

**Division of Public and Behavioral Health**  
**Bureau of Behavioral Health Wellness and Prevention**  
**Substance Abuse Prevention and Treatment Operational Plan 2017-1018**

Goal 1: Strengthen and enhance the Bureau’s infrastructure to manage, lead, and sustain effective behavioral health promotion, programs, and strategies.

<b>Needs and Gaps:</b>	<b>Objectives:</b>	<b>Activities, Curricula, Program Services, Strategies, and Policies:</b>	<b>Partners' Roles:</b>	<b>Process Measures:</b>	<b>Outcomes &amp; Performance Measures:</b>	<b>NOTES</b>
<p>A critical issue is the state’s capacity to assess need, manage available resources, report on utilization and outcomes, and comply with federal regulations and federal grant requirements. This issue contributes to lack of integration as specified in statute and has the potential to impact much-needed funding. The capacity gap includes the</p>	<p>Objective 1.1: By August 30, 2018, attain compliance with federal and state regulations</p>	<p>1.1.A: All Staff read and review federal regulations  1.1.B: Identify gaps in understanding of federal regulations  1.1.C: Read past reports of violations of federal regulations.  1.1.D: get a contract with Ide Bailey for training of staff  1.1.E: Complete all federal reports accurately and on time  1.1.F: Complete a statewide needs assessment that meets all state and federal standards.</p>	<p>1.1.A: All BBHWP staff will review state and federal regulations as determined necessary by the management team. Technical assistance providers as needed.  1.1.B: BBHWP management in conjunction with federal site visit reviews.  1.1.C: BBHWP management will ensure all identified violations are corrected within 3 months of the violation.  1.1.D: James Kirkpatrick will initiate contract with Eide Bailly  1.1.E: Program</p>	<p>1.1.A: By March 30, 2018, all BBHWP staff sign that they have read and reviewed state federal regulations including the State administrative manual (SAM) and CFR's.  1.1.B: By June 2018 A list of gaps are identified by staff  1.1.C By June 2018 internal protocols are in place to avoid future violations.  1.1.D: By April 2018 and annually if needed Ide Bailey contract is completed  1.1.E: By November 15, 2017 a map of all federal report due dates are in place where all staff can see it.  1.1.F: By May 2018 conduct the needs</p>	<p>1.1.A.1: By March 30, 2018, 100% of BBHWP staff have read SAM and CFR regulations as determined by management and have signed a completion form.  1.1.A.2: By August 30, 2018 staff have participated in an all staff summary review of SAM and CFR regulations.  1.1.B: By July 15,2018, all identified gaps have been addressed and training given to correct them.  1.1.C: By August 30, 2018 all violations are corrected.  1.1.D: Eide Bailly training is conducted and staff are trained by July 2018 with a 6 month competency follow up by January 2019.  1.1.E: By august 30,2018 Map is complete and no reports are past due.  1.1.F: By May 2018 1st assessment is complete and all federal assessment requirements are met.</p>	

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<p>need for state-level subject matter expertise, knowledge capture, and the transfer of institutional knowledge.</p>			<p>staff, grants management staff, and fiscal work together to generate accurate reports.            1.1.F: Staff select a vendor to conduct necessary needs assessments.</p>	<p>assessments and bi annually thereafter.</p>		

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<p>The bureau has struggled to conduct daily operation and manage to do effective lateral planning and administration of projects. Staff don't always have the necessary skills to complete tasks assigned in a timely manner.</p>	<p>Objective 1.2: By June 30, 2018, structure the Bureau for effective planning and administration</p>	<p>1.2.A: Conduct an internal structural analysis of the Bureau and make recommendations for changes. 1.2.B: make structural changes to internal teams operation procedures. 1.2.C: Hold planning meetings for all grants starting in November, 2017. 1.2.D: Develop a plan for institutional knowledge to continue regardless of staff changes. 1.2.E: Develop and implement a plan for the recruitment and</p>	<p>1.2.A: Contract with CASAT for analysis and interviews to be conducted with selected staff. Recommendations given division director. 1.2.B: Management team to create staff teams to manage projects from start to finish and include necessary trainings. 1.2.C: Management team will utilize staff teams and conduct a minimum of bi weekly planning meetings for each grant. 1.2.D: Management team will develop a plan for 3 deep</p>	<p>1.2.A: By July 2017 complete structural analysis 1.2.B.1: By November 2017 identify necessary staff trainings 1.2.B.2: By November 2017 reorganize internal teams to maximize communication and effective grants management. 1.2.C: Bi weekly meetings are conducted. 1.2.D: By November 2017 implement plan and reevaluate ongoing if it is working or needs to be revised. 1.2.E: By June 2018 plan is implemented.</p>	<p>1.2.A:By November 2017 analysis is complete and recommended structural changes are implemented. 1.2.B: By June 2018 count the number of trainings conducted and number of staff trained. 6 month follow up analysis demonstrates staff retained and implemented training skills. 1.2.C: meeting minutes are collected, and action items are completed between meetings. 1.2.D: By November 2018 institutional knowledge safeguards are in place and track changes made during the planning phase. 1.2.E: By November 2018 review if progress and improved efficiency as a result of new plan and report results.</p>	<p>1.2.A: completed analysis changes still in progress</p>

