

MACOMB COUNTY COMMUNITY MENTAL HEALTH QUALITY IMPROVEMENT ANNUAL WORKPLAN

October 2013- September 2014

Quality Assessment and Performance Improvement Program and Structure

Goal # 1: Key Performance Indicator Reporting and Analysis to Support Access and Outcome Management

<i>Targeted Activities</i>	<i>Key Measures/Objectives</i>	<i>Division Responsible</i>	<i>Time of Measurement and Reporting</i>	<i>Outcome</i>	<i>Follow-up</i>
Annually review and update: <ul style="list-style-type: none"> • Quality Assessment & Performance Improvement Description and Program FY 2014 • Quality Assessment and Performance Improvement Committee Organizational Chart FY 2014 • Quality Assurance and Improvement Plans FY 2014 	Annual Submission of Description, Plan and Evaluation Quality Council Approval MCCMH Board Approval	Clinical Improvement Strategy	Annual		
Track and Trend Key Performance Measures. Attachment A and B. <ul style="list-style-type: none"> • 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 	State identified KPI standards/thresholds are met. Quality Indicators are reported quarterly to stakeholders	Business Management Access and Engagement Clinical Strategy and Improvement <ul style="list-style-type: none"> • Improving Practices Leadership Team 	Quarterly		

MACOMB COUNTY COMMUNITY MENTAL HEALTH QUALITY IMPROVEMENT ANNUAL WORKPLAN

October 2013- September 2014

<p>14 calendar days of non-emergent request for services</p> <ul style="list-style-type: none"> • Timeliness to ongoing services (95% start needed on-going services within 14 days of non-emergent assessment with a professional) • Percent of inpatient and sub-acute detox discharges seen within 7 days of discharge. • Percent of Habilitation Supports Waiver enrollees receiving at least one HSW services per month that is not supports coordination Percent in competitive employment • 15% or less of impatient re-admissions to an inpatient psychiatric unit within 30 days of discharge 					
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MACOMB COUNTY COMMUNITY MENTAL HEALTH QUALITY IMPROVEMENT ANNUAL WORKPLAN

October 2013- September 2014

Goal # 2: Workforce Development

<i>Targeted Activities</i>	<i>Key Measures/Objectives</i>	<i>Division Responsible</i>	<i>Time of Measurement and Reporting</i>	<i>Outcome</i>	<i>Follow-up</i>
<p>Staff Training:</p> <ul style="list-style-type: none"> • MDCH Mandatory Initial and ongoing training • Evidence Based Practice Training • Customer Service Training • CM and SC consumer benefits and employment Training • Consumer Benefits Training • Cultural Gentleness Training 	<p>2014 Training Grid with be available to staff via the intranet</p> <p>Develop comprehensive annual training plan and monitor the plan within the quality review process</p> <p>100% of MCCMH staff will complete MDCH mandatory training requirements</p> <p>Monitor Utilization of non mandatory trainings completed by MCCMH provider network.</p> <p>Customer Service Training Plan requirements and implementation</p>	<p>Clinical Strategy and Improvement</p> <ul style="list-style-type: none"> • Training Department • Supportive Employment <p>Direct Operations Management</p> <p>Member Services</p>	Quarterly		

MACOMB COUNTY COMMUNITY MENTAL HEALTH QUALITY IMPROVEMENT ANNUAL WORKPLAN

October 2013- September 2014

Goal #3 Activities that Support Macomb County’s Commitment to Quality and Outcome Performance

<i>Targeted Activities</i>	<i>Key Measures</i>	<i>Division Responsible</i>	<i>Time of Measurement and Reporting</i>	<i>Outcome</i>	<i>Follow-up</i>
Claims Verification Review	95% compliance	Business Management <ul style="list-style-type: none"> • Compliance and Provider Management 	Annual		
Compliance Audits Quality Clinical Performance Review	100% of providers will be reviewed	Business Management <ul style="list-style-type: none"> • Compliance and Provider Management Clinical Strategy Improvement Direct Operations Management	Semi-Annual		
Fidelity Reviews	MIFAST Review ACT Fidelity Review	Clinical Strategy Improvement Direct Operations Management	Quarterly		
Peer Reviews	Implement Professional Peer Review processes within MCCMH provider network.	Direct Operations Management Direct Operations Management Medical Director	Annual		
DLA 20	Monitor and track Crystal Reports to ensure completion and improved level of function	Clinical Strategy Improvement <ul style="list-style-type: none"> • Improving Practice Leadership Team 	Quarterly		

MACOMB COUNTY COMMUNITY MENTAL HEALTH QUALITY IMPROVEMENT ANNUAL WORKPLAN

October 2013- September 2014

Crisis Services	Monitor utilization of crisis services and trends	Finance and Budget <ul style="list-style-type: none"> Utilization Management Clinical Strategy Improvement <ul style="list-style-type: none"> Improving Practice Leadership Team 	Quarterly		
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Practice Guidelines

Goal#1: Activities Supporting MCCMH Commitment to Clinical Care and Patient Safety.

