

HRCBS Board Report – April 2018

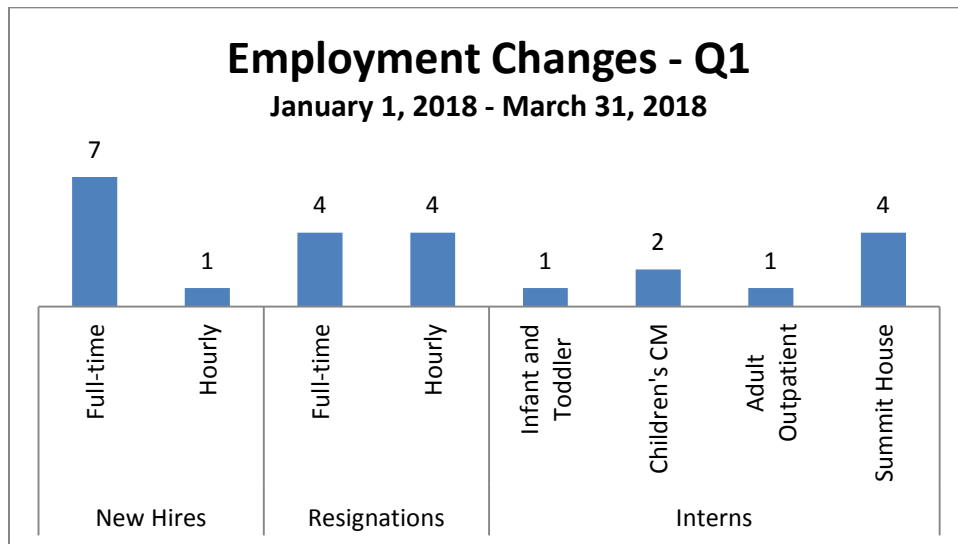
Ellen Harrison (Executive Director) **John Malone** (Developmental Services)
Lynn Grigg (Child and Family Services) **Holly Albrite** (Administrative Services)
Rebekah Brubaker (Adult Behavioral Health)

Message from the Executive Director

We enjoyed a visit from the Interim Commissioner of the Department of Behavioral Health and Developmental Services on March 14, 2018. Dr. Jack Barber came to HRCBS to engage in a conversation around how we were managing the new initiatives of Same Day Access, Commonwealth Coordinated Care [Plus], workforce recruitment and retention, changes in developmental disability services, and the potential impact of Medicaid expansion. He was also given tours of the clinics for both adults and children. Historically, Dr. Barber has been a staunch proponent of community based services as the most efficient and effective way to deliver services to those in need. He has been the driving force behind the success of Systems Transformation for Excellence and Performance (STEP-VA) as the pathway for all 40 CSBs to strengthen and standardize the public health system. We look forward to his leadership through the next biennium.

Ellen Harrison, LPC, MBA

Employment Changes



The previous chart outlines Employment Changes as well as Internships from the first quarter January 1, 2018 – March 31, 2018. This quarter Harrisonburg-Rockingham Community Services Board added four full-time positions to the staff:

1. Two -Sr. Receptionist/Navigator
2. Client Engagement Specialist
3. Same Day Access Lead Clinician
4. Reimbursement Liaison – McNulty.

4th Quarter 2017 positions added:

1. Community Outreach & Intake Specialist
2. Drug Court Case Manager
3. Infant Developmental Specialist
4. Children’s Mental Health Case Manager
5. Credentialing Specialist

Currently, as of the first quarter of 2018, Harrisonburg-Rockingham CSB has a staff made up of:

- 18% Administrative Staff
- 15% Licensed or License Eligible Staff
 - 9% Serving Adults
 - 6% Serving Children
- 34% Hold a certificate to deliver services
- 10% Medical Staff

Contractors were included in the overall total for percentages.

