QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM (QAPIP) ANNUAL REPORT FY24

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Approved by:

Management Team - 11/8/2024

Performance Improvement Committee - 11/12/2024

Board Services Committee - 11/14/2024

CMHCM Board of Directors -11/26/2024

Community Mental Health FOR CENTRAL MICHIGAN

Community Mental Health
FOR CENTRAL MICHIGAN

Vision

Communities where all individuals experience healthy and meaningful lives.

Mission

To promote whole-person wellness through community inclusion and a comprehensive system of quality integrated mental health services and supports.

CMHCM Values

Support of the dignity, worth, autonomy, and empowerment of each individual

Early intervention, prevention, and wellness

Dynamic, competent, and qualified staff and providers

Whole-person wellness and integrated care

High quality services that are affordable and accessible

Team-Based Care

Diversity, equity, and inclusion

Advocacy and public education

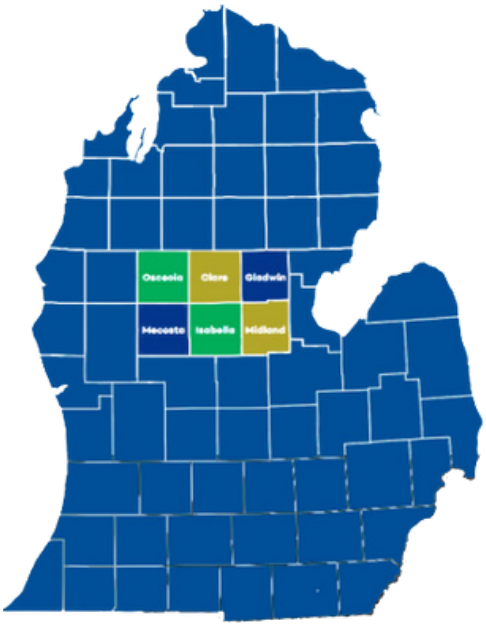
Creativity, innovation, and evidence-based practices

Responsiveness to local community needs

PURPOSE AND SCOPE

Community Mental Health for Central Michigan (CMHCM) provides an array of behavioral health services and supports to individuals in the Michigan counties of Clare, Gladwin, Isabella, Mecosta, Midland, and Osceola through a network of direct-operated programs and contracted service providers.

CMHCM is a Michigan Department of Health and Human Services (MDHHS) certified Community Mental Health Service Program (CMHSP) and is accredited by The Joint Commission. CMHCM places quality care for consumers at the core of its mission utilizing the Quality Assessment and Performance Improvement Program (QAPIP) Plan and Strategic Plan to advance its agency mission, vision, and values.



THE CMHCM QAPIP OBJECTIVELY AND SYSTEMATICALLY MONITORS AND EVALUATES THE QUALITY OF CARE AND SERVICE TO MEMBERS THROUGH QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROJECTS, AND PURSUES OPPORTUNITIES FOR IMPROVEMENT ON AN ONGOING BASIS FOR ALL DEMOGRAPHIC GROUPS, CARE SETTINGS, AND TYPES OF SERVICES.

CMHCM encourages participation in the quality improvement process from all levels within the agency in addition to consumers, families, advocacy groups, the CMHCM Provider Network, and the community. This FY24 QAPIP report represents how quality improvement initiatives implemented throughout the fiscal year support the mission, vision, and values of the agency and most importantly the individuals receiving services and supports.

CLINICAL SERVICES

CMHCM envisions communities where all individuals experience healthy and meaningful lives. CMHCM is proud of the services that it provides along with the partnerships and collaborations that have been developed with community leaders and organizations to engage a community-wide approach for the treatment of severe and persistent mental illnesses, developmental and intellectual disabilities, and co-occurring substance use diagnoses through the person-centered planning process.

ACCESS TO SERVICES

- CMHCM was added as a mental health specialty provider in EPIC, MyMichigan's Electronic Health Record (EHR), in order to streamline referrals for services.
- A process was developed for Navigators to complete engagement and outreach to individuals referred by primary care physicians to CMHCM services.
- Training with all embedded social workers in the MyMichigan system was completed by the Access Services Manager on CMHCM eligibility criteria and the referral process.
- CMHCM participated in the MichiCANs pilot that included Assessment Specialists completing the MIchiCANs tool at initial assessment and gave feedback to the MDHHS implementation team.
- One hundred (100) percent of children's staff and Assessment Specialists received initial training in the MichiCANs tool, designed to map assessment information to the MDHHS-recommended service array.
- A Family Child Navigator was hired to provide engagement to children and youth throughout all steps in the Same Day Assessment (SDA) process.
- A pilot program is ongoing in Gladwin County to target reduction in no show rates for first service appointments. A Peer Support and Parent Support Partner have been completing outreach to consumers between the initial assessment and first service and data is being collected on the outcome of this outreach.
- The SDA Workgroup and Customer Service Committee provided suggestions on survey questions to measure consumer satisfaction on their experience in accessing CMHCM services. The questions were developed and submitted to Doxy.Me to program into the Doxy.Me virtual platform. Programming is underway.
- The Access to Services workgroup met several times to complete a process flow on the SDA process. This work included assessment of barriers at all steps of the process and potential solutions to target those barriers.

CLINICAL SERVICES

CHILDREN'S THERAPEUTIC FAMILY CARE

CMHCM is in the planning stages for children's therapeutic family care. CMHCM is partnering with a local provider agency that has an established track record in voluntary foster care placements. The goal is that the partnership leads to the provider agency being responsible for recruitment and retention of the treatment homes while CMHCM would provide the clinical aspects of treatment.

CORE SKILLS TRAINING

Core skills training was implemented for children and family therapists in FY24. Eighty-one (81) staff were trained in Family Engagement, 48 staff were trained in Intervention, and 31 were trained in Family Assessment.

BEHAVIORAL HEALTH HOME (BHH) EXPANSION

CMHCM expanded existing Mecosta and Osceola County Behavioral Health Home (BHH) workflows into Midland County in FY24. Concepts, requirements, and benefits were introduced and enrollments will begin in FY25.

