



Formerly, Allegan County Community Mental Health Services (ACCMHS)

## **Summary of Quality Improvement Activities Fiscal Year 2021**

## MISSION

Strengthening our community by improving and advocating for the lives of individuals and families.

## VISION

Building a community which provides integrated behavioral health care effectively, efficiently, and sustainably for all who require it.

## CORE VALUES

- Integrity
- Inclusion
- Honor
- Equality
- Innovation
- Teamwork
- Cultural Competency

## PURPOSE

OnPoint is committed to providing quality improvement throughout the mental health system of care. More specifically, OnPoint is concerned with areas that limit access to services, quality of care, coordination of necessary services and supports, integrated care, and consumer satisfaction. Within each area are a set of performance indicators and program outcomes that are continuously tracked and analyzed.

The Purpose of the OnPoint Quality Improvement Program is to:

- Continually evaluate and enhance quality management processes, program outcomes, and administrative efficiencies.
- Monitor and evaluate the systems and processes related to the quality of services that can be expected to affect the health status, quality of life, and satisfaction of persons served by OnPoint.
- Identify and assign priority to opportunities for performance improvement as identified by stakeholders (e.g., staff, consumers, providers).
- Create a culture that encourages stakeholder input and participation in problem solving.
- Outline the structure for monitoring and evaluating OnPoint and service providers' compliance with regulations and requirements.

## GOALS

The OnPoint Quality Improvement Program will:

1. Target improvement at all levels including management, administration, and programs to include: access, coordination of services, timeliness, safety, respect, effectiveness, appropriateness, and continuity.
2. Involve people served as well as those who care for them, in assessing and improving satisfaction of outcomes and services.

3. Develop performance indicators to ensure services are effective, safe, respectful, and appropriate.
4. Track key performance indicators, comparing performance to statewide or other comparable data when available.
5. Continuously monitor and analyze data related to program outcomes and consumer satisfaction to identify opportunities for improvement.
6. Ensure providers of service fulfill their contractual or employment obligations in accordance with applicable regulatory and accreditation standards.
7. Ensure providers of service are competent and capable of providing services through a system of competency evaluation and credentialing.

### QUALITY IMPROVEMENT ACTIVITIES

We, at OnPoint, work to constantly improve our services. We monitor how our services are delivered and the ways our services help people in Allegan County through various internal quality monitoring reviews; input from consumers, stakeholders, and the community; and outside audits and reviews. The following report summarizes the quality improvement activities for FY21.

### SUMMARY OF QI GOALS FROM THE FY21 QI PLAN

**GOAL 1: Achieve and maintain all standards of the Michigan Mission-Based Performance Indicator System (MMBPIS).**

MMBPIS Indicators focus on access/timeliness to services, continuity of care, efficiency, and outcomes. MMBPIS Standards are developed and monitored by the Michigan Department of Health and Human Services (MDHHS). Reports are provided to the Lakeshore Regional Entity (LRE) and to MDHHS on a quarterly basis. The LRE requires a *Plan of Correction* to be written whenever a standard is not met.

Beginning in Q3 of FY20, the state made changes to Indicators 2 & 3, which resulted in removing exceptions for these indicators. Currently, there is no standard for Indicators 2 & 3. The state will be setting a standard after they identify the baseline for these indicators.

OnPoint monitors the following MMBPIS Indicators:

- **Indicator 1 (Standard - at least 95%):**  
Hospital preadmission screenings are completed within 3 hours.
- **Indicator 2a (No Current Standard):**  
New persons requesting an intake appointment receive a face-to-face assessment with a professional within 14 calendar days of their request for service.
- **Indicator 3 (No Current Standard):**  
New persons start their on-going service by meeting face-to-face with a professional within 14 days of their intake date.
- **Indicator 4a & 4b (Standard - at least 95%):**  
4a. Persons discharged from a psychiatric hospital are seen within seven days.  
4b. Persons discharged from a substance abuse detox unit are seen within seven days.
- **Indicator 10 (Standard – readmission rate of 15% or lower):**

Persons discharged from a psychiatric hospital are not readmitted within 30 days of discharge.

