



**TUSCOLA**

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*Behavioral Health Systems*

*A Michigan Community Mental Health Authority*

**Strategic Plan**

**FY 20 – 21**

**TUSCOLA BEHAVIORAL HEALTH SYSTEMS  
STRATEGIC PLAN  
FY 20-21  
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TUSCOLA BEHAVIORAL HEALTH SYSTEMS  
STRATEGIC PLAN FY 20/21

**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 Pre-paid Inpatient Health Plan (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.

This strategic plan was written during the COVID-19 pandemic. There are many identified Objectives/Challenges that we may need to revise or modify if the pandemic continues and operations remain under restrictions related to the pandemic. We included items in this plan that we realize may not be feasible under the current restrictions/limitations, however, we are hopeful that either the restrictions due to COVID-19 ease or that we are able to make adjustments to operations that allow us to meet these established Objectives/Challenges while working under the COVID-19 guidelines that are in place.

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 that focuses on the whole health of the individuals served
- 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 and choice of primary care services through the Wellness Clinic
- Availability of Evidenced Based Practices
- Availability of Peer Support Specialists to aid individuals in recovery
- Collaboration and shared resources with affiliate and community partners
- Collaboration with Tuscola County Circuit Court for provision of Mental Health Court services
- Commitment to building positive community relations through education, collaboration and integration
- Commitment to ongoing performance improvement related to business and/or service provision
- Commitment to staff education and development
- Commitment to trauma informed services and environments
- Comprehensive Recipient Rights systems
- Consumer education through peer delivered services
- 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
- Dedication to consumers and the PCP process
- Information and data resources are supported by current technology
- Intra-agency communications
- Meaningful employment/volunteer opportunities/community integration for consumers
- Strong commitment to compliance, quality services and outcomes
- Strong support received from local churches, local businesses and civic groups
- Well established residential network

## **WHAT ARE THE ORGANIZATIONAL WEAKNESSES**

### **Top five weaknesses:**

- Difficulty in recruitment of qualified staff and providers, especially individuals with specialty degrees, certifications, and evidence-based practice experience due to the location of Tuscola County and the current labor market
- Limited funding available to provide prevention activities
- Limited involvement of the TBHS Medical Director in TBHS operational goals, planning and development, vision, culture, organizational growth and leadership
- Limited opportunity for collaboration and expertise for co-occurring resources internally as well as within the county
- Lack of information technology resources for full utilization of the EHR

### **Other identified weaknesses:**

- Lack of FQHC or indigent clinic within Tuscola County
- Limitations within the external provider network for the delivery of Autism services
- Limited access to health care resources
- Limited alternatives to inpatient hospitalizations, such as local/regional crisis residential services
- Limited availability of onsite psychiatric services
- Limited awareness in the community related to mental health and disabilities including difficulty in getting community member participation in community trainings and events
- Limited options for peer delivered services (i.e., Drop in Center, PSR)
- Limited response to public relations activities
- Limited unrestricted fund balance
- Potential lack of capacity due to waiver expansions as well as changes that may result in reductions to provider network and increased service volumes

## **OPPORTUNITIES FOR THE ORGANIZATION**

**Top five opportunities:**

- Enhance service delivery system and provider network to meet identified consumer needs
- Ensure adequate training provided with a focus on recovery, trauma informed care and substance use
- Expanded use of technology including use of data to inform decision making
- Increase partnerships within the community, MSHN region and within the state
- Public education and awareness related to behavioral healthcare and community needs

**Other identified opportunities:**

- Applying and receiving approval for National Health Services Corp. status
- Collaboration with primary care physicians
- Collaboration with SUD providers
- Community integration opportunities
- Consumer involvement throughout agency operations
- 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, myStrength, CEHR, LinkedIn).
- Expanded utilization management system
- Explore additional opportunities for consumer and community input into agency operations
- Further development of a trauma competent system of care
- Further promotion of a recovery environment
- Increase the number of staff with SUD credentials and experience
- Integrated health care opportunities for consumers including Behavioral Health Consultant located in primary care offices
- Integration of required SUD services into TBHS operations
- On site availability of Benefits Liaison to assist with entitlements and advocacy
- Participation in MDHHS Initiatives
- Partner with community organizations for community education and training
- Reinitiate Open Access

**THREATS FACING OUR ORGANIZATION IN COMING YEARS**

### **Top Five Threats:**

- Increasing demand for services and new initiatives within limited resources
- Implications of the COVID-19 pandemic on community wellness, mental health, and available resources
- Public and consumer perception of mental health
- Uncertainty related to Medicaid funding in the future
- Workforce challenges including staff experiencing fatigue and burnout for numerous reasons including severity/complexity of individuals served, position consolidation, MDHHS requirements, staff vacancies, increased workloads and the COVID-19 pandemic.

