# LAPEER COUNTY COMMUNITY MENTAL HEALTH

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Date Revised 01/20/12; 10/10/12; 05/05/14; 02/14/18; 05/17/21; 10/10/23;

1/21/25

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#### **APPLICATION:**

⊠CMH Staff	⊠Board Members		⊠Employment
			Services Providers
□Employment Services Provider Agencies	⊠Independent Contractors	⊠Students	⊠Interns
⊠Volunteers	⊠Persons Served		

#### **POLICY:**

Lapeer County Community Mental Health (LCCMH) ensures organizational plans guide all policy, management, administrative, and service delivery decisions and comply with regulatory requirements.

#### STANDARDS:

- A. LCCMH completes a variety of organizational plans to ensure compliance, accountability, and guide staff.
- B. LCCMH promotes effective communication and continuous quality improvement in the delivery of behavioral health services and strengthens professional competence.
- C. LCCMH Chief Executive Officer (CEO) is the designated authority to develop the agency organizational plans. The CEO may delegate the development of some organizational plans. The LCCMH Services Board reviews and approves all Commission on Accreditation of Rehabilitation Facilities (CARF) required agency plans annually.
- D. LCCMH obtains persons served/family input on any proposed governance documents through its designated Citizens' Advisory Council and other stakeholders.

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- E. The vision and mission statements of LCCMH guide service delivery and are reflected in practice by all providers and are communicated to persons served and other stakeholders.
- F. LCCMH monitors access to services for all individuals, aiming to remove physical, financial, and systemic barriers.
- G. LCCMH monitors and addresses organizational risks to assure quality of care, minimize injury to persons and property, and meet legal obligations and preserve assets.
- H. LCCMH agency organizational plans include goals, objectives, responsible individual for implementing the objective, target completion date, and status updates.
- I. LCCMH ensures all agency organizational plans are developed in accordance with Region 10 Pre-Paid Inpatient Health Plan (PIHP), Michigan Department of Health and Human Services (MDHHS), Certified Community Behavioral Health Clinic (CCBHC) and CARF requirements and standards.

#### PROCEDURES:

- A. LCCMH receives input from persons served, staff, and other stakeholders to guide organizational plan development. Input may be gathered formally or informally using surveys, focus groups, Citizens' Advisory Council, quality improvement plan data, performance indicator data or other information sources. See LCCMH Policy 01.002.20 Input from Persons Served/Satisfaction Surveys.
- B. The LCCMH Services Board develops and adopts the vision and mission statements and strategic plan for the agency and its provider network.
  - The CEO is responsible for ensuring the strategic plan is implemented and gives periodic (no less than annual) updates to the LCCMH Services Board on progress.
  - 2. The strategic plan is reviewed and approved annually by the LCCMH Services Board.
  - 3. LCCMH ensures the provider network contracts incorporate and are consistent with LCCMH's vision and mission statements and strategic plan.

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- C. The CEO is responsible for developing, evaluating, and updating the accessibility plan annually. Identified barriers are addressed to the extent feasible.
  - The LCCMH provider network is monitored for their ability to accommodate persons served with specialized access needs and expanded, as necessary. See LCCMH Policy 01.002.30 Provider Network and Maintenance and Monitoring and LCCMH Policy 01.002.85 Procuring Employment Services Providers, Independent Contractors, and Network Providers.
  - 2. The LCCMH Provider Directory on the webpage identifies providers with cultural and linguistic competencies, population specific competencies, and with accommodations for physical disabilities.
- D. The CEO is responsible for developing, evaluating, and updating the risk management plan annually. The risk management plan integrates clinical and administrative risk management activities related to the services and safety of persons served, staff, and the agency.
  - 1. The risk management plan addresses areas of potential losses, including but not limited to:
    - a. Clinical
    - b. Corporate Compliance
    - c. Fiscal
    - d. General
    - e. Health and Safety
    - f. Human Resources
    - g. Information Security (see LCCMH Policy 07.001.20 Information Security)
    - h. Legal
  - 2. Areas of risk are identified and ranked. Risk mitigation strategies are identified and implemented.
  - 3. LCCMH management strives to reduce the frequency and severity of loss to the organization using risk control and risk financing techniques. LCCMH

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management evaluates identified or potential losses through reporting mechanisms.

- E. The LCCMH Quality Council is responsible for developing, evaluating, and updating the Quality Improvement Plan annually. See LCCMH Policy 01.002.40 Quality Council, Subcommittee Structure and Quality Improvement Plan.
- F. The LCCMH Cultural Competency Committee is responsible for developing, evaluating, and updating the Cultural and Linguistic Competency Plan annually. See LCCMH Policy 05.001.20 Cultural Competency and Sensitivity.
- G. Agency committees or workgroups may develop specific work plans to improve quality of care and track progress toward their goals.

## **DEFINTIONS:**

<u>Cultural Competence</u> – The ability to deliver services in cross-cultural situations in a manner responsive to the norms of the culture. It is a multidimensional concept involving various aspects of policy, knowledge, attitude, behavior, and skills. Cultural competence includes self-knowledge, knowledge of cultural differences, and empathy.

### **REFERNCES:**

LCCMH Policy 01.002.20 Input from Persons Served/Satisfaction Surveys
LCCMH Policy 01.002.30 Provider Network and Maintenance and Monitoring
LCCMH Policy 01.002.40 Quality Council, Subcommittee Structure and Quality Improvement
Plan

LCCMH Policy 01.002.85 Procuring Employment Services Providers, Independent Contractors and Network Providers

LCCMH Policy 05.001.20 Cultural Competency and Sensitivity

LCCMH Policy 07.001.20 Information Security

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	This policy supersedes #06/06027dated 06/12/2006.