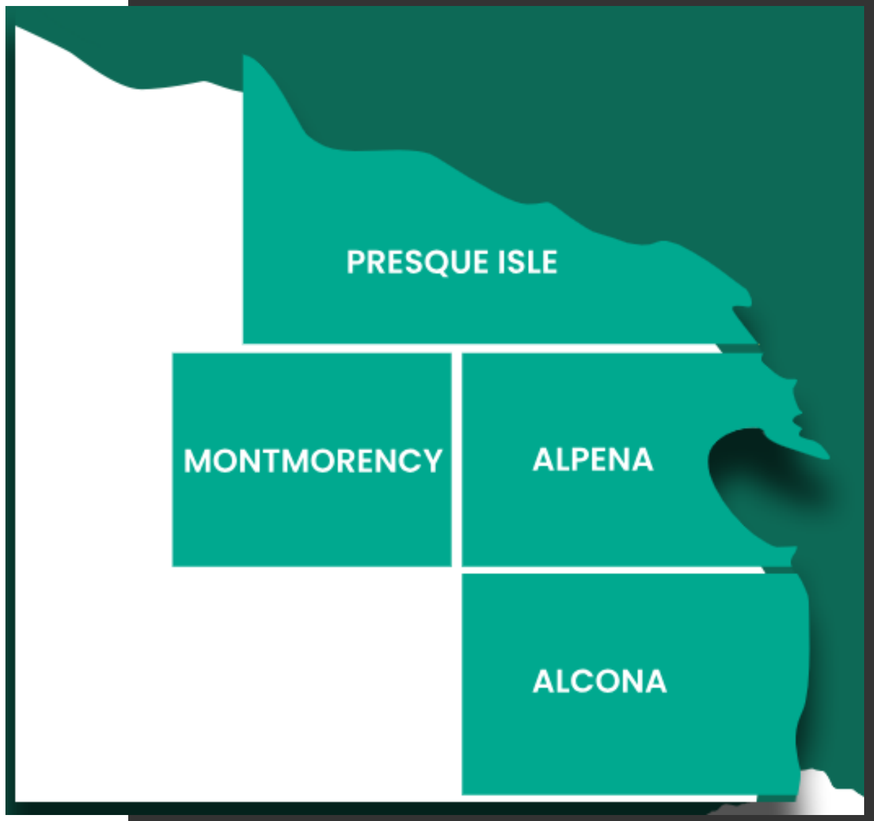
NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

FY27 STRATEGIC PLAN





Northeast Michigan Community Mental Health Authority provides access to a full array of services and supports to empower individuals in Alcona, Alpena, Montmorency, and Presque Isle counties.

FY27 NeMCMHA Board of Directors



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Mission

To provide comprehensive services and supports that enable people to live and work independently.

Vision

Northeast Michigan Community Mental Health Authority will be the innovative leader in effective, sensitive mental and behavioral health services.

In so doing, services will be offered within a culture of gentleness and designed to enhance each person's potential to recover. We will continue to be an advocate for the person while educating the community in the promotion of mental and behavioral health.

Core Values

- A person-centered focus shall be at the heart of all activities.
- Honesty, respect, and trust are values that shall be practiced by all.
- We will be supportive and encouraging to bring out the best in one another.
- Recognition of progress and movement toward a continuously improving environment is a responsibility for all.
- We prefer decision-by-consensus as a decision-making model and will honor all consensus decisions.

Forces in the Environment Impacting Behavioral Health

Payors/Payment Reform

- Reimbursement based on health outcomes
- Proposed Michigan Department of Health and Human Services (MDHHS) Prepaid Inpatient Health Plan (PIHP) bid out
- Proposed federal cuts to Medicaid
- MDHHS Mental Health Framework
- Conflict-Free Access and Planning (CFAP)

Persons Served

- Aging population and other demographic changes
- Increasing comorbid conditions
- Individuals served access to health information

Quality Improvement

- Health and safety
- Minimizing waste, fraud, and abuse
- Right amount of scope and duration of service

Regulatory Changes

- Home and Community-Based Services rules
- Potential carve-in of specialty behavioral health

Workforce

- Shortage of qualified staff of all types of disciplines (professional and direct care)
- Aging workforce
- Competing with the private sector (lower pay)
- Challenging work environment
- Evidence-Based Practices
- Training of staff to address current environment

Technology

- Electronic Health Record (EHR)
- Data analytics
- Self-management tools/patient portal

