



**2009 – 2013 Strategic Plan
Board Approved - September 17, 2009**

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See Also

1. Northern Lakes CMH Management Report FY 2008-09
2. Northern Lakes CMH Quality Improvement Plan FY 2009
3. Northern Lakes CMH Annual Program Policy Guidelines FY 2008
4. Northern Lakes CMH Concept Paper Program Policy Guidelines FY 2009
5. Northwest CMH Affiliation Annual Demand and Capacity Report
6. Northwest CMH Affiliation Application for Renewal and Recommitment (ARR)
7. Northwest CMH Affiliation Quality Assessment Performance Improvement Program FY 2009

I. EXECUTIVE SUMMARY

This strategic plan is written as a comprehensive document reflecting the three primary roles and responsibilities (Community Mental Health Services Program, MI Choice Waiver Agent, and Prepaid Inpatient Health Plan) held by the Northern Lakes Community Mental Health Authority (Northern Lakes). Northern Lakes holds distinct contracts with the Michigan Department of Community Health specific to these responsibilities. These are:

- The General Fund contract held by Northern Lakes as a Community Mental Health Services Program (CMHSP),
- The Medicaid Specialty Services and Supports contract held by Northern Lakes as the Hub in its “Hub and Spoke” relationship with West Michigan CMHS while doing business as the Northwest CMH Affiliation (NWCMA), and
- The Home & Community Based Services for the Elderly & Disabled Waiver Program contract held by Northern Lakes as a MI Waiver Agent while doing business as Northern Health Care Management (NHCM).

While these are distinct contracts, each with distinct roles and responsibilities, Northern Lakes is responsible to actively plan to promote success in all three roles. Such planning is especially critical at this time of unprecedented economic uncertainty and budget reductions. This plan attempts to provide an integrated strategic planning foundation but does not attempt to be the formal strategic plan for all three. This plan is built upon the Northern Lakes Ends Policy and its Vision, Mission, and Values consistent with the Carver Model of Policy Governance. Section III identifies State and Federal direction (these being the two primary sources of funding), as it is critical that our direction and practice is consistent. Section IV briefly reviews NWCMA and NHCM planning and in more detail looks at Northern Lakes planning consistent with CARF standards. Section V identifies broad NWCMA and NHCM strategic priorities with an emphasis on how Northern Lakes can support future success. In more detail Section V has been developed as the Northern Lakes Community Mental Health Authority 2009 - 2013 Strategic Plan.

Northern Lakes CMH as the Prepaid Inpatient Health Plan (PIHP) for the Northwest CMH Affiliation

Strategic Priorities for 2009 – 2013

V.A.1. Meet and exceed the capabilities and qualifications the Michigan Department of Community Health required in the 2002 Application for Participation. This includes the areas of organizational status and configuration, public policy management and public interest considerations, administrative capabilities and management, and regulatory management.

V.A.2. Actively implement and monitor Application for Renewal and Recommitment Quality Improvement Plans.

V.A.3. PIHP Performance Indicators and Children’s Measures

The Joint Leadership Team has identified the importance of our comparative performance on the established PIHP Performance Indicators. These indicators reflect our performance compared to the other 17 PIHPs and as such represent a report card of our performance. The Children’s Measures have been added to the FY 09 contract and were established to increase services provided.

V.A.4. Strengthen Relationship with West Michigan CMHS

We have been in an Affiliation relationship with West Michigan CMHS since 2002 and during this time this relationship has evolved and together we have addressed critical issues to both

organizations and collectively as an Affiliation. Given the anticipated Medicaid challenges and the ARR expectations it becomes more critical that all parties work to actively promote Affiliation success and that of Northern Lakes as the contractual PIHP.

Northern Lakes CMH – Northern Health Care Management Division

Strategic Priorities for 2009 – 2013

- V.B.1. Implement new provider capacity.
- V.B.2. Ensure program operates consistent with budget.
- V.B.3. Enhance use of Self-Determination arrangements.

Northern Lakes CMH as the CMHSP for Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford Counties

Strategic Priorities for 2009 – 2013

Consumer

- V.C.1. Consumers and other stakeholders are actively engaged in the design, delivery and evaluation of services.
- V.C.2. Persons served will have positive outcomes on goals identified in their Individual Plan of Service goals and objectives and consistent with the Northern Lakes Ends policy.

Community

- V.C.3. Community members welcome/encourage participation in community activities by persons with mental health conditions.
- V.C.4. Effective relationships are established and maintained to support or accelerate achievement of the Northern Lakes Vision, Mission, and Ends and promote the value of the Michigan public mental health system.

Operations

- V.C.5. Assist, promote, prioritize, and sustain system transformation locally based on evidence based or promising practices.
- V.C.6. Improving the Culture of Systems of Care.
- V.C.7. Actively plan and manage the demand for services consistent with funding available, and resource decisions will be better prioritized and clearly justified to internal and external parties.
- V.C.8. Create an organizational culture that is unified and proactive to meet the challenges of change within the Michigan Mental Health System.

II. INTRODUCTION

What is Strategic Planning?

Strategic planning is essentially the process of proactively addressing where the organization is going and how it intends to get there. Its purpose is to increase the likelihood that the organization will accomplish its purpose and make effective use of its resources. There is a sequential process, which typically includes creating a vision for where the organization should be in the future, analyzing internal and external conditions, determining where we are today, and then developing operational plans for closing the gap over time. As defined in the CARF 2008 Standards, ongoing strategic planning considers:

- Expectations of persons served
- Expectations of other stakeholders
- The competitive environment
- Financial opportunities
- Financial threats
- The organization's capabilities
- Service area needs
- Demographics of the service area
- The organization's relationships with external stakeholders
- The regulatory environment
- The legislative environment.

The intended outcome is to make the dream a reality and the process of planning forces the organization to realistically figure out how it can do so.

What is a Strategic Plan?

The strategic plan defines, in operational terms, how the organization will achieve the vision. This vision is held against the current reality of where we sit today based upon strategic planning considerations. Operational goals and priorities are established, implemented, and shared with others. The plan is periodically reviewed, measured, and updated. In other words, all of the strategic planning activities are about operations and are dependent upon, and directed by, the vision.

What is Northern Lakes CMH Vision and Mission?

NORTHERN LAKES Vision

Communities of informed, caring people living and working together.

NORTHERN LAKES Mission

To promote the behavioral health of our individuals, families and communities through programs that promote recovery, build resilience, create opportunity, and improve quality of life.

What is the Board of Directors' Ends Policy?

1-0-01 Consumer and Community Ends

We are committed to be a strong and effective partner in the Michigan public mental health system. We believe this system must create desired and positive outcomes for all persons served, must promote the elimination of stigma in cooperation with welcoming communities, and must meet owner expectations. As a manager and a provider of public mental health services, utilizing federal, state, local funding sources and other reimbursements, we hold ourselves accountable and are held accountable. Our responsibility is not to simply serve,

but to ensure persons with severe mental illnesses (including those with co-occurring conditions), children with severe emotional disturbances and persons with developmental disabilities have satisfying, hopeful, and contributing lives that are consistent with their hopes and dreams.

We believe active consumer involvement is critical to Ends accomplishment and in ensuring consumers served achieve the following Ends consistent with individual choice:

- Meaningful and satisfying work (income generation) and/or volunteering, or success in the educational setting
- Meaningful relationships (strong circle of support)
- Children and families have rewarding family relationships
- A safe living environment of their choice and with whom they want (adults)
- Community membership, inclusion and participation
- A reduction in psychiatric symptoms (as applicable)
- An enhanced overall quality of life
- Sobriety (as applicable)

There are multiple community stakeholders that impact and/or are impacted by what we do and we place a high priority on working cooperatively with them toward the accomplishment of our Vision, Mission, and Ends. Key stakeholders include, but are not limited to, consumers, consumer parents and/or guardians, families; health care providers; schools; law enforcement; the spiritual community; and local, state, and federal elected officials. To promote Ends accomplishment we need skilled providers and constructive relationships with organizations that provide funds, including the Michigan Department of Community Health, managed care organizations, health insurance providers, etc.

