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| **MEMBERS** | **Present** | **MEMBERS** | **Present** | **MEMBERS** | **Present** |
| BABH Primary Care Director: Joelin Hahn (Chair) | X | BABH BI/Corporate Compliance: Janis Pinter |  | 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 |  |
| BABH Children Services: Noreen Kulhanek |  | BABH Vocational Services: Brenda Rutkowski |  | 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 | X | BABH Quality & Compliance: Sarah Holsinger | X | Saginaw Psych Barb Goss | X |
| BABH Clinic Manager: Amy Folsom | X | BABH Clinical Services: Heather Friebe | X | Saginaw Psych Nathalie Menendes | X |
| BABH ES/Access: Kristy Moore | X | BABH RR/Customer Services: Janelle Steckley |  | BABH Secretary: Joelle Sporman (Recorder) | X |
| BABH ES/Access: Margaret Dixon |  | BABH RR/Customer Services: Jeff Wells |  | **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 |  | 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 |  |
| **GUESTS:** Stephani Glass (BABH Adult ID/DD) | | | | | |

| **Topic** | | **Key Discussion Points** | **Action Steps/Responsibility** |
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| 1. | Review of and Additions to Agenda  Approval of Meeting Notes from 08/10/17 Meeting | * The meeting was called to order at 12:30 pm. * There were a few additions to the agenda. Under #5 Clinical Process – 5d. DHHS Transportation Guidelines, 5e. DHHS Revisions to Food Assistance Program and 5f. Action Alert * Meeting notes were approved with changes. |  |
| 2. | Guest Presentation | No guest was present. |  |
| 3. | Mid-State Health Network (MSHN)/ Michigan Department of Health & Human Services (MDHHS)   1. MSHN Supplement Data Set (MSSV) 2. Work Group Updates | 1. Janis is working on the assessment to update the fields. If you are using the assessment within PCE, all the fields are there. The fields will be included on the external assessment for those providers that are not using it. 2. The Inpatient workgroup is looking at possibly implementing a consumer satisfaction survey for the inpatient unit. One is for voluntary admission and one is for involuntary admission.   The DD Proxy assessment requirement for completion is that if a consumer has an IDD diagnosis or disability designation, the DD proxy assessment needs to be completed.  Regarding the SIS, if a person has a dual diagnosis, but are receiving most services for mental illness, they will not need a SIS. At this time, we will focus on those that are primarily receiving DD services. You should not be able to sign the proxy document unless the fields are all completed. This needs to be confirmed. There were reports of documents being signed with empty fields. Make sure the disability designations are accurate because that data is reported to the state. | 1. Brenda Beck to check on the fields in PCE. |
| 4. | Summary/Data Analysis – Follow-Up to Data Analysis   1. Reporting 2. CAFAS 3. Crisis Plan (FY17Q3) - Dashboard 4. Quality Record Review (FY17Q2) 5. Healthcare Coordination (FY17Q3) - Dashboard 6. Copy of PCP (FY17Q3) - Dashboard 7. Sore Hi 8. Completeness Reports - DD Proxy (FY17Q3) - Dashboard 9. Semi-Annual QAPIP Report | 1. 1. Defer   2. Crisis Plan for FY17Q3 – BABH-All is above the threshold. LPS  was below the threshold at 88% for 3 out of 26 charts  reviewed and Saginaw Psychological was below the threshold  at 75% for 1 out of 4 charts reviewed. The treatment plan has  an option where a crisis plan is offered so this needs to be  filled out if the plan was offered.  3. A Quality of Care Review Form is completed for each record  review. The threshold for compliance is 95% or higher for  each domain. The review findings for Administrative and  Consents section – Consent for treatment is present for all  Provided services is at 82%. We reviewed 21-35 records for  this quarter. Training needs to be documented. Evidence of  coordination is at 93%. The review findings for Assessment  section – All sections of assessment are completed with  relevant history and current information is at 86%. We need  to make sure all the sections of the assessment are completed  in full whether they are internal or external. The review  findings for Pre-planning section – The Autism service array is  at 83%. The review findings for Individual Plan of Service  section – The pre-planning meeting occurred before the  IPOS/PCP meeting is at 83%. The review findings for  Psychiatric Services section - Nursing assessment completed  at intake is at 94%. Evidence of psychiatric evaluation or  psychiatric assessment is at 88%. Psychiatric Services will be  an add-on for nursing and psychiatric so it will not be on every  form. Guidelines need to be set for this. AIMS testing is  completed and is at 90%. Physician’s orders for services/tests  are present is at 92%. Informed consents are present is at  77%. This data will be looked at quarterly.  