














**Van Buren Community Mental Health Authority
FY 2022-2023 OPERATING PLAN STATUS**

VBCMh wide objectives to assure accessibility of services















OBJECTIVES	DOCUMENTATION	STATUS
<p>1. At least 95 % of new persons will be offered a first service to start needed on-going service within 14 days of a non-emergent assessment with a professional <i>and percentages of completed assessments within 14 days will be monitored and reviewed for strategies to increase the percentage completed within 14 days.</i></p> <p><i>Applies to each service program and only broken down by program if not meeting target.</i></p>	Performance Indicator Report	<p> Occurred 95.2% 315 of 331 with 148 exceptions (Exceptions are where customers are offered an appointment within the time frame but prefer an appointment outside of the time frame; or no show, cancel or refuse)</p> <p>Increase of 145 more persons starting treatment services over prior year which saw increase of 85 new persons.</p>
<p>2. 95% of individuals who are Medicaid or indigent who are discharged from inpatient shall be seen within 7 days for follow up care, (allows for exceptions if date offered within 7 days,) and complete required narratives.</p> <p><i>Applies to each service program and only broken down by program if not meeting target</i></p>	Performance Indicator Report	<p> Occurred 98.1% 106 of 108 with 84 exceptions. (Exceptions are where customers are offered an appointment within the time frame but prefer an appointment outside of the time frame; or no show, cancel or refuse) (Exceptions are triple prepandemic years but similar to last year.)</p>
<p>3. Meet state's performance-based incentive bonus standards for follow up after psychiatric hospitalization discharge for youth and adults. (no exceptions allowed; includes patient follow up with Medicaid health plan provider including primary care.)</p>	SWMBH FUH Report	<p> Occurred</p>
<p>4. Work with SWMBH and state to address disparities based on race/ethnicity on the above follow up after psychiatric hospitalization.</p>	Meeting minutes and possibly SWMBH report	<p> Occurred. The measures chosen by state result in very small numbers by quarter such that it results in very incidental info rather than actionable trends.</p>
<p>5. 95% of persons requesting a pre-admission screening for psychiatric inpatient care will receive a disposition within 3 hours. <i>Applies to Access and On-call and only broken down by program if not meeting target</i></p>	Performance Indicator Report	<p> Occurred 98.4% 370 out of 376</p>
<p>6. The number of children served by VBCMh will remain above 700 (number served in 2012-2013.).</p>	Unduplicated Count summary report	<p> Occurred</p>
<p>7. Penetration rate for the percentage of Van Buren Medicaid recipients receiving a Van Buren Community Mental Health service will be above 7 percent.</p>	Performance Indicator Report	<p> Occurred</p>
<p>8. Continue to offer screening services for youth throughout the county and provide follow up services where needed.</p>	Report to Youth Suicide Prevention Coalition	<p> Occurred</p>
<p>9. Participate in at least 8 events to provide to the community outreach and information on available services</p>	Report on each event	<p> Occurred; Some were completed virtually, many events returned to in person. QPR, Caregiver Ed SUD prevention includes in school events and community festivals and special outreach events.</p>
<p>10. Continue to serve as navigator partner agency for MI Bridges including Medicaid and Healthy Michigan program (enrolled in new navigator program in January 2018.)</p>	Signed agreement	<p> Occurred</p>

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<p>11. Staff will continue work with local DHHS staff and continue trauma screening, assessment and follow up of youth served by DHHS.</p>	<p>Completion of training activities and referrals by VBDHHS for trauma assessments</p>	<p> Occurred</p>
<p>12. Provide appropriate assessments for young children placed in foster care in partnership with VB DHHS</p>	<p>Completed assessments</p>	<p> Occurred</p>
<p>13. Continue VBCMHA website and maintain social media presence for VB Suicide Prevention Coalition, VB substance Abuse Prevention Task Force, and Bangor Health Center.</p>	<p>Review of the sites</p>	<p> Occurred</p>

