

BHS Strategic Plan FY17-19

Goal: The provision of culturally-attuned, collaborative, coordinated care for the Bering Strait region.

SERVICE				
Objective 1. Provide sustainable, well-resourced, and necessary services.		Outcomes/ Measures: Collaborative treatment planning More people use appropriate services More people report feeling confident in services and engaged in services Clients have same frequency of/access to services regardless of community		
Strategy /Specifics	Tasks			
1A. Assess and analyze feasibility of services.	1. Determine <i>necessity</i> and <i>readiness</i> of the following services/programs through provider, stakeholder, and client feedback; diagnoses studies; and other data collection to be determined: <ol style="list-style-type: none"> Increased Matrix cohorts, including evening and adolescent groups. Establish a psychiatric medication management team to improve medication management through primary care clinic and PCMH model, pharmacy, and telehealth. Engaging programs and groups for adolescents, including collaboration with schools, Kawerak, and other youth-serving organizations. Provision of a clinical "swing shift" or staggered schedule. Placement of full-time clinician on St. Lawrence Island. 			
1B. Develop and schedule services.	1. Plan for and implement as appropriate the following services determined necessary and ready: <ol style="list-style-type: none"> Suicide Prevention Team Crisis Response and De-Brief Team Dedicated on-call personnel 			
Objective 2. All clients will have the same opportunity for frequency of evidence-based services.		Outcomes/ Measures: Collaborative treatment planning More people use appropriate services More people report feeling confident in services and engaged in services Clients have same frequency of/access to services regardless of community		
Strategy /Specifics	Tasks			
2A. Develop new and strengthen current community collaborations	<ol style="list-style-type: none"> Identify existing collaborations Research needed collaborations Develop a plan to expand role in community Support Nome Reentry Coalition. 			

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2B. Improve medication management.	a. Establish a psychiatric medication management workgroup.
2C. Increase appropriate utilization of services and reduce wait times.	a. Implement centralized scheduling in Nome. b. Explore how to implement centralized scheduling region-wide.
2D. Improve identification of individuals with SMI/SED.	a. Add peer review or case review to regular clinical meetings.
2E. Continue to increase access to clinical services to villages.	a. Increase telehealth services. b. Integrated assessments and treatment plans will be conducted and developed by telehealth prior to on-site clinician visits. c. Itinerate clinician will increase frequency of services for village-based clients via telehealth. d. Increase MATRIX groups in villages. e. Pilot using telehealth to combine village residents in one virtual group. f. Increase coordination between urgent care in Nome and village-based staff for continued care following crisis services.
2F. Increase services to infants, children and families.	a. Explore working with Kawerak as they implement tribal compacting for child protection services to address family treatment needs. b. Develop a MOA between BHS and area schools to allow referrals and exchange of information to address needs of school-age youth.
2G. Increase integration of behavioral health and primary care.	a. Increase staff coverage during expanded clinic hours at primary care clinic. b. Implement depression screening with Community Health Aides to increase referrals to Village Based Counselors.
2H. Enhance behavioral health services delivered through the regional correctional system.	a. Implement clinical and substance use services at Seaside Community Reentry Center. b. Provide ongoing training for correctional staff in behavioral health treatment and prevention services. c. Increase Assess, Plan, Identify and Coordinate (APIC) services for people reentering the community from corrections who have a SMI/SED diagnosis.
2I. Increase provision of rehabilitative services.	a. Increase Clinical Associate and VBC involvement and services in treatment plan. b. Consider creating treatment teams of clinicians and clinical associates.
2J. Increase promotion and provision of FASD referral, assessment, diagnosis, testing and treatment recommendations.	a. Ongoing training for Coordinator. b. Promote program to region-wide providers, parents, school-based social worker. c. Educate school staff and leadership related to necessity to provide services to and adaptations for children affected by FASD. d. Continue to increase referrals to local FASD diagnostic team.
2K. Enhance psychological testing services.	c. Continue to work with medical providers with a single point of contact to coordinate testing and expedite the testing and treatment planning process.
2L. Sustain Alaska Psychology Internship Consortium (AK-PIC) services and staffing levels	d. BHS Leadership Team will provide support for AK-PIC program, as needed.

