

BOARD OF DIRECTORS MEETING MINUTES

January 7, 2020

The Richmond Behavioral Health Authority (RBHA) Board met at 107 S. 5th Street, in Richmond, VA 23219.

RBHA Board members present were: Thomas Bannard; Dr. Joy Bressler; Scott Cannady; Irvin Dallas; **Vice Chair;** Denise Dickerson, **Secretary/Treasurer;** Dr. Cheryl Ivey Green, **Chair;** Sabrina Gross; Karah Gunther; Dr. Cynthia Newbille; Melodie Patterson; Malesia “Nikki” Taylor; and Dr. Michelle Whitehurst-Cook.

RBHA Board members absent were: Eduardo Vidal and Chelsea Higgs Wise.

Staff present: Dr. John Lindstrom, **CEO;** Amy Erb; Bill Fellows; Matt Gordon; Susan Hoover; Dr. Jim May; Cristi McClanahan; Shenée McCray; Carolyn Seaman; Michael Tutt and Meleese Evans.

RBHA’s Legal Counsel: Jon Joseph of Christian & Barton, LLP.

Guests: Mellie Randall, temporary part-time employee in Substance Use Disorders Services.

Proceedings:

- The meeting was called to order at 3:03 p.m. by Dr. Cheryl Ivey Green.
- **Public Comment:** None.
- The Board minutes for November 2019 were approved with a motion by Dr. Cynthia Newbille and seconded by Dr. Michelle Whitehurst-Cook. The minutes were unanimously approved.

Employee Recognitions

- The Finance Department was recognized as team of the month.

Board Chair Report- Dr. Cheryl Ivey Green

- Dr. Cheryl Ivey Green thanked board members and staff for the extra work done to obtain the Cary Street building, formerly Red Cross building, and all their endeavors.

Chief Executive Officer’s Report- Dr. John Lindstrom

- The CEO report was discussed and is included in today’s board meeting packet and with today’s meeting minutes.
- RBHA Staff and legal counsel are working on the agreement to assume Human Resources, Inc. (HRI).

RBH Foundation Report – Ms. Carolyn Seaman

- The Foundation Development Report was discussed and is included in today’s board meeting packet and with today’s meeting minutes.
- The draft minutes from the last RBH Foundation meeting are included in today’s meeting packet.

Committee Reports:**Access & Service Delivery Committee - Dr. Michelle Whitehurst-Cook**

- The Access & Service Delivery Committee met on December 17th.
- The Committee reviewed the service data report for 1st quarter FY-20. Services remained steady in some areas and declined in other areas; however, there was an increase in some services as well.
- Reviewed Human Rights Report. There were 14 potential human rights violations; however, none were found to be human rights violations.
- Discussed upcoming board education presentations and the RICH Integrated Care Clinic.
- The Access & Service Delivery Committee will meet again on March 23, 2020.

Advocacy & Community Education Committee – Mr. Scott Cannady

- The Advocacy & Community Education Committee have not met since the last board meeting; however, a meeting will be scheduled soon.
- Board members received a folder containing advocacy information, including a laminated informational card about RBHA's services.
- Scott Cannady recommended board members spread the word about RBHA's services and funding needs in community meetings and newsletters.

Executive Committee – Dr. Cheryl Ivey Green

- The Executive Committee met on December 3, 2019.
- The Committee reviewed evaluation results from the last RBHA Board meeting. Received all positive remarks.
- Reviewed draft agenda for January 7, 2020 RBHA Board meeting and accepted as is.
- Each committee chair provided a brief update on their committee and discussed any concerns.

Action Item: Dr. Cheryl Ivey Green asked board members to email Irvin Dallas, Human Resources Committee Chair, any comments they feel may be helpful for the CEO Evaluation process.

Finance Committee –Ms. Denise Dickerson

- As of October 31st, RBHA showed a net gain of \$3.91 million and a total net position of \$11.76 million, excluding Regional and Non-authority funds.
- Total cash in the bank at October 31st was \$20.40 million, and RBHA's share of that cash is \$2.31 million. Although Cash balances have rebounded a bit and payments from MCOs has improved, there is still a considerable amount owed to RBHA. Management continues to arrange meetings with all of the MCOs.
- The investment balance increased by \$6,700 for the month on the \$5.85 million invested at the end of October.
- RBHA's current operating reserve ratio is at 1.29 or just under 3 months of expenses.
- Total Client Accounts Receivables (AR) is \$9.01 million gross and just over \$5.53

million net of the allowance. AR balance was adjusted to reflect only amounts actually billed for the month of October. This method of presenting AR represents a more realistic figure to be collected. The cause of the slow collection of AR has not changed; however, Management continues to increase pressure on the MCOs to pay for the claims submitted.

Human Resources Committee – Mr. Irvin Dallas

- The Human Resources Committee has not met since the last board meeting.

Nominating & By-Laws Committee – Dr. Joy Bressler

- The Nominating and By-Laws Committee has not met since the last board meeting.

