



***Commitment to Excellence:
Wellness, Support and Recovery Services
Strategic Plan***

Colonial Behavioral Health (CBH) is the Community Services Board serving the citizens of James City County, Poquoson, Williamsburg and York County. CBH serves children, adults, seniors, their family members, and other citizens in the fields of prevention/wellness, mental health, intellectual disabilities, and substance use disorders.

Colonial Behavioral Health is one of the longest-standing Community Services Boards in Virginia, having opened its doors in 1971. Legislation enacted in 1969 by the Virginia General Assembly authorized the creation of Community Services Boards to serve as the single points of entry into publicly-funded mental health, intellectual disability, and substance use disorder services for their service areas, including access to state mental health and intellectual disability facility services through preadmission screening, case management, and coordination of services.

Community Services Boards (CSBs) exist to provide individualized, effective, flexible, and efficient treatment, habilitation, and prevention services in the most accessible and integrated yet least restrictive setting possible. Community Services Boards draw upon all available community resources along with people's natural support systems (family, friends, work) to ameliorate the effects of mental disabilities and substance use disorders, encourage growth and development, support recovery and self-determination, and assist individuals to realize their fullest potentials.

Virginia's CSBs were created to work in partnership with the state's facility-based treatment system to provide a community/facility system of services. The localities served by CBH are shared by Eastern State Hospital (ESH) and Southeastern Virginia Training Center (SEVTC).

Colonial Behavioral Health offers a broad array of healthcare services that comprise a continuum of care equaled by no other single provider in the service area. Services offered by CBH include the services described below, including the primary populations served within each program area.

Table 1: Services Offered by CBH (with primary populations):

	Child/Adol.	Adult	Seniors	MH	ID/DD	SUD
Emergency	X	X	X	X	X	X
Crisis Stabilization	X	X	X	X		
Case Management	X	X	X	X	X	X
Assessment & Referral	X	X	X	X	X	X
Psychiatry	X	X	X	X	X	X
Psychosocial Rehabilitation		X	X	X		
Day Support					X	
Intensive OP				X		X
Residential		X		X	X	O
MH Supports		X	X	X		
Outpatient	X	X	X	X	X	X
Psychological Services	X	X	X	X	X	X
Medication Access	X	X	X	X	X	X
Jail Services		X		X		X
Detention-Based Svcs.	X			X		X
Therapeutic Day Tx.	X			X		
Intensive In-Home Svcs.	X			X		X
Access to Waiver Svcs.	X	X			X	
Part C / Early Intervention (Children 0-3)	O			O	O	
Prevention	X	X				X

X = Directly Operated by CBH

O = Operated Via Contract

Colonial Behavioral Health service providers are a fully qualified professional team comprised of psychiatrists, psychologists, social workers, counselors, nurses, case managers, peers and other professionals who provide community integration services. We work in partnership with the people we serve and their families, community partner organizations and practitioners, elected officials, and many stakeholders.

Colonial Behavioral Health is governed by the Board of Directors, comprised of appointed representatives from each jurisdiction, who oversee operations and services to individuals.

Colonial Behavioral Health is consistently making efforts to improve community services and customer outcomes. A variety of surveys and other feedback and evaluation processes are in place to measure performance and solicit customer and stakeholder feedback. Colonial Behavioral Health currently holds accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF). This international accreditation agency bestowed well-deserved recognition upon CBH in the form of a Three-Year Accreditation – an accomplishment that assures the community that it is receiving the highest quality services possible.

This strategic plan provides a framework for making decisions on how best to serve those in need and serves as a guide to ensuring that high quality services continue to be available to residents within the CBH region.

Mission, Commitment, Vision and Values

Colonial Behavioral Health programs and activities are driven by our collective Vision, Commitment, Vision and Values. The following statements serve as our guide for making decisions on service provision and delivery during the next four years.

Our Mission

The Mission of Colonial Behavioral Health is to facilitate opportunities for recovery and resiliency to individuals and families affected by mental illness, intellectual and developmental disabilities, and substance use disorders.

Our Commitment

Through an array of strategies and collaborative partnerships with local and regional providers, CBH will demonstrate a commitment to quality assessment, prevention, treatment, and habilitation through best practice methodology for the citizens of James City County, the City of Poquoson, the City of Williamsburg, and York County.

Our Vision

We envision Colonial Behavioral Health will be a vital partner in a regional system of care that promotes the highest possible quality of life resulting in a healthy community.

Our Organizational Values

In conjunction with Colonial Behavioral Health legislative mandate as an essential governmental service ensuring the safety net for persons with mental illness, intellectual and/or developmental disabilities, or substance use disorders, programs and services shall be guided by the following values:

Consumer Focus: Demonstrated by advocacy, respect for individual rights, and the enhancement of self sufficiency, Colonial Behavioral Health shall achieve the status as the Provider of Choice.

Program Diversity: The array of programs provided shall remain flexible to the changing expectations and demographics of the service area with emphasis on a Comprehensive Community Based Recovery Model.

