



I.M.P.A.C.T. Annual Plan

Fiscal year 2019 - 2020

Presented by the I.M.P.A.C.T. Management Team

2020

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I.M.P.A.C.T.

INTRODUCTION

Organization Description and History

Since 1978, I.M.P.A.C.T. has provided: quality residential care for the developmentally disabled and/or mentally ill, assisted living services, community-based advocacy and supports, and Prevention and Education Programs in St. Clair County. These services are provided to people with complex developmental disabilities, mental health disorders, medical and health-related disabilities, and the elderly in need of assisted living.

Residential care services are currently provided throughout St. Clair County including: 6 residential 6-bed facilities for the developmentally disabled, one residential 20-bed facility for the elderly, handicapped, developmentally disabled and mentally ill, one 15-bed supported living facility for semi-independent ambulatory individuals and 5 “home of your own” supported living arrangement locations. These services are provided on a 7 day per week, 24 hours per day basis.

The CISD (Community Integration and Supports Department) offers a variety of opportunities for individuals with disabilities to receive services within the community in which they reside. These include Community Living Supports (CLS) in St. Clair County and Respite services in St. Clair and Sanilac Counties.

Prevention Services are provided throughout St. Clair County. The primary goal of the Prevention Department is deterring individuals of all ages from: using or abusing illegal drugs, prescription drugs, tobacco and alcohol as well as providing skills and tools to resist and cope with the pressures that cause people to get involved with any of the aforementioned substances. The Certified Prevention Specialists lead educational groups for individuals of all ages including such groups as: domestic violence cessation, life skills, drug education, anger management, parenting and more.

For many years, the clinical department (The Center for Human Resources/CHR) provided Substance Abuse and Mental Health Treatment Services to children, adolescents, adults, couples, and families in both individual and group settings. Due to both financial and staffing losses, a plan was developed to restructure the clinical department but was unsuccessful. In April 2019, the Board of Directors made the difficult decision to discontinue out-patient treatment services July 1, 2019. If our community has a need we will consider re-opening out-patient treatment services.

Vision Statement

I.M.P.A.C.T. will provide the highest quality community-based residential, community support services and behavioral health services to people with complex needs through innovative, individualized services, and natural supports.

Mission Statement

The mission of Incorporation to Maximize Personal Achievement with Community Training is to provide quality residential and behavioral health opportunities and community-based services that improve the quality of life, further personal growth, improve functional skills, promote consumer empowerment, and enrich the lives of the people we serve through information, referral, advocacy, prevention and treatment.

Core Values

I.M.P.A.C.T. believes that its board, management, and service staff must be committed to excellence and stay true to the following “core values”:

Respect for individuals
Respect for individual choice
Community-based supports
Innovation
Quality Staff and Team work
Continuous Improvement
Cultural Competency

Service Principles

The design, implementation, monitoring, and evaluation of all services must be guided by principles that include:

Individuals* are actively involved in and determine the design and implementation of their service plan.

Individuals have access to a system of comprehensive and integrated, community-based, best practice treatment and support services.

Services promote natural and community supports including family, friends, peers and other citizens.

Services are relevant to the individual’s age, abilities, and life goals.

Services demonstrate respect for the rights and dignity of all individuals.

Services incorporate the culture and value system of the individual.

Individual choice, satisfaction, safety and positive outcomes are the focus of services.

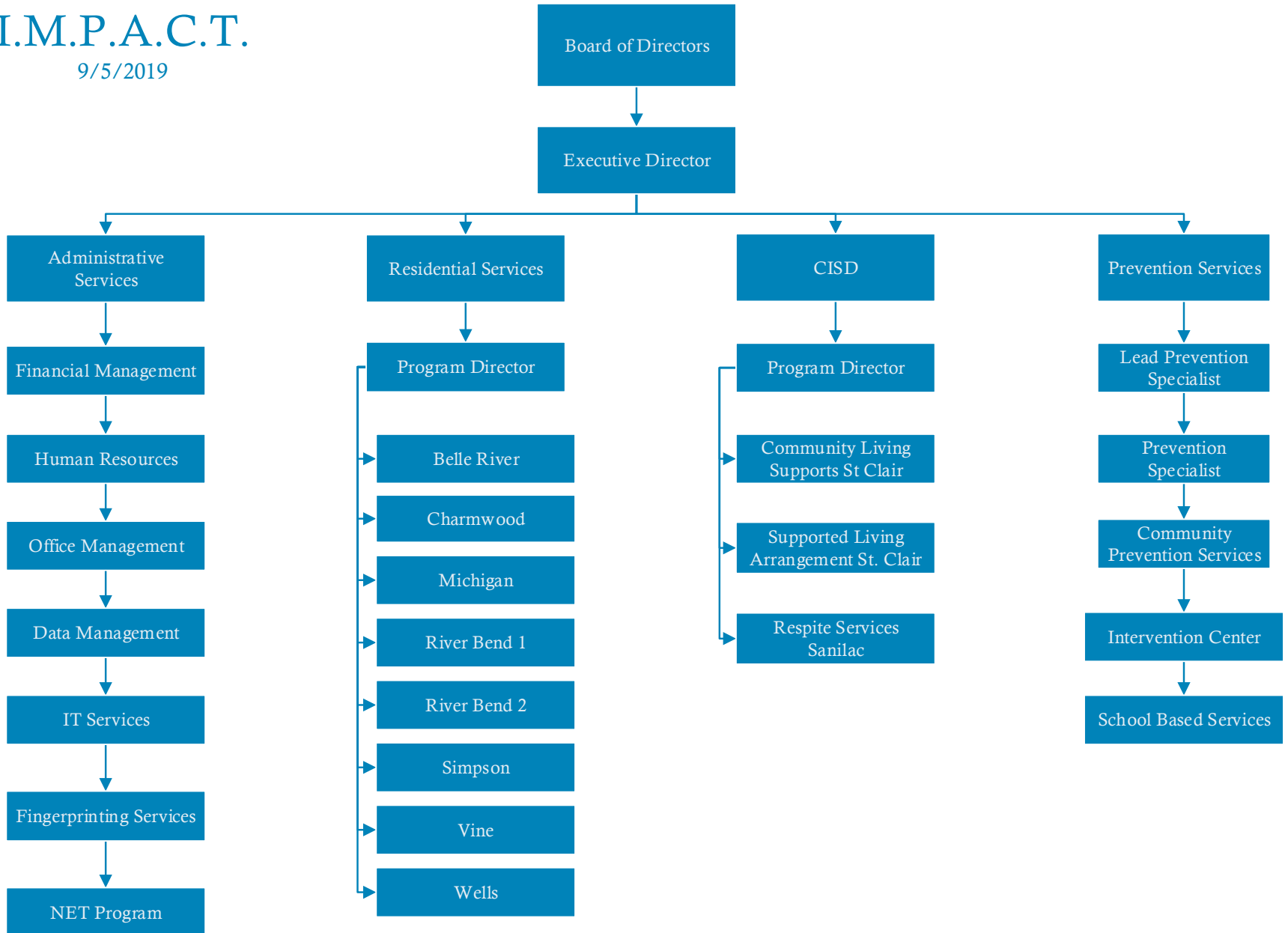
Individuals are offered the support and services necessary to be successful where they live, work and play.