Presentation: Kristen Scott, LCSW, Program Supervisor, provided a presentation on Rapid Access. The presentation is included with today's meeting minutes.

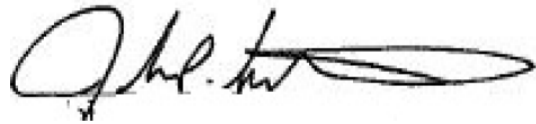
The meeting adjourned at 5:03 p.m.

The next Board of Director's meeting will take place on **Tuesday, February 4, 2020 at 3:00 p.m.**

Respectfully Submitted:



Dr. Cheryl Ivey Green
RBHA Board Chair



Dr. John P. Lindstrom
Chief Executive Officer

Richmond Behavioral Health Authority
Board of Directors
Chief Executive Officer's Report
January 7, 2020

First, I take delight in welcoming the Board of Directors, RBHA Leadership, and the RBHA staff into the New Year. Our 2019 Annual Report will be entitled "Baring Fruit", following our past years' themes of nurturing growth toward even more comprehensive, needed services for our community. While there are several major projects still underway, 2019 realized the completion of the Women's Treatment Center, the construction of two new Group homes in support of those with developmental disabilities, expansion of primary care screening, outpatient, same day access, and office-based opioid treatment. It was an amazing year, indeed.

We enter 2020 with a number of important projects underway. Rather than any further "looking back" in this report to the Board, I would like to take this opportunity to brief directors on the status of those initiatives underway and a few things on the horizon. They are as follows:

Leadership Structure – Now in effect, the RBHA leadership has organized around three structures: **Executive Leadership Team, Senior Leadership Team, and Leaders** (agency-wide supervisors and managers not otherwise assigned to either the ELT or SLT). The Executive team will focus on major policy and practice priorities, fiscal/budget planning, and overall agency health and well-being. The Senior team will focus primarily on cross-agency collaboration and consistency of operations. Finally, the Leaders team will focus on training, overall quality improvement, and person-centered problem solving in meeting the diverse and complex needs of those we serve. As previously reported, several positions on the ELT have been re-titled – Chief Administrative Officer, Chief Financial Officer, and three Chief Operative Officers (previously Division Directors representing mental health, substance abuse, and developmental disabilities).

To further support the implementation of these changes in leadership structures, we have engaged a leadership/organizational consultant who will work over a period of months, primarily with the ELT, but also assisting in the launch of the SLT and Leaders meeting formats, role, and function.

Also during January, Dr. Jessica Brown will conduct a training with the combined ELT and SLT on intergenerational trauma in African-Americans.

VACSB – The 2020 VACSB Legislative Conference will be held at the Marriott Hotel (Downtown) on January 21 and 22. This will be an opportunity to learn more about the legislative tone and direction expected from the Governor's Office and General Assembly. The substance of the

CEO Report
January 7, 2020

conference will be on January 21 as the conference breaks the morning of the 22nd after the breakfast and joint Board of Directors/Business meeting.

Red Cross Building – Well, we have to stop calling it the Red Cross Building as we closed the purchase in December. Space planning/assignment is at a frenzied pace and we hope to start relocating much of our administrative departments over the next few months. RBHA did receive some concessions regarding the cost of repairs. We expect to complete necessary repairs and minor building alterations as we relocate staff. These include the general repairs sited in the building assessment, along with interior painting, electronic door access additions, and web access.

STEP Virginia and the Governor's Budget – Several documents are attached which highlight the Governor's proposed budget, particularly as it relates to behavioral health and developmental disabilities. Of particular interest is what appears to be a more realistic time line for the roll out of STEP VA. Funding for remaining steps has been delayed until the next biennium. These include psychosocial rehabilitation, case management, and care coordination. The present budget proposal includes additional funds for outpatient, peer services, and mobile crisis services. The funding proposal amounts fall below original projection, therefore it is expected that there will be continued debate about funding adequacy.

City Council – I will make a presentation to the Organizational Development standing committee of City Council on February 3 at its 5:00 PM meeting in City Council Chambers. The presentation will focus on RBHA's scope of services and community impact, our growth, and challenges of the health care environment. This would be an excellent time for any attending RBHA Board members to come out and support RBHA as appointees of Council.

North Campus – Daniel and Company has commenced work on the Children's Services Center. This 1.3 million dollar project will provide appropriate space for child minding in conjunction with the Women's Residential Treatment program and co-location for our Early Intervention Program.

Human Resources, Inc. – An executive brief for RBHA's assumption of services currently provided by HRI accompanies this report. We look forward to further discussion with the Board and ask for the Board's endorsement to move forward with a formal Transition Agreement that will result in RBHA's ownership and operation of the services.

