2025

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PLAN

QAPIP

Prepared by :

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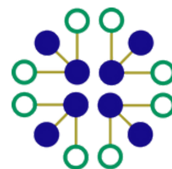

Community Mental Health FOR CENTRAL MICHIGAN

Reviewed and Approved By Management Team- 8/21/24
Reviewed and Approved by PIC – 8/28/24
Reviewed and Approved By Services Committee – 9/12/24
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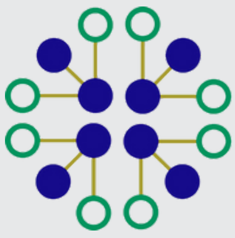


Community Mental Health

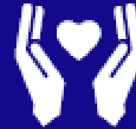
FOR CENTRAL MICHIGAN

Vision

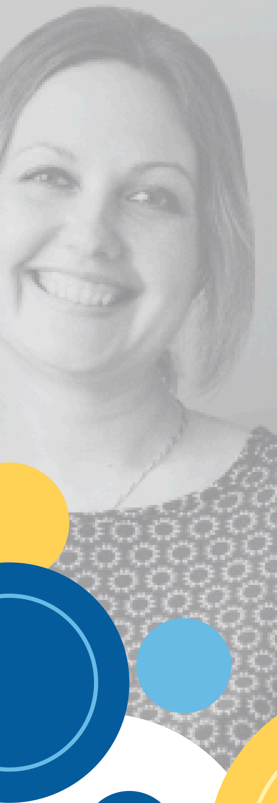
Communities where all individuals experience healthy and meaningful lives.

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

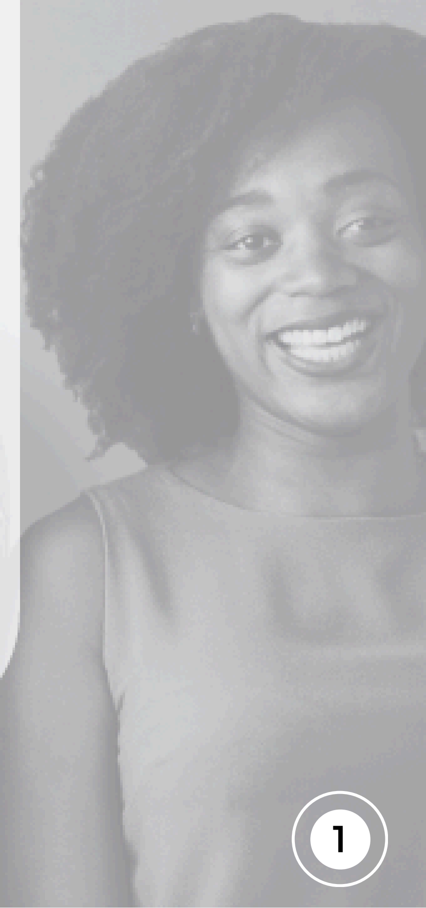
Team-Based Care

Diversity, equity, and inclusion

Advocacy and public education

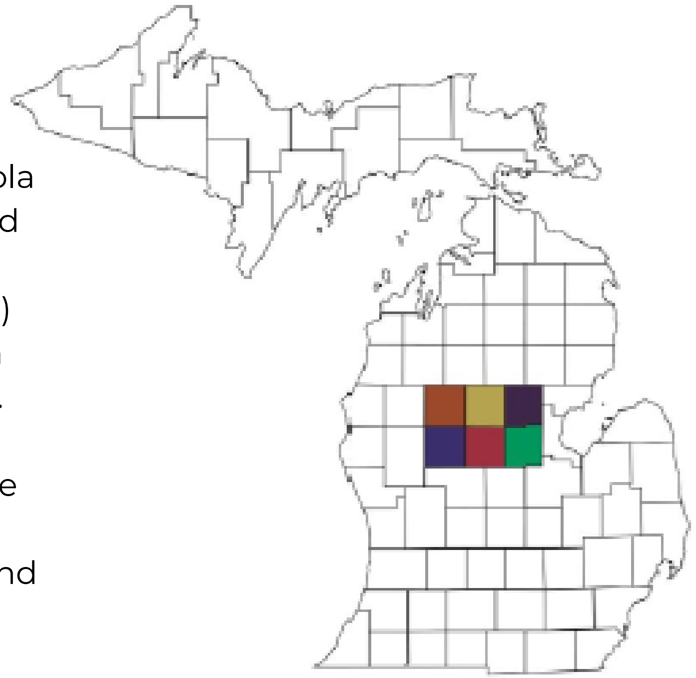
Creativity, innovation, and evidence-based practices

Responsiveness to local community needs



PURPOSE & SCOPE

Community Mental Health for Central Michigan (CMHCM) provides an array of behavioral health and co-occurring substance use disorder services and supports to individuals in the Michigan counties of Clare, Gladwin, Isabella, Mecosta, Midland, and Osceola through a network of directly 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 Quality Assessment and Performance Improvement Program (QAPIP) Policy (5.300.004) and QAPIP Plan support the mission, vision, and values of the agency through various quality improvement initiatives along with meeting the standards in the following documents:

- MDHHS/CMHSP Managed Health Supports and Services Contract - Attachment C6.8.1.1
- Mid-State Health Network (MSHN) Quality Management Policy
- The Joint Commission Comprehensive Accreditation Manual

The CMHCM QAPIP Plan objectively and systematically monitors and evaluates the quality and appropriateness of care and services to its consumers through quality assessment and performance improvement projects in conjunction with related QI activities. In addition, the agency collects, compiles, and analyzes data through the QAPIP to improve organizational and service performance.

