

**Attendees:**

- MSHN – Sandy Gettel
- MSHN- Paul Duff/Avery Truax
- BABH –Lisa Nagel
- CEI – Elise Magen
- CEI – Shaina McKinnon
- CEI – Bradley Allen
- CEI – Kaylie Feenstra
- Central –Kara Laferty
- Central -Jenelle Lynch
- GIHN –Taylor Hirschman
- Huron – Levi Zagorski
- Josh Williams

- Lifeways –Phillip Hoffman
- Lifeways-Emily Walz
- MCN – Sally Culey
- MCN- Joe Cappon
- Newaygo – Andrea Fletcher
- Newaygo –Jeff Labun
- SCCMH- Saginaw-Holli McGeshick
- SCCMH-Bo Zwingman-Dole
- SHW-Amy Phillips
- SHW- Becky Caperton
- TBHS – Josephine Grannell
- The Right Door- Susan Richards
- The Right Door –Jill Carter

**KEY DISCUSSION TOPICS**

1. Review & Approvals
2. Consent Agenda
3. Performance/Process Improvement
4. Standing Agenda Items
5. CCBHC 11:00-12:00  
[April Meeting Packet](#)

- 1) Review & Approvals (9:00)
  - a. Meeting minutes for 3/28/2024 were approved.
  - b. No additions to the agenda. The causal factors and Fishbone Diagram were deferred due to all analysis not yet available.
- 2) Consent Agenda-Approved. No items removed for discussion from the consent agenda.
  - a. FY24\_R5\_MI Non-Validated PIP Review Document (Informational)
  - b. [Data Analytics Platform](#) – Approved via consent agenda. QIC supports moving forward.
- 3) Performance/Process Improvement-9:10
  - a. CY23 FUH Summary-CMHSP/MHP Coordination Process -Paul/Avery  
 A powerpoint was presented that provided a high-level overview of the process for coordination with the MHP for the FUH. The submission document was reviewed, with recommendations for following up after the discharge. CMHSP provided information on their process. SHW is beginning to look at automating the process, identifying the fields in the EMR that populates the data, and modeling after what Lifeways as built. Barriers to the process include staff turnover, and lack of information related to the follow-up appointments available. The scope was clarified indicating that this only includes individuals that have been assigned to a Medicaid Health Plan and does not include duals or those where Medicaid is a secondary insurance. MSHN will be following up with individual CMHSPs to discuss specific issues with the uploads and coordination and discuss the benefits of potential automation.
  - b. Satisfaction Survey QI Team recommendations for FY24 Survey-QI Team work Group  
 The QI Team’s recommendations were tentatively approved by 7 out of 12 CMHSP participants. Changes include the use for the MHSIP/YSS and NCI for all populations served. Local discretion will be used for distribution time frames, distribution method, and the identification of LTSS and CCBHC. Additional questions will include the gathering of Race/Ethnicity, and Sex at Birth. Responses choices are consistent with the CCBHC template and BH-Teds Language. MSHN will send out a poll to obtain approval from those CMHSPs that were not in attendance. MSHN revised the language in some of the questions based on consumer feedback, and the need for clarification. These variances will need to be approved by MDHHS CCBHC for the use with

	<p>CCBHC. Training will be developed, the policy will be updated, and documents finalized. The use of NCI for LTSS includes a statewide analysis only. Consideration should be given to this population going forward to reduce redundant surveys for this group.</p> <p>c. Performance Summaries-Review the following performance measures and data to prepare for the completion of the Fishbone Diagram:</p> <ul style="list-style-type: none"> <li>• FY24Q1 MMBPIS Summary-The performance for Indicators 2, 3 and 4 were reviewed to begin evaluating reasons for not meeting the performance standard. Causal factors will be reviewed and included on the Fishbone Diagram next month.</li> <li>• CY23 PIP #2-Penetration Rate-Deferred to May</li> <li>• CY23 PIP #1- Access/Reduction of Disparities-Deferred to May</li> <li>• FY24Q1 Critical Incident Performance/Process Summary—Deferred to May</li> </ul> <p>d. Causal Factors -Complete the following Fishbone Diagram to identify barriers and causal factors -Deferred to May</p> <p>4) Standing Agenda Items/Open Discussion-10:00</p> <p>a. <a href="#">MDHHS QIC Updates –April 2024 Meeting Notes and Links</a> BH Quality Program-Race/Ethnicity-The PowerPoint was reviewed, including the proposed performance measures and the timelines.</p> <p>b. PIHP Quality Workgroup—Is discussing MMBPIS performance and best practice for access. Information will be brought to MSHN QIC.</p> <p>c. MDHHS Site Review updates/reports-Check in- No issues for discussion.</p> <p>d. External Quality Review updates/reports- No updates</p> <p>e. Customer Services Committee-No updates</p> <p>f. <a href="#">BH-TEDS Updates</a>-(Hollis)- No updates</p> <p>g. National Core Indicator Advisory Council- (Andrea)Today at 10:00-Documents and update will be received in May.</p> <p>h. <b>Conferences/Trainings-Improving Outcomes</b> -Interest was expressed for a quality gathering. Not all QIC attendees are able to attend due to budget limitations for conference attendance.</p> <p>i. Other –NA</p> <p>5) CCBHC-11:00</p>
<b>ACTION STEPS</b>	<ul style="list-style-type: none"> <li>• MSHN will submit the MHSIP/YSS tools to MDHHS CCBHC for approval.</li> <li>• MSHN will distribute and post the final Experience of Care Project Description, including attachments.</li> </ul>
<b>KEY DATA INTS/DATES</b>	<ul style="list-style-type: none"> <li>• MSHN Data Analytics-May 14th</li> <li>• Improving Outcomes Conference-May 15th-17th</li> </ul>