

Date January 24, 2023

Meeting Called By	Diane Berth, Chair				
Type of Meeting	Web-Ex				
ATTENDEES					
NAME	Present	NAME	Present	NAME	Present
Dr. Michael Smith Chief Medical Officer Trillium	<input type="checkbox"/>	Rachel Jordan ICF/IDD Provider QM Director – Carobell Voting Member	<input checked="" type="checkbox"/>	Krissy Vestal Head of Performance Improvement Trillium	<input checked="" type="checkbox"/>
Kimberly Ennis Hospital Representative ECU Medical Center Voting Member	<input type="checkbox"/>	Lucy Wilmer Central Regional CFAC Voting Member	<input type="checkbox"/>	Dee Pankey Thompson IDD Provider GHA Autism Supports Voting Member	<input type="checkbox"/>
English Albertson IDD Provider/Provider Council Representative Primary Health Choice Voting Member	<input checked="" type="checkbox"/>	Vacant Network Prescriber Voting Member	<input type="checkbox"/>	Frank Messina, Vice-Chair Southern Regional CFAC Voting Member	<input checked="" type="checkbox"/>
Fonda Gonzales, LCMHC Director of Quality Management Trillium	<input checked="" type="checkbox"/>	Vacant MH Adult Provider Voting Member	<input type="checkbox"/>	Diane Berth, Chair Licensed Independent Practitioner Voting Member	<input checked="" type="checkbox"/>
Martha Green Northern Regional CFAC Halifax Hospital Voting Member	<input type="checkbox"/>	Lindsay Joines SU Provider Coastal Horizons Voting Member	<input type="checkbox"/>	Rashel Lauret MH Child Provider NC Rapid Source Voting Member	<input checked="" type="checkbox"/>
Dr. Paul Garcia Staff Physician (Alternate for Dr. Smith)	<input checked="" type="checkbox"/>	David Tart SU Provider Integrated Family Services Voting Member	<input checked="" type="checkbox"/>	Tyrell Roberts Senior. Data Analyst Guest	<input checked="" type="checkbox"/>
Ashford Hazel HEDIS & Performance Specialist	<input checked="" type="checkbox"/>	David Giron HEDIS & Performance Specialist	<input checked="" type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

*Represents Voting Members

AGENDA

1. Agenda topic: Open Meeting and Introductions

Presenter(s): Frank Messina/Krissy Vestal for Diane Berth

Discussion	<ul style="list-style-type: none"> A quorum was not present for today's meeting.
Conclusions	<ul style="list-style-type: none"> Documents requiring an official vote will be emailed to the GOIC membership for an electronic vote. Frank is leading today's meeting for Diane as she is traveling out of town. There were no questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> There were no items identified for follow-up. 		

2. Agenda topic: Agenda Review and Approval

Presenter(s): Frank Messina/Krissy Vestal for Diane Berth

President(s): Frank Winstead, Krissy Webster, Diane Dehn			
Discussion	<ul style="list-style-type: none">There were no changes to the agenda.		
Conclusions	<ul style="list-style-type: none">The agenda will be emailed to the GQIC membership for an electronic vote.English has completed her term(s), and this is her last meeting. She may recommend a replacement for her seat (MH Adult).Louise Winstead is stepping down from her seat (MH Adult) due to changes within Monarch. She was unable to recommend a replacement at this time.Lindsay Joines has completed his term(s) and his SU Provider seat is now vacant.Krissy will continue to recruit to fill all open seats.There were no questions or concerns identified for follow-up or items recommended for corrective action.		
Action Items		Person(s) Responsible	Deadline
<ul style="list-style-type: none">Send agenda to membership for electronic voteRecruit for 2-MH Adult & 1-SU vacancy		Susan Krissy	ASAP On-going

3. Agenda topic: Follow-up Items

Presenter(s): Frank Messina/Krissy Vestal for Diane Berth

Discussion	<ul style="list-style-type: none">• All Members – Volunteers to present their agency QIA in Oct, contact Krissy or Diane. Ongoing. There were no volunteers for this item, but we will continue to request volunteers to present.• Susan - Forward Jul 26, 2022, minutes to Yanira to post on Trillium’s website. Completed.• Diane – Remove the 5th goal under the second activity on the Work Plan. Completed.• Krissy – F/u on identifying barriers (rural areas, MST service availability) for MST QIA. Completed.• Krissy – correct table on Page 6 of the Data Report for Grievances on Behalf of Members. Completed.	
Conclusions	<ul style="list-style-type: none">• All open follow-up items from the Oct 25, 2022, meeting will be followed-up on at the next meeting.• There were no other questions or concerns identified for follow-up or items recommended for corrective action.	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none">• Continue to ask for volunteers to present their agency QIA’s.	Diane and Krissy	Ongoing

