(Black: WCHO Red: Livingston Blue: Monroe Brown: Lenawee Green: Washtenaw)

Community Mental Health Partnership of Southeastern Michigan
Balanced Scorecard & Strategic Plan 2008 – 2012

Accomplishments and 2009/2010 Objectives

Strategic Goal and Objectives	2009/2010 Affiliation Objectives	2009/2010 Local County Objectives	2008 Affiliation Accomplishments	Additional 2008 Accomplishments Local Specific	Related Dashboard Measures
Strategic Priority 1: Focus on Customers: Individuals & Families					
Strategic Goal 1.1 Expand and Enhance the role of customer participation					
1.1.1 Understand ways in which customers want to participate 1.1.2 Know what areas customers want to participate within the CMHPSM	• Regional Anti-stigma plan • Consumer driven dashboard • Speakers bureau • Continued participation in CAC • Continued participation by consumers from each county on Regional Committees	2 Town Hall Meetings Leadership Development for CAC Ongoing support for consumer involvement 2nd year of DD plan Continue development of PAC Volunteer work, building job skills, helping other consumers Drop-in center has added support groups and developing a way of reporting services they provide Local Walk a Mile events, Events in Lansing Re-establish the Optimystics (singing group) Focus Groups with Consumers Survey of Ellsworth Consumers re; lobby Development of Consumer-run Parent Support Group M3P educational presentations in the community Wrap Groups continue through09 Completion of grant funded anti-stigma film and training presentations	• Held focus groups and town halls/community forums for feedback on services and interest in participation • Increased consumer membership on advisory councils and committees • Presented anti-stigma workshops including prevention training • Consumer members on each of the regional committees	Discussions held during local Consumer Action Panel meetings and during Consumer Leadership Training Revitalized the Monroe CAC DD Community Plan Parent Advisory Council (C&F) Involved in monitor program in lobby. Making and taking recommendations to the board, via CAC. Speakers Bureau/Anti Stigma. Homelessness committee/Suicide Prevention Committee, Domestic Violence Task Force. Peer Support Specialist added to Customer Service Dept. Scheduled lunches and other activities for all staff with consumers. Annual Consumer Satisfaction Survey **FMEA** focused on methods to address behavioral crisis for DD children and adults – recommendations developed incorporating family focus group input Consumers have chosen to be involved in **presentations at professional conferences at the local and statewide level** through the Early Intervention(M3P) program, Crisis Intervention Training, Trauma Informed Services Project Peer developed and led **Wellness Recovery Action Planning** as well as co-facilitation of other support groups **"Believe in Me" Anti-Stigma DVD Project**	
1.1.3 Institute methods that support active meaningful	• Active recruitment on committees with leadership development pathway (take on progressively	Additional consumer participation in focus groups and workshop	• Piloting personal health record; • Affiliate rights advisor committee, reviewing data, majority of consumers and family members;	Completed 7 week anti-stigma consumer workshop, "Don't call me nuts" X 2 – Consumers helped facilitate.	

participation	more leadership) • Encourage use of Stakeholder guidelines for including consumers and staff on committees • Expand consumer access pilot to encompass record	Continue to expand activities Speech Craft class Ongoing coaching and leadership training Per diems, mileage and reimbursement Believe in Me Anti-stigma DVD Project PSS will facilitate recovery based groups, wellness activities, and engagement with new CSTS consumers Changing Today for the youth of Tomorrow • Anti stigma skits developed which will be part of the Believe in Me DVD	• Consumer voice in the PCP project • Recovering volunteers are involved in the Engagement Center and SA case management programs	Completed 7 week consumer workshop, "Consumer Leadership Skills." Consumers co-facilitated "Recovery: A workshop" "Coping w. Voices" will be co-facilitated by consumers in the future Focus group, NAMI reps and local Consumer Action Panel identified areas of interest for next year Mingle w/ Mgmt (DD) Trainings for consumers and their supports strengthened Monroe Customer Services Provided CS training to consumers and the community Participated in Affil activities Lenawee chairs the Affiliation Customer Service Committee – reviewed at Management Team on a quarterly basis. Lenawee adopted affiliation initiatives Per Diems; mileage reimbursement, transportation, coaching and leadership training/practice sessions, copies of reports provided Access to computer for lobby monitor updates. **Stakeholder Guidelines** developed and implemented at CSTS as part of the CSTS Change Management Guidelines ***Participant Led Initiative group***— subcommittee of Change Leadership Committee has a particular focus on consumer leadership and consumer driven initiative development Increased consumer and Peer Specialist participation in CSTS Committees11 Peer Support Specialists employed in Washtenaw county CTYT group at Corner Health clinic "Through Our Eyes" Theater Troupe	
Strategic Goal 1.2 Customers achieve their outcomes					
1.2.1 Understand outcomes that are important to customers	• Implement the DD Outcome Tool • Outcomes dashboard • Continued implementation of PHR processes • MI Outcome Measure tool	Tracking improvement in outcome statement writing as evidenced by a case record review indicator Develop capacity for Ind. Facilitation Maintain a warm and welcoming environment Improve consumer engagement	• Consumer dashboard and outcome tools • SA Prevention outcomes based funding model • Enhanced staff training on how to write outcomes • Completion of the DD Outcomes tool • CAFAS data use • Development of Personal Health Record	Developed and implemented set of guidelines to assist staff in writing consumer plan of service outcomes which are achievable, concrete, observable, measurable and progress trackable –Provided training to all staff Began trauma informed trainings for staff Supervisor and staff trainings	Consumer satisfaction Data PCP satisfaction survey Dashboard indicators • CAFAS scores • DD Outcomes tool

