

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

STRATEGIC PLAN

Fiscal Years 2019-2024



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 Minobinwaaszwin- "a Good Life".

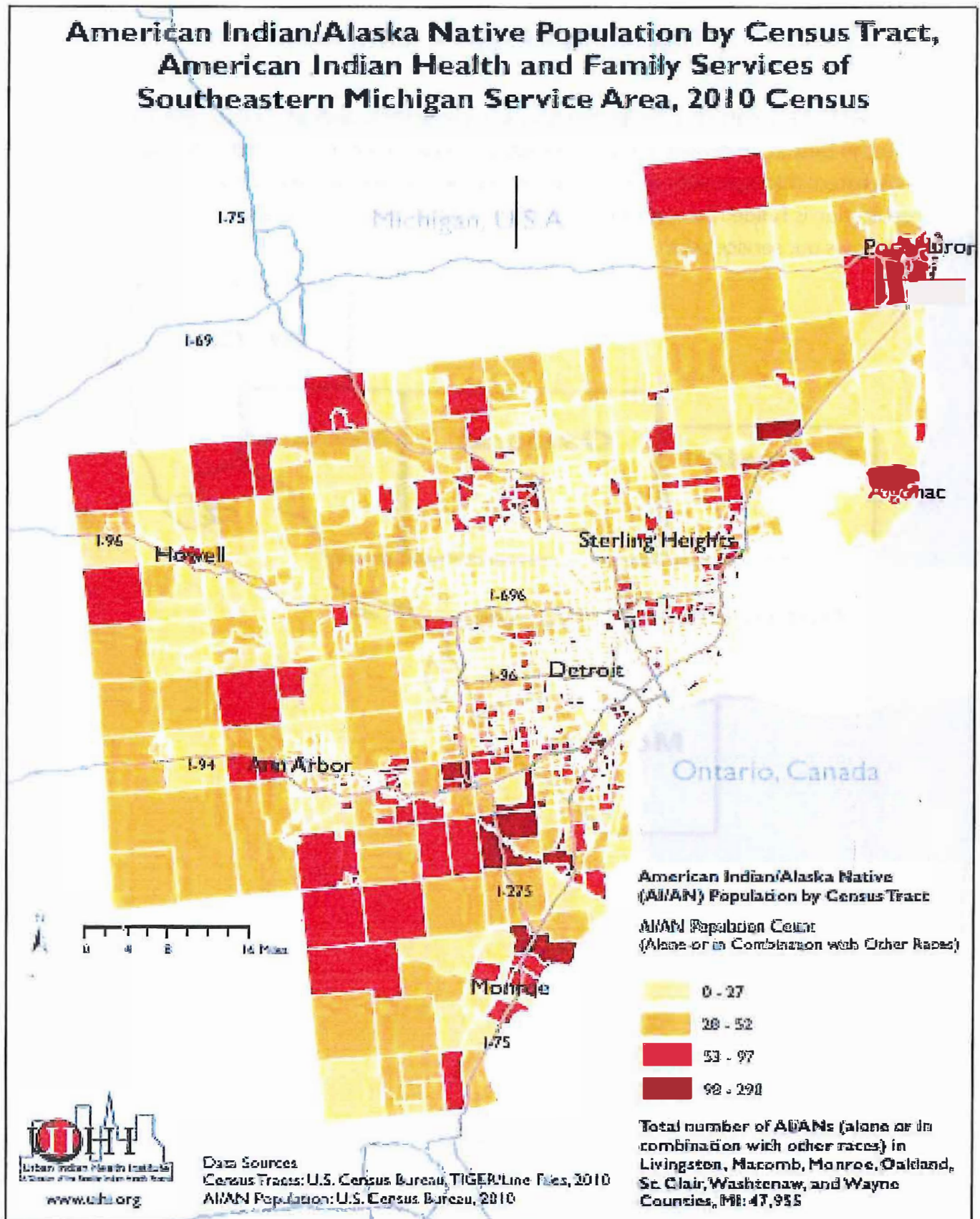
Examples include: Smudging and give thanks before meetings and gatherings

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 public 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 Chief Executive Director and Chairman of the Board



While many of us have given up on making predictions about the future of healthcare, one thing remains clear at American Indian Health and Family Services (AIHFS): Pushing ourselves to advocate for our community. Change is constant, change is inevitable and change is now the new normal. There have been a lot of changes in healthcare in the last few 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.



