
























**Van Buren Community Mental Health Authority
FY 2015-2016 OPERATING PLAN**

VBCMHA wide objectives to assure **accessibility of services**

OBJECTIVES	MEASUREMENT	STATUS
1. At least 95 % of new person will receive a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service	Performance Indicator Report	 Occurred 100% 332 of 332 with 5 exceptions (Exceptions are where customers are offered an appointment within the time frame but prefer an appointment outside of the time frame.)
2. At least 95 % of new persons will start needed on going service within 14 days of a non-emergent assessment with a professional.	Performance Indicator Report	 Occurred 100% 197 of 197 with 69 exceptions (Exceptions are where customers are offered an appointment within the time frame but prefer an appointment outside of the time frame.)
3. 95% of individuals who are Medicaid or indigent who are discharged from inpatient shall be seen within 7 days for follow up care.	Performance Indicator Report	 Occurred 100% 62 of 62 with 42 exceptions. (Exceptions are where customers are offered an appointment within the time frame but prefer an appointment outside of the time frame)
4. 95% of persons requesting a pre-admission screening for psychiatric inpatient care will receive a disposition within 3 hours.	Performance Indicator Report	 Occurred 100% 131 of 131
5. The number of children served will remain above 700 (number served in 2012-2013.) .	Unduplicated Count summary report	 Occurred 783 youth served. Highest number of youth served in a fiscal year
6. Penetration rate for the percentage of Van Buren Medicaid recipients receiving a Van Buren Community Mental Health service will be above 6 percent.	Performance Indicator Report	 Occurred DHHS source data not made available this year but indicator was met last year and the number of enrollees decreased while the number of persons enrolled in Medicaid plan
7. Continue to offer Youth Screen throughout the county and meet increased demand.	Report to Youth Suicide Prevention Coalition	 Occurred 215 youth screened; (19 fewer than last year but still 3 times as many as the first 6 year average) The number will drop significantly next year as the ISD has instituted their own screening project and curriculum
8. Participate in at least 4 events to provide to the community outreach and information on available services	Report on each event	 Occurred 15 events logged throughout the year
9. Continue to provide Medicaid benefit services to eligible youth with autism meeting all requirements including serving a larger age range if this is approved.	Regional report	 Occurred Standards met per SWMBH report
10. Serve as navigator partner agency for MI Bridges and Healthy Michigan program.	Signed agreement	 Occurred peer support specialist staff registered and trained
11. Staff will complete Breakthrough Series Collaborative with local DHHS staff and begin trauma screening and assessment of youth served by DHHS.	Completion of training activities and referrals by VBDHHS for trauma assessments	 Occurred training completed by interagency team and continue to offer screening and assessment
12. Provide appropriate assessments for young children placed in foster care in partnership with VB DHHS	Completed assessments	 Occurred and ongoing














**Van Buren Community Mental Health Authority
FY 2015-2016 OPERATING PLAN**

VBCMHA wide objectives to assure services are of **high value to customers, stakeholders and the community.**

OBJECTIVES	MEASUREMENT	STATUS
1. Customer Satisfaction as demonstrated on the regional survey will be above the national average.	Survey Report	 Occurred MHSIP and YSS full surveys were utilized by SWMBH and VBCMHA percentage of in agreement or positive responses exceeded national averages on all domains. On MHSIP average response =4.0, on YSS average response =4.17 where 3.5 = Good
2. Improvement plans for site reviews completed by CARF, DHHS and SWMBH will be developed, implemented and monitored.	Written plan; internal report Feedback from SWMBH site survey.	 Occurred Improvement plans implemented. SWMBH and DHHS reviewed results of the plans and indicated satisfaction with implementation.
3. Provide, monitor, and report on jail diversion program	Internal and PIHP Data base	 Occurred 360 diversion evaluations with 23 diversions
4. At least one annual training for area police officers will be held.	Sign In Sheet for participants	 Occurred. 5 trainings provided by mental health court liaison in April 2016
5. Meet objectives set in second year of MC3 U of M grant in providing psychiatric consultation to primary care providers for youth.	Grant report	 Occurred Met all objectives.
6. QI and compliance staff will assist agency psychiatrists to develop improved body systems review form.	New form implemented	 Occurred
7. SmartCare Rx will be implemented and meaningful use stage I will be achieved	Meaningful use incentive payment	 Occurred Payments received
8. Behavioral Health Treatment Episode Data Set will be implemented and criteria set by DHHS for completion will be met.	Completion rates report from SWMBH	 Occurred more than 99% completed
9. Meet requirements of new programs continuing this fiscal year including Medicare/Medicaid eligibles demonstration project.	Regional report	 Occurred
10. Continue implementing plans developed as a result of stakeholder input in January 2015.	Written report to DHHS	 Occurred Report submitted in Feb 2016
11. Implement Mental Health Court in accordance with grant guidelines	Grant payments made as expected	 Occurred and ongoing







