

QI PLAN – GOALS AND OBJECTIVES – FY 2023

Sanilac County Community Mental Health Authority

October 1, 2022 – September 30, 2023

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	01/2023 04/2023 07/2023	Effectiveness FY 2020 Goal FY 2021 Goal FY 2022 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 12/29/2022 with provider to discuss objectives, outcomes and contract formatting. b) Create templates of contracts and budgets for alternative payment model by 02/28/2023. c) Create goals and objectives with provider to finalize initial incentive contract by 04/14/2023. d) Review process and modify as appropriate by 07/31/2023.	Verbal Report	<u>01/2023:</u> Agency leadership will meet to re-assess this goal as it relates to the current provider and discuss the future direction of the incentive payment program. <u>03/2023:</u> GOAL DISCONTINUED

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(2)	Effective- ness Satis- faction	All Programs	Admin Supervisor – Contracts/Data	02/2023 05/2023 08/2023	Region 10 Initiative FY 2021 Goal FY 2022 Goal	Sanilac CMH will continue to participate in the Follow Up After Hospitalization PIP with Region 10. • Monitor the key objectives, activities and tasks, complete quarterly updates and submit to QIC and Region 10 PIHP.	Verbal Report	<u>02/2023:</u> <u>Objective #1: Increase/promote community awareness of value of CMH services:</u> CMH Services were promoted on: 10/21/2022- Participated in Harvest Hop 11/03/2022- Instructed Mental Health First Aid class at Sanilac County Court House 11/14/2022- Instructed Youth Mental Health First Aid in the community 11/30/2022- Participated in Show Case Night <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> 09/09/2022- New 2022-2024 contracts sent to contractual hospitals including SCCMHA Reference/Contact Sheet. <u>Objective #3: Increase coordination between hospital staff and CMH staff:</u> Major Tasks: Coordination of hospitalization admission and discharge information to the

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								<p>appropriate SCCMHA staff [Hospital Liaison and/or Care Manager and/or Clinical Supervisor]. Activity: Between 07/23/2022 and 12/31/2022, this coordination occurred 57 times and the appropriate staff were notified.</p> <p><u>05/2023:</u></p> <p><u>Objective #1: Increase/promote community awareness of value of CMH services:</u> CMH Services were promoted on:</p> <p>3/9/2023- Hosted Identifying Everyday Dangers in the Lives of Youth</p> <p>4/25/2023- Youth Mental Health First Aid</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></p> <p>4/28/2023- Follow up with Contract Supervisor: No new contractual hospitals. Sent updated hospital discharge form to Sanilac CMH hospital liaison to distribute to hospital contacts.</p>

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								<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 1/1/2023 and 3/31/2023, this coordination occurred 36 times and the appropriate staff were notified.</p>
(3)	Effective-ness Efficiency	All Programs	Recipient Rights Officer	Monthly	Administration FY 2022 Goal	<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> <p>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.</p>	Verbal Report	<p><u>12/2022:</u> On 10/5/22 RRO Osborn audited Incident Reports at R&R AFC. No concerns were noted.</p> <p>On 11/3/22 RRO Osborn audited Incident Reports from CC's Villa. No concerns were noted.</p> <p>For the review in December to review November 2022 the assigned location was Martinez Retirement. They did not have any incident reports to review.</p> <p><u>01/2023:</u> For the review on 01/03/2023, the assigned location was Martinez AFC. There were no incident reports for the month of December to review. RR discussed the new IR system process with them.</p> <p><u>02/2023:</u></p>

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								<p>On 02/01/2023 RRO Osborn audited Incident Reports at Mulberry home. All incident reports were entered into Oasis to match what the reporting staff had written. It was found that the supervisor was only entering her supervisor comments in Oasis and not on the paper copy, so it was explained that the information should be on both the paper copy and in Oasis. No other concerns were noted.</p> <p><u>03/2023:</u> On 03/02/2023, RRO Osborn audited Incident Reports from Custer AFC. No concerns were noted.</p> <p><u>04/2023:</u> On 04/03/2023, RRO Osborn audited Incident Reports at Lake Huron House. No concerns were noted.</p>
(4)	Satisfaction	All Programs	Human Resource Manager	12/2022 03/2023 05/2023 08/2023	Administration FY 2020 Goal FY 2021 Goal FY 2022 Goal	<p>Over the 2023 fiscal year, the HR department will enhance our visibility to local and regional educational entities to promote and enhance our employee candidate pool.</p> <p>1) Over the first quarter the HR department will revisit the list of local and regional educational entities and schedule activities</p>	Verbal Report	<p><u>12/2022:</u> The HR department attended showcase night at the Career Center in November, Career Center students and parents attended. Foot traffic was lighter this year than in the past. This may have been an issue with the location of tables. Over the next quarter, the HR department will be working on branding online, such as LinkedIn and other platforms. We are working with our Indeed representative to amplify our platform. We will continue to assess job fairs as they present throughout the year.</p>

