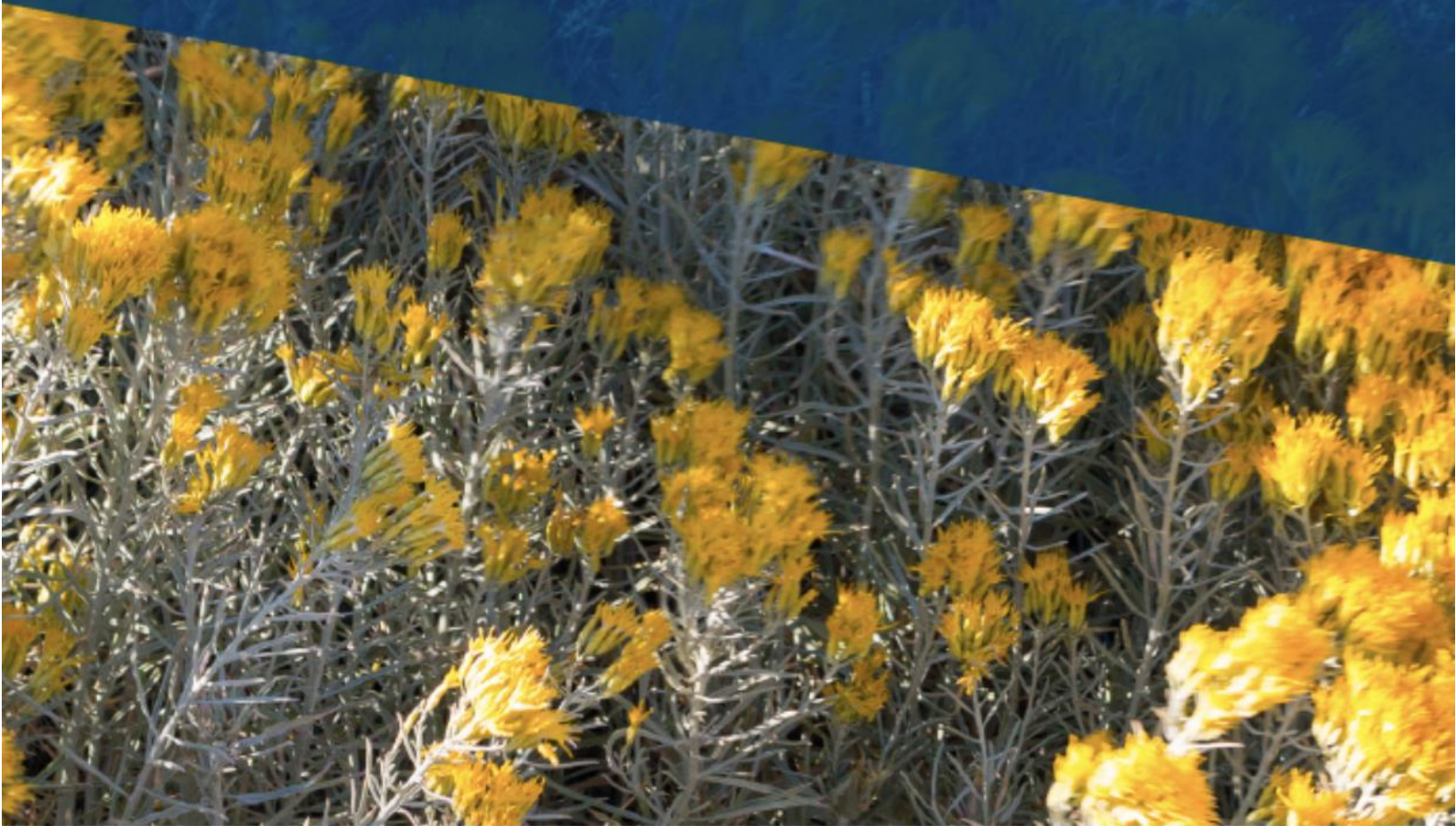


State of Nevada
Department of Health and Human Services
Division of Public and Behavioral Health

THREE-YEAR STRATEGIC PLAN

JANUARY 1, 2023-DECEMBER 31, 2025



ALL IN GOOD HEALTH

JOE LOMBARDO
Governor, State of Nevada

RICHARD WHITLEY
Director, DHHS

LISA SHERYCH
Administrator, DPBH



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

TABLE OF CONTENTS

DHHS Director Letter of Support	2
DPBH Administrator Letter	3
Executive Summary	4
About the Division of Public and Behavioral Health.....	5
Strategic Planning Process	7
Strategic Planning Framework.....	9
Former Governor Sisolak and Legislature’s Public and Behavioral Health Priorities.	11
Nevada Department of Health and Human Services Alignment	13
DPBH Mission, Vision, Purpose, Mantra	14
DPBH Core Values.....	15
DPBH Strategic Assessment.....	16
Strategic Plan Performance Management, Revision, and Reporting Intervals.....	22
Strategic Plan Record of Changes	23
Recommendations for Future Plan Development.....	24
Appendix A: Document Review and Process Summary.....	25
Appendix B: Public Health Accreditation Board Compliance	29
STANDARD 10.1: Employ strategic planning skills.....	29
STANDARD 10.1.1 A: Conduct a department-wide strategic planning process.....	29
STANDARD 10.1.2 A: Adopt a department-wide strategic plan.....	32
STANDARD 10.1.3 A: Monitor implementation of the department-wide strategic plan.....	34
Appendix C: Document Review	36
Overview	36
Document Review Key Outcomes.....	37
Documents Reviewed.....	38
Internal DPBH Document Review.....	38
Focusing on the Fundamentals	39
Metrics and Data Reporting.....	41
Review of DPBH Partner Agency Strategic Plans.....	42
Review of External Strategic Plan Examples and Guides	46
Appendix D: Town Halls	49
Overview	49
Key Outcomes.....	50
Appendix E: Leadership Interviews	58
Overview	58
Input by Category.....	60
Appendix F: Team Member Survey.....	66
Overview.....	66

DHHS DIRECTOR LETTER OF SUPPORT

This strategic plan is a significant step towards improving the quality of our services and prepare for the unknown challenges of the future. It provides a roadmap for the Division for the way ahead, aligning its goals, objectives, and strategies with the overall organizational vision and mission. Importantly, the entire plan is based on values developed by team members from across the Division.

Together, these distinct elements of the strategic plan combine to create an agency that is committed to serving the public, to building trust, and to continually improving. Throughout my service to DHHS, I know that these are the foundation of the Division's culture. And I know following this plan will allow for leadership to continually evaluate their performance and to evolve and refine over time.

In many cases, the goals and objectives included in this plan amount to initial steps in a lengthy and strategic process. This is to be expected. The recent pandemic disrupted public and behavioral health outcomes and services in ways that we have never experienced before, including increased needs, but also increased funding and interest. While this plan represents an effort to reorganize and regroup after lengthy public and behavioral health crises, it also sets the stage for incredible progress in the future.

I am pleased to see the Division's work and initiative in seeking ways to build plans and systems to better serve the people of Nevada. Their important work is seen throughout the pages of this plan, just as their culture, values, and purpose are described. I am eager to see the results of this great effort.

Sincerely,



Richard Whitley
Director, DHHS

DPBH ADMINISTRATOR LETTER

DPBH has endured tremendous challenges in recent years. The COVID-19 pandemic disrupted our lives and required incredible teamwork and commitment for our agency to overcome; ongoing and additional public health and increased mental health needs continued and grew throughout the same time period; and we have worked hard to meet our mission with staffing, resourcing, and other challenges as well. It is no hyperbole to say that the public health landscape over the last three years has been unlike any other in our state's history.

I am extremely proud of how our team and the public health community have stepped up to address and overcome these challenges to make the state a better and healthier place to live. No matter the magnitude, scope, or duration of the challenge, members of our team and our partners constantly sought ways to have a positive impact on our state public and behavioral health outcomes. Our state, its people, its businesses, and its communities are better off today because of our great effort to serve them.

While we have all been through a lot, it would be a mistake not to look at the challenges of recent years also as opportunities to grow, improve, and evolve. The pandemic and its related challenges taught us that we simply have to be strategic about our future and how we work to meet the public and behavioral health needs of all Nevadans. In order to ensure we are ready to meet whatever challenges come next; we have to make sure we are aligned as an agency, we are maximizing the use of our resources, and we are achieving success toward our key priorities.

This strategic plan is a critical step toward achieving that level of preparedness and alignment. Throughout 2022, we worked to update our Mission, Vision, Purpose, and Mantra statements, and we developed Core Values, Priorities, and more, all with input from across DPBH and our partner agencies. These foundational elements are the core of the plan you see here, and this plan will continue to evolve and be refined with your input over the next three years as well.

I am grateful to all of you who participated in the surveys, the interviews, the working groups, and the town halls that contributed to the development of this plan. I am also tremendously grateful to each of you, every member of our team, every stakeholder, and every advocate that has helped us serve Nevadans. We could not have made it through the last few years without you, and your support will be critical to our success as we grow into an even stronger statewide public health agency.

Sincerely,



Lisa Sherych
DPBH Administrator

EXECUTIVE SUMMARY

This strategic plan charts the path for DPBH's future. It provides succinct descriptions of the challenges and opportunities the agency faces, and it provides clear guidance on how the agency will operate collaboratively to achieve improved public and behavioral health outcomes. This plan is also designed to evolve over time to meet changing needs and adapt to new opportunities as they surface.

This plan is the result of a comprehensive, division-wide planning process that took place over several months in 2022. The planning process included numerous opportunities for team members, stakeholders, and partners to provide perspectives and input through surveys, town halls, and interviews. It was also informed by a comprehensive review of documents relevant to DPBH's activities and operations.

The result of this process is a strategic planning framework that will define the activities and initiatives of DPBH over the next three years, and potentially longer. The framework includes Mission, Vision, and Purpose statements, as well as an organizational Mantra. In addition to these statements, this plan also includes specific Goals, Objectives, Strategies, and Timelines. Perhaps most important to this framework is that it also provides clear Core Values on which DPBH's important work is based.

As pointed out in this plan, this three-year strategic plan should be seen as an initial plan and one that focuses primarily on the fundamentals. That is, while it does include opportunities for innovation in the future for DPBH, this plan focuses mostly on building the key elements and the foundational systems that the agency will need to be successful in achieving its goals in the long run. This is due in part to the significant size of the agency and the complexity of its mission, but it is also due to the amount of disruption DPBH has experienced, and is still recovering from, throughout the global COVID-19 pandemic.

Once fully implemented, this plan will allow each program, agency, and bureau within DPBH to align with the agency's overall mission, vision, and values. It will allow team members from across DPBH to better understand how the services they provide contribute to DPBH's overall efforts to deliver public and behavioral health services to Nevadans. And it will provide feedback mechanisms that allow for input and recommendations from across DPBH to identify opportunities and potential improvements.

Finally, this plan represents a commitment to continued strategic success. It calls for the development of action plans to implement the goals and objectives outlined in this plan, and it provides for an ongoing evaluation, review, and revision of this plan throughout its three-year life. Implementing this plan and refining it over time will not only allow for improved current operations, but it will also allow DPBH to be better prepared to draft its next strategic plan when that time comes.

ABOUT THE DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

The Division of Public and Behavioral Health (DPBH) is a division of the Department of Health and Human Services (DHHS), which falls within the Executive Branch of the State of Nevada. Through funding and direction provided by the Nevada State Legislature and the federal government, DPBH carries out various missions to improve public health and behavioral health outcomes in Nevada. Positioned at the state level, DPBH primarily serves to coordinate resources for local and tribal partners in Nevada, although it also provides direct services.

In its current form, DPBH is comprised of sections from two DHHS divisions that previously operated separately, the Health Division and the Division of Mental Health and Developmental Services. The divisions were combined to form DPBH in July of 2013 in order to serve many overlapping needs through a single state entity. Since this change in 2013, DPBH has operated as one of the largest divisions in Nevada state government.

DPBH consists of four branches: Administrative Services, Clinical Services, Community Services, and Regulatory and Planning Services. Each of these branches consists of bureaus and programs that provide everything from grant funding to direct behavioral health services to some of Nevada's most vulnerable populations. This breadth of programs, services, and populations creates a complex system designed to work toward achieving measurable improvements in the lives and health of all Nevadans.

The vast differences in geography and population for communities across Nevada presents an additional complexity. Nevada's more populated counties, namely Clark and Washoe Counties, have established public health districts that serve many of their needs at a local level. This allows DPBH to provide technical assistance, funding support, and direct assistance when necessary to their established programs. Throughout the remainder of the state, which is much more rural, DPBH provides more direct services in the areas of community health, environmental health, public health, and more. This landscape is changing, especially with the establishment of the Central Nevada Health District, and DPBH is poised to meet the changing service and coordination needs as they are identified.

As with every public health and behavioral health agency in the country, DPBH was tested during the global pandemic beginning in 2020. As one of Nevada's lead agencies in the pandemic response, DPBH saw unprecedented growth in workload, but also in funding for programs and interest from stakeholders. This too has changed the environment in which DPBH operates and is a key driver in their efforts to become a more efficient and effective organization.

This strategic plan is a part of DPBH's overall effort to achieve these improvements. It consolidates the lessons learned from recent events, including the pandemic as well as through regular operations, and aligns them with a system-wide mission and

vision. Through this plan, DPBH will also define its purpose, role, and culture for the future as well.

STRATEGIC PLANNING PROCESS

DPBH formally initiated a strategic planning process in the Summer of 2022. This work built on the previous period of work, which resulted in developing Mission, Vision, Purpose, and Mantra statements. The planning process initiated in 2022 refined these existing strategic statements and added to them in the development of this strategic plan.

The formal strategic planning process relied on four critical methods for gathering input for the development of this plan:

- Document review
- Leadership interviews
- Team member survey
- Town hall meetings

The document review and analysis took place over several months leading up to the initial draft of the strategic plan. Initial documents were provided by DPBH leadership requests based on a request for any existing strategic plans, action plans, assessments, and data reports at any level within or related to DPBH, even if they were outdated, and additional documents were identified through the interview process. Reviewing these documents allowed for a high-level assessment of the current state of strategic planning, data reporting for decision-making and evaluation, and overall coordination of planning within DPBH, as well as ensuring alignment of planning efforts once the DPBH strategic plan was developed and implemented.

The town halls allowed opportunities to receive direct and candid input on the DPBH strategic plan from team members. The town halls were critical for developing more context than the surveys provided as well as opportunities for team members to ask questions about the process and what would be expected of them specifically. These town halls had wide-ranging focuses, but much of the discussions allowed for team members to provide input into the development of the DPBH core values for this plan.

The leadership interviews allowed for an additional level of detail for this plan. They allowed for more focused discussions on issues that had surfaced through the surveys, the town halls, and the document review. And they also provided opportunities for internal and external leaders to identify the key challenges and opportunities facing DPBH.

Finally, DPBH also administered a division-wide survey. Question topics ranged from administrative, by identifying what organization within DPBH the employee works for, to questions about the DPBH Mission, Vision, Purpose, and Mantra statements and the challenges and opportunities ahead for the agency. The survey remained open for a total of four weeks (from September 21 through October 23, 2022) and a total of 358 DPBH employees responded to the survey, providing candid feedback

on everything from the organizational structure to pay and benefits and employee retention. The survey responses provided valuable input for the strategic plan.

In addition to these input initiatives, this strategic plan was also informed by the 2022 State Health Needs Assessment and draft State Health Improvement Plan. As DPBH works to meet additional accreditation requirements and develop required plans, this strategic plan will help inform and provide direction to the Division's Workforce Development Plan, Performance Management System, and Quality Improvement Plan. These plans and systems are referenced throughout this strategic plan and were critical to its development.

