

**City of Portsmouth
Department of Behavioral Healthcare Services
Strategic Plan 2017 - 2018**

| STRATEGIC PLAN GOALS/STATEMENTS | ACTION STEPS | RESPONSIBLE STAFF | TARGET DATE UPDATE COMPLETION |
|--|---|---|-------------------------------|
| <p>GOAL I – BUILD STAFF COMPETENCY</p> <p>➤ The department will work at all levels to improve employee performance to provide exceptional quality service.</p> <p>1a. All staff providing clinical services will have a minimum of a CSAC or are licensed LPC/LCSW staff.</p> | <ol style="list-style-type: none"> 1. All staff will submit information for an appropriate supervisor to sign off on if needed for billing. 2. All newly hired Clinical Therapist II must have an LPC, or LCSW license | <p>Program Administrators Clinical Managers</p> | <p>Ongoing</p> |
| <p>1b. By 2017, all employees will have individualized training and clinical developmental plans</p> | <ol style="list-style-type: none"> 1. Develop a professional growth plan template and guidelines for implementation. 2. Train supervisors and staff. 3. Develop and implement plans (update annually). | <p>(Monitors) Quality Assurance Administrator Clinical Managers Clinical Supervisors Utilization Manager</p> | <p>June 2017</p> |
| <p>1c. By 2017, all staff will acquire and maintain appropriate credentialing for the job.</p> | <ol style="list-style-type: none"> 1. Review and revise job descriptions to include appropriate credentialing requirements and review annually. 2. Develop a secure database to identify current employees' credentials, training and other requirements for their positions and update continuously. | <p>Director Personnel Analyst Program Managers Supervisors</p> | <p>July 2017</p> |
| <p>➤ Overall Outcome:</p> <ul style="list-style-type: none"> • Qualified staff to perform licensure clinical services according to CARF and licensure requirements | | | |

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| <p><u>GOAL II – CONSUMER CENTERED CARE</u></p> <p>➤ The department will organize its work and allocate its resources in a way that is centered on the needs of consumers.</p> | <p>Redesign the Central Intake Department for efficiency and effectiveness</p> | <p>(Monitors) Director Management Team</p> | <p>April 2017</p> |
| <p>2a. By 2017, the organizational structure of the agency will be designed to deliver effective, efficient and culturally competent services emphasizing targeted populations.</p> | <p>1. Case Management Services to be provided by nurses coordination and assignments, in addition to Substance Use and Mental Health Case Management (SUCM and MHCM) by July 2017</p> | <p>Director Medication Management Nurse Supervisor Management Team</p> | <p>June 2017</p> |
| <p>2b. Coordinate Discharge Planning based on State mandates from Eastern State and HRRJ</p> | <p>1. MHCM and SUCM will develop needs assessment for Services of Eastern State consumers weekly. Discharge Planning review monthly, meet weekly for coordination of services.</p> | <p>Director (Monitors) Management Team</p> | <p>April 2017</p> |
| <p>2c. Integrate clients into the community in a safe environment</p> | <p>1. Coordination of Discharge Planning at HRRJ and Eastern State weekly</p> | <p>Management Team</p> | <p>May 2017</p> |

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| <p>➤ Overall Outcome:</p> <ul style="list-style-type: none"> • To provide consumer integration into the community and meeting state mandates and keeping stakeholders informed and solicit input. | 2. Develop recommendations regarding services to be provided by DBHS and resources needed. | (Monitor) Leader | April 2017 (Ongoing) |
| | 3. Develop options for organizational structure, identifying strengths and challenges 2017. | Management Team | June 2017 |
| | 4. Distribute to staff, Advisory Board and Other stakeholders for review and comment/input by April 2017. | Management Team | April 2017 |
| | 5. Review input from Nov 2016 to April 2017. | Management Team | |
| | 6. Make final recommendations for organizational structure in June 2017. | Management Team | |
| | 7. Communicate recommendations | Management Team | |
| | <p>GOAL III - CARF COMPLIANCE</p> <p>➤ New Building – ensure all CARF regulations are followed re., building regulations and drills</p> | 1. Review original survey of need assessments and set new CARF goals yearly | (Monitors) Management Team Safety Monitor Clinical Manager |
| 2. Ensure all regulatory specifications are reviewed and properly implemented to keep building in compliance. | | Program Administrator of Substance Use | Ongoing |

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| <p>➤ DBHS will receive CARF accreditation, there have been staff changes and new staff will have to be updated about CARF</p> <p>3a. Develop a CARF matrix with assigned staff, dates, and duties</p> <p>➤ Overall Outcome:</p> <ul style="list-style-type: none"> • To receive a 3 year CARF accreditation while providing person centered and culturally competent services | 1. Train all staff on CARF guidelines and regulations by June 2017. | Director Program Administrator of Substance Use | Complete |
| | 2. Review all DBHS policies annually. | Director | Ongoing |
| | 3. Train program safety monitors to implement Emergency, Health and Safety procedures daily, monthly, quarterly and annually. | QMC Team Safety Committee | Complete |
| | 4. Outcome measures for Outpatient Services | Program Staff | Ongoing Completed for the last three years |
| | 5. Complete an ADA checklist and develop and implement access plan for each DBHS building site. | Program Administrator Supervisors Safety Monitors | Review rescheduled to May 2017 |
| | 6. Substance Abuse Methadone Services maintain CARF accreditation by 2019. | Program Administrator Supervisors DBHS Staff | Ongoing |
| | 7. Maintain CARF accreditation for Methadone Maintenance Services. | Director SU Clinical Manager Clinician Supervisors Program Staff Management Team | Ongoing |
| <p><u>GOAL IV – COMMUNITY INTERGRATION AND ENHANCE CUSTOMER SERVICE</u></p> <p>➤ Strive for excellence, compliance, collaboration cooperation in all programs</p> | 1. Make expectations with State trends performance contract clear to staff | Director Management Team | Ongoing |
| | 2. Increase communication to all staff | Director Management Team | June September December |
| | 3. Develop Newsletter | Staff | June |
| | 4. Quarterly Staff meeting | Staff | September December |

