Charting Our Course

Strategic Plan
(January 2014-December 2016)

Channel Marker
MENTAL HEALTH
SUPPORT SERVICES

ADMINISTRATIVE OFFICE
8626 Brooks Drive, Unit 304

Easton, MD 21601

Formally approved and adopted by Channel Marker, Inc.
Board of Directors at Corporate Board meeting of 9.8.14

Charting our Course- 2014-2016

Strategic Plan Process for Channel Marker, Inc.

We began our current Strategic Planning process in December, 2013. We engaged Peg Long of Long Consulting Services to lead members of the Channel Marker, Inc. and Channel Marker Foundation board of directors along with key Channel Marker management staff in this process. The retreat was held on December 9, 2013 at the Riverview House at the Easton Club. To prepare for the retreat and the planning for the organization's Strategic Plan, Ms. Long met with Debbye Jackson, Executive Director and Cathy Cassell, Program Director on several occasions prior to the retreat to discuss the current state of the organization; who are the people we serve; who are the community stakeholders; area demographics; funding resources; funding threats; potential future services; who are our competitors; what do we think sets us apart; how are we legislated; and where do we see the organization heading. It was important to Ms. Long to have this understanding in order to make the best use of the day we had set aside to bring our board and staff together to chart our future course. It was determined that we would invite Herb Cromwell, Executive Director of the Community Behavioral Health Association of Maryland to make a presentation during the morning session to the group.

His presentation is attached to this document and is entitled, "What's the Future of Community Mental Health in Maryland and How Can Channel Marker Survive and Thrive? This very inclusive report provided a tremendous background for our afternoon discussion as well as the morning workgroups. Ms. Long divided board members and staff into groups to discuss the challenges, opportunities and threats facing Channel Marker in the future.

Outlined in Mr. Cromwell's presentation was the current state of Maryland's Public Mental Health System; the future based on the state of Maryland's current priorities of merging the state level Mental Hygiene Administration and Addictions cabinets into one Behavioral Health cabinet. He spoke of how Maryland's future plans for the PMHS merge with the developing Affordable Care Act. He also spoke of the on-going

perceived threat of the eventual end of the mental health carve-out and Medicaid's eventual oversight of the Administrative Services Organization contract for Maryland. He reported on the Community Behavioral Health Association's advocacy efforts moving forward and how and to whom Channel Marker should advocate for our services.

He spoke of what he believed Channel Marker would need to do to remain viable and relevant in the changing environment focusing on several areas: diversifying our services; group practice and health home and maintaining a multi-county reach. He felt that we need to become even better at using data to cost out our services, measure outcomes to demonstrate value and use benchmarking to measure our results (Channel Marker participates in the CBH Benchmarking Collaborative). He felt that we are on the correct path with our investment in an Electronic Health Record and pursuing our goal of CARF accreditation. He also encouraged us to pursue new partnerships with Substance Use Disorder agencies, child welfare entities, Federally Qualified Health Centers and hospitals.

Along with Mr. Cromwell's thoughts for the future of Channel Marker, it should be noted that through the CBH Benchmarking Project, we know that we are a leading performer with keeping our administrative overhead low while putting as many resources as we can into the direct services to our clients. We have worked hard to develop grant funding so as not to be so reliant on only Medicaid funding. We have continued to have an annual fundraiser and have been successful with finishing each of the last several fiscal years in the black. Additionally, Channel Marker has been notified that we will be one of the recipients of the estate of the mother of one of our long time clients which should be at least $350,000.

Channel Marker also has several key management staff with over twenty years each with the organization. These individuals exemplify teamwork and form the nucleus of leadership that would likely be tapped for succession planning in the absence of the Executive Director, at the least on a temporary basis. Channel Marker also works hard to keep good staff by providing opportunities for growth. Several of our Bachelor's level Social Workers have returned to school part-time to obtain their advanced degrees. They are able to do their field work and receive clinical supervision through the agency as both our Program and Clinical Directors have the appropriate credentials to support them. We are also working to further develop our group practice so that those who wish to stay with the agency may also have the opportunity for clinical work in the future.

Board and staff members met throughout the morning and afternoon to discuss and plan for Channel Marker's future. At the end of the day, Ms. Long had the group decide on 6 keys goals for the organization. We were further charged with soliciting input from direct care staff which happened during the January 10, 2014 staff day and several group meetings held with the clients served during late December and early January 2014. From these discussions our Strategic Plan "Charting our Course -2014-2016 was crafted.

Strategic Planning Process

Areas of Importance to the growth of Channel Marker for the next 3 years- 2014-2016

Feedback solicited from the CMI/CMF Boards at 12/9/13 Joint Retreat

Feedback solicited from Staff at Staff Day on 1/10/14

Feedback Solicited from Clients during January and February 2014 and quarterly CQT (Mental Hygiene sponsored) meetings with clients in each county.

Keys Goals:

1. To prepare Channel Marker for growth by leveraging technology to improve efficiency as well as services to our clients

2. To prepare and position Channel Marker, Inc. for changes in the health care field within the next two years, incorporating mental health, primary care and substance abuse programming (study and planning for practice improvement).

3. To build strong alliances in the community which will further achieve the organizational mission and promote integration

4. To develop a complete infrastructure review (facilities and fleet) to assure that Channel Marker is positioned for future growth

5. To recruit, train, evaluate and retain the most qualified professional and paraprofessional staff for Channel Marker, Inc.

6. To continue evaluating current funding mix (fee for service, grants, fundraising) to assure that Channel Marker is positioned for further growth and healthcare changes.

