

SCCMHA Strategic Priorities 2022-2023

Strategic Priority 1:

Focus on Consumer Services and Outcomes

Rationale: Supporting consumers 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 Consumer 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 consumers 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, and Military Families
 - Expanded the Hispanic Behavioral Health Block Grant to include assistance with follow-up treatment after inpatient hospital stays 
- 1.1.3 Continue to develop school-based 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

- Investigate potential for Crisis Stabilization after hours at Hancock to reduce Emergency Department (ED) utilization 
 - Extend MRSS hours to 24/7, utilizing newly awarded Juvenile Response Team Grant
 - Expanded Mobile Response and Stabilization (MRSS) services to adults in Saginaw County
 - Implement Crisis Connect – Virtual connection between MRSS / CIS and local law enforcement
 - Implement Connections between New National 988 Behavioral Health Treatment and Text Lines through MDHHS MiCAL **NEW**
 - Extend service hours to address the increased need for services and allowing for care to be easily accessible for individuals seeking and receiving services
- 1.1.5 Meet all MSHN Reporting and Service Quality Metric Benchmarks **NEW**

Strategic Goal 1.2:

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

- 1.2.1 Work to serve more consumers annually across all populations regardless of ability to pay or residence
 - Note: 356 more persons served in FY 2021 compared to FY 2020

- 1.2.2 Educate customers, family members & guardians about the service array and connecting services to person centered planning to achieve outcomes (benefit information)
 - Update and publish new comprehensive services brochures and select individual service brochures **NEW**
- 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 consumers
- 1.2.6 Implement Personalized Benefit Pathways and create tools to guide CAI team referral and IPOS Development including the following components **NEW**
 - 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
- 1.2.7 Establish Coordination of Benefits (COB) Workgroup and engage PCE to make required changes to Billing, Claims, Consumer Insurance, Pre-Authorization Modules in electronic health record (SENTRI) **NEW**
- 1.2.8 Plan and prepare for individual consumer enrollment in the ISPA Medicaid Waiver commencing in FY 2023 for all ages and population types receiving the following services: **NEW**
 - Community Living Supports
 - Enhanced Pharmacy
 - Environmental Modifications
 - Family Support & Training
 - Financial Management Services / Fiscal Intermediary Services
 - Housing Assistance
 - Respite
 - Skill Building
 - Specialized Medical Equipment and Supplies (Assistive Tech)
 - Supported /Integrated Employment
 - Vehicle Modification
- 1.2.9 Monitor and develop strategies as needed to address health disparities for Black/African Americans and Hispanic/Latinx consumers for improved outcomes informed by MSHN HEDIS data matrixes **NEW**
- 1.2.10 Informed by MDHHS Medicaid Policy changes related to the end of the federal COVID-19 Public Health Emergency, adjust telehealth and telephonic service modalities **NEW** 

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 and 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 will prepare SCCMHA to participate in potential future expansion of the CCBHC Model

- 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: CMH Leadership Training

- 2.1.1 Finalize and implement Succession Plan for Management Team
 - Director of Care Management and Quality Systems 
 - Chief Finance Officer / Chief Operations Officer
 - Chief of Health Services 
- 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 Departmental / Key Functional Changes in response to MDHHS Regulatory Changes, CCBHC Status and Senior Staff Retirements **NEW**
 - Reorganization of Finance Department & Business Operations
 - Customer Services & Security
 - Corporate Compliance
- 2.1.6 Begin Planning with SCCMHA Board of Directors for CEO Retirement **NEW**

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:
 - Aleda E. Lutz VA Medical Center 
 - Alignment Saginaw 
 - BWell Initiative to Inform Community Health Improvement Plan **NEW**
 - Central Michigan University (CMU) Family Practice Clinic – MH Consultation
 - Chippewa Tribe 
 - Great Lakes Bay Health Centers 
 - Genoa Pharmacy 
 - Juvenile Court / Detention Center 
 - Local Law Enforcement and First Responders / *First Responders Guide for BH Interventions* 
 - Michigan Rehabilitation Services
 - Quest Diagnostics Lab **NEW**

- Saginaw Advocates & Leaders for Police and Community Trust (ALPACT)
- Saginaw County Community Corrections Advisory Board ✓
- Saginaw County Consortium of Homeless Assistance Providers (SC-CHAP) ✓
- Saginaw Crime Prevention Council ✓
- Saginaw Intermediate School District (SISD) / Transition Planning / Great Start Collaborative
- Saginaw Public Housing Authority
- Saginaw Specialty Treatment Courts ✓
- Women of Colors Behavioral Health African American Disparity Project – Community Resilience Project **NEW**

