



Mental Health Emergency Center

MHB Quality Committee- Update

June 2023

April 2023 Data Overview

- Total Number of Encounters: 606

- Adults: 506
- Child/Adol: 100

- Mode of Arrival:

- Ambulance: 10
- Police: 298
- Self/Family: 298

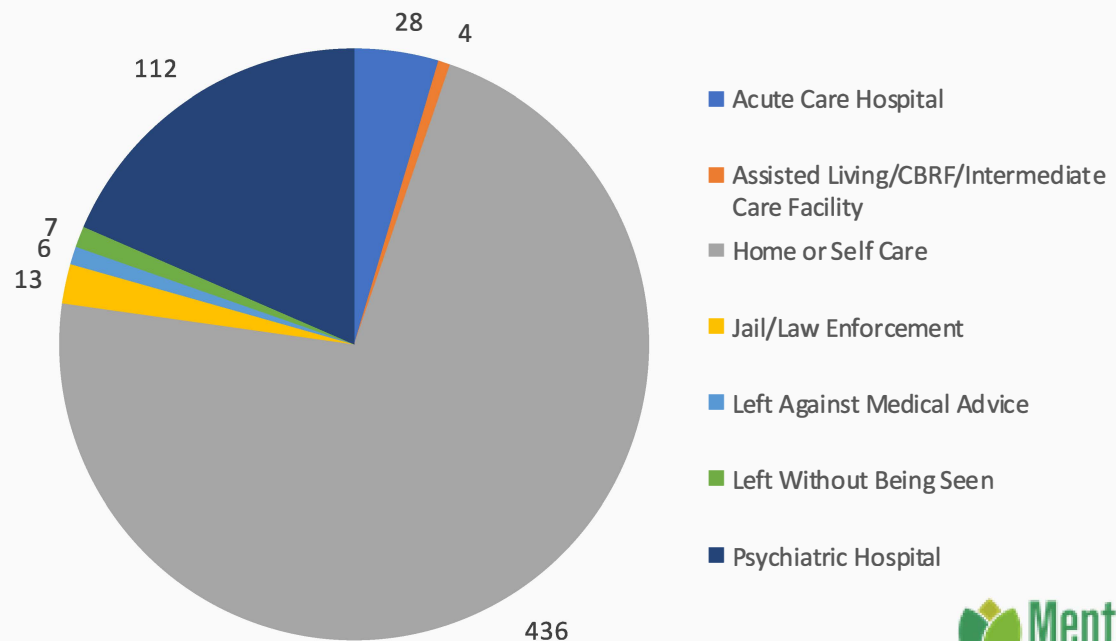
- Legal Status at Admission:

- Voluntary: 333
- Involuntary: 273

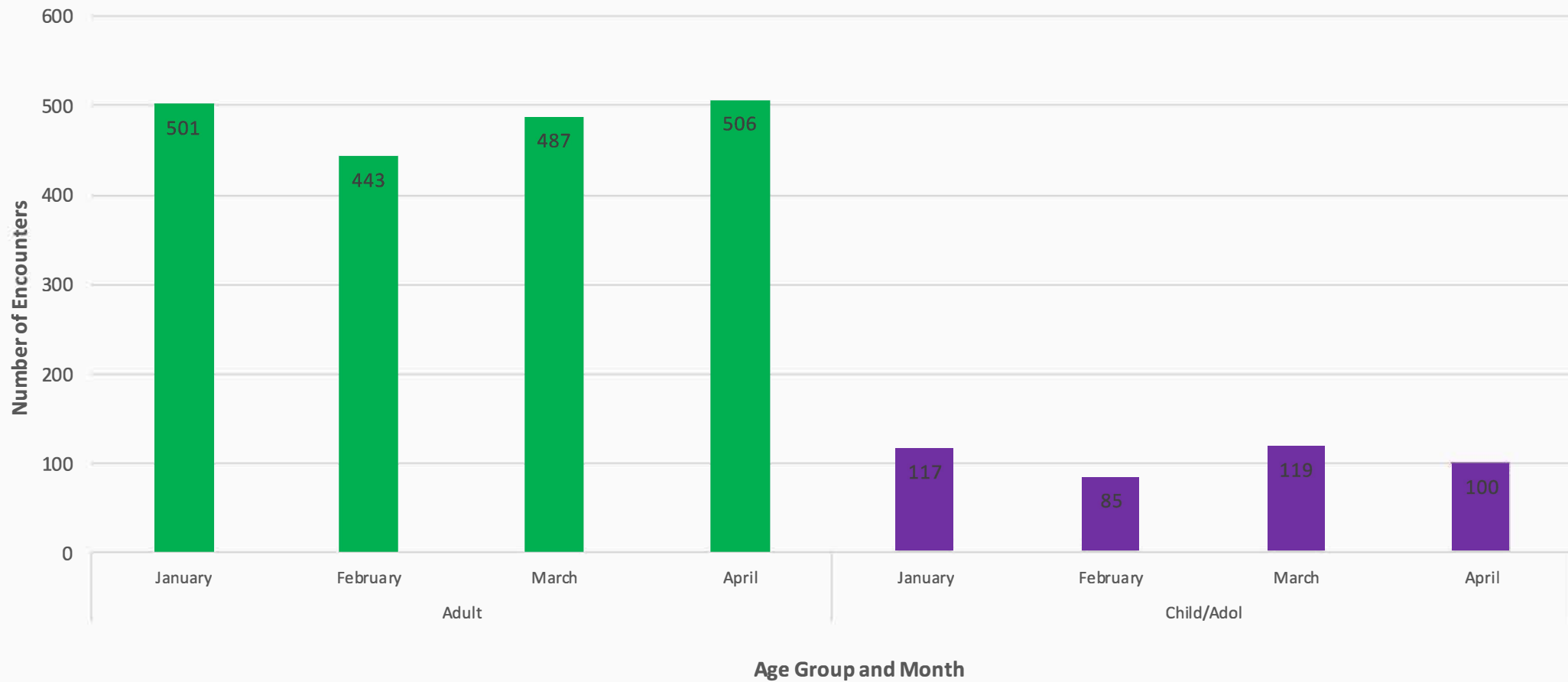
- Legal Status at Discharge:

- Voluntary: 508
- Involuntary: 98

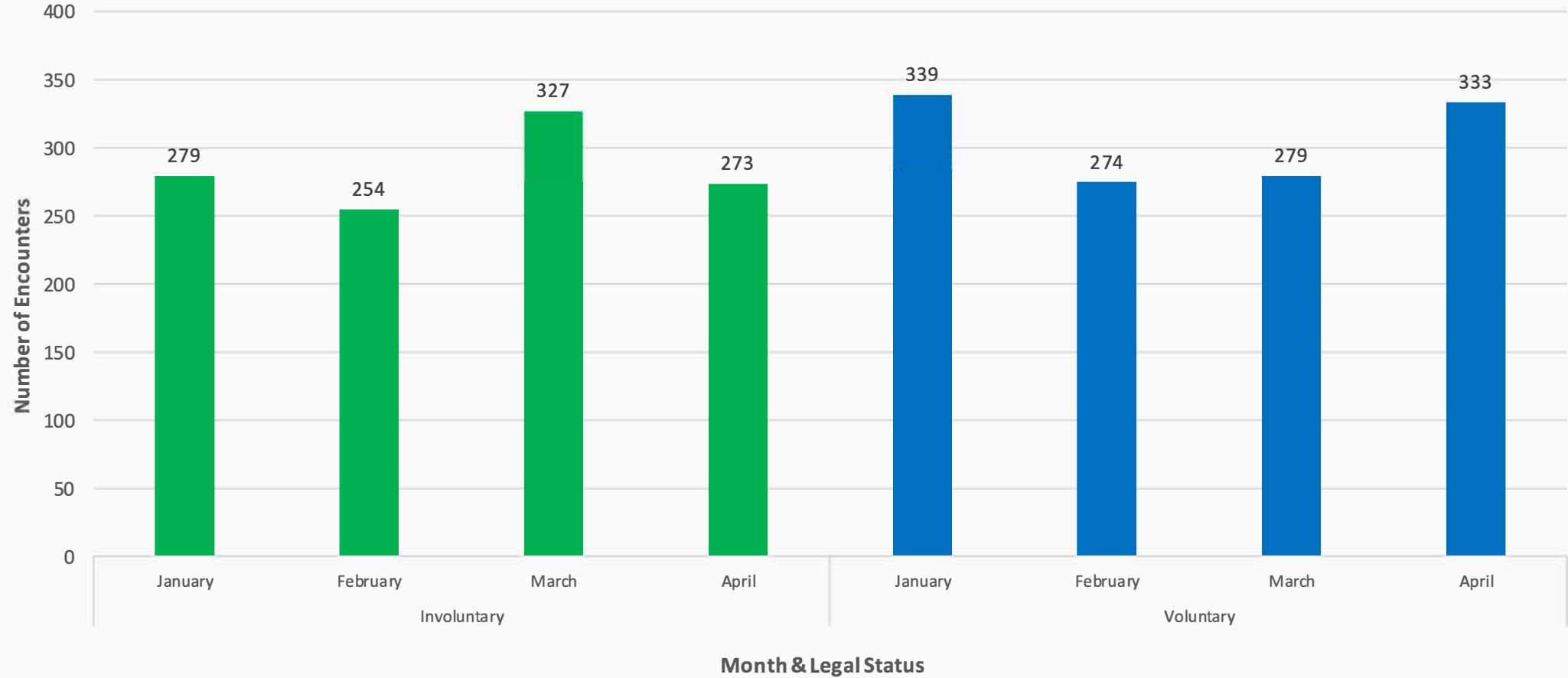
Discharge Locations



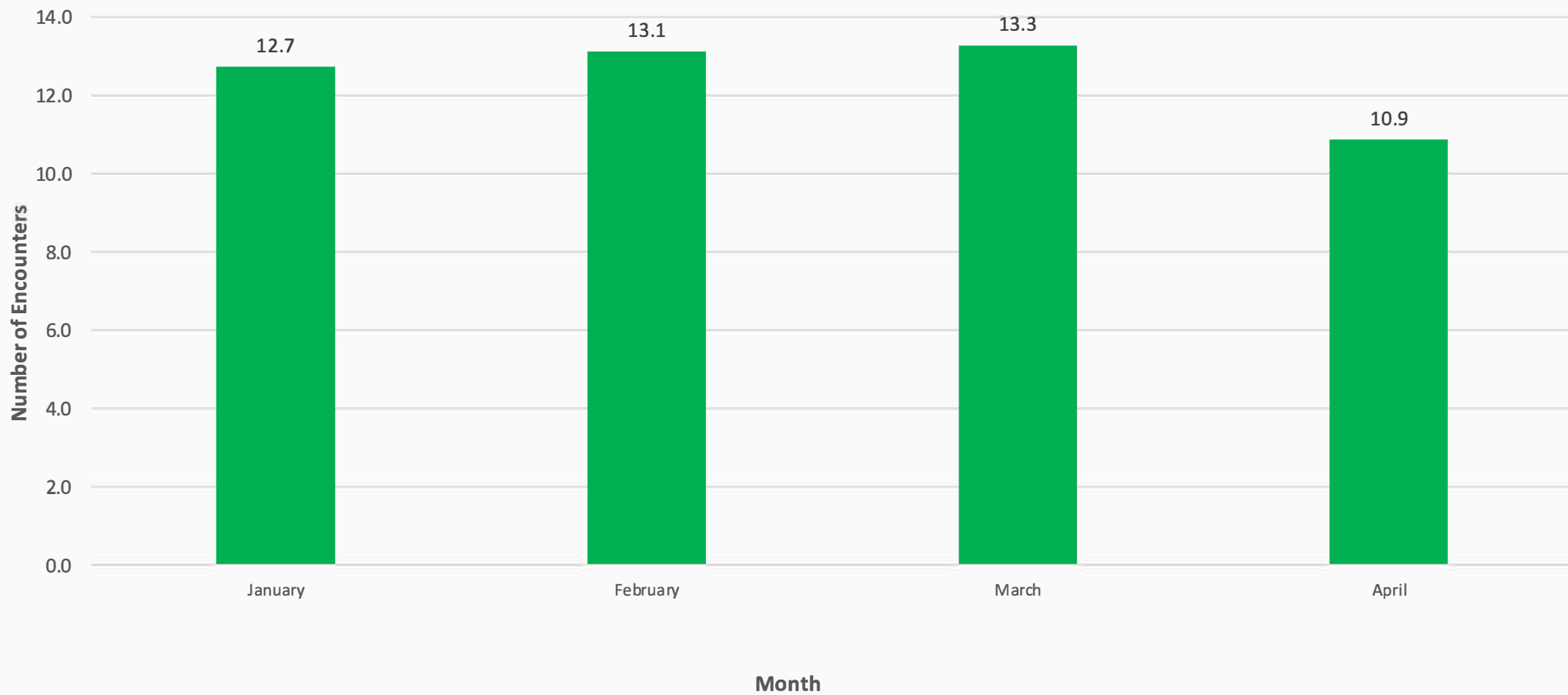
MHEC Monthly Intake Volume -Age



MHEC Monthly Intake Volume- Legal Status



Average ED Length of Stay



Average Length of Stay (Hours)

Adult Discharge Locations

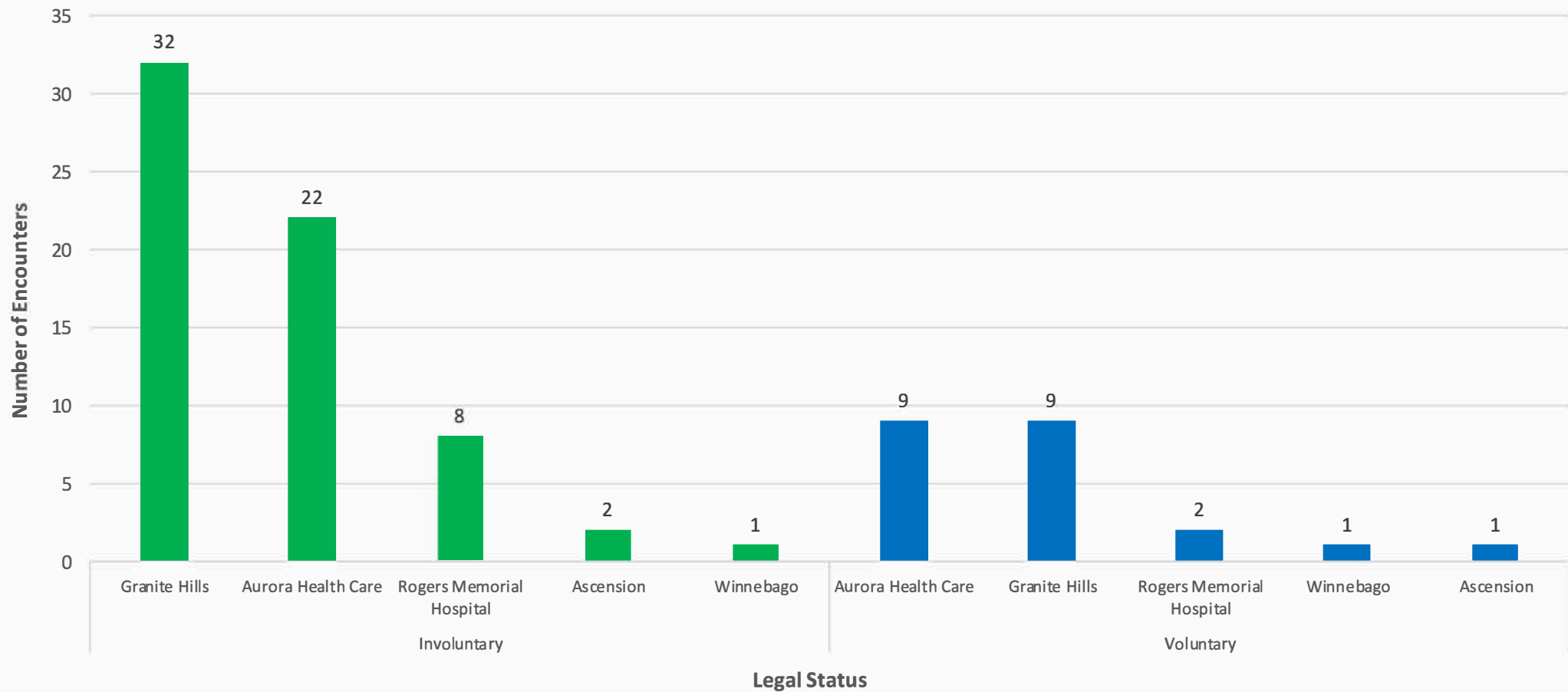
April 2023

- Granite Hills - 41
- Aurora Health - 31
- Rogers Memorial - 10
- Ascension - 3
- Winnebago - 2
- Mental Health Emergency Center – 0

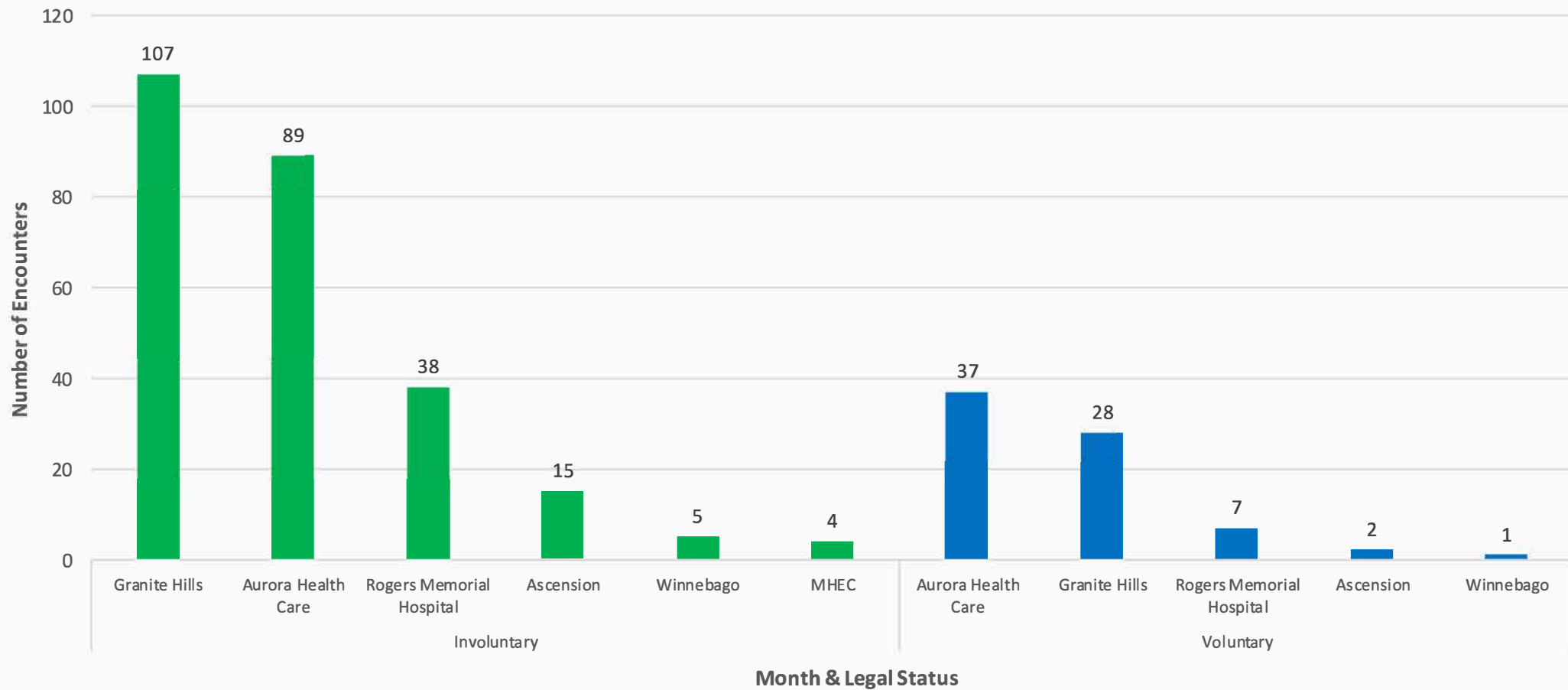
YTD 2023

- Granite Hills - 135
- Aurora Health - 126
- Rogers Memorial - 45
- Ascension - 17
- Winnebago - 6
- Mental Health Emergency Center – 4

