

# HRCBS Board Report – May 2018

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

## Message from the Executive Director

The institution of a new Governor generally leads to changes in key positions of Secretary of Health and Human Resources and the Commissioner and Chief Deputy Commissioner of the Department of Behavioral Health and Developmental Services. As such, announcements have been made for the new appointees:

Secretary, Health and Human Resources	Daniel Carey, MD
Commissioner, DBHDS	S. Hughes Melton, MD, MBA, FFAFP
Chief Deputy Commissioner, DBHDS	Mira Signer

Since the public system of care is fairly large and complex, it will take some time to fully understand how all the moving parts fit together. Dr. Melton has hit the ground running by scheduling meetings and forums within the first 48 hours of taking office. We were fortunate to have had such exemplary leadership from DBHDS under the leadership of Dr. Jack Barber and look forward to a continued partnership, under new leadership, over the next four years.

The Senate reconvenes on May 14, 2018 to begin their work on evaluating a budget for Virginia with the most recent economic forecasts for FY2019. The General Assembly will be under pressure to move quickly towards resolution of a budget before July 1, 2018 to avoid a government shutdown and subsequent turmoil for many agencies dependent on state funds. The expansion of Medicaid is certainly at the crux of the debate, including how and who pays for the expansion.

*Ellen Harrison, LPC, MBA*

## Administrative Services

The agency has numerous trainings that staff are required to do at time of hire and for some, annually thereafter. Much of this training is required by various regulatory entities such as the Department of Behavioral Health and Developmental Services licensure requirements, HIPAA and Human Rights regulations, and increasingly, trainings required by Managed Care Organizations. Others involve topics that the agency places a

priority on such as Trauma Informed Care. Out of necessity, the agency had a fairly decentralized approach to coordinating the various trainings. We took a big step forward about 18 months ago with the purchase of a training software product called MyLearningPointe. This has made online training and tracking much easier and flexible to meet staff needs and locations. Some training must be done in person and requires much coordination and scheduling. We have currently pulled together a workgroup under the leadership of Kathy Nelson, our Compliance Supervisor, to make sure that these trainings, such as First Aid and CPR, have a lead staff person and that schedules are timely and do not overlap. This will enable us to have a stronger system of oversight and identification of gaps especially when we have transition in positions who have acted as the point person for a particular training.

The Department of Behavioral Health and Developmental Services is in the process of issuing emergency revisions to their Licensing regulations that will include several new requirements related to the way that programs categorize and follow up on serious incidents. This is in response to the ongoing effort to comply with the Department of Justice settlement agreement in Developmental Services, but will apply to all licensed services. Although the regulations are not yet final, we are anticipating that the new requirements will increase the time and processes required to meet a variety of risk management and reporting expectations. We are assessing the implications for staff resourcing in the risk management area.

We are in the process of reviewing and following up on the Request for Proposal responses for architectural and engineering services and hope to have a selection made during May.

## Adult Behavioral Health Services

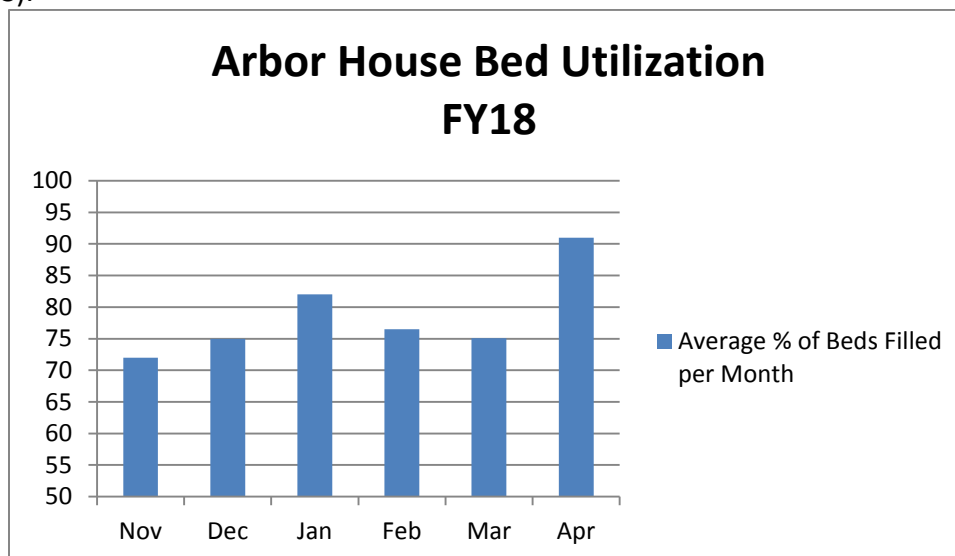
### **Substance Abuse Intensive Outpatient Program (SA IOP)**

Our SA IOP program has been in full swing since July 2017. Since that time we have had 11 clients successfully complete the program. The majority of our clients have continued in less intensive outpatient services as a means of continuing their recovery journey once completing the SA IOP program. Of note, we had one graduate who asked to return to speak to the SA IOP group on his 100<sup>th</sup> day of being in recovery. The graduate had an opportunity to share his story and offer hope and encouragement to those clients currently in the program. Another successful participant reached out to his SA IOP therapist 6 months following the completion of the program to let them know that he has continued his recovery, is in a meaningful relationship and is employed. He contributed these successes to the skills and work that he was able to do through his participation in the SA IOP program. It is inspiring to learn of the work and dedication of

the participants in the program and the leadership that is provided through the work of the SA Therapy team.

