American Indian Health and Family Services of Southeastern Michigan, Inc.

STRATEGIC PLAN

Fiscal Years 2013-2016

Honor the past, Heal the present,
Create for the future
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Mission and Vision

Our Mission:
Enhance the physical, spiritual, emotional, and mental wellbeing through culturally grounded health and family services that empower American Indian families, and other underserved population in SE MI.

Our Vision:
AIHFS will be nationally recognized as a leading Urban Indian health and community center supporting healthy Native people, families, and communities.
# Values

The values of the organization are based on the seven teachings of the Grandfathers that were given by the Great Spirit to the Anishinaabeg who are represented generally by the Chippewa, Ottawa, and Potawatomi. Although these groups are native to the Great Lakes area, and though spirituality among American Indians is as varied as the geography they inhabit, we believe the teachings are as fundamental and universal as the human condition, wherever it exists.

## Wisdom (Nbwaakaawin)

To cherish knowledge and experience in the physical world, and use such knowledge of traditional and modern medicine to heal body and soul.

Examples include: Offering western medicine, sweat lodges, ceremonies

## Love (Zaagidwin)

To share resources to help our brothers and sisters

Examples include: Providing resources on-site, through use of social media, and events

## Respect (Mnaadendiwin)

To have care and concern for all, regardless of status in life.

Examples include: Providing services to all that visit AIHFS

## Courage (Aakadehewin)

To confront the most difficult issues presented to the organization with bravery.

Examples include: Dealing with budget cuts, political environment

## Honesty (Gqekwaasziwin)

To conduct every activity with a pure heart and in a straightforward manner

Examples include: Being accountable and transparent with finances and policies

## Humility (Ddaadendizwin)

To think about family, fellow human beings, and community before one thinks of themselves.

Examples include: Dedicated staff, interns, and volunteers, interns

## Truth (Debwewin)

To be aware of all the teachings and consistently ensure Minobinwaasziwin- "a Good Life".

Examples include: Smudging and give thanks before meetings and gatherings
Maps of Population and Service Area
American Indian Health and Family Services is a non-profit health and human services agency located in Detroit, Michigan. We serve American Indian children and families throughout southeastern Michigan with an emphasis on Wayne, Oakland and Macomb counties. Our organization is funded through a combination of public and private sources. The following map shows our service area:
According to the 2010 Census there are a total number of 47,955 American Indian/Alaska Native (Alone or in Combination with Other Races) residing in our 7 county service area.
Letter from the Executive Director and Chairman of the Board

There have been a lot of changes in healthcare in the last couple years. In fact there have been a lot of changes all around us. Some of these changes are positive and some of them are forcing us to think in new ways. While we can not always predict the future, we have created this strategic plan to help us navigate these changes, take advantage of opportunities, and point us to the future.

This strategic plan involved the hard work of our Board of Directors, Staff, and community members including our youth. We also had a great facilitator (Darryl Tonemah) who guided us through part of this process. To everyone that contributed to this process, I want to say “thank you” for your commitment to AIHFS and for your hard work.

The strategic plan describes where we want to go and how we expect to get there. While it is important to have this direction and a formal written plan, it does not mean anything unless we use it. Think of it as a journey. We have the map and we have a team to complete this journey.

In addition, this strategic plan includes measurable goals with set expectations that will continue to be monitored throughout the next three years. This will give us the basis for assessing whether or not we are reaching our goals and objectives and allow us to re-evaluate our processes and activities to ensure that we are striving for the desired outcome.

