

**KALAMAZOO COMMUNITY MENTAL HEALTH  
AND SUBSTANCE ABUSE SERVICES**

**ADMINISTRATIVE POLICY & PROCEDURE 03.01**

<b>Subject:</b> Quality Management		<b>Section:</b> Quality Improvement	
<b>Applies To:</b> <input checked="" type="checkbox"/> KCMHSAS Staff <input checked="" type="checkbox"/> KCMHSAS Contract Providers			<b>Page:</b> 1 of 3
<b>Approved:</b>  ----- (Jeff Patton, Chief Executive Officer)			
<b>Revised:</b> 01/24/2019	<b>Supersedes:</b> 09/20/2016	<b>First Effective:</b> N/A	

**PURPOSE**

To outline the commitment and systematic approach to quality management by Kalamazoo Community Mental Health and Substance Abuse Services (KCMHSAS).

**DEFINITIONS**

**Quality**

The degree or grade of excellence.

**Quality Assurance (QA)**

A set of activities which focus on identifying problems, solving them and attempting to assure they do not recur so care is maintained at an acceptable level.

**Quality Management (QM)**

The systematic approach used to 1) determine the relevant standards and best practices; 2) the processes and activities to assess performance; 3) the measurement of performance against defined standards and/or best practices; and 4) the improvement strategies to improve performance and outcomes of persons served. QA is a subset of QM. Synonyms with QM include continuous quality improvement, organization wide performance improvement and total quality management.

**POLICY**

- I. KCMHSAS shall be committed not only to meet requirements of applicable contracts, grants, regulatory bodies and accreditation, but also to exceed the requirements and

standards in order to continually improve the quality of services provided and to empower persons served to succeed as they desire.

- II.** To ensure quality of clinical and non-clinical operations through KCMHSAS a Quality Improvement Program (QIP) will be established and annually reviewed. It is expected that the KCMHSAS and its provider network will deliver the best services at the best value. Input is incorporated from persons served, community partners, network providers and other stakeholders.

## **STANDARDS**

- I.** The Quality Management function will encompass activities directed at ensuring standards of staff, program and management performance exist, compliance with them is assessed, and ongoing improvements are introduced and assessed.
- II.** KCMHSAS will develop an overall QIP for its organization and provider network. The QIP will adhere to Michigan Department of Health and Human Services (MDHHS) contract, CCBHC and Southwest Michigan Behavioral Health (SWMBH) standards. The KCMHSAS Quality Improvement Council (KQIC) will lead the development of the overall QIP. The QIP will include:
- A. The establishment and maintenance of quality management and related policies and procedures.
  - B. Description of current performance improvement projects.
  - C. Other related written materials such as job descriptions related to Quality Management, meeting minutes and performance reports.
  - D. The MDHHS required elements as outlined in Attachment C 6.8.1.1 of the MDHHS/CMHSP Managed Mental Health and Supports Services Contract.
  - E. The CCBHC required elements as outlined in Appendix A of the CCBHC criteria.
  - F. Be consistent with and support the SWMBH QAPIP
- III.** All contract service provider organizations are required to have a Quality Improvement/Management program. Some components of these organizations are mandated for all providers (such as regulatory management or corporate compliance); others are maintained in the interest of the provider.
- The Quality Management/Improvement Plans will be readily available to persons receiving services and other stakeholders.
- IV.** Any selected KCMHSAS performance improvement projects should be based on the following criteria:

- A. The expected impact on performance.
- B. The selection of high-risk, high-volume or problem-prone processes to monitor.
- C. The relationship of the potential improvement to stakeholders needs and demands.
- D. Resources are available and/or supported by the Chief Executive Officer (CEO) for conducting the project.
- E. The project is consistent with CCBHC and SWMBH performance improvement efforts.
- F. Maintaining integrity with reported data.

## REFERENCES

- MDHHS Managed Specialty Supports and Services Contract, General Fund Contract – Quality Improvement Programs for CMHSPs
- KCMHSAS Policies under Section 3: Quality Management
- [Southwest Michigan Behavioral Health](#)
  - 3.2 (Quality Assurance and Performance Improvement)
- Appendix A, CCBHC Requirements