We are committed to the following Community Ends:

- Our respective communities and key stakeholders accept and treat consumers with respect, dignity and compassion and promote community membership.
- Community stakeholders know and demonstrate support of the Northern Lakes Ends.

Accomplishment of these Ends will be promoted by having services grounded on accessible and culturally competent services, evidenced-based practices, consumer choice, a commitment to recovery and reintegration, resilience, empowerment, and independence. A cornerstone is our commitment to excellence in person/family centered planning and services. We will utilize the most objective data available and a variety of methods to measure the degree of achievement of our Ends and will do so consistent with the MDCH Quality Improvement Performance Indicators (Michigan Mission Based Performance Indicator System) and statewide comparative and locally developed satisfaction surveys, third party perspectives regarding our performance, and other locally adopted measures.

III. STATE AND FEDERAL RELATIONSHIP AND DIRECTION

Northern Lakes is a six-county governmental authority and receives local dollars from each county. We often refer to these as “gold dollars” as they form the foundation of our organizational funding, including serving as “match dollars” for State General Funds. At the same time our funding is primarily State and Federal and this funding has significantly shifted to Medicaid (a combined State and Federal program) since the 1980s. During FY 08/09 these sources of funding are as follows: Medicaid 77.5%, State General Fund 11.0%, MI Choice Waiver 4%, and Counties 1.7%. This has occurred with the evolution of the Medicaid program and the long-term State of Michigan economic problems, which essentially for a number of years have frozen the amount of General Funds received.

This changed in FY 09 with two Executive Orders (including a statewide general fund reduction to Community Mental Health Service Programs – for Northern Lakes this equaled a General Fund reduction of \$50,560) and the issuance of MDCH advice for all CMHSPs to plan for a 20% FY 10 General Fund reduction (based on a statewide \$40 million reduction). For Northern Lakes this will reduce its General Fund revenue by slightly over \$1 million and this is the basis on which we are constructing our FY10 budget. At the same time there are proposal to reduce CMHSP General Fund revenue even more ranging from \$62 to \$155 million. Such reductions would seriously jeopardize Northern Lakes CMH and all other Michigan CMHSPs. It has also been reported that the FY11 picture is less promising as federal stimulus funding will not be available.

Given the percentage of funding Medicaid represents all Michigan CMHSPs (whose Medicaid funding is managed by the 18 CMHSPs who have been designated as Prepaid Inpatient Health Plans) are at risk for changes made federally. It is unclear as to what impact the national Health Care debate and potential changes will have on the Medicaid program. Potential changes could result in significant future funding changes.

It is important to ensure that our local Vision, Ends, and priorities align with the primary funding sources. These are shown below:

III.A. Michigan Department of Community Mental Health (MDCH)

The Michigan public mental health system is anchored in the State of Michigan constitution and the State carries out this responsibility through the Department of Community Health (within which the Mental Health and Substance Abuse Administration has the lead role). MDCH provides limited direct services, i.e., public inpatient services, and contracts with the 46 CMHSPs to manage and provide state funded services. In turn, each CMHSP may contract for services or directly provide them. As such it is important that our Vision, Ends, and Strategic Plan align with the MDCH guiding principles, but are implemented consistent with our local needs and priorities. These are as follows:

Michigan Department of Community Health Guiding Principles:

All people in Michigan will have access to a public mental health and substance abuse services system that supports individuals with mental illness, emotional disturbance, developmental disabilities, and substance use disorders. Of highest priority to the system is its obligation to serve individuals who have the greatest and severest needs. The system will provide adults the supports and services necessary to be healthy and safe and successfully:

- Contribute to their communities,
- Earn an income in a non-segregated, community setting,
- Live in their own homes,
- Have full community inclusion, meaningful participation and membership,

- Have friendships and relationships, and
- Have a self-defined fulfilling life.

The system will provide children and their families the supports, services and advocacy necessary for the child to be healthy and safe and successfully:

- Live with a supportive birth or adoptive family,
- Participate in their neighborhood community school,
- Play an active role in the neighborhood and community activities,
- Enjoy childhood and have friendships and relationships, and
- Develop and prepare for adult life.

III.B. Centers for Medicare and Medicaid Services

The Medicare and Medicaid programs were signed into law on July 30, 1965. Since 1965, a number of changes have been made to CMS programs. The Centers for Medicare and Medicaid Services (CMS) is an agency within the Department of Health and Human Services (HHS). Created in 1977, CMS brought together the two largest Federal health care programs, Medicare and Medicaid, under a unified leadership. In 1997, the State Children's Health Insurance Program (SCHIP) was established to address the health care needs of uninsured children. With a current budget of over \$650 billion and serving approximately 90 million beneficiaries, CMS has become the largest purchaser of health care in the world.

CMS Mission

To ensure effective, up-to-date health care coverage and to promote quality care for beneficiaries

CMS Vision

To achieve a transformed and modernized health care system. CMS will accomplish our mission by continuing to transform and modernize America's health care system.

CMS is attempting to transform itself from the world's largest indemnity insurer to a genuine promoter of the public's health. Medicare, Medicaid and the State Children's Health Insurance Program today provide access to care for 80 million Americans. Sparked by the passage of the Deficit Reduction Act (DRA), CMS is also on the cusp of redefining and modernizing the Medicaid program. Of the total Medicaid enrollment in the United States in 2004, approximately 60% are receiving Medicaid benefits through managed care. States can make managed care enrollment voluntary, or seek a waiver of section 1915(b) of the Social Security Act (the Act) from CMS to require certain populations to enroll in a Managed Care Organization. Michigan currently operates its Medicaid program under a combined Section 1915(b)(c) waiver.

CMS continues to work with its partners to explore innovative ways to make the Medicaid program more sustainable over time. The DRA mandated reform and provided CMS the flexibilities needed to accomplish its goals. CMS provides direction on its policies to help all states use the new benefit flexibility options to realize Medicaid innovation and efficiencies, while creating programs tailored to meet the needs of diverse populations through Medicaid State Plan Amendments. The DRA created the Medicaid Integrity Program (MIP), which dramatically increases both CMS' obligations and resources to combat fraud and abuse.

Given the percent of Medicaid funding, CMS policy and rule changes significantly impact Northern Lakes.

IV. Strategic Planning

In its three major roles, PIHP (Northwest CMH Affiliation), CMHSP, and MI Choice Waiver Program (Northern Health Care Management), Northern Lakes engages in distinct yet inter-related strategic planning.

IV.A. Northern Lakes CMHSP as the PIHP (Northwest CMH Affiliation)

The PIHP planning is carried out under the general oversight of the Managed Care Advisory Committee (MCAC), leadership of the Chief Managed Care Officer and the Joint Leadership Team, and is completed through combined efforts of assigned Northern Lakes and West Michigan staff. The PIHP has adopted the Northern Lakes Vision: “A community of informed caring people living an working together.” The Mission has been revised to reflect the managerial role: “Effective management of a broad continuum of high quality behavioral health services that deliver personalized care effectively and with demonstrated effective outcomes.”

The Values have been expanded:

- Be based on the identified needs of the person served
- Be based on the expectations of the person served
- Be based on the expectations of family members when appropriate
- Be based on the needs of community stakeholders
- Demonstrate choice by the person and family served
- Be provided within an agreed upon time frame
- Be sensitive to the cultural diversity of the community in which the services are provided
- Be sensitive to the cultural diversity of the person and family served
- Be readily and easily accessible
- Demonstrate efficiency and clinical cost effectiveness

On February 10, 2009, the MDCH sent a memo to each PIHP regarding the Application for Renewal and Recommitment (ARR). The ARR formally introduced new and enhanced expectations of performance, designed to revitalize the public mental health system’s commitment to excellence in the priorities and directions outlined in the MDCH August 2008 Concept Paper. With the ARR, MDCH invited each PIHP, along with CMHSPs, individuals receiving services, their supporters, and other community partners to set a course together to improve statewide equity of service opportunity and quality of service outcomes such that the people served by the public mental health system are provided options that best fit their preferences and are supported to achieve true community membership. The ARR included an overall quality improvement plan, and a quality improvement plan for each topic and Milestones and Timeframes for the 11 topic areas.