The QAPIP defines how processes, systems, functions, and outcomes related to all consumers, staff, and service delivery provided by the agency directly or by contract through the CMHCM Provider Network are monitored and evaluated. The CMHCM QAPIP includes delegated functions of the Pre-Paid Inpatient Health Plan (PIHP), MSHN, in support of the MSHN QAPIP.

QUALITY ORGANIZATIONAL ACTIVITIES

The agency encourages active involvement in the quality improvement process from all levels within the agency in addition to the involvement of consumers, families, advocacy groups, the community, the CMHCM Provider Network, and coordinated efforts through MSHN. The Board of Directors are responsible for approving the QAPIP Plan and the QAPIP Policy; the Executive Director carries out the annual QAPIP Plan; the Chief Operating Officer is responsible for the implementation of the QAPIP; the Medical Director advises on the QAPIP Plan regarding clinical standards/practice guidelines; the Management Team implements performance improvement principles in all programs; and direct service staff and providers provide first-hand perspectives on improvement effectiveness and make suggestions for improvement. Subcontracting agencies carry out quality improvement efforts and performance activities within their own organizations.

The Performance Improvement Committee (PIC) and the agency's Management Team provide oversight to the QAPIP. Agency standing committees and performance improvement teams provide reports on a regular basis to the assigned oversight committee.

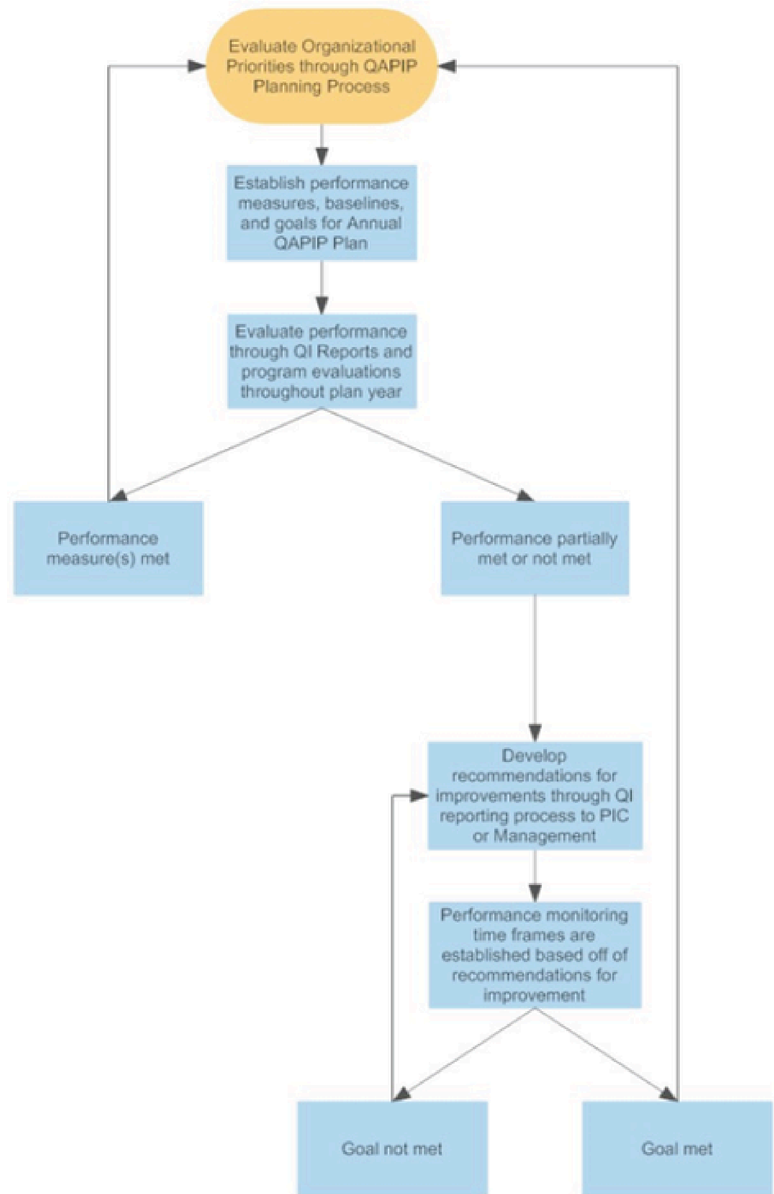
Agency standing committees are responsible for performance improvement in their area of responsibility. Standing committees are listed in Appendix A along with their respective charges. Each committee publishes minutes documenting its activities, quality improvement suggestions, findings, recommendations, and actions. Process improvements and recommendations are reviewed and adopted through the PIC and Management Team. Changes made within these teams are then communicated to the agency through published minutes as well as agency communications. The flow of quality information throughout the agency is outlined in the Quality Improvement Process located in Appendix B.

CMHCM'S PERFORMANCE IMPROVEMENT SYSTEM

Performance Improvement (PI) teams are initiated and operated under the direction of an agency standing committee and the Management Team. Teams meet on an ad-hoc basis to address an assigned issue, agency process, or to design a new process, and may form workgroups to address specific components of more complex processes.

The process and outcome improvements implemented by the PI teams are communicated at staff meetings, provider network updates, the agency website, the agency Intranet, through virtual/in-person trainings, and/or all staff email communication, as appropriate. The improvement process is monitored, as designed, under the direction of an agency committee or team and reported to the applicable oversight committee.