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						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.		<u>03/2023:</u> Over the past month, the HR Department has attended job fairs at Eastern Michigan University, Central Michigan University, and SVSU to showcase our positions. We have 4 more upcoming fairs over the next month. We are rebranding online; our HR Assistant has been working on building pages on both Indeed and Glassdoor that outline our culture and benefits/value adds at CMH. Health Occupations Career Center student job shadows start at the end of March, we currently have 5 students rotating. Health Occupation presentations occurred in February; 34 students were in attendance. Surveys were collected from students to gauge effectiveness. Many students noted they learned more about our offerings at CMH and valued the presentation. Feedback included they would like to take a deeper look at what the day in a life of more professions look like here, Care Managers and Clinicians were reviewed with the students.

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(5)	Satisfaction	All Programs	Human Resource Manager	12/2022 03/2023 05/2023 08/2023	Administration FY 2021 Goal FY 2022 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"> 1) The Department will create a report to share/track feedback. 2) Share feedback to Administration, minimally, at least twice per year. 3) Implement any necessary changes throughout the year and share with QI Committee any generic improvement that resulted due to the data. 		<p><u>12/2022:</u> HR continues to collect information for staff feedback and presents details to the Officers and CEO as necessary.</p> <p><u>03/2023:</u> Since January, we have had 8 staff attend new hire luncheons. Almost all staff expressed that their position was what was expected when they were hired and that questions were addressed timely. Staff appreciated the time they were given to shadow others and also appreciated new hire schedules to help guide them their first week. Requests for Maps of all the buildings was made. It was noted that transfers may need more attention with scheduling, sometimes knowledge may be assumed.</p>

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(6)	Efficiency Effectiveness Satisfaction	All Programs	HR Manager	12/2022 03/2023 05/2023 08/2023	Staff Retention FY 2022 Goal	<p>Implementation of Agency Incentive Program:</p> <ul style="list-style-type: none"> Discussion will continue with both Administration and the Union until final implementation. The target date was moved to a 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"> Final approval by administration required. Approval by Union Required. Implementation. <p>The Agency will continue to work towards this goal. Incentives are currently being reviewed down to types for different classifications of staff. The program will be reviewed by the Union at Labor Relations.</p>		<p><u>12/2022:</u> The Agency has placed the incentive program on hold. We are looking at ways to ensure that the program is successful with incentives.</p> <p><u>03/2023:</u> This program remains on hold. No update at this time.</p>

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(7)	Effective-ness Satisfactio n Efficiency Access	All Programs	CIO	01/2023 04/2023 07/2023	FY 2018 Goal FY 2019 Goal FY 2020 Goal FY 2021 Goal FY 2022 Goal	The IT department will look for areas in need of a new process/ software/device or an enhancement in an area by using user feedback, supervisor/Chief requests, and assessments/reviews of the network. The proposed solutions will be based on increasing efficiencies and streamlining processes utilizing technology and systems.	Verbal Report	<p><u>01/2023:</u> Multiple requests for new software and devices were looked into and/or purchased.</p> <ul style="list-style-type: none"> For the data department, Winmerge was reviewed and will be implemented – this will increase efficiency by allowing the staff to compare folders and files quickly and will present differences in a visual text format that is easy to understand and handle. To utilize grant funds, devices and cases are being purchased for police departments and first responders – this will allow increased efficiencies for our crisis workers by providing immediate access to individuals in crisis situations. Additionally, three mobile tele units are being purchased for use with individuals who will be seeing our new teletherapy group – this will increase access to services. <p><u>04/2023:</u> A swipe system has been approved for the Croswell location for staff access and safety. The system will allow IT the ability to monitor and maintain access to the building to the appropriate, active staff. We have enhanced our monitoring contract to include ransomware protection due to the increased number of phishing emails and targeted phishing attacks. The IT department is also looking into other items currently such as multi-factor</p>

