

HRCSB Board Report – January 2018

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Message from the Executive Director

The General Assembly convenes on January 10th for a long session of 60-days, under the new leadership of Governor Ralph Northam, to debate new legislation and the budget originally proposed by past-Governor Terry McAuliffe. The FY2019 budget includes completion of funding Same Day Access to services for all 40 CSBs, in addition to starting primary care screenings as well. There is language specific to Medicaid Expansion and a coinciding cut to CSB state general funds for this upcoming biennium. Additionally, there are several comprehensive studies for General Assembly Committees to consider including Alternative Transportation, Mental Illness in Jails, Financial Realignment, and Barriers to the Identification and Treatment of Substance-Exposed Infants, to name a few. However, there are also several other priority topics for the General Assembly to tackle including K-12 schools, I-81 safety/congestion, and the impact of the devastating opioid epidemic spreading through the Commonwealth. While a majority of the budget line items require careful consideration, the amount of available funds to expend remains limited. We will watch the work of the General Assembly closely and report out when decisions are affirmed.

Ellen Harrison, LPC, MBA

Administrative Services

As the state moves into full implementation of the Medicaid Commonwealth Coordinated Care Plus (CCC Plus) program on January 1, 2018, there has been much to prepare for on the administrative side. With contracting and credentialing complete, at least as far as we are able to confirm in this evolving system, Compliance staff are now working to prepare authorization form templates and run eligibility reports to determine who is in the program and to which of the six managed care organizations (MCOs) each individual is assigned. Based on current information, HRCSB will have about 700 Medicaid recipients in the CCC Plus program as of January 1st. On the clinical side there is much still not known about the interaction with Care Coordinators and we anticipate that our clients will have many questions as this new system unfolds. Each of the six MCOs needs to establish provider networks for all types of healthcare and we will need to assist in determining which providers are in network with each MCO.

We are learning more about the Virginia Department of Health Professional's Board of Counseling's new process for registering Qualified Mental Health Professionals (QMHP) that also begins on January 1st. This will impact staff in services that provide Medicaid billable services under the QMHP credential. Part of challenge is that staff hired after January 1st must be approved by the Board of Counseling (BOC) prior to beginning to provide billable services. We are not able to control how quickly the BOC will process applications.

Work on retooling the Same Day Access (SDA) model is continuing with recruitment for two Receptionist Navigator positions and an Engagement Specialist to provide more direct support to individuals moving through intake and secondary access to further services. Several staff visited Chesterfield CSB in November to learn about their SDA process which has a turn-away rate, meaning those individuals that are not able to be seen on the day services are requested, of about 1%. We were also able to see their newly renovated main reception area, getting ideas and taking a few pictures to use as we move forward with the new building design.

We completed the first year utilizing myLearningPointe software for required staff trainings, greatly improving the consistency and ability to tracking this training.

Adult Behavioral Health Services

Adult Outpatient/ Intake Services

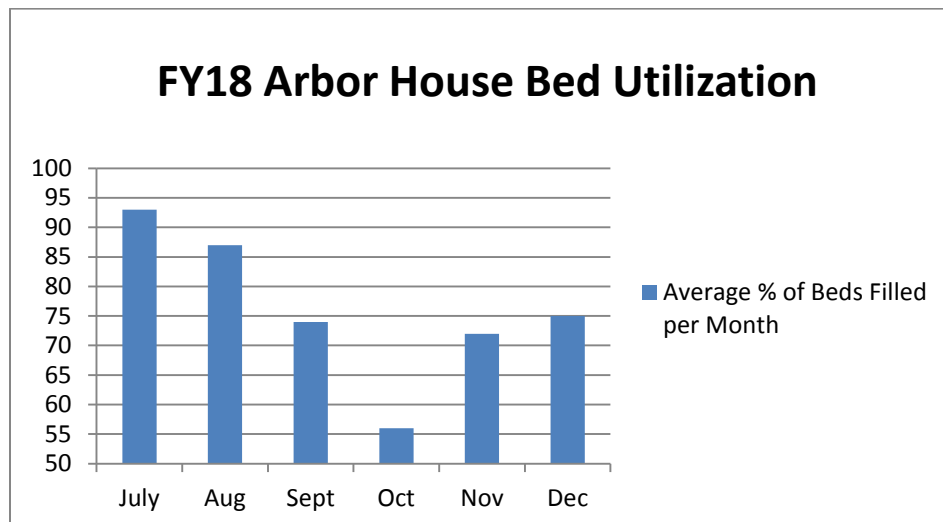
Our local Drug Court Program officially started in November with its first docket of Drug Court participants. The program provides participants an opportunity to engage in treatment and be held accountable through the court system through regular reviews with the presiding judge. To date we have three participants in the program. Participants who are identified as appropriate for Drug Court, and have been assigned to the drug court program, are assessed by our clinicians for the level of appropriate therapeutic intervention utilizing the American Society of Addiction Medicine (ASAM) criteria. In addition to substance use therapy, all participants are expected to complete Moral Reconciliation Therapy (MRT) which is provided by our Drug Court Case Manager. MRT is a cognitive-behavioral approach designed to increase moral reasoning with adult criminal offenders through structured activities and prescribed homework assignments. Participants are anticipated to be in the Drug Court program 18-24 months.