Goals

1. Reduce the risk of metabolic syndrome in both adults and children, as certain medications, such as psychotropics, can place individuals at a higher risk of weight gain, high blood pressure, high blood sugar, and/or abnormal cholesterol levels. .

a. Nursing staff will collect blood pressure, weight, and body mass index (BMI) on all new psychiatric evaluations and all children receiving medication clinic services.

b. The Agency will participate in the data analytics project to identify those individuals who are at risk for increased health concerns.

c. Clinical staff will work with the Medicaid Health Plans and Primary Care Providers to coordinate care and treatment.

d. Participate in PIHP's Quality Assessment Performance Improvement Projects (QAPIP).

i. QAPIP #1 – The NMRE's Quality and Compliance Oversight Committee (QOC) will collect data and conduct analysis for Behavioral Health Home (BHH) enrollment. The NMRE will strive to improve the percentage of individuals who are enrolled in the BHH program from 6% - 7% by September 30, 2026.

ii. QAPIP #2 – Increase percentage of new persons starting any medically necessary ongoing covered service within 14 days of completing a non-emergent biopsychosocial assessment, achieving above the 50th percentile (72.9%).

2. Promote a community that understands the widespread impact of trauma and paths to recovery, while also recognizing the signs and symptoms of trauma in individuals to avoid re-traumatization.

3. Support services to all children and young adults diagnosed with Autism Spectrum Disorders.

4. Coordinate community education and partnerships in suicide prevention.

5. Increase Substance Use Disorder (SUD) services and training within the Agency while partnering with local SUD providers to educate and reduce substance use in the community.

6. Collaborate with the Veteran's Administration ensuring comprehensive behavioral health services are available.

7. Further utilize the Health Information Exchange (HIE), Michigan Health Information Network Shared Services, with MIGateway and local organizations in order to share critical health care information. The Agency's current electronic record system (Peter Chang Enterprises, Inc. (PCE)) is a conduit for this information, which will continue to promote easy utilization.

8. Remain current in education of information technology (IT), including cybersecurity.

9. Increase participation of Management Team in individual staff meetings to learn what issues are important to staff and develop strategies to support a sustainable work/life balance.

Barriers / Challenges

Home and Community-Based Services – NeMCMHA will need to work with our providers to assure compliance with the rules for all.

Applied Behavioral Analysis (ABA) Expansion – Qualified providers, either in-person or through a telehealth arrangement, are limited in this program area.

Integrated Healthcare – The HIE is not progressing as rapidly as previously anticipated. Data provided is not sufficient to address real time queries on health information of the populations served. Current restrictions of protected health information (PHI) specific to SUD/treatment do not address the total needs of the individual in an HIE venue.

Acute Care Inpatient Psychiatric Bed Availability – Michigan's behavioral health inpatient psychiatric bed space availability currently ranks 47th nationally.

Funding – The contractual obligations to MDHHS while staying within the Per Member Per Month formula provided by the PIHP. The decrease in actuarial soundness following the unexpected drop of Medicaid enrollees and the new enrollment requirements of H.R.1 in addition to the migration of individuals previously identified as disable, aged, and blind (DABS) to straight Medicaid.

Recruiting and Retention of Qualified Staff – Workforce shortages nationwide and local competition for positions have made it difficult to recruit, especially for Masters-level clinicians.

Service Population – If service delivery is modified to include the mild to moderate population, the current staffing level is insufficient.

Residential Options – Decrease of family operated foster care resulting in the need to contract with more expensive corporate specialized foster care placements.

Opioid Epidemic – The increasing opioid epidemic has strained community resources.

Societal Violence – The violence in our society is requiring communities to come together to develop a comprehensive community action plan.

Staffing – The lack of a feeder system to create qualified individuals to work in this field of healthcare.

Opportunities

- Work collaboratively with community partners in the region to promote and develop integrated services, and improve efficiencies, health outcomes, and accessibility for individuals served.
- Develop new Evidence-Based Practices for rural communities.
- Use the Agency's training certification to provide training opportunities and continuing education credits for staff and community partners.
- Continue to utilize and improve the strong infrastructure of NeMCMHA, including its facilities, staff, IT investment, and balanced budget.
- Provide education to the community at large and support and promote awareness and understanding of CMH services.
- Work collaboratively with community partners in the region to address challenges related to the increasing opioid epidemic, violence, and anger dyscontrol.
- Continue to consult with the jail administrator and nurse practitioner regarding the use and management of psychiatric medications and coordination of care prior to discharge from jail.
- Work with elected officials to continue to advocate for the public behavioral health system and the specialty populations that CMH serves.

