakeholders in BHS service system planning and delivery to support Milwaukee County's vision to achieve racial and health equity.
2. The Advisory Council strengthens Milwaukee County's overall strategy to address behavioral health within the community though ongoing communication of BHS provider network services and related outcomes.
3. The Advisory Council provides an additional strategic mechanism for the Mental Health Board to proactively gather information regarding the quality of consumer, family member, and advocate experiences with BHS-supported services including Granite Hills Hospital and the Mental Health Emergency Center (MHEC).

Composition

The Advisory Council consists of no less than 11 and no more than 15 community members representing the following constituencies:

- Consumer/Peer
- Young Adult Consumer/Peer
- Family Member/Parent
- Advocate
- Caregiver
- Faith Community
- Criminal Justice System

Scope of Work

The Advisory Council centers its work upon the experiences of consumers and families with additional involvement of advocates, the faith community, and members of the non-provider public.

The Advisory Council convenes to create new opportunities for dialogue about behavioral health within Milwaukee County's diverse communities and beyond.

The Advisory Council aims to illuminate the experiences of consumers and families for Mental Health Board policy-making efforts.

Council Activities

1. Provide consumer experience reports to the Milwaukee County Mental Health Board Community Engagement and Quality Committees as well as the leadership of Granite Hills Hospital and the Mental Health Emergency Center.
2. Raise community awareness of the planned PCS closing and highlight the services to be provided by Granite Hills and the Mental Health Emergency Center.
3. Foster increased knowledge of and participation at Mental Health Board Meetings and Public Hearings to address community mental health and substance use priorities.
4. Promote BHS services and share success stories with the community to reduce mental health stigma and support access and participation.
5. Support quality initiatives by gathering information about consumer and family experiences with contracted BHS services including Granite Hills Hospital and the MHEC for Mental Health Board consideration.

Member Terms

Council members may serve staggered terms for two (2) or three (3) years with the option to be renewed for a maximum of five years of service. All members shall serve on a voluntary basis (without compensation).

Member Recruitment and Onboarding

Individuals interested in serving on the Community Stakeholder Advisory Council are asked to contact the Council Chair. Council Members will be provided with training and resources to support their service.

Description of Member Duties

1. Attend meetings regularly.
2. Be a visible presence to share ideas and concerns from consumers of mental health services and family members.
3. Actively contribute to the creation of consumer experience updates to the leadership of BHS-supported community services with a special emphasis upon the transition to Granite Hills Hospital and the Mental Health Emergency Center.
4. Share Advisory Council and BHS updates with personal and/or professional contacts.
5. Invite community members to attend Council meetings, Mental Health Board meetings and public hearings.

Agency or Official to Whom Council Reports

Advisory Council Chairperson: Brenda Wesley. Reports will be provided to the Mental Health Board Community Engagement and Quality Committees.

Meeting Schedule

The Council shall hold monthly meetings for the initial six months followed by bi-monthly meetings thereafter. Meetings will be noticed for the public to attend.

Decision-Making

Any decisions that are required will be made at the discretion of the Council Chair with input from Council members.

Budget

The annual operating costs of establishing and maintaining the Advisory Council is TBD. BHS will provide administrative support for the Council. Estimated Annual Operating Costs include meeting expenses, staffing, marketing and communications (website, social media and email communications).

Record-Keeping

The records of the Advisory Council will be kept in accordance with Milwaukee County public meeting protocols.

