BEHAVIORAL HEALTH STRATEGIC PLAN 2022

The Counseling Center at
MOC
Making Opportunity Count

Introduction

Making Opportunity Count, Inc. (MOC) is a dynamic community action agency with a rich history rooted in President Johnson's War on Poverty. Established in 1966 upon President Johnson's charge to action, MOC joined the ranks of other community action agencies across the nation in a unified commitment to advance opportunities for low-income populations. Annually, MOC serves the needs of approximately 15,000 individuals with low incomes from across 30 cities and towns throughout the North Central MA region. While widespread, MOC is committed to identifying and addressing the unique strengths and needs of each community we serve to advance our local work against poverty and extend maximum reach to provide opportunities for all.

The Counseling Center at MOC (MOC) is Community Action Agency serves a diverse, multi-cultural population in northern Worcester County, MA. Our behavioral healthcare Services are designed and implemented to support the recovery, health, and well-being of people and/or their families; enhance quality of life; reduce symptoms and needs; build resilience; restore or improve functioning; and support any applicable integrations back into the community. We engage in a strategic planning process on an annual basis in which a variety of input from persons served, our staff, and community stakeholders is collected, analyzed, used for planning purposes.

How We develop the Strategic Plan- To guide this next stage of growth, MOC conducted a major planning process that prioritized community needs. Data was collected from a broad range of parties including clients, staff and external stakeholders. To support our initiative to dedicate greater attention to the needs of traditionally marginalized communities, we analyzed data along racial/ethnic lines as well as by gender and socioeconomic status to uncover disparities and better understand their physical and economic wellbeing.

We gather information for our annual plan via annual online surveys and community meetings of the people we serve and their families, our staff, and stakeholders. We analyze our organization's strengths, and weaknesses and emerging opportunities and potential threats. Out of this process a strategic plan is formulated and the "critical issues" for the agency are developed, and measurable goals are developed to address them.

We welcome your ideas and input as to improvements in services that we currently provide and new services that you think we should develop. Please email your suggestions to our Vice President of Planning and Data.

Our Strategic Plan will be shared, as relevant to the population served, with persons served, personnel and other stakeholders through our website.

Mission
Making Opportunity Count's mission is to empower families to achieve economic security by eliminating barriers and creating opportunities.

Vision

At Making Opportunity Count, Inc. we envision a region of thriving communities that offers economic opportunity to earn a livable wage and:

- where all people are active and engaged in creating opportunities for themselves and their families;

- where all people have access to quality and affordable education, food, healthcare, and housing;

- where institutions and systems promote fairness, equality, and inclusion.

Services
Making Opportunity Count provides Outpatient Therapy and medication management services.

Social Determinants of Mental Health
- Major mental disorders like schizophrenia, bipolar disorder, depression, and panic disorder are found world-wide, across all racial and ethnic groups. They have been found across the globe, wherever researchers have surveyed. In the United States, the overall annual prevalence of mental disorders is about 21 percent of adults and children.
- This general finding about similarities in overall prevalence applies to minorities living in the community. It does not apply to those individuals in vulnerable, high-need subgroups such as persons who are homeless, incarcerated, or institutionalized. People in these groups have higher rates of mental disorders. The Surgeon General's Report of 1999 concluded the following:
  • Minorities have less access to and availability of mental health services.
  • Minorities are less likely to receive needed mental health services.
  • Minorities in treatment often receive a poorer quality of mental health care.
  • Minorities are underrepresented in mental health research.
- More is known about the disparities than the reasons behind them. Many barriers deter minorities from reaching treatment. These barriers operate for all Americans: cost, fragmentation of services, lack of availability of services, and societal stigma toward mental illness. But additional barriers deter racial and ethnic minorities: mistrust and fear of treatment, racism and discrimination, and differences in language and communication. The ability for consumers and providers to communicate with one another is

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essential for all aspects of health care, yet it carries special significance in the area of mental health because mental disorders affect thoughts, moods, and the highest integrative aspects of behavior. The diagnosis and treatment of mental disorders greatly depend on verbal communication and trust between persons served and clinician.

