TUSCOLA

Behavioral Health Systems

A Michigan Community Mental Health Authority

Strategic Plan
FY 23-24

TUSCOLA BEHAVIORAL HEALTH SYSTEMS
STRATEGIC PLAN
FY 23-24
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TUSCOLA BEHAVIORAL HEALTH SYSTEMS
STRATEGIC PLAN FY 23/24

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.

The original strategic plan upon which FY23/24 update was based was written during the COVID-19 pandemic. Due to this, several initiatives and/or objectives were unable to be achieved and realized due to restrictions and limitations resulting from the pandemic. In addition, TBHS experienced significant transition in its Leadership Team during FY22/23, including the CEO, COO, and various Program Supervisors. Due to these considerations, TBHS will be amending the FY22/23 Strategic Plan to reflect the current agency status while additional planning activities are initiated in order to establish priorities and define a clear strategic direction for future agency operations.

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.

<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:

- Availability of a comprehensive service array.
- Commitment to a recovery environment that focuses on the health and wellness of the individuals served, integrating both behavioral and physical health.
- 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, and choice in, primary care providers through the co-located Wellness Clinic
- Availability of Evidenced Based Practices
- Availability of Peer Support Specialists to aid individuals with recovery and wellness
- Collaboration and shared resources with affiliate and community partners
- Collaboration with Tuscola County Circuit Court for provision of Mental Health Court
- Commitment to building positive community relations through education, collaboration and integration (community involvement such as food truck distributions, sponsorship of community meals, 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 emphasis on staff recognition and consistent treatment
- Commitment and continued focus on workforce education and development as well as a commitment to building a work environment that is competent, innovative, valued and dedicated
- Dedication to individuals served and the person-centered planning process
- Education to individuals served through peer delivered services
- Intra-agency communication
- Strong support received from local churches, local businesses and civic groups
- Well established residential provider network locally
- 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.

WHAT ARE THE ORGANIZATIONAL WEAKNESSES?

Top five weaknesses:

- Inability to fill vacant positions at TBHS and within the local provider network due to the current labor shortage, especially individuals with specialty degrees, certifications, and evidence-based practice experience.
- Lack of availability of psychiatric inpatient care as well as access to readily available specialized residential services and crisis residential services.
- Lack of understanding within the community and with other community partners in regard to TBHS operations and services.
- Limited availability of staffing resources to provide non-mandated programs and services as well as to engage in new initiatives (i.e., prevention activities, juvenile justice initiatives, collaborative law enforcement initiatives, etc.).
- Limited opportunity for collaboration and expertise for co-occurring (i.e., substance use disorder) resources internally as well as within the county.

Other identified weaknesses:

- Inability to refer to other psychiatrists within the county, lack of other available options
- Lack of information technology resources to maximize utilization of the EHR
- Lack of homeless shelter/options within Tuscola County
- Limitations related to Medication Assisted Treatment (MAT) availability within TBHS
- Limitations within the Provider Network/network capacity (i.e., residential services, ancillary support services, specialty providers, etc.).
- Limited access to health care resources including providers willing to accept Medicaid (e.g., neuropsychiatric testing).
- Limited availability of onsite psychiatric services
- Limited awareness in the community related to mental health and disabilities, including limited community member participation in community trainings and events
- Lack of availability of some peer delivered services (e.g., Psychosocial Rehab Services)
- Limited response to public relations activities
- Limited unrestricted fund balance

OPPORTUNITIES FOR THE ORGANIZATION

Top five opportunities:

- Enhance service delivery system and provider network to meet identified needs of individuals served