Respectfully submitted,



John P. Lindstrom, Ph.D., LCP
Chief Executive Officer

John Lindstrom

From: Jennifer Faison <jfaison@vacsb.org>
Sent: Tuesday, December 17, 2019 4:24 PM
To: Aileen Smith ; Allison Downey; Angie Hicks (arnhicks@vbgov.com); Beth Engelhorn; Bill Brenzovich ; Carol Layer; Chuck Walsh; Damien Cabezas; Daryl Washington ; David Coe ; David E. Deering ; Debbie Bonniwell ; dwarren@arlingtonva.us; Demetrios Peratsakis; Elaine Breathwaite ; Ellen Harrison ; Greg Preston ; Hilary Piland; Ingrid Barber; Ivy Sager; James Pritchett; Jane Yaun ; Jennifer Faison; Jennifer Tunstall ; Jim Bebeau; Jim LaGraffe ; jscislowicz@chesapeakeibh.net; John Lindstrom; Kelly Fried (friedk@chesterfield.gov); Kevin Mullins; Kim Shaw; Kristie Hammonds; tot05@henrico.us; Lisa "Mimi" Sedjat ; Lisa Beitz; Lisa Madron ; Margaret Graham; mcole@cmcsb.com; Mike Elwell ; Natalie Ward Christian ; Oliver Russell ; Paulette Phillips; Rebecca Holmes; Sandy Bryant ; sodell@pd1bhs.org; Sarah Paige Fuller ; Stacy Gill ; Susan Baker; VACSB; Valerie Long
Cc: Becky Bowers-Lanier
Subject: Governor's Proposed Budget - Initial Review
Attachments: Budget Highlights 2020 - 2022 Introduced Budget.docx

Good afternoon,

As you are aware, Governor Northam announced his biennial budget today. Below are several links that provide additional information and I have attached a document that highlights some of the items more relevant to our system.. Overall, there are some very positive things related to our system.

[Governor's Remarks and Full Text of the Governor's Budget](#)

[Economic Outlook and Revenue Forecast Presentation from Aubrey Lane, Secretary of Finance](#)

- [Related Handout](#)

[Briefing from Dan Timberlake, Director of the Department of Planning and Budget](#)

DPB also provides summary documents for each secretariat. The HHR summary document is found [here](#) and all of the summary documents can be accessed [here](#). Note that these summary documents do not always have the same exact language as what is in the budget but are a great way to get a feel for everything that is out there. We will be carefully reviewing the actual budget language tomorrow on our Public Policy Committee call.

Of particular interest is that the Governor's Budget includes "\$56.6 million to continue the implementation of STEP-VA by adding funds for outpatient services, veterans services, peer support services, mobile crisis teams, and a hotline." This is far less than what will be necessary to finish implementing STEP-VA so we will need to determine our priorities regarding which steps should be implemented next, keeping in mind that this amount would include closing the loop on outpatient funding and would therefore need to be reduced by \$10M before thinking about additional services to be brought online. DBHDS has requested an additional 12 positions to help with implementation and oversight of STEP-VA.

The Governor's remarks, interestingly, included the following:

“...[funds to] continue implementing STEP-Virginia, but at a more measured pace than originally planned. This is consistent with recommendations from JLARC, and recognizes that our community services boards need time to build the capacity to provide these services. The funding will help them provide more outpatient treatment, comprehensive crisis services, care for military service members and veterans, and peer support.”

We will continue to hone our understanding of the elements of this budget and provide additional information as it becomes available.

Regards,

Jennifer



VACSB Guidance & Talking Points for the 2020 Budget Hearings on the 2020 - 2022 Biennial State Budget

Please be aware that all regional hearings will take place on **Thursday January 2, 2020**. The times and locations for the Regional Budget Hearings have been established and can be accessed [here](#). There will be no other public hearings on the introduced budget beyond this date.

Providing Testimony

Thank the General Assembly for its past work in supporting community services for individuals with behavioral health needs and developmental disabilities. Let them know how the services your CSB provides has helped you in your life or someone you know.

Every speaker should have a **clear take away message**. Think about what it is you want the legislators to remember from the 3 minutes worth of testimony (see logistics section below). Facts and figures can be printed, copied, and distributed, so as to not waste speaking time. Use only 1 compelling statistic in 3 minutes of testimony, as legislators are more likely to remember it.

Ask that the House Appropriations and Senate Finance Committees keep the following areas of importance in mind

First – STEP-VA:

The Virginia Association of Community Services Boards (VACSB) is **thankful for the funding for the first two steps in STEP- VA (Same Day Access and Primary Care Screening) and the partial funding for Outpatient Services**. The implementation of Same Day Access has increased the number of individuals being seen by CSBs. This makes the need to build out and increase outpatient services even more critical.

VACSB supports **Item 322 MM1** in the Governor's budget to continue the **implementation of STEP-VA**. Although, this amount is far less than what is necessary to reasonably fund the following steps outlined in the Governor's budget: outpatient services, veterans' services, peer support services, mobile crisis teams, and a hotline. **The first priority should be to provide the full \$10M more needed to complete Outpatient Services** and then determine what other steps to implement during this time based on funding remaining.

Second – Early Intervention Services:

VACSB supports the funding in the Governor's budget to address the continued growth of the Part C Early Intervention Program – **Item 322 H.1**. Early Intervention services are a worthwhile return on investment as they drastically reduce the need for special education services later in childrens' lives.

