

QI PLAN – GOALS AND OBJECTIVES – FY 2026 – INITIAL REPORT

Sanilac County Community Mental Health Authority

October 1, 2025 – September 30, 2026

Goal Number & Priority	Domain	Department	Reporting Staff	Report(s) Due	Standard/Rationale	Measure/Goal	Report Format	Progress/Outcome
1	Effectiveness Satisfaction	All Programs	Quality Supervisor	12/2025 2/2026 5/2026 8/2026	Region 10 Initiative FY 2021 Goal FY 2022 Goal FY 2023 Goal FY 2024 Goal FY 2025 Goal	Sanilac CMH will continue to participate in the Follow Up After Hospitalization PIP with Region 10. <ul style="list-style-type: none"> • Monitor the key objectives, activities and tasks, complete quarterly updates and submit to QIC and Region 10 PIHP. 	Verbal Report	
2	Effectiveness Efficiency	All Programs	Recipient Rights Officer	Monthly beginning December 2025	Administration FY 2026 Goal	The Recipient Rights Office will review reports pulled to determine timeliness of Incident Report submission and work with those who are out of compliance with SCCMH Policies and Procedures.	Verbal Report	

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3	Satisfaction	All Programs	Human Resource Manager	12/2025 3/2026 5/2026 8/2026	Administration FY 2020 Goal FY 2021 Goal FY 2022 Goal FY 2023 Goal FY 2024 Goal FY 2025 Goal	<p>Over the 2026 fiscal year, the HR department will enhance our HR related online visibility, to promote and enhance our employee candidate pool by attracting candidates.</p> <ol style="list-style-type: none"> 1. Over the first quarter, the HR department will review our online presence and create a list of recommendations to implement over the remainder of the fiscal year. (i.e. creating online videos, creating new formats for job postings, etc.). 2. Over the second and third quarters, the HR department will participate directly or obtain appropriate staff to participate/assist with recommendations. 3. At the end of the fiscal year, the HR department will provide an analysis of the changes and the impact it has had on the Agency's employment pool. 	Verbal Report	

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4	Satisfaction	All Programs	Human Resource Manager	1/2026 6/2026	Administration FY 2021 Goal FY 2022 Goal FY 2023 Goal FY 2024 Goal FY 2025 Goal	<p>The HR Department will share staff feedback over the next year, using refreshed formats.</p> <ol style="list-style-type: none"> 1. During the first quarter, the HR department will review additional ways of collecting feedback, to allow staff to share easily and implement suggestions. 2. During the second and third quarters, the HR department will monitor the new tracking systems and revise systems used as necessary, share necessary changes throughout the year and share with the QI Committee any generic improvement that resulted due to the data. 3. Feedback will be shared with the appropriate individuals in real time, and with administration as relevant. 	Verbal Report	

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5	Efficiency Satisfaction	Clinical Programs	COO	12/2025 03/2026 06/2026 09/2026	FY2026 Goal	<p>Increase understanding and implementation of HCBS in clinical practices:</p> <ul style="list-style-type: none"> • Provide training to staff on state technical guidelines for HCBS by 12/2025. • Create a clinical workflow for staff to help individuals and families understand HBCS during the IPOS process by 02/2026. • Training for staff the information that is needed in the IPOS by 02/2026. • Research other evidence-based models that might be of benefit to individuals served. • Ensure fidelity reviews are completed, and recommendations are evaluated by the agency to ensure compliance of the model. 	Verbal Report	

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6	Efficiency Satisfaction	Clinical Programs	COO	12/2025 03/2026 06/2026 09/2026	FY2026 Goal	<p>Creating an agency evidenced-based clinical protocol to ensure practice fidelity and effectiveness:</p> <ul style="list-style-type: none"> • Update clinical practices policy to include specific evidence-based guidelines for each practice by 12/2025. • Identify ongoing trainings to ensure that staff have continued support in implementation of evidence-based practices. • Identify outcomes associated with each practice that will be measured to help guide treatment efficiency and model fidelity. • Research other evidence-based models that might be of benefit to individuals served. • Ensure fidelity reviews are completed, and recommendations are evaluated by the agency to ensure compliance of the model. 	Verbal Report	

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7	Efficiency Satisfaction	Clinical Programs	COO	12/2025 03/2026 06/2026 09/2026	FY 2023 Goal FY 2024 Goal FY 2025 Goal	Evaluate program operations to ensure clinical and fiscal efficiency: <ul style="list-style-type: none"> • Evaluate staffing levels and determine need for supervision by 02/2026. • Evaluate training needs for each department by 02/2026. • Evaluate department structures and protocols for efficiencies by 02/2026. • Implement department budgets by 12/2025. • Work on transition within department due to planned retirements by 04/2026. • Discuss any planned changes with staff by 06/2026. • Implement any new process or structures recommended by admin team by 09/2026. 	Verbal Report	

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8	Effectiveness Efficiency Satisfaction Access	CCBHC Program	CIO	1/2026 5/2026 9/2026	CCBHC NOF PDI Grant FY 2023 Goal FY 2024 Goal FY 2025 Goal	<ul style="list-style-type: none"> • Sanilac CMH will create and monitor performance measures, CQI measures, and other data elements to assist with program decisions and trend outcomes of the CCBHC program. <ul style="list-style-type: none"> ○ <u>Performance Measures:</u> <ul style="list-style-type: none"> ▪ Number of individuals receiving services: ▪ Types of services receiving: ▪ Diagnoses of individual served: ▪ Physical Health Measurements: <ul style="list-style-type: none"> • BMI: • Age: • BP: • Weight: ▪ MH Functioning Rating: ▪ Substance Use: ▪ Employment Status ▪ Housing Status: ▪ LOCUS score/Children’s Assessment ▪ Tobacco Use ▪ Trauma Screening Results 	Verbal Report	

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						<ul style="list-style-type: none"> ▪ Suicide Screening Results ▪ Veteran/Active Duty ○ COI Measures <ul style="list-style-type: none"> ▪ Deaths by Suicide or Suicide Attempts ▪ Fatal and Non-Fatal Overdoses ▪ 30-day hospital readmissions for psychiatric or substance use reasons ▪ All-cause mortality 		

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