Identified initiatives follow the various stages of the PI process through ongoing measurement and intervention based on a problem-solving model. The CMHCM QAPIP Policy (5.300.004) describes the model of Plan, Do, Study, Act and is depicted in Appendix B. This model is incorporated in scheduled progress reports for quality initiatives identified within the QAPIP Plan. The overarching QAPIP process is as follows:



CMHCM'S PERFORMANCE IMPROVEMENT SYSTEM

PI initiatives are identified through various means such as by contract with MDHHS or MSHN; external review entities; QI suggestions from consumers, providers, and staff; QAPIP goal progress report recommendations; or CMHCM Strategic Plan initiatives. All demographic groups, care settings, and types of service are included in PI initiatives. These opportunities for improvement are prioritized by the Management Team and/or PIC according to the priority of the issue, as well as the impact on services and supports for consumers and agency operations.

Quality assessment and PI initiatives involve data analysis, as applicable, to support problem identification. Appropriate follow-up as related to either an individual case or systemic action includes communication with those involved - staff, Provider Network, and/or MSHN. The Quality Improvement Department tracks the progress of PI initiatives and suggestions. Additionally, performance indicators are monitored and compared to available benchmark statistics and regional performance to identify additional opportunities for internal agency improvements.

In reviewing regional performance measurements, if progress falls below regulatory standards and/or established targets by CMHCM, additional quality improvement plans are required to be submitted to MSHN with corrective action plan interventions outlined. These improvement plans are monitored by MSHN for corrective action and follow-up to ensure regulatory standards are met upon establishment of interventions for improvement.

Data is used throughout the agency in decision-making as well as performance monitoring of treatment outcomes, programs, and processes. Performance improvement utilizing data is dynamic, system-wide, and integrated into most processes. CMHCM tracks multiple key performance indicators to manage risk, ensure consumer outcomes, and track achievement of organizational strategies and priorities. The measures established within this QAPIP Plan reflect the agency's priorities for FY25 and are designed to ensure accountability of the responsible parties identified for oversight and monitoring. These QAPIP priorities have been established in consideration of and alignment with CMHCM's key strategic priority areas outlined for FY2024-2026 as well as contractual requirements and accreditation standards.

FY25 CLINICAL SERVICE PRIORITIES

The following QAPIP priorities shall guide quality efforts for FY25. The below QAPIP activities are aligned with the CMHCM Strategic Plan and Priority Areas of Access to Services, Operational and Fiscal Sustainability, Maintaining a Highly Specialized Workforce, and Improving Efficiencies.

CMHCM promotes community inclusion and whole-person wellness through the provision of comprehensive and quality integrated services to children and adults with an Intellectual/Developmental Disability (I/DD), children with Serious and Emotional Disturbance (SED), and adults with a Serious and Persistent Mental Illness (SPMI) and co-occurring substance use disorder.

CMHCM safeguards the health and welfare of its consumers by ensuring that services are consistently provided in a manner that considers the health, safety, and welfare of consumers, family, providers, and other stakeholders. CMHCM reviews service provision data regularly to monitor adequate treatment approaches for consumers based on medical necessity.

Improvement Activity	Assigned Team/Individual	Frequency of Review	Strategic Quality Alignment
A.1.1. Increase the percent of individuals requesting CMH services who receive an assessment by 5%.	Chief Clinical Officers Access Services Manager	Quarterly	Access to Services
A.1.2. Expand Same Day Access outreach and engagement peer support pilot to five additional counties (Clare, Isabella, Midland, Mecosta, and Osceola).	Chief Clinical Officers Access Services Manager	Quarterly	Access to Services
A.1.3. Develop and implement one clinical care pathway for a MichiCANs risk behavior domain in FY25 and train 100% of clinical staff within six months of development with an aim to reduce high risk level with targeted interventions in FY26.	Chief Clinical Officers Access Services Manager	Quarterly	Access to Services
A.1.4. Collect and analyze baseline data from satisfaction surveys from individuals completing the SDA process to enter into services to identify improvement opportunities.	Chief Clinical Officers Access Services Manager	Quarterly	Access to Services
A.1.5. CMHCM will establish small work group to analyze Year one data from Clare/Gladwin to determine feasibility for children's mobile crisis expansion.	Chief Clinical Officers Children's Committee Chair	Quarterly	Access to Services

FY25 CLINICAL SERVICE PRIORITIES

Improvement Activity	Assigned Team/Individual	Frequency of Review	Strategic Quality Alignment
A.1.6. Develop contract with Listening Ear and complete the Children's Therapeutic Foster Care (CTFC) application packet for MDHHS to continue development of CTFC program.	Chief Clinical Officers Children's Committee Chair	Quarterly	Access to Services
A.1.7. CMHCM will develop at least two children's mobile crisis care pathways with community providers and provide training within the community to enhance use of program.	Chief Clinical Officers Children's Committee Chair	Quarterly	Improving Efficiencies
A.1.8. Initiate the process of entering SUD referrals into MSHN Electronic Medical Record platform by Assessment Specialists and CMIT staff, aiming to achieve a 10% increase in these entries as process is established.	Chief Clinical Officers Access Services Manager	Quarterly	Access to Services
A.1.9. Develop process for teams to utilize Length of Stay (LOS) data to identify individuals who could be transitioned to another program or community provider for improved outcomes and case load management.	Chief Clinical Officers Clinical Oversight Committee	Semi-Annual	Operational and Fiscal Sustainability
A.1.10. Establish system for ongoing monitoring of metrics for service delivery needs that include frequency, duration, and documentation requirements to inform caseload size and staffing needs.	Chief Clinical Officers Clinical Oversight Committee	Semi-Annual	Operational and Fiscal Sustainability
A.1.11. Implement five care pathways and associated process flows to standardize clinical practices and improve the quality of care.	Access Services Manager Services Project Manager	Quarterly	Improving Efficiencies

FY25 CLINICAL OVERSIGHT PRIORITIES

Behavior Treatment

The CMHCM Behavior Treatment Policy (2.200.001) guides the administration of the Behavior Treatment Committee (BTC). The BTC submits quarterly data reports to the PIC on intrusive or restrictive techniques that have been approved for use with consumers and where physical management or 911 calls to law enforcement have been used in an emergency behavioral crisis. The BTC also tracks patterns of incidents or interventions that suggest opportunities for improvement, planning, or training, and arrange for follow-up. This includes review of children prescribed psychotropic medications not currently participating in an evidence-based practice (EBP) treatment or who have a positive support plan in place. Data is submitted to MSHN on a quarterly basis for benchmark analysis.

