

GIHN, as a leading behavioral health provider, will continuously strive to promote meaningful relationships, services, and activities where staff and persons served will lead full and healthy lives in which they feel supported, valued, and heard.

GIHN

Quality Improvement Plan
Fiscal Year 2024 October 1st
2023- September 30th 2024

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I. INTRODUCTION

Gratiot Integrated Health Network (GIHN) places quality integrated services at the core of its mission. GIHN is committed to improving the health and well-being of Gratiot County residents. Agency resources focus on opportunities to improve performance following internal and external standards in collaboration with Mid-State Health Network (MSHN), the Michigan Department of Health and Human Services (MDHHS), GIHN service programs, and the GIHN Provider Network. GIHN's quality improvement initiative is supported by the Board of Directors and agency leadership's commitment to quality care for consumers. This plan provides an overview of progress on quality improvement initiatives in FY23 as well as the areas of focus for fiscal year 2024. GIHN continuously assesses service delivery, identifies areas of improvement, provides necessary resources, and implements quality changes driven by engaged staff.

In each quality improvement initiative, it is GIHN leadership's expectation that key findings in the analysis will lead to improvements that align with agency values of bringing better health outcomes and better care at lower costs to our community. As areas for improvement are identified, performance improvement teams or workgroups are formed to design and implement improved practices.

It should be noted that this plan is also different than our Prepaid Inpatient Health Plan (PIHP) Quality Assurance and Performance Improvement Plan (QAPIP), which Gratiot Integrated Health Network fully complies. The QAPIP addresses how quality is assured. Quality improvement embodies a philosophy and values. Quality assurance practices are the methods utilized to assure quality in process.

This Quality Improvement Plan covers the period of 2023-2024 to align with our QI program cycle. The achievements will be updated by GIHN's Quality Improvement Director throughout the period.

II. CLINICAL FOCUS AREAS

In Fiscal Year 2023-2024 there is a total of four focus areas for clinical priorities and quality improvement priorities: Staff Performance, Provision of Evidence Based Practices, Zero Suicide and Integrated Care.

<u>Staff Performance</u>	<u>Goals</u> <ul style="list-style-type: none"> • Improve documentation and quality of assessment <ul style="list-style-type: none"> ○ Diagnostic rationale ○ Clinical disposition ○ Level of care and medical necessity • Improve documentation and quality of treatment plans <ul style="list-style-type: none"> ○ Align GIHN's person centered planning and processes with best practices published by MDHHS ○ Write effective life worth living goals ○ Measurable objectives ○ Clear interventions that include amount, scope and duration
	<u>Achievements</u> <ul style="list-style-type: none"> • Provided staff training on of assessment manuals updates • Diagnostic guidance provided • Review of completed assessments • Monitoring of productivity and timeliness standards • Development of department specific performance measurements • Embedding review of reports in supervision: <ul style="list-style-type: none"> ○ Show rate report ○ Case staffing timeliness report • Published supervisor dashboard showing multiple measurements for staff performance • Published staff dashboards to help highlight actionable items to improve staff performance

<u>Provision of Evidence Based Practices (EBP)</u>	<u>Goals</u> <ul style="list-style-type: none"> • Adoption of a dissemination and implementation science framework for EBPs • Clinical staff trained in at least one EBP, evidence-informed practice, or promising practice • Improvement in referral pathways to EBP best suited to diagnosis
	<u>Achievements</u> <ul style="list-style-type: none"> • EBP Dissemination and Implementation Policy published • EBP leads assigned • Scheduled reports to Service Review Committee (SRC) on use of each EBP being implemented

<u>Zero Suicide</u>	<u>Goals</u> <ul style="list-style-type: none"> • Improve suicide prevention quality care • Measuring impact of Zero Suicide Care Pathway through monitoring of utilization and outcomes at Service Review Committee, annual Zero Suicide Organizational Self-Assessment, adding membership of persons with lived experience of suicide to implementation group
	<u>Achievements</u> <ul style="list-style-type: none"> • Convene multi-discipline zero suicide implementation workgroup • Published Zero Suicide Policy • Provided training on safety planning and restricting access to lethal means • Implementation of the Zero Suicide Care Pathway • Two staff trained in “train the trainer” Assessing Suicide and Managing Risk (ASMR) model • Completion of ASIST trainings