As we developed our Strategic Plan for the next five years, I am proud to say that this strategic plan involved the hard work of our Board of Directors, Staff, Community Members and our Youth. To everyone that contributed to this process, I want to say “thank you” for your commitment to AIHFS.

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 five 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,

A handwritten signature in black ink, appearing to read 'C. Dial'.

Chasity Dial

Chief Executive Officer

A handwritten signature in black ink, appearing to read 'John Lemire'.

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: Essi Hollier (Muskogee-Creek)

Secretary: Marcia Ryan (Non-Native)

Members at Large:

Stephen James (Eastern Band Cherokee/Mohawk from Kahnawake)

Joanne Sobeck (Chippewa/Sault Ste. Marie)

Donald Lyons (Leech Lake Anishnaabe/Six Nation Mohawk)

Fayelene Locklear (Lumbee Tribe of North Carolina)

George Luckey (Muskogee-Creek)

Steve Erskine (Chippewa/Sault Ste. Marie)

Gerald Health (Moravian Band of the Delaware Nation)

Casey Haam (Non-Native)

Strategic Planning Process

The strategic planning process included input from our community, staff, leadership, and our Board of Directors. We held sessions with both our Men's and Women's groups, Youth group, Staff, and Board of Directors that included a distinctive competencies exercise. We also 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 2019-2024.

The first step was to conduct a formal systemic analysis with the four groups of stakeholders. 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.

| Men/Women Society | Youth Group | Staff | Board of Directors |
|---|---|---|---|
| 1. Spirituality and Traditional Practice 2. Community Gatherings/Group Activities 3. Leadership/Dedicated Staff | 1. Youth Activities 2. Traditional Services/Teachings / Part of Identity/Culture 3. Working with Elders/Community Leaders | 1. Transportation Services 2. Strong Staff Involvement 3. Integration of Culture & Western Medicine | 1. Capital fundraising 2. Expand services 3. Increase revenue |

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, no dental services or 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, changing with funding sources regarding the opportunity to bill for cultural services, 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 government shutdowns, and funding restrictions. 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. 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.

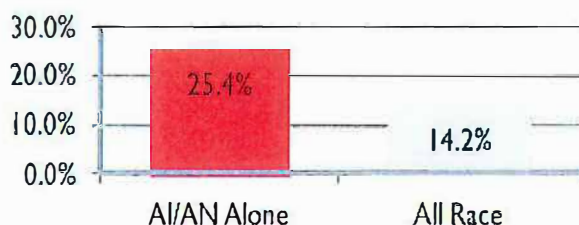
Upon organizational analysis key priorities identified for inclusion in the strategic plan

- Diversify funding resources for sustainability and to fund a new building
- Expand services to include dental and pharmacy
- Create a culture of Quality Improvement
- Enhance AI/AN culturally supportive services
- Increase awareness by utilizing social marketing
- Sustain and/or strengthen a high-functioning efficient workforce
- Expand program services

Environmental Scan/Needs Analysis

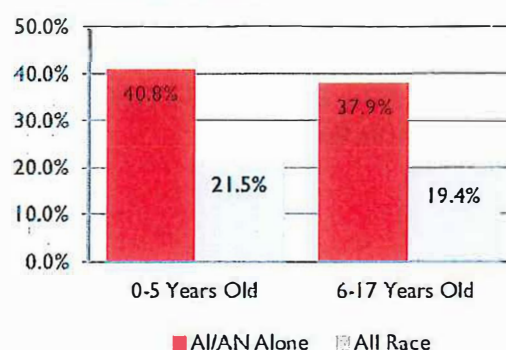
In 2011, a community health profile was created for American Indian Health and Family Services by the Urban Indian Health Institute. This report identified crucial demographic data as well as health data using various data sources. The following graphs and tables represent information that was important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

Figure 5: Income below the federal poverty level, 2005-2009, AIHFS service area*



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

Figure 18: Children in households with income below poverty level, 2005-2009, AIHFS service area



