

<p>Meeting Date: 11/19/2020</p> <p>☒ MSHN – Sandy Gettel* ☒ MSHN – Sherrie Donnelly* ☒ Bay Arenac – Sarah Holsinger* ☒ CEI – Elise Magen ☒ Central – Kara Laferty ☒ Gratiot – Taylor Hirschman* ☒ Huron – Levi Zagorski* ☒ Lifeways – Gina Costa* ☒ Montcalm – Sally Culey* ☒ Newaygo – Andrea Fletcher*</p>	<p>*Attendance by phone</p> <p>☒ _Saginaw-Holli McGeshick* ☒ Shiawassee –Becky Caperton* ☒ Tuscola – Denny Henige* ☒ The Right Door- Susan Richards*</p> <p><u>Guests</u></p> <p>☒ CEI – Bradley Allen* ☒ CEI – Kristy Medes* ☒ Lifeways – Phillip Hoffman* ☒ The Right Door – Jill Carter* ☒ Tuscola – Denny Henige* ☒ Central – Renee Rausch* ☒ Central – Cindy Bay-Barron*</p>	<p align="center">KEY DISCUSSION TOPICS</p> <p>1) Welcome and introductions- 2) Review & Approvals a. Meeting Minutes/Agenda b. Review follow up action items 3) Performance Improvement Project (s): a. Recovery Self-Assessment b. Diabetes Monitoring 8.31.2020 4) Performance Measure Updates a. FUH Measure Adults/Children FY20Q3 b. Behavior Treatment Review FY20Q4 c. National Core Indicators 5) QAPIP a. Annual Report b. Annual Reporting/Data Review Schedule c. QAPIP Plan and Report FY20 Report Draft</p> <p>6) Project Development/Discussion a. Performance Indicator Changes-FAQ Updates. b. Reporting COVID Deaths c. Corrective Action Planning for Diabetes Monitoring. 7) Site Review Updates a. MDHHS Waiver b. HSAG Recommendations 8) MDHHS/MSHN Updates a. MDHHS QIC Updates b. Corona Virus MSHN Website Review</p>
---	--	--

<p>✓ KEY DECISIONS</p>	<p>2) Review & Approvals No additions to the agenda. Meeting minutes from 10.22.2020 approved with no edits.</p> <p>3) Performance Improvement Project (s): a. Recovery Self-Assessment-RSA Summary Report-CLC reviewed RSA in October. No additional feedback related to action planning. b. Diabetes Monitoring -Diabetes Monitoring Data reviewed. Potential impact of pandemic on the identified interventions discussed. Currently public transportation and laboratory closures have been identified. Additional feedback should be provided to Sandy by December 4th.</p> <p>4) Performance Measure Updates a. FUH Measure Adults and Children. FY20Q4 data not yet available. Deferred. b. National Core Indicators – Reviewed Summary of strengths and growth areas from the 2018-2019 survey. Areas to further explore were identified as Service Coordination and Access, and Health and Wellness. Concerns discussed related to the increased sample size this year. The short amount of time to provide the background information, technology availability for remote survey. Sample number is 873 for region, with 35% (324) needed. Update on issues to be forwarded to MDHHS NCI lead.</p> <p>5) Quality Assessment Performance Improvement Program a. Annual Report-QIC approved the Annual Committee Report. b. MDHHS has requested submission of the PIHP QAPIP by January 31, 2021. The Draft QAPIP Plan, Strategic Priorities and QAPIP Priorities from FY20 and current recommendations for FY21 were reviewed. Recommendations for the following were made: quarterly participation with the SUD rep, continued work on efficiencies of data reporting and analysis, and utilizing technology when feasible. SUD Reports for inclusion into the effectiveness report have not been completed at this point. Final review will need to occur in December with QIC in order to meet the reporting timeline set by MDHHS. Additional reporting and coordination with committees/council will continue to occur with efforts to have a completed Board approved QAPIP by the end of January 21.</p> <p>6) Project Development/Discussion a. Performance Indicator Changes-FAQ Updates-No discussion.</p>
-------------------------------	---

	<ul style="list-style-type: none"> b. Reporting COVID Deaths-Discussion of how to report deaths with a primary cause of COVID or as a contributing factor. Recommend discussion with the Medical Directors and MDHHS QIC. Suggestions were to report under one of the infection categories. c. Corrective Action Planning for Diabetes Monitoring – Discussion related to the Diabetes Monitoring PIP presented valid reasons for the inability to adequately intervene with this measure. QIC identified relevant issues in addressing the barriers for obtainment of the lab work required for the PIP. Continued identification of barriers will be submitted to Sandy after internal discussion at each organization. Five CMHSPs performed below the standard. <p>7) Site Review Updates</p> <ul style="list-style-type: none"> a. MDHHS Waiver Reviews-Approval of the CAP has not been received from MDHHS as of this day. Issues related to the ranges may be sent to me for forwarding to Kim or sent directly to Kim. Clarification related to Emergency Procedure Training as it relates to the new Self Determination Guidelines has been requested from our lead reviewer. b. HSAG PMV –No discussion <p>8) MDHHS QIC-December 2 next meeting</p>
<p>✓ ACTION STEPS</p>	<ul style="list-style-type: none"> • Diabetes Monitoring-Barriers related to the pandemic and other areas to be sent to Sandy for inclusion to the summary. Improvement/Corrective Action Plans to be completed and submitted to Sandy by December 24. • Medical Directors and MDHHS feedback will be sought related to reporting of COVID deaths. • Sandy to send out Doodle Poll for December meeting. • Sandy to send our Final Draft of QAPIP Plan and Report. • Sandy to send out BTPR FY20Q4
<p>✓ KEY DATA POINTS/DATES</p>	<ul style="list-style-type: none"> • MSHN QIC Meeting: TBD Poll sent out with intent to schedule December 4-December 9 for the QAPIP approval. • MDHHS QIC Meeting: December 2, 10:00 • BTPR Work Group: February 12, 2021