

Quality Improvement (QI) Council Meeting Snapshot

Meeting Date: February 27th, 2025 9:00-11:00

Attendance:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> MSHN – Kara Laferty | <input checked="" type="checkbox"/> CEI – Bradley Allen | <input type="checkbox"/> Lifeways – Phillip Hoffman | <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"/> Lifeways – Emily Walz | <input type="checkbox"/> SHW – Becky Caperton |
| <input checked="" type="checkbox"/> BABH –Sarah Holsinger | <input type="checkbox"/> Central – Jenelle Lynch | <input checked="" type="checkbox"/> MCN – Sally Culey | <input checked="" type="checkbox"/> TBHS – Josie Grannell |
| <input checked="" type="checkbox"/> CEI – Elise Magen | <input checked="" type="checkbox"/> Central – Alysha Burns | <input checked="" type="checkbox"/> MCN – Joe Cappon | <input checked="" type="checkbox"/> The Right Door – Susan Richards |
| <input checked="" type="checkbox"/> CEI – Shaina McKinnon | <input checked="" type="checkbox"/> GIHN – Pam Fatching | <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"/> 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 January <ul style="list-style-type: none"> Approved- no edits needed Any changes/additions to February’s Agenda? 	
Consent Agenda (All)	<ul style="list-style-type: none"> No items for consent for February agenda 	
MDHHS Corrective Action Response to Michigan's CMS HCBS Site Review (Guest: Kara H.)	<ul style="list-style-type: none"> BOX Document Reference: None Question(s)/Discussion: <ul style="list-style-type: none"> MDHHS HCBS sites were reviewed by CMS last summer that resulted in a Corrective Action Plan (CAP). Kara H provided an update to QIC on this: <ul style="list-style-type: none"> Site Visits & Systemic Remediation: CMS visited six settings in July of 2024 (MSHN didn’t have any cases pulled, however, we do have consumers in these settings). Three key focus areas as a result of these findings include: <ul style="list-style-type: none"> Case Manager (CM) Training: New required component; initial training needs to be completed by April 11th- these sessions have been delayed due to MDHHS needing to approve the train the trainer sessions. Sessions will be rescheduled soon (Kara H. will coordinate with HCBS leads). Plan of Service Reviews: All plans for consumers currently residing in the reviewed settings (like Hope Network and Samaritas) need HCBS 	

	<p>compliance checks on their IPOSs (for the 8 elements). MSHN must first determine the number of affected individuals, Kara H. will work with CMHSPs and will assign HCBS leads for review or MSHN will complete these reviews if possible (dependent on number being needed and capacity).</p> <ul style="list-style-type: none"> • Policies & Procedures: These must explicitly reflect HCBS expectations (e.g., freedom of movement, no locked areas, community outings). Additional clarity is needed relating to expectations around IPOS/documentation including documentation of settings offered and reasons for selection (cannot just be a checkbox anymore). Policy updates are due soon, but approval through all MSHN processes will take longer. <ul style="list-style-type: none"> ▪ Question around Resident Care Agreement (RCA) from Gratiot: The current RCA template is missing several fields necessary for proper documentation tracking (consumer ID, name, residential location). Kara H. will follow up with MDHHS for guidance on if this form can be adapted to • Action Needed: <ul style="list-style-type: none"> ○ Kara H. to send CAP document to Kara L. to save in BOX folder for QIC group to review (as needed). ○ Kara H. will be sending all guidance and areas of follow-up relating to this CAP to the HCBS leads. If issues arise or no response is provided by the HCBS leads, Kara H. will also include the QIC representative for follow-up. 	
MMBPIS FY24 Performance Summary Discussion	<ul style="list-style-type: none"> • BOX Document Reference: MMBPIS FY24 Performance Summary • Question(s)/Discussion: <ul style="list-style-type: none"> ○ Please review the attached summary. ○ Do the CMHSPs like this new summary format? Are there any other data comparisons and/or visualizations that would be helpful for you as a group? <ul style="list-style-type: none"> ▪ Consensus with the group is that the new format is appreciated. No other data comparisons or visualizations requested at this time. Kara L. will continue this format of report for quarterly review. ○ In looking at the MMBPIS data, MSHN is currently below the performance level for Indicator 3 (benchmark 72.90%, FY24 performance = 65%). Discussion took place relating to areas of improvement opportunities that are being looked at by the CMH's to increase performance in this indicator. <ul style="list-style-type: none"> ▪ There is consistent feedback that No-call/no-shows are consistently a large issue and causing the greatest impact on improving in this indicator (and this is supported with MMBPIS data as well as TBD solutions' analysis). ▪ Gratiot shared that they recently implemented live call answering for ACCESS calls and tracking of this. They will be looking further into 	Kara