Adoption Date: April 18, 2022

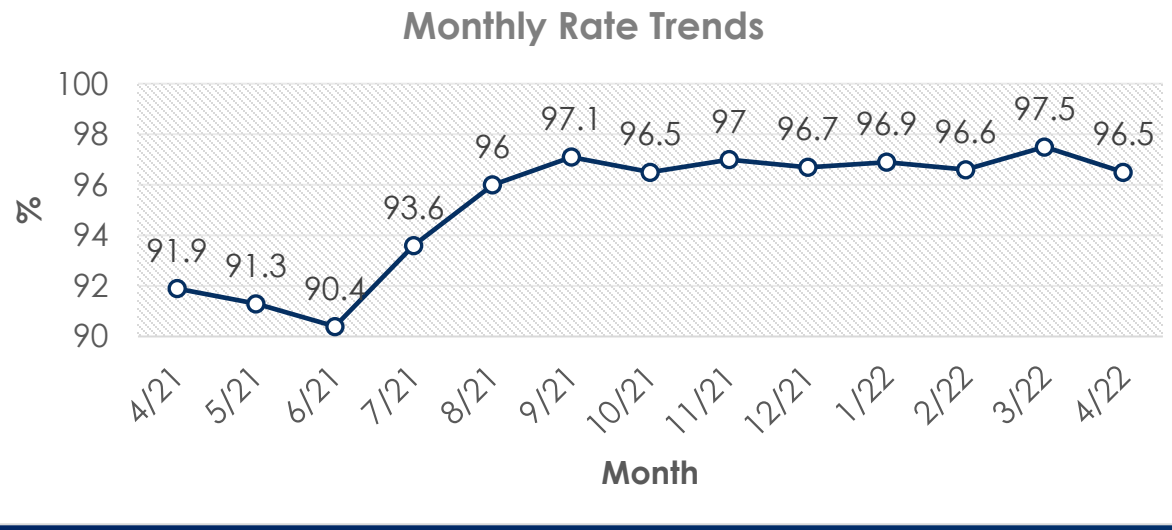
Quality Committee Item 9

Overall Progress 96.5% as of April 1, 2022

Baseline 71.5% as of August 2016 LAB report

Current Goal = 96%

Review period	Number of Policies		Percentage of total	
	Last Month	This Month	Last Month	This Month
Within Scheduled Period	662	655	97.5%	96.5%
Up to 1-year Overdue	13	20	1.9%	2.9%
More than 1 yr & up to 3 yrs overdue	1	1	0.1%	0.1%
More than 3 yrs & up to 5 yrs overdue	3	3	0.4%	0.4%
More than 5 yrs & up to 10 yrs overdue	0	0	0.0%	0.0%
Total	675	679	100%	100%



Past Due by Policy Area	Past Due
Community Access to Recovery Services (CARS)	1
Division Administration	1
Infection Prevention	7
Medical Staff Organization	1
Medical Staff Organization	1
Mental Health Board	3
Provision of Care - Psychiatry	1
Pharmacy	1
Provider Network-Credentialing and Impaneling	1
Public Safety	5
Quality Management	1
Wraparound (Wrap, REACH, youth CCS)-Vendor	2
Total Past Due	23

12 Month Forecast Due for Review	
Month/Year	# Due
April 2022	5
May 2022	14
June 2022	28
July 2022	19
August 2022	18
September 2022	17
October 2022	20
November 2022	14
December 2022	19
January 2023	10
February 2023	9
March 2023	18
April 2023	20

March Activity

New Policies	0
Reviewed/Revised	8
Retired	0

MILWAUKEE COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES

Quality Committee Item 11

May 2022

Quality Management Strategy & Action Plan

Prepared by T.J. Cobb, Milwaukee County DHHS Enterprise Quality Director

Presented to Milwaukee County Mental Health Board Quality Committee

“Good quality management aims to unite an organization’s stakeholders in a common goal, improving processes, products, and services to achieve consistent success.”

MILWAUKEE COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES

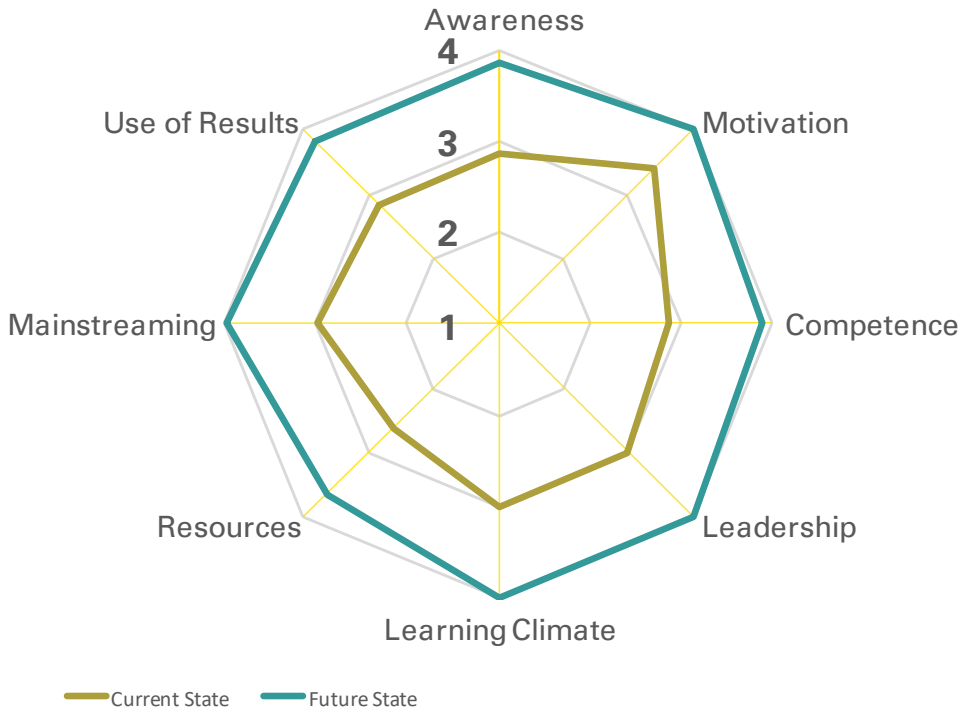
SURVEY SAYS!

Resources is the department's greatest capacity need.

Capacity Component	Current State	Future State
Individual Factors		
Awareness	2.86	3.86
Motivation	3.40	4
Competence	2.87	3.87
Organizational Factors		
Leadership	2.99	4
Learning Climate	3.01	4
Resources*	2.63	3.63
Capacity Outcomes		
Mainstreaming	2.96	3.96
Use of Results*	2.82	3.82

Overall mean scores out of 4.

