CIBH Strategic Plan
FY 2020 - 2023

May 2, 2019

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Message from CIBH Board Chairwoman

Chesapeake
VIRGINIA

Chesapeake Integrated Behavioral Healthcare
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Chesapeake Integrated Behavioral Healthcare (CIBH) established this FY 2019 to 2023 Strategic Plan to guide CIBH's continued success and commitment to providing behavioral healthcare to citizens of the City of Chesapeake whose lives are affected by mental health, substance use, or developmental disabilities to facilitate opportunities for recovery, resilience and wellness.

The plan is informed by an environmental scan that included extensive stakeholder input, including CIBH leadership and staff, the CIBH Board of Directors, the Virginia Association of Community Service Boards (VACSB), review of related City of Chesapeake and Commonwealth of Virginia plans, and an online survey that included CIBH clients and their representatives, CIBH staff, City of Chesapeake employees, nonprofit agencies, first responders, and Chesapeake residents.

The plan addresses strategies to continue to provide high-quality services as well as to increase the accessibility and efficiency of those services. We will expand services in certain areas, such as opioid treatment, and will improve our collection and use of data to inform decision making and operations. We will improve communication, both internally and externally, to provide transparency and enable the community to maximize the benefits of the services that CIBH provides. We will expand space to adequately support our staff and programs. We will streamline processes and increase the competitiveness of our compensation packages to enable us to attract and retain skilled and committed staff members.

Over the next few years we will be faced with a number of challenges. CIBH has the skills, motivation, discipline and community support to make the coming years CIBH's best.

Terrie N. Thompson

Terrie N. Thompson
Chairwoman, CIBH Board of Directors

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Introduction

City of Chesapeake Demographics

Chesapeake Integrated Behavioral Healthcare (CIBH) is located in and serves the City of Chesapeake, VA, a city of approximately 245,000 residents[1] located in southeast Virginia. The racial demographics of the city are fairly diverse, with 62.2% of the population identifying as White, 29.7% as African American, 3.2% as Asian and 5.3% as Hispanic. The City has a per capita income of $30,871 and a median household income of $72,328[2], which is slightly higher than the median household income of Virginia of $71,535[3]. 74.7% of City residents are part of a family household. 9.5% of the people in Chesapeake live below the poverty line, including 14.6% of the children in the City. 32.2% of the City's population have a disability. By the year 2030, people 65 years old and greater are estimated to be 17.7% of the population.

Data from the Robert Wood Johnson Foundation's 2019 *County Health Rankings for Virginia*[4] indicates that the City of Chesapeake ranks in the top third relative to health outcomes and health factors in comparison to the rest of Virginia. 10% of City residents are uninsured, which is consistent with the State average. On average residents have 3.3 mentally unhealthy days per year, which is 6% below the state average.

The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that of all adults in the United States, 18.9% have any mental illness[5] and 4.5% have a serious mental illness (SMI).[6] Of persons aged 12 and older in the United States, 2.8% are estimated to have

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[1] Estimated population as of January 2019, per
http://www.cityofchesapeake.net/Assets/documents/departments/planning/Demographics/2019PopulationsEstimate.pdf

[2] Racial demographics, people living in poverty, population with disability and estimate of senior population as of 2017, per
http://www.cityofchesapeake.net/Assets/documents/departments/planning/Demographics/2018+Statistical+Profile.pdf

[3] 2017 Virginia median household income, per https://www.deptofnumbers.com/income/virginia/

[4] 2019 Virginia health rankings data, per http://www.countyhealthrankings.org/rankings/data/va

[5] Percent of adults in the United States with any mental illness in 2017, based on the 2017 National Survey on Drug Use and Health (NSDUH) by SAMHSA, per https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017.htm#tab8-1B

[66] Percent of adults in the United States with SMI in 2017, based on the 2017 NSDUH, per https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017.htm#tab8-4B

substance use disorder.[7] While comparable data are not available about the residents of Chesapeake, extrapolation from the national averages implies that there is a significant opportunity for CIBH to provide additional services within the community.

