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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 Manager: Sarah Holsinger (Chair) | X | BABH Nursing Team Leader: Sarah Van Paris |  | MPA Adult OPT Program Supervisor: Katy Dean | X |
| BABH/Arenac - Integrated Care Director: Karen Amon | X | BABH Nursing: Heather Seegraves |  | MPA Adult CSM/SC Supervisor: Matt Lance | X |
| BABH Children Services: Noreen Kulhanek | X | BABH Vocational Services: Brenda Rutkowski | X | MPA Children’s OP Supervisor: Michelle Richards | X |
| BABH Children Services: Emily Young |  | BABH Medical Records: Brenda Beck |  | Saginaw Psych. Therapist: Barb Goss | X |
| BABH IMH/HB: Kelli Maciag |  | BABH Quality & Compliance: Chris Tomczak |  | Saginaw Psych. Clinical Director: Nathalie Menendes |  |
| BABH Clinic Manager: Amy Folsom | X | BABH Clinical Services: Heather Friebe | X | Saginaw Psych. Clinical Director: Mark Zaroff | X |
| BABH ES/Access: Kristy Moore |  | 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 List | X | BABH Finance Department: Ellen Lesniak |  |
| BABH Adult ID/DD Manager: Melanie Corrion | X | LPS Site Supervisor: Rachel Keyes | X | 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:** Cara Schade - Saginaw Psych |

| **Topic** | **Key Discussion Points** | **Action Steps/Responsibility** |
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| 1. | Review of and Additions to AgendaApproval of 09/13/18 Meeting Notes | Agenda was reviewed with additions.* 5b. - DHHS Benefit Partners
* 6e. - Access Provider Screening

The September 13th meeting notes were approved as written. |  |
| 2. | Summary/Data Analysis – Follow-Up to Data Analysis1. Dashboard Review – FY18Q3
2. Performance Indicator CAP
3. Performance Improvement Project
4. Organizational Trauma Assessment Summary Report
 | 1. MEV has 100% compliance for all providers in FY18Q3. Copy of POS was at 95% for BABH-All. BABH-Direct was at 94%, List was at 90%, and Saginaw Psych was at 0%, but only 1 record was pulled. Completion of Crisis Plan was at 97% overall. MBPA was at 80% and List was at 86%. The process has changed, but the changes have not been implemented so we should see change next time. Evidence of Primary Care Coordination was at 94% overall. MPA was at 93% and List was at 86%. We did go down this quarter, but processes need to be fixed and the numbers should go up. The sample size used to be 30 records, then the records were pulled from the system, but all claims don’t need to be looked at, so it was decided that 40 claims will be reviewed for everyone from here on out starting FY18Q4.
2. Indicator 10 - Readmission to Hospitalization within 30 days has gone up significantly. For FY18Q3, Sarah pulled all those that fell out of compliance and color coded looking for trends in the data. We need to come up with corrective action. The new PHP 2-week program could be used as a stepdown from hospitalization. If there is an increase in phone contacts to the consumer, this could help with less readmissions. Joelin suggested having a substance abuse program for people who have personality disorders. List has a therapist that has experience running DBT groups and does SUD. She will be starting a skills group. If there’s an identified case that the hospital liaison can contact the provider and invite that person to a discharge meeting or be a part of some of that planning. MPA would volunteer for high risk identified red flagged cases to do face-to-face meetings with consumers.

BABH does support the effort of a clinician going in to meet with someone on the unit and will use GF dollars to cover that expense. 1. The Performance Improvement Project, Diabetes monitoring, was submitted to HSAG and was approved. The baseline collection data was changed so BABH is collecting the data thru the end of December. Once the data is submitted, we should get the numbers in March and will work on action plans.
2. The committee discussed the domains that fell below the 70% standard and identified the questions that need action. Action plans have been identified. Through discussion, it was determined that there are current processes and procedures in the place that are occurring, but some of the population types surveyed are not aware of these processes. As an intervention to address this trend, a PowerPoint training will be completed specifically for support staff. This PowerPoint training will provide education on the impacts of trauma and a basic overview of the clinical process for assessing and planning services. Currently there is already a PowerPoint training for clinical staff. A few of the individual responses identified a lack of information about trauma being discussed during staff meetings. The intervention will include identifying a specific trauma topic in staff meetings at least every six months for all populations types. Educational materials will be placed around the various site locations to provide consumers with available resources and information. This will help create a supportive environment as well as increase knowledge of trauma.

