



**Improving Lives Through Healthy Minds**

**QUALITY IMPROVEMENT  
PROGRAM & WORKPLAN**

**FY 2025**

Sanilac County Community Mental Health Authority  
Quality Assessment & Performance Improvement Program Description  
(October 1, 2024 – September 30, 2025)

Quality Improvement (QI) is an ongoing function used to monitor, evaluate, and improve the access, effectiveness, efficiency, satisfaction, quality, and cost of mental health and related support services. The Sanilac CMH Quality Improvement Plan specifies that an adequate organizational structure will allow for clear and appropriate administration and evaluation of the Plan. The components and activities of the Plan include the role for those receiving services in the Plan and the mechanisms or procedures to be used for adopting and communicating process and outcome improvement. The authority for QI is vested by the Board and the Chief Executive Officer. The QI Chair shall implement and maintain a QI Plan – Goals and Objectives that serve as the basis for QI activities throughout the CMH system. The QI Mission Statement is to create an organizational environment, based on QI structures, expertise, and activities, to help achieve the Agency's mission of Improving Lives Through Healthy Minds.

**I. Written Description of the Quality Improvement Program**

**A. Organizational Structure:**

The Sanilac County Community Mental Health Authority (Sanilac CMH) has responsibility for oversight and management of Quality Improvement. This responsibility includes creating, approving, and monitoring of the Sanilac CMH QI Goals and Objectives, as well as participating in the regional Quality Assessment and Performance Improvement Program (QAPIP).

To implement the QI Program, the Board has established a Quality Improvement (QI) Committee. The QI Committee assures that its sub-structure is aligned with the mandates and improvement priorities of the Board. The QI Committee is composed of core members including Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Chief Information Officer, Chief Program Officer, HR Manager, Quality Staff, Community Relations Staff, Recipient Rights Officer, and an individual receiving services. The CIO or designee chairs the committee.

Functional areas of the QI Program are detailed through assigned members' areas and the committees they represent. The CIO focuses on regulatory compliance as well as corporate compliance issues to ensure service provision in network as required. The CFO focuses on budget and funding issues to provide good financial management of the network along with the monitoring the overall risk management plan of the Agency. The COO develops and monitors clinical service areas such as clinical practice guidelines, evidence-based practices, care integration processes, home and community-based services, transition planning to ensure quality of clinical care, safety of clinical care, quality of service, and enhance members' experience. The Privileging and Credentialing Committee focuses on ensuring network practitioners and providers have the appropriate qualifications to provide services to ensure safety and quality of clinical care. The CIO also focuses on provider network/contract compliance to ensure services are provided as required and that the network is adequate to ensure provision of services. The Chief Program Officer focuses on expanding supported employment. The Quality staff focus on performance indicator data, conducting and analyzing satisfaction survey data, oversight of performance improvement projects, and monitoring QI plans to ensure quality of services, and evaluate members' experience. The RR Officer focuses on reviewing and monitoring incident reports, critical and sentinel events to ensure safety of clinical care, and quality of service. The HR Manager will track feedback information from exit interviews, new staff orientation, and from staff throughout the year. The information will be compiled, watched for trends, and shared with

administration. The stakeholder member represents and provides direct stakeholder perspective to advocate for individuals served. This year we have added Community Relations staff as a core member of the QI Committee. Community Relations staff will be focusing on enhancing community engagement, expanding the Mental Health First Aid program, and streamlining Sanilac CMH's image across all platforms. The COO and CIO focus on service utilization within the network to ensure quality and safety of clinical care and quality of service. Additionally, the Health and Safety Committee focuses on keeping the workplace safe from barriers and hazards for staff and individuals by providing proposals on problems and monitoring data. The Policy Committee focuses on reviewing, modifying, adding, and suspending policies, procedures, and forms to provide the most accurate guidance to staff on expectations, rules, regulations and processes. The Behavior Treatment Committee focuses on reviewing and monitoring of behavior plans to ensure the least restrictive process is being utilized. The CCBHC Committee focuses on the planning, development, and implementation of CCBHC programs, policies, and standards throughout the Agency. The committee also ensures compliance with the CCBHC Demonstration model of offering an expanded service array that includes the nine core CCBHC services, expanded access to services, improved care coordination and integrated care, expanded person-centered treatment, and expanded data collection/quality reporting.

