



TUSCOLA

Behavioral Health Systems

A Michigan Community Mental Health Authority

Strategic Plan

FY 22-23

**TUSCOLA BEHAVIORAL HEALTH SYSTEMS
STRATEGIC PLAN
FY 22-23
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TUSCOLA BEHAVIORAL HEALTH SYSTEMS STRATEGIC PLAN FY 22/23

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 being 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. Service provision has continued throughout the pandemic, and this will not change during FY 23. This plan was written with the understanding that there are many changes to operations that have been made and that others will continue to be made as the effects of the pandemic limit our interactions with community members, community partners, etc. We attempted to include items in the plan that are realistic to complete during a pandemic although there may be some items within the plan that may not be able to be completed if restrictions and limitations are put back in place due to the pandemic. At the time of development of this plan, we are still uncertain as to the end date of the Federal Health Emergency.

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 individuals served

- 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
- Fiscally responsible with a focus on maximization of resources
- Strong commitment to compliance, quality services and outcomes
- Strong advocacy for individuals served

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 (community involvement such as food truck, meal, etc.) both within and outside of Tuscola County
- 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
- 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
- Continued re-evaluation of and implementation of applicable mitigation strategies related to pandemic events.
- Dedication to individuals served and the PCP process
- Education to individuals served through peer delivered services
- Information and data resources are supported by current technology
- Intra-agency communications
- Strong support received from local churches, local businesses and civic groups
- Well established residential network

- Willingness of staff to step up and provide assistance and coverage in areas outside of their normal work areas.

WHAT ARE THE ORGANIZATIONAL WEAKNESSES?

Top five weaknesses:

- Inability to fill vacant positions at TBHS and within the provider network due to the current labor shortage, especially individuals with specialty degrees, certifications, and evidence-based practice experience due to the location of Tuscola County and the current nationwide labor market.
- Lack of understanding within the community and with other community partners in regard to TBHS and operations and services.
- Limited availability of staffing to provide non-mandated programs and services, i.e., prevention activities, support groups, same day access and hospital liaison services.
- 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:

- Barriers to referrals & placements to needed services within Tuscola County due to lack of FQHC, homeless shelters, inpatient hospitals, state-facility beds, and psychiatrists
- Inability to refer to other psychiatrists within the county, lack of other options available
- Lack of capacity for inpatient hospitalization (due to lack of beds, lack of staff, etc.)
- Lack of homeless shelter/options within Tuscola County
- Lack of understanding within the community and with other community partners in regard to TBHS and operations and services
- Limitations related to Medication Assisted Treatment (MAT) availability within TBHS
- Limitations within the Provider Network/network capacity; autism services, residential services, ancillary services, etc.
- 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 availability for specialized residential placements both within the county (TBHS network) and throughout the state

- Limited awareness in the community related to mental health and disabilities including difficulty in getting community member participation in community trainings and events
- Limited guidance and support related to Certified Community Behavioral Health Clinics (CCBHC) development
- 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 needs of individuals served
- Ensure action steps to promote diversity, equity and inclusion
- 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
- Public education and awareness related to behavioral healthcare and community needs including the role of TBHS, who we serve, etc.

Other identified opportunities:

- Collaboration with primary care physicians
- Collaboration with SUD providers
- Community integration opportunities
- Enhance system for core competency development
- Enhance rights data and analysis of risk markers
- Efficiencies and improved outcomes through continued implementation of the electronic medical record
- Expand cultural competencies
- Expand peer delivered service options
- Expand staff education/orientation program/leadership development
- Expand utilization of technology for information sharing (i.e., website, social media, myStrength, CEHR, LinkedIn).
- Expand utilization management system
- Explore additional opportunities for input from individuals served and the community into agency operations
- Explore additional service models, treatment modalities & service initiatives
- Explore becoming a Certified Community Behavioral Health Clinic site
- Explore meaningful employment/volunteer opportunities/community integration for individuals served