## Arbor House (Crisis Stabilization Unit)

For April, Arbor House had a 91.9% bed utilization, which means we averaged 6 ≥ beds filled. For FY18, our year to date is 78.3% bed utilization, which is above the 75% utilization required by Department of Behavioral Health and Developmental Services (DBHDS).



## Community Recovery Services

### Residential Support Services

Our adult residential services provide supportive housing to 16 individuals in two locations. The primary goal of the program is to provide safe and supportive housing to individuals transitioning from the state hospital into the community. The program also admits other individuals, open to the CSB and referred by their case manager, who would benefit from mental health interventions in a residential setting. Within our supportive housing program we provide one-on-one skill building time between the resident and a staff member. The program uses a skill-building model that begins with an assessment of client goals, discovery of strengths and needs across life domains, and then formulates an individual service plan relating to wholeness and wellness in physical and mental health, social connectedness and functions of daily living, especially oversight of medication administration. Staff use a person centered approach through skill building to support the client in their recovery. The program offers a community atmosphere through weekly house meetings, meals and social activities.

We are fortunate to have a few different types of housing arrangements to help meet the varying needs of our clients; for example we have single and double occupancy apartments, as well as single rooms within a shared house. This has afforded several of our residents whose goals are to live independently, the opportunity to progress through different living arrangements and ultimately move out of supportive housing.

## Western State Hospital

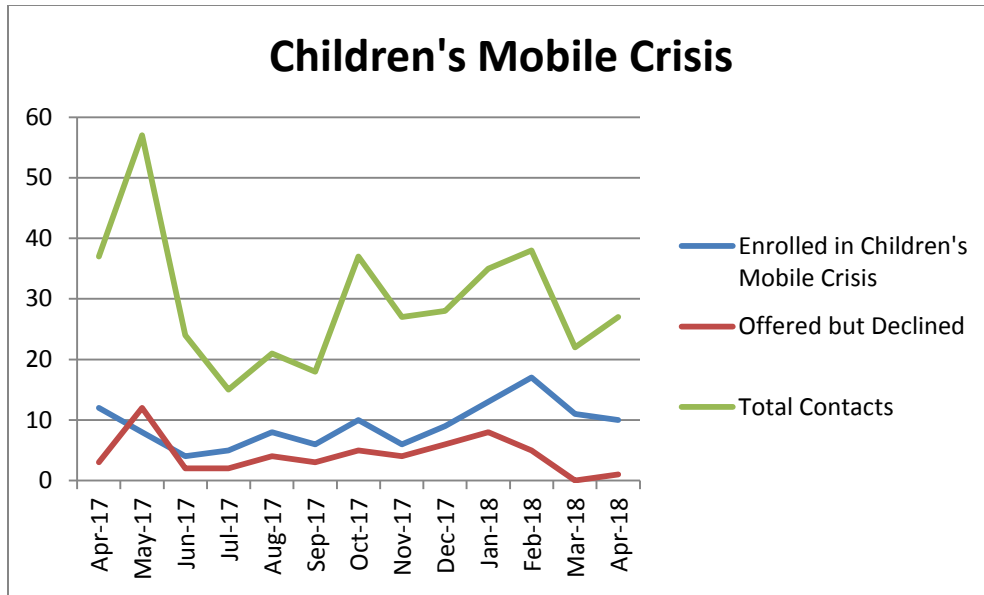
For the month of March, Western State Hospital (WSH) Census report, we had an average census of 17 and a census/100000 population of 13.2.

