TUSCOLA

Behavioral Health Systems

A Michigan Community Mental Health Authority

Strategic Plan

Fiscal Year 2027
And
Fiscal Year 2028

TUSCOLA BEHAVIORAL HEALTH SYSTEMS
STRATEGIC PLAN
FY 2027 and FY 2028
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TUSCOLA BEHAVIORAL HEALTH SYSTEMS
STRATEGIC PLAN
FY 2027 and FY 2028

I. INTRODUCTION

Tuscola Behavioral Health Systems (TBHS) is a community mental health services program that provides specialty mental health services and supports to nearly 1,000 Tuscola County residents and their families. As the Agency plans for FY 2027 and FY 2028, TBHS remains focused on meeting the evolving needs of individuals with serious mental illness, intellectual and developmental disabilities, co-occurring substance use disorders, and children with severe emotional disturbances who rely on the public mental health system and its community partners for acute, long-term, and recovery-oriented services and supports.

The TBHS Board of Directors established the Mission, Vision, and Ends Policies that form the foundation of this Strategic Plan. Input and feedback from individuals served, family members and natural supports, consumer advocacy groups, TBHS staff members, community partners, and other stakeholders further informed the planning process. This plan establishes agency-wide priorities and a clear strategic direction, providing a roadmap for achieving goals and objectives, responding to ever-changing challenges and opportunities, and mitigating risks.

TBHS Mission

Why does TBHS exist as an agency? TBHS' 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.

TBHS Vision

Where does TBHS want to be in 24 months? TBHS' 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 the Agency

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 their commitment to excellence in all they do in remaining loyal to the agency's cause and its partnership with individuals served.
Dignity	They believe in a welcoming environment in which each individual is treated with dignity and respect.
Empowerment	They 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 it helps people achieve the quality of life they deserve. The Agency empowers staff to develop and implement innovative approaches to their work and are committed to ongoing performance improvement.

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Accountability: TBHS measures these guiding principles yearly through performance reviews.

II. STRENGTHS, WEAKNESSES, OPPORTUNITIES, AND THREATS (SWOT) ANALYSIS

WHAT ARE THE STRENGTHS OF THE AGENCY?

Top five strengths:

- Commitment to a recovery-oriented environment through strong advocacy for individuals served and the availability of a comprehensive service array that supports their health and wellness.
- Cross-system partnerships and community engagement with a diverse range of organizations and stakeholders—including Treatment Courts, other court divisions, the Probation Department, and the Tuscola County Jail—that expand access to behavioral health and treatment services, support coordinated responses to community needs, advance alternatives to incarceration, reduce recidivism, and improve quality of life and community well-being through education, outreach, volunteerism, and community integration.
- Combined talents of long-standing and newer staff create a committed, innovative, and adaptable workforce that builds on established strengths, embraces new approaches, and continuously enhances service delivery.
- Strong fiscal responsibility and accountability by aligning expenditures with available revenue, continuously monitoring financial performance, and maximizing the effective use of resources.
- Strong agency-wide commitment to regulatory compliance, continuous quality improvement, and the delivery of effective, person-centered services that support measurable outcomes and enhance the lives of individuals served.

Other identified strengths:

- Accessible and welcoming facilities, supportive of individuals served, families, and community partners.
- Access to integrated primary and behavioral healthcare through an on-site, co-located Wellness Clinic.
- Availability of evidence-based practices that support effective, individualized services and positive outcomes.
- Availability of Peer Support Specialists and Parent Support Partners who use lived experience to provide education and promote recovery and wellness.
- Strong collaboration with affiliate partners that support shared expertise, coordinated efforts, and efficient use of resources.
- Ongoing commitment to performance improvement across agency operations and service delivery.
- Commitment to trauma-informed services and environments that promote safety, trust, resiliency, and recovery.
- Comprehensive Recipient Rights system that safeguards the rights, dignity, and well-being of individuals served.
- Ongoing commitment to recognizing staff contributions and promoting fair, consistent treatment across the agency.
- Continued investment in workforce development, training, and educational opportunities that strengthen staff knowledge and skills.
- Strong dedication to individuals served and to a person-centered planning process which reflects their needs, preferences, and goals.
- Strong support and engagement from local churches, businesses, and civic organizations.

