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| **MEMBERS** | **Present** | **MEMBERS** | **Present** | **MEMBERS** | **Present** |
| BABH Primary Care Director: Joelin Hahn (Chair) | X | BABH BI/Corporate Compliance: Janis Pinter | X | MBPA CSM/SC Supervisor: Kathy Coleman |  |
| BABH Quality Improvement: Sandy Gettel (Chair) | X | BABH Nursing Team Leader: Sarah VanParis |  | MBPA Program Director: Sandra Garcia |  |
| BABH/Arenac - Integrated Care Director: Karen Amon | X | BABH Nursing: Heather Seegraves |  | MPA Adult OPT Director: Katy Dean | X |
| BABH Children Services: Noreen Kulhanek |  | BABH Vocational Services: Brenda Rutkowski | X | MPA Adult CSM/SC Supervisor: Matt Lance | X |
| BABH Children Services: Stephanie Hoffman |  | BABH Medical Records: Brenda Beck | X | MPA Children’s OP Supervisor: Michelle Richards | X |
| BABH IMH/HB: Kelli Maciag |  | BABH Quality & Compliance: Sarah Holsinger | X | Saginaw Psych Barb Goss |  |
| BABH Clinic Manager: Amy Folsom | X | BABH Clinical Services: Heather Friebe |  | Saginaw Psych Nathalie Menendes |  |
| BABH ES/Access: Kristy Moore | X | BABH RR/Customer Services: Janelle Steckley |  | BABH Secretary: Joelle Sporman (Recorder) |  |
| BABH ES/Access: Margaret Dixon |  | BABH RR/Customer Services: Jeff Wells | X | **BABH AD-HOC MEMBERS:** |
| BABH Access: Stacy Krasinski |  | LPS COO: Jackie Thompson | X | BABH Finance Department: Ellen Lesniak |  |
| BABH Adult ID/DD Manager: Melanie Corrion | X | LPS Clinical Director: Kim Kern |  | BABH Contracts Admin.: Erin Lewis |  |
| BABH ACT/Adult MI Manager: Kathy Palmer | X | MBPA Clinical Director: Cindy Soto | X | BABH RR & CS Manager: Melissa Prusi |  |

| **Topic** | **Key Discussion Points** | **Action Steps/Responsibility** |
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| 1. | Review of and Additions to AgendaApproval of Meeting Notes from 07/13/17 Meeting | * The meeting was called to order at 12:30 pm.
* There was one addition to the agenda. Under #5 Clinical Process, 5c. Trauma Screening.
* Meeting notes were approved.
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| 2. | Guest Presentation | No guest was present. |  |
| 3. | Mid-State Health Network (MSHN)/ Michigan Department of Health & Human Services (MDHHS)1. Delegated Site Review

8/23/17 - 8/24/171. Work Group Updates
 | 1. The MSHN Delegated Site Review is scheduled for August 23-24. The sample charts being reviewed was already handed out. Some documents will need to be uploaded by August 16th but the rest will be available at the review.
2. The SIS Work Group is moving along but there are still some discrepancies between the State’s and BABH’s data. If you are being seen or treated for a primary mental illness, a SIS will not need to be completed.

The Employment Work Group talked about MI being an employment first state and what that means and how it works. The Transition Work Group has had very little participation. They wanted information on how community mental health services are getting to the schools. Brenda Rutkowski sent them information that is handed out to parents on how to contact Access regarding eligibility. There’s a seamless transition grant that the ISD applied for and BABH is partnering with them. The ISD has a start program specifically for individuals on the Autism spectrum. There are community conversation meetings that the ISD hosts in Bay and Arenac counties. This meeting focuses on employment for students that are receiving a special education or 504 service.A Youth to Transition Services Group was started about 2 years ago. It talks about employment services for students with disabilities. It’s a community partnership where information is shared with each other. Brenda is meeting with the Director of Special Education to restart the group in Arenac County.MSHN has started up a new ROSC Group. MSHN has been the recipient of a grant thru the state for the opiate epidemic and there is a plan of action in place. The 21-county region was divided up and we are the East region. |  |
| 4. | BABH Announcements1. American Health Care Act
2. Hidden Talents Art Display
 | 1. Deferred until details are available.
2. BABH is working with Do-All on having a community-wide art contest for anyone interested. The artwork will be submitted to Do-Art and the artwork selected will be put on display at the Wirt Building and will then be available for community sale. When the flyer is available it will be sent out.
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| 5. | Clinical Process – Issues/Discussion1. Role of Primary Case Holder
2. Health Integration
3. Trauma Screening
 | 1. What are the primary roles, responsibilities and expectations of a primary case holder? When looking at policy revisions and processes, we need to understand what is involved in this role. The case holder makes sure the pathways of services are working, but they do not coordinate all the services. The expectation for public behavioral healthcare is to follow-up with the unmet healthcare need. We are held accountable for how well we coordinate all the services, not partial services. The case management model is different than a health plans case management model.
2. Health Integration has been added to the tool and it has been a requirement for the past few years. The health screening needs to be addressed in the consumer’s plan, but we are not required to do the screening. Just a reminder to keep following up on this and note in in the progress notes. Peer Connect 360 will be embedded in Phoenix and will give the claim for the office visit, but will not give the physical or the results of the physical. We can get the results thru the MiHIN connection that is being worked on. We will continue to work on this, have the draft plan revisions brought back for feedback and add more language if needed.
3. The trauma policy has been worked on in the different committees and the screening tools have been identified. There has been some language change about the definitions. We have to screen every person that enters treatment for trauma. Several tools have been identified for adults and children and for those with intellectual and developmental disabilities. There wasn’t a tool that was identified specifically for the intellectual and developmental disabilities population, so any tool can be used for those individuals. You have to screen if they test positive on a trauma screening, then do a fuller assessment. Children will have their own assessment and adults will need a fuller assessment. We need to address secondary trauma, and collaborate with community partners and agencies to develop a trauma informed community, which are all contract requirements through the state.

