HRCSB Board Report – November 2017

Ellen Harrison (Executive Director)
Lynn Grigg (Child and Family Services)
Rebekah Brubaker (Adult Behavioral Health)
John Malone (Developmental Services)
Holly Albrite (Administrative Services)

Message from the Executive Director

HRCSB recently participated in an all-staff training on resilient organizations, with the focus on assuming ownership of change by *everyone*. Change that is imposed top-down does not lead to lasting and sustained growth; nor perpetuate a culture of strength and resiliency. The dilemma for us is, in this time of rapid growth and systems change, how do we shape the culture of our workforce into one that is able to adapt and thrive? It is common for employees to look to leadership to direct work, both immediate and future oriented, but mistakenly also assumes that each is powerless to affect our own attitude when we accomplish the work. We are each able to control our outlook on the situation at hand…and therein lies our power. Together we can shape the culture and that is how sustainable change endures.

Ellen Harrison, LPC, MBA

Administrative Services

Efforts continue to successfully transition clients into the Medicaid Commonwealth Coordinated Care Plus (CCC Plus) program that began in our area in October. We are currently reaching out to the six Managed Care Organizations (MCO) to establish contacts and build relationships with Care Coordinators who will work with our clients in ways that we hope will not replicate or confuse current services, but will instead provide additional resources to obtain needed services and problem solve issues. System-wide there is confusion as to what all the changes will mean, issues associated with transportation providers who have contracted with each MCO, and payment delays in parts of the state who have been in the program long enough to submit billing. None of these problems are surprising but it will take patience for all involved during this implementation period that will continue well into the new calendar year.

As of November 1st, we are pleased to be contracted with Anthem's commercial insurance products to provide Crisis Stabilization and Intensive Outpatient Program (IOP) services. This is the first time that the agency has been able to bill these services

to a non-Medicaid insurance product and may open up the possibility for additional third party payers in the future.

The General Assembly passed regulations that require the Virginia Department of Health Professional's Board of Counseling to establish a process for registering Qualified Mental Health Professionals (QMHP), a classification of providers who work in programs licensed by the Department of Behavioral Health and Developmental Services (DBHDS). Staff at HRCSB who provide Mental Health Skill Building, Psychosocial Rehabilitation, and Crisis Intervention Services must have the QMHP credential. Previously credentialing was based on education and experience. This new registration may begin as early as January and will now include a cost, verification of supervised experience, and annual training and renewal requirements.

Staff continue to work hard on full implementation of the Same Day Access model. We are moving forward with new positions that will support the intake process and will reach out to clients who are not keeping appointments with the goal of improved engagement or returning to services when they are ready.

Adult Behavioral Health Services

Adult Outpatient/ Intake Services

We are excited to have two new team members join the agency, Jacqueline Rucker and Terry Butler. Jacqueline started October 1, 2017 as our new Drug Court Case Manager. Jacqueline will work with participants in our newly established Drug Court Program to assist in accessing treatment services, monitoring participant's completion of services, and assist participants in identifying and overcoming barriers to their recovery. Terry started with the agency mid-October as our Substance Abuse Case Manager. Terry will be working with individuals with substance use issues who need assistance with housing, employment, medical care, and other support services.

Arbor House (Crisis Stabilization Unit)

For October, Arbor House had a 56.2% bed utilization, which means we averaged 3 ≥ beds filled. This is the lowest census we have had in the past 12 months. For FY2018, our year to date is 77.6% bed utilization, which is above the 75% utilization required by Department of Behavioral Health and Developmental Services (DBHDS).

Community Recovery Services

Over the course of the last month, Community Recovery Services (Mental Health Case Management, Mental Health Skill Building, Summit House and Residential Services) began piloting a team approach to service delivery and treatment planning. This

involves members of each respective area with whom a client is working with along with the client meeting together to discuss client's goals and progress towards stated goals. This facilitates a collaborative conversation amongst the team and provides the opportunity to collectively identify steps to assist and support the client in reaching their goals.

In the last few months, our Mental Health Case Managers and Mental Health Skill Builders have been educating themselves and their clients on the changes associated with Commonwealth Coordinated Care Plus (CCCP). On October 1, 2017 CCCP began for our clients that are considered dual-eligible (receiving both Medicaid and Medicare). Staff have been assisting clients in understanding the benefits of their current managed care organization (MCO) and helping clients identify the one(s) that will be most beneficial to them. In addition, many of our clients rely on transportation that is coordinate by their respective MCO. With the transition that occurred on October 1, 2017, there has been some unexpected challenges associated with transportation that our staff have been diligently working to address on behalf of our clients.

