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| **MEMBERS** | **Present** | **MEMBERS** | **Present** | **MEMBERS** | **Present** |
| BABH Primary Care Director: Joelin Hahn (Chair) | X | BABH Clinical Services: Heather Friebe | X | MBPA CSM/SC Supervisor: Kathy Coleman |  |
| 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 | X | BABH Vocational Services: Brenda Rutkowski | X | MPA Adult CSM/SC Supervisor: Matt Lance | X |
| 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 |  | Saginaw Psych. Therapist: Barb Goss | X |
| BABH IMH/HB: Kelli Maciag |  | BABH SIS Assessor: Mary Gilbert |  | 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 |  | **BABH AD-HOC MEMBERS** | **Present** |
| BABH ES/Access: Margaret Dixon |  | BABH RR/Customer Services: Jeff Wells |  | BABH Finance Department: Ellen Lesniak |  |
| BABH Access: Stacy Krasinski |  | BABH North Bay: Lynn Blohm | X | BABH Contracts Admin.: Erin Lewis |  |
| BABH Adult ID/DD Manager: Melanie Corrion | X | LPS COO: Jacquelyn List |  | BABH RR & CS Manager: Melissa Prusi |  |
| BABH ACT/Adult MI Manager: Kathy Palmer |  | LPS Site Supervisor: Rachel Keyes |  | BABH Nursing Team Leader: Sarah Van Paris  |  |
| BABH BI/Corporate Compliance: Janis Pinter |  | MBPA Clinical Director: Cindy Soto | X | Consumer Rep: Kathy Johnson-Parent (Jan/Apr/Jun/Oct) | X |
| **GUESTS:** Kelly Burnett – Office Manager at Dr. Ibrahim’s Office and Kristen Kolberg - Saginaw Psych. |

| **Topic** | **Key Discussion Points** | **Action Steps/Responsibility** |
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| 1. | Review of and Additions to AgendaApproval of 03/14/19 Meeting Notes/Next Steps | The agenda was reviewed with additions:* IPS Supported Employment Fidelity Review Update (after North Shores CRU Presentation)
* 6c. Telephonic Monitoring
* 6d. LOCUS

The March 14th meeting notes were approved as is.  |  |
|  | Guest Speaker – Kelly Burnett – North Shores Center Crisis Residential UnitIPS Supported Employment Fidelity Review Update | Kelly Burnett is the Office Manager for Dr. Ibrahim’s Office. A form was handed out that outlines their referral process. They recently received a DD certificate. North Shores Center is a Crisis Residential Unit located in Oscoda that caters to short-term comprehensive psychiatric services that include intensive psychotherapy and medication management. The unit is generally half the cost of Inpatient and they take men and women and smoking is allowed outside the building. Food is provided and there’s a donation closet. There are three prescribers that do the med reviews and evals of the consumers; Brandon Luedtke - PA-C, Jill LeBourdais - PA-C and Dr. Ibrahim. Brandon Luedtke also works at Saginaw County CMH, Saginaw Psychological, List Psychological and Hope Network. Jill Lebourdais also sees consumers for BABH and works at different agencies as well. Dr. Ibrahim is the CEO of the North Shores Center. North Shores Center provides daily psychiatric consultation via telepsych, medication management, group therapy, one-on-one sessions, family therapy, anger management, conflict resolution, supportive therapy, discharge planning and meal planning and preparation.ES would contact Dr. Ibrahim directly to discuss placement. Once Dr. Ibrahim approves the placement, contact the North Shores Center. If you are unable to reach North Shores Staff, you can contact Heather, the administrator. The CMH’s are responsible for providing transportation, but North Shores is working on getting transportation provided thru the unit. North Shores does not accept private insurance. The contract providers should not be calling Dr. Ibrahim directly, you still need to contact ES if it’s for a BABH consumer. The biggest need is a place to go prior to hospitalization or discharge. The hospital setting usually adds to trauma, whereas a smaller setting, one-on-one, could help with this. It would be nice to have more pertinent information on the consumer, more detailed summaries, not just a brief summary. A safe house does not take adolescents with an IDD diagnosis, so this would be a need. It would be nice to have more consultation (team meeting, phone call) so a discharge plan is in place. There’s a need for SED for children, like a residential program.New Dimensions and Do-all provide IPS for individuals with SPMI and they had their baseline fidelity reviews at the beginning of the year. Both providers scored in the fair range and they scored above the state average for a baseline review. A review has to be done yearly till each provider scores good not fair. For the last few years, the state provides a monetary incentive where the providers receive $400 to go towards the agency. Do-All will use the money for transportation. New Dimensions is using the money for transportation and clothes for interviews. MBPA was the integrated treatment team that Do-All chose to have the reviewers go to. MPA was interviewed by New Dimension’s fidelity reviewers. Ann Tinney, Karen Amon and Brenda Rutkowski were BABH staff that were interviewed. Certain places provide IPS services, whereas others provide IPS and MH services.  |  |
| 2. | Summary/Data Analysis – Follow-Up to Data Analysis1. Leadership Dashboard
2. MSHN MEV Report
3. Organizational Trauma Assessment Follow-up
4. MMBPIS Report
5. MHSIP/YSS Consumer Satisfaction Surveys
 | 1. Defer
2. MSHN did a MEV review back in February and there were 2 findings. H2023 was submitted for a service that the documentation states the person did not attend. H2015, S9470 and H0031 were submitted without supporting documentation for the services. HO modifier was used for behavior technician services 0364T and 0365T. The HO modifier should be added to professional master’s level staff. Follow-up has been done with the providers on the findings.