The following table displays the MMBPIS scores reported to LRE & MDHHS for FY21:

FY21 OnPoint MMBPIS REPORT							
Indicator	Description	Population	Standard	1st Qtr FY21	2nd Qtr FY21	3rd Qtr FY21	4th Qtr FY21
1	Emergency Referrals Completed in 3 Hours	Children	>=95%	100	100	97	100
		Adults	>=95%	100	98	98	100
2a	Assessment within 14 Days of First Request	SED Children	No Standard	89	100	95	86
		MI Adults	No Standard	96	87	100	91
		DD Children	No Standard	100	91	96	96
		DD Adults	No Standard	100	67	80	100
3	Started Service within 14 Days of the Assessment	SED Children	No Standard	54	88	83	76
		MI Adults	No Standard	68	89	61	41
		DD Children	No Standard	78	90	94	57
		DD Adults	No Standard	50	100	40	75
4a	Seen within 7 Days of Discharge from Hospital	Children	>=95%	100	100	100	100
		Adults	>=95%	100	100	87.5 (7/8)	100
4b	Seen within 7 Days of Discharge from SUD Detox	SUD	>=95%	100	83.3 (5/6)	100	50 (3/6)
10	Readmitted to Inpatient within 30 Days of Discharge	Children	<= 15%	0	0	0	20 (1/5)
		Adults	<= 15%	12	18 (3/17)	0	8
<b>NOTE:</b>	When a standard is not met for a specific indicator, the process is analyzed/ revised to improve outcomes. A plan of correction is also required to be submitted to the LRE.						
<b>GREEN</b>	Indicates 95% Standard was met for Indicators 1, 4a & 4b. Indicates 15% (or less) Standard was met for Indicator 10.						
<b>RED</b>	Indicates 95% Standard wasn't met for Indicators 1, 4a & 4b. Indicates 15% (or less) Standard wasn't met for Indicator 10.						

When a standard was not met (numbers in **red**), the numbers within the parentheses show how the percentage was calculated. (For standards #1, #2, #3, 4a, and 4b: how many consumers met the standard / how many consumers were counted for that standard. For standard #10: how many consumers did **not** meet the standard / how many consumers were counted for that standard.)

With the exception of 4b Q4, the few times that we did not meet a standard for FY21, we were just one person away from meeting the goal.

**Goal #2: Implement Office 365 throughout the agency.**

During FY21, our IT department successfully implemented Office 365 throughout OnPoint. This cloud-based system increases network security and job productivity, while supporting remote and onsite access to agency systems. IT provided training sessions and materials to staff members during the transition, and they continue to support staff with tips and guidance as they learn the different aspects of the new system.

**Goal #3: ~~Develop an agency performance metric for all OnPoint staff.~~**

The OnPoint Management Team compared and considered various performance metric systems; however, they were not able to identify one that would equally measure staff for incentive-based pay increases. For that reason, it was decided that this goal should be discontinued until a fair and equitable system is identified.

**Goal #4: Improve the rate of timely completion of Discharge Summaries.**

Utilization Management oversees the Quality Records Review Committee for OnPoint services. One of their goals for FY20 and FY21 was to assure that Discharge Summaries were completed within 30 days of the effective date on the Notice of Adverse Benefit Determination (NABD). Closing cases in a timely manner allows for coordination of care with outside agencies.

During FY20, 75% of cases were closed within 30 days. In FY 21, the rate improved to 88% within the 30-day timeframe. (It is also important to note that the compliance rate for August 2021 was 100%.)

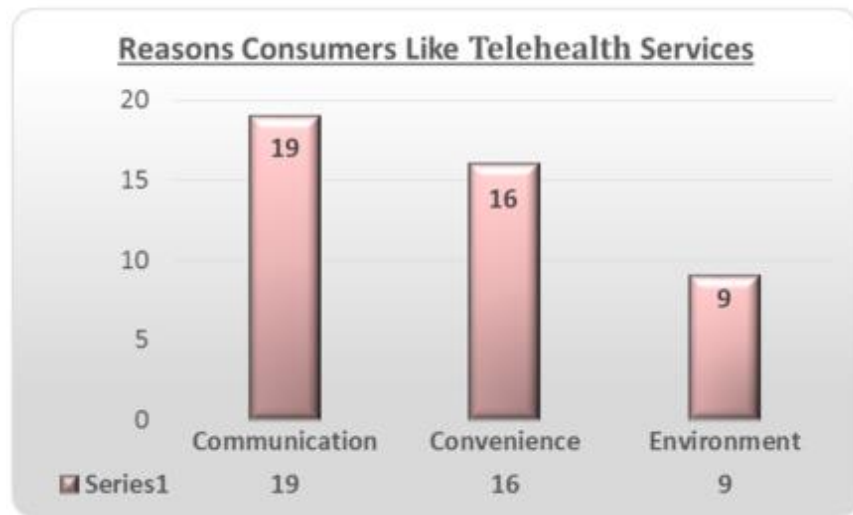
The FY22 process has been revised to require the discharge process to be completed within 14 days of sending out the NABD (to align with the required timeframe described in Policy #442 Service Documentation Authentication of Services and Billing),