Adult Psychiatric Inpatient Transfer Locations by Legal Status - April



Psychiatric Inpatient Transfer Locations by Legal Status - YTD



Child/Adol Discharge Locations

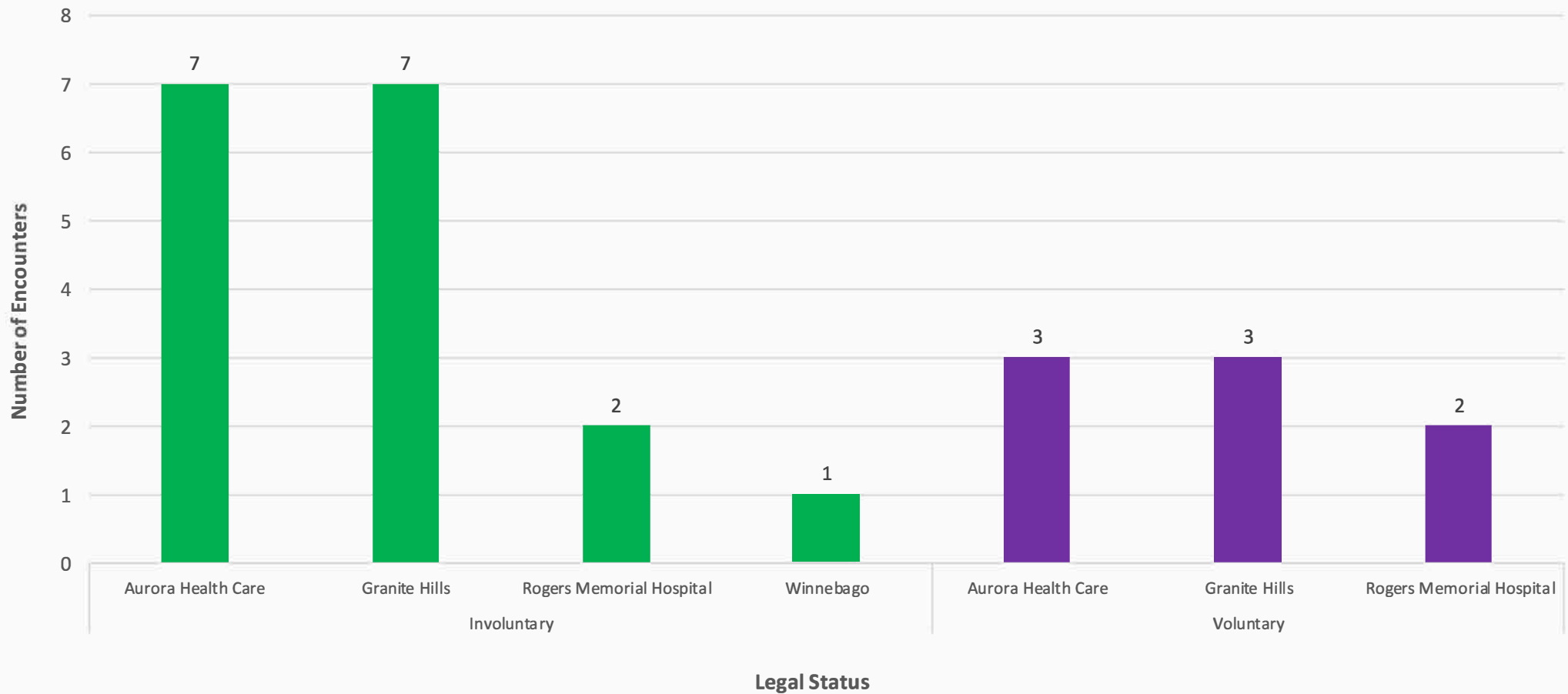
April 2023

- Advocate Health - 10
- Granite Hills - 10
- Rogers Memorial – 4
- Winnebago - 1

YTD 2023

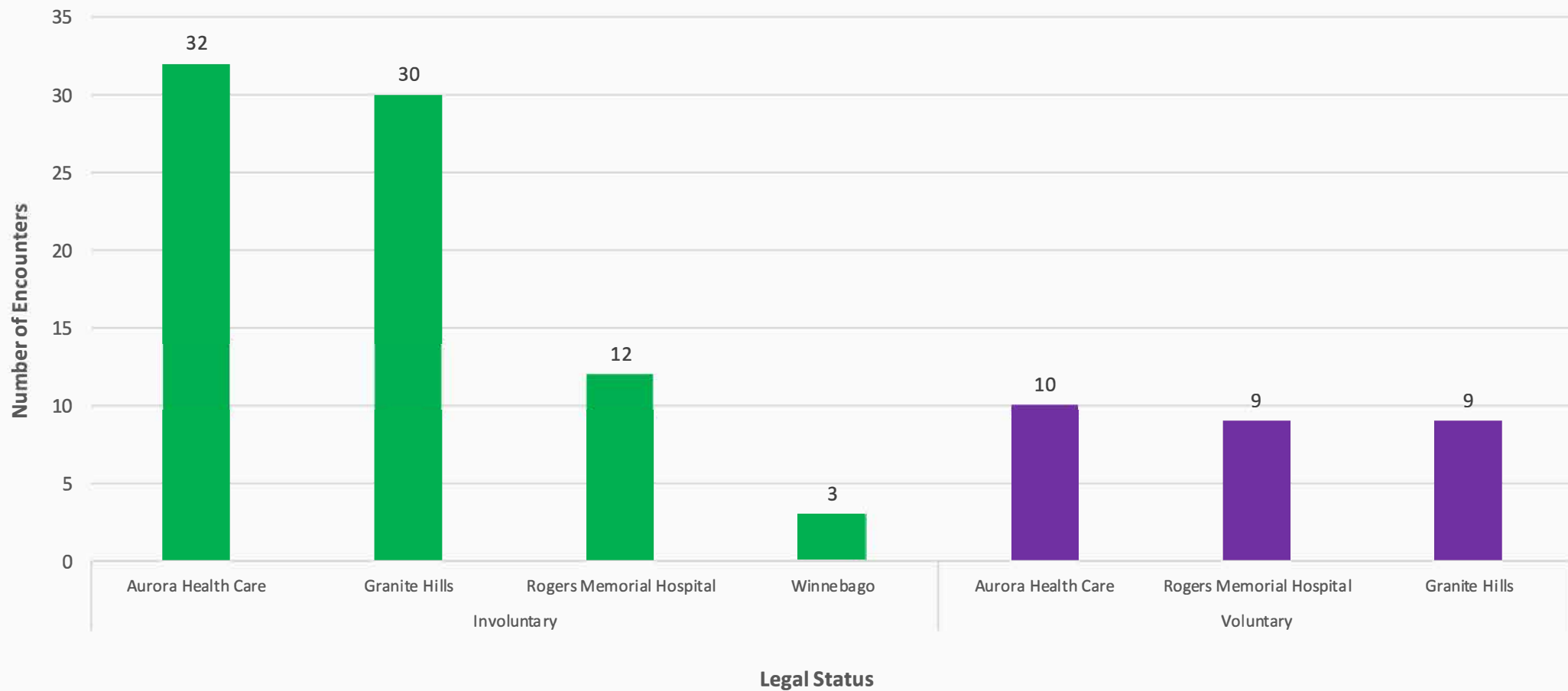
- Aurora Health - 42
- Granite Hills - 39
- Rogers Memorial – 21
- Winnebago - 3

Child/Adol Psychiatric Inpatient Transfer Locations by Legal Status- April



Involuntary Discharge Location for Child/Adol

Child/Adol Psychiatric Inpatient Transfer Locations by Legal Status- YTD



Involuntary Discharge Location for Child/Adol

Patient Satisfaction

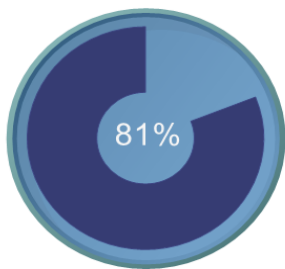
- “I just like the fact that when I came into the facility, they were all nice. They all made me feel welcomed. They all made me feel like where I was, was the place. You know it was people that don't know me, but they cared about me. They cared about my situation. Everybody was so nice, so sweet, opened me to welcome hands and treated me no differently. So yeah, I will most definitely recommend the facility for people that you know that have stuff that I'm going through or even other battles that they are going through.”
- “I really appreciate how the nurse and doctors treated me with respect like human being. I'm so thankful that you have treated me so nice at the mental health emergency room.”
- “You guys did a wonderful job with my daughter. I would recommend that place to anyone I know that's going through something in their life. You guys did an awesome job. And I'm proud of you guys. Keep up the good work and saving people in their depressed stage or in a down and out stage and make them feel important and happy. Take care.”

Thank you

2023 Quarterly Quality Report To Milwaukee County Behavioral Health Services

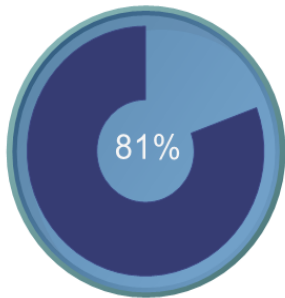
Inpatient Satisfaction at a Glance, Q1 2023

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.



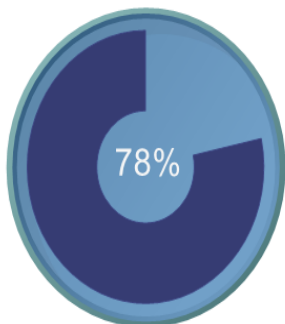
81% of our patients report that they felt better at discharge than when they were admitted.

n = 216



81% of our patients report that they were satisfied with their treatment.

n = 217



78% of our patients report that their treatment goals and needs were met.

n = 217



2023 Quarterly Quality Report To Milwaukee County Behavioral Health Services

Utilization for Q1 2023

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

135 Patients

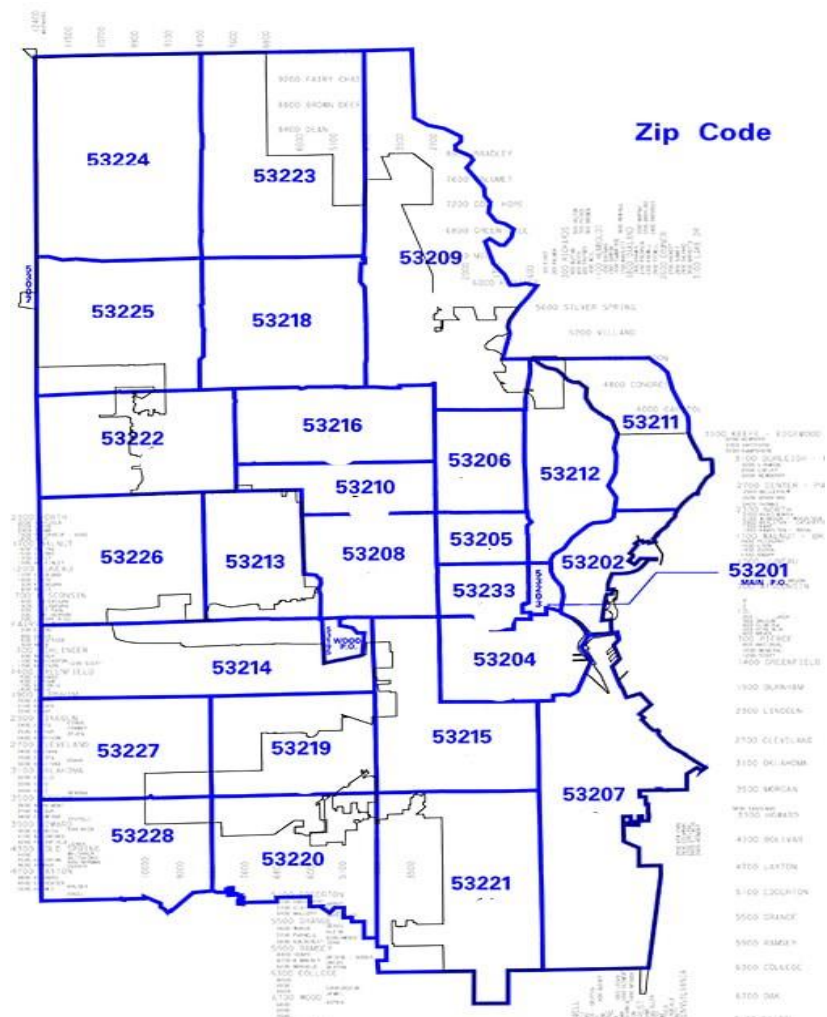
- 101 Adults
- 34 Adolescents
- 57 Male
- 78 Female

Average Length of Stay

- 11.6 Days

Zip code Representation

- 53204 – 3
- 53202 – 0
- 53205 – 3
- 53206 – 7
- 53208 – 7
- 53209 – 14
- 53210 – 7
- 53211 – 2
- 53212 – 3
- 53214 – 7
- 53215 – 8
- 53216 – 5
- 53218 – 10
- 53219 – 3
- 53220 – 1
- 53221 – 3
- 53223 – 3
- 53224 – 3





THE BHS - CARS QUALITY PLAN 2023-2024



The CARS Quality Plan

Introduction

A Quality Plan (QP) is a crucial component of an organization's journey to become a self-learning, data-driven entity in which quality improvement is deeply embedded in the organizational culture. Given the resource limitations with which most organizations must contend, the QP can guide more efficient allocation of both financial and staff resources toward those initiatives deemed most important by the organization. Moreover, the QP helps to orient business activities towards a set of mutually agreed upon objectives and creates unity of purpose among leaders and line staff. Thus, the QP can help change the culture of an organization, enabling staff at all levels of the organization to engage in quality improvement (QI) activities and helping to foster a culture of quality.

This document represents the Milwaukee County Behavioral Health Services - Community Access to Recovery Services (CARS) department. This plan outlines the strategic goals for CARS for 2023 and 2024, goals which are themselves guided by and aligned to the mission and strategic goals of Milwaukee County Behavioral Health Services (BHS) and Milwaukee County Department of Health and Human Services (DHHS). The Quadruple Aim for healthcare, which proposes that healthcare systems should simultaneously seek to improve the patient's experience of care, improve the health of populations, reduce the per capita costs of care for populations, and improve the quality of work life for staff, provides the quality framework for the CARS QP. To that end, the CARS strategic goals, and the objectives and activities associated with them, are organized by these four aims.

In addition to articulating the quality goals for CARS in 2023 and 2024, this document is also intended to create a measure of accountability by identifying current and target performance metrics, assigning responsible staff, and creating reporting timeframes throughout the year to review progress towards each goal. These review timeframes depend on the stakeholder and reporting format, but allow for transparency, input, and mutual responsibility at all levels of the organization. Finally, this plan is designed such that subsequent versions should intentionally build off previous versions. This allows new goals to build off previous goals, and affords CARS the opportunity to create sequenced, stepped goals with multi-year timelines.

Development of the Plan

This QP was developed with several key principles in mind. These include:

Alignment. Effective QPs that have broad support should demonstrate that they are driven by and can support the realization of the mission and strategic goals of the larger organization. The CARS QP was designed to align to:

- a. DHHS's Strategic Goals
- b. The Quadruple Aim
- c. DHHS's and BHS's mission and strategic goals
- d. Best practice, where available
- e. External mandates, where applicable

Feedback. Feedback from all levels of a department or organization is critical when developing a QP. Not only can this encourage support and enthusiasm for the QP from every level of the organization but is extremely valuable when selecting the most meaningful goals and objectives on which to focus the QP. Line staff often are aware of issues of quality before management staff and can provide key insights and ideas for QI activities. The CARS QP was developed with feedback from the following sources:

- f. Executive staff
- g. Departmental leadership
- h. Line staff
- i. Clerical staff

This feedback was obtained through several different mechanisms, including focus groups, meetings with key stakeholders, and staff surveys. To that end, CARS developed a staff survey that is designed to solicit staff ideas for QI activities, and which utilizes the Quadruple Aim as its organizing framework. The survey also included questions regarding staff perceptions of and engagement in the QI at CARS and BHS. The survey will be disseminated to staff annually.

Psychological Safety. As noted above, staff engagement is extremely important to the development and implementation of QPs and QI projects, as well as to the establishment of a culture of quality in an organization. If, however, staff believe that their ideas will be maligned, or they will be personally judged when they express quality concerns or make recommendations for QI initiatives, they may be less likely to share their valuable input to or participate in an organization's QI endeavors. CARS believes that the first step in creating a culture of quality is to first create a culture of psychological safety, where staff feel accepted and respected. Thus, CARS will strive to foster a "safe" environment where staff feel free to share their ideas and generate innovations without fear of repercussions, where they are motivated to collaboratively build the culture of quality, and where data creates opportunities for learning and growth.

Organization of Plan

The Plan is organized into four sections, one for each of the Quadruple Aims. Each section begins with a brief definition of the aim. This is followed by an overview of the current activities and initiatives in which CARS staff are engaging that are consistent with the aim in question. A table is then provided in each section which identifies the core quality dimension within each aim that is being addressed by the objective (i.e., the quality goal). The performance measure for each objective is then defined, followed by the current and target metrics for each objective, the staff member or members responsible for tracking each objective, and concluding with options for quarterly updates on progress towards the objective.

Frequency of Review

Progress reporting towards each objective specified in the plan will occur twice per year by the internal CARS leadership and BHS Quality teams. This review is designed to ensure the activities to implement each objective are occurring as appropriate and to identify problems and engage in course corrections as necessary. A formal status report on the attainment or lack thereof of the performance targets for each objective will occur on an annual basis. The audience for this report will be both internal CARS staff and other external stakeholders as appropriate, such as the BHS executive team and Mental Health Board.

Reporting	Description	2 Year QP Timeframe							
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6	Quarter 7	Quarter 8
Internal Review	A more informal process of reviewing metrics and activities on a semiannual basis for CARS leadership to assess progress and make necessary modifications in order to attain objectives or maintain momentum.				X				X
Annual Report	This is a formal report that is intended for both internal and external stakeholders and is designed to highlight progress toward objectives and the activities in which CARS engaged to realize these objectives. This will be presented in the first quarter of a new year for the summative progress in the previous year.	X				X			
Planning Meeting	This review of progress thus far is designed to help CARS leadership review current objectives and extend these objectives and/or set new objectives for the subsequent year. This planning should begin in the third quarter in order for CARS to be prepared to implement the new QP at the start of the subsequent year.							X	
Internal Survey	This survey is designed to elicit staff ideas regarding areas for quality improvement and innovations to address them. It is also intended to gauge staff engagement in and perceptions of the quality improvement culture in CARS.			X				X	

Quadruple Aim 1: Client Experience of Care

Client Experience of Care Definition: The patient experience of care encompasses the range of interactions that patients have with the healthcare system and includes several aspects of healthcare delivery, including satisfaction, timely appointments, and easy access to information, among others (AHRQ, 2017).

CARS Client Experience of Care QI Goals for 2023-2024:

Focus	Objectives	Lead Staff	Perform. Metric	Current Perform.	Target Perform.
1. Improve Access to Information	A. Reconcile AODA network, CCS directory, and Avatar directory <ul style="list-style-type: none"> a. Determine resources and tools, resulting in a unified directory for internal use b. Determine resources and tools, resulting in a public-facing directory that can be used by providers, consumers, and other stakeholders 	Matt Drymalski, Tamara Layne, Christina Schultz	Present or Absent	Absent	Absent
2. Increase Opportunities for Feedback	A. Sustain and refine use of the BHS client experience survey in all CARS levels of care <ul style="list-style-type: none"> a. Implement client experience survey in remaining levels of care to achieve 100% implementation b. Develop policies and procedures pertaining to the client experience survey to ensure integrity of the process 	Rick Kastenmeier, Matt Drymalski	Present or Absent	In progress	Present
	B. Annual dissemination of survey regarding provider experience with BHS as a local management entity	Carla Kimber, Tamara Layne, Christina Schultz	Present or Absent	In progress	Present
	C. Develop a survey to assess the experience of other community partners (not network providers) with CARS	Jen Wittwer	Present or Absent	In progress	Present

Quadruple Aim 2: Population Health

Population Health Definition: "Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group" (Kindig and Stoddart, 2003).