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 **NEW**
- Participate in HRSA and MI Kids Now Education Loan Forgiveness Program **NEW**
- 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 and Implicit Bias courses based on racial / ethnic composition of the member population **UPDATED**
- 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

2.3.3 Conduct DEI Organizational Assessment with Recommendations to inform the creation of an Implementation Plan

- Contract with DEI Consultant to conduct Organizational Assessment and help lead Implementation Plan Development ✓
- Appoint DEI Staff Team
- Publish and Post DEI Organizational Climate Assessment Report to SCCMHA website
- Develop Three Year DEI Implementation Plan ✓
- Develop DEI Staff Communication Plan **NEW**
- Create and hire DEI Coordinator/ Staff Recruitment Specialist with matrix reporting of position to CEO and HR Director **NEW**
- Provide DEI Training to all SCCMHA staff
- Provide and fund Implicit Bias Training to clinical staff in accordance with new LARA health care workforce licensing requirements

Strategic Goal 2.4:

Addressing and Enhancing Staff Safety & Accountability

2.4.1 Continue to pursue technology tools for staff safety in the community

- Rework 8-1-1 system

- 2.4.2 Expansion of external security cameras at SCCMHA sites
 - Installed brighter outdoor lighting at Towerline 
 - In bidding process to address outdoor lighting at Hancock 
- 2.4.3 Expanded 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
 - Community Ties North 
 - Towerline 
 - Hancock 
 - Housing Resource Center 
 - Supported Employment 
 - Albert & Woods 
 - Bay Road 
- 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 SCHD **NEW** 

 - Continue Electronic Daily COVID-19 Symptom Self -Assessment
 - Continue SCCMHA COVID-19 Amended Safety Procedures
 - Continue to monitor COVID-19 Infection Rates in Residential Programs

- 2.4.7 Continue SCCMHA Provider Network Stabilization Programs including DSW Increases as per MSHN, MDHHS and Michigan Legislative Appropriation **NEW** 
- 2.4.8 Plan and Implement Strategies related to the end of the Federal COVID-19 Public Health Emergency **NEW** 

 - Adapt to changes in Service Delivery and Related Telephone and Virtual Telehealth modalities and related Billing Codes
 - Support Consumers with restart of Medicaid Redetermination Process to maintain insurance coverage

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 2023
 - Plan and Implement Enrollment of Consumers Network wide in the 1915 (i) ISPA Home and Community Based Waiver and related Services Benefit **NEW**
 - Train new select clinical staff and contracted clinical teams as needed, in the enrollment process and service benefits under the Serious Emotional Disorders Waiver, Habilitation Supports Waiver, I/DD Children' Waiver **NEW**
 - 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 **NEW**
- 2.6.2 Describe Baseline Service Delivery Workflows by discipline
 - Then Assign Coding and Credentialing to the Workflows and develop code charts for staff

- 2.6.3 Establishment of an Implementation Team to interpret, design, and implement new MDHHS / Milliman FY22 standardized costing and coding parameters systemwide 
- 2.6.4 Plan for FY 2023 Service Code, Modifier and Benefit Changes at the Coding and Benefit Integrity Workgroup, to inform staff training and development of appropriate Individual Plan of Service (IPOS) development, implementation and monitoring **NEW**

Strategic Goal 2.7: Knowledge Transfer to Emerging Leaders

- 2.7.1 Introduction of Public Reference Documents (Mental 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
- 2.7.3 Teach the benefit boundaries and coordination of benefits context
- 2.7.4 Identify other public services and programs and related eligibility criteria needed by customers we serve

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: Future Electronic Expansion

- 3.2.1 Health Information Exchanges (HIE) – continue to monitor with healthcare partners for expanded functionality and interoperability
 - Develop a HIE workgroup lead by the Business Intelligence Team 
 - Offer Connectivity between the AZARA platform and the agency's PHI data 
 - 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 (Great Lakes Bay Health Centers)
 - Promote SCCMHA capacity for interoperability with community partners
 - Communicate Continuity of Care Documents (CCDs) with local FQHC (GLBHC) and other 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 the local FQHC (GLBHC)
 - Review registries that are available through MSHN and/or Michigan Health Information Network (MiHIN) to provide a greater scope of consumer registry information specifically the Statewide Consumer Directory and Health Directory

- 3.2.4 Interface with Mid-State Health Network, Medicaid Health Plans
- 3.2.5 Explore the feasibility / utility of providing access & reporting in Zenith and Care Connect 360
- 3.2.6 Integrate the MiPathways data base into SENTRI II with single sign on functionality 
- 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 **NEW**
- 3.2.8 Implement Electronic Visit Verification (EVV) system to interface once defined by the State of Michigan
- 3.2.9 Procure and implement electronic contract management and e-signature software (DocuSign) for FY22 contracts distribution to service provider network 
- 3.2.10 Rollout Automated Appointment Reminders via text message and voice phone calls **NEW**