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VBCMh wide objectives to assure services are of **high value to customers, stakeholders and the community.**

OBJECTIVES	MEASUREMENT	STATUS
12. Develop and implement work plan to meet requirements of Certified Community Behavioral Health Clinic	Work plan and steps taken	 Occurred Application was submitted. Not awarded to VBCMh and then not awarded to state of Michigan
13. Participate in planning with Public Health to improve SUD treatment and prevention services in the county including consideration of completion of SWMBH request for proposal and moving SUD services to VBCMh.	Meetings held decisions made	 Occurred SUD services began under VBCMh 10/1/2016
14. Trauma Informed Leadership Team will oversee implementation of projects to insure a trauma informed agency including training, screening and treatment, and will meet agreed upon objectives for regional grant.	TILT minutes and documentation Regional report	 Occurred Leadership team met regularly throughout the year and implemented several projects pertaining to, training and treatment
15. Enroll 3 clinicians in next training of Trauma Focused Cognitive Behavioral therapy and complete requirements	Internal Report	 Occurred 3 clinicians enrolled in state sponsored cohort; 2 additional clinicians enrolled through CTAC project
16. Programs will review, revise and meet productivity standards	Internal report	 Occurred
17. Implement at least one Parent Resource training group with full curriculum.	Group logs	 Occurred 4 full caregiver curriculum groups completed
18. Provide trauma impact training to staff members of at least one other human services agencies.	Training Log	 Occurred Presented to VBISD Family Links staff and Great Start Preschool
19. Implement project to insure actions to decrease suicide for open customers.	Internal report	 Occurred Continued work on high risk flag project
20. Continue to coordinate county suicide prevention coalition	Meeting minutes	 Occurred Coalition met semi annually; materials sent out by email throughout the year
21. Participate in regional health integration projects and meet agreed upon objectives	Regional and Internal Reports	 Occurred continued use of CC360 and CMT; hosted staff lunch and learn with SWMBH staff
22. Implement at least one strategy to better serve persons with both developmental disability and mental illness	Internal Report	 Occurred Continued to utilize BTC to address needs of challenging customers with both DD and MI; ongoing success of setting developed with provider as home for 2 customers with both MI and DD and many previous hospital days
23. Continue to provide at least two trainings in gentle teaching.	Training Logs	 Occurred
24. Actively participate in Operations Committee and all SWMBH functional area committees to insure best practice for Van Buren County residents.	Internal reports/Meeting minutes	 Occurred










**Van Buren Community Mental Health Authority
FY 2015-2016 OPERATING PLAN**

VBCMHA wide objectives to assure services **attain positive customer outcomes**

OBJECTIVES	MEASUREMENT	STATUS
1. Develop with Region, setting and monitoring of appropriate targets for DLA 20 and CAFAS scores of persons served at the start of, during and at the end of treatment or utilize other tools as directed by DHHS	Internal Report	 Occurred Hand calculated sampling of data demonstrates positive outcomes. MDHHS will require a different instrument for adults beginning Oct 1, 2016.
2. The total number of consumers in community supported employment will remain above 80.	Internal report from placement records	 Occurred Total employed throughout the year was 90
3. Serve at least 25 adults using the Evidenced Based Supported Employment model.	Internal Report	 Occurred Served 42 using EBSE an increase of 15 from last year
4. Percentage of children and adults readmitted to an inpatient psychiatric unit within 30 days of discharge will be less than 15%.	Performance Indicator Report	 Occurred 9.1% (9 of 99) readmitted within 30 days
5. MHSIP and YSS scores achieved for applicable VBCMHA customer populations will be equal to or greater than comparable state or national benchmark scores.	Monitoring Reports to the Board	 Occurred Details in reports to Board
6. Customer ratings of outcomes on MHSIP and YSS regional surveys will be above the national average	Customer survey data	 Occurred MHSIP and YSS full surveys were utilized by SWMBH and VBCMHA scores exceeded national averages for all 6 domains on MHSIP and 5 of 6 domains on YSS.