Herb Cromwell's presentation at 12/9/13 Joint Board and Management staff retreat

THE PRESENT

- Public mental health services are a carve-out of MD's managed Medicaid program, HealthChoice, an 1115 waiver
- HealthChoice and carved-out PMHS started in July 1997 per SB750 of 1996
- State MH authority is the effective Medicaid agency for public mental health services-but that will soon change
- Substance use disorder services are carved into HealthChoice MCO's –but that too will change in 2015
- Legislature reaffirmed value of carve-out via SB756 in 2004 that requires legislature to end carve-out

BASIC FEATURES of PMHS CARVE-OUT

- State MH authority holds financial risk
- An ASO is under contract to perform specified duties: system access via toll free number: pre-approval of services, claims payment, management information, billing audits, some training
- Same array of services for all (Medicaid, SCHIP, uninsured-but less so lately)
- Mission-driven nonprofits deliver most community services via Fee for service (most grants phased out)

MORE PMHS FEATURES

- Recovery/resilience values
- 85% of consumers are Medicaid/SCHIP-eligible
- 85% of community services get Medicaid FFP
- Direct stakeholder involvement in policy/procedures
- Growing use of Evidence Based Practice: #1 in EBP Supported Employment

ADVANTAGES OF PMHS CARVE-OUT

- Open access: 150,000 recipients, almost half under 21
- Clear written eligibility criteria
- Clear written medical necessity criteria
- Consumer choice of providers (no geographic limits)
- Managed care savings stay in PMHS vs. diversion to profit or other priorities

PMHS DRAWBACKS/CRITICISMS

- MH carved out but not substance use disorder services (SUD);separate MH and SUD bureaucracies, budgets, regulations
- Some view carve-out as barrier to integration-but carve-ins don't necessarily integrate either (integrating $ doesn't necessarily integrate care)
- Some say PMHS is "unmanaged", that ASO isn't enough
- MHA budget deficits have hurt image, even though they were caused by spiking enrollment, not inefficiency; we now have a surplus
- MCO's still out to get hold of $700 million community MH budget and so highlight PMHS deficits in policy debates

THE FUTURE

- Not status quo
- Early this year DHMH agreed to continue the carve-out (a "transformative" one) with addictions carved in with un managed by an ASO with performance-risk
- The state MH and SUD bureaucracies are merging into a Behavioral Health Administration

- The state Medicaid agency will oversee the ASO and will manage most dollars (not sure of details)- stakeholders are concerned
- ASO RFP hits the streets early calendar 2014 with implementation early-mid 2015
- DHMH will put in legislation this session requiring national accreditation for BH providers in return for freeing providers from most regulations (we hope)
- Forces remain at work trying to undermine the carve-out under the guise of integration- our advocacy work is not over
- 1915i Medicaid option Maryland is working on for Child and Adolescent is an example of other new structures coming to us, in this case "Care Management Entities"

OVERALL GOAL SAME as ACA's

- More care integration- whole person care
- Better quality at lower cost
- Larger health care world is finally recognizing that people with mental illnesses and addictions have a huge impact on costs such as hospital and ED admissions
- New hospital incentives (e.g. penalties for readmissions) are increasing their willingness to work with us
- Parity and the ACA are bringing new opportunities for service access by consumers and service delivery options for providers

CAN NEW ASO and BH ADMINISTRATION PRESERVE STRENGTHS OF THE CURRENT PMHS?

- Experts say concepts like ACOs (right now they are all in Medicare) and new payment mechanisms (pay for performance, bundled payments) make fee for service no longer tenable; new Secretary of Health and Mental Hygiene not a fan either; reimbursement will change over time
- Some say after this ASO model runs its course, we'll all be handed over to MCO's
- Instead, good community providers might be better off if the system was managed by an at-risk MBHO like Value Options-more opportunities for provider creativity, gain-sharing etc.-we may end up advocating for that

THINGS GOING FOR US

- Power of unified advocacy can't be underestimated-MH stakeholders are united via forces like MH Coalition
- Powerful legislative friends
- Progressive executive brand leaders (e.g.DHMH Secretary and Medicaid Director) who want change but not at expense of core values
- What providers like Channel Marker offer (track record of accessibility, integration, cost-effectiveness vs more restrictive expensive care, EBP use, low overhead, controlled costs etc) are points we must emphasize over and over

HEALTH HOME

- Sec 2703 of ACA is funding new services for whole-person care for people with at least two chronic conditions-or for one chronic condition if it's serious mental illness, so our service recipients are a clear target
- Provides a 90% match for 8 quarters via state plan amendment
- Maryland has won approval of a health home Medicaid plan amendment
- Missouri is the model we're using
- Many community providers like Channel Marker have had their HH application approved
- CBH's new HH Committee is trying to assist everyone to succeed
- DHMH will do cost-effectiveness test after two years

HEALTH HOME IS AN OPPORTUNITY

- CBH and National Council think it's right up our alley
- Who else has a longer better history of managing the chronic condition of disabling mental illness in low-cost community settings than us>

- CBH members are already taking steps to deliver integrated health home-type care via various strategies: adding somatic care staff (NP's, medical case/care managers), partnering with external medical providers like FQHC's; even more impressive are MH-SUD integration programs, some in place for many years (CBH has been trying to publicize member integration successes)
- Many such efforts have been supported with grants, including from the state Community Health Resources Commission-meaning we're getting traction

SO WHAT DO WE DO NOW?

- Keep advocating to preserve strengths, values, incentives in PBHS carve-out
- Keep expanding efforts to integrate MH,SUD and somatic care within our provider network by whatever means possible
- Assess and improve readiness for a new world order with an emphasis on value-what can you offer a larger health care entity (e.g. ACO) that will improve care and lower cost (we've done some form of this for years)
- Readiness means learning everything we can (the National Council is a great resource) while strengthening internal provider processes for identifying costs, inefficiencies, and capabilities- hence the use of tools such as benchmarking
- We should also learn about different payment mechanisms; capitation, pay for performance, negotiated contract rates etc.
- Actively seek new partners at community level (e.g.the Family Service inc and Threshold Services project with a Mont Co FQHC, Mosaic's multiple pilots including with an embedded FQHC).
- At state level, continue to press for budget and financial support focused on workforce, IT and infrastructure to enable CBH members to be as entrepreneurial as they've been up to now and need to be in the future

ADVOCACY ARENAS

- First is to work on DHMH Secretary's behavioral health integration plan- we're at the table and will remain so
- At the same time, push Medicaid to preserve stakeholder policy access and recovery values
- Legislative support-$ and values of carve-out
- Advocacy colleagues- Mental Health Association of MD (and the MH Coalition), NAMI, On Our Own

