

**Rappahannock Area
Community Services Board**



**Strategic Plan
January 1, 2020- June 30, 2022**

Introduction

The Rappahannock Area Community Services Board (RACSB) is one of 39 community services boards and 1 behavioral health authority throughout the Commonwealth of Virginia. Community Services Boards (CSB) are established by local governments and are responsible for delivering community-based mental health, developmental disability, and substance use services, either directly or through contracts with private providers.

CSBs are the single points of entry into publicly funded mental health, developmental disability, and substance use services, with responsibility and authority for assessing individual needs, accessing a strategic array of services and supports, and managing state-controlled funds for community-based services. CSBs focus on providing individualized, effective, flexible treatment, and habilitation and prevention services in the most accessible and integrated yet least restrictive setting possible. CSBs draw upon available community resources along with people's natural support systems to decrease the effects of mental health disabilities, substance use disorders, developmental disabilities, encourage growth and development, support recovery and self-determination and assist individual their fullest potentials.

As a partner with DBHDS and other stakeholders, RACSB shares a common desire for the system of care to excel in the delivery and seamless continuity of services for individuals and their families. We believe that a collaborative strategic planning process helps to identify the needs of individuals and guides operational decisions that contribute to the effectiveness of care.

The plan focuses on the core initiatives mandated by the Commonwealth of Virginia and incorporates input obtained from key stakeholder and staff. The strategic plan identifies goals and objectives required to guide the delivery of services for persons with mental illness, developmental disability, or substance use disorders in the City of Fredericksburg, and the surrounding Counties of Caroline, King George, Spotsylvania, and Stafford. The goals are reflective of input received by individuals receiving services, family members, state reports and studies, and community partners within Planning District 16.

RACSB's plan for the next two years compliments the state's initiatives and goals in its efforts to respond to the service and support needs of persons with mental health or substance abuse disorders or developmental disability in Planning District 16. This includes System Transformation Excellence and Performance (STEP-VA), and the DOJ Settlement Agreement.

Mission

RACSB is dedicated to education, recovery, treatment, and wellness of Planning District 16 residents affected by mental health, substance use disorders and developmental disabilities.

Services Offered by RACSB

- Emergency Mental Health and Substance Use Services
- Residential Crisis Stabilization
- Crisis Intervention Team (CIT)
- Program for Assertive Treatment (PACT)
- Case Management (Developmental Disabilities, Mental Health and Substance Use) – adult and children and adolescents
- Psychosocial Rehabilitation
- Developmental Disabilities Day Support Services
- Mental Health and Substance Use Outpatient
- Medication Management
- Medication Assisted Treatment (MAT)
- Peer Support Services
- Mental Health Residential
- Sponsored Placement
- Group Homes for adults with Developmental Disabilities
- Intermediate Care Facilities
- Part C/Early Childhood Intervention
- Healthy Families (fiscal agent)
- Project Link
- Child Mobile Crisis
- Jail Services
- Adult and Juvenile Drug Treatment (Court) Services
- Prevention Services

Accreditation and Compliance

RACSB's behavioral health programs and services have received international accreditation by CARF (Commission on Accreditation of Rehabilitation Facilities) for the past 21 years. The following programs have received three-year accreditations on recognized standards of quality in the provision of outcomes-driven programs and services:

- Case Management/Services Coordination: Integrated Alcohol and Other Drug (AOD)/Mental Health (MH) (Adults);
- Case Management/Services Coordination: Integrated Alcohol and Other Drug (AOD)/Mental Health (MH) (Children and Adolescents);
- Community Housing Mental Health (Adults);
- Community Integration: Psychosocial Rehabilitation (Adults);
- Drug Court Treatment: Integrated: Alcohol and Other Drug (AOD)/Mental Health (MH) (Adults);
- Drug Court Treatment: Integrated: Alcohol and Other Drug (AOD)/Mental Health (MH) (Children and Adolescents);
- Outpatient Treatment: Integrated Alcohol and Other Drug (AOD)/Mental Health (MH) (Adults);

- Outpatient Treatment: Integrated Alcohol and Other Drug (AOD)/Mental Health (MH) (Children and Adolescents);
- Supported Living: Mental Health (Adults)
- Crisis Stabilization Program

In addition to achieving compliance with international standards as developed by CARF, the Rappahannock Area Community Services Board has consistently maintained compliance with the Virginia Department of Behavioral Health and Developmental Services licensure standards.

