

SCCMHA Strategic Priorities 2024-2025

Strategic Priority 1:

Focus on Persons Served Services and Outcomes




Rationale: Supporting persons served to achieve their stated outcomes is our top priority. We are committed to helping customers imagine a better life. Our behavior, actions and utilization of the benefit will demonstrate our belief in the potential for growth and achievement of outcomes.

Strategic Goal 1.1:

Increase the Numbers of Persons Served Across All Populations (and Improve Persons Served Experience at all Access Points)





- 1.1.1 Improve internal and external messaging to communicate availability of service (access) & expanding referral base including MDHHS Entitlements portal.
- 1.1.2 Implement / expand services for persons served with co-morbid chronic health conditions, substance use disorders, hoarding disorders and secondary trauma. Improve and expand outreach to Transitional Age Youth, LGBTQ2+ population, Hispanic / Latinx and Black / African American populations, Veterans, Military Families and Pregnant women.
- 1.1.3 Continue to develop school-based mental health services for elementary children.
- 1.1.4 Develop and enhance Crisis / Mobile Response and Stabilization Service at Front Door for 24/7 service delivery access.

Centralized Access & Intake (CAI) / Crisis Intervention Services

- Extend MRSS hours to 24/7, utilizing newly awarded MI Kids Now Grant 
- Promote MRSS to outlying / rural areas in Saginaw County utilizing funding from MI Kids Now Grant
- Implement Crisis Connect – Virtual connection between MRSS / CIS and local law enforcement 
- 1.1.5 Meet all MSHN Reporting and Service Quality Metric Benchmarks.
- 1.1.6 Create video productions of programs to assist persons served and / or guardians with choice of services and post to SCCMHA website under “services” tab. 

Strategic Goal 1.2:

Expand the Expectation and Use of the Service Array Across All Populations

- 1.2.1 Work to serve more persons served annually across all populations regardless of ability to pay or residence.
- 1.2.2 Educate customers, family members & guardians about the service array and connecting services to persons centered planning to achieve outcomes (benefit information).
 - Continue to update individual service brochures
 - Develop key brochures in Spanish 
 - Distribute new nursing services brochure and educate staff, AFCs and guardians on nursing services 
- 1.2.3 Expand education about the specialty service array to professional staff (create a mandatory training for record holders on the service array).
- 1.2.4 Improve adequacy of service array with special emphasis on Substance Use Disorders, Mild / Moderate Disorders, Mobile Crisis Response and Stabilization Service, Psychiatry, Nursing and Ancillary Health.
- 1.2.5 In accordance with the CCBHC (Certified Community Behavioral Health Clinic) model, establish and provide outpatient mental health and substance use services, either directly or through designated collaborating organizations (DCOs), to ensure that services are available to all persons served. 
 - Continue to develop outpatient services for the mild to moderate populations utilizing telemedicine agencies Array and Innovatel for adult therapy 

- Develop Designated Collaboration Organization (DCO) status for McDowell Healing Arts to meet the needs of the mild/moderate population, serving both adults and children ✓
- Develop DCO for SUD services with Saginaw Psychological Services ✓
- 1.2.6 Implement Personalized Benefit Pathways and create tools to guide Central Access & Intake (CAI) team referral and IPOS Development including the following components.
 - Core Tools Matrix – Symptom severity screening/assessment tools for clinical decision making
 - Episode of Care Framework – mapping for adults with mental illness and children with emotional disorders
 - Service Recommendations – information to inform Individual Plans of Service and related Service Authorization
 - Develop CAI standardized Front Door Workflows for all populations under all Medicaid Authorities ✓
- 1.2.7 Establish Coordination of Benefits (COB) Workgroup and engage PCE to make required changes to Billing, Claims, Persons Served Insurance, Pre-Authorization Modules in electronic health record (SENTRI). 18 Auth Packages Developed by Service Category.
- 1.2.9 Monitor and develop strategies as needed to address health disparities for Black/African Americans and Hispanic/Latinx persons served for improved outcomes informed by MSHN HEDIS data matrixes.
 - Develop partnership with Women of Colors to develop a grant funded Peer Support Specialist position who will work specifically with Black / African American Community to assist with engagement and work to dispel myths and stigmas associated with mental health services ✓
 - Promote new name of the Hispanic Behavioral Health Services Program “Salud Mental de Saginaw.” Rebrand promotional items through block grant funding, as a means to inform and educate the Hispanic / Latinx community. ✓
 - Continue use of and training of new staff in “Teach Back” to enhance engagement of persons served and improve health literacy **NEW**
- 1.2.11 Increase the role of nursing in the education of group home staff related to first aid, health education, and medication administration. Nurses will oversee medication return demonstration for both home managers and group home staff. ✓

Strategic Goal 1.3:

Expand Data Collection and Quality Reporting

- 1.3.1 Expand the use of stratified data from sources such as Care Connect 360, Zenith, AZARA, SENTRI and other inputs to prioritize and inform clinical decision making and outcome strategies. Data captured will be used to measure the effectiveness of the CCBHC and new Behavioral Health Home activity.
- 1.3.2 Work collaboratively with physical healthcare partners, monitoring key performance indicators and quality measures, and evaluating the impact on quality and overall health outcomes.
- 1.3.3 Develop a strategy to evaluate prevalent Social Determinants of Health to determine the impact on key health outcomes indicators from stratified data.

