BAY-ARENAC BEHAVIORAL HEALTH

PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING

Thursday, August 8, 2024

1:30 p.m. - 3:15 p.m.

Lincoln Center - East Conference Room

MEMBERS	Present	MEMBERS	Present	AD-HOC MEMBERS	Present
Allison Gruehn, BABH ACT/CSM/Sr. Outreach Prog. Mgr.	X	Karen Amon, BABH Healthcare Accountability Director	-	Amanda Johnson, BABH ABA/Wraparound Team Leader	X
Amy Folsom, BABH Psych/OPT Svcs. Program Manager	X	Kelli Wilkinson, BABH Children's IMH/HB Supervisor		Jacquelyn List, List Psychological COO	
Anne Sous, BABH EAS Supervisor		Laura Sandy, MPA Clinical Director & CSM Supervisor	X	Kathy Jonhson, Consumer Council Rep (J/A/J/O)	
Barb Goss, Saginaw Psychological COO		Lynn Blohm, BABH North Bay CLS Team Supervisor	X	Lynn Meads, BABH Medical Records Associate	
Chelsea Hewitt, Saginaw Psychological Asst. Supervisor		Megan Smith, List Psychological Site Supervisor		Michele Perry, BABH Finance Manager	
Courtney Clark, Saginaw Psychological OPT Supervisor	X	Melanie Corrion, BABH Adult ID/DD Manager	X	Nathalie Menendes, Saginaw Psychological COO	
Emily Gerhardt, BABH Children Services Team Leader		Melissa Deuel, BABH Quality & Compliance Coordinator	X	Nicole Sweet, BABH Clinical Services Manager	-
Emily Simbeck, MPA Adult OPT Supervisor	X	Melissa Prusi, BABH RR/Customer Services Manager		Sarah Van Paris, BABH Nursing Manager	
Heather Beson, BABH Integrated Care Director	X	Moregan LaMarr, Saginaw Psychological Clinical Director	X	Stephanie Gunsell, BABH Contracts Manager	
Heather Friebe, BABH Arenac Program Manager		Pam VanWormer, BABH Arenac Clinical Supervisor		Taylor Keyes, Adult MI Team Leader	
Jaclynn Nolan, Saginaw Psychological OPT Supervisor		Sarah Holsinger (Chair), BABH Quality Manager	X	**GUESTS**	**Present**
James Spegel, BABH EAS Mobile Response Team Supervisor	X	Stacy Krasinski, BABH EAS Program Manager	X	Kathy DePrekel, Helen M. Nickless Volunteer Clinic	X
Joelin Hahn (Chair), BABH Integrated Care Director	-	Stephani Rooker, BABH ID/DD Team Leader			
Joelle Sporman (Recorder), BABH BI Secretary III	X	Tracy Hagar, MPA Child OPT Supervisor			

Topic	Key Discussion Points	Action Steps/Responsibility
1. **a. Review of, and Additions to Agenda** **b. Presentations: Helen M. Nickless Clinic** **c. Approval of Meeting Notes: 07/11/24** **d. Program/Provider Updates and Concerns**	a. There were no additions to the agenda. b. Kathy DePrekel at the Helen M. Nickless Volunteer Clinic gave an overview of what they do at the clinic. This is a free walk-in clinic open every Wednesday evening from 4:00 PM - 6:30 PM. You do not need an appointment and it will not cost you anything as all care provided by the clinic is free to those who meet the eligibility requirements that are listed. No referral is needed. They had 671 patient visits last year. They average about fifteen patients a night. Amy is the counselor there and her visits were up significantly. The patients that see Amy have scheduled appointments and she will refer them to her private practice or will refer out to one of our providers. In 20 years, they had 32,300 visits. 56% of their patients are employed with an annual income of ~$18,000. Staff consists of twenty-one practitioners: NP's, MD's, and DO's. There are twenty-four nurses, twenty-six support staff and several specialists. They do not have to fundraise because the Nickless family gave a bit of money which keeps them going. They will start providing food boxes to	

