

## QI PLAN – GOALS AND OBJECTIVES – FY 2022 – FINAL REPORT

Sanilac County Community Mental Health Authority

October 1, 2021 – September 30, 2022

Goal Number & Priority	Domain	Department	Reporting Staff	Report(s) Due	Standard/Rationale	Measure/Goal	Report Format	Progress/Outcome
1	Effective-ness Efficiency Access	Community Integration/ Psychosocial Rehabilitation  Supported Living	CFO	Monthly	Effectiveness  FY 2020 Goal FY 2021 Goal	<p>Michigan Practice Transformation Project</p> <p>Look at how to implement incentive payments to our residential system to help reduce our current out of county placements.</p> <p>a) Meet with provider to create goals/objectives that produce appropriate outcomes. Provide support and training for staff to ensure they are able to meet goals/objectives by 01/31/2022.</p> <p>b) Create templates of contracts and budgets for alternative payment model by 03/31/2022.</p> <p>c) Create goals and objectives with provider to finalize initial incentive contract by 05/31/2022.</p> <p>d) Review process and modify as appropriate by 08/31/2022.</p>	Verbal Report	<p><u>12/2021</u>: COO – We haven't met with the provider in recent months. We have been discussing with them getting their staff trained before we offer incentive payments. We are going to set up a meeting in the beginning of next year to move forward with looking at what the goals would be for incentive payments.</p> <p><u>01/2022</u>: To best prepare and educate staff at the two homes, we have implemented Registered Behavioral Health Technician training for the direct care staff at Harrington Farms and Custer Street AFC homes. This is in-depth training takes approximately 40 hours to complete. We have also began scheduling staff to attend in person CPI training.</p> <p>We want to make sure training is implemented before we set up meetings discussing goals toward incentives.</p> <p><u>02/2022</u>: The trainings referred to in the last update have been rolled out to the home staff and are due for completion date of 07/10/2022. At that point, we will re-assess the next steps with our incentive process.</p>

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								<p><u>03/2022</u>: No update at this time. We are waiting for the home to do the training, which is scheduled for July 2022. No report due until after the training is complete.</p> <p><u>04/2022</u>: No update until training is completed.</p> <p><u>05/2022</u>: No update until training is completed.</p> <p><u>06/2022</u>: No update until training is completed.</p> <p><u>07/2022</u>: The home is close to being done with the required trainings, we have provided extra trainings and staffing support over the last few weeks to try to help them be successful as they move toward the goal of implementing incentives.</p> <p><u>08/2022</u>: Trainings have been completed. This goal will continue into the next fiscal year.</p> <p><u>STATUS: CARRY OVER TO 2023</u></p>

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2	Satisfaction	All Programs	Human Resource Manager	Quarterly	Administration  FY 2020 Goal FY 2021 Goal	<p>Over the 2022 fiscal year, 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"> <li>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.</li> <li>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.</li> <li>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.</li> </ol>	Verbal Report	<p><u>12/2021:</u> The HR Department and Prevention recently attended showcase night at the Career Center to explain/showcase the different vacancies that are available at our Agency to the kids that attend. The intent is to inform the students of local career paths. The CEO and HRM also attended the Health Occupations morning and afternoon classes last month, to review what services we provide and opportunities available from entry level to MA level. The HR Department attended a virtual job fair with the NASW in October. We have two OT students from SVSU that just completed their rotation and also another OT student that is requesting to intern with us in the new year. The HR Department will continue to work on outreaching to local colleges, with the goal of increasing the internships we host. Our CEO has also recently completed radio ads in Tuscola and Sanilac counties, for greater exposure. We are also now placing monthly Ads in the Sanilac County News and Jeffersonian.</p> <p><u>03/2022:</u> We are working on a recruiting video with TCHP. They were on site on 2/18/22. We had 5 staff who volunteered to complete a testimonial on the positives at working at CMH and many admin members who participated in the video. We are hosting the Career Center students at the end of March-June. We will have both morning and</p>