- With a multitude of cultural sub-groups and individual variations, culture is important because it bears upon what all people bring to the clinical setting. It can account for variations in how persons served communicate their symptoms and which ones they report.

- Some sets of symptoms are much more common in some societies than in others. Often culture bears upon whether people even seek help in the first place, what types of help they seek, what coping styles and social supports they have, and how much stigma they attach to mental illness. All cultures also feature strengths, such as resilience and adaptive ways of coping, which may buffer some people from developing certain disorders.

- The effectiveness of mental health treatment across cultures has been documented, according to Mental Health: A Report of the Surgeon General. There is evidence that racial, ethnic, and disability-related minorities benefit from mental health treatment. Untreated mental disorders can have dire consequences — distress, disability, and, in some cases, suicide. Every person, regardless of race, ethnicity or disability, should seek help if they have a mental health problem or symptoms of mental disorder.

- The cultures of racial, ethnic and disability-related minorities influence many aspects of mental illness, including how persons from a given culture communicate and manifest their symptoms, their style of coping, their family and community supports, and their willingness to seek treatment. Likewise, the culture of the clinician and the service system influence diagnosis, treatment, and service delivery. Culture is a concept not limited to persons served. It also applies to the professionals who treat them. Every group of professionals embodies a "culture" in the sense that they too have a shared set of beliefs, norms, and values.

Demographics of People Served

Making Opportunity Count behavioral health services primarily serves people who live in Worcester County, MA. Analysis of the demographics show that we are a needed services in the area.
https://www.census.gov/quickfacts/fact/table/worcestercountymassachusetts,US/PST045, retrieved 12/23/2021

PEOPLE	
Population	
Population Estimates, July 1 2021, (V2021)	⚠ 862,029
Population estimates base, April 1, 2020, (V2021)	⚠ 862,111
Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)	⚠ 0.0%
Population, Census, April 1, 2020	862,111
Population, Census, April 1, 2010	798,552
Age and Sex	
Persons under 5 years, percent	⚠ 5.1%
Persons under 18 years, percent	⚠ 20.7%
Persons 65 years and over, percent	⚠ 16.5%
Female persons, percent	⚠ 50.4%
Race and Hispanic Origin	
White alone, percent	⚠ 84.9%
Black or African American alone, percent (a)	⚠ 6.6%
American Indian and Alaska Native alone, percent (a)	⚠ 0.4%
Asian alone, percent (a)	⚠ 5.6%
Native Hawaiian and Other Pacific Islander alone, percent (a)	⚠ 0.1%
Two or More Races, percent	⚠ 2.4%
Hispanic or Latino, percent (b)	⚠ 12.8%
White alone, not Hispanic or Latino, percent	⚠ 74.5%
Population Characteristics	
Veterans, 2016-2020	41,251
Foreign born persons, percent, 2016-2020	12.4%

Housing

Housing units, July 1, 2021, (V2021)	353,884
Owner-occupied housing unit rate, 2016-2020	65.7%
Median value of owner-occupied housing units, 2016-2020	$295,300
Median selected monthly owner costs -with a mortgage, 2016-2020	$1,971
Median selected monthly owner costs -without a mortgage, 2016-2020	$756
Median gross rent, 2016-2020	$1,074
Building permits, 2021	1,895

Families & Living Arrangements

Households, 2016-2020	314,081
Persons per household, 2016-2020	2.54
Living in same house 1 year ago, percent of persons age 1 year+, 2016-2020	89.1%
Language other than English spoken at home, percent of persons age 5 years+, 2016-2020	20.0%

Computer and Internet Use

Households with a computer, percent, 2016-2020	92.1%
Households with a broadband Internet subscription, percent, 2016-2020	87.6%

Education

High school graduate or higher, percent of persons age 25 years+, 2016-2020	91.3%
Bachelor's degree or higher, percent of persons age 25 years+, 2016-2020	37.1%

Health

With a disability, under age 65 years, percent, 2016-2020	8.7%
Persons without health insurance, under age 65 years, percent	⚠ 3.5%

