

Date January 25, 2022

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 checked="" type="checkbox"/>	Rachel Jordan * ICF/IDD Provider QM Director - Carobell	<input checked="" type="checkbox"/>	Krissy Vestal Head of Performance Improvement Trillium	<input checked="" type="checkbox"/>
Kimberly Ennis * Hospital Representative Vidant Medical Center	<input checked="" type="checkbox"/>	Lucy Wilmer* Central Regional CFAC	<input type="checkbox"/>	Dee Pankey Thompson* IDD Provider GHA Autism Supports	<input checked="" type="checkbox"/>
English Albertson * IDD Provider/Provider Council Representative Director of Program Operations Monarch	<input checked="" type="checkbox"/>	Vacant * Network Prescriber	<input type="checkbox"/>	Frank Messina * Southern Regional CFAC	<input checked="" type="checkbox"/>
Fonda Gonzales, LCMHC Director of Quality Management Trillium	<input checked="" type="checkbox"/>	Vacant * SU & MH Adult Provider	<input type="checkbox"/>	Diane Berth * Licensed Independent Practitioner	<input checked="" type="checkbox"/>
Vacant * Northern Regional CFAC	<input type="checkbox"/>	Lindsay Joines * SU Provider Coastal Horizons	<input checked="" type="checkbox"/>	Rashel Lauret * MH Child Provider NC Rapid Source	<input checked="" type="checkbox"/>
Dr. Paul Garcia Deputy Chief Medical Officer (Alternate for Dr. Smith)	<input type="checkbox"/>	David Tart * SU Provider Integrated Family Services	<input checked="" type="checkbox"/>	Ashford Hazel QM Sr. Data Analyst Guest	<input checked="" type="checkbox"/>
	<input type="checkbox"/>		<input 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): Diane Berth

Discussion	<ul style="list-style-type: none"> • Diane opened the meeting and each participant introduced themselves sharing the role of their agency and population served. • A quorum was present for today's meeting. • Everyone welcomed Louise Winstead as a new member to this committee. Louise was voted in via email prior to this meeting. • Kimberly Ennis shared she may be on and off of the meeting today as she is attending the meeting and handling her unit as well. • Dr. Smith shared he has another meeting scheduled at 11am and will be leaving GQIC early. • Dee Pankey-Thompson had to leave the meeting early as well.
Conclusions	<ul style="list-style-type: none"> • The meeting was opened and committee member details were shared.

Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> N/A 		

2. Agenda topic: Agenda and Meeting Minutes

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> Agenda item #9, NCQA Update, was reviewed after agenda item #3, follow-up items, due to Dr. Smith having to leave for another meeting. There were no other changes to the agenda and the agenda was presented and approved with a motion by English and a second by Lindsay. The October 26, 2021 meeting minutes were presented as written and approved with a motion from Dee and a second from Rashel. 		
Conclusions	<ul style="list-style-type: none"> The agenda was unanimously approved by all members with the change noted above. The meeting minutes for October 26, 2021 were unanimously approved by all members. 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"> Forward Oct 26, 2021 Minutes to Diane for signature & post signed minutes to Trillium Website 	Susan Massey	ASAP	

3. Agenda topic: Follow-up Items

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> Susan - Forward July 2021 minutes to Diane for signature and post signed minutes to Trillium website. Completed. The minutes were signed and posted. Krissy - F/u with Training Department to add the Network Prescriber position to My Learning Campus GQIC Training. Completed. Rachel - Send IW Late Incident Reporting Protocol questions to Krissy via email. Completed. Rachel emailed the questions to Krissy and she responded and addressed all the questions. Rashel - Present agency QIA at the Jan 2022 GQIC Meeting. Completed. This follow-up item is on today's agenda for presentation. Krissy - Add Rashel's agency QIA presentation to Jan GQIC agenda. Completed (see f/u item above). Krissy - Add Training Survey Results/Questions to Jan 2022 Agenda. Completed. This item is on today's agenda for review. Krissy - F/u on drill down of discharging data (community hospitals versus FBCs). Completed. Krissy shared this outcome with the committee. Krissy - Add QIC review of GQIC Work Plan to QIC Activity grid. Completed. This was added to the QIC activity grid and will be reviewed annually with the first review scheduled for Feb 2022 QIC. 		
Conclusions	<ul style="list-style-type: none"> All follow-up items from the Oct 26, 2021 meeting were completed. 		