CARE PATHWAYS

Care pathways for depression, anxiety, and opioids were constructed and placed into a flowchart with the assistance of the Quality Department.

CLINICAL SERVICES

Data Outcomes

CMCHM collects, compiles, and analyzes objective data to improve organizational and service performance. QAPIP data is reviewed with staff on a monthly basis and the same data is accessible in real-time for staff through the Team- Based Care (TBC) dashboard. Key data points include: Service Activity Log (SAL) timeliness, Psychosocial assessment completed within 365 days, PCPs completed within 365 days, and PCP distributed to the consumer/guardian within 14 days.

Psychosocials within 365 days:

- 75.67% in FY24
- 13.09% improvement over FY23

PCPs within 365 days

- 89.75% in FY24
- 21% improvement over FY23

PCPs given within 14 days

- 90.81% in FY24
- 9.07% improvement over FY23

SAL timeliness

- Average of 2.83 days
- 0.84 day improvement over FY23

Unsigned documents

The number of consumer and staff unsigned documents is monitored continuously. Use of Adobe sign and standardized consumer check-in processes across counties has been implemented to assist with targeting a reduction in unsigned documents.

CLINICAL OVERSIGHT

Behavior Treatment

The Behavior Treatment Committee is a specially constituted committee whose purpose is to review and approve or disapprove any Behavior Plans that propose to use restrictive or intrusive interventions with individuals served by CMHCM who exhibit seriously aggressive, self-injurious, or other challenging behaviors that place the individual or others at imminent risk of physical harm.

The Behavior Treatment Policy (2.200.001) guides the administration of the BTC. The BTC also tracks patterns of incidents or interventions that suggest opportunities for improvement, planning, or training, and arranges for follow-up.

OBJECTIVE	NOTEWORTHY ACCOMPLISHMENTS
B.4.1. The Behavior Treatment Committee will provide ongoing collaboration with internal CMHCM staff to offer a minimum of one training per month to CMHCM contracted provider staff in FY24.	The BTC team placed a primary focus on trainings in FY24. The team led 4 trainings to the overall provider network in addition to 161 trainings to ten individual provider organizations. Content included areas such as: technical guidance on the Home and Community- Based Services Final Rule, BTC requirements, behavioral data collection and analysis, and positive behavioral supports.
OBJECTIVE	**NOTEWORTHY ACCOMPLISHMENTS**
B.4.2. The Behavior Treatment Committee will work to transition into two separate teams in FY24; one children's team and one adult team, both of which will incorporate all of the required members as outlined in the BTC policy.	Several planning meetings occurred to work toward this transition. MDHHS Technical Requirement changes and guidance updates related to the interface of a Behavior Treatment Plan with the Individual Plan of Service occurred and it was determined transition would not result in the desired outcomes.

KEY MEMBERSHIP:

- LICENSED CLINICAL PSYCHOLOGISTS
- MEDICAL DIRECTOR
- ADMINISTRATIVE NURSE
- ROTATING RIGHTS TEAM MEMBER
- CLINICAL REPRESENTATION

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AVERAGE NUMBER OF BEHAVIOR PLANS WITH QUARTERLY BTC OVERSIGHT

CLINICAL OVERSIGHT

Integrated Health

CMHCM continues efforts to integrate physical and mental health services with the goal of improving consumer well-being. The focus of FY24 was to impact whole-person wellness and increase care coordination efforts for improved overall physical and mental health outcomes.

THE HEALTH SERVICES TEAM ACCOMPLISHED SEVERAL GOALS IN FY24:

OBJECTIVE	FY24	TARGET
B.2.2. Nursing Health Assessments will be completed as indicated for at least 60 percent of consumers	68%	60%
B.2.3. One hundred (100) percent of nursing staff and medical assistants will be re-trained on the Integrated Health dashboard and population health concepts	100%	100%
B.2.5. One hundred (100) percent of Nursing staff and medical assistants will be trained on the RN and MA competencies	100%	100%

NOTEWORTHY ACCOMPLISHMENTS

- The Abnormal Involuntary Movement Scale (AIMS) was completed for 85% of consumers within the Health Services program, representing a 5 percent **increase** over FY23. The team is working on strategies to continue to build upon that completion percentage in order to reach the 90 percent target that was carried over for FY25.
- A Nursing Assessment was offered to 3,240 consumers. Several meetings have been held to work on updates to make the assessment more user friendly and to increase understanding of the consumer benefit to engaging in the process.
- Core nurse competencies are paramount to the provision of quality care. Training on these competencies is now completed concurrent to annual staff performance appraisals.
- Psychiatric no show rates ended at 11.84 percent for FY24, and while this did not achieve the target of 7.25 percent or below, review of the data over time showed steady decreases. Several process improvements were implemented to continue to work toward further reduction including: identification of barriers to engagement during team meetings and ongoing data monitoring to look for trends so that improvement opportunities can be put in place.
- The Physician and Non Physician Provider Peer Review process was updated with a new evaluation tool.
- Harm Reduction Vending Machines were placed amongst the CMHCM offices. Providing Narcan will assist in the public health effort to reduce opioid-related overdoses and deaths.
- Processes were developed across Health Services and clinical teams to ensure that when an individual requires transition from CMHCM to a community provider to receive psychiatric care for any reason, community collaboration is a primary focus. “Warm hand offs” prevent disruption in consumer care at time of transition.

CLINICAL OVERSIGHT

Utilization Management

Utilization Management (UM) practices are guided by the CMHCM Utilization Management Policy (2.400.001). The UM team reviews service authorization requests for medical necessity as defined in the Michigan Medicaid Provider Manual. The target is to assure services are provided in an appropriate amount, scope, and duration based on the individual's specific needs. Services are required to be the least restrictive, equitable, and most cost-effective.