### **Other Threats:**

- Ability to sustain defined benefit retirement plan
- Additional resources required to implement the MCG software when this is not supportive of person centered, recovery-oriented services
- Changes associated with the federal Medicaid program/Dual Eligibles, uncertainty regarding Medicaid waiver renewal
- Concerns related to stability in the contractual residential network
- Demands that Mid State Health Network is placing on the service system, i.e., staff time and resources in completion of non-delegated functions (i.e., committees), push down of work from the PIHP to the CMH level
- External requirements for additional education and training
- Impact of the upcoming minimum wage increase
- Inability to recruit qualified onsite Psychiatrist
- Increase in substance use within the county, including prescription drugs, illegal drugs and the use of marijuana
- Increased risk exposure due to the increasing administrative burden on the clinical system
- Insufficient community resources available for individuals served; local employment, transportation, housing, emergency shelter, etc. – issues of poverty
- 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
- MDHHS consideration of reductions in number of CMHSPs and PIHPs
- Mid-State Health Network partnership with the QHPs resulting in development of key performance indicators that are not supported by the CMHs
- Misperceptions of responsibilities of TBHS. Lack of understanding of community regarding TBHS role and responsibilities
- Pervasiveness of need in individuals served
- Potential for inaccurate reporting, inaccurate data related to electronic health information obtained related to dual eligibles

- Potential loss of staff due to increased demand for clinical and residential staff when there is an expansion at the Caro Center
- 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

#### **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.

**Goal #1: Tuscola Behavioral Health Systems will implement a comprehensive range of strategies to reduce the stigma associated with the public mental health system, improve positive community relations, and support for its mission and vision.**

Associated Board Policies:

Promotion: TBHS shall attempt to make all residents of Tuscola County aware of its mission, the services it offers, how and where the services can be accessed and the benefits of those services.

Advocacy: TBHS will advocate for effective, person-centered, behavioral healthcare that promotes the well-being of those in the community we serve.

Collaboration: TBHS shall be a leader for Tuscola County in promoting and actively encouraging mutual cooperation among human services agencies.

Education & Training: TBHS shall develop, implement, and maintain programs that will address education and training needs of consumers, family, community, and staff.

#	Initiative	Goals	Objectives / Challenges (Priorities)	Responsibility
1.A	Residents of Tuscola County will have an increased awareness and understanding of TBHS services and the significance of those services to overall community wellness.  An accepting and understanding community	<ul style="list-style-type: none"> <li>❖ Increase public understanding of behavioral health conditions (i.e. intellectual/developmental disabilities, mental health, and substance use disorders) and how to access treatment and supports available through TBHS.</li> <li>❖ An informed community that understands the importance of mental health services on overall community wellness</li> <li>❖ Reduction of stigma against persons with mental illness, intellectual/developmental disabilities and substance use disorders</li> </ul>	<ol style="list-style-type: none"> <li>1. Provide ongoing opportunities for community education related to behavioral health, available treatment options and how to access recovery-oriented services and supports.               <ol style="list-style-type: none"> <li>1.1 Will publish an informational flyer that will be included in the Tuscola County Advertiser, Cass City Chronicle, Shopper's Advantage and the Cass River Trader.</li> <li>1.2 Will facilitate Mental Health First Aid Curriculum on a virtual platform if unable to offer in person training.</li> </ol> </li> <li>2. Provide ongoing information and education about mental health, intellectual/developmental disabilities and substance use disorders through various means including participation on community boards, committees and workgroups in efforts to strengthen &amp; support community wellness and to provide education as it relates to behavioral health care and available services.               <ol style="list-style-type: none"> <li>2.1 Will schedule meeting(s) with the Sheriff's Department personnel to provide education about TBHS Services and responsibilities.</li> <li>2.2 In partnership with the Tuscola County Suicide Coalition, TBHS will take the lead on an activity/event.</li> <li>2.3 Will present to Highland Pines personnel about TBHS services for individuals with intellectual/developmental disabilities.</li> </ol> </li> </ol>	<p>1.1 Holder</p> <p>1.2 Holder</p> <p>2.1 Clinical Management</p> <p>2.2 Holder</p> <p>2.3 Folcik/Kopasz</p>