In addition to the funding for Part C in the Governor's budget, VACSB is requesting an increase in the case management reimbursement rate for Early Intervention Services because the current rate does not cover the cost to deliver the service. The increase in Early Intervention referrals creates increased caseloads not only on the professionals who provide the services, but also the case managers who coordinate them. The Targeted Case Management rate for early intervention has never been adequate.

An increase in the rate will allow programs to hire more case managers so they can focus on the needs of the individuals they serve and make sure those individuals have quality care and supports. The rate increase can also help with retention of case managers.

Third – Developmental Disability Waiver Wait List:

VACSB appreciates the additional funding in the governor's budget for 1,135 more Waiver slots - Item 313 4A-C. However, there are approximately 3,000 people on the Priority One wait list, therefore VACSB will support a budget amendment for the approximately 1,800 more slots needed to eliminate the Priority One wait list. *(Provide an example of someone in the community or share your story to illustrate this point).*

Forth – VACSB will recommend the following budget amendments to the Governor's Proposed Budget:

Restore to the base budget state general fund dollars taken from CSBs as a result of Medicaid expansion: VACSB is appreciative of the \$7M in restoration money allocated to the CSBs for FY 2020. This funding will help, although, because of several factors listed below, VACSB will advocate for the full restoration of funds that will be determined from the final report on reimbursements. While we do not have an exact dollar figure at this time, we expect it will be between \$6M and \$10M. The reasons for this need are the following: (1.) In FY2020 CSBs face roughly double the reduction in general fund dollars that they incurred in FY 2019. (2.) While CSBs are able to bill for services provided to some of the individuals they had been serving without reimbursement, there are still individuals that CSBs serve that do not qualify for Medicaid expansion and there will always be individuals who do qualify, but for various reasons refuse to sign up. The CSBs continue to serve these individuals with no payer source from a now-reduced state general fund allocation. (3.) The Medicaid rate for most services does not cover the cost to actually deliver the service. State general fund dollars help to reduce the negative impact of this and allow CSBs to continue to serve priority populations. (4.) Lastly, it is difficult to provide services in a managed care environment. CSBs are experiencing reductions in authorizations for some services as well as an increase in the amount of time between when a service is delivered and when it is paid for by an MCO.

Funding to create a student loan repayment program specifically for behavioral health providers:

The CSBs continue to struggle with a workforce shortage and high staff turnover. CSBs continuously recruit new staff, but the time and resources spent on high turnover positions put a great strain on the system of care. A student loan repayment program specific to behavioral health safety net providers will make the CSBs a more desirable choice for employment.

Fifth – VACSB supports the following funding increases found in the Governor's budget: (Choose one or two from this list if you would like)

- Item 313 EEEE – DMAS to increase psychiatric services rates by 14.7 % to the equivalent of 110% of Medicare rates.

- Item 322 Z1. – Increased funding for Permanent Supportive Housing for adults with serious mental illness.
- Item 313 XXX. – Eliminate the 40-quarter work requirement for Lawful Permanent Residents who otherwise meet all Medicaid eligibility requirements.
- Item 313 ZZZ. – Expand the Preferred Office-Based Opioid Treatment (OBOT) model to include individuals with substance use disorders (SUD) that are covered in the Addiction and Recovery Treatment Services (ARTS) benefit. Virginia Medicaid currently limits service reimbursement in the Preferred OBOT to individuals with Opioid Use Disorder (OUD). Those with a primary diagnosis of SUD for a non-opioid such as alcohol, cocaine, or methamphetamine are not currently covered in the Preferred OBOT model.
- Item 313 FFFF. – Provides funding and authority to offer care coordination services to individuals who are Medicaid eligible 30 days prior to release from incarceration.
- Item 321.2. C1&2. – Provides funds to address census issues at state facilities by increasing the availability of community-based services for individuals determined clinically ready for discharge. Of the amounts provided, \$2.5 million in each year is available for the acquisition or development of clinically appropriate housing options.

Logistics and Helpful Hints

- **PLEASE DO NOT USE THIS DOCUMENT AS A SPEECH.**
- Speaker sign-up begin one hour prior to the hearing itself. Speakers are taken in the order of registration, so arrive in advance. Each person may register only one speaker at a time.
- If a person has a physical disability or a hearing impairment, special arrangements can be made using the HAC phone number at (804) 698-7480.
- Since comments are limited to 3 minutes per person (and it may be shortened based on the length of the hearing), we suggest that each speaker prepare for only 2 minutes worth of pointed and succinct comment.
- Any talking points prepared for the hearings should be supportable by data as available.
- Bring copies of your statement that can be given to legislators and staff of the Senate Finance Committee and House Appropriations Committee.

Please note: Jennifer Faison or Hilary Piland will be available to discuss strategies, should you wish. Please call or email at 804-330-3141 or hpiland@vacsb.org.

Support other speakers who are rallying for the issues your CSB considers important!

For more information and additional statewide data, see the most recent annual reports from VACSB [here](#) and DBHDS [here](#).

