

## 2021 MHSIP Survey for CCS Adult Consumers – Milwaukee County.

### What is the Mental Health Statistics Improvement Program (MHSIP) Survey?

The Mental Health Statistics Improvement Program (MHSIP) survey is a nationally used survey and measures concerns that are important to consumers of publicly funded mental health services.

#### CCS Consumers

- In CCS for at least 6 months
- Currently receiving CCS services or discharge is within the last 3 months.

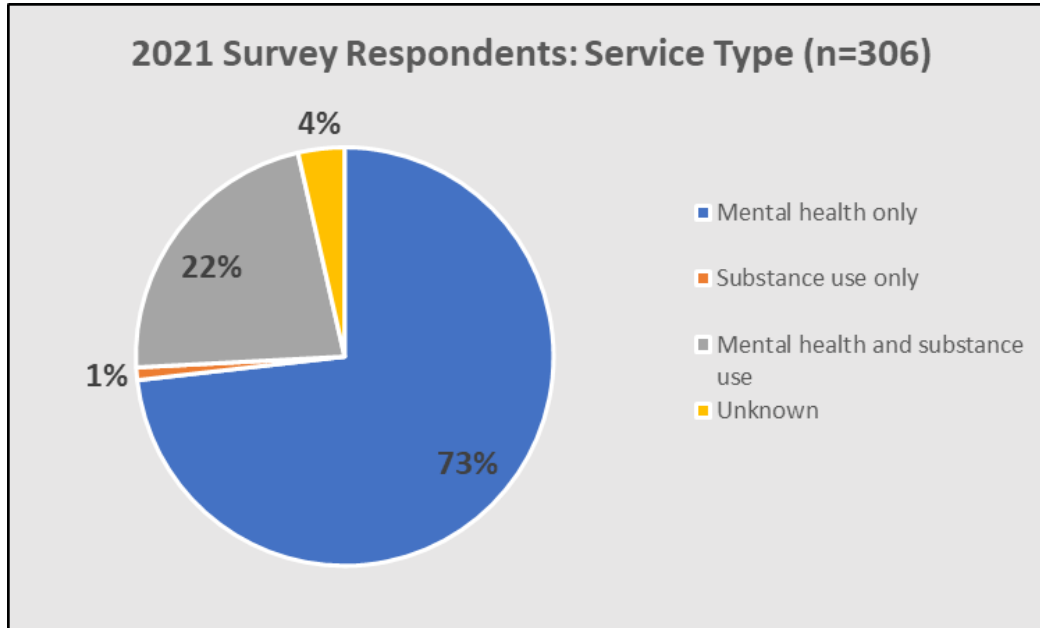
#### 2021 MHSIP Survey Respondents - Agency Distributions:

The survey was administered by a contracted client advocacy agency, “Vital Voices”. BHS CARS provided Vital Voices with a list of consumers who received services during a 3 month period in 2021.

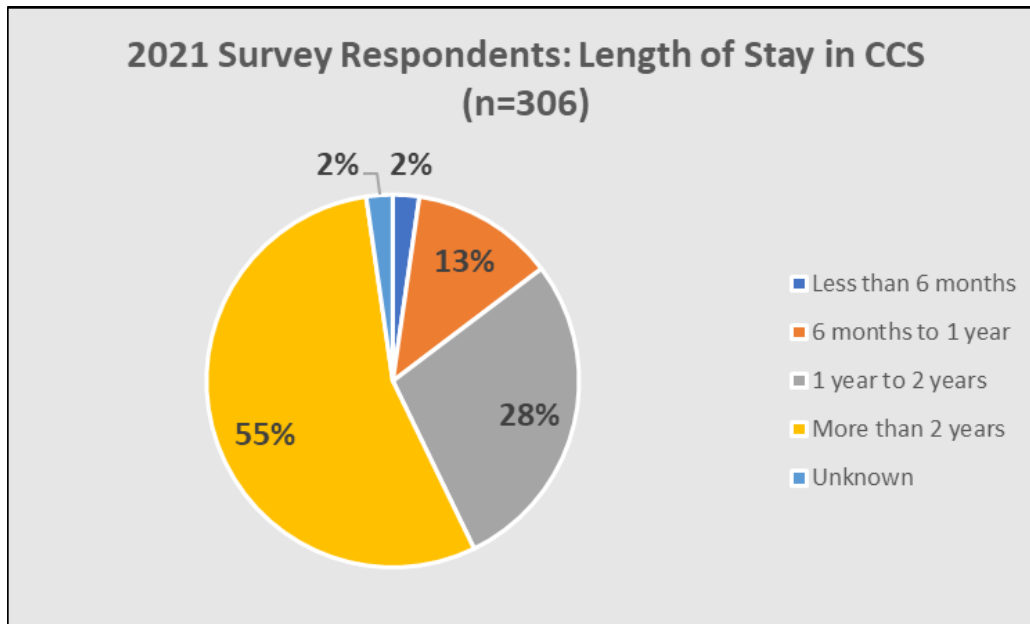
Agency	# Distributed	#Completed	Response Rate
TOTAL	1282	306	23.9%

## **2021 MHSIP Survey Respondents – Service Type/Length of CCS Participation:**

***Are you currently receiving mental health and/or substance use services?***

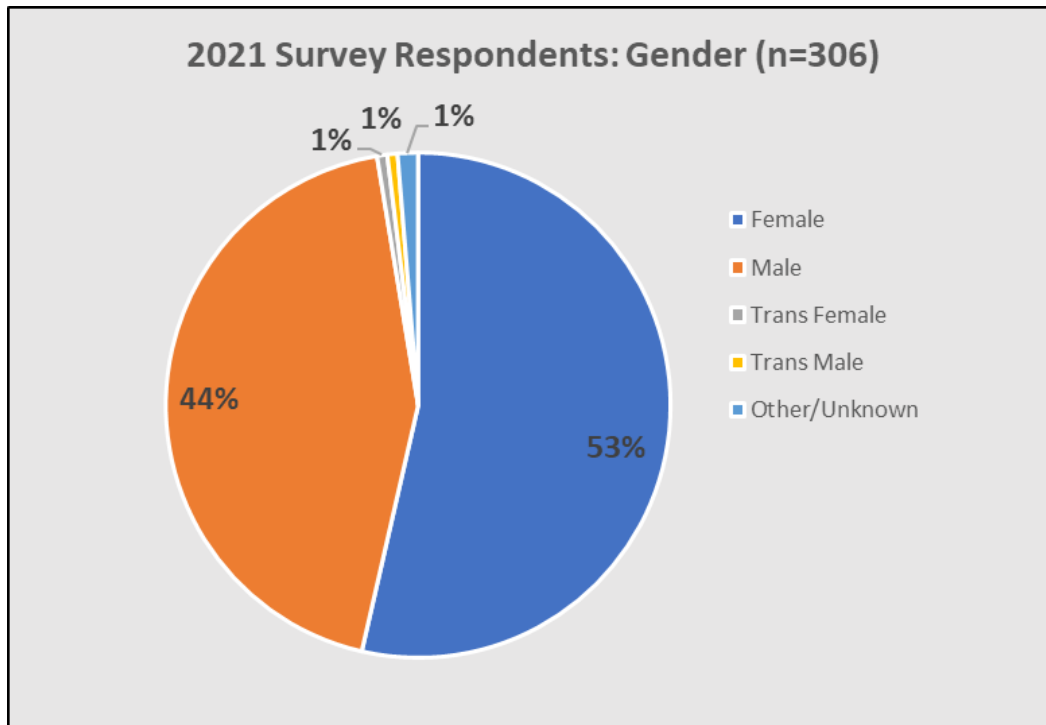


***How long have you received these services?***

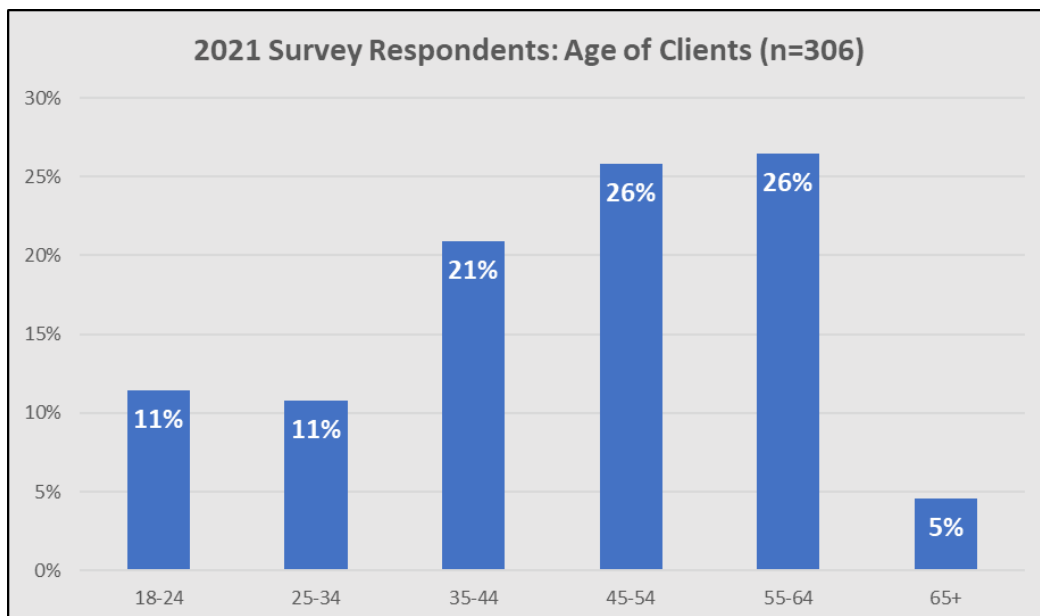


## **2021 MHSIP Survey Respondents – Demographics**

***What is your gender?***

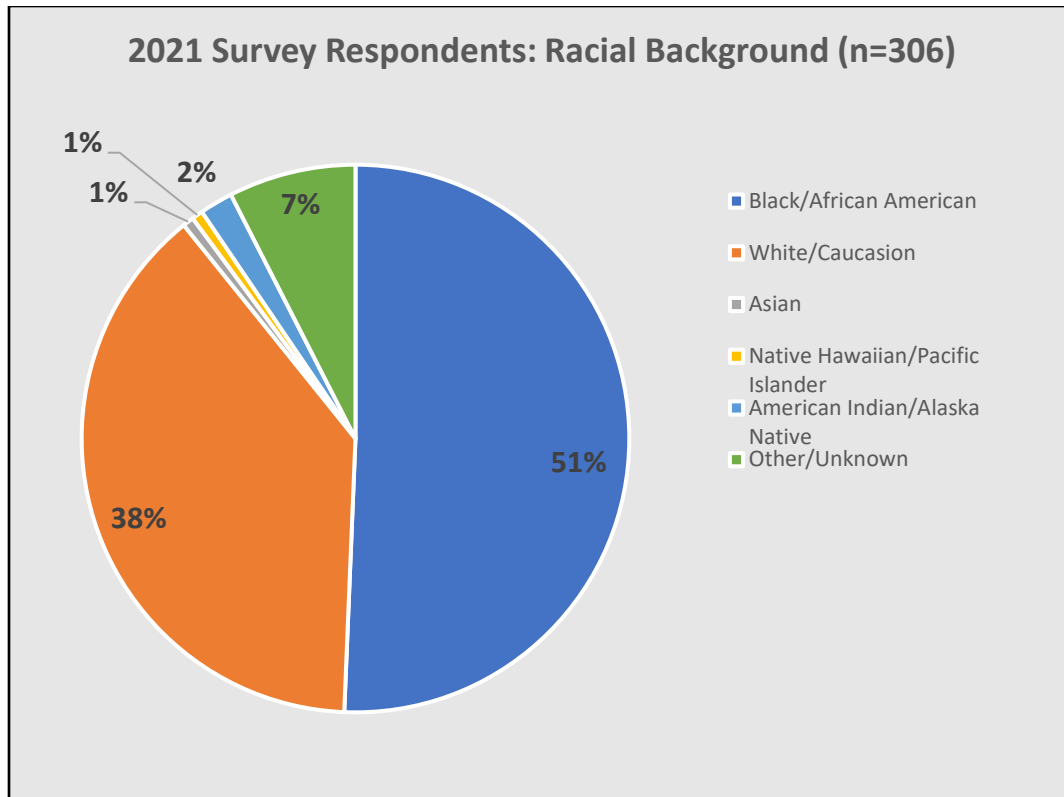


***What is your age? (in years)***

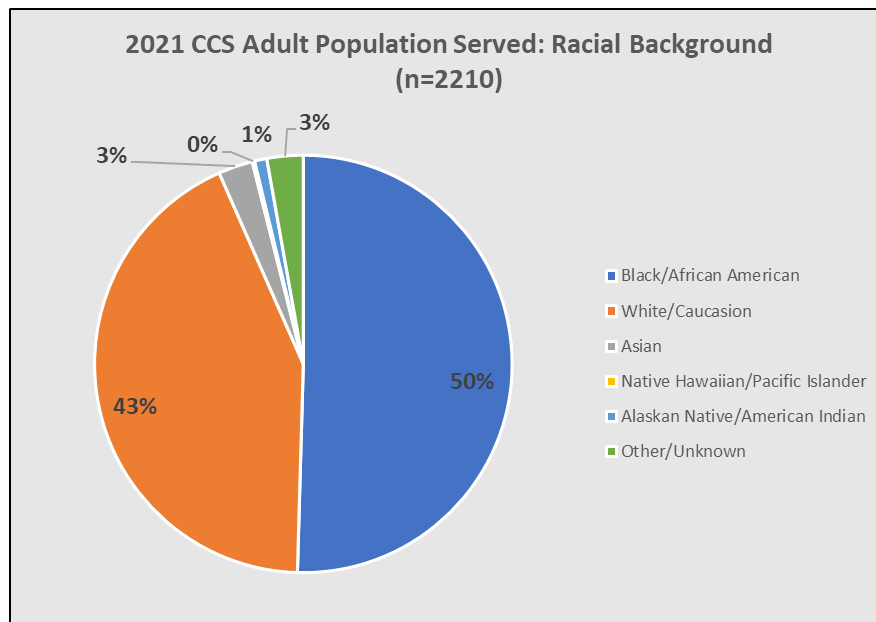


## **2021 MHSIP Survey Respondents – Demographics (cont.)**

***What is your racial background?***



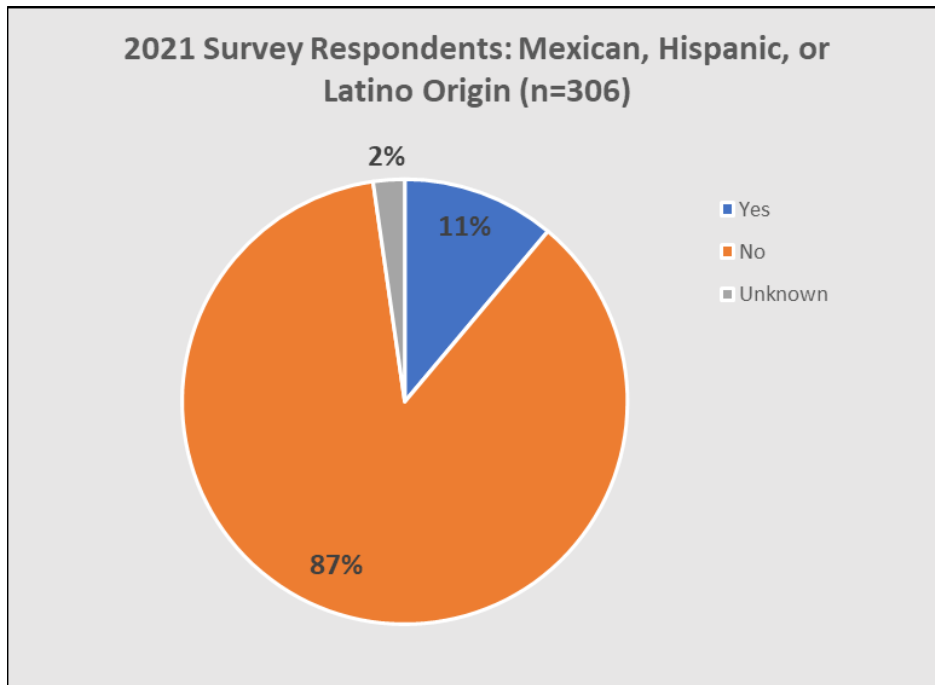
***For Comparison: Racial background of 2021 CCS Adult population served:***



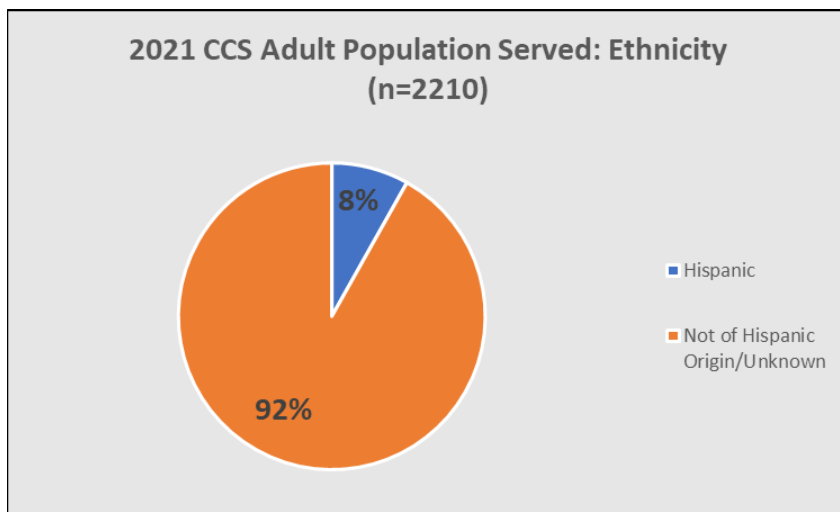


## **2021 MHSIP Survey Respondents – Demographics (cont.)**

*Are you of Mexican, Hispanic or Latino origin?*



*For Comparison: Ethnicity of 2021 CCS Adult population served:*



## **2021 MHSIP Survey Respondents - RESULTS:**

Participants were asked to respond to 36 unique statements using the following scale:

***1-Strongly Disagree***

***2-Disagree***

***3-Undecided***

***4-Agree***

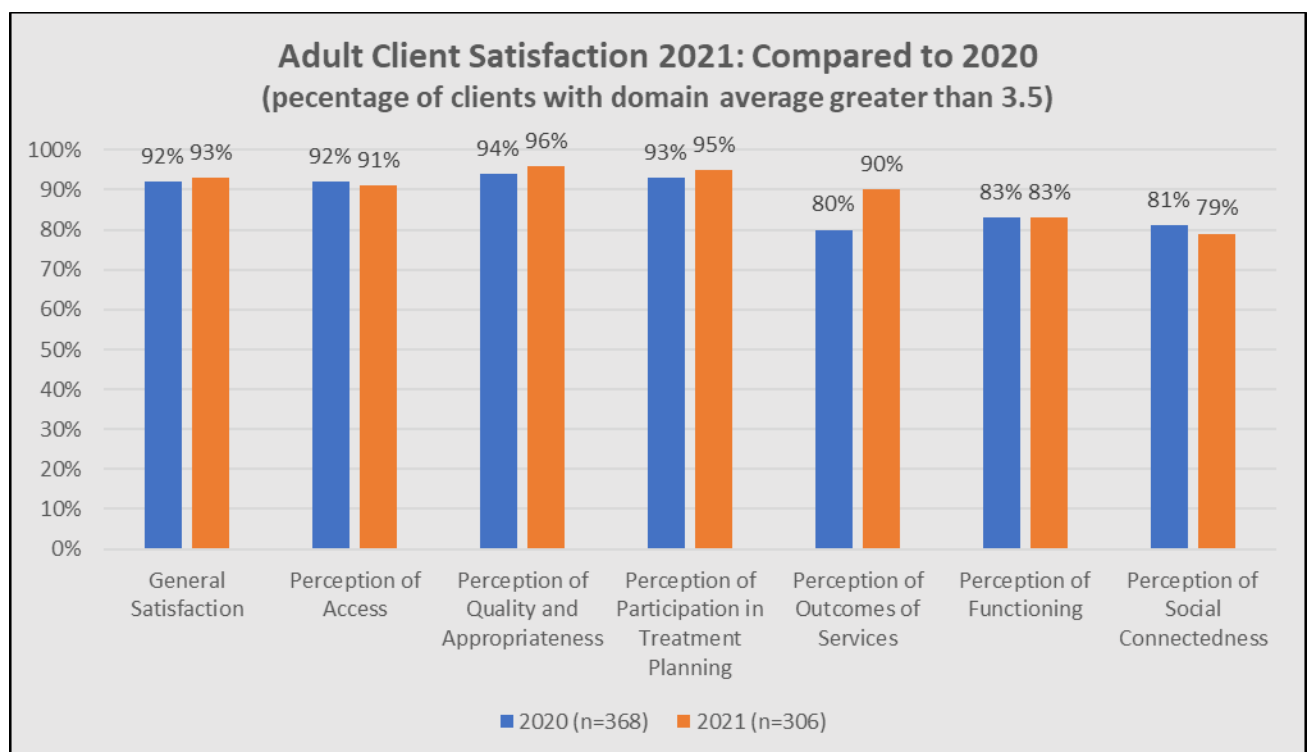
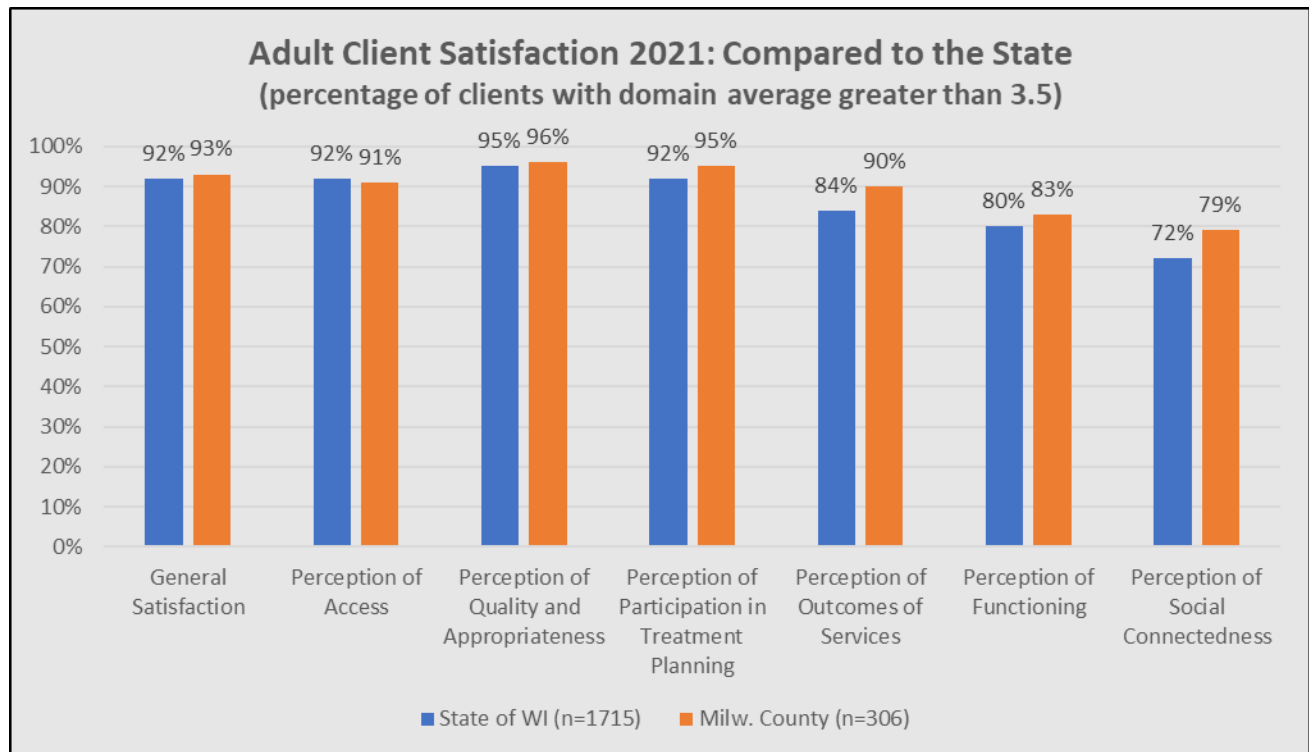
***5-Strongly Agree***

Results were calculated by taking the average score of responses within the same “Domain”.

