

COMMUNITY MENTAL HEALTH AUTHORITY BOARD

It is the mission of the Community Mental Health Authority (CMHA) Board to enhance the quality of life for our community by offering comprehensive behavioral health services in a trauma-informed culture of care, promoting integrated healthcare, recovery, and community inclusion. It is the ultimate goal of all services provided or contracted by the Authority to assist all residents of Michigan to attain or to maintain the capacity to participate in the opportunities, benefits, and responsibilities of society.

CMH Authority Board: The CMH Authority Board consists of 12 members appointed by the Gogebic County Board of Commissioners pursuant to the Michigan Mental Health Code. Two (2) primary and two (2) secondary consumers were added to the Board per the Mental Health Code changes of 1996.

The Board meets monthly and works with a number of sub-committees that research/study various issues and make recommendations to the full CMHA Board for final action. Sub-committees include: Personnel, Finance, Nominating/By-Laws Review, and Steering/Building & Grounds. In addition, there is Board member representation on the agency's Recipient Rights Advisory Committee, the agency's Consumer Advisory Council, the NorthCare Network Governing Board, and the NorthCare Network Customer Services Committee.

FY 18 Board members included Steve Thomas, (Chairperson), George Beninghaus, (Vice Chairperson), Robert Lynn, (Secretary/Treasurer), Patricia Crabtree, Valerie Swanberg, Dan Siirila, Ken Wegmeyer, Colleen Kichak, Carrie Braspenick, Margaret Rayner, Joe Bonovetz, and Donald Pezzetti.

Chief Executive Officer: The CEO is responsible for the overall day-to-day operation of CMHA Board-operated services including: all personnel, contracted services, planning, policy development, risk management, training, quality assurance, capital outlay, and physical plant improvements.

The CEO is hired and employed by the CMHA Board. The CEO has direct supervision over three department directors: Clinical Services, Board Administration, and Community Services. The CEO also has direct supervision over the positions of CMHA Board's Administrative Assistant/Quality Improvement Coordinator, Recipient Rights Officer/Contract Manager, Management Information Systems staff, the Human Resources Coordinator, and the Maintenance Coordinator.

Under the direction of the CMHA Board of Directors, the CEO is responsible for the overall administrative operations of the County-wide comprehensive community mental health system. The CEO executes and administers CMHA programs in accordance with all applicable procedures, regulations, and provisions outlined by the Michigan Mental Health Code as it exists or amended. The CEO is responsible for planning, budgeting, and general policy guidelines established by the Board as well as administration of the full master contract with the Michigan Department of Health and Human Services and other contracts and conditions as appropriate. The CEO supervises, coordinates, and directs work of the department directors as needed. The CEO oversees agency-wide strategic planning, program development, and Board Committee work as assigned. The CEO ensures compliance with all clinical and administrative policies, directives, and procedures of CMHA.

Finance Director: The Finance Director is responsible for all financial reporting and preparing the agency budget in coordination with the CEO and the management team. The Finance Director is responsible for the Board Administration and Finance Departments and its personnel; this includes Medical Records, Accounts Payable, Payroll, Accounts Receivable, Purchasing, and Administrative Service Professionals.

Clinical Services Director: The Clinical Services Director is responsible for services for adults with a serious mental illness, children with serious emotional disturbance and/or intellectual/developmental disabilities, and/or co-occurring disorders. The Clinical Services Director oversees all programs within the outpatient/clinical services department and ensures that services provided meet contractual requirements. The Clinical Services Director directly supervises the Child and Family Clinical Supervisor, the Assertive Community Treatment Supervisor, the Adult Case Management/Community Supports Supervisor, outpatient therapy and assessments, and oversees contracted medical/specialty services including psychiatrists and the agency physician.

Community Services Director: The Community Services Director is responsible for services for individuals with intellectual/developmental disabilities. The Community Services Director supervises the Community Services, Rehabilitation, and Residential Services programs, and staff working within those programs. The Community Services Director oversees the specialty contracts for Physical Therapy services, Occupational Therapy services, and Board Certified Behavior Analyst services, and the Behavior Psychologist. The Community Services Director is responsible for overseeing services to all individuals with intellectual/developmental disabilities who reside out of county as well as the agency's Habilitative Supports Waiver Coordinator.

Recipient Rights: The Recipient Rights Officer (RRO) is responsible to assure that agency policy and practices are in compliance with State Office of Recipient Rights Guidelines. The RRO is charged with protecting the rights of recipients by providing rights training, investigating reported rights violations, and reviewing all incident reports. The RRO shall initiate investigation of apparent or suspected rights violations in a timely and efficient manner. The RRO shall complete the investigation no later than 90 days after it receives the rights complaint. The RRO shall determine whether a right was violated by using the preponderance of the evidence as standard of proof. The RRO shall issue a written status report every 30 calendar days during the course of the investigation, submitted to the complainant, the respondent, and the responsible mental health agency. Upon completion of the investigation, the RRO shall submit a written investigative report to the respondent and the responsible mental health agency. Within 10 business days of the investigative report, a summary report will be prepared and sent to the complainant and recipient and guardian (if recipient has a guardian). The RRO conducts the quarterly Recipient Rights Advisory Committee meetings.

- ◆ The RRO also chairs the Safety and the Wellness committees and coordinates wellness activities for CMHA and the Serenity Center.
- ◆ The RRO also serves as the Contract Manager (CM); the CM is responsible for the management of Gogebic CMHA's contracts and the contracting process and is the liaison between Gogebic CMHA and contractors/vendors. The CM leads contract procurement through the competitive bid process and prepares contracts according to policies and procedures. The CM participates in CMHA and contracted site reviews to assure compliance with licensing, rights, etc. The CM also functions as the Board of Financial Responsibility liaison for inter-county agreements. The CM sits on the Regional Provider Contract Workgroup (NorthCare committee) and the Regional Contract Manager Committee (consists of Northern Michigan below the bridge and the Upper Peninsula).