Sincerely,

Ashley Tuomi

Executive Director

John Lemire

Chairman of the Board
Board of Directors

Chairperson: John Lemire (Chippewa/Grand Portage Band)

Vice-Chair: Marilyn A. Roubidoux (Iowa of Kansas/Nebraska)

Treasurer: Joanne Sobeck (Chippewa/Sault Tribe)

Secretary: Marcia Ryan (Non-Native)

Members at Large:

Conner Sandefur (Chickasaw Nation, OK)

Katherine McCloskey (Haliwa-Saponi/Cherokee)

Sioux Trujiilo (Navajo)

Karen Marshall (Self-identified)

Stephen James (Eastern Band Cherokee/Mohawk from Kahnawake)
Strategic Planning Process

The strategic planning process included input from our community, staff, leadership, and our Board of Directors. We held sessions with our Community Advisory Board, Youth Advisory Board, Staff, and Board of Directors that included a distinctive competencies exercise. We also conducted a joint session with Community Members, Staff, and the Board of Directors on Strategic Planning where we looked at our current Mission, Vision, and Values as well as conducting a SWOT analysis. All of these activities led us to our Strategic Plan for FY 2013-2016.

The first step was to do a distinctive competencies exercise which was done at a Community Advisory Council Meeting, Youth Advisory Council Meeting, Staff Meeting, and with the Board of Directors. From this exercise we were able to look at the services and characteristics that make AIHFS unique as well as what each of the groups viewed as a priority.

<table>
<thead>
<tr>
<th>Community Advisory Council</th>
<th>Youth Advisory</th>
<th>Staff</th>
<th>Board of Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Spirituality and Traditional Practice</td>
<td>1. Traditional Services/Teachings/Part of Identity/Culture</td>
<td>1. Cultural &amp; Traditional Services</td>
<td>1. Medical &amp; Behavioral Services</td>
</tr>
<tr>
<td>2. Community Gatherings/Group Activities</td>
<td>2. Working with Elders/Community Leaders</td>
<td>2. Strong Staff Involvement</td>
<td>2. Dedicated Staff, Board, &amp; Volunteers</td>
</tr>
<tr>
<td>3. Leadership/Dedicated Staff</td>
<td>3. Cultural &amp; Traditional Services</td>
<td>3. Integration of Culture &amp; Western Medicine</td>
<td>3. Medical &amp; Behavioral Services</td>
</tr>
</tbody>
</table>

The distinctive competencies exercise was a great way to identify the strengths of AIHFS. In order to complete the Strength, Weakness, Opportunities, Threats (SWOT) analysis, a survey was distributed through Survey Monkey. The link was sent to staff, board members, and community advisory council members.

Some of the strengths that were identified included. 57.9% of respondents felt that AIHFS was successful in meeting the mission, 63.2% felt that AIHFS strived to consistently meet the vision of AIHFS, and 73.7% felt that we adhere to our values.

There were also some weaknesses that were identified. These weaknesses include lack of space, wait times for appointments and in the office, a lack of services including after-hour call service, and specialty care.
There were many opportunities that were presented including improving communication with the community and overall customer service. There was also an opportunity for expanding services that was presented. These services included more expansive mental health services (psychologist/psychiatrist), women’s health, dental, pain management, case management, expansion of transportation services and the ability to do forensic exams for sexual assault. Participants identified emerging trends as integrated care, the Affordable Care Act, and health/fitness. There was also an opportunity to expand our reach to communities outside of the Detroit Metropolitan area. Although we serve a 7 county area they felt that there was some concentrated efforts made in some of these areas.

Possible threats included other clinics and organizations that provide some of the same services that we provide. These include both Native and non-native organizations. There were also some financial threats that included the fragil state and unreliability of grant funding, cuts in funding including Sequestration and government shutdowns, funding restrictions, and the Affordable Care Act. Other threats included issues with space and the condition of the building including needly to constantly make costly repairs and running out of space.

After participating in the distinctive competencies exercises and completing the SWOT analysis via survey, a full day strategic planning activity occurred. This activity also included staff, board members, and community members. Darryl Tonemah (Facilitator) led us through discussions about our mission statement and vision statement. He also helped us to prioritize the services and aspects that were most important. We also flushed out the details of the first strategic goal which was to diversify our funding resources. Specifically, we worked through details of the fundraising objective.
Environmental Scan/Needs Analysis

In 2011, a community health profile was created for American Indian Health and Family Services by the Urban Indian Health Institute. This report identified crucial demographic data as well as health data using various data sources. The following graphs and tables represent information that was important in formulating this strategic plan.

