

QI PLAN – GOALS AND OBJECTIVES – FY 2021 – FINAL REPORT

Sanilac County Community Mental Health Authority

October 1, 2020 – September 30, 2021

Goal Number & Priority	Domain	Department	Reporting Staff	Report(s) Due	Standard/ Rationale	Measure/Goal	Report Format	Progress/Outcome
#1 HIGH	Effective- ness Access	ABA Program	ABA Program Supervisor COO	01/2021 06/2021	Best Practices FY 2014, 2015, 2016, 2017, 2018, 2019 & 2020 Goal	<p>To evaluate the effectiveness of Sanilac CMH's Medicaid Autism Benefit program.</p> <p>a) Implement Inner Observer Agreement (IOA) checks on trained staff at least 2 times a year to ensure fidelity of treatment objectives.</p> <p>b) Complete 2 community-based education presentations on autism/ABA for outside agencies either face to face or by Zoom.</p> <p>c) All individuals that are part of the State ABA benefit will receive parent training at least quarterly.</p>	Verbal Report	<p><u>01/2021:</u></p> <p>a) IOA's are being completed quarterly. Trends noted have been addressed through BCBA training at staffing.</p> <p>b) Unable to complete due to COVID-19 and there have been no requests.</p> <p>c) All but 3 parents received parent training last quarter. We are now offering Zoom meetings bi-weekly for all parents to attend as needed/desired. Going to start 1 time per month for all parents.</p> <p><u>6/2021</u></p> <p>a) IOA's are being completed quarterly. Trends noted have been addressed through BCBA training at staffing.</p> <p>b) On hold until 30 days following the end of the pandemic.</p> <p>c) All parents received parent training last quarter at least one time per month. The current goal is to complete parent training bi-weekly.</p> <p><u>STATUS: COMPLETE</u></p>

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#2 MEDIUM	Access	ABA Program	Contract Monitoring	02/2021 07/2021	Community Need FY 2019 & 2020 Goal	Monitor provider network for choice availability and ensure at least one provider is available.	Verbal Report	<p><u>02/2021:</u> Contract Management is working with the COO to find an agency that will provide a choice for our individuals. A meeting has been held with a potential candidate and others are being looked into.</p> <p><u>07/2021:</u> Contract Management is keeping a list of providers that are interested in expanding into our network. We do not currently have that need, however, if we do need additional resources for our individuals, we can contact those providers and move forward with contracting services. We continue to monitor the potential need for additional support based on the individuals we serve.</p> <p><u>09/2021:</u> This goal is being monitored internally and a list is maintained and reviewed regularly.</p> <p><u>STATUS: COMPLETE</u></p>
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#3 HIGH	Efficiency Satisfaction	Community Integration Supported Living	HCBS Coordinator/ JSC Supervisor	12/2020 03/2021 06/2021 08/2021	State of Michigan HCBS Waiver FY 2018, 2019 & 2020 Goal	Implement HCBS Program and Residential Rule requirements with all involved programs and Specialized/Contract homes by: A.) Providing residential providers with training, education, assistance and updates at each quarterly Home Provider Meeting.	Verbal Report	<p><u>12/2020:</u> Residential Provider meetings are currently on hold. HCBS Coordinator will follow up individually with providers as needs arise over the next few months.</p> <p><u>03/2021:</u> Residential provider meetings are on hold. HCBS Coordinator has followed up individually when providers as needs come up. Scheduling Home Provider Meeting on 3-23-2021 via Teams. It will be open to all homes in the county. We will ask for questions before the meeting.</p> <p><u>06/2021:</u> Reminders about HCBS rules and training are provided at Home Provider meetings, most recently in May 2021. There has not been much to train on. Site visits are restarting this month.</p> <p><u>08/2021:</u> Contract Manager is now taking the lead with HCBS requirements and notifying homes of updates.</p> <p><u>09/2021:</u> This is a standard QI Committee Report.</p> <p><u>STATUS: COMPLETE</u></p>
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#4 MEDIUM	Effective- ness Satisfac- tion Efficiency Access	All Programs	IT Supervisor	12/2020 03/2021 06/2021 08/2021	FY 2018, 2019 & 2020 Goal	Research methods and report on possible solutions for efficiencies utilizing technology both short and long term	Verbal Report	<p><u>12/2020:</u> Efficiencies</p> <ul style="list-style-type: none"> Researching and discussing with contractors the security risks for using OneDrive to replace on-premise file server. Using Teams for staff meetings versus Zoom Researching back-up solutions; on-premise versus cloud based. Researching cloud based remote desktop servers versus on-premise. Researching remote access solutions versus VPN. <p><u>03/2021:</u> Short Term:</p> <ul style="list-style-type: none"> Upgrade virtual machines to increase system response times and decrease user wait times. Repair misconfigured systems, reducing system downtime and network traffic congestion. Automate manual processes to reduce the amount of required IT staff intervention Educate users on how to optimize their profiles to provide the best end user experience. Created a connection to obtain data for the purpose of creating customized reports and quality and compliance checks. <p>Long Term:</p> <ul style="list-style-type: none"> Making staff more mobile by embracing an anytime any place computing environment. This will eliminate site specific restrictions.
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								<p>(We are implementing more laptops and cloud-based technologies.)</p> <ul style="list-style-type: none"> • Providing staff with opportunities to educate themselves and become more efficient and innovative with the technology in place. • Upgrade systems to stay competitive and embrace new technological trends. • Increasing technology access for Individuals on premises. <p>Since December:</p> <ul style="list-style-type: none"> • IT has upgraded and stabilized multiple servers. • IT has setup a SQL server and connected it to PCI data. • IT has setup a fax for labs. • IT has set up Dr. Faust with Dragonspeak. • IT has increased the use of Teams and adopted new ways to collaborate which are more COVID-19 friendly. • IT has taken several unnecessary systems offline reducing traffic congestion. • IT has upgraded the domain controllers. • IT has started getting people off the RDS servers to improve their experience and increase the amount of available resources for everyone left on them. • IT has educated users on how to reduce the size of their profiles and create shortcuts to files on the network (this reduces risk too because they will be backed up).
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							<ul style="list-style-type: none">IT has automated the profile cleanups that were being manually done to keep the RDS servers running.IT has started working on getting the laptops set up.IT has upgraded outdated systems to make them run more smoothly.IT will be sending out more newsletters and staff training when things are more caught up. Currently IT is just kind of throwing a few things out here and there. <p><u>6/2021</u></p> <ul style="list-style-type: none">IT has implemented a new backup system which provides additional redundancy and offsite capabilities.IT has deployed approximately 60 laptops to allow staff more mobility.IT is currently working to implement a process to make televisits easier with our local emergency room.It repaired and upgraded the phone system, and now have a working backup phone appliance.IT continues to educate users on best practices/security via short emails that include links to do further reading.As part of an ongoing maintenance practice, IT updates core servers monthly.IT has moved to a cloud-based auditing system to help support an anytime, anywhere model.

