Chairperson: Mary Neubauer

Research Analyst: Kate Flynn Post, 257-7473

Committee Coordinator: Dairionne Washington, 257-7606

MILWAUKEE COUNTY MENTAL HEALTH BOARD QUALITY COMMITTEE

Monday, September 12, 2022 - 10:00 A.M.
Microsoft Teams Meeting

MINUTES

PRESENT: Mary Neubauer, Shirley Drake, and Rachel Forman

EXCUSED: Dennise Lavrenz

SCHEDULED ITEMS:

1. Welcome.

Chairwoman Neubauer welcomed everyone to the Milwaukee County Mental Health Board Quality Committee's September 12, 2022, remote/virtual meeting.

COMMUNITY SERVICES

2. Discussion on the Frequency of the Mental Health Board Quality Committee Meetings.

Upon the Committee's inception, meetings were held quarterly. Due to requirements ordered by the Systems Improvement Agreement (SIA), the Committee was advised to meet six times a year specifically to measure the quality of service provided in the hospital. With the completion of the SIA and closure of the hospital, it was recommended to return to meeting quarterly in 2023. Reporting will benefit from quarterly meetings as it allows more time for data compilation and greater detail.

Questions and comments ensued.

The Quality Committee unanimously agreed to return to a quarterly meeting schedule.

3. **2021** Comprehensive Community Services (CCS) Mental Health Statistics Improvement Program (MHSIP) Satisfaction Results.

The Mental Health Statistics Improvement Program (MHSIP) survey is a nationally used survey that measures concerns important to consumers of publicly funded mental health services. The Community Access to Recovery Services (CARS) team surveyed those who were enrolled in Comprehensive Community Services (CCS) for at least six months and/or were discharged within a three-month period in 2021. The results were reviewed in comparison to the state, the year prior, race and ethnicity, as well as gender.

2021 adult client satisfaction results outperformed the state's average. The results in comparison to 2020 remained consistent with the exception of the perception of outcomes of services, which decreased by roughly 10%. All percentages were in the same domain for the race and ethnicity results, which was also the outcome for results collected by gender.

For youth aged twelve and under, family surveys were administered. Youth surveys were completed on their own for ages thirteen through seventeen. Results, again, were reviewed in comparison to the state and the year prior. Results were not reviewed by race and ethnicity nor gender. Both the youth and family results averaged similar to the state, with the exception of two areas. The general satisfaction percentage for families was 83, and the state percentage was 91. For youth surveys, the percentage of perception of outcomes of services was 75%, and the state averaged 100%. In comparison to 2020, both youth and family surveys increased in multiple areas.

Questions and comments ensued.

This item was informational.

- 4. Combined Q2 2022 Community Reports and Dashboards: Community Access to Recovery Services (CARS) and Children's Community Mental Health Services and Wraparound Milwaukee.
 - a) CARS Quarterly Report with Narrative Summary

Next steps for this quarterly report were highlighted. Future iterations of it will include several changes, the first of which will be a transition to a new data visualization and analysis platform titled PowerBI. This platform will allow more efficient data generation in real time. The other change in progress is intended to expand the use of dashboards across all Behavioral Health Services (BHS) services. The high need zip code data included in this quarter's report will be used for the system-wide continuous quality improvement (CQI) project focused on racial equity to help target systematic outreach in community conversations. The goal is to gain knowledge to determine what is needed to improve services in those areas.

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

There were roughly nineteen hundred unique families served for the quarter. The average cost of care remains consistent. The average goal per quarter, which is newly listed in the key performance indicators (KPI) report for population health metrics and outcomes, was highlighted as an update per a Committee Member's request during a prior meeting. There were twenty-six youth who moved to a home type setting, meeting the quarters threshold. The goal percentage was not met for natural supports, however, there has been discussion on ways to ensure that goal is met moving forward. Permanency at discharge averaged 80.1%, which is an increase from the previous quarter.

c) Assisted Outpatient Treatment (AOT) Program Presentation

Background information of the program was presented. There are both internal and external oversight committees for the program. The Community Access to Recovery Services (CARS) team established the Assisted Outpatient Treatment (AOT) Program using the Assertive Community Treatment (ACT) fidelity model. The foundation of AOT was built on concepts and essentials relevant to one another. It's an evidence-based practice using a person-centered approach to offer treatment, rehabilitation, and support services. Key principles and characteristics were highlighted. The benefits of how AOT/ACT could impact Milwaukee County include the reduction of homelessness, violence, and crime; improved treatment compliance; and so much more. Accomplishments throughout the first year of the program were recognized. The implementation of AOT has allowed CARS to link high-need consumers to a full fidelity treatment team who provides high-quality behavioral health services to improve their overall functioning and well-being while living in the community.