CARS Population Health QI Improvement Goals for 2023-2024:

Quadruple Aim 2: Population Health					
Focus	Objectives	Lead Staff	Perform. Metric	Current Perform.	Target Perform.
1. Improve Access for Those with Unmet Needs	A. Compare target population by zip code in MKE County to population served by CARS; determine degree of unmet needs and specific geographic locations or populations to be targeted for outreach <ul style="list-style-type: none"> a. Determine degree of unmet needs and specific geographic locations and/or populations that are underserved by CARS b. Identify and partner with community coalitions that exist in underserved zip codes 	Jeremy Tribblett	Present or Absent	Absent	Absent
	B. Use data to drive targeted outreach and intervention to underserved community or population	Jeremy Tribblett	Present or Absent	Absent	Present

2. Addressing Stigma	A. Pivot “Creating Healthy Homes” committee to focus on targeted campaigns and interventions to reduce the stigma of accessing mental health and/or substance use services	Jeremy Triblett	Present or Absent	In progress	Absent
	B. Create a robust community response to disseminate prevention and harm reduction materials to reduce death from overdose and suicide	Jeremy Triblett	Present or Absent	In Progress	Present
3. Addressing Racial Inequity	A. Sustain the CARS Diversity Taskforce	Jen Wittwer	Present or Absent	Present	Present
	B. Sustain a department and/or system-wide project focusing on opportunities to increase equity within the BHS - CARS system of care.	Jen Wittwer, Matt Drymalski	Present or Absent	In progress	Present
4. Evidence-Based Practice Implementation	A. Full implementation of the following evidence-based practices within the CARS ACT Team: a. Full-fidelity Assertive Community Treatment b. Enhanced Illness Management and Recovery c. Peer Specialist Services d. IPS	Kaelin Deprez, Beth Lohmann, Melody Joiner	Present or Absent	In progress	Present
	B. Individual Placement and Support Model expansion a. Increase network of providers b. Expand to additional CSP and RSC programs	Stephen Glover, Beth Lohmann	Present or Absent	In progress	Present
5. Measurement Based Care	A. Full implementation of Measurement Based Care within the ACT team, to include development of a process to utilize the data gathered to drive programmatic decisions	Kaelin Deprez, Matt Drymalski	Present or Absent	In progress	Present

Quadruple Aim 3: Cost of Care

Cost of Care Definition: The total cost of care a patient receives across all settings and services, often presented as cost per member of the population per month (Stiefel & Nolan, 2012).

CARS Cost of Care QI Improvement Goals for 2023-2024:

Quadruple Aim 3: Cost of Care					
Focus	Objectives	Lead Staff	Perform. Metric	Current Perform.	Target Perform.
1. Ensure equitable resource allocation	A. Develop a collaborative committee of CARS and BHS Quality leadership to determine interventions and actions that can be taken to address identified discrepancies in cost per member by race	Jen Wittwer, Matt Drymalski	Present or Absent	Absent	Absent
	B. Examine spending within substance use funding streams to assess if resources are allocated equitably depending upon substance of choice and recommend opportunities for reallocation when and where appropriate	Jen Wittwer, Matt Drymalski, Sue Clark, Christina Schultz	Present or Absent	In progress	Absent
2. Quality and UR workgroups	A. Evolve CARS Authorization Workgroup to develop a coordinated set of standards for chart sampling and auditing, as well as routinely scheduled Utilization Review	Jen Wittwer, Christina Schultz, Tamara Layne, Davide Donaldson, Jackie Cram	Present or Absent	In progress	Absent

3. Financially support social determinants of health	A. Strategic investment in programs designed to support the social determinants of health, such as recovery housing, peer specialists, Individual Placement and Support, and transportation programs	Jen Wittwer, Sue Clark, Christina Schultz, Tamara Layne	Present or Absent	In progress	Present
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Quadruple Aim 4: Staff Quality of Work Life

Staff Quality of Work Life Definition: The quality of work life and the well-being of healthcare professionals (Bodenheimer & Sinsky, 2014).

CARS Staff Quality of Work Life QI Goals for 2023-2024:

Quadruple Aim 4: Staff Quality of Work Life					
Focus	Objectives	Lead Staff	Perform. Metric	Current Perform.	Target Perform.
1. Positively impact the CARS workplace culture with the use of mechanisms for staff feedback and implementation of workplace innovation	A. Sustain Staff Quality of Life Workgroup to create multiple avenues and opportunities for CARS staff to share and implement ideas that promote a positive work environment	Jim Feagles	Present or Absent	In progress	Present
	B. Sustain and refine the CARS Mentorship Program <ul style="list-style-type: none"> a. Implement a survey for both mentors and mentees to study the effectiveness of the program b. Develop a formal mentorship training program for the CARS mentors 	Davide Donaldson, Jen Wittwer	Present or Absent	In progress	Present
	C. Sustain and refine CARS Onboarding process to ensure new employees are properly welcomed, oriented and trained for a successful professional experience	Jen Wittwer, All CARS Leadership	Present or Absent	In progress	Present
2. Address workforce shortages and challenges throughout the CARS system of care	A. Create an ongoing workgroup comprised of internal and external provider leadership to identify opportunities for intervention to increase both recruitment and retention of a high-quality workforce within CARS and within the provider agencies in the CARS network	Jen Wittwer	Present or Absent	In progress	Present



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Last 3/14/2023

Approved

Date

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Next Review 3/13/2026

Owner Amy Lorenz:
Deputy
Administrator,
Community

Policy Area BHS -
Administration

BHS Mission, Vision and 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 health 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) is 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
	Michael Lappen: BHD Administrator	3/14/2023
	John Schneider: Executive Medical Director	3/3/2023
	Linda Oczus: Chief Compliance Officer-Safety, Risk and Populati	3/3/2023
	Amy Lorenz: Deputy Administrator, Community	2/27/2023

COPY

Overall Progress 94.6% as of March 1, 2023					Baseline 71.5% as of August 2016 LAB report																															
Current Goal = 96%					Past Due by Policy Area		Past Due	12 Month Forecast Due for Review																												
Review period	Number of Policies		Percentage of total					Month/Year	# Due																											
	Last Month	This Month	Last Month	This Month																																
Within Scheduled Period	482	476	94.7%	94.6%	BHS Quality Management	1	March 2023	6																												
Up to 1-year Overdue	25	25	4.9%	5.0%	BHS Administration	1	April 2023	7																												
More than 1 yr & up to 3 yrs overdue	1	1	0.2%	0.2%	BHS Health Information/HIPAA Privacy & Security	1	May 2023	6																												
More than 3 yrs & up to 5 yrs overdue	1	1	0.2%	0.2%	Community Access to Recovery Services (CARS)	2	June 2023	6																												
More than 5 yrs & up to 10 yrs overdue	0	0	0.0%	0.0%	Emergency Management	2	July 2023	4																												
Total	509	503	100%	100%	Engineering & Environmental Services-Operations	2	August 2023	2																												
<div>Monthly Rate Trends</div> <table><caption>Monthly Rate Trends Data</caption><tr><th>Month</th><th>Rate (%)</th></tr><tr><td>3/22</td><td>97.5</td></tr><tr><td>4/22</td><td>96.5</td></tr><tr><td>5/22</td><td>97.3</td></tr><tr><td>6/22</td><td>96.8</td></tr><tr><td>7/22</td><td>95.2</td></tr><tr><td>8/22</td><td>95.3</td></tr><tr><td>9/22</td><td>95.6</td></tr><tr><td>10/22</td><td>96.0</td></tr><tr><td>11/22</td><td>94.9</td></tr><tr><td>12/22</td><td>93.1</td></tr><tr><td>1/23</td><td>93.7</td></tr><tr><td>2/23</td><td>94.7</td></tr><tr><td>3/23</td><td>94.6</td></tr></table>					Month	Rate (%)	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	96.0	11/22	94.9	12/22	93.1	1/23	93.7	2/23	94.7	3/23	94.6	Fiscal	1	September 2023	3
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					Infection Prevention	2	November 2023	3																												
Materials Management	1	December 2023	6																																	
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Mental Health Board	2	February 2024	5																																	
Patient Rights	1	March 2024	10																																	
Pharmacy	1	January Activity																																		
Professional Training Programs	2	New Policies	0																																	
Psychiatric Crisis Services - Mobile Team	1	Reviewed/Revised	4																																	
Public Health Emergency	1	Retired	5																																	
Safety	1																																			
Total	27																																			

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Total	503	498	100%	100%	Engineering & Environmental Services-Operations	2	September 2023	4																												
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Patient Rights	1	March 2024	16																																	
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Professional Training Programs	1	Last Month's Activity																																		
Total	26	New Policies	4																																	
		Reviewed/Revised	11																																	
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Within Scheduled Period		472	469	94.8%	93.8%	BHS Ethics		1																													
Up to 1-year Overdue		25	30	5.0%	6.0%	BHS - Information Technology		1	May 2023	9																											
More than 1 yr & up to 3 yrs overdue		0	0	0.0%	0%	BHS - Medical Administration		1	June 2023	16																											
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					5/23	93.8																															
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Engineering & Environmental Services-Operations		2	December 2023	21																																	
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Pharmacy		1	New Policies	1																																	
Professional Training Programs		1	Reviewed/Revised	8																																	
Safety		1	Retired	6																																	
Total		31																																			



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

**Community Access to Recovery
Services – Comprehensive
Community Services (CCS)**

8a





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

Comprehensive Community Services (CCS)



Beth Lohmann

Integrated Services Manager – CCS Administrator

Tamara Layne
**Integrated Service
Coordinator -
Ancillary**



Christine Herbert
**Integrated Service
Coordinator – Care
Coordination**



Jenni Van Wagenen
**Integrated Service
Coordinator – Youth**



CCS is a voluntary, consumer-driven, Medicaid benefit that offers a wide variety of supports based on a consumer's needs and desires.

CCS services are traditionally less intensive than a CSP, but more intensive than an outpatient level of care.

To be eligible for CCS, a consumer needs to be diagnosed with a mental health condition, substance use disorder, or both.

CCS offers a wide range of psychosocial rehabilitative services and support activities that assist consumer with mental health and/or substance abuse conditions to achieve their highest possible level of independent functioning, stability, and independence to promote long-term recovery.

CCS serves consumers across the lifespan. Youth ages 0-23 are served by the Children's Community Mental Health Services and Wraparound Milwaukee Department. Adults ages 18+ are served by the Community Access to Recovery Services (CARS) Department.

Milwaukee County Behavioral Health Services holds the DHS 36 certificate for CCS and contracts with community providers to provide direct CCS services.

There is no time limit for consumers to participate in CCS services.

In order to be found eligible, the consumer must have Medicaid insurance, live in the county of Milwaukee, and pass the Mental Health/AODA Functional Screen.

The eligibility for CCS will need to be re-established annually.

Currently – the adult CCS program is serving more than 1600 consumers.

Every CCS consumer is assigned to a Care Coordinator (CC).

There are 10 adult only branch offices, 7 youth only branch offices that are contracted by Milwaukee County and certified by the State of Wisconsin to be CCS "Care Coordination" teams.

The CARS CCS team monitors the contracted Care Coordination teams.

Jewish Family Services (JFS)
Milwaukee Mental Health Associates (MMHA)
Outreach Community Health Center (OCHC)
Project Access
Professional Services Group (PSG)
Sirona Recovery
Whole Health Clinical Group (WHCG)

Sixteenth Street Community Health Center (SSCHC)
Alternatives in Psychological Consultation (APC)
Wisconsin Community Services (WCS)
LaCausa (youth)
Lad Lake (youth)
Wellpoint (youth)
St. Charles (youth)
Pathfinders (youth)

- The CCS services are provided by a large variety of ancillary service providers. Some services are considered "Treatment" and other services are considered "Recovery".
- There are over 60 different CCS ancillary provider agencies and over 800 individual service providers providing CCS services out of those agencies.
- Click this link to learn about Ancillary services offered in the network: [CCSadultdirectoryupdated4-19-2021.pdf](https://www.milwaukee.gov/CCSadultdirectoryupdated4-19-2021.pdf)
([milwaukee.gov](https://www.milwaukee.gov))

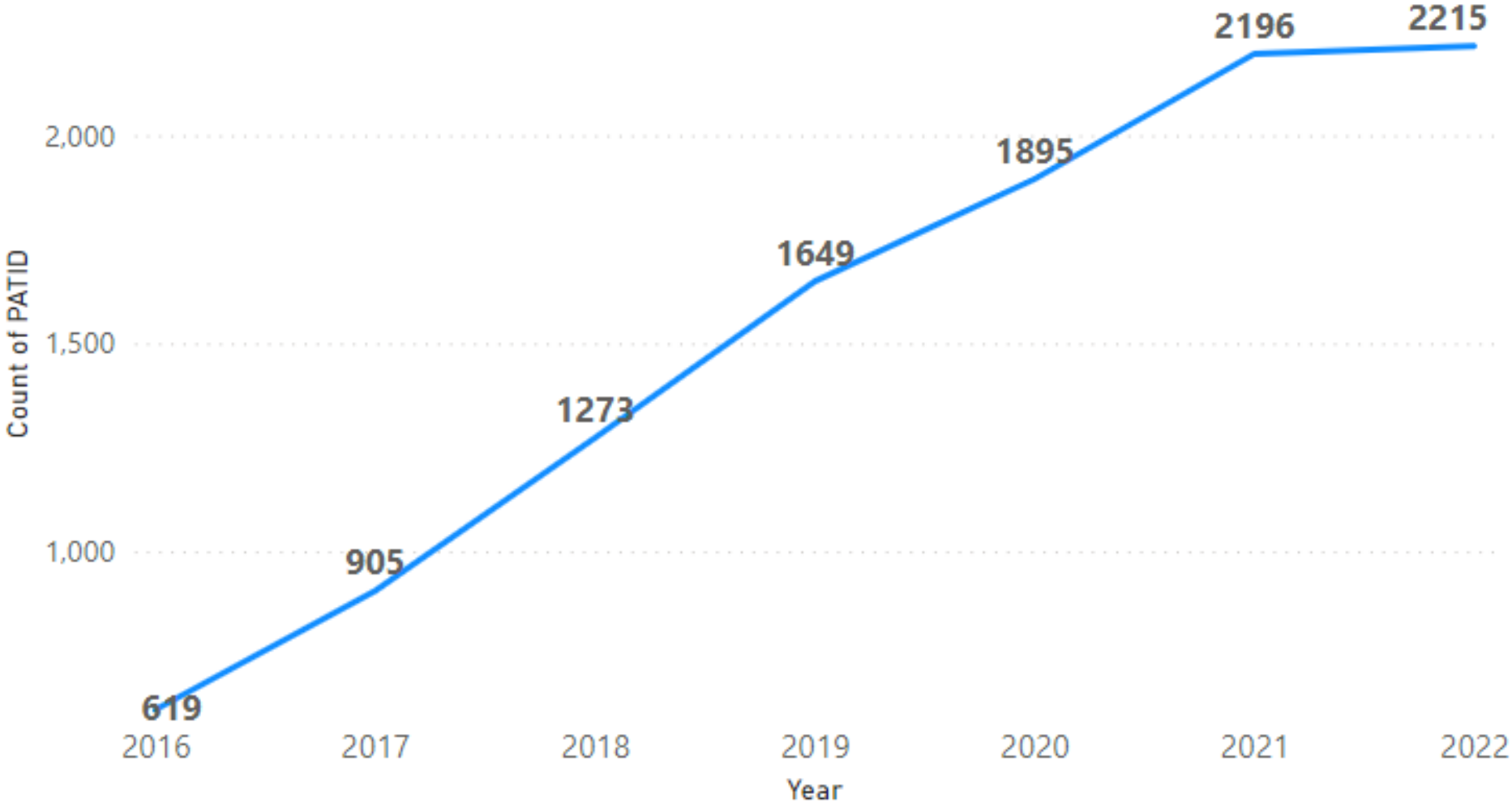
Treatment:

Medication Management – Prescriber
 Psychotherapy (individual, group, in-home)
 Art, Equine, Music therapies
 Substance Abuse Treatment (individual, group, in-home)
 Diagnostic Evaluations

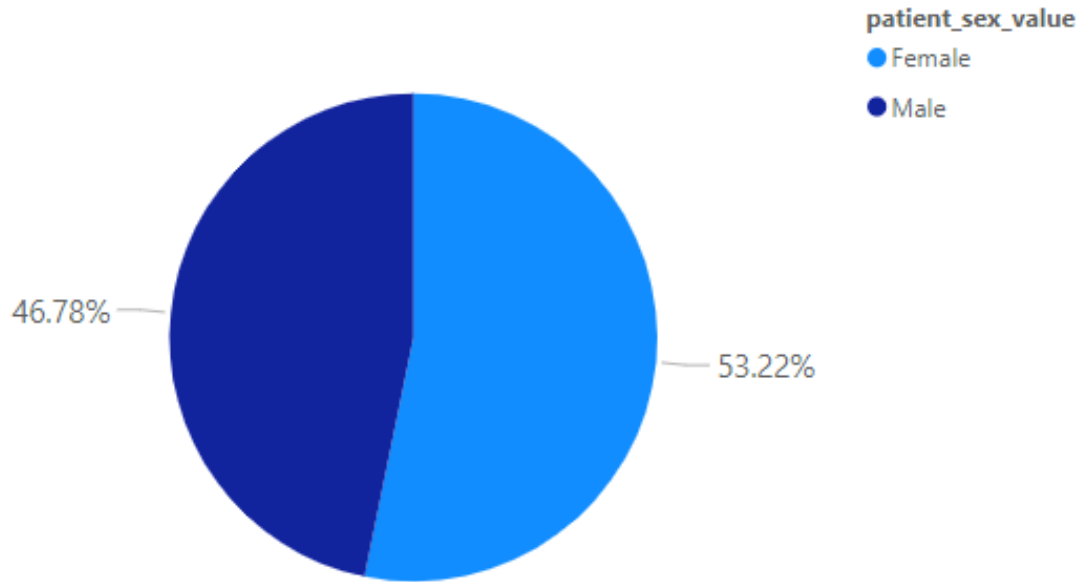
Recovery Services:

Health and Fitness Education
 Healthy Cooking and Nutrition Consultants
 Employment and Education Specialists (IPS)
 Housing Specialists
 Guided Meditation/Relaxation/Yoga
 Spiritual care
 Financial Coaching / Benefits Specialists
 Social Skills and Assertiveness Training
 Parenting coaches
 Peer Support

Growth of CCS Over Time

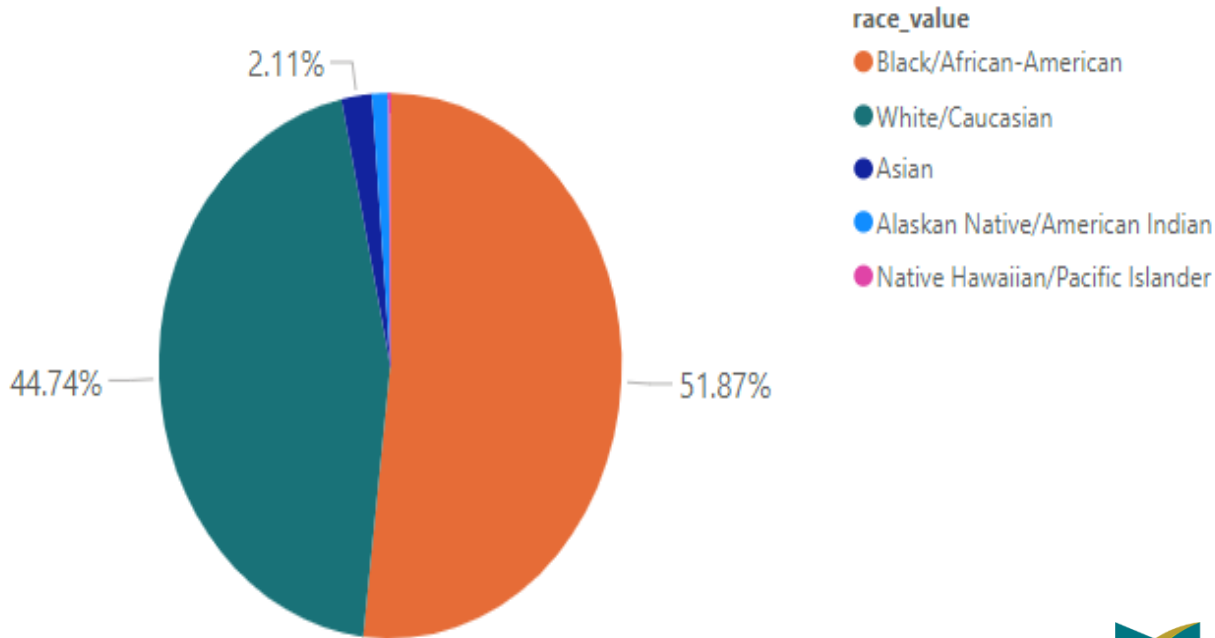


Gender (N=3892)

