

QI PLAN – GOALS AND OBJECTIVES – FY 2023 – FINAL REPORT

Sanilac County Community Mental Health Authority

October 1, 2022 – September 30, 2023

Goal Number & Priority	Domain	Department	Reporting Staff	Report(s) Due	Standard/Rationale	Measure/Goal	Report Format	Progress/Outcome
(1)	Effectiveness Efficiency Access	Community Integration/ Psychosocial Rehabilitation Supported Living	CFO	01/2023 04/2023 07/2023	Effectiveness FY 2020 Goal FY 2021 Goal FY 2022 Goal	Michigan Practice Transformation Project Look at how to implement incentive payments to our residential system to help reduce our current out of county placements. a) Create a schedule of meetings by 12/29/2022 with provider to discuss objectives, outcomes and contract formatting. b) Create templates of contracts and budgets for alternative payment model by 02/28/2023. c) Create goals and objectives with provider to finalize initial incentive contract by 04/14/2023. d) Review process and modify as appropriate by 07/31/2023.	Verbal Report	<u>01/2023:</u> Agency leadership will meet to re-assess this goal as it relates to the current provider and discuss the future direction of the incentive payment program. <u>03/2023:</u> GOAL DISCONTINUED.

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(2)	Effectiveness Satisfaction	All Programs	Admin Supervisor – Contracts/Data	02/2023 05/2023 08/2023	Region 10 Initiative FY 2021 Goal FY 2022 Goal	Sanilac CMH will continue to participate in the Follow Up After Hospitalization PIP with Region 10. <ul style="list-style-type: none"> Monitor the key objectives, activities and tasks, complete quarterly updates and submit to QIC and Region 10 PIHP. 	Verbal Report	<p><u>02/2023:</u></p> <p><u>Objective #1: Increase/promote community awareness of value of CMH services:</u> CMH Services were promoted on: 10/21/2022- Participated in Harvest Hop</p> <p>11/03/2022- Instructed Mental Health First Aid class at Sanilac County Court House</p> <p>11/14/2022- Instructed Youth Mental Health First Aid in the community</p> <p>11/30/2022- Participated in Show Case Night</p> <p><u>Objective 2: Reinforce/educate hospital staff regarding follow-up care and the importance of communication between the hospital and the SCCMHA Care Manager / Hospital Liaison:</u></p> <p>09/09/2022- New 2022-2024 contracts sent to contractual hospitals including SCCMHA Reference/Contact Sheet.</p> <p><u>Objective #3: Increase coordination between hospital staff and CMH staff:</u> Major Tasks: Coordination of hospitalization admission and discharge information to the</p>

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								<p>appropriate SCCMHA staff [Hospital Liaison and/or Care Manager and/or Clinical Supervisor]. Activity: Between 07/23/2022 and 12/31/2022, this coordination occurred 57 times and the appropriate staff were notified.</p> <p><u>05/2023:</u></p> <p><u>Objective #1: Increase/promote community awareness of value of CMH services:</u> CMH Services were promoted on:</p> <p>3/9/2023- Hosted Identifying Everyday Dangers in the Lives of Youth</p> <p>4/25/2023- Youth Mental Health First Aid</p> <p><u>Objective 2: Reinforce/educate hospital staff regarding follow-up care and the importance of communication between the hospital and the SCCMHA Care Manager / Hospital Liaison:</u></p> <p>4/28/2023- Follow up with Contract Supervisor: No new contractual hospitals. Sent updated hospital discharge form to Sanilac CMH hospital liaison to distribute to hospital contacts.</p>

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								<p><u>Objective #3: Increase coordination between hospital staff and CMH staff:</u> Major Tasks: Coordination of hospitalization admission and discharge information to the appropriate SCCMHA staff [Hospital Liaison and/or Care Manager and/or Clinical Supervisor]. Activity: Between 1/1/2023 and 3/31/2023, this coordination occurred 36 times and the appropriate staff were notified.</p> <p><u>08/2023:</u></p> <p><u>Objective #1: Increase/promote community awareness of value of CMH services:</u></p> <ul style="list-style-type: none"> ○ Provided 2 Adult Mental Health First Aid and 2 Youth Mental Health First Aid ○ Took a group to Lapeer and set-up information table featuring Kevin Hines ○ Sponsored Sawyer Auger concert in Sandusky and Lexington ○ Attended Brown City Days ○ Provided Stop the Bull at Camp Cavell ○ Attended Sandusky Thumb Festival Senior Fair and Sandusky Thumb Festival Kid’s Day <p><u>Objective 2: Reinforce/educate hospital staff regarding follow-up care and the importance of communication between the hospital and the</u></p>

