

Northpointe
Annual Performance Improvement Plan
FY18 & FY19

Northpointe's Annual Performance Improvement Plan incorporates various policies and procedures as well as program plans and mandated reporting elements. Northpointe takes pride in the attention given to assure that service recipients are satisfied with the services and supports they receive. Services are provided utilizing a person-centered process in order to assist the individual in developing and achieving goals that are important to them. Northpointe embraces the continuous quality improvement process, which allows our agency to focus on pro-active and informed decision making versus reactive decision-making.

INPUT FROM PERSONS SERVED

Stakeholder Advisory Committee:

The Stakeholder Advisory Committee is made up of 12 members with each county in our catchment area represented by two or more of those members. The members include service recipients, former service recipients, guardians, NAMI representatives and community members with an interest in the mental health system.

This committee meets every two months, at a minimum, and provides input on various issues including, but not limited to, service recipient and stakeholder satisfaction survey questions and processes; performance improvement and outcomes indicators and reports; Northcare, MDHHS survey processes, results, and plans of correction; community needs assessment; suggestions for improvement; grievances and appeals; critical incidents, advertising materials and brochures; and new and/or updated policies and procedures as necessary.

Future Goals: Continue to educate and solicit input from the population we are mandated to serve as we work closely together to make Northpointe the best possible provider to address community mental health needs. Presentations at Stakeholder meetings have been implemented and we will continue with this practice in order to educate our committee members on programs and processes that Northpointe employs.

Recipient Rights Advisory Committee:

Northpointe's Recipient Rights Advisory Committee (RRAC) meets on a quarterly basis and reviews and provides input regarding the quarterly Rights Report which includes information regarding incident reports and complaints filed for that quarter. The committee also reviews the budget for the rights office and, at their request, reviews training activities conducted by the rights staff. The RRAC acts as Northpointe's Appeals Committee. The Recipient Rights Committee shall be composed of one Northpointe Board member and 6 to 11 members selected from Dickinson, Iron and Menominee counties. The Board member shall be the liaison between the Recipient Rights Committee and the Board. The make-up of this committee is in compliance with the Michigan Mental Health Code.

Future Goals: Ongoing training regarding recipient rights, the appeal process and reporting requirements.

COMMUNITY STAKEHOLDER FEEDBACK

Northpointe receives feedback from stakeholders in various ways including input from members of standing advisory committees, board of directors, satisfaction surveys, etc. The following briefly outlines some ways in which Northpointe solicits feedback from stakeholders.

Public Forum Information:

Northpointe continues to maintain an informative website at www.nbhs.org. The website updates the community on what is happening at Northpointe through newsletters, annual reports, prevention information and a comments and suggestions forum. There are also links to other community and professional resources.

Future Goals: With increased usage of social media in daily life, Northpointe will examine how to effectively use social media as a mechanism for individual outreach and as means to update the community on what is happening at Northpointe and within the community.

Surveys:

Service Recipients satisfaction surveys are sent out monthly to any individual who has been discharged in the previous month or has had an Individual Plan of Service appointment in the previous month. This system was developed by the region and will provide more timely information regarding satisfaction of services. If there is an issue we can deal with it immediately instead of waiting for annual surveys.

The compiled information is shared with various stakeholders to educate them as to how our service recipients feel Northpointe is performing. This information can also be used to identify opportunities for improvement in processes used throughout the agency. Any service recipient who signed their name and had an unsatisfied assessment is contacted by the Quality Improvement Data Analyst to inquire if there is something Northpointe could do to improve our services to them and others.

In fiscal year 2017, 1488 surveys were sent out to service recipients or their guardians; 276 surveys were returned for a return rate of 18.5%. Northpointe's overall satisfaction rate for FY17 was 95.0%.

- Across the region it was noted that one area continues to score the lowest in response to the question about service recipient's satisfaction with the after hours Crisis Services. Northcare has stated they will be doing a region-wide survey of all service recipients to get direct feedback on the Crisis Service. The Quality Improvement Data Analyst will continue to share unfavorable scores and comments from Northpointe's service recipients with the Crisis Services Manager who is a member of the regional Crisis Service committee. In FY17 366 surveys were mailed with 31 surveys were returned for a return rate of 8.4%, overall satisfaction 82.6%.

Future Goals:

- Northpointe will continue to monitor all of the satisfaction surveys and pay close attention to the responses from question #9 which concerns the after hours crisis line. Continued dissatisfaction issues will be brought up to Northcare.
- Education of individuals regarding the role of the Crisis Line for emergency situations versus a help and support talk line such as Dial Help. As a result of a suggestion from a Stakeholder Committee member, a flyer advertising the Northpointe Mental Health Crisis Line and the Dial Help counseling line and email were developed and distributed by Peer Supports Specialists to local area businesses.
- Northpointe will review the satisfaction survey questions to include individual experiences outside of the clinical services they receive; for example: office setting, availability and access, etc.
- Northpointe will explore other mechanism to obtain survey results, as means to increase the overall return rate, for example: electronic surveys, personally handing out surveys, etc.

