

Meeting Date: 10/28/2021

***Zoom Attendance**

- MSHN – Sandy Gettel*
- Bay Arenac –Sarah Holsinger*
- CEI – Shaina Mckinnon*
- Central –Kara *
- Gratiot – Taylor Hirschman*
- Huron – Levi Zagorski*
- Lifeways –PJ Hoffman*
- Montcalm – Sally Culey*
- Newaygo – Andrea Fletcher*
- Saginaw-Holli McGeshick*
- Shiawassee –Becky Caperton*
- Tuscola – Jackie Shillinger*
- The Right Door- Susan Richards*

Guests

- CEI – Shaina Mckinnon*
- The Right Door –Jill Carter*
- MSHN SUD – (quarterly)
- GIHN Sarah Bowman
- MCN Joe Cappon
- BABH Melissa Deual
- Lifeways –Cindy Keyes
- SCCMH-Bo Zwingman-Dole
- TBHS- Lindsay Harper

KEY DISCUSSION TOPICS

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| <ul style="list-style-type: none"> 1) Welcome and introductions- 2) Review & Approvals <ul style="list-style-type: none"> a. Meeting Minutes/Agenda b. Review follow up action items 3) Performance Improvement Projects <ul style="list-style-type: none"> a. Recovery Self-Assessment b. Diabetes Monitoring 4) Performance Measure Updates <ul style="list-style-type: none"> a. ICDP Data loads b. MMBPIS FY21Q3 c. Satisfaction Survey FY21 5) Project Development <ul style="list-style-type: none"> a. Performance Improvement Topic FY22 b. Optional PIP c. QIC Consumer Representation d. Recovery Self-Assessment e. Behavior Treatment Data Collection | <ul style="list-style-type: none"> 6) QAPIP <ul style="list-style-type: none"> a. QIC Annual Report-Approve b. QIC Charter-Approve c. QAPIP Plan-Performance Measures/ Work Plan d. BSC 7) MDHHS/MSHN Updates <ul style="list-style-type: none"> a. HSAG PMV- b. HSAG Compliance Review c. HSAG PIP Validation Report d. MDHHS Follow Up Review Waiver Review – PCP Training Process Discussion e. MDHHS QIC Updates f. MSHN Website - Corona Virus MSHN g. Website Review- Mid State Health Network Website |
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KEY DECISIONS

- 2) Review & Approvals
 - a. Meeting minutes for 9/23/2021 approved with no edits. No additions to the agenda.
 - b. Agenda Approved/Follow up- December meeting changed to December 20. CMHSP Primary and Secondary members identified. Feedback about new QIP documentation was favorable. No changes to the process. Reminder to complete outstanding QIP for FY21.
- 3) Performance Improvement Projects (PIP)
 - a. Recovery Self-Assessment-No additional interventions identified. The Recovery Self-Assessment Annual Report FY21 was finalized. The RSA-PIP has been completed and will be discontinued for FY22.
 - b. Diabetes Monitoring- EQR PIP Summary was resubmitted to address the general comments from HSAG. The Final Report indicated a score of 100%. The PIP will be discontinued as a PIP but will continue to monitor to ensure performance is sustained. If performance trends downward QIC will evaluate improvement efforts needed.
- 4) Performance Measure Updates
 - a. ICDP- The monthly percentages at the CMHSP are different than the published Priority Report. Joe W reviewed the data load process for ICDP. The data/report is dependent on when the data is pulled. The next report will be developed after or around November 29. An email will be sent to the CMHSPs to indicate when the data will be pulled. The CMHSPs will reconcile the data/percent compliance with the PIHP report.
 - b. MMBPIS FY21Q3-Reviewed via email. Additional discussion next meeting if needed. MSHN met all standards for the indicators. Overall, eight CMHSPs did not meet a standard and will need to develop a improvement plan or review a current plan for applicability. A reminder to complete all required improvement plans for FY21.
 - c. Satisfaction Survey (YSSF, MHSIP, SUD)-The Annual Member Satisfaction Survey Report was finalized. Report was approved with the submission of consumers served during distribution time frame. Nine out of fourteen subscales met the standard.
- 5) Project Development

