

BOARD OF DIRECTORS MEETING MINUTES

November 10, 2020

This meeting of the Richmond Behavioral Health Authority (RBHA) Board was held through electronic communication means due to the current State of Emergency and due to safety concerns stemming from the coronavirus pandemic. Board members, staff, and the general public were able to participate by teleconference/videoconference via Zoom.

RBHA Board members present were: Irvin Dallas, **Vice Chair**; Colleen Howarth; Dr. Cynthia Newbille; Melodie Patterson; Eduardo Vidal; Denise Dickerson, **Secretary/Treasurer**; Dr. Cheryl Ivey Green, **Chair**; Sabrina Gross; Karah Gunther; and Dr. Michelle Whitehurst-Cook.

RBHA Board members absent: Dr. Joy Bressler; Scott Cannady; Malesia “Nikki” Taylor; and Chelsea Higgs Wise.

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

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

Guests: None.

Proceedings:

- The meeting was called to order at 3:04 p.m. by Dr. Cheryl Ivey Green.
- The Board meeting minutes for October 6, 2020 were tabled until the next board meeting; as, the following members abstained from approving the minutes: Irvin Dallas, Cynthia Newbille, Colleen Howarth, Melodie Patterson and Eduardo Vidal, because they did not attend the October meeting.
- **Public Comment:** None.

Employee Recognitions

- Program of Assertive Community Treatment (PACT) team in Adult Mental Health services was recognized as team of the month.
- Grants Evaluation team was also recognized as team of the month.

Board Chair Report- Dr. Cheryl Ivey Green

- Dr. Cheryl Ivey Green thanked Richmond Behavioral Health Authority and Richmond Behavioral Health Foundation for the work being done this season to ensure individuals are receiving the services needed. Appreciate the efforts and risks everyone is taking during this time of COVID 19.
- Dr. Green congratulated Dr. Michelle Whitehurst-Cook for completing her 9 year tenure on the RBHA Board and thanked her for all she has done to help Richmond Behavioral Health.

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 – Ms. Carolyn Seaman

- The Foundation Development Report was discussed and is included in today’s board meeting packet and with today’s meeting minutes.

- Board members should receive the annual appeal next week from the Foundation with the new RBH Brochure and Foundation insert.

Committee Reports:

Access & Service Delivery Committee - Dr. Michelle Whitehurst-Cook

- The Access and Service Delivery Committee has not met since the last board meeting.
- The Access and Service Delivery Committee will meet on December 1st.

Advocacy & Community Education Committee – Mr. Scott Cannady

- The Advocacy and Community Education Committee has not met since the last board meeting.

Executive Committee – Dr. Cheryl Ivey Green

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

Finance Committee –Ms. Denise Dickerson

- Total cash in the bank at September 30th was \$22.6 million, and RBHA's share of that cash is \$5.4 million.
- RBHA's current operating reserve ratio is at 1.08 or just over 2 months of expenses. RBHA is reporting monthly to DBHDS on COVID-19 issues including cash flows.
- As part of the audit process, Finance performed an annual lookback and write-off of items deemed uncollectible for timely filing. The actual write off occurred in October 2020 and balances at that time will smooth out. Gross AR of September was 14 million and net, after allowances for bad debt, was 8.5 million.
- The note payable balance at September 30th is \$3.1 million and has been recorded in the liabilities section of the Balance Sheet.

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: Trauma and How RBH is Preparing Staff to Address this in our Clients and our Community was presented by Dawn Farrell-Moore, LCSW, CSAC, Director of Grants, Research, Evaluation and Planning. The presentation is included with today's meeting minutes.

The meeting adjourned at 4:24 p.m.

The next Board of Director's meeting will take place on **Tuesday, January 5, 2021 at 3:00 p.m. by teleconference/videoconference via Zoom.**

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
November 10, 2020

We are in our **eighth full month of COVID 19 operations**. The significant service modifications we made in March are still in place, enabled by the continued flexibilities afforded by DMAS and the Department of Behavioral Health and Developmental Services. RBHA has not been immune from the Coronavirus. To date 53 of our consumers have been infected and 11 of our staff. As most of you know, in the last month one of our staff members, Donna Harris, who worked at the Women's Treatment Center, succumbed to COVID 19. Sad enough, she also lost her sister and adult son to this menacing virus.

RBHA, and much of my time over the past month, has been directed toward several city initiatives. The **Mayor's Task Force for Reimagining Public Safety** meets bi-weekly and soon will submit a final report to the Mayor's office. I am supporting the **Human Services Lens** workgroup that has been meeting weekly in addition to the full Task Force meetings. The Marcus Alert planning also continues. A framework for this enhanced crisis response system has been submitted which consists of four components: 1) A special alert for police in the case of a behavioral health emergency, 2) A co-responder model involving pairs of police officers and crisis clinicians who partner full-time, 3) A collaborative response model involving a coordinated response between police and behavioral health, and 4) Enhancements to the current Crisis Intervention Team training. The Marcus Alert and Community Care Team(s) are still in planning and no final decisions have been made as to the framework and/or resources necessary to support.