**Highlights from the Governor's Introduced Budget
2020 - 2022**

All dollar figures shown are state general funds except when noted with an asterisk.

VDH

Add funding to expand protection and prevent deaths from drug overdose to vulnerable populations

Expands the distribution of NARCAN and personal protection equipment to Virginia's most at-risk populations, related to the opioid epidemic, through the local health departments and community services boards by providing general fund support to purchase kits and other medical supplies.

2021	2022
\$1,600,011	\$1,600,011

DMAS

Increase number of Developmental Disability Waiver slots

Adds a total of 1,135 new waiver slots to the Community Living (CL) and Family and Individual Supports (FIS) waivers over the course of the biennium. These slots include 835 slots to address the FIS waiver waitlist (635 in the first year and 200 in the second year), 200 slots to address the CL waiver waitlist (125 in the first year and 75 in the second year), 50 slots for individuals transitioning out of facilities (25 in each year), and 50 emergency slots (25 in each year).

2021	2022
\$16,985,260	\$24,828,805

Eliminate 40 quarter work requirement for legal permanent residents

Eliminates the 40-quarter work requirement for lawful permanent residents (LPRs). The current requirement prevents otherwise eligible individuals from receiving needed care and increases unnecessary and expensive emergency care.

2021	2022
\$1,172,091	\$3,289,890

Fund costs of Medicaid-reimbursable STEP-VA services

Provides funds for the Medicaid costs associated with the implementation of STEP-VA behavioral health services.

2021	2022
\$486,951	\$2,293,826

Increase mental health provider rates

Raises rates for psychiatric services by 14.7 percent. This action increases rates to the equivalent of 110 percent of the 2019 Medicare rates for these services.

2021	2022
\$2,374,698	\$2,458,479

Encourage private acute care hospitals to accept more temporary detention orders

Increases the provider rate assessment charged to private acute care hospitals by \$16.3 million beginning in FY 2021. This additional revenue will be used to provide incentive DSH payments to support increased temporary detention order (TDO) utilization in private acute care hospitals. In addition, the Departments of Medical Assistance Services and Behavioral Health and Developmental Services are each provided funding to support a position that will administer this initiative.

2021	2022
\$32,523,924*	\$32,523,924*

Enhance behavioral health services

Provides funding and authority to establish and implement changes to service definitions, prior authorization and utilization review criteria, provider qualifications, and reimbursement rates for select Medicaid behavioral health services.

2021	2022
\$3,028,038	\$10,273,553

Expand opioid treatment services

Provides funding to expand the Preferred Office-Based Opioid Treatment (OBOT) model to allow for all Substance Use Disorders (SUD) covered in the Addiction and Recovery Treatment Services (ARTS) benefit. The Preferred OBOT is a community-based, high-touch, evidence-based model of care for individuals with addiction. Virginia Medicaid currently limits service reimbursement in the Preferred OBOT to individuals with Opioid Use Disorder (OUD). Those with a primary diagnosis of SUD for a non-opioid such as alcohol, cocaine, or methamphetamine are not currently covered in the Preferred OBOT model.

2021	2022
\$421,476	\$1,273,633

Increase Developmental Disability (DD) waiver rates

Increases provider payment rates for services delivered through the Developmental Disability (DD) waivers. The rate increase will apply to the following services: Independent Living Supports Supported Living, In-home Support Services, Group Supported Employment, Workplace Assistance, Community Engagement, Community Coaching, and Therapeutic Consultation.

2021	2022
\$3,639,663	\$3,748,853

Provide care coordination prior to release from incarceration

Provides funding and authority to offer care coordination services to individuals who are Medicaid eligible 30 days prior to release from incarceration.

2021	2022
\$347,803	\$465,440

Redesign COMPASS 1115 waiver

Adjusts appropriation and language to restructure the COMPASS 1115 waiver to include only a targeted supportive employment and housing benefit.

2021	2022
(\$17,265,286)*	(\$17,265,286)*

DBHDS

Increase funding for statewide discharge assistance plans

Provides funds to address census issues at state facilities by increasing the availability of community-based services for individuals determined clinically ready for discharge. Of the amounts provided, \$2.5 million in each year is available for the acquisition or development of clinically appropriate housing options.

2021	2022
\$7,500,000	\$12,500,000

GRANTS TO LOCALITIES

Increase funding for Part C - Early Intervention services

Funds anticipated caseload growth in the Part-C Early Intervention program. This increase represents four percent growth in the number of children receiving services each year.

2021	2022
\$2,545,548	\$3,895,188

Increase permanent supportive housing capacity

Provides permanent supportive housing funds for individuals being discharged from state behavioral health facilities.

2021	2022
\$2,900,000	\$5,600,000

Provide funds for partial implementation of STEP-VA

Provides for the partial implementation of STEP-VA by adding funds for outpatient services, veterans services, peer support services, and mobile crisis teams. The remaining services (targeted case management, care coordination, and psychiatric rehabilitation) will be delayed until the next biennium.