Information was gathered through all of these methods and key themes and topics emerged. As shown in the SWOT analysis included in this plan, key challenges and opportunities emerged and these directly informed the development of the strategic goals and objectives. Input through these sources also directly led to modifying the Mission, Vision, Purpose, and Mantra as well as developing the DPBH Core Values.

One key point that was identified throughout this process was the magnitude of the task ahead for DPBH. First, DPBH is an enormous agency with an important mission and faces significant challenges. Second, developing a strategic plan is just the first step, it is the implementation of the plan that will require the most commitment and work. It is because of these two factors that this plan is written to focus on the fundamentals. There are opportunities to be innovative and there are important initiatives that should be considered, but this plan focuses primarily on building the foundational systems and processes that must be in place before strategic initiatives can truly be developed and implemented.

Beyond implementing the following strategic plan, DPBH also included a process for developing its next strategic plan. This plan covers a three-year period, and it will be refined and changed over time through the process included in this plan. At the end of the three years covered by this plan, DPBH will be well positioned to develop, write, and implement the strategic plan for the phase that follows.

STRATEGIC PLANNING FRAMEWORK

DPBH Mission, Vision, Purpose, and Mantra

Mission: The mission of DPBH is to protect, promote, and improve the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.

Vision: Preventable health and safety issues no longer impact the opportunity for all people to live in the best possible health.

Purpose: To make everyone's life healthier, happier, longer, and safer.

Mantra: All in good health.

DPBH Core Values

Health Equity: We ensure all Nevadans have an equal opportunity to live in good health through cultural competence and safety, respect, and accessibility.

Partnership: We are a single team built on internal and external communication and collaboration.

Innovation: We are a continuously learning and improving organization that grows through experience, feedback, and evidence-informed practices.

Integrity: We do the right things for the right reasons to ensure public trust in our services.

Accountability: We are transparent with and responsible to our team members, stakeholders, and the public we are honored to serve.

Leadership: We provide accountability, inspiration, and a vision for sustainability for the entirety of the public and behavioral health systems in Nevada.

DPBH Goals and Objectives

Goal 1: Build and maintain a strong, expert, and diverse workforce to achieve excellent public and behavioral health outcomes for Nevada.

Objective 1: Create a culture of teamwork, trust, and accountability within DPBH.

Objective 2: Be the leader for recruiting innovation, including recruiting a diverse and qualified workforce, among state agencies.

Objective 3: Reduce turnover of DPBH workforce by developing incentives to remain a part of the team.

Goal 2: Become Nevada’s essential and trusted partner on all issues related public and behavioral health.

Objective 1: Reduce internal silos by increasing formal and informal communications within programs and bureaus in DPBH.

Objective 2: Increase collaboration with local public health and behavioral health agencies in order to maintain credibility and trust.

Objective 3: Communicate DPBH impact on state public and behavioral health through outcome metrics and program evaluation.

Objective 4: Implement the DPBH brand clearly and consistently both internally and externally to enhance communication, help the public understand what DPBH does, and ensure it is seen as a trusted source of information and services.

Goal 3: Create a culture of quality by continuously improving efficiency and effectiveness of public and behavioral health services to Nevadans.

Objective 1: Conduct a systematic review of internal programs, operations, and budgets in order to evaluate current effectiveness and efficiency.

Objective 2: Develop a Quality Improvement Plan and other systems to make internal improvements based on the reviews and evaluations.

Objective 3: Systematically implement improvement initiatives based on evaluations and plans.

FORMER GOVERNOR SISOLAK AND LEGISLATURE’S PUBLIC AND BEHAVIORAL HEALTH PRIORITIES

Governor Steve Sisolak led the State of Nevada through the global COVID-19 pandemic beginning in 2020. The 2021 legislative session provided him with a number of opportunities to focus on public and behavioral health following the distribution of vaccines for the virus. The examples below provide a high-level overview of the Governor’s public and behavioral health priorities as well as priorities developed by an interim committee of the Nevada State Legislature.

On February 23, 2022, Governor Sisolak provided [remarks](#) through a State of the State address. These remarks were wide-ranging, but they also provided an overview of his vision for public and behavioral health in Nevada. A list of the priorities, some of which have been accomplished or are underway, that the governor announced during this speech are provided below.

- Lowering the cost of housing
- Lowering the cost of prescription drugs
- Building the health care workforce
- Supporting public and behavioral health in K-12 education
- Addressing climate change

During the 2021 legislative session, Governor Sisolak also signed Senate Bill 209, which included the requirement for the Legislative Committee on Health Care to conduct an interim study concerning the response to the COVID-19 pandemic and make recommendations accordingly. The work of this study was conducted by Nevada State Senator Fabian Doñate through a series of roundtable discussions with stakeholders and the development of a [report](#). The roundtables focused primarily on public health infrastructure and workforce and health equity and disproportionately affected populations. The priorities for each category are provided in the table below:

Public Health Infrastructure	Health Equity and Disproportionately Affected Populations
Non-categorical flexible public health funding	Behavioral and Mental Health Challenges
Public health workforce growth and initiatives	Young Children
Data modernization and technology enhancements	Health Disparities
	Food Insecurity

	Workforce
--	-----------

While these priorities were developed in the interim, the recommendations were considered during the Interim Joint Interim Standing Committee on Health and Human Services. In August of 2022, this Committee voted to request drafting 14 bill draft requests to be considered during the 2023 legislative session. More details about these legislative priorities can be found in the Joint Interim Committee's [report](#).

NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES ALIGNMENT

Just as the Governor and the Nevada State Legislature help drive public and behavioral health policy in Nevada, DPBH is also aligned with the mission of the Nevada Department of Health and Human Services (DHHS). While DPBH's parent department does not have a comprehensive strategic plan, its mission is provided in budget documents and is provided below:

DHHS Mission: The Department of Health and Human Services promotes the health and well-being of Nevadans through the delivery of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency.

DPBH MISSION, VISION, PURPOSE, MANTRA

In 2022, DPBH developed updated Mission, Vision, Purpose, and Mantra statements through a facilitated process with internal leadership and external partners. Through the strategic planning development process, DPBH team members throughout the state were provided opportunities to provide input and feedback on the proposed strategic language. Much of the input was incorporated into the updated Mission, Vision, Purpose, and Mantra statements below:

DPBH Mission
The mission of DPBH is to protect, promote, and improve the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.
DPBH Vision
Preventable health and safety issues no longer impact the opportunity for all people to live in the best possible health.
DPBH Purpose
To make everyone's life healthier, happier, longer, and safer.
DPBH Mantra
All in good health.

DPBH CORE VALUES

Following the development of the updated Mission, Vision, Purpose, and Mantra statements, DPBH also developed Core Values. These statements were originally drafted based on input from leadership and examples of other state-level plans for similar agencies, and then DPBH team members were given the opportunity to provide input and suggestions. Much of the input was incorporated into the updated Core Values below:

DPBH Core Values
Health Equity: We ensure all Nevadans have an equal opportunity to live in good health through cultural competence and safety, respect, and accessibility.
Partnership: We are a single team built on internal and external communication and collaboration.
Innovation: We are a continuously learning and improving organization that grows through experience, feedback, and evidence-informed practices.
Integrity: We do the right things for the right reasons to ensure public trust in our services.
Accountability: We are transparent with and responsible to our team members, stakeholders, and the public we are honored to serve.
Leadership: We provide accountability, inspiration, and a vision for sustainability for the entirety of the public and behavioral health systems in Nevada.

DPBH STRATEGIC ASSESSMENT

DPBH also conducted a Strengths, Weaknesses, Opportunities, and Threats, known as a SWOT, analysis during the strategic planning process to help shape and define the agency’s strategic priorities. Input for this analysis was provided through the agency-wide survey, the town halls, the interviews, and in the document review process. Items were included in the “Strengths” and “Weaknesses” categories of the SWOT analysis if they were mentioned persistently through the various opportunities for input. Items were included in “Opportunities” and “Threats” categories of the SWOT analysis if they were mentioned numerous times, or if they identified an opportunity or threat of critical strategic importance.

The results of these efforts are provided in the table below:

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. DPBH provides a critical public service to the state 2. DPBH team members are talented and committed to the mission 3. DPBH leadership commitment to continuous improvement 4. Formal leadership role in state 5. Public health is currently a national focus 6. Relationship with higher education, including establishing the Center for Public Health Excellence, and progress toward establishing academic health departments 	<ol style="list-style-type: none"> 1. Recruitment, retention, and promotion of employees 2. Limited state funding investment and reliance on federal grant funding 3. Enormous agency with a critical mission resulting in silos 4. Pandemic has stretched resources and increased burnout 5. Internal and external communication 6. Prioritization of organizational goals 7. Significant amounts of data generated but it is not used for comprehensive evaluation and information sharing
Opportunities	Threats
<ol style="list-style-type: none"> 1. Accreditation process 2. Strategic planning process 3. 21st Century Learning Community Expansion initiative 4. Central Nevada Health District and more local regionalization efforts 5. Pandemic has increased awareness of public health 6. Pandemic increased novel service delivery (like telehealth) 	<ol style="list-style-type: none"> 1. Future pandemics or public health crises 2. Economic crisis affecting state revenue 3. Ongoing mental health crisis and increased need for services 4. Drug use in rural and urban areas 5. Politicization of the pandemic has decreased public trust in public health

<ul style="list-style-type: none">7. Unprecedented availability of federal funding8. Legislative interest and support	<ul style="list-style-type: none">6. Increase in demand for public health services7. Failure to engage in strategic change
--	---

Goal 1: Build and maintain a strong, expert, and diverse workforce to achieve excellent public and behavioral health outcomes for Nevada.

Objectives	Strategies	Timeline
<p>Objective 1: Create a culture of teamwork, trust, and accountability within DPBH.</p>	<ol style="list-style-type: none"> 1) Administer an anonymous climate survey for all employees on an annual basis to identify challenges and opportunities. 2) Administer the Core Values Assessment annually to determine progress in attitudes toward equity and diversity. 3) Hold leaders accountable for aligning work performance standards with the DPBH strategic plan and evaluate team members annually. 	<ol style="list-style-type: none"> 1) Calendar Year 23, Calendar Year 24, Calendar Year 25 2) Calendar Year 23, Calendar Year 24, Calendar Year 25 3) Calendar Year 23, Calendar Year 24, Calendar Year 25
<p>Objective 2: Be the leader for recruiting innovation, including recruiting a diverse and qualified workforce, among state agencies.</p>	<ol style="list-style-type: none"> 1) Develop and implement a division-specific workforce development plan and update it annually. 2) Develop a monthly report on agency vacancies, hiring, retention, and for assessing diversity of the staff in order to track progress over time. 3) Track and increase opportunities for interns, externs, underfills, and other opportunities to build critical on-the-job experience for potential team members. 4) Pursue the establishment of an Academic Health Department model with Nevada’s two universities. 	<ol style="list-style-type: none"> 1) Calendar Year 23, Calendar Year 24, Calendar Year 25 2) Monthly beginning Calendar Year 23 3) Develop in Calendar Year 2023, implement in Calendar Year 24 4) Calendar Year 23, Calendar Year 24, Calendar Year 25
<p>Objective 3: Reduce turnover of DPBH workforce by developing incentives to remain a part of the team.</p>	<ol style="list-style-type: none"> 1) Develop an internal mentorship initiative to develop internal candidates for supervisory and management positions. 2) Work with Nevada higher education partners to develop a workforce certification for both public employees and public health employees. 3) Formalize efforts to recognize excellent work of DPBH team members on a monthly basis. 	<ol style="list-style-type: none"> 1) Develop in Calendar Year 23, implement in Calendar Year 25 2) Develop in Calendar Year 24, implement in Calendar Year 25 3) Monthly beginning Calendar Year 23 (middle)

	4) Develop a five-year advocacy plan for pay and benefit parity for employees.	4) Initiate in Calendar Year 24, implement in Calendar Year 25
--	--	--

Goal 2: Become Nevada’s essential and trusted partner on all issues related to public and behavioral health.

Objectives	Strategies	Timeline
Objective 1: Reduce internal silos by increasing formal and informal communications within programs and bureaus in DPBH.	<ol style="list-style-type: none"> 1) Create a formal initiative for sharing data, information, and news between programs and bureaus so each DPBH team member knows how they serve the DPBH mission. 2) Provide a monthly opportunity for managers across DPBH to share information, challenges, and best practices. 3) Establish a multi-week onboarding process that details DPBH’s entire operations for new team members and administer the training to existing employees throughout 2024. 	<ol style="list-style-type: none"> 1) Calendar Year 23, Calendar Year 24, Calendar Year 25 2) Monthly beginning Calendar Year 23 3) Initiate in Calendar Year 24, implement in Calendar Year 25
Objective 2: Increase collaboration with local public health and behavioral health agencies in order to maintain credibility and trust.	<ol style="list-style-type: none"> 1) Increase brand awareness by ensuring all staff faithfully, clearly, and consistently implement the DPBH brand at every opportunity. 2) Establish a public health advisory board made up of key external partners and meet regularly to provide opportunities for information sharing and collaboration. 3) Regularly conduct State Health Needs Assessment and State Health Improvement Plan in collaboration with local partners. 4) Survey external partners on issues related to partnership and collaboration annually in order to identify challenges and opportunities. 	<ol style="list-style-type: none"> 1) Initiate in Calendar Year 23, implement in Calendar Year 24 2) Calendar Year 24, Calendar year 25 3) Annually beginning Calendar Year 24 4) Annually beginning Calendar Year 23

<p>Objective 3: Communicate DPBH impact on state public and behavioral health through outcome metrics and program evaluation.</p>	<ol style="list-style-type: none"> 1) Develop a performance management system to identify and share critical data and information generated or monitored by DPBH on a monthly, quarterly, and annual basis. 2) Publish an annual report that provides an overview of statewide health outcomes and evaluations of programs administered by DPBH. 3) Update performance measures through the biennial budget process based on updated metrics. 	<ol style="list-style-type: none"> 1) Calendar Year 23, Calendar Year 24, Calendar Year 25 2) Calendar Year 23, Calendar Year 24, Calendar Year 25 3) Annually beginning Calendar Year 24
<p>Objective 4: Implement the DPBH brand clearly and consistently both internally and externally to enhance communication, help the public understand what DPBH does, and ensure it is seen as a trusted source of information and services.</p>	<ol style="list-style-type: none"> 1) Conduct an inventory of all of the document types, communication types, websites, and platforms that currently carry the DPBH branding. 2) Develop a DPBH style guide to ensure consistency in all DPBH communications. 3) Develop a workplan with timelines, methods, and benchmarks for implementing DPBH brand changes aligned with the style guide. 	<ol style="list-style-type: none"> 1) Calendar year 23 2) Calendar year 23 3) Calendar year 23

Goal 3: Create a culture of quality by continuously improving efficiency and effectiveness of public and behavioral health services to Nevadans.