Improvement Activity	Assigned Team/Individual	Frequency of Review	Strategic Quality Alignment
B.4.1. The Behavior Treatment Committee will work with the Quality Department to formalize a process to gather feedback and analyze data regarding BTC's effectiveness annually from individuals who had approved plans, guardians, family members and advocates, and CMHCM case holders.	BTC/Waiver Services Manager	Quarterly	Contractual requirement (MDHHS)

Utilization Management

Utilization Management (UM) practices are guided by the CMHCM Utilization Management Policy (2.400.001) to ensure medically necessary services are delivered in the least restrictive, most equitable, and cost-effective manner. The UM Department completes prospective, concurrent, and retrospective reviews of service utilization to monitor services authorizations for consistency with MSHN and MDHHS policies, standards, and protocols. High cost, high risk service services are centralized and reviewed using a specialized Utilization Review Specialist (URS) review tool, developed to ensure all EMR documentation is included for determining the medical necessity of all requested services.

Improvement Activity	Assigned Team/Individual	Frequency of Review	Strategic Quality Alignment
B.1.1. Utilization Review Specialist (URS) tool reviews to achieve or exceed 70% compliance for the review element, "Does the information support the medical necessity of the service amount being requested?"	Utilization Manager	Quarterly	Operational and Fiscal Management
B.1.2. Utilization Management will complete 100% of quarterly tracking of community living supports and licensed residential setting outliers to identify outliers (outliers are defined as falling outside of three standard deviations from the mean) within each level of care	Utilization Manager	Quarterly	Operational and Fiscal Management

FY25 CLINICAL OVERSIGHT PRIORITIES

Integrated Health

CMHCM continues its efforts to integrate physical and mental health services with the goal of improving overall consumer health. The focus will be on the following to impact whole-person wellness to improve consumers' physical health outcomes.

Improvement Activity	Assigned Team/Individual	Frequency of Review	Strategic Quality Alignment
B.2.1. The Abnormal Involuntary Movement Scale (AIMS) will be performed as indicated in at least 90 percent of consumers within Health Services.	Medical Director/Nurse Administrator	Quarterly	Clinical Care and Access to Services
B.2.2. Nursing Health Assessments will be completed as indicated in at least 60 percent of consumers.	Medical Director/Nurse Administrator	Quarterly	Clinical Care and Access to Services
B.2.3. Psychiatric evaluation no-show rates will decrease to 7.25 percent or less.	Medical Director/Nurse Administrator	Quarterly	Clinical Care and Access to Service

Provider Network Management

The CMHCM Provider Network Department is responsible for maintaining the Provider Network to assure it is adequate and meets the needs of the consumers. The CMHCM Provider Network Development General Guidelines Policy (3.100.001) guides the department in its work with the provider network. CMHCM conducts regular provider meetings and sends frequent communication to contracted service providers to discuss system issues, regulatory changes, process changes, and elicit feedback on quality improvements. CMHCM assures appropriate access and choice of provider in alignment with MSHN Provider Network adequacy efforts. The Provider Network is responsible for assuring that federal, state, and local regulations and requirements are met. When a deficiency is identified, providers complete a corrective action plan. The Provider Network is guided by the CMHCM Event Verification Policy (3.500.003) for event verification. CMHCM performs event verification on a sampling of all services provided according to this policy. MSHN performs Medicaid Event Verification (MEV) reviews to verify that Medicaid services claimed by providers were authorized by CMHCM, delivered as described in the Individual Plan of Service (IPOS), and billed at the correct rate. CMHCM provides data and support as requested by MSHN to verify internal/external Medicaid claims/events.

Improvement Activity	Assigned Team/Individual	Frequency of Review	Strategic Quality Alignment
B.3.1. Monthly provider trainings will be conducted and monitored with the goal of increased attendance by 10 percent over FY24.	Provider Network Manager	Quarterly	Operational and Fiscal Sustainability
B.3.2. Quarterly residential provider forums will be held with contracted Adult Foster Care (AFC), CLS, and ABA providers to improve communication.	Provider Network Manager	Quarterly	Operational and Fiscal Sustainability
B.3.3. Achieve a 4% increase in the number of out-of-catchment consumers successfully returning to the CMHCM catchment area. This will be measured through monthly monitoring reports that track progress to identify and address barriers.	Provider Network Manager	Quarterly	Operational and Fiscal Sustainability
B.3.4. Track and report the number of days specialized residential vacancies remain unfilled to facilitate review of one Type B specialized residential provider each month.	Provider Network Manager	Quarterly	Operational and Fiscal Sustainability

FY25 ADMINISTRATIVE OVERSIGHT PRIORITIES

Information Systems

The CMHCM Information Systems Department is responsible for supporting clinical services by providing high quality technical support and equipment to direct clinical staff and administrators. FY25 initiatives focus on ensuring that staff are provided guidance on technology platforms, ensuring efficiencies, and providing communication to staff on the use of technology within the agency.