Options

The Agency must continue to strengthen its relationships with other partners of the market and reinforce its niche in intensive services for people with serious mental illness, serious emotional disturbance, and intellectual/developmental disabilities, including those whose disabilities co-occur with substance use. The Agency must strategize to become a valued partner and be indispensable in the pursuit of quality, accessible health care. Options to be considered:

- Shared psychiatric consultation with staff at other clinics.
- Easy and consistent flow of individuals and information between behavioral health and primary care providers.
- Growth of health care awareness and services in CMH through enhanced training in health coaching and the use of data analytics
- Work closely with local jails and sheriffs to provide assistance and support for individuals incarcerated and/or on a court order for mental health treatment.
- Work closely to assure people with a serious mental illness or intellectual/developmental disabilities are receiving all necessary primary and behavioral healthcare.
- Provide community members and staff with training relating to Mental Health First Aid for youth and adults, suicide prevention, violence in our society, co-occurring disorders, and the effects of trauma.
- Continue to be a member of the Northeast Michigan National Alliance on Mental Illness (NAMI) and the Human Service Coordinating Councils (HSCCs).

Plan

Community Partners will be essential for NeMCMHA as we continue to be successful in the provision of integrated, comprehensive physical and behavioral health services. We will continue to expand the Behavioral Health Home (BHH) and will work to provide these services to individuals with mild to moderate mental health diagnoses. The Agency will continue to work collaboratively with the major primary health care providers and the Medicaid Health Plans to ensure the requirements to meet the health care reform challenges are met. Joint ventures will continue to be established with community partners to provide seamless systems of care that eliminate duplication, lower costs, ensure quality care, and achieve superior outcomes. The Ends Statements reflect methods of monitoring population groups and department specific goals.



Mega Ends Statement

All people in the region, through inclusion and the opportunity to live and work independently, will maximize their potential.

Sub-Ends

Services to Children

1. Children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions.

a. Increase the number of children receiving home-based services; reducing the number of children receiving targeted case management services.
b. 80% of home-based services will be provided in a home or community setting.

Services to Adults with Mental Illness and Persons with I/DD

2. Individuals needing independent living supports will live in the least restrictive environment.

a. Establish the Supported Independence Program (SIP) in all four counties served.
b. Individual competitive integrated employment for persons with an intellectual/developmental disability will increase by 7%.
c. Individual Placement and Support (IPS) employment services will successfully close 15 individuals with an SPMI diagnosis who have maintained competitive integrated employment.



Sub-Ends Continued

Services to Adults with Co-Occurring Disorders

3. Adults with co-occurring disorders will realize significant improvement in their condition.

a. 35% of eligible individuals served with two or more of the following chronic conditions – asthma/COPD, high blood pressure, diabetes, morbid obesity, or cardiac issues will be enrolled in Behavioral Health Home (BHH).
b. 100% of individuals enrolled in BHH will see their primary care provider annually.
c. 98% of individuals enrolled in BHH will have a baseline A1C.

Financial Outcomes

4. The Board's Agency-wide expenses shall not exceed Agency-wide revenue at the end of the fiscal year (except as noted in 5.b.).
5. The Board's major revenue sources (Medicaid and non-Medicaid) shall be within the following targets at year-end:

a. Medicaid Revenue: Expenses shall not exceed 100% of revenue unless approved by the Board and the PIHP.
b. Non-Medicaid Revenue: Any over-expenditure of non-Medicaid revenue will be covered by funds from the Authority's fund balance with the prior approval of the Board.



Sub-Ends Continued

Community Education

6. The Board will support the Agency in providing community education. This will include the following:

a. Disseminate mental health information to the community by hosting events, providing trainings, utilizing available technology, and publishing at least one report to the community annually.
b. Develop and coordinate community education in Mental Health First Aid for adults and youth, trauma and the effects of trauma on individuals and families, suicide prevention, co-occurring disorders, and violence in our society.
c. Support community advocacy.

The Ends will be monitored by the Board at least semi-annually.

The Strategic Plan will be reviewed by the Board at least annually.



Northeast Michigan Community Mental Health Authority is funded, in part, by the Michigan Department of Health and Human Services.