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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. <i>Applies to each service program and only broken down by program if not meeting target</i>	Survey Report	 Occurred
2. Improvement plans for site reviews completed by DHHS and SWMBH will be developed, implemented and monitored, updated as needed. <i>Applies to each service program and only broken down by program if not meeting target.</i> Stakeholder satisfaction	Written plan; internal report Feedback from SWMBH site survey.	 Occurred
3. Provide, monitor, and report on jail diversion program.	Internal reports	 Occurred
4. At least one annual training for area police officers will be held.	Sign In Sheet for participants	 Occurred
5. Meet objectives set for Michigan Collaborative Child Care (MC3) U of M grant in providing psychiatric consultation to primary care providers for youth	Reports provided from U of M	 Occurred grant continued (worker increased to full time status and provides liaison service for multiple counties)
6. Meet objectives set in grant for providing psychiatric consultation to primary care providers serving adults.	Grant report	 Occurred grant continued
7. Meet objectives set in grant for providing Youth Intervention screening.	Grant report	 Occurred grant continued
8. Meet objectives set in grant for providing mental health court services. Stakeholder satisfaction	Grant report	 Occurred grants continued
9. Active participation with VB Community Health Committee, including efforts to address disparities in health care.	Meeting minutes	Committee facilitated by Public health has not met this year
10. 95 % of Behavioral Health Treatment Episode Data Set will meet completion and quality standards. Stakeholder satisfaction	Error and Missing Reports will be within regional averages	 Occurred
11. Meet requirements of demonstration programs and pilots continuing this fiscal year including Medicare/Medicaid eligibles demonstration project.	Regional report	 Occurred
12. Complete implementation of plan developed in response to stakeholder survey to address priority needs in accordance with guidelines from state process.	Written report to DHHS	 Occurred
13. Participate as preferred provider in Van Buren County Treatment Courts Stakeholder satisfaction	Payments for services provided	 Occurred
14. Application to become a CCBHC (Certified Community Behavioral Health Clinic) will be submitted on time to SAMHSA.	Submitted grant application	 Occurred 4 year grant awarded effective 9/30/23
15. Continue work to meet standards of Home and Community Based Services rules for internal services and entire provider network in conformance with guidelines and multi-year plan of the state.	Successful completion of tasks requested by MDHHS	 Occurred and ongoing as multiple requests are ongoing

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OBJECTIVES	MEASUREMENT	STATUS
16. Review with Board compensation schedules and implement steps to maintain competitiveness and fiscal soundness of organization	Meeting minutes	 Occurred in 2022, small increase given in 2023
17. Continue implementation of integrated SUD/MH process that meets standards for SUD and MH rules and improves efficiency for customers, staff, and community.	Plans developed and implemented	 Occurred
18. Trauma Informed Leadership Team will oversee implementation of projects to ensure a trauma informed agency including training, assessment and treatment, and will meet agreed upon objectives for regional grant.	TILT minutes and documentation Regional report	Did not occur. Team was not restarted but policies and procedures in place to continue trauma informed practices
19. Increase availability and utilization of Intensive Crisis Stabilization Services (mobile crisis) for youth.	Encounters for service reported	 Occurred. Small increase. Continue to search for full time mobile crisis supervisor.
20. Continue to reorganize divisions to gain greater efficiency and effectiveness	Internal report	 Occurred
21. Implement at least two Caregiver Education training group with full curriculum for customers.	Group logs	 Occurred
22. Provide trauma impact training to staff members of at least one other human services agency.	Training Log	 Occurred
23. Continue implementation of project to ensure actions to decrease suicide for open customers.	Internal report	 Occurred. See Board report summarizing year's activity
24. Continue to coordinate county suicide prevention coalition	Meeting minutes	 Occurred
25. Continue to develop and implement plans to serve customers well in alternatives to specialized residential settings and reduce rights violations in these settings.	Plan developed; expenses saved data tracked	 Occurred
26. Continue to take actions to ensure ongoing remote work options are implemented in best process possible	Internal procedure reviewed approved and implemented	 Occurred Procedure review continues
27. Continue implementation of plan developed regionally to assure ABA services for youth with autism meet regionally developed medical necessity criteria.	Feedback from SWMBH	 Occurred
28. Continue implementation of regionally developed medical necessity criteria for services for persons with I/DD	Feedback from SWMBH	 Occurred