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

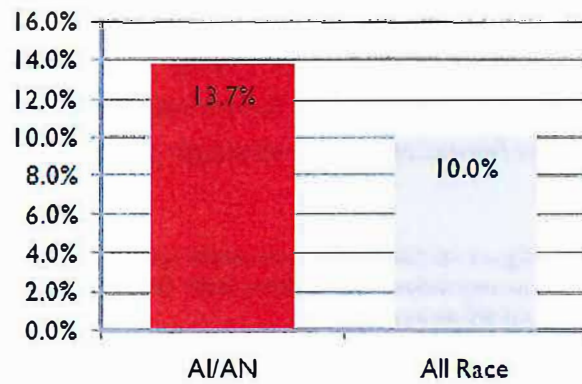
Top Causes of Mortality

Figure 7: Top causes of mortality, 2003-2007, AIHFS service area

| Rank | AI/AN | | All Race | |
|------|-----------------------------------|-----------------------|-----------------------------------|-----------------------|
| | Cause | Rate (per 100,000) | Cause | Rate (per 100,000) |
| 1 | Heart disease | 273.9 | Heart disease | 253.8 |
| 2 | Cancer | 145.7 | Cancer | 192.8 |
| 3 | Chronic lower respiratory disease | 51.2 | Stroke | 46.6 |
| 4 | Stroke | 46.7 | Chronic lower respiratory disease | 39.8 |
| 5 | Diabetes | 38.8 | Unintentional Injury | 29.9 |

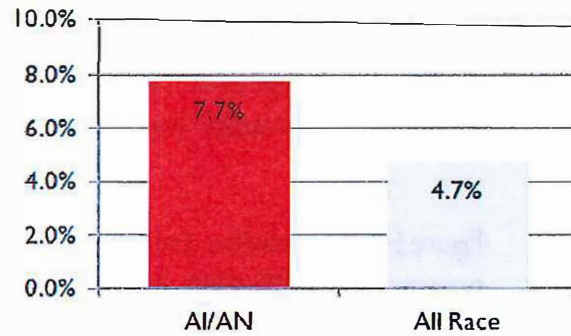
Source: U.S. Center for Health Statistics

Figure 13: Currently has asthma, 2005-2010, AIHFS service area



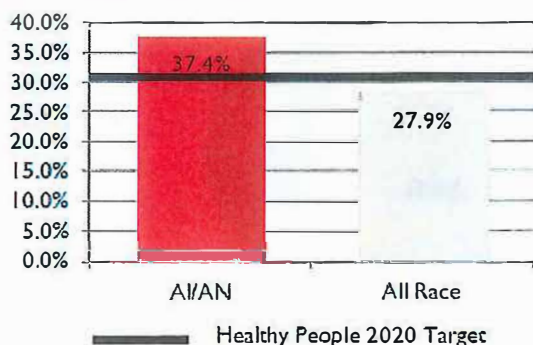
Source: CDC, Behavioral Risk Factor Surveillance System

Figure 14: Ever recieved a diagnosis of coronary heart disease, 2005-2010, AIHFS service area



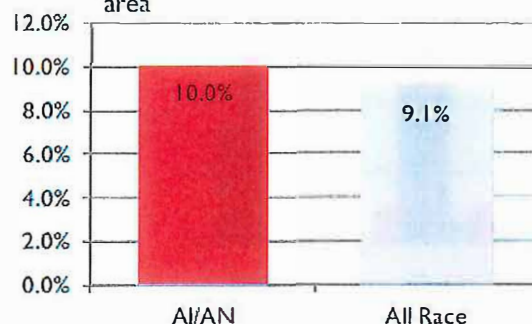
Source: CDC, Behavioral Risk Factor Surveillance System

Figure 16: Currently obese, 2005-2010, AIHFS service area



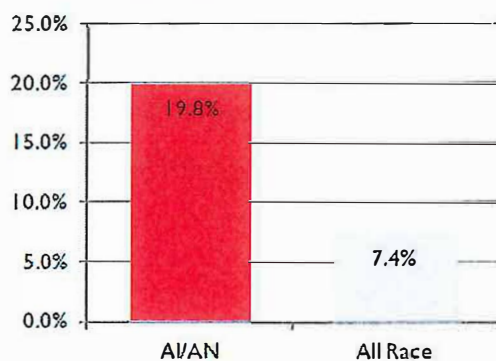
Source: CDC, Behavioral Risk Factor Surveillance System