This has been completed, has been approved by the MCAC, adopted by the Northern Lakes Board of Directors (the governing board for the PIHP), and submitted to MDCH. As this is a PIHP document, the Quality Improvement Plans and Milestones are for the nine-county area and have been constructed based upon the completed Environmental Scans done by Northern Lakes and West Michigan staff. The completed environmental scans were not part of the ARR submission. The ARR response will become an attachment to the FY 10 Medicaid contract and for Northwest CMH Affiliation has established strategic direction for the next five years. This is in addition to the Northwest CMH Affiliation Annual Demand and Capacity Report and Northwest CMH Affiliation Quality Assessment Performance Improvement Program Description, which have and will continue to further serve as components of the Affiliation strategic planning.

IV.B. Northern Health Care Management

The Northern Health Care Management (NHCM) MI Choice Waiver program is a division of Northern Lakes. Through this program, eligible adults who meet income and asset criteria may receive Medicaid covered services, like those provided by nursing homes, but stay in their own homes or another residential setting. The program director for NHCM is also a member of the Quality Oversight Committee of the Northwest CMH Affiliation.

The Quality Management (QM) Committee of Northern Health Care Management is comprised of the entire team, which includes the Program Director, Data Specialist, Billing Specialist, three Registered Nurse Care Managers, and 2 Master of Social Work Care Managers. Program participants and families are solicited for input into the QM plan. The Program Director is responsible for the overall plan. The group meets twice per month. Quality issues are reviewed continuously. The team focus is on a person-centered process and plan of care that provides a participant with access to the right amount of support services and resources combined with natural supports so that the person can maintain quality of life as defined by the person in his/her home setting. A person-centered process is one in which the participant takes the lead and has an active role in planning and implementing services and supports based on the participant's hopes, dreams, needs and choices. Participant choice and personal satisfaction are the hallmarks of our quality program.

In March 2004, The Michigan Department of Community Health established an advisory group, the "MI Choice Person Focused Quality Management Collaboration". This group, comprised of participants, advocates and representative Waiver agents, works diligently to make recommendations and establish the framework for quality in the MI Choice Waiver program. This QM plan is established based on the recommendations and framework of the MI Choice Person Focused Quality Management Collaboration as described in the report, Strategy for Assessing and Improving the Quality of MI Choice Waiver Services. Our local plan is based on data, knowledge, experiences, and feedback that are specific to our region and program participants. This plan is also based on the definition of "Quality" as related by the Michigan Governor's Medicaid Long Term Care Task Force: "A quality long-term care experience is an individual evaluation. Quality is defined and measured by the person receiving supports and not through surrogates. The elements of quality are meaningful relationships, continuing of community involvement in a person's life, personal well-being, performance-based customer satisfaction measures, the dignity of risk taking and freedom to choose or refuse."

The main domains used to structure our Quality Management Program are:

- Critical Incident Management
- Data Integrity
- Access
- Choice and Control
- Participant Outcomes and Satisfaction
- Person Centered Planning and Self-Determination

Quality management and planning is a continuous process. It is expected that the goals and components of the plan will change based on feedback from participant surveys and input, complaints, participant outcomes, compliance reviews, and other performance measured outcomes.

IV.C. Northern Lakes CMH

CARF (the Northern Lakes accrediting body) describes strategic planning as an ongoing process and has identified the areas (see Appendix 3) to be considered in this planning. For

NCLMH this includes a variety of planning and outreach activities. This has been centered around the annual Program Policy Guidelines (PPGs) and during FY 2009 the work associated with Northern Lakes local planning to assist in completing the Application for Renewal and Recommitment (ARR).

Annually, each CMHSP must examine and evaluate the mental health needs of the county or counties it serves and submit both a plan and a budget for the program. Each year, MDCH issues PPGs and related guidance containing the requirements and instructions to satisfy Mental Health Code and legislative reporting requirements and to provide statewide policy direction. This plan includes: Assessment of Community Need, Assessment of Current Consumer Need (by population), Waiting List (by population), Report of Informal Denials, Residential Bed Capacity, Community Inpatient Bed Capacity, Estimated Full Time Equivalents, Summary of Current Contracts, and Number of Persons Served.

During FY 09, MDCH requested each CMHSP complete the MDCH Concept Paper PPGs and each PIHP complete the ARR. These were designed so MDCH could receive baseline data and information, and FY09 or FY10 plans on how those public mental health agencies would implement the vision articulated in the August 2008 Concept Paper. Both documents are significant components of our strategic planning process.

The PPGs did not address all topic areas in the Concept Paper and ARR, but instead focused on five areas that MDCH believed were critical in improving CMHSP supports and services. The PPG topic areas are:

- Building a system of care for children with serious emotional disturbance
- Building a system of care for children with developmental disabilities
- Improving outcomes for people with developmental disabilities
- Implementing the Recovery Enhancing Environment measure for adults with serious mental illness
- Enhancing access to, and improving the implementation of, self-determination arrangements

It is anticipated that the annual PPGs will be distributed for completion late in FY 2009.

IV.D. Strategic Planning Considerations

Expectations of Persons Served

The Northern Lakes Board of Directors developed its Ends Policy consistent with past and current consumer input. These Ends are:

- Meaningful and satisfying work (income generation) and/or volunteering, or success in the educational setting
- Meaningful relationships (strong circle of support)
- Children and families have rewarding family relationships
- A safe living environment of their choice and with whom they want (adults)
- Community membership, inclusion and participation
- A reduction in psychiatric symptoms (as applicable)
- An enhanced overall quality of life
- Sobriety (as applicable)

Northern Lakes is also actively working to “transform” its adult system of care to one based on the principle of recovery. With the support of the Recovery Council and toward this end, Northern Lakes has developed Policy 106.1010 Promoting a Recovery-Oriented Service

System. As stated in this policy the system we envision shall be consistent with the National Consensus Statement on Mental Health Recovery developed by the U.S. Department of Health and Human Services, Center for Mental Health Services. This includes the following 10 Fundamental Components of Recovery:

- Self-Direction
- Individualized and Person Centered
- Empowerment
- Holistic
- Non-Linear
- Strengths Based
- Peer Support
- Respect
- Responsibility
- Hope

Expectations of Other Stakeholders

As a CMHSP serving six diverse counties, Northern Lakes has many interested and involved stakeholders. Stakeholders vary in their expectations depending on the nature of the relationship, e.g., family member, owner (e.g., county commission), community partner (e.g. Department of Human Services), network provider, etc., although there remains a general expectation that services and supports produce meaningful outcomes for persons served, in an effective and efficient manner, and that Northern Lakes services and supports (contracted or directly provided) add value to the community.

