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| **MEMBERS** | **Present** | **MEMBERS** | **Present** | **MEMBERS** | **Present** |
| BABH Primary Care Director: Joelin Hahn (Chair) |  | BABH BI/Corporate Compliance: Janis Pinter | X | MBPA CSM/SC Supervisor: Kathy Coleman | X |
| BABH Quality Manager: Sarah Holsinger (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 | X |
| 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 |  |
| BABH IMH/HB: Kelli Maciag |  | BABH Quality & Compliance: ??? |  | Saginaw Psych. Therapist: Barb Goss | X |
| BABH Clinic Manager: Amy Folsom | X | 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) |  |
| 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 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:** Lynn Blohm, Katrina – MPA Intern | | | | | | |

| **Topic** | | **Key Discussion Points** | **Action Steps/Responsibility** |
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| 1. | Review of and Additions to Agenda  Approval of 08/09/18 Meeting Notes | Agenda was reviewed with an addition. 11c. - Vocational Transformation Update.  The August 9th meeting notes will be sent out for review. | Joelle will send out the August 9th meeting notes for review. |
| 2. | Summary/Data Analysis – Follow-Up to Data Analysis   1. Dashboard Review  * Crisis Plan, PCP within 15 Days, Health Care Coordination  1. Performance Indicators 2. Organizational Trauma Assessment | 1. Defer 2. Overall, we were above the threshold for most of the performance indicators for FY18Q3. Indicator 3 – Anyone needing ongoing service within 14 days of the assessment: Overall, we are at 98.01%. There were 87 for children and 84 were met in the 14 days which raised it to 96.5%. There has been quite a bit of an increase since Q2. For MI-Adult, we are at 99.05% with one being outside of the 14 days. Indicator 4 - % of discharges from an inpatient unit seen for follow-up care within 7 days: BABH-C had 30 total, but 2 were not seen within the 7 days putting us at a 93.33%, which is under the 95% threshold. Indicator 10 – Readmission to Psych Unit in 30 days: Standard is to get below 15% and we are at 10.8% for MI/DD-C. There were 37 children discharged and 4 were re-admitted in the 30 days. We were at 16.2% for Adults. There were 130 adults discharged and 21 were readmitted in the 30 days. Corrective action to follow for those indicators we are out of compliance in. 3. We need to come up with a corrective action plan for the Trauma Assessment. We don’t have to go thru all sections under the 70% threshold, we need to pick the top priority sections and come up with a plan for those sections. The majority that fell below the 70% standard came from Support Staff. Training and Education was at 63%. Karen Amon brought up a recommendation from the Leadership Team to have a training for Clinical staff, and another training for Other Support staff that don’t work with consumers. Incorporate information in to the staff meetings so support staff are made aware of what to look for. Training/Education and awareness are topics to discuss at staff meetings. Remind staff about the effects of burn out/fatigue. Secondary trauma and debriefing are topics to train clinical and support staff. Have materials available in the waiting rooms. | 1. Re-measure should take place in a year. Sarah will send the report out to staff after she adds the recommendations to the report. |
| 3. | Project Descriptions/Development/ Improvements   1. Diabetes Monitoring MSHN PIP Update | 1. The diabetes monitoring has been sent on by HSAG for approval. |  |
| 4. | Consumer/Stakeholder Feedback/Activity   1. Consumer Log 2. Standing Committees, Councils, Program and Contract Provider Reporting  * Consumer Councils * Child and Family Committee * Recovery Committee * Quality of Life Committee  1. Provider Satisfaction Survey | 1. Nothing to report on the consumer log. We need consumer presence at the meeting which is the purpose of the consumer log. 2. The last Consumer Council meeting was in May, they meet again in September.   The Child and Family Committee continues to meet because CPS, DHS and CMH’s are understanding their roles better.  Nothing to report for the Recovery Committee.  Nothing to report for the Quality of Life Committee.   1. We received 37 responses this year which was up from 31 responses last year. Individual comments were received from 13 respondents. Of those who provided feedback, 5 provided positive comments, 6 provided suggestions for improvement and 2 were not satisfied with their working relationship with BABH.   The Provider Satisfaction Survey recommendations, along with the Employee Survey, will be incorporated in to the annual Strategic Plan. | 1. Sarah to talk to Jeff about the consumer log updates. |
| 5. | MSHN/MDHHS Updates   1. MDHHS/MSHN SED/Child/Hab Waiver Reviews 2. Delegated Managed Care Reviews/MEV 3. MDHHS BH-TEDS Changes for FY19 | 1. The Waiver Reviews have been reviewed and some items will have corrective action, but a final report hasn’t come back yet. The preliminary report showed full compliance in some reviews. A Home and Community Based Rules review was completed. No citations were noted but there were recommendations. There was a lock on a gate and since it wasn’t used, there was a recommendation to remove the lock. There were some doors with alarms that weren’t being used, so a recommendation was to remove the alarms. Snacks were not at a level where everyone could get at them, such as consumers in a wheelchair, so there was a recommendation to move the snacks down so everyone could reach them. 2. The Delegated Managed Care review went really well and we are waiting on the report. There are a couple of MEV items that need to be followed up on. 3. Changes have been made to the BH-TEDS for FY19.  * Referral Source – A new response choice has been added: Criminal Justice - Juvenile Found Incompetent. * Earnings Per Hour – A requirement was removed to calculate earnings for people unemployed, but looking for competitive, integrated employment. * Minimum Wage – If competitive, integrated full-time or part-time are reported, minimum wage equals ‘yes’ is now expected. * Living Arrangements – Provided clarification for people living in a private residence controlled or not controlled by a CMHSP or contracted provider. * Disability Designation – Will no longer allow the ‘Not Evaluated’ response for the IDD and MH Designation fields on BH-TEDS Update and End records. A ‘yes’ or ‘no’ response will be required. Not evaluated will still be allowed for Admission Records. * LOCUS – Clarified that a ‘No’ includes those who did not received a LOCUS because his/her level of care was determined by the SIS. * Reason for Service Update/End – Clarified that the response ‘Treatment Completed’ does not include when the person transfers to another level of care or treatment provider in the CMHSP provider network.   New edits will be effective for Service Start dates or Service Update/End dates of 10/01/18. |  |