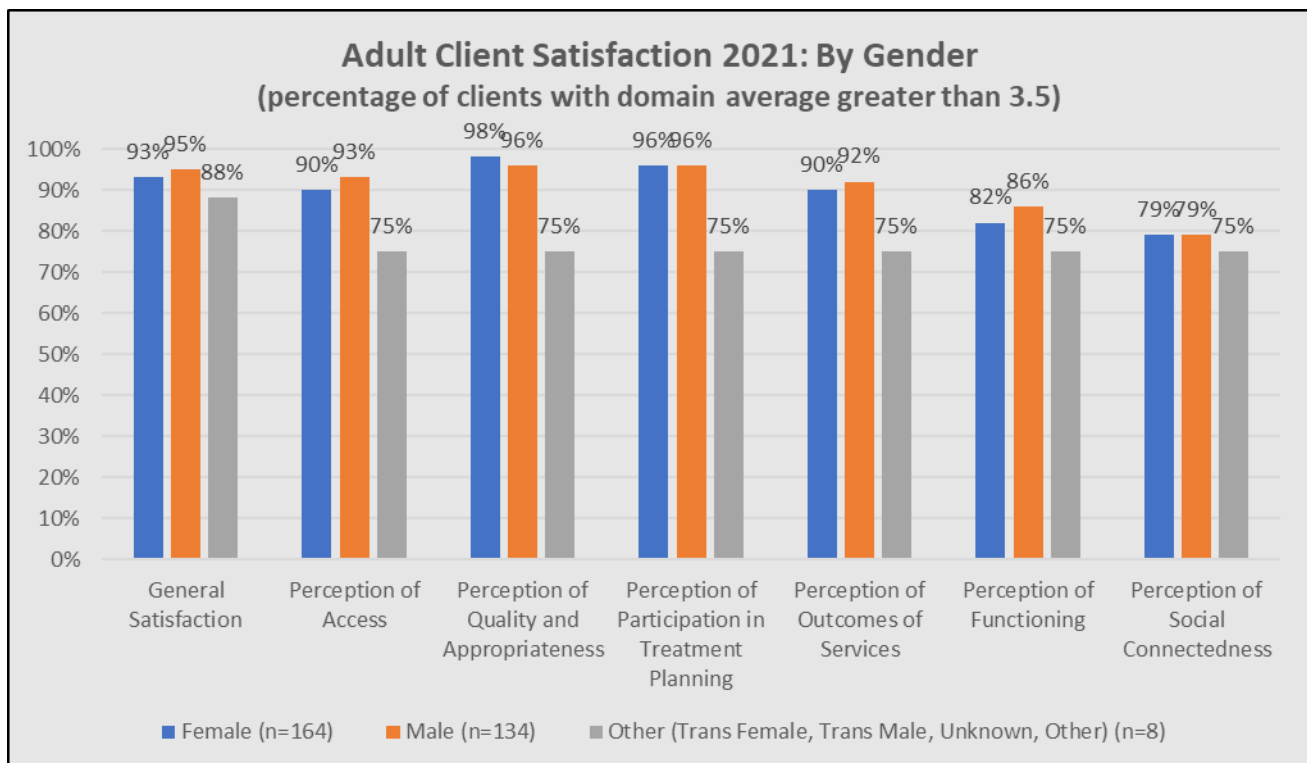
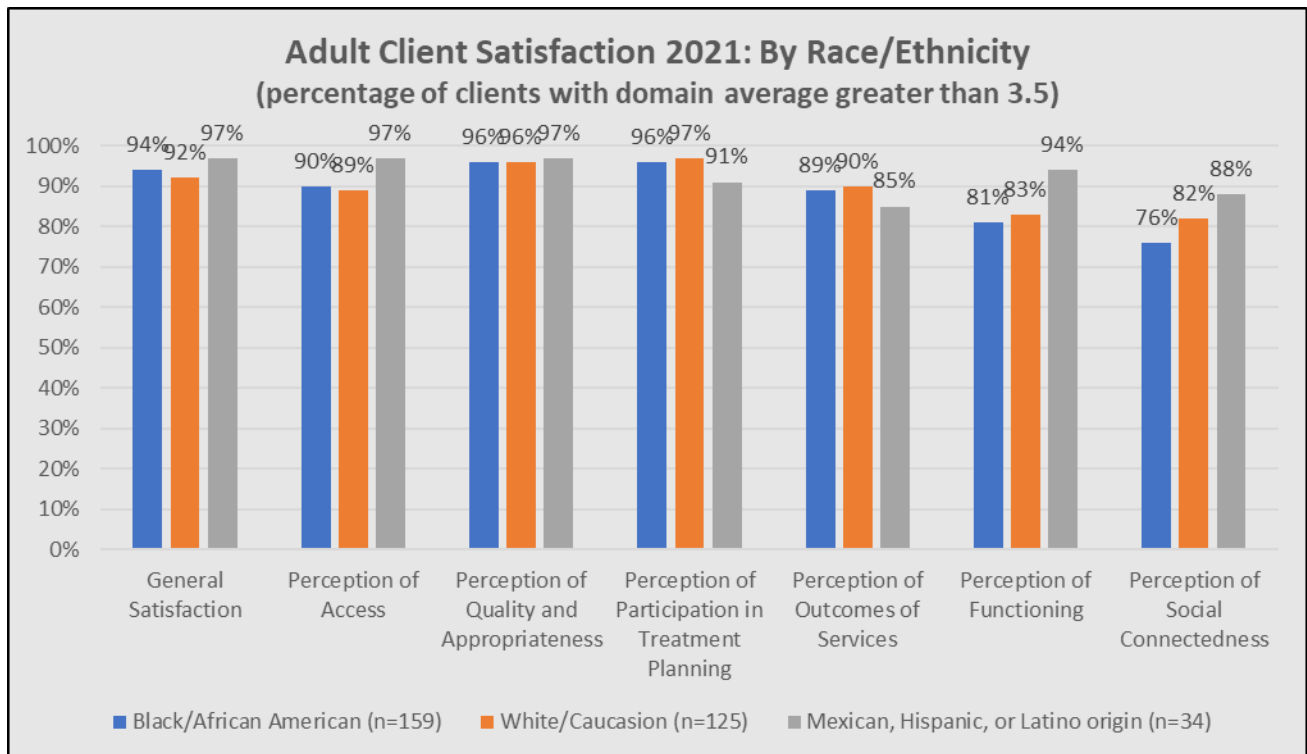
The statements and their correlating domain are as follows:

<b>DOMAIN</b>	<b>STATEMENTS</b>
<b>General Satisfaction</b>	I like the services that I received. If I had other choices, I would still get services from the same agency. I would recommend the same agency to a friend or family member.
<b>Perception of Access</b>	The location of services was convenient (parking, public transportation, distance, etc.). Staff were willing to see me as often as I felt it was necessary. Staff returned my calls within 24 hours. Services were available at times that were good for me. I was able to get all the services I thought I needed. I was able to see a psychiatrist when I wanted to.
<b>Perception of Quality and Appropriateness</b>	Staff believed that I can grow, change, and recover. I felt free to complain. I was given information about my rights. Staff encouraged me to take responsibility for how I live my life. Staff told me what side effects to watch out for. Staff respected my wishes about who is, and who is not to be given information about my treatment. Staff were sensitive to my cultural background (race, religion, language, etc.). Staff helped me obtain the information I needed so that I could take charge of managing my mental health and/or substance use condition. I was encouraged to use consumer-run programs (support groups, drop-in centers, warm line, etc.).
<b>Perception of Participation in Treatment Planning</b>	I felt comfortable asking questions about my treatment and medication. I, not staff, decided my treatment goals.
<b>Perception of Outcomes of Services</b>	I deal more effectively with daily problems. I am better able to control my life. I am better to deal with crisis. I am getting along better with my family. I do better in social situations. I do better in school and / or work. My housing situation has improved. My symptoms are not bothering me as much.
<b>Perception of Functioning</b>	My symptoms are not bothering me as much. I do things that are more meaningful to me. I am better able to take care of my needs. I am better able to handle things when they go wrong. I am better able to do things that I want to do.
<b>Perception of Social Connectedness</b>	I am happy with the friendships I have. I have people with whom I can do enjoyable things. In a crisis, I would have the support I need from family or friends. I feel I belong in my community.

## 2021 MHSIP Survey Respondents – RESULTS (cont.):



## 2021 MHSIP Survey Respondents – RESULTS (cont.):



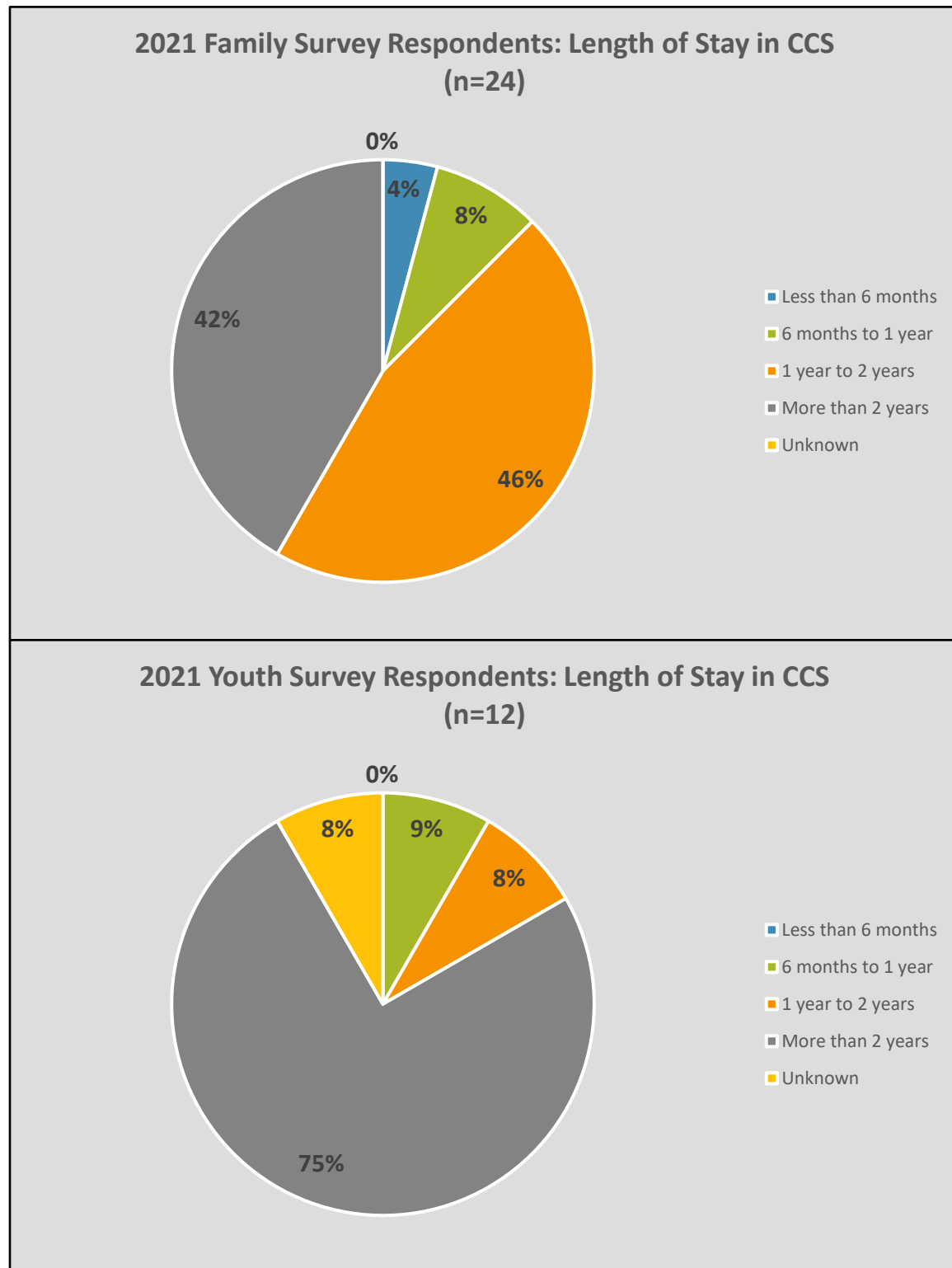
### **2021 MHSIP Survey Respondents:**

The survey was administered by a contracted client advocacy agency, “Vital Voices”. Children’s Community Mental Health Services and Wraparound Milwaukee provided Vital Voices with a list of consumers who received services during a 3 month period in 2021.

<b>MHSIP Survey</b>	<b># Distributed</b>	<b>#Completed</b>	<b>Response Rate</b>
Family	55	24	<b>43.6%</b>
Youth	142	12	<b>8.4%</b>
<b>TOTAL</b>	<b>197</b>	<b>36</b>	<b>18.3%</b>

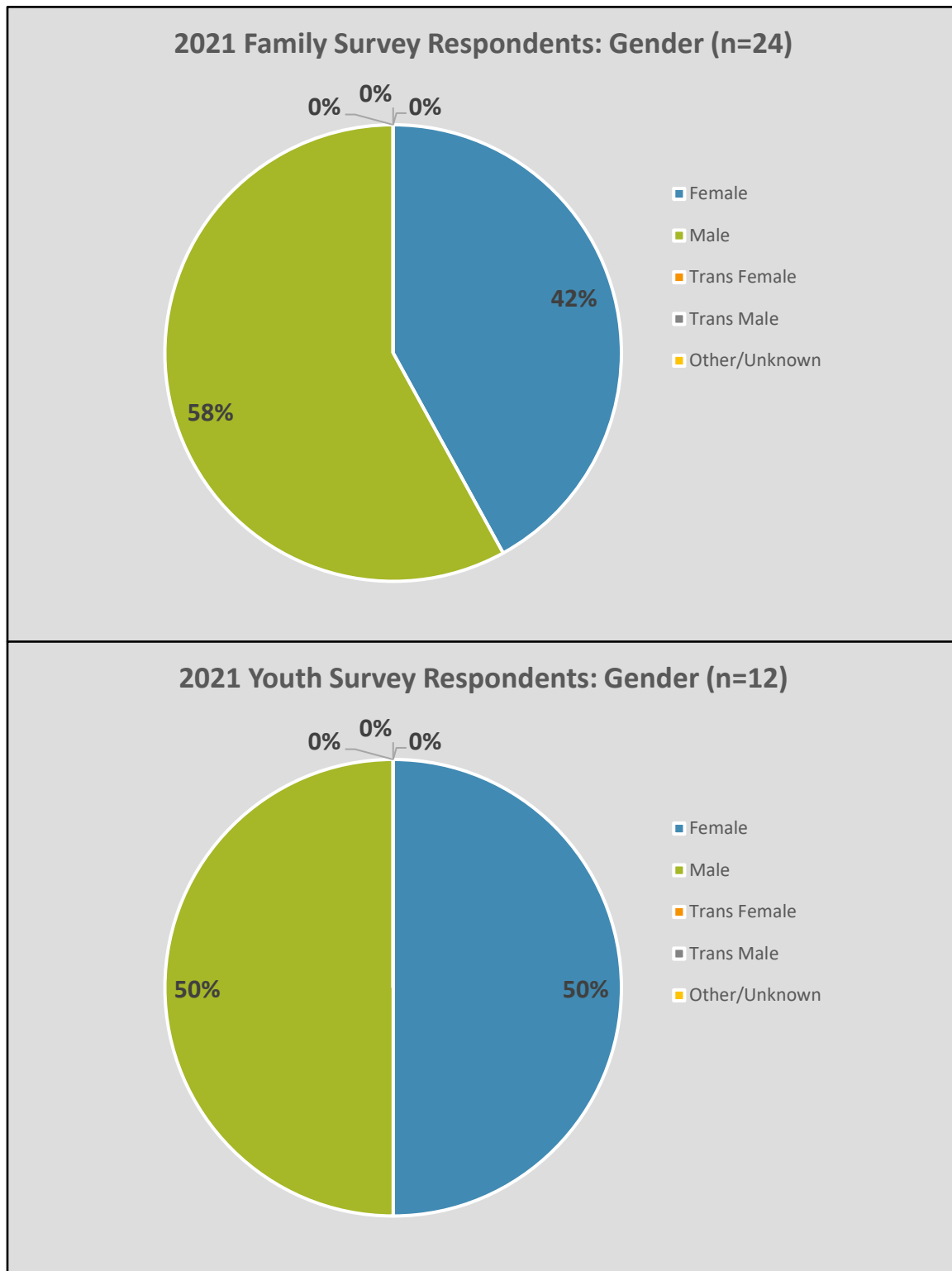
## **2021 MHSIP Survey Respondents – Service Type/Length of CCS Participation:**

*How long have you received mental health and/or substance abuse services?*

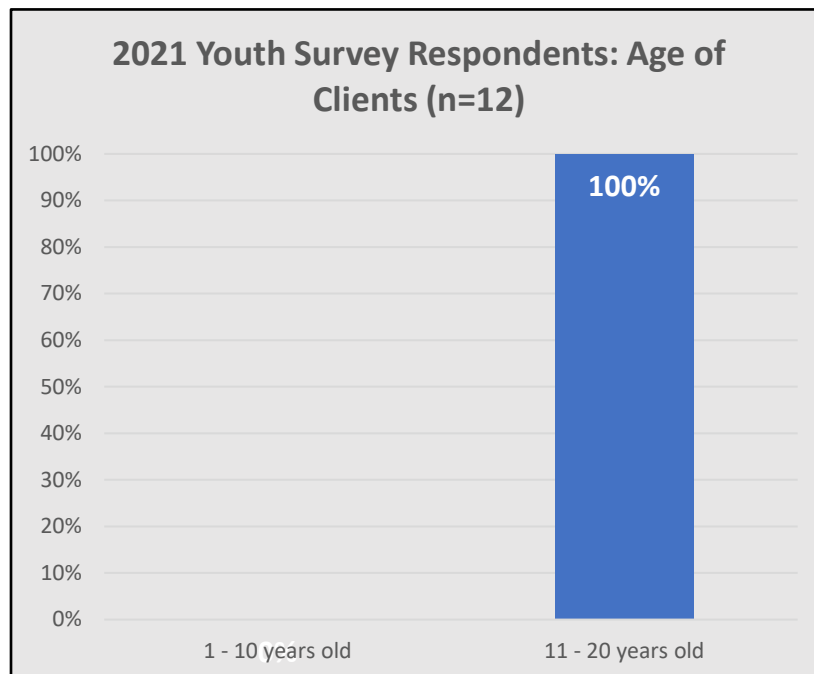
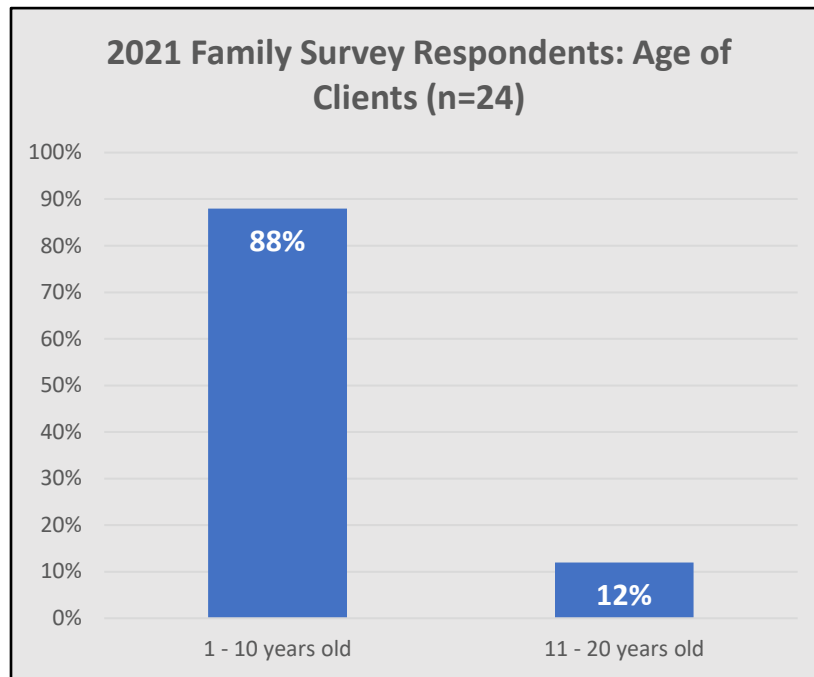


## **2021 MHSIP Survey Respondents – Demographics**

*What is your (your child's) gender?*



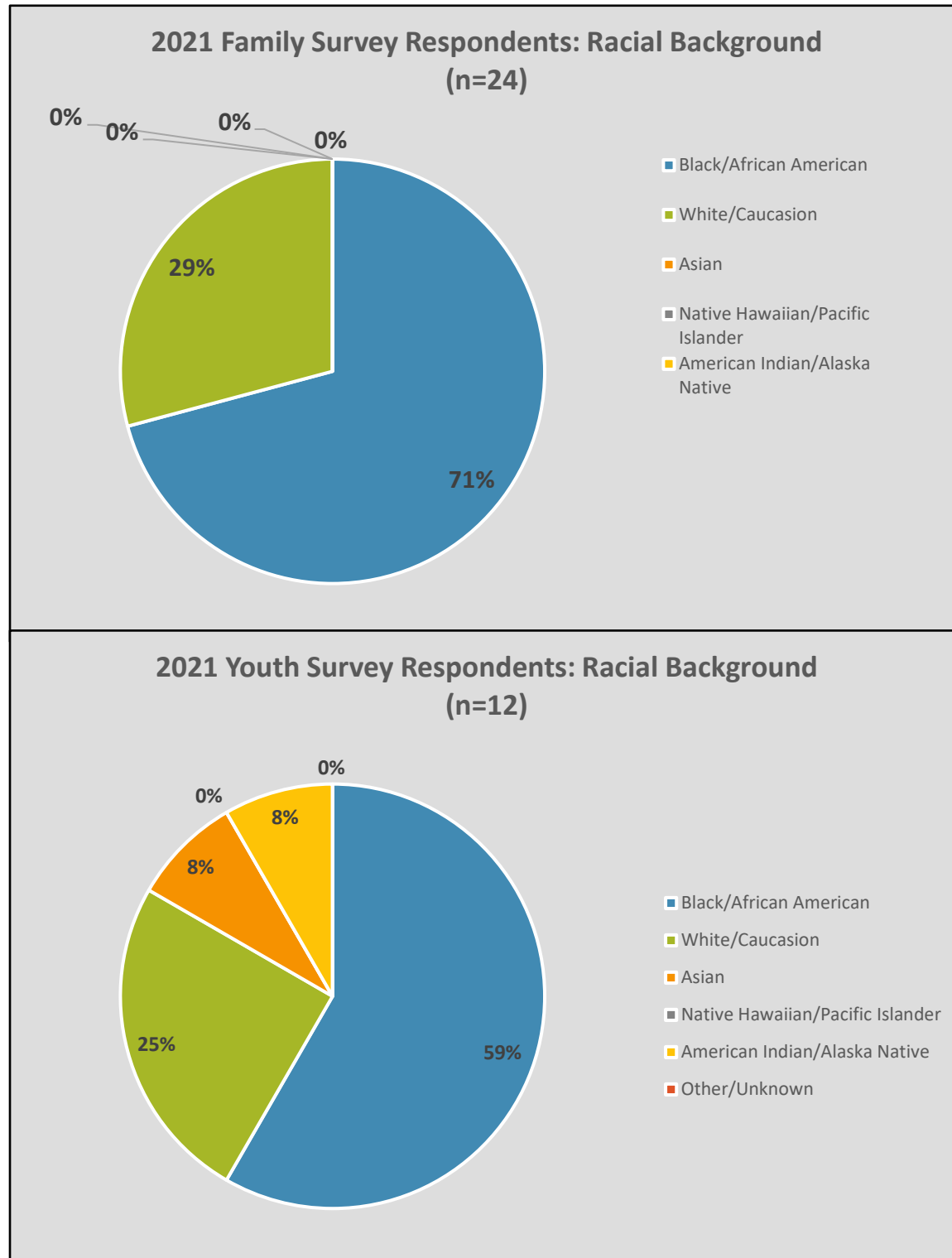
***What is your (your child's) age? (in years)***





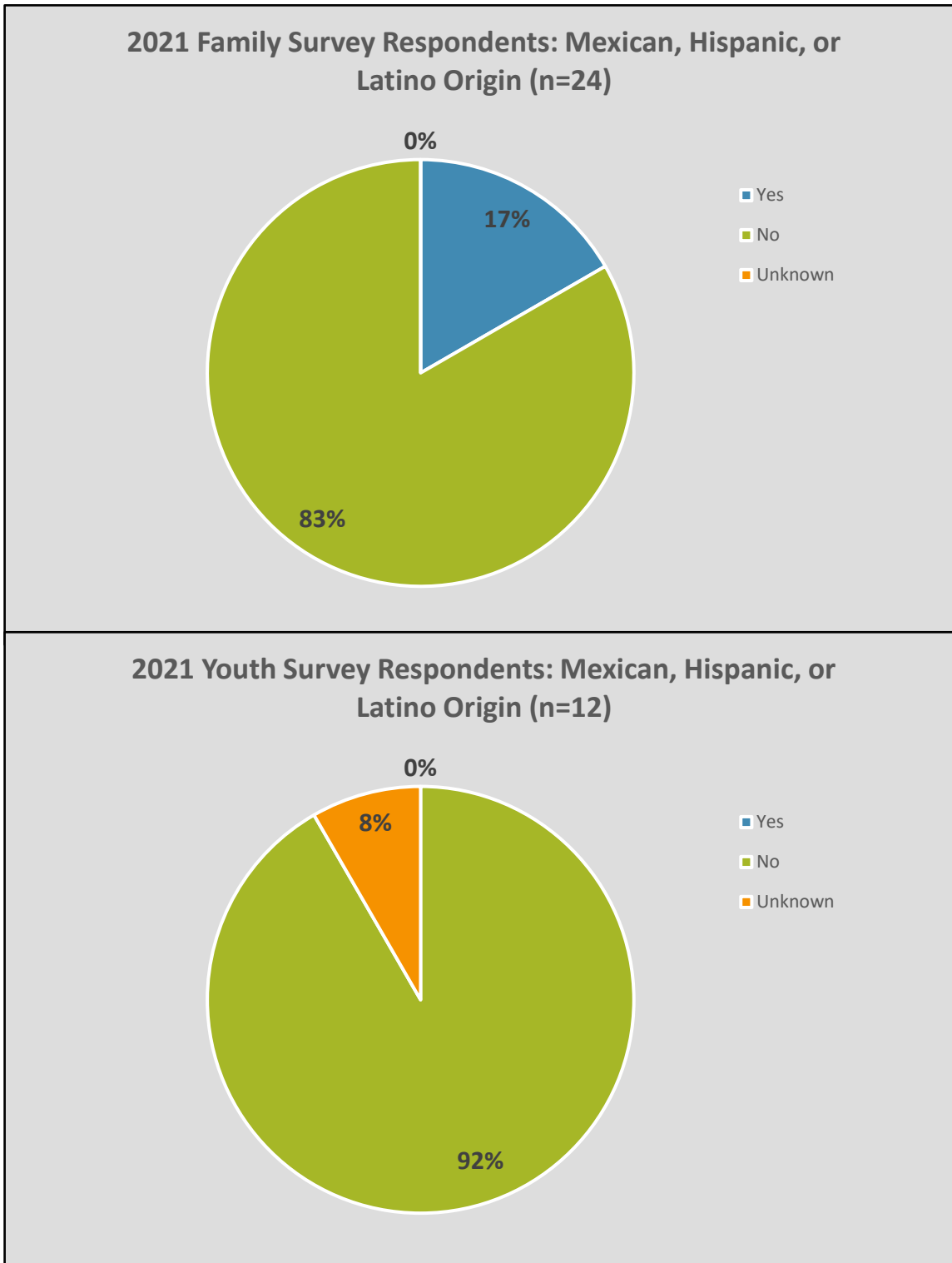
## **2021 MHSIP Survey Respondents – Demographics (cont.)**

***What is your racial background (racial background of your child)?***



## **2021 MHSIP Survey Respondents – Demographics (cont.)**

*Are you (your child) of Mexican, Hispanic or Latino origin?*



## **2021 MHSIP Survey Respondents - RESULTS:**

Participants were asked to respond to 26 unique statements using the following scale:

***1-Strongly Disagree***

***2-Disagree***

***3-Undecided***

***4-Agree***

***5-Strongly Agree***

Results were calculated by taking the average score of responses within the same “Domain”.

The statements and their correlating domain are as follows:

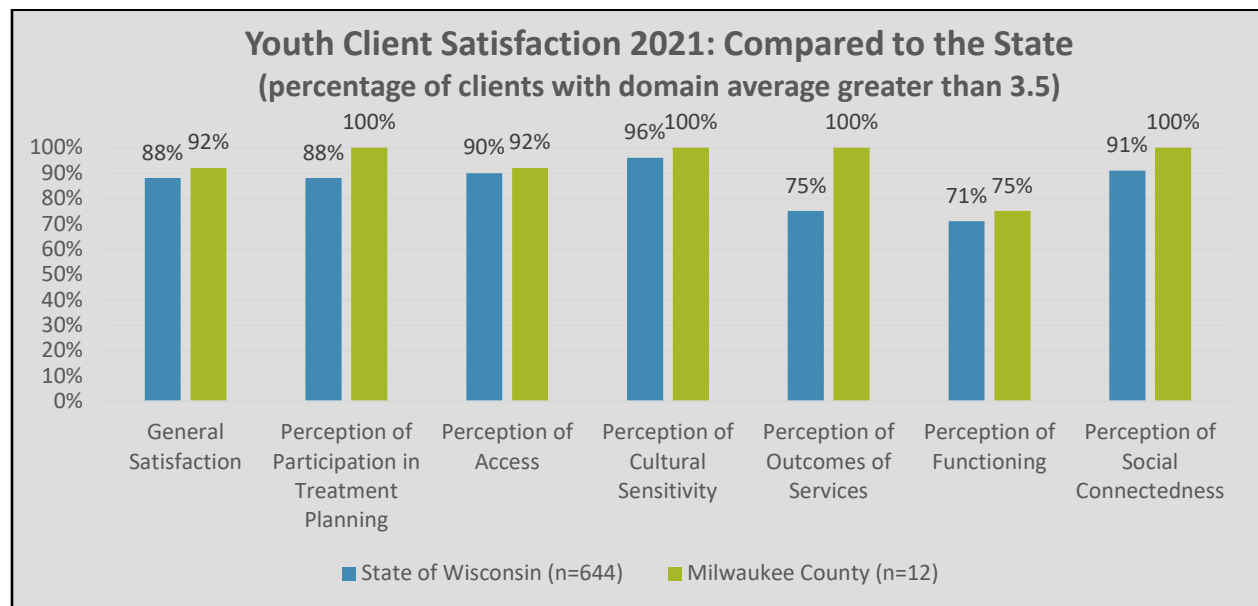
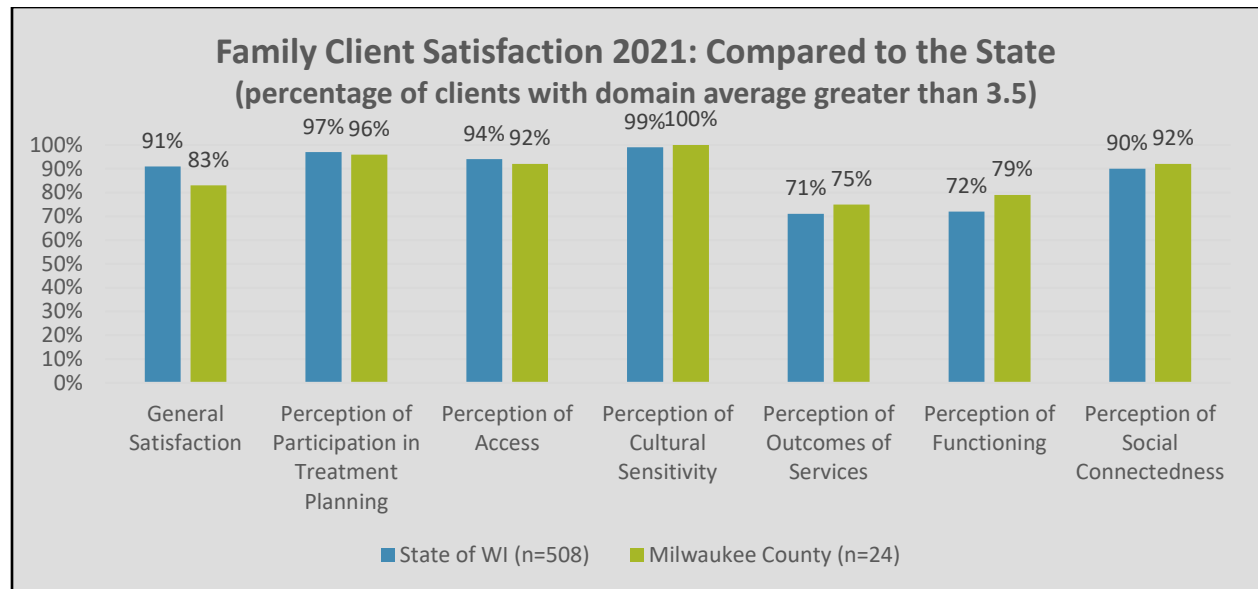
**Family MHSIP:** The family survey asks the caregiver (parent or guardian) a series of 26 questions about their satisfaction with the mental health and/or substance use services their child has received in the past six months. The caregiver’s responses can be summarized across six satisfaction domains.