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								<p><u>SCCMHA Care Manager / Hospital Program Coordinator:</u></p> <ul style="list-style-type: none"> ○ Hospital Liaison sent revised Region 10 Hospital Discharge Form to Inpatient Hospital Providers. <p><u>Objective #3: Increase coordination between hospital staff and CMH staff:</u></p> <ul style="list-style-type: none"> ○ Coordination occurred 41 times and the appropriate staff were notified. <p><u>09/2023: Continue goal in FY24</u></p>
(3)	Effectiveness Efficiency	All Programs	Recipient Rights Officer	Monthly	Administration FY 2022 Goal	<p>Recipient Rights Office will do a random review of one contracted home’s Incident Report documentation per month. The review will verify accuracy of entry of the handwritten form to wording in OASIS. One month of IR’s will be verified during the review.</p> <p>If discrepancies are found, the home staff responsible for entry will be required to go through training and the home will need to complete a POC that must include an internal</p>	Verbal Report	<p><u>12/2022:</u> On 10/5/22 RRO Osborn audited Incident Reports at R&R AFC. No concerns were noted.</p> <p>On 11/3/22 RRO Osborn audited Incident Reports from CC’s Villa. No concerns were noted.</p> <p>For the review in December to review November 2022 the assigned location was Martinez Retirement. They did not have any incident reports to review.</p> <p><u>01/2023:</u> For the review on 01/03/2023, the assigned location was Martinez AFC. There were no incident reports</p>

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						review monthly with reports submitted to the RR Office.		<p>for the month of December to review. RR discussed the new IR system process with them.</p> <p><u>02/2023:</u> On 02/01/2023 RRO Osborn audited Incident Reports at Mulberry home. All incident reports were entered into Oasis to match what the reporting staff had written. It was found that the supervisor was only entering her supervisor comments in Oasis and not on the paper copy, so it was explained that the information should be on both the paper copy and in Oasis. No other concerns were noted.</p> <p><u>03/2023:</u> On 03/02/2023, RRO Osborn audited Incident Reports from Custer AFC. No concerns were noted.</p> <p><u>04/2023:</u> On 04/03/2023, RRO Osborn audited Incident Reports at Lake Huron House. No concerns were noted.</p> <p><u>05/2023:</u> No site audit was performed in May. Two will be completed in June.</p> <p><u>06/2023:</u> On 06/02/2023, RRO Osborn audited Incident Reports from Lake Huron House. It was found that the supervisor was entering her portion directly into OASIS without filling out her paper form.</p>

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								<p>Training was completed while RRO Osborn was on site.</p> <p>On 06/05/2023, RRO Osborn audited Incident Reports from Ellsworth Home. No concerns were noted.</p> <p><u>07/2023:</u> On 07/03/2023, RRO Osborn audited Incident Reports from Hickory Hollow home. No concerns were noted.</p> <p>On 07/03/2023, RRO Osborn went to Martinez AFC to audit. However, there were no IR’s entered for the month of June for this provider.</p> <p><u>08/2023:</u> On 08/02/2023 RRO Osborn audited Incident Reports at Mulberry Home. No concerns were noted.</p> <p><u>09/2023:</u> For September, no sites were audited due to all site visits being completed.</p> <p><u>GOAL COMPLETE.</u> New goal will be created for FY24.</p>
(4)	Satisfaction	All Programs	Human Resource Manager	12/2022 03/2023 05/2023	Administration FY 2020 Goal	Over the 2023 fiscal year, the HR department will enhance our visibility to local and regional educational	Verbal Report	<p><u>12/2022:</u> The HR department attended showcase night at the Career Center in November, Career Center students and parents attended. Foot traffic</p>

