

## Quality Improvement (QI) Council Meeting Snapshot

Meeting Date: July 24th, 2025, 9:00am-11am

### Attendance:

- |   |   |   |  |
|---|---|---|--|
| <input checked="" type="checkbox"/> MSHN – Kara Laferty     | <input type="checkbox"/> CEI – Bradley Allen                | <input type="checkbox"/> Lifeways – Emily Walz              | <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"/> MCN – Sally Culey       | <input type="checkbox"/> SHW – Becky Caperton                    |
| <input checked="" type="checkbox"/> BABH –Sarah Holsinger   | <input checked="" type="checkbox"/> Central – Jenelle Lynch | <input checked="" type="checkbox"/> MCN – Melissa MacLaren  | <input type="checkbox"/> TBHS – Josie Grannell                   |
| <input type="checkbox"/> CEI – Elise Magen                  | <input checked="" type="checkbox"/> Central – Alysha Burns  | <input checked="" type="checkbox"/> MCN – Joe Cappon        | <input type="checkbox"/> The Right Door – Susan Richards         |
| <input type="checkbox"/> CEI – Shaina McKinnon              | <input checked="" type="checkbox"/> GIHN – Taylor Hirschman | <input type="checkbox"/> Newaygo – Andrea Fletcher          | <input checked="" type="checkbox"/> The Right Door – Jill Carter |
| <input checked="" type="checkbox"/> CEI – Michael Gardyko   | <input 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"> <li>Review/Approve <a href="#">Meeting Minutes from June</a> <ul style="list-style-type: none"> <li>Minutes approved, no changes</li> </ul> </li> <li>Any changes/additions to this month's Agenda?                             <ul style="list-style-type: none"> <li>No changes/additions to the agenda</li> </ul> </li> </ul>	
Consent Agenda (All)	<ul style="list-style-type: none"> <li>No items for consent during this meeting</li> </ul>	
MDHHS PIHP Procurement (Kara/All)	<ul style="list-style-type: none"> <li><b>Discussion:</b> No additional information to share relating to the RFP or criteria – MDHHS has still not issued an official RFP at this time.</li> <li><b>Documents:</b> <ul style="list-style-type: none"> <li><a href="#">June 2025 SUD Provider Meeting - Procurement Update from Joe S.</a>- these powerpoint slides were pulled so that additional background and information could be provided to the CMHSPs.</li> <li>CMHA recently published a paper titled, "<a href="#">Content Analysis of Responses to the MDHHS survey</a>" which goes over CMHA's analysis of the responses to the MDHHS survey that was previously sent out.</li> <li>Historical information: MDHHS plans to issue a request for proposals (RFP) for PIHPs in summer 2025 with the goal of a service start date of Oct. 1, 2026. This announcement can be found at the following link along with links to supplemental information: <a href="https://www.michigan.gov/mdhhs/inside-mdhhs/newsroom/2025/05/23/pihp-2">https://www.michigan.gov/mdhhs/inside-mdhhs/newsroom/2025/05/23/pihp-2</a></li> </ul> </li> <li><b>Action Needed:</b> None at this time (Advocacy with CMHAM/MDHHS if wanted).</li> </ul>	
HSAG Updates/PMV Review 2025 (Kara)	<ul style="list-style-type: none"> <li><b>Discussion:</b> Two areas came up during review for HSAG's PMV, only one impacting the CMHSPs which is around non-Medicaid individuals being submitted for MMBPIS</li> </ul>	

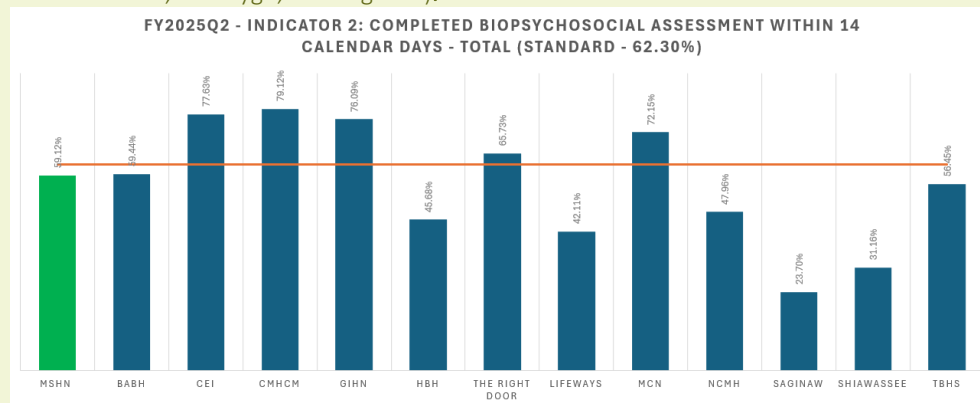
indicators. As a reminder, non-Medicaid individuals (individuals whom do not have Medicaid for at least 1 month of the measurement period/quarter) must be removed prior to submitting the MMBPIS reporting to REMI. PCE is currently working on the warning flag that was discussed and approved in June’s meeting for implementation. No ETA for this yet, but they are working on this with implementation hopes before submission for FY25Q3. Please note that while HSAG only had this one finding, additional findings were made by CMH’s while submitting evidence for the PMV- please ensure you follow-up with your own internal findings to ensure the most valid and accurate data.