DOMAIN	STATEMENTS
General Satisfaction	Overall, I am satisfied with the services my child received. The people helping my child stuck with us no matter what. I felt my child had someone to talk to when he or she was troubled. The services my child and/or family received were right for us. My family got the help we wanted for my child. My family got as much help as we needed for my child
Perception of Participation in Treatment Planning	I helped to choose my child’s services. I helped to choose my child’s treatment goals. I participated in my child’s treatment.
Perception of Access	The location of services was convenient for us. Services were available at times that were convenient for us.
Perception of Cultural Sensitivity	Staff treated me with respect. Staff respected my family’s religious or spiritual beliefs. Staff spoke with me in a way that I understood. Staff were sensitive to my cultural or ethnic background.
Perception of Outcomes of Services	My child is better at handling daily life. My child gets along better with family members. My child gets along better with friends and other people. My child is doing better in school and/or work. My child is better able to cope when things go wrong. I am satisfied with our family life right now.
Perception of Functioning	My child gets along better with family members. My child gets along better with friends and other people. My child is better able to cope when things go wrong. My child is better able to do things he or she wants to do.
Perception of Social Connectedness	I know people who will listen and understand me when I need to talk. I have people that I am comfortable talking with about my child’s problems. In a crisis, I would have the support I need from family or friends. I have people with whom I can do enjoyable things

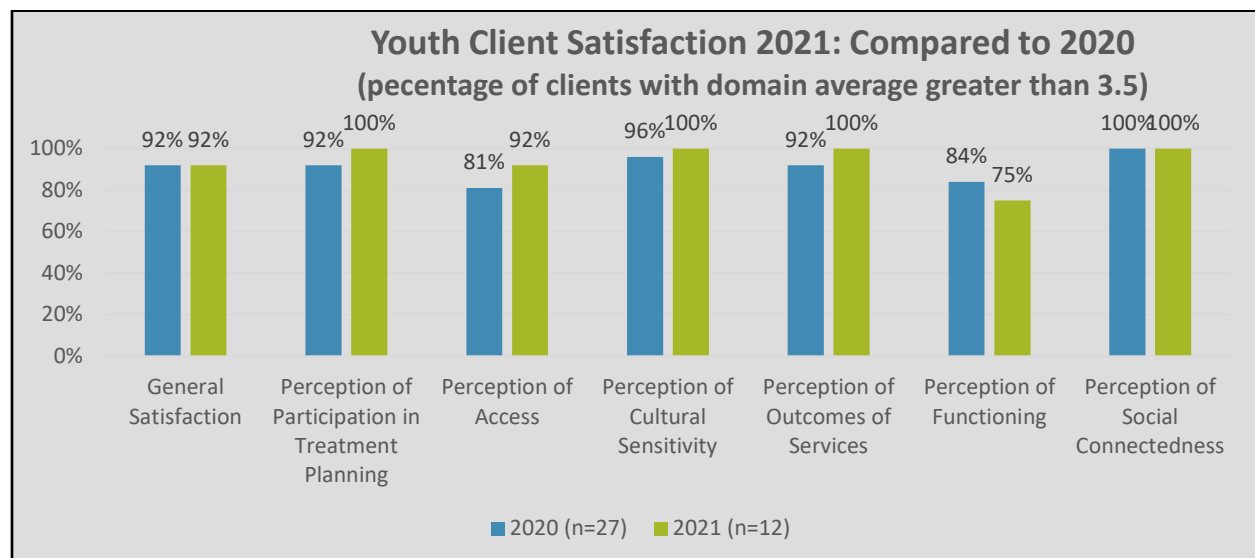
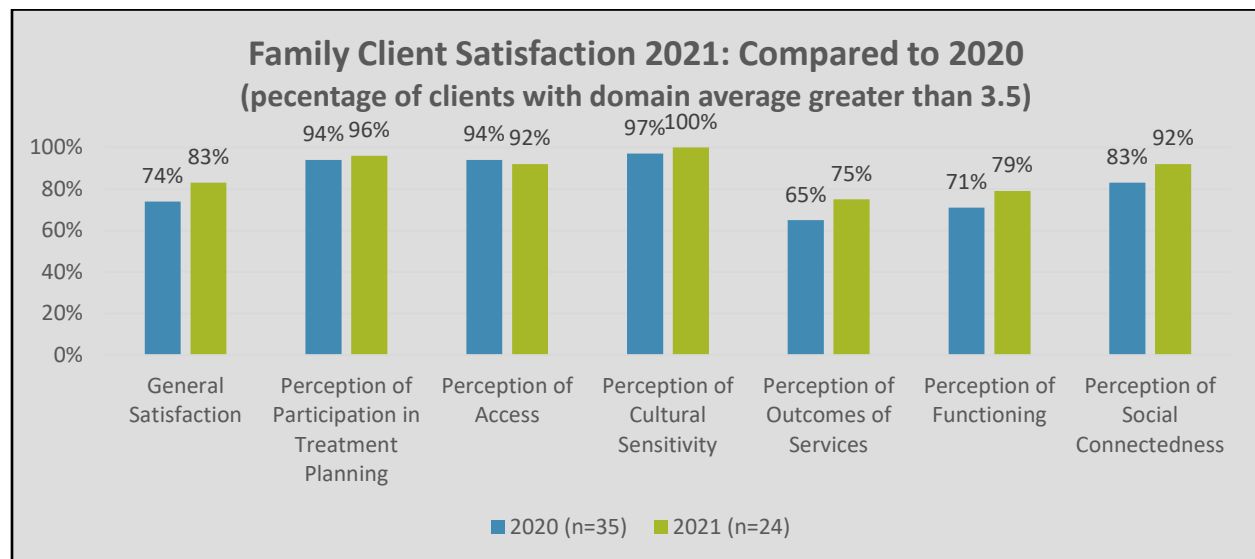
**Youth MHSIP:** The youth survey asks the same series of 26 questions about participant satisfaction as the family survey, but from the perspective of the adolescent participant. Again, all of the questions on the youth survey fall into one of these six domains.

<b>General Satisfaction</b>	Overall, I am satisfied with the services I received. The people helping me stuck with me no matter what. I felt I had someone to talk to when I was troubled. The services I received were right for me. I got the help I wanted. I got as much help as I needed.
<b>Perception of Participation in Treatment Planning</b>	I helped to choose my services. I helped to choose my treatment goals. I participated in my own treatment.
<b>Perception of Access</b>	The location of services was convenient for me. Services were available at times that were convenient for me.
<b>Perception of Cultural Sensitivity</b>	Staff treated me with respect. Staff respected my family's religious or spiritual beliefs. Staff spoke with me in a way that I understood. Staff were sensitive to my cultural or ethnic background.
<b>Perception of Outcomes of Services</b>	I am better at handling daily life. I get along better with family members. I get along better with friends and other people. I am better able to cope when things go wrong. I am doing better in school and/or work. I am satisfied with my family life right now.
<b>Perception of Functioning</b>	I am better at handling daily life. I get along better with family members. I get along better with friends and other people. I am better able to cope when things go wrong. I am better able to do things I want to do.
<b>Perception of Social Connectedness</b>	I know people who will listen and understand me when I need to talk. I have people that I am comfortable talking with about my problems. In a crisis, I would have the support I need from family or friends. I have people with whom I can do enjoyable things

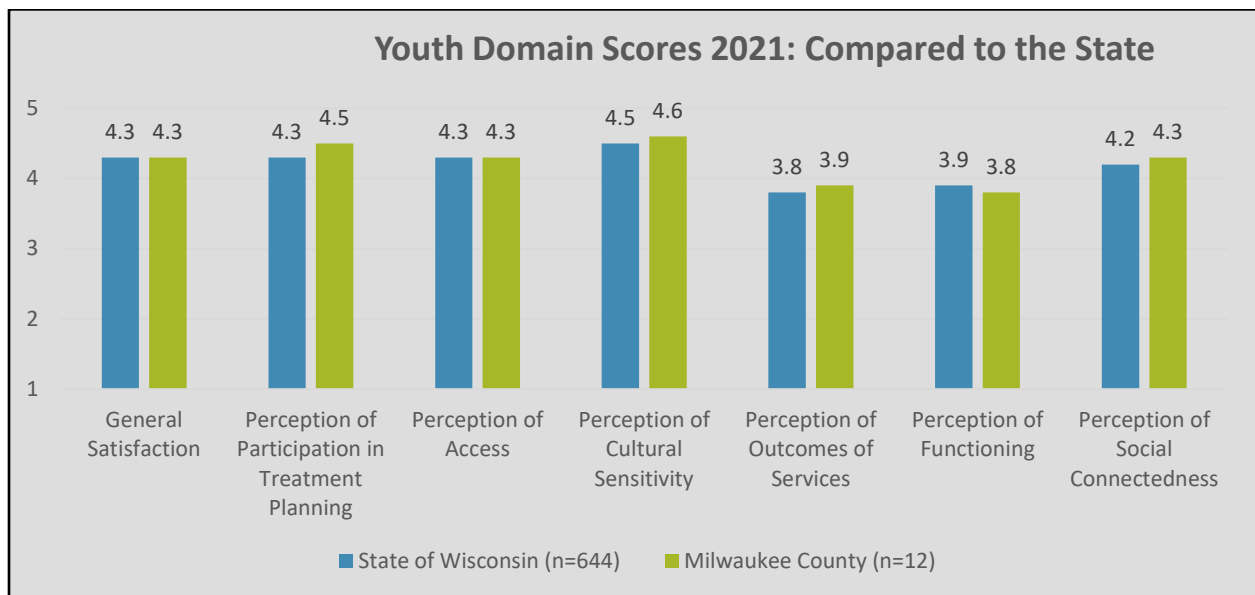
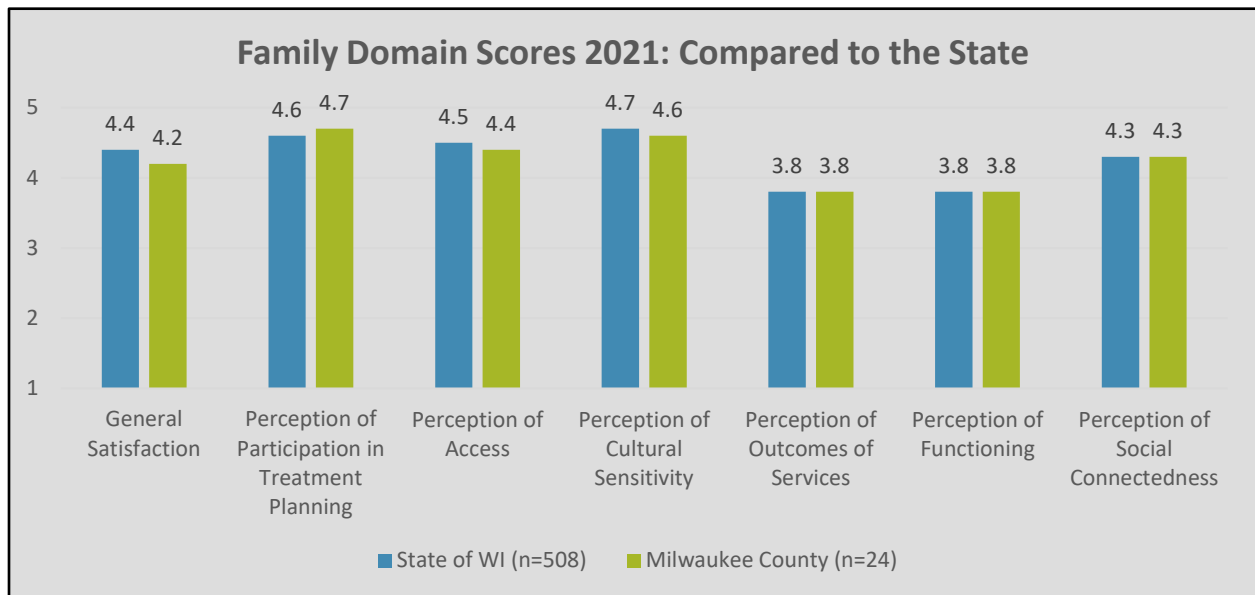
## **2021 MHSIP Survey Respondents – Results Compared to the State**



## **2021 MHSIP Survey Respondents – Results Compared Over Time**



## **2021 MHSIP Survey Respondents – Domain Results Compared to the State**





MILWAUKEE COUNTY  
DEPARTMENT OF HEALTH  
& HUMAN SERVICES

**BEHAVIORAL  
HEALTH SERVICES**

# CARS Quarterly Report



# CARS Quality Report Summary – Q2 2022

## POPULATION HEALTH

Among the key findings, our quality of life (QOL) data suggested that although our Black clients entered services with lower QOL relative to white clients (31.28% vs. 36.56.63%, respectively), their greater rate of improvement (64.71% relative to white clients (57.28%)) resulted in a greater proportion of Black clients experiencing “Good” or “Very Good” quality of life as of their last assessment.

We are continuing to focus our population health efforts on the high needs zip codes we identified in our prior report. The proportion of consumers in these five zip codes remains similar this quarter to what it has been over the past 7 quarters.

Finally, we hope to have a new assessment implemented by the end of 2022 that expands upon our existing, State-mandated data collection requirements (PPS) to include measures related to population health and social determinants of health. We believe this data will be invaluable to engage in better risk stratification, outcome measurement, and help us to more effectively meet the needs of our clients.

## CLIENT EXPERIENCE

We have moved forward with our focus group study to meet with providers and consumers of some of our contracted CBRFs. We first had a group call with the providers, and received a lot of encouraging feedback regarding what makes these programs run as smoothly as they do. The staff took a lot of pride in how they treat the consumers as individuals and in the priority they put in making the consumers feel like they are part of a family. We will be wrapping up meeting with the consumers this month, and are looking forward to hearing first hand what the participants are finding helpful within our CBRFs, along with identifying areas we can work on to improve their overall experiences.

Our CSP program has moved into full incentivization of their client experience scores, making it our fourth program to do so (with Crisis Case Management and 75.07-Residential withdrawal management service and 75.09-Residential intoxication monitoring service being the first three).

## COST OF CARE

We note a small increase (.029%) in the cost per client per month from the prior quarter. We are also currently focusing our efforts on analyzing the deployment of our TANF funds. In particular, we are looking to explore alternate or enhanced ways of meeting the TANF AODA population needs and finding different ways to spend the TANF dollars to address the social determinants of health (such as housing and IPS services).

## STAFF QUALITY OF LIFE

While our turnover rate is up this quarter from the prior quarter, we are still below the national average. We are also happy to note that there has been a fair amount of positive movement within CARS, with three employees accepting promotions within CARS over the last quarter. CARS staff also engaged in Part 1 of their DiSC assessment review as a team, in which we learned how our work styles and emotional intelligence could impact how we work with each other. Part 2 of this review will occur later this year.

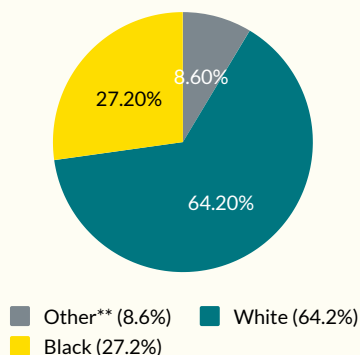
## NEXT STEPS

Future iterations of this Quarterly Report will include several changes, the first of which will be a transition to a new data visualization and analysis platform (PowerBI) that will allow for more efficient generation and manipulation of this report. It is our hope that we expand the use of this tool throughout BHS over the course of the next year. As noted above, please look for the implementation of our new PPS assessment module by the end of 2022.

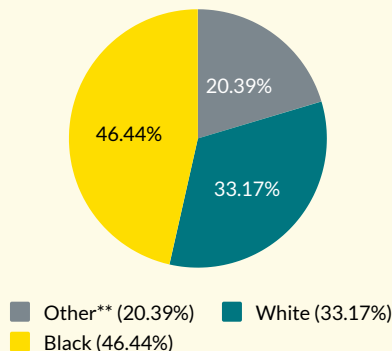
## Demographic Information of the Population We Serve

This section outlines demographics of the consumers CARS served last quarter compared to the County population.

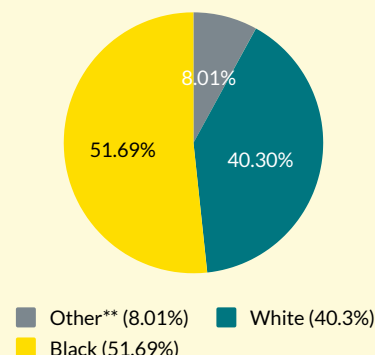
### Race (Milwaukee County)\*



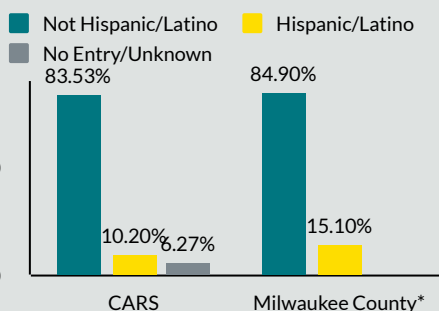
### Race of MKE County at or Below 100% Poverty Level



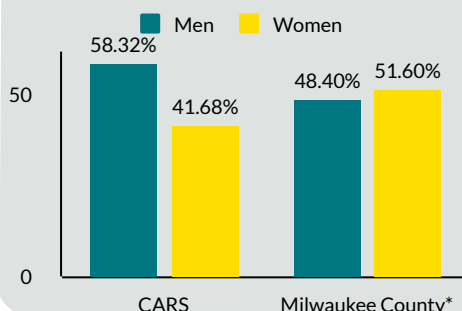
### Race (CARS)



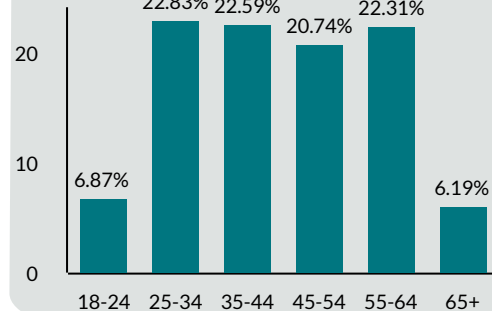
### Ethnicity



### Gender



### Age

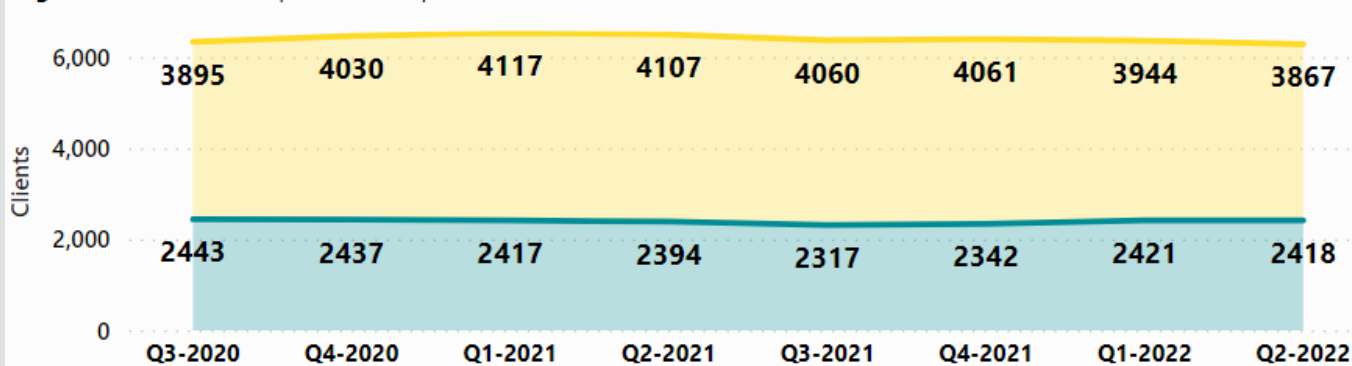


Note, there are instances where a person may have moved from one age category to another during the course of the quarter, resulting in them being double counted and the sum of the percentages adding up to slightly over 100%.

## CARS Focus on High Need Zip Codes

The Focused Zip Codes include 53215, 53205, 53206, 53204, 53233, 53209 and 53218. These zip codes were selected by CARS because of their significant social and economic needs, and because they have a significant portion of their population in the category of less than 200% of the poverty level. Identifying these high need areas is the first step in our efforts to target and concentrate our community outreach and investment initiatives.

### High Need

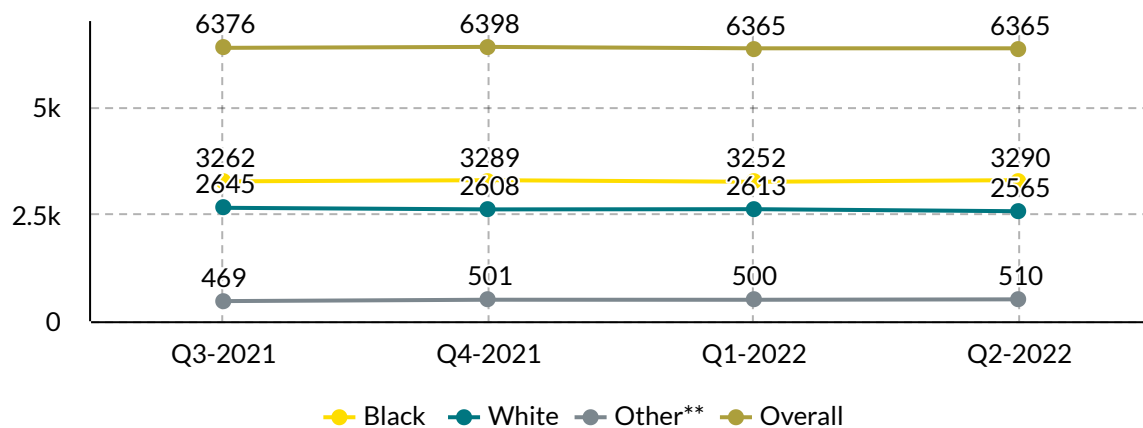


\*Comparable data from United States Census Bureau, which can be found at: <https://www.census.gov/quickfacts/fact/table/milwaukeecountywisconsin/PST045217#qf-flag-Z>

\*\*\*"Other" encompasses small percentages of indicated racial identity including "Alaskan Native/American Indian", "Asian", "Biracial", "Native Hawaiian/Pacific Islander", and "Other"

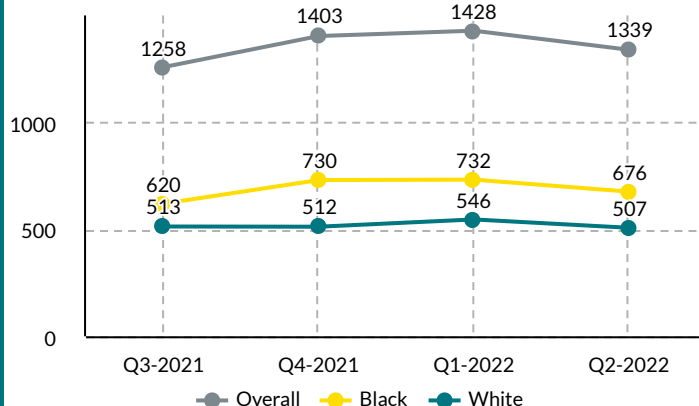
## Volume Served

### Volume Served by Race



## Referrals

### Referrals



### Access to Service

**28.78%** **-12.55%**

Increase from previous quarter

Percentage\* of clients who began their enrollment at a CARS Access Point who received a CARS community service within the first 30 days (179/622)

\* Please note that not all clients who are assessed need or are eligible to receive CARS community services, therefore the expectation is not 100%. CARS R&E Team is working to develop access targets for future reports.