**Goal #5: Evaluate the need, desire, and potential of continued and/or new Telehealth Services.**

Due to the Michigan Stay Home, Stay Safe Executive Order, MDHHS allowed Michigan's public mental health system to include Telehealth Service delivery options for the purpose of continuing essential behavioral health services to our consumers during the COVID-19 Pandemic. In addition, the Office of Civil Rights (OCR) relaxed its enforcement actions regarding compliance with certain aspects of the HIPAA Rules to allow providers to treat their consumers via Telehealth Services.

The 2020 Telehealth Survey conducted by Ottawa County Community Mental Health included 62 Allegan County consumers, 97% of who had received Telehealth Services through our agency. 58% of the surveyed consumers indicated that they would likely continue with Telehealth Services instead of in-person services, if Telehealth Services are still an option. (Telehealth Services are provided by video conferencing or telephone.)

Responses to the question “What do you like about using Telehealth?” were coded and categorized into three categories: Communication; (easy way to communicate); Convenience (e.g., time and location); and Environment (safe/comfortable), The following chart displays the number of responses for each category:



The revised *LRE Consumer Satisfaction Survey* also included questions regarding Telehealth. The overall rating for Telehealth Services was 4.4 on a 6-point scale (indicating satisfaction with Telehealth Services). We are currently able to offer our consumers both Telehealth and/or Face-to-face Services, depending on their preference.

**Goal #6: Implement the new *LRE Customer Satisfaction Survey* form and process.**

During FY21, we distributed the revised version of the *LRE Consumer Satisfaction Survey*. Surveys were sent out to a sample of randomly selected consumers from various service programs. Postage-paid return address envelopes were provided for the convenience of the consumers.

The survey used a 6-point rating scale, compared to the previous 5-point scale. The 6-point scale encourages the consumer/guardian to choose a response that more closely reflects an opinion one way or the other, instead of having the option of selecting the middle-of-the-road “3”.

The revised survey has 20 questions (compared to the previous 10 question survey) and added two categories (Long Term Services and Telehealth Services) to the previous three categories (Access, Quality, and Outcome). A “Comment Section” is included, along with the opportunity to request follow up from a Customer Service Representative. The Survey results are listed towards the end of this report.

**Goal #7: Increase consistent website maintenance, ensuring the information/data are available to our internal and external customers is relevant, timely, and accurate.**

As part of our rebranding efforts, it was determined that a new website should be designed to better meet the needs of our stakeholders. Our new user-friendly website was launched near the end of 2021. The website has since been updated with our new OnPoint logo and includes information regarding our rebranding campaign.

The Home Page gives information about our services as well as Emergency Crisis Contact information. Key areas on the top of the webpage include: Home Page, About Us, Services, Providers, Careers, FOIA, Contact Information, Customer Services, COVID-19 Plan, and Driving Directions. Important Contact Information listed on the bottom of the webpage include: Our Address/Phone/Hours, Access & Emergency Service Information, Compliance Contact Information, and Recipient Rights Contact Information. The search bar at the top of the webpage makes it easy for users to find information throughout the website.

**OnPoint FY21 SURVEY RESULTS**

**Follow-Up Survey**

Customer Services mail out a *Follow-Up Survey* to consumers who are discharged from our services. A postage-paid envelope is provided for the return of the survey. In FY21, we received back 29 completed surveys.

The survey provides a place for comments and includes the following eight questions:

1. How much did services help you with resolving the problems that led you to seek help?
2. How much did services help you with improving your overall emotional state?
3. How much did services help you with improving your feelings about yourself (self-esteem)?
4. How much did services help you with improving your overall activity level?
5. How much did services help you to feel confident about handling problems as they come up?
6. How much did you feel involved in planning the course of your services/discharge?
7. Overall, how satisfied are you with the staff's treatment of your problem?
8. To what extent would you be willing to call again for services if the need should arise?

