



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

Thursday, January 9, 2025

1:30 p.m. - 3:45 p.m.

Lincoln Center - East Conference Room

MEMBERS	Present	MEMBERS	Present	AD-HOC MEMBERS	Present
Allison Gruehn, BABH ACT/CSM/Sr. Outreach Prog. Mgr.		Karen Amon, BABH Healthcare Accountability Director/CCC	X	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 (I/A/I/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	X	Megan Smith, List Psychological Site Supervisor	X	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	
Emily Simbeck, MPA Adult OPT Supervisor		Melissa Prusi, BABH RR/Customer Services Manager	X	Sarah Van Paris, BABH Nursing Manager	
xxx, BABH Integrated Care Director		Moregan LaMarr, Saginaw Psychological Clinical Director	X	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	Present
James Spegel, BABH EAS Mobile Response Team Supervisor	X	Stacy Krasinski, BABH EAS Program Manager	X	Jill LeBourdais & Dan DeRow (sp?), BCC Residential Unit	XX
Joelin Hahn (Chair), BABH Integrated Care Director		Stephani Rooker, BABH ID/DD Team Leader	X	Amber Wade, BABH Quality & Compliance Coordinator	X
Joelle Sporman (Recorder), BABH BI Secretary III	X	Tracy Hagar, MPA Child OPT Supervisor			

Topic	Key Discussion Points	Action Steps/Responsibility
1. <ul style="list-style-type: none"> a. Review of, and Additions to Agenda b. Presentation: Jill LeBourdais, Bay City Crisis Residential Unit c. Approval of Meeting Notes: 11/14/2024 d. Program/Provider Updates and Concerns e. IPOS Training Form Policy/Procedure f. OT/PT/SLP New Script 	<ul style="list-style-type: none"> a. There was an addition to the agenda; 4k. Psychiatric at Intake. b. Jill LeBourdais and Dan DeRow (sp?) presented on the Bay City Crisis Residential Unit which is located at 3282 East North Union Road in Bay City. A crisis residential unit is a short-term, community based, homelike setting to care for individuals in crisis. It is a step-down from psychiatric hospitalization. If an individual is presenting with suicidal thoughts and the desire to act on it or attempted suicide, psychotic and present safety issues to others, they are not a candidate for a CRU. The staff will do an intake and complete a health assessment and review medications and the needs the individual may have. The individual will see a Psychiatric Provider/Prescriber within 24 hours of admission to do a thorough evaluation of medications and diagnosis. We do not try to make major adjustments to medications or to completely change the diagnosis. Rather we try to fine tune the current plan or start fresh if the individual is new to mental health. Nursing staff will evaluate the patient. A therapist will see the consumer within 24 hours to complete an assessment and devise a short-term treatment plan and goals. 	<ul style="list-style-type: none"> e. Sarah will address the discussion of the IPOS Training Form at the next provider meeting, so they know their roles.

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	<p>The individual will be encouraged to participate in group therapy that is held during the day. There are opportunities to learn mindfulness/meditation/art therapy as well. Patients can smoke cigarettes in a designated outdoor area. The unit is not a locked setting. The staff will work with the individual 1-1 if necessary to help work toward his/her goals. The staff will work with the individual in crisis and the CMH and family if needed to secure a safe discharge. There is a discharge packet emailed over to BABH as to what took place during their stay at the unit. The unit does take Respite patients, but they do not receive nursing and medication services. Ages 18 and older, no children.</p> <p>c. The November meeting notes were approved as written with clarification on a few items. The December meeting was cancelled.</p> <p>d. Program/Provider Updates and Concerns: <u>Bay-Arenac Behavioral Health:</u></p> <ul style="list-style-type: none"> - <u>ABA/Wraparound</u> – No updates to report this month. - <u>ACT/Adult MI</u> – No updates to report this month. - <u>Arenac Center</u> – We are done one case manager. - <u>Children’s Services</u> – Fully staffed and just hired an Intensive Case Manager and Wrap-Around Facilitator. - <u>CLS/North Bay</u> – Samaritas completely ended their contract with BABH, so they are no longer an option for CLS services. No updates to report this month for North Bay. - <u>Contracts</u> – No updates to report this month. - <u>Corporate Compliance</u> – No updates to report this month. - <u>EAS (Emergency Access Services)/Mobile Response</u> – MRT hired someone for 2nd shift who will work part-time on Tuesdays, Wednesdays, and Fridays from 8:30 pm - 12:00 am. Hired a Peer Support Specialist for the AOT Program. - <u>Finance</u> – No updates to report this month. - <u>ID/DD</u> – No updates to report this month. - <u>IMH/HB</u> – No updates to report this month. 	