Data are available about people in Chesapeake who are incarcerated or homeless. The 2018 Compensation Board Mental Illness in Jails Report[8] shows 489 people in the Chesapeake City Jail, with 310 inmates screened as having a mental illness and 130 diagnosed with SMI. The 2018 Point in Time Count of the Southeastern Virginia Homeless Coalition[9] reports 96 persons in Chesapeake who were homeless, 2 of whom had a SMI and 2 of whom had a substance abuse problem.

Chesapeake has 90 mental health providers, which translates to a ratio of 1108 residents per provider, compared to a state average of 628:1. Chesapeake's comparatively small number of mental health providers reinforces the importance of the role that CIBH plays in the community.

Purpose of Strategic Plan

The purpose of the CIBH Strategic Plan is to identify how CIBH will accomplish its mission and guide the organization through FY2023. The strategic plan will serve as the roadmap for CIBH's continued success and service to the Chesapeake community.

Methodology

CIBH contracted with Catoctin Consulting, LLC (Catoctin) to facilitate development of this strategic plan with input from and in close collaboration with CIBH leadership.

Catoctin gathered data from a wide range of CIBH stakeholders and conducted an environmental scan to inform the strategic planning process. They met with CIBH leadership and conducted 24 confidential interviews with CIBH senior leadership, supervisors, and selected staff members as well as a Deputy City Manager and the Executive Director of the Virginia Association of Community Service Boards (VACSB). Catoctin conducted an input session with the CIBH Board of Directors. With the assistance of CIBH and the City Public Communications Department, they conducted an online survey that solicited input from CIBH clients and their

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[7] Percentage of persons aged 12 and older with substance use disorder in 2017, based on the 2017 NSDUH, per https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017.htm#tab5-1A

[8] 2018 data on mental illness in jails in Virginia, per https://rga.lis.virginia.gov/Published/2019/RD16/PDF

[9] Homeless point in time count conducted on January 23-14, 2018, per https://www.svhcva.org/uploads/5/2/5/7/52579065/svhc_2018_pit_report_updated_secured.pdf While only 2% of the people who were homeless in Chesapeake on the count day had SMI, 8.9% of the people who were homeless in the Norfolk, Chesapeake, Suffolk/Isle of Wight, Southampton County Continuum of Care (CoC) had SMI on the count day, per https://files.hudexchange.info/reports/published/CoC_PopSub_CoC_VA-501-2018_VA_2018.pdf

representatives, CIBH staff, City of Chesapeake employees, nonprofit agencies, first responders, and Chesapeake residents. They also reviewed a variety of background materials including related City of Chesapeake and Commonwealth of Virginia plans.

The interview, input sessions and survey results were analyzed and used to develop the environmental scan which included a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis and to create a strawman strategic plan. Attachment A presents the environmental scan.

The strawman strategic plan presented possible goals within four perspectives using a balanced scorecard framework and was used as the starting point for a meeting with the Board on March 11, 2019 and workshops with the CIBH Leadership Team on February 21 and March 12, 2019. The results were analyzed to produce a draft strategic plan which was presented to and reviewed by the Board, the Leadership Team and CIBH supervisors. This final strategic plan incorporates the feedback from that process.

Overview

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Mission

CIBH provides behavioral healthcare to citizens of the City of Chesapeake whose lives are affected by mental health, substance use, or developmental disabilities to facilitate opportunities for recovery, resilience and wellness.

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Vision

Individuals in Chesapeake whose lives are affected by mental health, substance use, or developmental disabilities lead satisfying lives to reach their fullest potential.

