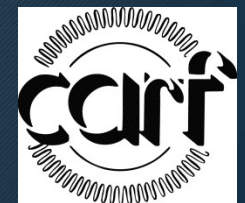


NORTHEAST
MICHIGAN
COMMUNITY
MENTAL HEALTH
AUTHORITY



2019 STRATEGIC PLAN

NORTHEAST MICHIGAN
COMMUNITY MENTAL HEALTH
AUTHORITY



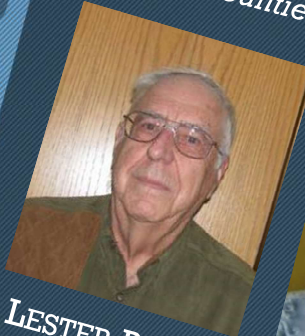


BOARD OF DIRECTORS 2019-2020

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



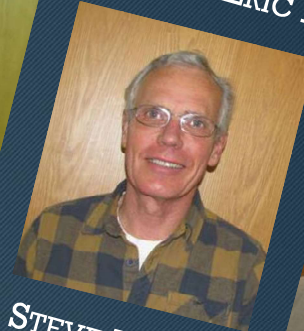
ERIC LAWSON, CHAIR



LESTER BUZA



BONNIE CORNELIUS



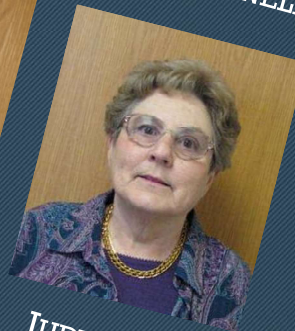
STEVE DEAN



ROGER FRYE



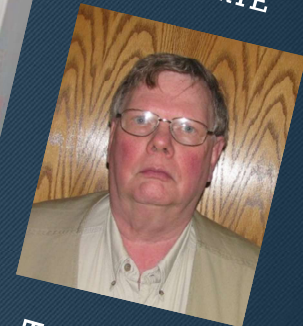
MARK HUNTER



JUDY JONES



ALBERT LAFLECHE



TERRY LARSON



GARY NOWAK



PAT PRZESLAWSKI



GARY WNUK



MISSION

VISION

**CORE
VALUES**

MISSION



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

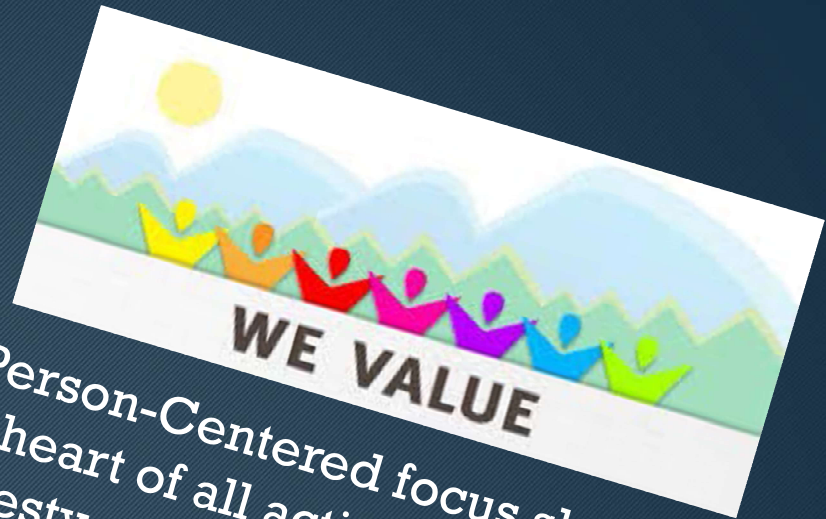
Northeast Michigan Community Mental Health will be the innovative leader in effective, sensitive mental and behavioral health services.

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.

VISION

VISION

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.

Regulatory Changes

- Home and Community-Based Services Rule
- Potential Carve-In of specialty behavioral health
- 1115 Waiver Application

Persons Served

- Aging population and other demographic changes
- Expansion of coverage
- Increasing comorbid conditions
- Individuals served accessing health information

Payors/Payment Reform

- Reimbursement based on health outcomes
- ACA
- Health System Insurance Plans
- Section 298 and 928



Quality Improvement

- Health and Safety
- Minimizing Waste, Fraud and Abuse
- Right amount of scope & duration of service

Workforce

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

Technology

- Electronic EHR
- Data Analytics
- Increase Mobile Capabilities
- Self-Management Tools / Consumer Portal

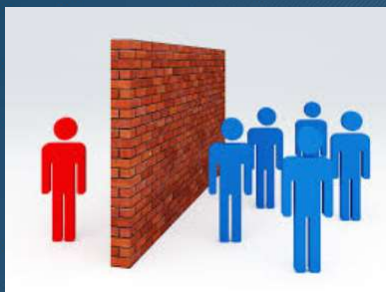
FORCES IN THE ENVIRONMENT
IMPACTING BEHAVIORAL HEALTH



1. To reduce the risk of metabolic syndrome in both adults and children.
 - a. Nursing staff will collect blood pressures (BPs), weights 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 to coordinate care and treatment.
 - d. Participate in PIHPs QAPIPs [Quality Assessment Performance Improvement Projects].
 - i. QAPIP #1 – Follow up care for children prescribed ADHD medications.
 - ii. QAPIP #2 – Adults prescribed psychotropic medications for more than six (6) months will be screened for diabetes.
2. To continue the partnership with Alcona Health Center and local school systems in order to provide school-based social work services for children.
3. Promote a trauma-informed community through education, assessment and participation in community initiatives.
4. Support and expand services to all children and young adults diagnosed with Autism Spectrum Disorders.



