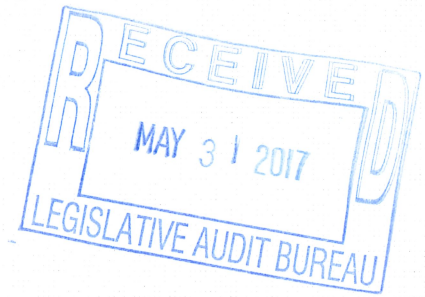




DEPARTMENT OF HEALTH & HUMAN SERVICES
BEHAVIORAL HEALTH DIVISION

Milwaukee County

HÉCTOR COLÓN • Director
MICHAEL LAPPEN • Administrator



June 1, 2017

Senator Robert Cowles
Co-Chair, Joint Legislative Audit Committee
State Capitol
Room 118 South
Madison, WI 53703

Representative Samantha Kerkman
Co-Chair, Joint Legislative Audit Committee
State Capitol
P.O. Box 8952
Madison, WI 53708

RE: Update on Recommendations from the December 2016 Legislative Audit Bureau Report on the Milwaukee County Mental Health Board and the Functions, Programs, and Services it Oversees

Dear Senator Cowles and Representative Kerkman:

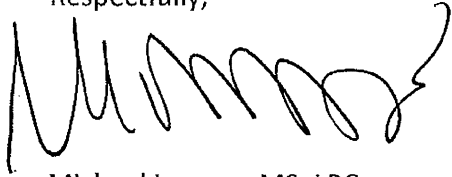
On behalf of the Milwaukee County Behavioral Health Division (BHD), and the Milwaukee County Mental Health Board (MCMHB), I would like to thank you for the opportunity to provide the Joint Legislative Audit Committee a progress report on our efforts to implement the recommendations contained in the Legislative Audit Bureau (LAB) Report on the Milwaukee County Mental Health Board from December 2016. As I noted in my letter to State Auditor Joe Chrisman dated December 13, 2016, the Administrative Team at BHD appreciated the professionalism and collaborative approach taken during the audit process.

BHD and our governing Board have taken the recommendations very seriously, and I am happy to report that we have made great progress in acting on many of them. In some cases, the recommendations have been fully implemented. Other recommendations were longer-term objectives, but BHD's Administrative Team has established timelines to fully implement them and in each case, has made significant progress over the past six months. I have reported on BHD's progress in implementing all of the LAB recommendations at each MCMHB meeting since the report was published last December. These reports are publically available, including audio on the MCMHB web page. BHD was instructed to report our progress to the Joint Legislative Audit Committee on a number of specific recommendations by June 1, 2017. Please find attached a detailed update on our progress on those recommendations for your review.

State Legislative Audit Bureau Recommendations
June 1, 2017

If there are any questions or concerns regarding BHD or our progress on the LAB recommendations, please do not hesitate to contact me. I am at your service.

Respectfully,

A handwritten signature in black ink, appearing to read 'Michael Lappen', written in a cursive style.

Michael Lappen, MS, LPC
Milwaukee County Behavioral Health Division Administrator

cc: Joe Chrisman, State Auditor, Legislative Audit Bureau
Paul Stuibler, Deputy State Auditor, Legislative Audit Bureau
Duncan Shrout, Chairman, Milwaukee County Mental Health Board

Legislative Audit Bureau (LAB) Recommendations Requiring a Report to the Legislative Audit Committee from the Milwaukee County Behavioral Health Division (BHD) and the Milwaukee County Mental Health Board (MCMHB) by June 1, 2017

The LAB report from December 2016 recommended that BHD should:

Develop a strategy to address staffing issues at its hospital (p. 39). The recommendation is later rephrased that BHD should develop a strategy to address staffing issues at its psychiatric hospital that will allow it to consistently provide the number of beds it has budgeted to provide.

A comprehensive recruitment and retention plan was developed and implemented in late 2016 to address psychiatrist, registered nurse, and crisis clinician recruitment. Pay ranges for psychiatrists were modified, a new recruitment agency was hired, a temporary agency was retained for nurses, and the MCMHB Finance Committee approved \$2,000,000 at the December 2016 meeting to secure temporary nursing to maintain adequate staffing for BHD's Acute Hospital. Shift differentials were improved, sign-on bonuses were established, a referral bonus program was developed and implemented, an attendance incentive was implemented, and a school loan payback program was developed.