Updated information will be provided quarterly

Administrative Services

Same Day Access (SDA)

The retooled process for adult intakes began on March 5th and McNulty Center started a soft rollout for waiting list intakes the following day with full implementation on March 20th. As the data below indicates our number of walk-ins is robust and remains higher than expected especially at Main Street. On the positive side we have been able to better allocate resources to offer an intake on the same day to the vast majority of walk-ins. Our equally important challenge is to be sure that we don’t trade a bottleneck at the front door for more demand than we can accommodate once in services. In order for the model to ultimately be fully successful we must also be able to accommodate secondary access (the first appointment after intake) and keep individuals moving through our system as clinically appropriate.

Same Day Access – March 5 through March 30 2018

- ❖ 211 walk-in events
 - 170 at Main Street
 - 41 at McNulty
- ❖ 135 intakes completed (64%)
 - 97 at Main Street
 - 38 at McNulty
 - 13 intakes required an interpreter
 - 6 walk-ins were hospital discharges
- ❖ 76 not completed at first walk-in during March
 - 20 intakes completed during a follow up visit (26%)

Reason for Non-Completion	Number of Walk-Ins
Arrived outside of intake hours	23 (30%)
Individual could not stay expected required time (approx. 2 hrs total)	13 (17%)
Individual chose not to stay	10 (13%)
Referred out to another service/provider	7 (9%)
Clinical staff not available to do intake	5 (7%) * <i>all on one day when there were 21 walk-ins</i>
Crisis event	2 (3%)
Other – no reason given	16 (21%) * <i>reflective of initial month of data tracking</i>

Building Project

Following Board approval in December to move forward with planning for construction of a new building at the Main Street campus and a renovation and addition to McNulty Center, a Request for Proposals (RFP) was issued on March 26th for architectural and engineering (A&E) services to continue with the design phase of the project. We hope to make an A&E selection by late April or early May and will then move into selection of a project delivery method for construction.

By-Laws

The Board’s By-Law review will be finalized at the May Board meeting following the required written notice at least two weeks before the meeting date.

Credentialing: We have submitted application forms for thirty staff to the Virginia Department of Health Professional’s Board of Counseling’s (BOC) to be certified as qualified Mental Health Professionals (QMHP) in a new credentialing process that began on January 1st

Adult Behavioral Health Services

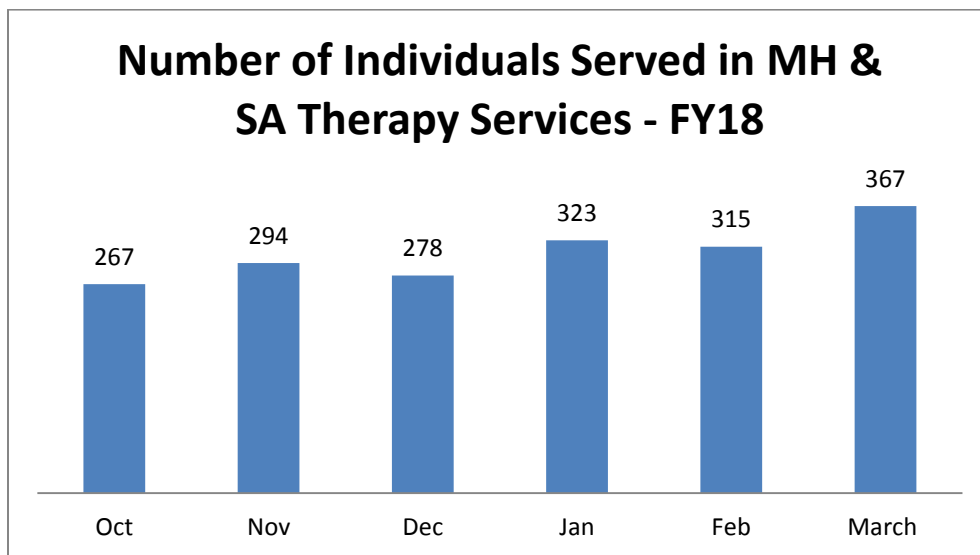
Same Day Access

Over the last several months, the Adult Services staff have been working as part of the agency’s Same Day Access team to make needed adjustments to our Same Day Access model. Several of the more noticeable adjustments for clinical staff include a revamping of the agency’s no-show policy for clinic-based appointments (i.e. individual and group therapy and medication management) which includes an outreach component in efforts to engage individuals in treatment and/or help address any barriers to accessing services, hiring of two new clinical positions, Client Engagement Specialist and Same Day Access Lead Clinician and finally altering walk-in hours to address staffing capacity. These changes have enable our agency to improve our ability to successfully manage the volume of individuals seeking services.