Strategic Priority 2:




Enhancing Leadership and Succession Planning

Rationale: Recruit, mentor, and develop future leaders to ensure a trained, competent, and qualified workforce representative of the community demographics to become the future leaders of SCCMHA.


Strategic Goal 2.1:

SCCMHA Leadership Training

- 2.1.1 Finalize and implement Succession Plan for key Management Team members.



- 2.1.2 Continue leadership and sustainability strategies to support Multicultural Training across the network and with other Saginaw community groups.
- 2.1.3 Develop and identify knowledge transfer opportunities / strategies.
- 2.1.4 Develop strategies to reduce single person dependency across operations.
- 2.1.5 Identify departmental / key functional changes in response to MDHHS regulatory changes, CCBHC Status, changes to Medicaid Waiver Authorities and senior staff retirements to meet these changes.
 - Workforce Diversity Officer
 - Public Relations Specialist in CEO Office 
 - Reorganization of Health Services 
- 2.1.6 Begin Planning with SCCMHA Board of Directors for CEO Retirement.
- 2.1.8 Imbedded new Culturally and Linguistically Appropriate Services (CLAS) Standards into Procurement Policy and Network Contracts---Discrimination & Priority Awards. 

Strategic Goal 2.2: Institutionalize Relationships with Community Partners to Ensure They Are Not Personality Dependent (predictable environment)

- 2.2.1 Continue to develop MOUs or other Engagement Documents with key community groups and partners to define collaborations:
 - BWell Initiative to Inform Community Health Improvement Plan 
 - Michigan Rehabilitation Services
 - Saginaw Advocates & Leaders for Police and Community Trust (ALPACT)
 - Saginaw Intermediate School District (SISD) / Transition Planning / Great Start Collaborative
 - Saginaw Public Housing Authority
 - Update Saginaw First Responders Guide for Behavioral Health






Strategic Goal 2.3: Staff Retention, Recruitment and Supporting Equity, Diversity, & Inclusion (DEI) Among the Workforce and Network

- 2.3.1 Development of new formal onboarding process for new staff.
- 2.3.2 Continue to recruit for staff diversity (race, cultural, SOGI).
 - Evaluate Staff Retention and Recruitment Strategies and Assets to address workforce shortages
 - Implemented signing bonuses ranging from \$2000 to \$10,000 for clinical and other hard to recruit staff. Goal is to continue this along with using alternate and non-traditional media publications in an attempt to reach as broad of an audience as possible during the current Statewide staffing challenges
 - Participate in HRSA and MI Kids Now Education Loan Forgiveness Program
 - Recruit, credential and / or contract with practitioners (clinical staff and administrative staff) whose cultural and ethnic backgrounds are similar to the underrepresented member population
 - Require practitioners (clinical staff) to complete cultural competency training, including DEI 101 and Implicit Bias courses based on racial / ethnic composition of persons served and greater Saginaw community
 - Identify language spoken and ethnic backgrounds of practitioners (clinical staff) in the provider network to assess whether they meet members' language needs and cultural preferences including American Sign Language
 - Increase the capacity of the workforce to identify and address disparities in the delivery of health care services, especially in African American, LatinX, and LGBTQ+ populations

- Increase the capacity of staff to understand institutional racism and implicit bias in providing access and treatment support services
 - Promote person served care and coordination among service providers
- 2.3.3 Conduct DEI Organizational Assessment with Recommendations to inform the creation of an Implementation Plan (Three-Year Plan Established and in Process).
- Establish Metrics/Targets to measure increased diversity of the workforce at levels
 - Establish process for annual agency policy review that includes a DEI lens
 - Develop DEI Staff Communication Plan
 - Establish DEI 101 eLearning training module for all staff including contracted network 
 - Hire Diversity and Workforce Development Officer with Matrixed Reporting to CEO and HR Director
 - Create standard DEI interview questions to be utilized during the interview process to assure all new staff have preliminary knowledge of the importance of DEI 

Strategic Goal 2.4:


