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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 |  |
| BABH Children Services: Noreen Kulhanek | X | BABH Vocational Services: Brenda Rutkowski |  | MPA Adult CSM/SC Supervisor: Matt Lance |  |
| BABH Children Services: Emily Young |  | BABH Medical Records: Brenda Beck |  | MPA Children’s OP Supervisor: Michelle Richards | X |
| BABH IMH/HB: Kelli Maciag |  | BABH Quality & Compliance: Sarah Holsinger |  | Saginaw Psych. Therapist: Barb Goss | X |
| BABH Clinic Manager: Amy Folsom | X | BABH Clinical Services: Heather Friebe | X | Saginaw Psych. Clinical Director: 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 | 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 |  | LPS Clinical Director: Rachel Keyes | X | BABH Contracts Admin.: Erin Lewis |  |
| BABH ACT/Adult MI Manager: Kathy Palmer |  | MBPA Clinical Director: Cindy Soto | X | 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 02/08/18 Meeting | There was one addition to the agenda. Under #5 – MSHN/MDHHS Updates: b. Update on Medicaid Applications  Notes were approved with a change to the wording under #3 a.-b. for the Recovery Assessment surveys. |  |
| 2. | Summary/Data Analysis – Follow-Up to Data Analysis   1. QAPIP - Annual Report/Plan 2. Dashboard Review  * MMBPIS * Diabetes Screening * PCP within 15 Days * Healthcare Coordination * Crisis Planning * Recovery Assessment Scale * CAFAS * Proxy Measure Completeness * Organizational Trauma Assessment  1. Follow Up to Data Analysis FY17Q4 – Indicator 10-Children | 1. The QAPIP Annual Report and Plan were due to the Board this month. The report includes the data we reviewed and what the interventions are that were implemented throughout the year. The purpose of the report is to determine if we need to change any of the measurement activity in the plan for the upcoming year. Performance Improvement Projects include: Medicaid Event Verification, Diabetes Screening for Individuals Diagnosed with Schizophrenia or Bipolar and receiving Antipsychotic Medication (this project will be discontinued), Recovery Environment of the Clinical Service Providers, MMBPIS, and Quality Reporting and Completeness – Record Reviews which includes: Coordination with the Primary Care Physician, Copy of Person Centered Plan/Individual Plan of Service within 15 days and Completion of Crisis Plan. 2. MMBPIS – We met compliance for all indicators except for Indicator 3 and 10. Indicator 3: % of new Medicaid Beneficiaries starting any needed on-going service within 14 days of a non-emergent assessment with a professional - BABH DD-C was at 33%. Indicator 10: % of MI and DD children readmitted to an inpatient psychiatric unit within 30 days of discharge - BABH MI and DD Children were at 15.78%.   Diabetes Screening – May be replaced with diabetes monitoring, but nothing set if this is one of the mandatory projects for FY18. Cardiovascular screening may be the other project.  PCP within 15 Days – BABH-All did not meet compliance for FH17Q4, 94%.  Healthcare Coordination – We were above the standard at 97% for FY17Q4. We may be looking at this differently.  Crisis Planning – We did not meet compliance for FY17Q4. We were at 89% and standard is 95%.  Recovery Assessment Scale – We will continue this review but will measure the data differently. Decreased the frequency of administration so will only do these initially, annually, and at discharge. This data is being monitored on a quarterly basis.  CAFAS – For FY17Q4, % of children receiving TF-CBT demonstrating improvement was 71%. % of children receiving OPT, HBS, and CSM demonstrating improvement was 41%.  Proxy Measures Completeness – We did not meet compliance for % of BH TEDS completed for FY17Q4. We were just under the standard at 94.76%. We were at 100% compliance for the DD Proxy.   1. There are 5 interventions that will be implemented to address Indicator 10. 2. An ad-hoc work group of the Child & Family committee will be implemented to review industry standards, best practice guidelines, interventions and EBP’s specific to adolescents with acute and pervasive suicidal ideation. Implementation date of 04/06/18. 3. The ad-hoc work group will create a best practice guideline of clinical intervention strategies for working with adolescents with acute and pervasive suicidal ideation. Implementation date of 05/03/18. 4. The best practice guideline will be reviewed by the Provider Network Operations & Quality Management Committee and referred to SLT for approval. Implementation date of 05/10/18. 5. Once approved by SLT, notification of best practice guideline will be sent to the Primary Care provider network. Within 30 days of notice, the providers will train clinical staff and implement the guidelines. Implementation date of 05/31/18. 6. Outcomes of the best practice guidelines will be monitored via the performance improvement process. Implementation date of 07/01/18. | 1. QAPIP approved and will go to Board next week. 2. Follow up to Data Analysis/Corrective Action Plan reviewed and approved. This will be sent to MSHN. |