	<ul style="list-style-type: none"> • Partnered with Child Advocacy to apply for Local Outreach to Suicide Survivors (LOSS) grant to establish a local group • Partnered with Child Advocacy to support implementation of Survivors of Suicide support group • Improved oversight of post hospital discharge guidelines to monitor compliance by staff and by team which has resulted in improved compliance with performance standards
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<u>Integrated Care</u>	<u>Goals</u> <ul style="list-style-type: none"> • Fully implemented integrated care
	<u>Achievements</u> <ul style="list-style-type: none"> • Behavioral Health Home Certification • Implementation of agency-wide weekly care coordination hour • Introduced care team huddle best practices to supervisors • Enrolled in DECIPHER study • Created streamlined referral process with MyMichigan Ithaca Family Practice for primary care referrals <u>Next Steps</u> <ul style="list-style-type: none"> • Care Coordination Procedure refresher training to all staff • Introduction of care team huddle best practices to all staff • Implementation of DECIPHER interventions • Deploy Integrated Health Dashboard

GIHN's previous clinical focus areas that were met in 2023 were increasing the focus of clinical supervision; and ensuring that GIHN's trauma informed system was providing services and supports in a way that emphasized the physical and emotional safety of those we serve and co-workers.

A. Additional Incentives and Accomplishments

White Board Project: Creation of the White Board project led to more efficient processes and provided staff the ability to request process improvements. The White Board Project led to 41 different process improvements for fiscal year 2022 and fiscal year 2023. Examples of achievements include:

- Inclusion of logic to pre-populate mental health history from previous mental health episodes,
- Developing and building a medical records queue and records request form,
- Addition of evidence-based practice (EBP) drop downs in progress notes to identify what EPB was used in session,
- Deployment of Dialectical Behavioral Therapy surveys into our EMR,
- Implementation of referral pathway to Veteran Navigator specialist,
- Embedding youth and adult Trauma Assessment in EMR,
- Embedded Person-Centered Plan training records
- Multiple revisions of care coordination, outreach and no-contact letters
- Added recorded trainings to help staff understand Adverse Benefit Determinations
- Amendments to the Adverse Benefit Determinations
- Created jail services progress note
- Deployment of Staff Dashboards
- Deployment of Performance Portfolio Dashboards
- Improvements to the Intake Assessment
- Creation of the new Health Assessment that includes Social Determinates of Health screening
- Addition of Behavioral Health Home progress note
- Added enhancements to progress notes to include what Evidence Based Practice was used during session
- Addition of modifiers to help with group coding
- Preferred name update

Joy In Work: In December of 2022 GIHN's Joy In Work team completed 18 months of learning, convening, and coaching. The Learning Network's goal was intended to improve joy in work, increase colleague engagement, and sense of meaning and connection to purpose, and to improve overall quality of care and experience for staff and patients. The Joy in Work team was able to complete:

- "What Matters to You" conversations with the entire staff at GIHN
- The conversations that came from "What Matters to You" conversations facilitation two driver diagrams to help guide the team priorities
- Sent out monthly Mini-Z surveys to measure staff burnout
- Good Day Measure for 2 weeks
- Multiple other staff engagement activities over the course of the 18 months

2023 Joy in Work activities:

- Increased the group from 4 staff to 14 staff in 2023

- Continued to go through driver diagrams to guide our focus areas
- “What Matters to You” conversations will occur in March of 2024
- Staff engagement activities included: staff salad bars, recognition tree, gratitude prompts, and 12 days of holiday cheer

Performance Improvement Projects (PIP): GIHN was able to complete 2 PIPs that began in Fiscal Year 2022 but were deployed in Fiscal Year 2023. The main goal of the performance portfolio PIP was to decrease the emphasis on productivity, emphasize more team-based performance measures, emphasize more meaningful measures (outcomes, satisfaction), and to flip the script to incentives for performance achievement. In the beginning of the PIP with staff it was evident that the staff needed something additional to the overall goal of the PIP. It was found that staff had been keeping track of multiple items, manually, on excel spreadsheets or word documents because the widgets in our Electronic Medical Record (EMR) were not always accurate or helpful. The PIP staff determined what measures would be helpful in a staff dashboard that could be used each day. There were two main purposes of the staff dashboard one was to be actionable, and the other was to be user-friendly. The staff dashboard was developed with GIHN’s data analyst in 2022 and deployed in 2023.