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<p>29. Agency will operate within budget. <i>Applies to each service program and only broken down by program if not meeting target</i></p>	<p>Internal report</p>	<p>Did not occur. Medicaid revenues fell at higher rate than state expected due to redetermination process restarting; costs have increased and service demand is higher. SWMBH savings from prior year covered over expenditure</p>
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VBCMh wide objectives to assure services **attain positive customer outcomes**










OBJECTIVES	MEASUREMENT	STATUS
1. Continue monitoring to ensure scores (LOCUS, ASAM, CAFAS, PECFAS) and level of services provided match per regional guidelines and for any that do not match the clinical rationale will be documented.	Internal and Regional Reports	 Occurred
2. CAFAS scores will demonstrate positive outcomes of treatment at closing <i>CAFAS applies to each child serving program and only broken down by program if not meeting target</i>	Internal and Regional Reports	 Occurred 80.5% achieved significant gain
3. The total number of consumers in community supported employment will remain above 50. <i>Effectiveness standard for Employment Services</i>	Internal report from placement records	 Occurred 68 served
4. Serve at least 15 adults using the Evidenced Based Supported Employment model. <i>Effectiveness standard for Employment Services</i>	Internal Report	 Occurred 17 served
5. Percentage of children and adults readmitted to an inpatient psychiatric unit within 30 days of discharge will be less than 15%. <i>Applies to each service program and only broken down by program if not meeting target</i> <i>Effectiveness standard</i>	Performance Indicator Report	 Occurred 4% recidivism rate for adults; 3.5% rate for youth.
6. MHSIP and YSS scores achieved on applicable dimensions for applicable VBCMh customer populations will be equal to or greater than comparable state or national benchmark scores. <i>Applies to each service program and only broken down by program if not meeting target</i>	SWMBH survey reports and Monitoring Reports to the Board	 Occurred Agency overall and each CARF accredited program achieved scores on all 3 dimensions higher than national sample on both adult and youth survey completed internally
7. Work with SWMBH to improve participation rates in customer survey or implement VBCMh specific customer survey.	SWMBH Customer survey data and if applicable VBCMh specific customer survey data	 Occurred. Survey tool and survey process was changed. Resulted in more participants overall but fewer families in Van Buren

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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
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
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
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
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
8. Maintain systems to record all revenues and expenditures by capitation and other funding sources.	Reports to DHHS and PIHP	 Occurred
9. Maintain costing and rate-setting methodologies consistent with state and PIHP requirements.	Unit Cost Reports	 Occurred
10. Continue meeting operational and process standards, including compliance with HIPAA regulations and DHHS requirements.	DHHS, PIHP Site Reviews	 Occurred
11. Building and Safety self-inspections for each agency site will be completed and necessary corrections will be made; 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.	ESSIC Monthly Checklists and Drill Performance Evaluations	 Occurred
12. Continue implementation of AED checklist project started in 2018.	Checklist developed and utilized per plan	 Occurred
13. Continue to update and comply with Coronavirus Response Plan to ensure a safe and healthy environment for all services.	Response plan updates and reminders sent to staff and pd public version posted on website	 Occurred
14. 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

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15. Complete trainings for staff and Board on corporate compliance.	Training logs	 Occurred
16. Report quarterly to the Board of Directors on corporate compliance.	Reporting log	 Occurred
17. Board of Directors will monitor compliance with Executive limitation policies	Meeting minutes	 Occurred
18. 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
19. Plan and implement activities throughout the year to insure high level of compliance with clinical documentation standards	Internal report	 Occurred
20. Update as needed, Emergency Action and Communication Plan and distribute to staff; complete Emergency Guide Flip charts for each location.	Plan completed and Flip charts at each location	 Occurred
21. Continue to improve safety planning process for high risk customers.	Increased use of safety plans in line with CARF standards	 Occurred
22. Implement internal training series begun in 2018 for staff on topics indicated on survey of staff.	Training logs	Did not restart; revamping to restart in 2024
23. Achieve at least 80% of objectives written in the Cultural diversity plan, Risk management plan and, Accessibility plan.	Per plan reviews	 Occurred
24. Increase employee knowledge on efficient and correct use of new EMR, Viewpoint, and evaluate and improve select work flows to improve efficiency.	Provide training and assistance Verbal report of improved work flows	 Occurred