Background: From July to October 2011 we have conducted a complete review of the program and administrative functions of the organization. This review was prompted by concerns over the adequacy of current funding to support both operational and human resource needs and awareness of the need to be prepared for future expectations. It has involved staff at all levels of the organization through surveys, meetings and participation on a variety of work groups. During this same time we have approved and implemented organizational changes resulting in a revised structure that delineates aging and transportation functions from community support functions for individuals with mental illness and intellectual disabilities.

Work Plan Organization:

- Introduction and Key Findings
- Infrastructure
- Community Support
- Clinical Services
- Aging and Transportation
- Finance and Administrative Services
- Implementation and Board Action

Introduction and Key Findings: This report and Work Plan is designed to prioritize management activities during the next six months (January – June 2012) and inform the development of the Fiscal 2013 agency budget for MH/ID/SA and Aging services. Many of the activities initiated during the July – October review will be continued to their completion. The agency Program Committee will review and provide input on this plan during its meeting on November 22. The Board of Directors will review and act on the recommendations of the Program Committee during their regular meeting on December 13, 2011.

Key findings that have been identified and that are contained in this report include:

- When we consider compensation adjustments for employees, either one time, merit or cost-of-living, we have historically viewed the workforce as a whole. This approach has contributed to workforce instability in certain key revenue producing positions which has in turn reduced our ability to grow fee-based revenues. This plan addresses this problem.
• Addressing current and future infrastructure and capital needs will require borrowing and financing. Examples include IT (Electronic Health Records), vehicles and facilities.
• A number of our programs will require revision and reduction where Federal or State funds are not keeping pace with expenses.
• The pre-requisite for agency viability is adaptability. Our ability to re-think models of staffing, support and the use of technology is key to our survival.
• Our mandated roles in the community and our relationship to key stakeholders should guide our final decisions regarding the allocation of resources.

Infrastructure

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity Description</th>
<th>Leadership</th>
</tr>
</thead>
</table>
| 1    | Contract with a vendor for transition to electronic health records for all behavioral health, substance abuse and intellectual disability services by August 1, 2012.  
• Meet applicable State / Federal requirement timelines  
• Provide leadership and oversight to agency transition  
• This is a major organizational transition that will require considerable time and resources over the next two years. Funding recommendations for this project will be presented to the Board as part of the Fiscal 2013 budget process and may include balances, borrowing and operational dollars. | Brian Duncan  
Anna McFalls |
| 2    | Assess facility needs for all agency operations and make recommendations to Board by June 1, 2012.  
• I will prepare a report to summarize facility and capital improvement needs for the agency anticipated in the next five years. I will also present funding recommendations and alternatives to address these needs. | Brian Duncan |
| 3    | In conjunction with #1 above, strengthen remote access to the agency network allowing for greater use by employees by Jan 1, 2013.  
• Enable “work from home” for certain positions.  
• A significant portion of our workforce growth is in areas where the majority of work is in the field. Development of this option will provide enhanced employment opportunities and minimize operational expenses for offices. There are technical and cost issues to be addressed and this objective identifies these as a priority to be addressed. | Anna McFalls |
<table>
<thead>
<tr>
<th>Item</th>
<th>Activity Description</th>
</tr>
</thead>
</table>
| 1    | **Supported Living:** The program is currently under reorganization and a Manager is being recruited. Significant revenue growth potential exists. By June 30, 2012 the following will be completed.  
- A revised service delivery model will be finalized and implemented focused on consumer needs, staff utilization, and revenue growth. Develop proposal presented as part of this activity.  
- An accurate projection of revenue potential and growth will be determined.  
- All supported living activities will be subsumed under two designations (Guinn Lane or Supported Living)  
- A timely referral system will be developed and implemented providing for improved response to community and clinical referrals. |
| 2    | **Bridges Rehabilitation:** Revenue trends during the past three years have declined overall and significant documentation problems were identified in recent internal and external reviews. Corrective measures have been implemented for documentation issues. By June 30, 2012 the following will be completed:  
- An accurate projection of revenue potential and growth will be determined. Preliminary analysis reveals growth potential, this needs clarification and testing.  
- The new Director, Community Support and the Coordinator of Day Support will address:  
  - Day-to-day management needs for Orange Bridges  
  - Implementation of new billing documentation and tracking for both day support and prevocational services.  
  - Maximizing the potential for program effectiveness for consumers and revenue growth for both current consumers and future referrals.  
  - Identify and address the needs of referral sources including internal casemanagement and schools. |
| 3    | **24-hr Residential for the Intellectually Disabled:** Overall, agency 24-hour group home operations are stable. Areas of potential growth and needs have been identified and will be pursued for more formal evaluation and action by June 30, 2012. They are:  
- The improved use of periodic supports to provide for revenue to support individuals with non-routine support needs from staff beyond their typical service needs.  
- Move of Liberty group home from current leased property to purchased and renovated property.  
- Development and implementation of non-emergency respite care.  
- Analysis of Group Home manager and supervisor positions and current demands as compared to neighboring CSBs for compensation.  
- Clarification and justification for programs utilizing 24 hour shift assignments. |
### Casemanagement:
This function is one of the most significant service and revenue growth engines for CSBs. This review has revealed a number of areas where we should assertively move forward (in both Community Support and Clinical) after taking certain corrective actions in terms of work expectations and compensation. During the past three years we have not kept pace with these positions resulting in staffing instability and missed opportunities for program and revenue growth. We need to fix this problem now in order to address current infrastructure and human resource needs. By June 30, 2012 we will complete the following:

