

Hanover County Community Services Board Strategic Plan 2006 – 2010

Introduction

We are pleased to present the Hanover Community Services Strategic Plan for 2006-2010. Now in our 35th year of serving adults, families and children, we have had a positive impact on the lives of thousands of individuals in Hanover County. This 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 and recovery for individuals and families experiencing mental health and substance abuse problems, housing for individuals with mental health and mental retardation, 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 best practice 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 as exhibited by our national accreditation through the Commission on Accreditation for Rehabilitation Facilities.

Strategic Planning Process

The CSB is implementing a strategic plan developed December 2006 by the Board. With the current and future anticipated limits on State and Federal support and growing waiting lists, the Board made the decision to realign service delivery and focus programs toward those with the greatest need. In addition, the plan included developing strategic partnerships with the private sector in pursuit of our mission to serve those with mental health, mental retardation and substance abuse disorders.

Mission and Principles

Our mission is to provide, monitor and evaluate a well-coordinated, high quality and comprehensive system of community-based mental health, mental retardation, and substance abuse services with the overall goal of enhancing the quality of life and emotional and behavioral health of all residents of Hanover County.

The Hanover County Community Services Board is committed to:

Services that are Client-Centered and Customer Driven

Meeting the needs and expectations of persons who receive services, their families, other organizations, the County Administration, the Hanover Board of Supervisors, and the Hanover community at large is at the center of all Board operations. Customers come first and every client contact is driven by respect, courtesy and timeliness.

Community Cooperation and Collaboration

The Board is committed to forming positive and equal partnerships with all organizations and individuals in the community based on mutual respect and open communication.

Quality

The Board will provide up-to-date, state-of-the-art services with the highest possible expectation for quality in service delivery. Quality is defined as meeting or exceeding clinical standards for care, client expectations for service and the performance standards of the Board.

Staff Development

In recognition that the provision of quality services is dependent on having a motivated and highly trained work force, the Board is committed to hiring, training and facilitating the development of top quality professional staff.

Service Availability

All Board Services will be available to clients regardless of ability to pay. Persons without other resources or options for care shall be given first priority for services.

Community Based, Comprehensive and Measurable Services

Services will be developed and provided as close as possible to the consumer's home in as natural a setting as possible. Further, services shall be designed to meet as wide a range of client needs as possible and be based on measurable outcomes.

Financial Stability

All Board operations, decisions and directions will be focused on maximizing client services and increasing the financial viability of programs.

Strategic Plan Goals and Objectives

HCS FY2008 Goals, Objectives and Performance Measures

OBJECTIVE	MEASURE	TARGET
Goal 1: To improve program effectiveness and services to consumers		
1.1 Maintain stakeholder satisfaction (<i>outcome measure</i>)	1.1.1. improve client satisfaction scores	1.1.1. maintain
1.2. Improve client functioning (<i>outcome effectiveness measure</i>)	1.2.1. improve client functioning	1.2.1. 10%
1.3. Increase consumer and family involvement	1.2.2. reduce AOD use (Juv Drug Court)	1.2.2. 80%
1.4. Enrich prevention and community education	1.2.3. increase no. employed (SE)	1.2.3. 10%
1.5. Increase day, residential and employment opportunities	1.3.1. increase consumers on staff, board and board committees	1.3.1. 10%
	1.3.2. insure that 50% of PSR clients with vocational plans are in pre-employment and employment activities	1.3.3. 30%
	1.4.1. implement youth development project in the Ashland Woods community	1.4.1.-1.4.3. accomp. of action steps
	1.4.2. actively participate as committee members in Hanover County Human Services Plan	
	1.4.3. implement environmental prevention initiative to reduce underage drinking, Parents Who Host Lose the Most	
	1.5.1. maintain capacity of PSR to aver daily attendance of 25 members	1.5.1. 25
Goal 2: To maximize business operations effectiveness		
2.1 Produce discretionary spending financial reports for division use (<i>efficiency measure</i>)	2.1.1. Develop reports and data fidelity in County finance system	2.1.1. 10/30/07
2.2. Maximize 1 st party collections	2.2.1. Send monthly bills NLT 10 th workday of each month	2.2.1,2. 100%
2.3. Minimize lost opportunities for 3 rd party collection	2.2.2. Forward eligible accts to Treasurer within 45 days of eligibility for collection	2.2.3. all elig. accts reviewed w/in 45 days of eligibility
2.4. Prepare to replace current management information system with system which includes electronic medical record	2.2.3. Use delinquent acct teams to manage continuation of service and collection efforts	2.3.1. <4%
	2.3.1. Minimize billable services provided by non-credentialed staff	2.3.2. >90%
	2.3.2. Ensure financial records are updated annually	2.4.1.10/30/07
	2.4.1. Develop timeline for RFP	2.4.2. funding + 2 months
	2.4.2. Initiate RFP and award	2.4.3. funding +10 months
	2.4.3. Manage implementation and conversion	2.4.4. funding +22 months
	2.4.4. Track implementation progress	
Goal 3: To improve our efficiency and service delivery		
3.1. Reduce no shows/cancellations (<i>efficiency measure</i>)	3.1.1. no show/cancellation rate	3.1.1. <20%
3.2. Decrease waiting list (<i>efficiency measure</i>)	3.2.1. no. on waiting list	3.2.1. <10%
3.3. Maintain timely and quality client documentation (<i>efficiency measure</i>)	3.3.1. QA chart review scores	3.3.1. 80%
3.4. Maintain staff productivity (<i>efficiency measure</i>)	3.4.1. review and achieve client related service hours benchmark	3.4.1. 90%
3.5. Improve Medical Records operations	3.5.1. centralize location or records at all locations	3.5.1-2 accomp. of action steps
	3.5.2. complete centralization of older closed records	