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				08/2023	FY 2021 Goal FY 2022 Goal	entities to promote and enhance our employee candidate pool. <ol style="list-style-type: none"> 1) Over the first quarter the HR department will revisit the list of local and regional educational entities and schedule activities with a minimum of 4 entities for the remainder of the fiscal year. 2) Over the second and third quarters the HR department will participate directly or obtain appropriate staff to participate in presentations/job fairs to the scheduled locations. 3) At the end of the fiscal year, the HR department will provide an analysis of the events and the impact it has had on the Agency’s employment pool. 		<p>was lighter this year than in the past. This may have been an issue with the location of tables. Over the next quarter, the HR department will be working on branding online, such as LinkedIn and other platforms. We are working with our Indeed representative to amplify our platform. We will continue to assess job fairs as they present throughout the year.</p> <p><u>03/2023:</u> Over the past month, the HR Department has attended job fairs at Eastern Michigan University, Central Michigan University, and SVSU to showcase our positions. We have 4 more upcoming fairs over the next month.</p> <p>We are rebranding online; our HR Assistant has been working on building pages on both Indeed and Glassdoor that outline our culture and benefits/value adds at CMH.</p> <p>Health Occupations Career Center student job shadows start at the end of March, we currently have 5 students rotating. Health Occupation presentations occurred in February; 34 students were in attendance. Surveys were collected from students to gauge effectiveness. Many students noted they learned more about our offerings at CMH and valued the presentation. Feedback included they</p>

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								<p>would like to take a deeper look at what the day in a life of more professions look like here, Care Managers and Clinicians were reviewed with the students.</p> <p><u>05/2023:</u> Since the end of February, HR has attended 6 job fairs at EMU, SVSU, U of M Flint, MI Works, Macomb/City of Warren, SC4. The MSU fair was cancelled. We do not currently have any fairs upcoming at this time. Warren/Macomb yielded resumes for Bachelor and Master level resumes and had many attendees. SC4 had higher foot traffic as well, individuals were engaged.</p> <p>We attended Sandusky High School’s Career Day. They had 7-12th graders attend to ask questions about job opportunities and interview strategies. This was a successful and engaging event.</p> <p>HR has rebranded online, by updating our Glasdoor and Indeed with pictures and information about the culture at our Agency. A part of this process is our feedback/rating online. To assist with this, we are asking new staff to provide feedback on the Agency on both platforms.</p>

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								<p>We had 5 health occupation students this year. Our last one started on 05/08/2023.</p> <p><u>08/2023:</u> The HR Department has met the standards outlined in this goal for attendance at job fairs. We are no looking at other recruitment options, that may include a potential job shadow program.</p> <p><u>09/2023:</u> Over the past fiscal year, the HR department has attended 7 career fairs, including Eastern Michigan, U of M Flint, Central Michigan, Macomb Community College, SVSU, Wayne State, SC4, MI Works, and Sandusky High School’s Career Fair. Both Warren and Macomb yielded resumes for bachelor level and master’s level positions; applicants were not hired as they did not follow through with the application process. SC4 had high attendance and individuals were engaged. In the upcoming year, we recommend attending SC4, Macomb, and Eastern’s job fairs.</p> <p>Additionally, we had 5 Health Occupation Career Center students rotate on site at the Agency this past Spring to job shadow our medical assistants and clinical staff. Presentations took place at the career center regarding career opportunities with the students. The Department also worked through rebranding online on both Glass Door and Indeed,</p>

