



BOARD OF DIRECTORS MEETING MINUTES September 6, 2022

Richmond Behavioral Health Authority (RBHA) Board Members, the CEO and Executive Assistant assembled for this meeting in the RBHA Board Room at 107 S. 5th Street in Richmond, Virginia 23219.

This meeting was also held through electronic communication means due to safety concerns stemming from the coronavirus pandemic.

The public was provided the option to attend in person or by teleconference/videoconference via Zoom. Other staff attended by teleconference/videoconference via Zoom.

RBHA Board members present: Jenny Aghomo; Tameisha Archer; Kristi Babenko; Scott Cannady; Irvin Dallas, Chair; Karah Gunther, Vice Chair, via Zoom; Sarah Mines; Dr. Cynthia Newbille; Rev. Dana Sally-Allen; Malesia "Nikki" Taylor, Secretary/Treasurer; Eduardo Vidal and Stephen Willoughby.

RBHA Board members absent: Dr. Joy Bressler; Dr. Brian Maiden; and Shauntelle Hammonds.

Staff present: Dr. John Lindstrom, CEO; Amy Erb via Zoom; Bill Fellows via Zoom; Susan Hoover via Zoom; Dr. Jim May via Zoom; Shenee McCray via Zoom; Carolyn Seaman via Zoom; Michael Tutt via Zoom; Scott Ward via Zoom; Cristi Zedd via Zoom; Matt Gordon and Meleese Evans, Executive Assistant.

RBHA's Legal Counsel: Jon Joseph of Christian & Barton, LLP, via Zoom.

Guests: None.

Proceedings:

- The meeting was called to order at 3:02 p.m. by Irvin Dallas, Board Chair.
- Irvin Dallas welcomed everyone and asked Kristi Babenko to introduce herself, as this was the first Board meeting since her appointment to the RBHA Board of Directors.
- Public Comment: None.
- The Board meeting minutes for July 5, 2022, were approved with a motion by Scott Cannady, seconded by Malesia "Nikki" Taylor and unanimously approved by all members present. Dr. Cynthia Newbille abstained, as she was not present at that meeting.
- ***Motion: Dr. Cynthia Newbille moved to accept Karah Gunther's remote participation from her job; seconded by Irvin Dallas and unanimously approved by all board members present.***

Employee Recognitions

- Alison Rowe, LCSW, Clinician II in Rapid Access/Outpatient Therapy, was recognized as employee of the month.

Board Chair Report – Irvin Dallas

- Irvin Dallas asked board members to review the list of Board Committees assignments, noting recent appointments, and the roles and responsibilities included in today's board meeting packet; and, asked board members to let him know if they have any concerns or suggestions.

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.

RBH Foundation Report – Carolyn Seaman

- The Foundation Development Report was discussed and is included in today's board meeting packet and with today's meeting minutes. Draft minutes from the last Foundation meeting are also included in today's meeting packet.
- Carolyn Seaman provided board members with the RBH Foundation FY22 Gratitude Report.

Committee Reports:**Access & Service Delivery Committee** – Malesia "Nikki" Taylor

- The Access & Service Delivery Committee reviewed and discussed the RBHA Service Data report for the 3rd Quarter of FY-22 and the Human Rights report.
- The Human Rights reports noted seven (7) complaints, from seven (7) different individuals, during the 3rd Quarter of FY-22. Seven were determined to be potential Human Rights violations and three (3) were founded to be potential Human Rights violations.
- The Committee discussed topics for future Board presentations. Care Coordination across the agency will be presented during today's meeting.
- A draft report of the Access and Service Delivery Committee meeting is included in today's board meeting packet.

Advocacy & Community Education Committee – Scott Cannady

- The Advocacy & Community Education Committee has not met since the last Board meeting.

Executive Committee – Irvin Dallas

- The Executive Committee has not met since the last Board meeting.

Finance Committee Report – Malesia "Nikki" Taylor

- Total cash in the bank at June 30th was \$28.8 million, and RBHA's share of that cash is \$10.4 million.
- RBHA's current operating reserve ratio for June was 1.24 or more than 2 months of expenses.
- RBHA's net worth is \$27.3 million and FY2022 net income at June 30th was \$20.1 million.
- Gross Accounts Receivable is \$21.7 million and net Accounts Receivable, after the allowance for doubtful accounts, is \$7.5 million due from the Managed Care Organizations.
- The note payable balance at June 30th was \$2.8 million.
- The allowance for doubtful accounts is \$14.2 million at June 30th.
- The Finance committee voted to authorize Dr. John Lindstrom to make an offer for property beside the Parker Lane REACH home. The property will be used for the REACH offices that are currently being leased in Festival Park. This purchase will be made using REACH restricted funds.

