

BHS STRATEGIC PLAN FY20-23

Norton Sound Health Corporation (NSHC) serves the entire Norton Sound region comprised of 15 remote villages and the hub community of Nome. This tribal corporation operates the only hospital and Behavioral Health Services (BHS) in the region and collaborates with committed prevention partners including 20 tribes in its 15 member villages and various agencies, including Kawerak, Inc., Alaska Native Tribal Health Consortium, and the Bering Strait School District.





The Norton Sound region covers 24,000 square miles and is the ninth largest geographic area in the state. It is home to 1.5% of Alaska's population, 79.9% of whom are Alaska Natives from three linguistic and cultural groups: Inupiat, Central Yup'ik, and Siberian Yupik. Population total of those 18 and under is 3,259 (2010 US Census Bureau) with a total population of 9,492.

Nome serves as the hub for the 15 surrounding villages, is home to 3,600 people (2010 US Census), and is only accessible by plane. The community is 58.7% Alaska Native (AN). The population in the villages of the region is primarily AN. Villages are: Brevig Mission, Wales, Teller, Shishmaref, Shaktoolik, Unalakleet, Elim, Koyuk, Golovin, White Mountain, Diomedede, Stebbins, St. Michael, Savoonga, and Gambell.

BHS provides diverse substance use and mental health services for adults, children, and adolescents in an outpatient setting within a culturally-sensitive milieu. Services include: outpatient mental health services, psychological testing, outpatient substance use disorder services, itinerant clinical services provided for people living within the outlying villages, and village-based counseling programs offering first-line rehabilitative and crisis stabilization services through community-based paraprofessionals.

BHS program strategies are revised annually to ensure the needs of the people, stakeholders, and providers are met. The following plan incorporates goals, objectives, and tasks for through October 2023.

Understanding a Strategic Plan is a living document projected across several years, certain strategies may take priority over others at any given time based on demand or environment. For those utilizing and/or reading this Plan, a color system is utilized to designate priority attention. Below is the key to understanding the meaning behind each:

-  High Priority Attention
-  Medium Priority
-  Low Priority
-  Not Prioritized

Colors may change at any time as updates are made to the Plan.

BHS Strategic Plan FY20-23

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

SERVICE Leads: Barry, Vicky, and Lindsey	
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.	<ol style="list-style-type: none"> 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"> a. Increased IOP cohorts, including evening and adolescent groups. b. Establish a psychiatric medication management team to improve medication management through primary care clinic, pharmacy, and telehealth. c. Engaging programs and groups for adolescents, including collaboration with schools, Kawerak, and other youth-serving organizations. d. Provision of a clinical "swing shift" or staggered schedule, re: IOP and PHP e. Placement of full-time clinician on St. Lawrence Island. f. Residential Treatment. g. Psychiatric Unit. h. Transitional Housing for SMI/SED/SUD, Youth/Adolescents. i. Permanent Housing for SMI. j. Establish additional group/individual programs for SMI.

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SERVICE Leads: Barry, Vicky, and Lindsey	
1B. Develop and schedule services.	<ol style="list-style-type: none"> 1. Plan for and implement as appropriate the following services determined necessary and ready: <ol style="list-style-type: none"> a. Suicide Prevention Team b. Crisis Response and De-Brief Team c. Dedicated on-call personnel d. Wellness Center Services, i.e. IOP, PHP, Detox
Objective 2. Increase/enhance treatment and services opportunities to meet the needs of the region.	<p>Outcomes/ Measures:</p> <ul style="list-style-type: none"> 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"> a. Identify existing collaborations b. Research needed collaborations c. Develop a plan to expand role in community d. Support Nome Reentry Coalition.
2B. Support Psychiatric Services.	<ol style="list-style-type: none"> a. Coordinate care with NSHC Medical Psychiatric Team.
2C. Increase appropriate utilization of services and reduce wait times.	<ol style="list-style-type: none"> a. Implement centralized scheduling in Nome. b. Explore how to implement centralized scheduling region-wide. c. Implement Same Day Services Strategy d. Provide Check-in Services
2D. Improve identification of individuals with SMI/SED.	<ol style="list-style-type: none"> a. Implement peer review and/or case review meetings. b. Increase Didactic/Training opportunities for providers, e.g. DSM-V, Case Conceptualization
2E. Continue to increase access to clinical services to villages.	<ol style="list-style-type: none"> 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.