- Evaluate and continue development of eligible population enrollment into casemanagement for all applicable ages and disability groups.
- Determine and implement the supports needed to improve the career choice of casemanagement.
- Evaluate entry level credential requirements
- Create revenue projections for areas of recommended growth
- Other concepts as presented to strengthen the casemanagement program during this review.

### Visions Psychosocial Rehabilitation:
Psychosocial rehabilitation is one of the fundamental community supports for adults with long term mental illness. The program has experienced improved performance and growth during the recent 12 month period both in terms of revenue and enrollment. During this review a number of issues were identified that would strengthen the program and assure its future viability and responsiveness to agency needs. These will be further reviewed and implemented by June 30, 2012.

- Evaluation of direct staff positions in view of recent changes to provider qualifications and impact on compensation / agency competitiveness.
- Evaluate development of additional service unit within the program that responds to consumer needs that other units are not adequately addressing.
- Coordinate development with the Supported Living Program and their experience with consumer needs. Collaborate on planning activities that offer more choices for consumers promote recovery and offer reimbursement opportunities.

### Community Housing Initiative (CVTC):
This initiative is currently underway and will move forward to full development during Fiscal 2012 and Fiscal 2013. Success in this project will be critical and focused on:

- Working with the Department of Behavioral Health and Developmental Services for design and construction funding of two 4-bedroom group homes.
- Collaboration with casemanagement for discharge planning and coordination with families of consumers.
- Identification and planning for day support and other community-based support needs for individuals being placed.
<table>
<thead>
<tr>
<th>Item</th>
<th>Activity Description</th>
</tr>
</thead>
</table>
| 1    | Casemanagement: As stated previously this function is one of the most significant service and revenue growth engines for us. Development opportunities also exist within the Clinical Services Division. By June 30, 2012 attention will be focused on:  
  - Evaluate and continue development of eligible population enrollment into casemanagement for all applicable ages and disability groups.  
  - Determine and implement the supports needed to improve the career choice of casemanagement.  
  - Evaluate entry level credential requirements  
  - Develop revenue projections for areas of recommended growth in At-risk, SED and ITC casemanagement activities.  
  - Develop other concepts presented as part of the review. |
| 2    | Boxwood: Our new Boxwood program is now fully operational in its new location and is consistently achieving occupancy at 80% and better. During the third quarter (January – March 2012) a marketing plan will be developed to begin promoting the program for the private pay community starting in Fiscal 2013. Along with this development a private pay rate and procedure will be developed and approved. A new rate will also be established for CSB referral sources. We will seek a small increase in our daily rate for Fiscal 2013 (current rate is $47.50 / day) starting July 1, 2012. Priority consideration will still be given to our primary service region and those who are medically indigent. A realistic revenue target for services in Fiscal 2013 will be developed. |
| 3    | Emergency Services and Access: During this review, based on known issues with the existing access and emergency system, a new system was proposed. The new system addresses key concerns and recommends collaboration with local hospital ERs for emergencies that occur between 4:30 p.m. and 12:30 a.m. The new system has merit and should receive consideration and further development during January to May 2012 for implementation in July 2012. The new system responds to the following needs  
  - Improved reliability, back-up and response times for emergency needs.  