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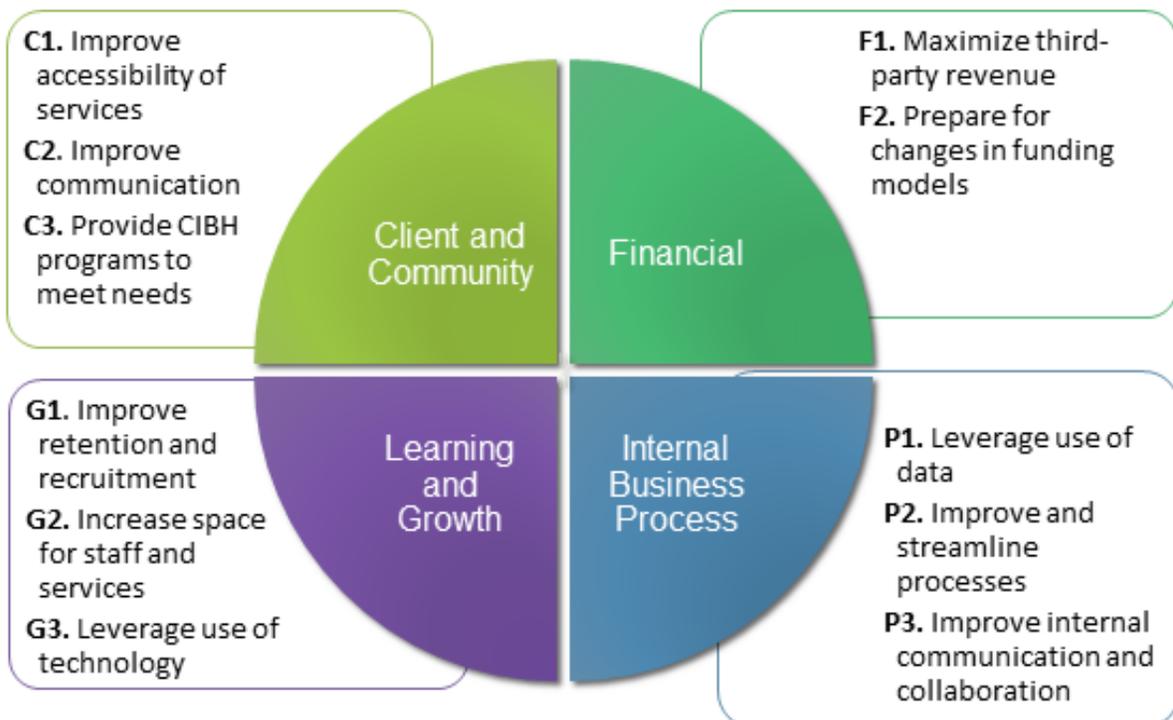<tr><td>

Organizational Values

- **T**eamwork – be resourceful and collaborate to optimize services
- **R**espect – treat people with dignity; provide culturally competent care
- **E**thical service – act with integrity
- **A**ccountability – accept responsibility
- **T**ransparency – share information and communicate openly

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Strategy to Achieve the Vision

CIBH's strategy is to deliver services that meet the needs of the Chesapeake community with a culture of caring that provides:

- Accessible services
- Integrated care
- Accountability
- Communication, both internal and external

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Strategic Goals

C1. Improve accessibility of services
C2. Improve communication
C3. Provide CIBH programs to meet needs

Client and Community

F1. Maximize third-party revenue
F2. Prepare for changes in funding models

Financial

G1. Improve retention and recruitment
G2. Increase space for staff and services
G3. Leverage use of technology

Learning and Growth

Internal Business Process

P1. Leverage use of data
P2. Improve and streamline processes
P3. Improve internal communication and collaboration

Perspective: Client and Community

Goal C1: Improve Accessibility of Services

Accessibility incorporates a number of factors, such as CIBH capacity to serve clients (e.g., psychiatric services), the locations of services, their hours of operation, accessibility to public transportation, affordable services, access to insurance. These factors vary by program and service line. While the January 2019 stakeholder survey identified accessibility as a priority, CIBH needs additional information to better understand and address unmet needs.

Objective C1.1: Determine (understand) the unmet needs with regard to accessibility.

Measure: Milestone achievement

Target: Analysis complete by 2021 (Note: unmet needs may be developed as part of System Transformation, Excellence and Performance in Virginia (STEP-VA).)