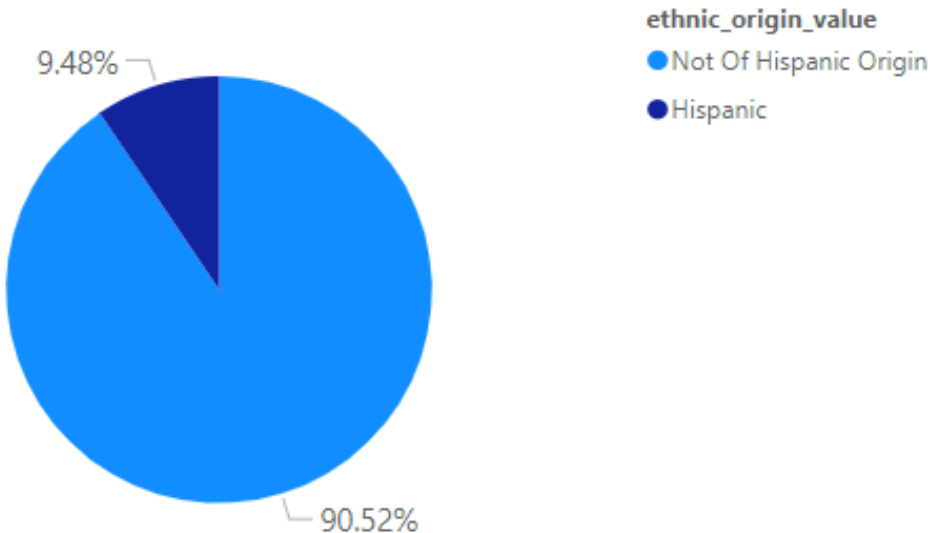


Demographics for All Clients with Complete Data:
2016-2023

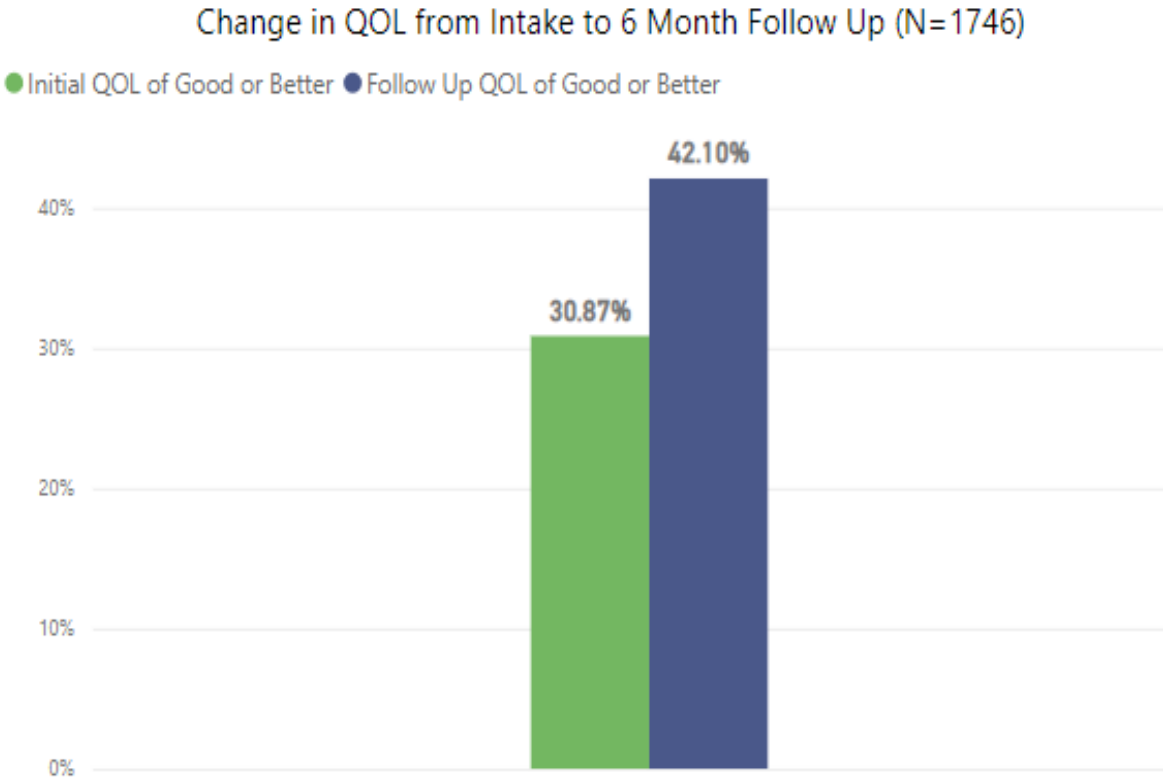
Race (N=3925)



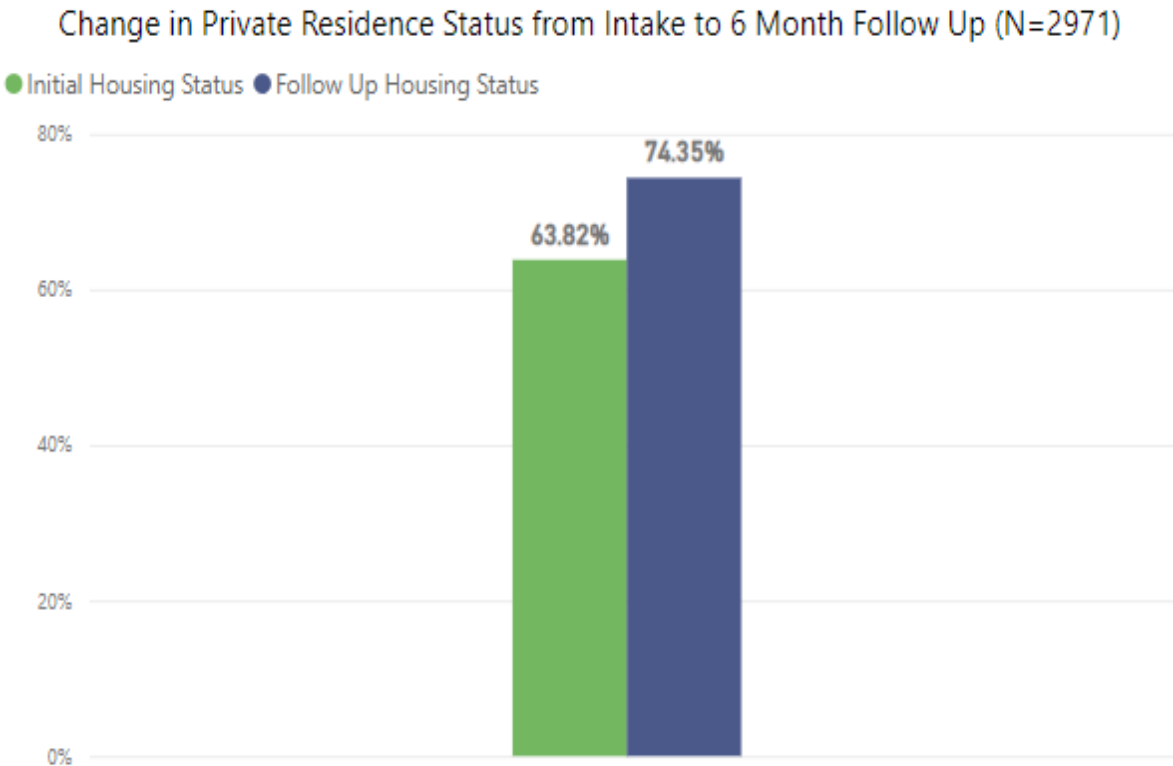
Ethnic Origin (N=3892)



Quality of Life

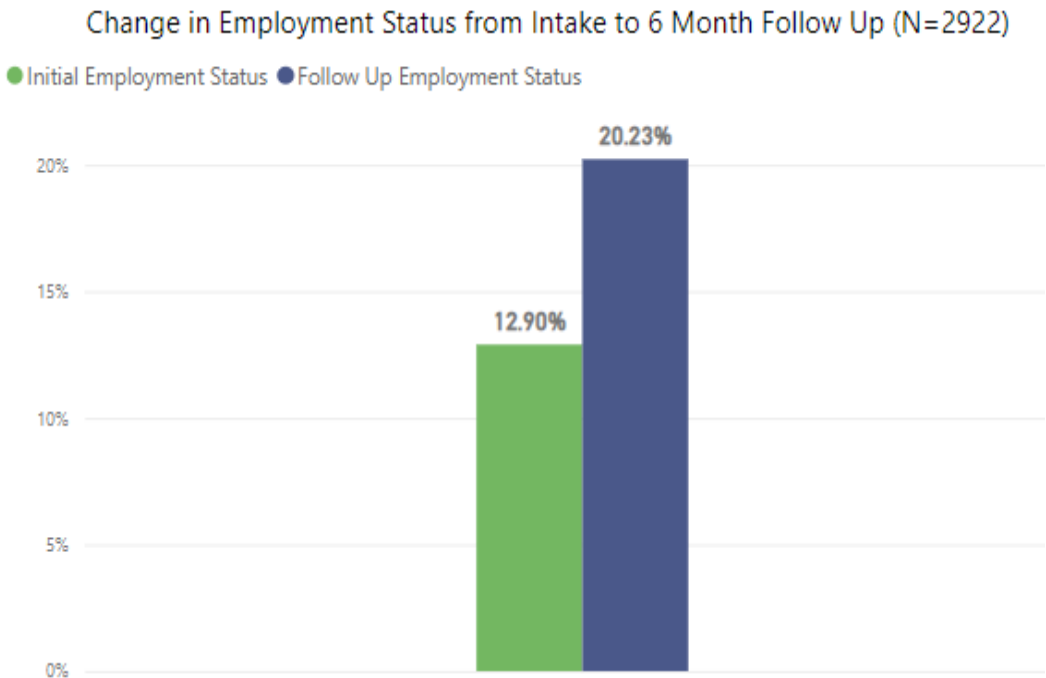


Private Residence

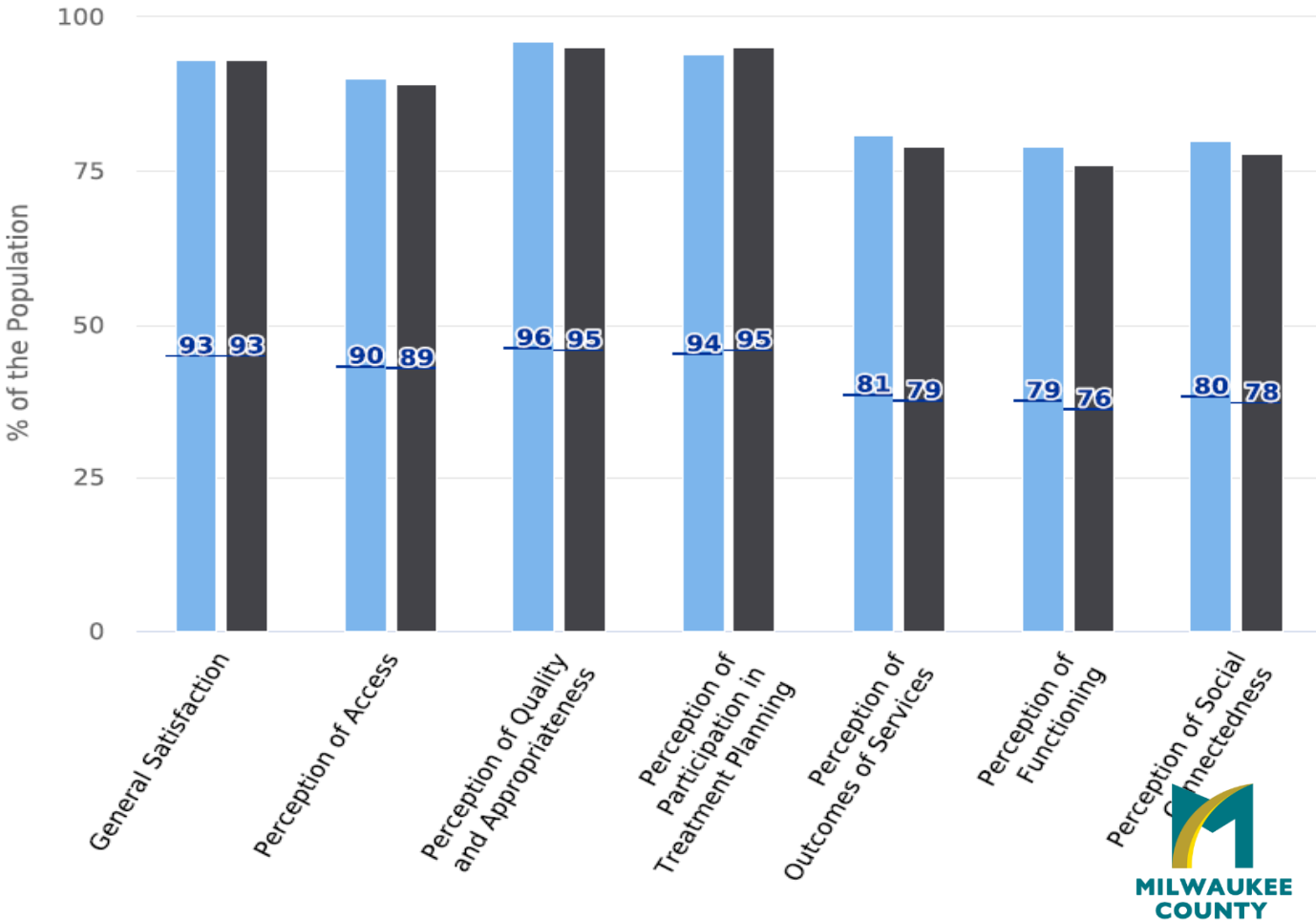


*For clients with complete intake and follow up data

Employment



MHSIP Data: Domain Average of 3.5 or Higher
2021 (N=306) vs. 2022 (N=751)



- ✓ Workforce Shortages have effective the growth of CCS within Milwaukee County
- ✓ The team is currently working on a CCS Quality Improvement Plan that will has 3 areas.
 - Training and Technical Assistance
 - Quality Assurance
 - Customer Focus
- ✓ Youth and Adult Alignment
- ✓ CLTS and CCS dual enrollment for Youth.
- ✓ Family Care and CCS enrollment
- ✓ Recovery Advisory Committee added new members



**MILWAUKEE
COUNTY**

8b
Quarter 1 - 2023



MILWAUKEE COUNTY
DEPARTMENT OF HEALTH
& HUMAN SERVICES

**BEHAVIORAL
HEALTH SERVICES**

CARS Quarterly Report

CARS Quality Report Summary - Q1 2023

POPULATION HEALTH

As with previous reports, our quality of life (QOL) data suggested that although our Black clients entered services with lower QOL relative to white clients, they ultimately improved to a greater degree as our white clients (67.72% vs 46.82%, respectively) as of their last assessment.

In February of the first quarter, we launched our new PPS assessment. We are very excited about this implementation for two reasons. The first is that it is a more efficient way of gathering the PPS data as it requires fewer assessments to be collected on the same person, thus saving time for both providers and clients. Second, it includes a number of questions related to the social determinants of health. We anticipate using this data to better track population health, adjust for risk, and better understand the needs of the individuals we serve. We plan to use this data for point in time and longitudinal analyses. Stay tuned!

CLIENT EXPERIENCE

CARS programs continue to have high participation in the client experience survey implementation and evaluation process. This past quarter, the client experience workgroup also provided assistance in the development, deployment, and analysis of a survey designed to assess the prevalence of housing issues and problems experienced by clients in CARS care management services. The results of this survey will help CARS and DHHS better understand the housing needs of our client and the challenges faced by case manager in the CARS provider network to secure adequate housing for the clients CARS serves. Look for the results of this survey at the fall 2023 meeting of the MHB Quality Committee.

COST OF CARE

As noted last quarter, CARS is looking to leverage its funds to expand services related to the social determinants of health, including employment, transportation, and child care services. CARS also recently purchased a number of harm reduction vending machines, which include naloxone kits, and is in the process of distributing them to different providers in Milwaukee County.

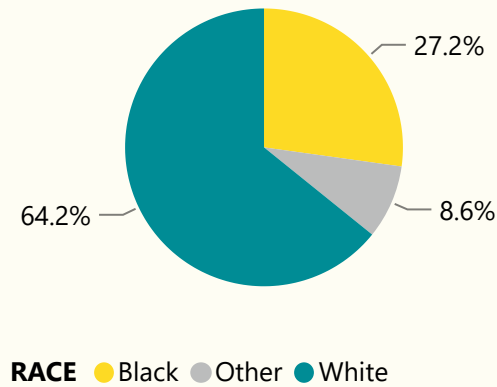
STAFF QUALITY OF LIFE

The Workforce Challenges workgroup has met several times already this spring, and is in the process of generating ideas on the best ways to address the workforce shortages experienced by BHS and the contracted providers in the BHS network. A summary and set of recommendations from this workgroup is forthcoming. Further, the CARS workgroup focused on staff quality of life plans to conduct another world cafe with CARS staff this spring, feedback from which will be used to develop strategies to build/enhance a workplace culture where CARS staff can feel supported and connected to one another and to the overall mission of BHS.

