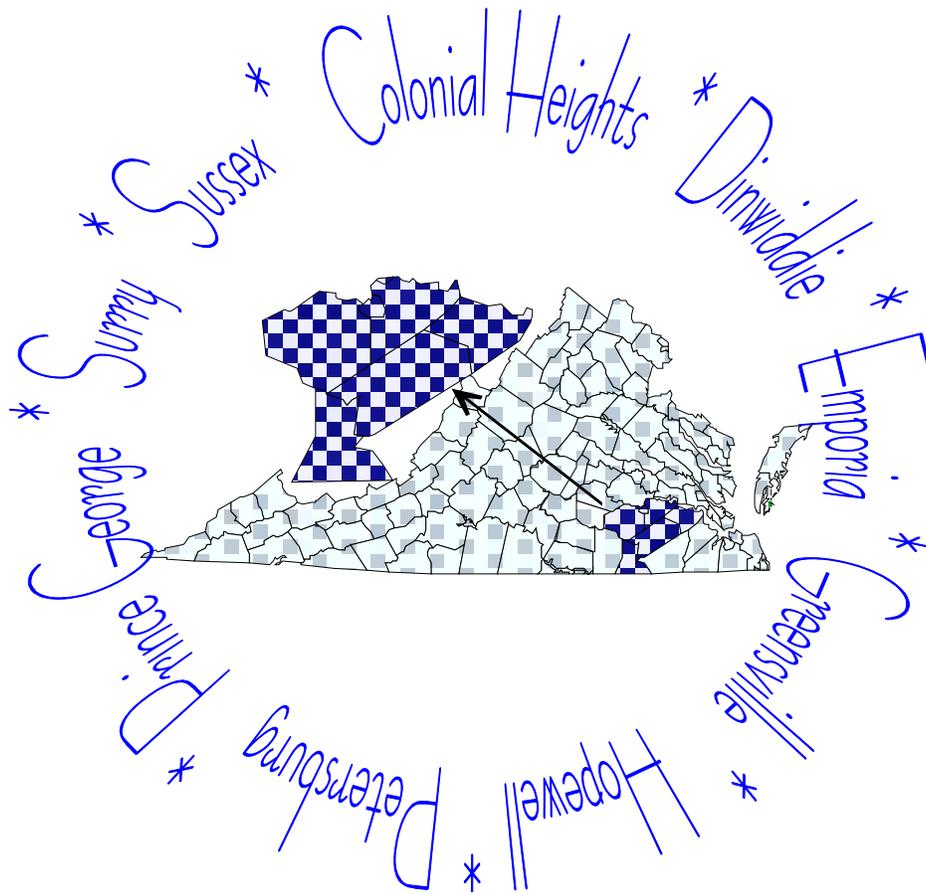


*District 19  
Community Services Board  
Strategic Plan for  
2019-2021*



*"Helping Others Reach Their Potential"*

## **Background**

District 19 Community Services Board (D19 CSB) is a multi-jurisdictional, community-based organization whose mission is to improve the quality and productivity of the lives of individuals who experience, or are at risk of experiencing, mental health, developmental, and/or substance use disorders. We are licensed by the Virginia Department of Behavioral Health and Developmental Services to provide mental health and intellectual/developmental disability services, substance use services, emergency services, and prevention services to the citizens of the cities of Colonial Heights, Emporia, Hopewell, and Petersburg, and the counties of Dinwiddie, Greensville, Prince George, Surry, and Sussex.

Integrated services are available for adults, children and families through a screening/assessment process. Services are provided directly by staff of District 19 and through contracts with private providers in the community. We are committed to providing an environment where individuals and families with complex behavioral health issues are welcomed for care and will be helped to use their strengths to address all issues to achieve their goals. District 19 offers all individuals hope for recovery.

District 19 Community Services Board can expect to continue responding to changing priorities from DBHDS and the General Assembly, working with an increasingly complex system of Medicaid and Medicare reimbursement and growing competition from the private sector for what has historically been the CSB system's core business. As part of District 19 Community Services Board's (D19 CSB) ongoing strategic planning, Leadership Team undertook a three month planning process to identify the agency's top priorities for development and service over the next 3 years. The purpose in developing this plan was to set District 19 on a pathway to successfully address the on-going changes in the public behavioral health care system while maintaining a stable infrastructure for future generations.