If you are using the clinical assessment, you are all set, but if you are using the external assessment, we will need to add the trauma screen to the assessment for external providers because we have to show proof. We need to use a validated and reliable tool to screen. | 1. Keep on agenda.
2. Joelin will send out the trauma screening tools electronically.
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| 6. | Prescriber Update1. Patient Portal Incentive Program
 | 1. August 14th is the kickoff for the incentive program.
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| 7. | Corporate Compliance Updates/ Discussion1. Discharge Transfer Policy
 | 1. Chris signed off on the policy and the final draft was handed out. Once set, the discharge summary can close out the authorizations and admissions. If you have questions about coordination between agencies for primary care you can contact Joelin, but if it’s about Phoenix or wording on the policy you can contact Janis or Brenda Rutkowski.
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| 8. | Phoenix System Updates/ Discussion | Nothing to report this month. |  |
| 9. | Summary/Data Analysis – Follow-Up to Data Analysis1. Reporting
2. MMBPIS
3. Quality Record Review
4. Dashboard
5. QAPIP Annual Review
 | 1. 1. All indicators were above the 95% standard except for Indicator 3 - Start of

 Service within 14 days for children and adults. BABH DD-Children was below  the standard at 83.3%. We are required to do one corrective action plan for  FY17Q2.2. Quality record reviews are a CARF requirement that are done by BABH’s  supervisors. Sandy went over the changes that have been made to the  language on the quality of care review forms. We need to make sure  action/training is taken for each department’s review that is not 100%. 3. Nothing to report this month.4. Nothing to report this month. |  |
| 10. | Project Descriptions/ Development/Improvements1. Organizational Assessment – Trauma
2. Health Coordination Project
3. Quality of Care Form
4. Follow-Up to Hospitalization
 | 1. The semi-annual Quality Assessment Performance Improvement report is due and all the data is on the dashboard. The trauma organizational assessment is being updated.
2. The Health Coordination project needs to be shifted to health integration.
3. The Quality of Care form is being updated.
4. Nothing to report this month.
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| 11. | Consumer/Stakeholder Feedback1. Consumer Log
2. Standing Committees, Councils, Program and Contract Provider Reporting
3. Recovery Committee
4. Quality of Life
5. Child & Family Committee
6. Consumer Councils
7. LPS
8. MBPA
9. MPA
10. Saginaw Psychological
 | 1. The consumer log is in the process of being updated.
2. 1.-3. On hold – These committees will still have a standard meeting time, but

 will be focus groups on projects. We will look at the membership of these  committees as well. 1. Jeff went over the discrepancies in the data from last meeting.
2. Jackie is back from maternity leave. LPS has hired another person for co-occurring and is working on the MSHN and BABH contract. She is working part-time in Bay City and in the Caro office the rest of the time.
3. MBPA has a new therapist. They are open for Medicaid referrals. A Nurse Practitioner will start in October. A Psychiatrist will start in 2020.
4. MPA is only taking Outpatient referrals from Access.
5. Nothing to report this month.
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| 12. | Other/Additional | Remind staff of available services: Just a reminder that BABH has services available at the Opportunity Center. They not only have the Clubhouse but they also have peer support services. Chores-R-Us is available for CLS services and they do a great job with helping consumers.Peer Connect 360 – Peer Connect 360 is open for referrals and have groups 2 days a week in Bay County.University Clinic - The Clinic is now called the Bay Community Health Clinic.Washington Elementary School Family Health Initiative – This is a grant that MPA, Saginaw Psychological and BABH have been working on. We were approved for the second-year grant. Stepping Up Initiative – BABH meets with the Bay County Courts, Sheriff’s Department, Probation Office, Prosecutor’s Office, and Jail Administration and now includes public substance abuse providers at Sacred Heart and Recovery Pathways. Working on a vivitrol program that would start while incarcerated. Will receive the first injection before being released from jail. The OC had an open house last week. Joelin asked that they change up the invitation and make sure it’s ok to go to the providers. It was a very nice event. |  |
| 13. | Adjournment**Next Meeting** | The meeting adjourned at 3:00 pm. The next meeting will be on Thursday, September 14, 2017 from 12:30-3:00 pm at Mulholland in Conference Room 225. If there are any additional items that need to be covered at the next meeting, please contact Joelin Hahn or Sandy Gettel. |  |