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								<p>afternoon students that will rotate through our clinical departments for a three-day period. Recruiting letters were sent on 3/3/22 to colleges that have a MASW program. HR will be attending a career fair on 3/17/22 with MI Works. We have a student from MSU that is interested in doing an internship at our Agency.</p> <p><u>06/2022</u>: The Agency/HR Department attended a STEM event on June 2, 2022 at the fairgrounds with our communities’ students. This allowed us to connect with local 7<sup>th</sup> and 8<sup>th</sup> graders in Sanilac County to explain our services and help plant seeds for local career paths at our agency. We attended another job fair at the Sandusky Library through Michigan Works in May, concentrating in Health Care. Letters went out last week for local schools, to express interest in attending career events. HR will be sending direct mailings to staff again soon, to try and recruit recent graduates. We are ordering an updated list from LARA.</p> <p><u>08/2022</u>: Over the course of the year, we have attended showcase night at the career center, hosted 11 health occupation students for onsite rotations, attended virtual and in seat job fairs through the NHSW, WebMD, and MI Works in Sandusky and Croswell. We attended the STEM</p>

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								event with 7 <sup>th</sup> and 8 <sup>th</sup> graders at the fairgrounds, placed radio ads, hosted OT and an upcoming MSW intern, and created a recruiting video with TCHIP.  <u>STATUS: CARRY OVER TO 2023</u>

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3	Satisfaction	All Programs	Human Resource Manager	Quarterly	Administration FY 2021 Goal	<p>The HR Department will track Exit interview feedback, New Staff Orientation Luncheon feedback, generic staff feedback received throughout the year and mini-exit interviews when staff transfer to new positions and also at random from current staff. The information will be compiled, 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"> <li>1) The Department will create a report to share/track feedback.</li> <li>2) Share feedback to Administration, minimally, at least twice per year.</li> <li>3) Implement any necessary changes throughout the year and share with QI Committee any generic improvement that resulted due to the data.</li> </ol>	Verbal Report	<p><u>12/2021</u>: The HR Department continues to collect data at exit interviews. A transfer questionnaire has been developed and is starting to be used more consistently. We continue to do staff luncheons regularly, at which we receive feedback. We put together a schedule to start calling staff randomly for feedback. Into the new year, a database will be created that will help us keep track of that feedback and will allow for reports to be pulled.</p> <p><u>03/2022</u>: HR continues to contact all staff that are exiting and transferring to track trends and follow up on necessary items. A database will be started in the next month, to assist with reporting and accessibility. HR is working through modifying questions to allow for the system to be more effective with reporting.</p> <p><u>06/2022</u>: We continue to collect feedback from staff during new hire luncheons, transfers and upon exiting. The luncheons are back on track after COVID, as we had some staff that were well over a year overdue for this training. As a result of recent feedback, we are now giving maps of our building to our new staff and have received other areas to consider, including schedules and further training requests. We have found that many staff are transferring for a change in duties or a promotion. Staff have noted that communication has increased.</p>

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								<p>We will continue to track feedback and provide a summary at the end of the fiscal year.</p> <p><u>08/2022</u>: Over the past year, we have collected feedback in multiple areas. Some of the changes that have been implemented: new staff schedules being modified to allow for more time in one building, this has resulted in more back-to-back trainings. We will see how this goes, as some staff prefer breaks in between learning new areas of CMH, as it is a lot of information to take in. New staff have requested more training areas, including benefits, On-call crisis training, and Oasis. Our Oasis trainer offers assistance while training initially, and staff have been informed that they are available for their needs on-going. Shadowing and case by case reviews are done for On-call Crisis training. The HR department has pieced apart training for New Hire HR Orientation, UKG/Ultipro, and benefits. Benefits are reviewed during HR Orientation, and again after a week to allow for more Q&amp;A and enrollments. Maps of the buildings have been implemented and a phone list for staff contacts has been created.</p> <p>Staff that have transferred have outlined that they have done so to have a change or a promotion and generally were satisfied with their departments prior.</p>

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								<p>Multiple staff that have exited the Agency have noted that they appreciate the purpose of the Agency and enjoy working with their direct co-workers and individuals served. Most staff had an appreciation for their direct supervisor and appreciated the role their officers had taken on while being short staffed. All staff interviewed felt their peers were very effective in meeting their individual needs. Base wages were split between Excellent to satisfactory, those that noted satisfactory wages felt that competitors in the area had higher wages with less stress on the job. Staff benefits and PTO were consistently rated as Excellent. Physical Environments were noted as anywhere from excellent to poor, depending on the location, issues were noted for privacy, temperatures, etc. Many staff did not understand what recognition programs we had in place were, however, once programs were outlined, they were rated between excellent and satisfactory. Overall, as a choice employer, Sanilac CMH rated high.</p> <p>The HR department will continue this goal to gather more data to look at trends.</p> <p><u>STATUS: CARRY OVER TO 2023</u></p>