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							<ul style="list-style-type: none">IT has started the process of upgrading the firewall and wireless systems.IT encourages users to report issues and communicate desires via e-mails and open language in person.IT is planning to reassign tablets to the Children's program to facilitate ease of use needs for that population served. <p>08/2021: From a technology stand point, we've been auditing systems (most/Trend/Worktime/Firewall/Wireless), streamlining processes by implementing automation where possible (deployments), changing to systems which require us to touch the system less in order to maintain it (firewall/wireless), we've started switching to systems which require less training to operate successfully (Meraki), and we've started implementing centralized management controls so that systems we previously had to go out and handle individually can be managed in a single location (PDQ/Veeam/Meraki). We are deploying new technology and upgrading our VPN to make it easier for staff to work from anywhere anytime anyplace as well.</p> <p>STATUS: CARRY OVER TO 2022</p>

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#5 HIGH	Satisfac- tion Access Efficiency Effective- ness	All Children's Programs	Children's Clinical Supervisor	01/2021 06/2021	FY 2020 Goal	<p>SED and Children's Waiver Implementation:</p> <p>a) Create a policy/procedure to address how SED and Children's Waiver should be addressed within the Agency.</p> <p>b) Create a SED/Children's Waiver "How to Guide" to help with staff training.</p>	Verbal Report	<p><u>01/2021:</u> Have the policy from Lifeways CMH as guidance for policy creation. There've been 3 applications submitted – 2 qualified and 1 didn't. It's an extensive process.</p> <p><u>6/2021:</u> There have been 3 qualified for SED waiver, and 1 did not. There is not anyone on Children's Waiver yet. It continues to be an extensive, continuous process. The How-to Guide has been created.</p> <p><u>STATUS: COMPLETE.</u></p>
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#6	Efficiency	ACT	CIO	12/2020	FY 2015, 2016, 2017, 2018, 2019 & 2020 Goal	Sanilac CMH Clinical Departments will increase/maintain their billable time within departmental standards.	From Data Mgmt.	<u>01/2021:</u> The Supervisors met and reviewed the last 3 months of productivity reports. Each Supervisor will be evaluating and determining an average appropriate for their program based on the data. The group will then meet to discuss and determine firm averages and come up with a policy.
MEDIUM	Access	Case Management /Supports Coordination	COO	01/2021		<u>Step One:</u> A baseline will be determined by 01/30/2021.		
	Effective-ness	Intensive Family Based Services	Clinical Supervisors	02/2021		<u>Step Two:</u> COO, CIO and Clinical Supervisors will meet to determine productivity goals per program by 03/30/2021.		<u>02/2021:</u> Meeting with department Supervisors on 2/20/2021 to discuss their review of productivity data and to finalize an average baseline for their department. We will also be looking at ways to increase productivity and remove possible barriers.
		Outpatient Treatment		03/2021		<u>Step Three:</u> Create and implement plans/policy/process to assist in increasing productivity by 06/30/2021.		<u>03/2021:</u> Clinical Supervisors met last month and decided on baselines for all programs. A policy with goals is being developed. It will go to Admin for approval next week. Next will be to talk with and train staff with implementation in June.
				04/2021		<u>Step Four:</u> Evaluate changes by pulling secondary baseline. Make changes to plans/policy/process as appropriate by 8/30/2021.		<u>04/2021:</u> The baselines per department have been created. The process is on hold currently until the State issues their technical guidance document.
				05/2021				<u>05/2021:</u> The process is still on hold until the incentive committee is developed with the Union. There will be a discussion with HR regarding a timeline.
				06/2021				<u>06/2021:</u> There is an incentive committee set up to discuss next steps that tie to our productivity goals. The first meeting is scheduled for 06/10/2021.
				07/2021				
				08/2021				

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#7	Access	Community Integration	Program Supervisor	12/2020 03/2021 06/2021 08/2021	HCBS FY 2020 Goal	By 09/30/2021, the CLS program will assist a minimum of 8 individuals in becoming a participating member in an ongoing community group, event, or service. 1. Reduce dependence on CLS sponsored groups/activities. 2. Create greater community connections.	Verbal Report	<p><u>12/2020:</u> Due to COVID-19 restrictions on community activities, this goal has not had any significant progress. Staff are attempting to maintain individual's skills through mock trials and simulations when possible.</p> <p><u>03/2021:</u> Due to COVID-19 restrictions and closures, this goal has not had any significant progress. Care Manager Assistant Michelle Smiley is continuing to seek opportunities as businesses reopen, and as possible positions arise.</p> <p><u>06/2021:</u> Due to COVID-19 restrictions on community activities, this goal has not had any significant progress. Staff are attempting to maintain individuals' skills through scenarios and simulations when possible in the home setting, in order to ensure that CLS remains an effective service for our individuals.</p> <p><u>08/2021:</u> Due to COVID-19 restrictions on community activities, this goal has not been met. Staff are attempting to maintain individual's skills through mock trials and simulations when possible. We have had the following successes: One individual has "graduated" CLS procuring a job at Walmart and gaining appropriate social interactions via family, friends, and other natural supports.</p>
MEDIUM	Effective-ness Satisfac-tion	Supported Living						