Strategic Goal 3.3: 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.
- 3.3.2 Increase the fiber connections between buildings which will provide additional bandwidth 
- 3.3.3 Develop desktop support processes and implement a robust Help Desk ticketing system to better support the IT needs of staff Add check Box
- 3.3.4 Create HelpDesk policies and procedures to ensure strong IS/IT support within the agency
- 3.3.5 Offer IT Remote HelpDesk support to enhance socially distanced IT support 
- 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
- 3.3.7 Develop, provide and support technologies that support virtual meetings, business and telehealth service for leadership and staff: 
 - Implement a new ticketing system (Team Dynamics) 
 - Develop a policy identifying HIPAA compliant A/V conferencing tools and their applicable settings 
- 3.3.8 Offer and Support Complete Telehealth Solutions:

- Rollout and Support for TECH and TECH+ iPad Programs which puts technology in the hands of Consumers allowing for virtual face-to-face services 

3.3.9 CrisisConnect – Virtual Connection between Mobile Crisis Response & Stabilization and Law Enforcement

- Develop Implementation Plan and Timeline informed by clinical workforce shortages 
- Invite law enforcement to partner with SCCMHA in planning for their virtual access to mental health consultation and crisis services 24/7 
- Develop metrics against which success of CrisisConnect will be evaluated

3.3.10 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 noncompliance
- Implement a strong Cyber Security program which includes education, training, and phishing simulations
- Rollout agency cybersecurity tools - Microsoft Defender, and InTune
- Implement tools that provide strong virus detection
- Utilize a Mobile Device Management System (MDMS) to ensure full endpoint security
- Rollout Two-factor Authentication (2FA) 
- Implement full email encryption 
- Rollout a new cybersecurity awareness training and simulation platform **NEW**

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 network **NEW**

3.3.13 Vet and rollout a Secure Text Messaging Service **NEW**

3.3.14 Rollout diction software to be used for documenting within the EHR **NEW**

Strategic Goal 3.4:

Transform Information Management to “Business Intelligence” to Measure Consumer 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 consumers and their families

- Publish Microsoft Power BI Dashboards

3.4.4 Roll out solutions that will assist in the collaboration of strategic thought

Strategic Goal 3.5:

Build a Data Driven Quality Program based on Business Intelligence

- 3.5.1 Development of a Business Intelligence Unit consisting of Quality, Information Systems and Data Analytics talent and processes
- 3.5.2 Development of a data driven Quality Program led by a Quality & Medical Records Supervisor
- 3.5.3 Utilize Information Technology, Information Systems, and Information Management tools to execute the goals of the Quality Program 
- 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

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 Continue to develop 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 **NEW**
- 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 **NEW**
- 4.2.6 Identify gaps in staff’s implementation of core competencies through the administration of annual self-assessments **NEW**

Strategic Goal 4.3:

Achieve and Maintain Certified Community Behavioral Health Clinic Status



- 4.3.1 Close out CCBHC 2020-22 Expansion Grant with SAMHSA
- 4.3.2 Achieve CCBHC Demo Certification from MDHHS 
- 4.3.3 Commence CCBHC Demo enrollment of Medicaid eligible Board Operated Consumers 
- 4.3.4 Plan for and commence enrollment of Medicaid eligible network consumers thru DCOs for mental health and primary substance use disorder services **NEW**
- 4.3.5 Plan for and commence enrollment of non-Medicaid Consumers in concert with third Party Billing outsourcing to Yeo & Yeo
- 4.3.6 Establish Sliding Fee Scale parameters and implement for non-Medicaid CCBHC Enrolled Consumers
- 4.3.7 Expand capacity to serve uninsured and under insured, including persons with SUD Primary disorders and those with Mild/Moderate Conditions
- 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
 - TTI for ACT, Bayside Lodge/Psychosocial Rehab, Friends for Recovery Drop-in Center 
 - Contracted Network Clinical Teams including Third Party Billing Arrangements
 - SUD Providers
 - Mild/Moderate Treatment Providers for Service via Telehealth
- 4.3.10 Increase by 35% the number of activated consumers 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
- 4.3.13 Establish Veteran Navigator for outreach to veterans and Military Families 
- 4.3.14 Develop strategies and metrics to measure to improve processes and outcomes to achieve improved physical health outcomes
- 4.3.15 Meet 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 reconciliation with MSHN **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

Strategic Priority 5: Improved Health and Quality of Life

Rationale: To provide dedicated efforts to help consumers 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 consumers, their families, and caretakers.

