Barry County Community Mental Health Authority

STRATEGIC PLAN 2023-2024

Prepared by: Richard Thiemkey

9-e

Background Statement and History

Historically, the public mental health system put down roots shortly after Michigan became a state in 1837. In fact, in 1850 the Michigan Constitution contained language for the care of individuals with mental illnesses and other disabilities. 1859 saw the opening and operation of the first mental health institution, the Kalamazoo Asylum for the Insane, within the state. In the years to come, additional state operated institutions would follow. At the time, the aforementioned state operated institutions were viewed as providing best practice.

The Michigan Legislature passed Public Act 54, the Community Mental Health Services Law, in 1963. The Michigan State Constitution, in 1963, identified the state as the responsible party to care for persons with mental disabilities. Article VIII, Section 8 states, "...institutions, programs, and services for the care, treatment, education, or rehabilitation of those inhabitants who are physically, mentally, or otherwise handicapped, shall always be fostered and supported".

These acts were followed by the passage of PA 258 of 1974, the Mental Health Code. This public act laid the foundation for the creation of the community mental health board. These acts also created the path for local governments to partner with the State in providing services. In the second chapter of said code, the roles and responsibilities of the community mental health programs are defined. This led to the creation of specific systems of care for individuals with mental illness, individuals with developmental disabilities and children with serious emotional disturbances.

In 1996, the State of Michigan formed the Michigan Department of Community Health (MDCH). This newly created office oversaw health-related functions that were previously in the departments of Mental Health and Public Health, as well as the Michigan Medicaid Program.

The movement towards community-based and recovery-oriented services has greatly impacted how services in Michigan are delivered. This process has led us from a structure where the mental health delivery system was the state hospitals and institutions to a community-based system that partners with the State of Michigan. As the forty-six (46) Community Mental Health Boards were formed, they contracted directly with the State of Michigan. There was then the movement toward the creation of pre-paid inpatient health plans which the state would contract. In the late 1990's, there were eighteen (18) PIHPs and forty-six (46) CMHSPs serving Michigan's eighty-three (83) counties which were responsible for coordinating the diagnosis and treatment of consumers, supervising the activities of group and adult foster care homes, as well as offering an array of services and supports developed through individual plans of service and using a person/family-centered planning approach. In the early 2000's, the regional PIHPs were reduced from 18 to 10. This is the current set up today; however, there are currently several legislative proposals to change the system.

Barry County Community Mental Health was established by the Barry County Board of Commissioners (BOC) in the years 1972-1973. During this time, the Barry County BOCs appointed a twelve member mental health board to oversee mental health services as defined in Public Act 54. In early 1974, the BOC operations were opened in the Pennock Physician Center and the first director was hired. With the evolution and growth of behavioral health services in Barry County came the growth of funding and

staffing. Since the middle 1970's, funding has grown from a beginning budget of $47,000 to a current budget of more than $12 million, and from a staff of four to a staff of more than 85. Also in 1974, after PA 258, the focus on service delivery became more of the community mental health board's To meet these new regulatory demands, Barry County Community Mental Health embarked on an expansion of services and programs. The clinic space within Pennock Hospital was expanded. A skill building program was established in Freeport, Michigan for individuals with a developmental disability. During the 1980's, many of the services that were provided only at state hospitals were now provided locally by Barry CMH. This included the ability to provide 24 hour, seven day a week crisis services to residents of Barry County. In the late 1980's, the BOCs helped create a new skill building program facility at Algonquin Lake. By the mid 1990's, following revisions to the Mental Health Code, Barry County Community Mental Health became a full management board. This meant that Barry County Community Mental Health was responsible for all behavioral health needs and costs for Barry County residents. Barry County CMH received its first Commission on Accreditation and Rehabilitation Facilities (CARF) accreditation at this time as well.

In 2002, Barry County Community Mental Health obtained Authority status. Thus, Barry County Community Mental Health became Barry County Community Mental Health Authority (BCCMHA). At this time, BCCMHA partnered with Branch, Berrien, Calhoun and Van Buren Counties to provide mental health services to all Medicaid clients within the region.

In 2008, Barry County Substance Abuse Services and BCCMHA merged to become a fully integrated program; this improved services to all residents of Barry County by creating "no wrong door" for those seeking services. Under the BCCMHA umbrella, Substance Use Disorder (SUD) services have significantly expanded, from three co-occurring clinicians to eighteen, from one jail group to four, and from participation in one specialty court to participation in four. Services continue to evolve; embracing evidenced-based practices and clinical techniques, establishing community partnerships to facilitate the implementation of medication-assisted treatment, and working with community partners to imbed clinical staff.

