

HRCBSB Board Report – February 2018

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Message from the Executive Director

While it was bitter cold outside, things have been moving at rapid fire pace inside. In January, the Rockingham County Board of Supervisors and the Harrisonburg City Council approved for HRCBSB to move forward with contracting for architectural, engineering and construction services for a significant expansion of working space. We are extremely grateful for the strong support from both governing bodies. We are grateful to be part of a community that cares about each citizen and works within strong partnerships to create a healthy community.

Ellen Harrison, LPC, MBA

Administrative Services

The agency is gearing up to implement the retooled model for Same Day Access (SDA) intakes in adult services and begin SDA for the first time in children's services in early March. The framework for the new approach has been established and subgroups of staff are working to fill in the details. Weekly emails to all CSB staff have begun to prepare and educate regarding the new approach. We are also exploring how to most effectively get the message out to referral sources and the community. A significant step is recent clinical and administrative hiring for SDA positions, including both Receptionist Navigators from seasoned HRCBSB clerical staff. Cynthia Parsons and Charlene Gilley will officially transition to their new roles as of February 16th and will be gradually adding the Navigator duties and moving away from other roles over the ensuing weeks. A few office moves have occurred to better centralize staff involved with intakes and we are working on "scripts" to help guide how we will respond to both the usual and unusual scenarios in any given day of walk-ins.

The Medicaid Commonwealth Coordinated Care Plus (CCC Plus) program began on January 1, 2018 with about 350 HRCBSB consumers moving into the program as of that date. The preparation done ahead of time has paid off in terms of getting new insurance information into the electronic health record and completing some authorizations. The program has a 90 day continuum of care period which provides some start-up continuation of services with authorizations and registrations required to

the new Managed Care Organization (MCO) by April 1st. Compliance staff participated in weekly statewide calls with Medicaid and MCO personnel which highlights ongoing challenges and confusion. We hope that this will begin to abate so that billing for service delivery is not negatively impacted.

The Virginia Department of Health Professions' Board of Counseling's (BOC) new process for registering Qualified Mental Health Professionals (QMHP) also began on January 1st. We are currently registering "grandfathered" staff already employed in these positions with 14 individuals in process and another 35 or so current staff yet to be registered. Compliance and HR staff are outlining a protocol for newly hired staff working in positions that require the QMHP credential. It is imperative that we are timely in the submission of the application and supporting documentation because these staff will not be able to provide billable services until approved by the BOC.

We anticipate posting the Request for Proposals (RFP) for Architectural and Engineering services related to the building project in the next several weeks.

Adult Behavioral Health Services

Adult Outpatient/ Intake Services

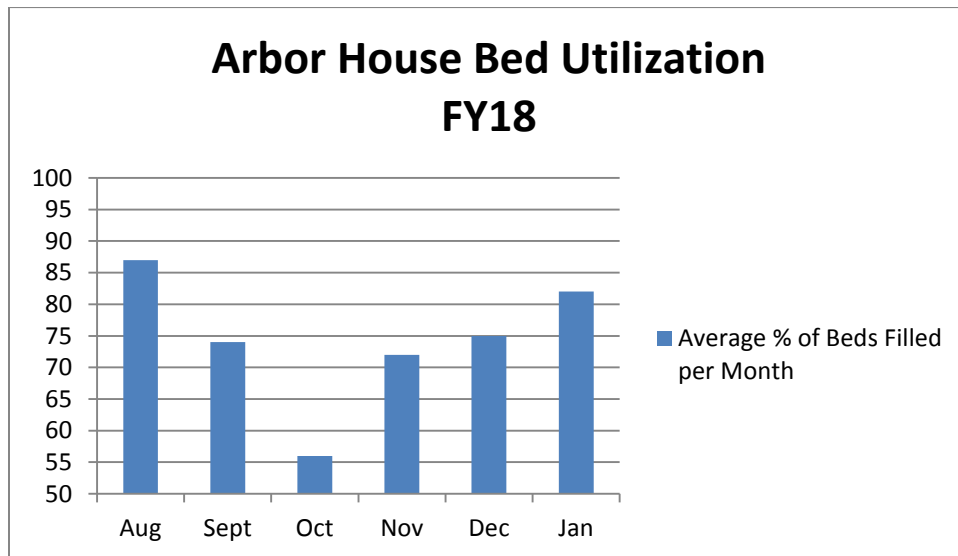
Our Adult Outpatient Team continues to provide Same Day Intakes for adult clients seeking mental health or substance abuse related services. During the month of January, staff completed 102 intakes. This is an 18% increase in the number of completed intakes compared to the monthly average of 84 completed intakes for the first six months of this fiscal year. The increase in the number of intakes completed is largely due to additional staff resources being made available.

The Drug Court Program is in its third month of operation and we currently have 10 participants. Each participant is provided case management services for the duration of their time in the Drug Court Program. In addition, each individual is recommended an appropriate level of treatment based on the outcome of the ASAM, a standardized substance use assessment tool recognized by the state.

