

Chairperson: Mary Neubauer

Research Analyst: Kate Flynn Post, 257-7473

Committee Coordinator: Dairionne Washington, 257-7606

MILWAUKEE COUNTY MENTAL HEALTH BOARD QUALITY COMMITTEE

Monday, March 6, 2023 - 10:00 A.M.
Microsoft Teams Meeting

MINUTES

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

SCHEDULED ITEMS:

1. **Welcome.**

Chairwoman Neubauer welcomed everyone to the Milwaukee County Mental Health Board Quality Committee's March 6, 2023, remote/virtual meeting.

COMMUNITY SERVICES

2. **Scope of Services Policy.**

A brief update was given on the Scope of Services Policy revisions. The policy now consists of only community-based services since the closure of the hospital. The full document can be found inside of the meeting packet. This item was unanimously recommended for Board approval.

3. **Granite Hills Hospital 2022 Quarterly Reports.**

A representative from Granite Hills Hospital provided a thorough overview of the 2022 quarterly reports. Data reports are based on patient satisfaction survey results as well as utilization. The overview began with quarter two. All patient satisfaction scores during the second quarter averaged 90% or better. There was a total of forty-two adult patients with a 6.6 average length of stay. Four key zip codes were identified in the data collected. During quarter three, patient satisfaction scores dropped; however, utilization rose. Patient satisfaction scores averaged between 82 and 85%. Seventy-three patients were admitted based on referrals from the Mental Health Emergency Center (MHEC) and Psychiatric Crisis Services (PCS) with an average length of stay at 10.2 days. This also led to higher zip code representations. During quarter four, patient satisfaction scores remained consistent in the eighty percentiles. The number of referrals increased as the adolescence unit opened. There were 119 admissions based on referrals from MHEC for both youth and adults. With the increase of patients, the length of stay also increased to 13.4 days. A total of eight zip codes were highlighted.

SCHEDULED ITEMS (CONTINUED):

	<p>Questions and comments ensued.</p> <p>This item was informational.</p>
4.	<p>Combined 2022 Q3 and Q4 Community Report and Dashboards: Community Access to Recovery Services (CARS) and Children’s Community Mental Health Services and Wraparound Milwaukee.</p> <p>a) CARS Access Points</p> <p>A presentation on the Community Access to Recovery Services (CARS) Access Points (AP) was shared. An introduction was given first to identify the access points and their roles. A few access points highlighted were the ‘No Wrong Door’ philosophy, emphasis on client engagement, and medical necessity criteria. Some of the roles specified were to screen and assess for life domain indicators, provide options counseling and connection to CARS services, make referrals outside of CARS, and more. The presentation included key partnerships as well as access point locations. There were four goals highlighted for 2022 AP quality improvement. Those goals were to enhance accountability, improve overall quality, improve client experience, and begin the ‘No Wrong Door’ AP redesign. To enhance accountability, the new CARS supervisors have been assigned to management and duties have been added for CARS administrative coordinator. For quality improvement, common process errors were identified and addressed with providers and then trained. An in-depth review using assessment outcome data was completed. Client experience improvement was completed through an AP client satisfaction survey review and assessment redesign. The No Wrong Door AP redesign is structured to align and standardize services, goals, and tools across all APs. The system enhancements for APs were provided as well. The presentation included data from comprehensive assessments completed, CARS intake team referrals, and overall AP statistics. 44.9% of Intake Team surveys included comments compared to 25.6% of all BHS.</p> <p>b) CARS Quarterly Report with Narrative Summary</p> <p>This report represents the first quarterly report designed in the new data visualization analytics tool, PowerBI. Highlights throughout the report were shared. There has been an increase in the number of people who are connected to some sort of community service after going through a CARS access point within the last two quarters. Some of the higher turnover statistics in CARS are due to reallocations. This continues to be evaluated. Recently, a class specialist was hired to assist with the implantation of class standards. Lastly, there has been a great push to develop dashboards that include all of the contract performance measures over the past year.</p> <p>c) BHS KPI Report – Children’s Community Mental Health Services and Wraparound Milwaukee</p> <p>2022 Quarter 4 was highlighted first as the 2022 overall averages were included in that data. In quarter 4 there was a total of 1,770 youth served. Moving forward in 2023, this data point will be lower as there will be a change in how this data is collected. Costs remain consistent throughout</p>

