BAY-ARENAC BEHAVIORAL HEALTH

PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING

Thursday, June 9, 2022
1:30 p.m. - 3:05 p.m.
Zoom Meeting

MEMBERS	Present	MEMBERS	Present	MEMBERS	Present
BABH Quality and Comp. Coord.: Amber Wade	X	BABH ACT/Adult MI Manager: Kathy Palmer	X	BABH ES/Access Program Manager: Stacy Krasinski	X
BABH Clinic Manager: Amy Folsom	X	BABH IMH/HB Supervisor: Kelli Maciag	X	MPA Child OPT Supervisor: Tracy Hagar	X
BABH EAS Supervisor: Anne Nephew	X	Saginaw Psych. Supervisor: Kristen Kolberg		**AD-HOC MEMBERS**	**Present**
Saginaw Psych. CSM Supervisor: Ashley Luplow		MPA Adult/CSM Supervisor: Laura Sandy	X	BABH Medical Records Associate: Denise Groh	X
MPA Adult OPT Supervisor: Emily Simbeck	X	BABH North Bay Team Supervisor: Lynn Blohm		BABH Finance Department: Ellen Lesniak	X
BABH Children Services Team Leader: Emily Young		BABH Adult ID/DD Manager: Melanie Corrion	X	Consumer Council Rep (Jan/Apr/Jul/Oct): Kathy Johnson	
BABH Clinical Services Manager: Heather Friebe	X	BABH Quality & Compliance Coordinator: Melissa Deuel	X	Saginaw Psych. CSM Supervisor: Megan Hecht	X
LPS COO: Jacquelyn List		BABH RR/Customer Services Manager: Melissa Prusi	X	BABH Clinical Services Manager: Nicole Sweet	
BABH BI/Corporate Compliance Director: Janis Pinter	X	Saginaw Psych. CEO: Nathalie Menendes		BABH Nursing Manager: Sarah Van Paris	---
BABH Director Integrated Care: Joelin Hahn (Chair)	X	BABH Children Services Manager: Noreen Kulhanek	X	BABH Contracts Admin.: Stephanie Gunsell	X
BABH BI Secretary: Joelle Sporman (Recorder)	X	LPS Site Supervisor: Rachel Keyes	X	**GUESTS**	**Present**
BABH Director Integrated Care: Karen Amon	X	BABH Quality Manager: Sarah Holsinger (Chair)	X		

	Topic	Key Discussion Points	Action Steps/Responsibility
1.	a. Review of, and Additions to Agenda b. Approval of Meeting Notes: 05/12/22 c. Program/Provider Updates and Concerns	a. There were two additions to the agenda. - 6.i. Update on how Appointments are being done - 10.b. Evidence Based Practice Survey Next month there will be a guest speaker from the Great Lakes Bay Mental Health Network. He will tell us about his organization and what they do. They have been doing a lot of work on staff burnout and have lots of resources to look at. b. The May 12, 2022, meeting minutes were approved as written. c. <u>Madison Clinic</u> – Dr. Lee has been on board as the second Child Psychologist, and she is doing well. Working on a replacement for Jennifer Kreiner who is leaving BABH this month. We are fully staffed in nursing. <u>Saginaw Psychological</u> – Closed to Adult-CSM referrals for the rest of this week. There are four more interviews so hoping to get someone hired so we can open up for referrals. Kristen and Ashley are off this week. Kristen has a	Guest speaker next month.

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	new therapist joining the team. When the therapist is working full-time, we should be back open to Adult CSM and OPT Therapy referrals. MPA – Both Case Management programs are open to referrals. MPA hired an adult OPT Therapist. Referrals were opened back up to 5 a week to avoid overloading new staff. Had a full-time therapist go down to part time so are still looking to hire someone. Arenac Center – The Arenac Center is fully staffed. There is a hold on Adult-CSM referrals outside of Arenac County until July 1st due to staff on leave. ACT – ACT is open to referrals. We are short staffed so it may take longer to complete the process of opening. Adult-MI has limited capacity until the new case manager is up to speed and then we will be up to open and full capacity. RR/CS – waiting on flood issues, be displaced till first part of July. Booklets can be gathered it may take time due to the flood. BABH Children's Services – We will be fully staffed in one week. No wait lists. Priority only on Infant Mental Health. Homebased is full, there is no hold. LPS – There was a full-time provider that went to part time then left. We lost a full-time person after just starting. We are still open and getting clients in. Rachel will be going on maternity leave so she will let everyone know who to contact in her absence. Access/EAS – The referrals are down it has been slow lately. BABH Business Intelligence Department – Mary Gilbert is no longer the SIS Assessor. Kari Dieble was hired to replace Mary and she will be certified to	