CBH ADVOCACY COMMITTEE

- Formed to help all member agencies expand advocacy reach and become better organized
- CBH has VoterVoice vehicle to help you respond to alerts
- Bottom line: state level advocacy is ineffective without full involvement by consumers, families, staff at community level-you live with the issues and make them real
- Join with Debbye and Cathy to involve yourself, friends and colleagues in public policy advocacy-consumer lives, staff jobs and the future of good accessible public mental health services depend on it

WHAT SHOULD CHANNEL MARKER DO

- Keep growing and diversifying- group practice, Health Home, multi-county reach
- Learn new management skills- using data to cost your services and benchmark against others, measure outcomes and demonstrate value
- Keep doing what you're doing vis-à-vis CARF accreditation, Electronic Health Record implementation
- Can you survive as an independent agency? Experts seem to think no- but if not, will there be any "community" left in community mental health?
- Worth pursuing new partnerships if not mergers with SUD agencies, child welfare entities, FQHCs, hospitals

WHAT ARE CBH's PRIORITIES FOR ITS MEMBERS

- Help position member agencies to survive and thrive in a changing health care environment that is supposed to reward care integration, outcomes over service volume, and new partnerships (especially with SUD and primary care providers)

- While doing 1, also maintaining the specialized niche of services for individuals no one else has the interest or expertise to support effectively- this is the value you offer to the larger health care world (especially if we get taken over by MCO's and ACO's)
- Adequacy of funding/funding diversification is always a priority

RESOURCES

- Each other-maintain current tremendous willingness to share experiences, expertise
- The National Council for Community Behavioral Healthcare (www.thenationalcouncil.org) and the Center for Integrated Health Solutions (www.integration.samhsa.gov)
- **To stay on top of state level systems developments, DHMH and MHA websites for behavioral health integration (www.dhmh.maryland.gov) and click on "integration efforts"**
- **CBH is also posting relevant information on its website, www.mdcbh.org**

I. To prepare Channel Marker for growth by leveraging technology to improve efficiency as well as services to our clients

Objectives	Priority Board/ Mgmt	Priority Direct Care Staff	Priority Clients	Responsibility	Deadline or implementation date
A. **Develop organizational technology plan for CARF process and Electronic Health Record implementation.** • Upgrade server • Establish firewalls, routers and VPN tunnels	✓			Finance Director/ Billing/IT Consultant	6.30.14
B. **Implement an Electronic Health Record for the agency** • Develop a timeline • establish a Go Live Date	✓	✓		Finance Director/ Billing/IT Consultant Executive Dir. Program Dir.	6.30.14
C. Establish technology reports for Health Home • Enroll and implement CRISP system • Enroll Health Home Clients in EMedicaid • Explore Pro-Act data management system	✓			Program & Health Home Directors	6.30.14 9.1.14
D. **Research costs and best product for tablets to be used by staff in conjunction with the EHR** • Secure funding to purchase tablets • Determine if allowing staff to purchase tablet through payroll deductions is an option • Research feasibility of wireless keyboards for tablets • Research monthly data plan costs • Develop a protocol for usage of tablets • Determine if new computers/printers will be needed for the houses	✓	✓		Finance Director/ Billing/IT Consultant Executive Dir. Program Dir	6.30.14

Objectives	**Priority Board/ Mgmt**	**Priority Direct Care Staff**	**Priority Clients**	**Responsibility**	**Deadline or implementation date**
E. Explore costs for more agency cell phones for key director level staff	✓	✓		Executive & Finance Directors	9.1.14
F. Develop a mechanism for all staff to be able to access the key agency forms and policies from the staff section of website		✓		Executive Director, Marketing Specialist and Billing/IT consultant	9.1.14
G. Explore the costs and feasibility of having "Smart Boards" for the programs		✓		Exec., Finance & Program Dir.	9.1.14
H. Study the current inventory of client computers and secure more computers with larger monitors for client usage (2-3 per county)			✓	Billing/IT consultant & Exec. Dir.	9.1.14
I. Provide computer education groups for the clients			✓	Program Director and HR/Training Director	9.1.14

Status Report

January 5, 2015

A. **Develop organizational technology plan for CARF process and Electronic Health Record implementation.** • **Upgrade server** • **Establish firewalls, routers and VPN tunnels**	Technology plan is continuing to be developed to line up with CARF requirements. Channel Marker main server was upgraded in Spring 2014 to facilitate process with MindLinc Electronic Health Record. Firewalls, routers and VPN tunnels have been established within Channel Marker remote locations. ***1.5.15- Complete***
B. **Implement an Electronic Health Record for the agency** • Develop a timeline • establish a Go Live Date	After a two year evaluation process the Mindlinc Electronic Health Record from Duke University was selected and a contract was signed by 1/30/14. Weekly phone meetings have been taking place since January with key CM staff to collaborate on building the record with Mindlinc staff. Mindlinc staff has been on-site with Channel Marker 2 days each twice during the month of June 2013. At this point it appears a Go Live date will be January 2015. ***1.5.15 Update- Mindlinc Staff were again on-site in December going over the billing module. Go Live Date has been pushed back to May 2015***
C. Establish technology reports for Health Home • **Enroll and implement CRISP system** • **Enroll Health Home Clients in EMedicaid** • **Explore Pro-Act data management system**	Channel Marker enrolled clients in the CRISP system since they began signing Health Home consents in November 2013. Clients are also enrolled in eMedicaid as they are enrolled. Health Home Director is beginning to get daily CRISP reports which help us to know who has visited the ER and allows us to work on better educating the clients on

	how to manage their health issues. We will be exploring pricing and possibilities of using the Pro-Act data system. By 9.30.14 ***1.5.15-Update- CRISP data is being incorporated daily in the operations of the Health Home team. Clients continue to be enrolled in EMedicaid as they enroll in Health Home. Program and Executive Directors had several phone calls with the Pro-Act data management sales personnel and have determined that the product is much too expensive. Other applications will be explored throughout the remainder of calendar year 2015.***
D. **Research costs and best product for tablets to be used by staff in conjunction with the EHR** • Secure funding to purchase tablets • Determine if allowing staff to purchase tablet through payroll deductions is an option • Research feasibility of wireless keyboards for tablets • Research monthly data plan costs • Develop a protocol for usage of tablets • Determine if new computers/printers will be needed for the houses	Channel Marker purchased tablets at the end of June 2014 based on recommendation from MindLinc. Enough were ordered to be kept at each program and checked out for staff doing off-site services. Keyboards and signature pads were also purchased. We were able to fund the tablets through our computer budget. Data plans will be handled through the brief case mode and Mind-Linc. A protocol for usage of the tablets will be developed by 12.31.14. A priority will be given to upgrading computers at the residential homes. ***1. 5.15 Update- Usage of the tablets has not begun yet for the purpose of the electronic health record. A protocol has not yet been developed. It will be developed by the end of May 2015. At least four newer computers will be needed for the residential homes and this will be included with FY 16 budget.***
E. Explore costs for more agency cell phones for key director level staff	Several key director staff are using their personal cell phone for agency business and we will continue to research our cell phone plans through 9.30.14

