BAY-ARENAC BEHAVIORAL HEALTH

PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING

Thursday, April 13, 2023

1:30 p.m. - 3:30 p.m.

Wirt Lower-Level Conference Room

MEMBERS	Present	MEMBERS	Present	MEMBERS	Present
List Psychological Assistant Site Supervisor: Abbi Burns	X	BABH Healthcare Accountability Director: Karen Amon	----	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	X
BABH Clinic Manager: Amy Folsom		BABH IMH/HB Supervisor: Kelli Maciag		MPA Child OPT Supervisor: Tracy Hagar	
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		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	----
BABH Integrated Care Director: Heather Beson	X	BABH Adult ID/DD Manager: Melanie Corrion	---	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)	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	
GUESTS	BABH Clinical Team Leader: Stephani Rooker				

	Topic	Key Discussion Points	Action Steps/Responsibility
1.	**a. Review of, and Additions to Agenda** **b. Approval of Meeting Notes: 03/09/23** **c. Program/Provider Updates and Concerns**	a. There were no additions made to the agenda. b. The March 9th meeting notes were approved as written. c. <u>BABH - Access/Emergency Services</u> – James Spegel is the new Access/ES Mobile Response Team Clinical Supervisor that came from Arenac. Hired a peer support person for 2nd shift and still have a master's position open. <u>BABH - Arenac Center</u> – Lost Intake/ES person to Access/ES. There were a few interviews for the MA position and an interview for the Infant Mental Health position. <u>BABH - Business Intelligence/Quality</u> – Nothing to report this month. <u>BABH - Children's Services</u> – The Children's department is fully staffed. Amanda Johnson was promoted to Team Leader for ABA and will be attending future meetings.	c. Kristen from Saginaw Psych will get with Finance and Theresa Adler to make sure Eli is in the system.

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	BABH - Contracts – Nothing to report this month. BABH - Integrated Care – Kathy Palmer, ACT Manager, will be retiring in May. Allison Gruehn is being promoted to Program Manager. BABH - Madison Clinic – Nothing to report this month. BABH - Medical Records – Nothing to report this month. BABH - North Bay – Nothing to report this month. BABH - Recipient Rights/Customer Services – Recipient Rights/Customer Services hired Bridget Hayes who is a RR/CS Specialist. She is going through Basics I now and will be going through Basics II at the end of the month. She will be reaching out to people regarding issues in the future. LPS – LPS hired a Contract Service Coordinator, Melanie Blank. She is helping manage Abbie Burns' role. They lost a therapist that was primarily a BABH therapist but are hiring an intern who is hiring a full-time position with LPS and is graduating in May. They are transitioning to a new site supervisor. She will be in charge of everything on site, but Abbi will be for BABH. Kaitlyn is technically the site supervisor, but the full transition will be in a few months. There are a limited amount of referrals due to losing staff and training other staff. The intern will be able to work with BABH. MPA – MPA just hired two new therapists. Expanding greatly with OPT-A. Another Case Manager is moving into a Child and Family OPT position, so they are hiring 2 new Child and Family Case Managers. Saginaw Psychological – Saginaw Psychological hired a new case manager so they are fully open to referrals. A private pay male therapist is helping 2 days	

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		a week. The private pay and BABH Team hired a therapist together and are non-binary. The names will appear as Erin Simmons in the system, but the preferred name is Eli, and they, them, and he are the preferred pronouns. Currently they are open to referrals, but only for male therapists. They are working with those that are non-binary, so they have a strong experience clinically with that clientele working with adults, but no children.	
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) b. Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports **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)** v. Provider Satisfaction Survey c. Access to Care & Service Utilization Reports **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)	a. Nothing to report this month. b. i. BABH had one child/adolescent that was prescribed multiple antipsychotics during FY23Q1 (1/63) resulting in 1.56%. BABH has had an increase over the past two quarters for the ADHD measures 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. BABH and the region has seen a slow decline in the number of adults getting preventative care visits. BABH continues to focus on healthcare integration efforts. For Post Hospitalization, anyone admitted to the hospital for anyone reason within 30 days and then readmitted within 30 days, there have been ups and downs, but we are lower this last quarter. We struggle when it comes to this measure. Bay City Central partnered with Great Lakes Bay Health Center and will open up a primary care center at the high school. They will provide primary care, vision and hearing screening, health education, medication management, immunization, mental health for the mild to moderate and various therapies. ii. There are 108 complaints so far for FY23. Q1, there were 19 complaints and 10 substantiated complaints. Remind staff if they get a Phoenix message, email, or phone call, especially from ES, they need to respond	b. ii. Stacy will check with the Help Desk about deleting BHTeds data. iv. We will take this to the CAC and let them decide on how they would like the MHSIP/YSS distributed. c. iii. Deferred f. Deferred

