



Quality Assessment and Performance Improvement Plan

Fiscal Year 2026

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2025

Network180
Quality Assessment and Performance Improvement Plan
Fiscal Year 2026

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I. INTRODUCTION

The Michigan Department of Health and Human Services (MDHHS) requires that each Community Mental Health Services Program (CMHSP) have a documented Quality Assessment and Performance Improvement Program (QAPIP) which meets the specified standards in the contract with MDHHS. The Pre-Paid Inpatient Health Plans (PIHP) that contract with MDHHS and with the CMHSPs are also required to have Quality Assessment and Performance Improvement Programs. The Network180 Quality Assessment and Performance Improvement Plan (QI Plan) is reflective of these contractual and regulatory requirements as well as accreditation requirements. This plan also fulfills the requirement that each Certified Community Behavioral Health Clinic (CCBHC) have a Continuous Quality Improvement (CQI) Plan for clinical services and clinical management.

II. PURPOSE

Additional purposes for the Network180 QI Plan are as follows:

- A. To continually evaluate and enhance Network180's quality improvement processes and outcomes, with a focus on results for persons served by Network180.
- B. To monitor and evaluate the systems and processes related to the quality of clinical care and non-clinical services that can be expected to affect the health status, quality of life, and satisfaction of individuals served by Network180.
- C. To identify, and assign priority to, opportunities for performance improvement.
- D. To create a culture that encourages stakeholder input and participation in problem solving.

III. MISSION STATEMENT

The Network180 Quality Assessment and Performance Improvement Program supports the mission of Network180:

Inspiring hope, improving mental health, supporting self-determined lives, and encouraging recovery.

IV. QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT GOALS AND OBJECTIVES

The FY 2026 Network180 quality assessment and performance improvement goals and objectives are outlined at the end of this document, are monitored by the Network180 Quality Improvement Council quarterly, and are revised annually. Network180 also monitors additional data via the Quality Improvement Council, and that information is also included in the attachment. Network180 uses disaggregated data to track and improve outcomes for populations experiencing health disparities.

V. QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT AUTHORITY AND STRUCTURE

A. Governance

The Network180 Board of Directors is responsible for the quality of the services provided by Network180. The Network180 Board approves the Network180 QI Plan and Goals annually and also approves any amendments to the plan.

B. Responsibilities of the Network180 Board of Directors

The Network180 Board of Directors (Board) delegates the responsibility of maintaining a QI Program to the Executive Director. The Board reviews the QI Plan annually, receives updates on Network180's performance on clinical and service indicators, quality improvement projects, and any performance improvement plans. The Board also receives regular reports

from Leadership on performance measurement and other critical issues.

C. Responsibilities of the Executive Director

The Network180 Executive Director is responsible for ensuring a structured framework and creating an organizational environment for quality improvement efforts to occur. The Executive Director is also responsible for ensuring staff adhere to the mission statement, vision, and values of Network180 and regular communication related to quality improvement activities.

D. Responsibilities of the Medical Director

The Medical Director is a psychiatrist who provides innovative leadership for system development, clinical best practice implementation, clinical and program consultation, awareness of disparities in care, and performance improvement. The Medical Director works collaboratively with system psychiatrists to establish expected standards of care related to psychiatric services and clinical care guidelines and participates in the review of clinical studies and outcome data. The Medical Director also participates in the Network180 Quality Improvement Council (QI Council) and review of sentinel events.

E. Responsibilities of the Chief Clinical Officer and the Chief Operating Officer

The Network180 Chief Clinical Officer (CCO) and the Chief Operating Officer (COO) are responsible for ensuring quality improvement processes are implemented throughout all Network180 services whether delivered by Network180 or by its provider network. The COO and CCO regularly receive and review reports from the Director of Network Services, the internal clinical services Directors, and the Quality, Compliance, and Risk Management (QCRM) team, and use this information to identify treatment gaps and disparities, as well as opportunities to establish performance indicators.

F. Responsibilities of Network180 Internal Services Clinical Directors

The internal services clinical Directors are responsible for reviewing performance indicators on a regular basis, developing action plans to improve performance where required, ensuring compliance with clinical care standards, and the development of practice guidelines as indicated for the people Network180 serves.

G. Responsibilities of the Director of Network Services

The Director of Network Services is responsible for the monitoring of contracted network providers to ensure adherence to standards related to access, efficiency, outcomes, and customer satisfaction, and clinical standards of care. Network Services staff work closely with providers to identify improvement opportunities, monitor results, and implement performance improvement plans.