1.A		<ul style="list-style-type: none"> <li>❖ Achieve a knowledgeable community prepared to support others on their journey toward recovery</li> <li>❖ Increased focus on prevention activities</li> </ul>	<p>3. Continually review marketing strategies and tools and look for ways to incorporate additional information (including stakeholder feedback) regarding the importance of mental health and recovery into education and training and into information that is disseminated to the community (e.g. newspaper ads, billboards, annual report, radio ads, social media, etc.).</p> <p>3.1 Program brochures, flyers, etc., will be provided to the Peers for Peers committee and other groups as appropriate for feedback – all program brochures will be reviewed during FY 21.</p> <p>3.2 TBHS will advertise in a school related publication at each school (including alternative) within the county.</p> <p>3.3 Develop and implement the MyStrength Program.</p>	<p>3.1 Holder</p> <p>3.2 Holder</p> <p>3.3 Holder/ Clinical Management/ Smith</p>
1.B			<p>4. Partner with agencies and local schools in the development and implementation of prevention activities for both mental health and substance use disorders.</p> <p>4.1 Implement the TRAILS program in at least one more school district in FY 21 once allowable within COVID-19 mitigation strategies.</p> <p>4.2 Train two staff in Teen Mental Health First Aid and work to begin to implement the training during the fiscal year.</p> <p>5. Utilize stakeholder feedback to inform our anti-stigma outreach efforts within the community.as well as the service delivery system.</p> <p>5.1 Identification of at least one new method to receive feedback from stakeholders.</p> <p>6. Broaden peer involvement in community activities, events and opportunities for community inclusion.</p> <p>6.1 Involve Peer(s) in activities and events in the community. Will become involved in at least one new activity during the year.</p>	<p>4.1 LaVoie-Thompson</p> <p>4.2 Holder</p> <p>5.1 Swathwood</p> <p>6.1 Clinical Management</p>

			<p>Challenges:</p> <ul style="list-style-type: none"><li>• COVID-19 is limiting our ability to provide community-based education and participation in community events</li><li>• Lack of community participation in TBHS sponsored events/trainings</li><li>• Negative press regarding individuals with mental illness at the local, state and national level</li><li>• Misperceptions about individuals with mental illness, and intellectual/developmental disabilities</li><li>• Limited feedback from participants at community events/trainings</li><li>• Limited availability of staff/limited staff resources</li><li>• Staff turnover</li><li>• Lack of CEUs offered with TBHS sponsored trainings (MHFA)</li><li>• Lack of available transportation for consumers/community members to trainings</li><li>• Limits on available funding for certain activities</li><li>• Limits on media's willingness to print informational articles</li><li>• Lack of stakeholder representation on committees, workgroups, operational planning efforts, etc.</li></ul>	
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**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
2.A	Maintain a system that is responsive and adaptive to the changing behavioral health care needs of the community.	<ul style="list-style-type: none"> <li>❖ 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.</li> <li>❖ Continually assess the effectiveness of services and supports provided and expand and integrate performance improvement processes within program operations.</li> </ul>	<ol style="list-style-type: none"> <li>1. Review data, outcomes, utilization review findings, results of consumer/community surveys, needs assessments, etc., to assist with development and/or modifications to the service delivery system and future service planning.               <ol style="list-style-type: none"> <li>1.1 Survey results will be presented at Leadership meetings on a predetermined basis. Results will be reviewed, and necessary program, policy or procedure changes will be made based on this information.</li> <li>1.2 The Youth Peer Support Specialist will develop a mechanism to survey a sampling of youth related to their services.</li> <li>1.3 TBHS direct operated residential homes will gather consumer feedback and incorporate this information into home operations.</li> <li>1.4 Individuals residing in TBHS direct operated residential homes will be provided the opportunity to participate in residential staff interviews.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1.1 Swathwood</li> <li>1.2 Swathwood/LaVoie-Thompson</li> <li>1.3 V. Gomez/Brookhouse</li> <li>1.4 Opperman/Brookhouse/V. Gomez</li> </ol>

