

**TRI-COUNTY COMMUNITY MENTAL HEALTH CENTER
FY 2015-2016 STRATEGIC GOAL PLAN**

FINANCE

GOAL 1: Maintain Balanced Budget not under \$3.3 million.

OUTCOMES: No deficit or funding returned. Maintain staffing level of at least 48.

Objectives:	Methods:	Measurement Tools:	Lead	Deadline	Outcome
Minimum Staff Productivity average of 780 billable hours annually for full-time staff in 100% clinical roles	Services to be provided at a frequency indicated on POC.	Monthly QA Supervision Checklist, quarterly audits, annual SCDMH audits.	Leadership, Clinic Directors, Supervisors	On-going	90% audited client records show services provided at the frequency of POC
	Supervisors develop actions plans with staff to address productivity deficits	"Monthly Direct Clinical Services by Clinician Report" provided to clinicians	Leadership, Clinic Directors, Supervisors	On-going	Action plans to assist staff with meeting productivity benchmarks will be developed and implemented
	Centralized scheduling to be implemented to maximize clinicians' time for providing services.	"Schedule at a Glance" report to maximize time scheduled with clients	Centralized scheduler	October 1, 2015	Centralized scheduler fills 80% of clinicians' available time
	Reminder telephone calls for all appointments	Centralized scheduler self-report	Centralized scheduler	October 1, 2015	90% of clients with working phones have appointments confirmed
	Minimize phoned-in prescription refills without face-to-face appointments	Medical staff appointment kept rate	Leadership and treatment team	On-going	Medical staff appointment kept rates above 75%
	Clients that fail to keep scheduled appointments are referred to Engagement Specialists to overcome barriers to treatment	Reports generated to identify clients not adhering to treatment plans will be used in treatment teams to determine appropriateness of referral to Engagement Specialist	Leadership, Clinic Directors, Supervisors, Engagement Specialist	January 1, 2016	Overall appointment kept rate for the Center will be greater than 75%
	Increase service provision in the schools, when available, during the summer session	Place of service report during summer	Clinic Directors Supervisors	June through August 2015	School-based staff meet or exceed productivity during summer

Objectives:	Methods:	Measurement Tools:	Lead	Deadline	Outcome
Maintain or increase Center income	Increase our ability to bill insurance by working with Columbia for state-wide contracts	New income and billing reports	McLendon	Ongoing	Medicaid income at least \$1.1 million for year Self-pay and 3 rd party income at least \$250,000
	Implement reception checklist to monitor requests for self-pay and co-pay.	Monthly self-pay/co-pay collection report	McLendon and Clinic Directors	October 1, 2015	20% increase in self-pay and co-pay collections.
	Continue to participate in state level and local initiatives for expansion of school-based services	Number of school-based positions with shared funding	Leadership	Ongoing	Maintain existing school-based positions and add two position with cost sharing
	Continue to train QA documentation requirements	Payback reports. Medical records checklist. QA checklist	Curry	Ongoing quarterly QA audits	Yearly total payback under \$10,000
1.c Maintenance and efficient use of Center Resources	Ensure we utilize specialty pockets of drawdown funds such as crisis, school-based funds, and block grant	SCEIS reports that track utilization of funds toward forecasts	McLendon Truluck Cornish Barnes-Young	Monthly monitoring	Funds are utilized within 95% of forecasts
	Minimize frequency of inappropriate no-billed of services	Monthly no-bill report	Clinic directors	Ongoing	On Center average, clinicians will have fewer than 5 incidents of inappropriate no-bill activities
	Maintain prioritized replacement/repair plan for vehicles, buildings, and computers and review quarterly	Inventory lists. Routine inspection of buildings and vehicles. Work order status form.	Cruz Safety Committee Dube	Monthly	Each vehicle used 75% working days or 10,000 miles a year. All computer equipment will be utilized or serve as backup. All unused equipment will be disposed of properly

GOAL 2: Ensure the Quality of Services Provided

OUTCOMES: Maintain CARF Accreditation, Compliance with Corporate Compliance Standards and Quality Assurance Standards.

Objectives:	Methods:	Measurement Tools:	Lead	Deadline	Outcome:
2.a Client records demonstrate quality care	Implement employee mentoring program to enhance quality of services and documentation	QA Audit Tool QA Supervision Checklist	Curry Clinic Directors CAF Coordinator	Quarterly QA audits Monthly QA Supervision Checklist	Average QA score 90% or better
	Strengthen staffing team process to include training and full use of multi-disciplinary team process	Captured SPD Services Pathlore transcript of trainings	Clinic Directors and Clinicians	Ongoing	20% increase in appropriate SPD utilization At least 4 brief trainings following treatment teams in each clinic per year
	Improve staff access to more intensive training by bringing training on site when possible. Intensive trainings will be selected from annual survey of staff training needs.	Results of survey of staff training needs Pathlore transcript of training	Truluck Clinic Directors Dube	Yearly	At least two Center-wide intensive trainings At least one specialty-focused training
	Clinical staff will continue to use and expand the use of collaborative documentation.	Signed note status report	Barnes-Young Curry Clinic Directors	Monthly reporting	At least 85% of clinical documentation completed within 24 hours of services
2.b Service menu and delivery adjustments that are client-focused	Utilize specifically trained staff, including nurses, to provide groups	Clinic Directors' report of active groups during management team meetings	Clinic Directors Barnes-Young LPN	Monthly reporting	MHPs will lead or facilitate at least 3 groups per year.
	Peer Support Services incorporated into service programming and offered in all three counties.	Service report	E. Freeman Barnes-Young	Ongoing Additional staff by	At least one Peer Support group in each of the three clinics