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OBJECTIVE	MEASURE	TARGET
Goal 4: To provide best practice services to those with severe disabilities emphasizing regional and collaborative relationships		
4.1 Implement MHSA staff reorganization and utilization review process	4.1.1 New treatment model fully operational	4.1.1. 10/1/07
4.2 Expand independent living and housing opportunities for MH/SA clients	4.2.1 Collaborate with the Hanover Mental Health Association in providing housing at Sunrise House	4.2.1. 6/30/08
4.3 Increase outpatient mental health services	4.3.1 Collaboration with the faith-based community in providing mental health free clinic activities at St. James the Less Free Clinic in Ashland	4.3.1. 10/30/07
4.4 Increase day support services for persons with severe disabilities.	4.4.1. develop plan for day support center based program	4.4.1. 6/30/08
Goal 5: To transition from being a direct service provider of services to a contractor for selected services		
5.1 Complete the Logomotion transition to Goodwill.	5.1.1 Completion of transfer	5.1.1. 7/31/07
5.2. Encourage an increase in transportation vendors in Hanover County and contract with private transportation providers	5.2.1. Assure active participation in development of Dept. of Rail and Public Transportation Human Services Plan.	5.2.1. 6/30/08
5.3. Develop regional adult living facility. Collaborate with Goochland Powatan CSB in long range planning for an adult living facility	5.3.1. Investigate possibility of membership on DRPT committee	5.3.1. 6/30/08
5.4. Increase array of housing opportunities for all clients.	5.4.1. Collaboration with Goochland/Powhatan CSB and others in long range planning for ALF 5.4.2. Collaboration with private providers	5.4.1. 6/30/08
Goal 6: To reduce administrative overhead and indirect costs through management reorganization, consolidation of some administrative positions and purchase of selected rental properties		
6.1. Implement management reorganization plan	6.1.1 See Organization Chart	6.1.1. 10/15/07
6.2. Reduce the number of administrative assistants and implement plan for redistribution of support staff.	6.2.1 Administrative Support Plan	6.2.1. 12/31/07
6.3. Meet with landlords of Annex and Mechanicsville office for possible purchase options.	6.3.1. Ongoing	6.3.1. 6/30/08

Strategic Plan Goals

- **To provide best practice services to those with severe disabilities emphasizing regional and collaborative relationships**
- **To transition from being a direct service provider or services to a contractor for selected services**
- **To reduce administrative overhead and indirect costs through management reorganization, consolidation of some administrative positions and purchase of selected rental properties.**

Organization Description

Hanover Community Services Board (CSB) provides mental health, mental retardation and substance abuse treatment and prevention services for residents of Hanover County. The CSB is a Department of Hanover County, Licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). Our mission is to provide, monitor and evaluate a well-coordinated, high quality and comprehensive system of community-based mental health, mental retardation and substance abuse services with the overall goal of enhancing the quality of life and emotional and behavioral health of all residents of Hanover County.

