

**Chairperson:** Mary Neubauer

**Research Analyst:** Kate Flynn Post, (414) 257-7606

**Committee Coordinator:** Dairionne Washington, (414) 257-5437

## **MILWAUKEE COUNTY MENTAL HEALTH BOARD QUALITY COMMITTEE**

**Monday, January 10, 2022 - 10:00 A.M.**  
**Teleconference Meeting**

### **MINUTES**

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

**EXCUSED:** Brenda Wesley

#### **SCHEDULED ITEMS:**

1. **Welcome.**

Chairwoman Neubauer welcomed everyone to the Milwaukee County Mental Health Board Quality Committee's January 10, 2022, remote/virtual meeting.

### **COMMUNITY SERVICES**

2. **Combined Q3 2021 Community Report and Dashboards: Community Access to Recovery Services (CARS) and Children's Community Mental Health Services and Wraparound Milwaukee.**

**a) CARS Quarterly Report**

Key findings were highlighted from the Community Access to Recovery and Services (CARS) quarterly report. The first finding discussed was the continued expansion of the client experience surveys. The number of surveys collected from the second to third quarter of 2021 greatly increased from 470 to 1016. Starting January 1, 2022, the Community Support Programs (CSP) moved to a pay for performance model using the client experience surveys. Another area highlighted was the population of health metrics. Although the proportion of black clients who reported a "Good" or "Very Good" quality of life was significantly lower than white clients at intake, by the time of their last assessment, there was very little difference between the two groups. This finding then led discussion of the final area highlighted, which was the cost of care. There continues to be monitoring of the discrepancy between the spend on black clients versus white clients. There was an in-depth analysis done this past fall, and the results will be shared internally within CARS. Those results will also be addressed in the System-Wide Continuous Quality Improvement (CQI) Project focusing on racial equity.

**b) BHD KPI Report - Children's Community Mental Health Services and Wraparound Milwaukee**

In Quarter 3 of 2021, more families were served compared to previous quarters. The average cost of care per family continues to be cost effective. Fewer youth went from a home-type setting to an out-of-home setting within this quarter, which shows progression from Quarter 2 of 2021. Unfortunately, there still aren't as many natural supports as hoped on the child and family teams. There continues to be positive feedback related to the family satisfaction surveys with an overall score of 4.6 out of 5.

**c) Medication Assisted Treatment (MAT) Behind the Walls' Bureau of Justice Grant Presentation**

Data shows 75% of people who were in jail or prison with an opioid use disorder experience a relapse within three months of being released from custody. Once released into the community, they are 10 to 40 times more likely to die of an opioid overdose than the general American population. Deaths from opioid overdoses have increased by 126.7% among Wisconsin Department of Correction (DOC) offenders and 34.6% of those occurred while under DOC supervision. 'MAT Behind the Walls' would target this population. The grant for \$1.2 million for three years was received in October of 2019. The eligibility and requirements of the program were explained in detail. The goal is to provide three forms of Food and Drug Administration (FDA) approved medically assisted treatments to reduce the risk of overdose death and enhance treatment and recovery service engagements. As of November 2021, there was a total of eighty-six participants. The next step is to collect and evaluate outcome data.

Questions and comments ensued.

This Item was informational.

**3. Division of Quality Assurance (DQA) Survey Updates.**

As mentioned during the November 1, 2021, Mental Health Board Quality Committee meeting, there was the possibility of receiving at least two statements of deficiencies (SOD) after full completion of the State Department of Health Services (DHS) 34 survey held in October 2021. The first SOD is related to adult crisis plans and the other pertains to the completion and documentation of informed consents and client's rights through the Children's Mobile Crisis Team (CMC). Because notice was received of those deficiencies, a plan of correction was submitted for both. The plan of correction for the adult crisis plans was submitted on December 22, 2021, to increase thorough completion moving forward. On January 3, 2022, a plan of correction was submitted for the CMC Team to ensure more efficient documentation. BHD expects DQA will accept the plans of correction. The next potential on-site survey would be October 2023, unless a complaint occurs before then.

	<p>Questions and comments ensued.</p> <p>This Item was informational.</p>
4.	<p><b>Community Contract Vendor Quality Updates: Sanctions, Holds, and Service Suspensions.</b></p> <p>a) <b>Joyce House</b></p> <p>As of December 2, 2021, the owner of Joyce's House received notice of the suspension of referrals due to concerns of quality of care and service to clients. Concerns were brought to the Behavioral Health Division's attention by clients receiving services. This led to an on-site audit by the compliance team. It was discovered that clients did not have access to their living quarters 24 hours a day, as well as a few staffing issues. There has been communication with the owner of the facility to put in place a plan of correction to ensure changes are being made before continuing services.</p> <p>b) <b>Harmony Social Services CPA, Inc. – Desk Review Findings and Corrective Action Plan</b></p> <p>Children's Community Mental Health Services and Wraparound Milwaukee (WM) completed a desk review of Harmony Social Services, Inc., due to a pattern of concerns identified by WM related to Harmony's billing and invoicing submissions. The biggest concern was not having referrals for services being provided, which is required as part of the policy and procedures. The other concerning finding was billing and being paid for services on non-eligible days. The review resulted in a fiscal disallowance of \$28,305.40. A corrective action plan has been submitted and approved. The agency has decided to suspend their referrals in the interim as they review different protocols.</p> <p>Questions and comments ensued.</p> <p>This Item was informational.</p>
<b>HOSPITAL SERVICES</b>	
5.	<p><b>2021 Q3 Inpatient Dashboard/Q3 Behavioral Health Division Crisis Services and Acute Inpatient Reports.</b></p> <p>A seclusion and restraint summary of Quarter 3 was presented. The summary outlined a decrease in rates for each unit. There were nine grievances and two patient elopements. The rate of patients returning to Psychiatric Crisis Service (PCS) within thirty days was at 28.7%, with a total of eight patient to staff aggression incidents reported. There was a 3.8% rate of patients returning to Acute Adult Inpatient Services within seven days, and there was a total of</p>

