

**City of Portsmouth  
Department of Behavioral Healthcare Services  
Strategic Plan 2019 – 2020**

STRATEGIC PLAN GOALS/STATEMENTS	ACTION STEPS	RESPONSIBLE STAFF	TARGET DATE UPDATE COMPLETION
<p><b>GOAL I – BUILD STAFF COMPETENCY</b></p> <p>➤ <b>The department will work at all levels to improve employee performance to provide exceptional quality service.</b></p> <p><b>1a. All staff providing clinical services will have a minimum of a CSAC or are licensed LPC/LCSW staff.</b></p>	<ol style="list-style-type: none"> <li>All staff will submit timely information for an appropriate supervisor to sign off on if needed for billing to include holistic goals and improvement.</li> <li>All newly hired Clinical Therapist II must have an LPC, or LCSW license</li> <li>All Case Managers are QMHP – A/C</li> </ol>	<p>Program Administrators Clinical Managers</p>	<p><b>Ongoing</b></p> <p><b>December 2018</b></p>
<p><b>1b. All new employees will have individualized training and clinical developmental plans</b></p>	<ol style="list-style-type: none"> <li>Develop a professional growth plan template and guidelines for implementation staff need to know the productivity goals</li> <li>Train supervisors and staff on medical necessity</li> <li>Develop and implement plans (update annually).</li> </ol>	<p><b>(Monitors)</b> Quality Assurance Administrator Clinical Managers Clinical Supervisors Utilization Manager</p>	<p><b>Ongoing</b></p>
<p><b>1c. To hire additional staff for State compliance</b></p>	<ol style="list-style-type: none"> <li>Review and revise job descriptions to include appropriate credentialing requirements and review annually.</li> <li>Develop a secure database to identify current employees' credentials, training and other requirements for their positions and update continuously. (Training Annual Logs)</li> <li>To hire staff for STEP-VA</li> </ol>	<p>Director Personnel Analyst Program Managers Supervisors Human Resource</p> <p>Management Therapist and Nurses</p>	<p><b>August 2018</b></p> <p><b>Ongoing</b></p>
<p><b>Overall Outcome:</b></p> <ul style="list-style-type: none"> <li><b>Qualified staff to perform licensure clinical services according to CARF, licensure requirements and to meet State and SDA mandates</b></li> </ul>			

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<p><b>GOAL II – CONSUMER CENTERED CARE</b></p> <p>➤ <b>The department will organize its work and allocate its resources in a way that is centered on the needs of consumers and to meet STEP-VA compliance</b></p>	<ol style="list-style-type: none"> <li>1. Redesign the Central Intake Department for efficiency and effectiveness – use for Same Day Access model required by State and for STEP-VA compliance</li> <li>2. To assign consumers within 14 days</li> </ol>	<p>(Monitors)</p> <p>Director Management Team</p>	<p>Oct 2018</p> <p><b>STEP-VA 2021</b></p>
<p><b>2a. By 2019, the organizational structure of the agency will be designed to deliver effective, efficient and culturally competent services emphasizing targeted populations.</b></p>		<p>Director Management Team</p>	<p><b>Sept 2018</b></p>
<p><b>2b. Coordinate Discharge Planning based on State mandates from Eastern State and HRRJ and to divert for Eastern State with peer support and interventions</b></p>	<ol style="list-style-type: none"> <li>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.</li> <li>2. To increase support after discharge <ol style="list-style-type: none"> <li>a. Increase interventions and communication</li> <li>b. To hire additional Peers to use in Central Intake, hospitals, jails and Eastern State</li> </ol> </li> </ol>	<p>Director</p> <p>(Monitors) Management Team</p>	<p><b>Sept 2018</b></p>
<p><b>2c. Integrate clients into the community in a safe environment.</b></p> <ul style="list-style-type: none"> <li>○ Provide additional support once discharge</li> <li>○ Provide Warm Line if in crisis</li> <li>○ Work with HRRJ to have a seamless transition into services to prevent additional crime</li> </ul>	<ol style="list-style-type: none"> <li>1. Coordination of Discharge Planning at HRRJ and Eastern State weekly</li> <li>2. Prepare out-of-the-box plans to reduce no show rate and develop incentives</li> <li>3. Use Peers for welcoming and check-in</li> <li>4. To hire Peers and Case Managers to be posted at the jail to increase stabilization</li> </ol>	<p>Coordination by Management Team Peer Support Case Management</p> <p>Director Managers</p>	<p><b>Sept 2018</b></p> <p><b>2018 – 2019 Ongoing</b></p>