Motion from the Finance Committee that the RBHA Board authorize the RBHA CEO to negotiate the purchase of the Parker Lane property and house adjacent to the REACH Crisis Therapeutic Home; seconded by Stephen Willoughby and unanimously approved by all board members present.

Human Resources Committee –Karah Gunther

- 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: Care Coordination at RBHA, was presented by Shenee McCray, LCSW, COO Mental Health Services; Cristi Zedd, LCSW, COO Developmental Services/REACH Region IV/ITC of Richmond; Jim May, Ph.D., COO, Planning, Dev., Research, Evaluation & Substance Use Disorders Services; Amy Erb, MSW, Director of Region 4 Programs and Sara Hilleary, LPC, CSAC, Program Manager II, RICH Recovery Clinic. The presentation is included with today's meeting minutes.

The meeting adjourned at 5:04 p.m.

The next Board of Director's meeting will take place on **Tuesday, October 11, 2022, at 3:00 p.m., at RBHA, 107 S. 5th Street in Richmond, VA 23219.**

Respectfully Submitted:


Irvin Dallas
RBHA Board Chair



Dr. John P. Lindstrom
Chief Executive Officer

Richmond Behavioral Health Authority
Board of Directors
Chief Executive Officer's Report
September 6, 2022

Welcome back after the August break in monthly board meetings. FY 23 is off to a roaring start. September is Recovery Month and RBHA will be recognizing the recovery community and paths toward recovery throughout the month.

The fall VACSB conference will be held October 5 – 7 in Chantilly, Virginia. Please check your email inboxes about details and let Meleese know if you wish/plan to attend.

August was a red-letter month for crisis expansion. We have begun the process of planning and recruitment for expansion of the RBHA-based Regional Mobile Crisis service. On a reimbursement basis, we will receive up to 1.1 million dollars for increased staffing toward attaining our ultimate goal of 24/7/365 mobile crisis response for all of Region 4. FY 23 funds will be from the Commonwealth's ARPA allocation, with state general fund dollars helping to sustain the effort in FY 24.

In late August, RBHA, in partnership with the Richmond City Police, launched the first of two Co-Response teams in support of our Marcus Alert plan. A second team will come online as soon as staff are in place. In this model, a crisis-trained behavioral health clinician (RBHA) and a trained police officer will work in tandem, responded to calls dispatched by the Richmond Department of Emergency Communications (9-1-1). The teams will be deployed in non-traditional vehicles with markings unique to the new service. The officers will wear "soft" uniforms. In most cases, the behavioral health clinician will take the lead in engaging the subject of the emergency call.

In today's Board meeting, I will discuss details of an opportunity to purchase a property adjacent to the REACH Adult Crisis Therapeutic Home located on Parker Lane in Chester. If successful, moving in this direction will allow us to downsize the REACH offices currently operating in rented space at Festival Park and produce significant savings. Purchase costs would be absorbed by deferred REACH funds. If the Board approves, I will make an immediate offer. Plan B would be to scale back rental space next spring when our current lease expires.

The on-site portion of the annual external audit is complete. We expect the audit will be fully complete by the end of this month, in time for submission to the City in October.

Our services, along with Medicaid revenue management procedures, produced in excess of one million dollars over the FY 22 collection target. We remain cautiously optimistic about FY 23 Medicaid collections given the observed improvement in both current and aging receivables.

The Electronic Health Record (EHR) RFP is on the streets, with large attendance at mandatory pre-bid conference. Over the next several months, staff will evaluate proposals, participate in demonstrations, and make recommendations for awarding a contract.

