

**Tri-County Community Mental Health Center  
FY 2018-2019 Strategic Goal Plan**

**Finance**

**Goal 1: Maintain Balanced Budget not under \$4 million.**

**Outcomes: No deficit or funding returned. Maintain staffing level of at least 50.**

<b>Objectives</b>	<b>Methods</b>	<b>Measurement Tools</b>	<b>Lead</b>	<b>Deadline</b>	<b>Outcome</b>
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
	Increase the number of clients served by the Center by 5%	Active client report included in Administrative Management Report	Leadership, Clinic Directors	6/30/19	5% increase in number of active clients
	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
	Reminder telephone calls for all appointments	Appointment Reminder Log report	Clinic Directors, Clinical Services Chief	On-going	90% of clients with working phones have appointments confirmed
	Patients who are prescribed medication receive nursing services at least once every six months.	Custom report	Medical Committee, Clinic Directors	On-going	At least 80% of patients who are prescribed medication receive nursing services
	Clients that fail to keep scheduled appointments are referred to Engagement Specialists to overcome barriers to treatment and utilize walk-in times	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	On-going	Center's no-show rate will be less than 25%

Objectives	Methods	Measurement Tools	Lead	Deadline	Outcome
	Increase service provision in the schools, when available, during the summer session	Place of service report during summer	Clinic Directors, Supervisors, Lead School-Based Counselor	June through August 2019	School-based staff meet or exceed productivity during summer
Maintain or increase Center income	Enhance reception greeting procedures to monitor requests for self-pay and co-pay	Monthly self-pay/co-pay collection report	McLendon and Clinic Directors	6/30/18	5% increase in self-pay and co-pay collections from Clinics
	Continue to participate in state level and local initiatives to support out-stationed positions	Number of out-stationed positions with shared funding	Leadership	6/30/19	Increase by two (8) existing out-stationed positions with cost shares
	Continue to train QA documentation requirements	Payback reports. Medical records checklist. QA checklist	QA Coordinator	Ongoing quarterly QA audits	Yearly total payback under \$10,000
<b>1.c</b> 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 Curry	Monthly monitoring	Funds are utilized within 95% of forecasts
	Minimize frequency of inappropriate no-billed of services	Monthly no-bill report	Truluck Clinic Directors	Ongoing	Clinicians will have fewer than 5 incidents of inappropriate no-bill activities
	Maintain prioritized replacement/repair plans for vehicles, buildings, and computers and review, as required.	Inventory lists. Routine inspection of buildings and vehicles. Work order status form.	Cruz Safety Committee Dube	Monthly	Each vehicle used 186 working days per year or 9,000 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
<b>2.a</b> Client records demonstrate quality care	Strengthen staffing team process to include training and full use of multi-disciplinary team process	Captured SPD (H017-03) Services	Clinic Directors and Clinicians	Ongoing	3% increase in appropriate SPD (H017-03) utilization
	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 annual 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	Curry Truluck Clinic Directors	Monthly reporting	At least 85% of clinical documentation completed within 24 hours of services
<b>2.b</b> Service menu and delivery methods that are client-focused	Utilize specifically trained staff to provide groups	Clinic Directors' report of active groups during management team meetings	Clinic Directors Truluck	Monthly reporting	At least 10% of Center's yearly services provided will be group therapy
	Peer Support Services incorporated into service programming and offered in all three counties. Explore the expansion of PSS by adding one additional staff member.	Service report	PSS Truluck Clinic Directors	Ongoing	Peer Support Services are delivered in each of the three clinics
	Wellness services incorporated into service programming and offered in all three counties.	Service report	Clinic Directors	Ongoing	At least one wellness group in each of the three clinics
<b>2.c</b> Client 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 4 or above
<b>2.d</b> Community Satisfaction	Involve staff in community interaction, education, and activities such as open houses, forums, consultation and educational presentations	Number of community activities staff participate in	Management Team	Annually	Staff participate in at least 50 community meetings per year