Human Resources (HR) Coordinator: The HR Coordinator assists the CEO in coordinating all areas of agency HR functions such as recruitment, employment, placement, wage and salary administration, union negotiations, and training concurrent with agency policies. The HR Coordinator is responsible for agency personnel matters including files, laws, policy/procedures, compensation/fringe benefit plans and the like, as well as coordinating agency efforts toward EEOC, FMLA, ADA, FLSA, OSHA, COBRA, and HIPAA compliance. The HR Coordinator also monitors and facilitates the agency's health insurance, worker's compensation program, unemployment claims, other benefits administration, and maintains, develops, and implements all employee records and information as well as compiles, enters, and retrieves personnel data. In addition, the HR Coordinator co-manages the agency's training program and conducts new employee orientation and serves as an active participant on the Safety Committee.

Quality Improvement (QI) Coordinator: Duties of the QI Coordinator include coordinate the Quality Assessment and Performance Improvement Program (QAPIP), be an Ad Hoc member of all QI work groups, assist with the development, implementation, and maintenance of agency policies and forms, assist with the agency strategic planning and management reporting, co-manages the agency's training program, maintenance of CARF Accreditation, liaison for external site reviews, and chairs the agency's Consumer Advisory Council, Quality Improvement/Utilization Management (QI/UM) Committee, and Anti-Stigma Committee.

- ◆ The CMHA Board's QAPIP has developed an organizational structure for evaluation, goal attainment, and continuous quality improvement. This structure is parented by the Steering Committee. The Steering Committee has the responsibility to maintain a corporate culture based on continuing quality improvement philosophies and to oversee its progress and for the design and operation of the structure and systems to support QI. The Steering Committee is comprised of the CEO, Program Directors, and the QI Coordinator. To assist the Steering Committee in carrying out the Board's mission, a QI/UM Committee is maintained for the purpose of reviewing QAPIP activities, reviewing and analyzing data, and recommending changes for service improvement on an on-going basis. The QI/UM Committee will serve as a medium for communication and integration across all areas of quality improvement throughout the agency. Standing members of the QI/UM Committee shall be the QI Coordinator, Clinical Services Director, Utilization Management Coordinator, the Recipient Rights Officer, the Safety Committee Chairperson, the Medical Records Coordinator, and representatives from the I/DD/MI Children/Adult populations. The Medical Director/designee participates in the meetings when available. The QI/UM Committee meets as needed but not less than quarterly.

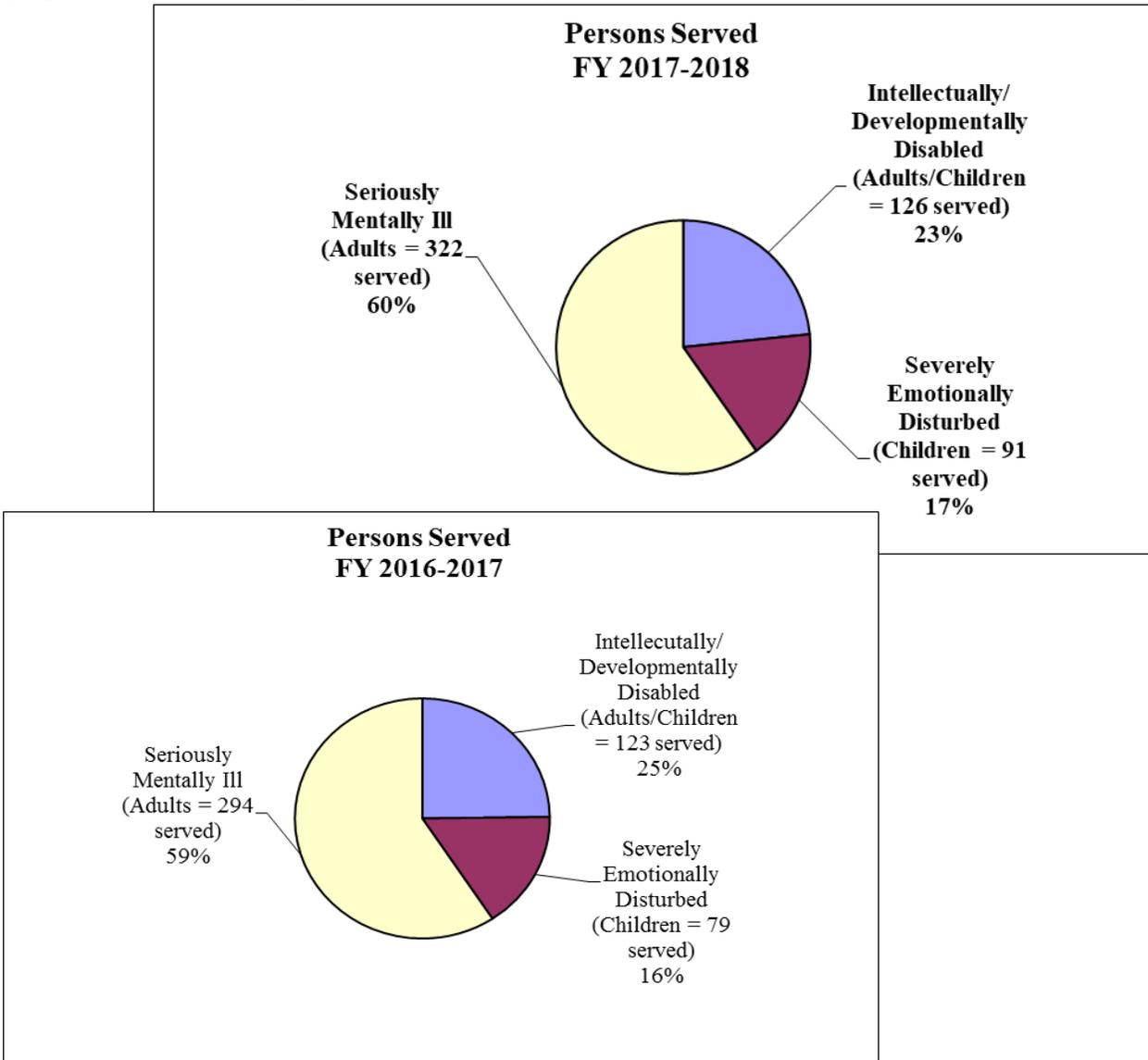
Maintenance Coordinator: The Maintenance Coordinator is responsible to perform repairs, snow shoveling/blowing/plowing, mowing grass, maintaining buildings and grounds, coordinating agency vehicle maintenance, assisting with building security and safety, and coordinating maintenance and repairs with the lessee when a leased building is involved. The Maintenance Coordinator is responsible for the direct supervision of the custodian.