2.A		<ul style="list-style-type: none"> <li>❖ Promote consumer and family involvement in the design, development, and evaluation of services and supports.</li> <li>❖ Solicit and utilize stakeholder feedback to enhance services and respond to the changing needs of the community.</li> </ul>	<ol style="list-style-type: none"> <li>2. Continue implementation of current evidence-based practices, ensuring sufficient staff resources and training.               <ol style="list-style-type: none"> <li>2.1 Train at least one Outpatient staff in Trauma Focused – Cognitive Behavioral Therapy (TFCBT).</li> <li>2.2 Train at least one additional staff in Family Psychoeducation (FPE).</li> <li>2.3 Train at least one additional staff in Eye Movement Desensitization and reprocessing (EMDR).</li> </ol> </li> <li>3. Remain current regarding new requirements, benefits, waivers, treatment strategies, etc.               <ol style="list-style-type: none"> <li>3.1 Train one additional staff in ADOS/ADIR.</li> <li>3.2 Explore the development of a TBHS Wraparound Program.</li> </ol> </li> </ol>	<p>2.1 Geno</p> <p>2.2 Geno</p> <p>2.3 Geno</p> <p>3.1 Clinical Management</p> <p>3.2 Majeske/LaVoie-Thompson</p>
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2.B.	Improved health (physical & behavioral) of individuals served	<ul style="list-style-type: none"> <li>❖ 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.</li> <li>❖ Improved health status of consumers and reduced co-morbidities.</li> <li>❖ Fully integrated primary/behavioral health care services.</li> </ul>	<ol style="list-style-type: none"> <li>1. Provide staff and consumer education as it relates to the coordination of behavioral and physical health care. <ol style="list-style-type: none"> <li>1.1 Through EMMIT data, identify prevalent health conditions of individuals served and use this information to develop staff training. Training will be provided on at least two health conditions at least once this year.</li> <li>1.2 Provide education to individuals served and/or their caretakers on medications, side effects, etc.</li> </ol> </li> <li>2. Expand opportunities for integrated primary health/mental health services within Tuscola County. <ol style="list-style-type: none"> <li>2.1 Continue to ensure the viability of the TBHS Wellness Clinic to meet the healthcare needs of individuals served (i.e., sufficient number of enrollees to maintain clinic operations).</li> <li>2.2 Meet and educate staff that are doing intakes to educate them about the wellness clinic process</li> <li>2.3 Use data provided by Zenith, Care Connect 360, etc., on a daily basis in service provision.</li> <li>2.4 Provide ongoing information, education and resources to individuals served which supports overall health and wellness</li> </ol> </li> <li>3. Expand Peer Health Coach services to assist individuals in identifying and achieving healthy life style and wellness related goals. <ol style="list-style-type: none"> <li>3.1 Develop and implement Peer Hospital Outreach Program.</li> <li>3.2 Explore the possible addition of a Peer Recovery Coach.</li> </ol> </li> </ol>	<p>1.1 T. Gomez</p> <p>1.2 T. Gomez</p> <p>2.1 T. Gomez</p> <p>2.2 T. Gomez</p> <p>2.3 Swathwood/Clinical Management</p> <p>2.4 T. Gomez</p> <p>3.1 T. Gomez</p> <p>3.2 T. Gomez</p>
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2.C.	Maintain an integrated system of care with community partners	<ul style="list-style-type: none"> <li>❖ Integrated and coordinated delivery system</li> </ul>	<ol style="list-style-type: none"> <li>1. Develop and/or strengthen relationship(s) with community partners to achieve optimal outcomes, focusing on prevention, education, coordination, and improved community wellness.               <ol style="list-style-type: none"> <li>1.1 Explore opportunities for possible partnerships with List Psychological.</li> <li>1.2 Implement Mental Health Training for Juvenile Justice in partnership with Probation and DHHS.</li> </ol> </li> <li>2. Work cooperatively with school systems to maximize opportunities for mental health wellness, supports &amp; services for the youth in Tuscola County.               <ol style="list-style-type: none"> <li>2.1 Offer Youth or Teen Mental Health to local schools.</li> <li>2.2 Explore opportunities to provide more presentations to local school districts.</li> </ol> </li> <li>3. Work collaboratively with the judicial system on continued implementation of a mental health court within Tuscola County.               <ol style="list-style-type: none"> <li>3.1 Develop a procedures manual related to Mental Health Court.</li> <li>3.2 Restructure the Jail Diversion program.</li> </ol> </li> </ol>	<p>1.1 Clinical Management</p> <p>1.2 LaVoie-Thompson</p> <p>2.1 Holder</p> <p>2.2 Holder</p> <p>3.1 Folcik</p> <p>3.2 Folcik</p>
2.D.	Continued development of a recovery oriented, trauma competent system of care	<ul style="list-style-type: none"> <li>❖ Recovery oriented system</li> <li>❖ Trauma informed system of care</li> </ul>	<ol style="list-style-type: none"> <li>1. Further enhance trauma competent screening and assessment services that are responsive to the needs of individuals served.               <ol style="list-style-type: none"> <li>1.1 Train staff in the utilization of the Adverse Childhood Experiences (ACEs) program.</li> <li>1.2 Implement the ACEs program.</li> </ol> </li> <li>2. Maintain a local trauma workgroup focused on continually assessing and strengthening the agency's efforts as it relates to trauma informed services.               <ol style="list-style-type: none"> <li>2.1 Community awareness on trauma.</li> <li>2.2 Identify a new facilitator for the TBHS Trauma Workgroup.</li> <li>2.3 Develop a process of information sharing from the Tuscola Trauma Workgroup to the TBHS workgroup.</li> </ol> </li> </ol>	<p>1.1 Clinical Management/Holder</p> <p>1.2 Clinical Management</p> <p>2.1 Clinical Management</p> <p>2.2 Clinical Management</p> <p>2.3 Clinical Management</p>