Objectives	Strategies	Timeline
<p>Objective 1: Conduct a systematic review of internal programs, operations, and budgets in order to evaluate current effectiveness and efficiency.</p>	<ol style="list-style-type: none"> 1) Inventory all current IT software, licenses, and systems within DPBH in order to identify efficiencies and improvements. 2) Inventory all grant processes in order to identify efficiencies and improvements. 	<ol style="list-style-type: none"> 1) Calendar Year 23 2) Calendar Year 23 3) Calendar Year 23 4) Calendar Year 23

	<ul style="list-style-type: none"> 3) Inventory status of all policies, procedures, and regulations in order to identify efficiencies and improvements. 4) Develop, publish, and update an agency overview that details all of the DPBH programs. 	
<p>Objective 2: Develop a Quality Improvement Plan and other systems to make internal improvements based on the reviews and evaluations.</p>	<ul style="list-style-type: none"> 1) Prioritize identified improvements to systems and processes and identify resources for implementation. 2) Establish an internal committee to review and recommend updates for policies, procedures, and regulations. 3) Establish a Quality Improvement Council to review, recommend, and provide direction for quality improvement projects throughout DPBH. 4) Develop anonymous feedback systems in order to allow DPBH team members to offer ongoing suggestions for improvements. 5) Conduct a State Health Needs Assessment and a State Health Improvement Plan collaboratively with statewide partners. 	<ul style="list-style-type: none"> 1) Calendar Year 24 2) Calendar Year 24 3) Calendar year 23 4) Calendar Year 23 5) Calendar Year 23, Calendar Year 24, Calendar Year 25
<p>Objective 3: Systematically implement improvement initiatives based on evaluations and plans.</p>	<ul style="list-style-type: none"> 1) Prioritize and build action plans for the objectives in the DPBH strategic plan. 2) Monitor the implementation of the action plans and communicate progress and challenges internally and externally. 3) Develop long-term recommendations for the optimal structure and budget for DPBH and socialize them with key decisionmakers. 4) Achieve PHAB accreditation by June 2024 and maintain accreditation through compliance with program standards. 	<ul style="list-style-type: none"> 1) Calendar Year 23 2) Calendar Year 23, Calendar Year 24, Calendar Year 25 3) Calendar Year 25 4) Calendar Year 23

STRATEGIC PLAN PERFORMANCE MANAGEMENT, REVISION, AND REPORTING INTERVALS

As noted within Objective 1 of Goal 3 in this strategic plan, action plans will be developed to ensure implementation. At a minimum, these actions plans should have a specified leader and an identified team, guidelines on expected outcomes from the action plan, an implementation timeline, and reporting requirements to coordinate efforts with other action plans and with DPBH leadership. It is essential that these action plans align directly with the plan Mission, Vision, Purpose, and Goals.

Regarding guidelines on expected outcomes mentioned above, each action plan should have specific benchmarks, metrics, and timelines. The DPBH leadership team will be responsible for convening leaders and maintaining accountability, refining timelines, and addressing resource needs and barriers. DPBH leadership will develop a quarterly update to identify challenges and communicate progress with external partners.

This strategic plan is intended to evolve and be refined over time. Achieving this will require evaluating progress toward goals and objectives on a regular basis, as well as making refinements to existing goals and developing new ones. This work will also be critical in generating the next phase of the strategic plan, which will go into effect in 2026. The table below shows the management timeline.

Plan Review Action	Timeline
Strategic Plan and Action Plan Reports	Quarterly, beginning Calendar Year 2023
Strategic Plan Review and Update	Annually, beginning Calendar Year 2024
Strategic Plan Development	Every three years, beginning Calendar Year 2025

Discussions regarding these updates and changes outlined in the table above, to include who provided perspectives and any related action items, will be documented for historical records and for accreditation maintenance. Any specific changes to the three-year plan will be recorded on the table in Appendix A. Recommendations for future phases of the strategic plan will be recorded in Appendix B of this strategic plan.

Strategic Plan Record of Changes

Date of Change	Description of Change	Page Number(s)

Recommendations for Future Plan Development

Date	Description of Concept	Recommending Team Member(s)

APPENDIX A: DOCUMENT REVIEW AND PROCESS SUMMARY

This strategic assessment was developed in support of the Division of Public and Behavioral Health's (DPBH) strategic planning process. Its purpose is to provide an assessment of the challenges and opportunities DPBH faces in order to identify the best ways to deal with them. It was conducted over a several month period and includes input from various sources.

This assessment is the foundation of DPBH's three-year strategic plan. This plan was developed both to guide their operations over the next three years, and also to ensure compliance with the Public Health Accreditation Board's standards for accreditation. By pursuing both objectives, DPBH can ensure that it is best able to develop an efficient and effective agency while also following a national best practice in pursuing accreditation.

This assessment began in the Summer of 2022. It is built on the previous period of work, which resulted in the development of Mission, Vision, Purpose, and Mantra statements. The planning process initiated in 2022 refined these existing strategic statements and added to them in the development of this strategic assessment and the subsequent strategic plan.

The formal strategic assessment relied on four critical methods for gathering input for the development of the DPBH strategic plan:

- Document review
- Town hall meetings
- Leadership interviews
- Team member survey

The document review and analysis took place over several months leading up to the initial draft of the strategic plan. Initial documents were provided by DPBH leadership based on a request for any existing strategic plans, action plans, assessments, and data reports at any level within or related to DPBH, even if they were outdated, and additional documents were identified through the interview process. Reviewing these documents allowed for a high-level assessment of the current state of strategic planning, data reporting for decision-making and evaluation, and overall coordination of planning within DPBH, as well as ensuring alignment of planning efforts once the DPBH strategic plan was developed and implemented.

The town halls allowed opportunities to receive direct and candid input on the DPBH strategic plan from team members. The town halls were critical to the development of more context than the document review provided as well as opportunities for team members to ask questions about the process and what would be expected of them specifically. These town halls had wide-ranging focuses, but much of the discussions allowed for team members to provide input into the development of the DPBH core values for this plan.

The leadership interviews allowed for an additional level of detail for this plan. They allowed for more focused discussions on issues that had surfaced through the surveys, the town halls, and the document review. And they also provided opportunities for internal and external leaders to identify the key challenges and opportunities facing DPBH.

Finally, DPBH also provided an opportunity for team members from throughout the division to provide input through a survey. Question topics ranged from administrative, by identifying what organization within DPBH the employee works for, to questions about the DPBH Mission, Vision, Purpose, and Mantra statements and the challenges and opportunities ahead for the agency. The survey remained open for a total of four weeks (from September 21 through October 23, 2022) and a total of 358 DPBH employees responded to the survey, providing candid feedback on everything from the organizational structure to pay and benefits and employee retention. The survey responses provided valuable input for the strategic plan.

In addition to these input initiatives, this strategic plan was also informed by the 2022 State Health Needs Assessment and draft State Health Improvement Plan. As DPBH works to meet additional accreditation requirements and develop required plans, this strategic plan will help inform and provide direction to the Division's Workforce Development Plan, Performance Management System, and Quality Improvement Plan. These plans and systems are referenced throughout this strategic plan and were critical to its development.

Information was gathered through all of these methods and key themes and topics emerged. As shown in the SWOT analysis included below, key challenges and opportunities emerged and these directly informed the development of the strategic goals and objectives. Input through these sources also directly led to modifying the Mission, Vision, Purpose, and Mantra as well as developing the DPBH Core Values.

One key point that was identified throughout this process was the magnitude of the task ahead for DPBH. First, DPBH is an enormous agency with an important mission and faces significant challenges. Second, developing a strategic plan is just the first step, it is the implementation of the plan that will require the most commitment and work. It is because of these two factors that this plan is written to focus on the fundamentals. There are opportunities to be innovative and there are important initiatives that should be considered, but this plan focuses primarily on building the foundational systems and processes that must be in place before strategic initiatives can truly be developed and implemented.

Beyond implementing the following strategic plan, DPBH also included a process for developing its next strategic plan. This plan covers a three-year period, and it will be refined and changed over time through the process included in this plan. At the end of the three years covered by this plan, DPBH will be well positioned to develop, write, and implement the strategic plan for the phase that follows.

These four methods of this strategic assessment resulted in a Strengths, Weaknesses, Opportunities, and Threats, known as a SWOT, analysis provided below, which helped shape and define DPBH’s strategic priorities. Input for this analysis was provided through the agency-wide survey, the town halls, the interviews, and in the document review process. Items were included in the “Strengths” and “Weaknesses” categories of the SWOT analysis if they were mentioned persistently through the various opportunities for input. Items were included in “Opportunities” and “Threats” categories of the SWOT analysis if they were mentioned numerous times, or if they identified an opportunity or threat of critical strategic importance.

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. DPBH provides a critical public service to the state 2. DPBH team members are talented and committed to the mission 3. DPBH leadership commitment to continuous improvement 4. Formal leadership role in state 5. Public health is currently a national focus 6. Relationship with higher education, including establishing the Center for Public Health Excellence, and progress toward establishing academic health departments 	<ol style="list-style-type: none"> 1. Recruitment, retention, and promotion of employees 2. Limited state funding investment and reliance on federal grant funding 3. Enormous agency with a critical mission resulting in silos 4. Pandemic has stretched resources and increased burnout 5. Internal and external communication 6. Prioritization of organizational goals 7. Significant amounts of data generated but it is not used for comprehensive evaluation and information sharing
Opportunities	Threats
<ol style="list-style-type: none"> 1. Accreditation process 2. Strategic planning process 3. 21st Century Learning Community Expansion initiative 4. Central Nevada Health District 5. Pandemic has increased awareness of public health 6. Pandemic increased novel service delivery (like telehealth) 7. Unprecedented availability of federal funding 8. Legislative interest and support 	<ol style="list-style-type: none"> 1. Future pandemics or public health crises 2. Economic crisis affecting state revenue 3. Ongoing mental health crisis and increased need for services 4. Drug use in rural and urban areas 5. Politicization of the pandemic has decreased public trust in public health 6. Increase in demand for public health services 7. Failure to engage in strategic change

These four methods allowed for DPBH leadership to hear from participants in the public health system from across the state. The results, which are documented in

this assessment, show the emergence of clear issues, challenges, opportunities, and other information, which directly informed the development of the DPBH strategic plan. Through both of these efforts, the strategic assessment and the strategic plan, DPBH will be able to align its programs and bureaus across the agency, improve communication internally and externally, and achieve its overall goal of improving public and behavioral outcomes in the state.

APPENDIX B: PUBLIC HEALTH ACCREDITATION BOARD COMPLIANCE

This assessment was conducted in support of the development of the DPBH strategic plan. While the strategic plan will be used to guide DPBH operations and improvements over the next three years, it was also developed to bring DPBH within alignment of the Public Health Accreditation Board's (PHAB) *Standards and Measures for Initial Accreditation* (Version 2022). DPBH's compliance with several of these standards and measures throughout the development of this strategic plan is documented in this strategic assessment.

Specifically, this assessment shows DPBH's compliance with PHAB Standard 10.1: Employ strategic planning skills. Much of what is included in this report meets the development and adoption of a strategic plan that complies with PHAB requirements, but it also is intended to position DPBH to execute Standard 10.1.3 A: Monitor implementation of the department-wide strategic plan. This final standard (10.1.3 A), will be executed in 2023 and beyond in compliance with PHAB requirements.

Included below are descriptions taken from PHAB's *Standards and Measures for Initial Accreditation* relevant to this strategic assessment. Each standard is covered in length, with a description of how the assessment materials that follow meet PHAB's compliance requirements. The descriptions refer to the actions taken to develop this assessment in support of DPBH's three-year strategic plan.

STANDARD 10.1: Employ strategic planning skills.

Description: Strategic planning is a process for defining and determining an organization's roles, priorities, and direction. A strategic plan sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it. The strategic plan provides a guide for making decisions on allocating resources and on taking action to pursue strategies and priorities. A health department's strategic plan focuses on the entire health department. Health department programs may have program-specific strategic plans that complement and support the health department's organizational strategic plan; this standard addresses the health department's organizational strategic plan.

STANDARD 10.1.1 A: Conduct a department-wide strategic planning process.

Purpose & Significance: The purpose of this measure is to assess the health department's strategic planning process. The development of a strategic plan requires a process that considers input and knowledge from across the health department and the governing entity, assesses the larger environment in which the health department operates, and leverages its organizational strengths to address identified challenges and opportunities.

Standard 10.1.1 A:

Required Documentation	Guidance
<p>a. A list of the individuals who participated in the strategic planning process. Participants must include various levels of staff and representative(s) of the health department's governing entity or advisory board.</p>	<p>The health department's size and organizational structure will define the various levels of staff engaged in the strategic planning process. The intent of this required element is that both leadership or management and non-managerial or frontline staff contribute towards the strategic planning process. In a centralized state, the state health department could include staff serving local jurisdictions, as appropriate. Participation could include, for example, contributing towards an environmental scan (components listed within required element b) or developing elements of the strategic plan, such as, the mission, vision, values, or strategic priorities. Sharing a final version of the strategic plan would not demonstrate the intent of this requirement. Similarly, presenting the final version to the governing entity for approval, would not meet the intent. While the health department does not need to engage the governing entity or staff in every strategic planning meeting, the intent is that at least one member from the governing entity or a liaison to the governing entity (e.g., a representative from the governor's or mayor's office) or advisory board and staff provide input during the development process to inform the final version. The documentation could be supplemented with an explanation in the Documentation Form to clarify participant titles and roles if, for example, the documentation (e.g., an excerpt for the strategic plan, meeting minutes) lists participants but does not include their titles.</p>
<p>b. A summary or overview of the strategic planning process, which must include:</p> <ul style="list-style-type: none">i. The identification of the department's internal strengths and challenges.ii. The identification of external trends, events, or other factors that may impact community health or the health department.	<p>The strategic planning process could include use of a variety of tools or techniques, for example, brainstorming, stakeholder analysis, value stream mapping, storyboarding, or scenario development. The process could involve structured facilitation to assess, for example, the health department's strengths, weaknesses, opportunities, and challenges or threats (SWOC or SWOT), strengths aspirations, opportunities, and results (SOAR) analysis, or another environmental scanning process. Internal strengths and challenges generally include factors within the health department's control (e.g., staffing, technology, or financial management). External trends or events are outside of the health department's control with</p>

<p>iii. Consideration of capacity for or enhancement of workforce development, communication, financial sustainability, and information management or technology.</p> <p>iv. The process for selecting strategic priorities.</p> <p>If the health department is part of a super health agency or umbrella agency, the health department's process may have been part of a larger organizational planning process. If that is the case, the health department must have been actively engaged in the process and must provide evidence that public health was an integral component in the process. If not, then the health department must document that it has conducted a health department specific strategic planning process.</p>	<p>ramifications that could impact the health department's sustainability or programs/services (e.g., political, or economic pressures, changes in the population's health status or socioeconomic status, or events).</p> <p>Critical components to sustain and enhance the effectiveness of the health department's infrastructure and operation include the health department's workforce development, communication (including brand strategy), finances, and information management or technology. Health departments could demonstrate consideration of the areas in iii by, for example, including them in strengths and challenges (i) or trends (ii), as appropriate; gathering feedback from staff or stakeholders about capacity or needed enhancements; including assessments of the health department's capacity (e.g., a workforce or technology assessment) in the items reviewed by the strategic planning participants; or providing information to the planning participants about what other health departments are doing in these areas.</p> <p>The health department's assessment of internal and external factors, as well as consideration of its capacity, informs the selection of strategic priorities. Methods to select priorities (iv) could include, for example, developing a list of potential goals and prioritizing among them through group voting, nominal group technique, or prioritization matrices.</p> <p>Documentation Examples</p> <p>Documentation could include, for example, meeting or strategic planning session materials (e.g., minutes or a presentation) or excerpt of the strategic plan.</p>
--	--

Notes:

a. List of participants: This report documents the number of people who participated in developing this strategic assessment, which directly informed the strategic plan. Participants are included throughout by name as much as possible, and by position and bureau in instances where we wanted to provide anonymity to encourage candid feedback. Participants in this process were from every level within the agency, from front line employees to senior staff, and also included external partners.

b. Process and SWOT Analysis: These requirements are provided both within the strategic plan as well as within the Executive Summary portion of this assessment.

STANDARD 10.1.2 A: Adopt a department-wide strategic plan.

Purpose & Significance: The purpose of this measure is to assess the health department’s strategic plan. A strategic plan defines and determines the health department’s roles, priorities, and direction over a set period of time. The strategic plan provides a roadmap to foster a shared understanding among staff to align towards contributing to what the department plans to achieve, how it will achieve it, and how it will know whether efforts are successful. The strategic plan takes into account leveraging its strengths, including the collective capacity and capability of its units towards addressing weaknesses and challenges. The strategic plan outlines the health department’s contributions towards improving health outcomes outlined in the state/Tribal/ community health improvement plan. The performance management system can be used to ensure the health department is on track with meeting the expectations in the strategic plan and quality improvement tools can help the health department meet its objectives.

