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| **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 |  | MPA Child OPT Supervisor: Tracy Hagar |  |
| BABH EAS Supervisor: Anne Nephew |  | Saginaw Psych. Supervisor: Kristen Kolberg | X | **AD-HOC MEMBERS** | **Present** |
| Saginaw Chief Operating Officer: Barb Goss |  | 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 | X | BABH Finance Department: Ellen Lesniak |  |
| BABH Children Services Team Leader: Emily Young | X | BABH Adult ID/DD Manager: Melanie Corrion |  | Consumer Council Rep (Jan/Apr/Jul/Oct): Kathy Johnson |  |
| BABH Clinical Services Manager: Heather Friebe |  | BABH Quality & Compliance Coordinator: Melissa Deuel | X | Saginaw Psych. CSM Supervisor: Megan Hecht | X |
| LPS COO: Jacquelyn List | X | BABH RR/Customer Services Manager: Melissa Prusi | --- | BABH Clinical Services Manager: Nicole Sweet | X |
| 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 |  | BABH Contracts Admin.: Stephanie Gunsell | X |
| BABH BI Secretary: Joelle Sporman (Recorder) | X | LPS Site Supervisor: Rachel Keyes | --- | **GUESTS** | **Present** |
| BABH Director Integrated Care: Karen Amon | X | BABH Quality Manager: Sarah Holsinger (Chair) | X | Great Lakes Bay Regional Alliance: Matt Samocki | X |

| **Topic** | **Key Discussion Points** | **Action Steps/Responsibility** |
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| 1. | 1. Review of, and Additions to Agenda
2. Approval of Meeting Notes: 07/14/22
3. Presentation: Matt Samocki, Great Lakes Bay Regional Alliance
4. Program/Provider Updates and Concerns
 | 1. There were no additions to the agenda.
2. The July 14, 2022, meeting minutes were approved as written. Under the follow-up item, radio button for the Veteran’s Service Navigator, do we need a section just for these services. We need to ask questions that would describe what the navigator does which would help shape recommendations and a referral around having this service. Matt Clark is the Veteran’s Navigator for Bay & Saginaw County. It would be a good idea to get individuals linked up to these services, so they know what is available. Joelin suggested to have Matt attend one of our PNOQMC meetings. If anyone has any information that the Veteran’s Navigator sent them, please send on to Janis.
3. Matt Samocki is a guest speaker from Great Lakes Bay Regional Alliance. They are an initiative within the Great Lakes Bay Regional Alliance and a certified non-academic, non-profit partner with the National Network of Depression Centers. They collaborate with stakeholders to proactively improve mental health for all residents regardless of demographics, environments, or experiences to drive economic vitality and quality of life. Matt will be emailing the PowerPoint to Joelin that he went over in the meeting.
4. Due to lack of time, please email Joelin any updates you have for your department.
 | 1. Joelin will contact Matt Clark, Veteran’s Navigator, to attend a future PNOQMC meeting.
2. Email Joelin any updates you may have for your department.
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| 2. | Quality Assessment Performance Improvement Program1. QAPIP Annual Plan (Nov)
2. QAPIP Annual Report (Jan)
3. **QAPIP Quarterly Report (Aug/Nov/Feb/May)**
4. Population Committee & Work Group Assignments & Report Outs (as needed)
 | 1. Nothing to report this month.