Accountability: Reflects a commitment to excellence, adherence to professional ethics, and the pursuit of continuous quality improvement, including maintenance of national standards and oversight, ongoing measurement of outcomes and satisfaction, and responsible investment of public funds.

Operations: Recognizing that the agency is part of a community system consisting of consumer, family, and cohort agencies, integration will be guided by the principles of service collaboration, creative partnerships, and entrepreneurial ventures.

Employee Focus: Demonstrated by advocacy, respect for individual contributions and equal opportunity, the encouragement of lifelong learning and the investment in compensation, recognition, and safe and attractive workspace, Colonial Behavioral Health shall achieve the status of employer of choice.

Environmental Scan and Trends

Colonial Behavioral Health has developed this four-year Strategic Plan in a time of depressed resources and changing landscape at every policy and funding level. An analysis of trends evident at each level documents the challenges faced by Colonial Behavioral Health during the next four years.

National/Federal Trends: Congressional passage of health care reform options has only served to further demonstrate a rather clear picture of the future of behavioral healthcare in the United States. Increases in administrative and fiscal oversight/audit expectations, demand for use of Evidence-Based Practices (EBPs) in service delivery, and the likely expansion of “pay for performance” funding models represents significant challenges to public mental health systems. Technological advances in diagnostic and treatment services, coupled with the immediate need for electronic health records (EHRs), will continue to change the service delivery system with increasing speed. An aging population and an expanding need for services to veterans returning from foreign conflicts will continue to increase demand for additional services to these populations. Another area of increased focus nationally is on the integration and/or collaboration of systems, particularly (but not exclusively) of behavioral health care with primary health care systems to provide more holistic approaches to wellness and disease management. Also, the removal of references to “community mental health centers” in health reform legislation warns of a changing structure for federally-funded community systems of care.

State Trends: Due to the national recession, Virginia has implemented two budget reduction processes in the past two years, totaling 10% of state funds provided to Community Services Boards (CSBs). Simultaneously, CSBs have been given primary

responsibility locally for serving persons with Autism Spectrum Disorders, but with no defined funding source for those services. As state-level government offices also absorb budget reductions, traditional state functions such as the Community Resource Pharmacy (CRP) have been transferred to CSBs for local management. State facilities are being downsized with either inadequate or no funding plans in place to build community-based treatment systems to provide necessary safety net care.

One of the more significant threats to traditional funding for safety net services is increased competition from private providers for Medicaid funds. Private providers now receive 77% of Virginia's Medicaid funding for State Plan Option (SPO) services, originally created in 1991 to provide funding for CSB safety net programming, and the primary funding source for many Virginia CSBs.

These and other Virginia issues serve to demonstrate a growing need for legislators to become educated about the needs of Virginia's consumers and families, and of the public behavioral health system.

Regional Trends: The predominant theme within Virginia, including Health Planning Region 5 (HPR V) has been *downsizing*. Both Southeastern Virginia Training Center (SEVTC) and Eastern State Hospital (ESH) are in the process of building new but smaller facilities, with either insufficient or nonexistent funding/capacity available to transfer discharged persons back into the community. Even though individual CSB and DBHDS Central Office budgets have experienced significant cuts, Virginia continues to move an increasing amount of responsibility to regional structures such as exists in HPR V.

Local Trends: The area served by CBH is home to an (2009 census) estimated population of 149,378 individuals. The 2000 Census Report indicated that 16,893 persons had some form of mental or physical disability, and that 9,413 persons were living with an income at or below the Federal Poverty Level.

Locally, two initiatives of the Williamsburg Community Health Foundation have served as catalysts for service and local health system network development. The Chronic Care Collaborative offers significant opportunities to further expand relationships with local primary care providers. The development of services to children and adolescents is being partially fueled by the creation of the Child Assessment Center, and holds great promise to grow child behavioral health services throughout the community. These and other developments in recent years have begun to formulate a community perception of the CSB as a leader in the provision of child services, though the competitive environment still favors the ever-growing number of Medicaid service-related private providers.

Local governments are experiencing downward budget pressures, and may be forced to reduce financial support to CBH. However, all four localities served by CBH have been historically and consistently supportive of Colonial Behavioral Health, with this support expected to continue.

Critical Issues Facing Colonial Behavioral Health

Access to services. Not all current and potential consumers have convenient access to services. Public transportation is available on a very limited basis in the region. Expanding service outlets will be difficult in the current economic climate.

Current economic climate. Diminishing and fluctuating financial resources hinder the ability to provide existing services and reduce opportunities to expand services to address unmet needs in the region. Traditional funding streams are stressed and unreliable. Education and advocacy efforts at the state level may not be adequate to maintain current funding levels, much less increase resources needed to meet documented needs.

Facility downsizing processes. State facilities in the region will likely continue to downsize, and the degree to which financial and programmatic resources are moved to support enhanced community-based services will determine how much additional stress is placed on the CSB system.