H. Responsibilities of the Quality, Compliance, and Risk Management Team

The Quality, Compliance, and Risk Management Team is responsible for:

1. Facilitating the QI Council and providing its members quarterly updates, including reviewing and compiling reports from internal committees and departments such as Recipient Rights, Behavior Treatment Plan Review Committee, Network Services, and directly operated services.
2. Facilitating the annual evaluation of the Quality Improvement Plan and Program and presenting the evaluation and recommendations to leadership.

3. Preparing quarterly reporting of the MDHHS and PIHP performance indicators and other required quality-related reporting.
4. Providing support for quality improvement projects across the system of care.
5. Performing quality audits of directly operated services and developing and monitoring corrective action plans.
6. Facilitating the PIHP Medicaid Event Verification process.
7. Managing external audits by funders and accrediting bodies.

I. Responsibilities of Network180 Staff

All employees are responsible for ensuring consistent, high-quality care and services. Whether providing clinical services or administrative services, staff work to support the mission, vision, and values of Network180 and are responsible for identifying areas needing improvement and suggesting process and system changes. It is the role of staff to look for opportunities for performance measurement and quality improvement and to bring those ideas to a supervisor or member of the QI Council. Additionally, staff participate in documented education and training about their responsibilities for performance measurement and management.

J. Responsibilities of Contracted Providers

Network180 partners with providers in system planning and quality improvement projects. Providers must have their own quality improvement program/plan to ensure high quality care and business functions within their organization. Providers are responsible for complying with Network180 standards related to access, efficiency, outcomes, and customer satisfaction. Network180 works with key provider staff who act as change agents at the provider program and system levels.

K. Responsibilities of Stakeholder Groups

Network180 is committed to soliciting input from stakeholders in all areas of planning and quality improvement and actively solicits stakeholder recommendations to improve service efficiency and effectiveness and to identify gaps and disparities in service delivery. The internal services clinical Directors, Director of Network Services, System of Care Managers, and the Communications Director are responsible for soliciting input from individuals served, guardians/parents, and advocates. Input is gathered through public comment at Board meetings, stakeholder groups, surveys, staff participation in existing community and advocacy groups, focus groups and individual interviews to solicit feedback on particular topics.

L. Responsibilities of the Corporate Compliance Committee

The Corporate Compliance Committee is responsible for thoroughly reviewing the PIHP Medicaid Event Verification Reports. Identified issues are referred to QCRM, Network Services, and/or the Network180 Finance Department for review and follow up. Systemic issues or trends may also be presented at QI Council for analysis and recommendations for improvement.

VI. CONFIDENTIALITY ISSUES RELATED TO QUALITY IMPROVEMENT ACTIVITIES

Guarding the confidentiality of the people we serve is everyone's responsibility. Network180 is

committed to maintaining the confidentiality of individuals served by the organization. Specific details are reflected in Network180's policies related to confidentiality and protected health information.

The contents of clinical records and provider credentialing files are confidential and shall be kept according to policy and applicable law. Access to confidential quality improvement or quality oversight information (e.g., clinical information and history, credentialing information) shall be restricted to those individuals charged with the responsibility and accountability for the various aspects of the program. Individual provider information may be utilized and/or evaluated at the time of re-credentialing, at the time of contracting, or as needed.

VII. NETWORK180 QUALITY IMPROVEMENT COUNCIL

The QI Council is responsible for ensuring the development and monitoring of the QI Plan. This is accomplished through the following mechanisms:

1. Developing and monitoring quality indicators.
2. Reviewing routine reports from team, committee, and workgroup activities to ensure all aspects of the QI Program are effectively implemented.
3. Identifying and reviewing performance trends related to key indicators of access, efficiency, outcomes, and customer satisfaction, and using this information to revise or develop performance indicators.
4. Recommending quality initiatives when performance does not meet established quality standards or other requirements.
5. Monitoring progress on quality improvement projects and performance improvement plans.
6. Recommending action and change processes to promote an environment of continuous quality improvement.
7. Annually reviewing the Network180's QI Plan and recommending it to the Board for review and approval.
8. Ensuring quality improvement principles and techniques are used to improve critical processes and outcomes.
9. Promoting and expanding outcome information on individuals served and ensuring the information is collected, analyzed, used for improvement, and shared with relevant stakeholders.
10. Promoting the use of stakeholder input in decision making.
11. Participating in state and regional quality improvement efforts as determined by Network180 leadership.
12. Providing guidance to Network180 on community needs and beneficiary feedback survey assessment activities and promoting system change based on data/information collected.

