

# Strategic Plan FY 2018

## *Calvert County Behavioral Health*

### **Introduction**

The Calvert County Behavioral Health (CCBH) Division of the Calvert County Health Department developed this strategic plan to use internally as a planning tool and also to communicate our mission and direction with our stakeholder partners in the community. This plan is intended to be cohesive with the 2018 Plan submitted to the Local Drug & Alcohol Abuse Council (LDAAC), the Behavioral Health Association's 2018 Plan and the Calvert County Sequential Intercept Mapping Strategic Plan.

### **Mission**

The mission of Calvert County Behavioral Health is to provide comprehensive, integrated behavioral health services that promote the health, resilience, and quality of life of our community members.

### **Background and History**

Calvert County Health Department is a governmental organization. As an agent of both the state of Maryland and the Calvert County government, it provides local public health services under the direction of the Health Officer. The Health Officer is authorized to enforce the health laws and regulations of Maryland and the health ordinances of Calvert County. In addition to enforcing health laws, particularly in regard to sanitation and communicable diseases, the health department provides a number of health-related services that directly benefit individuals as well as the community at large.

Since its establishment in the 1920's, the Calvert County Health Department has evolved into a contemporary full-service organization with approximately 130 employees and an annual budget of 11 million dollars. Its central office, which houses administration, personal health services and behavioral health services, is located at 975 Solomons Island Road North in Prince Frederick on the campus of Calvert Memorial Hospital. Additional sites offering behavioral health services are strategically located in Barstow, Chesapeake Beach, and Lusby. Behavioral health services are also provided in the county detention center and in public schools.

### **Expectation of Persons Served**

As a person served driven organization, we solicit feedback from individuals receiving services and others on a regular and systematic basis. Persons served, staff, and stakeholders are surveyed to ensure effective and efficient person centered treatment. It is the intent of CCBH to provide individuals and their families with high quality and cost effective services to meet their behavioral health needs. CCBH attempts to make behavioral health services accessible to all populations regardless of social stigmas or financial barriers.

### **Stakeholders**

Due to the complexity of issues facing our persons served and the unique features of Calvert County, CCBH works collaboratively with our stakeholders. To that end, CCBH is a member agency and leadership partner with our Core Services Board (for mental health) as well as our Local Drug & Alcohol Abuse Council (LDAAC). The CCBH Strategic Plan takes into account the LDAAC and the CSA Strategic plans as well as the overarching state plan of the Behavioral Health Association. Our stakeholders include all State and County organizations (Public Schools, County Government, Office of the Sheriff, Court Systems, Social Services, Juvenile Justice, Detention Center and others ) as well as non-profit organizations, Calvert Memorial Hospital, all health providers in the County, and other service entities. We co-serve on multiple

collaboration councils, review panels and grant writing efforts. Some examples of these efforts include: School Based Behavioral Health Services in each Public School, Detention Center Based Services, Drug Court, the Infant and the Overdose Fatality Review Boards, Calvert Memorial Hospital and multiple substance use prevention efforts. These agencies receive annual surveys requesting feedback.

## **Competitive Environment**

Calvert County is a small rural community and Calvert County Behavioral Health has had little competition since first coming into existence. At this time there is increasing competition but CCBH is the only fully integrated behavioral health services program that is reimbursable through Medicaid. Though CCBH does receive grant funding for some of our non-ambulatory (non-clinic) services, the mental health side has operated as a fee for service type entity for more than a decade and the substance use side moved completely to fee for service ambulatory care as of January 1, 2017.