Partnering with Stakeholders Examples from 2009 ARR Forums

- Ensuring involvement-listen & value feedback and understand their time is valuable
- Use the Person Centered Planning process
- Increase feedback and education
- Family involvement/need and follow-up
- Local consumer events—with providers
- Direct feedback from children/teens/people w/ DD not just their guardians/parents. Reach out to schools
- Use System of Care/getting better/bigger
- Make it clearer what services we offer, how to access services, who is eligible
- Community training (gatekeepers)
- Use drop-in centers
- Increase families' awareness of situation – media, websites, newsletters, annual report
- Family member support group
- Attitude of respect and love, feel worthwhile, compassion and empathy
- Be sensitive to consumers that have no family, have meetings with consumer to discuss other avenues of support. Broaden definition of family, groups/events to celebrate holidays
- Make families' aware of the options they have, clear messages, simplicity making information easy for families, advocates, consumers and stakeholders to understand
- Give stakeholders/advocates information, education reduces intimidation, films, open houses, outreach to varied populations
- Time limited programs, focus on progress, Inform community what CMH can do (access guidelines, etc)
- Get rid of stigma
- Improve outreach in teens (i.e. substance use)

Prior Community Needs Assessment Expectations Examples

- Improvement in mental health status. Progress toward treatment goals. Community responsiveness. Good crisis response.
- Higher functioning, happier, healthier.
- An increased awareness of coping with stressors, able to problem solve, identification of and specific ways to change pervasive negative thought patterns/coping styles; family involvement; psychiatric evaluation (and medications dependent upon diagnosis).
- Realistic understanding of their care, prognosis, and responsibility.
- Patient: easy access and increased services. Provider: follow-up, easy access, communication, increased services.
- Quick, courteous, client focused intervention with good explanation of why recommendations are made. Assist with follow-up arrangements and staff openness to questions. Finally, of course, confidentiality.
- At the minimum a kind, supportive professional they can rely on for help.
- Timeliness and prompt access. Humane and consistent treatment. Access to a variety of alternate services.
- Services in their own community, at times, which are workable in their personal and work lives.
- Prompt service, especially to children and families.
- Some continuity in the services provided, consistent personnel and appropriate follow up care.
- System friendly, supportive, based on individual family needs.
- A commitment to stick with the patient until an effective method of treatment is found (effective = patient is reasonably able to work toward his or her short and long term goals with success).
- To receive the service when they need it. Education relative to the Mental Health condition. Ways to cope and manage. Referrals to life skills support services, i.e., work, education, etc.
- That consumers identify their wants and needs and have input in designing solutions.
- Respectful attentive; appropriate services. Crisis and chronic care. Timely evolution and follow-up with referral to other agencies as appropriate.
- Non-judgmental attitude and improvement of their condition.
- Appropriate supervision to follow-up progress with goals for independent living and maintenance,
- Services, which will help them, get to a point where they are as independent as possible.

The Competitive Environment

MDCH only contracts with CMHSPs and PIHPs to manage the General Fund and Medicaid contracts. This is required by the Michigan Mental Health Code (for General Funds) and is consistent with federal approval allowing CMHSPs (including those like Northern Lakes in affiliation relationships with a service area population of over 20,000 Medicaid beneficiaries) to have the “first opportunity” to demonstrate compliance with the 2002 Application for Participation (the selection process to identify managers of the Medicaid Specialty Services and Supports contract). Presently it is not expected that this will change although there are many financial and political influences that potentially could change one or both.

Specific to Northern Health Care Management, we are one of two waiver agents serving the identified 10 county region. When this program was created the requirement was that there be two agents to create consumer choice. This was and is in contrast with the mental health managed care model that supports one manager and requires consumers have choice of provider. It is possible, at some point in the future, that a new Request for Proposal may be

released that would eliminate the requirement for two waiver agents (Area Agency on Aging of Northwest Michigan is the other agent).

Both as a CMHSP and PIHP, Northern Lakes directly provides and contracts for services it manages. This “mixed” model has worked well especially as to providing consumer choice of provider. In 2007 contract providers including inpatient, residential, and community living support providers provided 50.65% of services. As we seek to ensure provider choice, best value (outcome and cost), and expanded support services, it is likely that new providers will emerge or current providers will expand their service array.

Financial Opportunities

As a primarily public funded organization we are experiencing more financial threats than opportunities. Positively the Northern Health Care Management program has been able to add three positions (two nursing facility transfer and one housing coordinator) as Michigan has prioritized supporting maintaining people in community setting vs. nursing home placements. A risk is that funding is not ensured longer term. The greatest opportunity is having Medicaid rebased for FY 10. MDCH has issued a contract amendment to continue current funding into FY 10 to ensure funding continues while the state budget is being finalized and the decision made on rebasing vs. trending current rates forward. We anticipate additional funding if rates are rebased. We have also been successful in enrolling our Traverse City operations as a Blue Cross provider location (our other office sites already had been enrolled).

Financial Threats

Northern Lakes is a complex organization and has many financial and other risks. Risk management is a critical strategy in risk avoidance, although many risks are inherent with our responsibilities. We have been informed to plan for up to a 20% reduction (approximately \$1.0M) in our General Fund revenue. We know there will be a reduction – the challenge and hope is to reduce the reduction to as small a percent as possible. We also know MDCH will implement a funding equity approach to continue to narrow what it has termed as funding “disequity.” While we believe this could result in a smaller decrease than an across-the-board percentage reduction, it could also result in a larger increase based on the factors applied. Our budget reduction planning has included cost reduction and utilization reduction to practice within projected available General Funds.

Given that Medicaid accounts for more than 76% of our revenue, the decision to rebase vs. trend forward is critical and could account for as much as a \$5.0 million swing in dollars received. This would be aggravated should PIHP rates also be reduced consistent with other Medicaid providers (4-8%) and greater risk would be presented if pharmacy management responsibility for atypical anti-psychotic medication, is shifted to the PIHPs.

We have also lost or had reduced MDCH block grant funding and had eliminated MDCH categorical funding for children’s respite, mental health court pilot, and the senior program. Northern Lakes also holds two Department of Human Services (DHS) contracts – Community Coordinator and Youth Enhancement Support Services (YESS) – which will both be reduced as part of the DHS Strong Families/Safe Children funding change. Local planning is taking place to pursue alternative funding.

The Organization's Capabilities

Northern Lakes Community Mental Health Authority 2008 Agency Performance Assessment

Assessment #	FY 2008 Domain Score
1 Consumer	88.6%
External	85.1%
Internal	92.0%
2 Ownership	86.8%
External	75.5%
Internal	98.1%
3 Financial	100.0%
External	100.0%
Internal	100.0%
4 Manager	90.9%
External	90.9
Internal	NA
5 Provider	91.3%
External	96.5%
Internal	86.1%
Overall Score	91.5%

There are areas that need improvement, both administrative and clinical, and we continue to seek means and methods to improve. At the same time we are pretty stretched (financially, personnel, and provider) to accomplish our responsibilities. We have significant concern with the negative impact of large reductions in General Funds and with the risk of significant loss of Medicaid. Beyond funding reductions, our capacity will be further challenged should additional responsibilities be assigned, including pharmacy management and elimination of Coordinating Agencies (CAs) with PIHPs assuming the CA block grant substance abuse and contracted Medicaid manager roles. We have successfully managed with little depth in key positions and a fairly flat organizational structure. This has been possible by having a key core of managers with significant experience, expertise, and dedication. We can expect there will be some turnover in these key positions.

Service Area Needs

As with other CMHSPs, consumer demand and overall expectations have increased during the current economic crisis. More people are experiencing mental health problems and there are fewer resources available. This is especially true for persons with mild to moderate conditions.

In our FY 2009 Concept Paper Program Policy Guidelines, we provided data and developed initial work plans for the following areas:

- Implementation of a System of Care philosophy for children with developmental disabilities.
- Improving Outcomes: Addressing Behavior Problems

- Improving Outcomes: Transitioning from Family Care Giving and School Life
- Improving Outcomes: Adults Engaged in Meaningful Activities
- Licensed Bed Capacity and Number of Adult Persons Living in Licensed Residential Settings with More than 6 Beds
- Licensed Bed Capacity and Number of Children Living in Licensed Residential Settings.
- Improving Access to Self-Determination Arrangements

In our 2008 Program Policy Guidelines we identified the following prioritized needs:

Adults

- The subpopulation of Adults with mild to moderate Mental Health needs who are uninsured or underinsured or who are enrolled in an MHP (or unenrolled) but unable to access mental health services is comprised of residents who present with mild to moderate symptomology but who are uninsured or underinsured or unable to access mental health care via their MHP.
- The subpopulation of Adults without community access to Psychiatric and Medical Services includes persons uninsured or persons enrolled with Medicaid Health Plans or unenrolled Medicaid persons seeking psychiatric consultation and medical services.
- The subpopulation of Adults with mild to moderate mental health needs who are in Jail represents persons who have entered the jail system and are not already receiving mental health services.
- The subpopulation of Persons with mild to moderate mental health needs who are Homeless or living in shelters. includes persons with SMI who are sleeping in places not meant for habitation or in emergency shelters (Definition of homeless provided by HUD).
- The subpopulation of Adults aged 65 and older with SMI is comprised of adults aged 65 years and older who have been diagnosed with having a serious mental illness.