	1.5.15 Update- This will be considered during the budget process in April/May 2015
F. Develop a mechanism for all staff to be able to access the key agency forms and policies from the staff section of website	Channel Marker website has been receiving revisions with more to continue. We plan to have a staff section on the website completed by 9.30.14 ***1. 5.15- This has not yet been completed however should be done by the next review period.***
G. Explore the costs and feasibility of having "Smart Boards" for the programs	**Deleted objective- 6.30.14**
H. Study the current inventory of client computers and secure more computers with larger monitors for client usage (2-3 per county)	Current adult client computers in the program are old hand me downs and we will prioritize upgrading 2-3 per county by 12.31.14. ***1.5.15 Update- Client computers except in the Talbot program are fairly updated. New monitors should be purchased before the end of the next plan review.***
I. Provide computer education groups for the clients	Clients have requested this and program staff will work to develop curriculum and supports as new computers are added by 1.1.15. ***1. 5.15- This has not yet been completed***

2.To prepare and position Channel Marker, Inc. for changes in the health care field within the next two years, incorporating mental Health, Primary care and substance use programming (study and planning for practice improvement).

Objectives	Priority Board/ Mgmt	Priority Direct Care Staff	Priority Clients	Responsibility	Deadline or implementation date
A. Channel Marker will apply for National Accreditation as per DHMH's mandate for Health Homes.	✓	✓		Program/Exec. Directors	4.30.15
B. Further research implementation of Addictions services • Explore hiring a Certified Addictions Counselor for the program • Learn more about the Addictions billing structure when state level cabinets combine • Continue to further develop partnerships with Caroline Addictions, T-CAP, and D-CAP programs • Implement assessments such as the CAGE-AID in all of our client assessment processes	✓	✓		Program, Q.A. and HR/Training Directors	12.31.16
C. Further develop our group practice to provide this service in Caroline and Dorchester. • Explore budget for adding a Nurse Practitioner to the group practice. • Prioritize securing funding for first years' operation • Advertise for NP position • Explore insurance ramifications and expenses • Look at adding another clinician and what is needed to get them approved through Medicaid and Medicare • Continue discussing partnership with For All Seasons based on model in Talbot	✓	✓		Program/Exec/ Finance Directors	12.31.14
D. Further expand youth services • Explore providing youth PRP in Talbot	✓	✓		Program/Youth Services	6.30.15

• Determine capacity with clinical supervision to determine if further expansion of youth PRP services in Dorchester/Caroline is feasible-explore staffing needed and space • Explore youth RTC waiver for expansion of youth services				Director	
E. Further develop our Health Home Service and Wellness programs • Expand Health Home service to youth • Expand schedule for Nurse care manager to 5 days per week • Explore feasibility of developing a Wellness program for staff • Explore partnerships with Primary Care practices, FHQC's and ER's • Use Health Information Technology to collect data for Population Management	✓	✓		Program/Exec/ Health Home Directors	6.30.15
F. Further develop our Transition Age Youth Program • Finish training collaborative through the Core Service Agency and University of Maryland • Determine best path for growth of this service through marketing of the service • Determine if this should be a centralized service as it grows (offer service to Caroline and Dorchester clients at Talbot) • Determine if through growth this program might be offered at a different location in Easton • Further develop job coaching services for this group (Caroline and Dorchester) • Provide entitlements training to clients (determine if a staff person or more than one staff person should be specially trained in this area)		✓	✓	Program/Adult Services Directors/ program staff	12.31.14

• Create paid work opportunities in house for clients					
G. Evaluate residential services • Develop activities for residential clients when day program ends • Fine tune our medication monitoring process in our group homes • Provide more support to clients with co-occurring mental health and substance use issues • Evaluate feasibility of residential facility on Caroline property (vacant lot)		✓		Program/Exec/ Residential and HR/Training Directors	12.31.15

Status Report

January 5, 2015

A. Channel Marker will apply for National Accreditation as per DHMH's mandate for Health Homes.	Channel Marker has decided to pursue CARF accreditation as have many other PRP providers in the state. A provision of our Health Home approval is that we apply for and receive accreditation by April 2015. Several key staff has been involved in multiple CARF preparation trainings and we will reach out to sister programs and CARF auditors to determine best mechanisms for preparation. Channel Marker staff is already overtaxed so we may need to pursue additional staffing resources to meet this challenge. **1.5.15- Channel Marker has contracted with a consulting firm to help us prepare for CARF certification. We are still planning to apply to have the CARF survey completed by the end of April 2015**

