BARRY COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

STRATEGIC PLAN 2021

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Executive Summary

The behavioral health landscape in 2020 and in the near future was dominated by the COVID 19 Pandemic and talks of system transformation. BCCMHA's response to the COVID-19 Pandemic cut through the uncertainly to ensure that those who rely upon Michigan's public mental health system continue to receive the services and supports that they need. Early on in the Pandemic BCCMHA provided different ways of conducting services such as telephonic and tele-health. As the Pandemic continues, BCCMHA will continue to provide services in a clinic setting, out in the community or via tele-health that are safe and supportive for individuals.

Behavioral health and physical healthcare continue on roads which seem to be on an intersecting path. Federal and state policy continues to direct where and when these roads will intersect. The Michigan Department of Health and Human Services has indicated due to the current pandemic the transformation to Specialty Integrated Plans (SIPs) is on hold. There is no doubt that some major system reforms will emerge in the short, medium and long-terms. In the fiscal year 2020 budget supplemental related to COVID-19, the Governor vetoed a wide range of funded programs. One of the items vetoed was the Public Behavioral Health System Transformation $5 million line item. These dollars were earmarked to support 15 FTEs and consultants. Again, at this time it is believed that MDHHS does not have the funds or adequate personnel time to move the system transformation forward. However, many believe this is a just a pause until the current pandemic is over and resources can be direct back to system transformation.

The agency has already taken many steps over the last couple of years to meet objectives related to integration. 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 ensure we are meeting the expectations of individuals, stakeholders, and the State of Michigan, we will actively establish, measure 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 indicated by the data. We must also be willing to redefine how we provide health care, look at new service opportunities and embrace community collaborations. Any opportunities will be based on the values of person-centered, self-determined, community-based, recovery-oriented, evidence-based and cultural competency.

Working with individuals and stakeholders we will establish a path of recovery for Barry County residents which, shall in turn, create a healthier and stronger county for all residents. Achieving

these outcomes will take vision and courage from everyone. BCCMHA will need to use this courage to establish innovative and alternative ways to deliver services with shrinking resources and increased federal and state regulations.

As we work to increase integration and other goals contained within this plan, we must make sure to communicate the strengths and value of Michigan's public mental health system to combat the false narrative that is being used by some that the system is broken.

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 the mentally ill 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 per paid insurance 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, the winds of change are blowing once again and with the Governor's proposed budgets of 2017 and 2018, the system could change once again.

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 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. Also in 1974, after PA 258, the focus on service delivery became more of the community mental health board's responsibility.

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 needs and costs for Barry County residents. Barry County CMH received its first Commission on Accreditation and Rehabilitation Facilities (CARF) 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, Brach, Calhoun, Van Buren, Kalamazoo, St. Joseph and Cass counties to form a regional entity. The regional entity was called South West 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.

BCCMHA is continuing to focus on the best ways to integrate behavioral health services with physical health services. As such, BCCMHA is working closely with the Cherry Street Clinic and following more closely health issues and referrals to primary care physicians for persons seeking services. The focus is more on the whole person as the importance of treatment of any health issue (physical or behavioral) for recovery.

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.

Introduction

Barry County Community Mental Health Authority is pleased to share our Strategic Plan for 2021. This plan identifies strategic priorities or action steps for the upcoming year. BCCMHA leadership shall monitor federal, state and local priorities and adjust the plan as needed.

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

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, priorities were identified. Those priorities were then developed into action items.

Barry County Community Mental Health Authority (BCCMHA) provides behavioral health and substance use services to about 1,700 individuals annually. Those services may include behavioral health services, co-occurring services, services for individuals with intellectual disabilities, children with severe emotional disturbances, and individuals with autism. In addition to what may be considered traditional community mental health services, BCCMHA

provides an array of auxiliary services to support individuals such as community living supports, respite and employment services.

