Middle Peninsula – Northern Neck Community Services Board
2015 Strategic Plan Report

An OPEN MINDS Report
Prepared For Middle Peninsula – Northern Neck Community Services Board (MP-NN CSB)
October 23, 2015
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I. Executive Summary

Middle Peninsula – Northern Neck Community Services Board is one of forty community services boards in the Commonwealth of Virginia providing comprehensive non-profit services in the areas of mental health, developmental disabilities (DD)\(^1\), substance abuse, prevention, and early intervention. The organization has served ten counties within Middle Peninsula and Northern Neck since 1974. In April 2015, MP-NN CSB embarked on an initiative to facilitate the development of a strategic plan for the agency, with the assistance of OPEN MINDS, a consulting firm specializing in providing services to the health and human services industry.

OPEN MINDS reviewed and analyzed a variety of information from MP-NN CSB as part of this planning process, in addition to surveying board, management, and staff members on their perceptions of the organization. Information analyzed included: detailed financial information from the past three fiscal years (FY) (2013-2015); information related to service lines included in the MP-NN CSB array; demographic information about the individuals MP-NN CSB serves; previous strategic documents (e.g. mission, vision, and values statements, previous strategic plans); payer agreements; policy/procedures manuals; results of board/management and staff strength, weaknesses, opportunities, and threats (SWOT) surveys; and a review of national and state trends affecting MP-NN CSB.

This operational analysis resulted in the identification of the following key findings about the current state of operations within the organization:

1. MP-NN CSB has a reputation and history of service excellence, in particular for consumers with complex behavioral health and DD.

2. The current structure of administrative operations and program oversight at MP-NN CSB is not as efficient, effective, and value-enhancing as it should be.

3. MP-NN CSB has major workforce issues to address.

4. MP-NN CSB is financially stable, but it operates within slim margins and a service line portfolio that is highly dependent on case management, mental health skill building, and therapeutic day treatment services.

5. MP-NN CSB has little brand recognition in the region it serves. Communication of its brand and service excellence is critical as the organization moves forward.

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\(^1\) The Commonwealth of Virginia will be transitioning the naming of the category of services labeled as Intellectual & Developmental Disabilities (I/DD) to Developmental Disabilities (DD), which encompasses both types of disorders. This strategic plan utilizes the updated naming convention in anticipation of the change that may occur within the next three years.
Seismic shifts in the funding of health care (including a move from pay-for-volume to pay-for-value) is changing the way health care organizations are operating. The combination of increased scrutiny from payers for provider organizations to concurrently reduce costs, improve health, increase consumer satisfaction with the experience of care, and to improve measures in population health has affected, and will continue to affect, all providers of health care services, including MP-NN CSB.

Additionally, the local environment where MP-NN CSB operates is facing its own environmental shifts, most notably: the movement of additional Medicaid services to managed care; the shift in focus away from direct care services of community services boards in other regions; the pursuit of new waivers and initiatives requiring integration of care for individuals with chronic illness and DD within the Commonwealth; the underfunding of the Infant and Toddler Connection of Virginia’s Part C System; and the lack of Medicaid expansion within the Commonwealth.

In response to these findings and environmental issues, MP-NN CSB is adopting four strategic objectives for the future of the organization.

1. To establish operational efficiencies within the organization in order to best meet the needs of program participants and staff, remain responsive to the marketplace, and promote and enhance our values while remaining financially responsible.

2. To establish MP-NN CSB as an employer of choice and invest in our staff to ensure that we recruit, develop, and retain a skilled and diverse workforce committed to achieving our mission.

3. To diversify revenue sources and improve financial performance of service lines to ensure MP-NN CSB’s financial sustainability.

4. To establish MP-NN CSB as a Center of Excellence for providing person-centered, integrated health care services and supports to underserved communities and individuals with serious behavioral health and/or developmental disabilities.

The strategic objectives serve to provide focus and direction for MP-NN CSB’s core business and program activities over the next three years.
II. Likely Strategic Scenarios & Implications

The public behavioral health care system in the Commonwealth of Virginia is currently in a state of flux, with pending proposals in place for how to restructure the DD system and manage the cost and quality of care. In reviewing the current situation and dynamics, MP-NN CSB has identified three likely strategic scenarios that could impact strategic planning:

1. The Commonwealth of Virginia continues with the status quo.

2. The Commonwealth of Virginia further privatizes the management of Medicaid behavioral health services, and the current behavioral health administrative services organization (ASO) contract is rebid to one, or multiple, managed care organizations (MCOs), with carve-in, or integration of, physical and mental health plan management.

3. The Commonwealth of Virginia receives approval from the Centers of Medicare & Medicaid Services (CMS) of its DD waiver consolidation – known as the DD redesign effort.

A. Implications

MP-NN CSB has delineated possible implications of the three likely strategic scenarios listed above. A discussion of the scenario, as well as its implications, is included below.

Strategic Scenario #1:
The Commonwealth of Virginia continues with the status quo.

Under this scenario, the Virginia public behavioral health and DD system of care undergoes no major change. The system of community services board remains the same with no additional privatization by the Commonwealth. Given the continuous changes in the Commonwealth’s current privatization plans and timelines, this scenario – though unlikely – is still possible.

Implications
The organization will need to continue to find ways to operate with less funding. Essentially, this scenario is a “death by a thousand cuts”, if MP-NN CSB continues to depend on the Commonwealth and local funding. In order to sustain itself, MP-NN CSB may need to aggressively cut costs and possibly reduce or eliminate services under this scenario unless other funding streams fill the vacuum.
Strategic Scenario #2:
The Commonwealth of Virginia further privatizes the management of Medicaid behavioral health services and the current behavioral health administrative services organization (ASO) contract is rebid to one, or multiple, managed care organizations (MCOs), with carve-in, or integration of, physical and mental health plan management.

Under this scenario, the Commonwealth of Virginia would move toward further privatization of the public behavioral health care system, contracting with one, or multiple, and risk-based managed care vendors to include physical and behavioral health care services. This is an option that has been discussed among Commonwealth leadership and is likely, given the current movement toward consolidation and cost management of care in the Commonwealth and nationally. Medicaid behavioral health clinic and inpatient services are managed by five HMO/MCOs. Rehabilitative or specialty behavioral health services are contract to Magellan as the ASO. Magellan implemented the contract on December 1, 2013 for a period of three years, with two optional one-year renewals. All other waivers, FFS Medicaid services, and DD services remain under the oversight and management of the Commonwealth’s Medicaid agency.