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4	Effective-ness  Efficiency	All Programs	Recipient Rights Officer	12/2021 monthly	Administration	<p>Recipient Rights Office will do a random review of one contracted home's Incident Report documentation per month. The review will verify accuracy of entry of the handwritten form to wording in OASIS. One month of IR's will be verified during the review.</p> <ul style="list-style-type: none"> <li>• Training will be provided at the 10/08/2021 Home Providers' Meeting on the process.</li> <li>• Beginning on 11/1/2021, for the period 10/09/2021 forward, one month of IR's will be verified during a review.</li> <li>• If discrepancies are found, the home staff responsible for entry will be required to go through training and the home will need to complete a POC that must include an internal review monthly with reports submitted to the RR Office.</li> </ul>	Verbal Report	<p><u>12/2021:</u> On 11/8/2021, Harrington Farms Incident Reports were audited for dates 10/9/2021 – 10/31/2021. There were four paper incident reports and they matched what had been entered into OASIS. No corrective measures needed.</p> <p>On 12/3/2021 RRO Osborn went to Mulberry Home to audit 11/1/2021-11/30/2021 incident reports. The home manager had added information to an incident report and corrected spelling on an incident report, so Ms. Osborn did an in-service with the home manager to explain that there are no corrections at all to what her staff had entered on the handwritten incident report when she is entering it into Oasis. She now understands this.</p> <p><u>01/2022:</u> On 1/10/2022 RRO Osborn went to Hickory Hollow Home to audit 12/1/2021-12/31/2021 incident reports. There were no issues found.</p> <p><u>02/2022:</u> On 2/4/22 RRO Osborn went to Peaceful View home to audit 1/1/22-1/31/22 incident reports. There were no issues found.</p> <p><u>03/2022:</u> On 3/2/2022, RRO Osborn went to Austin Home to audit 2/1/22 – 2/28/22 incident reports. There were no issues found.</p>

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								<p>RRO did recommend that staff be more detailed in their documentation and explained to the supervisor that she can give the incident report back to the staff if they do not include necessary information. This was not related to the QI goal. The recommendation was made to assist the home in writing better incident reports.</p> <p><u>04/2022</u>: On 4/4/2022 RRO Osborn went to Custer Street Home to audit 3/1/2022 - 3/31/2022 incident reports. It was found that the staff entering the incident reports has made minor changes to the incident reports. On 4/11/2022 RRO Tezak spoke with this staff and explained that all incident reports need to be entered exactly as written. RRO is also going to discuss with the CMH staff that does the Oasis training to see if she can have them enter a real incident report while they are in training.</p> <p><u>05/2022</u>: On 5/2/2022 RRO Osborn went to Lake Huron House to audit 4/1/2022-4/30/2022 incident reports. There were some minor changes made (spelling) but "content" was not edited by the person entering the incident report. RRO Osborn did explain to the home manager that they are to be entered exactly as written, typos and all. This does not require an in-service with the manager, due to content not being changed, just spelling.</p>

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								<p><u>06/2022</u>: On 6/02/2022 RRO Osborn went to Parkview in Brown City to audit 5/1/2022 – 5/31/2022 incident reports. There were no issues found.</p> <p><u>07/2022</u>: On 07/06/2022 RRO Osborn went to Deckerville Pine House in Deckerville to audit 06/01/2022 – 06/30/2022 incident reports. There were no issues found.</p> <p><u>08/2022</u>: On 08-04-2022 RRO Osborn audited Ellsworth Home, Marlette. 07/01/2022 – 07/31/2022 incident reports were audited. There were no issues with the incident reports that were entered into Oasis. There were two incident reports that the home had that were not in Oasis yet, and these will be researched to see what was the cause.</p> <p><u>STATUS: CARRY OVER TO 2023</u></p>

