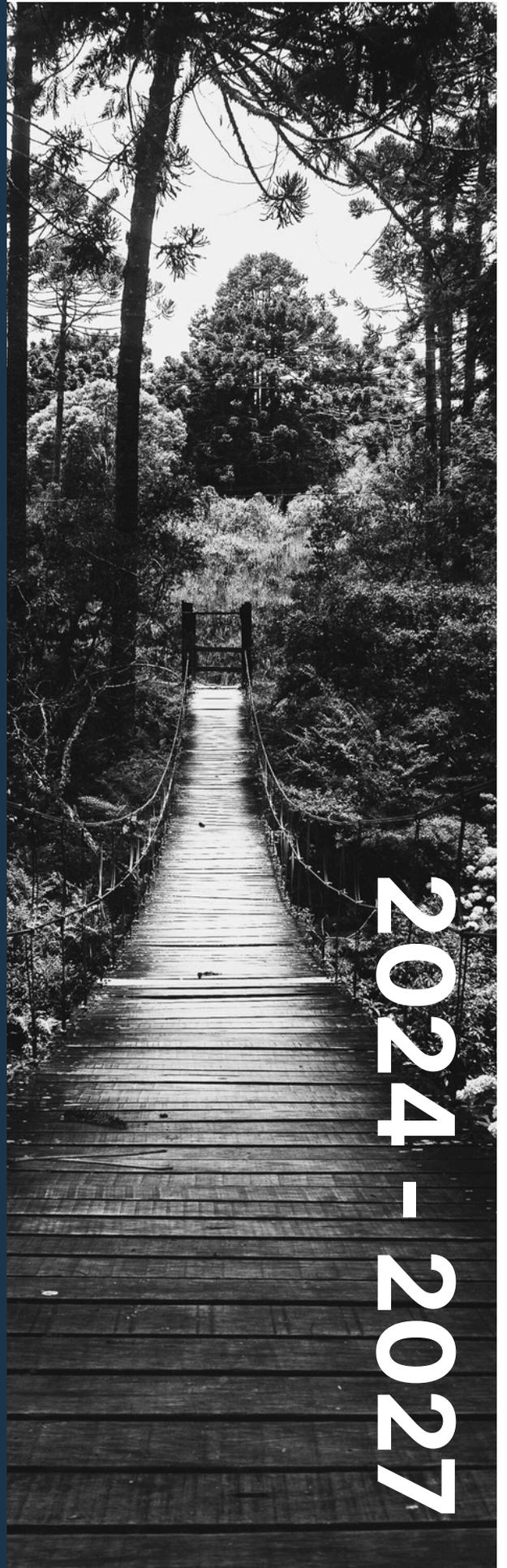


Strategic Plan

*A practical vision, goals, and
strategies*



Community
MENTAL HEALTH
CLINTON • EATON • INGHAM



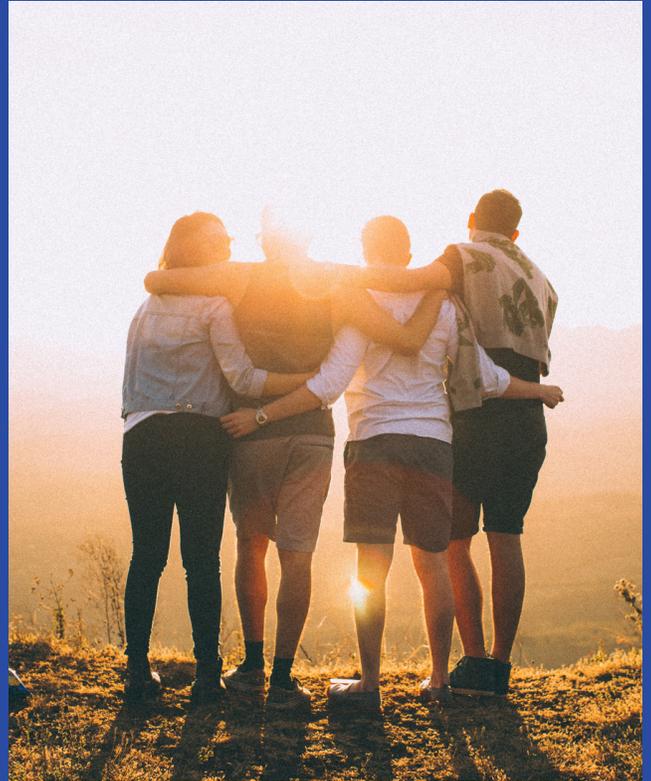
2024 - 2027

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CMHA-CEI COMMUNITY VISION

“A community in which any person with a mental health need has access to a wide range of resources to allow them to seek their desired quality of life and to participate, with dignity, in the life of the community, with its freedoms and responsibilities. A community defined by justice for persons with mental health needs”.



I. History and Background

Established in 1964, Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI) was founded to aid individuals transitioning from large state psychiatric facilities back into their communities.

With a rich legacy, the organization has consistently delivered evidence-based programs and pioneered innovative systems alignment to enhance the health and well-being of the Clinton, Eaton, and Ingham County communities. Over the years, CMHA-CEI has forged enduring and trusted relationships with local governments, health departments, schools, and partner agencies. Its strong affiliations extend to law enforcement agencies, county jails, and judicial systems, particularly through dedicated mental health and sobriety courts.

In 2002, CMHA-CEI attained the designation of the Community Mental Health Authority. Empowered as an authority, CMHA-CEI possesses the capacity to employ staff, undertake debt, and function akin to an autonomous governmental body, except for tax imposition and governance selection, which remain within the counties' purview.