Our Substance Use Intensive Outpatient Program (IOP) continues to be well utilized and currently is running at capacity, which is 10 participants. We are in the process of evaluating the need for expanding our IOP program in order to serve additional individuals.

Arbor House (Crisis Stabilization Unit)

For January, Arbor House had an 82% bed utilization, which means we averaged ≥ 5 beds filled. For FY2018, our year to date is 77.1% bed utilization, which is above the 75% utilization required by Department of Behavioral Health and Developmental Services (DBHDS).



Community Recovery Services

During the month of January, several of our Community Recovery Services staff organized a two part in-service learning opportunity for a local adult living facility. The first in-service will focus on an introduction to mental health and the second will focus on understanding trauma and resiliency. The in-services will take place during the month of February. We are excited about this opportunity to partner with our community’s private providers to enhance their knowledge and build relationships amongst our organizations.

Mental Health Case Management (MHCM)

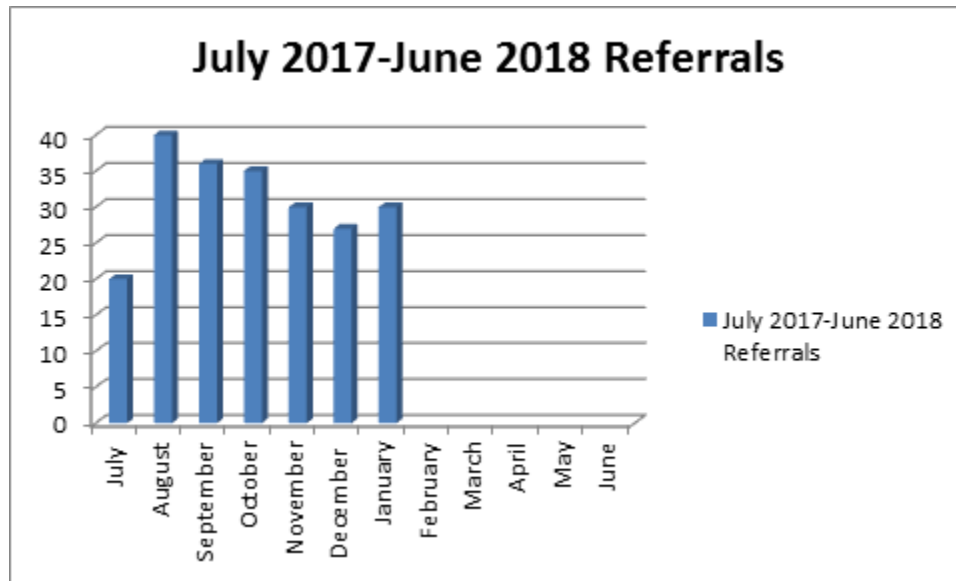
Over the last six months the MHCM team has transitioned from being a primarily office-based service, where staff spent a good portion of their time making phone calls and meeting with clients at the center, to a community-based service, where they are engaging in-person with the client at the center and in the community. We believe this shift to community-based services will have a positive outcome for our clients and is in alignment with recovery-oriented, person-centered treatment.

Western State Hospital

For the month of January, Western State Hospital (WSH) Census report, we had an average census of 18 and a census/100000 population of 13.7.