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	<ul style="list-style-type: none"> - <u>Madison Clinic</u> – Dr. Exum is set to return from her leave on January 21st. Dr. Bridget Smith is here till the end of June. Ashley Badour has replaced Tami Trea; she started December 16th. Nursing is in a good spot. - <u>Medical Records</u> – No updates to report this month. - <u>Quality</u> – No updates to report this month. - <u>Recipient Rights/Customer Services</u> – No updates to report this month. - <u>Self Determination</u> – No updates to report this month. <p><u>List Psychological:</u></p> <ul style="list-style-type: none"> - <u>IDD</u> – We are down two case managers for the IDD Program. We are still looking for applicants. <p><u>MPA:</u></p> <ul style="list-style-type: none"> - <u>CSM</u> – No updates to report this month for CSM. - <u>OPT-A</u> – We are losing a full-time therapist next week and just found out today we are losing a LL. We will try to keep referrals going but might put a hold on dual due to unlimited staff. <p><u>Saginaw Psychological:</u></p> <ul style="list-style-type: none"> - <u>CSM</u> – No updates to report this month. - <u>OPT</u> – No updates to report this month. <p>e. IPOS Training Form Policy/Procedure – We have been discussing this and need to get it in a policy/procedure. Primary case holder initiates the training by contacting the provider. This should be completed within x business days of the IPOS being finalized. Training for the CLS providers, specialized residential providers, self-determination lead staff, and self-determination family/guardian /support person should be completed directly (in person or over the phone). Training for vocational providers, ABA providers, and respite camp providers can be completed via in person, over the phone, or</p>	

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	<p>via email if the plan only references the provider specific plans. For example, vocational providers and ABA providers have their own plans and the primary case holder plans typically only references the number of hours authorized. If the plan references any safety issues, it should be trained on via in person or over the phone. If the trainer does not have an account in PCE, a paper form of this document should be completed and uploaded in PCE under Plan Training Forms using the 'Add External Training Form' link. If the trainer (based on the form) DOES have a PCE account, the primary case holder will insert the name via the lookup option. When the form is completed by the primary case holder, the trainer will be notified that they have a document to sign. If the primary case holder trains a trainer and a back-up trainer from the provider agency, both staff should sign the form. (See form - Trainer signature line and Back-Up Trainer signature line). Providers are responsible for keeping documentation that they have trained each staff member working with the identified consumer. This documentation must contain the staff's printed name, staff's signature, and date as well as the trainer's signature, trainer's printed name, and date. This documentation should be kept at the provider agency. Do not send this form to BABH staff. BABH staff completing audits will request this documentation.</p> <p>The primary case holder should train the trainer within how many business days from the time the plan of service is finalized? This is not an easy target for staff that have a lot of staff they have to train. Providers cannot bill until their staff have been trained. An IPOS training form needs to be completed whenever there is a new plan or an addendum to the plan, including changes to the number of hours CLS, ABA, or Vocational being authorized. What is the actual timeframe to train staff? If a plan is signed and a service is provided prior to that plan date, we will get written up for that. You may need to have a pushed out start date in order to train in the allotted</p>	