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2M. Expand prevention activities in every village	<ul style="list-style-type: none"> a. Current village-based prevention activities will be identified for each village and provided in a report to VBC Field Supervisors and BHS Director b. Work with the Kawerak Tribal Family Service Workers to facilitate at least one prevention activity each month in every village. c. Monthly report of prevention activities will be reported to VBC Field Supervisors and BHS Director d. New prevention activities will be identified, discussed, and reflected in the brief meeting notes of the VBC weekly meeting, clinical rounds, or other opportunities to increase prevention activities and provide needed funding. 		2N. Renovation/construction of confidential spaces, including in village clinics.	<ul style="list-style-type: none"> a. BHS Director will continue to strongly advocate for VBC offices in village health clinic buildings to promote client confidentiality, increased telehealth services for clients, greater collaboration for integrated care in villages, and accessibility for clients. b. Identify issues and improve telehealth connectivity between villages and Nome.
Objective 3. All services will be culturally-sensitive and trauma-informed.		Outcomes/ Measures: Collaborative treatment planning More people use appropriate services More people report feeling confident in services and engaged in services Clients have same frequency of/access to services regardless of community		
Strategy /Specifics	Tasks			
3A. Re-development and delivery of Traditional Group	<ul style="list-style-type: none"> a. Model curriculum identified and revised for use in region b. Leadership identified c. Schedule of delivery developed d. Implementation of program 			
3B. Explore ways to address historical trauma and cultural perspectives that affect BHS service delivery.	<ul style="list-style-type: none"> a. Review existing models. b. Identify trainings and dialogues that could be offered to staff, clients, and community members. c. Identify additional ways to incorporate cultural practices, natural settings, and historical context into BHS services, as appropriate. 			

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FINANCE Lead Staff: Lance				
Objective 1. Increase billing for clinical and rehabilitative services.			Outcomes/ Measures: Increased revenue by 15% by June 2018	
Strategy /Specifics	Tasks			
1A. Increase/improve treatment planning collaboration between Clinicians, VBCs, and Clinical Associates	<ul style="list-style-type: none"> a. Involved staff will be included in the treatment planning collaboration to support increased, compliant reimbursement for all appropriate services. b. Establish baseline measure for rehabilitative service utilization and reimbursement. c. Establish procedures for treatment team planning 			
1B. Include all appropriate services into Treatment Plans	<ul style="list-style-type: none"> a. Providers will include all applicable services, which include appropriate services to meet client's expressed service needs, in Treatment plans b. Providers will communicate service needs to other appropriate providers for service implementation. c. Establish baseline measure for all service utilization and reimbursement. 			
1C. Increase timely submission of compliant clinical documentation and billing.	<ul style="list-style-type: none"> a. Providers will submit documentation for the clinical record in accordance with BHS Policies and Procedures to support billed services. b. Improve timely processing of billing by administrative staff. 			
Objective 2. Increase clinical and rehabilitative services through additional revenue sources.			Outcomes/ Measures: Increased enrollment by 15% by June 2017	
Strategy /Specifics	Tasks			
2A. Increase Medicaid enrollment.	<ul style="list-style-type: none"> a. Hire a Benefits Coordinator at BHS 			
2B. Increase funding through grant and foundation resources.	<ul style="list-style-type: none"> a. Annual application for new and existing state, federal, and private foundation support. 			
2C. Assess the impact of statewide changes to Medicaid-funded behavioral health service delivery including implementation of the Administrative Services Organization and the new 1115 for behavioral health services.	<ul style="list-style-type: none"> a. Continue to participate in statewide leadership groups to gather information about statewide changes and impacts. b. Participate in evaluating proposals from Administrative Services Organizations. c. Participate in tribal consultation on the proposed 1115 service array. 			

