

Quality Improvement (QI) Council Meeting Snapshot

Meeting Date: October 30th 2025, 9:00am-11am

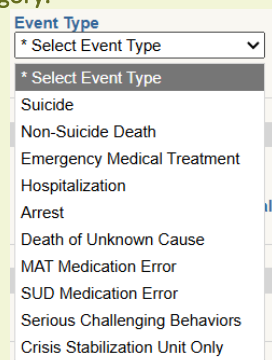
Attendance:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> MSHN – Kara Laferty | <input type="checkbox"/> CEI – Bradley Allen | <input type="checkbox"/> MCN – Sally Culey | <input checked="" type="checkbox"/> SHW – Amy Phillips |
| <input checked="" type="checkbox"/> MSHN – Bo Zwingman-Dole | <input checked="" type="checkbox"/> CEI – Kaylie Feenstra | <input checked="" type="checkbox"/> MCN – Melissa MacLaren | <input checked="" type="checkbox"/> SHW – Vicky Hoffman |
| <input checked="" type="checkbox"/> BABH –Sarah Holsinger | <input checked="" type="checkbox"/> Central – Jenelle Lynch | <input checked="" type="checkbox"/> MCN – Joe Cappon | <input checked="" type="checkbox"/> TBHS – Josie Grannell |
| <input type="checkbox"/> CEI – Elise Magen | <input checked="" type="checkbox"/> Central – Alysha Burns | <input checked="" type="checkbox"/> MCN – Adam Stevens | <input checked="" type="checkbox"/> The Right Door – Susan Richards |
| <input checked="" type="checkbox"/> CEI – Shaina McKinnon | <input checked="" type="checkbox"/> GIHN – Taylor Hirschman | <input checked="" type="checkbox"/> Newaygo – Andrea Fletcher | <input checked="" type="checkbox"/> The Right Door – Jill Carter |
| <input checked="" type="checkbox"/> CEI – Michael Gardyko | <input checked="" type="checkbox"/> Huron – Levi Zagorski | <input checked="" type="checkbox"/> SCCMH – Holli McGeshick | <input type="checkbox"/> Other: |
| | <input checked="" type="checkbox"/> Lifeways – Emily Walz | <input checked="" type="checkbox"/> SCCMH – Jenna Brown | |

AGENDA ITEM TOPIC	KEY DECISIONS/QUESTIONS	ACTION REQUIRED (WHO, WHEN)
Review/Approvals (All)	<ul style="list-style-type: none"> Review/Approve Meeting Minutes from October 2nd, 2025 <ul style="list-style-type: none"> No changes. Approved. Any changes/additions to this month’s Agenda? <ul style="list-style-type: none"> No changes or additions 	
Consent Agenda (All)	<ul style="list-style-type: none"> No items for consent on this month’s agenda. 	
MDHHS PIHP Procurement (Kara/All)	<ul style="list-style-type: none"> Discussion: MSHN submitted a bid for the procurement process on 10/10/2025 in time for the MDHHS RFP application due date. <p>Action Needed: None at this time</p>	
QIC Committee Effectiveness Report FY25 (Kara/All)	<ul style="list-style-type: none"> Document: Please review the Committee-Council-Workgroup Effectiveness QIC Report prior to our meeting. Discussion: For our FY25 QAPIP report, we require each committee/council to review the work they have done over the past fiscal year to report out on. Are there any additional areas that you would suggest are included regarding work that has been completed or progress made in QIC during FY25? <ul style="list-style-type: none"> No feedback was provided during the meeting. <p>Action Needed: Please provide Kara with any additions, changes, or feedback by November 7th for inclusion in the finalized report.</p>	
Critical Incident Report FY25Q3 (Kara/All)	<ul style="list-style-type: none"> Discussion: Please review the MSHN Critical Incident Process Improvement FY25Q3 report in BOX prior to our meeting. <ul style="list-style-type: none"> Questions: 	

- Are there specific areas of improvement that you see for critical incidents in FY26?
 - CMHs shared the improvements that they're making to ensure timeliness and accuracy of reporting.
 - CMHCM shared that they have switched their process flow so that their Rights department will mark immediately reportable incidents as they'll know if a Rights investigation is occurring first and this will streamline their reporting.
 - BABH – the medical examiner is taking a lot longer for death certificates which hasn't been an issue in the past (however this is now causing significant lag). Instead of waiting as they have in the past, they will now be reporting these as "Death of Unknown Cause" under event type and then go back to update these once the cause of death has been determined by the medical examiner. Central shared that they too are following this process now.
 - CMHs shared that their medical directors are not willing to guess at death of unknown causes when they are not related to behavioral health as this is not their area of expertise.