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								with the goal of displaying the Agency’s culture to assist with drawing in additional candidates. The department will continue working on this goal to work towards higher visibility in the community. <u>09/2023: Continue goal in FY24.</u>
(5)	Satisfaction	All Programs	Human Resource Manager	12/2022 03/2023 05/2023 08/2023	Administration FY 2021 Goal FY 2022 Goal	The HR Department will track Exit interview feedback, New Staff Orientation Luncheon feedback, generic staff feedback received throughout the year and mini-exit interviews when staff transfer to new positions and also at random from current staff. The information will be compiled, using one tracking system, to watch for trends that show high ratings and also areas of improvement for the Agency. This will be shared with administrative staff, minimally, at the end of the fiscal year. 1) The Department will create a report to share/track feedback. 2) Share feedback to Administration, minimally, at least twice per year.		<u>12/2022:</u> HR continues to collect information for staff feedback and presents details to the Officers and CEO as necessary. <u>03/2023:</u> Since January, we have had 8 staff attend new hire luncheons. Almost all staff expressed that their position was what was expected when they were hired and that questions were addressed timely. Staff appreciated the time they were given to shadow others and also appreciated new hire schedules to help guide them their first week. Requests for Maps of all the buildings was made. It was noted that transfers may need more attention with scheduling, sometimes knowledge may be assumed. <u>05/2023:</u> In March, we had 11 staff attend new hire luncheons. Staff outlined that their experience with the Agency was generally very positive. They are comfortable asking questions of their teammates and their needs were addressed timely. Staff noted that

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						<p>3) Implement any necessary changes throughout the year and share with QI Committee any generic improvement that resulted due to the data.</p>		<p>the Agency could market themselves in areas such as Twitch, Twitter, etc. Everyone was likely to refer a friend to CMH. It was noted that there could be a disconnect between departments and understanding what services are provided. HR will provide an overview of all services provided during orientation, while showcasing Agency building maps. These meetings have been moved to bi-monthly, with the next meeting date is in June.</p> <p><u>08/2023:</u> We had a new hire luncheon last week. During that meeting, it was noted that all the staff felt fully supported by their teammates. A staff did note that they were not assigned a mentor and could have used more training. We found this was out of the norm, due to low attendance in the department. Discussion was held regarding reaching out to their supervisor whenever more training was needed. HR just completed a Wellness survey that included questions related to Agency feedback. This will be shared with Admin and QI thereafter, as appropriate.</p> <p><u>09/2023:</u> Over the past fiscal year, the HR department and CEO hosted 7 new staff luncheons, with 44 staff in attendance (note this includes staff attending the luncheon twice, upon hire and again within a year of hire). All attendees noted that they were content in their current position, their role was</p>

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								<p>what they anticipated, and they felt their team was very supportive when they had questions or other needs. On-call after hours was discussed a few times throughout the luncheon, with new hires requesting additional time to train/shadow. It was explained that while they may not be called out to shadow, they have many supports. Further, due to requests, maps of CMH buildings were created to assist with navigation of the buildings and a contact list was created to help with easily finding contacts when questions arise. It was noted that transfers may need more attention when moving into a new department, supervisors will need to be mindful of their training needs. Overall, new hires were happy in their new roles and the luncheons were positive in nature.</p> <p>Over the past fiscal year, the HR department completed eleven exit interviews. The exit interviews were positive and upbeat with limited feedback for improvement. It was mentioned that it can be difficult being understaffed. Administration is aware of this and is working towards assisting staff to bridge this gap. Overall, staff that were separating with the Agency felt their co-workers were very supportive and rated their time at the Agency as favorable.</p>

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								<p>The HR Department has completed twelve transfer interviews over the past year. Of these interviews, 4 were promotions to management, with the remaining being lateral transfers. All transfers noted no concerns in their prior positions; they were advancing their careers or wanted to become full-time to obtain benefits. Some noted their new position was more favorable due to the duties, i.e., being involved with the community verses working at a desk. Two staff moved into Clinician vacancies. Overall, the reason for transferring was positive.</p> <p><u>09/2023: Continue goal in FY24.</u></p>
(6)	Efficiency Effectiveness Satisfaction	All Programs	HR Manager	12/2022 03/2023 05/2023 08/2023	Staff Retention FY 2022 Goal	<p>Implementation of Agency Incentive Program:</p> <ul style="list-style-type: none"> • Discussion will continue with both Administration and the Union until final implementation. The target date was moved to a 10/01 during the course of 2021 QI plan, due to modifications to the program and timelines to implement. The following steps are still required to complete this goal. 		<p><u>12/2022:</u> The Agency has placed the incentive program on hold. We are looking at ways to ensure that the program is successful with incentives.</p> <p><u>03/2023:</u> This program remains on hold. No update at this time.</p> <p><u>05/2023:</u> The incentive program remains on hold. No update at this time.</p> <p><u>08/2023:</u> The Agency incentive program remains on hold. The AFSCME Union contract was completed on July 1, 2023. Within the Union contract, it does allow</p>