Western State Hospital

For the month of September, Western State Hospital (WSH) Census report, we had an average census of 16 and a census/100,000 population of 11.9. Of note, our WSH census has steadily been increasing over the course of the last year. This may be explained in part by the change in legislation that requires WSH to be a hospital of last resort which means in the event that another hospital is not able to admit an individual who has been prescreened and meeting the criteria for a Temporary Detaining Order (TDO) WSH is required to admit them.

Emergency Services

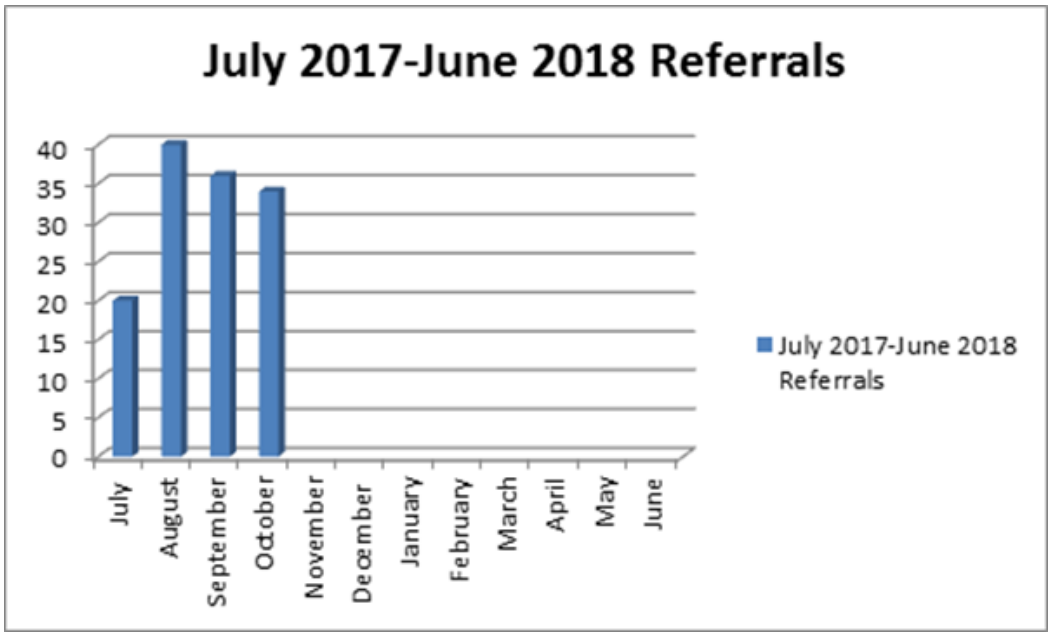
Emergency Services staff play a vital role in our community in helping individuals during times of crisis. One of the critical roles they play is to provide evaluations called prescreens, for individuals experiencing a behavioral health crisis. In October, ES staff completed 80 prescreens and 72 crisis contacts. This is an increase over September where they completed 68 prescreens and 58 crisis contacts. Prescreens are the evaluation of an individual to determine if they meet the criteria for a Temporary Detaining Order (TDO).

Child and Family Services

The infant and Toddler Connection (ITC) received 354 referrals in 2016-2017. Our goal for this current fiscal year is 385, and we are well on our way to meet that goal with 130 referrals in the first four months of the year. Our current child count is 145, and we are adding contractual workers to help with developmental services that focus on

behavioral issues that are typical for children with Autism and other developmental disorders.

	July	August	September	October
Total Referrals	20	40	36	34
IFSP Completions Per Month	20	19	12	24
Monthly Child Count	158	141	135	145