- Flexible and adaptable workforce willing to respond to service demands beyond regularly assigned responsibilities.
- Access to board-certified child and adolescent psychiatric services.
- Timely crisis response, including Children's Mobile Crisis services, despite the access and geographic challenges of a rural community.
- Skilled and capable staff within directly operated residential settings.
- On-site benefits navigation services that assist individuals with complex enrollment and entitlement needs.
- Partnership with the Thumb Community Health Partnership (TCHP) which supports regional collaboration, shared resources, and coordinated strategies to address health, workforce, and community needs across the Thumb.
- Successful development and implementation of a directly operated Intensive Care Coordination with Wraparound program, bringing a previously contracted service in-house to strengthen local oversight, service coordination, responsiveness, and continuity of care for children and families.
- Expanded enrollment of eligible children and youth in the SED Waiver program, increasing access to intensive, community-based services and supports which address individual needs, strengthen families, and help children successfully remain in their homes and communities.
- Expanded education and resources for families that strengthen understanding of behavioral health needs, available services, and effective support strategies, empowering families to make informed decisions and actively participate in care and recovery.

WHAT ARE THE AGENCY WEAKNESSES?

Top five weaknesses:

- Challenges recruiting qualified staff across the direct workforce and local provider network, particularly for positions requiring specialized degrees, in-demand experience, or professional certifications.
- Insufficient availability of psychiatric inpatient and crisis residential services for youth and adolescents, particularly those with Autism Spectrum Disorder (ASD).
- Varying levels of understanding among providers and community partners regarding TBHS' defined role, responsibilities, and operational authority as a public community mental health provider, contributing to misaligned expectations are outside of the agency's scope and responsibilities.
- Limited unrestricted financial reserves to support ongoing agency operations and priorities.
- Limited workforce capacity and funding flexibility to sustain non-mandated programs, expand services, and/or pursue new initiatives.

Other identified weaknesses:

- Limited availability of specialized residential services for individuals with complex mental health needs.
- Gaps in local psychiatric provider capacity limit adults' ability to obtain timely and appropriate psychiatric services when transitioning from TBHS services.
- Barriers to fully leveraging the capabilities of the electronic health record system.
- Limited access to affordable, appropriate housing and emergency shelter options when needed.
- Limited availability of Medication-Assisted Treatment (MAT) services within TBHS.
- Insufficient provider network capacity, including access to ancillary support services and specialty providers.

- Limited in-person psychiatric services due to psychiatrist availability on site.
- Persistent stigma associated with mental health conditions and seeking treatment.
- Low community participation in agency-sponsored trainings and educational events.
- Limited opportunities for collaboration and access to expertise in co-occurring conditions, including substance use disorders, both within TBHS and across the county.
- Insufficient in-person educational opportunities for students with complex behavioral needs.

OPPORTUNITIES FOR THE AGENCY

Top five opportunities:

- Strengthen the service delivery system and broaden the provider network to address the evolving needs of individuals served.
- Advance health equity through collaboration with MSHN and regional CMHSPs, promoting equitable opportunities for health and well-being among socially disadvantaged and historically marginalized populations.
- Ensure adequate training and professional development are provided to strengthen general workforce competencies, including communication, collaboration, ethical practice, cultural responsiveness, documentation, and effective use of technology, while maintaining a focused emphasis on recovery, trauma-informed care, substance use, and co-occurring treatment.
- Leverage technology, including artificial intelligence, to enhance agency operations, workforce training, community engagement, access to care, as well as the delivery and quality of clinical services.
- Expand public education efforts and community awareness of behavioral health needs, available services, TBHS programs, and the agency's role in promoting individual and community well-being.

Other identified opportunities:

- Explore integrated health initiatives, including Certified Community Behavioral Health Clinic or Behavioral Health Home certification, to improve care coordination and outcomes.
- Leverage opioid settlement funding to strengthen collaboration and expand treatment options for individuals with substance use and co-occurring disorders.
- Strengthen collaboration with substance use disorder providers through coordinated education, support groups, and service initiatives.
- Improve access, reduce barriers, and connect individuals with needed resources through use of social determinants of health data.
- Optimize use of the electronic health record to increase operational efficiency, strengthen data-informed decision-making, and improve outcomes.
- Expand staff development opportunities that build leadership competencies, professional skills, and agency capacity.
- Promote behavioral health careers through targeted outreach, including career days, job fairs, internships, and partnerships with educational institutions.
- Create meaningful opportunities for individuals served and community members to inform agency planning, operations, and service improvement.
- Expand evidence-informed service models, treatment modalities, and initiatives to meet the evolving needs of priority populations.
- Expand meaningful employment, volunteer, and community integration opportunities for individuals served.

