QUALITY IMPROVEMENT PROGRAM PLAN FY2025

10/1/2024 - 9/30/2025

Community
MENTAL HEALTH
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SECTION 1: Overview

Introduction and QIP Mandate

Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI) is a Community Mental Health Service Provider (CMHSP) within the Mid-State Health Network (MSHN) region. CMHA-CEI's Quality Improvement Program (QIP) Plan assures the agency aligns with current behavioral health standards. The QIP Plan annually demonstrates to consumers and stakeholders that the agency provides evidence-based, quality-centered, and customer-focused behavioral health services.

CMHA-CEI's QIP Plan aligns with quality standards and expectations of the Michigan Department of Health and Human Services (MDHHS), MSHN, the Balanced Budget Act (BBA), the Commission on Accreditation of Rehabilitation Facilities (CARF), and Certified Community Behavioral Health Clinics (CCBHC). The QIP Plan fulfills all obligations and mandates listed below:

- MDHHS has mandated that CMHSPs develop a QIP Plan annually.
- MSHN has delegated the responsibility of the development and implementation of a QIP Plan to each of the CMHSP members within the region per its Quality Assessment and Performance Improvement Plan.
- CARF requires an implemented performance measurement and management plan.
- CCBHCs are required to develop, implement, and maintain a Continuous Quality Improvement (CQI) plan.

Purpose

CMHA-CEI's QIP Plan details the structure, scope, activities, and functions of the CMHA-CEI's overall Quality Improvement Program. The QIP Plan describes core activities and functions that are conducted by CMHA-CEI and its network of contracted service providers. It is the responsibility of CMHA-CEI to ensure that the QIP Plan meets applicable Federal and State laws, contractual requirements, and regulatory standards. The term of the QIP Plan begins 10/01/2024 and ends 09/30/2025. Upon expiration of the term, the QIP Plan shall remain in effect until CMHA-CEI's Board of Directors approves a new QIP Plan.

Mission, Vision, and Clinical Philosophy

Mission

The organization's mission is to fulfill two complementary but distinct roles in realizing its vision:

As a behavioral healthcare provider: Providing, directly and through partnerships, a comprehensive set of person-centered, high quality, and effective behavioral health and developmental disability services to the residents of this community.

As an advocate, catalyst, thought leader, and convener: Fostering the transformation of all aspects of community life, eliminating inequities, and promoting the common good for all, especially for persons with mental health needs.

Vision

CMHA-CEI holds this vision of a community:

> A community in which any person with a mental health need has access to a wide range of resources to allow them to seek their desired quality of life and to participate, with dignity, in the life of the community, with its freedoms and responsibilities.

> A community defined by justice for persons with mental health needs. Persons with mental health needs include those with a mental illness, an emotional disturbance, a developmental disability, and/or a substance use disorder.

Clinical Philosophy

CMHA-CEI will strive to serve persons with a broad range of mental health and substance abuse needs. Further, the organization has a primary commitment (as per statutory guidance provided by the Michigan Mental Health Code) to persons with serious and persistent mental illness or an impairing personal life crisis, children who are seriously emotionally disturbed, and persons with significant developmental disabilities. These principles apply to the services and supports directly provided by, or contracted through, CMHA-CEI.

Scope of the QIP Plan

The scope of the QIP Plan includes all programs and services provided by CMHA-CEI and its contract providers. It identifies the essential processes and aspects of care required to ensure quality services and supports for consumers. All demographic groups, stakeholders, care settings, and types of services are included in the scope of the QIP Plan.

The QIP Plan serves as an ongoing monitoring and evaluation tool that measures CMHA-CEI's plans, processes, and outcomes to influence practice-level decisions for consumer care. It is intended to address multiple objectives including:

- Improve consumer health outcomes (e.g., recommendation for screening and assessments, reduced morbidity and mortality, integration of behavioral and physical health).
- Improve efficiencies of managerial and clinical processes.
- Reduce waste and cost associated with system failures and redundancy.
- Avoid costs associated with process failures, errors, and poor outcomes.
- Implement proactive processes that recognize and solve problems before they occur.
- Ensure that the system of care is reliable and predictable.
- Promote a culture that seeks to continuously improve its quality of care.

CMHA-CEI utilizes the "Quintuple Aim" to help guide us in quality improvement initiatives. The five components of the Health Quintuple Aim are:

1. Improve the patient experience of care:
   Focuses on providing a positive and personalized experience for patients, including improved communication, access to care, and patient engagement.
2. Improve the health of populations:
   Improving the health outcomes of entire populations, rather than just individual patients, achieved through community-based interventions and addressing social determinants of health.

3. Reduce the per capita cost of health care:
   Reducing the amount of money spent on health care for each individual, while still achieving improved health outcomes.

4. Enhance the experience of the workforce:
   Recognizes that the well-being and satisfaction of health care providers is essential to delivering high-quality care. This can be achieved through initiatives such as provider wellness programs, professional development opportunities, and more.

