



TUSCOLA

Behavioral Health Systems

A Michigan Community Mental Health Authority

Strategic Plan

FY 17 – 18

**TUSCOLA BEHAVIORAL HEALTH SYSTEMS
STRATEGIC PLAN
FY 17-18
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TUSCOLA BEHAVIORAL HEALTH SYSTEMS
STRATEGIC PLAN FY 17/18

I. INTRODUCTION

Tuscola Behavioral Health Systems (TBHS) is a public service agency established and operated under Public Act 258 of 1974, as amended. This act is commonly referred to as the Michigan Mental Health Code. The intent of the Michigan legislation and this act, is that all residents of Michigan have access to quality, professional, and comprehensive mental health services in their local community.

The TBHS Board of Directors have established the Mission, Vision and Ends Policies and these have been utilized as the basis for the development of this Strategic Plan. TBHS is dedicated to be the best provider of local community-based behavioral health services.

TBHS is a part of the Region 5 PIHP, known as Mid State Health Network (MSHN). Mid State Health Network became operational on January 1, 2014. TBHS contracts with MSHN for Medicaid and Healthy Michigan funding, these are the largest revenue sources for TBHS.

TBHS Mission

Why do we exist as an organization? Our mission is to empower individuals and families on their journey toward wellness and recovery by providing access to comprehensive behavioral healthcare services in our community.

Our Vision

Where do we want to be in 12 months? Our Vision is to assure the accessibility of effective community services that empower individuals and families to achieve an enhanced quality of life.

Guiding Values for Our Organization

The people charged with carrying out the mission of Tuscola Behavioral Health Systems value the following:

Dedication	For Tuscola Behavioral Health Systems, dedication means determination of purpose. It is embodied in our commitment to excellence in all we do in remaining loyal to our organizational cause and our partnership with consumers.
Dignity	We believe in a welcoming environment in which each individual is treated with dignity and respect.
Empowerment	We believe in the empowerment of individuals to reach their greatest potential and to take ownership in decisions regarding their lives and their recovery.
Quality	For Tuscola Behavioral Health Systems, excellence can be measured in the extent to which we help people achieve the quality of life they deserve. We empower our staff to develop and implement innovative approaches to their work and are committed to ongoing performance improvement.

Accountability: We measure these guiding principles yearly through performance reviews.

II. STRENGTHS & WEAKNESS ANALYSIS (SWOT)

WHAT ARE THE STRENGTHS OF THE ORGANIZATION

Top five strengths:

- Availability of a comprehensive service array
- Commitment to a recovery environment
- Experienced, resourceful and dedicated workforce
- Fiscally responsible with a focus on maximization of resources
- Strong consumer advocacy

Other identified strengths:

- Accessible and welcoming tobacco free facilities
- Availability of Evidenced Based Practices
- Availability of Peer Support Specialists to aid consumers in recovery
- Collaboration and shared resources with affiliate and community partners
- Commitment to building positive community relations through education, collaboration and integration
- Commitment to ongoing performance improvement related to business and/or service providers
- Commitment to staff education and development
- Commitment to trauma informed services and environments
- Comprehensive Recipient Rights systems
- Consumer education through peer delivered services
- Consumer involvement throughout agency operations
- Consumer oriented
- Continued emphasis on staff recognition and consistent treatment
- Continued focus on workforce development and the commitment to building a work environment that is competent, innovative, valued and dedicated
- Information and data resources are supported by current technology
- Intra-agency communications
- Meaningful employment/volunteer opportunities for consumers
- On site availability of Benefits Liaison to assist with entitlements and advocacy
- Quality residential services
- Strong commitment to compliance, quality services and outcomes
- Strong support received from local churches and civic groups

WHAT ARE THE ORGANIZATIONAL WEAKNESSES

Top five weaknesses:

- Difficulty in recruitment of qualified staff, especially individuals with specialty degrees, certifications, and evidence based practice experience
- Insufficient community resources available for individuals served; local employment, transportation, housing, emergency shelter, etc. – issues of poverty
- Limited funding to support the enhancement and/or expansion of the service delivery system.
- Lack of investment of the TBHS Medical Director in TBHS operational goals, planning and development, vision, culture, organizational growth and leadership
- Technology limitations based on early implementation of the EHR and compatibility with other systems