Economy

In civilian labor force, total, percent of population age 16 years+, 2016-2020	66.2%
In civilian labor force, female, percent of population age 16 years+, 2016-2020	62.2%
Total accommodation and food services sales, 2017 ($1,000) (c)	1,632,525
Total health care and social assistance receipts/revenue, 2017 ($1,000) (c)	8,459,964
Total transportation and warehousing receipts/revenue, 2017 ($1,000) (c)	1,079,628
Total retail sales, 2017 ($1,000) (c)	13,253,498
Total retail sales per capita, 2017 (c)	$16,052

Transportation

Mean travel time to work (minutes), workers age 16 years+, 2016-2020	29.8

Income & Poverty

Median household income (in 2020 dollars), 2016-2020	$77,155
Per capita income in past 12 months (in 2020 dollars), 2016-2020	$39,113
Persons in poverty, percent	⚠ 9.5%

BUSINESSES

Businesses

Total employer establishments, 2020	18,347
Total employment, 2020	315,898
Total annual payroll, 2020 ($1,000)	16,752,106
Total employment, percent change, 2019-2020	-0.3%
Total nonemployer establishments, 2019	58,690
All employer firms, Reference year 2017	14,837
Men-owned employer firms, Reference year 2017	9,885
Women-owned employer firms, Reference year 2017	2,090
Minority-owned employer firms, Reference year 2017	1,400
Nonminority-owned employer firms, Reference year 2017	12,022
Veteran-owned employer firms, Reference year 2017	1,047
Nonveteran-owned employer firms, Reference year 2017	12,084

GEOGRAPHY

Geography

Population per square mile, 2020	570.7
Population per square mile, 2010	528.6
Land area in square miles, 2020	1,510.67
Land area in square miles, 2010	1,510.77
FIPS Code	25027

Characteristics of the persons served.

Total Number of Persons Served Annually

361

Race/Ethnicity	Number of Persons Served	Other Race/Ethnicity Description
African American/Black	42	
Asian	9	
White	281	
First Nation/Aboriginal Canadian	0	
Hispanic/Latino (Ethnicity)	70	
Native (American or Alaskan)	2	
Native Hawaiian or Other Pacific Islander	1	
Other(s), specify	23	Unknown or Declined to specify

Gender	Number of Persons Served
Female	247
Male	112
Unknown Gender	0

Age	Number of Persons Served	Other Age Description
0-5 (Children)	17	
06-17 (Adolescent)	136	
18-40 (Adult)	104	
41-65 (Adult)	94	
66-85 (Adult)	8	
86+ (Adult)	0	
Other Age Group	0	
Unknown Age Group	0	

Expectations of persons served.

Based on consumer satisfaction data, our consumers and their families desire locally based, accessible, and small to medium sized agencies, to provide evidenced based treatment. Making Opportunity Count meets these criteria and has a 90%+ satisfaction rate. Making Opportunity Count behavioral healthcare main office is excellent because it is easily accessible by automobile or public transportation.

In 2021 we surveyed the people we serve and community stakeholders in a community needs assessment. The great barriers to service in their communities were cited as being:

- Waitlists for therapy are long due to a lack of providers in the area.
- Specific services are missing in the area: support groups for parents/guardians, dual diagnosis services and inpatient services, in particular.
- Lack of awareness of existing resources, especially among special populations like youth and seniors.
- Existing service hours do not support working adults and families.
- Lack of insurance coverage for services and high copays associated with services and medications.
- Stigma.

Expectations of other stakeholders. Our stakeholders include Managed Care Organizations, other MOC programs, state agencies, and local medical providers. Making Opportunity Count's stakeholders desire providers who are responsive to their regulatory requirements and provide measurable, quality, cost effective services. Making Opportunity Count meets these criteria and has a 90%+ satisfaction rate with our stakeholders.

The competitive environment. When marketing our services to managed-care companies and preferred provider organizations, we take into consideration their needs. For example: group vs. individual treatment, family vs. individual treatment, after-hours accessibility, access on weekends, use and tracking of outcome measures, and customer satisfaction.