	<p>a. Performance Improvement Topic FY22 -The required topic is disparities. After much discussion the FY22 PIP consensus was obtained on the PIP topic. Barriers were identified for the decision making process as the applicability to all CMHSPs, inability to apply interventions locally. Specific to the penetration rate additional barriers included the inability to reconcile CMHSP data with the PIHP data. Additional issues with the Indicator 10- Psychiatric Hospital readmissions included the low n and the impact over the 3 year period of time required for the PIP. The n was dependent on the presence of readmissions. MSHN will submit the PIP Topic related to the Penetration Rate to MDHHS for approval by the end of November. HSAG will be recommending a quality improvement initiative for the new MMBPIS Indicator 2 or 3. This will be used as the optional PIP for FY22.</p> <p>b. Consumer Representation-QIC received three applicants for QIC membership. A summary of the qualifications were of each applicants qualifications were reviewed with the council. The council reached consensus on two applicants. The next step of the application process is to contact the applicants and arrange a meeting.</p> <p>c. Behavior Treatment Data Collection-The revised document was reviewed with the BTPR work group. An outstanding question for QIC was, should the intervention be reported based on the date of the incident or the date the intervention was reviewed at the committee. The date the incident occurred would ensure valid comparisons in determining causal factors of the intervention. QIC members should discuss with the BTPR rep. prior to next meeting.</p> <p>6) QAPIP</p> <p>a. QIC Annual Report was approved. Accomplishments for FY20 were identified and reviewed, goals for FY22 were developed. The Annual Report was approved by QIC.</p> <p>b. QIC Charter-The FY20 Charter was reviewed. The following changes were recommended: the addition of the consumer representative membership in the purpose statement, consistent with the other council membership. MSHN SUD member representation was changed to as needed. Language to be consistent with the QAPIP.</p> <p>c. QAPIP Plan-Reviewed the status of the performance measures and the work plan. Recommendations were made based the performance, recommendations from the MDHHS evaluation of the QAPIP, and External Site Review performance. The Cardiovascular Measure demonstrated a steady decline for the previous two years. The consensus of the group was for QIC to collaborate with CLC in identifying barriers and interventions to improve performance.</p> <p>d. Balanced Score Card-Deferred.</p> <p>6) MDHHS/MSHN Updates</p> <ul style="list-style-type: none"> • HSAG PMV-Final Report received recommendations are included in the QAPIP Work Plan. • HSAG PIP HSAG Validated the Project. Final Report received. MSHN received a score of 100% on all elements. • HSAG Compliance Review Draft report received. No notice of when the Final Report will be received. • MDHHS Follow up Review – PCP Training Process-Causal Analysis will be completed, with collaboration of other councils as relevant. • MDHHS QIC Updates-See Meeting Notes in Folder. • MSHN Website – Joe W. demonstrated provider reports to be released on the MSHN website. The audit result demonstration had no feedback for changes. The council did have recommendations for the MMBPIS reporting as follows: identify the quarter that is illustrated, change the alphabetical order to ranking of performance-consistent with the Priority Measures Report, prefer to have a CMHSP quarter comparisons, include State Data. recommend ranking by score, include all CMHSP quarter comparisons, include state data. Additional internal discussion to occur related to the CMHSP comparison data and how to incorporate the State data as it is not available until 2-3 months after it has been submitted.
ACTION STEPS	<ul style="list-style-type: none"> • MSHN to submit Penetration Rate Topic and draft study question to MDHHS for approval • MSHN will finalize annual reports and distribute to CMHSP participants, and providers • MSHN will send out email when the data for the next Priority Report is pulled • CMHSP to review BTPR Data Collection to finalize next meeting. • Finalized copies of documents will be located in the QIC Meeting Folder by next Tuesday.
KEY DATA INTS/DATES	<ul style="list-style-type: none"> • November meeting changed to November 18 9-12 • December meeting was changed to December 20 9-12