2.E.	Continued development of service capacity	<ul style="list-style-type: none"> <li>❖ Services to Veterans</li> <li>❖ Prevention activities</li> <li>❖ Services for individuals with Autism Spectrum Disorder</li> <li>❖ Substance Use Disorder Services</li> <li>❖ Crisis response</li> <li>❖ Culturally sensitive services</li> <li>❖ Achieve compliance with HCBS rules</li> </ul>	<ol style="list-style-type: none"> <li>1. Ensure the appropriate resource availability to provide competent services that are responsive to the needs of local veterans. <ol style="list-style-type: none"> <li>1.1 Invite and schedule with the Tuscola County VA to present information on their program to staff.</li> </ol> </li> <li>2. Expansion of prevention activities, including prevention activities related to SUD services. <ol style="list-style-type: none"> <li>2.1 Meet with List Psychological to determine what is happening in the county related to prevention and what are identified areas of need.</li> <li>2.2 Further develop the system for access, screening, and referral between TBHS and List Psychological Services.</li> </ol> </li> <li>3. Continued implementation of mobile crisis response services for children to achieve compliance with new requirements and mandates. <ol style="list-style-type: none"> <li>3.1 Utilize feedback for further development of the mobile crisis services.</li> <li>3.2 Finalize a procedures manual for the mobile crisis response service.</li> </ol> </li> <li>4. Expand staff knowledge to provide culturally sensitive services to meet the needs of a diverse population. <ol style="list-style-type: none"> <li>4.1 Explore the possibility of on-site culturally sensitive training and provide this training on site, if feasible.</li> <li>4.2 Provide culturally sensitive training with a focus on historical trauma on a diverse population in Tuscola County.</li> <li>4.3 Revise and update the Cultural Competence and Diversity Workplan to address structural racism and health disparities.</li> </ol> </li> </ol>	<p>1.1 Holder</p> <p>2.1 Clinical Management</p> <p>2.2 Clinical Management</p> <p>3.1 Majeske/LaVoie-Thompson</p> <p>3.2 LaVoie-Thompson</p> <p>4.1 Holder</p> <p>4.2 Holder</p> <p>4.3 Leadership</p>
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			<p>Challenges:</p> <ul style="list-style-type: none"><li>• Participation of community members and other organizations</li><li>• Staffing resources (i.e., time)</li><li>• Availability of training</li><li>• Accessibility of other information and reports</li><li>• Lack of operational FQHC in Tuscola County</li><li>• Lack of primary care providers in the geographic area</li><li>• Restrictions due to the HMOs benefit packages</li><li>• Limited involvement/availability of psychiatrists</li><li>• Difficulty in recruitment of qualified staff</li><li>• COVID-19 is limiting our ability to provide community-based education and participation in community events</li></ul>	
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**Goal # 3: Maintain, protect and strengthen TBHS’ assets including personnel, 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
3.A. Human Resources	TBHS will ensure sufficient resources to carry out the mission and vision	<ul style="list-style-type: none"> <li>❖ Recruit and retain necessary personnel to ensure the quality and effectiveness of services and programs</li> <li>❖ Provide a positive and flexible work environment that fosters self-development and learning</li> <li>❖ Develop strategies to maintain competitive benefits</li> <li>❖ Maintain a workforce of knowledgeable, skilled and culturally respectful staff</li> </ul>	<ol style="list-style-type: none"> <li>1. Continually review and explore opportunities for recruitment and retention strategies.               <ol style="list-style-type: none"> <li>1.1 Identify one new recruitment tool to utilize</li> <li>1.2 Review the Retention program for feasibility of continuation in FY 21.</li> </ol> </li> <li>2. Monitor that the necessary resources and equipment are provided to staff so that they can meet the expectations of the position.               <ol style="list-style-type: none"> <li>2.1 Supervisors will work with their staff to ensure that they have the appropriate resources available to them to perform their job functions.</li> <li>2.2 Information from National Council will be monitored to see what new initiatives/technologies are available</li> </ol> </li> <li>3. Explore opportunities for an increased flexible work environment that fosters self-development, learning and productivity               <ol style="list-style-type: none"> <li>3.1 Explore different work schedules and program hours for staff</li> </ol> </li> <li>4. Develop leadership training program and work to identify future leaders within the organization.               <ol style="list-style-type: none"> <li>4.1 The leadership training program plan will be finalized and work will begin within the current Leadership team for implementation during the year.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1.1 Opperman</li> <li>1.2 Opperman/Beals/Hagedon</li>   <li>2.1 Leadership</li> <li>2.2 Beals/Majeske</li>   <li>3.1 Leadership</li>   <li>4.1 Opperman/Holder</li> </ol>