5. Improve Health Equity:
   Ensuring that health care is delivered in a way that is evidence-based, effective, safe, and equitability offered to all populations.
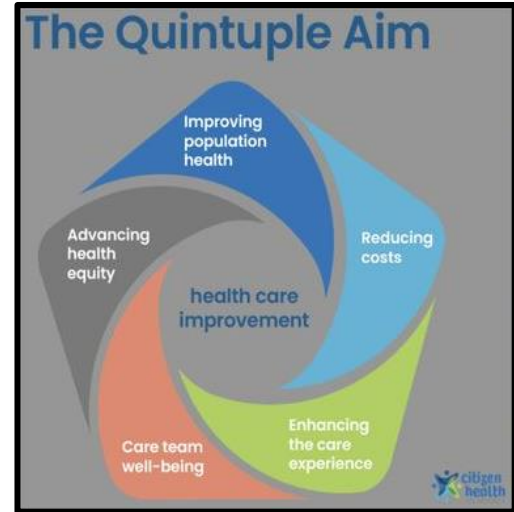
SECTION 2: Organizational Structure

Governance

Michigan Department of Health and Human Services (MDHHS)

The department carries out responsibilities specified in the Michigan Mental Health Code and the Michigan Public Health Code. It also administers Medicaid Waivers for people with developmental disabilities, severe and persistent mental illness, serious emotional disturbance, and substance use disorders. MDHHS appoints regional Prepaid Inpatient Health Plans (PIHPs) to work with CMHSPs.

Prepaid Inpatient Health Plan (PIHP)

The regional PIHP that partners with CMHA-CEI is the Mid-State Health Network (MSHN). MSHN provides oversight on standards, requirements, and regulations from MDHHS. It is responsible for maintaining high-quality service delivery systems for persons with serious and persistent mental illness, serious emotional disturbance, developmental disabilities, and substance use disorders. MSHN reviews CMHA-CEI's delegated managed care functions, monitors corrective action plan implementation, and provides general guidance.

CMHA-CEI Board of Directors

The Board of Directors is the governing body of CMHA-CEI and has ultimate responsibility for the quality of care and services delivered by the organization. It upholds CMHA-CEI's commitment to continuous quality improvement, including the allocation of resources for organizational performance-related endeavors. The Board of Directors delegates day-to-day operational responsibility and accountability for organizational performance improvement to the Chief Executive Officer. Annually, the Board of Directors reviews and approves the following documents:

- MSHN's Quality Assessment and Performance Improvement Plan (QAPIP)
- MSHN's Evaluation of the QAPIP
- CMHA-CEI's Quality Improvement Program Plan
- CMHA-CEI's Evaluation of the Quality Improvement Program Plan
- Ad hoc reports and position papers related to performance improvement

CMHA-CEI Leadership and Staff

The Chief Executive Officer links the strategic planning and operational functions of the organization. They ensure coordination among agency leadership and the allocation of adequate resources for the QIP Plan.

The CEO has designated the Director of QCSRR as the leader responsible for the daily management of the QIP Plan. The Director of QCSRR has overall responsibility for the implementation of the QIP Plan and provides delegated oversight and leadership.

The Medical Director provides clinical oversight related to the quality and utilization of services through case supervision, participation in Root-Cause Analyses (RCA), review of clinical incidents, and participation in relevant committees.

Additional leadership includes Clinical Directors and Administrative Officers who serve with the CEO, Director of QCSRR, and Medical Director in the Director's Group.

Director's Group

The Director's Group at CMHA-CEI includes employees at the Director and Officer levels. This includes the Chief Executive Officer, Chief Financial Officer, Chief Human Resource Officer, Chief Information Officer, Medical Director, Director of Quality, Customer Service, and Recipient Rights (QCSRR), Director of Adult Mental Health Services (AMHS), Director of Community Services for the Developmentally Disabled (CSDD), Director of Families Forward (FF), and the Director of Integrated Treatment and Recovery Services (ITRS). The Director's Group determines organizational strategy and ensures alignment between performance improvement activities and CMHA-CEI's long-term vision.

Quality Improvement (QI) Team

The QI Team is composed of the Quality Coordinator, Quality Improvement Specialists, and Quality Advisors. It initiates, coordinates, and collaborates on performance improvement projects at CMHA-CEI. Under the guidance of the Director of QCSRR, the QI Team is responsible for:

- Leading the Quality and Compliance Committee (QICC) meetings
- Participating in agency and regional workgroups
- Performance measures and data collection
- Review of clinical records
- Provider monitoring and site visits
- Application for and renewal of accreditation
- Audit preparation
- Developing and implementing plans of correction
- Preparing and submitting the annual QIP Plan and QIP Plan Evaluation

Other CMHA-CEI Staff

All CMHA-CEI staff, volunteers, and interns contribute to quality and performance improvement processes. This occurs in a variety of ways, including program representation at the Quality Improvement and Compliance Committee, collaboration with the QI Team on quality and performance-

improvement activities, incident reporting, and carrying out the agency's mission and vision while providing direct care.

Committees and Advisory Bodies

MDHHS Quality Improvement Council

The Quality Improvement Council (QIC) for MDHHS meets bi-monthly with representation from MDHHS, PIHPs, CMHSPs, and provider organizations. The council directs the development and implementation of the behavioral health managed care programs and serves as the primary point of prioritization and integration of quality improvement activities. CMHA-CEI representation at the MDHHS QIC include the Director of QCSRR and Quality Coordinator.

MSHN Quality Improvement Council

MSHN's Quality Improvement Council was established as a mechanism for oversight and advice related to quality improvement matters. The council is chaired by MSHN's Quality Manager. Council membership includes quality and performance representatives from each of the region's participating CMHSPs. The council reports to the MSHN Operations Council and the MSHN Chief Executive Officer.

Quality Improvement and Compliance Committee (QICC)

The CMHA-CEI QICC provides oversite of the QIP Plan by supporting and guiding the implementation of quality improvement activities. Participants of QICC include the representatives from Quality Improvement, Compliance, Recipient Rights, Clinical Programs, the Medical Director, the CEO, and other staff as applicable. The QICC approves the QIP Plan annually and has the opportunity to review, evaluate, and make suggestions as needed. Other topics covered at QICC include safety and security, system-wide trends, patterns of key indicators, clinical record reviews, agency policies and procedures, and review of agency goals and objectives.