Improvement Activity	Assigned Team/Individual	Frequency of Review	Strategic Quality Alignment
B.5.1. Develop periodic reporting of metrics for turnaround times on helpdesk tickets and network availability.	Chief Information & Project Management Officer	Quarterly	Operational and Fiscal Sustainability
B.5.2. Finalize the technology catalog with clear guidelines to continue streamlining agency technologies and platforms.	Chief Information & Project Management Officer	Quarterly	Improving Efficiencies
B.5.3. Work with the Management Team will be completed to develop a list of processes which have the potential to be automated to increase efficiencies.	Chief Information & Project Management Officer	Quarterly	Improving Efficiencies
B.5.4. CMHCM will further research systems that integrate into the CMHCM EMR to allow consumers to enter/update their own information to streamline the work of clerical and clinical staff.	Chief Information & Project Management Officer	Quarterly	Improving Efficiencies

FY25 ADMINISTRATIVE OVERSIGHT PRIORITIES

Finance Department

The Finance Department within CMHCM is responsible for supporting all aspects of financial sustainability and operations within the agency. FY25 initiatives include increasing training opportunities for staff, developing financial metrics for operational review and expanding understanding of agency budgeting, revenue, payroll, and benefits.

Improvement Activity	Assigned Team/Individual	Frequency of Review	Strategic Quality Alignment
B.6.1. Provide trainings to services staff on Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) coding practices to expand staff knowledge and improve the accuracy of coding for services provided.	Chief Finance Officer	Quarterly	Operational and Fiscal Sustainability
B.6.2. Build the financial management knowledge and skills among the Management Team through trainings topics such as: budgets, agency revenues, and reading financial reports.	Chief Finance Officer	Quarterly	Operational and Fiscal Sustainability
B.6.3. Finance metrics will be identified and operationalized for regular monintoring by the Management Team.	Chief Finance Officer	Quarterly	Operational and Fiscal Sustainability

Human Resource Department

The Human Resource department within CMHCM is dedicated to the care of all employees through the coordination of training opportunities, benefits, and supporting all employees to achieve the highest job satisfaction possible.

Improvement Activity	Assigned Team/Individual	Frequency of Review	Strategic Quality Alignment
B.7.1. Establish relationships with at least three new universities through targeted recruitment efforts, including internships, career fairs, hiring events, and classroom/student organization presentations.	Chief Human Resource Officer	Semi-Annually	Maintaining a Highly Specialized Workforce
B.7.3. Strengthen CMHCM's agency culture and core values by updating the external website and rolling out a monthly content campaign on the agency Intranet, ensuring consistent messaging and achieving at least 90% of planned content releases.	Chief Human Resource Officer	Semi-Annually	C.3. Maintaining a Highly Specialized Workforce

FY25 ADMINISTRATIVE OVERSIGHT PRIORITIES

Executive Director

The Executive Director is responsible for all agency operations within CMHCM and is dedicated to creating efficiencies and ensuring that communication amongst the agency is streamlined and effective.

Improvement Activity	Assigned Team/Individual	Frequency of Review	Strategic Quality Alignment
B.8.1. Forms and methods of agency communications will be analyzed for effectiveness.	Executive Director	Semi-Annually	Operational and Fiscal Sustainability
D.2.8. CMHCM will increase advocacy efforts with MDHHS to reduce auditing activities and administrative burdens that do not support person-centered services for consumers.	Executive Director	Semi-Annually	Improving Efficiencies

FY25 QUALITY MANAGEMENT PRIORITIES

Customer Service

Customer Service practices are guided by the CMHCM Customer Services Policy (5.300.002). Customer Service handles all calls where a consumer expresses dissatisfaction and helps individuals understand their options when requesting to file a grievance, appeal, or second opinion. Customer service data is submitted to MSHN on a quarterly basis for grievance, appeals, and denials for benchmark analysis and aggregation to MDHHS.

Improvement Activity	Assigned Team/Individual	Frequency of Review	Strategic Quality Alignment
C.1.1. The number of days to resolve a grievance is lower than the MDHHS standard of 90 days.	Customer Service Coordinator	Semi-Annually	Contractual requirement (MDHHS)
C.1.2. The number of days to resolve a local appeal is lower than the MDHHS standard of 30 days.	Customer Service Coordinator	Semi-Annually	Contractual requirement (MDHHS)
C.1.3. The number of days to resolve a second opinion is lower than the MDHHS standard of five days for service access requests.	Customer Service Coordinator	Semi-Annually	Contractual requirement (MDHHS)
C.1.4. The number of days to resolve a second opinion is lower than the MDHHS standard of three days for hospitalization requests.	Customer Service Coordinator	Semi-Annually	Contractual requirement (MDHHS)

Recipient Rights

CMHCM is committed to ensuring that all consumers are treated with respect, dignity, and consideration that acknowledges all of a consumer's rights and responsibilities. The CMHCM Recipient Rights, General Administration, General Rights Policy (7.100.006) monitors and ensures that recipients of mental health services have all of the rights guaranteed by state and federal law in addition to those guaranteed by the Mental Health Code. Procedures have been established to address complaints and appeals through the CMHCM Recipient Rights office. The Recipient Rights Department monitors and evaluates substantiated Recipient Rights complaints to identify trends or patterns to ensure that additional staff training is completed as necessary. Recipient Rights data is submitted to MDHHS bi-annually.

Adverse Event Management

Critical events, sentinel events, and other events that put people at risk of harm will be identified, reported, analyzed, and managed in an effort to understand root causes and identify opportunities for risk reduction. The Sentinel Event Review Committee will review critical incidents, sentinel events, and develop action plans that minimize future occurrences on a quarterly basis. As necessary, root cause analyses are completed and risk reduction strategies are recommended to reduce the likelihood of recurrence. Event data will be submitted to MSHN for benchmark analysis and to MDHHS in fulfillment of critical incident reporting requirements. Timeframes for reporting are identified within the CMHCM Sentinel Event Policy (5.300.001).