  - Proposed collaboration with key stakeholders in both ERs.  
  - Potential for using non-clinical staff for non-emergency access inquiries and scheduling.  
  - Improved utilization of emergency services and access clinicians.  
  Further details of this planned change would be provided to the Board as it was fully developed during the 3rd and 4th quarters (January – June 2012) |
| 4    | Infant / Toddler Connection: This review for the ITC activity focused on the implementation of recent changes to the provision and reimbursement of ITC services. These changes present both challenges and opportunities for both Fiscal 2012 (current) and Fiscal 2013 (and beyond). The ITC program has proven its flexibility and adaptability to change in the past. During the timeline between January – May 2012 the program will continue its analysis of opportunities, implement new initiatives aimed at service development and |
revenue growth, and expand the provision of casemanagement services to children ages 3 – 8 with intellectual disabilities. As addressed in #1 above, growth in casemanagement represents a key source of new revenues and new opportunities exist within the ITC program. These will be examined for revenue potential and included in our Fiscal 2013 budget and program plan.

### 5 Outpatient Services

- **Psychiatric Services:** Our medical staff currently consists of two full time psychiatrists, one full time nurse practitioner (vacant) who are supported by three nursing staff and a pharmacy technician. They are seeing approximately 1600 clients. Funding needed to fill the vacant nurse practitioner position is in the Fiscal 2012 budget at the amount of the prior incumbent. It is doubtful that this will be sufficient to hire a full time nurse practitioner. Our Medical Director (Dr. Oldham, one of our full time psychiatrists) has some specific recommendations that require a few more months to fully develop. Prior to filling the Nurse Practitioner position we will balance the funds needed for this against other priorities. The Board will be informed and have opportunity to question recommendations.

- **Mental Health Outpatient:** The Director, Clinical Services has been successful in implementing targeted reduced wait times for certain clients during the first quarter of Fiscal 2012 (July – September 2011). Significant improvements are noted for clients with third party payer sources, children, and adults with substance use disorders. A number of workgroups were formed to evaluate our outpatient system and the following recommendations will be more fully developed for implementation by July 1, 2012.
  
  o **New intake orientation groups:** New clients, non-emergencies, upon contact are referred to their closest new intake orientation group. These groups introduce the service, offer face-to-face contact, educate the clients and function to reduce no shows and strengthen client commitment to services afterwards.
  
  o **Scheduling reminders and verification of intakes:** This work group will continue its definition of how best to contact clients with reminders and to complete insurance pre-authorization requirements.
  
  o **Continue development of other issues identified in workgroups through to their logical conclusion.** A number of groups need additional time to determine if their ideas are worth pursuing for cost savings or efficiencies. These activities include:
    - Clinician productivity standards
    - Management of inactive clients on clinical caseloads
    - Ability to implement specific county-based initiatives.
  
  o **Overall Clinic Operations:** Discussion will continue on the overall management of outpatient clinic operations with final recommendations being made as part of our Fiscal 2013 budgeting process. Final determinations on this are influenced by other factors mentioned above.
Collaboration with Free Clinics: We are continuing our pilot project in Culpeper of offering group services at their location. This has been well received in the community even through the numbers served are small. We are continuing this initiative and will prepare to apply for grant funding support in the spring of 2012.

