MACOMB COUNTY COMMUNITY MENTAL HEALTH QUALITY IMPROVEMENT ANNUAL WORKPLAN

October 2020- September 2021

MCCMH Mission
Macomb County Community Mental Health, guided by the values, strengths, and informed choices of the people we serve, provides quality services which promote recovery, community participation, self-sufficiency, and independence.

Strategic Goals
1. Enhance quality of service and effectiveness through improved consumer experience
2. Improve health by increasing the provision of integrated care
3. Retain a competent, effective workforce and provider network
4. Effectively manage the MCCMH Network within available resources

Indicator	Target and Objective	Responsible Departments	Measure	Activities and Outcome
1) Ensure Key Performance Indicators are met for all payer sources	**Track and Trend Key Performance Measures** • Crisis screening timeliness (95% receive pre-admission psychiatric inpatient screening disposition within three hours of request) • Assessment timeliness (95% receive face-to-face meeting with a professional within 14 calendar days of non-	Managed Care Operations and Network Providers will ensure Key Performance Indicators (KPI) are met.	State KPI Data	

Indicator	Target and Objective	Responsible Departments	Measure	Activities and Outcome
	emergent request for services) • Timeliness to ongoing services (95% start needed on-going services within 14 days of non-emergent assessment with a professional) • Inpatient and sub-acute detox discharges seen within 7 days of discharge (95%) • 15% or less of inpatient re-admissions to an inpatient psychiatric unit within 30 days of discharge	Quality to collect, analyze and report quarterly Key Performance Indicators to Quality Council.		
2) **Increase MCCMH Penetration rate to at least 6%**	**Improve Access to Services** • Deploy a more user friendly MCCMH website improving ease of use for potential consumers to navigate the website by end of Q1. • Move to an on-line Media Campaign to promote the expansion of services through the CCBHC (Certified Community Behavioral Health Clinic) and the PIHP.	Communication and Marketing; and Community and Behavioral Health to report to Quality Council Quarterly	Quarterly Penetration Rate State report FOCUS reports Updates to Quality Council	

MACOMB COUNTY COMMUNITY MENTAL HEALTH QUALITY IMPROVEMENT ANNUAL WORKPLAN

October 2020- September 2021

Indicator	Target and Objective	Responsible Departments	Measure	Activities and Outcome
	• Launch the new website to better promote access to resources • Promote subject matter experts to develop increased trust allowing community members to utilize CMH as the first resource for mental health needs • Develop an e-list campaign to better communicate with the community regarding resources • At least 75% of MCCMH consumers will have an assigned primary care physician by the end of the FY. • Monitor the Managed Care Operations department phone reports to ensure that 95% of calls transferred to a clinician are handled within two minutes.		EMR data collection for primary care physician Phone reports	

MACOMB COUNTY COMMUNITY MENTAL HEALTH QUALITY IMPROVEMENT ANNUAL WORKPLAN

October 2020- September 2021

Indicator	Target and Objective	Responsible Departments	Measure	Activities and Outcome
3) **Expand Integrated Care Efforts**	**Increase Integrated Care** • Provide Case to Care training for our staff and provider staff to improve their integrated care efforts and knowledge in working with individuals served by the end of Q2. • Collect baseline data pertaining to cross referrals (medical and behavioral health) by Integrated Care Specialist working out of three medical clinic sites through FY 20/21. • Identify the baseline of the number of integrated care goals within the EMR by January 30, increase the number of integrated care goals by 5% from baseline by the end of Q2, increase baseline by 10% by the end of Q4.	Clinical Division to report quarterly to Quality Council	Training Curriculum and Sign-in Sheets Data collected through referrals made Integrated care checkbox/ identifier within the FOCUS EMR (Electronic Medical Records).	