The questions are rated using the following scale:

- 0 = not at all
- 1 = a little bit
- 2 = somewhat
- 3 = quite a bit
- 4 = a lot
- NA = not applicable

The average ratings for the questions above (as well as the Overall rating) are displayed in the following chart for FY19, FY20, and FY21:

FY	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Overall
19	2.68	2.84	2.59	2.65	2.42	2.58	3.21	3.37	2.80
20	2.96	2.61	2.57	2.35	2.65	2.48	2.78	3.40	2.70
21	3.00	3.04	3.00	2.96	2.89	3.00	3.31	3.38	3.06

The chart demonstrates an overall satisfaction of consumers who are discharged from our services. If we consider a rating of 2.5 to be “satisfied” (halfway between a “somewhat agree” rating of 2 and a “quite a bit agree” rating of 3), then our percentage of satisfied consumers for the FY21 *Follow-Up Survey* is 69% (20/29), compared with 71% (17/24) and 84% in FY19. These results may be considered typical, since most individuals who responded to the survey are consumers who were no longer eligible for the services that they would have liked to continue (we only received 1 negative comment, which was from a consumer who didn’t want their services to end).

With the exception of Q8, the satisfaction rating increased for every question compared to FY20, with an increase of the Overall rating of .36 (from 2.70 in FY20 to 3.06 in FY21). The largest increase was for Q4 (How much did services help you with improving your overall activity level?), which rose from 2.35 in FY20 to 2.96 in FY21. The relaxation of some COVID restrictions during FY21 may also have contributed to the increased score.

Results are shared with Customer Services and the QI Council. They are also included in this *FY21 Summary of QI Activities* report, which is posted on our website.

### **LRE Consumer Satisfaction Survey**

The LRE revised their *Consumer Satisfaction Survey* that is used throughout the region. This new survey is comprised of twenty questions designed to collect data from the following domains: Access, Quality, Outcome, Long Term Services, and Telehealth Services. The back page of the survey has a “Comment Section” where the consumer is asked to identify what they liked, did not like, or thought was missing from the services that they received. There is also an area for the consumer to provide their phone number if they would like to be contacted by a Customer Services Representative. Surveys were mailed out with return postage-paid envelopes during FY21. We received a total of 47 surveys back.

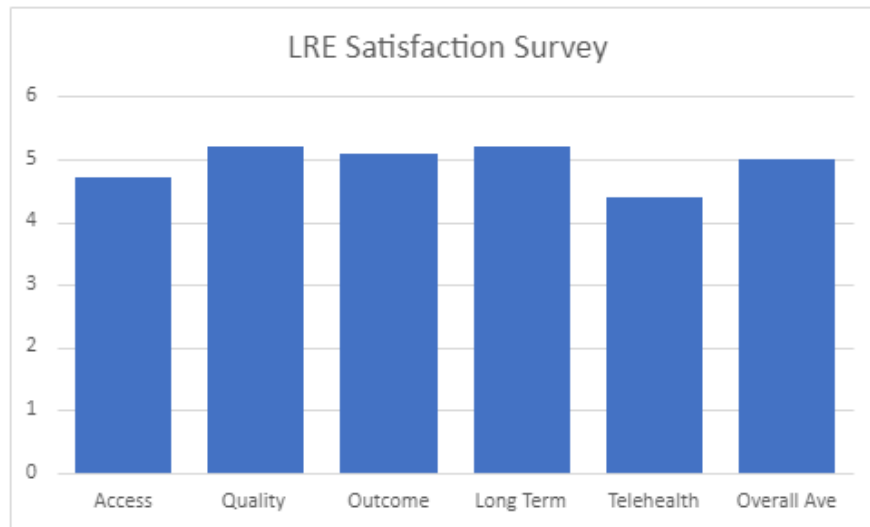
The 20-questions survey makes positive statements that the consumer/guardian rates using the following 6-point scoring system:

- 1: Strongly Disagree
- 2: Disagree
- 3: Mildly Disagree
- 4: Mildly Agree
- 5: Agree
- 6: Strongly Agree



The following chart and graph display the FY21 results, with a score of “4” or above representing “satisfaction”.

Access	Quality	Outcome	Long Term	Telehealth
4.7	5.2	5.1	5.2	4.4



We had an overall 98% satisfaction rate for the surveys that we received (one person had gave us an overall rating of 3.5). The average, overall consumer/guardian rating was 5. The lowest category was *Telehealth*, with a satisfaction score of 4.4.

