

**Chairperson:** Mary Neubauer  
**Research Analyst:** Kate Flynn Post, (414)  
**Committee Coordinator:** Dairionne Washington, (414) 257-7606

**MILWAUKEE COUNTY MENTAL HEALTH BOARD  
QUALITY COMMITTEE**

**Monday, May 2, 2022 - 10:00 A.M.**  
**Teleconference Meeting**

**MINUTES**

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

**SCHEDULED ITEMS:**

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| 1. | <p><b>Welcome.</b></p> <p>Committee Member Shirley Drake, Acting Chairperson, welcomed everyone to the Milwaukee County Mental Health Board Quality Committee's May 2, 2022, remote/virtual meeting.</p> |
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	<p><b>COMMUNITY SERVICES</b></p>
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| 2. | <p><b>Wraparound Milwaukee 2021 Performance Improvement Project Results.</b></p> <p>This Wraparound Milwaukee performance improvement project focused on youth engagement with crisis stabilizers to increase and enhance the program and personal engagement with youth through crisis stabilization. An experimental research process was used to explore a cause-and-effect relationship between the use of targeted engagement strategies. The research done was broken into two phases; formal training, which was given to crisis stabilizers, and cohorts were created to discuss engagement strategies and issues of engagement. Crisis stabilizers focused on building relationship needs, basic needs, problem and conflict resolution, and safety. Outcomes were affected by COVID-19, which lead to decreased numbers of both youth served and crisis stabilizers. This resulted in an increase of caseloads. The amount of time crisis stabilizers spent with youth increased over the course of the study. The post-study data revealed continued influence of the interventions on the behavior of crisis stabilizers; therefore, increasing positive engagement of youth.</p> <p>Questions and comments ensued.</p> <p>This item was informational.</p> |
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3.	<p><b>Community Access to Recovery Services (CARS) Mid Cycle Report and Authorization Team Presentation.</b></p> <p>Key findings from the mid-cycle report were highlighted. A provider survey went out to gather feedback on the impact of The Great Resignation. The data will be used with internal quality improvement and network development efforts later this year. High need zip codes have been identified for targeted interventions. The data derived will be included in future quarterly report update submissions. The other development of quality work highlighted was the redesign of the residential intoxication colloquially known as 'Sober Up.' The redesign will help target a population who historically, have not been the focus of many grants previously released.</p> <p>The Community Access to Recovery Services (CARS) Authorization Team was created to provide coverage for CARS administrative coordinator staff when they are out of the office. The team consists of staff members who preform authorizations in Targeted Case Management, Recovery Support Coordination, Adult Family Homes, Outpatient Plus, and Community Based Residential Facilities (CBRF) who will all be crossed trained to provide coverage for all levels of care. Five concrete goals have been established throughout the two-year development. The team has grown from nine to twelve members since its inception in May of 2020. It started with four case management programs and has now expanded. Authorization reviews completed by authorization team members in programs to which they are not traditionally assigned grew from 57 in 2020 to 284 in 2021. In conclusion, the team has become a cohesive unit, coverage has improved, and the authorization process has become more efficient.</p> <p>Questions and comments ensued.</p> <p>This item was informational.</p>
4.	<p><b>Community Crisis Services Dashboard Update.</b></p> <p>An introduction to the community crisis services dashboard was given. This dashboard is in the early stages of development and is modeled after the existing Community Access to Recovery Services (CARS) dashboard using the framework of the quadruple aim to help identify those metrics that are important to monitor. The dashboard currently displays information reflecting the volume of any client who has received at least one service. It is disaggregated by zip code, race, gender, and ethnicity. Also included are the average scores from the three crisis programs currently in use. They are the Office of Consumer Affairs (OCA), the Community Linkages Stabilization Program (CLASP), and the Crisis Mobile Team (CMT), who started a pilot. This information does not include data from the hospital-based crisis services, nor information from individuals who have chosen to remain anonymous. Those missing elements will be added to the dashboard overtime with the continuation to refine data collection methods.</p> <p>Questions and comments ensued.</p>

	This item was informational.
5.	<p><b>Community Contract Vendor Quality Updates: Sanctions, Holds, and Service Suspensions.</b></p> <p>The notice of referral suspension for Whole Health Clinic Group (WHCG) was first reported to this Committee in September 2021. Referral services resumed as of March 24, 2022. Since suspending referrals, there have been several meetings with WHGG's leadership team where a quality improvement response plan was created. Audits showed the continuous improvement and sustainability.</p> <p>Questions and comments ensued.</p> <p>This item was informational.</p>
6.	<p><b>Mental Health Community Stakeholder Advisory Council Introduction.</b></p> <p>An overview was provided of the new Mental Health Community Stakeholder Advisory Council that has been developed by the Mental Health Board Community Engagement Committee. As outlined in the charter, the Council has a three-fold purpose. One of the key purposes that aligns with the Quality Committee is being able to provide an additional strategic mechanism for the Mental Health Board to proactively gather information regarding the quality of consumer, family member, and advocate experiences with Behavioral Health Services (BHS)-supported services including Granite Hills and the Mental Health Emergency Center (MHEC). Updates from the Council's Chairperson, Brenda Wesley, will be reported to this Committee as needed.</p> <p>Questions and comments ensued.</p> <p>This item was informational.</p>
<b>HOSPITAL SERVICES</b>	
7.	<p><b>Hospital Infection Prevention and Control Program Plan.</b></p> <p>A brief update was given pertaining to the revisions made to the 2022 Hospital Infection Prevention and Control Program Plan. The full document can be found inside of the meeting packet. This item was recommended for Board approval.</p>
8.	<p><b>Quality Assurance Performance Improvement (QAPI)/Patient Safety Updates.</b></p> <p>With the closure of the Systems Improvement Agreement (SIA), the hospital's Executive Team met in January 2022 to review ongoing focus areas. Areas such as active treatment planning, environmental safety, and the Emergency Medical Treatment and Labor Act (EMTALA) were</p>

	<p>identified as significant items to ensure stay in compliance leading up to the hospital's closure. These are listed as standing items for discussion during both the QAPI and the Patient Safety Committee meetings. Patient Safety Committee meetings are held bi-monthly, and QAPI Committee meetings are held monthly.</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 April 1, 2022, was at 96.5%. Six-hundred and seventy-nine policies were reviewed. Of those, twenty-three were past due. The number of past due policies continue to decrease. In March 2022, eight policies were revised. None were new nor retired.</p> <p>Questions and comments ensued.</p> <p>This item was informational.</p>
10.	<p><b>Adjournment.</b></p> <p>Committee Member Shirley Drake ordered the meeting adjourned.</p>
<b>ADDENDUM ITEM</b>	
11.	<p><b>Department of Health and Human Services Quality Management Update.</b></p> <p>An update was provided on the developing strategy and action plan of quality management, which is being created to describe operation functions and activities to advance and unify quality management as an operational development strategy in support of service areas, as well as outline specific roles and responsibilities. After completing the quality needs assessment, results showed resources is the Department's greatest capacity need. Other needs assessment summary findings were highlighted. The framework acknowledges successful quality management was never intended to be only one individual's responsibility.</p> <p>An overview was presented of the operational functions involved. Monitoring and evaluation is a priority function. Monitoring acquires more output related information to assess efficiencies of services, which translates into evaluation and looks at long-term outcomes. Scope of works should be defined and aligned with program needs. Each unit works collaboratively to support programs and services. The different infrastructure components were provided as well.</p> <p>Questions and comments ensued.</p> <p>This item was informational.</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.

Length of meeting: 10:00 a.m. – 11:59 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  
July 11, 2022**

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