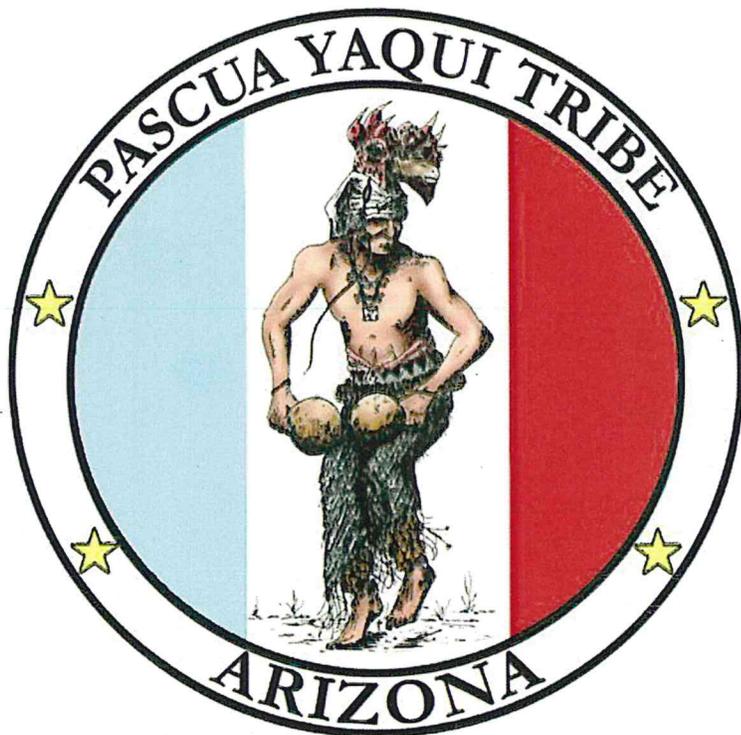


2016-2018

Centered Spirit Program Strategic Plan



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2016-2018

Strategic Planning Summary

The Centered Spirit Program (CSP) 2016-2018 Strategic Plan lays out strategic plans and initiatives that will help strengthen the Behavioral Health department as a whole, while simultaneously enhancing treatment and prevention services provided to Pascua Yaqui community members. Additionally, CSP is striving in its Strategic Planning efforts to coordinate with the Public Health Accreditation (PHAB) initiative that is being actively pursued by the Pascua Yaqui Health Services Division. This document is being influenced by that larger process. Further, because the Centered Spirit department will be pursuing its re-accreditation with the Commission on Accreditation of Rehabilitation Facilities (CARF) in 2017, the crucial preparation for that survey is also a strong influence on this document.

This CSP Strategic Plan is being formed, based on input from the current CSP program management team, CSP staff, and CSP clients, plus from feedback and recommendations from the Senior Management of the Health Services Division. We are also gathering information from the prior findings of the Centered Spirit program evaluation process, from continuous feedback from client members, other Pascua Yaqui Tribal Departments, community members, from outside agencies and providers, as well as information gathered from various CSP Annual Reports. It is important to note that this report is a part of an ongoing strategic planning process that is dynamic and evolving in its nature, reflective of the Centered Spirit Program's growth process.

In all this strategic planning, the CSP management team is clear that we must always be mindful and have respect for the Pascua Yaqui Tribal Culture and Community that we serve, staying focused on the fact that all our efforts are about improving the quality of life for the people of this community and Tribal Nation.