External Meetings and Data Review Committee

The External Meetings and Data Review Committee reviews initiatives, data, and activities that are occurring at External Meetings that CMHA-CEI staff attend. These meetings may be at the PIHP level, MDHHS Workgroups or Committees, or Community Workgroups. Membership includes the Chief Executive Officer, Director of QCSRR, Medical Director, Directors of Clinical Programs, Chief Human Resources Officer, Chief Information Officer, Chief Financial Officer, QI Team, Contracts Manager, Compliance, and other staff as needed. The purpose of this Committee is to ensure uniformity of understanding across departments of happenings that may impact our agency and discuss action plans as needed.

Critical Incident Review Committee (CIRC)

The Critical Incident Review Committee provides oversight of the critical incident and sentinel event processes, which involve the reporting of all unexpected incidents involving the health and safety of the consumers within the CMHA-CEI's service-delivery area. Incidents include consumer deaths, medication errors, behavioral episodes, arrests, and emergency medical treatment. Membership consists of the Director of QCSRR, Medical Director, Compliance Coordinator, Recipient Rights staff, a designee from the QI Team, and representation from all four Clinical Programs, as applicable. The goals of CIRC are to review consumer deaths, assign a cause of death, and review other critical incidents. General incident

report data is reviewed by CIRC for policy review/implementation, patterns, trends, compliance, education/improvement, and presentation to QICC.

Medication and Pharmacy Committee (MAP)

The Medication and Pharmacy Committee facilitates the review of all medication incidents and communication between the contracted pharmacy and clinical programs. Other ongoing objectives of the MAP committee include trend analysis of medication incidents, dissemination of medication information from the contracted pharmacy to clinical programs, response to coordination issues between the contracted pharmacy and clinical programs, and review and development of other medication-specific processes or procedures. Membership of MAP consists of the Medical Director, a designated RN, a designee from the QI Team, representation from all four Clinical Programs, and representation from the contracted pharmacy. Medication incident report data is reviewed by MAP for policy review and implementation, patterns, trends, compliance, education and improvement, and presentation to QICC.

Behavior Treatment Committee (BTC)

The BTC reviews all Behavior Treatment Plans (BTPs) submitted for CMHA-CEI consumers. As part of this review, the committee evaluates the effectiveness of behavior treatment plans and the use of behavioral interventions. A descriptive summary, incident reports, and other BTP data are submitted quarterly for review to CIRC, the PIHP, and MDHHS. The BTC includes:

- CMHA-CEI Medical Director (Chairperson)
- Recipient Rights Specialists (Ex-officio)
- A licensed psychologist
- Designee from the QI Team

Safety Committee

The Safety Committee ensures that the work environment is maintained adequately and that protections from potential hazards are in place. It oversees the development and review of applicable policies, procedures, and emergency response plans. It also monitors state and federal regulatory standards and accreditation standards.

The scope and practice of the Safety Committee includes:

- Building, employee health and safety, and security: monitoring safety and security training, emergency drills, first aid kits/AED equipment, hazard vulnerabilities, etc.
- Transportation and vehicle safety: monitors vehicle condition, accidents, injuries, inspections, safety equipment, staff training, etc.

When trends or patterns in this data are recognized, the committee is responsible for making recommendations to management to resolve safety issues.

Threat Assessment Team (TAT)

The CMHA-CEI Threat Assessment Team identifies possible risks, vulnerabilities, and threats that may come from consumers or members of the public. These individuals may be added to the agency Watch List for monitoring. The TAT reviews:

- Individuals on the Watch List
- New additions to the Watch List
- General safety concerns

Standing members of the TAT consist of the Safety and Security Coordinator, Environmental Safety Compliance Officer, representatives from Clinical Programs, and QI designees. As needed, a representative from Human Resources will be in attendance.

Consumer Advisory Council (CAC)

The primary source of consumer input is through the Consumer Advisory Council. The CAC meets monthly and provides insight and direction to organizational strategy, advocacy, and outreach. It contributes to the monitoring and oversight of consumer and community engagement efforts. The CAC provides meaningful input to the board about policies, processes, and services. This may include:

- Policy and program development
- Performance measures monitoring
- Consumer satisfaction
- Advocacy
- Access and service delivery
- Education
- Other QI projects

Membership to the CAC is open to consumers, guardians, and family members of consumers.

Healthcare Integration Committee

CMHA-CEI is a convener and partner in the implementation of healthcare integration. It provides meaningful and manageable approaches to improve the overall quality of life for those served. The healthcare integration vision is focused on:

- Partnering with Primary Care Physicians
- Treatment Plans
- Population Health

The committee is composed of the CEO, Program Directors, Administrative and Clinical Supervisors, Healthcare Integration staff, and QCSRR staff.

Virus Task Force

The Virus Task Force was formed in March 2020 to monitor the ongoing public health crisis. Today the group is composed of the Medical Director, CEO, Chief Human Resource Officer, Director of QCSRR, Property & Facilities Supervisor, Safety and Security Coordinator, designated RN, and QCSRR Administrative Assistant. The Virus Task Force processes and communicates guidance of the CDC as well as State, and local health departments.

Contract Quality and Home and Community-Based Services (HCBS) Workgroup

The Contract Quality and HCBS Workgroup facilitates review of contracted provider concerns and initiatives. It also serves the agency to assist in development of agency-wide interpretation and support compliance with Home and Community Based Services (HCBS) rules. The workgroup has representation from all clinical programs, Quality team, Compliance staff, Finance staff, and facilities staff.