Services are designed to foster communities where all members are included, respected and valued.

*The word “individual” may mean the consumer directly or the consumer’s guardian.

I.M.P.A.C.T.

9/5/2019



QUALITY IMPROVEMENT PLANNING

Scope

This Quality Improvement Plan will focus on efforts to refine and enhance the following primary components:

- Accessibility and Person-Centered Care
- Business/Financial Planning
- Staff Education and Training
- Risk Management
- Cultural Competency
- Technology

Organizational Decision-Making and Communication

Quality consumer outcomes and continuous process improvement are the foundation of the organizational decision-making and communication process of I.M.P.A.C.T.

The process begins with researching the community need, learning what services the consumers want, determining if the services fit within the mission of the Agency, evaluating our organizational capacity to effectively perform services, identify any process improvements, and then setting goals that are monitored and reported on.

The decision-making process requires input and information from all levels of the organization.

Examples of methods used to gain input include:

- Annual consumer surveys and through direct interaction.
- Annual stakeholder surveys and direct interaction, whenever possible.
- Input from staff is obtained from monthly staff meetings, staff injury reports, exit interviews, post-training survey and incident reports.
- Community needs assessments done by area agencies, i.e. United Way, St. Clair County Health Department, and Community Action Agency. Collaboration and interaction with other Human Services Agencies.

The input is disseminated to one of the following committees for evaluation, as well as the Board of Directors and other interested parties:

- Management Team
- QI Committee
- Safety Committee
- Residential Supervisors
- Policy Committee

The input is continually analyzed, and the analysis is integrated into the business practices of the organization. The input is analyzed to help determine if the organization is meeting the consumer and stakeholder needs, providing the opportunity for the highest quality outcomes, and identifying potential new opportunities for growth and development.

Information is gathered, and the decisions made are communicated back to the Board of Directors, stakeholders, persons served and staff using meeting minutes and the strategic plan.

Organizational Capacity and Resources

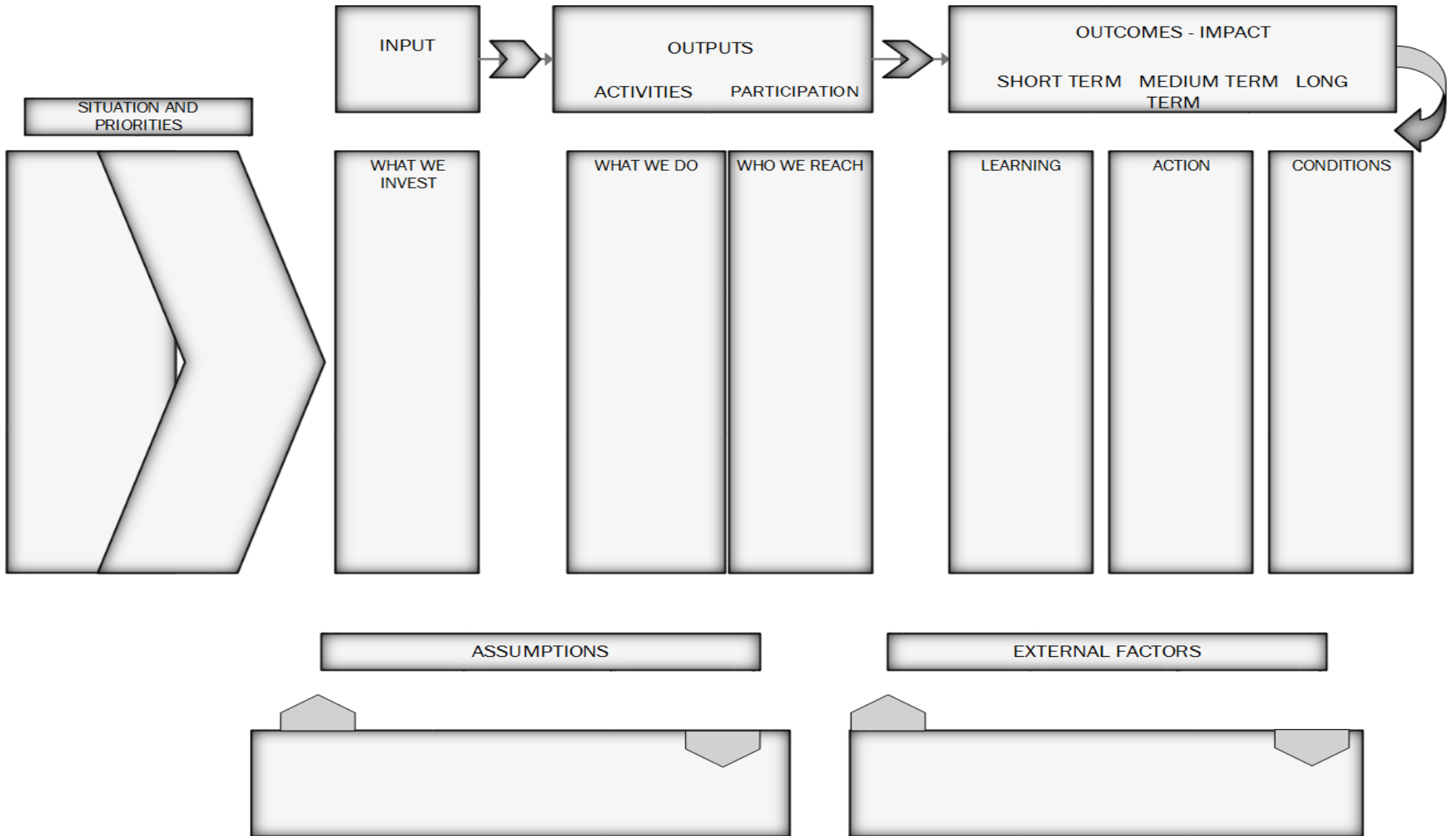
With the guidance of the Board of Directors and in keeping with our mission, the Administration, Management and staff of I.M.P.A.C.T. will focus efforts on challenging ourselves not to be satisfied with our current status but seek to improve in our ability to provide sustainable quality