	<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"> N/A 		

4. Agenda topic: NCQA & Tailored Plan Updates

Presenter(s): Fonda Gonzales/Dr. Smith

Discussion	<ul style="list-style-type: none"> NCQA Update -Fonda Fonda shared in December 2021 Trillium received NCQA Managed Behavioral Health Organization full accreditation. Trillium is fully accredited through Dec 2023. We are now moving towards Health Plan Accreditation with NCQA. Trillium is in the process of identifying a new consultant to assist us with this new accreditation process. Training is being organized for internal staff to become more knowledgeable with the new standards. Tailored Plan Update - Dr. Smith The go-live date for Tailored Plan (TP) has been moved to Dec 1, 2022. It was originally July 1, 2022. This will allow us to be better prepared and we are appreciative for the extra time. Most of our TP activities are on track, there are a few that we are waiting for more instruction on to complete. Moving into TP is a huge task for IT as well as all the other aspects. There is a huge amount of data transmission back and forth. Testing for this will begin in March/April and will continue through our go-live date and thereafter. We have met all of our deliverables dates. TP is a huge undertaking in itself. Trillium Updates - Dr. Smith Leza Wainwright is retiring and Friday, Jan 28th is her last day with Trillium. Joy Futrell will become our CEO. Our General Counsel left Trillium for another endeavor and we have hired a new General Counsel, Senitria Goodman who has a lot of experience. Our Executive Team make-up is changing as well as Leadership. On-boarding of Halifax County has gone well and we are scheduled to take on Bladen County Feb 1st. Frank asked if any progress has been made with getting more providers in the system and filling staff shortages due to COVID. Frank shared that the roll-out of the Traumatic Brain Injury allotments that the State shared at their meeting with CFAC is starting in the west and asked when it will start on the eastern part of the state. Dr. Smith shared that the TBI Waiver was started in the western part of the State as a pilot project. It will be rolled-out throughout the State with 1.6 million dollars allocated statewide. When this allocation is divided by six it doesn't come out to a lot of money for the need our members have. At this time it is unknown how much money will be allocated to Trillium. We are waiting for more information to come on this matter. Dr. Greer, PhD Psychologist, will be the Director of our TBI Program and will be overseeing the TBI Waiver. The Network Department is working on adding more agencies. Staff shortages has hit all entities from hospitals, State facilities and local providers.
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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"> N/A 		

5. Agenda topic: 2021-2022 GQIC Work Plan

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> Diane presented and reviewed the updated 21-22 GQIC Work Plan. Each activity was reviewed in detail and Diane shared we are on target with fulfilling each goal set. The Work Plan is updated with recommended changes/revisions after each meeting. 	
Conclusions	<ul style="list-style-type: none"> There were no questions or concerns identified for follow-up or items recommended for corrective action. The GQIC work plan will be reviewed by QIC annually in February for feedback from QIC on the activities GQIC is focusing on for the year. 	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> N/A 		

6. Agenda topic: Trillium QIP/QIA Updates

Presenter(s): Krissy Vestal

Discussion	<ul style="list-style-type: none"> TCL QIA <ol style="list-style-type: none"> Measurement #35 (December 2021) is new and was presented to GQIC for review. Threshold of 98% (or higher) was not met for December 2021; therefore, our maintenance phase has ended and will start over once the goal has been met. The drop in rate was primarily attributed to the transfer of members from Cardinal, as well as the retirement of Incedo and the startup of Connections. Connections is not currently able to accurately track information for this QIA, therefore information from TCLD is being used. The TCL team anticipates struggling with meeting this metric over the next few months due to the following reasons: the quality of data being transferred from the new counties (Bladen & Halifax) joining Trillium's region and the transition from Incedo to Connections. The TCL Team shared that some of the Cardinal data did not transfer in an easily digestible format. In addition, there were numerous members who had no data in TCLD and/or were overdue for the 90 day contact. The TCL Team has made a conscious effort, to the extent possible, to validate and ensure reliability of the incoming data. A team meeting will convene to further discuss this matter and to identify any additional interventions necessary to continue this project's success.
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- **Utilization of MST QIA**

- a. Measurement #8 (Jul - Sep 2021) is new and was presented to GQIC. The project goal of 14.7% was not met.
- b. The project timeframe has been extended. Trillium now expects to meet the goal for this project by January 2023. Trillium expects to maintain the goal for an additional 12 months and successfully close the project by January 2024.
- c. Diane inquired if providers were not providing MST services with the population in this age group with Conduct Disorder due to behavioral difficulties. She also asked if Trillium had enough providers in the network due to always falling short of this goal. Fonda shared the goal is for members and families to receive the evidenced based service that would be most appropriate for them to achieve outcomes. Trillium does have adequate capacity and has expanded MST to cover all counties. One difficulty is that some of the families are not as receptive to receiving MST as it is evidenced based, very active, is an in-home service that requires a lot of participation from parents/family. This has caused some hesitation from parents/family to agree to this high intensity service. Trillium suspected there would be children receiving Intensive In-Home instead of MST as it is a similar service, but is more evidenced based with targets/goals for the parents/family to meet. COVID has impacted this service because it is in-home and has attributed to the goal not being met.