Zero Suicide Workgroup

In 2023, CMHA-CEI began to implement the Zero Suicide initiative across all programs with the introduction of a workgroup. The workgroup's goal includes a three-year training cycle for staff and a framework for systematic, clinical suicide prevention in behavioral and physical healthcare systems. The workgroup is composed of four subgroups: clinical, training, data & improvement, and communication. Each subgroup meets monthly, and the entire group meets quarterly.

Diversity Advisory Committee (DAC)

CMHA-CEI is committed to recognizing, enhancing, and supporting diversity in all forms. The goals of the DAC are:
- Striving toward a diverse workforce that is reflective of the consumers served
- Promoting regular communications relating to diversity
- Collaborating with community partners in diversity-promoting efforts.

The DAC is facilitated by the agency's Diversity, Equity, Inclusion, and Justice Administrator. Members include the CEO, Chief Human Resources Officer, and representatives from Clinical and Administrative Programs.

MSHN Data Analytics Workgroup (DAW)

The Data Analytics Workgroup is a workgroup facilitated by MSHN that meets to increase the competence and confidence of data analysts throughout the region to use analytic tools. This workgroup connects CMHSPs within the region and provides opportunities to share data and tools. DAW reviews datasets from MDHHS's Care Connect 360 and the Integrated Care Delivery Platform.

SECTION 3: Quality and Performance Improvement and Activities

The Quality Improvement Team is responsible for performing quality improvement functions and ensuring that program improvements are occurring within the organization. QI operates in partnership with stakeholders including consumers, advocates, contract providers, CMHA-CEI staff, and other relevant stakeholders. The QI Team is responsible for implementing and monitoring the QIP Plan.

Michigan Mission-Based Performance Indicators (MMBPIS)

MDHHS, in compliance with federal mandates, establishes measures in the areas of access, efficiency, and outcomes. Data is abstracted regularly and compiled into quarterly reports that are submitted to MDHHS and MSHN for analysis and regional benchmarking. If CMHA-CEI performance is below the identified goal, the QI Team will facilitate the development of a Corrective Action Plan (CAP). The CAP will include a summary of the current situation, including causal/contributing factors, a planned intervention, and a timeline for implementation. CAPs are submitted to the PIHP for review and final approval. Beginning in 2025, new Performance Measures will be implemented through a new Behavioral

Health Quality Program and will occur through a 3-year rollout. MMBPIS submissions will continue through FY25 and then be replaced by these new Performance Measures.

Behavioral Health Quality Measures

Beginning in 2025, the Bureau of Specialty Behavioral Health Services in MDHHS will begin using new quality reporting measures with a 3-year rollout. The transformed program will be more comprehensive and better defined, with a more rigorous methodology that aligns with other state and national requirements. Measurement years will switch to calendar years from fiscal years. The first year will focus on aligning reporting requirements for PIHPs with CMS Core Set Reporting. By the end of the Year 1 measure roll-out, all required CMS Core Set measures will be available by PIHP. The second year will focus on rolling out stratification of measures, along with adding several key measures. The third year will focus on implementing patient experience and Home and Community Based Services (HCBS) measures.

CMHA-CEI and MSHN will be responsible for the ACC Indicator rolling out in Year 2. The ACC will measure Access to Care – appointment within 10 (business) days of request. MDHHS will provide an updated Codebook by June 2025 for measure specification. ACC measurement will be implemented by January 2026 with quarterly data submissions beginning in Summer 2026. MDHHS will be responsible for all 30 other Measures rolling out over the 3 year period.

PIHP Required Performance-Improvement Projects (PIP)

MDHHS requires that CMHSPs complete two Performance-Improvement Projects (PIP) per waiver renewal period. One of the PIPs is based upon recommendations put forward by the MDHHS Quality Improvement Council. It is subject to validation by the external quality review organization and requires the use of the External Quality Review (EQR) standard forms. The other initiative is developed by the PIHP based on the identified needs of the individuals served by the region's CMHSPs. The initiatives are data-driven and include annual submissions of performance and tactics for improvement. The current PIP, detailed below, continues through FY25.

Racial or Ethnic Disparities within the Region and Populations Served

The current PIP is to reduce or eliminate racial or ethnic disparities in timely service deliveries for new consumers, with the goal of improving delivery rates among the Black/African American population in particular. The target is to provide a medically necessary service within 14 days of completing an assessment. This PIP was selected because data indicates a disparity between the White population and Black/African American population in access and timeliness of service.

MSHN QIC has recommended an additional PIP related to reducing or eliminating the racial and ethnic disparities in the penetration rate among the Black/African American population. The disparity is measured by the index penetration rate (rate for the White population).

Performance is reviewed as outlined in the [performance improvement project description](). The summary is submitted to the external quality review organization for a validation review as well as to MDHHS through the QAPIP Annual Report or upon request.

Event Monitoring

Below is a brief summary of monitoring activities at CMHA-CEI:

Behavior Treatment Plans and Interventions

The data on the use of intrusive and restrictive techniques must be evaluated by the CMHSPs and be available for MDHHS review. Physical management and/or involvement of law enforcement, permitted for intervention in emergencies only, are incidents that must be reviewed by the BTC. The QI Team has taken a lead role in the facilitation and organization of the BTC. In addition to state reporting requirements for Behavior Treatment Plans, CMHA-CEI reviews behavioral incidents of all consumers and monitors progress at BTC.

Denials, Grievances, and Appeals

The monitoring process for denials, grievances, and appeals focuses on the ability to provide evidence of timeliness of communication. As the capacity for evaluation and analysis increases, CMHA-CEI will approach this monitoring activity in a manner that helps to explore any patterns in occurrence and identify process or policy changes to resolve organizational challenges. Detailed requirements can be found in the MDHHS/CMHSP Managed Mental Health Supports and Services Contract. Customer Service Staff are responsible for tracking this data.