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						<ul style="list-style-type: none"> ○ Final approval by administration required. ○ Approval by Union Required. ○ Implementation. <p>The Agency will continue to work towards this goal. Incentives are currently being reviewed down to types for different classifications of staff. The program will be reviewed by the Union at Labor Relations.</p>		<p>for a program to be put into place with conversations directly with the union and employer.</p> <p><u>09/2023:</u> We will be ending this goal. The Union contract now includes language that allows for an incentive program to be implemented through Labor Relations. This may be revisited in the future.</p> <p><u>09/2023: Goal discontinued.</u></p>
(7)	Effectiveness Satisfaction Efficiency Access	All Programs	CIO	01/2023 04/2023 07/2023	FY 2018 Goal FY 2019 Goal FY 2020 Goal FY 2021 Goal FY 2022 Goal	The IT department will look for areas in need of a new process/software/device or an enhancement in an area by using user feedback, supervisor/Chief requests, and assessments/reviews of the network. The proposed solutions will be based on increasing efficiencies and streamlining processes utilizing technology and systems.	Verbal Report	<p><u>01/2023:</u> Multiple requests for new software and devices were looked into and/or purchased.</p> <ul style="list-style-type: none"> • For the data department, Winmerge was reviewed and will be implemented – this will increase efficiency by allowing the staff to compare folders and files quickly and will present differences in a visual text format that is easy to understand and handle. • To utilize grant funds, devices and cases are being purchased for police departments and first responders – this will allow increased efficiencies for our crisis workers by providing immediate access to individuals in crisis situations. Additionally, three mobile tele units are being

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								<p>purchased for use with individuals who will be seeing our new teletherapy group – this will increase access to services.</p> <p><u>04/2023:</u> A swipe system has been approved for the Croswell location for staff access and safety. The system will allow IT the ability to monitor and maintain access to the building to the appropriate, active staff. We have enhanced our monitoring contract to include ransomware protection due to the increased number of phishing emails and targeted phishing attacks. The IT department is also looking into other items currently such as multi-factor authentication, security risk assessment, penetration testing, Internet speed and connectivity, and removal of POTS lines.</p> <p><u>07/2023:</u></p> <ul style="list-style-type: none"> • Security Risk Assessment was completed by MARCO and the IT department is working on the findings. • A secondary fiber internet line is being looked into in order to increase speed and connectivity. • Still investigating the removal of POTS lines due to them being outdated. • Added a mobile tele unit to Croswell for teletherapy to increase access for individuals.

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								<ul style="list-style-type: none"> The door swipe system in Croswell was installed to allow IT the ability to monitor and efficiently give/remove access to building and areas in building. Increased the use of SharePoint in the Data and Finance department to allow staff to access documents anywhere they are working. <p><u>09/2023: GOAL COMPLETE. New goal will be created for FY24.</u></p>
(8)	Effectiveness Efficiency Access	Administrative and Clinical	CIO/PD	Monthly	CCBHC Grant	Sanilac CMH will be planning, developing, and implementing CCBHC <ul style="list-style-type: none"> By 10/30/2022 job descriptions will be finalized and recruitment will be underway By 12/31/2022 Policies, Procedures, and training will be developed, modified, and provided to incorporate CCBHC requirements Develop, gather, and report on matrix/ data/ goal/ objectives 		<p><u>12/2022:</u></p> <ul style="list-style-type: none"> Job descriptions were created for new positions and modified (if needed) for additional positions. Recruitment has been occurring and a lot of positions have been hired. We are working on a contract with a teletherapy company to assist with therapy services due to the lack of applicants that are licensed to provide this service. Seven policies and procedures have been updated and sent through the Policy Committee. There are a few more that are being worked on. Training will be ongoing. The updated NOMS training will be occurring on 12/14/2022 with clinical staff.

