

**Genesee County CMH  
Quality Audit findings  
FY 2008**

In Fiscal 2008, CMH's Quality Management team conducted 2618 audits of 2107 distinct consumers' records, for a total of 176,850 items evaluated. Audits covered clinical quality for mental health providers and substance abuse providers of clinical and support services, and compliance with organizational and regulatory standards for providers of residential care and day programs. Audits were conducted with several different tools, to measure conformance with special standards for individual types of services.

Quality of Care findings

Quality of Care audits focused on primary providers' conformance with mandated standards of care (e.g. Person Centered Planning, coordination of care) and attributes of clinical quality. 27 of 37 audits (73%) yielded performance exceeding the 80% threshold requiring corrective action. However, to be considered fully compliant with standards, a provider was required to meet 95% of standards; only one primary provider achieved this. See Figure 1 for provider-specific scores.

In each case where corrective action was required, the corrective action plan was reviewed and approved by the QM department, and a follow-up audit was conducted to identify whether improvements had been made in performance.

Residential providers

The residential tool measures conformance with standards of care to ensure a healthy safe, high-quality environment of service. As in previous years, residential providers generally performed extremely well. The following providers scored 100% on their audits:

Allegan Enrichment Ctr AFC #1 CFC	Buell Lake AFC	Kent's Assisted Living AFC
Allegan Enrichment Ctr AFC #3	Burleigh Home CLF	Kersey Home CLF
Ameno Home CLF	Burnett AFC	Lake Fenton Haus AFC
Andrew & Johnson #2 AFC (Proctor)	Cameron AFC #2	Lake Road Home CLF
Atlas Park Home CLF	Charryett AFC	Lara Home CLF
Bentley Manor #2 AFC	Cornerstone Opportunity Knocks	Long Lake Home CLF
Bentley Manor #3 AFC	Dukette/Clio	Mayfield AFC (Mill Road Home)
Bentley Manor #7 AFC	Embury Home CLF	Merriman AFC
Bentley Manor #8 AFC	F.W.O.G.C., Inc. - Flushing	Miller Home CLF
Berneda Home CLF	Graham AFC	Nandi Hills Home CLF
Bertram Haus AFC	Greenley Square Manor AFC	Neff Home CLF
Bertram Manor AFC	Gross AFC	Paragon Apartments (QLS) CLF
Brannon Residential Achievement Inc.	Gross AFC #2	Partridge Home CLF
Bray Home CLF	Group Living MSHDA (QLS) CLF	Porter Place AFC
Bridle Path Home CLF	Hegel Road House CLF	Raspberry Manor AFC
	Hogan Road Home CLF	Rice CFC
	Homelife AFC	River Home CLF

Sherwood Duffield AFC  
Spring Meadow Home CLF  
Stanley Road OBRA Home  
CLF

Summers Home Linden CLF  
Veloaso AFC  
Vienna Road Home CLF  
Warner Home CLF

Washburn Home CLF  
Willard Road Home CLF  
Wilson Road AIS Home CLF  
Wilson Road Home CLF

Residential providers scoring below 100% are depicted in Figures 2 and 3.

Day program providers were audited to a set of similar criteria. Findings for day providers are presented in Figure 4.

#### Substance Use Disorder services

Figure 4 depicts SUD provider performance on quality audits. A few providers appear more than once, because multiple sets of standards applied to their special services. These providers were audited on the SUD primary tool, containing standards to which all SUD providers are held, and also on specialty tools, for example, applying to methadone services.