- A reminder to the CMHs relating to event type categorization: when there is a death of an unknown cause, select "Death of Unknown Cause" under Event Type as this will allow you to go back in once the reason for death has been determined. If possible, do not select the "Non-Suicide Death" as the event type for unknown deaths (event sub-type- "Natural cause", then qualifier "Unknown"). If selecting this, the system does not allow you to go back in and recategorize the death unlike the "Death of Unknown Cause" category.



- When reporting a Death of Unknown Cause, please put information under the notes section of the critical incident to indicate when the death report/autopsy has been requested. MSHN can see this information and include it if needed for MDHHS follow-up.
- If anyone needs training/consultation for critical incidents/sentinel events/immediately reportable events Kara offered, please reach out to Kara and/or Bo for additional assistance.

	<ul style="list-style-type: none"> Are there any areas of focus that you are enacting to impact these various areas to attempt to reduce critical incidents types? <ul style="list-style-type: none"> Gratiot has a PowerBI report where they're pulling provider names and are able to look at these to group incidents by providers (falls, medication refusals and trend those by provider). There are others beginning this work as well (Saginaw). <p>Action Needed: Kara to finalize report for Ops Council.</p>	
MMBPIS Report FY25Q3 (Kara/All)	<ul style="list-style-type: none"> Discussion: Please review the MMBPIS FY25Q3 report in BOX prior to our meeting. <ul style="list-style-type: none"> Indicator 2: <ul style="list-style-type: none"> For those that are under the benchmarks for indicator 2 (BABH, Lifeways, Newaygo, Saginaw, Shiawassee, and Tuscola), in reviewing those indicators for Q3, were there any specific areas of improvement that you're going to be working on? <ul style="list-style-type: none"> Saginaw- started in late July/August to have 3 intake appointments a day vs. 2 appointments and there access department is now fully staffed. This is a huge change that's making a positive difference already in preliminary numbers for FY25 Q4. Staff are not blocking time for paperwork time which is increasing the amount of time for assessments. In addition, clients are now getting reminder calls from Customer Service staff for appointments and auto texts as well. Saginaw is also looking at their initial assessment to determine which elements are required and what could be pushed to their annual assessments by ongoing case holders. Shiawassee- finally as of last month have a full access intake team (they've been down staff for 2 years). Amy has been meeting with their access supervisor and all appointments at this time are now being seen within 10 days. BABH had an intake worker that was off on medical leave, they saw a big decrease in their rates of compliance because of this. BABH have noted an Increase in individuals refusing appointments within the 14 day timeframe- 28 of 33 individuals refusing appointments were all for children/families as they're waiting for later appointments due to school hours. BABH has limited availability for these later appointments. TBHS- has started tracking intake reminder calls and trying to look at demographically which type of client is missing their intake appointments so they can begin targeting these types of clients for extra reminders. Huron- Levi has their clerical and customer support teams reaching out to schedule clients and found that they had a poor understanding of the process overall (staff turnover was a part of this). Retraining was completed between FYQ2 and Q3 for these teams. They are noting positive improvements already because of these interventions. Huron has had a 23% increase in 	i