4. Agenda topic: Meeting Minutes Review and Approval

Presenter(s): Frank Messina/Krissy Vestal for Diane Berth

Discussion	<ul style="list-style-type: none"> The October 25, 2022, minutes will be emailed to the membership for an official vote. 		
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Conclusions	<ul style="list-style-type: none"> There were no other questions or concerns identified for follow-up or items recommended for corrective action. 		
Action Items		Person(s) Responsible	Deadline
<ul style="list-style-type: none"> Email Oct 25, 2022, minutes to membership for official vote 		Susan	ASAP
<ul style="list-style-type: none"> Post approved Oct 25th minutes to SP 		Susan	ASAP
<ul style="list-style-type: none"> Send approved Oct 25th minutes to Yanira to post on website 		Susan	ASAP

5. Agenda topic: Screening Tools

Presenter(s): Dr. Garcia

Discussion	<ul style="list-style-type: none"> Dr. Garcia presented and reviewed the Behavioral Health Screening Tools & Mental Health Screening Tools posted on Trillium's website. He walked us through accessing the tools beginning with Substance Use disorders, choosing a screening name and then clicking on the available hyper-link to view the tool. The screening tools are available for providers and practitioners to utilize when ruling out disorders for the diagnosis process. There are also screening tools for members to utilize. Clinical Practice Guidelines are also available on Trillium's website (use search & type in Clinical Practice Guidelines) on a separate page on the website. Dr. Garcia asked for feedback from members for other screening tools that may be beneficial to recommend adding to the website. All recommendations will be presented to the Clinical Advisory Committee for discussion and endorsement.
Conclusions	<ul style="list-style-type: none"> Recommendations for screening tools for Trillium's website can be submitted to Dr. Garcia Paul.garcia@trilliumnc.org or Krissy Krissy.vestal@trilliumnc.org. David inquired if we have endorsed any Risk Assessment tools (suicide risk). Dr. Garcia responded that at this time one has not been endorsed. The Columbia tool is available to utilize. This form is used by the VA and can be time consuming. There is also a Violence Risk Tool guide available as well. Dr. Garcia will inquire what the committee members tend to utilize for Risk Assessment at the February CAC Meeting. Diane shared a tool that she uses in working with the I/DD & dual diagnosis populations which is the Aberrant Behavioral Checklist (2nd edition). This is a straight forward tool sensitive to short term changes. It was developed and standardized for use with people in the I/DD population who are undergoing medication or environmental changes. This serves the individuals she supports very well because they are making changes deliberately to change behavior and also assists when attempting to figure out which meds are helpful when individuals can't necessarily report how they are feeling. Dr. Garcia shared there is another tool out there called the Patient Activation Measure (PAM) score. Patients who have high PAM scores tend to do better. Their mortality goes down because they are more active and engaged in their treatment.

	<ul style="list-style-type: none"> Dr. Garcia shared that Trillium attempts to utilize non-proprietary tools, but if there is a proprietary tool recommended the CAC will certainly consider it for endorsement. There were no other questions or concerns identified for follow-up or items recommended for corrective action. 		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> F/u w/CAC on possible Risk Assessment tool (suicide risk) and Aberrant Behavioral Checklist (2nd Edition) 	Dr. Garcia	Feb CAC Mtg.	

6. Agenda topic: GQIC 2022-2023 Work Plan Update

Presenter(s): Frank Messina/Krissy Vestal for Diane Berth

Discussion	<ul style="list-style-type: none"> Krissy presented and reviewed the updated 22-23 GQIC Work Plan. Each activity was reviewed in detail. The Work Plan is updated with recommended changes/revisions after each meeting. 		
Conclusions	<ul style="list-style-type: none"> There were no changes recommended in today's meeting. There were no questions or concerns identified for follow-up or items recommended for corrective action. 		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> There were no items identified for follow-up. 			

