

I.M.P.A.C.T. Quality Improvement Meeting

01/24/23

In attendance: Kris Curtis, Aaron Foote, Mike Thomas, Denise Ellery, Terry MacMillan

Meeting minutes – The meeting minutes from October 26, 2023, were previously approved by email on 11/15/22.

Report on Indicators:

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: \$69 was raised from Blue Jeans for A Cause at Administration and \$147 from the paper ornament drive for the Community Food Depot. We also held a clothing and hygiene product drive for Blue Water Safe Horizons and a United Way giving campaign.

- b. Community Inclusion Activities:

Belle River – Various shopping and restaurant outings, sensory rides, cider mill,

Charmwood – Various shopping and restaurant outings, sensory rides

Michigan – Various shopping and restaurant outings, sensory rides

River Bend #1 – Various restaurant outings, sensory rides

River Bend #2 – Various shopping and restaurant outings

Simpson – Sensory rides, shopping, and restaurant outings

Wells – Various shopping and restaurant outings, sensory rides

For Christmas, this year we partnered with Terry and Jim MacMillan to provide Mr. Pita platters, chips, salad, and cookies delivered to each Agency location including the Supported Living Arrangements. Individuals served received a \$5 Tim Horton gift card from I.M.P.A.C.T. and staff's children received a \$5 McDonald's gift card from Terry and Jim MacMillan.

We would like to hold a volunteerism fund raising event each quarter.

2. Goal: Minimize number of medication errors

Objective: Prevent injury to residents resulting from medication errors

Performance Target: Zero Medication Errors

Medication Errors – Zero Medication errors this quarter. Previous quarter – (2) errors.

St. Clair County Community Integration Services

3. Goal: Weekly Activity Note Compliance

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

Performance Target: 95% compliance.

100% of all WANs were reviewed October thru December with a compliance score of 90%. This is an improvement from the previous quarter 85%.

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.

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

Alcohol and Drug Education and Alcohol Recover Education classes have been combined into one curriculum called Basic Drug Education (BDE) – 63 post surveys. Improved knowledge – plus .044. 4.78 report the class was very helpful. 98.33% agreed they would use the information learned.

RSAT – Residential Substance Abuse Treatment – 38 post surveys. Improved knowledge – plus 0.68, 4.58 reported the class was very helpful. 90.48% reported they would use the information learned. 21/24 in jail and 16/17 at Huron House were surveyed.

ARM – Anger/Rage Management – 32 post surveys. Improved knowledge - plus 0.53, 4.78 reported the class was very helpful. 98.33% reported they would use the information learned.

DV -Domestic Violence – 19 post surveys (men and women). Improved knowledge – 0.41, 4.79 reported the class very helpful.

Parenting Groups – Active Parenting Birth to Five – 3 post surveys. Improved knowledge plus 1.17, 4.33 reported the class was very helpful. 100% reported they would use the information learned. Active Parenting 6 plus years – 2 post surveys. Improved knowledge plus 0.79, 1.25 very helpful. 100% reported they would use the information learned.

24/7 Dad – 2 post surveys. Improved knowledge – 0.66, 5 report the class very helpful. 100% strongly agreed they would use the information learned.

Record Compliance (Utilization Review)

- a. Residential – A reviews were started at Charmwood and River Bend 2 but have been delayed due to COVID-19 restrictions. Reviews will be finished in the next quarter at these locations plus Wells.
- b. CISD – The survey has been updated. Discussed having the CISD administrative assistant help complete reviews.

Individual Focused Services:

- A. Consumer Complaints: The proper circulation of hot water is an issue at River Bend for which a complaint was made to AFC Licensing. There is plenty of hot water, but the hot water is not reaching rooms further away from the mechanical room. Licensing consultant talked to Operations Coordinator and Watson Brothers who explained what steps have been taken and the plan to correct the issue. Plan includes adding new feeder pipes (current pipes are only ½” and should be 1 ½”), re-set circuit setters further out and add a circuit setter to boost circulation (regulate water going to different areas of the facility), adding a 2nd circulation pump. Add a manifold system for zoned shut offs. A citation was issued, and a corrective action plan was submitted with a completion timeframe of (6) Months.
- B. Wells – One resident has been issued a 30-day notice as the result of an AFC Licensing special investigation. AFC and APS initiated investigations when a parent of one of the residents living at Wells filed a complaint with the police, AFC Licensing and APS against another resident who has exhibited physical aggression towards the parent’s child/ward. I.M.P.A.C.T. and CMH met with AFC licensing and APS to explain the purpose and intent of the Wells behavioral program including additional supports and training. AFC licensing still cited I.M.P.A.C.T., and APS substantiated a complaint against the resident. CMH is seeking an alternative placement for the individual.
- C. River Bend 1 – (1) substantiated recipient rights violations regarding restrictions/limitations and (1) Dignity/Respect (both involved the same staff member). Involved staff was counseled, re-trained and received a job performance memo in accordance with Agency policies and procedures.