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								authentication, security risk assessment, penetration testing, Internet speed and connectivity, and removal of POTS lines.
(8)	Effectiveness Efficiency Access	Administrative and Clinical	CIO/PD	Monthly	CCBHC Grant	Sanilac CMH will be planning, developing, and implementing CCBHC <ul style="list-style-type: none"> By 10/30/2022 job descriptions will be finalized and recruitment will be underway By 12/31/2022 Policies, Procedures, and training will be developed, modified, and provided to incorporate CCBHC requirements Develop, gather, and report on matrix/ data/ goal/ objectives 		<u>12/2022:</u> <ul style="list-style-type: none"> Job descriptions were created for new positions and modified (if needed) for additional positions. Recruitment has been occurring and a lot of positions have been hired. We are working on a contract with a teletherapy company to assist with therapy services due to the lack of applicants that are licensed to provide this service. Seven policies and procedures have been updated and sent through the Policy Committee. There are a few more that are being worked on. Training will be ongoing. The updated NOMS training will be occurring on 12/14/2022 with clinical staff. The annual IPP goals have been added into SPARS. The PD and Evaluator have completed the initial trainings for SPARS.

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						<ul style="list-style-type: none"> Create and implement meetings for advisory and provider teams/groups Create and enhance programs to provide required CCBHC services Create community education and enhance partnerships 		<ul style="list-style-type: none"> A CCBHC Core Team and a CCBHC Ad Hoc Board Committee have been created and have started to meet. <p><u>01/2023</u></p> <ul style="list-style-type: none"> Recruitment is underway for the therapy positions still open. We have signed a contract with a tele-therapy company to assist until these positions are filled. Updated NOMS training was completed with staff The date for NOMS and data entry into SPARS has been delayed due to the updates. It is now 2/28/2023. We will complete the assessments and hold onto them until the new date. The CCBHC Core Team and CCBHC Ad Hoc Board Committee continue to meet Starting the CNA process. Working with TCHP. First focus group is 1/10 with the YAK group. <p><u>02/2023:</u></p> <ul style="list-style-type: none"> Work on CNA continues. We have been meeting with Kay B from TCHP to assist with survey prep. The community survey will be sent out/published no later than 02/10/2023. Focus groups continue; we have met with YAC, PAC, CAB, and PGC to date. We are reaching out to other community venues and organizations to complete more focus groups.

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								<ul style="list-style-type: none"> The continuation application has been completed. The clinical departments are working on enrollment of first participants and service arrays. The billing and data departments are working on insurance enrollments with the health plans and other 3rd party payers. The CCBHC Core Team has moved to monthly meetings. The CCBHC Ad Hoc Board Committee meets monthly. <p><u>03/2023:</u></p> <ul style="list-style-type: none"> Work on CNA continues. The Community and BH Provider surveys have been sent out/published and we are gathering responses using Survey Monkey. Data gathering is also underway on demographics, services, and census information. Staffing and Training plan will be completed utilizing the findings from the CAN. Insurance enrollment packets have been submitted to numerous health plans. The clinical department is working on enrollments of participants and completing NOMS. NOMS sampling methodology write up was submitted and approved.

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								<ul style="list-style-type: none">The CCBHC Core Team and Ad Hoc Board Committee continue to meet. <p><u>04/2023:</u></p> <ul style="list-style-type: none">Submitted mid-year programmatic status report and community needs assessment (CNA)Working on staffing and training plan utilizing CNA findingsInsurance enrollments are continuously being worked onParticipants are being admitted into the program and NOMS are being completedFirst NOMS was submitted into SPARSBaseline data was pulled for matrix/data/goal/objectives and a new goal will be added to the QI plan for theseCore Team and Ad Hoc Board Committee continue to meet

