

AuSable Valley Community Mental Health

Long Term Strategic Plan

10/01/2006 - 9/30/2010

Mission Statement Review

AuSable Valley Community Mental Health provides quality mental health services in Iosco, Ogemaw and Oscoda Counties, which are aimed at preventing and treating emotional problems and substance abuse; and which promote greater independence and improved quality of life for people in these counties with developmental disabilities, mental illness or substance abuse.

Clarification of Mandates

The Michigan Mental Health Code requires that Community Mental Health Boards provide “ a comprehensive array of mental health services appropriate to conditions of the individuals who are located within its geographic service area, regardless of an individuals ability to pay. The array of mental health services shall include, at a minimum, all of the following”:

- (a) Crisis Stabilization and response including a 24-hour, 7 days per week, crisis emergency service that is prepared to respond to persons experiencing acute emotional, behavioral, or social dysfunctions, and the provision of inpatient or other protective environments for treatment.

- (b) Identification, assessment and diagnosis to determine the specific needs of the recipient and to develop an individual plan of services.
- (c) Planning, linking, coordinating, follow-up, and monitoring to assist the recipient in gaining access to services
- (d) Specialized mental health recipient training, treatment, and support, including therapeutic clinical interactions, socialization and adaptive skill and coping skill training, health and rehabilitative series, and pre-vocational and vocational services.
- (e) Recipient Rights Services
- (f) Mental Health Advocacy
- (g) Prevention activities that serve to inform and educate with the intent of reducing the risk of severe recipient dysfunction.
- (h) Any other service approved by the department.

Services shall promote the best interests of the individual and shall be designed to increase independence, improve quality of life, and support community integration and inclusion. Services for children and families shall promote the best interests of the individual receiving services and shall be designed to strengthen and preserve the family unit if appropriate. The community mental health services program shall deliver services in a manner that demonstrates they are based upon recipient choice and involvement, and shall include wraparound services when appropriate.

Review of the Philosophy of Community Mental Health Services

The State of Michigan makes provisions for the delivery of mental health services through the development of community-based organizations whose primary task is to make such services readily available to the population, which it serves. AuSable Valley Community Mental Health Services provides services to the residents of Iosco, Ogemaw and Oscoda Counties in such a way that, whenever possible, those served will be able to remain in the community and function as normally as possible and as an integral part of the community. The services offered are designed to reduce the need for institutional care and/or other restrictive measures AuSable Valley Community Mental Health Services (AVCMH) provides service directly to those persons who request services as well as in cooperation with other institutions, agencies and/or community groups

servicing the same population. Services provided by AuSable Valley currently include:

CLINICAL SERVICES:

- Outpatient therapy for individuals, couples, families, children, seniors
- Jail Diversion
- Psychiatric Services
- Emergency Services
- Case Management Services, adult and children
- ACT Services
- Family Program
- Community Living Supports

SERVICES TO THE DEVELOPMENTALLY DISABLED:

- Community Based Services
- Residential Services
- Family Support Services
- Case Management / Supports Service Coordination Services
- Supported Employment Services
- Community Living Services

PREVENTION SERVICES:

- Infant Development Services including Infant Mental Health, Teen Parent Support, and Early On Childhood Services
- Home-, School-, and Community-Based Support Services For Children and Their Families for the purposes of preventing emotional and behavioral problems and promoting school success
- Parent Education and Support Services
- Collaborative Community Planning

SUBSTANCE ABUSE TREATMENT SERVICES:

- Substance Abuse Outpatient Therapy
- Alcohol and Drug Prevention Services
- Sub-Acute Detoxification Services

Persons requesting services from AuSable Valley Community Mental Health Services are integrally involved in the development of a plan of service which best meets their needs, desired outcomes, utilizing and/or coordinating all appropriate services both within the agency and in the community, when necessary. Services offered to consumers are reviewed regularly to ensure that consumer needs are being met and that local, state and federal procedures are being followed

appropriately. All service programs will have an active part in the Continuous Quality Improvement process. As well, all programs will have significant oversight by the CQI Program including consumer outcome and satisfaction measures specific to each program.

DCH Contract Performance Objectives

As part of our contract with the Michigan Department of Community Health (MDCH), and the Northern Michigan Affiliation, AVCMH is required to meet specific performance based indicators. These measures are collected and reviewed by the AVCMH CQI Council and the Northern Michigan Affiliation Quality Oversight Committee on a monthly and quarterly basis. When AVCMH fails to meet the standard or targeted rate for any contractual performance indicator, a corrective active plan is developed and implemented. These indicators include but are not limited to:

- Access Timeliness for Routine, Urgent and Emergent Care
- Recidivism Rates for Inpatient Hospitalization
- Penetration Rates for Children, Adults and Older Adults
- Follow-up to care for persons discharged from inpatient facilities.
- Appeal and Denial rates
- Sentinel Events
- Demographic Data
- Service Encounter Data

Clarification of Value Statements

Dignity and Respect

Individuals shall be treated with dignity and respect. Services include individualized and person-directed programs. Goals of services shall include improved functioning, independence and interdependence, empowering people to be their own best advocate, and to live the life that they choose.

Quality of Service

We are committed to quality service. Maintaining high professional standards will evidence this. A strong effort will be made to the continuous quality improvement process and the principles of person centered planning.

Natural Supports

We encourage the development and strengthening of natural support systems to promote a greater quality of life.

Accessibility

Delivery of services is prioritized based on clinical need in a non-discriminatory fashion, ensuring ease and availability of quality services.

