

**Hanover County Community Services Board
Strategic Plan 2010-2013
July 2011**

Introduction

We are pleased to present the Hanover Community Services Strategic Plan for 2010-2013. Now in our 37th year of serving adults, families and children, we have had a positive impact on the lives of thousands of individuals in Hanover County. These efforts would have not been possible without the support of State and local stakeholders and the work of our outstanding team of dedicated professionals.

By serving over 6,000 individuals last year, we were able to provide treatment, supports and recovery for individuals and families experiencing mental health and substance use disorders and problems, housing for individuals with mental health and intellectual disabilities, family support and counseling for children experiencing a variety of behavioral and emotional problems, productive employment for individuals through our organizational and community-based employment services and evidence-based prevention programs to help keep the community strong and resilient. We are committed to providing the highest quality of treatment and support to our clients and families.

Organization Description

Hanover Community Services Board (CSB) provides mental health, intellectual disabilities and substance use disorder treatment and prevention services for residents of Hanover County. The CSB is a Department of Hanover County, Licensed by the Department of Behavioral Health and Developmental Services with six programs accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

This strategic plan was developed to meet the overall mission of Hanover County government. The Hanover County government's mission is to provide a quality of life that is defined, encouraged, and supported by the community itself, where government focuses efficiently and effectively on the general well-being, education, and safety of the people, where service delivery is based on sound financial practices, and where growth is managed in creative and innovative ways. In addition, this plan

compliments the Hanover County Human Services Strategic Plan which includes seven goals to strengthen the provision of human services within the County:

Goal 1: Provide for a healthy community

Goal 2: Provide for recreational and cultural opportunities

Goal 3: Provide for special needs populations

Goal 4: Provide for life-long learning and educational services

Goal 5: Provide for human service specialized transportation service availability

Goal 6: Provide for consistent and effective communication of human service information

Goal 7: Provide for the coordinated, efficient and effective delivery of human services

The following services are provided by Hanover CSB. *Clinical Services:* Community Education/Prevention, Crisis and Urgent Care, Adult and Child Mental Health and Substance Use Treatment, Support and Case Management, Intensive Community Treatment, Medical Services and Psychosocial Rehabilitation (RAFT House). *Community Support Services:* Day Support, Residential (contracted), Case Management and Employment (Recycling, Hanover Industries and Supported Employment).

The Hanover CSB is one of forty Community Service Boards across the Commonwealth. With a staff of 123 full-time and 28 part-time or on call staff. We serve over 6,000 residents annually with an operating budget of \$10,200,000. Forty six (46%) of the revenues are local funds with the remainder made up of state federal and client fees. First and third party fees account for 28% of the revenue. In FY2010, the CSB served 2,700 individuals with mental health and substance abuse issues, 3,700 in community education and 426 individuals with an intellectual disability. As per the Code of Virginia, the organization is governed by a Board appointed by Hanover County Board of Supervisors. The CSB operates in five locations with outpatient clinic services provided in both Ashland and Mechanicsville.

Critical to accomplishing the mission of Hanover Community Services and Hanover County Human Services Strategic Plan is Hanover Community Support Services, Inc. (HCSS) a private, not-for-profit corporation whose mission is to support Hanover County and Hanover Community Services in the accomplishment of their mission and goals. Hanover Community Support Services, Inc. helps meet the

needs of County citizens by providing Hanover Community Services additional services and resources. HCSS is committed to support the development and expansion of residential, respite care, employment and other services. HCSS has an independent board of fifteen members. They own one of our group homes, provide respite services and provide fund-raising. Their focus on housing for persons with disabilities supports both the goals of HCCSB and Hanover County’s Human Service Strategic Plan.

Strategic Planning Process

The CSB is implementing a three year strategic plan developed between December 2010 and April 2011. With the current and future anticipated limits on State and Federal support and growing waiting lists, the Board re-confirmed the decision to realign service delivery and focus programs, services and supports toward those with the greatest need. In addition, the plan included board development and recruitment, developing strategic partnerships and improved communication and collaboration in pursuit of our mission to serve those with mental health, intellectual disabilities and substance use disorders.

