

BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING
 Thursday, January 12, 2023
 1:30 p.m. - 3:30 p.m.
 Zoom Meeting

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

Topic		Key Discussion Points	Action Steps/Responsibility
1.	a. Review of, and Additions to Agenda b. Approval of Meeting Notes: 12/08/22 c. Program/Provider Updates and Concerns	<p>a. There was an addition to the agenda; 4h. Auto Generated Text Reminders.</p> <p>b. The December 8th meeting notes were approved as written.</p> <p>c. <u>BABH - Access/Emergency Services</u> – Nothing to report this month.</p> <p><u>BABH - Arenac Center</u> – Looking for an Infant Mental Health Therapist.</p> <p><u>BABH - Business Intelligence/Quality</u> – Anything that was sent to Janis Pinter will now be sent to Karen Amon. Janis will continue to be the lead on the EHR and Dashboard, but everything else will go through Karen. We are in the process of preparing for the MEV MSHN audit in February and will be gathering documentation. One provider was pulled for that audit, so any credentialing documentation needed will be relayed to that provider.</p> <p><u>BABH - Children's Services</u> – A Family Support worker, Ciera Weber, will be starting January 23rd. A new intake worker, Andrea Rahl, will be taking over for Megan who is leaving BABH.</p>	

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	<p><u>BABH - Contracts</u> – Noting to report this month.</p> <p><u>BABH - Integrated Care</u> – Joelin wants to remind everyone to encourage case holders to work with individuals served that their DHS information is updated. Renewals will be reimplemented for Medicaid and MDHHS benefits. If addresses are not updated, this will affect the renewals so please make sure all information is updated in the DHS system. Heather Beson is replacing Karen Amon as the Director of Integrated Care. The public health emergency has been extended for another 90 days.</p> <p><u>BABH - Madison Clinic</u> – Nothing to report this month.</p> <p><u>BABH - North Bay</u> – Nothing to report this month.</p> <p><u>BABH - Recipient Rights/Customer Services</u> – A new employee will be starting January 23rd. She is a RR/CS Specialist. If anyone would like Melissa to train during a staff meeting, please get with Melissa.</p> <p><u>LPS</u> – Abbie Burns is the new Assistant Site Supervisor. She will be the main point of contact for BABH. Kaitlyn Tobin is the Site Supervisor.</p> <p><u>MPA</u> – In Adult-OPT, a therapist recently left. A therapist is on medical leave. MPA is getting slammed with referrals, hoping not to put anyone on hold. Adult-CSM still has a 5 limit per referrals. One of the OPT therapists is no longer taking any private or PCE consumers, she is trying to phase out. Staff are overwhelmed.</p> <p><u>Saginaw Psychological</u> – A therapist is on maternity leave till mid-February. The other therapists are taking on her case load but looking at taking on new consumers. Closed to CSM referrals. Promising interviews this week.</p>	

