BAY-ARENAC BEHAVIORAL HEALTH

PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING

Thursday, February 14, 2019
1:30 p.m. - 4:00 p.m.
Mulholland – Conference Room 225

MEMBERS	Present	MEMBERS	Present	MEMBERS	Present
BABH Primary Care Director: Joelin Hahn (Chair)	X	BABH Clinical Services: Heather Friebe		MBPA CSM/SC Supervisor: Kathy Coleman	X
BABH Quality Manager: Sarah Holsinger (Chair)	X	BABH Nursing: Heather Seegraves		MPA Adult OPT Program Supervisor: Katy Dean	X
BABH - Integrated Care Director: Karen Amon		BABH Vocational Services: Brenda Rutkowski		MPA Adult CSM/SC Supervisor: Matt Lance	
BABH Children Services: Noreen Kulhanek		BABH Medical Records: Brenda Beck		MPA Children's OP Supervisor: Michelle Richards	X
BABH Children Services: Emily Young		BABH Quality & Compliance: Chris Tomczak	X	Saginaw Psych. Therapist: Barb Goss	X
BABH IMH/HB: Kelli Maciag		BABH SIS Assessor: Mary Gilbert	X	Saginaw Psych. Clinical Director: Nathalie Menendes	
BABH Clinic Manager: Amy Folsom	X	BABH Customer Services: Kim Cereske	X	BABH BI Secretary: Joelle Sporman (Recorder)	X
BABH ES/Access: Kristy Moore	X	BABH RR/Customer Services: Janelle Steckley		Consumer Representative: Kathy Johnson - Parent	
BABH ES/Access: Margaret Dixon		BABH RR/Customer Services: Jeff Wells		**BABH AD-HOC MEMBERS**	**Present**
BABH Access: Stacy Krasinski		BABH North Bay: Lynn Blohm		BABH Finance Department: Ellen Lesniak	
BABH Adult ID/DD Manager: Melanie Corrion		LPS COO: Jacquelyn List		BABH Contracts Admin.: Erin Lewis	
BABH ACT/Adult MI Manager: Kathy Palmer		LPS Site Supervisor: Rachel Keyes	X	BABH RR & CS Manager: Melissa Prusi	
BABH BI/Corporate Compliance: Janis Pinter		MBPA Clinical Director: Cindy Soto	X	BABH Nursing Team Leader: Sarah Van Paris	
GUESTS: Pam VanWormer - BABH Clinical Supervisor (filling in for Heather Friebe)					

	Topic	Key Discussion Points	Action Steps/Responsibility
1.	Review of and Additions to Agenda Approval of 01/10/19 Meeting Notes	Agenda was reviewed with additions: - 6b. Agency Closure - 6c. MPA - Question on meds - 6d. Staff Trainings - Motivational Interviewing - 6e. Medicare Billable Treatment The January 10th meeting notes were approved as is.	
2.	Summary/Data Analysis – Follow-Up to Data Analysis a. Dashboard Review b. RAS Summary Reports c. QAPIP • Executive Summary	a. Nothing to report this month. b. For FY18Q4, there were 638 respondents (new and active consumers) that were offered the RAS, and out of those, 571 completed the survey. 67 (10.5%) declined or refused the survey. Provider data was provided as a whole agency, whereas BABH data was broken down by programs. Bay CM/SC has the most ongoing refused surveys returned. For active consumers, Personal Recovery and Social Recovery	

		domains scored at or above the desired 3.5 threshold. The Clinical Recovery and Uncategorized questions domains fell below the threshold. For new consumers, Personal Recovery and Social Recovery domains scored at or above the desired threshold of 3.5. The Clinical Recovery domain was significantly lower than the 3.5 threshold, but this has been a consistent trend. The average scores of new consumers are consistently lower than those that are active in treatment. For active consumers in the Personal Recovery domain, all programs and providers were above the 3.5% threshold. For the Clinical Recovery domain, only 33% (3/9) of the programs and providers were above the 3.5 threshold. We need to keep an eye on the data as it has been going down over the quarters. Arenac, ACT and BABH OBRA are above the 3.5% threshold, all others are under the threshold. For the Social Recovery domain, 100% of the programs and providers were above the 3.5 threshold. 55.5% (5/9) had an increase in scores from Q3. For the Uncategorized domain, 33% (3/9) of the programs and providers were above the 3.5 threshold. Overall, the scores were lower than Q3. We will continue to train and educate staff regarding the purpose of the RAS. c. Sarah discussed the purpose of the QAPIP and discussed the minor changes. A review of the new performance improvement projects was discussed. • The executive summary is a break down of the dashboard data we go over quarterly. For FY18Q4, BABH is below threshold for the following: the percentage of consumers diagnosed with schizophrenia or bipolar disorder who received a diabetes screening, Copy of IPOS offered within 15 days, Indicator 3 - BABH DD-C, and Indicator 10	