We now have the Certificate of Occupancy for the **Children's Services Center** at the North Campus. The process of furnishing and otherwise equipping the center is now underway. As a reminder, the first floor space will serve the childminding needs of the North Campus residential programs. The second floor will house our Part C, Early Intervention Program staff.

The **COVID 19 testing protocol** in partnership with LabCorp initiated on the North Campus continues to do well. Initial testing focused on 50 residents. All results were negative. Testing is conducted with all new admissions. Staff are also encouraged to avail themselves of testing provided by LabCorp and any of the providers who participate with our health care plan.

Respectfully submitted,



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

RBHA Board Meeting
Development Report – November 10, 2020

Richmond Behavioral Health Foundation

YTD Income (minus grants) to RBHF: \$4945.44 (as of October 30, 2020)

YTD grants awarded: \$50,000 (as of October 2020)

YTD gifts-in-kind: \$0

	Current Year (FY21)	Previous Year (FY20)	Two Years Ago (FY19)
	Total Grants/Requests Submitted in FY21 (July 1, 2020 – June 30, 2021)	Total Grants/Requests Submitted in FY20 (July 1, 2019 – June 30, 2020)	Total Grants/Requests Submitted in FY19 (July 1, 2018 – June 30, 2019)
Number of Submitted Grants/Requests	5 Total: \$56,320	2 carryover from FY19 (\$40,000) 10 (TOTAL: \$151,000)	9 \$418,500 and up to \$500,000 (TOTAL: \$918,500)
Number of Funded Grants/Requests	2	7	5
Dollar Value of Awarded Grants/Requests	\$50,000	\$142,000	\$59,795
Number of Pending Grants/Requests	2	0	2
Dollar Value of Pending Grants/Requests	\$51,320	0	\$40,000
Number of Denied Grants/Requests/Postponed	1	2 - denied 3 – cancelled (COVID)	3
Dollar Value of Denied or Partially Funded Grants/Requests	\$5,000	\$59,000	\$821,500.00
Gifts in Kind Monetary Value	0	\$57,671.25	\$9,342.00
Volunteer Hours	273	863	200

Update on Grants and Gifts: See attached chart

RBHA Board Meeting Development Report – November 10, 2020

Communications:

- Branding Roll Out to Staff took place October 29th via Zoom Webinar

Key Metrics:

- 414 Employees registered for the webinar; 352 attended
 - Direct feedback was received from 151 attendees, over 40% of all attendees
 - Despite the challenging COVID backdrop, 89% of feedback was extremely positive
 - Only 2% of attendees provided negative constructive feedback
 - 59 Employees volunteered to participate in upcoming aspects of the re-branding process (i.e., marketing, event planning, etc.)
- RBH Brochure and RBHF Insert is complete
 - Next Steps:
 - Brand Standards Manual to be completed
 - Print Collateral Strategic Plan to be finalized
 - Begin transition of internal documents and external facing communications
 - Logo Presentation to RBHA Board for vote to adopt – September 1, 2020 - ADOPTED
 - Next Steps:
 - Complete development of RBH Brochure
 - Roll out to RBHA Staff – scheduled for October 29, 2020

Volunteer Appeals/Events:

- 2 DIY Volunteer Project Dates completed (2 more to come):
 - Volunteer Service Hours: 273
 - Painted Rocks for NC Walking Trail: 58
 - Nourishment Kits: 283
 - Hygiene Kits: 128
 - Cold Weather Item Kits: 266
 - Added approximately 160 new contacts to our email/ mailing list – allows us to continue to connect with community members and educate them about the work of RBH.
- GIVING TUESDAY – December 1st – Cold Weather Item Collection
- Planning several Volunteer Appeals in partnership with Hands On Greater Richmond - primary goal is to connect with individuals in the community and establish new relationships
 - Painted Rocks – North Campus Walking Trail
 - Hygiene Kits – Marshall Center, MRTC, PACT, Homeless Services
 - Nourishment Kits – Homeless Services
 - Cold Weather Kits – to grow our Giving Tuesday Cold Weather Item Collection
- Walking Trail – North Campus – November 2020 – Work to begin this week – tentatively scheduling 2 small volunteer opportunities around the installation of the walking trail

RBHA Board Meeting Development Report – November 10, 2020

Appeals:

- Annual Appeal Campaign begins this week
 - Mailing
 - Email
 - Social Media Campaign
- Annual Appeal to begin in late October – first wide distribution of the new RBH brochure
- Planning a campaign for the Children’s Services Center at North Campus – Outdoor Needs – primary goal is to involve/reach community members and increase community awareness of RBHA – Spring 2021
- GIVING TUESDAY – December 1, 2020 – plans underway for securing cold weather clothing items
- United Way Employee Campaign – November 16, 2020