OBJECTIVE	STATUS	NOTEWORTHY ACCOMPLISHMENTS
B.1.1. Utilization Management (UM) will collaborate with Mid-State Health Network (MSHN) to develop a region-wide process on 24/7 CLS services versus licensed residential settings.	Partially Met	MSHN UM Council began work evaluating regional utilization variances to work toward improved regional consistency. This continues to be a priority for MSHN Operations Council and MSHN overall in FY25.
B.1.2. UM will work with Provider Network to identify pain points and solutions for Self-Directed (SD) arrangements and authorization of these services.	Met	A multidisciplinary team worked to create a workflow and other new resources to support staff, including three staff trainings. Ongoing monitoring will continue to occur to ensure any barriers to process are addressed.
B.1.3. UM will conduct quarterly tracking of CLS and licensed residential setting outliers to identify outliers within specific counties, programs, teams, and with staff for follow-up to ensure medical necessity.	Met	In total, 94 cases were reviewed as outliers and recommendations made based on these reviews. UM and Quality teams collaborated on development of improved data report for increased efficiency.

ADMINISTRATIVE OVERSIGHT

Provider Network Management

The CMHCM Provider Network Management Department is responsible for maintaining the Provider Network to assure it is adequate and meets the needs of the consumers. CMHCM holds regular meetings with contracted service providers to identify system issues, discuss regulatory and process changes, and to gather feedback from providers on quality improvements. Medicaid Event Verification (MEV) audits are conducted internally to ensure that requirements are being maintained by providers.

OBJECTIVE	STATUS	NOTEWORTHY ACCOMPLISHMENTS
B.3.2. Provider Network will develop a process, with written report(s) and photos, for physical building tours completed on Adult Foster Care (AFC) homes that are leased and/or owned by CMHCM; written reports will include findings, responsible party(ies), available contractors, and suggested timeline(s) for necessary improvements.	Met	A standardized reporting process was developed and annual inspections implemented in FY24. All ten CMHCM-owned properties had an initial inspection and report completed. Monitoring will be ongoing into FY25.
B.3.3. Quarterly residential provider forums will be established and scheduled with contracted AFC providers to improve communication.	Met	Quarterly meetings occurred with AFC providers in FY24. As a result of the identified benefits of these forums, quarterly meetings were also held for CLS and Applied behavior analysis (ABA) providers. These meetings are projected to continue throughout FY25.
B.3.4. Constant Contact Provider contacts and distribution lists will be fully reviewed by 12/31/23 with the intention of improving email open rates by Provider Network contacts by 20 percent by end of FY24	Met	Constant contact provider distribution lists were reviewed. The FY24 goal was set at 64% and met with an overall email open rate of 69%.
B.3.5. A cost-benefit analysis will be conducted on the agency's current Provider Network Medicaid Event Verification (MEV) process to determine whether this internal practice should continue or be adapted.	Met	Providers make up 60% of our service delivery, with CMHCM's administration costs at 2.64% of total cost of contracted services. MEVs are still pertinent to review providers' compliance with Federal, State, and contract requirements. MEVs will continue to be a process completed by Provider Network Department.

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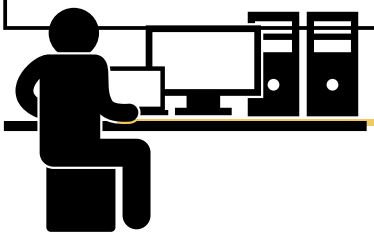
provider staff attended network- wide training

ADMINISTRATIVE OVERSIGHT

Information Systems

The CMHCM Information Systems (IS) Department is responsible for supporting clinical services by providing high quality technical support and equipment to direct clinical staff and administrators. In FY24, IS priorities focused on ensuring uniform guidance on technological platforms, ensuring efficiencies, and communicating expectations for the use of technology.

OBJECTIVE	STATUS	NOTEWORTHY ACCOMPLISHMENTS
B.5.1. CMHCM will develop and conduct a technology and communication survey for staff to identify roadblocks affecting service delivery and internal operations.	Met	Multiple surveys have been sent to agency staff to elicit feedback on technology and communication. In addition, the CIO has conducted regular office visits to all the counties to gather user feedback in the field.
B.5.2. Communication guidelines for all agency technology platforms will be developed in FY24.	Partially met	A workgroup has been formed to develop the communication guidelines as well as provide additional training on the various communications tools in use throughout the agency.
B.5.3. A technology catalog will be developed to determine whether platform streamlining is possible and develop clear guidelines for the agency's use of all technologies and platforms.	Met	A technology catalog has been created and documented in the agency's ITSM tool SysAid.
B.5.4. Work with the Management Team will be completed to develop a list of potential processes which have the potential to be automated to increase efficiencies.	Partially met	Management Team has worked together to identify processes to build efficiencies. Quarterly CIO and Help Desk Supervisor visits being made to each of the counties, in addition to weekly support visits. Effort in this area is ongoing.
B.5.5. CMHCM will research systems that would integrated into the CMHCM EMR to allow consumers to enter/update their own information to streamline the work of clerical and clinical staff.	Met	Worked in conjunction with Project Manager to identify potential integrations to streamline workload. Implemented mail merge function in CIGMMO to help clerical staff. Due to cost, integrations with additional tools not an option at this time.



ADMINISTRATIVE OVERSIGHT

Human Resources

- Human Resources made contact with the Social Work and Counseling departments at six colleges/universities during FY24.
- Human Resources and other Management Team staff completed a number of job shadows in FY24. HR also completed a number of office visits to all office locations and worked on-site to engage with staff.
- An Engagement and Retention survey was sent to staff in June 2024. The data was reviewed with the Management Team and Super Management Team and is in process of implementing a variety efforts based on survey feedback.
- The DEI Task Force was created in FY24. The task force developed the Diversity, Equity, and Inclusion policy and implemented training opportunities for staff.
- Human Resources reviewed FY24 recruitment data and identified universities that have led to successful hires for regular employment. HR carried forward a goal for FY25 to attend additional career fairs and hiring events with these universities.