In 2014, BCCMHA collaborated with Berrien, Branch, Calhoun, Van Buren, Kalamazoo, St. Joseph and Cass counties to form a regional entity. The regional entity was called Southwest Michigan Behavioral Health (SWMBH). This regional entity receives Medicaid and Healthy Michigan (Michigan Medicaid Expansion) funding and administers the funding on behalf of the aforementioned eight community mental health organizations.

Since 2014 there have been numerous proposals to change how behavioral health is delivered in the state of Michigan. While different proposals have had different emphases on how and what they would change, two concepts continue to be themes in all proposals. Those being: increased access to care and providing services in an integrated manner. BCCMHA must engage creative solutions to address these threats and meet the needs of individuals.

BCCMHA continues to focus on the ways to integrate behavioral health services with physical health services. Since 2019 BCCMHA has partnered with the Cherry Health Clinic on the Substance Abuse and

Mental Health Service Administration grant *Promoting Integration of Primary and Behavioral Health Care.* As indicated in the title to the grant, the focus is to increase integration between physical health and behavioral health thus improving outcomes for individuals.

In the fall of 2021, BCCMHA was awarded a Certified Community Behavioral Health Clinic Expansion grant from the Substance Abuse and Mental Health Services Administration. This grant will allow BCCMHA to expand service opportunities, increase access to services, and increase integration.

Executive Summary

The behavioral health landscape is complex and changing. The current Michigan Behavioral Health system continues to be dominated by physical and behavioral health integration and talks of major system transformation. Therefore, BCCMHA continues to take steps to meet the objectives related to integration/system transformation. However, BCCMHA leaders and its Board must continue to openly discuss questions regarding the factors surrounding the merging of behavioral health and physical health care.

To effectively remain focused and poised to meet these challenges, it is critical that BCCMHA routinely recognizes current environmental changes, reflects on these changes, and re-calibrates focus areas as needed. BCCMHA should also continue to analyze trending data to make sure we are providing the best behavioral health services possible to meet client needs.

To ensure we are meeting the expectations of individuals, funders, the State of Michigan, and other stakeholders, we shall actively establish measurements and review outcomes. A focus on current practices, as well as future needs, is vital. It is important to continue to be vigilant in setting and achieving high benchmarks. We must measure the success of current services and programs and be willing to make adjustments as directed by the data.

The adaptive change model was employed by BCCMHA in the development of this plan. The aforementioned model doesn't rely on one individual alone to solve problems but instead empowers staff and leaders to embrace critical thinking to provide innovative solutions. Using said model, this strategic plan was developed with contributions provided by individuals who received services, BCCMHA staff, the community and BCCMHA leadership. Based on feedback received from stakeholder groups and data collected from this process, BCCMHA shall establish priorities. Those priorities will then be developed into goals or action items.

Mission Statement:

Barry County Community Mental Health Authority will provide accessible, affordable, confidential, and quality behavioral health services focused on prevention, treatment, and rehabilitation.

Vision:

Believing in Recovery, Connecting with Community, Combating Stigma, Making a difference, Helping those in need, Aspiring to be the best.

Values:

Holistic Person Centered

Honesty

Transparency

Ethical

Integrity

Excellence

Accountability

Evidence based

Promote innovation

Community partnerships and Collaborations

Strategic plan

Introduction:

Barry County Community Mental Health Authority (BCCMHA) provides behavioral health and substance use disorder services to approximately 1,700 individuals annually. Services provided include: outpatient therapy, intensive outpatient therapy, case management, psychiatric, autism, community living support, Supported Employment, care management, Assertive Community Treatment (ACT), mobile crisis, prevention, and peer support, etc. Each service is provided to assist individuals to further their path of recovery and achieve their highest level of independence.

Over the years BCCMHA funding has grown from a beginning budget of $47,000 to a current budget of more than $12 million. BCCMHA staffing has grown from a startup of 4 staff to a staff of more than 85. This growth has allowed us to assist many more individuals.

Barry County Community Mental Health Authority is pleased to share our Strategic Plan for FY 23 -24. This plan identifies priorities and focus areas for the upcoming years. BCCMHA leadership shall monitor federal, state and local priorities and adjust the plan as needed.