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<p>➤ <b>Overall Outcome:</b></p> <ul style="list-style-type: none"> <li>• <b>To provide consumer integration into the community and meeting state mandates and keeping stakeholders informed and solicit input.</b></li> </ul>	1. Develop recommendations regarding services to be provided by DBHS and resources needed.	(Monitor) Leader	<b>August 2018 (Ongoing)</b>
	2. Develop options for organizational structure, identifying strengths and challenges from survey and data	Management Team	<b>Ongoing</b>
	3. Distribute to staff, Advisory Board and Other stakeholders for review and comment/input by Aug 2018.	Management Team	<b>Ongoing</b>
	4. Newsletters, surveys to gather data for quality improvement	Management Team	
	5. Make final recommendations for organizational structure in June 2018.	Management Team	
	6. Communicate recommendations from All Staff meetings	Management Team	
<p><b>GOAL III - CARF COMPLIANCE</b></p> <p>➤ <b>Ensure all CARF regulations are followed re., building regulations and drills</b></p> <ul style="list-style-type: none"> <li>○ <b>Needed audits</b></li> <li>○ <b>Training implemented</b></li> <li>○ <b>Clinical and Medical Compliance</b></li> </ul>	<p>1. Review original survey of need assessments and set new CARF goals yearly</p> <p>2. Develop CARF Committee</p>	<p><b>(Monitors)</b> Management Team Safety Monitor Clinical Manager</p>	<b>Ongoing (Annual Review)</b>
<p>3. Ensure all regulatory specifications are reviewed and properly implemented to keep building in compliance.</p> <p>4. Develop and update CARF matrix yearly</p> <p>5. Adhere to CARF medical and annual standards</p>	<p>Program Administrator of Substance Use CARF Committee</p>	<b>Ongoing (Annual Update)</b>	

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<p>➤ <b>DBHS will receive CARF accreditation, there have been staff changes and new staff will have to be updated about CARF</b></p> <p><b>3a. Develop a CARF matrix with assigned staff, dates, and duties</b></p> <p>➤ <b>Overall Outcome:</b></p> <ul style="list-style-type: none"> <li>• <b>To receive a 3 year CARF accreditation while providing person centered and culturally competent services</b></li> </ul>	1. Train all staff on CARF guidelines and regulations annually.	Director Program Administrator of Substance Use	<b>Ongoing</b>
	2. Review all DBHS and city policies annually and update as needed.	Director	<b>Ongoing</b>
	3. Train program safety monitors to implement Emergency, Health and Safety procedures daily, monthly, quarterly and annually.	QMC Team Safety Committee	<b>Complete</b>
	4. Outcome measures for Outpatient Services	Program Staff	<b>Ongoing Completed for the last three years</b>
	5. Complete an ADA checklist and develop and implement access plan for each DBHS building site.	Program Administrator Supervisors Safety Monitors	
	6. Substance Abuse Methadone Services maintain CARF accreditation by 2019.	Program Administrator Supervisors DBHS Staff	<b>Ongoing</b>
	7. Maintain CARF accreditation for Methadone Maintenance Services.	Director SU Clinical Manager Clinician Supervisors Program Staff Management Team	<b>Ongoing</b>
<p><b>GOAL IV – COMMUNITY INTERGRATION AND ENHANCE CUSTOMER SERVICE</b></p> <p>➤ <b>Strive for excellence, compliance, collaboration cooperation in all programs</b></p> <p>➤ <b>Adhere to State, MCO, DMAS and CARF Standards</b></p>	1. Make expectations with State trends performance contract clear to staff	Director Management Team	<b>Ongoing</b>
2. Increase communication to all staff	Director Management Team	<b>June September December</b>	
3. Develop Newsletter and DBHS Champions to build morale	Staff	<b>June 2018</b>	
4. Quarterly Staff meeting	Staff	<b>July 2018 Ongoing</b>	