Questions and comments ensued.

This item was informational.

5. 2021 Q3 – 2022 Q2 Community Crisis Services Dashboard Updates.

The volume of unique clients served by zip codes was highlighted. Twelve high need zip codes were identified. The dashboard includes an enhanced longitudinal view of the number of clients served over the last four quarters, which is disaggregated by race, gender, and ethnicity. Client experience scores over time were disaggregated by race. There has been a decrease in the average scores since the previous quarter. Plans to expand the department dashboard include additional process and outcome metrics. The next version of the dashboard will include data on rates of suicide ideation and behavior over time for a subset of the clients receiving community crisis services.

Questions and comments ensued.

This item was informational.

6. Department of Health and Human Services Quality Management Updates.

A brief update was provided on the Quality Management (QM) strategy. The goal is to have a system that prioritizes monitoring, evaluation, and learning functions for accountability. A centralized, structured, and reliable system will give means to support program implementation and contribute to an organizational learning climate amongst many other things. An action plan has been established. The first phase implemented revolves around building the infrastructure. This phase aims to strengthen coordination across service areas, execute frequent performance reviews, enforce data quality management mechanisms, and build capacity.

Questions and comments ensued,

This item was informational.

HOSPITAL SERVICES

7. Q2 2022 Inpatient Dashboard/Q2 Behavioral Health Services (BHS) Crisis Services and Acute Inpatient Reports.

The seclusion and restraint rate in Psychiatric Crisis Service (PCS) decreased for Quarter 2. However, there was an increase for Acute Adult. There were no particular outliers identified with contributing to the increase. There were no elopements reported. Patient falls increased due to two incidents reported. Since the last reporting, medication errors have decreased.

The rate of patients returning to Psychiatric Crisis Service (PCS) within thirty days was at 27.5%, with three patient-to-staff aggression incidents reported. There was a 10.4% rate of patients returning to Acute Adult Inpatient Services within thirty days, for a total of eleven incidents reported. Lastly, the Child Adolescent Inpatient Service (CAIS) rate of patients returning within thirty days was at 5.4% with one patient-to-staff aggression incident reported.

Questions and comments ensued.

This item was informational.

8. Quality Assurance Performance Improvement (QAPI)/Patient Safety Updates.

The final Quality Assurance Performance Improvement and Patient Safety meeting was held on September 2, 2022. During the meeting, updates were given on the analysis completed for psychiatric social work utilization, which identified two areas in need of follow-up review. Those two areas were discharge planning and assisting patients with medication assisted treatment (MAT) compliance post-hospitalization. There will be a collaboration with the Granite Hills Hospital to follow up on the review of the identified areas.

Other topics of discussion include an active shooter tabletop exercise recently conducted as it relates to safety matters, and a final update was given on hospital medical records auditing.

Questions and comments ensued.

This item was informational.

9. Contract Management Updates.

Updates were provided on the Allied Universal and Language Source contracts, which have both had outstanding findings from audits held in January and February of this year. As of June 30, 2022, Allied Universal began receiving sanctions due to a continual lack of compliance. Language Source currently remains under review.

Questions and comments ensued.

This item was informational.

10. Policy and Procedure Quarterly Report.

During the month of August, 687 policies were reviewed. Of those, 32 were past due. In addition, 82 policies were reviewed and revised, as well as the implementation of 12 new policies. The overall progress as of August 1, 2022, was 95.3%. The overall progress increased to 95.6% by September 1, 2022. There were 699 policies reviewed. Moving forward, that number will decrease as hospital policies are archived.

Questions and comments ensued.

This item was informational.

11. Adjournment.

Chairwoman Neubauer ordered the meeting adjourned.

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: 10:06 a.m. – 12:17 p.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
November 7, 2022

To View All Associated Meeting Materials,
Visit the Milwaukee County Legislative Information Center at:
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