		Focus on strategies for healthy behavior Community Forum and Satisfaction surveys AFIA will increase staff facility with mobile tech Will incorporate Motivational Interviewing techniques		Community Forum Leap—outcomes dashboard project Concurrent Documentation (CD)	
1.2.2 Ensure consumers experience Person Centered Planning processes that are dynamic	• Finalize workgroup recommendations	To develop norms/expectations re: job related activities/to develop use with DD Improve consumer satisfaction with goal achievement Training for additional Independent Facilitators/PSS	• PCP project including consumer involvement • Enhanced staff training • Developing supervisor training • Provided training to Peer Support Specialists on PCP process and managed care • Consumer led support groups	Increased number of peer support specialists from 3 to 6 Increase in SDI Access to Independent Facilitators/Peer Support Specialists PCP Satisfaction Survey results have consistently been far above the benchmark	PCP Satisfaction Survey
1.2.3 Ensure customers success towards their desired outcomes is celebrated	• Sharing Hope Conference • Opportunities for speaking engagements including consumer testimonials	Supports Coordinators to emphasize successes in periodic reviews and PCP's DBT Graduates group continues Continued high level of involvement from CSTS staff and consumers	• Celebration of Success; • Sharing Hope Conference; • Accomplishment book for board	Successful effort to increase staff awareness of the Recovery Model Developed a "recovery-based continuum for MIA services Several staff, including one peer support specialist completed WRAP training Celebrated at PCP's/Wraparound Acknowledged at Board Meetings and in Grapevine newsletter DBT Graduation DD DBT presentation at International conference included consumer testimonials	
1.2.4 Utilize Evidence, Best and Promising Practices to support customers achieving their outcomes	• Expand regional agreement to implement EBP – Motivational Interviewing • Additional certification of PMTO clinicians	Fresh Start ICCD certification Implementation of Trauma-Informed Services in Livingston To re-examine need as well as options for model implantation – to consult with Lenawee and Monroe – to determine if there are more cost-effective ways of providing family support CBT-trauma informed Agency wide trauma informed training One PMTO certified trainer will complete training for FIMP for PMTO Start at least one other Family Psycho ED group	• Family Psychosocial education • co-occurring • DBT • Parent Management Training Oregon Model (PMTO) • ACT • SA Case Management • Engagement Center • CCRT • MIMA • Continuous Support Team • Peer Supports • PERS • Regional agreements to implement Supported Employment and Wraparound,	Trauma focused Cognitive Behavior Therapy Received letter of recognition from DCH director on our Person Emergency Response System program Genesis Clubhouse recognized as an International Center for Clubhouse Development (ICCD) certified clubhouse – Received 3 year certification (highest possible) Medication Algorithms DBT Y & F DD DBT DBT Graduate Group CBT CBT Insomnia Group Project CBT for Schizophrenia P.L.A.Y. Project Expanding Supported Employment Services to	Dashboard indicator: use of EBP CAFAS Indicator