3. This is follow-up to a previous discussion back in October where we went over the final results of the Organization Trauma Assessment and came up with 3 areas that needed improvement. 1.) 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. Because of this, we talked about creating another PowerPoint training slide. 2.) 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 population types. Look at having education and updates during staff meetings. 3.) 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. Educational materials will be put around the agencies to provide consumers with available resources.
4. Indicator 1: Percentage of Children/Adults who received a Prescreen within 3 hours of Request – BABH performed above the 95% standard. BABH demonstrated 100% (51/51) compliance of the children who requested a pre-screen and received one within 3 hours. BABH demonstrated 99.61% (257/258) compliance of the adults who requested a pre-screen and received one within 3 hours. Indicator 2: Initial Assessment within 14 Days - Children/Adults – BABH performed above the 95% standard. BABH demonstrated a standard of 98.72% (249/253) for the total of all population categories for this measure. Indicator 3: Start of Service within 14 Days - Children/Adults – BABH demonstrated a standard of 95.96% (216/220) for the total of all population categories for this measure. DD-Child fell below the 95% with 5/6 receiving an ongoing service after the initial assessment. Indicator 4a: Follow-Up within 7 Days of Discharge from IPU – BABH demonstrated a rate of 100% for Child (22/22) and 98.85% for Adults (86/87) which is above the 95% standard. Indicator 10: Re-admission to Psychiatric Unit within 30 Days – BABH did not meet the standard of less than 15% readmission rate for children 21.43% (6/28) but did meet the standard for adults 13.95% (18/129).
5. MSHN had talked about using a regional tool for consumer satisfaction tools but that hasn’t been put in place. BABH is going to continue to use the MHSIP/YSS Consumer Satisfaction survey which will start up May 6th - 17th. A tally sheet with consumer names will be not be handed out as in the past, the sheets will be blank and will need to be filled in by the case managers to avoid duplicates. Joelle will send the surveys out the end of April.
 | 1. Deferred
2. Karen to create a PowerPoint training slide on Trauma. Joelin will look for trauma materials that may be available on site, otherwise order materials.
3. The following providers will need to submit a corrective action plan: List - Indicator 3, BABH-Bay Family Support - Indicator 3 (currently under corrective action) and BABH - Indicator 10 child.
4. Joelle will send out the survey packets by the end of April.
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| 3. | Project Descriptions/Development/ Improvements | Nothing to report this month. |  |
|  4. | Consumer/Stakeholder Feedback/Activity1. Standing Committees, Councils, Program and Contract Provider Reporting
* Consumer Councils - Consumer Log
* Child and Family Committee
* Recovery Committee
* Quality of Life Committee
 | 1. The Consumer Councils met in March and the next meetings take place in May. The councils decided that a letter to the state and federal legislatures will be drafted regarding the Medicaid work requirements. Kim will draft the letter and it will be due in May. The CMHA’s new website (old MACMHB website) includes advocacy alerts and auto-contact legislature features. After you register, you can now receive advocacy alerts and when you put your address in, it will link you to who your state rep is. Walk-A-Mile takes place May 9th.

Nothing to report for the Child and Family, recovery or Quality of Life Committee.  | 1. Kim to forward on advocacy handout to Joelin or Joelle which will then be sent to the providers.

