Annual Plan
Fiscal year 2023
Presented by the I.M.P.A.C.T. Management Team
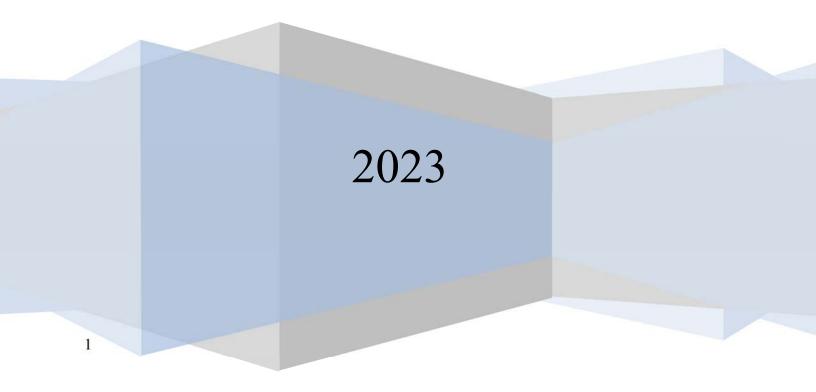
2023

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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 Education Programs in St. Clair County. These services are provided to people with complex developmental disabilities, mental health disorders, medical and health-related disabilities, the elderly in need of assisted living, substance use disorders, anger management, domestic violence, and individuals in need of healthy parenting skills.

Residential care services are currently provided throughout St. Clair County including: five residential 6-bed facilities for the developmentally disabled, one residential 20-bed facility for the elderly, handicapped, developmentally disabled, and mentally ill, and one 20-bed supported living facility for semi-independent ambulatory individuals. 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 live. These include 4 supported living arrangement locations (SLAs), and Community Living Supports (CLS).

Unfortunately, staffing shortages which existed prior to the COVID-19 pandemic have only worsened. Due to this ongoing crisis, I.M.P.A.C.T. found it necessary to close a 6-bed group home in the last year. The licensed capacity at River Bend 2 was increased from 15 to 20 beds to help maintain the level of available beds. All individuals were placed at other locations operated by I.M.P.A.C.T.

Prevention Education 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. I.M.P.A.C.T.'s certified Prevention Specialists lead educational groups for individuals of all ages including batterer intervention for men and women, drug education, anger management, parenting and more.

I.M.P.A.C.T. Prevention staff continue to participate in local coalition groups and have taken on a leadership role as co-chair for the Community Services Coordinating Body's Substance Use Prevention, Treatment and Recovery subcommittee group. Additionally, Prevention staff are also involved in the CSCB's Adolescent Workgroup with other community stakeholders to address needs for teen programming. These are just some of the ways I.M.P.A.C.T.'s Prevention Specialists stay connected with the local community.

I.M.P.A.C.T.'s CARF survey was conducted in November 2021. I.M.P.A.C.T. demonstrated full compliance with all CARF standards, receiving no recommendations and a 3-year accreditation. According to the CARF surveyor, only 3% of CARF accredited organizations fall into this category.

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 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 Teamwork
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.
7/22/2022

Board of Directors

Executive Director

Administrative Services
- Financial Management
- Human Resources
- Office Management
- Data Management
- IT Services
- Fingerprinting Services

Residential Services
Program Director
- Belle River
- Charmwood
- Michigan
- River Bend 1
- River Bend 2
- Simpson
- Wells

CISD
Program Director
- Community Living Supports
- Supported Living Arrangement

Prevention Services
- Lead Prevention Specialist
- Prevention Specialists

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, identifying 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 as well as direct interaction.
- Annual stakeholder surveys and direct interaction, whenever possible.
- Input from staff is obtained from monthly staff meetings, staff injury reports, exit interviews, 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 distributed 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 present 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

SITUATION AND PRIORITIES

INPUT		OUTPUTS			OUTCOMES - IMPACT		
		ACTIVITIES	PARTICIPATION		SHORT TERM	MEDIUM TERM	LONG TERM
WHAT WE INVEST		WHAT WE DO	WHO WE REACH		LEARNING	ACTION	CONDITIONS

ASSUMPTIONS

EXTERNAL FACTORS

ENVIRONMENTAL SCAN

Regional Demographic Profile

St. Clair County is the 14th most populated county in Michigan out of 83 counties total with an estimated population of 160,053.

The current unemployment rate (unemployed persons actively looking for work) is 3.2% for St. Clair County and the State of Michigan. There continues to be a labor shortage and it is a struggle to hire workers. Prior to the COVID-19 pandemic, a shortage of direct care staff existed. Since the pandemic, the shortage has reached a critical point. The annual turnover rate for direct care workers in the mental health field remains at 37% statewide.