Leadership Team

Management Team was identified as the workgroup to analyze effective methods of agency communication and identify ways of streamlining communication between service staff and administration. Management team has reviewed results of the HR engagement survey. Super Management Team feedback was obtained through the use of breakout rooms, and efforts are ongoing in this area.

ADMINISTRATIVE OVERSIGHT

Finance Department

The CMHCM Finance Department is responsible for supporting all aspects of financial sustainability and operations within the agency. In FY24, the Finance Department focused on educating staff on budgeting, revenue, payroll, and benefits along with identifying financial metrics for operational review.

OBJECTIVE	STATUS	NOTEWORTHY ACCOMPLISHMENTS
B.6.1. Monitoring of clinical staff will occur for enrollment in Council for Affordable Quality Healthcare (CAQH) as well as clinical staff completion of model of care training with 100 percent of applicable employees.	Met	All staff have completed their CAQH enrollment and Model of Care annual training is in Relias. This process has been turned over to HR for continued tracking and maintenance of enrollments.
B.6.2. A review will be completed to explore staffing capacity and current staffing structure to continue pursuit of additional grants in FY24.	Met	A time study was completed resulting in a recommendation for a grant accountant/coordinator position to pursue additional grants. If additional grants are considered, an impact analysis should be reviewed prior to application.
B.6.3. CMHCM insurance capacity will be expanded by applying to become in-network providers with: United Healthcare, Priority Health, Humana, and Aetna.	Met	The United Healthcare application was approved and enrollment completed. Applications are in process for both Humana and Priority Health. In FY25, the Finance team will analyze payments received from United Healthcare to determine whether CMHCM should continue applying with other insurances.

ADMINISTRATIVE OVERSIGHT

Finance Department Continued

OBJECTIVE	STATUS	NOTEWORTHY ACCOMPLISHMENTS
B.6.4. A training will be developed and conducted in FY24 by the Finance Team that will address linkages between programs and available services codes in the fee schedule to expand staff knowledge and information on HCPC coding rules.	Met	Training was developed and presented to Super Management Team. Training was posted on the agency intranet for staff access.
B.6.5. The Administration Contact List available on the agency intranet under Agency Resources will be updated in FY24 to assist staff in identifying who are appropriate contacts for different functions within Finance.	Met	The Administrative Contact List was updated and made available to staff on the agency intranet.
B.6.6. Management Team training will be developed and implemented for topics such as: budgets, agency revenue, payroll, and benefits, direct-run rates, reading financial reports, and the expectations for Management Team members and supervisors when expenses are over budget.	Met	In-service presentations were provided to Management Team and Super Management Team; topics included budgets, agency revenue, direct run rates, Management Team expectations regarding agency budget/expenses, and cost containment progress.
B.6.7. A survey will be conducted with agency leadership, including Management and supervisors, to determine what financial metrics would be meaningful and relevant for them to have access to.	Met	Through various meetings/conversations at Management Team, Finance + Quality/Compliance + HR developed a list of reports needed. Finance reports have been posted on the Intranet, Finance tab, and communication sent on location and schedule for updated data/reports.

QUALITY MANAGEMENT

Customer Service

Customer Service practices are guided by the CMHCM Customer Services Policy (5.300.002). Customer Service manages all calls in which a consumer expresses dissatisfaction and assists individuals understand their options when filing a grievance, appeal, or second opinion. All Customer Service goals were achieved in FY24.

Grievances

of Grievances:

6

Days to Resolve:

33.33

MDHHS Standard:

90

Appeals

of Appeals:

27

Days to Resolve:

13.93

MDHHS Standard:

30

In FY24, CMHCM processed a total of 75 requests for grievances, appeals, second opinions, and State Fair Hearings. This represents a 168% increase from FY23.

Second Opinions (Hospitalization)

of Second Opinions:

10

Days to Resolve:

3.25

MDHHS Standard:

3

Second Opinions (Services)

of Second Opinions:

23

Days to Resolve:

1.75

MDHHS Standard:

5

State Fair Hearings

of State Fair Hearings:

9

No resolution standard has been established by MDHHS

Performance Improvement Projects (PIPS)

CMHCM supports two PIP projects selected by MSHN within the region. In FY24, penetration rates and performance indicator access data was utilized to identify targeted interventions at individual CMHs. CMHCM will participate in interventions as appropriate and necessary to support the overall PIP projects within the region in FY25.

PIP #1: Reducing or eliminating the racial or ethnic disparities between the rate of new persons who are black/African American and the rate of new persons who are white and have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment (HSAG Submission)

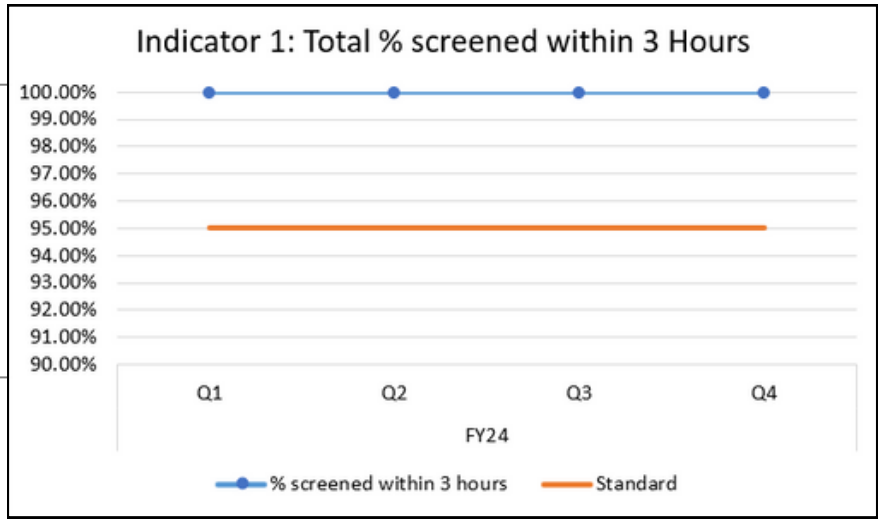
PIP #2: Penetration rates by race: Reducing or eliminating the racial or ethnic disparities in penetration rates between Medicaid recipients who are black/African American and Medicaid recipients who are white (Internal MSHN Submission).