- Target outreach to vulnerable and historically marginalized populations, including older adults and youth transitioning to adulthood.
- Expand psychoeducation groups that support improved quality of life, skill development, and positive support networks.
- Advance a trauma-informed and trauma-responsive system of care across the agency and provider network.
- Strengthen a recovery-oriented environment that promotes hope, resilience, self-direction, and meaningful community participation.
- Strengthen workforce competency, retention, engagement, and accountability through focused development and support strategies.
- Evaluate digital tools and applications that promote mental health, wellness, and the development of positive coping strategies.
- Enhance cultural responsiveness and related competencies across the workforce and provider network.
- Build workforce capacity to deliver effective, integrated treatment for individuals with co-occurring mental health and substance use disorders.
- Expand behavioral health consultation in primary care settings and strengthen outreach to specialty providers, including obstetric and gynecologic practices.
- Increase awareness and use of Michigan's Child Collaborative Care (MC3) program to support primary care providers serving rural and underserved populations, including pediatric and perinatal psychiatric consultation.
- Strengthen collaboration with local law enforcement through coordinated training, education, referral pathways, and innovative initiatives.
- Partner with community organizations to expand behavioral health education, training, and awareness.
- Collaborate with schools to promote mental health awareness, early identification, and connections to appropriate supports.
- Explore a Same Day Access model to streamline access to services through a timely, efficient, practical, and person-centered process.
- Pursue diversified local funding strategies to support service innovation, agency sustainability, and emerging community needs.
- Strengthen staff knowledge and advocacy through education on the history, purpose, and value of the public mental health system, including the laws, regulations, policies, and governing standards that guide service delivery and agency accountability.

THREATS FACING THE AGENCY

Top Five Threats:

- Potential redesign and privatization of Michigan's public mental health system, as proposed by MDHHS, could disrupt local governance and accountability, reduce community-based decision-making, and create uncertainty regarding funding, access to services, continuity of care, and the long-term sustainability of the public behavioral health safety net.
- Implementation of H.R. 1 Medicaid provisions—including more frequent eligibility redeterminations, work and community engagement requirements, limits on retroactive coverage, and financing and payment restrictions—may increase administrative burden, cause eligible individuals to lose or experience disruptions in coverage, reduce capitation revenue, increase uncompensated service needs and reliance on limited general fund resources, and create additional uncertainty for access to and continuity of behavioral health care.

- Growing demand for services among individuals with increasingly complex behavioral health needs, coupled with limited funding, workforce capacity, and service resources.
- Persistent misconceptions and inconsistent understanding among the public, providers, and community partners regarding behavioral health needs and services, the role of the public mental health system, and TBHS' defined responsibilities and operational authority may create expectations that do not align with the agency's scope, funding requirements, or service capacity.
- Ongoing workforce pressures, including a shrinking pool of qualified candidates, increasing regulatory complexity, and more intensive service demands that contribute to employee fatigue, burnout, and retention challenges.

Other Threats:

- Limited availability of specialized residential services for individuals with complex needs and youth-specific crisis residential services, creating barriers to appropriate placement and continuity of care.
- Rising healthcare costs and increasing retirement plan obligations may challenge the long-term affordability and sustainability of competitive employee health and retirement benefits.
- Expanding MDHHS compliance and process requirements may increase administrative burden without a corresponding improvement in outcomes for individuals served.
- Persistent difficulty recruiting and retaining qualified on-site psychiatric and ancillary providers may limit timely access to specialized care.
- Increasing substance use within the county, including misuse of prescription medications, illicit drugs, and marijuana, may intensify demand for prevention, treatment, and recovery supports.
- Insufficient community resources—including affordable housing, emergency shelter, transportation, and employment opportunities—may create barriers to stability and recovery for individuals served.
- Limited local provider network may constrain service availability, reduce consumer choice, and delay access to necessary care.
- Limited public transportation options may restrict access to services, employment, and other essential community supports.
- Continued decline in local residential provider organizations may reduce placement capacity and limit community-based service options.
- Denials of admission by residential providers, combined with the rising cost of out-of-county and out-of-network placements, may create challenges in securing appropriate placement and increase financial pressures.
- Evolving technology use and cyber threats may increase risks related to information security, privacy, system reliability, and regulatory compliance.
- Shrinking labor force in Tuscola County and across Michigan may intensify competition for qualified employees and further constrain workforce capacity.
- Ongoing uncertainty in Medicaid funding and reimbursement may affect financial stability, service capacity, and long-term planning.
- Anticipated retirements among long-tenured employees, including individuals in leadership positions, may result in the loss of institutional knowledge and create succession and workforce continuity challenges.

