BAY ARENAC BEHAVIORAL HEALTH

Quality Assessment and Performance Improvement Program

Annual Report

FY21Q1 through FY21Q4

Prepared By: Sarah Holsinger, Quality Manager

Date: 10/29/2021

I. Introduction

Bay-Arenac Behavioral Health Authority (BABHA) provides an array of behavioral health services and supports to individuals in the Michigan counties of Bay and Arenac through a network of direct operated programs and contracted service providers. BABHA is a Michigan Department of Health and Human Services (MDHHS) certified Community Mental Health Services Program (CMHSP), a Children's Diagnostic and Treatment Service Program, and is licensed by MDHHS as a Substance Abuse Provider. BABHA is also a CMHSP affiliate of the Mid-State Health Network (MSHN) Pre-Paid Inpatient Health Plan (PIHP) for Medicaid Specialty Services and Supports. In addition, BABHA is accredited by the Council on Accreditation of Rehabilitation Facilities (CARF).

BABHA is responsible for managing a local quality assessment and performance improvement program for its CMHSP provider operations and ensuring its contracted network clinical service providers address quality improvement in their own operations through the BABHA Quality Assessment and Performance Improvement Program (QAPIP).

This semi-annual report provides a brief status update of the data reviewed during the past 6-12 months and suggests any necessary data-based adjustments to program priorities for the remainder of the fiscal year.

II. Program Activities

The BABHA QAPIP "objectively and systematically monitors and evaluates the quality and appropriateness of care and service to members, through quality assessment and performance improvement projects, and related activities, and pursues opportunities for improvement on an ongoing basis" for "all demographic groups, care settings, and types of services" (MDHHS/CMHSP FY21 Contract, Attachment C 6.8.1.1). The program "achieves, through ongoing measurement and intervention, improvement in aspects of clinical care and non-clinical services that can be expected to affect consumer health status, quality of life, and satisfaction" (p. 1). BABHA "demonstrates a culture of accountability by developing and implementing a performance measurement and management plan that produce information an organization can act on to improve results for the person served, other stakeholders, and the organization itself " (CARF, Standard M).

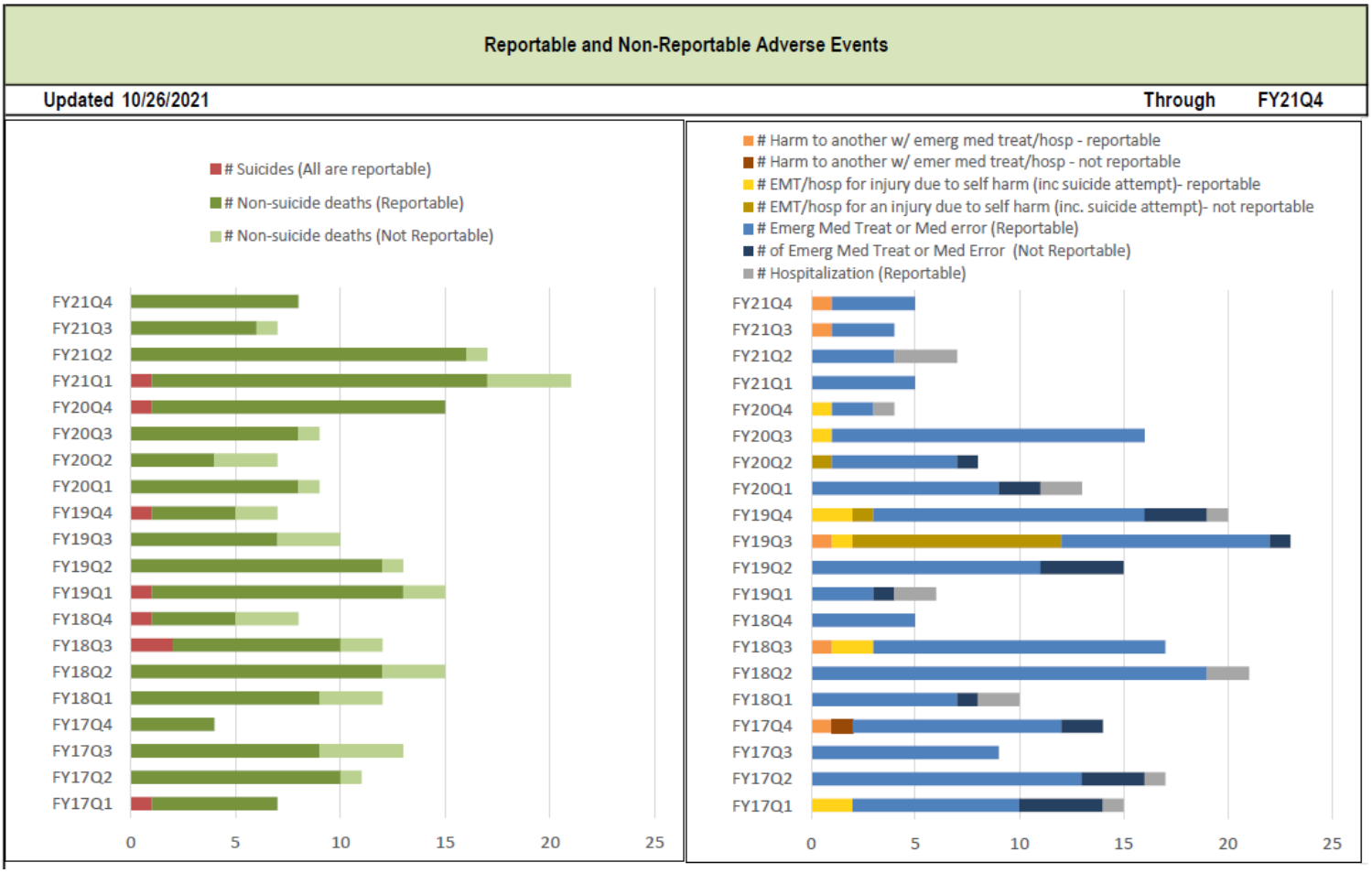
To ensure services provided are of high quality, effective and appropriate for all clinical populations, the QAPIP addresses the:

- Competency of those who provide services.
- Harm identification and reduction.
- Access to care and utilization.
- Outcomes; and
- Stakeholder perceptions of care.