	<p>fourteen patient to staff aggression incidents reported. Lastly, the Child Adolescent Inpatient Service (CAIS) rate of patients returning within thirty days was at 10.8% with only two patient to staff aggression incidents reported.</p> <p>Questions and comments ensued.</p> <p>This Item was informational.</p>
6.	<p><b>Systems Improvement Agreement (SIA) Update.</b></p> <p>After completion of the Centers for Medicare and Medicaid Services (CMS) surveys, the hospital is now in full compliance of the conditions of participation. Outside of the completion of the surveys, there has been discussion around sustaining the efforts in key areas to continue the success of the organization. Due to completion of the surveys and the hospital being in full compliance, this topic will no longer be a standing item for this Committee.</p> <p>This item was informational.</p>
7.	<p><b>Quality Assurance Performance Improvement (QAPI)/Patient Safety Updates.</b></p> <p>A small team of staff have been meeting to discuss how to maintain the efforts implemented in preparation of the Centers for Medicare and Medicaid Services (CMS) surveys. There's a summary being created identifying those key areas of focus to present and integrate with other applicable committees. There was also a brief update given on the performance improvement projects, which began this past summer surrounding panic alarms and food allergy processes. As it relates to the food allergy process, there has been continuous monitoring of data and review of what was implemented to help decide if there are other changes necessary. There has been consistent discussion around these projects. Updates will continue to be provided over the next few months.</p> <p>Questions and comments ensued.</p> <p>This Item was informational.</p>
8.	<p><b>Contract Management Updates.</b></p> <p>The biannual revision of services contracts has been completed after eight months. All changes have been reviewed by Corporation Council and Risk Management. There were two provider trainings done in a question-and-answer format in December, which have been posted on the contract administration website. There will be further discussion surrounding this item as there have been several revised policy and procedures department wide. There are now ten Department of Health and Human Services (DHHS) policies and procedures. The most recent is the critical incident policy, which went into effect January 1, 2022. There's more data tracking being done to do a cause-and-effect analysis to improve future outcomes. Additionally, there's been a great amount of progress in racial equity contracting. The number</p>

	<p>of changes done to the Request for Proposals (RFP) process will make it more user friendly to those who might have limited resources or no experience with Milwaukee County contracting.</p> <p>Questions and comments ensued.</p> <p>This Item was informational.</p>
9.	<p><b>Policy and Procedure Quarterly Report.</b></p> <p>The overall progress as of November 1, 2021, was at 97.0%. Within the month of November there were a total of 671 policies reviewed. A total of 20 past due policies were reported. Although there continues to be progression over the months, as of December 1, 2021, there was a slight decrease. The overall progress for December was at 96.7%. The total of policies reviewed remained the same, however, the number within the scheduled period decreased. In December, there was a total of 22 past due policies.</p> <p>Questions and comments ensued.</p> <p>This item was informational.</p>
10.	<p><b>Adjournment.</b></p> <p>Chairwoman Neubauer ordered the meeting adjourned.</p>
<b>ADDENDUM ITEM</b>	
11.	<p><b>Report on the Department of Health and Human Services' Vision for Quality Management Designed to Support Department-Wide Quality Functions Across all Service Areas.</b></p> <p>To better align and realize the mission, the Department of Health and Human Services (DHHS) had a greater interest in emerging a more structured and centralized quality management function across the Department to ensure fidelity to the programs and services designed, as well as to ensure a positive outcome for the participants. An overview was provided of the key priorities and standards. One of the key standards is to take an accountability approach to ensure effective advancement of racial and health equity through leadership commitment. The role of the Enterprise Quality Director was implemented to serve that purpose and be a catalyst for a department-wide culture where information on performance is deliberately sought to better manage and deliver programs and services. Over the next few months, there's going to be a heavy emphasis on relationship building for quality management. The plan is to have all stakeholders included throughout the processes and have action items tied into this work to guarantee effective stakeholder engagement. The</p>

	<p>importance of understanding how the work being done supports a culture and the emphasis being placed on the role staff across every function has in quality management was explained.</p> <p>Questions and comments ensued.</p> <p>This item was informational.</p>
	<p>This meeting was recorded. The aforementioned agenda items were not necessarily considered in agenda order. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Legislative Information Center web page.</p> <p>Length of meeting: 10:04 a.m. – 12:22 p.m.</p> <p>Adjourned,</p> <p><i>Darionne Washington</i></p> <p>Committee Coordinator Milwaukee County Mental Health Board</p>
	<p style="text-align: center;"><b>The next meeting for the Milwaukee County Mental Health Board Quality Committee is scheduled for March 7, 2022</b></p> <p style="text-align: center;"><b>To View All Associated Meeting Materials, Visit the Milwaukee County Legislative Information Center at: <a href="https://legistar.com">Milwaukee County - Calendar (legistar.com)</a></b></p> <p style="text-align: center;"><b>Visit the Milwaukee County Mental Health Board Web Page at: <a href="https://county.milwaukee.gov/EN/DHHS/About/Governance">https://county.milwaukee.gov/EN/DHHS/About/Governance</a></b></p>