Responsible Leadership

Good leadership practices will promote efficiency and overall accountability to the community. Management realizes the importance of creating opportunities for staff to develop and use their talents. We strive to make the best use of available resources.

Promote Knowledge and Awareness

We will educate the community in order to increase the efficient coordination of services, boost opportunities for inclusion and eliminate myth and stigma that often characterizes someone with a disability.

Agency Culture

We will model a positive agency attitude of professionalism, teamwork, personal accountability, support, growth, acceptance of diversity and flexibility.

Outcomes

Individually and collectively we are responsible for timely, accurate data collection, analysis and implementation, to exceed performance objectives.

Consumer Involvement

We believe in the active participation of consumers and family members at the Board level and throughout the organizational structure of AuSable Valley Community Mental Health.

Agency Goals and Objectives

Goals

1. Maintain National Accreditation
2. Continue to contract with Michigan Department of Community Health for provision of Mental Health, Substance Abuse, Prevention and Developmentally Disabled (DD) Services.
3. Maintain agency's capabilities for Access timeliness for all services programs and modes.
4. Maintain adequate range of Mental Health, DD, Prevention and Substance Abuse services in the face of probable budget reduction.

5. Establish and maintain an array of alternative services for consumers in both the DD and Clinical Services (CS) Programs to enhance community inclusion and consumer independence.
6. Continue to increase the communication between AVCMH and other human service agencies.
7. Demonstrate effective and successful service outcomes for all programs.
8. Determine and secure available residential opportunities appropriate to the needs of consumers in DD and CS programs.
9. Increase staff abilities to develop and maintain quality and effective Person Centered Plans including the use of Natural Supports.
10. Maintain strong Recipient Rights Processes.
11. Improve Risk Management processes and communication.

Objectives

1. Increase training and support for consumers and staff to implement at least one new program a year.
Person(s) Responsible – Administrative Team or designee
2. Develop agreements and strategies with other services agencies focusing on the the development of improved levels of communication.
Person(s) Responsible – Administrative Team or designee
3. Develop in coordination with the Northern Affiliation an array of service Outcomes that will be measured across all service programs.
Person(s) Responsible – Administrative Team or designee
4. Research and develop strategies to fund consumer/peer-operated programs and residential programs.
Person(s) Responsible – Administrative Team or designee.
5. Ensure staff have adequate knowledge and information to develop effective use of Person Centered Planning with emphasis on Natural Supports to apply to the PCP process.
Person(s) Responsible – Administrative Team or designee
6. Develop improved program processes and communication for Risk Management in coordination with CQI.
Person(s) Responsible – Administrative Team or designee

Strengths and Weaknesses

With the assistance of a Community Needs Assessment, recent audits and reviews from external agencies for Recipient Rights, Northern Michigan Affiliation and the Michigan Department of Community Health, as well as AVCMH staff, the following is an acknowledgement of AVCMH strengths and weaknesses;

Strengths

- Dedicated, professional and competent staff that are focused on consumers' care.
- Strong administrative leadership with very low turnover (8-10%) with a primary focus on the quality of care provided to consumers.
- Strong and knowledgeable Board of Directors also with very low turnover (8%).
- Generally strong support from the community and local elected officials.
- Community Service Programs that assist maintaining consumers in the community and decreases the need for inpatient hospitalization.
- Low administrative costs allowing more funds to be allocated to consumer services and programs.
- Most outside reviewers are impressed with the amount of respect and concern that staff have for consumers
- A very strong Prevention Program that is highly visible and active in the community.
- A very strong DD Program that focuses on community inclusion, supportive employment and living.
- Consumer input is encouraged and sought through the consumer panels and open meetings for Executive Board Meetings
- A very successful and effective Detoxification Program for substance abuse.
- An effective and well-trained Emergency Services program.
- A Management Information system with capabilities and procedures to ensure the integrity, accuracy and legality of its data and information system.

Weaknesses

- Recruitment of qualified staff in a rural area continues to be a challenge.
- Consumer no-show rates for outpatient care is problematic, but similar to other agencies serving a primarily Medicaid population.
- Compliance to increasing bureaucratic and regulatory requirements that diminish resources available for direct services to consumers
- As a contractor to the State of Michigan and specifically to the Michigan Department of Community Health, we are in a position where funds for services are basically controlled by outside factors. The State of Michigan continues to be in a difficult budget situation; and there continue to be rumors of possible budget cuts, at least in our general fund budget. Since general fund is a primary source of revenue for our Prevention services and for many of our outpatient services, these services are threatened by any substantial cut in that revenue source.
- Need for user friendly software for individual clinicians.
- Transportation of consumers is problematic in a rural area.

Strategies to Meet Goals

The following are strategies to meet the identified goals.

- Enhance Revenue stream for Clinical services by contracting with other funding sources including BCBS of Michigan
- Increase consumer utilization of available appointment
- Recruit and train more volunteers to assist in the processes of community inclusion as well as to assist in the development of Natural Supports for Supportive Employment.
- Research the availability of Local, State and Federal Grants to support the development of Consumer owned/rented homes as well as for Residential and Transitional Living Homes.
- Research and contact new businesses to maintain the number of consumers employed and wishing to work more hours in the community.
- Perform regular reviews of services against standards of effectiveness and cost efficiency and consider other options for services that do not meet those standards
- Provide training to staff on Family Centered Planning with emphasis on the use of family-oriented goals and objectives.
- Continue to monitor and deploy existing staff resources in response to the needs of consumers.
- Implementation of an electronic documentation system.

Approved by Board – January 22, 2007