Initiatives / Actions:

- Undertake data gathering and analysis of unmet needs.
- Develop the analytics to understand needs and unmet needs.
    - By service, determine where clients are coming from and analyze location data to identify gaps.
    - Look at income data by location, to identify possible low income / Medicaid-eligible unserved clients.
    - Contact Community Health Solutions to see if they have projections of the need for services.
    - Get help from Same-Day Access consultants on effective measurement and performance standards for CIBH and process improvement.
- Measure drop-off at registration / intake.

Objective C1.2: Develop and implement a plan to meet unmet needs with regard to accessibility.

Measures: Milestone achievement for plan; measure implementation based upon plan

Target: Plan complete by 2021

Initiatives:

- Develop plan to improve service accessibility based upon analysis results.
- Implement plan and track results.

Objective C1.3: Meet unmet need for psychiatric services.

Measures: Number of clients needing to return to receive psych evaluation services

Targets: 0% of clients must return for psych evaluation service the next day

100% same day service by March 2020

Initiatives:

- Increase capacity by hiring resources.

Goal C2: Improve Communication about CIBH

The FY 2019 CIBH environmental scan and stakeholder survey found that the public and other audiences want and need to know more about the breadth of programs and services that CIBH offers. CIBH will increase awareness and knowledge of CIBH programs and behavioral health by increasing the variety and frequency of communications about CIBH services and behavioral health to the general public, partners and legislators and regulators in the Commonwealth.

Objective C2.1: Develop and implement a Strategic Communications Plan with help of Chesapeake City Public Communications organization.

Measure: Milestone achievement

Number of outreach events

Target: Partnership meeting with CIBH partners conducted every six months, with first meeting by September 2019

Strategic Communications Plan developed by September 2020

One outreach event per year

Initiatives / Actions:

- Begin additional communication activities, including:
  - Do outreach to the general public at opportunities such as the City Jubilee, building on existing City and School events.
  - Leverage report to Board to feed communications with other audiences.
  - Conduct a semi-annual partnership meeting with CIBH partners.
  - Publish an annual CIBH Report and infographic.

- Work with City Public Communications to develop a CIBH Strategic Communications Plan. In addition to the above activities, include the following in the plan:
  - Do outreach to the general public at opportunities such as the City Jubilee, building on existing City and School events.
  - Leverage report to Board to feed communications with other audiences.
  - Conduct a semi-annual partnership meeting with CIBH partners.
  - Publish an annual CIBH Report and infographic.
  - Influence state policies that impact CIBH.
- Implement the plan and track results.

Objective C2.2: Hire a Public Information Officer (PIO).

Measure: Milestone achievement

Target: PIO hired by FY 2022

Initiatives / Actions:

- Include PIO in budget.
- Hire PIO.

Goal C3: Provide CIBH Programs to Meet Chesapeake Needs

CIBH will strategically expand programs in areas of need, while maintaining quality of service in existing programs and services.

Objective C3.1: Expand the Psychosocial program.

Measures: Milestone achievement; later, number of participants in program

Targets: Space occupied by September 2020

                TBD participants

Initiatives / Actions:

- Develop improved space for program.
- Develop targets for participation.

Objective C3.2: Establish a Medication-Assisted Treatment program.

Measure: Milestone achievement

Target: Program implemented by March 2020, as space becomes available

Initiatives / Actions:

- Develop program.

Objective C.3: Establish a Primary Care program in CIBH, possibly through partnering with a primary-care organization.

Measure: Milestone achievement

Target: Program implemented by December 2021

Initiatives / Actions:

- Develop and implement plan for program.

Objective C.4: Implement STEP-VA Plan from the Virginia Department of Behavioral Health and Developmental Services (DBHDS).

Measure: Milestone achievement

Target: Plan fully implemented by 2020 (based on STEP-VA timeline)

Initiatives / Actions:

- Implement STEP-VA plan.

Objective C.5: Establish on-site laboratory services through a partnership.

Measure: Milestone achievement

Target: Services established by June 2019

Initiatives / Actions:

- Develop services.