2021	2022
\$19,704,173	\$30,151,414

RBHA Acquisition of Human Resources, Inc. (HRI)

Summary

Overview

HRI is a local nonprofit organization that has been providing opioid treatment program (OTP) services (methadone) services to residents of the metropolitan Richmond area since 1969. This service is highly regulated by the Drug Enforcement Agency, the Substance Abuse and Mental Health Services Administration, the Virginia Department of Behavioral Health and Developmental Services, and the Virginia Board of Pharmacy. Of over 40 OTPs currently operating in Virginia, HRI is the only nonprofit currently providing this service. Four (4) CSBs own and operate their own OTPs (Alexandria, Hampton-Newport News, Norfolk and Portsmouth); all of the others are owned by *for-profit* entities. HRI has consistently demonstrated a commitment to providing services to underserved and indigent individuals, and was one of the first providers to enroll in Medicaid billing once the services were covered in 2017. RBHA has been purchasing this service from HRI since 1978.

The HRI Board of Directors has made a decision to sell the OTP program and is committed to finding a buyer that will continue its mission of providing quality treatment to indigent and underserved populations. Because of the longstanding relationship with RBHA and the alignment of the mission and organizational values of the two organizations, HRI approached RBHA about purchasing the program. This document provides a summary for the Board of Directors of RBHA to consider in making their final decision.

Benefits to Clients - Quality of Care Considerations:

- Provide OTP services to more individuals
- Opportunity to leverage RBHA resources to improve quality of OTP services for existing OTP clients as well as improve access for RBHA clients
- Provide OTP services that are more person-centered
- Provide OTP integrated services that are clinically appropriate and trauma-informed
- Provides expedited and priority access to pregnant and postpartum women necessary to address serious maternal and fetal health risks from continued use of opioids and lack of access to prenatal care
- Provide access to uniform medical records across the entire continuum of care at RBHA
- Completes the SUD services continuum that RBHA is able to offer its clients directly
 - Improve timely access to OTP services for clients seeking services through RBHA
 - Provides for more timely and seamless movement of opioid addicted clients between methadone and buprenorphine-based services when a change is clinically indicated
 - Improve integration of OTP services into other services
 - Residential treatment services

- Services for pregnant and postpartum women to include mobile OTP services that will maximize patient retention for opioid dependent women
- Services for individuals with serious and persistent mental illness
- Primary health care services
- Improve outcomes for individuals who need OTP in the existing array of services
- Continued access for a critical urban, poor population due to access to public transportation and proximity to RBHA.

Financial and Infrastructure Considerations

- Acquiring HRI is a considerably smaller and less risky undertaking than was acquiring Rubicon:
 - HRI Financial health

○ FY 2019 Income	\$1,364,247.64
○ FY 2019 Expenses	\$1,316,003.55
○ FY 2019 Net Income	\$48,244.09
 - Smaller acquisition project – 18 full-time and 10 part-time HRI staff, versus 115+ full and part-time Rubicon staff
 - RBHA has previous experience and knowledge gained from acquisition of Rubicon (legal processes and documents, organizational mergers)
 - Active support by HRI and RBHA Board of Directors
- Experience with acquiring Rubicon indicates that RBHA will benefit from acquiring HRI:
 - 1st year: Revenues will approach or equal real cost
 - 2nd year: Revenues will match or exceed real cost
 - 3rd year: Revenues will demonstrably exceed real costs
- Medicaid rates for OTP services are favorable (see Appendix)
- Economies of scale and existing RBHA data and financial infrastructure will present opportunities to increase management efficiencies at HRI
- Both organizations share experience with the same medical billing vendor minimizing risk and transition
- Reporting to DBHDS (SAMHSA) and tracking of methadone patients will be more accurate and efficient
- In a billing economy dominated by managed care organizations (MCOs), the economy of scale and billing experience provided by RBHA insures that the OTP service will remain accessible to urban, underserved populations served by HRI as a nonprofit, with RBHA as the operator of these services.

**RBHA Board Meeting
 Development Report – January 7, 2020**

Richmond Behavioral Health Foundation – As of December 31, 2019

YTD revenue (donations and grants): \$105,931.03

YTD grants: \$82,000.00

YTD gifts-in-kind: \$43,714.00

	Current Year (FY20)	Previous Year (FY19)	Two Years Ago (FY-18)
	Total Grants/Requests Submitted in FY20 (July 1, 2019 – June 30, 2020)	Total Grants/Requests Submitted in FY19 (July 1, 2018 – June 30, 2019)	Total Grants/Requests Submitted in FY 18 (July 1, 2017 – June 30 2018)
Number of Submitted Grants/Requests	3 carryover from FY19 (\$40,000) 3 58,000 (TOTAL: \$98,000)	9 \$418,500 and up to \$500,000 (TOTAL: \$918,500)	8 (TOTAL: \$136,000)
Number of Funded Grants/Requests	5	5	6
Dollar Value of Awarded Grants/Requests	\$82,000	\$59,795 Approx. \$9,342 In-Kind	\$106,000.00
Number of Pending Grants/Requests	0	2	0
Dollar Value of Pending Grants/Requests	\$0	\$40,000	\$0
Number of Denied Grants/Requests	1	3	2
Dollar Value of Denied or Partially Funded Grants/Requests	\$16,000	\$821,500.00	\$30,000
Gifts in Kind Monetary Value	\$43,714.00	\$9,342.00	---
Volunteer Hours	275	200	---