Adult Outpatient

Our Adult Outpatient Team is a vital part of the Same Day Access Clinical team, providing the majority of the intakes for individuals. In addition to their responsibilities with intakes, they are also balancing the on-going therapy needs of our clients with mental health and substance use issues by providing individual and group therapy.

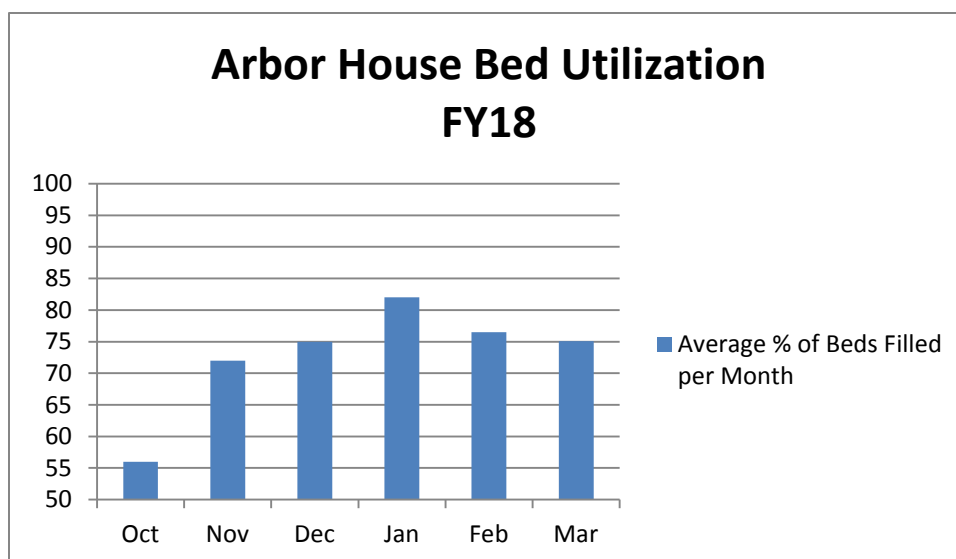
The Adult Outpatient Therapists provided services to 367 unique individuals in mental health and substance use services during the month of March, this is a 22% increase over the number of individuals served in March of 2017. In addition, over the last six months there has been an steady increase in the number of clients being served in outpatient therapy services.



Due to the growing needs of those seeking services, we continue to work towards balancing the on-going need for individual and group therapy. We anticipate in the next few months expanding the number of groups that we offer to better accommodate the number of individuals seeking services.

Arbor House (Crisis Stabilization Unit)

For March, Arbor House had a 75.1% bed utilization, which means we averaged 5 ≥ beds filled. For FY18, our year to date is 76.9% bed utilization, which is above the 75% utilization required by Department of Behavioral Health and Developmental Services (DBHDS).



Community Recovery Services

Summit House

On March 24th several Summit House members along with staff attended the Walk for Hope event that was hosted by Bridgewater College. Walk for Hope is an annual event that is a collaboration between local community members, Blue Ridge Community College, Bridgewater College, Eastern Mennonite University and James Madison University to raise awareness about depression and suicide.

