



100 New Salem Road, Suite 116
Uniontown, PA 15401

Phone: 724-437-0729
Fax: 724-439-4974
Crisis: 724-437-1003

www.crcsi.org



Annual Report

Fiscal Year
2008-2009

Bridging the Gap

“Bridging the Gap” We have all heard that phrase in a variety of contexts before, but for Chestnut Ridge Counseling Services, Inc. bridging the gap is, well, what we do. We identify services and support needs that are not being met and construct a “bridge” to shore up unmet needs or weaknesses. This year’s construction projects include creation of new programs, expansion of service areas, financial viability and renovating existing programs and practices to strengthen clinical outcomes.

In an attempt to bridge the gap between effective outpatient clinical services and the financial challenges inherent in the delivery of outpatient services, a few new initiatives were constructed. First regular meetings were conducted with all CRCSI prescribers (Psychiatrists, Physician Assistants, and Nurse Practitioners). This group meeting focused on clinical best practices, outpatient procedures, productivity data, as well as financial projections and goals. Monthly data is now shared with all prescribers, as well as regular individual follow-up meetings to further collaborate on the clinical and financial health of the organization.

An exciting expansion of services has taken place in Westmoreland County. CRCSI opened its first outpatient office in Westmoreland County at 766 East Pittsburgh St in Greensburg, and is growing rapidly. This office was opened to meet a need realized by the county MH/MR office. We are eager to continue the collaboration and assist with addressing unmet needs in this community.

Other outpatient bridgework includes the addition of neurology consultation at the Uniontown outpatient location, inception of DBT groups with regular supervision and consultation with a CRCSI psychiatrist certified in DBT, the addition of a Consta Clinic, the creation of a Triage Specialist and the Primary Care Referral Line. The Triage Specialist further closes the gap in engagement into outpatient services by serving as a single point of access for individuals entering the system. This position allows a personalization factor by matching consumers presenting problems with the most appropriate clinician and ensuring a complete understanding by the consumer of what to expect in the process.

Similarly the PCP line serves as a point of access for the medical community to make direct referrals to our prescribers. A medical assistant triages the phone calls and ensures an expedited referral to the prescriber by obtaining pertinent background information for our prescriber to best assess the consumer. This further “bridges the gap” between physical and behavioral health by ensuring diagnosis, medication, and treatment plan information is communicated to the referring physician.

One of CRCSI’s new programs is the Certified Peer Specialist Teams that have been developed in both Fayette and Greene Counties. The Certified Peer Specialist program allows peer specialist to utilize their real life experience to assist individuals in their recovery efforts. The peer-to-peer support has been shown to facilitate recovery. The purpose of the program is to use Certified Peer Specialist to provide hope and be role model to every peer they are partnered with.

New programs did not stop there though; the Child and Family Urgent Response Team was developed with the goal to be a short-term stabilization team. The family support partner provides understanding and support to the family while assessing and linking them to appropriate services that will assist in the long-term stability of the family.

Other child focused programs offered by CRCSI are the Family Based Mental Health Team (HOPE) and the Child Partial Hospitalization (New Directions). HOPE continues to grow and strengthen their teams while preparing for new regulations that are currently being developed, while New Directions has undergone some major construction. New Directions offered two 9 week summer programs, one focused on assisting children with behavioral health issues to “bridge the gap” by offering academic credit for previously failed courses in the public education system while the other was a specialized track for ADHD. The ADHD specialized track was created to improve control of impulses, improve attention span and socialization skills. As an enhancement to the unique integration of treatment and academic services, New Directions has become a Private Academic School for the 2009-2010 school year.

Our Adult Partial Hospitalization Program (Phoenix) has undergone a redesign to better suit the needs of the community. The Phoenix program has successfully reduced its average length of stay by 40%, and changed the daily group options to meet the needs of the consumer, one example being the creation of Dialectical Behavioral Therapy (DBT) groups.

An agency-wide initiative has been the development of outcome goals and quality monitoring. One example of this is at our Long Term Structure Residence (LTSR) where the construction project continues. The LTSR is putting a greater emphasis on not only a healthy mind, but a healthy body as well. We are monitoring body weight, addressing caloric intake, and increasing physical activity through outdoor activities, exercise equipment, and the Wii. Another example of quality monitoring within the agency is the collaboration of CRCSI with the Pennsylvania Community Providers Association (PCPA) benchmarking initiative. CRCSI submits quarterly benchmarking information and is compared to other Pennsylvania agencies to establish best practice standards.

The bridge-building does not stop there; Chestnut Ridge continues internal grooming of its leaders through CRCSI University. A strong concept this year has been the sharing of knowledge and education among our managers, with roundtable discussions and other interactive training. Topics have included preparation for licensure, human resource topics, and well as developing outcome measures.

We continue to develop bridges in our efforts to promote recovery oriented practices. The Fayette County Partners in Recovery continues to reach goals of the comprehensive strategic plan while expanding community understanding and involvement. In addition to our collaboration in Fayette County we are working with stakeholders in Greene County to develop recovery oriented systems of care and support. CRCSI has made significant strides in our first forty years. With the agency-wide annual in-service and Recovery Conference “Bridging The Gap,” the consumer staff team is building the bridge to a supportive future of understanding and recovery for all.

Michael Quinn
CEO

2009 – 2010

FISCAL FACTS 2008-2009

Value Behavioral Health	\$5,966,468.90
Commercial	\$1,826,797.47
Fayette County negotiated fee	\$947,198.45
Educational Services	\$701,262.50
Fayette County MH/MR	\$670,458.22
Fayette County FSS	\$371,346.52
Medicare	\$353,611.51
Self Pay	\$277,554.63
Other Revenue	\$225,750.43
HealthChoices Reinvestment	\$193,141.15
Medical Assistance	\$74,740.15
Uncollectable	(\$507,996.74)
Contractual Allowance	(\$623,891.00)

EXPENSES

Salaries & Wages	\$6,554,148.44
Employee Benefits	\$1,792,326.30
Operating Cost	\$1,769,675.56
Asset Purchases	\$119,943.72
Percent Salaries & Wages	Expense 64%
Percent Employee Benefits	Expense 18%
Percent Operating cost	Expense 17%
Percentage Asset purchases	Expense 1%
Total Revenue	\$10,702,733.17
Total Expense	\$10,236,094.02
Net Revenue over Net Expense	\$466,639

HUMAN RESOURCES INFORMATION

Full Time Employees	185
Part Time Employees	11
Total Employees	196
New Positions created in 2008-2009	7
Average Costs for Employee Benefits per Employee	\$16,383
Total Annual costs for Family Medical Coverage per Employee	\$10,750
Average Bi-weekly payroll	\$265,000
Annual Expenditure for Employee Salaries and Benefits	\$8,346,474.74
Estimated Economic Impact of CRCSI Salary and Wage Expenditure upon the local community	\$10,486,637.50

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NOTE: FINANCIAL DATA IS PRELIMINARY AND HAS NOT BEEN AUDITED