TUSCOLA

Behavioral Health Systems

A Michigan Community Mental Health Authority

Strategic Plan

Fiscal Year 2025
and
Fiscal Year 2026

TUSCOLA BEHAVIORAL HEALTH SYSTEMS
STRATEGIC PLAN
FY 25 and FY 26
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TUSCOLA BEHAVIORAL HEALTH SYSTEMS
STRATEGIC PLAN FY 25 and FY 26

I.   INTRODUCTION

Tuscola Behavioral Health Systems (TBHS) is a community mental health services program providing specialty mental health services and supports to nearly 1,000 Tuscola County residents and their families with serious mental illness, intellectual/developmental disabilities, co-occurring substance use disorders, and children with severe emotional disturbances who depend on the public mental health system and its community partners for both acute and long term supports and services.

The TBHS Board of Directors has established the Mission, Vision and Ends Policies for TBHS, which have been utilized as the basis for the development of this Strategic Plan. Planning efforts were further informed through input and feedback received from individuals served, family members and natural supports, consumer advocacy groups, TBHS staff members, community partners and other stakeholders. The purpose of this plan is to establish priorities and define a clear strategic direction for future agency operations, providing a roadmap for achieving goals and objectives, navigating ever-changing challenges and opportunities, and mitigating risks.

<u>TBHS Mission</u>

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.

<u>Our Vision</u>

Where do we want to be in 24 months? Our Vision is to assure the accessibility of effective community services that empower individuals and families to achieve an enhanced quality of life.

<u>Guiding Values for Our Organization</u>

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.

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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:

- Commitment to a recovery environment, which includes the availability of a comprehensive service array that supports the health and wellness of individuals served.
- The organization boasts a valuable staff that is characterized by dedication, competence, and innovation, enabling them to adapt quickly to challenges, drive continuous improvement, and deliver exceptional services to those in our community.
- 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 facilities.
- Availability of primary care services through a co-located Wellness Clinic on-site, focusing on the integration of both behavioral and physical healthcare.
- Availability of Evidenced-Based Practices.
- Availability of Peer Support Specialists to aid individuals with education, recovery and wellness.
- Collaboration with affiliate and community partners
- Collaboration with Tuscola County Treatment Courts, addressing treatment needs for youth, adults and those with co-occurring disorders as an alternative to incarceration and positively impacting recidivism and quality of life.
- Commitment to building positive community relations through education, collaboration and integration (community events, volunteerism, education, etc.) both within and outside of Tuscola County.
- Commitment to ongoing performance improvement related to business and/or service provision.
- Commitment to trauma-informed services and environments.
- Comprehensive Recipient Rights System.
- Continued dedication to staff recognition and consistent treatment.
- Commitment to and continued focus on workforce development and education.
- Dedication to individuals served and the person-centered planning process.
- Strong support received from local churches, local businesses and civic groups.
- Adaptability and flexibility of staff to assist with meeting service demands beyond the scope of their regularly assigned duties.
- Availability of board-certified child/adolescent psychiatric services.
- Availability of timely crisis response despite rural challenges/considerations, including Mobile Crisis.

- Capable and skilled direct-operated residential settings.
- Availability of on-site benefits navigation services to address complex enrollment and entitlement issues.
- Supportive opportunities for interns focused on future workforce development.

WHAT ARE THE ORGANIZATIONAL WEAKNESSES?

Top five weaknesses:

- Difficulty sourcing qualified new (direct and local provider network) staff, especially those with specialty degrees, highly sought after experience, and certification.
- Increased demand and limited availability of psychiatric inpatient care as well as access to readily available crisis residential services.
- Misaligned and partial understanding by the community and other community partners of TBHS operations and services as a public community mental health provider.
- Limited unrestricted fund balance to support agency operations.
- Limited availability of staffing and funding resources to provide non-mandated programs and services as well as to engage in new initiatives.