Addressing and Enhancing Staff Safety & Accountability

- 2.4.1 Continue to pursue technology tools for staff safety in the community.
- Deploy Alert Media emergency communication software to enhance the 8-1-1 system communications **NEW**
- 2.4.2 Expansion of external security cameras at SCCMHA sites. 
- 2.4.3 Expand Crisis Response Team process for aggressive persons at Bay Road, Towerline & Maple building locations.
- 2.4.4 Install new security alarm and upgrade existing alarms.
- 2.4.5 Write policy for use of electronic security systems for staff safety monitoring.
- 2.4.6 Continue to adhere to and follow COVID-19 safety measures as required by CDC, MDHHS and the SCHED. 
- 2.4.7 Continue SCCMHA Provider Network Stabilization Programs including DSW Increases as per MSHN, MDHHS.
- 2.4.8 Plan and Implement Strategies related to the end of the Federal COVID-19 Public Health Emergency. 
- Support persons served with restart of Medicaid Redetermination Process to maintain insurance coverage
- 2.4.9 Created new position and hired Security Coordinator with the focus of this position to oversee the security functions within all SCCMHA facilities. Goal is to develop and implement a comprehensive security program to ensure the safety of all staff, persons served and visitors. 
- 2.4.10 Upgrade the Hancock facility's camera system to enhance security with advanced analytics, machine learning for object and face recognition, anomaly detection and sound recognition. 

Strategic Goal 2.6:

Expanding Organization Mastery of Benefit Interpretation

- 2.6.1 Unpack and continue to train staff in the Medicaid Waiver and Public Policy Changes for FY 2025.
- Train new select clinical staff and contracted clinical teams as needed, in the enrollment process and service benefits under Medicaid including: the Serious Emotional Disorders Waiver, Habilitation Supports Waiver, I/DD Children' Waiver, ISPA, EPSDT, State Plan and Home and Community Based Services Rule, and related MDHHS Medicaid and CMHSP Contract Provisions
 - Train leadership and involved staff in new array of MDHHS federal and state Medicaid Authorities that fund and determine select services and their related regulations
- 2.6.2 Describe Baseline Service Delivery Workflows by discipline.

- Assign Coding and Credentialing to the Workflows and develop Auth Package charts for staff (as of 10/1/22 Auth Base packages by 18 different disciplines) 

Strategic Goal 2.7:

Knowledge Transfer to Emerging Leaders

- 2.7.1 Introduction of Public Reference Documents (Mental Health Code, Public Health Code, Social Welfare Act Medicaid Manual, MDHHS-CMHSP and MSHN-CMHSP Annual Contracts, State Coding List, etc.).
- 2.7.2 Teach the regulatory / authority context of CMH Service Environment.
- 2.7.4 Identify other public services and programs and related eligibility criteria needed by persons served and their families.



Strategic Priority 3:



Enhanced Electronic Business Environment to Meet Major Agency Priorities

Rationale: Unify data systems for the purpose of obtaining a cohesive business management data system. Utilize tools for staff to be more efficient.





Strategic Goal 3.2:





Information Systems - Future Electronic Expansion

- 3.2.1 Health Information Exchanges (HIE) – continue to monitor with healthcare partners for expanded functionality and interoperability.
 - Develop Application Programming Interfaces (APIs) within the EMR and the data warehouse allowing for the acceptance, transfer, and utilization of mental and physical health data 
 - Enhance the Admission, Discharge and Transfer (ADT) documents, functionality, and utilization within the SENTRI system
- 3.2.2 Study / Plan Data Processing Capability to accept external data into our Warehouse – interoperability of information coming in from MDHHS or other partners. 
- 3.2.3 Interfaces to other business partners to promote SCCMHA capacity for interoperability with community partners.
 - Communicate Continuity of Care Documents (CCDs) with local health care partners (direct messaging). Maintain accuracy of provider registry in SENTRI II to ensure the capacity for direct messaging
 - Investigate foreign key capability leading to read only pages in EHR (reciprocal arrangements) with physical healthcare partners
 - Review registries that are available through MSHN and/or Michigan Health Information Network (MiHIN) to provide a greater scope of persons served registry information specifically the Statewide Persons Served Directory and Health Directory
- 3.2.4 Interface with Mid-State Health Network, Medicaid Health Plans and Commercial Payers.
- 3.2.5 Explore the feasibility / utility of providing access & reporting in Zenith and Care Connect 360.
- 3.2.7 Support Integrity and future use of SCCMHA's Data Warehouse (DW):
 - Identify data assets and develop protocols for data governance for the DW
 - Develop policies and guidance for users of the DW
 - Refine and protect architecture of DW (management, protection, training, access, tools)
 - Create new and enhance existing data integrity efforts in both the DW and the EMR