SCHEDULED ITEMS (CONTINUED):

	<p>the quarters. The average number of youths who moved from an in-home to an out-of-home setting in quarter 4 was fourteen. The overall average of 2022 was twenty-four per quarter with the goal of thirty or under. Average percentages remain under the targeted goal for informal supports. The expectation is to explore more natural supports in hopes to increase the percentages. Permanency at discharge for quarter 4 was at 81.5% of youth placed in a home-type setting. The average percentage for 2022 was 80.5% with a goal of 75% or higher. Youth and caregiver perceptions averaged 3.9 in 2022.</p> <p>Questions and comments ensued.</p> <p>This item was informational.</p>
5.	<p>Community Contract Vendor Quality Updates: Sanctions, Holds, and Service Suspensions.</p> <ul style="list-style-type: none">• Broadstep – Service Suspension Notice <p>The service suspension for Broadstep was first mentioned to the Committee during the November 2022 meeting; however, the official suspension letter was not presented. The letter documents concerns which led to the suspension. Concerns consisted of deficiencies in standards and quality of care, coverage of residential homes, and following reporting procedures. Behavioral Health Services (BHS) leadership began addressing concerns in June of 2022 followed by a corrective action plan. Many areas addressed continue to persist in not following critical incident reporting. In addition to, insufficient staffing coverage, there are several other things included in the corrective action plan. The suspension went into effect officially on October 18, 2022.</p> <p>Questions and comments ensued,</p> <p>This item was informational.</p>
6.	<p>2022 Q3 and Q4 Community Crisis Services Dashboard Updates.</p> <p>Updates were made to the Community Crisis Services Dashboard. The table included on the first page of the dashboard gives a visual of the annual changes of unique clients served in high-need zip codes across the community. There was a decrease of 8.4% in clients served from 2021 to 2022. The dashboard includes a breakdown in percentages for each zip code per quarter. In most areas, those decreases occurred during the last two quarters of 2022 which aligns with the closure of the hospital. The hypothesis is that this was impacted largely by the number of referrals for Team Connect. Other information reflected in the dashboard is client experience surveys. The Quality team is working to explore ways to increase responses. The dashboard now includes outcome metrics and the reduction of risk. This is a new addition to the dashboard. This information shows the initial and last assessment data of clients being served</p>

SCHEDULED ITEMS (CONTINUED):

	<p>at the Access Clinics and Team Connect. As the dashboard continues to evolve updates will continue to be provided to the Committee.</p> <p>This item was informational.</p> <p>Questions and comments ensued.</p>
7.	<p>Department of Health and Human Services Quality Management Updates.</p> <p>An update was provided on Quality Management (QM) and monitoring and evaluations on a department level. It was reiterated that QM aims to unite an organization’s stakeholders in a common goal improving processes, products, and services to achieve consistent success. A monitoring and evaluation leadership team has been established to strengthen coordination across service areas. One of the key initiatives mentioned was the result-based accountability strategy that has recently been implemented. This strategy works backward systematically and transparently to determine the best ways to achieve the result. It’s a three-fold process consisting of strategy refinement, operations plan development, and monitoring progress. Examples were shared of the framework, outcomes expectations, and performance measures.</p> <p>This item was informational.</p> <p>Questions and comments ensued.</p>
8.	<p>Division of Quality Assurance Updates.</p> <p>Since Behavioral Health Services (BHS) has changed locations, on November 30, 2022, two Division of Quality Assurance (DQA) surveyors were on site to view the new space for both crisis certifications, as well as the comprehensive community services certification. On that same day, the location was approved. The survey for the Assertive Community Treatment (ACT) and Community Support Program (CSP) team occurred on the morning of March 6, 2023, virtually. This was immediately approved as well. All services will be reviewed on-site towards the middle and end of the year.</p> <p>A complaint survey was completed on December 12, 2022, at Sixteenth Street Community Health Center. A grievant submitted a grievance and had not been notified of the outcome nor received any decisions in writing. The rule is that all grievances are to be researched, a decision is to be made on whether it is to be substantiated or not, and what recommendations there are. This information is to be compiled into a report and disseminated between the program, the individual client, and the individual grievant if it’s other than the client. It was confirmed by a client’s right specialist that indeed this report has not been completed. There was only a summary. An out-of-compliance statement of deficiency was received on January 25, 2023. On February 24, 2023, a plan of correction was submitted in which the client rights specialist would review the rule and a written procedure will be created regarding the timeline and</p>