IV. STRATEGIC BUILDING BLOCKS – AGENCY CORE STRATEGIES

How will the Agency get there?

1. **Promotion:** Tuscola Behavioral Health Systems 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.

2. **Advocacy:** Tuscola Behavioral Health Systems will advocate for effective, person-centered, behavioral healthcare that promotes the well-being of those in the community we serve.

3. **Services:** Tuscola Behavioral Health Systems 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.

4. **Collaboration:** Tuscola Behavioral Health Systems shall be a leader for Tuscola County in promoting and actively encouraging mutual cooperation among human services agencies.

5. **Resources:** Tuscola Behavioral Health Systems shall seek and utilize all available resources while maintaining financial and operational integrity.

6. **Compliance:** Tuscola Behavioral Health Systems 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.

7. **Education and Training:** Tuscola Behavioral Health Systems shall develop, implement, and maintain programs that will address, education and training needs of individuals served, family, community and staff.

8. **Empowerment:** Tuscola Behavioral Health Systems 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.

   Tuscola Behavioral Health Systems shall also provide opportunities to maximize growth and independence in all areas of the lives of individuals served, including educational and vocational opportunities and activities of daily living within the community.

Goal #1: Tuscola Behavioral Health Systems advances behavioral health and wellness by building public understanding of the mental health system, fostering strong community partnerships, and furthering the Agency's 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: 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
1.A.	TBHS will increase awareness and understanding among Tuscola County residents and other stakeholders regarding available services, how to access them, and their contribution to overall community wellness. TBHS will foster a welcoming, informed, and inclusive community that understands and supports behavioral health and recovery.	❖ Residents and stakeholders understand available TBHS services, how to access them, and their contribution to community wellness. ❖ Community members demonstrate greater understanding, acceptance, and support of behavioral health and recovery. ❖ The community has greater awareness and understanding of the experiences of individuals receiving behavioral health services.	1. Increase community understanding of behavioral health, recovery, available TBHS services, and how to access them through coordinated outreach, training, and education. 1.1 Implement targeted awareness campaigns that explain behavioral health and recovery, promote wellness, and connect residents with TBHS services, treatment options, and access information. 1.2 Sponsor accessible community education events that build behavioral health literacy, encourage acceptance, and strengthen support for wellness and recovery. 1.3 Partner with community organizations to coordinate education and outreach about behavioral health resources, available supports, and pathways to care. 1.4 Collaborate with schools to coordinate mental health education and awareness, strengthen early identification of behavioral health needs, and connect students and families with appropriate services, resources, and supports.	Director of Marketing and Training Director of Marketing and Training Leadership Team / Director of Marketing and Training Clinical Management Team / Director of Marketing and Training

		❖ Stronger collaboration and mutual understanding between TBHS and local law enforcement support informed, coordinated responses to behavioral health needs.	1.5 Conduct targeted outreach with priority populations in Tuscola County—including older adults, transition-age youth, and residents who experience barriers to behavioral health information and services—to increase awareness of behavioral health resources, TBHS services, and pathways to care.	Director of Marketing and Training
			1.6 Develop messaging that highlights the strengths, successes, and community value of the public mental health system while addressing inaccurate or stigmatizing narratives in mainstream media.	Director of Marketing and Training
			1.7 Build on established collaboration with local law enforcement by identifying additional training, education, referral, and support opportunities that strengthen mutual understanding of behavioral health needs, available resources, and effective responses.	Chief Operating Officer / Clinical Management Team
			2. Use social media campaigns to increase the visibility of TBHS programs and resources and share recovery-focused stories that reflect the strengths and experiences of people with lived experience.	
			2.1 Evaluate appropriate social media platforms—including TikTok, Snapchat, and YouTube—to expand TBHS brand awareness, reach diverse audiences, and share accurate information about services, access, behavioral health, and recovery.	Director of Marketing and Training
			2.2 Evaluate evidence-informed digital tools and applications that promote mental health and wellness, strengthen positive coping strategies, support engagement and self-management, and complement appropriate clinical services and supports.	Director of Marketing and Training / Clinical Management Team

			Challenges: • Limited community participation in TBHS-sponsored education, training, and outreach activities. • Negative or stigmatizing media coverage of people with mental health conditions may undermine public understanding and acceptance. • Persistent misconceptions about people with mental health conditions and intellectual or developmental disabilities may hinder inclusion and support. • Limited staff capacity and competing demands may constrain outreach, education, and partnership activities. • Turnover among long-tenured staff may reduce institutional knowledge and continuity in community engagement efforts. • Transportation barriers may limit participation by individuals served and community members in trainings, events, and outreach activities. • Insufficient stakeholder representation on committees, workgroups, and planning efforts may limit diverse perspectives and community input. • Medicaid enrollment disruptions and related funding reductions may reduce resources available for community education, outreach, and engagement. • Limited understanding among community partners of TBHS's role, authority, funding requirements, and service limitations may create misaligned expectations and hinder collaboration.