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2D. Develop Sustainability Plan.	a. Develop a long-term financial plan with financial and resource achievement goals for three years forward

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QUALITY Lead: Kim				
Objective 1. BHS will promote services and access points throughout the region.		Outcomes/ Measures: More people understand how to access services Increased enrollments Improvement in quality measures		
Strategy/Specifics	Tasks			
1A. Maintain comprehensive marketing campaign	<ul style="list-style-type: none"> a. Continue to update and distribute hours of service and where to get help b. Continue to promote on-call access c. Continue to promote Urgent Care and Primary Care Services d. Continue to promote village-based services e. Continue to promote BHS Integrated Services 			
1B. Increase outreach to youth, working with community partners, to increase familiarity and trusting relationships with BHS.	<ul style="list-style-type: none"> a. Explore offering outreach activities at the Nome Youth Facility, Nome Public Schools, Bering Strait School District, Boys and Girls Club, scouts programs, traditional dance and cultural groups, and other youth-serving organizations 			
Objective 2. Enhance competencies of all staff members to ensure they have the skills to provide departmental services and meet community needs.		Outcomes/ Measures: More consumers with appropriate services More trained staff members Identification of current licenses and certificates Increased certification for providers New services offered by qualified providers		
Strategy/Specifics	Tasks			
2A. Increased training opportunities in line with best practices for the region.	<ul style="list-style-type: none"> a. Professional growth (licensure and certification) will be systematically addressed and achieved by staff within timeframes noted by BHS Policy and Procedure. b. Identify staff cross-training needed to ensure services run smoothly during key staff absences. c. Document key procedures in shared manuals and maintain regularly. 			
2B. Implement competency checks through supervision, observed practices, etc.	<ul style="list-style-type: none"> a. Post Tests will be utilized to monitor staff's increased competency levels b. Clinical Supervisors will use Clinical Supervision Forms to plot staff members' individual learning needs and accomplishments c. Designated internal QA staff members will conduct chart audits to assess additional learned competencies in documentation 			

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QUALITY Lead: Kim	
2C. Provide ongoing EHR training.	<ul style="list-style-type: none"> a. Continue Electronic Health Record training for current and new employees b. Continue training for specific sequestered BHS documentation
2D. Provide necessary supervision for staff members preparing for and maintaining licensure.	<ul style="list-style-type: none"> a. Clinical Supervisors will work with providers to identify timelines for licensure preparation. b. Routinely monitor progress towards licensure with provider and document on clinical supervision forms.
2E. Provide timely and appropriate orientation to new staff.	<ul style="list-style-type: none"> a. Schedule BHS orientation at date of hire; work with NSHC HR department to coordinate orientation with full NSHC orientation.
2F. Identify current and needed competencies and build staff competencies, as needed.	<ul style="list-style-type: none"> a. Inventory and review current competencies among staff and identify additional competencies to build. b. Supervisors to work with supervisees to identify and achieve professional development goals for the year, to build additional competencies among staff.
2G. Provide increased administrative supervision in each village through regular visits by VBC Field Supervisors	<ul style="list-style-type: none"> a. VBC Field Supervisors will identify their travel schedule b. VBC Field Supervisors will provide a "trip report" from each village visit to identify village or staff needs and/or program trends
2H. Enhance training, meetings, and other organized staff interactions through advanced technologies.	<ul style="list-style-type: none"> a. Explore using Vidyo with Tandberg machines and implement, where possible b. Utilization of Adobe Connect and other webinar means will be used for trainings as appropriate
2I. Maintain Rural Human Services System educational pipeline.	<ul style="list-style-type: none"> a. Director will re-apply for continuation and competitive grant opportunities to support employees in the RHS program. b. Director will submit all quarterly reports as required.
Objective 3. Maintain accreditation and achieve certification.	
Outcomes/ Measures:	
CARF Accreditation	
Improved BHS systems-process at all levels	
Strategy/Specifics	Tasks
3A. Maintain CARF Accreditation	<ul style="list-style-type: none"> a. Continued training opportunities to understand and maintain CARF standards b. Continued staff training/education as BHS maintains accreditation and implements new procedures and policies based on new standards
3B. Achieve Matrix certification	<ul style="list-style-type: none"> a. Coordinate Matrix certification progress b. Complete preparation for Matrix certification c. Coordinate the site visit