The gender distribution for St. Clair County is 49.71% male and 50.29% female. The median age is 43.8 years for both sexes. The percentage of persons under the age of 5 years is 4.9%; under 18 years is 20.5% and 65 years and older is 19.4%.

There are three inter-related population stressors affecting this region. These include poverty (12.4%), persons with a disability under the age of 65 (12.6%), and non-participation in the labor force for individuals 16 and older (40%).

The cultural make-up of St. Clair County is White 90.8%, Hispanic or Latino 3.7%, Black or African American 2.5%, Asian 0.6%, and American Indian 0.5%, and Two or More Races 2.4%.

Related to the Covid-19 pandemic, Michigan ranked high for having a drug problem in 2020. Michigan ranked 15th in the nation for its share of teenagers who used illicit drugs in the past month; it ranked 13th for its share of adults who used illicit drugs in the past month; it ranked 14th for its share of opioid pain reliever prescriptions per capita; it ranked 17th for drug overdose deaths per capita; it ranked 20th for its share of adults who needed, but didn't receive treatment for, illicit drug use in the past year and it ranked 11th for substance abuse treatment facilities per 100,000 people (12 years and older) using illicit drugs

In 2021 there were 2,933 opioid overdose deaths reported in Michigan. An increase of 7% from the period of September 2020 to September 2021. Michigan is ranked 10th in the United States for having the highest opioid overdose deaths (21.2%).

The St. Clair County Drug Task Force seized more drugs in every category in 2021 compared to 2020, including a nearly 66% increase in methamphetamines. It is possible there was a greater circulation of drugs in the community because substance abuse support groups and drug education and prevention programs were disrupted due to the pandemic.

The 2020 MiPHY (Michigan Profile for Healthy Youth) data shows the percentage of St. Clair County high school students reporting recent use of electronic vaping devices was 24.2% which is higher than the State percentage of 20.8%. Recent use of alcohol was reported to be 17.9% (25.4% State), marijuana 15.8% (21.6% State) and 8.3% for use of a prescription medication without a prescription (7.2% State). Among high school students who recently "vaped", 30.5% report they usually get their vaping products by giving someone money to buy for them, followed by borrowing from someone else (27.4%), buying in a store or gas station (12.6%), from a person 18 or older (9.1%) taking from a store (1.8%), and on the internet (0.7%).

In 2020 there were 840 reported incidents of domestic violence in St. Clair County. 591 female victims and 249 male victims. St. Clair County ranked 15th out of 83 counties in Michigan.

Assessment of Community and Organizational Assets

Community and Organizational Strengths and Opportunities

	Strengths	**Opportunities**
Residential Services	• National Accreditation (CARF) • MALA membership • Member of the St. Clair County Provider Alliance • Staff provide Quality Care • Safety and Risk Management Programs • Continuous Quality Improvement Programs • Facility Maintenance • Positive Utilization Reviews • Positive Licensing Renewal Inspections • Willing to try new ways of serving consumers • Flexible Supervisory and Management staff • Diversity of Services and a continuum of care • Program Educator • Ongoing training and education for staff • Adequately funded for current services • Supportive and involved Board of Directors	• Diversify the variety of services for assisted living • Additional technology savings • Advocate for increased funding to support staff wage increases
	Strengths	**Opportunities**
Prevention Services	• 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 • Strong IT support to assist in providing virtual meetings (Zoom), access to online surveys, training materials for participants • Supportive and involved Board of Directors • Larger meeting space to accommodate social distancing	• Expand evidence-based programs • ENDS (Electronic Nicotine Delivery Systems) program • Expand programs in the Intervention Center, DHS Youth Services • Capability to offer classes via Zoom to reach persons outside of our community • Additional contracted services with Region 10

Community Integration	• 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: CLS, SLA and DHS Chore Services. • Supportive and involved Board of Directors	• Diversify the variety of services for community integration. • Advocate for increased funding to support staff wage increases

Community and Organizational Weaknesses and Threats

	Weaknesses	Threats
Residential Services	• Single source funding • Wages not competitive with current job market • Saturated service market for staff recruitment • Shift work, weekends, holidays, overtime • Increasing costs for healthcare benefits • No payment for empty beds • Increasing costs for room and board • Changing Medicaid rules (HCBS)	• Rate changes • Open beds • Staff vacancies • Staff burn out due to over time • Competitive job market • Increased cost of living • Increased risk of injury or error for both staff and resident due to staffing shortages • Limited community integration due to staffing shortages • Continuity of services due to staffing shortages • Inability to expand services due to staffing shortages • COVID-19 can put further strain on an already short staffing situation
Prevention Services	• Loss of revenue from State • Need to develop expanded services to other community organizations • Need to diversify funding • Limited staff to cover extended absences • Virtual meetings are challenging for many participants	• Decrease of available funding • COVID-19 could cause temporary stoppage of services • Advocate for increased funding to support staff wage increases • Staff vacancies • In ability to expand services due to staffing shortages • Potential for financial loss if break-even point is not met