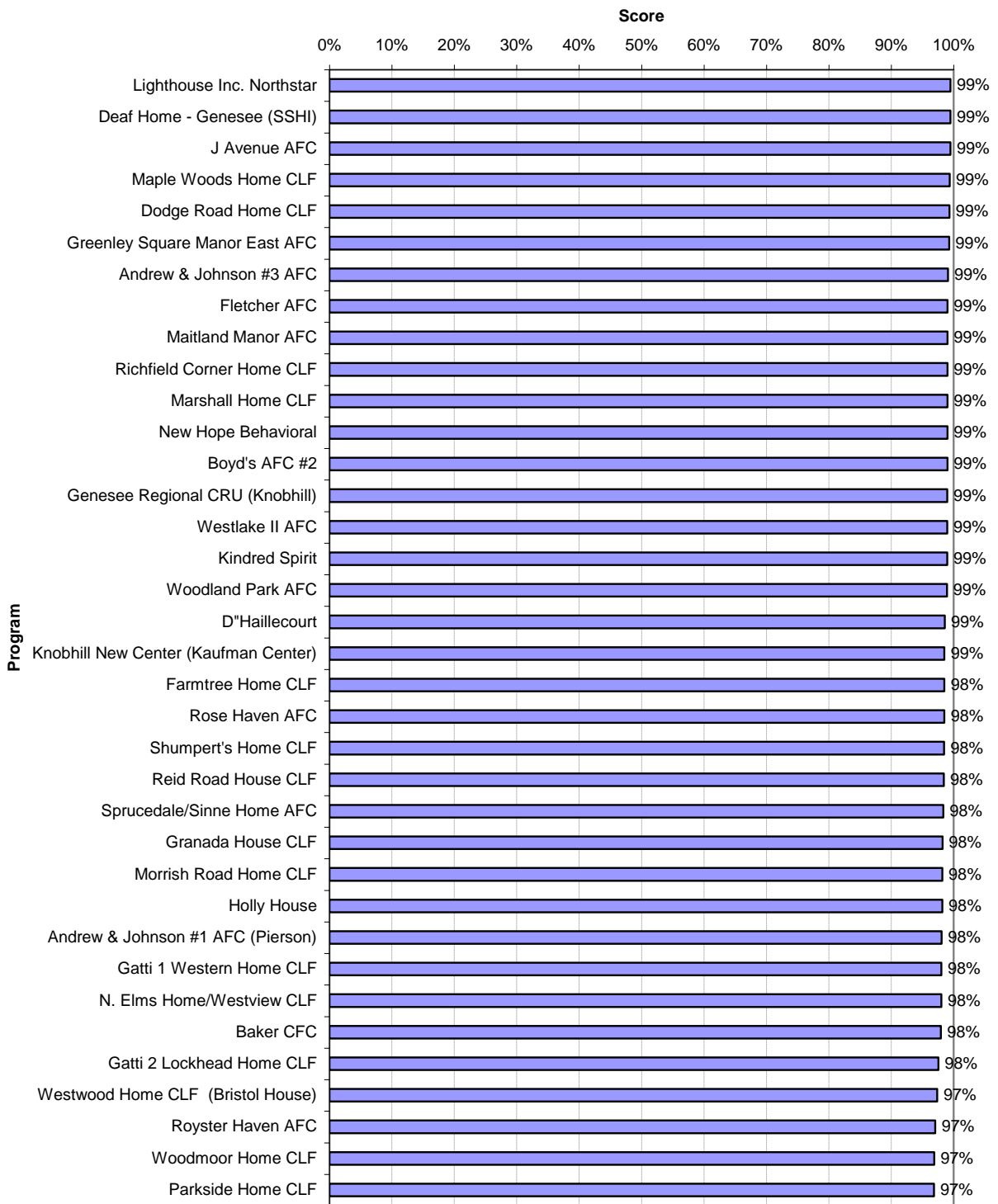
#### Conclusions

Conformance to GCCMH's quality standards remains high but not perfect. In a quality improvement context, it is appropriate that providers be pushed to achieve more than they are currently doing. Genesee County CMH is recognized statewide for having high quality standards, and the results of the FY08 audit cycle demonstrate that these standards continue to inform the quality of care the network provides.