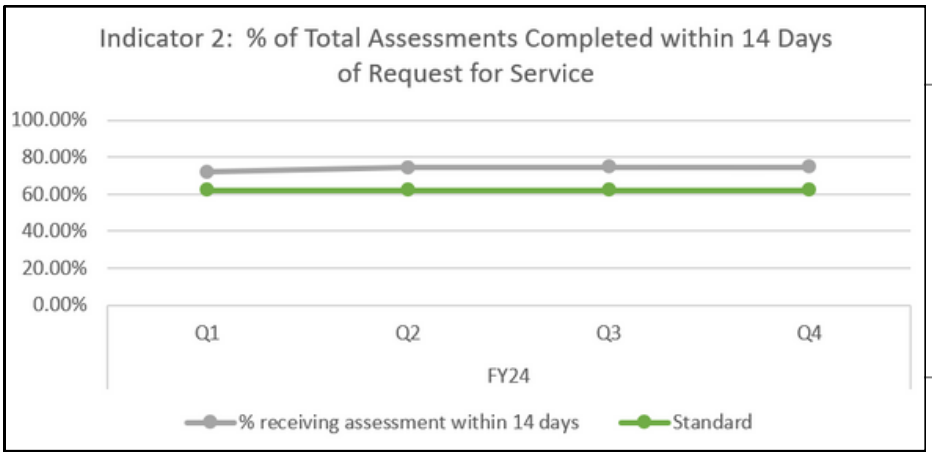
QUALITY MANAGEMENT

Performance Measurement

Five MDHHS performance measures addressing access to services and outcome metrics are monitored by the Quality Team and submitted quarterly to MSHN and MDHHS. New performance targets were developed for FY24 to measure Indicators 2 and 3 using regional percentile ranges. In FY24, CMHCM met performance goals for indicators 1, 2, 4, and 10. Targeted interventions will continue to further enhance performance into FY25.

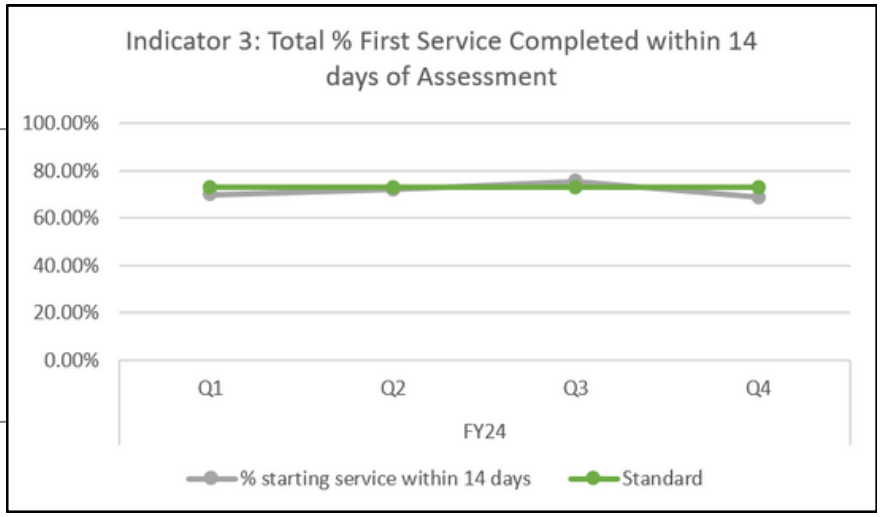
Indicator #1: The percentage of consumers receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.
FY24 Performance: 100%
MDHHS Performance Target: 95%





Indicator #2: Individuals complete an intake assessment within 14 days of their request for CMHCM services.
FY24 Performance: 73.92%
MDHHS Performance Target: 62.30%

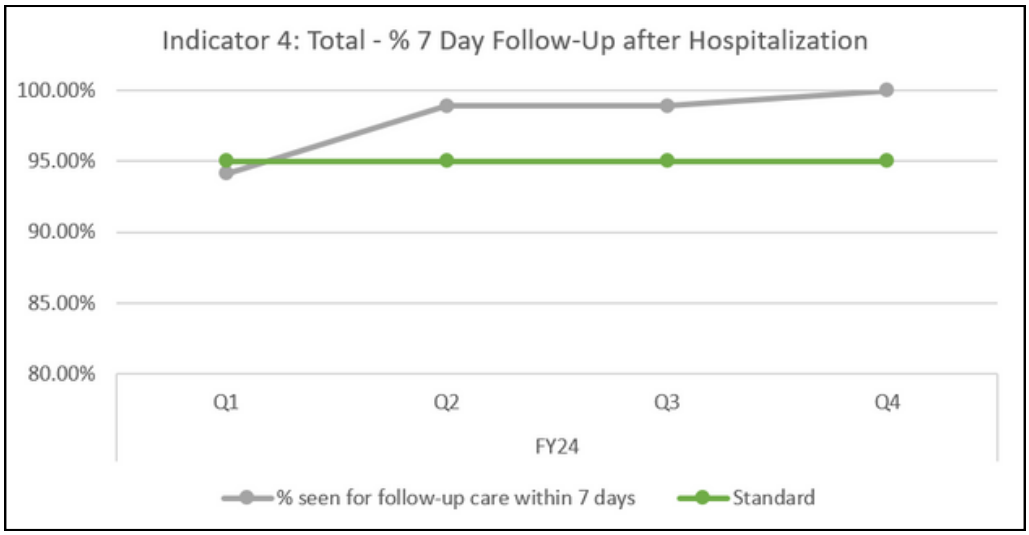
Indicator #3: Individuals receive a first services within 14 days of initial assessment.
FY24 Performance: 71.42%
MDHHS Performance Target: 72.90%