The strategic planning process is an ongoing activity including a community town meeting held in 2009, annual consumer and stakeholder surveys, management and leadership team ongoing planning and the work of the Community Services Board members themselves. Each month the Executive Director and members of the Management Team report internal and external issues and public policy issues that may impact the future direction of the CSB. Each quarter the Executive Director and Management Team present a report on the financial status of the organization and the accomplishment of the Operational Goals and Objectives. This report follows with a discussion of “lessons learned” and any adjustments to the future objectives. The quarterly operational goals and objectives are available to clients and staff for input. Each year a performance analysis report is developed which describes the accomplishment of the goals and objectives as well as the accessibility status report, health and safety activities, critical incidents, complaints, and annual demographics.

Environmental Scan

Federal

The major issues impacting Hanover Community Services Board over the next several years relate to healthcare reform, accountability, primary care integration, and “meaningful use” (the electronic health record). In about two years, there will be a growing number of individuals eligible for Medicaid as well as a large portion of the population with some form of health care benefits. This will place an increased demand on services for Hanover CSB especially for the new Medicaid population. While it is still unclear the actual number of new service recipients or the level of reimbursement, it is clear that there will be an increased demand on services. Along with healthcare reform, entitled the Accountable Care Act [ACA] will be an increased level of accountability for actual client outcomes and the meaningful use of an electronic health record. This accountability is closely related to national adoption of an electronic health record with the ability to share information across health care providers and consumers.

In addition, there is an increased emphasis on primary care integration in behavioral health and behavioral health integration into primary care. It is not unusual for large healthcare group practices to have behavioral health specialists on staff to respond to substance use including tobacco use, anxiety, depression and interpersonal difficulties which often results in physical symptoms. On the other hand, many of our clients suffer from hypertension, diabetes, poor nutrition and lack of exercise. Many do not receive any preventive health care. We will be placing greater emphasis on treating the whole person in the future understanding for many of our clients, this is their health care home.

Several years ago, passage of the Budget Reconciliation Bill by the U.S. Congress reduced the National Medicaid spending by almost \$5 billion over the next five years. This bill, the Affordable Care Act and state Medicaid managed care initiatives will impact the Community Services Board as our percentage of Medicaid clients continues to grow.

The other national focus which has both national and state implications is the emphasis on peer directed consumer-run recovery services and supports. The emphasis on mental health recovery is supported by the new medications and the understanding and belief that individuals with chronic

mental illness can recover from their disability and can lead normal lives and a significant emphasis is placed on recovery very similar to addictions treatment. The implications of this initiative is encouraging community services boards to assure that there are recovery specialists or peer counselors on staff who can work with clients who also have or have had mental illness. Also, there is an emphasis on consumer representation on boards and committees both at the governance level as well as administration and direct services. This type of representation will have an impact on the community services board over the next five years as new State funding will come with the expectation that recovery specialists are working with community services boards across the State.

State

In relation to the national efforts to cut Medicaid spending, the state is engaged in mental health reform and a direction toward greater privatization of behavioral and developmental disability services. The state Medicaid office has been given broad discretion in reducing Medicaid spending. Reforms will relate primarily to primary health care, but they will have implications with behavioral health. This initiative in tandem with the national efforts to cut Medicaid will have an impact on services in the future. The nature of the impact on future provision of services and Medicaid revenue is unclear at this point. Such reforms could actually improve funding for behavioral health care and provide such services as residential services to mental health and funding for substance abuse treatment and supports. Both of these services are currently funded through the State Medicaid Contract.

A second state issue relates to the recent Department of Justice investigation and future state efforts to de-institutionalize the state training centers. This along with expanding services to individuals with Autism Spectrum Disorders will have a future impact on case coordination, increasing caseload size.

A movement across the entire United States is public sector managed care initiatives. The majority of states have some managed care model of funding. Currently we are funded on a fee-for-service basis. However, under a managed care contract these community boards or a region could be funded on a fixed rate capitation system where we would be paid a rate based on the number of public Medicaid lives in the region and that we would be funded prior to delivery of services one fixed amount as opposed to a unit rate. This adjustment would create changes in services and a need to create more

and greater economies of scale. Over the next five years it is very likely that we will continue to participate in more regional projects which will expand the delivery of services and supports, reduce administrative costs and provide greater centralization. It is likely that over the next few years there will be more regional projects and a greater amount of State funding will go into regional services and supports as opposed to the individual services provider by the community services board.

Mission and Principles

We partner with individuals to provide supports and services in the areas of Mental Health, Intellectual Disabilities and Substance Use Disorders in their efforts to lead satisfying and productive lives in their communities.