Regulatory climate. Programs and services are highly regulated through state and federal agencies. Extensive documentation of activities and outcomes using legacy reporting systems places a strain on staff resources. Complex requirements by funders may hinder staff creativity in providing services. Some service delivery models in place are inherently obsolete but are required by funding sources. The current Medicaid MR/ID waiver process is very complex and time-consuming.

Unrealistic community and state expectations. Past success at meeting community needs may create unrealistic expectations for the organization given reduced federal and state funding. The scope of the Mission may exceed available resources for the next several years.

Agency Factors Supporting Goal Achievement

Strong working relationships with partners. Our relationships with our local government partners are generally strong and are improving through more open communication and greater transparency of operations. Trust is increasing through more responsiveness to requests for information, documented results and fiscal responsibility.

We also have excellent working relationships with our service partners and stakeholders as reflected by survey responses. Referrals for services are increasing and we are recognized as a provider of choice.

Recent necessary changes in our relationships with a few long-standing contractual partners has provided CBH with a degree of negative publicity, but with better positioning for provision of comprehensive services currently and in the future.

Excellent staff. Staff members are recognized for their competence, skills and commitment to customers. Staff are actively involved in organizational decision-making activities and committed to high-quality delivery of services. Efforts are made to obtain and retain high quality staff by offering opportunities for training and professional development.

Strong Board of Directors. Board members are informed, involved and committed to agency success. They serve as advocates to their respective local governments as well as to the General Assembly and other stakeholders. Several Board members have family members who are consumers of services, providing a valuable perspective on agency operations.

Provision of quality services. A variety of data sources document positive outcomes for customers and partners. Customer and stakeholder surveys, service growth, referrals, clinical outcome assessments and other feedback reflect a high degree of satisfaction with services and delivery approaches. State licensure of programs by the Virginia Department of Behavioral Health and Developmental Services (DBHDS) also provides human rights and other quality control mechanisms.

Strong customer focus. Institutionalized methods for gathering data and soliciting feedback reflect a strong customer focus and commitment to quality improvement. Consumer involvement and the Leaders of Tomorrow help ensure programs and services are relevant and strong.

Flexibility and adaptation. The organization has demonstrated the ability to be responsive to both the changing environment and customer needs. The transition from a medical model to a recovery model to guide delivery of services reflects national best practices and is highly responsive to consumer needs.

Collaborative approach. Board and staff members are committed to creating an effective network of partners, peer providers and other service providers to be successful. They view collaboration as essential to success and have used this approach successfully to maximize limited resources and expand services.

Documented needs. There is a strong need for the system of services provided by the agency and its partners. The continuum of care available at CBH is not replicated by other providers in our service area.

Four Year Goals

Colonial Behavioral Health has identified four critical goals to be achieved during the next four years. These ambitious goals indicate our organizational priorities and directly

support our Mission and Vision. These goals are not listed in any order of priority and are highly interrelated. Each respective goal is supported by an Action Plan designed to ensure successful implementation.

SERVICE DELIVERY GOAL

Colonial Behavioral Health will ensure the delivery of relevant, effective and efficient services.

This goal will be accomplished through:

1. The expansion of available services through effective networking and the building of collaborative relationships.
2. The evaluation, prioritization and alignment of agency services to cover the entire CBH service area through the use of standardized decision-making models.
3. Maintain focus on program evaluation and appropriate measures to assure quality care in all CBH services and locations.

FUNDING GOAL

Colonial Behavioral Health will develop and maximize diversified funding streams to meet needs related to sustaining a broad array of services, and the facilities required to support those services.

This goal will be accomplished through:

1. Provide periodic analyses of the Return on Investment (ROI) for programs and services.
2. Maximize efforts related to agency participation in commercial insurance, HMOs and health reform models.
3. Continue efforts to optimize agency budgeting, performance monitoring and reporting processes.
4. Explore and implement options for development of private revenue-making ventures, including possible conversion of an existing CBH corporation.
5. Pursue appropriate and applicable federal grant opportunities.

STAFF & LEADERSHIP DEVELOPMENT GOAL

Colonial Behavioral Health will recruit and retain effective Board members, build organizational depth at the staff and leadership levels, and will practice fiscally responsible wage and benefit management.

This goal will be accomplished through:

1. The agency will proactively work with local governments to develop and maintain a Board composition reflective of the communities served.

2. The agency will update the orientation process and materials for new Board members as needed.
3. The agency will continue to develop and update skills and competencies of Leadership and middle management.
4. Ensure an effective and efficient organization through strategic planning and management of human resources.

PUBLIC AWARENESS GOAL

Colonial Behavioral Health will analyze its' market position within the community, develop and implement a plan to raise awareness of the CSB; and engage in advocacy to impact legislation, policy and funding decisions.

This goal will be accomplished through:

1. Develop and implement a marketing plan for the agency as a whole.
2. Develop and implement marketing plans for specific initiatives, programs and services.
3. Develop and implement a public education plan to raise awareness of CBH.
4. Develop and implement plan to celebrate the CBH's 40th Anniversary in 2011.
5. Engage in advocacy to impact legislation, policy and funding decisions.
6. Create a Development Program that will enhance the agency's long-term financial health.