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								Another “graduated” CLS doing all community and daily living functions with family, friends, and other natural supports.
								<u>STATUS: COMPLETE</u>
#8 MEDIUM	Access Effective- ness Satisfac- tion	Community Integration Supported Living	Program Supervisor	12/2020 03/2021 06/2021 08/2021	HCBS FY 2020 Goal	By 09/30/2021, the CLS program will assist in the successful transition of <u>6</u> people to a more independent living arrangement. 1. Partner with Care Managers to identify potential candidates for independent living. 2. Explore shared housing options for individuals.	Verbal Report	<p><u>12/2020:</u> While no transitions have been completed, 2 new referrals for maintaining current placements have been added.</p> <p><u>03/2021:</u> Due to COVID-19 limitation, we have not moved forward on this goal. CLS is once again available to help with independent living skills training. We hope to make progress on this goal in the near future.</p> <p><u>06/2021:</u> Due to COVID-19, this goal has been put on hold. It will be re-evaluated at the August report.</p> <p><u>08/2021:</u> No progress at this time, related to COVID-19.</p> <p><u>09/2021:</u> Six (6) people have moved into a more independent setting that matched their level of need. We have been partnering with local housing to help promote housing options.</p> <p><u>STATUS: COMPLETE</u></p>

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#9 HIGH	Satisfaction	All Programs	Human Resource Manager	12/2020 02/2021 04/2021 06/2021 08/2021	Administration FY 2020 & 2021 Goal	<p>Over the 2020 and 2021 fiscal years, the HR department will enhance our visibility to local and regional educational entities to promote and enhance our employee candidate pool.</p> <ol style="list-style-type: none"> 1) Over the first quarter the HR department will revisit the list of local and regional educational entities and schedule activities with a minimum of 4 entities for the remainder of the fiscal year. 2) Over the second and third quarters the HR department will participate directly or obtain appropriate staff to participate in presentations/ job fairs to the scheduled locations. 3) At the end of the fiscal year, the HR department will provide an analysis of the events and the impact it has had on the Agency's employment pool. 	Verbal Report	<p><u>12/2020:</u> The following are the current job fairs HR plans to attend virtually. The plan is to add more to the list as we move thru the year:</p> <p>October 16, 2020 – SVSU November 5, 2020 – SVSU December 1-4, 2020 – Career MD December 7-10, 2020 – Career MD January 26, 2021 – SVSU March 26, 2021 – SVSU</p> <p><u>02/2021:</u> HR is adding a Specialist role that will allow for increased focus on recruiting, job fairs and other local partnerships with the goal of increasing the recruiting pool. We have recently reached out again to the Sanilac Career Center's Health Occupations program and if we are able/COVID-19 allows, we will host student shadowing in the spring. The plan is for them to be starting in April 2021.</p> <p><u>04/2021:</u> The start of the HR Specialist has been delayed until 04/19/2021. There have been no new job fairs. The job fairs are usually scheduled for the fall. The Health Occupation students have started but have been paused for 2 weeks due to COVID-19. Four more students are going to be starting. The planned re-start date for the students is May 3rd.</p> <p><u>6/2021:</u> The HR Assistant has been in the process of contacting over 60 schools in the state since she started at the end of April. We have found that many of the schools utilize/refer their students through the</p>

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#10 LOW	Satisfaction	All Programs	Human Resource Manager	01/2021 04/2021 08/2021	Administration	<p>The HR Department will track Exit interview feedback, New Staff Orientation Luncheon feedback and generic staff feedback received throughout the year and compile, using one tracking system, to watch for trends that show high ratings and also areas of improvement for the Agency. This will be shared with administrative staff, minimally, at the end of the fiscal year.</p> <ol style="list-style-type: none"> 1) The Department will create a report to share/track feedback. 2) Share feedback to Administration, minimally, at the end of the fiscal year. 3) Implement any necessary changes throughout the year and share generic improvement that resulted due to the data with QI Committee. 	Verbal Report	<p><u>01/2021:</u> HR is developing and will finalize over the next month, a tracking tool for the current Exit Interview questions and New Staff Luncheon feedback form. Once this tool is finalized, we will track forms received retroactive to the beginning of the fiscal year through the end of this fiscal year.</p> <p><u>04/2021:</u> HR has created an Excel spreadsheet to track responses to the interview questions. Any trends are shared with the appropriate administrative staff. There haven't been any New Staff Orientation Luncheons held lately.</p> <p><u>09/2021:</u> Over the past year the HR Department has collected and compiled exit information details in order to outline areas that the Agency is doing well in and areas where we can improve. Throughout the year, many staff left employment to retire, relocate closer to home and work in the schools. Many staff have noted appreciation for their direct supervisors and felt they were easy to talk to and support their departmental concerns. There were trends that outlined a want for more hands-on day to day feedback on a positive level from their officers and administration. Most staff reported that their communication needs were met from the CEO, Supervisors and Officers. Overall, staff appreciated the Zoom meets during COVID and appreciated that they have continued since. Further, multiple staff outlined that CMH has a good overall benefit package and was a good place to work. Many staff were unaware of the different offerings for staff</p>
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#11 HIGH	Access Effective- ness Satisfac- tion	Community Integration/ Psychosocial Rehabilita- tion	JTI (Formerly JSC) Supervisor	12/2020 02/2021 04/2021 06/2021 08/2021	HCBS FY 2020 Goal	Evaluate and develop an effective program to address HCBS Waiver Rules to promote independence for individuals and enhance skills. a) Restructure program to be more community involved and open for individuals to enhance their skills by 02/2021. b) Provide at least one community activity this year that is open to the public. c) Review current staff vs. individual ratios by 04/2021.	Verbal Report	<p><u>12/2020:</u> The HCBS Coordinator continues to attend training webinars and regional Zoom meetings to be informed of updates and changes. The skill building program is presently on hold due to COVID-19. Staff vs. individual ratios will be reconsidered when returning numbers of individuals and levels of need are known.</p> <p><u>02/2021:</u> Skill Building program is presently on hold. Staff vs. individual ratios will be reconsidered when returning numbers of individuals and levels of need are known.</p> <p><u>04/2021:</u> The Skill Building program remains physically closed at this time. Restructuring will be included in plans for re-opening. The program has begun doing in-home services. A painting group and other groups had been started but are on pause again due to COVID-19. In-home services will continue.</p> <p><u>06/2021:</u> The HCBS Coordinator continues to attend training webinars and regional Zoom meetings to be informed of updates and changes. The skill building program is currently on hold due to COVID-19. Staff vs. individual ratios will be reconsidered when numbers of returning individuals and levels of need are known. The name of the program has been changed to Journey to Independence (JTI).</p>
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								<p><u>08/2021:</u> The JTI skill building program has just recently re-opened from COVID-19 closure.</p> <p><u>09/2021:</u> This goal is a regular report to the QI Committee.</p> <p><u>STATUS: COMPLETE</u></p>
#12 LOW	Access Satisfaction	All Programs	CEO/ Prevention Department	02/2021 07/2021	FY 2019 & 2020 Goal	<p>Develop and provide a community education program, including website updates, Facebook posts, articles, radio spots to promote Sanilac CMH services to the community.</p> <p>1. Provide semi-annual reports to QI Committee on the activities completed.</p>	Verbal Report	<p><u>02/2021:</u> Continue to provide literature packets to the COVID-19 testing site. Sanilac CMH shares Facebook posts several times a week. Posts include original content, communications from federal, state and local agencies, such as the CDC, MDHHS, and SCHD. Other posts include assisting partners to promote services vital to Sanilac County residents.</p> <p><u>07/2021:</u> Sanilac CMH has been offering training and promoting our services to Sanilac County residents on Facebook and is working on developing an Agency Instagram page. We hosted a Family Fun Day event last month, which brought approximately 300 people into the Agency. We are working on planning a possible art walk in Lexington, which would highlight artwork created by some of the individuals in our programs, as well as from other CMH's throughout the state. Along with displaying the artwork, local businesses would be displaying information about our Agency.</p> <p><u>09/2021:</u> This goal is a regular report to the Board's Prevention and Public Education Committee.</p> <p><u>STATUS: COMPLETE</u></p>