- **Utilization of ED QIA**

- a. Measurement #8 (Jul - Sep 2021) is new and was presented to GQIC. The project goal for Measure #1 was not met; however, due to claims lag, previous measurements changed slightly and shows that the measure was met for five consecutive quarters (Apr 2020 - Jun 2021). The increase in percentage from Jul - Sep 2021 is attributed to the decrease in Trillium's eligible population due to implementation of Standard Plans Jul 1st. The decrease drastically changed the denominator for Measure #1, and the level of acuity of our members increased. Over time, we may need to examine if this goal is appropriate for our membership, who by definition of eligibility are more acutely ill.
- b. The project goal for Measure #2 was met for the first time.
- c. The project goal for Measure #3 was not met.
- d. The project timeframe for Measure #1 and Measure #3 have been extended.

- **Mental Health 1-7 Day Follow-up QIA**

- a. Validated state data was received for Measurement #13 (Apr-Jun 2021). DHB did not meet the project goal of 45%; however, DHB met the state goal of 40%. DMH did not meet the project goal nor the state goal.

	<p>b. Measurement #14 & #15 continue to represent local data at this time.</p> <ul style="list-style-type: none"> • Substance Use 1-7 Day Follow-up QIA <ul style="list-style-type: none"> a. Validated state data was received for Measurement #13 (Apr-Jun 2021). DHB met the project goal of 45%. DMH did not meet the project goal; however, it did meet the state goal of 40%. b. Measurement #14 & #15 continue to represent local data at this time. <p>Krissy also shared data on DHB Super Measures requested by David specifically Mental Health & Substance Use Quarterly Discharges & Follow-ups by Facility Type. David noted a huge disparity on the MH side versus the SU side. SU providers seem to be doing a better job with their discharges as opposed to community hospitals. Fonda shared efforts to drill down on (dual insurance, volume, catchment, etc.) this information has not given a specific target to focus on. Fonda shared members that choose a community setting (AA for SU) for services are not counted in the measure as no billing/claim is associated. One concern that has been expressed, but not confirmed is access to include getting an appointment, transportation, technology, communication, etc.</p>						
Conclusions	<ul style="list-style-type: none"> • MST QIA - Krissy will follow-up to discern if Bladen and Halifax Counties have adequate capacity to receive MST referrals and have access to this service. • As Trillium moves towards TP performance measures will be focused on specifically both 1-7 f/u measures for MH & SU. For Medicaid we will transition over to using a measure that is nationally certified by NCQA. For State Funded members, we will continue to utilize the measures written by the State. In the TP there will be liquidated damages for Trillium if we fail to meet these measures. Feedback on additional ideas to promote meeting these measures were welcomed and can be emailed to Krissy or Fonda. • Trillium continues to strive to meet each goal for the QIAs and then maintain the goals for 12 months before closing the QIA. • There were no other questions or concerns identified for follow-up or items recommended for corrective action. • All current interventions will continue. 						
Action Items	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">Person(s) Responsible</th> <th style="width: 20%;">Deadline</th> </tr> </thead> <tbody> <tr> <td data-bbox="152 1629 1003 1703"> <ul style="list-style-type: none"> • F/u on Bladen & Halifax Counties capacity to receive MST referrals & access to service </td> <td data-bbox="1003 1629 1317 1703">Krissy Vestal</td> <td data-bbox="1317 1629 1469 1703">Apr Mtg.</td> </tr> </tbody> </table>		Person(s) Responsible	Deadline	<ul style="list-style-type: none"> • F/u on Bladen & Halifax Counties capacity to receive MST referrals & access to service 	Krissy Vestal	Apr Mtg.
	Person(s) Responsible	Deadline					
<ul style="list-style-type: none"> • F/u on Bladen & Halifax Counties capacity to receive MST referrals & access to service 	Krissy Vestal	Apr Mtg.					

