Status (Pending) PolicyStat ID (13180292)

Date Issued	12/4/2015	Owner	Amy Lorenz: Deputy Administrator, Community
Last Approved Date	N/A		
Effective	Upon Approval	Policy Area	BHS Administration
Last Revised Date	2/20/2023		
Next Review	3 years after approval		

Scope of Services

The Milwaukee County Behavioral Health Services provides care and treatment for adults, children and adolescents with serious behavioral health and substance use disorders both through County-operated programs and contracts with community agencies and provider partnerships. Services include intensive short-term treatment, acute psychiatric hospital services, crisis services, and a full array of supportive community behavioral health programs.

Mission

Department of Health and Human Services: Empowering safe, healthy, meaningful lives.

Behavioral Health Services: Empowering safe, healthy, meaningful lives through connections that support recovery.

Vision

The Milwaukee County Behavioral Health Services, through fostering strategic community partnerships, will become an integrated, community based behavioral health system of care providing a dynamic, and comprehensive array of services, including community based, emergency, and acute services, to meet the behavioral health care needs of individuals and families.

Philosophy of and Partnership in Care

We will provide care in a person centered, recovery oriented, trauma informed, culturally intelligent, least restrictive environment, with patient/clients and families as essential members of the care team. Partners in this vision include other stakeholders and service providers within Milwaukee County, the greater Wisconsin communities, and national partners.

Culture of Quality, Safety and Innovation

We will create a culture of data driven decision making and continuous improvement, focused on quality and safety, meeting and exceeding regulatory, accrediting, best practice standards and patient and family expectations. Technology will be implemented, created, effectively used and disseminated across the continuum of services.

Healthy Learning Environment

We will create a positive learning environment and a culture grounded in respectful communication, collaboration, and healthy working relationships. Support of education of clinical disciplines in this organization, inter-professional educational models, and ongoing development of a behavioral health workforce will occur in partnership with others.

Financial Resources

We will provide leadership in creating lasting resources. Goals also include increasing operational efficiencies and minimizing tax levy exposure. This entity will meet the statutory obligations of Milwaukee county for the behavioral health services of its citizens, acting either as a provider or a purchaser of services.

Core Values

Our behavioral health system will support and adopt the following core values:

- Welcoming
- Co-occurring Capable
- Person-Centered
- Culturally Intelligent
- Trauma-Informed
- Stage Matched Recovery Planning
- Systems and Services Integration
- Recovery-Oriented
- Accessible

BHS Crisis Services

BHS Crisis Services provides crisis assessment, stabilization, and linkage and follow-up services to any individual experiencing a mental health crisis. Community-based crisis services include:

- **Crisis Line***
  Crisis telephone services are often the first point of contact with the mental health system for an individual in crisis or a member of his or her support system. The Milwaukee County Behavioral Health Service's Crisis Line is a 24-hour a day, seven day a week telephone service that provides callers with screening and assessment, support, counseling, crisis intervention, emergency service coordination, information and referrals. Objectives of the Crisis Line service include relief of immediate distress in pre-crisis situation, thereby reducing the risk of an escalation of the crisis; arranging for necessary emergency on-site responses when necessary to protect individuals in mental health crises and emergencies; and providing callers with referrals to appropriate services when additional intervention is required. The Crisis Line may also provide stabilization, linkage and follow-up services when clinically indicated. The Crisis Line is the main access point for crisis mobile services.

- **Access Clinics and Mental Health Outpatient Services***
  The Access Clinics – walk-in centers for outpatient psychiatric services – is part of the stabilization component of crisis services. The three Access Clinics located throughout the Milwaukee community provide walk-in services on both an unscheduled (clinical assessment and referral for services) and scheduled (medical evaluation with prescriber and follow up services) basis to individuals voluntarily seeking crisis intervention, a face-to-face mental health assessment, treatment, and/or referral. Services provided may include clinical assessment, referral for individual and/or group psychotherapy and supportive counseling, evaluation for medication and ongoing psychiatric care, and referrals to outpatient psychiatric and other social services as needed. The Access Clinics are the initial access point for uninsured Milwaukee County residents in need of outpatient mental health services. The three clinics operate Monday through Friday from 8:00 am to 4:30 pm.

- **Community Consultation Team***
  The Community Consultation Team (CCT) is comprised of staff who have expertise in serving individuals who are dually diagnosed with intellectual developmental disabilities (IDD) and mental health issues. The goal of the Community Consultation Team (CCT) is to provide individuals with IDD and mental health with services in the community as a way to support their community placements and thereby reduce the need for admission to higher levels of care such as emergency room visits and hospitalizations. The CCT provides ongoing crisis intervention, consultation, and education services to individuals who reside in the community.

- **Milwaukee Mobile Crisis***
  The Milwaukee Mobile Crisis team provides crisis services on an outreach basis 24 hours/7 days per week. The team composed of either Registered Nurses, Behavioral Health Emergency Service Clinicians, and/or Psychologists responds to the individual and provides services in the setting in which the mental health emergency or crisis is occurring, virtually anywhere in the community where it is deemed safe and appropriate to meet the person. The team works with the individual and his/her significant supports, as well as referring agencies, for as long as necessary to intervene successfully in the crisis, initiating necessary treatment, resolving problems, providing high levels of support until the crisis is stabilized, and making

arrangements for ongoing services. Objectives of the mobile services include relief of immediate distress in crisis and emergency situations; reducing the level of risk in the situation; assisting law enforcement officers who may be involved in the situation by offering services such as evaluations for Emergency Detention under Chapter 51, and describing other available services and intervention options; and providing follow-up contacts to determine whether the response plans developed during the emergency are being carried out. The mobile services also includes a Geriatric Psychiatric Registered Nurse experienced in providing assessment for mental health issues complicated by a variety of medical and social problems of the aging person.

- **Crisis Assessment Response Team***
The Crisis Services has joined with the area law enforcement agencies (Milwaukee Police Department (MPD), West Allis Police Department (WAPD)) and Milwaukee County Sheriff's Office (MCSO) to create expansion programs of mobile crisis services. This expansion – the Crisis Assessment Response Team (CART) – consists of a mobile team clinician and a law enforcement officer partnered together as a mobile team in the community. Their primary objective is to respond to Emergency Detention calls to provide service and attempt to stabilize the individual with their own natural supports/resources or assist them in obtaining voluntary treatment. The goal of the team is to decrease Emergency Detentions by identifying and utilizing voluntary alternatives and make a positive impact for individuals experiencing a crisis.

- **Team Connect***
Team Connect is a program that provides co-occurring crisis and supportive services to individuals with substance use and mental health needs. The team consists of master's level licensed clinicians and a certified peer specialist (CPS) who will attempt to connect by phone or in person with individuals to provide linkage and follow-up services in the community. Services provided will include but are not limited to: assessing current needs, assisting individuals with managing aftercare mental health/substance use/physical care appointments, identifying and navigating community resources, creating and revising a crisis plan, and a warm hand-off to outpatient service providers. Team Connect will work to link individuals to community service providers to help address their long-term behavioral health needs.

- **Crisis Stabilization Houses***
The Crisis Stabilization Houses (CSH) are an alternative to psychiatric inpatient hospitalization. The CSHs provide a less restrictive environment in which to treat and support people experiencing psychological crises. Services include assessment, medication and medical evaluations, and counseling. There are two 8-bed CSHs in Milwaukee County which are operated by contracted agencies and their respective staff, with additional daily clinical face to face services 7 days a week from the BHS Milwaukee Mobile Crisis clinical staff.

- **Crisis Resource Centers**
The services at the Crisis Resource Centers (CRC) are provided via an agency that contracts with BHS. The CRCs offer a safe, recovery oriented environment that provides short-term crisis intervention to individuals. They provide a multitude of services which includes crisis stabilization, peer support, and linkage to ongoing support and services. The CRCs also promote opportunities for increased collaboration among community services and providers for the benefit of consumers and improved community health through consumers' increased quality of life. There are three CRCs located in Milwaukee that provide walk-in crisis services

along with short-term stabilization services for up to thirty-seven individuals at a time.

- **Community Linkages and Stabilization Program**
The Community Linkages and Stabilization Program (CLASP) is an extended support and treatment program designed to support consumers' recovery, increase consumers ability to live independently in the community, and reduce incidents of emergency room contacts and re-hospitalizations utilizing person-centered and trauma-informed focus by Certified Peer Specialists. The goals of the program are to: improve the quality of life for consumers; promote recovery in the community; increase the ability for consumers to cope with issues and avoid crisis; increase consumers' ability to manage stressors without hospitalization; connect consumers to beneficial supports and resources; and empower consumers to direct their recovery process. The services of this program are provided by a contracted provider.

- **Crisis Care Coordination Team**
A six team member Crisis Care Coordination Team provides various supportive services to individuals identified who benefit from crisis stabilization services through an outreach model. This team also provides crisis case management and supportive services to individuals awaiting TCM or CSP services.

Community Services

Community Access to Recovery Services (CARS) is the Behavioral Health Services entity that manages the public-sector, community-based mental health and substance abuse system for adults in Milwaukee County. CARS provides and oversees a variety of services to help adults with behavioral health issues achieve the greatest possible independence and quality of life by assessing individual needs and facilitating access to appropriate community services and supports. CARS is committed to fostering independence, choice, and hope for individuals by creating an array of services that are person-centered, recovery oriented, trauma informed, and culturally intelligent.

CARS – Mental Health

CARS is the central access point for Milwaukee County adult residents with severe and persistent mental illness who require long-term support. CARS provides – either directly or through contracts with community-based providers – the following mental health services:

- **Outpatient (Indigent Care)**
CARS provides an outpatient level of care to individuals who are indigent and uninsured through a contract with a local community heath center. Outpatient services primarily include psychiatric evaluation, diagnosis and medication management. There are also individual therapy services offered by the outpatient clinic and other contract behavioral health clinics.

- **Targeted Case Management**
Medicaid-reimbursable
Targeted Case Management (TCM) is a service to support individuals with serious and persistent mental illness to live as independently as possible in the community. TCM must include assessment, case planning, obtaining and referral to services, ongoing monitoring and services coordination, and assurance of consumer satisfaction. A case manager can also assist a consumer in obtaining and maintaining the following: housing; legal assistance; medication management; employment and training; money management; benefit advocacy;

medical assistance; Activities of Daily Living (or ADL) assistance; social network development; substance use disorder (SUD) services and support; and peer supports. Each TCM consumer is assigned a primary case manager and develops a case plan according to the individual's needs. In addition to the traditional TCM just described, there is also an Intensive TCM with a clinic model, a Recovery TCM, and an AODA TCM. CARS contracts with agencies to provide TCM services:

- **Comprehensive Community Services**
  Medicaid-reimbursable
  Comprehensive Community Services (CCS) is a recovery-focused, integrated behavioral health program for adults with severe mental illness and/or substance use disorders and children with severe emotional disturbance. CCS is unique for its inclusion of both children and adults and its focus on other physical illness and impact on multiple system use. CCS provides a coordinated and comprehensive array of recovery services, treatment, and psychosocial rehabilitation services that assist individuals to utilize professional, community, and natural supports to address their needs. CCS is a community-based program in which the majority of services are provided in clients' homes and communities. The program is person-centered and uses client-directed service plans to describe the individualized services that will support the client to achieve their recovery goals. Services are provided by teams of professionals, peer specialists, and natural supports, all coordinated by a CCS service facilitator. CCS reimburses services including:

  - Assessment
  - Recovery Planning
  - Service Facilitation
  - Communication and Interpersonal Skills Training
  - Community Skills Development and Enhancement
  - Diagnostic Evaluations and Assessments
  - Employment-Related Skill Training
  - Medication Management
  - Physical Health and Monitoring
  - Psychoeducation
  - Psychotherapy
  - Recovery Education and Illness Management
  - Substance Abuse Treatment
  - Non-Traditional or Other Approved Services
  - Psychosocial Rehabilitative Residential Supports
  - Peer Supports
  - Functional AODA and Mental Health Screener

- **Community Support Program**
  Medicaid-reimbursable
  A Community Support Program (CSP) in an integrated community service model for persons who have the most severe and persistent mental illnesses and significant functional

limitations. CSPs provide over 50% of contacts in the community in a non-office, non-facility setting. All CSPs in Milwaukee County are certified under DHS 63 and provide psychiatry, budgeting, payeeship, crisis intervention, nursing, housing, vocational, medication management, symptom management, and social skill training. CARS serves clients in CSPs through Purchase of Service contracts with community agencies and with one CSP team operated by BHS. All CSP agencies follow the evidence-based practices of Assertive Community Treatment (ACT).

- **Community-Based Residential Facilities**
  Medicaid-reimbursable: CRS Per Diem & Crisis Per Diem
  CARS works to offer a range of supportive residential programs to individuals in our system. The highest level of supportive environments on this continuum are Community-Based Residential Facilities (CBRF). CBRFs are licensed facilities that offer 24-hour on-site supervision with a variety of rehabilitative services offered. CARS has Fee for Service agreements with multiple agencies. CARS tracks several major recovery outcomes for clients with severe and persistent mental illness, including improvements in:

- Living arrangement/homelessness

- Employment (any)

- Employment (competitive)

- Criminal justice involvement

- Arrests/incarceration

- Health/dental/vision care received

- Daily activity

- Risk of suicide

- Psychiatric bed days

- Emergency room visits

- Consumer satisfaction

CARS – Substance Use

CARS provides substance use disorder services to Milwaukee County residents aged 18-59 and pregnant women of all ages. Eligible individuals can receive a comprehensive screen with one of the community-based Access Points. Access Points provide a comprehensive screen of individuals seeking to recover from substance abuse in order to determine the appropriate level of clinical care and the individual's care coordination and recovery support service needs. The Access Points refer eligible clients to the appropriate services offered by providers in a fee-for-service network operated by CARS. Substance use disorder services include:

- **Outpatient**
  Outpatient is a non-residential treatment service totaling less than 12 hours of counseling per patient per week, which provides a variety of evaluation, diagnostic, crisis and treatment services relating to substance abuse to ameliorate negative symptoms and restore effective functioning. Services include individual counseling and intervention and may include group and family therapy and referral to non–substance abuse services that may occur over an extended period. The provider must be certified as a DHS 75 outpatient provider.

- **Recovery Support Services**
  Recovery Support Services are offered to meet a client's non-clinical needs in a manner that supports his or her recovery. Services are community based, available from faith-based providers, and may include such services as childcare, anger management, transportation, educational or employment assistance, and housing support.

- **Recovery Support Coordination**
  Recovery Support Coordination uses a strength-based approach to develop, in partnership with the client, his or her service providers, and other persons the client wants involved, an individualized single coordinated care plan that will support the client's recovery goals.

- **Day Treatment**
  Day Treatment is a medically monitored, and non–residential substance abuse treatment service which consists of regularly scheduled sessions of various modalities, such as individual and group counseling and case management, provided under the supervision of a physician. Services are provided in a scheduled number of sessions per day and week, with each patient receiving a minimum of 12 hours of counseling per week.

- **Medication Assisted Treatment**
  Medication Assisted Treatment (MAT) in Milwaukee County has expanded in terms of providers, types of clients served, and additional services provided to the population. Vivitrol providers for both the insured and uninsured populations in the CARS network has expanded while trying to also expand and contract for other MAT services, including methadone. All clients presenting to a Access Points are now assessed to determine if they meet MAT criteria and are given information about the different choices.

- **Residential**
  Transitional Residential is a clinically supervised, peer–supported therapeutic environment with clinical involvement. The service provides 3 to 11 hours of counseling per patient per week, immediate access to peer support through the environment, and intensive case management which may include direct education and monitoring in the areas of personal health and hygiene, community socialization, job readiness, problem resolution counseling, housekeeping, and financial planning.
  Medically Monitored Residential operates as a 24-hour, community-based service providing observation, monitoring, and treatment by a multidisciplinary team under supervision of a physician, with a minimum of 12 hours of counseling provided per week for each patient.
  Co-Occurring Bio-medically Monitored Residential operates as a 24-hour, community-based service providing observation, monitoring and treatment by a multidisciplinary team under supervision of a physician, and staffed 24 hours a day by nursing personnel.

- **Detoxification**
  Detoxification is a set of interventions to manage acute intoxication and withdrawal to minimize the physical harm caused by the abuse of substances. Supervised detoxification can prevent potentially life-threatening complications that may arise in the absence of treatment. Detoxification is also a form of palliative care for persons who want to become abstinent from substance use. A critical component of detoxification service is preparing the individual for engagement with appropriate substance abuse treatment commensurate with his or her ongoing needs. CARS contracts with a single provider for medically monitored residential detoxification service, ambulatory detoxification service, and residential intoxication monitoring service.

CARS tracks several major recovery outcomes for clients receiving SUD services, including improvements in:

- Retention in treatment
- Completion of treatment
- Abstinence from alcohol
- Abstinence from drugs
- Living arrangement/homelessness
- Employment or school/job training
- Arrests/incarceration
- Social connectedness (family and recovery groups)
- Consumer satisfaction

For individuals in all CARS programs, a variety of demographic and services data required for State PPS reporting are also tracked, including: referral source; gender; age; race/ethnicity; primary language; education; disabilities; legal status; services received; amount/length of service; and discharge reason.

Children's Community Mental Health Services & Wraparound Milwaukee

Children's Community Mental Health Services & Wraparound Milwaukee is the Behavioral Health Services entity that manages the voluntary public-sector, community-based mental health system for children, adolescents and young adults (ages 5-23) in Milwaukee County who have serious mental health or emotional needs. Serving as the umbrella body for a number of supports, all core programs rely on care coordination that promotes parental and youth driven care through the facilitation of the Wraparound Process. Programs create access to a range of supportive services, foster family independence, and provide trauma informed care for children and youth in the context of their family and community.

- **Wraparound** – A Specialized Managed Care Entity that serves families with youth who have serious mental health needs and are at immediate risk of placement in a residential treatment center, juvenile correctional facility or psychiatric hospital. Youth may have system involvement through the Child Welfare and/or Juvenile Justice System.
- **Comprehensive Community Services (CCS)** – A Medicaid benefit which supports youth and young adults who are coping with either a mental health and/or substance abuse diagnosis across the lifespan. Within CCS, the program Coordinated Opportunities for Recovery and Empowerment (CORE) serves youth ages 10-23 years old who are at high risk for psychosis or experiencing their first episode with psychosis.
- **Trauma Response Team (TRT**) – In collaboration with the Milwaukee Police Department, the TRT provides support services to children & their families when they have witnessed or have been exposed to potentially traumatic events such as serious accidents, sudden death, shootings, violence, or domestic violence.
- **Family Intervention & Support Services (FISS)**– A short term case management program,

FISS specifically serves families in Milwaukee County who have a child (age 10- 17 years old) with behavioral problems, truancy issues, academic problems, runaway behavior, and other conflicts between a parent and child. The goal of the FISS program is to provide specific services, resources, and supports to strengthen a family's ability to manage their child's behavior and prevent court involvement.

Approval Signatures

Step Description	Approver	Date
	Linda Oczus: Chief Compliance Officer-Safety, Risk and Populati	Pending
	Amy Lorenz: Deputy Administrator, Community	2/20/2023

Granite Hills HOSPITAL

2022 Quarterly Quality Report
to
Milwaukee County Behavioral Health Division

Inpatient Satisfaction at a Glance, Q2 2022

Granite Hills takes patient satisfaction very seriously. That is why every patient discharged from our facility is given the opportunity to provide us feedback on their stay and the care they received. We take great pride in our consistently great scores and our track record of integrating patient suggestions into our treatment and throughout our facility. Below are some examples of our success.

91% . . .
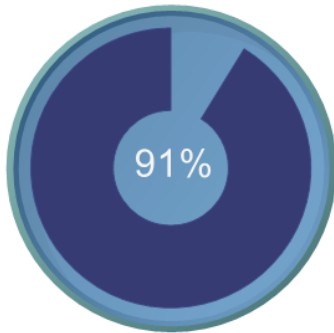
of our patients report that they felt better at discharge than when they were admitted.

n = 57
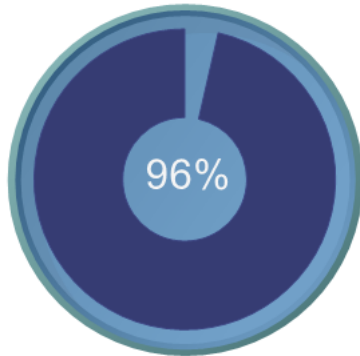
96% . . .

of our patients report that they were satisfied with their treatment.

n = 56
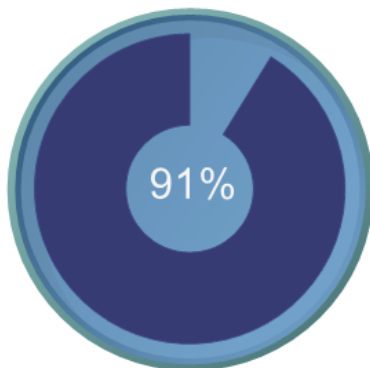
91% . . .

of our patients report that their treatment goals and needs were met.

n = 57

Utilization for Q2 2022

Number of Admissions based on Referrals from PCS (Adult)

42 Adults Patients

- 25 Male
- 17 Female

Average Length of Stay

- 6.6 Days

Zip code Representation

- **53206 – 3**
- **53207 – 2**
- **53209 – 2**
- **53212 – 3**
- **53215 – 3**
- **53218 – 3**
- **53224 – 2**
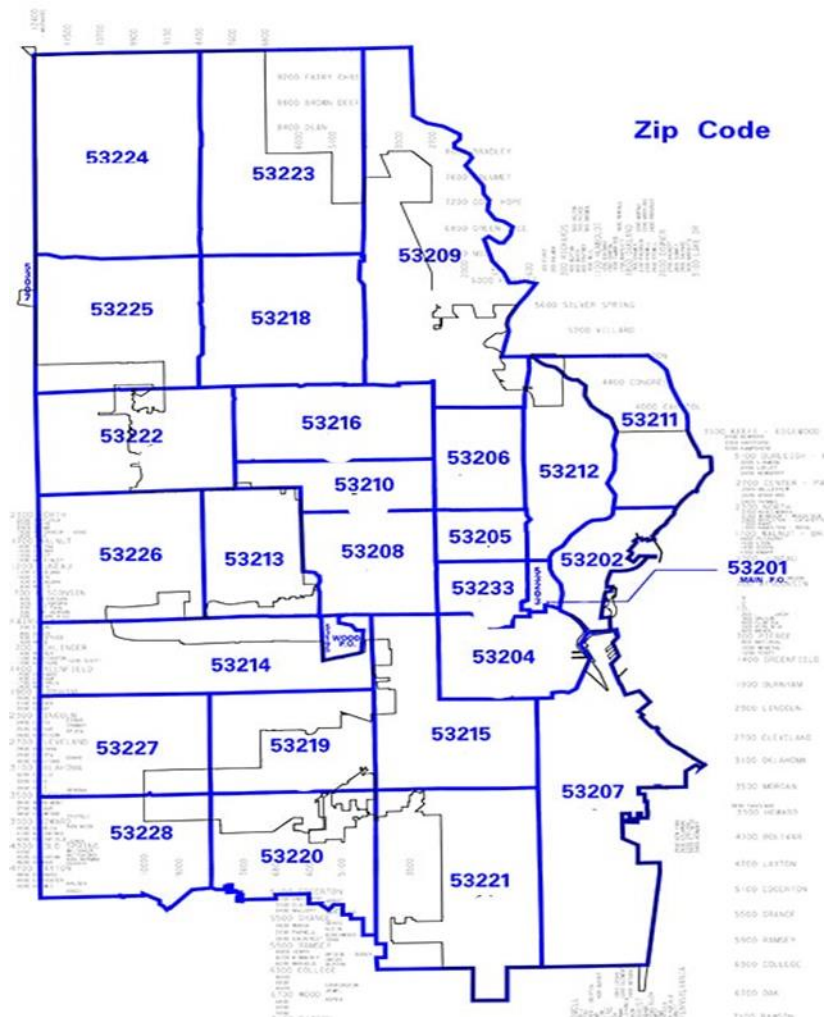
2022 Quarterly Quality Report
to
Milwaukee County Behavioral Health Division

Inpatient Satisfaction at a Glance, Q3 2022

Granite Hills takes patient satisfaction very seriously. That is why every patient discharged from our facility is given the opportunity to provide us feedback on their stay and the care they received. We take great pride in our consistently great scores and our track record of integrating patient suggestions into our treatment and throughout our facility. Below are some examples of our success.