MACOMB COUNTY COMMUNITY MENTAL HEALTH QUALITY IMPROVEMENT ANNUAL WORKPLAN

October 2020- September 2021

Indicator	Target and Objective	Responsible Departments	Measure	Activities and Outcome
4) Increase engagement in employment services	**Improve access to employment services** • Initiate an RFP to obtain a provider agency who can engage in supported employment activities for consumers to meet the need for obtaining and keeping employment.	Clinical Division to report to Quality Council	RFP and responses	
5) Improve Clinical Services	**Increase Evidence Based Practices** • Provide at least three clinical trainings related to increasing knowledge about evidence-based services available to the network by the end of Q2. • Integrate a Child Screening tool (Young Child PTSD Checklist and/or Child PTSD Checklist) into the initial and annual assessments by the end of Q4.	Clinical Staff to report to Quality Council	Training Curriculum and Sign in Sheets FOCUS enhancement to EMR.	
6) Ensure Consumer Rights	**Ensure completion of all rights investigations within the mandated timeframes**	Office of Recipient Rights to report to Quality Council	ORR State Report	

MACOMB COUNTY COMMUNITY MENTAL HEALTH QUALITY IMPROVEMENT ANNUAL WORKPLAN

October 2020- September 2021

Indicator	Target and Objective	Responsible Departments	Measure	Activities and Outcome
7) Move system toward NCQA six month look back	**NCQA Accreditation** • MCCMH will begin the readiness evaluation process in 2nd quarter • Track 3 HEDIS measures by 6/1/2021. • Request an RFP by 2/2021, release RFP in April if approved • Hire consultant to assess accreditation feasibility by 4th quarter	Quality Department to report to Quality Council quarterly	RFP AFIA reports	.
8) Develop and Implement a Team Member and Engagement Process	**Improve administrative and staff communication throughout the internal service delivery network** • Add additional content including emergency preparedness and consumer satisfaction to weekly workforce updates distributed to the MCCMH team members by end of Q2. • Team Member Engagement and Satisfaction Workgroup to meet quarterly and review	Chief of Staff to report to Quality Council on a quarterly basis	Weekly Workforce Updates Annual Satisfaction Survey	

Indicator	Target and Objective	Responsible Departments	Measure	Activities and Outcome
	annual survey results to set one or more 2021 goals. • Improve 2% on 2020 Team Member Engagement and Satisfaction survey results on Questions 9 and 12 relating to communication.			
9) Customer Service Improvement	**Enhance Customer Service scope and responsibilities** • Review all current policies and procedures against established standards by end of Q1 to ensure a streamlined experience for the persons served. • Develop Toll free consumer access line for ease of access • Enhance TTY system by creating branded materials and having a branded campaign to educate staff and community on the TTY capabilities by end of FY. • Develop a new Customer Service Guide for team members and supporting	Chief of Staff to report to Quality Council on a quarterly basis	Toll free line Training sign-in Customer Service Handbook and training sign-in Happy or Not reports Phone reports	

Indicator	Target and Objective	Responsible Departments	Measure	Activities and Outcome
	standard operating procedures • Implement Customer Service training to MCCMH staff by end of Q4. • Implement real time customer service feedback through Happy or Not terminals at each location and on website by February 1, 2021 and monitor reports. • Create baseline tracking on wait times, service level and abandonment rate by end of Q2. • Review baseline data on a quarterly basis to establish at least 2 customer service goals by end of FY.			
9) Network Adequacy	**Ensure Network Adequacy throughout all service delivery lines** • Initiate a licensed residential placement tracking tool to track the available beds by end of	Network Operations to report quarterly to Quality Council	Residential Tool Network Adequacy Minutes	

Indicator	Target and Objective	Responsible Departments	Measure	Activities and Outcome
	Q2 in coordination with Access Center referrals • Give the providers access to input their data into the tracking tool by Q4. • Provider monitoring meetings will continue to monitor any service line that has limited availability monthly, track according to vendor, assigned Network Operations coordinator work with vendor to monitor and address issues and report to Network Adequacy as needed. • Network Operations will continue monthly meetings to address inadequacies by adding to specific service lines and/or initiating RFPs when needed. • New board-level workgroup has been established to look at service delivery against available funding by			

MACOMB COUNTY COMMUNITY MENTAL HEALTH QUALITY IMPROVEMENT ANNUAL WORKPLAN

October 2020- September 2021

Indicator	Target and Objective	Responsible Departments	Measure	Activities and Outcome
	funding stream (MA, HMP, and GF)			
10) Psychiatric Services	**Improve Doctor Services and access to services** • Maintaining 75% or higher in doctor performance in quarterly peer reviews. • Develop a mechanism to track and understand baseline doctor time availability in direct clinic services by Q4.	Chief Medical Officer to report to Quality Council quarterly	Peer Review summary Tracking mechanism	
11) Data Reliability	**A) Report and dashboard development** • Draft dashboards will be validated and released as they are finalized. Goal is to move additional drafts into production to assist in measuring and reporting outcomes.	Information System Divisions to report quarterly to Quality Council	Dashboards	
	B) Continued report development and validation efforts • Track all report requests with priority development status		PIC minutes	