Standard 10.1.2 A:	
Required Documentation	Guidance
a. The health department’s mission, vision, and guiding principles or values.	The mission reflects why the health department exists or the purpose of its collective units, services, or functions. A mission statement is a written declaration of the health department’s core purpose and focus. The vision statement reflects the ideal future state (i.e., what the health department hopes to achieve). Guiding principles, or values, describe how work is done and what beliefs are held in common as a basis for that work.
b. Strategic priorities.	Strategic priorities outline what the health department plans to achieve at a high level in order to accomplish its vision. Strategic priorities could be called by a different name (e.g., strategic goals).
c. Objectives with measurable and time-framed targets.	Objectives with measurable and time-framed targets could be contained in another document, such as an annual work plan. If this is the case, the companion document will be provided with the strategic plan for this requirement. Objectives will be measurable and time-bound, and could be written, for example, in SMART or SMARTIE (Specific, Measurable, Attainable, Relevant, Time-bound, Inclusive and Equitable) form. Logic models may be used to support alignment of activities and outcomes and to demonstrate how

	these objectives help measure progress towards realizing the health department’s mission.
d. Strategies or actions to address objectives.	Strategies or actions include steps the health department will take to achieve its objectives, in order to reach the intended outcome of the priorities. Strategies could be contained in a workplan outlining specific actions towards each objective and strategic priority. If in another document, the companion document will be provided with the strategic plan for this requirement.
e. A description of how the strategic plan’s implementation is monitored, including progress towards achieving objectives, and strategies or actions.	The intent of this required element is to describe how the health department monitors progress toward implementing the strategic plan, including objectives and strategies or actions, as identified in required elements c and d. Implementation of the strategic plan could be monitored, for example, through the performance management system, regularly scheduled meetings, or progress reports.
f. Linkage with the community health improvement plan (CHIP). (If the linkage with the CHIP is not evident in the plan, it could be indicated in the Documentation Form.)	Linkage could include, for example, strategic priorities aligned with priorities identified in the state/Tribal/ community health improvement plan (CHIP). For example, if the CHIP has a priority related to reducing the infant mortality rate, the strategic plan might prioritize strengthening the health department’s capacity to conduct surveillance related to maternal and child health in order to build its ability to support the partnership in this area.
g. Linkage with performance management (PM). (If the linkage with PM is not evident in the plan, it could be indicated in the Documentation Form.)	Linkage with performance management could include, for example, strategic plan priorities or activities that directly link to advancing a culture of quality or advancing use of performance management concepts or QI methods among staff. The linkage could also be demonstrated through explicit language about how the health department will use performance management to meet one of the strategic plan priorities (e.g., by specifying a plan to apply QI or performance management methods to meeting a priority related to expanding the health department’s communications reach within the community) or to track progress on strategic plan objectives.
If the health department is part of a super health agency or umbrella	For required elements f and g, the strategic plan does not need to link to all elements of the state/Tribal/ community health improvement plan or performance

<p>agency, the health department’s strategic plan may be part of a larger organizational plan. If that is the case, the plan must include public health. At minimum, at least one of the strategic priorities must be relevant to public health. If not, then the health department must document that it has supplemented the agency plan to address required elements b-d or adopted a health department specific strategic plan that addresses required elements a-g.</p>	<p>management, but it will show where linkages are appropriate for effective planning and implementation. The Documentation Form could be used to clarify and describe linkages (required elements f and g).</p>
--	--

Notes:

a-g: The requirements for this standard are included in the DPBH strategic plan.

STANDARD 10.1.3 A: Monitor implementation of the department-wide strategic plan.

Purpose & Significance: The purpose of this measure is to assess the health department’s monitoring of and communication about strategic plan implementation. A strategic plan sets forth what the department plans to achieve as an organization, how it will achieve it, and how it will know if it has achieved it. It is important to regularly review the implementation of the plan to ensure that the department is on track to meet its targets. Engaging staff and the governing entity in this monitoring can support collective efforts to achieve strategic plan objectives.

Standard 10.1.3 A:	
Required Documentation	Guidance
<p>1. Monitoring of progress towards all the strategic plan objectives.</p> <p>Reviews must be completed at least annually.</p>	<p>The intent of this requirement is to show monitoring of progress towards all objectives within the strategic plan. A review of one or a few objectives would not meet the intent. If no progress has been made on an objective, this can be indicated. It is not expected that all objectives would have been achieved, only that the health department is reviewing and monitoring the plan in its entirety at</p>

<p>If the plan has been adopted within the year of submission to PHAB, progress on a previous plan may be provided, or detailed monitoring plans may be submitted.</p>	<p>least annually. Monitoring may take place more frequently than annually (e.g., quarterly).</p> <p>Monitoring of the strategic plan provides opportunities to assess what strategies or actions have been completed, whether timelines or targets require adjusting, or if additional resources are needed to support implementation.</p> <p>Documentation Examples</p> <p>Documentation could include, for example, progress reports or presentations, or screenshots of a dashboard showing actual progress towards objectives.</p>
<p>2. Communication with governance and staff at various levels concerning implementation of the strategic plan.</p> <p>One example must demonstrate sharing with staff and one example must demonstrate sharing with the governing entity or advisory board. conducted a health department specific strategic planning process.</p>	<p>The intent of this requirement is that the health department informs at least one of its governing entities or advisory boards and both leadership/management and non-managerial/frontline staff on progress towards the implementation of the strategic plan. Regular communication fosters increased awareness of priorities and provides an opportunity for dialogue on the feasibility and effectiveness of priorities and objectives as the plan is implemented.</p> <p>In a centralized state, the state health department could include staff serving local jurisdictions, as appropriate.</p> <p>Documentation Examples</p> <p>Documentation could include, for example, meeting minutes, reports shared with the governing entity and staff, presentations, emails, or other discussion records.</p>

Notes:
 1-2: The requirements for this standard fall outside the scope of this assessment. However, the strategic plan developed through this assessment includes mechanisms for all of the requirements within this standard. DPBH will be compliant with this standard through implementing its three-year strategic plan.

APPENDIX C: DOCUMENT REVIEW

Overview

A critical part of the research process for the DPBH strategic plan was conducting thorough review of existing strategic planning documents in and around the public health space in Nevada. The document review and analysis took place over several months leading up to the initial draft of the strategic plan. Initial documents were provided by DPBH leadership based on a request for any existing strategic plans, action plans, assessments, and data reports at any level within or related to DPBH, even if they were outdated. Additional documents were identified through the interview process.

The document review process served a number of processes. First, it allowed for a high-level assessment of the current state of strategic planning, data reporting for decision-making and evaluation, and overall coordination of planning within DPBH. Second, reviewing these plans helped ensure that DPBH strategic plan was developed in a way that aligned with the existing plans for programs and bureaus within the Division as much and as appropriate as possible. Finally, several plans are required to be consulted in order to inform the strategic plan for the Public Health Accreditation Board (PHAB) process.

These documents were not reviewed in a vacuum, however. They were reviewed with the input made through the other research methods in this process, namely, the survey, town hall meetings, and interviews, in mind. The documents allowed for specific examples of challenges that were identified in these other processes, and for examples of specific, structural, and systemic opportunities to address these challenges.

The document reviewed provided important input for the strategic planning process. Reviews of vision, mission, and values statements showed the strength of the DPBH approach as well as the need to expand these important cultural aspirations and beliefs into plans throughout the division, for example. A review of these documents also showed a large amount of planning, data gathering, and communication, and also the lack of an overarching coordination structure for ensuring that DPBH programs, bureaus, and team members are all working in the same direction and toward the same goals. This balance of challenge and opportunities, as is discussed throughout this report, suggest that DPBH's first three-year period under the strategic plan should focus on inventorying current activities and initiatives that support DPBH's strategic initiatives, building systems to coordinate systems and build internal goals, and to use these mechanisms to better tell the story of DPBH's role in the state.

This report provides an overview of the document review process conducted in this strategic planning process. Key outcomes identified throughout the process are summarized and listed on the following page. Also, a proposed outline for the

resulting strategic plan is provided as an additional key outcome at the end of this report.

Document Review Key Outcomes

- While there is a strong desire internally to develop a bold and innovative vision for the future, the current DPBH three-year strategic planning process should focus on organizational fundamentals.
 - The strategic planning process, accreditation, the 21st Century Learning Community Expansion process and others provide opportunities for innovation, and these opportunities should be embraced. However, the core of DPBH's work over the next three years should be focused on building culture, systems, and processes that align the entire agency toward specific outcomes.
- In order to develop an overarching strategic vision for the organization, the DPBH strategic plan will need to be broad enough to accommodate the relevant portions of the strategic plans, and also focused enough to be relevant.
- DPBH may be interested in ensuring both that all internal programs and bureaus have a strategic plan and that these plans are aligned with the mission, vision, and values of DPBH. Because plans for some DPBH programs and bureaus are already developed and implemented, this will require a plan to allow all internal programs and bureaus to develop, review, and update their plans in alignment with the new DPBH plan within a realistic timeframe.
 - The strategic plan currently under development should initiate an agency-wide planning process. This will be difficult, but this alignment will be both important and challenging.
- Including equity language in the vision, mission, and values is important, and it should also be included in the objectives and strategies within the plan.
 - Developing and improving equity in public health in Nevada should continue to be a major focus of DPBH. This can be done through a number of means, but it should be significantly represented throughout the objectives, goals, and strategies of the plan. Continuing the core values survey on at least an annual basis should be considered as well.
- DPBH generates an enormous amount of data, however, without specific goals and objectives around data gathering and sharing, information may not be reported outside of the program or bureau's team members and external partners. These data may be beneficial to other teams within DPBH or even outside of it. Sharing it could help external relationships.
 - Developing systems and processes for gathering and sharing agency data for organizational awareness and team building, decision making, evaluation, and telling the DPBH story should be a major consideration within the DPBH strategy.
- There is an important difference between the local strategic plans and DPBH's. Local districts and authorities provide the majority of the direct public health services in the state, while the state serves in a coordinating and

leadership capacity. This is reflected in the differences in their missions and the ways that they measure success, and DPBH’s plan should focus on its role as a statewide coordinating agency and their role as the statewide public health leader.

Documents Reviewed

A total of 29 documents were reviewed in this process. The majority of the documents were specific to DPBH, its programs, its bureaus, and its related public bodies, although documents from outside the agency were also included and provided important input. These documents were reviewed to identify promising practices and consistency in the strategic plans in the Nevada public health landscape in order to provide the strongest possible strategic plan for DPBH for the next three-year period.

Internal DPBH Document Review

The table below shows 19 documents that were reviewed, all of which are internal to DPBH or relevant to its role within the larger DHHS structure. Taken together, the documents listed in the table below provide a snapshot of the current status of strategic planning within DPBH and provide significant input into this current process. In addition to the formal review of the documents listed in the table above, notes from the three DPBH town halls and the 18 internal and external public health interviews also informed this analysis that follows.

Internal DPBH Plans, Reports, and Documents	
Agency or Organization	Document Type and Date(s)
DHHS, Office of Analytics	2020 Annual Sentinel Event Summary Report
DHHS, Problem Gambling Services	FY2022-FY2023 Strategic Plan
Center for Public Health Excellence, UNR	Academic Health Department Overview
Center for Public Health Excellence, UNR	21 st Century Learning Community Expansion Overview
Division of Public and Behavioral Health	Activity Budget Report 2023-2025 Biennium (FY24-25)
Division of Public and Behavioral Health	Nevada's Behavioral Health Community Integration Strategic Plan
Division of Public and Behavioral Health	Core Values Assessment, Enhancement Strategy Report, 2022
DPBH, Substance Abuse Prevention and Treatment Agency	Two-year Substance Abuse Prevention Plan, 2021-2023

DPBH, Substance Abuse Prevention and Treatment Agency	Strategic Plan, 2017-2020
DPBH, Nevada State Immunization Program	5 Year Strategic Plan, 2013-2017
DPBH, Chronic Disease Prevention and Health Promotion	Strategic Plan, 2023-2027
DPBH, Nevada Heart Disease and Stroke Prevention Strategic Plan	Strategic Plan, 2019 Update
Nevada Interagency Council on Homelessness	Strategic Plan, Revised 2017
DPBH, Nevada Prescription Drug Abuse Prevention	12-Month Strategic Plan 2015-2016
DPBH, Nevada Hospital Preparedness Program	2019-2024 Strategic Plan
DPBH, Environmental Health Section	Strategic Plan, updated 2019
Public Health Accreditation Board	Standards and Measures for Initial Accreditation
Nevada State Health Needs Assessment (DRAFT)	2022 Needs Assessment
DPBH Workforce document	

There are a number of important characteristics that reviewing these plans collectively show. First, the sheer number of plans within the division is significant, though not unexpected for a large agency. Second, the lack of connectivity between the numerous plans for programs and bureaus within DPBH, which should be an aim of the currently planning process. And finally, once the current plan is fully developed, it will require significant coordination to bring all of the plans of subordinate agencies into alignment.

Focusing on the Fundamentals

Throughout the interviews, survey, and town halls, one persistent challenge identified is the lack of systems and coordination within DPBH and the silos that result. This criticism is common in public agencies, and one that is especially true of large public agencies with broad missions. It is criticism, however, that is also supported by a general review of DPBH's existing plans.

This input suggests a clear strategic direction for DPBH's planning process. While there is a strong desire internally to develop a bold and innovative vision for the future, the current DPBH three-year strategic planning process should focus on organizational fundamentals. That is to say, the first strategic plan should use the

majority of the first three-year period to focus on building systems, coordinating, and breaking down silos. While completing this important foundational work, DPBH should build a strategic vision through the following strategic plan.

This has a number of important implications for DPBH and its plan. Instead of proposing new data systems, for example, DPBH’s plan should focus on identifying the current data that are available, how often they are reported and to which agencies, and how these data can be gathered, synthesized, and shared in ways that are meaningful to achieving DPBH’s strategic objectives. While data sharing is one area, this same approach is equally true of addressing the personnel, cultural, organizational, and operational challenges that DPBH faces, and the strategic plan should show this approach.

The large number of unaligned strategic plans within the agency also additional implications for implementing the DPBH strategic plan. Various Vision and Mission statements from representative sample from strategic plans written for DPBH programs and bureaus are shown in the figure below. Most of the plans are for very specific programs or policy areas and not for the bureaus they fall under.

Select Vision and Mission Statements from DHHS and from DPBH Programs & Policy Areas	
Department of Health and Human Services	Mission: The Department of Health and Human Services promotes the health and well-being of Nevadans through the delivery of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency.
DHHS Advisory Committee on Problem Gambling	Mission: To support effective problem gambling prevention, education, treatment, and research programs throughout Nevada.
Nevada Interagency Council on Homelessness	Mission: The mission of the Nevada’s Governor’s Interagency Council on Homelessness is to lead Nevada’s efforts to prevent and end homelessness.
Nevada’s Heart Disease and Stroke Prevention Program Strategic Plan	Mission: To establish and implement a comprehensive plan for the prevention of stroke, heart disease, and other vascular diseases in Nevada.
Environmental Health and Safety Strategic Plan	Mission: Environmental Health Section is responsible for safeguarding the health of Nevada Residents and visitors by preventing avoidable death and disease.

This lack of alignment presents a unique challenge of its own. In order to develop an overarching strategic vision for the organization, the DPBH strategic plan will need to be broad enough to accommodate the relevant portions of the strategic plans,

and also focused enough to be relevant. These plans do not match the DPBH focus on equity and reaching all Nevadans no matter their circumstance, which is not to say that their programs do not aim to achieve such goals. But DPBH may be interested in ensuring both that all internal programs and bureaus have a strategic plan and that these plans are aligned with the mission, vision, and values of DPBH. Because plans for some DPBH programs and bureaus are already developed and implemented, this will require a plan to allow all internal programs and bureaus to develop, review, and update their plans in alignment with the new DPBH plan within a realistic timeframe.

