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I. Introduction

The Genesee Health System leadership team develops an organizational level Strategic Plan in order to provide a roadmap to assist in meeting the agency mission in a manner that ensures quality, efficiency, and customer satisfaction. Through this plan, direction is clarified at all levels of operation in order to achieve, sustain and advance organizational purpose. A comprehensive environmental assessment, organizational competencies, opportunities, and threats are identified, and goals and priorities are set, so resources may be optimally aligned to achieve performance targets.

II. Background Statement/History

Genesee Health System (GHS), formerly known as Genesee County Community Mental Health, is a public service agency formed under Act 258 of the Public Acts of 1974 as amended (the Michigan Mental Health Code) responsible for providing a comprehensive array of mental health services to individuals located in Genesee County.

From 2002 to 2012, GHS was the designated Pre-Paid Inpatient Health Plan (PIHP) for Genesee County’s specialty mental health Medicaid benefit. A 2013 state-wide PIHP re-organization resulted in the formation of Region 10 Prepaid Inpatient Health Plan four county (Genesee, Lapeer, Sanilac, and St. Clair) service area in January 2014.

Additionally, GHS is currently one of three Community Mental Health pilot sites in the Section 298 Initiative to improve the coordination of publicly-funded physical and behavioral health services in the state.

III. Mission, Values and Guiding Principles

The mission of Genesee Health System is to support recovery, prevention, health, and wellness of the body, the mind, and the community. GHS takes positive action to promote hope and health by recognizing the interconnectedness of the body, the mind, and the community. We do this by strengthening the natural systems of support inherent to all communities so that individuals achieve the lives they desire. We use a relationship-based model of care to empower the people we serve and all members of our community to be the drivers of their own health and wellness goals. We
support those who need it with highly-qualified caring professional teams able to respond to needs across all spheres of life: physical, mental, social, and spiritual. We believe that recovery is possible, worthwhile, and achievable for everyone.

**IV. Genesee Health System Executive Leadership Structure**
V. GHS Values

- Welcoming, accessible, responsive services
- Providers who understand the need for relationships
- Inclusiveness founded upon the inherent worth and dignity of every member of the community, with respect and appreciation for diversity of opinions, preferences, and life choices
- Delivery systems that integrate physical and behavioral health care
- Accountable, transparent stewardship of the public’s trust
- Good corporate citizenship, partnership, and leadership across the community’s many networks of services and supports, both public and private

VI. Strategic Plan Guiding Principles

- Person/Family-centered
- Recovery oriented
- Trauma-informed
- Self-Determination
- Resiliency
- Culture of Gentleness
- Cultural sensitivity and competency
- Community partnership, engagement, and education
- Community based services
- Evidence Based Practices
- Fiscal responsibility, regulatory compliance, efficiency

VII. Environmental Scan & Primary Source References

- 2019 GHS Needs Assessment
- 2019 GHS Consumer Satisfaction Survey
- 2018 GHS Co-Occurring Capacity Assessment
- 2018 CAFAS and PECFAS Score Trends for GHS
- 2017-2021 Michigan Developmental Disabilities Council's Five Year Strategic State Plan
- FY 2018-2020 Office of Recovery Oriented Systems of Care (OROSC) Strategic Plan
- 2018 Final Workgroup Report: Michigan Inpatient Psychiatric Admissions Discussion MDHHS
2019 Needs Assessment
While the overall population of Genesee County has trended downward since 1990, the 2019 annual needs assessment indicates the number of consumers served has continued to increase over the last few years from 10,251 distinct consumers in FY16, 10,867 in FY17, to 11,121 in FY18. This upward trend can in part be attributed to increased mental health needs associated with the Flint Water Crisis and robust, ongoing mental health outreach efforts. Additionally, in May 2016, the Flint Medicaid Water Waiver was approved, resulting in widely expanded availability of Medicaid for children and pregnant women. For those children already accessing specialty mental health services, reported symptom acuity has also risen with a sharp increase in 2016 and 2017, as measured by the CAFAS (Child and Adolescent Functional Assessment Scale) and PECFAS (Preschool and Early Childhood Functional Assessment Scale).