**Resources and Use of Results were informed only People Leaders*



MILWAUKEE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

Needs Assessment Summary Findings

The key strategic pillars help to advance DHHS efforts in developing a Quality Management System by addressing **major limitations identified in the Quality Culture and Capacity Needs Assessment are**:

1.) coordination and unity across service areas;

2.) engagement to contribution to results;

3.) standardize and streamlined data collection and reporting;

4.) capacity building;

5.) department-wide policies and procedures and,

6.) resource allocation for QM activities.

	Coordination and unity across service areas	Engagement to contribute to results	Standardized data collection and reporting	Capacity building	Resource allocation for activities
Strengths	-integration of service (ADS) -existing workplace culture efforts to develop harmony -various communication approaches (workgroups, townhalls, etc.) -BHS Quality Committee and Quality Improvements efforts	-motivated staff -various engagement efforts (e.g., Town Hall, Culture Corner, People Leaders, etc.) -various engagement techniques (e.g., Menti polls, team feedback mtgs., feedback survey, etc.)	-process existing within service and programs -DHHS Civil Rights Compliance pilot efforts -DHHS Critical Incident Policy	-dept-level training policies and strategies are in development -performance plans	-untapped technology budget -existing re-organization effort underway.
Challenges	-lack of service level goals aligned with dept goals - inefficient information sharing process and tools -duplicative quality improvement efforts -miscommunication of existing QM-related efforts	-unrealistic expectations for current capacity -policy and process created in silos -various areas lack QM-related capacity -leadership styles -staff engagement approaches -community engagement strategy	-various external requirements reporting -undefined DHHS success indicators -standardize collection criteria -data entry automation -lack of data entry capacity -standardize data reporting process	-define competencies specific to operational needs -uncertain operation needs and unclear service goals -staff resources -effective use of technical tools	-funding restrictions -existing budget deficits -low staff capacity -policy advocacy efforts
Opportunities	-better defined roles and responsibilities to align with clear program objectives and dept. goals. -develop operation plan by service areas	-understand leadership existing competencies -cross functional project teams -stakeholder engagement	-develop shared-terminology -identify dept level needs -assess lessons from pilot efforts -develop standard data collection tools -develop and implement data management strategy and policies	-learning circles -fellowships -develop a capacity building plan - resource library -Self-paced learning -Reflective practice -Public info about QM	-initiate fundraising efforts -clearly define role and responsibilities in alignment with operational need consistently across the department -prioritize policy advocacy

Need Assessment Findings

	Coordination and unity across service areas	Engagement to contribute to results	Standardized data collection and reporting	Capacity building	Resource allocation for activities
Strengths	-integration of service (ADS) -existing workplace culture efforts to develop harmony -various communication approaches (workgroups, townhalls, etc.) -BHS Quality Committee and Quality Improvements efforts	-motivated staff -various engagement efforts (e.g., Town Hall, Culture Corner, People Leaders, etc.) -various engagement techniques (e.g., Menti polls, team feedback sessions,	-process existing within service and programs -DHHS Civil Rights Compliance pilot efforts -DHHS Critical Incident Policy	-dept-level training policies and strategies are in development -performance plans	-untapped technology budget -existing re-organization effort underway.
Challenges	-lack of service level goals aligned with dept goals - inefficient process for sharing process and tools -duplicative quality improvement processes -miscommunication of existing QM-related efforts	-unrealistic expectations for current capacity -poor communication/retention in silos -various areas lack QM-related capacity -leadership styles -staff engagement approaches	-various external requirements/reporting -undefined DHHS success indicators -standardize collection criteria -data entry automation -lack of data entry capacity -standardized reporting process	-define competencies specific to operational needs -uncertain operation needs and unclear service goals -staff resources -effective use of technical tools	-funding restrictions -existing budget deficits -[illegible] capacity -policy advocacy efforts
Opportunities	-better defined roles and responsibilities to align with clear program objectives and dept. goals. -develop operation plan by service areas	-understand leadership existing competencies -cross functional project teams -stakeholder engagement	-develop shared-terminology -identify dept level needs -assess lessons from pilot efforts -develop standard data collection tools -develop and implement data management strategy and policies	-learning circles -fellowships -develop a capacity building plan - resource library -Self-paced learning -Reflective practice -Public info about QM	-initiate fundraising efforts -clearly define role and responsibilities in alignment with operational need consistently across the department -prioritize policy advocacy

The momentum to enhance coordination supports opportunity for capacity building, however—resource allocation for these activities are the greatest challenge.

Need Assessment Findings

MILWAUKEE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

Quality Management Strategy

A well-functioning quality management system **prioritizes monitoring, evaluation and learning functions for accountability**. A centralized, structured, and reliable system will give means to:

- **Support program implementation**
- **Contribute to an organizational learning climate**
- **Ensure compliance and accountability**
- **Increase transparency and opportunity for organization transformation**
- **Promote and recognize accomplishments**

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Quality Management

Framework

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“

Successful quality management was never intended to be only one individual’s responsibility.