7 Intensive Care Coordination: This service, developed several years ago in response to new State expectations involves the provision of clinical-based, assertive casemanagement services to children either at risk of residential placement or currently placed in residential care and needing to return to the community. Our service is well received and the clinical staffs involved are integrated within other children services needs within our organization. Strengthening this program and using the staff in supporting functions to back-up VICAP assessments, clinical intakes and other appropriate roles will be critical to its ongoing sustainability. During the timeline from January - June 2012 these linkages will be developed along with better defined staff expectations for marketing the program to local Family Assessment and Planning Teams.

8 Children’s Assessment Initiative (VICAP): This requirement (placed on us in Fiscal 2012, July 2011) has taken considerable energy and resources during the first two quarters. During the timeline between January – June 2012 we will use what we have learned in terms of the needs for supporting this activity and utilize it to stabilize the activity in Fiscal 2013 (starting July 1, 2012). This evaluation will focus on identifying what, if any, flexibility exist under the current fee structure to support other functions. We are expecting an increase in this type of role in the future of increased management of Medicaid reimbursed services and it will be an expectation for CSBs.

Aging and Transportation Services: Director, Aging and Transportation Services

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Warrenton Adult Daycare: The recent completion of Fauquier County funded renovations has given us a consumer capacity for 10 individuals, including non-ambulatory. A strong cadre of volunteers and a history of successful fund raising coupled with fee collections with Medicaid and self-pay create as sustainable a program as can be obtained for adult daycare services. Further development activities will seek to improve overall collections for Medicaid and self-pay along with beginning the process for using VA benefits as a payer source in the future. The program will be expected to have these strengthened processes in place by July 1, 2012.</td>
</tr>
<tr>
<td>2</td>
<td>In-Home Services (Homemaker): Based on this review this activity will be discontinued in accordance with requirements of our Area Plan for Aging Services.</td>
</tr>
</tbody>
</table>
In-Home Services (Personal Care): This program provides in-home support or individuals in their homes based on a nursing plan of care. The services are funded by Medicaid and are also provided as self-pay for $15/hour. Recent fee trends have improved and will be sustained through improved follow-up with Medicaid and self-pay participants. Prior to July 1, 2012 the following will be the focus of continued review:

- Targeted marketing for program stability / growth coupled with improved monitoring / oversight of self-pay and Medicaid payments.
- Evaluation of elimination of 20 hour nursing position (leaving 1.5 FTE) and use of on-call nursing supports if needed.
- Identifying the role for this activity in the expanding expectations being placed on the organization with new models of chronic disease management and hospital transition services. Evaluate these and their potential for revenue generation.
- Continue and complete licensing of the program through the Department of Health.

Retired and Senior Volunteer Program: Our Fiscal 2012 (July 2011 – June 2012) already has an unfunded Federal reduction of $30,000. The forecast for continue funding beyond June 2012 is uncertain. We will begin taking immediate steps to reduce our current year expenses and to identify new funding sources. If Federal funds are eliminated for Fiscal 2013 this program as we currently know it will discontinue. Regardless, if reduced funds continue we will be reducing program expenses significantly to address the reduction. During the timeline between January and April 2012 a plan will be developed that addresses these matters and:

- Other funding (new) that may be available for support of volunteer activities.
- Recommended transition plans that address the impact on senior centers if all funds are eliminated.
- An outline of what a revised, smaller volunteer program would be that is sustainable under anticipated funding.
- Impact on the Protected Money Management Program
- Other considerations deemed relevant.
- Presentation of final recommendation to be part of Board’s review and adoption of the Fiscal 2013 budget.