- Expand access to consumer focused prevention / wellness activities by utilizing existing community resources such as mobile dental services and community events
 - Continue to promote consumer utilization of CEHR portal to advance consumer engagement in self management
- 5.1.2 Develop and Implement Strategies for compliance with Home and Community Based Services (HCBS) Rule with active compliance plans for residential and nonresidential programs by March 2023
- 5.1.3 Work to reduce the racial and cultural disparities in access and improved quality health care outcomes
- 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 consumer care and coordination among service providers
 - Work to eliminate the stigma associated with mental illness, intellectual / developmental disability and addiction
- 5.1.4 Integrate health criteria into decision making, where appropriate
- Increase the capacity of certified electronic health records, business intelligence and data platforms to identify and manage populations at risk
 - Develop integrated practice and promote a culture of identifying at risk consumers and provide effective interventions using EBPs and EBP matching at intake.
 - Advance the identification of SUD to improve the overall health and recovery of consumers. Work to improve screening, intervention, treatment and referral when co-occurring or substance use disorders are identified.
- 5.1.5 Expand the use of integrated data systems to promote cross-sector information exchange
- Promote and advance the use of interoperable systems to support data-driven prevention decisions and implement evidence-based prevention policies, practices and programs
- 5.1.6 Develop a skilled, cross-trained, and diverse prevention workforce
- Enhance the current continuing education and training content to include an emphasis upon increasing the capacity of staff to address physical and behavioral health, focusing on prevention in all settings
- 5.1.7 Help consumers improve their mental and physical health through health promotion and disease & injury prevention
- Implement sustainable and meaningful health promotion activities, which are evidence-based and work to engage consumer participation
- 5.1.8 Ensure appropriate and responsible use of resources to meet the needs of consumers, 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 BeWell project at the Saginaw Department of Public Health with community partners.
 - Participate in MiHIA THRIVE Initiative
 - Promote and implement the activities and strategies developed in the administration of the Promoting the Integration of Primary and Behavioral Health Care Integration (PIPBHC) in active partnership with GLBHC and determine post grant award sustainability
 - 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 consumers 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 consumers 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.

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: Implement Capital Bond Improvements as Financed by Saginaw County Bond Financing for Hancock and Albert & Woods Buildings

- 6.1.1 Implement capital improvement needs for next five (5) years as specified in Bond documents
- Hancock natural gas generator to power our entire building **NEW**
 - Hancock and A&W Security Software and Camera upgrades and standardization **NEW**
- 6.1.2 Plan to Implement Capital improvement needs through budget favorability
- Upgrading nine (9) agency commercial fleet vehicles (new)
 - Continued planning for remodel for CSS & other possible locations
 - Enhanced Lighting of Hancock Building Parking Lots 
 - Completion of Hancock Elevator Remodernization with Proximity Security Badge Access 
 - Group home facilities and equipment upgrades **NEW**

Strategic Goal 6.2:

Develop a Long-Term Financial Stability Plan

- 6.2.1 Develop and implement the newly 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
- 6.2.2 Continue to explore drivers of Quality and Evidence-based Practices (EBP) outcomes to drive both payment and funding strategies 
- 6.2.3 Proactively participate in the Behavioral Health Fee Screen development process initiated by the State. Ensure that integrity of costing is maintained 
- 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

Strategic Goal 6.3:

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

- 6.3.1 Implementation of network wide of 2022 legislative appropriated \$2.35 hourly premium pay for direct care professionals (DCW)  
- 6.3.2 Implement Retention Bonus Payments to SCCMHA employees and the Contracted Provider Network Staffing Crisis Stabilization Program **NEW**
- 6.3.3 Implemented Staffing and Network Provider Stabilization:

FY 2022 Stabilization Staffing:

- \$215,558 = March YTD unusual expenditure reporting by network
- \$200,000 = April -September estimated unusual expenditure reporting
- \$74,454 = FY22 Unique provider stabilization payment made based on regional plan (Hope Network combined programs)
- \$4,433,936 = MSHN Staffing Crisis Provider Stabilization applications
- \$169,413 = 4/29/22 SCCMHA employee stabilization special payroll run
- \$169,413 = 2nd SCCMHA employee stabilization special payroll run scheduled for Aug / Sept 2022
- Total FY22 Projected Provider Stabilization Funding = \$5,262,774

FY 2023 Planned Continuation of Provider Stabilization Programs:

- \$3,000,000 budget estimate for Network Provider Stabilization Payments for FY 2023

Strategic Goal 6.4:

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

- 6.4.1 Outsource Third-Party Commercial Billing and Payor Enrollment / Credentialing to Yeo & Yeo Medical Billing Division **NEW**
- 6.4.2 Develop processes to refer consumers to properly credential providers based on primary insurances payors and monitor and address any changes in consumer primary insurance coverage after initial assignment to a provider