

## IV: Narrative Plan

### F. Quality Improvement Reporting

Page 43 of the Application Guidance

Narrative Question:

SAMHSA expects States to base their administrative operations and service delivery on principles of Continuous Quality Improvement/Total Quality Management (CQI/TQM). These CQI processes should identify and track critical outcomes and performance measures that will describe the health of the mental health and addiction systems. These measures should be based on valid and reliable data. The CQI processes should continuously measure the effectiveness of services and supports and ensure that services, to the extent possible, reflect their evidence of effectiveness. The State's CQI process should also track programmatic improvements; and garner and use stakeholder input, including individuals in recovery and their families. In addition, the CQI plan should include a description of the process for responding to critical incidents, complaints and grievances. In an attachment, please submit your State's current CQI plan.

Footnotes:

From 2007 through 2010, 44 Michigan SUD providers participated in the NIATx200 Process Improvement Project. During this timeframe, nine provider and Coordinating Agency (CA) representative trained to become NIATx Coaches. The NIATx process involves the creation of change teams, walkthroughs to gain a customer perspective, and rapid-cycle change projects using the Plan-Do-Study-Act (PDSA) approach. The current Action Plan Guidelines require each regional CA to build Change Teams, conduct walkthroughs, and implement rapid cycle (two to three weeks) change projects.

During the first five months of 2011, Michigan supported coaching efforts to integrate change projects into a ROSC. Eleven provider participants worked not only on the NIATx access and retention Aims (Reduce Waiting Times, Reduce No-Shows, Increase Admissions, Increase Continuation in Treatment), but also on the coordination of client hand-offs between traditional clinical treatment and recovery support services.

Participating provider were able to use the PDSA cycles to use to such things as: reduce their intake paperwork packet from 53 pages to three; use peers to draft on welcoming and reminder letter; build an open-assessment (no appointments necessary) model; and implement peer case management functions.

Progress and improvement are tracked via data collection on admissions, days to treatment, and continuation (attendance through at least four sessions in outpatient).