MACOMB COUNTY
COMMUNITY MENTAL HEALTH

Quality Assessment Performance Improvement Program Evaluation

Year End Report FY 2021-2022

Introduction

The MCCMH Prepaid Inpatient Health Plan (PIHP) is required by the Michigan Department of Health and Human Services (MDHHS) to maintain a Quality Assessment and Performance Improvement Program (QAPIP). The final approval of the QAPIP lies with MCCMH's Governing Body, its Board of Directors. The previous QAPIP remains in effect until the new one is finalized. The final QAPIP will be disseminated to the Board, the Citizen Advisory Council, and the MCCMH provider network. The QAPIP will be posted on the MCCMH website and provided to the public upon request.

Board input and approval are necessary components of the QAPIP. The Board will receive progress reports on focus areas of the QAPIP through various presentations on the specific projects identified in the QAPIP. MCCMH's QAPIP Evaluation is not all inclusive as there are many improvement activities ongoing throughout the organization.

Organizational Quality Structure

The QAPIP is managed by the MCCMH Quality Committee. The Committee ensures that the MCCMH Mission and strategic plan are interwoven with all policies and procedures throughout the network. The Committee oversees the various subcommittees and functions of the MCCMH QAPIP. The Committee identifies and addresses specific issues in need of remediation and reviews on-going activities of the various subcommittees. Grievances and appeals are tracked, and the trends reported to the Quality Committee. The Council also reviews input from persons served utilizing satisfaction questionnaires, forums, and other forms of stakeholder input. All committee meeting minutes are continuously monitored and integrated into the overall Quality Improvement Program. Formal actions related to the QAPIP are taken to the Board at least annually through the QAPIP report.

The Committee's objectives are to improve quality, maximize clinical outcomes, reduce cost, and increase efficiency in service delivery. Through collaboration amongst the departments, the Quality Committee is responsible for oversight of ongoing implementation of quality indicators, processes and outcomes across Macomb County as defined through the goals of the QAPIP.

QAPIP Work Plan Evaluation

Key Performance Indicators

MCCMH works to ensure all Federal, State, and Local contractual obligations are met. MCCMH has responsibility for oversight of established Key Performance Indicators (KPI) measures based upon Michigan's Mission-Based Performance Indicator System (MMBPIS) developed by MDHHS.

Performance Indicator Overview:

Indicator #1:
(95% Standard: Met)

MCCMH has consistently met this performance measure. In FY22, MCCMH exceeded the MDHHS performance measure standard of 95%, achieving 100% compliance score in this area for children and 99%-100% compliance score for adults.

Indicator #2:
(No Set Standard)

MCCMH continued to work on network capacity regarding appointment availability addressing initial and ongoing appointments. Previous benchmarks related to the timeliness of initial assessment and from initial assessment to on-going services standards were eliminated by MDHHS.

Indicator #2e:
(No Set Standard)

Indicator #3:
(No Set Standard)

MCCMH continued to work on network capacity regarding appointment availability addressing initial and ongoing appointments. Previous benchmarks related to the timeliness of initial assessment and from initial assessment to on-going services standards were eliminated by MDHHS.

Indicator #4a:
(95% Standard: Not Met)

Ongoing opportunities for improvement exist for MCCMH related to services post hospitalization. A Process Improvement Project (PIP) has been developed that focuses on improving compliance with MDHHS' standard of follow-up appointments occurring within 7 days of discharge from an inpatient hospital setting.

Indicator #4b:
(95% Standard: Partially Met)

Indicator #10:
(15% or Less Standard: Partially Met)

Inpatient recidivism continues to be identified as an area for opportunity for MCCMH. Ongoing efforts to address this area are occurring across departments. Attempts to address recidivism are occurring through ongoing case review and root cause analyses. MCCMH implemented a process for face-to-face interventions, including crisis assessment, hospital determination, and community referrals, as appropriate. This afforded persons served more timely access to services in a lesser restrictive level of care. Objectives for this goal will be strengthened through the efforts of MTM consulting firm and will be continued through current and upcoming fiscal year.