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2.	Plans & System Assessments/Evaluations a. QAPIP Annual Plan (Sept) b. Organizational Trauma Assessment	a. Nothing to report this month. b. Nothing to report this month.	
3.	Reports a. QAPIP Quarterly Report (Aug, Nov, Feb, May) b. <u>Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports</u> <ul style="list-style-type: none"> i. MSHN Priority Measures Report (Jan, Apr, Jul, Oct) ii. Recipient Rights (Jan, Apr, Jul, Oct) iii. Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec) iv. Consumer Satisfaction Report (MHSIP/YSS) (Nov) v. Provider Satisfaction Survey c. <u>Access to Care & Service Utilization Reports</u> <ul style="list-style-type: none"> i. MMBPIS Report (Jan, Apr, Jul, Oct) ii. LOCUS (Mar, Jun, Sep, Dec) - Deferred from Sept iii. Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct) iv. Service Requests Disposition Report (Feb, May, Aug, Nov) v. Discharge Summary Disposition Report (Feb, May, Aug, Nov) vi. Customer Service Report (Jan, Apr, Jul, Oct) d. <u>Regulatory and Contractual Compliance Reports</u>	a. Nothing to report this month. b. i. Sarah went over the MSHN Priority Measure graphs. For Cardiovascular Screening, there was a small number of consumers that fell in that quarter which is what caused the significant drop. Someone may have had an appointment and they do not get scheduled for a follow-up appointment, and there is not much we can do. Diabetes Screening had a drop as well, but not much we can do about this either. Doing well with the Diabetes Monitoring. BABH is consistent with the region. For ADHD children, BABH has had an increase over the past two quarters due to efforts with BABH scheduling appointments after a new ADHD medication has been prescribed. BABH did have one child/adolescent that was prescribed multiple antipsychotics during FY22Q4 accounting for 1/80 consumers. We are doing well for Primary Care Visits, but we are seeing a slow decline. For Post Hospitalization, Outpatient visits with mental health within 30 days of psychiatric inpatient stay for adults has been an area of struggle for us. This coincides with the performance indicators, there are lots of no-shows. This measure will be addressed in a workgroup and codes will be looked at. ii. Melissa went through the Recipient Rights report for FY22Q4. Complaints still continue to go up. The top three allegations across the fiscal year are Abuse, Services Suited to Condition, and Dignity & Respect. The provider site type with the most complaints remain the residential sites with 23 of the 133 complaints received for the fiscal year. Services Suited to Condition and PCP Timely development substantiations where not high in volume but they were higher with regards to the role case managers impacting the rights of recipients. iii. Nothing to report this month. iv. Nothing to report this month.	c. iii. Janis will look into the reason for the drop in the Adults with IDD/SMI data and will validate it.

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<ul style="list-style-type: none"> i. Internal MEV/Performance Improvement Report (Feb, May, Aug, Nov) ii. MSHN MEV Audit Report (May) iii. MSHN DMC Audit Report (Oct) - verbal iv. MDHHS Waiver Audit Report (Oct when applicable) e. Periodic Review Reports 	<ul style="list-style-type: none"> v. Nothing to report this month. c. i. <u>Indicator 1: Percentage of Children/Adults who received a Prescreen within 3 hours of Request</u> – BABH performed above the 95% standard. BABH demonstrated 100% (41/41) compliance of the children who requested a pre-screen and received one within 3 hours. BABH demonstrated 100% (287/287) compliance of the adults who requested a pre-screen and received one within 3 hours. <u>Indicator 2: Initial Assessment within 14 Days-Children/Adults</u> – MI-Child was at 47.33%, MI-Adult was at 55.33%, DD-Child was at 82.14% and DD-Adult was at 90.91%. <u>Indicator 3: Start of Service within 14 Days Adult/Children</u> – MI-Child was at 64.91%, MI-Adult was at 77.18%, DD-Child was at 70.97% and DD-Adult was at 55.56%. <u>Indicator 4a: Follow-Up within 7 Days of Discharge from Inpatient Psychiatric Unit or Detox Unit</u> – BABH demonstrated 93.33% (14/15) compliance for the child population and 100% (79/79) compliance for the adult population. The one child consumer out of compliance was due to staff miscalculating the dates during scheduling. <u>Indicator 10: Re-admission to Psychiatric Unit within 30 Days</u> – BABH did meet the standard of less than 15% readmission rate for adults and children. Of the 20 adult consumers that had readmissions, three consumers were readmitted twice and two consumers were readmitted three times; this accounts for 12 of the 20 readmissions. Five of the 13 consumers were on an ATO and nine of the 13 consumers had a dual diagnosis. MDHHS has not established a standard for Indicator 2 and Indicator 3, so BABH will continue to watch for the trends internally. ii. Nothing to report this month. iii. Staff went through the UM Indicators for the Leadership Dashboard. There has been a low number of incident reports since 2020 but the numbers are picking up. There have been lots of challenging behaviors, medication incidents and health and safety incidents. For the graph, People Served by Population, there was a drop in data for the Adults with 	