Children

- The subpopulation of Children with mild to moderate Mental Health needs who are uninsured or underinsured. Children with moderate Mental Health needs who are uninsured or underinsured within the six-county catchment area.
- The subpopulation of Children with mild to moderate mental health needs in need of treatment foster care.
- The subpopulation of Children with SED in Foster Care.
- The subpopulation of SED Children who are Homeless is comprised of children who are diagnosed with SED who are sleeping in places not meant for habitation or in emergency shelters (Definition provided by HUD).
- The subpopulation of children with SED Children in need of Respite (crisis and planned).

Persons with Developmental Disabilities

- The subpopulation of Adults with Developmental Disabilities seeking Supported Employment Services represents those persons with a developmental disability seeking supported employment services or additional supported employment services.
- The subpopulation of Adults with Developmental Disabilities in Jail needing Specialty Services and Supports represents persons with a developmental disability who have entered the jail system and are not already receiving mental health services.
- The subpopulation of Persons with Developmental Disability Transition from Special Education is comprised of persons identified by the Wexford-Missaukee ISD, Crawford Otsego Oscoda Roscommon ISD and Traverse Bay Area ISD.
- The subpopulation of Persons with a Developmental Disabilities who are Homeless.
- The subpopulation of Persons with Developmental Disabilities who are in need of Respite.

Demographics of the Service Area

Although we are predominately a white population, we recognize the need to further develop partnerships with our Native American and Hispanic communities and for the system of care to increase its cultural and linguistic competence.

	2006 Estimate Total Population	2005 Persons Under 18 Years	White Persons	Native American Persons	Hispanic Persons
Crawford	14,928	21.4%	95.9%	.7%	1.5%
Grand Traverse	84,952	22.6%	96.6%	1.0%	1.8%
Leelanau	22,112	21.0%	95.0%	3.7%	3.6%
Missaukee	15,197	23.7%	98.1%	.5%	1.4%
Roscommon	26,064	18.4%	98.0%	.6%	1.0%
Wexford	31,994	24.2	97.7%	.6%	1.3%
Total Pop.	195,247				

The distribution of the Native American and Hispanic populations is uneven across the six counties. Over 75% of the Native Americans reside in two counties, one of which includes the federal reservation of the Grand Traverse Band of Ottawa and Chippewa Indians. Here, Native Americans make up 3.7% of the county population. Similarly, over 68% of the Hispanics reside in these two counties, making up 3.6% and 1.8% of those two counties' populations.

In recent years, a number of Ukrainian immigrants have settled within the boundaries of two Traverse City elementary schools. Although a very small proportion of the six-county population, these newly arrived families do have mental health needs and our system of care in that county must be responsive to their cultural and to their linguistic needs, including translators and English as a Second Language.

Another population with which we are working and plan to increase competence is sexual minority youth (lesbian, gay, bisexual, transgender, and questioning or queer - LGBTQ). These youth experience significant stigma and there are few supportive resources for them and their families. One of our partners has long served this population with a variety of services, including a support group, an internet chat room, and education in schools and youth-serving organizations to help them become more accepting and accessible to these youth, creating safe places for these youth to disclose their sexual minority status. When such a child or youth has SED, a respectful and holistic approach to planning and providing services requires recognizing the strengths and challenges presented by a minority sexual orientation.

Finally, our region devotes considerable energy and resources (primarily volunteer, in-kind) to the understanding of the culture of poverty and to the reduction of poverty through our work with Ruby Payne and associates (Payne, DeVol and Smith, 2001; DeVol, 2004) and with Donna Beegle (2006). Both Drs. Payne and Beegle provided training and community planning. Poverty simulations, as well as didactic work based on Payne and Beegle continue. Dr. Beegle returned and conducted additional workshops in May 2008. The culture of poverty is a relevant issue for our system of care. Of children and youth being served by Northern Lakes Community Mental Health, 82% come from households making less than \$20,000 a year, and 61% come from

households with less than \$10,000 a year (Northwest Community Mental Health Affiliation Annual Demand and Capacity Report, 2007).

The counties we serve have a strong faith based presence. Positively, in most community collaboratives, there is a faith-based membership and within all counties faith-based activities provide significant services and supports to many persons served by Northern Lakes CMH.

The Organization's Relationships with External Stakeholders

Across our six counties, Northern Lakes interfaces with multiple public and private community organizations. This includes six county boards of commissioners, four Department of Human Services, six family/probate courts, three intermediate school districts, six county sheriff departments, three state police posts, four health departments, two federally qualified health clinics, three hospitals, and three free or low cost health clinics. Northern Lakes also contracts with many catchment mental health providers, has a range of vendor contracts to support operations, and coordinates with local advocacy groups including National Alliance for the Mentally Ill (NAMI), Association for Children's Mental Health, Regional Interagency Consumer Committee (RIIC), and Centers for Independent Living. Additionally Northern Lakes is an active member of and financially supports five community collaboratives with a membership reflective of the richness of our communities and other collaboratives such as Great Start and Early On.

Our community partners are essential in assisting and supporting our work to help consumers achieve the goals they have established in their individual plans of services. These relationships vary over time and are supported by personal relationships between organizational representatives.

The Regulatory Environment

As a public mental health authority Northern Lakes operates in a highly regulated health care and governmental environment. A common Enabling Resolution signed by the six county boards of commissioners who appoint Northern Lakes board members created the Northern Lakes Community Mental Health Authority. This was completed consistent with the legal requirements specified in the Michigan Mental Health Code. Each county provides local funds to match state general fund dollars. While Northern Lakes is not a county organization the relationship with the counties are extremely important. Northern Lakes has a general fund contract with the Michigan Department of Community Health, which establishes a comprehensive and detailed set of regulations governing expected and required practices. These include the requirement for annual independent financial and compliance audits. This also requires Northern Lakes to be certified by MDCH and to either be accredited by a recognized national accreditation body or by the MDCH. In addition, Northern Lakes holds a MI Choice Waiver contract with MDCH, which brings additional state and federal rules and regulations. As a Prepaid Inpatient Health Plan, Northern Lakes holds the Medicaid contract for the Northwest CMH Affiliation. Through this contract Northern Lakes is required to meet the full range of federal regulations all private and public managed care organizations must meet.

Northern Lakes holds contracts with other organizations, e.g. Department of Human Services, Missaukee Probate Court, and holds purchase of service contracts with other CMHSPs all which bring additional regulations. As a provider of services Northern Lakes bills Medicare and other third-party payers, further adding additional regulations.

The Legislative Environment.

The Michigan Mental Health Code is a compilation of state mental health laws passed by the Michigan legislature and enacted by Administrative Rules promulgated by MDCH. Representing our six counties are five state representatives and three state senators with membership in both the Democratic and Republican parties. Nationally, three members of the federal House of Representatives and two senators represent us. Within Michigan and nationally there has been and continues to be significant legislative activity which has had and could have major impact. Beyond critical budget bills, other legislative proposals and pending bills directly and indirectly impact CMHSPs and those CMHSPs, which are also Prepaid Inpatient Health Plans.

V. Strategic Plans

The following plan is developed to incorporate by reference a strategic plan that embodies Northern Lakes' three primary roles: CMHSP (Northern Lakes CMH Authority), PIHP (Northwest CMH Affiliation), and MI Choice Waiver Agent (Northern Health Care Management). It is not designed to be a comprehensive plan addressing all three primary roles since the strategic plans for our PIHP and MI Choice Waiver Agent roles should be distinct. This plan instead is an overall strategic plan for Northern Lakes as an organization with an emphasis on its CMHSP role. It should be noted that this plan has been developed to serve as a guide during a time of extraordinary international, national and State of Michigan financial problems.