Other identified weaknesses:

- Readily available specialized residential services to meet the needs of those with complex mental health issues.
- Inability to refer to other psychiatrists within the county, lack of other available options.
- Constraints specific to the full utilization of the electronic health record.
- Lack of affordable, appropriate housing options in addition to emergency shelter options when needed.
- Limitations related to Medication Assisted Treatment (MAT) availability within TBHS.
- Limitations within the Provider Network / network capacity (e.g., ancillary support services, specialty providers, etc.).
- Limited availability of onsite psychiatric services.
- Continued presence of stigma related to mental health and treatment.
- Limited community member participation in sponsored community trainings and events.
- Limited opportunity for collaboration and expertise for co-occurring (i.e., substance use disorder) resources internally as well as within the county.
- Additional educational opportunities (in-person) for students with complex behavioral challenges.

OPPORTUNITIES FOR THE ORGANIZATION

Top five opportunities:

- Enhance service delivery system and expand the provider network to meet identified needs of service recipients.
- Work collaboratively with MSHN and other regional CMHSPs to promote health equity, helping to ensure all persons have the same opportunities to be healthy, including those who belong to socially disadvantaged or historically marginalized groups.
- Ensure adequate training is provided with a focus on recovery, trauma-informed care, substance use, and co-occurring treatment.
- Expanded use of technology to support agency operations and purpose (e.g., marketing, training, access and clinical service provision).
- Public education and awareness related to behavioral healthcare and community needs including TBHS, agency services and program operations.

Other identified opportunities:

- Expansion of integrated health initiatives (Behavioral Health Home).
- Opioid settlement funds may present opportunities for increased collaboration regarding service provision / treatment options for those with co-occurring disorders (i.e., opioid addiction).
- Increase collaboration with SUD providers including education, support groups, etc.
- Strengthen collaboration with community partners via participation on committees, councils, workgroups and advisory boards that affect services to the target population.
- Utilization of Social Determinants of Health data to improve accessibility and remove barriers to resources.
- Efficiencies and improved outcomes through continued implementation of the electronic health record.
- Expand opportunities for further staff development including leadership competencies and skills.
- Promote behavioral health employment opportunities (e.g., high school career days, college job fairs, expanded internships, etc.).
- Explore additional opportunities for input from individuals served and the community specific to agency operations.
- Explore expansion of service models, treatment modalities & service initiatives to support the priority populations served.
- Explore meaningful employment / volunteer opportunities / community integration for individuals served.
- Pinpoint outreach efforts to potentially vulnerable or marginalized populations including older adults, and youth transitioning into adulthood.
- Expansion of psychoeducation groups to aid with achievement of enhanced quality of life and the development of positive support systems.

- Further development of a trauma competent system of care.
- Further promotion of a recovery environment.
- Increase competency, retention & accountability of the workforce.
- Explore available software applications to promote mental health and wellness and increase repertoire positive coping strategies.
- Expand cultural competencies of staff and provider network.
- Enhance staff abilities to provide effective co-occurring treatment.
- Explore opportunities related to Behavioral Health Consultant located in primary care offices as well as outreach with specialty providers related to behavioral health care (e.g., OB / GYN providers, etc.).
- Enhance awareness of Michigan Child Collaborative Care (MC3) program, targeting rural disenfranchised populations through supporting primary care providers treating behavioral health issues (e.g. pediatric and perinatal psychiatric support).
- Enhance collaboration with local law enforcement including the exploration of additional training, education and new initiatives.
- Partner with community organizations for community education and training.
- Partner with schools regarding mental health awareness.
- Ensure an efficient, practical and uncomplicated process for access to services.
- Explore the use of Mental Health Nurse Practitioners in the service delivery system.
- Explore partnership with the Central Michigan University residency program.
- Explore strategies to increase local funding.