The committee determined that in a year, staff will be resurveyed on the specific questions that fell below the 70% standard. This information/data will be used to determine if the interventions were successful, or if additional changes need to be made.BABH is not requiring motivational interviewing training as it is not a contractual requirement.  |  |
| 3. | Project Descriptions/Development/ Improvements | Nothing to report this month. |  |
|  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. Kim Cereske will get with Sarah on a new process to replace the old recommendation log.
2. Consumer councils – More people are needed on the consumer councils, so applications will need to be filled out and flyers will be posted in the waiting rooms. Reminded consumers that we need as many people as possible to sign up for the patient portal. The 2018 provider survey was provided during the meetings and more responses were received this year from last year. Talked about the Strategic Plan and made suggestions. One of the suggestions was to have more SUD providers available. The next BABH Consumer Advisory meeting is on Tuesday, November 27th from 11:30-2:00, and the Arenac Consumer Advisory Council is on Wednesday, November 28th from 11:30-2:00.

No Child and Family Committee updates.No Recovery Committee updates.No Quality of Life Committee updates.  |  |
| 5. | MSHN/MDHHS Updates1. DHHS Benefit Requirements – Work/Volunteer Hours
2. DHHS Benefit Partners
 | 1. Law passed for anyone receiving DHS benefits (food stamps, Medicaid, etc.) have a work requirement. They can work or volunteer for up to 20 hours a week. If consumers are receiving specialty mental health services and the services are paid for by community mental health, they are to be deemed disabled by the State of MI for this program and should not be included. As of October 1st, we need to advocate for our consumers. Step 1 - As you identify consumers, notify Joelin of their name and Medicaid id. Step 2 – Coordinate with the prescriber to complete the required form from DHHS.
2. The DHHS Benefit Partners is a web-based training where those working with consumers can have a higher level of access to the system to help consumers fill out information when their benefits have to be renewed.
 | 1. Joelin and Amy will talk to Chris Pinter about drafting a letter for consumers losing services due to the new DHHS requirement.
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| 6. | Clinical Processes - Issues/Discussion1. Referrals to DBT
2. Plan of Service and Related Document Changes for Phoenix
3. Proposed Change to Crisis Plan
4. Alternative Treatment Orders – Process Discussion
5. Access Provider Screening
 | 1. Upson receiving a referral for DBT services, the DBT provider will follow their programs protocols to determine, a) if the individual qualifies for DBT services, and b) if the DBT team accepts the referral into their DBT program. If the consumer meets program eligibility criteria and is accepted into the DBT program, the DBT team becomes the primary provider of OPT services. If the consumer does not meet eligibility criteria or is not accepted into the program, the DBT provider may refer the OPT case back to the original OPT provider or, if the consumer is in agreement, OPT services may be transferred to the DBT provider’s organization for OPT services.