”

QUALITY MANAGEMENT

Priority

Technical Assistance
Policy Guidance
Strategy

Operational-Functions

Workforce Development
Staff Training
Employee Engagement
Performance Improvement
Capacity Building

Network Management
Community Engagement
Partnership Coordination
Critical Incidents Monitoring
Client Rights
Policy Planning
Risk Management

Communication
Report Writing
Policy Development
Information Management
Change Management

Technology
Application Development

Monitoring x Evaluation
Research x Analytics
Program Planning
Process Mapping
Data Management
Compliance/Audits

Change Management-Standardization

Information Reporting
Policy Guidance
Implementation

Service-Program Activities

Compliance
Assurance
Client Rights
Participant Satisfaction
Contract/Vendor Coordination
Data Collection
Reporting

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Difference between Monitoring and Evaluation

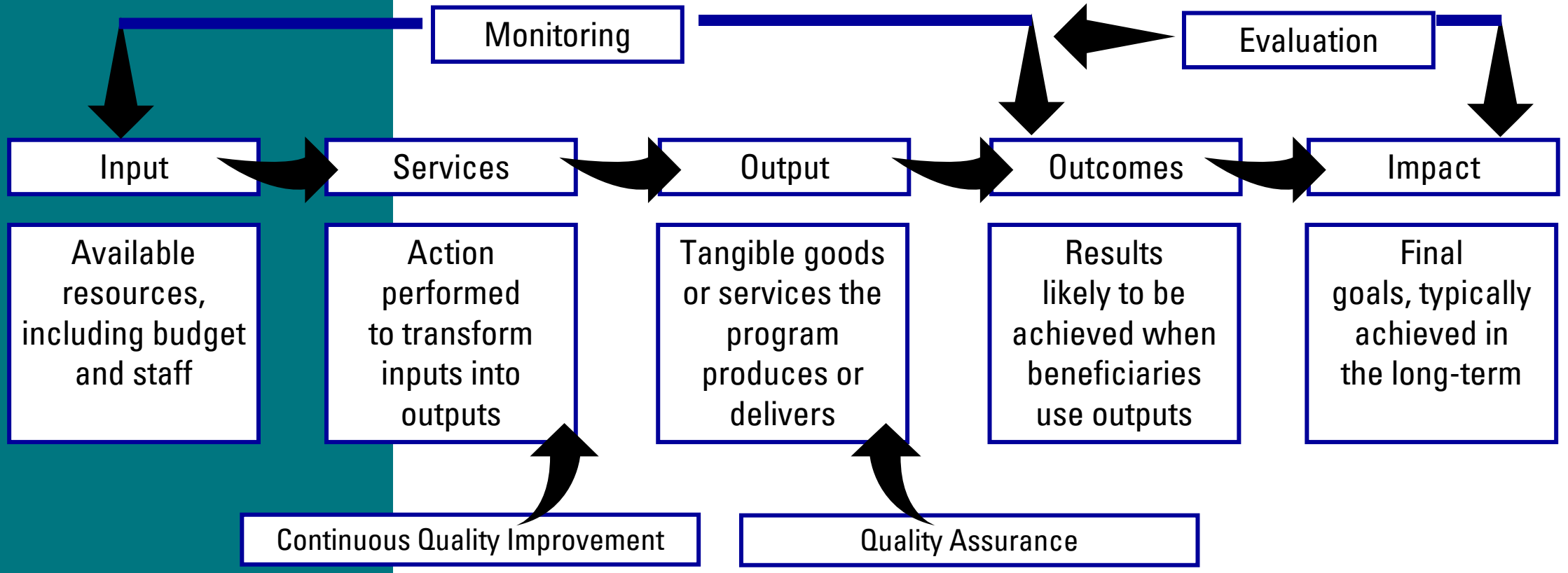
Monitoring

- **Ongoing** throughout the program cycle
- **Keeps track, reviews and reflects** on progress (or lack thereof) in relation to program or service objectives or requirements
- Usually, **internal organizational** activities carried out by program staff
- Does not usually have judgments on the performance of a project
- Let you know what activities were implemented and **what results were achieved**
- Alerts program managers to **problems and provides options** for corrective actions

Evaluation

- **Periodic**: before, at the midterm and/or after the program as needed
- In-depth **analysis** to compare planned with actual achievements in relation to program or service objectives and expected outcomes
- Can be **an internal and/or external** process conducted by staff or an independent party
- Have **value judgement** statements which give an 'opinion' of the performance of the project.
- Same things as Monitoring, but also let you **know how the results** were achieved
- **Contributes to building theories** and models for change; provides **strategy and policy options; increases accountability** to program stakeholder