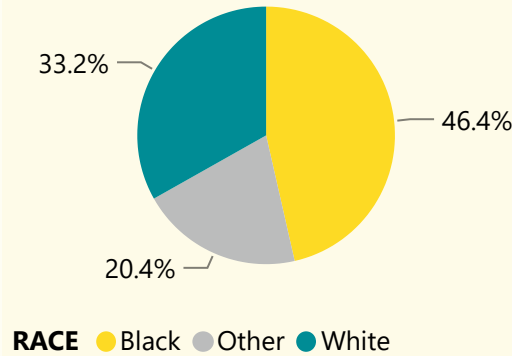
Demographic Information of the Population We Serve

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

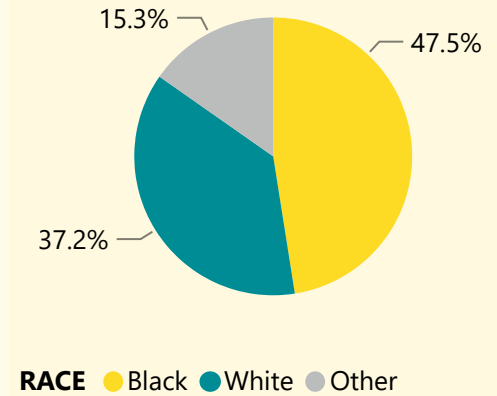
Race (Milwaukee County)*



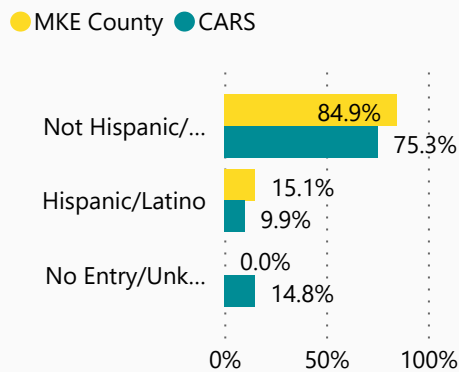
Race of MKE County at or Below 100% of Poverty Level



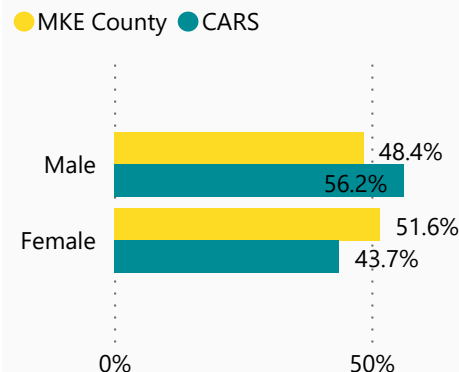
Race (CARS)



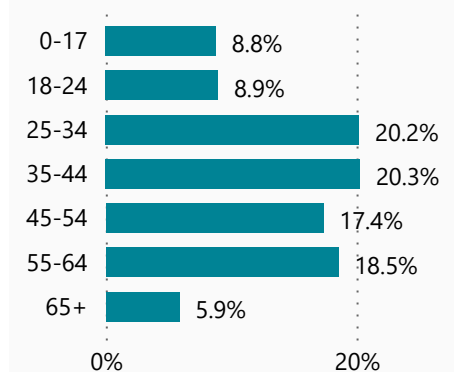
Ethnicity



Gender

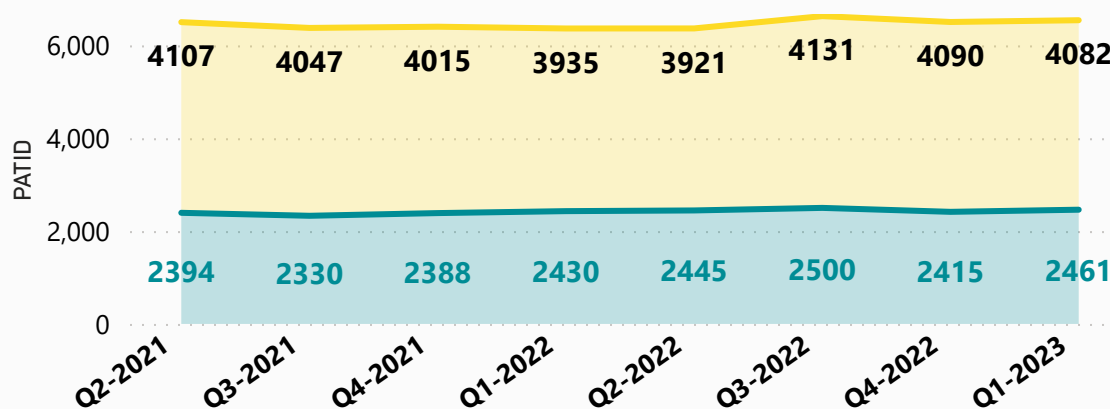


Age



Distinct Clients Served Each Quarter by High Need Zip Code

High need Focused Zips Other Zips



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>

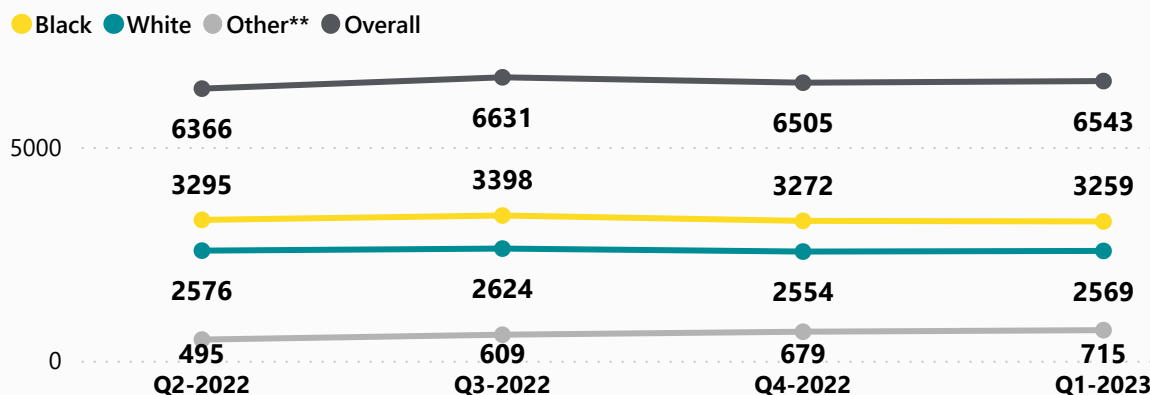
***"Other" encompasses small percentages of indicated racial identity including "Alaskan Native/American Indian", "Asian", "Biracial", "Native Hawaiian/Pacific Islander", and "Other"

Patient Experience of Care

4

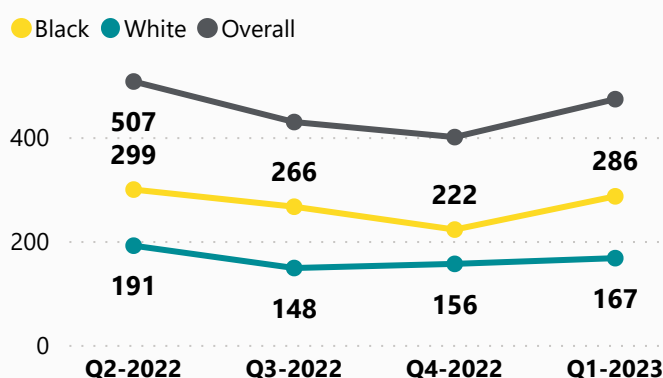
Volume Served

Volume Served by Race



Referrals

Referrals



Access to Service

31.63%

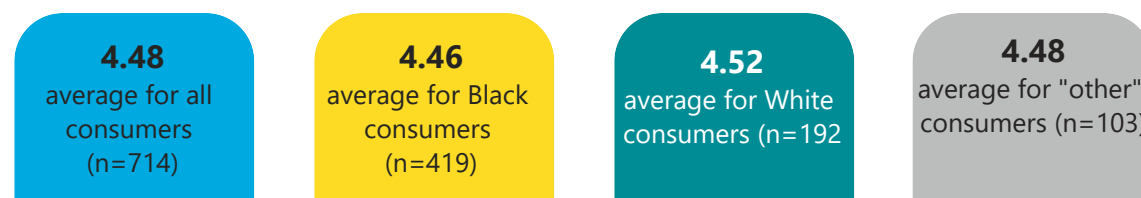
-5.4%
change from
previous quarter

Percentage* of clients who began their enrollment at a CARS Access Point who received a CARS community service with the first 30 days (216/683).

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

Time to First Service

Average Consumer Satisfaction Score (Range from 1-5)

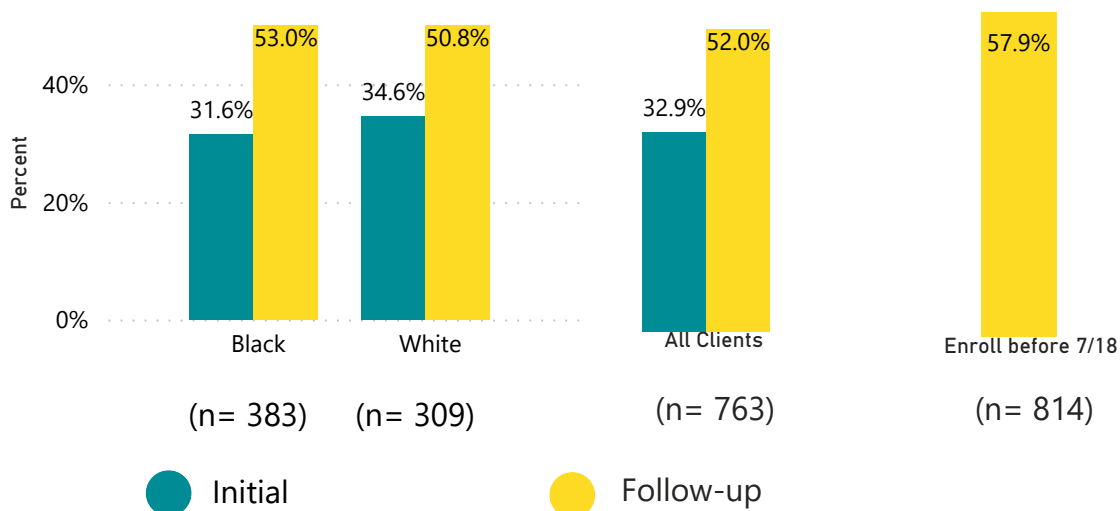


Population Health

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

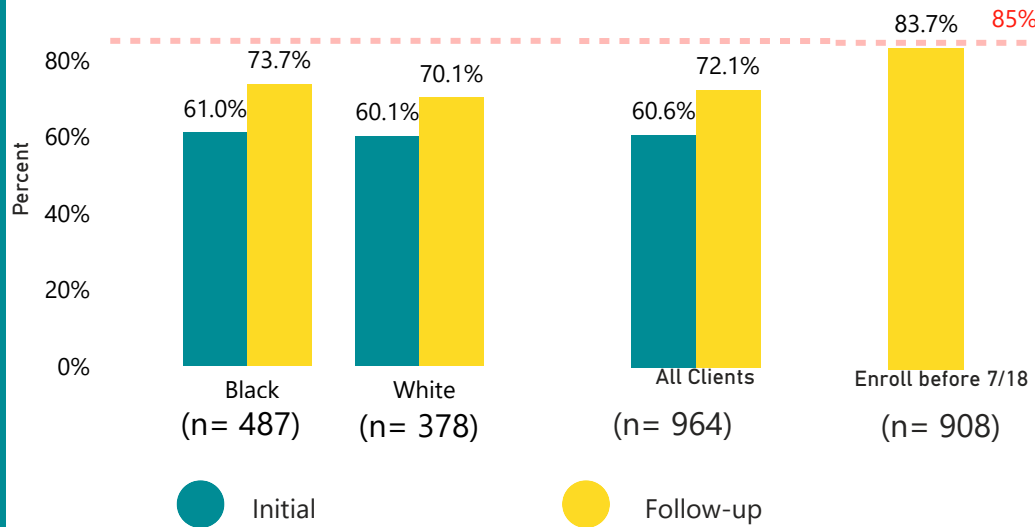


Domain: Population Health (cont.)

5

Percent with a Private Residence Overall and by Race

Average duration of enrollment: 636.25 days



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

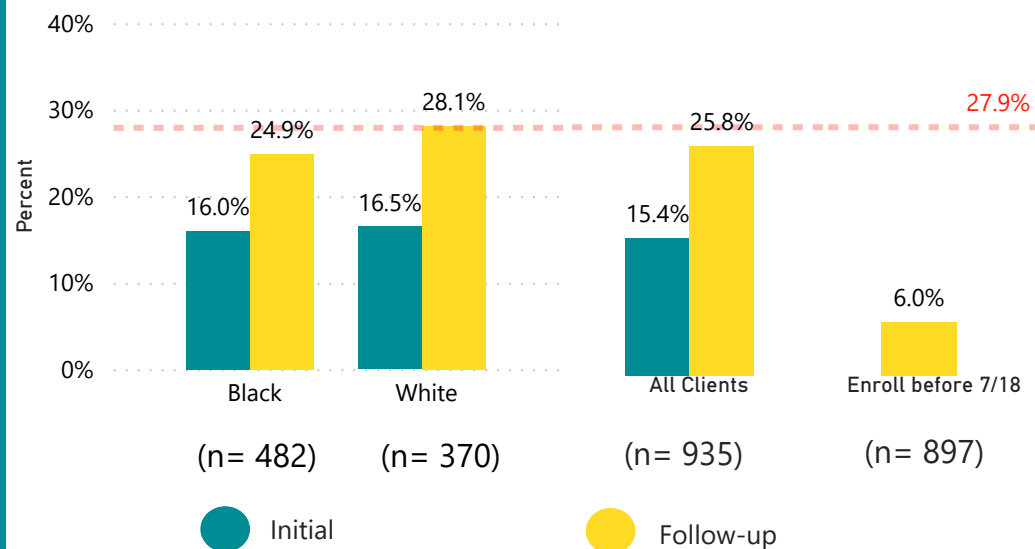
Benchmarks

Black 79.60% (n=7,947)

White 85.90% (n=56,971)

Percent Employed Overall and by Race

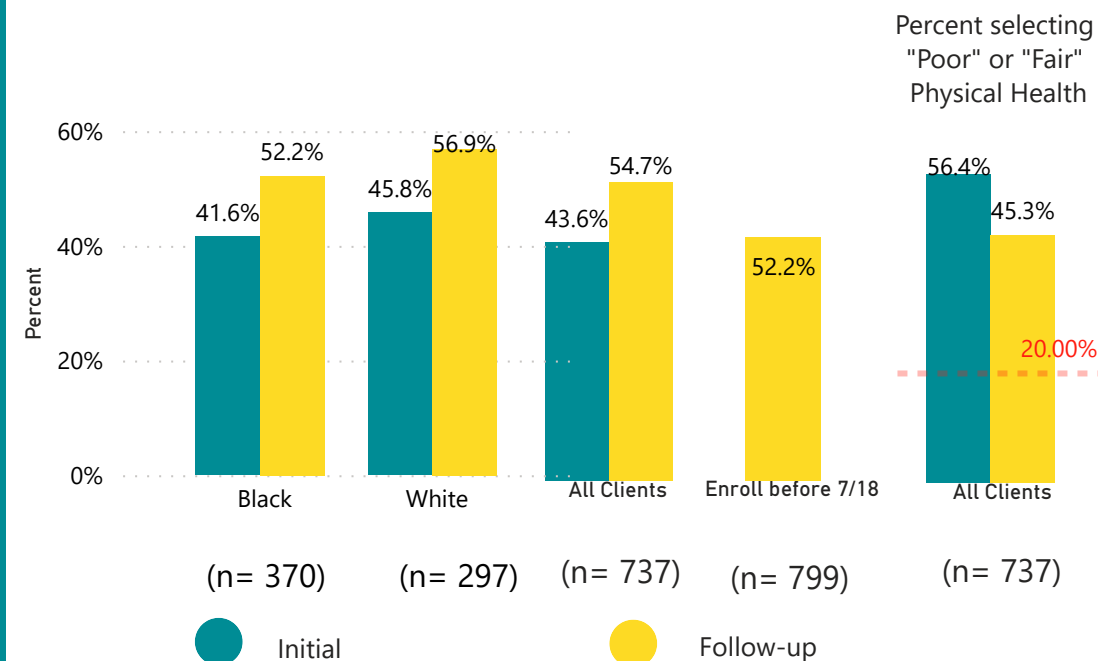
Average duration of enrollment: 617.88 days



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

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

Average duration of enrollment: 636.61 days

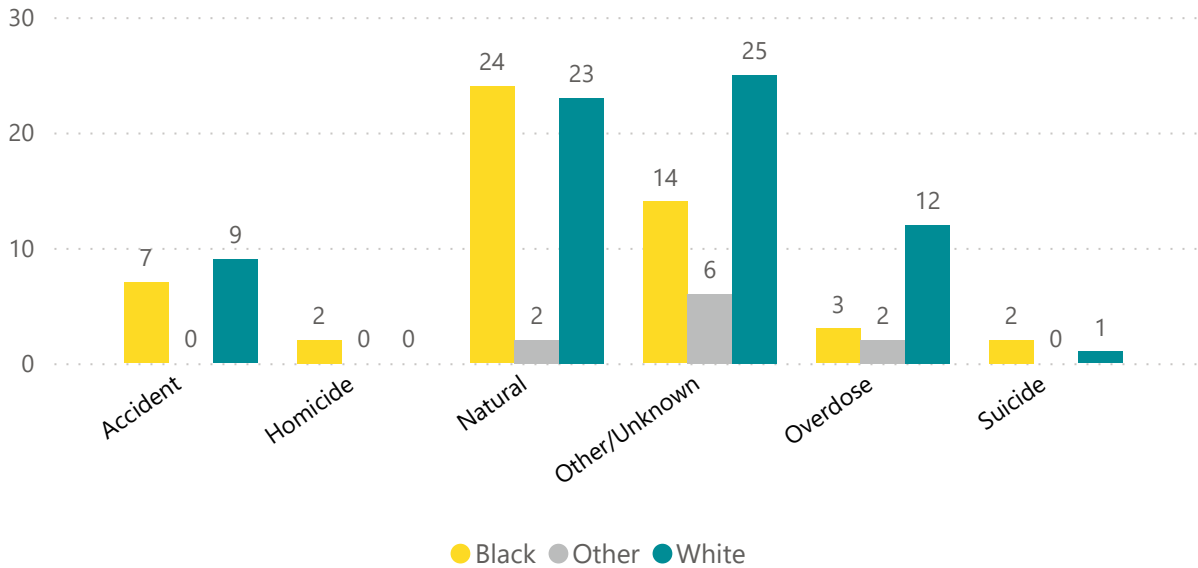


Percent selecting "Poor" or "Fair" Physical Health

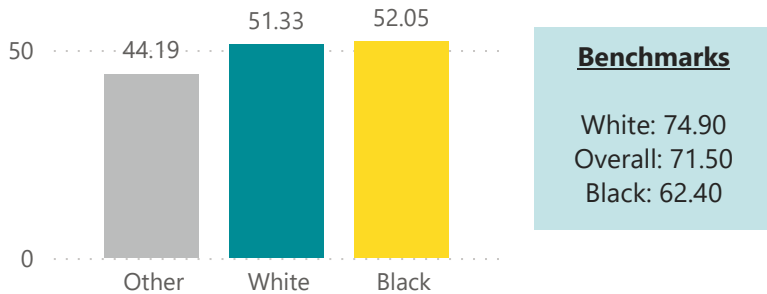
Benchmark for Milwaukee County

Percent selecting "Poor" or "Fair" Physical Health

Cause of Death by Race
One quarter lag in reporting. For deaths in 12 months ending Q4-2022

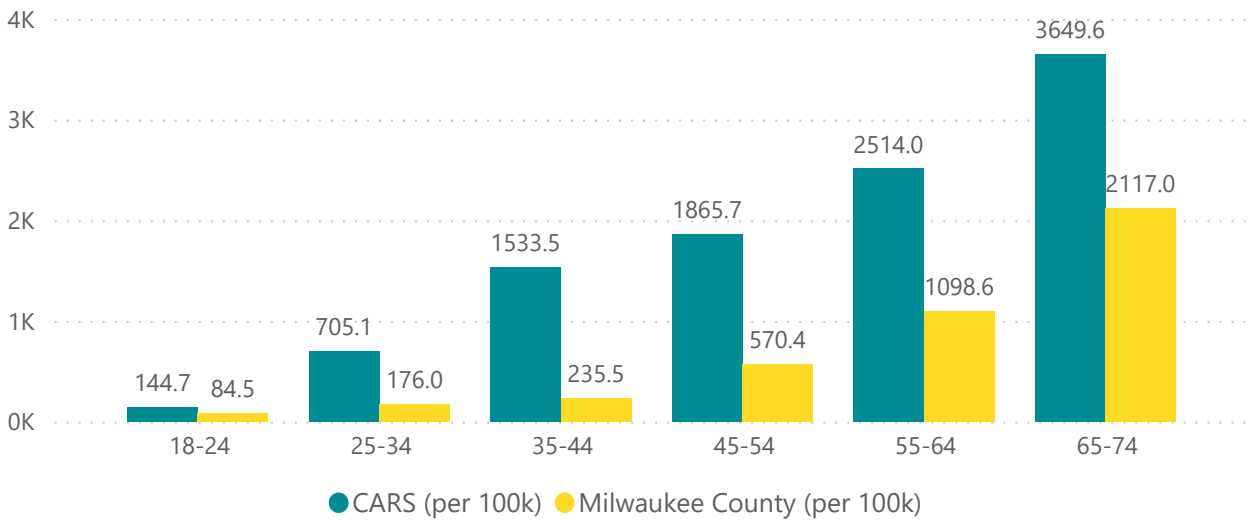


Average Age at Death - 12 months ending Q4-2022



Death Rate (per 100,000 by Age Range)

