

**Quality Improvement Plan**

**for**

**Fiscal Year 2023**

|  |
| --- |
| **INTRODUCTION** |

The Michigan Department of Health and Human Services (MDHHS) requires that each specialty Prepaid Inpatient Health Plan (PIHP) have a Quality Assessment and Performance Improvement Program (QAPIP), which meets the specified standards in the contract with MDHHS. The Regional Quality Improvement Plan documents the QAPIP for the Lakeshore Regional Entity (LRE), which includes OnPoint, HealthWest, Network 180, West Michigan Community Mental Health System (WMCMHS), and Community Mental Health of Ottawa County (CMHOC).

In addition to the QAPIP, MDHHS requires each Community Mental Health Services Program (CMHSP) to have a Quality Improvement Program (QIP). Most of the requirements are met through the Regional Quality Improvement Plan. Areas where CMHSP distinctions are necessary have been included in this document. The distinct areas include:

1. Elements of the CMHSP Quality Improvement (QI) structure, and
2. Specific CMHSP QI goals and/or objectives.

|  |
| --- |
| **OUR MISSION** |

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

|  |
| --- |
| **OUR VISION** |

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

|  |
| --- |
| **OUR CORE VALUES** |

Integrity, Inclusivity, Honor, Equality, Innovation, Teamwork, and Cultural Competency.

|  |
| --- |
| **OUR COMMITMENT** |

ONPOINT is committed to providing quality improvement throughout the mental health and substance abuse system of care. Quality improvement activities emerge from a systematic and organized framework for improvement. This framework, adopted by ONPOINT leadership, is understood, accepted, and utilized throughout the organization as a result of continuous education and involvement of staff at all levels in performance improvement.

Quality improvement involves two primary activities:

1. Measuring and assessing the performance of services through the collection and analysis of data, and
2. Conducting quality improvement initiatives and acting where indicated, including the design of new services and/or improvement of existing services or processes that affect the quality of care at ONPOINT.

|  |
| --- |
| **QUALITY IMPROVEMENT ASSUMPTIONS** |

The following assumptions are accepted:[[1]](#footnote-1)

1. Health care is not an individual act between clinician and consumer, but a collective series of processes within a formal and informal system of care.
2. Most problems with quality in health care relate to defects in processes, not individual failings.
3. Measurement of crucial processes and outcomes play an important role in improving the quality of care. Through statistical analysis, processes can be compared to evidence-based treatment guidelines and outcomes can be compared to norms and benchmarks to identify opportunities for improvement.
4. Improvement efforts should be focused on the needs of the consumer.
5. Quality Improvement draws upon the knowledge, expertise, and efforts throughout the entire agency.
6. The improvement process prioritizes key problems, utilizes hypotheses about the nature of these problems, and develops targeted interventions.
7. Many quality problems are multidimensional, and the improvement process often occurs through incremental efforts.

|  |
| --- |
| **PURPOSE** |

The purpose of the ONPOINT QI Plan is to establish a written description by which the specific structure, process, scope, and role of the quality improvement program is articulated. The ONPOINT Quality Improvement Program exists to improve the overall performance in the areas of access, clinical care, consumer protection, integrating care, and consumer satisfaction. The ONPOINT QI Plan will be evaluated at least annually and updated whenever necessary. The QI Plan is the responsibility of the QI Coordinator, in collaboration with staff and the Management Team.

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 provider’s 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 of care.
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 STRUCTURE AND ACTIVITIES** |

#### Board of Directors

The ONPOINT Board of Directors receives reports regarding performance indicators, program data, and consumer satisfaction data. The ONPOINT Board of Directors will regularly review outcome measurement data, consumer feedback activities, and improvement actions taken.

#### Management Team

The ONPOINT Management Team is comprised of the Executive Director, Director of Administrative Services, Director of Integrated Health and Substance Use Services, Director of Clinical Services, Director of Human Resources, and the Director of Quality Improvement and Compliance. The Management Team will demonstrate ONPOINT’s commitment to continuous quality improvement by fulfilling the following responsibilities:

* Ensuring that all employees are aware of the organization’s vision, mission, and values.
* Collaborating with the QI Coordinator and other staff members to identify improvement opportunities.
* Reviewing and taking action on reports from the QI Coordinator or other teams/committees on performance findings and recommendations.
* Reviewing and evaluating employee generated suggestions for quality improvement within the agency.
* Ensuring plans for improving systems are in place and effectively implemented, communicated, and monitored.
* Identifying staff training needs.