Members of the QI Council include the following:

1. Executive Director
2. Medical Director
3. Chief Clinical Officer
4. Chief Operating Officer
5. Director of Clinical Operations
6. Director of Network Services

7. Director of Quality, Compliance, and Risk Management
8. Recipient Rights Director
9. Utilization Management Associate Director
10. Communications Director

Other members of the Network180 staff attend for purposes of reporting and consultation in their areas of expertise.

VIII. STRUCTURE OF THE QUALITY COMPLIANCE, AND RISK MANAGEMENT DEPARTMENT

The Network180 Quality, Compliance, and Risk Management team performs functions that support overall quality improvement, assessment, and management.

- A. The Associate Director of Quality Improvement and three Quality Improvement Specialists ensure Network180 monitors and documents quality and compliance with federal, state, and local governmental requirements, laws, and regulations and accreditation standards.
- B. The Director of QCRM, along with the Risk Management and Compliance Manager, and an Appeals and Compliance Specialist, ensures overall compliance with contractual, accreditation, certification, and regulatory requirements; proper processing of due process cases; and timely and accurate policy management.

IX. QUALITY MANAGEMENT SYSTEM

The Network180 Quality Management System combines the traditional aspects of quality assurance and adds the elements of continuous quality improvement by utilizing the Plan-Do-Check-Act process described below. The Quality Management System helps Network180 achieve its mission, realize its vision, and live its values. It protects against critical events and provides mechanisms to bring about positive change. Continuous quality improvement efforts ensure a proactive and systematic approach that promotes innovation, adaptability, and a passion for achieving best practices.

The Plan-Do-Check-Act (PDCA) process is a problem-solving approach commonly used in quality control efforts and is oftentimes referred to as the Deming Cycle. There are four steps to the process and the process can be repeated indefinitely until the desired outcome is achieved:

- Plan:** Design (or revise) a process to improve results.
Do: Implement the plan and measure its performance.
Check: Measure and evaluate the results and determine if the results meet the desired goals.
Act: Decide if changes are needed to improve the process. If so, then start the process over.

The Quality Management System includes:

1. Predefined quality standards
2. Formal assessment activities
3. Measurement of outcomes and performance
4. Analysis of performance and reporting of results

5. Adjustment of standard, including strategies to improve performance that is below standards

Common standards, assessment activities, measures, and improvement strategies used by Network180:

| QUALITY MANAGEMENT SYSTEM | | | |
|--|---|---|--|
| Quality Standards | Assessment Activities | Measurement of Performance and Outcomes | Improvement Strategies |
| <ul style="list-style-type: none"> Federal and State Regulations and Requirements | <ul style="list-style-type: none"> Provider Monitoring Reviews | <ul style="list-style-type: none"> MDHHS Behavioral Health Quality Metrics | <ul style="list-style-type: none"> Corrective Action Plans |
| <ul style="list-style-type: none"> Stakeholder Expectations | <ul style="list-style-type: none"> Accreditation Surveys | <ul style="list-style-type: none"> Service Utilization Monitoring Reports | <ul style="list-style-type: none"> Strategic and Tactical Planning |
| <ul style="list-style-type: none"> MDHHS/PIHP Contracts | <ul style="list-style-type: none"> Credentialing Process and Annual Evaluation | <ul style="list-style-type: none"> Benchmarking and Key Performance Indicators | <ul style="list-style-type: none"> Adherence to Practice Guidelines |
| <ul style="list-style-type: none"> Other Revenue Contracts | <ul style="list-style-type: none"> Risk Management Committee Assessment | <ul style="list-style-type: none"> Stakeholder Satisfaction | <ul style="list-style-type: none"> Staff Development & Training |
| <ul style="list-style-type: none"> Network180's Contracts with Network Providers | <ul style="list-style-type: none"> Utilization Reviews/Management | <ul style="list-style-type: none"> Accreditation Survey Reports | <ul style="list-style-type: none"> Organizational Learning, Participation in Learning Communities |
| <ul style="list-style-type: none"> Network180 Policies and Standards | <ul style="list-style-type: none"> External and Internal Reviews/Audits | <ul style="list-style-type: none"> Internal and External Audit Reports | <ul style="list-style-type: none"> Implementation of Recommendations from Assessment Activities |
| <ul style="list-style-type: none"> Adoption of Practice Guidelines | <ul style="list-style-type: none"> Stakeholder Input | | <ul style="list-style-type: none"> Targeted Workgroups |
| <ul style="list-style-type: none"> Use of Evidence-Based and Promising Practices | <ul style="list-style-type: none"> Root Cause Analyses | | <ul style="list-style-type: none"> Continued Implementation of Project Management Principles |
| <ul style="list-style-type: none"> Accreditation Standards | <ul style="list-style-type: none"> Recipient Rights Reviews and Investigations | | <ul style="list-style-type: none"> Annual QI Plan Evaluation |
| <ul style="list-style-type: none"> Certified Community Behavioral Health Clinic (CCBHC) Standards | <ul style="list-style-type: none"> Behavior Treatment Committee Data Analysis | | |

