

BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING
 Thursday, March 9, 2023
 1:30 p.m. - 3:00 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	---	BABH IMH/HB Supervisor: Kelli Maciag	X	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	X	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 Corrión		List Psychological Site Supervisor: Kaitlyn Tobin	
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		BABH RR/Customer Services Manager: Melissa Prusi	X	BABH Clinical Services Manager: Nicole Sweet	X
BABH Integrated Care Director: Joelin Hahn (Chair)	---	Saginaw Psychological CEO: Nathalie Menendes		BABH Nursing Manager: Sarah Van Paris	---
BABH BI Secretary: Joelle Sporman (Recorder)	X	BABH Children Services Manager: Noreen Kulhanek		BABH Contracts Administrator: Stephanie Gunsell	---
GUESTS	BABH Clinical Team Leader – Stephani Rooker (Glass)				

Topic		Key Discussion Points	Action Steps/Responsibility
1.	a. Review of, and Additions to Agenda b. Approval of Meeting Notes: 02/09/23 c. Program/Provider Updates and Concerns	a. There was an addition to the agenda; 4g. Password Policy Update b. The February 9 th meeting notes were approved as written. c. <u>BABH - Access/Emergency Services</u> – Nothing to report this month. <u>BABH - Arenac Center</u> – The Arenac Center is still down an Infant Mental Health Specialist, still have not had an applicant. <u>BABH - Business Intelligence/Quality</u> – The contract at MDHHS will not renew the SIS which affects our department since we have a SIS Assessor. There will be a proposal for SLT. We are finishing up with the MSHN MEV, Melissa D. has been the lead on this. We will work through findings and determine corrective action. The final report is not done yet so when that is out, we will update the committee when that has been finalized. <u>BABH - Children's Services</u> – The Children's Services Department is still down one Homebased worker. Andrea Rayl took over as the Intake Specialist.	

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	<p><u>BABH - Contracts</u> – Nothing to report this month.</p> <p><u>BABH - Integrated Care</u> – Nothing to report this month.</p> <p><u>BABH - Madison Clinic</u> – Nothing to report this month.</p> <p><u>BABH - Medical Records</u> – Nothing to report this month.</p> <p><u>BABH - North Bay</u> – North Bay hired a DSP and that is working out. There are only two people on the wait list. If anyone works with Jeremy Matthews, he is the Quality Life Mentor, he is off till June.</p> <p><u>BABH - Recipient Rights/Customer Services</u> – Bridget Hayes is a new Recipients Rights/Customer Service Specialist. She is job shadowing right now for Customer Service's cases.</p> <p><u>LPS</u> – List lost a person that started a few weeks ago. A new person will be starting toward the end of March. Abbi Burns is a go between with BABH and being a therapist at List.</p> <p><u>MPA</u> – Nothing to report this month.</p> <p><u>Saginaw Psychological</u> – Saginaw Psych is trying to hire new staff, otherwise there are no new updates.</p>	
2. Plans & System Assessments/Evaluations a. QAPIP Annual Plan (Sept) b. Organizational Trauma Assessment Update	a. Nothing to report this month. b. Nothing to report this month.	
3. Reports a. QAPIP Quarterly Report (Aug, Nov, Feb, May)	a. Nothing to report this month. b. Nothing to report this month. c. Nothing to report this month.	

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<ul style="list-style-type: none"> 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) 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> <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) 	<ul style="list-style-type: none"> d. Nothing to report this month. e. Nothing to report this month. 	

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4.	<p>e. Periodic Review Reports</p> <p>Discussions/Population Committees/Work Groups</p> <p>a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u></p> <ul style="list-style-type: none"> i. CAFAS Reports for Performance Improvement/LOC Utilization Mgmt. ii. PCP Treatment Team Input iii. Consumer Council Recommendations (as warranted) iv. MHSIP/YSS Survey (Deferred) <p>b. <u>Access to Care and Service Utilization</u></p> <ul style="list-style-type: none"> i. MMBPIS Work Group – Clinical Assessment Work Group ii. Services Provided during a Gap in IPOS iii. Repeated Use of Interim Plans <p>c. <u>Regulatory Compliance & Electronic Health Record</u></p> <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 v. Appointments in the PCE Calendar vi. MDHHS Standard Consent Module in Phoenix <p>d. Juvenile Competency Hearing/Referral to MH treatment</p> <p>e. Periodic Reviews Completion Due Date</p>	<p>a. Nothing to report this month.</p> <p>b. Janis made all necessary changes for the DD proxy measures, the 1915i Waiver, and any other place where other rules changed (how we do a mental status exam, how we evaluate chronic health conditions, etc.) and relocated those areas so it is talked about only one time vs. numerous times throughout the assessment. This document will impact the initial and annual assessment for all populations, but it does not account for an access screen. Janis will follow-up with Stacy and Joelin on the access screening.</p> <p>A minor receiving services without parental consent is being used so we need to keep this.</p> <p>We added <i>Veteran Service Recommendations</i>, and we do need this to populate the plan.</p> <p>For <i>Learning and Self-Direction</i>, the 1915i Waiver is where information is pulling from. You can default to none-no limitations if that makes it easier, or you can pick a choice each time. It was decided that picking each time would be better to avoid overlooking the default.</p> <p><i>Literacy Level</i> will have radio buttons, not an open text box.</p> <p><i>Economic Self-Sufficiency</i> was an old DD proxy, it was on the list for the 1915i, and was moved and tweaked to fit other populations. Is there an option to decline to disclose yearly wages? Janis will check to see we have all the allowed response choices built in, but it is dictated to us, we do not have choices. Janis will check on BH-Teds as well.</p> <p><i>Ability to perform Household Activities of Daily Living</i> is being proposed that we tweak this section, so it fits more broader populations. If someone is in</p>	<p>b. Janis will follow-up with Stacy and Joelin on the Access Screening highlighted in yellow.</p> <p>Janis to check on the allowed response choices for Economic Self-Sufficiency around the yearly wage's discussion.</p> <p>Janis will make the discussed changes and will send the document as a mockup vs. in a list or a form to the committee.</p>