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	patients. Working on a social needs screening tool. The clinic is always looking for new patients. c. The July 11th meeting notes were approved as written. d. **Bay-Arenac Behavioral Health**: - ABA/Wraparound – There is a masquerade dance for people with disabilities and their friends and family on September 14th at Game Changers and it is up to age 26. Amanda sent fliers around. - ACT/Adult MI – One staff on leave of absence in CSM till September. ACT is down one bachelor level case manager and a master's therapist. - Arenac Center – Nothing to report this month. - Children's Services – Nothing to report this month. - CLS/North Bay – Fully staffed with DSP's. Rose home decided to stop providing services so that home will be staffed with people in the meantime. - Contracts – Nothing to report this month. - Corporate Compliance – Nothing to report this month. - EAS (Emergency Access Services)/Mobile Response – Hired a third shift person. There is still a second shift position open, and a second shift team lead is also open. Hired a second shift clinician for Mobile Response and will be looking for another clinician with a bachelor's degree. - Finance – Nothing to report this month. - ID/DD – A case management position remains open because that person took a promotion and is doing the Self Determination and Respite Coordinator position. We were down four staff but now down 2.5 since two are coming back half time. - IMH/HB – Hired a new homebased worker. - Madison Clinic – A new nurse was hired. Annette is on leave and will most likely retire after that. Tami Trea will be leaving in November. Dr. Exum will be going on maternity leave in October and November, but Dr. Bridget Smith will be working on Mondays to cover the maternity leave. Two more students will be starting up for the new school year.	

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		- Medical Records – Nothing to report this month. - Quality – Nothing to report this month. - Recipient Rights/Customer Services – Nothing to report this month. - Self Determination – Nothing to report this month. **List Psychological**: Nothing to report this month. **MPA:** Referrals are very low. Child and Family is still trying to hire another therapist. Not updates for OPT adult or Case Management. **Saginaw Psychological:** A new therapist started this week for the DBT Team. Will be interviewing for a new therapist tomorrow. Hired a new case manager who will start at the end of the month. Chelsee Baker is leaving. Moregan LaMarr is the Clinical Director and will be attending these meetings at times. Jaclynn and Courtney will be supervising the OPT case managers.	
2.	**Plans & System Assessments/Evaluations** a. QAPIP Annual Plan (Sept) **b. Organizational Trauma Assessment Update**	a. **QAPIP Annual Plan** – Nothing to report this month. b. **Organizational Trauma Assessment** - There were 164 staff from BABH, List Psychological, MPA, and Saginaw Psychological that completed the 2024 Organizational Trauma Assessment. There were 197 staff that completed the survey in 2021. This decrease came from the support staff role. There were two surveys completed that did not identify an agency and one that could not be identified. About 54% of the responses came from direct clinical staff, about 22% came from supervisors/managers/directors/other leadership positions, and approximately 24% came from support staff. These response rates are proportionate to the overall total number of staff for each category. There are 10 questions that scored below a 70% agreeance. These responses were the combined results from all staff categories. The top five questions with the lowest percentage of agreeance were the same questions that scored below 70% during the 2021 survey. All of these questions had a decrease in percentage of	