Community Stakeholder Satisfaction and Needs surveys: In FY18, surveys were mailed out and the survey was posted to the Northpointe Website. Thirty-five responses came from Medical Service Providers, the Justice system, service recipient's advocates, Education providers, Mental Health and Substance Abuse provider, Public Health and the Department of Human services. Forty-five (45) surveys were returned.

In FY18 the top 5 Priority needs identified were:

1. Lack of Mental Health providers and Psychiatric providers
2. Increase in substance dependency, depression and anxiety in teens and children
3. Inpatient needs/availability
4. Transportation – local
5. Networking availability – for individuals to meet and to raise awareness, develop partnerships within the community.

The information gathered is reviewed by Northpointe’s leadership and is considered when identifying opportunities for improvement and in ongoing planning. It is also shared with various stakeholder groups.

Future Goals:

- Northpointe Operations’ Team reviewed these results and developed a Priority Needs Plan; this plan will be periodically reviewed for updates on improvements.
- Northpointe Board of Directors review the data and will use when developing Northpointe’s Strategic Plan.

EVIDENCE BASED PRACTICES

Northpointe currently provides the following Evidence Based Practices:

- Motivational Interviewing
- Family Psycho-education
- Integrated Dual Diagnosis Treatment (Co-Occurring)
- Cognitive Behavioral Therapy (CBT)
- Dialectic Behavioral Therapy (DBT)
- Assertive Community Treatment (ACT)
- Medication Management
- Supported/Integrated Employment
- Home-Based
- Infant Mental Health (Promising Practice)
- WRAP
- Supported Housing
- Trauma Informed Care
- Peer Supports Specialist
- Parent Support Partner
- Autism Benefit

Northpointe will continue to monitor the development of new Evidenced Based Practices and incorporated them into our service array as they become available and staffs are trained.

SERVICES PROVIDED

All services provided for individuals are based on goals and desires established through the Person-Centered Planning process. Service recipients have significant input into this process, including where and when to have meetings to discuss their desired outcomes. Emergency services are available twenty four hours a day, seven days a week, and 365-days a year.

Northpointe's *Written Plan for Professional Services Manual* is designed to:

- establish a functional operating plan as a basis for development of service goals
- describe the service area
- provide a profile of programs and services that support recovery and stabilization for persons served
- serve as a resource document for appropriate individuals inside and outside the organization
- set forth criteria to determine appropriateness of service with each individual's needs

This plan is reviewed annually and is revised as necessary in accordance with the changing needs of the service recipients, the community, regulatory bodies, and the Strategic Plan of the organization.

PERFORMANCE GOALS

Each year, organizational goals are set through the strategic planning process and written as part of Northpointe's Strategic Plan. As part of the Quality Improvement program, performance indicators are developed to monitor improvement in areas of access, continuum, coordination of care, documentation quality, and include individual department performance indicators. All performance indicators and outcomes measures are included in the quarterly Quality Improvement Outcomes Report that is shared with stakeholder groups, the Board of Directors, employees, and is available to others upon request and via the Northpointe Website www.nbhs.org.

In reviewing data obtained via the Quarterly Outcomes report and the monthly QRC totals report, items that have been out of compliance for three consecutive quarters are required to have a Plan of Correction (POC) developed and administered.

HIPAA Compliance: Northpointe has appointed Privacy, Security, and Compliance Officers who have been working with the other Community Mental Health Providers in our region, as well as the Prepaid Inpatient Health Plan (NorthCare), to tackle the privacy and security regulations. Northpointe has revised policies and procedures that assure compliance with the privacy regulations. Northpointe's Notice of Privacy Practice is provided to all service recipients and a copy is electronically stored in their record.

Goal: Northpointe Privacy, Security and Compliance officers will be researching the idea of text messaging service recipients and the legalities of this and the possible HIPAA security issues that it could cause.

Update: FY17 Northpointe's Policies and procedures have been updated to ensure that staffs are fully informed on the fact that utilizing personal cell phones to conduct Northpointe business is strictly prohibited. FY18 The informed consent has been finalized to include the electronic communication and social media practices of NBHS; all individuals are educated on our practice as they sign a new informed consent.

Future Goals:

- Northpointe Privacy, Security and Compliance officers will examine how best to address HIPAA Compliance education with staff in an ever changing environment.

PERSONNEL AND RESOURCES

Northpointe has established policies and procedures on staffing guidelines and staffing patterns to assist in determining service recipient needs. This guideline includes productivity standards for clinical staff. Additionally, Northpointe has a policy on staffing requisition for reviewing and approving staffing requests and to ensure that any competency related to the needs of the service recipient are considered when requesting staff.