## Time to First Service

Average Consumer Satisfaction Score (Range from 1-5)

**4.45**

average for all consumers (n=911)

**4.49**

average for Black consumers (n=516)

**4.38**

average for White consumers (n=252)

**4.44**

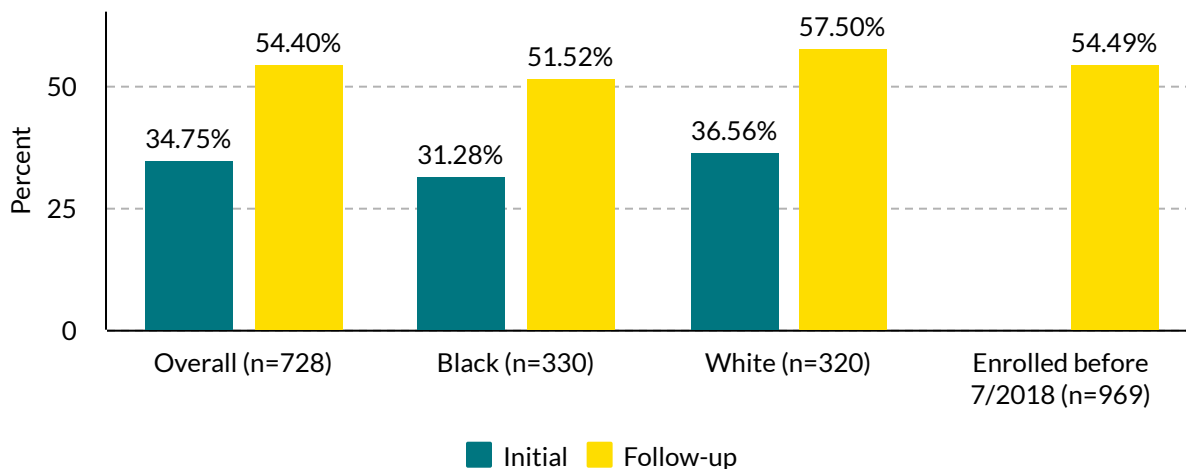
average for "other" consumers (n=143)

## Population Health

### Change Over Time - Client Enrollment

Percent of clients selecting "Good" or "Very Good" Quality of Life Overall and by Race

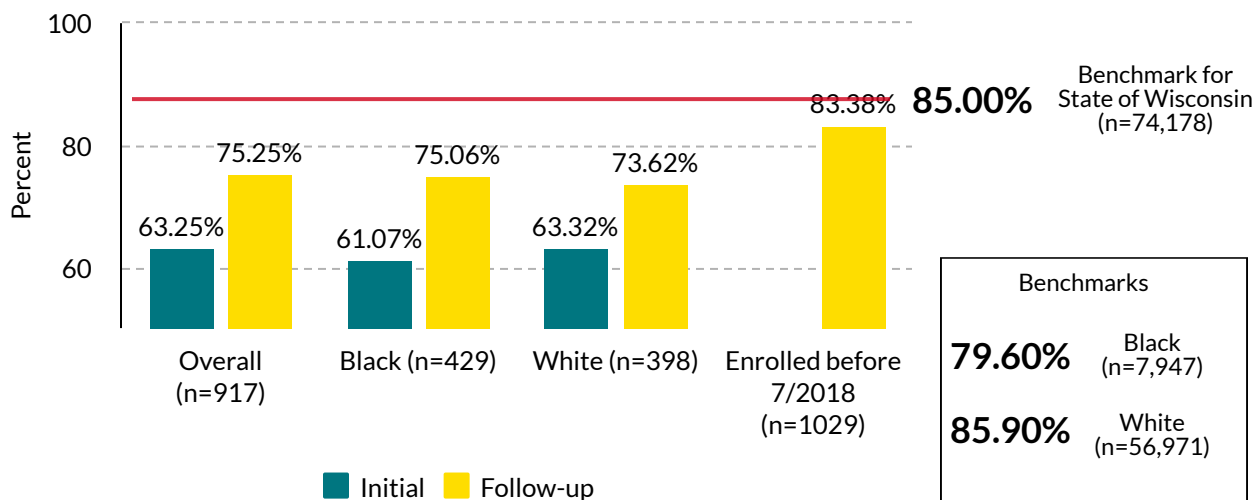
Average duration of enrollment: 522.85 days



## Domain: Population Health (cont.)

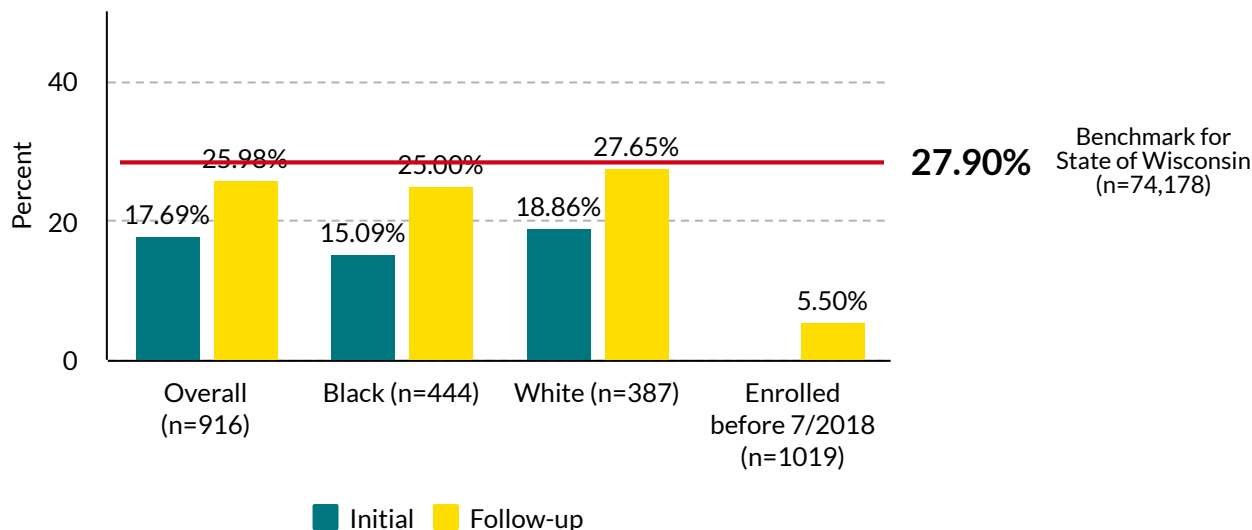
Percent with a Private Residence Overall and by Race

Average duration of enrollment: 503.73 days



Percent Employed Overall and by Race

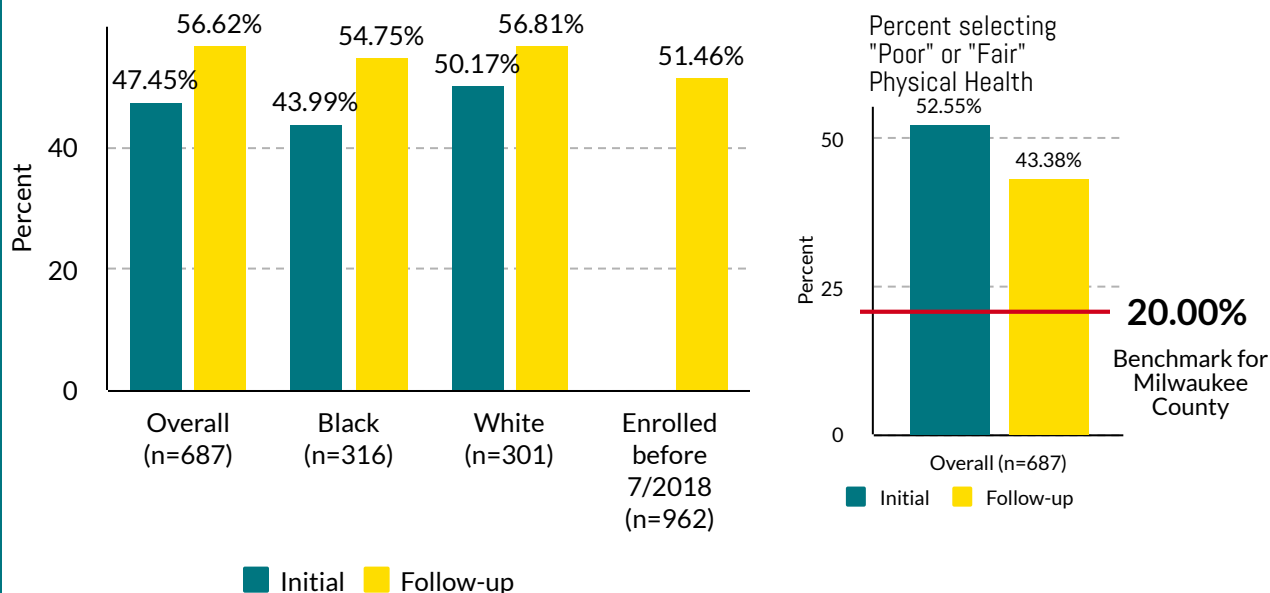
Average duration of enrollment: 487.49 days



Percent selecting "Good", "Very Good" or "Excellent" Physical Health Overall and by Race

Average duration of enrollment: 518.10 days

Percent selecting "Poor" or "Fair" Physical Health



## Domain: Population Health (cont.)

6

### Cause of Death by Race

One quarter lag in reporting. For deaths between Q2-2021 and Q1-2022

### Average Age at Death

### Death Rate (per 100,000) by Age Range

CARS number adjusted for comparison against Milwaukee County^

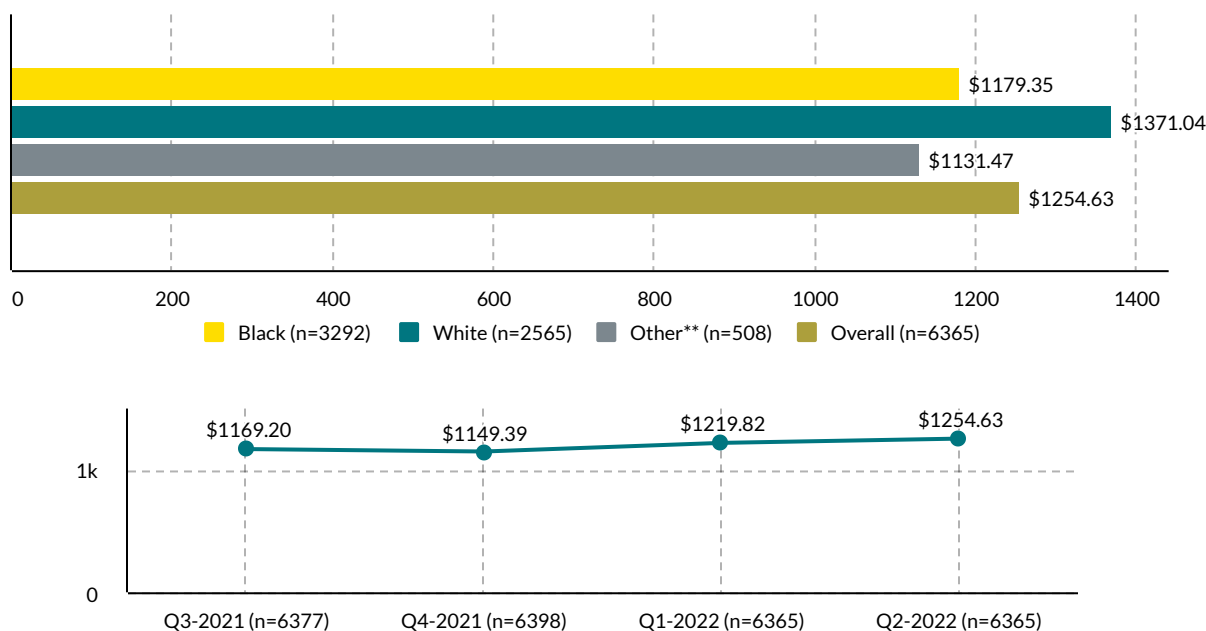


## Domain: Cost of Care

### Average Cost per Consumer per Month for Q1 by Race

"n" refers to an average of the number of unique consumers served per month for the quarter

### Average Cost per Consumer per Month by Quarter



## Domain: Staff Well-Being

### Turnover

19.39%

CARS turnover rate

### Staff Quality of Life

20.00%

Turnover rate for government employees (per year)^

It is a priority of CARS to ensure we are hiring a diverse talent pool with a focus on candidates that have a commitment to equity, diversity and inclusion. To achieve this, we are creating a bank of questions to be used in interviews to help identify candidates that best align with these goals and values.

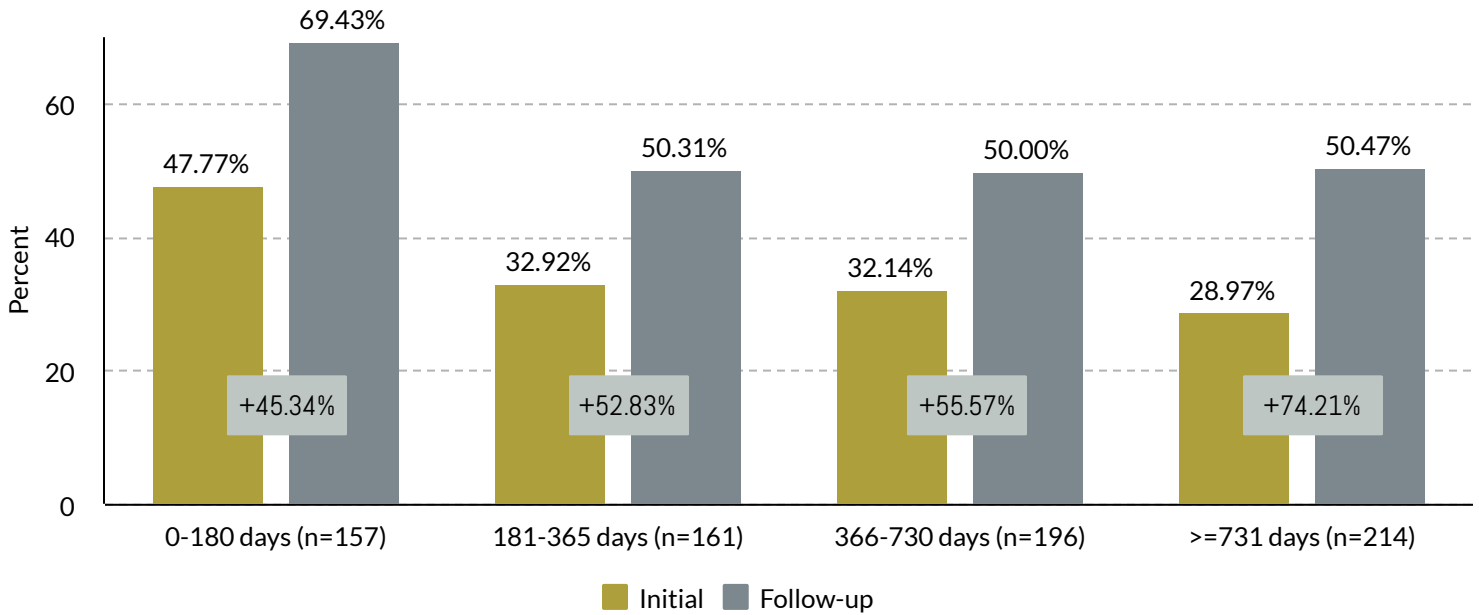
## Metric Definitions

Access to Services	This measure examines the number of clients who received their first service at a CARS Access Point and then received a CARS community service within 30 days, divided by the total clients who received their first service at a CARS Access Point.
Average Age at Death	<p>Death data is reported as an aggregate of the past four quarters, with a one-quarter lag. Average age at death for all causes of death.</p> <p>Benchmarks from 2019 Milwaukee County Mortality Data - Wisconsin Interactive Statistics on Health (WISH)</p>
Cause of Death	Death data is reported as an aggregate of the past four quarters, with a one-quarter lag. Causes reported by the Milwaukee County Examiner when available. For those without an examiner report, cause of death reported by CARS is used.
Change Over Time	Change over time, through client enrollment, looks at clients who had their initial PPS within 60 days of enrollment and their follow-up PPS during the observation quarter. Some metrics are broken down by cohorts, which are determined by length of enrollment between their initial PPS and their latest PPS during the observation quarter.
Client Experience	Implementation of the new, more succinct Client Experience has begun. The survey ranges from 4-10 questions, depending on the program, and all questions range from 1="strongly disagree" to 5="strongly agree". The survey is currently being utilized in all CARS programs with the exception of CCS, CBRF, Adult Family Home, and Medication Assisted Treatment (MAT).
Cost of Care	The average cost per consumer per month within each quarter for CARS services received by CARS consumers (not including inpatient and crisis). This is not separated out by funding stream or limited to those dollars spent by Milwaukee County on these services. The "n" is an average of the unique number of consumers served per month for the 3 months in the observation quarter.
Death Rate	<p>The CARS death rate has been adjusted to a rate per 100,000 to compare with Milwaukee County death data.</p> <p>^^Comparison death data from Wisconsin Interactive Statistics on Health (WISH) data query system, 2019 mortality data</p>
Employment	<p>Percent of current employment status of unique clients reported as "full or part time employment" or "supported competitive employment"</p> <p>^^Benchmark data from the SAMHSA Uniform Reporting System - Mental Health Community Services Block Grant 2020 State Summary Report</p>
Private Residence	<p>Percent of clients who reported their current living situation as a private residence.</p> <p>^^Benchmark data from the SAMHSA Uniform Reporting System - Mental Health Community Services Block Grant 2020 State Summary Report</p>
Quality of Life	This is a self-reported measure based on the question on the Comprehensive Assessment. Graphs shows the percentage of people that stated that their quality of life was "good" or "very good".
Referrals	Total number of referrals at community-based and internal Access Points per quarter.
Self-Rated Health	<p>This is a self-reported measure based on the question on the Comprehensive Assessment. The graph shows the percentage of people that said that their physical health was "good", "very good" or "excellent".</p> <p>Benchmark from County Health Rankings</p>
Turnover	<p>Turnover is calculated by looking at the total number of staff who have left over the previous four quarters, divided by the average number of employees per month, for the previous four quarters</p> <p>^^Source: Bureau of Labor Statistics (<a href="https://www.bls.gov/news.release/jolts.t16.htm">https://www.bls.gov/news.release/jolts.t16.htm</a>)</p>
Volume Served	Service volume has been consolidated into one category to avoid potential duplication of client counts due to involvement in both MH and AODA programs.

^^Other" encompasses small percentages of indicated racial identity including "Alaskan Native/American Indian", "Asian", "Biracial", "Native Hawaiian/Pacific Islander", and "Other"

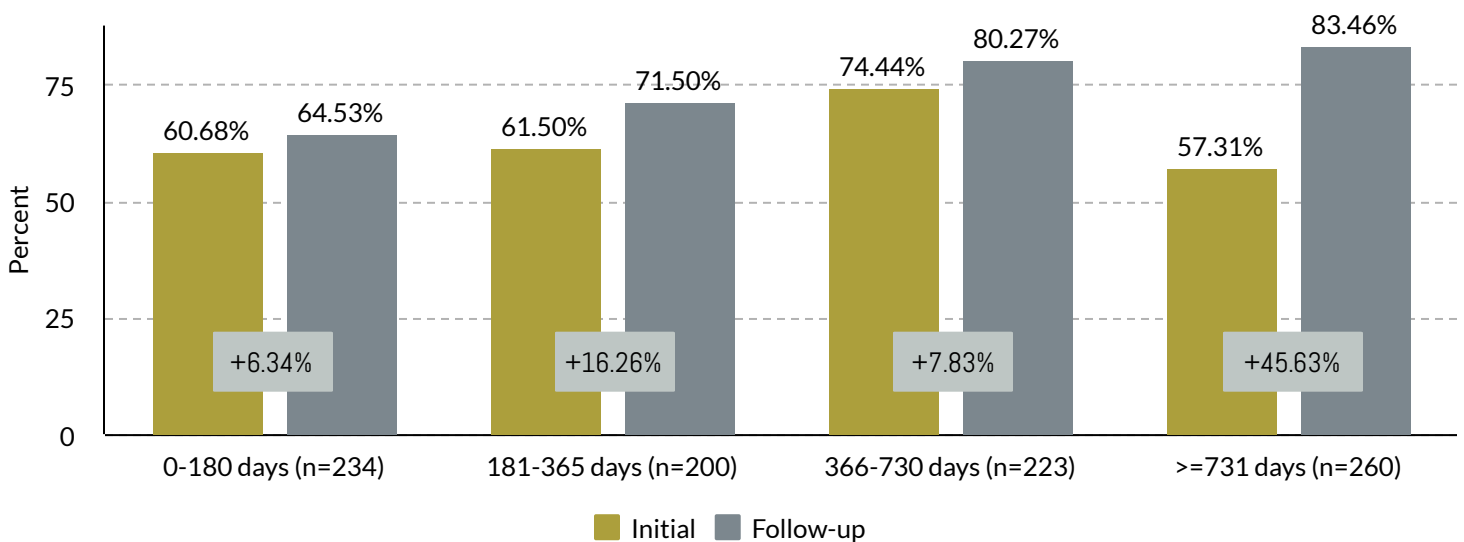
### Percent of Clients selecting "Good" or "Very Good" Quality of Life by Length of Enrollment

The rates of improvement are relatively similar across the various cohorts with the exception of the longest term cohort experiencing the greatest levels of improvement.



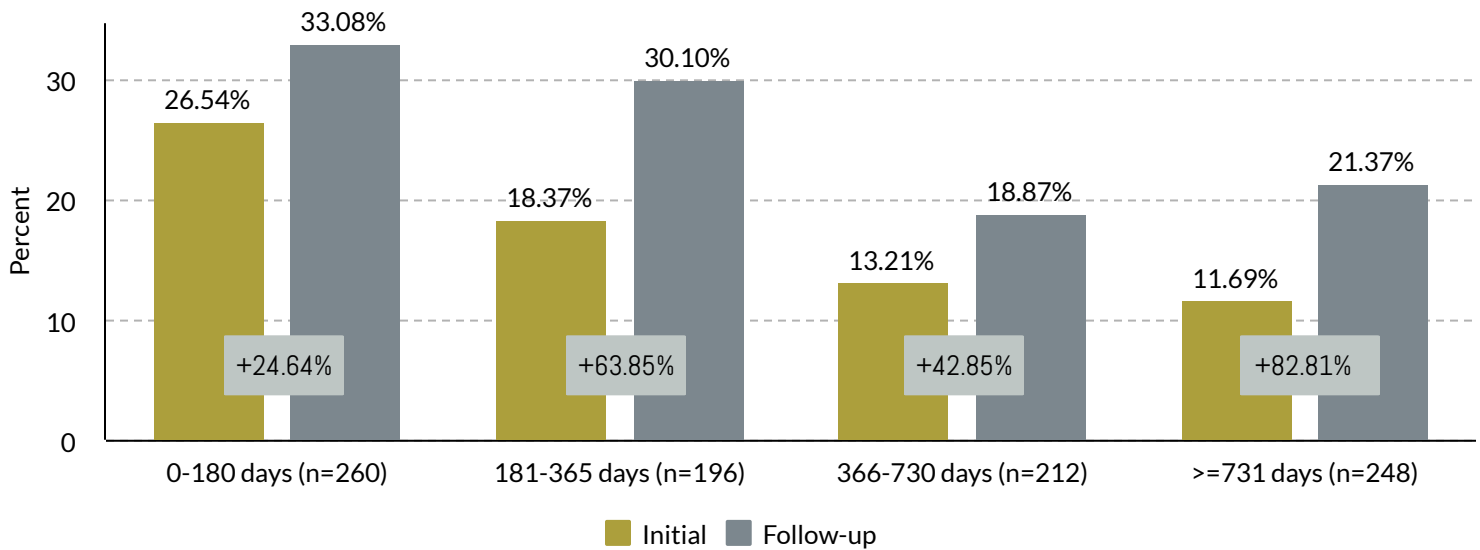
### Percent of Clients with a Private Residence

Consistent with previous reports, clients enrolled longer appear to have higher rates of private residence than clients enrolled for shorter lengths of time.



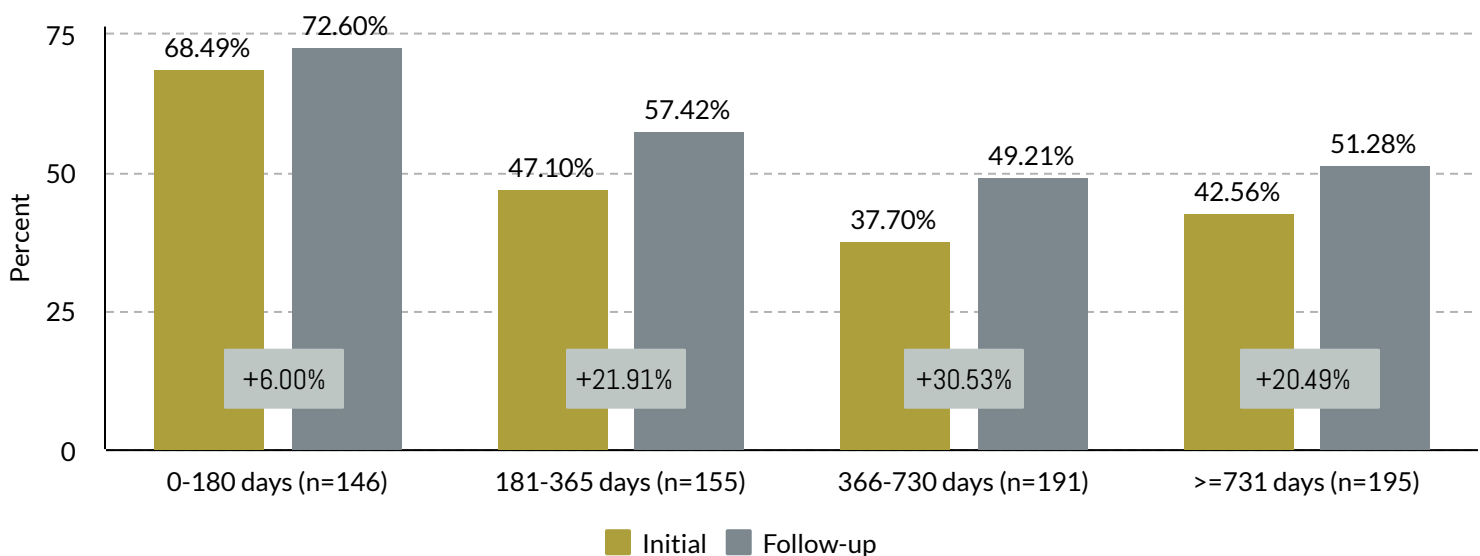
## Percent of Clients Employed

Although the rates of change are higher in longer lengths of enrollment, this is likely due to a larger proportion of individuals in longer enrollment cohorts beginning their enrollments with lower rates of employment.



## Percent of Clients selecting "Good", "Very Good" or "Excellent" Physical Health

This graph shows no clear trend in terms of rate of change between cohorts. Cohorts with longer enrollments did start with lower ratings of physical health, likely influencing their higher rates of change.





# BHS KPI Report Q2 2022

Children's Community Mental Health  
Services and Wraparound Milwaukee



# Report Overview



**Unique Youth  
Served**  
**1,946**

Children's Community Mental Health Services and Wraparound Milwaukee is a unique system of care for children with serious emotional, behavioral, and mental health needs and their families.

This report seeks to present information about quality care, costs, and outcomes framed by Wraparound values and DHHS values.

