

Quality Improvement (QI) Council Meeting Snapshot

Meeting Date: November 26th, 2025, 9:00am-11am

Attendance:

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> MSHN – Kara Laferty | <input type="checkbox"/> CEI – Bradley Allen | <input checked="" type="checkbox"/> MCN – Sally Culey | <input checked="" type="checkbox"/> SHW – Amy Phillips |
| <input type="checkbox"/> MSHN – Bo Zwingman-Dole | <input type="checkbox"/> CEI – Kaylie Feenstra | <input checked="" type="checkbox"/> MCN – Melissa MacLaren | <input 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 type="checkbox"/> Central – Alysha Burns | <input type="checkbox"/> MCN – Adam Stevens | <input 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 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 30th, 2025 <ul style="list-style-type: none"> No changes/edits, approved Any changes/additions to this month's Agenda? <ul style="list-style-type: none"> No changes/additions to make 	
Consent Agenda (All)	<ul style="list-style-type: none"> QAPIP Plan and Report (Approval needed prior to moving to Board of Directors) 	
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. Hearing scheduled for December 8th, 2025. Action Needed: None at this time. 	
MMBPIS Report FY25Q4 (Kara/All)	<ul style="list-style-type: none"> Discussion: A reminder for FY25Q4 submission of MMBPIS- please note the omissions/exclusions for those that have moved out of the region and are unable to physically receive services as well as those that decline to receive services for the FY25Q4 submission. Action Needed: CMH's that have questions relating to exclusions/omissions for individual cases should reach out to Kara for further clarification if needed. 	
FY26 QAPIP Plan and FY25 QAPIP Report (Kara/All)	<ul style="list-style-type: none"> Documents: FY25 QAPIP Report Executive Summary, FY25 QAPIP Report Draft, FY26 QAPIP Plan, FY26 QAPIP Plan Executive Summary Discussion: The QAPIP Plan and Report documents along with the executive summaries were reviewed by QIC. No questions were raised by the group. Positive comments relating to the new structure and the layout of the documents were expressed by the group. 	

	<ul style="list-style-type: none"> • Action Needed: The FY26 QAPIP Plan and FY25 QAPIP report were approved by all CMH representatives. These documents will now be moved forward to the Regional Consumer Action Committee, Ops Council, and ultimately the Board of Directors for approval prior to submission to MDHHS in February. 	
Satisfaction Surveying Discussion (Kara/All)	<ul style="list-style-type: none"> • Document: 2025 Satisfaction Survey Report • Discussion: Discussion took place relating to local and regional interventions for improvement interventions for consumer satisfaction. The following questions were asked to be reviewed by the CMH's. <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>Upon discussion, it's clear that regional interventions/improvements are not necessarily applicable to all CMHs due to some CMH's not even having statistical significance with the amount of surveys returned (for the YSS in particular). In looking at the areas of lower ratings, these are all functioning and outcome areas in which people are coming to CMH's for services, such as learning how to cope better when things go wrong and being in better control of one's life. As such, it was discussed that these are areas that are already being changed due to the services people are receiving. There are individualized targeted areas of improvement being looked at throughout the region for FY26:</p> <p>Individual CMH areas of improvement:</p> <ul style="list-style-type: none"> • Saginaw- (Q #23), SCCMHA is having case holders complete a Collaborative Safety plan for all persons served. The FY26 goal is to have 90% completion in the hopes that they'll have increases in satisfaction with this area. Saginaw uses AHC HRSN core screening for an SDOH tool and will be looking at this data down the line as well. • Bay-Arenac- BABH did not have many YSS surveys returned so the confidence level is statistically low so they're not doing much with interventions on that survey. For the MHSIP, they did have enough surveys returned and as an agency, looked at the biggest decreases compared to FY24. BABH is targeting the questions, "I get along better with my family" and "I'm happy with the friendships that I have". They are re-educating CLS staff on working to transition consumers to community outings. In addition, education is being provided by staff that does a monthly calendar of events locally and they're going to be increasing who is receiving that calendar (CLS providers and residential providers so they can get this in the hands of consumers). In addition, they are posting this on their Facebook page to get this information in the hands of more individuals to assist in community integration and building community. 	

