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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 | X | 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 |  |
| BABH IMH/HB: Kelli Maciag |  | BABH Quality & Compliance: Sarah Holsinger |  | Saginaw Psych. Therapist: Barb Goss | X |
| BABH Clinic Manager: Amy Folsom |  | BABH Clinical Services: Heather Friebe | X | Saginaw Psych. Clinical Director: Nathalie Menendes | X |
| BABH ES/Access: Kristy Moore |  | BABH RR/Customer Services: Janelle Steckley |  | BABH Secretary: Joelle Sporman (Recorder) |  |
| BABH ES/Access: Margaret Dixon | X | 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 Site Supervisor: 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:** Lena Houston - ACT Team Leader, Mary Gilbert - SIS Assessor |

| **Topic** | **Key Discussion Points** | **Action Steps/Responsibility** |
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| 1. | Review of and Additions to AgendaApproval of 05/10/18 Meeting Notes | Agenda reviewed with no additions.The May 10th meeting notes were approved as written. |  |
| 2. | Summary/Data Analysis – Follow-Up to Data Analysis1. Dashboard Review
* Adverse Events
* Healthcare Coordination
* PCP within 15 days
* CAFAS
* Quality Record Reviews
* Proxy Measure Completeness
1. Consumer Satisfaction Surveys
2. Organizational Trauma Assessment
 | 1. The percentage of consumers diagnosed with schizophrenia or bipolar disorder and taking an antipsychotic who do not have a diagnosis of diabetes, but have been screened for diabetes is at 81% compliance for FY18Q2. This measure has been increasing throughout the quarters.

Copy of IPOS offered within 15 days of the planning meeting is at 95% compliance. A report is run to view the header, and there were over 100 charts where the header wasn’t completed or outside of the 15 days. **Please utilize the header and include the mailing date.**Completion of Crisis Plan is at 96% compliance. The same manual record review is done like it is with the copy of the IPOS in 15 days. There is improvement but we still need to work on a few things to improve overall. Evidence of Primary Care Coordination is at 95% compliance. We are looking at the release of information, and the healthcare coordination release of information is not being used. You can use a general release of information in the EHR and one specific to the primary care physicians. **Please work with staff to make sure they are filling out the release of information for primary care coordination, and follow-up with a letter or coordination in general.**Adverse Events is at 9.62 which is a big increase from FY18Q1. The increase is due to the emergency medical treatment due to injury.CAFAS – Children involved in Trauma-CBT, tend to progress more than those in the traditional Home-Based Outpatient or Case Management services. More people show a 20-point improvement, but about 60% show improvement, not necessarily by 20 points, but still improve. We are at 38-41% improvement. Quality Record Reviews – In Section A. Administrative and Consents, we tend to be low in the ‘Evidence of receipt of Advance Directives brochures, etc.’ We are at 76% compliance for FY18Q2. In Section B. Assessment, we are low in ‘All sections of assessment are completed with relevant history and current information’. We are at 86% compliance. In Section E. Periodic Reviews, we are low ‘in the event of an addendum resulting in a transfer to another program, there is evidence of a warm hand off to the receiving program by the primary case holder. We are at 75% compliance. In Section F. Progress Notes, if you see a consumer 3 times a week, there needs to be 3 progress notes with a diagnosis noted. 1. If you had internal discussions with your staff about the consumer satisfaction survey results, please let Sandy know what your action steps will be. If you have not had internal discussions with your staff, please do so.

The state will not be requesting that the ACT and Home-Based surveys be done, but BABH will still be doing them. ACT has already been sent out and Home-Based will be done in July.A new tool will be used for the Perception of Care Satisfaction Survey.1. Compared Clinical, Leadership and Support Staff to each other amongst the 5 agencies. 77% of the questions were not addressed in the training tools, 17% were answered, and 6% were implied on the survey.

Look at doing a follow-up next year just on the action steps of the assessment.  | 1. Send your input and feedback to Sandy about your survey interventions.
2. Sandy will send out the assessment information specific to each site with the graphs, and see if any areas need to be worked on.
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| 3. | Project Descriptions/Development/ Improvements1. MMBPIS Reporting FAQ
 | 1. Defer
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| 4. | Consumer/Stakeholder Feedback/Activity1. Consumer Log
2. Standing Committees, Councils, Program and Contract Provider Reporting
* Consumer Councils
* Child and Family Committee
* Recovery Committee
* Quality of Life Committee
 | 1. Nothing to report this month.
2. The Consumer Council discussed the state budget, what is going on in the state and federal level. The Council will be writing a letter regarding CLS rates which was recommended by two moms in the group. Identified gaps in discharge planning