<i>Targeted Activities</i>	<i>Key Measures</i>	<i>Division Responsible</i>	<i>Time of Measurement and Reporting</i>	<i>Outcome</i>	<i>Follow-up</i>
Increase CPSS services within the provider network	Increase in peer delivered encounter reporting 35 number of peers to become certified in 13-14 FY Current: 15	Clinical Strategy Improvement <ul style="list-style-type: none"> Improving Practice Leadership Team 	Quarterly		
Implement the Trauma Informed Care Policy	Trauma history is screened at intake per quality review Multiple interventions addressing trauma in treatment: TF-CBT, TREM, Seeking Safety, Beyond Trauma per quality review	Clinical Strategy Improvement <ul style="list-style-type: none"> Improving Practice Leadership Team Direct Operations Management <ul style="list-style-type: none"> Trauma Informed Care Workgroup 	Annual		
Review, track and analyze Incident and Sentinel Event Reporting	Continue to monitor process improvements in care to reduce morbidity and mortality in the CMH	Office of Recipient Rights Clinical Strategy Improvement	Quarterly		

MACOMB COUNTY COMMUNITY MENTAL HEALTH QUALITY IMPROVEMENT ANNUAL WORKPLAN

October 2013- September 2014

	<p>system.</p> <p>100% of critical incidents, sentinel events and mortality reviews examined.</p> <p>Ongoing review of process, findings, and recommendations.</p>	<ul style="list-style-type: none"> • Critical Risk Management Committee • Behavior Treatment Plan Review Committee <p>Medical Director</p>			
<p>Ensure policies and procedures are current and meet accreditation, State/Federal, County and client requirements.</p>	<p>Routine review of policies and procedures</p>	<p>Policy Development and Legal Compliance</p> <p>PIHP Executive Staff</p> <p>Recipient Rights</p> <p>Business Management</p> <p>Clinical Strategy and Improvement</p>	<p>Annual</p>		

Goal#2: Development of Co-occurring Efforts

<i>Targeted Activities</i>	<i>Key Measures</i>	<i>Division Responsible</i>	<i>Time of Measurement and Reporting</i>	<i>Outcome</i>	<i>Follow-up</i>
<p>Co-occurring billing codes are identified in service delivery and encounter reporting</p>	<p>100% of existing billing codes and modifiers for co-occurring services are available in the FOCUS EHR</p> <p>Staff training on availability and use of co-occurring</p> <p>Increase in encounters</p>	<p>PIHP Co-Occurring Workgroup</p> <p>Clinical Strategy Improvement</p> <p>Information Technology</p>	<p>Quarterly</p>		

MACOMB COUNTY COMMUNITY MENTAL HEALTH QUALITY IMPROVEMENT ANNUAL WORKPLAN

October 2013- September 2014

	reflecting co-occurring service delivery				
Identify and increase Clinical Staff with co-occurring credentials	<p>All credentials are accurately identified in the FOCUS EHR</p> <p>Work with clinical supervisors and staff to increase providers within the system that are currently on a MCBAP development plan towards a certification as an addiction or co-occurring provider.</p>	<p>PIHP Co-Occurring Workgroup</p> <p>Clinical Strategy Improvement</p> <ul style="list-style-type: none"> • Training Department 	Quarterly		
Measure co-occurring capability with the service delivery	<p>Complete DDMHT and DDCAT assessments with CMHSP provider organizations</p> <p>Improvement in Compass scores.</p>	<p>PIHP Co-Occurring Workgroup</p> <p>Clinical Strategy Improvement</p>	Annual		

Goal#3: Evidence Based Practice

<i>Targeted Activities</i>	<i>Key Measures</i>	<i>Division Responsible</i>	<i>Time of Measurement and Reporting</i>	<i>Outcome</i>	<i>Follow-up</i>
Expansion of EBP protocols and services.	Increase availability and utilization of FPE, PMTO and TF-CBT services.	<p>Clinical Strategy Improvement</p> <ul style="list-style-type: none"> • Improving Practice Leadership Team <p>Direct Operations Management</p>	Quarterly		

MACOMB COUNTY COMMUNITY MENTAL HEALTH QUALITY IMPROVEMENT ANNUAL WORKPLAN

October 2013- September 2014

Consumer Satisfaction

Goal#1: Consumer Participation and Satisfaction in Service Delivery

<i>Targeted Activities</i>	<i>Key Measures</i>	<i>Division Responsible</i>	<i>Time of Measurement and Reporting</i>	<i>Outcome</i>	<i>Follow-up</i>
Consumer Satisfaction Surveys	<p>Completion of MDCH annual consumer survey</p> <p>Access satisfaction Survey</p> <p>Post-Discharge follow up Survey</p> <p>Finding presented to internal and external stakeholders. Improvement processes developed based on survey outcomes</p>	<p>Clinical Strategy Improvement</p> <p>Access and Engagement</p> <p>Member services</p>	Annual		
Consumer Inclusion in planning, implementation and Service Review	<p>Citizens' Advisory Council review and approval of Quality description and Plan.</p> <p>Substance Abuse Advisory Council</p> <p>Monthly Citizens Advisory Council meetings providing program input and service recommendations.</p>	<p>Member Services</p> <p>Macomb County Office of Substance Abuse Services</p> <p>Clinical Strategy Improvement <ul style="list-style-type: none"> • Improving Practice Leadership Team </p>	Annual		
Schedule member focus groups designed to seek advice regarding quality	Documentation of member input into quality and prevention programs	Member Services	Quarterly		