	<ul style="list-style-type: none"> CEI- Beginning in early FY25, CEI implemented the Social Determinates of Health Screening tool as part of CCBHC Quality Measures. Consumers are screened with the SDOH tool annually. CEI clinical programs use the information gathered from the tool to work to continuously improve consumer outcomes going forward. They are expanding this to all adults and will be using the SDOH screener to help guide ongoing interventions needed which should hopefully impact satisfaction in these areas. Newaygo- looking at group offerings, in particular DBT and how handoffs are occurring after assessment. Newaygo will be doing an all staff training on groups for awareness in agency. In addition, they are looking at having more educational materials at community partners for resources and community involvement opportunities for people. They are also bringing together a process improvement team to completely revamp their website so that people are able to more easily find information and have access. Tuscola- The lowest scoring questions on both surveys for them was relating to dealing with crisis, so they are trying to target this with clients. They have started notifying clinicians when a client has been screened multiple times in a 90 day time frame across a 3 year span, so they can target increased interventions. In addition, they are looking at trainings to increase crisis intervention skills with staff and have put a greater emphasis on crisis planning within the agency. Gratitot: They have reviewed the information and change over time with their board, service review committee, and client advisory committee. They have not started talking about interventions yet but will be targeting the question, "I am satisfied with my housing situation". The YSS did not have enough statistical significance to address. One area that is going to be reviewed is pulling Z codes and tying this in to their SDOH assessment and additional interventions needed. Montcalm- Compared to previous years, they were pleasantly surprised with the results of their surveying, nothing has significantly changed for them to focus targeted interventions on at this time. <p>Action Needed: CMHSPs to begin local interventions for improvement. Regional discussion on these interventions will take place to determine if additional regional interventions may be supported.</p>	
QIC Meeting for December	<ul style="list-style-type: none"> Discussion: Just a reminder that the December meeting for QIC is cancelled. If anything needs to be discussed, this will be through email. 	
Upcoming Reporting Requirements	<ul style="list-style-type: none"> MMBPIS Data FY25Q4 (due 12/15/2025) 	
Standing Agenda Item: Committee Updates (Kara/All)	<ul style="list-style-type: none"> MDHHS QIC Updates: December 3rd is next meeting PIHP Quality Workgroup Updates (Kara): Meeting took place on 11/18. No significant updates of note. 	

	<ul style="list-style-type: none"> • CIR PIHP Leads Meeting: No meeting held in November, next meeting scheduled for December 9th • Quality Transformation Workgroup: Meeting cancelled for November • BH-TEDs Updates: No BH-TEDs updates of note • National Core Indicator Advisory Council: The group shared that they are having difficulties meeting the NCI quota as they were delayed by 4 weeks with inaccurate sampling that was provided. Initial documentation due back to DDI by 12/19. 	
Standing Agenda Item: Open Discussion/Consultation (All)	- No additional areas of discussion noted	
Relevant Documents that may be of Interest:	<ul style="list-style-type: none"> • Site Review Presentation Waiver Conference 2025 (please review for upcoming changes to the waiver site reviews for FY26) • FY25 MSHN Regional Monitoring Results (please review and let us know if any questions arise by contacting the relevant MSHN staff at end of document) • MSHN Summary Audit Results FY25 • National Core Indicators - 23-24 IPS At A Glance Michigan Infographic 	
Previous Action Item Follow-up	<ul style="list-style-type: none"> • Critical Incident Report FY25Q3- Kara finalized report and provided to Kim for Ops Council • MMBPIS Report FY25Q3- Kara finalized report and provided to Kim for Ops Council 	

Summary Action Items from Meeting	
CMHSP's	<ul style="list-style-type: none"> • MMBPIS Report FY25Q4- CMH's that have questions relating to exclusions/omissions for individual cases should reach out to Kara for further clarification if needed. • Satisfaction Surveying Discussion- CMHSPs to begin local interventions for improvement. Regional discussion on these interventions will take place to determine if additional regional interventions may be supported.
MSHN/Kara	<ul style="list-style-type: none"> • FY26 QAPIP Plan and FY25 QAPIP Report- The FY26 QAPIP Plan and FY25 QAPIP report were approved by all CMH representatives. These documents will now be moved forward to the Regional Consumer Action Committee, Ops Council, and ultimately the Board of Directors for approval prior to submission to MDHHS in February.