residential, community supports and behavioral health opportunities through information, referral, advocacy, prevention and treatment using data-driven decision-making. This approach requires building on existing alliances and the development of new partnerships with various community organizations, as well as retaining qualified staff and challenging them to meet and exceed established goals.

Logic Models for Service Components

The Agency will accomplish goals by utilizing the following components of a logic model as demonstrated in the following graphic model.

1. Defining the situation
2. Setting its priority
3. Investing all necessary resources (INPUT)
4. Accomplishing all needed activities and participants (OUTPUT)
5. Determining the short, medium and long-term OUTCOMES



ENVIRONMENTAL SCAN

Regional Demographic Profile

St. Clair County continues to be a primarily rural community. The current population is 159,337 (2018 US Census Bureau). Since the 2010 census, the population of St. Clair County has decreased by 2.3%. The current unemployment rate (as of June 2019) is 4.8%, this is a slight increase from one year ago (4.7%). The eligible workforce has continued to decrease creating workplace shortages.

The gender distribution for St. Clair County is 49% male and 51% female. The median age is 41 years for both sexes. Persons under the age of 5 years is 5%; persons under of 18 years is 18.8% and persons 65 years and older is 20.8%.

There are three inter-related population stressors affecting this region. These include: poverty (12.4%), disability (12.5%), and non-participation in the labor force. The percentage of individuals 16 and older who are not in the work force is 39.6%.

The cultural make-up of the region consists of 94% White, 3.4% Hispanic, 2.5% African-American and two or more races 2.2%.

St. Clair County is among the 24 Michigan counties categorized as “high risk” in the national opioid epidemic. Counties are categorized as “high risk” if they have both high opioid overdose mortality rates, and low capacity to treat opioid addiction.

The region continues to see growth in the Medicaid enrollments. There were 29,023 enrollees in July 2019 compared to 28,774 enrollees in July 2018. Medicaid service demand curve will most likely lead to continued increased allocations to St. Clair County.

The trends demonstrate the challenges facing the human services provider network. The trends suggest that the service demand pressures on the region will increase and will require determined planning to ensure a sufficiency of resource allocations.

Assessment of Community and Organizational Assets

Community and Organizational Strengths and Opportunities

	Strengths	Opportunities
Residential Services	<ul style="list-style-type: none"> • National Accreditation (CARF) • Staff provide Quality Care • Safety and Risk Management Programs • Continuous Quality Improvement programs • Facility Maintenance • Positive Utilization Reviews • Willing to try new ways of serving consumers • Flexible long term Supervisory and Management staff • Diversity of Services and a continuum of care • Program Educator • Ongoing training and education for staff • Adequately funded 	<ul style="list-style-type: none"> • Expansion of marketing • Diversify the variety of services for assisted living • Additional technology savings • Member of the St. Clair County Provider Alliance
	Strengths	Opportunities
Prevention Services	<ul style="list-style-type: none"> • National Accreditation (CARF) • Programs used are all evidence-based, best practice • Dedicated, creative staff with skills to successfully develop and implement prevention programs and services. • Greater financial stability to assist with program expansion • Experience working with a diverse population including prisoners • Strong, established community collaborations • Proven record of quality prevention performance • Certified Prevention Specialists 	<ul style="list-style-type: none"> • Expand evidence-based programs into additional schools • State focusing on elderly population • Expand programs in the Intervention Center
Community Integration	<ul style="list-style-type: none"> • National Accreditation (CARF) • Staff provide Quality Care • Safety and Risk Management Programs • Continuous Quality Improvement programs • Willing to try new ways of serving consumers • Ongoing training and education for staff • Diversity: Sanilac Respite, CLS, SLA and DHS Chore Services. • Supervisors in St. Clair and Sanilac provide oversight and training. 	<ul style="list-style-type: none"> • More respite cases with new staff • Diversify the variety of services for community integration.

Community and Organizational Weaknesses and Threats

	Weaknesses	Threats
Residential Services	<ul style="list-style-type: none"> • Single source funding • Increasing costs for healthcare benefits • Wages not competitive with current job market • Do not offer paid holidays • Saturated service market for staff recruitment • Changing Medicaid rules (HCBS) • No payment for empty beds 	<ul style="list-style-type: none"> • Rate changes • Open beds • Staff vacancies • Increased contract requirements with no corresponding rate increase • Minimum Wage Increase • Shrinking job candidate pool • Competition with other businesses • Increased cost of living • Staff burn out due to over time • Increased risk of injury or error for both staff and resident due to staffing shortage.
Prevention Services	<ul style="list-style-type: none"> • Loss of revenue from State • Need to develop expanded services to other community organizations • Need to diversify funding • Limited staff to cover extended absences 	<ul style="list-style-type: none"> • Decrease of available funding • Loss of units due to staff absences
Community Integration	<ul style="list-style-type: none"> • Single source funding • Increasing costs for healthcare benefits • Saturated service market for staff recruitment • Wages not competitive with current job market • Do not offer paid holidays • Change in minimum wage 	<ul style="list-style-type: none"> • Increased contract requirements with no corresponding rate increase • Increased cost of living • Multiple provider competition • Minimum Wage Increase • Paid sick time • Potential for financial loss if break-even point is not met in the CLS or Sanilac Respite programs