Implications
MP-NN CSB would still find itself as simply a network provider in this managed care system, requiring extensive information system capabilities, financial cost management, and clinical best practices, with the goal of attaining preferred status with these payers.

The issue at hand is the impact this may have on future Medicaid services and revenue for the organization. Currently, MP-NN CSB is experiencing an increase in service requirements by the behavioral health ASO including prior authorization and additional eligibility criteria for services. This has restricted the organization’s ability to admit patients in its specialty care services, placing additional stress on its non-Medicaid safety-net pool of funding. Further consolidation and management of behavioral health and additional services will continue this trend.
**Strategic Scenario #3:**
The Commonwealth of Virginia receives approval from the Centers for Medicare & Medicaid Services (CMS) of its DD waiver consolidation – known as the DD redesign effort.

Under this scenario, the Commonwealth of Virginia would receive approval from CMS to move forward with its waiver redesign of DD services. The waiver redesign was catalyzed by an investigation and subsequent settlement enforced by the U.S. Department of Justice (DOJ). Virginia’s Department of Behavioral Health & Developmental Services (DBHDS) expects that its waiver redesign will meet the expectations of the settlement agreement. DBHDS has revised Home & Community Based Services (HCBS) Waiver Services to provide integrated community services to this population. Additionally, services fees will change from FFS to per-diem reimbursement to correlate with the intensity of need of the individual for residential and day services. MP-NN CSB consumers with DD may experience a change in service provision upon the new assessment and level of care assignment standards imposed by this waiver. MP-NN CSB expects that payment for services will be reduced and/or restricted.

**Implications**
Despite the added assessment and management requirements of this waiver, this may provide opportunities for MP-NN CSB to significantly expand its DD services (which are not currently under a managed care model). DBHDS is proposing new and revised services to be adopted under the waiver including integrated day services, employment coordination, shared living, supported living, independent living, private duty nursing, transportation, and peer supports. The MP-NN CSB executive team has also indicated adding new service lines to support the gaining and geriatric psychiatry needs of this population, including assisted living services.
B. Factors That Influence The Likely Strategic Scenarios

There are a number of other factors, which may influence or slightly alter the scenarios and their implications for MP-NN CSB. The following influencing factors were identified as the most likely to occur given our current knowledge and research of the Virginia health and human services marketplace:

1. The delineation of which services are in the Commonwealth of Virginia’s solicitation for management of behavioral health services, and, whether or not DD services will be included.

   The Commonwealth of Virginia has already privatized rehabilitation and clinic option services (including inpatient care now covered by HMOs/MCOs), Community Mental Health Rehabilitative Services (CMHRS), residential treatment, substance abuse services, Virginia Independent Clinical Assessment Project (VICAP) services, targeted case management, and inpatient and outpatient psychiatric/substance abuse treatment services for non-MCO enrolled members. DD services were not included. The current timeline calls for reissuance of the request for proposal (RFP) as early as 2016, to as late as 2018, for the behavioral health services administrator (BHSA) contract. Earlier plans mentioned by the Commonwealth suggested moving toward a full risk transfer after the initial two years of the BHSA.

2. Whether the new waiver for DD services will be approved by the General Assembly and CMS, or if the DOJ will swoop in to manage these services.

   The Commonwealth of Virginia has been moving to restore and add additional funding for DD services that were identified by the U.S. DOJ in early 2011. The DBHDS intends to streamline access to care so that individuals with DD will be processed by the CSB. As a result of the waiver redesign, there will be a single consolidated waiting list and an array of waiver services available to both populations. An independent reviewer has been employed to monitor the commonwealth’s progress toward meeting the terms of the settlement agreement with the DOJ. In the independent reviewer’s last report, the sixth review period, it indicates that, “[t]he Commonwealth has not... made substantive progress implementing planned changes to achieve compliance with many core structural and programmatic provisions of the Agreement”, which illustrates the tenuous nature of the current state of affairs.²

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3. The issue of “conflict-free” case management across DD and other Commonwealth plan option services, further complicating the initiative.

Changes to the CSB DD targeted case management are likely to be required as a result of the DOJ settlement agreement. Recommendations in a report by Human Services Research Institute’s November 2013 HCBS Waiver Analysis, contracted by DBHDS, suggests that CSBs should separate themselves from direct service provision and retain the roles of system managers and providers of case management services only. However, this is easier said than done given the number of CSBs that provide an array of direct care services in their respective regions. The study further suggests for the sake of best practice that in the long-term a “full separation of case management from direct services...[s]tructurally or operationally means that the case manager is not an employee or any provider organization that provides direct services to the individual for whom they are the case manager.”3 DBHDS has since implemented measures to ensure compliance with choice-based, conflict-free case management in CSB performance contracts requiring case managers to give individuals a choice of service providers and options of service providers based on the preferences of the individual, including both CSB and non-CSB providers. As a result, the independent reviewer’s most recent report finds that DBHDS is in compliance with the DOJ settlement agreement with regard to this settlement item at this time.4

### III. Key Findings Of The Strategic Analysis

The confluence of national and local environmental findings impacts organization priorities and forward-looking initiatives. As a result of the strategic analysis and planning process, MP-NN CSB has identified the following five findings about the agency, as a whole:

<table>
<thead>
<tr>
<th>Finding #1</th>
<th>• MP-NN CSB has a reputation and history of service excellence, in particular for consumers with complex behavioral health and developmental disabilities (DD).</th>
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<tbody>
<tr>
<td>Finding #2</td>
<td>• The current structure of administrative operations and program oversight at MP-NN CSB is not as efficient, effective, and value enhancing as it should be.</td>
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<tr>
<td>Finding #3</td>
<td>• MP-NN CSB has major workforce issues to address.</td>
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<tr>
<td>Finding #4</td>
<td>• MP-NN CSB is financially stable, but it operates within slim margins and a service line portfolio that is highly dependent on case management, mental health skill building, and therapeutic day treatment services.</td>
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<tr>
<td>Finding #5</td>
<td>• MP-NN CSB has little brand recognition in the region it serves. Communication of its brand and service excellence is critical as the organization moves forward.</td>
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MP-NN CSB’s strategic plan objectives and initiatives take into account these findings. Weaknesses will be addressed for continuous improvement and strengths of the organization will be leveraged to further its vision and mission.
IV. Objectives & Strategic Initiatives

MP-NN CSB’s strategic objectives refer to its intentions or responses to address major environmental change and improvements so the organization may remain competitive and ensure long-term sustainability. These serve to provide its leadership with longer-term direction and guide resource allocation\(^5\).