During FY 09 we have received a General Fund reductions and have been instructed to plan for a 20% FY 10 reduction. It should also be noted that during FY 09 our Affiliation has been using its Medicaid Internal Services Fund to balance its Medicaid budget in anticipation of a FY 09 "rebasings." Positively we have recently learned that MDCH will rebase and "adjust" to level Medicaid availability across the 18 PIHPs. Our Affiliation supported rebasing and not having current capitation rates be "trended forward." Without rebasing the Affiliation would need to reduce Medicaid expenditures. It is unclear how the "adjusting" will impact our capitation rates. Further Medicaid may be reduced as a means to address State of Michigan match cost and federally as part of the CMS sustainability and transformation efforts. As such our plan must be flexible to adjust to the environmental changes and focused on core direction and responsibilities.

This plan is designed to communicate priority direction to consumers, staff, contract providers, stakeholders, and owners. It has been constructed consistent with the Northern Lakes Vision and Ends, the MDCH Concept Paper, needs assessments and the ARR Environmental Scans, the PPGs, and the 2006-2008 Northern Lakes Strategic Plan. Further it has been constructed to "link" with and "support" other Northern Lakes plans, e.g. Quality Improvement, Compliance, Privacy and Security, Recovery Blueprint, Communications & Public Relations, Board Education & Work Plan, etc.

It is not an exhaustive list of our priorities and while we will be working toward accomplishing the objectives and initiatives we are simultaneously performing activities that are needed to "Keep the Trains Running." This must also be more than a plan but must be both strategic and a plan that guides decision-making and must be monitored at regular intervals

V.A. Northern Lakes CMH as the PIHP for the Northwest CMH Affiliation

Strategic Priorities for 2009 – 2013

V.A.1. Meet and exceed the capabilities and qualifications MDCH required in the 2002 Application for Participation. This includes the areas of organizational status and configuration, public policy management and public interest considerations, administrative capabilities and management, and regulatory management.

Key efforts will include:

1. Promote Affiliation leadership and shared direction via the Managed Care Advisory Committee, the Joint Executive Team, and the Joint Leadership Team (with the primary responsibility to assist in operationalizing Affiliation direction) consistent with the Northwest Community Mental Health Affiliation (NWCMA) and Operating Agreements.
2. Promote Affiliation success through maintaining an operating structure consistent with

the Balanced Budget Act, Application for Participation, and West Michigan Community Mental Health Services (WCMCHS) Agreements. This includes the Quality Oversight Committee, Network Management Committee, Utilization Management Committee, Customer Services Committee, Regional Consumer Forum, Improving Practices Leadership Team, Information Systems Committee, and Finance Committee.

3. Develop, implement, and monitor Affiliation policies
4. Complete affiliate site reviews and ensure implementation of associated Corrective Action Plans.
5. Assertively monitor federal and state policy initiatives that may impact the Affiliation and be flexible to adapt to the environmental changes.

V.A.2. Actively Implement and Monitor Application for Renewal and Recommitment Quality Improvement Plans

The ARR identified the following 11 issue areas and for each area the Affiliation has developed a Quality Improvement Plan:

- Partnering with Stakeholders in Design, Delivery and Evaluation
- Improving the Culture of Systems of Care
- Assuring Active Engagement
- Supporting Maximum Consumer Choice and Control
- Expanding Opportunity for Integrated Employment
- Treatment for People in the Criminal Justice System
- Assessing Needs and Managing Demand
- Coordinating and Managing Care
- Improving the Quality of Supports and Services
- Developing and Maintaining a Competent Workforce
- Achieving Administrative Efficiencies

The ARR was electronically submitted to MDCH on May 28, 2009. MDCH will “review for sufficiency and rigor and may comment, seek clarification, or request that the PIHP strengthen and resubmit its response, but will not approve or disapprove it with respect to the maintenance of the PIHP contract. Instead MDCH will attach the final responses as attachment to the FY 10 contract, and will negotiate priority performance objectives with each PIHP. The performance improvement work outlined in the PIHP’s response will serve as a multi-year developmental effort, commencing with FY 10 and continuing beyond. MDCH will periodically evaluate the individual progress of each PIHP against the performance measures, will utilize the results of the PIHP responses to target technical assistance and to facilitate the sharing of successful methods and practices.”

Key efforts will include:

1. Northern Lakes, in its PIHP and CMHSP roles, will prioritize the accomplishment of the Quality Improvement Plans and performance objectives that will be negotiated.
2. Northern Lakes PIHP staff and Joint Leadership Team members will educate Northern Lakes Executive Team members, staff, contract providers, and owners and key stakeholders regarding our ARR submission and will provide monitoring reports as to progress.
3. Northern Lakes will ensure that the Quality Improvement Plans and Performance Objectives are prioritized in its overall Strategic Planning.

V.A.3. PIHP Performance Indicators and Children’s Measures

The Joint Leadership Team has identified the importance of our comparative performance on the established PIHP Performance Indicators. These indicators reflect our performance compared to the other 17 PIHPs and as such represent a report card of our performance. The Children's Measures have been added to the FY 09 contract and were established to increase services provided.

Key efforts will include:

1. Consistent with an adopted schedule these performance indicators will be monitored by the Joint Executive Team based on reports from the PIHP committees. When and where necessary improvements are identified, an improvement plan shall be developed.
2. Northern Lakes shall ensure that it both accurately and completely collects quality improvement data to accurately report children's performance measures.

V.A.4. Strengthen Relationship with West Michigan CMHS

We have been in an Affiliation relationship with West Michigan CMHS since 2002 and during this time this relationship has evolved and together we have addressed critical issues to both organizations and collectively as an Affiliation. Given the anticipated Medicaid challenges and the ARR expectations, it becomes more critical that all parties work to actively promote Affiliation success and that of Northern Lakes as the contractual PIHP.

Key efforts will include:

1. Strengthen board of director relationships by continuing to exchange board minutes, supporting the work of the Managed Care Advisory Committee, and through an annual joint board meeting.
2. Maintain the Joint Executive Team and PIHP committee model ensuring that there is a focus on the ARR Quality improvement Plans.
3. Ensure regular financial discussions occur to ensure a financial management plan is in place and is regularly monitored to promote overall Affiliation and Affiliate success.
4. Assess and revise as agreed current structure and practice to promote PIHP success.

V.B. Northern Lakes CMH – Northern Health Care Management Division

Strategic Priorities for 2009 – 2013

V.B.1. Implement New Provider Capacity

Key efforts will include:

1. Maximize capacity and offering of self-determination option for the MI Choice Waiver.
2. Maximize capacity and ability to offer Nursing Facility Transfer Initiatives (NFTIs) across our 10-county region.
3. Develop a program of MI Choice Waiver services in residential settings as directed by MDCH and approved by CMS.
4. Ensure ongoing Waiver Provider accessibility and capacity to serve MI Choice Waiver participants across 10 counties. Focus on adding contracts in areas that are underserved by provider agencies.

V.B.2. Ensure Program Operates Consistent with Budget

Key efforts will include:

1. Provide monthly tracking and reporting of MI Choice Waiver budget to MDCH and

Northern Lakes Accounting.

2. Plan monthly enrollments based on budget projections.
3. Advocate for better equity of funding for MI Choice programs statewide.
4. Prioritize Nursing Facility Transfer Initiative (NFTI).
5. Track contract amendments closely and estimate additional funding due from MDCH with each NFTI admission.

V.B.3. Enhance use of Self-Determination (SD) Arrangements

Key efforts will include:

1. Ensure SD information is provided to each participant with information also provided upon request.
2. Monitor number of SD admissions per month and set target goal of 10% of participants.
3. Report on SD as required by MDCH.
4. Enhance training to Care Managers as needed.
5. Monitor satisfaction of SD participants and adjust SD program based on their feedback.

V.C. Northern Lakes CMH as the CMHSP for Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford Counties

In its CMHSP role, Northern Lakes must work to support the success of the Northwest CMH Affiliation, our PIHP roles and responsibilities, our Northern Health Care Management Division, and fulfill and seek to achieve our CMHSP Vision and responsibilities. This section of our Strategic Plan has been developed consistent with our Vision and Ends, refines the model developed for our 2006 – 2008 Strategic Plan, and integrates ARR and PPG areas of focus. Our aim is to achieve an excellent Northern Lakes system of care while implementing a \$1 million General Fund reduction plan and strategy. This reduction must not move us back to old ways of practice. We must be prepared to move forward toward the Northern Lakes Vision, Mission, Values, and Ends and in a direction consistent with State of Michigan and Centers for Medicare and Medicaid direction. This will be difficult and given the continued financial uncertainties likely will and should change throughout the course of the Strategic Plan.

