

Council, Committee or Workgroup Meeting Snapshot

Meeting: Quality Improvement (QI) Council

Meeting Date: 9/24/2020 *Attendance by phone **MSHN** – Sandy Gettel* ☐ MSHN – Sherrie Donnelly* **⊠**Bay Arenac –Sarah Holsinger* **⊠CEI** – Elise Magen* **⊠Central** – Kara Laferty* **⊠**Gratiot –Taylor Hirschman ⊠Huron – Levi Zagorski* ☐ Lifeways – Gina Costa* **⊠**Montcalm – Sally Culey* Newaygo − Andrea Fletcher* **⊠Shiawassee** –Becky Caperton* ☐ Tuscola – Jackie Shillinger* **Guests ⊠CEI** – Bradley Allen* **⊠CEI** – Stefanie Zin* **⊠**The Right Door – Jill Carter* **⊠Tuscola** – Denny Henige* ⊠Central - Renee Rausch* □ Central – Cindy Bay-Barron* ✓ KEY DECISIONS

KEY DISCUSSION TOPICS

- 1) Welcome and introductions-
- 2) Review & Approvals
 - a. Meeting Minutes
 - b. Agenda
 - c. QIC Action Plan (Review follow up actions items)
- 3) Performance Improvement Project (s):
 - a. Recovery Self-Assessment
- 4) Performance Measure Updates
 - a. FY20 Consumer Satisfaction Report
 - b. Behavior Treatment Summary FY20Q3
 - c. National Core Indicators (Deferred)
- 5) Quality Assessment Performance Improvement Program
 - a. QIC Charter (September) (Deferred)
- 6) Project Development/Discussion
 - a. Performance Indicator Changes-FAQ Updates.
 - b. Recovery Assessment Scale FY21 (Deferred)
 - c. ABD Standardized Data Elements Discussion (Deferred)

- 7) Site Review Updates
 - a. DMC Tool Review
 - b. MDHHS Waiver Reviews-Discussion
 - c. HSAG PMV Report
- 8) MDHHS/MSHN Updates
 - a. MDHHS QIC Updates
 - b. Corona Virus MSHN Website Review
 - c. Council/Committee Survey

2) Review & Approvals

No additions to the agenda. Meeting minutes from 9.24.2020 approved with no edits.

Discussion related to the format of the meetings to ensure enough time for all needed topics. Recommendations were to prioritize the agenda items in the beginning of the meeting and to begin at 9, extending the meeting to 3 hours to ensure additional time if needed to address data review and development work.

QIC Action Plan reviewed. Outstanding items highlighted.

- 3) Performance Improvement Project (s):
 - a. Recovery Self-Assessment-RSA Summary Report was reviewed. It was recommended that the report be reviewed with CLC. CLC and QIC collaborate for appropriate interventions. Overall improvement in each subcategory. The guestions that scored below the 3.50 (indication of agreement) include the same 3 as in FY19 as follows: 23. People in recovery are encouraged to help staff with the development of new groups, programs, or services; 29. Persons in recovery are involved with facilitating staff training and education at this program; 36. Groups meetings, and other activities are scheduled in the evenings or on weekends as to not conflict with other recovery oriented activities such as employment or school. Definition and participation of consumers (primary and secondary) within the CMHSPs were discussed.
- 4) Performance Measure Updates

	 a. FY20 YSSF Consumer Satisfaction Report- Summary Report was reviewed. It was recommended that the report be reviewed with CLC. CLC and QIC collaborate for appropriate interventions. MSHN performed above the standard of 80% for 5 of 7 subscales. Subscales where MSHN did not score above the desired performance included the following: Perception of Outcomes of Services (62%); Perception of Social Functioning (65%). Questions that scored the lowest, however, do indicate agreement (3.50 or above) were the following: Q17. My child gets along better with family (3.73); Q19. My child is doing better in school and/or work (3.58); Q19. My child is doing better in school and/or work (3.58); Q20. My child is better able to cope when things go wrong (3.56). CMHSPs to send tally information for completion of the response rates. b. Behavior Treatment Summary FY20Q3-Summary Report reviewed. No significant shifts in the data for the measurement period. Modifications to clarify data reporting is being made to the data collection. This will be discussed with CLC and the BTPR work group. 6) Project Development/Discussion a. Performance Indicator FAQ-CAPs need to address the causal factors and include the date the interventions were implemented, and the date of full impact. FAQ (Deferred) 7) Site Review Updates a. DMC Review Tools-Amy D reviewed the Summary of Changes and answered questions. The draft tool was approved by QIC. A concern of the inclusion of standards not included in the contract and/or required by MDHHS was verbalized. Fidelity to including only required standards was verbalized and supported by other members. The option to utilize best practice standards as an information gathering process and not including in the score was supported. b. MDHHS Waiver Reviews-Full report received. Corrective action is due to MSHN September 30th. MSHN's CAP with the inclusion of the CMHSPs CAP is due to MDHHS October 5th. MSHN reviewed the citations for regional action.
✓ ACTION STEPS	 The RSA and MHSIP and YSSF Consumer Satisfaction Summaries will be reviewed with CLC in October to determine action steps. Sandy to send the Draft YSS and MHSIP and out to QIC by October 9th. Tally reports for Consumer Satisfaction sent to Sandy by September 30. Trauma Assessments sent by next meeting. CMHSPs to submit Organizational Trauma Assessment to QIC Data Submission Folder by next meeting (October 22).
✓ KEY DATA POINTS/DATES	 Sandy to send link for Council Survey MSHN QIC Meeting: October 22, 2020 9:00am via zoom MDHHS QIC Meeting: October 7, 10:00 BTPR Work Group: October 9th, 2020 via zoom