- Create a data dictionary of all SCCMHA's digital data assets and objects utilizing metadata
 - Create a new Data Integrity work group 
 - Move SCCMHA Data Warehouse to the CLOUD
- 3.2.8 Implement Electronic Visit Verification (EVV) system to interface once defined by the State of Michigan.
- Administration of External Network EVV standards/technology for CLS / Respite Services **NEW**
- 3.2.10 Rollout Automated Appointment Reminders via text message and voice phone calls. 
- 3.2.11 Replace Financial software package that is no longer being supported or enhanced. Find replacement financial software that can interface with SENTRI and any current existing software to continue efficiencies and data reporting features. **NEW**
- 3.2.12 Vet and implement a Fleet Management System to improve data analysis, enhance decision-making processes, and drive fleet performance. **NEW**
- 3.2.13 Implement a Learning Management System for the Continuing Education department, to facilitate improved analysis of training initiatives, enhance learning experiences, and support ongoing development of staff. **NEW**
- 3.2.14 Implement an employee breakroom communication system to enhance information flow, strengthen workplace community, and contribute to a more engaged and informed workforce. **NEW**
- 3.2.15 With the use of technology, streamline HR processes and improvement of the personnel change process, to assist with increasing efficiency, enhance candidate experience, and better alignment of personnel with organizational goals. **NEW**
- 3.2.16 Implement Michigan Children's Access Network System (MichiCANS) which will enhance services provided to children and adolescents. This process will streamline access to resources and manage service delivery while improving data accuracy. **NEW**
- 3.2.17 Implement Electronic Visit Verification (EVV) to enhance the efficiency and accountability of our home and community-based services by enabling real-time tracking of service delivery. **NEW**
- 3.2.18 Investigate integrations with our Electronic Health Records (EHR) to leverage technology for improved service delivery with Trizetto to streamline insurance verification processes, reduce administrative burdens on staff, and automate and simplify workflows for our billing and entitlements staff. **NEW**
- 3.2.19 Alongside MSHN, vet and implement Compliance Software to assist in tracking compliance incidents, resolutions, and documentation of corrective action plans, improve audits and assessments of compliance regulations and processes. **NEW**

Strategic Goal 3.3: Information Technology - Update and Improve the Information Technology Infrastructure and Workforce Technologies

- 3.3.1 Install a natural gas generator in the Hancock Building to ensure the continuous operation of the IT network, servers, and Information Systems (vendor purchase order awarded). 
- 3.3.3 Develop desktop support processes and implement a robust Help Desk ticketing system to better support the IT needs of staff. 
- 3.3.4 Create Help Desk policies and procedures to ensure strong IS/IT support within the agency.
- 3.3.6 Continue to develop the Information Technology and system's talent resources by providing up-to-date training opportunities:
- SQL programming, database administration and Power BI Dashboarding
 - Network, Server, and Microsoft 365 administration
 - Website and internet application development 
 - SharePoint, OneDrive, and Microsoft Teams collaboration tools 
 - Network Infrastructure

- Data Analytics and Database Administration
 - Cyber Security - Phishing, Education, Simulations, MS Defender, and InTune
 - Project Management
 - Quality & Process Improvement
- 3.3.8 Offer and Support Complete Telehealth Solutions (2 teletherapy vendor contracts completed):
- 3.3.9 Crisis Connect – Virtual Connection between Mobile Crisis Response & Stabilization and Law Enforcement.
- Develop metrics against which success of Crisis Connect will be evaluated
 - Expand the CrisisConnect Program to additional Law Enforcement Agencies in the Service Area
 - Expand the CrisisConnect Program by providing an option of an iPhone versus an iPad to Law Enforcement 
- 3.3.11 Discover, Investigate, Vet and Implement (budget permitting) new State-of-the-Art Information Technologies.
- 3.3.12 Rollout Azure File Sync to allow for cloud backups as well as the ability to access the G:\ drive off the network.
- 3.3.13 Vet and rollout a Secure Text Messaging Service that provides both clinical collaboration and patient engagement. 
- 3.3.15 Vet and roll out a new Secure Electronic Fax Server that will remove the dependence on traditional fax machines and eliminate the potential HIPAA breaches that analog services provide.
- 3.3.16 Expand the provision of agency iPhones to additional clinical staff who provide services out in the community. This technology will allow for remote utilization of additional agency technologies such as Office 365 applications including Outlook, Secure Text Messaging, DOXY telehealth and an available hotspot for connectivity. 
- 3.3.17 Add two additional instances of the existing TeamDynamix ticket system to be used by the Continuing Education department for training registration requests as well as by the Maintenance department for custodial and environmental services requests. 
- 3.3.19 Vet and implement an Inventory Management System for Information Technology equipment, to enhance operational effectiveness, support informed decision making, and improve data analysis. **NEW**
- 3.3.20 Upgrade all agency conference rooms to a standardized solution agency-wide, to foster collaboration, streamlined communication, and create more efficient meeting environments across the agency. **NEW**
- 3.3.21 Implementation of the AT&T- FirstNet program to provide the agency with a robust, reliable communication network, to enhance collaboration and responsiveness in emergency situations to improve overall public safety. **NEW**
- 3.3.22 Upgrade the Zultys phones to version 17 and migrate from MXIE to Zac, which will enhance communication capabilities, improve user experience, and support efficient collaboration within the organization. **NEW**
- 3.3.23 Continue with the 3 phase Network upgrade plan by implementing phase 2 of the upgrade. **NEW**