A marketing plan and public awareness campaign was developed by Kane Communications to make the public aware that BHD continues to operate an acute psychiatric hospital (since so many in the community believed we were closed or imminently closing), that BHD is a thought leader in Behavioral Health with the most experienced and capable staff serving the most challenging clients, and identifying BHD as the top local learning opportunity for recent nursing graduates interested in a career in mental health. The campaign featured several current employee ambassadors representing a number of potential target groups—new graduates, those exploring a second career in nursing, and those seeking part-time work with full-time benefits. A major focus of the project was to reach and recruit nurses to fill open positions on BHD Acute Units. The program rolled out mid-February 2017 and included documentary style videos depicting current BHD nurses, a comprehensive radio and internet ad campaign, freeway billboards, bus shelter ads, banners, etc. There was significant interest from local press with requests for BHD staff to do interviews about the campaign and the benefits of a career in mental health. There has been a very positive response to the campaign, with significant traffic generated to the web page and a dramatic increase in applicants and offers. Despite a very competitive environment for psychiatric nurses, BHD has made approximately twenty-five new hires in nursing from February to May 2017. The link to the BHD Nursing Careers web page is: <http://county.milwaukee.gov/nursing>

Develop performance indicators for individuals placed on a waiting list for institutional-based care (p. 39); and develop performance indicators of the number of individuals placed on the Psychiatric Emergency Medical Services program waiting list and the amount of time they spend on the waiting list before they are served.

The “waiting list for institutional-based care” refers to patients that are being cared for at a local hospital while awaiting transfer to BHD/Psychiatric Crisis Service (PCS) for further evaluation/definitive care. When BHD faces capacity issues, priority is given to individuals that come to PCS directly, either as a walk-in or with law enforcement, since those individuals are otherwise currently receiving no treatment. Three new performance indicators related to individuals placed on the waiting list for institutional based care are:

- Hours of BHD Police Diversion Status (Target 2017 = 0).
- Median time of patient on Waitlist (Target 2017 = Less than 8 hours).
- Patients on Waitlist needing BHD Service [*Patients on Waitlist needing BHD service % = Patients post PCS Visit at BHD who physician admits to BHD Service / All "Wait list" patients* (Target 2017 = Less than 2%)].

These performance indicators address three notions: First, does BHD ever suspend its duties as a detention facility for police drop offs? Second, in the median, how long are patients boarded/cared for at outside facilities if they are placed on waitlist-- this is a national measure that we can benchmark our performance against. And, of the patients place on waitlist that come to PCS for further evaluation, how many actually are evaluated by PCS to need BHD service - this is a measure of system efficiency as most patients who are on waiting list can have resolution with care other than BHD facility based care (Acute Inpatient or Observation Unit).

Clearly delineate the community-based programs for adults that it administers and the services provided by each (p. 48). This recommendation is later rephrased that BHD should clearly delineate the community-based programs for adults that it administers and the services provided by each, and provide this information to Milwaukee County Mental Health Board members, service providers, and prospective recipients and their family members.

Community Access to Recovery (CARS) staff will present to the MCMHB on each community-based program administered by BHD in 2017. The most recent presentation occurred at the April 27, 2017, meeting of the MCMHB and focused on Prevention and Access. This was Item #7 on the agenda, and the materials, including audio of the presentation, are posted on the MCMHB web page. A presentation on CARS Treatment, Rehabilitation and Recovery is scheduled for the MCMHB meeting June 22, 2017 (Agenda Item #7).

CARS is also in the process of updating informational materials for each BHD community-based program and is developing a resource guide based on an example used in La Crosse, which describes BHD related programs, along with many related community resources. A parallel project is underway to establish an online BHD Provider Directory in coordination with a much

larger Milwaukee County effort to improve the County web page. The online BHD Provider Directory will provide a detailed explanation of each program administered by BHD, along with admission requirements, provider profiles, and quality data. The electronic format will allow for the materials to be easily refreshed and maintained. The project is scheduled to be completed by the end of 2017, with a tentative go-live date in early 2018.

Electronically maintain records of services provided to recipients (p. 48); electronically maintain records identifying the specific services provided to recipients and the specific program that provided each service.

Since Community Access to Recovery Services went live with the Electronic Medical Records System for all community services (Avatar and Provider Connect by Netsmart) on October 1, 2015, records of all services provided to recipients by BHD or BHD funded providers, and the specific program that provided the service, are maintained electronically within the EMR system.

Address several policy related issues: The specific LAB language with recommendations regarding policy are found in several places in the report: BHD should identify the policies that apply to each of its programs and the policies with which vendors are expected to comply (p. 48); and review 144 policies that are overdue for review. To identify in all of its program-related policies the specific programs to which the policies apply; include in its contracts, including fee-for-service agreements, the specific policies with which vendors will be expected to comply. We recommend the Behavioral Health Division conduct a review of the 144 policies that are overdue for review, update them as necessary.

In response to the issues raised regarding BHD policies overdue for review, the following explanatory document and action plan was created by the BHD Safety Officer for the MCMHB in January 2017:

History:

BHD had identified the need to improve the management of policy and procedure (P&P) content, accessibility, and accountability. BHD chartered a P&P Committee and in early 2015, through researching available options, PolicyStat was selected as the best solution for BHD's policy repository.