**Figure 1: FY 2008 Quality of Care audit findings - light bars indicate re-audit findings**



**Figure 2: Residential quality results:  
Performance  $\geq$  97% but < 100%**



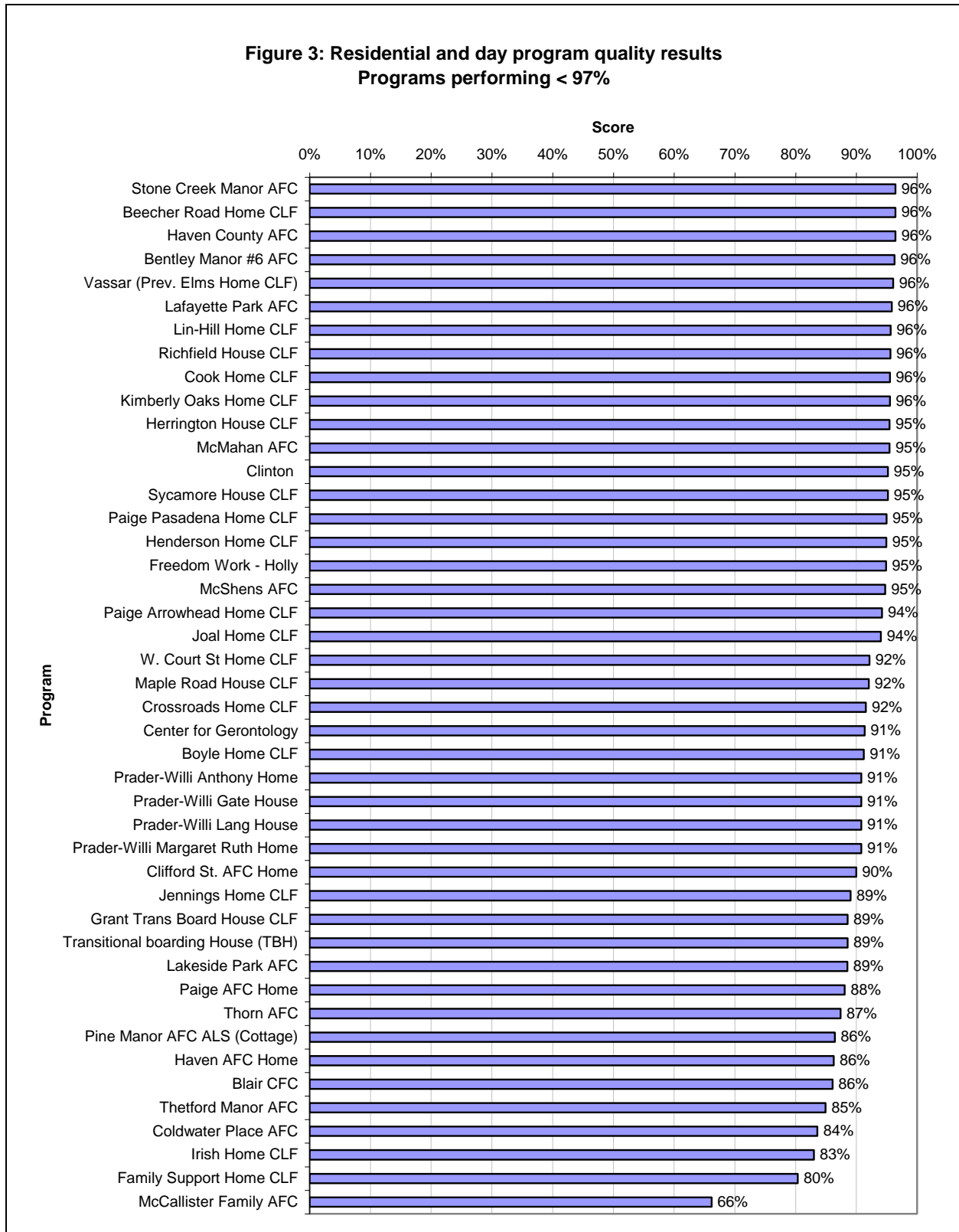
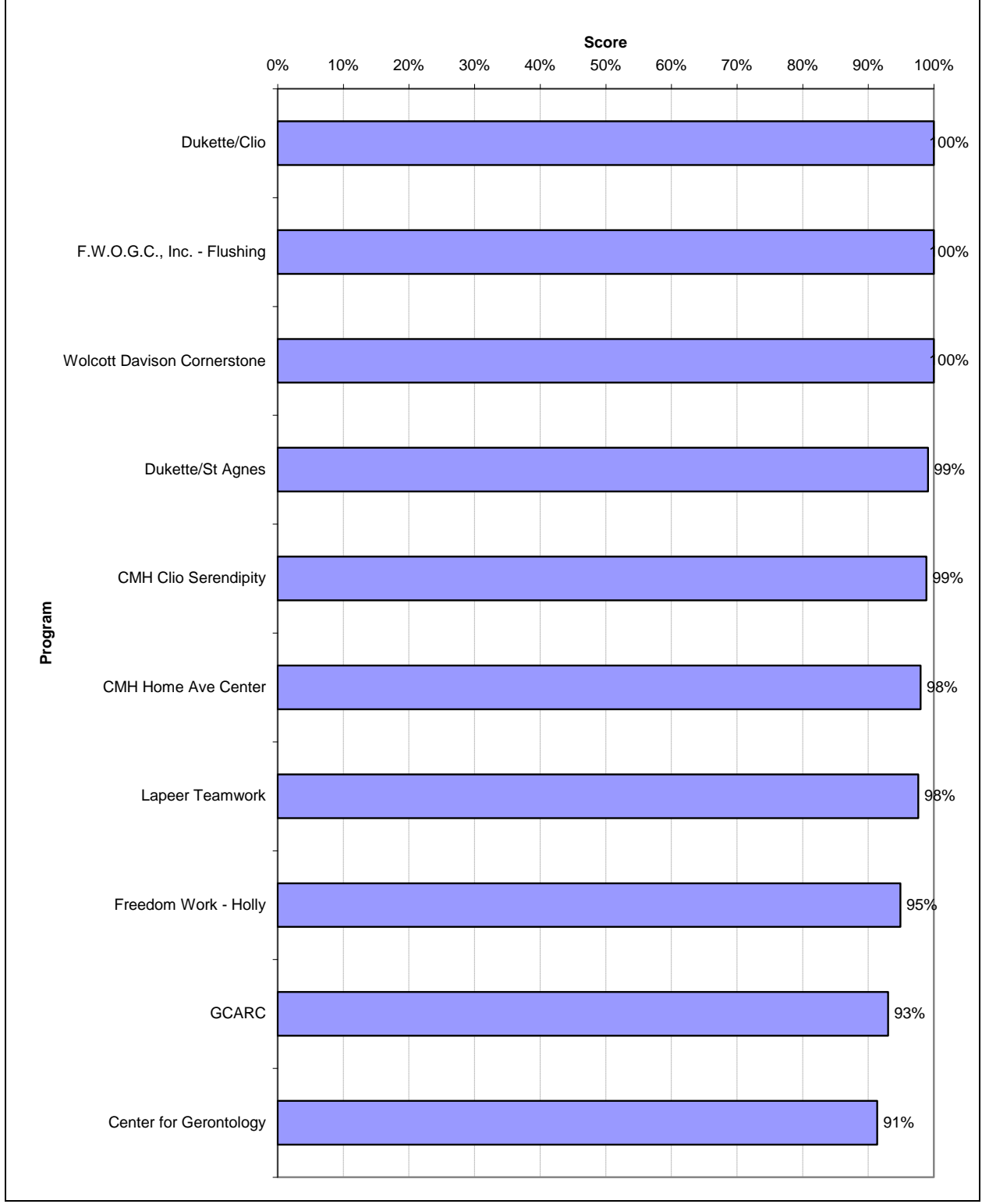