Respectfully submitted,

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Table of Contents

Strategic Plan Process	4
Purpose	4
Methodology	4
Centered Spirit Program Background Information	4
Centered Spirit Mission	4
Centered Spirit Philosophy	4
Centered Spirit Values	4
Strategic Planning Process and Mechanisms	5
1. Expectations of Persons Served and Those on Whose Support We Rely	5
2. The Competitive Environment	5
3. Financial Opportunities: Pass-Through Rates and Balancing Needs of the PYT Health Services Division	5
4. CSPs Capabilities	5
5. PYT Service Area Needs Assessments via Surveys	5
6. Demographics of the Service Area	6
7. CSPs Relationships with External Departments and Contractors	6
8. Arizona’s Regulatory and Legislative Environments	6
9. The Use of Technology to Support Efficient Operations, Effective Service Delivery, and Performance Improvement	6
10. Information from the Analysis of Performance	6
CSP Management Team SWOT Analysis	7
CSP 2016-2018 Strategic Plan Priorities, Goals, and Responsibilities	9
A. CARF Re-Accreditation and the PHAB Accreditation Processes	10
B. Strengthening Communication and Sense of Community	10
C. Promoting and Supporting the Training of all CSP Staff	10
D. Recruiting and Retaining Highly Qualified Staff	11
E. Continue to Improve on CSP Documentation and Billing	11
F. Improving and Expanding CSP Facilities and Infrastructure for Sustainability	11
G. Allocating Resources to Support CSP Program Priorities	12
Accomplishment of Past CSP Goals	12

Strategic Plan Process

Purpose

This document is meant to provide an update of the strategic planning initiatives being undertaken by the Centered Spirit Program (CSP), within the Health Services Division of the Pascua Yaqui Tribe for the 2016 thru 2018 calendar years (1/1/2016 to 12/31/2018).

Methodology

The methods used to gather data for this strategic plan have been primarily from in-person meetings with CSP staff, directors of other tribal departments, and directors of outside agencies. Additionally, we have reviewed prior assessments and evaluations, customer and staff satisfaction surveys, financial reports, Claimtrak data, and past Arizona Department of Behavioral Health Services (ADBHS – now merged into Arizona Health Care Cost Containment System, AHCCCS) and Commission on Accreditation of Rehabilitation Facility (CARF) reports. We also incorporated information from those whose support we rely on and without whom CSP would not exist (i.e., the Pascua Yaqui Tribal Council and AHCCCS). This current strategic plan will have been reviewed and edited by CSP managers, with feedback and input from all of CSP staff in the various programs on an ongoing basis. Moreover, each CSP team, plus the management team, takes a day each year to attend a strategic planning and team building event in which we review our specific program goals and objectives, update progress on goals and objectives, and make modifications of objectives. Community members, including clients, are also asked for their feedback during quarterly Community Advisory meetings, and at various other public forums.

Centered Spirit Background Information

Centered Spirit Mission

It is the mission of the Pascua Yaqui Centered Spirit Program (CSP) to provide professional, confidential and culturally compatible behavioral health services to promote healing, personal growth, and healthy living for Pascua Yaqui Tribal members and their families in the communities we serve.

Centered Spirit Philosophy

CSP is dedicated to providing services in an atmosphere of dignity, harmony, and respect for the Yoeme and other Native Americans we serve. We join our clients on their healing journey with a holistic, multi-disciplinary, and person-centered approach. We honor Yoeme and all other tribal cultures uniqueness. We encourage active participation in counseling and open expression of thoughts and feelings. We support our clients in reaching their goals by encouraging healthy lifestyle changes to improve wellness. We honor our clients' spirituality, history, and wisdom.

Centered Spirit Values

- We value the culture and traditions of the Pascua Yaqui Tribe.
- We value our clients and their extended families.
- We value the strength of the circle that includes our various divisions, outside agencies, clients, and their extended families. As the circle becomes stronger, the people are better served.
- We value the integration of Traditional, Alternative, and Western medicine to provide better outcomes for our clients.
- We value education and professional and personal growth opportunities for our employees.

Strategic Planning Process and Mechanisms

The process and mechanisms in which Centered Spirit conducts strategic planning is outlined in this section.

1. Expectations of persons served and those on whose support we rely:

Clients, staff and other stakeholders are surveyed annually in order to receive feedback. We then incorporate that feedback into decision-making and strategic planning. In 2015-2016 we returned to asking for feedback on paper handouts, so responses can be anonymous, then quickly collected and tabulated. Clients are also interviewed and asked for feedback in person. Network providers are visited to evaluate their services and to request feedback about Centered Spirit. Likewise, Network Providers are invited to complete and submit annual provider-specific surveys.