Western State Hospital

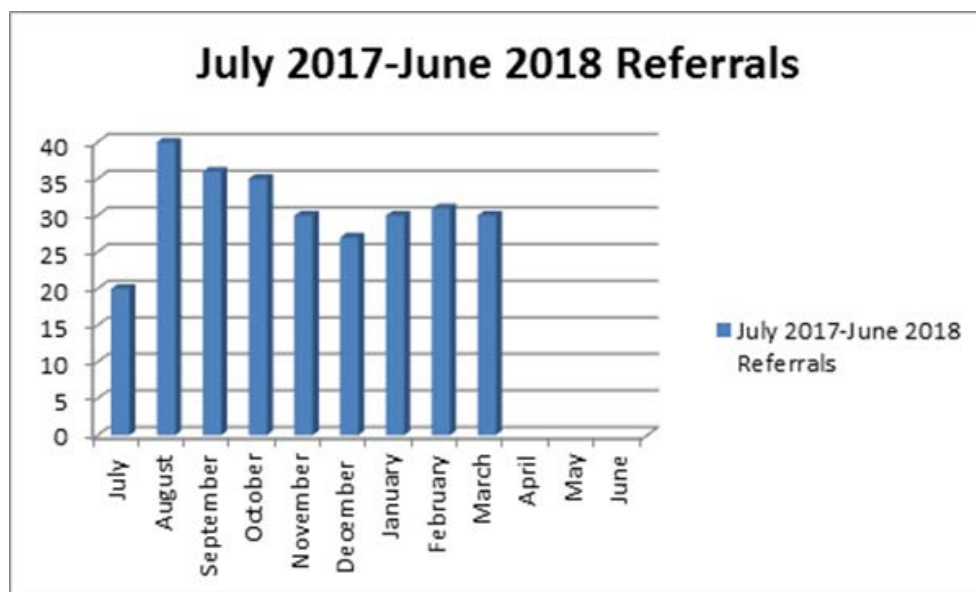
For the month of February, Western State Hospital (WSH) Census report, we had an average census of 17 and a census/100000 population of 13.2.

Emergency Services

Emergency Services staff continue to be busy responding to the needs of those in crisis both at the center and within the community. During the month of March, ES team completed 80 prescreen evaluations. Prescreens are the formal assessment that ES staff complete when evaluating an individual to determine if they meet the criteria for requesting a Temporary Detention Order (TDO) for involuntary hospitalization or continue to meet the need for involuntary hospitalization once an individual has been hospitalized. For FY18, the ES team has averaged 75 prescreen assessments per month, this is an increase from FY17 where the team averaged 68 assessments per month. The exact cause of the increase in prescreen assessments over the past year is unknown, several potential causes could include the general growth of population within our community, the increase of co-occurring (mental health and substance use) issues, and/or a greater awareness among community partners regarding accessing crisis services. One such partnership over the past several years has been our involvement with Crisis Intervention Team (CIT) trainings. This partnership has allow us to be part of the training that officers receive on understanding and responding to community members who have serious mental illness and/or experiencing a mental health crisis.