B. Further research implementation of Addictions services • Explore hiring a Certified Addictions Counselor for the program • Learn more about the Addictions billing structure when state level cabinets combine • Continue to further develop partnerships with Caroline Addictions, T-CAP, and D-CAP programs • Implement assessments such as the CAGE-AID in all of our client assessment processes	Further expansion of Addictions services for Channel Marker clients is an important step in our service growth. Currently on the state level the Addictions and Mental Hygiene cabinets are being combined into a Behavorial Health cabinet and addictions services will be going to a fee for service structure. The billing structure is not known at this time but within the next year that picture should become clearer. We hope to add a Certified Addictions Counselor to our staffing mix by 12.31.16. In the meantime we continue to refer clients in need to the Addictions programs in the county health department system. In order to best assess our client's needs for Addictions services we will build the CAGE-AID tool into all of our client assessment process by 12.31.14. ***1.5.15 Update- Due to heavy administrative staff involvement in preparing for CARF there has been very little discussion about this important programming component. This will be addressed further after the CARF survey is completed and the EMR is implemented.***
C. Further develop our group practice to provide this service in Caroline and Dorchester. • Explore budget for adding a Nurse Practitioner to the group practice. • Prioritize securing funding for first years' operation • Advertise for NP position • Explore insurance ramifications and expenses • Look at adding another clinician and what is needed to get them approved through Medicaid and Medicare • Continue discussing partnership with For All Seasons based on model in Talbot	For the fiscal year 2015, the CMI board has approved the hiring of a full-time Nurse Practitioner for our Group Practice and funding has been secured should this position run into a deficit through a bequest received by Channel Marker. Ads have been developed and will start running at the beginning of July 2014. The budget has been vetted for expenses and insurance payments. It is anticipated that we will try to add another clinician for therapy to the group practice by 12.30.15. We plan to continue to utilize our For All Seasons model. ***1.5.15 Update- the anticipated model for this service changed in late summer 2014 when we were approached by Meera Wells, MD , a psychiatrist who wanted to contract to serve as the psychiatrist for our Group Practice as she was leaving FAS. The budget was redone and with board permission we moved forward with Dr. Wells in***

	October 2014. We are already at capacity based on her schedule and limited therapist time. We plan to open an office for her in Dorchester and Caroline counties later this Spring/Summer and also budget to add therapy time either through another licensed Channel Marker social worker or a contracted therapist.
C. Further expand youth services • Explore providing youth PRP in Talbot • Determine capacity with clinical supervision to determine if further expansion of youth PRP services in Dorchester/Caroline is feasible-explore staffing needed and space • Explore youth RTC waiver for expansion of youth services-DELETE	Further expansion of youth services is a goal however we need to determine the hours of clinical supervision based on the number of youth served. We need to determine the capacity threshold. We have been approached by our CSA to consider starting up a youth PRP in Talbot again and we will evaluate that in the Spring of 2015. There are space issues to be resolved in all three counties at this time before we can consider further expansion. Those issues will be addressed as part of the infrastructure review planned. We attended a meeting in May 2014 to hear more about the youth RTC waiver and expansion of case management services locally and management staff determined that this would not be an appropriate move for the organization at this time due to too many unanswered questions regarding # of people to be served and funding reimbursement. ***1.5.15 Update- At this time expanding youth PRP in Dorchester and Caroline is not a priority. We will further explore the implications of youth PRP services in Talbot later this Spring during the budget process.***
D. Further develop our Health Home Service and Wellness programs • Expand Health Home service to youth • Expand schedule for Nurse care manager to 5 days per week • Explore feasibility of developing a Wellness program for staff • Explore partnerships with Primary Care practices, FHQC's and ER's	We continue to work on developing our adult Health Home program by attending state level training opportunities. We have determined to wait until we know for sure that the state is going to make Health Home a permanent service before expanding the service to children. Our Nurse Care Manager will expand to 5 days per week in September 2014. Meetings will be scheduled with FQHC-Choptank, ER's and

• Use Health Information Technology to collect data for Population Management	Primary care providers in July 2014. CMI Board has embraced the possibility of starting an Employee Wellness program and further contacts for this are being made by our Health Home director. Staff will be invited to volunteer to help craft this program for staff. Channel Marker will continue to study means of collecting data for Population Management- will schedule conversations to learn more about ProAct tool. ***1.5.15 Update- Expanding Health Home service to youth will not be considered until after September 2015. Nurse Care Manager is now working 5 days per week. Wellness Program is being planned for staff with implementation starting this month. Much work has been done in developing partnerships with the Emergency Departments of local hospitals and primary care practices and Choptank Community Health (FQHC). A joint grant proposal was submitted in November by Choptank and Channel Marker to try to develop co-located services for primary care of CM clients.***
E. Further develop our Transition Age Youth Program • Finish training collaborative through the Core Service Agency and University of Maryland • Determine best path for growth of this service through marketing of the service • Determine if this should be a centralized service as it grows (offer service to Caroline and Dorchester clients at Talbot) • Determine if through growth this program might be offered at a different location in Easton • Further develop job coaching services for this group (Caroline and Dorchester) • Provide entitlements training to clients (determine if a staff person or more than one staff person should be specially trained in this area)	Training collaborative was completed in June 2014. Channel Marker staff will continue with follow-up meetings. Youth and Adult Services Directors will schedule meetings to market this program through local DSS offices and their Foster Care programs. Key staff met with Caroline county school system personnel in May 2014 to present this service. We continue to provide the service in Talbot county with Caroline clients coming over until our numbers are such that it makes sense to offer in each county. Dorchester program is growing. When there is an interest our Job Coach has provided support to clients in Caroline and Dorchester counties. We plan to have a staff person trained to become an entitlements specialist by 6.30.15 and plan to further develop paid in-house work opportunities for clients by

• Create paid work opportunities in house for clients	6.30.16. 1***.5.15 Update- in November 2014 a decision was made to not participate in the Training Collaborative as a contract amendment was put out requiring CM to become an evidence based Supported Employment provider. For multiple reasons CM had decided a long time ago not to do that thus withdrawing from the training collaborative means we will no longer be a preferred provider however it does not change anything that we do relative to our TAY program, just the rate differential which is not significant. With so much staff time going into preparing for CARF it has been determined that we will more aggressively market the TAY program during Summer/Fall of 2015.***
F. Evaluate residential services • Develop activities for residential clients when day program ends • Fine tune our medication monitoring process in our group homes • Provide more support to clients with co-occurring mental health and substance use issues • Evaluate feasibility of residential facility on Caroline property (vacant lot)	Client leisure skills groups are being offered at the Rehabilitation centers in the afternoon for our residential clients. Our medication monitoring process has been moved forward with the implementation of pill strips prepared by Craig's Institutional Pharmacy. This implementation began in June 2014 and we are gradually implementing it in all 3 counties served. Currently clients with co-occurring needs are referred to the county based addictions programs. Over time we hope to hire an in-house addictions specialist. Aging in Place clients are currently served in our residential homes. Planning a facility which can better meet their aging and mobility needs has been discussed by management staff and board for some time. This will be further evaluated as part of our infrastructure review. ***1.5.15 Update-Ongoing but defer update until June 2015 review***