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<ul style="list-style-type: none"> <li>➤ 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., and what programs are not progressing and provide supervision and audits</li> <li>➤ Continue to meet requirements for DD/ID services.</li> </ul>	<ol style="list-style-type: none"> <li>1. Redesign the Central Intake Department</li> <li>2. Hire more clinical supervision</li> <li>3. DBHS supervisors need increasing to meet mandates</li> <li>4. Increase hiring Peers</li> <li>5. Meet all State and Medicaid requirements for all services</li> <li>6. Develop and follow Part C Improvement Plan</li> <li>7. Increase the SHOP participants</li> <li>8. Attend State meetings to work on WAMs</li> </ol>	<p style="text-align: center;"><b>(Monitors)</b> Director Management Team Clinical Manager</p> <p style="text-align: center;">DD Management Support Coordinator Clinical Staff</p>	<p><b>Sept 2018</b> <b>Monitor - Ongoing</b></p>
<ul style="list-style-type: none"> <li>➤ To hire additional licensed clinical therapist to meet the demands of Medicaid Expansion and state and DMAS mandates</li> </ul>	<ol style="list-style-type: none"> <li>1. Rebuild MHSB and Case Management needs coordination</li> <li>2. Submit justification for additional clinical staff and discuss with Human Resource Management and City Management <ul style="list-style-type: none"> <li>○ Review and revise organization structure due to needs for more accountability, supervisions and audits (need more layers of managers and supervisors)</li> </ul> </li> </ol>	<p style="text-align: center;">Program Administrator Clinical Managers Clinician Supervisor</p>	<p><b>September 2017</b></p>
<ul style="list-style-type: none"> <li>➤ Customer Service training and expectations will be clear to all staff</li> <li>➤ Compliance: To meet the demands of Medicaid Expansion, State and MCO</li> <li>➤ DBHS will have to update the annually Improvement Plan to include new requirements</li> <li>➤ Exploring different means to provide services (groups, individual and family sessions)</li> </ul>	<ol style="list-style-type: none"> <li>1. Provide training and prepare random checks</li> </ol>	<p>Management Team</p>	<p><b>Ongoing</b></p>
	<ol style="list-style-type: none"> <li>2. Quality Assurance Administrator and Administrative staff developing training and clear expectations</li> </ol>	<p style="text-align: center;">Director Quality Assurance Administrator Management Team Fiscal Administrator</p>	<p><b>Ongoing</b></p>
	<ol style="list-style-type: none"> <li>3. All programs, revenue, billing process, referral, trainings have to be revised and updated to stay in compliance</li> <li>4. Update an Improvement Plan</li> <li>5. Hire additional billing staff</li> <li>6. Ensuring staff discuss medical and value checks</li> </ol>	<p style="text-align: center;">Management Team Stakeholders</p> <p style="text-align: center;">Management Clinical Staff</p>	<p><b>Plan due Sept 2018</b> <b>(Ongoing Review)</b></p> <p style="text-align: center;">January 2019 Ongoing</p>
<p><b><u>Overall Outcome:</u></b></p> <ul style="list-style-type: none"> <li>• BHS staff will recognize the importance of customer service and placing citizens first and the best way to provide quality and timely services</li> </ul>			

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<b>GOAL V – PROGRAM AND STAFF DEVELOPMENT</b> ➤ 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	<b>August 2018</b>
<b>5a. Compliance and Utilization and Productivity</b>	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	<b>Plan due Sept 2018</b>
<b>5b. Continue to prepare for ID/DD redesign, ARTS, and CCC Plus</b>	1. Prepare matrix with goals, assignments, and timelines	Consultant ID Managers and Supervisors	<b>February 2018 Ongoing</b>
<b>5c. All program descriptions and policies should be reviewed and revised, as needed</b>	1. Revised policies should be going to Director for review	Management Team Quality Assurance Administrator Utilization Manager	<b>August 2018</b>
➤ Improvement Plan will be developed for all programs and staff not meeting expectations ➤ Have to keep up with DMAS, MCO, State and CARF 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	<b>Sept 2018</b>
➤ All state and regional reports submitted before or on time – communication on all levels	1. Develop triggers for timely submission to state and regional reports	Management Team Fiscal Administrator Information Systems Manager	<b>Ongoing</b>
➤ <b>Overall Outcome:</b> • To ensure staff are aware of city, state, and BHS policies, in compliance with mandated trainings, changes, expectations and have plans for continues improvements timely to meet the direction of all CSBs – compliance and excellence is the goal			