Available Services

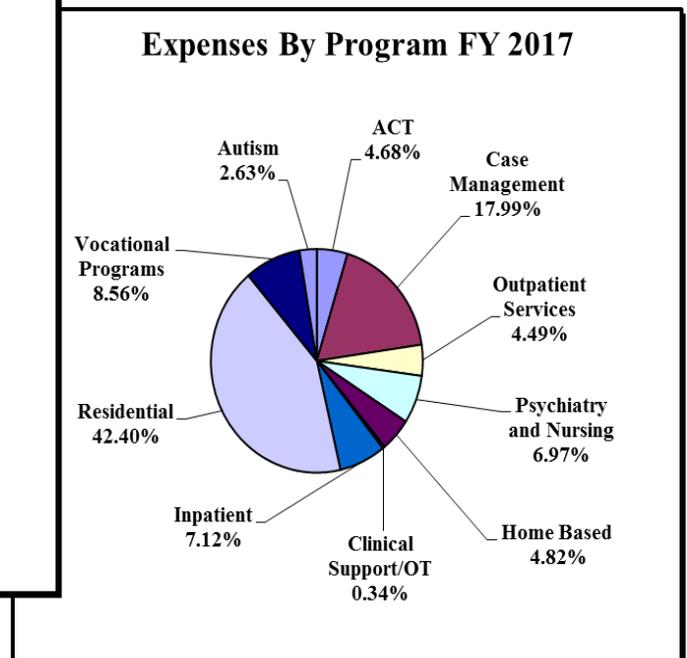
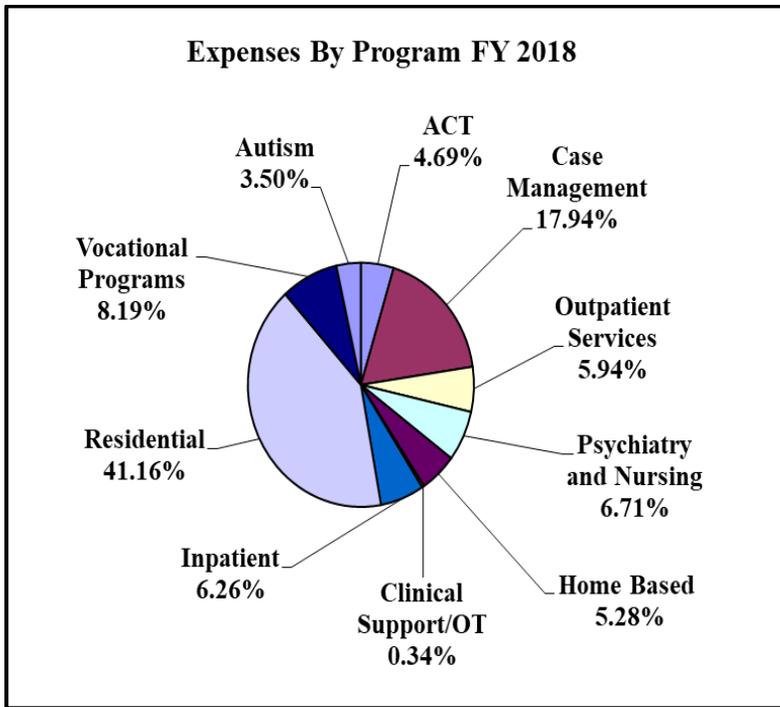
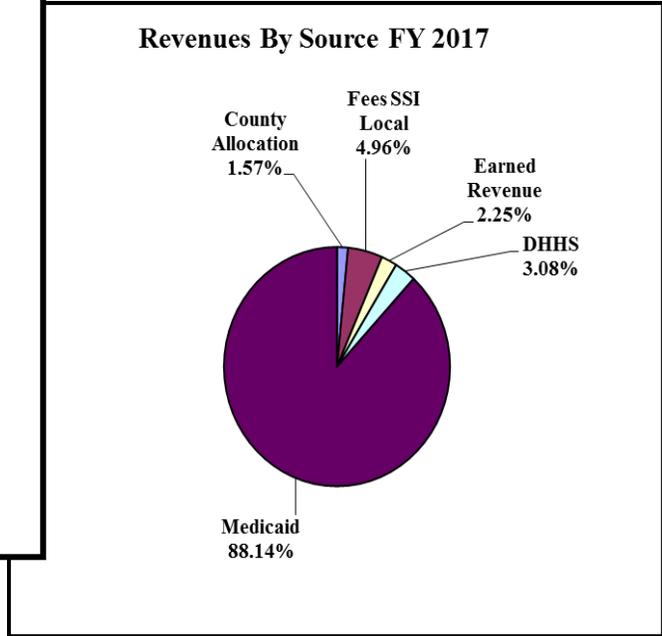
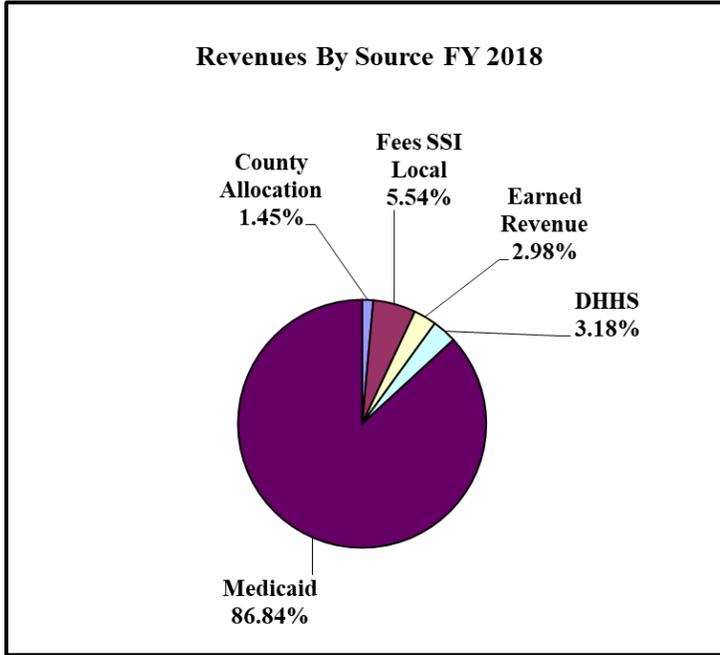
CMHA provides a variety of services for individuals with serious mental illness, serious emotional disturbance, and/or co-occurring disorder, and/or intellectual/developmental disabilities. Some of the services include Community Inpatient, Case Management/Supports Coordination, Therapy, Jail Diversion, Medication Administration, and Home Based; a complete listing of services provided is available by contacting CMHA. The programs specifically accredited by *CARF International . . . Commission on Accreditation of Rehabilitation Facilities*, include Case Management/Services Coordination, Community Housing (Residential), Employment Services (Supported Employment), Crisis Intervention (Emergency Services), and Assertive Community Treatment.