## **Financial Opportunities**

Both historically and in this current year, Calvert County Behavioral Health (CCBH) has secured grant funding through Local County and State funding sources as well as some private grants. Leadership continues to explore new grant funding opportunities and apply for those that are appropriate. In the last several years, the agency has also been successful in receiving revenue from Medicaid billable outpatient treatment. CCBH has been successfully receiving reimbursement for services provided to uninsured persons served through the ASO. Much progress has been made in creating an effective billing team with processes to monitor and eliminate potential monetary losses from lapsed authorizations or other administrative errors. Leadership and billing professionals attend trainings and stay current with industry best practices, and are ensuring all potential revenue is captured from services provided. Presently, CCBH is implementing efforts to bill outpatient treatment to commercial insurance companies. CCBH is an in-network provider with Carefirst and is working toward securing contracts with other insurance providers. Becoming accredited with CARF will allow CCBH to work toward becoming a Tricare approved provider to better serve local military communities and their families.

## **Financial Threats**

Calvert County Behavioral Health has primarily been dependent on government funding in order to offer outpatient substance use disorder services since first coming into existence. Several years ago, as the Medicaid expansion efforts started in the State of Maryland and grant funding started reducing, the agency began generating revenue through billing Medicaid within a fee for service model. Currently, as grant funding methods continue to change, the agency has begun efforts to generate revenue through increased and centralized billing efforts, including contracting with commercial insurance companies. Leadership maintains vigilant monitoring of political landscape in both Federal and State levels, with consideration of how legislative decisions will impact both health care coverage for persons served and overall agency funding. Environmental factors such as economic distress, increased unemployment and transportation difficulties contribute to limited access to services, thus directly impacting utilization and collection rates. There is a significant workforce shortage of licensed clinicians, psychiatric nurse practitioners and psychiatrists that impacts the ability to provide services. The rising cost of State Merit Employees who receive benefits, earn leave and have a significant portion of insurance paid for is a concern. Attempts have been made to hire more consultants in a private business model to move away from total reliance on State Merit Employees.

## **Organizational Capabilities**

Calvert County Behavioral Health's key strengths include the demonstrated ability to adapt to changing environments in order to provide a high quality of care in serving individuals recovering from substance use disorders, mental health disorders and individuals with substance use and co-occurring mental health disorders. Both leadership and staff are committed to the mission of the agency. Services offered are monitored for quality through internal and external review. Service expansion is data driven. The

agency has an excellent reputation in the community and works effectively with local leadership.

Calvert County Behavioral Health is certified by the Office of Health Care Quality (OHCQ) to provide ASAM Level 0.5 Early Intervention, ASAM Level 1 Outpatient Treatment, and ASAM Level 2.1 Intensive Outpatient Treatment in four geographically relevant and diverse clinic locations across Calvert County. The Prince Frederick site is licensed by OHCQ as an OMHC. The other three sites are licensed as group practices in order to provide mental health services. CCBH is also licensed to provide ASAM Level I Outpatient Treatment, and ASAM Level II.1 Intensive Outpatient Treatment in the local detention center. There is a grant position in the detention center for mental health evaluation and crisis services. CCBH is working toward CARF accreditation and scheduled for an initial site survey July 26 - 28, 2017.

Calvert County Behavioral Health has a recruitment and retention plan to assist in attracting and retaining qualified staff. The recruitment and retention plan includes internship and mentoring programs, evaluation of all staff and student interns to promote expected performance and behaviors, providing evidenced-based practice curriculums, manuals, and workbooks. Professional growth is fostered by hosting regular in-house seminars and on-site workshops led by external professional consultants. There is an abundance of online trainings with CEU's are available through Relias Learning Management System. Clinical supervision is provided for clinicians working toward becoming fully licensed. For Merit Employees, the agency offers competitive health benefits, wages and retirement plans.

Calvert County Behavioral Health has been approved by the National Health Service Corps (NHSC) as an approved site providing mental health services to underserved populations. Clinical practice sites can recruit and retain qualified providers by being a NHSC approved site. Clinical staff working in NHSC approved sites are eligible for student to service loan repayment programs. Individual awards can be up to \$60,000 in exchange for three years of service at an approved NHSC site. We have now been able to assist multiple staff in successfully accessing this resource and we will continue to do so.