		Identify resource for additional DBT training and certification CST intensive daily team meeting evaluated Peer supervision with Towner and Ellsworth every other month Full implementation of PMTO across CSTS Program implementation continues for Medication Algorithms DBT graduate group begins in 2009 CBT Pilot project – 2 groups implemented and evaluated		SPMI Consumers	
1.2.4.1 Support, train and implement a trauma informed system	Regional Coordination of trauma informed training and welcoming environment		• 2 staff trained in the Trauma Informed System of Care Training; • CSTS received a grant for TISOC;	Awarded DCH Trauma Informed Treatment Grant for kids and actively participating – Community training scheduled for February 2009 Staff began training Trauma Informed/Trauma Specific Services	
1.2.4.2 Support, train and implement Child and Family Resiliency system of care		Continue to meet, expand and refine partnership with Positive Behavioral Support Collaborative	• Children's Medicaid Expansion Project	Selected to participate in study, "Unclaimed Children Revisited Increased penetration rate Leadership in SOC planning **Positive Behavioral Support Collaborative-** partnership with WISD, WCHO, CSTS and other local agencies providing services to adults and children with DD to improve services and coordinate program transitions **PMTO, Autism P.L.A.Y. Project**, collaborative Behavior Management plans with School Psychologist and CSTS Psychologist, **Support Group for parents** working with psychologist on active Behavior Management Plans **Children's Crisis Stabilization Services for Children with DD Improvement Project** ***Youth Aging Out of Foster Care—see 2.1.5***	
Strategic Goal 1.3 Underserved populations are addressed					
1.3.1 Assess and evaluate the determination of need in each county for the following underserved populations				Community wide assessment as part of Annual Submission and Concept Form	
Services to Children	• Continue to monitor the Children's Expansion project	Rate increase to Highfields WA service availability to DD children	• Performance Improvement Study: Children's Medicaid Expansion	Chosen to participate in study re children's systems of care funded by University of Southern	

	through PI study	Continue to educate DHS that CMH is available to serve SED children Early Intervention Program (M3P): Maintain the quality and execution of the program within the confines of the current budget		Florida See Children's Services Medicaid Expansion Plan Therapeutic Foster Care through COFR agreement with Monroe county Member of Great Start Collaborative Member of Head Start Policy Council Early Intervention Program (M3P)	
Services for jail diversion	Implement Jail Diversion Module	Continue to develop relationship with court and jail staff regarding mutually served ind. Set up regular jail diversion meetings with all concerned staff Complete Jail Diversion Services Agreement with all local law enforcement agencies Weekly access meetings to include Mental health worker from jail Collaboration with Judge Tabby to create a "bench book" for judges to use as reference Resubmit BJA Grant and other jail diversion grants Work with WCSD for NCCHC Accreditation Determine Medicaid and CSTS eligible clients MOU with all WC police agencies Training with area police agencies	• Jail Diversion workgroup designed a module for EMR	Livingston Mental Health Court – National Juvenile model Jail Overcrowding Task Force Dev new MOU for Jail Diversion Task Force to address issues re: jail services Met with Sheriff & Police Chiefs – reengineered jail diversion activities J-Port Jail Diversion	
Services to older adults and those aging	Continue involvement with BoA and associated community groups	Bring contractual geriatric services into agency	• Blueprint for Aging participation	Hired 1 FTE OBRA Work in partnership with Community Collaborative	
Services to persons who are homeless	Continued involvement in the 10 Year Plan to End Homelessness	Participate in PIT Count January 2009 Ongoing participation on Continuum of Care – As a member of the Homeless youth Coalition support the Roadmap to Graduation Home Project Outreach Team Supportive Housing plan	• Continuum of Care Board • Ten Year Plan to End Homelessness participation	SAMHSA Grant services homeless SA and COD consumers; Working with Shelter and other providers to gain HARP vouchers for clients needing permanent housing; Funded Dawn Farm's Aspen Chase Transitional Housing expansion; Leadership in TYP Participate in "Point in Time" count Member of Homeless Youth Coalition. The Project Outreach Team (PORT) Washtenaw Housing Alliance(WHA)	
Strategic Goal 1.4 Expand Integrated Health Initiatives					
1.4.1 Improve coordination of mental	• Regional workplan for Integrated Health Initiatives	Implement FMC PA onsite and MCMHA CSM at Carleton Clinic	• Developed a Health Clinic record that is being used by Packard that integrates with Encompass.	Data showed very high percentage of consumers with primary care physician and high percentage	