Incident Reporting

Incident Reporting requirements and processes are outlined in CMHA-CEI's Incident Reporting Procedure. Critical incident reporting requirements are defined in the MDHHS/CMHSP Managed Mental Health Supports and Services Contract. Critical incidents include suicide, non-suicide death, emergency medical treatment due to injury/medication error, hospitalization due to injury/medication error, and arrests. Critical incidents are captured through the organization's incident reporting process and reviewed at CIRC.

A summary of the incident reports filed and reviewed can be found in the attached QIP Plan Evaluation.

Staff Injury/Accident Rate

CMHA-CEI regularly monitors staff injury, accident, and infection data as risk management considerations through the organization's Safety Committee. HR in collaboration with Property and Facilities captures injury and accident information to monitor trends, optimize organizational performance, and decrease liability. Monitoring includes identifying provisions that require corrective action, providing enhanced training/education, and following up on corrective action plans.

Sentinel Event Review

Processes to identify sentinel events, understand the cause, and take necessary action to reduce the probability of future reoccurrence are defined in CMHA-CEI's Sentinel Events Procedure. Sentinel events are reviewed through a Root Cause Analysis (RCA) process that is facilitated by the QI Team. Sentinel events and sentinel event plans of correction are reviewed at CIRC. Sentinel events are reported to MSHN and CARF as needed.

Medicaid Event Verification

CMHA-CEI partners with MSHN to conduct regular audits of billed service events to verify that they are in alignment with the documents submitted. These reviews are conducted twice annually and facilitated by the QI Team.

Chart Review

CMHA-CEI regularly monitors clinical performance by selecting a random sample of both open and closed consumers to ensure organizational and professional standards are upheld as defined in the Clinical Record Review Procedure. The QI Team compiles the aggregate data and meets with the clinical programs to review results quarterly. QCSRR meets with the clinical program to assist in analyzing the data, determine areas of improvement, and develop a plan to address the issues identified.

Provider Monitoring

The QI Team's Quality Advisors are staff designated to provide support, advocacy, and education to contracted service providers as well as internal programs at CMHA-CEI. Annually, the QAs conduct a Quality and Compliance, Recipient Rights, and Home and Community Based Services Review, as applicable, with each contracted AFC home, CLS provider, ABA provider, Hospital, Financial Management Services, and CEI directly-run licensed homes. Site visits are conducted in many ways including on-site as required, regionally with other MSHN CHMSPs, and remotely in combination with other CMHSP reciprocity reviews. A reciprocity review can be used for providers outside of the CEI catchment area as long as it was visited on-site by another CMHSP. More frequent visits are conducted as needed as well if provider issues arise. Plans of correction may be issued to providers that are deemed to be out-of-compliance or in partial compliance. The QAs monitor these plans throughout the year and inform CEI clinical teams, Finance, and or Contracts of any issues that may need a more combined approach to ensure compliance.

Policy and Procedure Review

All agency policies and procedures are reviewed annually. The QI Team oversees and monitors this process through the PolicyStat document management system in collaboration with agency leadership. The QI Team continues to convert program-specific operating guidelines to PolicyStat, with a goal of completion by the end of 2025.

Health Services Advisory Group (HSAG)

Each year, MSHN works with all CMHSPs to validate performance measures and quality for HSAG. The purpose of performance measure validation (PMV) is to assess the accuracy of performance indicators reported by PIHPs and to determine the extent to which performance indicators reported by the PIHPs follow state specifications and reporting requirements. The QI Team and IS department work with MSHN throughout the year to prepare for the HSAG review.

MSHN Audit

Every two years, MSHN conducts a full monitoring and evaluation process of CMHA-CEI. This process consists of the utilization of uniform standards and measures to assess compliance with federal and state regulations, and PIHP contractual requirements. During the interim year, MSHN's review process focuses on any elements from the previous year's findings in which compliance standards were considered to be partially or not fully met. The QI Team works with the clinical and administrative programs to meet the standards MSHN monitors. The QI Team also facilitates the audit and plan of

correction processes. In 2024, an interim review was conducted. Results from this review can be found in the FY2024 QIP Plan Evaluation. The next MSHN audit will take place in June 2025.

MDHHS Audits

Each year, MDHHS conducts a full monitoring and evaluation process of the following waiver programs:
- Serious Emotional Disturbance Waiver (SEDW)
- Children's Waiver Program (CWP)
- Habilitation Support Waiver (HSW)
- State Plan Amendment /(i) SPA (1915i)

The QI Team works with the administrative and clinical programs to meet the standards MDHHS has set for these waivers. The QI Team also facilitates the audit and plan of correction processes. MDHHS conducts a 90-day follow-up to assess the implementation of the submitted corrective action plan. The 2024 audit included a review of SEDW, CWP, 1915i, and HSW. The next review will be in 2025.

Quantitative and Qualitative Assessment of Experience

CMHA-CEI is committed to providing the highest quality of care and services. Central to this commitment is regularly soliciting feedback from consumers, providers, and stakeholders.

Consumer Satisfaction Survey

As part of CMHA-CEI's quality improvement efforts, satisfaction surveys are administered annually to active consumers. Results are used to gauge the level of satisfaction among consumers, determine ways to improve the quality of practice, and address identified areas of need. The purpose of the survey is to measure the quality of CEI services and summarize the level of satisfaction with the CMH service system.