- Please note that any follow-up items relating to indicators 2 and 3 will be sent out with plans of correction necessary to the CMHSPs for response. If you had findings that were outside of indicators 2 and 3, MSHN is not requiring CAPs at this time due to the discontinuation of those measures starting on 10/1/2025.

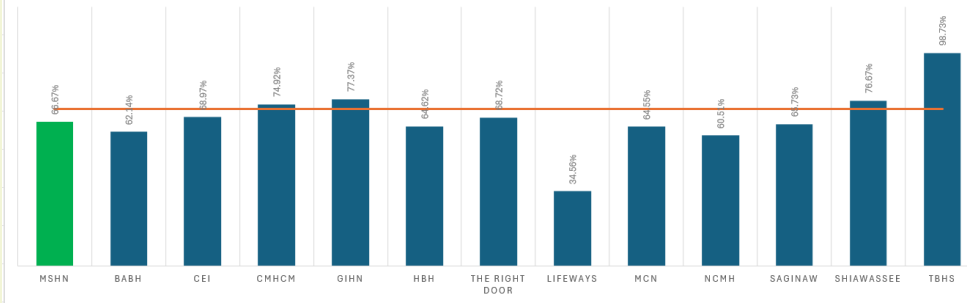
- **Action Needed:** CMHSPs to follow-up with CAPs (if applicable) once sent out by MSHN.

Preliminary MMBPIS Data FY25Q2 Discussion (Kara/All)

- **Document:** [MMBPIS FY25Q2 report in BOX](#)
- **Questions:**
  - What are some areas of improvement opportunities that are being looked at by the CMH’s to increase performance in this indicator?
  - What areas of opportunity are there that still need to be looked into?
- **Discussion:** For FY25Q2 the MSHN region missed meeting the benchmarks for Indicators 2 and 3 (please see below graphs). For FY25Q2, the following CMHSPs are below benchmark standards for Indicator 2 (62.30%) (Bay-Arenac, Huron, Lifeways, Newaygo, Saginaw, Shiawassee, and Tuscola). The following CMHSPs are below benchmark standards for Indicator 3 (72.90%) (Bay-Arenac, CEI, Huron, The Right Door, Lifeways, Montcalm, Newaygo, and Saginaw).



FY2025Q2 - INDICATOR 3: STARTING ANY MEDICALLY NECESSARY ON-GOING COVERED SERVICE WITHIN 14 DAYS - TOTAL (STANDARD- 72.90%)



MSHN acknowledges and wants to extend appreciation for all of the work that the CMHSPs have been putting into the MMBPIS indicators overall, but in particular for indicators 2 and 3. Sally (Montcalm) provided a comprehensive document to the group via email from her research that she has been doing into these indicators (both within the region and outside of it). In reviewing this information, it was discussed that an area that needs to be targeted is reviewing information about the actual data collection and submission process for MSHN internally to ensure that we are looking at comparable data between CMHSPs as it was found in her information collection that there may be CMHSPs in the region who are cleaning the data differently prior to submission to MSHN due to different interpretation of the MMBPIS handbook. A big thank you to Sally/Montcalm for starting the leg work of this conversation!

- **Action Needed:** As a result of this conversation, next steps will be for Kara to reach out to the CMHSPs for a more detailed discussion on their data collection and cleaning process prior to submission to REMI. In addition, MSHN still needs responses for interventions for indicator 2 from Tuscola and from The Right Door for Indicator 3.

#### Critical Incident Report FY25Q2 (Kara/All)

- **Document:** [MSHN Critical Incident Process Improvement FY25Q2 report in BOX](#)
- **Questions:**
  - 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?
- **Discussion:** MDHHS is supposed to be completing a standardized handbook relating to critical incidents soon (it was said this was going to be July but they cancelled their meeting so we're hoping that this is done in August). We do have a few areas for improvement that we have deferred until next month (August's discussion) relating to establishing an electronic process for remediation documentation and submission of immediate notification events, implementing a root cause analysis template, and developing a dashboard for remediation timelines. After discussion with QIC, it was agreed that we should postpone these efforts until the finalized handbook comes out. Currently, our process is working and with other initiatives, the group agreed that there are higher priorities at this time to focus on. Once the handbook comes out, QIC will