health and primary health care of consumers 1.4.2 Develop affiliate-specific annual action plans for increased integration		Fully implement nurse/prescriber teams as part of CST model 2009 Community Health Plan Member of the Access to Healthcare Committee Continue identification of consumers who are stable enough to receive mental health care within primary care settings DDM program funded for another year Set up integrated health clinic at St Joe's AIM clinic Smoking cessation activities with Public Health Implementation of Disease Management Pilot Continue to develop strategies for addressing needs of uninsured and underinsured	• Developed and proposed an pilot for Disease Management program • Integrated Health Learning Community • PHR Coordination of Care PI project to coordinate high risk health issues in the person centered plan. • Increasing the number of PHR's completed—	for whom there was a collaborative contact between CMH and primary health care Began planning w/ FMC Completed pilot for nurse/prescriber teams Lenawee opened Primary Health Care Clinic (FQHC), increased number of consumers with primary care physicians. Re-established the Access to Healthcare Committee. **Primary Care Transition:** Coordination of transition of stable consumers to primary care for on-going medication support. Focused on recovery orientation. **Diabetes Disease Management Program(DDM):** **Co-location of Service:** Co-location of MH professionals in local safety net provider sites **The Smoking Cessation Project:** A joint health promotion effort between CSTS, Public Health, Washtenaw Health Plan and WCHO	
1.4.3 Develop and implement an affiliation-wide staff education associated with integrated health care		Training for CAC on high risk health concerns Pursue peer wellness training. Regular pharmaceutical training addressing health concerns and risks of certain medications	• Combined 4 board meeting/presentation on integrated health care	MIA Program Director, Nursing Coordinator and Integrated Health Specialist are involved in this Affiliation effort Training on PHR Training on identifying high risk mental health consumers for chronic diseases. CSTS Health Navigator attends both Consumer Advisory Meetings to educate on integrated health care initiatives	
Strategic Priority 2: Build Organizational Relationships					
Strategic Goal 2.1 Expand and Enhance External Relationships					
2.1.1 Engage in broader community representation in planning and evaluation	Community Collaborative 211 Suicide Prevention Collaboration 10 Year Plan to End Homelessness Blueprint on Aging	Community Forum Participation in community initiatives: suicide prevention, victim services unit, substance abuse prevention etc Implement a veterans needs assessment Recruit and train additional volunteers for the VSU Provide guidance for LCC as a member of the LCC Exec Committee Restructuring and reconvening of a regular meeting schedule	• CA involved in partnering with providers, shelter, WHA, hospitals, consumer organizations to review grant opportunities and other issues that impact multiple parties. • FHO involved in State FHO group and worked on enhancing relationship with SOAHR to the extent that the current head of SOAHR attended our State FHO Conference for the first time. • Participate in United Way evaluation of human services proposal 2009 funding process • Representation on Juvenile Drug Court Advisory Council	Modeled on the Wraparound Model, made excellent progress in designing a coordinated model of community collaboration to respond to the complex, multi-service needs of families/caregivers of children and adults with DD Implement "Community Perception Plan" LCMHA has representatives on most coalitions in the county Suicide Prevention, Great Start etc LCMHA staffs the Lenawee Community	

			• Representation on the Community Collaborative of Washtenaw County and Funder Forum • Representation on the 211 Advisory Board of SE Michigan	Collaborative (LCC), chairs the Suicide Prevention Workgroup and most of its subcommittees, and uses media coverage to highlight our community partners and current community needs. Washtenaw County Community Collaborative	
2.1.2 Facilitate the Integration and improve relationships of Mental Health and Substance Abuse services outside and inside the affiliation		Monitor implementation of IDDT Support Affil Initiatives re: sub abuse integration Continue community presentations to discuss suicide and mental health risks Advocate for integration of substance abuse and mental health assessment and services Ongoing joint presentations with the LSAPC	• Provide training to community groups on services provided in Washtenaw County: ○ NAMI Family Day ○ HOPE Network ○ Church Fairs ○ Health Fairs • Collaboration/TA work with SEMCA and Mid-South	Livingston's Co-occurring Workgroup added members from community provider agencies – Developed a community-wide coordinated Co-occurring Work Plan – Developed a community-wide annual staff training calendar Completed first full year of implementation of directly operating the Substance Abuse Health Screening services –Obtained WCHO funding for Case Manager to serve those with SA as only issue Co-Occurring and IDDT implementation Improve relationship with Harbor Light Participate in Substance Abuse Prevention Coalition (LSAPC). Co-occurring committee works with community providers. Joint presentations with SA prevention coordinator to schools, Adrian Chamber etc to discuss risk factors. IDDT Team Development	
2.1.3 Align our Vision, Mission, Values and Strategic Plan with the provider network	Performance Based Contracting Enhanced process for Provider Monitoring and network development	Continue to align with Affiliation Workgroup to focus on alignment with CSTS/PRU	• Mental Health and Substance Abuse Provider meetings		
2.1.4 Strengthen relationship with higher educational institutions		Continue internships/Provide education and resources Crisis assistance At least yearly Health Fairs Participate in the Domino Strategy at Sienna Heights University and the surrounding community Partnership development continues Staff encouraged to provide education in the field/accommodation in work hours Reconvening of a regular meeting schedule	• ORR welcomed a law student for a summer internship in 2008 during which time she created a valuable training that was shared with rights officers around MI. • Collaboration with UM for Grant opportunities	Student interns from local colleges Students from U of M, Eastern Meet regularly with Siena Heights & Adrian College – presentations/health fairs. Provide Suicide Prevention resources. Training with faculty/counselors. Support Groups – veterans, depression, dual recovery, etc. LCMHA is a crisis resource for the colleges M3P Early Intervention Program a. Increasing numbers of CSTS staff as faculty, supportive staffing parameters developed to support this b. O &E Committee	