82% . . .

of our patients report that they felt better at discharge than when they were admitted.

n = 108
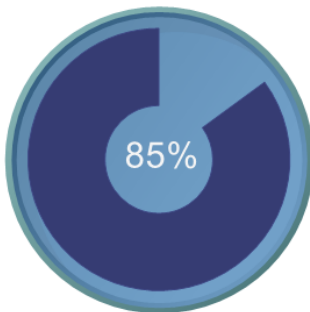
85% . . .

of our patients report that they were satisfied with their treatment.

n = 107
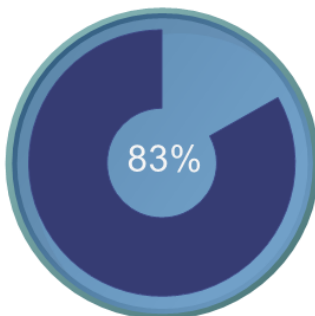
83% . . .

of our patients report that their treatment goals and needs were met.

n = 107

Utilization for Q3 2022

Number of Admissions based on Referrals from PCS & MHEC (Adult)

73 Adults Patients

- 36 Male
- 37 Female

Average Length of Stay

- 10.2 Days

Zip code Representation

- 53204 – 3
- 53205 – 6
- 53206 – 4
- 53208 – 5
- 53209 – 5
- 53210 – 3
- 53212 – 4
- 53214 – 5
- 53215 – 4
- 53218 – 5
- 53223 – 4
- 53224 – 3
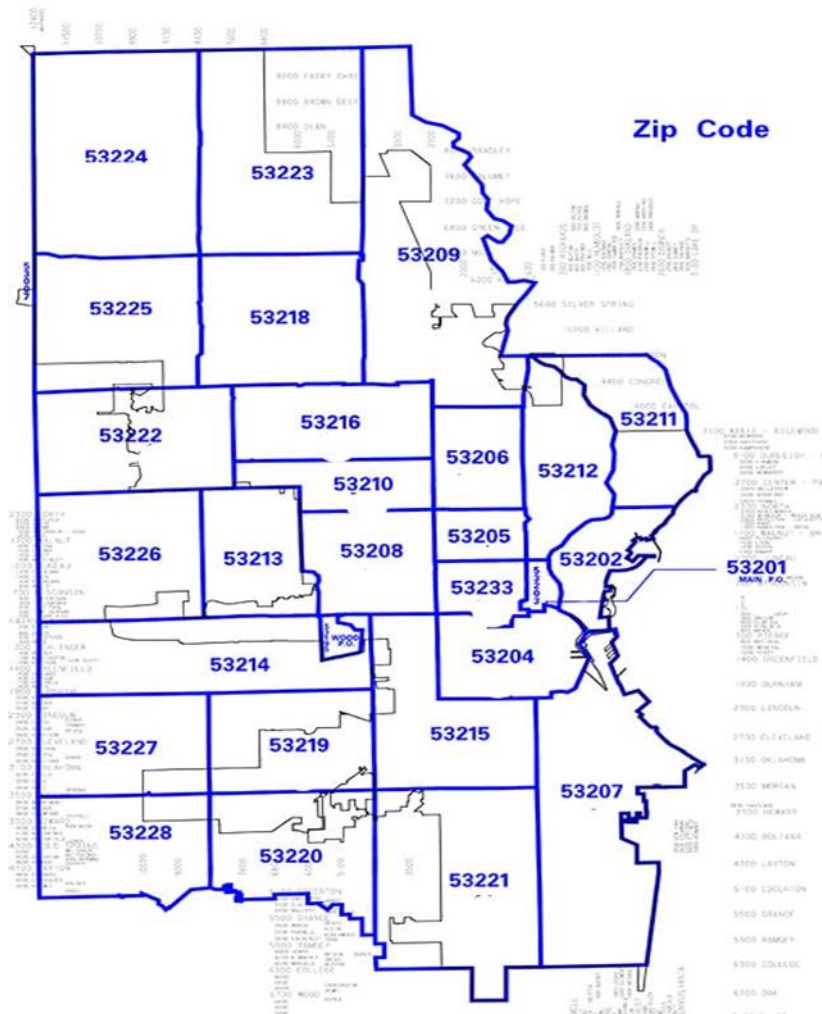
Inpatient Satisfaction at a Glance, Q4 2022

Granite Hills takes patient satisfaction very seriously. That is why every patient discharged from our facility is given the opportunity to provide us feedback on their stay and the care they received. We take great pride in our consistently great scores and our track record of integrating patient suggestions into our treatment and throughout our facility. Below are some examples of our success.
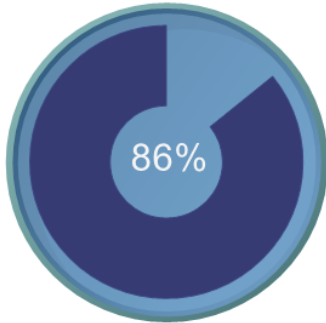
86% . . .

of our patients report that they felt better at discharge than when they were admitted.

n = 162

82% . . .
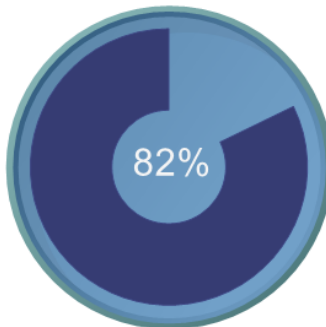
of our patients report that they were satisfied with their treatment.

n = 163

83% . . .
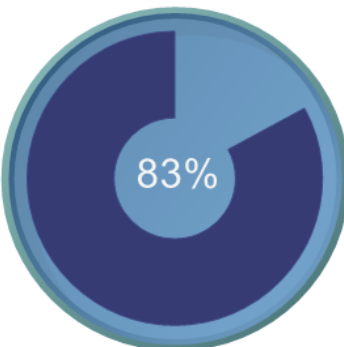
of our patients report that their treatment goals and needs were met.

n = 164

Utilization for Q4 2022
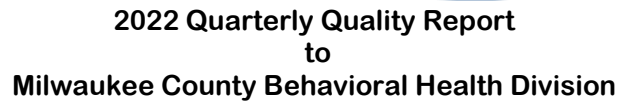
Number of Admissions based on Referrals from MHEC (Adolescent & Adult)

119 Patients

- 100 Adults
- 19 Adolescents (Starting 11/1/2022)
- 63 Male
- 56 Female

Average Length of Stay

- 13.4 Days

Zip code Representation

- **53204 – 7**
- **53202 – 5**
- **53205 – 4**
- **53206 – 7**
- **53208 – 9**
- **53209 – 10**
- **53210 – 4**
- **53212 – 2**
- **53214 – 6**
- **53215 – 7**
- **53216 – 6**
- **53218 – 10**
- **53223 – 3**
- **53224 – 4**
- **53225 – 3**

4a
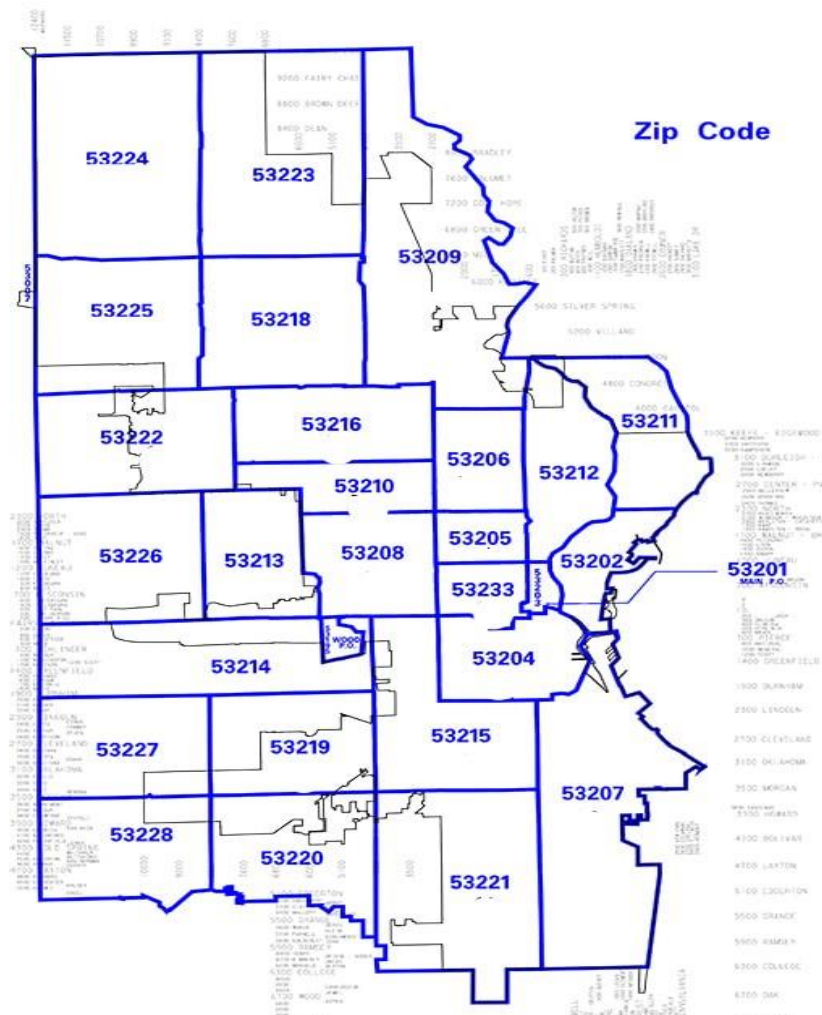
Community Access to Recovery Services (CARS)
Access Points

Access Points:
Connecting people with the services they need

- No Wrong Door Philosophy

- Value driven
    - Trauma informed
    - Person-centered
    - Recovery oriented
    - Motivational Interviewing Principles
    - Co-occurring capable

- Emphasis on client engagement

- Medical Necessity Criteria

- Referral Sources

- Key Partnerships

The Access Point Role

- Screen and assess for behavioral health, substance use disorders, social determinants of health, and other life domains

- Focus on client engagement and good customer service

- Provide options counseling and connection to CARS services

- Make referrals to services outside of CARS
  - PHP, IOP, Day Treatment, Outpatient Treatment
  - Psychiatry
  - Medication Assisted Treatment
  - DHHS Partners (ADRC & Housing Division)

- Provide resources & information to address immediate needs

Key Partnerships

- BHS Crisis Services
- Aging and Disability Resource Center
- DHHS Housing Division
- Wraparound / Youth Services
- DHS Legal Services
- Division of Milwaukee Child Protective Services

- Wisconsin State Mental Health Institutes
- Corrections
- Court Systems
- Milwaukee County Forensic System
- Private Hospitals

Access Point Locations

CARS Intake Team (Largest AP)

1220 W. Vliet St., Milwaukee, WI 53205

414-257-8085

IMPACT

6737 W. Washington St., Suite 2225

Milwaukee, WI

414.649.4380

Sirona Recovery

205 W. Highland Ave., Suite 400

Milwaukee, WI

414.552.8079

WestCare

2821 Vel R Phillips Ave., Suite 210

Milwaukee, WI

414.263.6000

Wisconsin Community Services

3732 W. Wisconsin Ave

Milwaukee, WI

414.343.3569

2022 Access Point Quality Improvement

Goals

- Enhance accountability

- Improve overall quality

- Improve client experience

- Begin No Wrong Door Access Point Redesign

Enhancing Accountability

New CARS Supervisor assigned to CARS Access Point management

Added duties for CARS Administrative Coordinator
- Monitor daily Access Point work and look for opportunities to enhance our co-occurring capabilities

Quality Improvement

Improve accuracy of comprehensive assessments and referrals to services

- Identified common process errors, addressed them with providers, and trained for improvement

Completed in-depth review using assessment outcome data to identify what's working well, areas of concern, and next steps for improvement

Client Experience Improvement

AP Client Satisfaction Survey Review

- Process Discovery
- Reviewed comparative data
- Standardized process

Assessment Redesign

- Client friendly
- Based on engagement and Motivational Interviewing
- Reducing data collection burden
- Focus on Social Determinants of Health

Access Point System Enhancements

Generate	Generate revenue/reduce purchase of service amount
Increase	Increase accountability through documentation
Create	Create expectations for standard of practice model
Align	Align to BHS and DHHS strategic initiatives
Align	Align to internal BHS access point efforts and DHS 34 standards
Reduce	Reduce excessive/redundant paperwork
Continue	Continue to improve client experience
Identify	Identify client comprehensive population health needs

Comprehensive Assessments Completed

Assessment Totals

Year	Assessments
2019	2846
2020	3419
2021	3532
2022	2990

■ Assessments
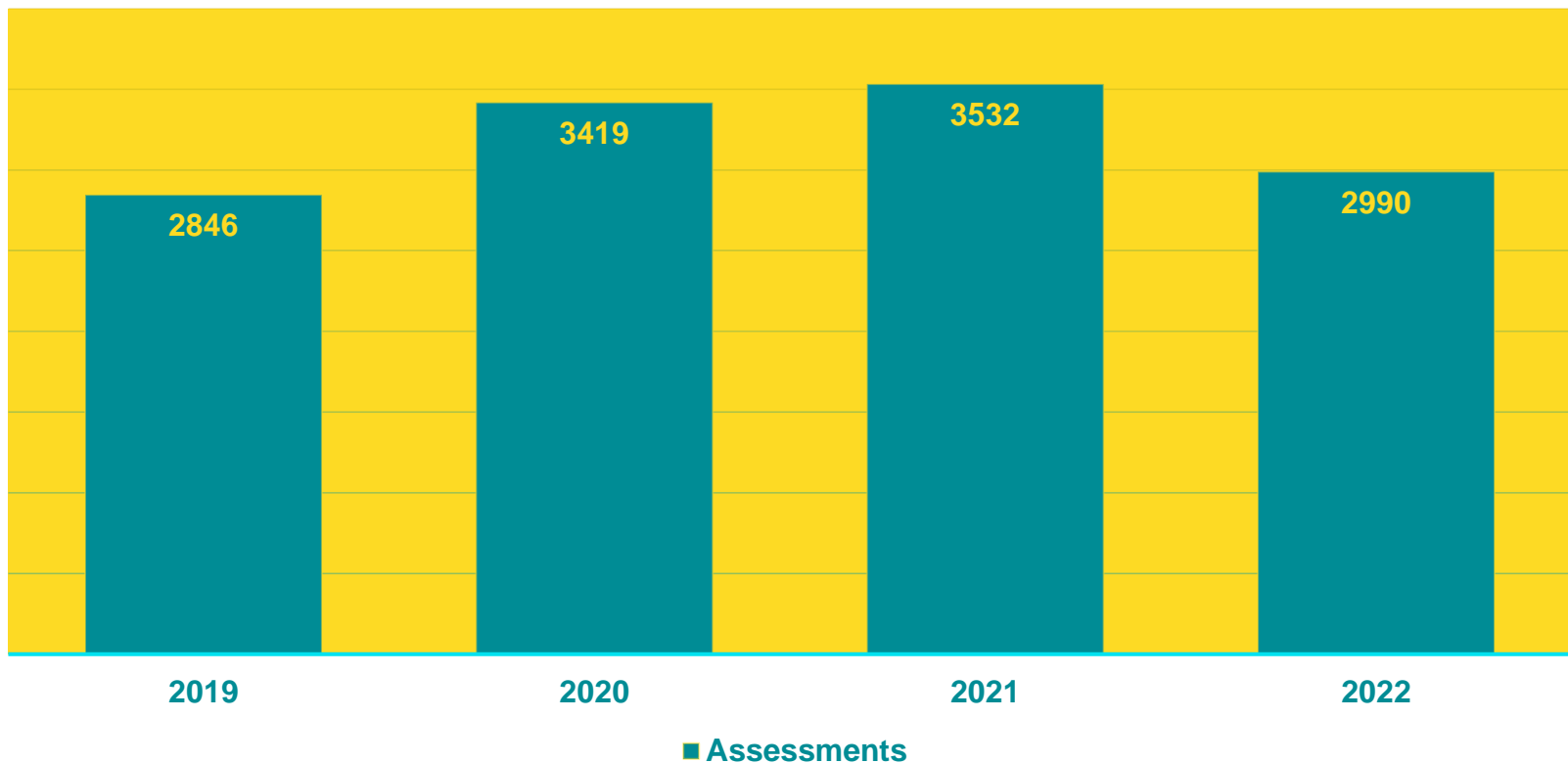
CARS Intake Team Referrals

Referral Totals

Year	Referrals
2019	1821
2020	1517
2021	1608
2022	1714
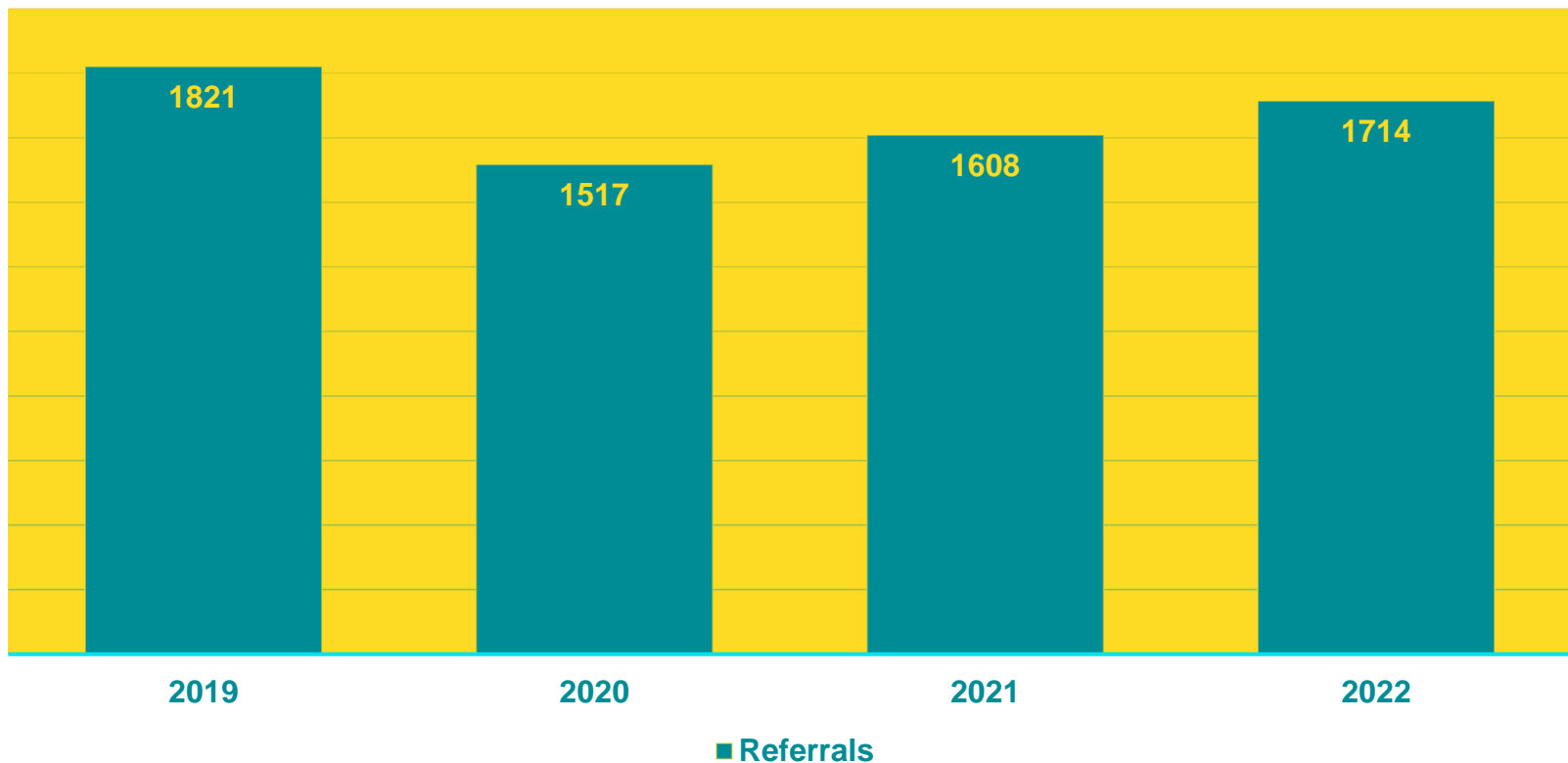
■ Referrals

Access Point Statistics

- 3026 unique individuals received a referral to services

- 854 individuals had more than 1 encounter

- 2046 people received a referral to 2 or more services

- Referrals made to BHS services
    - 3450

- Referrals made to external services
    - 2263

Client Satisfaction Surveys

OVERALL Surveys Received

1,087
Count

0   100

OVERALL Average

3.00

4.56
NEW 5Q Avg

4.50

0.00   5.00
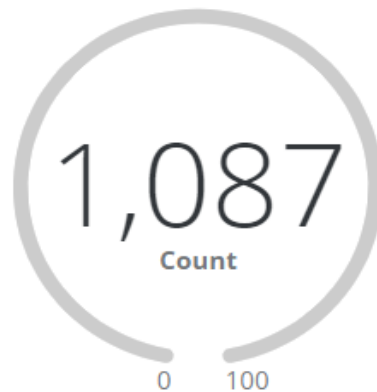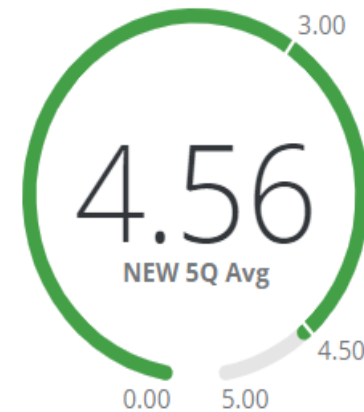
44.9% of Intake Team surveys included comments compared to 25.6% of all BHS

MILWAUKEE COUNTY
DEPARTMENT OF HEALTH
& HUMAN SERVICES
**BEHAVIORAL
HEALTH SERVICES**

CARS Quarterly Report

CARS Quality Report Summary - Q3 & Q4 2022

Because we are sharing the 2022 Q3 and 2022 Q4 results at the same meeting, we have combined both reports for your convenience.

POPULATION HEALTH

Similar to prior reports, in both Q3 and Q4, our quality of life (QOL) data suggested that although our Black clients entered services with lower QOL relative to white clients, they ultimately saw the same degree of improvement, if not more, as our white clients as of their last assessment.

We have begun a focus group to take a more in-depth look into deaths of despair. We are hoping to partner with other community stakeholders to address a "shift in perspective" on how we approach this. Historically we have been looking at data in our own system, but we would like to expand this to more of a public health lens. Further, in the spring of 2023 we will be launching a new set of questions related to the social determinants of health that we believe will enable us to better assess the health of our clients and help promote this broader focus on public health. We anticipate this data will be available later this year and look forward to the multiple ways that we can leverage this data to improve the care and health of the clients we serve.

CLIENT EXPERIENCE

We continue to expand our use of our client experience survey throughout BHS, and now we are in the process of refining its implementation. In the 4th quarter of 2022 we developed a process to review data with agencies and discuss their survey distribution methodologies to ensure that we are getting the most accurate data possible and the voice of the consumer is fully represented. The team has also been working with crisis services to implement a client experience survey in the Mobile Crisis Services.

COST OF CARE

We note small decreases (.020% and .030%) in the cost per client per month over both quarters. CARS is looking to leverage its funds, including the opioid settlement funds and other braided funding, to expand services related to the social determinants of health, including employment, transportation, and child care services. We also hope to use the settlement funds to increase the availability of harm reduction services as we attempt to respond to the ongoing and growing overdose crisis in Milwaukee County.

STAFF QUALITY OF LIFE

CARS understands that staff well-being and recruitment and retention issues do not only impact BHS, but are being acutely felt in our provider network as well. Therefore, in the spring of 2023, a workgroup was developed to address workforce challenges that are experienced by BHS and the contracted providers in our network. This workgroup will seek to better understand the workforce problem and work with providers to support and address labor shortages. Stay tuned for future updates!

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)*

- 27.2%
- 8.6%
- 64.2%

RACE ●Black ●Other ●White

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

- 33.2%
- 46.4%
- 20.4%

RACE ●Black ●Other ●White

Race (CARS)

- 9.3%
- 51.2%
- 39.5%

RACE ●Black ●White ●Other

Ethnicity

●MKE County ●CARS

Not Hispanic/...	84.9% / 82.0%
Hispanic/Latino	15.1% / 10.4%
No Entry/Unk...	0.0% / 7.7%

Gender

●MKE County ●CARS

Male	48.4% / 58.3%
Female	51.6% / 41.7%

Age

0-17	4.8%
18-24	8.0%
25-34	20.6%
35-44	20.8%
45-54	19.4%
55-64	20.5%
65+	5.9%

Distinct Clients Served Each Quarter by High Need Zip Code

High need ●Focused Zips ●Other Zips

Quarter	Other Zips	Focused Zips
Q4-2020	4025	2442
Q1-2021	4089	2445
Q2-2021	4115	2386
Q3-2021	4051	2326
Q4-2021	4015	2388
Q1-2022	3928	2437
Q2-2022	3916	2450
Q3-2022	4113	2518

The Focused Zip Codes include 53215, 53205, 53206, 53204, 53233, 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 effort to target and concentrate our community outreach and investment initiatives.

*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"

Patient Experience of Care

Volume Served

Volume Served by Race

- Black
- White
- Other**
- Overall

	Q4-2021	Q1-2022	Q2-2022	Q3-2022
Overall	6403	6365	6366	6631
Black	3303	3256	3295	3394
White	2635	2625	2573	2620
Other**	465	484	498	617

Referrals

Time to First Service

Referrals

- Black
- White
- Overall

	Q4-2021	Q1-2022	Q2-2022	Q3-2022
Overall	1403	1428	1339	1227
Black	733	729	682	604
White	523	551	510	476
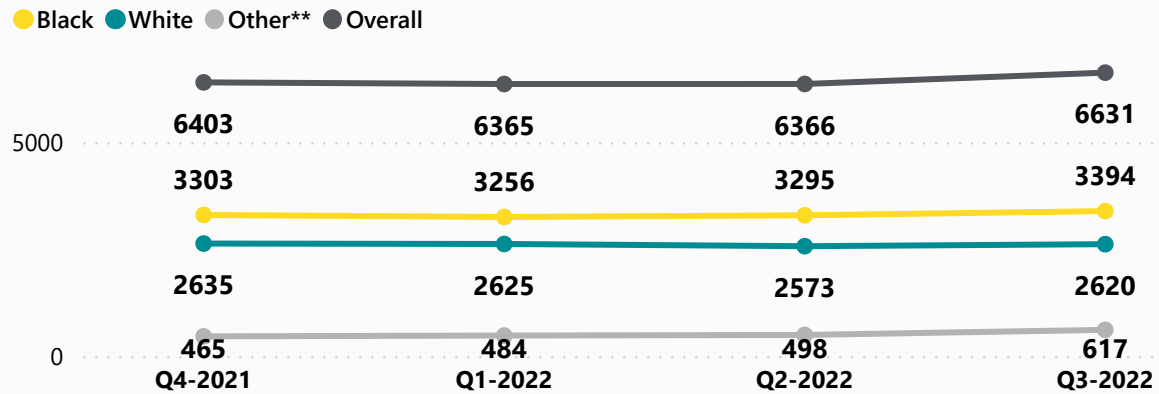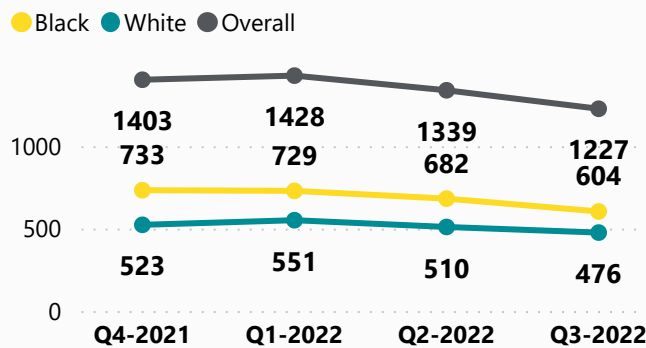
Access to Service

31.48%

↗ **8.7%**

change from previous quarter

Percentage* of clients who began their enrollment at a CARS Access Point who received a CARS community service with the first 30 days (187/594).