4. Evidence of Primary Care Coordination for FY17Q3 – BABH-All  is going up, but we are still under the threshold. BABH-D was  at 86% and MPA was at 87%. Some of the issues of low  threshold is that releases are not being done, or releases are  being done, but there is no evidence of coordination. Sarah is  looking for the release/letter to prove there was coordination  with the consumer. Possibly add a check box for Healthcare  Coordination.  5. Copy of PCP for FY17Q3 - BABH-All is at 94%. Saginaw  Psychological and List were below the threshold. BABH-D is at  95%. Update sent is not always completed, so make sure it’s  completed.  6. Defer – There are issues with how the data is being collected.  7. We need to monitor this and stay at 95% compliance, and  monitor that the data being submitted is accurate.  8. The semi-annual report is a status of 2 quarters of all the  dashboard data. | 1. 1. Deferred   6. Deferred |
| 5. | Clinical Process – Issues/Discussion   1. Trauma - Assessment and Screening Process 2. Role of Primary Case Holder 3. Health Integration 4. DHHS Transportation Guidelines 5. DHHS Revisions to Food Assistance Program 6. Action Alert | 1. Joelle is in the process of scheduling a meeting with the Trauma Work Group. The Work Group will revisit the assessment and screening process, answer any questions that come up and go from there. The intent of the meeting is to get a trauma screen completed for a person. 2. Defer 3. Reminder that we need to talk about medical health care with each person. Clinicians have the responsibility to coordinate that medical health care is a part of health integration. 4. The local DHHS is responsible for transportation for medical, mental health and substance use services. For in-county appointments, the consumer needs to contact their case worker for a ride. The consumer will pay for the ride and will then be reimbursed as long as they show a receipt. For out of county appointments, this can be coordinated thru DHHS. In county will reimburse for transportation, out of county will provide transportation. If there are any questions, you can contact Joelin or Kari Smith-Page. 5. Certain federal work requirements for able-bodied adults ages 18-49 without dependents, go back into effect on 01/01/17, in the counties of Kent, Oakland, Ottawa and Washtenaw. They may receive food assistance benefits for up to 3 months within a 36-month period without meeting certain work requirements. 6. A new bill was proposed at the federal level to eliminate the Affordable Care Act including Medicaid expansion. | 1. Remove from agenda. |
| 6. | Project Descriptions/Development/Improvements   1. Quality of Care Form 2. Satisfaction Survey Action Plan 3. MMBPIS Indicator 3 DD-C | 1. We have a form for Applied Behavioral Analysis and Nursing and Psychiatric. We need to develop a shortened version form for ES. CARF requires that we do quality reviews for Evidence Based Practices on a quarterly basis. Data collection staff need to be supervisors and team leaders, and they cannot review their own records. Every month, approximately 30 charts are handed out to the supervisors/team leaders, 2-3 charts each, not of their own program, and will then be returned to Joelle Sporman. We would like to have a short training so staff are aware of what the process is and to have consistency across the agency. This is an internal process, but if any providers would like to attend they are welcome to do so. 2. The satisfaction survey was reviewed at a previous meeting, but we need to talk about interventions on what to do to improve scores. Perception of Outcome of Services, Functioning and Social Connectedness scored low for adults and children. We need to know what to do to improve on all questions that scored low. Children, ages 13 and older, should be doing the survey on their own, which may change the outcome of the answers.   Schedule a work group with the Recovery Committee to focus on developing a PowerPoint training to help with the survey.   