The agency continues to work toward a full integration behavioral health model for service delivery model. All behavioral health disorders should receive specific appropriate intervention and treatment. Intervention strategies must be tailored to appropriately match an individualized clinical assessment and be evidence based.

## **Service Area Needs (Note: Listed in order of priority)**

Reduce negative consequence of substance use, specifically reducing drug overdoses through education about and increased use and availability of Medication Assisted Treatment and naloxone.

Increase access for outpatient and intensive outpatient treatment by continuing to expand and promote walk-in hours and on-demand treatment.

Enhance billing collection efforts.

Increase private insurer paneling of appropriate clinicians.

Continue to train counseling staff on integrated services, evidence based practices (EBP), and person centered practices

Increase access to psychiatric and Medication Assisted Treatment services by increasing capacity through additional hiring and (currently underway) specialized training of medical staff.

Continue to build adolescent program by utilizing specialized apps and coordinating services with Juvenile Justice and other child and adolescent organizations.

## **Demographics of Calvert County Maryland**

Calvert County has a fast growing population in recent years with the Caucasian race (80%) as the primary race (greater than the Maryland average of 60%) and with limited Hispanic population (3%) less than the Maryland average (9%).

People Quick Facts	Calvert County	Maryland
Population, 2012 estimate	89,628	5,884,563
Population, 2010	88,737	5,773,552
Persons under 5 years, percent, 2012	5.5%	6.2%
Persons under 18 years, percent, 2012	24.8%	22.8%
Persons 65 years and over, percent, 2012	12.0%	13.0%
Female persons, percent, 2012	50.8%	51.6%
White alone, percent, 2012 (a)	82.0%	60.8%
Black or African American alone, percent, 2012 (a)	13.4%	30.0%
American Indian and Alaska Native alone, percent, 2012 (a)	0.4%	0.5%
Asian alone, percent, 2012 (a)	1.5%	6.0%
Native Hawaiian and Other Pacific Islander alone, percent, 2012	0.1%	0.1%
Two or More Races, percent, 2012	2.6%	2.5%
Hispanic or Latino, percent, 2012 (b)	3.1%	8.7%
Language other than English spoken at home	4.7%	16.2%
High school graduate or higher, persons age 25+, 2007-2011	92.1%	88.2%
Bachelor's degree or higher, persons age 25+, 2007-2011	29.2%	36.1%
Veterans, 2007-2011	8,934	443,652
Homeownership rate, 2007-2011	84.0%	68.7%
Per capita income 2007-2011	\$37,321	\$35,751
Median household income, 2007-2011	\$92,981	\$72,419
Persons below poverty level, percent, 2007-2011	4.6%	9.0%

Business QuickFacts	Calvert County	Maryland
Private nonfarm establishments, 2011	1,687	133,2481
Private nonfarm employment, 2011	17,128	2,104,0221
Private nonfarm employment, percent change, 2010-2011	-0.2%	1.4%1
Nonemployer establishments, 2011	6,172	432,590
Total number of firms, 2007	7,554	528,112
Black-owned firms, percent, 2007	13.0%	19.3%

American Indian- and Alaska Native-owned firms, percent, 2007	S	0.6%
Asian-owned firms, percent, 2007	S	6.8%
Native Hawaiian and Other Pacific Islander-owned firms	F	0.1%
Hispanic-owned firms, percent, 2007	S	4.9%
Women-owned firms, percent, 2007	33.4%	32.6%
Building permits, 2012	276	15,217

Geography QuickFacts	Calvert County	Maryland
Land area in square miles, 2010	213.15	9,707.24
Persons per square mile, 2010	416.3	594.8

\*Source U.S. Census Bureau: State and County QuickFacts.