Figure 17: Ever recieved a diagnosis of diabetes, 2005-2010, AIHFS service area



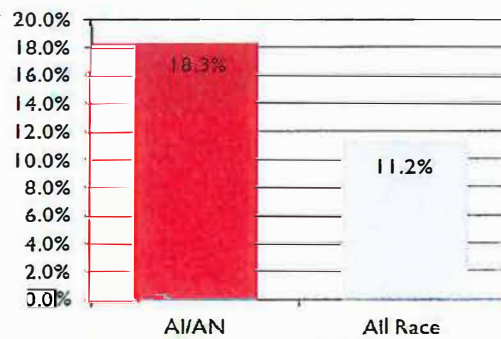
Source: CDC, Behavioral Risk Factor Surveillance System

Figure 24: Rarely/never gets social/emotional support, 2005-2010, AIHFS service area*



Source: CDC, Behavioral Risk Factor Surveillance System

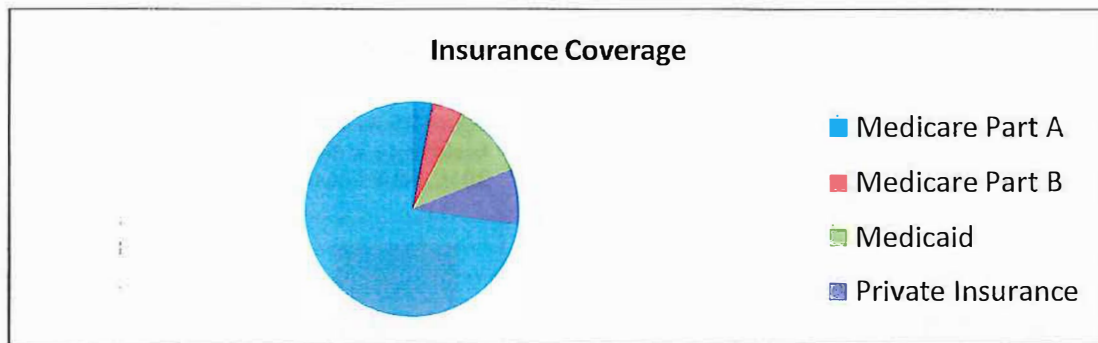
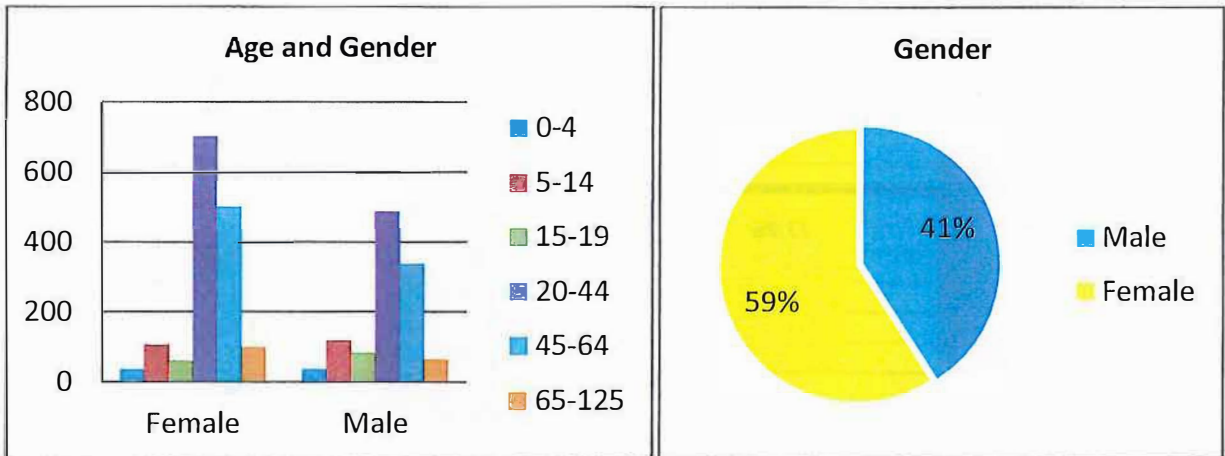
Figure 25: At least 14 poor mental health days in the past 30 days, 2005-2010, AIHFS service area



Source: CDC, Behavioral Risk Factor Surveillance System

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.