ONGOING PLANNING AND ACTION PLAN

INTRODUCTION

Given the continuing economic challenges and changing public mental health environment, I.M.P.A.C.T. senior management felt strongly there was a need to continuously review and update our existing annual plan by going through a process of reviewing the primary component of strategic planning annually:

Accessibility
Business
Training
Risk Management
Cultural Competence
Technology

ACCESSIBILITY PLANNING

I.M.P.A.C.T. has a written policy governing accessibility. I.M.P.A.C.T. believes that there should be no wrong door when entering services. It shall be the policy of the I.M.P.A.C.T. Board that accessibility is a key factor in the decision-making process of the Agency. Accessibility Planning will be done to improve the quality of life for our consumers and their families. I.M.P.A.C.T. believes ensuring accessibility at all levels and in all categories is an ongoing process. Consistently updating technology, promoting ongoing evaluation, improvement of standard practices, and systematically reassessing the needs of consumers and staff by obtaining their input regularly are some of the ways we ensure quality services and the removal of barriers of service. The formal Accessibility Plan is separate from this document and is reviewed and updated bi-annually by the Management Team.

A full accessibility plan is prepared containing the following components:

- Communication Barriers and Assistive Technology
- Physical and Environmental Barriers
- Transportation Barriers
- Financial Barriers
- Program Access Barriers

The plan has been reviewed by the management team. Several of the goals will continue as it was decided they were important enough to remain a primary focus for our action plan. The Communication and Physical Plant surveys from ADA will be reviewed in 2020 and again in 2022. Many of our primary plan action items are dependent on the availability of funds. The financial outlook for I.M.P.A.C.T. continues to be positive, but must, always, be monitored and revised according to State funding trends.

BUSINESS PLAN

Corporate Compliance Responsibility

The Board of Directors, Management and staff of I.M.P.A.C.T., as a private non-profit corporation providing quality services to public mental health, substance use disorder and individuals with developmental disabilities, understands that the philosophy and obligation of each employee is to conduct their job duties in a legal, moral, ethical and cost-effective manner.

Corporate Financial Responsibility and Stability

The financial structure of the organization:

- Oversight from the Board of Directors
- Executive Director - Assessment, Review and Acknowledgement of financial statements, preparation of bank deposits for prevention services revenue, manage all changes based on financial reviews.

- Duties of the Financial Manager include: Preparation of billing information to contracted external billing company. Preparation of bills for PIHP, CMH, DHHS, Offenders Success, and others as needed. Reconciliation and preparation of financial statements and reports.
- Office Manager – prepares deposits for residential services revenue, prepares billings for residential services, reconciles bank deposits, and makes bank deposits.
- Financial Assistant – data enters receipts, deposits, verifies billing.
- Receptionist – accurately record sessions and cancellations.
- Administrative Assistant - prepares billings for CLS, Respite and HOYO services.

Once a year, the organizational budget is prepared by the I.M.P.A.C.T. management team based on the actual revenues and expenditures for three preceding fiscal quarters and annualized. Adjustments are then made to increase or decrease revenue and expenses based on expected changes. (i.e. cost of healthcare, raise in minimum wage, reduced programming, and contract bids) The budget is reviewed and approved by the Board of Directors at the beginning of the fiscal year. The annual audit provides an overview of our net assets, program funding and costs, cash in the bank, and investments. I.M.P.A.C.T. is currently financially stable with a **23.0%** cash reserve. This is a decrease from 28% the previous year. Several projects contributed to the reduction: carpet, locks, furniture, furnace, built a new server and culvert. Creating a capital budget to plan for these types of purchases will help the Agency plan for upcoming projects and get back over the 25% mark.

Human Resources

As with any successful corporation, human resources are our greatest asset. I.M.P.A.C.T. has been fortunate, because of our ongoing financial stability, to continue to offer wages and benefits for our positions that meet or exceed the industry standards. Our personnel policy manual gives complete and clear instruction and information on how I.M.P.A.C.T. manages its human resources. I.M.P.A.C.T. recruits new staff based on job description qualifications. A job offer is made and is contingent upon: drug testing, criminal records checks (both State and Federal for residential and prevention), reference checks, employment history checks and driving record checks.

All new staff receives an orientation designed to educate and inform them of the policies and procedures of I.M.P.A.C.T. Individuals hired for positions in our residential department are trained using the State-approved “Toolbox” that covers all aspects of specialized residential care.

Staff satisfaction is measured during orientation, as well as at the time of termination. The management team maintains an open-door policy for the staff to assist with problems and complaints in a timely manner.

Information Technology

I.M.P.A.C.T. has maintained its technology applications at a very high level. It has given us the ability to increase efficiency, effectiveness, reduce costs, improve communications, and better apply national standards of practice.

In order to continue to use technology in the most effective manner, I.M.P.A.C.T. has developed and completed a HIPAA Information Security Risk Assessment Checklist and Information Security Plan. As with all the plans I.M.P.A.C.T. has completed, it includes the practice, analysis of the systems, Plan of Correction (if needed), responsible party, timeline and follow up. I.M.P.A.C.T. will review the plan bi-annually or as the system changes.

I.M.P.A.C.T. will also develop a replacement plan to assure the technology remains current and viable. I.M.P.A.C.T. has determined that there is a need to replace (8) older computers (residential supervisors). The Agency also has two VM Host servers; these physical servers run all 11 of virtual servers for the entire organization. One VM Host server was upgraded last year but we will need to upgrade the second VM Host server in order to provide full redundancy in the case one of the servers fails.

Business Goals

1. Goal: Staff Retention

Objective:

Develop a plan for staff recruitment and retention

*Sign-on bonus

*Referral bonus

*Input from staff via monthly staff meetings

*Recruitment events/job fairs

*Staff appreciation (birthday gift cards, holiday treats, Christmas gift card, etc.)

