# Strategic Priorities & Budget Plan



September 7, 2017





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### Mission and Vision Statements

#### SCCMHA Mission Statement

As the public manager of supports and services for citizens with mental illness, developmental disabilities and chemical dependency and their families, SCCMHA actively strives to develop a system of care and a community that values and embraces the potential and contributions of all individuals with disabilities.

#### SCCMHA Vision Statement

A belief in potential.

A right to dream.

An opportunity to achieve.

### 45 Core Values and Operating Principles



## Strategic Priority 1:

#### Focus on Consumer Services and Outcomes

#### Strategic Goal 1.1:

Increase the Numbers of Persons Served Across All Populations (and Increase Access to Services)

- 1.1.1 Same Day / Next Day Appointments by January 2017 (CCBHC)
- 1.1.2 Internal and External Messaging to Communicate Availability of Service (Access) & Expanding Referral Base
- 1.1.3 Implement / Expand Services for consumers with co-morbid chronic health conditions, hoarding disorders, transitional age youth, secondary trauma, veterans and their families. NEW

#### Strategic Goal 1.2:

## Expand the Expectation and Use of the Service Array Across All Populations

- 1.2.1 Work to serve more consumers annually across all populations 🗸
- 1.2.2 Educate Customers, Family Members & Guardians about the Service Array and connecting services to person centered planning to achieve outcomes (benefit information)
- 1.2.3 Educate the Workforce (clear procedure for mobilizing the benefit)
- 1.2.4 Improve adequacy of Service Array with special emphasis on Ancillary Health (crisis stabilization, MUTT, speech, PT, OT, dietary, recreational / music / art therapy)



## Strategic Priority 1:

#### Focus on Consumer Services and Outcomes

#### Strategic Goal 1.3:

#### **Demonstrate Improved Consumer Outcomes**

- 1.3.1 Identify SUD Outcome measures
- 1.3.2 Monitor at Risk Populations those with chronic health conditions, trauma victims, pregnant women
- 1.3.3 Publications of Results to Stakeholders (including Consumers) on Outcome Data
- 1.3.4 Expand utilization of 9 Touch Protocols within Admissions, Discharges & Transfers (ADT) Notifications / Planning NEW
- 1.3.5 Select measures for Medicare Incentive Payment Systems 🗸
- 1.3.6 Explore and Implement Solutions to Consumer Health Care Barriers **NEW**





## **Strategic Priority 2:**

### **Enhancing Leadership and Succession Planning**

#### Strategic Goal 2.1:

#### Leadership CMH Training

- 2.1.1 Development / Implement Supervisory Skills Training (with ASE)
- 2.1.2 Develop / Implement Management Training Curricula for Supervisors
- 2.1.3 Develop Succession Plan for Management Team
- 2.1.4 Develop / Implement Survey of Leadership in order to Identify Training Needs 🗸
- 2.1.5 Continue Leadership in Multicultural Training in Saginaw Community

#### Strategic Goal 2.2:

Institutionalizing to Community Partners Ensure that there is not a shelf life with relationships made with Community Partners (predictable environment)

2.2.1 Review of all Primary Relationships and update MOUs with Key Community Partners (DHHS VA, Hospitals, Courts, Public Health, Juvenile Detention Center, Parole & Probation Offices)

## Strategic Goal 2.3: Recruitment

- 2.3.1 Develop Internship Opportunities for Key Disciplines (Autism, Psychology, etc.)
- 2.3.2 Development of Formal onboarding process for new staff NEW
- 2.3.3 Explore the adequacy of Clinical / Administrative Supervision







## Strategic Priority 3:

## Enhanced Electronic Business Environment to Meet Major Agency Priorities

#### Strategic Goal 3.1:

#### SCCMHA Transitions to Meaningful Use Version of Sentri Software

- 3.1.1 Continue to transition to the Meaningful Use version of Sentri software and MIPS in Sentri II EHR and master use of Zenith and Care Connect 360.
  - Identify Meaningful Use Leadership Group