Figure 4: Day program quality results



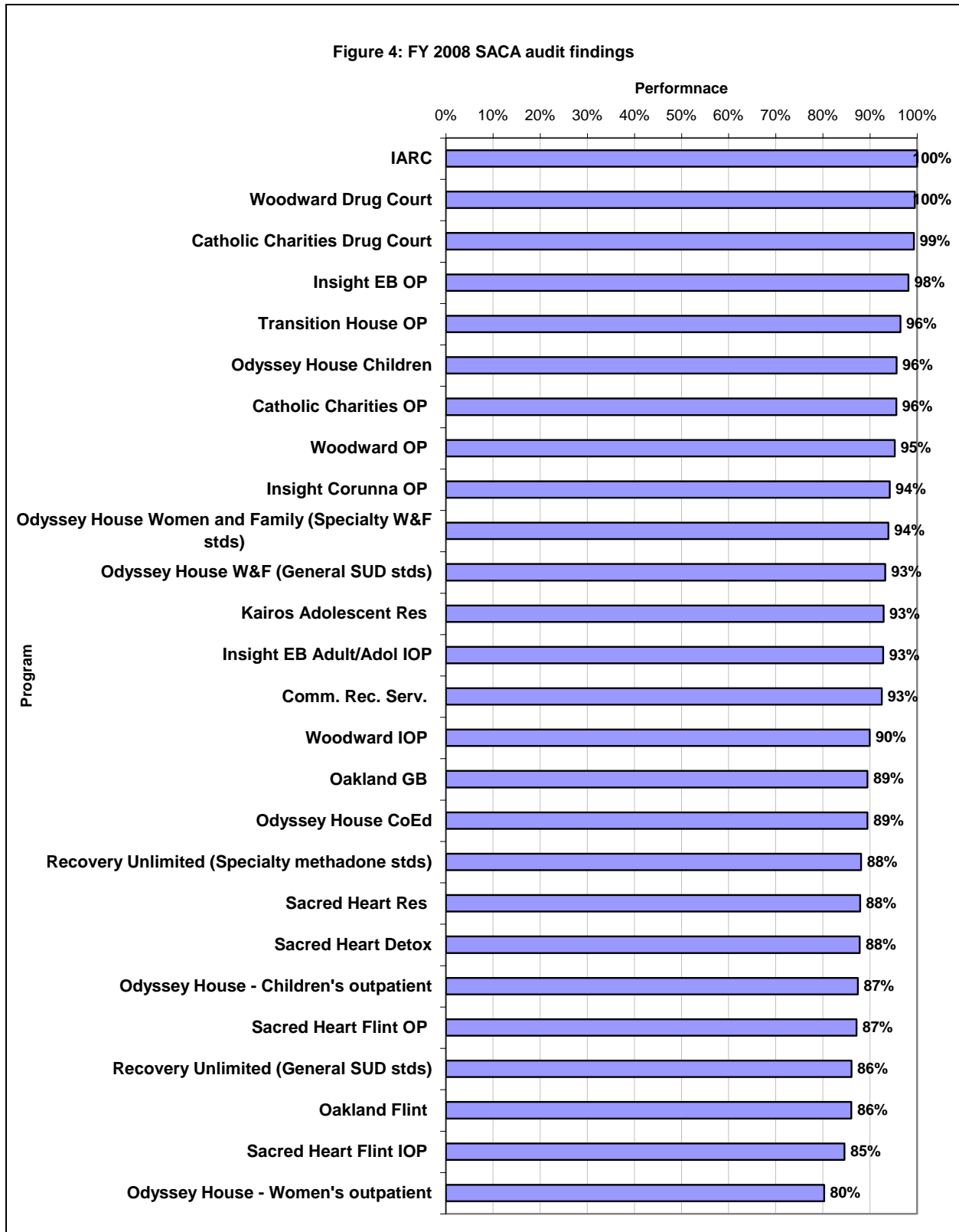


Figure 5: SACA audit findings