Strategic Goal 3.4:


Business Intelligence - Transform Information Management to “Business Intelligence” to Measure Persons Served Quality of Care, Informed Decision Making and Improved Business and Clinical Outcomes

- 3.4.1 Maximize available cross-functional sources of data into formats that are user friendly and better inform decision making / develop standards to guide this work.
- 3.4.2 Teach and expand knowledge of warehouse architecture and data field definitions to drive data interpretation integrity.
- 3.4.3 Implement new tools for management, supervisors and staff which will assist in the efforts of improving the quality of care to persons served and their families. Publish Microsoft Power BI Dashboards.
- 3.4.4 Roll out solutions that will assist in the collaboration of strategic thought.

- 3.4.5 Create and implement a data dictionary for the data warehouse to enhance data clarity, promote better decision-making, and support a culture of data-driven insights within the organization. **NEW**
- 3.4.6 Contract and collaborate with an external Business Intelligence Vendor. **NEW**
 - Develop a project plan to implement an IT Roadmap to strategize future projects.
 - Design an Analytics & Decision Support Infrastructure:
 - Support ETL processes and data migrations.
 - Develop systems for processing analytics requests.
 - Implement methods for disseminating analytics to end users (e.g., Power BI, automated alerts, custom applications).
 - Train IT staff on dashboard and application maintenance.
 - Develop metrics for reporting purposes.
 - Enhance analytic capabilities through the development of advanced techniques, including LLMs, ML, and simulation modeling.
 - Provide clinical support to operationalize analytic deliverables and address additional analytic features that may emerge during development.
 - Develop operational tools such as Goal Writing Standards for clinical staff, Objective writing standards for clinical staff, and generate managerial reports to assist managers in effective goal and objective development.
 - Create analytic datasets and measures for reporting activities, such as development of Power BI Dashboards (QBP tracking, MMBPIS, CCBHC)

Strategic Goal 3.5:



Quality Improvement - Build a Data Driven Quality Program Based on Business Intelligence

- 3.5.4 Utilize quality metrics that include both processes and outcomes that will result in systematic quality improvement, compliance with state reporting will drive Bonus Incentive Payment.
- 3.5.5 Continuously monitor performance to ensure that the performance indicators are improving outcomes.
- 3.5.6 Support data driven decision making, business intelligence & superb data analytics.
- 3.5.7 Assist agency workgroups with implementing the Data Driven Quality Improvement Program by creating/managing and following up on Quality Improvement Plans (QIPs) that are monitored by the workgroup's governing body. 
- 3.5.8 Redesign the agency's Quality Improvement Program. **NEW**
 - Contract and collaborate with an external entity to assist with creating robust quality reporting templates, documentation support, and a strategic roadmap for the redesign of the quality improvement program, enhancing the organization's quality management capabilities.
 - Draft a new Quality Improvement Plan (QIP).
 - Compile all requirements from MDHHS, MSHN, CARF, CCBHC, etc. to ensure alignment with established standards.
 - Utilize QIP best practices to ensure templates meet industry standards and organizational needs.
 - Provide a guide to collecting content for future QIP and assist in summarizing the data and activities to highlight key achievements and areas for improvement year after year.
 - Reinforce governance, methodologies, and tools for successful quality initiatives and pull together all quality related goals under the overhead of the quality department.
 - Define and align Quality Domains and Quality Committees with Quality Governance Council governance.
 - Develop the structure, processes, RACI mode, tasks, and reporting requirements of the Quality Committees.

- Recruit a Quality Program Coordinator.
- Operationalize the Quality Improvement Program.

Strategic Goal 3.6:

Information Security - Ensure all Information Technology Assets, Information Systems, Digital Property and Sensitive Data stay protected, safe, secure, available, and free of any damage, breach, or security incident caused by an internal or external bad actor. **NEW**

