

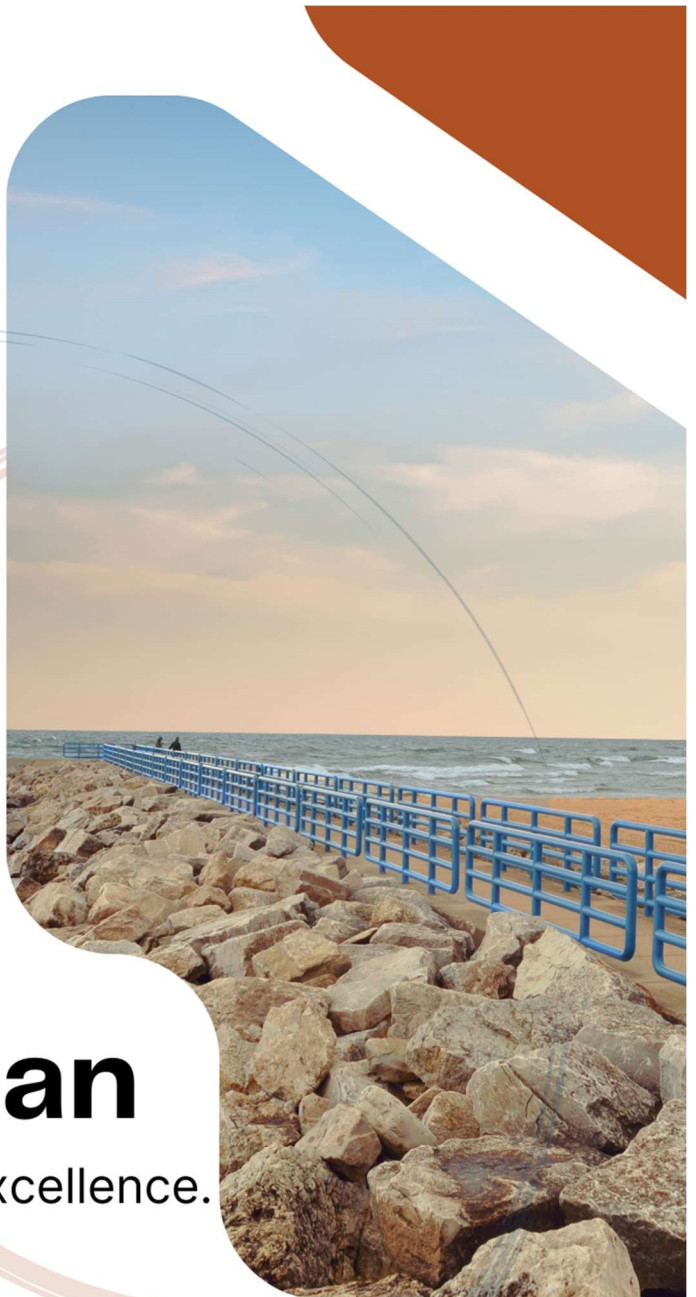
Meeting Agenda
Board of Directors Work Session
May 24, 2023, 11:00 AM
GVSU Muskegon Innovation Hub
200 Viridian Dr, Muskegon, MI 49440

1. Welcome and Opening Comments – Mr. DeYoung
2. Public Comment
3. LRE Strategic Plan – KWB Strategies
4. LRE Finance Workshop – Stacia Chick
5. Board Member Comment
6. Public Comment
7. Adjourn

Strategic Plan

Regional Leadership. Local Excellence.

JUNE 2023





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As a Prepaid Inpatient Health Plan (PIHP), the Lakeshore Regional Entity (LRE) manages specialty Medicaid services under contract with the Michigan Department of Health and Human Services (MDHHS) for residents in the region who have Medicaid and who are eligible for services as defined in the Michigan Mental Health Code and MDHHS standards for access to care. LRE is responsible, under 42 CFR §438.68, for assuring the adequacy of its provider network to meet the behavioral health needs for people with mental illness, developmental disability, and/or substance use disorders over its targeted area. LRE is a member-sponsored health plan comprised of the following Community Mental Health Services Programs (CMHSP):

- Community Mental Health of Ottawa County
- HealthWest – serving Muskegon County
- Network180 – serving Kent County
- OnPoint – serving Allegan County
- West Michigan Community Mental Health – serving Lake, Mason, and Oceana counties

For the provision of Medicaid funded specialty supports and services the LRE subcontracts with each CMHSP, who in turn directly operates or subcontracts for their defined geographic area. In addition to the management of Medicaid specialty supports and services, LRE is responsible for substance use disorder treatment and prevention services across the seven-county area, including Medicaid, PA2, MI Child, and related Block Grant. The LRE is responsible for the management and oversight of delivery of required services.