2. Nothing to report this month.
3. **Audited Services with Proper Documentation for Encounters Billed:** BABH and contract service providers continue to score above the 95% standard for audited services, with 97% or better. There were no other audited services during FY22Q2. Staff will be reviewing FY22Q3 data as scheduled starting this month. **Consumers Diagnosed with Schizophrenia or Bipolar Disorder Taking an Antipsychotic Who Are Screened for Diabetes:** BABH continues to show improvement in writing lab orders for consumers that fall into this measure and assistance from staff to link consumers to appropriate facilities to fulfill these orders. BABH is trending upwards for this measure. **Consumers Diagnosed with Schizophrenia and Diabetes Who Received Lab Work to Monitor Diabetes:** BABH continues to show improvement in writing lab orders for consumers that fall into this measure and assistance from staff to link consumers to appropriate facilities to fulfill these orders. BABH is trending upwards for this measure. **Consumers Diagnosed with Schizophrenia or Bipolar Disorder Taking an Antipsychotic Who Are Screened for Cardiovascular Disease:** BABH continues to show improvement in writing lab orders for consumers that fall into this measure and assistance from staff to link consumers to appropriate facilities to fulfill these orders. **Reported Medication Related Occurrences for Bay Arenac Behavioral Health (BABH):** The number of medication errors has decreased significantly from previous quarters. There have been internal discussions about whether this has overall improvement or if staff are reporting less often due to ongoing staffing issues. **Reported Infections (Specialized Residential and Day Program Staff):** BABH saw a decline in the number of infections for FY22Q3. The major spike in FY22Q2 was the result of COVID-19 infections. **Count of Reportable and Non-Reportable Adverse Events Per 1,000 Persons Served by BABH:** The number of deaths decreased significantly during FY22Q3 as well as the adverse events. The only adverse events reported were ‘Emergency Medical Treatment due to Injury/Med Error.’ **Reportable Behavior Treatment Events:** The number of emergency physical management interventions decreased for FY22Q3. Overall, the number of interventions continues on a downward trend. **Adults and Children Indicating Satisfaction on Survey:** Staff are currently in the process of distributing surveys and collecting and analyzing data. **Copy of Plan of Service Offered Within 15 Days of Planning Meeting:** During FY22Q2,BABH scored 97% compliance and the contract providers scored below the 95% standard. The providers completed corrective action measures reminding staff of the standard and utilizing the data fields in the PCE system for easy tracking and review. FY22Q3 data is currently being reviewed. **Completion of Crisis Plan:** BABH and all the contract providers scored above the 95% standard for offering a crisis plan during FY22Q2. FY22Q3 data is currently being reviewed. **Evidence of Primary Care Coordination:** BABH and the contract providers continue to struggle with meeting the 95% standard for having evidence of health care coordination. Corrective action plans include providing training to staff about the importance of coordination and making sure documentation is present in the system for review. FY22Q3 data is currently being reviewed. **MMBPIS:** Nothing new to update since Q2; Q3 data is not available. **More Than 40% of Children Served Will Have Meaningful Improvement in Their Child and Adolescent Functional Assessment Scale (CAFAS)/Preschool and Early Childhood Functional Assessment Scale (PECFAS) Score:** There was a slight decline in the number of children showing improvement for FY22Q3 (39%) compared to FY22Q2 (42%).40% of children receiving case management services, home based services, and outpatient therapy services showed improvement and 33% of children receiving evidence-based practices showed improvement in their CAFAS/PECFAS scores. There were more consumers in evidence-based practices during FY22Q3 compared to FY22Q2 which could impact the percentage of improvement. Emily Young stated that the number of kids receiving EBP was lower when it was showing higher stats, and more kids were being served when the number was lower. A cohort has not gone through since the pandemic started so this affected the numbers as well. There are now three active cohorts, so this could affect the number of kids being served. **Reduction of Inpatient Hospitalization Days for FY22:** The number of inpatient hospitalization days for consumers on Medicaid and Medicaid Healthy Michigan Plan decreased significantly during FY22Q3. There was not a notable change in inpatient hospitalization days for those utilizing general fund monies. **Substantiated BABH Abuse and Neglect Complaints**: The top three allegations across each quarter are Abuse, Neglect and Dignity & Respect. Overall, the trend remains steady for those complaints that have been substantiated. During FY22Q2, 25% of the complaints came from residential sites. Data for FY22Q3 is not available. **24 Hours of Children’s Specific Training:** The Staff Development department has been working on utilizing reports within Relias to provide to supervisors on a regular schedule to determine how staff are progressing with this requirement. Supervisors have received training on how to access this information independently within Relias. **Plan of Service Training Forms:** After receiving feedback from