## **Our Mission**

Our mission is to improve the quality and productivity of the lives of individuals who experience, or are at risk of experiencing, mental disabilities and/ or substance abuse. We accomplish this through a fully integrated continuum of services in collaboration with the localities of Colonial Heights, Dinwiddie, Emporia, Greensville, Hopewell, Petersburg, Prince George, Surry, and Sussex.

## **Our Vision**

We see D19 CSB as being the preferred provider for addressing the needs of individuals, families and children within our catchment area at risk of mental and substance abuse disabilities. We envision D19 CSB providing a continuum of services which are effective, accessible and focused to the needs of the individual.

We see ourselves continuing to operate in a multi-jurisdictional area that is supportive and responsive to the services we provide to its citizens. We see ourselves as a vital and cohesive force in the quality of life of our communities and its citizens.

District 19 Community Services Board is committed to providing outcome-oriented services in an efficient, effective, and accountable manner, while ensuring consumer satisfaction and service quality are maintained.

## **Our Values**

Our stated values are spelled out in these guiding principles:

- Our programs must involve the community in service design and delivery, be innovative, and be outcome-oriented in the least restrictive setting possible.
- Our programs should be fully integrated within the Board and well-coordinated with other community services.
- We are committed to ensuring our employees are trained and engaged in meaningful, productive work in an efficient, effective, and safe manner.
- We value each employee as a professional and as a contributing member of our service system and are committed to having a workforce that is representative of our surrounding locality populations.
- We value delivering individualized services while ensuring all human rights are protected as well as being culturally sensitive.
- We value communicating in an honest, caring and open fashion.
- We are committed to utilizing sound fiscal management to ensure that we maximize our ability to provide a comprehensive continuum of services to consumers with varying levels of mental disabilities and substance abuse disorders.
- A continuum of services and support should be available to meet the choices, preferences, and needs of consumers and families.
- We are committed to having an involved, informed, and supportive Board of Directors.

Our 16 member volunteer Board of Directors provides oversight to District 19. Interested citizens are appointed by each of our participating localities for terms of three years.

## **Our Services**

Comprehensive services are provided in the following areas:

### Adult Services

- Mental Health Services
- Substance Use Services
- Intellectual/Developmental Disability Services
- Psychiatric & Nursing Services

### Child & Adolescent Services

- Specialized Children's Services
- Children's Clinical & Prevention Services
- Infant Intervention

### Community Integration and Crisis Services

- Crisis Intervention Team
- CIT Crisis Assessment Center
- Same Day Access
- Emergency & Evaluation Services
- Liaison to State & Local Psychiatric Hospitals
- 24-Hour Crisis Hotline

## **Community Need**

The District 19 CSB service region includes more than 173,526 people residing in District 19 CSB service region. Within this population, an estimated 12,011 individuals may have an Intellectual Disability. An estimated 13,869 persons age 12 and older may have received treatment for dependence or abuse involving illicit drugs or alcohol in the past year. An estimated 6,098 persons (ages 18 and older) may have a serious mental illness and 2,116 persons (ages 9 to 17) may have experienced serious emotional disturbances. Any of these individuals may seek help from District 19 CSB.

## **Strategic Goals**

District 19 CSB has identified four (4) critical goals to be achieved during the next three (3) years. These ambitious goals indicate our organizational priorities and directly support our Mission and Vision. Each respective goal is supported by an action plan designed to ensure successful implementation.

## GOAL I

**District 19 will develop effective fiscal strategies to sustain and improve agency operations. Maximize revenues and minimize expenditures.**

**Objective 1: Analyze organizational map and make revisions where necessary.**

*Strategies:*

- Evaluate relocation/merging of clinics and programs. Reinvesting in the community by providing community-based and mobile services.
- Reduce monthly expenses by combining clinics. Centralized “hubs”.
- Explore “in-kind” space.
- When positions become vacant- analyze need for position and potential revisions prior to filling.
- Prior to new positions being developed, analyze funding, needs, and organizational placement.

**Objective 2: Establish productivity benchmarks and re-evaluate caseload standards for all service providers and programs**

*Strategies:*

- Caseload scrubbing project to ensure appropriate balance in caseloads and “clean up” inactive cases.
- Revise and implement caseload standards across CSB.
- Implement centralized scheduling.
- Implement Levels of Care standards.
- Set productivity standards. Analyze current productivity reports and revise to ensure accurate data. Determine expectations/benchmarks for each area.

**Objective 3: Contract with commercial insurance for outpatient services**

*Strategies:*

- Seek credentialing for major commercial insurance carriers.
- Develop new fee schedule and seek Board approval.
- Implement credit/debit payments for services and copayments.

