MCHN	Council, Committe	e or Workgroup Meeting Snapshot
MSHN Mid-State Health Network	Meeting: Qua	lity Improvement (QI) Council
	-	Meeting Date:
Attendees:	⊠ Lifeways –Phillip Hoffman	KEY DISCUSSION TOPICS
🖾 MSHN – Sandy Gettel	⊠ Lifeways-Emily Walz	1. Review & Approvals
MSHN- Paul Duff	⊠ MCN – Sally Culey	2. Consent Agenda
🖾 MSHN- Joe Wager	MCN- Joe Cappon	3. Performance/Process Improvement
🛛 BABH –Sarah Holsinger	⊠ Newaygo – Jeff Labun	4. Standing Agenda Items
🖾 CEI – Elise Magen	SCCMH- Holli McGeshick	
🖾 CEI – Shaina McKinnon	SCCMH-Bo Zwingman-Dole	May Meeting Packet
🖾 CEI – Bradley Allen	SHW-Amy Phillips	
🖾 CEI – Kaylie Feenstra	SHW- Becky Caperton	
🛛 Central -Jenelle Lynch	⊠ TBHS – Josie Grannell	
🖾 GIHN –Taylor Hirschman	⊠ The Right Door- Susan Richards	
🖾 Huron – Levi Zagorski	☑ The Right Door –Jill Carter	
	Approvals (9:00)	
	leeting minutes were approved.	
	lo additions to the agenda.	The desuments will be finalized and included in the Operations Council Desket. No
	hoved for discussion.	The documents will be finalized and included in the Operations Council Packet. No
	ISHN Critical Incident Performance Summary	(FY24O1(Approved))
	•	
	MBPIS Project Description (Approved Updat	
c. MMBPIS FY24Q1 Performance Summary (Approved)		
d. BTPR Performance SummaryFY24Q2 (Accepted-will be distributed to BTPRC Workgroup)		
3) Performance/Process Improvement-9:10		
a. Review and update access and disparity barriers (Fishbone) and interventions.		
		us for access and disparities is children with a mental illness.
	-	ormance rate and reduction of disparity. CEI and MCN shared the changes to their
	rocess related to outreach.	
	he Fishbone Diagram was updated to include	
		gnizing the need for a DEI plan. Staffing needs and the inability to respond to the
	•	c barriers for children include family childcare so that families can come in for
		mmodate the after school requests (over when offering appointment times until 7:0
	and Saturdays), the wait time for ABA	
	and Saturdays), the wait time for ABA completed and has identified the need	mmodate the after-school requests(even when offering appointment times until 7:0 requests and families not wanting services until the Autism assessment has been is. Race and ethnicity is obtained from the enrollment file, consistent with how city rate. The unknown category impacts the performance rate. This information is
	and Saturdays), the wait time for ABA completed and has identified the need MDHHS calculates the race and ethnic	requests and families not wanting services until the Autism assessment has been s. Race and ethnicity is obtained from the enrollment file, consistent with how

	<ul> <li>Effective Interventions: Access staff providing appointment reminder phone calls, and ensuring the individual has resources to attend the appointment (transportation etc); provision of financial/ employment incentives for bachelor's level to obtain their MSW; student loan payments; incentives for interns; relationships with universities for internship programs; teach back process for engaging individuals.</li> <li>Differences and gaps of DEI, cultural competency was discussed. DEI is focused on internal staff/organization, but not how to engage the community, cultural competency includes the skills to respond to differences in the individuals served.</li> </ul>
	4) Standing Agenda Items/Open Discussion-10:30
	<ul> <li>a. <u>MDHHS QIC/PIHP Quality Workgroup_Updates</u> –No meeting in May. Request for Updates and Agenda items to be sent to MDHHS for June meeting include: Updates to Behavioral Health Quality Program, including the status of MMBPIS in FY25. CRM-CIRS Recommendation to allow the submission of Overdose attempts and deaths, required for CCBHC QI. The Final Rule update regarding Quality, Access, Finance.</li> <li>b. External/Internal Site Reviews-Will the CMHSPs CAP for the MSHN DMC review also be used if MDHHS requires a CAP for the same item? What is there is a variance in the findings between MSHN and MDHHS? These will be passed on to Amy D. The new process will be evaluated for needed changes to ensure requirements are met and efficiencies created. Positives were received regarding Amy's facilitation and coordination of the new process for the MDHHS review.</li> </ul>
	c. BH-TEDS Updates (Holli)- Changes are being discussed in the BH-TEDS workgroup related to Guardianship fields and residential fields. Dangling admissions that are no longer part of the CMHSP provider network can be annotated and sent to Shyam and Steve.
	d. National Core Indicator Advisory Council (Andrea)-April Advisory Meeting notes have not yet been received.
	<ul> <li>e. Conferences/Trainings-A few QIC reps were unable to attend. The meeting handouts will be downloaded and placed in a folder for QIC review. Dennis Seargent presented on PDSA, Control Charting. He sent an email with information related to the tools, and trainings available on the Demining Institute Website. This will be forwarded.</li> <li>f. Other –</li> </ul>
ACTION	<ul> <li>MSHN to update the Fishbone Diagram and review with internal PIP team. The PIP Summary and Fishbone will be distributed for final</li> </ul>
STEPS	• MSFIN to update the Fishbolie Diagram and review with internal FIF team. The FIF Summary and Fishbolie will be distributed for final discussion in June.
KEY DATA	MDHHS QIC June 5 <sup>th</sup> 10-12
INTS/DATES	• MSHN Data Analytics June 11 <sup>th</sup>