One of the benefits of having so many plans within DPBH, however, is that these plans will allow DPBH to implement its plan and deploy its objectives. For example, interviews and surveys suggest that DPBH's plan may include a goal or an objective about increasing public outreach around public and behavioral health matters. With some coordination, this can be accomplished at least in part by working through subordinate agency and program plans and initiatives like those mentioned in the "Prevention, Health Promotion, & Public Awareness" section of the Nevada Problem Gambling Strategic Plan.

Finally with respect to the DPBH fundamentals, the 2022 Core Values Assessment shows the importance the agency is placing on equity, which is also reflected in DPBH's new mission, vision, and values for this strategic planning process. Including equity language in the vision, mission, and values is important, but it should also be included in the objectives and strategies within the plan. This will be important to continuing the shift toward an equity culture within the organization.

Metrics and Data Reporting

Data and metrics serve important functions for DPBH and are critical for the strategic growth of DPBH throughout this strategic plan period. Several of the strategic plans within DPBH programs and bureaus committed to evidence-based practices, and multiple included the data on which their plans were based. Through the interviews and town halls, several important points regarding data and metrics, and especially how, when, and why to communicate them, as well.

First, DPBH generates an enormous amount of data throughout their work serving Nevada's public health needs. The individual programs and bureaus within DPBH likely have access to the information they need to make decisions, to identify their customers, and to meet their grant requirements. However, without specific goals and objectives around data gathering and sharing, information may not be reported outside of the program or bureau's team members and external partners. These data may be beneficial to other teams within or external to DPBH and sharing them could help external relationships.

Additionally, generating these data could also help break down silos between programs and bureaus within DPBH. One way to do this could be through starting formal information sharing programs initiatives or through establishing more informal programs, such as brown bag lunches or something similar. Another way,

and something that would be for the longer term, would be to develop something like an annual plan program that works throughout the year to gather data and to report it in a consistent format.

DPBH would benefit from the development process for an annual report as well, which would require building systems to gather and synthesize the data, and also through the outcome of a public report. A clear example of the value of this type of annual report to the public can be seen in the “2020 Annual Sentinel Event Summary Report.” This document provides data, it tells a portion of DPBH’s story, and it provides a plan for progress in the future.

Data are also critical for evaluating the performance of the agency and for building plans for future improvements. The plans within DPBH did have measurable goals and objectives, but there did not seem to be a consistent mechanism for gathering data for critical metrics and applying them to an evaluation process. They should certainly be a key focus area within the DPBH strategic plan.

The one clear and overarching example of data collection and key metrics is in the DPBH Activity Budget. As a state agency, DPBH is required to develop performance measures for each of their biennial budgets. The Activity Budget has pages of performance measures for each activity within the budget and report on those measures through the budget process as well. Example performance measures are provided below:

- Percent of Emergency Medical Services (EMS) Agencies Trained in Pediatric Trauma
- Percent of After-Action Reports Received on Exercises and Real-World Events
- Percent of Operational Readiness Review Planning

These measures and the others like them throughout the DPBH Activity Budget are important, but they do present at least three challenges. First, without a strategic plan and information sharing process, there is clear way for this information to be communicated widely outside of the budget process. And second, there is not a clear mechanism (though one may exist) for refining these performance measures over time. Third, these measures are reviewed biennially in preparation for each Legislative session, which is not often enough to change course if it appears a new strategy is needed to accomplish or improve the outcome.

Review of DPBH Partner Agency Strategic Plans

In addition to reviewing the internal DPBH strategic plan in this document review process, strategic plans for critical local partners were also reviewed. These plans represent the two health districts in Nevada as well as the health authority. These plans are listed in the table below, along with the overall survey for Nevada provided by ASTHO.

DPBH Partner Agency Strategic Plans	
Agency or Organization	Document Type and Date(s)
Association of State and Tribal Health Officials	2022 ASTHO Profile Survey for Nevada
Southern Nevada Health District	2016-2019 Strategic Plan
Carson City Health and Human Services	Organizational Strategic Plan 2020-2025
Washoe County Health District	Strategic Plan 2022-2024
DHHS, Division of Child and Family Services	5-Year Strategic Plan, 2020-2025

As with the plans internal to DPBH, the missions, visions, and values for these plans were also reviewed. This is an important step for several reasons. First, all three of the local districts and authorities have received PHAB accreditation. And second, it is important to ensure that these local agencies can align their strategic plans with the state strategic plans in order to increase opportunities for partnership and collaboration in the future.

There is an important difference between the local strategic plans and DPBH's. Local districts and authorities provide the majority of the direct public health services in the state, while the state serves in a coordinating and leadership capacity. This is reflected in the differences in their missions and the ways that they measure success, and DPBH's plan should focus on its role as a statewide coordinating agency and their role as the statewide public health leader.

The mission and other strategic statements listed in the table below for each jurisdiction generally align with similar statements for DPBH. They reflect a local perspective and lens on the public health challenges affecting their communities. They show the importance of planning, of developing measurable strategies, and they show how they will build partnerships. All of these are important practices for the DPBH strategic plan to reflect.

Vision and Mission Statements from Local Health Districts and Authorities	
Southern Nevada Health District	<p>Mission: To assess, protect, and promote the health, the environment, and the well-being of Southern Nevada communities, residents, and visitors.</p> <p>Vision: Healthy People in a Healthy Southern Nevada</p>

	<p>Values:</p> <ul style="list-style-type: none"> • People: We will treat the people we serve in a professional, courteous, and prompt manner. • Health: We will craft and implement all programs, services, and regulations with the overarching goal of promoting the health of the community we serve. • Integrity: We will favor fairness and honesty in order to consistently apply all codes, rules, and regulations. • Knowledge: We will commit to share thorough information with all clients and stakeholders. The lines of communication will be kept open for receiving feedback in order to constantly improve and enhance our operations. • Excellence: Based on evidence-based research and best practices, we will provide competent service and make our resources available to our clientele to provide superior long-term performance. • Consideration: We will create an environment that recognizes and respects diversity and allows people to express their concerns without intimidation. Addressing the needs and problems of our patrons will be a priority for all staff members.
<p>Washoe County Health District</p>	<p>Mission: To protect and enhance the well-being and quality of life for all in Washoe County.</p> <p>Vision: A healthy community</p> <p>Values:</p> <ul style="list-style-type: none"> • Trustworthiness: appropriate allocation of resources, spend prudently, stewardship • Professionalism: ethics, education, accountability • Partner-Collaborate: be flexible, adapt, be accessible, be proactive, innovate and create
<p>Carson City Health and Human Services</p>	<p>Mission: To protect and improve the quality of life for our community through disease prevention, education, and support services.</p> <p>Vision: To lead the region in providing services that support healthy communities.</p>

	<p>Strategic Priorities:</p> <ul style="list-style-type: none"> • Access to Healthcare • Communicable Disease Outbreak Preparedness and Response • Public Health Funding
--	--

There are other practices modeled by these local strategic plans that DPBH should consider following as well.

- Metrics and Data: Each of these strategic plans prioritize data and reporting. The Washoe County Health District in particular provides a timeline for implementation of the plan for providing reports on progress. Similarly, the same plan also provides an excellent process for reviewing and updating their plan, which is something that should be included in any plan. Carson City Health and Human Services has an excellent model for reporting data as well.
- Focus on Key Priorities: The Carson City Health and Humans Services strategic plan exemplified building a strong plan focused around the agency’s primary operational goals. The agency is focused around three goals: access to healthcare, communicable disease outbreak preparedness and response, and public health funding. This approach allowed them to focus their efforts on their critical and core functions, which is similar to the recommendation here that DPBH build a baseline strategic plan for the first three years of this plan.
- SWOT Analysis: All three local health districts and authorities base their plans on their local challenges and opportunities. These are important not only because they show the evidence-based approach of the local governments in serving their jurisdictions’ public health needs, but also because these local challenges and opportunities should also inform the statewide strategic analysis of DPBH. Much of the DPBH strengths and weaknesses were identified through the leadership interviews, though excellent input was provided through the survey and the town hall meetings as well.
 - As the example SWOT analysis from the Southern Nevada Health District shown below shows, there is clear overlap between the state and local challenges and opportunities, but there are also critical differences. The DPBH strategic plan has to acknowledge these differences while also benefitting from the work and perspectives of the local government agencies.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Highly trained/specialized workforce • Flexible and adaptable staff • Community integration and collaboration • Diversity of programs and services 	<ul style="list-style-type: none"> • Insufficient funding • Understaffed • Lack of understanding of public health • Political make-up of Board of Health

<ul style="list-style-type: none"> • Dedicated funding sources • National recognition and services • Independent agency • Good customer service • Well respected and recognized in the community 	<ul style="list-style-type: none"> • Aging infrastructure • Low employee morale • Leadership turnover/succession planning • Little support for workforce development • Resistance to organizational change
Opportunities	Threats
<ul style="list-style-type: none"> • Community collaboration • Improving economic conditions • Accreditation • Ability to participate on national scene • Marketing • New technology • New leadership/new ideas (empowerment) • Reorganize & consolidate services for efficiency • Standardization of regulations • Branding/marketing of public health • Staff training to promote upward movement • Capital improvement – technology and innovation • Improvement of performance measurement • Data-related/informatics 	<ul style="list-style-type: none"> • Politicization of public health • Insufficient funding/increased costs of doing business • Large undocumented population • Low graduation rates • Affordable Care Act – loss of public safety net • Changing value systems • Staff turnover – retirement, replacement, • poaching by industry • Changes to SNHD organizational/ • Governance structure • Lack of stability

Review of External Strategic Plan Examples and Guides

In addition to strategic plans and reports that are directly relevant to DPBH's operations and strategic plan, model strategic plans from other states were also reviewed. These plans were suggested for review by DPBH leadership because they aligned with the vision for DPBH's strategic plan. While they are plans for state health agencies in other states, with different political, funding, and social landscapes, they provide excellent examples. The plans and guides reviewed for this document review are provided in the table below:

Model State Plans and Guides	
Agency or Organization	Document Type and Date(s)
Indiana Health Department	2021-2025 Agency Strategic Plan
New Mexico Department of Health	FY2021-FY2023 Strategic Plan
Oregon Health Authority, Public Health Division	2017-2020 Strategic Plan
Ohio Department of Health	2020-2022 Strategic Plan
Association of State and Tribal Health Officials	Strategic Planning Guide

There are numerous aspects of these plans that could inform the DPBH strategic plan. DPBH's plan will represent the specific strengths and weaknesses as well as Nevada's specific landscape, however, these plans do provide thoughtful work and examples. Below, drawing from these external plans and guides, a draft table of contents for the DPBH strategic plan is provided.

Frontmatter

- Cover page
- Table of Contents
- Letter from DHHS Director
- Letter from DPBH Administrator
- Executive Summary

Introduction

- About the Division of Public and Behavioral Health
- Governor's priorities
- DHHS Mission
- DPBH Vision, Mission, Purpose, and Mantra
- DPBH Core Values

Process

- Purpose of the plan
- Information gathering methods
- Information gathering timeline

Strategic Analysis

- DPBH SWOT analysis overview
- SWOT Analysis outcomes

Strategic Plan

- Strategic priorities
 - SMART objectives
 - Strategies/actions to address objectives
-

Conclusion

- Plan implementation, monitoring, evaluating, and improvement plan
 - Conclusion
 - Acknowledgements
 - Index/Glossary (as necessary)
 - Table to track updates for the plan
 - Cover page
-

APPENDIX D: TOWN HALLS

Overview

In order to receive direct and candid input on the strategic planning process, the Division of Public and Behavioral Health (DPBH) hosted a series of virtual town halls. These town halls were facilitated by external partners in order to provide opportunities for candor and direct input from team members. This report documents the significant outcomes from the town halls and explains how they will be incorporated into the overall strategic plan.

There were a number of critical purposes of these town halls. First, the surveys were anonymous and provided for candid responses, and these responses provided initial information for the facilitators to explore further during the town halls. Second, surveys can be impersonal, and we wanted to make sure we were providing a more personalized opportunity for DPBH team members to participate. Third, we wanted to provide opportunities for team members to provide more context and clarification to comments that may have been limited in the written responses. Finally, we wanted to make sure we were available to team members to answer any of their questions regarding DPBH's strategic planning process.

All members of the statewide DPBH team were invited to participate, and the discussions were scheduled throughout the week of October 17, 2022, including early morning, afternoon, and weekend opportunities. A total of 42 people participated in three of the four town hall opportunities, representing a broad number of programs and bureaus within DPBH. While no one attended the town hall on Saturday, October 21, 2022, we believe it was incredibly important to provide a weekend opportunity as well in order to accommodate different shifts and work schedules. The dates and times of the town hall meetings are provided below:

- October 18, 2022, from 11:00AM to 12:00PM
- October 20, 2022, from 7:30AM to 8:30AM
- October 20, 2022, from 2:30PM to 3:30PM
- October 21, 2022, from 9:00AM to 10:00AM

The three town halls provided remarkable input to the strategic planning process. Through the open discussions, we were able to have candid discussions, delve deeper into concepts, and answer questions in real time. The majority of the conversations included three major topics. First, they were provided the DPBH Mission, Vision, Purpose, and Mantra statements and asked what core values DPBH should prioritize. Second, they were asked to discuss any major challenges the organization faced. And third, what opportunities DPBH faced as well. Input received from these questions will be directly incorporated into the strategic assessment within the strategic plan.

An overview of each town hall is provided within this document. These notes include who attended and from which program or bureau. Additionally, they include the key takeaways regarding DPBH's core values, challenges, and opportunities, all de-identified in order to ensure we are respecting anonymity of the team members to the best of our ability. This information is provided to DPBH to be maintained as a part of the accreditation process.

Key Outcomes

In addition to the notes from each town hall, we have also provided a brief synthesis of the input provided below. These provide a high-level overview of the comments that came out of one or more town hall, which will be further analyzed and synthesized with feedback provided through the survey, the document review, and the interviews with internal and external public health leaders. Together, this information will be incorporated directly into the DPBH strategic plan.

Values	
<ul style="list-style-type: none"> • Going above and beyond to serve • Responsiveness • Equity • Accessibility • Efficiency and Effectiveness • Public Service • Education • Integrity • Teamwork • Trusted Partner • Leadership • Respect 	<ul style="list-style-type: none"> • Inspiring • Strategic Sustainability • Compassionate • Consistent • Kind • Accepting • Communication • Collaborative • Cultural competency and safety • Acceptance of all abilities • Sympathy and Empathy
Challenges	
<ul style="list-style-type: none"> • Employee recruitment and retention • Employment flexibility • Funding • Cultural competency • Public trust • Technology • Inclusion 	<ul style="list-style-type: none"> • Safety of staff • Equity • IT System modernization • Pandemic • Single operational focus • Organizational silos
Opportunities	
<ul style="list-style-type: none"> • Strategic Planning process to address: • External Communications 	<ul style="list-style-type: none"> • Accreditation process • Program evaluation • Statewide Leadership

<ul style="list-style-type: none"> • Teambuilding • Internal Assessment • IT modernization • Staff shortage 	<ul style="list-style-type: none"> • Development of the Central Nevada Health District • Pandemic as a disruption
---	---

Event: DPBH Town Hall No. 1

Date and Time: October 18, 2022, from 11:00AM to 12:00PM

Facilitators: Amelia Lane Keller & Caleb Cage

Participants:

Name	Program/Bureau
Sarah Rogers	Bureau of Child Family and Community Wellness
Virginia Lee	Bureau of Child Family and Community Wellness
Jessica Peters	Southern Nevada Adult Mental Health
Bret Sarnquist	Bureau of Child Family and Community Wellness
Faith Beekman	Public Health Preparedness
Marilynn Jeanne Hesterlee	Health Care Quality and Compliance
Nathan Orme	Health Care Quality and Compliance
Victoria Sepcic	Office of Public Health Informatics and Epidemiology
Betty Lytle	Rural Clinics
Dawn Tann	Rural Clinics
Marvina Truss	Rural Clinics—Pahrump
Michelle Miller	Rural Clinics—Elko and Battle Mountain
Julia Peek	Community Health Services
Esmeralda Chavez	Health Equity Coordinator
Autumn Blattman	Executive Assistant
Kathie Taylor	Bureau of Child Family and Community Wellness

Katherine Strain	Immunization Program
Brad Waples	Medical Laboratories

Notes:

What values should drive DPBH's strategic plan?