THREATS FACING OUR ORGANIZATION IN COMING YEARS

Top Five Threats:

- Potential implications of Conflict-Free Access and Planning as proposed by MDHHS.
- Increasing demand for services for those with complex behavioral health needs with limited availability of resources.
- Impact of Medicaid redetermination and errors in the redetermination process, resulting in a loss of capitation payments and increased general fund usage.
- Misperceptions and misalignment of understanding of mental health by the public.
- Workforce challenges related to difficulty sourcing qualified new staff, increased regulatory requirements and complexity of individual service needs resulting in staff fatigue and burnout.

Other Threats:

- Lack of readily available specialized residential services and crisis residential services to meet the needs of those facing complex challenges.
- Inability to sustain defined benefit retirement plan.
- MDHHS requirements that create unnecessary administrative burden and are not focused on improved outcomes for individuals served but are compliance and process driven.
- Inability to recruit qualified on-site psychiatric providers as well as other ancillary providers.
- Increase in substance use within the county, including prescription drugs, illegal drugs and the use of marijuana.
- 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 (e.g. limitations imposed due to Medicaid guidelines and funding).
- Limited availability of public transportation.
- Decreasing number of residential provider organizations within the local community.
- Proposed restructuring of the mental health system and proposed changes by MDHHS due to pending litigation.
- Refusal of the residential provider network to accept admissions and increased costs of out of county/network residential placements.
- Risks involved with the 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.
- Loss of long-term staff (within 5 years) due to retirement, including leadership positions.

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 promote understanding of the public mental health system, strengthen positive community relations, and to support 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.

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.

#	Initiative	Goals	Objectives / Challenges (Priorities)	Responsibility
1.A.	Residents and other stakeholders within 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.	❖ Increase public understanding of the importance of behavioral health wellness 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. ❖ Increased awareness and understanding of the experiences of individuals receiving behavioral health services.	1. Expand mental health literacy within the community through outreach, training, and education. 1.1 Implement targeted awareness campaigns to educate the community about health promotion, behavioral health conditions, access to services, and available treatment options. 1.2 Sponsor community educational events to strengthen and support community understanding, overall wellness, and recovery. 1.3 Partner with other agencies on promotion and education related to mental health resources. 1.4 Continue to support staff participation on various community boards, councils, committees and workgroups to promote understanding and to educate as appropriate within current resources. Identify internal subject matter experts to facilitate discussions around specific mental health topic areas.	1.1 Director of Marketing and Training 1.2 Director of Marketing and Training 1.3 Director of Marketing and Training/Leadership Team 1.4 Director of Marketing and Training/Leadership Team

| 1.A. | Residents and other stakeholders within 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. | ❖ Increase public understanding of the importance of behavioral health wellness 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.

❖ Increased awareness and understanding of the experiences of individuals receiving behavioral health services. | 1.5 Conduct community outreach to specific populations within Tuscola County (e.g., older adults, transition aged youth, LGBTQIA+, etc.).

1.6 Explore marketing/messaging strategies about the success and strength of the public mental health system in response to prevalent narratives in the mainstream media.

1.7 Explore opportunities for increased collaboration with local law enforcement including training, education and new initiatives.

2. Increase visibility through the use of social media marketing strategies and campaigns to highlight programs, resources, and successes of those with lived experiences.

2.1 Explore options for marketing TBHS and brand promotion utilizing social medical outlets such as TikTok, Snapchat, YouTube, etc. | 1.5 Director of Marketing and Training/Leadership Team

1.6 Director of Marketing and Training

1.7 Leadership Team/Clinical Management Team

2.1 Director of Marketing and Training |
| | | | Challenges:
• 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 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
• Lack of stakeholder representation on committees, workgroups, operational planning efforts, etc.
• Potential funding reductions due ongoing Medicaid enrollment issues resulting in a loss of capitation payments and increased general fund usage
• Limited understanding of the role of TBHS by community partners (e.g. limitations due to Medicaid guidelines and funding) | |

