

HRCBSB Board Report – June 2019

Ellen Harrison (Executive Director)	John Malone (Developmental Services)
Lynn Grigg (Child and Family Services)	Holly Albrite (Administrative Services)
Rebekah Brubaker (Adult Behavioral Health)	Mary Ansell (Chief Financial Officer)

Message from the Executive Director

Through the efforts with System Transformation Excellence and Performance (STEP-VA), the Department of Behavioral Health and Developmental Services (DBHDS) has begun an active exploration of how to significantly enhance the crisis continuum of care in Virginia. The goals are three-fold: a) decrease the census at the state psychiatric hospitals to a safer level; b) provide services to persons in the least restrictive setting; and c) build out community services such that we can intervene / provide services before the crisis escalates and options for care are limited. A small team of professionals representing DBHDS and CSBs have traveled to Georgia, and soon to Arizona, to examine other successful state models. These models include mobile crisis, collective call distribution centers, and community crisis stabilization units. There are many, many details to examine before replication could be possible, with inclusion of community partners as a critical first step (i.e. law enforcement, magistrates, acute care hospitals, etc.) The “T” for transformation in STEP-VA is truly indicative of the entire efforts by the public system of care including state and local endeavors.

Ellen Harrison, LPC, MBA

Administrative Services

Building Update

A mandatory pre-bid meeting held on May 16, 2019 was well attended and will be followed by the opening of bids on June 6th.

Performance Contract Report

All end-of-year data and reporting for FY2019 is due to the Department by July 31st, which is 30 to 60 days earlier than has traditionally been required. Staff are working to ensure that all services are fully entered, and to the degree possible, all invoices processed to meet this shortened deadline. The FY2020 Community Services Performance Contract and budget, normally reviewed at the June Board meeting, have

been delayed by the Department with an expected due date in August. We currently anticipate providing a Performance Contract presentation to the Board at the July meeting.

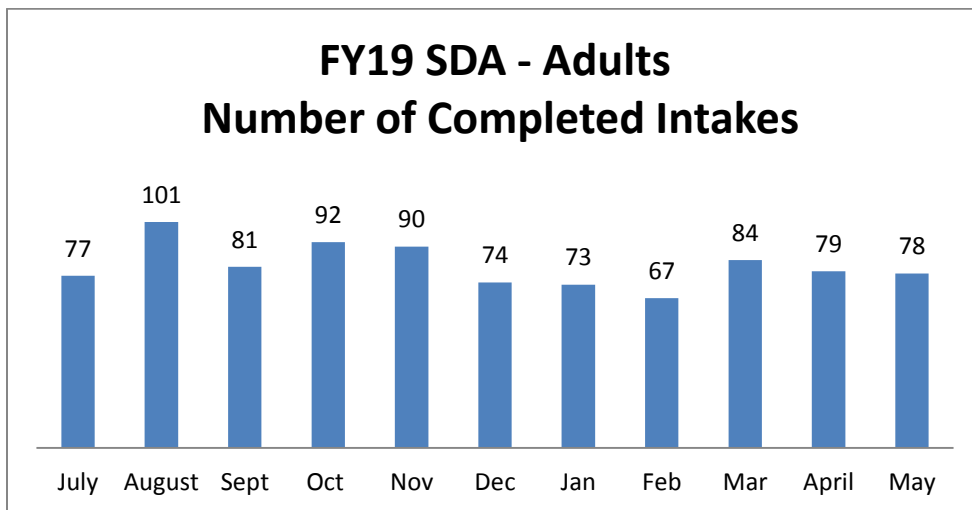
Serious Incident Reporting and Root Cause Analysis

The 2017 Virginia General Assembly established the Emergency Department Care Coordination Program (EDCC) to provide a single, statewide technology solution to connect all hospital Emergency Departments (EDs) in the Commonwealth. The legislation required that all EDs and all Medicaid Managed Care contracted health plans participate by June 30, 2018. The second phase of implementation can include other healthcare professionals, known as downstream providers, who have the ability to use the technology to participate. Our IT Manager, Andrew Hahn, is heading up a Data Management Committee subcommittee to explore participation in this type of health information exchange. We also participated in a webinar explaining the EDCC during April. The primary sticking point continues to be the prohibition against sharing certain types of information without specific consent and how this could be operationalized in this type of exchange.

Adult Behavioral Health Services

Same Day Access - Adult Services

During the period of May 1 – May 30, our Same Day Access team completed 78 intakes for individuals seeking treatment services. This is slightly below our average of 82 intakes completed per month for FY2019. Our team continues to assess the needs of individuals requesting services and making recommendations for treatment both within the agency and in the community as appropriate.