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<b>GOAL VI – MEETING STATE REQUIREMENTS TO BECOME THE “NEW CSB”</b> ➤ <b>Prevention and Wellness activities and compliance</b>	<ol style="list-style-type: none"> <li>1. Meet guidelines in the Performance Contract</li> <li>2. Pursue additional state assistance grants and training</li> <li>3. Develop and enhance Portsmouth Youth Coalition</li> <li>4. Promote wellness, opiate awareness summits and town hall meetings</li> </ol>	Assistant Director Management Team Fiscal Administrator Information Systems Manager	<b>Ongoing</b>
➤ <b>Overall Outcome:</b> <ul style="list-style-type: none"> <li>• <b>Keeping BHS in the forefront as a stellar CSB</b></li> <li>• <b>Review positions and salaries to compete with other CSBs</b> <ul style="list-style-type: none"> <li>○ <b>Losing case managers 2 per month</b></li> <li>○ <b>Case Managers salaries are too low</b></li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>1. Salaries should be comparable to other CSBs</li> <li>2. Submit justification to HRM and Dr. Patton</li> </ol>	Director	<b>2018</b>
<b>GOAL VII – MEETING NEW CHALLENGES DUE TO HIGH STATISTICS IN PORTSMOUTH</b> ➤ <b>Opioid and suicide intervention and plans</b> ➤ <b>Work with Fire Department as well as Maryview hospital for opiate reduction</b>	<ol style="list-style-type: none"> <li>1. Follow up on all TDOs</li> <li>2. Hire Peer Support Specialist to visit Fire and Emergency Department units</li> <li>3. Market the Warm Line</li> <li>4. Follow up with Opioid Epidemic</li> <li>5. Increase crisis plans for at risk consumers</li> <li>6. Use Safety Plan</li> <li>7. Increase communication</li> </ol>	Director Clinical Staff Assistant Director ITT Meeting Staff	<b>Ongoing</b>  <b>2019</b>
➤ <b>Overall Outcome:</b> <ul style="list-style-type: none"> <li>• <b>Opiate awareness due to overdose and death from opioids</b></li> <li>• <b>Increase suicide awareness in youth and adults</b></li> <li>• <b>Increase HIV and Hepatitis C awareness</b></li> </ul>	<ol style="list-style-type: none"> <li>1. Opioid reduction and awareness</li> <li>2. Suicide reduction and awareness</li> <li>3. HIV/AIDS reduction and awareness</li> <li>4. Increase Mental Health First Aid and Revive trainings</li> <li>5. Work closely with stakeholders, Health Department and DSS</li> <li>6. Adhere to Prevention and Wellness Plan</li> </ol>		<b>Ongoing</b>

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<p><b>GOAL VIII – STEP-VA Compliance</b></p> <ul style="list-style-type: none"> <li>➤ <b>To implement SDA</b></li>   <li>➤ <b>DLA Screenings and components of STEP VA to ensure quality and timely services</b></li>   <li>➤ <b>To provide quality services to all MH/SU and ID/DD consumers</b></li> </ul>	<ol style="list-style-type: none"> <li>1. To ensure we have the clinical support and medical staff to implement all areas of STEP-VA</li>   <li>2. To adhere and complete on State designated times.</li>   <li>3. Coordinate timely admission, quality and value oriented services</li>   <li>4. Person-centered and inclusive treatment</li> </ol>	<p>Director Assistant Director Management Team</p> <p>All Staff</p>	<p><b>2021</b></p> <p><b>Ongoing</b></p>