In April 2013, CMHA-CEI collaborated with 12 Community Mental Health Service Providers (CMHSPs) to establish the Mid-State Health Network (MSHN). Serving as the Prepaid Inpatient Health Plan (PIHP) for a 21-county region, MSHN oversees the management of Medicaid resources for behavioral health and intellectual/developmental disabilities services, serving Medicaid and Healthy Michigan enrollees. MSHN subcontracts to CMHSPs and substance abuse providers within these counties.

Amidst uncertainties and challenges emerging in the public behavioral health system in 2017, CMHA-CEI crafted a Strategic Plan spanning 2018-2023. The plan's focus centered on meeting the community's behavioral health needs, emphasizing service accessibility, quality health outcomes, and enhanced cost-effectiveness. This forward-looking strategy aimed to ensure CMHA-CEI's resilience and viability in an evolving healthcare landscape. Anchored in CMHA-CEI's vision and mission, the plan underscored the organization's pivotal role as a leader in providing behavioral health services within the community. Key pillars encompassed talent acquisition and retention, fortified partnerships, community engagement, diverse funding sources, and data-driven decision-making to showcase outcomes. Despite the unforeseen disruption caused by the COVID-19 Pandemic from March 2020 through June 2023, significant strides were made in various areas outlined in the plan.

It is also important to note that through the dedication, creativity, and innovation of our staff, CMHA-CEI maintained operations and service delivery throughout the disruption of the unprecedented COVID-19 Pandemic.

Notable achievements from 2018-2023

Expansion of Our Services

- **Inclusion under the Michigan Certified Community Behavioral Health Clinic (CCBHC) Demonstration Project, allowing service provision for mild to moderate conditions and an enhanced Medicaid perspective payment model.**
- **Selected in 2022 as a state pilot site to establish a Crisis Stabilization Center in the Capital Area.**
- **Increased involvement in community-based prevention efforts.**
- **Augmented visibility in the community through branding, tagline development, and an active social media presence.**
- **Diversification of funding sources to more fully serve both Medicaid and non-Medicaid individuals, including securing various state and federal grants, leveraging Ingham County Public Safety and Health Millages, and maintaining contractual relationships with key entities like McLaren-Greater Lansing, Ingham County Health Department (ICHHD), City of Lansing, and the counties.**

Enhancements to Our Clinical Practices

- **Attaining CCBHC status, driving internal care coordination, whole-person care improvements, and expanding services to non-Medicaid populations.**
- **Adoption of additional evidence-based practices such as Navigate, Zero Suicide, Assertive Community Treatment - Integrated Dual Disorder Treatment (ACT-IDDT), and Screening, Brief Intervention and Referral to Treatment (SBIRT).**
- **Improved management of Medicaid Waivers complexities and navigated changes in service delivery related to Home and Community Based Services (HCBS) requirements.**

Enhancements to Our Workforce

- **Critical Human Resources initiatives focused on recruitment and retention, including intensified New Hire Orientation, expanded recruitment tools and networks, salary studies, strategic retention payments, student debt relief, vacation buyouts during the pandemic, establishment of the CMHA-CEI Scholars Cohort with Michigan State University School of Social Work, a Recruitment Media Campaign, and the creation of an HR Campus Liaison Position, facilitating internship expansion and increased post-internship hiring.**

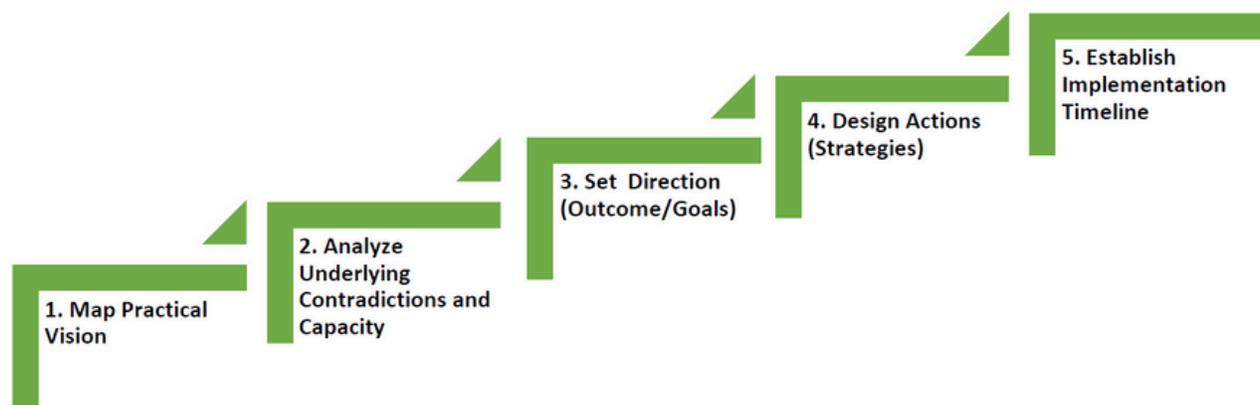
These accomplishments reflect CMHA-CEI's commitment to providing comprehensive, accessible, and quality behavioral health services while navigating evolving challenges and fostering community engagement and support.

Strategic Planning Process

In early 2023, CEO Sara Lurie and the Board of Directors at CMHA-CEI initiated a strategic planning process for the years 2024 to 2027. Their goal was to set a practical vision and strategies to further CMHA-CEI's dual role in providing behavioral healthcare and serving as a community advocate, catalyst, thought leader, convener especially for persons with behavioral health needs.