	<p>compliance within 3 months and are on track to have an even better Q4 after these interventions.</p> <ul style="list-style-type: none"> ▪ TRD- completely reviewed and reformatted their assessment and split the kids and adult intake assessments. These will go into development in November and they are willing to share these assessments with anyone who is interested. • Saginaw is requesting feedback relating to what other CMH's intake documents/process look like (collaborative discussion time) <ul style="list-style-type: none"> ○ TRD has offered to share their assessments and will send these. • Update from last meeting: Kara had a discussion with PCE – they have indicated that there will not be any issues submitting partial indicator data moving forward so we don't have to redo entire systems for the changes with MMBPIS <p>Action Needed: Kara to finalize report for Ops Council.</p>	
Performance Improvement Projects (PIPs) Report CY25YTD	<ul style="list-style-type: none"> • Document: PIP Disparity Summary CY25YTD • Discussion: Preliminary CY25 data shows that we have REMOVED THE DISPARITY FOR PIP PROJECT 1!!!!!!!!!! CONGRATULATIONS!!! Please review this document in advance for discussion and to ensure continuation of this amazing progress can continue and that we ultimately see this for our final full year results! • Questions: Are there any areas of improvement that CMHSPs are currently enacting where you have seen significant changes that would account for this reduction in disparity? <p>Action Needed: None to note at this time. As a reminder, please enter any new interventions into the FY26 QIC workplan document.</p>	
Satisfaction Surveying (Kara/All)	<ul style="list-style-type: none"> • Document: 2025 Satisfaction Survey Report • Discussion: Updated data with change over time has been completed and placed in the document under appendix D. This is a reminder to please bring interventions for the November 2025 QIC meeting to be compiled into an overarching list of local and any regional intervention opportunities for areas that have the most significant difference between FY24 and FY25. Please note the following questions will be reviewed/interventions developed: <ul style="list-style-type: none"> ○ MHSIP: <ul style="list-style-type: none"> ▪ Perception of Outcomes (Q21: "I deal more effectively with daily problems" and Q22: "I am better able to control my life") ▪ Perception of Functioning Domain (Q32: "I am better able to do things that I want to do.") ○ YSS: <ul style="list-style-type: none"> ▪ Perception of Outcomes (Q20: "My child is better able to cope when things go wrong") <p>Action Needed: CMHSPs to identify and bring any local interventions being enacted for satisfaction surveying. Regional interventions will be discussed in November and then tracked moving forward.</p>	
Priority Measure Report	<ul style="list-style-type: none"> • Document: Priority Measures Report FY25Q2 • Discussion: As a reminder, updates have been made to our priority measure reports to incorporate all year 1 MDHHS Behavioral Health transformation metrics. Please see 	

	<p>attached for Q2 metrics that have been updated. Racial breakdowns are currently in process of being added by the IT department to begin addressing rates of disparity amongst the different HEDIS metrics.</p> <ul style="list-style-type: none"> There was a request from the CMHs that they be provided individualized data to begin actioning and review improvement efforts for HEDIS metrics that are below State benchmarks (also include any metrics that are within 2% of the benchmarks to ensure rates of compliance remain above benchmarks). Kara will work with the IT team to hopefully be able to provide this for FY25Q3 data once that is available in CC360 (estimated time of completion: December). <p>Action Needed: Kara will work with the IT team to hopefully be able to provide this for FY25Q3 data once that is available in CC360 (estimated time of completion: December).</p>	
QIC Meetings for November and December	<ul style="list-style-type: none"> Discussion: Due to the holidays, we'll need to move November and December's meetings. I'd like to propose we cancel December's meeting and move November's meeting, however, what options are there for November's meeting due to IO conference being the following week? Would the majority of you be available on the 26th? We have to approve the QAPIP plan and report which are the big items for November. Other dates? <ul style="list-style-type: none"> Final decision of the group, the November meeting will be moved to November 26th 9-11am and the December meeting will be cancelled. All materials/areas of discussion needed for December will be sent out with feedback requested by the CMHs where needed. 	
Upcoming Reporting Requirements	<ul style="list-style-type: none"> Behavior Treatment Data FY25Q4 (due 10/31/2025)- data reviewed in BTPRC 	
Standing Agenda Item: Committee Updates (Kara/All)	<ul style="list-style-type: none"> MDHHS QIC Updates: No meeting held in October PIHP Quality Workgroup Updates (Kara): No meeting held in October CIR PIHP Leads Meeting: No meeting held in October Quality Transformation Workgroup: Meeting held yesterday (10/29), expectation is that anyone that is a CCBHC is removing CCBHC only individuals at the time of MMBPIS submission for indicator 2 for those that are identified to be CCBHC at the time of the MMBPIS indicator. Additional discussion took place around exclusions for indicator 2 for FY26, these include the following: <div> <p>8. <u>Exclusions</u></p> <p>The following scenarios should not be counted in the indicators:</p> <ol style="list-style-type: none"> Those who are not medically or physically able to receive services. Individuals who decline to receive services. Individuals receiving CCBHC only services. Dual enrolled CCBHC/PIHP beneficiaries should be included. </div> <p><u>MSHN CMH's please note that those that have moved out of the region and are unable to physically receive services as well as those that decline to receive services should be omitted/excluded from Indicator 2 MMBPIS data as well.</u></p>	