Harm Identification and Reduction

Goals:

1. Continue to review all adverse events to determine any follow-up actions. Analyze the data to assist with determining change in process, procedure, workflow, etc.



Data Analysis: The Quality Manager continues to identify and review each adverse event to determine if any of the events required a root cause analysis (RCA) for more detailed analysis. The RCA process was completed on three consumers in FY21Q1 and FY21Q2. As a result, staff education and training was completed on identified areas and a process change was implemented to better document training of the plan of service by the case managers/supports coordinators. A quarterly death report is reviewed at the Healthcare Practices Committee, however, it appears that the aggregate data has not been presented regularly at Primary Network Operations and Quality Management Committee (PNOQMC)/Extended Senior Leadership Team. An identified area of improvement for FY21Q3 and FY21Q4 will be to put this dashboard indicator on a schedule for reporting.

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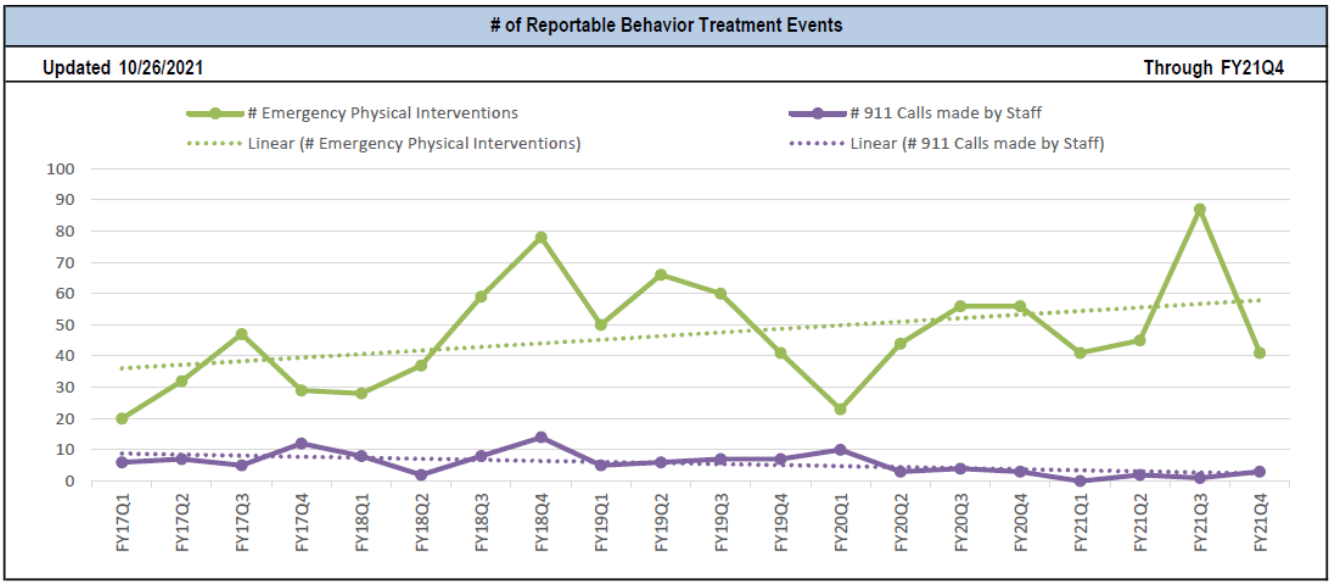
2. The number of emergency physical interventions per person served during the reporting period will demonstrate no change or decrease from the previous measurement period.



Data Analysis: The Quality Manager and Behavior Treatment Plan Review Committee (BTPRC) continue to review the number of emergency physical interventions that occur each quarter. A detailed quarterly report is presented at the BTPRC and trends and analysis are identified. The data shows that there continues to be an upward trend in the number of emergency physical interventions despite the fact that they were less in FY21Q1 and FY21Q2 than the previous two quarters. The BTPRC has identified some causal factors related to one specific consumer and the treatment team for that individual is working to address all concerns.

3. Meet or exceed 95% compliance of records with documented evidence that a crisis plan was offered and, if so, completed.

Completion of Crisis Plan	Standard	FY19Q3	FY19Q4	FY20Q1	FY20Q2	FY20Q3	FY20Q4	FY21Q1	FY21Q2
BABH -All-(Includes Contract Providers)	95%	100%	94%	99.3%	#DIV/0!	#DIV/0!	95.5%	97.8%	94.1%
BABH-Direct	95%	100%	93%	100.0%	#DIV/0!	#DIV/0!	97.2%	97.4%	97.5%

Data Analysis: For FY21Q1 and FY21Q2, BABHA direct offered and completed a crisis plan above the 95% standard. BABHA and the direct service providers scored 94.1% for FY21Q2 and the main cause of this was that a consumer identified they had/wanted a crisis plan, but one was not completed. The provider provided education to their staff about completing a crisis plan if the consumer identified wanting/having one on file. Another factor in this lower score is the high level of staff turnover.

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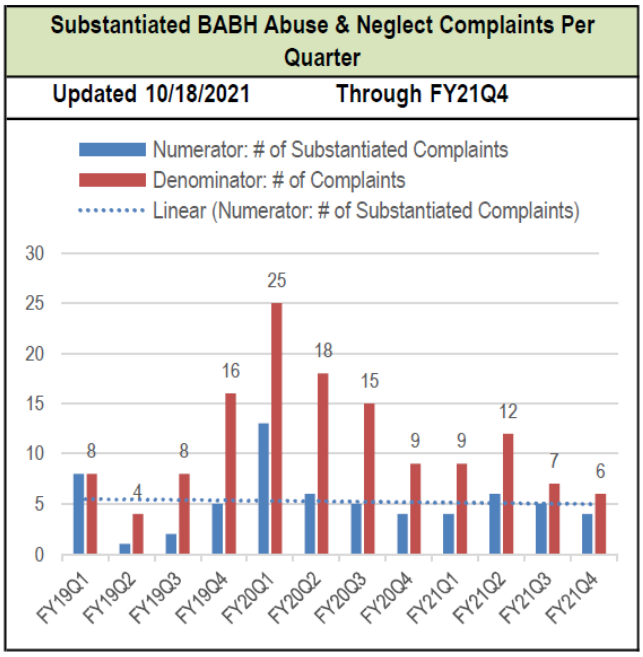
4. Reduce the number of substantiated recipient rights complaints from the previous quarter.