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		start up doing SIS in July. Joelle is now working under the Quality Manager's supervision, Sarah Holsinger. Customer Services/RR – No staff updates. There will be updated appeals, grievance modules, templates will be altered. There was a flood in the basement of the Wirt building so staff will be dealing with issues till the middle of July. If you need booklets, it will take longer to get to what is needed since it is all packed up. Finance – Nothing to report this month. BABH IDD – Nothing to report this month. BABH MI – Nothing to report this month. North Bay – There are no updates or holds. The MDHHS site review is coming up in August. If you have any children's waiver case, HSW, etc., we will need staff credentialing and all documentation. Site reviews are coming up so you may be getting communication from Sarah H. and her team.	
2.	Quality Assessment Performance Improvement Program a. QAPIP Annual Plan (Nov) b. QAPIP Annual Report (Jan) c. QAPIP Semi-Annual Report (June) d. Population Committee & Work Group Assignments & Report Outs (as needed)	a. Nothing to report this month. b. Nothing to report this month. c. Nothing to report this month. d. Nothing to report this month.	
3.	Harm Reduction a. RR/CS Report (Jan, Apr, Jul, Oct)	a. Nothing to report this month.	
4.	Access to Care & Utilization Management	a. Nothing to report this month.	

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	a. MMBPIS Report (Jan, Apr, Jul, Oct) b. Leadership Dashboard Report - UM Indicators (Jan, Apr, Jul, Oct) c. Discharge Summary Disposition Report (Feb, May, Aug, Nov) d. Service Requests Disposition Report (Feb, May, Aug, Nov) e. LOCUS (Mar, Jun, Sep, Dec) f. Medicaid Health Plan vs. SPMI	b. Nothing to report this month. c. Nothing to report this month. d. Nothing to report this month. e. Nothing to report this month. f. Nothing to report this month.	
5.	<u>Outcomes</u> **a. Recovery Assessment Scale (RAS) Summary Report (Mar, Jun, Sep, Dec)** b. CAFAS Reports for Performance Improvement/LOC Utilization Management c. Organizational Trauma Assessment d. MSHN Priority Measures Report (Jan, Apr, Jul, Oct)	a. There was a 78% completion rate of the RAS for FY22Q2. There were 635 respondents this quarter, so more are being seen. The comparison of the responses for active consumers for FY22Q1 and FY22Q2 shows only two questions were higher in Q1 than in Q2. Overall, the responses for FY22Q2 were higher than the responses for FY22Q1. The statement, "I have my own plan for how to stay or become well" was the statement that had the most significant difference, and this was only the difference of .06. The statement, "I'm hopeful about my future" was only a difference of .01. The scores are looking a lot better than previous quarters. b. Nothing to report this month. c. Nothing to report this month. d. Nothing to report this month.	
6.	<u>Clinical Processes – Issues/Discussions</u> a. Ability To Pay b. QIDP, QMHP, CMHP c. Addendums (Primary Case Holder vs. Add-On Services) d. Client Contact Screens e. Clinic Action Request Form **f. Check in regarding recent changes – Client Contacts, Med Module, etc.**	a. Nothing to report this month. b. Nothing to report this month. c. Nothing to report this month. d. Nothing to report this month. e. Nothing to report this month. f. Janis wanted to check in and see how things are going with the new client contact module and the medication module changes which was an update to a newer version. Everything seems to be going ok, but if there are any issues or concerns, contact the Help Desk or Janis.	g. Janis to get with PCE about adding a rule that the plan effective data cannot take place before the meeting date. h. Deferred

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	g. Effective Dates of IPOS before IPOS meeting date **h. Alignment of Main and Ancillary Service Plans in PCE** **i. Update on how Appointments are being done**	g. We are seeing an increase in the plans of service, that the effective date is prior to the meeting date. This should not be happening; the meeting date should be prior to the effective date. If your plan was ending on Friday, the planning meeting was on Friday, the person no-showed but all the services continued, you might reschedule the planning meeting for next week, but you don't want a gap in the plan so date the plan Saturday, but note your meeting was today, you sign everything today, so you are not back dating a signature. If all staff could do the meetings in advance, it would be helpful. We need to make sure that the date does not populate unless the plan is active. We could ask PCE to add a rule to say the plan effective date cannot take place before the meeting date. This would force compliance with the procedure. h. Defer i. The majority of MPA consumers is face-to-face. People do not want to come in and there are excuses to just do a phone conference, not even a video conference. Not sure if this is excluded or allowed as an expense under Covid emergency funds. BABH could consult with MPA for funding. We still have to support provider choice. When it comes to health, safety, best practices, etc., we have to refer to the treatment team of which they feel is the most appropriate meeting choice for the individual. Preference is considered, but not to where it makes the treatment suffer. Just because someone files a grievance does not mean we have to come to a resolution that makes them the happiest. The best treatment is what our focus should be.	
7.	<u>Stakeholders Perceptions and Protections</u> **a. Consumer Satisfaction Report - MHSIP/YSS (Nov)** b. Provider Satisfaction Survey c. Consumer Council Recommendations (as warranted)	a. It was decided as a group to do a hybrid method. Toward the end of June, beginning of July, packets will be dropped off or sent inner-office mail. The packet will include a tally sheet for each staffer, surveys, and pre-paid envelopes. Please do not use the pre-paid envelopes to return inner-office, send the survey in an inner-office envelope or a regular envelope. There will also be a QR Code and URL link where the survey can be completed at that time. The survey can be distributed by handing the consumer a survey, you can take a laptop and let them use it to fill out the survey, or you can send the survey by mail. The distribution of the surveys will be July 11th and we will	