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(9)	Efficiency Satisfaction	Clinical Programs	COO	12/2022 02/2023 05/2023 07/2023 09/2023		Creating a productivity standard for the clinical departments: <ul style="list-style-type: none"> Determine a 3-month baseline and identify programs by 11/1/2022. Create a productivity policy and train staff on expectations by 1/31/2023. Implementation on the policy through the identified clinical programs by 3/1/2023. 		<p><u>12/2022:</u> Determining baseline was supposed to be done by November 2022. However, due to staff shortages and employees not having face to face time, baselines would not have been represented appropriately. Base line will be determined in February 2023. This will push the policy back to March 1, 2023 and implementation to May 1, 2023.</p> <p><u>02/2023:</u> We have collected the 3-month baseline. Supervisors and the COO are finalizing productive standards for each department and are working on the policy. The policy will go to admin for review in February. The plan is to train staff on the policy at the March divisional meeting and at department staff meetings. The implementation date will be pushed up to 04/30/2023.</p> <p><u>04/2023:</u> Requesting report date to be moved to May. We are waiting on 2 quarter program productivity averages.</p>

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(10)	Access Satisfaction	Clinical Programs	COO	01/2023 04/2023 07/2023 09/2023	MDHHS Block Grant	Implementation and planning for ongoing services of a Health Coach: <ul style="list-style-type: none"> • Create an agency job description and post/hire staff by 12/30/22 • Hired staff (FT peer support and PT CSM) will be set up for or have completed Health Coach training by 3/30/2023. • Create program process, referral expectations, workflow, and procedures by 11/30/2022 • Create community collaborations by 12/31/2022. • Determine evaluation process for program by 2/28/2023. • Provide program presentation to community agencies and staff by 9/30/23. • Submit surveys to measure the effectiveness of the program by 6/1/2023. • Review summary of surveys and make changes as needed to next implementation year by 9/30/23. 		<p><u>01/2023:</u> Created job descriptions, posted positions, and have filled the positions. New staff will be starting this month and will take the recovery coach certified training in March. We have developed workflows and are in the process of creating a policy and doing a grant procedure. We have started talking with community partners about collaborations.</p> <p><u>04/2023:</u> Peer Health Coach training has been set up. We have established a co-location agreement with the local Pro-Health Urgent Care and are looking to start the first of May. We have talked to both the men's and women's shelters and will be working on setting up groups. The agency had a peer that was trained in PATH and will be working on community groups within our co-locations with the Living a Healthy Life with Chronic Conditions workbook. Next steps will be working on program evaluations.</p>

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(11)	Access Satisfaction	Clinical State Grants	COO	01/2023 04/2023 07/2023 09/2023		<p>Implementation and planning for ongoing services of a Integrated Treatment with Co-Occurring Disorder:</p> <ul style="list-style-type: none"> Create a agency job description and post/hire staff for a part time CSM and full time CSM assistant by 12/30/22 Create program process, referral expectations, , workflow, and procedures by 11/30/2022 Create community collaborations by 12/31/2023. Determine evaluation process for program by 2/28/2023. Provide program presentation to community agency and staff by 2/28/2023. Submit surveys to measure the effectiveness of the program by 6/1/2023. Review summary of surveys and make changes as needed to next implementation year by 9/30/23. 		<p><u>01/2023:</u> Created job descriptions, posted positions, and have filled the positions. We are in the process of them being trained. We have developed workflows and are in the process of creating a policy and doing a grant procedure. We have started talking with community partners about collaborations.</p> <p><u>04/2023:</u> We have established a co-location agreement with the local Pro-Health Urgent Care and are in discussion with McKenzie Health Systems, shelters, and health department. We are in the development stages for implementation of journaling, SUD, and parenting groups. The next step is to finalize any staff or community training and plan logistics and implementation.</p>

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(12)	Effectiveness Efficiency Satisfaction Access	CCBHC Program	CIO	06/2023 08/2023	CCBHC NOF	<ul style="list-style-type: none"> Sanilac CMH will create and monitor performance measures, CQI measures, and other data elements to assist with program decisions and trend outcomes of the CCBHC program. <ul style="list-style-type: none"> <u>Performance Measures:</u> <ul style="list-style-type: none"> Number of individuals receiving services: Types of services receiving: Diagnoses of individual served: Physical Health Measurements: <ul style="list-style-type: none"> BMI: Age: BP: Weight: MH Functioning Rating: Substance Use: Employment Status Housing Status: LOCUS score/Children's Assessment Tobacco Use Trauma Screening Results 		<u>04/2023:</u> NEW GOAL added 04/2023.

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

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