### HR FY2016

Harrisonburg-Rockingham Community Services Board

Ellen D. Harrison

## STATE PERFORMANCE CONTRACT – EXECUTIVE SUMMARY

Renewal and revision between Harrisonburg-Rockingham Community Services Board and the Virginia Department of Behavioral Health and Developmental Services. Fiscal Year 2016 (July 1, 2015 – June 30, 2016).

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) biennial Performance Contract is being renewed and revised with each of the 40 Community Services Boards (CSBs) in the Commonwealth of Virginia. The Harrisonburg-Rockingham CSB Board of Directors approved this FY2017 Contract renewal and revision on June 14, 2016.

The FY2017 Performance Contract package identifies the funding resources budgeted by the CSB, and the CSB Board responsibilities in providing services, that ensure accountability to DBHDS and quality of care for local citizens. As HRCSB begins its 44<sup>th</sup> year, we continue to believe that individuals who experience mental illness, developmental disabilities, or substance use disorders deserve community services that help promote dignity, choice, recovery, and the highest possible level of participation in work, relationships, and all aspects of life.

With the support of Rockingham County and the City of Harrisonburg, HRCSB will continue to provide quality services in this community.

### State Performance Contract

### Overview

- The Code of Virginia establishes the Virginia Department of Behavioral Health and Developmental Services (DBHDS), to support delivery of publicly funded community mental health, developmental and substance use services and supports and further authorizes DBHDS to fund said services.
- The Code of Virginia requires cities and counties to establish community services Boards (CSBs) for the purpose of providing local public mental health, developmental and substance use services.
- DBHDS functions as a state authority for the public mental health, developmental and substance use services system, and the CSB functions as the local authority for that system.
- The Code of Virginia also requires the CSB to function as the single point of entry into publicly funded mental health, developmental, and substance use services. The CSB fulfills this function for any person who is located in the CSB's defined service area.

- The Code of Virginia and State Board Policy establish the Performance Contract for the
  purpose of funding services provided by the CSB in a manner that ensures accountability to
  DBHDS, and quality of care for individuals receiving services, and implements the mission of
  supporting individuals by promoting recovery, self-determination, and wellness in all
  aspects of life.
- The CSB Administrative Requirements document is incorporated into and made a part of this contract by reference and includes or incorporates by reference ongoing statutory, regulatory policy, and other requirements that are not contained in this contract.
- The relationship between the roles and responsibilities of DBHDS and the CSBs are described in the Partnership Agreement.

### FY2017 Key Revenue Factors

- The approved City of Harrisonburg funding increase of \$67,610 was instrumental in covering increased personnel costs (e.g. health insurance) and annual sustainability of market-based adjustments for targeted positions initially funded for 6 months in FY2016. We anticipate future conversations specific to funding adjustments should the Governor move forward with a 2% COLA by December 2016.
- Net Income for FY2017 reflects funds restricted for newly established programs that include the Crisis Intervention Team Assessment Center located in the Sentara RMH Emergency Department, Children's Mobile Crisis Team (state funded), Adult Mobile Crisis Team (grantfunded with match funds), Offender Reentry Program (grant funded), and a multitude of established services as well.
- For FY2017, we have been able to add an additional Children's Case Manager, Children's
   Therapist, Human Resources Specialist position, and one additional full-time equivalent
   position in Reimbursement. As demand for HRCSB services continues to grow, both the
   clinical and administrative departments seek efficiencies to better meet the demands to the
   degree it is possible; yet in many areas we have been required to expand personnel as well.

### Update on 2016-17 Initiatives

### <u>Crisis Intervention Team Assessment Center (CITAC)</u>

The Crisis Intervention Team Assessment Center opened on December 1, 2015. Since that time of the 72 Emergency Custody Orders completed during operational hours, 27 persons were able to have their custody transferred to the CITAC law enforcement officer. This transfer allowed for the release of the initiating officer back to the streets; and thus freed up 76.2 hours of law enforcement time.

### • Emergency and Access Services

The Department of Emergency Services and Access was understaffed by the equivalent of one full-time position for over 50% of FY2016 due turnover. Despite this challenge, over 2,400 face-to-face assessments were completed including both 1,254 Intakes for services and 1,175 crisis contacts. Per VA Code, CSBs must provide Emergency Services 24 hours per day / 7 days per week to all citizens in the designated service area.