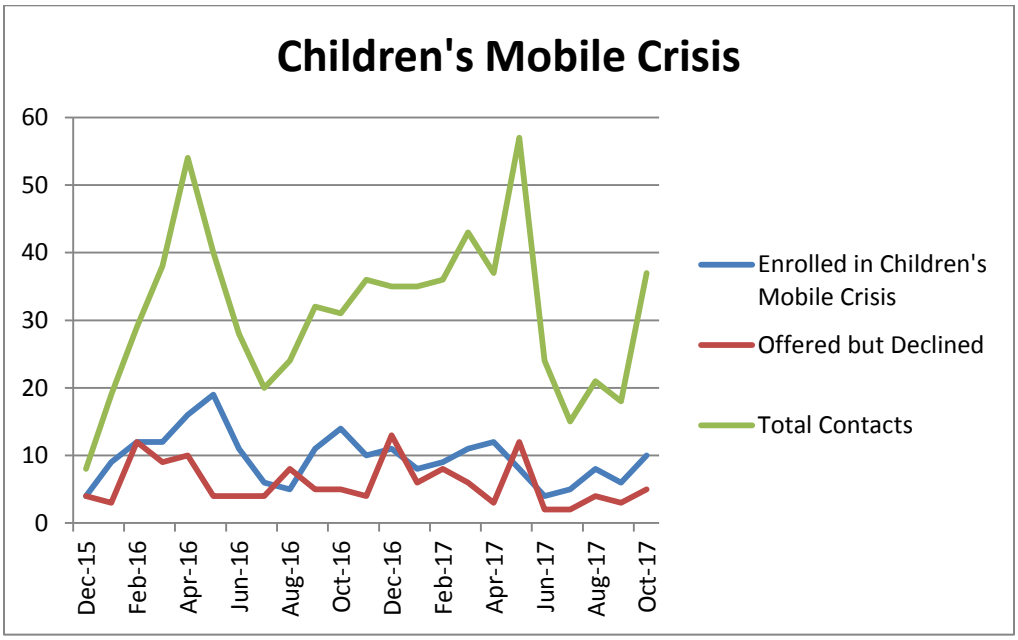


We currently have 202 clients open to children's mental health case management. We are enjoying the additional help of interns in that program to help give extra attention to our children and families. Our Family Care Coordination program is serving 11 clients who are receiving High Fidelity Wraparound services to help the families remain together and in the community.

In outpatient therapy, Stephanie May transitioned from Children's Mobile Crisis to Outpatient Clinician in October. She will be doing a combination of intakes and outpatient therapy. 26 new clients/families started for a total of 285 individuals in outpatient therapy.

For our school based Early Intervention program October was a busy month with many new referrals and high need for support for identified individuals. Both clinicians in the city schools are working hard to "push in" to classrooms within the alternative settings including psychoeducation classroom groups and art groups in addition to individual supportive counseling.

Children's Mobile Crisis welcomes Lori Keir-Benson as our new clinician. Lori comes to us from a local private provider where she did Intensive In-home Services and worked with many of our clients.



Developmental Services

Developmental Disability (DD) case managers billed 279 cases in October, which is a new all-time high for monthly billing. For perspective, our case management target five years ago was 170. Much of the growth in that time is in services to children and young adults. This is most likely due to two factors. First, we made it easier for both parents and schools to complete screenings for Developmental Disability Waiver services, and it is often through those screenings that case management needs are identified. Secondly several years ago, we shifted to provide case management to individuals who were receiving the Elderly and Disabled/Consumer Directed (EDCD) Waiver. The EDCD waiver provides personal assistance, nursing, and respite services, and a large number of recipients of this waiver are children or young adults. For much of the population served in developmental services, it is likely that they will continue to need services through their lives, and we therefore have comparatively fewer people that are discharged once they enter services.

In October we completed our second Waiver Slot Allocation meeting, where a volunteer committee, made up of community members, selects individuals to receive waiver slots. This month, the committee allocated two Community Living Waiver slots, and Six Family and Independent Supports waivers. These different types of waivers, with different

levels of services, should allow more individuals to get services that meet their individual needs. We are still waiting on the allocation of our Building Independence waiver slots, which will be allocated by region and not by each CSB catchment area. We currently have 241 individuals on our local Developmental Disability Waiver waiting list, with 104 of those being "Priority One", or rated highest level of need.

Other Agency Updates

All Staff Training

At the end of the month, most of our CSB staff were able to attend the training on how to maintain unity and resilience in a growing organization, an event organized by the Employee Engagement committee. The half day event featured a presentation by John Lord and Mary Davis Hamiln from the Center for Nonprofit Excellence, followed by remarks and a question and answer session with Executive Director, Ellen Harrison.

After-Hours Coverage by Emergency Services

In August 2017, the James Madison University (JMU) Counseling Center informed HRCSB that calls received after-hours, for those students living off-campus (approximately 75% of total student population), would be directed to the HRCSB Emergency Services After-Hours team. Historically JMU has provided both clinic-based and after-hours services to all students for both mental health and substance use concerns, with the exception of assessments for hospitalization. The Virginia Code §37.2-505 [2017] delineates community services boards shall "be responsible for coordinating the community services necessary to accomplish effective preadmission screening and discharge planning for persons referred to the community services board." As such, HRCSB will provide this service to persons in the Harrisonburg-Rockingham area. To date, there has not been a notable increase in calls received by JMU off-campus students that are not related to assessments for hospitalization. More recently, the outpatient behavioral health clinic of Sentara RMH Health Center has made a similar request for conversations specific to re-directing all after-hours calls to HRCSB. Ensuring callers receive prompt emergency assessments and referrals for further community / clinic-based treatment is our highest priority.