## Organization's Relationships with External Stakeholders

Calvert County Behavioral Health offers behavioral health services at the following sites:

- Calvert County Detention Center
- Department of Social Services
- Calvert Memorial Hospital
- Southern Maryland Community Network
- Circuit and District Courts
- Calvert County Public Schools
- Our own Recovery Corner
- Calvert County Detention Center
- Southern Maryland Community Network

Prevention services are offered throughout the county in collaboration with community wide forums on behavioral health issues:

- The Department of Education
- Calvert Alliance Against Substance (CAASA)
- Calvert County Sheriff's Department
- Maryland State Police

CCBH and CAASA including naloxone trainings. Care coordination services are offered at CCBH as well as to any Calvert County resident currently enrolled in residential substance use disorders treatment across the state. CCBH provides Mental Health First Aid training to the community, with a focus on correctional staff, law enforcement, churches providing services to the homeless population, and agencies that may work with people with behavioral health issues.

CCBH coordinates services with numerous community referral sources to increase access and utilization of services. The agency works closely with community agencies, such:

- Calvert County Courts
- Calvert County Detention Center
- Department of Juvenile Services
- Department of Social Services
- Calvert County Public Schools
- Other divisions of the Calvert County Health Department

- Law enforcement
- Local government, and
- Private providers
- Persons and family members of those with lived experiences

MOUs and referral agreements are established with multiple private behavioral health providers in the county:

- Genoa Pharmacy
- Calvert County Public Schools
- Calvert Memorial Hospital Emergency Psychiatric Services
- Southern Maryland Community Network
- Charles County Health Department
- Courage to Change Counseling Center
- Carol Porto Treatment Center
- Walden Sierra, Inc.
- Hope House
- Jude House
- Warwick Manor

Calvert County Behavioral Health has active partnerships with:

- Calvert Alliance Against Substance Abuse
- Chesapeake Ranch Estates
- Multiple local faith based organizations and communities

CCBH participates as active members on several boards and committees. The following is a list of some of the memberships:

- The Local Drug and Alcohol Council
- Core Services Agency Advisory Board
- Core Services Agency Provider Meeting
- Family Violence Council
- Infant and Child Fatality Review Board
- Overdose Fatality Review Board
- Domestic Violence Council
- Prescription Drug Abuse Abatement Committee
- Multidisciplinary Committee
- Local Coordination Team
- Improved Pregnancy Outcome Committee,
- Maryland Association of Behavioral Health Authorities
- Maryland Behavioral Health Advisory Council Forensic Sub-Committee
- Maryland Addictions Director Council
- Maryland Behavioral Health Coalition

In a collaboration with 21 other agencies, CCBH worked with the Board of County Commissioners on signing the Stepping Up Initiative in January 2016, an initiative working to reduce the number of people with behavioral health issues who are incarcerated in local detention centers. Calvert County was the fourth county in Maryland to join the initiative. On April 15 and 16, 2017, CCBH and the other stakeholders participated in a Sequential Intercept Mapping Workshop, held to identify gaps and resources in the jurisdiction. CCBH and other stakeholders continue to meet regularly to find solutions to address identified issues.

## Regulatory Environment

The Department of Health (MDH) has proposed regulations for continued merger of the mental health and substance abuse administrations and direct service practices. As of April 2018, all organizations that provide community based behavioral health services will need to be accredited by a national accreditation organization to be licensed by the state. This will place them under new COMAR regulations, 10.63. The proposed plan is that mental health and substance use disorder services for Medicaid enrollees and the uninsured are to be reimbursed through an Administrative Service Organization (ASO). The ASO (currently Beacon Health Options) will be accountable for new performance-based incentives. Local jurisdictions will continue to receive and administer the grants from the Behavioral Health Administration (BHA), but at a decreased amount due to ambulatory services being removed from the grants. Federal regulations currently limit patient caseloads to a maximum of 100 for physicians or psychiatrists prescribing Buprenorphine, 30 for Nurse Practitioners. This limit can now be increased with board certification as an addictions specialist, which one of our psychiatrists is getting. The increased caseload limit will help to increase access to care as many individuals are in need of services and are being denied service given current caseload maximum requirements. There is a need for parity laws to be fully implemented between substance use disorders and mental health, and between behavioral health and somatic health.