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QUALITY Lead: Kim				
3C. Certify all staff delivering substance use disorder treatment services as Chemical Dependency Counselors.	<ul style="list-style-type: none"> a. VBC field supervisors and clinical supervisors to work with VPCs to gain certification. b. Clinical Associate supervisor to work with Clinical Associates to gain certification. 			
3D. Certify all Village Based Counselors as Behavioral Health Aides.	<ul style="list-style-type: none"> a. VBC field supervisors and clinical supervisors to work with VPCs to gain certification. 			
3E. Gain APA accreditation for the Post-doctoral fellowship in rural health psychology.	<ul style="list-style-type: none"> a. Work with consultant to write program of study and apply for accreditation. 			
Objective 4. Improve quality through collecting feedback from consumers and stakeholders.			Outcomes/ Measures:	
			CARF Accreditation	
			Improved BHS systems-process at all levels	
Strategy/Specifics	Tasks	Resources/ Lead person	Outcome/ Milestone	Status Update
4A. Revise, distribute, collect, and analyze key partner and consumer surveys.	<ul style="list-style-type: none"> a. Revise survey tool for electronic use. b. Analyze findings c. Distribute data related to partner surveys as applicable d. Maintain survey findings 			
4B. Track and analyze outcomes to inform services.	<ul style="list-style-type: none"> a. Quarterly meetings to analyze Performance Plan and Report data and adjust services as needed. 			

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PEOPLE Lead: Lance				
Objective 1. Increase staff to provide a greater array of services in the region.		Outcomes/Measures:		
Strategy /Specifics	Tasks			
1A. Increase number of VBCs in villages where there is identified need, e.g., high caseloads, multiple roles for Field Supervisors, etc.	<ul style="list-style-type: none"> a. Add an itinerate VBC to provide additional support in times of crisis or other high need. b. Submit Position Description and budgetary support to Human Resources for position development/approval c. Recruit qualified staff 			
1B. Recruit and retain appropriate number of clinical providers to meet service demands.	<ul style="list-style-type: none"> a. Submit Position Description and budgetary support to Human Resources for new position description/approval b. Recruit qualified staff c. Advocate for merit, cost of living increases, and housing stipends. d. Create opportunities to recognize staff members and value staff contributions and skills. e. Maintain the AK-PIC workforce development pipeline. 			
1C. Hire a trained and designated MATRIX Coordinator and Facilitation Staff	<ul style="list-style-type: none"> a. Submit Position Description and budgetary support to Human Resources for position description/approval b. Recruit qualified staff 			
Objective 2. All BHS staff members will have opportunities for group and/or individual self-care.		Outcomes/ Measures: Less missed work days Higher staff member retention		
Strategy/Specifics	Tasks			
2A. Continue to research, maintain, and implement as possible self-care opportunities	<ul style="list-style-type: none"> a. Provide information about BHS's employee health counseling service to staff and place in BHS Policy and Procedure b. Promote self-care and create opportunities to address secondary trauma related to job stress to promote wellness and decrease staff burnout. c. Integrate wellness opportunities into regular meetings to show gratitude to staff. 			

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GROWTH Leads: Josie and Elvina				
Objective 1. Build capacity at the village-level to expand services.		Outcomes/ Measures:		
Strategy /Specifics	Tasks			
1A. Improve telehealth capabilities and other technological infrastructure in every village office.	<ul style="list-style-type: none"> a. Monitor changes to bandwidth capacity with new fiber optic cable connections to improve connectivity between sites. b. Director will monitor planning for village clinic renovations and/or new building to advocate for VBC office on-site c. In interim, director will collaborate with VHS Director and staff to implement access for BHS staff and clients in established clinic sites 			
1B. Use the BHA Medicaid State Plan amendment to increase access to and revenue from village-based services.	<ul style="list-style-type: none"> a. Monitor changes to Medicaid regulations and State Plan for billing, documentation, and supervision requirements. b. Develop and implement training modules for BHAs. 			
Objective 2. NSHC will offer a full continuum of care informed by traditional modalities.		Outcomes/ Measures:		
		Clients enrolled in new facility		
Strategy /Specifics	Tasks			
2A. Use Camp Nuuk for culturally-based services.	<ul style="list-style-type: none"> a. Renovate Camp Nuuk. b. Develop a schedule of services and programs and begin use. 			
2B. Development and operation of Wellness Center	<ul style="list-style-type: none"> a. Director and Planner will participate in design and planning meeting for Wellness and Training Center and report in Liitfik Planning Team meeting minutes b. Information will be prepared to educate stakeholders, funders, and communities about facility's planning and design c. Liitfik's Cultural Committee will have a guiding role in center's treatment program; information documented in meeting minutes d. Director and Planner will provide information to corporate leadership whenever necessary to support progress, funding, or sustainability e. Secure capital funding and sustainable operational support. 			