Plan:

Strategic planning is the systematic and organized process that organizations use to establish a road map to get from the current reality to the envisioned future. The strategic plan establishes operationally how the organization will achieve their goals, while maintaining the values of the organization.

This plan is based on current Federal and State priorities. In 2022, the Centers for Medicare and Medicaid Services (CMS) listed "Improve access to substance use disorders prevention, treatment, and recovery services, utilization of data for effective actions, and strengthen equity and quality in Behavioral Health Care" as top goals. The State of Michigan's Behavioral and Physical Health and Aging Services Administration also has indicated a prioritization on improving behavioral and physical health services access and quality.

In addition, this strategic plan is written with an awareness of individuals' needs to access services more readily and to have said services in an integrated/holistic manner. Therefore, BCCMHA will continue to focus on Care Coordination, Care Management and access models that increase access and integration.

9-E

All services will be provided in a welcoming, trauma-informed and person-centered manner. Addressing health care in a holistic manner is vital for positive health outcomes and cost-effective care. In the next few years, BCCMHA must create path(s) to assist individual's access to their recovery through a holistic, person-centered approach.

BCCMHA understands that an individual's quality of health (physical and mental) is determined in part by Social Determinants of Health (SDoH). Factors such as one's economic stability, access to health care, education, environmental conditions, and social/community context affect one's health. For individuals we support, their health may be influenced by the quality of the school they are attending, the safety of their workplace or the opportunity to work; the cleanliness of their water, food, and air; and the nature of their social interactions and relationships. BCCMHA assesses one's SDoH via an in-depth intake process. The person-centered planning process is then used to bring awareness and improvement to ones SDoH, thus improving one's health outcome.

BCCMHA shall utilize nurse care managers to help individuals identify and work toward health goals, assist with coordination with other involved health providers, reconcile medications, and complete primary care screenings. Care management activities include identifying ways to monitor and manage chronic health conditions such as diabetes, hypertension, obesity, and chronic pain. Nurse care managers can provide education on medications and health conditions and also assist individuals receiving care from multiple doctors to coordinate care for the best possible outcomes. All new clients to the agency receive a primary care screening as part of the intake process.

BCCMHA shall utilize a same day access model that fits for Barry County that not only increases direct access to BCCMHA but also increases retention of individual to services.

BCCMHA shall also use care coordinators to assist in referrals to other providers/service organizations, appointment scheduling and follow-up, program eligibility and enrollment assistance, self-management support, assistance with navigation of resources and benefits, and support with transitions of care. In addition to coordinating services, they also aid in advocating and supporting clients in achieving goals to address social determinants of health (SDoH).

There continue to be numerous proposals to change how behavioral health is delivered in the state of Michigan. While different proposals have had different focus on how and what they would change, two concepts (increased access to care and providing services in an integrated manner) continue to be themes in all proposals. To that end, BCCMHA is continuing to focus on the best ways to integrate behavioral health services with physical health services. As such, BCCMHA is entering its fifth year of a Primary and Behavioral Health Care Integration grant,

working closely with the Cherry Street Health Clinic (local Federally Qualified Health Center, FQHC). BCCMHA also applied for, and was awarded, a Certified Community Behavioral Health Clinic expansion (CCBHC-e) grant in FY21.

One way BCCMHA is increasing access and integration to services is via outreach. In FY22, BCCMHA established an Assertive Community Treatment (ACT) team. ACT is designed to assist those who have severe and persistent mental illness and who would otherwise struggle to remain independent in the community. As such, the majority of ACT services are conducted in the community or in an individuals' home. The current ACT team consists of four staff including the team leader/therapist, a case manager, a community living supports expert, and a registered nurse. Each of the team members take turns working with each individual, using their own specialty areas to meet the individual's needs. In addition to the team members on the ground, the ACT team has a dedicated psychiatrist on staff to help with routine and emergent needs.

BCCMHA shall develop and monitor metrics related to its financial and operational functions through increased Quality Improvements and Utilization Management activities. Agency metrics shall be reviewed on a regular basis to ensure services being provided are efficient and effective. BCCMHA shall use standard tools to assess an individual's needs and to help provide the right service, in the right amount, to the right individual based on medical necessity.

BCCMHA values the voices of individual's and their families who have received or are receiving services. This shall be evident by individuals participating in the strategic planning process, the consumer advisory committee, feedback surveys and BCCMHA's commitment to promoting and hiring peer support and recovery coaches.