FY 2022 MCCMH Performance Indicator Overview:

	PERFORMANCE INDICATOR	POPULATIONS	MEASUREMENT PERIOD QTR 1 FY 22	MEASUREMENT PERIOD QTR 2 FY 22	MEASUREMENT PERIOD QTR 3 FY 22	MEASUREMENT PERIOD QTR 4 FY 22
#1	The percentage of persons during the quarter receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	Children	100.00 %	100.00 %	100.00 %	100.00 %
		Adults	99.00 %	100.00 %	99.00 %	99 %
#2	The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service.	MI-C	32.73 %	9.77 %	5.04 %	14.44 %
		MI-A	45.09 %	10.15 %	12.24 %	21.14 %
		IDD-C	57.78 %	32.89 %	10.98 %	16.47 %
		IDD-A	45.16 %	20.51 %	27.45 %	36.96 %
		OVERALL	42.14 %	11.32 %	10.78 %	19.81 %
#2e	The percentage of new persons during the quarter receiving a face-to-face service for treatment or supports within 14 calendar days of a non-emergency request for service for persons with Substance Use Disorders	SUD	53	188	102	147
#3	Percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment.	MI-C	92.07 %	60.20 %	75.43 %	75.71 %
		MI-A	82.17 %	76.97 %	80.68 %	75.00 %
		IDD-C	97.14 %	91.67 %	80.00 %	84.52 %
		IDD-A	91.67 %	68.18 %	78.38 %	79.41 %
		OVERALL	86.14 %	72.84 %	79.12 %	76.37 %
#4a	The percent of discharges from a psychiatric inpatient unit who are seen for follow-up care within seven days.	Children	52.63 %	31.94 %	33.75 %	38.71 %
		Adults	55.44 %	32.44 %	37.00 %	44.78 %
#4b	The percent of discharges from a substance abuse detox unit who are seen for follow-up care within seven days.	SUD	100.00 %	99.60 %	92.65 %	91.92 %
#10	The percentage of readmissions of MI and I/DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.	Children	10.00 %	5.19 %	5.19 %	16.67 %
		Adults	14.83 %	18.21 %	17.50 %	27.25 %

Performance Measure Improvement Strategies

Tracking and trending of KPIs demonstrated that additional support is needed in certain areas. MCCMH obtained a contract with MTM to measure current time to care, provide same day access, implement just in time prescribing, and cost measurement. A gap analysis was completed to identify current barriers within the system that may prevent movement toward this goal, allowing MCCMH the ability to pursue remedies of all barriers. Through work on the same day access and just in time prescribing, KPIs are expected to improve to at least meet the standards previously identified.

MCCMH established a Clinical Informatics department to make MCCMH an increasingly data-driven organization. Clinical Informatics works to validate MCCMH's data by implementing changes to data entry to ensure accurate and useable data and continues to strive to improve the health of individuals, groups, and populations through innovative information technology that is thoughtfully designed, implemented, and managed. The Clinical Informatics department developed data dashboards for Key Performance Indicators based on MDHHS standards, and through such means, MCCMH aims to ensure that such data is presented in more timely and visible manners to improve access and quality of care for its persons served.

Performance Measure Activities

MCCMH conducts at least two Performance Improvement Projects every year. This past year, MCCMH identified two new Performance Improvement Projects aimed at addressing clinical and non-clinical aspects of care. Current Performance Improvement Projects include:

1. Increase percentage of adults receiving follow-up appointments and a reduction in racial disparity between Caucasian and African American persons served post inpatient psychiatric hospitalization.