**Van Buren Community Mental Health Authority
FY 2015-2016 OPERATING PLAN**

VBCMHA wide objectives to **reduce risk and to reduce the likelihood of negative consequences in any area exposed to risk, including: fiscal management, quality, public perception, or litigation.**

OBJECTIVES	MEASUREMENT	STATUS
1. Develop and maintain an annual budget, and provide revenue and expenditure analysis on a regular basis to ensure fiscal integrity.	Annual budget Monthly Financial Status Reports	 Occurred Reports monthly; narrative analysis quarterly.
2. Ensure a system of internal controls to properly safeguard the assets of the agency continues as recommended by independent auditor	Financial Procedures followed	 Occurred System in place & continues per independent financial audit and internal report
3. Ensure insurance coverages adequate to meet the needs of the agency	Insurance policies	 Occurred
4. Ensure fiscal management in accordance with all State and Federal legal requirements, and the requirements of the Michigan Department of Community Health	Annual audit Reports to DHHS	 Occurred . Independent financial audit completed 12/2016. Report to Board 6/ 2017. Draft report given to CFO in 3/2017
5. Site surveys of contracted providers shall be completed utilizing new shared review provider site review system developed with PIHP	Internal Report and PIHP Report	 Occurred
6. All internal and external providers shall complete (re) credentialing, (re) privileging process as appropriate	Internal Reports	 Occurred
7. Ensure completion of requirements for screening and excluded provider disclosure.	Internal & PIHP review	 Occurred All managers and directors screened monthly;
8. Maintain systems to record all revenues and expenditures by capitation and other funding sources.	Reports to DHHS and PIHP	 Occurred Per MDCH final reports
9. Maintain costing and rate-setting methodologies consistent with state and PIHP requirements.	Unit Cost Reports	 Occurred Cost allocation plan in accordance with Fed/State guidelines








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VBCMHA wide objectives to **reduce risk and to reduce the likelihood of negative consequences in any area exposed to risk, including: fiscal management, quality, public perception, or litigation.**

OBJECTIVES	MEASUREMENT	STATUS
10. Continue meeting operational and process standards, including compliance with HIPAA regulations and DHHS requirements.	DHHS, PIHP Site Reviews	 Occurred. Found in substantial compliance by SWMBH and specialized review by DHHS
11. Building and Safety self inspections for each agency site will be completed and necessary corrections will be made.	ESC Monthly Checklists and Annual Safety Survey	 Occurred
12. Fire drills, severe weather drills, power outage drills, bomb threat drills and medical emergency drills will be completed at each site with all sites meeting agency standards.	Drill Performance Evaluations	 Occurred
13. Remain in the supported window of technology : a. Maintain appropriate licenses b. Recommend appropriate upgrades to software systems. c. Maintain and upgrade hardware as appropriate.	Internal report	 Occurred
14. Complete trainings for staff and Board on corporate compliance.	Training logs	 Occurred
15. Report quarterly to the Board of Directors on corporate compliance.	Reporting log	 Occurred
16. Board of Directors will monitor compliance with Executive limitation policies	Meeting minutes	 Occurred 9 policies all monitored & reviewed.
17. Clinical documentation monitoring process on internal and external providers will indicate less than 10% of claims not meeting verification standards prior to corrective process.	Internal Report	 Occurred.
18. Plan and implement activities throughout the year to insure high level of compliance with clinical documentation standards	Internal report	 Occurred Trainings, audits, compliance week fun and Grapevine article








**Van Buren Community Mental Health Authority
FY 2015-2016 OPERATING PLAN**

Program objectives to **assure accessibility; efficiency, positive outcomes and customer satisfaction.**