In 2024, the Youth Satisfaction Survey for Families (YSSF) and Mental Health Statistics Improvement Program (MHSIP) adult satisfaction survey were distributed to all CMHA-CEI consumers who were receiving services within the reporting period. While the CMHSPs in the region are responsible for administering the survey, the PIHP collects and maintains the data and survey findings. Results of recent satisfaction survey efforts can be found in the attached FY2024 QIP Plan Evaluation.

CMHA-CEI also works with MSHN to complete the CCBHC Patient Experience Survey using the results from the YSSF and MHSIP surveys. These surveys evaluate consumer responses in the following areas:

MHSIP Domains:
- General Satisfaction
- Access
- Quality and Appropriateness
- Participation in Treatment Planning
- Outcome of Services
- Functioning
- Social Connectedness

YSSF Domains:
- Cultural Sensitivity
- Access
- Appropriateness
- Participation in Treatment
- Outcome of Services
- Social Functioning
- Social Connectedness

Stakeholder Survey

Every two years, CMHA-CEI is required by MDHHS to conduct an assessment of the mental health needs of our community. The assessment must involve public and private providers, school systems, and other key community partners and stakeholders. Stakeholders are asked to share the trends and needs they identify that may be related to, or indicative of, mental health needs in our community. CMHA-CEI leadership reviews the survey results to develop priority needs and planned actions for the agency. CMHA-CEI evaluated stakeholder concerns over the year from a survey that was conducted in 2024. Priority needs identified during the 2024 survey included access to care, training of Direct Care Staff, Recruitment and Retention of staff, strain on crisis services, and access to housing and resources for adults with serious and persistent mental illness. CMHA-CEI will conduct another stakeholder survey in 2026.

Trauma Self-Assessment

An agency trauma workgroup was formed to expand efforts to combat the negative impact of trauma for consumers and secondary trauma for staff. Every three years the Trauma Self-Assessment is sent to all agency staff. It is encouraged that staff from all departments participate to capture broad organizational representation in the results. Results are analyzed by the QI Team and sent to agency leadership and appropriate committees or workgroups. Analysis of the results identifies where programs and supports are needed, helps to target information and training, and allows the agency to measure progress. The most recent Trauma Self-Assessment results from 2024 can be found in the attached QIP Plan Evaluation. The next Trauma Self-Assessment will be conducted in 2027.

National Core Indicators (NCI) Survey

The NCI Survey is an annual collaboration between participating states, the Human Services Research Institute, and the National Association of State Directors of Developmental Disabilities Services. The NCI survey aims to assess family and adult consumer perceptions of satisfaction with their community mental health system and services. A random sample of consumers is selected to participate each year by NCI. Once the sample has been selected, the QI Team obtains consent and completes pre-survey information for each consumer before the NCI-conducted interview. Data gathered through this survey is intended to assist in informing strategic planning, legislative reports, and prioritizing quality improvement initiatives. Details about CMHA-CEI's participation in each year's NCI Survey can be found in the attached FY2024 QIP Plan Evaluation.

Organizational Performance Initiatives

The QI Team strives to improve quality throughout the agency. Additional projects the QI Team works on are listed below:

CARF

CARF is the accrediting body for all administrative units, case management, Assertive Community Treatment, and SUD programs. The QI Team applies for reaccreditation through CARF every three years. After application, CARF will survey the agency to ensure continued conformance to the current version of the Behavioral Health Standards Manual. The survey involves observation of services, interviews with persons served and other stakeholders, and review of documentation. In 2023, CARF conducted a digitally enabled site survey and granted CMHA-CEI the standard three-year accreditation. Corrective

Action Plans from the survey findings can be seen in the attached QIP Plan Evaluation. The next CARF survey will be conducted in 2026.

Internal Research Approvals

CMHA-CEI promotes research in mental illness, developmental disabilities, and substance abuse, recognizing its importance for improving diagnosis, treatment, and prevention. Any research involving consumers must be approved by the Research Review Committee (RRC). Research must receive the prior written approval of the Chief Executive Officer. The activity of the Research Review Committee is facilitated by the QI Team.

Data Reporting through ICDP/CC360

CMHA-CEI has access to Medicaid claims data through two sources: the Integrated Care Delivery Platform (ICDP) and Care Connect 360 (CC360). ICDP is a tool utilized by MSHN, while CC360 is the tool utilized by MDHHS. Through both resources, the QI Team reviews data as required by MSHN, MDHHS, and by request of the clinical programs. The data may be utilized by the QI Team to facilitate collaboration with community partners, review and develop performance measures, and participate in the MSHN PIP processes.

Care Alerts

CMHA-CEI reviews Care Alerts as identified in ICDP. ICDP provides specific details identifying individuals who have an active Care Alert, which can be exported and reviewed for follow-up. This follow-up may include reviewing services provided to the individual, coordinating with the primary clinician, or creating a systemic action plan.

Annual Submission to MDHHS

Each year, the QI Team submits required data to MDHHS. This data includes estimated workforce changes for the fiscal year, a summary of service requests, and waiting list information as well as community data. Every other year, the annual submission includes a stakeholder survey as well as priority needs and planned actions. The last annual submission was submitted in FY24 and was based on the planned actions made in response to the stakeholder survey conducted in 2023. In FY25, the submission to MDHHS will include an updated stakeholder survey.

State Recertification

The QI Team submits required documentation every three years to MDHHS to recertify CMHA-CEI as a CMHSP, as required in Administrative Rule 330.2801. Information prepared for submission includes accreditation information for CMHA-CEI and applicable contract providers, lists of all contracts with other agencies or organizations that provide mental health services under the auspices of CMHA-CEI including services provided, and identification of any changes to CMHA-CEI's provider network. CMHA-CEI was approved for renewal certification on April 23, 2024. It is effective until April 23, 2027.