Arbor House (Crisis Stabilization Unit)

Historically Medicaid has been the only third party payer source that reimbursed for crisis stabilization services. Following the positive outcome of a pilot program between Region Ten CSB's Crisis Stabilization Unit (CSU) and Anthem Blue Cross/Blue Shield,

Anthem Blue Cross/Blue Shield has now included crisis stabilization services as a reimbursable service. Although Anthem is not a primary payer source for our CSU, it will still be a benefit for our agency and those clients who have Anthem Blue Cross/Blue Shield.

For December, Arbor House had a 75.1% bed utilization, which means we averaged 5 ≥ beds filled. For FY18, our year to date is 76.3% bed utilization, which is above the 75% utilization required by Department of Behavioral Health and Developmental Services (DBHDS).



Community Recovery Services

Over the past several months, Summit House has been moving towards increased opportunity for members to engage in community integration activities on Saturdays. Community integration activities focus on providing opportunities for members to engage and participate in their local community. During the month of December, activities included an organized trip to the local movie theater to see a holiday movie and an organized trip to go holiday shopping. These outings have been well received by the members.

Western State Hospital

For the month of November, Western State Hospital (WSH) Census report, we had an average census of 19 and a census/100000 population of 14.5.

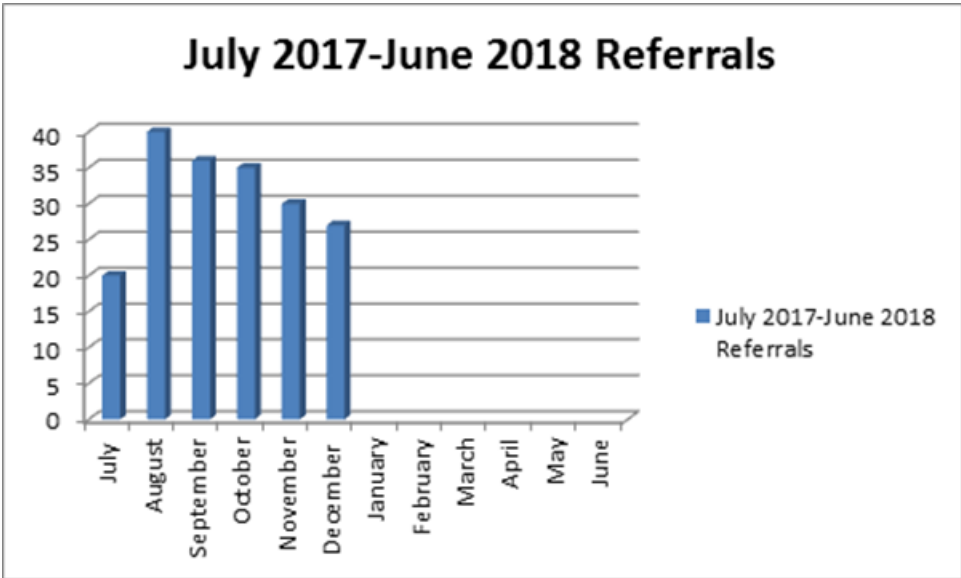
Emergency Services

Adult Mobile Crisis team has recently undergone a transition in staff. Katrina Dido who had been working as the clinician on the team resigned mid-December and we have hired Kimberly Overstreet as the new Mobile Crisis clinician. Kimberly joins our team

with a wealth of experience, with the most recent being part of SRMH’s Psychiatric Emergency Team (PET).