2. Increase the number of MCCMH persons served enrolled in the MDHHS Habilitation Supports Waiver Program.

For its clinical Performance Improvement Project, MCCMH conducted baseline statistical calculations and analyses to determine statistical significance between population groups and their accessibility to follow-up services after hospitalization. MCCMH identified two performance indicators to track performance or improvement over time. Indicator 1 is the percentage of Caucasian adults discharged from a psychiatric inpatient unit who are seen for follow-up care within 7 calendar days. Indicator 2 is the percentage of African American Adults discharged from a psychiatric inpatient unit who are seen for follow-up care within 7 calendar days. Using claims data, MCCMH identified all members, further separated by race, who received a billable clinical service within 7 calendar days of inpatient discharge. Qualifying follow-up service must be recorded as an approved HCPCS code provided by a professional.

MCCMH's baseline data showed that 84% of Caucasian individuals and 75% of African American individuals received a clinical billable service within 7 calendar days following discharge from behavioral health inpatient episodes of care. A Chi-Square test was conducted and MCCMH found a p-value of less than 0.05 showing that a statistical relationship exists between the indicators. Therefore, MCCMH determined that it failed to reject its null hypothesis that there was no statistical relationship or significance between the two population groups and their follow up to services.

MCCMH submitted its clinical PIP to HSAG for validation of its baseline data analysis and has begun implementing its designated interventions to improve the equity and accessibility of follow-up care for both population groups. MCCMH continues to measure, assess, and analyze gathered information related to its clinical and non-clinical performance improvement plans to ensure engagement in continuous quality improvement.

MCCMH utilizes various Quality-based tools and models to identify performance improvement projects and develop specific interventions. Models utilized for analysis include fishbone diagrams and the Focus-Plan-Do-Study-Act framework. MCCMH is preparing for remeasurement periods, which will occur during calendar years 2023 and 2024 to address causes and barriers identified through a continuous cycle of data measurement and data analysis and assess the effectiveness of interventions.

Critical Incidents

During FY 21-22, the Clinical Risk Management Committee (CRMC) and Quality Division reviewed areas of clinical risk within the MCCMH provider network. Incident reports were reviewed and analyzed which resulted in root cause analysis (RCA) or mortality reviews, when needed. At times, these analyses and reviews resulted in individual and systemic remediation. MCCMH continues to analyze and aggregate critical incidents, sentinel events, and mortality data over time to identify potential trends. An annual report regarding critical incident data collected and patterns observed will be reviewed and disseminated in Quarter 2 of 2023.

Notable actions from trending and systemic remediation included recommendations to providers to proactively serve as advocates for preventative care by providing education and direction in this area; and development of the review taskforce to aid in problem-solving challenging clinical concerns arising in the provision of treatment to individuals when clinical concerns were not been resolved with in-house clinical/team supervision. This group acts as an oversight for "vulnerable" individuals to determine opportunities to improve care and outcomes. In the case of a trend occurring within any residential setting, a health and safety residential audit is prompted and completed.

Behavior Treatment Plan Review Committee

MCCMH's Behavior Treatment Plan Review Committee (BTPRC) reviews behavior treatment plans with restrictive or intrusive techniques and provides approval or denial of plans with these techniques. Over the past calendar year, MCCMH's Clinical Department and Office of Recipient Rights collaborated on updates to its Behavior Treatment Plan Policy in consideration with the use of emergency physical management and obtaining medical clearance from qualified medical professions to the use of emergency physical interventions. Policy updates were finalized and published on August 02, 2022.

MCCMH issued a formalized notice for the updated policy as well as distributing a clinical memo to the Network. MCCMH's Clinical Department developed trainings specific to the updated policy and conducted such trainings for providers to ensure a comprehensive understanding of MCCMH's promulgated standards.

Member Experience

MCCMH conducts an annual survey to assess the satisfaction of persons served system-wide, both while individuals are actively receiving services from Board programs and after individuals have been discharged from Board programs. The results from this survey are reported annually to MCCMH stakeholders, including providers, persons served, and the MCCMH Board.