staff, the plan of service training form was also created in PCE for easy use and tracking. It is also available as a paper copy as well. There have been multiple conversations and trainings about improving the use of this form. BABH staff are reviewing the use of this form during scheduled site reviews and are making recommendations for continued improvement on the use. **Evidence Based Practices:** BABH leadership sent out a survey in June 2022 to staff and providers to determine what evidence-based practices are being used in current programming. **Autism Outcomes:** Applied Behavior Analysis (ABA) monthly summary reports and six-month assessments have been added to the Phoenix System. BABH staff are exploring ways to utilize these electronic forms to gather data elements to determine outcomes. **Outcomes Utilizing the Supports Intensity Scale (SIS) Assessments:** BABH has not focused on this goal at this point in the year. **Provider Survey:** All the statements on the provider survey received over the 80% standard. There were seven statements that saw a decrease in satisfaction for 2022 compared to 2021. BABH leadership has determined specific action steps that can be taken to improve on these scores for 2023. **Behavior Treatment Survey:** This survey is completed annually at the end of each calendar year. The results from 2021 showed a 100% satisfaction rate for the 23 surveys returned. **Quality of Care Record Reviews - Services Are Written in The Plan of Service Are Delivered at The Consistency Identified:** 95% of the records reviewed during FY22Q3 received the level of services that were written in the plan. **Quality of Care Record Reviews - All Services Authorized in The Plan of Service Are Identified Within the Goals/Objectives of the Plan of Service:** 96% of the records reviewed during FY22Q3 had the services identified appropriately to match the services authorized. **Develop Quarterly Reports to Increase the Quality Report and Outcomes Related to The Level of Care Utilization System (LOCUS):** BABH has chosen to focus on other quality and outcome activities such as the performance indicators due to the external reporting requirements that are connected to the performance indicators. **Increase Medicaid Event Verification (MEV) Reviews:** BABH staff have resumed site reviews as of May 2022 which include MEV reviews. The plan is to continue with MEV reviews throughout the fiscal year during the time of program specific site reviews. **The Number of Days to Resolve a Grievance is Lower Than the MDHHS Standard of 90 Days:** For FY22Q2, BABH completed grievances in 17.2 days which is significantly lower than the standard. Data not available for FY22Q3. **The Number of Days to Resolve a Local Appeal is Lower Than the MDHHS Standard of 30 Days:** For FY22Q2, BABH completed appeals in 19.5 days which is significantly lower than the standard. Data not available for FY22Q3.
4. Nothing to report this month.
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| 3. | Harm Reduction1. **RR/CS Report (Jan, Apr, Jul, Oct)**
 | 1. There were 16 complaints in July and there are around 10-11 so far in August. The top allegations are services suited to condition, dignity and respect, and neglect 3. Abuse and Neglect allegations seem to be switching and this coincides with medication errors reported and complaints around abuse. Residential settings provide the most complaints that come in. You can view the RR/CS graphs and data.
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| 4. | Access to Care & Utilization Management1. MMBPIS Report (Jan, Apr, Jul, Oct)
2. Leadership Dashboard Report - UM Indicators (Jan, Apr, Jul, Oct)
3. **Discharge Summary Disposition Report (Feb, May, Aug, Nov)**
4. **Service Requests Disposition Report (Feb, May, Aug, Nov)**
5. LOCUS (Mar, Jun, Sep, Dec)
6. Medicaid Health Plan vs. SPMI
 | 1. Nothing to report this month.
2. Nothing to report this month.
3. The primary reason for cessation of services continues to be 'dropping out of treatment' and there was a 10% increase from FY22Q2 to FY22Q3. This continues to trend upwards. There continues to be a decline in the number of consumers that were discharged as the result of 'substantially all parts of the treatment plan or program were completed' and this also continues to trend downward overall. There is a steady decrease in the number of consumers that were discharged due to 'transferring to another level of care.'
4. For FY22Q3, BABH saw the number of individuals requesting CMHSP services is 63% compared to 49% in FY22Q2 which shows an increase of 14%. For FY22 YTD, there were 170 consumers that were scheduled for an assessment that did not receive eligibility determination (dropped out, no-show, etc) which is 63% compared to FY21. In FY22Q2, there were 159 consumers that were scheduled for an assessment but did not receive eligibility determination. This was a very small increase during the quarter, and we remain approximately 12% lower than FY21. There were 1,560 consumers that met eligibility for CMHSP services which was 61% compared to the total from FY21. Overall, it does appear that our volume of consumers is less at this point during the fiscal year than the previous fiscal year. The number of consumers on the waitlist are specific to those that are put on a waitlist during the Access Screen process of consumer engagement. BABH currently reviews the number of consumers on other waitlists including CLS, ABA, and Outpatient Therapy are reviewed annually for the MDHHS Annual Submission.