	<p>whether this has impacted first service show rates and will include this on the intervention tracking to determine through analysis if impacts have been made.</p> <ul style="list-style-type: none"> ▪ Discussion around appointment reminders- some CMHSPs are looking into text appointment reminders as well as what is sent during those reminders. Lifeways shared that PCE just put in place an updated text reminder that states that the consumer can be added to a call back queue if a reschedule is needed and this puts the onus on the CMH rather than the consumer needing to call back to reschedule. <ul style="list-style-type: none"> • Action Needed: <ul style="list-style-type: none"> ▪ Kara to finalize FY24 MMBPIS Performance Summary with improvement opportunities discussed during this meeting and publish in February QIC Meeting's BOX folder. 	
Performance Improvement Projects (PIPs)	<p>BOX Document Reference: None</p> <p>Discussion: In January's meeting, it was discussed that there is not a place for ongoing tracking of interventions, however, the larger issue is the interventions that were posed were not necessarily agreed to from a region wide perspective. The Teach Back method in particular needs to be discussed further.</p> <p>Question(s)/Discussion:</p> <ul style="list-style-type: none"> • As a group, is there interest in pursuing the Teach Back method as an intervention that you think would positively impact the PIP? <ul style="list-style-type: none"> ○ From a committee perspective, the Teach Back method was provided as an intervention option but then it was just left -there was questioning as to the actual expectations around implementation and if that was an individual or systemic improvement effort. The CMHSPs did not do anything with this intervention after the conversation last fall. There was agreement from the group that the Teach Back method should be removed as a primary intervention and that other intervention options are reviewed. <p>Action Needed:</p> <ul style="list-style-type: none"> • Kara to remove Teach Back method as an area of intervention from documents where this is found and also provide reasoning behind the removal to HSAG if necessary. • Kara has put together an intervention template directly on the QIC workplan for FY25 to monitor/track interventions that have taken place since CY23 (1/1/2023). CMHSPs are asked to complete intervention activities that have been implemented within their own agencies by the next QIC meeting on March 27th. 	
Critical Incidents	<ul style="list-style-type: none"> • BOX Document References: Critical Incident Summary FY24 	Kara

<ul style="list-style-type: none"> Critical Incident Summary FY24 	<ul style="list-style-type: none"> Question(s)/Discussion: <ul style="list-style-type: none"> Please review the attached summary developed from QIC recommendations in January. Do the CMHSPs like this new summary format? Are there any other data comparisons and/or visualizations that would be helpful for you as a group? <ul style="list-style-type: none"> Consensus with the group is that the new format is appreciated. No other data comparisons or visualizations requested at this time. Kara L. will continue this format of report for quarterly review. One note to change category of “Homicidal” to “Homicide” for consistency in descriptions- this will be changed in this report and upcoming. Improvement opportunity areas for FY25: are there specific areas of improvement that you see for critical incidents in FY25? Are there any areas of focus that you think need to occur from the region to impact these various areas to attempt to reduce these critical incidents? <ul style="list-style-type: none"> Group would like to take a closer review of metrics for the fall category. Potentially also looking at medication errors as well. Action Needed: Kara to finalize FY24 Critical Incident Summary with improvement opportunities as discussed in February’s QIC meeting and will upload to the February QIC BOX folder. 	
Critical Incident Information	<ul style="list-style-type: none"> Informational only- Bo and Kara met with MDHHS (Lyndia and Shelley) on 2/10/2025. Key takeaways from this meeting: <ul style="list-style-type: none"> Please make sure to be coding any deaths that are unknown where you are waiting for the death certificate to, “Death of Unknown Cause”. This ensures that MSHN doesn’t have to have MDHHS reopen those in the CRM once a death report is obtained. FY25 inclusion of remediation for falls- no flags are currently in the CRM that trigger remediation for falls. After discussion, Lyndia shared that the plan is that MDHHS will request remediation if that is needed. So, this is currently not required, but will be requested if necessary by MDHHS. Technical specifications on the category – falls – Kara to send anything that we can find 	
FY25 Balanced Scorecard (BSC) Metrics	<ul style="list-style-type: none"> Discussion/Question: Review the current BSC measures to see if changes/additions need to be made for the FY25 Balanced scorecard (do we want to continue these or change these for FY25)? <ul style="list-style-type: none"> Group consensus that we maintain current metrics into FY25. Review of typos on the BSC QIC section will be reviewed. One area that was requested is around satisfaction surveys and tracking of variables. This discussion will be brought around during QIC conversation on surveying (to take place in March) and how people are handling collection of these variables (race, LTSS recipient, CCBHC, etc.). Action Needed: Kara to update BSC metrics typos. 	