MCCMH utilized the MHSIP survey for Adults and YSS-F for Children/Caregivers to collect data for customer satisfaction. The survey presents statements about services within eight domains. The eight domains include Access, Participation in Treatment Planning, Person-Centered Care Planning, Quality and Appropriateness (or Cultural Sensitivity), Social Connectedness, Functioning, Outcomes, and General Satisfaction.

295 Adults and 129 Children/Caregivers participated in this year's satisfaction survey.

The results from the survey function as a measure of how satisfied individuals receiving services and caregivers are with community mental health services and provide insight for what is needed to enhance quality and continuity of care. Growth areas for satisfaction were measured by national standards using a 5-point Likert Scale as well as MCCMH standards of at least 90% of responses falling within the "Strongly Agree" or "Agree" categories on the scale. The Persons Served Satisfaction Survey Report FY 2022 Annual Report documents each domain in more detail and provides additional written analysis to statistical outliers as needed. There were also open-ended questions associated with each domain to provide qualitative data. Content analysis was used to analyze respondents' comments to determine if there were major themes or trends that emerged from the qualitative data. Emergent themes, if any, were then identified within the report.
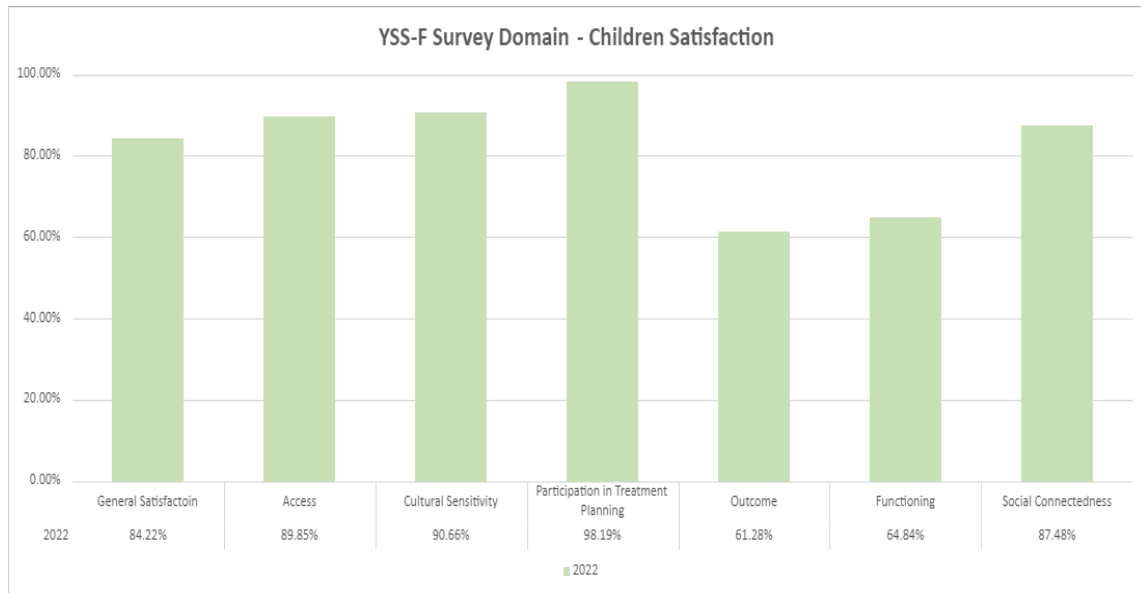
Satisfaction scores depicted in Table 1a and Table 1b below represent each domain's scored averages for responses falling within the "Strongly Agree" or "Agree" categories on the scale.