Community Integration	• Single source funding • Lack of referrals/inability to take new referrals • Increasing costs for healthcare benefits • Saturated service market for staff recruitment • Wages not competitive with current job market	• Increased contract requirements • Competitive job market • Increased cost of living • Multiple provider competition • Potential for financial loss if break-even point is not met in the CLS program • COVID-19 could cause temporary stoppage of services for CLS • Inability to expand services due to staffing shortages

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 components 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. 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 have been completed in 2021. 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, review and initial all cash/ check deposits, manage all changes based on financial reviews.
- Finance Director- preparation of bills for PIHP, CMH, and others as needed. Enter invoices, receipts, deposits, verify billing. Reconciliation and preparation of financial statements and reports.
- Office Manager – prepares deposits for residential services revenue, prepares billings for residential services, reconciles bank deposits, makes bank deposits.
- Administrative Assistant - prepares billings for CLS and Supported Living Arrangement 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 wages, reduced programming, capital improvements 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 39% cash reserve. This is an increase from 37% the previous year. Along with SCCCMHA's continued coverage of all Medicaid allowable costs, cash increases from last fiscal year have buoyed the cash reserve and allowed us to weather market fluctuations and complete capital projects.

Human Resources

As with any successful corporation, employees are our greatest asset. I.M.P.A.C.T. strives to offer a competitive wage and benefit package. According to the 2021-2022 Assisted Living Salary and Benefit Survey the median wage for direct support professionals in Michigan is $14.05 per hour. I.M.P.A.C.T.'s current starting wage for direct support professionals is $15.60 plus a .75 per hour afternoon shift premium and $1.00 per hour midnight shift premium.

During the last quarter of this year (July-September), I.M.P.A.C.T. applied for and was awarded a staff recruitment grant from St. Clair County Community Mental Health in the amount of $79,000. This enabled I.M.P.A.C.T. to put together a robust staff recruitment program which included advertisements on both radio and billboards, increased sign on and staff referral bonus, hiring event as well as a non-employee referral program.

Our personnel policy manual gives complete and clear instruction and information on how I.M.P.A.C.T. manages its employees (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.

One of struggles we have faced is an increase in the number of interview candidates, and new hires who withdraw themselves from the hiring process with no explanation (ghosting). According to a recent study by Career Builder, two-thirds of candidates ghost potential employers because they found a job with higher wages or better benefits. This type of ghosting even happens after someone accepts an offer. Candidates are often interviewing with multiple employers at the same time. $

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 and monthly staff meeting. An attempt is made to measure satisfaction at time of termination, but the trend is most employees quit without notice.

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.

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., IT has determined that there is a need to replace (2) older Cisco ASA 5510 firewalls currently at Administration and River Bend. This will allow us to utilize more user-friendly multifactor authentication for our VPN services. IT is currently developing a new IMDATA data management system in the Office 365 cloud using PowerApps. After a testing period this will replace the current on premise IMDATA access application. We will also be rolling many of our staff data entry tasks into the new IMDATA application such as Daily Logs, Staff Logs and Health Care Chronological forms used by staff at the residential locations.

Business Goals

1. Goal: Staff Retention and Recruitment

   Objective: Develop a plan for staff recruitment and retention
   *Sign-on bonus
   *Referral bonus
   *Competitive wage and benefit package including 6 paid holidays and historical bonuses
   *Payactive Wallet
   *QR Code for easy access to online job postings/application
   *Input from staff via monthly staff meetings
   *Staff appreciation (birthday gift cards, holiday treats, Christmas gift card, etc.)
   *Years of Service Recognition
   *Flexible interview process, i.e., virtual, "on the spot, walk-ins", telephone
   *Orientation program
   *Training program
   *Contingent staff
   *Ability for flexible work schedule including rotational weekends

   Performance Indicator: Monitor data collected from HR at monthly management meetings

   Who applied to: All current and new agency staff

   Time of measure: Monthly; quarterly

   Data Source: HR report

   Performance Target:
   1. Staff retention greater than 80%. Measured monthly.
   2. Staff turnover less than 50%. Measured monthly for new hires and quarterly for all staff. Quarterly Data will include length of employment and reason for leaving.