3. **To build strong alliances in the community that will further achieve the organizational mission and promote integration**

Objectives	Priority Board/ Mgmt	Priority Direct Care Staff	Priority Clients	Responsibility	Deadline or implementation date
A. Explore potential alliances for the organization with the following: • **Choptank Health (FQHC)** • **Shore Health Systems –behavioral and somatic** • **Intensive Outpatient and Addictions programs** • **YMCA/therapeutic pools –for our HH service** • **O.T./P.T. programs- for our HH Service** • **Chesapeake College-Allied Health programs –for HH** • **Build Alliance with pharmacies to increase compliance and reduce risk with medications** • **Alliances with primary practices that treat our clients- Family Care and River Family and Rose Hill- for our HH service**	✓	✓		**Program/Exec/ Health Home Directors**	**12.31.14**
B. Explore potential alliances with DORS for additional service growth	✓	✓		**Adult Services Director**	**12.31.14**
C. Further explore outreach and alliances with Departments of Social Services for referrals from the "Ready by 21 and Thrive by 25" foster care groups	✓	✓		**Adult/Youth Services Directors**	**12.31.14**
D. Continue outreaching to public school systems to educate on our TAY service	✓	✓		**Adult/Youth Services Directors**	**12.31.14**
E. Explore strengthening relationship with each county Chamber of Commerce	✓	✓		**Executive Director**	**6.30.15**
F. Explore Marketing opportunities • **Revamp our Website**	✓	✓		**Executive Director/**	**12.31.14**

• **Business card for staff and board members** • **Prepare a power point presentation staff could present to civic groups** • **Allow staff to participate in other agency's boards/have more in-house committee work for staff for sense of ownership** • **Create a quarterly in-house eNewsletter** • **Explore revamping logo to "Behavorial Health Support Services"**				**Marketing Specialist**	
G. Reach out to other agencies: YMCA and Libraries	✓	✓		**Health Home Director**	**12.31.14**

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A. Explore potential alliances for the organization with the following: • Choptank Health (FQHC) • Shore Health Systems –behavioral and somatic • Intensive Outpatient and Addictions programs • YMCA/therapeutic pools –for our HH service • O.T./P.T. programs- for our HH Service-DELETE • Chesapeake College-Allied Health programs –for HH • Build Alliance with pharmacies to increase compliance and reduce risk with medications • Alliances with primary practices that treat our clients- Family Care and River Family and Rose Hill- for our HH service	Since January 2014, several meeting have been held with our local FQHC to discuss ways we can better work to meet the Primary care needs of our clients. Good information was shared on utilizing their on-call system for after hour's emergencies which in at least three cases diverted an emergency rooms visit by a Channel Marker client. Key staff from Choptank have met with and followed our Nurse Care Manager and Health Home director for a day to get a better sense of what we are doing in Health Home. Further meetings are scheduled for July 2014 with Choptank and Shore Health System UoFM staff. Outreach will continue with IOP and Addictions programs. Health Home staff believes that therapeutic pools in some instances can benefit our clients and will make contact with the YMCA. One contact has already been made with the Dorchester YMCA and they are working with a client there to help her with her weight loss goals

	through swimming access. At this time we will drop the plan to outreach to O.T./P.T. programs. We plan to outreach to the local Nursing program at Chesapeake to inform them of the changes our industry to seeing moving towards population based care. Ann Ryan is our contact there and we will try to contact her by 9.1.14. Good progress has been made with Craig's Institutional Pharmacy in helping Channel Marker move towards pill strips for our residential clients and by August 1st we plan to help our community clients in Talbot move in this direction as a way to better manage all of their medications. After we have helped our Talbot clients through this process we will then work with our community clients in Caroline and Dorchester counties as well. We hope to further reach out to other Primary care practices by 12.31.14. ***1.5.15 Update- much work has been completed with partnership meetings with Choptank Community Health Services and Shore Health Systems Emergency Department staff and local primary care practices. We are approaching 100% of our clients being set-up with a Primary Care provider. Contact has not been made yet with Chesapeake College Allied Health program. Much collaboration has also taken place with Craig's Institutional Pharmacy to help us with our medication management practices.***
B. **Explore potential alliances with DORS for additional service growth**	DORS has talked with Channel Marker Job Coach about the needs of individuals they see for Job Coaching. Adult Services Director will set up a meeting with DORS staff by 12.31.14 ***1.5.15 Update-talks have taken place with DORS however we are not at a place to move forward with this yet due to staffing limitations.***
C. **Further explore outreach and alliances with Departments of Social Services for referrals from the "Ready by 21 and**	Currently Program Director attends the Thrive by 25 meeting of the local DSS. Adult Services Director will follow up with Talbot DSS staff

Thrive by 25" foster care groups	by 9.30.14 to see if a meeting can be arranged to market our TAY service. ***1.5.15 Update- current marketing of TAY services is on hold until after CARF survey due to limitations of staffing***
D. **Continue outreaching to public school systems to educate on our TAY service**	Staff met with Caroline County public school staff in May 2014 to discuss our TAY service. Further outreach to Talbot and Dorchester public schools will be prioritized by 12.31.14. ***1.5.15 Update- current marketing of TAY services is on hold until after CARF survey due to limitations of staffing***
E. **Explore strengthening relationship with each county Chamber of Commerce**	County Chambers are effective in helping Channel Marker market our fundraising events. Eblasts will be utilized through 8/23/14 to market our Summer Celebration crab feast and golf tournament. ***1.5.15 Update- Ongoing***
F. Explore Marketing opportunities • Revamp our Website • Business card for staff and board members • Prepare a power point presentation staff could present to civic groups • Allow staff to participate in other agency's boards/have more in-house committee work for staff for sense of ownership • Create a quarterly in-house eNewsletter • Explore revamping logo to "Behavorial Health Support Services"	Our website has been undergoing revisions during Spring 2014 with several other changes to still be completed. Marketing Specialist will make 25 business cards per board member to be distributed at September 2014 board meeting. As feasible staff participate in community boards and committees. In-house committees will be established to have direct care staff input on facility renovations, etc. During the December 2014 board retreat we will present options for considering a change in our logo and branding to better reflect the new "Behavioral Health" change. By 1.1.15 we will work to begin a quarterly in-house newsletter incorporating employee wellness and organizational changes. ***1.5.15 Update- Items will be deferred until 6.30.15 update due to lack***

	of progress
G. Reach out to other agencies: YMCA and Libraries- DELETE	Deleted as an objective