FY25 QUALITY MANAGEMENT PRIORITIES

Quality Performance Improvement Projects (PIPs)

MDHHS requires PIHPs to complete a minimum of two performance improvement projects (PIP) per waiver renewal period. CMHCM will support the two PIPs selected by MSHN with data submission and intervention implementation as requested and determined by the MSHN Quality Improvement (QI) Council.

Improvement Activity	Assigned Team/Individual	Frequency of Review	Strategic Quality Alignment
C.2.1. PIP #1: Reducing or eliminating the racial or ethnic disparities between the rate of new consumers who are black/African American and the rate of new consumers who are white and have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment (HSAG Submission).	Quality Manager	Semi-Annually	Contractual requirement (MDHHS/HSAG)
C.2.2. 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 Manager	Semi-Annually	Contractual requirement (MDHHS/HSAG)

Quality Performance Measurement

Five MDHHS performance measures addressing access to services, efficiency of service provision, and outcome metrics are submitted quarterly to MDHHS and MSHN and reported to the Performance Improvement Committee (PIC) for review. Each measure is reported for adults with a mental illness, children with a serious emotional disturbance, and individuals with an intellectual/developmental disability.

Improvement Activity	Assigned Team/Individual	Frequency of Review	Strategic Quality Alignment
C.3.1 Indicator #1: Achieve or exceed the 95% standard for adults and children receiving pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	Quality Advisor	Quarterly	Contractual requirement (MDHHS)
C.3.2. Indicator #2a: Achieve or exceed the 75th MDHHS percentile for consumers who meet with a professional for an intake assessment within 14 days of request for service.	Quality Advisor	Semi-Annually	Contractual requirement (MDHHS)

Quality Performance Measurement (continued)

Improvement Activity	Assigned Team/Individual	Frequency of Review	Strategic Quality Alignment
C.3.3. Indicator #3: Achieve or exceed the 75th MDHHS percentile for consumers who have a first service within 14 days of their intake assessment.	Quality Advisor	Quarterly	Contractual requirement (MDHHS)
C.3.4. Indicator #4a: Achieve or exceed the 95% standard for consumers discharged from a psychiatric inpatient unit who are seen for follow-up care within seven days.	Quality Advisor	Quarterly	Contractual requirement (MDHHS)
C.3.5. Indicator #10: Compliance equal to or less than 15% for consumers readmitted to an inpatient psychiatric unit within 30 days of discharge.	Quality Advisor	Quarterly	Contractual requirement (MDHHS)

Quality Record Review

The CMHCM record review process involves a stratified random selection for review of staff's clinical consumer charts by the Quality Department to improve quality and standard compliance.

Improvement Activity	Assigned Team/Individual	Frequency of Review	Strategic Plan Initiative
C.5.1. Achieve or exceed 75% compliance for the record review element, "Does the psychosocial assessment accurately reflect the current diagnosis, selected designation, and chosen level of care?"	Quality Analyst	Quarterly	Internal requirement via policy/procedure to meet accreditation standards
C.5.2. Achieve or exceed 75% compliance for the record review element, "Does the Intervention/Supports section of each goal explain the services that each provider or natural/community supports are responsible to provide?"	Quality Analyst	Quarterly	Internal requirement via policy/procedure to meet accreditation standards

Quality Consumer Satisfaction Measurement

CMHCM assesses quantitative and qualitative consumer satisfaction through an annual survey process, as well as from feedback obtained by the clinician during the course of a consumer's treatment. In addition, a post-service survey is sent to all discharged consumers to evaluate their satisfaction with the services and supports received. CMHCM, in conjunction with MDHHS, also participates in the National Core Indicators survey on an annual basis to provide additional satisfaction information for individuals receiving services for intellectual/developmental disabilities.

For the annual satisfaction survey, adults with a mental illness, families of youth receiving services, and consumers or guardians of consumers with an intellectual/developmental disability are offered a survey which assesses satisfaction with CMHCM staff and services, as well as how services have impacted the consumer. Adult consumers are surveyed using the Mental Health Statistical Improvement Program (MHSIP) survey and families of youth receiving services are surveyed using the Youth Services Survey for Families (YSS-F). CMHCM analyzes the resulting data from all surveys administered to identify trends and opportunities for improvement.

Improvement Activity	Assigned Team/Individual	Frequency of Review	Strategic Quality Alignment
C.6.1. Meet or exceed 95% satisfaction during the annual survey as measured by consumer response to the question, "Overall, I am satisfied with the services I receive."	Quality Manager	Annually	Contractual requirement (MDHHS)

Continuous Quality Improvement Projects

The CMHCM Quality Department strives to engage in continuous ongoing improvement projects that enhance agency operations, clinical services, and create efficiencies for staff.

Improvement Activity	Assigned Team/Individual	Frequency of Review	Strategic Quality Alignment
C.7.1. At least five additional process workflows will be developed and cataloged across the six CMHCM counties to standardized common agency processes.	Chief Operating Officer/ Quality Manager	Semi-annually	Improving Efficiencies
C.7.2. The Quality Department will streamline the Individual Plan of Service within the Electronic Medical Record (EMR) to assist case holders in completing this document efficiently.	Chief Operating Officer/ Quality Manager	Semi-annually	Improving Efficiencies

FY25 QUALITY MANAGEMENT PRIORITIES

Continuous Quality Improvement Projects

The CMHCM Quality Department strives to engage in continuous ongoing improvement projects that enhance agency operations, clinical services, and create efficiencies for staff.