5. Nothing to report this month.
6. Nothing to report this month.
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| 5. | Outcomes1. Recovery Assessment Scale (RAS) Summary Report (Mar, Jun, Sep, Dec)
2. CAFAS Reports for Performance Improvement/LOC Utilization Management
3. Organizational Trauma Assessment
4. MSHN Priority Measures Report (Jan, Apr, Jul, Oct)
 | * 1. Nothing to report this month.
	2. Nothing to report this month.
	3. Nothing to report this month.
	4. Nothing to report this month.
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| 6. | Clinical Processes – Issues/Discussions1. Ability To Pay
2. Addendums (Primary Case Holder vs. Add-On Services)
3. Client Contact Screens
4. Check in regarding recent changes – Client Contacts, Med Module, etc.
5. Effective Dates of IPOS before IPOS meeting date
6. PCP Treatment Team Input
7. **Acknowledgement of Receipt**
8. CPT Code Sheet
9. **Potential MMBPIS Workgroup**
 | * 1. Ability to Pay is being monitored closely with our internal Corporate Compliance Committee and we continue to have issues with this. We need to discuss this in the future to come up with solutions on how we can be compliance.
	2. Nothing to report this month.
	3. This agenda item can be removed.
	4. This agenda item can be removed.
	5. The change has been made in the EHR so this agenda item can be removed.
	6. Nothing to report this month.
	7. If we do not need a signature, we can put it on the pre-plan. If we need a written signature from the consumer, then it needs to go on the consent to treat/assignment of benefits. Melissa confirmed that we need a written receipt of acknowledgement. We can combine with an existing form for one signature.
	8. This agenda item can be removed.
	9. Overall, we are trending downward for DD. We are concerned with the MI-Adult and Child. The trendline is showing we were trending downward during the Covid period for children and adults for Indicator 2. We are looking at the top 5 programs in the agency that are out of compliance; Arenac-OPT, Bay-CSM Adult-MI, List, MPA and Saginaw Psychological. Consumers no showing for an appointment is a big reason why programs are out of compliance. We need to target areas with the highest volume and would like to propose a workgroup with the top 5 programs. Sarah will set up a workgroup and will send documentation out to the committee ahead of time.
 | 1. Remove from agenda.
2. Remove from agenda.
3. Remove from agenda.
4. Remove from agenda.
5. Sarah will send out MMBPIS documents to the committee. Sarah will set up a workgroup with the 5 programs.
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| 7. | Stakeholders Perceptions and Protections1. **Consumer Satisfaction Report - MHSIP/YSS (Nov)**
2. **Provider Satisfaction Survey**
3. Consumer Council Recommendations (as warranted)
 | 1. We have come to the end of the 4-week period. Please have all tally sheets sent over to Joelle at Wirt, or Joelle can pick them up from your site. All surveys need to be entered by September.
2. All statements scored over the 85% standard, however overall, scores have been decreasing since 2020. Seven of the nine questions scored lower in 2022 compared to 2021. Two of the questions scored higher in 2022 compared to 2021; BABH’s site review process is fair and BABH operates as a partner with provider agencies. The statement, “BABH responds in a timely manner” saw the most significant decrease; 98% in 2021 and 89% in 2022. The statement, “BABH seeks provider agency input in decision-making” saw the second most significant decrease; 96% in 2021 and 89% in 2022. There were several comments made to offer areas for improvement. There were five comments that specifically mentioned the lack of timely responses from BABH staff specific to time sensitive situations, trainings, and consumer-specific issues. There were four providers that gave ‘disagree or strongly disagree’ over a variety of statements. One provider commented a few times that communication has been limited and sparse from BABH management. Another provider commented several times that there is a need for BABH to provide more support when a new supervisor starts at a contract agency to provide education and training on processes, expectations, and clear objectives. It was noted that meetings are available for discussion, but he/she feels that meetings put people on the spot and do not allow enough time to articulate his/her input. This provider also noted that information was communicated after a change was made or that the information was communicated by a third party. The third provider disagreed with three different statements and made the same comment; that the (name redacted) team does not operate as a partner or include the provider in treatment planning. The fourth provider did not offer any specific comments. There were many positive comments received as well. Several providers made similar comments