Northern Lakes Community Mental Health Authority

QUALITY ASSURANCE AND IMPROVEMENT PLAN

OVERVIEW:

This document presents the comprehensive and systematic plan for the operation of the quality assurance program of Northern Lakes Community Mental Health Authority (NLCMHA). The Quality Assurance Plan shall be the standard that guides business function and service delivery and applies to all programming and services at the agency. NLCMHA is a not-for-profit behavioral health care treatment provider offering mental health and substance abuse services for children, adolescents, and adults. The agency's Board of Directors has adopted the philosophy of continuous quality improvement to ensure organization-wide ongoing quality assurance. NLCMHA understands the need to strategically monitor and assess its performance as defined by the agency and state Performance Indicators.

OBJECTIVES:

1. Identify problem trends and gaps related to service delivery.
2. Provide information about service needs to persons in the organization responsible for planning.
3. Develop corrective action plans that address problems at the appropriate level of the organization.
4. Promote opportunities to improve service delivery through a process of case review, consumer satisfaction, performance indicator analysis and internal audits.
5. Ensure that consumers served, workforce members, and the Board of Directors have active participation in the development of the Quality Improvement Plan as well as the components of Quality Assurance planning and evaluation.

QUALITY ASSURANCE AND IMPROVEMENT MODEL:

Quality assurance and improvement is a systematic, ongoing process that is designed to assess and evaluate the quality and appropriateness of services, to resolve identified problems, to identify gaps in service, to promote opportunities to improve business practices and service delivery and overall organizational performance.

THE QUALITY ASSURANCE MODEL

STUDY		**PLAN**
ACT		**DO**

1. **Study** the system or process where improvement is needed. Evaluate the available information and describe what the information is telling you. Are there particular problems and what are the causes?

2. **Act** and decide what change is needed. Will this be a large-scale or small-scale change?

3. **Plan** on how the data will be collected. When will the progress be reviewed? Who will do the work?

4. **Do** the work according to the plan that was created.

5. **Study** the gathered information and determine whether the desired outcome was achieved or not?

6. **Act** by deciding if any further action is needed to bring improvement to noted area.

SCOPE OF SERVICE:

NLCMHA is a comprehensive provider of mental health and substance use services to a six (6) county service area that includes Grand Traverse, Leelanau, Wexford, Missaukee, Roscommon, and Crawford. Services provided (internal and contracted) include: case management, outpatient, psychiatric, integrated healthcare, crisis intervention, crisis residential, community living supports, respite, substance use disorders, assertive community treatment, residential care, infant mental health, intensive home-based for children, autism, support groups, consultation, prevention, and community education.

The agency's structure is based on a decentralized model and operates offices in 4 counties of the service area (Grand Traverse, Wexford, Crawford, and Roscommon). These four (4) sites provide a full range of mental health and substance use service. The services below are CARF accredited programs. CARF is an international accrediting body that seeks to promote strong values and quality care to organizations that provide services to consumers, which further demonstrates NLCMHA's commitment to providing the highest quality of service.

1. Assessment and referral
2. Assertive Community Treatment (ACT)
3. Crisis Intervention (Specifically Pre-Hospitalization Screening)
4. Outpatient Treatment
5. Intensive Family-Based Services
6. Case management and Supports
7. Prevention, Education, Consultation

IMPORTANT ORGANIZATIONAL FUNCTIONS AND DIMENSIONS OF QUALITY ASSURANCE:

The framework and process of the Quality Plan complies with applicable standards of the Michigan Department of Health and Human Services (MDHHS), the Northern Michigan Regional Entity Prepaid Inpatient Health Plan (NMRE PIHP), and the Centers for Medicare and Medicaid Services (CMS). The NLCMHA's focus is on improvements in functions and processes in the areas of direct consumer care, governance, management operations and support functions.

QUALITY ASSURANCE AND IMPROVEMENT RESPONSIBILITIES:

Monitoring and evaluating activities are performed through committee structure, designed to assure appropriate representation of all functional areas of the agency.

1. **Board of Directors**: The Board of Directors maintains ultimate responsibility for agency quality standards. The Chief Executive Officer (CEO), Director of Quality Improvement and Compliance (DCIC), and the Quality Improvement Committee (QIC), assume quality assurance and improvement responsibilities for the Agency.

2. **Quality Improvement Committee:** This committee is chaired by the DCIC and convenes on a monthly basis to meet with Clinical and other Program Directors across the agency. The QIC is responsible for implementing, revising, and monitoring adherence to agency quality performance goals and delineating these findings to the Board of Directors, leadership, and staff.

3. **Directors:** The Directors play a vital role in ensuring that their staff work toward the stated performance goals in the Quality Plan. This is accomplished through guidance, supervision, relaying information in meetings, and upholding agency standards for quality assurance and improvement on a daily basis.

4. **Agency Staff:** Quality is the collective responsibility of every employee and is maintained by adherence to this plan and by ensuring that all work is done in an ethical and proper manner.

2018 Quality Improvement

Projects

Northern Lakes' Quality Improvement Committee will continue to provide support in the development and implementation of the following PIHP projects for 2018:

Project 1: Provide Diabetes screening (A1C) to all individuals being prescribed at least two second generation anti-psychotic medications. This is a continuation.

Project 2: Percentage of children ages 6 to 12 who received at least one follow-up with the practitioner within 30 days of initiation of ADHD medication.

Quality Initiatives

Initiative 1: Satisfaction
A: Consumers will indicate 98% satisfaction via the monthly mini-survey.

Initiative 2: HCBS (Home and Community Based Services) Rule
Outcomes:
A: NLCMHA will develop 8 new consumer living situations that meet HCBS requirements of fuller community inclusion.
B: Increased community inclusion will be encouraged and identified in the Individual Plan of Service.

Initiative 3: MI Choice
Outcome:
A. Increase the number of consumers whom are able to stay in their home through intervention and support.

Initiative 4: OBRA
Outcome: OBRA staff will receive annual training on special mental health services.

Initiative 5: Clinical services.
Outcomes:
A. Clinical staff will receive at least an hour of clinical supervision/mentoring each month.
B. Orientation manuals will be developed for each program.
C. Staff who work in the field will receive crisis de-escalation training.
D. Contact will be made with the inpatient psychiatric unit prior to consumer discharge.

Initiative 6: Quality Performance Indicators
Outcome: NLCMHA will meet the criteria for all State Quality Performance Indicators.

Initiative 7: Outreach
Outcomes:
A: NLCMHA will increase outreach to those individuals who have SMI and are homeless.
B: NLCMHA will increase outreach to those individuals in the LGBTQ community who have SMI.
C. Health Home enrollees will receive monthly contacts.

Initiative 8: ACT
Outcome(s): To be developed by ACT.

Initiative 9: Critical incidents
Outcomes:

A. Decrease the number of suicide/suicide attempts compared to FY17.
B. Decrease the incidents of physical management use as compared to FY17.