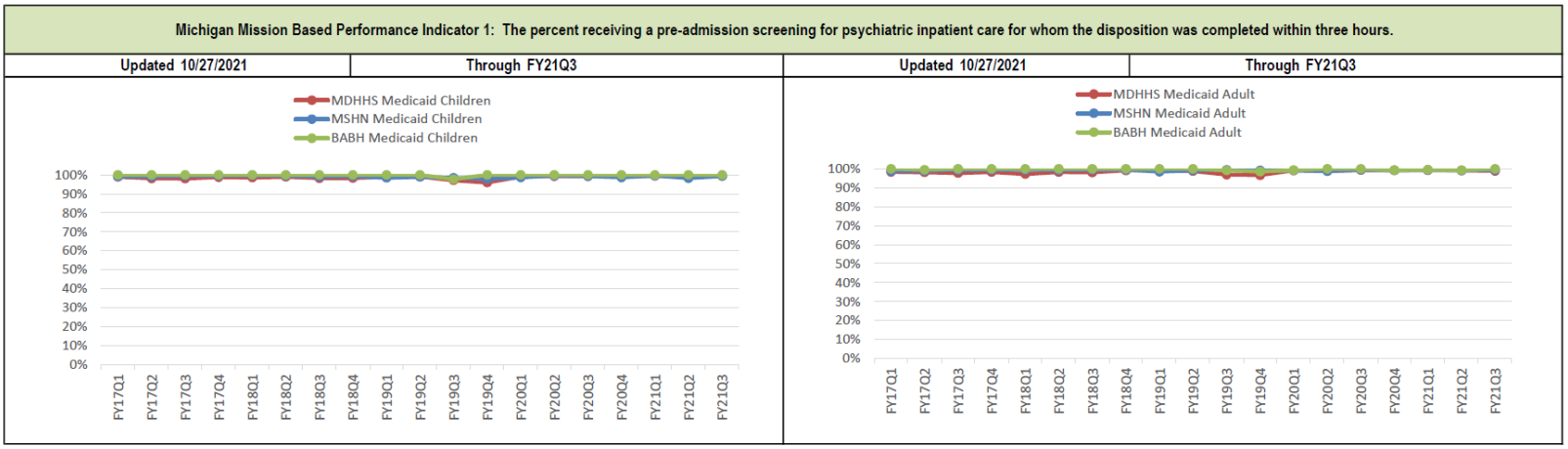


Data Analysis: The number of substantiated complaints in FY21Q2 was higher by two complaints compared to the previous two quarters. FY21Q1 had the same number of substantiated complaints as FY20Q4. The overall trend for the number of substantiated complaints is trending upward very slightly. The Recipient Rights department continues to review each complaint according to the standards. The aggregate data is reported quarterly at the PNOQMC.

Access to Care and Utilization Management

Goals:

1. Achieve or exceed the 95 percent standard for adults and children receiving pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.



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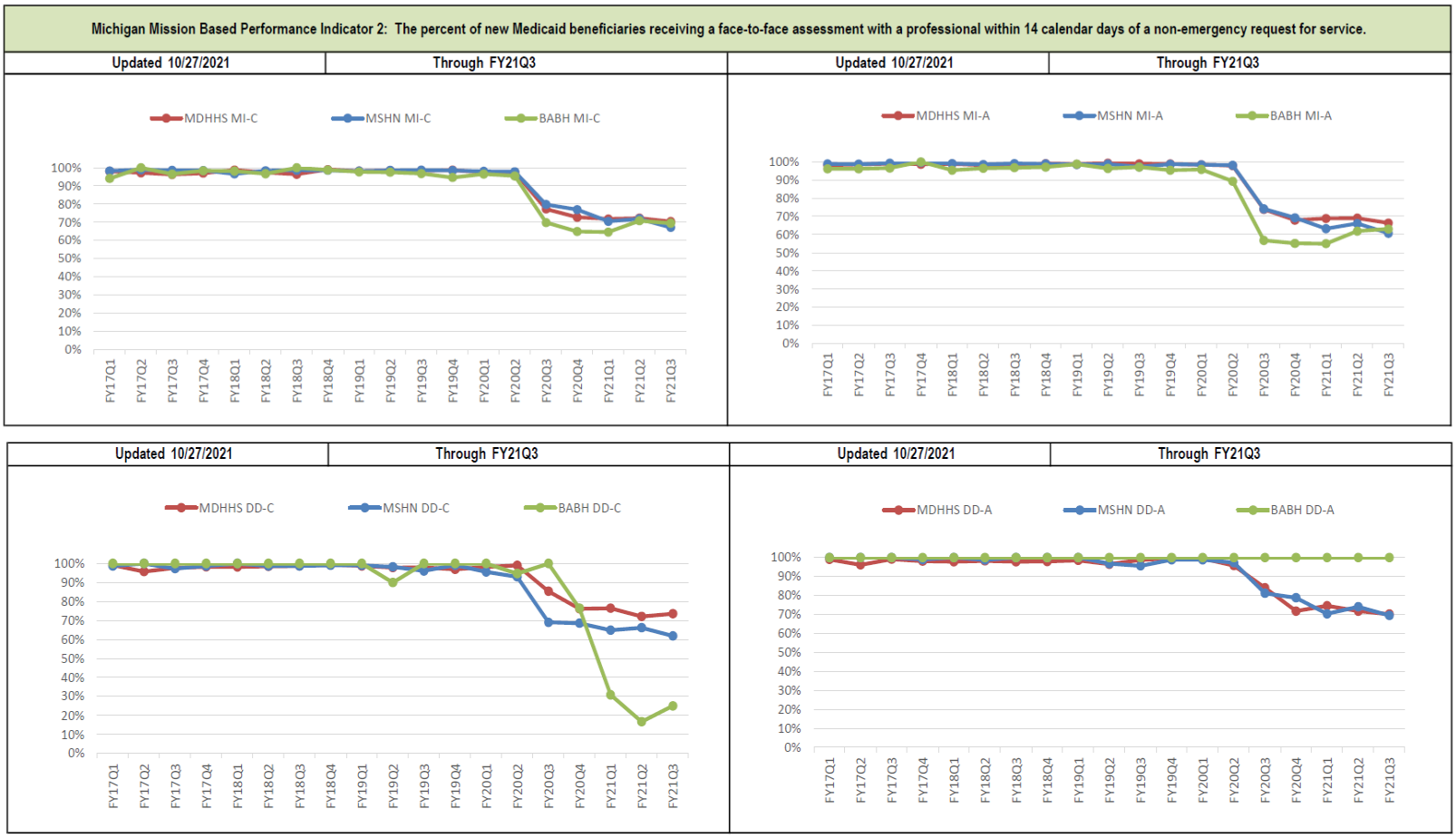
Data Analysis: BABHA has remained consistently above the 95% standard for children and adults that received a preadmission screening with a completed disposition within 3 hours.