In this age of health care reform and increased use of contracts with health maintenance organizations (HMOs), managed care organizations (MCOs) preferred provider organizations (PPOs), and other groups, the demand for behavior health care providers continues to decline. This phenomenon, being driven by behavioral health "carve outs," has created a competitive clinical market, resulting in customer service being a critical factor. From this particular perspective, the customer identified as payor is: self-payor, Medicaid, and managed care companies. They clearly drive the large percentage of referrals within the industry

Financial Opportunities

Making Opportunity Count has sufficient cash flow and reserves to operate in 2022. A goal for this year will be to develop a line of credit to fund expansion, if needed. As the state mental health system moves towards implementation of "Medicaid reform" the state will demand more and more sophistication particularly around quality management and clinical performance analysis. Making Opportunity Count must become more sophisticated than our competitors in order to remain competitive. The likely future of agencies that are like Making Opportunity Count is that they will go out of business or be acquired in 2022 thus increasing Making Opportunity Count's market share.

Financial Threats

Recovery Assessment Contractors, Program Integrity, and other governmental auditing functions have identified behavioral healthcare as an easy target and targeted it for Medicaid Over-Payments auditing. Making Opportunity Count must have a clear, aggressive corporate compliance program in place to meet this threat. The US Supreme Court ruled in June 2012 that CMS cannot take away funding from states that did not wish to join the Medicaid expansion called for in the Affordable Care Act. MA did join the expansion and while the state will increase Medicaid dollars it will face having to pay the total bill at some point in the future. In 2020 -2022 the COVID pandemic spurred an increase in available funding for behavioral healthcare. The net sum of this will likely be a financial crisis for the state sometime in 2023. Making Opportunity Count must closely watch these dynamics.

While external auditors and the threat of recoupment for overpayment of Medicaid payments remain a threat in MA, Making Opportunity Count has taken positive action over the previous calendar year to remediate internal risks and vulnerabilities. The agency will continue to implement its compliance program to help identify and correct gaps in systems, policies and procedures, ensuring protection from hostile third party auditing firms.

In light of the COVID-19 pandemic Making Opportunity Count must develop service lines that will be sustainable in the likelihood that the pandemic will continue. Our research indicates the most viable sustainable services will continue to be mental health focused. Making Opportunity Count will expand its current service line to include medical services in the next years.

Financial Needs
Making Opportunity Count will need to allocate money to accomplish its Information Technology and expansion goals in FY 2022. Specifically:
- ~$15,000 by 10/1/22 to pay for CARF accreditation
- ~5000 to meet IT needs
- ~$2000 in additional funds to expand telehealth services.

The organizations capacities
The executive leadership of the organization are knowledgeable. The agency has contracted with an experienced consultant. Staff are satisfied with Making Opportunity Count and dedicated to our clients. One difficulty that Making Opportunity Count has to overcome is recruiting and hiring qualified staff. Making Opportunity Count must look at recruiting and retention strategies. Please see our workforce development plan.

The organization's relationships with external stakeholders.
Our stakeholders include:
- Therapist
- Social Worker
- Probation and parole
- Homeless services
- Social Service Organization
- State Agency
- Hospital
- Legal Guardian
- MCO

Our most recent stakeholder satisfaction surveys indicates that 90%+ of our stakeholder are satisfied with MOC.

The regulatory environment.

It is likely that in 2022 insurance companies and other funders will require that all behavioral healthcare providers become nationally accredited. While we are confident of being accredited it is imperative, we do so.

The legislative environment.
The MA Legislature is dominated by the Democratic Party. One of its main planks expansion of health care. CMS and the state will likely promulgate rule to meet Affordable Care Act demands. The turmoil and lack of a unified clear policy position in Congress will most likely impact service funding in some way. Making Opportunity Count will need to close watch these dynamics.

It is likely the legislature will be forced to cut back on Medicaid spending in the next year to lack of revenue because of the Covid 19 pandemic. Making Opportunity Count will need to carefully watch this dynamic.

The use of technology to support efficient and effective operations.
Making Opportunity Count must place an emphasis on developing its Information Technology in 2022. In 2022 a gap analysis was conducted. It was determined that the agency needed concentrate on the following IT areas:

- Technology acquisition- The agency will update a user-friendly website and buy 5 new desktops

- Technology replacement- The agency will replace 5 laptop computers with new models

- Training- The agency will develop HIPAA online training for staff in cyber security.