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						<ul style="list-style-type: none"> Create and implement meetings for advisory and provider teams/groups Create and enhance programs to provide required CCBHC services Create community education and enhance partnerships 		<ul style="list-style-type: none"> The annual IPP goals have been added into SPARS. The PD and Evaluator have completed the initial trainings for SPARS. A CCBHC Core Team and a CCBHC Ad Hoc Board Committee have been created and have started to meet. <p><u>01/2023</u></p> <ul style="list-style-type: none"> Recruitment is underway for the therapy positions still open. We have signed a contract with a tele-therapy company to assist until these positions are filled. Updated NOMS training was completed with staff The date for NOMS and data entry into SPARS has been delayed due to the updates. It is now 2/28/2023. We will complete the assessments and hold onto them until the new date. The CCBHC Core Team and CCBHC Ad Hoc Board Committee continue to meet Starting the CNA process. Working with TCHP. First focus group is 1/10 with the YAK group. <p><u>02/2023:</u></p> <ul style="list-style-type: none"> Work on CNA continues. We have been meeting with Kay B from TCHP to assist with survey prep. The community survey will be sent out/published no later than 02/10/2023. Focus groups continue; we have met with YAC, PAC, CAB, and

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								<p>PGC to date. We are reaching out to other community venues and organizations to complete more focus groups.</p> <ul style="list-style-type: none"> The continuation application has been completed. The clinical departments are working on enrollment of first participants and service arrays. The billing and data departments are working on insurance enrollments with the health plans and other 3rd party payers. The CCBHC Core Team has moved to monthly meetings. The CCBHC Ad Hoc Board Committee meets monthly. <p><u>03/2023:</u></p> <ul style="list-style-type: none"> Work on CNA continues. The Community and BH Provider surveys have been sent out/published and we are gathering responses using Survey Monkey. Data gathering is also underway on demographics, services, and census information. Staffing and Training plan will be completed utilizing the findings from the CAN. Insurance enrollment packets have been submitted to numerous health plans. The clinical department is working on enrollments of participants and completing NOMS.

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								<ul style="list-style-type: none"> NOMS sampling methodology write up was submitted and approved. The CCBHC Core Team and Ad Hoc Board Committee continue to meet. <p><u>04/2023:</u></p> <ul style="list-style-type: none"> Submitted mid-year programmatic status report and community needs assessment (CNA) Working on staffing and training plan utilizing CNA findings Insurance enrollments are continuously being worked on Participants are being admitted into the program and NOMS are being completed First NOMS was submitted into SPARS Baseline data was pulled for matrix/data/goal/objectives and a new goal will be added to the QI plan for these Core Team and Ad Hoc Board Committee continue to meet <p><u>05/2023:</u></p> <ul style="list-style-type: none"> Still working on staffing and training plan. Insurance enrollments continue. Telehealth therapists starting this month.

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								<ul style="list-style-type: none"> Community Educator is working on a community/stakeholder presentation for the Community Needs Assessment findings. Core Team and Ad Hoc Board Committee continue to meet. <p><u>06/2023:</u></p> <ul style="list-style-type: none"> Staffing and training plan is in final draft form. Insurance enrollments are continuing: 8 enrollments have been completed and 12 are in process. 21 other insurance agencies and brokers were contacted which led to denials due to the agencies not covering our area, the company not accepting new providers, or the company only being resource/technical in nature. Two telehealth contract therapists/agencies have started working with our agency. Community Educator continues presentations on the community needs assessment and educating the community on CCBHC. Core Team and Ad Hoc Board Committee continue to meet. <p><u>07/2023:</u></p> <ul style="list-style-type: none"> Staffing and Training Plan completed. Reports are being developed to monitor objectives.

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								<ul style="list-style-type: none"> 6 month NOMS reports will start coming due in August, emails are being sent out to staff Meetings continue with Ad Hoc, SAMHSA, and staff. 18 individuals have been enrolled in program. Community Educator/Prevention staff are distributing educational material at events throughout the county. <p><u>08/2023:</u></p> <ul style="list-style-type: none"> Received notice that we were awarded the second year of grant. Sustainability plan is in progress and due 09/30/2023. CCBHC Criteria Condition (Attestation) is due 09/29/2023. Community Educator, Prevention team and Veteran’s Navigator are disseminating CCBHC informational documents at events and meetings. 6 month NOMS are coming due for individuals in program. Staff are completing timely. Application for Demonstration has been submitted with additional information requested also submitted. <p><u>09/2023:</u></p> <ul style="list-style-type: none"> Received feedback from MDHHS on all areas of certification criteria which will be used along with