At the end of Fiscal Year 2017-2018 there were 1122 active clients who have had at least one medical or behavioral health visit in the last year. The following graphs represent the demographic breakdown of current clients.



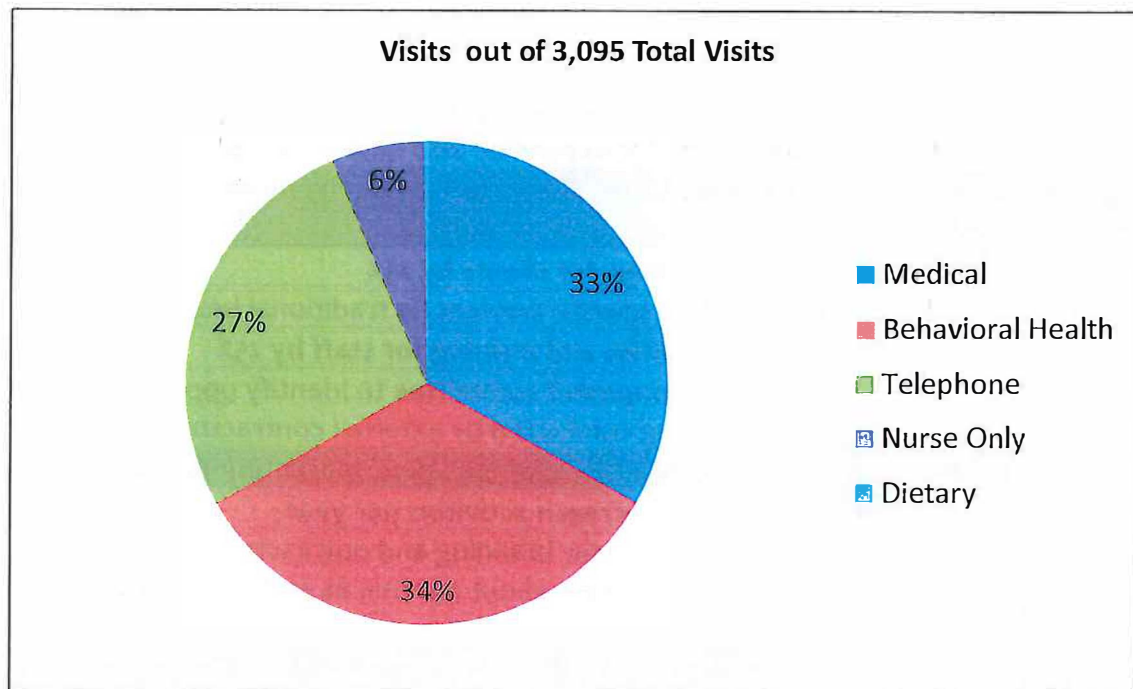
The following graphs represent the services that that were provided by AIHFS in the 2017-18 FY. There is also information about the top requested services that are referred out because they are not available at AIHFS. These identify potential opportunities for the future.