A. Strategic Objectives

As a result of an analytical process reviewing internal and external data and their implications within the context of MP-NN CSB’s mission, the strategic planning committee has identified four key strategic objectives for the organization for the years 2016 through 2018. These four strategic objectives are as follows:

<table>
<thead>
<tr>
<th>Strategic Objective #1</th>
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<tr>
<td>• To establish operational efficiencies within the organization in order to best meet the needs of program participants and staff, remain responsive to the marketplace, and promote and enhance our values while remaining financially responsible.</td>
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<tr>
<th>Strategic Objective #2</th>
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<tr>
<td>• To establish MP-NN CSB as an employer of choice and invest in our staff to ensure that we recruit, develop, and retain a skilled and diverse workforce committed to achieving our mission.</td>
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<tr>
<th>Strategic Objective #3</th>
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<td>• To diversify revenue sources and improve financial performance of service lines to ensure MP-NN CSB’s financial sustainability.</td>
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<th>Strategic Objective #4</th>
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<tbody>
<tr>
<td>• To establish MP-NN CSB as a Center of Excellence for providing person-centered, integrated health care services and supports to underserved communities and individuals with serious behavioral health and/or developmental disabilities.</td>
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</table>

In addition to these long-term strategic objective statements, a number of expectations or initiatives are outlined to guide operational objectives of the organization and its program services. Included in Section V of this report is a high-level time frame established by the MP-NN CSB leadership.

B. Strategic Initiatives For Accomplishing The Strategic Objectives

MP-NN CSB has developed a detailed list of twenty-seven strategic initiatives in order to accomplish its four strategic objectives. The strategic objectives, as well as their related initiatives, are discussed below.

Strategic Objective #1

- To establish operational efficiencies within the organization in order to best meet the needs of program participants and staff, remain responsive to the marketplace, and promote and enhance our values while remaining financially responsible.

Strategic Initiative #1.A:

Enhance the unit cost reporting and management and financial reporting systems to ensure the ability of MP-NN CSB to set target costs and prices and manage them for all lines of service.

Discussion: It is important that MP-NN CSB, like other provider organizations, has the tools to closely monitor and manage the cost of delivering services to ensure that it can compete effectively in a marketplace that demands quality, cost-effective services as well as to ensure best value for payer and funder dollars. This is critical given the Commonwealth’s plan to move from fee-for-service financing model to per diem and capitated rates for a number of MP-NN CSB’s services. Additionally, managers will need to have accurate and timely financial information so that they can ensure that budget targets are met.

This initiative would likely include the following:

1. Setting target costs for current and planned services.

2. Proceed with re-engineering services and operations to hit these target costs as described in the next objective.
**Strategic Initiative #1.B:**
Continue the process for re-engineering services and operations to operate at competitive costs.

**Discussion:** Once MP-NN CSB has set the target costs for services as described under Initiative #1.A, developing a formal process improvement initiative, that would include mapping key workflows to identify opportunities for workflow enhancement and productivity improvement, streamlining to gain further efficiencies, eliminating duplication wherever possible, ensuring consistency in operations, and optimal performance and satisfaction.

**Strategic Initiative #1.C:**
Enhance processes for admission, billing, and collection operations to be state-of-the-industry in terms of access to care and efficiency and effectiveness in maximizing the collection of revenues.

**Discussion:** As MP-NN CSB moves to operate in an increasingly more competitive and at-risk managed care environment, it is essential that admission, billing, and collections operations operate flawlessly.

This initiative would likely include the following:

1. Ensuring that MP-NN CSB has effective, efficient, and consumer-friendly processes for admitting and screening consumers for care.
2. Enhancing assessment processes to appropriately determine service need, with possibly more centralization of care access and assessment.
3. Enhancing administrative processes to address payer eligibility, authorization, and appeals operations.
4. Aggressively managing billing and accounts receivable and collection activities to maximize revenues. The executive team is already exploring hiring a revenue recovery manage to support this imitative.
Strategic Initiative #1.D: Develop mechanisms to monitor and manage service utilization and staff productivity.

Discussion: One of the most effective ways to manage the unit costs of service and achieve revenue targets is to set and manage standards for billable productivity for clinical and front line staff.

This initiative would likely include the following:

1. Doing financial modeling to set productivity targets.
2. Modifying job descriptions and appraisals to include these standards.
3. Monitoring actual billable productivity for intervention if necessary, and possibly implementing productivity incentives for staff members.
4. Developing a process and reporting tools to review service utilization (services, frequency, and duration) for individual consumers in comparison to best practice standards and payer expectations.

Strategic Initiative #1.E: Enhance MP-NN CSB’s formal corporate compliance functions.

Discussion: While MP-NN CSB has a number of operational mechanisms in place to ensure that it is compliant with payer and regulatory requirements, it is likely that it will encounter more detailed and complex rules and regulations as more services that are implemented under managed care and if the Commonwealth moves forward with its DD waiver plans. A broad corporate compliance and monitoring program in line with federal and state rules and regulations, managed care requirements, and best business practices will be critical.
Strategic Initiative #1.F: Leverage MP-NN CSB’s current technology infrastructure as well as invest in new health information technology to ensure that it supports all clinical and administrative operations as well as the ability to create new revenue and market opportunities.

Discussion: MP-NN CSB has already embarked in exploring a significant investment in its technology infrastructure with selection and implementation of a replacement electronic health record (EHR), billing, and financial software applications, as well as an array of other technology tools and applications. Continued efforts in selecting and leveraging the possibilities of technology will be necessary to ensure the MP-NN CSB can remain competitive, as well as generate new ways to provide services and revenue streams. These applications and tools should support all of the data collection, analysis, and operational functions laid out in the various strategic initiatives in this strategic plan.

Strategic Initiative #1.G: Develop or update MP-NN CSB’s various business plans to ensure the successful implementation of this strategic plan.

Discussion: The key to organizational success is in the effective implementation of the strategic plan. As such, MP-NN CSB will need to embark on a process to update its business unit plans to be consistent with the strategic goals and objectives in this new strategic plan. The additional business unit plans to be developed or updated in this process include (but are not limited to):

- Marketing & Business Development Plans
- A Technology & Communication Plan
- A Financial Management Plan
- Organizational & Program Budgets
Strategic Initiative #2.A:
Develop, communicate, and implement a comprehensive, two-year, human resource plan that addresses the workforce issues identified during the strategic planning process and incorporates the human resource related initiatives in this plan.