Objectives:	Methods:	Measurement Tools:	Lead	Deadline	Outcome:
	Expand PSS by adding one additional staff member.			3/1/2016	
	Wellness services incorporated into service programming and offered in all three counties.	Service report	Clinic Directors LPN	Ongoing	At least one wellness group in each of the three clinics
2.c Consumer Satisfaction	Ensure a positive and welcoming attitude toward all clients	Consumer Satisfaction Surveys	Clinic Directors Supervisors	Survey completed every six months	All item scores averages above 3
	Management will utilize input from surveys to improve services for clients, identify unmet needs, and gaps in services.	Management report	Barnes-Young Management Team	Survey completed every six months	At least one strategy will be implemented to address survey items that have average scores lower than 3.
2.d Community Satisfaction	Involve more staff in community interaction, education, and activities such as Client/Family Appreciation Days, open houses, forums, consultation and education	Community Satisfaction Survey	Management Team	Survey completed annually	All item scores averages above 3
	Revitalize Community Resource Program	Monthly Community Resource Reports to state office	Self	Monthly	At least 2 volunteers for the Center during the year. At least \$200,000 in donations to the Center during the year.
2.e Maintain quality staff	Look for funding for additional staff in grants, special funding opportunities, shared costs with other entities	Number of staff with shared funding	Barnes-Young Leadership Committee	Ongoing	Maintain at least 5 staff members with shared funding.
	Annual assessments for individual and Center training needs	Staff survey	Truluck	Annually	At least two needed training topics identified
	Deliver additional clinical trainings	Staff training transcripts	Curry, Truluck, Barnes-Young	Annually	Deliver at least one topical clinical training (preferably evidence-based).
	Provide local morale activities, staff recognition, and stress relievers	Employee satisfaction surveys	Clinic Directors Wellness	Annually	Satisfaction surveys results average 3 or

Objectives:	Methods:	Measurement Tools:	Lead	Deadline	Outcome:
	activities		Committee Barnes-Young		better
	Utilize DMH procedures for providing licensure supervision to staff.	Number of staff members receiving supervision for licensure	Barnes-Young	Ongoing	At least one staff member receiving supervision for licensure.
2.f Maintain a safe, accessible working environment	Safety Committee sponsored trainings for staff, i.e., safety drills, self-inspections, evacuations	Staff and client injury reports	Long and Safety Committee	Ongoing	Fewer than two staff or client injuries
	Safety drills conducted each month in each Clinic. Analysis of drills reviewed in safety committee.	Drill and safety self-audit reports	Clinic Directors and Safety Committee	Monthly drills	90% of drills reflect staff compliance with safety procedures
2.g Maintain CARF accreditation	Monitor any changes in CARF standards by participating in annual training and obtaining updated manuals and make changes as needed.	CARF Survey	Cohen Leadership	Ongoing	No safety and no major recommendations cited by CARF

GOAL 3: Improve the Functioning and Quality of Life for Priority Populations
OUTCOMES: Services Support Clients in Recovery Goals—Level of Functioning, Symptom Management, Housing, Employment, Self-Care and Community Relationships.

Objectives:	Methods:	Measurement Tools:	Lead	Deadline	Outcome:
3.a Center programs demonstrate client improvement over time	Train the trainers and then provide training in treating trauma victims, CBT, DBT, COD, and collaborative documentation	DLA-20 CBCL Conners	Truluck Cornish	Every 6 months	90% improved or remain the same
	Increase medical coverage, by continue to recruit for medical providers	Amount of medical coverage for Center	Barnes-Young Sachdev	On-going	At least 30 hours of medical coverage per Clinic per week
	Increase utilization TF-CBT by CAF staff	Number of clients receiving TF-CBT	Cornish Clinic Directors	6/2016	TF-CBT will be provided to at least 40 clients
	Partner with solicitor's office to develop mental health courts in each county	Number of clients diverted from judicial system to mental health	Truluck Barnes-Young	6/2016	Mental health court programs in each county