2. Achieve highest level of compliance for consumers who meet with a professional for an intake assessment within 14 days of request for service.



Data Analysis: In April 2020, there were significant changes to Indicator 2. MDHHS removed exceptions from the calculations and alone classify the indicator as 'in-compliance' or 'out-of-compliance.' The accounts for the drastic drop in FY20Q3. MDHHS has not yet set a standard for compliance. When this changed happened, BABHA saw our compliance drop significantly as well. The PNOQMC has identified a lack of engagement from consumers as the primary factor for this decrease. Additionally, there have been some internal process issues that have been identified and corrected. In FY21Q1 and FY21Q2, BABHA saw a drastic decline in compliance for IDD (Intellectual/Developmental Disability)-Children. It was identified by the children's staff that this was primarily due to a staff shortage that made it difficult for consumers

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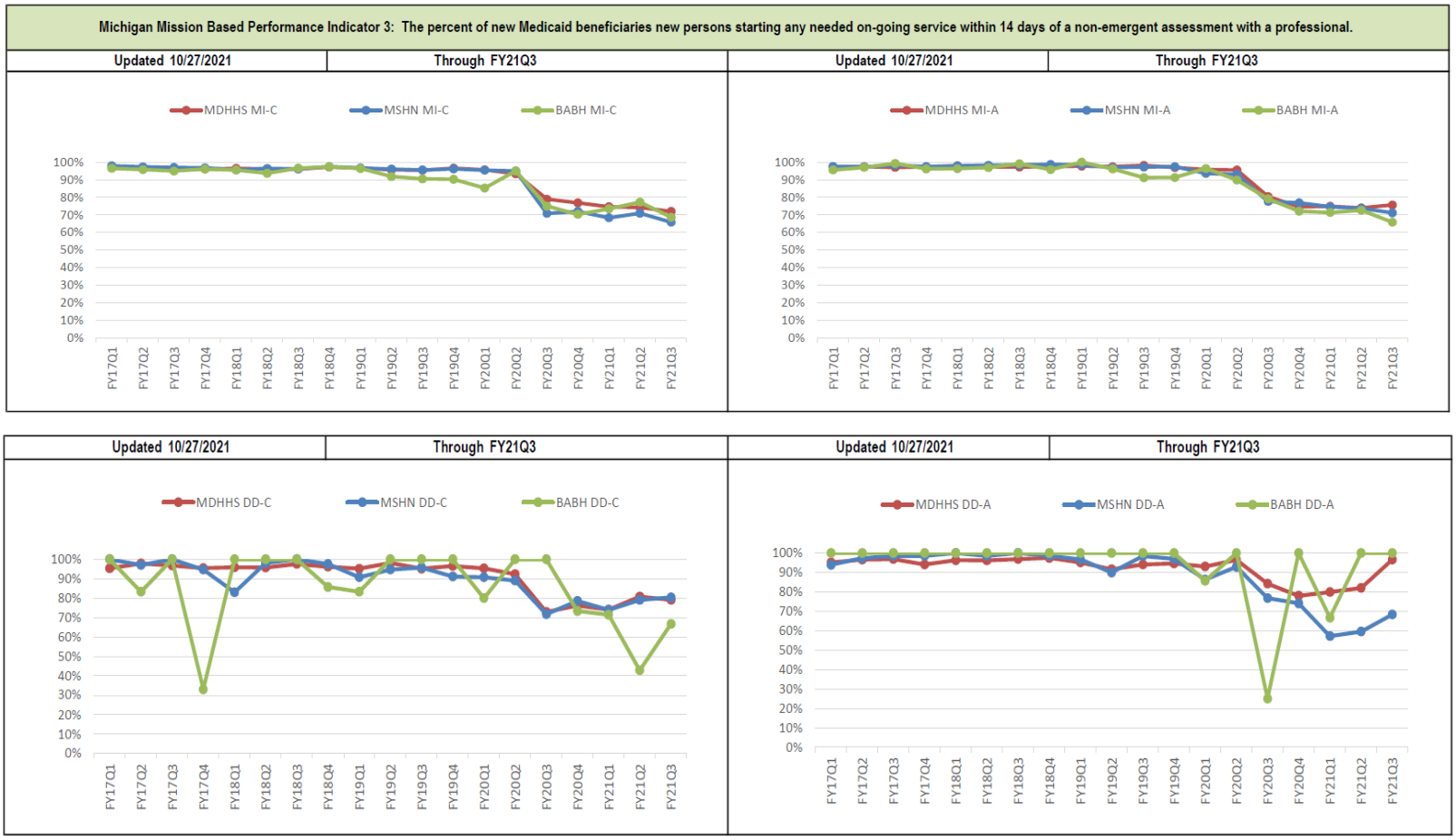
to receive an assessment while waiting for an Applied Behavioral Analysis (ABA) evaluation. BABHA has added another position to this program, but continues to experience turnover.