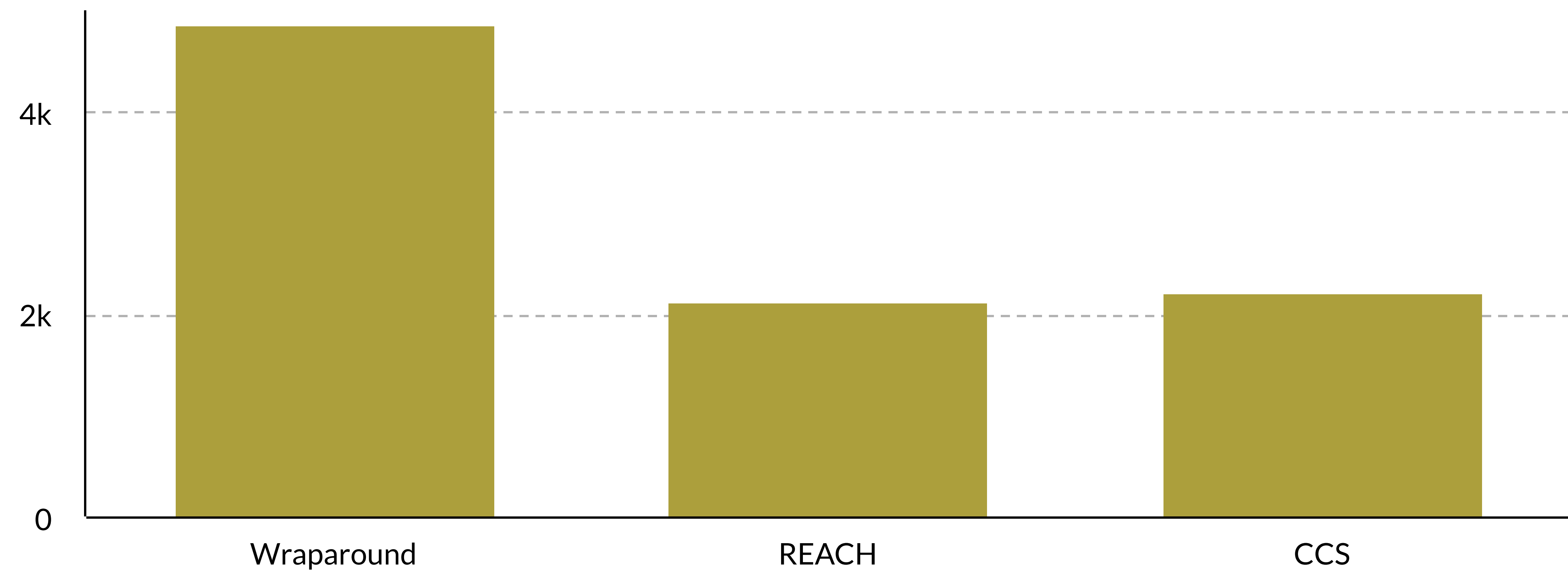
**Average Cost of Care** - average cost of care per family per month by program in the past quarter

**Population Health Metrics** - social support and out-of-home recidivism

**Outcomes** - overall satisfaction, permanency at discharge, natural supports, and how well youth/caregiver is doing at discharge, discharge dispositions



# Average Cost Per Youth



Wraparound  
**4,873**

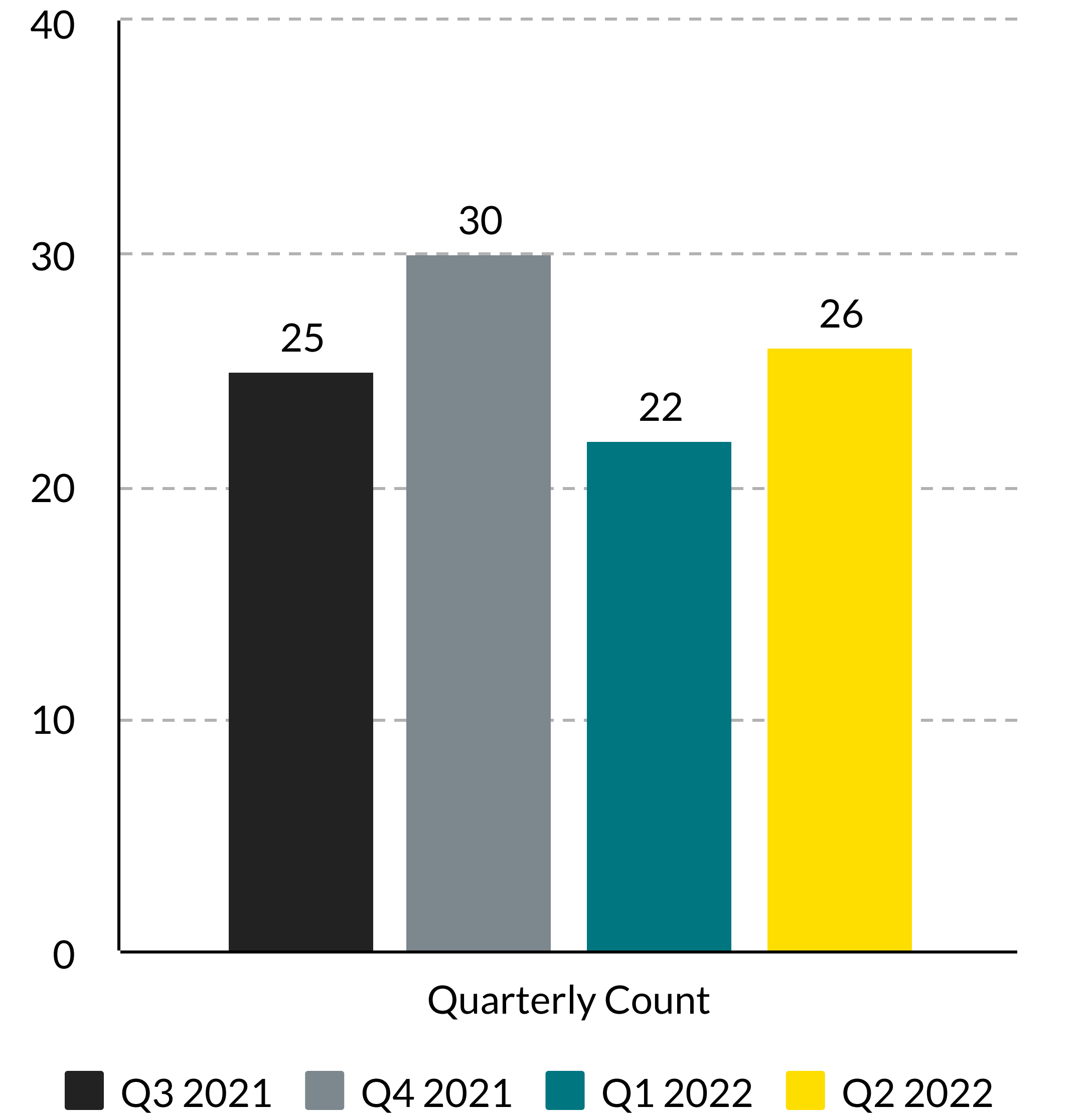
REACH  
**2,118**

CCS  
**2,226**

Average costs are based on the services utilized per youth per month in the past quarter in Wraparound, REACH, and CCS.

# Population Health

## Out of Home Recidivism Rate

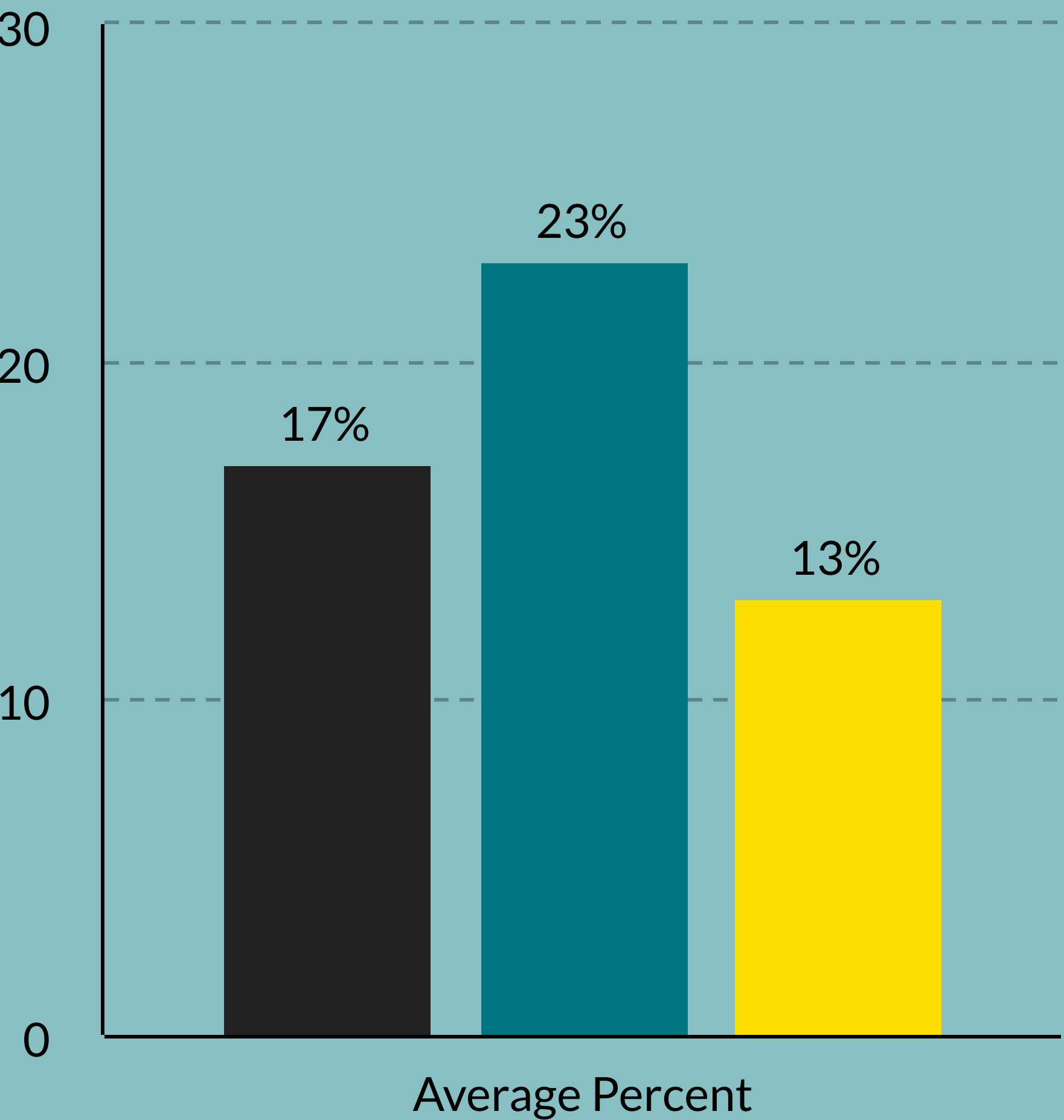


Number of youth in Wraparound and REACH who moved from a home-type setting to an out of home type setting within each quarter displayed.

2022 Average: 24 per quarter

\*\*Goal of 30 or under per quarter

## Percent of Natural Supports



REACH Wraparound CCS

Average percent of natural supports on teams in the past quarter.

2022 Average: 18%

\*\*Goal of 40% or higher

# Outcomes



**80.1%**

Percent of discharged youth placed in a home-type setting. Includes Wraparound, REACH, and CCS in the past quarter.

2022 Average: 79.7%

\*\*Goal of 75% or higher

Q2 2022



Family Satisfaction  
Overall Average  
Score

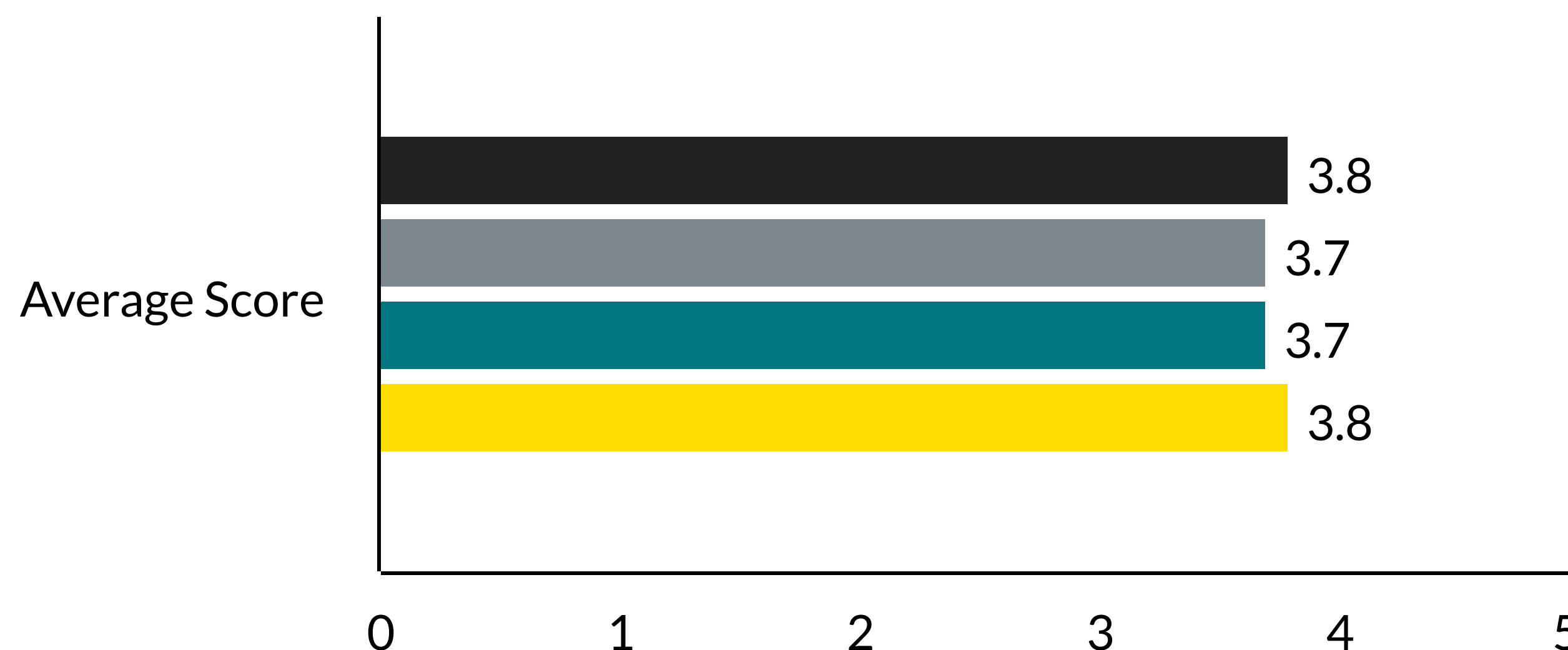
**4.5**

For Wraparound and REACH  
families in the past quarter

2022 Average: 4.6

\*\*Goal of 4.0 or higher

## Youth and Caregiver Perceptions



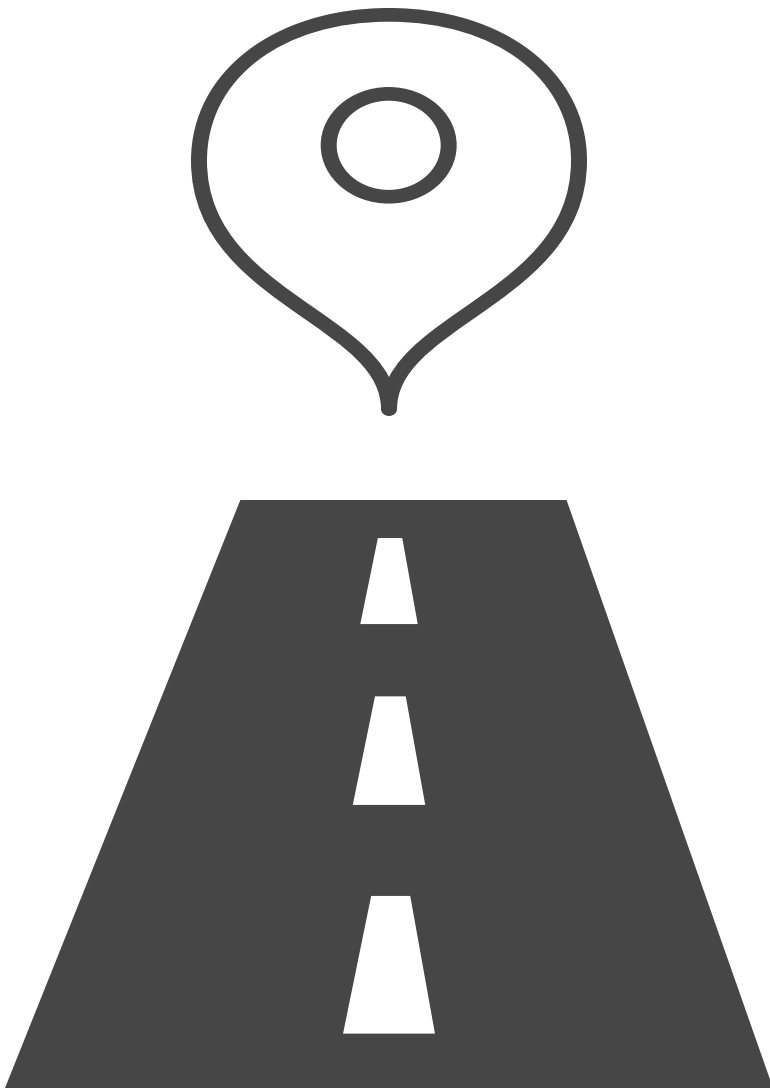
■ Getting along with friends and family ■ How well youth is doing  
■ Natural Supports ■ How Well Family is Doing

\*Scores are from voluntary disenrollment surveys given to caregivers and youth in Wraparound and REACH programs in the past quarter.

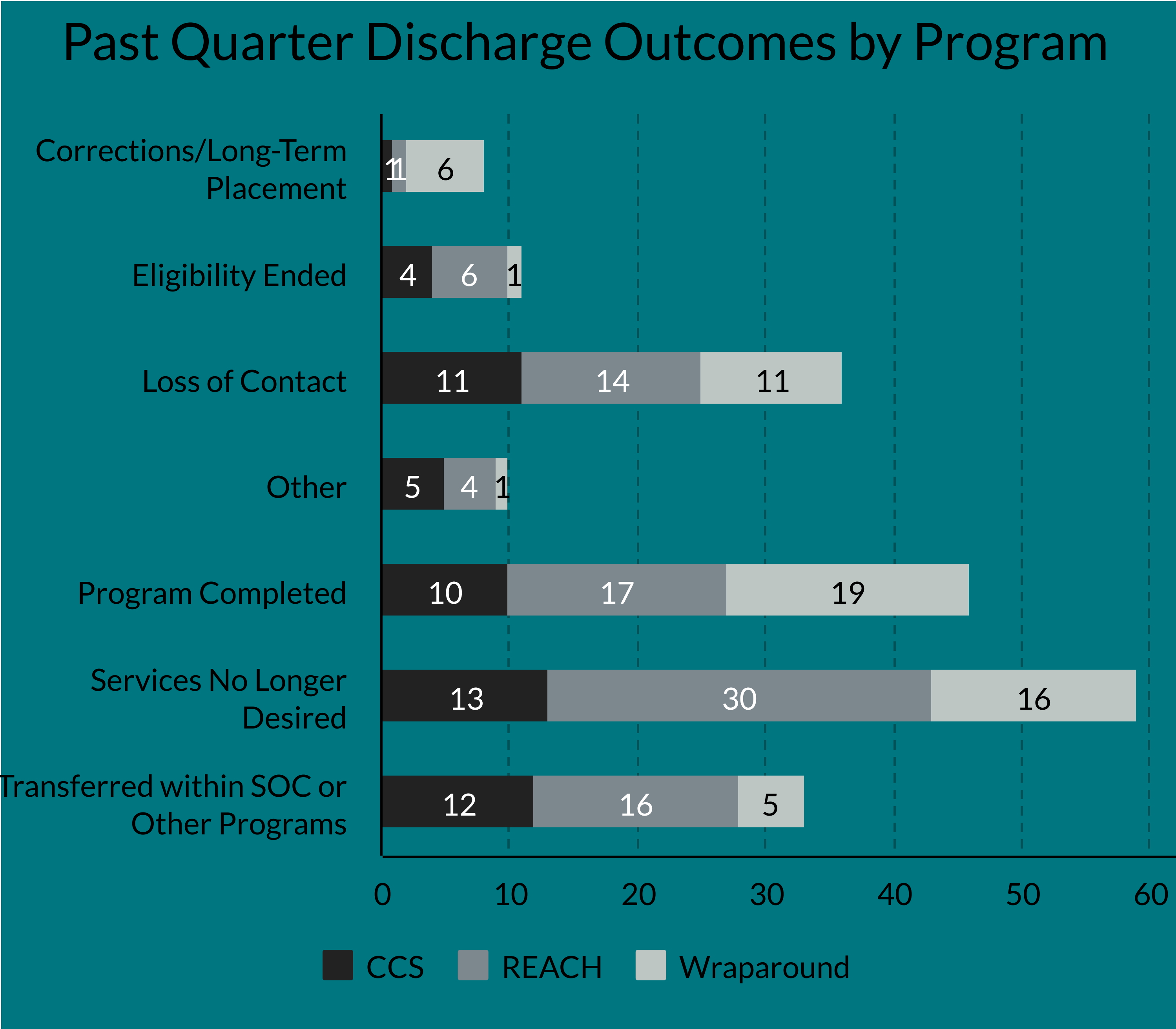
2022 Average: 4.0

\*\*Goal of 4.0 or higher for 'how well youth and family are doing'

# Discharge Outcomes



Program	Discharges
Wraparound	59
REACH	88
CCS	56





# The Community Access to Recovery Services – Assisted Outpatient Treatment (AOT) Program Using the Assertive Community Treatment (ACT) Fidelity Model

---

BY:

MELODY N. JOINER, AOT PROJECT DIRECTOR/MONITOR

# The Foundation of Assisted Outpatient Treatment

## CONCEPT

- A way for civil courts and mental health systems to collaborate to service individuals with SMI caught in a repeated cycle of a psychiatric crisis
- AOT consumers have a history of inconsistent engagement with treatment, often due to diminished awareness of the need for treatment
- Aims to motivate and assist this population to engage in treatment and ensure the mental health system is attentive to their needs

## ESSENTIALS

- Collaboration
  - Working relationship between civil court and treatment systems
- Establishing
  - Targeting a specific Participant Base
- Formalizing
  - Developing a specific legal process
- Provision of Care
  - Providing person-centered care



# The Assertive Community Treatment Fidelity Model

## The Foundation

An evidence-based practice that uses a person-centered, recovery-based approach to offer:

- Treatment
- Rehabilitation
- Support services

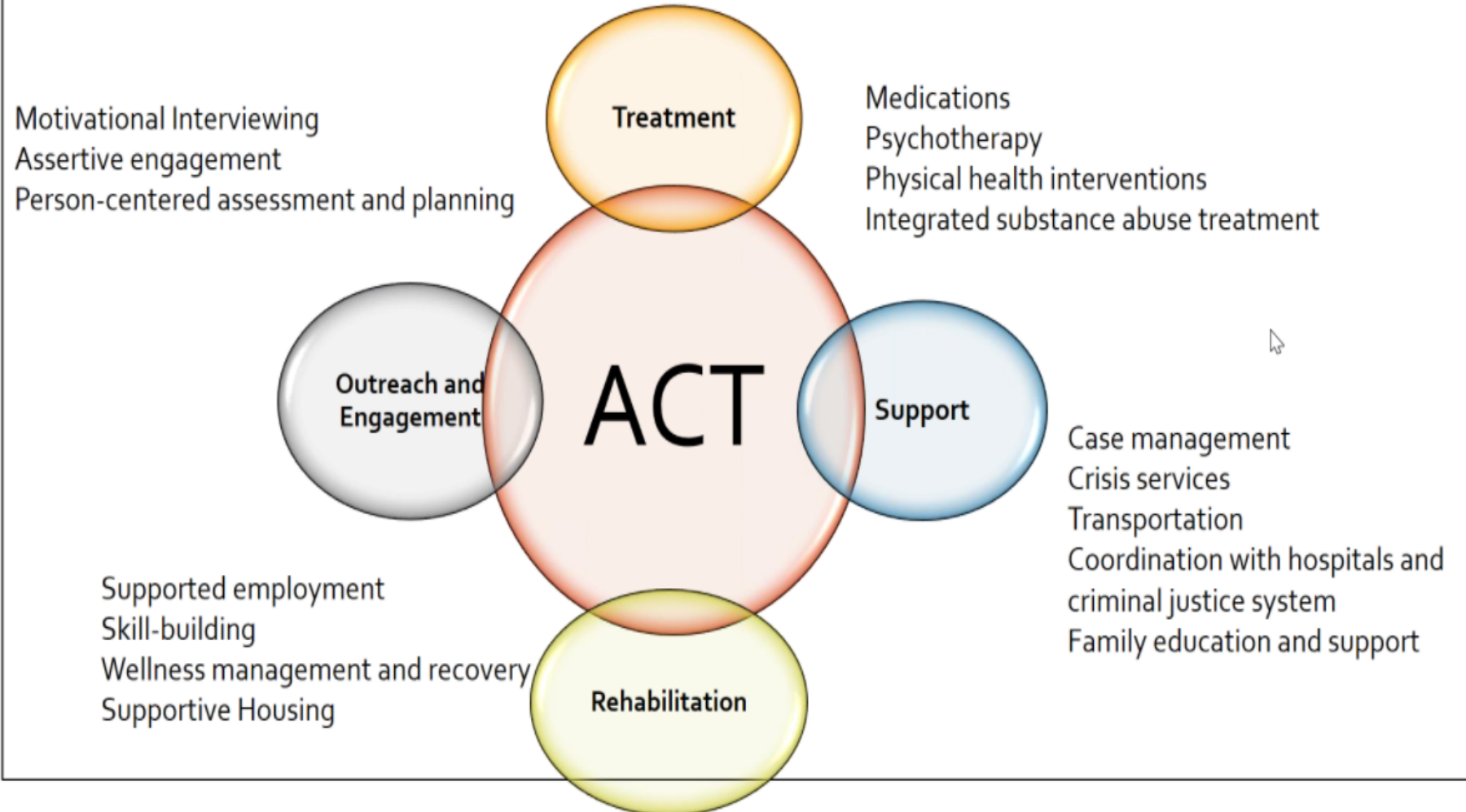
## Key Principles

- Outreach
- Delivery of services in the community, holistic and integrated services
- Continuity of care

## Characteristics

- A multidisciplinary team to provide a robust array of community-based services
- Low client to staff ratios, no more than 10:1
- Providing intensive behavioral health services in the community
- Shared caseloads among team members
- 24/7/365 team availability to clients
- Direct provision of all services by team members vs. outsourcing services

# ACT is a way of organizing best practices



# The Benefits of AOT/ACT That Could Impact Milwaukee County

Reduces hospitalizations

Reduces homelessness

Reduces violence, crime and victimization

Improves treatment compliance

Improves substance abuse treatment outcomes

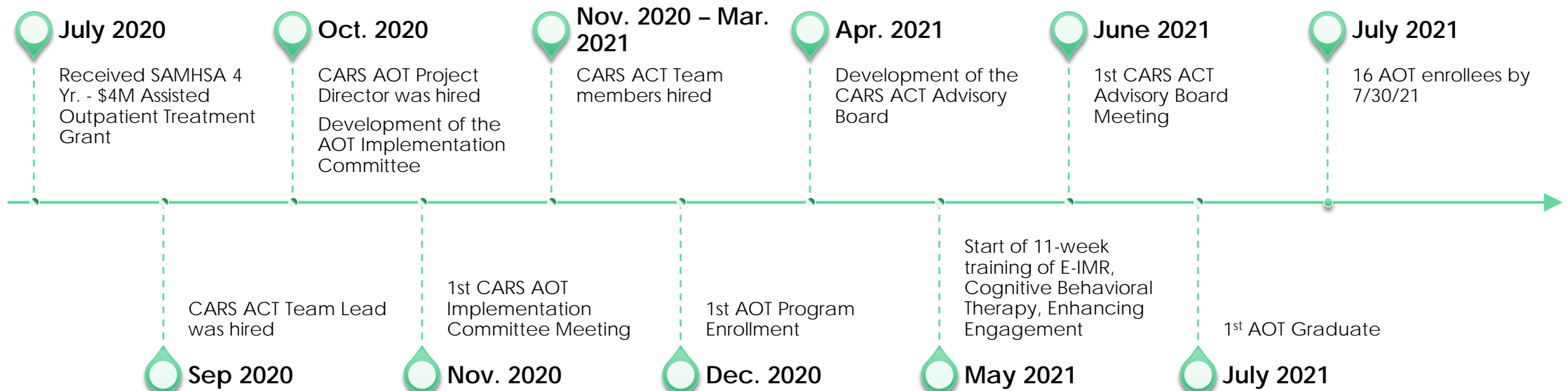
Reduces caregiver stress

Higher quality of life

Stigma reduction

SAVE LIVES

# Milwaukee County's AOT/ACT Implementation Timeline – Year I





# CARS

## Assertive Community Treatment (ACT) TEAM

### ACT

- ACT Team Lead – Kaelin Deprez

### ACT

- ACT Psychiatrist – Dr. M. Zincke

### ACT

- ACT RN – Gina Strehlow

### ACT

- ACT Peer Specialist – Janine Schandel

### ACT

- ACT Co-Occurring Specialist – Yvette Mason

### ACT

- ACT MH Clinicians –
  - Maria Altadonna
  - Amber Morris
  - Sarah Nesbitt

### ACT

- ACT Employment Specialist – Taylor Whitlow

### ACT

- ACT Program Assistant – Monique Thomas

### ACT

- ACT Clinical Intern Student (Master's level) – Jenna Acker

# Uniqueness of the AOT/ACT Program

- ▶ An internal provider of BHS
- ▶ Targeting a specific population
- ▶ A dedicated full-fidelity ACT Team, who ONLY serves the AOT consumers
- ▶ Application of a high-fidelity treatment model embedded within the AOT/ACT Program
- ▶ A dedicated Crisis Line for AOT consumers monitored by the ACT Team that operates 24/7/365
- ▶ Oversight committees to identify, address and resolve programmatic/systematic issues in real time
  - ▶ AOT Implementation Committee
  - ▶ ACT Advisory Board