Medication Assistance Program: We have been highly successful in a Virginia Healthcare Foundation grant funded activity known as the Medication Assistance Program. Our program is the most comprehensive in the region and supports the Orange Free Clinic. Other programs are provided that are similar but narrower in scope of operations. We fund 21% ($8,987) of this project while the grant currently funds 79%. We will be taking the necessary steps to reduce the expenses of this program to enable it full funding under the grant. This program supports needy individuals who qualify, 18 years of age and up. It is not focused exclusively on seniors or individuals with disabilities. The Executive Director will work with the Director, Aging and Transportation Services to review this activity and make final recommendations with an effective date of July 1, 2012.
Aging Together: For Fiscal 2012 the Aging Together budget is $196,840. We provide $15,000 in funds to support Aging Together and serve as their fiscal agent. For Fiscal 2012 we are charging the Aging Together budget $24,000 for this service (which becomes a revenue source for our administration). During the time period between January and June 2012 we plan to evaluate how our role as the Area Agency on Aging is supported and enhanced by our collaborative work with Aging Together. The outcome of this evaluation will direct our decision for the level of support for Fiscal 2013.

Finance and Administrative Services: Director, Finance and Administrative Services

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity Description</th>
</tr>
</thead>
</table>
| 1    | Executive Assistants (Bradford Road): Each Division has an Executive Assistant position associated with it that performs a wide variety of important supportive functions. The position duties are unique to the demands of each divisional activity and range from administrative support task, reporting requirements, training and records management. All positions report directly to the Division Director although most of their activities don’t involve the direct support of that position. Our review has demonstrated a few areas where some shared responsibilities would address agency needs. These efforts could be coordinated by the Administrative Services Division but actual supervision lines would remain unchanged. Areas to develop include:  
  - Organized cross training for critical task coverage  
  - Use of shared databases for contact and mailing list (for Development and Newsletters)  
  - Shared training on Newsletter development  
  - Evaluate approaches to coverage of front desk duties associated with Bradford Road and make recommendation.  

By July 1, 2012 a plan to address these changes will be developed for implementation to address areas of shared responsibilities. |
| 2    | Human Resources: As part of this review activity the HR Department conducted a targeted compensation survey for certain critical positions within the organization. Lack of staffing stability in these positions impacts our ability to generate budgeted fees and to develop new fee sources. This in turn impacts our ability to fund across-the-board adjustments for our staff. For this reason I am recommending we implement targeted position adjustments in these areas. This will enable us to stabilize staffing and funding which is key to our ability to address overall agency funding needs. This will require us to invest money up front with the objective being that our return will be increased revenue growth and stability. During the third quarter (January – March 2012) we will analyze and cost out this objective and formalize recommendations to the Board regarding compensation adjustments. Positions of focus will include at a minimum: |
- Casemanagers: This will include a review of entry level degree requirements
- Senior Casemanagers
- Psychosocial Rehab Providers
- Apartment Living Residential Counselors
- Clinicians

A compensation study has already been completed to support this and other identified positions. The next step will be assessing implementation alternatives and costing out new compensation obligations against anticipated revenues. The outcome of that assessment will result in a recommendation to the Board prior to the beginning of Fiscal 2013 (July 1, 2012).

| 3 | Information Technology: With the planned transition to electronic health records this department requires additional staffing for both technical requirements, to support increased remote access, and to fulfill its leadership role for this initiative. I am recommending we move forward with recruitment activity for a new position of IT Network Administrator with the objective of having the position filled by March 1, 2012. Prior to this position fill date (in February 2012) we will provide a budget revision that will address funding for the position under this plan within the current Fiscal 2012 budget. |