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5	Effective-ness  Satisfac-tion  Efficiency  Access	All Programs	CIO	01/2022 04/2022 08/2022	FY 2018 Goal FY 2019 Goal FY 2020 Goal FY 2021 Goal	Research methods and report on possible solutions for efficiencies utilizing technology both short and long term	Verbal Report	<p><u>01/2022</u>: Our Agency has increased the number of devices we have that enable staff to work remotely. This has increased staff's efficiency but has created more work to maintain for the IT Department. To decrease some of the manual work to maintain these devices, research was completed to find an automated solution that would assist with updates, patches, etc. and Kaseya was chosen. The IT Department has also been eliminating and streamlining duplicate software, migrated the phone system to Microsoft Teams, eliminated Java due to vulnerabilities, and are working on other ways to enhance the use of Microsoft tools to create more efficiencies for staff.</p> <p><u>04/2022</u>: We are continuing the plan to increase the number of PC's and laptops to increase staff's efficiency and enhance the use of remote support; we have implemented Kaseya to allow IT staff this ability. The Windows patching functionality has been deployed and is being adjusted to get a higher rate of fully patched PC's. Planning is continuing in the process of rolling out Microsoft SharePoint per department and migrating file hosting to the Microsoft cloud. Java has been removed from the servers and is no longer being installed on any computers because of the log4j vulnerability. The</p>

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								<p>duplicate software deployment server has been decommissioned.</p> <p><u>08/2022</u>: Testing continues with SharePoint with a lot of pros found it switching to this method including the ability to work offsite and have all documents available. New smartphones have been deployed to staff that offer more functionality to the user and give IT the ability to manage these devices remotely through Miradore MDM (mobile device management). IT was able to stop the cost of multiple domains and certificates due to coverage using Host Gator.</p> <p><u>STATUS: MODIFIED AND CARRY OVER TO 2023</u></p>

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6	Effective-ness  Satis-faction	All Programs	Data Management Coordinator	01/2022 04/2022 08/2022	Region 10 Initiative  FY 2020 Goal FY 2021 Goal	<p>Sanilac CMH will participate in the Tobacco Cessation PIP with Region 10.</p> <ul style="list-style-type: none"> <li>• Updates will be provided to Region 10 and QI Committee regarding educational material and trainings provided to staff</li> <li>• Updates will be provided to Region 10 and QI Committee regarding educational material and trainings provided to individuals we serve.</li> <li>• Updated data on tobacco cessation products prescribed for those we serve that use tobacco products will be pulled and reported quarterly to QI Committee.</li> <li>• Annual data on tobacco cessation products prescribed for those we serve that use tobacco products will be pulled and submitted to Region 10 and the QI Committee. This data will be compared to the baseline data to show increase/decrease in ratios.</li> </ul>	Verbal Report	<p><u>01/2022</u>: 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"> <li>• 08/21/2021 - Applegate Summer Festival</li> <li>• 09/11/2021 - Suicide Awareness Walk – Sandusky, MI.</li> <li>• 09/14/2021 - Mental Health First Aid training for community teachers – Administration building, SCCMHA</li> <li>• 10/21/2021 - Adult Mental Health First Aid training.</li> </ul> <p>Smoking Cessation brochures, etc.: There were a total of 148 tobacco cessation pamphlets taken from the lobby area of our 3 clinical locations during calendar year 2021. The lobby televisions (at Ehardt and the Administration building) were monitored quarterly throughout the year to assure that the tobacco cessation material is still displaying correctly. The agency internal and external websites were also monitored quarterly throughout the year to assure that the tobacco cessation resource links are working properly.</p> <p>Tobacco Cessation products prescribed for those we serve that use tobacco products:</p>