FIVE STEP PLANNING PROCESS

(Adapted from Technology of Participation, Institute of Cultural Affairs)



The structured planning process involved meetings and workshops with various groups at CMHA-CEI, including the Board of Directors, Directors Group, Management Group, Consumer Advisory Council, and Diversity Advisory Council, held between March and December 2023.

II. Assessing the Current Situation

Amidst uncertainty, challenges, and unprecedented traumatic events that have impacted our community in recent years, CMHA-CEI has remained steadfast, showcasing unwavering dedication to addressing the behavioral health needs of residents, guided by the Michigan Mental Health Code and CCBHC Certification Requirements. Our steadfast commitment is directed towards ensuring timely and equitable access to high-quality behavioral health services, aimed at fostering outcomes that empower individuals to enhance their quality of life within the community. Integral to this mission is our ongoing emphasis on the development of the behavioral health workforce.

- CMHA-CEI offers specialized programs for youth and adults through clinical departments, addressing behavioral health, emotional disturbance, intellectual and developmental disabilities, and substance use disorder. CMHA-CEI has received federal Certified Community Behavioral Health Clinic (CCBHC) expansion grants (2018-2022) and became a state CCBHC demonstration site, aiding over 13,000 people in 2023, an increase of 12% from 2017.
- In 2023, 74% served were adults and 26% were children, most commonly dealing with depressive and mood disorders, substance use problems, among others. The organization heavily relies on Medicaid funding, constituting 85% of its budget.
- CMHA-CEI also offers a variety of prevention, wellness, mental health promotion and training resources. In addition, the CMHA-CEI trained Critical Incident Stress Management (CISM) Team provides critical incident crisis response to the community following traumatic events. In 2022, outreach efforts reached nearly 20,000 community members.
- Additionally, in 2022, CMHA-CEI was selected to establish a Crisis Stabilization Center in the Capital Area, and is working to repurpose the former Women's and Children's building on the McLaren Greenlawn Campus to build a Crisis Stabilization Center. This center will include our existing crisis services and offer immediate treatment and secured units for individuals in crisis, aiming to stabilize their conditions within a 72-hour stay.
- Strategizing for the future, CMHA-CEI acknowledges promising opportunities such as CCBHC and the development of the Crisis Stabilization Center but also faces uncertainties. After the pandemic, the return to proving eligibility and completing annual re-enrollment in Medicaid may negatively impact funding levels. The future of funding models, like the federal CCBHC model, remains uncertain after the project ends. Moreover, shifts in government leadership and policy changes could impact CMHA-CEI's strategies moving forward.

Looking ahead, the following behavioral health-related trends examined by Board and Directors Group are likely to impact the agency programs and operations:

1. State Issues and Opportunities:

Community Mental Health Association of Michigan (CMHAM) offered an overview of issues, opportunities, and legislation likely to influence and impact the operation and delivery of community behavioral health services.

- Certified Community Behavioral Health Clinics (CCBHC) are the future of community behavioral health service delivery, along with Home and Community-Based Services (HCBS) and Crisis Services. Emphasis will also be given to violence prevention and opioid abuse treatment.
- Children Services are being overhauled by the State. There are opportunities for dialogue regarding these changes and their impact.
- Challenges facing Community Mental Health Service Providers (CHMSPs) include the magnitude and persistence of workforce shortages, the impact of Conflict Free Access and Planning on services offered directly by CMHSPs, and ongoing funding and administrative-related challenges such as the Prospective Payment System (PPS 1) rate, not having enough Medicaid enrollees, prevailing wage rates, and increased administrative burden.
- Future opportunities for partnerships and sources of funding include permanency and expansion of CCBHC, use of opioid settlement dollars, law enforcement partnerships, and links between behavioral health services and the homeless crisis.
- There is renewed legislative interest in listening to the needs and concerns of public community mental health providers. Key state legislators need continued awareness of issues such as workforce, Conflict Free Access and Planning, financing reporting, and addressing administrative burden.

Source: Robert Sheehan, CEO of CMHAM on March 24, 2023

2. Directions in Service Need Across the Tri-County Region:

A 2022 survey of local stakeholders (public and private providers, school systems and other key community partners) identified five priority concerns for behavioral health service and service delivery.

- **Timely Access to Care**, especially for individuals with Medicaid or with private insurance who are in need of more intensive services.
- **Training of Direct Care Staff:** Pandemic escalated workforce shortages and disrupted training opportunities for direct care staff.
- **Workforce Development:** Behavioral health workforce shortages exist locally, in Michigan and nationally. Recruitment and Retention of behavioral health staff is a key priority.
- **Lack of local Psychiatric Hospital Beds for Youth:** Lack of psychiatric hospital availability has increased strain on Crisis Services and Hospital Emergency Departments in effort to keep youth safe while awaiting placements.
- **Lack of Housing Options:** Access and delivery of housing resources to adults with severe and persistent mental illness (SPMI) is a continued need.

Source: CMHA-CEI, FY23 Community Needs Assessment



3. Directions in Service Provision

Critical Elements in service provision include:

- **Early identification and Prevention.** Achieve optimal outcomes through prevention, early identification and intervention, with a targeted focus on children, youth, and families.
- **Emergency and Crisis Response.** Improve crisis response and suicide/ overdose prevention.
- **Equity.** Address social/political constructs and historical systemic injustices, such as racism and discriminatory structures and policies, that disproportionately impact the behavioral health of people of color. Eliminate inequitable conditions for people with behavioral health and substance use conditions.
- **Integration.** Improve access to services and quality of care by integrating physical health, behavioral health, and substance use services.
- **Parity.** Ensure fair and equivalent coverage for behavioral health and substance use disorders.
- **Standards.** Hold systems accountable to evidence-based standards of care that improve outcomes and quality of life.
- **Workforce.** Increase the number and diversity of behavioral health and substance use disorder providers.