- Going above and beyond to serve:
 - Externally – but could apply internally
 - Applies to how we communicate information: it is clear what action needs to be taken
 - But should also apply across the board
 - Might not be a stand-alone value, but a modification to an overall approach to how DPBH strives to serve.
- Responsiveness:
 - Be as nimble as we can
 - Maintain focus on adaptability while serving our core purpose
- Equity:
 - Ensure that we meet everyone's needs
 - In addition to efforts to respect diversity, we also need to treat people differently in order to treat them equally based on where they are
- Accessibility:
 - Make sure everyone knows how to get something and where to go
- Efficiency and Effectiveness:
 - Organizations within DPBH can get siloed
 - The depth and breadth of our services need to be reevaluated so that we are effective and adaptable as necessary
 - We should focus on continuous improvement
 - Needs to include metrics to measure success
- Public Service:
 - We have the honor of serving the public
 - Often this can be the most vulnerable members of the public
 - We should emphasize the pride we take in this
- Education:
 - Ensure members of our team are culturally competent
 - We must understand the different populations we serve
- Integrity
 - The people who live in and visit the State of Nevada need to have trust in the guidance that our agencies provide
 - Confusing guidance to the public erodes our integrity
 - All agencies need to communicate as one when addressing guidance's to the public
- Teamwork:
 - We are one team made up of many silos
 - We need to make sure we are working together
 - We need to make sure we understand what other organizations within DPBH do and how we can best work together

- Teamwork and collaboration should be focused on serving the whole client/whole patient with all of the services we provide and what we coordinate
- Various:
 - Trusted Partner: Trust in public health has been undermined and we need to make sure we are working to rebuild it
 - Educate: More internal education that allows non-program-specific units to have ability to think outside of the box/have flexibility when appropriate. This will help integrate programs within DPBH and remind everyone of the best end result to avoid delays whenever possible.
 - Lead: We are in a position to lead throughout the state, and we should seize upon that opportunity
 - Respect: Show respect to one another and to the public we serve
 - Inspire both internally and externally: Public health is often a hard job, its long hours, and healthcare. We should inspire our team members by letting them know they are doing a worthwhile job so it can keep them going
 - Sustainability: If we implement a program next year it should still be relevant and sustainable for the future, this includes funding

Challenges:

- Staffing issues:
 - Employee burnout
 - Employee turnover
 - Focus on employee pandemic
 - Pay and benefits
- Pandemic:
 - Increased workload tremendously and disrupted operations, these changes remain in place
 - Reduced public's trust in public health
- Operational Focus:
 - Due to a lack of resources, DPBH can tend to focus entirely or mostly on grant compliance
 - Our mission is much bigger than that
 - We need to focus on our outcomes
- Silos:
 - DPBH is an enormous agency
 - Workload is intense for everyone
 - It is possible to work here for years and not know what other programs within the Division do

Opportunities

- External Communications:
 - Promote the value of our service to the public
 - Show the value of our total division through comprehensive messaging
- Teambuilding:
 - Comprehensive onboarding process that allows new employees to learn what the entire Division does and their role in it
 - Provide professional development opportunities to increase retention

- Statewide Leadership
- Internal Assessment:
 - Conduct a systematic assessment of the laws, regulations, grant requirements, and other sources to determine exactly what DPBH should do
 - Determine what are the key priorities for the organization, use to determine future initiatives as well
 - Share that information internally

Event: DPBH Town Hall No. 2

Date and Time: October 20, 2022, from 7:30AM to 8:30AM

Facilitators: Amelia Lane Keller & Caleb Cage

Participants:

Name	Program/Bureau
Julie Lindesmith	Northern Nevada Adult Mental Health
Mitch DeValliere	Bureau of Child Family and Community Wellness
Laura Nieberding	Northern Nevada Adult Mental Health
Jennifer Tongol	Bureau of Behavioral Health Wellness and Prevention
Jacie Peters	Bureau of Child Family and Community Wellness
Ellen Kunz	Environmental Health Services
Troy Lovick	Chronic Disease Prevention and Health Promotions

Notes:

What values should drive DPBH’s strategic plan?

- Integrity:
 - Credibility earned through honesty and ethical practices
 - Treat everyone who comes to use the same way
- Treating others right:
 - Compassion: Commitment to reach every individual with understanding and sensitivity
 - Consistency: Fairness and equality in treatment of everyone
 - Kindness: Treating everyone with kindness
 - Acceptance: Treating everyone with acceptance
- Working together as a team:
 - Open communication: We need to have open and clear lines of communication between the people on the ground and those in management
- Collaboration: Work together as a team internally and together with our external partners and stakeholders

- Cultural competency and safety:
 - We are mindful, aware, open minded, and respectful of all individuals and their experiences
 - We create an environment where everyone feels safe

Challenges:

- Employee recruitment and retention:
 - It takes too much time to hire employees to fill vacancies
 - Competitive pay and benefits
 - Programs and bureaus are understaffed because of the lack of state investment
 - Staff burnout is real and contributes to recruitment and retention issues
- Employment flexibility:
 - Work from home policies
 - Some jobs require changing locations for the employee, which means moving homes and an increase in the cost of living
- Funding:
 - The state does not invest enough general funds into public health
 - We have more money than we have ever had, but it won't be sustained
 - We should be looking at more funding sources (grants, private philanthropy, federal dollars)
- Cultural competency:
 - We should have providers that speak the language of those that speak the language
 - We have ways to translate but it really makes the quality of care not equitable
- Public trust:
 - Especially in rural areas, the public perception can be that public health is the adversary
 - Restaurant inspections during COVID, the public perception of the jobs in environmental health plummeted because people thought they were anti-business
- Technology:
 - Website is not very user friendly
 - We are not keeping up with the public that is increasingly tech-savvy

Opportunities:

- Pandemic:
 - COVID appears to have reduced some stigma around behavioral health treatment
 - At the same time, it has increased demand for public health services
 - COVID also demonstrated the isolation of rural communities and allowed for the increase in telehealth
 - New Central NV Health District that is being stood up (Dec. 8th Launch date)

Event: DPBH Town Hall No. 3

Date and Time: October 20, 2022, from 2:30PM to 3:30PM

Facilitators: Amelia Lane Keller & Caleb Cage

Participants:

Name	Program/Bureau
Annette Altman	Human Resources
Erin Williams	Office of Information Technology
Jan Brizee Johnston	Rural Clinics, Elko
Jenny Kloepfer	Rural Clinics, Carson
Salena Savarda	Office of Epidemiology
Trista A. Goldstein	Office of State Epidemiology
Sharareh Akrami	Rawson Neal, Stein, Forensic Hospital
J'Amie Webster	Bureau of Behavioral Health Wellness and Prevention
Veronica Wynn	Office of Public Health Investigations and Epidemiology
Fathia Osman	Health Care Quality and Compliance
Yesenia Fuentes	Bureau of Behavioral Health Wellness and Prevention
Danielle Charles	Office of Public Health Investigations and Epidemiology
Emily Gould	Public Health Preparedness program
Vickie Ives	Bureau of Child, Family, and Community Wellness
Allison Oestreich	Chronic Disease Prevention and Health Promotions
Larry Stanton	Health Care Quality and Compliance

Lawanda Jones	Substance Abuse Prevention and Treatment Agency
---------------	---

Notes:

What values should drive DPBH's strategic plan?

- Acceptance of all abilities:
 - Everyone has their own talents and may be able to contribute something that you may not have thought of
- Compassion: For team and the people that we serve
- Sympathy and Empathy: Meet a person where they are

Challenges:

- Inclusion: Ensure that DPBH is inclusive both internally and externally
- Safety of staff:
 - There is room for improvement in making sure DPBH team members are safe and healthy
 - Especially for clinical setting when working with adults with mental health disabilities
- Equity: Making sure we are doing everything we can to meet the needs of the public in all of our programs and services
- Funding: Limited funding limits our ability to serve the public
- Staffing: Even when there is staffing, it is difficult to find staff for open positions
- System modernization: We have a lot of one-off IT systems which makes things difficult to support

Opportunities:

- IT modernization: Determine what systems, software, and licenses are used within the Division so we can look for gaps, overlap, and efficiencies
- Staff shortage: through the strategic plan we can focus on building a systematic approach to recruitment and retention

Event: DPBH Town Hall No. 4

Date and Time: October 21, 2022, from 9:00AM to 10:00AM

Facilitators: Amelia Lane Keller & Caleb Cage

Participants:

Name	Program/Bureau

Notes:

No participants joined. Amelia and Caleb closed the meeting at 9:15AM.

APPENDIX E: LEADERSHIP INTERVIEWS

Overview

In order to delve more deeply into the input and issues raised during the initial information gathering efforts, the Division of Public and Behavioral Health (DPBH) conducted a series of interviews with public health officials in the state. These interviews were conducted between the individual leader and outside facilitators in order to allow for maximal candor and to tailor the questions to the individual leader. This report documents the significant outcomes from the DPBH leadership interviews and explains how they will be incorporated into the overall strategic plan.

These interviews served a number of critical purposes. First, they allowed for more focused discussions on issues that had surfaced through the surveys, the town halls, the document review, and other events. Second, and as noted, they provided for private, not-for-attribution discussions with external facilitators, which was intended to increase candid feedback. And finally, these interviews served to establish the provide essential input for the strategic assessment to be included in the strategic plan. All of these purposes were achieved through the interviews, which were conducted over two consecutive weeks.

Public health leaders from throughout the state were interviewed. Key leaders within DPBH were identified by agency leadership, resulting in 12 interviews. Additionally, public health leaders from important statewide agencies were also interviewed, resulting in six additional interviews. These latter interviews were with public health representatives in the governor's office as well as public health leaders at the local level. The local level interviewees represented rural health districts, the four-county health authority, and the two urban health districts. All interviewees were invited to follow-up directly with the facilitators if there was additional information they would like to share.

These interviews provided crucial and foundational input for the strategic planning process. While the facilitators were prepared with scripted questions (see the end of this section for a copy of these questions), the best information was often generated through open conversations. While the town halls and the survey focused primarily on developing core values that support the Vision, Mission, Purpose, Mantra, the leadership interviews tended to focus on challenges and opportunities facing DPBH. This input will be combined with the input of the town halls and the surveys to develop a strategic analysis of DPBH through a SWOT analysis.

An overview of the interviews is summarized in the key outcomes noted in the pages below. These include who participated in the interviews and the organizations they represent. Additionally, the notes include de-identified input from the interviews presented in categories. In addition to the SWOT analysis, these categories will also inform the major strategic efforts of the finalized strategic plan.

DPBH Leadership Interviews

Dates: October 17 through October 25, 2022

Facilitators: Amelia Lane Keller & Caleb Cage

Internal DPBH Participants

Name	Organization
Lisa Sherych	Administrator, Division of Public and Behavioral Health
Julia Peek	Deputy Administrator, Community Health Services
Cody Phinney	Deputy Administrator, Regulatory and Planning Services
Shannon Bennett	Bureau Chief, Behavioral Health, Wellness, and Prevention
Kyle Devine	Bureau Chief, Bureau of Child, Family, and Community Wellness
Lindsey Kinsinger	Manager, Office of Public Health Informatics and Epidemiology
Erin Williams	Manager, Office of Information Technology
Tory Johnson	Program Manager, HIV/AIDS Program
Annette Altman	Human Resources Officer
Teresa Hayes	Program Manager, Environmental Health Section
Tammy Ritter	Nurse Supervisor, Community Health Services
Donielle Allen	Program Manager, Public Health Preparedness

External Participants

Name	Organization
Dr. Jeanne Freeman	Deputy Director, Carson City Health Services
Dr. JJ Goicoechea	Health Officer, Eureka County
Allison Genco	Public Health Resource Officer, Office of the governor
Shannon Ernst	Social Services Director, Churchill County
Kevin Dick	Health Officer, Washoe County
Dr. Fermin Leguen	Health Officer, Southern Nevada Health District (Clark County)

Input by Category

Staffing the DPBH Workforce

Without question, the most common challenge identified by public health leaders during interviews related to staffing. The programs and bureaus within the agency have struggled to attract and retain team members to provide services of various kinds to Nevadans. DPBH is not the only public agency facing this challenge, but it is clearly a critical challenge and requires a strategic solution.

Recruitment and retention of a qualified workforce for DPBH is challenging for a number of reasons:

- Pay and benefits are seldom equal to similar local government or private sector opportunities.
- While pay and benefits are lower than competitors, cost of living has been increasing statewide in recent years as well.
- Potential employees from out of state do not always understand state geography, and how remote some work locations may be.
- The COVID-19 pandemic stretched everyone at DPBH and led to extensive burnout, on one hand, and difficulty adjusting to the slower pace on the other hand.
- Even if there is an eager applicant, it can often take a long time to navigate the state human resources and finance processes to get the hiring approved. This is true of recruiting public health professionals and for administrative support positions like fiscal, IT, administrative staff, and so on.
- Workforce challenges have also extended to the rural communities that DPBH serves, as well.
- This is also true at the leadership level, where high turnover has been disruptive.

While these challenges are significant, and across the public sector, DPBH has been seeking some opportunities to build its workforce as well:

- Some programs and bureaus within DPBH have sought to “grow their own” by recruiting new candidates to the field and investing in them through training and development.
- The work of public health professionals is important and can change lives, and DPBH can develop ways of showing the importance of that work to its team members.
- Private sector entities, and increasingly public sector entities, are working to allow their team members to work from wherever is most convenient to them, which may increase professional fulfillment.
- Other considerations may include hiring retired workers, offering part-time positions, and increasing training and investment in DPBH team members.
- The recent establishment of the Center for Public Health Excellence at the University of Nevada, Reno, and efforts towards the Academic Health Department concept are also promising for strategic workforce development solutions.

Resources and Workload

The second most common concern voiced during the interviews related to the resources available to DPBH to meet their mission. While resources include the staffing challenges and opportunities mentioned earlier, they go beyond team members. This is especially true because DPBH serves as a pass-through agency for grants distributed to local governments and non-governmental organizations. Resources are always a significant issue for public agencies, and this is true of public health even given the enormous and temporary federal investment in the system, which leads to the following challenges:

- DPBH is primarily funded by federal grants, and the lack of state investment makes it very difficult to do more than comply with grant requirements.
- Limited resources require the day-to-day focus to be entirely on immediate challenges, with little time for strategic assessment.
- With this focus on being responsive, it can be challenging to determine priorities and to empower team members to make decisions at the appropriate level.
- The more money that is required to run the programs at the state level, the less money that can be distributed to local programs and other partners who provide direct services and vice versa. DPBH has historically invested as much funding as possible in local, direct services for public health which has resulted in underfunding of critical infrastructure at the state to maintain basic business operations in the areas of human resources, fiscal, and IT

The draft of the 2022 Nevada State Health Needs Assessment draft identifies a number of critical areas that should be prioritized, and these priorities were reinforced through the interview:

- The draft State Health Needs Assessment highlights the following areas: access to healthcare, environment funding, mental health, and substance misuse/abuse.
- The public health crisis resulted in a mental health crisis, with one in four Americans affected by mental health issues.
- Rural Nevada governments have been dealing with increasing numbers of economic refugees, or people who move to remote areas without septic tanks, power, or running water, which is not a typical public health challenge.
- Additionally, rural governments are facing increases in drug use in their jurisdictions as well.
- Rural partners also discussed a generational change in attitude toward public health officials, specifically an increase in expectation of services from the government that had not been common in previous generations.