Input to Local Strategic Plan

To respond to the mental health, developmental disability and substance use needs of the community, it is critical to work cooperatively with other provider organizations, community agencies, and statewide organizations. Input to the Strategic Plan was sought through the completion of an online survey, which was sent to multiple community partners and RACSB website. In addition, the survey link was distributed via the Rappahannock United Way list- serv.

On-line surveys were completed, via Survey Monkey, by 111 individuals and 30 individuals chose to complete a hard copy of the survey. By category, the number of respondents were as follows (individuals had the option of identifying in more than one category):

- Individual who Receive Services: 26
- Family Member: 15
- A private behavioral health provider: 6
- A provider of developmental disability services: 1
- A provider of services that work closely with RACSB: 4
- A current or past employee: 66
- A community member: 23

They Fiscal Year 2018 Point and Time Survey was also reviewed during the process of developing the strategic plan as a tool for assessing level of satisfaction from individuals receiving services from RACSB. The degree of satisfaction with services is based on a combination of factors, from the time, they entered to the time they exited the building or facility. The results indicate that the overall level of satisfaction is high. Approximately 94% of the respondents “agree” or are “neutral” based on questions posed in the survey. By regularly monitoring, obtaining and analyzing feedback from individuals served, RACSB can continue to improve and enhance the quality of services provided.

In addition to survey responses, input was also received from Rappahannock Region Community Needs Assessment, information from Department of Behavioral Health and Developmental Services, and SAMHSA information on future behavioral health workforce challenges.

Community

Based on the estimated 2017 data from the Weldon Cooper Center, the population for the areas served by Rappahannock Area Community Services Board is 360,264. This is a 1% total increase from 2015. Stafford County had the highest percentage of growth. During fiscal year 2019 RACSB provided 9,466 individuals with mental health services, 2,366 individuals with substance use service and 2,506 individuals with developmental disability services.

Strategic Plan Goals

RACSB has identified three critical goals to address during the next three years. These ambitious goals indicate our organizational priorities and directly support our Mission. Each respective goal is supported by strategies to support successful implementation.

Goal #1: Provide access to timely, holistic and appropriate services through evaluation, realignment, or implementation of service delivery to correspond with the changing environment and the expectations and needs of individuals served and the community.

Strategy 1: Review and analyze current processes utilized for Same Day Access (SDA) Services and make revisions where necessary.

- Evaluate current communications used to promote SDA Services to individual's served and community members.
- Evaluate Levels of Care Standards utilized by clinicians to reduce clinician's caseloads by establishing evidence informed practices for case closings.
- Evaluate current SDA hours for each clinic and establish days and hours based on usage.
- Analyze current SDA data outcomes based on System Transformation Excellence and Performance (STEP-VA) "metrics for success" for SDA and "spectrum of services for full compliance" to determine if compliance is met. Develop or realign SDA Services process if standards are not met.

Projected Outcome: By January 2020 65% of individuals presented for SDA will receive services on that day with an increase of those seen each quarter resulting in 80% seen by year-end.

Strategy 2: Expand the capability for integrated care of behavioral health and developmental supports and physical health services.

- Expand access to primary care within CSB and other settings in partnership with community stakeholders.
- Employ a Primary Care Physician or Nurse Practitioner, to be located primarily at 600 Jackson Street, to provide general health care screenings, monitoring of health
- Address primary care needs are in plans of care as appropriate, to include referrals for annual physicals for all service recipients
- Develop and maintain relationships with Managed Care Organization Care Coordinators across all CSB service areas.
- Increase the percentage of individuals receiving CSB services who have a primary care provider by partnering with MCOs and local health care agencies.
- Continue to work with Anthem Health Home Model to enhance integrated care for those insured by Anthem.

Strategy 3: Evaluate opportunities for development of ID/DD services.

- Research and evaluate ID/DD employment service models for potential incorporation or alignment with currently offered day support services.
- Evaluate and analyze current Support Coordination caseload assignments based and assess ability

to reduce caseloads while ensuring compliance standards.

- Determine feasibility of augmenting ID/DD residential services to provide additional services focused on independent living options offered in current ID/DD Waiver system.

Strategy 4: Increase opportunities of prevention initiatives/programs to include the areas of: Mental Health Promotion and Suicide Prevention, Adverse Childhood Experiences, Resiliency, Opioid Overdose prevention and Education, Tobacco Retail Education

- Analyze outreach to public and private partners to develop a targeted approach for community collaboration of prevention initiatives and programs.
- Strengthen community capacity through coalition building
- Solicit Program Supervisors and Directors to assist in promoting trainings within RACSB and community.

Goal #2: Improve Quality of Services, Productivity Level and Identify and Track Qualitative Outcome Measures.