The supervisor view of the performance portfolio is similar in design and functionality but have a variety of different measures that include direct service hours, caseload size and weight, indirect service hours, status of first service appointments after initial intake assessment, 1st service timeliness, collaborative documentation timeliness, progress note timeliness, community/office standard, show rate percentage, staff progress note satisfaction, and hospital discharge follow-up. These measures were scored for importance by the staff in the PIP as well as supervisors to each program. The performance portfolio dashboard was deployed in the summer of 2023. The Director of Quality Improvement and Data Analyst has held multiple data labs throughout 2023 to demonstrate the importance of using the dashboard.

At the end of 2023 GIHN recognized there was room for improvement on our answer rate for access calls. The access PIP was created with the goal to increase answer rate and decrease call abandonment rate. The overall aim is to increase the quality of our access process for the consumers served. The access PIP implemented a few changes that included creating call groups so that each call coming in was ringing for multiple available access workers. GIHN’s access supervisor and clinical director researched national call center standards and began a pilot within the access team. GIHN was able to fill an open access/crisis position with master level clinician to allow for greater flexibility with covering intake assessments and having staff available to answer access calls. The pilot is going through the “Plan Do Study Act” cycle and has had immediate improvements in the call rate in the first quarter of fiscal year 2024.

MDHHS requires the PIHP to complete a minimum of two performance improvement projects (PIP) per waiver renewal period. The QIC chooses performance improvement projects based on the methodology described in Section VI Performance Management of this document which includes but is not limited to the analysis of data, analysis of process, satisfaction, and/or outcome trends that may have an impact on the quality of service provided. Once chosen, a recommendation is made to the MSHN Operations Council for approval. The PIP is presented to relevant committees

and councils for collaboration during the duration of the PIP. One of the two is chosen by the department based on Michigan's Quality Improvement Council recommendations. This project is approved by MDHHS and subject to validation by the external quality review (EQR) organization, requiring the use of the EQR's form. In alignment with the MDHHS Comprehensive Quality Strategy, MDHHS has elected the focus of the PIP topic for FY22-FY25 to include the reduction of existing racial or ethnic disparities in access to healthcare or health outcomes. MSHN has approved the following Non-clinical Performance Improvement Project to address access to services for the historically marginalized groups within the MSHN region:

Study Topic - Improving the rate of new persons who have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment and reducing or eliminating the racial or ethnic disparities between the black/African American population and the white population.

Study Question - Do the targeted interventions reduce or eliminate the racial or ethnic disparities between the black/African American population and the white population who have received a medically necessary ongoing service within 14 days of completing a biopsychosocial assessment?

The second or additional PI project(s) is chosen by the PIHP. MSHN QIC has recommended and MSHN Operations Council has approved the following Non-clinical Performance Improvement Project to ensure time access to treatment:

Study Topic - The racial or ethnic disparities between the black/African American penetration rate and the index (white) penetration rate will be reduced or eliminated.

Study Questions - Do the targeted interventions reduce or eliminate the racial or ethnic disparities in the penetration rate between the black/African American penetration rate and the index (white) penetration rate?

Performance is reviewed as outlined in the performance improvement project description to ensure significant improvement is sustained over time. The summary is submitted to the external quality review organization for a validation review, and to MDHHS through the QAPIP Annual Report and upon request.

Behavioral Health Home: In December of 2023 GIHN began enrolling members into our Behavioral Health Home known as the Encompass Team. The Behavioral Health Home (BHH) is a benefit for Medicaid, Healthy Michigan Plan and MI Child enrollees. The Encompass Team of healthcare providers at GIHN work with consumers to coordinate, support, and help manage health care and social needs. The benefit includes comprehensive care management, coordinated care tailored to specific needs, health promotion educations and resources, transitional care assistance among various health care settings, individual and family support, referrals to appropriate community and support services, access to a team of health care professionals, and assistance in health care decision-making.