Improvement Activity	Assigned Team/Individual	Frequency of Review	Strategic Quality Alignment
C.9.1. CMCHM will complete the annual Intracycle Monitoring self-assessment tool using The Joint Commission online process to verify ongoing compliance with existing and newly revised accreditation standards.	Quality Manager/ Quality Advisor	Annually	Internal process to meet accreditation standards
C.9.2. CMCHM will maintain full MSHN compliance during the follow-up Delegated Function site review in May of 2025.	Quality Manager/ Quality Advisor	Annually	Contractual requirement (MSHN)
C.9.3. CMCHM will achieve MDHHS compliance during the FY25 MDHHS full Waiver review.	Quality Manager/ Quality Advisor	Annually	Contractual requirement (MDHHS)

FY25 MENTAL HEALTH AWARENESS PLAN PRIORITIES

Mental Health Awareness and Education

CMHCM undertakes outreach activities to educate the community regarding its mission and to publicize the array of available mental health services to the overall community through the annual Mental Health Awareness (MHA) Plan. Each county location conducts community education and outreach activities as directed by their local Chief Clinical Officers in accordance with the annual MHA Plan. Outreach and education activity is guided by the Outreach and Education Policy (5.100.018).

Improvement Activity	Assigned Team/Individual	Frequency of Review	Strategic Quality Alignment
D.2.1. The number of active MoodFit users will increase by 10% by May 2025, after which the contract will be reviewed to assess its financial sustainability, weighing the associated costs and benefits.	Outreach and Education Coordinator	Quarterly	Access to Services
D.2.2. CMHCM will participate in a minimum of ten outreach and mental health events throughout the six counties to expand awareness of CMHCM services.	Outreach and Education Coordinator	Quarterly	Access to Services
D.2.3. CMHCM will promote and participate Walk & Roll and Walk a Mile events with community partners and recipients to promote mental health awareness.	Outreach and Education Coordinator	Semi-Annually	Access to Services

APPENDIX A - AGENCY COMMITTEES

CMHCM Committees and Teams

Access Services Team
Charge: Create new access workflow to increase efficiency and improve consumer experience.

Behavioral Treatment Committee
Charge: The Behavior Treatment Committee oversees the provision of behavior services at CMHCM and provides a forum for: 1) review and approval or disapproval of behavior treatment plans which include intrusive or restrictive behavioral interventions, 2) review of behavior treatment progress reports, including behavior and intervention data, to determine whether an approved plan should be continued, discontinued, or revised, and 3) review of all incident reports describing emergency use of physical management, and involvement of law enforcement to assist with a challenging behavior.

Children's Mobile Crisis Implementation Team
Charge: Advise and support the implementation of the objectives for ICSS/MI Kids now Children's Mobile Crisis Response Pilot for Clare and Gladwin Counties.

Children's Services Committee
Charge: To guide agency practices of services and supports for children and families that embodies the principles of a family-driven/youth-guided philosophy.

CIGMMO Committee
Charge: To oversee the ongoing updates and maintenance of the Electronic Medical Record (EMR) to fulfill contract and accreditation requirements and facilitate clinically and fiscally sound practice.

Clinical Oversight Committee
Charge: To evaluate current clinical practice for efficacy and sustainability agency-wide and to provide oversight and guidance on quality of service delivery to improve outcomes.

Clinical Review and Consultation Team
Charge: To reduce overall CMHCM and ED resource utilization.

CMHCM Encounter Data Integrity Team
Charge: Address service code and modifier issues, staff training, CIGMMO updates, and Provider Network contracts/amendments.

Consumer Action Committee
Charge: The Consumer Action Committee will serve as a forum for consumers to exercise leadership and support advocacy endeavors on mental health issues.

Credentialing Committee
Charge: To provide for the development, implementation, and ongoing review of the CMHCM credentialing and privileging process and to make recommendations regarding provider applications for clinical privileges.

Criminal Justice and Community Collaboration Team
Charge: To increase community partnerships between CMHCM, local law enforcement jurisdictions, and court personnel with the goal to increase jail diversion services and provide quality mental health services to those incarcerated.

Employee Safety Committee
Charge: To ensure a safe and healthful work environment consistent with MDHHS, The Joint Commission, and other regulatory standards.

Employment Services Team
Charge: To expand opportunities for individuals served to access competitive and integrated employment.

APPENDIX A - AGENCY COMMITTEES

Health Services Team

Charge: To oversee agency-wide Health Services to assure current standards of care practices that are timely, effective, safe, consumer and family-centered, efficient, and integrated with physical health. Health Services includes psychiatric, nursing, and Medical Assistant health care delivery.

Management and Super Management Team

Charge: To provide leadership, direction, and management of resources to enable staff to achieve the mission of the agency while adhering to the values established by the Board.

Performance Improvement Committee

Charge: To advance and improve services for consumers through the philosophy and process of Quality Improvement.

Residential Review Committee

Charge: The Residential Review Committee (RRC) is intended to provide support to individuals served, providers and CMHCM staff in ensuring access to a continuum of comprehensive and quality residential service options that meet the needs of individuals served. The RRC will work to guide CMHCM residential services to assist providers and staff in implementing practices that support individuals with residential needs served by CMHCM. The CMHCM RRC strives to ensure individuals served have access to high quality residential services options that support them in pursuing whole person-centered wellness and community inclusive lives in the least restrictive and utilizing the most cost-effective option available. The RRC is charged with providing and ensuring staff education, monitoring compliance with state, federal laws, Medicaid standards and AFCH Licensing rules and regulations. The RRC is also charged with monitoring costs, ensuring appropriate utilization, remain abreast of residential placement best practice standards and work to operationalize the mission of CMHCM as it relates to CMHCM residential services.