We received a total of 18 comments, 10 of which were positive (e.g., thankful for services, staff are kind) and 2 of which were negative (my case manager didn’t help me). The other 6 comments were about service preference (more services and face-to-face services). These results are shared with the QI Council and are included in our *FY21 QI Summary of Activities* report that is distributed to Board Members and is posted on our website.

**Community Needs Assessment Stakeholder Survey**

The Community Needs Stakeholder Survey is usually completed every two years as part of the Annual Needs Assessment. The survey is designed to identify five priority mental health needs within our community that we will address during FY22 and FY23. The FY21 Survey was completed by 50 OnPoint community partners, including:

- Private mental health &/or substance abuse provider organizations (34%),
- Consumers and advocates (26%),
- Primary health care providers (18%),
- Public health system (10%),
- School systems (6%),
- Justice system (4%), and
- Michigan Department of Human Services (2%).

The following table displays the five priority needs identified and the Plan to address them:

Priority Issue (% of Responses)	Reasons For Priority	Plan
Service Issues (22%)	Size of issue and it was identified by multiple stakeholder groups	OnPoint will be more open to different means of providing services. We will maintain our ability to offer services remotely, while also providing services face to face based on consumer want and need.
Consumer Support (18%)	Size of issue and it was identified by multiple stakeholder groups	OnPoint will increase education opportunities to the general public. We will also make our board meeting open to the public via Teams or Youtube.
Children/Youth/School (16%)	This issue was identified by multiple stakeholder groups	OnPoint will work with our prevention department to ensure our presence in the schools is satisfactory. OnPoint understands there is a great deal of pressure on school kids and we can use our prevention team to ensure the children have support they need
Training/Resources (8%)	This issue was identified by multiple stakeholder groups	OnPoint will also more openly identify available trainings for our providers and staff members. This can be advertised on our new website and a link shared with our providers.
Staffing issues (12%)	This issue was identified by multiple stakeholder groups	Through CCBHC and expansion, OnPoint will be able to hire the staff needed to better serve our community. With our new finance director, we will re-organize positions so that we can operate more efficiently.

**FY21 INCIDENT REPORTS**

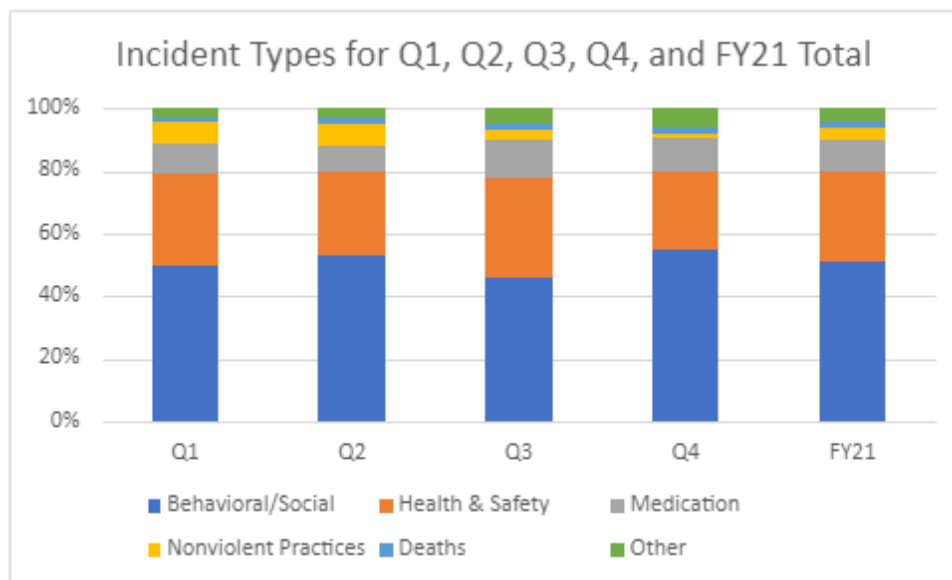
Incident Reports are monitored to: ensure that incidents are appropriately responded to in an effective, timely manner; determine specific trends or patterns of incidents; and to create

mechanisms (based on specific trends) designed to prevent or minimize the negative impact that these incidents have on the lives of those we serve.