Youth Mobile Crisis: In August of 2023 GIHN was awarded the Youth Mobile Grant for fiscal year 2024. This grant allows GIHN to expand youth mobile response services to youth regardless of payor. Intensive Crisis Stabilization Services (ICSS) youth mobile services and any other medically necessary services are provided to youth age 0-21 residing in Gratiot County that are experiencing a behavioral health crisis. Any youth or family calling in to request crisis support are offered youth mobile intervention when appropriate. The mobile crisis response program provides the following services at no cost to families: immediate crisis intervention for mental health and substance abuse issues, family support and guidance in difficult situation related to mental health and substance abuse, referral to community resources, flexible and individualized service, clinical assessment including suicide lethality, assistance in developing safety/crisis plans, follow-up care as needed, consultation of other professionals, and public safety consults and community interventions. The goals of the youth mobile crisis team is to respond immediately to children and families during times of behavioral/mental health crisis, support and maintain youth in their home and community environment, promote safe behavior in youth in their homes and community, reduce admissions to Emergency Departments due to behavioral health crisis, facilitate short-term inpatient psychiatric hospitalization when needed, and assist youth and families in accessing and linking to on-going support and services.

III. STRATEGIC PRIORITIES



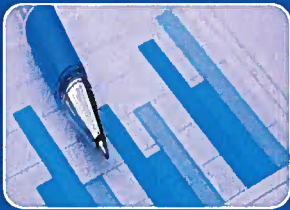
CONSUMER FOCUSED and increasing consumer input to inform decisions, offering multiple treatment modalities to best meet consumer preference and need, providing the highest quality trauma treatment, increasing education on the behavioral health system for consumer, staff and community and assuring equity in service provision and quality across diverse populations.



A LEADING AND COMPETATIVE EMPLOYER OF CHOICE to ensure successful implementation of HR processes to support healthy workforce, employ a highly trained and equipped workforce, to promote and sustain an inclusive culture where our unique differences drive solutions.



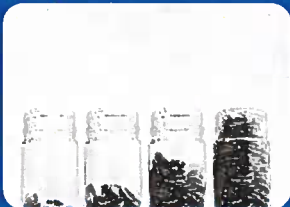
THE BEHAVIORAL HEALTH PROVIDER OF CHOICE IN GRATIOT COUNTY by promoting a culture of care coordination and team-based treatment, implantation of a full crisis continuum, streamlining access processes in the community, and promoting a robust benefit for all populations.



INNOVATIVE AND DATA DRIVEN by creating a meaningful and balanced measurement portfolio, increasing the utilization of Evidence Based Practices, supporting a culture of staff driven suggestions to lead to change initiatives.



Being **A HELPFUL COMMUNITY PARTNER** by supporting positive working relationships and expanding staff presence in the community.



Being **RESPONSIBLE FISCAL STEWARDS** by exploring alternative funding streams to assure long-term financial success, increasing budgetary transparency, and investing in technology and infrastructure.



Vision

GIHN, as a leading behavioral health provider, will continuously strive to promote meaningful relationships, services, and activities where staff and persons served will lead full and healthy lives in which they feel supported, valued, and heard.

Mission

Empowering and improving our community by providing high quality behavioral health services and supports that are integrated, collaborative, person-centered, and innovative.

Values

The following values reflect that of the Gratiot Integrated Health Network, relative to services provided to clients, employees, and other community agents.

Diversity: We are committed to supporting a diverse multi-cultural environment where individual differences are valued, and everyone is recognized as having the ability to contribute to our community.

Quality: We are dedicated to the delivery of quality person-centered services. We strive to provide services which meet the dreams, desires, and needs of our consumers.

Integrity: We are committed to treating all individual with dignity and respect. Everyone is responsible to conduct themselves in an ethical manner and are accountable for their actions.

Communication: We promote the open, honest, and supportive exchange of ideas and knowledge that facilitates growth and improves the quality of services.

Teamwork: We encourage participation between our consumers, staff, family and community members to address issues and opportunities, making shared decisions.

IV. PHILOSOPHY

The Quality Improvement philosophy includes monitoring processes for the purpose of continual improvement. It consists of creating systems to measure quality services, processes, relationships, and outcomes. The philosophy recognizes that customers, internal, and external are the ultimate judges of success. Inherent in an effective Quality Improvement system, is a positive view of people and their desire to do a good job. Most "problems" in any organization are caused by faulty process, not faulty people. Supporting people within the organization facilitates pride in work, and overall improves services.