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| <ul style="list-style-type: none"> ➤ DBHS will implement a plan to improve services for consumers and create a more seamless delivery system. DBHS will also looking at gaps i.e., Geriatric and Children Services | <ol style="list-style-type: none"> 1. Redesign the Central Intake Department 2. Management Team to develop needs assessment for Services to the Elderly | <p align="center">(Monitors) Director Management Team Clinical Manager</p> | <p align="center">April 2016 Monitor - Ongoing</p> |
| <ul style="list-style-type: none"> ➤ Develop a plan on how Case Management and MHSB meets the needs of the consumers including nurse case management - Plan due June 1, 2017 | <ol style="list-style-type: none"> 1. Case Management Services to be provided by nurses. | <p align="center">Medication Management Nurse Supervisor</p> | <p align="center">September 2016</p> |
| | <ol style="list-style-type: none"> 2. Rebuild MHSB and Case Management needs coordination | <p align="center">Program Administrator Clinical Managers Clinician Supervisor</p> | <p align="center">September 2016</p> |
| <ul style="list-style-type: none"> ➤ Customer Service training and expectations will be clear to all staff | <ol style="list-style-type: none"> 1. Provide training and prepare random checks | <p align="center">Management Team</p> | <p align="center">Ongoing</p> |
| | <ol style="list-style-type: none"> 2. Quality Assurance Administrator and Administrative staff developing training and clear expectations | <p align="center">Director Quality Assurance Administrator Management Team Fiscal Administrator</p> | <p align="center">Ongoing</p> |
| <ul style="list-style-type: none"> ➤ Overall Outcome: <ul style="list-style-type: none"> • BHS staff will recognize the importance of customer service and placing citizens first | | | |

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| GOAL V – PROGRAM AND STAFF DEVELOPMENT ➤ All staff to be on Relias for yearly Training to ensure compliance of all staff – Develop a plan to ensure compliance | 1. Train staff in Relias System for yearly trainings - Plan on how to coordinate and ensure compliance | Quality Assurance Administrator Personnel Analyst Information Systems Manager | Plan due June 2017 |
| 5a. Compliance and Utilization and Productivity | 1. Check utilization and productivity – Develop a plan to increase productivity and state compliance – Follow up monthly with program | Utilization Manager Clinical Managers Quality Assurance Administrator | Plan due May 15, 2017 |
| 5b. Prepare for ID redesign, ARTS, and CCC Plus | 1. Prepare matrix with goals, assignments, and timelines | Consultant ID Managers and Supervisors | February 2017 Ongoing |
| 5c. All program descriptions and policies should be reviewed and revised | 1. Revised policies should be going to Director for review | Management Team Quality Assurance Administrator Utilization Manager | August September 2017 |
| ➤ Improvement Plan will be developed for all programs and staff not meeting expectations | 1. Plan will be reviews follow up for compliance monthly 2. Noncompliance to be identified and barriers noted 3. Program or staff not in compliance will meet with Director for further action | Management Team Quality Assurance Administrator Utilization Manager | Effective May 2017 Ongoing |
| ➤ All state and regional reports submitted before or on time | 1. Develop triggers for timely submission to state and regional reports | Management Team Fiscal Administrator Information Systems Manager | April 2017 Ongoing |
| ➤ Overall Outcome: • To ensure staff are aware of city, state, and BHS policies, in compliance with mandated trainings, and have plans for continues improvements timely | | | |

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| <p>GOAL VI – MEETING STATE REQUIREMENTS TO BECOME THE “NEW CSB”</p> <p>➤ Overall Outcome:</p> <ul style="list-style-type: none"> • Keeping BHS in the forefront as a stellar CSB | <ol style="list-style-type: none"> 1. Meet the cited guidelines in the Performance Contract 2. Apply for funding for “same day access” and training 3. Pursue additional state assistance grants and training | <p>Assistant Director Management Team Fiscal Administrator Information Systems Manager</p> | <p>Ongoing</p> |
| <p>GOAL VII – MEETING NEW CHALLENGES DUE TO HIGH STATISTICS IN PORTSMOUTH</p> <p>➤ Opioid and suicide intervention and plans</p> | <ol style="list-style-type: none"> 1. Follow up on all TDOs 2. Hire Peer Support Specialist to visit Emergency Department units 3. Establish a Warm Line 4. Follow up with Opiate closely 5. Establish crisis plans for at risk client | <p>Director Clinical Staff Assistant Director ITT Meeting Staff</p> | <p>Ongoing</p> |
| <p>➤ Overall Outcome:</p> <ul style="list-style-type: none"> • Opiate awareness due to overdose and death from opioids • Increase suicide awareness in youth and adults | <ol style="list-style-type: none"> 1. Opioid reduction and awareness 2. Suicide reduction and awareness | | <p>Ongoing</p> |