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	<p>timeframe. The plan of service needs to be completed within 3 business days, but the form needs to be completed before the plan of service is implemented. Prior to implementation or services being provided that would take away the 3 business days. No goals, objectives or interventions changed, including if there is an addendum, a plan of training form does not need to be completed but staff have to communicate if hours have changed. What is the expectation of the provider if the primary case holder does not reach out to them? If the provider sees someone did not reach out, we would ask the provider to contact a supervisor directly.</p> <p>f. OT/PT/SLP New Script – We had a finding for not having something in the physician’s order script related to ongoing services. We have this form sent to physicians when needing referrals. Under the order section, we added Autism Assessment and ABA Treatment. This is a draft to meet the waiver requirements. Under the rational section, more wording was added. ‘Conduct an assessment/evaluation to substantiate clinical need and medical necessity, <i>development of treatment planning, development of authorization requests to include the amount of services deemed medically necessary by the treating professional</i>, and monitoring of services. Services will be provided in-person, via Telehealth video conferencing, or Telehealth video conferencing and audio.’ The physician is saying whatever is deemed medically necessary by the treating professional is what is being authorized. We will add the pathway to the footer.</p>	
<p>2. Plans & System Assessments/Evaluations a. QAPIP Annual Plan (Sept) b. Organizational Trauma Assessment Update</p>	<p>a. QAPIP Annual Plan – Nothing to report this month. b. Organizational Trauma Assessment – Nothing to report this month.</p>	
<p>3. Reports a. QAPIP Quarterly Report (Feb, May, Aug, Nov)</p>	<p>a. QAPIP Quarterly Report – Nothing to report this month. b. <u>Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports</u> i. MSHN Priority Measures Report: Nothing to report this month.</p>	<p>b.iv. MHSIP/YSS Report – Sarah will send out the MHSIP/YSS Report to the committee with</p>

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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 Report (Jan, Apr, Jul, Oct) iii. Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec) iv. Consumer Satisfaction Report (MHSIP/YSS) v. Provider Satisfaction Survey (Sept) 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. Customer Service Report (Jan, Apr, Jul, Oct) v. Employment Data (Dec, Mar, Jun, Sept) d. <u>Regulatory and Contractual Compliance Reports</u> <ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> ii. Recipient Rights: Deferred. RR Report is in the meeting folder and was sent out to the committee. iii. RAS: The RAS was sent out so you can review it, and if you have any questions you can get with Sarah. iv. MHSIP/YSS: For 2024, there was a 13% response rate (329/2486) for surveys distributed. The survey rate was significantly lower for 2024 (13%) compared to 2023 (39%). There was a 17% decline rate and 28% of consumers that were not seen for face-to-face contact during the four-week period. The MHSIP survey had a 16% response rate which resulted in a 93% confidence level. The YSS survey had a 7% response rate which resulted in a 53% confidence level which is a significant decrease from 2023 (81% confidence level). A drawing for a \$50 gift card was also offered to consumers if they completed the survey and provided their name/phone number, and a LPS consumer was picked to win the gift card. Over the past several years, surveys have been distributed in a variety of different ways with varying degrees of success. Due to the significant decrease in the response rate for both the MHSIP and YSS surveys, it is recommended that, in the future, surveys be distributed during face-to-face contacts. The results of the MHSIP can be actioned due to falling just below the 95% confidence level, but the YSS results should not be actioned due to only producing an 53% confidence level. It is also recommended that there continues to be the option of being entered for a gift card. There were a total of 280 MHSIP surveys returned during 2024 out of 1797 surveys distributed, which resulted in a 93% confidence level and 16% response rate. This was a significant decrease from 2023 (41% response rate). In 2022, we were unable to determine a response rate due to an error with determining the number of surveys distributed, however, the method of survey distribution was hybrid (electronic, in person, via mail). In 2023, the method of survey distribution was primarily face to face and in 2024 surveys were 	<p>the additions made in the meeting. Sarah will talk with the Consumer Council as well and will note any additions to the report.</p> <p>d.i. PI Report – If the Help Desk sends out BI Reports, Karen can ask Theresa if she can add it to the BI Report to send to the Providers as well, not just BABH staff.</p>