Strategic plan

This strategic plan is written with an awareness of individuals to access services more readily. Certainly integration at the point of contact is a way of ensuring that occurs. This action also allows for a focus on integration of physical and behavioral health services and better outcomes. While the state of Michigan's integration project has been put on hold, there is still much support for it throughout the state. There is also support for services being provided via the concepts contained in self-determination and person centered planning. In July 2020, the Michigan Department of Health and Human Services (MDHHS) Behavioral Health Strategic Planning Pillars included;

I. Drive improved outcomes and more funding to the front lines through streamlined oversight PIHP/CMHP accountability reforms.

II. Integrate physical and behavioral health care at the point of service with a person-centered approach and inclusion of social determinants of health.

III. Ensure all Michiganders have access to behavioral health, mental health and substance use prevention, treatment, services and follow up services for the best quality of life.

IV. Provide people with outreach, service delivery, and access to behavioral health services at their preferred locations and mechanisms. Consider telehealth and telephone services utilized during COVID-19.

V. Provide quality and time efficient patient care flow from community to residential treatment or institution (hospital, juvenile detention centers, jail) to the community with individualized clinical treatment.

As health care providers develop various integration models, behavioral health care and physical health care workers must focus on creative ways to work as a team for the benefit of the individual receiving services. This can be achieved in a few different ways, such as creating a single plan that addresses physical health, behavioral health needs, holding regular team huddles with physical and behavioral providers, providing co-located services and sharing data/ outcomes.

The model for integration shall be based on the principles on person-centered planning and recovery. BCCMHA values and understands that recovery is about having opportunities for choices and living a meaningful, satisfying, healthy life, and being a valued member of the

community. A person-centered approach to planning seeks to identify the full range of resources available to the individual. It actively explores the individual's own resources and additional resources within their community they might need to reach their goal of wellness.

Integrated services shall be directed by the individual and provided at the point of service contact. The aforementioned model of integration shall include care coordination, comprehensive case management, and holistic approach to wellness, support from family members and appropriate referrals to community partners. All services will be provided in a welcoming, trauma-informed 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 holistic, person-centered approach.

To achieve said goal, BCCMHA must look at new and innovative delivery of services. This may include collaborating with community partners to provide services BCCMHA would not be able to provide on its own. It may also include exploring new services or new ways of providing a service such as tele-health or community outreach services. Specifically, BCCMHA shall look at establishing an intensive case management program as well as expanding community based services such as skill building, community living supports and supported employment.

BCCMHA must continue to structure services in ways that are compliant with the Home and Community Waiver. The federal government has issued rules for Medicaid waiver programs that offer home and community based services. The goal of the new rules are to ensure that individuals who receive home and community based services through these waivers are a part of the community and have access to the same set of community options as people who do not receive services through these waivers.

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 us provide the right service, in the right amount, to the right individual based on medical necessity.

BCCMHA would like to emphasize it values the voices of consumers and their families. This shall be evident by consumers participating in the strategic plan process, measuring outcomes of care, consumers active on committees, hiring of peer supports, consumer advocacy committee's access to management and promoting services that assist individuals to achieve their personal goals.

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Action Plans 2021

A. Integration - Barry County Community Mental Health Authority (BCCMHA) shall continue to ensure there is a high level of coordination with primary care physicians. Person centered planning shall be conducted in a holistic manner. BCCMHA shall continue to partner with Cherry Health Services to implement a SAMHSA integration care grant. The focus of this model shall be to create a bi-directional integration and collaboration between the two agencies to enhance the health and wellbeing of Barry County residents. BCCMHA shall also explore other models of integration such as Certified Community Behavioral Health Clinics (CCBHC).

B. Organizational redesign – BCCMHA finalized roles/responsibilities related to the new organizational chart that will better assist the organization in providing quality service for Barry County residents. BCCMHA shall survey staff six months into the reorganization to receive feedback on what is working well and what may need to be tweaked.