| 3. | Project Descriptions/Development/Improvements   1. Performance Indicator - MMBPIS Reporting 2. Recovery Assessment | 1. Indicator 1: Pre-admission Screening within 3 hours – We are at 100% for FY18Q1. Indicator 2: Access/1st Request Timeliness (% of new persons receiving a face-to-face assessment within 14 days) – We are above the 95% threshold. Indicator 3: Access/1st Request Timeliness (% of new persons starting on-going service within 14 days) – We are above the 95% threshold. Indicator 4A: Hospital Discharges follow-up – We are above the 95% threshold. The 46 exceptions (41 adult and 5 children) are all people that no-showed or rescheduled.   73% of SUD/MI have co-occurring disorders. We need to look at identifying the barriers and populations and set up a work group. Kristy, Amy, Matt, Katy, Nathalie, Jackie, Cindy and Sandy to be on the work group. After the work group meets, people from the hospital will be invited.  Recommendations: When sending letters, we could state in the letter that before we determine hospitalization, we will proceed, and are looking at acute care services. Let them know that it is important that they follow-up with the provider. We could call the consumers and remind them that they didn’t follow-up with their services and we are wondering why.  Sandy handed out a document regarding QIC Performance Indicator frequently asked questions.   * Indicator 1 – We need to check in to the screening process from the primary care physicians. * Indicator 3 – Leaving voice messages for consumers was not allowed, but now it is allowed. If the consumer gives consent to leave messages on their voice messaging, you can leave the date and time and that will count as a scheduled appointment, and then if they no-show, that will be considered as an exception.   A child does not have to be present at the first Home Based service appointment.  How do people handle if a sibling is receiving services through the family plan, then it becomes necessary for them to have an additional service with a different provider as a result of family choice. Such as, no longer receiving homebased through the family plan, but instead are referred to Outpatient therapy for individual treatment. The answer is, they are treated as a new consumer. If they are receiving Home Based services, and do not have an open chart, that sibling gets referred to another provider as a new consumer and an assessment and screen needs to be done on them. They will have to go thru Access.   1. Discussed in 2b. | 1. Sandy to email the committee about scheduling a work group to discuss Indicator 4A.   Sandy will update the trainings regarding voicemail consent. |
| 4. | Consumer/Stakeholder Feedback/Activity   1. Consumer Log 2. Standing Committees, Councils, Program and Contract Provider Reporting 3. Consumer Councils 4. Child and Family Committee 5. Recovery Committee 6. Quality of Life Committee | 1. The consumer log is on hold. 2. 1. The Consumer Council didn’t meet last month, so nothing to   report this month.  2. The Child and Family Committee has a meeting scheduled for  April 2nd.  3. A work group will be scheduled to go over Indicator 4 –  Follow-up within 7 Days of Discharge from a Psychiatric  Hospitalization.  4. The Quality of Life Committee has not met. | b. 2. Child and Family scheduled for April 2  b. 3. Joelle to schedule work group. Sandy to email entire committee for volunteers |
| 5. | MSHN/MDHHS Updates   1. MSA Bulletin 18-05: MI Marketplace Option and Healthy MI Plan 2. Update on Medicaid Application | 1. The next phase of the Healthy-MI project will be rolled out. Requirements for someone to be on Healthy-MI is that they must obtain a health risk assessment. Starting April 1, 2018, anyone who has not received a health risk assessment will be removed from Healthy-MI, and will be put on the Marketplace insurance plan. Anyone who has had 2 encounters from a CMH in the last 12 months, will be deemed disabled and will be exempt from this. However, if medically exempt, an exempt form needs to be filled out. Please keep these forms at your office. 2. MI-Bridges Community Partner Program is a web-based portal for anyone receiving DHS assistance; food, Medicaid, child care, etc. This portal also includes the new Medicaid form. You no longer have to go to DHS or be connected with a DHS worker. You can get resource information, apply for Medicaid, do the annual renewal, etc., on the portal. If someone forgets to renew and their Medicaid lapses, they get closed out and reapply, they can be assigned Healthy-MI and we do not want that to happen. |  |