Discussion: As a result of this strategic planning initiative, MP-NN CSB has embarked on a process to identify key priorities for its human resources operations. This initiative builds on those efforts, resulting in a written two-year human resource plan that identifies priorities and tactics. This plan should reflect current efforts as well as the other initiatives in this section of the plan. Additionally, it will be important to communicate the human resource plan as part of efforts to enhance communication with all staff members.

Strategic Initiative #2.B:
Develop, communicate, and implement a comprehensive communication plan between leadership, management, and all other staff.

Discussion: The staff surveys identified major concerns amongst some of the workforce at MP-NN CSB and specific concerns about communication and transparency in decision-making. The human resource plan in Strategic Initiative #4.A should include a formal plan for how communication will occur.
This initiative would likely include the following:

1. Providing routine communication via MP-NN CSB’s intranet website.
2. Providing periodic written and in-person updates on organizational issues and performance by leadership and other thought-leaders in the organization.
3. Developing periodic newsletters.
4. Developing formal processes for providing direct, as well as anonymous, feedback.
5. Conducting additional town meetings and focus groups, at least quarterly, over the next two years as this plan is implemented.

**Strategic Initiative #2.C:**
Enhance and implement formal processes for monitoring staff feedback and satisfaction, incorporating 360° feedback models into staff evaluations, and recognizing superior employee performance.

**Discussion:** Due to the feedback from the workforce during the strategic planning process, and the resulting strategic initiative on human resource issues, it is critical that MP-NN CSB continue to solicit staff feedback as it implements this plan.

This initiative would likely include the following:

1. Conducting exit interviews for all staff members who leave MP-NN CSB, with summary findings reported monthly.
2. Conducting stay interviews, completed for a fraction of all staff each month, solicit feedback about satisfaction and why individuals choose to stay at MP-NN CSB as employees.
3. Incorporating 360° feedback models for staff, in particular for managers and leaders, as part of the evaluation process.
4. Formalizing a defined employee recognition process, with clear performance measures and incentives.
**Strategic Initiative #2.D:**
Enhance staff recruitment, training and development, retention efforts, and supervision activities.

**Discussion:** In order for MP-NN CSB to remain competitive and continue to provide high quality services, it will need to continue to invest in its staff members.

This initiative would likely include the following:

1. Ensuring that MP-NN CSB is able to offer a competitive employee compensation and benefit package to staff.
2. Enhancing recruitment and retention plans to ensure that the organization always has the quality staffing it needs to deliver quality services.
3. Enhancing staff development plans and identifying paths for advancement as appropriate.
4. Working with the board of directors to establish a formal succession plan for the CEO and other key positions.
5. Enhancing staff communication and supervision.
6. Identifying key leadership positions to add to the succession planning process and beginning and related mentoring and hiring to build a pipeline of future leaders.
**Strategic Initiative #2.E:**
Develop and implement an internal “MP-NN CSB University” to formalize supervisory training and staff development efforts.

**Discussion:** As part of its enhanced human resource operations, MP-NN CSB will develop a detailed plan for staff development in the form of an “MP-NN CSB University”.

This initiative would likely include the following:

1. Creating and implementing required training for all staff, including orientation to the agency, values-based training, and customer services training.
2. Implementing on-going, tiered supervisor training.
3. Developing training paths for clinical program positions and management staff.
4. Implementing leadership training for select staff to continue the development of new leaders at MP-NN CSB.
5. Integrating “MP-NN CSB University” with its behavioral health and DD Center of Excellence program where some curriculum is offered to individuals outside of the organization in addition to current staff.
Strategic Initiative #3.A:
Centralize and expand the planning and management of all business development activities for MP-NN CSB.

Discussion: The long-term success of MP-NN CSB is based upon ensuring that the organization continues to offer the right array of in-demand services in the marketplace, guaranteeing funding streams, and securing contracts with payers for these services. It is critical that the organization have sufficient capacity and competency in the following areas:

- Marketing & Business Development
- Referral Generation & Management
- Grant/Contract Writing & Management
- Market Research & Service Line Development
- Partner Selection & Management (Includes Vetting Mergers & Acquisitions)
- Public Relations
- Advocacy & Lobbying Efforts With Communities/Government Stakeholders
- Website & Social Media Presence Management

• To diversify revenue sources and improve financial performance of service lines to ensure MP-NN CSB’s financial sustainability.
This initiative would likely include the following:

1. Centralizing the responsibility and accountability for all business development activities under one senior leadership position.

2. Expanding a formal business development department with appropriate staffing, resourcing, and tools (both centrally and at the division level).

3. Executing all of the market research and business development activities laid out in this strategic plan.

4. Formalizing all aspects of the department’s functions as described above, including decision-making about which activities are centralized and which occur at the division level.

**Strategic Initiative #3.B:**
Undergo a formal process for planning, developing, and implementing a regional brand image for MP-NN CSB.

**Discussion:** MP-NN CSB has not been actively establishing an image as a regional brand. Rather its focus is on its efforts at the local level. Each of the service programs or departments perform their own outreach and development of marketing materials. The organization is now ready to move to establish a cohesive agency image and reputation. This will aid MP-NN CSB in continued expansion of its services and their impact on individuals and communities, as well as in its individual and corporate fundraising efforts.

This initiative will likely include the following:

1. Crafting a narrative about the history of MP-NN CSB, its vision, and its mission.

2. Making decisions about whether to have a single organizational brand, multiple brands, or brand families for MP-NN CSB’s various audiences.

3. Finalizing a brand image, brand campaign, and all related marketing and promotional materials.

4. Launching the internal and external brand campaigns.
Strategic Initiative #3.C:
Selectively expand profitable services into other markets.

Discussion: MP-NN CSB should continue the work it has been doing expanding its impact on individuals and communities. This initiative will include continuing these efforts through expansion of services.

This initiative will likely include the following:
1. Conducting market research about demand and competition in new geographic areas.
2. Developing strategic analysis about the costs and benefits of each expansion.
3. Establishing financial performance requirements for service line expansion (both in terms of overall revenue and margin).
4. Developing operational, financial, and implementation planning for the service line expansions selected.

Strategic Initiative #3.D:
Diversify service lines and revenue streams after establishing a formal new service opportunity assessment and selection process.