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		retention of qualified staff.	leadership on all projects. 1.2.E: Management team will develop a plan.			

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	Objective 1.3: By December 31, 2018, establish practices to increase accountability and transparency in alignment with the values described in this plan.	1.3.A: Implement an integrated and streamlined approach for the collection, analysis, interpretation, and use of data.1.3.B: Identify redundancies and issues within existing systems and make plans to address.1.3.C: Review existing questions to ensure that high quality and useful information is being collected. 1.3.D: Provide new opportunities for public involvement and public oversight including involvement with	1.3.A: Bureau staff with guidance and coordination from Office of Public Health Informatics and Epidemiology (OPHIE). Any additions of ‘new data’ from providers should be considered with the context that multiple data-systems are already required and are cumbersome. Improving efficiency should be part of this work. 1.3.B: quality assurance professional (QAS) to review and make recommendations. 1.3.C: Management team QAS, and	1.3.A: By January 2018 onboard WITS and begin utilizing pilot groups to collect data. 1.3.B: By April 2018 QAS professional makes recommendations to Bureau. 1.3.C: By June 2018 a plan of action is in place for gathering the needed data sets and reported improvements are made. 1.3.D: By September 2018 data rough drafts are provided to public and feedback solicited. 1.3.E: By December 2018 make a list of current collaborations and identify additional collaborative efforts that are needed.	1.3.A: By December 31 2018 WITS is implemented and pilot sites have reported success and new sites have come on board and are using WITS. 1.3.B: By December 2018 Bureau Team has implemented plan of action for data gathering. 1.3.C: By December 2018 data reports are generated utilizing the new data gathered. 1.3.D: By December 2018 public feedback was implemented into plans, and reports generated. 1.3.E: By April 2018 all cross-agency collaborations are documented.	WITS is a web based application designed to meet the growing need to capture client services (substance abuse and mental health prevention & treatment) data. WITS satisfies mandatory government reporting requirements for the planning, administration, and monitoring of Inpatient and Outpatient Behavioral Health Treatment Programs, Prevention Programs, Problem Solving Courts, Gambling Addictions Programs and Federal Grant Management programs

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		<p>the epidemiological report. 1.3.E: Assure collaboration with other state agencies.</p>	<p>evaluation teams for various projects will change data collection as needed. 1.3.D: Bureau staff, multiple providers, SAPTA advisory board, MPAC, SEW, BPAC, 1.3.E: Bureau staff will participate in interagency collaborations as requested and encourage collaboration.</p>			

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	Objective 1.4: By March 31, 2018, develop protocols that provide for consistent affordable billing by the funded treatment programs for the uninsured and the underinsured.	1.4.A: Review billing and collection protocols for funded treatment programs and make necessary changes. 1.4.B: ensure all changes are publicized and all providers are informed. 1.4.C: Ensure all funded partners meet grant assurances and reporting requirements	1.4.A: Bureau staff, treatment providers, and Medicaid 1.4.B: Bureau staff to offer technical assistance ongoing as needed. 1.4.C: bureau staff to schedule annual monitors for program and fiscal components.	1.4.A: BY August 2018 protocol changes are implemented 1.4.B: By June 2018 planned changes are posted on the web and TA is provided. 1.4.C: By January 1 each year- 2020 monitors are scheduled a minimum of every 2 years for each provider.	1.4.A: By December 2018 reported changes are implemented and providers report billing is working. 1.4.B: By December 2018 2 technical assistance calls were hosted, and provider questions answered. 1.4.C: program and fiscal monitors are completed and documented and copies are given to provider.	