SCHEDULED ITEMS (CONTINUED):

	<p>communications required whenever a grievance is submitted. The plan of correction was accepted by DQA as of March 1, 2023.</p> <p>This item was informational.</p> <p>Questions and comments ensued.</p>
HOSPITAL SERVICES	
9.	<p>2022 Q3 Inpatient Dashboard/Q3 Behavioral Health Services (BHS) Crisis Services and Acute Inpatient Reports.</p> <p>The overall incident reports are consistent throughout all three quarters of 2022. Grievances, elopements, patient falls, medical emergencies, and medication incidents were also mostly stable throughout the year. Aggression incident trends are divided into three different types of incidents. Each unit held low incident reporting rates throughout the quarters. The seclusion and restraint trend declined in quarter three as opposed to the first two quarters of the year. In Psychiatric Crisis Services (PCS) in quarter three, there was a higher readmission rate than expected. There was one patient-to-patient aggression incident reported. For the acute adult unit, there was a 76.3% positive survey rating. There were several areas that exceeded the national average threshold for this unit within the last two quarters. Child/Adolescent Inpatient Services (CAIS) did not meet the threshold for the readmissions rate for the quarter. There were only six surveys collected within quarter three, which caused a decrease in the satisfaction survey percentage.</p> <p>This item was informational.</p> <p>Questions and comments ensued.</p>
10.	<p>Policy and Procedure Quarterly Report.</p> <p>The overall progress as of February 1, 2023, was 94.7% with a goal of 96%. The overall progress has been affected by the closure of the hospital. There was a total of 638 policies in January whereas in February there were 598. The total number of policies retired in January was 131. Lastly, there was a total of 27 past-due policies remaining in February.</p> <p>Questions and comments ensued.</p> <p>This item was informational.</p>

SCHEDULED ITEMS (CONTINUED):

11.	Adjournment. Chairwoman Neubauer ordered the meeting adjourned.
ADDENDUM ITEM	
12.	Readiness Audit by Third Party Vendor. During the September 12, 2022, Committee meeting, the concept of an annual mock or readiness audit was discussed to prevent the organization from experiencing any unforeseen circumstances during future Centers for Medicare and Medicaid Services (CMS) reviews. It was suggested during the initial discussion to complete a review of state certification standards for Behavioral Health Services (BHS) licensed programs every two to three years to avoid duplications of current state audits. The Board's Research Analyst composed a document that outlines key benefits, constraints, scope of work, and cost considerations for a readiness audit project. In reviewing this information, discussion began to determine if this item is something the Committee would like to move forward to the full Board. Included in this discussion, it was explained how the Comprehensive Community Services (CCS) program providers are currently monitored to ensure readiness is already being completed. Deep dive audits are done on at least every agency within a quarter. Youth CCS agencies are required to complete a performance improvement plan every six months if the agency does not align within the threshold. A rubric was created for the adult CCS, which identifies all key areas CMS would review. An example was shared with the Committee. There is also a tiered process currently in place based on the deep dive audits, interactions, and other reports pulled weekly. Each tier determines a level of satisfaction. In addition, agencies receive mini audits on their measurement-based care. For the ancillary services, there has been an increase in case note auditing. Similar evaluations are completed throughout all services of care. Although the work being completed internally is substantial, the Committee feels having an external audit would be more beneficial. This item was unanimously recommended for full Board approval.

SCHEDULED ITEMS (CONTINUED):

This meeting was recorded. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Legislative Information Center web page.

Length of meeting: 10:03 a.m. – 12:48 a.m.

Adjourned,

Dairionne Washington

Committee Coordinator
Milwaukee County Mental Health Board

**The next meeting for the Milwaukee County Mental Health Board
Quality Committee is scheduled for
June 5, 2023**

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