The Hanover County Community Services Board is committed to the following principles:

Recovery and Persons-Centered Services

Meeting the needs and expectations of all individuals served, their families and community stakeholders where every interaction is respectful, courteous and timely

Collaboration

Forming positive and equal partnerships with organizations and individuals based on cooperation, mutual respect and open communication

Quality

Providing nationally accredited state-of-the-art supports and services meeting or exceeding standards of care, expectations for service and performance standards

Staff Development

Hiring, training and facilitating the development of top quality peer and professional staff to ensure and motivated and highly-trained workforce

Community Based

Providing services and supports as close as possible to the individual's home in as natural a setting as possible

Effectiveness, Efficiency and Satisfaction

Focusing all operations on maximizing the effectiveness, of direct services and supports, the financial and operational efficiency of the organization and maintaining individual and stakeholder satisfaction

Strategic Goals and Objectives

Goal 1: To provide quality services and supports to those with serious mental health, substance use disorders, developmental and intellectual disabilities emphasizing local, regional and collaborative partnerships.

Obj. 1.1. To provide Board and staff training on best practice services for individuals with autism spectrum disorder.

Tasks:

- 1.1.1. Staff will coordinate or provide at least two training events by June 30, 2013.*
- 1.1.2. Information on autism spectrum disorder will be included on the website by October 31, 2011.*
- 1.1.3. Collaborate with DBHDS and community partners to clarify the role of the CSB in providing services to this population by January 21, 2012.*
- 1.1.4. Recommend enhancement to current case coordination and program services to include individuals with autism spectrum disorder and other developmental disabilities.*

Obj. 1.2. To explore options for primary care integration and facilitating the development of a mental health free clinic in Hanover County.

Tasks:

- 1.2.1. Meet with St. James the Less Free Clinic coordinators and other organizations regarding possible collaboration by October 31, 2011.*
- 1.2.2. Explore free clinic models and funding opportunities and report to the CSB Board by April 2012.*
- 1.2.3. Develop a plan to increase primary care services for current clients to include staff training and service provision by May 2012.*

Obj. 1.3. To develop and present a program analysis regarding the application of best practice models.

Tasks:

- 1.3.1. Develop a report on evidence-based best practice (EBIT) models currently provided by the organization by March 2012.*
- 1.3.2. Evaluate EBIT approaches in mental health and substance abuse not currently provided by the organization by May 2012.*

Obj.1.4. To maintain and enhance the provision of quality services through maintaining national accreditation.

Tasks:

- 1.4.1. Begin preparation for CARF re accreditation and present progress to the Board by August 2011.*
- 1.4.2. Complete CARF accreditation survey by October 31, 2011.*

Goal 2: To enhance public awareness, communication and collaboration among the CSB and staff, the persons served and our various stakeholders.

Obj. 2.1. To evaluate the CSB website and other methods of communication to ensure they meet the needs of the citizens of Hanover County, including the persons served and other stakeholders.

Tasks:

- 2.1.1. Review website and make improvements by November 2011.*
- 2.1.2. Convene a committee of the CSB Board to review all written communication for review and recommendations by February 2012.*

Obj. 2. 2. To meet with community service and prevention partners annually to discuss collaboration opportunities with the intent of engaging in at least one project with Hanover Mental Health Association, Hanover Community Support Services and Hanover Arc.

Tasks:

- 2.2.1. Meet individually with the above local advocacy groups to discuss collaborative projects over the next three years by December 2011.*
- 2.2.2. Assemble a community roundtable to identify at least one community project to work together by October 2012.*
- 2.2.3. Continue partnership with Hanover Community support Services as they support six client apartments.*

Obj. 2. 3. To provide at least three public awareness activities and or newspaper articles each year.

Tasks:

- 2.3.1. Meet with selected CSB and County staff and Board members to develop a community awareness plan by July 2012.*
- 2.3.2. Present to the CSB Board a public awareness plan by September 2012.*

Goal 3: To insure that the Hanover Community Services Board is engaged, informed, representative of the citizens of Hanover County, including the persons served and the Board of Supervisors.

Obj. 3.1. To provide an annual CSB Board Profile to Board of Supervisors to assure that the HCCSB Board is representative of the persons served.

Tasks:

- 3.1.1. Provide a briefing to the Board on accreditation and state code regarding Board representation by August 2011.*
- 3.1.2. Develop the annual profile and present to the Board of Supervisors by October of each year.*

Obj. 3.2. To annually review the HCCSB board orientation process and continuing education needs of CSB Board members.