Persons Served

An unduplicated count of 539 individuals received reportable services during FY 2018; this is an increase of 43 individuals from last fiscal year. A break down per population is shown in the graph below, with a comparison to last fiscal year.



Financial Profile FY 2018 (with comparison to FY 2017)



Quality Assessment and Performance Improvement Program (QAPIP)
Outcomes Summary for FY 2018
(with Quality Improvement Plans for FY 2019)

Quality Improvement/Utilization Management (QI/UM) Committee

- The Committee continued to meet quarterly to review various QI and UM data (i.e., satisfaction, performance indicators, program outcomes, record review, incidents, etc.), to receive QI sub-committee updates, and to review regional information, as applicable.
- *QI Plan*
 - Continue to meet not less than quarterly to develop, implement, and monitor all aspects of the QI program.

Utilization Management (UM)

- Evidence Based Practices, assessments, denials, 2nd opinions, and inpatient pre-admission screening data continued to be monitored and discussed during quarterly QI/UM Committee meetings.
- *QI Plan*
 - Continue to develop, implement, and monitor all aspects of the UM system.

Safety and Risk Management Committee

- The Committee continued to be a strong and active committee. The Committee continued to conduct numerous disaster drills in the CMHA main building throughout the fiscal year. Disaster drills were conducted on a monthly basis at the Serenity Center and Home Managers conducted disaster drills at all CMHA-operated residential homes. Routine vehicle inspections were conducted throughout the fiscal year on agency fleet vehicles utilized at the CMHA main building and at the residential homes. The Verizon Fleet Management System was installed in all agency vehicles during this fiscal year; the system provides maintenance and service alerts via email to the Maintenance Coordinator. The Maintenance Coordinator conducted internal building inspections at the CMHA main building twice during the fiscal year. A Michigan Certified Building Inspector conducted the annual external building inspection in September 2018, which resulted in no issues of concern.
- First Aid bags located in agency vehicles, in the CMHA main building, in the residential homes, and at the Serenity Center were all inspected and restocked with required supplies, as needed.
- There were 15 staff injuries (five less than last fiscal year) with no lost time or need for accommodation, compared to six incidents resulting in lost time last fiscal year. The Safety Committee reviewed all staff injuries and provided follow-up analysis and recommendations/strategies to minimize future injuries, as well as noting any trends/patterns in injury.
- There were 245 recipient incidents (duplicated count) this fiscal year; this is a significant decrease from 453 incidents last fiscal year (a decrease of 208 incidents). Incidents can be duplicated when categorized, therefore, some incidents are counted more than once (i.e., an incident can be counted multiple times if it is identified as (1) recipient experienced serious hostility, (2) recipient hit another recipient, and (3) recipient hit back by recipient). The highest number of incidents is 33 for the category of “other medical/health/safety issues”; the next highest is 30 for the category of “non-serious physical aggression”. Medication incidents decreased significantly from last fiscal year, as well, from 78 (FY 17) to 36 (FY 18). The QI/UM, Safety, and Pharmacy & Therapeutics/Medical Services Committees continue to monitor the various incidents for patterns and/or trends. Training for staff and proactive strategies are implemented, as needed, to assist in decreasing incidents. The Person-Centered

Planning (PCP) Team continued to address individual consumer risk for injuries with follow-up intervention as directed by the PCP team, including behavior treatment plans, psychiatric medication monitoring, fall-prevention guidelines, and assessment for and utilization of adaptive equipment, assistive devices, durable medical equipment, and anatomical supports.

- As a commitment to promoting accessibility, the Safety Committee Chairperson provided safety-related quarterly progress reports for the Accessibility Plan, to include identifying and eliminating accessibility barriers, with reasonable accommodation, when identified.
- The Safety Committee reviewed agency policies and procedures relating to health, safety, and transportation to assure on-going compliance with indicators and standards established by CARF and other regulatory agencies.