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								<p>Reports processed in OASIS indicated the following quarterly percentages of SMI individuals that use tobacco that were prescribed medical assistance for tobacco cessation during calendar year 2021: Q1= 17.13%; Q2 = 18.71%; Q3 = 18.29%; Q4 = 18.24%</p> <p><u>04/2022</u>: GOAL DISCONTINUED BY REGION 10</p> <p><u>STATUS: COMPLETE</u></p>
7	Effective-ness  Satis-faction	All Programs	Data Management Coordinator	01/2022 04/2022 08/2022	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"> <li>• Information will be collected via a provider survey and individuals survey regarding barriers and next steps.</li> <li>• Determine next steps based on responses from survey referenced above.</li> <li>• Complete action plan and submit to Region 10 and QI Committee.</li> <li>• Updates will be provided to Region 10 and QI Committee on each action plan goals quarterly.</li> </ul>	Verbal Report	<p><u>01/2022</u>: An Improvement Action Plan was developed for this goal. The objectives include: <u>Objective #1</u>: Increase/promote community awareness of value of CMH services. Major Tasks: Continuing education in community regarding CMH services, understanding the need for CMH services and availability. Educate individuals and community in order for them to feel comfortable coming to CMH for services and care. Work closely with Community Outreach staff person to provide help when needed and be informed of all community events in order to share information, etc. Activity: There were numerous community events that included representation from CMH, including pamphlets, display tables, etc. Some of these events include: 5/1/2021 – Community Baby Shower, 6/25/2021 Community Food Truck – Sandusky,</p>

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								<p>6/26/2021 Family Fun Day, 9/11/2021 Suicide Awareness Walk; 9/13/2021 Radio Interview, 9/15/2021 and 9/21/2021: Suicide Prevention Training, 10/19/2021 Adult MH First Aid, 10/26/2021 Youth MH First Aid, and 11/4/21 Showcase Night at Sanilac Career Center.</p> <p><u>Objective #2:</u> Reinforce/educate hospital staff regarding follow-up care and the importance of communication between the hospital and the SCCMHA Care Manager / Hospital Liaison.</p> <p>Major Tasks: Provide hospitals with a document/memo regarding the discharge and follow-up after hospitalization timeline. The document/memo will also include contact information of the SCCMHA Hospital Liaison.</p> <p><u>Objective #3:</u> Increase coordination between hospital staff and CMH staff.</p> <p>Major Tasks: Coordination of hospitalization admission and discharge information to the appropriate SCCMHA staff [Hospital Liaison and/or Care Manager and/or Clinical Supervisor].</p> <p>Activity: Between 10/1/2021 and 12/31/2021, this coordination occurred approximately 27 times and the appropriate staff were notified.</p> <p><u>04/2022:</u></p> <p><u>Objective #1: Increase/promote community awareness of value of CMH services:</u></p>

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								<p>CMH Services were promoted on:  2/22/2022 and 2/23/2022 at the Assessing and Managing Suicide Risk community event  3/12/2022 at the Adult Mental Health First Aid class at Hope Christian Church in Marlette  3/17/2022 at the job fair in Lexington that was sponsored by Michigan Works</p> <p><u>Objective 2: Reinforce/educate hospital staff regarding follow-up care and the importance of communication between the hospital and the SCCMHA Care Manager / Hospital Liaison</u>  Major Tasks: Provide hospitals with a document/memo regarding the discharge and follow-up after hospitalization timeline. The document/memo will also include contact information of the SCCMHA Hospital Liaison. The Sanilac County CMH Reference/Contact sheet was sent to contractual hospitals on 2/1/2022.</p> <p><u>Objective #3: Increase coordination between hospital staff and CMH staff</u>  Major Tasks: Coordination of hospitalization admission and discharge information to the appropriate SCCMHA staff [Hospital Liaison and/or Care Manager and/or Clinical Supervisor].</p>

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## QI PLAN – GOALS AND OBJECTIVES – FY 2022 – FINAL REPORT

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Goal Number & Priority	Domain	Department	Reporting Staff	Report(s) Due	Standard/Rationale	Measure/Goal	Report Format	Progress/Outcome
								<p>Activity: Between 1/1/2022 and 4/7/2022, this coordination occurred 45 times and the appropriate staff were notified.</p> <p><u>08/2022:</u>  <u>Objective #1: Increase/promote community awareness of value of CMH services:</u>            CMH Services were promoted on:            6/2/2022 - Participated in Mi-STEM event for 7<sup>th</sup> and 8<sup>th</sup> graders in Sanilac County schools. Students experienced vision and auditory sensory challenges such as some of our individuals experience.            6/14/2022 - Youth Mental Health First Aid training in the community            6/24/2022 - Drive Through Senior Fair – Sandusky: CMH information dissemination            6/25/2022 Thumb Festival Kids’ Day – CMH information dissemination and interaction with the kids</p> <p><u>Objective 2: Reinforce/educate hospital staff regarding follow-up care and the importance of communication between the hospital and the SCCMHA Care Manager / Hospital Liaison:</u>            Major Tasks: Provide hospitals with a document/memo regarding the discharge and follow-up after hospitalization timeline. The</p>