<u>Focus areas 2023</u>

A. Integration - Barry County Community Mental Health Authority (BCCMHA) shall continue to ensure there is a high level of coordination with primary care physicians and behavioral health care providers. Person centered planning shall be conducted in a holistic manner to capture both behavioral and physical health needs of an individual. BCCMHA shall continue to partner with Cherry Health Services in the implementation of the Promoting Integration of Primary and Behavioral Health Care grant. BCCMHA shall also continue its implementation of the Certified Community Behavioral Health Clinics expansion (CCBHC-e) grant.

B. Access – BCCMHA shall increase access to BCCMHA system/services via use/promotion of Tele-Health as appropriate, expanded eligibility to include mild/moderate diagnoses, and community outreach through the newly established Assertive Community Treatment(ACT) Team.

C. Establish quality improvement metrics – BCCMHA shall develop and monitor metrics related to its financial and operational functions through increased Quality Improvement and Utilization Management activities. BCCMHA leadership shall establish programmatic goals that are reported and reviewed by the Quality Improvement Committee. Performance improvement plans shall be created for areas not achieving established benchmarks. BCCMHA shall collect, analyze, and disseminate data to improve policies, programs, and practices.

D. Engage in effective community outreach – BCCMHA shall increase the awareness of services and accessibility/access points through community engagement/presentations.

E. Social Determinants of Health (SDoH) - SDoH are the non-medical factors that influence individual health outcomes. These are conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes. BCCMHA shall establish goals within the realm of SDoH to increase the community's overall health.

F. Enhanced working environment – BCCMHA shall continue to create a positive working environment through promoting effective communication, creating mutual understanding, alignment and accountability, motivating staff to perform at their best, conducting effective meetings, efficient time management, and successfully navigating change together.

Strategic Goals for Fiscal Year 2023

Goal #1: Quality Enhancement/Risk Management

Objectives	**Data**	**Met or Not Met**
Barry County Community Mental Health Authority (BCCMHA) shall ensure 95% of accepted encounters have an associated Behavioral Health Treatment Episode Data Set (BH TEDS) in FY 23		
In FY 23 BCCMHA shall engage in a phishing campaign at least once per month with less than 5% of staff opening e-phishing e-mails and responding.		
BCCMHA shall meet or exceed the states standard*, for Michigan's Mission-Based Performance Indicators #2 and #3 in FY 23		
In FY23 less than 5% of provider claims audited will require a recoupment.		

*or state mean

Goal #2: Social Determinants of Health

Objectives	**Data**	**Met or Not Met**
85% of ACT clients identifying as having housing insecurity during intake will complete a housing referral in FY 23		

In FY 23 BCCMHA shall increase the number of unduplicated individuals served by 5%		
75% percent of individuals served who obtained employment in FY23 will remain gainfully employed for at least 90 days.		

Goal #3: Integration/Services

Objectives	**Data**	**Met or Not Met**
In FY23 BCCMHA shall produce at least 85% of encounters		
75% of CCBHC participants will have a primary care screening completed by the nurse care manager in FY 23.		
BCCMHA shall credential three (3) new insurance providers by June 2023		
In FY 23 BCCMHA shall demonstrate services provided have a positive impact on individuals as evidence by average LOCUS score decreasing 10%.		

Goal #4 Community Outreach

Objectives	Data	Met or Not Met
In FY 2023, BCCMHA will conduct a minimum of 10 community outreach and/or educational activities with the intent of increasing awareness of BCCMHA mental health and substance use disorder treatments and prevention programs. Activities will include one or more of the following means: traditional and social media, presentations, community events, information sharing, and printed media		

Goal #5 Workforce development/staff enrichment

Objectives	Data	Met or Not Met
BCCMHA shall provide at least 3 staff enrichment/development opportunities in FY 23.		

Leadership Succession Planning

Policy: Succession planning for executive leadership ensures continuity of leadership due to planned or unplanned departures.