Source: 2020: A Unified Vision for Transforming Mental Health and Substance Use Care produced by a National Coalition inclusive of American Psychiatric Association, American Psychological Association, NAMI, National Council for Mental Wellbeing, Kennedy Forum, and others.

III. Establishing a Practical Vision for 2027

CMHA-CEI has a solid community vision and mission that speaks to its vital ongoing work in supporting behavioral health care consumers in full participation in community. For this plan, the focus is on developing a practical vision for the organization’s immediate future. Two questions guided the creation of this vision:

- **“How will CMHA-CEI adapt in order to deepen and improve its quality of care to meet the evolving behavioral health needs of our community?”**
- **“What key outcomes must CMHA-CEI accomplish to realize its practical vision for 2027?”**

Five Key Focus Areas in achieving the vision were identified with ‘Optimize and Adapt Our Services and How We Deliver Them’ taking a central role. Each focus area includes Goals, Objectives, and Strategies.

Our 2024-2027 Vision and Focus

“How will CMHA-CEI adapt in order to deepen and improve its quality of care to meet the evolving behavioral health needs of our community?”

Rethink Our Systems, Processes, and Communications to Achieve Organizational Excellence

Build our Workforce Capacity

Build Stronger Community Support and Partnerships

Address Social Justice, Diversity, and Disparities along with Social Determinants of Health



IV. Achieving the Vision

Guiding Question: What existing realities; issues, obstacles, and constraints could block or prevent this practical vision?

Four key factors were identified with potential impact on achieving the practical vision:

1. Continued High Costs and Inefficiencies.

Examples include overhead driven by high audit and accountability mandates and low reimbursement rates, non-billable services, and workforce disruptions that escalated throughout the pandemic.

2. Staffing Constraints.

Examples include limited recruitment pools, retention and staff turnover, and maintaining competitive wage levels.

3. Not Having and/or Using the Data Needed to Manage Effectively.

Examples include the need for real-time data for analysis and tracking, defining and prioritizing what data are useful, and current data/outcome sources reliability.

4. Lack of Community Awareness and Support for CMHA-CEI.

Examples include continued need to educate community about who we serve and how to access services, and addressing behavioral health stigma.

What opportunities and/or strengths can be applied to moving forward?

The following unique assets, strengths, and opportunities can provide leverage in achieving the practical vision:

<p style="text-align: center;">Unique Assets</p> <p style="text-align: center;"><i>We bring longstanding expertise, offer a broad range of co-located services, and maintain strong partnerships with others.</i></p>	<ul style="list-style-type: none">• A broad array of creative, co-located services• Outreach and prevention presence in the community• Early adoption of the CCBHC Model of Care• Direct provider of SUD Services• Strong relationships with our counties and key players such as jails, health departments, child welfare agencies, schools, and local law enforcement agencies• 24/7 Free-Standing Crisis Services• Mobile crisis capabilities and a strong array of crisis services• Recognition as community leaders with expertise and influence in behavioral health• Recognition as community leaders in primary care and behavioral healthcare integration• Committed leadership and staff with long tenures• A work environment that supports professional growth and ongoing education• Strong positive labor relations
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What We Do Best (Strengths)

We are collaborators and creative problem-solvers in service of our consumers and the community.

- Focus on those we serve
- Sound clinical expertise
- Expertise in serving the individuals with the most severe impairments
- Provision of a wide range of behavioral health services
- Prevention education
- Management of compliance and other requirements
- Exploration through small clinical pilots
- We are survivors; we reimagine and sustain service provision during challenging times
- Seizing unique funding for creative interventions across the organization
- Creative program managers
- Influential in mobilizing advocacy within the community
- Knowledgeable and collaborative partnerships

Opportunities

Build on our existing relationships, especially with development of Crisis Stabilization Center, and maintain and expand our funding base through optimizing CCBHC funding mechanisms.

- New demands offer key windows to dramatically alter and improve services
- Building on good key community relationships across the service array
- CCBHC Model of Care and PPS-1 funding model offer opportunities for financial stability
- Increasing activation of the Consumer Advisory Council and Diversity Advisory Council in Diversity, Equity, Inclusion and Social Justice planning
- Utilizing capacity to seek grants to address specific identified needs
- Piloting new internal clinical collaborations
- Proximity to the State Capital gives access other CMHSPs might not have
- Proximity to higher learning institutions helps with recruitment and developing career pathways to behavioral health
- Increasing staff and consumer engagement
- Working to enhance psychological safety that fosters a learning environment for staff

V. Setting Direction: Goals and Strategies for 2024-2027

Guiding Question: “How will CMHA-CEI adapt in order to deepen and improve its quality of care to meet the evolving behavioral health needs of our community?”

The following five focus areas and associated goals, related measures of success, and strategies describe in greater detail the outcomes and related coordinated strategies to be accomplished in support of achieving the practical vision.