#### QI Coordinator

The Quality Improvement Coordinator is the author of the QI Plan and has the following additional responsibilities:

* Developing, managing and implementing activities stated in the QI Plan.
* Ensuring QI data is regularly presented to the Management Team and the ONPOINT Board of Directors.
* Identifying staff training opportunities related to quality improvement.
* Tracking improvement data and follow-up methods.
* Collaborating with Program Managers/Supervisors to implement and monitor QI goals.
* Coordinating data collection to and from committees, staff, and service teams.
* Collaborating with the LRE on regional quality improvement activities.

**ONPOINT Supervisors/Leadership**

ONPOINT Supervisors/Leadership help ONPOINT establish a culture of quality improvement and fulfill the following responsibilities related to quality improvement:

* Encouraging involvement of staff in the QI process.
* Collaborating with the QI Coordinator toimplement ONPOINT QI Goals.
* Compiling/utilizing outcome measurement data for analysis.
* Communicating QI goals, activities, and results to staff.

***ONPOINT Staff***

ONPOINT staff play a key role in the quality improvement process and may conduct the following activities:

* Collecting and reviewing program data.
* Providing suggestions and recommendations for quality improvement.
* Collaborating with the QI Coordinator on performance improvement projects and recommendations.
* Serving on improvement committees/teams.

**Subcontracting Agencies**

Subcontracting Agencies may fulfill the following responsibilities related to the ONPOINT QI process:

* Participating in quality improvement activities (when mandated).
* Ensuring staff are compliant with appropriate credentials and training requirements.
* Implementing improvement actions and communicating improvement actions to ONPOINT.

***Consumers/Other Stakeholders*** ONPOINT consumers/other stakeholders may participate in the ONPOINT QI Process by conducting the following activities:

* Actively participating in quality improvement activities designed to obtain stakeholder input.
* Using the systems and procedures in place.
* Identifying improvement opportunities.
* Participating in teams, work groups, and committees.
* Providing feedback regarding agency changes and process improvement projects.

|  |
| --- |
| **OVERVIEW OF COMMITTEES** |

**Quality Improvement Council**

* Supports the overall mission, vision, and values of ONPOINT.
* Builds a culture of continuous quality improvement within ONPOINT.
* Participates in the development of the annual Quality Improvement Plan.
* Monitors key performance indicators compared to organizational goals and industry benchmarks.
* Ensures conformance to accreditation and other external requirements.
* Reviews and recommends revisions to quality/safety-related policies and standards.
* Supports the ONPOINT Strategic Plan by collaborating with other agency teams/committees on quality improvement projects.

**Recipient Rights Committee**

* Maintains compliance with Chapter 7 of the Michigan Mental Health Code.
* Tracks and trends Office of Recipient Rights (ORR) data.
* Provides recommendations for process improvements.

**Behavioral Treatment Committee**

* Monitors enrollment and exit from the Behavior Treatment Program for trend analysis.
* Monitors and analyzes behavior modification techniques, including the emergency use of physical interventions.

  **Community Opportunity Advisory Panel (COAP)**

* Analyzes consumer feedback surveys/focus groups.
* Identifies future consumer opportunities.
* Provides ONPOINT with feedback regarding policy development and change.
* Analyzes quality activity reports and provides feedback.
* Identifies community opportunities for consumers and families.

 **Utilization Management Committee**

* Ensures consumers receive timely, quality, medically-necessary, cost-effective services in the most appropriate and least restrictive treatment setting.
* Ensures ONPOINT has an effective mechanism to manage the utilization of clinical resources.

 **Health and Safety**

* Ensures compliance with OSHA/MIOSHA.
* Develops infection control procedures.
* Conducts staff training related to health and safety goals.
* Updates required information for posting.
* Inspects buildings/grounds/equipment.
* Conducts safety drills.
* Ensures physical accessibility.
* Completes annual inspections.