This plan was developed to guide the work of LRE leadership, staff, and working groups to enhance operations and to provide oversight and support for the service delivery system. *As such, this plan does not address programmatic aspects of service delivery or delegated functions of the CMHSPs.* Each Member CMHSP develops plans related to delegated services for their service area. For non-delegated services, additional planning to inform service development is conducted outside of this process and informed by the service specific planning guidelines and [Strategic Priorities](#) as issued by the Michigan Department of Health and Human Services, including regional strategic plans for [Substance Use Disorder Services](#), [Autism Services](#), and [Gambling Disorder Prevention Services](#).

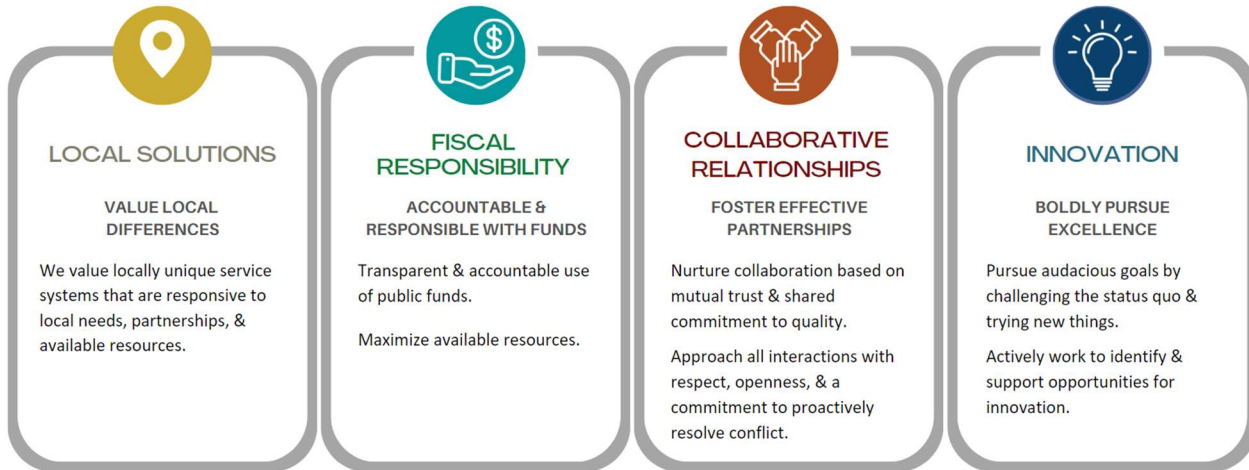
Development of this plan involved information gathering, development of a guiding framework, and identification of strategic priorities to identify action areas and prioritize tactics. Input from internal and external stakeholders, leadership, and staff was incorporated throughout each stage of development (as detailed in the image below). The robust input and guidance provided throughout the process resulted in the compilation of the following plan to guide the work of the organization, as detailed in the following pages.



Throughout the duration of the plan, progress will be reviewed quarterly by LRE staff to ensure implementation and identify course corrections, as necessary. As necessary adjustments may be identified to achieve the intended aims.

Our Mission: Through regional support and leadership for collaboration and innovation, we work to strengthen the public behavioral health system and ensure excellence in services.

Our Values:

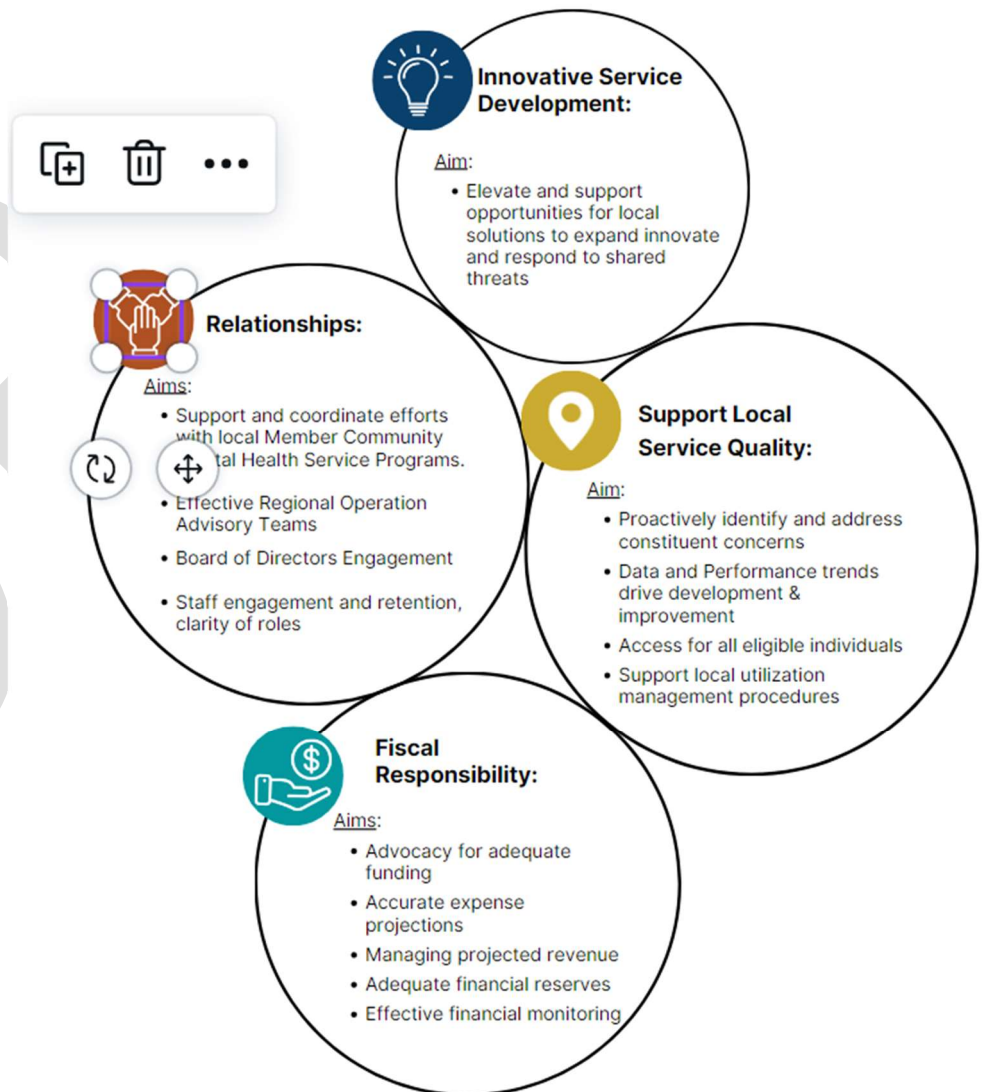


The strategic plan that follows documents how the organization will put these values into action in the coming years.

Within each value, the plan seeks to enhance the following foundational priorities:

- Fulfill the responsibilities essential to a managed care organization with excellence.
- Ongoing enhancement of coordinated regional efforts to support and partner with Member Community Mental Health Service Providers (CMHSPs).

An overview of the aims targeted within the plan for each value is shown in the image on the right. For details, refer to pages 4 through 19.



Acronyms:

The following provides a list of acronyms used throughout this document.

BOD - Board of Directors
CAP - Correction Action Plan
CCO-Chief Compliance Officer
CEO - Chief Executive Officer
CFI - Contract and Financial Issues
CFO - Chief Financial Officer
CIO - Chief Information Officer
CMHAM - Community Mental Health Association of Michigan
CMHSPs - Community Mental Health Service Programs
COO-Chief Operating Officer
DASC-Data Analytics Steering Committee
EDIT - Encounter Data Integrity Team Workgroup
EQI - Encounter Quality Initiative
FSR - Financial Status Report
HLOC – Higher Level of Care
ISF- Internal Service Fund
IT - Information Technology
LRE - Lakeshore Regional Entity
OAC - Operations Advisory Council
OPB - Oversight Policy Board
PN - Provider Network
QI - Quality Improvement
QIC - Quality Improvement Committee
ROAT - Regional Operations Advisory Team
SEDW & 1915 (i) SPA - Serious Emotional Disturbance Waiver (I) State Plan Amendment
SUD -Substance Use Disorder
UM - Utilization Management



Strategic Priority: Fiscal Responsibility

Metrics:

- Region spending in FY26 will not exceed revenue.
- Internal Services Fund goal will be achieved by September 30, 2026.