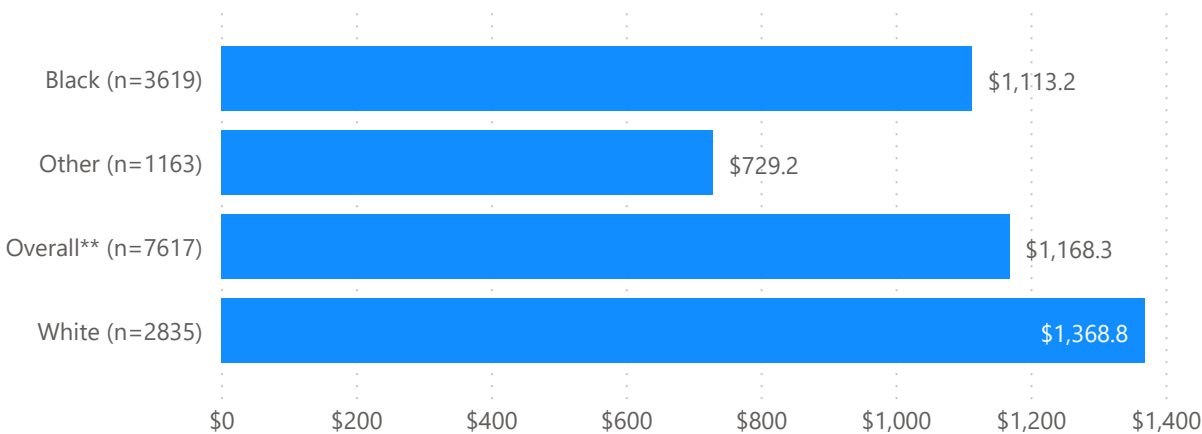
CARS number adjusted for comparison against Milwaukee County^



Domain: Cost of Care

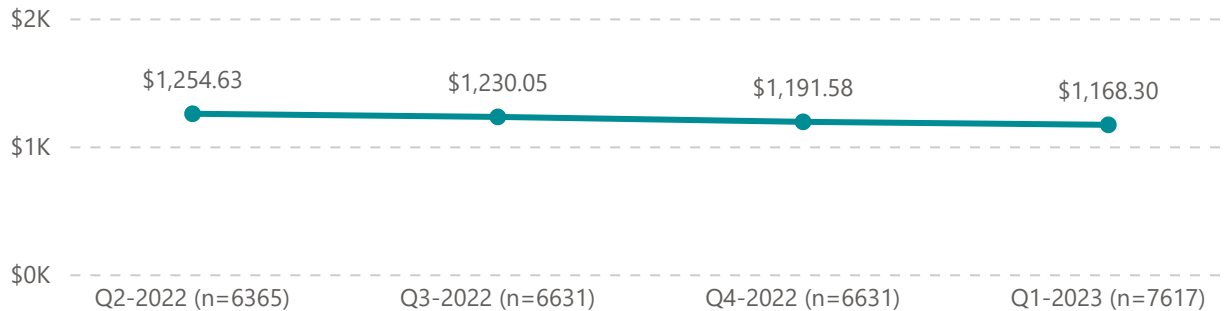
14

Average Cost per Consumer per Month for Q1 by Race



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

Average Cost per Consumer per Month by Quarter



Domain: Staff Well-Being

Turnover

23.08%

*CARS turnover rate

20.00%

Turnover rates for government employees (per year) ^ ^

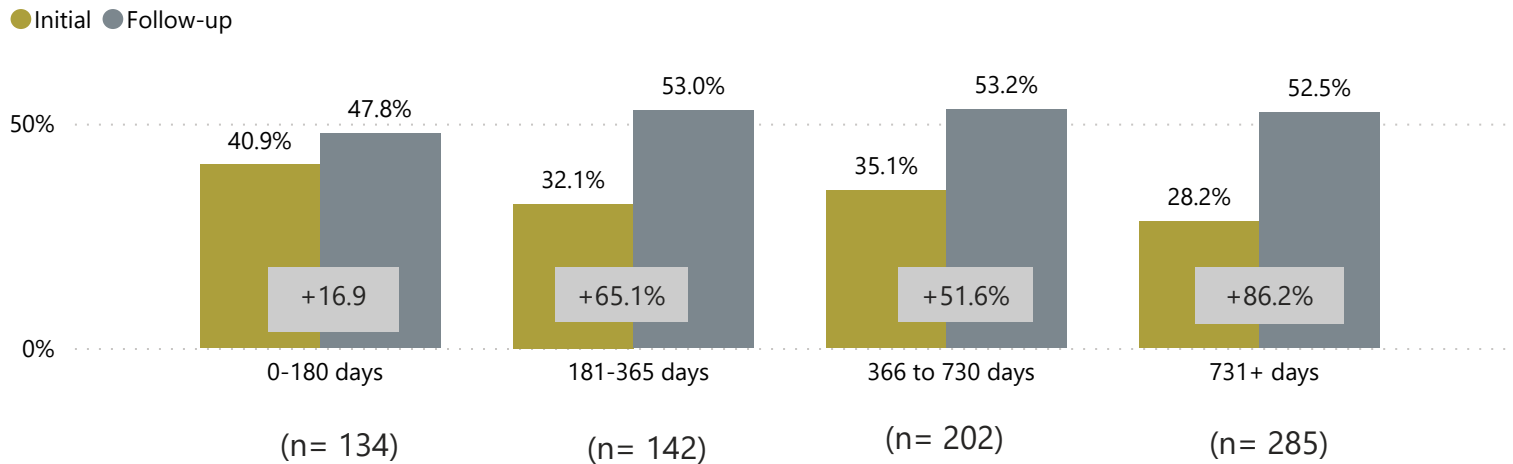
Staff Quality of Life

* - Employees who have been reassigned due to departmental reorganizations are not included in this turnover measure.

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.

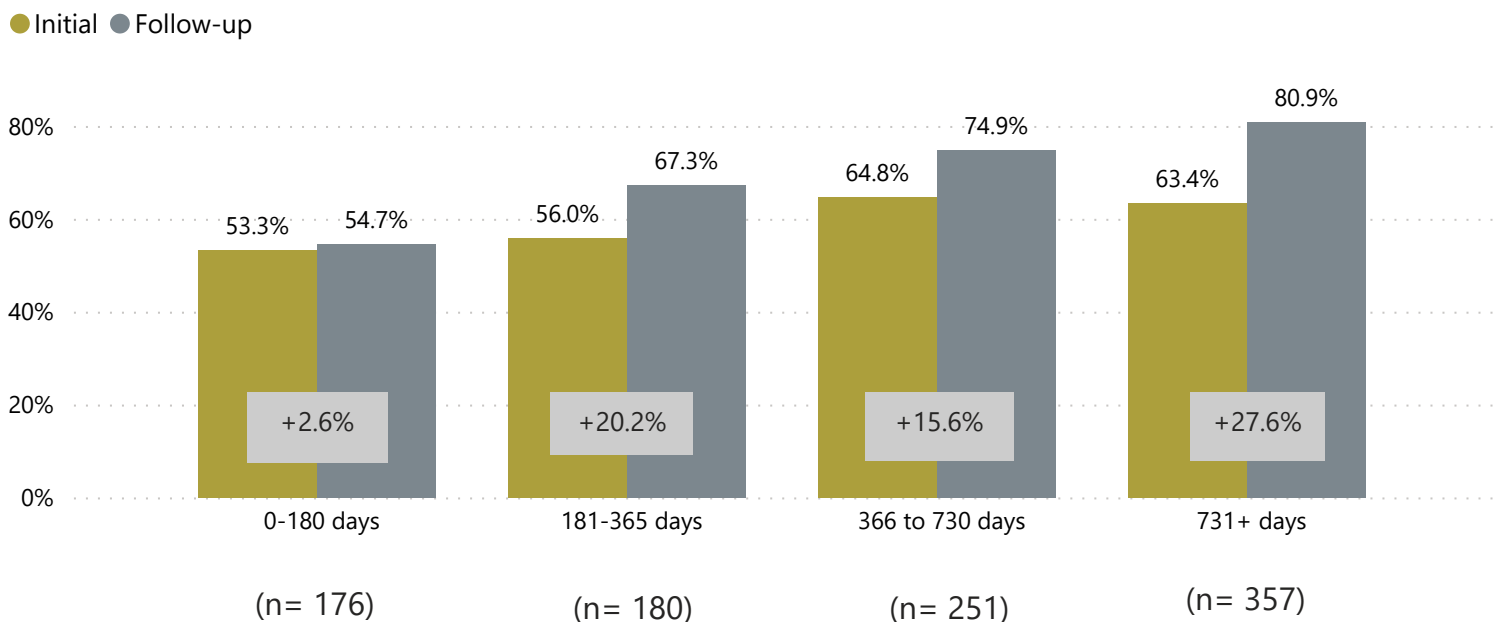
Percent of Clients selecting "Good" or "Very Good" Quality of Life by Length of Enrollment

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

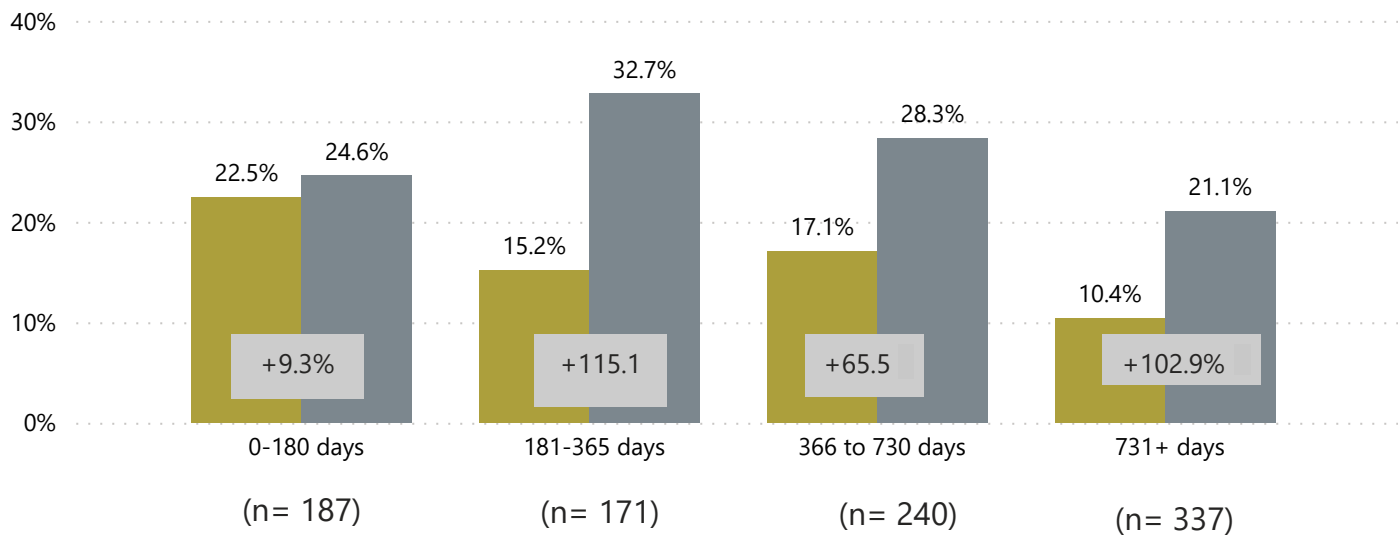
Consistent with previous reports, clients enrolled longer appear to have higher rates of private residence than clients enrolled for shorter lengths of time.



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.

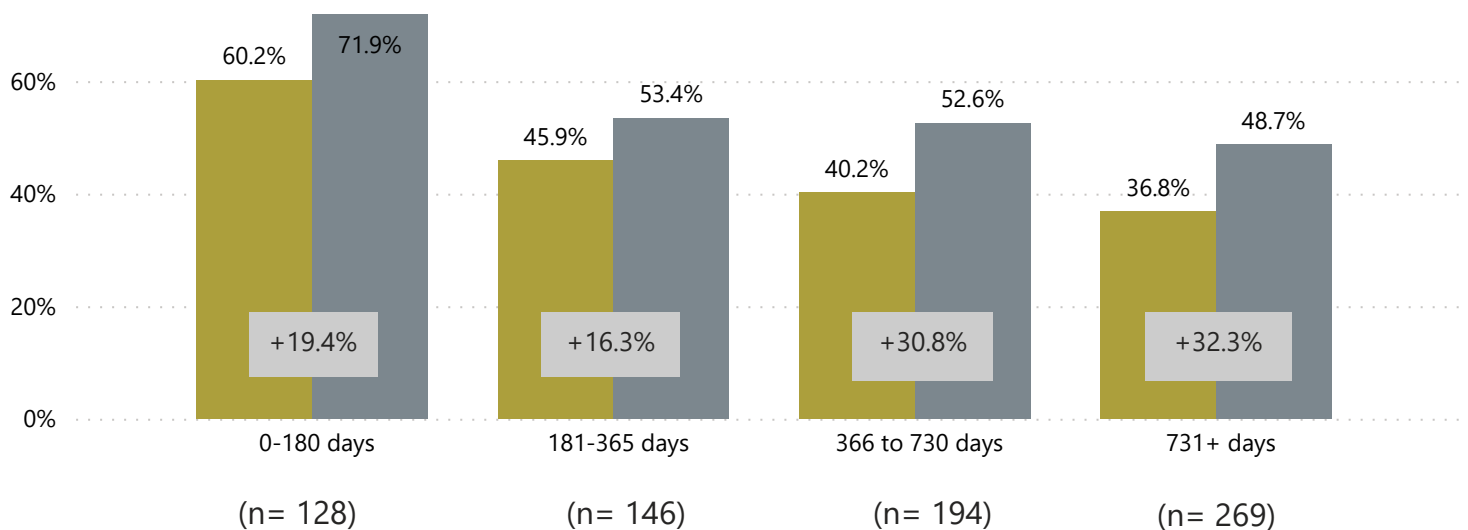
● Initial ● Follow-up



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



8c

BHS KPI Report Q1 2023

Children's Community Mental Health
Services and Wraparound Milwaukee

Report Overview



Unique Youth Served

1,577

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

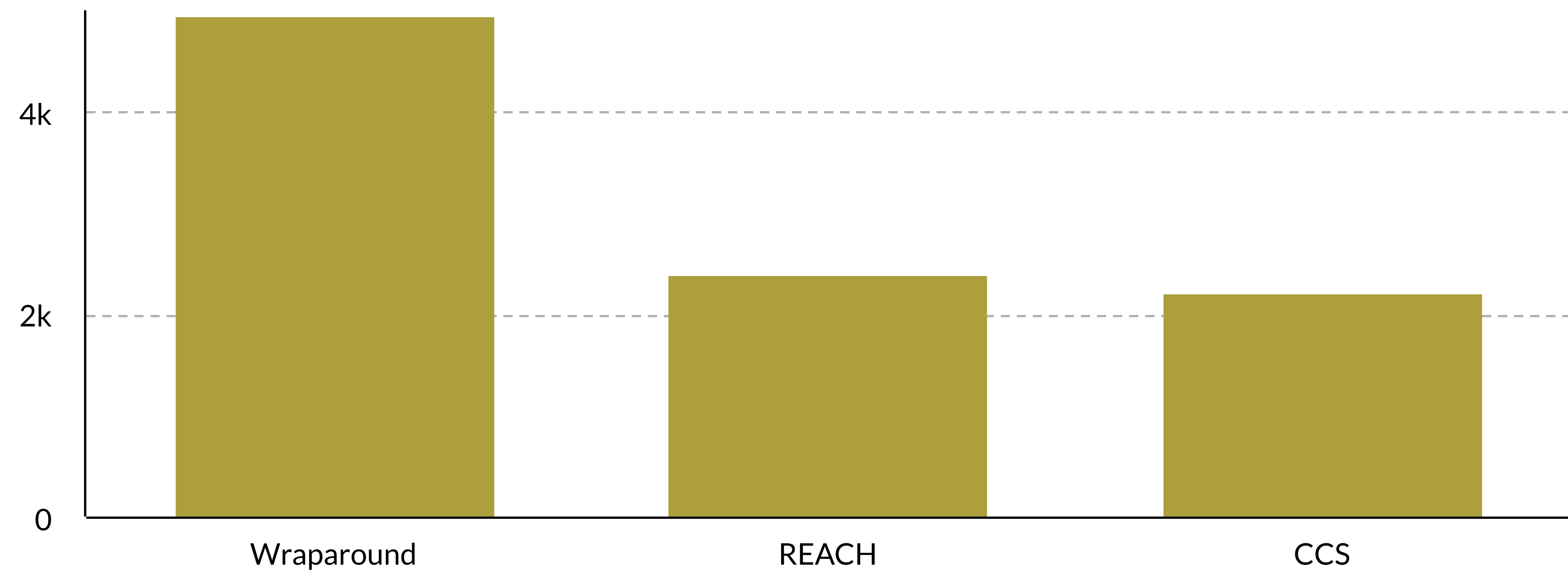
This report seeks to present information about quality care, costs, and outcomes framed by Wraparound values and DHHS values.