		- BABH MI-C and DD-C. We are waiting on Q4 data from MSHN related to the MMBPIS totals.	
3.	Project Descriptions/Development/ Improvements a. Health Care Integration Steering Committee	a. The purpose of the Health Care Integration Steering Committee meeting is to develop, recommend, support, promote and evaluate system-wide change as necessary to achieve BABH goals for integration of mental, physical and substance use disorder-related health care. The committee met for the first time on Wednesday, February 13th and the next meeting is scheduled for Wednesday, March 6th.	
4.	Consumer/Stakeholder Feedback/Activity a. Standing Committees, Councils, Program and Contract Provider Reporting • Consumer Councils - Consumer Log • Child and Family Committee • Recovery Committee • Quality of Life Committee b. Consumer Council Representation	a. <u>Consumer Councils</u> – Kim Cereske went over the bullet points from the Consumer Council meetings that took place in January. There was an annual appreciation luncheon where awards were given out for perfect attendance, agent of change excellence award and others. There were a few new referrals for Bay County and it would be nice to have referrals from LPS, MBPA, MPA, and ACT. The referrals need to be from those that are currently opened to the network, or have been in the past, or a loved one that has someone that was opened to BABH. There were recommendations from the councils to educate CMH staff on IEP and increase safety net if there's a risk of losing their job. <u>Child and Family Committee</u> – Nothing to report this month. <u>Recovery Committee</u> – Nothing to report this month. We do need to set up meetings to discuss the LOCUS fidelity preparation for the MI-Fast review and to address those on a court order process or deferment. The biggest concern is to come up with a Healthy Michigan Plan similar to the General Fund Plan since we overspent ~$700,000 on Healthy Michigan. All of this will be addressed after March.	b. Joelle to combine this agenda item with the consumer log from 4a.

		Quality of Life Committee – Nothing to report this month. b. Kathy Johnson is the Bay consumer rep who will be attending the meetings quarterly. She attended her first meeting in January and will be attending the April meeting.	
5.	MSHN/MDHHS Updates a. DHHS Benefit Requirements - Work/ Volunteer Hours b. Annual Submission Update c. MSHN MEV Update	a. The agency letterhead was updated with the new board member information, so Joelin will be updating the letter for the consumers who are losing their DHHS benefits. Once signed by Dr. Smith, she will send that out to everyone. b. A report needs to be given to MDHHS annually on the needs of the counties. For FY18, ~13,000 people called the Access/ES Department and ~5000 were screened. Sarah H. and Mary went around to different staff meetings and surveyed community stakeholders to identify their perception of the unmet needs in the community. With the jail and court staff, there was a top priority need for residential treatment housing, other than jail and emergency rooms for people in the community who are going thru detox. They are concerned about people sitting in a cell and going thru detox when they need to be in the emergency room. Sheriff Cunningham was talking about an idea of a mental health block in the jail that could be more friendly and secure. Judge Gill expressed a need for better mental health education around childhood trauma. DHHS identified a need to improve parental follow-thru for co-occurring consumers and their parents. Transportation options were because it limits the abilities of people to get to and from appointments. The need for partial hospitalization program for adolescents. The Bay Consumer Council felt the unmet needs are lack of availability of fair market jobs for those experiencing IDDT diagnosis, shortage of job coaches for supported employment programs	

		and transportation. The Arenac Consumer Council felt the unmet needs are transportation, lack of peer supports for the LGBT for youth and choice of peer specialists, and the elderly population need to be informed of what services are available to them. Great Lakes Bay Health Center felt there was a lack of insurance coverage for expensive medications, transportation, and arbitrary changes to insurances. Sarah attended the Multi-Purpose Collaborative and Child Protection meeting and unmet needs identified were lack of transportation, available providers, housing options, and intensive treatment options. After gathering all the needs, the top 5 needs were fit in to the different strategic initiatives. 1) Integration with Substance Abuse Treatment and Prevention, 2) Evidence Based Practice, 3) Alternative to Inpatient Psychiatric Hospitalization, 4) Integrated Health and Coordination of Care and 5) Improving Community Transportation. c. MSHN will be completing an MEV desk review on February 27th. Chris will be reaching out to you if there are documents that may be missing, if there's a discrepancy in the reports, etc.	
6.	Clinical Processes - Issues/Discussion a. MHSIP/YSS b. Agency Closure c. MPA - Question on meds d. Staff Trainings - Motivational Interviewing e. Medicare Billable Treatment	a. The MHSIP/YSS surveys normally take place during this time of year. It is required we have a consumer satisfaction survey, but we are waiting for guidance from the state. There was discussion at the regional QIC meeting about having a regional survey that can be done instead of the MHSIP/YSS survey, but one has not yet been identified. BABH has decided to complete the MHSIP/YSS survey to fulfill the consumer satisfaction survey requirement and will continue to monitor the direction of the region related to another survey. We will	d. Kristy will forward on any information to the providers when it's available. Joelle to forward the Motivational Interviewing training email to MPA.