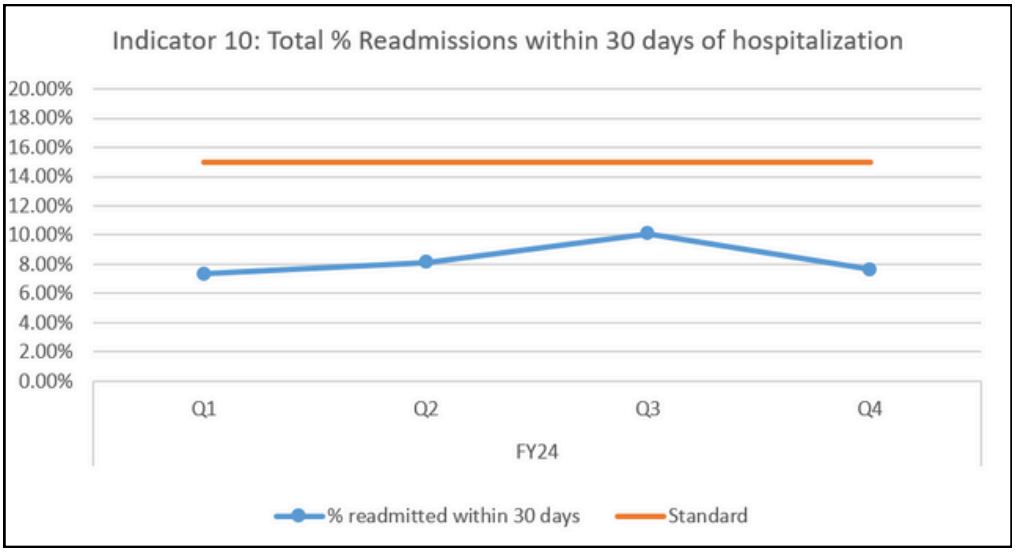
QUALITY MANAGEMENT

Performance Measurement Continued

Indicator #4: Consumers discharged from the hospital are provided follow-up within seven days.
FY24 Performance: 97.74%
MDHHS Performance Target: 95%



Indicator #10: Fifteen (15) percent or less of consumers will be re-admitted to the inpatient unit within 30 days of discharge from the hospital.
FY24 Performance: 8.20%
MDHHS Performance Target: <15%



QUALITY MANAGEMENT

Continuous Quality Improvement Projects

The CMHCM Quality Team strives to engage in continuous ongoing improvement projects that enhance agency operations, improve clinical services, and create efficiencies for staff. Key accomplishments in continuous quality improvement projects are included below.

NOTEWORTHY ACCOMPLISHMENTS

- Process workflows were systematically categorized, reviewed, and prioritized to ensure consistency across the six counties where possible. The Team-Based Care Champions group played a key role in establishing priorities and offering feedback on completed workflows. The Quality Team addressed the top five priority workflows and will continue this project into FY25, aiming to provide staff with clear, standardized procedures to support their daily work.

- All standing PowerBI data reports were cataloged and usage frequency was assessed, leading to recommendations for discontinuing less-utilized reports. Additionally, specific field revisions have been identified to enhance report usability for staff. Next steps include reviewing these recommendations with Team-Based Care teams to confirm alignment on report streamlining.

- Staff provided suggestions to streamline the Individual Plan of Service (IPOS) in the Electronic Medical Record (EMR), and a workgroup created a mock-up of these changes for implementation in FY25.

External Compliance Review

- CMHCM participates in numerous external reviews throughout the fiscal year for delegated functions, clinical documentation, and service provision by MSHN, MDHHS, and The Joint Commission.
- CMHCM supports MSHN with the annual Health Services Advisory Group (HSAG) review of the region and further supports MSHN's QAPIP goals which monitor the overall quality and improvement of the region. The agency was scheduled to perform The Joint Commission Intracycle Monitoring (ICM); however, after consultation with Management Team and The Joint Commission it was determined this activity could be moved to FY25 to be aligned with preparation for the next survey period. These activities allow the agency to continuously evaluate and improve organizational processes and performance.

MSHN DELEGATED FUNCTION SITE REVIEW

The MSHN Delegated Function was held in May 2024. The agency achieved full compliance, meeting all standard thresholds.

MDHHS WAIVER REVIEW

The waiver review was held in June 2024. The agency submitted corrective action plans on time and is awaiting acceptance by MDHHS to maintain full compliance.

QUALITY MANAGEMENT

Quality Record Review

The CMHCM clinical record review process is a stratified, random review of clinical charts to ensure compliance with required elements established by MDHHS, The Joint Commission, and Mid-State Health Network delegated requirements. Those compliance requirements are intended to increase the consumer experience in receiving services. In FY24, the quality record review continued to include direct support to teams and individual staff via in-person reviews,. Support offered included team and individual training as well as maintaining job aids and reference documents to assist clinical staff with improving clinical documentation in support of consumer outcomes.

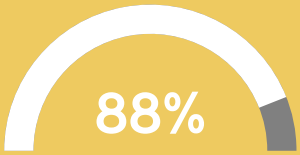
In FY24, the overall average record review score increased by 2%. A 12% increase was made across both QAPIP goals. This demonstrates excellent progress in both areas despite that one of the goals was just short of being met. EMR updates have already been made to help automate this metric, which is expected to increase further over FY25.

136

Total number of records reviewed in FY24

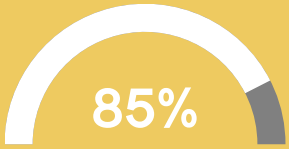
83%
+2%

Average record review compliance score in FY24



+12%

Achieve or exceed 90 percent compliance for the record review element, "Was pre-planning completed in advance of the planning meeting? If pre-plan and IPOS occurred in same day was this explained?"



+12%

Achieve or exceed 80 percent compliance for the record review element, "Was a copy of the IPOS distributed within 14 calendar days of the PCP meeting?"