Aim: Advocate for appropriate rate.

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Annually review state actuarial rate certification letter and work with an actuarial firm to conduct local review if rates seem inaccurate. Advocate as appropriate for reconsideration. Lead: Stacia Chick, CFO	LRE finance staff review state report to assess accuracy and identify potential concerns.	CEO, CFO & Finance Team	X	X	X	X	September or as provided by the State
	CEO reviews impact of state actuarial rate certification letter with BOD to determine whether a local actuarial report is warranted. CEO and BOD identify next steps as necessary.		X		X	X	October (or as provided by State)

Aim: Improve the region's ability to develop accurate expense projections.

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Develop multi-year financial forecasting at the regional and Member level with estimated revenue and funding needs. Lead: Stacia Chick, CFO	Annually engage an actuarial firm to conduct a multiyear forecast to predict revenue.	CFO & Finance Team		X	X	X	Annually in May
	Review Revenue Forecast from actuarial firm to assess individual Member CMHSP and regional funding estimates in comparison to revenue anticipated. If anticipated expenses exceed predicted revenue: <ul style="list-style-type: none"> – Finance ROAT identifies potential regional approach to reduce expenses for consideration by the OAC, and approval by the LRE BOD. and			X	X	X	Annually in June

	<ul style="list-style-type: none"> CMHSPs develop individual funding plans in partnership with the LRE and approved by the OAC. 							
	Provide the Member CMHSPs with analysis of Encounter Quality Initiative (EQI) cost and utilization data and encourage them to utilize the data to improve the accuracy of service expenditure projections.		X	X	X	X	March, June & Oct. each year	
	<p>LRE Finance provide quarterly updates to identify emerging financial concerns:</p> <ul style="list-style-type: none"> Monitor Member surplus (>5%) and/or deficits (>1%) required to be reported on the monthly FSR to the LRE Finance Team and at the Finance ROAT. The Finance Team will alert members of the LRE internal Quality Improvement (QI) committee. Correction Action Plan (CAP) Procedure will be implemented according to Policy 4.9. 		X	X	X	X	January, April, July, Oct. each year	

Aim: Improve the region’s ability to manage within projected revenue levels.

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Work with Finance ROAT to increase predictability of service expenditures. Lead: Stacia Chick, CFO	Identify potential issues that may impact revenue; review Revenue Projections (monthly and as needed) with Finance ROAT; elevate concerns to OAC as appropriate to determine next steps	CFO, Finance Team, & IT Team	X	X	X	X	Monthly
	LRE participates in the MDHHS rate setting meetings and CMHAM CFI meeting; provide updates to Finance ROAT at monthly meeting or via email.		X		x	x	Monthly
	Per 2023 Region 3 Rate Evaluation, Policy and Financial Analysis Recommendations – Establish consistency of use of local modifiers as follows to improve regional ability to assess and monitor rate variation: <ul style="list-style-type: none"> Encounter Data: Establish regional guidelines for allowing Member CMHSPs to include local modifiers for encounters data that provide 			X			June

	<p>supporting information to explain rate variances in the LRE's data warehouse. Develop Power BI reports to be analyzed periodically.</p> <ul style="list-style-type: none"> – Evaluation and Management code modifiers: Evaluate adding credentialing modifiers (AF, AG, AH and SA) to the rates for 99212-99215 to allow for variation of rate based for physicians and mid-level providers. 						
	Update Region 3 Rate Evaluation, Policy, and Financial Analysis annually to identify recommendations for review and discussion with LRE Exec. Team, LRE EDIT Workgroup, Finance ROAT, and OAC.	CFO & Finance Team		X	X	X	Annually in June
	<p>Per 2023 Region 3 Rate Evaluation, Policy, and Financial Analysis Recommendations – Explore opportunities to establish regional rate ranges, with a minimum and maximum rate to help improve network stability while allowing CMHSPs to set rates based on local factors.</p> <p>Expand process used to discuss trends and provider concerns re rates (i.e. SUD Rate group) whereby each Member CMHSP conducts an analysis of the potential impact on their organization of a rate change and whether it is feasible; resulting in a vote whether to move forward with a regional rate change.</p>	CFO & Finance Team		X	X	X	Annually in June
<p>Maintain timely financial procedures</p> <p>Lead: Stacia Chick, CFO</p>	Newly developed Member payment schedule will be implemented to ensure consistency of cash flow and payment timing, will be updated regularly housed on the Finance ROAT Teams Channel for Member ease of access. Annually discuss process with Finance ROAT to assess whether the process is effective and modify procedure(s) as necessary.	CFO & Finance Team		X	X	X	Annually in July

Aim: Maintain Adequate financial reserves.

