

# HRCSB Board Report – July 2018

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**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

In looking ahead, CSBs are moving towards a competitive business model based on the following observations:

1. Successive reductions in state general funds (FY19 of \$11M and FY20 \$25M aggregate) based on the premise of recapturing revenues through billing insurance, that further leads to pressure for a shorter billing cycle and competitive contract negotiations with public and private insurance providers.
2. Medicaid expansion puts more onus on CSBs to work closely with Managed Care Organizations around building a public system of care. These business transactions elevate the requirements for accurate client information in the electronic health record at all times, collection of fees and co-pays from client, securing authorizations for service with required supporting clinical documentation, and “clean billing” submissions shortly after service delivery.
3. We are actively exploring financing options for the up-coming new build at 1241 N. Main Street and renovation of the existing structure at 463 E. Washington Street.

We also know that as the public system of care evolves, we will need to analyze and redistribute work accordingly. Some current strategies for ensuring viability of critical work functions include seeking to ensure we are ‘two persons deep’ in back-up or ability to complete business functions; continue to cross-train within, and when possible across, departments; and strategic planning to include models of cost analysis for several approaches to challenges coming such as Value-Based-Purchasing (based on a behavioral health home model).

As such, we began recruiting for a Chief Financial Officer. This was a strategic move to strengthen the critical functions and future orientation of HRCSB.

*Ellen Harrison, LPC, MBA*

The new fiscal year brings changes to data, known as Community Consumer Submission or CCS, that is reported to the state each month. There are currently around 100 CCS data elements and the number continues to grow. There is also a shift to include more and more outcome data that can be more complex to define, measure, and evaluate. The Board's Quarterly Report includes the list of outcome measures for FY19. With any addition or change to required data elements, we implement needed modifications to in-house processes, forms, staff training, as well as working with our electronic health record (EHR) vendor, Credible, to make the changes in the system in order to pull and report the data correctly. One of the prime selling points for the selection of Credible back in 2012 was their willingness to configure state reporting changes on an ongoing basis. There are currently 24 of the 40 CSBs who use Credible enabling the coordination of efforts and consistent communication.

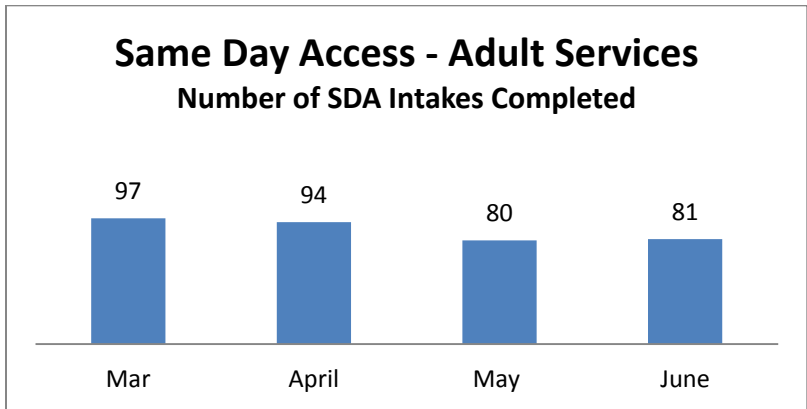
One significant change in the coming year involves the transmission of data from CSB's EHRs directly into the Department of Behavioral Health and Developmental Services (DBHDS) WaMS (electronic Waiver Management System) when individuals with a developmental disability (DD) waiver begin receiving services and whenever changes occur. CSBs advocated effectively with DBHDS to come to the table to work with software vendors to implement direct transmission of information from the EHR into WaMS which prevents CSB Case Managers having to enter the same information into two separate systems. HRCSB's Mike Forster, Senior Manager of Business Systems and Technology, was part of the team that was at the forefront of making this work along with John Malone and his DD Team who acted as a beta testing site for the system. The process started on July 1<sup>st</sup> but there is still much fine tuning to be done to have this system operating as is needed.