- Explore opportunities to become a Behavioral Health Home
- Further development of a trauma competent system of care
- Further promotion of a recovery environment
- Hire and train a Benefits Liaison/Navigator to provide additional services to assist individuals; education related to Medicare, private insurances, B2W training, etc.
- Increase competency, retention & accountability of the workforce
- Increase public awareness of the myStrength resource
- Increase the number of staff with SUD credentials and experience
- Integrated health care opportunities for individuals served including Behavioral Health Consultant located in primary care offices
- Integration of required SUD services into TBHS operations
- Involvement of individuals served throughout agency operations
- Outreach with law enforcement
- Participation in MDHHS Initiatives
- Partner with community organizations for community education and training
- Research alternative provider opportunities

THREATS FACING OUR ORGANIZATION IN COMING YEARS

Top Five Threats:

- Concerns related to stability in the contractual residential network
- Increasing demand for services with limited availability of resources
- Implications of the COVID-19 pandemic on community wellness, mental health, integration opportunities and available resources
- Perception of mental health by individuals served and the public
- 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
- 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
- Exacerbation of mental health symptoms including anxiety and depression in individuals served and the community due to COVID19
- External requirements for additional education and training
- Inability to recruit qualified onsite Psychiatric Providers as well as other ancillary providers
- Increase in funding for mental health services being provided to non-CMH agencies; schools, private agencies, etc.

- 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
- Lack of understanding of the role of TBHS by community partners (limitations we have due to Medicaid guidelines/dependence)
- Limitations due to COVID19 on ability of TBHS and care givers to further integrate individuals into the community
- 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 individuals served
- Potential for inaccurate reporting, inaccurate data related to electronic health information obtained related to dual eligibles
- Potential loss of residential providers due to increased administrative burden
- Proposed restructuring of the mental health system
- Refusal of inpatient psychiatric hospitals to accept admissions
- Refusal of the residential provider network to accept admissions and associated increase in costs
- Risks involved with use of technology related to security, privacy, etc.
- Shrinking of labor force in Tuscola County and the State of Michigan
- Uncertainty related to Medicaid funding in the future

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, continually update and monitor 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, education and training needs of individuals served, family, community and staff.
8. **Empowerment:** Provide opportunities for input and/or direct involvement of individuals served, 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 the lives of individuals served including education and vocational opportunities and activities of daily living within the community.

Goal #1: Tuscola Behavioral Health Systems promotes behavioral health wellness through 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 strive 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 individuals served, 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"> ❖ 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. ❖ An informed community that understands the importance of mental health services on overall community wellness ❖ Reduction of stigma against persons with mental illness, intellectual/developmental disabilities and substance use disorders 	<ol style="list-style-type: none"> 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"> 1.1 Inquiries with communities within the county will be made to see what marketing opportunities are available within the local communities; community newsletters; electronic signs, etc. 2. Implement targeted awareness campaigns to educate the community about health promotion, behavioral health conditions, and risk factors, along with self-help and treatment options. <ol style="list-style-type: none"> 2.1 Will utilize press releases and/or paid advertising for awareness campaigns – at a minimum highlighting Mental Health Awareness Month, Suicide Prevention and Awareness Month, Recovery Month, and Developmental Disability Awareness Month. 	<p>1.1 Holder</p> <p>2.1 Holder</p>