3. Achieve highest level of compliance for consumers who have a first service within 14 days of intake assessment.



Data Analysis: In April 2020, there were significant changes to Indicator 2. MDHHS removed exceptions from the calculations and alone classify the indicator as 'in-compliance' or 'out-of-compliance.' The accounts for the drastic drop in FY20Q3. MDHHS has not yet set a standard for compliance. When this changed happened, BABHA saw our compliance drop significantly as well. The PNOQMC has identified a lack of engagement from consumers as the primary factor for this decrease. The MI (Mental Illness) population, both children and adults, have seen similar decreases as the rest of the region and state. The IDD-children's population saw a significant decrease in FY21Q2. The overall count of consumers that fell into this population was only six; two of these consumers were out of compliance due to the consumer action requesting outside of the 14 days. The IDD-Adult population saw, what appears to be significant changes over the past few quarters, but the drop in FY21Q1 was the result of one consumer being out of compliance.

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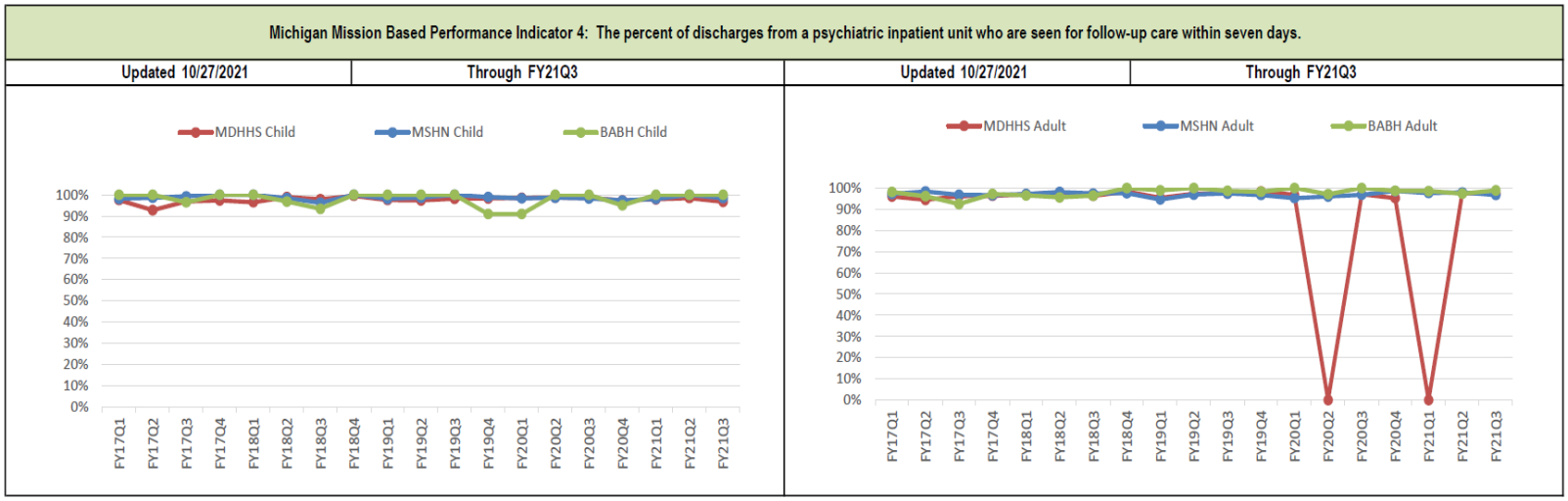
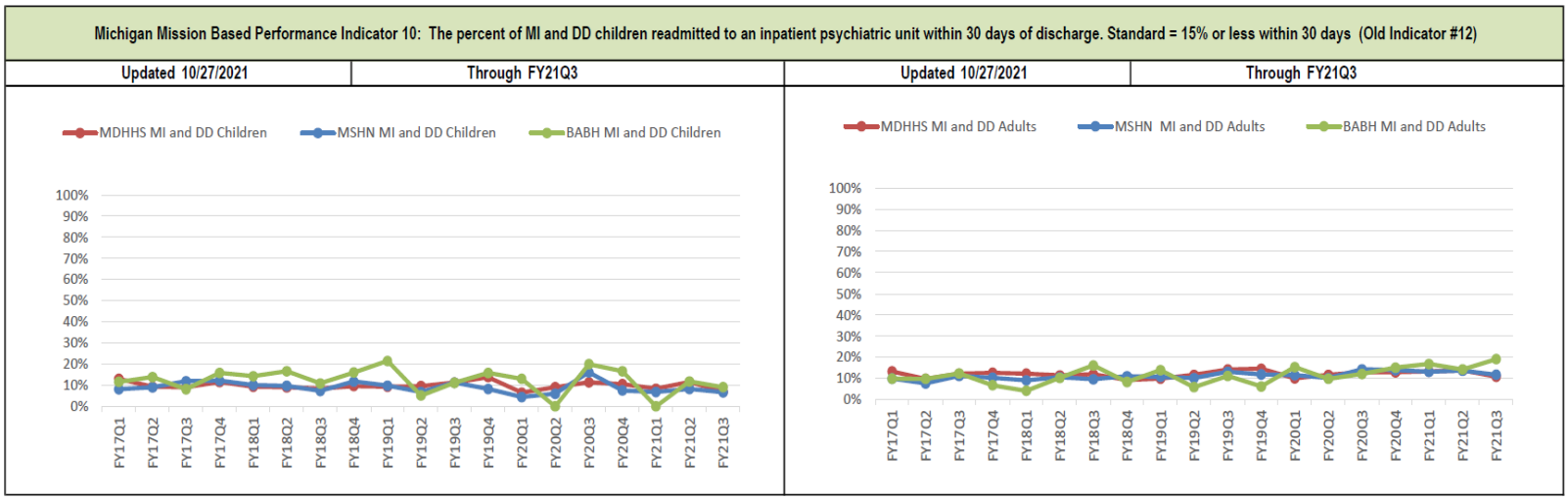
4. Achieve or exceed the 95 percent standard for consumers discharged from a psychiatric inpatient unit who are seen for follow-up care within seven days.