Agency Committees meet on a designated frequency, with most meeting monthly. Each committee member participates fully in their committee(s), including developing goals to address in the annual work plan, working on assigned tasks to meet goal performance objectives, reporting to committees monthly on improvement activities, evaluating progress towards goals, determining actions to be taken to meet objectives, identifying potential barriers to achieving targets, providing feedback, and identifying additional opportunities for improvement efforts.

The QI Committee members report directly to their specific committees. Any recommendations from committees are reviewed and appropriate action is taken by the QIC. The Board approves any modification to the QI Workplan. The semi-annual and annual QI Program Plan status reports are prepared and submitted to the Board for review and approval. Resources and analytical support are provided to the QI Program from several sources. The Electronic Medical Record software (OASIS) contains service data, encounter claims data, demographic data, and standardized reports. CareConnect 360 is a web-based system containing service data (both Behavioral Health and Physical Health) for persons with Medicaid.

The organization administers the Consumer Satisfaction Survey annually to individuals who receive services. Sanilac CMH completes an annual report that is disseminated internally and externally. Additionally, the Agency reports the data to Region 10 for compilation into their annual report.

Many of the goals in the annual QI Workplan are collaborative in nature as the committee members work to achieve goal objectives.

To ensure direct customer involvement and participation in the Quality Improvement Program, the respective Advisory Councils are updated regularly with quality projects and outcomes. The QI Plan and status reports are regularly communicated and discussed.

The QI Program includes objectives to serve a diverse membership by reducing health care disparities in clinical areas and by improving the network adequacy to meet the needs of underserved groups. The organization strives to improve quality and safety of clinical care, quality of services, retain quality staff, and promote community engagement. Sanilac CMH serves a diverse population that includes

individuals with complex health needs, including physical and developmental disabilities, mild, moderate and severe mental illness, substance use disorders, and chronic conditions.

The committee evaluates the overall effectiveness of the QI program annually. The evaluation reviews all aspects of the QI Program with emphasis on determining whether the program has demonstrated improvement in the quality of care and services provided to customers. The QI Department develops an annual written report on quality, including a report of completed QI activities, trending of clinical and service indicators and other performance data, and demonstrated improvements in quality. This report is presented to the QI Committee and the Board for review and approval.

An Organizational Chart of the organizational model for its QI Program structure is included in this plan.

## **B. Components and Activities:**

Annually, the Board reviews and approves the Quality Improvement (QI) Program Plan for the Agency. The QI Program Plan includes the following two components: (1) a detailed narrative description of the overall Quality Improvement Program; and (2) an annual Quality Improvement Workplan (referred to as the QI Goals and Objectives) that address ongoing QI activities and contains the Agency's prioritized goals, improvement strategies, and anticipated outcomes designed to improve the overall systemic processes. The QI Goals and Objectives details the goals which are designed to improve quality of clinical care, safety of clinical care, quality of service, and members' experience. The goals describe the timeframe for completion, responsible staff for each activity, monitoring of previously identified issues, and evaluation of the QI Program. The QI Workplan is a dynamic document and is updated annually or more frequently as needed. The Quality Management staff are responsible for overall evaluation of the QI Program success and for providing mid-year status updates.

