

Meeting Date: 8/27/2020

***Attendance by phone**

- MSHN – Sandy Gettel*
 - MSHN – Sherrie Donnelly*
 - Bay Arenac –Lisa Nagel*
 - CEI – Elise Magen*
 - Central – Kara Laferty*
 - Gratiot –Taylor Hirschman
 - Huron – Levi Zagorski*
 - Lifeways –Gina Costa*
 - Montcalm – Sally Culey*
 - Newaygo – Andrea Fletcher*
 - Shiawassee –Becky Caperton*
 - Tuscola – Denny Henige*
- Guests**
- CEI – Bradley Allen*
 - Lifeways – Phillip Hoffman*
 - The Right Door – Jill Carter*
 - Saginaw-Holli McGeshick*

KEY DISCUSSION TOPICS

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| <ol style="list-style-type: none"> 1) Welcome and introductions- 2) Review & Approvals <ol style="list-style-type: none"> a. Approve Agenda b. Approve Minutes c. Review QIC Action Plan (Review follow up actions items) 3) Performance Improvement Project (s): <ol style="list-style-type: none"> a. Recovery Self-Assessment b. Diabetes Monitoring CY20Q2 4) Performance Measure Updates <ol style="list-style-type: none"> a. Critical Incidents FY20Q2 b. National Core Indicators 5) Project Development/Discussion <ol style="list-style-type: none"> a. Performance Indicator Changes-FAQ Updates. b. Recovery Assessment Scale FY21 c. ABD Standardized Data Elements Discussion d. Trauma Assessment-Current CMHSP methodology/tool e. Behavior Treatment Data Collection f. FUH Project Description-Update specification and include racial disparities | <ol style="list-style-type: none"> 6) Site Review Updates <ol style="list-style-type: none"> a. DMC Tool Review b. MDHHS Waiver Reviews-Discussion c. HSAG PMV Draft Report Received. No formal findings. 7) MDHHS/MSHN Updates <ol style="list-style-type: none"> a. QIC Charter (Deferred) b. Balanced Score Card (Deferred) c. MDHHS QIC Updates d. Corona Virus MSHN Website Review |
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✓ **KEY DECISIONS**

- 2) Review & Approvals
No additions to the agenda. Meeting minutes from 7.23.2020 approved with no edits. QIC Action Plan reviewed. MMBPIS FY20Q1 CAPs still needed. Those areas that require action were highlighted.
- 3) Performance Improvement Project (s):
 - a. Recovery Self-Assessment-RSA Summary Report will be sent out for review by August 31.
 - b. Diabetes Monitoring- PIP Validation Report received by HSAG. PIP was resubmitted with recommended changes August 14th..
- 4) Performance Measure Updates
 - a. Critical Incidents- MSHN demonstrated an upward trend for Emergency Medical Treatment initial causal factors include increase in falls and self-injurious behaviors.
 - b. National Core Indicators-2018-2019 Michigan Report was received. PJ presented areas where Michigan performed at a lower rate than the national data.
- 5) Project Development/Discussion
 - a. Performance Indicator Changes-New file format issues related to header placement, new indicator (2, 3) measurement period 4/16/2020 to 6/30/2020 (as indicated by MDHHS memo). Indicator 1, 4, 10 measurement period 4/1/2020 -6/30/2020 Previous Indicators 2 and 3 discontinued FY20Q2.
 - b. Recovery Assessment Scale FY21 -Project Description/Instructions were reviewed. Frequency needs to be determined. Issues related to utilization of additional tools as a result of CCBHC. Will discuss RAS implementation next month.

	<ul style="list-style-type: none"> c. ABD Standardized Data Elements Discussion-CMHSPs need to have internal conversation with customer service representatives. No discussion. d. Trauma Assessment-CMHSPs to upload current organizational trauma assessment being used. g. Behavior Treatment Data Collection-Modifications made to current project description based on the BTPR work group. Increase program choices to include waivers and autism. Specified what fields were required when reviewing physical intervention and 911 calls for those that do not have BT plan. BTPR Summary to be reviewed next month at CLC. Modifications to Project Description will be completed and draft document sent to QIC and BTPR Work Group for final approval. f. FUH Project Description HEDIS specifications have been updated to include 4 age stratifications. Joe W clarifying with MDHHS what specific age stratification will be used for the performance bonus metric. Additional elements to address racial disparities will be included in the FY21 contract as part of the performance bonus metric. <p>6) Site Review Updates</p> <ul style="list-style-type: none"> a. DMC Review Tools-The following sections were specifically reviewed: Section 9-BTPR; Section 12-Quality and Compliance; Section 13-Ensuring Health and Welfare/Olmstead (Quality Improvement). CMHSPs requested additional time to review. A deadline of September 4th was given. A voting email will be sent out for approval of the recommendations made. b. MDHHS Waiver Reviews-MDHHS was very complimentary of the interactions and responsive of the CMHSPs staff involved in the review. CMHSPs received comments sheets identifying specific citations that will support the final report. It is recommended that CMHSPs begin to have internal conversation to prepare for corrective action plan development. Full Report should be received within 2 weeks. c. HSAG PMV -Draft Report Received. No formal Findings. Final Report will be received by the end of September.
<p>✓ ACTION STEPS</p>	<ul style="list-style-type: none"> • CMHSP Approval and/or Feedback (voting email to be sent) regarding the Quality Sections 12 and Section 13 of the DMC before September 4th. • Sandy to send RSA Summary Report out by August 31. CMHSPs prepare to discuss growth areas. • CMHSPs to submit Consumer Satisfaction Data before August 28th. • Prepare to further discuss the potential development of the standardized data elements for Adverse Benefit Determination. • CMHSPs to submit Organizational Trauma Assessment to QIC Data Submission Folder. • CMHSPs submit corrective action plans for FUH, Diabetes Monitoring, and MMBPIS Due August 28th.
<p>✓ KEY DATA POINTS/DATES</p>	<ul style="list-style-type: none"> • Next MSHN QIC Meeting: September 24, 2020 via zoom • Next BTPR Work Group: October 9th, 2020 via zoom