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	agreeance for the 2024 survey compared to the 2021 survey. There has been significant staff turnover since the last survey, so it is possible that newer staff are not aware of some of the steps and efforts that have taken place to involve consumers in policy reviews and the efforts staff are taking to ask consumers about defining physical safety. There was one question that scored below 70% agreeance across all staff categories (Outside consultants with expertise in trauma provide on-going education and consultation). Additionally, there were seven questions that scored below 70% agreeance across two staff categories. The question, 'The program involves consumers in its review of policies' scored 50% or less across two staff categories. There are questions that had a 15% or higher rate of disagree or strongly disagree. Seven of the questions were also those questions that scored less than 70%. Five of the top seven questions were related to staff receiving information and support related to trauma and stress. Topics related to self-care are addressed in team meetings (e.g. vicarious trauma, burn-out, stress-reducing strategies). Topics related to trauma are addressed in team meetings. The agency helps staff members debrief after a crisis. Part of supervision time is used to help staff members understand their own stress reactions. Part of supervision time is used to help staff members understand how their stress reactions impact their work with consumers. Analysis: There were 16 questions that had 15% or more of the respondents' answer 'Do Not Know.' Of the questions that had the highest response rate of 'Do Not Know,' seven of the top nine questions were the same as those that fell below 70% of agreeance including: The program involves consumers in its review policies; The program recruits former consumers to serve in an advisory capacity; Outside consultants with expertise in trauma provide on-going education and consultation; Outside agencies with expertise in cultural competence provide on-going training and consultation; Previous head injury; Staff members ask consumers for their definitions of physical safety; Former consumers are	

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		invited to share their thoughts, ideas, and experiences with the program. The questions that were identified in both those that scored below 70% agreeance and those that had the highest response rate of 'Do Not Know' should be considered as priority areas of focus. Final Action Steps: Complete ProQual with staff during May supervision; Review Clinical Supervision Policy; Explore Outside Consultant on Trauma and Burnout; Education on debriefing after CPI; Reconsider combining health and wellness and compassion; Explore reflective listening supervision training for supervisors. Recommendations: There was discussion during leadership to bring Carla in to give an overview of supporting staff through trauma. Reflecting about your own feelings on a case to help you work through it. Melanie's team came up with a strategy group where they do case consultations, reflect on peer supports, and vent about issues even related to their supervisor. There was discussion around a CISM team that we had in the past but did not have the need to continue this, so the team was dissolved. There is an internal need for a CISM team but not necessarily an external need. Nicole was able to help with this, but it is an urgent need and Nicole is not available all the time. Moregan suggested there is an outside consultant, R3, that is a crisis group that could come out and debrief with a team.	
3.	**Reports** **a. QAPIP Quarterly Report (Feb, May, Aug, Nov)** b. Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports **i. MSHN Priority Measures Report (Jan, Apr, Jul, Oct)** **ii. Recipient Rights Report (Jan, Apr, Jul, Oct)** iii. Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec)	a. **QAPIP Quarterly Report** - Count of Reportable and Non-Reportable Adverse Events Per 1,000 Persons Served by BABH: There were seven types of adverse events reported during FY24Q3. There were nine deaths for FY24Q3, which was less than in previous quarters. There were two suicides which is the highest for BABH since prior to FY19Q1. BABH completed root cause analyses on these to determine any potential process changes or action steps. There was one emergency medical treatment due to harm from another, which is not a typical trend. There was an increase in adverse events for FY24Q3 compared to FY24Q2. This is the highest number of adverse events since FY20Q3 and was primarily due to emergency	