	<p>reassess whether these improvement efforts should take place in light of the procurement taking place.</p> <ul style="list-style-type: none"> <li>There remains confusion with the Critical Incident process and expectations around remediation documents. MSHN will reach out to the CMHSPs if remediation is needed for any critical incidents to be updated in the CRM. Be reminded everyone that if you are waiting on a death certificate to please select “Cause of Death- Unknown”, this ensures that MSHN doesn’t have to have MDHHS reopen those in the CRM once a death report is obtained.</li> <li><b>Action Needed:</b> Kara to finalize FY25Q2 Critical Incident Summary as discussed in July’s meeting. Kara to add in EMT due to falls to the next Critical Incident report to show comparisons between CMHSPs.</li> </ul>	
<b>Performance Improvement Projects (PIPs) (Kara/All)</b>	<p><b>Document:</b> <a href="#">PIP Disparity Summary CY21-CY24</a></p> <ul style="list-style-type: none"> <li><b>Discussion:</b> Hot off the press, as of Wednesday, Kara found out in an HSAG technical meeting that MDHHS is extending this current PIP for one more year- CY25 will be remeasurement 3 year. To prepare for this continuation, Kara has provided a location for all the CMHSPs to track/monitor the interventions that are currently taking place in 2025. If you have additional interventions that you are putting in place to directly target performance on indicator 3 or penetration rates, please ensure that you are adding these to <a href="#">the 2025 QIC workplan</a>.</li> <li><b>Action Needed:</b> CMHSPs to continue tracking/monitoring any interventions that are put in place in <a href="#">CY2025 on the QIC workplan</a>.</li> </ul>	
<b>Upcoming Reporting Requirements</b>	<ul style="list-style-type: none"> <li>No current reporting/data requirements for July/August for QIC</li> <li>Please note that BTPRC data is due at the end of July if you are responsible</li> </ul>	
<b>Standing Agenda Item:</b> Committee Updates (Kara/All)	<ul style="list-style-type: none"> <li><b>MDHHS QIC Updates:</b> Meeting cancelled by MDHHS for July</li> <li><b>PIHP Quality Workgroup Updates (Kara):</b> HEDIS crosswalks and tip sheets were the primary point of discussion for the PIHP QI workgroup in July</li> <li><b>CIR PIHP Leads Meeting:</b> Meeting cancelled by MDHHS for July</li> <li><b>BH-TEDs Updates:</b> Holli provided an update that there are no new fields expected for FY26</li> <li><b>National Core Indicator Advisory Council:</b> No updates at this time</li> </ul>	
<b>Standing Agenda Item:</b> Open Discussion/Consultation (All)	<p><b>MDHHS 3 Year Behavioral Health Quality Metric Changes</b></p> <ul style="list-style-type: none"> <li><b>Discussion:</b> Michael (CEI) requested that we speak about the HEDIS metrics that are being rolled out for Years 1 and 2 of the 3 year behavioral health metrics rollout. Specifically, the CMHSPs were asking how <a href="#">benchmarks</a> for these were established. Kara, along with other members involved with the Quality Transformation workgroup at the State were able to provide notes along with the <a href="#">Powerpoint that was put out by Sha Yuan</a> in April. These calculations were extremely technical and did not allow for much discussion before the State finalized these.</li> </ul>	

	<ul style="list-style-type: none"> <li>○ Kara shared that the Priority Measure report within MSHN is being adapted to include all of these metrics so that additional work can be done on those where we are under these benchmarks. This report is slated to be completed by the end of August.</li> </ul>	
Relevant Documents that may be of Interest:	<ul style="list-style-type: none"> <li>● <a href="#">CMHA advocacy around system improvement and potential procurement</a></li> <li>● <a href="#">State Partners Launch Online Hub to Reduce Falls Among Older Adults (Fall prevention resources)</a></li> </ul>	
Previous Action Item Follow-up	<ul style="list-style-type: none"> <li>● No action items had follow-up associated from the June meeting</li> </ul>	

Summary Action Items from Meeting	
CMHSP's	<ul style="list-style-type: none"> <li>● <b>HSAG Updates/PMV Review 2025-</b> CMHSPs to follow-up with CAPs (if applicable) once sent out by MSHN.</li> <li>● <b>MMBPIS-</b> MSHN still needs responses for interventions for indicator 2 from Tuscola and from The Right Door for Indicator 3.</li> <li>● <b>PIPs (Ongoing)-</b> CMHSPs to continue tracking/monitoring any interventions that are put in place in <a href="#">CY2025 on the QIC workplan</a>.</li> </ul>
MSHN/Kara	<ul style="list-style-type: none"> <li>● <b>MMBPIS-</b> Kara to reach out to the CMHSPs for a more detailed discussion on their data collection and cleaning process prior to submission to REMI.</li> <li>● <b>Critical Incidents-</b> Kara to finalize FY25Q2 Critical Incident Summary as discussed in July's meeting. Also, Kara to add in EMT due to falls to the next Critical Incident report to show comparisons between CMHSPs.</li> </ul>