| 4 | Financial Analysis, Fiscal 2012 revision and Fiscal 2013 Budget Development: The outcomes of this review and the planned activities during the January – June 2012 timeline shape the Fiscal 2012 budget revision and the Fiscal 2013 budget for the organization. For this reason I will be directing our Finance Director to incorporate our development of both of these into the elements and timelines of this plan. |

| 5 | Organizational Role as Representative Payee for Consumers: The agency serves as the representative payee for social security benefits for over 100 individuals. This is not an uncommon role for CSBs. It is a complex activity involving both program and administrative staff and takes significant amounts of time for both. Meeting social security and internal / external auditing requirements is very demanding and the consequences of errors or poor documentation are problematic. This review reinforced our need to evaluate how we fulfill this activity as an organization and to identify improved, more efficient ways for staff to perform this function and for administrative staff to provide oversight. This activity includes our work with the Protected Money Management Program for which we are accountable. By June 30, 2012 we will identify and implement agency-wide standards that will address our oversight concerns. |
Implementation and Board Action

This work plan continues the efforts initiated during the July – October 2011 Program Review. It directs continued work to implement a wide variety of the recommendations made while at the same time developing the agency Fiscal 2013 budget plan for MH/ID/SA services starting on July 1, 2012 and for Aging services starting on October 1, 2012. During the time period between January and June 2012 the Board will act on aspects of this plan as they are finalized leading up to the adoption of the Fiscal 2013 budget for all agency operations.

This plan involves risk. Although we see opportunities for our organization and desire to position ourselves to benefit; the local, State, Federal and philanthropic environment is challenging at best. The primary risk involves the need to invest in required IT infrastructure and critical position adjustments prior to receiving the projected benefits of these investments. Close monitoring and adjustment will be required. The current reality that shapes our plans and future is:

- Historic local, State and Federal funding sources are either level or declining. When increases have come they have been insufficient and focused on specific programs or initiatives. Most core behavioral health and aging services are chronically underfunded.
- New funds are primarily available only through certain fee-based initiatives supported by Medicaid. This requires us to identify the need, see that it is consistent with agency goals, determine the eligible population and assertively hire staff and enroll new clients in the service. We have used this model of revenue growth many times over the past 15 years successfully. It is not without risk and only benefits other agency infrastructure needs to the extent that derived revenues exceed expenses. Currently, this type of initiative has the greatest potential for revenue growth.
- We have a very good track record of developing and obtaining grants. We will continue these endeavors when opportunities arise. These help us address certain needs for services but do little if anything to address overall agency infrastructure and personnel needs.
- We have made some incremental progress in organized development activities. This will continue and will bring needed revenues to specific, targeted initiatives. We are also experiencing success in a few entrepreneurial endeavors. Like the previous bullet, these do little if anything for agency infrastructure and personnel needs.
- Our planning and development efforts aim to minimize disruptions to services and impact on incumbent staff. However, implicit within this plan and carrying out its objectives over the next 12 – 18 months are the possibility of service and
position reductions. The Board will be fully informed and have input opportunities and approval of any aspects of this that involve service reductions or the elimination of staff. One challenging aspect of this plan will be that in some areas of the agency we may be providing increased compensation and development funds while in another part we could be reducing staff and eliminating programs.

- To the extent that our new revenue projections are unable to address our needs, we will have to reduce personnel and operating expenses. The areas of greatest risk for these reductions are ones where we rely almost exclusively on State, Federal of self-pay resources and have few if any opportunities to generate ongoing new dollars from third party payer sources such as Medicaid. Generally speaking these areas could include:
  - Employee benefit programs- Health Insurance
  - Aspects of our outpatient program related to self-pay clients
  - Certain management and administrative activities
  - Aspects of Aging Services including senior centers

The Board will continue to be involved in the review and approval process as this plan moves forward up to your adoption of the Fiscal 2013 budget in June 2012.

I am seeking Program Committee approval for this plan of action to go to the full Board at the regular December meeting. As indicated in the Plan document, further Board actions will be sought as this Plan is implemented over the next six months.