Discussion: Organization often find that they have many ideas for new business opportunities, but lack an effective process for selecting and prioritizing which opportunities to pursue. MP-NN CSB will implement a process for a metrics-based evaluation of new business opportunities.
This initiative will likely include the following:

1. Developing an itemized list of business development opportunities for consideration.
2. Developing a list of factors or metrics to be used in evaluating new business opportunities (e.g. current market potential, degree of competition, revenue growth opportunities, capital and cash flow requirements, operational at a profit margin in the short-term, significantly furthers mission, improves market positioning, etc.).
3. Developing a scoring scale for each metric and assign weight to each metric.
4. Researching and scoring each business opportunity.
5. Conducting qualitative research and discussing each of the top-rated opportunities for final selection for formal feasibility analysis.
6. Defining the selected new service lines.
7. Analyzing the market and competition for the new service lines.
8. Conducting a financial analysis of the proposed new services.
9. Making a final decision about whether to implement the new service line and plan the implementation as needed.

**Strategic Initiative #3.E:**

Identify key third-party payers, funders, and other potential purchasers, and develop a plan for contracting and referral generation for a selected group to maximize new revenues.

**Discussion:** After identifying key opportunities as illustrated in strategic initiative #3.D., then it is important to approach the most likely sources of funding to support new or expanding service line opportunities.
This initiative will likely include the following:

1. Identifying potential third-party payers and other funders.
2. Researching which services are of interest to those payers/funders.
3. Modifying current services or developing new services, supports, or prevention activity lines to meet this market demand.
4. Developing comprehensive plans for referral generation and contracting with payers/funders.
5. Ensuring the operations support the administrative and clinical requirements for these payers/funders (e.g. eligibility determination, service authorization, case assignment, treatment documentation, etc.).

**Strategic Initiative #3.F:**
To explore opportunities for expanding the size and diversity of services and revenues at MP-NN CSB through collaboration, merger, or acquisition.

**Discussion:** Continued growth and diversity in revenues will help ensure the long-term success of MP-NN CSB in achieving its mission, vision and strategic goals. A few key ways to accomplish this is through partnership with, acquisition of, or even merger with another provider organization or organizations. MP-NN CSB will develop a formal process for finding and vetting these collaboration opportunities as part of the function of its enhanced business development office.
**Strategic Initiative #3.G:**
To initiate a formal process for enhancing or developing relationships with public and private payers and for researching evolving key players, including managed care companies, hospital systems, health plans, accountable care organizations (ACOs), and other health systems and payers.

**Discussion:** Future payers for MP-NN CSB’s services are likely to include current public payers, new managed care companies for public payers (e.g. Medicaid), other managed care and insurance companies, ACOs, and even health plans and employers. This initiative involves formalizing the process of gathering market intelligence information about who these players are and what services they may want to purchase.

This initiative will likely include the following:

1. Continuing to identify potential, current, and emerging payers and other funders.
2. Researching which services are of interest to those payers.
3. Modifying current services or developing new services, supports, or prevention activity lines to meet this market demand.
4. Ensuring the operations support the administrative and clinical requirements for these payers and funders (e.g. eligibility determination, service authorization, case assignment, treatment documentation, etc.).

**Strategic Initiative #3.H:**
Continue to expand MP-NN CSB’s individual and corporate fundraising efforts through a formal statewide fundraising effort to ensure that the organization maintains and grows its safety net funding.

**Discussion:** While MP-NN CSB already receives individual and corporate donations, this initiative builds on those efforts and the branding campaign in Strategic Initiative #3.B. The goal is to establish an on-going, formal, statewide and/or regional fundraising effort that allows MP-NN CSB to build and maintain a healthy safety net pool to achieve its vision and strategic objectives.
Strategic Initiative #4.A:
Define and establish MP-NN CSB as a Center of Excellence for behavioral health and developmental disabilities.

Discussion: Generally speaking, a Center of Excellence is an organization that provides leadership, best practices, research, and training for a focus area. That said, there is plenty of room in the concept to define what Center of Excellence is. For MP-NN CSB, this initiative includes defining what it means by a Center of Excellence, establishing it, and then promoting it both as a part of its branding efforts and a potential new revenue stream.

This initiative would likely include the following:

1. Researching the concept of a Center of Excellence or other organizations that have established them.

2. Defining the core components of MP-NN CSB’s concept of a behavioral health and DD Center of Excellence for providing person-centered, integrated health care services with a focus on early intervention, prevention, and wellness.

3. Implementing the establishment of the MP-NN CSB behavioral health and DD Center of Excellence, including:
   - Defining quality and outcome metrics and best practices.
   - Identifying key though leaders at MP-NN CSB and promoting them through publishing, speaking events, and social media.
   - Engaging consumers and communities in the evolving definitions of quality care.
   - Establishing best practice research, independently and/or with academic partners.

4. Conducting training and publishing training materials.

5. Promoting MP-NN CSB as a behavioral health and DD Center of Excellence within all marketing and communication efforts.
Strategic Initiative #4.B: 
Expand MP-NN CSB’s outcomes and quality research initiatives.

Discussion: The ability to demonstrate and report the positive impact of MP-NN CSB’s service is critical.

This initiative would likely include the following:

1. Identifying cost and quality outcomes measures for the services that MP-NN CSB provides.
2. Developing a formal quality outcome tracking, monitoring, and reporting process.
3. Using these quality outcome measurements to drive quality improvement measures, as well as MP-NN CSB’s branding, marketing, and business development efforts.

Strategic Initiative #4.C: 
Continue to expand, strengthen, and sustain the use and development of evidence-based and emerging best practices.

Discussion: MP-NN CSB has already implemented a number of evidence-based and emerging best practices. This initiative will include not only expanding these efforts, but also leverage MP-NN CSB’s core competencies, outcomes, and quality data in order to actually help define and develop evidence-based and emerging best practices. As payers demand more evidence-based practices, MP-NN CSB can play a key role in both defining what a best practices is, as well as using this knowledge in its education and prevention service programs and continued branding efforts.

Strategic Initiative #4.D: 
Implement a formal balanced scorecard performance measurement system and performance dashboard.

Discussion: To be successful in today’s health care marketplace, all organizations need to have formal processes for measuring and managing performance. A “balanced scorecard” approach is considered best practices, where key strategic and operational metrics are selected to measure performance in four broad categories – (1) financial measures, (2) internal operational measures, (3) consumer and stakeholder measures, and (4) organizational learning and innovation measures. This formal measurement process will allow MP-NN CSB to measure and improve performance and satisfaction, and then use the information to communicate with all stakeholders.
This initiative would likely include the following:

1. Determining critical performance outcomes for the success of the MP-NN CSB’s strategic goals.
2. Identifying leading indicators and metrics that track these desired performance outcomes.
3. Creating a balanced scorecard and performance dashboard based on these strategic key performance indicators.
4. Training and mentoring staff and stakeholders to understand and use the performance indicators.