Objective C.6: Provide services to children by expanding the Therapeutic Day Treatment (TDT) program to two new schools per year or developing alternate resources.

Measures: Milestone tracking

Number of schools / students participating

Targets: Viability of expanding program determined by March 2020

2 additional schools/year

Initiatives / Actions:

- Determine viability of expanding TDT by two schools per year.   Work with schools to determine need.
- Determine potential alternative resources.

Perspective: Financial

Goal F1: Maximize third party revenue.

CIBH programs are funded through a variety of mechanisms. By maximizing third party revenue, CIBH is able to utilize City funding as the safety net for clients without other funding alternatives.

F1. Maximize third-party revenue
F2. Prepare for changes in funding models

Financial
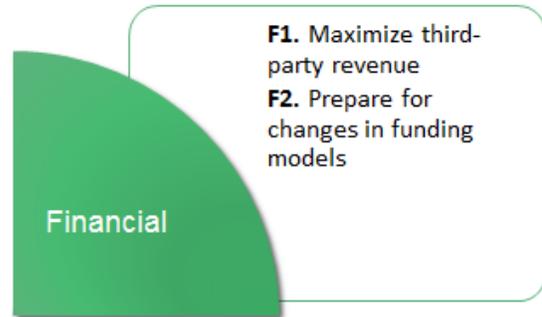
Objective F1.1: Increase third-party revenue 5% per year.

Measure: Percent increase in the dollar amount of third-party revenue

Target: 5% increase per year

Measure: Percent increase in the number of clients with Medicaid

Target: Increase of 3% increase per year

Initiatives / Actions:

- Establish partnerships with Social Services benefits coordinators to maximize benefits.

Goal F2: Prepare for changes in funding models and mandates.

As Federal and State funding models change and program mandates are enacted, CIBH must adapt and respond. To facilitate smooth implementation of such changes, CIBH must anticipate the changes and prepare for their implementation.

Objective F2.1: Be proactive, not reactive, to changing funding models and state mandates.
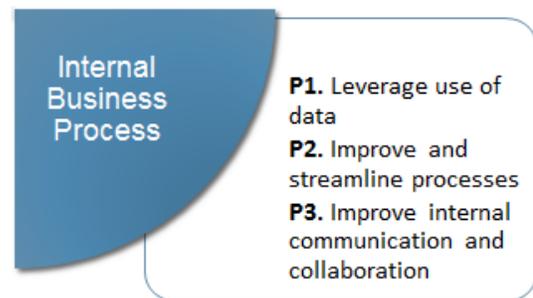
Measure: Subjective assessment of whether CIBH is participating on the decision and/or policy-making committees

Target: CIBH representation on the decision and/or policy-making committees in all years

Initiatives / Actions:

- Serve in leadership positions on state-wide committees related to insurance reimbursement, Virginia Commonwealth Coordinated Care Plus Medicaid Waiver (CCC+), and value-based care.
- Annual check to ensure CIBH participation on the decision and/or policy-making committees.
- Learn how models have worked in other states.
- Figure out funding stream for psych services.
- Pursue grant opportunities that align with CIBH strategic objectives.

Perspective: Internal Business Process

Internal Business Process

P1. Leverage use of data
P2. Improve and streamline processes
P3. Improve internal communication and collaboration

Goal P1: Leverage use of data.

CIBH strives to be a data driven organization. This requires identification and collection of the right data, use of effective analytical tools, and decision making based on the data.

Objective P1.1: Define and implement key performance indicators.

Measure: Milestone achievement

Targets: Indicators defined by December 2019

Processes in place and indicators routinely measured and reported by July 2021

Initiatives / Actions:

- Define measures of effectiveness, efficiency, financial performance, productivity, process, outcome measures for state reporting (tied to DLA-20), program-related outcomes, compliance, regulatory requirements.
- Build tools and processes to support collecting required data and reporting key indicators.
- Publish dashboards and share data transparently.
- Track measures over time. Utilize data in decision making.