Respectfully submitted,



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

RBHA Board Meeting
Development Report – September 6, 2022

Richmond Behavioral Health Foundation

YTD Unrestricted to RBHF: \$26,449.84

YTD Restricted Funds (outside of grants) to RBHF: \$235.00

YTD grants awarded: \$5,000

YTD gifts-in-kind: \$17,720.00

YTD Total Revenue: \$31,684.84

	Current Year (FY23)	Past Year (FY22)	2 years ago (FY21)
	Total Grants/Requests Submitted in FY23 (July 1, 2022 – June 30, 2023)	Total Grants/Requests Submitted in FY21 (July 1, 2021 – June 30, 2022)	Total Grants/Requests Submitted in FY21 (July 1, 2020 – June 30, 2021)
Number of Submitted Grants/Requests	3 carried over from FY22 \$178,000 6	14 Total: \$667,500.00	7 Total: \$108,820
Number of Funded Grants/Requests	1	7	3
Dollar Value of Awarded Grants/Requests	\$5,000	\$86,000.00	\$51,320
Number of Pending Grants/Requests	6	2	1
Dollar Value of Pending Grants/Requests	\$207,000	\$178,000.00	\$15,000
Number of Denied Grants/Requests/Postponed	2	3	3
Dollar Value of Denied or Partially Funded Grants/Requests	\$10,500	\$403,500	\$57,500
Gifts in Kind - Monetary Value (Includes Value of Volunteer Hours and Value of donated items)	\$17,720.00	\$65,242.44 (Volunteer Hours Value) \$43,330.00 (Donated Items Value) TOTAL: \$108,572.44	\$68,357.20

RBHA Board Meeting
Development Report – September 6, 2022

Volunteer Hours	454	2306	1551
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Update on Grants and Gifts: See attached chart

Volunteer Projects:

- Hands On Greater Richmond – coordinating a DIY Project on our behalf – Children’s Personal Care Kits – July 2022 – **Received 272 Kits**
- Hands On/ Altria Event – July 20th 1pm – 5pm – North Campus WRTC, 100+ volunteers – **Project completed**
- Hands On/Altria – submitted 3 proposals for fall 2022 projects (see chart)
Phase 2 of the WRTC Project – scheduled for September 21st
- Scheduling 3 DIY Volunteer Projects for the Fall
 - Snack Kits
 - Personal Care Kits
 - Cold Weather Item Kits

Community Engagement:

- American Horticulture Society Conference – Tour of North Campus Greenspace – July 14th, 11am
- Marshall Center Exercise Room Ribbon Cutting – August 2, 1pm – Exercise Room funded by Aetna

Events:

- Marshall Center Exercise Room Ribbon Cutting – August 2, 1pm – Exercise Room funded by Aetna

Appeals:

- **Refresh for Recovery** Campaign – RBHF Board of Trustees Campaign - \$5,000 match to paint the entry, dining room, and common areas on the 1st Floor at 1700 Front St.
- Giving Tuesday – November 29th – focusing on Homeless Services for this appeal

Mini Grants:

We awarded the first 3 \$5,000 grants to:

- ACT – develop a Vocational/Educational group to assist individuals with developing job skills and furthering their education
- DS Children’s Services – community inclusion events and activities for children and families
- WRTC Children’s Services – Welcome Bags for children accompanying their mothers in treatment, community inclusion activities

Next 3 Mini Grant will be awarded in December/January

Care Coordination at RBHA

Presentation for the Board of Directors

September 6, 2022

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What is in a name?

Question: *What is care coordination?*

Answer: *Depends on who you ask.*



2

If you ask SAMHSA*:

Care Coordination: *"Deliberately **organizing consumer care activities and sharing information among all of the participants concerned with a consumer's care** to achieve safer and more effective care. This means the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient."*

Case Management: *"Although it defies precise definition, case management generally can be described as a **coordinated approach** to the **delivery of health, substance abuse, mental health, and social services**, linking clients with appropriate services to address specific needs and achieve stated goals"*

*SAMHSA is the federal Substance Abuse & Mental Health Services Administration

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If you ask a CCHBC*:

Care Coordination: *"Care coordination involves **deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care** to achieve safer and more effective care. This means that the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient."*

NOTE: This is identical to the SAMHSA definition

*CCHBC: Certified Community Behavioral Health Center

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If you ask STEP-VA*:

Care Coordination: *"Care coordination is an activity, practice, and philosophy that promotes team-based care among all the participants concerned with an individual's care and is not a distinct service. CSBs coordinate care across the spectrum of health services, including access to physical health services (acute and chronic) and behavioral health care, as well as social services, housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the whole person."*

*STEP = System Transformation Excellence and Performance in Virginia, a large scale, aspirational behavioral health system transformation effort being "rolled-out", over several years, as its components are defined and funded.