2.1.5 Develop partnerships across systems to identify unmet needs and develop/implement shared community – based responses and resources		To complete staff training materials and train CMH and DHS staff
		
		Continue to participate in local coalitions
		Review quarterly data reported through 211
		Meet with Employer related workgroup
		Conduct veterans needs assessment and assist community in developing supports/resources
		Continue to track mental health needs of the homeless through the PIT count
		Participate in the LCC Executive Committee and the VSU steering committee
		Continue to Chair the LSPW
		
		Provide a 12 hour certification to school staff or police officers
		Two Mental Health first aid trainings offered in February to NAMI, CSTS , WCHO and other community partners
		Plan for full implementation of network this year
			• ORR team has worked w/ several ORRs around MI to update and improve Encompass Rights. As a result of collaboration, they won the MDCH ORR "Director's Award for Rights Innovation."
			• As President of RROAM, has led the development of a multiple-point plan to address the support needs of Rights professionals around the state.
			• Chairperson for State FHO group
			  ○ Agencies will enroll to be part of fan out
			  ○ Requirement to have internal emergency plan
			  ○ Training provided to agency to develop
			  ○ Need to declare what they can provide
				Made good progress in collaborating with local DHS to clarify responsibilities of two agencies re transporting consumers to medical appointments
				
				Children's SOC
				TYP
				Blueprint on Aging
				Transportation
				
				United Way – 2-1-1
				Community Forum & community needs assessment.
				Suicide Prevention Workgroup
				Veterans Support
				Wraparound/Finance Committee
				Point in Time Count
				Jail Diversion Committee
				Reestablished partnerships with all Police Chiefs
				Lenawee Community Collaborative
				Monthly - Director/DHS/ISD/Judge meeting
				Member – LTC Board/Head Start Policy Council
				This year, we created a Victim Services Unit (VSU) in partnership with the Lenawee Sheriff's Office, Adrian Police Department, Hudson Area School and Hospice of Lenawee.
				We have partnered with the Adrian Area Chamber of Commerce, Lenawee Economic Development Corporation (LEDC), Goodwill, SCMW!, Community Action Agency and the LSAPC to begin to assess the needs of Employers regarding substance abuse, depression and other MH needs.
				Together with Hospice of Lenawee, w began a support group for suicide survivors.
				
				Suicide Prevention
				Mental Health First Aid
				The Community Crisis Response Team(CCRT)
				Human Services Emergency Response Network
				• Overall community agency directory
				• Youth Aging Out of Foster Care:
				• Intentional Communities of Washtenaw:	

Strategic Goal 2.2 Enhance Internal Relationships					
2.2.1 Develop a focus on customer service for the affiliation	Implementation of Shared Governance model through training and toolkit use Affiliation wide partnership on Supervisory Training		• Creation of an affiliation Customer Service training • Creation of an affiliation toll free Customer Service line • Shared Governance model/document • 2008 Affiliate ORR Deadline Initiative plan	Partner with Livingston CMH for Access Services and Case management	

