SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE POLICY

NUMBER: BA035

NAME: DATA EVALUATION AND MONITORING

INITIAL APPROVAL DATE:	02/19/2002	APPROVED BY: Sanilac CMH Board
(LAST) REVISION DATE:	05/14/2024	APPROVED BY: Chief Information Officer
(LAST) REVIEW DATE:	06/20/2024	REVIEWED BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

I. PURPOSE

II. APPLICATION

Populations: **ALL**
Programs: **Direct - ALL**
Contracted - ALL

III. POLICY

It shall be the policy of the Sanilac County Community Mental Health Authority (Sanilac CMH) to collect, report, and track encounters, outcomes, and quality data. It is also policy that a multi-disciplinary Quality Improvement Committee (QIC) implement, coordinate, and evaluate the annual organization-wide Quality Improvement Plan – Goals and Objectives.

IV. DEFINITIONS

V. STANDARDS

A. **Collection:**

1. The data captured by Sanilac CMH includes, but is not limited to, the following:
    i. Characteristics of individuals served
    ii. Staffing
    iii. Access to services
    iv. Use of services
    v. Screening, prevention, and treatment
    vi. Care coordination
    vii. Other processes of care
    viii. Costs
    ix. Outcomes of those served
2. Sanilac CMH will ensure that all contract providers and/or DCOs are able to capture all required data elements.

B. **Reporting:**

Sanilac CMH utilizes the data collected to complete weekly, monthly, quarterly, and annual reports for the State, R10, SAMHSA, CARF, and internal decision-making processes. The reporting completed includes but is not limited to the following:

1. Encounters
    i. Entered for all direct service provided to individuals.
    ii. Submitted to R10 two times a month based on schedule.
2. Outcomes
3. State Reports
    i. EQI – submitted to R10 and the State every 4 months.
    ii. Performance Indicators – submitted to R10 and the State quarterly.
    iii. BH TEDS – submitted to R10 two times a month based on schedule.
4. CCBHC
    i. Planning, Development, and Implementation (PDI) Grant - SAMHSA
        - NOMS – completed with individuals served at initial contact, 180 days, and at discharge and entered into SPARS.
        - IPP – reported quarterly to SAMHSA.
    ii. CCBHC Demonstration with the State of Michigan
        - Ad hoc reports requested by MDHHS to support the success of the demonstration.
        - DCO data required to meet reporting requirements.
        - Quality Measures
            a. CCBHC Reported Measures – the CCBHC reports on these measures to R10 and the State.
            b. State Reported Measures – the State calculates these measures based on data submitted.

C. **Tracking:**

Sanilac CMH tracks data to ensure accuracy and completeness. Data is also tracked to determine outcomes and to trend elements to assist with clinical decision making. Data is also used to make sound, fiscally responsible business decisions for the Agency.

D. **Monitoring:**

1. Internal Chart Reviews are completed to monitor the completeness of documentation, find issues, and to determine any training needs.
2. Internal Claims Verification Reviews are completed to ensure accuracy in services and documentation for billing purposes.
3. External Reviews are completed by multiple agencies such as CARF, R10, and the State to ensure compliance with contracts, effectiveness of our services, and the accuracy of our data.

E. **Quality Improvement:**

1. Quality Improvement (QI) is an ongoing function used to monitor, evaluate, and improve the access, effectiveness, efficiency, quality and cost of mental health and related support services.
2. Sanilac CMH will have a written description of its Quality Improvement Plan which specifies:
    i. An adequate organizational structure that allows for clear and appropriate administration and evaluation of the Plan.
    ii. The components and activities of the Plan include:
        - The role for enrollees of services in the Plan, and

- The mechanisms or procedures to be used for adopting and communicating process and outcome improvement.

3. Continuous Quality Improvement (CQI) Plan:
   Sanilac CMH will use data outlined in V.A. of this policy to develop, implement, and maintain an effective Agency and CCBHC-wide data driven CQI plan for clinical services and clinical management. The plan will address suicide, hospital readmissions, and other events as specified by the State.
   - The plan is clearly defined, implemented, and evaluated annually.
   - The plan will address priorities for improved quality of care and individual safety. Effectiveness will be evaluated.
   - The plan will include explicit focus of populations experiencing health disparities and how disaggregated data will be used from the measures and other data to track and improve outcomes for these groups.
   - The plan will consider both quantitative and qualitative data in the activities.
   - Specific events that will be tracked are (1) CCBHC persons served suicide deaths and/or suicide attempts, (2) fatal and non-fatal overdoses, (3) all-cause mortality among people receiving CCBHC services, (4) CCBHC persons served 30-day hospital readmission for psychiatric or substance use reasons, and (5) other events deemed appropriate by the State or CARF.

4. **QI Authority:** The authority for QI is vested by the Board in the Chief Executive Officer. The QI Chair shall implement and maintain a QI Plan – Goals and Objectives that serve as the basis for QI activities throughout the CMH system.

5. **QIC Mission Statement:** To create an organizational environment, based on QI structures, expertise, and activities, to help achieve the Agency's mission.

6. **QIC Membership:**
   i. QIC membership, roles and responsibilities, standing committees and domains for performance measurement are contained in the Quality Improvement Plan – Goals and Objectives. This plan is revised annually.

   ii. Actions of the QI Committee will be approved by consensus of its members, with final authority resting with the Chief Executive Officer.

VI. ATTACHMENTS
None

VII. REFERENCES
None