		wait till after the CARF audit in March before we start this process of distributing the MHSIP/YSS. b. Due to the agency closures this month, discussion took place around how to turn off notifications to consumers regarding appointment reminders. We are looking into some technology options. Access/ES receives every phone call when the agency is closed. Consumers were calling asking when their appointments would be not knowing the agency was closed. Midland has a process that notifies their staff regarding agency closure and they ask their staff to call their clients letting them know their appointments would be rescheduled. TBHS sends out a reminder flyer in the spring letting their consumers know what stations to tune to in the event of an agency closure. c. If a consumer is SPMI and are coming to Case Management or therapy under Healthy Michigan Plan or straight Medicaid, is currently receiving psych meds from another provider and has Medicaid, can they bill their psych thru the qualified health plan side? The answer is yes. The consumer can choose to go somewhere else for doctor services, but they cannot have their core service somewhere else. d. MPA staff was inquiring about Motivational Interviewing trainings. There are 2 trainings per year thru the state. You can look at the MACMHB and MI Practices website to look up when trainings take place. Sarah H. received an email that Motivational Interviewing training will be taking place February 25th thru the 28th at the DoubleTree Hotel. e. Debbie Stabenow and another person at the federal level have co-sponsored a bill to expand the disciplines that can provide outpatient treatment for Medicare to the family therapist and LPC's.	

7.	Corporate Compliance Updates/Discussion	Nothing to report this month.	
8.	Phoenix System Updates/Discussion	Nothing to report this month.	
9.	Prescriber Update a. Patient Portal b. Prescriber Updates	a. BABH will be meeting with M-CEITA next week to file meaningful use incentive for 2018. b. Dr. Mahesh was hired to replace Dr. Dumlao and she will start on February 25th. She will work Mondays, Tuesdays and Wednesdays from 3:00-6:00 pm at the Arenac Center. Hospital psychiatry added a backup NP, Mona Habib. Dr. Atia and Dr. Smith will see children at Madison. Dr. Mahesh and Dr. Smith will see children at the Arenac Center. The agreement with Walgreens is going well with injections. We are looking at making another amendment, but we replaced the indigent pharmacy benefit. Anyone who doesn't have insurance and has been discharged from an acute care program, will get the 45-day benefit. The benefit covers the first prescription and the next set of prescriptions. We are working on a second COB billing code, so if an individual has Medicare only, the discount formulary rate will be given to those individuals. For the third billing code, after the 45 days if the person has not obtained Medicaid, they will get the formulary medications at a discounted rate. If you are running in to problems, please get them to Amy or the pharmacy manager directly. Individuals are responsible for their medication co-pays even on the injections. For Medicare only people, they can tap in to funds with Zitter.	
10.	Standing Committees, Councils, Programs and Provider Updates a. LPS b. MBPA c. MPA	a. Nothing to report this month. b. MBPA is accepting referrals for OPT for Medicaid and Medicare. As openings come along, MBPA will take them. c. MPA employs the employee in the Bay Community Health Clinic. Sherry LaMere will be out of the office for the next	

	d. Saginaw Psychological e. ACT/Adult MI CSM f. Arenac Center g. Children's Services h. ES/Access i. IDD Adult/Specialty Care Services j. Psychiatric Services Madison Clinic	three weeks starting February 21st so Laura Sandy will be filling in for her. Any emails that are sent out from the Health Clinic will come from Laura. The intent of the grant is that a social work position be integrated in the entire clinic. A new clinic manager will be starting soon. The flyer on Trauma for Caregivers has been handed out. One therapist stepped down to part time, one is leaving, and a male adolescent therapist was hired. d. Saginaw Psych just developed a Community Mental Health team in Saginaw but are looking to bring it to the Bay City office. The team will only see community mental health people, they will not see those with Blue Cross or other private insurance. e. Nothing to report this month. f. The Arenac Center has a Children's Case Management position open. g. Nothing to report this month. h. Dr. Ibrahim does the ACT psychiatry and he and others have opened up the Oscoda Crisis Home in Oscoda last week. BABH is licensed with them. i. Nothing to report this month. j. Nothing more to report this month.	
11.	BABH/MSHN Announcements	Nothing to report this month.	
12.	Other/Additional: • Peer Connect 360-SUD/Co-occurring Recovery Coaching, Support Groups • Families Against Narcotics (FAN) • Hope Not Handcuffs (a Program of FAN)	• Peer Connect 360 is open for referrals and have groups 2 days a week in Bay County. • 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 valuable resources and excellent networking. You can also watch on Facebook.	

		• 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.	
13.	Adjournment **Next Meeting**	The meeting adjourned at 3:00 pm. The next meeting is scheduled for Thursday, March 14, 2019 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.	