Data Analysis: BABHA consistently remains over the 95% standard for both children and adults receiving a follow-up appointment within seven days from an inpatient psychiatric discharge. The drastic drops for MDHHS in FY20Q2 and FY21Q1 for the adult population was the result of incorrect data that the state is responsible for collecting.

5. Compliance equal to or less than 15 percent for consumers readmitted to an inpatient psychiatric unit within 30 days of discharge.



Data Analysis: BABHA met the 'below 15%' standard for the children's population in FY21Q1 and FY21Q2 while the adult population was slightly above the standard. BABHA has seen a slight increase in the rate of consumers being readmitted to an inpatient psychiatric hospital within 30 days of discharge from an inpatient psychiatric hospital. It has been identified that there has been an increase in the level of care for consumers resulting in many Alternative Treatment Orders as well as an increase for those with a substance use diagnosis.

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6. Meet or exceed 95% compliance that there is evidence that the individual served was given the Plan of Service within 15 days.

Copy of IPOS offered within 15 days of the planning meeting.	Standard	FY19Q3	FY19Q4	FY20Q1	FY20Q2	FY20Q3	FY20Q4	FY21Q1	FY21Q2
BABH -All-(Includes Contract Providers)	95%	96%	87%	95.8%	#DIV/0!	#DIV/0!	99.4%	90.6%	90.1%
BABH-Direct	95%	87%	88%	92.5%	#DIV/0!	#DIV/0!	100.0%	97.4%	100.0%

Data Analysis: BABHA remained above the 95% standard for consumers receiving a copy of their plan of service within 15 days for FY21Q1 and FY21Q2. BABHA, in combination with the contracted service providers, received 90% compliance. These lower scores were the result of staff not documenting whether a plan was given/mailed and documentation not being present in the record to be reviewed. The providers have provided education to staff and additional corrective action has been identified.

7. Meet or exceed 95% compliance for BABHA and all contract service providers that receive a Medicaid Event Verification (MEV) review. (Corrective action is required on anything less than 100%).

Data Analysis: BABHA continues to have significant improvement in the MEV reviews. BABHA and the contract service providers received 100% in FY21Q2 and 99% in FY21Q2. BABHA plans to increase the number of MEV reviews completed to account for the increased scrutiny by external bodies such as MDHHS, MSHN, and the OIG.

8. Meet or exceed 95% compliance for all external MEV reviews conducted by MSHN.

Data Analysis: BABHA participated in a MEV review conducted by MSHN in March 2021. BABHA received 99.47% compliance which was the result of 377 claims found to be correct out of 379 claims reviewed.

Outcomes

Healthcare Integration Goals:

1. FY21 data will be compared to baseline data collected during FY20 with the goal to increase labs associated with the Diabetes Screening HEDIS measure.

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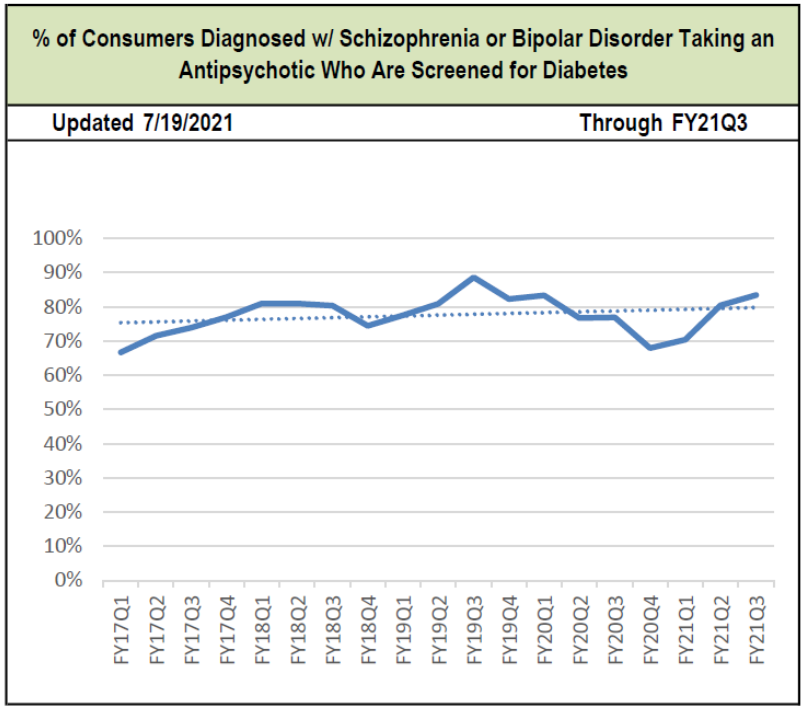
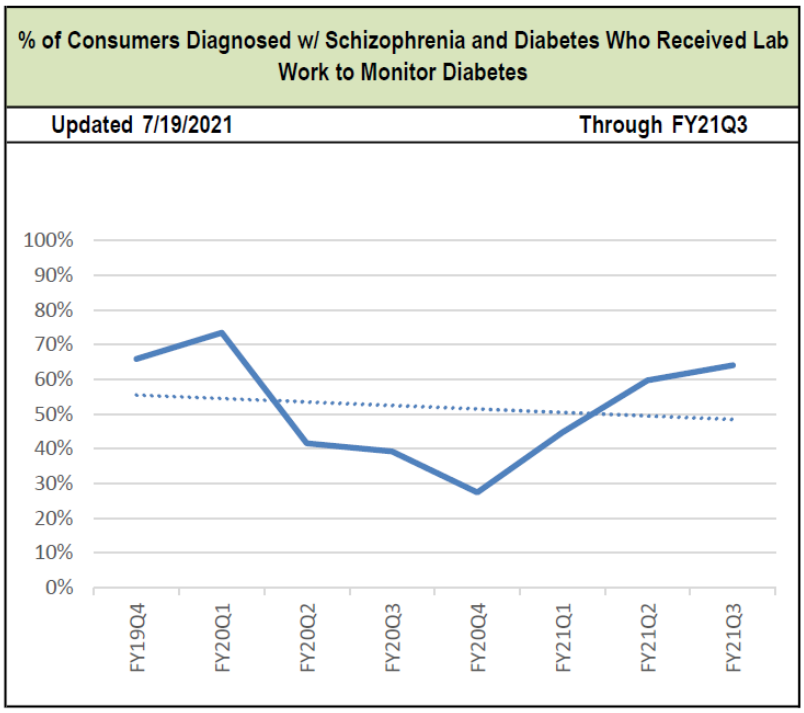


Data Analysis: BABHA staff continue to work diligently with consumers who are at risk of developing diabetes to obtain proactive lab reports. There has been an increase in those individuals for FY21Q1 and FY21Q2. Overall, there is a slight upward trend and this is likely evident due to the education provided on this measure and the work completed on updating the data related to consumers who have Medicare insurance; which is not automatically updated in the system.