Objectives:	Methods:	Measurement Tools:	Lead	Deadline	Outcome:
		court			
	Partner with Voc Rehab and other community stakeholders to increase the number of employed clients.	Number of employed clients in EMR/CIS	Clinic Directors	6/2016	5% increase in client employment
3.b Broad continuum and array of services	Provide groups based on clients' needs	Number of clinicians delivering group services	Clinic Directors Cornish Sachdev	On-going	100% of MHPs delivering at least 3 groups per year
	Establish positions to expand in-home services	Number of CAF staff members delivering in-home	Cornish Huggins	6/2016	Add at least one additional staff member to provide in-home services
	Develop the role of Engagement Specialist to deliver outreach and increase clients' adherence to services	Clients' appointment kept rate Clients not seen in 90 days	Leadership Clinic Directors	On-going	Average of clients' kept rate above 75%. Less than 5% of clients not seen in 90 days
3.c Continuum of housing options for clients	Increase utilization of TLC Apartments	Number of apartments utilized	Self Truluck	6/2016	At least 75% occupancy
3.d Clients' medical needs being addressed	Clients are linked with primary care providers	Clients primary health care providers are listed	Clinic Directors Cornish Care Coordinator Wellness Coordinator	1/1/2016	75% of clients have primary care provider information entered in EMR
	Collaboration with primary care providers	Primary care records are received	Clinic Directors Cornish Care Coordinator Wellness Coordinator	1/1/2015	90% of audited records have requests for medical records and/or actual medical records
	All clients getting a nursing assessment	% of clients with a nursing assessment and medical records requested	Nursing Committee Clinic Directors Cornish	Ongoing	90% of audited records demonstrate clients have received nursing services

Objectives:	Methods:	Measurement Tools:	Lead	Deadline	Outcome:
	Develop in-house primary behavioral health care integration program.	Recruit primary care provider	Barnes-Young Leadership	10/1/2015	Fill vacant nurse practitioner position
	Completion of Medication Peer Review audit	Medication peer review and utilization evaluation form	Sachdev	Annually	At least 12 Medication Peer review completed
3.e Maintain/expand Community Resource Development Program	Receive donations from community	Estimated dollar amount of donations	Self Truluck Barnes-Young	6/31/2016	Collect at least \$250,000 in donations.
	Have volunteers work at the Center	Number of hours volunteers work at the Center	Self Truluck Barnes-Young	6/31/2016	At least 250 hours of volunteer work
	Establish 501(c)3	Active 501(c)3	Barnes-Young McLendon	12/31/2015	501(c)3 is created

GOAL 4: Services are accessible.

OUTCOMES: Clients Served within the Catchment Area or Region in a Timely Manner, Caseloads Reflect the Community Population Statistics.

Objectives:	Methods:	Measurement Tools:	Lead	Deadline	Outcome:
4.a Adequate medical staff to meet target population need	Partner with other agencies, work with State Office, regional effort among Centers, and recruiters, promote vacant positions through a variety of means (e.g., listservs, educational recruitment, etc.)	Number of doctor hours available to Center	Barnes-Young Sachdev	Ongoing	Three full-time psychiatrists or equivalent
Adequate clinical staff to meet target population need	Enhance recruitment efforts (e.g., advertise student loan repayment programs and availability of licensure supervision) to attract skilled clinicians. Utilize internship/practicum placements with universities. Promote vacant positions through a variety of means (e.g., listservs, educational recruitment, etc.)	Number of clinicians employed and retained	Barnes-Young Truluck Clinic Directors Cornish	Ongoing	90% of clinical positions are filled at all times Less than 15% clinical staff turnover
4.b Reduce ED holds	Work daily with ED hold patients and connect discharges back to MH services	Hospital Liaison data reports	Hospital Liaison Truluck	Ongoing	Average less than three holding
	Utilize hospital liaison	Hospital Liaison data report	Hospital Liaison Truluck	Ongoing	Median length of ED holds is no more than 3 days

Objectives:	Methods:	Measurement Tools:	Lead	Deadline	Outcome:
4.c Reduce ED utilization by Center clients	Increase use of crisis intervention by phone. Utilize Engagement Specialists to increase adherence to community-based treatment. Target clients with high utilization of ED with more intensive services. Work with courts to secure court ordered outpatient services. Utilize Clinical Care Coordinators to ensure clients' non-psychiatric needs are met.	HOP reports from partner hospitals Hospital Liaison data report	Truluck Barnes-Young Hospital Liaison Clinic Directors	Ongoing	No more than 2% of Center clients have repeated psychiatric ED visits
4.d Reduce state hospital bed days	Work with hospital from admission to secure other treatment sources to meet clients' needs	Bed Days report	Hospital Liaison Truluck	Ongoing	Under 250 per month
4.e Improve collaboration and partnership with local hospitals	Participate in HOP Participate in Northeastern Rural Health Network Meet with hospital administration to develop procedures for serving shared clients	Hospital Liaison data report Community Satisfaction Survey	Barnes-Young Leadership	Ongoing	Average score of 3 or higher on Community Satisfaction surveys returned by hospitals
4.f Develop and offer same day/next day access to care for intakes	Leadership and management will develop policies and procedures so clients can be seen the same day or next day of referral.	Referral data from internal and State Office reports.	Leadership Truluck	12/31/2015	Same day/Next day access in place by 2/1/2016