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If you ask DMAS, ARTS Manual*:

Care Coordination: Enhancing community integration through increased opportunities for community access and involvement and enhancing community living skills to promote community adjustment including, to the maximum extent possible:

- Use of local community resources available to the general public;
- Linking member to community supports most likely to promote the member's personal rehabilitative, recovery, and life goals;
- Monitoring provision of services, including outcomes, assessing changes or needs for additional services, and facilitating referrals as needed;
- Assuring coordination of services and service planning
- *And about three more pages of services and activities.....*

*DMAS ARTs Manual: Virginia Department of Medical Assistance Services' Addiction Recovery & Treatment Services manual - program and service definitions for Medicaid reimbursement

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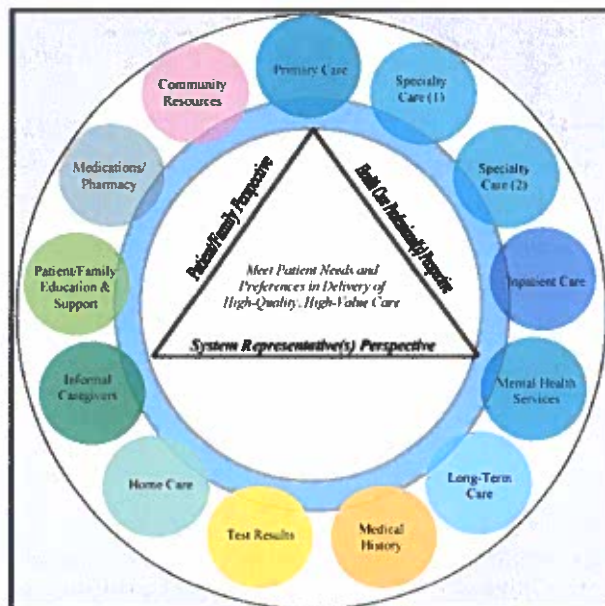
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Clear as mud?

In Short....

Think of care coordination not as a specific service but a collection of consumer care activities and information sharing....

Also, It looks different across RBHA Divisions....



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Developmental Services: Role of Care Coordination

What are these services or activities called in Developmental Services?

Part C Early Intervention: Infants and Toddlers

- Service Coordination

Developmental Services: Child and Adult

- Support Coordination

REACH Regional Crisis: Child and Adult

- Crisis Prevention Coordination

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Service and Support Coordination: A person-centered approach

- Service/Support Coordinators (SC) support individuals and their families and/or natural supports with achieving a "good life".
- Identify desired and needed supports
- Linking to community resources that meet these wants and needs
- Collaborating with a wide variety of professionals, community partners and support programs to advocate and deliver supports that best match the individual's strengths
- Monitoring the individual's changing needs and ensuring that the most appropriate supports continue to be received

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REACH Crisis Prevention Coordination: A person and system-centered approach

Crisis Prevention Coordinator provides Brief Crisis Prevention Services.

- Support community placement and prevent facility placement through an ongoing team approach
- Provide linkages, affiliation, outreach and follow-up with local, state and national providers
- Provide clinical assessment and consultation
- Offer systemic training for service providers and family members
- Develop Crisis Plans to support individual and system

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Implementation of Formalized Care Coordination in Mental Health Services

2013 –
Development of
Enhanced Care
Coordination

2018 –
Addition of
Medallion 4.0

2017 –
Commonwealth
Coordinated
Care Plus (CCC
Plus)

Jan 2023 –
Cardinal Care



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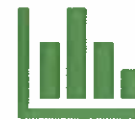
Enhanced Care Coordination Services in MH



Focus on Integrated Care
– Physical and
Behavioral Health



Close Collaboration with
Managed Care
Organizations (MCOs)







Use of Claims Data to
Inform Interventions

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Behavioral Health Home (BHH)

 **Anthem**
 **Agency-wide initiative**
 **Physical and Behavioral Health**
 **Leading the state across all Anthem BHHs**

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STEP-VA Care Coordination

- Case Managers and Clinicians exchange information with associated providers aiming to improve health outcomes and increase access to needed services including:
 - Physical health
 - Housing
 - Educational Systems
 - Employment
 - Social Services

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Regional Crisis Call Center

- Region 4 contracts with **PRS CrisisLink** to serve as crisis call center for the Central Region of Virginia
- **PRS** is certified as a national suicide prevention lifeline (NSPL) and provides mental health services and emotional mental health crisis support via phone
- **Call center** connects caller with a higher level of care, as needed (mobile crisis response and community stabilization or 911 for life-saving response)
- Links callers with **Region 4 Care Navigation** for connection to community-based resources, including behavioral health services.