2. FY21 data will be compared to baseline data collected during FY20 with the goal to increase labs associated with the Diabetes Monitoring HEDIS measure.

Data Analysis: There has been significant improvement in the number of consumers that have received lab work to monitor for diabetes in FY21Q2 and FY21Q2 compared to the previous three quarters. It is identified that this increase from previous quarters is likely the result of unavailable labs during the pandemic and an continued improvements to the process for updating the data related to this HEDIS measure. Additionally, there has been education provided to staff and direct follow-up occurring with prescribers and primary case holders.



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3. Review and begin to action/address the data related to the Cardiovascular Screening HEDIS measure.

   Data Analysis: In FY21Q2, BABHA implemented the review and actioning of the Cardiovascular Screening HEDIS measure. Now that BABHA has established a consistent process for monitoring this measure, a dashboard indicator will be created to allow for monitoring of the aggregate data.

4. Meet or exceed 95% compliance that there is evidence of health care coordination within the consumer record completed by the primary providers.

Evidence of Primary Care Coordination	Standard	FY19Q3	FY19Q4	FY20Q1	FY20Q2	FY20Q3	FY20Q4	FY21Q1	FY21Q2
BABH -All-(Includes Contract Providers)	95%	99%	99%	97.2%	#DIV/0!	#DIV/0!	91.7%	96.4%	73.0%
BABH-Direct	95%	97%	98%	100.0%	#DIV/0!	#DIV/0!	97.2%	100.0%	97.5%

Data Analysis: There was a significant decrease in compliance for FY21Q2 for the contract service providers. One provider had a breakdown of their internal processes and needed to make some adjustments to meet compliance for this standard. Another provider did not upload the documentation into the record so reviewers were unable to determine if this standard was met or not. It was identified that on-site record reviews would eliminate some of this potential oversight. Another factor in this lower score is the high level of staff turnover.

Evidenced Based Practices (EBP) Goals:

1. Evaluate implementation and capacity of existing EBP. Evaluate existing system structures to determine if the agency has created a system that supports ongoing successful implementation of existing EBP.
2. Identify gaps in clinical services and determine the need and identify any EBP/Best Practice to address the identified need.
3. Determine the ability to implement and sustain the identified EBP/Best Practices. Develop a system that supports the implementation of EBP and incorporate a process of continuous quality improvement.
4. Assess and increase staff competence in Motivational Interviewing, Transtheoretical Model (Stages of Change) Dialectical Behavior Therapy (DBT) basic skills, co-occurring behavioral health/substance use treatment, and Integrated Care competencies.
5. Monitor fidelity to prescribed models.

Data Analysis: BABHA has made some steps in evaluating the capacity for the EBPs currently existing as well as increasing staff competence. BABHA has had staff attend a Motivational Interviewing training and has plans to start a cohort for Trauma Focused Cognitive Behavioral Therapy. EBP goals are part of the Strategic Initiatives and are reviewed at the Leadership Meeting.

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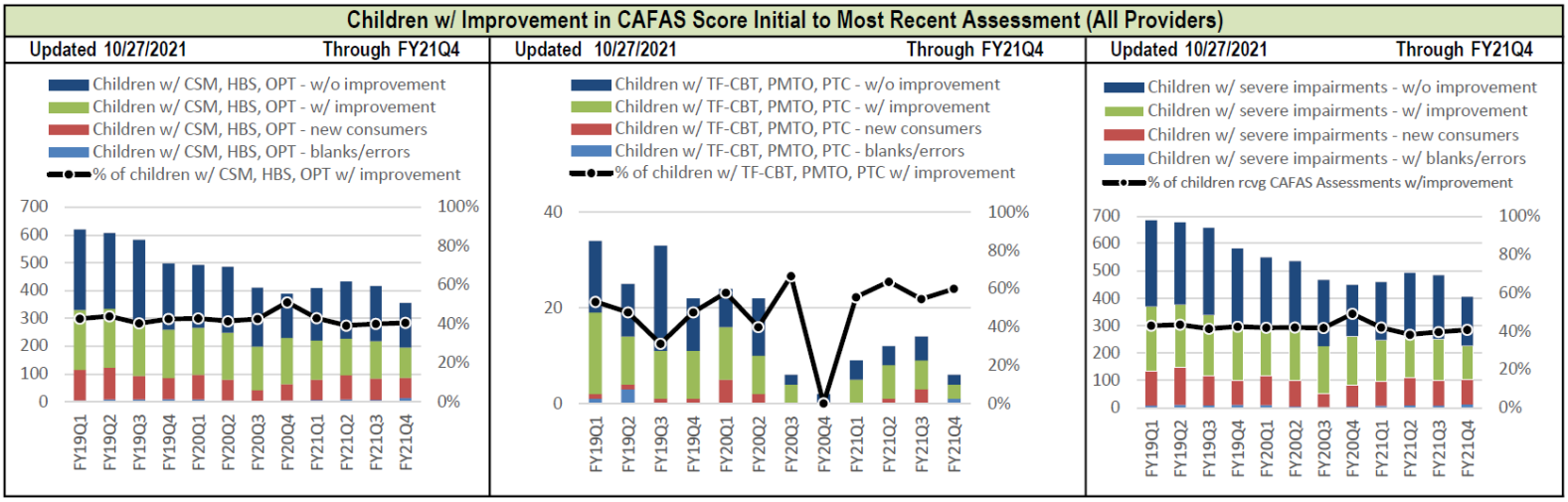
6. BABHA will analyze the Recovery Self-Assessment (RSA)- Provider and Administrator Versions- to identify areas for improvement within the agency.

