



Council, Committee or Workgroup Meeting Snapshot

Meeting: Quality Improvement (QI) Council

Meeting Date: 3/25/2021

- MSHN – Sandy Gettel*
- MSHN – Sherrie Donnelly*(quarterly)
- Bay Arenac –Sarah Holsinger*
- CEI – Elise Magen*
- Central – Kara Laferty
- Gratiot – Taylor H
- Huron – Levi Zagorski*
- Lifeways –Phillip Hoffman*
- Montcalm – Sally Culey*
- Newaygo – Andrea Fletcher*

*Attendance by phone

- _Saginaw-Holli McGeshick*
- Shiawassee –Becky Caperton*
- Tuscola – Jackie Shillinger*
- The Right Door- Susan Richards*
- Guests
- CEI – Bradley Allen*
- CEI – Shaina Mckinnon*
- The Right Door – Liz Thelen
- The Right Door –Jill Carter*
- Tuscola – Denny Henige*
- Central – Renee Rausch*
- Central – Cindy Bay-Barron*
- Huron – Jill Rowland*
- MSHN – Michael Scott*
- MSHN – Kim Zimmerman*

KEY DISCUSSION TOPICS

- 1) Welcome and introductions-
- 2) Review & Approvals
 - a. Meeting Minutes/Agenda
 - b. Review follow up action items
- 3) Performance Measure Updates
 - a. MSHN Strategic Plan (Kim Z)
 - b. Critical Incident Performance Summary
 - c. FUH Performance Summary
- 4) Project Development
 - a. Performance Improvement Project Topic FY22
 - b. Recovery Assessment Scale (April)
 - c. Performance Bonus Measure
 - Veterans Service Navigator-Internal Process for referral
 - Draft FUH Project Description-Health Disparities-ICDP Demonstration
- 5) MDHHS/MSHN Updates
 - a. Policy/Procedure-CMHSP Participant Monitoring
 - b. MDHHS Follow Up Waiver Review ABD, A& G MDHHS Required Template
 - b. HSAG PMV, Compliance Review

✓ KEY DECISIONS

- 2) Review & Approvals-Meeting Minutes from 2/25/2021 approved. Agenda for 3/25/2021 approved with no changes.
- 3) Performance Measure Updates
 - a. Strategic Plan- (Kim Z) -Reviewed the Key Assumptions, Key Questions, Environment Scan Strengths and Weaknesses. Feedback provided.
 - b. Critical Incident Performance Summary - MSHN demonstrated a decrease in Arrests, Hospitalization for Injury or Medication Error, and Suicide Deaths for FY21Q1 compared to FY20Q4. MSHN demonstrated an increase in Emergency Medical Treatment for Injury or Medication Errors, Non-Suicide Deaths including homicidal deaths for FY21Q1. Sentinel Events in addition to deaths where COVID is a contributing factor should be reported to MSHN. Exploring the use of the Notes section in the CIRS for this function. Webinar to be scheduled in April/May to discuss CIRS reporting definitions and consistencies.
 - c. FUH Performance Summary-Measure 1: Adult and Child performed above the standard of 58% and 70% respectively. Measure 2: There was no statistically significant disparity during the measurement period of FY21Q1 for the index population (white) and any minority group.
- 4) Project Development
 - a. Performance Improvement Project Topic- HSAG will be attending the MDHHS QIC in April to provide information on any changes related to the PIP requirements and answer any questions we may have related to potential topics etc. Two options have been put on the table thus far.
 1. A measure specific to our PIHP to address racial and ethnic disparities.
 2. A measure to improve engagement.
 QIC supported a measure to address engagement/outcomes.
 - b. Recovery Assessment Scale-(April)
 - c. Performance Bonus Measure

	<ul style="list-style-type: none"> • Veterans Service Navigator- The BH-TEDS veteran's fields and military data were reviewed for FY21Q1. CMHSPs shared current limitations or validations that have been included in their E.H.R. Additional questions answered related to the use of the VSN. Based on the discussion MSHN will develop a referral process to the VSN including data points to collect, communication back to the CMHSP. • FUH Project Description-Health Disparities-Joe W demonstrated ICDP utilizing the dashboard and detail function for racial and ethnic disparities. Needs for continued monitoring were discussed and are as follows: review ICDP disparity data, review modified specifications for measure. Additional discussion and draft project description to be reviewed in April. <p>5) MDHHS/MSHN Updates</p> <ol style="list-style-type: none"> a. Policy/Procedure-CMHSP Participant Monitoring. QIC approved as written, however, it was suggested that additional explanation of the site review process be incorporated into a procedure or documentation. It was suggested to include how to document those areas of partial compliance in REMI providing explanation on the scoring as it relates to the audit module. b. MDHHS Waiver Follow Up Review-Additional comment sheets were received with follow up to be completed by April 7th. c. HSAG PMV, Compliance Review- PMV Webinar at 11:30 today. Compliance Webinar April 12. Email includes timelines and materials received thus far. d. General discussion of site reviews including the MDHHS site review process and the DMC process. Feedback received indicated the issues emphasized during the reviews do not always align with each other. Both reviews are thorough. Feedback about the MDHHS review is being sought. Feedback related to the DMC reviews is shared with QAPI. The process will be reviewed to identify any improvements that can be made to assist for future reviews.
<p>✓ ACTION STEPS</p>	<ul style="list-style-type: none"> • MSHN/Kim to review the sample size for potential decrease in claims and beneficiaries reviewed. • CMHSPs-Review Strategic Plan document and provide final feedback before March 31st. • MSHN/Sandy to complete comparison of DLA-20 and Recovery Assessment-April Discussion • MSHN/Sandy to schedule CIRS Webinar for CMHSPs. • MSHN/Michael and Sandy to develop referral process for VSN. • CMHSPs to identify any trends in the military and veterans' fields that may require attention for accuracy. • CMHSPs review and act on the recommendations in the Performance Summaries.
<p>✓ KEY DATA POINTS/DATES</p>	<ul style="list-style-type: none"> • MSHN QIC Meeting: 4.22.2021 • MDHHS QIC Meeting: 4.12.21 • BTPR Work Group: 4.9.21 • Data Analytics: 4.14.2021