

## Quality Improvement (QI) Council Meeting Snapshot

Meeting Date: January 23, 2025, 9:00-11:00

**Attendance:**

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> MSHN – Kara Laferty<br><input checked="" type="checkbox"/> MSHN – Bo Zwingman-Dole<br><input checked="" type="checkbox"/> BABH –Sarah Holsinger<br><input checked="" type="checkbox"/> CEI – Elise Magen<br><input checked="" type="checkbox"/> CEI – Shaina McKinnon | <input type="checkbox"/> CEI – Bradley Allen<br><input checked="" type="checkbox"/> CEI – Kaylie Feenstra<br><input checked="" type="checkbox"/> Central – Jenelle Lynch<br><input checked="" type="checkbox"/> Central – Alysha Burns<br><input checked="" type="checkbox"/> GIHN – Taylor Hirschman<br><input checked="" type="checkbox"/> Huron – Levi Zagorski | <input checked="" type="checkbox"/> Lifeways – Phillip Hoffman<br><input type="checkbox"/> Lifeways – Emily Walz<br><input checked="" type="checkbox"/> MCN – Sally Culey<br><input checked="" type="checkbox"/> MCN – Joe Cappon<br><input checked="" type="checkbox"/> Newaygo – Andrea Fletcher<br><input checked="" type="checkbox"/> SCCMH – Holli McGeshick | <input checked="" type="checkbox"/> SHW – Amy Phillips<br><input type="checkbox"/> SHW – Becky Caperton<br><input checked="" type="checkbox"/> TBHS – Josephine (Josie) Grannell<br><input checked="" type="checkbox"/> The Right Door – Susan Richards<br><input checked="" type="checkbox"/> The Right Door – Jill Carter<br><input checked="" type="checkbox"/> Other: MSHN Bo Zwingman-Dole, Melissa (Missy) MacLaren (Montcalm), Jill McKay (Newaygo), Kim Zimmerman |
|---|--|---|---|

AGENDA ITEM TOPIC	KEY DECISIONS/QUESTIONS	ACTION REQUIRED (WHO, WHEN)
Review/Approvals (All)	<ul style="list-style-type: none"> <li>• Review/Approve Meeting Minutes</li> <li>• Any changes/additions to the agenda               <ul style="list-style-type: none"> <li>○ No changes at this time</li> </ul> </li> </ul>	
Consent Agenda (All)	<ul style="list-style-type: none"> <li>• No items for consent</li> </ul>	
FY25 MMBPIS Changes- email from MDHHS	<ul style="list-style-type: none"> <li>• <b>BOX Document Reference:</b> <a href="#">MMBPIS Measure Email from MDHHS</a></li> <li>• <b>Question(s)/Discussion:</b> No questions</li> <li>• <b>Action Needed:</b> CMH’s to discontinue MDHHS CMHSP reporting of MMBPIS measures to the State. Ongoing PIHP reporting will continue of MMBPIS data for FY25.</li> </ul>	
MMBPIS FY24 Performance Summary Discussion	<ul style="list-style-type: none"> <li>• <b>BOX Document Reference:</b> <a href="#">MMBPIS FY23 Performance Summary</a></li> <li>• <b>Question(s)/Discussion:</b> <ul style="list-style-type: none"> <li>○ Please review the attached summary from last year.</li> <li>○ I’m looking at revamping reporting for the annual and quarterly summaries from what Sandy had previously done for MMBPIS. What data comparisons and visualizations would be most helpful to you as a CMH to determine where quality improvement and process improvements can be made on these different indicators?</li> </ul> </li> <li>• <b>Information:</b> CMHSPs provided input regarding what would be helpful for them to be seeing/receiving relating to data. Specifically, the request is that this report include regional data as well as a breakdown by CMH. If possible, CMHSPs would like to see</li> </ul>	Kara, February 20 <sup>th</sup> , 2025, QIC Meeting

