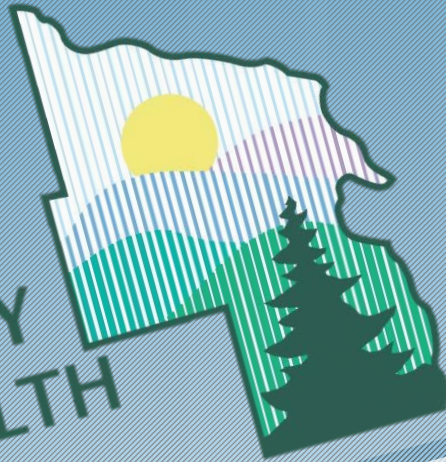


**NORTHEAST
MICHIGAN
COMMUNITY
MENTAL HEALTH
AUTHORITY**



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.

FY 2024 STRATEGIC PLAN



BOARD OF DIRECTORS 2023 - 2024



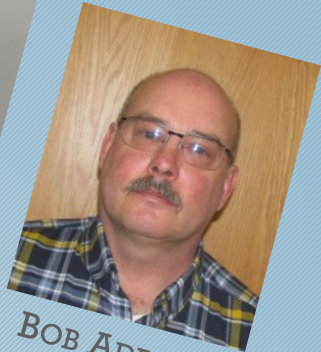
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BONNIE CORNELIUS



LYNNETTE
GRZESKOWIAK



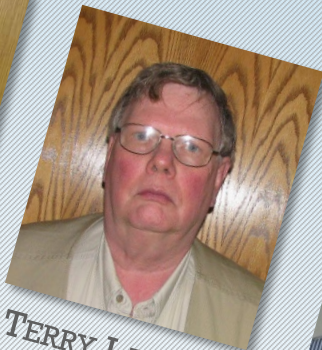
BOB ADRIAN



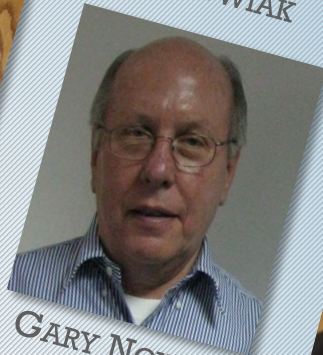
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HELMAN



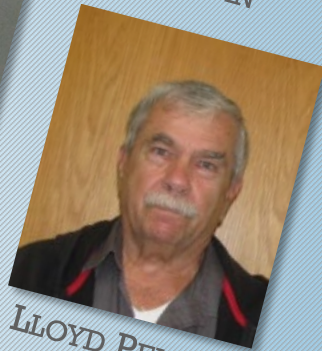
JUDY JONES



TERRY LARSON



GARY NOWAK



LLOYD PELTIER



PAT PRZESLAWSKI



TERRY SMALL



ERIC LAWSON, CHAIR

MISSION

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

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.

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.

Persons Served

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

Regulatory Changes

- Home and community-based services rules
- Potential carve-in of specialty behavioral health
- 1115 waiver application

Payors/Payment Reform

- Reimbursement based on health outcomes
- Affordable Care Act (ACA)
- Health System Insurance Plans
- Gearing Toward Integration

NORTHEAST
MICHIGAN
COMMUNITY
MENTAL HEALTH
AUTHORITY



Workforce

- Shortage of qualified staff of all types of disciplines (professional and 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 Health Record (EHR)
- Data analytics
- Increase mobile capabilities
- Self-management tools / consumer portal

Quality Improvement

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

**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 PIHP's Quality Assessment Performance Improvement Projects (QAPIP).
 - 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. 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.

GOALS

4. Coordinate community education and partnerships in suicide prevention.
5. 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.
6. To collaborate with the Veteran's Administration assuring comprehensive behavioral health services are available.
7. To further utilize the Health Information Exchange (HIE) with Great Lakes Health Connect and local organizations in order to share critical health care information. The Agency's current electronic record system (PCE) is a conduit for this information, which will continue to promote easy utilization.
8. To keep current in education and information technology (IT), including cybersecurity.

GOALS

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 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 SUD/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 PIHP. Impending funding changes for children’s behavioral health services in school settings.

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

BARRIERS / CHALLENGES

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, 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.

BARRIERS / CHALLENGES

- Work collaboratively with community partners in the region to promote integrated services, develop shared services and improve consumer accessibility, health outcomes and efficiencies.
- Introduce new Evidence-Based Practices (EBPs) and training in the delivery of services.
- Using the new training certification the Agency received, the Agency can provide training opportunities for staff as well as community partners with CEUs awarded for the training.
- 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 community partners in the region to address challenges related to the increasing opioid epidemic, violence and anger dyscontrol.
- Take advantage of training opportunities provided by MDHHS.

OPPORTUNITIES

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 providers
- 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. Expand telehealth services as it relates to pediatric and adult services
- Provide community members and staff with training as it relates to Mental Health First Aid for youth and adults, suicide prevention, violence in our society, co-occurring disorders and the effects of trauma on individuals.
- Continue to be a member of the Human Services Collaboratives

OPTIONS

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 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.

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:

- a.** Increase the number of children receiving home-based services; reducing the number of children receiving targeted case management services.
- b.** 95% of home-based services will be provided in a home or community setting.

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

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

Sub-Ends #2

As Evidenced By:

- a. Expand the Supported Independence Program (SIP) to one additional county served.
- b. Development of additional supported independent services for two individuals currently living in a dependent setting.
- c. Individual competitive integrated employment for persons with an intellectual/ development disability will increase by 7%.
- d. Individual Placement and Support (IPS) employment services will successfully close twenty (20) individuals with an SPMI who have maintained competitive integrated employment.

3. 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. 35% of eligible Behavioral Health Home (BHH) 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 BHH.
- b. 100% of individuals enrolled in BHH will see their primary care provider annually.
- c. 100% of individuals enrolled in BHH will have a baseline A1C.

4. 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.b).

Financial Outcomes

Sub-End #4

Sub-End #5

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.

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 the 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.