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<p>f. Discharge Process for Homeless Consumers</p> <p>g. Password Policy Update</p>	<p>Specialized Residential or CLS, they will receive another evaluation with more detail about personal care and household capabilities. Due to age-appropriate skills, we will have an out for this and will fix this on the form.</p> <p><i>Has history of condition</i> needs to address chronic conditions. There is no requirement that you have to check family history so that will not be added and will stay as is. We can have multiple radio buttons added to check off what chronic condition(s) a person has. We can change this to look like the drop downs for the Mental Status section. We can also do this for Specialists (Dentist, Eye Doctor, etc.).</p> <p><i>Weight Status</i> is a required field, it is a state requirement. It requires a BMI, based on an age range, so you would have to ask the consumer their weight. We will work on this section.</p> <p>Stage of Change was to document a person's progress. There is not a mandate on this so we can drop this section. There was agreement to drop this section with the intention it will not be added back in next year or in a few years.</p> <p><i>DD Assessment not applicable</i> does not have anything pop in, you have to write something in the other field. For <i>Current Recovery Plan</i>, nothing populates to the plan so it would be nice to have that change.</p> <p><i>Mental Status</i> - Switching to the Columbia Tool would replace suicide ideation plan, primary method, means readily available, reported level of intent, and presence of termination behavior. The current risk factors would be replaced with questions 1) Have you wished you were dead or wished you could go to sleep and not wake up?, 2) Have you actually had any thought about killing yourself? and 6) Have you done anything, started to do anything, or prepared to do anything to end your life? of the Columbia Tool.</p>	

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	<p>If someone is non-verbal or cognitively impaired, how do we handle this section? We could add, NA - due to inability to self-report. We will work on this. In the Columbia Tool, there is a question about access to weapons, so do we ask the question again? It was agreed that it needs to be a direct ask. You always have to ask questions 1, 2 and 6, and 6 has two parts. If you answer yes to question 2, then it generates questions 3-6 so we will ask to make it contingent.</p> <p><i>Self-Injurious</i> – If we say none on top, can the other box collapse since it is asked twice? Janis will make sure this is contingent.</p> <p><i>Trauma</i> – Do we want a question to ask if anything happened in the last year?</p> <p>Janis will make the changes from today, put it in a mockup and will send out to the committee for review before it gets finalized.</p> <p>SNAP was really focused on for each domain during CARF. Every area has recommendations, so we can address the SNAP. If there are no recommendations, then note there are none.</p> <ul style="list-style-type: none"> ii. Nothing to report this month. iii. 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. g. There has been a policy update that will affect passwords in our systems. Beginning Tuesday, March 14th, the password change requirements will be updated. This will affect both Phoenix & VDI systems. The requirements will be that passwords will expire after 365 days (change from every 90 days), 	

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		there will be a minimum password length of twelve characters (change from the minimum of eight characters), and there will be three of the four requirements (upper case, lower case, number, and/or symbol). What this means is when your current password expires (90 days after you last changed it), you will be required to use the updated password requirements. After you update your password (after the policy change), you will not be required to update the password for another 365 days.	
5.	Announcements a. DHHS Outreach Worker i. MIBridges System b. Great Lakes Bay FAN – Recovery & Resource Fair, Delta College, Thursday, September 8, 2022, 5-7:00 PM	a. FYI b. FYI	
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 on April 13, 2023, 1:30 - 3:30. It was brought up about having all meetings in-person so Sarah will get with Joelin and we will inform the committee of what is decided.	