	<p>more analytics relating to the data as well as streamlining of the report to make this as consumable as possible.</p> <ul style="list-style-type: none"> <li>• <b>Action Needed:</b> Kara to finalize FY24 MMBPIS Performance Summary with data visualizations and charts as requested by MSHN QIC Committee to be provided in February to QIC. Ongoing conversations will occur relating to effectiveness of data and whether additional visualizations/charting would be beneficial for CMHSPs.</li> </ul>	
Michigan Behavioral Health Quality Program Overhaul	<ul style="list-style-type: none"> <li>• <b>BOX Document Reference:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Michigan’s Behavioral Health Quality Program Overhaul</a></li> <li>○ <a href="#">MDHHS QA Document (12/9/2024)</a></li> </ul> </li> <li>• <b>Question(s)/Discussion:</b> <ul style="list-style-type: none"> <li>○ Do any QIC members have questions on the rollout or the expectations from MDHHS of the CMHSPs?</li> </ul> </li> <li>• <b>Information:</b> <ul style="list-style-type: none"> <li>○ AMM-AD metric slated for year 1 will be discontinued according to MDHHS and will not be a measure that is being reviewed/validated in year 1.</li> <li>○ There is now an information document (MDHHS QA Document 12/9/2024) that has been provided on the MDHHS website with further information regarding the BHQP Overhaul.</li> <li>○ Overall, the group agreed that there is excitement for a change and move away from MMBPIS as we will be able to use these HEDIS measures to compare ourselves against other PIHPs as well as other states regarding how we are doing.</li> <li>○ The biggest conversation was around the challenge of smaller CMH’s and how impactful actions will be and how we’ll be able to address that. In addition, QIC will need to figure out how to utilize measures and understand details to specificity to ensure that we’re providing clear interventions and quality improvement direction.</li> </ul> </li> <li>• <b>Action Needed:</b> <ul style="list-style-type: none"> <li>○ Kara to provide ongoing feedback/report relating to PIHP data validation as well as next steps for CMHs if anything further is needed.</li> <li>○ Kara to invite Joe to a future meeting to speak to data validation project and progress on this.</li> <li>○ QIC requested a training guide for ICDP – either a video or PDF documents of instructions for the group to review. Kara to speak to Joe W. on this and whether this already exists or needs to be built.</li> </ul> </li> </ul>	
Performance Improvement Projects (PIPs) (Kara)	<ul style="list-style-type: none"> <li>• <b>BOX Document Reference:</b> None</li> <li>• <b>Discussion:</b> Concerns were discussed in September QIC of the variances in the issues impacting access for each CMHSP and interventions that have been put in place locally. To ensure ongoing tracking of interventions and impacts that these interventions have on the PIPs, a method needs to be developed to track these interventions.</li> <li>• <b>Question(s)/Discussion:</b> What has been discussed previously for the tracking of interventions? Has a methodology been established? Any recommendations for the development of this tracking system?</li> <li>• <b>Information:</b> Previous discussion with QIC/Sandy landed on if someone was out-of-compliance relating to performance was out of compliance, they needed to start the</li> </ul>	