Monitoring & Evaluation Function



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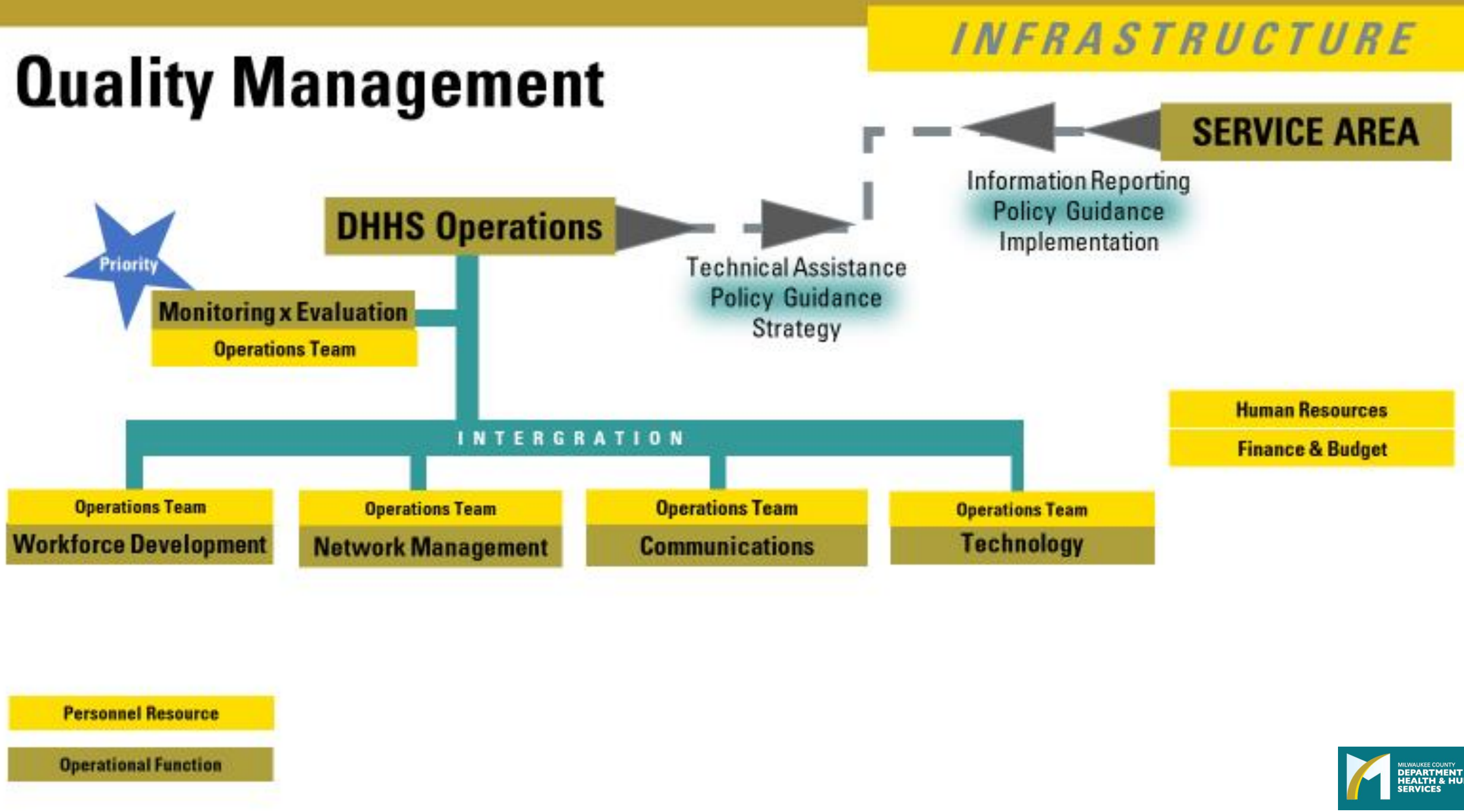
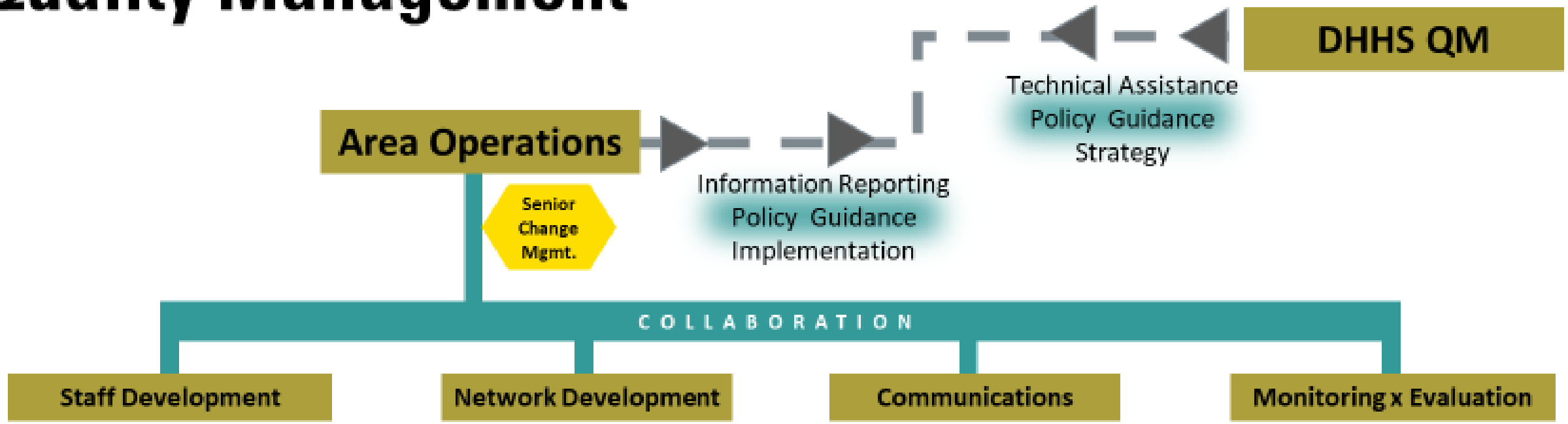
Quality Management