7. Agenda topic: Provider QIA Presentation
Presenter(s): Rashel Lauret

Discussion	<ul style="list-style-type: none"> • Rashel presented her agency's QIA on Intensive Alternative Family Treatment (IAFT). This service is an Enhanced Level of Therapeutic Foster Care for youth with high level behavioral needs. Her agency doesn't actually provide this service, but rather
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	<p>provides the oversight and fidelity monitoring to their network. The average IAFT youth have had 5 or more out of home placements, received treatment at higher levels of care, have ACE score of 7 or more, and census split between parent/kinship custody and DSS custody. The average age is between 11-14 and these youths having great difficulty with school and academic settings, along with multiple unmet social determinants of health related needs and often prescribed high doses of medications. The data presented today is focused primarily on Trillium members and the main agencies providing this service were reviewed. This is a data driven model and deeper dives are used to create action from the data. On average 3 out of 4 kids (79%) are discharged from IAFT to a lower level of care. For those with successful outcomes on average 55% step down to family home of permanence (family, kinship, pre-adoptive, adoptive homes). While 45% step down to TFC or AFL settings. Prior to COVID our step down average was 85% of positive outcomes. At the end of 2020 our step down average decreased to 60%. We have discovered most of the youths that do disrupt are from a higher level of care. Data shows 42% of youths that step down disrupt and disrupt quickly within the first 90 days or within 5 months. From 2019-2021 there were 128 youths with Trillium and 20 of those youths stepped down from a PRTF level of care to IAFT. Of these twenty kids 6 disrupted and returned to a higher level of care, 2 youths disrupted placement and made lateral moves, 9 stepped down from IAFT to a lower level of care and 3 youths are still receiving IAFT treatment. The ultimate goal for this QIA is to provide greater stability and prevent returns to higher levels of care while building relationships with treatment parents to support stable placements leading to reunification or achieved permanency plan. Our network wide goal is to reduce the disruption rate of 42% of PRTF youth stepping down to IAFT to 25% within 2 years. A Pilot Program was developed to focus 6 to 8 weeks prior to discharge from the PRTF starting with relationship building. Over all we are not as far along as we would like to be, but we have built relationships with agencies, therapists, clinicians and MCOs supporting us in this activity.</p>	
Conclusions	<ul style="list-style-type: none"> Rashel will share outcomes for this activity in the future. 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"> N/A 		

8. Agenda topic: GQIC 2nd Quarter Data Report

Presenter(s): Krissy Vestal

Discussion	<ul style="list-style-type: none"> Krissy presented and reviewed the GQIC's 2nd Quarter Data Report Oct-Dec 2021. The average number of grievances per month is 13 with a running total of 78 grievances for the fiscal year. There was a total of 38 grievances for the quarter (Oct-21, Nov-9 & Dec-8). Of the 38 grievances 35 were submitted on
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	<p>behalf of a member which is consistent with previous quarters. Members in the MH population lead in the grievances accounting for 21%. Quality of Care (QOC) lead in the Grievance by Category with a total of 19 as reported in the previous quarter. Of the 38 grievances reported this quarter 22 were against providers and 16 against the LME/MCO. The 16 grievances against the LME/MCO were for Access, Attitude and Service, Quality of Care and Billing and Financial. There were 3 QOC grievances reported and all 3 were investigated (1-Unsubstantiated, 1-Partially Substantiated & 1-Substantiated). Approximately 66% (9) of QOC grievances against providers were investigated (6-Unsubstantiated, 2-Partially Substantiated & 1-Substantiated). Of the 38 grievances 29 required an investigation (24-Unsubstantiated, 2-Substantiated & 3-Partially Substantiated). Consistent with other quarters No Further Action was the leading action taken during this quarter. There were a total of 605 incidents for this quarter (485-Level II & 120-Level III). The majority of incidents were among the CMH population with 397 out of the 605 reported incidents. There were no CSU events reported this quarter. The top category leading in Events by Category was restrictive interventions. There were 121 total deaths so far with an average of 20 deaths per month this fiscal year. This is an increase from 16 per month last fiscal year. Most deaths are still pending. Of the known deaths Terminal Illness/Natural Causes is the top category. There have been 3 deaths due to COVID-19 as confirmed by the death certificate (May 2020-1, Jan 2021-1, and Oct 2021-1). No deaths were ruled as suicide this fiscal year. The average number of member injuries per month was 11 this fiscal year. The total number of medication errors this year was 4. The reasons were wrong dose, wrong member and missed dose. Four Other Events (3-expulsions & 1-suspension) were reported this fiscal year. These were for 4 distinct members and reported by separate providers. Krissy reviewed the routine monitorings in detail and reported there were no plans of corrections issued; however, there were 6 times technical assistance was provided all related to UAFL reviews.</p>				
Conclusions	<ul style="list-style-type: none"> • Diane inquired about the Health Care Personnel Registry (HCPR) and investigations. Fonda shared that the original intent of this registry was for health care staff (nurses, CNA's, etc.), but the state requires us to submit information on staff who support members with IDD/MH/SAS diagnoses. The information is submitted, but HCPR does not always make the determination to investigate. English shared that if the member is not Innovations Waiver or ICF then typically there is no investigation. Krissy will follow-up with additional information on the first (#1) grievance in the QOC summary for Dec 2021. <p>There were no additional questions or concerns identified for follow-up or items recommended for corrective action.</p>				
Action Items	<table border="1"> <thead> <tr> <th data-bbox="1011 1871 1317 1925">Person(s) Responsible</th> <th data-bbox="1317 1871 1461 1925">Deadline</th> </tr> </thead> <tbody> <tr> <td data-bbox="1011 1925 1317 1925"></td> <td data-bbox="1317 1925 1461 1925"></td> </tr> </tbody> </table>	Person(s) Responsible	Deadline		
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<ul style="list-style-type: none"> F/u w/additional info on Grievance #1 in the QOC Summary for Dec 2021. 	Krissy Vestal	Apr Mtg.
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9. Agenda topic: Annual Network Training Survey Results/Action Items