Features:

Policy Templates: Ensures the same format is used for all new policies. Font and layout are also specified for all new and existing policies, which assures consistency across the division.

Searching: Users can search for policies by a key word, title, policy area, and/or owner.

Dashboard: Provides a snapshot of each staff persons' policy workload. This includes a ninety (90)-day notice for what is coming due, what needs approval, and what policies need to be acknowledged.

Approving: Approval flows are standard and add consistency for each policy area. If a change is made during the course of the approval process, the process is started over, so all approvers have seen all changes. Approvals are timestamped and automatically recorded. Once an approval is completed, employees receive a notification of a new or revised policy in the system.

Editing and Collaborating: Revisions are tracked, including a timeline showing edits, approvals, red lines, or additions. Multiple staff can work from one central draft. Appropriate staff can collaborate together and leave comments/feedback on the document, which facilitates the process versus holding a meeting to review a policy.

Auditing: An audit trail of past versions is available to appropriate staff. This includes all comments entered during the editing process. This allows an old document to be retrieved, often for legal reasons, while front-line staff will only access the currently approved and active document.

Referencing: Policies can include references, so staff and auditors can notate, group, and search for documents according to a particular standard or regulation.

Acknowledgements: All employees or groups of employees can be assigned to acknowledge a policy. The acknowledgement can also include a link to a training module and/or test in (HealthStream), if desired. This results in a timestamped record for each employee indicating they have read and acknowledged the policy content.

Timeline:

An agreement was signed in May 2015, and the Build phase of the project was initiated.

The Build phase included creation of a number of required aspects within PolicyStat:

- Policy banner and header design
- Creating a new policy template that all new policies would follow
- Defining policy areas
- Creating policy approval flows for each policy area
- Provisioning and training employees in the roles of manager, editor, owner, and site administrator
- Determining which policies would be imported initially for "cleaning" and reformatting into the system
- Ongoing upload of existing policies as submitted

Once a portion of BHD policies were uploaded and made available on the system, all employees were invited to sign into the system and acknowledge the initial introduction policy. All

employees also received a basic on-line training on the basics of PolicyStat. On October 1, 2015, the system went live.

Originally, there was not one central location for all P&Ps. As a result, it was difficult to locate electronic versions of all possible documents for upload. To date, we have uploaded and/or created a total of 519 active policies. Departments have been encouraged to submit departmental procedures, forms, and policies for upload or create new items directly into PolicyStat. Initially, P&Ps were uploaded with the knowledge that some were no longer applicable to current business practices and would be retired. This, however, would preserve the historical value of the prior policy and would make record keeping simpler.

At present there are an additional seventy-eight documents in draft and fifty in the approval process. In the last ninety days, twelve policies have completed the approval process and are now live in the system.

The P&P Committee has been reviewing uploaded documents for items that can be retired. Departments are also still able to submit documents for upload. These documents may or may not be up to date, but BHD had decided that uploading an outdated policy and then revising or retiring it in the system is a preferred method to preserve the tracking of edits and discussion surrounding those edits and/or retirement decisions.

Additional training sessions will be held for owners, editors, or approvers on how to use PolicyStat. Expectations for prioritizing policy review/revision was discussed at the January 23, 2017, Managers meeting. Managers will be expected to follow up with policy owners they supervise to assure all policies are up to date. Escalation to the Senior Management and Administrator levels will occur as needed.

A specific timeline for policy review and completion by the policy area will be developed based on the results of that meeting. The final target date was May 1, 2017, for all existing policies in PolicyStat to be reviewed/revised or retired. This targeted date was intended to provide time to produce as much information possible for the report due, which is hereby submitted to the Joint Legislative Audit Committee on behalf of BHD and the MCMHB on June 1, 2017.

By May 1, 2017, BHD made significant progress on reviewing/retiring policies but had not completed the project as originally planned in January 2017. According to the report to be presented to the MCMHB Quality Committee on June 5, 2017, as of May 1, 2017, BHD had 496 active policies. Seventy-nine percent of BHD policies had been reviewed within the scheduled period. There were thirteen new policies approved in PolicyStat from January to April 2017, twenty-seven policies were revised, and forty-one were retired. Forty-nine policies will come due for review from May to August. There is a revised plan in place to review/retire all past due policies by August 1, 2017, with a significant focus on reviewing policies within the scheduled period going forward, once the backlog of retired/overdue policies has been resolved in PolicyStat.

BHD has initiated a transition from Purchase-of-Service Contracts to Fee-for-Service Contracts in a number of major program areas. Targeted Case Management and AODA Residential were the first to be completed in 2017, and there is a timeline to transition the balance of Purchase-of-Service Contracts over the next year. As part of this initiative, policy language has been added to clarify which BHD policies providers must adhere to. Additionally, all current program related policies in PolicyStat identify which programs the policy applies to, and policy requirements have been updated in all vendor contracts in 2017.