Other identified weaknesses:

- Administrative reductions and requirements previously mandated by MDHHS continue to add burden to staff
- High staff turnover
- Limited access to health care resources
- Lack of an adequate external provider network for the delivery of Autism services
- Lack of FQHC or indigent clinic within Tuscola County
- Limited alternatives to inpatient hospitalizations, such as crisis residential services
- Limited availability of onsite psychiatric services
- Limited number of staff with SUD credentials and experience
- Limited options for peer delivered services (i.e., Drop in Center, PSR)
- Limited public relations activities including SUD prevention
- Limited unrestricted fund balance
- Potential lack of capacity due to waiver expansions and increased service volumes

OPPORTUNITIES FOR THE ORGANIZATION

Top five opportunities:

- Expanded use of technology including use of data to inform decision making
- Enhance service delivery system and provider network to meet defined consumer needs
- Increase partnerships within the community, MSHN region and within the state

- Review training requirements with a focus on recovery, trauma informed care and substance use
- Public education and awareness related to behavioral healthcare and community needs

Other identified opportunities:

- Collaboration with primary care physicians
- Collaboration with SUD providers
- Community integration opportunities
- Enhance system for core competency development
- Enhanced rights data and analysis of risk markers
- Efficiencies and improved outcomes through continued implementation of the electronic medical record
- Expand cultural competencies
- Expanded peer delivered service options
- Expanded staff education/orientation program/leadership development
- Expanded use of the electronic health record
- Expanded utilization of technology for information sharing (i.e., website, social media).
- Expanded utilization management system
- Expansion of Open Access
- Expansion of the service delivery system to include the option of mobile crisis
- Explore opportunities for consumer and community input into agency operations
- Further development of a trauma competent system of care
- Further promotion of a recovery environment
- Integrated health care opportunities for consumers including Behavioral Health Consultant located in primary care offices
- Integration of required SUD services into TBHS operations
- Participation in MDHHS Initiatives
- Partner with community organizations for community education and training
- Partnership with the criminal justice system and development of a mental health court in Tuscola County

THREATS FACING OUR ORGANIZATION IN COMING YEARS

Top Five Threats:

- Increasing demand for services and new initiatives within limited resources
- Possible funding changes and impact of unfunded mandates on service delivery system
- Public and consumer perception of mental health

- Uncertainty of Healthy Michigan funding in the future as well as State of Michigan budget requirements related to changes in the community mental health system
- Workforce challenges including staff experiencing compassion fatigue and burnout for numerous reasons including severity/complexity of individuals served, position consolidation, MDHHS requirements, staff vacancies, increased workloads

Other Threats:

- Ability to sustain defined benefit retirement plan
- Changes associated with the federal Medicaid program/Dual Eligibles, uncertainty regarding Medicaid waiver renewal
- External requirements for additional education and training
- Impact of the minimum wage increase
- Impact of state economy on mental health
- Inability to recruit qualified onsite Psychiatrist
- Increase in out of county placements into Tuscola County requiring Specialty Mental Health Services and Supports
- Increased risk exposure due to the increasing administrative burden on the clinical system
- Lack of service providers in area
- Limited availability of public transportation
- Limited number of primary care providers within Tuscola County
- Loss of long term staff (within 5 years) due to retirement, including leadership positions
- Pervasiveness of need in some areas, such as autism services
- Potential for inaccurate reporting, inaccurate data related to electronic health record implementation
- Refusal of inpatient psychiatric hospitals to accept admissions
- Risks involved with use of technology related to security, privacy, etc.
- Shrinking of labor force in Tuscola County and the State of Michigan
- Uncertainty regarding Michigan's economy and the state and federal government and potential reductions in funding

IV. STRATEGIC BUILDING BLOCKS – OUR CORE STRATEGIES

How will we get there? We will:

1. **Promotion:** Continue to promote awareness to all residents of Tuscola County of Tuscola Behavioral Health Systems, its mission, services it offers, access to those services and the benefits those services can provide.
2. **Advocacy:** Reaffirm our position as the primary advocate for effective person-centered behavioral health care services within Tuscola County.
3. **Services:** Provide leadership in the development of effective person-centered behavioral health care services within financial, regulatory, and contractual constraints when no acceptable alternatives are available.
4. **Collaboration:** Reaffirm our commitment to promoting and actively encouraging mutual cooperation among human services agencies.
5. **Resources:** Seek and utilize all available resources while maintaining financial and operational integrity.
6. **Compliance:** Maintain a health care compliance system that will serve as a guideline for its good faith efforts toward compliance with state and federal regulations that apply to its services.
7. **Education and Training:** Develop, implement, and maintain programs that will address consumer, family, community and staff education and training needs.
8. **Consumer Involvement:** Provide opportunities for input and/or direct involvement of consumers, their families, and other stakeholders in the design, monitoring, and evaluation of Agency services. We will also provide opportunities to maximize growth and independence in all areas of individual consumer's lives including education and vocational opportunities and activities of daily living within the community.

1. B.	An accepting and understanding community	<ul style="list-style-type: none"> ❖ Reduction of stigma against persons with mental illness, developmental disabilities and substance use disorders ❖ Achieve a knowledgeable community prepared to support others on their journey toward recovery ❖ Increased focus on prevention activities 	1. Provide ongoing information and education about mental health, developmental disabilities and substance use disorders to community members, businesses and/or schools through various means.	Holder	Ongoing
			2. Involve peers and community stakeholders in the development of educational/informational materials to raise awareness within the community.	Holder	Ongoing
			3. Partner with agencies and local schools in the development and implementation of prevention activities for both mental health and substance use disorders.	Leadership	Ongoing
			4. Utilize stakeholder's feedback to assess the community's readiness to partner with TBHS to address stigma and behavioral health issues within the community.	Leadership	Ongoing
			5. Broaden peer involvement in community activities, events and opportunities for community inclusion.	Leadership	Ongoing
			<p>Challenges:</p> <ul style="list-style-type: none"> • Lack of community participation in TBHS sponsored events/trainings • Negative press regarding individuals with mental illness at the local, state and national level • Misperceptions about individuals with mental illness, and developmental disabilities • Limited feedback from participants at community events/trainings • Limited availability of staff/limited staff resources • Staff turnover • Lack of CEU's offered with TBHS sponsored trainings (MHFA) • Lack of available transportation for consumers/community members to trainings • Limits on available funding for certain activities (Health Fair) • Limits on media's willingness to print informational articles • Lack of stakeholder representation on committees, workgroups, operational planning efforts, etc. 		

Goal # 2: Tuscola Behavioral Health Systems will ensure a comprehensive service delivery system that is integrated and responsive to the needs of the residents of Tuscola County to enhance health, wellness, and recovery.

Associated Board Policies:

Services: TBHS shall provide leadership in the development of effective, person-centered, behavioral health care services, and will provide those services within financial, regulatory, and contractual constraints when no acceptable alternatives are available.

Consumer Empowerment: TBHS shall provide opportunities for input and/or direct involvement of consumers, their families, and other stakeholders in the design, monitoring, and evaluation of Agency services.

TBHS shall also provide opportunities to maximize growth and independence in all areas of individual consumer's lives, including educational and vocational opportunities and activities of daily living within the community.

#	Initiative	Goals	Objectives / Challenges (Priorities)	Responsibility	Progress / Status
2A.	Maintain a system that is responsive and adaptive to the changing behavioral health care needs of the community.	<ul style="list-style-type: none"> ❖ Provide an array of evidence-informed services (i.e., evidence based practices) that are individualized to address the specific need and desires of consumers and families. ❖ Continually assess the effectiveness of services and supports provided, and expand and integrate performance improvement processes within program operations. ❖ Promote consumer and family involvement in the design, development, and evaluation of services and supports. ❖ Solicit and utilize stakeholder feedback to enhance services and respond to the changing needs of the community. 	<ol style="list-style-type: none"> 1. Review data and consider results of consumer/community surveys, needs assessments, feedback and reports as it relates to future service planning. 2. Continue implementation of current evidence based practices, ensuring sufficient staff resources and training. 3. Remain current regarding new requirements, benefits, waivers, treatment strategies, etc. 4. Utilize outcomes, utilization review findings to assist with development and/or modifications to the service delivery system. 	<p>Swathwood/ Leadership</p> <p>Clinical Mgt.</p> <p>Sr. Leadership</p> <p>Clinical Mgt</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