TABLE 1a
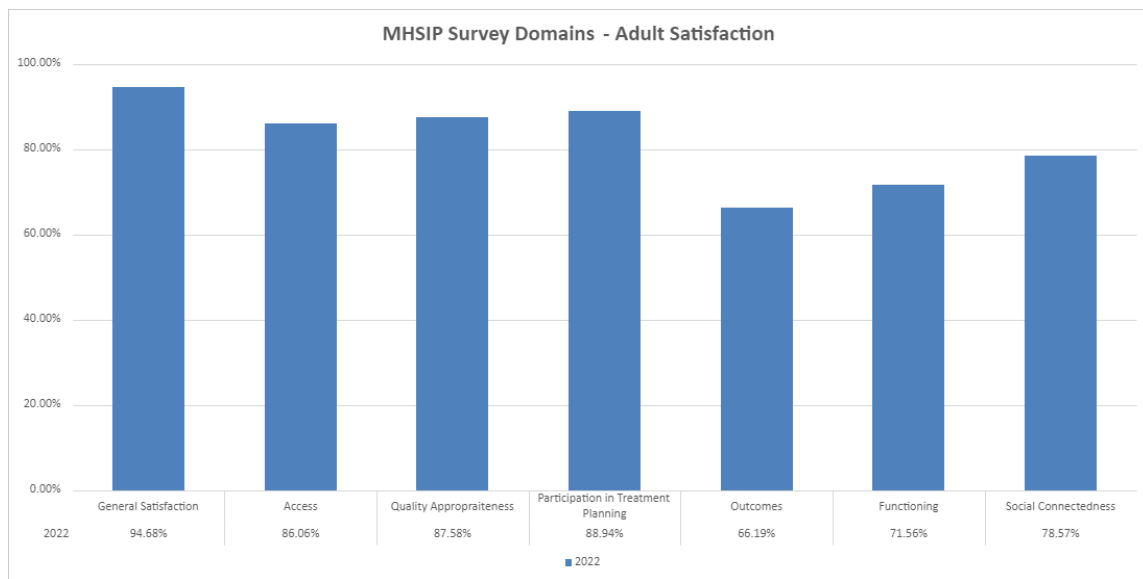
MCCMH 2022 findings, based on completed MHSIP surveys, are shown above. Adults were most satisfied within the following domains: General Satisfaction (94.68%), Participation in Treatment Planning (88.94%), Quality Appropriateness (87.58%), and Access (86.06%). Adults were least satisfied with their Social Connectedness (78.57%), Functioning (71.56%), and Outcomes (66.19%).

TABLE 1b

YSS-F Survey Domain - Children Satisfaction

	General Satisfactoin	Access	Cultural Sensitivity	Participation in Treatment Planning	Outcome	Functioning	Social Connectedness
2022	84.22%	89.85%	90.66%	98.19%	61.28%	64.84%	87.48%

☐ 2022

MCCMH 2022 findings, based on completed YSS-F surveys, are shown above. Children/Caregivers were most satisfied with Participation in Treatment Planning (98.19%), Cultural Sensitivity (90.66%), Access (89.85%), Social Connectedness (87.48%), and General Satisfaction (84.22%). Children/Caregivers were least satisfied with their child's Functioning (64.84%) and Outcomes (61.28%).

In comparison to the previous year, the data shows that persons served satisfaction with MCCMH services increased by 8.24%.

Recommendations For Annual Satisfaction Survey Data Collection Moving Forward

MCCMH will consider the following:

- Improving distribution methods
- Increasing the length of the survey distribution period
- Adding additional demographic questions (age, gender, service location, length of service, etc.)
- Questions will be reviewed for appropriateness among all populations surveyed
- Surveying individuals receiving SUD services
- Internally reviewing data to establish an action plan identifying growth areas, barriers, interventions, and process to monitor effectiveness of interventions
- MCCMH Quality Department will collaborate with other Departments to target areas that fell below the national standards as well as those that fell below the 90% standard to develop improvement strategies through informal workplans/workgroups

In conclusion, MCCMH Quality Department will continue to use the MHSIP and YSS-F satisfaction survey questions to ensure consistency in data collection to trend and track data for overall service improvement across the MCCMH Network.