*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.

Average Consumer Satisfaction Score (Range from 1-5)

4.45 average for all consumers (n=474)	**4.45** average for Black consumers (n=226)	**4.59** average for White consumers (n=177)	**4.62** average for "other" consumers (n=24)

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: 590.81 days
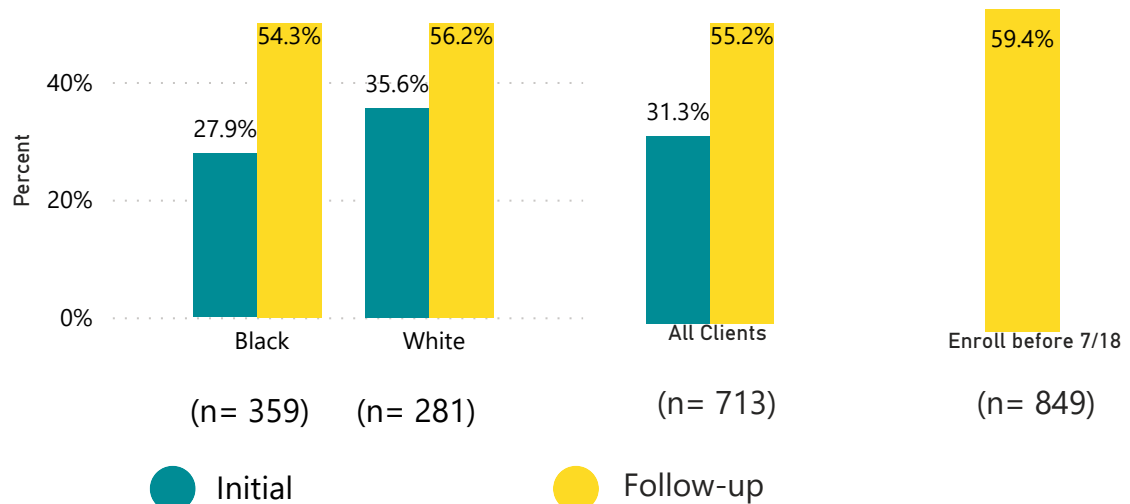
	Black (n= 359)	White (n= 281)	All Clients (n= 713)	Enroll before 7/18 (n= 849)
Initial	27.9%	35.6%	31.3%	
Follow-up	54.3%	56.2%	55.2%	59.4%

- Initial
- Follow-up

Percent with a Private Residence Overall and by Race

Average duration of enrollment: 568.94 days
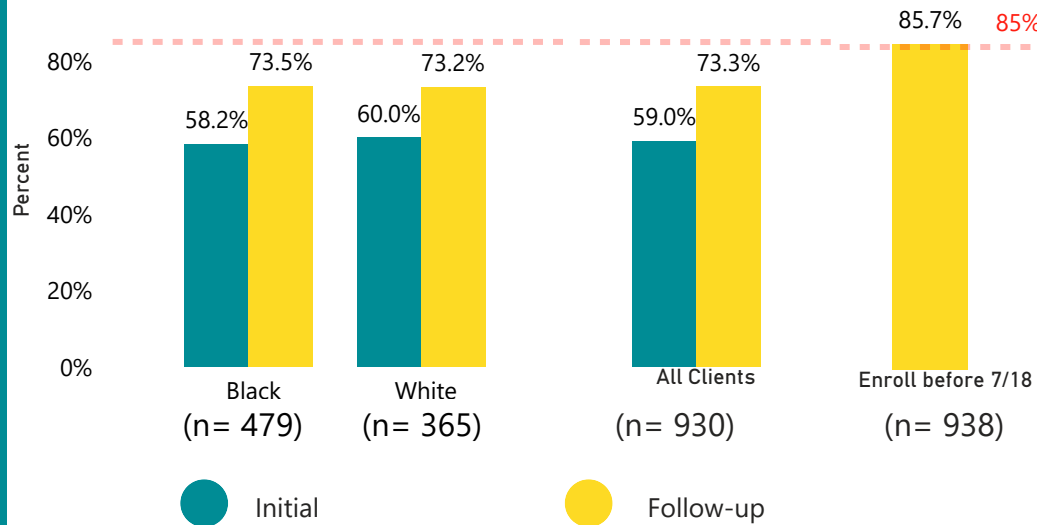
Benchmark for State of Wisconsin (n=74,178)

Benchmarks

Black 79.60% (n=7,947)

White 85.90% (n=56,971)

- Black (n= 479): Initial 58.2%, Follow-up 73.5%
- White (n= 365): Initial 60.0%, Follow-up 73.2%
- All Clients (n= 930): Initial 59.0%, Follow-up 73.3%
- Enroll before 7/18 (n= 938): Follow-up 85.7%
- Benchmark 85%

Legend: Initial, Follow-up

Percent Employed Overall and by Race

Average duration of enrollment: 566.29 days
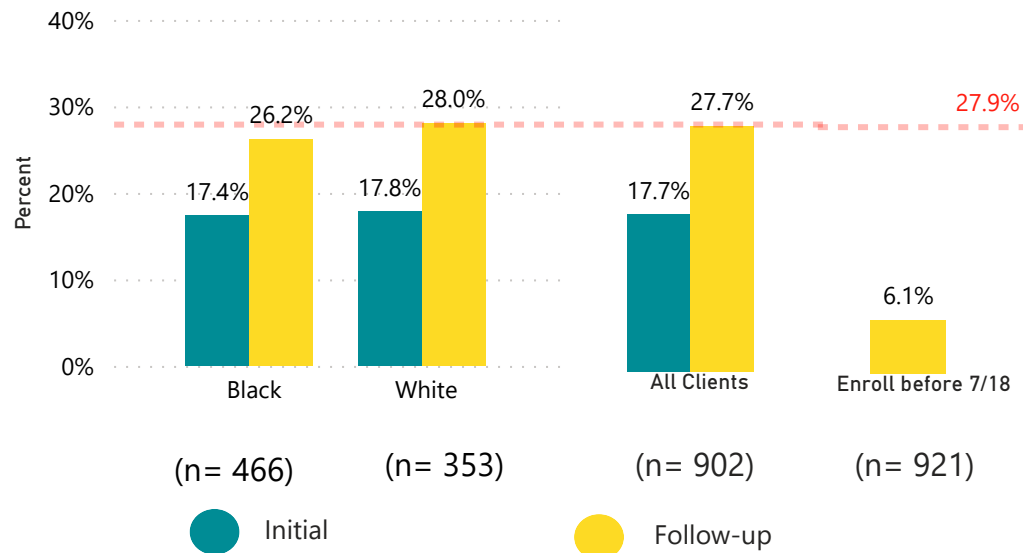
Benchmark for State of Wisconsin (n=74,178)

- Black (n= 466): Initial 17.4%, Follow-up 26.2%
- White (n= 353): Initial 17.8%, Follow-up 28.0%
- All Clients (n= 902): Initial 17.7%, Follow-up 27.7%
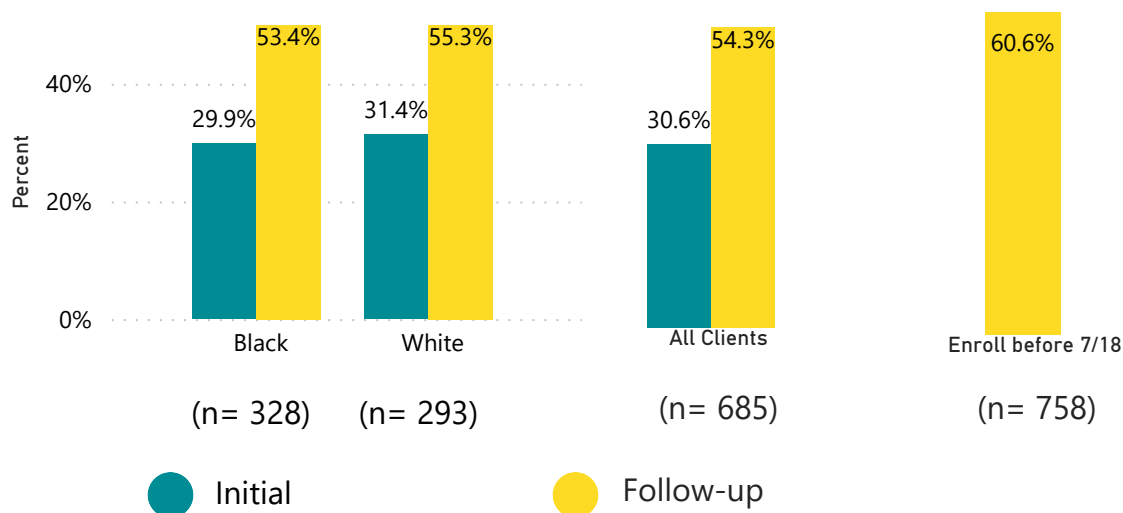- Enroll before 7/18 (n= 921): Follow-up 6.1%
- Benchmark 27.9%

Legend: Initial, Follow-up

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

Average duration of enrollment: 584.11 days

Percent selecting "Poor" or "Fair" Physical Health
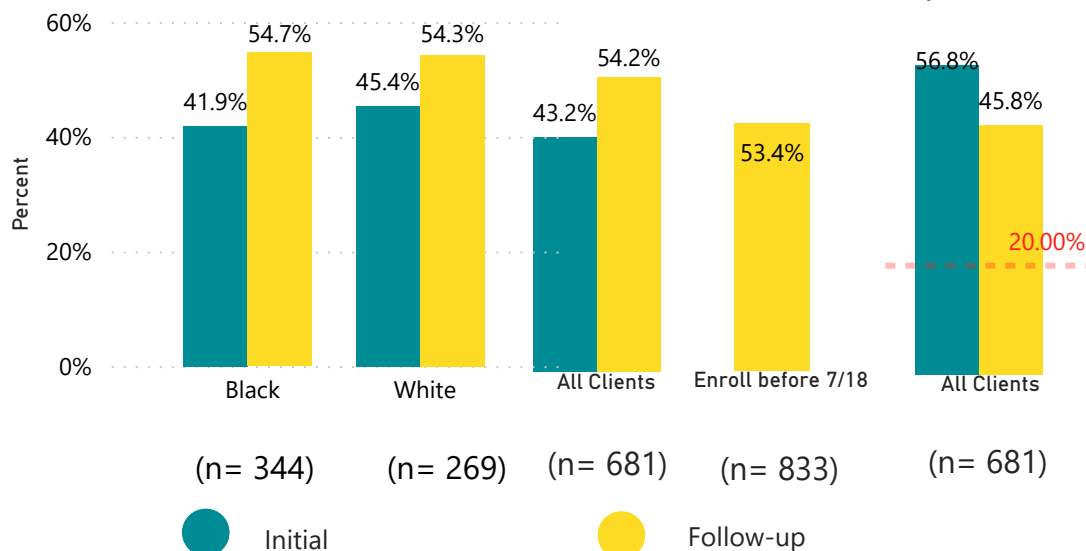
Percent selecting "Poor" or "Fair" Physical Health

Benchmark for Milwaukee County

- Black (n= 344): Initial 41.9%, Follow-up 54.7%
- White (n= 269): Initial 45.4%, Follow-up 54.3%
- All Clients (n= 681): Initial 43.2%, Follow-up 54.2%
- Enroll before 7/18 (n= 833): Follow-up 53.4%
- All Clients (n= 681): Initial 56.8%, Follow-up 45.8%
- Benchmark 20.00%

Legend: Initial, Follow-up

Cause of Death by Race

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

Black ● Other ● White ●

	Accident	Homicide	Natural	Other/Unknown	Overdose	Suicide
Black	6	3	29	10	10	3
Other	1	0	1	8	1	1
White	1	0	26	17	14	4

Average Age at Death

Black	White	Other
50.84	52.23	52.56

Benchmarks

White: 74.90
Overall: 71.50
Black: 62.40

Death Rate (per 100,000 by Age Range)

CARS number adjusted for comparison against Milwaukee County^
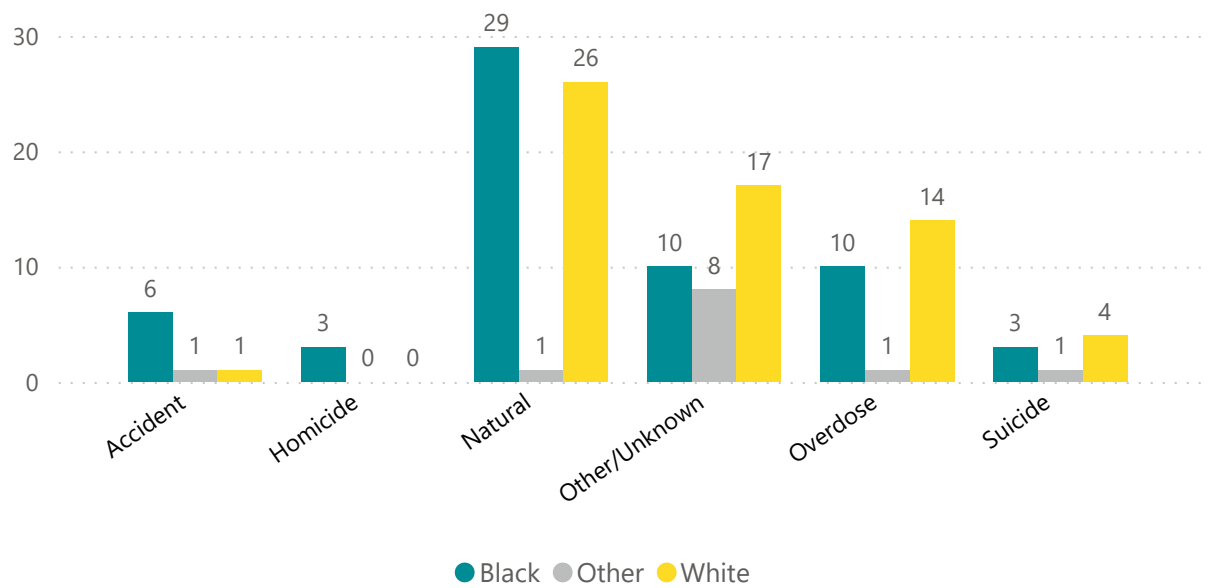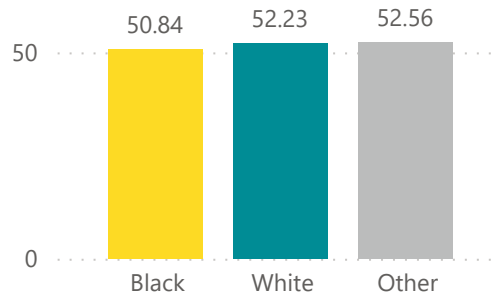
● CARS (per 100k)   ● Milwaukee County (per 100k)

Age	CARS (per 100k)	Milwaukee County (per 100k)
18-24	185.2	84.5
25-34	576.4	176.0
35-44	1501.1	235.5
55-64	2465.6	1098.6
45-54	2521.0	570.4
65-74	4054.1	2117.0
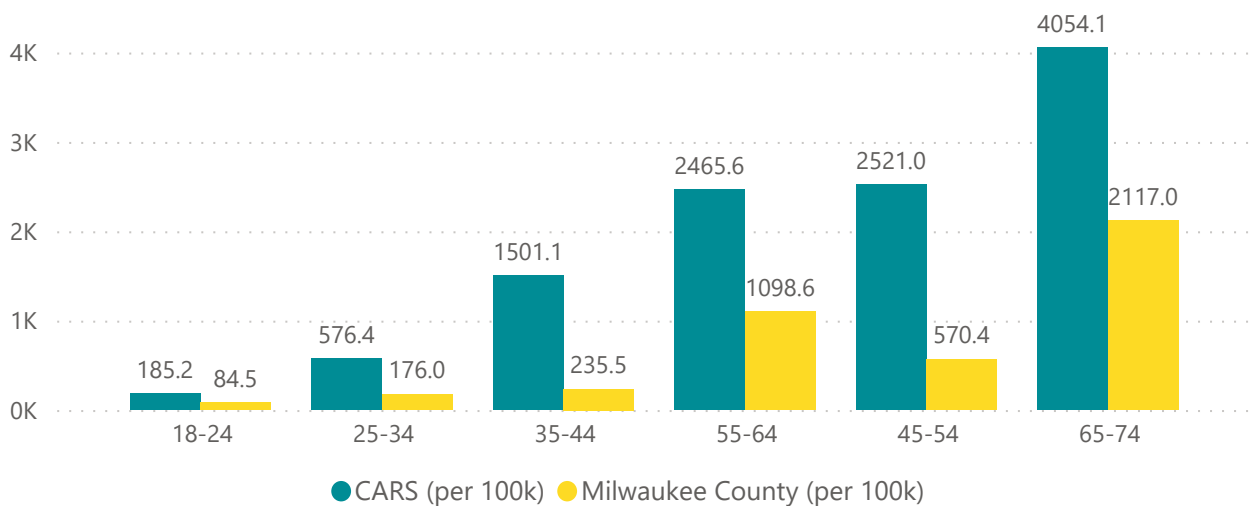
Average Cost per Consumer per Month for Q1 by Race

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

Black (n-3394) — $1,148.6
Other (n=617) — $1,007.6
Overall** (n=6631) — $1,230.1
White (n=2620) — $1,378.8

$0 $200 $400 $600 $800 $1,000 $1,200 $1,400

Average Cost per Consumer per Month by Quarter

$2K

$1,219.82 $1,254.63

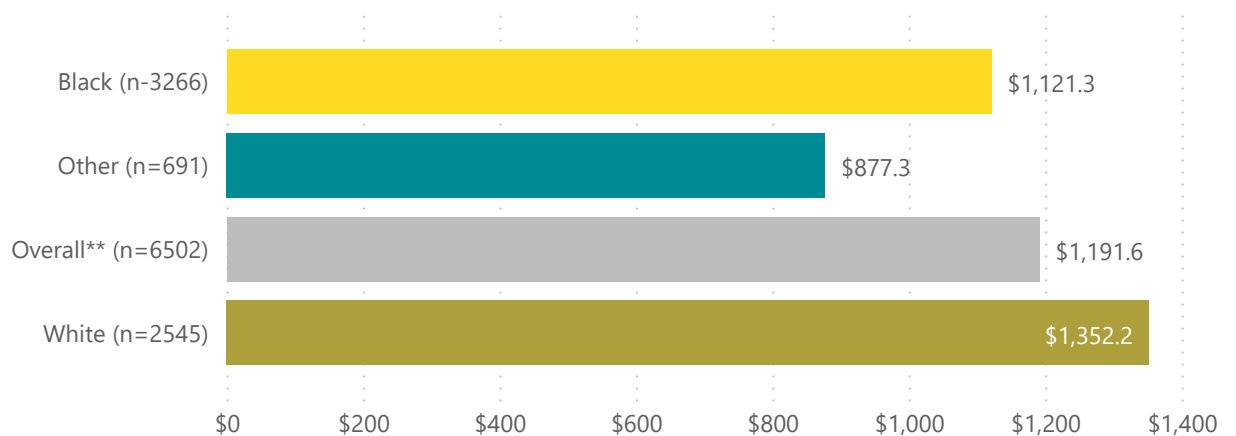$1K $1,149.39 $1,230.05

$0K

2021 Q4 (n=6398)   2022 Q1 (n=6365)   2022 Q2 (n=6365)   2022 Q3 (n=6631)
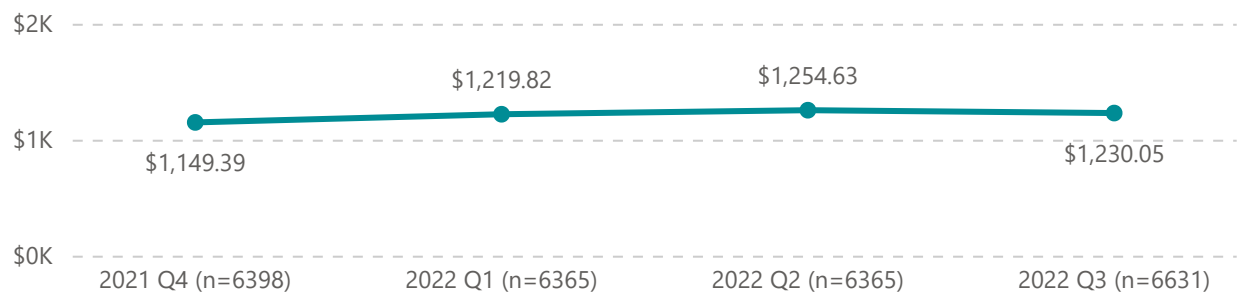
Domain: Staff Well-Being

Turnover

31.11%

CARS turnover rate

Staff Quality of Life

20.00%

Turnover rates for government employees (per year)^^

While the CARS turnover rate is significantly higher than it has been in previous quarters, a large part of this is due to four staff members being shifted from CARS due to departmental reorganization. If we do not factor these employees in, the actual turnover rate ends up being **21.74%**, which is in line with the prior quarter.

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.
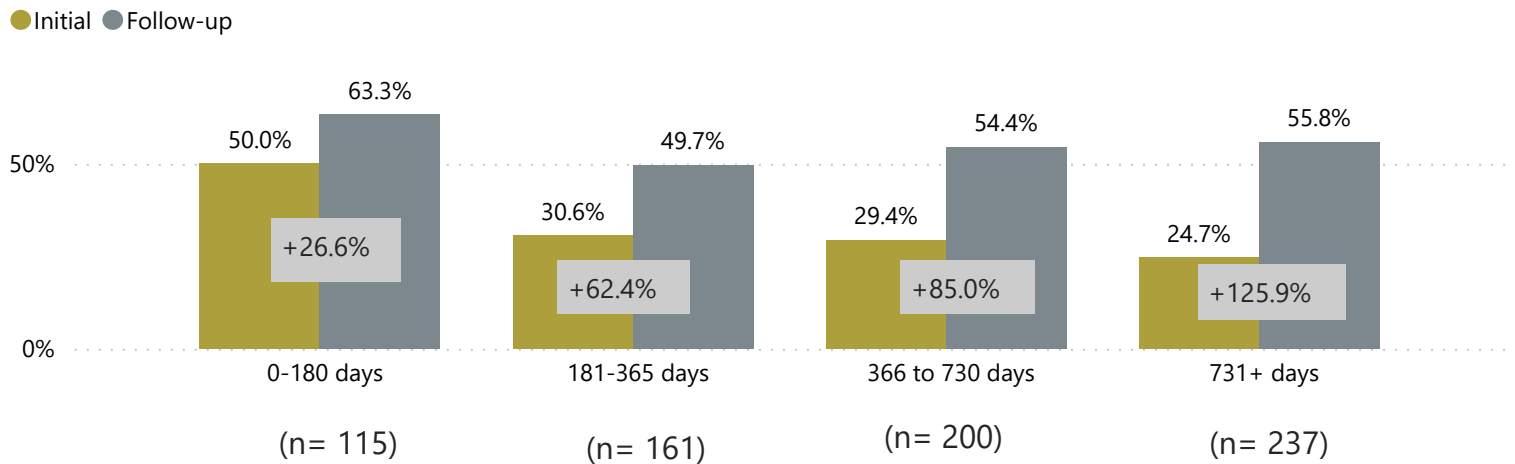
Percent of Clients with a Private Residence

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.