Upcoming Reporting Requirements	<ul style="list-style-type: none"> FY25Q1 MMBPIS Data (Due 3/15/2025 in REMI Affiliate Uploads) 	
Standing Agenda Item: Committee Updates (Kara/All)	<ul style="list-style-type: none"> MDHHS QIC Updates: 2/5/2025- lots of conversation around CFAP and questions relating to this. Technical guide will be coming out within the next few weeks for CMHSPs with new language. Rural and frontier county definitions are being reviewed as well- MDHHS is working with the Network adequacy team to ensure alignment (significant provider issues in counties not designated as "rural"- MDHHS expected counties to start building capacity years ago when this first came up) PIHP Quality Workgroup Updates (Kara): Cancelled meeting on 2/11/2025- no new updates BH-TEDs Updates: Holli- meeting cancelled (was for today) National Core Indicator Advisory Council: No updates provided CCBHC QI Subgroup: Next meeting – 2/27/2025 at 11am 	
Standing Agenda Item: DMC Consultation/Regional Interventions	<ul style="list-style-type: none"> No discussion for this meeting 	
Standing Agenda Item: Open Discussion/Consultation (All)	<ul style="list-style-type: none"> Time/Date of meeting Survey Results: 17 people participated in the polling. There is not a single block of time that works for 100% of everyone (highest rated is for 13/17 people to attend). It appears that there are a few options that are a possibility, I can send another poll out again with these narrowed down options or we can maintain this date/time as it's comparable to the other options as well (Options: Fourth Thursday of the month from 9am-11am, first Friday of the month from 9:30am-11:30am, third Monday from 1pm-3pm, first Thursday from 1pm-3pm, or fourth Monday from 1:30pm-3:30pm). Action Item: Kara to send additional poll out with options. March meeting will stay the same, but April meeting will be rescheduled if it is decided a better option exists. 	
Relevant Resource Documents that may be of Interest: -	<ul style="list-style-type: none"> MDHHS Behavioral Health Quality Overhaul FAQ Document (Updated 1/23/2025) 	
Previous Action Item Follow-up	<ul style="list-style-type: none"> Agenda Item: <u>Michigan Behavioral Health Quality Program Overhaul</u> <ul style="list-style-type: none"> Kara to invite Joe to a future meeting to speak to data validation project and progress on this. (Will schedule for March 2025) 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- https://icdp.ztscorp.com/content/training/Training.html) Agenda Item: <u>Critical Incidents</u> <ul style="list-style-type: none"> Bo and Kara to take a look at the remediation template and revise (in progress) 	

Summary Action Items from Meeting

CMHSP's	<ul style="list-style-type: none">• <u>Performance Improvement Projects (PIPs): Action Item-</u> An intervention template was added directly on the QIC workplan for FY25 to monitor/track interventions that have taken place since CY23 (1/1/2023). CMHSPs are asked to complete intervention activities that have been implemented within their own agencies by the next QIC meeting on March 27th.
MSHN/Kara	<ul style="list-style-type: none">• <u>MMBPIS FY24 Performance Summary Discussion: Action Item-</u> Kara to finalize FY24 MMBPIS Performance Summary with improvement opportunities discussed during this meeting and publish in February QIC Meeting's BOX folder.• <u>Performance Improvement Projects (PIPs): Action Item-</u> Kara to remove Teach Back method as an area of intervention from documents where this is found and also provide reasoning behind the removal to HSAG if necessary.• <u>Critical Incident Summary FY24: Action Item-</u> Kara to finalize FY24 Critical Incident Summary with improvement opportunities as discussed in February's QIC meeting and will upload to the February QIC BOX folder.• <u>FY25 Balanced Scorecard (BSC) Metrics: Action Item-</u> Kara to update BSC metrics typos.• <u>Time/Date of meeting Survey: Action Item-</u>Kara to send additional scheduling poll out with options. March meeting will stay the same, but April meeting will be rescheduled if it is decided a better option exists.