Indicator	Target and Objective	Responsible Departments	Measure	Activities and Outcome
	• PIC to address data discrepancies • PIC to validate reports requested for accuracy			
	C) Maintain a 95% or greater compliance rate with Behavioral Health-Treatment Episode Data Set (BH-TEDS) requirements.		State BH-TEDS report	
12) Operate within MCCMH allocations	**Produce meaningful financial statements.** • Implement the State required Standard Cost Allocation model by October 1, 2021	Finance Division to report to the Quality Council.	Standard Cost Allocation Report	
13) Increase quality services throughout the Network	**Increase Monitoring and Audit review activities** • Revise 100% of policies related to MCCMH monitoring and audit requirements by 7/1/2021. • Develop an audit schedule, complete audits, facilitate and approve corrective action plans on an on-going basis	Quality Division to report quarterly to the Quality Council and Consumer Advisory Board All Departments	Audit tools Audit Reports Consumer Survey Provider Survey CC 360 Data	

Indicator	Target and Objective	Responsible Departments	Measure	Activities and Outcome
	• Identify and implement at least 2 systemic changes to address clinical deficiencies identified through audits or CRMC. • Re-design the annual Consumer Satisfaction Survey to satisfy all funding sources • Assess Consumer satisfaction at least annually with a target of at least 80% satisfaction. • Consumers of the African American/Black race reflect a 4.7% increase in follow up services post hospitalization reflecting no disparity from overall races/ethnicities fol low up rates (baseline disparity was obtained 7/1/19- 6/30/20 CC360 data)			
14) Improve Stimulant use Treatment Services	**Enhance services for individuals with stimulant use disorder** • Identify an evidence-based practice for the treatment	MCOSA	Training sheets	

MACOMB COUNTY COMMUNITY MENTAL HEALTH QUALITY IMPROVEMENT ANNUAL WORKPLAN

October 2020- September 2021

Indicator	Target and Objective	Responsible Departments	Measure	Activities and Outcome
	of stimulant use disorders by Q1. • Partner with select contract providers to have staff trained in the evidence-based practice by Q3. • Develop services to effectively treat this population by Q4.		Provider contract amendment	
Integrate the CCBHC specific outcome metrics to meet all CCBHC Performance Measures **See Attachment**				

IHM QUALITY IMPROVEMENT ANNUAL WORKPLAN 2020-2021

Performance Measure	Data Source	Data Collection Frequency	Responsible Staff for Data collection	Method of data Analysis
To provide IHM services to minority populations congruent with the current Macomb County area demographics Objective: Penetration rates reflective of US Census data within Macomb • 12.2% Black • 4.1% Asian • 2.7% Latino/Hispanic • 0.30% American Indian and Alaska Native alone	Afia- EHR – BH TEDS (Behavioral Health –Treatment Episode Data Set). Afia Dashboards- Report on CCBHC penetration rates sub populations (at least one encounters post screening). NOMS Outreach Efforts Total number of CCBHC consumers by race and ethnicity /total CCBHC consumers	Quarterly	Clinical staff- Access, Open Access, Outreach Teams (liaisons, Integrated care liaisons, wellness coach), Primary Case holders, Care Managers	Penetration Rate Report
To provide new IHM consumers with initial evaluation provided within 10 business days of first contact for routine services. Objective • 95% of all CCBC consumers requesting services are seen for the initial apt within 10 days of request	PCE- EHR – Calendar Total number of new CCBHC consumers seen within10 days/Total number of new consumers	Quarterly	Access staff Open Access	PCE Reports. Routine validation via record review