A. Quality Standards

Quality Standards provide the specifications, practices, and principles by which a process may be judged or rated. Network180 identifies and sets standards by reviewing, analyzing, and integrating the areas listed in the chart above.

Network180's quality standards are documented in policy and procedure, contracts, and the quality review process. These standards are evaluated, no less than annually, to ensure continued appropriate and relevant application.

B. Quality Assessment Activities

Quality assessment consists of various strategically planned activities that help to identify the actual practices, attitudes, performance, and conformance to standards that are enhancing or inhibiting the achievement of quality. Obtaining stakeholder input is critical to quality assessment activities.

Stakeholder Input – Network180 recognizes that a vital aspect of any system for the continuous improvement of quality is a means to obtain stakeholder satisfaction and input. Typical stakeholders identified to provide input to Network180 are individuals served, their families, advocates, staff, contracted providers, and the local community.

Stakeholder input is gathered from a variety of methods, including:

1. Surveys of Stakeholders
2. Stakeholder Advisory Committees
3. Scheduled and Ad Hoc Interviews and/or Focus Groups
4. Needs Assessments
5. Case Reviews
6. Board Meeting Public Comment and Public Hearings
7. Customer Services Grievances, Complaints, Inquiries
8. Townhalls and Informational Meetings
9. Accreditation Visits and External Site Reviews

Input is collected to better understand how Network180 is performing from the perspective of its stakeholders. Quantitative and qualitative assessments are conducted which address issues of quality, availability, and accessibility of care. The input is continually analyzed, and the analysis is integrated into Network180 practices.

As a result of stakeholder input, Network180:

1. Takes specific action on individual cases as appropriate.
2. Identifies and investigates sources of dissatisfaction.
3. Outlines systemic action steps to follow up on findings.
4. Utilizes the input in decision-making.
5. Informs practitioners, providers, staff, individuals-served, and the Board of the results of assessment activities.

The PDCA process for stakeholder input is designed so that input received from the community is referred to the appropriate personnel for review, discussion, and resolution. Depending on the subject matter, the input may simply be responded to, or the input could

be elevated to a committee or project management plan. Once the input has been received, addressed, and a resolution created, the results will be communicated within appropriate avenues.

Internal Audits – The Network180 internal audit process is a systematic and comprehensive approach to monitor, benchmark, identify, and implement improvements in the provision of mental health and substance abuse services to individuals directly served by Network180. Audits are conducted by qualified staff on the QCRM Team and by program leadership.

Through the internal audit process Network180:

1. Establishes clinical and non-clinical priority areas for improvement.
2. Analyzes both the processes and outcomes of care using currently accepted standards.
3. Provides performance feedback to staff through both verbal and written reports.
4. Requires an improvement plan (plan of correction) for areas in non-compliance with accepted standards.
5. Reviews and approves performance improvement plans.
6. Ensures implementation of each submitted improvement plan.

The PDCA process for quality monitoring reviews is designed so directly provided services are reviewed on a quarterly basis.

Critical Incident Reporting and Risk Event Management – The critical incident reporting system required by MDHHS captures information on specific reportable events. Events reported to the PIHP, who reports them to MDHHS, are the following: suicide; non-suicide death; arrest of a person-served; emergency medical treatment due to an injury or medication error, with a subcategory for reporting injuries that resulted from the use of physical management and a subcategory for reporting injuries that resulted from falls; hospitalization due to injury or medication error, including a subcategory for hospitalization related to the use of physical management and a subcategory for reporting injuries that resulted from falls.