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Region 4 Care Navigation

- Per SAMHSA and HHS guidelines, **crisis services** should not be viewed as stand-alone resources operating independent of the local community mental health and hospital systems but rather are an integrated part of a coordinated continuum of care
- **Service needs** and preferences of the individual served must be assessed to inform the interventions and connections to care immediately following the crisis episode
- The **Care Navigator** is responsible for providing follow-up with individuals to support continuity of care (identification of community resources and linkages to ongoing services)
- **Care Navigation** fills a critical gap in the crisis continuum by supporting continued care for the individual (avoiding recidivism)

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Region 4 Jail Team

- The **Jail Team** *facilitates collaboration* between individuals with mental illness, treatment providers, courts, attorneys, correctional institutions, community corrections, psychiatric hospitals, CSBs, and other social services to provide mental health services in the jail comparable to services available in the community
- Services provided include **Consumer Monitoring**, *communicating with the CSB/BHA case manager* about the individual's care, and providing overall case management, advocacy, and clinical interventions as necessary
- Consumer monitoring is *designed to augment, not substitute for*, mental health *services provided by the jail*

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Care Coordination Functions in Substance Use Disorders Outpatient Services (SUD-OP)

Care Coordination in SUD-OP provided by Clinicians & Office Associate:

- *Ongoing assessment* to identify strengths, needs and barriers, and *make referrals* to lower levels of care and community partners for other needed services and supports
- Refer to, and *coordinate with, providers of higher levels of care*, as needed; assist in transition to higher levels of care and back OP services
- *Coordinate with* primary care, psychiatry and MAT providers, plus Social Services, Probation/Parole and Courts (re: case status & mandates)
- Assist in *applying for Medicaid Benefits*; Office Associate assists with *arranging transportation* and providing *appointment reminder calls*, education on how to access transportation
- Provide education to police officers as part of the CIT

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Care Coordination in Residential Substance Use Disorders Treatment Programs (SUDs)

Care Coordinators work together with individuals served to:

- Coordinate services, to include medical, behavioral and social
- Connect/Link to community resources
- Collaborate with community partners, to assist with individuals' tangible needs (e.g. ID cards, work uniforms and training manuals, special shoes and clothing)
- Educate and inform community partners, service providers, and family members, as needed to support individuals' informed decision-making
- Monitor treatment response and provide ongoing assessment of needs
- Collaboratively plan for discharge and advocate for needed resources and supports to ensure a smooth and safe transition and discharge

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Specialized Care Coordination Functions in Residential SUD Treatment Programs

- **Care Coordinators** in the **HOPE Co-occurring Program** is provided by Master's Level Clinicians who provide clinical services as well as supportive services to individuals in this specialized residential treatment program
- **Women's Residential Treatment Program** has 2 designated **Care Coordinators** who, in addition to general care coordination functions ("connectors"), also support individuals whose children are residing with them in treatment; provide referrals of children to Part C Early Intervention and children's medical services; and facilitate school enrollment and educational support and resources
- **Men's Residential Treatment Program Care Coordinators** may also attend court hearings; testify in court

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Care Coordination in the RICH Integrated Primary Care Clinic

• 2 Care Coordinators

- **Toni** focused on high Emergency Room (ER) utilization for physical health conditions, using EDCC. Alerts case managers of high utilization and links to RICH Clinic for primary care and provides prescribers hospital documentation from recent visit(s);
- **Jillian** focused on ER visits for behavioral health symptoms (Suicidal Ideation [SI], overdose, domestic violence, etc.). She links these individuals to peer specialists or clinician for additional support.
- Both have fluid "caseloads" of individuals who need additional appointment reminders, support and encouragement to remain engaged in treatment.
- Both inform case managers; assist with follow-up and/or reach out to hospital staff and/or the individual to reengage with RBHA services.

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Care Coordination in the RICH Integrated Primary Care Clinic, *continued*

- **Certified Medical Assistants (CMAs)** also provide care coordination services in the form of Remote Patient Monitoring, specialist referral scheduling and follow-up, and chronic care management.
- RICH Clinic has taken lead to participate (other RBHA staff are also participating) in the **National Council on Mental Wellness' Care Coordination Learning Collaborative**, a four-month series of webinars and roundtable discussions with other CCBHCs across the country on how to improve care and health outcomes through care coordination.

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Care Coordination at RBHA

- Driven by individual's unique needs and preferences
- Expands traditional case management to include general health care, and doesn't need to be long-term
- Involves collaboration, coordination and information sharing with the individual, the family and other services providers
- Strives to maintain individual in highest level of social, behavioral and general health functioning in the community, and out of hospital

THANK YOU

Questions?

Richmond Behavioral Health