● Initial ● Follow-up

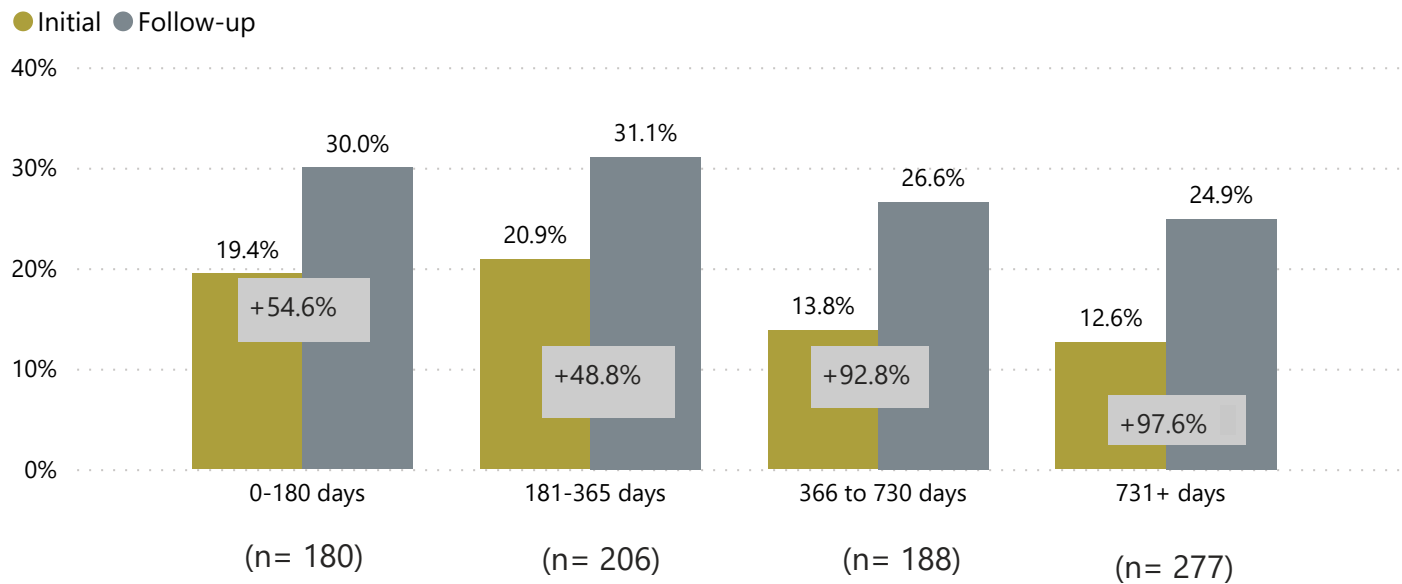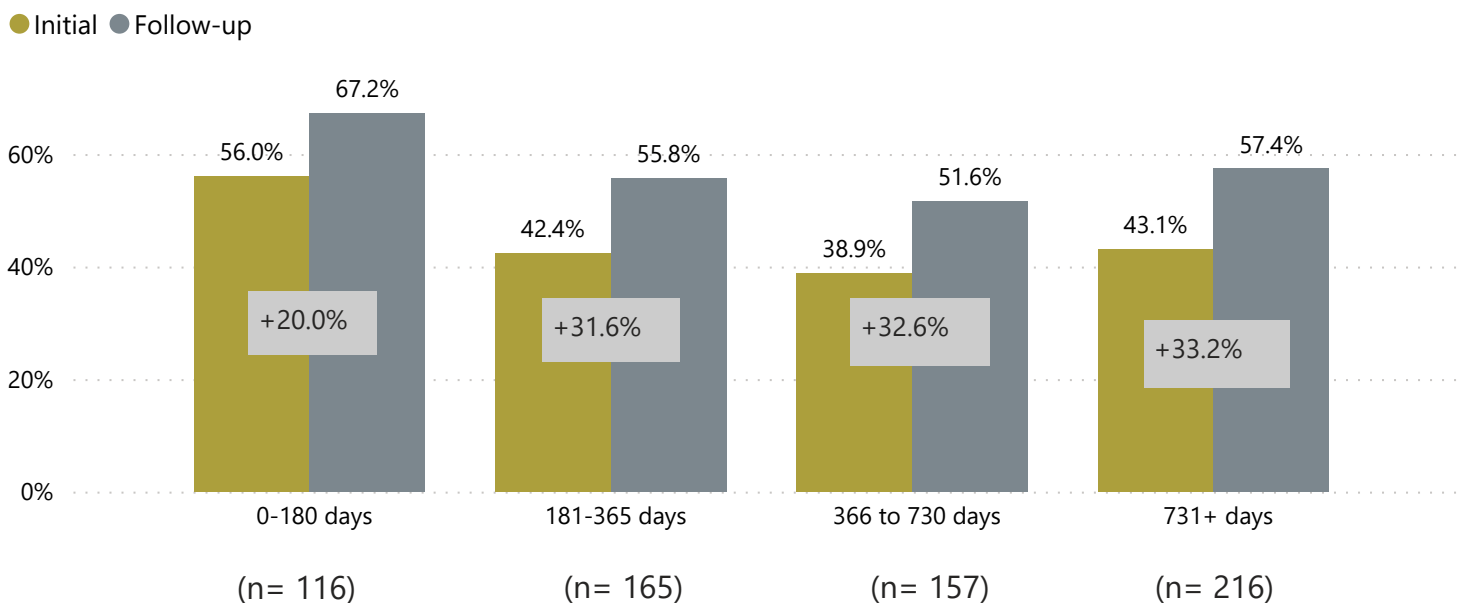|	0-180 days	181-365 days	366 to 730 days	731+ days
Initial	31.8%	17.2%	18.2%	9.2%
Follow-up	36.4%	28.6%	26.4%	22.9%
Change	+14.5%	+66.3%	+45.1%	+148.9
	(n= 173)	(n= 203)	(n= 242)	(n= 284)

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.

● Initial ● Follow-up

	0-180 days	181-365 days	366 to 730 days	731+ days
Initial	64.0%	45.1%	40.3%	33.9%
Follow-up	75.7%	52.9%	45.9%	51.6%
Change	+18.3%	+17.3%	+13.9%	+52.2%
	(n= 111)	(n= 153)	(n= 196)	(n= 221)

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)*

- 27.2%
- 8.6%
- 64.2%

RACE ● Black ● Other ● White

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

- 33.2%
- 46.4%
- 20.4%

RACE ● Black ● Other ● White

Race (CARS)

- 10.6%
- 50.2%
- 39.1%

RACE ● Black ● White ● Other

Ethnicity

● MKE County ● CARS

Not Hispanic/...	84.9% / 80.3%
Hispanic/Latino	15.1% / 10.7%
No Entry/Unk...	0.0% / 9.1%

0% 50% 100%

Gender

● MKE County ● CARS

Male	48.4% / 57.9%
Female	51.6% / 42.1%

0% 50%

Age

0-17	6.2%
18-24	7.8%
25-34	19.9%
35-44	20.6%
45-54	18.8%
55-64	20.6%
65+	6.1%

0% 20%

Distinct Clients Served Each Quarter by High Need Zip Code

High need ● Focused Zips ● Other Zips

PATID

Quarter	Other Zips	Focused Zips
Q1-2021	4090	2444
Q2-2021	4117	2384
Q3-2021	4051	2326
Q4-2021	4014	2389
Q1-2022	3927	2438
Q2-2022	3917	2449
Q3-2022	4113	2518
Q4-2022	4083	2419

The Focused Zip Codes include 53215, 53205, 53206, 53204, 53233, 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 effort to target and concentrate our community outreach and investment initiatives.

*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

● Black ● White ● Other** ● Overall

	Q1-2022	Q2-2022	Q3-2022	Q4-2022
Overall	6365	6366	6631	6502
Black	3256	3295	3394	3266
White	2625	2573	2620	2545
Other**	484	498	617	691

Referrals

Referrals

● Black ● White ● Overall

	Q1-2022	Q2-2022	Q3-2022	Q4-2022
Overall	1428	1339	1227	1078
Black	729	682	604	494
White	551	510	476	442

Time to First Service
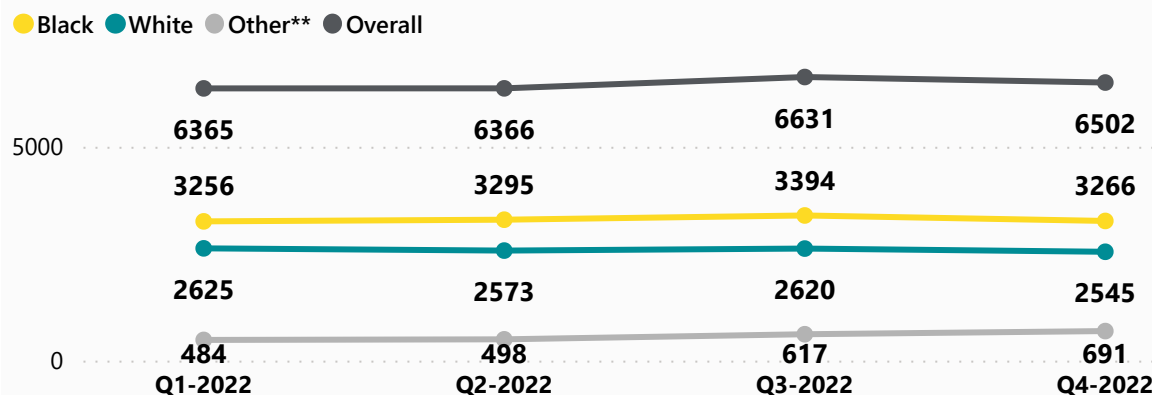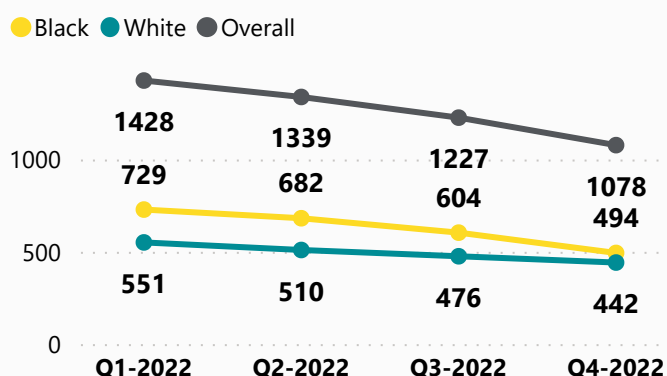
Access to Service

34.06%   ↗ **8.2%** *change from previous quarter*

Percentage* of clients who began their enrollment at a CARS Access Point who received a CARS community service with the first 30 days (187/549).

*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.

Average Consumer Satisfaction Score (Range from 1-5)

4.45 average for all consumers (n=824)	**4.47** average for Black consumers (n=478)	**4.43** average for White consumers (n=234)	**4.40** average for "other" consumers (n=112)
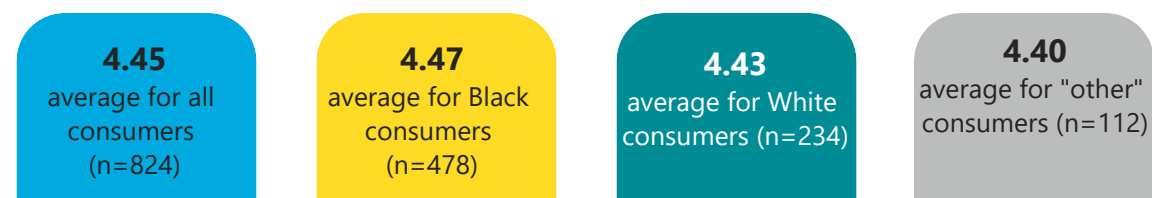
Population Health

Change Over Time - Client Enrollment

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

Average duration of enrollment: 586.35 days

	Black (n= 328)	White (n= 293)	All Clients (n= 685)	Enroll before 7/18 (n= 758)
Initial	29.9%	31.4%	30.6%	
Follow-up	53.4%	55.3%	54.3%	60.6%

● Initial   ● Follow-up

Percent with a Private Residence Overall and by Race

Average duration of enrollment: 562.02 days
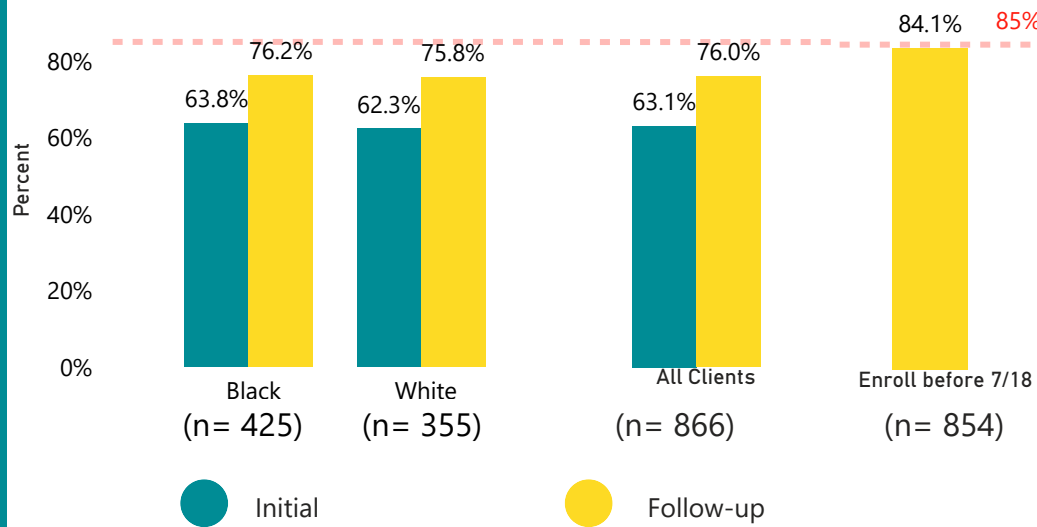
Chart: Percent with a Private Residence, Initial vs Follow-up

- Black (n= 425): Initial 63.8%, Follow-up 76.2%
- White (n= 355): Initial 62.3%, Follow-up 75.8%
- All Clients (n= 866): Initial 63.1%, Follow-up 76.0%
- Enroll before 7/18 (n= 854): Follow-up 84.1%

Benchmark 85%

Benchmark for State of Wisconsin (n=74,178)

Benchmarks

Black 79.60% (n=7,947)

White 85.90% (n=56,971)

Legend: Initial, Follow-up

Percent Employed Overall and by Race

Average duration of enrollment: 556.31 days
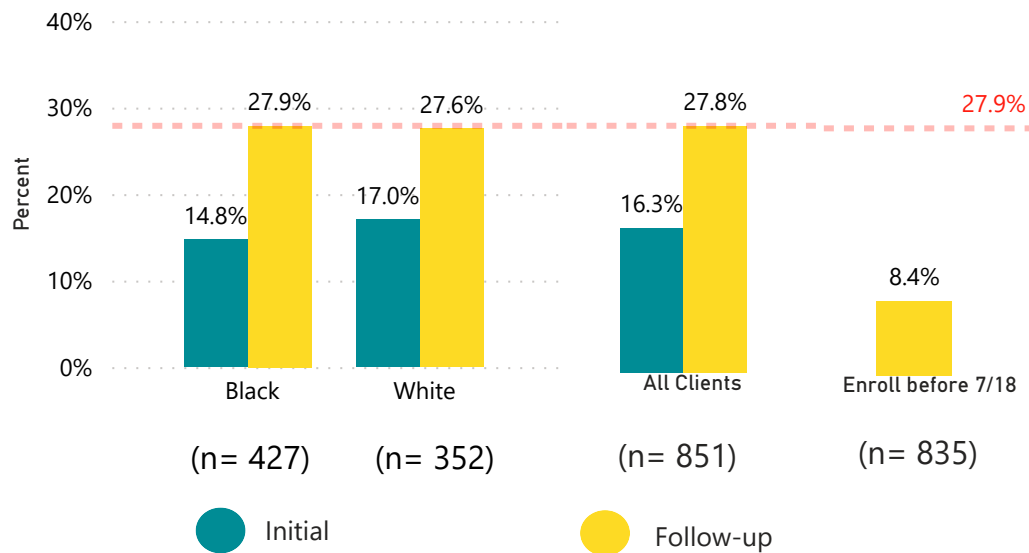
Chart: Percent Employed, Initial vs Follow-up

- Black (n= 427): Initial 14.8%, Follow-up 27.9%
- White (n= 352): Initial 17.0%, Follow-up 27.6%
- All Clients (n= 851): Initial 16.3%, Follow-up 27.8%
- Enroll before 7/18 (n= 835): Follow-up 8.4%

Benchmark 27.9%

Benchmark for State of Wisconsin (n=74,178)

Legend: Initial, Follow-up

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

Average duration of enrollment: 573.21 days

Percent selecting "Poor" or "Fair" Physical Health

Chart: Physical Health, Initial vs Follow-up

Percent selecting "Good", "Very Good" or "Excellent" Physical Health:
- Black (n= 314): Initial 43.9%, Follow-up 54.5%
- White (n= 280): Initial 43.2%, Follow-up 60.7%
- All Clients (n= 654): Initial 44.2%, Follow-up 57.3%
- Enroll before 7/18 (n= 753): Follow-up 55.4%

Percent selecting "Poor" or "Fair" Physical Health:
- All Clients (n= 654): Initial 55.8%, Follow-up 42.7%

Benchmark 20.00%

Benchmark for Milwaukee County

Legend: Initial, Follow-up

Cause of Death by Race

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

Legend: ● Black ● Other ● White

Average Age at Death

Other	Black	White
50.04	51.76	52.07

Benchmarks

White: 74.90
Overall: 71.50
Black: 62.40

Death Rate (per 100,000 by Age Range)

CARS number adjusted for comparison against Milwaukee County^

Age Range	CARS (per 100k)	Milwaukee County (per 100k)
18-24	192.7	84.5
25-34	913.2	176.0
35-44	1467.4	235.5
45-54	2648.5	570.4
55-64	2718.6	1098.6
65-74	4266.7	2117.0

Legend: ● CARS (per 100k) ● Milwaukee County (per 100k)

Average Cost per Consumer per Month for Q1 by Race

Black (n-3266)	$1,121.3
Other (n=691)	$877.3
Overall** (n=6502)	$1,191.6
White (n=2545)	$1,352.2
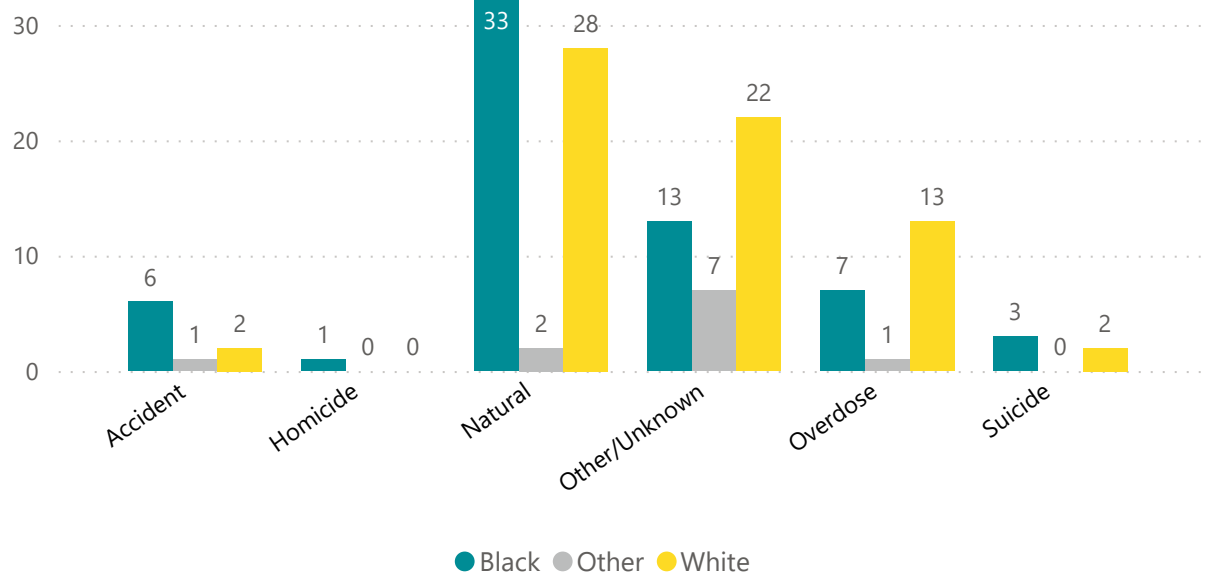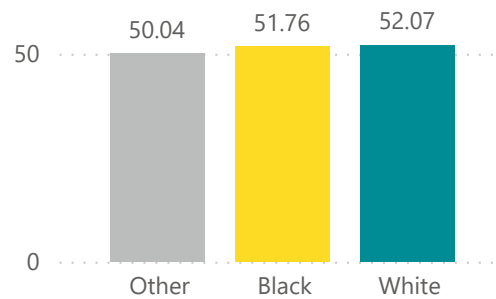
"n" refers to an average of the number of unique consumers served per month for the quarter

Average Cost per Consumer per Month by Quarter

Q1-2022 (n=6365)	Q2-2022 (n=6365)	Q3-2022 (n=6631)	Q4-2022 (n=6631)
$1,219.82	$1,254.63	$1,230.05	$1,191.58

Domain: Staff Well-Being

Turnover

30.06%

CARS turnover rate

As noted for Q3, the turnover rate reported to the left includes several employees that are no longer members of CARS due to departmental shifts. If we do not factor these employees in, the actual turnover rate ends up being **19.89%**.

Staff Quality of Life

20.00%

Turnover rates for government employees (per year)^^

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.

● Initial ● Follow-up

	0-180 days	181-365 days	366 to 730 days	731+ days
Initial	37.0%	28.4%	36.6%	24.9%
Follow-up	51.0%	52.9%	58.2%	54.0%
Change	+37.8%	+86.3%	+59.0%	+116.9%
	(n= 113)	(n= 173)	(n= 166)	(n= 233)

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.

● Initial ● Follow-up

	0-180 days	181-365 days	366 to 730 days	731+ days
Initial	45.5%	68.2%	65.2%	67.6%
Follow-up	60.7%	76.0%	76.5%	84.4%
Change	+33.4%	+11.4%	+17.3%	+24.9%
	(n= 169)	(n= 212)	(n= 205)	(n= 280)

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.

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	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. Benchmarks from 2019 Milwaukee County Mortality Data - Wisconsin Interactive Statistics on Health (WISH)
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	The CARS death rate has been adjusted to a rate per 100,000 to compare with Milwaukee County death data. ^^Comparison death data from Wisconsin Interactive Statistics on Health (WISH) data query system, 2019 mortality data
Employment	Percent of current employment status of unique clients reported as "full or part time employment" or "supported competitive employment" State Summary Report ^^Benchmark data from the SAMHSA Uniform Reporting System - Mental Health Community Services Block Grant 2020
Private Residence	Percent of clients who reported their current living situation as a private residence. ^^Benchmark data from the SAMHSA Uniform Reporting System - Mental Health Community Services Block Grant 2020 State Summary Report
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	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". Benchmark from County Health Rankings
Turnover	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 ^^Source: Bureau of Labor Statistics (https://www.bls.gov/news.release/jolts.t16.htm)
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.