Program Evaluation

GOAL

C.4.1. A clinical program evaluation dashboard will be utilized to provide analysis and comparison between FY24 and FY23 outcome metrics on key performance indicators to COC, Management Team, and the Board Services Committee within each service program identified for program evaluation.

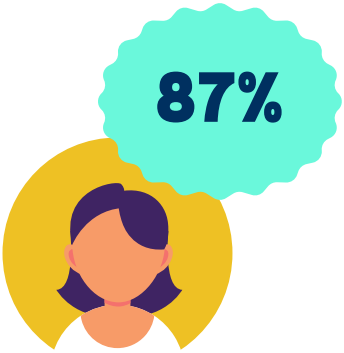
OUTCOME

Key performance metrics are systematically evaluated for 12 CMHCM programs throughout the fiscal year and reviewed by the Clinical Oversight Committee, Management Team, and Board Services Committee. The 12 programs assessed include Access, ACT, Autism, Case Management, Clubhouse, Crisis, Employment, Home Based, Health Services, Jail Diversion, Outpatient, and PERS. Program evaluation procedures can be found in the Program Evaluation Policy (5.300.005).

QUALITY MANAGEMENT

Consumer Satisfaction

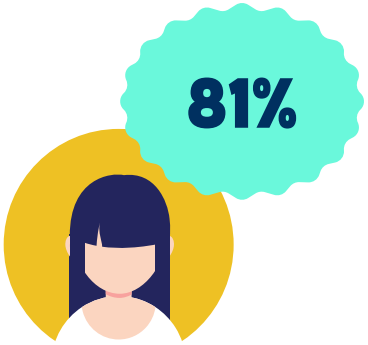
CMHCM assesses consumer satisfaction for individuals receiving services through an annual survey. For the annual consumer satisfaction survey, adults with a mental illness, families of youth receiving services, and consumers or guardians of consumers with an intellectual/developmental disability (I/DD) are offered a survey which assesses satisfaction with CMHCM staff and services, as well as how services have impacted the consumer. CMHCM conducted these annual satisfaction surveys between June 24, 2024, to July 26, 2024. Satisfaction scores with overall services for each survey population are found below.



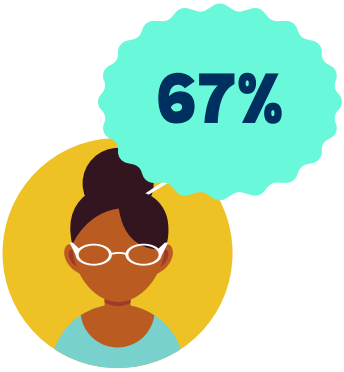
Adults receiving services for Mental Illness (MI)
(390 respondents)

Adults receiving Assertive Community Treatment (ACT) Services
(6 respondents)

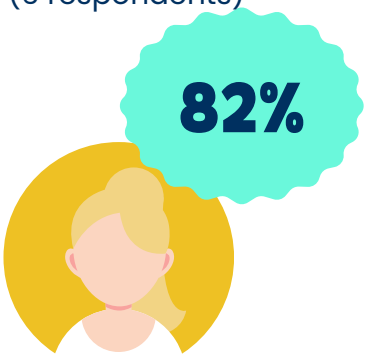
Adults receiving services for I/DD
(59 respondents)



Adults receiving Behavioral Health Home services
(16 respondents)

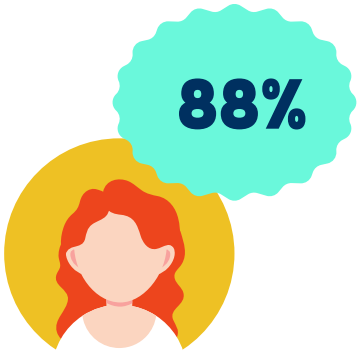


Children/Families receiving Home-Based services
(13 respondents)



Children/Families receiving MI services
(108 respondents)

Children receiving services for I/DD
(64 respondents)



Total CMHCM Satisfaction Score
(656 respondents)

"I like that my case manager stays consistent with me. It drives my success."

"Navigating our child's emotions and how we can help her."

"Just having the support I need when I need it."

"Being able to go out in the community and do things."

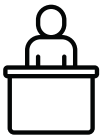
"My son is learning new coping skills."

QUALITY MANAGEMENT

Corporate Compliance

The Corporate Compliance Program (CCP) within CMHCM demonstrates efforts to promote prevention, detection, and resolution of instances of conduct that do not conform to: Federal and State Law, Federal, State, private pay, or health care program requirements, and agency ethical and business policies. The CCP provides a system of reporting suspected fraud, waste, and abuse in health care delivery to assist in the provision of quality care to consumers. The CCP incorporates the seven areas of corporate compliance suggested by the Office of the Inspector General (OIG). The seven areas include:

1) Designation of a Corporate Compliance Officer and naming of a compliance committee



CORPORATE COMPLIANCE OFFICER:
Chief Operating Officer (COO)

COMPLIANCE COMMITTEE:
Standards Compliance Committee

2) Implementation of written policies, procedures, and standards of conduct

The following policies in the CMHCM Administrative Manual are in support of the CCP:

Board Administration

- Bylaws (includes section on Conflict of Interest pertaining to CMHCM)
- Conflict of Interest Pertaining to Mid-State Health Network

Services Administration

- Concerns, Complaints, Disputes, Grievances, Appeals – Overview 2-100-002
- Utilization Management 2-400-001

Provider Network

- Corporate Compliance and Ethical Standards 3-100-005
- Provider Network, Clinical Credentialing and Privileging 3-300-001
- Provider Site Review 3-500-002
- Event Verification 3-500-003
- Ad Hoc Investigations Process – Guideline 3-500-004
- Disqualified Individuals/Organizations 3-400-002

Personnel Administration

- Employee Qualifications 4-200-002
- Credentialing and Recredentialing 4-200-003
- Ethical Behavior 4-200-007
- Progressive Discipline 4-200-013

General Administration

- Corporate Compliance 5-100-011
- Ethical Practices – Operations 5-100-012
- Quality Assessment and Performance Improvement 5-300-004
- Privacy and Security Incident Response 5-700-006

Financial Administration

- Annual Audit 6-400-004
- Internal Accounting Controls 6-400-006
- Worker Classification: Independent Contractor vs. Employee 6-400-016

Recipient Rights

- Recipient Rights, General Administration, General Rights 7-100-006

QUALITY MANAGEMENT

Corporate Compliance

3) Conducting effective training and education

Corporate Compliance training is provided during orientation for all new staff. Ongoing corporate compliance training for staff occurs on an annual basis.