1.A	<p>Residents of Tuscola County will have an increased awareness and understanding of TBHS services and the significance of those services to overall community wellness.</p> <p>An accepting and understanding community</p>	<ul style="list-style-type: none"> ❖ 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. ❖ An informed community that understands the importance of mental health services on overall community wellness ❖ Reduction of stigma against persons with mental illness, intellectual/developmental disabilities and substance use disorders 	<p>3. 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 & support community wellness and to provide education as it relates to behavioral health care and available services.</p> <p>3.1 Offer and provide myStrength training to staff of other community organizations and to the public.</p> <p>3.2 Encourage and expand Peer Support Specialist involvement in internal and external committees, workgroups and initiatives to promote mutuality, foster non-judgmental relationships, and strengthen the focus on, strengths and skills of persons with mental illness, substance use disorders or intellectual/developmental disabilities.</p> <p>3.3 Partner with other agencies on promotion/education related to mental health topics</p>	<p>3.1 Holder/Lacey</p> <p>3.2 Clinical Management</p> <p>3.3 Holder</p>
1.A		<ul style="list-style-type: none"> ❖ Achieve a knowledgeable community prepared to support others on their journey toward recovery 	<p>4. 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>4.1 TBHS Marketing Department will email appropriate informational materials to designated school personnel and request items be displayed (signage) on school property.</p> <p>4.2 Community outreach will be conducted/facilitated to reach specific populations within Tuscola County. i.e., older adults, homeless, etc.</p> <p>4.3 Look at options for marketing TBHS, social media outlets including TikTok, Snapchat, YouTube, etc.</p>	<p>4.1 Holder</p> <p>4.2 Holder</p> <p>4.3 Holder</p>

1.A		<ul style="list-style-type: none"> ❖ Increased focus on prevention activities ❖ Increase understanding of community partners in the role/mandated responsibilities of TBHS 	<p>5. Partner with agencies and local schools in the development and implementation of prevention activities for both mental health and substance use disorders.</p> <p>5.1 Work with at least one local school district and provide youth Mental Health First Aid to students.</p> <p>5.2 Establish a partnership with a local school district to facilitate Teen Mental Health First Aid (district has to agree to the program requirements).</p>	<p>5.1 Holder</p> <p>5.2 Holder</p>
			<p>Challenges:</p> <ul style="list-style-type: none"> • COVID-19 is limiting our ability to provide community-based education and participation in community events • 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 intellectual/developmental disabilities • Limited feedback from participants at community events/trainings • Limited availability of staff/limited staff resources • Staff turnover of long-term staff leaving with vast institutional knowledge • Lack of available transportation for individuals served/community members to trainings • Limits on media's willingness to print informational articles • Lack of stakeholder representation on committees, workgroups, operational planning efforts, etc. • Uncertainty of extension of the Public Health Emergency (PHE) and potential changes in funding based on the end of the PHE. 	

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.

Empowerment: TBHS shall provide opportunities for input and/or direct involvement of individuals served, 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 the lives of individuals served, 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"> ❖ Provide an array of evidence-informed services (i.e., evidence-based practices) that are individualized to address the specific need and desires of individuals served and families. ❖ Continually assess the effectiveness of services and supports provided and expand and integrate performance improvement processes within program operations. 	<ol style="list-style-type: none"> 1. Review data, outcomes, utilization review findings, results of surveys of individuals served, surveys of community members, 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"> 1.1 Conduct a thorough needs assessment, utilize information to align changes to services and supports. 1.2 Explore opportunities for feedback from individuals served to gather information related to future service development. 	<p>1.1 PI/Clinical Management</p> <p>1.2 PI/Clinical Management</p>
2.A		<ul style="list-style-type: none"> ❖ Promote involvement of individuals served and their family members 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"> 2. Continue to ensure the utilization of Evidence Based Practices to maximize the potential for individuals/families served to achieve personalized outcomes. <ol style="list-style-type: none"> 2.1 Assess and address barriers to expansion and implementation of Evidence Based Practices such as organizational structure and commitment, resource development, etc. 	<p>2.1 Clinical Management</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 individuals served and reduced co-morbidities. ❖ Fully integrated primary/behavioral health care services. 	<ol style="list-style-type: none"> 1. Expand opportunities for integrated primary health/mental health services within Tuscola County. <ol style="list-style-type: none"> 1.1 Work with individuals from intake through service provision to ensure that they have knowledge and access to primary care services. 1.2 Continue to monitor the number of individuals receiving services through the two on-site primary care providers to ensure that these remain viable options based on number of individuals receiving services. 1.3 Consider utilizing information provided by MSHN regarding social determinants of health in decision making to inform program changes. 2. Expand the use of Peer Support Specialists to promote engagement of individuals served and improve outcomes across the array of mental health services. <ol style="list-style-type: none"> 2.1 Develop and implement Peer Hospital Outreach Program. 2.2 Explore the possible addition of a Peer Recovery Coach. 	<p>1.1 T. Gomez</p> <p>1.2 T. Gomez</p> <p>1.3 T. Gomez</p> <p>2.1 Clinical Management</p> <p>2.2 Clinical Management</p>
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. Promote transparency, timely and collaborative discussions, clear decision-making processes, and mutual respect between TBHS and its contracted providers and community partners. <ol style="list-style-type: none"> 1.1 Develop and implement best practices for information technology use to support TBHS and provider programs and services. 1.2 Improve messaging mechanisms to share key information with providers and community partners. 1.3 Promote new and existing partnerships with community partners to build system capacity to serve children/youth, those impacted by incarceration, those who are unstably housed/homeless, and other vulnerable segments. 1.4 Ensure that TBHS has up to date MOUs (memorandum of understanding) and MOAs (memorandum of agreements) in place and that these MOUs and MOAs adequately address the relationship between the parties. 	<p>1.1 Lacey/Rickwalt/Clinical Management</p> <p>1.2 Holder/Clinical Management</p> <p>1.3 Leadership</p> <p>1.4 Contract Management/Leadership</p>