			decreased complaint case resolution from 90 days to 45 days. Current department average is actually 39 days.		
2.2.2 Evaluate the affiliation	Assess regional structures: evaluate success of ORR regional model for replication in other areas Accountability plan Realigned PI program Create measure for Shared Governance Achieve a Balance between co-creation and independent creation for affiliation projects/initiatives Explore Local and Regional administrative structures	Continue to track time and mileage resources to evaluate and promote efficiencies within the affiliation	• CSSN reviews • Affiliate collaboration during the MDCH Site Visit • Medicaid Services Verification Methodology Report • Evaluation of the PI Committee and new membership. • Phase II of PCP Project • Shared Governance Document to explain the use of decision making. • Regional Sentinel Events group	Monroe, Livingston and Lenawee County ORR earned a perfect score in their MDCH ORR Systems Assessment. SA SNIFF Project	
2.2.3 Promote Team Learning through transparent, open and honest communication		Monthly meetings are scheduled to continue Continue management training in LO Develop training opportunities for line staff Continue to develop relationship between SAS and Board Continue to include Supervisors in monthly MT meetings Increase use and gardening of WIKI Schedule several Town Halls throughout year Meets Quarterly	• The successes of the Rights team begins and ends with the value and practice by each person of transparency, honesty, trust, and open communication. • New model of the CMHPSM Compliance Role; • Joint presentation on Co-Occurring at the Michigan Association of Reimbursement Officers • Improvements to use team learning and transparency with the Great Plains process within the Affiliation and WCHO OSC	Current inter-program staff meetings which address problematic issues were augmented with monthly collaborative meetings of a more positive nature where ideas are exchanged, new procedures are reviewed and what's working well is shared Completed a full year of meetings with the Associate Director and program coordinators Learning Org Lunches SAS Team development Joint Visioning and Planning with Monroe Board Included Supervisors on Management Team on a monthly basis CSTS Wiki Project Ask the Director Town Halls Leaders Meeting	
Strategic Goal 3 Build Relationships with Funders					
2.3.1 Enhance MDCH relationship in the delivery of programs and services through innovation and change management	Create a coordinated plan for affiliation participation and influence – 2009 Coordination of Community Workplans (cost/benefit analysis of participation)		• Presented Customer Service Grievance and Inquiry and Mystery Shopper Programs at the State Customer Service Conference • As member of MDCH ORR Conference and Advanced Training Steering Committee, has worked to ensure that training provided supports ORR skill development. • Each CMHSP and CA has representation on Change Agent Team for MDCH Co-Occurring initiative. CA represents WCHO on MACMHB SA Training Planning Committee; • Propose and develop an integrated Healthcare Waiver to enhance primary care access and funding for carve out consumers	DCH incorporated local work in the COFR Agreement Fidelity Reviewer services for the State Port provides host site for training staff from across the state in provision of homeless services Participation in Learning Community as Coach—Integrated Health focus IDDT Fidelity –State Workgroup MFG Trainers for DCH Sponsored events Presentations at DCH Conferences	

2.3.2 Increase Revenue sources	Pursue opportunities for joint grant submission and coordination (SAMHSA) Support network for grants coordination	Increase OBRA revenue Increase 3rd Party revenue Develop Therapeutic Foster Care Contracts with Monroe Court and in surrounding counties Continue to seek other sources of funding Document waiting lists and needs for increased general funds Medicare Enhancement project implemented	• Disease management pilot for integrated health	Created 1 FTE in OBRA to increase OBRA revenue Restructured Finance Dept Seek United Way funding Established Community Foundation fund J-Port funding from Washtenaw County Medicare Enhancement Project Expansion of Children's Services helps keep money that comes from the state	
Strategic Priority 3: Create a Culture of Operational Excellence					
Strategic Goal 3.1 Work Processes will be Efficient and Effective					
3.1.1 a Identify and implement clinical processes that deliver efficiencies and reduce duplication		To expand system To incorporate recommendations into 2009 Strategic Plan Sustain positive changes made Go live 1/09 measure and report success of the Community Crisis Response Team	• All inpatient liaison notes entered into encompass consumer record eliminated need for staff specific telephone and fax alerts. • Use of level of care change process through encompass UR process eliminated need for consumer to call for new screening as they moved through the continuum of care for substance abuse treatment • Regional Sentinel Events group • SA SNIFF Project • Incident Report project PCP Implementation Process	An Organizational Culture Survey was conducted to assess staff satisfaction with our agency culture and generate recommendations for improvement Implemented the Family Worker Respite Program Successful completion of Attachment D POC Return of all Delegated Functions CSTS WIKI Medicare Enhancement Project DD Clinical PI Project-see 3.4.4 Indigent Medications PI Workgroup—several efficiencies developed in 07 and implemented in 08 Community Crisis Response Team –see 2.1.5 Clozaril Clinic PERS Project and DD Home Monitoring Project-see 3.4.4	
3.1.2 Identify and implement administrative work processes that deliver efficiencies and reduce duplication		Monitor local system for efficiencies Participate in Affl eval of potential efficiencies Participate in affiliation technology survey/assessment Increase ease and use of content Electronic Staff sign in to reduce congestion in lobby Nurses do PHRs from start to finish Staff resourced with Mobile tech and trained in Concurrent documentation	• Access scanning all consumer related documents into encompass – have eliminated need for hard copy consumer charts. • Access use of cell phone for notification of walk in consumers	Completed cost benefit analysis re becoming an approved BC/BS Outpatient Clinic Developed and implemented a 12 month Technology User Plan including use of more cell phones, mobile offices, laptops, monitors, etc. Developed and implemented a system of providing staff / supervisors with periodic program-specific budget reports – This resulted in more informed requests for follow-up information and more informed decision-making Streamlined some internal operations to address financial concerns Increase awareness of need for teleconferencing/videoconferencing	