**Corporate Compliance**

* Ensures that the regulatory environment of ONPOINT meets legal requirements.
* Monitors internal and external compliance audits/investigations to identify areas in need of improvement and to implement corrective and preventive actions.
* Monitors the effectiveness of corrective action and makes adjustments as needed.
* Reviews and recommends changes/revisions to the Compliance Program and related education/training, policies and procedures.
* Maintains a confidential database that includes all alleged and substantiated complaints/issues related to fraud, waste, abuse and other compliance matters.

|  |
| --- |
| **QUALITY MANAGEMENT / IMPROVEMENT SYSTEM** |

The ONPOINT Quality Management System combines the traditional aspects of quality assurance and adds the elements of continuous quality improvement. The Quality Management System helps ONPOINT achieve its mission, realize its vision, and live its values. It protects against adverse events and provides mechanisms to implement positive changes within the agency.

The *Quality Management System* includes:

* Predefined quality standards
* Formal assessment activities
* Measurement of outcomes and performance
* Strategies to improve performance that falls below standards

The various aspects of the system are not mutually exclusive to just one category, as an aspect can overlap into more than one category. The following table identifies some of the more common standards, assessment activities, measurements, and improvement strategies used by the ONPOINT Quality Management System.

|  |
| --- |
| **ONPOINT QUALITY MANAGEMENT SYSTEM** |
| **Quality****Standards** |  | **Assessment** **Activities** |  | **Performance****Measurements** |  | **Improvement Strategies** |
| ·Federal & State Rules/Regulations·Stakeholder Expectations·MDHHS/PIHP Contract·Provider Contracts·Practice Guidelines·Accreditation Standards·Affiliation Policies and Standards·Evidence-Based Practices |  | ·Quality Records Reviews·Accreditation Surveys·Credentialing·Risk Management·Utilization Reviews·External Quality Reviews·Stakeholder Input·Sentinel Event Reports·Critical Event Reports·MDHHS Site Review Report·Behavior Treatment Analysis |  | ·MDHHS MMBPIS·LRE Performance & Dashboard Reports·Benchmarking·Status Reports on Strategic Planning·Audit Reports·Grievances & Appeals·ONPOINT Dashboard Reports |  | ·Corrective Action/ Improvement Plans·Improvement Projects·Improvement Teams· Strategic Planning·Adherence to Practice Guidelines·Organizational  Learning·Staff Development and Training·Improvements through Root Cause Analysis |

1. **Quality Standards**

Quality Standards provide the specifications, practices, and principles by which a process may be judged or rated. ONPOINT identifies and sets standards by reviewing, analyzing, and integrating such areas as:

* Performance expectations of stakeholders for both clinical services and administrative functions
* Accreditation standards
* Practice Guidelines
* Clinical pathway protocols and other authorization criteria
* Government requirements, regulations, and rules

ONPOINT quality standards are documented in policy and procedure, contracts with providers, and the quality review process. ONPOINT standards are evaluated, at least annually, to ensure continued appropriate and relevant application.

*Confidentiality*

ONPOINT is committed to maintaining the confidentiality of persons served by the organization. Specific details of this commitment are reflected in the LRE’s policies and procedures related to confidentiality, as well as ONPOINT HIPAA Policies and Procedures.

1. **Assessment Activities**

Quality assessment consists of various strategically planned activities that help to identify the actual practices, attitudes, performance, and conformance to standards that are enhancing or inhibiting the achievement of quality. Obtaining stakeholder input is critical to quality assessment activities.

*Stakeholder Input*

ONPOINT recognizes that obtaining stakeholder input is a vital aspect of any system designed for continuous quality improvement. Typical stakeholders identified to provide input to ONPOINT include: service consumers, staff, contract service providers, families/advocates, and the local community.

Input is collected to better understand how ONPOINT is performing from the perspective of its stakeholders. Quantitative and qualitative assessments are conducted to address issues of quality, availability, and accessibility of care. The input is continually analyzed, and the analysis is integrated into the practices of ONPOINT.