- Work collaboratively with MSHN and other regional CMHSPs to promote health equity, helping to ensure all persons have the same opportunities to be healthy, especially those who belong to socially disadvantaged or historically marginalized groups.
- Ensure adequate training is provided with a focus on recovery, trauma informed care and substance use
- Expanded use of technology including further use of data to inform decision-making
- 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.
- Expand collaboration and involvement in committees, councils, workgroups and advisory boards that affect services to the target population.
- Utilization of Social Determinants of Health data in making service delivery adjustments.
- Enhance system for core competency development
- Enhance Rights data and analysis of risk markers
- Efficiencies and improved outcomes through continued implementation of the electronic health record
- Expand cultural competencies
- Expand peer delivered service options
- Expand opportunities for development of staff leadership skills
- Expand utilization of technology for information sharing (e.g., website, social media, myStrength, patient portal - CEHR, LinkedIn).
- 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 additional service models, treatment modalities & service initiatives
- Explore meaningful employment/volunteer opportunities/community integration for individuals served
- More focused and targeted outreach to geriatric/elderly population
- Expansion of recovery groups.
- Further development of a trauma competent system of care
- Further promotion of a recovery environment
- Expand Benefits Navigator services to provide additional assistance with Medicaid enrollment, education related to Medicare, private insurances, Back to Work training, etc.

- Increase competency, retention & accountability of the workforce
- Increase public awareness of the myStrength resource as well as enhanced use of social media
- Increase the number of staff with SUD credentials and experience
- 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 (i.e. pediatric and perinatal psychiatric support)
- Integration of SUD services into TBHS operations
- Enhance collaboration with local law enforcement including the exploration of additional training, education and new initiatives
- Participation in MDHHS Initiatives and cohorts
- Expansion of information and data resources supported by current technology
- Partner with community organizations for community education and training
- Research alternative provider opportunities
- Partner with schools regarding mental health awareness
- Promotion of "access" process for obtaining services

THREATS FACING OUR ORGANIZATION IN COMING YEARS

Top Five Threats:

- Lack of availability of psychiatric inpatient care as well as access to readily available specialized residential services and crisis residential services.
- Increasing demand for services with limited availability of resources
- Decline in Medicaid enrollment as the re-enrollment moratorium is lifted (i.e., end of continuous enrollment and the return of eligibility reviews) resulting in decreased revenue.
- Misperceptions and limited understanding of mental health by the public
- Workforce challenges including inability to fill vacant position as well as staff experiencing fatigue and burnout due to severity/complexity of individual service needs, previous position consolidation, MDHHS requirements, vacant positions, and increased workloads.

Other Threats:

- Potential impact of Conflict Free Access and Planning implementation on service provision
- Inability to sustain defined benefit retirement plan
- Required performance measures that are not outcome focused but rather focused on processes and compliance.

- Exacerbation of mental health symptoms including anxiety and depression in individuals served and the community post COVID-19
- External requirements for additional education and training
- Inability to recruit qualified on-site Psychiatric Providers as well as other ancillary providers
- Expansion of school based mental health positions resulting in loss of staffing/migration to schools.
- 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 (limitations we have due to Medicaid guidelines/dependence)
- 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 of individuals served
- Limited number of residential provider organizations within the local community
- Potential loss of residential providers due to increased administrative burden
- Proposed restructuring of the mental health system
- Refusal of the residential provider network to accept admissions and increased costs of out of county/network residential placements
- 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
		❖ 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
			1. Provide ongoing opportunities for community education related to behavioral health, available treatment options and how to access recovery-oriented services and supports.
			
			   1.1 Inquiries with communities within the county to determine 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.
			
			   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.
			
			   2.2 Exploration of marketing/messaging strategies about the success and strength of the public mental health system in response to prevalent narratives in the mainstream media.
				1.1 Director of Marketing and Training
				