Strategic Plan

2019-2024

| |
|--|
| Goal 1: Diversify Funding Resources for Sustainability and To Fund A New Building |
| Objective 1: Launch capital campaign to raise 7 million for new site |
| Activity 1: Utilize consultant to guide capital campaign Activity 2: Hire a development coordinator Activity 3: Create and utilize a donor database |
| Objective 2: Enhance opportunities related to increase third-party payments by 2% |
| Activity 1: Utilize RN/Case manager to contact clients assigned by insurance and follow-up on quality indicators Activity 2: Identify other billable opportunities (ie transportation, case management) |
| Goal 2: Provide innovative trauma-informed services that meet the needs of the community |
| Objective 1: Explore opportunities to fill existing gaps in care and implement 2 new services |
| Activity 1: Evaluate existing needs assessments Activity 2: Survey existing clients and other community members Activity 3: Explore contractible services |
| Objective 2: Create a culture of Quality Assurance/Quality Improvement by achieving Accreditation |
| Activity 1: Achieve/maintain accreditation through AAAHC/CARF/PCMH Activity 2: Complete at least 2 QI Studies per year |
| Objective 3: Create a plan and timeline for expansion into new building |
| Goal 3: Enhance AI/AN Culturally Supportive Services Provided by American Indian Health and Family Services |
| Objective 1: Increase Cultural opportunities for clients by 25% |
| Activity 1: Offer monthly culture specific services (ie traditional healing/sweat) |
| Objective 2: Increase cultural opportunities and training for staff by 25% |
| Activity 1: Utilize employee development committee to identify opportunities Activity 2: Host an annual training conducted by external contractor |
| Goal 4: Increase Awareness by Utilizing a Coordinated Social Marketing Approach |
| Objective 1: Complete a minimum of 12 outreach activities per year |
| Activity 1: Create a coordinated plan for branding and outreach Activity 2: Continue to educate partners about our role as an Urban Indian Health Program |
| Goal 5: Expand Programs and Services for Youth to Promote Physical, Mental, Social, and Spiritual Wellness |
| Objective 1: Increase Dreamseekers youth programming by 10% of clients, and 25% encounters |

| Top Referrals (Services not provided by AIHFS) | |
|--|-------------------|
| Behavioral Health Referrals | Medical Referrals |
| * Residential Alcohol and Drug Detox/Inpatient Treatment | * Ultrasounds |
| * Psychiatry | * X-rays |
| * In-patient Crisis | * Cardiology |
| * Pervasive Developmental Disorders | * Gynecology |
| * Adults with Traumatic Brain Injuries | * Neurology |
| | * Radiology |
| | * Ophthalmology |
| | * Dental |
| | * Pain Clinic |



| |
|---|
| <p>Activity 1: Increase either the number of days or the number of contacts per week</p> <p>Activity 2: Increase the duration of service</p> <p>Activity 3: Youth will attend all youth focused AIHFS events and other community events such as pow wows</p> |
| Objective 2: Increase pediatric patients by 10% |
| <p>Activity 1: Provide youth specific treatment services</p> <p>Activity 2: Ensure full-time pediatric coverage</p> <p>Activity 3: Improve collaboration between Youth programming in Community Wellness and Medical/BH Services</p> <p>Activity 4: Utilize Pediatric Integrated Care Collaborative to enhance youth services</p> |
| Objective 3: Provide leadership opportunities for youth |
| <p>Activity 1: Utilize Youth Advisory Council to share current and future programming decisions (6 per year)</p> <p>Activity 2: Create a leadership structure within the youth advisory council</p> <p>Activity 3: Provide training opportunities to aid in leadership</p> |
| Goal 6: Sustain and/or Strengthen a high-functioning efficient workforce |
| Objective 1: Ensure that all (100%) employees have opportunities for training and development |
| <p>Activity 1: Each employee will have an annual development plan filed (100%)</p> <p>Activity 2: Creation/utilization of a employee development committee to plan monthly staff activities and other development opportunities (6 activities per year)</p> |
| Objective 2: Improve internal communication |
| <p>Activity 1: Collect Baseline satisfaction regarding internal communication</p> <p>Activity 2: Implement an internal communication plan with input from both staff and leadership</p> |

Programs and Services at American Indian Health and Family Services

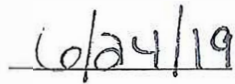
- Medical Services:
 - Family Practice Medical Clinic to include general exams, physicals, well-child checks, chronic disease management and referrals
 - Nutrition Services and Health Education
 - Sexually Transmitted Infections (STI) and HIV testing and referral
 - Cancer screenings (FIT test for colorectal, 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
- 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

Financial Budget

American Indian Health and Family Services operates on an annual budget of nearly 5 million. Our largest funding source comes from IHS (Indian Health Services), however we are highly dependent on grants. As of the 2018-2019 fiscal year, the agency has approximately 20 federal and state grants.



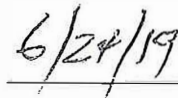
Chasity Dial, MPA
Chief Executive Officer



Date



John Lemire
Chairman of the Board



Date