	<ul style="list-style-type: none"> • BH-TEDs Updates: Holli- no updates to provide at this time. • National Core Indicator Advisory Council: Email from June on 10/15/2025 (You will receive your assigned number (quota) of PS and BI surveys to complete by Wednesday, October 22, 2025. This represents the total number of completed files that must be submitted to MI-DDI by the December 19, 2025). 	
Standing Agenda Item: Open Discussion/Consultation (All)	<ul style="list-style-type: none"> • Central brought up a question relating to batch signing as a result of recent MEV findings and the requirement for fully licensed individuals to be signing off on limited license staff (discussion continuing from last month). The CMHs discussed the significant burden that this is causing along with confusion around interpretation of this requirement. Some CMH's like Huron are saying this is a catastrophic change for their CMH due to their staffing and licensure and the lack of fully licensed staff. <ul style="list-style-type: none"> ○ Recent conferences have caused additional confusion as other PIHPs are not following the same guidance that has been provided to the Mid-State region relating to this requirement. This conversation is ongoing and will need additional clarification- this is going to the Compliance Committee for final discussion relating to direction. 	
Relevant Documents that may be of Interest:	<ul style="list-style-type: none"> • MSHN Summary Audit Results FY25 • National Core Indicators - 23-24 IPS At A Glance Michigan Infographic • State Fiscal Year 2025 Validation of Performance Measures for Region 5—Mid-State Health Network (please note that Amy D. will be compiling a full synopsis of all HSAG audits and providing this information to us for our November meeting) 	
Previous Action Item Follow-up	<ul style="list-style-type: none"> • Priority Measure Report: MSHN drafting intervention pages within the priority measure reports as an additional page for CMHSPs to reference if falling beneath standards/benchmarks (estimated completion date: December). • MMBPIS Policy & Procedure Changes: MMBPIS policy/procedure submitted to leadership for changes needed for FY26, will be routed to Ops Council next. • MEV finding follow-up (BABH/Sarah): Bria and Amy provided final direction from MDHHS to the CMHSPs after last meeting. 	

Summary Action Items from Meeting

CMHSP's	<ul style="list-style-type: none"> • QIC Committee Effectiveness Report FY25- Please provide Kara with any additions, changes, or feedback by November 7th for inclusion in the finalized report. • Critical Incident Report FY25Q3- Due to the amount of turnover within the CMH's, please follow-up with Kara/Bo as needed for training purposes relating to immediately reportable events, critical incidents, and sentinel events. • MMBPIS Report FY25Q3- Please review your logic and ensure that for indicator 2 moving forward (including FY25Q4), appropriate exclusions/omissions are being carried out prior to submission to MSHN (this includes those who are not medically or physically able to receive services as well as those who decline to receive services). Beginning for the FY26 submission, all individuals that are CCBHC ONLY should be removed from indicator 2 submission.
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	<ul style="list-style-type: none"> • Satisfaction Surveying- CMHSPs to identify and bring any local interventions being enacted for satisfaction surveying. Regional interventions will be discussed in November and then tracked moving forward.
MSHN/Kara	<ul style="list-style-type: none"> • Critical Incident Report FY25Q3- Kara to finalize report and provide to Ops Council. • MMBPIS Report FY25Q3- Kara to finalize report and provide to Ops Council. • Priority Measure Report- Kara will work with the IT team to hopefully be able to provide this for FY25Q3 data once that is available in CC360 (estimated time of completion: December).