Report Overview

Unique Youth Served

1,712

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

Children's Community Mental Health Services and Wraparound Milwaukee BHD KPI Report
Population Health

In-Home to Out-of-Home Moves

Quarterly Count

Legend:
- ■ Q4 2021
- ■ Q1 2022
- ■ Q2 2022
- ■ Q3 2022

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: 27 per quarter

**Goal of 30 or under per quarter

Percent of Natural Supports

Average Percent

Legend:
- ■ REACH
- ■ Wraparound
- ■ CCS

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

2022 Average: 18%

**Goal of 40% or higher

Children's Community Mental Health Services and Wraparound Milwaukee BHD KPI Report

Outcomes

Permanency at Discharge

81.1%

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

2022 Average: 80.2%

**Goal of 75% or higher

Family Satisfaction Overall Average Score

4.1

For Wraparound and REACH families in the past quarter

2022 Average: 4.4

**Goal of 4.0 or higher
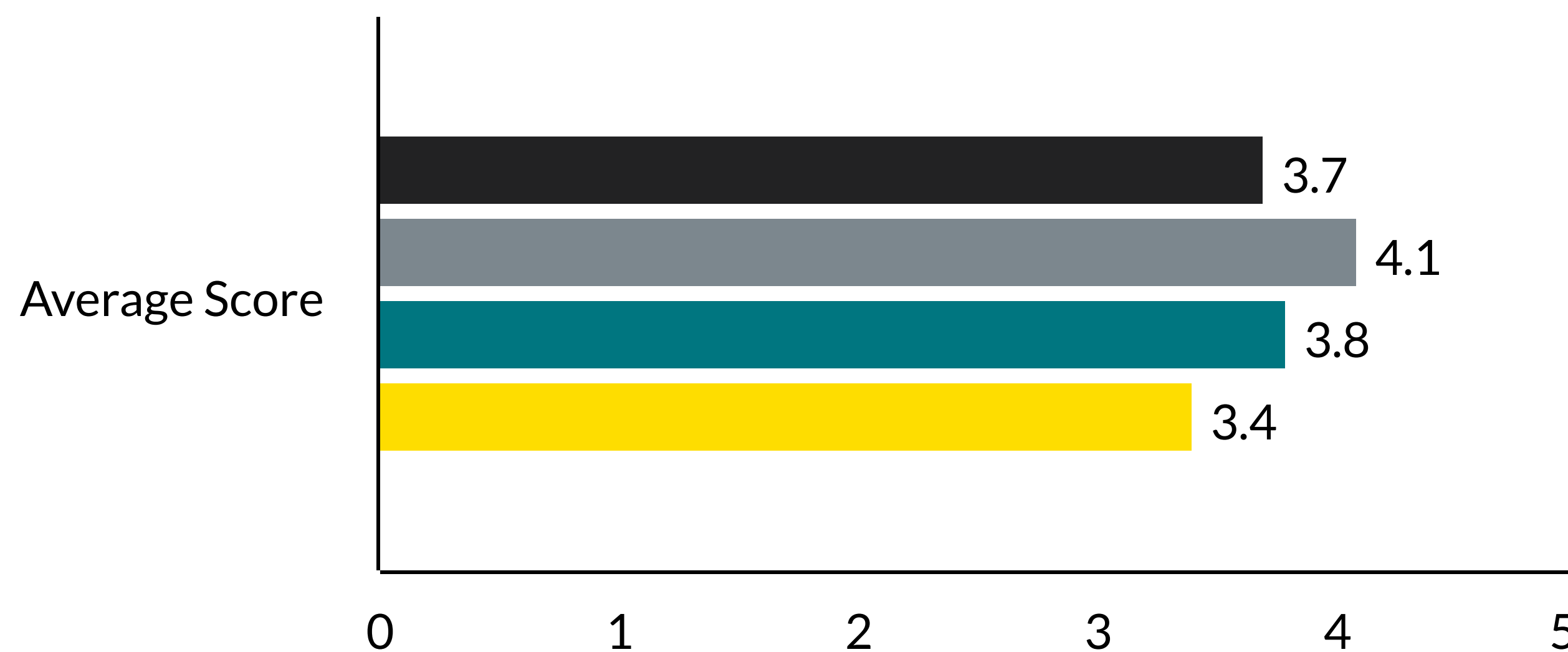
Youth and Caregiver Perceptions

Average Score

3.7	(black)
4.1	(gray)
3.8	(teal)
3.4	(yellow)

0 1 2 3 4 5

■ 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: 3.9

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

Discharge Outcomes
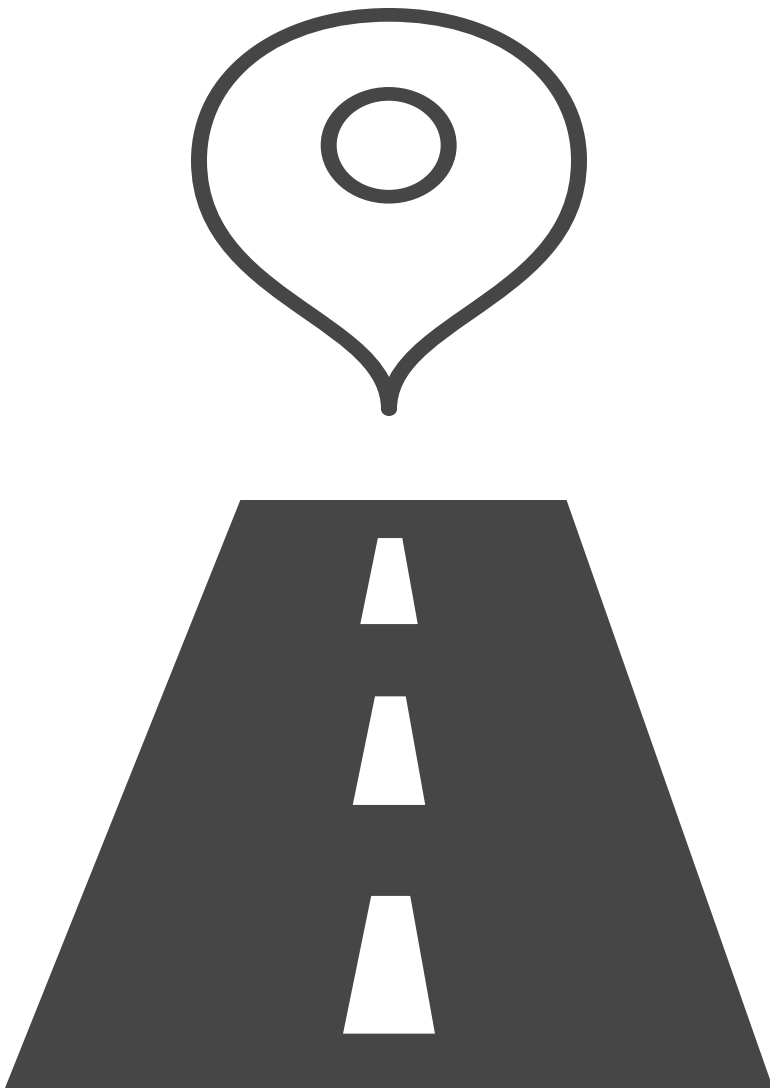
Program	Discharges
Wraparound	64
REACH	60
CCS	55
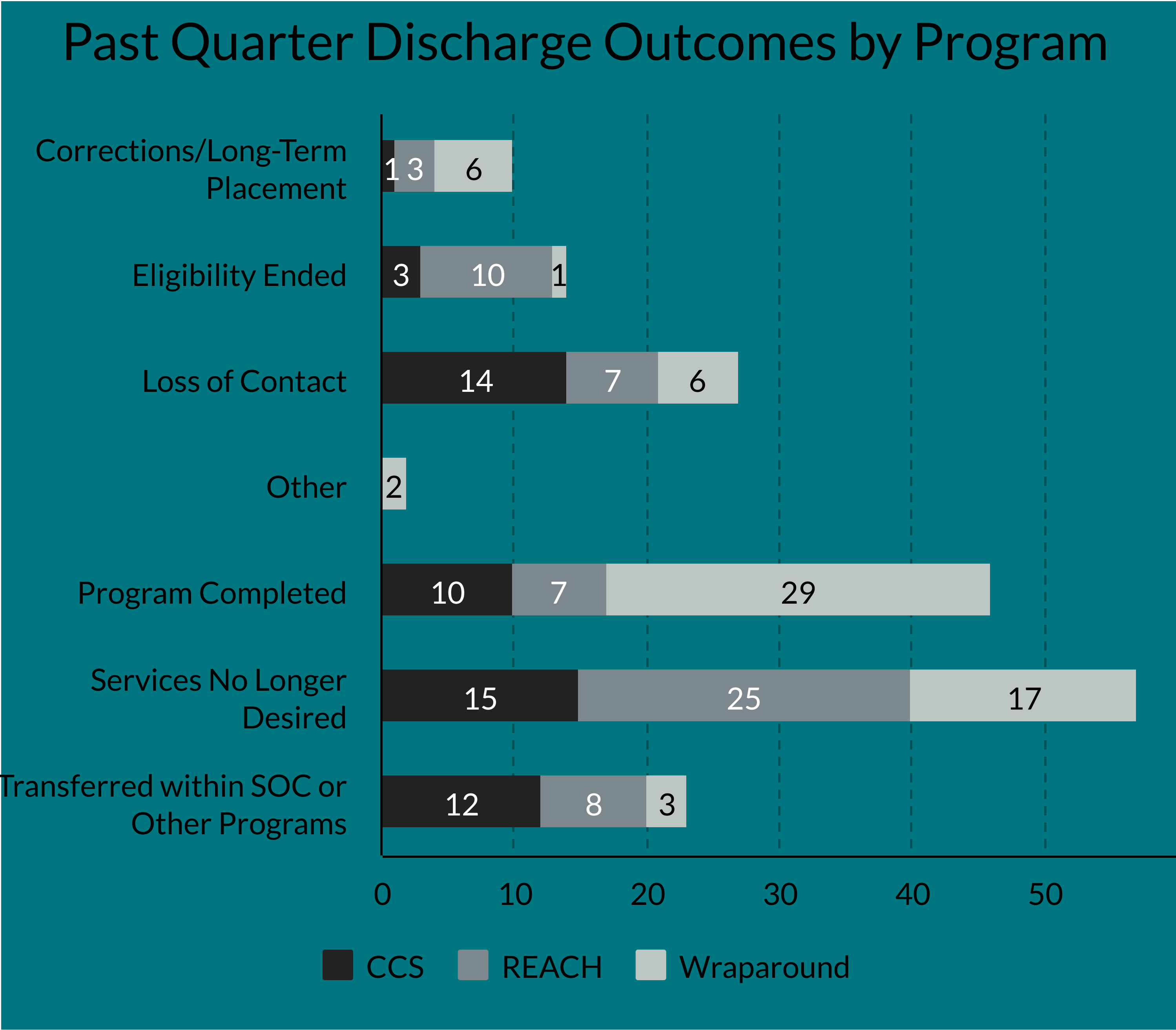
Past Quarter Discharge Outcomes by Program

Corrections/Long-Term Placement: CCS 1, REACH 3, Wraparound 6

Eligibility Ended: CCS 3, REACH 10, Wraparound 1

Loss of Contact: CCS 14, REACH 7, Wraparound 6

Other: Wraparound 2

Program Completed: CCS 10, REACH 7, Wraparound 29

Services No Longer Desired: CCS 15, REACH 25, Wraparound 17

Transferred within SOC or Other Programs: CCS 12, REACH 8, Wraparound 3

Legend: CCS, REACH, Wraparound

Report Overview

Unique Youth Served

1,770

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

**Children's Community Mental Health Services
and Wraparound Milwaukee BHS KPI Report**

Average Cost Per Youth
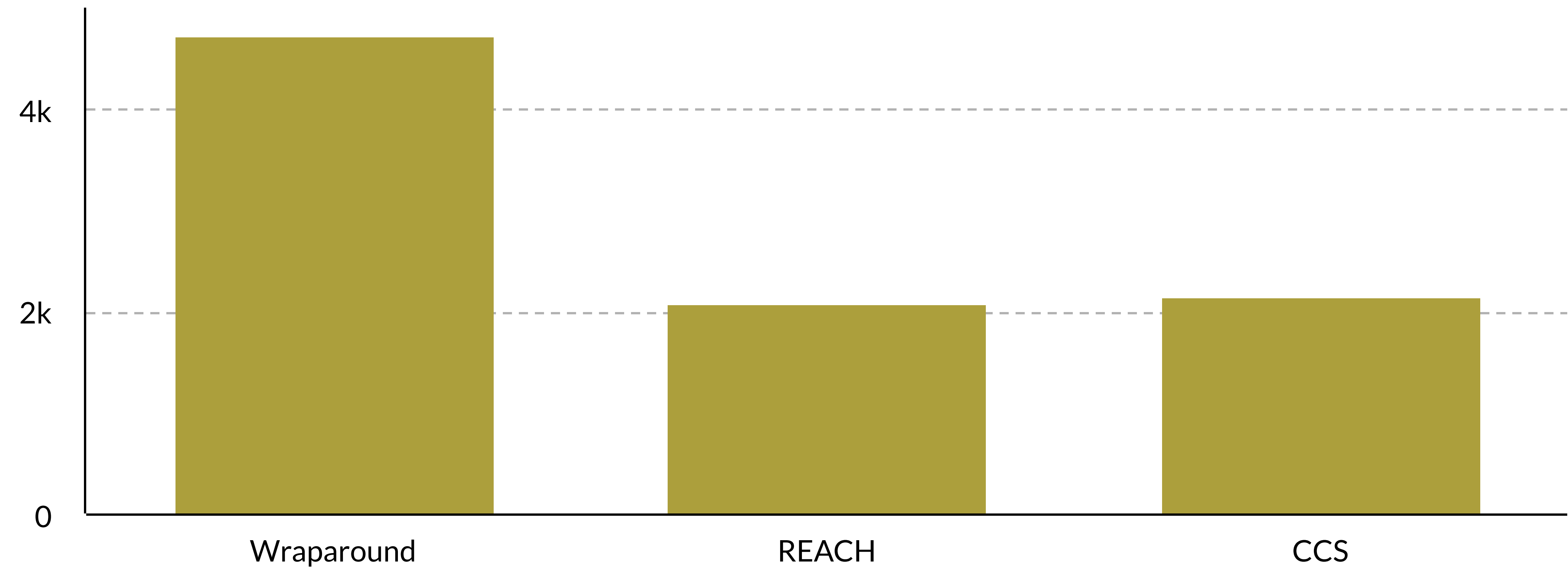
	Wraparound	REACH	CCS
	$4,732	**$2,091**	**$2,139**

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

Children's Community Mental Health Services and Wraparound Milwaukee BHS KPI Report
Population Health

In-Home to Out-of-Home Moves
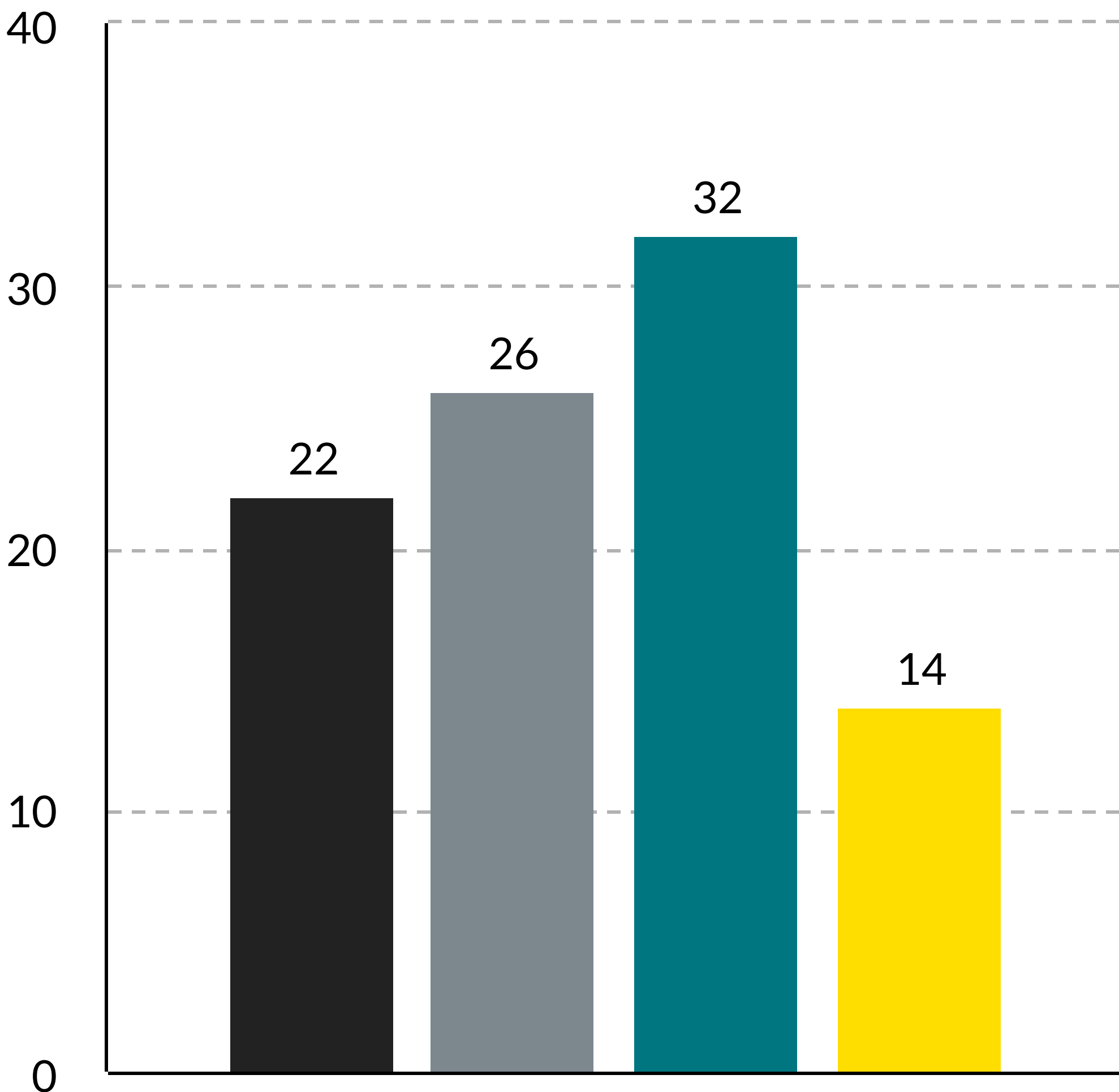
| | Q1 2022 | Q2 2022 | Q3 2022 | Q4 2022 |

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
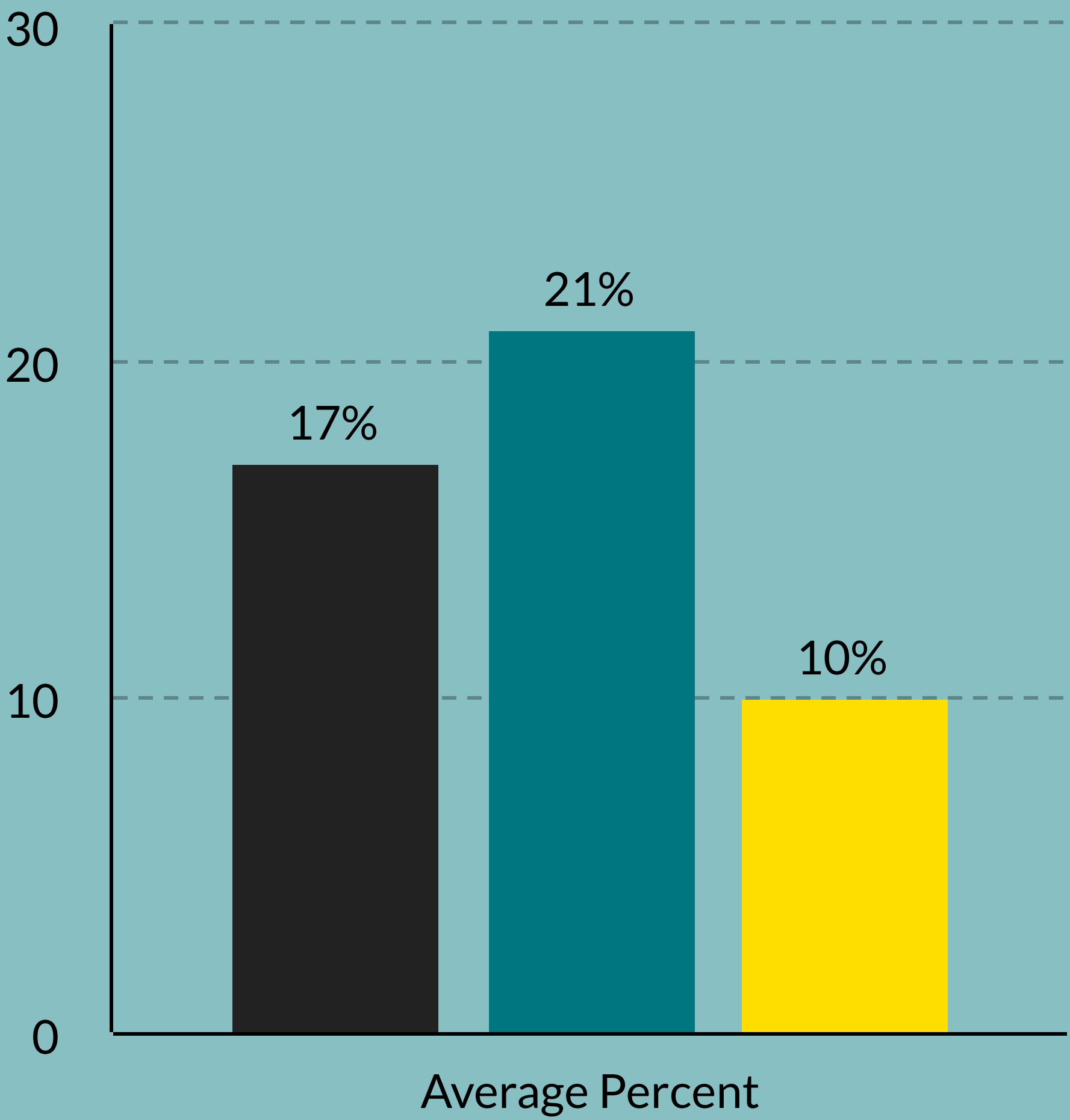
Percent of Natural Supports

Average Percent

REACH   Wraparound   CCS

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

2022 Average: 16%

**Goal of 40% or higher
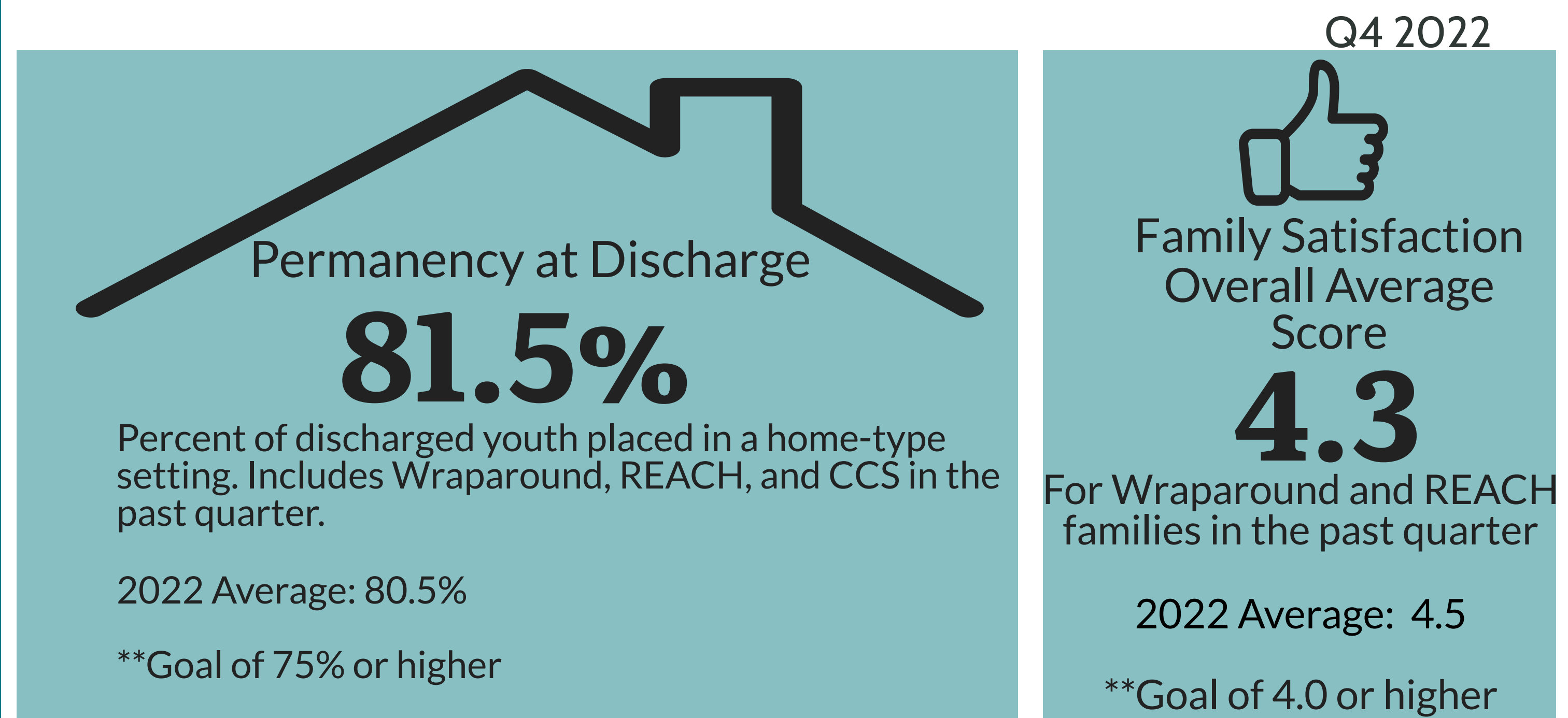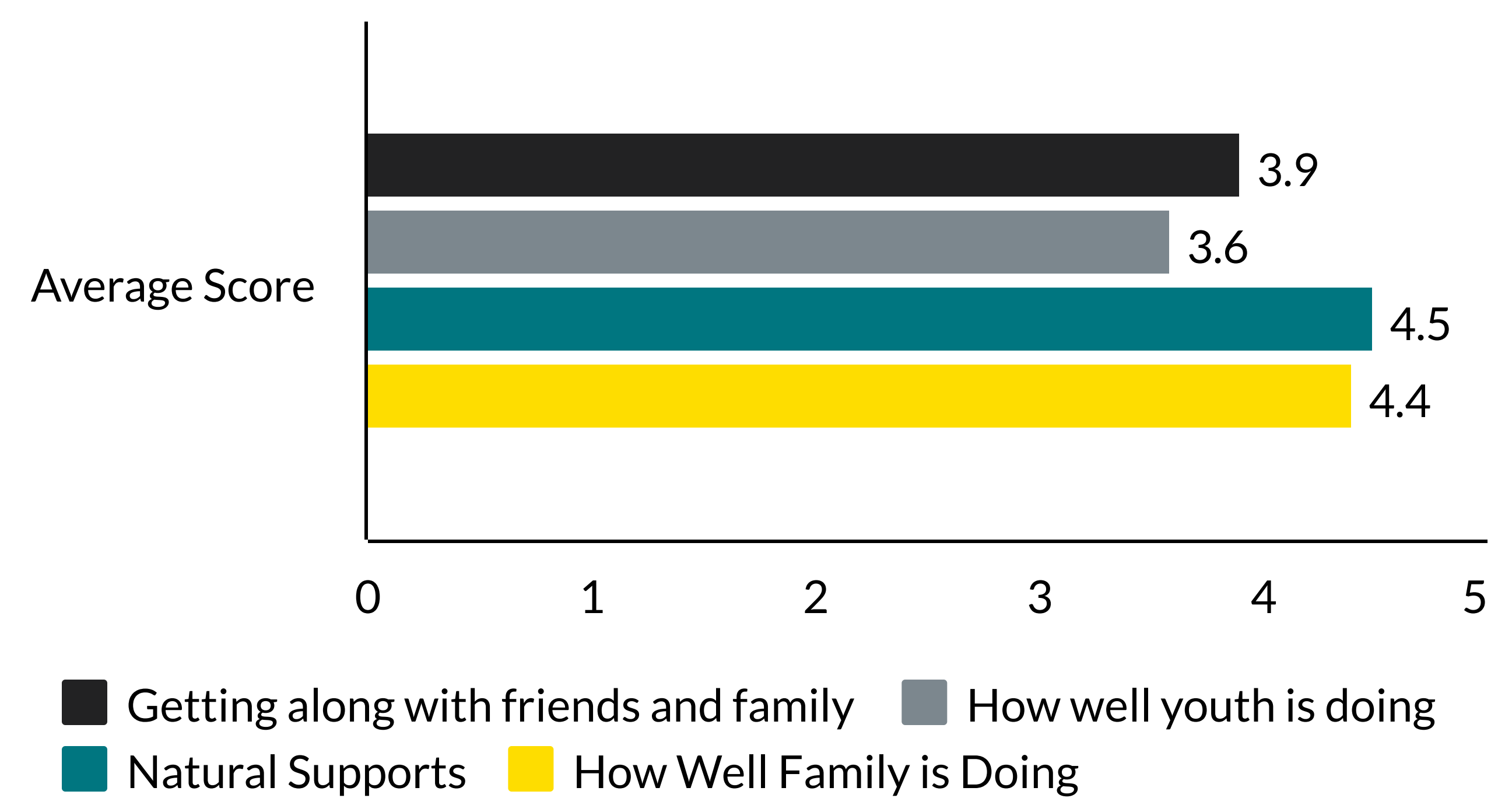
Children's Community Mental Health Services and Wraparound Milwaukee BHS KPI Report