367
number of staff trained in FY24 on Corporate Compliance

4) Development of effective lines of communication

Employees received annual training as indicated above which includes information relating to how to directly access the Corporate Compliance Officer for issues addressed under the CCP. Concerns may be reported on an anonymous basis (if desired) and can be verbal, in person, via telephone, or in writing (through US mail or via e-mail). Any provider with knowledge or concern about an ethical violation or compliance issue is encouraged to report that concern to the CMHCM Provider Network Manager or Corporate Compliance Officer who shall review available information and take appropriate steps.

There shall be no retaliation against any employee or contractor who submits a compliance report/complaint for what the employee reasonably believes to be a violation of CCP standards.

5) Enforcement of standards through well-publicized disciplinary guideline

Employees violating the agency standards of conduct, policies, and/or procedures are subject to disciplinary action up to, and including, termination from employment. Disciplinary guidelines are documented in the Ethical Behavior Policy (4.200.007) and Progressive Discipline Policy (4.200.013). Violation of the Code of Ethics by contractors may be considered a material breach of contract and may result in contract termination.

6) Conducting internal monitoring and auditing

The internal monitoring and auditing component of the CCP is conducted by several departments and also includes efforts of external review entities to enhance internal processes. The Standards Compliance Committee reviews the effectiveness of the CCP during its regularly scheduled meetings.

7) Responding promptly to detected offenses and developing corrective action

Upon becoming informed of a complaint, the Corporate Compliance Officer (or designee) determines whether the alleged wrongdoing suggests a material violation of an applicable law or whether the requirements of the CCP have occurred. If so, immediate action is taken to preserve potential evidence and an immediate investigation occurs. If the complaint is substantiated, immediate steps for corrective action occurs.

MENTAL HEALTH AWARENESS PLAN

WALK AND ROLL

The 26th annual CMHCM/MMI Walk-and-Roll event took place on May 11, 2024. Over 100 individuals participated in this free community event to promote mental health awareness, diversity, inclusion, and person-centered perspectives

MOODFIT

The Moodfit app is designed to support mental health and awareness through individualized tools and daily goals. The number of active users of Moodfit increased to 528 accounts in FY24. This is an increase of 38% when compared to FY23.

SOCIAL MEDIA

CMHCM's Linkedin social media account saw a 27% increase in followers, ending FY24 with 528 unique followers. This exceeds the goal of increasing followers by 10% in FY24. Linkedin continues to be a valuable platform for networking, branding, and connecting with professionals and consumers. CMHCM social media is reaching nearly 4,000 users monthly.

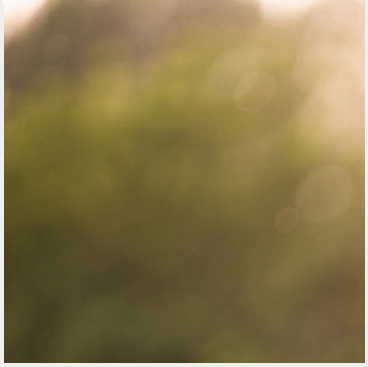
OUTREACH EVENTS

The CMHCM Outreach and Education Coordinator participated in 15 outreach and mental health awareness events throughout the six counties in FY24. Clinical staff also participated in over 20 events ranging from community baby showers, school resource events, and community-based events.

EDUCATION & MARKETING

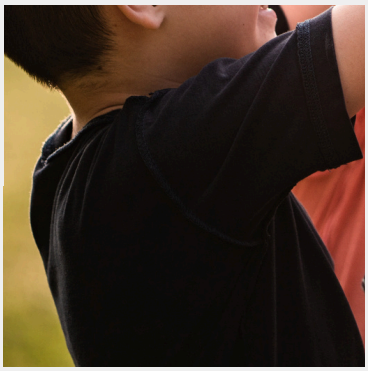
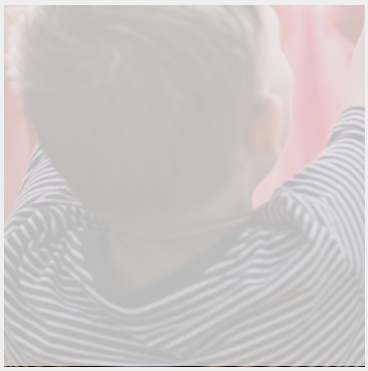
The educational and promotional packet developed last year was distributed to CCOs and Charge Nurses for dissemination in FY24. The CMHCM Outreach and Education Coordinator met with the editor from the Big Rapids Pioneer and an article appeared in the publication on November 29, 2024.

Community Mental Health
FOR CENTRAL MICHIGAN








CMHCM Locations:

Clare County
789 North Clare Avenue
Harrison, MI 48625

Gladwin County
655 East Cedar Avenue
Gladwin, MI 48624

Isabella County
301 South Crapo Street
Mt. Pleasant, MI 48858

Mecosta County
500 South Third Avenue
Big Rapids, MI 49307

Midland County
218 Fast Ice Drive
Midland, MI 48642

Osceola County
4473 220th Avenue
Reed City, MI 49677

CMHCM Crisis Hotline (24/7)
1-800-317-0708

CMHCM Main Line
1-989-772-5938

Website:
www.cmhcm.org

Facebook:
https://www.facebook.com/CMHforCentralMichigan

Instagram:
@cmhforcentralmichigan