   Data Analysis: The RSA was made available for providers and administrators to complete in the months of May and June. The data is entered into Survey Monkey and processed directly through MSHN. At this time, BABHA has not received this data in order to analyze and identify areas for improvement.

Population Specific Goals:

1. Increase the percentage of children with improvement in the CAFAS score from the initial assessment to the most recent assessment specific to the type of treatment provided.



   Data Analysis: BABHA and contract service providers were able to begin using PMTO in FY21Q1 again and this accounts for the significant increase in improvement. There has been a slight decrease in the overall improvement for children in CSM, HBS, and OPT in FY21Q1 and FY21Q2 as well as children receiving a CAFAS with improvement. It was noted that the overall number of children within these programs have dramatically declined since FY19Q1. Staff identified a variety of factors for this including fewer contacts with community members leading to fewer referrals for service, children dropping out of services due to the pandemic, and difficulty providing evidenced based practices via telehealth. The Business Intelligence Department will look into identifying the number of children in these services for each primary provider to determine any other trends.

2. Continue to work with PCE to finalize electronic forms for data collection with potential adjustments related to the proposed MDHHS changes.

   Data Analysis: There have been multiple updates to finalize electronic forms within PCE to be used for data collection. Many of these forms/links in PCE will help with collecting data for the Autism program.

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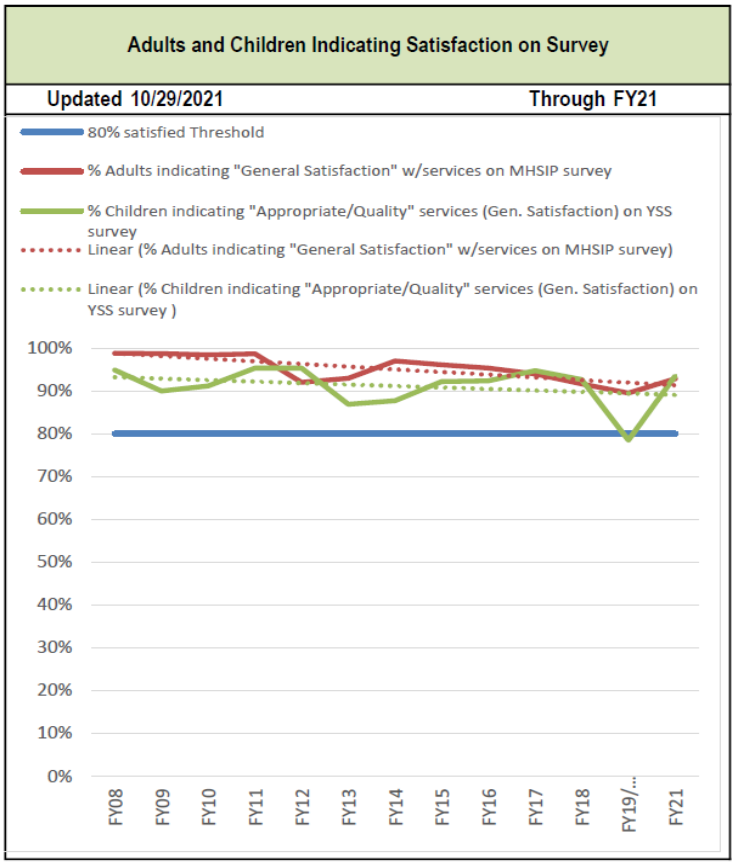
3. Analyze the Autism data collected to determine outcomes and improvement.

   Data Analysis: BABHA staff continue to work with data provided by ABA providers in order to develop a way to measure outcomes. A new monthly summary report was created in April 2021 to help capture data and will be utilized after enough data points have been collected.

Stakeholder Perceptions

Goals:

1. Meet or exceed 80% satisfaction during the annual survey for the MHSIP survey.
2. Meet or exceed 80% satisfaction during the annual survey for the YSS survey.



   Data Analysis: The MHSIP and YSS annual surveys were distributed to consumers in July 2021. The results are being compiled and will be reviewed, analyzed, and discussed at an upcoming PNOQMC meeting to determine any action steps that can be taken to improve consumer satisfaction.
3. Meet or exceed 80% satisfaction for the behavior treatment plan surveys.

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Data Analysis: BABHA assesses for satisfaction with the behavior treatment plans on an annual basis. In 2020, there were 10 surveys returned and all 10 of these expressed satisfaction in all areas of the survey.

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III. Attachment 1: Bay-Arenac Behavioral Health Authority Board of Directors

Bay-Arenac Behavioral Health Authority		
Board of Directors		
April 1, 2021 through March 31, 2022		
Original Board Appointed 9/23/63		
County Elected to Come Under PA 258, effective 8/8/75		
MH Code revision PA 290, 1995, effective 3/27/96: All board member terms were extended 3 months to end on 3/31, and thereafter be 3-year terms		
Name	**Term**	**County Represented**
Richard Byrne Chair	04/01/19 to 03/31/22	Bay
James Anderson Vice Chair	04/01/20 to 03/31/23	Bay
Robert Pawlak Treasurer/Parliamentarian	04/01/19 to 03/31/22	Bay
Colleen Maillette Secretary	04/01/20 to 03/31/23	Bay
Connie Barber	04/01/21 to 03/31/24	Bay
Ernie Krygier	04/01/21 to 03/31/24	Bay
Robert Luce	04/01/21 to 03/31/24	Arenac
Richard (Rick) Meeth	04/01/20 to 03/31/23	Bay
Sally Mrozinski	04/01/19 to 03/31/22	Arenac
Patrick McFarland	04/01/21 to 03/31/24	Bay
Justin Peters	04/01/19 to 03/31/22	Bay
Thomas Ryder	04/01/20 to 03/31/23	Bay

Revised 09/03/2021

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