2. The competitive environment:

Limited competition to Centered Spirit Programs is present given that CSP is a Tribal Regional Behavioral Health Authority (TRBHA), thus is the only organization that offers behavioral health services solely to Pascua Yaqui tribal members. CSP is funded primarily via fee-for-service revenue from AHCCCS (Medicaid), from State of Arizona funding, and from grants. We do acknowledge limited grant funding opportunities due to their competitive nature.

3. Financial opportunities and threats -- Pass through rates and balancing needs of the PYT Health Services Division:

Financial opportunities, such as new direct services revenue streams, plus any grants for expansion of services and program development, are evaluated not only for their clinical implications, but also for their financial impact during the planning process. Financial threats are regularly evaluated in meetings with the Health Services Division Executive Director and finance personnel in order to reduce potential risks. Individual supervision meetings with program managers and group management meetings are also used to explore financial opportunities and threats.

One of the major financial threats always involves the budgetary constraints of the federal government, which can ebb and flow depending on the political climate in Washington DC. For example, in 2013 the Tribal budget was reduced by about 7% in preparation for "sequestration" that occurred in Congress. However, the budget changes did not impact services provided to the community members, because the budgets were discussed and adjusted in advance, in order not to impact direct services. The Tribe and the Health Services Division remain vigilant for these kinds of national events.

4. CSP's capabilities:

CSP's capabilities are evaluated through analysis of feedback from PYT community members and other stakeholders regarding the services currently offered, review of community needs, and examination of service types and quantities offered by CSP. Capability is also informed via input gathered directly from staff based on what they directly observe members' needs to be, through direct contact with members.

5. Service area needs assessments via surveys:

A review and analysis of community surveys, consumer satisfaction surveys, member interviews, and input from community members during CSP Advisory Board meetings provide insights into some of the struggles that community members experience. The information gathered informs the need for additional support services.

6. Demographics of the service area:

The demographics of the Pascua Yaqui Tribal service area have not changed significantly over recent years. CSP continues to see between 1300 and 1400 clients a year. However, while the number of clients has remained fairly consistent, the number of services to each of these clients has significantly increased. CSP has staffed programs according to community needs.

7. CSP’s relationships with external departments and contractors:

Surveys and discussion meetings are also used in the evaluation of CSP’s relationship with network providers contracted to provide services in the community. The TRBHA also collaborates with other tribal departments, such as Tribal Social Services, the Tribal Justice Department, Sewa U’usim and Tribal Education (especially Head Start).

8. Arizona’s regulatory and legislative environments:

Arizona’s regulatory and legislative environment may impact the operation of Centered Spirit. A significant change occurred at the beginning of this three year Strategic Planning Process, with the Governor of Arizona eliminating the State Department of Behavioral Health Services and integrating it into AHCCCS. With this change, it required the Pascua Yaqui Health Services Division and the Centered Spirit Program TRBHA to negotiate a new Inter-Governmental Agreement (IGA) with AHCCCS, in full effect on July 1, 2016.

9. The use of technology to support efficient operations, effective service delivery, and performance improvement:

Technology is an ever-evolving part of doing business that includes such things as CSP implementing new Claimtrak clinical documentation, billing software upgrades, and new dosing software. On October 1, 2015 the DSM IV changed to DSM V, and a concurrent change from ICD 9 to ICD 10, which are the national and international health and behavioral health diagnostic coding systems, upon which all treatment and billing systems are based. As a consequence, CSP has had to adapt its electronic health record (EHR) system to reflect these new standards, and teach all the clinical staff the new definitions, codes and software. Further, we have been implementing a new medication module system that will make medication tracking and ordering more efficient.

Portable devices such as iPads and laptop computers continue to play a crucial role in performance improvement. These devices have allowed staff to provide more services outside the office, responsive to community needs and requests.