The QI Program includes the following items:

- Design and planning, performance measurement, intervention strategies, and outcome evaluation: the primary components of the quality improvement process. Quality improvement activities are determined by the mission, vision, contractual requirements, strategic plan, and historical data for the Agency. Along with standards of care and markers developed from external data sources (e.g., audits, reports, accreditation standards, state and federal reports), improvement activities occur in response to individual needs, safety of clinical care issues, ethical guidelines, cultural considerations, clinical standards, reviews completed, and good business practices.
- Measures/Objectives: the activities, events, occurrences, or outcomes for which data are collected which allows for the tracking of performance and improvement over time. The quality indicators employed are objective, measurable, and based on current knowledge and clinical experience to monitor and evaluate key aspects of care and service.
- Goals: the desired level of achievement of the standard of care and benchmarks for measuring the best performance for an indicator.

## **C. Roles for Recipients of Service:**

Participation and involvement, by individuals who receive services, in the development and ongoing monitoring of the QI Plan is critical and occurs through a three-tiered model.

First, at the Policy-level, of the twelve Board members, no less than 51% of the membership are recipients of service and/or their family member representatives. This framework provides for direct

individual involvement in QI Program policy setting and goal prioritization. Second, the Advisory Boards provide direct input and feedback on policies, critical program plans, and development areas. Third, individuals directly participate on the committees and monitoring activities. In addition to the above direct involvement, input is also obtained through a variety of satisfaction surveys and focus groups. These are used to make system and service changes in response to identified needs.

**D. Mechanisms for Adopting and Communicating Process and Outcome Improvements:**

Communication processes occur through four (4) primary mechanisms within the organizational structure.

First, the Board ultimately establishes the Quality Improvement (QI) Program and its annual program description and plan, which includes prioritization of each fiscal year's improvement activities. Semi-annual and annual reports are provided to the Board on the QI program status and outcomes. These reports are also communicated with the QI Committee, Advisory Boards, and key stakeholder and community advocacy groups.

Second, the QI Committee, through its committees, is an integral part of the QI Program communication process. Opportunities for quality improvement activities and outcome status reports are discussed at the monthly QI Committee meetings. Improvement activities can arise from the discussion of problem areas, or from the identification of new processes that need to be improved. Each member's area has assigned annual goals/indicators that are a part of the overall QI plan, as approved by the Board. These goals become the committee goals for the upcoming fiscal year.

Third, individual input into the QI Plan, and on-going review of status reports (semi/annually), are an important communication mechanism within the Quality Improvement Program. This occurs through the designated Advisory Boards, committee structures, and the Board of Directors.

Fourth, MDHHS, as the principal payer, has direct input into the QI Program. Annually, two State-mandated Performance Improvement Projects are prioritized and implemented throughout the Region. These improvement projects are led by staff and assigned to the Quality Management Committee for design and implementation methodology at the regional level. Progress reports on these projects are submitted to MDHHS on a semi-annual basis. Information on these project results is then communicated to the various CMH Boards, Advisory Boards, and community advocacy groups that work with the region.

## **II. Governing Body Responsibilities**

**A. Oversight of QI Program:**

As stated earlier, the Sanilac County Community Mental Health Authority Board has ultimate oversight for the QI Plan. Annually, the Board is charged with the responsibility for the approval and monitoring of the Quality Improvement Plan.

Management of the QI Program implementation is done by the QI Committee. In this manner, it is the QI Committee that develops the goals, and then provides direct oversight of the network staff to achieve the plan. The QI Committee also evaluates periodic status reports on plan progress. Status reports are provided to the Board on a semi-annual and annual basis.

**B. QI Plan Progress Reports:**

A plan is created annually that directs the activities that are the focus of Quality Improvement efforts for the coming year. Sanilac County Community Mental Health Authority QI Committee monitors progress on planned quality improvement activities, through reports provided during the meetings. The Quality Management staff prepares a semi-annual QI Plan Status Report mid-way through the year; this report is shared with the Board, QI Committee, CMH advisory boards, and community stakeholders. The report is also posted on the website for public viewing.

**C. Annual QAPIP Review Report:**

At year-end, the Region 10 Annual QAPIP Review Report is shared with the Board, QI Committee, CMH advisory boards, and community stakeholders. The report will be posted on the website for public viewing.