Everything we do should be intended to improve or enhance behavioral health care and services. The provision of services is the cooperative result of many individuals, departments and organizations working together with clinical, management, fiscal and other support systems. Consequently, quality improvement efforts need to include all those who are part of the process.

All work involves the execution of processes, which have a direct impact on outcomes. An important aspect of quality improvement entails examination of the processes at work and exploring ways to enhance or improve a process through the involvement of everyone in that process. Such efforts reduce variation, duplication of effort, and improve customer satisfaction. Improving processes improves outcomes.

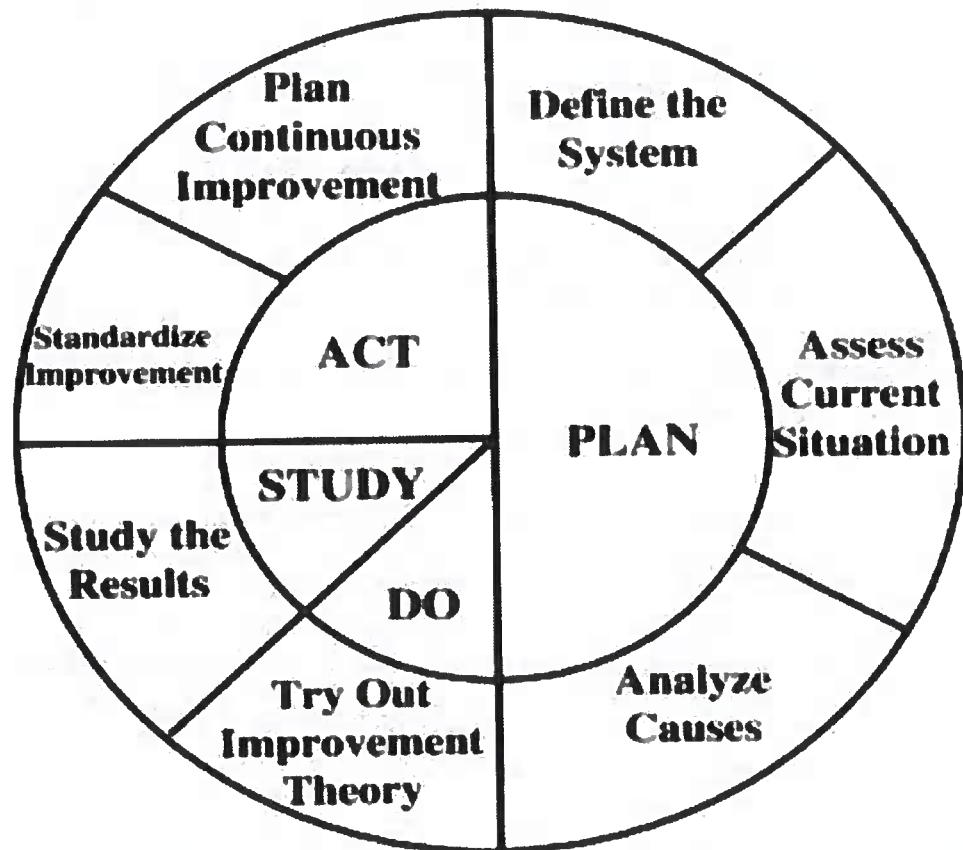
Processes exist to produce outputs or services which meet the needs of someone. In Quality Improvement theory, those who provide a service are called suppliers; those who benefit from the service or process are called customers. In any given day, we are all customers and all suppliers; and GIHN strives to exceed customer expectations. As an organization goes about carrying out its processes, it should continually seek to determine who the customer of the process is, and work to provide the greatest benefit to the customer.