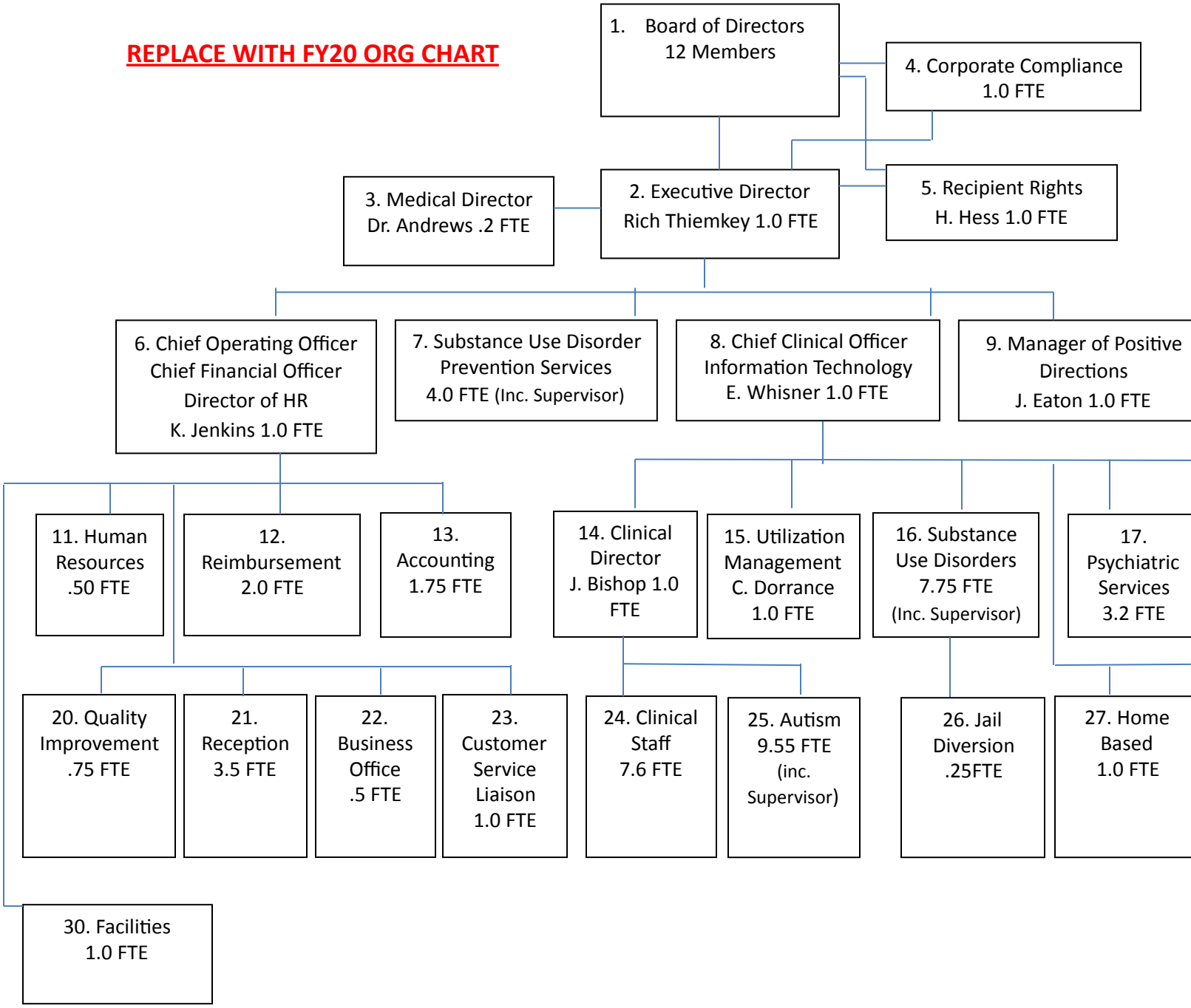
C. Building better lives by driving improved access and outcomes through improved community and outreach services.

D. Established improved 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 hitting established benchmarks.

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

Management and Board and Staff

REPLACE WITH FY20 ORG CHART



Mission and Vision Statement

Mission Statement

Barry County Community Mental Health Authority will provide accessible and affordable mental health and substance abuse services focused on prevention, treatment and rehabilitation to county residents who can benefit from our endeavors and assistance. Our mission will be supported by efficient and prudent use of our finances and appropriate diversification.