7. Agenda topic: Trillium QIA Updates

Presenter(s): Krissy Vestal

	<ul style="list-style-type: none"> TCL QIA <ol style="list-style-type: none"> Measurement #47 (Dec 2022) is new and was presented to QIC for review. Threshold of 98% (or higher) was <i>not met</i> for Dec 2022. The delegated entity is continuing to experience staffing/hiring issues; as a result, this is negatively impacting the rate. Utilization of MST QIA <ol style="list-style-type: none"> Measurement #12 (Jul-Sep 2022) is new and was presented to GQIC. The project goal of 14.7% was not met. This QIA will not transition to a Performance Improvement Project (PIP) with the start of Tailored Plan (TP) on April 1st. A small workgroup will convene to discuss the possible continuation of MST tracking once TP starts, as the State will be monitoring MST availability in our catchment area to ensure network adequacy. Utilization of ED QIA <ol style="list-style-type: none"> Measurement #12 (Jul-Sep 2022) is new and was presented to QIC. The project goal for Measure #1 and Measure #3 were not met. Measure #2 was previously met for 12 consecutive months, and we have discontinued its monitoring. As a follow up to last month's QIC meeting, information/data was obtained regarding the use of mobile crisis by DSS offices for the month of December. <ol style="list-style-type: none"> Integrated Family Services had 15 referrals for mobile crisis from DSS offices during the month of Dec; this equated to 4% of their total call volume for the month. The county breakdown is as 		
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	<p>follows: 2-Onslow, 8-Nash, 1-Pamlico, 1-Pender, 1-Craven, 1-Carteret, and 1-Chowan. One hundred percent of these members were diverted from the ED during the mobile crisis management assessment.</p> <p>ii. RHA had 1 referral for mobile crisis from DSS (Brunswick) during the month of Dec; this equated to 1% of their total call volume for the month. This member was connected with the ED to ensure her safety following mobile crisis.</p> <p>d. QIC inquired if the county location of the co-responder pilots were impacting the rate at which DSS offices were using mobile crisis. The team will gather and review this information to determine if there is a relationship between the two.</p> <ul style="list-style-type: none"> • Mental Health 1-7 Day Follow-up QIA <p>a. Validated State data was received for Measurement #17 (Apr-Jun 2022) for DMH only. DMH did not meet the project goal of 45%.</p> <p>b. Validated State data has not yet been received for Measurement #17 (DHB only), #18 and #19; therefore, these measurements represent local data at this time.</p> • Substance Use 1-7 Day Follow-up QIA <p>a. Validated State data was received for Measurement #17 (Apr-Jun 2022) for DMH. DMH did not meet the project goal of 45%.</p> <p>b. Validated State data has not yet been received for Measurement #18 and #19; therefore, these measurements represent local data at this time.</p> 		
Conclusions	<ul style="list-style-type: none"> • ED QIA - David shared his thoughts on the last intervention regarding Project Transitions. He did some research on this and found that Project Transitions is located in Wilmington and started in Mar 2022. He asked if anyone knew how big this service was or how many people were served at a given time or in a year? This service casts a wide net serving I/DD, dual diagnosis, and severe mental illness populations. He suggested that the Healing Place may be a potential intervention to document for this QIA. People in the ED were the target population for the Healing Place program in the state that it originated. Krissy shared we could certainly investigate the Healing Place for more information and share at the next meeting. • Rachel asked if projects for Tailored Care Management were being discussed. Krissy responded that yes, there is going to be a lot of transition between these QIAs into what we will begin calling Performance Improvement Projects (PIPs). These will be more descriptive and related to HEDIS measures. The new PIPs will be presented and shared at our Apr meeting. • There were no other questions or concerns identified for follow-up or items recommended for corrective action. • All current interventions will continue. 		
Action Items		Person(s) Responsible	Deadline
<ul style="list-style-type: none"> • F/u on additional data on the Healing Place as a possible intervention for the ED QIA 		Krissy	Apr Mtg.
<ul style="list-style-type: none"> • Add PIPs presentation to Apr agenda 		Krissy	Apr Mtg.