- 1 Optimize and Adapt our Services and How We Deliver them**
- 2 Rethink Our Systems, Processes, and Communications to Achieve Organizational Excellence**
- 3 Build Our Workforce Capacity**
- 4 Build Stronger Community Support and Partnerships**
- 5 Address Social Justice, Diversity, and Disparities along with Social Determinants of Health**

Focus Area 1. Optimize and Adapt our Services and How We Deliver them

Goal 1: Successfully launch the state of the art Capital Region Crisis Stabilization Center.

Objective	Preliminary Strategies
1.1.01 - By February 2024, finalize a detailed development work plan.	<ul style="list-style-type: none"> • Conduct monthly reviews to assess progress on, update, and track work plan implementation.
1.1.02 - By July 2024, secure all purchase and renovation funding.	<ul style="list-style-type: none"> • Prepare operational budget and financial sustainability plans for ongoing operations beyond start-up.
1.1.03 - By September 2024, hire key medical personnel (Nursing Supervisor and Deputy Medical Director).	<ul style="list-style-type: none"> • Develop the Center staffing model. • Hire and train leadership staff initially.
1.1.04 - By October 2024, implement a public relations and rebranding campaign.	<ul style="list-style-type: none"> • Develop a Center public relations and rebranding plan.
1.1.05 - By December 2024, secure all needed partnership and services agreements.	<ul style="list-style-type: none"> • Secure needed agreements for pharmacy and lab services. • Secure partnership Memorandum of Understanding (MOUs) with collaborative community partners.
1.1.06 - By December 2024, have established policies, procedures, and a staff training plan.	<ul style="list-style-type: none"> • Develop Center operating policies and procedures.
1.1.07 - By April 2025, complete the facilities renovations.	<ul style="list-style-type: none"> • Relocate existing programs, hire and orient new staff.
1.1.08 - By August 2025, complete Crisis Stabilization Unit (CSU) certification.	<ul style="list-style-type: none"> • Implement staff training plan. • Participate in certification process with the Michigan Department of Health and Human Services (MDHHS).

Goal 2: Establish streamlined consumer service access and navigation, communication, and care transitions across agency services.

Objective	Preliminary Strategies
<p>1.2.01 - By October 2024, increase calls answered immediately by 10%.</p>	<ul style="list-style-type: none"> • Continue to review and refine the Access Dashboard to see trends and measure success in managing call volumes and assuring a personal interaction with callers.
<p>1.2.02 - By November 2025, increase the percentage of individuals referred for an intake assessment who complete the intake process by 5%.</p>	<ul style="list-style-type: none"> • Review all current flows from access points to discharge for individuals and families initiating services.
<p>1.2.03 - By December 2024, identify a standard organizational data set to track yearly progress in key areas and identify areas for improvements in service delivery.</p>	<ul style="list-style-type: none"> • Identify known areas of unmet need where addressing and improving the overlaps between departments would reduce transitions, increase the timely access to care, and to improve overall clinical care for some individuals and families.
<p>1.2.04 - By October 2025, launch two clinical pilot projects.</p> <p>1.2.05 - By October 2026, identify and reduce internal barriers that interfere with fluidity in meeting consumer needs across the organization.</p>	<ul style="list-style-type: none"> • Create and engage workgroups in expanding existing or creating and piloting new pathways that may include cross-cutting teams or strategies for individuals to receive services based on their individual needs by leveraging expertise from multiple clinical areas.

Goal 3: Expand our approach to whole person care through integrating health and wellness outcomes, and improved care coordination with other healthcare providers.

Objective	Preliminary Strategies
<p>1.3.01 - By December 2024, complete and implement the Data Bridge with the Ingham County Health Department (ICHHD) to share clinical documentation.</p>	<ul style="list-style-type: none"> • Continue to collaborate with ICHD on development and implementation of (inclusion of test runs and troubleshooting) Data Bridge to be completed by December 2024.
<p>1.3.02 - By January 2025, collect baseline on the use of the Continuity of Care Document (CCD) sent to Primary Care Physicians (PCP) and providers, and develop focus areas for improvement based on this data.</p>	<ul style="list-style-type: none"> • Identify the expectation of the use of the CCD by March 2024. • Educate staff on expectation/use of CCD by December 2024. • Survey PCPs who receive the CCD to see if the information is useful by June 2025.
<p>1.3.03 - By January 2027, collect baseline number of individuals served with a physical health goal included in their treatment plan and develop strategies to increase the percentage by 5%.</p>	<ul style="list-style-type: none"> • Clinical Programs to implement Treatment Planning training which includes education on how to discuss and document a physical health goal by March 2024. • Develop a plan for ongoing training Treatment Planning training in order to orient new staff by September 2024. • Create a process and way to support managers in how to identify what constitutes a physical health goal and how to have this conversation with their staff by September 2024. • Explore EHR options to assist with documentation of a health related goal by December 2024.
<p>1.3.04 - By January 2027, increase the overall percentage of individuals receiving ongoing services with Primary Care Providers to 90%.</p>	<ul style="list-style-type: none"> • Create a widget in the Electronic Health Record (EHR) to be able to track PCP status in order to follow up. • The PCP status data will be reviewed on a monthly basis in the Health Care Integration Workgroup meeting starting January 2024.

Goal 4: Implement redesigned use of our facilities and spaces to better provide safe and supportive environments in which to work and receive care.

Objective	Preliminary Strategies
<p>1.4.01 - By July 2024, complete a space study on use of current facility space with recommendations for future needs.</p>	<ul style="list-style-type: none"> • Participate in study conducted by Colliers Engineering and Design. • Review CMHA-CEI sites for accessibility needs and create a report identifying modifications needed to increase accessibility.
<p>1.4.02 - By December 2024, create an action plan with timelines for implementation.</p>	<ul style="list-style-type: none"> • Review recommendations, establish priorities for implementation, and evaluate financial resources needed to support priorities and create an action plan with timelines for implementation.