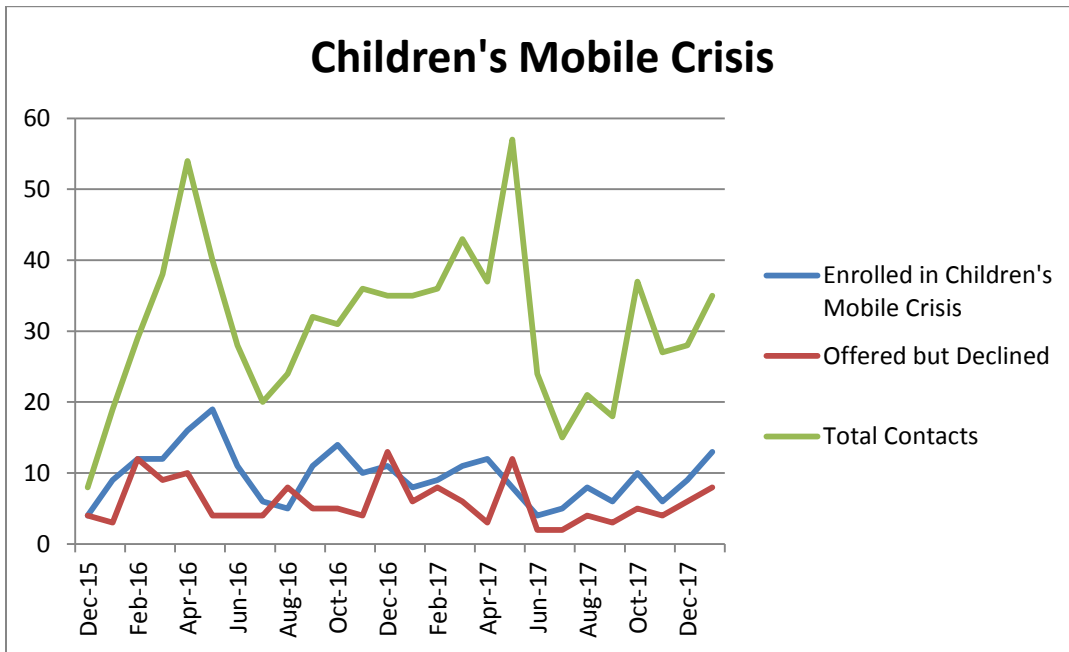
Child and Family Services

Our Infant and Toddler Connection program has hit record numbers of children and families being served. In January our child count was 177, with 30 new referrals coming in to be assessed. We have received 218 referrals from July 1, 2017 to January 31, 2018, which is 31 more than the same time period in 2016. We have brought on a new Occupational Therapist through our contract with the Speech and Language Center, but are still searching for a Physical Therapist.



In our children’s outpatient services, we are working hard to clean up the waitlist for intakes as we make our way toward Same Day Access (SDA). We have hired two new therapists to work as intake clinicians. Brynne Fretwell, who is currently a children’s mobile crisis clinician will be moving over to her new role along with Erica Clymer, who comes to us from a private agency. We are currently recruiting for the now open children’s mobile crisis clinician. In January, we opened 35 new therapy cases, which gives us a total of 351 children in the outpatient program. We are serving 10 children in the Family Care Coordination program and 205 in children’s case management. Our court ordered groups are also being well utilized. We just graduated four teens from Second Chance group and have eight registered for the February group. Choices program is currently running with five court ordered youth participating. We have also had requests for 16 substance abuse evaluations from Rockingham County Public Schools since December 2017. Our wellness coordinator provided a training for J. Frank Hillyard Middle School and Fulks Run Elementary School on trauma and the impact it

has on childhood development and behavior. She will be doing a training this month at Elkton Middle School on the same topic.



Developmental Services

Developmental Disabilities case managers exceeded billing targets in January (275). We were able to fill our vacant case manager position in January, and we look forward to starting February off fully staffed. Our community outreach/intake specialist has also been taking on greater responsibility since moving into the position in December. In January we completed nine Developmental Disability Waiver screenings, and added those nine individuals to the Developmental Disabilities Waiver waiting list. Our current waiting list stands at 241 individuals, 110 of the 241 are listed as “priority one”, or in immediate need of waiver services. We also have 132 individuals on the DD Waiver waiting list aged 18 or younger. In early February, we will be assigning three waiver slots through the waiver slot allocation committee. These are not additional slots, but are instead slots which are being reassigned from individuals who have either died or have given up their slot for other reasons.

We learned in January that we will have to make changes to how we are able to provide case management for individuals with developmental disabilities who do not have an intellectual disability. This population includes people with developmental disabilities such as Autism, Cerebral Palsy, and Traumatic Brain Injury. Under the regulations in place since the waiver redesign in 2016, we were allowed to provide case management to individuals with all developmental disabilities who were on the DD Waiver waiting list

awaiting a waiver slot. Under this new clarification, in effect in January 2018, we can only provide active case management to individuals on the waiting list if they have a diagnosis of an Intellectual Disability. For those without a diagnosis of intellectual disability, we can offer a limited type of case management based on specific, short-term service needs. We are in the process of getting this new information out to families and other stakeholders, and with developing a process for providing this type of case management in accordance with the clarification.

Other Agency Updates

Employee Engagement

In January, the Employee Engagement committee completed an all-staff employee engagement survey, our agency's second such survey in 3 years. We were pleased with the level of participation and with the helpful comments from staff. In both the survey results and the comments there were some common themes which stood out. While overall very positive, there were some concerns about improving communication, long term staff retention, and questions about bonuses. The survey results provide information as we work to map out our employee engagement plan for 2018.

HRCSB 2017 Annual Report

The 2017 Annual Report *Beyond the Traditional...* was released in January 2018. This particular report highlights the work accomplished that is not considered traditional in terms of service delivery and includes highlights about mobile crisis, peer supports, jail-based services, REVIVE! trainings, and many more such approaches. The report is the culmination of many hours of content submission, interviews, re-drafting and final publication approvals. We take pride in delivering this annual report to our stakeholders, including having it posted on our website <https://www.hrcsb.org/wp-content/uploads/2016/07/HRCSB-2017-Annual-Report.pdf>

Community Needs Assessment

We are pleased to convey that our first Community Needs Assessment has been drafted and disseminated in English, Spanish and Arabic, for public response through March 15, 2018. The needs assessment link was disseminated via e-mail to many larger 'group lists', Harrisonburg City Social Media (Facebook), posted on our website, Harrisonburg Community Health Center website, hard copies for Harrisonburg-Rockingham Free Clinic patients, and WHSV (local TV station) covered a brief segment as well. We are hopeful that the response will be strong so that assumptions can be extracted with some confidence on strengths and weakness in our service delivery of mental health, substance use and developmental disabilities services. We will be sharing our results with other partnering agencies with the intention of building conversations and strategic plans towards creating a healthy community.