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. Further enhance trauma competent screening and assessment services that are responsive to the needs of individuals served. <ol style="list-style-type: none"> 1.1 Explore implementation of the ACEs screening questionnaire. 1.2 Maintain/enhance our local trauma workgroup focused on building and maintaining trauma informed care education within our community and organization, while providing support to individuals who have experienced trauma through resources and referrals. 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"> 2.1 Enhance community awareness on trauma. 2.2 Completion by staff of the trauma survey, as required and use information gathered to inform agency practices, policies and plans. 	<p>1.1 Clinical Management</p> <p>1.2 Leadership</p> <p>2.1 Holder/Clinical Management</p> <p>2.2 Holder/Trauma Workgroup</p>
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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 ❖ Achieve 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. <ol style="list-style-type: none"> 1.1 Explore options to enhance knowledge of military and veterans' culture to be able to understand the unique experiences and contributions of those who have served. 2. Expansion of prevention activities, including prevention activities related to SUD services. <ol style="list-style-type: none"> 2.1 Partner with Thumb Opioid Response Consortium (TORC) and other community agencies on initiatives to address community awareness, education and stigma related to SUD via social media, resource fairs, trainings, etc. 2.2 Offer staff training on SBIRT (Screening, brief intervention and referral to treatment). 3. Services will be reviewed to ensure they include diversity, equity and inclusion. <ol style="list-style-type: none"> 3.1 Explore the possibility of culturally sensitive training and provide this training on site, if feasible. 3.2 Submit identified data to MSHN and utilize data to implement any identified strategies to reduce racial and ethnic disparities in healthcare and health outcomes. 4. Expansion of current service delivery system <ol style="list-style-type: none"> 4.1 Based on potential available general fund dollars, look at possible expansion of the general fund services provided. 4.2 Will complete a review of the requirements for behavioral health homes (including what, who, by when, and related metrics (if any). 4.3 Explore becoming a Certified Community Behavioral Health Center (CCBHC). 	<p>1.1 Clinical Management</p> <p>2.1 Price</p> <p>2.2 Price</p> <p>3.1 Holder</p> <p>3.2 Leadership</p> <p>4.1 Leadership</p> <p>4.2 Senior Leadership</p> <p>4.3 Senior Leadership</p>
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			<p>Challenges:</p> <ul style="list-style-type: none"> • Participation of community members and other organizations • Staffing resources (i.e., time), due to numerous staff vacancies • 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 • COVID-19 is limiting our ability to provide community-based education and participation in community events • Staff turnover of long-term staff leaving with vast institutional knowledge • Uncertainty of continuation of general fund excess due to possible termination of the Federal Health Emergency 	
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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 **State and** 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"> ❖ Recruit and retain necessary personnel to ensure the quality and effectiveness of services and programs ❖ Provide a positive and flexible work environment that fosters self-development and learning ❖ Develop strategies to maintain competitive benefits ❖ Maintain a workforce of knowledgeable, skilled and culturally respectful staff 	<ol style="list-style-type: none"> 1. Continually review and explore opportunities for recruitment and retention strategies <ol style="list-style-type: none"> 1.1 Research the possibility of an employee referral program. 1.2 Explore additional ideas for employee wellness to promote work—life balance and mitigate employee burnout. 1.3 Conduct target recruitment to expand and diversify representation within the workforce. 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"> 2.1 Continue to monitor state level activity related to changes in Medicaid requirements from MDHHS/MSHN. 2.2 Information from National Council will be monitored to see what new initiatives/technologies are available. 3. Explore opportunities for an increased flexible work environment that fosters self-development, learning and productivity. <ol style="list-style-type: none"> 3.1 Explore different work schedules and program hours for staff. 4. Continue to review the leadership training program. <ol style="list-style-type: none"> 4.1 The leadership training program plan will be implemented, and progress will continue to be made on the steps identified within the plan. 	<p>1.1 Opperman</p> <p>1.2 Leadership</p> <p>1.3 Opperman</p> <p>2.1 Leadership</p> <p>2.2 Beals/Majeske</p> <p>3.1 Leadership</p> <p>4.1 Opperman/Holder</p>