**Strategic Initiative #4.E:**
Develop a key stakeholder reporting and communication system to communicate MP-NN CSB’s performance, reputation as a Center of Excellence, and employer of choice.

**Discussion:** This initiative is designed to leverage the performance data that is collected as the result of Strategic Initiatives #4.A, #4.B, #4.C, and #4.D.

This initiative would likely include the following:

1. Improved communication about performance efforts and results to individuals MP-NN CSB serves, their families, MP-NN CSB’s staff, board members, elected officials of local and state government, advocacy groups, and communities.
2. Formalizing the communication channels and messages to these key stakeholder groups.

**Strategic Initiative #4.F:**
Begin the clinical program and financial modeling to promote and establish MP-NN CSB as a preferred ACO behavioral health provider.

**Discussion:** MP-NN CSB’s competencies position it well to be a network provider for an ACO (for managing individuals with serious mental illness). Given the time and effort it takes to build both the program and financial models for this service line, MP-NN CSB should begin the planning work immediately, so that it can rapidly respond in the local markets where these models are operating or emerging.
Strategic Initiative #4.G:
Develop a strategy for collaboration or integration of services with local or regional primary care systems.

Discussion: There are a number of evolving models of integration of behavioral health care with primary care services, and the national and local marketplace continue to demand great collaboration between them. The degree of integration can range from minimal (with separate facilities and operations) through co-location of services, to full integration (where primary and behavioral health care providers work on the same team and in the same facility). MP-NN CSB should continue to explore options for integrating its behavioral health services with primary care systems. These efforts have a number of potential benefits for MP-NN CSB including improving consumer care, increased referrals, and opportunities to bid on contracts requiring integrated care systems.
V. High-Level Implementation Timeline

The following chart provides the strategic initiatives and high-level timeframe for accomplishing the key milestone over the course of three years. This serves as a guide to detailed implementation and work plans to be developed by MP-NN CSB leadership and management teams.

A. High-Level Implementation Timeline

MP-NN CSB will implement these strategic initiatives in three phases:

Phase I: Fiscal Year 2016; October 2015 – June 2016
Phase II: Fiscal Year 2017; July 2016 – June 2017
Phase III: Fiscal Year 2018; July 2017 – June 2018

While the exact details will be worked out as part of the budgeting and implementation process, MP-NN CSB has established the following preliminary timeline for implementing the strategic initiatives for these three phases.

V.A. Strategic Initiative Implementation Phasing

<table>
<thead>
<tr>
<th>Strategic Initiative</th>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III</th>
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</thead>
<tbody>
<tr>
<td><strong>Strategic Initiative #1.A:</strong> Enhance the unit cost reporting and management and financial reporting systems to ensure the ability of MP-NN CSB to set target costs and prices and manage them for all lines of service.</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td><strong>Strategic Initiative #1.B:</strong> Continue the process for re-engineering clinical services and operations to operate at competitive costs.</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Strategic Initiative #1.C:</strong> Enhance processes for admission, billing, and collection operations to be state-of-the-industry in terms of access to care and efficiency and effectiveness in maximizing the collection of revenues.</td>
<td>X</td>
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<tr>
<td><strong>Strategic Initiative #1.D:</strong> Develop mechanisms to monitor and manage staff productivity and service utilization.</td>
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<tr>
<td>Strategic Initiative</td>
<td>Phase I</td>
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<tr>
<td><strong>Strategic Initiative #1.E:</strong>&lt;br&gt;Enhance MP-NN CSB’s formal corporate compliance functions.</td>
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<td>X</td>
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<tr>
<td><strong>Strategic Initiative #1.F:</strong>&lt;br&gt;Leverage MP-NN CSB’s current technology infrastructure as well as invest in new health information technology to ensure that it supports all administrative and clinical operations as well as the ability to create new revenue and market opportunities.</td>
<td>X</td>
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<tr>
<td><strong>Strategic Initiative #1.G:</strong>&lt;br&gt;Develop or update MP-NN CSB’s various business plans to ensure the successful implementation of this strategic plan.</td>
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<tr>
<td><strong>Strategic Initiative #2.A:</strong>&lt;br&gt;Develop, communicate, and implement a comprehensive, two-year, human resource plan that addresses the workforce issues identified during the strategic planning process and incorporates the human resource related initiatives in this plan.</td>
<td>X</td>
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<tr>
<td><strong>Strategic Initiative #2.B:</strong>&lt;br&gt;Develop, communicate, and implement a comprehensive communication plan between leadership, management, and all other staff.</td>
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<tr>
<td><strong>Strategic Initiative #2.C:</strong>&lt;br&gt;Enhance and implement formal processes for monitoring staff feedback and satisfaction, incorporating 360° feedback models into staff evaluations, and recognizing superior employee performance.</td>
<td></td>
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<tr>
<td><strong>Strategic Initiative #2.D:</strong>&lt;br&gt;Enhance staff recruitment, training and development, retention efforts, and supervision activities.</td>
<td>X</td>
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<tr>
<td><strong>Strategic Initiative #2.E:</strong>&lt;br&gt;Develop and implement an internal “MP-NN CSB University” to formalize supervisory training and staff development efforts.</td>
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<tr>
<td>Strategic Initiative</td>
<td>Phase I</td>
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<tr>
<td><strong>Strategic Initiative #3.A:</strong> Centralize and expand the planning and</td>
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<tr>
<td>management of all business development activities for MP-NN CSB.</td>
<td>X</td>
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<tr>
<td><strong>Strategic Initiative #3.B:</strong> Undergo a formal process for planning,</td>
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<td>developing, and implementing a regional brand image for MP-NN CSB.</td>
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<tr>
<td><strong>Strategic Initiative #3.C:</strong> Selectively expand profitable services</td>
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<td>into other markets.</td>
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<tr>
<td><strong>Strategic Initiative #3.D:</strong> Diversify service lines and revenue</td>
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<tr>
<td>streams after establishing a formal new service opportunity assessment</td>
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<td>and selection process.</td>
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<tr>
<td><strong>Strategic Initiative #3.E:</strong> Identify key third-party payers, funders,</td>
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<td>and other potential purchasers, and develop a plan for contracting and</td>
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<td>referral generation for a selected group to maximize new revenues.</td>
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<tr>
<td><strong>Strategic Initiative #3.F:</strong> To explore opportunities for expanding</td>
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<tr>
<td>the size and diversity of services and revenues at MP-NN CSB through</td>
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<tr>
<td>collaboration, merger, or acquisition.</td>
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<tr>
<td><strong>Strategic Initiative #3.G:</strong> To initiate a formal process for</td>
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<tr>
<td>enhancing or developing relationships with public and private payers</td>
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<td>and for researching evolving key players, including managed care</td>
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<tr>
<td>companies, hospital systems, health plans, accountable care organizations (ACOs), and other health systems and payers.</td>
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<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Strategic Initiative</td>
<td>Phase I</td>
<td>Phase II</td>
<td>Phase III</td>
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<tr>
<td><strong>Strategic Initiative #3.H:</strong> Continue to expand MP-NN CSB’s individual and corporate fundraising efforts through a formal statewide fundraising effort to ensure that the organization maintains and grows its safety net funding.</td>
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<tr>
<td><strong>Strategic Initiative #4.A:</strong> Define and establish MP-NN CSB as a Center of Excellence for behavioral health and developmental disabilities.</td>
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<tr>
<td><strong>Strategic Initiative #4.B:</strong> Expand MP-NN CSB’s outcomes and quality research initiatives.</td>
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<tr>
<td><strong>Strategic Initiative #4.C:</strong> Continue to expand, strengthen, and sustain the use and development of evidence-based and emerging best practices.</td>
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<tr>
<td><strong>Strategic Initiative #4.D:</strong> Implement a formal balanced scorecard performance measurement system and performance dashboard.</td>
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<tr>
<td><strong>Strategic Initiative #4.E:</strong> Develop a key stakeholder reporting and communication system to communicate MP-NN CSB’s performance, reputation as a Center of Excellence, and employer of choice.</td>
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<tr>
<td><strong>Strategic Initiative #4.F:</strong> Begin the clinical program and financial modeling to promote and establish MP-NN CSB as a preferred ACO behavioral health provider.</td>
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<tr>
<td><strong>Strategic Initiative #4.G:</strong> Develop a strategy for collaboration or integration of services with local or regional primary care systems.</td>
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</table>
VI. Appendix A – Environmental Trends