10. Information from the analysis of performance:

The annual CSP Management Report and its measurement of performance indicators are used to set and develop new or updated goals and priorities in this strategic plan.

The 10 processes and mechanisms briefly described above required additional “fleshing out” in order to fully identify areas of current service excellence, areas of deficiencies and potential growth. Within the context of a CSP Strategic Planning workshop in February, 2016, CSP Management met to complete a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis. The SWOT analysis, with input from all members of the CSP Management Team, gives us a detailed look at what we’re doing well, areas of needed improvement, and barriers against optimal performance.

A composite of both the 10 processes and mechanisms and the SWOT analysis gave clear direction of our strategic planning.

CSP MANAGEMENT TEAM SWOT ANALYSIS (Strengths, Weaknesses, Opportunities and Threats):

STRENGTHS	WEAKNESSES
<p>Upper Management consists of individuals with diverse experience; who bring fresh Ideas; are competent; people with many years of service with PYT, and in Community Mental Health</p> <p>Accredited TRBHA offers ongoing monitoring; provides structure through rules and accountability</p> <p>Offering Tribal specific services by encouraging diversity; awareness of culture; agency offers a variety of modalities</p> <p>Offering more training; more participation; HIPAA training and practice is strong with the confidentiality message reinforced; clinical freedom encouraged</p> <p>Sustainable program via "Fee-For-Service" billing model; Systems of Care plan encourages sustainability</p> <p>Building stronger communication outside of PYT; encourage collaboration with other programs</p> <p>Building sense of unity with employee appreciation events; strong staff benefits; employees working together; team building; personal support by peers and management; creating a family-friendly environment</p> <p>We love working with this Community; there is lots of room for growth and development; unique in how we provide services; many in-house professionals; clients feel good about the services</p>	<p>Poor communication between departments; departments have a tendency to operate in their own silos; need for more updates for whole program</p> <p>More funding for programs and program activities; more funding for salaries</p> <p>Hiring and recruitment has been a challenge; poor online access to Human Resources; delay of hiring approval process; paperwork gets lost; need to advertise more effectively</p> <p>Gossip, internal competition and tensions</p> <p>Clinical capability: Are we making accurate diagnoses and assessments? What are the real issues being addressed?</p> <p>Policies and Procedures are fragmented and out-of-date</p> <p>Lack of aftercare or re-entry facilities for recovery for children and for families. Need apartment complex and other housing options for recovery</p> <p>PYT Community lacks a legal code for involuntary commitment; More coordination with PYT Attorney General's Office needed</p> <p>Transitions in care has poor follow-up and geographically distant programs</p> <p>Gaps in treatment: Need for trauma-informed and dual diagnoses services; Specialized services for ages birth to 8 years (need highly trained specialist)</p> <p>Gaps in services: Poor communication from contracted agencies; lack of resources; need specialized Residential Treatment Centers (RTCs); Need for special providers; outside day treatment options needed</p>