Kristy and Joelle are working on setting up the next Recovery Committee meeting.  |  |
| 5. | MSHN/MDHHS Updates1. MDHHS/MSHN SED/Child/Hab Waiver Reviews
2. HSAG – Performance Measure Validation
 | 1. Monday, June 18th is the deadline to submit information to MSHN and MDHHS for the upcoming reviews. Additional information needed to be provided for the PI Indicators for the external auditor review in July.
2. Nothing to report this month.
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| 6. | Clinical Processes – Issues/Discussion1. LOCUS – Review BABH PP and Determination Grid
2. Case Communication between Clinician and Prescriber
3. Diagnosis Determination
4. CHAMPS Enrollment
 | 1. When staff complete the LOCUS, the Level of Care Determination grid is intended to give guidance on how BABH interprets the LOCUS scores. Anyone with a score lower than 17 is considered traditional Outpatient treatment for the mild to moderate population. Anyone with a score of 17-19 is considered Intensive Outpatient. We need to justify if opening someone to a level of care that is different than what Deerfield, the creators of the LOCUS say, we need to have clinical justification as to why this is being done.

It states in the policy and procedure that the LOCUS review is done initially, annually during the assessment update, and as needed during the periodic review if there have been significant changes in the individual’s mental health status. The grid is used as a guide; however, the clinician may use other factors to make their determination for the individual’s level of care. Staff need to make sure the LOCUS is updated from the last assessment. A national recognized tool needs to be used to determine eligibility regarding the Parity rules in Michigan. The corrective action plan with all the rules will be put in place in October 2018.Tina is working on getting additional LOCUS sessions scheduled. 1. If you use the Phoenix system, in the progress note, click the checkbox if it needs to be flagged to the physician. If you do not use the Phoenix progress notes, encourage the clinicians to message the prescriber in the Phoenix system.

More chronic/co-occurring consumers are coming through the system. What they need is substance abuse specific outpatient therapy, but they need prescriber services as well. They can no longer be on meds only status because there is no coordination of care and they need the coordination of care.1. After the clinician does their assessment they put their diagnosis in the system. Six weeks later, the psych eval has been completed and the doctor does their diagnosis and that becomes the top layer of the medical record. When it’s time for the annual update, if the clinician sees something different, they will change the diagnosis. If you do not agree with the diagnosis, you can choose it in the SAL. We need to make sure the diagnosis is accurate based on the treatment.
2. Defer
 | 1. Joelin to make revisions to the policy.

Future agenda item on how to address a LOCUS with a higher level of care at discharge. |
| 7. | Corporate Compliance Updates/Discussion | Nothing to report this month. |  |
| 8. | Phoenix System Updates/Discussion | Nothing to report this month. |  |
| 9. | Prescriber Update1. Patient Portal
2. Prescriber Updates
 | There will be a patient portal incentive program again this year, and BABH is looking at August 5th - September 1st for the time period.  |  |
| 10. | Standing Committees, Councils, Program and Provider Updates1. 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. Psychiatric Services - Madison Clinic
 | 1. Rachel Keyes is officially the Site Supervisor for the Bay City LPS location. Send information to Rachel and Jackie. Sondra Kern was a part-time employee and is now going full-time. A new person has been hired and will be starting in 2 weeks.
2. A therapist will be starting in 2 weeks. A therapist is on extended medical leave and should be back in September.
3. Katrina, an Adult Case Manager, will be doing the accelerated Master’s Program at U of M. A new full-time Case Manager will be brought in and Katrina will then be transitioned down to part-time while she does her program.
4. A new therapist started and she just received her master’s degree. DBT is in full swing and going well.
5. Adult MI CSM has a new case manager that started this week and one will start the end of the month.
6. Nothing to report this month.
7. Nothing to report this month.
8. Someone has been hired for the Juvenile Detention position. Reposted the Crisis Mobile position posting.
9. Nothing to report this month.
10. Nothing to report this month.
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| 11. | BABH/MSHN Announcements1. Pain Management/Ethics Training
2. A Night in June
 | 1. Pain Management and Ethic’s training is scheduled for September 30th.
2. A Night in June is scheduled for June 21st from 4:00-8:30 PM at the Doc Letchfield Park in Pinconning.
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| 12. | Other/Additional:* Remind staff of available services
* Peer Connect 360-SUD/Co-occurring Recovery Coaching, Support Groups
* Washington Elementary School Family Health Initiative
* Families Against Narcotics (FAN)
* Hope Not Handcuffs (a Program of FAN)
 | * 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 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: The project is going well and we have teamed up with Great Lakes Bay Health Centers for sustainability planning for post grant.
* The Great Lakes Bay Families Against Narcotics (FAN) Group meets at Delta College the 2nd Thursday of every month at 7:00 PM. This is a very powerful meeting with good resources and excellent networking.
* We are hoping to have Hope Not Handcuffs going in Bay County by the end of Summer. There have been 80 people signed up for this and Hope Not Handcuffs Angels have been trained.
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| 14. | Adjournment**Next Meeting** | The meeting adjourned at 4:00 pm. The next meeting is scheduled for Thursday, July 12, 2018 from 1:30-4:00 pm on 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. |  |