*Service Recognition

*Job shadows

*Orientation program

*Training program

*Contingent staff

*When To Work scheduling app

*New hire surveys

*Exit surveys

Performance Indicator: Monitor data collected from HR

Who applied to: All current and new agency staff

Time of measure: Reviewed at bi-weekly Management Meetings

Data Source: HR report

Performance Target: Staff retention greater than 69%

2. Goal: Manage transition to the new HCBS Medicaid rules

Objective: Compliance with HCBS Medicaid rules

*Know, understand and implement rules as currently written

*Implement approved corrective action plans

*Ongoing monitoring through Utilization Management reviews

*Provide ongoing staff education

Performance Indicator: Site visits and Utilization Management survey results

Who applied to: All residential locations and consumers receiving HCBS

Time of measure: Reviewed at monthly supervisor meetings and quarterly Quality Improvement Committee meetings

Data Source: Utilization Management Survey results obtained by the Program Director

Performance Target: 95%

3. Goal: Drug and Alcohol Education

Objective: Continue to identify, promote, and implement evidence-based programs in addressing drug and alcohol misuse/abuse

*Support and encourage local collaborative efforts to increase awareness

*Prevention staff participate in coalition groups

Performance Indicator: Access MiPHY surveys for data and use data compiled from Pre- and Post-tests for drug and alcohol education classes.

Who applied to: All active class participants

Time of measure: Reviewed at quarterly Quality Improvement Committee meetings

Data Source: Pre-test and Post-test results obtained by the Lead Prevention Specialist

Performance Target: 4+ score on a scale of 1-5, "Was the class very helpful"

4. Goal: Replace outdated and "end of life" residential supervisor computers and rebuild second VM host server.

Objective: IT staff will research replacement computers and equipment for VM host server.

Performance Indicator: Updated computers will be purchased and installed. VM host equipment will be purchased and rebuilt.

Who applied to: Updated computers at Charmwood, Belle River, Michigan, Simpson, Vine and Wells group homes. Second VM host server at Administration.

Time of measure: 09/30/20

Data Source: IT will take point and provide updates at Management Meetings

Performance Target: Updated reliable and faster computers. Two reliable VM host servers for Agency.

5. Goal: Develop a Capital Improvement Plan

Objective: Establish a 5-year plan

Performance Indicator:

- Inventory existing capitol assets

- A listing of the capital maintenance projects or equipment to be purchased
- Rank projects in order of preference
- Financing plan for the projects including the River Bend balloon payment which will be due in April 2021.
- A timetable for the completion of the project
- Justification for the project
- Explanation of expenses for the project

Who applied to: Management Team, Operations Coordinator, Group Home Supervisors

Time of measure: July 1, 2020 for implementation beginning FY 21

Data Source: Capital asset inventory, list of prioritized projects, resources needed (in-house vs contracted), project estimates.

Performance Target: Successful implementation of capital budget plan should allow the Agency to reach and maintain a cash reserve above 25%.

Competency-based Training Plan

The Board of Directors and Management of I.M.P.A.C.T. will provide effective and efficient leadership so that the Agency can achieve its mission and vision. I.M.P.A.C.T. will carefully plan and monitor the efficiency and effectiveness of its organizational structure and management practices to reflect our commitment and responsiveness to the individuals we serve. I.M.P.A.C.T. will train the workforce so there is an understanding that the philosophy and obligation of each employee is to conduct their job duties in a legal, moral, ethical and competent manner.

Corporate Compliance Training

The Board of Directors, Management and staff of I.M.P.A.C.T. understand that the philosophy and obligation of each employee is to conduct their job duties in a legal, moral and ethical manner. It is the policy of I.M.P.A.C.T. to have a corporate compliance program that includes a plan, complaint process training and updates as needed.

The I.M.P.A.C.T. Corporate Compliance policy 01-A-020 clearly defines the training requirements for all staff as it relates to corporate compliance. The entire workforce is to be trained at hire on the corporate compliance policy, as well as gain an understanding of fraud and understand the Agency's code of ethics. Annually, the staff will reaffirm their acceptance of the code of ethics and review the corporate compliance policy.

Workforce Development and Training

All successful businesses thrive due to the strength of its workforce. I.M.P.A.C.T. is no exception. Human Resources are our greatest strength and our greatest challenge. The efforts required to retain and further strengthen our workforce are our supreme strategic challenge. Some of the tasks we need to refine are:

1. Develop a staff recruiting and retention philosophy that encourages current and future staff to see their job as a career.

2. Reviewing the standards of performance and job descriptions to accurately reflect the expectation of the job and the expected knowledge and skills to perform the job effectively.
3. Training opportunities and recertification schedule.
4. Create professional development plans during each evaluation.
5. Supervise the training of each individual to ensure they perform to the expected standards.
6. Monitor and report on progress at Management Meetings.

The Program Educator assists with the training of all new hires. The training plan includes a competency-based training using the demonstration training model, whenever possible. This means that before a staff person can perform a task alone, they must physically demonstrate to the trainer each of the techniques and processes involved in the task. We must also now comply with the training requirements from CMH which demand specific time frames for completion, face to face trainings at CMH and re-certifications at CMH. It is now an expectation of employment that prevention staff become and maintain certification as prevention specialists.

Cultural and Gender Competency

Cultural competence refers to an ability to interact effectively with people of different cultures. Cultural competence is comprised of four components: (a) Awareness of one's own cultural view, (b) Attitude towards cultural differences, (c) Knowledge of different cultural practices, and (d) cross-cultural skills.

I.M.P.A.C.T. embraces the principles of equal access and non-discriminatory practices in service delivery with a service delivery model that recognizes mental health as an integral and inseparable aspect of primary health care. Cultural competence is achieved by identifying and understanding the needs and help-seeking behaviors of individuals and families.

I.M.P.A.C.T. strives to be a culturally competent organization which designs and implements services that are tailored or matched to the unique needs of individuals, children, and families. Our practice is driven by client preferred choices, not by culturally blind interventions.

I.M.P.A.C.T. will continue to do our utmost to maintain a culturally aware environment by:

1. Providing education and training on cultural competency.
2. Strictly adhering to the Agency's policy on non-discrimination.
3. Supporting community effort at reducing the stigma regarding mental health issues.