BHS Strategic Plan FY20-23

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	<ul style="list-style-type: none"> d. Increase treatment 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.	<ul style="list-style-type: none"> a. Develop a MOA between BHS and area schools to allow referrals and exchange of information to address needs of school-age youth. b. Increase prevention/family activities in villages through VBCs c. Expand scope of Director of CYS d. Implement a Parenting Group in all communities e. Maintain MOA with Nome Community Center for services for Nome Children’s Home f. Maintain support for CAC services/needs 	
2G. Increase integration of behavioral health and primary care.	<ul style="list-style-type: none"> 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. c. Implement SBIRT screenings for those scoring on the Depression Screener for the substance question. d. Implement OUD Multi-disciplinary Management Review Group to collaborate on patient care. e. Implement and sustain Multi-disciplinary Pain Management group for those on pain medications to monitor use, effectiveness, and signs of abuse. f. Refer to MAT for any patient screening positively for misuse. Monitor MAT patients through OUD and Pain Teams. g. Increase collaborative training on screeners, SBIRTs, referrals 	
2H. Enhance behavioral health services delivered through the regional correctional system.	<ul style="list-style-type: none"> 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. Collaborate with DOC medical staff at AMCC to educate offenders on and offer MAT services for those screened for potential need. d. Collaborate with Seaside correctional staff members to educate offenders on and refer to on-site Behavioral Health provider for MAT services as appropriate. e. Maintain reentry services through a Reentry Coordinator f. Follow reentrants who are homeless and provide resource opportunities for establishing permanent shelter 	
2I. Increase provision of rehabilitative services.	<ul style="list-style-type: none"> a. Increase Clinical Associate and VBC involvement and services in treatment plan. b. Implement Check-in Services P&P to foster increased collaboration between Directing Clinician and CA/VBC. 	
2J. Increase promotion and provision of FASD referral, assessment, diagnosis, testing and treatment recommendations.	<ul style="list-style-type: none"> a. Ongoing training for Coordinator. b. Secure permanent FASD Diagnostic Team. c. Promote program to region-wide providers, parents, school-based social worker. d. Educate school staff and leadership related to necessity to provide services to and adaptations for children affected by FASD. e. Continue to increase referrals to local FASD diagnostic team. 	

BHS Strategic Plan FY20-23

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2K. Enhance psychological testing services.	<ul style="list-style-type: none"> a. Continue to work with medical providers with a single point of contact to coordinate testing and expedite the testing and treatment planning process. b. Develop system/resources/policy for decreasing wait times for testing. 	
2L. Sustain Alaska Psychology Internship Consortium (AK-PIC) and Post Doctoral Fellowship services and staffing levels	<ul style="list-style-type: none"> a. BHS Leadership Team will provide support for AK-PIC program, as needed. b. Maintain a budget for a Post Doctoral Fellowship 	
2M. Expand prevention activities in every village	<ul style="list-style-type: none"> a. Weekly report of prevention activities will be reported to VBC Field Supervisors and BHS Director. b. Support training of CHAs in use of Depression Screener and CHAs and VBCs in use of SBIRT. c. Train VBCs on use of MAT services and referral processes for clients who may be in need. 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. e. Coordinate programming with Prevention Department at NSHC f. Partner with other agencies, schools to offer activities 	
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 advocate for improvement of telehealth connectivity between villages and Nome. 	
2O. Maintain safe shelter/housing for homeless and others	<ul style="list-style-type: none"> a. Find permanent facility for Day Shelter b. Hire adequate number of Shelter Recovery Coaches c. Create annual budget for operations 	
2P. Implement 1115 Services	<ul style="list-style-type: none"> a. Understand and host Didactics on 1115 Waiver regulations b. Revise documentation to reflect new services c. Get all providers approved as QAPs and by Conduent for billing d. Maintain an 1115 Learning Co-op e. Train providers f. Work with PFS for info on new billing codes g. Promote new services 	
2Q. Attend state and tribal meetings to network with other providers for joint advocacy and collaboration	<ul style="list-style-type: none"> a. Attend TBHD, ABHA, Trust meetings b. Participate in state trainings re: 1115 services c. Work with legislative consultant to identify supports for new services 	
Objective 3. All services will be culturally-sensitive and trauma-informed.	Outcomes/ Measures:	
		Collaborative treatment planning More people use appropriate services