Medicaid will begin the next iteration of the Medallion and Family Access to Medical Insurance Security (FAMIS) managed care program, known as Medallion 4.0, in August with this region of the state going live in November. This program will utilize the same six Managed Care Organizations (MCOs) and operates much the same as the Commonwealth Coordinated Care Plus (CCC Plus) program that was fully implemented this past January. The transition to CCC Plus has been significant and not without issues so we will need to carefully monitor and prepare for the addition of more individuals, primarily children, into the new system.

## Adult Behavioral Health Services

### Same Day Access – Adult Services

In the first four months of Same Day Access (SDA), we have completed 352 Same Day Intakes. We had 15 individuals that we were not able to provide a Same Day Intake due to not enough staff availability and invited them to return another day; this averages to less than 4 individuals a month. We have an approximately 30 occurrences a month of individuals seeking services outside of our hours of operation for SDA. Our intention is to move towards expanding our days of operation as we move towards increased staffing capacity. Each month the Adult Same Day Access Team meets to review agency SDA data to ensure compliance with our model and to problem solve as needs arise.



### Adult Outpatient Services

Adult Outpatient Services provided services to 1236 unique clients for fiscal year 2018. We served 639 clients in mental health therapy services and 451 clients in substance use therapy services. We served 23 clients in our Drug Court Case Management Program and 139 clients in Substance Abuse Case Management Services. In addition to providing therapy services, the outpatient clinical team also provided coverage for same day access intakes. The team has worked extremely hard at meeting the needs of the clients that enter our doors and their hard work is greatly appreciated!

### Arbor House (Crisis Stabilization Unit)

For June, Arbor House had a 64.8% bed utilization, which means we averaged 4 ≥ beds filled. For FY18, our year to date is 76.8% bed utilization, which is above the 75% utilization required by Department of Behavioral Health and Developmental Services (DBHDS).

## Community Recovery Services

### Mental Health Case Management

During fiscal year 2018, Mental Health Case Management Services added two additional positions and were able to transition to a more community-based model of delivering case management services. This means that case managers are spending an increased amount of time meeting with their clients in the community. We were able to be successful in this transition by lowering the average caseload from 50-55 clients per case manager to 40-45. Our mental health case management team provided services to a total of 546 clients.

### Mental Health Skill Building

Our Mental Health Skill Building Services (MHSS) team served 72 clients over the course of fiscal year 2018. MHSS works with clients to help them gain the skills necessary to live as independently as possible within our community. They have successfully aided clients in transitioning from supportive residential housing into housing within our community. In addition to helping with housing transitions, MHSS workers assist clients in managing and understanding their mental health and medical symptoms, assisting with independent living skills including but not limited to managing finances, appropriate nutrition, social engagement, managing medical appointments and follow up care, and accessing additional supportive services as needed.

### Western State Hospital

For the month of May, Western State Hospital (WSH) Census report, we had an average census of 14 and a census/100000 population of 10.5.

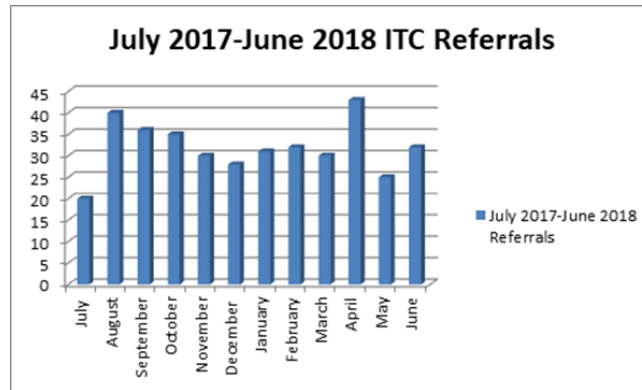
### Emergency Services

Emergency Services staff continue to be busy responding to the needs of those in crisis both at the center and within the community. During fiscal year 2018, the ES team completed 899 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.