				2.1 Director of Marketing and Training
				
				2.2 Director of Marketing and Training

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	❖ 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	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. 3.1 Offer and provide myStrength training to staff of other community organizations and to the public. 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. 3.3 Partner with other agencies on promotion/education related to mental health topics 3.4 Explore opportunities for increased collaboration with local law enforcement including training, education and new initiatives.	3.1 Director of Marketing and Training / IT 3.2 Clinical Management 3.3 Director of Marketing and Training 3.4 Leadership Team
1.A		❖ Achieve a knowledgeable community prepared to support others on their journey toward recovery	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.). 4.1 TBHS Marketing Department will email appropriate informational materials to designated school personnel and request items be displayed (signage) on school property. 4.2 Community outreach will be conducted/facilitated to reach specific populations within Tuscola County. i.e., older adults, youth, homeless, etc. 4.3 Look at options for marketing TBHS, social media outlets including TikTok, Snapchat, YouTube, etc.	4.1 Director of Marketing and Training 4.2 Director of Marketing and Training 4.3 Director of Marketing and Training

1.A		❖ Increased focus on prevention activities ❖ Increase understanding of community partners in the role/mandated responsibilities of TBHS	5. Partner with agencies and local schools in the development and implementation of prevention and wellness activities for both mental health and substance use disorders. 5.1 Work with at least one local school district to provide myStrength training (students and staff). 5.2 Work with one local school district to facilitate Teen Mental Health First Aid (district has to agree to the program requirements).	5.1 Director of Marketing and Training 5.2 Director of Marketing and Training
			Challenges: • COVID-19 limited 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. • Potential funding reductions due to end of PHE and Medicaid disenrollments	

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.	❖ 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.	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. 1.1 Explore opportunities to expand feedback from individuals served and utilize information to implement changes to service delivery system.	1.1 Quality Systems Supervisor / Clinical Management

2.A		❖ 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.
			2. Continue to ensure the utilization of Evidence Based Practices to maximize the potential for individuals/families served to achieve personalized outcomes.
			
			   2.1 Assess and address barriers to expansion and implementation of Evidence Based Practices such as organizational structure and commitment, resource development, etc.
			
			3. Use of new screening and assessment tools to help facilitate and guide care and services.
			
			   3.1 Prepare for Michigan Child and Adolescent Needs and Strengths (MichiCANS) assessment tool implementation in FY24-25.
			
			   3.2 Explore the use of MiSMART tool with local Emergency Departments specific to medical clearance for psychiatric inpatient admission.
				2.1 Clinical Management
				
				3.1 Clinical Management
				
				3.2 Emergency Services Supervisor / Health Operations 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.
		
		❖ Improved health status of individuals served and reduced co-morbidities.
		
		❖ Fully integrated primary/behavioral health care services.
			1. Expand opportunities for integrated primary health/mental health services within Tuscola County.
			
			   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 Conduct outreach to primary care providers and specialty providers to offer education and support related to behavioral health care needs.
			
			2. Expand the use of Peer Support Specialists to promote engagement of individuals served and improve outcomes across the array of mental health services.
			
			   2.1 Sustain Peer Hospital / Inpatient Outreach Program.
				1.1 Health Operations Supervisor
				
				1.2 Health Operations Supervisor
				
				1.3 Health Operations Supervisor / Leadership
				
				2.1 Clinical Management

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.	1.1 IT / Clinical Management
			1.2 Improve messaging mechanisms to share key information with providers and community partners.	1.2 Director of Marketing and Training / Clinical Management
			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.	1.3 Leadership Team
			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.	1.4 Contract Management / Leadership Team
2.D.	Continued development of a recovery oriented, trauma competent system of care	❖ Recovery oriented system ❖ Trauma informed system of care	1. Further enhance trauma competent screening and assessment services that are responsive to the needs of individuals served.	
			1.1 Explore implementation of the ACEs screening questionnaire.	1.1 Clinical Management
			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.	1.2 Leadership
			2. Maintain a local trauma workgroup focused on continually assessing and strengthening the agency's efforts as it relates to trauma informed services.	
			2.1 Enhance community awareness on trauma.	2.1 Director of Training and Marketing / Clinical Management
			2.2 Completion by staff of the trauma survey, as required and use information gathered to inform agency practices, policies and plans.	2.2 TBHS Trauma Workgroup

2.E.	Continued development of service capacity	❖ 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
			1. Ensure the appropriate resource availability to provide competent services that are responsive to the needs of local veterans.
			