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SERVICE Leads: Barry, Vicky, and Lindsey	
Strategy /Specifics	Tasks
	<p>More people report feeling confident in services and engaged in services</p> <p>Clients have same frequency of/access to services regardless of community</p>
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. d. Utilize Cultural Committee to inform programming/services

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FINANCE Lead Staff: Lance	
Objective 1. Increase billing for clinical and rehabilitative services.	Outcomes/ Measures: Increased revenue by 10% by October 2020 Result = No Increased revenue by 10% by October 2021 Result = Increased revenue by 10% by October 2022 Result = Increased revenue by 10% by October 2023 Result =
Strategy /Specifics	Tasks
1A. Increase/improve treatment planning collaboration between Clinicians, VBCs, and Clinical Associates	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.
1B. Include all appropriate services into Treatment Plans	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.	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.
1D. Increase revenue opportunities at PCC and clinics	a. Implement SBIRT at PCC and submit billing note on Behavioral Health side. b. Have BHAs provide HPG services and submit billable notes on the medical side.
Objective 2. Increase clinical and rehabilitative services through additional revenue sources.	Outcomes/ Measures: Increased enrollment by 15% by June 2020 Result = No Increased enrollment by 15% by June 2021 Result = Increased enrollment by 15% by June 2022 Result = Increased enrollment by 15% by June 2020 Result =
Strategy /Specifics	Tasks
2A. Increase Medicaid enrollment.	a. Hire a Benefits Coordinator at BHS
2B. Increase funding through grant and foundation resources.	a. Annual application for new and existing state, federal, and private foundation support.

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FINANCE Lead Staff: Lance					7
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. 				
2D. Develop Sustainability Plan.	<ul style="list-style-type: none"> 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	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 f. Explore use of PR Firm to develop a regional campaign
1B. Increase outreach to youth, working with community partners, to increase familiarity and trusting relationships with BHS.	a. Explore offering outreach activities at 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.	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.

BHS Strategic Plan FY20-23

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QUALITY Lead: Kim		9
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 d. Implement Case Review meetings/sessions 	
2C. Provide ongoing EHR training.	<ul style="list-style-type: none"> a. Continue Electronic Health Record training for new employees b. Continue training for specific sequestered BHS documentation c. Continue training on updated forms in EHR 	
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. c. Continue support of HealthStream activities and request needed trainings 	
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. Utilize various telehealth platforms and implement, where possible b. Utilization of web platforms 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

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QUALITY Lead: Kim	
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. Explore CARF ASAM certification	<ul style="list-style-type: none"> a. Coordinate Matrix certification progress b. Complete preparation for Matrix certification c. Coordinate the site visit
3C. Certify all staff delivering substance use disorder treatment services as Qualified Addictions Professionals	<ul style="list-style-type: none"> a. VBC field supervisors and clinical supervisors to work with VBCs to gain a minimum of BHA II certification. b. Clinical Associate supervisor to work with Clinical Associates to gain a minimum of CDC II or BHA II 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 VBCs 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
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: Adequate numbers of VBCs employed Clinical Director overseeing all clinical services Healthier and resilient staff members
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. f. Hire qualified providers for new 1115 services.
1C. Hire a Clinical Director	<ul style="list-style-type: none"> a. Submit Position Description and budgetary support to Human Resources for position description/approval b. Recruit qualified staff
1D. Explore need for VBC Director of Services	<ul style="list-style-type: none"> a. Develop role for a VBC Director of Services that does not impinge on VBC Field Supervisors b. Bring details to CO of CHS
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, Elvina, and Vicky	
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 HPG Codes allowing BHAs to bill under the Health Providers Group 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. c. Train BHAs to bill under the HPG model.
1C. Increase number of Substance Use Assessments delivered by VBCs in the field.	<ul style="list-style-type: none"> a. Develop P&P for implementation of increased SUD assessments through local AND distance deliveries b. Increase training and competencies among VBCs to provide service
1D. Develop Parenting and other groups to support individual and family needs.	<ul style="list-style-type: none"> a. Partner with stakeholders to ascertain greatest needs b. Develop schedule and resources for delivery of services c. Secure a curriculum that could be used in programming
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

BHS Strategic Plan FY20-23

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GROWTH Leads: Josie, Elvina, and Vicky

e. Secure capital funding and sustainable operational support.