➤ QI Plan

- Continue to monitor the Strategic Plan's health and safety goals and objectives.
- Continue to monitor medication, health, and safety, incidents and implement prevention and pro-active plans, as needed.
- Continue quarterly reviews of the Accessibility Plan and update, as needed.
- Review agency policies and procedures and assure continued compliance with applicable CARF standards and other regulatory agencies relating to accessibility, health, safety, and transportation.

Pharmacy & Therapeutics/Medical Services Committee

- The Committee met quarterly and consists of the agency RNs, Clinical Services Director, Psychiatrist/Medical Director, and Physician. The Committee reviews and monitors all pharmacy and therapeutic related data (i.e., medication incidents), applicable policies and procedures, conducts Peer Reviews, and discusses any infection control issues, as well as the Infection Control Committee, that also meets quarterly.

➤ QI Plan

- Continue to monitor medical and medication incidents and implement prevention and pro-active plans, as needed.
- Continue to conduct annual Peer Reviews.
- Continue P & T/Medical Services and Infection Control Committee meetings and responsibilities.
- Review agency policies and procedures and assure continued compliance with applicable CARF standards and other regulatory agencies relating to medical and medication services.

Strategic Plan

- Strategic Plan goals and objectives were reviewed and updated quarterly.

➤ QI Plan

- Maintain quarterly monitoring of the Strategic Plan goals and objectives.

Outcomes Management System (OMS)

- The function of the OMS is to collect and monitor outcome goals and objectives developed by QI work groups for the agency's CARF accredited programs. Although not CARF affiliated, goals and objectives for Customer Services continued to be monitored, as well. OMS data for the fiscal year shows 70% overall compliance, the same as last fiscal year (includes access goals but does not include satisfaction or Customer Services data) – see *Satisfaction Surveys* section of this report). Areas of non-compliance were continually monitored by the QI/UM Committee. The OMS work groups reviewed and modified the goals and objectives and the Program Descriptions and Plans as needed for FY 2019.

- *Michigan Mission-Based Performance Indicators* ~ Four of the five indicators monitored have an established compliance rate of 95%. Two of the four indicators were in compliance for the entire fiscal year; the other two indicators were in compliance for two of the four quarters. The fifth indicator monitored has a ‘15% or less’ standard which monitors children and adults who are readmitted to an inpatient psychiatric unit within 30 days of discharge. CMHA was in compliance with this indicator for the entire fiscal year.
 - *Pre-paid Inpatient Health Plan (PIHP) Performance Indicators* ~ The indicators monitored mirror those for the *Michigan Mission-Based Performance Indicators*; however, they focus solely on *Medicaid* beneficiaries served. Compliance for these indicators was the same as the Michigan Mission-Based Performance Indicators, as noted above.
- *QI Plan*
- Continue to monitor and maintain the OMS, making modifications to increase compliance, as needed.
 - Continue to monitor all performance indicators.

Performance Improvement Projects (PIP) ~ Standards published by the Centers for Medicare and Medicaid Services (CMS) require that the PIHP “conduct performance improvement projects that achieve, through ongoing measurement and intervention, demonstrable and sustained improvement in significant aspects of clinical care and non-clinical services that can be expected to have a beneficial effect on health outcomes and consumer satisfaction.” Two PIPs are required, one project topic is typically mandated by the State and one project topic is chosen by the PIHP; PIP’s must take into account the prevalence of a condition among, or need for a specific service by the organization’s recipients, recipient demographic characteristics and health risks and the interest of recipients in the aspect of service to be addressed. In addition, NorthCare is an accredited Health Plan through the Utilization Review Accreditation Commission (URAC), which requires *three* PIP’s. All three PIP’s must focus on clinical quality and at least one of the three must address recipient safety for the population served.

- *PIP #1 ~ Documentation/Supported Employment/Skill Building*: This project is monitored by the Regional Employment Leadership Team, who approved a “Supported Employment/Skill Building Daily Progress Note” to be used by all vocational providers (i.e., Highline Corporation) as they do not have access to CMH’s electronic medical record. There are some regional concerns with this new process and NorthCare/the regional committee continue to discuss various resolutions and monitor this project.
- *PIP #2 ~ Engagement in Service*: This project focuses on increasing the number of persons served by reducing the number of recipients discharged from services due to no-shows (not showing up for their appointment). This project is monitored by the regional UM Committee and they continue to implement strategies to increase engagement in services across the region.
- *PIP #3 ~ Follow-Up After Hospitalization for Mental Illness Within Seven Days of Discharge for Members Ages 6 Years and Older*: The initial submission of this PIP to the Health Services Advisory Group (HSAG) resulted in a “partially met” validation score for the ‘Design Stage’ (six steps) of this PIP. The ‘*evaluation elements*’ and the ‘*critical elements*’ sections for the Design Stage scored 88% and 80%, respectively. The resubmission of this PIP resulted in a “met” validation score, meaning both of the elements sections scored 100%. HSAG noted “*NorthCare designed a scientifically sound project supported by the use of key research principles, meeting all requirements in the Design Stage. The technical design of the PIP was sufficient to measure and monitor PIP outcomes.*” As a result of the “met” validation score,

NorthCare proceeded to the 'Implementation Stage' of this PIP at the end of FY 18; therefore, no FY 18 data is available for this PIP.

➤ QI Plan

- Continue to participate in the regional PIPs as required.