As a result of input from stakeholders, ONPOINT:

1. Takes specific action on individual cases as appropriate
2. Identifies and investigates sources of dissatisfaction
3. Outlines systemic action steps to follow up on findings
4. Utilizes stakeholder input in decision making
5. Informs practitioners, providers, persons served, and the ONPOINT Board of Directors of the results of assessment activities

The following table summarizes some of the various methods and sources ONPOINT uses to obtain stakeholder input.

|  |
| --- |
| **STAKEHOLDER INPUT-METHODS & SOURCES** |

| **Type of Input** | **Consumer** | **Staff** | **Providers** | **Family/****Advocates** | **Community** |
| --- | --- | --- | --- | --- | --- |
| Interviews | *MDHHS Site Reviews, Accreditation, Individual Assessments, Evaluations* | *Performance Evaluations, Termination/Exit Interviews* | *ORR Site Visit, Quality Review of Providers* | *MDHHS Site Reviews* |  |
| Suggestions | *Case Management/ Supports Coordination Contacts or Customer Service Contacts* | *Supervision, Quality Improvement Ideas* | *Quality Monitoring Reviews, Case Management Contacts* | *Case Management/ Supports Coordination Contacts* | *Contacts made to ONPOINT* |
| Forums | *Consumer Opportunity Advisory Panel, Board Meetings* | *Team/Unit Meetings* | *MDHHS Reviews, Contract Negotiations, Meetings*  | *MDHHS Reviews, Advisory Council*  | *MDHHS Reviews, Open Forums at Board Meetings, Advisory Council* |
| Surveys | *Consumer Surveys* | *Staff Surveys* | *Provider Surveys, Accreditation surveys* | *Satisfaction Surveys* |  |
| Planning | *Service Planning Meeting* | *Program Planning* | *Budget Planning* | *Service Planning Meeting* |  |
| Assessment | *Pre-planning Information, Progress Notes Reviews, Discharge Summary*  | *Performance Evaluations* | *Quality Review of Providers.* | *Surveys assessing family/advocate satisfaction level/needs* | *Community Needs Assessment* |
| Grievances/Appeals | *Grievance Systems to File a Grievance, Appeal, or Recipient Rights Complaint* | *Staff Grievance* | *Provider Grievance,**Placement Reconsideration for Inpatient Requests* | *Grievance Systems* | *Contacts made to Customer Services* |
| Complaints | *Recipient Rights Complaint, Complaints Discussed with Customer Services* | *Employee Complaint* | *Recipient Rights Complaint* | *Recipient Rights Complaint* | *Recipient Rights Complaint* |

 *Quality Records Reviews*

ONPOINT has a Quality Records Review Team comprised of staff that are very knowledgeable in external compliance standards and reimbursement practices. The team meets to complete random and/or focus reviews depending on present issues. Formal reports are generated from these reviews and are shared with the staff providing the service, managers/supervisors, the Clinical Director, and the QI Team. The Quality Records Review Team notifies the Corporate Compliance Committee when an issue warranting further investigation is identified.

In addition, ONPOINT will follow the LRE policy on Provider Network Monitoring, which describes additional mechanisms for monitoring and assessing compliance with contract, state, and federal requirements of service providers.

*MDHHS Site Reviews*

MDHHS conducts reviews of the quality of ONPOINT administrative and clinical services. In response to the reviews, improvement plans are developed and implemented. The LRE will monitor affiliate member performance on site reviews conducted by MDHHS. ONPOINT will draft remedial action for all citations for which ONPOINT has been identified as out of compliance. The LRE completes the overall response, provides consultation for affiliate members, and oversees the implementation of improvement actions.

*LRE Site Reviews*

As part of a delegated model, the LRE completes annual site visits that include reviewing administrative standards and clinical practices. Any areas of noncompliance receive a written Corrective Action Plan (CAP) from the LRE. The CAP is submitted to the LRE for its approval of the quality improvement process to addresses the area(s) of concern.

*External Quality Reviews*

The Balanced Budget Act (BBA) of 1997 requires that states contract with an External Quality Review Organization (EQRO) for an annual independent review of each Pre-paid Inpatient Health Plan to evaluate the quality, timeliness of, and access to health care services provided to Medicaid enrollees. MDHHS contracts with the Health Services Advisory Group (HSAG) to conduct the reviews within the state of Michigan. ONPOINT participates in the HSAG Review as a CMHSP of the Lakeshore Regional Entity.