1. We need to complete a corrective action plan for Indicator 3, DD-Child. This was on one consumer that wasn’t scheduled in the 14 days and it was a matter of documentation. Suggestions for improvement would be to provide the PowerPoint to staff for review and for new people, we can go back and re-educate staff on what needs to be done and we can look at using the calendar in PCE for performance indicators.   We can develop something or have something available to staff that is in addition to what is given to them. If your program or anyone needs an update, let Sandy know and it can be addressed in a staff meeting. | 1. Sandy to send a notice out to those that were on the Recovery Committee to discuss interventions. |
| 7. | Corporate Compliance Updates/Discussion   1. Discharge/Transfer Policy 2. Same Time Service Reporting | 1. Defer 2. Defer | 1. Deferred 2. Deferred |
| 8. | Phoenix System Updates/Discussion   1. Revisions to Plan of Service | 1. Defer | 1. Deferred |
| 9. | Prescriber Update   1. Patient Portal | 1. We have met meaningful use for all eligible prescribers. MPA and BABH’s MI-Adult Team helped to achieve meaningful use to help prescribers, and they will have a pizza party and a jean day. Consumers who won were extremely happy winning $25, so that was great to see. Lynn Blohm signed up 30 consumers, 2 of which were not her consumers. |  |
| 10. | Consumer/Stakeholder Feedback   1. Consumer Log 2. Standing Committees, Councils, Program and Contract Provider Reporting 3. Consumer Councils 4. LPS 5. MBPA 6. MPA 7. Saginaw Psychological | 1. Defer 2. 1. Defer 3. LPS has a hold on Medicare services. 4. All of MBPA’s services are open for referral, Medicare and Medicaid. 5. MPA is hiring a child therapist. 6. Saginaw Psych hired a LMSW and she’s already full, so they are looking to hire another person. Have a psychologist working on a Friday. |  |
| 11. | BABH/MSHN Announcements   1. Update on MSHN Delegated Review 2. CARF 3. Hidden Arts Display 4. American Health Care Act  * Proposed revisions to the Affordable Care Act | 1. Overall, the delegated review went well. There were no findings in the chart review process, just recommendations. BABH is the leader in Healthcare Integration. There is a process that is not formalized for claims data. BABH was not compliant with the organizational assessment for trauma. Some quality monitoring needs to be incorporated into some processes. 2. Move to leadership agenda. 3. Just a reminder the Hidden Arts Display is a program that is going on, and anyone in the community that wants to do artwork can submit it to Do-All by 9/15/17. The winners that are selected will have their artwork displayed at the Wirt building display window in the United Way building. | 1. Remove from agenda and put on Leadership agenda. |
| 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 and program that helps with supported employment.  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. When working with a consumer that has substance abuse along with mental health, and substance abuse is primary, the SA side has case management services through Recovery Pathways and Sacred Heart.  Washington Elementary School Family Health Initiative – We were accepted for a second-year grant for around $450,000. The goal now is to work to make it a sustainable school based health center.  Stepping Up Initiative – The multi-discipline collaborative is hoping by November 1st, to have a Vivitrol program started in jail. Inmates enrolling in, and meeting criteria for the program, would receive their first injection within a week of being released from jail. Post release, the consumer will be linked to substance abuse services. Appointments will be scheduled with a therapist, substance abuse case manager and prescriber for Vivitrol prior to release from jail.  We do have some co-occurring consumers. If those consumers are already in Case Management/Psych services through our provider network, and they are starting on the Vivitrol, the case manager will be the primary case holder and will need to be on top of coordination and getting releases from the substance abuse/outpatient therapy program. |  |
| 13. | Adjournment  **Next Meeting** | The meeting adjourned at 2:45 pm. The next meeting will be on Thursday, October 12, 2017 from 1:30-3:30 pm at Mulholland in Room 225. If there are any additional items that need to be covered at the next meeting, please contact Joelin Hahn or Sandy Gettel. |  |