IHM QUALITY IMPROVEMENT ANNUAL WORKPLAN 2020-2021

Performance Measure	Data Source	Data Collection Frequency	Responsible Staff for Data collection	Method of data Analysis
To ensure consumers discharged from impatient acute services obtain appropriate follow up services reducing recidivism within the populations. Objective: • CCBHC consumers discharged from inpatient behavioral health psychiatric services remain in community services with readmission. Threshold-Below 15% are readmitted	PCE and Afia-EHR- Calendar. Breakdown by races identified, ethnicity and age. Total number of CCBHC inpt readmissions within 30 days of discharge/total number of CCBHC consumers discharged from inpt services.	Quarterly	Managed care Operations (PIHP Access), Open Access	PCE Reports. Routine validation via record review.
Ensure consumers with co-morbidities including diabetes, hypertension/stroke and/obesity, asthma, COPD and, congenital heart disease have at least one goal within the IPOS regarding physical health care needs. Objective: • 80% of all CCBHC records reflect an integrated care goal addressing health conditions.	Afia Dashboard EHR Pulled from Assessment and IPOS. All identified as having co-morbidities will have a goal reflecting co-morbidity. All active CCBHC records reflecting health conditions AND have integrated health goal/ All active CCBHC records reflecting health condition	Quarterly	Primary Case holder, Care Coordinator	Afia Reports. Record Validation
Expand and integrate evidence-based treatment at MCCMH and in community.	CCHBC Leadership Report/ Agenda/Flyers. Relias training reports	Quarterly	CCBHC Leadership	Monitor Community Outreach, Trainings, Presentations

IHM QUALITY IMPROVEMENT ANNUAL WORKPLAN 2020-2021

Performance Measure	Data Source	Data Collection Frequency	Responsible Staff for Data collection	Method of data Analysis
Objective: • Increase education, detection, and access to MCCMH's expanded services including Seeking Safety (Trauma EBP Group), MHFA (Mental Health First Aid), and MI (Motivational Interviewing) for organizations countywide. • Throughout the project, promote EBT and related services across various community, school, and partner events. • Conduct at least a minimum of 8 internal and targeted community trainings per year focused to the identified EBPs.	Staffing Report			
Ensure all persons receiving antipsychotic medications are assessment for Tardive dyskinesia Objective: 75% of all appropriate consumers are assessed at least quarterly	Afia Dashboard All CCBHC consumers prescribed antipsychotic medications and received AIMS assessment within 90 days/All CCBHC consumers prescribed antipsychotic medications	Quarterly	All prescribing health professionals	Afia Reports
Improve Client and System Outcomes in MH and SUD. Demonstrate improved system	EHR – Afia Dashboards AUDIT, CAFAS, LOCUS	Bi-Annually	Clinical Staff, Care Managers	Afia Reports

IHM QUALITY IMPROVEMENT ANNUAL WORKPLAN 2020-2021

Performance Measure	Data Source	Data Collection Frequency	Responsible Staff for Data collection	Method of data Analysis
performance in improving access to services and engagement and retention in treatment. Objective: • 40% of clients will report reduced MH or SUD symptoms (LOCUS, CAFAS, AUDIT) • 60% of clients will report reduced psychological distress (PHQ) • 65% will report reduced or no criminal justice involvement	Client Outcomes for each GPRA National Outcomes Measure (NOM), compare outcomes from baseline (intake), 6-mo follow-up and discharge All CCBHC consumers receiving LOCUS reporting reduced symptoms(score)/All CCBHC Consumers with LOCUS All CCBHC consumers receiving AUDIT reporting reduced symptoms(score)/All CCBHC Consumers with AUDIT All CCBHC consumers receiving CAFAS reporting reduced symptoms(score)/All CCBHC Consumers with CAFAS All CCBHC consumers receiving PHQ within Qtr (first)reporting reduced symptoms(score)/All CCBHC Consumers with PHQ (last)			

IHM QUALITY IMPROVEMENT ANNUAL WORKPLAN 2020-2021

Performance Measure	Data Source	Data Collection Frequency	Responsible Staff for Data collection	Method of data Analysis
	All CCBHC Consumers with reduced CJ Status/All CCBHC Consumers with BH TEDS CJ status			
Ensure CCBHC is fully staffed to provide Quality services. Objective: Establish a Core Provider Team (CPT) comprised of the Project Director (PD), 5 Care Managers/Therapists, and 3 Community Health Workers/Peers within 3 months of the grant award and ensure that all are fully trained in targeted EBPs.	Staffing Reports Training Reports for CPT, MI, ACT,	Quarterly	Clinical Staff	Monitor Reports. Address barriers