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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 Van Paris |  | MBPA Program Director: Sandra Garcia |  |
| BABH/Arenac - Integrated Care Director: Karen Amon |  | BABH Nursing: Heather Seegraves |  | MPA Adult OPT Program Supervisor: Katy Dean | X |
| BABH Children Services: Noreen Kulhanek |  | BABH Vocational Services: Brenda Rutkowski |  | MPA Adult CSM/SC Supervisor: Matt Lance | X |
| BABH Children Services: Emily Young | X | BABH Medical Records: Brenda Beck |  | MPA Children’s OP Supervisor: Michelle Richards | X |
| BABH IMH/HB: Kelli Maciag |  | BABH Quality & Compliance: Sarah Holsinger | X | Saginaw Psych. Therapist: Barb Goss | X |
| BABH Clinic Manager: Amy Folsom |  | BABH Clinical Services: Heather Friebe |  | Saginaw Psych. Clinical Director: Nathalie Menendes |  |
| 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 | X | **BABH AD-HOC MEMBERS:** | **Present** |
| 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 |  | MBPA Clinical Director: Cindy Soto |  | BABH RR & CS Manager: Melissa Prusi |  |
| **GUESTS:** Mary Gilbert - SIS Assessor at BABH, Rachel Keyes - MPA | | | | | | |

| **Topic** | | **Key Discussion Points** | **Action Steps/Responsibility** |
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| 1. | Review of and Additions to Agenda  Approval of Meeting Notes from 01/11/18 Meeting | * The meeting was called to order at 1:30 pm. * There were additions to the agenda. Under #5 – Clinical Process, 5a. – MMBPIS; 5b. – Annual Submission and 5c. – Folllow-up to RR Training Request * Meeting notes were approved as is.   DHS no longer has their own caseloads. When something is needed, whatever worker is available will handle the call. Kari Paige has a caseload for BABH for spenddown consumers. If you have a consumer with spenddown and they are with someone other than Kari, please let Kari know so they can be added to her caseload.  Starting in April, the state will be dis-enrolling consumers from Healthy MI if they have not participated in the Risk Assessments. Anyone who is receiving specialty mental health services is supposed to be waived from that stipulation. If any consumer is kicked off from Healthy MI, please notify Joelin for further action to be taken. |  |
| 2. | Guest Presentation | No guest presentation this month. |  |
| 3. | Mid-State Health Network (MSHN)/ Michigan Department of Health & Human Services (MDHHS)   1. MSHN/MDHHS 2. Work Group Updates 3. MDHHS – LMSW Champs Enrollment | a.-b. Quality Improvement Council (QIC) – There are three required  Performance Improvement Projects that are due each year.  There is a new project that the region will choose once the state  decides on a topic and it sounds like it will be a diabetes  monitoring project which would go along with the diabetes  screening that has ended. The Recovery Assessment-Manager’s  Version survey will be discontinued. There is no information  on the optional project that will replace the Recovery  Assessment required Performance Improvement project. We  are continuing the Recovery Assessment survey for consumers.   1. Psychiatrists also have to be enrolled in the system by May 1st. Joelin is comparing documents for step-by-step instructions to make it easier when enrolling in Champs.   FYI – Lake Shore AFC, as a region, is exceeding their Medicaid budget. | 1. Joelin will email the Champs instructions when completed. |
| 4. | Summary/Data Analysis – Follow-Up to Data Analysis   1. QAPIP - Annual Report/Plan 2. MMBPIS (Dashboard) 3. Diabetes Screen (Dashboard) 4. Quality of Care Review Data | Dashboard  Adverse Events are critical events such as emergency medical treatment, hospitalizations, arrests, deaths, and emergency physical interventions. There has been an increase in the rate of adverse events for FY17, mainly from emergency medical treatment. There was 1 reportable suicide. In order for an event to be counted as a suicide, the death report needs to state suicide. We need to improve on the follow-up and action steps for the root cause analysis.  Jail Diversion/arrests reporting is not being sent to Sandy. Sandy and Kristy to touch base on reporting.  There was improvement for the End of Service surveys. This will be the last time we use this form since the RAS survey will be used instead.  The Delegated Managed Care review is done every 2 years. There were 14 standards and BABH was in compliance with 11 of the standards in 2017 putting us at a 95% compliance.  Goals for the Recovery Assessment are to have additional training, develop a training program for clinicians, decrease the frequency and add the ability to follow each consumer’s progress in the EHR.  Primary Care Coordination went up to 97%. We are at 94% for Copy of PCP in 15 Days. We are at 89% for Crisis Plan for FY18Q1. BABH is under the 95% threshold for Copy of PCP and Crisis Plan. Crisis Plan is required across the board. You should know the background of the person. You should know who should be contacted for crisis situations. You should know if the consumer has pets and who to call to take care of the pets.   1. Defer 2. We need to do a corrective action plan for Hospitalization for Recidivism for FY17Q4. Indicator 2: Initial Assessment within 14 Days - The date someone is screened, authorized and approved for services is what starts the 14 days. MI-C is at 92.5% which is under the threshold. Evidence is needed for the exceptions or changes to the original 14 days. Indicator 3: Start of Service within 14 Days - MI-C is at 91.3% which is under the threshold. Indicator 4a: Follow-up within 7 Days of Discharge - When people are being discharged from the hospital and they are scheduled for an appointment, no feedback is given whether they attend that appointment or not. LPS reception will contact that person and will offer another appointment if they missed the appointment. Saginaw Psych will inform Vicky Roy (support staff) of the missed appointment.   If a clinician is aware of issues with consumers, and because of the early discharges, the clinician could communicate with Karen Heinrich in Phoenix of the issues with their consumers. They could also inform Kristy Moore and Margaret Dixon because all ES and Access are now doing continued stay reviews.   1. Defer 2. Defer | Sandy and Kristy to touch base on arrest reporting. |