In May, we started advertising for an additional Same Day Access Clinician to help provide support to the Same Day Access department, as well as, to our Emergency Services team. This position will allow for us to better meet the increasing demands across several departments.

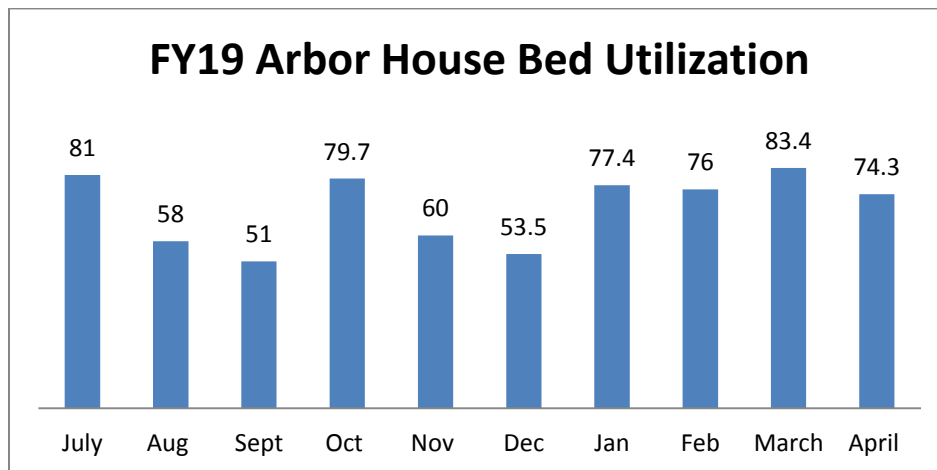
Adult Outpatient Services

We currently have 336 individuals enrolled in mental health therapy services, 191 individuals enrolled in substance use therapy services, and 9 individuals enrolled in our Intensive Outpatient Program (IOP).

We are in the process of expanding our IOP to offer a second group; resulting in one group offered in the morning and one in the afternoon. We continue to assist individuals in accessing substance use related treatment services, whether it is within our services or in the community. In June, we will be offering additional financial support to individuals with opioid related diagnosis in accessing Medicated Assisted Treatment (MAT) in our community through the State Opioid Response Grant (SOR) awarded to the Department of Behavioral Health and Developmental Disabilities (DBHDS). We are hopeful that we can continue to help address the growing needs of this particular population in accessing proven treatment.

Arbor House (Crisis Stabilization Unit)

For April, Arbor House our 7-bed crisis stabilization unit had a bed utilization of 74.3%, which means we averaged ≥ 5 beds filled. For FY2019, our year-to-date bed utilization is 69.5%, which is below the 75% utilization required by Department of Behavioral Health and Developmental Services (DBHDS). May’s numbers were not available at the time of this report and will be provided in next month’s report.





Community Recovery Services Mental Health Case Management

During the month of May, we welcomed Wendy Stoneburner to our mental health case management team. She previously worked at Mercy House and we are excited to have her as part of our team.

We are currently providing services to 418 individuals in mental health case management who have a serious and persistent mental health diagnosis. Through our case management services we are able to assist clients in accessing needed supports and services, supporting them in their journey of recovery and monitor their progress over time. We continue to work with individuals transitioning out of the state psychiatric hospitals providing discharge planning and treatment services to assist in their reintegration back to their home and their community.

Summit House

Summit House is a psychosocial rehabilitative service that provides opportunity for members to engage in targeted activities to restore and at times enhance the individual's ability to manage their mental health symptoms. This can occur through educational opportunities, one-on-one coaching, trainings and/or a general facilitation of independent living skills through group and individual activities. In addition the program works to enhance social and interpersonal skills of the members. We currently have 96 members enrolled at Summit House.