3.B. Finance	<p>Manage/minimize catastrophic risk factors impacting service provision to the Medicaid population</p> <p>Maintain a financially healthy organization</p>	<ul style="list-style-type: none"> <li>❖ Retain local control over services and funds to ensure funds are available for the provision of medically necessary services</li> <li>❖ Ensure sufficient funds to offer relevant medically necessary mental health services and programs to eligible Tuscola County residents</li> <li>❖ Sufficient funds will be available to maintain and strengthen TBHS operations.</li> </ul>	<ol style="list-style-type: none"> <li>1. Review and monitor progress in the Risk Management Plan related to funding. <ol style="list-style-type: none"> <li>1.1 Utilizing the CAP model, will review units to monitor for trends and increased general fund costs in service delivery system.</li> <li>1.2 Explore an alert to be added to the EHR for timely notification of changes in benefit status, i.e., loss of Medicaid</li> </ol> </li> <li>2. Identify areas of significant or potential financial risk and monitor these on a regular basis. <ol style="list-style-type: none"> <li>2.1 Continue to work with DHHS on Medicaid status of individuals regarding loss of coverage, utilizing real time data</li> </ol> </li> <li>3. Continue to monitor fund balance reserves and finance capital projects to limit use of reserves. <ol style="list-style-type: none"> <li>3.1 Any capital projects will be reviewed, and a determination made regarding financing or use of fund balance</li> </ol> </li> </ol>	<p>1.1 Hagedon</p> <p>1.2 Hagedon</p> <p>2.1 Hagedon</p> <p>3.1 Senior Leadership</p>
3.C. Compliance	<p>Provide quality services within the guidelines established by regulatory and accrediting organizations.</p>	<ul style="list-style-type: none"> <li>❖ Achieve and maintain full compliance to standards/requirements from all governing, regulatory and legal entities (including MDHHS, MSHN and CARF)</li> <li>❖ Ensure effective and secure use of the Electronic Health Record (EHR)</li> </ul>	<ol style="list-style-type: none"> <li>1. Achieve goals as defined by MDHHS, MSHN and other regulatory entities (QAPIP, BH-TEDS, MMPBIS, KPIs, etc.). <ol style="list-style-type: none"> <li>1.1 Monitor MMBPIS indicators 2 &amp; 3 as MDHHS establishes a new baseline and benchmark, reflecting no exceptions for these indicators</li> </ol> </li> <li>2. Ensure effective and secure use of the EHR. <ol style="list-style-type: none"> <li>2.1 Two new data reports will be generated through EMMIT that are useful to program operations.</li> <li>2.2 As residential homes continue further implementation of the EMMIT system, the homes will develop additional procedures regarding usage and security.</li> <li>2.3 Continue to establish centralized medical records procedures, work flow processes, job responsibilities, etc.</li> </ol> </li> <li>3. Complete the provider network monitoring to ensure compliance with contract and regulatory standards. <ol style="list-style-type: none"> <li>3.1 Continue to enhance the system for providing feedback related to compliance and regulatory standards.</li> </ol> </li> </ol>	<p>1.1 Swathwood</p> <p>2.1 Clinical Management</p> <p>2.2 V. Gomez/B. Brookhouse</p> <p>2.3 Majeske</p> <p>3.1 Swathwood</p>

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