OBJECTIVES	MEASUREMENT	STATUS
A. <u>ACT (Steps and MI/CA)</u> are multidisciplinary teams that provide acute, active and ongoing psychiatric treatment, outreach, rehabilitation, and support services		
1. 90% of STEPS members will remain out of Medicaid/GF funded psychiatric inpatient during the year	Hospitalization Report	 Occurred 97.8% (46 of 47) remained out of inpatient
2. Face to face units of service per month with members will average 420 units for the STEPS team.	Monthly SALs Report	Did not occur Average of 384 per month
3. Results of customer satisfaction survey for STEPS members will result in a mean rating above good) for all dimensions surveyed.	PIHP Survey Report Analysis from VB QI	 Occurred 92% of STEPs survey participants (12 of 13) gave positive responses across all dimensions
4. 95% of planned discharged STEPS members will remain out of Medicaid/GF funded psychiatric inpatient services for 90 days post discharge	Hospitalization Report	 Occurred 100% of all discharges (total of 7 planned and unplanned) remained out of inpatient for 90 days post discharge.
5. 90% of MICA members will remain out of Medicaid/GF funded psychiatric inpatient during the year	Hospitalization Report	 Occurred 93.8% (46 of 49) remained out of inpatient
6. Face to face service units per month with members will average 420 for the MI/CA team	Monthly SALs Report	Did not occur Average of 366 per month
7. Results of customer satisfaction survey for MI/CA members will result in a mean rating above good for all dimensions surveyed	PIHP survey Report Analysis from VB QI	 Occurred 75% of MICA survey participants (9 of 12) gave positive responses across all dimensions
8. 95% of planned discharged MI/CA members will remain out of Medicaid/GF funded psychiatric inpatient services for 90 days post discharge	Hospitalization Report	 Occurred 100% of all discharges (total of 9 planned and unplanned) remained out of inpatient for 90 days post discharge.
9. 80% of ACT members will demonstrate higher levels of community stability by having fewer days inpatient or in jail or if all days the previous year in the community then will remain at that level.	QI report	 Occurred 89.6% 86 of 96 customers spent 0 days inpatient or in jail





**Van Buren Community Mental Health Authority
FY 2015-2016 OPERATING PLAN**

Program objectives to **assure accessibility, efficiency, positive outcomes and customer satisfaction.**

OBJECTIVES	MEASUREMENT	STATUS
B. <u>Access</u> provides assessment, crisis intervention, pre-admission screening for psychiatric inpatient services, and referral to needed services during business hours		
1. 95% of persons requesting a pre-admission screening for psychiatric inpatient care will receive a disposition within 3 hours	DHHS Performance Indicator Report	 Occurred 100% of prescreens completed by both Access and on call reached disposition within 3 hours (131/131)
2. Less than 2% of customers served through Access will request a second opinion or submit a formal grievance and appeal	Internal Tracking of Second Opinion Requests/PIHP Grievance and Appeal Reporting	 Occurred 0 formal requests but 1 was sent for second opinion on request of division manager
3. Less than 2% of customers assessed and assigned to services by Access will be transferred within the first 30 days of service	Internal Utilization Management Monitoring	 Occurred Less than 1%
4. 95% of completed pre-admission screening forms reviewed by UM will be confirmed as appropriate disposition	Internal Utilization Management Monitoring	 Occurred 100%
C. <u>Case Management for Adults</u> provides individualized supports to persons served through assessment, linking and coordinating, advocacy and monitoring activities		
1. 90% of CMS customers will remain out of Medicaid/GF funded psychiatric inpatient during the year	Hospitalization Report	 Occurred 98% (131 of 134) remained out of Medicaid /GF funded inpatient
2. Adequate face to face contacts per month average per CM will be determined and met	Service Activity Log Report	Did Not Occur Average of 72 per month per case manager.
3. 90% of all planned discharged customers will remain out of Medicaid/GF funded psychiatric inpatient for 90 days post discharge	Hospitalization Report	 Occurred 100% of planned discharges remained out of inpatient for 90 days post discharge
4. Results of customer satisfaction survey for open case management customers will result in a mean rating above good for all dimensions.	PIHP Survey Report Analysis from VB QI	 Occurred Average score of 4.3 where 3.5 = Good