Update on Grants and Gifts: See attached chart

RBHA Board Meeting
Development Report – January 7, 2020

Outreach/Appeals/Partners

- Altria ELVE Event – October 30, 2019 – North Campus Greenspace
- Annual RBHF Giving Appeal to be mailed in November
- RBHA United Way Campaign to kick off in November - Goal \$40,000
- Giving Tuesday – December 3, 2019 – Cold Weather Items

Media/Marketing:

- Website Development – RBHA & RBHF – Charles Ryan Associates – anticipated launch in January
- Brand Federation – Branding & Messaging Proposal – vote to move forward November 22, 2019
- RBHA Mission, Vision, and Values Roll out in January – new RBHA marketing materials

Events:

- Art of Recovery – October 21, 2019, 5:30pm - 8:00pm

Community Outreach:

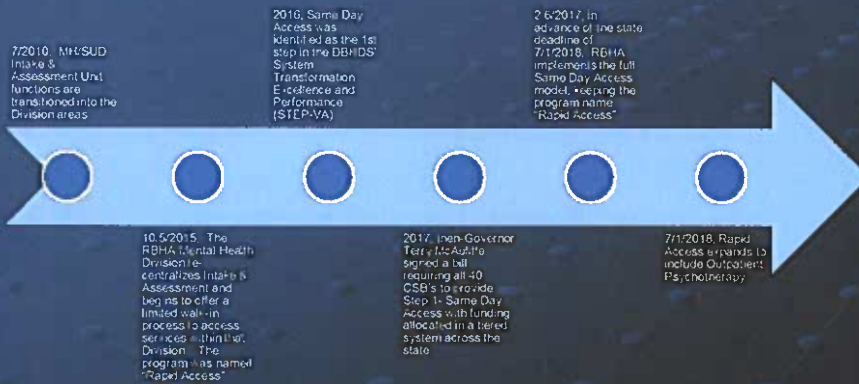
- Lewis Ginter Dinner – August 2019
- Rotary Club of Short Pump – September 2019

Richmond Behavioral Health Authority (RBHA)

Rapid Access: Your Journey Starts Here

Kristen Scott, LCSW
Program Supervisor

History of Rapid Access



Rapid Access Today

- Rapid Access is the same day process available to all Individuals seeking mental health and/or substance use treatment services through the RBHA
- It is the primary way that an Individual starts services at the agency and gets assigned to his/her ongoing service provider
- Depending on the identified needs, an individual may see a prescriber the same day, be linked with North Campus, or referred to CSU
- Same Day connections to DSS representative for assistance with benefits
- Hours of Operation are Monday-Friday 8am-2pm

3

Meet the Team

- | | |
|------------------------------------|-----------------------|
| ➤ Kristen Scott, LCSW | Program Supervisor |
| ➤ Taishawna Spady | Office Associate |
| ➤ Michael Braswell, CPRS | Engagement Specialist |
| ➤ Laura Chitty, LPC, LSATP | Clinician |
| ➤ Kathy Day, LCSW | Clinician |
| ➤ Malee Green, LCSW, CATP | Clinician |
| ➤ Rebecca Kaderli, LPC, LSATP, NCC | Clinician |
| ➤ Shannon Poppa, LPC, LSATP, NCC | Clinician |
| ➤ Lindsey Price, LCSW | Clinician |
| ➤ Alison Rowe, LCSW | Clinician |
| ➤ Lesley Schroeter, LCSW | Clinician |



4

Getting Started

Individual arrives to the RBHA and meets with the Engagement Specialist

Individual Completes an Initial Screening packet which includes:

- Demographic Information for state reporting
- Drug Abuse Screening Test (DAST)
- Alcohol Use Disorders Identification test (AUDIT)
- Patient Health Questionnaire (PHQ 9)
- Adverse Childhood Experiences (ACE)
- Columbia Suicide Severity Rating Scale (CSSRS)
- Pediatric Symptom Checklist (PSC)

What is the Rapid Access Assessment?