| 6. | Clinical Processes – Issues/Discussion   1. Outreach documentation 2. Mailing appointment notification letters | 1. When someone makes an outreach attempt, you need to put a contact note in the system. We need to make sure there is documentation with outreach attempts. 2. When mailing appointment notification letters, keep in mind that mail takes longer to get to its destination. If you don’t make voice contact by day 2, put the letter in the mail. |  |
| 7. | Corporate Compliance Updates/Discussion | Nothing to report this month. |  |
| 8. | Phoenix System Updates/Discussion | The Automated Reminder Call System is going live on 04/09/18. This system will pull primary contact numbers from Phoenix. If the land line is the primary number, and the cell number is secondary, you need to change that and have the cell number the primary contact number. Madison, Arenac Physician Health and ACT will be the first to have this go live. As of April 9th, when people schedule new appointments, they will receive an opt-in message verifying the program. Once they click yes, the appointment will show up, and then two days before the appointment, a reminder text will be sent with the appointment date.  Phoenix messaging system may have an increase in email volume due to PHI needing to go thru Phoenix vs. Outlook. You will have to check your Phoenix messages more often. |  |
| 9. | Prescriber Update   1. Patient Portal | 1. Nothing to report this month. |  |
| 10. | Standing Committees, Councils, Program and Provider Updates   1. LPS 2. MBPA 3. MPA 4. Saginaw Psychological 5. ACT/Adult MI CSM 6. Arenac Center 7. Children’s Services 8. ES/Access 9. IDD Adult/Specialty Care Services 10. Madison | 1. Nothing to report this month. 2. MBPA hired a male therapist with a full LMSW. His name is Eduardo and he is bilingual. 3. MPA hired an Adult Case Manager with a Master’s Degree; his name is Brad. Group fliers were handed out and they were also emailed. 4. Saginaw Psych hasn’t had any luck in hiring. The DBT program is up and running and going well. Barb was asked to speak at the DBT Summit in April. 5. Nothing to report this month. 6. The Arenac Center is fully staffed. Ian Brand is back and he has a full LMSW. 7. There is a new Case Manager, Nichole McLachlan, replacing Laura. Lindsay Craves moved to Home Based so we will be looking for a replacement for a Family Supports Case Manager. 8. Nothing to report this month. 9. Nothing to report this month. 10. Dr. Tao’s last day is March 15th. A new Child Psychiatrist will start on March 20th. Dr. Atea will then be on leave from May till August. |  |
| 11. | BABH/MSHN Announcements   1. Hidden Arts Display 2. Walk-A-Mile 3. A Night In June 4. American Health Care Act  * Proposed revisions to the Affordable Care Act | 1. Just a reminder that consumer artwork is displayed in the front window of the United Way Building and is up for sale. 2. The Walk-A-Mile takes place on Wednesday, May 2nd in Lansing. The Opportunity Center is the coordinator for this event. Charter busses will be used this year to transport consumers to and from the event. 3. A Night In June is a Recovery Community Concert that was created years ago. We really need volunteers to pull this off again. More information to follow. 4. No updates to report this month. |  |
| 12. | Other/Additional:   1. Remind staff of available services 2. Peer Connect 360-SUD/Co-occurring Recovery Coaching, Support Groups 3. Washington Elementary School Family Health Initiative 4. Stepping Up Initiative – Bay County Courts, Sheriff Department, Probation, Prosecutor, BABH | 1. 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. 2. 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. 3. 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. 4. The vivitrol program is working thru the Bay County 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.  There is a local Families Against Narcotics (FAN) Group at Delta College. It takes place the 2nd Thursday of every month at 7:00. Joelin has a flyer that she will hand out.  Dr. Maroney has received funding to start a Recovery Talk Show on the radio. More information to follow. |  |
| 13. | Adjournment  **Next Meeting** | The meeting adjourned at 3:45 pm. The next meeting will be on Thursday, April 12, 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. |  |