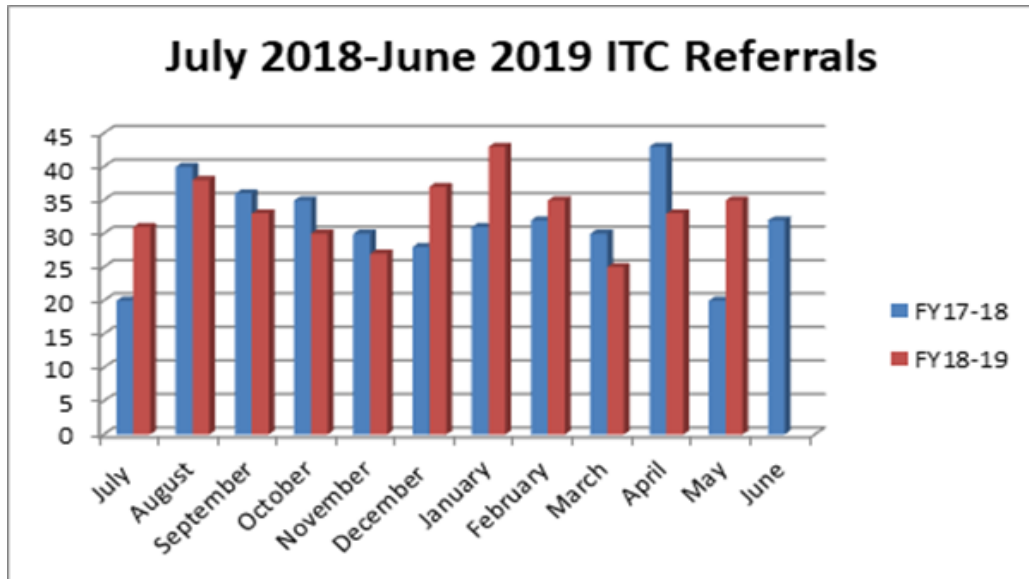
Western State Hospital

For the month of April, Western State Hospital (WSH) Census report, we had an average census of 19 and a census/100000 population of 14.6. May's information was not available at the time of this report and will be included in next month's board report.

Child and Family Services

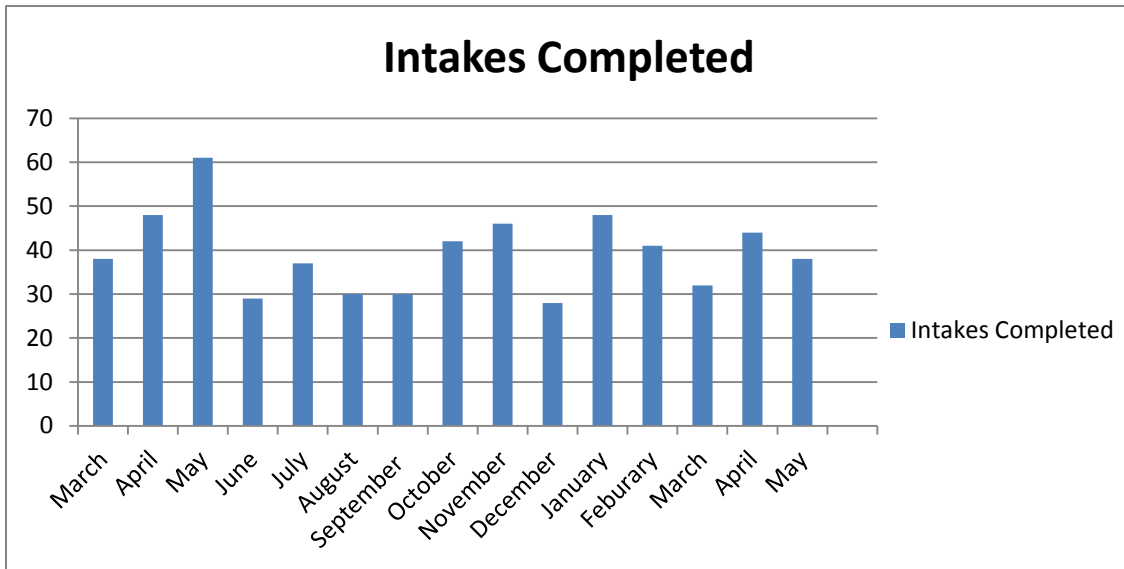
The Infant and Toddler Connection (ITC) of Harrisonburg-Rockingham CSB is currently serving 193 children and families. We received 35 new referrals in May, which is 15 more than the same month last year. Our total referrals for the year are 371, compared to 345 for the previous fiscal year. Our ITC is participating in the work group for House Bill 1157 which is identifying supports and services for Substance Exposed Infants immediately after birth. They are tasked with setting criteria to define Substance Exposed, and then to establish hospital protocol across the state. We are also working in a pilot group of ITC's in the state to work with the 6 Managed Care Organizations that

are Medicaid providers to try to clarify the process for reimbursement for our services. Due to the high number of children in the program, we are currently recruiting for a Developmental Specialist, Speech Therapist, Physical Therapist, and Occupational Therapist.