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.	❖ Continually assess the effectiveness of services and supports provided and expand and integrate performance improvement processes within program operations. ❖ 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.	1. Review quality measurement data to inform and support decision making, optimize clinical service delivery, and improve quality of care and outcomes. 1.1 Explore opportunities to expand feedback from individuals served and utilize information to inform service delivery / design, improve the experiences of those served, and guide advocacy efforts. 1.2 Expand messaging mechanisms to communicate key information, including ongoing progress and updates, to stakeholders based on feedback provided. 1.3 Implement the use of a Social Determinants of Health (SDOH) tool to identify necessary supports and resources.	1.1 Quality Systems Supervisor / Clinical Management Team 1.2 Director of Marketing and Training / Clinical Management Team 1.3 Clinical Management Team

2.A		❖ Provide an array of evidence-informed services (i.e., evidence-based practices) that are individualized to address the specific needs and desires of individuals served and families. ❖ Support a Recovery-Oriented and Trauma-Informed System of Care.	2. Continue to ensure the utilization of evidence-based practices and supportive services to maximize the potential for individuals / families served to achieve personalized outcomes. 2.1 Continued implementation of evidence-based practices, specifically focusing on Family Psychoeducation, Integrated Dual Disorder Treatment, Caregiver Education, PMTO, Infant Mental Health Home-Based Curriculum, etc. 2.2 Promote the availability and usefulness of Youth Peer Support and Parent Support Partner services to the recovery process through shared understanding, respect, mutual empowerment and the building of support networks. 3. Use of new screening and assessment tools to help facilitate and guide care and services. 3.1 Review current screening and assessment tools to eliminate unnecessary duplication of effort and / or resources. 3.2 Implement the Michigan Child and Adolescent Needs and Strengths (MichiCANS) assessment tool. 3.3 Implement the use of the MiSMART tool with local Emergency Departments specific to medical clearance for psychiatric inpatient admission. 3.4 Identify a trauma screening tool for use with individuals with Intellectual and Developmental Disabilities.	2.1 Clinical Management Team 2.2 Clinical Management Team 3.1 Clinical Management Team 3.2 Clinical Management Team 3.3 Emergency Services Supervisor / Health Operations Supervisor 3.4 Care Coordination Supervisor
2.B	Improved health (physical & behavioral) of individuals served.	❖ 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.	1. Expand opportunities for integrated primary health / mental health services within Tuscola County. 1.1 Utilization of data from the electronic health record to identify the most prevalent co-morbidities to guide and direct educational efforts. 1.2 Targeted education relative to securing primary care services based on system generated reporting of those without an identified provider.	1.1 Health Operations Supervisor 1.2 Health Operations Supervisor

2.B.		❖ Improved health status of individuals served and reduced co-morbidities. ❖ Fully integrated primary / behavioral health care services.	1.3 Continue to monitor the use and sustainability of the co-located Wellness Clinic to ensure it remains a viable option as established. 1.4 Identify a primary care liaison and conduct outreach to primary care providers and specialty providers to offer education and support related to behavioral health care needs. 1.5 Modify coordination of care processes and ensure well-versed, knowledgeable staff to execute needed procedures. 2. Expand the use of Peer Support Specialists to promote the ongoing engagement of individuals served in the recovery process and improve outcomes across the array of mental health services. 2.1 Sustain and explore expansion of Peer Hospital Liaison / Inpatient Outreach Program.	1.3 Health Operations Supervisor / Leadership Team 1.4 Health Operations Supervisor 1.5 Clinical Management Team 2.1 Clinical Management Team
2.C.	Maintain an integrated system of care with community partners.	❖ Integrated and coordinated delivery system.	1. Promote transparency, timely and collaborative discussions, clear decision-making processes, and mutual respect between TBHS and its contracted providers and community partners. 1.1 Develop and implement best practices for information technology use to support TBHS and provider programs and services. 1.2 Promote new and existing partnerships with community partners to build system capacity to serve children / youth, those impacted by incarceration, those experiencing housing insecurity, and other vulnerable segments.	 1.1 Information Technology / Clinical Management Team 1.2 Clinical Management Team / Leadership Team / Contract Manager