Goal # 2: Tuscola Behavioral Health Systems will strengthen an integrated, comprehensive, and responsive service delivery system that evolves with the needs of Tuscola County residents and promotes 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.	TBHS will maintain a responsive, equitable, and adaptable service delivery system by using stakeholder input, evidence-informed practices, and innovative access models to address the changing behavioral health needs of the community.	❖ Individuals served experience responsive and effective services that reflect stakeholder input, use evidence-informed practices and accessible service models, and demonstrate measurable improvement through ongoing quality monitoring. ❖ Individuals served and their families actively inform the design, development, and evaluation of services and supports. ❖ Stakeholder feedback guides service improvements and strengthens responsiveness to the changing needs of the community.	1. Strengthen service responsiveness and promote equity by creating meaningful opportunities for stakeholder input, communicating how feedback informs decisions and improvements, and collaborating with regional partners to identify and address disparities. 1.1 Collaborate with MSHN and regional CMHSPs to identify and address disparities, strengthen culturally responsive practices, and advance equitable access, service experiences, and health and well-being outcomes for socially disadvantaged and historically marginalized populations. 1.2 Create meaningful opportunities for individuals served and community members to provide feedback and use that input to guide service design and delivery, improve service experiences, and inform advocacy priorities. 1.3 Strengthen communication with stakeholders by sharing how their feedback informs decisions, service improvements, and ongoing progress.	Leadership Team Leadership Team Leadership Team

2.A.		❖ Individuals experience timely access to appropriate services and supports. ❖ Individuals served and their families receive individualized, evidence-informed services that address their identified needs, preferences, and desired outcomes. ❖ Individuals served experience a recovery-oriented and trauma-informed system of care that promotes safety, resilience, choice, and meaningful recovery.	2. Enhance access to care by identifying, evaluating, and implementing new initiatives and viable service-delivery models that reduce barriers and support timely, efficient, and practical connections to appropriate services and supports. 2.1 Explore Same Day Access models for initial intakes to improve timely, efficient, practical, and person-centered entry into services. 3. Sustain the use of evidence-informed practices and supportive services that are individualized to help individuals served and their families achieve identified goals and desired outcomes. 3.1 Build and sustain workforce depth for evidence-informed practices—including Family Psychoeducation, Integrated Dual Disorder Treatment, Caregiver Education, Parent Management Training–Oregon Model (PMTO), Infant Mental Health Home-Based Curriculum, and Dialectical Behavior Therapy—by maintaining staff qualified to deliver each practice and engaging them to mentor, coach, and refine the skills of additional staff. 3.2 Increase awareness, understanding, and use of Youth Peer Support and Parent Support Partner services to improve support for youth and their families, strengthen engagement and mutual empowerment, promote recovery, and build natural support networks. 3.3 Expand access to evidence-informed group therapy—including Seeking Safety, Recovery, Mindfulness, and other responsive offerings—and increase awareness of community-based support groups that promote connection, coping skills, recovery, and wellness.	Clinical Management Team Clinical Management Team Clinical Management Team Clinical Management Team
2.B.	TBHS will improve the physical and behavioral health of individuals served through integrated, coordinated, and person-centered care.	❖ Individuals served experience improved physical and behavioral health through early identification of co-occurring medical conditions, targeted education, and active engagement in coordinated care. ❖ Individuals served demonstrate improved physical and behavioral health outcomes and	1. Expand access to integrated primary and behavioral healthcare services for individuals served in Tuscola County. 1.1 Use electronic health record data to identify prevalent co-occurring medical conditions and guide targeted health education, care coordination, and intervention efforts. 1.2 Use system-generated reports to identify individuals without a primary care provider and deliver targeted education and assistance to connect them with appropriate primary care services. 1.3 Monitor utilization, outcomes, and financial sustainability of the co-located Wellness Clinic to ensure it remains a viable integrated-care resource for individuals served.	Clinical Management Team / Director of Marketing and Training Clinical Management Team Senior Leadership Team