	<p>Teach Back Method. There was some confusion relating to the final direction of this and additional conversation is needed. Some CMH's have been doing this for years and others have not implemented yet. There has been no procedure established and what the outcome is intended to be. QIC members shared that Sandy had previously stated that MSHN may also make a standardized training for distribution for teach back (Sandy was collecting information from other people and put together training for everyone to use)- it is unclear if this ever occurred. Previous discussions did not land on anything specific and the path forward was unclear for Teachback method for PIP which involves Indicator 3 (MMBPIS). The group is hoping that there can be a standardization of this training and assigned through Relias or another method that's regional (for CMH's that are below target, not necessarily region wide. In addition, there was concern expressed around the actual selection of PIPs because of county makeup and lack of ability to enact meaningful interventions.</p> <ul style="list-style-type: none"> <li>• <b>Action Needed:</b> Kara will review additional notes from Sandy relating to TeachBack and reach out to Saginaw regarding their training. In addition, Kara will review the ability to create standardized training for the group's use as well as developing a tracking for the documentation of interventions. Interventions should include the required regional interventions or rationale for not implementing and locally implemented interventions.</li> </ul>	
<p>Critical Incidents</p> <ul style="list-style-type: none"> <li>• Process Improvement Summary FY24</li> <li>• Performance Report FY24</li> </ul>	<ul style="list-style-type: none"> <li>• <b>BOX Document References:</b> <ul style="list-style-type: none"> <li>○ <a href="#">MSHN Critical Incident Process Summary FY23</a></li> <li>○ <a href="#">MSHN Critical Incident Process Improvement Summary FY23</a></li> </ul> </li> <li>• <b>Question(s)/Discussion:</b> <ul style="list-style-type: none"> <li>○ Please review the attached summary and report from last year.</li> <li>○ I'm looking at revamping reporting for the annual and quarterly critical incident summaries from what Sandy had previously done. What data comparisons and visualizations would be most helpful to you as a CMH to determine where quality improvement and process improvements can be made on critical incidents?</li> </ul> </li> <li>• <b>Information:</b> CMHSP's would like to revert back to how Sandy was doing these reports in FY22 (CMH and by quarter). Rate per 1000 unique consumers is not super helpful to CMHSPs as they like having actual whole number data to utilize to compare trends over time within their CMHSPs. Historical trends are being requested as well as streamlining this report for ease of reading.</li> <li>• <b>Action:</b> Kara to finalize FY24 Critical Incident Summary with data visualizations and charts as requested by MSHN QIC Committee to be provided in February to QIC</li> </ul> <p><b>Additional Question:</b></p> <ul style="list-style-type: none"> <li>○ Who currently has access to entering directly into the CRM for Critical Incidents? <ul style="list-style-type: none"> <li>▪ We're looking to streamline this process and make this more efficient. I believe a workgroup had been developed and was looking at this in the past; rather than completing those remediation forms, is there interest in completing this directly within the CRM at the CMH level instead of providing this information to Bo? Do you want to do remediations in CRM</li> </ul> </li> </ul>	<p>Kara, February 20<sup>th</sup>, 2025, QIC Meeting</p>

	<p>on your own- or do you want us to send the form to CMHs when remediations are needed and due?</p> <ul style="list-style-type: none"> <li>Information: Gratiot, CEI, Bay, Lifeways, Central, Saginaw, Shiawassee all have direct entry access. CMHSPs are in agreement that they would like to continue the current process with the expectation that MSHN revamp the remediation document as well. Additional remediations are going to be required due to the EMT or hospitalization due to a fall now requiring this. CMHSPs would like to continue our process with MSHN alerting them and ensuring that follow-up is happening. MSHN will continue to enter these events into the CRM.</li> <li><b>Action: Kara to finalize FY24 Critical Incident Summary with data visualizations and charts as requested by MSHN QIC Committee to be provided in February to QIC. Bo and Kara to take a look at the remediation template and revise.</b></li> </ul>	
FY25 QAPIP Plan and FY24 QAPIP Report	<ul style="list-style-type: none"> <li><b>BOX Document Reference:</b> <ul style="list-style-type: none"> <li><a href="#">FY2025 QAPIP Plan</a></li> <li><a href="#">FY2024 QAPIP Report</a></li> </ul> </li> <li><b>Discussion:</b> <ul style="list-style-type: none"> <li>Board approval was sought and approved these documents on 1/7/2025.</li> </ul> </li> <li><b>Action:</b> None at this time</li> </ul>	
Upcoming Reporting Requirements	<ul style="list-style-type: none"> <li><b>Behavior Treatment Data FY25Q1 – due to MSHN 1/31/2025</b></li> <li><b>MMPBIS Data Submission FY25Q1 – due to MSHN 3/15/2025</b></li> </ul>	
Standing Agenda Item: Committee Updates (Kara/All)	<ul style="list-style-type: none"> <li><b>MDHHS QIC Updates:</b> Next meeting 2/5/2025</li> <li><b>PIHP Quality Workgroup Updates (Kara):</b> Met 1/14/2025- Sandy will be the MDHHS representative on this committee. Discussion at the meeting consisted of standardizing LTSS definition and HCPCs from the State and in-depth discussion on delegated managed care processes across the State.</li> <li><b>BH-TEDs Updates (Holli):</b> No update- no meeting in December- next meeting – 2/27/2025</li> <li><b>National Core Indicator Advisory Council:</b> Next meeting - 1/23/2025 at 10am</li> <li><b>CCBHC QI Subgroup:</b> Next meeting – 1/23/2025 at 11am</li> </ul>	
Standing Agenda Item: Open Discussion/Consultation (All)	<ul style="list-style-type: none"> <li>Touch base about meeting time/date – right now there are two meetings that conflict with QIC – NCI (10am-11am) and BH-TEDs meeting (10am-12pm)</li> <li><b>Action: Kara to send out a 1 question poll relating to whether individuals want to maintain this date/time for meetings or if other options should be reviewed due to conflicts- majority will rule. If a different time is requested, Kara will send out additional poll with dates/times.</b></li> <li>Further conversation around additional standing agenda item to be added: QIC requested that a standing item be added where there is time for discussion around</li> </ul>	

