



**BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, October 10, 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	x	Amanda Johnson, BABH ABA/Wraparound Team Leader	
Amy Folsom, BABH Psych/OPT Svcs. Program Manager	x	Kelli Wilkinson, BABH Children’s IMH/HB Supervisor	x	Jacquelyn List, List Psychological COO	
Anne Sous, BABH EAS Supervisor		Laura Sandy, MPA Clinical Director & CSM Supervisor	x	Kathy Jonhson, Consumer Council Rep (I/A/I/O)	
Barb Goss, Saginaw Psychological COO		Lynn Blohm, BABH North Bay CLS Team Supervisor	x	Lynn Meads, BABH Medical Records Associate	x
Chelsea Hewitt, Saginaw Psychological Asst. Supervisor	x	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		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	x
Emily Simbeck, MPA Adult OPT Supervisor	x	Melissa Prusi, BABH RR/Customer Services Manager	x	Sarah Van Paris, BABH Nursing Manager	
Heather Beson, BABH Integrated Care Director		Moregan LaMarr, Saginaw Psychological Clinical Director		Stephanie Gunsell, BABH Contracts Manager	
Heather Friebe, BABH Arenac Program Manager	x	Pam VanWormer, BABH Arenac Clinical Supervisor	x	Taylor Keyes, Adult MI Team Leader	
Jaclynn Nolan, Saginaw Psychological OPT Supervisor		Sarah Holsinger (Chair), BABH Quality Manager	x	GUESTS	
James Spegel, BABH EAS Mobile Response Team Supervisor	x	Stacy Krasinski, BABH EAS Program Manager	x	Taylor Forwerck (SPSI)	x
Joelin Hahn (Chair), BABH Integrated Care Director	-	Stephani Rooker, BABH ID/DD Team Leader		Mallory Erndt (LIST)	x
Joelle Sporman (Recorder), BABH BI Secretary III		Tracy Hagar, MPA Child OPT Supervisor		Rachel Gillespie (MRT)	x

Topic	Key Discussion Points	Action Steps/Responsibility
1. <ul style="list-style-type: none"> a. Review of, and Additions to Agenda b. Presentations: c. Approval of Meeting Notes: 08/08/24 d. Program/Provider Updates and Concerns 	<ul style="list-style-type: none"> a. There were no additions to the agenda. b. No Presentations. c. The August 8th meeting notes were approved as written. d. Bay-Arenac Behavioral Health: <ul style="list-style-type: none"> - <u>ABA/Wraparound</u> –Nothing to Report - <u>ACT/Adult MI</u> – Down 2 staff. No other changes. - <u>Arenac Center</u> – Nothing to report this month. - <u>Children’s Services</u> – Nothing to report this month. - <u>CLS/North Bay</u> – We did have one contract provider terminate their contract. Samaritas will no longer be one of our CLS providers. We have had some success with our relatively new contract provider, definitely promising. We have another one that we are contracted with that has been a challenge to get them to communicate. There are still quite a few referrals on the list that are not staffed. Regarding Rose Home, we are still staffing that location with internal staffing because of our provider not being able to get in their yet. For those that were not aware, the 	

**BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, October 10, 2024

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

Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
	<p>director of New Dimensions passed away unexpectedly. New Dimensions was closed for a couple of days. The are now still taking referrals and continuing with their operation.</p> <ul style="list-style-type: none"> - <u>Contracts</u> – Nothing to report this month. - <u>Corporate Compliance</u> – We are seeing some trends with fraud with CLS services. Primarily we are seeing some fraud cases with copy and pasting of notes and not having adequate notes and not catching it. There was one situation that went back to 2022 where notes and signatures were being copied and pasted and dates changed. If you have case managers on your team, make sure that they are meeting with people and reviewing the CLS notes and making sure that the person is actually providing the CLS to the amount scope and duration and whether their notes are reflecting this. - <u>EAS (Emergency Access Services)/Mobile Response</u> –MRT is still hiring second shift position. - <u>Finance</u> – Nothing to report this month. - <u>ID/DD</u> – Nothing to report this month. - <u>IMH/HB</u> – Nothing to report this month. - <u>Madison Clinic</u> – Psychiatric services are getting tight. Amy will be putting out a note to suspend transferring services due to one prescriber going on leave and one leaving the system. Unless there is something significant consumers will need to stay with present provider. We have hired Ashley Badour to replace Tami Trea. She will not be credentialed and onboarded until the second week of December. Tami’s last day is Dec. 1. Letters have gone out to her case load. We will be covering that caseload with nurses, Dr. Myers and Preston. Dr. Exum is going on maternity leave. Abbie Brothers will be moving to Advance Health Services. Sarah V. will be opening some integrated health appointments. - <u>Medical Records</u> – Nothing to report this month. - <u>Quality</u> – Just wrapped up the waiver audit and are waiting for the final approval for the corrective action plan. 	

**BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, October 10, 2024

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

Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
	<ul style="list-style-type: none"> - <u>Recipient Rights/Customer Services</u> –No updates other than the EVV templates started on 10/01. They should be the updated versions according to the state templates. Melissa will test template. We are hoping the appeal process works, as far as if people are coming back within the first 30 days, only coming to customer service if there are concerns or issues with that. We are seeing an upward trend in CLS staff borrowing money, using cash apps for money to recipients. It’s all about “I need gas to get there”, “I need to pay my bills”, “I just need \$10 for this”, etc. People are gaining access to recipient’s debit cards and draining bank accounts so people can’t pay their bills. Maybe have case managers have conversations with individuals and ask them certain questions like “Is anybody asking to borrow money from you?” - <u>Self Determination</u> – Nothing to report this month. <p>List Psychological: We have 4 new trained clinicians, 2 of which are interns. One clinician is no longer taking BABH clients. We are open to referrals.</p> <p>MPA: Referrals are very low. They are asking for EAS to send more referrals to them so they can keep their therapists fully staffed.</p> <p>Saginaw Psychological: We have 2 new therapists starting in November. In August there was a Case Manager hired and we are now fully staffed and open to Case management referrals. With Jackie and Courtney taking over as supervisor for OPT case managers, the case managers have been at the Johnson location and the Med clinic has been at the Euclid location, the two locations are switching places. Therapists and Case Managers will be at Euclid and the Med Clinic will be at the Johnson location. The move will take place on November 4. Clients will be notified of the transition. Will phone #s be the same? Courtney will look into this.</p>	

**BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, October 10, 2024

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

Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
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 – Nothing to report this month.	
3. Reports a. QAPIP Quarterly Report (Feb, May, <u>Aug</u> , Nov) b. <u>Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports</u> i. MSHN Priority Measures Report (Jan, Apr, <u>Jul</u>, Oct)	a. QAPIP Quarterly Report 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 have started revisiting the care alerts, the diabetes screen, the diabetes monitoring, and cardiovascular monitoring since our numbers had dropped significantly. This Priority Measures report is from MSHN. There are a lot of other measures on this that we currently are not doing anything to action, but we do have the performance indicators. This is our last year for performance indicators and then they are going to get rid of them, but they are replacing them with other things. The performance indicators were designed for the state of Michigan and so we really can't compare numbers against other states and other places across the US because it is a Michigan measure. These will be replaced with the HEDIS measures, which are national measures. MSHN as a region has been tracking several HEDIS measures for years but we only specifically were looking at the cardiovascular screening, diabetes monitoring, and diabetes screening. The other measures on this report are things that we will probably need to be looking at in the future. It is a 3 year roll out starting in January. There are the new measures and then after that we will get a new set of measures and the next year, another set. There has not been a lot of information. Mid-State is in the process of trying to figure out what data points we already have and what we can already use. Sarah will keep everyone informed and up to date as she receives information. It will probably have impact on this group as primary case holders. We do have to continue tracking the performance indicators and doing all of that until the end	

**BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, October 10, 2024

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

Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
<ul style="list-style-type: none"> ii. Recipient Rights Report (Jan, Apr, Jul, Oct) iii. Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec) 	<p>of this fiscal year and at that point we will not have to do that. For the purpose of this meeting, with the diabetes screening we are at 74% but we have made improvements internally with starting this again. Diabetes Monitoring in comparison with the region, we are at 78.95%. Case Managers may get an email from Quality staff encouraging the primary worker to assist the consumer in getting their labs done.</p> <ul style="list-style-type: none"> ii. Recipient Rights: Nothing to report this month. iii. RAS: This report is in the folder for you to look at. We had 633 overall that we had respond in FY24Q3. When comparing initial and ongoing, the hope is that once somebody is in services that their scores would go up because they are addressing things and there is improvement. There were two statements that scored lower for individuals receiving ongoing services during FY24Q3 when compared to those initially entering services. One statement on the RAS, "I have goals in life that I want to reach", continues to score less for those in ongoing treatment compared to those initially entering treatment. This trend has been consistent for over a year. Is this something that can be addressed in the planning session? In comparison of the responses for active consumers for FY24Q2 and FY24Q3, all of the statements scored lower for FY24Q3 compared to FY24Q2. This was a significant difference from last quarter when there were only two statements that scored less when comparing quarters. It may be worth sending an email out to this group, that can be shared with staff regarding this process. Improvement Strategies are as follows: Continue to train and educate staff regarding the purpose of the RAS; Ensure that a standardized process for administering the RAS is followed by all staff; Review questions and/or trends for scores that are lower for individuals actively receiving services compared to those individuals newly entering services; Encourage consumers to 	

**BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, October 10, 2024

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

Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
<ul style="list-style-type: none"> iv. Consumer Satisfaction Report (MHSIP/YSS) v. Provider Satisfaction Survey (Sept) 	<p>personalize their goals during the person centered planning process to focus on their own unique and individual preferences.</p> <ul style="list-style-type: none"> iv. <u>MHSIP/YSS</u>: Nothing to report this month. v. <u>Provider Satisfaction Report</u>: We had 52 responses which was consistent with what we typically see. We had this go out to residential, vocational, club house, primary, ABA, Community living supports and inpatient. Overall, all the statements scored above 85% standard and all of the nine statements had an increase in percentage in 2024 compared to 2023. The one statement that scored less in 2024 was “BABH operates as a partner with provider agencies” (90% in 2024 and 91% in 2023). “BABH communicates clearly, the standards and requirements that providers are expected to meet” had a 9% increase and “BABH responds in a timely manner” had an 11% increase for 2024 compared to 2023. The breakdown of staff completing the survey is as follows: vocational – 6%, residential – 36%, therapy – 11%, case management – 9%, applied behavioral analysis – 34%, community living supports – 19% and other – 9%. There were eight surveys out of 52 responses that accounted for the 19 ‘disagree’ responses. Eight of the disagrees were from the same survey. A trend that we did see is some staff are welcoming and friendly, but others are not. There was a comment about the relationship between BABH and providers feeling more like a formality then a collaborative relationship to serve clients in the community. This comment came with the suggestions for BABH to give providers feedback on what they are doing well, how they can improve the relationship, and/or quick notes of appreciation for their communication and documentation. There were also a few comments made about there being a lack of communication from BABH when a new referral is made and when a staff is out of the office. Sometimes there is not a warm transfer, it just shows up in their box that a new referral was coming through. Sarah sent out an 	

**BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, October 10, 2024

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

Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
	<p>email on how to set up outlook messages and how to set up PCE as a response to this to remind staff to be putting that on there when they are out and who they should be contacting if they are out of the office. We did have some single comments that were not trends but not overlooked such as there being more training on documentation and expectations for audits, higher pay, there was a recommendation about using nursing services after hours to keep staff from having to take individuals to the hospital and information not being passed along to managers. We did have other positive comments that are listed in the Report for your review. We always ask what are some of the significant mental health needs in the community or trends that you have seen? We want to know what people are noticing. Every 2 years we survey where we try to get that feedback. This year it was homelessness, lack of staff – both direct support and professional level staff, lacking substance use disorder services, more community inclusion opportunities as well as funds available, mental health treatment for consumers with autism, having a healthy work-life balance for staff, not having outpatient therapy services and other services for those that have cognitive impairments, just limitations. Increase in mental health needs for younger populations, mental health of employees and just needing more support in general for parents, support groups. We were above 85%. This will be taken to the provider meeting; it has already been taken to the CLS residential meeting and leadership meetings as well as consumer council just to get feedback. These are the action steps based on survey results: Reminder to staff to communicate timely with providers in general, when they are going to be out of the office and educate staff about how to do PCE out of office message and Outlook message regarding who to contact in their absence. Also, make sure that new add-on referrals that you are clicking the box but there should be</p>	

**BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, October 10, 2024

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

Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
<p>c. <u>Access to Care & Service Utilization Reports</u></p> <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. Customer Service Report (Jan, Apr, Jul, Oct) 	<p>communication prior to that and encourage staff to provide positive feedback as well as ways to improve processes.</p> <p>c. Access to Care & Service Utilization Reports</p> <ul style="list-style-type: none"> i. <u>MMBPIS Report: FY24Q3 PIHP Data. 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% (48/48) compliance of the children who requested a pre-screen and received one within 3 hours. BABH demonstrated 100% (252/252) 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 129 consumers that were out of compliance for Indicator 2 during FY24Q3. There were 173 consumers out of compliance during FY24Q2. Below are the specific reasons identified: 65 consumer no-shows, 1 consumers chose not to pursue services, 1 consumer chose provider outside of network, 22 consumers refused an appointment within 14 days, 27 consumers rescheduled the appointment, 6 consumers unable to be reached, 3 no appointments available, 4 were 'custom': 3 consumers inpatient or in jail after screening and 1 consumer was referred to a provider not accepting referrals. <u>Indicator 3: Start of Service within 14 Days Adult/Children:</u> There were 95 consumers that were out of compliance for Indicator 3 compared to 83 last quarter. Below are the specific reasons identified: 42 consumer no shows, 6 consumers scheduled outside the 14 days because there were no available appointments, 19 consumers that refused an appointment within 14 days, 8 consumers that rescheduled their appointment, 7 consumers that could not be reached, 1 consumers that chose not to pursue services, 1 consumer discharged out of the region or not CMH responsibility, 1 Non-Medicaid consumer, 1 staff that canceled/rescheduled the appointment, 1 consumer where prior 	

**BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, October 10, 2024

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

Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
<p>d. <u>Regulatory and Contractual Compliance Reports</u></p> <ul style="list-style-type: none"> i. Internal Performance Improvement Report (Feb, May, <u>Aug</u>, Nov) ii. Internal MEV Report iii. MSHN MEV Audit Report (Apr) 	<p>service was found, and 8 ‘custom’ reasons for being out of compliance: 5 were due to staff not getting assigned the case until 10 days or more into the 14 days, 1 was due to consumer still being inpatient, 1 consumer where parent didn’t have time to schedule the appointment and 1 had no documentation of attempts to contact consumer. <u>Indicator 4a: Follow-Up within 7 Days of Discharge from Inpatient Psychiatric Unit or Detox Unit</u>: BABH demonstrated 100% (15/15) compliance for the child population and 97.50% (78/80) compliance for the adult population. <u>Indicator 10: Re-admission to Psychiatric Unit within 30 Days</u>: 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 correction. The Quality Manager did reach out to a specific team that was assigning cases 10 days or later into the 14 days.</p> <ul style="list-style-type: none"> ii. <u>LOCUS</u>: Nothing to report this month. iii. <u>Leadership Dashboard</u>: Dashboard is not ready yet, there are still some adjustments being made. Karen A. states we have been working with the IT dept. to update the dashboard indicators that pertain to the services relevant to this group. They are trying to convert it all to Power BI within our system versus pulling the data, pulling reports and then putting them on the dashboard. They will not be ready until tomorrow, 10/11/24. iv. <u>Customer Service Report</u>: <p>d. Regulatory and Contractual Compliance Reports</p> <ul style="list-style-type: none"> i. <u>PI Report</u>: Nothing to report this month. ii. <u>Internal MEV Report</u>: Nothing to report this month. iii. <u>MSHN MEV Audit Report</u>: Nothing to report this month. 	

**BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, October 10, 2024

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

Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
<ul style="list-style-type: none"> iv. MSHN DMC Audit Report (Sept) v. MDHHS Waiver Audit Report (Oct when applicable) 	<ul style="list-style-type: none"> iv. <u>MSHN DMC Audit Report</u>: Nothing to report this month. v. MDHHS Waiver Audit Report: There have been some changes to PCE because of this audit. Communication has been sent out regarding this. We had to submit a corrective action plan and we have not received a response stating they have accepted this. Sarah has reached out to some teams and has asked for corrective actions just to get a jump on some of the things that we need to do. One of the changes in PCE is on the Pre-Plan, at the very bottom of the document, we had to add an array of services. It used to just say “Not applicable, HSW or ABA”. Those were the only choices. One of the standards is that we have to provide everybody choice regarding their service array, and we have to provide them information about who the providers are. We weren’t catching CWP and SDEW, and when they added the iSPA Waiver we just didn’t put that into our system. For the children’s, when speaking with Emily, she said that is typically captured in a Progress note or something but in order to make that a little less human error, we are going to include them all in one spot in the pre-plan. So, this will look different. When staff is filling one of these out, if their consumer is on one of these waivers, they would check the box and we have the consumer handbook and the local provider directory which has the services in it and the providers. That was a change that we had to do to meet that requirement. It is broken up into having a choice of providers and a choice of services. For every one of that that we didn’t have that for, we got marked off for, twice. The other thing was on the Periodic Review, we should be getting guardian input, their satisfaction with services, their goals, etc. We should at least be attempting to get that. Some people do have a public guardian and they may not participate in the periodic review or don’t call back. We at least need to note that we reached out to them because the Periodic Review really is a review of all their services, including their guardian. We did not have that in the 	

**BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, October 10, 2024

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

Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
	<p>document, so we added a small change in the language to capture that at the very end of the Periodic Review. There is a spot that says, "Individual Satisfaction", we changed this to say "Individual/Guardian Satisfaction". Hopefully, that will trigger people to remember to include that. Please tell your staff to make sure that in that section, they are also getting the guardian input. Once the final results are back, if there is anything else needed come back to, Sarah with reach out. We are looking at the Periodic Review. There is a meeting next week to just look at how we can add in that utilization piece that we have been talking about significantly with the ranges. Mid-state, as a whole, are appealing the state, trying to say we need to use ranges. Right now, we are waiting as they appeal this. In the meantime, it still seems appropriate that we tighten up some of our monitoring on it. So, as we talked about in here, looking at adding on that periodic review, are the services being over utilized or underutilized and if they are then we are addressing that. We want to look at what kind of options we have to put in there. Sarah also talked at a regional level regarding if other people are wanting to integrate the Periodic review with an addendum like we have talked about in here and there was a huge support for that. Others had started that but then ran into problems, so we are looking at getting a work group together. That would be a regional change, not just something that we do internally because there are a lot of people that want that as well. Sarah was hoping that when she asked the question, if she got support as a region, that PCE will spend more time trying to develop and work through some of the barriers. The goal would be if a Periodic Review and there is a change, can this be used as an addendum. There will still be times when an addendum will have to be done outside of a Periodic Review so we will have to work through all of that. The goal would be, in one spot, when we are doing a plan,</p>	

**BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, October 10, 2024

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

Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
<ul style="list-style-type: none"> e. Periodic Review Reports f. Ability to Pay Report g. Review of Referral Status Report 	<p>can we make changes there and not doing it in two separate documents saying the same thing.</p> <ul style="list-style-type: none"> 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. 	
<p>4. Discussions/Population Committees/ Work Groups</p> <ul style="list-style-type: none"> a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> <ul style="list-style-type: none"> i. Consumer Council Recommendations (as warranted) b. <u>Access to Care and Service Utilization</u> <ul style="list-style-type: none"> i. Services Provided during a Gap in IPOS ii. Repeated Use of Interim Plans c. <u>Regulatory Compliance & Electronic Health Record</u> <ul style="list-style-type: none"> i. 1915 iSPA Benefit Enrollment Form ii. Management of Diagnostics d. BABH - Policy/Procedure Updates e. Clinical Capacity Issues Update <ul style="list-style-type: none"> i. OPT Group Therapy ii. OPT Individual iii. Referrals for Groups – Discussion iv. Public Service Announcement 	<ul style="list-style-type: none"> a. Harm Reduction, Clinical Outcomes and Stakeholder Perceptions <ul style="list-style-type: none"> i. <u>Consumer Council Recommendations</u>: Nothing to report this month. b. Access to Care and Service Utilization <ul style="list-style-type: none"> i. <u>Services Provided during a Gap in IPOS</u>: Nothing to report this month. ii. <u>Repeated Use of Interim Plans</u>: Nothing to report this month. c. Regulatory Compliance & Electronic Health Record <ul style="list-style-type: none"> i. <u>1915 iSPA Benefit Enrollment Form</u>: Nothing to report this month. ii. <u>Management of Diagnostics</u>: Nothing to report this month. d. BABH - Policy/Procedure Updates – Nothing to report this month. e. Clinical Capacity Issues Update <ul style="list-style-type: none"> i. <u>OPT Group Therapy</u>: There is room in Group. ii. <u>OPT Individual</u>: MPA is open for referrals and are fully staffed. They would like more referrals to keep therapists with a full caseload. iii. <u>Referrals for Groups</u>: We will take more referrals. iv. <u>Public Service Announcement</u>: We track all deaths that happen in our agency and provider network agency. Since 6/25/24 there have been 5 suicides of our network and 4 of those were by hanging. We have been very concerned. We have been looking at whether there are any trends that we can see. It was talked about at Extended SLT this 	

**BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, October 10, 2024

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

Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
<p>f. Medicaid Re-Enrollment - Loss of Benefit Tracker</p>	<p>week, pulling up demographics and statistics trying to see what the common themes are. What we are seeing, which is not really across the board, is that there are individuals that are having some kind of psychosis, which is not a typical thing you would see for someone that usually attempts or completes suicide. What we are seeing is that there is not command hallucinations that they are having, it is more of a paranoia of someone following them or is out to get them. This normally does not lead to suicide. The age range is from 29 to 46. What we are seeing is that with some of them there is some type of drug use. We have seen marijuana or were using heavily and then stopped using suddenly. We are in the process of getting information out to all our staff. We have drafted an email and are going to get some approval from our medical director to send that out to all staff saying something like "Please be aware, this is a trend we are seeing which is very unusual". Karen A. has reached out to Public Health asking if they are seeing some trends in the community and she received an email back indicating that they have looked at 5 suicides 4 were gunshots and 1 was hanging. We do not have the Medical Examiner's report back to see toxicology at this time. We want to get this information out as soon as Dr. Smith finalizes it, just to say we don't know what we are looking at but make sure that you are asking more direct questions than usual. Sarah will share the email with MPA, LIST and SPSI when completed, to share with their staff as well. Are there services that we can offer staff when one of their consumers commits suicide? There is no system in place. Why is it not required to do a debriefing after there is a trauma for staff. 988 can be called anonymously for support.</p> <p>f. Medicaid Re-Enrollment - Loss of Benefit Tracker – Nothing to report this month.</p>	

**BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, October 10, 2024

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

Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
<ul style="list-style-type: none"> g. Recommended Trainings h. ABD Effected Service Drop-Down i. Annual Checklists j. General Fund for FY25 k. Conflict Free Case Management l. Updated Staff List with Supervisor m. ICSS Primary Case Holder Responsibilities 	<ul style="list-style-type: none"> g. Recommended Trainings – MichiCANS Update: Basically, because 2 of the waivers, iSPA and SED waivers, have been held and have not been approved yet means that the individuals that are on those waivers, we must do the MichiCANS for. Additionally, we still must continue to do CAFAS for those kids that are on SED Waiver or the iSPA waiver. They have to do both of them until that waiver gets approved and then that should go away, but we don’t know what that looks like. What many of you may have run into is that lots of peoples CAFAS Certification has expired because we were told as of 10/01/24 they wouldn’t need it anymore. We have a couple of people on our children’s team that have it through October or November and were going to continue the certification to be able to do all the CAFAS. We are not looking at a huge number, maybe 20. There are not a lot of people on the SED or iSPA waiver at this point but for a short period of time, if they are on those waivers, both the CAFAS and the MichiCANS need to be completed. The MichiCANS was supposed to go live on 10/01 and that was supposed to end the CAFAS and PECFAS. We did not get notified that was not going to be the case until at least the day after, or 2 days after. h. ABD Effected Service Drop-Down – Nothing to report this month. 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. Updated Staff List with Supervisor: Sarah will touch base with Joelin. m. ICSS Primary Case Holder Responsibilities: For children that are in the ICSS Mobile Crisis Response Program, there are two requirements that case holders are required to do. The primary case holder needs to update the plan of service within 7 business days and the primary case holder must reach out to the family via phone or appointment within 24 hours. How this came up is that we were asked to do some chart reviews for that, so Sarah’s team was going through what the requirements were realizing may people weren’t fully aware of what all the requirements are. If we are going to be looking at the records, we want to make sure that information was given. 	

**BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, October 10, 2024

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

Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
<p>n. Healthcare Coordination for those without a Primary Care Physician</p> <p>o. Madison Clinic Protocol Revised</p> <p>p. AFC Licensing</p>	<p>Like a typical chart review, we will go through and if we are seeing that that stuff wasn't done, we will send a reminder that these are things that we need to do. The communication just went out so it is expected that there will be reminders needed. Just something that we need to tighten up on. This is children specific.</p> <p>n. Healthcare Coordination for those without a PHCP: We are trying to figure out what is supposed to happen when somebody does not have a Primary Care Physician. This is showing up in some of our reports and showing that they need one, there isn't a release because they don't have a doctor, but it isn't really documented anywhere in the record. The old release used to say that they declined. Now, when you do a MDHHS release, using personal contact, you can type in "None" and it will auto populate. Does Consumer will still need to sign the release? There may need to be some education regarding this.</p> <p>o. Madison Clinic Protocol Revised: There has been some language added to protocols. This is the document that was sent out during the pandemic when everything was virtual. Information was added regarding expectations about completing labs and that people do need to come on site to get vitals.</p> <p>p. AFC Licensing: Per Melissa, at the last Recipient Rights Conference, it was brought up at the CMH ORR Round table that restrictions and limitations are being put into the AFC Licensing paperwork under the form which is AFC Assessment Plan for Residents. In the first block, where it talks about community participation or inclusion, it asks if the resident can access the community independently. If this is checked "yes", no problem. If it is checked "no", no problem. It is not a problem until a provider writes in there that they require one to one supervision, line of sight supervision or anything like that. That is considered a restriction or limitation on freedom of movement. The problem comes in if case managers are just signing the forms without reading them or when reading them, seeing those in there and knowing that the staff are expected to do that and if the providers are</p>	

**BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, October 10, 2024

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

Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
	doing it and making sure the person is in line of sight or one to one. Please have your staff look over those forms, if they see those are in there, make sure that they are being performed or remove the restrictions if they are not necessary.	
5. Announcements	No announcements to report.	
6. Parking Lot a. Periodic Reviews – Including Options for Blending with Plan of Services Addendums	a. See discussion under Waiver Audit Review.	
7. Adjournment/Next Meeting	The meeting adjourned at 3:20 pm. The next meeting will be on November 14, 2024, 1:30 - 3:30 in-person at the Lincoln Center in the East Conference Room.	