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<ul style="list-style-type: none"> e. Periodic Review Reports f. Ability to Pay Report g. Review of Referral Status Report 	<p>distributed by mail only. Overall, 83% of the respondents were from individuals/guardians with a Mental Illness (MI) diagnosis. It should be noted that in 2024, consumers with Intellectual Developmental Disability (IDD) were part of the survey distribution for the first time, therefore, making it difficult to compare previous surveys results. Two hundred and fifty one of the 329 surveys returned were individuals who best described their race as white and 147 of the individuals chose that their sex assigned as birth was female. 87% of the respondents had been in services more than 12 months. There are three domains that consistently score below the desired threshold of 80%: Outcomes, Functioning, and Social Connectedness, however, for 2024, the Social Connectedness domain scored 81.65% and Outcomes domain scored 80%; both an increase from 2023. All the other domains scored above the 80% standard but had a decrease from 2023 with Quality and Appropriateness having the biggest decrease of 8%. <u>Analysis:</u> Overall, for 2024, a majority of the questions had a lower percentage of agreeance compared to 2023. Three of the statements had more than a 10% decrease including, "Staff believed I could grow, change, and recover," "I was encouraged to use consumer run programs," and "I am better able to handle things when they go wrong." The statement that had the highest increase was "My housing situation has improved" (9%). All the questions, with the exception of one, in the Outcomes, Functioning, and Social Connectedness domains were below 80% which is typical of previous years. <u>Action:</u> Over the past several years, surveys have been distributed through a variety of methods. This year the surveys were distributed only through the mail. Consumers/guardians had the chance to win a \$50 gift card. The PNOQMC committee determined action steps specifically related to the question, "Staff believed I could grow, change, and recover." The committee determined that staff turnover and burnout could be a cause for the decrease in agreeance.</p>	

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	<p>Staff suggested that teams/agencies continue to focus attention on staff self-care, a healthy work-life balance, and wellness. Internally, BABH staff have access to an Employee Assistance Program that can provide support to staff members to address any personal issues. Supervisors will encourage staff to share success stories during staff meetings as a way to provide encouragement to other staff. BABH is pursuing an opportunity for reflective supervision to support staff burnout and trauma so that they can better serve consumers as well.</p> <ul style="list-style-type: none"> v. Provider Satisfaction Report: Nothing to report this month. <p>c. <u>Access to Care & Service Utilization Reports</u></p> <ul style="list-style-type: none"> i. MMBPIS Report: Deferred. ii. LOCUS: Nothing to report this month. iii. Leadership Dashboard: Deferred. iv. Customer Service Report: Deferred. The CS Report is in the meeting folder and was sent out to the committee. <p>d. <u>Regulatory and Contractual Compliance Reports</u></p> <ul style="list-style-type: none"> i. PI Report: Bay Direct, List, Saginaw Psychological and MPA had a significant number of plans of service that left the date blank in the 'Update Sent Link.' These blanks are not included in the overall percentage of compliance, but supervisors should be addressing this with staff and monitoring. The updated sent link needs to be updated when a plan is given, faxed, mailed, etc. If they are being left blank, we do not track if they are within the 15 days or out of the 15 days. It is recommended that providers indicate that the IPOS was sent under the Update Sent Link above the IPOS/IPOS Pre-Plan. The Quality and Compliance Coordinator will send out lists to supervisors for Bay Direct and Saginaw Psychological so they can determine any trends with specific staff and/or specific programs. The providers are not receiving the BI Report of what staff are not updating the send link so 	

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	<p>Karen will get with the Help Desk to see if they can send that report to the providers as well.</p> <ul style="list-style-type: none"> 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. <p>e. Periodic Review Reports – Nothing to report this month.</p> <p>f. Ability to Pay Report – Nothing to report this month.</p> <p>g. Referral Status Report – Nothing to report this month.</p>	
<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 	<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: Nothing to report this month. b. <u>Access to Care and Service Utilization</u> <ul style="list-style-type: none"> 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. <u>Regulatory Compliance & Electronic Health Record</u> <ul style="list-style-type: none"> 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: no updates to report this month. e. <u>Clinical Capacity Issues Status</u> <ul style="list-style-type: none"> i. Referral Status Report: Open for referrals. ii. OPT Group Therapy: Group Therapy started last night and 4 people showed up. there are different facilitators and open for new referrals. iii. Capacity Issue Discussion: 	