8. Agenda topic: QIC Second Quarter Data Report

Presenter(s): Krissy Vestal

Discussion	<ul style="list-style-type: none"> <p>Krissy presented and reviewed the GOIC's Second Quarter Data Report FY 2022-2023 Oct-Dec 2022. The average number of grievances per month this FY has been 13, totaling 86 so far. There were 161 total grievances for FY 21-22, and the average number of grievances per month was 13. There were 12 grievances in Oct, 9 in Nov and 17 in Dec 2022. Most grievances were on behalf of members (97%) this quarter, consistent with previous quarters. Of identified service areas, members assigned to the MH-only category led in the number of grievances, accounting for 29% of all grievances. Almost half of the grievances on behalf of members with an MH-only service area were due to quality of care. No general trends existed in any of the subcategories within this service category. There were 8 grievances against the LME and 30 against providers this quarter. Grievances against the LME were primarily distributed across the categories of attitude and service, access, and quality of care. Three quality of care grievances were investigated, and all were unsubstantiated. Approximately 67% of grievances against providers were due to quality-of-care concerns. Approximately 35% of quality-of-care grievances against providers were investigated. Of the 7 grievances investigated, 2 were unsubstantiated, 4 were partially substantiated, and 1 was substantiated. Two providers received more than two quality of care grievances this quarter. Typically, no further action is the leading action taken, but over a third of grievances or complaints were referred to an external licensing or state agency this quarter (13). There is an average of 156 incidents per month so far this FY. Last FY there were 202 incidents per month. Approximately 80% of incidents in this quarter were Level II events, on trend with last year's 82%. The majority of incidents were among the CMH population (248/58%). There was one CSU event this quarter. The top two events this quarter were member behavior incidents (207/48%) and abuse, neglect, or exploitation incidents (81/19%). The most frequent member behavior was aggressive behavior, accounting for over a third (81/39%) of member behavior events. The most frequently occurring abuse, neglect or exploitation incident is alleged abuse/neglect/exploitation against a family member. The average number of Level II incidents per month this FY is 125, less than the average from last FY, 168. The average number of Level II incidents per month this FY is 32, just under last FY's average of 34. There have been a total of 82 and an average of 14 deaths per month this FY, down from 19 per month last FY. Most deaths from this FY are still pending a cause of death 61/74% and thus categorized as "unknown cause". Of the known causes of death terminal illness/natural causes is the top category. There were no deaths ruled as suicides this FY. These number will continue to update as Trillium receives updated death certificates. The average number of member injury incidents per month this FY is 11, just below the 12 per month average from last FY. There have been 66 member injury incidents so far this year and over a quarter are due to trips/falls 18/27%. There were 2 medication error incidents this FY. They involve two separated members and providers. There was a total of 8 last year. There were 3 other events this FY (Sep-1 expulsion, 1 suspension & Dec-1 expulsion). There have been 176</p>
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	restrictive interventions this FY, with an average of 29 per month. The most commonly reported events in this category are physical restraint – standing – emergency 104/59%. There were 89 routine monitoring’s conducted. As a result of the monitoring’s Technical Assistance (TA) was given 6 times and one POC was required. There were some identified areas for improvement around issues around funds management, timely submissions, staff qualifications and billing issues.		
Conclusions	<ul style="list-style-type: none">Any recommendations for additional information the committee would like to review or feels is no longer necessary to include in this report can be emailed to Krissy Krissy.vestal@trilliumnc.org.Frank inquired if this report encompasses AFL grievances and incidents. Krissy shared this data is included but is not reported out separately.There were no additional questions or concerns identified for follow-up or items recommended for corrective action.		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none">There were no items identified for follow-up			

9. Agenda topic: Tailored Plan and Trillium Updates

Presenter(s): Dr. Garcia for Dr. Smith

Presenter(s): Dr. Garcia for Dr. Smith			
Discussion	<ul style="list-style-type: none">● Tailored Plan/Trillium Updates – Dr. Garcia for Dr. Smith Dr. Garcia shared we are still scheduled to go live with TP on April 1st and we have initiated the soft launch of our Tailored Care Management.		
Conclusions	<ul style="list-style-type: none">● Diane shared we need to be proactive in any upcoming changes in GQIC membership. We will need to send updates out to the network and attempt to recruit for available seats. She inquired if there was an idea of what kinds of additional seats that may be needed. Dr. Garcia shared the Clinical Advisory Committee is currently recruiting for a Primary Care Physician (family practitioner) and have a few candidates at this time. If anyone knows other candidates to recommend, please email Dr. Garcia Paul.garcia@trilliumnc.org. Fonda suggested to continue to recruit for open seats because the current composition of the committee will not change. When additional representation is needed, we will address it at that time. There may be a possibility to utilize our Standard Plan Partner for assistance.● Frank asked how confident Trillium feels with TP implementation on Apr 1st. Dr. Garcia responded we should be able to launch without issue.● There were no other questions or concerns identified for follow-up or items recommended for corrective action.		
Action Items		Person(s) Responsible	Deadline
<ul style="list-style-type: none">● There were no items identified for follow-up			

10. Agenda topic: Open Agenda/Round Table Discussion

Presenter(s): All Members

Discussion	<ul style="list-style-type: none">There were open agenda items for discussion		
Conclusions	<ul style="list-style-type: none">A motion to adjourn was made by English and the meeting ended.		
Action Items		Person(s) Responsible	Deadline
<ul style="list-style-type: none">There were no items identified for follow-up			

Meeting Adjourned

Next Meeting Date: April 25, 2023
(All meetings convene from 10am – 12pm)

Supporting Document/Attachment for Minutes:

Agenda Jan 2023

Meeting Minutes – Oct 2022

QIA Grid & Graphs Jan 2023

Second Qtr. 22-23 GQIC Data Report Oct-Dec 2022

GQIC Work Plan 2022-2023

Submitted by Susan Massey