Focus Area 2. Rethink Our Systems, Processes, and Communications to Achieve Organizational Excellence

Goal 1: Adopt improved processes and procedures to maximize the delivery of direct services and streamline the existing work flows between clinical and administrative departments.

Objective	Preliminary Strategies
<p>2.1.01 - By April 2024, develop and disseminate work flows and educational materials related to commercial insurance.</p>	<ul style="list-style-type: none"> • Diagram workflows related to commercial insurance and scripts for staff to use in talking with consumers. Train staff interfacing in clinical departments in understanding workflows and using scripts to respond to insurance related inquiries.
<p>2.1.02 - By June 2024, begin evaluation and analysis and recommend changes June 2025.</p>	<ul style="list-style-type: none"> • Evaluate clinician roles and responsibilities to determine where we can be more efficient. • Evaluate current staffing models against unmet needs and incorporate recommend changes into FY25 budgets. • Continue to expand internal capacity for financial analysis and financial management capabilities.
<p>2.1.03 - By January 2026, develop a plan to evaluate and improve organizational software to meet all state and federal reporting requirements within the most efficient manner.</p>	<ul style="list-style-type: none"> • Develop a process for ongoing review of reducing and eliminating unnecessary and duplicative administrative burden on clinical staff. • Offer those staff providing clinical services the training and administrative support needed to maximize their delivery of direct services. • Identify all software systems that we are using, prioritize and take steps to evaluate effectiveness, efficiencies and recommend improvements needed.

Goal 2: Refine a formal comprehensive internal communication process.

Objective	Preliminary Strategies
<p>2.2.01 - By September 2024, complete the review and evaluation of existing communication roles and processes across the organization.</p>	<ul style="list-style-type: none">• Via Public Relations (PR) Workgroup identify current communication roles and strategies for organizational communications and evaluate effectiveness.
<p>2.2.02 - By April 2025, adopt the internal plan with links to the strategic plan, including the organization's mission, vision and values.</p>	<ul style="list-style-type: none">• Develop a plan and strategies for improving internal communications that includes timely communication on strategic plan progress.• Develop a communication process that closes the feedback loops. Process to include identifying the different modes and types of communication.



Goal 3: Continually improve our capability to leverage and effectively manage diverse funding sources to fully address the identified behavioral health needs of our community.

Objective	Preliminary Strategies
<p>2.3.01 - By October 2024, adopt a process for grant decision making.</p>	<ul style="list-style-type: none"> • Develop and implement a grant Return on Investment (ROI) assessment process to be used in evaluating grant opportunities before applying.
<p>2.3.02 - By October 2025, establish baseline and monitor revenue from commercial insurance.</p>	<ul style="list-style-type: none"> • Establish process to advocate for parity and target the appropriate populations. • Expand participating agreements with open commercial insurance providers.
<p>2.3.03 - By October 2025, maintain and increase funding sources that allow service to non-Medicaid enrollees by 5% annually.</p>	<ul style="list-style-type: none"> • Maintain and increase funding allocations from grants, millages, other local sources of funding.
<p>2.3.04 - By October 2025, increase Medicaid services to Consumers with Medicaid by 3% annually.</p>	<ul style="list-style-type: none"> • Continue to expand services to individuals who receive Medicaid with mild and moderate conditions as part of the state demonstration project and monitor daily visits. • Conduct a review with a consultant to assure that we are increasing penetration and accessing and utilizing all available procedure codes.

Focus Area 3. Build our Workforce Capacity

Goal 1: Stay on the cutting edge of innovative recruitment and retention practices.

Objective	Preliminary Strategies
<p>3.1.01 - By July 2024, finalize and implement organizational guidelines for internship development.</p>	<ul style="list-style-type: none"> • Internship workgroup formed to create organizational guidelines for internship development to be recommended to the Director Group and reviewed with the HR Committee.
<p>3.1.02 - By September 2024, create and implement an updated recruitment and retention plan.</p>	<ul style="list-style-type: none"> • HR will form internal cross teams to focus on recruitment and retention. HR will review the current recruitment and plan to evaluate what is working and action plan for expanding efforts that will be presented to Directors.
<p>3.1.03 - By February 2025, implement an enhanced new employee orientation plan.</p>	<ul style="list-style-type: none"> • The HR cross team will assess current orientation processes in each area and identify potential models to examine and adapt to enhance current processes.
<p>3.1.04 - By June 2025, evaluate the CMHA-CEI MSU Scholars Program to determine improvements for future cohorts.</p>	<ul style="list-style-type: none"> • CMHA-CEI MSU Scholars Program steering committee will reconvene to review feedback from students, MSU faculty, and CMHA-CEI staff to identify potential improvements to processes, agreements, and support provided to participants and staff.

Goal 2: Create a safe and supportive learning environment for employees and interns.