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								<p>document/memo will also include contact information of the SCCMHA Hospital Liaison. The Sanilac County CMH Reference/Contact sheet was sent to contractual hospitals on 2/1/2022. If/when we have new contracted hospitals, this document is provided to them.</p> <p><u>Objective #3: Increase coordination between hospital staff and CMH staff:</u> Major Tasks: Coordination of hospitalization admission and discharge information to the appropriate SCCMHA staff [Hospital Liaison and/or Care Manager and/or Clinical Supervisor]. Activity: Between 4/8/22 and 7/22/22, this coordination occurred 41 times and the appropriate staff were notified.</p> <p><u>STATUS: MODIFIED AND CARRY OVER TO 2023</u></p>

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8	Access Efficiency Effective-ness	SUD and Contract Management	COO CIO	Monthly	Best Practice	<p>Implementation of primary SUD treatment program</p> <ul style="list-style-type: none"> <li>• Apply for ASAM Designation for Agency by 12/1/2021.</li> <li>• Submit request to add SUD primary treatment to CARF accreditation by 12/1/2021.</li> <li>• Submit information to R10 and work out contract by 1/15/2022.</li> <li>• Create a SUD clinical protocol policy by 2/1/2022.</li> <li>• Create internal referral process by 2/1/2022.</li> <li>• Identify staffing needs by 2/1/2022.</li> <li>• Finalize contract and contract rates by 2/1/2022.</li> <li>• Implement and train staff by 3/1/2022.</li> </ul>	Verbal Report	<p><u>12/2021</u>: Request for ASAM designation was submitted to the state on 10/29/2021 and updates requested on 11/18/2021 and 11/29/2021 – still no word.</p> <p>Request to CARF to add the 'Outpatient Treatment (OT) – Integrated SUD/Mental Health' designation onto David Ehardt Center and Croswell Office was submitted on 10/29/2021. We were notified on 11/15/2021 that this was completed.</p> <p><u>01/2022</u>: Request for ASAM designation was submitted to the state on 10/29/2021 and requested update on 11/18/2021 and 11/29/2021 – still no word</p> <p>Request to CARF to add the 'Outpatient Treatment (OT) – Integrated SUD/Mental Health' designation onto David Ehardt Center and Croswell Office was submitted on 10/29/2021. We were notified on 11/15/2021 that this was completed.</p> <p>We received notification from the State on 12/21/2021 that we are now ASAM 1.0 Designated. The PIHP was updated with the information for both CARF and ASAM on 12/21/2021.</p>

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								<p><u>02/2022:</u> The PIHP has been given the information regarding our ASAM designation and CARF Accreditation. Our rates and codes we are requesting to contract for have been sent to them also. We are waiting on a proposed contract now.</p> <p><u>03/2022:</u> We have heard from Region 10. They are taking our rates to their Board 3/18/2022. They would like our contract to take effect 4/1/2022. We got a template to review to make sure we can meet all the criteria that they are proposing.</p> <p><u>04/2022:</u></p> <ul style="list-style-type: none"> <li>• Received approval from the Region 10 Board for our rates.</li> <li>• Working with Region 10 to get all needed documentation for our contract.</li> <li>• Reviewing the contract template to ensure there are no issues.</li> <li>• Getting staff identified and set up for ASAM Continuum training.</li> <li>• Submitted grant to SAMHSA that focuses on SUD/COD individuals. It would be a 3 year grant starting 9/30/2022 if we get it.</li> <li>• Working on an access/intake process for SUD only individuals.</li> </ul>