Objectives	Methods	Measurement Tools	Lead	Deadline	Outcome
	Staff deliver professional and courteous services	Community Satisfaction Surveys	Management Team	Ongoing	All item scores averages 4 or above
	Maintain 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.
<b>2.e</b> 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	Executive Director Leadership Committee	Ongoing	Maintain at least <b>8</b> staff members with shared and/or special funding.
	Provide local morale activities, staff recognition, and stress relievers activities	Employee satisfaction surveys	Executive Director Clinic Directors Wellness Committee	Annually	Staff turnover rate is less than 10% annual
	Utilize DMH procedures for providing licensure supervision to staff	Number of staff members receiving supervision for licensure	Executive Director	Ongoing	At least two staff member receiving supervision for licensure
<b>2.f</b> Maintain a safe, accessible working environment	Safety Committee sponsored trainings for staff, i.e., safety drills, self-inspections, evacuations	Staff and client injury reports	Safety Committee	Ongoing	Fewer than two injuries (staff and client).
	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
<b>2.g</b> 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	Curry 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
<b>3.a</b> Center programs demonstrate client improvement over time	Continue to provide trainings in identified clinical areas with a preference for evidenced-based trainings	DLA-20	Truluck	Every 6 months	Of clients with repeated DLA-20 assessments, 90% improved or remain the same
	Maintain the number of clinical staff trained in treating clients with a history of trauma	Number of staff trained	Truluck	6/2019	At least 75% clinicians trained in treating clients with a history of trauma
	Maintain adequate medical coverage by continuing to recruit for medical providers	Amount of medical coverage for Center	Executive Director Sachdev	On-going	Average 37.5 hours of medical coverage per week in each clinic
	Pursue special funding to support the development of Mental Health Court in Marlboro County	Participate in DMH funding request for Mental Health Courts	Executive Director Truluck	6/2019	Mental Health Court programs in Marlboro county
	Partner with Voc Rehab and other community stakeholders to increase the number of employed clients	Number of employed clients in EMR/CIS	Clinic Directors	Every 6 months	3% increase in client employment
<b>3.b</b> Continue to utilize Engagement Strategies	Engagement Specialist to deliver outreach and increase clients' adherence to services	Clients not seen in 90 days Engagement Reports	Leadership Clinic Directors	On-going	Less than 5% of clients not seen in 90 days
	Clinical Support Staff will collect up-to-date phone numbers and addresses of clients at each appointment	Completed Client Contact Update Pages	Clinic Directors	On-going	90% of appointments kept will have Contact Update Pages completed
<b>3.c</b> Continuum of housing options for clients	Increase utilization of TLC Apartments	Number of apartments utilized	Self Truluck	6/2019	At least 90% occupancy
	Utilize Community Housing funds to prevent clients from becoming homeless	Number of clients receiving rental assistance	Clinic Directors McLendon Executive Director	6/2019	90% of Community Housing funds are utilized

Objectives	Methods	Measurement Tools	Lead	Deadline	Outcome
3.d Clients' medical needs being addressed	Clients are linked with primary care providers	Clients primary health care providers are listed	Clinic Directors Clinical Care Coordinator	Ongoing	75% of clients have primary care provider information entered in EMR
	Collaboration with primary care providers	Primary care records are received and mental health records are shared	Clinic Directors Clinical Care Coordinator	Ongoing	90% of audited records have requests for medical records and/or actual medical records and consent to release records to primary care providers
	Maintain primary behavioral health care integration program	Integration scheduling template	Leadership Clinic Directors	Every 6 months	50% of clients have received at least one on-site primary health care service
	Completion of Medication Peer Review audit	Medication peer review and utilization evaluation form	Sachdev	Annually	At least 12 Medication Peer review completed

**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 Retain 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.). Retain clinical staff through training opportunities, continuing education, support of licensure, and competitive pay.	Number of clinicians employed and retained	Executive Director Hyduke Truluck Clinic Directors	Ongoing	Less than 7.5% annual clinical staff turnover
	New staff will observe existing staff delivering a variety of services during the first 30 days of employment.	Orientation checklist	Truluck Clinic Directors Curry Hyduke	Ongoing	New staff will observe the delivery of at least three services
Maintain transportation services	Maintain employment of at least one vehicle operator per clinic.	Number of vehicle operators	Clinic Directors Leadership Hyduke	Ongoing	Three full-time vehicle operators or equivalent
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

Objectives	Methods	Measurement Tools	Lead	Deadline	Outcome
4.c 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 200 bed days per month
4.d Maintain successful partnership with local hospitals	Participate in HOP and pursue funding for behavioral health services. Participate in Northeastern Rural Health Network Center's hospital liaison to maintain communication with hospital staff about serving shared clients	Hospital Liaison data report Community Satisfaction Survey	Executive Director Leadership	Ongoing	Average score of 4 or higher on Community Satisfaction surveys returned by hospitals
4.e Maintain same day/next day access to care for intakes to all three counties	Continue to offer walk-in times five days a week for intakes	Referral data from internal and State Office reports	Leadership Truluck	Ongoing	Initial appointments offered in less than two days
Monitor need for extended hours for Center's operations	Continue to survey clients and community stakeholders about their interest/need for extended hours of Center operations.	Questions added to Client and Community Satisfaction surveys	Leadership	Ongoing	Assess survey results of questions about extended hours
Clients are offered the first available appointment for first treatment appointment following intake	The goal is for first treatment appointments to be offered within 15 days of intake. Will call lists to be used.	Specialized report of days between admission and first treatment appointment	Leadership Clinic Directors	Ongoing	50% of new clients will have a treatment appointment within 21 days of intake.
	Investigate statewide and local options for reminder calls to clients	Number of technology solutions available	Leadership	10/31/17	Utilize SCDMH identified vendor