![Income below the federal poverty level, 2005-2009, AIHFS service area](image)

Source: U.S. Census Bureau, American Community Survey

![Children in households with income below poverty level, 2005-2009, AIHFS service area](image)

Source: U.S. Census Bureau, American Community Survey

Top Causes of Mortality

![Top causes of mortality, 2003-2007, AIHFS service area](image)

Source: U.S. Center for Health Statistics
Utilizing data for our Resource Patient Management System (RPMS) we were able to provide specific data about our clients. It is important to note that these statistics are only representative of those that use our Medical and Behavioral Health Systems.

However, there are many other services provided through our health education department. These include 103 individuals trained in parenting and cultural competency, 73 clients through Healthy Start Home visits, and 19 youth enrolled in the after school program.

At the end of Fiscal Year 2013 there were 2,854 clients who were registered with AIHFS and 1,053 active patients. Active patients are defined as clients who have had at least one medical or behavioral health visit in the last three years. The following graphs represent the demographic breakdown of current clients.

The following graphs represent the services that were provided by AIHFS in the 2013 FY. There is also information about the top requested services that are referred out because they are not available at AIHFS. These identify potential opportunities for the future.
Visits out of 3,095 Total Visits

- Medical: 33%
- Behavioral Health: 27%
- Telephone: 6%
- Nurse Only: 34%

Top Referrals (Services not provided by AIHFS)

<table>
<thead>
<tr>
<th>Behavioral Health Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Residential Alcohol and Drug Detox/Inpatient Treatment</td>
</tr>
<tr>
<td>* Psychiatry</td>
</tr>
<tr>
<td>* In-patient Crisis</td>
</tr>
<tr>
<td>* Pervasive Developmental Disorders</td>
</tr>
<tr>
<td>* Adults with Traumatic Brain Injuries</td>
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<table>
<thead>
<tr>
<th>Medical Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Ultrasounds</td>
</tr>
<tr>
<td>* X-rays</td>
</tr>
<tr>
<td>* Cardiology</td>
</tr>
<tr>
<td>* Gynecology</td>
</tr>
<tr>
<td>* Neurology</td>
</tr>
<tr>
<td>* Radiology</td>
</tr>
<tr>
<td>* Ophthalmology</td>
</tr>
<tr>
<td>* Dental</td>
</tr>
<tr>
<td>* Pain Clinic</td>
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</tbody>
</table>
Strategic Plan

Strategic Goal 1: Diversify Funding Resources for Sustainability

Objective 1: Increase amount of unrestricted revenue through fundraising/donations by 20% annually as measured by financial records.

Action steps include:

1.1 Establish a fundraising committee
1.2 Identify financial expectations
1.3 Prioritize projects and target resources
1.4 Identify fundraising strategies, create timeline and delegate responsibilities
1.5 Create a Fundraising Plan
1.6 Monitor progress and modify strategies as necessary

Objective 2: Increase Third Party Revenue by 50% as measured by 3rd party billing reports.

Action steps include:

1.1 Review current programs to identify billable processes, care, and activities
1.2 Increase the number of insurance plans accepted
1.3 Prepare and implement ICD-10
1.4 Establish and implement procedure for insurance claim processing
1.5 Continue to provide enrollment services through the Insurance Marketplace under the Affordable Care Act and other programs

Strategic Goal 2: Expand our services to meet community needs

Objective 1: Expand medical and behavioral health services by 10% and ancillary services by 10% per year as measured by number of client visits

Action Steps:

1) Recruit and hire clinical staff that address the shortage of staff and types of services
2) Explore opportunities for facility expansion
3) Explore FQHC 330 Funding Opportunities
4) Establish a transportation workgroup to expand and reorganize transportation service.
5) Develop specific expansion plan for at least two ancillary services
**Strategic Goal 3: Promote partnerships and increase awareness about AIHFS**

Objective 1: Increase Communication and Outreach by 10% as measured by the number of Mailings, Social Media, Media outlets mentions, and events

**Action Steps:**

1) Develop a marketing strategy that target Monroe County (and other low service communities).
2) Work with Michigan Tribes to provide information and resources to their members residing in our service area.
3) Continue partnering with other agencies serving the American Indian/Alaska Native Community and explore other partnership opportunities.