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Program objectives to **assure accessibility, efficiency, positive outcomes and customer satisfaction.**

OBJECTIVES	MEASUREMENT	STATUS
E. <u>Children's Intensive Services</u> provides clinical, case management and support services to children with a severe emotional disturbance and their families		
1. 85% of accepted referrals to Children's Intensive Services will be seen within five (5) business days.	Referral Forms/Service Activity Logs Report to Division Manager	 Occurred. 87% (39/45) seen within 5 business days
2. 75% of CIS customers opened in the current FY will have demonstrated improvement in level of functioning	Outcome Measures Form and/or CAFAS Face Sheet Report to Division Manager	 Occurred. 82% (63 of 77) of the initial CAFAS/PECFAS scores of customers in CIS improved (decreased) by at least 20 points at planned closure/transfer
3. Results of customer satisfaction survey for open CIST customers will result in a mean rating above good for all dimensions.	PIHP Survey Report Analysis from VB QI	 Occurred Mean rating 4.17 where 3.5 = Good
4. 85% of customers closed from Children's Intensive Services will remain out of psychiatric hospital for six (6) months post discharge	Hospitalization Report	 Occurred 100% of customers remained out of psychiatric hospital for at least six months post discharge








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Program objectives to **assure accessibility, efficiency, positive outcomes and customer satisfaction.**

OBJECTIVES	MEASUREMENT	STATUS
F. <u>Community Support Services for persons with developmental disabilities</u> provides supports and services to adults and children with developmental disabilities to optimize their personal, social and vocational competency in order to live as independently as desired in the community		
1. The total number of persons with DD employed in the community will remain above 45.	Placement records	 Occurred 52 employed in the community
2. Family Support will serve a minimum of 60 persons.	Staff Meeting Notes & Sign-in Sheet	 Occurred Served 108 families served through program services (additional 46 families served through family support subsidy which FSS program oversees for the state within VB county)
3. Results of customer satisfaction survey for customers with developmental disabilities will result in a mean rating above good for all dimensions.	PIHP survey report	 Occurred for youth average score was 4.11 and for adults average score was 4.2 where 3.5 = Good
4. Implement use of standardized assessment tool for adults with developmental disabilities as required by DHHS.	Assessments completed	 Occurred Van Buren CMH at 44% completion (on track to complete by target date which is 100% completion by 9/30/17)





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OBJECTIVES	MEASUREMENT	STATUS
G. <u>HOPE Center</u> helps persons with psychiatric disabilities to optimize their personal, social and vocational competency in order to live successfully in the community		
1. To promote recovery and decrease stigma HOPE Center members will actively volunteer time in the community twice per year	Report to Division Manager	 Occurred Walk-A-Mile-In-My-Shoes Rally, Lansing. Christmas caroling at 3 nursing homes (South Haven, Mattawan, Lawton)
2. At least 25% of active HOPE members will be employed, actively volunteering, or in school on average per month	HOPE Center report	 Occurred 27%
3. An average of 5,000 units of service will be provided each month by HOPE Center	Monthly Time Card Summary and PSR Report of Services	 Occurred 8,652 units per month average
4. To promote recovery HOPE will facilitate a minimum of 3 psychoeducation/skills groups		 Occurred Healthy Eating, Mental Wellness, Self-Discovery, Anger Management groups offered
5. Results of customer satisfaction survey for HOPE members will result in a mean rating above good for all dimensions.	PIHP Survey Report Analysis from VB QI	 Occurred 86% positive with mean response =4 on 5 point scale and 100% positive on social connectedness dimension. (of 21 respondents)
6. 90% of planned discharged customers will remain out of Medicaid/GF funded psychiatric inpatient services for 90 days post discharge	Hospitalization Report	 Occurred 100% of discharged customers remained out of Medicaid/GF funded inpatient services
7. Continue to implement plan to meet DHHS standard on being open evenings, weekends, and holidays	Internal Report	 Occurred Open every Wednesday the second Saturday of every month, , and 6 holidays (New Year's, Memorial Day, Independence Day, Labor Day Thanksgiving, Christmas)