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

    Objective: Compliance with HCBS Medicaid rules
    *Know, understand, and implement rules as currently written
    *Participate in survey process for Heightened Scrutiny
    *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 and Satisfaction Survey results obtained by the Program
    Director

    Performance Target: 90%

3. Goal: Increase community awareness of prevention programs

    Objective: Increase brand awareness of I.M.P.A.C.T.'s prevention education programs within
    the local community.

    Performance Indicator:
    a. Develop a social media plan to improve brand awareness and increase community
        followers.
    b. Present 1-2 community prevention education workshops/presentations.
    c. Participate in 2-3 community events representing I.M.P.A.C.T. prevention education
        services.
    d. Sponsorship support of 2-3 community events as I.M.P.A.C.T. prevention education
        services.

    Who applied to: Lead Prevention Specialist, Management Team, IT Director

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

    Data Source: Social Media Plan and Quarterly Q.I. Report

    Performance Target: September 30, 2023

4. Goal: Replace outdated Cisco ASA firewalls with new Firepower 1000 to allow for better
    security and easier user interaction with multifactor authentication for our VPN connections.

    Objective: IT staff will research replacement firewall equipment and licensing for PowerApps.

Performance Indicator: Selected firewalls will be purchased and installed at Administration and River Bend and a test pilot of the new version of IMDATA powered by Office 365 PowerApps will be conducted.

Who applied to: Update firewalls at Administration and River Bend. New IMDATA applies to all staff.

Time of measure: 09/30/23

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

Performance Target: Updated and more secure firewalls. Updated and secure data base for residential forms.

5. Goal: Capital Improvement Plan

Objective: Rolling 5-year plan

Performance Indicator:
- Maintain inventory of existing capitol assets
- A listing of the capital maintenance projects or equipment to be purchased (updated as needs arise)
- Rank projects in order of preference
- Financing plan for the projects
- 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, Board of Directors

Time of measure: Recommendations made to the Board of Directors for approval of projects. Reviewed monthly by the Management Team. Updates provided to the Board of Directors as needed.

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. Employees are our greatest strength and our greatest challenge. The efforts required to retain and further strengthen our workforce are our highest 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. Review 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 everyone to ensure they perform to the expected standards.
6. Monitor and report on progress at bi-monthly 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 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 also an expectation of employment that prevention staff become and maintain certification as Prevention Specialists through the Michigan Certification Board for Addiction Professionals (MCBAP).

Cultural 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

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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 a Corporate Compliance policy (1-A-020), as well as an Ethical Conduct policy (1-A-030).

The I.M.P.A.C.T. management team is responsible for:

1. Reviewing and updating the Compliance Plan at least annually.

2. Training staff at orientation and annually on Agency Compliance Plan.

3. Reviewing and analyzing the complaint data for tends or problem areas.

4. Developing new methods for promoting compliance and identifying potential violations and for soliciting, evaluating, and responding to complaints and reports of alleged non-compliance.

5. Periodically reviewing the resources assigned to compliance efforts to assess their adequacy for maintaining the Compliance Program's ongoing effectiveness.

6. Annually providing recommendations for Compliance Program improvement to the Board of Directors.

Organizational Safety Plan

I.M.P.A.C.T.'s organizational safety plan is developed annually by the Safety Committee and reviewed by the Management Team.

The Safety Committee's annual meeting is held during the second quarter of the fiscal year 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 if applicable, a plan of correction for each incident is developed. The annual goals are monitored and reported on at each meeting.

In response to the COVID-19 pandemic, the Safety Committee was responsible for ensuring I.M.P.A.C.T.'s COVID-19 Preparedness and Response Plan was updated whenever new epidemic mandates and guidance policies were issued by the CDC, MDHHS or the local health department. All staff receive initial and annual training on the plan.

Safety Goals

Health and Safety Plan goals for FY 2023:

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 Program Educator to present specialized safety related trainings.
5. Conduct annual safety inspections at each Agency location.
6. 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: Develop a plan for conducting safety inspections of adaptive equipment

Strategy:
1. Obtain a listing of adaptive equipment in use at all residential facilities, i.e., shower chairs, lifts, swings, etc.
2. Research methods including consulting with the Occupational Therapist for conducting safety inspections of adaptive equipment.
3. Develop detailed instructions on how to inspect the adaptive equipment which will be included in the monthly facility maintenance checklist.
4. In-service managers on how to complete the safety inspections
5. Create a schedule that will rotate the various testing methods.
6. The Safety Committee will review the maintenance checklist annually or as needed.
7. Agency Educator will provide in-service as needed or requested.
8. Report on results as needed within the organization (management team, Q.I. Committee and staff meetings, etc.).
9. Summarize the results in the Annual Health & Safety Committee Report.