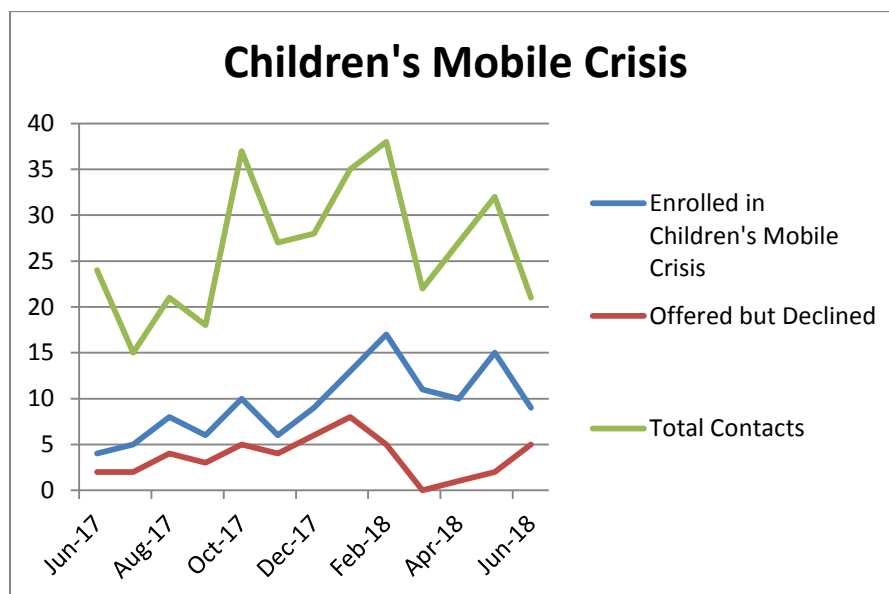
## Child and Family Services

The Infant and Toddler Connection is pleased to announce two new employees starting in June. Caitlin Wood is our new full time Service Coordinator and Developmental Services Provider, and Elisabeth Cortes is our new hourly clerical position. Our June

child count was 180, and continues to stay at a very high level. We are currently recruiting for an hourly position for a Service Coordination/Developmental Specialist to help care for our heavy caseload.



Children’s outpatient (OP) mental health services continue to be well utilized by the community. We did 29 intakes in June, which is down from the previous month most likely due to school being out and summer vacations starting. We did admit 39 new clients to OP therapy, which brings our total up to 470 children and adolescents enrolled. Our school based clinicians finished up a busy year in the county and city middle and high schools. With one clinician in the county met with 71 students during the school year, and the two city clinicians served 106 students. We are currently working on next year’s contracts with both public school systems. Our children’s case management team is happy to welcome back Josie Wright from maternity leave. We have 204 children on our caseload and several more waiting to be assigned. We currently serve 14 people in our Family Care Coordination program that works with children returning from a residential placement. Our mobile crisis staff is seeing a slight lull in demand for their services, which is typical for this time of year.



Our Behavioral Health and Wellness coordinator has been active in the community in June. Trauma training was provided for the members of Our Community Place and other organizations in the community that provide services to the homeless. On June 18<sup>th</sup> we visited the new Rockingham Academy and conducted a workshop on trauma and how to incorporate resilience skills into classroom routines. We will be working all year with them as we move toward creating a trauma informed school. Our environmental strategy of delivering counter tools, surveying and giving merchant education to all tobacco vendors in Rockingham County and the City of Harrisonburg. We are currently running a print ad supporting the counter tools distributed. The below billboard will be seen throughout the area.



## Developmental Services

Developmental Disabilities Case Managers completed 279 billings in the month of June, their second highest recorded total. This number is even more impressive considering the team is still down one full time position. To get a better sense of the work being done, we can look at individual services. In June, DD case managers completed 333 separate face to face visits with clients, either in their home, at the CSB, or elsewhere in the community. They completed 472 additional billable activities in the month, including phone calls or other collateral contacts for the purpose of linking or monitoring services. The team also completed 35 initial or annual waiver assessments (VIDES), 26 service plans, and 113 quarterly reviews.