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#13	Access	All Programs	CEO/ Prevention Department	01/2021 04/2021 07/2021 08/2021	Best Practices FY 2017, 2018, 2019 & 2020 Goal	Provide MHFA and YMHFA trainings to residents of Sanilac County to reduce stigma associated with mental illness and enhance the community's ability to assist individuals with mental health issues. 1. Provide YMHFA and MHFA to the community as needed. 2. Report the locations/ organizations that have requested training. Highlighting new or unique sites. 3. Provide the QI Committee with results of the surveys semi-annually and a summary of the year's trainings on 08/2021.	Verbal Report	<p><u>01/2021:</u> Two MHFA classes have been provided to the community since 10/1/20.</p> <p>The first class was an in-person Adult MHFA on 10/6/20. Eight participants were trained, and feedback was positive. Feedback from some participants indicated an interest in taking Youth MHFA as well.</p> <p>Unfortunately, due to the pandemic, in-person classes have been suspended at this time.</p> <p>Sanilac CMH collaborated with Huron Behavioral Health on 12/3/20 to offer a virtual Youth MHFA class. Two participants from the 10/6/20 class participated in this class at a cost of \$35.00. Overall, five participants were trained.</p> <p><u>04/2021:</u> During the period January – March 2021 we have been unable to do any trainings due to COVID either in person or virtual.</p> <p>We are currently in the process of planning MHFA training for the Sanilac County Sheriff's Office staff.</p> <p>We continue to work on a plan to offer these trainings virtually in the future.</p> <p>Sanilac CMH received Covid-19 grant funding that will help with resources for these trainings and give more options for MHFA and Managing a Mental Health Crisis.</p>
MEDIUM	Effective- ness Satisfac- tion							

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								<p>We are also training a staff to be a veteran MHFA trainer. That staff is a veteran.</p> <p><u>07/2021:</u> We have had several groups complete the MHFA training. As of right now, most of the Sanilac County Sheriff's Office staff have completed the training. Other organizations have expressed interest in scheduling these trainings as well.</p> <p>We have a meeting scheduled with the Sheriff's Office and local police departments to discuss training for law enforcement on how to deal with mental health crises within the community and de-escalate them without using force. We are hoping to have the first round of training completed by September 30, 2021. We have grant funding to assist with this training.</p> <p><u>08/2021:</u> Offering these trainings is a common practice of the Agency.</p> <p><u>STATUS: COMPLETE</u></p>
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#14	Efficiency	All Programs	Recipient Rights Officer	11/2020 01/2021 03/2021 05/2021 07/2021	2017 & 2019 MDHHS Reviews FY 2019 & 2020 Goal	Quarterly, ORR will pull a sampling of Incident Reports, one from each provider that Sanilac CMH contracts with, to ensure that the field “Corrective Measures Taken to Remedy and/or Prevent Recurrence” is completed properly by supervisory staff. <ul style="list-style-type: none">If it is found that the field is not completed properly by a specific contract provider, a larger sampling will be reviewed.If it is found that the provider is consistently not completing this area correctly, additional training with the supervisor will take place. ORR will report on all supervisory staff trainings that take place.	Verbal Report	<u>11/2020:</u> For the month of October 2020, RRO reviewed Incident Reports from 26 provider locations. All but one was acceptable, and that is a new home manager that will need training. <u>01/2021:</u> For the month of November 2020, RRO reviewed Incident Reports from 26 provider locations, all but one was acceptable, and that was the home that we are working with. For the month of December 2020, RRO reviewed Incident Reports from 31 provider locations, all but one was acceptable. The one that was not is the same home as October and November. The home manager is no longer at the home. <u>03/2021:</u> For the month of January 2021, RRO reviewed Incident Reports from 33 provider locations. There was one that was missing the “corrective measures”, but the information was entered into the field above it. For the month of February 2021, RRO reviewed Incident Reports from 31 provider locations. A provider was contacted to explain what is needed in that field, due to the provider entering “waiting to talk to Nancy” as the corrective measures. The supervisors at the two new contract homes are still doing paper IR’s. RRO scheduled a training for