Referring provider: If there is agreement between the consumer and the agency receiving the DBT services referral to transfer all OPT services to said provider, all OPT services may be transferred to the new OPT provider organization. If there is not an agreement of case transfer for all OPT services, the referring provider shall complete a Medicaid Action Notice suspending regular OPT services for the purpose of determining eligibility and acceptance into the DBT program. The duration of the suspension of services is for up to 6 weeks. Suspension of services process: The DBT program receiving the DBT referral will communicate with the referring provider with an appointment date for the consumer. Once the appointment date has been scheduled and communicated with all, the referring provider create the Medicaid Action Notice for a 6-week suspension for the purpose of determining eligibility and acceptance into a DBT program. During the 6-week suspension of OPT services, the DBT provider will determine eligibility and acceptance into the program and will communicate the determination with the referring provider. If the consumer is accepted into the DBT program, the referring OPT provider should formally close the case to their agency. If the consumer does not meet program eligibility and/or is not accepted into the program, the referring provider should end the suspension and continue OPT services with the consumer. 1. Defer
2. Revisions to the Crisis Plan were reviewed and feedback was obtained from the group. Overall, the committee agrees to implement revisions to the Crisis Plan. There was discussion pertaining to Children Mobile Response Team crisis intervention services and if said services should be added to the crisis plan. Additional review is needed.
3. Alternative Treatment Orders – Review of current ATO and deferment process. Identified gaps for individuals who are new to specialty mental health services. Discussed recommendation for all new referrals via inpatient discharge, and on an ATO/Deferment process, being linked to CSM/SC services. Feedback provided that in some cases SUD is primary and may not be appropriate for CSM services. Discussion outcome/recommendation: the provider receiving the referral will complete the assessment and determine the appropriate level of care and services. Some cases may be referred to SUD services, which include but are not limited to OPT and CSM services. If the consumer has significant mental health and/or co-occurring issues, the case should be referred to CSM services to assist with linking, coordinating and monitoring services.

Additional discussion reveled the need for outreach services prior to inpatient discharge for individuals new to specialty mental health services, especially those on ATO/Deferment status. Providers agree to need for outreach activities at the inpatient unit prior to discharge and are supportive of doing so with if this activity is billable. BABH will research viability of implementing an outreach service code.1. Provider screenings take a long time to do and the therapists don’t have the time to stay on the line to do the screen. It would make more sense that the consumer/parent does the screen. Joelin will address this with Access to see what can be done.
 | 1. Joelin will meet with the ES/Access department to discuss the crisis plan.
2. Joelin to follow up with BABH finance department.
3. Sarah to take feedback to Janis.
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| 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
 | 1. Due to implementation/participation with the Patient Portal Incentive program, BABH will met compliance with the patient portal standards. BABH-Adult MICSM won the pizza party. MPA-Children’s department was a very close second place.
2. Dr. Dumlao will be retiring in November. BABH is working on replacement plans for those psychiatric service hours. Hospital Psychiatry willing to provide additional face-to-face coverage at the Arenac Center. BABH is also starting the credentialing of another Insite tele-psychiatrist who can see people of all ages and will provide services Monday thru Wednesday from 3:00-6:00 pm.

It is Breast Cancer Awareness so please check yourself. Next week starts off the Health Services Campaign. Flu shots are encouraged. |  |
| 10. | 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
 | 1. Nothing to report this month.
2. A new RN Supervisor started on October 10th, Joshua Bornemann. The new NP, Maria Horton, and a new MA started already, and the LPN will be starting soon.
3. The DBT program is open. Skills training is open to all, and if there is an in-house only training (internal referrals), this will be noted on the flyers. The 2019 group schedule is being worked on. When the referral form comes out, it will be sent out as well.
4. Saginaw Psychological may be hiring a LL soon. Two students have been on-site. Immersion trip from SVSU brought their class on-site.
5. A new case manager started on October 8th, Heather Buckley.
6. Arenac Center is fully staffed. Exploring needs for SED treatment in Arenac County.
7. No updates to report this month.
8. No updates to report this month.
9. The B3 surveys data that was done over a year again was released to the PIHP’s. Melanie will help everyone work thru corrective action plans at the end of the year once the data is out there for review.
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| 11. | BABH/MSHN Announcements1. Pain Management/Ethics Training
 | 1. The Pain Management and Ethic’s training is scheduled for November 8th, so the next PNOQMC meeting in November will be cancelled.
 | 1. Joelle to cancel the November PNOQMC meeting.
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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.
* Hope Not Handcuffs is up and running in Bay County. 125 people have signed up and been trained as Hope Not Handcuffs Angels in Bay, Midland and Saginaw Counties.
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| 13. | Adjournment**Next Meeting** | The meeting adjourned at 4:00 pm. The meeting that was scheduled for Thursday, November 8th will be cancelled, so the next meeting is scheduled for Thursday, December 13th from 1:30-4:00 pm 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. |  |