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Determine appropriate level of Internal Service Fund (ISF) balance (within state defined standards); direct funds to ISF until achieved. Lead: Stacia Chick, CFO	Develop an analysis with the actuarial firm of best-practice recommendations for ISF balance within mandated levels, and an analysis of historical LRE levels in relation to deficit issues.	CFO & Finance Team		X	X	X	Annually in May
	Host facilitated discussions with LRE Executive Team, Finance ROAT and OAC to determine the necessity and optimal level.	Stacia Chick, CFO and Finance Team	X	X	X	X	Sept. & March annually
	At least annually determine whether any funds are available to direct to ISF (until target is achieved), based on the previous fiscal year-end FSR.	Stacia Chick, CFO and Finance Team		X	X	X	Annually in March
	Annually discuss process with Finance ROAT to assess whether the process is effective and modify policies and/or procedures as necessary.	Stacia Chick, CFO and Finance Team		X	X	X	Annually in July

Aim: Maintain effective financial monitoring.

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Develop clear, easily understandable reporting that accurately reflects the financial status and reserves. Lead: Stacia Chick, CFO	Provide training for LRE BOD to support their ability to effectively review and make meaningful conclusions from Monthly Financial Statement. As new BOD members join, provide this information in the Orientation process.	CFO & Finance Team, CEO		X	X	X	As needed
Identify potential efficiencies in reporting processes to reduce administrative burden. Lead: Stacia Chick, CFO	Utilize newly developed standardized FSR template and maintain financial reporting site to provide Finance Related information in one place for easy Member access. Monitor effectiveness and modify as appropriate based on Member feedback.	CFO & Finance Team	X	X	X	X	Monthly



Strategic Priority: Service Quality

Metrics:

- By the end of FY24 and annually thereafter, a majority of OAC members will report agreement that the ROAT effectively uses data to inform service improvement efforts.
- The Provider Network Adequacy report for FY2026 will identify no substantial gaps in service availability.

Aim: Proactively identify and address constituent concerns.

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Identify areas of concern and develop plans of action. Lead: Stephanie VanDerKooi, COO	Include a standing agenda item at OAC, Provider Network ROAT, and Clinical ROAT meetings for CMHSP representatives to note locally identified areas of concern or emerging challenges.	CEO, COO, Clinical/UM Manager, PN Managers		X	X	X	Establish by Jan. 2024 & then monthly
	For areas of concern shared by a majority of Members, OAC discuss and determine whether to address issue regionally; assign to a ROAT for further action where appropriate.	CEO, OAC Members, ROAT Leads		X	X	X	Establish by Jan. 2024, then monthly
	COO or Member CEO ROAT representative provide plan of action and status update to OAC.	COO		X	X	X	Ongoing as needed

Aim: Data and Performance Trends Drive Development and Improvement.

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Meaningful data review for each service area. Lead: Stephanie VanDerKooi, COO & Ione Myers, CIO	Work with ROAT groups to select priority areas of focus by service area to monitor	COO, DASC	X	X	X	X	4Q annually
	Develop or modify existing data reports to provide a streamlined report/dashboard to monitor priority areas identified (as necessary); draft reviewed by ROAT to inform final version.	COO, CIO, DASC		X			End of FY24
	Quarterly review of data reports/dashboards for regional and Member-level data to inform discussion.	DASC			X	X	Quarterly