MACOMB COUNTY COMMUNITY MENTAL HEALTH QUALITY IMPROVEMENT ANNUAL WORKPLAN

October 2013- September 2014

and prevention programs			
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Utilization Management

Goal#1: Ongoing Service Utilization, Cost Analysis and Service Delivery

<i>Targeted Activities</i>	<i>Key Measures</i>	<i>Division Responsible</i>	<i>Time of Measurement and Reporting</i>	<i>Outcome</i>	<i>Follow-up</i>
Maintain current routine and focused service utilization review	Corrective action, policies and procedures are implemented based on reviews, anticipated enrollment and, expected utilization.	Finance and Budget <ul style="list-style-type: none"> • Utilization Management Committee 	Quarterly		
Maintain current knowledge related to State and Federal requirements	Review of State and Federal communications Review of State and Federal guidelines and document requirements Attending relevant meetings/conferences/calls related to regulatory and client issues/requirements Implement MCCMH policies and procedures to ensure compliance with applicable national standards, legislative/jurisdictional, or contractual requirements.	Finance and Budget <ul style="list-style-type: none"> • Utilization Management Committee Business Management	Annual		
Utilization Management Plan	Development, implementation, evaluation of annual plan	Finance and Budget <ul style="list-style-type: none"> • Utilization Management Committee Quality Council	Annual		

MACOMB COUNTY COMMUNITY MENTAL HEALTH QUALITY IMPROVEMENT ANNUAL WORKPLAN

October 2013- September 2014

Provider Network

Goal#1: Maintain Development of Co-occurring Efforts

<i>Targeted Activities</i>	<i>Key Measures</i>	<i>Division Responsible</i>	<i>Time of Measurement and Reporting</i>	<i>Outcome</i>	<i>Follow-up</i>
Network Satisfaction Surveys	Conduct provider network satisfaction and effectiveness survey including areas of: <ul style="list-style-type: none"> • QM Audit Functions • Provider Network Meetings • PIHP Trainings and Consultative Services • Other PIHP Functions 	Business Management	Annual		
Provider Network Directory	Directory is updated with current available services and resources Directory is available to current and potential consumers	Business Management Member Services	Annual		

Credentialing

Goal#1: Maintain credentialing for all MCCMH network providers

<i>Targeted Activities</i>	<i>Key Measures</i>	<i>Division Responsible</i>	<i>Time of Measurement and Reporting</i>	<i>Outcome</i>	<i>Follow-up</i>
Continue implementation	On-line credentialing	Clinical Strategy	Quarterly		

MACOMB COUNTY COMMUNITY MENTAL HEALTH QUALITY IMPROVEMENT ANNUAL WORKPLAN

October 2013- September 2014

<p>of on-line credentialing application for direct service provider</p> <p>Continue delegation and monitoring of contract provider credentialing of professional care staff</p>	<p>management system is available and utilized by direct provider staff.</p> <p>Compliance reviews to reflect 100% of all MCCMH providers will be credentialed.</p>	<p>Improvement</p> <ul style="list-style-type: none"> • Professional Standards Committee <p>Direct Operations management</p> <p>Business Management</p>			
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Coordination of Care

Goal#1: Integration of Behavioral and Physical Healthcare

<i>Targeted Activities</i>	<i>Key Measures</i>	<i>Division Responsible</i>	<i>Time of Measurement and Reporting</i>	<i>Outcome</i>	<i>Follow-up</i>
Behavioral and Healthcare Coordination	<p>Engagement with Qualified Health Plans surrounding co-managing high risk consumers</p> <p>Collaboration with QHP facilitating completion of Consumer HEDIS Measures</p>	<p>Integration Healthcare Administrator</p> <ul style="list-style-type: none"> • Integration of Healthcare Committee • Finance and Budget • Utilization Management Committee <p>Clinical Strategy Improvement</p>	Quarterly		
Integration of physical health goals within the consumer individualized plan of service.	<p>95% of clinical chart reviews will reflect one or more health goals as identified by the consumer.</p> <p>Obtain baseline data on DLA 20 Health Practice Domain</p>	<p>Integration Healthcare Administrator</p> <p>Utilization Management</p> <p>Clinical Strategy Improvement</p>	Annual		
Integration of physical health, behavioral health	95% of transitioned or discharged cases will reflect the	<p>Business Management</p> <ul style="list-style-type: none"> • Compliance and 	Annual		

MACOMB COUNTY COMMUNITY MENTAL HEALTH QUALITY IMPROVEMENT ANNUAL WORKPLAN

October 2013- September 2014

and psychopharmacology in transition/discharge planning	status of physical health, behavioral health and psychopharmacology needs.	Provider Management Clinical Strategy Improvement Direct Operations Management			
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