Tasks:

3.2.1. Assemble a CSB Board committee to review new and continuing board member orientation for improvements by August 2012.

3.2.2. Make recommendations to CSB board regarding changes and enhancements to the board orientation process and materials by September 2012.

Obj. 3.3. To conduct an annual staff and stakeholder satisfaction survey.

Tasks:

3.3.1. Convene a CSB Board and staff committee to develop staff satisfaction survey by April 2012.

3.3.2. Implement annual staff satisfaction survey by June 2012.

3.3.3. CSB Board and staff committee will review current annual stakeholder survey and recommend edits or improvements by October 2012.

3.3.4. Implement annual stakeholder satisfaction survey and report results to the Board by January of each year.

Obj. 3. 4. To provide additional educational opportunities for the HCCSB Board regarding military veterans, waiver programs and identified selected topics.

Tasks:

3.4.1. Develop a CSB Board survey to receive input on work session topics for the year by September 2011.

3.4.2. Develop a schedule of Board work session topics on the annual CSB Board calendar by October 2011.

Operational Goals and Objectives FY12

Goal 4: To improve program effectiveness, efficiency and services to consumers

Obj. 4.1. To maintain and improve client, staff and stakeholder satisfaction.

Tasks:

4.1.1. Annually conduct client and stakeholder satisfaction surveys in September.

4.1.2. Annually conduct staff satisfaction survey in April.

4.1.3. Report results of all satisfaction surveys in the Annual Performance Analysis Report.

Obj. 4.2. To improve client outcomes.

Tasks:

4.2.1. Collect client and participant effectiveness data and report in monthly Dashboard and Quarterly Goals and Objectives Report.

4.2.2. *Summarize in Annual Performance Analysis Report in November.*

Obj. 4.3. To maintain or improve organizational performance.

Tasks:

4.3.1. *Collect efficiency data and report either monthly in Dashboard or in Quarterly Goals and Objectives Report.*

4.3.2. *Summarize in Annual Performance Analysis Report in November.*

Obj. 4.4. To continue to evaluate the effectiveness of transportation services.

Tasks:

4.3.1. *Conduct a SWAT analysis and consumer satisfaction survey regarding the effectiveness and efficiency of transportation services in March 2012.*

4.3.2. *Report results and recommendations to the Board in May 2012.*

4.3.3. *Implement improvements and utilize data for the annual budget planning process by October 2012.*

Goal 5: To maximize business operations effectiveness

Obj. 5.1. To manage all aspects of management information system and the electronic health record.

Tasks:

5.1.1. *Develop outcomes data for program analysis by June 2012.*

5.1.2. *Create systems for reporting effectiveness measures through MIS by June 2012.*

5.1.3. *Assist staff in utilizing data for program improvement by July 2012.*

Obj. 5.2. To maximize revenue collection.

Tasks:

5.2.1. *Closeout all residential program cost centers and associated expenses by October 2011.*

5.2.2. *Fully implement new billing processes for screener program by October 2011.*

5.2.3. *Continue monitoring of delinquent accounts.*

Obj. 5.3. To maximize data quality and submissions.

Tasks:

5.3.1. *Develop plan for meaningful use compliance by June 2012.*

Goal 6: To provide quality service to those with emergencies and severe disabilities

Obj. 6.1. To reduce congregate care days for children and adolescents by 10%.

Tasks:

6.1.1. *Continue utilization review process and monitor residential utilization (ongoing).*

6.1.2. *Open KITT referrals to the educational and juvenile justice sectors to support maximum utilization of KITT by September 2011.*

6.1.3. *Fill final KITT clinician position by September 2011.*

Obj. 6.2. To reduce hospitalizations of active MHSA clients through intensive case management and psychosocial rehabilitation.

Tasks:

6.2.1. *Monitor reduction in hospitalization and increase in community tenure through monthly dashboard.*

6.3.2. *Continue intensive services to those with a history of frequent psychiatric hospitalizations.*

Obj. 6.3. To improve attendance and engagement in CSB operated employment and day programs.

Tasks:

6.3.1. *Maintain 75% capacity and continue monitoring through monthly dashboard.*

Obj. 6.4. To develop and implement a work plan for the improvement of RAFT House services.

Tasks:

6.4.1. *Implement RAFT Planning Committee and Develop Program Plan by October 2011.*

6.4.2. *Hire RAFT Program Manager by September 2011.*

6.4.3. *Begin implementing program improvements by October 2011.*

Please refer to the Quarterly Progress Report on Goals and Objectives on the accomplishment of goals, objectives and tasks.