Seismic shifts in the funding of health care (including a move from pay-for-volume to pay-for-value) is changing the way health care organizations are operating. The combination of increased scrutiny from payers for provider organizations to concurrently reduce costs, improve health, increase consumer satisfaction with the experience of care, and to improve measures in population health has affected, and will continue to affect, all providers of health care services, including MP-NN CSB.

Additionally, the local environment where MP-NN CSB operates is facing its own environmental shifts, most notably: the movement of additional Medicaid services to managed care; the shift in focus away from direct care services of community services boards in other regions; the pursuit of new waivers and initiatives requiring integration of care for individuals with chronic illness and DD within the commonwealth; the underfunding of the Infant and Toddler Connection of Virginia’s Part C System; and the lack of Medicaid expansion within the Commonwealth.

Each trend was taken into account during the strategic planning process and informs the objectives and recommendations within this report. A discussion of national and local trends follows.

A. National Environmental Trends

In light of these shifts, MP-NN CSB discussed six definitive trends during the initial strategic planning visioning session. Those six trends included:

1. The continued expansion of the use of managed care models for both public and private payers.
2. The focus by payers on reducing the health care costs of the 5% of consumers who utilize 49% of the health care dollars.
3. The expansion of value-based purchasing models by public and private payers in lieu of cost-based contracts for fee-for-service payment systems.
4. The increased use of technology and its impact on the nature of service delivery and competitive advantage.
5. The blurring of the roles of payer and provider in the marketplace as some payers shift to operate more service directly.
6. Increased competition amongst providers and the growth of large consolidated provider organizations.
**National Trend #1:**
The Continued Expansion Of The Use Of Managed Care Models For Both Public & Private Payers

As with many other Medicaid state agencies across the nation, the Commonwealth of Virginia is increasing its use of managed care financing. Virginia will be embarking on enrollment of new populations into managed care including those with complex disabilities and individuals with long-term care needs. As a result, MP-NN CSB will be required to continue to respond to the added strain and administrative burdens of operating in a more complex, highly competitive and performance driven service environment with fewer dollars.

**National Trend #2:**
The Focus By Payers On Reducing The Health Care Costs Of The 5% Of Consumers Who Utilize 49% Of The Health Care Dollars

Payers prefer to partner with health care providers that can provide coordinated care and demonstrate impact for reducing the cost of care for consumers with complex chronic health needs. Care delivery and coordination of integrated behavioral health, physical health and other specialty areas are in greater demand. MP-NN CSB will have to shift its service orientation to that of population management versus specialty service provision. The organization may consider increasing investments in cross-system care coordination capability, real-time care management metrics, and taking on greater risk.

**National Trend #3:**
The Expansion Of Value-Based Purchasing Models By Public & Private Payers In Lieu Of Cost-Based Contracts Or Fee-For-Service Payment Systems

More value-based purchasing is being encouraged in light shared risk and savings opportunities as wells as increased demand for performance, transparency, and cost control. In such contract arrangements, MP-NN CSB will need to consider new treatment technologies and tech-enabled platforms for service delivery, monitoring outcomes, and reporting results.
**National Trend #4:**
The increased use of technology and its impact on the nature of service delivery and competitive advantage.

The marketplace environment, no matter where you are, is becoming increasingly competitive. Technology can provide an advantage for engaging with consumers more directly, quickly, and conveniently. Place becomes less of a concern to service delivery. Technology also can provide decision support tools and analytics to enhance professional knowledge and empowerment. MP-NN CSB is engaging in new service initiatives utilizing technology platforms and meet service expectations of payers.

**National Trend #5:**
The blurring of the roles of payer and provider in the marketplace as some payers shift to operate more services directly.

With technological substitution, as mentioned above, payers are employing strategies to further mitigate risk. In addition to risk-based contracting, payers are adopting the role as provider through backward integration by adding service delivery capabilities. Opportunities may arise for MP-NN CSB to consider partnerships leveraging their technical and service capabilities through accountable care organization arrangements. The potential for the local competition or hospital system to be purchased and operated by an insurer is also great.

**National Trend #6:**
Increased competition amongst providers and the growth of large consolidated provider organizations.

More and more solicitations for health care services are being put out to bid. Competition of contracts is evident at all levels of the system. Consolidator companies have more market clout and resources potentially to respond to proposals. Fewer roles are emerging in the system particularly for care coordination. Providers will be more engaged in ways to capture referrals and manage patients by health profile rather than by service type. Organizations more willing and able to accept value-based reimbursement will edge out the competition.