		reduced impact of co-occurring medical conditions. ❖ Individuals served have access to fully integrated primary and behavioral healthcare services.	1.4 Designate a primary care liaison to strengthen relationships with primary and specialty care providers; coordinate education, consultation, and support related to behavioral health needs; and increase awareness and use of available resources, including programs such as Michigan's Child Collaborative Care (MC3) program, to support providers serving rural and underserved populations.	Health Operations Supervisor
2.C.	TBHS will strengthen an integrated and coordinated system of care by expanding partnerships and system capacity to address gaps in available services and improve access to appropriate supports for individuals with diverse and complex needs.	❖ Individuals served experience improved access to an integrated and coordinated system of care that addresses service gaps through effective partnerships and expanded provider capacity.	1. Expand partnerships and provider capacity to address identified service gaps and improve access to coordinated, residential, crisis, inpatient, and in-person psychiatric services for individuals and populations with diverse and complex needs. 1.1 Strengthen existing partnerships and develop new collaborations that expand system capacity and coordinated supports for children and youth, individuals impacted by incarceration, people experiencing housing insecurity, and other vulnerable populations. 1.2 Expand the residential provider network by identifying and developing partnerships with qualified providers that increase access to specialized residential options for individuals with complex mental health needs. 1.3 Strengthen partnerships and pursue service-development opportunities that increase access to appropriate crisis residential and inpatient care for youth and adolescents, particularly those with Autism Spectrum Disorder (ASD) and other complex behavioral health needs. 1.4 Explore and develop an Adult Mobile Crisis Response service that provides timely, community-based crisis assessment, stabilization, de-escalation, and connection to appropriate follow-up services for adults experiencing a behavioral health crisis. 1.5 Explore viable opportunities to expand access to in-person psychiatric services by assessing community need, workforce availability, partnership options, operational requirements, and financial sustainability.	Clinical Management Team Clinical Management Team Clinical Management Team Chief Operating Officer / Clinical Management Team Senior Leadership Team

2.D.	TBHS will advance a recovery-oriented, trauma-informed, and trauma-responsive system of care that promotes safety, resilience, and positive outcomes.	❖ Individuals served experience a recovery-oriented, trauma-informed, and trauma-responsive system of care that promotes safety, resilience, and positive outcomes.	1. Advance a recovery-oriented, trauma-informed, and trauma-responsive system of care that is responsive to the needs, preferences, and experiences of individuals served. 1.1 Reorganize and maintain a local trauma workgroup with clear membership, roles, priorities, and accountability to strengthen trauma-informed competencies within TBHS and coordinate advocacy, education, and resources with community partners, including law enforcement and schools. 1.2 Evaluate and improve agency policies, practices, processes, and environments to promote safety and resilience and reduce the risk of re-traumatization. 1.3 Select and implement an appropriate trauma-screening tool for individuals with intellectual and developmental disabilities (e.g., WHO Disability Assessment Schedule 2.0). 1.4 Integrate Adverse Childhood Experiences (ACEs) screening and related information into assessment and service planning, as appropriate, to inform trauma-responsive, individualized care while promoting safety, resilience, and positive outcomes.	Leadership Team Leadership Team Clinical Management Team Clinical Management Team
2.E.	TBHS will expand service capacity to strengthen effective, integrated care for individuals with substance use and co-occurring disorders.	❖ Individuals with substance use and co-occurring disorders receive effective, integrated services through a co-occurring-capable system of care.	1. Expand the service delivery system and increase TBHS participation in prevention initiatives to improve access and strengthen care for individuals with substance use and co-occurring disorders. 1.1 Strengthen collaboration with substance use disorder providers, the Thumb Opioid Response Consortium (TORC), and other community partners through coordinated education, support groups, and service initiatives, while expanding awareness and prevention activities and reducing substance-use stigma. 1.2 Build on these collaborative efforts by developing coordinated education, prevention, early-intervention and service initiatives specifically for youth and adolescents with substance use and co-occurring disorders. 1.3 Strengthen TBHS staff competency in integrated treatment for co-occurring mental health and substance use disorders by enhancing knowledge of current substances and patterns of use and providing evidence-informed practices, targeted training, and clinical resources.	Director of Marketing and Training / Clinical Management Team Director of Marketing and Training / Clinical Management Team Clinical Management Team / Director of Marketing and Training

