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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 | X |
| 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 | X | BABH Nursing: Heather Seegraves |  | MPA Adult OPT Program Supervisor: Katy Dean |  |
| BABH Children Services: Noreen Kulhanek |  | BABH Vocational Services: Brenda Rutkowski |  | MPA Adult CSM/SC Supervisor: Matt Lance |  |
| 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 |  |
| BABH Clinic Manager: Amy Folsom | X | BABH Clinical Services: Heather Friebe |  | 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 |  | BABH RR/Customer Services: Jeff Wells | X | **BABH AD-HOC MEMBERS:** | **Present** |
| BABH Access: Stacy Krasinski | X | LPS COO: Jackie Thompson | X | BABH Finance Department: Ellen Lesniak |  |
| BABH Adult ID/DD Manager: Melanie Corrion |  | LPS Site Supervisor: Rachel Keyes |  | 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:** Mary Gilbert – BABH SIS Assessor, Stephanie Glass – BABH Adult ID/DD, Jennifer Whyte – McLaren Bay Region |

| **Topic** | **Key Discussion Points** | **Action Steps/Responsibility** |
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| 1. | Review of and Additions to AgendaApproval of 06/14/18 Meeting Notes | Agenda reviewed with additions:* 7f. Referrals to DBT
* 7g. IDD Referrals

The June 14th meeting notes were approved as written. |  |
| 2. | Guest Presentation – Jennifer Whyte, McLaren Bay Region Partial Hospitalization Program | Jennifer Whyte presented on the Bay Region Partial Hospitalization Program. Jennifer handed out flyers, an example of programming when patients are admitted in to the program, and an authorization form. The program opened on Monday, August 6th. Five patients were admitted in to the program and will receive therapy services. Patients arrive at 8:00 am and leave at 2:30 pm. They will see a provider every day. Dr. Nicholas admits patients on Mondays, the NP will do medication changes and follow-ups Mondays thru Wednesdays, and Dr. Tadeo will admit on Thursdays and Fridays. You do not need medical clearance for partial hospitalization, only for Inpatient. There is no max number of patients when it comes to partial hospitalization, but the requirement is 10 patients per psychotherapy group. There is enough space for 40 patients. Lunch is provided. Meds are not passed. Patients can take their own meds, but they are locked up. Pharmacy comes in and delivers prescriptions to the program, and those are locked up as well. There is no limit to authorizations. Review of medications will be done every day, but for billing purposes, each patient needs to be in the program for 5 days at a time. Government says we must provide 20 hours of programming service to each patient. Refills will be addressed before discharge just like in Inpatient.The program does not have any patients from BABH or the Inpatient Unit as of yet, they are patients from the community. The program does need new patients. The program needs 3 patients to keep the program going. Please encourage staff to have consumers go thru the program if they still need services after being discharged. The program will work with Bay and Arenac Counties and others as needed.If a patient enters the program with private insurance, but is not linked to a community outpatient provider, they will be assisted with a provider before discharge. A homeless person needs somewhere to go after therapy, so they may be turned away.A community event will take place on Wednesday, August 29th and Tuesday, September 11th where Jennifer will give a presentation to the community about what partial hospitalization is. An Open House will take place on Monday, October 1st at 4:00 and invitations will be sent out.  |  |
| 3. | Summary/Data Analysis – Follow-Up to Data Analysis1. Dashboard Review
* Adverse Events
* Behavior Treatment Data
* Quality Record Reviews
* Recovery Assessment
* HEDIS - Diabetes Screen
* FUH
1. Performance Indicators
2. Organizational Trauma Assessment
 | 1. % of BH TEDS Completed – BABH is at 97.55% for FY18Q2. DD Proxy – BABH still remains at 100%. Indicator 5: Penetration Rate – BABH is at 10.31%, MDHHS is at 6.85% and MSHN is at 8.21%. Indicator 10: Percent of MI and DD Children readmitted to an Inpatient Psych Unit – BABH MI and DD Children is at 16.67% which is higher than the 15% standard. A corrective action plan is in place to address this. As of now, Q3 is above the standard and we don’t expect it to drop. Hedis Measure – BABH is at 85.48% for for children and at 78.76% for adults. Adverse Events – There is an increase in adverse events. Emergency physical interventions have increased. The highest death rate is for heart disease and unknown.

Recovery Assessment is deferred1. Defer
2. Defer
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| 4. | Project Descriptions/Development/ Improvements1. Diabetes Monitoring MSHN PIP
 | 1. The diabetes screen was the required performance improvement project for the state, which is no longer required for our region, however, the state will continue to monitor it as a performance measure in the contract. The new performance improvement project is diabetes monitoring. This measure involves patients with Schizophrenia and Diabetes who had an HbA1c and LDL-C test. The big difference between the two measures is we monitored those who did not have a diabetes diagnosis, but now we are including those who have a diabetes diagnosis.
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|  5. | 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. Joelin had a request of Customer Services to provide the Consumer Council meeting minutes for review, and if there are any specific issues that need to be addressed, they can be addressed during the meetings.
 | 1. Jeff to check with Kim Cereske on providing Consumer Council meeting notes to the PNOQM Committee.
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| 6. | MSHN/MDHHS Updates1. MDHHS/MSHN SED/Child/Hab Waiver Reviews
2. HSAG – Performance Measure Validation
3. Delegated Managed Care Reviews/MEV
4. MEV Corrective Action Plan - HH Modifier
 | 1. Waiver reviews from MDHHS and MSHN are occurring right now and they will be on site next week.
2. Nothing to report this month.
3. The Delegate Managed Care Reviews takes place August 23-24. MEV will also occur these days.
4. We were in corrective action for this so we are in need of addressing it. LPS does not use the HH modifier for billing purposes.