Outcomes

Permanency at Discharge

81.5%

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

2022 Average: 80.5%

**Goal of 75% or higher

Family Satisfaction Overall Average Score

4.3

For Wraparound and REACH families in the past quarter

2022 Average: 4.5

**Goal of 4.0 or higher

Youth and Caregiver Perceptions

Average Score

- 3.9
- 3.6
- 4.5
- 4.4

0   1   2   3   4   5

■ 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: 3.9

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

Discharge Outcomes
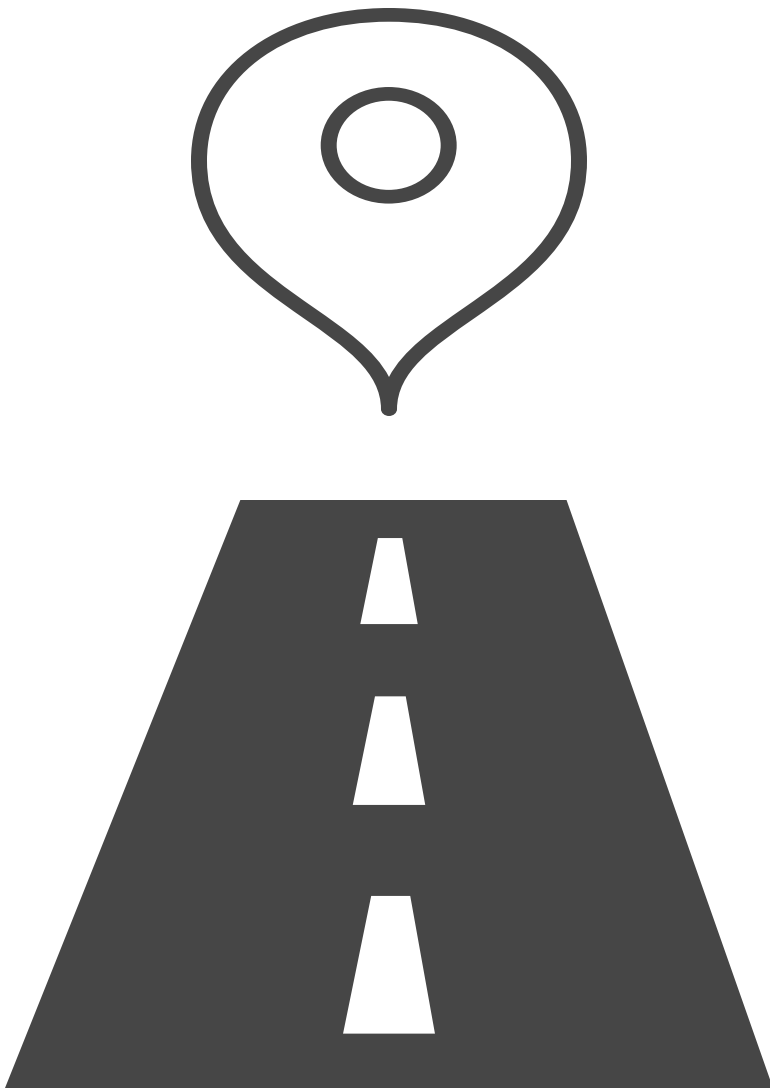
Program	Discharges
Wraparound	54
REACH	50
CCS	46

Past Quarter Discharge Outcomes by Program

Outcome	Wraparound	REACH	CCS
Corrections/Long-Term Placement	5		3
Eligibility Ended	6	5	6
Loss of Contact	9	7	10
Other	1	1	4
Program Completed	20	6	2
Services No Longer Desired	10	20	12
Transferred within SOC or Other Programs	3	11	9

Legend: ■ Wraparound ■ REACH ▢ CCS

![Milwaukee County logo]
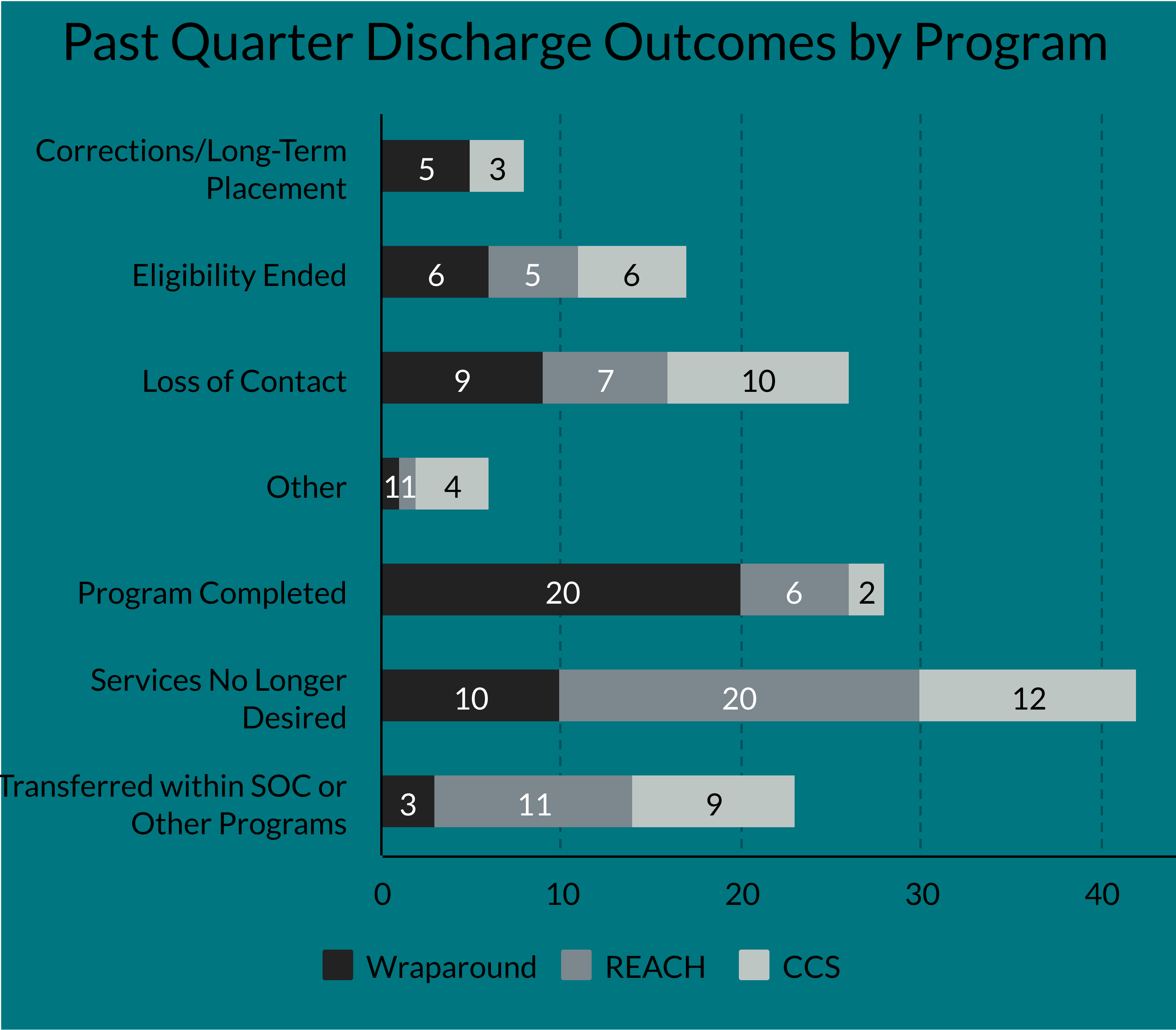
October 18, 2022

C. Lynn Mason
Broadstep Behavioral Health, Inc./Broadstep-Wisconsin, Inc.
(f/k/a Bell Therapy, Inc.)
8521 Six Forks Road, Suite 300
Raleigh, NC 27615
Delivered via email to: lmason@broadstep.com and mkrueger@broadstep.com

Dear Ms. Mason,

Milwaukee County Behavioral Health Services Community Access to Recovery Services (CARS) is submitting this communication as notice that all referrals to the Broadstep Community Based Residential Facilities (CBRF) are being suspended as of this date. This action is being taken due to continued concerns regarding deficiencies in standards and quality of care, coverage of residential homes, and following reporting procedures.

BHS leadership began bringing concerns to the attention of Broadstep leadership in June of 2022. These concerns resulted in a Corrective Action Plan being submitted by Broadstep. To date, many of these areas of concern continue to persist:

- Not following impaneling process for Broadstep employees and temp service staff
- Sufficient staffing coverage at the homes
- Not following critical incident reporting and the timely submission of these reports
- All other corrections recommended in the Corrective Action Plan
- Additional concerns regarding the significant number of Caregiver Misconduct allegations occurring in Broadstep CBRF's. There have been significant allegations substantiated that are concerning to client care and services.

These concerns regarding lack of quality in care services continue and therefore, referrals are being suspended until further notice. The Milwaukee County Behavioral Health Services leadership will be meeting with your leadership team on Tuesday, October 25, 2022, to review these concerns and discuss next steps.

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

Sincerely,

[signature]

Amy Lorenz, MSSW, LCSW
Deputy Administrator

![Milwaukee County Department of Health & Human Services Behavioral Health Services logo]

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

MILWAUKEE COUNTY
DEPARTMENT OF HEALTH
& HUMAN SERVICES
BEHAVIORAL HEALTH SERVICES

2022 BHS Crisis Service Unique Clients Served

2021–2022 BHS Crisis Service – Total % Change in Unique Clients Served

–8.4%

2021/2022 BHS Crisis Service Unique Clients Served by Zip Code – Top 20 Zip Codes*

Zip	2021	2022	% Change
53218	413	432	4.6%
53209	442	400	-9.5%
53205	436	391	-10.3%
53206	347	370	6.6%
53208	419	320	-23.6%
53215	316	290	-8.2%
53216	329	289	-12.2%
53212	302	282	-6.6%
53214	275	279	1.5%
53210	375	271	-27.7%
53204	306	267	-12.7%
53219	186	181	-2.7%
53225	221	173	-21.7%
53223	189	165	-12.7%
53202	157	159	1.3%
53233	176	156	-11.4%
53221	147	151	2.7%
53222	134	117	-12.7%
53224	134	113	-15.7%
53207	123	111	-9.8%

*See addendum for zip code breakdown by quarter

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). The department dashboard will expand over time to include additional process and outcome metrics.

New to this dashboard is a visual tracking annual change in clients served in high need/high volume zip codes. Between 2021 & 2022, the BHS Crisis Service had an overall decline of 8.4% in the number of total unique clients served. The zip codes with the largest % drop in unique clients served were 53210, 53208, and 53225.

This iteration of the dashboard includes data on rates of suicide ideation and behavior over time for a subset of the clients receiving community crisis services from Team Connect and at the Access Clinics. The % of clients endorsing SI at initial and last assessment declined between 71% and 84% in each quarter of 2022. The % of clients endorsing SA Bxs at initial and last assessment declined between 27% and 59% in each quarter of 2022. We believe this new set of metrics are particularly valuable because they represent a key area of focus for crisis services and demonstrate the positive impact crisis services can have in the community.

2022 BHS Crisis Service Unique Clients Served by Zip Code

6

2022 BHS Crisis Service Client Experience Survey Scores

Race ● Black ● Other ● Total ● White
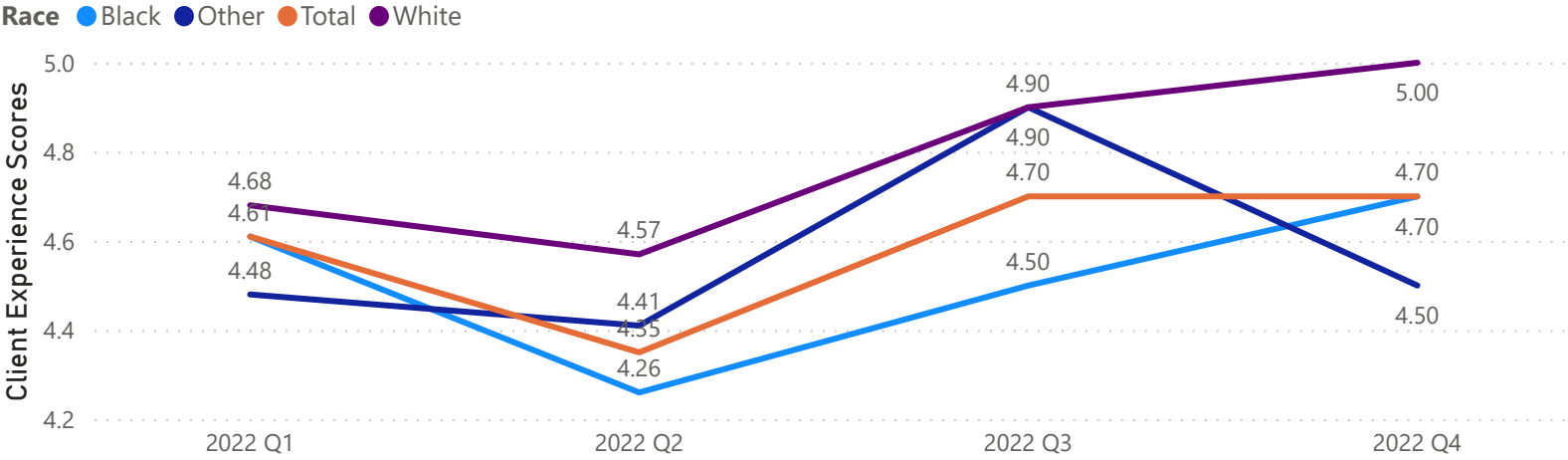
2022 BHS Crisis Service – Completed Client Experience Survey Count

Race	2022 Q1 ▼	2022 Q2	2022 Q3	2022 Q4
Total	49	55	26	9
Black	28	33	13	4
White	13	13	7	3
Other	8	9	6	2

2022 BHS Crisis Service Unique Clients by Race and Gender

● B|F ● B|M ● B|O ● O|F ● O|M ● O|O ● W|F ● W|M ● W|O
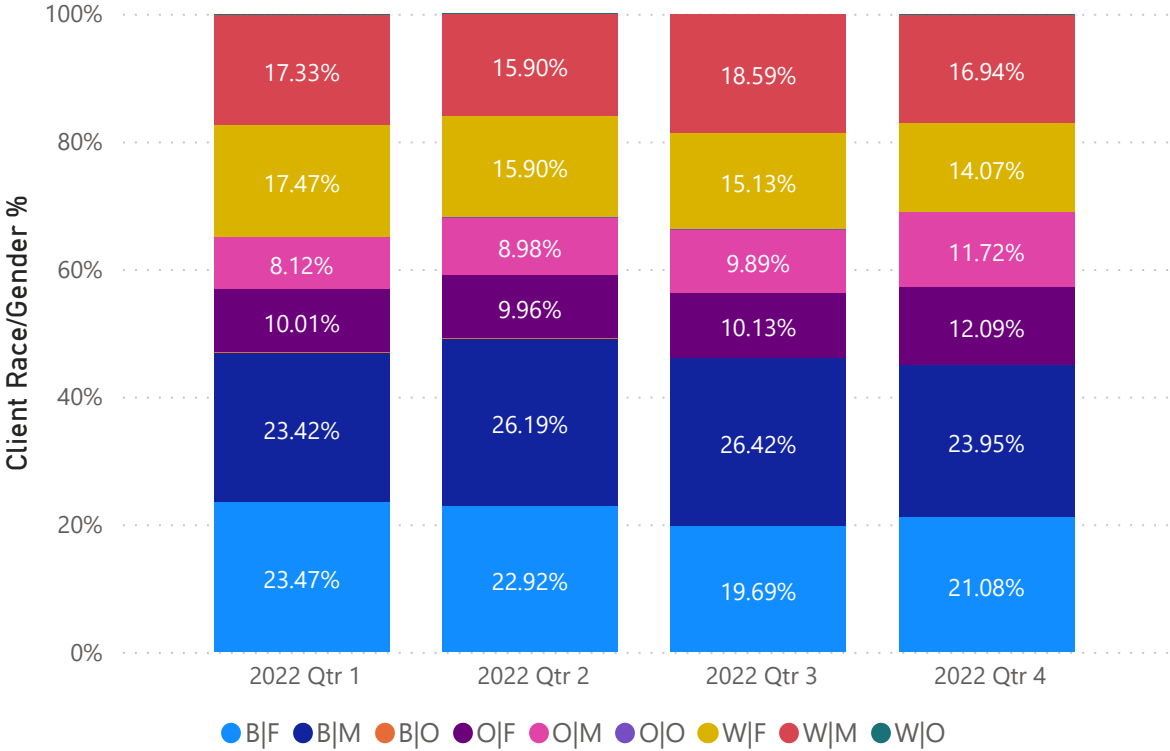
2022 BHS Crisis Service Unique Clients by Ethnicity

● Hispanic ● No Entry ● Not Of Hispanic Origin ● Unknown
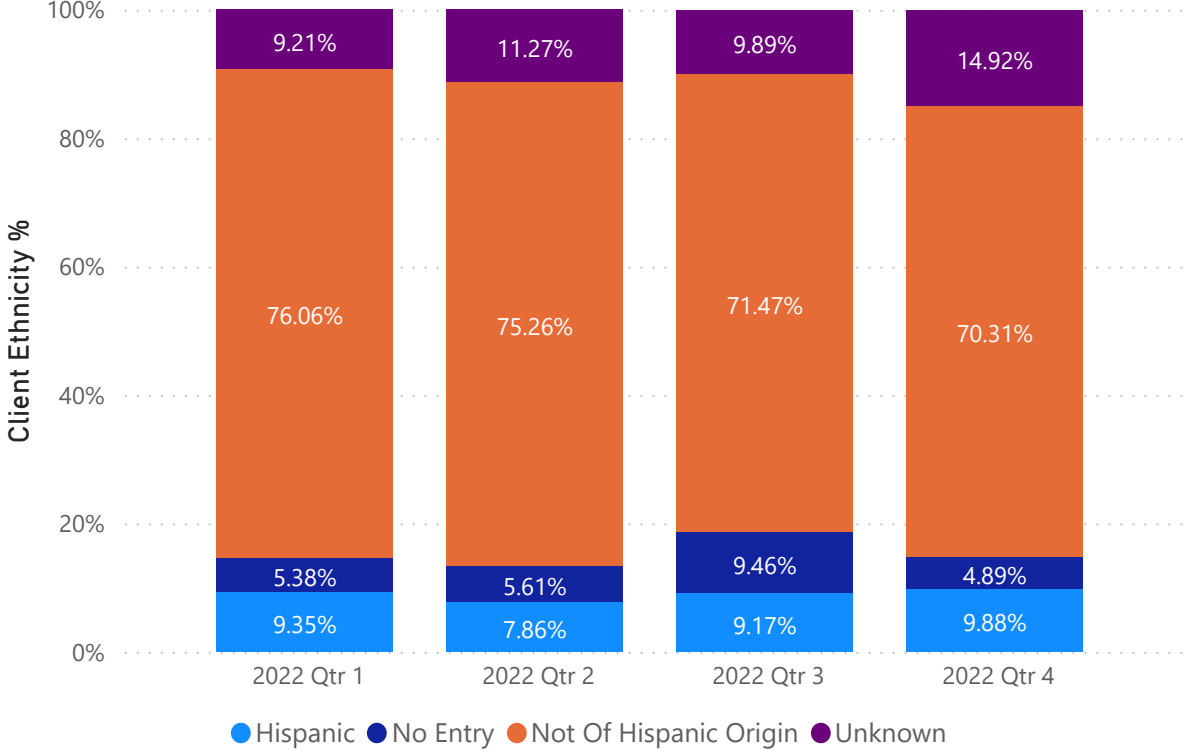
Total Episodes

program_X_RRG_value ▼	PATID
Team Connect	4722
Access Clinic	1725
Total	**6447**

Total Unique Clients

4996

CSSRS Initial and Follow Up Data

**Access Clinics and Team Connect
January 1, 2021 to December 31, 2022**

Total Episodes with >=2 Assessments

639

Average Lag Between Initial Last Assessment

43.90

Total Episodes with Initial Assessments

1726

Percent of Clients Endorsing SI at Initial Assessment

Yes 20.45%
No 79.55%

Percent of Clients Endorsing SA Bxs at Initial Assessment

Yes 18.13%
No 81.87%

% of Clients Endorsing SI at Initial and Last Assessment

● % SI First ● % SI Last

	2022 Qtr 1	2022 Qtr 2	2022 Qtr 3	2022 Qtr 4
% SI First	25.00%	30.72%	22.88%	34.09%
% SI Last	3.91%	5.88%	6.54%	5.30%
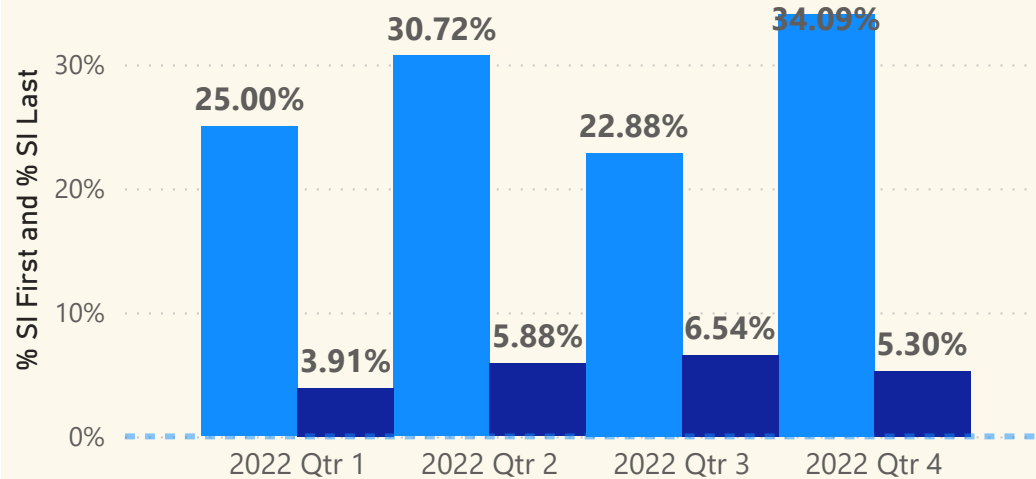
% of Clients Endorsing SA Bxs at Initial and Last Assessment

● % SA First ● % SA Last

	2022 Qtr 1	2022 Qtr 2	2022 Qtr 3	2022 Qtr 4
% SA First	17.19%	25.49%	20.26%	25.00%
% SA Last	9.38%	10.46%	10.46%	18.18%
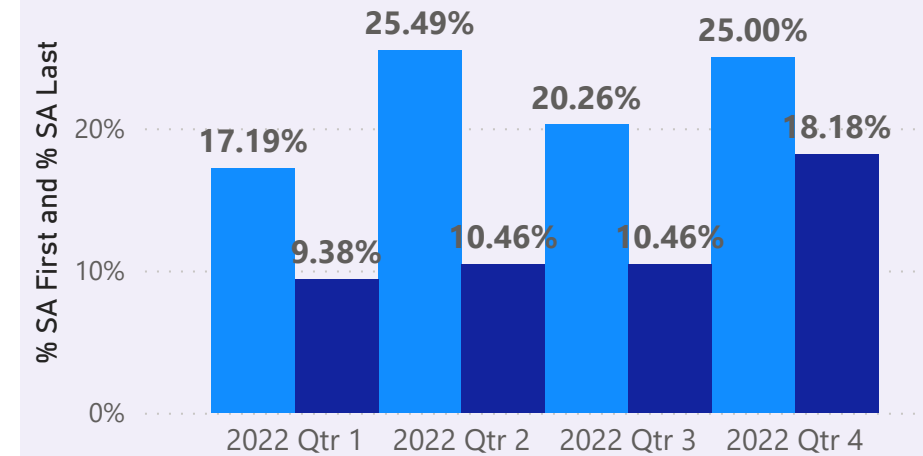
Addendum

2021/2022 BHS Crisis Service Unique Clients Served by Zip Code –
Top 20 Zip Codes by Quarter

Year	2021				2022			
Zip	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
53209	151	164	164	164	162	142	117	142
53205	170	168	170	135	101	141	129	157
53218	162	141	153	162	149	154	136	154
53206	130	146	138	108	126	119	137	128
53208	153	164	161	154	109	113	105	125
53210	138	147	138	114	98	92	83	88
53216	120	119	125	117	94	105	98	109
53215	111	102	130	109	92	114	99	100
53212	109	111	111	106	92	105	89	91
53204	90	118	118	121	91	87	88	89
53214	88	96	115	104	101	86	96	80
53225	81	75	85	71	67	66	59	62
53219	75	67	72	59	68	64	64	51
53223	61	75	81	60	59	59	57	65
53233	59	67	66	69	60	62	61	47
53202	60	62	56	54	57	59	56	38
53221	45	45	50	56	59	55	46	35
53224	39	54	54	43	44	36	28	40
53222	61	52	54	34	32	33	45	44
53207	46	47	49	37	47	39	33	28
Total	**1949**	**2020**	**2090**	**1877**	**1708**	**1731**	**1626**	**1673**

Quality Management Update

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

Presented to Milwaukee County Mental Health Board Quality Committee

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.**

Themes/Concepts/Strategies

Racial & Health Equity

Person-Centered Services

Care Coordination

Collective Impact

Knowledge Management

Organizational Efficiencies

Community Sustainability

Financial Health

Service Delivery

Operational Health

Workforce Development

Partnership

System Change

Racial & Health Equity

Capacity Building

Racial & Health Equity

Workplace Culture

Technology

Collaboration

Advocacy

MILWAUKEE COUNTY
DEPARTMENT OF
HEALTH & HUMAN
SERVICES

STRATEGIC PLAN:
Creating Healthy Communities
2020-2025

Result-Based Accountability

Works backwards, systematically and transparently, to determine the best ways to achieve the result.