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vi. Customer Service Report (Jan, Apr, Jul, Oct) d. Regulatory and Contractual Compliance Reports i. Internal MEV/Performance Improvement Report (Feb, May, Aug, Nov) **ii. MSHN MEV Audit Report (Apr)** iii. MSHN DMC Audit Report (Oct) - verbal iv. MDHHS Waiver Audit Report (Oct when applicable) e. Periodic Review Reports **f. Ability to Pay Report**	quickly. The top three allegations for Q1 are Services Suited to Condition (27), Neglect (26), with Abuse (18) and Dignity & Respect (20) tied for the third highest allegations. The provider site type with the most complaints remain the residential sites with 13 substantiated complaints. All substantiated complaints were addressed with remedial action and all abuse and neglect included disciplinary action. Due to the ongoing decreasing pool of residential staff there does not seem to be an improvement as a result of the actions taken to address the abuse and neglect violations. Increased training in the residential homes may have decreased the same type of violations, such as Neglect III violations regarding medication errors. Until the lack of direct care professionals is resolved, Abuse and Neglect violations will continue to be an issue for BABHA and across the state of Michigan. iii. Nothing to report this month. iv. The MHSIP/YSS survey was done back in August and was done differently this year. We tried a hybrid of passing the surveys out face-to-face, there was a code that could be scanned, or we could mail the survey out to the person served. We had numerous tally sheets that were not returned so we were not able to get an accurate count of how many surveys were returned. As in the past, we can mark down the name of the case managers so we are aware of who did not turn in their tally sheet, so we are able to get final numbers. Supervisors suggested that the BI department reach out to them if their staff have not turned in the tally sheets so they can help keep them accountable. We can address this with the Consumer Council as to what they prefer. We could look at having a consumer drawing so maybe the return rate would be higher knowing they could win a drawing if they mailed back their survey. For 2022, an accurate response rate could not be determined, because 25% (32/127) of staff did not return the tally sheets used to track the response rate. Additionally, of the tally sheets returned, 289 (17.6%)	

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		surveys were not distributed or there was no information marked. These two issues were seen across a variety of programs/sites. Surveys there were distributed were primarily distributed in person (760) or via mail (586). There were 13 surveys that were completed via phone, but this was not a pre-determined method of distribution because it does not allow for anonymity. Action: Over the past several years, surveys have been distributed in a variety of different ways with varying degrees of success. Historically, hand delivering surveys has been the most successful, but does require a lot of staff time and commitment compared to sending all surveys via mail. Surveys sent via mail can be accurately tracked. BABH could consider the option of giving consumers the option to include their name on the survey (taking away the anonymity) to be entered into a drawing in an effort to increase survey response rates. The Adult Perception of Care Survey (MHSIP) - There were a total of 514 MHSIP surveys returned during 2022 which is a significant increase from previous years; 207 in 2021 and 276 in 2020. BABH did increase the programs that could have received a survey this year which would also have had an impact on the return rate. There were a total of 514 MHSIP surveys returned, but as noted above, the total number of surveys distributed was not reported accurately, therefore, a response rate and confidence level could not be determined. Actions taken on results that are not statistically significant could change processes/procedures that could negatively impact consumers overall. The results of the 2021 survey also showed a low response rate (207) and the PNOQMC and Consumer Council committee decided to offer the survey through various options including hand delivering surveys when possible, mailing, or utilizing iPads and other electronic devices when staff visited consumers to have them complete the survey electronically at the time of the appointment. Do we only choose one survey distribution method for the next survey or do we do more education on the process? The Youth Perception of Care Survey	

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	(YSS) - There were a total of 144 YSS surveys returned which was a significant increase from previous years; 54 returned in 2021 and 68 returned in 2020. BABH did increase the programs that could have received a survey this year which would also have had an impact on the return rate. In 2021, YSS surveys were only distributed via mail due to COVID-19 and inconsistency with face-to-face appointments. Due to the low survey response rate in 2021, PNOQMC and the Consumer Council committee decided to offer the survey through various options including: hand delivering surveys when possible, mailing, or utilizing iPads and other electronic devices when staff visited consumers to have them complete the survey electronically at the time of the appointment. The survey response rate increased significantly, however, as noted above, the total number of surveys distributed was not reported accurately, therefore, a response rate and confidence level could not be determined. Actions taken on results that are not statistically significant could change processes/procedures that could negatively impact consumers overall. Do we only choose one survey distribution method for the next survey or do we do more education on the process? 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% (58/58) compliance of the children who requested a pre-screen and received one within 3 hours. BABH demonstrated 100% (249/249) 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> – There were 162 consumers that were out of compliance for Indicator 2. Consumer no shows continue to be highest reason for out of compliance (87). There were 22 consumers scheduled outside the 14 days because there were no available appointments. There were 15 consumers that refused an appointment within 14 days. There were 14 consumers that rescheduled	