Centered Spirit Program Strategic Plan 2016-2018

OPPORTUNITIES	THREATS
<p>Build relationships and networking with other agencies</p> <p>Advocacy; visibility; being trustworthy: “doing what we say what we do”</p> <p>Personal growth promotes diversity in staff teams; good training; workforce gets better; increased revenue</p> <p>Outreach creates stronger communication with stakeholders; networking improves with other departments</p> <p>Accreditation of health department will allow for more third-party billing</p> <p>Geographic region: We are represented at state boards via Intergovernmental Agreement (IGA); develop relationships with other tribes; Establish presence on federal programs such as Affordable Care Act (ACA), National Association of Healthcare Quality (NAHQ); more funding for tribal programs</p> <p>Use strengths that come from being fully staffed: Have more case managers; increased opportunity to advocate in the community; more and varied services being offered in-house</p> <p>Improved impact on the community: Fewer children removed; fewer drug overdoses</p> <p>Increased training opportunities; assistance with licensing; cross-training staff; increase volunteer pool; bringing people in with unique skills and strengths</p> <p>Growth of Tribal programs: More housing; starting Women’s RTC; case management; Transitional Program; more Intensive Outpatient Programs (IOPs)</p> <p>New buildings for old and new programs, to enhance services already provided</p>	<p>State of Arizona Level, can change rules governing AHCCCS; Tribe is subject to the “whims” of state government; Governor and state legislature limits; AHCCCS enrollment may be limited to 5 years; education; changes at AHCCCS that impact IGA; changes in AHCCCS leadership</p> <p>DEA monitoring of New Beginnings for medications, physical plant, hours of operation, and documentation</p> <p>CARF survey requires review all administrative plans, policies and procedures; charting. Risk of losing accreditation if requirements not met</p> <p>Prevention issues: New Beginnings population is much younger now; prevention efforts are missing something; increase in costs by not having effective prevention programs; increased risks of overdose or early death</p> <p>CSP can be disconnected from Tribal culture and traditions. Must train more native providers; the hiring process is slow and programs get desperate for staff; advertising needed to attract more native providers; Where is CSP advertising? Too much focus on business end of CSP; we can’t lose sight of identity in the midst of technology</p> <p>Lack of staff, especially well-trained staff; no volunteer program, no pool of cross-trained employees to draw from when short-staffed</p> <p>Outside competition: Organizations in Tucson and Phoenix pay better than PYT; low pay causes poor morale; loss of revenue when staff leave</p> <p>Decreased hiring because of lower salaries</p> <p>Loss of staff due to limited opportunities in this agency</p>

CSP Management was able to distill the factors listed in the above SWOT analysis, into clear priorities, with identified goals and staff responsible for implementing those goals.

Centered Spirit Program Strategic Plan 2016- 2018

CSP 2016-2018 Strategic Plan Priorities, Goals, and Responsibilities

Upon review of the collected data and input from this current 2016 fiscal year (10/1/2015 to 9/30/2016), these following strategic goals have been identified as addressing the current needs of the Health Services Division and the Pascua Yaqui Tribal Community:

STRATEGIC CENTERED SPIRIT PROGRAM PRIORITIES	GOALS	STAFF RESPONSIBLE
CARF Re-Accreditation and PHAB Accreditation processes	GOAL 1. Successfully pass the Spring 2017 CARF re-accreditation survey, achieving another three-year accreditation	CSP Management
	GOAL 2. Actively participate in all PYT Health Department PHAB accreditation preparation	Behavioral Health Senior Management
Strengthening communication and sense of community within and between each CSP team	GOAL 3. Enhancing professionalism and mutual respect	All Staff
	GOAL 4. Increase team building activities to improve team cohesion, promote communication, and collaboration	CSP Management
	GOAL 5. Increase collaboration between programs by increasing amount of joint case staffing and clinician-to-clinician consultations	All Clinical Staff CSP Managers
Improving collaboration between CSP and the other Tribal Departments, to offer higher quality services to the PYT community	GOAL 6. Identifying and removing barriers that have made collaboration difficult	CSP and other Tribal Departments
	GOAL 7. Creating or re-establishing systems that make communication between programs more easy	CSP and other Tribal Departments
Enhancing the training of all CSP staff: "Getting even better at what we do"	GOAL 8. Improve awareness and practice of ethics at all levels	All Staff
	GOAL 9. Develop and expand on our staffs' existing clinical, administrative and business expertise to enhance the services we offer to the PYT community	All Staff
	GOAL 10. Increase cultural competency of staff, programs, and services.	CSP Management, Training Coordinator
Recruit and Retain Qualified Staff	Goal 11. Due to Statewide shortages of well-trained licensed clinical professionals, CSP must be more creative in recruiting and retaining staff	CSP Management, Human Resources, Recruitment Specialist
	Goal 12. Increase salaries so they are comparable to local salaries, over a three year period	Health Services Division Executive Director; Behavioral Health Director

From the above picture of priorities, goals, and responsibilities, we are able to inform the Pascua Yaqui community on the current focus and long-term plans of CSP in more detail:

A. CARF re-accreditation and the PHAB accreditation processes:

Current focus: In the spring of 2017, Centered Spirit Program will be resurveyed by CARF International. In August, 2016 a “mock CARF audit” was conducted of all of our programs in preparation for the 2017 site visit; will update and remedy any deficiencies found.