Clinical Practice Guidelines

MCCMH has written Clinical Practice Guidelines developed from evidence based clinical sources found in MCG Health: Evidence-Based Health Guidance and Solutions (www.mcg.com) for the most common disorders treated in adults and children receiving services through MCCMH; Bipolar Disorder, Major Depressive Disorder, PTSD, Schizophrenia, and ADHD and Disruptive Behavior Disorders. These guidelines are found on the MCCMH Website link: Clinical Practices – MCCMH. The Clinical Practice Guidelines have been created and updated and were discussed and dispersed to providers during the Primary Provider Meeting on 7/13/22.

Clinical Practice Guidelines have been developed for nurses and include the following; Long Lasting Injectable Medication Treatment (Updated 2/21/22), Coordination of Care Documentation (Updated 2/21/22), Providing Care to Individuals Prescribed Clozapine (Updated 2/15/22), Referrals to Complete Specialized Nursing Assessment (Updated 2/18/22). These were distributed to the nurses at the Nurse's Meeting, discussed in detail on 3/11/22, and placed in the RN Microsoft Teams Folder for continued reference. The Laboratory Specimen Collection Procedure was also updated on 4/4/2022 along with the Providing Individuals Health Education Procedure (updated 4/4/2022). These procedures are awaiting to be released pending final review. MCCMH's Nursing Clinical Practice Guidelines were developed during a Nurses Workgroup made up of representatives from all MCCMH direct clinics and programs which vary in intensity from outpatient treatment to ACT.

MCCMH's Clinical Practice Guidelines were reviewed through the Improving Practices Leadership Team which is representative of contract and direct providers. Providers offer capacity updates and feedback on the network. Regular Provider Quality meetings focus on input from providers throughout the entire network, including the Quarterly Psychiatric Meetings which is with psychiatrists representing the various clinics and programs.

Credentialing and Re-Credentialing Activities

Over the last year, MCCMH has been in the process of contracting with a Credentialing Verification Organization (CVO) to oversee primary source verification services for MCCMH team members and its designated collaborating organizations (DCOs). Such efforts are aimed at standardizing and streamlining credentialing workflows to increase operational efficiency. Through a multi-phased implementation approach occurring in calendar year 2023, MCCMH's CVO will begin overseeing primary source verifications for the credentials and qualifications of MCCMH practitioners while MCCMH's Credentialing Committee retains decision-making authority for credentialing and recredentialing determinations.

MCCMH's current Medicaid Billing Verification Audits (March 1, 2020, through February 28, 2022) included CLS, Skill Building, Outpatient, Supports Coordination providers as well as the Fiscal Intermediaries, Residential Providers that transitioned from MORC to MCCMH contract providers during 2021, and MORC which continues to be audited annually. Jefferson Wells (Experis) reviewed selected clinical records and payment documentation for 39,149 claims classified under 62 vendors for the period of March 1, 2020, through February 28, 2022. The audit period for MORC was March 1, 2021, through February 28, 2022.

Claims for some vendors were provided in a series-billed format, where one claim line represented all services in each service category rendered by a given provider for a period of time, usually one month. Claims for other vendors were provided in a line-item format, for which each claim represented an isolated service. Jefferson Wells reviewed the claims for compliance with the MDHHS QAPIP and Medicaid standards.

Jefferson Wells used Audit Command Language (ACL) software to stratify data provided by MCCMH by vendor and to select a sample of claims for each vendor. Random samples were selected representing five percent of the number of claims for each vendor, with a minimum of 20 claims per vendor. For vendors with less than 20 claims, all claims were included in the sample. For vendors whose claims population exceeded 6,000, Jefferson Wells used a statistical sample with parameters of 95% confidence and +1% margin of error, with a maximum sample size of 300.

Audits were conducted in accordance with MDHHS Guidelines for verification of Medicaid services and MCCMH Medicaid Verification Financial Audit Process guidelines. Audits verified the existence of appropriate clinical records for each claim in the sample selection, evaluated the reasonableness of clinical records associated with each claim, verified that service specified in the claim were part of the person's Individual Plan of Service, and verified that services provided were included in the Michigan Medicaid Provider Manual.