Significant opportunities regarding DPBH's resources and workload were also shared during the interviews:

- The strategic planning process currently underway suggests DPBH leadership's commitment to continuous improvement and addressing current challenges.

- The establishment of the Central Nevada Health District will increase capacity throughout the state and decrease demand on the state for direct services.
- The 21st Century Learning Community Expansion effort, Reimagining and Transforming Governmental Public Health Infrastructure and Systems, can provide an important roadmap and technical assistance for change as well.
- Following the pandemic, there has been increased attention and support from the Nevada State Legislature on public health issues, including discussions of increased funding. The infusion of COVID federal funding has allowed public health in Nevada to make marked improvements, but this funding is temporary and if ongoing investment does not occur, these efforts will cease.

Structure and Systems

In addition to staffing and resource challenges, interviewees also commented on challenges associated with the DPBH structure and systems. These comments spanned from crucial internal systems to the structural challenges of providing critical public health services with limited budgets, staffing challenges, and other factors.

Many of the challenges identified were associated with the magnitude of the public health mission and the size of the state's organization to address it:

- Because public and behavioral health services are combined under one umbrella agency, it is extremely challenging to define the division's single, primary role.
- Because DPBH is such an enormous agency, there is a concern that it is responsible for too many programs to be successful.
- There is also external pressure to do more, which increases the workload on already stretched staff.
- With so many bureaus and programs, there is a tendency to form silos throughout the programs and bureaus of DPBH.
- These silos may be augmented by an internal resistance to change.
- With internal silos, and at least the perception of internal resistance to change, there is a lack of coordination and communication within DPBH.

These challenges contributed to operational and systematic challenges identified through the interviews as well:

- With the lack of coordination and communication, setting priorities is challenging, especially since there does not appear to be a systematic approach to doing so.
- There is not a comprehensive system for program evaluation as well.
- The distinction between public health and behavioral health effects programs within the division, like IT, for example, where there are four positions dedicated to behavioral health while the much more complex public health IT portfolio has three positions.
- Privacy and security are also affected by this, the need for increased policy and cybersecurity staffing and capabilities identified as well.

- There is also the perception of lacking electronic systems that are public facing, limiting the ability to serve the public due to antiquated, analog systems.

Significant opportunities regarding DPBH's structure and systems were also shared during the interviews:

- The accreditation process currently underway is providing DPBH and its partners to develop critical plans and assessments, including the strategic plan, that will allow for assessing the division's core functions and priorities.
- As perhaps a part of the strategic planning process, DPBH could also prioritize conducting a comprehensive strategic assessment of the division, its mandated responsibilities, its resources, and the metrics its uses to evaluate success.
- This process could also allow DPBH to determine the best approach to a systematic and comprehensive restructuring of the division.
- The establishment of the Central Nevada Health District may also provide a once-in-a-lifetime opportunity to conduct a comprehensive evaluation of the state's role in coordinating with local governments as well.
- The agency also generates an enormous amount of data regarding programs, incidents, and outcomes, and there is an opportunity to create a system for gathering and sharing these data through an annual report for internal and external information sharing, decision-making, and evaluation purposes.
- Additionally, the Public Health Foundation in Nevada will soon undergo a leadership change, which may allow for an opportunity to update and refine the direction of the organization and its partnership with DPBH.

Internal and External Communications

Communications, both internal and external, are always a challenging part of any organization. This is especially true after prolonged crises. It's particularly important to address communication challenges during a time of strategic change as well, though, in order to maintain buy-in and support, receive continuous feedback, and to implement and evaluate a plan.

Internal communications challenges may result from the silos discussed above, which was discussed in the interviews in the following ways:

- Team members providing direct services or line employees throughout the agency do not always feel like their challenges have been heard and they are not always responded to.
- Communication between programs and bureaus occurs seldom, to the degree that many do not know what other bureaus and programs do or how they might be able to collaborate.
- There does not appear to be a systematic approach to internal communications.

External communication is more challenging, and can have broader implications:

- If you are not communicating, you are not showing your value to the state.

- Advocacy organizations can be persistent and political and can present significant challenges to how DPBH does its job.
- Providing flexibility to remote employees can leave the impression with external partners that no one is there to hear their concerns. However, allowing flexibility to employees is a fundamental aspect of recruitment and retention for DPBH employees.
- There does not appear to be a systematic approach to communicating with external partners either, resulting in a sense that they are not consulted, not included in grant development, and directed to instead of collaborated with.

While communications are a function of public agencies, a communication strategy can also be the foundation of culture change:

- Internal communications techniques can be used to bridge the silos.
- Similar strategies can be used to show DPBH team members of their value to the overall whole of the organization.
- External communications can build critical alliances, can tell the DPBH story to decision makers, public entities, advocacy groups, and others.
- Establishing and sharing key metrics with the public could also communicate transparency and accountability in ways that improve public trust as well.

Example Interview Questions for Leadership Interviews

DPBH Leadership Interviews

Introduction: The Division of Public and Behavioral Health (DPBH) is developing a strategic plan as a part of an accreditation application through the Public Health Accreditation Board (PHAB) as well as to guide our operations as an organization. We are conducting interviews of key leaders throughout DPBH to identify further details on what our challenges and opportunities are. This should take about thirty minutes. Your candid feedback is greatly appreciated.

Administrative:

1. Name:
2. Position title:
3. Organization within DPBH:

Interview Questions:

Vision and Mission Alignment:

4. How do the vision and mission of your organization align with and support DPBH's vision, mission, and mantra?
5. Are there other DHHS programs or agencies that serve the same mission, customers, or purposes as yours?
6. Are there ways in which your organization is not aligned with DPBH's vision, mission, and mantra?

Strategic Evaluation:

7. What are the major challenges facing DPBH today?
8. What are the major opportunities in front of DPBH today?
9. How would you assess where your organization is now?
10. How did your organization get to where it is today?
11. Where do you want your agency and DPBH to go from here?
12. What needs to be done and what resources are necessary to get there?

Measuring Success:

13. What key metrics do you measure effectiveness within your organization?
14. Are there other metrics that should also be focused?
15. Are there reports your organization provides that can inform DPBH-wide evaluation and assessment?

Conclusion:

16. What is a major strategic goal that can serve as an organizing focal point for the next decade?
17. Is there anything else you would like to add?

APPENDIX F: TEAM MEMBER SURVEY

Overview

As a part of the DPBH strategic planning process, employees throughout the division were provided an opportunity to provide input through a survey. This survey, which was administered by an external facilitator in order to ensure anonymity of the responses, consisted of 25 questions. Question topics ranged from administrative, by identifying what organization within DPBH the employee works for, to questions about the DPBH Mission, Vision, Purpose, and Mantra statements and the challenges and opportunities ahead for the agency.

The survey remained open for a total of four weeks (from September 21 through October 23, 2022) and employees were provided several reminders to participate. A total of 358 DPBH employees responded to the survey, providing candid feedback on everything from the organizational structure to pay and benefits and employee retention. The survey responses provided valuable input for the strategic plan.

An overview of the text responses to the survey are provided within this document and the responses to the multiple-choice questions are provided in the attached survey document. Both of these documents provide details on the survey responses. This document provides lists of edited responses to each of the open-ended survey questions, and the attached document provides graphic depictions and tables of the specific questions.

Question 5: Please provide us with your overall impression and any recommendations you might have for the mission, vision, purpose, and mantra.

<p>DPBH Mission: It is the mission of the Division of Public and Behavioral Health to protect, promote and improve the physical and behavioral health and safety of all people in Nevada equitably, so that everyone can live the safest, longest, healthiest, and happiest life regardless of circumstances.</p> <p>DPBH Vision: Our vision is a Nevada where preventable health and safety issues no longer impact the opportunity for all people to live life in the best possible health.</p> <p>DPBH Purpose: Simply stated, our purpose is to make everyone's life healthier, happier, longer and safer.</p> <p>DPBH Mantra: All in good health.</p>	
Generally Supportive and Neutral Responses	<ul style="list-style-type: none">• Our vision is clear and concise. I can't think of a way to make it better.• No suggestions.• I agree with mission, vision, purpose, and mantra.

	<ul style="list-style-type: none"> • My overall impression is positive. • I really like the revised statements and cannot think of any suggestions to improve at this time. • DPBH has shown me as a new addition to the team this mission, vision, purpose, and mantra is carried out throughout our daily tasks, work environment and dealing with agencies to benefit our community. • Great, thorough mission, vision, purpose, and mantra. • Positive. • I think they are all great. • I think the statements are very thoughtful and inclusive of all the different communities and services we provide. • I like the whole thing, particularly the Mantra. • I admire all the above and want to work for an employer who promotes the above for all Nevadans. • I like it. The Mission goes beyond just residence and incorporates all people within Nevada and shows we are inclusive thinking when it comes to public health. • Above is fine. • No notes. • I think it's very mindful, careful, and flexible language. • These are good and provide purpose/direction. • I think it is a great mission, vision, purpose, and mantra. • They are perfect for our quest. • Concise, simplified. Good.
<p>Generally Unsupportive and Constructive Criticism</p>	<ul style="list-style-type: none"> • Unrealistic. • Actually, follow it. Don't just put it on the back of badges and then do the opposite. • It sounds good on paper. • It seems overly general and without focus. • None of these will stay in staffers' mind. After reading these, you might ask yourself how much you can remember. • All but the mantra make sense for what a health department should be. I do not see myself repeating the mantra ever. • As a regulator, the Mission Statement does not really fit our office. We enforce codes that often make people unhappy. • Our mission and vision should be tied together a little more cohesively. Our vision should include the second statement in our mission. The mantra is perfect. • The last part of the mission statement repeats what the purpose already says, which makes the mission statement lengthy.

	<ul style="list-style-type: none"> • I like the overall idea of the mission and purpose but they both seem a little too “wordy.” • I like the purpose and mantra; I think those two are very clear. If the mission could be two sentences, it might be a little clearer. • All four need to be clearly written and defined. What is the WHY statement? • How are we making people happier? • My first impression is that everyone is included. Vision may be difficult for the average reader to understand (wording is slightly confusing). • Laudable, accurate, but clunky. • Really like the updated statements. Minor criticisms: they’re a bit wordy. • The mission statement is too long. If you say “equitably” then there is no need to say, “so that everyone can live the safest, longest, healthiest, and happiest life regardless of circumstances.”
<p>Disagreements Over Equity Language</p>	<ul style="list-style-type: none"> • Love the addition of equity into the mission statement. • I like the equity language. • While I think this is saying all the right things, it doesn't quite have the health equity lens it should. • Equity needs to be incorporated much more strongly. • I think there has to be specific inclusion (race, etc.) mentioned within the Mission, Vision, Purpose, and Mantra. • Equitably: What does this mean in the context in the Mission statement? • The department's obsession with equity and other politically correct nonsense is hurting the mission and services provided to clients. It also makes it an uncomfortable place to work for staff. • I would remove the word “equitably” in the mission as it assumes the agency is biased. The mission states, “all people of Nevada” which means there is no bias. • If the hope is that the average person can understand the mission statement, I believe that the word “equitably” is not a well-known or common enough word. Using a synonym such as equal, impartial, or fair may be easier to read and comprehend. • I think the “regardless of circumstances” is imprecise. Will the pursuit of preventable safety issues include homelessness, the fact that women still live in fear and do not feel safe pursuing protective orders or intimate partner violence services?

	<ul style="list-style-type: none"> • Not sure what they said previously, but the last half of the Mission sounds ridiculous (after the word “equitably”).
<p>Impact on and Opportunities for DPBH Employees</p>	<ul style="list-style-type: none"> • DPBHs' Purpose states to make "Everyone's life healthier, happier, longer and safer." With this in mind I feel employees are not a priority. • Staffing issues seems to be a problem in certain departments. • There needs to be something included about taking care of employees and making DPBH a world class place to work. • The onboarding process is a tad bit clunky and outdated. • I wish we would get evaluations and a pay increase. Also, provide us with either more telecommute days or closed cubicles for privacy. • We're never going to achieve our mission and vision if we keep putting barriers in place to recruiting employees from EVERY population served. This means we need a staff that is representative of the whole of Nevada, which can only be achieved if positions in program, fiscal and leadership are spread out equitably across the state. • It would be wonderful to have the opportunity to have a real state position with benefits. Contracted employees work just as hard as state employees with nothing in return. • Quality of pay, benefits, and retirement is no longer competitive with the private sector, and we are unable to attain and retain quality candidates which meet the current job descriptions. This increases stress and quantity of work on those employees who continue with the program. • I would suggest bringing the pay rate to a level similar to Southern Nevada's reps.
<p>Distinctions between Behavioral Health and Mental Health</p>	<ul style="list-style-type: none"> • The vision doesn't speak to behavioral health. • I do wish that there was more emphasis on mental health. • We need to find more ways of improving the mental health issues in our state. • The mission does not include mental health. Please note, behavioral health is NOT the same as mental health. Behavioral health cover specific actions people take. Mental health, on the other hand, covers thoughts and feelings (biological factors) that influence our mental state. • In the Mission statement, I would recommend replacing the word "behavioral" with "mental" as a person's mental status drives their behaviors.

	<ul style="list-style-type: none"> • In the vision and Mantra, behavioral health (I personally prefer mental as behavior has a connotation of something more willful) is sublimated in the word "health." Many people will see that as physical health only. • As they are written, they tend to take away a person's right to choose and make their own decisions. It would be better stated that we educate, promote, and empower people to make these decisions.
--	---

Question 20: In your own words, what is the purpose of DPBH?

Topic and responses to question 20	
Health Equity	<ul style="list-style-type: none"> • Our purpose is to make everyone’s life healthier, happier, longer, and safer. • To equally treat everyone with respect, compassion, and dignity. • To serve those vulnerable populations holistically. • To provide health and safety for all Nevadans. • To improve the health, wellbeing, and quality of life for ALL Nevada residents by providing equitable services for each community. • To ensure that the public in Nevada have access to health care and to combat health disparities. • To assist and serve all members of the state regardless of ethnic or cultural background. • To create a healthier Nevada by providing opportunities for equitable care and improve healthcare education for all Nevadans.
General Responses	<ul style="list-style-type: none"> • To ensure that the people of Nevada have opportunities to lead a fulfilling life with the assistance of physical and mental healthcare. • To serve Nevadans in their health care needs. • To make peoples life better. • To promote health and prevent illness. • To help improve every Nevadan’s life. • To protect the health and safety of the residents and guests of Nevada. • Ensure the provision of quality care to its constituents.
Specific Responses	<ul style="list-style-type: none"> • To ensure health facilities are in compliance with regulations • To provide public health resources to the continuants of NV.