| 6. | Clinical Processes - Issues/Discussion   1. Referrals to DBT 2. Plan of Service and Related Document Changes for Phoenix 3. Proposed Change to Crisis Plan | 1. This was addressed at last month’s meeting to clarify what the referral is to DBT. MBPA in the past referred people to DBT. MBPA refers from OPT in their department to the OPT Department at another agency, they get closed at MBPA and open to the other agency and then are worked with to get in to DBT. Saginaw Psych told MBPA to keep those consumers open at MBPA in case they come back, and they are normally closed with other agencies. What is the process? Saginaw Psych is asking that the consumer be opened for 2 sessions to determine if they are going to be referred to a DBT clinician. If they do not meet, they would be transferred back. 2. Janis went over the changes in Phoenix that were requested for the Plan of Service, Discharge Summary, After Care Plan and Assessment for External Providers. By putting all the changes thru to Phoenix, a discharge summary no longer has to be completed for in-network transfers and transition until the BH-TEDS discharge record is being completed. Cleaned up titles in the Pre-Plan. For the Plan of Service for External Providers, we are requesting the POS for External Providers to have the ‘Send Copy To’ functionality and allow the providers to generate auths. We need to focus more on addendums than other ways of documenting. These changes are in for development. 3. Janis went over the crisis plans. There’s a current crisis plan in Phoenix. The Children’s Department asked for a crisis plan for children to be added since the current one doesn’t work for them. The plans are not that different, so there is a proposed adult-child crisis plan. We just need to make sure one plan works for both children and adults. | 1. Keep on agenda. Address this issue with Joelin. 2. Janis to talk to Brenda about adding an addendum button for MPA. Keep on agenda. 3. Review the crisis plan and see if that plan will work for both children and adults. Keep on agenda. |
| 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 2. Prescriber Updates | 1. The patient portal has been extended. We need to focus on two prescribers who have not met meaningful use; Dr. Roderick Smith and Jennifer Kreiner. 2. Dr. Dumlao is retiring from the Arenac Center in November. BABH is working on a transition. Extended Dr. Bridget Smith’s contract thru January. BABH is still looking to permanently replace her. |  |
| 10. | Standing Committees, Councils, Programs 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. Psychiatric Services - Madison Clinic | 1. LPS just went thru accreditation and it went really well. 2. MBPA has a new Nurse Practitioner starting in October. Partial Hospitalization program opened, and as of Monday, there were 16 people in the program. The RN Supervisor, Brenda’s last full-time day is September 28th and she will be working part time at partial hospitalization. A new RN Supervisor will be starting in October. 3. MPA has nothing to report this week. 4. Saginaw Psych hired someone with a LL and she will be training with Brenda. 5. Nothing to report this month. 6. The Arenac Center is having difficulty getting anyone to apply. 7. Brad Parker and Sharol Dantzer are doing a Booster for CAFAS on September 24th, and Emily Young and Andrea McAulay are doing a PECFAS Booster on October 12th. They will take place 9:00-1:00. 8. The Crisis Stabilization Mobile Response Team is up and running as of Monday. There are 2 clients and one being referred. The Juvenile Detention Liaison position that has been running for a month, is running groups out at the juvenile detention center. BABH Suicide Prevention Coalition has been very active in the last 6-8 months. Posters have been put out at local businesses in the city, so we can bring suicide prevention awareness to the communities. Participated in the Lock for Hope in Midland, with about 1400 people. Well in to training working with Sheriff’s Deputies and are training the entire department on how to handle those with mental illness. Changes will be made to the Access/ES Department in the next 2 weeks. Moving to full integration of the team. 9. Continuing to work on educating staff and residential providers about community-based rules. Working with vocational services for restructuring. 10. Nothing to report this month. |  |
| 11. | BABH/MSHN Announcements   1. Pain Management/Ethics Training 2. Crisis Stabilization Mobile Response Team 3. Vocational Transformation Update | 1. The Pain Management and Ethic’s training is scheduled for September 20th. The training is full, there is a wait list. 2. The Crisis Stabilization Mobile Response Team has been up and running since Monday, September 10th. 3. Karen Amon reported that they have been working with technical assistance experts who have transformed their system to be more focused towards outcome-based contracts and the goal would be competitive integrated employment. They have been working with BABH for almost a year and we are getting closer to implementing this system. The providers will be looking at changing the way they get paid for services. They will still provide skill building and competitive integrated employment, but some may be transforming the way they do things. |  |
| 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. |  |
| 13. | Adjournment  **Next Meeting** | The meeting adjourned at 4:00 pm. The next meeting is scheduled for Thursday, October 11, 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. |  |