Data is used to inform decision making throughout GIHN. Clinicians, supervisors, and the QI/UM department monitor treatment outcomes. Supervisors ensure the timeliness of processes, optimize efficiency, and maximize productivity. Leadership and governance use key measures to manage risk, ensure safety, and track achievement of organizational strategies. GIHN supports MSHN's overall philosophy governing its local and regional quality management, and performance improvement which can be summarized as follows:

1. Performance improvement is dynamic, system-wide, and integrated
2. The input of a wide-range of stakeholders – board members, clients, providers, employees, community agencies and other external entities, such as the Michigan Department of Health and Human Services, are critical to success
3. An organizational culture where staff are comfortable reporting errors and system failures, and leaders see information as the means to improvement, is important and encouraged
4. Improvements resulting from performance improvement initiatives must be communicated throughout the organization and sustained
5. Leadership must establish priorities, be knowledgeable regarding system risk points, and act upon sound data

V. QUALITY IMPROVEMENT MODEL

GIHN focuses on Quality Science that includes the Performance Improvement Plan Development and Implementation Cycle. The Plan-Do-Study-Act (PDSA) provides a precise method for committees, workgroups, and performance improvement plan developers to focus their efforts.



Three underlying questions should be kept in mind during the use of the PDSA cycle to develop improvement ideas and plans.

- A. What are we trying to accomplish?
 - This should be time-specific and measurable
 - Define the specific population to be affected
- B. How will we know that a change is an improvement?
 - Determine quantitative measures that will allow demonstrable change leading to improvement
 - Use a balanced set of measures for all improvement efforts; measures include:
 - Outcome Measures: How is the system performing? What is the result?
 - Process Measures: Are the parts/steps of the system performing as planned?
 - Balancing Measures: Are changes designed to improve one part of the system causing new problems in other parts of the system?

C. What changes can we make that will result in improvement?

- All improvements require change: not all changes results in improvement
- Identify changes most likely to result in improvement

PLAN:

1. Define the current situation or system: understand the processes for systems that will be improved; state the objective of the test; gather baseline data for definition of the system.
2. Assess the current situation: Gather data to describe the processes as they are currently working; make predictions about what will happen and why
3. Analyze causes: identify causes of the variation or problems and develop theories to address these (Who? What? When? Where?)

DO:

1. Try out theory for improvement of the current situation or system: test on a small (pilot) scale
2. Document problems and unexpected observations
3. Begin analysis of the data

STUDY:

1. Study the results: determine the impact of the intervention using quantitative data; compare resulting data to predicted results
2. Summarize and reflect on what was learned

ACT:

1. Standardize the action: if the theory for improvement tested successfully, apply it more widely, throughout the system; if not, refine the change—determine what modifications should be made
2. Plan for ongoing improvement: continue to gather data and monitor the process for continuous quality improvement or select another process to address.

VI. ORGANIZATIONAL STRUCTURE

The Quality Improvement Plan defines monitoring and evaluation of processes, systems, functions, and outcomes related to all consumers, staff, and service delivery provided by the agency directly or by contract through the GIHN Provider Network (Addendum D). The GIHN Quality Improvement Plan includes delegated functions of the Pre-Paid Inpatient Health Plan (PHIP) MSHN in support of the MSHN QAPIP (Addendum E).

VII. REQUIREMENTS RELATED TO PERFORMANCE IMPROVEMENT

A. Commission for the Accreditation of Rehabilitation Facilities (CARF)

As part of GIHNs' contract with MDHHS, and to promote quality clinical and administrative services, GIHN has pursued accreditation for several years from an external entity. It was determined that CARF's mission- *to promote the quality, value, and optimal outcomes of services through consultative accreditation processes and continuous improvement services that center on enhancing the lives of the persons served* - fit well with the mission, vision, and values of GIHN. In September of 2013, GIHN successfully achieved its first 3-year accreditation

through the Commission for the Accreditation of Rehabilitation Facilities (CARF). GIHN's most recent CARF accreditation was extended through September 30, 2025.

CARF accreditation decision noted "Gratiot Integrated Health Network (GIHN) demonstrated substantial conformance to the standards. GIHN is considered an essential part of the communities it serves. The organization's leadership and staff members are passionate about implementing person-centered planning and meaningful supportive services to help consumers achieve their individual goals. Consumers, the staff, and other stakeholders report professionalism, responsiveness, and care among the organization's strengths".

GIHN is proud to be accredited by CARF in the following areas:

Assessment and Referral: The Access Program provides formal screening and assessment when an individual/family/guardian presents with a request for community mental health services. The screening may be conducted face-to-face or by telephone.

Case Management: The Community Supports Program provides Case Management and Supports Coordination services offering assessment, planning, linkage, advocacy, and coordination/monitoring to assist individuals in gaining access to needed services.