Record Review and Service Verification

- Quarterly Record Reviews were conducted and data analysis reports were developed from the results. One hundred and eight (108) consumer records were reviewed for FY 18 (16 less than FY 17). Eighteen (18) indicators were monitored (five less than FY 17). Of the 18, 14 scored as "met" (95% or higher) for 78% compliance, a decrease from 87% compliance in FY 17.
- Quarterly Qualitative Record Reviews, consisting of 15 *qualitative* indicators, were also conducted by supervisors. A total of 16 records were reviewed for FY 18. Of the 15 indicators, 10 scored as "met" (95% or higher) for an overall compliance score of 67%, a decrease from 73% in FY 17. It is noteworthy that all 10 compliant indicators scored a perfect 100% throughout the fiscal year.
- CMH Service Verification (includes *all* services), assures that services provided are accurately reflected in billing (services cannot be billed unless if first authorized), is conducted automatically via various Management Information Systems reports, utilizing the electronic medical record (ELMER). There are four service verification indicators and data shows 100% compliance for Indicator 2.04 (*IPOS clearly indicates services and supports including: amount, scope, and duration*) [same as FY17]; 87.5% compliance for Indicator 2.09 (*Frequency of FTF contacts identified in the IPOS match services received or documented why not*) [an increase from 81% in FY 17]; 94% for Indicator 2.10 (*IPOS is reviewed/updated per agency policy [frequency of periodic reviews occurs as noted in IPOS]*) [an increase from 89% in FY17]; and 100% compliance for Indicator "*Program Directors will review three CLS services to verify the use of the code matches the service documented*" [same as FY17].
- NorthCare conducts *Medicaid* Service Verification audits by reviewing clinical and billing documentation for the purpose of measuring the appropriate use of Medicaid dollars. For the FY 18 audit, 30 services and claims were reviewed; the results are shown below. CMH staff had various discussions with NorthCare regarding CMH's process pertaining to the two Claims Indicators that scored 90%, which resulted in NorthCare confirming the amount billed/paid did *not* exceed the contracted amount.
 - Service Activity Logs
 - Beneficiary is eligible on the date of service: 100%
 - Service is include in the IPOS: 100%
 - Documentation of service agrees with claim date: 100%
 - Service was provided by a qualified practitioner: 100%
 - Service falls within the scope of the code billed/paid: 100%
 - Goal and Objective meet medical necessity: 100% (new for FY 18)
 - Amount billed does not exceed contractually agreed amount: 100%
 - Amount paid does not exceed the payer contracted amount: 100%
 - Claims
 - Beneficiary is eligible on the date of service: 100%
 - Service is include in the IPOS: 100%
 - Documentation of service agrees with claim date: 96.7%
 - Service was provided by a qualified practitioner: 100%
 - Service falls within the scope of the code billed/paid: 96.7%
 - Goal and Objective meet medical necessity: 100% (new for FY 18)
 - Amount billed does not exceed contractually agreed amount: 90%
 - Amount paid does not exceed the payer contracted amount: 90%

- Highline Service Verification: For FY 18, there were 12 records reviewed with a total of 432 sections scored; overall compliance was 99%, the same as FY 17.

➤ QI Plan

- Review the current Record Review Checklist, Qualitative Record Review Checklist, and the Record Review Plan and modify as necessary for FY 19.
- Continue CMH quarterly record reviews and qualitative reviews and develop data analysis reports with recommendations to increase compliance, as applicable.
- Continue to calculate individual provider record review and indicator compliance on a quarterly basis and provide results to the Clinical and the Community Services Program Directors for the purpose of including “*Findings of Documentation Review*” on individual performance evaluations, as required by NorthCare.
- Continue to provide record review data to the CEO, Clinical and Community Services Directors, and to providers to review and discuss ways to assure compliance.
- Continue record review education and training for staff.

Input from the Persons Served and the Community

- Input, suggestions, and recommendations received from the persons served, their families, guardians, and the community is valued, is a vital part of service improvement, and is one of the best ways to assist the agency in improving the services that are provided. Input is received through various ways, such as the suggestion box, satisfaction surveys, grievances via Customer Services, and representation on the CMHA Board and various committees. There were zero suggestions received via the suggestion box (one received in FY 17). There were three grievances received via Customer Services (four less than FY 17) and all were resolved within the required 60-day time frame. There were zero (informal) complaints via Customer Services (four in FY 17). All information was reviewed by the Consumer Advisory Council (CAC) and the QI/UM Committee, with no patterns or trends noted.

➤ QI Plan

- Continue to receive, review, and respond to input as appropriate.

Education

- Required training for staff continued to be assigned, provided, and monitored. Staff also participated in various competency-based trainings relating to their specific job responsibilities.
- CMHA staff presentations continued to be provided to the CMHA Board of Directors during their monthly meetings. These presentations focused on CMHA programs and services, staff responsibilities, and topics relating to mental health and/or intellectual/developmental disabilities; question and answer sessions followed each presentation.
- For Calendar Year 2018, CMHA staff provided and/or sponsored four trainings in/for the community, various topics included: Home and Community Based Ruling; Mental Health Awareness; and Mental Health First Aid (both youth and adult versions).