2.F.	TBHS will strengthen a comprehensive and coordinated approach to suicide prevention by advancing awareness, early identification, timely intervention, and connections to appropriate services and supports.	❖ Individuals at risk for suicide are identified early and connected to timely, appropriate, and coordinated prevention, intervention, treatment, and recovery supports.	1. Strengthen suicide-prevention capacity across TBHS and the community through evidence-informed screening, risk assessment, safety planning, staff and community education, coordinated referral and follow-up practices, and collaboration with individuals served, families, schools, healthcare providers, first responders, and other community partners.	Clinical Management Team / Director of Marketing and Training
2.G.	TBHS will expand access to employment education, vocational and benefits supports, and meaningful community participation to advance recovery, habilitation, independence, and inclusion while addressing changing Medicaid requirements.	❖ Individuals served understand H.R. 1 requirements and access employment, benefits, volunteer, and community-inclusion supports that promote coverage, recovery, habilitation, independence, and belonging.	1. TBHS will strengthen employment education and support for individuals served who may be affected by H.R. 1 work and community engagement requirements, including timely information about applicable requirements, available exemptions, reporting responsibilities, benefits implications, and connections to employment, vocational, and community-based resources. 2. Expand connections to meaningful volunteer, civic, recreational, and community-inclusion opportunities that reflect each individual's interests, strengths, preferences, recovery goals, and habilitation goals while building skills, independence, natural supports, and community belonging.	Chief Operating Officer / Supported Employment Supervisor Chief Operating Officer / Skill Building/CLS Supervisor
			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: Tuscola Behavioral Health Systems will preserve, strengthen, and responsibly manage its workforce, financial resources, and physical assets to support long-term agency stability.

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.

#	Initiative	Goals	Objectives / Challenges (Priorities)	Responsibility
3.A. Human Resources	TBHS will recruit and retain a skilled, knowledgeable, and culturally responsive workforce to support effective services and advance the Agency's 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 and strengthen recruitment and retention strategies to sustain a skilled, dedicated, innovative, and adaptable workforce that delivers effective services and advances continuous improvement. 1.1 Review and use available recruitment and workforce-incentive programs, including the National Health Service Corps and Mi Kids Now Loan Forgiveness Program, to attract qualified candidates. 1.2 Collaborate with workforce partners, including the Thumb Community Health Partnership, to identify and participate in regional recruitment and retention initiatives. 1.3 Increase TBHS visibility and participation in targeted workforce-recruitment activities, including career fairs, professional outreach, and educational partnerships. 1.4 Expand experiential learning and career-pipeline opportunities with educational institutions through internships, academic partnerships, and initiatives. 1.5 Regularly evaluate and adapt retention strategies to remain responsive to workforce needs, employee feedback, and changing labor-market conditions.	Human Resources Supervisor Human Resources Supervisor Human Resources Supervisor Human Resources Supervisor / Director of Marketing and Training Human Resources Supervisor / Senior Leadership Team

3.B. Human Resources	TBHS will equip and prepare its workforce with the resources, training, technology, and current regulatory knowledge needed to deliver effective services and advance the Agency's 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. Ensure staff have the resources, equipment, technology, and operational support needed to perform their responsibilities effectively. 1.1 Monitor state and federal changes affecting Medicaid, waiver programs, and service-delivery requirements, and provide timely education and guidance to staff. 1.2 Maintain workforce competency in emerging evidence-informed practices and treatment modalities through targeted training, implementation support, and appropriate cohort participation. 1.3 Identify, evaluate, acquire, and implement an appropriate artificial intelligence tool to support clinical service delivery, with safeguards for privacy, security, regulatory compliance, clinical oversight, staff competency, and ongoing evaluation of effectiveness. 1.4 Explore and evaluate artificial intelligence tools that support administrative and operational functions, improve efficiency, reduce manual workload, and enhance decision-making while ensuring privacy, security, regulatory compliance, staff competency, and appropriate human oversight.	Chief Operating Officer Clinical Management Team Clinical Management Team / Senior Leadership Team Leadership Team
3.C. Human Resources	TBHS will cultivate an inclusive, adaptable, and learning-focused workforce by advancing professional development, leadership capacity, cultural responsiveness, and succession planning.	❖ Provide a positive and flexible work environment that fosters self-development and learning. ❖ Maintain a workforce of knowledgeable, skilled and culturally respectful staff.	1. Foster a learning-focused culture that supports professional growth, career development, leadership continuity, and opportunities aligned with employee roles and Agency needs. 1.1 Strengthen staff understanding of the public mental health system's history, purpose, legal authority, regulatory framework, and accountability requirements. 1.2 Implement ongoing cultural-responsiveness and clinical-practice education for all staff to strengthen inclusive practices, respectful engagement, evidence-informed clinical skills, and effective service delivery across diverse populations. 1.3 Develop leadership capacity through targeted learning and experiential opportunities, including leadership academies and participation in regional and MDHHS committees and workgroups, as appropriate to staff roles. 1.4 Develop and implement a succession-planning framework that identifies critical roles, preserves institutional knowledge, and prepares employees for future leadership and specialized responsibilities.	Leadership Team Leadership Team Leadership Team Leadership Team