**Van Buren Community Mental Health Authority
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Program objectives to assure **accessibility, efficiency, positive outcomes and customer satisfaction.**

OBJECTIVES	MEASUREMENT	STATUS
H. <u>New Outlook</u> <i>provides wraparound services to children at risk of removal from their home. Services are designed to support families in improving their children's quality of life. This program is collaboratively supported by CMH, DHS, and the Family Court Juvenile Division</i>		
1. 80% of children enrolled in New Outlook will remain in community based living arrangements	Report to Division Manager From Strong Families Safe Children Report	 Occurred 95%. 73 of 77 enrolled children remained in community based living arrangements
2. 90% of customer Wraparound surveys completed through the Michigan Families/RedCap project will be satisfactory or better	Report Completed by Health Management Associates	 Occurred Mean survey response = 4.0 where 3.5 =Good
3. 80% of children disenrolled from New Outlook will remain in community based living arrangements 90 days post disenrollment	Report to Division Manager	 Occurred 86%. 25 of 29 children disenrolled remained in community based living arrangements for 90 days post discharge
4. 75% of the initial CAFAS scores of customers in New Outlook will improve (decrease) by at least 20 points at the time of a planned discharge/transfer.	Outcome Measures Form and/or CAFAS Face Sheet Report to Division Manager	 Occurred 82%. 23 of 28 disenrolled children had improvements in CAFAS scores of 20 points or more.





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OBJECTIVES	MEASUREMENT	STATUS
I. <u>On-Call Services</u> provides emergency mental health services after normal business hours including crisis resolution, pre-admission screening for psychiatric inpatient services and referral to appropriate services		
1. 95% of persons requesting a pre-admission screening for psychiatric inpatient care will receive a disposition within 3 hours	Performance Indicator Report	 Occurred 100% of prescreens completed by both Access and on call reached disposition within 3 hours (131/131)
2. Results of PIHP customer satisfaction survey for Van Buren will result in a mean rating above good for questions related to after hours service.	PIHP Survey Report Analysis from VB QI	 Occurred
3. 95% of completed pre-admission screening forms reviewed by UM will be confirmed as appropriate disposition	Internal Utilization Management Monitoring	 Occurred 100%
J. <u>Outpatient Services</u> provides individual, family, and group therapy and crisis resolution for adults and children		
1. Less than 5% of persons served in OP will be admitted to Medicaid/GF funded psychiatric inpatient	Hospitalization Report	 Occurred Less than 1% 18 persons of more than 1900 served
2. No show cancellation rate for year will be below 25 percent	Internal Report on No Shows Cancellations Generated From Day Sheet Data	 Occurred no show rate and cancel with less than 24 hour notice was 6.2%;
3. Results of customer satisfaction survey for Outpatient customers will result in a mean rating above good for all dimensions.	PIHP Survey Data	 Occurred mean rating 4.3 where 3.5 = Good
4. OP clinicians will provide an average of 60% face to face service per month	Internal report	 Occurred

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OBJECTIVES	MEASUREMENT	STATUS
K. Bangor Health Center <i>provides a safe and caring place for children and adolescents to learn positive health behaviors, prevent diseases, and receive needed medical care and support, thereby resulting in healthy youth who are ready and able to learn and become educated, productive adults. Services are aimed at achieving the best possible physical, intellectual, and emotional status of children and adolescents by providing services that are high quality, accessible, and acceptable to youth.</i>		
1. At least 90% of patients will have up-to-date immunizations.	CAHC Year End Report	 Occurred 94%-not including influenza, HPV, Hep A (58% - including influenza, HPV, Hep A)
2. At least 90% of patients will have BMI documented in chart at least annually.	CAHC Year End Report	 Occurred 93%
3. Results of customer satisfaction surveys will result in a mean rating of 1.5 (1= "Agree")	CAHC Year End Report	 Occurred 99%
4. MDHHS Performance Output Measure is reached by 90% or more.	CAHC Year End Report	Not met – 47% of measure met
5. Meet counseling objectives listed in grant agreement.	CAHC Year End Report	 Occurred 100% of counseling objectives met