The following services are provided by Hanover CSB. *Clinical Services:* Crisis and Acute Care, Adult and Child Mental Health and Substance Abuse Treatment and Case Management, Adolescent Drug Court and Beginnings, Intensive Community Treatment, Medical Services and Psychosocial Rehabilitation (RAFT House). *Community Support Services:* Day Health and Rehabilitation, Residential Services, Case Management, Community Education and Prevention, 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 150 and a budget of \$10,500,000, 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 FY2007, the CSB served 2,700 individuals with mental health and substance abuse issues, 3,700 in community education and 426 individuals with a disability of mental retardation. As per the Code of Virginia, the organization is governed by a Board appointed by Hanover County Board of Supervisors. The CSB operates in nine locations with outpatient clinic services provided in both Ashland and Mechanicsville.

Environmental Scan

Federal

The major issues impacting Hanover Community Services Board over the next several years relate to passage of the Budget Reconciliation Bill by the U.S. Congress that will reduce National Medicaid spending by almost \$5 billion over the next five years. This bill will impact the Community Services Board in several ways. First, portions of this bill relate to clients

receiving Medicaid must demonstrate proof of citizenship. While there has been some recent State clarification where currently cooperating with the Department of Social Services in insuring that all new and existing clients receiving Medicaid can show proof of citizenship through a passport or birth certificate. With the majority of clients this is no problem; however there are a number of individuals with significant disabilities who may not have a birth certificate. Over the last several weeks we have received greater clarification regarding some variance regarding this requirement and we will keep you posted as events unfold. The financial impact may demonstrate, not in the current year, but in years to come some restriction on Medicaid payments, restriction on the level of payment and changes in definition of eligibility requirements.

The Community Services Board receives three types of Medicaid funding. The first type is called the Medicaid Waiver and this applies to individuals with mental retardation and pays for the program of residential services and case management. The funds are appropriated based on assigned Medicaid Waiver slots. Under the slot system, a client receives a set amount of funding once they qualify and are awarded a waiver slot. For FY07 the CSB has received four additional slots plus approximately seven new waiver slots for children. For the current waiting list, this will make some impact, but not a major impact on the urgent care waiting list.

The second type of dedicated funding is entitled “Rehab Option.” This is for Medicaid recipients who receive outpatient counseling, case management intensive community treatment and community support services. This funding is primarily directed towards the mental health population and is reimbursed on a fee-for-service model. A level of managed care is provided by insurance companies who manage Medicaid funds in the state of Virginia. We currently work with approximately five insurance carriers who administer the Medicaid program. Billing is based on a service and we are funded once services are submitted for payment to the State Medicaid office.

The third type of Medicaid reimbursement is called “Clinic Option” and that’s where outpatient clinical services are reimbursed at a much lower rate. It is also a fee-for-service based on receipt of appropriate billing to the State Medicaid office. Currently Medicaid accounts for approximately 18 percent of the budget and this is expected to continue to grow in the next year. The projections are that we can anticipate at least a 5 percent annual growth in Medicaid over the next two years with that rate leveling off as Federal legislation begins taking effect on some restrictions around Medicaid reimbursement.

The other national focus which has both national and state implications is the emphasis on peer directed consumer-run recovery services. The emphasis on mental health on 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 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 will have an impact on the community services board over the next five years as new State funding will come with the

expectation that peer run and recovery specialists are working with community services boards across the State.

State

In relation to the national efforts to cut Medicaid spending, House Bill 758 signed by the Governor would convene a Medicaid Revitalization Committee that will prepare recommendations to reform the State Medicaid Program. These reforms will relate primarily to primary health care, but they will have implications with behavioral health. Mary Ann Bergeron, Executive Director of the Virginia Association of Community Services Boards, has been asked to serve on this Committee and will be there representing mental health, mental retardation and substance abuse issues for the State. This in tandem with the national efforts to cut Medicaid will have an impact on services in the future.

The nature of the impact and the degree of loss of 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. Both of these services are currently funded through the State Medicaid Contract.

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 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, reduce administrative costs and provide greater centralization. At our Board Retreat last fall Arnold Woodruff presented to the Board the current regional projects which are underway. 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 as opposed to the individual services provider by the community services board.