4. **To develop a complete infrastructure review (facilities and fleet) to assure that Channel Marker is positioned for future growth**

Objectives	**Priority Board/Mgmt**	**Priority Direct Care Staff**	**Priority Clients**	**Responsibility**	**Deadline or implementation date**
A. Develop an Ad-Hoc committee of CMI, CMF board members and staff to review current infrastructure needs • Rick to meet first to determine staff involvement (who) • Determine a time frame for this process • Discuss with staff their current priorities	✓			Finance/Exec/ Adult Service Director and Facilities Manager	9.30.14
B. Evaluate architectural and environmental barriers at program facilities	✓			Finance/Exec/ Adult Service Director and Facilities Manager	9.30.14
C. Evaluate potential of satellite space in Caroline for youth programming		✓		Youth Services Director	6.30.15
D. Evaluate space in Talbot for Adult services/TAY services • Is there potential for space conversion of garage	✓	✓		Finance/Exec/ Adult Service Director	12.31.14

at Talbot • Explore possibilities for further expansion of Port Street facility					
E. Further review plan for an Aging in Place facility on vacant lot in Denton	✓			Residential/ Program/Exec /Finance/QA Directors/ Foundation	6.30.16
F. Explore possibility of a multi -purpose space in Easton for an Admin/Wellness/TAY/Training facility	✓			Exec/Finance Director, Foundation	6.30.16
G. Explore feasibility of affordable housing program for clients	✓	✓		Exec/Finance Director, Foundation	6.30.16
H. Explore fleet needs: • Purchase vans that help meet mobility limitations of clients-lift,step van- walker attachment • Determine need for cars/more minivans • Explore funding possibilities for funding for better equipped vehicles	✓	✓	✓	Exec/Finance/ Adult Services Director/ Facilities Manager	12.30.14
I. Evaluate space at each facility for: • Group practice • Health Home- Nurse's office and or co-located medical office space		✓		Exec/Program/ Adult Services /Finance Director	12.30.14

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A. Develop an Ad-Hoc committee of CMI, CMF board members and staff to review current infrastructure needs • Rick to meet first to determine staff involvement (who) • Determine a time frame for this process • Discuss with staff their current priorities	Meeting s have informally taken place with key staff however a formal meeting will take place by 8.20.14 to determine priorities in each county facility to present to Ad-Hoc committee by 9.30.14. ***1.5.15 Update- Meetings have determined that the most pressing concern is the space limitations of the Port Street facility. Plans were put in place and a new office is being created for the Dorchester program which will help create a space for the Group Practice later this Spring. A key need in Caroline is additional storage space and the ability to offer both the Nurse for Health Home and the Group Practice a space. This work will take place by early Spring. The Talbot program's need for space cannot be accommodated at the Port Street facility.***
B. Evaluate architectural and environmental barriers at program facilities	This will be discussed when Ad-Hoc committee meets to evaluate all facilities. ***1.5.15 Update- Ongoing***
C. Evaluate potential of satellite space in Caroline for youth programming	Channel Marker Caroline youth program currently holds after-school programming off-site at school locations. There may be the eventual need to procure additional youth services space in Caroline. ***1.5.15 Update- Defer for now as Caroline census does not continue to grow***

D. Evaluate space in Talbot for Adult services/TAY services • Is there potential for space conversion of garage at Talbot • Explore possibilities for further expansion of Port Street facility	Currently the Port Street facility is reaching capacity on space. We are outreaching in the community to see who owns the land behind us there now to see if there is any possibility of purchasing more land. We have discussed converting the garage to another group room and enclosing the carport and making an office. An additional suggestion has been made by staff to wall in some of the open area upstairs for office space. Funding has been approved by the Foundation. This will also be a topic for the Ad-Hoc infrastructure committee. ***1.5.15 Update- We have learned that there is no option for us to purchase additional space to expand the Port Street facility. We have begun the process of looking at other facilities in the community to potentially have the Foundation purchase and combine the Administrative office space with programming under one roof.***
E. Further review plan for an Aging in Place facility on vacant lot in Denton	This will be deferred until 2015-2016
F. Explore possibility of a multi -purpose space in Easton for an Admin/Wellness/TAY/Training facility	This will be deferred until 2015-2016 ***1.5.15 Update- this is currently being pursued with a potential facility identified in Easton***
G. Explore feasibility of affordable housing program for clients	This will be deferred until 2015-2016
H. Explore fleet needs: • Purchase vans that help meet mobility limitations of clients-lift,step van- walker attachment • Determine need for cars/more minivans • Explore funding possibilities for funding for better	Currently budgeted to be purchased by 11.1.14 is one specially equipped sprinter van which will primarily be used in Dorchester county and will allow us to evaluate whether this better meets the needs of our clients. If so, we will need to explore further funding options to purchase more- perhaps through the state funds that are

equipped vehicles	put out each year. Fleet mix needs will also continue to be evaluated. ***1.5.15 Update- With staff resources being committed to CARF preparation we have not yet purchased the sprinter van. This will be pursued later this spring or early summer.***
I. Evaluate space at each facility for: • Group practice • Health Home- Nurse's office and or co-located medical office space	We are continuing to evaluate potential for a co-located medical office and additional space for our group practice. These will be discussed as part of the infrastructure review of the Ad-Hoc committee. ***1.5.15 Update- On-going***

5. **To recruit, train, evaluate and retain the most qualified professional and paraprofessional staff for Channel Marker, Inc.**

Objectives	**Priority Board/Mgmt**	**Priority Direct Care Staff**	**Priority Clients**	**Responsibility**	**Deadline or implementation date**
A. **Explore feasibility of establishing an Employee Assistance program**		✓		Exec/Finance Director	6.30.15
B. **Identify and secure training to have an in-house CPI trainer for staff**		✓		Exec/Hr Training Directors	12.31.14
C. **Hire a Certified Addictions Counselor**		✓		Exec Director	6.30.16
D. **Identify and secure training to have an in-house benefits counselor for the clients**		✓		HR Training /Adult Services Directors	6.30.15