- 3.6.1 Ensure the security of the agency's digital infrastructure by creating a strong Information Security Team comprised of Compliance, Information Technology, Information Systems and Quality department staff.
- Review and update all information safeguard policies, procedures, and implementations to ensure compliance with the HIPAA Security Rule
 - Contract with an external entity to perform an SRA (Security Risk Assessment) and identify CAP (Corrective Action Plans) for all areas of non-compliance
 - Implement a strong Cyber Security program which includes education, training, and phishing simulations 
 - Rollout agency cybersecurity tools - Microsoft Defender, and InTune
 - Add additional badge readers to all Server and Communication rooms as well as any locations where Network technology or devices that have administrative access to the network resources
 - Develop a 9-year Network upgrade strategy and plan, broken into 3 phases, with each phase covering a 3-year time period 
- 3.6.2 Strategically with a phased in approach, adapt and implement Microsoft Intune, a cloud-based service and mobile device management (MDM) solution, which will help manage and secure employees' devices, including smartphones, tablets, and computers. Phases will include, in no particular order:
- Device Management - manage and configure devices remotely
 - App Management - enables the distribution and management of applications on various platforms. This includes installing, updating, and removing apps as needed
 - Security and Compliance - enforce security measures such as passcode policies, encryption, and remote wipe capabilities to protect company data on devices
 - Conditional Access - set access controls based on device compliance, ensuring that only secure and compliant devices can access resources
 - Identity and Access Management - integrate with Azure Active Directory for user authentication and identity management, making it easier to control access to resources
 - Endpoint Protection - provides endpoint protection capabilities, including antivirus and malware protection, to safeguard devices from security threats
 - Inventory and Asset Management - maintains an inventory of all managed devices, hardware and software assets
 - Remote Assistance - facilitates remote troubleshooting and support for end-users
- 3.6.3 Evaluate and reorganize security roles and groups within our EHR system to enforce the least privileged model, enhance data security, compliance, and overall integrity of information. **NEW**
- 3.6.4 Evaluate and update all Microsoft 365 licensing across the agency to increase security, ensure compliance, reduce costs, and enhance operational effectiveness. **NEW**
- 3.6.5 Enhance Information Security communication throughout the organization, through awareness programs, simulations, broadcasts, and guides. **NEW**

- 3.6.6 Complete an internal penetration test to provide valuable insights into the organization’s security vulnerabilities, enabling proactive measures to enhance overall cyber security resilience and protect critical assets. **NEW**
- 3.6.7 Perform a wireless penetration test to provide critical insights into the security posture of the organization’s wireless networks, enabling proactive measures to mitigate risks and enhance cyber security. **NEW**
- 3.6.8 Contract with an external firm to conduct a full Security Risk Assessment. **NEW**

Strategic Priority 4: Diversifying and Expanding our Role in the Healthcare Landscape

Rationale: To maximize our partnerships in the Saginaw health care market implementing collaborative approaches to population health.

Strategic Goal 4.1:

Explore and Develop our Roles in Healthcare

- 4.1.1 Community Health Improvement Plan (CHIP) – Continue leadership participation and cost sharing.
- 4.1.2 Continue to pursue the SAMHSA-HRSA framework “6 Levels of Integration Framework”, moving from Level 4 “Close collaboration, onsite with some system integration” to a Level 5 “Close collaboration approaching an integration Practice”, that demonstrate elements of seeking joint system solutions, frequent face to face communication, and developing a collaborative team.

Strategic Goal 4.2:

Core Skills for Workforce on Physical Health and Substance Use Disorders

- 4.2.1 Utilized Relias Learning for clinical and program staff training on specific health conditions to promote workforce health care literacy.
- 4.2.2 Develop formal partnerships with local universities to obtain CME or CE approval to expand interdisciplinary practices to additional professional disciplines that will enhance the delivery of integrated and multidisciplinary care.
- 4.2.3 Support the care coordination efforts of staff to address whole person health care by including saturating SUD and physical health care content into agency training curriculums.
- 4.2.4 Through the use of Business Intelligence tools, prioritize training topics that relate to prevalent chronic health conditions.
- 4.2.5 Adopt nationally recognized core competencies and support staff skill development in the substance use disorders care continuum.
- 4.2.6 Identify gaps in staff’s implementation of core competencies through the administration of annual self-assessments.
- 4.2.7 Prepare, train staff and implement DECIPHER (Disparities Elimination through Coordinated Interventions to Prevent and Control Heart and Lung Disease Risk) Project.
- 4.2.8 Implement and standardize tool for identifying and communicating the needs and strengths of children, youth and families in Michigan who need mental health services. Prepare, train staff (completed by MDHHS) and implement Michigan Child and Adolescent Needs and Strengths (MichiCANS). **NEW**

Strategic Goal 4.3:

