

Meeting Date: 2/27/2020

**\*Attendance by phone**

- MSHN – Sandy Gettel
  - MSHN – Joe Wager
  - MSHN – Sherrie Donnelly\*
  - Bay – Sarah Holsinger\*
  - CEI – Elise Magen\*
  - Central – Kara Laferty\*
  - Gratiot –Taylor Hirschman
  - Huron – Levi Zagorski\*
  - Lifeways – Gina Costa\*
  - Montcalm – Sally Culey\*
  - Newaygo – Andrea Fletcher\*
  - Saginaw – Julie McCulloch\*
  - Shiawassee –Becky Caperton\*
  - The Right Door – Susan Richards\*
  - Tuscola – Jackie Shillinger\*
- Guests**
- CEI – Bradley Allen\*
  - CEI –Martha Callow-Rucker \*
  - The Right Door-Jill Carter\*
  - Lifeways – Phillip Hoffman\*

**KEY DISCUSSION TOPICS**

- 1) Welcome and introductions-
- 2) Review & Approvals
  - a. Approve Agenda
  - b. Approve Minutes
  - c. Review QIC Action Plan (Review follow up actions items)
- 3) Performance Improvement Project (s):
  - a. RSA-Recovery Self-Assessment Provider/Administrator -
  - b. Diabetes Monitoring
- 4) Performance Measures Updates:
  - a. Priority Report
  - b. Behavior Treatment FY20Q1
  - c. Child and Adult FUH FY19Q4
  - c. Diabetes Screening FY19Q4
- 5) Policies and Procedures
  - a. Incidents SUD
  - b. Sentinel Events
- 6) Project Development/Discussion
  - a. Performance Indicator Changes
  - b. Recovery Implementation RAS
  - c. Satisfaction Survey FY20
- 7) Site Review Updates
  - a. HSAG Compliance Review
  - b. Compliance Summary Report Recommended Actions
- 8) MDHHS Updates

✓ **KEY DECISIONS**

- 2) **Review & Approvals**-Meeting minutes and agenda approved with no changes.  
Review QIC Action Plan -Highlighted the MMBPIS due March 1, and Critical Incidents submission to MDHHS Friday February 28.
- 3) **Performance Improvement Project (s):**
  - a. RSA-Recovery Self-Assessment Provider/Administrator -This PIP will end in FY21. Feedback for improvement should be documented on the QIC Action plan RSA tab.
  - b. Diabetes Monitoring - The final data for CY19 will be pulled in April. Currently MSHN has met the goal (7% increase) and demonstrated a statistically significant increase from previous measuring period. CMHSPs are to document interventions on the diabetes in the QIC action plan by March 26th. Causal analysis and discussion will occur in March and April with QIC and Medical Directors. Draft summary will be reviewed in May and finalized in June for a July submission to HSAG.
- 4) **Performance Measures Updates:**
  - a. Priority Report-Reviewed measures related to Quality.
  - b. Behavior Treatment FY20Q1-Reviewed Data and recommendations for regional training. No outliers or areas of immediate concern.
  - c. Child and Adult FUH FY19Q4-Reviewed Data, all CMHSPs performed above the standard.

	<p>c. Diabetes Screening FY19Q4-Reviewed the Data. MSHN demonstrated an increase for this quarter. It was discussed that QIC should set a standard based on performance. Corrective action would then be required if MSHN did not meet the standard for each quarter.</p> <p><b>5) Policies/Procedures</b></p> <p>a. Incidents SUD -Reviewed and approved the SUD Incident Policy</p> <p>b. Sentinel Events-Reviewed and approved with changes. Changes include modifying the language from “the root cause analysis (RCA) to be completed within 60 days” to “each provider should have a process and standard for completing the RCA”.</p> <p><b>6) Project Development/Discussion</b></p> <p>a. Performance Indicator Changes-Reviewed the final MDHHS MMBPIS Code Book FY2020. Concerns related to the Date of Request Scenario “In the case of a referral from an outside organization the request date is the date the referring agency makes a request for services on behalf of the person”. This was different than the previous discussions indicating the “person authorized to consent for treatment has agreed to receiving services”. Emphasized the inclusion of the Autism benefit in the population beginning April 1<sup>st</sup>.</p> <p>b. Recovery Implementation RAS- No additional discussion. Input was received from SUD Tx. And the RCAC. RCAC recommended RAS for initial with the RSA for ongoing. RCAC liked the additional questions the RSA included. The information could be obtained through the RSA or through the satisfaction survey. Waiting for MSHN decision.</p> <p>c. Satisfaction Survey FY20-Feedback from CMHSPs related to the use of the CAHPS ECHO and the MSHIP/YSS. Initial feedback indicates a preference for the MSHIP/YSS this year to allow for more preparation for the next year. Documentation of the pros and cons an potential options will be sent out for a vote with the CMHSPs.</p> <p><b>7) Site Review Updates</b></p> <p>a. HSAG Compliance Review-Final Report Received. Corrective Action is due to HSAG March 10<sup>th</sup>.</p> <p>b. Compliance Summary Report Recommended Actions-Reviewed the growth areas for BTPRC and the Autism Benefit.</p> <p><b>8) MDHHS Updates</b>-Materials from MDHHS QIC available in Box. No discussion</p>
<p>✓ <b>ACTION STEPS</b></p>	<ul style="list-style-type: none"> <li>• CMHSP to add interventions to the QIC Action Plan for the Diabetes Monitoring PIP by March 26<sup>th</sup>.</li> <li>• CMHSPs who have not added RSA interventions to the QIC Action Plan should do so before March 16<sup>th</sup>.</li> <li>• BTPR Regional Training will be further discussed in the BTPR Work Group.</li> <li>• MSHN to determine standard for Diabetes Screening based on performance. The Project Description will be updated to include changes with approval to occur at the next QIC meeting.</li> <li>• Sandy to send out Options with documentation of pros and cons for satisfaction surveys for the CMHSPs to vote on.</li> </ul>
<p>✓ <b>KEY DATA POINTS/DATES</b></p>	<ul style="list-style-type: none"> <li>• Next MSHN QIC Meeting: March 26, 2020</li> <li>• Next BTPR Work Group: April 10, 2020</li> <li>• Next Data Analytics: March 10,2020</li> <li>• Next MDHHS QIC: April 1, 2020</li> </ul>