These national trends and their implications for MP-NN CSB were reviewed and discussed in detail during strategic planning sessions. Additionally, Appendix B contains a copy of the PowerPoint presentation, “Middle Peninsula – Northern Neck Community Services Board Strategic Planning Facilitation Guide,” and the supplemental material used for discussion during the strategic planning sessions.
B. Local Environmental Trends

In addition to the national trends, the strategic planning team compiled and discussed a number of major and minor trends occurring in the various local markets where MP-NN CSB operates. During the planning session, MP-NN CSB noted that there were key trends:

1. The Commonwealth of Virginia plans to move more Medicaid services to managed care, including Medicaid Managed Long-Term Services (MLTSS).
2. Private providers are capturing “the majority share” of Medicaid Fee-For-Service (FFS) Funding (over 70%). The role of CSBs in other regions has shifted away from direct care services.
3. The Commonwealth of Virginia is pursuing new waivers and initiatives requiring integration of care for individuals with chronic illness and developmental disabilities.
4. The Infant & Toddler Connection of Virginia’s Part C System is underfunded.
5. The Commonwealth of Virginia has not expanded Medicaid.

Local Trend #1:
The Commonwealth of Virginia plans to move more Medicaid services to managed care, including Medicaid Managed Long-Term Services (MLTSS).

When behavioral health services are overseen by managed care entities it forces providers to find efficiencies in order to work effectively with the health maintenance organization (HMO) and administrative services organization (ASO) plans. Managing utilization and basic outcomes increases administrative responsibilities.

Local Trend #2:
Private providers are capturing “the majority share” of Medicaid Fee-For-Service (FFS) Funding (over 70%). The role of CSBs in other regions has shifted away from direct care services.

The competition from private health & human services providers is increasing in MP-NN CSB’s region. In light of this, other CSBs have responded by shifting their role to that of assessment and referral and emergency services due to greater barriers and administrative requirements of direct care services. MP-NN CSB differs, in that it provides a higher volume of state plan rehabilitation option services compared to its peers. This is due, in part, to the rural nature of the localities in its region but also, more importantly, is a reflection of its commitment to the consumers it serves. As a result, the organization is providing services without a source of funding or at a loss and are challenged by a lack of workforce to provide services at the level required.
Local Trend #3:
The Commonwealth of Virginia is pursuing new waivers and initiatives requiring integration of care for individuals with chronic illness and developmental disabilities (DD).
These new initiatives include:

- Consolidation of the Commonwealth’s Home & Community Based Waiver system through redesign of its DD Waivers requiring additional assessment and tiered payment based upon level of care;
- Senate Bill #1410 to be implemented in 2020 increasing licensure requirements for emergency services staff and facilities;
- Two separate and related initiatives, the State Innovation Model (SIM) Grant and Delivery System Reform Incentive Payment (DSRIP) both supporting innovative service delivery and payment reforms through regional planning grants.

Local Trend #4:
The Infant & Toddler Connection of Virginia’s Part C System is underfunded.
Despite the growth of referrals in this service system, funding continues to shrink. MP-NN CSB continues to infuse its own share of funds to support early childhood services in its region. The state does not distribute funding equitably – MP-NN CSB is participating in the formula revision. CSBs that do not provide Part C Rehab Services are left to partner with smaller programs/private providers. MP-NN CSB’s early intervention program serves as a “feeder” program to Community Options case management, and other services after age three.

Local Trend #6:
The Commonwealth of Virginia has not expanded Medicaid.
The Governor’s Access Plan (GAP) 1115 Waiver, effective January 2015, is intended to provide individuals who meet or exceed 100% of the Federal Poverty Line (FPL). This demonstration extends access to certain behavioral and physical health services to uninsured low-income adults who have a diagnosis of a serious mental illness (SMI). The goal of the demonstration is to utilize a targeted benefit package to prevent people with a SMI diagnosis from becoming fully and permanently disabled. The state also has expressed an interest in ending the demonstration should the state’s legislature pass a bill approving full Medicaid expansion during that time period.
These state trends and their implications for MP-NN CSB were reviewed and discussed in detail during strategic planning sessions. Additionally, Appendix B contains a copy of the PowerPoint presentation, “Middle Peninsula – Northern Neck Community Services Board (MP-NN CSB) Strategic Planning Facilitation Guide”, and the supplemental material used for discussion during the strategic planning sessions.
VII. Appendix B – Strategic Planning Visioning Session
Facilitation Guide & Supplemental Materials

Middle Peninsula - Northern Neck Community Service Board (MP-NN CSB)
Strategic Planning Facilitation Guide

Sun W. Vega, MBA, Senior Associate, OPEN MINDS

August 21, 2015

www.openminds.com
163 York Street, Gettysburg, Pennsylvania 17325
Phone: 717-334-1329 - Email: info@openminds.com

Middle Peninsula - Northern Neck Community Service Board (MP-NN CSB)
Strategic Planning Handout
Portfolio Analysis & SWOT Analysis Results

Sun W. Vega, MBA, Senior Associate, OPEN MINDS

August 21, 2015

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VIII. Appendix C – Key Competitors

Key competitors in MP-NN CSB’s market were reviewed as part of the strategic planning process. The strategic planning team directed assorted staff members to compile preliminary information about identified competitors. Competitors were defined as key organizations that provide similar services to MP-NN CSB and/or could compete with MP-NN CSB in a significant way as it implements this strategic plan. While labeled as competitors, it is important to note that some of these organizations could also be potential partners as MP-NN CSB moves forward with the implementation of this strategic plan.

Competitors identified include:

- The Brambles, North, VA
- Brother’s Keeper, Richmond, VA
- Chesapeake Counseling Associates, Gloucester, VA
- Eastern Virginia Adult Care, Hayes, VA
- Empowering Youth For Positive Change, Warsaw, VA
- Heart Havens, North Chesterfield, VA
- Intercept Youth Services, Richmond, VA
- New Day Counseling Service, Aylett, VA
- Pathway Counseling Services, Hague, VA
- Rappahannock General Hospital, Kilmarnock, VA
- Sola, Inc., Gloucester, VA
- VersAbility Resources, Gloucester, VA
IX. Appendix D – Strategic Planning SWOT Analysis
Board Of Directors & Leadership Survey Summary

MPNN-CSB Board & Management
SWOT Survey Results
26 Total Respondents
## XI. Appendix F – Service Line Portfolio Analysis Data

**MP-NN CSB Portfolio Analysis Tool**

<table>
<thead>
<tr>
<th>Fiscal Year 15 Payer Mix - Region</th>
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<td>Fiscal Year 14 Payer Mix - Region</td>
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<td>Fiscal Year 13 Payer Mix - Region</td>
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<td>Fiscal Year 15 Payer Mix - Service Line</td>
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