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								the award letter to meet the 9/29/2023 CCBHC Certification Attestation for the PDI Grant. <ul style="list-style-type: none"> Work continues on the Sustainability Plan that will incorporate the Demonstration award. This is due to SAMHSA on 9/30/2023 <u>GOAL COMPLETE</u> – new goal for FY24 will be <u>created</u>.
(9)	Efficiency Satisfaction	Clinical Programs	COO	12/2022 02/2023 05/2023 07/2023 09/2023		Creating a productivity standard for the clinical departments: <ul style="list-style-type: none"> Determine a 3-month baseline and identify programs by 11/1/2022. Create a productivity policy and train staff on expectations by 1/31/2023. Implementation on the policy through the identified clinical programs by 3/1/2023. 		<p><u>12/2022:</u> Determining baseline was supposed to be done by November 2022. However, due to staff shortages and employees not having face to face time, baselines would not have been represented appropriately. Base line will be determined in February 2023. This will push the policy back to March 1, 2023 and implementation to May 1, 2023.</p> <p><u>02/2023:</u> We have collected the 3-month baseline. Supervisors and the COO are finalizing productive standards for each department and are working on the policy. The policy will go to admin for review in February. The plan is to train staff on the policy at the March divisional meeting and at department staff meetings. The implementation date will be pushed up to 04/30/2023.</p> <p><u>04/2023:</u> Requesting report date to be moved to May. We are waiting on 2 quarter program productivity averages.</p>

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								<p><u>05/2023:</u> We have determined the baseline for productivity. The policy is in the process of being completed, it will go to admin for approval. The policy date is being pushed to July 31, 2023. The implementation date will be pushed to October 1, 2023.</p> <p><u>07/2023:</u> All the averages have been determined with each departments’ supervisors and a policy has been established. This does not include the Children’s department as it did not account for all services being in location. There was some feedback from staff regarding the policy. It was taken to the supervisor group, and discussed how we can balance the feedback with the policy. The policy will be ready to go to admin at the end of the month.</p> <p><u>09/2023:</u> Continue goal in FY24.</p>

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(10)	Access Satisfaction	Clinical Programs	COO	01/2023 04/2023 07/2023 09/2023	MDHHS Block Grant	Implementation and planning for ongoing services of a Health Coach: <ul style="list-style-type: none"> • Create an agency job description and post/hire staff by 12/30/22 • Hired staff (FT peer support and PT CSM) will be set up for or have completed Health Coach training by 3/30/2023. • Create program process, referral expectations, workflow, and procedures by 11/30/2022 • Create community collaborations by 12/31/2022. • Determine evaluation process for program by 2/28/2023. • Provide program presentation to community agencies and staff by 9/30/23. • Submit surveys to measure the effectiveness of the program by 6/1/2023. • Review summary of surveys and make changes as needed to next implementation year by 9/30/23. 		<p><u>01/2023:</u> Created job descriptions, posted positions, and have filled the positions. New staff will be starting this month and will take the recovery coach certified training in March. We have developed workflows and are in the process of creating a policy and doing a grant procedure. We have started talking with community partners about collaborations.</p> <p><u>04/2023:</u> Peer Health Coach training has been set up. We have established a co-location agreement with the local Pro-Health Urgent Care and are looking to start the first of May. We have talked to both the men’s and women’s shelters and will be working on setting up groups. The agency had a peer that was trained in PATH and will be working on community groups within our co-locations with the Living a Healthy Life with Chronic Conditions workbook. Next steps will be working on program evaluations.</p> <p><u>07/2023:</u> Our current staff has completed the Health Coach training and has been going to the shelters and the Personal Growth Center to provide educational groups on the importance of physical health to maintain mental health. As a next step, we are working with McKenzie Hospital to re-establish our suicide survivor’s groups and will be</p>