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							<p>3/9/21 to train both supervisors on Oasis Incident Report entry. Both supervisors are still leaving the “corrective measures” field blank, at times, on the paper forms. RRO will ensure that they understand that the field has to be completed and what is appropriate for that field.</p> <p>There was one that was missing the “corrective measures”, but the information was entered into the field above it. RRO did add that the recipient was taken to the hospital in the field, due to that information being in the field above.</p> <p><u>05/2021:</u> For the month of March 2021, RRO reviewed Incident Reports from 36 provider locations.</p> <p>There was one that was missing the “corrective measures”, but this home has been trained since that time and are now entering them into Oasis and correctly filling in the information.</p> <p>For the month of April 2021, RRO reviewed Incident reports from 29 provider locations.</p> <p>All Incident Reports reviewed were acceptable.</p> <p><u>07/2021:</u> For the month of May 2021, RRO reviewed Incident Reports from 30 provider locations, no problems found.</p>

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								For the month of June 2021, RRO reviewed Incident Reports from 29 provider locations. There was one Incident Report that was found to not have comments or a signature of the supervisor. RRO emailed the supervisor to have them sign the IR. <u>STATUS: COMPLETE</u>
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#15	Access	Community Integration/ Psychosocial Rehabilitation	Program Supervisor	01/2021 04/2021 07/2021	Agency Need FY 2019 & 2020 Goal	By 08/30/2021 the vocational training program will successfully transition <u>10</u> individuals to community employment or to MRS for employment placement services. a) Create a program procedure/ policy for supportive employment by 02/2021. b) Train staff to supportive employment expectations by 4/2021. c) Develop benefit coach expectations within the supported employment program by 12/2020. d) Develop and implement an Agency integration plan for the benefit coach to ensure the service is sustained after the grant by 08/2021.	Verbal Report	<p><u>01/2021:</u></p> <p>a) In process but temporarily on hold due to displacement of staff.</p> <p>b) Ongoing</p> <p>c) Benefit Coach position is moving to Clinical Supervisor for oversight. Care Manager position will be overseeing program.</p> <p>d) See letter "c" above.</p> <p><u>04/2021:</u> Update:</p> <p>a) On hold at this time.</p> <p>b) Currently on hold.</p> <p>c) Care Manager Assistant trained.</p> <p>d) Benefit Coach goal is now under Care Management Supervisor.</p> <p><u>07/2021:</u> Unfortunately, COVID-19 interfered with these goals. However, we did assist 3 individuals in the past three months find employment in the community and are in the process of placing multiple others for a short-term paid job training situation.</p> <p><u>09/2021:</u> The transition goal of 10 individuals was reached 3 weeks ago. The creation of a procedure is complete. Staff have been trained and a Benefit Coach has been integrated into the process.</p> <p><u>STATUS: COMPLETE</u></p>
MEDIUM	Effective-ness Satis-faction	Supported Living	Care Management Supervisor					

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#16 MEDIUM	Effective- ness Satis- faction	All Programs	Data Management Coordinator	11/2020 02/2021 04/2021 08/2021	Region 10 Initiative FY 2020 Goal	<p>Sanilac CMH will participate in the Tobacco Cessation (PIP) with Region 10.</p> <ul style="list-style-type: none"> Baseline data on tobacco cessation products prescribed for those we serve that use tobacco products – COMPETED IN FY20 Updates will be provided to Region 10 and QI Committee regarding educational material and trainings provided to staff Updates will be provided to Region 10 and QI Committee regarding educational material and trainings provided to individuals we serve. Updated data on tobacco cessation products prescribed for those we serve that use tobacco products will be pulled and reported quarterly to QI Committee. 	Verbal Report	<p><u>11/2020:</u> The Tobacco Cessation Resources continue to be present throughout the Agency, on our external website and on the televisions in our lobby areas. A new pamphlet has been added with the others in our lobby areas. The Tobacco Cessation Resources and links were populated to the Sanilac County CMH Internal website as of 10/20/2020 (they were only on the external website prior to this). Additional Tobacco Cessation links regarding tobacco use and COVID-19 were added to both the internal and external websites on 10/20/2020.</p> <p><u>02/2021:</u> The Tobacco Cessation resources continue to be present and available in the Agency lobby areas as well as on the Sanilac CMH internal and external websites. The Tobacco Assessment continues to be used by the clinical programs at intake and annually. Tobacco Cessation information is shared with the Administrative Assistant-Prevention/Contracts for community events. However, due to the pandemic, there are much fewer community events currently happening.</p> <p><u>04/2021:</u> The Tobacco Cessation PIP continues. The annual numbers for FY20 were recently pulled from OASIS, reviewed, and reported to Region 10. FY19 numbers were corrected and sent to Region 10 as well. They are as follows:</p> <ul style="list-style-type: none"> FY2019: 82 individuals with SMI received medical assistance for tobacco use cessation. This resulted in 82 out of 310 individuals that
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								<p>received medical assistance for tobacco use cessation which is 26.45%.</p> <ul style="list-style-type: none">• FY2020: 92 individuals with SMI received medical assistance for tobacco use cessation. This resulted in 92 out of 339 individuals that received medical assistance for tobacco use cessation, which is 27.14%. <p>08/2021: Community Events/Agency Events/Collaboration in which tobacco cessation material/pamphlets were distributed to individuals served, staff, and community members:</p> <ul style="list-style-type: none">• 05/01/2021: Community Baby Shower: Display table and tobacco cessation pamphlet distributed in goodie bags; 50 community members attended this event.• 06/25/20201: Community Food Truck – Sandusky: Tobacco cessation pamphlet in 160 distributed goodie bags to community members.• 06/26/2021: Family Fun Day at SCCMHA: Display table and tobacco cessation pamphlets available; over 300 community members attended this event.• 07/15/2021: Youth Mental Health First Aid Training – MHFA training – Display table and tobacco cessation pamphlets available - focus was the youth population. Seven people in attendance.• 06/02/2021: Consumer Advisory Board (CAB): Presented Tobacco Cessation
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							<p>information to those in attendance. Followed up by providing tobacco cessation material to 1 individual in attendance.</p> <ul style="list-style-type: none"> 06/04/2021: Reached out to Residential Home Providers regarding tobacco cessation brochures and pamphlets; provided packs of information to those that expressed interest and requested them (3 home providers). 06/07/2021: Reached out to Clinical Supervisors regarding tobacco cessation brochures and pamphlets; provided packs of information to ACT Supervisor and Clinical Services Supervisor. 06/21/2021: Parent Advisory Committee (PAC): Presented Tobacco Cessation information to those in attendance. 07/09/2021: Presented Power Point on tobacco cessation to 10 home providers/12 staff in attendance. Followed up by mailing packets of tobacco cessation material to home providers. 07/13/2021: Wellness Committee Lunch & Learn Tobacco Cessation: 10 agency staff in attendance to listen/participate in presentation, received tobacco cessation material. <p>Tobacco Cessation products prescribed for those we serve that use tobacco products: Reports pulled from OASIS indicated that in CY2020, 27.14% of SMI individuals that use tobacco were prescribed medical assistance for tobacco cessation; CY2021 Q1 18.20%</p>