2.D.	Continued development of a recovery-oriented, trauma competent system of care	❖ Recovery-oriented, trauma-informed system of care.	1. Further develop a trauma-informed system of care that is responsive to the needs of individuals served. 1.1 Maintain a local trauma workgroup focused on building and enhancing trauma competencies within TBHS, while providing advocacy and education to community partners (e.g., local law enforcement, school personnel, etc.) to strengthen support and resources for those impacted by trauma. 1.2 Continue to assess agency processes, policies, practices and environments to promote and protect resiliency and minimize re-traumatization.	1.1 Clinical Management Team 1.2 Clinical Management Team / Leadership Team
2.E.	Continued development of service capacity.	❖ Co-occurring capable system of care; Substance Use Disorder Services. ❖ Accessible services.	1. Expansion of the current service delivery system, including increased involvement in prevention activities. 1.1 Participate in County activities/meetings related to the use of opioid settlement funding to explore care and treatment options specific to addiction. 1.2 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. 1.3 Partner with SUD providers regarding provision of education and prevention activities related to adolescents / youth with co-occurring disorders. 1.4 Increase co-occurring capabilities of staff regarding treatment delivery by identifying best practices and educational resources to enhance service delivery. 2. Ensure a responsive access process focused on removing barriers to care and promoting ease of use. 2.1 Explore viable options for improving access to care through Same Day / Open Access scheduling for new referrals.	1.1 Clinical Management Team 1.2 Clinical Management / Director of Marketing and Training 1.3 Leadership Team 1.4 Clinical Management Team 2.1 Clinical Management / Director of Marketing and Training

			Challenges: - Less than desired participation of community members and other organizations - Staffing resources (e.g., 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 HMO benefit packages - Limited involvement / availability of psychiatrists - Difficulty in recruitment of qualified staff - Staff turnover of long-term staff leaving with vast institutional knowledge	

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.	❖ Recruit and retain necessary personnel to ensure the quality and effectiveness of services and programs. ❖ Maintain a workforce of knowledgeable, skilled and culturally respectful staff.	1. Evaluate staff recruitment and retention strategies to ensure the continuation of a valuable staff that is characterized by dedication, competence, and innovation, enabling them to adapt quickly to challenges, drive continuous improvement, and deliver exceptional services. 1.1 Ongoing review and utilization of available recruitment strategies (e.g., National Health Services Corp. program, Mi Kids Now Loan Forgiveness program, etc.). 1.2 Partnering with other agencies such as the Thumb Community Health Partnership to ensure TBHS is aware of and participating in staffing initiatives. 1.3 Increase visibility and participation in workforce recruitment opportunities. 1.4 Explore increased educational learning opportunities with local educational institutions (e.g., Internships, Partnership with CMU Residency program, etc.). 1.5 Ongoing review of retention strategies to current hiring landscape.	1.1 Human Resources Supervisor / Leadership Team 1.2 Leadership Team 1.3 Human Resources Supervisor / Leadership Team 1.4 Human Resources / Leadership Team 1.5 Human Resources Supervisor / Leadership Team