Achieve and Maintain Certified Community Behavioral Health Clinic Status

- 4.3.7 Expand capacity to serve uninsured and under insured, including persons with SUD Primary disorders and those with Mild/Moderate Conditions (ongoing). ✓
- 4.3.8 Train workforce and build capacity of clinical staff to deliver all CCBHC Evidence Based Practices.
- 4.3.9 Establish Designated Community Organization (DCO) Agreements.
 - SUD Providers (Outpatient / MAT) ✓
 - Mild/Moderate Treatment Providers for Service via Telehealth (4 Therapists hired through Array / Innovatel) and developed a DCO with McDowell Healing Arts Center ✓
 - Explore opening network to expand in-person outpatient service to persons with Mild/Moderate conditions to expand service as per CCBHC Created DCO arrangements with Grounded Therapy to provide Recreational Therapy and Guided Grace to provide Music Therapy ✓
- 4.3.10 Increase by 35% the number of activated persons served who are successfully engaged in treatment following an eligibility screening.
- 4.3.11 Increase the use of mobile crisis intervention and stabilization services by 30%.
- 4.3.12 Effectively utilize Peer staff in service delivery & create infrastructure to support them.
- 4.3.14 Develop strategies and metrics to measure/improve processes and to achieve improved physical health outcomes and maximize CCBHC Performance Bonus Incentive Payments. **NEW**
- 4.3.15 Meet the established criteria related to care coordination.
- 4.3.16 Develop mastery and methods to monitor daily visits to uniform utilization and monitor CCBHC Perspective payments from and quarterly reconciliation with MSHN.
- 4.3.17 Implementation of compliance with 51% direct-run service for CCBHC standards. **NEW**
- 4.3.18 Development of a Behavioral Health Urgent Care (BHUC) Center as a component of Crisis Receiving/Stabilization Services (CCBHC Development). **NEW**
 - BHUC Center must provide at a minimum urgent care/walk in mental health and SUD services for voluntary individuals who have acute needs that cannot wait for routine appointments **NEW**
 - Stabilization services should be voluntary and very short term, always providing less than 23 hours of care **NEW**

Strategic Goal 4.5:

Surveillance of Any and All Mental Health Code and Social Welfare Act amendments and Related Legislation Pertaining to System Redesign Impacting PIHPs, CMHSPs and their Networks

- 4.5.1 Advance advocacy against legislative proposals that would harm the PIHP / CMHSP System and those served by it.
- 4.5.2 Advance advocacy for reasonable MDHHS interpretation of Conflict Free Assessment and Planning implementation. **NEW**

Strategic Goal 4.6:

Enhance the integration and delivery of comprehensive behavioral and physical health services through the Behavioral Health Home (BHH) program, ensuring improved health outcomes, patient satisfaction, and system efficiency

- 4.6.1 Re-evaluate, enhance, and standardize BHH processes, ensuring all staff are proficient in its application. **NEW**
- BHH will remain a standing agenda item for board operated nursing and care coordinator meetings and provider network nursing meetings to keep staff updated on evidence-based practices and regulatory changes in BHH **NEW**
 - Include BHH in chart reviews and coaching sessions to monitor program adherence, address challenges, and provide ongoing support to staff **NEW**
 - Enhance the training of all BHH staff in patient-centered care approaches, emphasizing the importance of individualized care plans that address physical health needs **NEW**
- 4.6.2 Establish a quality improvement framework that includes regular chart reviews, outcome measurements, and feedback loops, including patient satisfaction. **NEW**
- Ensure all BHH staff are proficient in the use of tools to monitor outcomes, identify trends, and make data-driven decisions for program enhancements **NEW**
 - Enhance staff knowledge allowing for mastery of the enrollment process, including identifying persons served who would benefit from BHH and meet criteria for enrollment **NEW**
 - Enhance tracking process for persons served, who are enrolled in BHH, identifying BHH services needed each month, and delivering the services **NEW**

Strategic Priority 5: Improved Health, Safety and Quality of Life

Rationale: To provide dedicated efforts to help persons served achieve their optimal health and well-being

Strategic Goal 5.1: Health and Wellness

- 5.1.1 Utilize the Eight Dimensions of Wellness to guide and inform the promotion of wellness to persons served, their families, and caretakers.
- Expand access to person focused prevention / wellness activities by utilizing existing community resources such as mobile dental services and community events
 - Continue to promote persons served utilization of CEHR portal to advance individual engagement in self management
 - Monitor network for compliance with Home and Community Based Services (HCBS) Rule
- 5.1.2 Work to eliminate the stigma associated with mental illness, intellectual / developmental disability and addiction.
- Promote Mental Health First Aid training
 - Participate in anti-stigma community and state events like Walk a Mile
 - Monitor all media for stigmatic references to populations of persons served, and respond when appropriate
 - Monitor all documents for "Person First" language
- 5.1.4 Integrate health criteria into decision making, where appropriate.
- Develop integrated practice and promote a culture of identifying at risk individuals and provide effective interventions using EBPs and EBP matching at intake
 - Advance the identification of SUD to improve the overall health and recovery of persons served. Work to improve screening, intervention, treatment and referral when co-occurring or substance use disorders are identified
- 5.1.6 Develop a skilled, cross-trained, and diverse prevention workforce.