INFRASTRUCTURE

Quality Management



Scope of works should be defined and aligned with program needs. Each units work collaboratively to support programs/services.

Program Manager, Program Associates, Program Coordinators, Program Specialist, Program Assistants

Personnel Resource

Operational Function

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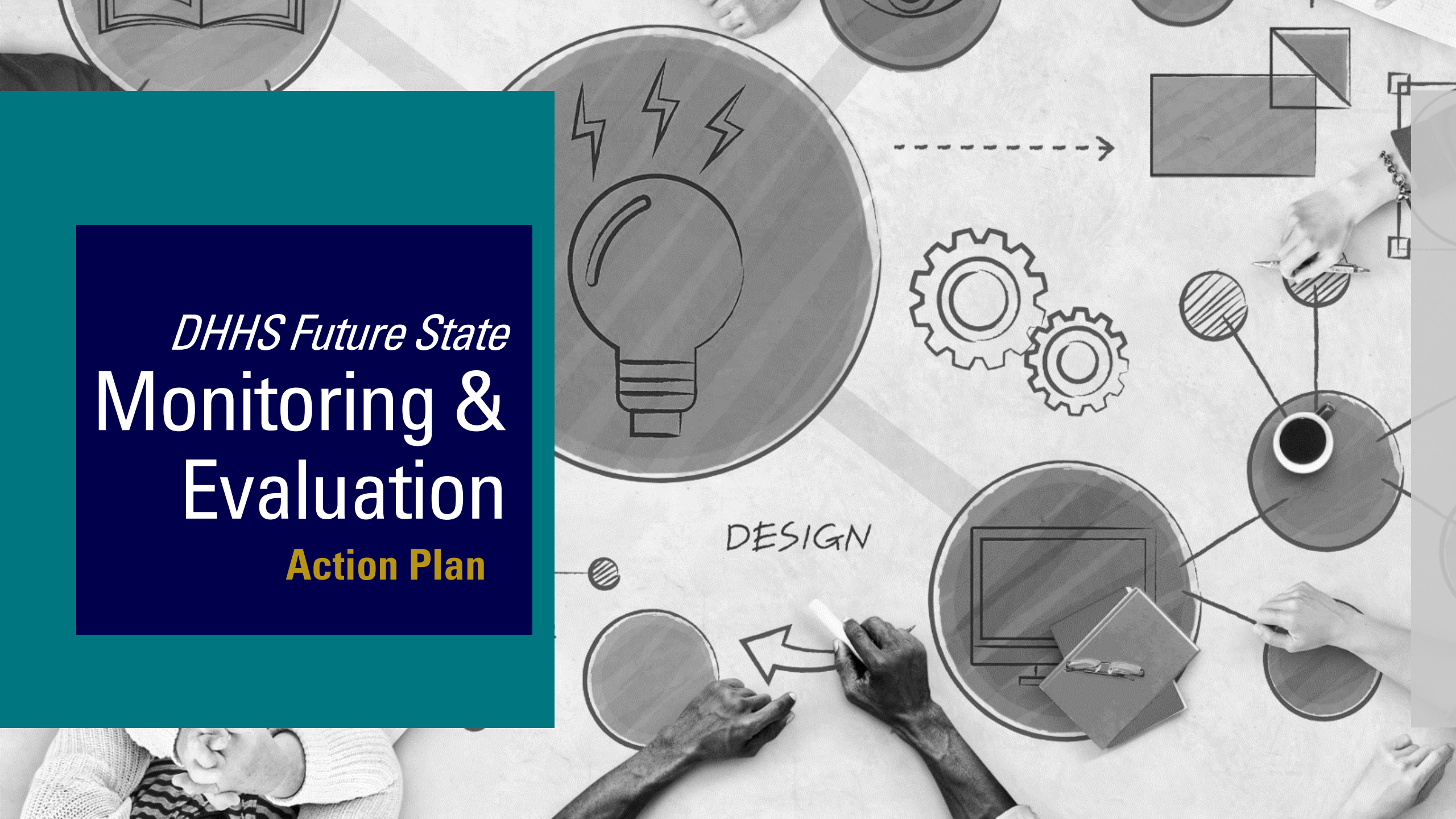