The stated objective of the annual evaluation is to provide meaningful information that MDHHS and the LRE can use for:

* Evaluating the quality, timeliness, and access to mental health and substance abuse care
* Identifying, implementing, and monitoring system interventions to improve quality
* Evaluating one of the two performance improvement projects of the LRE
* Planning and initiating activities to sustain and enhance current performance processes

 *Critical Incidents, Risk Events, Complaints, & Sentinel Events*

The ONPOINT QI Coordinator is responsible for tracking critical incidents, risk events, and sentinel events reported to ONPOINT via incident reports. The Office of Recipient Rights (ORR) is responsible for reviewing consumer incidents and all complaints that may violate the rights of consumers. In combination of efforts from the ONPOINT QI Program and the Office of Recipient Rights, the critical incidents, complaints, and sentinel events review processes includes:

* Investigating complaints of rights violations
* Reviewing incident reports, conducting follow-up activities and investigations
* Monitoring incidents for the identification of sentinel events
* Analyzing for trends and providing suggestions to prevent recurrence
* Reviewing consumer death reports and investigating any unexpected death to identify potential system improvements
* Sharing and discussing information with the Recipient Rights Committee, Sentinel Events Review Committee, the ONPOINT Board of Directors, and Management Team

The QI Coordinator notifies the Sentinel Event Review Committee of issues that are determined to be a sentinel event. The QI Coordinator reports sentinel events as required by MDHHS following the LRE’s Sentinel Event Review Reporting Process. When appropriate, the QI Coordinator conducts a Root Cause Analysis and submits the findings to the Sentinel Event Review Committee for further process improvement recommendations.

#### Credentialing

#### The ONPOINT Credentialing Team will ensure services and supports are consistently provided by staff that are properly and currently credentialed, licensed, and qualified. ONPOINT will follow ONPOINT and LRE Credentialing and Re-Credentialing Policies, which outlines the guidelines and responsibilities for credentialing and re-credentialing for CMHSPs of the LRE and their contract service providers.

*Accreditation*

The Director of Quality and Compliance serves as the CARF Liaison and chairs the CARF/QI Team. The Director of Quality and Compliance organizes the CARF survey process and offers extensive consultation to the Management Team and Managers/Supervisors on meeting and exceeding CARF standards. Other members of the CARF/QI Team also assist with the preparation process, as well as provide consultation to staff on how best to meet standards. ONPOINT uses the results of the survey to implement improvements within the agency. On an ongoing basis, the Director of Quality and Compliance remains familiar with CARF changes and reports information to staff members as appropriate.

**III. Performance Measurement**

Through monitoring and evaluating expected performance on operational activities, the efforts and resources of ONPOINT can be redirected to obtain the desired outcomes.

By using performance indicators, the variation between the target desired and current status of the item(s) being measured can be identified. Indicators are used to alert the LRE and CMHSPs of issues that need to be addressed immediately, to monitor trends and contractual compliance, and to provide information to consumers and the public.

The following figure displays many of the performance indicators that are monitored and reviewed by the LRE to determine significant trends and to plan, design, measure, assess, and improve services, processes, and systems. If performance does not meet the standard established by the LRE, an improvement strategy will be determined and implemented by ONPOINT.

**LRE PERFORMANCE MEASUREMENT REVIEW PROCESS**

### OUTCOMES MANAGEMENT

* Dashboards
* Consumer & Other Stakeholder Satisfaction
* Other Key Performance Indicators

### OTHER SYSTEM MEASURES

* Safety & Health Reports
* Risk Management
* Team/Committee Reports
* Critical Incidents Reports
* MDHHS Performance Indicators
* Utilization Management
* Strategic Planning Results
* Customer Services Data
* Community Needs Surveys
* Employee Feedback Surveys
* Provider Feedback Surveys

**LRE**

**QUALITY IMPROVEMENT TEAM**

### EXTERNAL ENVIRONMENT

* Accreditation Review
* MDHHS Review
* MDHHS Contract Compliance
* MDHHS Cost Reports
* External Quality Review

#### CLINICAL/PROVIDER

* Demographics
* No Show/Cancellation Rates
* Contract/Network
* Quality Monitoring Reviews
* Utilization Management

Performance indicator results are used to guide management decisions related to:

* Strategic planning
* Resource allocation
* Modification of service delivery
* Process improvements
* Staff training
* Marketing and outreach activities
* Other activities identified by consumers and/or other stakeholders.