**Objective 4: Closely monitor Medicaid expansion- identify individuals who are eligible, assist with application, follow up with determination.**

*Strategies:*

- Develop/validate report of potential Medicaid expansion recipients.
- Develop report identifying individuals with no payer/financial information in electronic health record and send out monthly.
- Program Managers to follow up on report to ensure each individual applies.
- Improve collections for payments/co-payments.
- Explore Dept. of Social Services partnership for on-site benefits enrollment days.

**Objective 5: Explore creating 501c3 arm, grants/fundraising**

*Strategies:*

- Contact Board attorney for guidance on 501c3 development.
- Assess need for grant-writer position.
- Evaluate current employees who are interested in grant-writing training. Internships for grant-writing.

## GOAL II

**District 19 will build organizational depth to sustain agency operations**

**Objective 1: Explore and adopt appropriate new strategies for staff recruitment and retention.**

*Strategies:*

- Develop policy and implement telework options.
- More extensive on-boarding training, on-going positive culture development.
- Retreats, teambuilding, community efforts.
- Implement interactive training modules on-line.
- Reduce health insurance costs by implementing health/wellness initiatives.

**Objective 2: Improve/expand Human Resources footprint within agency**

*Strategies:*

- Educational sessions about resources and benefits
- Improve annual evaluation system
- Provide additional training for supervisors
- Review and revise recruiting/interview process- hire for talent. Right person/right job.

**Objective 3: Implement in-house psychiatric services for individuals with and without payer source.**

*Strategies:*

- Determine location/number of hours needed.
- Reduce or discontinue MCV contract for psychiatry.
- Recruit for full-time Psychiatrist or Nurse Practitioner.
- Explore need for on-going Tele-psychiatry.
- Explore partnership for in-house pharmacy services.

**Objective 4: Explore fully-integrated primary care**

*Strategies:*

- Identify available community partner(s) for the provision of primary care services.
- Explore partnership opportunities with MCOs regarding model development.
- Explore grant/funding opportunities to support the development of services.
- Explore FQHC partnership.
- Evaluate social determinants of health.

**Objective 5: Explore “re-branding” and marketing**

*Strategies:*

- Research cost of changing name of District 19 CSB.
- Assess desire of Board of Directors to change name.
- Follow code/performance contract regarding name change.
- Develop marketing strategies to improve reputation and awareness.

## GOAL III

### Improve Quality of Services, Productivity Level, and Outcome Measures.

#### Objective 1: Maximize use of technology and improve use of electronic health records system

*Strategies:*

- Develop a Technology Plan that addresses the best use of outsourced and/or hosted services and on-premises solutions.
- Improve electronic health record system. Eliminate paper record. 100% electronic.
- Identify need for new software/programs to improve efficiency and reduce paper processes.
- Improve/increase tools/equipment for office and community services. Increase number of tablets, wi-fi access, and mobile services.
- Increase use of video conferencing, “go to meetings”, webinars.

#### Objective 2: Utilize performance reports for stakeholders and internal monitoring

*Strategies:*

- Develop and Implement Performance Outcome Measures based on DBHDS/DOJ/HEDIS/MCO’s measures/outcomes.
- Create and maintain organized and meaningful reports. Develop reports to monitor outcomes and share with LTAM, Board of Directors, and MCO’s (if appropriate).
- Implement SPQM and develop dashboards for daily monitoring.

#### Objective 3: Increase emphasis on Evidence-Based Practice and Recovery Oriented System of Care and enhance clinical services.

*Strategies:*

- Explore advantages/disadvantages of Evidence-Based Programs, Promising Programs, and determine model/ plan for implementation.
- Improve Person Centered Planning Training Development
- Provide/offer appropriate staff training
- Increase Peer certification- WRAP training and implementation.

**Objective 4: Increase Quality Improvement efforts in record audits**

*Strategies:*

- Continue to identify and address changes in state code, performance contract, and regulations. Revise policies and procedures to maintain compliance.
- Increase frequency and number of record audits conducted.
- Transparency regarding audit- share reports, QI newsletter, exit interview, citations, with employees and use as a training tool.
- Develop electronic audit tools to identify deficiencies and reduce payment retractions.