| 5. | Clinical Process – Issues/Discussion   1. MMBPIS 2. Annual Submission 3. Follow-up to RR Training Request | 1. MMBPIS data discussed in 4b. 2. There were ~2500 access screenings for FY17, and of those, 2100 were referred out. Out of the 2100, there is data for about 1500 assessments. Only 13 did not meet criteria for CMH level services. Please remind the clinicians that a person does not automatically become a CMH client because an assessment was sent. If they are moderate, they need to go thru insurance or the Medicaid Health Plan.   Katy wondered if Access could build a referral list with contact names and give a quarterly update on the providers.   1. For Primary Care providers, on-line training will be available in 2019. For this year, Central Michigan CMH has an on-line training on their website that the Primary Care providers can take. If the clinicians can prove they took the test, passed it and submitted it by 02/28/18, that will be allowed. |  |
| 6. | Project Descriptions/Development/Improvements   1. Quality Record Review Policy | 1. Defer |  |
| 7. | Corporate Compliance Updates/Discussion | Nothing to report this month. |  |
| 8. | Phoenix System Updates/Discussion | Nothing to report this month. |  |
| 9. | Prescriber Update   1. Patient Portal | 1. Nothing to report this month. |  |
| 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 8. BABH | 1. Kim Cereske is contemplating the idea of removing the consumer log from the agenda. 2. 1. The consumer council talked about section 298. They heard   that Kent County may be closing and may have a private  insurance company come in and manage them, so they  wondered if this was a rumor. Kent County was selected as  being a volunteer county to team up with the Medicaid Health  Plans for the 298 pilot project. With the issues going on with  Medicaid overspending, they may not be a volunteer for the  pilot. Talked about the Healthy MI Plan and transition to the  market place and how that will work. BABH consumers in  specialty mental health are considered to be disabled by the  State because they meet the criteria for specialty mental  health, therefore, they should not be transitioned to the  market place. Discussed the new opiate laws that take effect  in June and will have to do a MAPS on a new consumer, and if  they don’t, they could be sanctioned. There are 9 kids on the  Autism waiting list.  2. LPS hired a few people. The male therapist that was hired in  January, still has availability. One of the new staff will work on  the SUD contract with MSHN.  3. Nothing to report this month.  4. Nothing to report this month.  5. Nothing to report this month.  6. BABH hired a new Family Support worker this week to replace  Laura Demeuse. There will be another Family Support opening  posted to replace Lindsey Craves. BABH hired a SIS Assessor,  Mary Gilbert. BABH applied for a children’s block grant specific  to Intensive Crisis Stabilization/Children Mobile Response  Team. This is a state mandated program. This will be  developed within the ES Team. |  |
| 11. | BABH/MSHN Announcements   1. Hidden Arts Display 2. American Health Care Act  * Proposed revisions to the Affordable Care Act | 1. Nothing to report this month. 2. Nothing to report this month. |  |
| 12. | Other/Additional | Remind staff of available services: Just a reminder that BABH has services available at the Opportunity Center and Chores-R-Us. Available services at the OC include clubhouse, 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 - SUD/Co-occurring Recovery Coaching, Support Groups – 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 – The project is going really well and we have teamed up with Great Lakes Bay Health Centers. We will hopefully embed a health clinic in the school before August. The multi-agency collaborative from Bay County was approved for a second-year grant for around $150,000. 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 SUD services. Appointments will be scheduled with a therapist, SUD 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 BABH provider network 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.  Referrals  There has been a high amount of Outpatient Therapy referrals that are not being followed up on. Referrals are up, but the show rates are down. When brand new people come in to BABH from hospitalization, BABH is looking at implementing that they be referred to Case Management/Supports Coordination. Joelin had an idea of a pilot project - There is no way we can allow Case Managers/Supports Coordinators to bill for the activity, so we could do a pilot project to monitor this to see if it makes a difference in outcomes. Have someone on the unit, meet with someone face-to-face, then invoice BABH. It could be an activity that takes place on the unit. |  |
| 13. | Adjournment  **Next Meeting** | The meeting adjourned at 3:30 pm. The next meeting will be on Thursday, March 8, 2018 from 1:30-4:00 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. |  |