Objective	Preliminary Strategies
<p>3.2.01 - By December 2024, identify tested methods for increasing psychological safety and mutual accountability to be adopted organization wide.</p>	<ul style="list-style-type: none"> • Develop a process to conduct pilots. Evaluate pilot outcomes, and choose pilot-tested results to adopt within units and across the organization.
<p>3.2.02 - By September 2024, complete a confidential organizational survey.</p>	<ul style="list-style-type: none"> • HR will develop and conduct a survey and make recommendations to Directors for implementation in FY24.
<p>3.2.03 - In January 2025, develop action plans to address survey findings.</p>	<ul style="list-style-type: none"> • HR will assist Directors and managers in creating action plans that address survey results.
<p>3.2.04 - By February 2025, create agency wide plan for extended HR post new hire onboarding with new employees and provide recommendations about staff learning opportunities for further consideration and planning.</p>	<ul style="list-style-type: none"> • HR will establish and implement a plan for extended HR check-ins with new employees that is shared with Unions, Directors, and the Board. • HR will develop recommendations about additional staff learning opportunities for consideration by Directors and Management.

Goal 3: Build greater capacity to offer market competitive wages and contractor compensation.

Objective	Preliminary Strategies
3.3.01 - By September 2024, complete a plan to evaluate and re-align steps on pay scales.	<ul style="list-style-type: none"> • HR will form internal cross teams to focus on job descriptions and compensation studies.
3.3.02 - By January 2025, initiate market studies on compensation at regular intervals.	<ul style="list-style-type: none"> • HR will establish and implement a plan for reviewing current steps and that is shared with Unions, Directors, and the Board.

Goal 4: Strengthen and sustain our internal leadership capacity and continuity.

Objective	Preliminary Strategies
3.4.01 - By April 2025, expand available organizational leadership training and management mentoring opportunities across the organization.	<ul style="list-style-type: none"> • Provide to new managers education and support about systems and personnel to be familiar as they begin their job. • Implement monthly Manager Lunch and Learn Trainings and quarterly Manager Orientations. • Assess and document mentorship and leadership training currently provided to managers. • Examine avenues to support continued organizational leadership training such as Adaptive Leadership.
3.4.02 - By January 2026, adopt a leadership succession protocol.	<ul style="list-style-type: none"> • HR and Directors Group implement CARF succession planning guidelines to identify opportunities and key qualities, skills, and knowledge essential to senior management roles. Create plans to provide opportunities to staff to become involved in key department and organizational initiatives, as well as providing coverage for absent senior management.

Focus Area 4. Build Stronger Community Support and Partnerships

Goal 1: Develop increased awareness of the Public Behavioral Health System and those we serve with our local, state, and national legislators.

Objective	Preliminary Strategies
<p>4.1.01 - Between June 2024, and December 2025, CMHA-CEI will document contacts with legislators and then set a goal for increasing contacts by December 2026.</p>	<ul style="list-style-type: none"> • Annually identify key issues and relevant data that impact the public system and individuals we serve to discuss in contacts with legislators (i.e. housing, funding, workforce, parity).
<p>4.1.02 - Between October 2024, and September 2025, support CMHA-CEI active participation in regional and state committees and workgroups and provide written and oral mechanisms for reporting back key information.</p>	<ul style="list-style-type: none"> • Inventory current list of regional and state committee/workgroup participation, define active participation, and identify methods of dissemination of information for participants.

Goal 2: Be a leader in supporting a vital network of behavioral health care services in our community.

Objective	Preliminary Strategies
<p>4.2.01 - By September 2024, create new or strengthened partnerships with up to three (3) community agencies and/or organizations.</p>	<ul style="list-style-type: none"> • Inventory current key partnerships to identify gaps and opportunities, and identify goals and targets for partnership development. • Explore the creation of a satisfaction survey for use with contracted providers.

Goal 3: Demonstrate increased local public awareness and support for CMHA-CEI services.

Objective	Preliminary Strategies
<p>4.3.01 - By June 2024, increase participation by community organizations and residents in the community needs survey by 10%.</p>	<ul style="list-style-type: none"> • Develop and implement a robust dissemination plan.
<p>4.3.02 - By September 2024, create a plan to issue monthly press releases to media to promote CMHA-CEI programs, services, and events.</p>	<ul style="list-style-type: none"> • Create a media campaign that increases the number and variety of press releases issued to media.
<p>4.3.03 - By October 2024, evaluate the external communications plan and create a schedule to update it annually.</p>	<ul style="list-style-type: none"> • Update and implement a comprehensive external communications plan annually.
<p>4.3.04 - By November 2024, annually review and refine data analyzed and reported in the annual Report to the Community.</p>	<ul style="list-style-type: none"> • Broaden the scope of data analyzed and used in the community needs assessment and communicated in an annual Needs Assessment Report.
<p>4.3.05 - By July 2025, increase participation in the consumer perception survey by 10% and achieve 80% or higher for each dimension of the survey.</p>	<ul style="list-style-type: none"> • Invite consumer voice and make changes where needed to improve service delivery. • Develop and implement a robust dissemination plan.

Focus Area 5. Address Social Justice, Diversity, and Disparities along with Social Determinants of Health

Goal 1: Complete and adopt a multi-year Diversity, Equity, Inclusion (DEI) Strategic Plan that reflects, supports, and reinforces our organizational commitment to addressing Diversity, Equity, Inclusion and Social Justice for both employees and those we serve.