When consumers have identifying cooccurring disorders, MH is primary. When needing to refer a consumer out, if the substance abuse is addressed in the treatment plan, we would use the HH modifier. The person has to have the SUD diagnosis, it needs to be addressed in the treatment plan, and throughout the course of treatment. If something comes up during the appointment, you use the modifier, but if it’s not addressed, do not use the modifier. COD/IDDT is what needs to be marked in the system. Use the regular therapy code and add the HH modifier if substance abuse is addressed during treatment. | 1. Discuss further.
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| 7. | Clinical Processes – Issues/Discussion1. LOCUS – Review BABH PP and Determination Grid
2. Case Communication between Clinician and Prescriber
3. Diagnosis Determination
4. Consent to Exchange Information /Coordination of Care
5. CHAMPS Enrollment
6. Referrals to DBT
7. IDD Referrals
 | 1. Joelin went over the Level of Care Determination Grid. LOCUS Level 1 (Recovery Maintenance Health Management) is a score of 10-13. Level 2 (Outpatient) is a score of 14-16. Level 3 (Intensive Outpatient) is a score of 17-19. Level 4 (Intensively Managed Outpatient Non-Residential) is a score of 20-22. Level 5 (Non-Secure Residential) is a score of 23-27. Level 6 (Secure Residential) is a score of 28 or more. The state is encouraging we do fidelity reviews.
2. There has been improvement with the communications between clinicians and prescribers.
3. There will be a workgroup to talk about this in more detail as far as who should be allowed to change the diagnosis in the system.
4. Make sure to discuss with your staff that it is very important at Intake and/or during the annual, to get the releases of information for coordination. Anyone involved in the care process needs to have the releases.
5. Enrollments have been completed. Keep on agenda to verify MBPA has done the enrollments.
6. If someone is referred to DBT, do they stay with that primary therapist. No matter what the level of care is, we want to do warm transfers.
7. Defer
 | 1. Joelin will follow-up with Saginaw Psych.
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| 8. | Corporate Compliance Updates/Discussion | Nothing to report this month. |  |
| 9. | Phoenix System Updates/Discussion | Nothing to report this month. |  |
| 10. | Prescriber Update1. Patient Portal
2. Prescriber Updates
 | 1. We are not doing well for the patient portal incentive program. We need 5% of the patients to sign up to meet compliance. Talk to your consumers and help them sign up. For providers that have Outpatient where there is no assigned case manager, and Phoenix is not their primary tool, support staff can pull those names and have them available during therapy sessions.
2. Dr. Attia is back from maternity leave. Dr. Bridget Smith will stay on for a while. A new prescriber was hired. will provide crisis intervention in the home. Would be nice to have this available for adults. Up and running within a month or so. Crisis stabilization code. Implemented juvenile detention liaison.
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| 11. | Standing Committees, Councils, Programs 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
11. Customer Services
 | 1. LPS hired a part time and a full-time person. Hired staff for the agency to work on Quality Improvement.
2. Staff is on maternity leave in the OPT department for 12 weeks.
3. Defer
4. Defer
5. Nothing to report this month.
6. The Arenac Center is fully staffed. A Psychologist is on maternity leave.
7. Nothing to report this month.
8. Nothing to report this month.
9. Narcan kits are available. Prescribers will be able to have a limited lab service request, but it will not be open to the public. If labs are ordered, and they have someone with difficulty getting labs, they can come to the office and get their labs drawn.
10. Discussed in #10 above.
11. Jeff went over the Recipient Rights and Customer Service’s complaints, grievances, and appeals data. One piece of data that stuck out was that there were 5 allegations regarding confidentiality back in June. The number of neglect complaints went from 6 to 9 from Q2 to Q3. Substantiated complaints went from 5 to 6. The % of Medicaid Grievance Decisions in Favor of the CMHSP vs. the Beneficiary went down to 4 in Q3 from 10 in Q2. The % of Medicaid/GF Appeal Decisions in Favor of the CMHSP vs. the Beneficiary was at 39 in Q3, down from 58 in Q2.
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| 12. | BABH/MSHN Announcements1. Pain Management/Ethics Training
2. Crisis Stabilization Mobile Response Team
 | 1. The Pain Management and Ethic’s training is scheduled for September 30th. The training is full.
2. The Crisis Stabilization Mobile Response Team should be up and running next month. A Master’s and Bachelor’s Level Clinician have been hired. This program is specific to children and will be for children who are open to BABH services when they are in crisis. A plan is to expand in the future to anyone in Bay and Arenac Counties and eventually make available for adults. We would like to bring back a Crisis Stabilization program.
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| 13. | 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, September 13th, 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 Sarah Holsinger. |  |