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"> ❖ 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 ❖ Sufficient funds will be available to maintain and strengthen TBHS operations. 	<ol style="list-style-type: none"> 1. Review and monitor progress in the Risk Management Plan related to funding. <ol style="list-style-type: none"> 1.1 Review units to monitor for trends and increased general fund costs in service delivery system. 1.2 Monitor the changes in reporting to MDHHS to determine if variances in fund source reporting occur through the standard cost allocation (SCA) and EQI reporting. 2. Identify areas of significant or potential financial risk and monitor these on a regular basis. <ol style="list-style-type: none"> 2.1 Continue to work with DHHS on Medicaid status of individuals regarding loss of coverage, utilizing real time data. 3. Continue to monitor fund balance reserves and finance capital projects to limit use of reserves. <ol style="list-style-type: none"> 3.1 Any capital projects will be reviewed, and a determination made regarding financing or use of fund balance. 	<p>1.1 Dudewicz</p> <p>1.2 Dudewicz</p> <p>2.1 Dudewicz</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"> ❖ 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, KPIs, etc.). <ol style="list-style-type: none"> 1.1 Monitor MMBPIS indicators 2 & 3 as MDHHS establishes a new baseline and benchmark, reflecting no exceptions for these indicators. 2. Ensure effective and secure use of the EHR. <ol style="list-style-type: none"> 2.1 Explore the expansion of the use of the patient portal within EMMIT (CEHR). 3. Complete the provider network monitoring to ensure compliance with contract and regulatory standards. <ol style="list-style-type: none"> 3.1 Continue to enhance the system for providing feedback related to compliance and regulatory standards. 	<p>1.1 PI</p> <p>2.1 Clinical Management</p> <p>3.1 Contract Management</p>

			<p>Challenges:</p> <ul style="list-style-type: none">• Uncertainty of extension of the Public Health Emergency (PHE) and potential changes in funding based on the end of the PHE – general fund dollar availability, loss of Medicaid enrollees• Time involved with new employees learning their role/responsibilities• Expanded use of technology (EHR)• Competing with others for qualified staff• Lack of sufficient staffing resources• Ability to produce the required reports• Limited technical aptitude of individuals served related to the use of the patient portal for accessing, updating service information.	
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