DHHS Future State

Monitoring & Evaluation

Action Plan

M&E Action Plan | Phase 1: Infrastructure

Strengthen coordination across service areas

- Develop Action Plan for DHHS (quality data, policy, training)
- Strengthen roles of DHHS QM and technical teams
- Build on learnings from pilots and scale up processes
- Develop multi-year, comprehensive M&E plan for Future State activities, including staff training
- Operationalize Data Management Information System

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M&E Action Plan | Phase 1: Infrastructure

Execute frequent performance reviews

- Conduct monthly reviews on financial and physical progress operations plans
- Prepare and disseminate 6-month progress and annual program implementation report
- Conduct periodic survey as planned for updating DHHS indicators in regular intervals
- Align staff performance indicators with operations goals and objectives

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M&E Action Plan | Phase 1: Infrastructure

Enforce data quality management mechanism

- Integrate quality assurance procedures into the existing Information Management System
- Embed frequent data quality checks
- Conduct workshops on data validation to build capacity of program managers

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M&E Action Plan | Phase 1: Infrastructure

Build capacity

- Conduct orientation of administrators and core program and operation staff
- Assess needs and develop multi-year M&E training plan for staff.
- Develop M&E training curriculum
- Facilitate regular training in M&E for leaders and service staff

MILWAUKEE COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES

MILWAUKEE
COUNTY

Interim Chairperson: Mary Neubauer
Research Analyst: Kate Flynn Post, (414) 257-7606
Committee Coordinator: Dairionne Washington, (414) 257-5437

MILWAUKEE COUNTY MENTAL HEALTH BOARD
COMMUNITY ENGAGEMENT AD HOC COMMITTEE

Monday, May 16, 2022 – 10:00AM
Microsoft Teams Meeting

MINUTES

PRESENT: Shirley Drake and Mary Neubauer
EXCUSED: Kenneth Ginlack, Walter Lanier, and Dennise Lavrenz

SCHEDULED ITEMS:

1.	**Welcome.** Interim Chairwoman Neubauer welcomed everyone to the May 16, 2022, Mental Health Board Community Engagement Ad Hoc Committee's remote/virtual meeting.
2.	**Mental Health Community Stakeholder Advisory Council Updates and Official Meeting Announcement.** A formal welcome email was sent to all Council members, along with a Microsoft Teams invitation for the first Council meeting. The first meeting will be held May 23, 2022, at 6:00PM. Invitations were extended to all Board members as well. This item was informational.
3.	**Finalize Mission and Vision Statements.** Both the mission and vision statements were presented to the Committee. Statements can be reviewed on audio as well as in the meeting packet. No further recommendations were offered. Both statements are finalized as written. This item was informational.
4.	**Marketing and Communication Resource Memo Update.** Kane Communications will continue to provide communications support for marketing and outreach for the Board. Updates will be provided on a continuous basis for the remainder of the year. It was decided to high prioritize the Facebook page and a webpage specifically designed for the Community Stakeholder Advisory Council and the Community Engagement Committee. There's still a need for a subject matter expert to manage the Facebook page, but the current focus is to get the page launched. For the webpage, a wire frame will be drafted and presented to the Committee for feedback, then taken back to the web team to be finalized. A one pager was also mentioned to better promote the mission and vision along with the work accomplished by the Committee.

	Questions and comments ensued. This item was informational.
5.	**Adjournment.** Interim Chairwoman Neubauer ordered the meeting 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.

Length of meeting: 10:02 a.m. to 10:34 a.m.

Adjourned,

Dairionne Washington

Committee Coordinator
Milwaukee County Mental Health Board

The next meeting of the Milwaukee County Mental Health Board Community Engagement Committee is

July 18, 2022, at 10:00AM

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

Community Engagement Committee Item 3

DRAFT

Milwaukee County Mental Health Board

Community Engagement Ad Hoc Committee

Mission and Vision Statement

Mission: To increase community stakeholders' awareness of all behavioral health services, and ability to access and engage with the behavioral health ecosystem including crisis and prevention services. Build and strengthen relationships with all Milwaukee County residents.

Vision: To be a conduit of information that flows between stakeholders and Milwaukee County residents that is honest and accurate.