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<ul style="list-style-type: none"> e. <u>Clinical Capacity Issues Status</u> <ul style="list-style-type: none"> i. Review of Referral Status Report ii. OPT Group Therapy iii. Capacity Issue Discussion f. Medicaid/Medicare Updates <ul style="list-style-type: none"> i. Medicare Open Enrollment: Verify Insurance ii. Medicaid Reenrollment: Encourage /assist as needed with process g. General Fund for FY2025 h. Conflict Free Case Management i. AOT Notification j. C04-S15-T21 Hospitalization for Adults Under Court Order k. Psychiatric at Intake 	<ul style="list-style-type: none"> f. Medicaid/Medicare Updates: Nothing to report this month. g. General Fund for FY2025: Nothing to report this month. h. Conflict Free Case Management: Nothing to report this month. i. AOT Notification: Adam Potter is the new AOT Coordinator. j. C04-S15-T21 Hospitalization for Adults Under Court Order: If an individual is on an assisted outpatient treatment (AOT) order, either combined with hospitalization or an AOT only order, the person per the Michigan Mental Health Code must have a goal in their individualized plan of services (IPOS) addressing the court order. The goal needs to address the criteria specified in the order and if the person is in a lesser restrictive level of care than ordered, the goal needs to explain the clinical justification. The IPOS needs to be completed, signed by consumer, and forwarded to AOTC within 21 days of the order being signed by the judge. The AOTC will submit signed IPOS to the court within 30 days of the judge signing the order. If the person is on deferment, they should have a goal in their IPOS as well. To be placed on an order or a deferment agreement, the person needs to have a substantial risk of harm due to impaired judgment. An individual is placed on an AOT combined order with hospitalization if they are petitioned into an inpatient unit and the order follows the hospitalization. Deferment agreements can also lead to AOT combined orders. An AOT only order is seen as a preventative measure before hospitalization is necessary. AOT combined or only orders should be viewed as an order that the treatment team follows, not the individual. Essentially the treatment provider, whether CMH or an alternative mental health provider, is on the order as the treatment team has to answer to the court if the person is not successful on the order. The treatment team is responsible for following up with the individual and making every attempt at engagement. If an individual on AOT does not attend appointments, the AOTC needs to be notified via the electronic health system or encrypted email as soon as possible, but no more than 5 days after a missed appointment. The case holder may need to fill out a Notification of Noncompliance and forward it to the AOTC for court submission if there is 	

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	<p>noncompliance. The AOTC or EAS clinician may also complete this form as needed. Best practice has been found to be the following increased contact after a person is discharged from inpatient hospitalization to reduce recidivism and increase compliance with treatment: weekly for the first two months; twice monthly for the third month; at the fourth month the treatment needs to determine continued contact frequency based on success. Evidence of success is that the person attended all appointments, needed no medication changes, needed no contact with crisis services, etc. Continued contact frequency should be determined by the treatment team, including but not limited to the individual, primary case holder, therapist, psychiatrist, and AOTC. Michigan state court form PCM 230 Notification of Non-Compliance should be used to notify the applicable county court of noncompliance with treatment. Quick phrases will be sent to Karen and she will then forward to Theresa to add to the quick phrases.</p> <p>k. Psychiatric at Intake: We are all doing this differently and need to be on the same page.</p>	
5. Announcements	No announcements to report this month.	
6. Parking Lot a. Periodic Reviews – Including Options for Blending with Plan of Services Addendums	a. NA	
7. Adjournment/Next Meeting	The meeting adjourned at 3:45 pm. The next meeting is scheduled for February 13, 2025, 1:30-3:30, at the Lincoln Center in the East Conference Room.	