2.B.	Improved health (physical & behavioral) of individuals served	<ul style="list-style-type: none"> ❖ Improve the health status of those served by recognizing the relationship between medical co-morbidities and behavioral health conditions through early detection, education, and engagement. ❖ Improved health status of consumers and reduced co-morbidities. ❖ Fully integrated primary/behavioral health care services. 	<ol style="list-style-type: none"> 1. Staff and consumer education as it relates to the coordination of behavioral and physical health care. 2. Track and monitor health indicators. 3. Expand opportunities for integrated primary health/mental health services within Tuscola County. 4. Continue to train and utilize a Peer Health Coach to assist individuals in identifying and achieving healthy life style and wellness related goals. 5. Establish clear criteria and practices that demonstrate improved primary care coordination. 	T. Gomez/ Clinical Mgt	Ongoing
				Swathwood/ Clinical Mgt	Ongoing
				Clinical Mgt/CFO	Ongoing
				Clinical Mgt/ T. Gomez	Ongoing
				T. Gomez	Ongoing
2.C.	Maintain an integrated system of care with community partners	<ul style="list-style-type: none"> ❖ Integrated and coordinated delivery system 	<ol style="list-style-type: none"> 1. Develop and/or strengthen relationship(s) with community partners to achieve optimal outcomes, focusing on prevention, education, coordination, and improved community wellness. 2. Work cooperatively with school systems to maximize opportunities for collaboration and coordination of services/supports for individuals served. 3. Work collaboratively with the judicial system on the development and implementation of a mental health court within Tuscola County. 	Leadership	Ongoing
				Clinical Mgt	Ongoing
				Clinical Mgt	Ongoing
2.D.	Continued development of a recovery oriented, trauma competent system of care	<ul style="list-style-type: none"> ❖ Recovery oriented system ❖ Trauma informed system of care 	<ol style="list-style-type: none"> 1. Ensure the availability of trauma competent screening and assessment services that are responsive to the needs of individuals served. 2. Continue the Supports Intensity Scale (SIS) assessment tool for individuals with intellectual and developmental disabilities to measure support needs including type and intensity of supports. 3. Maintain a local trauma workgroup focused on continually assessing and strengthening the agency's efforts as it relates to trauma informed services. 4. Inform service provision and ensure a recovery oriented environment. 	Clinical Mgt	Ongoing
				Clinical Mgt	Ongoing
				Trauma workgroup	Ongoing
				Clinical Mgt	Ongoing

2.E.	Continued development of service capacity	<ul style="list-style-type: none"> ❖ Services to Veterans ❖ Prevention activities ❖ Services for individuals with Autism Spectrum Disorder ❖ Substance Use Disorder Services ❖ Crisis response ❖ Culturally sensitive services ❖ Maintain compliance with HCBS rules 	<ol style="list-style-type: none"> 1. Ensure the appropriate resource availability to provide competent services that are responsive to the needs of local veterans. 2. Expansion of prevention activities, including prevention activities related to SUD services. 3. Expansion of an adequate external provider network for the delivery of Autism services. 4. Expand capacity to competently provide SUD access, screening, and referral. 5. Develop mobile crisis response services for children to achieve compliance with new requirements and mandates. 6. Expand staff knowledge to provide culturally sensitive services to meet the needs of a diverse population. 7. Review and implement practice improvement strategies to comply with the HCBS rule. 	Clinical Mgt Clinical Mgt Clinical Mgt Clinical Mgt Clinical Mgt Clinical Mgt	Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing
			<p>Challenges:</p> <ul style="list-style-type: none"> • Participation of community members and other organizations • Staffing resources (i.e., time) • Availability of training • Accessibility of other information and reports • Lack of operational FQHC in Tuscola County • Lack of primary care providers in the geographic area • Restrictions due to the HMOs benefit packages • Limited involvement/availability of psychiatrists • Difficulty in recruitment of qualified staff 		

Goal # 3: Maintain, protect and strengthen TBHS' assets including human, financial and real property

Associated Board Policies:

Resources: TBHS shall seek and utilize all available resources while maintaining financial and operational integrity.