➤ QI Plan

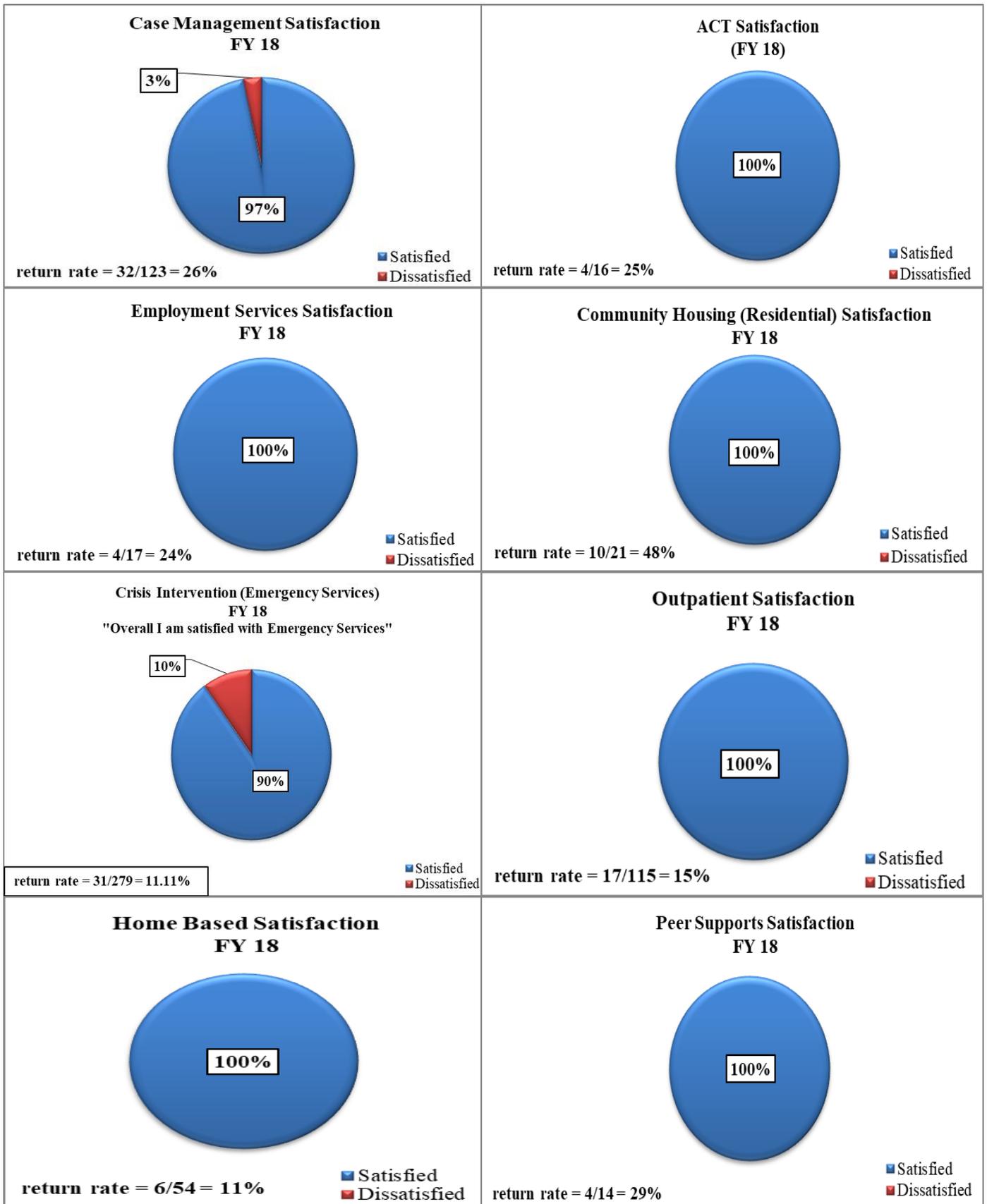
- Continue to implement NorthCare’s ‘*Member CMHSP Trainings*’ and assure required training is assigned. Assign additional trainings as needed and/or requested.
- Continue to monitor training via myLearningPointe and enter ‘other/external’ trainings that staff participate in.
- Schedule/participate in/provide/sponsor community education trainings as needed and/or requested and track such trainings.