Adult Outpatient Services (mental health and substance use individual and group treatment) has been running at an average of 92% capacity with over 400 clients assigned to this program. Due to the increased demand for both emergency services and access services, we transitioned the job duties for Intakes to Outpatient Services in order to offer more consistent access to clinic services. Diverting hours for five clinicians to complete Intakes certainly increases access to adult mental health and substance use services while reducing the overall capacity of Outpatient Services. It is a delicate balance of maintaining an open door for new clients while continuing services for established clients.

### Services for Criminal Justice Involved

We are in process of shuffling services in the Rockingham-Harrisonburg Regional Jail (RHRJ) to accommodate the request for increased hours for the jail-based clinician to a full-time equivalent. This will allow for even greater continuity of services for all inmates held at this site.

The grant-funded Offender Reentry Program is fully staff with a case manager in RHRJ and theraplst located at HRCSB. This program, in partnership with Strength in Peers and the Harrisonburg Redevelopment and Housing Authority, will transition inmates being released with substance use treatment needs to available community services.

The Adult Mobile Crisis team, funded through October 2018 by federal grant and local match monies, became fully operational on July 1, 2016. This 20-hour service is comprised

of a licensed clinician and a law enforcement officer providing services in both the community and in the jail when indicated.

### Certified Community Behavioral Health Clinic (CCBHC)

A tremendous amount of work on the state-wide grant, funded by the Substance Abuse Mental Health Services Administration (SAMHSA), has been accomplished to determine what changes / costs are required to bring the 8 selected CSBs up to certification status. Currently, the decision to apply for the 2<sup>nd</sup> Phase Demonstration Grant for CCBHC status with SAMHSA rests with DBHDS and ultimately Governor McAuliffe. DBHDS and the conglomerate of 40 CSBs are committed to the betterment of the entire service delivery system through the implementation of best practices whether within the parameters for CCBHC status or independently.

### In summation

The Harrisonburg-Rockingham Community Services Board and the Board of Directors are grateful for the continued opportunity to provide quality services to the citizens of Rockingham County and Harrisonburg City. We anticipate continued growth in demand for these services and believe that strong partnerships with local government and community partners are essential to our strategic plans for future growth. We look forward to another year of providing quality services to our citizens in need.

# COMPARATIVE BUDGET OVERVIEW FISCAL YEARS 2016 and 2017

Change		510 12%				901 7%
		\$1,572,610				\$11,556,901
FY2016	\$4,715,147	\$1,386,200	\$4,006,264	\$461,072	\$164,353	\$10,733,036
REVENUES	State Funds	Local Funds	Fees	Federal Funds	Other Funds	

	State Funds	■ Local Funds	■ Fees	Federal Funds	Other Funds
FY 2017 REVENUES		4% 2%	37%		14%

EXPENSES	FY2016	FY2017	<u>Change</u>
Personnel	\$8,591,762	\$9,278,029	%/
Contract Services	\$880,827	\$1,062,755	17%
Leases & Rentals	\$91,680	\$91,680	%0
Staff & Office Related	\$388,428	\$409,961	2%
Facility Related	\$360,360	\$356,061	-1%
Equipment / Vehicle	\$63,720	\$65,820	3%
Consumer Related	\$232,564	\$229,780	-1%
Other Administrative	\$123,695	\$62,815	-97%

Staff & Office Related

■ Contract Services Leases & Rentals

3%~ 1%

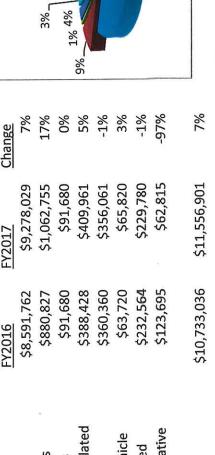
Personnel

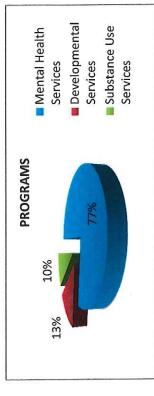
FY 2017 EXPENSES

Other Administrative

Equipment / Vehicle Consumer Related

Facility Related





\$8,898,814

\$1,155,690 \$1,502,397

**Developmental Services** Mental Health Services

**PROGRAMS** 

Substance Use Services

\$11,556,901