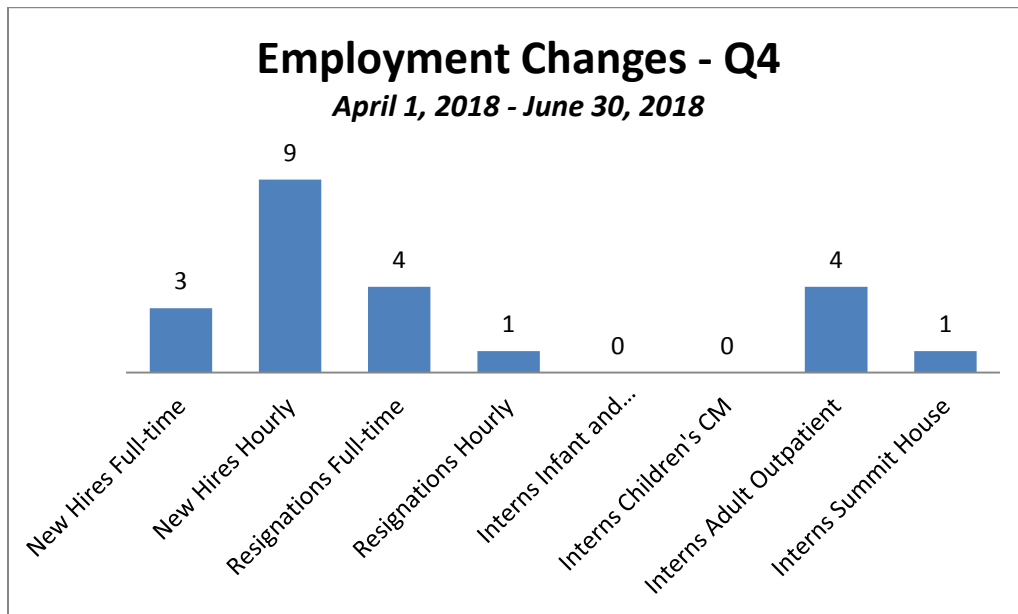
Regarding intakes, we completed 8 new waiver screenings in June, opened 2 additional clients, and received 2 new requests for screening. We currently have 227 individuals on our local Developmental Disabilities Waiver waiting list. Of that total, 83 are considered "Priority one" or of most urgent need of services. Of the total number on

the waiting list, 141 are 18 years old or younger. We have 2 individuals who have been on the Developmental Disabilities waiting list since 2004. In June the Waiver Slot Allocation Team, a group made up of community volunteers, met to assign one of our slots which became available. Our thanks to Bonnie McClarty, Amy Labarge, and Dave Shue for volunteering their time to sit on this important committee.

Case Management staff are continuing to make preparations to utilize updated Individualized Service Plans (ISP) in our electronic health record which are designed to automatically communicate client information to the state’s Waiver Management System (WaMS). There has been some delay in implementation of the forms for technical reasons. We have been working with DDCM staff, including our contracted staff, to be as ready as possible to implement the new ISP once it is ready.

As part of our efforts to engage community partners in joint trainings, in June we worked with Spectrum Transformation group, an organization that provides services to children with Autism , to provide a DD Waiver informational session for parents. We look forward to participating in additional trainings in the future.

## Human Resources



The above chart outlines employment changes as well as internships for the 4th quarter (April 1 – June 30, 2018). In this quarter, HRCSB added two full-time positions:

1. Chief Financial Officer
2. Adult Mental Health Case Manager



Currently, the employee composition of Harrisonburg-Rockingham CSB includes:

- 19% Administrative Staff
- 15% Licensed or License Eligible Staff
  - 9% Serving Adults
  - 5% Serving Children
- 34% Hold a certificate to deliver services
- 9% Medical Staff

The vacancy rate for HRCSB is currently 6.93% of the total 231 authorized positions. The average turnover rate for the past fiscal year was 18.7% and affected four broad program areas (noted below) and resulted in 47 new hires for this fiscal year.

- 28 employees in Adult Behavioral Health Services
- 2 employees in Developmental Disabilities
- 8 employees in Administrative Services
- 1 employee in Medical Services

#### Clinical Designation

In FY18, three employees earned their Licensed Professional Counselor designation and 41 were certified as Qualified Mental Health Professional-Adult (QMHP) and 3 as QMHP-Child.

Finally, in support of bringing the next generation of clinicians towards licensure, several of our licensed clinicians provide formal supervision for 18 license eligible employees. This is a two year commitment to provide clinical expertise and oversight to those persons having graduated from an accredited university and working in a clinical position at HRCSB, with aspirations of being granted a license upon successfully completing the exam.