RISK GOVERNANCE AND MANAGEMENT PLAN

Organizational Risk Assessment

Every two years, the Management and staff of I.M.P.A.C.T. perform an organizational risk management assessment to determine the areas of greatest risk that could negatively affect the Agency.

The general categories reviewed are:

- Administration
- Human Resources
- Residential
- Community Integration

Prevention
Facility Management
Information Systems

Once the assessment and analysis are complete, an action plan is developed which includes timelines and responsible parties for each section. The action plan will be reviewed semi-annually during the management meetings for progress and updates.

The Information Security Risk Assessment Checklist and Information Security Plan will be separate from the Risk Management Plan and will be reported on at Management meetings. The Information Security Risk Assessment will also include an evaluation of the HIPAA risks within our information system and a Disaster Recovery plan for our technology.

Corporate Compliance

The I.M.P.A.C.T. compliance program covers the specific compliance principles and components and activities the Agency performs as a healthcare entity. I.M.P.A.C.T. has established Corporate Compliance policy number 1-A-020, as well as an Ethical Conduct policy number 1-A-030.

I.M.P.A.C.T. reviewed its corporate compliance plan in 2018 and believes it has been fully implemented which includes staff training. I.M.P.A.C.T. management team will provide a compliance report at the end of each fiscal year which will include:

1. The Team will analyze and, as needed, develop new methods for promoting compliance and identifying potential violations and for soliciting, evaluating and responding to complaints and reports of alleged non-compliance.
2. The Compliance Committee will periodically review the resources assigned to compliance efforts to assess their adequacy for maintaining the Compliance Program's ongoing effectiveness.
3. The Team will provide recommendations for Compliance Program improvement to the Board as part of the annual Report.

The reports will be included with the plan and be available each October.

Organizational Safety Plan

I.M.P.A.C.T.'s organizational safety plan is developed annually by the Safety Committee and presented to the Board of Directors annually for approval. The Safety Committee's annual meeting is held in January when a report of goal progress and committee accomplishments is discussed. The full report is available with the Safety Committee minutes.

The Safety Committee meets bi-monthly. At each meeting, major incident reports received within that period are discussed, and a plan of correction for each incident is developed. The annual goals are monitored and reported each meeting and at management meetings.

Safety Goals

Health and Safety Plan goals for FY 2020:

Goal

Objective: Reduction of high loss injury incidents

Strategy:

1. Evaluate work related injuries including action plans, debriefing, etc.
2. Make recommendations for education/training, equipment needs or policy changes related to the area of health and safety.
3. Identify work safety training needs, equipment or policies in response to identified causes and trends.
4. Coordinate with Agency Educator to present specialized safety related trainings.
5. Conduct annual Accident Fund Safety Inspections at each Agency location.
6. Consult with Accident Fund Safety Consultant to research information and/or conduct special staff trainings, etc.
7. Report on results as needed within the organization (management team, Q.I. Committee, Supervisor and staff meetings, etc.).
8. Summarize the results in the Annual Health & Safety Committee Report.

Outcome: An analysis of causes and trends will identify areas needing improvement to prevent similar events from reoccurring. This may include but is not limited to education/training, changes in policies/ procedures, and monitoring the changes to ensure they are effective.

Goal

Objective: Knowledge of Emergency Procedures

Strategy:

1. Research various methods for teaching and testing knowledge of emergency procedures, i.e. simulated tests, table top exercise, etc.
2. Make recommendations for needed equipment or materials to the Management Team.
3. Develop the various testing methods, i.e. written instructions, tests, supplies, etc.
4. In-service managers on how to implement the various testing methods.
5. Create a schedule that will rotate the various testing methods.
6. Schedule the Agency Educator to provide in-service training at quarterly staff meetings to conduct tests using various methods to test knowledge.
7. Report on results as needed within the organization (management team, Q.I. Committee and staff meetings, etc.).
8. Summarize the results in the Annual Health & Safety Committee Report.

Outcome: Staff and individuals served will be more knowledgeable and prepared in the event of an emergency.

Technology

The use of technology permeates all aspects of the Agency's activities including set goals for:

1. Communication
2. Database development
3. Electronic records
4. Assistive technology
5. Time and attendance keeping
6. Record storage
7. Security monitoring

I.M.P.A.C.T. has made a significant investment in hardware, software and human resources to advance our technology goals. The technology goals are set based on evolving the Agency's mission and creating quality improvements we wish to realize in all areas of our business.

1. IT staff have written a relational database specific to I.M.P.A.C.T. which provides financial reports, incident reports, utilization management, surveys and more. It is our intent to place important forms into this database to be completed by staff. This will eliminate paper forms and allow for gathering additional information related to quality improvement and effective operations.
2. Using the scanner, I.M.P.A.C.T. is scanning all historical records into computer files which are backed up daily.
3. Upgrade to the new Windows 10 operating system.
4. Most of the residential historical case records are now scanned and electronically stored, eliminating the need for physical record storage space.
5. Ongoing IT/HIPAA risk assessment.
6. Replace/Upgrade all 8 residential supervisor computers.
7. Replace/Upgrade second VM host server.

PROGRAM SERVICES AND SUPPORTS QUALITY IMPROVEMENT PLAN

I.M.P.A.C.T. is committed to systematic and continuous quality assurance and improvement of its processes, functions, and services. This commitment is a reflection of the agency's mission, values and service principles and is therefore included as an integral part of I.M.P.A.C.T.'s total planning and service delivery process.

Philosophy of the Quality Improvement Program

Supporting and improving the functioning levels and quality of life for the individuals we serve is the primary focus of I.M.P.A.C.T. We recognize that achievement of excellence in the services we offer to our consumers and enhancement of the environment in which we provide service is the responsibility of every employee. I.M.P.A.C.T. is committed to continuous quality improvement of its entire service delivery system. We encourage the people we serve, the community we serve, and our employees to assist us in our ongoing effort to improve both the effectiveness and efficiency of I.M.P.A.C.T.'s systems and services. I.M.P.A.C.T. maintains an ongoing quality improvement process in order to assure and improve both the effectiveness and efficiency of its systems and services.