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								of SMI individuals that use tobacco were prescribed medical assistance for tobacco cessation; CY2021 Q2 19.18% of SMI individuals that use tobacco were prescribed medical assistance for tobacco cessation. <u>STATUS: MODIFY AND CARRY OVER TO 2022</u>

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#17	Effective- ness	Community Integration/ Psychosocial Rehabilita- tion	CFO	11/2020 01/2021 03/2021 05/2021 07/2021 08/2021	Effectiveness FY 2020 Goal	Michigan Practice Transformation Project Look at how to implement incentive payments to our residential system to help reduce our current out of county placements. a) Create a schedule of meetings by 12/30/2020 with provider to discuss objectives, outcomes and contract formatting. b) Create templates of contracts and budgets for alternative payment model by 02/28/2021. c) Create goals and objectives with provider to finalize initial incentive contract by 04/15/2021. d) Review process and modify as appropriate by 07/30/2021.	Verbal report	<p><u>11/2020:</u> A provider has been identified. We are currently working with the new provider and the homes in the transition. Currently considering the use of one bed in one of the homes for a crisis bed. Always looking at ways to bring individuals who are out of county back to Sanilac County.</p> <p><u>01/2021:</u> Due to issues related to the pandemic, the creation of the meetings schedule did not take place as outlined. This deadline has been pushed out 45 days to 02/12/2021. All other deadlines outlined are also pushed out 45 days, i.e. b) 04/10/2021; c) 06/01/2021 and d) 09/15/2021.</p> <p><u>03/2021:</u> Started scheduling meetings with new Provider to discuss incentive. April 6th is the first meeting. Have yet to set the Agenda. Will introduce goals.</p> <p><u>5/2021:</u> The second meeting with the provider has been scheduled for 5/11/2021 to discuss expectations of the provider in order to prepare for future discussion about an incentive structure.</p> <p><u>07/2021:</u> The June meeting with the provider was cancelled due to staffing issues. We met with the provider yesterday to further our discussion of provider expectations. We are trying to meet with them regularly to get incentives set up to assist with keeping the higher need individuals in the county. The provider currently has not made much advancement, but we will continue to meet with</p>
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								<p>them to work toward our goals. We are trying to offer more training opportunities and to help get them more involved to keep people in the county.</p> <p><u>08/2021:</u> We have another meeting with the provider scheduled for 8/24/2021 to further discuss our expectations prior to the implementation of our incentive plan.</p> <p><u>STATUS: CARRY OVER TO 2022</u></p>

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#18 MEDIUM	Effective- ness Efficiency Access Satisfac- tion	ACT Outpatient Treatment	ACT/Clinic Services Supervisor COO	01/2021 04/2021 07/2021	FY 2020 Goal	Co-Occurring Treatment Monitoring <ul style="list-style-type: none"> • Staff will be trained in approved practice and appropriate staff will be assigned lead by 02/2021 • Intervention plan will be implemented by 06/2021 	Verbal report	<p><u>01/2021:</u> <u>Clinic Services:</u> Andrea Misch has been assigned as the lead. The implemented policy has been reviewed and there are 15 people at this time who will be monitored by IDDT. Most are linked thru the MAT Clinic. Andrea is in the process of reviewing the previously used IDDT form to provide feedback on proposed updates. It will be sent on to Admin for approval. Staff training is planned in the next 3 months.</p> <p><u>ACT:</u> Part of the ACT staff are scheduled in January for Motivational Interviewing and part are scheduled for the next class in April. Could not get everyone in at the same time.</p> <p><u>04/2021:</u> An IDDT review form has been created and sent to Admin/Policy Committee for approval and implementation. This will replace our previously utilized form and aligns more with IDDT fidelity. Once this is approved, staff training will be set up in April to begin. There are about 30 individuals identified between ACT and Clinical Services who are appropriate for IDDT intervention at this time. Working on getting staff trained in motivational interviewing.</p> <p><u>07/2021:</u> Kris Wheeler has been assigned as lead IDDT clinician. Kris and Ryan Walker will be starting the SUD/IDDT group in August 2021. Clerical is working on scheduling our first IDDT</p>
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							<p>multidisciplinary team meeting to review cases for October 2021. Fifteen individuals have been identified and referred for IDDT.</p> <p><u>ACT:</u> Four individuals from the ACT program have been referred to IDDT for groups. All ACT staff, with exception of the ACT nurse, have been trained in Motivational Interviewing. Next, we will be seeking training in Stages of Changes.</p> <p><u>09/2021:</u> The staff have been trained. The first intervention plan was implemented. The ACT individuals have been identified.</p> <p><u>STATUS: COMPLETE</u></p>

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#19	Efficiency	Case Management /Supports Coordination	Care Management Supervisor	01/2021 04/2021 07/2021	Best Practice	Enhance the Agency's and individual's understanding of Self-Determination a) Look at current policy and adjust to be aligned with state expectations by 02/2021 b) Provide training to staff on policy changes by 04/2021 c) Create a "How to Guide" for future staff training and reference by 04/2021	Verbal Report	<p><u>01/2021:</u> There are new State technical guidelines coming out in draft. Draft process document created with information gathered from multiple sources. Sources for document include September 2020 Virtual Self-Determination Conference, 09/25/20 Sanilac CMH team meeting, and review of Sanilac Self Determination Policy and CMH for Central Michigan Self-Determination Handbook for Consumers. We need to update our policy and create a Handbook for individuals and staff.</p> <p><u>04/2021:</u> Some informal training has been done. Waiting on State guidelines final draft; still in draft form. Working on developing a "How to Guide" and will compare with the State guidelines. Will do a case-by-case review.</p> <p><u>07/2021:</u> Policies have been updated to reflect protocols/evidence practices for when staff are to complete the fidelity checklist. This has been done for IDDT, EMDR, and TF-CBT. We are still working on ACT and it will be added to the ACT Program process procedure. The new technical manual was released from draft, so we will be reviewing the changes and updating the policy and "How to Guide" to reflect that. We also will plan to train staff on the changes by 9/30/21. There is a state self-determination conference at the end of August so all changes will be reviewed by 8/30/21.</p>
HIGH	Effective-ness Satisfac-tion	Community Integration Supported Living						