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iv. Consumer Satisfaction Report (MHSIP/YSS) v. Provider Satisfaction Survey (Sept) 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. Customer Service Report (Jan, Apr, Jul, Oct)** d. Regulatory and Contractual Compliance Reports **i. Internal Performance Improvement Report (Feb, May, Aug, Nov)** ii. Internal MEV Report iii. MSHN MEV Audit Report (Apr) iv. MSHN DMC Audit Report (Sept) v. MDHHS Waiver Audit Report (Oct when applicable) e. Periodic Review Reports f. Ability to Pay Report g. Review of Referral Status Report	medical treatment. There was one individual that had two emergency medical treatment incidences in FY24Q3, but there does not appear to be any other type of trend among these incidences, therefore, no specific actions are identified at this time. Reportable Behavior Treatment Events: The number of emergency physical interventions increased for FY24Q3; however, the overall number of interventions continues on a downward trend. There were 10 consumers that led to the 41 emergency physical interventions with one individual accounting for 18. The treatment team has been working together to explore changes to support improvement. There were five 911 calls made for behavioral assistance for FY24Q3 which is an increase from previous quarters, however, the overall trend continues downward. Risk Events: Risk events are identified as 'harm to self, harm to others, police calls for behavioral assistance, emergency physical interventions, and two or more hospitalizations.' The number of risk events increased during FY24Q3, and this appears to be associated with the increase in consumers with autism. Consumers Diagnosed with Schizophrenia or Bipolar Disorder Taking an Antipsychotic Who Are Screened for Diabetes: BABH had a slight increase in consumers receiving the appropriate labs for this measure during FY24Q3. BABH determined that actioning these alerts monthly was improving the compliance rate, so monthly actioning was reimplemented in March 2024. Consumers Diagnosed with Schizophrenia and Diabetes Who Received Lab Work to Monitor Diabetes: BABH had a significant increase in consumers receiving the appropriate labs for this measure during FY24Q3. BABH determined that actioning these alerts monthly was improving the compliance rate, so monthly actioning was reimplemented in March 2024. Evidence of Primary Care Coordination: BABH and the contract providers had a significant increase in health care coordination for FY24Q3. This can be attributed to the continued efforts of staff as well as changes to the way the quality staff reviewed evidence based on a recent MDHHS waiver	

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	audit. 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: During FY24Q3, 37% of children showed meaningful improvement in their CAFAS/PECFAS scores, slightly below the goal BABH set. Quality of Care Record Reviews - Services are Written in the Plan of Service are Delivered at the Consistency Identified: 88% of the records reviewed during FY24Q3 received the level of services that were written in the plan which is below the 90% standard set by BABH. Of the records found to be out of compliance, staff received education and training on the standard of providing services as written in the plan of service. Quality of Care Record Reviews - All Services Authorized in the Plan of Service are Identified Within the Frequency, Intervention, and Methodology Section of the Plan of Service: 94% of the records reviewed during FY24Q3 had the services identified appropriately to match the services authorized which meets the 90% standard set by BABH. Copy of Plan of Service Offered Within 15 Days of Planning Meeting: Overall, the percentage of compliance for offering the plan of service within 15 days was consistent for FY24Q2 compared to FY24Q1. It was determined that staff are not always using the electronic health record completely so there is missing data and blanks. Quality Staff are working with providers to remind staff to complete all data elements related to the plan of service. One provider has not been using the data field correctly which resulted in a 100% compliance rate due to having only one record reviewed. Extra training and education have been provided. b. **Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports** i. MSHN Priority Measures Report: This report is in the folder for you to look at. We are close to the bottom in relation to compliance with others in the region because we are a month behind in data. ii. Recipient Rights: The BABHA ORR completed 190 ORR Complaints for FY23 with an average number of days to resolve the complaints being	

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	57.675 days. The BABHA ORR's goal is to complete RR complaint investigations within 30 days from receipt of the complaint. Moving forward the RRAC will be kept abreast of the average days to resolve complaints per quarter as we attempt to achieve our goal. The top three allegations for FY24Q1-3 are Neglect (28, with 21 being Neglect III), and Abuse (30, with 9 being Abuse III), and Disclosure of Confidential Information (20). iii. RAS: Nothing to report this month. iv. MHSIP/YSS: We have till August 30th to collect the MHSIP/YSS surveys, and we are not getting many surveys back. The information needs to be submitted by August 31st. v. Provider Satisfaction Report: Nothing to report this month. c. **Access to Care & Service Utilization Reports** i. MMBPIS Report: Indicator 1: Percentage of Children/Adults who received a Prescreen within 3 hours of Request: BABH performed above the 95% standard. BABH demonstrated 100% (56/56) compliance of the children who requested a pre-screen and received one within 3 hours. BABH demonstrated 100% (253/253) compliance of the adults who requested a pre-screen and received one within 3 hours. Indicator 2: Initial Assessment within 14 Days-Children/Adults: There were 173 consumers that were out of compliance for Indicator 2 during FY24Q2. There were 155 consumers out of compliance during FY24Q1. Below are the specific reasons identified: 78 consumer no-shows, 5 consumers chose not to pursue services, 1 consumer chose provider outside of network, 29 consumers refused an appointment within 14 days, 20 consumers rescheduled the appointment, 15 consumers unable to be reached (an increase over the past two quarters), 6 no appointments available, 2 eligible for services, but placed on a waitlist, 1 assessment completed and determined not eligible, 4 staff cancel/reschedule, 1 discharged out of the region or not CMH responsibility, 1 staff scheduled within 14 days	