Crisis Intervention: The Crisis Program offers crisis evaluation, intervention by phone or face-to-face 24 hours a day, 7 days a week for any individual who is experiencing a behavioral health emergency.

Intensive Family-Based Services: The Outreach Program offers Home Based, Infant Mental Health, Wrap-Around, and Juvenile Justice services consisting of individual, family and/or group therapy, case management, crisis intervention, family collateral contacts, substance abuse referral, and training in social skills and parenting skills.

Outpatient Therapy: The Recovery Program includes individual, family, and/or group therapy using agency approved therapeutic methods including Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Trauma Focused Cognitive Behavioral Therapy, Motivational Interviewing, and other.

B. GIHN Report Cards and Agency Trend Report

GIHN is committed to the ongoing evaluation and quality improvement of services rendered to our consumers. To ensure quality management, GIHN will compile and review Quarterly Performance Indicator Reports and share those results with our consumers, staff, stakeholders, and community members. These reports allow for comparison of data, analysis of results and implementation of changes and improvements, where needed (Addendum A, B, & C). Any measures falling below established benchmark will require specific recommendations and plan for improvement. Performance indicators will target the service delivery of key GIHN programming and business functions to include the evaluation of effectiveness of services, efficiency of services, service access, and satisfaction/input from consumers and stakeholders.

C. Cultural Diversity, Inclusion and Equity

GIHN has an ongoing commitment to linguistic and cultural competence that ensures access and meaningful participation for all people in the GIHN service area. Such commitment includes acceptance and respect for the cultural values, beliefs, and practices of the community, while competence is demonstrating the ability of our providers, and the organization, to effectively deliver services to persons with diverse values, beliefs, and behaviors, including tailoring delivery of those services to meet their social, cultural, and linguistic needs.

GIHN requires a minimum of annual training for all staff and providers in cultural competence. Ongoing staff training and conversations help staff to understand, appreciate and respect differences and similarities in beliefs, values, and practices within and between cultures, and within the organization and the community.

D. Trauma Informed System of Care

In compliance with MDHHS Trauma Policy, GIHN has adopted a trauma informed culture and the development of the trauma informed system of care ensuring safety and preventing re-traumatization. GIHN develops and embeds screening tools to assess each population for trauma, adopts approaches to address secondary trauma for staff and utilizes trauma evidence-based practices (such as Trauma Focused Cognitive Behavioral Therapy) or trauma-informed practices (such as Dialectical Behavior Therapy, Parent Management Training Oregon) to support a trauma informed culture. An organizational assessment is completed every three years to evaluate the extent to which GIHN policies and practices are trauma informed. Organizational strengths and barriers, including assessment of the building and environment to prevent re-traumatization, are identified through this process for further improvement efforts.

E. Health and Welfare

GIHN assures the health and welfare of its service recipients through service delivery by establishing standards of care for individuals served. These standards of care are evidenced in individual program standards, performance measures, assessment practices, service protocols, and monitoring and auditing practices. GIHN ensures these standards are consistently provided in a manner that considers the health, safety, and welfare of not just persons served, but also their family, providers, and other stakeholders.

Other practices include:

- Maintaining an established Recipient Rights Office and Customer Service staff.
- Using various types of background checks, credentialing process, approved training curriculums for providers, monitoring and auditing practices of providers and services, including utilizing sanctions or termination for those consistently not meeting standards
- Reporting and analyzing adverse events and identified risk factors.
- Maintaining an effective infection control plan.
- Maintaining comprehensive policies and procedures related to medication prescribing, consent, monitoring of side effects and documentation.
- Implementing a comprehensive emergency response system; including staff training and drills.

- Collecting information on consumers health conditions, health status and current health care providers; providing integrated health services and coordinating care with other health care providers.

GIHN, as a member of MSHN's Utilization Management Council, monitors population health through data analytics to identify adverse utilization patterns and to reduce health disparities.