Sentinel Event Review Committee

Charge: To identify and respond appropriately to all sentinel events occurring in the organization or associated with services that the organization provides or provides for.

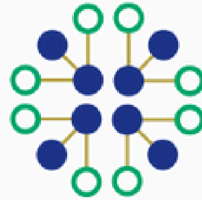
Standards Compliance Committee

Charge: To identify, interpret, and ensure compliance of external regulations, rules, and standards.

Team-Based Care Supervisors Team

Charge: TBC supervisors will meet to support the continued implementation and sustainability of TBC.

APPENDIX B - QUALITY IMPROVEMENT PROCESS



Community Mental Health
FOR CENTRAL MICHIGAN

Strategic Plan

The Strategic Plan guides the agency's long-term direction and is developed every three years and outlines long-term strategic initiatives and priorities of the agency

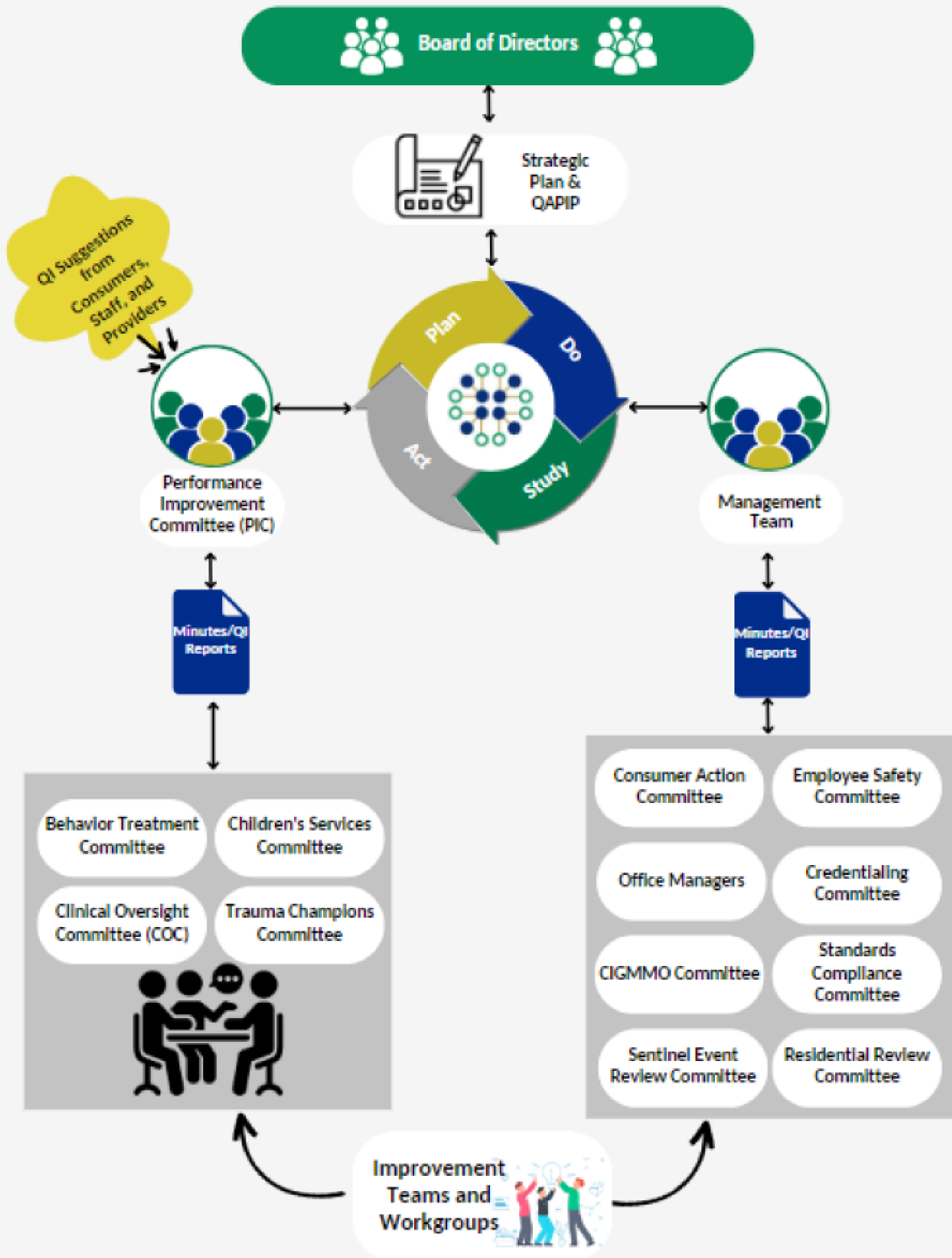
Quality Assessment and Performance Improvement Plan (QAPIP)

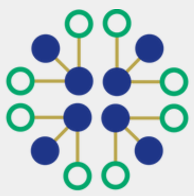
The QAPIP guides the agency's short-term goals and objectives to meet the agency's overarching Strategic Plan initiatives and priorities

Quality Improvement (QI) Reports

QI reports are completed to identify activity completed, data and analysis, and recommended next steps to meet the QAPIP goals and objectives within the annual QAPIP

APPENDIX B - QUALITY IMPROVEMENT PROCESS





Community Mental Health
FOR CENTRAL MICHIGAN

CMHCM Locations:

Clare County
789 North Clare Avenue
Harrison, MI 48625

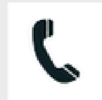
Gladwin County
655 East Cedar Avenue
Gladwin, MI 48624

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

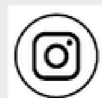


CMHCM Crisis Hotline (24/7)
1-800-317-0708

CMHCM Main Line
1-989-772-5938

Website:
www.cmhcm.org

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



Instagram:
@cmhforcentralmichigan