Current focus: CSP is working closely with the Pascua Yaqui Health Services Division on the Public Health Accreditation Board (PHAB) national Public Health Service accreditation process. This also involves many quality improvement (QI) projects that can show distinct progress in specific areas via projects – CSP is actively engaged in this process, with each manager submitting ongoing QI projects.

Long term plan: Successfully being re-accredited by CARF for another three-year period (until 2020) and actively helping the PYT Health Services Division to attain PHAB accreditation;

B. Strengthening communication and sense of community within each of our CSP program teams, and between our CSP teams – for each program team, for the CSP Management team, and for the CSP department as a whole:

Current focus: Enhancing professionalism and mutual respect;

Current focus: Increase team building activities to improve team cohesion, promote communication, and collaboration;

Current focus: Increase collaboration between programs by increasing amount of joint case staffing and clinician to clinician consultations (ex: re-starting the weekly Tribal Multi-Disciplinary Referral (TMDR) meeting and using it to monitor all client referrals);

Long term plan: That as a department, there is a consistent improvement in professionalism, mutual respect, collaboration, cohesion and morale – resulting in friendlier, more stable team environment.

C. Promoting and supporting the training of all CSP staff: “Getting even better at what we do:”

Current focus: Offering staff in-house training in treatment approaches that have been studied extensively and proven effective (e.g., offering more evidence-based trauma and resilience-focused trainings);

Current focus: Send staff to outside trainings and conferences to enhance skills and knowledge (i.e., developing more expertise in our staff to address the more difficult problems in the community);

Current focus: Bringing outside trainers to CSP who can offer specific trainings to enhance staff clinical skills and knowledge;

Current focus: Re-establishing yearly ethics and HIPAA trainings for the whole CSP department; improve awareness and practice of ethics and professionalism at all levels; regularly talking in our staff team meetings about ethical issues that arise in the various treatment situations;

Current focus: Fostering more trust at the program and team levels, so staff feel safer and more supported discussing cases as a team, which also improves skill;

Current focus: Draw on our staff members’ existing clinical, administrative and business expertise to enhance the services we offer to the PYT community;

Current focus: Encouraging staff with diverse interests and areas of strength to build evidence-based clinical training that have shown positive results for clients (e.g., staff on the Child and Family Team are oriented more towards family systems, community-based, and evidence-based trauma work; reviewing policies and procedures of all the treatment teams to make sure the teams have the best professional skills and that we are offering current best practices);

Long term plan: Establishing the CSP TRBHA as a Behavioral Health entity dedicated to, and capable of, providing the consistently highest-quality services to the PYT community, as evidenced by progressively improved outcomes for the people we serve.

D. Recruiting and retaining highly qualified staff:

Current focus: Hiring, retaining and promoting staff that bring strengths, knowledge and experience to positions that have good quality impact and influence on their team and the clients we serve;

Current focus: Due to Statewide shortages of well-trained licensed clinical professionals, we must be more creative in recruiting and retaining staff;

Long term plan: Complete a study of all staff salaries, and recommend a solution to increase salaries so they are comparable to local and statewide salaries over a three-year period.

E. Continue to improve on CSP documentation and billing – at all levels of administration and direct care services:

Current focus: The October 2015 changeover to the new DSM V and international ICD-10 coding systems, to which Claimtrak also had to upgrade its software, has required all staff to learn and adapt to the new software and documentation upgrades throughout 2015-2016;

Current focus: Our Claimtrak specialist has had so many demands placed on time that CSP has decided to cross-train staff who can help him. (e.g., we have tasked our Training Coordinator to work with our Claimtrak billing specialist to be able to incorporate Claimtrak trainings into her training schedule);

Long term plan: Establish and maintain fully-staffed teams with highly trained, competent and compassionate professionals; maintain market equity salaries and benefits to retain staff.