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								<p><u>05/2022:</u> We have an official contract with Region 10 as of the end of April. We are now moving into the phase of setting up the logistics with the Region's systems. Andrea Misch will be the point person for Mix. We also will be training staff in the ASAM model within the next month. The plan is to start taking referrals and have all program policies and procedures done by June 6, 2022.</p> <p><u>06/2022:</u> Staff have completed ASAM Continuum training. We are working with the Region on getting staff into their Mix system.</p> <p><u>07/2022:</u> We currently are all set up to take referrals and to start treatment. On 07/08/2022, we had our first referral. Now we will continue to monitor referrals and treatment interventions to help understand how to change current practices to insure services and treatment effectiveness.</p> <p><u>08/2022:</u> No update.</p> <p><u>STATUS: COMPLETE</u></p>

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9	Efficiency  Effectiveness  Satisfaction	All Programs	HR Manager	Monthly	Staff Retention	Implementation of Agency Incentive program <ul style="list-style-type: none"> <li>• Discussion will start to be held in Personnel Committee, ongoing, on the progress of incentive program development until final implementation.</li> <li>• Discussion will start at Admin to review committee progress and discuss incentive ideas.</li> <li>• Incentive Committee to provide a summary of incentive plan recommendations to administration and meet to discuss final incentives by 1/15/2022.</li> <li>• Finalized incentive plan taken to February Labor Relations with a Union vote by 3/1/2022.</li> <li>• Finalized incentive plan taken to board by 3/31/2022.</li> <li>• Finalized incentive plan Agency implementation April 2022.</li> </ul>	Verbal Report	<p><u>12/2021</u>: We have 3 more meetings set up to discuss departments. The committee will then provide a summary to the Admin team. The plan is to have the summary by the middle of January.</p> <p><u>01/2022</u>: We have 2 positions to review. We have a meeting scheduled for 1/21/2022 to review the last 2 positions, review admin recommendations and to finalize our recommendation. We have sent what we have complied so far to admin for recommendations. We know will be working through the process of looking at the recommendations and suggestions for admin and will use them to produce a final draft. We are still recommending implementation of the program for the beginning of the fiscal year.</p> <p><u>02/2022</u>: We have completed getting input from all the agency departments. Now we are in the process of completing the review of the input at admin to finalize a program to move to the union for input.</p> <p><u>03/2022</u>: HR and the CEO have been meeting to look over all the recommendations to help determine the best structure for the Agency. We are hoping to present the program to the Union in the next couple of months and have the program implemented by the next fiscal year.</p>

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								<p><u>04/2022</u>: HR has reformatted the classification to assign 1 point to all the first classification, 2 points to the middle classification and 3 points to the top classification. The CEO and HR have reviewed most of the incentive sheets, we have a few left to review together and plan to do this at the end of April. During our meetings, we outlined questions for consideration that will go to admin next for input. HR is also working on reformatting the incentive information into points/classification. This will also go to admin once it has been completed and reviewed.</p> <p><u>05/2022</u>: The CEO and HR Manager met and reviewed the remaining job/incentive sheets on April 22, 2022. As a result of these meetings, HR is now working on clarifying questions and potential issues with the measurables on many incentive sheets. These incentive sheets will start to be reviewed by Admin for further feedback on May 23, 2022.</p> <p><u>06/2022</u>: Incentive materials went to Admin. Materials are now being reviewed departmentally for consistency, final content, and to answer questions. The format was changed to a point system for all items vs. a rating scale, this is also being reviewed. Incentives will be reviewed at Admin this month.</p>

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								<p><u>07/2022</u>: Administration met on July 11, 2022 and discussed the incentive program. This will be brought back to administration for further input. Next, we will be discussing with the union about some ideas we have about the incentive program to make it more effective.</p> <p><u>08/2022</u>: Continuing Goal Modifying to:</p> <p>Implementation of Agency Incentive Program:</p> <ul style="list-style-type: none"><li>• Discussion will continue with bother Administration and the Union until final implementation. The target date was moved to 10/01 during the course of 2021 QI plan, due to modifications to the program and timelines to implement. The following steps are still required to complete this goal.<ul style="list-style-type: none"><li>○ Final approval by administration required.</li><li>○ Approval by Union required.</li><li>○ Implementation.</li></ul></li></ul> <p>The Agency will continue to work towards this goal. Incentives are currently being reviewed and were brought to LR last month. Discussion was held regarding types of incentives for different</p>

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								classifications of staff. The program will be reviewed by the Union at Labor relations in September.  <u>STATUS: MODIFIED AND CARRY OVER TO 2023</u>

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