The LRE monitors and reviews significant sets of performance indicators, including: Michigan Mission-Based Performance Indicator System, Utilization Management, and the Verification of the Delivery of Medicaid Services.

1. **Michigan Mission-Based Performance Indicator System (MMBPIS)**

The Michigan Mission-Based Performance Indicator System (MMBPIS) was fully implemented by MDHHS on October 1, 1998 and is in its 6th revision. There are both Affiliation and CMHSP level indicators within the system. The Affiliation and each of the affiliate members submits data to MDHHS on a quarterly basis. MDHHS collects, aggregates, trends, and publishes the MMBPIS information on the indicators MDHHS has determined would best monitor the implementation of managed care throughout the state. The LRE and the Information Systems Coordinators ensure the reliability and validity of the data across the affiliation and that the indicators conform to the “Validation of the Performance Measures” of the Balanced Budget Act protocols. The LRE will review MMBPIS results. If ONPOINT is out of compliance with MDHHS standards, ONPOINT will work with the LRE to ensure the implementation of an effective improvement plan.

1. **Utilization Management**

The ONPOINT Utilization Management Process is guided by the LRE’s Utilization Management Policy and Procedure and annual Utilization Management Plan. ONPOINT conducts utilization management activities to ensure the appropriate delivery of services. Utilization mechanisms identify and correct under-utilization as well as over-utilization. Utilization reviews include the review/monitoring of individual consumer records, specific provider practices, and system trends.

1. **Verification of the Delivery of Medicaid Services**

The Michigan Department of Health and Human Services (MDHHS) requires each PIHP to complete reviews that meet the Verification of the Delivery of Medicaid Services (VDMS) requirements. The purpose of the process is to verify that adjudicated claims are for services identified by MDHHS as Specialty Mental Health and/or Substance Abuse Services, and that the services are sufficiently supported by case record documentation. ONPOINT will follow the LRE’s policy and procedure for the VDMS.

1. **Improvement Strategies**

Establishing and successfully carrying out strategies to minimize statistical performance outliers, incorporate best practices, and optimize consumer outcomes is key to continuous quality improvement. The particular strategy or sets of strategies used vary according to the situation and the kind of improvement that is desired. ONPOINT will develop improvement strategies based on performance reviews, evaluation methods, and stakeholder input.

The ONPOINT Quality Improvement Program utilizes the Plan-Do-Check-Act (PDCA) process as a problem solving approach, commonly used in quality control efforts. The process can be repeated indefinitely until the desired outcome is achieved. The four-step process includes:

1. **Plan:** Design (or revise) a process to improve results.
2. **Do:** Implement the plan and measure its performance.
3. **Check:** Measure and evaluate the results to determine if the results met the desired goals.
4. **Act:** Decide if changes are needed to improve the process. If so, begin the PDCA process again.