These elements will comprise our priority policy focus areas for performance enhancement in the community system for the coming five years.

Strategic Priorities for 2009 – 2013

Consumer

V.C.1. Consumers and other stakeholders are actively engaged in the design, delivery and evaluation of services.

Key efforts will include:

1. Evaluate the ways individuals receive services, and how their family members, advocates, providers and community representatives are involved in the board, councils and committees.
2. Purposes of committees, councils and/or forums will be identified, along with categories and numbers of stakeholders and how they are supported and accommodated to ensure they have meaningful participation. Orientation plan and position description for each consumer committee role.

3. Communicating about Northern Lakes services and supports to consumers, consistent with the Michigan Mental Health Code and all MDCH contracts.
4. A plan with milestones and time frames for addressing challenges and opportunities for improvement, addressing:
 - Increasing primary consumer, family member and advocate stakeholder involvement;
 - Increasing numbers and types of involvement;
 - Increasing the number of stakeholders;
 - Increasing the diversity of stakeholders; and
 - Improving the supports and accommodations for involvement needed, including the possibility of a mentorship plan for each community role.
5. Kandu Island and New Beginnings Drop-In programs are financially supported and have active staff liaisons.

Potential Measures:

1. Increase the baseline of consumer participation reported for 2009 ARR.
2. Number of Certified Peer Support Specialists and other peer staff employed and employment status trended over time shall be monitored as to change and retention.
3. Number of consumers who participate in program design, delivery, and evaluation trended over time shall be monitored as to change.
4. Measure of participant satisfaction with the quality of their involvement.
5. Number of families trained in Youth Guided Family Driven Care.

V.C.2. Persons served will have positive outcomes on goals identified in their Individual Plan of Service goals and objectives and consistent with the Northern Lakes Ends policy.

Key efforts will include:

1. Provide consumers up-to-date information on services and supports and support consumers in making the informed choices. The objective is to ensure that beneficiaries become confident, well-informed consumers. This shall include maximizing use of the Northern Lakes website as a consumer, staff, and stakeholder resource.
2. Provide adult consumers with recovery information, including recovery course availability and principles.
3. Prioritize clinical assessment skills and development of consistent assessment formats.
4. Improve person centered planning skill development.
5. Make Northern Lakes a more welcoming place. Explore conducting snapshot 'Welcoming' surveys in all Northern Lakes office locations.
6. Increase expertise in existing evidence based practices, including compliance with existing fidelity measures where established and measurement of impact.
7. Assertively implement of the Self-Determination/Choice Voucher.
8. Evaluate the Substance Abuse Mental Health Service Administration (SAMHSA) Supported Employment evidence based model.
9. Sustain Supported Housing option and supports.
10. Ensure accurate and complete data on Quality Improvement data elements including recovery measures related to employment and housing.
11. Develop the capacity to monitor, manage and report person-centered service outcomes consistent with the Northern Lakes Ends Policy.
12. Integrate Recovery Enhancing Environment (REE) recovery markers in the person centered planning process.
13. Actively implement and monitoring progress on the Recovery Blueprint.

14. Ensure all staff are informed (including through expanded use of recovery orientation video), engaged and motivated to contribute to recovery system transformation.
15. Expanding use of community living support services and family skill development services.
16. Children's individual plans of service will be child centered and family focused and aimed at promoting resiliency.
17. Monitor development of Transition to Adulthood plans for children served.
18. Monitor successful integration of Individual Plans of Service, Individual Education Plans, System of Care, Wraparound and other service plans. Continue to explore use of the Juvenile Inventory for Functioning (JIFF) as a tool to create high level integrated service plan for children served through the System of Care.
19. Continue to explore quality improvement opportunities to reduce Services Suited to Condition recipient rights violations and other prioritized recipient rights recommendations.

Potential Measures:

1. MDCH site review rating on person centered planning.
2. Number of persons having self-determination arrangements.
3. Club Cadillac and Traverse House Clubhouse will meet and maintain the employment criteria for International Center for Clubhouse Development (ICCD) certification.
4. Performance on Recovery Blueprint Action Steps.
5. Change in service patterns over time.
6. Monitor clinical supervision specifically in regard to clinician assessment and intervention skills.
7. Maintain the quantified improvement in documentation of the person centered planning process by continued plan-do-check-act cycles.
8. Explore conducting snapshot 'Welcoming' surveys in all Northern Lakes office locations.
9. Accelerate outcome monitoring by incorporating measure of access, efficiency, effectiveness and stakeholder input within each accredited service.
10. Monitor the number of persons using self-determination arrangements as evidenced by individualized budgets managed by a fiscal intermediary on a quarterly basis.
11. Monitor the number of persons in specialized residential services and supported housing arrangements monthly as a part of the residential management process.
12. Monitor the number of persons receiving community living services and the number of families receiving family skill development per month.
13. Measure volunteerism as well as employment.
14. Monitor number participating in anti-stigma and recovery activities – level of engagement, commitment to the "movement".
15. Monitor use of Five Stages of Recovery video and number of ambassador speaker bureau presentations.

Community

V.C.3. Community members welcome/encourage participation in community activities by persons with mental health conditions.

Key efforts will include:

1. Continue social issues marketing consistent with the Communications and Public Relations Plan, including strengthening speaker's bureau members and opportunities for presentations. Continue working toward creating "communities of informed, caring people living and working together," as well as information about Northern Lakes

- services (including evidence based practices) and resulting service outcomes.
2. Club Cadillac and Traverse House Clubhouses are well-known and recognized programs in their home communities.
 3. Sustaining Anti-Stigma initiatives.
 4. Promote resilience and recovery principles in the community.
 5. Providing opportunities for one-on-one exposure to consumers and to success stories.
 6. Recognizing community members and groups, which demonstrate tolerance, understanding, and inclusion.
 7. Systems of Care enhancement.

Potential Measures:

1. Replicate the NMC community survey with additional items regarding community awareness and familiarity with Club Cadillac and Traverse House.
2. Monitor the number of website “hits” per quarter over time.
3. Number of community presentations and events.
4. Evaluation of media coverage as to quality and appropriateness of reporting and language used.
5. Measure targeted dialogue for specific populations, e.g., children with severe emotional disturbances and/or parents with mental illnesses within schools, courts, Health Care, etc.

V.C.4. Effective relationships are established and maintained to support or accelerate achievement of the Northern Lakes Vision, Mission, and Ends and promote the value of the Michigan public mental health system.

Key efforts will include:

1. Present no less than annually to county board of commissioners’;shared with consumer presenters when possible.
2. Targeted Northern Lakes participation in community and state level committees, task forces, workgroups, etc.
3. Explore and pursue integrated health care opportunities.
4. Work with State and Federal Legislators to promote beneficiary interests by effectively presenting our position and by providing prompt and meaningful responses to inquiries; providing accurate and informed technical assistance during the development of legislation; and by collaborating with other partners to advance Michigan public mental health priorities.
5. Increase the understanding of the shared responsibilities of the public mental health system and the judicial system (including law enforcement, defense and prosecuting attorneys, judiciary, corrections and probation) on jail services and jail diversion. Consider new Memorandums of Understanding.
6. Explore the development of mental health courts across all counties.
7. Active participation in the Michigan Prisoner ReEntry Initiative.
8. Ensure coordination of care across CMHSP boundaries when individuals move to a location in a different catchment area so that the enrollment process is streamlined and necessary supports and services are not interrupted.
9. Promote the expectation that coordination with primary health care will be a standard practice, assuring that individuals will have access to treatment of co-morbid conditions which can lead to increased physical disability and untimely death. Consider primary care and/or medical specialist surveys, e.g., geriatrics, pediatrics, to assess current coordination and interest in enhancing.
10. Seek community “supporters” or champions to sustain suicide prevention initiatives.