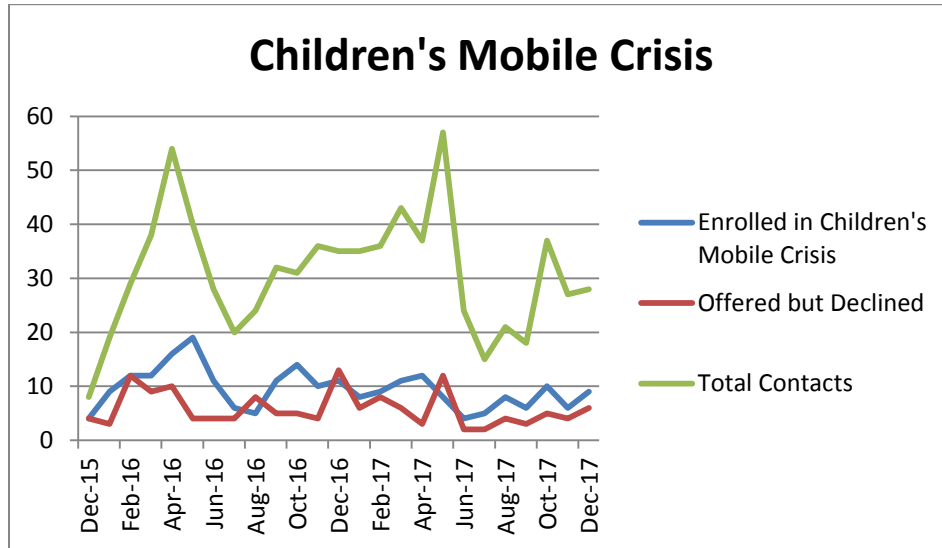
Child and Family Services

The Infant and Toddler Connection (ITC) of Harrisonburg-Rockingham had 169 children open in the month of December. They received 27 new referrals for the month, which is up five from December 2016. The total number of referrals received thus far in the fiscal year is 188, which is up 39 from the same time period in 2016. We continue to add contractors to meet the need of the families, especially in the area of occupational therapy.



Gene Feight retired after 33 years of working for the CSB. He had been our main intake clinician for almost two years and will be greatly missed. As we move and plan for Same Day Access (SDA), we will be hiring two licensed clinicians to help with the high demand for services. We are happy to report that we have had several promising interviews so far. Our two newest therapists, Stephanie May and Crystal Armstrong began seeing clients in November. They have been splitting their time between doing intakes and building a caseload. We added 47 new clients in November and 29 in December, which brings our total up to 337 children and adolescents in outpatient services. Our early intervention program, through our partnership with Rockingham County Schools, is being well utilized and in December saw 53 middle school students. In the Harrisonburg City program, we saw 75 middle and high school students. We currently have 202 clients being served by children's case management service, and 11 in family care coordination. We are enjoying our two interns from Eastern Mennonite University and look forward to welcoming two from James Madison University later in the month.

Children's mobile crisis saw 378 children in 2017. The service is well utilized and our community partners refer to us regularly.



In December our Behavioral Health and Wellness Coordinator provided Trauma and Resilience training to 13 teachers at Fulks Run Elementary School. There will be a second training for J. Frank Hilliard Middle School in January 2018. Beginning in late December, in partnership with Regal Cinema, we began running ads for marijuana use prevention. According to our local needs assessment, most students use marijuana for stress relief. Our Public Service Announcement is focused on alternative coping strategies and looking to adults for help.

Developmental Services

Developmental Disabilities case managers exceeded billing targets in November (274), and again in December (275). Thanks to all members of the team for taking on extra clients and responsibilities while we've worked to fill our vacant case management position. Our contracted case managers, through Valley Associates for Independent Living, provided case management for 18 individuals receiving waiver services in November and December.

We were to fill our new Community Outreach/Waiver Screener position in December. We look forward to incorporating this position into our team. One of our goals in creating the position was to improve our intake process in order to make it as customer friendly as possible, for example by offering community based intakes and single point of contact. Additionally, we look forward to freeing up case management and other resources which we've been using to cover our high volume of referrals.

There are currently 245 individuals on the Harrisonburg-Rockingham Developmental Disabilities Waiver waiting list. Of those, 108 are in the highest level of urgency, priority one. There are 67 individuals 21 years of age or younger who are determined to be priority one.

We completed another discharge from the Central Virginia Training Center in December, reducing our local census to just one individual. We are hoping to move out our last individual sometime in early spring.

We learned in November that the regional child's mobile crisis position, operated by REACH and Horizons Behavioral Health, would no longer be housed at our CSB, and will be instead almost entirely community based. We have appreciated working with REACH, Horizon's Behavioral Health, and with Molly Pallavicini over the past year.

In December, Donald Fletcher, Independent Reviewer for the Department of Justice Settlement Agreement, issued his most recent report on our current state of compliance. Although the report acknowledges many areas of progress (notably in housing), there are several areas of concern noted where community service boards have not made substantial progress toward fulfilling the provisions of the agreement. Some examples include poor development of employment goals and opportunities, lack of offered choice of case managers, and substandard documentation of changes in status. The Department of Behavioral Health and Developmental Services is developing guidance to assist CSB's with meeting full compliance, while in the meantime we're reviewing our own processes to see where any improvements can be made.

Other Agency Updates

Employee Engagement

HRCSB staff raised over \$470 dollars for the Summit House Pear Street Fund through the creation and internal sale of cookbooks made up of recipes submitted by employees.