## GOAL IV

**District 19 CSB will implement \*STEP-VA as mandated and funded by DBHDS**

*\*Objectives/strategies subject to change per the definitions approved by DBHDS.*

**Objective 1: Provide comprehensive assessments to individuals at the time the assessment is requested. Appointments are not necessary. The individual comes to the CSB during Same Day Access (SDA) operating hours and are seen on that day for assessment.**

*Strategies:*

- Hire appropriate SDA Clinicians to staff Same Day Access.
- Finalize documentation process and policies for SDA.
- Implement SDA in all clinics- consistent process. Ensure community is informed of process in each locality.
- SDA Assessor to schedule program appointment within 10 days of assessment to comply with metrics regarding follow up appointment.

**Objective 2: Implement Primary Care Screening for any child diagnosed with a serious emotional disturbance and receiving ongoing CSB behavioral health service or any adult diagnosed with a serious mental illness and receiving ongoing CSB behavioral health service will be provided or referred for a primary care screening on a yearly basis. Screen and monitor any individual over age 3 being prescribed an antipsychotic medication, by a CSB prescriber, for metabolic syndrome.**

*Strategies:*

- Develop forms/documentation and policy for primary care screening
- Implement process for primary care screening per definitions provided by DBHDS.
- Determine appropriate staff to coordinate and conduct screenings.
- Monitor measures and outcome reports to ensure compliance with expectations of DBHDS.

**Objective 3: Establish services needed to allow an individual experiencing a behavioral health crisis to remain in the least restrictive environment, preferably in their home or community.**

*Strategies:*

- Develop model and staffing plan for Mobile Crisis.
- Continue to partner with law enforcement and first responders to support CIT training and CIT Assessment Centers in D19 catchment area.
- Strive to reduce inpatient hospitalization by increasing crisis stabilization, to meet outcome goals.
- Monitor number of days between discharge from psychiatric hospital or residential crisis stabilization unit and contact with a prescriber. Goal of 30 days or less.
- Establish process to ensure individuals receive follow up engagement after release from ECO within 24 hours.

**Objective 4: Case Management: Ensure behavioral health services are coordinated in an effective and efficient manner to support the needs of the individual.**

*Strategies:*

- Continue/improve current practices of assessing, linking, coordinating, monitoring, and advocating.
- Assess needs/improvement using DLA-20 at admission and quarterly.
- Ensure appropriate intensity and duration of service using Levels of Care model.

**Objective 5: Psychiatric Rehabilitation Services- Support individuals with SMI, SUD, and SED in developing or regaining independent living skills.**

*Strategies:*

- Assess through a person centered evaluation of functional needs impacting activities of daily living and independence and the psychosocial risk factors that affect quality of life- using the DLA-20 at admission and quarterly.
- Develop protocols for appropriate referrals and linkages to vocational rehab, social rehab, educational support, and life skills.

**Objective 6: Provide access to outpatient psychotherapy services (MH/SUD) within 10 business days of SDA appointment.**

*Strategies:*

- Do cost analysis for providing in-house or contracting out Outpatient Therapy. Develop staffing plan for Outpatient Therapy.
- Determine Evidence-Based Practice model to be used and develop appropriate training requirements.
- Determine number of internal qualified providers and build on specialty services.

**Objective 7: Ensure access to peer and family support as recommended and/or requested by individuals and family members.**

*Strategies:*

- Assess areas to increase Peer Support.
- Develop plan to ensure Wellness-Recovery Action Plan will be provided through peer and family support services- guided by SAMHSA principles of recovery.
- Ensure provision of access to peer specialists, recovery coaches, and parent support partners. Ensure peers are certified by DBHDS.

**Objective 8: Mental Health Services for Military Service Members, Veterans, and Families (SMVF)- Ensure SMVF receive needed behavioral health and supportive services in the most efficient and effective manner available.**

*Strategies:*

- Assess SMVF status at initial intake.
- Collaborate with military treatment facilities (MTFs), Veterans Health Administration (VHA) facilities, Virginia Department of Veterans Services (DVS) programs and other external providers to determine SMVF eligibility for services.
- Identify and refer SMVF seeking services to internal providers that have been trained in military cultural competency (MCC).
- Conduct needs assessment and provide resource connections to MTF, VHA, DVS or other external facilities if eligible. Provide assistance with services navigation as needed.

**Objective 9: Care Coordination- Ensure individuals are connected to needed services including physical health care**

*Strategies:*

- Organize care activities, including collaborating with MCO care coordinators, and share information among all of the participants concerned with the child, adolescent, or adult's care to achieve safer and more effective care.
- Ensure the physical health needs of the individual are identified and addressed in concert with behavioral health needs