Presenter(s): Krissy Vestal

Discussion	<ul style="list-style-type: none"> In the GQIC Work Plan our committee is tasked with including some questions in the Network Wide Training Survey as we have done for the past few years. Krissy presented the questions submitted last year and the group made recommendations (spell out acronyms, associate QIA projects with QIP projects, etc.). Diane shared that in the past after submitting these questions no one contacted the committee. Members agreed to include Question #5 (Which quality related training(s) would your agency benefit from?) and #6 (Are the trainings on the My Learning Campus related to quality helpful?) in the Network Wide Training Survey. Krissy will share this with the Training Department and hopefully find out when the survey will go out. Krissy will update the group on the scheduled date. 	
Conclusions	<ul style="list-style-type: none"> 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"> Submit Q#5 & Q#6 to Training Dept. to include in Network Wide Training Survey & inquire when the survey will be shared/go out 	Krissy Vestal	ASAP

10. Agenda topic: Open Agenda/Round Table Discussion

Presenter(s): All Members

Discussion	<ul style="list-style-type: none"> Staff Shortages - Rashel Rashel reported seeing a lot of staff shortages in her agency's Therapeutic Foster Care network and on all levels. We are reviewing how this impacts compliance and quality in our agency. Rashel asked if this is impacting others as well. Diane shared in her practice out of the 28 members she sees one fourth of them do not currently have any supports. These families are at home on their own and do not even have respite services intermittently. Diane reported seeing this same scenario across providers and areas. Frank asked if providers are offering incentives in hiring staff and for current staff. He also asked if providers are recruiting at community colleges to offer employment upon graduation and/or apprenticeship. Lindsay shared his agency has a tremendous number of interns from local colleges and yet even with this there are significant issues with staffing across the board. English reported as a state-wide agency working with all the MCOs there is not one residential home without staffing shortages. On top of the staffing crisis COVID breakouts in the homes has added to the issue. Her agency has advertised offering bonuses and incentives. When contacting to recruit through the Employment Security Commission Agency, they shared they simply don't have people walking in the door anymore to apply for positions. English stated she has been in the business 34 years and has never experienced
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	<p>a staffing crisis like this one. Lindsay shared people used to transition from one agency to another, but now have just decided to completely stop working in this field or stop working altogether. David stated it may be that we have to wait until people run out of money and need to obtain gainful employment. Fonda shared Trillium doesn't necessarily have a lot of staff shortages, but there has been overwhelming staff transitions internally. Staff are transitioning from positions with direct contact to positions that are more administrative with no contact. Trillium has again extended working remotely due to the new variant in efforts to keep our staff safe. We have been successful in conducting day-to-day business while remote. Positions of direct care or supports can't fulfill their obligations remotely.</p>		
Conclusions	<ul style="list-style-type: none"> There were no additional topics to add to January's Round Table Discussion. 		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> N/A 			

Meeting Adjourned**Next Meeting Date:** April 26, 2022

(All meetings convene from 10am - 12pm)

Supporting Document/Attachment for Minutes:

Meeting Minutes from previous meeting

Agenda

QIA Grid & Graphs Oct 2021

2nd Qtr. 21-22 GQIC Data Report Oct-Dec 2021

GQIC Work Plan 2021-2022

GQIC Annual Survey Questions July 2021

Submitted by Susan Massey


Signature of
Diane Berth, Chair
Licensed Independent Practitioner

6/23/2022

Date