Corporate Compliance Complaints: N/A

Critical Incidents/Sentinel Events/Serious Accident or Illness: N/A

Staff Training: Added an attestation for I.M.P.A.C.T. Security Awareness training. Training completed at hire and annually. This will be added to the evaluation form. Training Toolbox has been updated with the new CPR and First Aid curriculum.

Business Goals

1. **Staff Recruitment/Retention:** The retention rates are as follows: October 88%, November 95%, December 93%, January 95%, February 99%, March 96%, April 97%, May 100%, June 94%, July 95%, August 99%, September 97% (staff who left the agency vs staff who remained). The quarterly retention rate was 91% with a turnover of 9%. SCCMH Provider Staffing Crisis Stabilization Funds – We are continuing to utilize the grant money to run billboard and radio ads, continue the \$1500 referral and sign on bonuses, held two job fairs, and offering applicants a \$25 gift card for filling out an application, etc. In September we celebrated Direct Support Professional Week with food, embroidered I.M.P.A.C.T. hoodies, bonus, and a Sam’s Plus Membership.

2. **HCBS Medicaid Rule Transition (Residential Programs)**: Residential Programs continue to follow HCBS rules. New staff receive training regarding the HCBS rules, current staff receive updates as received. Weekly meetings are held with residents to determine their choices regarding the menu and community activities. Full implementation of the HCBS rules has been extended to March 17, 2023.

3. **Prevention Services (Alcohol & Drug Education)**: Continue to identify, promote, and implement evidenced-based programs addressing drug and alcohol misuse/abuse.

*Support and encourage local collaborative efforts to increase awareness.

*Prevention staff participate in coalition groups.

Coalition (CSCB) - Adolescent Work Group- Starting Back up in January. Substance Use Prevention, Treatment and Recovery (SUPTR) is a sub-group of the Community Services Coordinating Body (CSCB). Mike is chairing the Community Education Team, working on social media/Speak.

SYNAR - Attended a process information meeting with other coordinators in Region 10, new tracking sheet option (not to replace state resource but helpful for tracking stores that have had a SYNAR, Non-SYNAR and Vendor Ed. check), State meeting in January.

Non-SYNAR: No updates currently. Progress to begin in 2nd quarter with checks.

Teen Anger Management: Port Huron High School did not have programs in the fall. They are expected to resume in the winter 2nd semester.

Thinking Matters: Thinking Matters class is an 8-week cognitive restructuring program that has participants use a workbook to perform activities that center on identifying past problematic behaviors, learning the thoughts/beliefs/feelings that lead to these behaviors, and finding solutions to these issues for the future. It combines Cognitive Behavior Therapy and other tools to engage participants in making better choices on personal issues like substance use, anger management, financial planning, physical fitness, healthy communication, and criminal behavior. 10 post surveys. Improved knowledge plus 0.63, 5 reported the class very helpful. 100% reported they would use the information learned.

Tobacco Section Funding - Work will begin in 2nd quarter on PSA's and reaching out to Day Treatment Night Watch for education programs.

Vendor Education- Vendor education will begin in 2nd quarter when we receive new signage from state. Packets will be made, and we will distribute to local county stores, with emphasis on those that did not pass SYNAR Compliance and/or sold. Vendor Education is for both alcohol and tobacco.

4. **IT**: For the Firewall replacement goal. Currently Techsoup does not have the Firewall hardware we need posted. IT is monitoring the site to see if Techsoup releases this hardware for donation as it is far cheaper to purchase the hardware through TechSoup then pay the normal MSRP price.

IMDATA App is currently in development. The basic functionality of the application including permission, access control, logging is implemented. Next will be scheduling a meeting with key individuals to start implementing the Incident Report functionality.

IT has also identified the need to upgrade our Veeam backup server and is in the process of reconfiguring our backup schedule.

5. **Capital Improvement Plan:** The management team will make recommendations for capital improvement projects that will be presented to the Board for approval in March (following the financial audit). One area will be to update and remodel the bedrooms at River Bend.

6. **Health & Safety:** The Health and Safety Committee is creating an inspection form for durable medical equipment. The form will identify various types of equipment with the instructions on how to complete a safety inspection of the equipment and what to do if a piece of equipment is identified as needing repair.

Adjournment/Next Meeting: The meeting was adjourned at 2:30 pm. The next meeting will be on April 12, 2023.