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								<p>implementing some of the health coach principals during those sessions. The goal is to have the group up and running in September. We also will be working on an evaluation tool to help review the grant progress and outcomes to ensure that the grant focus is on an effective track.</p> <p><u>09/2023:</u> Reviewed FY24 workplan and implementation of survey. Survey will be completed by 10/02/2023 for data to be compiled for summary. Feedback and changes, if needed, will be worked into FY24 plan.</p> <p><u>Continue goal in FY24.</u></p>
(11)	Access Satisfaction	Clinical State Grants	COO	01/2023 04/2023 07/2023 09/2023		<p>Implementation and planning for ongoing services of a Integrated Treatment with Co-Occurring Disorder:</p> <ul style="list-style-type: none"> • Create a agency job description and post/hire staff for a part time CSM and full time CSM assistant by 12/30/22 • Create program process, referral expectations, , workflow, and procedures by 11/30/2022 		<p><u>01/2023:</u> Created job descriptions, posted positions, and have filled the positions. We are in the process of them being trained. We have developed workflows and are in the process of creating a policy and doing a grant procedure. We have started talking with community partners about collaborations.</p> <p><u>04/2023:</u> We have established a co-location agreement with the local Pro-Health Urgent Care and are in discussion with McKenzie Health Systems, shelters, and health department. We are in the development stages for implementation of</p>

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						<ul style="list-style-type: none"> Create community collaborations by 12/31/2023. Determine evaluation process for program by 2/28/2023. Provide program presentation to community agency and staff by 2/28/2023. Submit surveys to measure the effectiveness of the program by 6/1/2023. Review summary of surveys and make changes as needed to next implementation year by 9/30/23. 		<p>journaling, SUD, and parenting groups. The next step is to finalize any staff or community training and plan logistics and implementation.</p> <p><u>07/2023:</u> Currently, we are working with McKenzie Hospital at their MAT clinic. We are co-locating with them 2 days a week. We also co-located with Pro-Health Urgent Care 2 days a week. During these times, we are providing resources and linking and coordinating to other services that will help individuals in their recovery process. The next step will be working on an evaluation for these so we can measure progress of the grant and make changes to the current workplan for next year.</p> <p><u>09/2023:</u> Reviewed FY24 workplan and implementation of survey. Survey will be completed by 10/02/2023 for data to be compiled for summary. Feedback and changes, if needed, will be worked into FY24 plan. Also, started another co-location with McKenzie Vivitrol Clinic.</p> <p><u>Continue goal in FY24.</u></p>

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(12)	Effectiveness Efficiency Satisfaction Access	CCBHC Program	CIO	06/2023 08/2023	CCBHC NOF	<ul style="list-style-type: none"> • Sanilac CMH will create and monitor performance measures, CQI measures, and other data elements to assist with program decisions and trend outcomes of the CCBHC program. <ul style="list-style-type: none"> ○ Performance Measures: <ul style="list-style-type: none"> ▪ Number of individuals receiving services: ▪ Types of services receiving: ▪ Diagnoses of individual served: ▪ Physical Health Measurements: <ul style="list-style-type: none"> • BMI: • Age: • BP: • Weight: ▪ MH Functioning Rating: ▪ Substance Use: ▪ Employment Status ▪ Housing Status: ▪ LOCUS score/Children’s Assessment ▪ Tobacco Use ▪ Trauma Screening Results 		<p><u>04/2023:</u> NEW GOAL added 04/2023.</p> <p><u>06/2023:</u> We have 17 individuals receiving services in the CCBHC program. We are gathering baseline performance measurements and CQI measurements on all participants. We are submitting data to SPARS using the random sampling methodology that was approved by SAMHSA.</p> <p><u>08/2023:</u> We have 23 individuals receiving services in the CCBHC program. 24 individuals have been open YTD. Baseline data is gathered on all participants. We have 3 individuals who have been entered into SPARS through the random sampling process.</p> <p><u>09/2023:</u> Continue goal in FY24.</p>

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						<ul style="list-style-type: none"> ▪ Suicide Screening Results ▪ Veteran/Active Duty ○ CQI Measures <ul style="list-style-type: none"> ▪ Deaths by Suicide or Suicide Attempts ▪ Fatal and Non-Fatal Overdoses ▪ 30-day hospital readmissions for psychiatric or substance use reasons ▪ All-cause mortality 		

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