State Reporting

The QI Team regularly assists the agency in compiling and submitting reports to MSHN or MDHHS, as needed. Examples include the biannual credentialing report for MSHN and the annual "Special Education to the Community" report for MDHHS.

HCBS Support for the Agency

CMHA-CEI Quality Advisors act as independent verifiers to ensure that internal oversight of the HCBS Final Rule and MDHHS/MSHN plans of correction are as conflict-free as possible. Efforts include coordination/communication with MSHN/MDHHS on survey processes, supporting provider plan development related to ongoing HCBS compliance and HCBS Plans of Corrections as needed, monitoring plan of correction follow-up, on-site verification annually or more if needed, providing guidance to CEI clinical programs to ensure internal compliance, and ongoing support of HCBS education and documentation improvement processes.

Environmental Modifications

Environmental Modifications is a Medicaid Covered Service that CMHA-CEI has a higher level of review of due to the higher cost and involvement of contract staff. The QI Team provides input for all requests received for environmental modifications through participation in the Environmental Modifications Workgroup. The workgroup includes staff from CSDD, waiver programs, Property and Facilities, Finance, and others as needed.

Enrollee Rights and Responsibilities

CMHA-CEI is committed to treating members in a manner that acknowledges their rights and responsibilities. CMHA-CEI ensures that a recipient of mental health services has all of the rights guaranteed by state and federal law, in addition to those guaranteed by P.A. 258, 1974, Chapter 7 and 7A. MDHHS routinely conducts site reviews; the CMHA-CEI Recipient Rights Office submits annual reports to MDHHS as required by Chapter 7 of the Michigan Mental Health Code. Additionally, procedures have been established to address any complaints and appeals through the CMHA-CEI Corporate Compliance unit.

Utilization Management

Utilization Management monitors the agency's resources by conducting regular reviews and collecting and analysis of data. CMHA-CEI and MSHN have Utilization Management Plans that are followed. These plans address practices related to retrospective and concurrent review of clinical and financial resource utilization, clinical and programmatic outcomes, and other aspects of utilization management as deemed appropriate by directors.

Healthcare Integration Initiatives

CMHA-CEI's healthcare integration vision is to be a convener and partner in the implementation of healthcare integration by providing meaningful and manageable approaches in achieving outcomes and improving the overall quality of life for those we serve. Through the Healthcare Integration Committee, there are three workgroups to help drive healthcare integration initiatives:

1. Primary Care Provider Status and use of the Continuity of Care Document
2. Treatment Planning
3. Population Health

CMHA-CEI works with several community health partners to provide Behavioral Health Consultants (BHCs). BHCs are integrated members of the medical team who address health behaviors and behavioral health. Goals of Healthcare Integration Programs include functional restoration and patient activation.

CCBHC Continuous Quality Improvement Plan

CCBHC is a model of care that provides quality, accessible treatment to consumers using data and evidence-based practices. In 2018, CMHA-CEI was awarded a two-year federal grant to expand services for individuals with a diagnosis of Serious Mental Illness, Serious Emotional Disturbance, Substance Use Disorder, or Co-Occurring Disorders who are uninsured, underinsured, or have commercial insurance. In 2020, CMHA-CEI was additionally awarded a two-year expansion CCBHC grant through April 2022. In April 2022, CMHA-CEI was awarded full certification of its Certified Community Behavioral Health Clinic through the Michigan Department of Health and Human Services. The certification is valid for two years.

Continuous Quality Improvement (CQI) plans are required to be developed, implemented, and maintained annually for CCBHCs and focus on improved patterns of care delivery, including reductions in emergency department use, rehospitalization, and repeated crisis episodes.
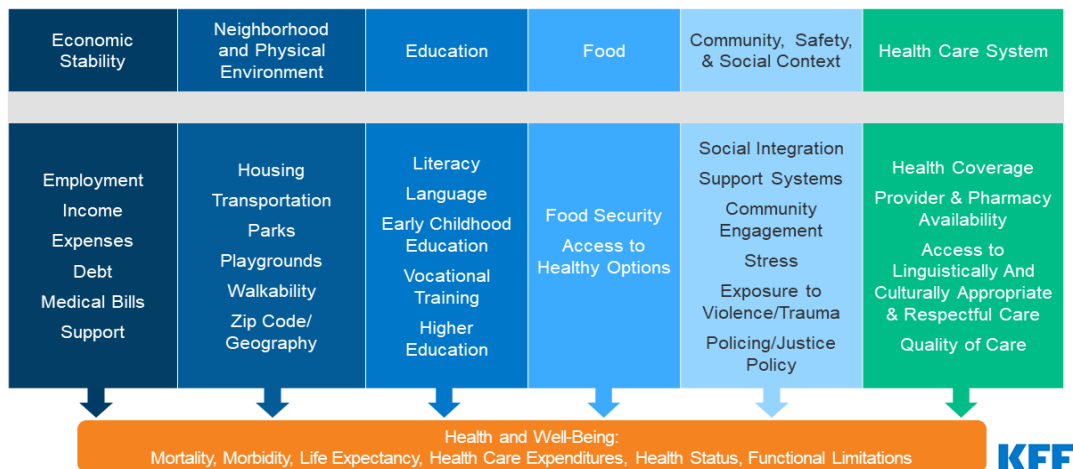
The CQI plan report tracks:
1. Deaths by suicide or suicide attempts of people receiving services;
2. Fatal and non-fatal overdoses;
3. All-cause mortality among people receiving CCBHC services;
4. 30-day hospital readmissions for psychiatric or substance use reasons