# PROGRAM ENHANCEMENTS



## **Application of full-fidelity Assertive Community Treatment (ACT) Services Model**



## **Implementation of Measurement-Based Care**

Collecting consumer experience data on a monthly basis  
Ability to run various reports to capture specific consumer and clinician data



## **Expansion of ACT Team**

2 additional MH Clinicians  
Master's level Clinical Intern  
RN (Year III)



## **Implementing evidence- based practices within treatment services**

Cognitive Strategies  
Enhancing Engagement  
Enhanced Illness Management & Recovery  
Individual Placement Support

# PROGRAM STATISTICS

- ▶ 40 unduplicated individuals have been enrolled in AOT since December 2020
  - ▶ 27 Active AOT Participants
  - ▶ 13 Program Graduates
    - ▶ Completion of court-ordered conditions without requesting a continued order extension
    - ▶ 7 consumers continue to work with the ACT Team voluntarily (54% of graduation rate)
    - ▶ 2 consumers were transferred to a different level of care (15%)
    - ▶ 2 consumers moved out of state (15%)
    - ▶ 2 consumers were later re-enrolled into AOT due to receiving a new involuntary court order (15%)



# PRESENTATION CLOSEOUT

The implementation of AOT has allowed CARS to:

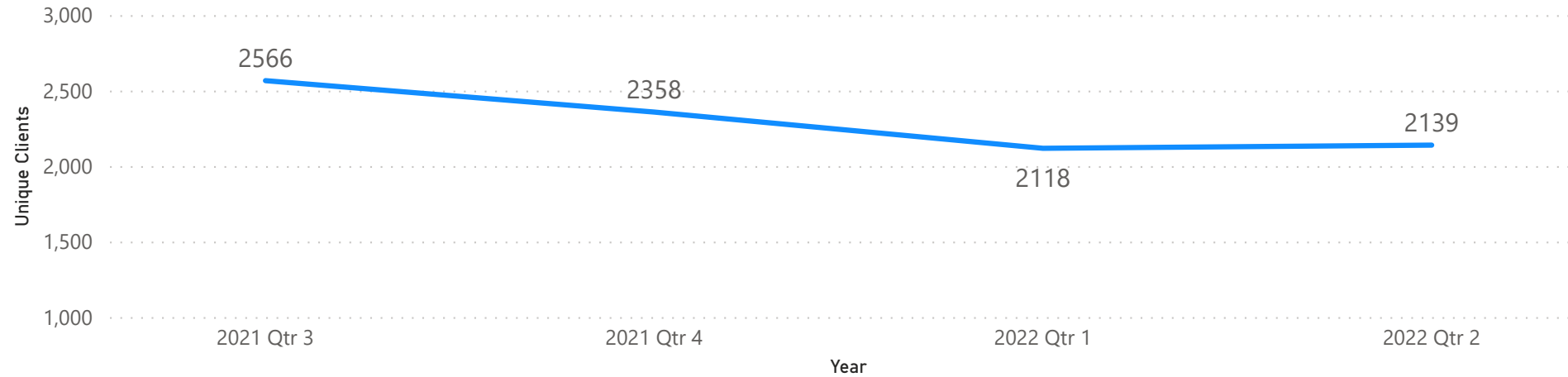
- Provide direct, intensive community-based behavioral health and supportive services to this targeted population
- Develop a high-fidelity service model for all community CSP agencies to adopt in the future.
  - Offer a series of evidenced-based practices training to the Milwaukee County CSP network
- Strengthen the communication and relationships among stakeholders of the civil court and behavioral health systems to address local issues and barriers regarding this level of service
- Hold the treatment team accountable to ensure participant engagement and respond to non-engagement
- Maximize the safety and well-being of both the participant and community by averting, or at least diminishing, the consequences of treatment non-adherence



QUESTIONS?

## Community Crisis Dashboard 2022 Q2

### 2021 Q3-2022 Q2 Crisis Service Unique Clients Served



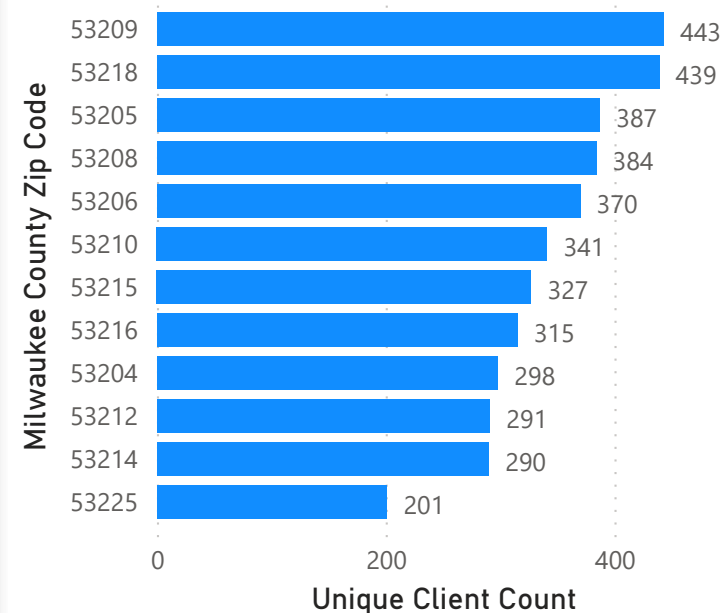
### Summary

The Community Crisis Dashboard currently displays the volume of unique clients who received a community crisis service by zip code, race, gender, and ethnicity, along with average client experience scores (OCA, CLASP, CMT). This iteration of the dashboard includes an enhanced longitudinal view of the number of unique clients served over the last four quarters, disaggregated by race, gender, and ethnicity, as well as client experience scores over time, disaggregated by race. The department dashboard will expand over time to include additional process and outcome metrics. In particular, the next version of the dashboard will include data on rates of suicide ideation and behavior over time for a subset of the clients receiving community crisis services. We believe this will be a powerful and meaningful measure of the impact of crisis services on the safety and well being of the clients we serve.

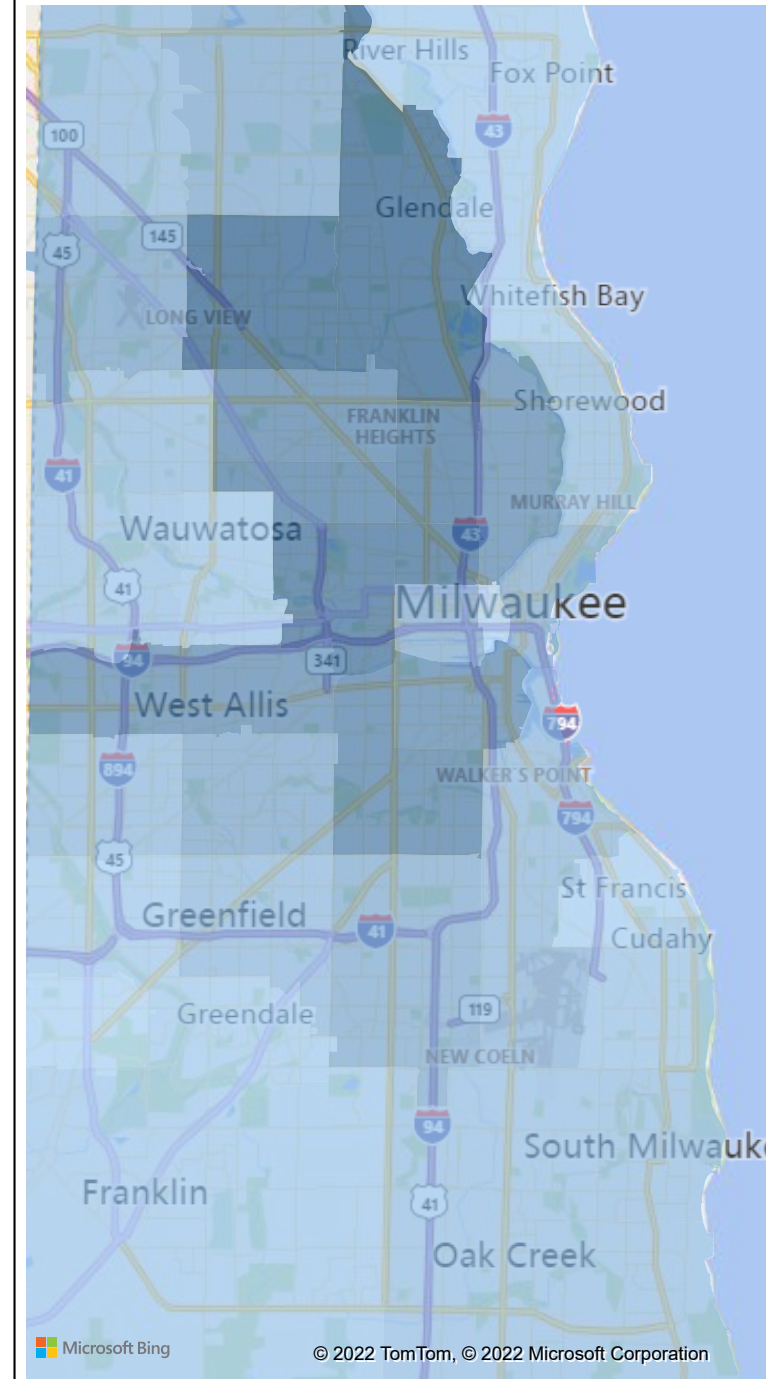
*\*This iteration of the Community Crisis Dashboard does not include hospital-based services (PCS/Observation), anonymous crisis line callers, or services provided by Impact Inc. on the Crisis Line.*

*\*\*Program dashboards are in development that will reflect service level information, including external crisis line services as provided by Impact, Inc. These should be available by the winter of 2022.*

### 2021 Q3-2022 Q2 Crisis Service Unique Clients Served by Zip Code - Top 12 Zip Codes

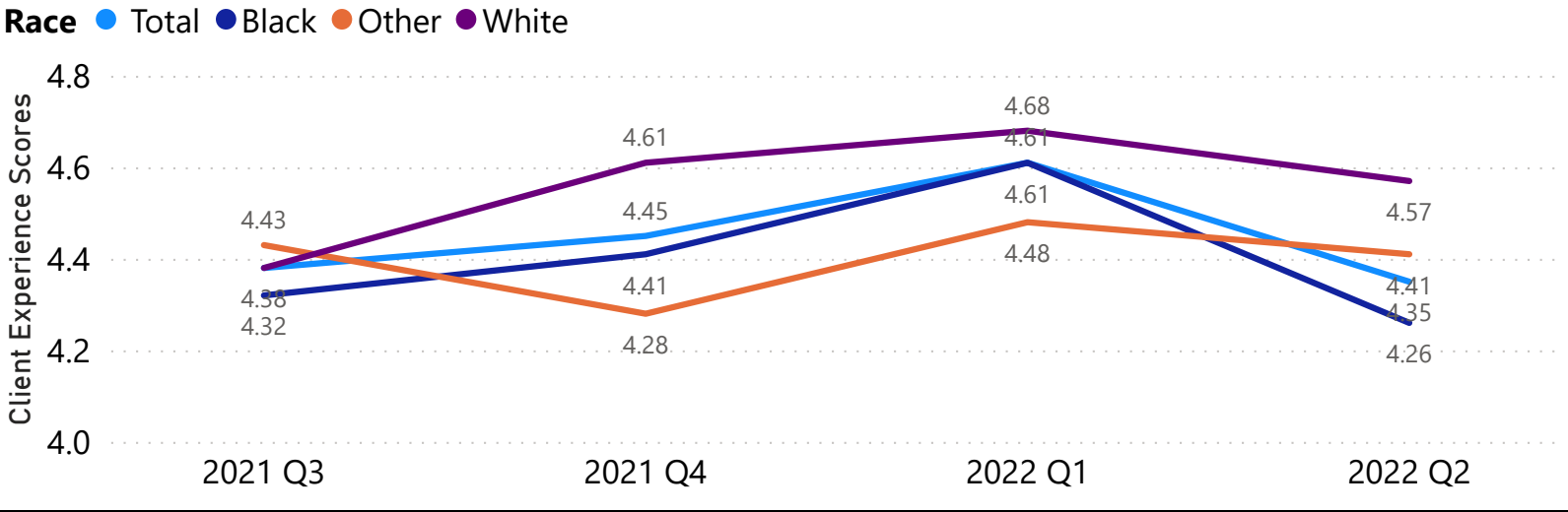


### 2021 Q3-2022 Q2 Crisis Service Unique Clients Served by Zip Code





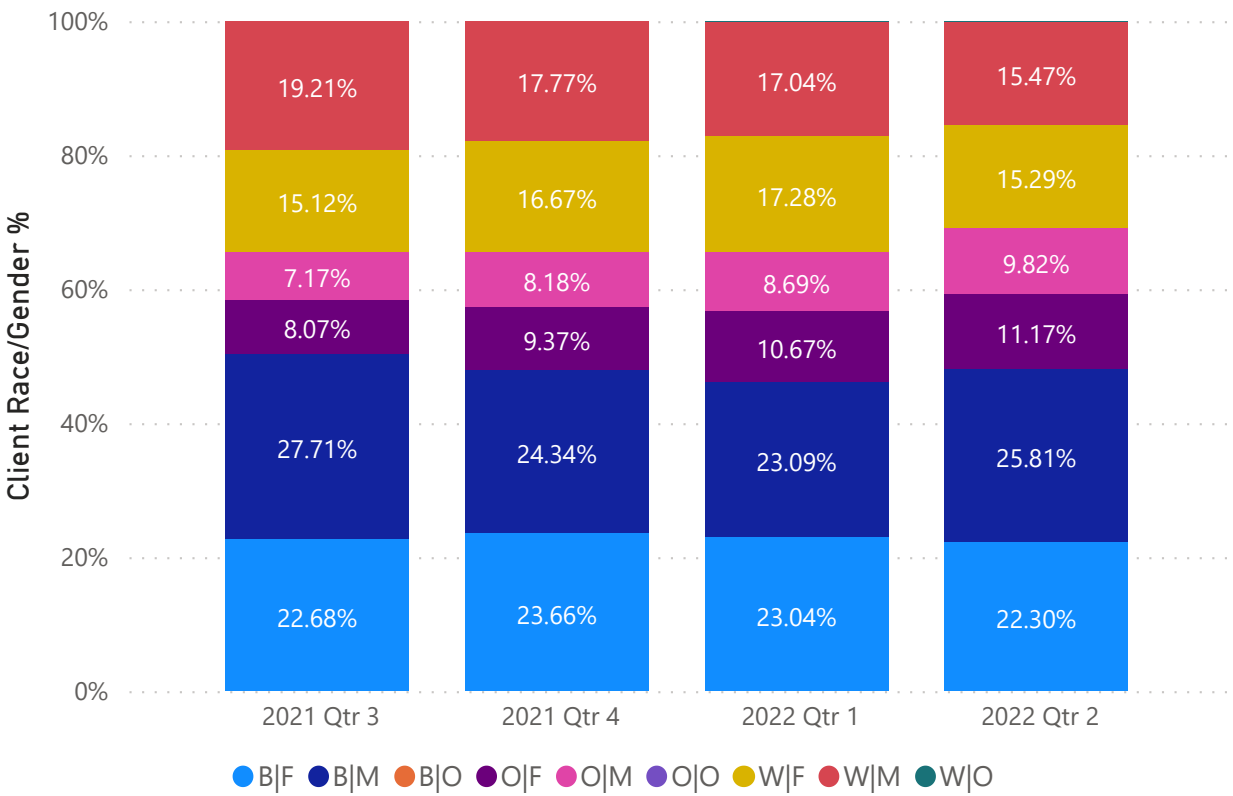
# 2021 Q3-2022 Q2 Crisis Service Client Experience Survey Scores



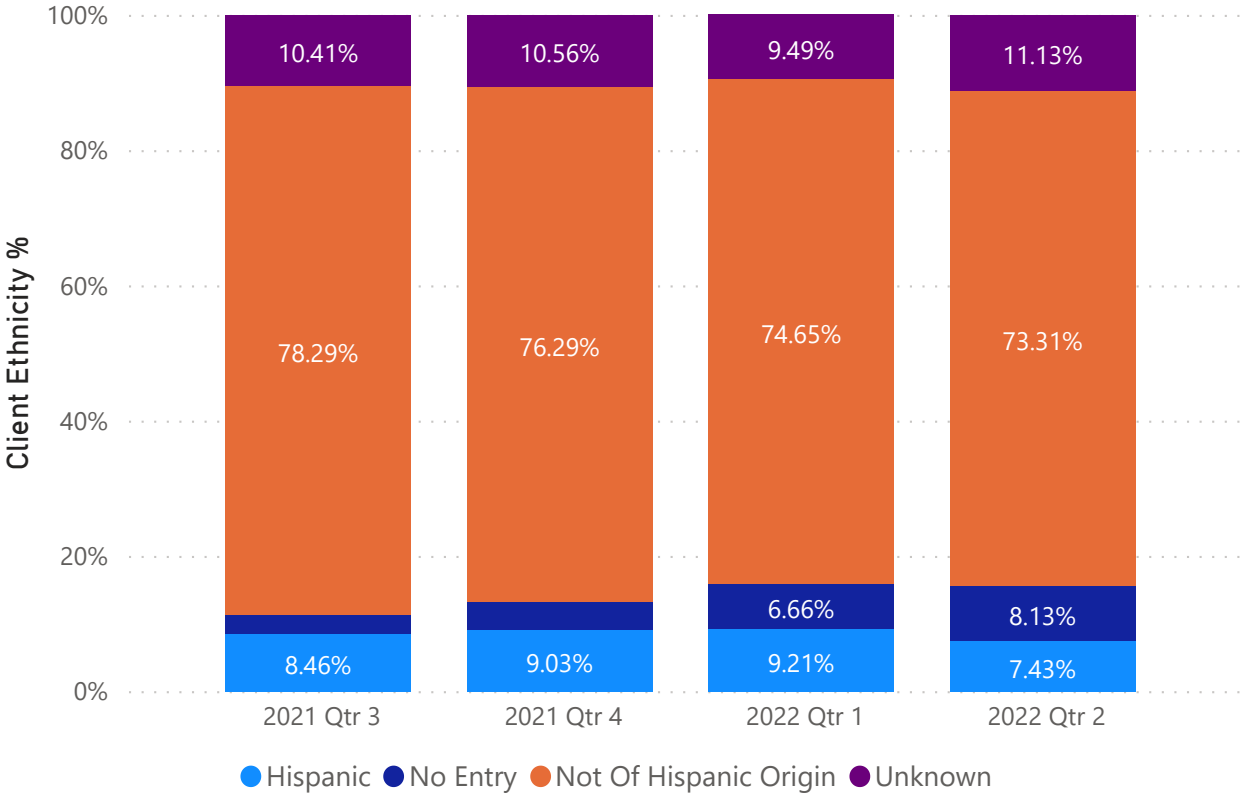
2021 Q3-2022 Q2 Crisis Service - Completed Client Experience Survey Count

Race	2021 Q3	2021 Q4	2022 Q1	2022 Q2
Total	78	92	49	55
Black	37	53	28	33
Other	12	12	8	9
White	29	27	13	13

## 2021 Q3-2022 Q2 Crisis Service Unique Clients by Race and Gender



## 2021 Q3-2022 Q2 Crisis Service Unique Clients by Ethnicity



# Quality Management Update

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.**

”

# Quality Management Strategy



# 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**

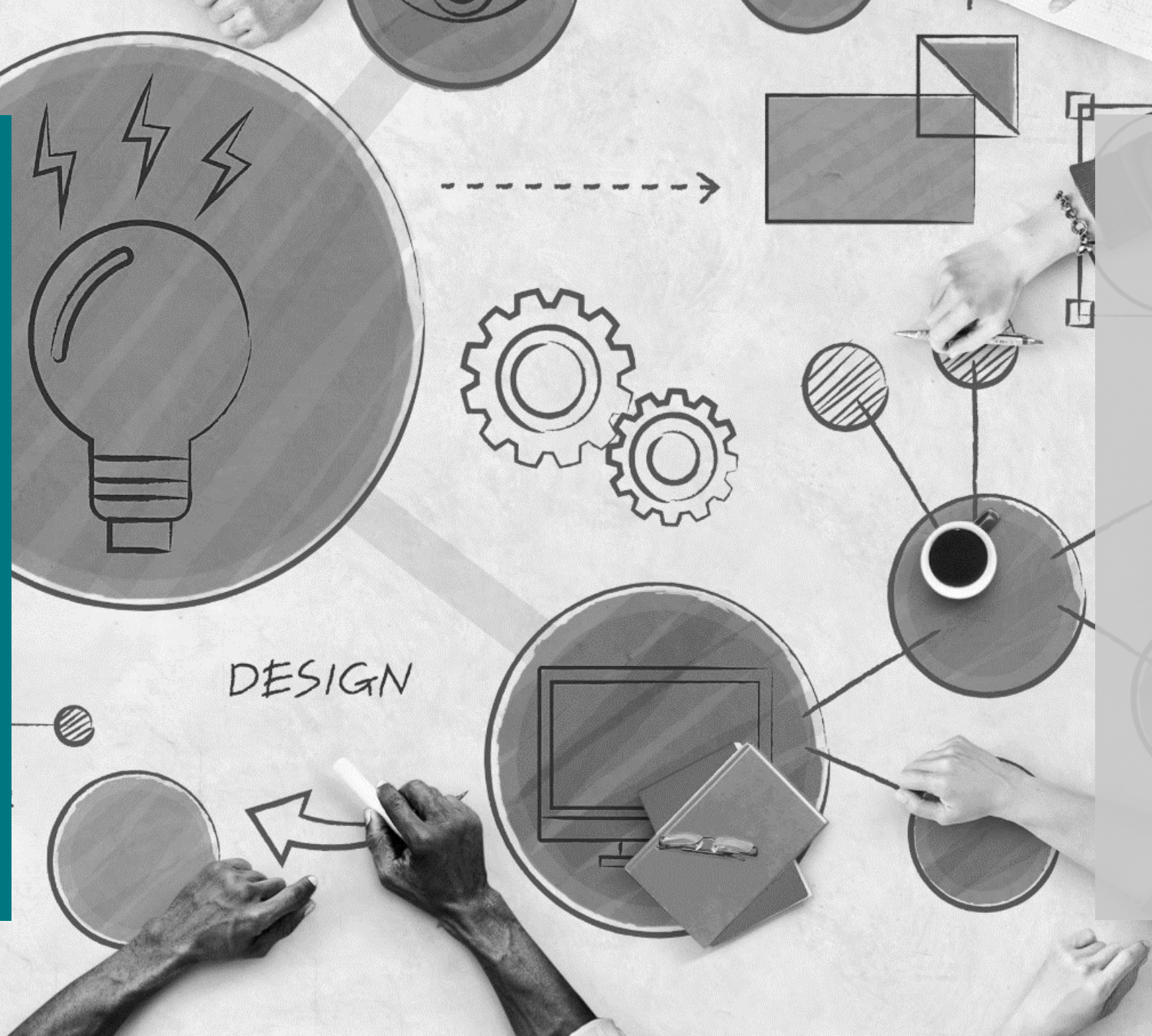


“

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

”

*DHHS Future State*  
**Monitoring &  
Evaluation**  
**Action Plan**



# M&E Action Plan | Phase 1: Building Infrastructure

**Strengthen  
coordination  
across service  
areas**

**Execute  
frequent  
performance  
reviews**

**Enforce data  
quality  
management  
mechanism**

**Build capacity**



**MILWAUKEE  
COUNTY**













## 2022 Q2 MILWAUKEE COUNTY BEHAVIORAL HEALTH SERVICES INPATIENT DASHBOARD

Psychiatric Crisis  
Service (PCS)

Target Key: ■ Better Than Expected ■ Expected ■ Worse Than Expected

Quarter	YTD	Quality Indicator	Threshold	Description
 Q1: Rate=7.5% Q2: Rate=10.1% Q3: Q4:	 Rate=8.9%	Percent of patients returning to PCS within 3 days	Rate  X < 7.8%  X = 7.8%  X > 7.8%	Rate=Count of client visits within 3 days of prior visit/Total client visits Q1: 110 readmissions within 3 days by 84 unique individuals Q2: 165 readmissions within 3 days by 91 unique individuals Q3: Q4:
 Q1: Rate=20.8% Q2: Rate=27.5% Q3: Q4:	 Rate=24.3%	Percent of patients returning to PCS within 30 days	Rate  X < 24%  X = 24%  X > 24%	Rate=Count of client visits within 30 days of prior visit/Total client visits Q1: 307 readmissions within 30 days by 180 unique individuals Q2: 448 readmissions within 30 days by 203 unique individuals Q3: Q4:
 Q1: Rate=1.4 (n=2) Q2: Rate=0.6 (n=1) Q3: Q4:	 Rate=1.0 (n=3)	Behavioral Codes (Code 1)	Rate  X < 2.3  X = 2.3  X > 2.3	Rate=Behavioral codes per 1,000 PCS visits The objective of this metric is to not only to monitor the quantity/rate of codes called resulting in further treatment (Restraint and Seclusion).
 Q1: Rate=0.7 (n=1) Q2: Rate=0.0 (n=0) Q3: Q4:	 Rate=0.3 (n=1)	Physical Aggression - Patient/Patient	Incidents  Zero  2 or Less  > 2	Rate=Pt/Pt physical aggression incidents per 1,000 PCS visits.
 Q1: Rate=0.7 (n=1) Q2: Rate=1.8 (n=3) Q3: Q4:	 Rate=1.3 (n=4)	Physical Aggression - Patient/Staff	Incidents  Zero  2 or Less  > 2	Rate=Pt/Staff physical aggression incidents per 1,000 PCS visits.
 Q1: Rate=0.0 (n=0) Q2: Rate=0.0 (n=0) Q3: Q4:	 Rate=0.0 (n=0)	Patient Elopement	Incidents  Zero  2 or Less  > 2	Rate = Patient elopements per 1,000 PCS visits  BHD's current Elopement definition: Patient eloped from locked unit and returned within the building or patient eloped from locked unit and exited the building.