## Legislative Environment

Public grants are slowly being removed from the local level and awarded to an Administrative Service Organization (ASO). This shift in administrative service support is viewed as a positive move for persons served as it would allow greater choice in service selection.

Maryland is working on initiatives to reduce opiate overdose rates through the Prescription Drug Monitoring Program (PDMP), training and certification to administer Naloxone, education in the school system, establishment of Overdose Fatality Review Teams, physician training in best opioid prescribing practices, and general community education.

Maryland just passed the HOPE act, an omnibus bill which requires specified increases in funding for community behavioral health services (providers increase by 3.5% in each of the next two fiscal years, and by 3% the following year), and requires the Behavioral Health Administration and Medicaid, in consultation with stakeholders, conduct a rate-setting study for community behavioral health services and implement a payment system based on the findings. Other aspects of the HOPE act that impact CCBH include expansion and promotion of the statewide 24/7 crisis hotline, repeal of a requirement that an individual be trained in overdose identification before receiving the overdose-reversal medication naloxone from a pharmacist, a requirement that hospitals have protocols for discharging patients treated for a drug overdose or identified as having a substance use disorder, and the required development of a plan for increasing substance use disorder treatment in jails and prisons.

The Maryland Addictions Directors Council (MADC), the Maryland Association of Behavioral Health Authorities (MABHA) and the Maryland Behavioral Health Coalition advocate for legislation which serves the needs of our persons served and the population in general. CCBH has representation on all of these boards.

## Use of Technology

Calvert County Behavioral Health manages clinical data in NextGen, an electronic billing and records management system (claims are routed out through clearing house Availity), which can provide collection data specific to treatment episodes, office locations, counselors, and laboratory results. The use of these electronic systems enhances efficient operations, effective service delivery and performance improvements, as the data is gathered and analyzed to help guide management decision making. CCBH

also makes use of the Beacon Health Options (Medicaid/ ASO) Outcome Measurements System (OMS) data system for service and fiscal reporting. Datalink, a cooperative data system between Beacon and Maryland Department of Public Safety, is used in the detention center to update detention center medical staff on the most recent psychiatric medications a detainee used in the community.

The agency often uses email to communicate with staff and stakeholders. MDH uses Virtru as an email encryption program. SMART Board interactive whiteboard technology is used to enhance group sessions for persons served, as well as meetings with staff and stakeholders. Clinical staff working in schools or the detention centers are given laptops and Nextgen tokens to help reduce their administrative burden by allowing them to put treatment notes into the EHR immediately. Relias Learning Management System is a web based training site that can be accessed anywhere and offers online courses in a wide range of subjects from clinical to environmental. It also tracks CEU's and required trainings. The State of Maryland provides excellent, up to date IT security trainings through Security Mentor online training system. Computers are equipped with full Microsoft suite software, access to a secure local drive and a shared google drive to facilitate collaborative projects.

## **Information from the Analysis of Performance Committee**

The Performance Improvement Committee (PIC) is an occupationally diverse team that meets monthly. It assists Management in the identification of performance goals and standards. Concerns are forwarded to the PIC from other committees, the Directors and Supervisors. Specific responses then flow from the PIC back to CCBH in the form of requests for additional data, the establishment of new workflows, policies and/or procedures and ongoing oversight. Data is assimilated and provided at specific intervals to assess the performance of different areas of the organization. Improvement initiatives are evaluated by comparing variances in performance between new and baseline data.

Performance measure information is also collected through other sources. The ASO collects and will generate performance measure data (through its Outcomes Measurement System) for all persons entered into that system, including those with state insurance and the uninsured. Additional information from the ASO should become available for the first time within the next year, this will provide information based on performance measures identified by the state and federal funding sources. Persons served surveys are conducted at least annually, with suggestion boxes available at all CCBH sites. Information from the suggestion boxes are collected and analyzed by the PIC committee quarterly.