Network180 is also responsible for monitoring five additional risk events in certain programs. The events and programs are identified by MDHHS and concern situations that may put individuals at risk of harm:

1. Harm to Self.
2. Harm to Others.
3. Police Calls.
4. Physical Management.
5. Hospitalization.

The population on which events must be reported differs slightly by type of event (e.g., individuals receiving Waiver services, SUD services, living in a licensed setting, etc.). Network180 analyzes the critical incidents, sentinel events, and risk events, at least quarterly, to determine what action needs to be taken to remediate the problem or situation and prevent the occurrence of additional events and incidents. A broader range of risk events are

also monitored by the Network180 Risk Management Committee and are reflected in the Risk Management Plan.

Additionally, Network180 monitors five CCBHC-specific events:

1. CCBHC recipient suicide deaths or suicide attempts
2. Fatal and non-fatal overdoses of CCBHC recipients
3. All-cause mortality among people receiving CCBHC services
4. CCBHC persons served 30-day hospital readmissions for psychiatric, or substance use reasons
5. Other events the state or applicable accreditation bodies may deem appropriate for examination and remediation as part of the CQI plan

Network180 must report to the PIHP any of the following:

1. Any death that occurs as a result of a suspected staff member action or inaction, or any death that is the subject of a recipient rights, licensing, or police investigation. This report shall be submitted electronically and within 48 hours of either the death, or Network180's receipt of notification of the death, or Network180's receipt of notification that a recipient rights, licensing, and/or police investigation has commenced.
2. Relocation of a consumer's placement due to licensing suspension or revocation. Must be reported within five business days.
3. An occurrence that requires the relocation of any Network180 or provider panel service, site, governance, or administrative operation for more than 24 hours. Must be reported within five business days.
4. The conviction of a Network180 or network provider staff member for any offense related to the performance of their job duties or responsibilities which results in exclusion from participation in federal reimbursement. Must be reported within five business days.
5. Any changes to the composition of the Network180 provider network that negatively affect access to care. Must be reported within seven days.
6. Critical incidents which may be newsworthy or represent a community crisis must be reported immediately.

Reporting of Sentinel Events and Unexpected Deaths – This function is performed across Network180's directly run services and its contracted provider network with materials and processes that are developed to be uniformly compliant with contractual requirements. Network180 has three business days after a Critical Incident occurs, or three business days of learning of the incident, to determine if it is a Sentinel Event. If the Critical Incident is classified as a Sentinel Event, Network180 staff has two subsequent business days to commence a root cause analysis of the event, including a review by staff with the appropriate credentials to review the scope of care.

All unexpected deaths (those resulting from suicide, homicide, an undiagnosed condition, those that were accidental, or were suspicious for possible abuse or neglect) of individuals receiving specialty supports and services at the time of their death must be reviewed and must include:

1. Screens of individual deaths with standard information (e.g., Medical Examiner's report, death certificate).

2. Involvement of medical personnel in the mortality reviews.
3. Documentation of the mortality review process, findings, and recommendations.
4. Use of mortality information to address quality of care.
5. Aggregation of mortality data over time to identify possible trends.

Quality Assessment of Network Providers – In addition to the mechanisms outlined above, PIHP and Network180 policies and contracts describe other mechanisms for monitoring and assessing compliance with contract, state, and federal requirements of contracted service providers. The PIHP conducts annual site reviews and issues corrective action plans (CAPs) as needed. Network180 Network Services staff monitor the CAPs and ensure the implementation of high-quality programs and services.

C. Quality Performance Measurement

Through monitoring and evaluating expected performance on operational activities, the efforts and resources of Network180 can be redirected to obtain the desired outcomes. By using performance indicators, the variation between the target desired and status of the item(s) being measured can be identified. Indicators are used to alert Network180 of issues that need to be addressed immediately, to monitor trends and contractual compliance, and to provide information to individuals served and the public. Performance indicators are the foundation to control and improve processes.

Performance indicator results are used to guide management decision-making related to:

1. Strategic and tactical planning.
2. Resource allocation.
3. Modification of service delivery.
4. Process improvements.
5. Staff training.
6. Marketing and outreach activities.
7. Other activities identified by individuals served and/or other stakeholders.

Information on four significant sets of performance indicators for Network180 is described below. These are the MDHHS Behavioral Health Quality Metrics, Service Utilization and Monitoring Reports, Utilization Management, and the Certified Community Behavioral Health Clinic (CCBHC) requirements.

1. MDHHS Behavioral Health Quality Metrics

In 2025 the Michigan Department of Health and Human Services (MDHHS) began the process to transition from the Michigan Mission-Based Performance Indicator System (MMBPIS), which provided data on indicators of access, efficiency, and effectiveness, to measures contained in the Centers for Medicare and Medicaid (CMS) Core Set. New Core Set measures will continue to be implemented by MDHHS until the revision of the quality program is complete in 2027. The QCRM team is responsible for relaying Network180 performance on these measurements to appropriate staff with the goal of improving performance.