	DASC review data for all ROAT groups to identify successes, challenges, and areas that need attention; provide guidance to ROAT staff leads on data issues to discuss with the ROAT group to determine any action required.	COO, CIO, DASC			X	X	2Q for prior FY
	ROAT staff report back to DASC on discussion and plans of action.	ROAT Leads			X	X	Quarterly
Annually review data dashboards and discontinue reporting on data elements identified as unnecessary. Lead: Stephanie VanDerKooi, COO	Data Analytics Steering Committee develop list of data elements to consider eliminating.	COO, CIO, DASC		X	X	X	2Q annually
	List reviewed by LRE Exec Team to identify any that must be kept.	Exec. Team		X	X	X	
	Each ROAT review list and identify any elements that must be kept.	ROAT staff Leads		X	X	X	
Improve data accuracy by encouraging timely reporting by Members and providers. Lead: Stephanie VanDerKooi, COO	Review and standardize contract language and non-compliance processes and procedures regarding reporting requirements. Review and update annually as needed.	PNMs, CCO	X	X	X	X	Develop 4Q FY23, submit for adoption Oct.23; annual review
	Implement corrective action plan Policy for non-compliance for timely reporting: <ul style="list-style-type: none"> – Member performance issues that meet the criteria for issuance of a CAP, per LRE’s CAP/Performance Improvement Policy, will be managed by the assigned PN Manager (PNM). – PNMs, in collaboration with the staff subject matter expert, will review and approve Member CAPs. – CAPs will be monitored at QI Committee (QIC) for adequacy and progress, with PNMs providing updates as specified in the CAP, until the deficiency(ies) have been satisfactorily remediated. QIC will approve CAP closure. 	COO, PNMs		X	X	X	As needed

<p>Improve reconciliation process for Members to review submitted encounter data and make corrections.</p> <p>Lead: Ione Myers, CIO</p>	<p>Trainings for CMHSPs – strategies to help them utilize the tools they currently have at their disposal:</p> <ul style="list-style-type: none"> - LIDS error response for each encounter file. - LRE Fastlane Encounters per FY download (CMHSP can download on-demand). - LRE EQI Encounters Summary & EQI details (provided in advance of due date). - LRE EQI Encounters Summary vs CMHSP EQI Compare (provided after each submission). - Milliman EQI Detail File: Provided as able, when made available by MDHHS/Milliman. 	CIO & IT ROAT		X			End of FY24
	Require CMHSPs to demonstrate capability and completion of the 5 bullet points directly above.				X		End of FY25
	Work with IT ROAT To ID additional tools needed to support their work, for which the LRE might be able to make available to CMHSPs at IT ROAT.				X	X	4Q for upcoming FY
	Establish processes to ensure Member CMHSPs/provide a time stamp for each encounter to allow for identification of duplicate and overlapping services to reduce time required for CMHSPs to conduct unnecessary investigation.			X			End of 1Q FY24

Aim: Access for all eligible individuals.

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
<p>Ensure service PN adequacy by monitoring critical providers to ID those that lack financial stability; establish special arrangements as necessary to support continuation of services.</p> <p>Lead: Stephanie VanDerKooi, COO</p>	PN ROAT, LRE staff, and/ or Member CEOs identify a provider at risk should notify CEO.	CEO, PN Managers		X	X	X	Monthly
	Annual review of provider network adequacy by relevant ROAT to inform their work.			X	X	X	
	LRE CEO convene OAC members, or add to next agenda for discussion, depending on urgency	CEO	X		X	X	
	OAC members discuss any local action being taken and determine a regional response.	OAC members	X		X	X	

Aim: Support local implementation of consistent utilization management procedures.

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Support consistent regional understanding of common UM requirements. Lead: Stephanie VanDerKooij, COO	Further develop policies and organizational procedures to include a clear outline of LRE/CMHSP responsibilities. Establish policy and procedure to complete retrospective sample reviews of CMHSP HLOC retro reviews.	Clinical Manager, UM Coordinator, UM and Clinical ROATs	X	X	X	X	Development 4Q of FY23 & implement annually thereafter
	Perform quarterly review of randomly selected preadmission screens and continued stay reviews		X	X	X	X	Quarterly
	Conduct annual Inter-rater reliability exam of all UM supervisors and CMHSP UM Department staff, track results, assess need for additional training based on results, provide feedback and training to CMHSPs.			X	X	X	Annually
	Work with UM ROAT to ID & prioritize service categories that may benefit from development of a utilization review process template for Members to apply; develop recommended review process(es) and provide as a resource to Members.		X	X	X	X	4Q of FY23 and annually thereafter for following FY
Develop LRE's regional standardized levels of care and eligibility criteria processes.	Assess regional crisis & access functions through collaboration with Clinical/UM ROAT and workgroup structure as needed.	Clinical Manager, UM Coordinator, UM and Clinical ROATs		X	X	X	1Q FY24
	Create workgroup to address standardization of Crisis Pre-screen process and documentation.			X			Establish 2Q FY24
	Assess & regionally standardize initial and on-going training structure and assessment of staff use and application of level of care tools.			X			By end of FY24
	Standardize process/procedure for use of level of care tools from access to treatment including standard data collection procedures.			X			By end of FY24
	Develop regional authorization grid to include expected authorization ranges for all services.			X			By end of FY24