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	of access screen and not request for screen, 2 with unknown explanation, 9 were 'custom': Staff unable to provide documentation (3), Provider doesn't have record of referral (2), Requesting SUD services, ABD with delayed services and provider reached out 8 days after receiving authorization, Client transferred to a new therapist. Indicator 3: Start of Service within 14 Days Adult/Children: There were 87 consumers that were out of compliance for Indicator 3 compared to 265 last quarter. Below are the specific reasons identified: 34 consumer no shows, 3 consumers scheduled outside the 14 days because there were no available appointments, 18 consumers that refused an appointment within 14 days, 6 consumers that rescheduled their appointment, 2 consumers that could not be reached, 3 consumers that chose not to pursue services, 4 staff that canceled/rescheduled the appointment, 1 consumer where prior service was found, 16 'custom' reasons for being out of compliance: 9 were due to staff not getting assigned the case until 10 days or more into the 14 days, 2 were from staff no longer at the agency so no information was available, 1 was due to miscounting days, 1 was due to provider not receiving authorization, 1 was due to consumer being unwilling to schedule appointment, 1 was due to consumer being hospitalized before consumer could be seen, 1 was unknown. Indicator 4a: Follow-Up within 7 Days of Discharge from Inpatient Psychiatric Unit or Detox Unit: BABH demonstrated 100% (29/29) compliance for the child population and 94.74% (72/76) compliance for the adult population. Indicator 10: Re-admission to Psychiatric Unit within 30 Days: BABH met the standard of less than 15% readmission rate for the children and adult populations. The BABH Quality Manager will coordinate with specific agency supervisors regarding trends that are resulting in out of compliance and assist, as necessary, with determining what actions are necessary for	

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	correction. The Quality Manager did reach out to a specific team that was assigning cases 10 days or later into the 14 days. ii. LOCUS: Nothing to report this month. iii. Leadership Dashboard: Defer iv. Customer Service Report: Appeals have gone up since the start of FY24. The grievance issues for Q1-Q3 were Quality of Care (12), Service Concerns/Availability (5), Service Timeliness (3), Interaction with Provider or Plan (4), Plan or Provider Care Management/Case Management (3) Member's Rights (1), Provider Choice (1), Service Environment (1), Other (1) The total number of grievances which were resolved in favor of the beneficiary were 7 out of 31, which is about 22.6%. **d. Regulatory and Contractual Compliance Reports** i. PI Report: Bay Direct scored 100% for the MEV. MPA scored 97% which is a 1% decrease from FY23Q4. Saginaw Psychological scored 94%, which is a 4% decrease from FY23Q4. List scored 87% which is a 9% decrease from FY23Q4. There is a slight downward trend in compliance with the contract providers over the past 1.5 years. The most common finding were claims missing the 93 modifier when the service was Telemed Audio. Another common finding was the T1017 code being billed in conjunction with the 90791 code for the same service. It is recommended that staff double-check modifiers and to only bill the 90791 code when meeting with a consumer to complete the Assessment. Trends seen are: Person Centered Planning Tools check boxes being left blank. No explanation of why the Pre-Plan and Plan of Service were completed on the same day or if the Plan of Service was completed on a different date than what was requested. The "My objective will be completed through.." does not include the scope/frequency/duration. The Summary of Assessed Needs on pg. 11 of the Assessment is not being completed. It is either left blank or	