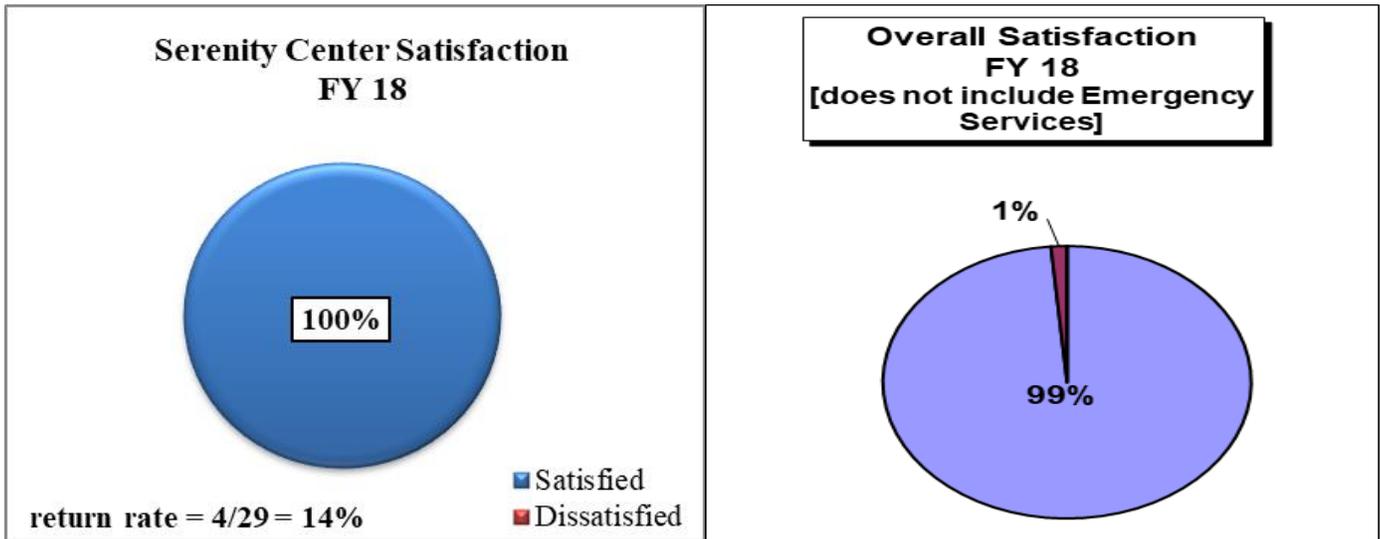
Site Surveys

- **NorthCare:** Gogebic scored 97.2% on the FY 17 annual site review, therefore, NorthCare was not on-site for a FY 18 site review, rather, an updated plan of correction from the FY 17 site review and supporting documentation was required to be submitted to NorthCare. Upon review of the updated documentation submitted, the FY 18 site review report showed Gogebic CMH was in ‘Full Compliance’, scoring 99.7%. One indicator was scored as “partially met” and a Plan of Correction (POC), which included updating a policy, was submitted to NorthCare regarding such; NorthCare accepted and approved the POC as submitted.
- *QI Plan*
 - On-going compliance with NorthCare indicators and prepare for FY 19 on-site review.
- **CARF:** The required Annual Conformance to Quality Report was submitted to and approved by CARF in May 2018; the 3rd annual gold seal was placed on the Accreditation Certificate Award, located in the lobby of the CMH building.
- *QI Plan*
 - On-going compliance with CARF standards and prepare for the 2019 on-site survey.
- **Other Surveys**
 - Throughout the fiscal year, the three residential group homes experienced various safety reviews (fire safety inspection by the Department of Licensing and Regulatory Affairs, smoke alarms/sprinkler systems, etc.) with no concerns or issues identified.
 - Lakeview, Lakeshore, and Greenbush group homes all experienced a State Licensing audit; there were no issues that needed to be addressed at any of the homes.
 - All three group homes also experienced an annual internal site review in August; two group homes were 100% compliant and one home was 99% compliant with all indicators.
 - CMH staff conducted an annual site review at Highline Corporation in July; their overall compliance score was 97%.
- *QI Plan*
 - Assure on-going compliance with applicable standards and indicators pertaining to the licensed residential group homes.
 - Assure annual site reviews are conducted at all three residential group homes and at Highline Corporation.

Satisfaction Surveys

- Satisfaction surveys were distributed monthly to various recipients. Data is reviewed by the CMHA Board, the QI/UM Committee, the Consumer Advisory Council, and staff.
- The following graphs show satisfaction results for each CARF accredited program (Case Management, Assertive Community Treatment [ACT], Employment Services [Supported Employment], Community Housing [Residential], and Crisis Intervention [Emergency Services]), along with satisfaction results of programs not CARF accredited (Outpatient, Home Based, Peer Supports, Serenity Center).
- For the 10th year, CMHA participated in the State-wide satisfaction survey process of the Assertive Community Treatment (ACT) and Home Based programs; the survey measures satisfaction among adults and children/adolescents receiving these services. Two different survey tools were utilized, the *Mental Health Statistics Improvement Program* survey was used for adults receiving ACT services and the *Youth Satisfaction Survey for Families* survey was used for children/adolescents receiving Home Based services. Results of the State-wide satisfaction surveys from the last few years have not yet been received.
- *QI Plan*
 - Continue to assess satisfaction with CMHA services and programs.





Consumer Comments on Satisfaction Surveys

- It would be better if they were more on time.
- Leah is a wonderful advocate and case manager for our daughter. She has recommended and followed through on healthy and fun activities in the community for her. Leah also helps us set up a meaningful IEP for her and she promptly sends us copies of the goals, objectives, and how they'll be met that we all discuss at the service meeting.
- Wendy Krall is not only our case manager, she is our friend. I feel so very comfortable calling and telling her of any problems we may be having and she always finds solutions and makes us feel better. She is the absolute best at what she does.
- I feel the services have been helping and I am getting better one day at a time.
- The services are good and they help me out satisfactory.
- I really appreciate the services at CMH.
- I would like to see the whirlpool bath in working condition so *name* could enjoy and benefit from that (soothing and relaxing) as well as the other residents could.
- Have not been going to the Serenity Center as often as I should. It's a great place to go for me. John is great. If it wasn't for ACT and CMH I would be a dead man.
- Took me having to call to request services because my "case worker" did not reach out to me in a timely manner.
- Thank you for your help. My mental health is improved by your services.
- Therapy animals.
- I am grateful the excellent residential based services the individual for whom I am guardian for, receives. Staff know him well and because of that, meet his needs.
- I loved the help from Mental Health and they worked with us as a family to get the help we needed.
- Wendy Krall is amazing, the absolute best.
- I would like better communication (per phone) if a group activity is cancelled.
- Exceptional help.
- I have had difficulty in receiving required support mainly due to staffing issues in the year. I've been searching for support.
- My physical health plays a role as well but this is also a huge reason my mental health should be accommodated as I have had a year of unbelievable crisis on top of the past trauma. I still have no regular therapy plan to count on.
- The Serenity Center is a great place to socialize.

- Thank you for support with my sobriety. My worker Ellen is the greatest and Joe Hellman.
- Only have an issue when calling the crisis line. I didn't get a call back right away. Made 3 calls to them then finally got a call back. Everything turned out good.
- I just want everyone to know that one of the best things about coming in to CMH, it is Stacey, the receptionist. I am always greeted with "Hi *name*, everything okay." She's the best. Hopefully you keep her as a receptionist.
- I am hoping to use the Serenity Center once we get settled here.

Supported Employment Review

Supported Employment (SE) Reviews were utilized as part of the agency's Outcomes Management System Data Collection. A sampling of SE Program and Employee Reviews were distributed quarterly to contract sites and community placements.

All surveys returned (10 of 16) by employers indicated 100% satisfaction with SE services they received. Satisfaction with the individual's job performance at their place of work was 100%.

Comments on Supported Employment Reviews

- "Name" usually stops in my office if I am here to say hello and to ask how my day is going. I have never had complaints from anyone on his route. Very polite.
 - We are a very small family run business. If minimum wage goes up to the expected amount, we will have to think about what we are doing.
 - "Name" would like to do more of this type of work and has become quite efficient. I wish we could provide more work opportunity for him.
 - You guys do a great job! I know if I have any questions or concerns, I can contact you and get assistance. Thank you for doing a great job!
 - We are grateful for the help we receive in our kitchen and dining room and in return if we help a client gain job skills or improve on skills that may benefit them in the future, then we both win.
- * *Note: The SE Department considered all recommendations from employers and addressed them as needed.*

PLEASE NOTE:

This Management Summary includes just that ~ summary information. For more detailed reports regarding satisfaction, safety, record review, recipient rights, etc., please request through the Quality Improvement Office.