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	their appointment. There were 8 consumers that could not be reached. There were 7 consumers that chose not to pursue services. There was 1 consumer that chose an out of network provider. There were 2 consumers that were discharged out of the region. There were 3 staff that canceled/rescheduled the appointment. Three 'custom' reasons for being out of compliance: Staff error- consumer did not make it into the queue. Consumer was established through health plan and there was confusion about how to transition consumer to specialty mental health services. Consumer was in need of immediate services so was seen twice and then it was decided to wait on an assessment. Indicator 3: Start of Service within 14 Days Adult/Children – There were 92 consumers that were out of compliance for Indicator 3. Consumer no shows continue to be highest reason for out of compliance (39). There were 19 consumers scheduled outside the 14 days because there were no available appointments. There were 17 consumers that refused an appointment within 14 days. There were 3 consumers that rescheduled their appointment. There were 5 consumers that could not be reached. There was 1 consumer that chose not to pursue services. There were 4 staff that canceled/rescheduled the appointment. Four 'custom' reasons for being out of compliance: Contact was made with family who agreed to call back to schedule but did not. Staff completed a pre-plan, but consumer was not present. Consumer was in need of immediate services so was seen twice but did not realize it did not count as a first service. Consumer was seen regularly with mobile crisis response due to intensity of need, but crisis services do not count toward first service appointment. Indicator 4a: Follow-Up within 7 Days of Discharge from Inpatient Psychiatric Unit or Detox Unit – BABH demonstrated 100% (17/17) compliance for the child population and 98.73% (78/79) compliance for the adult population. The one child consumer out of compliance was due to staff miscalculating the dates during scheduling. Indicator 10: Re-admission to Psychiatric Unit within 30 Days – BABH did	

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	meet the standard of less than 15% readmission rate for children, but not for the adult population. There were 22 adults that accounted for the 16.41% and one child that accounted for the 4.17%. The follow trends were identified by EAS: 56% had a mood disorder and 48% schizoaffective/delusional disorder, 72% had a substance abuse diagnosis, 24% had a personality disorder, 44% had paranoia, 8 consumers were new to BABH, 16 involuntary and 8 voluntary petitions (number does match the 22 that accounted for the 16.41%, but the other two could have been for those found to be exceptions) ii. Nothing to report this month. iii. Defer iv. Nothing to report this month. v. Nothing to report this month. vi. For FY23Q1, there were 4 grievances, 50 inquiries, and 38 appeals. d. i. Nothing to report this month. ii. Bay Arenac Behavioral Health Authority received an 86.67% for the MSHN MEV review that took place in February 2023. There was a total of 330 claims reviewed. Documentation was uploaded timely; organized. There was great communication and follow-up. There was one claim reviewed was reported for the wrong time and was voided and rebilled. One claim reviewed did not have documentation for the service that was provided. This was voided. There were 12 claims that had issues with a staff modifier being used with the H2030 (psychosocial rehabilitation) service code. There were 7 claims reviewed that had the wrong number of units billed. These were voided and rebilled with the correct number of units. There were two consumers that did not have a Plan of Service Training (POS) form to cover the dates that fell under the review. BABH recently added checks of POS training forms to an internal review completed periodically throughout the year. BABHA staff submitted a corrective action plan to address the findings. iii. Nothing to report this month.	

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4.	**Discussions/Population Committees/Work Groups** a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> i. CAFAS Reports for Performance Improvement/LOC Utilization Mgmt. ii. PCP Treatment Team Input **iii. Consumer Council Recommendations (as warranted)** b. <u>Access to Care and Service Utilization</u> 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> 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 d. Juvenile Competency Hearing/Referral to MH treatment e. Periodic Reviews Completion Due Date	a. i. Nothing to report this month. ii. Nothing to report this month. iii. There was feedback regarding services and any issues related to PHE/Tripledemic. Services are getting done. No complaints provided by CAC members. CAC ideas to better engage consumers in services. Reminder calls 1 day before with call and text. For every appointment attended, they are put in a drawing? Giving consumers calendars at IPOS meetings. Email? Handout at meetings and intakes on how to make the most out of services. Develop a consumer orientation so therapist can concentrate on assessment only. b. i. Nothing to report this month. ii. We are noticing this is happening again, so just a reminder that if it is not in the plan of service you cannot provide the service. When quarterly MEV's is done, this will result in a recoupment. There should not be stand-alone auth's done. We need to look at who has privileges to do this so we will address when Karen is available. iii. Nothing to report this month. c. i. Nothing to report this month. ii. Nothing to report this month. iii. Nothing to report this month. iv. Nothing to report this month. v. Nothing to report this month. vi. Nothing to report this month. d. Nothing to report this month. e. Nothing to report this month. f. Defer	b. ii. Follow-up on at next meeting when Karen is available. f. Deferred i. Follow-up on

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	f. Discharge Process for Homeless Consumers **g. Interim Plans being completed at the time of Assessment** **h. Periodic Reviews** **i. IPOS Target Dates**	g. Interim plans are not being done every time. Plans must be done within 7 days of commencement of services. A pre-plan does not cover you for the interim plan. h. Periodic reviews need to be completed by the due date. i. The plan of service is not locked down. There are a lot of plans of service that do not have target dates. Lynn's suggestion is to have a 6-month target date, so we can at look at that.	
5.	**Announcements** a. DHHS Outreach Worker i. MIBridges System b. Great Lakes Bay FAN – Recovery & Resource Fair, Delta College	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 May 11, 2023, 1:30 - 3:30 in-person at the Wirt Building.	