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		want the surveys back by August 8th. The tally sheets will need to be returned to the Quality Department. If something is not updated in PCE, you may have consumers that are on the list, but they are no longer on your caseload. b. Nothing to report this month. c. Nothing to report this month.	
8.	<u>Compliance</u> a. Internal MEV /Performance Improvement Report (Feb, May, Aug, Nov) b. MSHN MEV Audit Report (May) c. MSHN DMC Audit Report (Oct) d. MDHHS Waiver Audit Report (Oct when applicable) **e. Regulations/Legislation Updates** **f. Durable Power of Attorney**	a. Nothing to report this month. b. Nothing to report this month. c. Nothing to report this month. d. Nothing to report this month. e. There was confirmation from the department that there will be warning if they need to roll back covid related changes which will be communicated through regular bulletins. They will be reinstating the individual enroll redetermination that they used to do. These will be rolled out based on people's month of renewal. Let your case manager or therapist know if documentation comes through for Medicaid benefits to return them so they do not fall off of Medicaid. If we hear about challenges/changes to Telehealth provisions, please let everyone know so they are aware of it. There has been a new call to action by the Community Mental Health Association of Michigan that was about X are on hold till next election cycle. Received word yesterday there should be a sign for movement and may come to the floor in the next 2 weeks. Joelin will be sharing this with everyone. f. Laws that provide for durable power of attorney are under the Estates and Protected Individuals Code. There is a list of different articles and what affects us is Article 5 - Protection of an Individual under Disability and his or her property, Part 2 - Guardians of Minors, Part 3 - Guardians of Incapacitated Individuals, and Part 5 - Durable Power of Attorney and Designation of Patient Advocate. If there is a durable power of attorney, including healthcare, if dated before 10/01/12, we can honor it. If it is after that date, it has to be a patient advocate designation, it has to have the medical activation. An individual 18 years of age or older who is of sound mind at the time a patient	e. Joelin to send out the email shortly about the call to action.

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	advocate designation is made may designate in writing another individual who is 18 years of age or older to exercise powers concerning care, custody, and medical or mental health treatment decisions for the individual making the patient advocate designation. Subject to section 1202, a patient advocate designation under this section must be in writing, signed, witnessed as provided in subsection (4), dated, executed voluntarily, and, before its implementation, made part of the patient's medical record with, as applicable, the patient's attending physician, the mental health professional providing treatment to the patient, the facility where the patient is located, or the community mental health services program or hospital that is providing mental health services to the patient. The patient advocate designation must include a statement that the authority conferred under this section is exercisable only when the patient is unable to participate in medical or mental health treatment decisions, as applicable, and, in the case of the authority to make an anatomical gift as described in subsection (1), a statement that the authority remains exercisable after the patient's death. Subject to section 1202, a patient advocate designation under this section must be executed in the presence of and signed by two witnesses. A witness under this section shall not be the patient's spouse, parent, child, grandchild, sibling, presumptive heir, known devisee at the time of the witnessing, physician, or patient advocate or an employee of a life or health insurance provider for the patient, of a health facility that is treating the patient, or of a home for the aged as defined in section 20106 of the public health code, 1978 PA 368, MCL 333.20106, where the patient resides, or of a community mental health services program or hospital that is providing mental health services to the patient. A witness shall not sign the patient advocate designation unless the patient appears to be of sound mind and under no duress, fraud, or undue influence. The authority under a patient advocate designation is exercisable by a patient advocate only when the patient is unable to participate in medical treatment or, as applicable, mental health treatment decisions. The patient's attending physician and another physician or licensed	

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		psychologist shall determine upon examination of the patient whether the patient is unable to participate in medical treatment decisions, shall put the determination in writing, shall make the determination part of the patient's medical record, and shall review the determination not less than annually.	
9.	Phoenix Electronic Health Record **a. Interim Plans**	a. Discussed	
10.	Other/Additional **a. Michigan Crisis and Access Line (MiCAL) Update** **b. Evidence Based Practice Survey**	a. MiCAL is live. Crisis departments will get notifications from MiCAL that someone has contacted them from BABH if permission was given. If Access/ES receives a notification that someone has called, they will put in a crisis contact and will send out and will then add to the chart. MiCAL is Michigan's version of the 988 which goes live July 16th. This is for any mental health crisis, which rings into the National Suicide Hotline. b. Joelin sent out last month the list of the Evidence Based Practices that will show up on the survey, and she will send out the Evidence Based Practice survey links and QR code. Please go through the list of Evidence Based Practices to gather some information before going through the survey. If you have any issues with the link or QR Code, get a hold of the Help Desk. Joelin will email the Call to Action from the Community Mental Health Association of Michigan.	b. Joelin will send out the survey link and QR code and will email the Call to Action.
11.	Adjournment/Next Meeting	The meeting adjourned at 3:15 pm. The next meeting will be via Zoom on July 14, 2022, 1:30 - 3:30.	