Vision statement

Believing in Recovery
Connecting with community
Combating stigma
Making a difference
Helping those in need
Aspiring to be the best

BCCMHA Values:

Holistic Person Centered

Honesty

Transparency

Ethical

Integrity

Excellence

Accountability

Evidence based

Promote innovation

Community partnerships and Collaborations

Strategic Goals for Fiscal Year 2020-2021

Goal #1: Quality metrics

Objectives	**Data**	**Met or Not Met**
BCCMHA shall ensure 95% of accepted encounters have an associated BHTEDS In FY 21.		
By the end of 1st quarter of FY2021, BCCMHA shall establish a schedule for sub committees to report established metrics to the QI committee		

Goal #2: community services

Objectives	**Data**	**Met or Not Met**
BCCMHA shall establish protocols and program description for a supported employment program by March 31, 2021.		
BCCMHA shall achieve 85% of the community living supports units produced in FY20.		

Goal #3: Integration

Objectives	**Data**	**Met or Not Met**

BCCMHA shall increase enrollment in the SAMSA integration grant by 25% during FY 21.		met
BCCMHA will order an HbA1c screening for 80% of clients diagnosed with schizophrenia or bipolar disorder that are prescribed antipsychotic medications by BCCMHA and do not have a pre-existing diagnosis of diabetes.		Making progress
BCCMHA shall perform a review of the Certified Community Behavioral Health Clinic (CCBHC) grant to determine BCCMHA's feasibility to apply for CCBCH grant within FY21 as released by the State.		

Goal #4: Enhanced working environment.

Objectives	**Data**	**Met or Not Met**
By December 31, 2020 BCCMHA shall survey staff and supervisors on how the reorganization structure, new positions and processes are going.		.
BCCMHA shall move all annual performance evaluations to quarterly evaluations within FY 21.		

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, operational, political, state funding; extensive management experience, agency planning/ directing. Education: Masters or higher in social services, business, public administration or human services	Chief Operations Officer, Chief Clinical Director, or Contract with retired CMH Director Some areas of joint/ delegated responsibility until replacement is found could be provided by: Chief Clinical Director, Chief Operations Officer, Clinical Director and Clinical supervisors.	Chief Operations Officer Chief Clinical Officer National search

Chief Operations Officer (also HR Director and CFO)	Financial and operations include software, office operations, business functions; HR knowledge, extensive management, experience CMH funding streams, billing codes, and accounting principles. Education: Master's in business or public administration	Executive Director to perform some of the duties and oversee delegation of parts of the position. Reimbursement and accounting staff. Contract with retired CMH CFO SWMBH finance department. Long term plan to separate HR duties form CFO/COO	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 regulations, extensive management experience, extensive EHR, and software knowledge, ability to pull and analyze data. Understanding of billing codes. Education: Master's in psychology or related area, 10 years' experience clinical management, IT knowledge and or certification.	Clinical: Clinical Director or clinical supervisors IT: contract with appropriate vender (Rubix). Coordinate with SWMBH and CMH regional partners for assistance.	Likely look outside for appropriately credential 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, 10 years' experience.	Joint responsibility: Assistance Children's supervisor 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:	Joint responsibility: Assistance Children's supervisor 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
Out Patient 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 experience, CAADC credentialed.	Joint responsibility: Assistance Out- Patient supervisor and Chief Clinical Officer. clinical supervisors assisting until replacement is found	Internal staff if properly credentialed and experienced. External statewide search.
Compliance/Contracts Manager	Knowledge and understanding of Federal and State policies, regulations, CARF and legislation that impacts CMH. Understanding of Contract language and process and provider network. Education: prefer BA with 5 years' experience but at minimum, 10 years' experience in field performing duties with excellence.	Joint responsibility between CEO and COO. Collaborate with SWMBH for assistance in contracts/compliance as needed.	Internal staff if properly credentialed and experienced. External statewide search.

RR Officer	Knowledge and understanding and training in of 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 Chief Clinical Officer, 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 Manual , excellent clinical skills and experience; management experience	Joint responsibility between CCO and clinical supervisors and or clinical program managers.	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 and experience; management experience. Education: Dr. degree and appropriate certifications and trainings.	Addendum to contract with current vendor for tele-psychiatry, contract with CMHs within region 3, contract with SWMBH	External nationwide search

Board Approved.