5. Coordinate community education and partnerships in suicide prevention.
6. To 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.
7. To collaborate with the Veteran's Administration assuring comprehensive behavioral health services are available.
8. To further utilize the Health Information Exchange (HIE) with Great Lakes Health Connect and local organizations in order to share critical health care information. *[It should be noted, our current electronic record system (PCE) is a conduit for this information making this utilization much easier.]*
9. To keep current in education and information technology (IT).



BARRIERS / CHALLENGES



HOME- AND COMMUNITY-BASED SERVICES – NeMCMHA will need to work with our providers to assure compliance with the rules for all.

ABA EXPANSION – Qualified providers, either in-person or through a telehealth arrangement, are limited in this program area.

INTEGRATED HEALTHCARE – The Health Information Exchange (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 Personal Health Information (PHI) specific to Substance Use Disorders/treatment does not address the total needs of the individual in an HIE venue.

FUNDING – The contractual obligations to the Michigan Department of Health and Human Services (MDHHS) while staying within the Per Member Per Month (PMPM) formula provided by the PHIP.



BARRIERS (CONTINUED)



JAIL SERVICES – Limited use by law enforcement impacts the number of pre- and post-booking jail diversions.

RECRUITING AND RETENTION OF QUALIFIED STAFF – Local competition for positions has made it difficult to recruit.

SERVICE POPULATION – If service delivery is modified to include the mild to moderate population, 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.

INCREASING VIOLENCE IN OUR SOCIETY – The increasing violence in our society is requiring communities to come together to develop a comprehensive community action plan.



OPPORTUNITIES

“ Work collaboratively with the community partners in the region to promote integrated services, develop shared services and improve consumers accessibility, health outcomes and efficiencies. ”

OPPORTUNITIES (CONTINUED)

Introduce new Evidence-Based Practices (EBPs) and training in the delivery of services.

The infrastructure of NeMCMHA is relatively strong, with excellent facilities, dedicated staff, continued IT investment and a balanced budget.

Provide education to the community at large and support and promote local advocacy efforts.

Work collaboratively with the community partners in the region to address challenges related to the increasing opioid epidemic and increase in violence and anger dyscontrol.

Take advantage of training opportunities provided by MDHHS.



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 at a lower cost. 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 physicians
- Growth of health care awareness and services in CMH through enhanced training in health coaching and the use of data analytics
- Work closely to assure people with a serious mental illness or intellectual/developmental disability are receiving all necessary primary and behavioral healthcare services. Expand telemedicine services as it relates to pediatric and adult services
- Provide community members with training as it relates to Mental Health First Aid for youth and adults, suicide prevention, increasing violence in our society, co-occurring disorders and the effects of trauma on individuals.
- Continue to be a member of the Human Services Collaboratives



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. Northeast will continue to work collaboratively with the major primary health care providers and the Medicaid Health Plans (MHPs) to ensure the requirements to meet the health care reform challenges are met. Joint ventures will be established with community partners to provide seamless systems of care eliminating duplication, lower costs, ensure quality care and achieve superior outcomes. The Ends Statements reflect methods of monitoring population groups and department specific goals.

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

**MEGA ENDS
STATEMENT**

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

Services to Children

Sub-Ends #1

As Evidenced By:

“75% of all children who complete treatment (targeted case management, outpatient counseling, Home-Based Services and Wraparound) will show 20 point or more decrease in CAFAS scores at completion of services.”

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

Services to people with a Mental Illness and I/DD

Sub-Ends #2

As Evidenced By:

- a. Development of two additional contract residential providers within our catchment area to increase capacity for persons requiring residential placement.
- b. Development of additional supported independent services for two individuals currently living in licensed Foster Care. ”

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

**Services to Adults with
Co-Occurring Disorders**

Sub-End #3

As Evidenced By:

a. 90% of those persons prescribed Buprenorphine for opioid dependence will have an objective in their plan of service addressing their substance use recovery goals.”

“The Board’s Agency-wide expenses shall not exceed Agency-wide revenue at the end of the fiscal year (except as noted in Sub-End 5).”

Financial Outcomes

Sub-End #4

Sub-End #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 prior approval of the Board.”

“ The Board will provide community education. This will included the following:

- a. Disseminate mental health information to the community utilizing available technology and at least one Report to the Community.
- 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 the increasing violence in our society.
- c. Support community advocacy.”

Community Education

Sub-End #6

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.