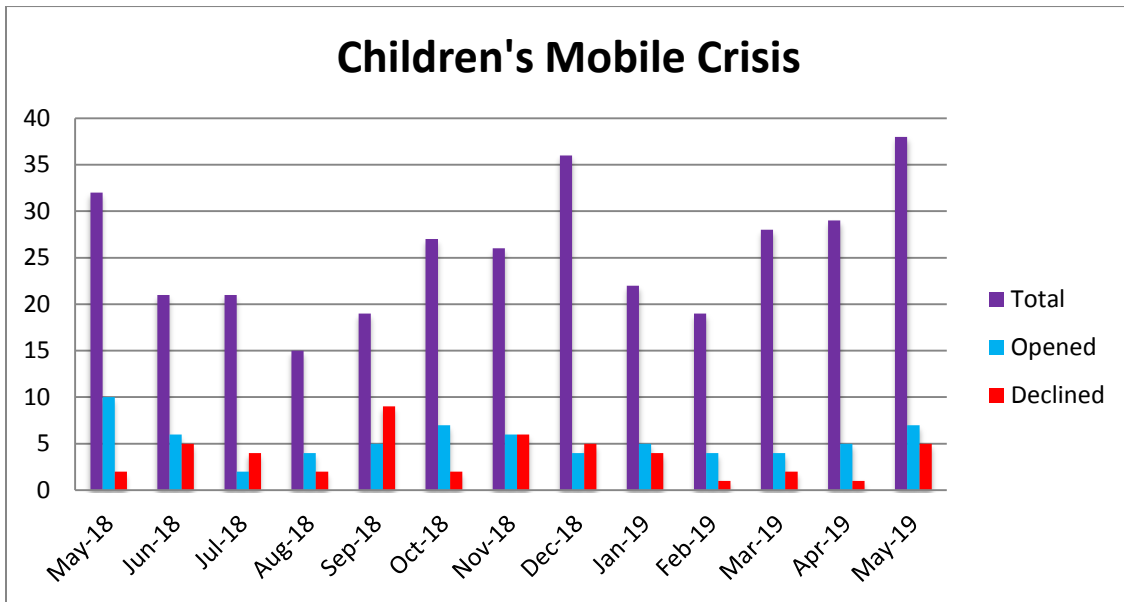


Our outpatient services continue to grow through a high demand from the community. We are serving 226 clients in children’s case management and 518 in outpatient therapy. We are very pleased to announce that on June 3, 2019 Stephanie May is starting as a new therapist and Ali Gallagher as a new case manager. Stephanie worked with us previously and we are excited to have her back, and Ali was an intern and volunteer for us for the past 8 months.

In the month of May we completed 38 intakes. We are expecting a slowdown in the summer months when kids are on break and school is not in session. Our school-based clinicians have been busy meeting with students to wrap up the school year and make sure they have identified supports and resources after school is over. Several of the clinicians have participated in classroom lessons at their respective schools. These lessons allowed the clinicians to have interactions with the general high school population (not just those who have been identified or referred) to be able to provide psychoeducation, resources, and general discussion about mental health.



May was a very active month for Children’s Mobile Crisis with 38 contacts during that time. We are very busy this time of year with hospital discharges and children and adolescents showing signs of depression and anxiety.



Developmental Services

Developmental Disabilities (DD) Case Managers billed 288 units for the month of April, the highest number the team has ever billed. Contracted DD case managers from Valley Associates for Independent Living completed an additional 18 billable units. Case Managers also completed 323 separate face to face visits with clients, either in their home, at their work or day support, or here at the CSB. In addition to face to face

contacts, case managers completed 471 separate contacts to assist with linking clients to services, or monitoring their satisfaction. Case managers also completed 36 annual plans for either Waiver or State Plan option case management.

We have 215 individuals receiving DD Waiver services. Of those 215, 90 require Enhanced Case Management, meaning they have recently received crisis services, emergency medical services, or are at significant risk as determined by the Support Intensity Scale. For those receiving Enhanced Case Management, support coordinators must complete face to face visits every 30 days, with 2 out of every 3 visits occurring in the client's home.

There are 229 individuals on the DD Waiver Waiting list awaiting. There are currently 75 individuals on Priority 1 status or deemed most in need of services, followed by 94 on Priority 2, and 60 on priority 3. In May, we received 4 new requests for screenings. We are eagerly awaiting the next Independent Reviewers report regarding the Department of Justice Settlement Agreement, due out in mid-June. In recent weeks, representatives from the Commonwealth and from the Department of Justice appeared in court to discuss our current compliance with the 121 provisions in the settlement agreement. From these discussions, and in conjunction with the Independent Reviewer's reports, we hope to have a clear understanding of our path to exiting the settlement agreement by 2021.

In May we received the results of a Department of Medical Assistance Services review of our Environmental Modification and Assistive Technology waiver services which occurred in April. The Environmental Modification service provides funding to complete needed modifications, such as ramps, to a client's home to allow them to stay in the community safely. The Assistive Technology service provides funding to purchase technology to increase client's ability to communicate effectively, or otherwise live more independently. We were pleased that the review required no corrective action on our part.

New legislation signed in May removes the age cap for medically necessary services that private insurance companies in Virginia must provide to individuals with autism. Currently the age cap is at ten years old, meaning that many services, such as applied behavior analysis therapy, will stop being covered at age 11. This new law will take effect in January 2020.