Strategic Priority: Relationships

Metrics:

- By the end of FY24 and annually thereafter, a majority of OAC members will report agreement that the LRE effectively coordinates advocacy for the region.
- By the end of FY24 and annually thereafter, a majority of ROAT members report agreement that the ROAT is an effective tool to support local efforts and foster regional coordination.
- By the end of FY24, and annually thereafter, a majority of BOD members will report agreement that the board functions effectively.
- The LRE will maintain annual staff retention at 90% or greater each fiscal year.

Aim: Support and coordinate efforts with local Member Community Mental Health Service Programs.

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Advocate with one voice: Improve ability to develop timely and compelling analysis and communications regarding the impact of new or proposed unfunded mandates or legislation to improve advocacy efforts at the state level. <u>Lead:</u> Stephanie VanDerKooi, COO	Region representatives on the CMHAM Advocacy subgroup notify COO of emerging concerns as identified.	COO		X	X	X	Bi-monthly
	COO's compile monthly legislative summary regarding proposed legislation and/or mandates that would affect PIHPs. Review with BOD Exec Team or full BOD; SUD related reviewed with Oversight Policy Board.	COO, SEDW & 1915 (i) SPA Specialist	X	X	X	X	Monthly
	BOD Exec Team or full BOD identify call to action when appropriate; consider whether to reactivate BOD Advocacy committee.	Board Chair	X	X	X	X	4Q FY23, and as needed thereafter
	LRE financial staff assigned responsibility to analyze the issue and provide a summary report describing potential impact.	Finance Team	X	X	X	X	
	CEO use report to discuss next steps with BOD and determination made for what advocacy action to take (e.g. champion issue with CMHAM, PIHPs, and Member CEOs)	CEO	X	X	X	X	
Establish key metrics to monitor financial and service delivery standards	Determine key metrics for finance and each service area; provide opportunity for OAC to review and provide input prior to implementation.	CEO, Exe. Assistant, CFO	X				4Q FY23

for members and parameters that require additional explanation, support, or corrective action plans. <u>Lead:</u> Mary Marlatt-Dumas, CEO	LRE determine recommended acceptable parameters; submit to BOD for review/ approval	CEO, Exe. Assistant	X				4Q FY23
	Provide data summary of key metrics as a dashboard for each Member and the region.	CEO, Exe. Assistant, COO		X		x	x

Aim: ROAT Groups serve as an effective tool to support local efforts and foster regional coordination

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Reduce duplicative planning by multiple ROAT groups and ensure information is shared effectively with each group as appropriate. <u>Lead:</u> Stephanie VanDerKooi, COO	LRE staff conduct an internal review of the current issues being addressed by each ROAT, identify duplication, assign issues to each ROAT group and develop a matrix that summarizes responsibilities. As new issues arise, LRE staff discuss and determine which group will be assigned; update master document and ensure each ROAT lead is informed.	LRE staff internally at the Operation's Team, engage remainder of LRE Exec Team as appropriate	X				End of 1Q FY24
	Identify which ROATs should receive information about each issue (that are not assigned the issue). Include determination of which portions of HSAG findings should be provided to which ROAT group.		X		X	X	Within 30 days of HSAG findings received
	COO (who attends all ROAT groups) monitor discussions to identify duplicative planning by ROAT groups not assigned the issue; redirect to assigned ROAT group and ensure information sharing.	COO	X		X	X	Monthly
	Each ROAT annually review their charge, including their assigned scope of responsibilities, to ensure consistent understanding.	ROAT staff lead	X		X	X	Annually in 4Q

