

		KEY DISCUSSION TOPICS
<p>Attendees:</p> <ul style="list-style-type: none"> <input type="checkbox"/> MSHN – Sandy Gettel <input type="checkbox"/> MSHN- <input checked="" type="checkbox"/> BABH –Sarah Holsinger <input type="checkbox"/> CEI – Elise Magen <input type="checkbox"/> CEI – Shaina McKinnon <input checked="" type="checkbox"/> CEI – Bradley Allen <input type="checkbox"/> CEI – Kaylie Feenstra <input type="checkbox"/> Central – <input checked="" type="checkbox"/> Central -Jenelle Lynch <input checked="" type="checkbox"/> GIHN –Taylor Hirschman <input type="checkbox"/> Huron – Levi Zagorski 	<ul style="list-style-type: none"> <input type="checkbox"/> Lifeways –Phillip Hoffman <input checked="" type="checkbox"/> Lifeways-Emily Walz <input type="checkbox"/> MCN – Sally Culey <input checked="" type="checkbox"/> MCN- Joe Cappon Melissa Maclaren MCN <input type="checkbox"/> Newaygo – Jeff Labun <input checked="" type="checkbox"/> SCCMH- Holli McGeshick <input type="checkbox"/> SCCMH-Bo Zwingman-Dole <input type="checkbox"/> SHW-Amy Phillips <input type="checkbox"/> SHW- Becky Caperton <input type="checkbox"/> TBHS – Josie Grannell <input type="checkbox"/> The Right Door- Susan Richards <input checked="" type="checkbox"/> The Right Door –Jill Carter 	<ol style="list-style-type: none"> 1. Review & Approvals 2. Consent Agenda 3. Performance/Process Improvement 4. Annual Planning 5. Standing Agenda Items 6. CCBHC 11:00-12:00 <p style="text-align: center;">June Meeting Packet</p>

	<ol style="list-style-type: none"> 1) Review & Approvals (9:00) <ol style="list-style-type: none"> a. QIC 5/23/2024 meeting minutes were approved. b. No additions or changes to the agenda. 2) Consent Agenda-Approval of consent agenda. Items may be removed for discussion. No current items. 3) Performance/Process Improvement-9:10 <ol style="list-style-type: none"> a. Review and finalize the Access and Disparity Fishbone Diagrams and interventions. Diagrams and interventions will be distributed with the PIP 1 Final Draft for final approval. MSHN demonstrated a decrease in the white population group and did not reduce the disparity between the white and black population groups for those who received an assessment and medically necessary ongoing covered service. Additional analysis indicated that children with mental health issues, and individuals enrolled in CCBHC had a higher rate of non-compliance, and a significant decrease in telehealth services provided in CY21 compared to CY23 for families and children. New barriers at varying degrees throughout the region include lack of childcare available to attend appointments, lack of available appointments (including extended hours), lack of adequate provider network for children’s services (Homebased, Wrap-around), increased number of individuals reporting Race/Ethnicity as “unknown”, organizational leadership/boards not recognizing the need for diversity, equity, and inclusion practices/policy within their organization, decreased use of telehealth. Based on the barriers, and measures of effectiveness for the interventions, a revision was made to include financial incentives, development of an action plan to address this deficiency of children services available, further assess the impact of the provision or lack of telehealth services. A tracking form will be developed and distributed for the CMHSPs to use specific to their interventions. This will include the date of implementation and measure of effectiveness. b. Critical Incidents – Develop/Approve process for remediations and proposed action steps. <ol style="list-style-type: none"> i. Process mapping began of the data collection, review, reporting, remediation process for critical incidents. This will continue at the next meeting to identify improvement areas and assist in the development of a standardized process for reporting or development in the EMR / MSHN information management system.
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	<ul style="list-style-type: none"> ii. Remediations for EMT/Hospitalization for medication errors, injuries during physical management/unknown if during physical management, unexpected deaths are required to be entered into the CRM within 30 days of the date of submission The current process developed for reporting remediations to MSHN to enter into the CRM will be distributed for immediate use. iii. WSA-Timely disenrollments. What is your process for reporting deaths to waiver programs for disenrollment? The CMHSPs will review current process and incorporate a step to disenroll those individuals who have died. More discussion next meeting if needed. c. Data Analytics Platform- CMHSPs requested the timeline for the workgroup. Currently the following have expressed interest: Lifeways-Emily Walz, The Right Door – Jill Carter, and Saginaw volunteered Bo Zwingman-Dole (currently on maternity leave until July 29th.. <p>4) Standing Agenda Items/Open Discussion-10:30-No updates or discussion for a-f.</p> <ul style="list-style-type: none"> a. MDHHS QIC/PIHP Quality Workgroup Updates – b. External/Internal Site Reviews- c. BH-TEDS Updates (Hollie)- d. National Core Indicator Advisory Council (Andrea)- e. Conferences/Trainings- f. Other – <p>5) CCBHC-11:00</p>
ACTION STEPS	<ul style="list-style-type: none"> • PIP #1 Final Draft to be distributed. Final approval by email to be provided by July 8. Ops Council to review July 15th. Submission to HSAG July 15th. • Critical Incident Remediation Process to be distributed and implemented at each CMHSP effective upon receipt.
KEY DATA INTS/DATES	<ul style="list-style-type: none"> • MDHHS QIC August 2nd 10-12 • MSHN Data Analytics July 11th