Flint Water Crisis
As Flint and the surrounding community continue on the path of resiliency and recovery from population-wide lead exposure which began in April 2014, GHS continues to provide substantial community behavioral service supports specifically put in place in response to this crisis. A number of these efforts are longer-term which have necessitated the addition of new infra-structure supports. For example, the Flint Water Medicaid Waiver expansion services includes Targeted Case Management, a service which is provided by GHS, and the State will soon apply for a renewal of this initial 5-year Medicaid expansion pilot. Additionally, the Neurodevelopmental Center of Excellence was established through expansion of the autism assessment center and now provides neuropsychological testing for school age individuals in lead impacted areas. GHS is also a sub-recipient of the five-year Healthy Start grant awarded to the Genesee County Health Department; with this funding, GHS continues to provide robust outreach and navigation supports.

Psychiatric Crisis Services
The ongoing state-wide shortage of community-based psychiatric beds and over-reliance on community hospital emergency rooms is well documented. The State has developed short and long term plans to comprehensively address this shortage as outlined in the 2018 Final Workgroup Report from the Michigan Inpatient Psychiatric Admissions Discussion. This ongoing shortage has prompted several Michigan communities to develop stand-alone

VIII. Environmental Scan Findings
psychiatric crisis centers to reduce over-reliance on hospital emergency rooms for psychiatric crises. GHS has a comprehensive array of hospital diversion/crisis intervention options but currently these are not operating in a cohesive continuum. A planning grant is being sought to explore and develop a stand-alone psychiatric crisis center for Genesee County. This will both require a re-organization of existing crisis supports and diversion services and also the addition of new center-based, non-hospital, 24:7 crisis supports.

Consumer Satisfaction
Based on the most recent measurement of consumer ratings of quality, satisfaction, appropriateness, and outcomes, the overall findings were positive. Measures of outcomes tended to be lower than other scales and this may be attributable in part to the fact that in ongoing care, desired outcomes have by definition not yet been obtained. Open-ended responses to the survey most frequently were expressions of a positive evaluation of services. Consumers also made requests for more scheduling flexibility with evening and weekend hours, especially for children and family services and transportation assistance.

298 Pilot
Under Sub-Section 2 of Section 298, the Michigan Legislature directed the Michigan Department of Health and Human Services (MDHHS) to "implement up to 3 pilot projects to achieve fully financially integrated Medicaid behavioral health and physical health benefit and financial integration demonstration models. These demonstration models shall use single contracts between the state and each licensed Medicaid health plan that is currently contracted to provide Medicaid services in the geographic area of the pilot project." On March 9, 2018, MDHHS announced the pilot sites as HealthWest and West Michigan Community Mental Health, Genesee Health System, and Saginaw County Community Mental Health Authority. A "Leadership Group", composed of the Executive Director of each Community Mental Health Service Program (CMHSP) and the CEO of each Medicaid Health Plan (MHP), along with MDHHS representatives was formed, along with a number of sub-workgroups. The pilot has been extended to three years, planning continues, and implementation is now targeted for October 2019 or later. There are broad and significant implications to GHS' involvement in the pilot, including the opportunity to impact the design of an integrated model of care that may be adopted statewide; but there are also real and substantial threats to the CMHSP system as we currently know it and significant impacts to all areas of GHS operations.

Region 10 Pre-paid Inpatient Health Plan-Continued Development
Realignment of PIHP responsibilities continue between Region 10 PIHP and the four Region 10 CMHSPs. GHS continues through PIHP delegation to retain
Utilization and Network Management functions. The PIHP continues to work on building internal capacity to directly operate all Utilization Management (UM) systems through a current UM pilot. Although GHS is not currently included in the UM pilot due to involvement in the 298 Pilot and given the robust sufficiency of the current UM system operated by GHS as a Region 10 delegation, it is expected that this initiative will impact GHS’ UM system in the foreseeable future. This will have implications for a number of GHS’ inner-related business support functions, including service authorizations, claims verification and payment, among others.