The CQI plan also reports on the quality measures collected by CCBHC, including:
1. Time to Initial Evaluation
2. Preventative Care Screenings: Adult BMI Screening and Follow-up
3. Weight Assessment for Children/Adolescents
4. Tobacco Screening and Cessation
5. Alcohol Screening and Brief Counseling
6. Suicide Risk Assessment: Adult and Child
7. Screening for Clinical Depression and Follow-up
8. Depression Remission at Twelve Months

The CQI plan reports data on health disparities and utilizes Performance Improvement Projects to track and improve outcomes. The CQI plan report also reviews Social Determinants of Health (SDOH) and how CMHA-CEI can assist in improving the health and well-being of those served. SDOH are described below:

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community, Safety, & Social Context	Health Care System
Employment Income Expenses Debt Medical Bills Support	Housing Transportation Parks Playgrounds Walkability Zip Code/ Geography	Literacy Language Early Childhood Education Vocational Training Higher Education	Food Security Access to Healthy Options	Social Integration Support Systems Community Engagement Stress Exposure to Violence/Trauma Policing/Justice Policy	Health Coverage Provider & Pharmacy Availability Access to Linguistically And Culturally Appropriate & Respectful Care Quality of Care

Health and Well-Being:
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

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SECTION 4: Additional Agency Plans Monitored by QI

Risk Assessment Plan

An agency-wide Risk Management Plan is reviewed and updated annually with assistance from the QI Team. The Risk Management Plan informs the agency by increasing awareness for identifying and minimizing risk. Ongoing monitoring of action steps identified in the Risk Assessment are completed by agency leadership and the QI Team.

Accessibility Plan

An agency-wide Accessibility Plan is also reviewed and updated annually with assistance from the QI Team. This plan identifies physical and organizational barriers and provides the status of planned actions to address those barriers. An assessment and management control tool was developed for the plan. The tool assesses organizational accessibility barriers, defines accountability, and monitors progress. Ongoing monitoring of planned actions identified in the Accessibility Plan is completed by agency leadership and the QI Team.

Needs Assessment

In 2023, CMHA-CEI created a formal agency Needs Assessment to fulfill state and federal requirements. The Needs Assessment utilizes state and local data, input from individuals served and community stakeholders, and service delivery data to help address service needs and priorities for CMHA-CEI. The Needs Assessment is updated annually and demonstrates CMHA-CEI's ongoing commitment to quality services and outcomes.

SECTION 5: Evaluation of QIP Plan Effectiveness

An evaluation of the QIP Plan is completed at the end of each calendar year. The evaluation summarizes activity that occurred around the goals and objectives of the CMHA-CEI's Quality Improvement Program Plan and progress made toward achieving the goals and objectives. The evaluation describes the quality improvement activities conducted during the past year related to the following goals and objectives.

SECTION 6: QIP Plan Goals and Objectives

FY 2024 Goals Review

FY 2024 Goal	Progress
Continue to work with the Information Systems Department on updating the Incident Reporting System for updated MDHHS report and explore Incident Reporting Software options.	Potential systems have been identified and discussions regarding implementation have been initiated.
Integrate CMHA-CEI Operating Guidelines into Policy Stat software.	There are currently 44 Operating Guidelines active in PolicyStat and over 400 additional Operating Guidelines are under review with programs.
Continue to utilize available data for quality process improvement and begin looking at disparities (data through chart reviews, audits, SmartCare reports, ICDP).	The QI Team created a performance indicator data dashboard that is regularly shared with AMHS. Prior to clinical chart reviews, the QI Team meets with program leadership to identify areas of concern with results reviewed quarterly. The QI Team collaborates with regional CMHSPs to develop interventions to address access to service disparities.
Develop updated Priority Needs for the agency.	The QI Team completed the annual submission, which includes priority needs and planned actions.
Improve and expand on the data gathered for the annual Needs Assessment and Social Determinants of Health report.	The QI Team expanded information captured within the annual Needs Assessment to fulfill CCBHC requirements.

FY 2025 Goals

- Complete successful rollout of Crisis Stabilization Center: Obtain applicable accreditation and work with clinical programs on reviewing MSHN, CCBHC, and MDHHS standards with regularly occurring chart reviews scheduled annually.

- Integrate remaining program Operating Guidelines into PolicyStat and train additional staff on using the PolicyStat system.

- Develop a data dashboard to share agency-wide and with specific clinical programs: Use performance indicator, satisfaction survey, healthcare integration, care coordination, and other applicable data for use by program supervisors to implement needed changes and interventions.

- Continue to develop and improve agency needs assessment: Explore opportunities to expand data collected and focus groups.

REFERENCES:

- Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program Contract FY25:
  - Attachment P7.9.1 Quality Assessment and Performance Improvement Programs for Specialty Pre-Paid Inpatient Health Plans
- MDHHS/CMHSP Managed Mental Health Supports and Services Contract FY25:
  - Attachment C6.3.2.1 Local Dispute Resolution Process
  - Attachment C6.5.1.1 Reporting Requirements
  - Attachment C6.8.1.1 Quality Improvement Programs for CMHSPs
  - Attachment C6.8.3.1 Standards for Behavior Treatment Plan Review Committees
  - Attachment C7.6.1 Compliance Examination Guidelines
- Mid-State Health Network Quality Assessment and Performance Improvement Plan (QAPIP)
- MSHN Quality Policy, Medicaid Event Verification
- MDHHS Certified Community Behavioral Health Clinic (CCBHC) Handbook
- Mid-State Health Network Utilization Management Plan
- CMHA-CEI Policies and Procedures Manual
- CMHA-CEI Utilization Management Plan
- CMHA-CEI Needs Assessment
- CMHA-CEI Risk Assessment Plan
- CMHA-CEI Accessibility Plan