Concerns identified by MHTF to be addressed in UHS agreement

MHTF Concern for UHS Agreement from December 2017 memo	Status in September 2018 UHS Agreement
1. PUBLIC ACCESS AND INPUT. Public money is being used to fund inpatient services and that warrants a public process. To date the UHS proposal has not been available to the public. What elements of the proposal will be made public, and when? Will there be an opportunity for public comment?	
2. MH BOARD OVERSIGHT ROLE FOR UHS SERVICES. Given the shift in the role of the MH Board and county from being a provider of inpatient services to a purchaser of services, what provisions will be in place for oversight and quality control for the purchased services, and how will this be staffed? Will there be specific performance expectations imposed on the contractor and, if so, who is developing these and how will they be monitored?	
3. STAKEHOLDER ROLE IN OVERSIGHT PROCESS. Does the proposal address the role of consumers, advocates, and family members in the oversight process? This should include requirements for the private entity regarding inclusion of these stakeholders on their governing and oversight boards.	
4. OVERSIGHT RESPONSIBILITY. What other independent oversight will be in place to ensure compliance, monitor performance, provide site visits, and survey the facility? Is UHS planning to pursue Joint Commission accreditation and if so, what is the timeline? What will be the role of Wisconsin DQA?	
5. ACCESS FOR PUBLIC DEFENDERS AND ADVOCATES. Does the proposal response make a commitment to ensure that public defenders will be able to continue to meet with their clients on the units to ensure clients have timely and regular access to their attorney, as well as ensure access for advocates and community support staff working with clients, including the state Protection and Advocacy agency?	
6. WHO WILL BE SERVED? Who will the contractor be required to serve? Does the proposal make a commitment to serving all uninsured and high acuity patients? Will there be a no refusal policy? Does the county anticipate any	

increased use of state facilities such as Winnebago, as a result of closing the Complex?	
7. DEESCALATION AND USE OF FORCE. The video from the national investigation clearly shows that there was no attempt at verbal de-escalation of the situation in the hallway (presuming that there even was a need?) The employee went straight to hands on use of force with improper techniques. While we understand that a hospital must have safety precautions in place, the practices shown here are unacceptable. Those policies should be scrutinized. What data has UHS provided regarding their use of seclusion and restraints, and practices implemented to encourage voluntary treatment?	
8. TREATMENT PLANS/TREATMENT PLAN UPDATES. How long and why are people staying as an inpatient at the facility? Are there standard protocols for treatment? What if someone does not have insurance? Will they be released pre-maturely for inability to pay? Are consumers involved in treatment plans? Consumer's families?	
9. DISCHARGE PLANNING. How will discharge planning be coordinated with Milwaukee County community services, housing, Medicaid HMOs, and Family Care MCOs, Winged Victory, and others? What safeguards are in place to ensure patients have access to a full range of services to support re-entry including assistance with housing, benefits counseling, and assistance with enrollment in a wide range of community services?	
10. STAFFING RATIOS. What is the recruitment and retention process for staffing? A big criticism of "for profit" privatized outfits is that they pay their staff very little and profit immensely. Are there limits on the use of overtime? Will they temporarily shut down beds if they are not fully staffed?	
11. EMPLOYEE DISCIPLINE. What is the response of UHS to rule infractions that affect patient care? (e.g. HIPAA violations, abusive language, power differential boundary violations)	

12. MEDICATION MANAGEMENT and DISTRIBUTION. What is the philosophy on medication management as it relates to poly pharmacy? Who distributes medications? (Nurse versus ??) What is the policy on non-formulary medications for those for whom first line medications do not work? Is there a protection against the vendor using an inappropriately limited formulary?	
13. GRIEVANCE PROCEDURE. What rights do patients have in terms of grieving decisions, behaviors, roommate situations, physical conditions, food etc.? Are patient's voices heard and taken seriously? What staffing will be in place to address client rights?	
14. PHYSICAL PLANT SECURITY. We recommend assessing how cameras are used in the facility for safety, security, and confidentiality functions. Also food and room temperature are a big deal when dealing with certain medications.	
15. PATIENT RESTRAINT POLICY. Obviously the use of restraints is a major concern. What are their policies regarding use of both physical and chemical restraints? What is the suicide watch policy? What property does a patient retain and for how long is their property taken from them?	
16. INITIAL and ANNUAL UPDATE TRAININGS. What does new employee orientation training entail? Are workers oriented, trained properly, and given update trainings yearly? On what?	
17. PEER SUPPORT. BHD has been a leader in employing Certified Peer Specialists on the units. Has UHS made a commitment to continue to employ Certified Peer Specialists on the units?	