E. **Explore best means for advertising for staff positions**		✓		Exec/Hr Training Directors	6.30.15
F. **Explore feasibility of replacing residential associate vacant positions with G.N.A. or C.N.A. qualified staff**		✓		Exec/Finance Director/HR Training Dir	6.30.15
G. **Explore costs for utilizing temp agencies for staffing residential staffing vacancies**		✓		Finance Director/HR Training Dir	12.31.14
H. **Evaluate expansion of staff benefits (health insurance costs)**		✓		Exec/Finance Director Personnel Comm/Bd	4.31.15
I. **Develop Staff Wellness program**		✓		Health Home Director	12.31.14

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A. **Explore feasibility of establishing an Employee Assistance program**	Currently this is not a priority but will be presented to the Board personnel committee during FY15 to see if they have suggestions or to determine if this should be deleted. ***1.5.15 Update-Ongoing***
B. **Identify and secure training to have an in-house CPI trainer for staff**	Staff has determined that this is a need. A trainer needs to be identified to attend 4 day training in Baltimore in September 2014.

	1.5.15 Update- No one was identified for the 9/14 training. Clinical Director continues to do in-house training for staff on Non-Violent Interventions. We will continue to evaluate this.
C. **Hire a Certified Addictions Counselor**	This has been deferred until budget cycle Spring 2016
D. **Identify and secure training to have an in-house benefits counselor for the clients**	Training opportunity needs to be secured as well as the staff person who will be the in-house expert by 6.30.15 ***1.5.15 Update- On-going***
E. **Explore best means for advertising for staff positions**	This will continue to be evaluated through 6.30.15. Currently the local paper still is our most often used means.
F. **Explore feasibility of replacing residential associate vacant positions with G.N.A. or C.N.A. qualified staff**	This has budget ramifications which will be discussed and evaluated through FY 15. ***1.5.15 Update- will evaluate costs during FY16 budget preparation***
G. **Explore costs for utilizing temp agencies for staffing residential staffing vacancies**	Costs will be gathered through12.30.14 to see if this is feasible during staffing vacancies. ***1.5.15 Update- this has not been researched***
H. **Evaluate expansion of staff benefits (health insurance costs)**	Board Personnel Committee will consider this during FY 2015 meetings.
I. **Develop Staff Wellness program**	Plans have already begun for this. Staff volunteers are being recruited to assist Health Home Director in determining what staff are looking for in a Wellness program. ***1.5.15 Update- Staff Wellness program began in January.***

6. **To continue to evaluate current funding mix (fee for service, grants, fundraising) to assure that Channel Marker is positioned for further growth and healthcare changes.**

OBJECTIVES:

Objectives	Priority Board/ Mgmt	Priority Direct Care Staff	Priority Clients	Responsibility	Deadline or implementation date
Explore grant opportunities (private, state and federal)	✓			Exec/Finance Director	6.30.16
Continue to work with local government entities for Community Development Block Grants as available	✓			Exec/Finance Director	6.30.16
Contract out grant writing when feasible	✓			Exec/Finance Director	6.30.16
Establish a planned giving program for future sustainability of Channel Marker services	✓			Executive Director	12.31.14
Research upcoming changes as payor system for Medicaid changes within the next two years	✓			Executive/ Program/ Finance Directors	6.30.16
Continue involvement with Community Behavioral Health Association and National Council to remain current on funding and payment system changes that can affect the organization and our services	✓			Executive/ Program/ Finance Directors	6.30.16
Develop an investment policy for recent bequest received by Channel Marker	✓			CM Finance Committee	8.30.14
Maintain meetings with Management staff to keep them involved in service level goals which impact budget projections	✓			Finance Director Management Staff	6.30.16

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Explore grant opportunities (private, state and federal)	As we begin FY 15 we have been fortunate to again receive $50,000 from our anonymous local foundation that has supported our Primary Project and residential and youth programs. We have received $40,000 from the Quality Health Foundation to support our Client Wellness Program for another year. We will continue to apply for other grants as they come up. ***1.5.15 Update- On-going***
Continue to work with local government entities for Community Development Block Grants as available	We have just completed another Community Development Block Grant sponsored by the Dorchester County Council which allowed us to make improvements to our two group homes in Cambridge. Our Finance Director will research opportunities for another CDBG to continue enhancing our facilities within the next year. ***1.5.15 Update- On-going***
Contract out grant writing when feasible	We have a grant writer that we occasionally contract with who will be helping us submit a grant request to the CareFirst Foundation by November 2014. ***1.5.15 Update- Grant request was not submitted in November however this objective will be on-going***
Establish a planned giving program for future sustainability of Channel Marker services	We have a resource that is developing a planned giving section for our website and final work is being completed on that and should be completed by 9.30.14.

	1.5.15 Update- completed
Research upcoming changes as payor system for Medicaid changes within the next two years	Program Director continues to gather information on upcoming Payer system changes and information is disseminated as it is received. ***1.5.15 Update- ongoing***
Continue involvement with Community Behavioral Health Association and National Council to remain current on funding and payment system changes that can affect the organization and our services	Both MDCBH and the National Council have become invaluable resources which allow Channel Marker staff to stay abreast of state and national changes. Several senior level Channel Marker staff attended the National Conference in May at the National Harbor and had the opportunity to hear from national leaders on the state of Behavioral Healthcare changes. ***1.5.15 Update- MDCBH continues to be an invaluable resource and particular helpful with Advocacy issues related to funding and regulatory issues in Maryland***
Develop an investment policy for recent bequest received by Channel Marker	A meeting will be scheduled for later this summer regarding an investment strategy for the bequest received by Channel Marker Inc. from the estate of the mother of a long time Channel Marker client. The Finance committee will meet in August, 2014 ***1.5.15 Update- Completed***
Maintain meetings with Management staff to keep them involved in service level goals which impact budget projections	Throughout the year Channel Marker's Finance Director meets with management staff during weekly support meetings to review budget projections and service level goals to evaluate strong and weak performing service areas and to work on strategies to remain on budget. ***1.5.15 Update- Ongoing***