				Identified a few people to attend all meetings Essential Learning Established computers in group homes for data entry Reduced number of PI groups/ Change role of local Compliance Officer Conversion to Great Plains Accounting Software Staff Evaluation PI Workgroup refinement of scoring guidelines for use by all staff Ellsworth Reception PI Workgroup-lobby enhanced , front desk, staff and consumer interface enhanced through several initiatives Scanning Court Orders into encompass has eliminated need to copy for CSTS and eliminated need to file copy in both CSTS and Access hard copy files Nurses PI Workgroup-local change in PHR process, Nurses as leads in Integrated Health Concurrent Documentation Project	
3.1.3 (moved to 2.2.2)					
3.1.4 Establish a change Management process	• Include change management process tools in Facilitation training	Establish a local change mgmt procedure Continue to use team meetings to implement changes Incorporate any expansion of stakeholder guidelines		Staff Training on Project Management. Used team meetings to implement any changes Change management guidelines developed that include stakeholder input guidelines. CSTS Wiki redesigned to provide instant conduit of information regarding changes— Committee and Project information shared on the Wiki in real time WCHO Management team attended Iceberg is Melting Training which uses an established process for managing change OSC used a Six Sigma process to develop dept scorecards to drive improvement opportunities	
Strategic Goal 3.2 Enhance and Improve an efficient and effective affiliation structure					
3.2.1 Manage Risk Successfully	• Continue to follow Affiliation Financial Risk Assurance Plan, review as appropriate • Make consistent decisions about Medicaid/GF authorization – Access/UR		• 2008 rights data provided to AEC, to local management teams, and to PI, continues to alert the organization to risk issues that go hand-in-hand with substantiated rights violations. • Regional Sentinel Events group • Incident Report project • Expanded role of Compliance Officer • Drafted the Financial Risk Assurance plan • Shared Governance Document		
3.2.2 (moved to 2.2.2)					
3.2.3 Create a		Review Succession Plan in 09	• All Affiliate Rights Officers are trained to	Local succession planning is underway and is	

"leadership transfer" plan			independently lead their Offices and their county's rights protection system; supervisor has the training and skills to independently direct the affiliate Rights Office.	integral part of local Strategic Plan for 08-09 Succession Plan in place in Lenawee WCHO OSC & ODT members read the managing transitions book to prepare for Kathy Reynolds retirement Developed the TMT group to field rumors and questions.	
3.2.4 Explore opportunities of diversification and/or specialization	• Therapeutic Foster Care • Group Home for exiting from State Hospitals • Aggressive Young Males Specialization • Ensure corporate capacity				
Strategic Goal 3.3 Enhance and Improve Organizational Systems (Inter-related set of processes)					
3.3.1 Improve clinical and administrative processes through data analysis	• Timely review of data from Affiliation dashboard and other Performance data available • Discussion of improvement opportunities at Regional Performance Improvement and Clinical Care committees		• Development and use of consumer/provider/staff data related clinical functions managed by Access Department identified base line data for continued monitoring and identification of improvement opportunities. • Use of data on volume of admits per hospital resulted in increasing number of hospitals inpatient liaison went on site on weekly basis. • Use of staff productivity data to identify areas for improvement and staff training needs. • Use of provide consumer referral/treatment volume to make equitable utilization management assignments • Development and use of substance abuse budget projection tool to effectively manage substance abuse treatment budget • Incident Report Project • PCP Project	Data analysis of shifts in service demand led to changes in composition of continuous support teams / adult outpatient services Increased use of Encompass reporting and data Regular review of reports at Management Team Meetings. CAFAS data for Children Team Review Finance Report monthly Business Improvement Plan and quarterly Performance Improvement Report showing all customer service measures put on the Wiki and reviewed by management team DD Outcomes Project	
3.3.1.1 Conduct analysis of current systems for identification of real or potential cost saving efficiencies		Monitor R &E to ensure compliance with budget Dev plan to manage if revenue decreases or unpredicted consumer needs increase expenditures Continue to review all cases coming into Access Meds Clinic, hospitalization etc	• SA SNIFF Project • SA Ability To Pay project	Analysis of case management and supports coordination service units and costs let to more accurate and efficient use of CPT codes for these and other ancillary services Budget management and development process established Ended FY 08 with balanced budget Dev balanced budget for FY 09 Review all cases coming in to Access, identify those that can be transferred to primary care etc Meds clinic - review every GF assessment. Review characteristics of all inpatient hospitalizations Convened UR around high cost outliers, readmits	