As part of the incident report monitoring process, incident reports are categorized into six areas:

- Behavioral/Social Issues
- Health & Safety Issues
- Medication Issues
- Nonviolent Practices
- Deaths
- Other Issues

The following chart and graph display the total percentages of Incident Reports received within each category for Q1, Q2, Q3, Q4, and FY21:



CATEGORY	Q1 (249)	Q2 (281)	Q3 (266)	Q4 (226)	FY21 (1022)
<b>Behavioral/Social</b>	50%	53%	46%	55%	51%
<b>Health &amp; Safety</b>	29%	27%	32%	25%	29%
<b>Medication</b>	10%	8%	12%	11%	10%
<b>Nonviolent Practices</b>	7%	7%	3%	1%	4%
<b>Deaths</b>	1%	2%	2%	2%	2%
<b>Other</b>	3%	3%	5%	6%	4%

The numbers listed in parenthesis show the total number of Incident Reports that we received for that time period. Improvement was noted in the category of “Nonviolent Practices” (e.g., Blocking/Guiding techniques, Emergency Use of Physical Management/EUPM, Behavior-

related PRN Medication). Upon further review, the EUPM incidents were reduced due to a couple of consumers with frequent EUPM reports moving out of the county.

The categories of “Health & Safety” and “Behavioral/Social” issues fluctuated during the FY, with Q1, Q2, and Q4 being fairly consistent as compared to Q3. There was a lower rate of Falls, Medical Hospitalizations, and Injuries (Health & Safety category) during Q3; however, no significant patterns/trends were identified (for consumers, agencies, or circumstances) that could account for this shift.

The following chart displays the Incident Reporting for FY18, FY19, FY20 and FY21.

CATEGORY	FY 18 (n=2002)	FY 19 (n=2310)	FY20 (n=2094)	FY 21 (n=1022)
<b>Behavioral/Social</b>	53%	53%	54%	51%
<b>Health &amp; Safety</b>	23%	25%	23%	29%
<b>Medication</b>	12%	12%	13%	10%
<b>Nonviolent Practices</b>	6%	5%	4%	4%
<b>Deaths</b>	1%	0%	1%	2%
<b>Other</b>	5%	5%	5%	4%

Since FY19, there has been a decrease in the number of Incident Reports being submitted to our agency from our contracted providers (with a significant decrease in FY21 as compared to FY20). The Corporate Compliance (CC) Team and Recipient Rights (RR) Team discussed this issue during a combined CC/RR meeting. As previously mentioned, this is partially due to a few consumers (who historically had a high number of Incident Reports submitted) moved out of the county.

The drop could be due to either a decrease in reportable incidents or to insufficient reporting by provider staff; however, other CMHs in our region have noted similar findings, especially since the beginning of the COVID-19 Pandemic (as discussed during our regional QI ROAT meeting). Continued provider staff shortages / high turnover rates may have resulted in the decrease, as new staff members are learning incident reporting requirements and processes.

### **OTHER QI ACTIVITIES**

#### **Agency Rebranding**

On April 18, 2022, Allegan County Community Mental Health Services (ACCMHS) officially changed their name to “OnPoint”. Our new look and feel represents our commitment to innovation and the agency’s role and purpose of helping individuals get back into the fold of life.

**New Brand Purpose Statement:** Caring for Allegan County.

**New Name and Logo:** Our new name reflects the agency’s transformation of its culture and a redefined strategy focused on the expansion of care for the people of Allegan County. As a prominent representation of the agency, people and brand, Allegan County CMH’s new logo, OnPoint, is colorful, optimistic and smart. Inspired by the features of origami, the primary focus will be on the “O” to symbolize the services that fold together by the agency to help individuals get back into the “fold” of life — whether this is through mental health or developmental disability services, substance use disorder treatment, or housing services. The crafted combination of the origami folds also symbolize what origami is known for, hope and healing.

**New Brand Colors:** The multitude of fresh colors speaks to the diversity and richness OnPoint represents, all working together to shift and evolve — synonymous with OnPoint’s commitment to continual improvements.

### **New Website Launched**

Our previous website was a SharePoint page located on the county’s server. In coordination with our rebranding efforts, we decided to move to an actual website that will make it easier to apply design work, change content, and search for information in an environment that is more user-friendly.

### **Microsoft Teams**

As part of our technology updates, our IT Team implemented Microsoft Teams sites for departments and various teams to communicate and store, share, and collaborate on documents in a permission-based environment.