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								<u>09/2021:</u> In the process of reviewing our Policy to align with new state mandates. The “How To” Guide is complete. Staff will be trained in October. <u>STATUS: COMPLETE</u>

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#20 HIGH	Effective- ness Efficiency Satisfac- tion	Case Management /Supports Coordination Community Integration/ Psychosocial Rehabilita- tion Outpatient Treatment Supported Living	Care Management Supervisor	01/2021 04/2021 07/2021	Best Practice	<p>Enhance the Agency's understanding of the HAB Waiver.</p> <ul style="list-style-type: none"> a) Look at the current policy and adjust to be aligned with state expectations by 02/2021 b) Provide training to staff on policy changes by 06/2021 c) Create a "How to Guide" for future staff training and reference by 06/2021 d) Staff will ensure that they are turning in annual reviews of HAB waivers on time 100% of the time - ASAP 	<p>Verbal Report</p> <p><u>01/2021:</u> Draft process document created with information gathered from multiple sources. Sources for document include 09/08/20 Sanilac CMH team meeting, 10/13/20 HSW CMH Leads Meeting, 10/29/20 Divisional presentation, and review of St. Clair County HSW Policy and compare to our policy.</p> <p><u>04/2021:</u> Until October, under Appendix K, verbal signatures are permitted. This is all through the WSA. Also creating a "How to Guide".</p> <p><u>07/2021:</u> The policy will need to be updated to address some changes. Also, the Region 10 HAB waiver coordinator is coming on 8/5/21 to do a department training. At this time, the "How to Guide" will be updated with policy changes and Region changes. We will revisit the changes on 8/16/21.</p> <p><u>09/2021:</u> In the process of updated the current policy to align with new state mandates. Staff were trained by Region 10 in August 2021. The "How To" Guide has been created.</p> <p>STATUS: COMPLETE</p>

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#21	Efficiency	All Programs	Clinical Supervisors/ COO	11/2020 01/2021 03/2021 05/2021 07/2021 08/2021	Best Practice	Ensure that fidelity of evidenced based practices is being monitored and appropriately identify evidence-based practices. a) Develop expectations for current evidence-based practices by 02/2021 b) Create fidelity checklist for each of our evidence-based practices by 04/2021 c) Train staff on evidence-based practices expectations by 08/2021	Verbal Report	<p><u>11/2020:</u> A meeting is set up for 11/14/2020 to go over the researched tools that they have. We are going to evaluate those tools to see which work best for the Agency.</p> <p><u>01/2021:</u> The above meeting was held, and staff are to create a fidelity checklist. The group will be meeting to combine all the information and create an overall fidelity policy with the checklist attached.</p> <p><u>03/2021:</u> Fidelity checklists have been created for both EMDR, TF-CBT and TREM. Checklists will be created for Home Based and ACT. Meeting scheduled for 3/29 to finalize checklists and then train staff and implement in June.</p> <p><u>05/2021:</u> The fidelity checklists have been created for each evidence-based practice. These will be added to the clinical practice guidelines. Staff will be trained on how to utilize them by July 2021.</p> <p><u>07/2021:</u> Tomorrow, the clinical protocol policy will be going to the Policy Committee. We have identified all of our appropriate clinical checklists for the evidence-based practices that we practice here. They will be added to the policy so that the staff will be required to do a fidelity check every 6 months on whatever evidence-based practices they use.</p> <p><u>08/2021:</u> The policy has gone through the committee, and it was approved. Evidence Based fidelity checklists were added for EMDR, TF-CBT, and</p>
HIGH	Effective-ness Satisfac-tion Access							

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								<p>TREM. We are still working on ACT's checklist and will add it to the ACT program procedure.</p> <p><u>09/2021:</u> Expectations were developed for each evidence-based practice. These were added to the Clinical Protocols policy along with the Fidelity Checklists. Staff have been trained. Fidelity will be checked every 6 months. These checklists will be added to the individual's chart. The ACT checklist is in the process of development.</p> <p><u>STATUS: COMPLETE</u></p>

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#22	Efficiency	All Programs	CIO	11/2020 12/2020 01/2021 02/2021 03/2021 04/2021 05/2021 06/2021 07/2021 08/2021	Agency Need	Over the fiscal year, Sanilac CMH will complete the CCBHC Development Workplan, including either applying for a SAMSHA grant or to become a demonstration site from the State of Michigan. The CCBHC Development Workplan is attached for reference.	Verbal Report	<p><u>11/2020:</u></p> <ul style="list-style-type: none"> An updated Workplan has been received. A list of policies/procedures have been sent to the consultant who will identify what changes are needed. In the process of reaching out to Marlette and Deckerville Hospitals for DCO discussions. <p><u>12/2020:</u> CCBHC process was focused on policy reviews and suggested revisions to bring the Agency more in line with the CCBHC Rules.</p> <p><u>01/2021:</u> Due to notification from SAMHSA for a grant opportunity for CCBHC status, we are evaluating and considering submission of an application by March 1, 2021.</p> <p><u>02/2021:</u> Working on the grant application, collecting suicide and overdose statistics, developing positions and budget. Meeting on Friday a.m. to finalize positions and budget.</p> <p><u>03/2021:</u> Grant application submitted on 2/26. Hopefully know in May if we are funded and then in October open doors to many who couldn't receive services before. If we are funded, we will add 20 new positions. We are moving forward with planning as if we are funded.</p> <p><u>04/2021:</u> Reviewed workplan with CCBHC consultant to identify items still pending. The contract template is being updated for the DCOs. The application is still</p>
HIGH	Effective-ness Satisfac-tion Access							