				Joint Commission's elopement definition = unauthorized departure, of a patient from an around-the-clock care setting.
 Q1: Rate=0.6 (n=1) Q2: Rate=1.2 (n=2) Q3: Q4:	 Rate=1.0 (n=3)	Patient Self Injurious Behavior	Incidents  Zero  1  > 2	Rate=Patient Self Injurious Behavior Incidents per 1,000 PCS visits
 Q1: Rate=27.2 (n=3) Q2: Rate=8.2 (n=1) Q3: Q4:	 Rate=17.2 (n=4)	Medication Errors	Rate  X = 0  X < 1.1  X > 1.1	Rate=Medication Errors per 10,000 Doses Dispensed  In 2022, PCS had (3) omitted doses, and (1) Incorrect administration protocol.











































































## 2022 Q2 MILWAUKEE COUNTY BEHAVIORAL HEALTH SERVICES INPATIENT DASHBOARD

### Acute Adult Inpatient Service

Target Key: ■ Better Than Expected ■ Expected ■ Worse Than Expected

Quarter	YTD	Quality Indicator	Threshold	Description
 Q1: Rate=2.2% (n=3) Q2: Rate=3.2% (n=4) Q3: Q4:	 2.7% (n=7)	Percent of patients returning to Acute Adult within 7 days	Rate  X < 3%  X = 3%  X > 3%	Rate=Percent of patient admissions occurring within 7 days of patient's prior discharge from the program
 Q1: Rate=5.9% (n=8) Q2: Rate=10.4% (n=13) Q3: Q4:	 8.1% (n=21)	Percent of patients returning to Acute Adult within 30 days	Rate  X < 9.6%  X = 9.6%  X > 9.6%	Rate=Percent of patient admissions occurring within 30 days of patient's prior discharge from the program
 Q1: 61.6% positive Q2: 81.1% positive Q3: Q4:	 70.2%	Percent of patients responding positively to MHSIP satisfaction survey	Rate  X > 75%  X = 75%  X < 75%	Rate=Percent of patients selecting "Agree" or "Strongly Agree" to all survey items Q1: 39 completed surveys (29% response rate) Q2: 30 completed surveys (24% response rate) Q3: Q4:
 Q1: 41.7% positive Q2: 62.1% positive Q3: Q4:	 50.8%	If I had a choice of hospitals, I would still choose this one. (MHSIP Survey)	Rate  X > 65%  X = 65%  X < 65%	Rate=Percent of patients selecting "Agree" or "Strongly Agree" to survey item Q1: 39 completed surveys (29% response rate) Q2: 30 completed surveys (24% response rate) Q3: Q4:
 Q1: Rate=5.4 (n=10) Q2: Rate=20.9 (n=38) Q3: Q4:	 Rate=13.1 (n=48)	Behavioral Codes	Rate  X < 9.2  X = 9.2  X > 9.2	Rate=Behavioral codes per 1,000 patient days The objective of this metric is to not only to monitor the quantity/rate of codes called resulting in further treatment (Restraint and Seclusion).  43A Incidents - Q1: 0 Q2: 0 43B Incidents - Q1: 0 Q2: 0 43C Incidents - Q1: 3 Q2: 29 43D Incidents - Q1: 7 Q2: 9
 Q1: Rate=5.4 (n=10) Q2: Rate=6.1 (n=11) Q3: Q4:	 Rate=5.7 (n=21)	Physical Aggression - Patient/Patient	Rate  X < 2.9  X = 2.9  X > 2.9	Rate=Pt/Pt physical aggression incidents per 1,000 patient days 43A Incidents - Q1: 0 Q2: 0 43B Incidents - Q1: 0 Q2: 0 43C Incidents - Q1: 0 Q2: 5 43D Incidents - Q1: 10 Q2: 6
 Q1: Rate=6.5 (n=12) Q2: Rate=4.4 (n=8) Q3: Q4:	 Rate=5.5 (n=20)	Physical Aggression - Patient/Staff	Rate  X < 2.9  X = 2.9  X > 2.9	Rate=Pt/Staff physical aggression incidents per 1,000 patient days 43A Incidents - Q1: 0 Q2: 0 43B Incidents - Q1: 0 Q2: 0 43C Incidents - Q1: 7 Q2: 3 43D Incidents - Q1: 5 Q2: 5

 Q1: Rate=1.1 (n=2) Q2: Rate=0.0 (n=0) Q3: Q4:	 Rate=0.5 (n=2)	Patient Elopement	Incidents  Zero  1  > 2	Rate=Patient elopements per 1,000 patient days 43A Incidents - Q1: 0 43B Incidents - Q1: 0 43C Incidents - Q1: (1) patient eloped after staff entered through unit door, brought back safely by staff. 43D Incidents - Q1: (1) patient broke dining room door, eloped from building, found by nearby police and brought back safely.
 Q1: Rate=0.0 (n=0) Q2: Rate=1.1 (n=2) Q3: Q4:	 Rate=0.5 (n=2)	Patient Self Injurious Behavior	Incidents  Zero  1  > 2	Rate=Patient Self Injurious Behavior Incidents per 1,000 patient days 43A Incidents - Q1: 0 Q2: 0 43B Incidents - Q1: 0 Q2: 0 43C Incidents - Q1: 0 Q2: 1 43D Incidents - Q1: 0 Q2: 1
 Q1: Rate=17.6 (n=26) Q2: Rate=8.3 (n=13) Q3: Q4:	 Rate=12.8 (n=39)	Medication Errors	Rate  X < 1.1  X = 1.1  X > 1.1	Rate=Medication errors per 10,000 administered doses 43A Incidents - Q1: 0 Q2: 0 43B Incidents - Q1: 0 Q2: 0 43C Incidents - Q1: 11 Q2: 3 43D Incidents - Q1: 15 Q2: 10 In 2022, Acute Adult's medication errors were: Omitted dose (29), Incorrect dose (4), Incorrect patient (3), Incorrect medications (1), Therapeutic duplication (1), Medication known allergen to patient (1).
 Q1: Rate=.41 (18.3 hrs) Q2: Rate=.80 (34.7 hrs) Q3: Q4:	 .60 (53.0 hrs)	HBIPS 2 - Hours of Physical Restraint Rate	Rate  X < .26  X = .26  X > .26	Rate=Hours that patients spent in physical restraints for every 1,000 hours of patient care 43A - Q1: 0.0 hrs Q2: 0.0 hrs 43B - Q1: 0.0 hrs Q2: 0.0 hrs 43C - Q1: 7.1 hrs Q2: 18.0 hrs 43D - Q1: 11.2 hrs Q2: 16.7 hrs
 Q1: Rate=.20 (8.8 hrs) Q2: Rate=.49 (21.2 hrs) Q3: Q4:	 .34 (30.0 hrs)	HBIPS 3 - Hours of Locked Seclusion Rate	Rate  X < .25  X = .25  X > .25	Rate=Hours that patients spent in seclusion for every 1,000 hours of patient care 43A - Q1: 0.0 hrs Q2: 0.0 hrs 43B - Q1: 0.0 hrs Q2: 0.0 hrs 43C - Q1: 4.4 hrs Q2: 20.9 hrs 43D - Q1: 4.3 hrs Q2: 0.4 hrs
 Q1: Rate=16% (n=22) Q2: Rate=31% (n=39) Q3: Q4:	 23.5% (n=61)	HBIPS 4 - Patients discharged on multiple antipsychotic medications	Rate  X < 9.5%  X = 9.5%  X > 9.5%	Rate=Percent of patients discharged from an inpatient psychiatric facility on 2 or more antipsychotic medications
 Q1: Rate=95% (n=21) Q2: Rate=82% (n=32) Q3: Q4:	 86.9% (n=53)	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	Rate  X > 65%  X = 65%  X < 65%	Rate=Percent of patients discharged from an inpatient psychiatric facility on 2 or more antipsychotic medications with appropriate justification


































## 2022 Q2 MILWAUKEE COUNTY BEHAVIORAL HEALTH SERVICES INPATIENT DASHBOARD

### Child Adolescent Inpatient Service (CAIS)

Target Key: Better Than Expected Expected Worse Than Expected

Quarter	YTD	Quality Indicator	Threshold	Description
<p>Q1: 3.7% (n=3) Q2: 0.0% (n=0) Q3: Q4:</p>	<p>Rate=1.7% (n=3)</p>	Percent of patients returning to CAIS within 7 days	<p>Rate</p> <p> X &lt; 5.0%</p> <p> X = 5.0%</p> <p> X &gt; 5.0%</p>	Rate=Percent of patient admissions occurring within 7 days of patient's prior discharge from the program
<p>Q1: 6.2% (n=5) Q2: 5.4% (n=5) Q3: Q4:</p>	<p>Rate=5.8% (n=10)</p>	Percent of patients returning to CAIS within 30 days	<p>Rate</p> <p> X &lt; 9.6%</p> <p> X = 9.6%</p> <p> X &gt; 9.6%</p>	Rate=Percent of patient admissions occurring within 30 days of patient's prior discharge from the program
<p>Q1: 72.0% positive Q2: 76.8% positive Q3: Q4:</p>	<p>74.3%</p>	Percent of patients responding positively to satisfaction survey	<p>Rate</p> <p> X &gt; 75%</p> <p> X = 75%</p> <p> X &lt; 75%</p>	Rate=Percent of patients selecting "Agree" and "Strongly Agree" to all survey items Q1: 17 completed surveys (28% response rate) Q2: 15 completed surveys (22% response rate) Q3: Q4:
<p>Q1: 70.6% positive Q2: 73.3% positive Q3: Q4:</p>	<p>71.9%</p>	Overall, I am satisfied with the services I received. (CAIS Youth Survey)	<p>Rate</p> <p> X &gt; 75%</p> <p> X = 75%</p> <p> X &lt; 75%</p>	Rate=Percent of patients selecting "Agree" and "Strongly Agree" to survey item Q1: 17 completed surveys (28% response rate) Q2: 15 completed surveys (22% response rate) Q3: Q4:
<p>Q1: Rate=4.8 (n=2) Q2: Rate=2.2 (n=1) Q3: Q4:</p>	<p>Rate=3.5 (n=3)</p>	Behavioral Codes (Code 1)	<p>Rate</p> <p> X &lt; 8.0</p> <p> X = 8.0</p> <p> X &gt; 8.0</p>	The objective of this metric is to not only to monitor the quantity of codes but of the codes called and how many of them resulted in further treatment with restraint and/or seclusion.
<p>Q1: Rate=2.4 (n=1) Q2: Rate=0.0 (n=0) Q3: Q4:</p>	<p>Rate=1.2 (n=1)</p>	Physical Aggression - Patient/Patient	<p>Incidents</p> <p> Zero</p> <p> 2 or Less</p> <p> &gt; 2</p>	Rate=Pt/Pt physical aggression incidents per 1,000 patient days
<p>Q1: Rate=9.6 (n=4) Q2: Rate=2.2 (n=1) Q3: Q4:</p>	<p>Rate=5.8 (n=5)</p>	Physical Aggression - Patient/Staff	<p>Incidents</p> <p> Zero</p> <p> 2 or Less</p> <p> &gt; 2</p>	Rate=Pt/Staff physical aggression incidents per 1,000 patient days















 Q1: Rate=0.0 (n=0) Q2: Rate=0.0 (n=0) Q3: Q4:	 Rate=0.0 (n=0)	Patient Elopement	Incidents  Zero  1  > 2	Rate=Patient elopements per 1,000 patient days
 Q1: Rate=4.8 (n=2) Q2: Rate=9.0 (n=4) Q3: Q4:	 Rate=7.0 (n=6)	Patient Self Injurious Behavior	Incidents  Zero  1  > 2	Rate=Patient self-injurious behavior Incidents per 1,000 patient days
 Q1: Rate=5.0 (n=1) Q2: Rate=5.3 (n=1) Q3: Q4:	 Rate=5.1 (n=2)	Medication Errors	Rate  X < 1.1  X = 1.1  X > 1.1	Rate=Medication errors per 10,000 doses administered  In 2022, CAIS had (2) Omitted doses.
 Q1: Rate=.78 (7.8 hrs) Q2: Rate=.54 (5.8 hrs) Q3: Q4:	 .66 (13.6 hrs)	HBIPS 2 - Hours of Physical Restraint Rate	Rate  X < .26  X = .26  X > .26	Rate=Hours that patients spent in physical restraints for every 1,000 hours of patient care
 Q1: Rate=.07 (0.8 hrs) Q2: Rate=.26 (2.8 hrs) Q3: Q4:	 .17 (3.5 hrs)	HBIPS 3 - Hours of Locked Seclusion Rate	Rate  X < .25  X = .25  X > .25	Rate=Hours that patients spent in seclusion for every 1,000 hours of patient care
 Q1: Rate=0.0% (n=0) Q2: Rate=2.2% (n=2) Q3: Q4:	 1.2% (n=2)	HBIPS 4 - Patients discharged on multiple antipsychotic medications	Rate  X < 3%  X = 3%  X > 3%	Rate=Percent of patients discharged from an inpatient psychiatric facility on 2 or more antipsychotic medications
 Q1: -- Q2: 100.0% (n=2) Q3: Q4:	 100.0% (n=2)	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	Rate  X > 65%  X = 65%  X < 65%	Rate=Percent of patients discharged from an inpatient psychiatric facility on 2 or more antipsychotic medications with appropriate justification
















































## 2022 Q2 MILWAUKEE COUNTY BEHAVIORAL HEALTH SERVICES INPATIENT DASHBOARD

### Acute Inpatient Performance Measures Reported to CMS

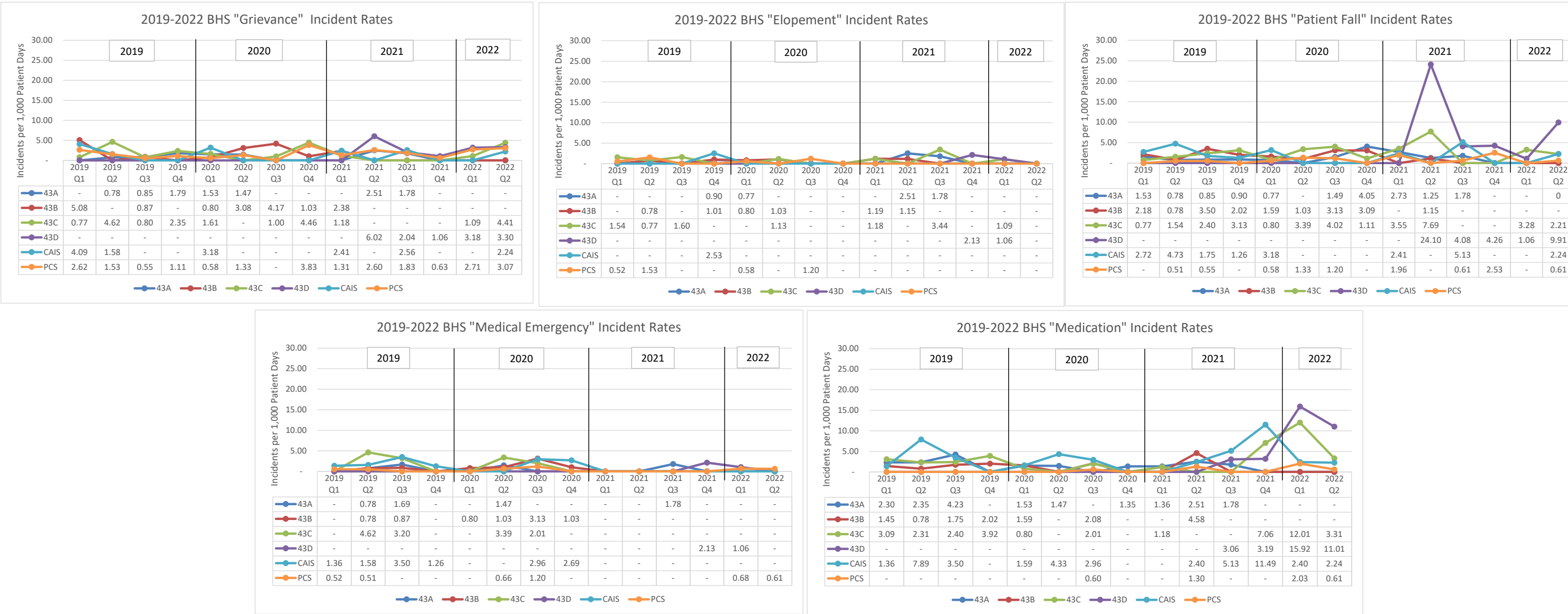
Target Key: ■ Better Than Expected ■ Expected ■ Worse Than Expected

Quarter	YTD	Quality Indicator	Threshold	Description
 Q1: Rate=.48 (26.1 hrs) Q2: Rate=.75 (40.5 hrs) Q3: Q4:	 .61 (66.6 hrs)	HBIPS 2 - Hours of Physical Restraint Rate	Rate  X < .26  X = .26  X > .26	Rate=Hours that patients spent in physical restraints for every 1,000 hours of patient care
 Q1: Rate=.17 (9.5 hrs) Q2: Rate=.44 (24.0 hrs) Q3: Q4:	 .31 (33.5 hrs)	HBIPS 3 - Hours of Locked Seclusion Rate	Rate  X < .25  X = .25  X > .25	Rate=Hours that patients spent in seclusion for every 1,000 hours of patient care
 Q1: 95% (n=21) Q2: 82% (n=32) Q3: Q4:	 87% (n=53)	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	Rate  X > 65%  X = 65%  X < 65%	Rate=Patients discharged from an inpatient psychiatric facility on 2 or more antipsychotic medications with appropriate justification
 Q1: 87% (n=137) Q2: 86% (n=128) Q3: Q4:	 87% (n=265)	Screening for metabolic disorders	Rate  X > 78%  X = 78%  X < 78%	Rate=Patients discharged on antipsychotic medications who had a body mass index, blood pressure, blood sugar, and cholesterol level screenings in the past year
 Q1: 51% (n=110) Q2: N/A Q3: Q4:	 51% (n=110)	Patient influenza immunization	Rate  X > 79%  X = 79%  X < 79%	Rate=Patients assessed and given influenza vaccination (flu season time period 10/1 – 3/31)
 Q1: 100% (n=29) Q2: 100% (n=18) Q3: Q4:	 100% (n=47)	SUB 2 - Alcohol use brief intervention provided or offered	Rate  X > 79%  X = 79%  X < 79%	Rate=Patients with alcohol abuse who received or refused a brief intervention during their inpatient stay.
 Q1: 83% (n=24) Q2: 83% (n=15) Q3: Q4:	 83% (n=39)	SUB 2a - Alcohol use brief intervention provided	Rate  X > 72%  X = 72%  X < 72%	Rate=Patients with alcohol abuse who received a brief intervention during their inpatient stay.

 Q1: 95% (n=80) Q2: 97% (n=57) Q3: Q4:	 96% (n=137)	SUB 3 - Alcohol and other drug use disorder treatment provided or offered at discharge	Rate  X > 75%  X = 75%  X < 75%	Rate=Patients who screened positive for an alcohol or substance abuse disorder during their inpatient stay who, at discharge, either; received or refused a prescription for medications to treat their alcohol or drug use disorder, or received or refused a referral for addiction treatment
 Q1: 39% (n=33) Q2: 56% (n=33) Q3: Q4:	 46% (n=66)	SUB 3a - Alcohol and other drug use disorder treatment at discharge	Rate  X > 63%  X = 63%  X < 63%	Rate=Patients who screened positive for an alcohol or substance abuse disorder during their inpatient stay who, at discharge, either; received a prescription for medications to treat their alcohol or drug use disorder, or received a referral for addiction treatment
 Q1: 98% (n=54) Q2: 90% (n=54) Q3: Q4:	 94% (n=108)	TOB 2 - Tobacco use treatment provided or offered	Rate  X > 81%  X = 81%  X < 81%	Rate=Patients who use tobacco and who received or refused counseling to quit and received or refused medications to help them quit tobacco during their hospital stay
 Q1: 85% (n=47) Q2: 82% (n=49) Q3: Q4:	 83% (n=96)	TOB 2a - Tobacco use treatment (during the hospital stay)	Rate  X > 45%  X = 45%  X < 45%	Rate=Patients who use tobacco and who received counseling to quit and received medications to help them quit tobacco during their hospital stay
 Q1: 18% (n=10) Q2: 10% (n=6) Q3: Q4:	 14% (n=16)	TOB 3 - Tobacco use treatment provided or offered at discharge	Rate  X > 61%  X = 61%  X < 61%	Rate=Patients who use tobacco and at discharge received or refused a referral for outpatient counseling AND received or refused a prescription for medications to help them quit.
 Q1: 3% (n=2) Q2: 0% (n=0) Q3: Q4:	 2% (n=2)	TOB 3a - Tobacco use treatment provided at discharge	Rate  X > 22%  X = 22%  X < 22%	Rate=Patients who use tobacco and at discharge received a referral for outpatient counseling AND received a prescription for medications to help them quit
 2018: 29.4% 2019: 27.9% 2020: 27.3%		FUH 30 - Follow-up after hospitalization for mental illness	Rate  X > 49.5%  X = 49.5%  X < 49.5%	Rate=Patients hospitalized for mental illness who received follow-up care from an outpatient mental healthcare provider within 30 days of discharge. CMS calculates this measure based on Medicare claims data and reports BHD's performance on the <a href="https://data.medicare.gov/data/hospital-compare">https://data.medicare.gov/data/hospital-compare</a> website annually.
 2018: 5.9% 2019: 8.1% 2020: 6.1%		FUH 7 - Follow-up after hospitalization for mental illness	Rate  X > 27.9%  X = 27.9%  X < 27.9%	Rate=Patients hospitalized for mental illness who received follow-up care from an outpatient mental healthcare provider within 7 days of discharge. CMS calculates this measure based on Medicare claims data and reports BHD's performance on the <a href="https://data.medicare.gov/data/hospital-compare">https://data.medicare.gov/data/hospital-compare</a> website annually.

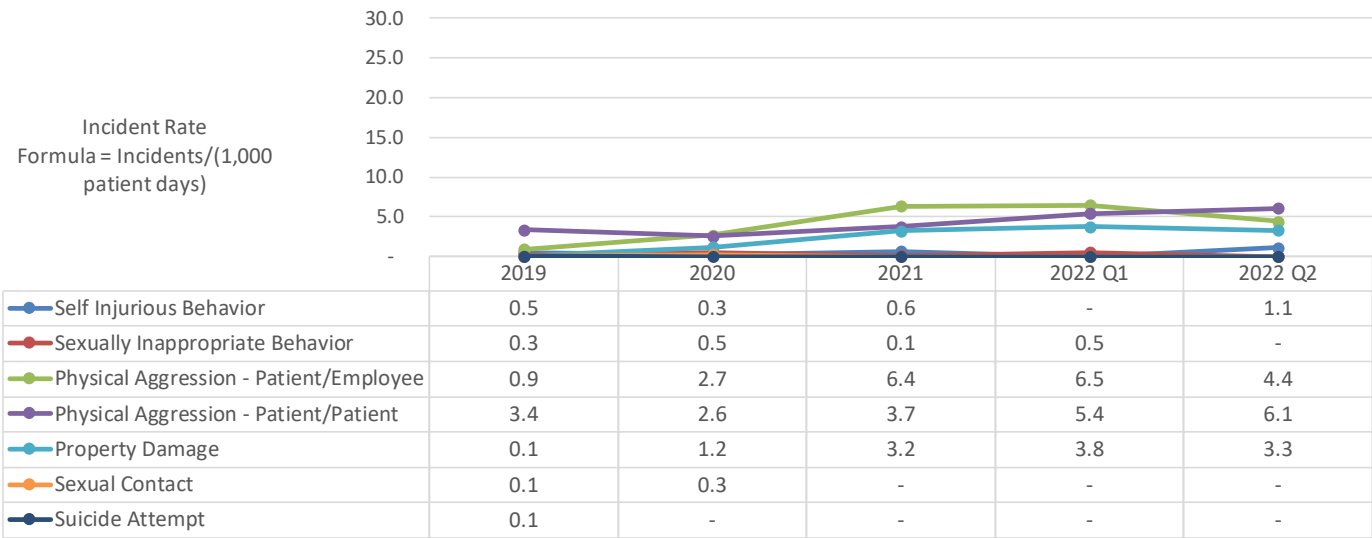
 2018: 19.4% 2019: 18.6% 2020: 17.5% CMS reports BHD is “no different than the national rate”		READMN 30 IPF - 30 day all cause unplanned readmission following psychiatric hospitalization in an inpatient psychiatric facility (IPF)	Rate  X < 20.2%  X = 20.2%  X > 20.2%	Rate=Patients readmitted to any hospital within 30 days of discharge from the inpatient psychiatric facility CMS calculates this measure based on Medicare claims data and reports BHD’s performance on the <a href="https://data.medicare.gov/data/hospital-compare">https://data.medicare.gov/data/hospital-compare</a> website annually.
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2022 BHS Reported Incidents																																																
Time Period: 1/1/22-6/30/22																																																
Incident Category	Unit																														Total																	
	43A						43B						43C						43D						CAIS												PCS						Other Areas					
	Q1	Q2	Q3	Q4	Total	%	Q1	Q2	Q3	Q4	Total	%	Q1	Q2	Q3	Q4	Total	%	Q1	Q2	Q3	Q4	Total	%	Q1	Q2	Q3	Q4	Total	%	Q1	Q2	Q3	Q4	Total	%	Q1	Q2	Q3	Q4	Total	%						
Behavior	-	-			-	0.0%	-	-			-	0.0%	2	-			2	3.1%	1	3			4	3.5%	-	3			3	5.1%	2	5			7	9.6%	1	1			2	5.1%	6	12	-	-	18	5.1%
Device, Equipment or Supply	-	-			-	0.0%	-	-			-	0.0%	7	-			7	10.8%	13	3			16	14.0%	7	6			13	22.0%	3	2			5	6.8%	-	2			2	5.1%	30	13	-	-	43	12.3%
Diagnostic tests (labs/radiology/EKG)	-	-			-	0.0%	-	-			-	0.0%	-	-			-	0.0%	-	-			-	0.0%	-	-			-	0.0%	-	-			-	0.0%	-	-			-	0.0%	-	-	-	-	-	0.0%
Elopement	-	-			-	0.0%	-	-			-	0.0%	1	-			1	1.5%	1	-			1	0.9%	-	-			-	0.0%	-	-			-	0.0%	5	3			8	20.5%	7	3	-	-	10	2.8%
Falls	-	-			-	0.0%	-	-			-	0.0%	3	2			5	7.7%	1	9			10	8.8%	-	1			1	1.7%	-	1			1	1.4%	-				-	0.0%	4	13	-	-	17	4.8%
Fire	-	-			-	0.0%	-	-			-	0.0%	-	-			-	0.0%	-	-			-	0.0%	-	-			-	0.0%	-	-			-	0.0%	-	-			-	0.0%	-	-	-	-	-	0.0%
Grievances	1	-			1	100.0%	-	-			-	0.0%	1	4			5	7.7%	3	3			6	5.3%	-	1			1	1.7%	4	5			9	12.3%	3	7			10	25.6%	12	20	-	-	32	9.1%
Medical Emergency	-	-			-	0.0%	-	-			-	0.0%	-	-			-	0.0%	1	-			1	0.9%	-	-			-	0.0%	1	1			2	2.7%	-				-	0.0%	2	1	-	-	3	0.9%
Medication	-	-			-	0.0%	-	-			-	0.0%	11	3			14	21.5%	15	10			25	21.9%	1	1			2	3.4%	3	1			4	5.5%	2				2	5.1%	32	15	-	-	47	13.4%
Other	-	-			-	0.0%	-	-			-	0.0%	2	6			8	12.3%	5	4			9	7.9%	3	7			10	16.9%	2	19			21	28.8%	8	7			15	38.5%	20	43	-	-	63	17.9%
Physical Aggression - Patient/Employee	-	-			-	0.0%	-	-			-	0.0%	7	3			10	15.4%	5	5			10	8.8%	4	1			5	8.5%	1	3			4	5.5%	-				-	0.0%	17	12	-	-	29	8.3%
Physical Aggression - Patient/Patient	-	-			-	0.0%	-	-			-	0.0%	-	5			5	7.7%	10	6			16	14.0%	1	-			1	1.7%	1	-			1	1.4%	-				-	0.0%	12	11	-	-	23	6.6%
Property Damage	-	-			-	0.0%	-	-			-	0.0%	2	3			5	7.7%	5	3			8	7.0%	6	2			8	13.6%	3	1			4	5.5%	-				-	0.0%	16	9	-	-	25	7.1%
Search and seizure	-	-			-	0.0%	-	-			-	0.0%	-	2			2	3.1%	2	1			3	2.6%	3	2			5	8.5%	2	1			3	4.1%	-				-	0.0%	7	6	-	-	13	3.7%
Security/Property	-	-			-	0.0%	-	-			-	0.0%	-	-			-	0.0%	-	3			3	2.6%	4	-			4	6.8%	-	7			7	9.6%	-				-	0.0%	4	10	-	-	14	4.0%
Self Injurious Behavior	-	-			-	0.0%	-	-			-	0.0%	-	1			1	1.5%	-	1			1	0.9%	2	4			6	10.2%	1	2			3	4.1%	-				-	0.0%	3	8	-	-	11	3.1%
Sexual Contact	-	-			-	0.0%	-	-			-	0.0%	-	-			-	0.0%	-	-			-	0.0%	-	-			-	0.0%	-	-			-	0.0%	-				-	0.0%	-	-	-	-	-	0.0%
Sexually Inappropriate Behavior	-	-			-	0.0%	-	-			-	0.0%	-	-			-	0.0%	1	-			1	0.9%	-	-			-	0.0%	1	-			1	1.4%	-				-	0.0%	2	-	-	-	2	0.6%
Suicide Attempt	-	-			-	0.0%	-	-			-	0.0%	-	-			-	0.0%	-	-			-	0.0%	-	-			-	0.0%	1	-			1	1.4%	-				-	0.0%	1	-	-	-	1	0.3%
Total	1	-	-	-	1	100.0%	-	-	-	-	-	0.0%	36	29	-	-	65	100.0%	63	51	-	-	114	100.0%	31	28	-	-	59	100.0%	25	48	-	-	73	100.0%	19	20	-	-	39	100.0%	175	176	-	-	351	100.0%