F. Improving and expanding CSP facilities and infrastructure for sustainability:

Current focus: Find ways to utilize existing space more efficiently, for example we moved CSP Administration to a new modular building. This allowed more office space to the Child and Family team in the current building;

Current focus: Expanding current treatment programs: open new Women's RTC off reservation; move Men's PATH to the Tortuga Ranch Tribally-owned property; and open a CSP satellite clinic in Tucson.

Long term plan: Build new CSP building on the PYT reservation to house CSP Tucson outpatient teams.

Allocating Resources to Support Program Priorities

Most of the identified strategic priorities and goals for 2016-2018 do not require money, but do require concerted and focused effort by the CSP management team in a consistent direction. For example, a great deal can be improved through better and more consistent communication with a focus on problem solving, removing obstacles, providing support, improving respect and professionalism.

Current focus: Existing budgets need to be utilized more efficiently and creatively, e.g., staff training, education, and program equipment, supplies and teaching materials;

Current focus: Funding has been initiated by requests for special start-up funding from the Health Services Division to the Tribal Council: Moving the CSP Administration to a new modular building, freeing up much-needed space for the Children and Family Team; creating the new Women's PATH RTC; moving the Men's PATH program from its current location to a new facility located on the Tribally-owned Tortuga Ranch property; leasing office space in Tucson, so that the 30% of the Yaqui community living in Tucson has easier access to services; and funding of the construction of a new CSP facility to house all outpatient and administrative services---all of these services will be sustained by yearly CSP revenues.

Long term plan: Lastly, the most challenging issue we face is in the recruiting, hiring and retaining of quality staff at competitive salaries. It is becoming more difficult in Arizona to hire qualified staff and managers, due to shortages in the numbers of licensed behavioral health professionals. CSP also faces stiff competition from other local agencies that pay better salaries and, therefore, are more attractive to potential hires. We will need to think creatively about how we might boost existing salary structures so that we can compete with other agencies in hiring well-qualified staff. One possibility: Increasing all staff salaries by 10% to 15% in one year, which would bring CSP salaries more in line with current market wages. Other ideas being considered include creating a two-tiered salary structure for "senior" clinicians;

If the Tribe doesn't create a salary increase plan, CSP risks losing high-quality staff to outside agencies who pay more. That loss of staff will be to the detriment of the quality of services offered to the PYT community. We must keep in mind that in recent years the CSP team has not only been consistently meeting revenue targets, but actually bringing in close to twice the targeted amounts of revenue, thus also significantly supporting the Health Services Division. If we reinvest some of that revenue into a one year boost in salaries, this will result in higher staff morale, and boost retention of better qualified staff. It is also important to note that salaries at market equity will attract more highly trained, competent professionals. More qualified staff produce more AHCCCS-billable hours of service, pushing revenues even higher. Investing in our staff salaries is good business.

Accomplishment of Past CSP Goals

The 2014 - 2016 CSP Strategic Plan was not fully implemented, as the then-CSP Behavioral Health Director departed prior to its completion. The current CSP Behavioral Health Director arrived one year ago, and six other program managers are new or moved to new positions within the past 24 months. This Strategic Plan, then, is a fresh opportunity for this new team to develop and implement goals for the CSP program for the next three years and beyond. We have included many of the over-arching strategic priorities from the incomplete 2014 – 2016 document, simply because the issues continue to be relevant. Of note, a number of strategic priorities identified in this current document have been, or are in the process of being, achieved. Annually hereafter, this document will be updated to show what goals have been achieved and, in three years, will be updated to reflect new, emergent priorities and discuss goals achieved.

Review and Approval

The 2016-2018 CSP Strategic Plan, as amended, has been reviewed and is hereby approved.



Executive Health Division Director

4/18/17

Date



Health Division Medical Director

4/18/17

Date