Objective	Preliminary Strategies
<p>5.1.01 - By April 2024, identify and invite stakeholders to include in DEI Social Justice Strategic planning.</p>	<ul style="list-style-type: none"> • Invite staff to participate in pre-planning dialogue to get feedback and perspectives. Use this for engagement to create safety for full participation in future planning. • Identify a comprehensive list of stakeholders to include in DEI Social Justice Strategic Plan development.
<p>5.1.02 - By June 2024, complete the plan framework.</p>	<ul style="list-style-type: none"> • Identify the methodology, data, and timelines to follow in identifying, measuring, and addressing key areas.
<p>5.1.03 - Between September and December 2024, obtain broad input regarding the plan draft.</p>	<ul style="list-style-type: none"> • Engage, educate, and train stakeholders on the planning framework.
<p>5.1.04 - Between January and June 2025, complete draft plan.</p>	<ul style="list-style-type: none"> • Identify, develop, and utilize feedback loops to insure broad input into the plan.
<p>5.1.05 - In August 2025, seek approval by the Board of Directors.</p>	<ul style="list-style-type: none"> • Start with employee DEI plan and strategies and adapt the framework as needed to establish a consumer-focused DEI and Social Justice section with review via feedback loops.

Goal 2: Establish and adopt agency wide best practices that identify and address DEI-related service provision disparities.

Objective	Preliminary Strategies
<p>5.2.01 - By April 2024, complete a review of existing data on service disparities.</p>	<ul style="list-style-type: none"> • Identify and review available baseline demographic data on known disparities in our service provision.
<p>5.2.02 - By August 2024, complete the expanded data collection and review of service disparities.</p>	<ul style="list-style-type: none"> • Conduct outreach to identified underserved populations currently being served and those we are not serving to better understand needs and improve quality in service provision and engagement.
<p>5.2.04 - Between August and December 2024, develop a plan to build capacity across the organization that addresses the identified needs.</p>	<ul style="list-style-type: none"> • Identify and incorporate targets and strategies in other organizational plans such as the Healthcare Integration Roadmap and the DEI Social Justice plan by June 2025.
<p>5.2.04 - By January 2025, the Healthcare Integration Workgroup and Population Health Subgroup will review available demographic baseline data, identify Social Determinants of Health (SDoH) screening tools to collect data, and set targets and strategies for implementation.</p>	<ul style="list-style-type: none"> • Establish data sets utilizing multiple sources and create an expanded implementation workgroup to prioritize needs and develop targets and strategies to build capacity across the organization to address needs. • Identify a SDoH screening tool, incorporate it into our Electronic Health Record (EHR), and train staff on collecting data specific to Social Determinants of Health.

VI. Complementary Goals and Actions

Concurrent with this Strategic Plan, CMHA-CEI has developed and is implementing specific plans for identified priority needs in each clinical department, behavioral health and wellness programs, healthcare integration, quality improvement, accessibility, and risk management. Each of these specific plans also contains strategies and goals that complement the practical vision, goals, and strategies. A link to the current CMHA-CEI Priority Needs and Planned Actions is included in Attachment C. Additionally, links to the CMHA-CEI Quality Plan, Accessibility Plan, and Risk Management plan are also available.

Attachment A: Future Funding Projections

Due to the end of the pandemic related Public Health Emergency, it is expected that Medicaid and Healthy Michigan enrollments in Clinton, Eaton, and Ingham Counties, overall Medicaid funding will decrease starting in fiscal year 2024. Should enrollment estimates used by MDHHS Actuaries in FY2024 rate setting be lower than anticipated, MDHHS will need to adjust rates to avoid large financial losses in the public behavioral health system.

The CCBHC PPS-1 rate is applied per daily visit for all Medicaid consumers receiving a CCBHC service. The ability to retain PPS-1 funds received during FY23 has provided CMHA-CEI with some ability to weather financial hardship in FY24.

Charts on funding trends from Annual Report to be added.

Attachment B: Implementation/Action Plans

To be added as development is completed.

Attachment C: CMHA-CEI Agency Plans

Community Needs Assessment, Inclusive of Priority Needs and Planned Actions:

A needs assessment is a systematic approach to identifying community needs and determining program capacity to address the needs of the population being served. A needs assessment can help identify current conditions and desired services or outcomes. This document provides meaningful information on a local level to assist in the development of community-based plans that address service needs and priorities.

The needs assessment also assists in identifying the priority needs of the community. The priority issues are identified, the reason for priority, and CMHA-CEI's plan to address the identified issue. The needs assessment includes an overview of progress that has been made, and is updated annually.

CMHA-CEI Quality Improvement Program Plan (QIPP):

The QIPP establishes a framework for quality and accountability for the safety of consumers. CMHA-CEI's QIPP details the structure, scope, activities, and functions of CMHA-CEI's overall Quality Improvement Program. The QIPP describes core activities and functions that are conducted by CMHA-CEI and its network of contracted service providers. It is the responsibility of CMHA-CEI to ensure that the QIPP meets applicable Federal and State laws, contractual requirements, and regulatory standards. The QIPP is updated annually.

CMHA-CEI Accessibility Plan:

The purpose of the Accessibility Plan is to identify barriers, actions for the removal of identified barriers, and the status of progress relative to planned actions. CMHA-CEI leadership addresses accessibility barriers in order to enhance the quality of life for those served, implement non-discriminatory employment practices, meet legal and regulatory requirements, meet expectations of consumers and stakeholders. The Accessibility Plan is updated annually.

CMHA-CEI Risk Management Plan:

A risk management plan identifies and minimizes risk to CMHA-CEI, the individuals served by the agency, and the agency's staff and volunteers. This Risk Management Plan was developed to assist CMHA-CEI in identifying and analyzing loss exposure and safety hazards, control mechanisms, responsibility and scheduling of reporting, and monitoring the results produced or achievement of changes. The areas of exposure and risk are tracked through all the sites of the organization. The Risk Management Plan is updated annually.

Attachment D: Acknowledgements

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