			  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.
			
			  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 Partner with SUD providers regarding provision of education and prevention activities related to adolescents/youth with co-occurring disorders.
			
			  2.3 Participate in County activities/meetings related to use of opioid settlement funding to explore care and treatment options specific to addiction.
			
			3. Services will be reviewed to ensure they include diversity, equity and inclusion.
			
			  3.1 Explore the possibility of culturally sensitive training and provide this training on site, if feasible.
			
			  3.2 Work collaboratively with MSHN to ensure adequate data is collected about persons served, their health status and needs, social determinants of health (SDOH), and other impactful variables in order to better focus interventions.
			
			4. Expansion of current service delivery system
			
			  4.1 Based on potential available general fund dollars, look at possible expansion of the general fund services provided.
			
			  4.2 Explore Behavioral Health Home requirements (including regulations and related metrics).
			
			  4.3 Explore expansion of enhanced services and supports, including crisis response models, due to lack of psychiatric inpatient availability.
				
				1.1 Clinical Management
				
				2.1 Clinical Management / Director of Marketing and Training
				
				2.2 Leadership Team
				
				2.3 Clinical Management / Director of Marketing and Training
				
				3.1 Director of Marketing and Training
				
				3.2 Leadership Team
				
				4.1 Leadership Team
				
				4.2 Senior Leadership
				
				4.3 Clinical Management

			Challenges: - 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 - 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 ❖ 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	1. Actively review and explore opportunities for recruitment and retention strategies 1.1 Ongoing review of opportunities and strategies available via ARPA grant funding. 1.2 Explore additional ideas for employee wellness to promote work—life balance and mitigate employee burnout. 2. Monitor that the necessary resources and equipment are provided to staff so that they can meet the expectations of the position. 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 specific to new initiatives/technologies available. 2.3 Explore expanded use of technology for service delivery and administrative efficiencies. 3. Explore opportunities for an increased flexible work environment that fosters self-development, learning and productivity. 3.1 Explore flexibility in work schedules and program hours for staff. 4. Continue to review the leadership training program. 4.1 The leadership training program plan will be implemented, and progress will continue to be made on the steps identified within the plan.	1.1 Human Resource Supervisor / Leadership 1.2 Leadership Team 2.1 Leadership Team 2.2 Senior Leadership 2.3 Leadership Team 3.1 Leadership Team 4.1 Human Resource Supervisor / Director of Marketing and Training

3.B. 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. Review and monitor progress in the Risk Management Plan related to funding.
			
			   1.1 Review units to monitor for trends and increased general fund costs in service delivery system.
			
			   1.2 Implementation of MDHHS fiscal guidelines – Standard Cost Allocation (SCA) and independent rate models.
			
			2. Identify areas of significant or potential financial risk and monitor these on a regular basis.
			
			   2.1 Continue to work with DHHS and Benefits Navigator 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.
			
			   3.1 Any capital projects will be reviewed, and a determination made regarding financing or use of fund balance.
				1.1 Chief Financial Officer
				
				1.2 Chief Financial Officer
				
				2.1 Chief Financial Officer / Health Operations Supervisor
				
				3.1 Senior Leadership

3.C. Compliance	Provide quality services within the guidelines established by regulatory and accrediting organizations.	❖ 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)
			1. Achieve goals as defined by MDHHS, MSHN and other regulatory entities (QAPIP, BH-TEDS, MMPBIS, KPIs, etc.).
			
			   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.
			
			   2.1 Explore the expansion and promotion of the patient portal (Community Electronic Health Records - CEHR) within EMMIT.
			
			3. Complete the provider network monitoring to ensure compliance with contract and regulatory standards.
			
			   3.1 Continue to enhance the system for soliciting provider feedback related to compliance and regulatory standards.
				1.1 Quality Systems Supervisor
				
				2.1 Clinical Management
				
				3.1 Contract Management

			Challenges: • 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.	