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								<p>in review status at SAMHSA. We should hear something by mid-May. There will have to be goals added after we find out if we are funded.</p> <p><u>05/2021:</u> The application remains in review status at SAMHSA. The contract template for the DCO connections is in development. Policies and procedures that need to be in place are currently in the process of being reviewed and updated with anticipated approval yet this month.</p> <p><u>06/2021:</u> The application has moved into the next review phase as of 06/01/2021. The DCO contract is still under development to make sure all areas are covered. Six policies/procedures have been sent through our Policy Committee and are ready to go once we are notified that CCBHC is a go. We have a few more policies/procedures with minor updates that will be going through the next committee meeting. The workplan is being monitored and items are being tackled one at a time.</p> <p><u>07/2021:</u> We were notified by SAMHSA that we will not be receiving funding from the CCBHC grant this funding cycle. We will reapply in the next funding cycle. As an Agency, we will continue to look at what we need to prepare for CCBHC status when it occurs. The next official grant application cycle is in January 2022.</p>
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								<p><u>08/2021:</u> The application process is known and partially complete for the next round, whenever opened.</p> <p><u>STATUS: COMPLETE</u></p>
#23 HIGH	<p>Efficiency</p> <p>Effective-ness</p> <p>Satisfac-tion</p> <p>Access</p>	All Programs	CEO	<p>01/2021</p> <p>03/2021</p> <p>05/2021</p> <p>07/2021</p> <p>08/2021</p>	Agency Need	<p>Sanilac CMH, over the course of the fiscal year, will be evaluating the need for a formalized Strategic Plan, including ways of enhancing recognition in the community, identifying service gaps in the community, ways to reduce stigma in the community and ways to enhance community collaboration activities.</p> <p>a) Sanilac CMH will obtain letters of interest from 3 strategic planners by 12/2020.</p> <p>b) Chosen strategic planner will develop timeline and objectives related to strategic planning which will be attached and implemented in 01/2021.</p>	Verbal Report	<p><u>01/2021:</u> Due to the spike in COVID-19 cases over November and December, this has caused a significant delay in the planning process for Strategic Planning due to the importance of in-person meetings in this process.</p> <p><u>03/2021:</u> Delayed until more in-person allowed and until CCBHC funded.</p> <p><u>05/2021:</u> Continues to be delayed until more in-person gatherings are allowed.</p> <p><u>07/2021:</u> We have been delaying this due to COVID-19. We will reach out to our vendors who had given us quotes to ask if the quotes are still valid. We plan on moving forward with this process in the fall. The plan is to start with the strategic planning process in the next fiscal year.</p> <p><u>STATUS: TO BE DETERMINED AT A FUTURE DATE</u></p>

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#24 MEDIUM	Effective- ness Satis- faction	All Programs	Data Management Coordinator	02/2021 04/2021 06/2021 08/2021	Region 10 Initiative FY 2021 Goal	<p>Sanilac CMH will participate in the Follow Up after Hospitalization PIP with Region 10.</p> <ul style="list-style-type: none"> Review baseline data from Region 10. Information will be collected via a provider survey and individuals survey regarding barriers and next steps. Determine next steps based on responses from survey referenced above. 	Verbal Report	<p><u>02/2021:</u> The PIP includes individuals ages 6 – 65 that were hospitalized for a mental health diagnosis and were linked to our CMH for follow up treatment. The study question is: Will targeted interventions increase the rate of follow up visits (for enrollees 6 and older) with a mental health practitioner within 30 days of a hospitalize discharge for treatment of a mental health diagnosis. Various barriers were identified and collected to populate a Fishbone Diagram. From the barriers identified, two surveys were created. A survey was created for Agency clinical staff as well as one for individuals that had been hospitalized within the last year (and were linked to our CMH for follow up treatment). The Agency clinical staff were invited to take the Barrier Analysis Survey via Survey Monkey. Those surveys were completed and collected between Tuesday, 1/19/2021 and Tuesday, 1/26/2021. A total of 27 surveys were completed and submitted from clinical staff.</p> <p><u>04/2021:</u> A phone survey of individuals who were psychiatrically hospitalized during the last year was conducted as relates to follow-up care. Of those that did not receive timely follow-up, only 5 individuals completed the survey. Of the individuals who did receive timely follow-up, 13 individuals chose to participate in the survey and answered some or all of the questions. These results as well as the results of the Provider survey were reviewed, tallied, and entered into the Barrier Analysis grid. The Barrier Analysis with the responses and</p>
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								<p>percentages for both the Individuals’ survey and the Provider survey will be reviewed in order to determine which areas we would like to focus on/items of significant impact. Those that are identified as significant impact will be focus areas of an Improvement Action Plan. There were also 27 clinical staff who also completed the survey.</p> <p><u>06/2021:</u> The Individuals survey and Provider survey results were analyzed in the Barrier Analysis grid, paying attention to the percentages on each question. A Root Cause Analysis (RCA) was completed and concluded that follow-up care after inpatient psychiatric hospitalization discharge has been hindered by the following identified barriers:</p> <p><u>Individuals:</u></p> <ul style="list-style-type: none">• Lack of transportation• Stigma – don’t want friends/family to know MH services are needed• Phone issues• Scheduling conflicts• Do not feel that appointment/care is needed• Unsure of appointment information• Lack of understanding of process <p><u>Clinicians/Staff:</u></p> <ul style="list-style-type: none">• New staff, unsure of follow-up process• Unsure of follow-up requirements• No consistency• Overwhelmed with tasks• Unaware that the individual was hospitalized and/or discharged
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								Environment: <ul style="list-style-type: none"> No natural supports Unstable housing Family responsibilities are priority Work/school responsibilities are priority Material: <ul style="list-style-type: none"> Educational material for staff on process and importance of follow-up Educational material for individuals on process and benefits of follow-up Cultural: <ul style="list-style-type: none"> Seeking services is frowned upon Unaware of what CMH is Recommendations have been identified and will aid in the creation of the Improvement Action Plan for 2021. Once this plan is complete, the RCA and Improvement Action Plan will be submitted to Region 10. STATUS: MODIFY AND CARRY OVER TO 2022
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