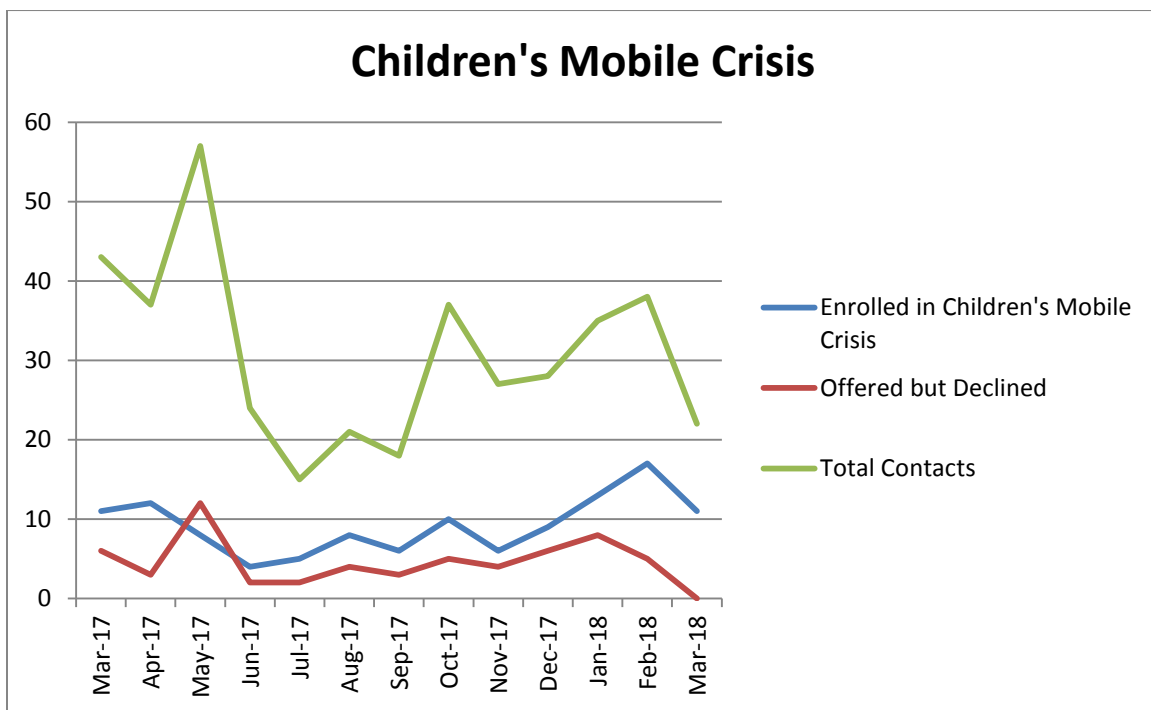
Child and Family Services

Our Infant and Toddler program continues to grow and our current child count is up to 178 families. We received 31 referrals in February and 30 in March. We are sorry to say that Yuliana, our clerical help is leaving us, so we are currently recruiting for her replacement. We also have a vacancy in our developmental staff and will be advertising for that position very soon.



In preparation for Same Day Access (SDA), we hired two new outpatient therapists to provide intakes and to carry a caseload. Erica Clymer comes to us from a local private provider and is bilingual in Spanish/English. Brynne Fretwell switched from her role as a Children’s Mobile Crisis worker to become our other new therapist. We welcome both to their new positions! Our numbers continue to grow in outpatient therapy and we brought in 25 new cases in February and 39 in March. This brings our total caseload up to 367 children and adolescents. On March 6 we began SDA at the McNulty Center. We got off to a good, if not slow start and we will be better informed in April about the actual need. This month, with snow and Spring Break probably lowered the number of walk-in clients.

Children’s Mobile Crisis saw 38 referrals in February, and 22 in March. Brynne has been doing duty in the CMC on days we don’t provide intakes, and will continue to do so until her vacated position is filled. We have been recruiting for CMC and currently have two interviews scheduled.



Developmental Services

Developmental Disabilities Case Managers continued to exceed billing targets for both February (277) and March (278). Contracted case managers provided additional billing in February (19) and March (16). By filling a vacant position in February, the team is



now operating at full strength, with a supervisor, twelve full time case managers, one hourly case manager, a program assistant, and an intake specialist.

In February our Community Outreach/Intake Specialist took over primary responsibility for reviewing referrals and completing all initial screenings. Including the very end of January, the intake specialist completed 21 DD waiver assessments, resulting in 18 individuals added to the Developmental Disabilities Waiver waiting list. We're pleased that the addition of this position is resulting in better service for clients and their families by way of faster response times, quicker follow-up, and a more streamlined path toward services. At the same time, we're keeping an eye on our capacity and our intentions to keep caseload sizes manageable.

Three individuals from our local Developmental Disabilities Waiver waiting list were awarded Community Living slots in February, after a meeting by the Waiver Slot Allocation Team. We're currently serving around 335 individuals, including clients receiving case management through a contracted agency.

In March we began offering a modified form of case management, called "special service need" case management to individuals on the Developmental Disabilities Waiver waiting list who do not have an intellectual disability. Based upon clarification from DMAS, those individuals (for example, those with autism), cannot receive ongoing case management services if they do not have a waiver slot.

As a follow up to the Department of Justice Independent Reviewer report issued in January, Interim Commissioner Jack Barber issued a request that all CSB's demonstrate their ability to meet certain performance objectives within DD Case Management (for example, that client risk factors are adequately addressed, client outcomes are measurable, etc.). Our CSB is represented on a workgroup convened to provide guidance on how CSBs can best address the concerns brought forward in the Independent Reviewers report.

Other Agency Updates