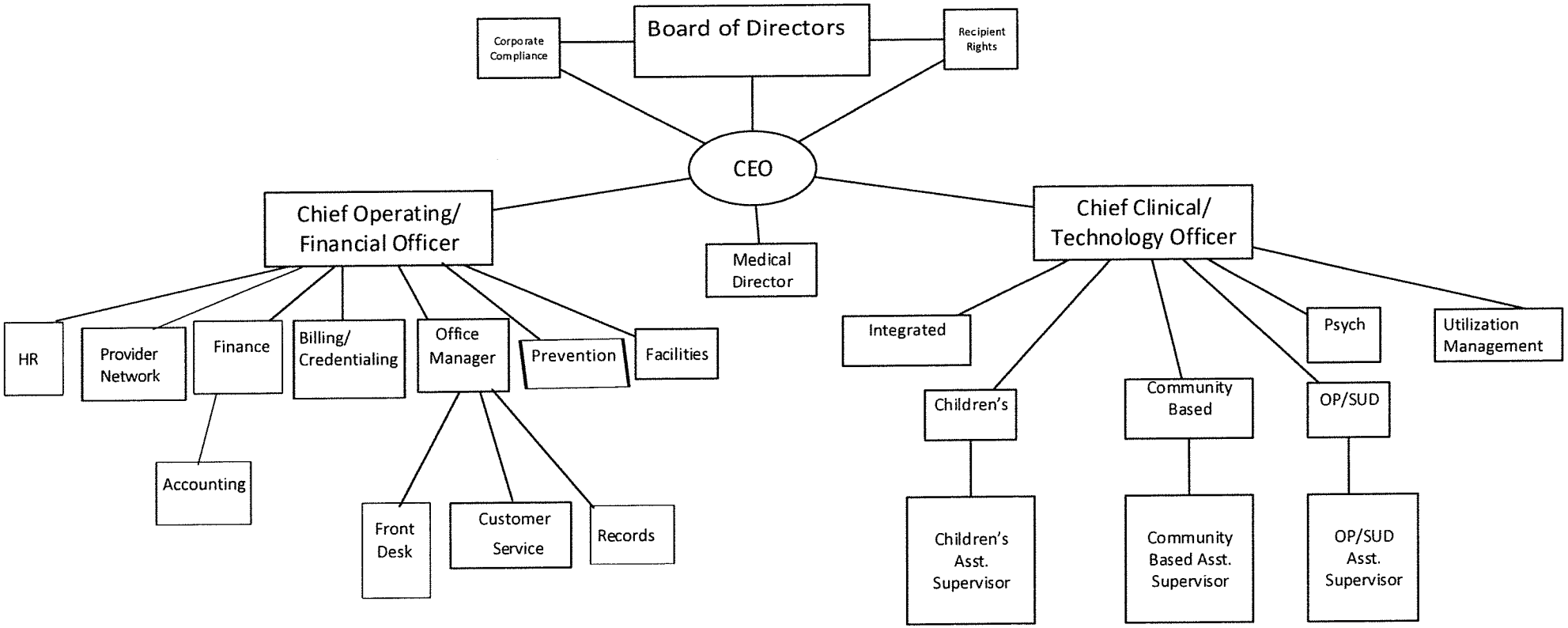
Purpose: The objective of succession planning is to ensure that the organization continues to operate effectively when individuals occupying critical positions depart. A succession plan may not include all existing managerial positions and may include positions that are not supervisory or managerial, but instead utilize unique, hard-to-replace competencies.

Position	**Skills Needed**	**Interim Replacement**	**Possible Replacement**
Executive Director	Understanding financial, operations, political, state regulations, regional (SWMBH) regulation/policy, extensive management experience, develop collaboration with community partners, agency planning/directing. Education: Masters or higher in social services, business, public administration or human services	Chief Operating Officer, Chief Clinical Officer, or Contract with retired CMH Director Some areas of joint/delegated responsibility until replacement is found could be provided by: Chief Clinical Officer, Chief Operating Officer, and Clinical Supervisors.	Chief Operating Officer Chief Clinical Officer State wide and national search
Chief Operating Officer (also HR Director and CFO)	Agency operations including finance, HR, building operations, and all other business functions. Knowledge of HR and CMH finance, including grants and reimbursement. Extensive management experience supervising staff in various areas. Education: Master's degree in business or public administration	Executive Director to perform some of the duties and oversee delegation of parts of the position. Administrative staff. Contract with retired CMH CFO SWMBH finance department.	Likely to look outside of organization most likely statewide search
Chief Clinical Officer (also IT Director)	Agency planning in conjunction with the Chief Operating Officer and the Executive Director, funding	Clinical: Clinical Director or clinical supervisors	Clinical Supervisor and/or conduct