## Emergency Services

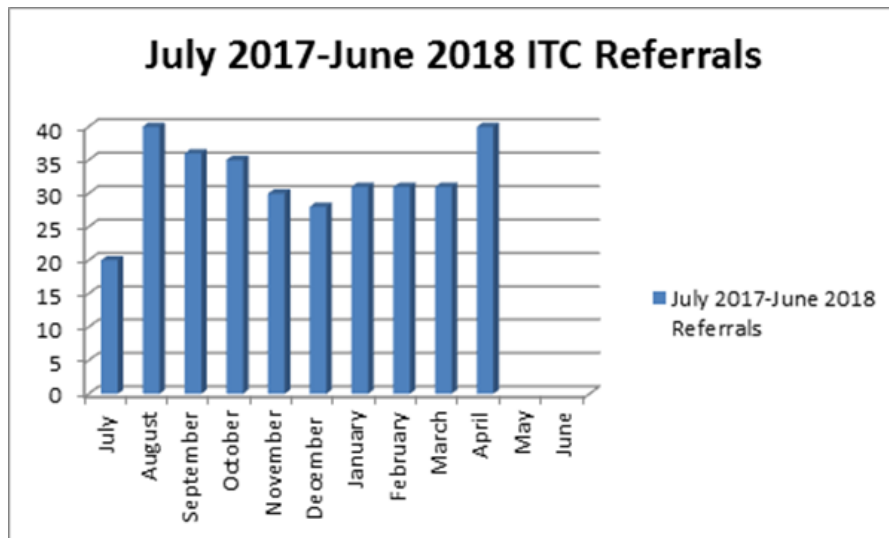
Our Adult Mobile Crisis team, which consists of a licensed clinician and a law enforcement officer, continues to be well utilized to assist individuals in our community during a behavioral health crisis. Through this service, individuals are provided intensive support for a brief period of time in order to stabilize the individual with the goal of reducing the likelihood of that individual needing to be hospitalized for mental health reasons. During April, the team served 12 unique individuals and 22 contacts. This is consistent with the fiscal year average of 20 contacts per month and serving on average 10 unique clients.

## Child and Family Services

April was the first full month of Same Day Access. We did a total of 48 intakes and opened 44 new cases to therapy services. We are still trying to figure out staffing patterns and flow of clients walking in for intakes. We completed our highest number of 10 intakes on one day, but have also had a day with just one intake. We are pleased that we have not had to send anyone away due to lack of an available clinician. We are now serving 439 children and adolescents in outpatient therapy. In children's case management we have 204 cases open with 13 on a waitlist. We have one case manager out on maternity leave, so they are all very busy taking care of their own cases plus overseeing Josie's 24 families. Children's Mobile Crisis (CMC) has had a busy April as well. We completed interviews for the CMC vacancy and our new staff member is scheduled to start May 16<sup>th</sup>.



Our prevention and wellness coordinator has been very active in the community in April. She trained 24 Bridgewater College students in Adult Mental Health First Aid, hosted a booth at First Step’s “Make a Difference in Your Community” event at the Lucy Simms building and hosted a booth at the Harrisonburg City School’s “Spring Fling” at Westover Park. We are preparing for a site visit in June from the DBHDS’s Behavioral Health and Wellness office to go over our plans for next year.



The Infant and Toddler Connection had an April child count of 170 children and families. We received a total of 40 new referrals, with most of them being from the Harrisonburg Community Health Center. We are happy to welcome a new contractor who will be helping us out with Speech Therapy clients.

## Developmental Services

Developmental Disabilities Case Managers exceeded billing targets in April with 274 billable units. Contracted case managers provided additional billing of 13 units. The team also continues to absorb new referrals and requests for case management. In addition to clearing out a backlog of referrals, we've maintained a steady stream of new screening requests for the Developmental Disability Waiver in January (4), February (9), March (6), and April (5). We have completed screenings for both adults and children in January (6), February (7), March (11), and April (7). Due in part to our efficiency efforts, we've opened an additional 8 case management clients in the past quarter, and our local Developmental Disability Waiver wait list now stands at 215 individuals.

In April, the Department of Behavioral Health and Disability Services (DBHDS) assumed responsibility for the waiver waiting list. The department will be contacting clients and families on the waiting list directly, through email or the postal service, in order to complete annual paperwork necessary for individuals to remain on the list. In order to ensure that individuals are not mistakenly removed from the waiting list during the implementation of this process, for the time being, our department will not change our work process regarding individuals on the waiver waiting list. We will continue to make annual contact via face to face visits to check on client status and ensure paperwork is completed. We will re-evaluate over the next year.

DBHDS completed a Case Management Quality Review on site on April 10<sup>th</sup>, reviewing individual client records for clinical content, as well as looking for any errors in our data reporting. We received some helpful information to correct a data discrepancy, and overall very positive feedback regarding the clinical content of our case management documentation. As a response to the Independent Reviewer's report regarding the Department of Justice settlement agreement, the DBHDS reviewers were looking specifically at issues such as assessment of risk and case management follow up to identified risks or changes. A written report from the reviewers is forthcoming. Thank you to our case managers, CM supervisor, as well as our compliance and IT departments.

## Other Agency Updates

### **5k Walk/Run for Autism**

The Harrisonburg Rockingham CSB was well represented at the annual 5k walk/run for Autism held in April. The event is hosted by the Shenandoah Valley Autism Partnership. Our agency participation has grown each of the past three years.