Other national and state issues which may impact the delivery of services over the next several years include the growth of methamphetamine abuse across the United States and the need for Hanover Community Services to provide services to narcotic addicts. Currently we provide no methamphetamine maintenance or medication alternatives for individuals addicted to narcotics, as with other substance abusers who provide outpatient treatment, assessment and education, but those who need medication or detoxification are referred outside the County. In the years to come we will need to continue to evaluate our range of substance abuse services especially if we are to participate in an adult court over the next several years.

The additional State emphasis is the focus on the transformation initiative. The transformation initiative is to further direct funds away from long-term institutional care to the community based on an empowerment and recovery model. The State along with many other states is putting a significant focus on recovery peer run services and has provided both additional funding as well

as a number of training opportunities for clients to be trained as peer counselors. It's expected that this will continue to grow and evolve with additional funding available to hire peer counselors or recovery specialists at local community services boards.

Strategic Plan Implementation Process

The first step in implementing the Strategic Plan was the donation of Logomotion to Goodwill. This donation took place July 1, 2007 and created the opportunity for a national private non-profit corporation, dedicated to job training and employment for persons with disabilities, to create a national market for textile printing and embroidery services and expand the number of jobs for CSB clients. Hanover citizens with mental health, mental retardation and substance abuse disabilities will be the real winners as the business grows and jobs increase.

In addition, mental health services were realigned to ensure that those with the greatest immediate or long-term need would continue to be served through case management, counseling and medications. Services for the seriously mentally ill adult, seriously and emotionally disturbed child and the chemically dependant person continue with a focus on comprehensive case management, medication management and targeted individual, group and family therapy. However, individuals with less severe needs will experience some limits on the length of counseling and the availability of medications.

With the focus on the most in need and our partnership with Goodwill, the CSB trimmed the staff by fourteen positions through the Logomotion donation, reassignment and retirements. There were no layoffs and those employed at Logomotion as both staff and client/employees, as well as, all other employees at the CSB all kept their jobs. No programs were discontinued, no staff was laid off, and no buildings were closed. We continue to provide over one hundred and fifty jobs to clients through Hanover Industries, Hanover Recycling and Supported Employment. We have over 600 clients receiving crisis intervention, case management, therapy, medications, residential services, and excellent day programs at Day Health and Rehabilitation and RAFT House. We also have over 2,500 citizens participating in prevention and community education programs.

Future initiatives such as long range planning for Day Health and Rehabilitation, improved performance measures, and reduction in the waiting list through new Medicaid Waiver slots and plan for the expansion of Recycling operations in the future and development of a free mental health clinic in partnership with private providers.

We will continue to build the programming and capacity at Raft House with even greater emphasis on employment and recovery principles. We will actively engage in the implementation of the Human Services Strategic Plan, continue the process of planning expanded housing options for all client groups including the addition of apartments, early planning with Goochland Powatan CSB for an adult living facility and working closely with two private providers to develop adult living and group homes for individuals with severe mental illness.

Organizational Measures

As we review the organizational measures for FY07, a few items require consideration. The waiting list for services, as has been discussed, increased throughout FY07 ending with a waiting list of 130 as of April to June, 2007. While this was a reduction from April/June 2006 by 3 percent, it still remains an area of concern. As with all community services boards across the State we continue to carry a waiting list for individuals requiring services. In the area of no-show/cancellations for the last quarter of FY07, the staff was able to reduce the no-show/cancellation rate to the target of 20 percent. Also, the accounts receivable collection rate was increased from 53 percent in the first quarter of FY07 to 73 percent at the end of the fiscal year.

Goals and Objectives

For FY07 there were 28 initiatives identified as measures under the objectives. Of these initiatives, 10 objectives or measures were accomplished, three were not accomplished, and 19 were in process or continued until next year. In addition, one objective was changed throughout the year. One of the areas that was not accomplished by the end of the fiscal year was building the capacity of RAFT House to 25 members. Our average daily attendance is still approximately 15, though the Medicaid/non-Medicaid mix of clients has improved slightly. We will continue this objective through the FY08 to reach the quantified average member mark. We have developed a quality program and referral system and we have improved the availability of transportation.

Another measure that changed throughout the year was #1.5.3, “to begin an intermediate care facility for persons with mental retardation.” As the year progressed and there was greater clarification regarding Medicaid funding, it was determined that this initiative is cost prohibitive. In accordance with our strategic goal number 2, we have begun a dialog with local nursing homes for them to develop and partnership an intermediate care facility within a nursing facility to meet the needs of individuals with mental retardation who need this level of care.