Outcome: Adaptive equipment will be inspected to better ensure safe use and identify signs of equipment failure or need for repair.

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
8. Remote access

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. Most of the residential historical case records are now scanned and electronically stored, eliminating the need for physical record storage space.

4. Ongoing IT/HIPAA risk assessment.
5. Start a test pilot of the new version of IMDATA powered by Office 365 PowerApps.
6. Replace firewalls at Administration and River Bend to provide better security and easier user experience for multifactor authentication.

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 reflects 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 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, 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 the individuals we support.

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

The following goals were established by the Quality Improvement Committee for fiscal year 2022-2023. 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
*Utilization Management reviews that include an audit of medications

Performance Indicator: Monitor medication error reports

Who Applied to: All 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 residents 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, guardians, and designated representatives

Time of Measure: Annually

Data source: Satisfaction surveys obtained by the Program Director

Performance Target: 90% satisfaction with services

Community Integration Services

Goal: Weekly Activity Note and Billing Compliance

Objective: Authorized services will be accurately documented to support individual plan of service goals and claims reimbursement.

Performance Indicator: Audit results

Who Applied to: All staff

Time of Measure: Quarterly

Data Source: OASIS and Weekly Activity Notes

Performance Target: 95% accuracy

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

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Who Applied to: All individuals served 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 quarterly basis. The Board of Directors will receive quarterly updates from the Executive Director. 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, timelines, 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

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┌──────────────┐   ┌──────────────────────────────────────┐   ┌──────────────┐
│ Stakeholders │   │ Consumers (Guardians and Representatives) │   │ Service Staff │
└──────────────┘   └──────────────────────────────────────┘   └──────────────┘
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Input & Feedback ⇩ from Service Planning Activities (PCP); Periodic Reviews, Satisfaction Surveys; Pre- and Post-Test results; Staff Contacts; Case Manager Contacts; & Recipient Rights Reports, Weekly Menu/Community Outing Meetings

The information and relevant data is shared, discussed, and analyzed with service staff, program supervisors, program coordinators and directors, management staff, and agency administrators and included as agenda items through regularly scheduled agency committees and staff meetings.

Residential (Home) Staff Meetings Receives & Processes Information

Residential Supervisors Monthly Staff Meetings Reviews & Processes Information

I.M.P.A.C.T. Administrative Management Team Meeting (twice monthly)

Health & Safety Committee

Policy Committee

The Quality Improvement Committee receives service issues, develops quality improvement priority projects, develops data collection procedures, collects relevant information, analyzes project results, and reports results within the agency (Administrative and Board of Directors) and to other interested parties including consumers, representatives, stakeholders, and funding sources.

I.M.P.A.C.T. Board of Directors reviews and authorizes policies and procedures designed to facilitate quality improvement in services and promote stable business practices.

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
I.M.P.A.C.T. consumers and their families
St. Clair County Community Mental Health Authority
Region 10 PIHP
United Way of St. Clair County
Other individuals and organizations as determined by the I.M.P.A.C.T. Board of Directors

I.M.P.A.C.T.
Complete Quality Improvement report will be available by December 2023

I.M.P.A.C.T. - Quality Improvement Summary Report FY 22-23

Residential Community Housing

1. Goal: Residents will participate in community volunteer activities annually and be offered weekly community inclusion activities (*per choice and as clinically appropriate).

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

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

   a.   Volunteerism Activities:

   b.   Volunteer activities include:

2. Goal: Minimize number of medication errors

   Objective: Prevent injury to residents resulting from medication errors

   Performance Target: Zero Medication Errors

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

Location and Type of Error

Location	Missed 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								
Wells								
SLAs								
Totals								

Community Integration Services

3. Goal: Weekly Activity Note and Billing Compliance

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

   Performance Target: 95% compliance.

I.M.P.A.C.T.
Prevention: Alcohol & Other Drugs/Addictions

4.   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 reported to the Quality Improvement Committee.

Record Compliance (Utilization Review)

 a. Residential

 b. CISD

Individual Focused Services

a. Consumer Complaints

b. Residential Services Satisfaction Survey Results

c. CISD Services Satisfaction Survey Result

Corporate Compliance Complaints

Critical Incidents/Sentinel Events/Serious Accident or Illness

Staff Training

Business Goals

1. Staff Recruitment/Retention

2. HCBS Medicaid Rule Transition (Residential Programs)

3. Prevention Services (Alcohol and Drug Education)

4. IT

5. Capital Improvement