I.M.P.A.C.T. has established, through its annual planning process, short-term quality improvement goals that support the achievement of our mission and purposes. These goals will allow us to flexibly respond to the changing needs and adapt to outcome information and quality improvement information.

Our annual planning process includes developing and implementing relevant and objective measurement systems to track consumers' satisfaction, program performance, consumers' progress toward person-centered goals, and ongoing monitoring, measurement, and improvement throughout the agency's service delivery system.

We invite the input of our consumers, stakeholders and personnel in all phases of our Continuous Quality Improvement process. Together we will continue to maintain I.M.P.A.C.T. as a preeminent, private, non-profit, human service agency that adds values to the community we serve by supporting and improving the lives of our consumers.

I.M.P.A.C.T. Organizational Quality Improvement Goals

The following goals were established by the Quality Improvement Committee for fiscal year 2019-2020. The QI Committee meets quarterly to report on the progress of the goals, the need to change, modify or add new goals based on the needs of the Agency and consumers.

Prevention: Alcohol & Other Drugs/Addictions

Goal: 100% of consumers will be given the opportunity to complete a Pre- and Post-test at the beginning and following completion of Alcohol & Other Drugs/Addiction classes

Objective: Pre- and Post-tests will help the Agency improve the quality of services and increase knowledge of the participants. Results may determine the need to modify how the material is communicated to increase retained knowledge

Performance Indicator: Pre- and Post-test results will be collected and analyzed on a quarterly basis and report to the Quality Improvement Committee

Who Applied to: 100% of all active consumers

Time of Measure: Quarterly

Data Source: Pre- and Post-test survey results will be completed by the Lead Prevention Specialists

Performance Target: On a scale of 1-5, 4+ consumers will report that services were helpful

Residential: Community Housing

Goal: Residents will participate in community volunteer activities annually and be offered weekly community inclusion activities

Objective: Increase access and participation in the residents' greater community

*Weekly meetings with residents to determine individual choice in community inclusion events and volunteer activities

*Annual resident survey to help guide activities for residents

*Minimum of 2 outings offered per week

*Volunteerism activities are done where clinically appropriate

Performance Indicator: Monitor data from supervisors and provide a summary report

Who Applied to: All residents* (*per choice and as clinically appropriate)

Time of Measure: Quarterly

Data Source: Reports from Group Home Supervisors are obtained by the Program Director

Performance Target: Two community volunteer activities annually and offer two weekly community inclusion activities

Goal: Minimize number of medication errors

Objective: Prevent injury to residents resulting from medication errors

*Staff training and education

*Annual recertification in medication administration and following any medication error

*Use of QuickMAR

*Extensive written policies on medication management

*UM reviews that include an audit of medications

Performance Indicator: Monitor medication error reports

Who Applied to: All residents and staff

Time of Measure: Quarterly

Data Source: Medication error reports obtained by the Program Director

Performance Target: Zero Medication Errors

Goal: Resident Focused Services

Objective: Increase satisfaction

*Weekly meetings with resident to discuss menus, outings, activities of their choice

*Encourage to the best of their ability the selection of staff for the home

*Follow up and develop appropriate action plans for areas of dissatisfaction

*Education on Person Centered Planning, Recipient Rights, Customer Service

Performance Indicator: Survey Results

Who Applied to: All residents and guardians, designated representatives

Time of Measure: Annually

Data source: Satisfaction surveys obtained by the Program Director

Performance Target: 90% satisfaction with services

St. Clair County Community Integration Services

Goal: Weekly Activity Note Compliance

Objective: Authorized services will be accurately documented on the Weekly Activity Notes to support individual plan of service goals and claims reimbursement.

Performance Indicator: 25% of WAN's will be reviewed each month.

Who Applied to: All individuals authorized for services

Time of Measure: Quarterly

Data Source: OASIS and Weekly Activity Notes data obtained by the Program Director/Supervisor

Performance Target: 95%

Goal: Individual Focused Services

Objective: Increase satisfaction

*Follow-up and develop appropriate action plans for areas of dissatisfaction

*Education on Person Centered Planning, Recipient Rights, Customer Service

Performance Indicator: Survey results

Who Applied to: All individuals and/or guardians

Time of Measure: Annually

Data Source: Survey results obtained by the Program Director

Performance Target: 90% satisfaction with services

Sanilac Respite

Goal: Weekly Activity Note Compliance

Objective: Authorized services will be accurately documented on the Weekly Activity Notes to support individual plan of service goals and claims reimbursement.

Performance Indicator: 25% of WAN's will be reviewed each month.

Who Applied to: All individuals authorized for services

Time of Measure: Quarterly

Data Source: OASIS and Weekly Activity Notes data obtained by the Program Director/Supervisor