**Strategic Goal 4: Integrate traditional and culturally supportive best practices and evidence based practices into programming.**

Objective 1: Increase cultural opportunities by 10% as measured by the number of events and participants

**Action steps:**

1) Organize and coordinate traditional programs and practices throughout the agency
2) Develop organizational policies and procedures to guide traditional services and practices
3) Continue to integrate Native language into programs, program materials, newsletters
4) Provide opportunities for learning and participation in traditional teachings and activities.
5) Apply lessons learned to the culture and function of the organization and its services
6) Explore funding strategies to support the sustainability of traditional practices and programs.

**Strategic Goal 5: Develop AIHFS as a cultural center and medical home for American Indians in urban and suburban Detroit**

Objective 1: Reduce stereotypes and negative images by promoting positive identity development
Action Steps:

1) Maintain knowledgable staff (Native and non-Native).
2) Maintain a welcoming environment for the Native community by incorporating culture into any new facility plans/updates and maintaining space for cultural practices.
3) Continue to offer and strengthen programs that provide opportunities for American Indians to gather together to understand and experience important ceremonies and traditions from their heritage while respecting differing beliefs among the tribes represented in our urban environment.

Objective 2: Improve understanding in the metro-Detroit area of American Indian populations, their strengths and their needs through presentations, trainings, and various forms of media.

Action Steps:

1) Review presentations and trainings currently offered to identify gaps and additional opportunities to educate populations outside AIHFS.
2) Develop a proactive and coordinated approach to education about the American Indian population.
3) Improve cultural competency within organizations that provide services to American Indian populations through specific trainings (i.e.: training crisis center staff that answer calls to the National Suicide Prevention Lifeline, which is a recommended resource in the youth suicide prevention project).

Strategic Goal 6: Improve Quality of Services

Objective 1: Promote a high level of professionalism, quality of care, and effective organization processes.

Action Steps:

1) Continue efforts of integrated health care implementation and accreditation.
2) Utilize RPMS/EHR data for Quality Improvement/Assurance efforts and monitoring effectiveness of services.
3) Improve and monitor client flow throughout utilization of services at AIHFS.
4) Use different methods to collect data from clients and target population to assess satisfaction and needs for service.
Programs and Services at American Indian Health and Family Services

- Medical Services:
  - Family Practice Medical Clinic to include general exams, physicals, well-child checks, chronic disease management and referrals
  - Nutrition Services and Health Education
  - Sexually Transmitted Infections (STI) and HIV testing and referral
  - Cancer screenings (FIT test for colorectal, Pap-Smears, Mammogram referrals)
  - Immunizations (Children and Adults)
  - Assistance in applying for low cost prescription programs

- Emotional and Spiritual Wellness Services:
  - Mental Health Counseling,
  - Addictions Counseling
  - Wellbriety Recovery Support Group
  - Women’s and Men’s Talking Circles
  - Children's Mental Health

- Community Health/Education:
  - Nutrition and Physical Activities - cooking classes, community exercise classes
  - Community/Cultural events including traditional services (Sweat Lodges, Ceremonies, Traditional Healers, etc)
  - Youth Programs (Ages 8-17)
  - Suicide Prevention

- Support Services
  - Insurance Enrollment (Affordable Care Act Navigators, Medicaid, CHIP, Plan First)
  - Emergency services (Emergency Shut-off, cash assistance, child care, state emergency relief)
  - Food Assistance