Person-Centered: Collaborative Documentation completed in real time with the Individual

Transparent: Clinician offices are outfitted with technology that allows Individuals to view the assessment documentation as it is being written

Comprehensive: Incorporates review of the initial screenings, clinical interview, primary care screenings and connection to appropriate treatment recommendations either at RBHA or with other community agencies



Assessment Documentation



Comprehensive Needs Assessment (CNA): Includes 15 primary areas spanning a person's entire life experience- including developmental history, treatment history, legal history, abuse/trauma, family history, resources, current symptomology, preferences/needs, medical, diagnostic formulation, and initial treatment planning

CNA Incorporates American Society of Addiction Medicine (ASAM) criteria to determine level of care for substance use disorder treatment

DLA 20: A comprehensive functional assessment and outcome measurement tool which is re-administered quarterly by the ongoing primary service provider

Initial Paperwork to include review of treatment recommendations, signing of consents, authorizations, and preliminary treatment plan

Potential Recommended Services

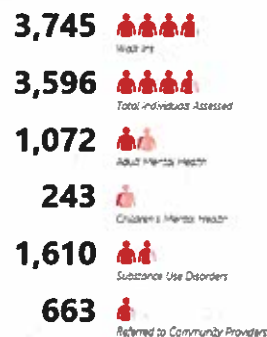
Targeted Case Management
Psychiatric Services and Medication Management
School Based Services
Outpatient Psychotherapy- Specialized Evidence Based Practices including TF-CBT and PCIT
Medication Assisted Treatment
Withdrawal Management
Substance Use Residential Treatment
Substance Use Intensive Outpatient- Adolescents & Adults
Children's Intensive Care Coordination (ICC)
Primary Care Services- RICH
Pharmacy Services
Recovery Support Groups
Psychological Testing
Mental Health Skill Building (MHSS)
Psychosocial Rehabilitation (Marshall Center)
Children's Multisystemic Therapy (MST)
Referral for Developmental Services

Benefits of Rapid Access

- Shifts care away from crisis response when people are more at risk for themselves or others
- Reflects the critical need to “start at the front door” with engaging and connecting Individuals to behavioral healthcare services
- Eliminated “no show” appointments, reduces wait times and makes effective use of staff resources

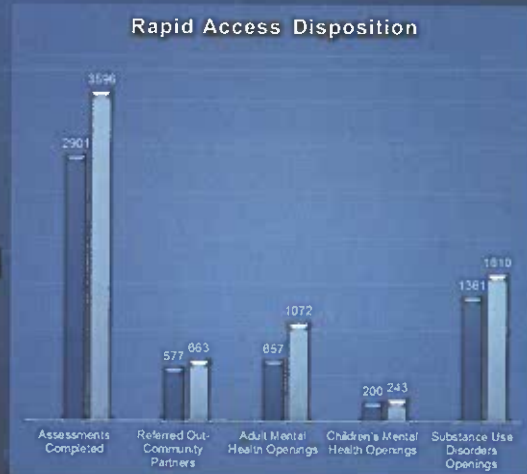
How are We Doing?

RAPID ACCESS FISCAL YEAR 2019



Disposition Trends FY 2018-FY 2019

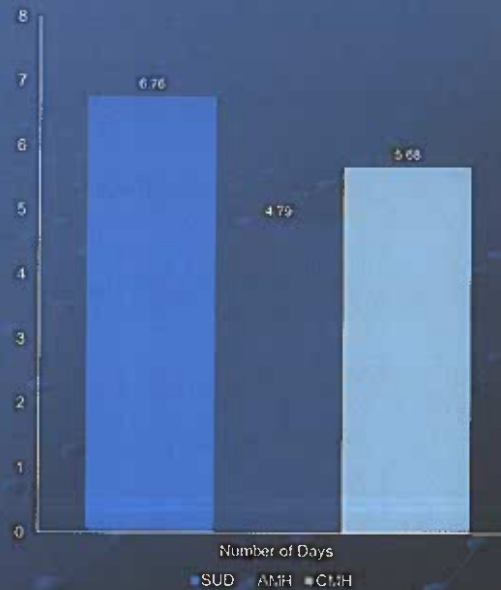
- 27% increase in number of assessments completed
- 32% increase in Individuals opened to the RBHA for ongoing services



Targets

DBHDS performance contract measures the number of days between the Rapid Access assessment and 1st treatment appointment

Target: 10 business Days or less



New This Fiscal Year

Added 2 Clinician Positions

Added an on-site Clinician at Boushall Middle School to support an initiative with Richmond Public Schools

Expanded the Engagement Specialist position to Full-Time allowing for expanded outreach opportunities

Primary Care Screenings Implemented

Rapid Access Expands to the Community!

- 12 year old girl referred to onsite clinician for stealing from family members, defiance, and verbal aggression
- Barriers to accessing services included: parent does not speak English, lack of transportation, lack of medical insurance, and no history of accessing resources and services.
- Actively participating in services, reporting an increased desire to change, improved mood, improved grades, and has had no additional school suspensions since starting services.



The Impact of Rapid Access: the Clinician Experience

A few days ago, a young man came to my door. He nervously said, "I don't know if you remember me." I didn't. I see around 80-100 people a month, and I'd probably seen 300 people since I saw him.

He said, "I went to residential and now I'm 3 ½ months clean. It's because of what you told me, when I came in for the first time. I was telling you all the things I used to be, responsible, a hard worker...you told me, 'those are not the things you used to be. They are who you are.'"

He gave me a rare gift that day by sharing part of his journey. He will go on to be the hero in his own life and the part I played will become smaller and smaller. Days like this remind me that this is why I am a counselor.



Thank you!

Kristen Scott, LCSW

(804) 819-4033

scottk@rbha.org