	<p>MEV findings that CMHSPs receive with MSHN. A group think relating to what processes others have that are meeting those requirements/findings would result in better region wide processes.</p> <ul style="list-style-type: none"> <li>• <b>Action:</b> Kara to make this a standing agenda item for consultation</li> </ul>	
<p><b>Relevant Resource Documents that may be of Interest:</b></p> <ul style="list-style-type: none"> <li>- <b>How to Write an Effective Corrective Action Plan for Site Reviews</b> (Bureau of Specialty and Behavioral Health Services Presentation)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>BOX Document Reference:</b> <a href="#">How to Write an Effective Corrective Action Plan for Site Reviews</a></li> <li>• <b>Action Needed:</b> Please review if wanted/needed.</li> </ul>	
<p><b>Previous Action Item Follow-up</b></p>	<ul style="list-style-type: none"> <li>• No previous action items of note</li> </ul>	

### Summary Action Items from Meeting

<b>CMHSP's</b>	<ul style="list-style-type: none"> <li>• <b>Agenda Item: FY25 MMBPIS Changes-</b> CMH's to discontinue MDHHS CMHSP reporting of MMBPIS measures to the State.</li> <li>• <b>Agenda Item:</b></li> </ul>
<b>MSHN/Kara</b>	<ul style="list-style-type: none"> <li>• <b>Agenda Item: <u>MMBPIS FY24 Performance Summary Discussion</u></b> - Kara to finalize FY24 MMBPIS Performance Summary with data visualizations and charts as requested by MSHN QIC Committee to be provided in February to QIC</li> <li>• <b>Agenda Item: <u>Michigan Behavioral Health Quality Program Overhaul</u></b> – <ul style="list-style-type: none"> <li>○ Kara to invite Joe to a future meeting to speak to data validation project and progress on this. (Will schedule for March 2025)</li> <li>○ QIC requested a training guide for ICDP – either a video or PDF documents of instructions for the group to review. Kara to speak to Joe W. on this and whether this already exists or needs to be built. (Link provided on 1/24/2025- <a href="https://icdp.ztscorp.com/content/training/Training.html">https://icdp.ztscorp.com/content/training/Training.html</a>)</li> </ul> </li> <li>• <b>Agenda Item: <u>Performance Improvement Projects (PIPs)</u></b>- Kara will review additional notes from Sandy relating to TeachBack and reach out to Saginaw regarding their training. In addition, Kara will review the ability to create standardized training for the group's use as well as developing a tracking for the documentation of interventions. Interventions should include the required regional interventions or rationale for not implementing any locally implemented interventions.</li> <li>• <b>Agenda Item: <u>Critical Incidents</u></b> – <ul style="list-style-type: none"> <li>○ Kara to finalize FY24 Critical Incident Summary with data visualizations and charts as requested by MSHN QIC Committee to be provided in February to QIC.</li> <li>○ Bo and Kara to take a look at the remediation template and revise.</li> </ul> </li> <li>• <b>Agenda Item: <u>Open Discussion</u></b>- <ul style="list-style-type: none"> <li>○ Kara to send out a poll on date/time of meeting. (Completed 1/24/2025)</li> <li>○ Kara to make MEV regional consultation a standing agenda item for consultation</li> </ul> </li> </ul>