## **Current Financial Position**

Calvert County Behavioral Health currently receives the majority of the budget from State and County grants. About 40% of the total budget comes from revenues collected through ambulatory care - primarily Medicaid reimbursement. The agency is beginning to collect a small amount of funds through private insurance reimbursements. As part of moving to a fee for service model, BHA allowed state agencies to build up and carry over Medicaid collections for the past several years. As of the beginning of Fiscal Year 2018, CCBH has approximately \$300,000 in this reserve fund.

## **Projected Financial Position**

CCBH continues to enhance its business practices and plans to expand services in order to capitalize on current and upcoming grants and legislative actions as well as current community needs. The expansion of services includes providing MAT at all CCBH sites. These services will make CCBH more able to respond to the growing opioid epidemic and better position CCBH to receive monies from state and federal sources.

Calvert County Behavioral Health secures annual State and County grants, works to acquire multi-year federal and private grants and has implemented a fee for service model through reimbursements



through private insurance and the Administrative Service Organization (ASO) for the non-insured and Medicaid eligible.

## Allocating Resources to Support Future Plans

Calvert County Behavioral Health will continue to work to secure remaining State and County grants, implement a fee for service model of care and financial business model to retain insurance collections from year to year to support expenses. CCBH is hiring only licensed clinicians to better meet the requirements of third party payers. Administrative and leadership staff are being hired that have private industry experience. Training is being provided to allow for further integration of staff and resources, to avoid duplication of services or unnecessary services.

## Goals and Objectives

1. Fully Integrate Mental Health and Substance Abuse into Behavioral Health (expected completion of full integration is September 2018)

- *Orient and train Professional and Administrative Staff*
- *Streamline intake processes as they relate to integration*
- *Continue to train and seek consultation as needed*
- *Recruit staff with training and experience in co-occurring disorders to expand services as determined by data*
- *Create and support "branding" as needed with all aspects of our Division*
- *Improve staff morale and retention, including awards, events and training*

2. Become Accredited via CARF (expected completion October 30, 2017)

- *Staff attend CARF Consultation*
- *Continue to have staff participate in local accreditation "study group"*
- *All staff attend training at College of So. MD. Behavioral Health Standard Training*
- *Successfully pass a mock accreditation audit and subsequent CARF site survey*

3. Reduce the potential negative consequences of the abuse/misuse of alcohol and other drugs and encourage the wellness of county residents through promotion, prevention and early intervention services and activities, as well as through overdose prevention strategies (expected completion date July 2018)

- *Use a comprehensive prevention approach to reduce alcohol, tobacco, and other drug related consumption and consequences.*
- *Maintain and enhance formal mechanisms through which CCBH Prevention coordinates with other agencies.*
- *Educate the community as well as medical and behavioral health providers on Medication Assisted Treatment (MAT).*
- *Expand MAT services offered at CCBH (e.g., Vivitrol, buprenorphine)*

3. Continue to advance use of evidence based treatment through technology and in-person seminars and workshops (expected completion of current objectives by July 2018)

- *Train clinical staff in effective Cognitive-Behavioral, Trauma-informed, and Motivational Interviewing approaches utilizing Relias and in-person seminars and workshops*
- *Train administrative staff on Mental Health First Aid and model trauma informed care as a mindset*
- *Create a workable, usable policy and procedures manual*

4. Improve financial position via improving show rate, paneling, and collection (expected completion of current objectives by July 2018)

- *Improve Show rate for intake and treatment using walk in service, phone reminders, and a customer service focus*
- *Increase the number of staff paneled by various 3rd party insurance vendors*
- *Increase total number of 3rd party payers*
- *Improve collection*
- *Keep and make use of staff productivity data and engagement data*

5. Continuously improve ability to make data informed decisions regarding strategic direction (expected completion July 2018, ongoing)

- *Identify areas of missing performance metrics and data*
- *Continuously identify new ways to glean relevant data from Nextgen*
- *Continue to find outside studies and data sources that might relate to local community*
- *Improve use of Personnel and Persons Served feedback to develop next annual Strategic Plan*