related to feeling like BABH working as partners with the provider agencies and communicating information regarding internal and external changes. There were also several comments made about the providers feeling strongly supported and offering assistance whenever possible. There were a few neutral comments made as well. One provider commented that they would like providers to have more access to Phoenix (input notes, see ADOS evals, upload notes/assessments), revamp the monthly authorization with a six-month authorization, one source/contact for credentialing, and the individual plan of service change (possibly the plan training form) to match other community mental health organizations. Another provider suggested removing the word ‘behaviors,’ because a ‘behavior might look bad to some, but for them that that might be the only way to communicate to staff and others.” In addition to nine main survey questions, the survey included two additional questions regarding unmet community need. This information is used in strategic planning and is included by BABH in the State Annual Submission Needs Assessment Stakeholder Survey that is completed every two years. All of the feedback received from the survey responses were above 85% standard, but we have seen a decrease over the past two years. The survey results will be taken to provider meetings, leadership meetings, and Consumer Councils to discuss the results and any potential interventions and strategies for improvement. BABH will share the comments received related to the timeliness of response time from BABH staff at the Leadership Meeting so leadership can follow-up directly with individual teams. BABH will explore the internal process for working with providers who have a new supervisor to provide education, training, and clarity on processes and expectations. BABH will discuss the potential need to increase provider meetings or more formal, regular communication to provide scheduled check-ins. The team specifically mentioned in the comments about not operating and inviting providers to participate in treatment planning has been notified.
3. Nothing to report this month.
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| 8. | Compliance 1. **Internal MEV/Performance Improvement Report (Feb, May, Aug, Nov)**
2. MSHN MEV Audit Report (May)
3. MSHN DMC Audit Report (Oct)
4. MDHHS Waiver Audit Report (Oct when applicable)
5. Regulations/Legislation Updates
* 1915 iSPA
 | 1. **Percent of Audited Services with Proper Documentation for Encounters Billed** – Overall, Bay Direct and the contract services scored above the 95% standard. BABH Direct and North Bay both scored 100% for the MEV. Both LIST and Saginaw Psychological scored 99.5%, which is the result of 1 error. MPA scored a 97%, which is the result of 6 errors. We will be double-checking dates/times and modifiers. **Copy of IPOS within 15 days** – Saginaw Psychological, List and MPA scored below 95%. Saginaw Psychological decreased 1% from FY22Q1. MPA increased 7% from FY22Q1 and LIST decreased 3% from FY22Q1. Bay Direct scored a 98%, which is a 10% increase from FY22Q1. It is recommended that providers indicate that the IPOS was sent under the Update Sent Link above the IPOS/IPOS Pre-Plan or upload the signed document under the signed documents link attachment section of the IPOS or under the All-scanned Documents link. **Completion of Crisis Plan** – Bay Direct and all contracted providers scored above the 95% standard. Both Saginaw Psychological and MPA scored 100%. List scored 95% which is the same score they received in FY22Q1. BABH scored 96%, which is a 3% increase from FY22Q1. It is recommended that all radio buttons be double checked. If a consumer identifies that they would like a safety/crisis plan, staff should verify/complete one in the record. **Evidence of Primary Care Coordination** – List, Saginaw Psychological and MPA all scored below the 95% standard. Bay Direct scored 96%. Saginaw Psychological had a 9% increase from FY22Q1. List decreased 6% from FY22Q1. MPA increased 1% from FY22Q1. It is recommended that if a consumer declines HCC, the form is marked as declined and it is present in the chart. It is also recommended that evidence of coordination be uploaded to the chart.
2. Nothing to report this month.
3. Nothing to report this month.
4. Nothing to report this month.
5. Nothing to report this month.
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| 9. | Phoenix Electronic Health Record 1. Phoenix Workflow Functionality
 | 1. Defer
 | Deferred |
| 10. | Other/Additional1. DHHS Outreach Worker
* MIBridges
1. Great Lakes Bay FAN – Recovery & Resource Fair, Delta College, Thursday, September 8, 2022, 5-7:00 PM
 | 1. FYI
2. FYI
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| 11. | Adjournment/Next Meeting | The meeting adjourned at 3:30 pm. The next meeting will be via Zoom on September 8, 2022, 1:30 - 3:30.  |  |