Strategy 1: Maximize use of technology and improve use of electronic health records (EHR) system

- Continue to work on and implement performance measures based on Department of Behavioral Health/Department of Justice/ Healthcare Effectiveness Data and Information/Managed Care Organization's measures and outcomes.
- Promote a data driven organizational culture and use outcomes as a basis for planning and decision-making.
- Continue to utilize Service Process Quality Management (SPQM) dashboards for monitoring of data to include productivity measures.

Strategy 2: Increase emphasis of evidence based practices and/or evidence informed procedures.

- Research and implement/expand evidence informed options for all mental health services, substance use services and developmental disability services.
- Provide/offer appropriate staff training, based on established evidence-based practices (such as: trauma informed care, cognitive behavior therapy).
- Improve Person Centered Planning and Development through partnership with Virginia Commonwealth University.

Strategy 3: Recruit, hire and retain a talented and diverse workforce based on the needs of the organization and the community.

- Promote a positive work culture and environment that supports RACSB's mission, vision and values.
- Provide ongoing training, education, and professional development opportunities for RACSB staff.
- Review and revise annual performance evaluation process/form by June 30, 2020.
- Develop and implement process to Increase the utilization of interns across program settings and business operation, through broader recruitment, partnerships with academic program and enhanced retention practices. RACSB currently utilizes interns in the PEID program, Kenmore Club, Outpatient Services and Sunshine Lady House.

Goal #3: Implement all core System Transformation Excellence and Performance Services (STEP-VA) as mandated by the Code of Virginia and defined through work of VACSB and DBHDS

Strategy 1: Provide Primary Care Screening and Monitoring to individuals seeking outpatient services

- Provide or refer each client admitted for services to the RACSB for a primary care screening and actively promote the follow-up with a connection to a primary care provider.
- Screen and monitor any individual over age three being prescribed an antipsychotic medication by a CSB prescriber for metabolic syndrome following the American Diabetes Association Guidelines.
 - In process, DBHDS to validate performance outcomes beginning July 2021

Strategy 2: Improve Access to Outpatient Mental Health and Substance Use Disorder Services

- Provide access to outpatient psychotherapy services within ten business days of Same Day Access appointment.
 - In process, DBHDS to validate performance outcomes beginning in January 2022

Strategy 3: Develop mobile crisis response capacity for Emergency Services/Crisis for Mental Health and Substance Use Disorder

- 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.
- DBHDS has indicated that the Crisis Continuum of Services is undergoing a major revision in the Commonwealth, in support of the Crisis Now model, used in many states throughout the country. RACSB will move forward with crisis services as defined and mandated by the General Assembly – while maintaining a voice in how those services are defined through participation in various work groups on the Executive Director, Director, and Coordinator level.
 - Planning and Preliminary Implementation in process, DBDHS validating performance outcomes beginning July 2023

Strategy 4: Strengthen Peer Support and Institute Family Support

- Increase access to peer and family support as recommended and/or requested by individuals and family members. Peer and Family support definition currently being defined by DBHDS, program implementation expected July 2020, with DBHDS validating performance outcomes July 2022.

Strategy 5: Improve Psychiatric Rehabilitation Services beyond currently defined psychosocial rehabilitation services

- Support individuals with serious mental illness, substance use disorder and serious emotional disorder in developing or regaining independent living skill in accordance with DBHDS definition, program implementation expected July 2021, with DBHDS validating performance outcomes July 2023

Strategy 6: Provide Case Management to individuals with serious mental illness, serious emotional disturbances, substance use disorder, and developmental disability.

- Coordinate behavioral health services in an effective and efficient manner to support the needs of the individual across all disabilities.
 - Program implementation expected July 2021, with DBHDS validating performance outcomes April 2023

Strategy 7: Strengthen coordination of access for Mental Health Services for Military Service Members, Veterans and Families.

- Support Military Service Members, Veterans and Families in referral to needed behavioral health and supportive services in the most efficient and effective manner available.
 - Program implementation expected July 2021, with DBHDS validating performance outcomes July 2023.

Strategy 8: Develop Care Coordination for individuals with multiple needs and service providers

- Coordinate needed services for individuals, across all disabilities, to include physical health care. While similar to case management functions, care coordination is often considered to involve a broader scope of services and individuals.
 - Program implementation expected January 2021, with DBHDS validating performance outcomes July 2023

In past years, RACSB developed a six-year comprehensive plan to anticipate the need for future services and programs. The pace of statewide healthcare and system changes, and the pace of needs within the community require a time limited plan to address service needs and system mandates. This strategic plan serves as a guidance document that addresses statewide initiative, mandates and local needs.