3.B. Human Resources	TBHS will ensure sufficient resources to carry out the mission and vision.	❖ Ensure the quality and effectiveness of services and programs through on-going monitoring and sharing of changes in regulatory and services delivery landscapes. ❖ Maintain a workforce of knowledgeable, skilled and culturally respectful staff.	1, Monitor that the necessary resources and equipment are provided for staff so that they can meet the expectations of the position. 1.1 Educate new and existing staff on the Universal Credentialing platform and process being implemented in fiscal year 2025. 1.2 Continue to monitor state level activity related to changes in Medicaid requirements and provide necessary education to staff specific to Waivers and / or policy changes. 1.3 Remain current with new and emerging practices and treatment modalities and pursue cohort participation as appropriate. 1.4 Explore the expanded use of technology, including sufficient staff training for service delivery and administrative efficiencies.	1.1 Human Resources Supervisor 1.2 Leadership Team 1.3 Leadership Team 1.4 Leadership Team / Information Systems
3.C. Human Resources	TBHS will ensure sufficient resources to carry out the mission and vision.	❖ Provide a positive and flexible work environment that fosters self-development and learning. ❖ Maintain a workforce of knowledgeable, skilled and culturally respectful staff.	1. Promote a culture that values ongoing professional development and leadership sustainability through opportunities relevant to their career paths. 1.1 Provide further education to staff regarding the regulatory/authority context of the public mental health system. 1.2 Develop and implement a comprehensive cultural competency training program for all staff members, aimed at fostering an inclusive workplace environment that respects and values diversity. 1.3 Development of leadership skills through targeted opportunities (e.g., National Council Middle Management Academy, participation in regional and MDHHS workgroups and committees, etc.) as appropriate to staff roles within the organization. 1.4 Explore development of a comprehensive succession planning framework that identifies and nurtures employees, ensuring a pipeline of skilled leaders ready to support organizational growth and sustainability.	1.1 Senior Leadership / Leadership Team 1.2 Leadership Team 1.3 Leadership Team 1.4 Human Resources Supervisor / Director of Marketing and Training

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| 3.D. Finance | Manage/minimize catastrophic risk factors impacting service provision to the Medicaid population.

Maintain a financially healthy organization. | ❖ 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. | 1. Explore Behavioral Health Home requirements (including regulations and related metrics) to determine implementation feasibility.

  1.1 Complete a financial feasibility study to determine estimated revenues and expenditures of operationalizing a Behavioral Health Home.

2. Monitor MDHHS progress on proposed approach to Conflict-Free Access and Planning.

  2.1 Continued advocacy for pathways to compliance that build upon the State and County partnership to fund and deliver public mental health services in Michigan, and that respects and promotes continued autonomy and decision making by service recipients.

  2.2 Explore expansion and / or modification of the existing provider network in response to changing requirements and ongoing service demands.

3. Review and monitor the Risk Management Plan specific to funding.

  3.1 Review units to monitor for trends and increased usage of general fund / local funds / fund balance in service delivery system.

  3.2 Review opportunities to increase local funding.

  3.3 Identify areas of significant or potential risk and monitor these on a regular basis.

  3.4 Continue to work with DHHS and Benefits Navigator on Medicaid enrollment and reporting issues, utilizing real time data. | 1.1 Chief Financial Officer

2.1 Leadership Team

2.2 Leadership Team

3.1 Chief Financial Officer

3.2 Leadership Team

3.3 Senior Leadership Team

3.4 Chief Financial Officer / Health Operations Supervisor |

| 3.E. Compliance | Provide quality services within the guidelines established by regulatory and accrediting organizations. | ❖ Achieve and maintain full compliance with 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). | 1. Achieve goals as defined by MDHHS, MSHN and other regulatory entities (e.g, QAPIP, BH-TEDS, MMPBIS, KPIs, etc.).

1.1 Continue to assess current service delivery and quality measurement processes in preparation for implementation of the MDHHS behavioral health quality transformation plan.

1.2 Collaborate with the provider network to ensure adherence with contract and regulatory standards.

2. Ensure effective and secure use of the EHR.

2.1 Explore the expansion and promotion of the patient portal (Community Electronic Health Records - CEHR) within EMMIT. | 1.1 Quality Systems Supervisor

1.2 Chief Financial Officer / Contract Manager

2.1 Clinical Management Team |
| | | | Challenges:
• Time involved with new employees learning their role / responsibilities
• Expanded use of technology (EHR)
• Competing market 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 | |