- Study and implement workflow changes
- Determine the behavioral health goals we would like to see implemented
- Develop plan for Patient Portal
- Develop plan for Integration of CA/SUD data
- Integrated PHI Messaging System inside EMR
- Develop plan for PIPBHC metrics and reporting with MDHHS if they are SAMHSA funded
- NEW



## Strategic Priority 3:

## **Enhanced Electronic Business Environment to** Meet Major Agency Priorities

#### Strategic Goal 3.2: Future Electronic Expansion

- 3.2.1 Health Information Exchanges Continue to monitor with healthcare partners for expanded functionality
- 3.2.2 Study / Plan Data Processing Capability to Accept External Data into our Warehouse information coming in from MDHHS or other partners
- 3.2.3 Interfaces to other Business Partners (Great Lakes Bay Health Centers)
- 3.2.4 Interface with Mid-State Health Network
- 3.2.5 Social Media Add Facebook Push Messaging to website 🗸
- 3.2.6 Move all agency copy machines to new contracted standardized lease arrangement 🗸



3.2.7 Expand Televisions in Conference Rooms / Display in Lobby 3.2.8 Improve current 8-1-1 System **NEW** 

#### Strategic Goal 3.3: Addressing the Adequacy of the Current Phone System

3.3.1 Cost/benefit analysis of replacing current phone system

Examples of limitations to review:

Tracking Access Performance Indicators



## Strategic Priority 3:

## Enhanced Electronic Business Environment to Meet Major Agency Priorities

#### Strategic Goal 3.4: Mobile Workforce

- 3.4.1 Assess the need of mobile or use of other technology capabilities within each business function.
  - Management Team
  - Key Personnel
  - Supervisors
  - CAI/CIS Needs
  - Clinicians in the field
  - Paraprofessionals (Skill Building, Autism, etc.)



## Strategic Priority 4:

## Diversifying and Expanding our Role in the Healthcare Landscape

#### Strategic Goal 4.1:

#### Explore and Develop our Potential Roles in Healthcare

- 4.1.1 Continue to seek financial support for Community Care HUB NEW
- 4.1.2 Children's Health Access Program (CHAP) Determine sustainability with Medicaid Health Plans ✓
- 4.1.3 Community Health Improvement Plan (CHIP) Continue Behavioral Health leadership
- 4.1.4 Clinical Healthcare Integration Expand efforts
- 4.1.5 Continue to Expand Mental Health Consultation Models
- 4.1.6 Expand Strategic Relationships with Primary Care and Medical Education
- 4.1.7 Explore expansion of Telepsychiatry / Telehealth 🗸
- 4.1.8 Exploration of alternative / preferred payer models with MDHHS
- 4.1.9 Complete Saginaw CMH submission with MDHHS to SAMHSA for Promoting Integration of Primary and Behavioral Health Care (PIPBHC)
- 4.1.10 Submit SCCMHA 298 Pilot Proposal NEW

#### Strategic Goal 4.2:

#### Core Skills for Workforce on Physical Health

- 4.2.1 Develop training on specific health conditions
- 4.2.2 Expand medication training beyond the Case Management core training
- 4.2.3 Increase literacy of medical health conditions
- 4.2.4 Population Health Management enhancement with mastery of Zenith and Care Connect 360
- 4.2.5 Implement "9 Touch" for Core Transitions NEW







## Strategic Priority 4:

Diversifying and Expanding our Role in the Healthcare Landscape

#### Strategic Goal 4.3:

Achieved Certified Community Behavioral Health Clinic Status (State of Michigan Application Not Funded)

- 4.3.1 Complete Readiness Assessment
- 4.3.2 Participate in Readiness Webinars 🗸
- 4.3.3 Develop Work Plan 🗸
- 4.3.4 Submit "Request for Certification"
- 4.3.5 Prepare for Site Visit and launch in January 2017 🗸



## Strategic Priority 5:

### Improved Health and Quality of Life

#### Strategic Goal 5.1: **Health and Wellness**

- 5.1.1 Improved health and wellness for Consumers, Families, and Caretakers
  - Expand tools for addressing health literacy and education on wellness and chronic disease management
  - Impact chronic conditions by making metrics available to staff in EHR in usable format