**ONPOINT QUALITY IMPROVEMENT GOALS FOR FISCAL YEAR 2023**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal #1** | **Objective(s)** | **Action(s)/****Success Measure(s)** | **Responsible Party** | **Target****Date** |
| **Achieve and maintain all standards of the Michigan Mission-Based Performance Indicator System (MMBPIS).** | -To meet all standards for MMBPIS (quality of care) Indicators for access, timeliness to services, continuity of care, efficiency, and outcomes.-To report MMMBPIS results to stakeholders on a consistent basis. | **Actions:**-The QI Coordinator will work with IT staff to ensure accurate reports are submitted in a timely manner. -Managers/Supervisors will oversee the activities related to MMBPIS standards and will encourage staff to strive to meet them on a consistent basis. -When a *Plan of Correction* is required by the LRE, Supervisors will be responsible to write it and the QI Coordinator will submit it in a timely manner.**Success Measure:**MMBPIS results are measured in percentages as required by the state: Indicators 1, 4a, and 4b are 95% or greater; Indicator 10 (Recidivism) is 15% or less. Indicators 2a and 3 do not currently have a standard, as they are being reviewed by the state. | QI Coordinator, Supervisors, Clinical Staff | 9/30/23 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal #2** | **Objective(s)** | **Action(s)/****Success Measure(s)** | **Responsible Party** | **Target Date** |
| **Ensure effective implementation of the Certified Community Behavioral Health Clinic (CCBHC) Expansion Grant.** | To ensure that CCBHC implementation, outreach, and engagement efforts are effectively expanding access to services.  | **Actions:**CCBHC Staff and QI Staff will work together to monitor and report CCBHC data and improvement activities.**Success Measures:**- Service to be provided to a minimum of 500 CCBHC individuals within the first two years of the awarded grant.- Increased service engagement by addressing barriers to service identified through data analysis and trending reports. | CCBHC Health Services Data Lead, QI Staff | 9/30/23 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal #3** | **Objective(s)** | **Action(s)/****Success Measure(s)** | **Responsible Party** | **Target Date** |
| **Further promote cultural competency, equity, inclusion, and trauma-informed approaches to respond to the needs of persons served, workforce, and the community.** | As facilitated, monitored, and implemented through collaborative organizational efforts: -Enhance training for staff to include concepts of historical/racial trauma and recovery-oriented principles.-Increase and enhance organization’s ability to prevent, identify, and appropriately respond to workforce concerns/stressors.-Enhance current HR hiring and employee management practices to reflect principles rooted in equity and inclusivity and apply those principles on the activities of training, hiring and self-care. | **Actions:**-The OnPoint Diversity and Inclusion Alliance (DIA)will submit a quarterly report to the QI Council (QIC) on education and training opportunities offered to the organization, as well as other areas for improvement identified by the committee.-The QIC will provide feedback and improvement ideas to DIA, as needed.-The OnPoint Quality Improvement Department will work in collaboration with the HR Department to review existing forms, policies, and procedures to ensure inclusivity and equity in hiring practices across the organization. Outcomes will be reported to QIC on a quarterly basis.**Success Measure:**-80% of HR forms to be reviewed/revised by 9/30/2023.-At least 80% of Staff to receive additional training at a completion/pass rate of 80% . | Diversity and Inclusion Alliance, Quality Improvement Committee, HR. | 9/30/23 |
| **Goal #4** | **Objective(s)** | **Action(s)/****Success Measure(s)** | **Responsible Party** | **Target Date** |
| **Establish a consistent process of reviewing, trending, and reporting Incident and Accident event data to stakeholders on a quarterly basis.**  | OnPoint will actively synthesize data from reported incidents/events to identify potential issues and create a plan of action for areas in need of quality improvement. | **Actions:**-Working collaboratively with the OnPoint Office of Recipient Rights, the OnPoint Quality Improvement Department will develop processes to analyze data and identify potential trends discovered from reviewing incident and accident reports.-Data from Contracted/Service Providers will also be analyzed separately and recommendations will be made, as needed.**Success Measures:**-90% of reports will be reviewed on a quarterly basis. -75% of issues identified will reviewed for potential quality improvement activities. | Quality Improvement Staff, Recipient Rights Staff, HR | 9/30/23 |
| **Goal #5** | **Objective(s)** | **Action(s)/****Success Measure(s)** | **Responsible Party** | **Target Date** |
| **The OnPoint Quality Improvement Department and Quality Improvement Council will stay current and compliant with identified performance indicators, accreditation and regulatory standards.** | -Improve monitoring and communication of accreditation, regulatory, and performance standards. -Ensure knowledge of current accreditation standards and changes within the CARF manual. | **Actions:**The QI Council will create a Reporting Matrix/Schedule for monthly review of quality data (e.g., MMBPIS, Encounter Data, Incident Reports, Regional Reports). **Success Measure:**-Reports will be reviewed at each QI Council meeting.-Improvement opportunities and projects will be identified from auditing results and outcomes.  | QI Department, QI Council | 9/30/23 |

1. Adapted from “Selecting Process Measures for Quality Improvement in Mental Healthcare,” Richard C. Hermann, M.D., M.S. H. Stephen Leff, Ph.D. and Greta Lagodmos, B.A. Center for Quality Assessment and Improvement in Mental Health [↑](#footnote-ref-1)