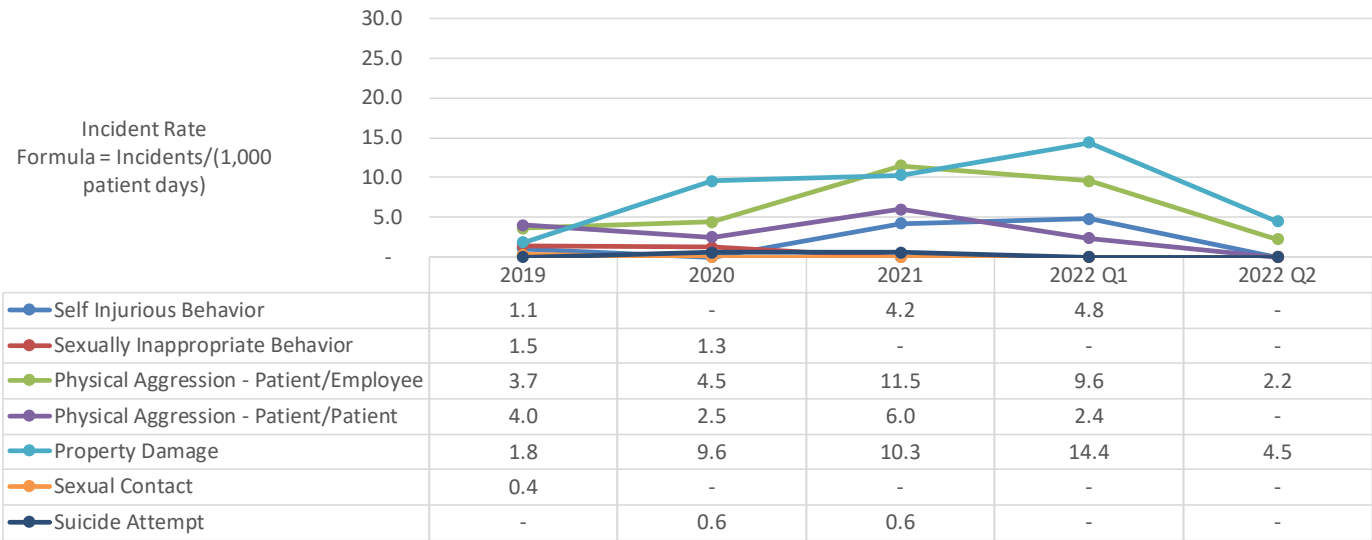


2019-2022 BHS Crisis Service & Acute Inpatient Reported “Aggression” Incidents

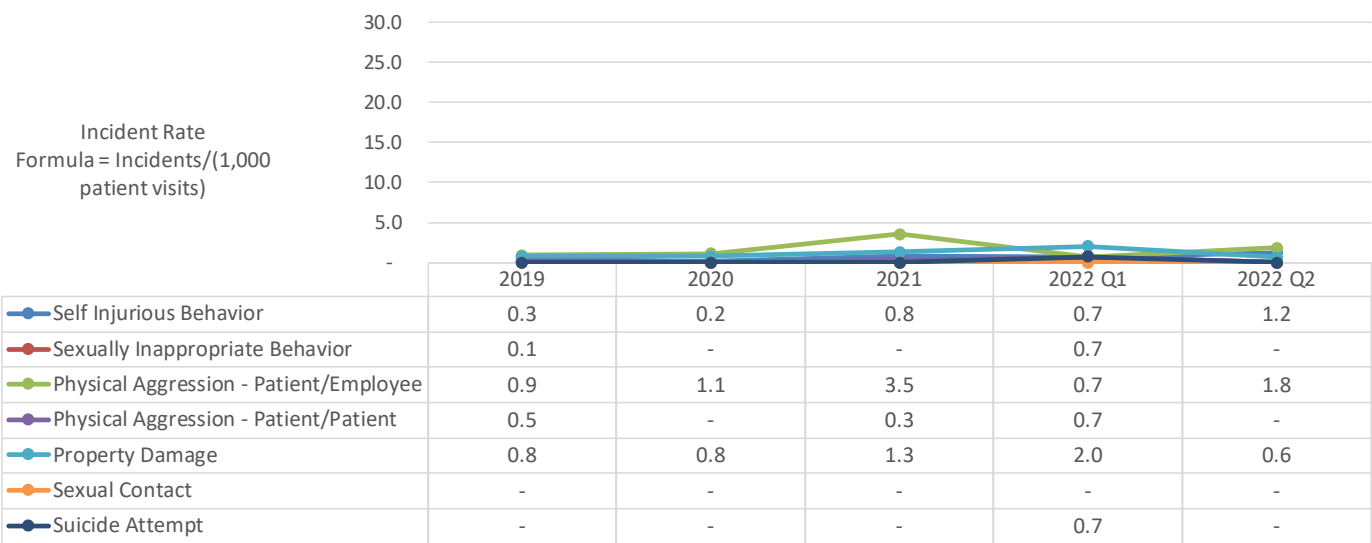
2019-2022 BHS Acute Adult Inpatient Service Reported Patient "Aggression" Incident Trends



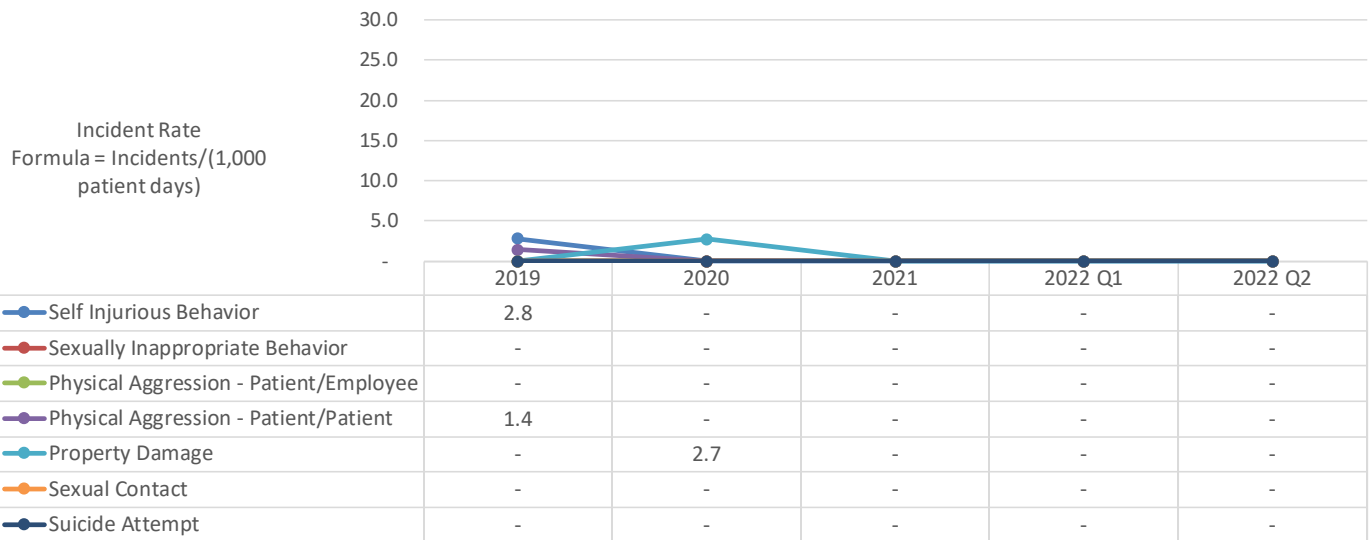
2019-2022 BHS CAIS Inpatient Service Reported Patient "Aggression" Incident Trends



2019-2022 BHS PCS Reported Patient "Aggression" Incident Trends



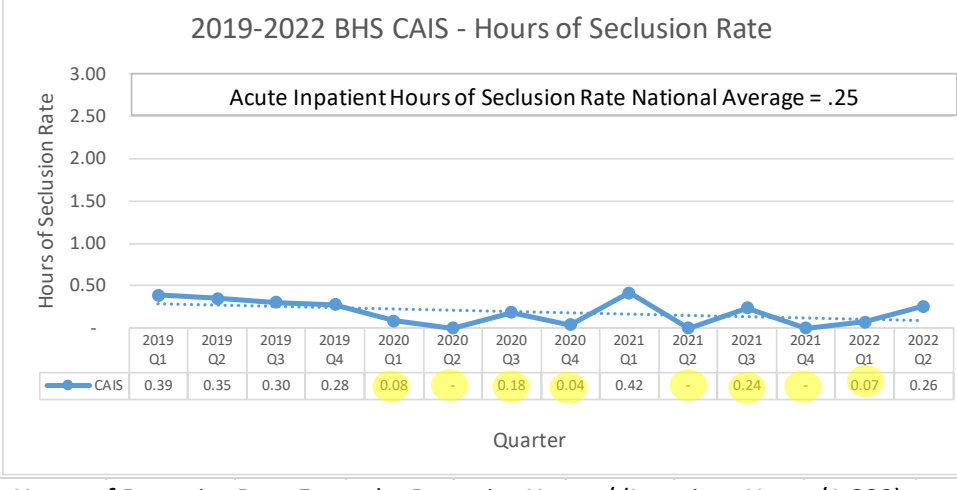
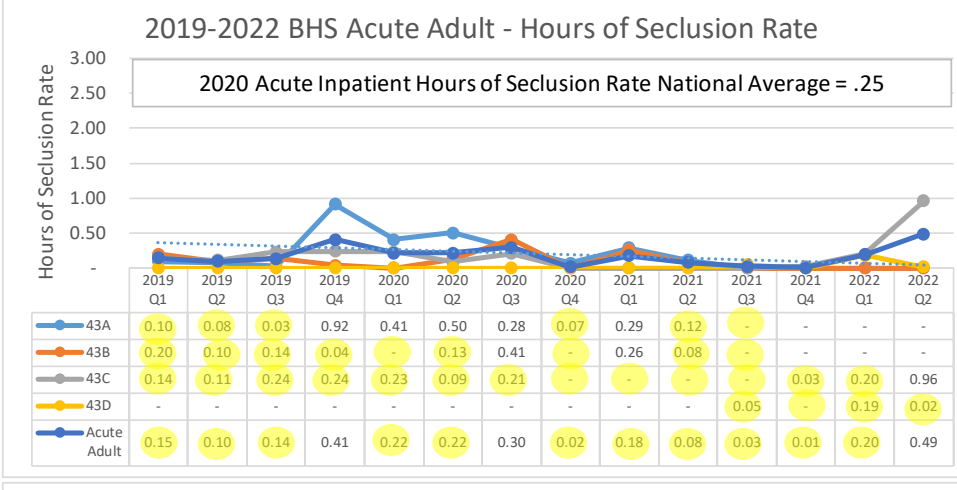
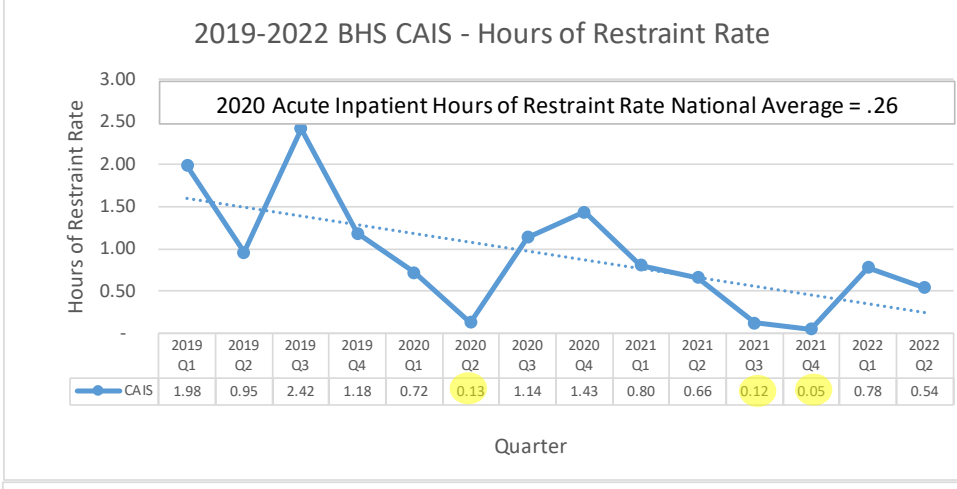
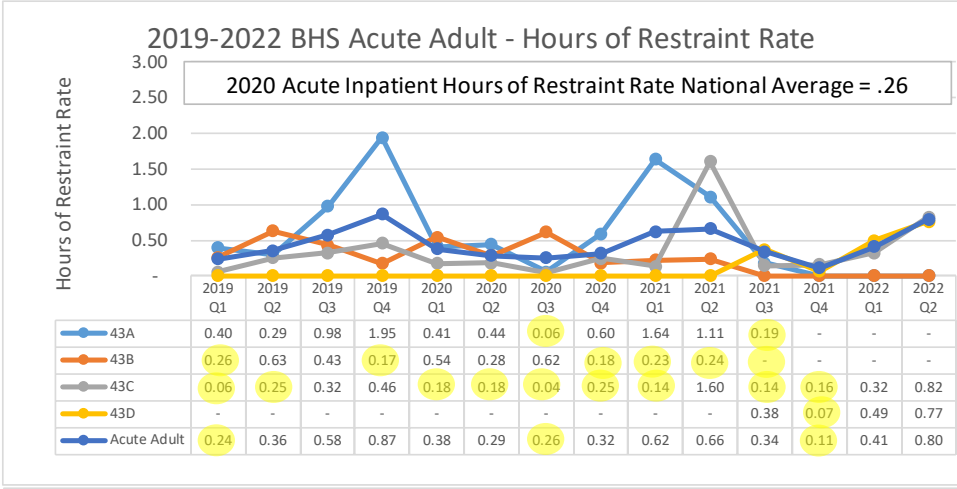
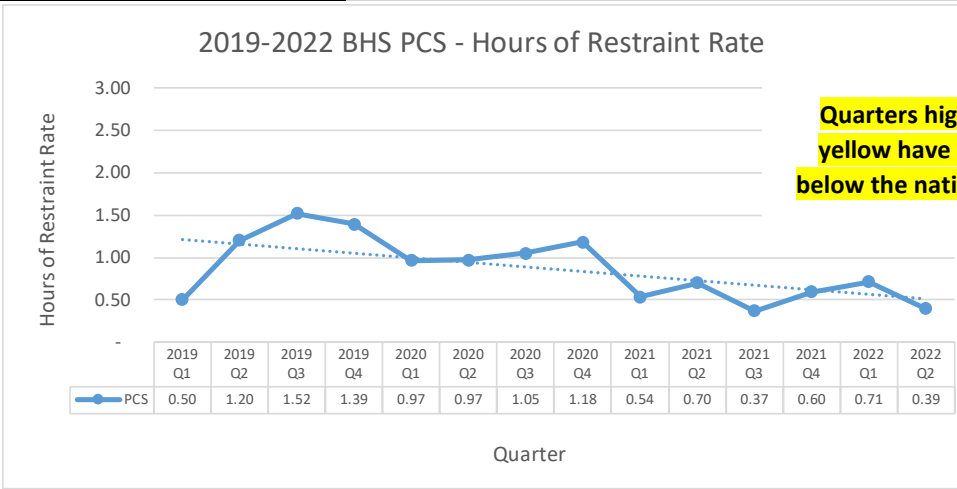
2019-2022 BHS OBS Reported Patient "Aggression" Incident Trends



Acute Adult - Incidents					
Incident Category	Year				
	2019	2020	2021	2022 Q1	2022 Q2
Self Injurious Behavior	8	3	5	0	2
Sexually Inappropriate Behavior	4	6	1	1	0
Physical Aggression - Patient/Employee	14	31	51	12	8
Physical Aggression - Patient/Patient	50	30	30	10	11
Property Damage	1	14	26	7	6
Sexual Contact	1	3	0	0	0
Suicide Attempt	1	-	0	0	0
CAIS - Incidents					
Incident Category	Year				
	2019	2020	2021	2022 Q1	2022 Q2
Self Injurious Behavior	3	-	7	2	0
Sexually Inappropriate Behavior	4	2	0	0	0
Physical Aggression - Patient/Employee	10	7	19	4	1
Physical Aggression - Patient/Patient	11	4	10	1	0
Property Damage	5	15	17	6	2
Sexual Contact	1	-	0	0	0
Suicide Attempt	0	1	1	0	0
PCS - Incidents					
Incident Category	Year				
	2019	2020	2021	2022 Q1	2022 Q2
Self Injurious Behavior	2	1	5	1	2
Sexually Inappropriate Behavior	1	-	0	1	0
Physical Aggression - Patient/Employee	7	7	22	1	3
Physical Aggression - Patient/Patient	4	-	2	1	0
Property Damage	6	5	8	3	1
Sexual Contact	0	-	0	0	0
Suicide Attempt	0	-	0	1	0
OBS - Incidents					
Incident Category	Year				
	2019	2020	2021	2022 Q1	2022 Q2
Self-Inflicted Injury	2	0	0	0	0
Sexually Inappropriate Behavior	0	0	0	0	0
Physical Aggression - Patient/Employee	0	0	0	0	0
Physical Aggression - Patient/Patient	1	0	0	0	0
Property Damage	0	1	0	0	0
Sexual Contact	0	0	0	0	0
Suicide Attempt	0	0	0	0	0
Program	Patient Days				
	2019	2020	2021	2022 Q1	2022 Q2
Acute Adult	14,793	11,582	8,007	1,858	1,815
CAIS	2,731	1,569	1,656	417	446
PCS	7,492	6,471	6,289	1,475	1,630
OBS	708	368	37	9	18



2022 Q2 Milwaukee County Behavioral Health Services (BHS) Crisis Service and Acute Inpatient Seclusion and Restraint Summary



Year / Quarter	Restraint Hours		Seclusion Hours	
	Acute Adult	CAIS	Acute Adult	CAIS
2019 Q1	23.0	35.0	14.3	6.9
2019 Q2	36.4	14.5	9.1	5.3
2019 Q3	49.4	33.2	11.7	4.2
2019 Q4	71.0	22.4	33.2	5.2
2020 Q1	34.7	10.8	19.8	1.3
2020 Q2	17.7	0.7	13.2	0.0
2020 Q3	16.2	9.2	19.1	1.5
2020 Q4	20.1	12.8	1.3	0.3
2021 Q1	36.1	8.0	10.4	4.2
2021 Q2	31.3	6.6	3.9	0.0
2021 Q3	14.9	1.2	1.2	2.3
2021 Q4	4.8	0.5	0.6	0.0
2022 Q1	18.3	7.8	8.8	0.8
2022 Q2	34.7	5.8	21.2	2.8
2022 Q3				
2022 Q4				

Overall Progress 95.2% as of July 1, 2022

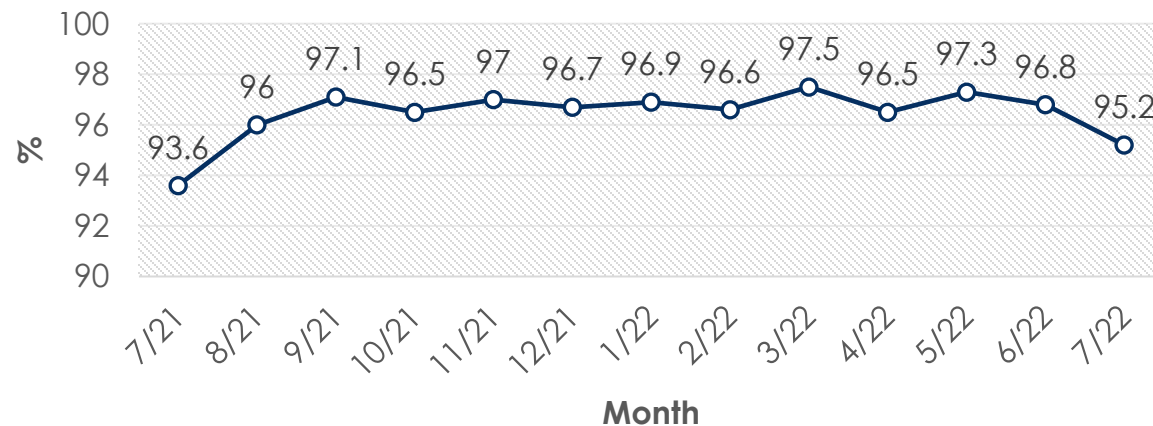
Baseline 71.5% as of August 2016 LAB report

10

Current Goal = 96%

Review period	Number of Policies		Percentage of total	
	Last Month	This Month	Last Month	This Month
Within Scheduled Period	658	654	96.8%	95.2%
Up to 1-year Overdue	18	29	2.6%	4.2%
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	680	687	100%	100%

Monthly Rate Trends



## Past Due by Policy Area

Past Due

## 12 Month Forecast Due for Review

Contract Administration	1
Engineering & Environmental Services-Operations	2
Infection Prevention	3
Information Technology	1
Mental Health Board	2
Pharmacy	7
Provider Network-Credentialing and Impaneling	1
Psychiatric Crisis Services - Mobile Team	2
Public Health Emergency	1
Quality Management	1
Safety	1
Wraparound (Wrap, REACH, youth CCS)-Administration	11

Month/Year	# Due
July 2022	19
August 2022	18
September 2022	17
October 2022	20
November 2022	15
December 2022	19
January 2023	10
February 2023	9
March 2023	17
April 2023	21
May 2023	19
June 2023	57
July 2023	9

## May Activity

New Policies	7
Reviewed/Revised	25
Retired	1

Total Past Due

33

Overall Progress 95.3% as of August 1, 2022					Baseline 71.5% as of August 2016 LAB report				
Current    Goal = 96%					Past Due by Policy Area		Past Due	12 Month Forecast Due for Review	
Review period	Number of Policies		Percentage of total					Month/Year	# Due
	Last Month	This Month	Last Month	This Month					
Within Scheduled Period	654	655	95.2%	95.3%	Contract Administration	1	August 2022	18	
Up to 1-year Overdue	29	28	4.2%	4.1%	Engineering & Environmental Services-Operations	2	September 2022	17	
More than 1 yr & up to 3 yrs overdue	1	1	0.1%	0.1%	Infection Prevention	2	October 2022	20	
More than 3 yrs & up to 5 yrs overdue	3	3	0.4%	0.4%	Information Technology	1	November 2022	15	
More than 5 yrs & up to 10 yrs overdue	0	0	0.0%	0.0%	Mental Health Board	2	December 2022	19	
Total	687	687	100%	100%	Pharmacy	7	January 2023	10	
<div>Monthly Rate Trends</div> <div><div><div>%</div><div>Month</div></div></div>					Provider Network-Credentialing and Impaneling	1	February 2023	9	
					Psychiatric Crisis Services - Mobile Team	2	March 2023	17	
					Public Health Emergency	1	April 2023	21	
					Quality Management	1	May 2023	19	
					Safety	1	June 2023	57	
					Wraparound (Wrap, REACH, youth CCS)-Administration	12	July 2023	9	
						32	August 2023	6	
					July Activity				
					New Policies		0		
					Reviewed/Revised		8		
						Retired	0		
					Total Past Due	32			

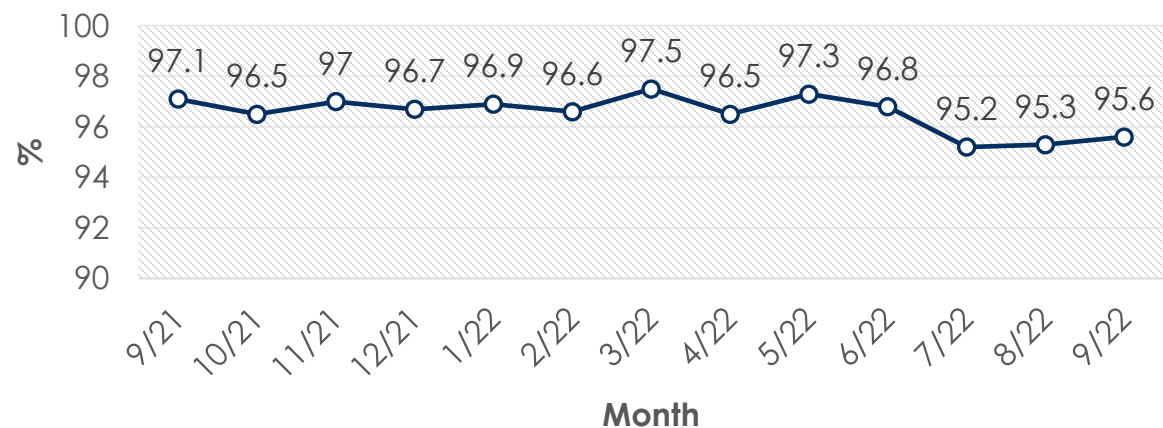
## Overall Progress 95.6% as of September 1, 2022

Baseline 71.5% as of August 2016 LAB report

Current Goal = 96%

Review period	Number of Policies		Percentage of total	
	This Month	This Month	This Month	This Month
Within Scheduled Period	655	668	95.3%	95.6%
Up to 1-year Overdue	28	28	4.1%	4.0%
More than 1 yr & up to 3 yrs overdue	1	2	0.1%	0.3%
More than 3 yrs & up to 5 yrs overdue	3	1	0.4%	0.1%
More than 5 yrs & up to 10 yrs overdue	0	0	0.0%	0.0%
Total	687	0	100%	100%

Monthly Rate Trends



## Past Due by Policy Area

Past Due

## 12 Month Forecast Due for Review

Month/Year # Due

Contract Administration	1
Emergency Management- Confidential	2
Engineering & Environmental Services- Operations	2
Infection Prevention	1
Information Technology	1
Mental Health Board	2
Office of Professional Training Programs	1
Pharmacy	12
Pharmacy and Therapeutics	5
Provider Network-Credentialing and Impaneling	1
Quality Management	1
Safety	1
Wraparound (Wrap, REACH, youth CCS)-Vendor	1

September 2022	17
October 2022	20
November 2022	15
December 2022	19
January 2023	10
February 2023	9
March 2023	17
April 2023	21
May 2023	19
June 2023	57
July 2023	9
August 2023	6
September	4

## August Activity

New Policies	12
Reviewed/Revised	82
Retired	0

Total Past Due

31