ROAT group to identify priorities for their work annually. <u>Lead:</u> Stephanie VanDerKooi, COO	COO annually facilitate discussion with each ROAT to prioritize product/processes to develop focus of efforts for the next fiscal year.	ROAT staff lead	X		X	X	Annually in 4Q
	ROAT staff lead add prioritized work as standing agenda items until complete.		X		X	X	Monthly
Provide opportunities for CMHSP members to support their peers. <u>Lead:</u> Stephanie VanDerKooi, COO	Provide ongoing opportunities for ROAT group members to share innovations, discuss local challenges; ROAT staff lead add as standing agenda items.	ROAT staff lead	X		X	X	Monthly
	ROAT staff lead add as a standing agenda item to provide an opportunity for members to ask questions of their peers and request mentoring/coaching support.		X	X	X	X	Monthly
Support ROAT lead staff in planning and facilitating effective ROAT meetings. <u>Lead:</u> Stephanie VanDerKooi, COO	Develop guidance to staff ROAT leaders for the management of a ROAT group, including their role, responsibilities, and expectations.	COO		X			End of 1Q FY24
	Add standing agenda item to each ROAT to review action items at completion of meeting and ensure they are recorded in the minutes.	ROAT staff lead		X	X		
LRE staff attending state workgroups provide updates to relevant ROAT workgroups. <u>Lead:</u> Stephanie VanDerKooi, COO	Identify each LRE staff person who is assigned to attend each state workgroup. Maintain list as new groups are established.	Exec. Assistant, Operations		X	X	X	End of 1Q FY24
	Identify which ROAT groups should receive info regarding the group.	COO		X	X	X	
	Each ROAT staff lead should ensure the state workgroup update is provided to their ROAT group and provide minutes. If additional information is needed, the ROAT staff lead will communicate with attendee for clarification on behalf of the ROAT.	ROAT staff lead		X	X	X	Monthly

Aim: Support effective engagement of the Board of Directors

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Ensure new members receive information to fulfill their role effectively.	Develop a BOD handbook that includes history and perspectives	CEO, Exe. Assistant	X				End of 4Q FY23
	Develop a new member orientation and review member handbook.	CEO, Exe. Assistant	X				End of 4Q FY23
Foster positive working relationships amongst Directors	Provide opportunity for members to ask questions of their peers and request mentoring/coaching support.	CEO		X	X	X	Annually
	Provide team building opportunities among Directors.	CEO		X	X	X	Annually
Ensure effective meeting procedures.	Assess BOD functioning and identify opportunities to improve the effectiveness of the group.	Consultant		X			End of FY24
	Provide educational opportunities regarding areas of LRE business	CEO	X	X	X	X	As needed
Facilitate discussion and exploration of key issues	<p>For issues requiring BOD action:</p> <ul style="list-style-type: none"> – Schedule discussion and provide materials in advance to allow members adequate time to review relevant materials. – Staff provide a summary analysis of the situation that includes potential pros and cons, potential impact, and suggested action with supporting rationale. – Schedule adequate time for discussion related to the issue. 	CEO, Board Chair	X	X	X	X	Monthly or as needed

Aim: Staff engagement and retention

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Support staff development opportunities.	Promote meaningful training opportunities for staff and provide additional reimbursement for participation in a limited number of approved trainings.	LRE Exec Team	X	X	X	X	Ongoing
	Assess leadership qualities and skills to identify strengths and deficits for members of the Executive Team; develop skill-building and growth.	CEO		X			End of 2Q FY24



Strategic Priority: Innovative Service Development

Metrics:

- By end of FY24 and annually thereafter, a majority of OAC members report agreement that:
 - o The LRE fosters regional discussion to explore potential innovation.
 - o The LRE supports regional coordination in response to emerging threats.
- By end of FY24 and annually thereafter, a majority of ROAT members report agreement that the ROAT provides opportunities to explore innovations.

Aim: Elevate and support opportunities for local solutions.

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Support Members in exploring innovations and to identify and respond to threats.	ROAT groups that discuss innovations or system threats; elevate to the OAC by Member CEO ROAT representative or COO.	COO		X	X	X	Monthly
	OAC add a standing agenda item to discuss local innovations or system threats; identify ROAT groups that should discuss or additional regional planning or training needs.	CEO, Exe. Assistant		X	X	X	Monthly
	OAC include a standing agenda to identify common challenges to identify potential regional opportunities, and additional regional planning as desired.	Exec. Assistant		X	X	X	Monthly