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		marked, "N/A." Plan of Service Target Dates are missing. Pre-Plan Waiver Service Array checkboxes are blank. ii. Internal MEV Report: Nothing to report this month. iii. MSHN MEV Audit Report: Nothing to report this month. iv. MSHN DMC Audit Report: Nothing to report this month. v. MDHHS Waiver Audit Report: Nothing to report this month. e. **Periodic Review Reports** – Nothing to report this month. f. **Ability to Pay Report** – Nothing to report this month. g. **Referral Status Report** – Nothing to report this month.	
4.	**Discussions/Population Committees/ Work Groups** a. Harm Reduction, Clinical Outcomes and Stakeholder Perceptions i. Consumer Council Recommendations (as warranted) b. Access to Care and Service Utilization i. Services Provided during a Gap in IPOS ii. Repeated Use of Interim Plans c. Regulatory Compliance & Electronic Health Record i. 1915 iSPA Benefit Enrollment Form ii. Management of Diagnostics **d. BABH - Policy/Procedure Updates** e. Clinical Capacity Issues Update i. OPT Group Therapy ii. OPT Individual iii. Referrals for Groups - Discussion f. Medicaid Re-Enrollment - Loss of Benefit Tracker g. Recommended Trainings	a. **Harm Reduction, Clinical Outcomes and Stakeholder Perceptions** i. Consumer Council Recommendations: Nothing to report this month. b. **Access to Care and Service Utilization** i. Services Provided during a Gap in IPOS: Nothing to report this month. ii. Repeated Use of Interim Plans: Nothing to report this month. c. **Regulatory Compliance & Electronic Health Record** i. 1915 iSPA Benefit Enrollment Form: Nothing to report this month. ii. Management of Diagnostics: Nothing to report this month. d. **BABH - Policy/Procedure Updates** – Nothing to report this month. e. **Clinical Capacity Issues Update** i. OPT Group Therapy: There is one skills group that meets on Wednesdays from 3:00-4:30 at Madison. It was agreed that if they have 2 notices, they can be referred to group. If they want to come to group, they can't be open to OPT and Group. ii. OPT Individual: We have Christopher seeing people virtual. Shalynda is limited license so she cannot take Medicare; she sees a mix of in-person and virtual. iii. Referrals for Groups: We will take more referrals. f. **Medicaid Re-Enrollment - Loss of Benefit Tracker** – Amy is going to train the students. If any primary case holders get messages that they need an ATP, a kiosk is at Madison so students can help consumers create MIBridges	

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Lincoln Center - East Conference Room

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	h. ABD Effected Service Drop-Down i. Annual Checklists j. General Fund for FY25 k. Conflict Free Case Management **l. GF Request Process - Quick Phrases** **m. Meds Only**	accounts from Madison. Amy can be emailed until the students are trained to help with this. g. **Recommended Trainings** – Nothing to report this month. h. **ABD Effected Service Drop-Down** – If there is an advanced notice, you have to put the services in there and it would allow you to sign off without putting the services in there. A request was put in to have this addressed. i. **Annual Checklists** – Nothing to report this month. j. **General Fund for FY25** – Nothing to report this month. k. **Conflict Free Case Management**: Nothing to report this month. l. **GF Request Process - Quick Phrases** – Amy sent out an email about the GF exception requests and she did not want to create a new form so figured we could use our contact note and the discussion features. You can select this, and it prefills for you, so you pick what you need and delete the rest. See attachment that was sent to you and also saved in the meeting folder. m. **Meds Only** – Amy sent out an email about meds only and she did not want to create a new form so figured we could use our contact note and the discussion features.	
5.	**Announcements**	No announcements to report.	
6.	**Parking Lot** a. Periodic Reviews – Including Options for Blending with Plan of Services Addendums	a. Nothing to report.	
7.	**Adjournment/Next Meeting**	The meeting adjourned at 3:20 pm. The next meeting will be on September 12, 2024, 1:30 - 3:30 in-person at the Lincoln Center in the East Conference Room.	