Strategy Refinement
- Enhance goals for clarity and action planning
- Combine duplicative goals
- Identify clear end results
- Use to link with operations plans

Operations Plan Development
- Analyze goals with results to determine what action items are contributing to the goals
- Identify accountable outcomes that drive progress to the results
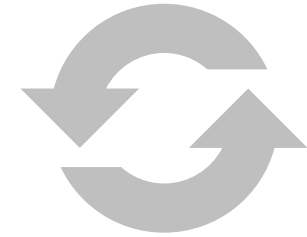
Monitor Progress
- Select a limited number of performance measures
- Quantity, Quality, Effort, Effect

The RBA Process

MILWAUKEE COUNTY

RBA planning to the **Future State**
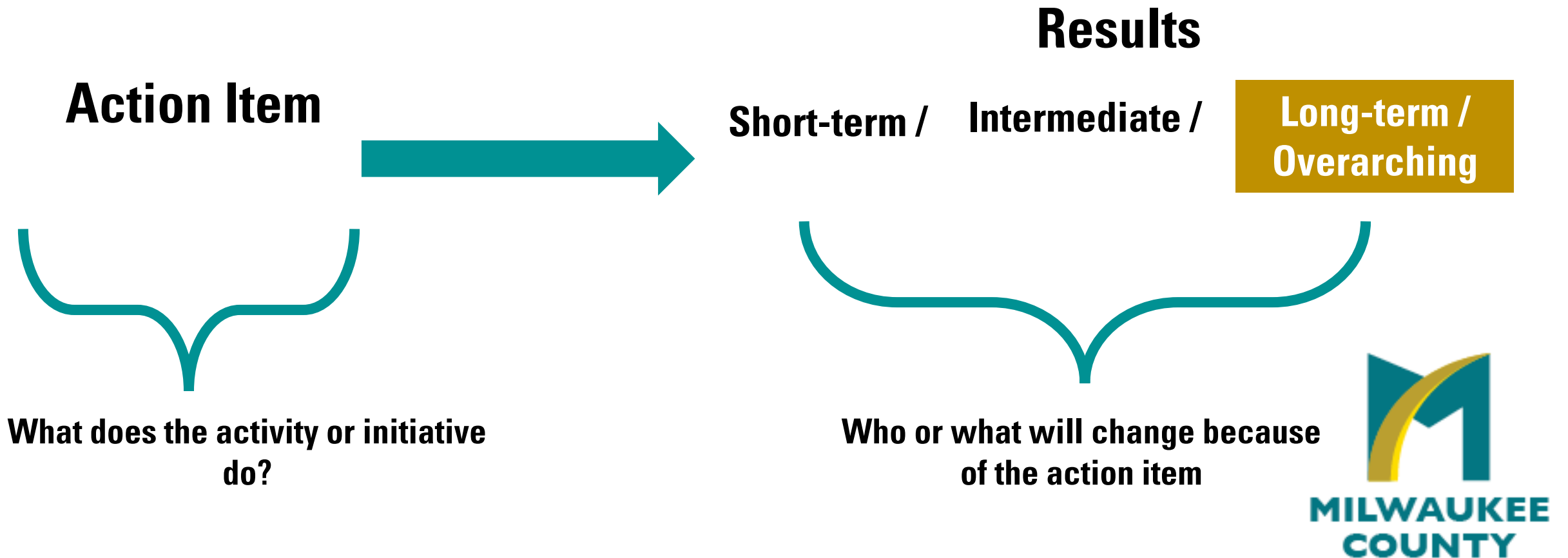
Results

Action Item

Short-term /   **Intermediate /**   **Long-term / Overarching**

What does the activity or initiative do?

Who or what will change because of the action item

MILWAUKEE COUNTY

Workplace Culture: Execute a talent pipeline model grounded in an equity mindset that values both lived and learned experiences.

Action Item

Results

Coaching Initiatives

New and emerging leaders receive individual coaching

Short-term

Staff are equipped to compete for internal promotional opportunities

Intermediate

Diversity amongst leadership

Future State

A diverse and inclusive workforce reflective of the community.

MILWAUKEE COUNTY

Performance Measures

QUANTITY

EFFORT

How Much We Do
How much work/service did we deliver?
Customers served
Services/ Activities

QUALITY

How Well We Do It
How well did we do it?
% Services/activities performed well

EFFECT

Is Anyone Better Off?
What quantity/quality of change for the better did we produce?
#/% with improvement in:
Skill
Attitudes
Behavior
Circumstances

MILWAUKEE COUNTY

MILWAUKEE
COUNTY

2022 Q3 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: Rate=11.6% Q4:	🟥 Rate=9.6%	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: 133 readmissions within 3 days by 66 unique individuals Q4:
🟥 Q1: Rate=20.8% Q2: Rate=27.5% Q3: Rate=30.1% Q4:	🟥 Rate=25.9%	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: 346 readmissions within 30 days by 161 unique individuals Q4:
🟥 Q1: Rate=1.4 (n=2) Q2: Rate=0.6 (n=1) Q3: Rate=4.4 (n=5) Q4:	🟦 Rate=1.9 (n=8)	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: Rate=0.9 (n=1) Q4:	🟩 Rate=0.5 (n=2)	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: Rate=0.9 (n=1) Q4:	🟥 Rate=1.1 (n=5)	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: Rate=0.0 (n=0) 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=0.7 (n=1) Q2: Rate=1.2 (n=2) Q3: Rate=0.9 (n=1) Q4:	Rate=0.9 (n=4)	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: Rate=11.5 (n=1) Q4:	Rate=15.6 (n=5)	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, (1) Allergen to Patient.

2022 Q3 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: Rate=0.0% (n=0) Q4:	1.9% (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: Rate=0.9% (n=1) Q4:	6.0% (n=22)	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: 76.3% positive Q4:	71.7%	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: 23 completed surveys (21% response rate) Q4:
Q1: 41.7% positive Q2: 62.1% positive Q3: 60.0% positive Q4:	52.9%	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: 23 completed surveys (21% response rate) Q4:
Q1: Rate=5.4 (n=10) Q2: Rate=20.9 (n=38) Q3: Rate=13.9 (n=15) Q4:	Rate=13.3 (n=63)	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 Q3: 0 43B Incidents - Q1: 0 Q2: 0 Q3: 0 43C Incidents - Q1: 3 Q2: 29 Q3: 9 43D Incidents - Q1: 7 Q2: 9 Q3: 6
Q1: Rate=5.4 (n=10) Q2: Rate=6.1 (n=11) Q3: Rate=8.3 (n=9) Q4:	Rate=6.6 (n=30)	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 Q3: 0 43B Incidents - Q1: 0 Q2: 0 Q3: 0 43C Incidents - Q1: 0 Q2: 5 Q3: 4 43D Incidents - Q1: 10 Q2: 6 Q3: 5
Q1: Rate=6.5 (n=12) Q2: Rate=4.4 (n=8) Q3: Rate=2.8 (n=3) Q4:	Rate=4.5 (n=23)	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 Q3: 0 43B Incidents - Q1: 0 Q2: 0 Q3: 0 43C Incidents - Q1: 7 Q2: 3 Q3: 1 43D Incidents - Q1: 5 Q2: 5 Q3: 2

			Incidents	
Q1: Rate=1.1 (n=2) Q2: Rate=0.0 (n=0) Q3: Rate=0.6 (n=1) Q4:	Rate=0.6 (n=3)	Patient Elopement	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. Q3: patient broke dayroom exterior glass, eloped from building, found and brought back safely. 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: Rate=0.0 (n=0) Q4:	Rate=0.4 (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 Q3: 0 43B Incidents - Q1: 0 Q2: 0 Q3: 0 43C Incidents - Q1: 0 Q2: 1 Q3: 0 43D Incidents - Q1: 0 Q2: 1 Q3: 0
Q1: Rate=17.6 (n=26) Q2: Rate=8.3 (n=13) Q3: Rate=3.9 (n=4) Q4:	Rate=10.5 (n=43)	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 Q3: 0 43B Incidents - Q1: 0 Q2: 0 Q3: 0 43C Incidents - Q1: 11 Q2: 3 Q3: 2 43D Incidents - Q1: 15 Q2: 10 Q3: 2 In 2022, Acute Adult's medication errors were: Omitted dose (29), Incorrect dose (5), Incorrect patient (3), Incorrect medications (1), Incorrect time (1), Therapeutic duplication (1), Medication known allergen to patient (2), Administration (1).
Q1: Rate=0.41 (18.3 hrs) Q2: Rate=0.80 (34.7 hrs) Q3: Rate=1.03 (26.8 hrs) Q4:	.70 (79.7 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 Q3: 0.0 hrs 43B - Q1: 0.0 hrs Q2: 0.0 hrs Q3: 0.0 hrs 43C - Q1: 7.1 hrs Q2: 18.0 hrs Q3: 19.6 hrs 43D - Q1: 11.2 hrs Q2: 16.7 hrs Q3: 7.2 hrs
Q1: Rate=.20 (8.8 hrs) Q2: Rate=.49 (21.2 hrs) Q3: Rate=.24 (6.3 hrs) Q4:	.34 (36.2 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 Q3: 0.0 43B - Q1: 0.0 hrs Q2: 0.0 hrs Q3: 0.0 43C - Q1: 4.4 hrs Q2: 20.9 hrs Q3: 5.6 43D - Q1: 4.3 hrs Q2: 0.4 hrs Q3: 0.6
Q1: Rate=16% (n=22) Q2: Rate=31% (n=39) Q3: Rate=29% (n=32) Q4:	25.2% (n=93)	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: Rate=88% (n=28) Q4:	87.1% (n=81)	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

Child Adolescent Inpatient Service (CAIS)

Target Key:	Better Than Expected	Expected	Worse Than Expected

Quarter	YTD	Quality Indicator	Threshold	Description
[RED] Q1: 3.7% (n=3) Q2: 0.0% (n=0) Q3: 5.1% (n=3) Q4:	[BLUE] Rate=2.6% (n=6)	Percent of patients returning to CAIS within 7 days	Rate [BLUE] X < 5.0% [GREEN] X = 5.0% [RED] X > 5.0%	Rate=Percent of patient admissions occurring within 7 days of patient's prior discharge from the program
[RED] Q1: 6.2% (n=5) Q2: 5.4% (n=5) Q3: 11.9% (n=7) Q4:	[BLUE] Rate=7.3% (n=17)	Percent of patients returning to CAIS within 30 days	Rate [BLUE] X < 9.6% [GREEN] X = 9.6% [RED] X > 9.6%	Rate=Percent of patient admissions occurring within 30 days of patient's prior discharge from the program
[RED] Q1: 72.0% positive Q2: 76.8% positive Q3: 60.3% positive Q4:	[RED] 72.1%	Percent of patients responding positively to satisfaction survey	Rate [BLUE] X > 75% [GREEN] X = 75% [RED] X < 75%	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: 6 completed surveys (10% response rate) Q4:
[BLUE] Q1: 70.6% positive Q2: 73.3% positive Q3: 83.3% positive Q4:	[RED] 73.7%	Overall, I am satisfied with the services I received. (CAIS Youth Survey)	Rate [BLUE] X > 75% [GREEN] X = 75% [RED] X < 75%	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: 6 completed surveys (10% response rate) Q4:
[BLUE] Q1: Rate=4.8 (n=2) Q2: Rate=2.2 (n=1) Q3: Rate=0.0 (n=0) Q4:	[BLUE] Rate=2.8 (n=3)	Behavioral Codes (Code 1)	Rate [BLUE] X < 8.0 [GREEN] X = 8.0 [RED] X > 8.0	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.
[GREEN] Q1: Rate=2.4 (n=1) Q2: Rate=0.0 (n=0) Q3: Rate=5.1 (n=1) Q4:	[GREEN] Rate=2.5 (n=2)	Physical Aggression - Patient/Patient	Incidents [BLUE] Zero [GREEN] 2 or Less [RED] > 2	Rate=Pt/Pt physical aggression incidents per 1,000 patient days
[GREEN] Q1: Rate=9.6 (n=4) Q2: Rate=2.2 (n=1) Q3: Rate=5.1 (n=1) Q4:	[RED] Rate=5.7 (n=6)	Physical Aggression - Patient/Staff	Incidents [BLUE] Zero [GREEN] 2 or Less [RED] > 2	Rate=Pt/Staff physical aggression incidents per 1,000 patient days

Q1: Rate=0.0 (n=0) Q2: Rate=0.0 (n=0) Q3: Rate=0.0 (n=0) 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: Rate=5.1 (n=1) Q4:	Rate=6.3 (n=7)	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: Rate=0.0 (n=0) Q4:	Rate=4.1 (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: Rate=.56 (2.6 hrs) Q4:	.64 (16.2 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: Rate=.25 (1.2 hrs) Q4:	.18 (4.7 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: Rate=3.4% (n=2) Q4:	1.7% (n=4)	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: 100.0% (n=2) Q4:	100.0% (n=4)	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

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: Rate=.96 (29.4 hrs) Q4:	.69 (96.0 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
Q1: Rate=.17 (9.5 hrs) Q2: Rate=.44 (24.0 hrs) Q3: Rate=.24 (7.4 hrs) Q4:	.29 (40.9 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: 88% (n=30) Q4:	88% (n=83)	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: 88% (n=110) Q4:	87% (n=375)	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: N/A 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: 100% (n=15) Q4:	100% (n=62)	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: 93% (n=14) Q4:	85% (n=53)	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.

		Measure	Rate Legend	Description
Q1: 95% (n=80) Q2: 97% (n=57) Q3: 91% (n=62) Q4:	94% (n=199)	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: 59% (n=40) Q4:	50% (n=106)	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: 93% (n=63) Q4:	93% (n=171)	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: 65% (n=44) Q4:	77% (n=140)	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: 4% (n=3) Q4:	10% (n=19)	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: 0% (n=0) Q4:	1% (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 https://data.medicare.gov/data/hospital-compare 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 https://data.medicare.gov/data/hospital-compare 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 https://data.medicare.gov/data/hospital-compare website annually.

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

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

Incident Rate Formula = Incidents/(1,000 patient days)

	2019	2020	2021	2022 Q1	2022 Q2	2022 Q3
Self Injurious Behavior	0.5	0.3	0.6	-	1.1	-
Sexually Inappropriate Behavior	0.3	0.5	0.1	0.5	-	-
Physical Aggression - Patient/Employee	0.9	2.7	6.4	6.5	4.4	2.8
Physical Aggression - Patient/Patient	3.4	2.6	3.7	5.4	6.1	8.3
Property Damage	0.1	1.2	3.2	3.8	3.3	2.8
Sexual Contact	0.1	0.3	-	-	-	-
Suicide Attempt	0.1	-	-	-	-	-
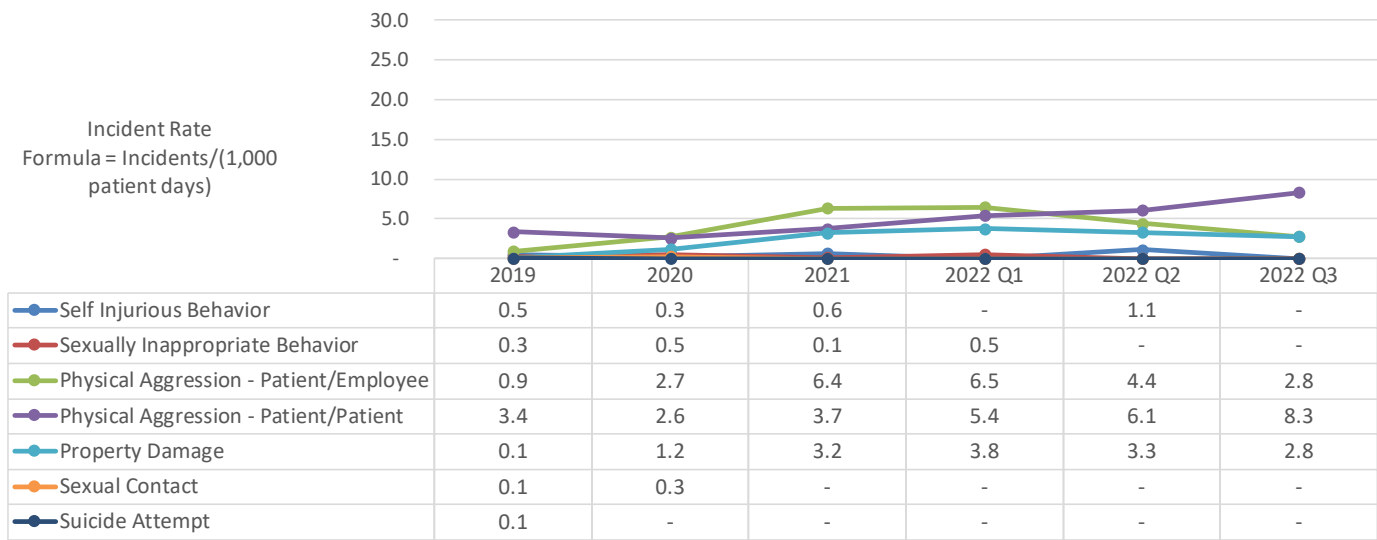
2019-2022 BHS CAIS Inpatient Service Reported Patient "Aggression" Incident Trends

Incident Rate Formula = Incidents/(1,000 patient days)

	2019	2020	2021	2022 Q1	2022 Q2	2022 Q3
Self Injurious Behavior	1.1	-	4.2	4.8	9.0	5.1
Sexually Inappropriate Behavior	1.5	1.3	-	-	-	-
Physical Aggression - Patient/Employee	3.7	4.5	11.5	9.6	2.2	5.1
Physical Aggression - Patient/Patient	4.0	2.5	6.0	2.4	-	5.1
Property Damage	1.8	9.6	10.3	14.4	4.5	-
Sexual Contact	0.4	-	-	-	-	-
Suicide Attempt	-	0.6	0.6	-	-	-
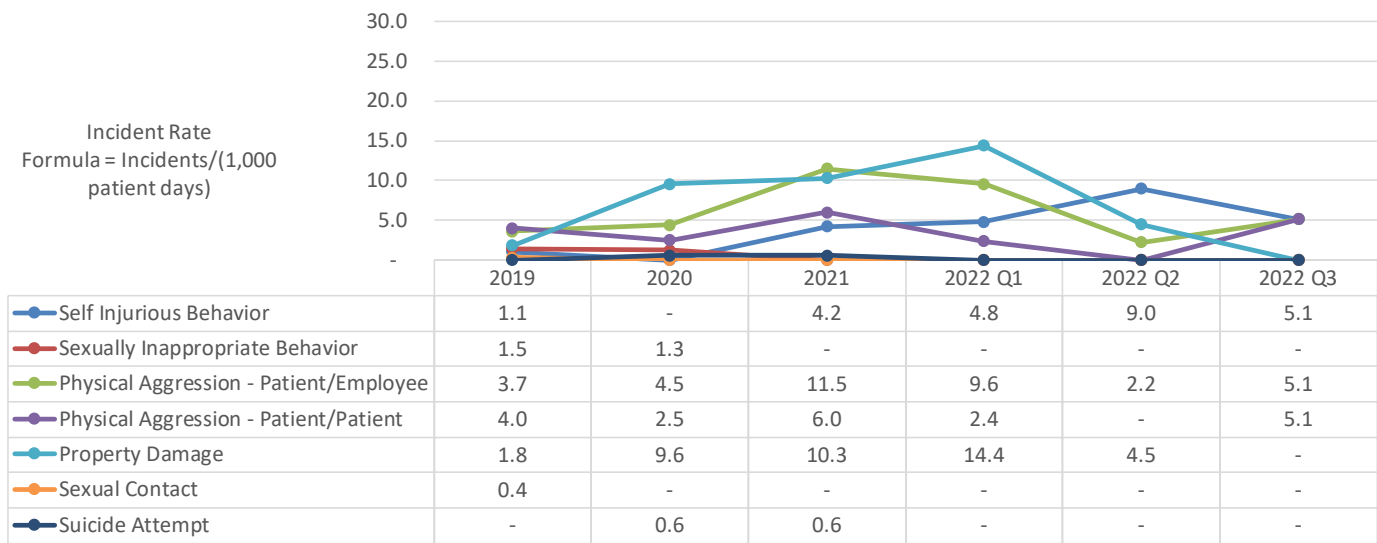
2019-2022 BHS PCS Reported Patient "Aggression" Incident Trends

Incident Rate Formula = Incidents/(1,000 patient visits)

	2019	2020	2021	2022 Q1	2022 Q2	2022 Q3
Self Injurious Behavior	0.3	0.2	0.8	0.7	1.2	0.9
Sexually Inappropriate Behavior	0.1	-	-	0.7	-	-
Physical Aggression - Patient/Employee	0.9	1.1	3.5	0.7	1.8	0.9
Physical Aggression - Patient/Patient	0.5	-	0.3	0.7	-	0.9
Property Damage	0.8	0.8	1.3	2.0	0.6	1.7
Sexual Contact	-	-	-	-	-	-
Suicide Attempt	-	-	-	0.7	-	-
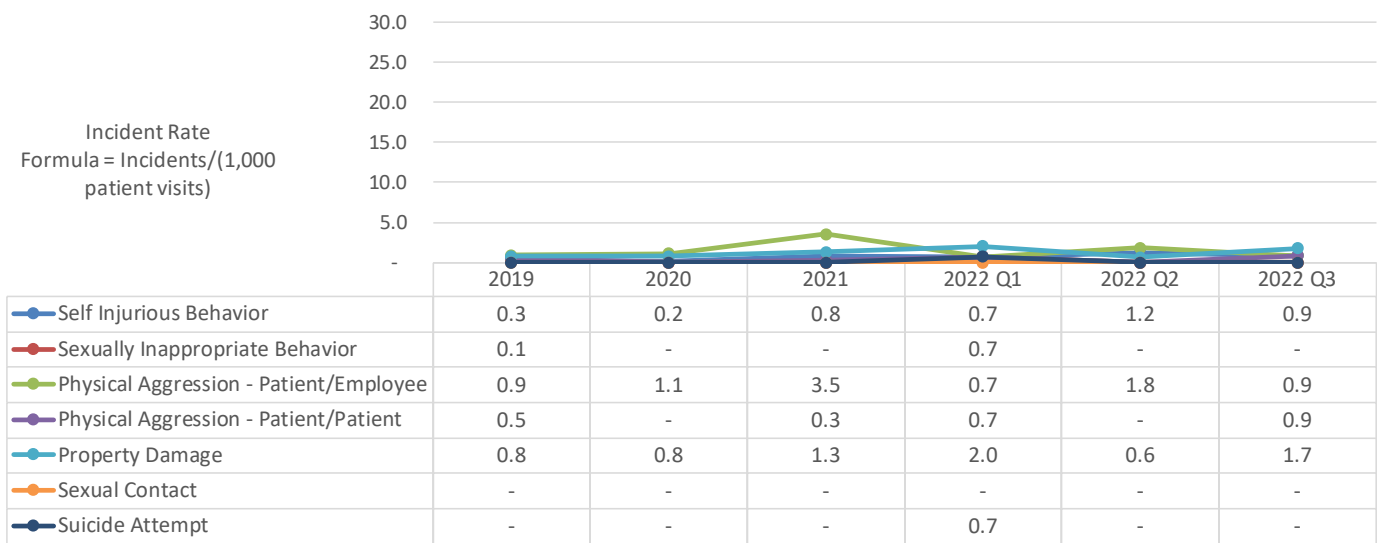
2019-2022 BHS OBS Reported Patient "Aggression" Incident Trends

Incident Rate Formula = Incidents/(1,000 patient days)

	2019	2020	2021	2022 Q1	2022 Q2	2022 Q3
Self Injurious Behavior	2.8	-	-	-	-	-
Sexually Inappropriate Behavior	-	-	-	-	-	-
Physical Aggression - Patient/Employee	-	-	-	-	-	-
Physical Aggression - Patient/Patient	1.4	-	-	-	-	-
Property Damage	-	2.7	-	-	-	-
Sexual Contact	-	-	-	-	-	-
Suicide Attempt	-	-	-	-	-	-
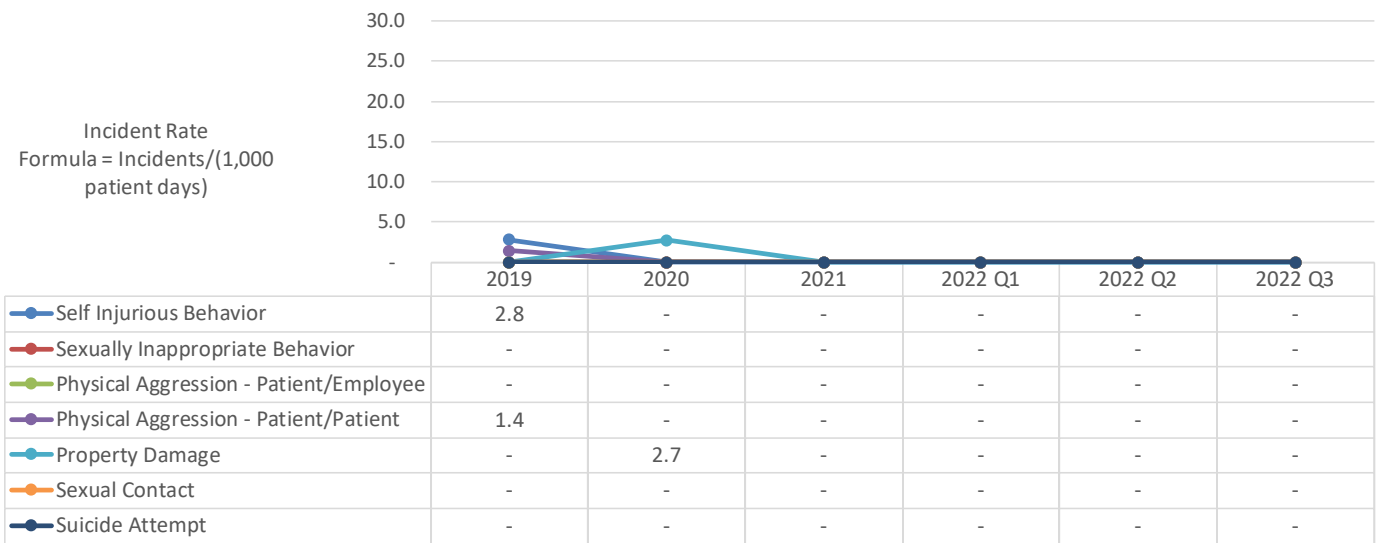
Acute Adult - Incidents