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

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

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

Average Cost Per Youth



Wraparound
\$4,946

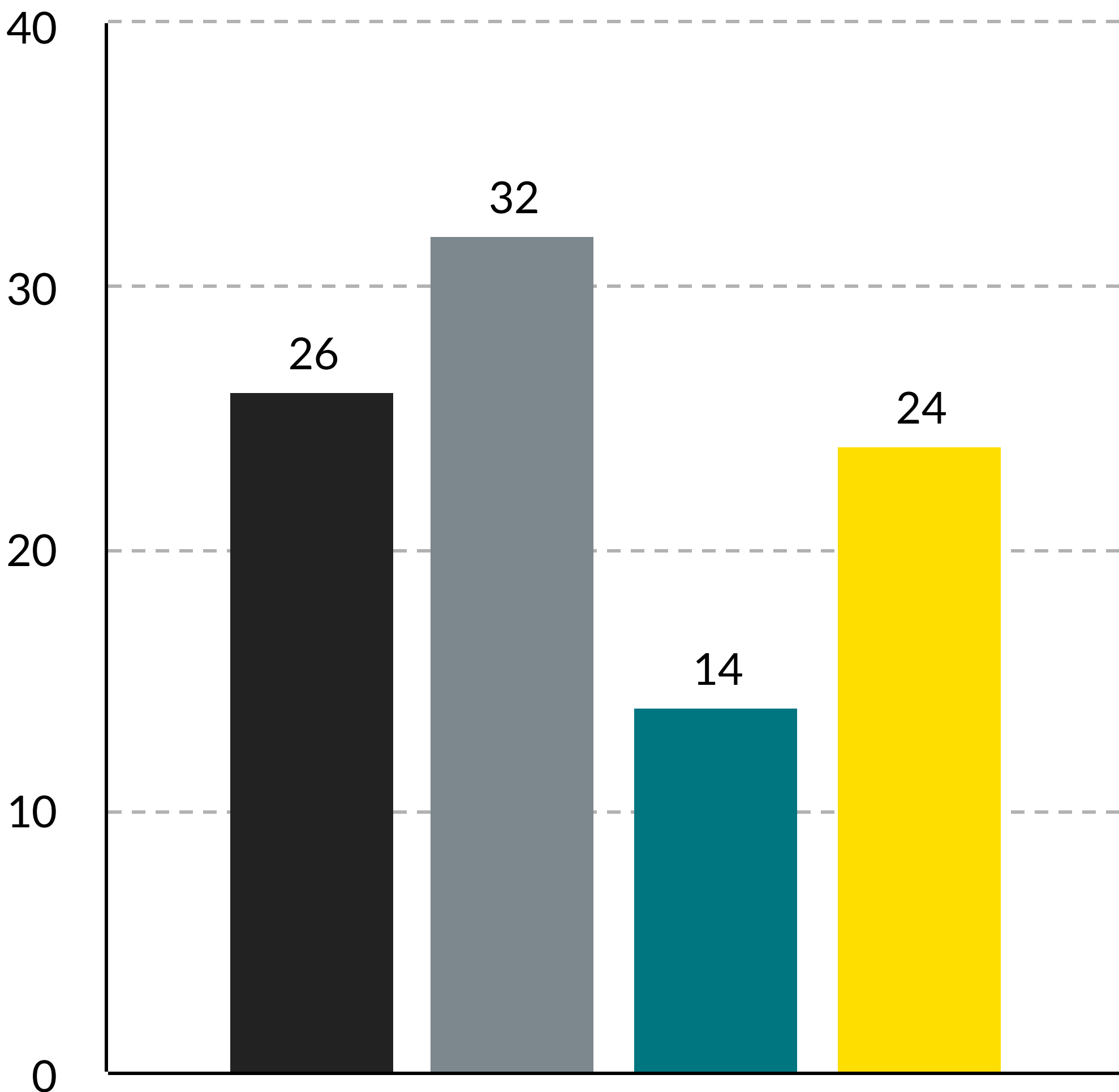
REACH
\$2,400

CCS
\$2,227

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

Population Health

In-Home to Out-of-Home Moves



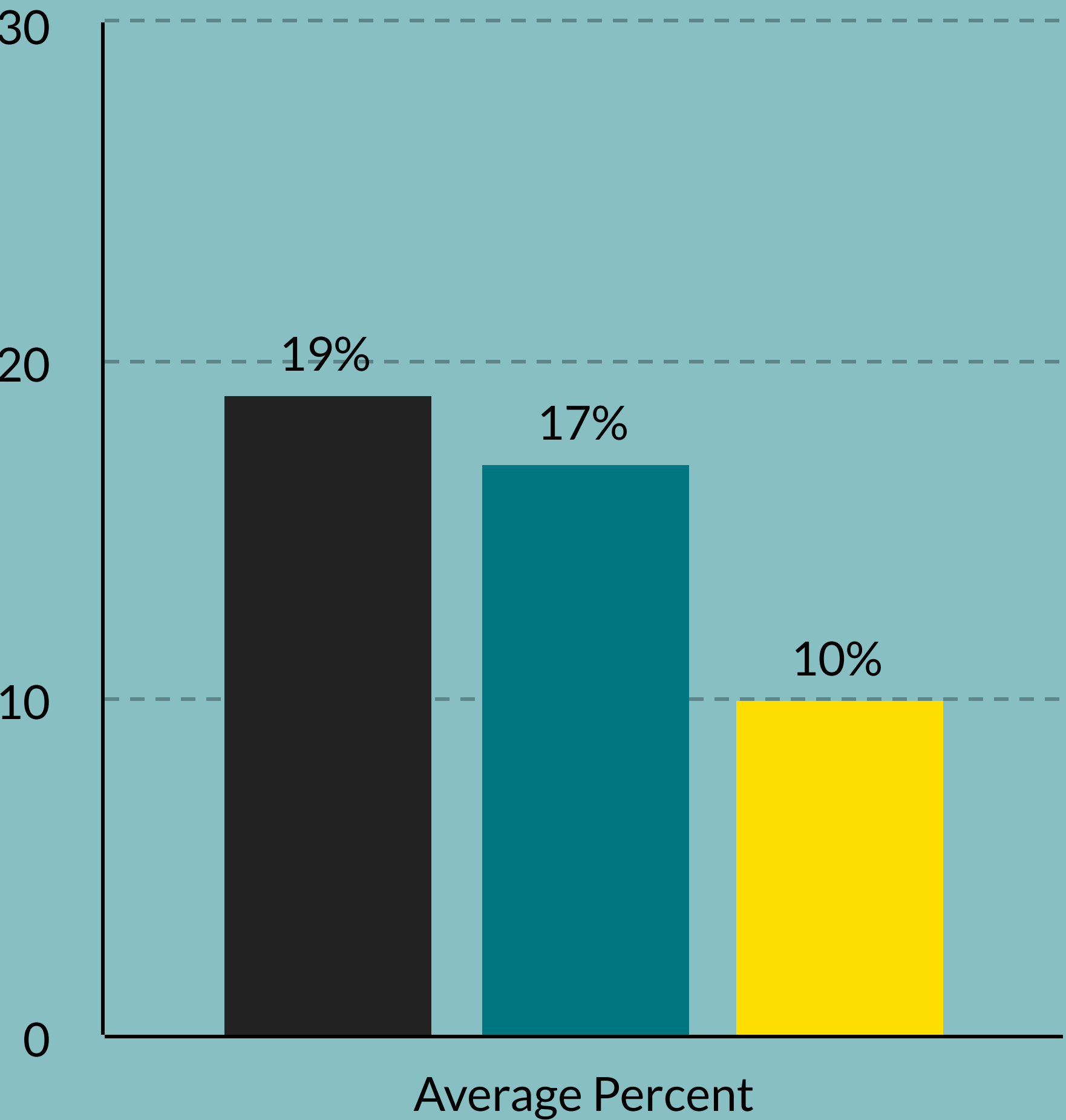
■ Q2 2022 ■ Q3 2022 ■ Q4 2022 ■ Q1 2023

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.

2023 Average: 24 per quarter

**Goal of 30 or under per quarter

Percent of Natural Supports



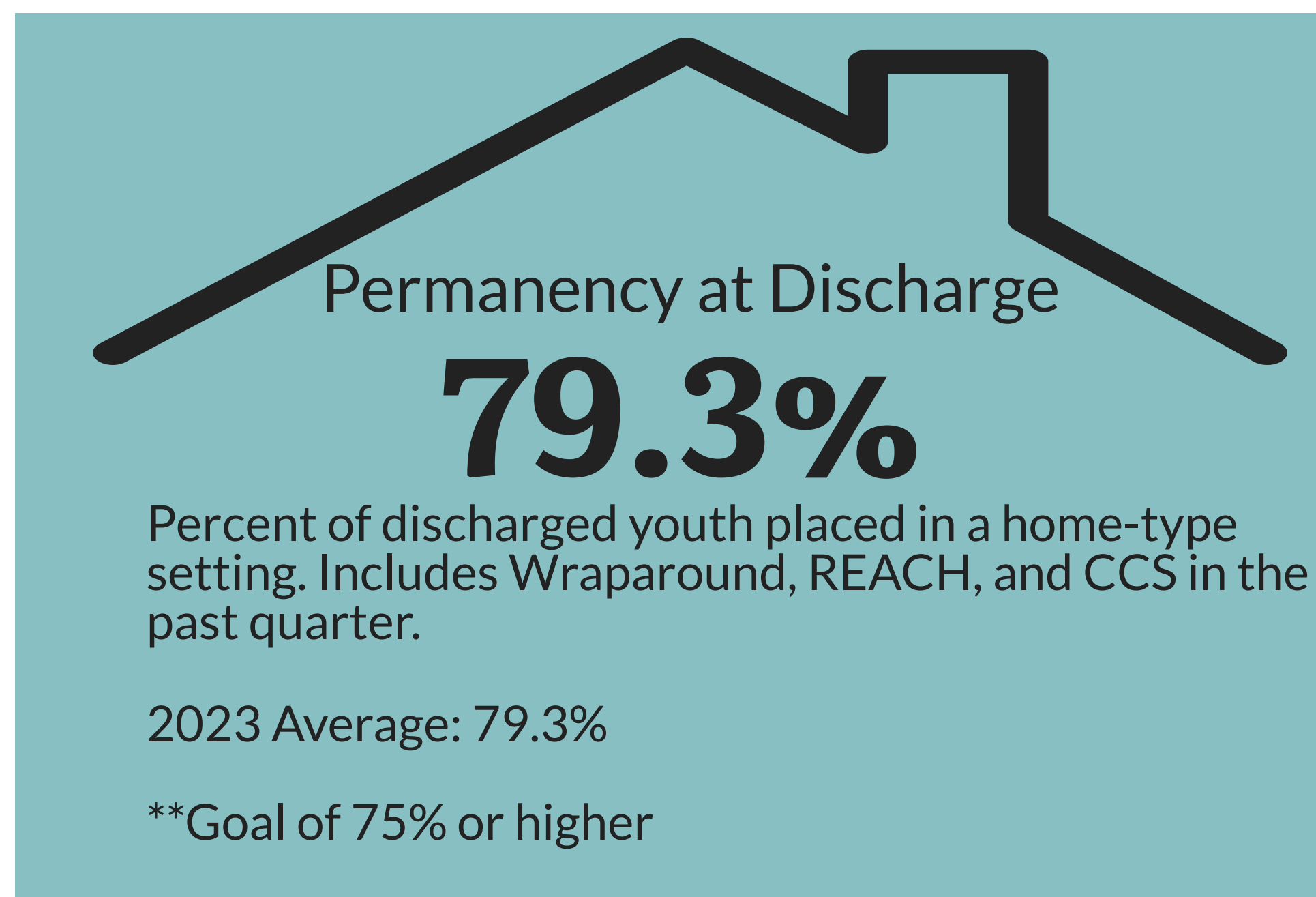
■ Wraparound ■ REACH ■ CCS

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

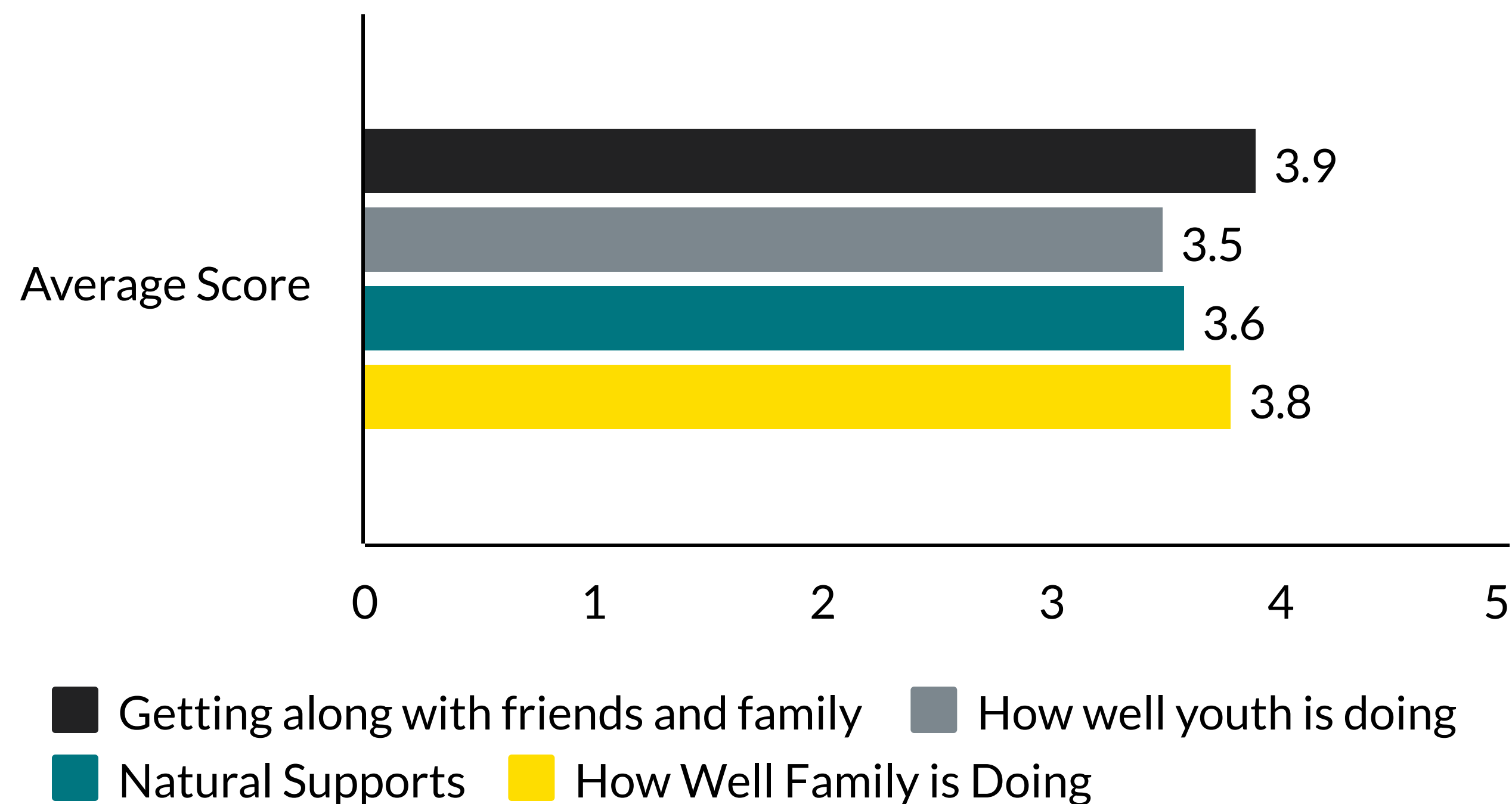
2023 Average: 15%

**Goal of 40% or higher

Outcomes



Youth and Caregiver Perceptions



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

2023 Average: 3.7

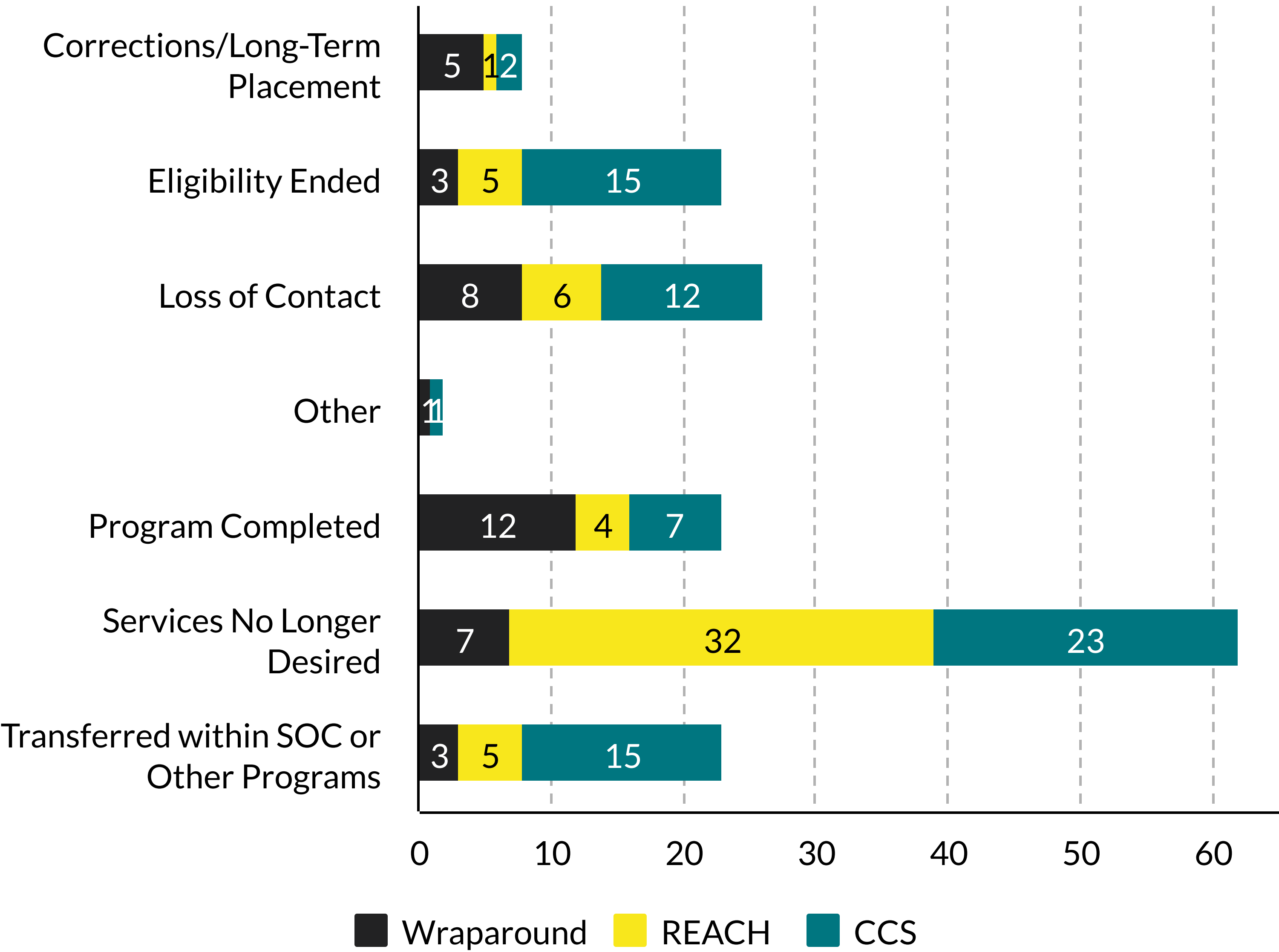
****Goal of 4.0 or higher for 'how well youth and family are doing'**

Discharge Outcomes



Program	Discharges
Wraparound	39
REACH	53
CCS	75

Past Quarter Discharge Outcomes by Program





SHAKITA LaGRANT-McCLAIN • Department of Health and Human Services Director
MICHAEL LAPPEN • Behavioral Health Services Administrator

March 10, 2023

Creative Counseling of Milwaukee, LLC
Attn: Craig Stone
2022 E. Edgewood Avenue
Shorewood, WI 53211

Dear Mr. Stone,

Milwaukee County Behavioral Health Services Comprehensive Community Services (CCS) is submitting this communication as notice that all new referrals to Creative Counseling are being suspended as of this date. This action is being taken due to continued concerns regarding deficiencies in standards, quality of care, and upholding clients' rights.

CCS leadership began bringing concerns to the attention of Creative Counseling leadership in April of 2021. To date, many of these areas of concern continue to persist:

- CCS has received two discharge letters for a client receiving services from Creative Counseling listing one of the reasons for discharge being related to filing a complaint against Creative Counseling staff. *Per client rights: every person receiving services has a right to be free from retribution for filing a complaint.* These determinations for discharge, as written in the discharge letters, demonstrates retribution for filing a complaint and is not in compliance with clients' rights.
- Per the CCS Scope of Work as written in the provider contract: *Providers will establish and maintain competency providing services in a strength-based, trauma informed, recovery-orientated, person-centered, and culturally intelligent manner.* The grievance filed on December 30, 2022, against Craig Stone was substantiated and demonstrated a lack of competency in trauma-informed approaches, care, and treatment so that clients are treated with dignity and respect.
- *Per client rights: providers are to treat clients with dignity and respect... to include creating a safe and calm environment.* CCS leadership have reviewed case notes dated December 26, 2022, which demonstrate that a client was fearful they would lose their programming and a fear to report further problems and concerns due to statements made by their service provider at Creative Counseling. These actions can create a feeling of an unsafe environment for the client.
- *Per Client Rights: Every person receiving services has the right to have their information kept confidential.* A letter was sent to Creative Counseling on April 15, 2021, by Michael Lappen expressing directives and changes expected at Creative Counseling regarding confidentiality and HIPAA concerns. On February 15, 2023, Milwaukee County Community Access to Recovery Services (CARS) received



SHAKITA LaGRANT-McCLAIN • Department of Health and Human Services Director
MICHAEL LAPPEN • Behavioral Health Services Administrator

notification that Ms. Rosenblatt of Creative Counseling had contact with Milwaukee County Comprehensive Community Services (CCS) Program regarding services provided to a CCS client.

These concerns regarding lack of quality in care services, in particular regarding client rights, continue and therefore, referrals of new clients and new services are being suspended until further notice. The Milwaukee County Behavioral Health Services leadership will be meeting with your leadership team to review these concerns and discuss next steps. You will be contacted by CCS Administrator, Beth Lohmann, to schedule this meeting.

Please be aware that as a contracted provider with Milwaukee County BHS, you can be subject to unannounced quality and compliance audits by BHS at any time and the findings, corrections, and/or outcomes of our findings will be reported to the Quality Committee of the Milwaukee County Mental Health Board and other applicable entities as outlined on page 40 of your 2023 Fee for Service Agreement.

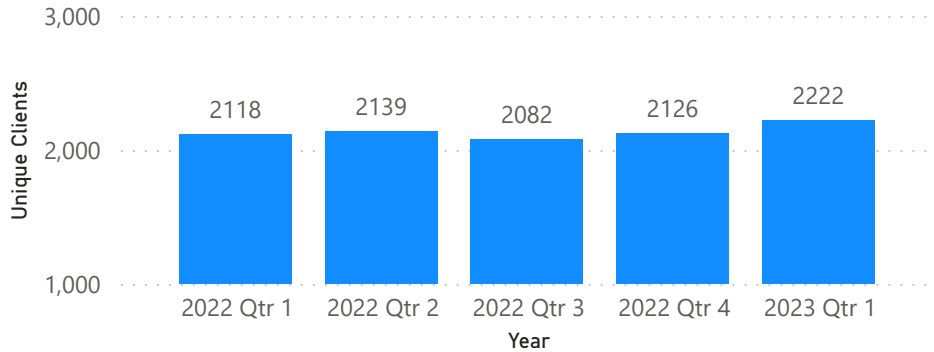
Sincerely,

Amy Lorenz, MSSW, LCSW
Deputy Administrator, Operations
Milwaukee County Behavioral Health Services



BHS Community Crisis Dashboard

2022-2023 BHS Crisis Service Unique Clients Served



Summary

The Community Crisis Dashboard currently displays the volume of unique clients who received a community crisis service by zip code, race, gender, and ethnicity, along with average client experience scores (OCA, CLASP, MKE Mobile Crisis). The department dashboard will continue to expand over time to include additional process and outcome metrics.