	regulations, extensive management experience, excellent clinical skills, extensive EHR and software knowledge, ability to pull and analyze data. Understanding of billing codes. Education: Master's in psychology	IT: contract with appropriate vendor (Rubix). Coordinate with SWMBH and CMH regional partners for assistance.	state wide search. Likely look outside of organization for appropriately credentialed IT
Children and Family Services Supervisor	Funding regulations, program planning and scheduling, diagnostic knowledge, excellent clinical skills and experience; management experience. Education: Master's in psychology or related area.	Joint responsibility: Assistant Children's supervisor, clinical supervisors and Chief Clinical Officer	Internal staff if possible depending on experience Likely to look outside of organization (statewide).
Community Based Supervisor	Funding regulations, program planning and scheduling, diagnostic knowledge, service coordination with outside groups Education: Master's in psychology or related area.	Joint responsibility: Assistant Community Based supervisor, other clinical supervisors and Chief Clinical Officer C.E.O, Chief Clinical Officer and/or clinical supervisors assisting until replacement is found. Contract with retired Manager from CMH System, support from SWMBH.	Internal staff with experience in allied services (i.e., case management, CLS, S.E., S.B. etc.) If necessary look outside the agency
Outpatient Services Supervisor	Funding regulations, program planning and scheduling, diagnostic knowledge, excellent clinical skills and experience providing services to the SUD population. Knowledge of Jail services/diversion. Education: Master's in psychology or related area, CAADC credentialed.	Joint responsibility: Assistant Outpatient Supervisor, other clinical supervisors and Chief Clinical Officer. Clinical supervisors assisting until replacement is found	Internal staff if properly credentialed and experienced. External statewide search.
Compliance/QI Manager	Knowledge and understanding of Federal and State policies, regulations, CARF and legislation that impacts CMH. Development and monitoring of QI system. Understanding of Contract language and process and provider network.	Joint responsibility between CEO, CCO and COO. Collaborate with SWMBH for assistance in contracts/compliance as needed.	Internal staff if properly credentialed and experienced. External

	Education: prefer BA with 5 years' experience but at minimum, 10 years' experience in field performing duties with excellence.		statewide search.
RR Officer	Knowledge and understanding and training in recipient rights. Education: prefer BA with 2 years' experience with recipient rights investigations.	Back-up RR Officer Contract with retired recipient rights from CMH System, Contract with neighboring CMHs, support from SWMBH.	Internal staff with proper training/ experience or staff willing to be trained. External statewide search
SUD Prevention Supervisor	Knowledge and understanding and training in SUD prevention. Program planning and scheduling, excellent clinical skills and experience, management experience Education: prefer BA with 5 years' experience with prevention services, development of budgets, grant writing/monitoring/reporting	Joint responsibility between COO, CEO, and senior prevention staff.	Internal staff with proper credentials and experience. External statewide search
Psychiatric Supervisor	Funding regulations, program planning and scheduling, diagnostic knowledge, knowledge of Medicaid Provider Manual, excellent clinical skills and experience; management experience Education: Master's in psychology or related area	Joint responsibility between CCO and clinical supervisors and or clinical program managers.	Internal staff with proper degree, credentials and experience. External statewide search
Provider Network	Understanding of CMH system, understanding of provider network management/rate setting, Federal and State policies, regulations as they pertain to contracts, writing and management of provider contracts. Education: Bachelor's in business or Masters in clinical field.	Engage current back up to provider network manager, Compliance/QI Manager, joint responsibility between CEO, COO and CCO.	Internal staff with proper degree, credentials and experience. External statewide search
Medical Director	Understanding of CMH system, CMH funding/billing regulations, diagnostic knowledge, excellent clinical skills	Addendum to contract with current vendor for tele-psychiatry, contract	External nationwide search

	and experience; management experience. Education: MD degree and appropriate certifications and trainings.	with CMHs within region 4, contract with SWMBH	
Customer Service	Understanding of CMH system and services provided, excellent interpersonal skills, knowledge of grievance and appeals processes. Education: High school diploma or higher.	Engage current customer service back-up/COO, other internal staff affiliate CS could help, contract with Customer Service reps. in the region, assistance from SWMBH.	Internal staff with proper training External regional search



* Children's includes Children's therapists, CLS, ABA, HB, Wrap

* Community Based includes CSM, Community Based (CLS, SE, SB), ACT, Peer Services

* OP/SUD includes Adult MH, SUD, Access/Crisis (including mobile crisis)

* Integrated Health includes Care Coordinators, Nurse Case Management, and Community Health Workers

Updated 5/2022

9-e