2. Service Utilization and Monitoring Reports

Network180 uses various methods to report on service goals. One of the purposes of service utilization and monitoring reports is to assist in growing a culture of data-based decision-making, which in turn will help ensure excellence in the provision and management of behavioral health services. The goal is to provide the right service, at the right time, and in the right amount. Reports are available through PowerBI and automatically updated on at least a weekly basis. The Network180 Network Services and internal departments are the main users of these reports, and are responsible for monitoring these to track trends, costs, over/under utilization, and other potential concerns. These are reviewed at monthly meetings.

3. Utilization Management

Utilization Management (UM) is guided by Network180 policy and procedure. UM activities are conducted to ensure the appropriate delivery of medically necessary services at the right time and in the right amount. Utilization mechanisms identify and correct under-utilization as well as over-utilization. Utilization Reviews include the review and monitoring of individual assessments, individual plans of services, and other appropriate information. UM data is aggregated and reviewed by the Network180 Utilization Management Team for trends and service improvement recommendations.

4. Certified Community Behavioral Health Clinic Measures

Network180 is part of the Michigan demonstration project for CCBHCs. Certified sites are required to provide a set of coordinated, integrated, and comprehensive services to persons with any mental illness or substance use disorder diagnosis. The demonstration requires sites to show accountability in service delivery through quality metric reporting. The data related to the metrics is reported to the state and to the Network180 QI Council.

D. Improvement Strategies

Establishing and successfully carrying out strategies to eliminate statistical performance outliers, incorporate best practices, and optimize outcomes is key to continuous quality improvement. The particular strategy or sets of strategies used vary according to the situation and the kind of improvement that is desired. The following provides a brief description of some of the improvement strategies utilized.

1. Practice Guidelines

Network180 supports the use of clinical practice guidelines in service provision. The guidelines recommended for implementation are based upon state and national guidelines, when available, and are modified to fit Network180 practice patterns and contract requirements.

2. Annual QI Program Evaluation

The QCRM team facilitates an annual QI Plan evaluation that includes:

- a. A review of current QI Goals.
- b. A review of quality oversight activities.

- c. A review of the appropriateness and relevance of current measures.
- d. Identification of QI Goals for the coming year.

Documentation of the QI Plan annual review, its findings, and recommendations are forwarded to designated leadership staff. The annual review may lead to:

- a. Identification of educational/training needs.
- b. Establishment and revision of policies and procedures related to quality initiatives.
- c. Changes in operations to minimize risks in the delivery of high-quality services.
- d. Development of objectives for the coming year.

3. Staff Training, Development, Qualification, and Provider Selection

Directly Operated Services - The Network180 Human Resources Department, through credentialing activities, ensures adherence to Network180 policies and procedures related to staff possessing the appropriate qualifications to perform their jobs, including the following:

- a. Educational background.
- b. Relevant work experience.
- c. Cultural competence.
- d. Certification, registration, and licensure as required by law.
- e. Training of new personnel regarding their responsibilities, program policy, and staff development activities.

Network180 also maintains policies and procedures related to staff orientation and initial and on-going training to ensure all staff members receive initial and continuing education on topics including but not limited to person-centered planning, recipient rights, cultural diversity, language proficiency and assistance, performance measurement, and appeals and grievances, as appropriate to their position. The Human Resources Department, Training Manager, QCRM team, and departmental supervisors determine training requirements.

Provider Network Services – Providers must meet contract qualifications to provide services within the Network180 network, including standards related to licenses, educational background, credentials, and required training. The Network180 provider network *Credentialing* policy outlines the guidelines and responsibilities of providers for credentialing and re-credentialing staff. Providers are responsible for ensuring all staff employed in their organization are appropriately licensed, credentialed, and trained consistent with their scope of practice. Providers must also maintain and implement a credentialing policy that requires adherence to Network180 standards.

X. COMMUNICATING QUALITY IMPROVEMENT ACTIVITIES

Network180 acknowledges the importance of disseminating quality-related information and outcome improvements. Communicating QI activities reinforces the concept of quality as an organizational value. System changes that result from QI activities must also be communicated and implemented. Information is communicated in a variety of ways through:

- A. Reports at Network180 Board meetings.
- B. Annual performance reports.
- C. Policy/procedure changes.
- D. Network180 website.

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- E. Stakeholder advisory councils.