A visual tracking annual change in clients served in high need/high volume zip codes was added to the dashboard for Q4 2022. Between 2021 & 2022, the BHS Crisis Service had an overall decline of 8.3% in the number of total unique clients served. The zip codes with the largest % drop in unique clients served were 53210, 53208, and 53225.

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.

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

Zip	2021	2022	2023	% Change
53205	436	398	213	-8.7%
53218	414	432	160	4.3%
53209	451	400	147	-11.3%
53206	346	365	130	5.5%
53208	406	318	115	-21.7%
53212	292	273	115	-6.5%
53216	336	294	107	-12.5%
53204	307	266	104	-13.4%
53215	319	295	101	-7.5%
53210	375	277	92	-26.1%
53214	282	281	70	-0.4%
53219	189	183	62	-3.2%
53223	191	164	56	-14.1%
53202	149	158	52	6.0%
53225	225	171	50	-24.0%
53207	124	109	49	-12.1%
53233	177	157	48	-11.3%
53221	150	152	45	1.3%
53224	137	116	30	-15.3%
53222	131	115	28	-12.2%

2021 BHS Crisis Service Total Unique Clients Served

6847

2022 BHS Crisis Service Total Unique Clients Served

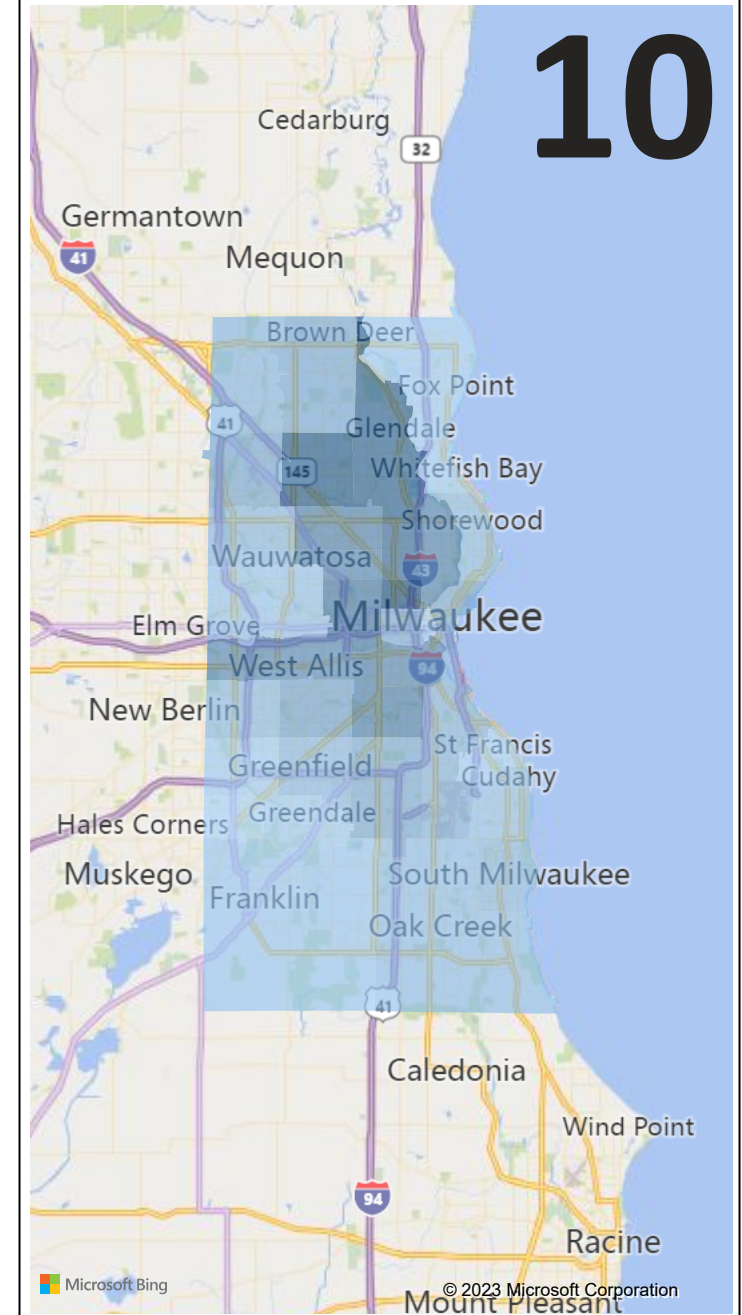
6276

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

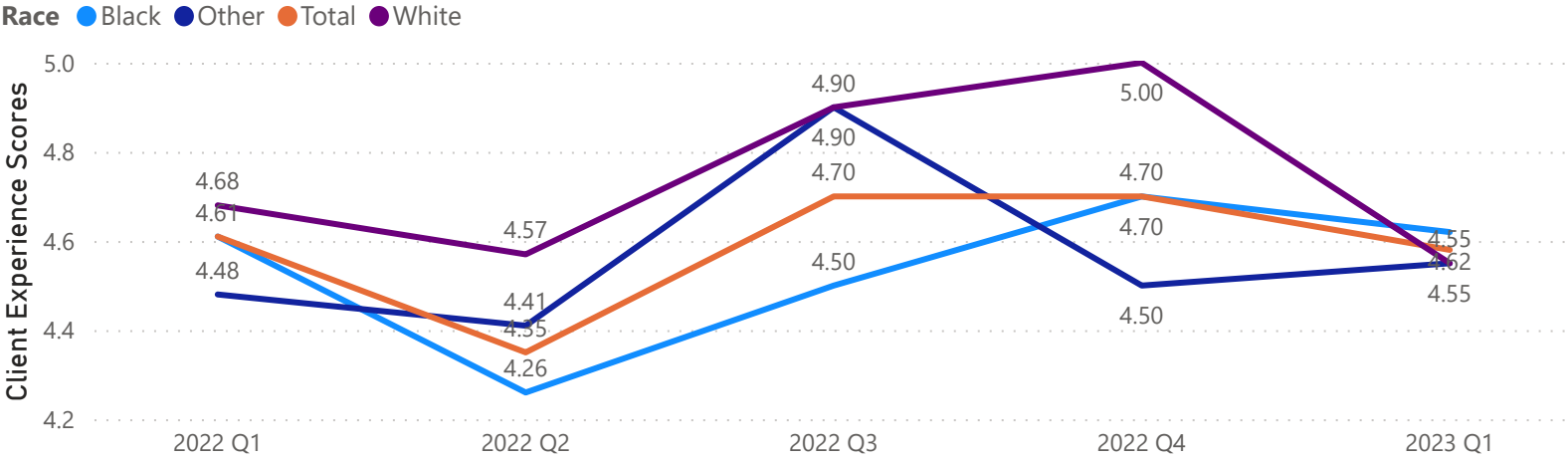
-8.3%

*Please note that 2023 only includes one quarter of data. Percentage change calculation presents change between 2021 & 2022 only. Please see addendum for additional zip code breakdown by quarter.

2022-2023 BHS Crisis Service Unique Clients Served by Zip Code



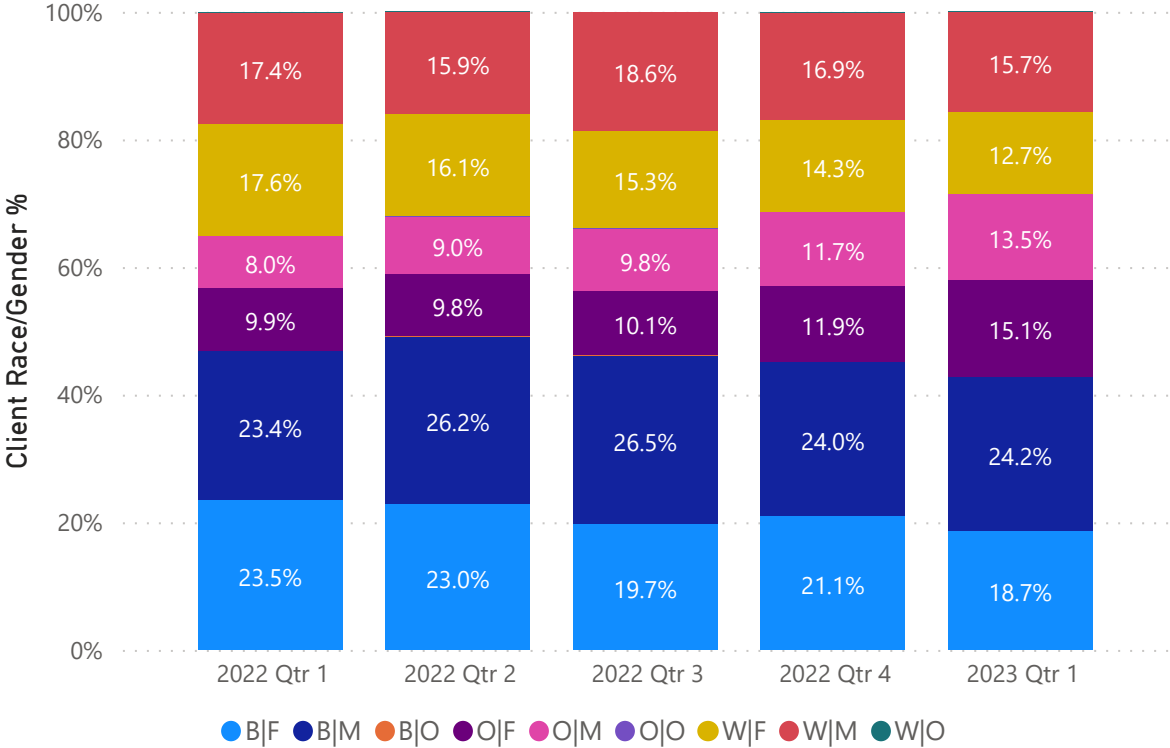
2022-2023 BHS Crisis Service Client Experience Survey Scores



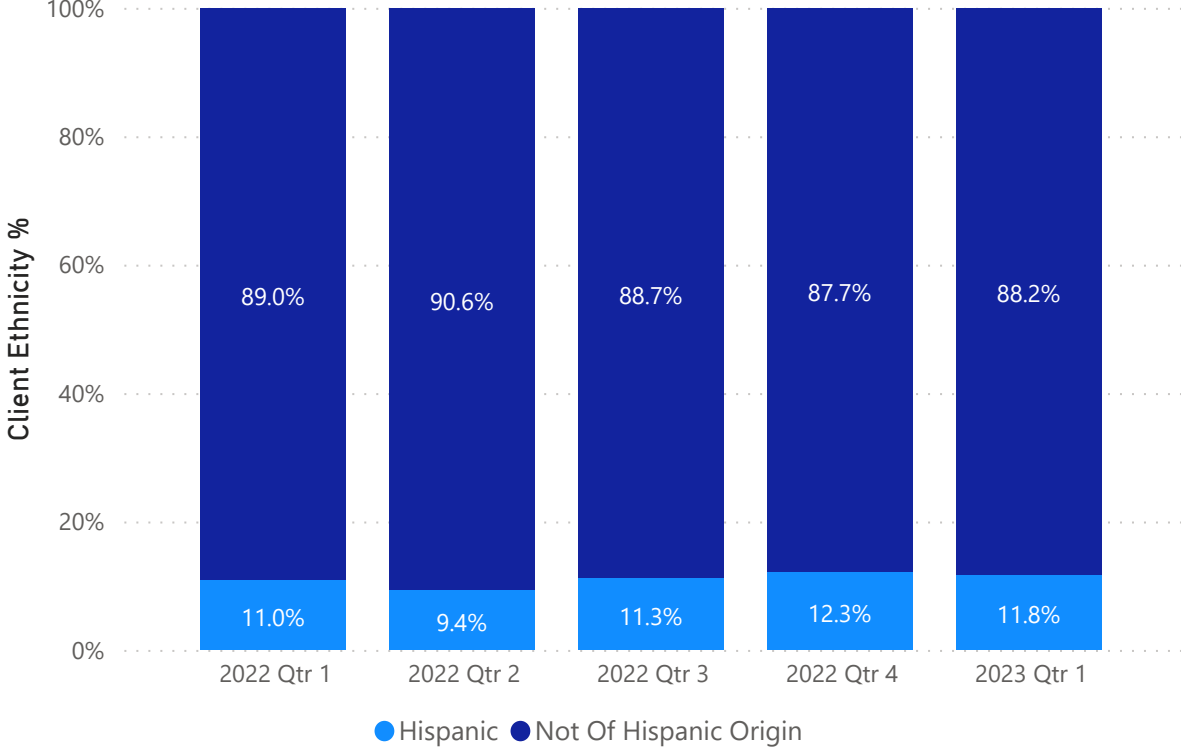
2022-2023 BHS Crisis Service - Completed Client Experience Survey Count

Race	2022 Q1	2022 Q2	2022 Q3	2022 Q4	2023 Q1
Total	49	55	26	9	36
Black	28	33	13	4	20
White	13	13	7	3	8
Other	8	9	6	2	8

2022-2023 BHS Crisis Service Unique Clients by Race and Gender



2022-2023 BHS Crisis Service Unique Clients by Ethnicity



Total Episodes

program_X_RRG_value	PATID
Team Connect	1157
Access Clinic	771
Total	1928

Total Unique Clients

1684

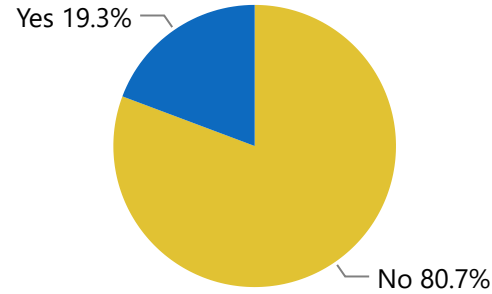
CSSRS Initial and Follow Up Data

Access Clinics and Team Connect
April 1, 2022 to March 31, 2023

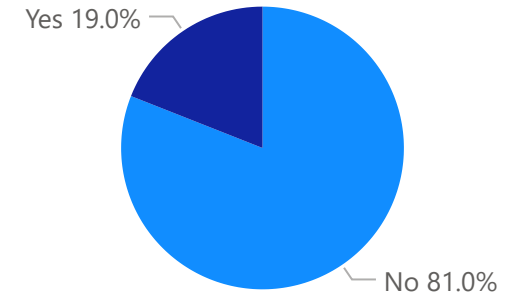
Total Episodes with Initial Assessments

1136

Percent of Clients Endorsing SI at Initial Assessment



Percent of Clients Endorsing SA Bxs at Initial Assessment



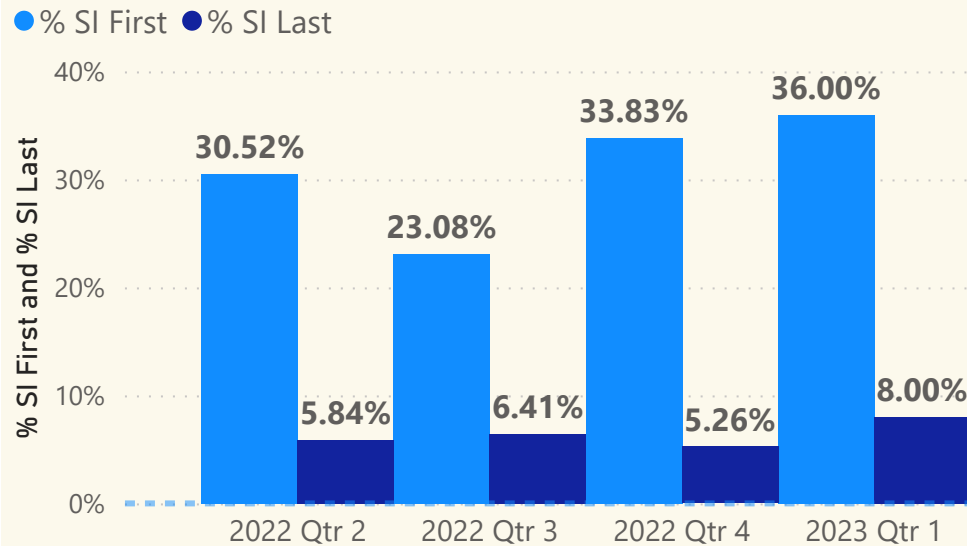
Total Episodes with >=2 Assessments

468

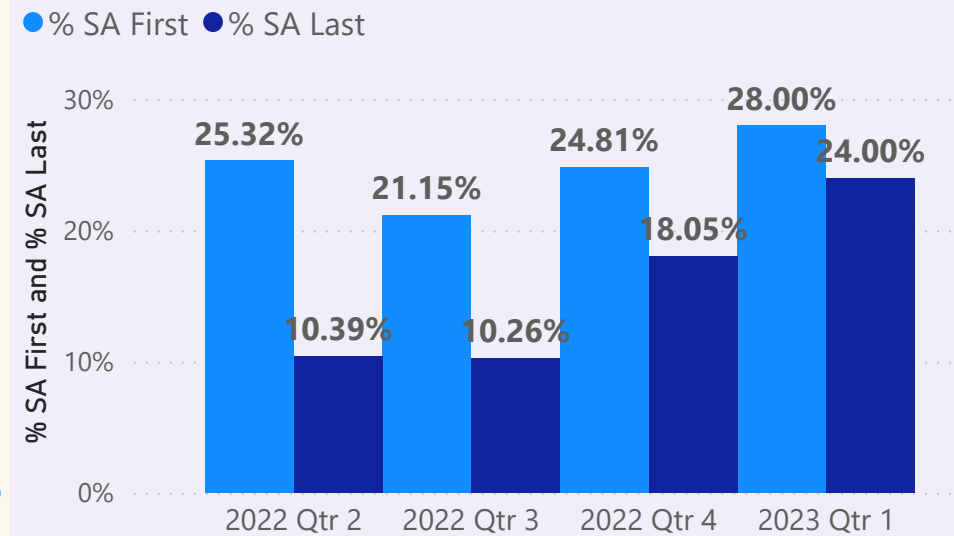
Average Lag
Between Initial Last
Assessment

46.7

% of Clients Endorsing SI at Initial and Last Assessment



% of Clients Endorsing SA Bxs at Initial and Last Assessment



Addendum

2021 - 2023 BHS Crisis Service Unique Clients Served by Zip Code - Top 20 Zip Codes by Quarter

Year	2021					2022					2023		Total
Zip	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total	Qtr 1	Total	▼
53205	168	168	175	131	436	98	141	128	162	398	213	213	868
53209	155	165	167	166	451	165	141	117	139	400	147	147	797
53218	163	145	153	164	414	145	154	139	155	432	160	160	780
53206	126	145	135	111	346	126	123	137	125	365	130	130	690
53208	149	160	154	150	406	106	112	107	119	318	115	115	672
53210	137	146	137	118	375	101	92	82	92	277	92	92	624
53215	114	102	131	109	319	93	114	102	104	295	101	101	593
53216	126	124	133	116	336	97	109	101	111	294	107	107	584
53212	106	111	110	99	292	86	103	88	90	273	115	115	554
53204	92	118	118	121	307	93	85	86	90	266	104	104	550
53214	93	97	116	105	282	104	88	96	84	281	70	70	526
53225	81	76	88	73	225	65	62	59	60	171	50	50	362
53219	75	69	74	60	189	69	64	63	52	183	62	62	351
53223	62	73	80	58	191	57	61	56	65	164	56	56	331
53233	62	68	64	69	177	59	63	63	47	157	48	48	298
53221	44	46	52	59	150	60	56	46	34	152	45	45	296
53202	51	58	55	53	149	54	60	57	36	158	52	52	288
53224	41	57	54	45	137	47	37	28	40	116	30	30	237
53207	45	46	51	39	124	48	37	32	26	109	49	49	231
53222	61	48	54	35	131	32	32	41	44	115	28	28	222
Total	1951	2022	2101	1881	5437	1705	1734	1628	1675	4924	1774	1774	9854