Compliance: TBHS shall maintain, continually update, and monitor a Corporate Compliance Program that will serve as a guideline for its good faith efforts toward compliance with Federal regulations that apply to its services.

#	Long-Range Initiative	Goals	Objectives / Challenges (Priorities)	Responsibility	Progress / Status
3.A. Human Resources	TBHS will ensure sufficient resources to carry out the mission and vision	❖ Recruit and retain necessary personnel to ensure the quality and effectiveness of services and programs	1. Conduct periodic review of program and service needs as well as available resources to ensure sufficient personnel for the delivery of services.	Opperman/ Sr. Leadership	Ongoing
		❖ Provide a positive and flexible work environment that fosters self-development and learning	2. Provide and maintain competitive compensation using annual compensation analysis available locally, regionally and state wide.	Opperman/ Beals	Ongoing
		❖ Develop strategies to maintain competitive benefits	3. Maintain and update the staff retention and recruitment plan as appropriate.	Opperman Beals	Annually
		❖ Maintain a workforce of knowledgeable, skilled and culturally respectful staff	4. Monitor that the necessary resources and equipment are provided to staff so that they can meet the expectations of the position.	Leadership	Ongoing
			5. Explore opportunities for an increased flexible work environment that fosters self-development and learning.	Sr. Leadership	Ongoing
			6. Review and evaluate benefits for cost effective rates while maintaining competitive benefits.	Opperman/ Beals	Ongoing
			7. Develop leadership training program and work to identify future leaders within the organization.	Opperman/ Beals/Holder	Ongoing

3.B. Finance	Manage/minimize catastrophic risk factors impacting service provision to the Medicaid population	<ul style="list-style-type: none"> ❖ Retain local control over services and funds to ensure funds are available for the provision of medically necessary services ❖ Ensure sufficient funds to offer relevant medically necessary mental health services and programs to eligible Tuscola County residents 	<ol style="list-style-type: none"> 1. Retain county-based service planning and delivery. 2. Analyze trends in local Medicaid enrollment and use of MH services. 3. Review and monitor progress in the Risk Management Plan. 4. Monitor general fund revenues and expenses on a regular basis. 	Leadership CFO Leadership Sr. Leadership	Ongoing Ongoing 3/31/17, 9/30/17 Ongoing
3.C. Finance	Maintain a financially healthy organization	<ul style="list-style-type: none"> ❖ Sufficient funds will be available to maintain and strengthen TBHS operations. 	<ol style="list-style-type: none"> 1. Identify areas of significant or potential financial risk and monitor these on a regular basis. 2. Continue to monitor fund balance reserves and finance capital projects to limit use of reserves. 3. Utilize the information within the electronic health record and financial management system to maximize the agency's funds. 	Sr. Leadership CFO Swathwood/ Sr. Leadership	Ongoing Ongoing Ongoing
3.D. Compliance	Provide quality services within the guidelines established by regulatory and accrediting organizations.	<ul style="list-style-type: none"> ❖ Achieve and maintain full compliance to standards/ requirements from all governing, regulatory and legal entities (including MDHHS, MSHN and CARF) ❖ Ensure effective and secure use of the Electronic Health Record (EHR) 	<ol style="list-style-type: none"> 1. Achieve goals as defined by MDHHS, MSHN and other regulatory entities (QAPIP, BH-TEDS, MMPBIS, MSSV, KPIs, etc.). 2. Achieve effective administration of the annual Compliance Plan. 3. Ensure required and valid data elements are gathered via the EHR for reporting purposes. 4. Ensure effective and secure use of the EHR. 5. Complete the provider network monitoring to ensure compliance with contract and regulatory standards. 	Swathwood/ Clinical Mgt. Swathwood/ Clinical Mgt. Swathwood/ Smith Swathwood/ Smith Swathwood/ CFO/Neeb	Ongoing Ongoing Ongoing Ongoing Ongoing

			<p>Challenges:</p> <ul style="list-style-type: none">• Limited general fund revenue• Time involved with new employees learning their role/responsibilities• Continued implementation of new technology (EHR)• Competing with others for qualified staff• Lack of sufficient staffing resources• Ability to acquire the required reports		
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