2016-2017 Updates:

- Clinical staff have continued trainings in evidence-based practices, including DBT, TFCBT, ACT, IDDT, and FPE.
- Northpointe hired 2 Emergency Services/Care Managers for care management in Dickinson County and on-call for Dickinson-Iron counties.
- Northpointe hired an Emergency Services/Clinical Care Manager to cover the Powers clinic and half the on-call time for Menominee County and 2 Emergency Services/Care Managers to cover all of the daytime emergencies in Menominee County.
- Northpointe began a contract with Northern Michigan University and hired a PT Behavior Analyst Trainee to provide ABA services.
- Northpointe implemented an additional 457 for employees through MERS.
- Northpointe developed and implemented an online exit interview.
- Northpointe closed the MERS defined benefit plan and implemented a MERS defined contribution plan for new hires.

Future Goals:

- To classify care managers as office-based or community-based and ensure the resources for staff to provide services in the community.
- To upgrade Great Plains HRIS and implement GreenShades for payroll, human resources and benefit processes. This will also replace the employee portal.
- To implement telecommuting policy and procedures.
- To develop and provide a clinical training curriculum to bachelor-and master-level clinical staff
- To develop and implement an onboarding process
- To develop and implement an employee recognition program

QUALITY IMPROVEMENT

Northpointe has a comprehensive Quality Improvement Program implemented through functional committees.

The QI Department has developed the Quality Assessment and Performance Improvement Plan (QAPIP) which drives the program and is reviewed annually.

Some of the most essential work this department does is:

- Coordinates Michigan Department of Health and Human Services (MDHHS), Northcare, and other site reviews;
- Coordinates and monitors required plans of corrections for each review;
- Gathers and reports performance data to internal committees, Stakeholders and the Board of Directors;
- Assists with ensuring compliance in all areas by conducting regular audits of clinical documentation;
- Surveying service recipients, community stakeholders and contract employees for feedback on Northpointe services, and analyzes this feedback and makes recommendations for improvements.
- The QI department is also responsible for monitoring and reporting to Northcare and MDHHS Northpointe's Performance Improvement Indicators and Medicaid Verification projects. Outcomes measures are reported as part of the Quarterly Performance Improvement Outcomes report that is shared with our various stakeholders and committees.

Future Goals:

- Restructure the Quality Improvement Committee to facility an atmosphere where quality improvement ideas and project can be harvested and monitored.
- Development and monitor program quality improvement projects, for example: measuring the success rates of new treatment option(s).

STATE AND FEDERAL MANDATED PERFORMANCE IMPROVEMENT PROJECTS FOR MEDICAID RECIPIENTS

Referral for Medical Nutrition Therapy Performance Improvement plan: This is a NorthCare Regional PIP.

Improving Medical Nutrition Therapy Services for Consumers with Self-Reported Obesity

Northpointe was provided a list of adults who have a mental illness, who have Medicaid, and who self-report as being obese. The primary clinicians/case managers will secure proper consent to make a referral to the individual's primary care physician for a medical nutrition therapy service. A form letter will be sent to the primary care physician along with a copy of the consent to share information. Information to be shared will include a copy of the medical nutrition therapy note, and other information as deemed appropriate by services providers and the individual, in order to work together so the individual can achieve optimal health.

In FY 15-16, the remeasurement 1 rate for the study indicator was 1.8 percent, which was a 0.7 percentage point increase over the baseline but 0.6 percentage points below the PIHP's goal of 2.4 percent. The increase demonstrated is not statistically significant. NorthCare received a Not Met Validation status. To overcome barriers to making improvements, NorthCare **Network** implemented/continued the following interventions:

- Developed a standard operating procedure for making referrals.
- Developed a cover letter template to assist in making the referral.
- Case managers were sent a list of consumers in need of medical nutrition therapy services.
- Trained work group members to access a list of applicable consumers from the electronic health record (EHR) who will work with clinical staff members to ensure they are aware of this report.
- Work group members to work with clinical staff and supervisors to ensure all current and new staff members are aware of this PIP and the referral process.

Future Goal: Northpointe will continue to remind staff to discuss Medical Nutrition therapy benefits with their individual and encourage them to speak with Primary Care Physicians about obtaining these services in order to improve their overall health

Northcare will continue to monitor this PIP and report to Northpointe and other CMHSPs in the region.

Update: FY18 Northcare region has met the goals set for us by HSAG and the mandatory measuring of this performance indicator has discontinued, however, Northpointe will continue to implement the measures implemented to make this referral process a routine process.

As of this date 3/14/18 another PIP has not yet been implemented by the Region. We are looking at developing a project to improve the documentation of Supported Employment providers.

SUMMARY

Northpointe has proven its dedication to the individuals we serve as well as to fulfilling the standards set upon us by our standards regulators. Northpointe will continue to work diligently to implement any mandated changes and those improvements identified as being beneficial.

Quality Improvement Team Review: 7/19/18

Operations Team Review: 7/19/18

Board Approved: 8/23/18

Stakeholder Advisory Committee Approved: 6/12/18