Kristy to forward on Suicide Coalition information to Kim. |
| 5. | MSHN/MDHHS Updates1. CARF
 | 1. There were over 1400 standards reviewed, and there were only 7 findings. Recommendations – 1) During team meeting minutes and supervision logs, we need to identify action steps/outcomes. Supervision logs need to include risk factors for suicide and other dangerous behaviors, ethical standards, legal practice, clinical practice, ebp, etc. 2) Assessment, plan of service, and discharge need to include the consumer’s abilities (SNAP). 3) Medication history needs to be consistently addressed in the assessment. 4) ACT – non-medical staff are setting up education boxes for consumers. Consultations/Suggestions – 1) Develop a 3-5 year capital expense budget and month to month cash flow projection.
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| 6. | Clinical Processes - Issues/Discussion1. Care Alerts
2. Quality Record Reviews
3. Telephonic Monitoring
4. LOCUS
 | 1. Care alerts are related to diabetes screening and diabetes monitoring and they need to be actioned on a monthly basis. If labs are needed, Sarah is reaching out to the prescriber or the primary case manager who will check with the consumers. Sarah will be sending out emails and copying the supervisors so please keep an eye out for all emails.
2. Quality record reviews are done monthly. Sometimes a record will show someone received a service at BABH but are now an MPA client. If there is a shared consumer, it will be traced back to the primary worker. If the primary worker is determined to be from a contract provider, Sarah will send you an email with the areas of potential deficiencies identified. You do not need to return this form to Sarah; it is simply for the contract provider to be aware.
3. ES/Access has been receiving more calls regarding telephonic monitoring. The telephonic monitoring form will be sent out once it has been finalized.
4. Just a reminder that if a person scores a LOCUS score that is different than the level of care they are going in to, the override disposition has to be filled out especially when the LOCUS score doesn’t justify specialty mental health. If the score is under 16, the clinician has to justify why they are keeping them in the MH system vs. sending them over to the Medicaid Health Plan. Even if the LOCUS recommended level of care is higher than what they are getting, justification needs to be provided. (examples: two or three mental health meds, injectable medications, primary care won’t accept.)
 | 1. Kristy will send out the telephonic monitoring request form to the committee.
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| 7. | Corporate Compliance Updates/Discussion | Nothing to report this month. |  |
| 8. | Phoenix System Updates/Discussion1. EHR Changes
 | 1. The new assessment has gender identity/orientation prompts. For instance, if you are born male and your chart says male at the top and then you mark identifies as female, on the health page, the TEDS will not let you close unless you state not applicable to the pregnancy question and then mark male. TEDS recognizes the ‘identifies as’ question, not ‘born as’ question. The pregnancy question should be identifying with the first question ‘born as what gender’. Based on discretion, can we skip over these questions for privacy?
 | Joelin to follow-up with Janis and ask if the pregnancy question is part of BH TEDS. |
| 9. | Prescriber Update1. Patient Portal
2. Prescriber Updates
 | 1. Nothing to report this month.
2. Nothing to report this month.
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| 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
10. Psychiatric Services - Madison Clinic
 | 1. Rachel Keyes is on leave so Jackie will be filling in for her.
2. The Geriatric Unit is supposed to open next week. Jana Stagray will no longer be in Outpatient, she will be working in Inpatient PHP and Geriatric. MBPA is looking to hire more prescribers.
3. MPA just hired a children’s full LMSW who will start at the end of the month. MPA is hosting a Transgender 101 Workshop at the Lincoln Center on April 24th and there are still open slots.
4. Saginaw Psychological just hired a fully licensed LPC who will start soon. Looking at opening a 6-bed residential unit for substance abuse which will be located in Saginaw. This is not detox, it will be a 12-step treatment program.
5. ACT has a current opening for an Assessment Specialist so are looking for a LMSW.
6. The Arenac Center is looking for 2 therapists and a children’s case manager. They will be starting a Dad’s Playgroup for small children with addicted parents. Peer 360 is at the office 2 days a week.
7. In the middle of the ABA audit preparations for Children’s Services. BABH has closed out the internal ABA Clinic from Madison on April 1st and BHS has opened up a clinic in Bay City.
8. ES/Access has a second shift ES Specialist position available.
9. Nothing to report this month.
10. Nothing to report this month.
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| 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. ~200 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 next meeting is scheduled for Thursday, May 9, 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. |  |