Goal P2: Improve and streamline processes.

Effective and efficient operations are critical to serving CIBH clients and providing a positive work environment for staff.

Objective P2.1: Improve Registration and Intake processes.

Measure: Completion rate from registration to intake as measured by the percent of people who start registration and complete intake in the same day

Target: 75% or greater by June 2020

Initiatives / Actions:

- Establish baseline completion rate; the estimate as of March 2019 is that about 50% complete intake on the same day that they start registration.
- Find out why people leave prior to completing intake.
- Automate registration form.
- Improve the triage process.
- Stagger lunch hours and/or contingency staffing.
- Evaluate implementing a client portal to collect information in advance.
- Measure and reassess target.
- Communicate with clients and prospective clients to set expectations about how much time the process will take.

Objective P2.2: Establish the correct level of care and path to discharge.

Measure: Milestone achievement

Target: Pilot process implemented by September 2019

Process refined and implemented fully by March 2020

Initiatives / Actions:

- Refine the process – pilot board for levels of care, clinical rationale for movement of persons out of care, cutting across programs.
- Evaluate pilot.
- Refine and implement process.

Objective P2.3: Streamline insurance authorization process to have timely authorizations.

Measure: % completed in required time

Target: 90% completed in required time by 2021

Initiatives / Actions:

- Map workflows and determine why authorizations are not completed on time.
- Improve the process and develop accountability for roles.

Objective P2.4: Improve the way the Electronic Health Record (EHR) system serves CIBH programs.

Measure: Milestone achievement

Target: Plan implemented over the next 3 years; complete by June 2022

Initiatives / Actions:

- Review the use of the EHR system. Consider duplication, additional features that could be used, enhancements needed, enhancements to forms (e.g., progress note) and ways to streamline related processes.
- Determine priorities for improvement.
- Establish plan or schedule for implementation.
- Implement plan and track results.

Goal P3: Improve internal transparency, communication and collaboration.

The FY 2019 environmental scan and stakeholder survey identified internal communication and collaboration as priorities. Teamwork and transparency are among CIBH's organizational values. CIBH is committed to ongoing improvements in these areas.

Objective P3.1: Improve communication and transparency with staff about what is happening throughout CIBH.

Measure: Milestone achievement

Targets: Board package information sharing started by June 2019

Team presentations conducted and/or posted on website by June 2019

Pilot version of SharePoint live for Quality Assurance (QA) and Information Technology (IT) by July 1, 2019

Rollout of SharePoint for other CIBH departments complete by January 2020

Other SharePoint milestones TBD

Initiatives / Actions:

- Share board package information with staff.
- Conduct team presentations on what other teams are doing. This could include lunch and learns and links on the website to video presentations.
- Develop use of SharePoint site as communications vehicle.
    - Go live with pilot version by July 1, 2019.
    - Place Commissioner's message on the landing page.
    - Develop plan for SharePoint governance (content ownership, administration, access, development and testing, staging, security, retention).
    - Post a staff version of the board package information on a monthly basis to SharePoint.

Perspective: Learning and Growth

G1. Improve retention and recruitment
G2. Increase space for staff and services
G3. Leverage use of technology

Learning and Growth

Goal G1: Improve retention and recruitment.
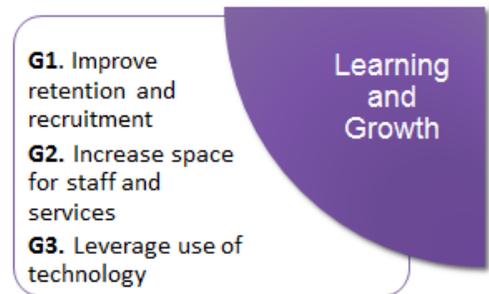
To serve its clients, CIBH must attract and retain skilled personnel. This requires creating a culture where staff are recruited, developed, recognized and rewarded; utilizing competitive compensation packages, transparent communication, staff development, and a positive work environment.

Objective G1.1: Align pay rates with market to decrease staff vacancy rate.