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	<p>IDD/SMI. This could be related to encounters being sent. Janis will check into the reason for the drop in data.</p> <p>iv. For FY22, the total number of people that called or walked in for services was at 98% compared to the total for FY21. The total number of individuals that requested services in FY22 was equivalent (100%) to those that requested services in FY21. There were 116 individuals that did not meet eligibility for services during FY22 compared to 155; this was 75% for FY22 compared to FY21. There were 222 individuals that did not receive eligibility determination in FY22 compared to 272 in FY21; this was 82% for FY22 compared to FY21. There was an increase during FY22 compared to FY21 of consumers that met eligibility. 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 annually for the MDHHS Annual Submission.</p> <p>v. Nothing to report this month.</p> <p>vi. Melissa went through the Customer Service Report for FY22Q4. There were 5 grievances, 40 inquiries and 49 appeals. We have 90 days to resolve inquiries and grievances, and we resolve them in less than the 90 days.</p> <p>d. Nothing to report this month.</p> <p>e. Nothing to report this month.</p>	
<p>4. Discussions/Population Committees/Work Groups</p> <p>a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u></p> <p>i. CAFAS Reports for Performance Improvement/LOC Utilization Mgmt.</p> <p>ii. PCP Treatment Team Input</p>	<p>a. i. Nothing to report this month.</p> <p>ii. Nothing to report this month.</p> <p>iii. We are in need of an Arenac County Consumer Advisory Council Member.</p> <p>iv. Defer</p> <p>b. Nothing to report this month.</p> <p>c. i. Nothing to report this month.</p> <p>ii. Nothing to report this month.</p>	<p>a. iv. Deferred</p> <p>c. iv. Janis will send out an email summarizing the feedback regarding the diagnostics.</p>

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	<ul style="list-style-type: none"> iii. Consumer Council Recommendations (as warranted) iv. MHSIP/YSS Survey (Deferred) b. <u>Access to Care and Service Utilization</u> <ul style="list-style-type: none"> i. MMBPIS Work Group ii. Services Provided during a Gap in IPOS iii. Repeated Use of Interim Plans c. <u>Regulatory Compliance & Electronic Health Record</u> <ul style="list-style-type: none"> i. 1915 iSPA ii. Ability to Pay Assessments iii. Periodic Reviews - Including Options for Blending with Plan of Services Addendums iv. Management of Diagnostics <ul style="list-style-type: none"> v. Appointments in the PCE Calendar d. Juvenile Competency Hearing/Referral to MH treatment e. Periodic Reviews Completion Due Date - deferred f. CSM 101 Training g. Discussion of outreach by case holder prior to a demand being filed when a consumer is on deferment h. Auto Generated Text Reminders 	<ul style="list-style-type: none"> iii. Nothing to report this month. iv. We will be changing the PIC list for the status and diagnosis in Phoenix and will be getting rid of remission and switching to use of the CPT codes. We will require selection of a code for the SAL's for certain services. The system will prompt the clinician when it is needed. Janis will send out an email summarizing the feedback. v. Nothing to report this month. d. Nothing to report this month. e. Nothing to report this month. f. Great job capturing all the data for the CSM training. There were no g. Nothing to report this month. h. There were issues where consumers are not getting reminders. When putting in appointments, it does impact if a reminder is sent out. Reminders are sent out 7 days in advance and then 2 days in advance. Text reminders are not set up to go out on the weekends and they are sent out between 11:00-12:00. If an appointment is put in 2 days prior, and the meeting is at 1:00, the reminder will not go out so make sure you are giving enough time for the reminder to go out. 	
5.	Announcements <ul style="list-style-type: none"> a. DHHS Outreach Worker <ul style="list-style-type: none"> i. MIBridges System 	<ul style="list-style-type: none"> a. FYI b. FYI c. Janis sent out an email with an updated Privacy Officer poster. If you have any internal trainings referencing staff, please update to Karen Amon. 	

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	b. Great Lakes Bay FAN – Recovery & Resource Fair, Delta College, Thursday, September 8, 2022, 5-7:00 PM c. Change in BABH Privacy Officer – update trainings/posters	Anything posted in the building needs to be updated with the revised poster from Janis.	
6.	Parking Lot a. Addendums (Primary Case Holder vs. Add-On Services)	a. Future discussion	
7.	Adjournment/Next Meeting	The meeting adjourned at 3:30 pm. The next meeting will be via Zoom on February 9, 2023, 1:30 - 3:30.	