- Enhance the current continuing education and training content to include an emphasis on increasing the capacity of staff to address physical and behavioral health, focusing on care-coordination, health education and prevention in all settings
 - Develop staff resources to assist program staff and care givers to understand the physical health conditions that may manifest and present, as complex behavior presentations **NEW**
- 5.1.7 Help persons served both those enrolled in the Behavioral Health Home and others served by the network improve their mental and physical health through health promotion and disease & injury prevention.
- Provide behavioral health screenings, referrals and care coordination to patients at CMU Pediatric and OB Clinic at GLBHC/Hancock
 - Implement sustainable and meaningful health promotion activities, which are evidence-based and work to engage participation
 - Increase Screening, Care Management, Care-coordination, Health Education
- 5.1.8 Ensure appropriate and responsible use of resources to meet the needs of persons served, through use of evidence-based decision making and practices, evaluation, and reporting.
- Monitor and report our performance through key performance indicators, trend outcomes, and implement evidence-based strategies to improve the outcomes
- 5.1.9 Support the Saginaw community (health professionals, private sector health care providers, and community and non-government organizations) in population health improvement strategies.
- Continue to Participate in Saginaw Community Health Improvement Process at BWell project at the Saginaw Department of Public Health with community partners
 - Participate in MiHIA projects when goals and resources align
 - Continue to offer training in Mental Health First Aid, Suicide Prevention and Trauma Informed Community content
- 5.1.10 Through a well-informed workforce, educate and support persons served and those they identify as family to engage in their own health and well-being.
- 5.1.11 Create venues that require the inclusion of persons served and peers to inform and develop health initiatives.
- 5.1.12 Collaborate with community stakeholders to address social determinants of health that impact all at risk populations within Saginaw County.
- 5.1.13 Continue to provide leadership and workforce training to the health care region in understanding stigma, access barriers and safe points of service for the entire community with special emphasis on at risk individuals impacted by inequities and disparities.
- Connect, Protect & Serve Grant funded by the Michigan Department of Civil Rights. The goal of this grant is to help persons served connect with the community, specifically law enforcement, by building trust and respect through conversations about stigma and social justice. **NEW**
- 5.1.14 Continue to work toward prevention of suicide through the implementation of Zero Suicide Evidence Based Practice. **NEW**

Strategic Priority 6: Improved Financial Position and Long-Term Sustainability

Rationale: Improve the ability to manage the organization and service network through strategies which best meet the needs of Saginaw citizens that ensures the organization manages within available resources while pursuing new funding opportunities.

Strategic Goal 6.1:

Capital Asset Projects

- 6.1.1 Implement capital improvement needs for the next five (5) years as specified in County Bond documents.
 - Hancock natural gas generator to power our entire building 
 - Hancock and A&W Security Software and Camera upgrades and standardization 
 - A&W Water Tower and Chiller replacement (currently awaiting installation in Fall)
- 6.1.2 Plan to Implement Capital improvement needs through budget favorability.
 - Upgrading thirteen (13) agency commercial fleet vehicles (11 out of 13 delivered) 
 - Continued planning for remodel for CSS & other locations
 - Group home facilities and equipment upgrades (ongoing)
 - Begin construction of new Individual Therapy Suite at Hancock 1st Floor **NEW**
 - Construction of Human Resources (HR) Suite Expansion & Transportation Supervisor Office 
 - Replacement of A&W marquee Signage 


Strategic Goal 6.2:

Develop a Long-Term Financial Stability Plan

- 6.2.1 Develop and implement the required Standard Cost Allocation Costing model. Perform costing investigations to compare operating costs to industry averages for the purpose of identifying outlier metrics to be considered for performance improvement.
- 6.2.4 Continue to seek ways to maximize Commercial Insurance Billing Reimbursement.
- 6.2.5 In conjunction with Clinical Directors, assist with the development and update of productivity standards to be used as a guide for measuring administrative efficiencies, clinical outcomes and service costs.
- 6.2.6 Continue to Seek resolution in the Local Match Obligation reductions implemented by Saginaw County in 2019.
- 6.2.7 Maximize CCBHC Perspective Payments and Bonus Incentive arrangements.
- 6.2.8 Increased monitoring of 'Unsigned Documents' in SENTRI in Compliance with Agency-wide timeliness standards. **NEW**
- 6.2.9 Implementation of Regional Inpatient (Local Hospital) Rate Setting. **NEW**

Strategic Goal 6.3:

Develop a Long-Term SCCMHA Staffing and Network Provider Stabilization Effort

- 6.3.1 Implementation of network wide legislative appropriated \$0.20 premium pay through 09/30/24 for direct care professionals (DCW) – \$3.40 for FY 2025. Contract fee schedule modifications in compliance with MDHHS hourly Premium Pay changes. **NEW**
- 6.3.2 Implement Retention Bonus Payments to SCCMHA employees and the Contracted Provider Network Staffing Crisis Stabilization Program. 
- 6.3.3 Implemented Staffing and Network Provider Stabilization when needed.

Strategic Goal 6.4:

Ensuring Mastery for First/Third-Party Service Billing and Related Credentialing for Coordination of Benefits

- 6.4.2 Develop processes to refer persons served, to properly credentialed providers based on primary insurance payors and monitor and address any changes in individual primary insurance coverage after initial assignment to a provider. 