Measure: Staff vacancy rates by position

Baseline: 12% as of March 2019

Target: 8% by July 2020

Measure: Milestone achievement of evaluating pay differentials

Target: Review of Emergency Services pay differentials (shift, mobile crisis, etc.) completed by Dec 2019

Initiatives / Actions:

- Request City HR review pay scales every three years.
- Communicate pay market analysis to staff.
- Find pay differential data to convince HR to review pay differentials for special circumstances, e.g., emergency services.
- Measure vacancy rates and pay competitiveness by position.
- Consider more flexible scheduling and work from home options, where appropriate.

- Where possible, train staff in evidence-based treatment.
- Explore opportunities for incentive pay with City HR.

Objective G1.2: Improve timeliness of hiring and onboarding.

Measure: Milestone achievement

Target: Streamlined process documented and implemented by December 2019

Initiatives / Actions:

- Map and document process; break down to pieces of process and measure performance of each subprocess.
- Improve process where possible.
- Document process and publish to SharePoint (when implemented). The documented process should include procedures for utilizing new staffing contracts.

Objective G1.3: Improve training and preparation of supervisors.

Measure: Milestone achievement

Target: Improved supervisory training program implemented by September 2020

Initiatives / Actions:

- Develop and implement a CIBH process for training and preparing supervisors. Review with City Human Resources (HR) content such as: City's process for disciplinary action, hiring process, Family Medical Leave Act (FMLA), Americans with Disabilities Act (ADA) and supervision.
- Update CIBH Supervisory Manual.

Goal G2: Increase space for staff and services.

CIBH has already begun to address the insufficient current space to support CIBH staff and programs.

Objective G2.1: Obtain space to accommodate staff and services for existing programs and projected growth.

Measures: Square footage shortfall; milestone achievement/ project tracking

Targets: Space study completed and plan developed by September 2019

Targets for reduction in square footage shortfall and timing to be established in plan

Initiatives / Actions:

- Complete space study and develop plan to renovate, build, buy and/or lease needed space for current and projected programs.

Goal G3: Leverage use of technology.

CIBH will leverage efficient and secure use of technology, to enable staff to be mobile and serve their clients regardless of location, and take advantage of modern software tools such the EHR, videoconferencing, telemedicine, data analytics, and mobile apps.

Objective G3.1: Leverage use of videoconferencing and telemedicine.

Measures: Milestone achievement

% of staff with access to videoconferencing (future measure after bandwidth study)

Targets: Wireless and bandwidth analysis completed by September 2019

Strategic technology plan completed by December 2019, then track against schedule in the plan

Initiatives / Actions:

- Conduct wireless and bandwidth analyses to determine how to provide minimum / standard service level to everyone.
- Address videoconferencing and telemedicine in strategic technology plan developed under Objective G3.2.

Objective G3.2: Develop and implement strategic technology plan that effectively supports CIBH programs and operations.

Measure: Milestone achievement

Targets: Strategic technology plan completed by September 2019

Phone system Request for Proposal (RFP) released by January 2020

Technology upgrades and implementation completed in accordance with the schedule in the strategic technology plan

Initiatives / Actions:

- Conduct cost benefit analysis for Voice Over IP.
- Develop the strategic technology plan that addresses technology replacement, upgrades, and use of new technology. The plan should address hardware, software,

communications and connectivity, including SharePoint implementation and governance. The plan should include a schedule for implementation.

- Communicate the plan, including providing transparency on policies, including policies re: security, software, and upgrades, and schedules (who gets what when).
- Post the plan on SharePoint.
- Implement the plan and track results.

Objective G3.3: Provide responsive and transparent technology support.

Measure: Number of tickets in backlog

Baseline: Over 60 tickets as of March, 2019

Target: No more than 25 tickets in backlog by July 2019

Initiatives / Actions:

- Post ticket tracking on SharePoint (when available), or initiate use of an automated trouble ticket tracking system.

- Evaluate IT staffing level needed to meet service standards