- Develop EBP Wellness Guide
- Expand Integration across all treatment teams
- Expand prevention wellness activities
- Symptom Management Expand access and use of myStrength mobile app
- 5.1.2 The Medical Record will Demonstrate Improved Integration with Primary Healthcare
- Develop Tracking and Analyzing Key Health Indicators and Trends in Sentri 2 to Inform System Improvement
- 5.1.4 Develop Publications of Healthcare Data to Stakeholders (including consumers)



## **Strategic Priority 5:** Improved Health and Quality of Life

- 5.1.5 Workforce emphasis on the importance of wellness
  - Education
  - Impact chronic conditions
  - Guidance for resources
  - Prevention
  - Symptom Management
  - Access to health and wellness resources / information using internal communication tools
  - Design and train in new workflows
  - Sponsoring or hosting motivational, healthy activities
  - Availability of exercise room/equipment
  - Use of Mobile self-help resource (myStrength)



- 5.1.6 Develop and Implement Strategies for Compliance with Home and Community Based Services (HCBS) Rule
- 5.1.7 Contribute to the overall health of the Saginaw Community
  - Provide visible leadership in local wellness and initiatives
  - Commit resources
  - Participate in Saginaw CHIP process
  - Participate as one of 11 sites in U.S. for Cancer Control Communities of Practice NEW
  - Participate in planning on Neonatal Abstinence Grant with Michigan Public Health Institute NEW
- = Goal completed in 2017 **NEW** = New goal for 2018





## FY 18 Preliminary Operating Budget

TOTAL REVENUE:	Revised FY 2017 Budget	%	Preliminary FY 2018 Budget	%
Medicaid Funding (plus COFR & Cost Settlement)	\$58,776,602	76.36%	\$56,664,561	73.72%
Healthy Michigan Funding (plus Cost Settlement)	4,913,871	6.38%	5,384,196	7.00%
Autism Funding (plus redirect of Medicaid)	4,334,980	5.63%	6,305,383	8.20%
General Fund - State	2,675,724	3.48%	2,674,724	3.48%
Local Funds	2,984,827	3.88%	3,128,365	4.07%
Local - In-Kind	333,333	0.43%	333,333	0.43%
Grant Funds (Including SEDW & CW)	2,956,122	3.84%	2,371,659	3.09%
Reserves (surplus local funds)	0	0.00%	0	0.00%
Total Revenues	\$76,975,459	100%	\$76,862,221	100%
TOTAL EXPENDITURES:				
Wages	\$14,328,768	18.61%	\$14,466,118	18.82%
Benefits - PTO, Holiday, Longevity & Other	1,789,641	2.32%	1,845,928	2.40%
Benefits - Insurance	6,569,089	8.53%	6,752,499	8.79%
Operating Expenditures - Office	3,390,637	4.40%	2,374,669	3.09%
Operating Expenditures - Facilities	3,038,334	3.95%	2,611,237	3.40%
Operating Expenditures - Professional Services	1,534,403	1.99%	3,142,389	4.09%
Contract-State Facility	659,190	0.86%	469,576	0.61%
Contract-Local Hospitals	3,949,938	5.13%	4,354,375	5.67%
Contract-Residential/CLS/Housing	24,807,420	32.23%	27,653,045	35.98%
Contract-Other Clinical Support	15,145,573	19.68%	11,011,207	14.33%
Contract-Pharmacy	1,252,818	1.63%	1,671,530	2.17%
Contract-Substance Abuse - 24/7 MSHN	0	0.00%	0	0.00%
PA530 Local Match Liability	509,648	0.66%	509,648	0.66%
Benefit Stabilization Surplus	0	0.00%	0	0.00%
Total Expenditures	•		\$76,862,221	100%
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TOTAL BUDGET VARIANCE	OTAL BUDGET VARIANCE \$0			





## Any Questions?





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