**Co-occurring Disorder Resources**

As part of the 2013 state-wide PIHP re-organization, Region 10 PIHP assumed all responsibility for management of substance use disorder services for Genesee County. GHS determined a need to formally study current co-occurring disorder (COD) needs and resources and in April 2018, GHS completed a COD service capacity assessment. Not surprisingly, there was a rise in the demand for and provision of substance use disorder services (SUD) and a large increase in drug related deaths were reported by various sources. However, data also showed a decreasing rate of GHS service provider’s identifying SUD/COD issues at the consumer level. GHS consequently revised COD related policy and procedure, as well as developed a comprehensive workplan to re-invest in network-wide workforce COD knowledge and competency. Additionally, GHS re-established the SUD Advisory Council. Ongoing assessment of intervention effectiveness is included in the workplan.

**IX. Major Goals**

I. GHS will be competitively positioned to maintain/increase clinical service provision in Genesee County, with a focus on developing, improving and expanding key product lines, both for specialty carve-out mental health services and for the mild to moderate population, especially services related to the Flint Water Crisis:

a. In anticipation of continued increasing demand for children’s specialty mental health and non-specialty behavioral health services, expand and re-organization the children’s continuum of care. Explore child and family facility needs as children are currently served in four separate leased facilities.
b. Expand Applied Behavior Analysis services for individuals with Autism presenting with significant challenging behavior; this will require both staffing and facility expansion and enhancements.

II. Partner with other community agencies, groups and stakeholders to propose and execute a stand-alone behavioral health crisis center, as well as a comprehensive community based crisis response continuum redesign. A planning grant is being pursued to assist in funding the assessment, planning and initial implementation phases of this initiative.

III. Under the Chartered Specialized Residential Workgroup, continued focus on re-design of the residential support service line to improve quality of life and care, meet Home and Community Based Waiver transition requirements, and increase available options and capacity.
   a. Residential support services Clinical Standards of Care will be developed and implemented, and will be reflected in provider contracts, staff job duties, training, and quality assurance protocols
   b. Residential level of care system will be examined and revised to support revised residential system and standards of care

IV. GHS has ensured network-wide training in compliance with the State requirement of administration of the LOCUS for adults with severe mental illness at the time of initial assessment and annually thereafter. The use of LOCUS for continuing care needs, the incorporation of the tool into the electronic record, the process for reporting the LOCUS to the State and annualized training for the purpose of sustainability will need to be formulated for maximum benefit to consumers and efficient use of this resource.

V. GHS will develop and implement effective staff recruitment, training and retention strategies and methods.
   a. Dedicated GHS staff recruitment resources have been established, inclusive of leveraging social media, promotional messaging, data base tool development, student loan repayment programs and establishment of College/University relationships.
   b. Identify opportunities to provide increased flexibility in work arrangements as possible, including alternative work schedules.
   c. Continue to develop and offer new management training resource.
VI. Continue to engage in GHS building/facility needs assessment and planning efforts to ensure the ongoing and future availability of appropriate, effective, and efficient facility resources to meet GHS’ mission.

VII. Continue to develop and support health integration innovation efforts.
   a. Expand use of Care Connect to all appropriate levels of staff, up to and including case managers.
   b. Explore alternatives for increased use of electronic integration support tools.
   c. Develop tools and protocols to share data between GHS’ mental health programs and services and GHS’ health center (GCHC) via Health Information Exchanges and increased utilization of Great Lakes Health Connect and MIHIN.

VIII. Continue behavioral health program and service supports related to the Flint Water Crisis, including continued outreach and skill groups to school children through use of the Mobile Behavioral Health Unit, neuropsychological assessment services through the Neurodevelopmental Center of Excellence, and child and family supports through the Flint Medicaid Water Wavier.

IX. GHS will continue to develop the electronic performance dashboard tool and system with the goal to more accurately and timely analyze data, monitor program effectiveness, and maintain quality.

X. Continue to support co-occurring staff training and skill development through planned training efforts as identified in the co-occurring needs assessment. Continue to monitor training impact through periodic provider network measurement.

XI. Continue to support the development of staff and GHS cultural competency, sensitivity, and welcoming, with a particular focus in the areas of trauma informed service delivery and LGBTQ+ populations. Support will include training, policy and procedure development, and allocation of resources.