	<ul style="list-style-type: none"> • Regulating. • To protect and guide regulatory compliance in the healthcare setting. • To provide the most basic of mental health care. • Provide high quality preventative, acute, and long-term care appropriate to the physical, mental, and behavioral needs of Nevadans. • To protect the vulnerable citizens of the state as it relates to care in health facilities. • To oversee the facilities and ensure they are following the regulations and provides optimal care to the residents • To keep the elderly and disabled safe and free from abuse. • To ensure the patients/clients/residents of the State of Nevada are protected and ensured receive the best care possible. • To protect and promote the physical and mental well-being of all persons in Nevada. • Health Facility Licensing, to protect the patients and residents.
<p>Education</p>	<ul style="list-style-type: none"> • Providing the constituents of Nevada information, guidance and assistance when needed, concerning public and behavioral health. • To provide support for all behavioral and mental health throughout our communities in Nevada. Where we can educate, encourage, provide safety and healthy environments for the ones in need which in turn provides safety for the outer layer of the community at the same time • To close gaps in access and promote health information. • To educate, inform and refer all Nevadans to services that assist in with promoting healthy and safe lifestyles. • To promote health and happiness to our clients and prevent future problems or crisis so that our clients are able to live a happy healthy life. • Provide protection and awareness to the Nevadans to improve their overall health. • To continue to grow in understanding and knowledge of the constantly changing needs of Nevadans. • Providing support and education to Nevadans so that they remain active, healthy, satisfied, and safe in their life. • DPBH is here to help Nevadans learn healthy behaviors, provide resources for community programs, and support them to live healthy lives. • Support, educate, and treat the un or underinsured, homeless, food insecure, at-risk parts of our community

	<ul style="list-style-type: none"> • To provide awareness for and services for wellbeing and promote health.
Innovation and Partnership	<ul style="list-style-type: none"> • To help the community in an ever-evolving society. • To provide statistical information to the healthcare community, track incidents, and coordinate mitigation efforts. • The purpose of DPBH is to provide all Nevadans with necessary resources and/or services whether directly or working with community partners to promote good health and personal responsibility. • To increase access to public health resources by reducing barriers and fostering community involvement • Remove barriers to access to care for rural Nevadans; serving as a stop-gap for those who do not have private insurance that covers behavioral health treatment. • Work closely with the state and local healthcare community to ensure a safe, reliable, and protective environment for the public. • Work with local, state, national and international entities to help keep people healthy. • To provide an efficient and effective result for our partners.

Question 21: If DPBH could do only one thing, what should it be?

Topic and responses to question 21	
General Programs	<ul style="list-style-type: none"> • Regulate facilities licensing. • Ensure quality service delivery. • Ensure health care is safe and available for all. • Recognize that the Rural Clinics has many hurdles to battle, with fewer resources to assist in achieving the standards that not only DPBH would like, but the staff want to achieve. • Disease prevention. • Family Planning. • Help to improve the health and wellbeing of Nevada citizens. • Expand into rural areas. • Help at risk populations. • Improve behavioral health and ensure all rural areas have access. • Increase long term mental health and suicide prevention services

	<ul style="list-style-type: none"> • Create a system to more adequately serve the homeless to meet our mission/vision/mantra. • Focus efforts on prevention for the improvement of health outcomes. • Mental and behavioral health should not only be a damage control.
Education	<ul style="list-style-type: none"> • Educate Nevadans on the resources available throughout the State and the importance of self-care and healthy habits to ensure long lasting good health. • Educate Nevadans in plain language on the health care system and how to create a healthy lifestyle, and provide resources to achieve this standard of living. • Engage all communities by educating AND listening • Be an honest and reliable source of health and safety information to all. • Be a trustworthy and reliable unbiased resource for the community it serves. • Educate! Inform individuals on where to find resources. • Have a strong sense of community and continue to instill trust.
Health Equity	<ul style="list-style-type: none"> • DPBH needs to focus on health care equity. • Promote equity. • Just to make sure we really do and show that we work with and care about diverse communities. Not saying we don't, just that it is important especially nowadays that we really do that. Inclusion is key. • Racial sensitivity. • To provide quality services to ALL people residing within the State of Nevada.
Systems Improvement and Transformation	<ul style="list-style-type: none"> • Work to achieve the DPBH purpose statement from within first. • Update agency policies to ensure policies reflect the new mission. • Change procedures for higher level of work productivity. • Align procedures so everyone does the same activity the same way such as processing awards, travel, etc. • Streamline processes for internal and external stakeholders, clients, and employees. They are all interconnected in my opinion. • Streamline and improve processes by using technology to facilitate easier completion of required tasks. • Reduce bureaucratic paperwork that is not required by regulations or statutes, but only by policy. Become leaner

	<p>and more efficient. Set policies that minimize the need to do extra paperwork.</p> <ul style="list-style-type: none"> • Oversight: making sure funds are distributed equitably, care is safe and effective, and systems are operating as they should. • The department should hold all players accountable - staff, facilities, and complainants. • Lead by example and show the public the benefits of proper health management. • Be a resource hub for public health in Nevada. Know where to point people for specific help and resources. • Before adding new programs/services make sure that existing programs/services are adequately funded. • Remove a lot of steps that are a waste of time in an effort to get things done • Split the Division in two, so that Division Administration would be duplicated for both behavioral health services and public/regulatory health services, in order to better focus efforts on programs that support these individual functions and programs. • A reorganization of the Division overall including at the Deputy Administrator level. It's time to really get innovative and meet the existing service needs. Services and client populations have changed. • Develop a Behavioral Epidemiology Unit/Section/Bureau equipped with electronic information systems, such as surveillance systems and data collection processes and procedures. • Have more power in policy making spaces for state of Nevada.
<p>Team Building/ Retention</p>	<ul style="list-style-type: none"> • Continue to promote a spirit of esprit de corps that DPBH provides an essential, stabilizing service for the citizens of NV. • Honor and respect employees. Encourage employees. Support employees. • Promote teamwork in every department. • More positive affirmation and support for employees. • Prioritize employee mental health. • Team building, change the culture of the office to increase the staff member's morale. • Reward employees especially the ones who have been here for almost 20 years. • Take additional steps to recruit and retain quality staff to ensure are citizens are being protected. • Invest more into employees.

	<ul style="list-style-type: none"> • Better compensation for employees, however I also know that is not within DPBH's scope to change itself. • Increase staffing. • Increase employee morale. • Start including employee morale and staff retention.
--	---

Question 22: How can DPBH’s current programs be improved?

Topic and responses to question 22	
Communication	<ul style="list-style-type: none"> • Better communication to staff on the implementation of changing guidance. • Ensure that everyone is aware of the programs and are allowed to voice their opinion without the fear of being ostracized. • Spend more time talking to the “front line” employees or the employees who we all know are the backbone of our agency. • Conducting surveys to the participants to better understand the needs of the community • Do more focus groups and/or outreach to identify pockets of services/care not being met. • I think we could do better at outreach to diverse communities. • More bilingual information to give out • Communicate all that our programs offer to the community.
Collaboration	<ul style="list-style-type: none"> • Work together and support each other. • Have a standard training program for all departments. • More cross program collaboration • Improved communication between programs. • Better communication between cogs required to work together in order to successfully. • Hold all hands section meetings to figure out where staff working in those sections sees areas of opportunity for improvement. • More consistent internal collaboration and leadership familiarly collaboration across other Departments and Divisions. • More interaction between the agencies that fall under DPBH to provide a more united message to Nevada residents. • Resume pre-pandemic group sessions to combat social isolation.

	<ul style="list-style-type: none"> • Collaborating with each other to specifically require cross referral between DPBH programs. • A greater understanding of process perspectives among different personnel at all levels. • Programs need to have a better understanding of the fiscal component that allows them to provide the resources/services to the community. • Ensure continuity and collaboration at times. Modernization of communication and education efforts with the community and partners.
<p>Systems and Processes</p>	<ul style="list-style-type: none"> • Consolidate programs and purpose. • Streamline processes and communications between DPBH's programs. • Updates SOPs, procedures, and policies. • Efficiency needs to be improved. • Develop the program manual and ensure all staff understand and use it regularly • Less people working in Silos. • Hold ourselves to the standard of our partners. • Policies and retentions need to be reviewed - up to date. • Less convoluted procedures. Possibly having an advisory board of those providing direct care in order to provide input. • Cross-functional teams to reduce silos and duplications • Reno, Las Vegas, and Carson programs have colleges at their doorsteps. It would be useful to focus on exploration of partnerships on many levels in various areas of research and practice. • Establish which programs require improvement to accomplish their Mission. Identify specifics within that program; what works well and what does not. Only make thought out changes because they are deemed necessary and not simply for the sake of change.
<p>Invest in Staff</p>	<ul style="list-style-type: none"> • Enhance opportunities for staff support, including the maintenance of buildings, pay equivalency, and office equipment. • More Staff. • Better developed training for staff. • Implement activities to improve staff morale. • Continued teleworking flexibility. • Better training onboarding and ongoing training (CEU) opportunities to help with retention. • DPBH needs a formal onboarding process, job shadowing, training opportunities for programs and platforms used on

	<p>the job, performance evaluations and equal opportunities for position and salary advancements.</p> <ul style="list-style-type: none"> • Appreciation and value of employees.
Metrics	<ul style="list-style-type: none"> • More specific benchmarks. Employees would like to know what we are doing and how it affects the public in a positive way. • Better data collection and data management. • Improve strategic planning & prioritizing so long-term outcomes are measured and achieved. <p>Continuously evaluating program effectiveness and update policies and procedures to ensure the best way to support Nevadans through our services.</p>

Question 23: What are the major challenges facing DPBH?

Topic and responses to question 23	
Staff Retention	<ul style="list-style-type: none"> • Staff retention, budget shortfalls, service gaps between state and other providers, employee pay, agency communication barriers, and there seems to be a culture of reprimanding team members rather than finding ways to build the culture and team in a positive way, i.e., ensuring policies are up to date, training staff on existing policies, providing ongoing education opportunities, and proving environments to discuss issues with a supportive and proactive tone. • Staffing is always a challenge. • Equitable pay and talent pool. • The loss of quality employees due the lack of an increase in pay. • Staffing issues and filling positions in a timely manner • Staffing turn over. • Training & lack of historical knowledge. • The lack of staff to do the workload due to the lower pay. • Employee morale and retention, lack of prioritization or strategy.
Specific Challenges	<ul style="list-style-type: none"> • Housing and community resources. • The homeless population • COVID-19 • Rapid growth in population Nevada is facing compared to resources and funding available. • Lack of resources and services in the rural areas. • Monkey Pox. • Pandemic. • Funding.

	<ul style="list-style-type: none"> • Increase in the number of millennials with mental or behavioral health issues. • Communications.
Public Trust	<ul style="list-style-type: none"> • False information to public, funding, and communication • Trust from the community. The government overreach that was COVID-19 has instilled distrust and skepticism in the community. • Misinformation and difficulty serving rural regions • Politics play a huge role in how we are able to act on policies and procedures. • Public trust due to false information
Systems and Structure	<ul style="list-style-type: none"> • The reorganizing/restructuring. We need some time to settle in and establish the new way of functioning. • Internal processes that limit some units' ability to think or work outside of the box. Some issues cause delays or inhibit the work that needs to be done or reach the community. • Too much red tape, requests, policy changes/improvements go through too many hands and require too many approvals of people that are not directly involved. • Old antiquated systems. • Trying to be everything for everyone rather than setting the bar of what is optimal. • Bureaucracy.

Question 24: What are the major opportunities ahead of DPBH?

Topic and responses to question 24	
Systems and Structures	<ul style="list-style-type: none"> • Opportunities to update agency policies and ensure programs are promoting best practices, leading to enhanced client care for all Nevadans. • There needs to be a hard look at what is duplicated and what is wasteful. • Improving strategies and prioritization. • To achieve those goals stated in the mission, vision, and mantra statements. • Track all of the strategic plans in the Division and make sure they are kept up-to-date and realistic. • Upcoming legislating time to hopefully implement changes. • Obtaining accreditation through the Public Health Accreditation Board—this may enable us to meet our new mission/vision/mantra through building capacity.

	<ul style="list-style-type: none"> • Technology modernization – as long as the health of our population remains the priority. • Having more structure and better communication. There are too many emails and a lot of misunderstanding with no direction and exact information to follow a process. • Innovative workforce development; growth and ability to pioneer meaningful human services for the most at-risk, underserved populations.
Changing Public Health Landscape	<ul style="list-style-type: none"> • Growing population in Nevada. • A broader inclusion of cultural diversity. • Our state population is growing rapidly, and we are facing a decline in many resources - now would be a good time to start educating the public on creating healthy, resourceful lifestyles while also working with external agencies to promote a career in healthcare for the younger generations so that we will be able to provide more doctor, dentists, environmental health scientists, etc. to keep up with the population demand. • Mental health nationwide is a disaster, especially pertaining to law enforcement interaction. Maybe there is a space for growth helping law enforcement. • Attention on public health improvement.
Communication and Collaboration	<ul style="list-style-type: none"> • DPBH has the opportunity to communicate to better serve the community. • I think we have the opportunity to fix our public image and become the reliable entity our community needs. • Major opportunities: Positive communication and partnering with other agencies for the benefit of Nevada. • Community partnerships.
Internal Culture	<ul style="list-style-type: none"> • To take better care of the employees which in turn keeps employees which means a smoother running agency and people eager to do more. • Daily we have the opportunities to improve people's lives. • DPBH is a top-down organization with a major opportunity to provide better access to information or by including a process where front line employees have the opportunity to participate in the process of creating policy, decision making, assist in dissemination of information and be accountable.
Data	<ul style="list-style-type: none"> • Implementing better data collection and management processes and data review practices and procedures. • Modernizing our approach to our information resources will benefit the efficiency and level of care we can provide.

	<ul style="list-style-type: none"> • Modernization. Advancing the software applications and interoperability of our statewide systems will change how we administrate public health in Nevada
--	--

Question 25: Is there anything else you would like to share?

Topic and responses to question 25	
Culture	<ul style="list-style-type: none"> • I love working here. This is the first job I've ever had that I liked. • I love working here, but sometimes it drains me and that has to stop. We need to build a healthy work culture where we aren't worked to the bone. • I like my job and take pride in helping people that will hopefully make things better for other people down the line. I feel grateful to have this job, and wish more of us felt the same, rather than looking for "something better." The currently upheaval with personnel is understandable but doesn't improve my morale. • I love the Mission, Vision, and Mantra of DPBH. I think our heart is in the right place, now it's putting actions into play. • DPBH is a good place to work • Through the pandemic I have grown to appreciate the dedication of employees who work for DPBH, as a supervisor I hear staff feel overburdened with a workload that is unrealistic given the staffing resources and yet staff provide the support for all the amazing DPBH programs/services, rather than accepting this is just how it is let's make real change that will only improve the quality of program services provided and continue to attract highest quality state employees. • Assuring integration. Constructing approaches to workforce development. Conducting community and system-wide assessments.
Pay and Benefits	<ul style="list-style-type: none"> • For the work we do and what we are responsible for the pay does not reflect that. • Please increase wages so we do not live paycheck to paycheck. • Formally implementing telecommuting in some way, shape or form for positions that are able to telecommute, would also go a long way toward bringing DPBH into the 21st century and recruiting and retaining highly qualified employees.

<p>Sense of Service and Purpose</p>	<ul style="list-style-type: none"> • It is always difficult for a state entity to compete with the private sector. A sense of service for the greater good of our communities should be at the forefront. • I think DPBH has passionate staff throughout the agency and work really hard to achieve their goals. We need to keep our mission and purpose at a high level that is inclusive of "all Nevadan's" without drilling down to specific details that actually defeat the purpose of all inclusive. • DPBH has a purpose people can get behind. Those of us who have worked a long time for DPBH (and prior divisions before the merge) care about serving the people of Nevada. We feel as though we are serving a greater purpose then just making a living. • I feel that my work is valued and appreciated by my co-workers. • I love what I do and enjoy the people that I serve as a public employee. But I feel there are a lot of policies or way of doing business that if we were private, would cause the business to fail. • I love working for the State of Nevada, I've just been challenged with proper training to do my jobs/positions through the years most effectively.
<p>Communication</p>	<ul style="list-style-type: none"> • Employee retention could be improved by open communication regarding changes. • I did not know anything about DPBH before working here, and I had tried to look it up and learn more but from the websites and things I could find I wasn't able to learn much. If the goal is to help people live better lives, I think it could be helpful if the public knew more about what was happening. • There should be cultural awareness offered to current and incoming state employees, especially in administration at the highest levels. • Countering the stigma of mental illness and addiction also is a key service the DPBH needs to provide. • Ask leaders to make more frequent rounds talking to and shaking the hands of all employees...from the janitor to the Psychologist.