

LAPEER COUNTY COMMUNITY MENTAL HEALTH**Date Issued** 06/04/2007**Date Revised** 01/20/12; 05/07/14; 07/13/15; 10/01/15; 12/12/17; 04/24/18; 06/01/21;
9/1/22; 08/30/23; 07/15/25

CHAPTER Administrative	CHAPTER 01	SECTION 002	SUBJECT 40
SECTION Operations		DESCRIPTION Quality Council, Subcommittee Structure and Quality Improvement Plan	
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APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input checked="" type="checkbox"/> Board Members	<input type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers	<input checked="" type="checkbox"/> Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) Quality Council oversees agency-wide quality improvement (QI) efforts to ensure services meet established performance criteria.

STANDARDS:

- A. All activities of the Quality Council are guided by the agency's mission, vision, and values.
- B. The Chief Executive Officer (CEO) has designated the QI Supervisor to serve as the Quality Council chairperson.
- C. The Quality Council subcommittees include:
 - 1. Behavior Treatment Plan Review Committee (see LCCMH Policy 01.002.45 Behavior Treatment Plan Review Committee)

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2. Clinical Case Review Committee (see LCCMH Policy 01.002.90 Clinical Case Review Committee)
 3. Health and Safety Committee (see LCCMH Policy 08.003.05 Health and Safety Committee)
 4. Privileging and Credentialing Committee (see LCCMH Policy 01.002.50 Provider Enrollment Privileging and Credentialing)
 5. Training and Staff Development Committee (see LCCMH Policy 05.002.10 Staff Development/Ongoing Training)
 6. Utilization Management (see LCCMH Policy 01.002.55 Utilization Management)
- D. Members of the Quality Council oversee contract and accreditation compliance.
- E. Quality Improvement activities are reported to the LCCMH Board through meeting minutes and reports. The LCCMH Board evaluates and approves the effectiveness and efficiency of services being provided based on established performance criteria.
- F. Clinical Supervisors, with oversight from the Chief Clinical Officer (CCO), have the ongoing responsibility for the quality of services provided in their respective programs.

PROCEDURES:

- A. The Quality Council includes the CEO, CCO, QI staff, Medical Director, Recipient Rights Officer, quality subcommittee chairs, a representative of persons served, and provider network representatives. Subcommittee members are assigned by the CEO or CCO. Quality Council and subcommittee rosters are maintained by the QI Department.
- B. The Quality Council is responsible for the following:

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1. Implements and evaluates QI programs
 2. Strengthens clinician skills and enhances care quality
 3. Collects, analyzes, and reports clinical service data
 4. Establishes and monitors quality standards, policies, and procedures
 5. Ensures persons served are treated with dignity and respect
 6. Oversees staff ethical and professional conduct
 7. Maintains accurate service documentation
 8. Monitors QI activities through the annual QI plan
- C. The Quality Council meets quarterly or more frequently as needed.
- D. Meeting minutes are shared with council members, LCCMH Board, and others upon request.
- E. A simple majority constitutes a quorum. Only Quality Council members may vote.
- F. Program supervisors contribute to the QI plan, which is reviewed by Quality Council and the LCCMH Board quarterly and updated annually.
- G. The QI Department gathers quantitative and qualitative input from persons served (see LCCMH Policy 01.001.20 Input from Persons Served/Satisfaction Survey). This is shared with the Quality Council, CEO, and LCCMH Board.
- H. Problems related to safety, service quality, resource utilization, performance improvement projects, and contract or accreditation standards are monitored by the Quality Council. Short-term workgroups may be developed to address these issues.
1. Reports with program issues, changes, and evaluation are submitted to the Quality Council, CEO, and LCCMH Board.

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2. As issues are resolved, they may be monitored for a period of time to prevent recurrence.
- I. The Quality Council compiles an annual report to highlights major QI activities and data. This is presented to the LCCMH Board.

REFERENCES:

LCCMH Policy 01.001.20 Input from Persons Served/Satisfaction Survey
 LCCMH Policy 01.002.45 Behavior Treatment Plan Review Committee
 LCCMH Policy 01.002.50 Provider Enrollment Privileging and Credentialing
 LCCMH Policy 01.002.55 Utilization Management
 LCCMH Policy 01.002.90 Clinical Case Review Committee
 LCCMH Policy 05.002.10 Staff Development/Ongoing Training
 LCCMH Policy 08.003.05 Health and Safety Committee

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