Chairperson: Brenda Wesley
Research Analyst: Kate Flynn Post, (414) 257- 7473
Committee Coordinator: Dairionne Washington, (414) 257-7606

MILWAUKEE COUNTY MENTAL HEALTH BOARD
COMMUNITY STAKEHOLDER ADVISORY COUNCIL

Monday, May 23, 2022 – 6:00PM
Microsoft Teams Meeting

AGENDA

SCHEDULED ITEMS:

1.	Welcome. **(Chairwoman Wesley)**
2.	Mental Health Community Stakeholder Advisory Council Member Introductions.
3.	Overview of the Mental Health Community Stakeholder Advisory Council Charter.
4.	Introduction of the New Mental Health Emergency Center and the Granite Hills Hospital.
5.	Public Comment Expectations.
6.	Recommendations of Ideas to Promote the Mental Health Community Stakeholder Advisory Council.
7.	Adjournment. **(Chairwoman Wesley)**

To Access the Meeting, Use the Link Below:

Join on your computer or mobile app
Click here to join the meeting
Or call in (audio only)
414-436-3530
Phone Conference ID: 839 898 706#

The next meeting of the Mental Health Community Stakeholder Advisory Council Will be scheduled at the Call of the Chair

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**
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.

Milwaukee County Mental Health Board
Community Stakeholder Advisory Council
Charter

Committee's Official Designation

Mental Health Board Community Stakeholder Advisory Council ("Advisory Council")

Authority

The Advisory Council is established under Mental Health Board authority pursuant to and in accordance with the provisions of WI State Statutes Chapter 51.41. The Advisory Council is established as an advisory group of the Mental Health Board Community Engagement Committee.

Jurisdiction

The Advisory Council shall exercise its responsibilities within Milwaukee County.

Duration

The Advisory Council will serve indefinitely on a continuing basis. Start Date TBD.

Statement of Purpose

The Community Stakeholder Advisory Council has a three-fold purpose:

1. The Advisory Council strategically engages consumers, families, and communities as primary stakeholders in BHS service system planning and delivery to support Milwaukee County's vision to achieve racial and health equity.
2. The Advisory Council strengthens Milwaukee County's overall strategy to address behavioral health within the community though ongoing communication of BHS provider network services and related outcomes.
3. The Advisory Council provides an additional strategic mechanism for the Mental Health Board to proactively gather information regarding the quality of consumer, family member, and advocate experiences with BHS-supported services including Granite Hills Hospital and the Mental Health Emergency Center (MHEC).

Composition

The Advisory Council consists of no less than 11 and no more than 15 community members representing the following constituencies:

- Consumer/Peer
- Young Adult Consumer/Peer
- Family Member/Parent
- Advocate
- Caregiver
- Faith Community
- Criminal Justice System

Scope of Work

The Advisory Council centers its work upon the experiences of consumers and families with additional involvement of advocates, the faith community, and members of the non-provider public.

The Advisory Council convenes to create new opportunities for dialogue about behavioral health within Milwaukee County's diverse communities and beyond.

The Advisory Council aims to illuminate the experiences of consumers and families for Mental Health Board policy-making efforts.

Council Activities

1. Provide consumer experience reports to the Milwaukee County Mental Health Board Community Engagement and Quality Committees as well as the leadership of Granite Hills Hospital and the Mental Health Emergency Center.
2. Raise community awareness of the planned PCS closing and highlight the services to be provided by Granite Hills and the Mental Health Emergency Center.
3. Foster increased knowledge of and participation at Mental Health Board Meetings and Public Hearings to address community mental health and substance use priorities.
4. Promote BHS services and share success stories with the community to reduce mental health stigma and support access and participation.
5. Support quality initiatives by gathering information about consumer and family experiences with contracted BHS services including Granite Hills Hospital and the MHEC for Mental Health Board consideration.

Member Terms

Council members may serve staggered terms for two (2) or three (3) years with the option to be renewed for a maximum of five years of service. All members shall serve on a voluntary basis (without compensation).

Member Recruitment and Onboarding

Individuals interested in serving on the Community Stakeholder Advisory Council are asked to contact the Council Chair. Council Members will be provided with training and resources to support their service.

Description of Member Duties

1. Attend meetings regularly.
2. Be a visible presence to share ideas and concerns from consumers of mental health services and family members.
3. Actively contribute to the creation of consumer experience updates to the leadership of BHS-supported community services with a special emphasis upon the transition to Granite Hills Hospital and the Mental Health Emergency Center.
4. Share Advisory Council and BHS updates with personal and/or professional contacts.
5. Invite community members to attend Council meetings, Mental Health Board meetings and public hearings.

Agency or Official to Whom Council Reports

Advisory Council Chairperson: Brenda Wesley. Reports will be provided to the Mental Health Board Community Engagement and Quality Committees.

Meeting Schedule

The Council shall hold monthly meetings for the initial six months followed by bi-monthly meetings thereafter. Meetings will be noticed for the public to attend.

Decision-Making

Any decisions that are required will be made at the discretion of the Council Chair with input from Council members.

Budget

The annual operating costs of establishing and maintaining the Advisory Council is TBD. BHS will provide administrative support for the Council. Estimated Annual Operating Costs include meeting expenses, staffing, marketing and communications (website, social media and email communications).

Record-Keeping

The records of the Advisory Council will be kept in accordance with Milwaukee County public meeting protocols.

Adoption Date: April 18, 2022