Jefferson Wells prepared a final report for each vendor, detailing findings by claim and by provider, including the dollar amount of claims that were not supported by appropriate clinical record documentation. An Executive Summary Report was prepared to summarize, at the provider level, the number and dollar amount of claims not supported by appropriate clinical records and the number and dollar amount of claims for services that were not represented on the person's Individual Plan of Service. Audit results were distributed as required by the MCCMH Board for review and follow-up.

When a particular provider appears to have more serious documentation issues, immediate action is taken by MCCMH to reduce risk for overpayment of Medicaid dollars. Specific actions may include MCCMH staff undertaking a more extensive audit of the provider. Depending on the result of findings made by MCCMH, referrals to the Attorney General may be made as well.

Provider Network Operations continues to provide technical assistance to providers. Throughout the year, MCCMH provided cross-division training to the MCCMH Provider

Panel. These trainings address Corporate Compliance, record documentation (ongoing trainings have been provided to residential and CLS providers to ensure that documentation expectations are clearly understood by this provider group), and other areas relevant to helping providers meet Federal and State standards, as well as the MDHHS contract requirements. All network providers have access to the MCCMH MCO manual for their organizations, including revised and updated documentation requirements. Electronic updates to this manual are provided periodically to the provider network as policies are developed and/or changed; all policies are available on the MCCMH website.

Utilization Management

MCCMH is in the process of restructuring its Utilization Management Committee and has established a Clinical Informatics Department to provide ongoing review and analysis of data collection across the Agency. Appropriate utilization management data points were identified and defined in FY 2022 to detail MCCMH's geographic service area. MCCMH's Clinical Informatics division will work closely with the restructured UM committee to ensure development of appropriate utilization reports that capture necessary data points. Risk management strategies will continue to be outlined and updated to incorporate findings from these reports.

As MCCMH prepares to apply for NCQA accreditation, the MCCMH NCQA Preparation Workgroup has defined baseline utilization management data to establish more comprehensive and valid over- and under-utilization studies. These studies aim to ensure appropriate network capacity and adequacy for MCCMH's service region.

Provider Network Monitoring Activities

MCCMH began provider onboarding meetings in 2022 to develop increasingly collaborative processes for new providers. These meetings provide a multidivisional, multidisciplinary team to train new providers on MCCMH's system. The provider onboarding meetings provide information about MCCMH specific policies and procedures with the intent of both setting expectations for agencies and educating agencies on MCCMH's practices. Agencies have the opportunity to ask, and have answered, any questions related to service delivery to Macomb County persons served.

MCCMH also completed updates to all fee schedules to align with MDHHS code chart updates and implemented rate increases to support the network. Provider stability funding management was supported through ongoing efforts by MCCMH's Network Operations Division.

Vulnerable Individuals

MCCMH considers its entire population vulnerable individuals due to most individuals treated being SMI or SED. MCCMH created updates in the electronic medical record in FY 2022 to include the addition of physical health goals and SUD goal prompts which in turn compile an integrated care plan. The creation of a dashboard to measure the number of integrated care plans was started and steps were taken to validate the report.

LTSS Activities

MCCMH ensures individuals receiving long-term supports or services (e.g., individuals receiving case management or supports coordination) are incorporated in the review and analysis of information obtained from quantitative and qualitative methods. MCCMH continuously reviews care between care settings and compares services and supports received based on the individual's plan of service.

MCCMH continues to review, analyze, and monitor person-centered planning practices, IPOS reviews/amendments, and standardized assessment scores that support level of care such as the Level of Care Utilization System (LOCUS). This includes an assessment of care between care between care settings and a comparison of services and supports. LTSS members remain included as survey participants and members of the Consumer Advisory Councils.