Performance Target: 95%

Goal: Individual Focused Services

Objective: Increase satisfaction

*Follow-up and develop appropriate action plans for areas of dissatisfaction

*Education on Person Centered Planning, Recipient Rights, Customer Service

Performance Indicator: Survey results

Who Applied to: All individuals and/or guardians

Time of Measure: Annually

Data Source: Survey results obtained by the Program Director

Performance Target: 90% satisfaction with services

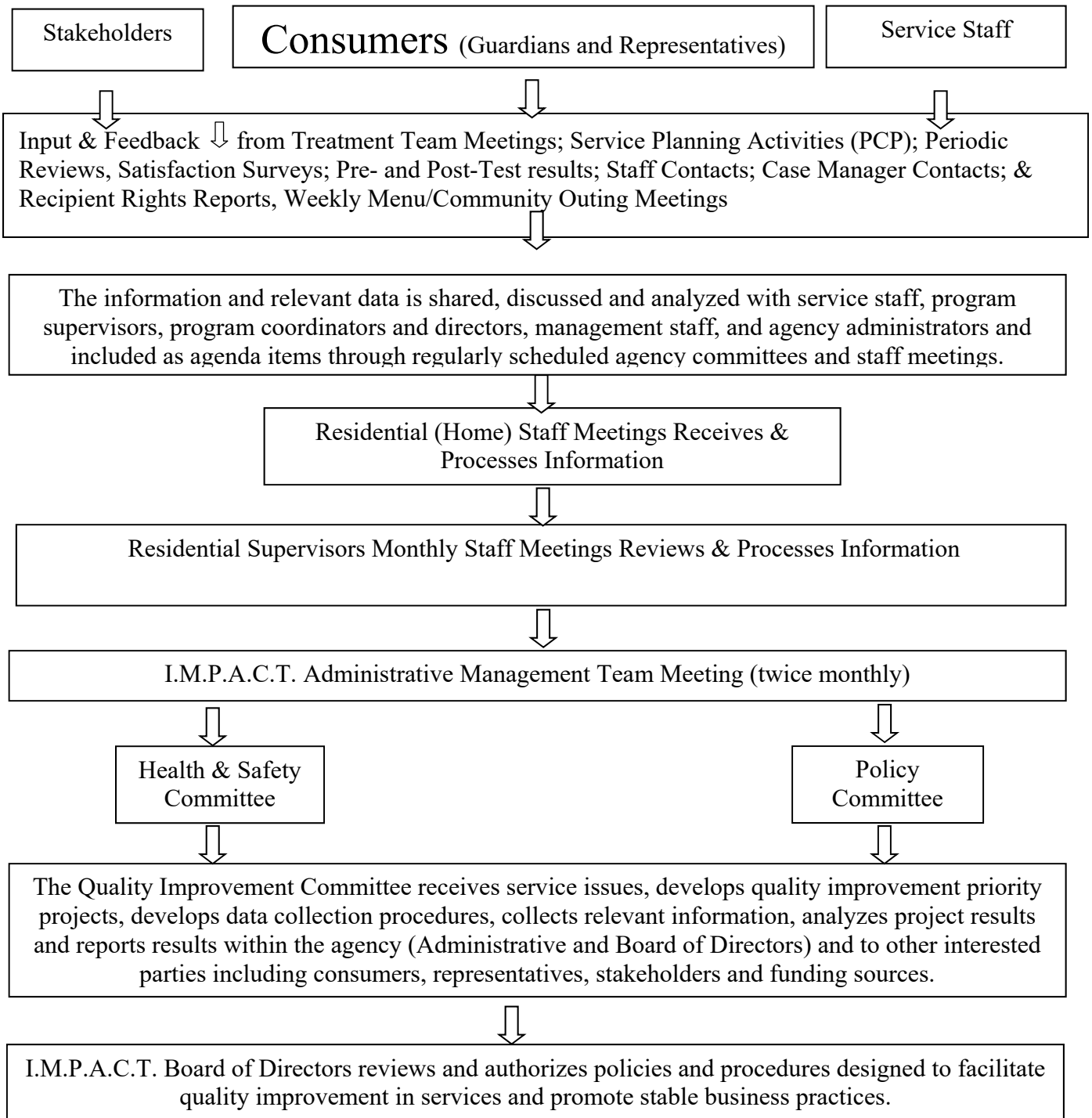
Resource Allocation

Ongoing monitoring and refinement of the service delivery system through the Quality Improvement process will demand significant agency resources. These resource demands will include the use of all personnel (administrative, supervisory, direct service staff, and support staff), supplies and materials, equipment, and various consulting services. One of the purposes of the Quality Improvement (QI) Plan is to examine the resource demands of the QI process and allocate the staff time and other resources necessary to successfully maintain the QI Plan.

Ongoing Monitoring Process and Decision Making - Reporting and Feedback

The Quality Improvement process demands ongoing monitoring of "real-time" information to make decisions beneficial to our consumers and our agency. I.M.P.A.C.T. will compare actual performance to planned performance on a monthly basis. All outcome and performance indicator data will be reported through the Executive Director and Management Team on a quarterly basis to the QI committee and other stakeholders. In addition, the Board of Directors will receive quarterly updates from the QI Committee. Utilization Reviews are also reported on a quarterly basis both to the QI Committee and Management team. All remedial action plans are developed with specific implementation strategies, resource allocations, time-lines, personnel accountability and are revisited quarterly as new goals are developed. All information is shared with consumers, staff and stakeholders on a regular basis to elicit feedback needed for the decision-making process. See decision making flow chart.

I.M.P.A.C.T. Decision Making Process



Dissemination of the Management Report and Continuous Quality Improvement Plan

Because we welcome and actively encourage input into our ongoing process of quality improvement, we distribute or make available electronically this report to solicit feedback from:

I.M.P.A.C.T. Board of Directors

I.M.P.A.C.T. Management Team

I.M.P.A.C.T. Employees

St. Clair County Community Mental Health Authority

Region 10 PIHP

United Way of St. Clair County

I.M.P.A.C.T. consumers and their families

Other individuals and organizations as determined by the I.M.P.A.C.T. Board of Directors

I.M.P.A.C.T.

Complete QI report will be available by December 2019

I.M.P.A.C.T. - Quality Improvement Summary Report FY 18-19

1. Report on Indicators:

1. Access to Service

a. Community volunteerism/community inclusion activities

The standard is (2) volunteerism activities per year and (2) community inclusion outings per quarter. Under most circumstances (unless clinically indicated), community inclusion activities are defined as outings other than trips to the party store, movies, or van rides.

Volunteerism Activities:

Volunteer activities include:

Reports are available upon request

2. System Accuracy

a. Medication error rate –

The Agency’s action plan for eliminating medication errors includes:

The chart below lists the residential location and type of medication error.

Location and Type of Error

Location	Misse d Med	Wrong Time	Lower Dose	Higher Dose	Wrong Consumer	Wrong Med	Wrong Doc.	Totals
Charmwood								
Belle River								
Michigan								
River Bend 1								
River Bend 2								
Simpson								
Vine								
Wells								
HOYOs								
Totals								

I.M.P.A.C.T.

6. Record Compliance (Internal Utilization Review)

- i. Residential –
- ii. CISD –

Reports are available upon request

7. Refine communication

- a. Consumer Complaints:
- b. Corporate Compliance Complaints:
- c. Satisfaction Surveys:
- d. Prevention:

8. Critical Incidents/Sentinel Events/Serious Accident or Illness:

8. Staff Training