SWOT Analysis
Purpose: Organizations establish a foundation for success through strategic planning focused on taking advantage of strengths, weaknesses, opportunities, and threats.

The agency has identified the following during its SWOT exercise:

MOC Agency SWOT (CARSP) ⌄

Strengths
- ☐ Nimble/Adaptable Organization 📄 ☆
- ☐ Dedicated Staff ☆
- ☐ Strong/Collaborative Leadership Team ☆
- ☐ Diverse Funding 📄 ☆
- ☐ Broad Array of Programming ☆
- ☐ Funders recognize role MOC can play in terms of stepping in/up and managing regional resources ☆
- ☐ Presence in the community - history of collaboration (with people and organizations) ☆

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Weaknesses
- ☐ Thin/Unbalanced Staffing 📄 ☆
- ☐ Lack of Diverse Voices at Leadership Tables ☆
- ☐ Org funding is too heavily dependent on CCHS funding ☆
- ☐ Wages for some positions are below living wage ☆
- ☐ Lack of specific expertise in some strategic goal areas ☆
- ☐ Lack of technology/IT skills in some areas of the agency ☆
- ☐ IT infrastructure not robust enough ☆
- ☐ Regional weakness in systems/infrastructure ☆

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Opportunities
- ☐ Developing/Growing Staff Talent 📄 ☆
- ☐ Data Integration/Management for Program Improvement 📄 ☆
- ☐ Addition of Behavioral Health to Service Array ☆
- ☐ Better Integration of In-House Services for Clients via Bundled Services Model ☆
- ☐ Better of Integration of Services for Clients with Healthcare via ACO Model ☆
- ☐ Organizations around us continue to stumble so there are opportunities to pick up the mantle ☆
- ☐ Under new Pres Admin, they are looking to add resources locally, MOC is in a good position to benefit ☆
- ☐ Bc we don't have LIHEAP we have been forced to diversify - more opportunities upcoming ☆
- ☐ Childcare - took pandemic to put it on the forefront of people's minds. Economy doesn't function without childcare. Should be more resources coming. ☆

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Threats
- ☐ Community Perception of Agency Overreach 📄 ☆
- ☐ Disruption in Local Leadership around Race Equity Efforts ☆
- ☐ Regional organizations that are growing their service areas into MOC's ☆
- ☐ Growing request/demands from funding sources ☆
- ☐ Diminishing supply of employee candidates - especially for childcare ☆
- ☐ Housing costs - high for clients and for staff ☆
- ☐ Fiscal staff positions are not attractive due to demands/pay (funders' Admin support is low) ☆
- ☐ Public schools (and other regional partners) threaten our workforce because of ability to pay higher wages ☆

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Strategic Goals in 2022

MOC's clients lack reliable access to high quality, affordable, culturally & linguistically competent health care. To increase access to holistic *behavioral* health care for our clients, MOC will build internal capacity to address the spectrum of *behavioral healthcare* needs. MOC's *behavioral* health services will include a special focus on addressing the disparities in access to care and health outcomes experienced by people of color.

Goal: Research new outreach locations
Priority: Medium
Measure of Success: Identification of at least one outreach location
Who responsible: Vice President of Healthcare Services
By when: 12/31/22

Goal: Increase capacity by 50% for MH and MH/SUD
Priority: High
Measure of Success: 50% more clients in MH and MH/SUD programs
Who responsible: Director of Clinical Operations
By when: 12/31/22

Goal: Research the feasibility of Medication Assisted Treatment.
Priority: Low

Measure of Success: A determination made regarding the viability of the program.
Who responsible: Director of Clinical Operations
By when: 12/31/22

Goal. To increase BIPOC mid-level hires across departments. Mid-level positions include: assistant directors, program directors, service directors, program managers, and supervisors.
Priority: High
Measure of Success: 25% increase in BIPOC mid-level hires across departments
Who responsible: Vice President of Healthcare Services