Incident Category	Year					
	2019	2020	2021	2022 Q1	2022 Q2	2022 Q3
Self Injurious Behavior	8	3	5	0	2	0
Sexually Inappropriate Behavior	4	6	1	1	0	0
Physical Aggression - Patient/Employee	14	31	51	12	8	3
Physical Aggression - Patient/Patient	50	30	30	10	11	9
Property Damage	1	14	26	7	6	3
Sexual Contact	1	3	0	0	0	0
Suicide Attempt	1	-	0	0	0	0

CAIS - Incidents

Incident Category	Year					
	2019	2020	2021	2022 Q1	2022 Q2	2022 Q3
Self Injurious Behavior	3	-	7	2	4	1
Sexually Inappropriate Behavior	4	2	0	0	0	0
Physical Aggression - Patient/Employee	10	7	19	4	1	1
Physical Aggression - Patient/Patient	11	4	10	1	0	1
Property Damage	5	15	17	6	2	0
Sexual Contact	1	-	0	0	0	0
Suicide Attempt	0	1	1	0	0	0

PCS - Incidents

Incident Category	Year					
	2019	2020	2021	2022 Q1	2022 Q2	2022 Q3
Self Injurious Behavior	2	1	5	1	2	1
Sexually Inappropriate Behavior	1	-	0	1	0	0
Physical Aggression - Patient/Employee	7	7	22	1	3	1
Physical Aggression - Patient/Patient	4	-	2	1	0	1
Property Damage	6	5	8	3	1	2
Sexual Contact	0	-	0	0	0	0
Suicide Attempt	0	-	0	1	0	0

OBS - Incidents

Incident Category	Year					
	2019	2020	2021	2022 Q1	2022 Q2	2022 Q2
Self-Inflicted Injury	2	0	0	0	0	0
Sexually Inappropriate Behavior	0	0	0	0	0	0
Physical Aggression - Patient/Employee	0	0	0	0	0	0
Physical Aggression - Patient/Patient	1	0	0	0	0	0
Property Damage	0	1	0	0	0	0
Sexual Contact	0	0	0	0	0	0
Suicide Attempt	0	0	0	0	0	0

Program	Patient Days					
	2019	2020	2021	2022 Q1	2022 Q2	2022 Q3
Acute Adult	14,793	11,582	8,007	1,858	1,815	1,080
CAIS	2,731	1,569	1,656	417	446	195
PCS	7,492	6,471	6,289	1,475	1,630	1,150
OBS	708	368	37	9	18	11

2022 Q3 Milwaukee County Behavioral Health Services (BHS) Crisis Service and Acute Inpatient Seclusion and Restraint Summary

2019-2022 BHS PCS - Hours of Restraint Rate

Quarters highlighted in yellow have rates at/or below the national average

	2019 Q1	2019 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3
PCS	0.50	1.20	1.52	1.39	0.97	0.97	1.05	1.18	0.54	0.70	0.37	0.60	0.71	0.39	0.49

2019-2022 BHS Acute Adult - Hours of Restraint Rate

2020 Acute Inpatient Hours of Restraint Rate National Average = .26

	2019 Q1	2019 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3
43A	0.40	0.29	0.98	1.95	0.41	0.44	0.06	0.60	1.64	1.11	0.19	-	-	-	-
43B	0.26	0.63	0.43	0.17	0.54	0.28	0.62	0.18	0.23	0.24	-	-	-	-	-
43C	0.06	0.25	0.32	0.46	0.18	0.18	0.04	0.25	0.14	1.60	0.14	0.16	0.32	0.82	0.94
43D	-	-	-	-	-	-	-	-	-	-	0.38	0.07	0.49	0.77	1.41
Acute Adult	0.24	0.36	0.58	0.87	0.38	0.29	0.26	0.32	0.62	0.66	0.34	0.11	0.41	0.80	1.03

2019-2022 BHS CAIS - Hours of Restraint Rate

2020 Acute Inpatient Hours of Restraint Rate National Average = .26

	2019 Q1	2019 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3
CAIS	1.98	0.95	2.42	1.18	0.72	0.13	1.14	1.43	0.80	0.66	0.12	0.05	0.78	0.54	0.56

2019-2022 BHS Acute Adult - Hours of Seclusion Rate

2020 Acute Inpatient Hours of Seclusion Rate National Average = .25

	2019 Q1	2019 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3
43A	0.10	0.08	0.03	0.92	0.41	0.50	0.28	0.07	0.29	0.12	-	-	-	-	-
43B	0.20	0.10	0.14	0.04	-	0.13	0.41	-	0.26	0.08	-	-	-	-	-
43C	0.14	0.11	0.24	0.24	0.23	0.09	0.21	-	-	-	-	0.03	0.20	0.96	0.27
43D	-	-	-	-	-	-	-	-	-	-	0.05	-	0.19	0.02	0.12
Acute Adult	0.15	0.10	0.14	0.41	0.22	0.22	0.30	0.02	0.18	0.08	0.03	0.01	0.20	0.49	0.24

2019-2022 BHS CAIS - Hours of Seclusion Rate

Acute Inpatient Hours of Seclusion Rate National Average = .25

	2019 Q1	2019 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3
CAIS	0.39	0.35	0.30	0.28	0.08	-	0.18	0.04	0.42	-	0.24	-	0.07	0.26	0.25

Hours of Restraint Rate Formula: Restraint Hours / (Inpatient Hours/1,000)

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	26.8	2.6	6.3	1.2
2022 Q4				

2022 BHS Reported Incidents
Time Period: 1/1/22-9/30/22

Incident Category	43A						43B						43C						43D						CAIS						PCS						Other Areas						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	%	Q1	Q2	Q3	Q4	Total	%	Q1	Q2	Q3	Q4	Total	%
Behavior	-	-	-		-	0.0%	-	-	-		-	0.0%	2	-	-		2	2.3%	1	3	-		4	3.1%	-	3	-		3	4.1%	2	5	2		9	9.9%	1	1	-		2	3.7%	6	12	2	-	20	4.6%
Device, Equipment or Supply	-	-	-		-	0.0%	-	-	-		-	0.0%	7	-	-		7	8.0%	13	3	-		16	12.5%	7	6	5		18	24.3%	3	2	-		5	5.5%	-	2	-		2	3.7%	30	13	5	-	48	11.0%
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		2	2.3%	1	-	-		1	0.8%	-	-	-		-	0.0%	-	-	-		-	0.0%	5	3	2		10	18.5%	7	3	3	-	13	3.0%
Falls	-	-	-		-	0.0%	-	-	-		-	0.0%	3	2	3		8	9.2%	1	9	1		11	8.6%	-	1	-		1	1.4%	-	1	2		3	3.3%	-	-	-		-	0.0%	4	13	6	-	23	5.3%
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	1		6	6.9%	3	3	1		7	5.5%	-	1	1		2	2.7%	4	5	-		9	9.9%	3	7	7		17	31.5%	12	20	10	-	42	9.7%
Medical Emergency	-	-	-		-	0.0%	-	-	-		-	0.0%	-	-	-		-	0.0%	1	-	-		1	0.8%	-	-	-		-	0.0%	1	1	-		2	2.2%	-	-	-		-	0.0%	2	1	-		3	0.7%
Medication	-	-	-		-	0.0%	-	-	-		-	0.0%	11	3	2		16	18.4%	15	10	2		27	21.1%	1	1	-		2	2.7%	3	1	1		5	5.5%	2	-	1		3	5.6%	32	15	6	-	53	12.2%
Other	-	-	-		-	0.0%	-	-	-		-	0.0%	2	6	5		13	14.9%	5	4	2		11	8.6%	3	7	6		16	21.6%	2	19	5		26	28.6%	8	7	3		18	33.3%	20	43	21	-	84	19.3%
Physical Aggression - Patient/Employee	-	-	-		-	0.0%	-	-	-		-	0.0%	7	3	1		11	12.6%	5	5	2		12	9.4%	4	1	1		6	8.1%	1	3	1		5	5.5%	-	-	-		-	0.0%	17	12	5	-	34	7.8%
Physical Aggression - Patient/Patient	-	-	-		-	0.0%	-	-	-		-	0.0%	-	5	4		9	10.3%	10	6	5		21	16.4%	1	-	1		2	2.7%	1	-	1		2	2.2%	-	-	-		-	0.0%	12	11	11	-	34	7.8%
Property Damage	-	-	-		-	0.0%	-	-	-		-	0.0%	2	3	3		8	9.2%	5	3	-		8	6.3%	6	2	-		8	10.8%	3	1	2		6	6.6%	-	-	1		1	1.9%	16	9	6	-	31	7.1%
Search and seizure	-	-	-		-	0.0%	-	-	-		-	0.0%	-	2	1		3	3.4%	2	1	1		4	3.1%	3	2	-		5	6.8%	2	1	1		4	4.4%	-	-	-		-	0.0%	7	6	3	-	16	3.7%
Security/Property	-	-	-		-	0.0%	-	-	-		-	0.0%	-	-	1		1	1.1%	-	3	-		3	2.3%	4	-	-		4	5.4%	-	7	2		9	9.9%	-	-	1		1	1.9%	4	10	4	-	18	4.1%
Self Injurious Behavior	-	-	-		-	0.0%	-	-	-		-	0.0%	-	1	-		1	1.1%	-	1	-		1	0.8%	2	4	1		7	9.5%	1	2	1		4	4.4%	-	-	-		-	0.0%	3	8	2	-	13	3.0%
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%	1	-	-		1	0.8%	-	-	-		-	0.0%	-	-	-		-	0.0%	1	-	-		1	1.1%	-	-	-		-	0.0%	2	-	-		2	0.5%
Suicide Attempt	-	-	-		-	0.0%	-	-	-		-	0.0%	-	-	-		-	0.0%	-	-	-		-	0.0%	-	-	-		-	0.0%	1	-	-		1	1.1%	-	-	-		-	0.0%	1	-	-		1	0.2%
Total	1	-	-	-	1	100.0%	-	-	-	-	-	0.0%	36	29	22	-	87	100.0%	63	51	14	-	128	100.0%	31	28	15	-	74	100.0%	25	48	18	-	91	100.0%	19	20	15	-	54	100.0%	175	176	84	-	435	100.0%

2019-2022 BHS "Grievance" Incident Rates
Incidents per 1,000 Patient Days

	2019 Q1	2019 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3
43A	-	0.78	0.85	1.79	1.53	1.47	-		-		2.51	1.78	-		
43B	5.08	-	0.87	-	0.80	3.08	4.17	1.03	2.38	-	-				
43C	0.77	4.62	0.80	2.35	1.61	-	1.00	4.46	1.18	-		1.09	4.41	1.15	
43D							6.02	2.04	1.06	3.18	3.30	4.67			
CAIS	4.09	1.58	-		3.18	-		2.41	-	2.56	-		2.24	5.13	
PCS	2.62	1.53	0.55	1.11	0.58	1.33	-	3.83	1.31	2.60	1.83	0.63	2.71	3.07	

2019-2022 BHS "Elopement" Incident Rates
Incidents per 1,000 Patient Days

	2019 Q1	2019 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3
43A	-	-	-	0.90	0.77	-		-		2.51	1.78	-			
43B	-	0.78	-	1.01	0.80	1.03	-		1.19	1.15	-				
43C	1.54	0.77	1.60	-	-	1.13	-		1.18	-	3.44	-	1.09	-	1.15
43D															
CAIS	-	-	2.53	-	-	-									
PCS	0.52	1.53	-	-	0.58	-	1.20								

2019-2022 BHS "Patient Fall" Incident Rates
Incidents per 1,000 Patient Days

	2019 Q1	2019 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3
43A	1.53	0.78	0.85	0.90	0.77	-	1.49	4.05	2.73	1.25	1.78	-		-	
43B	2.18	0.78	3.50	2.02	1.59	1.03	3.13	3.09	-	1.15	-			-	
43C	0.77	1.54	2.40	3.13	0.80	3.39	4.02	1.11	3.55	7.69	-		3.28	2.21	3.46
43D									24.10	4.08	4.26	1.06	9.91	4.67	
CAIS	2.72	4.73	1.75	1.26	3.18	-		2.41	-	5.13	-		2.24	-	
PCS	-	0.51	0.55	-	0.58	1.33	1.20	-	1.96	-	0.61	2.53	-	0.61	1.74

2019-2022 BHS "Medical Emergency" Incident Rates
Incidents per 1,000 Patient Days

	2019 Q1	2019 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3
43A	-	0.78	1.69	-	-	1.47	-		-	-	1.78	-		-	
43B	-	0.78	0.87	-	0.80	1.03	3.13	1.03	-		-			-	
43C	-	4.62	3.20	-	-	3.39	2.01	-			-			-	
43D											2.13	1.06	-		
CAIS	1.36	1.58	3.50	1.26	-	2.96	2.69	-			-			-	
PCS	0.52	0.51	-	-	0.66	1.20	-			0.68	0.61	-			

2019-2022 BHS "Medication" Incident Rates
Incidents per 1,000 Patient Days

	2019 Q1	2019 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3
43A	2.30	2.35	4.23	-	1.53	1.47	-	1.35	1.36	2.51	1.78	-		-	
43B	1.45	0.78	1.75	2.02	1.59	-	2.08	-		4.58	-			-	
43C	3.09	2.31	2.40	3.92	0.80	-	2.01	-	1.18	-		7.06	12.01	3.31	2.31
43D											3.06	3.19	15.92	11.01	9.35
CAIS	1.36	7.89	3.50	-	-	1.59	4.33	2.96	-		2.40	5.13	11.49	2.40	2.24
PCS	-								0.60	-	1.30	-	2.03	0.61	0.87

Overall Progress 93.1% as of December 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	634	607	94.9%	93.1%
Up to 1-year Overdue	32	42	4.8%	6.4%
More than 1 yr & up to 3 yrs overdue	1	1	0.1%	0.2%
More than 3 yrs & up to 5 yrs overdue	1	2	0.1%	0.3%
More than 5 yrs & up to 10 yrs overdue	0	0	0.0%	0.0%
Total	668	652	100%	100%

Monthly Rate Trends

Chart values: 12/21: 96.7, 1/22: 96.9, 2/22: 96.6, 3/22: 97.5, 4/22: 96.5, 5/22: 97.3, 6/22: 96.8, 7/22: 95.2, 8/22: 95.3, 9/22: 95.6, 10/22: 96, 11/22: 94.9, 12/22: 93.1

Past Due by Policy Area	Past Due
BHS Administration	1
Community Access to Recovery Services (CARS)	1
Emergency Management- Confidential	2
Engineering & Environmental Services- Operations	6
Environment of Care	1
Health Information Mgmt/HIPAA Privacy & Security	7
Infection Prevention	3
Information Technology	1
Materials Management	2
Medical Staff Organization	1
Mental Health Board	2
Office of Professional Training Programs	1
Pharmacy	13
Pharmacy and Therapeutics	1
Provider Network-Credentialing and Impaneling	1
Quality Management	1
Spirituality	1
Total	**45**

12 Month Forecast Due for Review

Month/Year	# Due
December 2022	17
January 2023	10
February 2023	7
March 2023	16
April 2023	21
May 2023	17
June 2023	21
July 2023	14
August 2023	9
September 2023	5
October 2023	13
November 2023	6
December 2023	6

September Activity	
New Policies	0
Reviewed/Revised	1
Retired	16

Overall Progress 93.7% as of January 1, 2023

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	607	598	93.1%	93.7%
Up to 1-year Overdue	42	38	6.4%	6%
More than 1 yr & up to 3 yrs overdue	1	1	0.2%	0.2%
More than 3 yrs & up to 5 yrs overdue	2	1	0.3%	0.2%
More than 5 yrs & up to 10 yrs overdue	0	0	0.0%	0.0%
Total	652	638	100%	100%

Monthly Rate Trends

Values plotted: 96.9 (1/22), 96.6 (2/22), 97.5 (3/22), 96.5 (4/22), 97.3 (5/22), 96.8 (6/22), 95.2 (7/22), 95.3 (8/22), 95.6 (9/22), 96 (10/22), 94.9 (11/22), 93.1 (12/22), 93.7 (1/23)

Past Due by Policy Area	Past Due
BHS Administration	1
Emergency Management- Confidential	3
Engineering & Environmental Services- Operations	6
Environment of Care	1
Health Information Mgmt/HIPAA Privacy & Security	7
Human Resources	2
Infection Prevention	3
Materials Management	2
Medical Staff Organization	2
Mental Health Board	2
Office of Professional Training Programs	2
Patient Rights	1
Pharmacy	13
Quality Management	1
Spirituality	1
Total	**40**

12 Month Forecast Due for Review

Month/Year	# Due
January 2023	10
February 2023	7
March 2023	15
April 2023	19
May 2023	15
June 2023	21
July 2023	14
August 2023	8
September 2023	4
October 2023	13
November 2023	5
December 2023	23
January 2024	6

December Activity	
New Policies	1
Reviewed/Revised	23
Retired	15

Overall Progress 94.7% as of February 1, 2023

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	598	482	93.7%	94.7%
Up to 1-year Overdue	38	25	6%	4.9%
More than 1 yr & up to 3 yrs overdue	1	1	0.2%	0.2%
More than 3 yrs & up to 5 yrs overdue	1	1	0.2%	0.2%
More than 5 yrs & up to 10 yrs overdue	0	0	0.0%	0.0%
Total	638	509	100%	100%

Monthly Rate Trends

Past Due by Policy Area	Past Due
BHS Administration	2
Community Access to Recovery Services (CARS)	3
Emergency Management- Confidential	2
Engineering & Environmental Services- Operations	2
Fiscal	1
Health Information Mgmt/HIPAA Privacy & Security	1
Human Resources	2
Infection Prevention	1
Materials Management	2
Medical Staff Organization	2
Mental Health Board	2
Patient Rights	1
Professional Training Programs	2
Psychiatric Crisis Services - Mobile Team	1
Public Health Emergency	1
Quality Management	1
Safety	1
Total	27

12 Month Forecast Due for Review

Month/Year	# Due
February 2023	6
March 2023	10
April 2023	10
May 2023	11
June 2023	17
July 2023	10
August 2023	4
September 2023	4
October 2023	12
November 2023	5
December 2023	22
January 2024	5
February 2024	17

January Activity	
New Policies	1
Reviewed/Revised	3
Retired	131

**COUNTY OF MILWAUKEE
MENTAL HEALTH BOARD**
Inter-Office Communication

Date: February 24, 2023

To: Maria Perez – Chairperson, Mental Health Board
               Mary Neubauer – Vice Chairperson; Quality Committee Chairperson,
               Mental Health Board

From: Kate Flynn Post – Research Analyst, Independent Consultant

Subject: Readiness Audit by Third Party Vendor

File Type: Informational

BACKGROUND

Further to the request for more information regarding third party 'mock' audit / audit readiness services, this memo offers background information for Quality Committee member consideration. Please refer to the audio recording of the September 12, 2022 Quality Committee meeting for discussion of this item.

During the meeting, the concept of an annual 'mock' or readiness audit was discussed as a way to prevent the organization from experiencing any surprises during future CMS reviews. An audit readiness program might help to identify any weaknesses in reporting, internal controls, and accounting processes. Committee Chair Neubauer requested information regarding audit firm services. To establish the key considerations for the scope of work for this project, I researched audit readiness services provided by External Quality Research Organizations (EQRO).

An External Quality Review (EQR) is the analysis and evaluation by an External Quality Review Organization (EQRO) of aggregated information on quality, timeliness, and access to the health care services that a managed care plan, or its contractors, furnish to Medicaid beneficiaries. EQROs offer mock audits and audit readiness consultative services to prepare organizations for CMS/state agency reviews.

If a readiness audit program is to be created, Drs. Drymalski and Schneider have suggested a review of state certification standards for BHS licensed programs to identify a schedule that avoids duplication of current state audits. Such audits occur every 2-3 years.

DISCUSSION

In my research efforts, I have compiled some key benefits, constraints, scope of work and cost considerations for a Readiness Audit project.

Readiness Audit Benefits

1. Provides an additional quality check by a third party to illuminate known and unknown issues.
2. Verifies quality of service delivery in terms of contractual obligations to avoid sanctions and penalties.
3. Strengthens organizational discipline regarding fulfillment of compliance objectives and builds organizational memory within BHS Quality staff.
4. Validates and strengthens confidence in BHS quality efforts at the state level (DHS) and among behavioral health care providers, consumers, and stakeholders.

Readiness Audit Constraints

1. Current staffing shortage may be a barrier due to the staff time commitment to provide necessary information, data, and policies.
2. Creates an additional time burden for network providers which may frustrate current providers and disadvantage smaller providers.
3. Potential exists for duplication of efforts if not sequenced adequately (opposite existing audits).
4. Financial cost may be hard to estimate at outset depending upon consulting fees (possible to set a cost cap).

AUDIT SCOPE OF WORK

The Quality Committee might consider whether to take a comprehensive approach or a supplemental approach to the breadth of a mock audit. The specific contracts to be audited would need to be determined and staff would need to provide:

- ☐ The population and number of members for each contract
- ☐ Records request process and who will be responsible for submitting the request (BHS team or consultant to submit directly to the organization)
- ☐ Copies of contracts and corresponding Service Line Agreements
- ☐ Audit guide information
- ☐ Policy guidelines/requirements

Depending upon the contract, potential items to be audited:

- Care Coordination
  - Requirements for care plans, frequency, follow up and closure
  - Referral requirements
- Appeals and Grievances
  - Policy
  - Timeliness
- Utilization Reviews
  - UM requirements
  - Criteria
  - Timeliness
- Clinical Audits
  - Use of restraints
  - Critical incidents
  - Emergency Management Planning

FREQUENCY

Depending upon the contracts to be reviewed, a mock audit schedule may be timed to be complementary to existing state audit processes and therefore take place in 'off years' on a biannual or two of every three years basis.

DELIVERABLES

1. Consultant reviews contract(s) including all regulations therein.
2. Consultant to meet with the BHS Quality Compliance Team to review information, devise work plans, and information gathering procedures.
3. Consultant to produce a Sharepoint (or other document library tool) location to collect and share information/findings.
4. Consultant will produce final summary reports measuring performance against contracts for presentation to the Mental Health Board and BHS Administrator.

FISCAL ESTIMATE

A budget for this project would vary dependent upon by the number of contracts/programs to be audited. An initial estimate by potential vendors is as follows:

EQRO Consultant Fees
100-150 hours x $350-400/hour = $35,000-$60,000

Staff Time
TBD by BHS Administrator

EQRO VENDORS

- ☐ Blue Peak Advisors: https://bluepeakadvisors.com/about-us/
- ☐ Rebellis Group: https://www.rebellisgroup.com/services
- ☐ Advent Advisory Group: https://www.adventadvisorygroup.com/our-story
- ☐ DTS Group: https://www.dtsg.com/
- ☐ Convey: https://conveyhealthsolutions.com/advisory/
- ☐ Attest Healthcare Advisors: https://www.attesthealth.com/medicare-ia

FINAL NOTES

The Quality Committee might consider if an audit readiness program will benefit the Mental Health Board in its role as governing body for BHS.

As BHS moves into the future, there is a significant opportunity to move beyond compliance measurement to become the training and technical assistance provider to its own community-based network of providers as well as a national leader of quality in behavioral health. (Approximately 20 BHS staff members play a role in quality management at the present time.)

1. How might a readiness audit support the work of the Mental Health Board?
2. As BHS continues to develop its measurement-based care practices, what might be gained from a third party mock audit?
3. Is it worth the time and cost involved?
4. What would be the impact upon network partners?
5. Is this something that might be beneficial for the Mental Health Board to evaluate the progress and success of the BHS expansion into community-based programs?
6. Given the expanded focus upon quality within DHHS and BHS, is a third party review necessary?
7. Might it help to further raise the national profile of BHS as an innovator in behavioral health?

ATTACHMENTS

September 12, 2022 Quality Committee Meeting Audio Recording
Item 2 Audio

REFERENCES

DHS Audit Management Requirements: Audit Management - Auditing Government Funding | Wisconsin Department of Health Services

DHS Audit Guide: Audit Guide: An appendix to Wisconsin's State Single Audit

Guidelines

Medicaid EQR Protocols: CMS External Quality Review (EQR) Protocols (medicaid.gov)

Medicaid Managed Care Quality: https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care-quality/index.html

Medicaid Toolkit for States: https://www.medicaid.gov/medicaid/downloads/managed-care-quality-strategy-toolkit.pdf

cc: Mental Health Board
        MHB Community Stakeholder Advisory Council
        Shakita LaGrant-McClain, Executive Director, DHHS
        Michael Lappen, BHS Administrator
        Jodi Mapp, Senior Executive Assistant/Board Liaison
        Dairionne Washington, Committee Coordinator