3.D. Finance	TBHS will maintain financial stability by responsibly managing resources, mitigating risks that could affect Medicaid service delivery, and sustaining essential operations and services.	❖ 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 integrated health initiatives, including Certified Community Behavioral Health Clinic certification and Behavioral Health Home certification, by evaluating applicable requirements, regulations, performance measures, operational capacity, and potential to improve care coordination and outcomes. 1.1 Complete financial and operational feasibility analyses for viable certification options, including projected revenue, expenses, staffing, infrastructure, implementation requirements, and long-term sustainability. 2. Monitor MDHHS' proposed restructuring of the public mental health system, including the RFP process for PIHP contracts, and the implementation of Conflict-Free Access and Planning requirements, and assess potential operational, financial, governance, and service-delivery impacts on TBHS. 2.1 Advocate for compliant approaches that preserve the State–County partnership, local public-system accountability, and the autonomy and informed choice of individuals served. 2.2 Evaluate and adjust the provider network in response to changing requirements, service demand, access needs, quality expectations, and available resources. 3. Monitor implementation of H.R. 1 Medicaid provisions, assess potential impacts on eligibility, enrollment, revenue, uncompensated service needs, and administrative workload, and implement appropriate mitigation strategies. 3.1 Monitor service utilization and expenditure trends to identify increasing reliance on general funds, local funds, or fund balance and support timely corrective action. 3.2 Pursue opportunities to diversify and increase local funding in support of essential services, strategic priorities, and long-term sustainability. 3.3 Identify significant and emerging financial risks, assign mitigation strategies, and monitor them regularly through agency risk-management processes. 3.4 Coordinate with MDHHS and the TBHS Benefits Navigator to resolve Medicaid enrollment and reporting issues using timely data and targeted follow-up.	Senior Leadership Team Leadership Team Leadership Team Senior Leadership Team Senior Leadership Team Leadership Team Chief Financial Officer / Chief Operating Officer

3.E. Compliance	TBHS will strengthen agency-wide accountability and service quality by maintaining regulatory and accreditation compliance, fostering effective provider-network collaboration, and advancing the secure, compliant, and effective use of information systems.	❖ Achieve and maintain full compliance with standards / requirements from all governing, regulatory and legal entities (including MDHHS, MSHN and CARF). ❖ Strengthen collaboration with contracted providers and community partners through transparent communication, timely consultation, clear decision-making, shared accountability, and mutual respect. ❖ Ensure effective and secure use of the Electronic Health Record (EHR).	1. Meet applicable performance, reporting, quality, and compliance requirements established by MDHHS, MSHN, and other governing and regulatory entities, including QAPIP, MH-CLD, and KPIs. 1.1 Collaborate with the provider network to monitor and strengthen compliance with contractual, regulatory, quality, and reporting requirements. 1.2 Adopt and standardize effective information-technology practices that support secure communication, information sharing, care coordination, and service delivery across TBHS and its provider network. 2. Promote effective, secure, and compliant use of the electronic health record across clinical and administrative operations. 2.1 Evaluate opportunities to expand and promote use of the Community Electronic Health Records (CEHR) patient portal within EMMIT to improve operational efficiency, increase access to health information, and support engagement in care. 2.2 Expand the use of electronic health record data, dashboards, and reporting tools to strengthen data-informed clinical and operational decision-making, identify trends and improvement opportunities, and improve service quality, efficiency, and outcomes.	Compliance Supervisor Compliance Supervisor Chief Financial Officer Clinical Management Team Chief Operating Officer / Clinical Management Team
			Challenges: • Time and resources required to orient new employees to their roles, responsibilities, systems, and compliance expectations. • Increasing reliance on electronic health record technology requires ongoing implementation support, training, and adaptation. • Strong competition for qualified staff may limit recruitment and retention capacity. • Limited staffing capacity may constrain compliance, quality-improvement, reporting, and information-system initiatives. • System and data limitations may hinder timely, accurate production of required reports. • Limited digital literacy or access among individuals served may create barriers to using the patient portal to access and update service information.	