Task	Person(s) Responsible	Date
1.1.1.	<i>Executive Director and designated staff</i>	6/30/13
1.1.2.	<i>Executive Director and designated staff</i>	10/31/11
1.1.3	<i>Director of Community Support Svcs.</i>	1/21/12
1.1.4	<i>Director of Community Support Svcs.</i>	7/1/12
1.2.1	<i>Selected Board members, Executive Director and designated staff</i>	10/31/11
1.2.2	<i>Executive Director and designated staff</i>	4/31/12
1.2.3.	<i>Executive Director and designated staff</i>	5/31/12
1.3.1	<i>Executive Director and designated staff</i>	3/31/12
1.3.2	<i>Executive Director and designated staff</i>	5/31/12
1.4.1	<i>Executive Director and designated staff</i>	7/31/11
1.4.2	<i>Selected Board members, Executive Director and designated staff</i>	8/31/11
2.1.1.	<i>Executive Director and designated staff</i>	11/31/11
2.1.2.	<i>Selected Board members, Executive Director and designated staff</i>	2/31/12
2.2.1.	<i>Selected Board members, Executive Director and designated staff</i>	12/31/11
2.2.2.	<i>Selected Board members, Executive Director and designated staff</i>	10/31/11
2.3.1.	<i>Selected Board members, Executive Director and designated staff</i>	7/31/12
2.2.3.	<i>Selected Board members, Executive Director and designated staff</i>	7/31/12
2.3.2.	<i>Selected Board members, Executive Director and designated staff</i>	9/31/12
3.1.1.	<i>Executive Director</i>	8/31/11
3.1.2.	<i>Selected Board members, Executive Director and designated staff</i>	10/20/11
3.2.1.	<i>Selected Board members, Executive Director and designated staff</i>	9/20/12
3.2.2.	<i>Selected Board members, Executive Director and designated staff</i>	9/31/11
3.3.1.	<i>Selected Board members, Executive Director and designated staff</i>	4/30/12
3.3.2.	<i>Executive Director and designated staff</i>	6/20/12
3.3.3.	<i>Selected Board members, Executive Director and designated staff</i>	10/31/12
3.3.4.	<i>Quality Improvement Coordinator</i>	1/31/12
3.4.1.	<i>Executive Director and designated staff</i>	9/30/11
3.4.2.	<i>Executive Director and designated staff</i>	10/31/11
4.1.1.	<i>Quality Improvement Coordinator</i>	Each Sept
4.1.2.	<i>Quality Improvement Coordinator</i>	Each Nov
4.2.1.	<i>Executive Director and designated staff</i>	ongoing
4.2.2.	<i>Executive Director and designated staff</i>	Each Nov
4.3.1.	<i>Executive Director and designated staff</i>	ongoing
4.3.2.	<i>Executive Director and designated staff</i>	Each Nov
5.1.1.	<i>Controller and designated staff</i>	6/20/12
5.1.2.	<i>Controller and designated staff</i>	6/20/12
5.1.3.	<i>Controller and designated staff</i>	7/20/12
5.2.1.	<i>Controller and designated staff</i>	10/31/11
5.2.2.	<i>Controller and designated staff</i>	10/20/11
5.2.3.	<i>Controller and designated staff</i>	ongoing
5.3.1.	<i>Controller and designated staff</i>	6/21/12

6.1.1.	<i>Director of Clinical Svs. and designated staff</i>	<i>ongoing</i>
6.1.2.	<i>Director of Clinical Svs. and designated staff</i>	<i>9/30/11</i>
6.1.3.	<i>Director of Clinical Svs. and designated staff</i>	<i>9/30/11</i>
6.2.1.	<i>Director of Clinical Svs. and designated staff</i>	<i>ongoing</i>
6.2.2.	<i>Director of Clinical Svs. and designated staff</i>	<i>ongoing</i>
6.3.1.	<i>Director of Clinical Svs. and Director of Community Support Svs.</i>	<i>ongoing</i>
6.4.1.	<i>Director of Clinical Svs. and designated staff</i>	<i>7/1/11</i>
6.4.2.	<i>Director of Clinical Svs. and designated staff</i>	<i>8/20/11</i>
6.4.3.	<i>Director of Clinical Svs. and designated staff</i>	<i>10/30/11</i>

Approved by the Hanover CSB Board at their regularly scheduled meeting on July 18, 2011.