F. Adverse Events

To assure and maximize safe clinical practices and stress the importance of member safety, GIHN has established processes to effectively:

- Identify and report the occurrence of critical health and safety incidents.
- Evaluate the factors involved which caused critical health and safety incidents.
- Identify and implement actions to eliminate or lessen the risk of critical health and safety incidents from future occurrence; and,
- Review aggregate data to identify possible trends

Individuals involved in review of adverse events shall have the appropriate credentials to review the scope of care. Events are reviewed and addressed individually by supervisors and staff as appropriate for event specific follow-up and identifying improvements and preventative actions. Events are also reviewed as aggregated data reports in GIHN committees for the purpose of identifying trends, actions for improvements and results of improvements taken, necessary education and training of personnel, and prevention of recurrence.

Sentinel event reporting procedures, including review, investigation, completion of root cause analysis and follow up will be accordance to applicable guidelines issued by regulatory agencies.

G. Stakeholder Experience/Engagement

GIHN values the opinions of individuals we serve, their families, and other stakeholders are essential to identify ways to improve process and outcomes. Surveys are an effective means to obtain input on both qualitative and quantitative experiences. GIHN is required to produce an annual survey using a standardized survey or assessment tool. The tools vary in accordance with service population needs, address quality, availability, and accessibility of care. GIHN provides consumers with the opportunity to provide feedback on the services that were provided during each visit.

Surveys used to assess stakeholder and member experiences include but are not limited to the following:

- Mental Health Statistics Improvement Program (MHSIP)- Adults with a mental illness
- Youth Satisfaction Survey (YSS)- Youth with severe emotional disturbances
- Home and Community Based Services Survey- individuals receiving long term supports and services
- National Core Indicator Survey- individuals receiving long term supports and services
- Appeals and Grievance Data and customer complaints
- Satisfaction of services during each service rendered
- Community Needs Assessment survey

The aggregated results of the surveys and/or assessments are collected, analyzed and reported by MSHN to the QI Council, Regional Consumer Advisory Council, and other relevant committees/councils, who identify strengths, areas for improvement and make recommendations

for action and follow up as appropriate. GIHN satisfaction of service delivery is collected and reviewed internally by staff.

H. Utilization Management (UM)

GIHN has policies and procedures to evaluate medical necessity and processes for monitoring potential under- and over-utilization of services through prospective, concurrent, and retrospective reviews. Reviews are completed by staff with appropriate clinical expertise with decisions to deny or reduce services made by qualified health professionals. Rationale for decisions is clearly documented and available to the consumer. GIHN is developing the first local UM Plan rather than adoption of MSHN's UM Plan. Appeal mechanisms exist for both providers and consumers. Notification of review decisions include a description of how to file an appeal.

I. Behavior Treatment Review

As per the MDHHS Behavior Treatment Technical requirement, GIHN together with the PIHP, collects and aggregates data on events and interventions on a quarterly basis. GIHN provides quarterly Behavioral Treatment data reports, whereby GIHN can compare itself to affiliate and MSHN averages. Improvement actions are identified regionally and locally. The GIHN Behavior Treatment Plan Review Committee reviews this data quarterly and makes recommendations or acts on improvements as indicated.

J. MDHHS Mission Based Performance Indicator System

MDHHS requires reporting on indicators for the Michigan Mission Based Performance Indicator System, with indicators covering four domains of quality identified as access, adequacy/appropriateness, efficiency, and outcomes. Aggregated performance indicator data is submitted quarterly to the PIHP for submission to MDHHS. Quarterly consultation drafts are provided by MDHHS on most indicators allowing CMHs to compare their performance to other CMH's across the state.

K. Medicaid Event Verification

As mandated by MDHHS, the PIHP conducts Event Verification process of the CMHSPs. MSHN two audits annually to review claims and the claims reporting processes. As additional verification, GIHN conducts its own internal Event Verification processes twice annually that duplicate MSHN's review of claims, as well as conducts internal audits during regular business to ensure completeness of documentation and billing. GIHN works closely with MSHN to identify and correct errors, as well as improve claims reporting processes. GIHN identifies trends of issues, following up with staff and contracted providers to make improvements to practices where indicated.

VIII. ADDENDUMS

- A. Agency Trend Report FY2023**
- B. GIHN Access and Crisis Report Card FY2023**
- C. GIHN Program Report Card FY2023**
- D. GIHN Meeting Structure**
- E. MSHN Quality Assessment and Performance Improvement Program (QAPIP) Annual Plan FY2024**