Over the past year, MCCMH has prioritized monitoring and improving continuity and coordination of care that persons served receive across the behavioral health network and has taken action to improve and measure the effectiveness of such improvement strategies. MCCMH has engaged in internal improvement workgroups surrounding network improvement and training of staff on person centered planning practices, periodic reviews of service, LOCUS and SIS assessments, specialized nursing assessments, behavioral assessments, and psychiatric evaluations. MCCMH has prioritized updates to Clinical Practice Policies that depict standards related to these areas to ensure compliance with current federal, state, and other external requirements to which MCCMH is held. MCCMH also collaborated on an MTM consulting agreement to improve access to care. This project remains ongoing.

Person Served Rights

The goal to ensure the completion of all Office of Recipient Right's investigations within the mandated timeframes has been met thought the year. The Office of Recipient Rights has consistently exceeded contract requirements and expectations. Due to the importance of this goal and to ensure member' rights within MCCMH, this goal will continue.

2022 Improvement Initiatives

MCCMH instituted "Rock" projects to ensure focus on identified improvement areas moving forward as part of a newly implement strategic planning process.

Preparation toward NCQA Accreditation

MCCMH is preparing to apply for initial National Committee for Quality Assurance (NCQA) Managed Behavioral Health Organization (MBHO) accreditation. NCQA MBHO Accreditation evaluates how well a health plan manages all parts of its delivery system to continuously improve health care for its persons served. NCQA MBHO accreditation standards are intended to help organizations achieve the highest level of performance possible, reduce patient risk, and create an environment of continuous improvement. MCCMH is voluntarily pursuing this accreditation status because of its commitment to ensuring that its system of care is the best it can be for persons served.

MCCMH continues its collaboration with The Mihalik Group (TMG), a consulting group, to prepare for initial application for NCQA accreditation. A readiness assessment began in January 2022 and was completed in March 2022. MCCMH used the results of the conducted Readiness Assessment to begin evaluating its procedures and policies to ensure compliance with NCQA standards.

The project is currently organized and monitored through Microsoft Planner. Through this software, MCCMH project leads assign tasks with due dates, attach needed resources, track, and evaluate progress, and issue notifications. Ongoing meetings occur with subject matter experts to discuss progress made and problem solve any encountered obstacles.

Current quarterly metrics for this initiative include but are not limited to launching a revised Utilization Management (UM) committee, formalizing a UM program description and service criteria, revising the Quality program's framework, conducting a population needs assessment, and improving care coordination practices and monitoring systems.

Access to Care

MCCMH has an improvement initiative to reduce average intake time to under two hours. Current objectives for this initiative include developing a patient portal that is available to all persons served, proposing intake changes to be incorporated into MCCMH's electronic medical record, collecting, and reporting average intake times (by intake section), improving work flows for BHTEDS/demographic information collection, and proposing improvements for access to intake for individuals with transportation obstacles.

Putting People First

MCCMH has been engaged in a one-year priority project to center its mission of putting people first. Its efforts include implementing measurement on evidence-based practices, establishing standards and metrics for person centered planning and staff supervision, and implementing a system for intervention. Current objectives for the project include piloting new vignettes for the person-centered planning training on both direct and contract providers for feedback and implementation; measuring evidence-based treatment outcomes; implementing specific updates to is EMR; and focusing on quantifiable measurement systems to ensure documented supervision between clinician and supervisor consider HIPPA and other legal considerations.

Diversity, Equity, and Inclusion

MCCMH prioritizes the need to be accepting of everyone and supports a nurturing community that celebrates diversity in identity and experience. MCCMH is in the process of establishing a Diversity, Equity, and Inclusion Steering Committee (DEISC) that will be committed to providing actionable results and validated data to drive change. A PEOPLE (Person-centered, Empowering, Organized, Positive, Learning, and Engaging) Newsletter was developed which includes diversity, equity, and inclusion (DEI) educational materials, trainings, and interactive opportunities for MCCMH team members.