				etc	
3.3.1.2. Performance Improvement Initiatives will be data driven	• Continue to monitor the Dashboard indicators • Align performance improvement initiatives with data that can be tracked prior, during and after interventions	Continue to track Incident Reports to use for local PI initiatives Participate in Affiliation Incident Report Tracking initiative	• Implementation of Data Driven Decision making for CA Prevention Funding and SPF-SIG Project • Scheduling Module • CLS project • PCP Implementation Project • Dashboard • Personal Health Review project • ORR RIF completion project • Medicaid Expansion for children & SA	Numerous examples of data-based improvement plan implementation seen during the year, including improvements in post inpatient discharge follow-up Using Incident Reports to track quality issues and identify PI initiatives PI Workgroups are developed based on survey data from employees, consumers and other stakeholders, OCS data, focus group data or data from encompass	
3.3.1.3 Data will be reliable and valid	Data will continue to be scrubbed through PI Liaisons Affiliation Dashboard will be reviewed for accurate data collection and analysis	Ensure demographic and service data are entered timely and accurately Ensure financial reports are timely and accurate	• Implemented new Data Integrity Module used by all affiliate partners • Change in authorization process for substance abuse detox and residential treatment has resulted in admit/discharge information on appropriate SARF which will improve detox length of stay information accuracy. • TEDS data cleaning process • Customer Services staff assisting in cleaning SA Block Grant Data • MDCH Indicator data cleaning process • Consultation with various depts. and or teams to verify data pulled for reports.	Improvements are continuous Improved timely entry of CPT and SAL data Timely and accurate reporting to WCHO Staff reviews and scrubs all monthly data CSTS Data Scrubbing workgroup meets monthly	
Strategic Goal 3.4 Develop and Maintain a Competent Workforce					
3.4.1 Share and replicate clinical and administrative models of operation based on customer's achieving their outcomes		Participate in affiliation outcomes committee to determine affiliation wide outcome measures for MI population CSTS PORT training site for State of MI homeless services PORT working on Manual for outreach, engagement, treatment and jail diversion	• Development of staff/supervisor training on outcome-focused and self determination practices in the authorization and delivery of services/supports. –	No new major initiatives conducted (or deemed necessary) State Benchmarking Continuous Support team models Essential Learning Implement EBP whenever possible with fidelity to the defined model of care. The Clinical Service PI Project and DD Outcomes Roll Out	
3.4.2 Embed culturally competent philosophies and principles throughout the service delivery system		Continue to participate with other local health related departments in cultural competence training	• Drafted Customer Services Training	Training and supervision is ongoing and continues to have the desired results Embed culturally competent philosophies and principles throughout the service delivery system-assure that staff are trained in latest trends and updates around cultural competency topics.	

				Partner with other health communities of interest locally to insure county wide cultural competence	
3.4.3 Support staff in being successful in the enhancement and improvement of organizational system change			• Created and delivered the Affiliation PI Training. • Drafted a Customer Services Training	**Pet Therapy Project** Expanded participation of staff who do the work in committees and workgroups, esp.: Clinical Care Committee and Change Leadership Committee, end user/implementer participation in Regional and local workgroups and committees, focus groups, blogs and discussion boards on the Wiki	
3.4.4 Systems will be value added in support of customer outcomes			• PCP changes in Encompass based on PCP Project recommendations • PHR PI Project	**DD Clinical Services PI Project** 1. Provide staff with knowledge and skills to be successful 2. Establish a culture of respect and professionalism among staff and consumers 3. Develop job description and title that accurately reflects the services being provided 4. Identify ways to strengthen communication and coordination between job coaches and clinical teams in Adult Services	
3.4.4.1 Use technology to support staff in delivering services	• Regional PD Committee workplan to provide more on-line accessible training • Affiliation IT Collaborative workplan • Electronic signatures • Mobile technology – matching clinical needs with electronic documentation		• Encompass Rights has enabled ORR successes. • Encompass reports have enabled staff to track, in real time, their work and their successes. • Enhancements to the PHR	Comprehensive IT Plan for end users implemented this year Purchased laptops for staff working in the community Essential Learning Required trainings for staff Encompass Trainings Laptops/cell phones for staff Conference calls/video conferencing PERS Project and DD Home Monitoring Project IT assistance through AFIA funded. Mobile technology assessment completed , mobile technology improvements rollout in October and continuing through year-end	
3.4.4.2 Use funding principles that demonstrate return on investment				**Unit Rate Costing Project:** In conjunction with a consultant, CSTS finance staff are developing a comprehensive model for setting unit rates that addresses all areas of regulatory compliance and that is able to be updated regularly with data from the Encompass and JDE systems. The model will be shared with our regional affiliates.	
3.4.4.3 Share resources	Make PI resources in data analysis and display more available across the affiliation			236 Transfer among affiliate partners	