Potential Measures:

1. County board of commissioner surveys.
2. Number of different community organizations and their staff who participate in system of care initiatives within each of the two-county initiatives served by Northern Lakes.
3. Northern Lakes participation in targeted groups.
4. Development of the Grand Traverse County Mental Health Court.
5. Number of jail and jail diversion agreements, trainings, and diversions.
6. Number of premature deaths as tracked through death reports.
7. Ongoing monitoring of coordination with primary care providers through the clinical record review process.
8. Ongoing monitoring of the participation of Northern Lakes staff on community and state level committees, task forces, workgroups.

Operations

V.C.5. Assist, promote, prioritize, and sustain system transformation locally based on evidence based or promising practices.

Key efforts will include:

1. These shall include, but not be limited to, children's system of care initiatives, recovery, peer support, advance directives for mental health care, integrated treatment for people with mental health and substance use disorders, family psycho education, assertive community treatment, evidence-based supported employment, jail diversion, dialectical behavioral therapy, initiative for individuals with dementia and cognitive behavioral therapy for older adults, trauma focused cognitive behavioral therapy for children and families.
2. Publicly present Recovery Enhancing Environment (REE) results and use results to guide transformation efforts.
3. Repeat of the REE consistent with the Recovery Blueprint.
4. Develop Annual Staff Development and Training Plan consistent with selected evidenced-based practices, recovery system transformation, and ARR priorities.
5. Review Adult and Children's' Emergency Services programs to identify improvement opportunities.
6. Designate a group dedicated to change management.
7. Create transformation measurement tools, timeliness, and expectations.
8. Recognize staff recovery leaders.
9. Maintain child and family focused certifications, e.g. Child Diagnostic and Treatment Services, Infant Mental Health, and Home Based Intervention.

Potential Measures:

1. The number of part and full time peer support staff employed over time.
2. Retention of Certified Peer Support Specialists.
3. Increase in REE scores on repeat administrations.
4. Club Cadillac and Traverse House ICCD Certification.
5. Number of staff certified in respective Evidence Based Practices.
6. Number of staff trained in Evidence Based Practices.
7. Number of advanced directives.
8. Number of consumers with Self-Determination arrangements.
9. Number of consumers participating in an evidence based practices trended over time.
10. Degree of evidenced based practice model fidelity evidenced over time.

11. Number of persons trained as Community Ambassadors.
12. Number of staff trained in using the Five Stages of Recovery video.
13. Number and type of participants in recovery education programs.
14. The number of certified child clinicians, i.e., Parent Management Training Oregon model (PMTO) and Trauma Focused Assessment and Intervention.

V.C.6. Improving the Culture of Systems of Care.

Key efforts will include:

1. Use ARR Quality Improvement Plan specific to Northern Lakes to assess strengths, challenges and opportunities for improvement.
2. Strengthen staff orientation in general, i.e., vision, mission, values, policies, major initiatives, etc.
3. Train staff in culture of gentleness and trauma (including trauma focused cognitive behavioral therapy).
4. Enter into an agreement with the Center for Positive Living Supports to be a regional training center.
5. Develop System of Care for children with severe emotional disturbances and developmental disabilities.
6. Promote Active Engagement and Welcoming.
7. Promote community participation through use of PPG data, staff training, and supervisory guidance.
8. Finalize Traverse House relocation or renovate space.
9. Finalize Kandu Island Drop-In lease.
10. Promote successful community placement of current Mt. Pleasant Center residents.
11. Make meaningful person-centered planning (PCP) the heart of supporting consumer choice and control, with evidence derived from knowledgeable consumer experience of PCP.
12. Ensure effective supports, in all systems and environments, including access to independent facilitation, for person centered planning.
13. Actively assist adults served to obtain competitive work in integrated settings and provide the supports and accommodations that are necessary.
14. Develop a plan to renovate the Traverse City office.
15. Develop a plan to renovate the Grayling office in the event District Health Department #10 relocates to another site.
16. Complete an assessment to determine how to improve our offices being child and family friendly.
17. Integrate Quality Improvement Plan as part of Strategic Plan. Support and collaborate on the development of useful quality measures in virtually all areas of care. Much of this activity is taking place through broad partnerships focused on measuring quality and then achieving measurable improvements in quality.
18. Annually develop a comprehensive provider development training plan to reflect agency priorities and resources.
19. Schedule and deliver an initial transition planning and self-determination training as a foundation for practice improvement.
20. Develop and deliver Youth Guided Family Driven System of Care training during FY 2009.
21. Create Recognition strategies for those who are “doing it right.”

Potential Measures:

1. Progress on PPG Improving Outcomes for People with developmental disabilities.

2. Number of coordinated Transition Planning and self-determination arrangements for Intermediate School District graduates.
3. Number of Self-determination arrangements.
4. Number of Independent Facilitators and number of plans facilitated.
5. Number of consumers employed and/or generating income.
6. Number of consumers volunteering.
7. CARF Survey results.
8. MDCH site review – overall score in top 5 of the 18 PIHPs.
9. Statewide Satisfaction surveys – comparison to state average.
10. Number of consumers residing in housing of choice.

V.C.7. Actively plan and manage the demand for services consistent with funding available, and resource decisions will be better prioritized and clearly justified to internal and external parties.

Key efforts will include:

1. Regularly review revenues and pursue additional funding sources when consistent with the Northern Lakes Vision and Mission.
2. Possibly link and partner with the recognized community fundraising auxiliaries.
3. Development of a General Fund benefit package consistent with other CMHSPs for consumer admitted into services.
4. Development of a General Fund waiting list consistent with The Standards Group Waiting List plan, MDCH direction and the Mental Health Code.
5. Development of a Budget Reduction Plan to address projected FY 09 and FY 10 funding loss.
6. Achieving administrative efficiencies through activities such as:
 - Conduct an examination of where a consolidation of functions, such as information systems, can be beneficial, especially within the PIHP affiliation or Northern Lakes.
 - Support development of electronic medical records and broader electronic records.
 - No less than annually assess variability in the cost per unit of certain services compared to other CMHSPs and PIHPs.
 - Work with the Michigan Association of Community Mental Health Boards to develop provider contracts and reporting protocols that contain common requirements and reciprocal recognition of provider training and monitoring.
 - Avatar Managed Service Organization, clinical workstation, and practice manager operational.
 - Implementation of electronic scheduler and recipient rights module.
 - Update Information Technology Plan.
 - Prioritize and purchase Information Technology equipment and software
 - Actively assess operations consistent with use of supply chain management principles.

Potential Measures:

1. Electronic Medical Record pilot by 10/1/09.
2. Managed Service Organization implemented by 1/1/10.
3. Infosciber (Electronic Prescribing) implemented by 1/1/10.
4. Numbers of persons on the waiting list.
5. Numbers of person referred out at screening and at intake.

V.C.8. Create an organizational culture that is unified and proactive to meet the challenges of change within the Michigan Mental Health System.

Key efforts will include:

1. Improve internal and external communication, dialogue, and promote operational transparency.
2. Modernize our communication methods so staff know who, what, where, when, and why – and understand relative importance of multiple initiatives.
3. Modernize our forums for dialogue and inquiry.
4. Enhance decision making at all levels.
5. Develop and maintain a stable, competent, and sufficient workforce.
6. Promote leadership development and succession planning to enhance organization direction and success.
7. Identify Northern Lakes CMH (and/or contract agencies) strengths, challenges and opportunities for improvement.
8. Promote and encourage staff efforts to support one another in our work, incorporating cross-component communication and integration.

Potential Measures:

1. All service reported are documented to reflect the service reported.
2. Compliance tracking and trending indicates that prevention and proactive actions have reduced the number of reportable events.
3. MDCH site reviews results – top 5 of PIHPs, top 10 of CMHSPs.
4. Medicaid services verification reviews documentation score of 95% or higher.