GRANT Applications FY21

	Application Date	Request	Requested	Funded	Not Funded	In Kind	Volunteer Hours	Volunteer Hours Value	NOTES
Altria - Give Together	7/16/2020	Homeless Services Outreach	\$ 25,000.00	\$ 25,000.00					Award Letter 07/27/20
Community Foundation	8/12/2020	Homeless Services COVID Relief	\$ 25,000.00	\$ 25,000.00					Community COVID-19 Relief Fund Award Letter 09/21/20
Women of St. Stephen's	8/14/2020	WRTC	\$ 1,320.00						Strollers and Car Seats
Richmond Christmas Mother	9/4/2020	Marshall Center Holiday Party	\$ 5,000.00		\$ 5,000.00				Holiday Party for 95 Marshall Center Members
Reynolds Foundation	10/30/2020	North Campus Reception Area	\$ 50,000.00						Reception Area Renovations - MRTCBuilding

			TOTALS:	\$ 106,320.00	\$ 50,000.00	\$ 5,000.00	\$ -		
--	--	--	---------	---------------	--------------	-------------	------	--	--



*Trauma and How RBH
is Preparing Staff to
Address this in our
Clients and our
Community*

RBHA

RICHMOND
BEHAVIORAL HEALTH
AUTHORITY

What is Trauma?

“Trauma is defined as an event, series of events or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual’s functioning and mental, physical, social, emotional or spiritual well-being.”

Substance Abuse and Mental Health Services Administration (SAMHSA)

Effects on Behavioral Health

- Nearly 60% of people experience at least one traumatic experience in their lifetime
- Trauma can impact a person's health, behavioral health, work, education and family
- Trauma-informed care involves an understanding of traumatic stress reactions and common responses to trauma
- Providers need to understand how trauma can affect treatment engagement and outcomes

What is Trauma?



Video from the National Council for Behavioral Health, 2018

TRAUMA HAS IMPACT

The impact of trauma is very broad and can impact a person across many parts of life: health, behavioral health, family, work, school and more.

SOCIETAL AND ECONOMIC



\$161 Billion: cost of untreated trauma-related alcohol and drug abuse alone in 2000

Children with trauma experiences are **2½ times** more likely to have repeated a grade in school



Children who learn **resiliency skills** mitigate negative effects, often enabling them to engage better in school

Staff Trainings

- RBHA staff participate in numerous trauma trainings
- Staff across all service areas have participated in 35+ different trauma-related trainings over the past two years
- Some trainings are required by DBHDS (*STEP-VA requirements, state-wide DS services requirements*)
- Some DS staff have specific requirements related to the specific EBP, *Trauma-Focused Cognitive Behavioral Therapy*
- DBHDS-sponsored *Trauma and Early Childhood Development (Parts I and II)*

Staff Trainings

- Trauma-Informed Care is one of the primary types of trainings required for *Certified Community Behavioral Health Center* services providers
- Region 4 has offered several trainings addressing Military Culture and Introductory & Advanced-level trainings on trauma
- Generational Trauma in African-American Community held in January
- The DS, SUD and MH Divisions (both Adult and Children's services) have also been very active in identifying, sponsoring and attending trainings

Region 4 Trauma-Informed Care Trainings FY20-21

Trauma Informed Care Regional Overview			
Date	Presenter	Title	Number Attended
7/16/2019	Various/DBHDS Partnership	Military Culture and Suicide Prevention Summit	approx. 120
6/2/2020	Dr. Allison Jackson	<i>The Resilience Effect - "101" Introductory-style training</i>	172
6/3/2020	Dr. Allison Jackson	<i>The Resilience Effect - "101" Introductory-style training</i>	171
8/27/2020	Lisa Ferentz	<i>Post-Traumatic Growth: A Journey of Hope and Healing - "101" Introductory-style training</i>	132
10/7 10/14 10/21 10/28 11/4	Jennifer Surratt	<i>Phase Oriented Trauma Treatment 5-part Series - Advanced TIC</i>	70 (capped)

Specialized Trauma-Informed Curricula & EBPs Integrated into Standard Service Delivery

- Intake & Assessment/OP Therapy
- Chelsea Hill SUD OP & IOP Services
- Men's Residential Services on the North Campus
- Women's Gender-Specific OP and Residential SUD Treatment Services
- RICH Clinic
- Early Intervention/Part C, DS Case Management & REACH

Intake & Assessment/OP

- Six (6) clinicians trained in **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**
- Four (4) clinicians completed certifications as **Child & Adolescent Trauma Professionals (CATP)**
- All clinicians complete **ACE (Adverse Childhood Experiences)** and **Columbia-Suicide Severity Rating Scale** trainings which are *screening tools completed at intake*

Chelsea Hill SUD Outpatient & North Campus Residential Services

- Five (5) OP/IOP staff have become **Certified Clinical Trauma Professionals** by attending the 2-day Trauma Competency Conference;
- Plan to get additional OP/IOP staff certified in FY-2021
- One OP staff member just completed the **Phase-Oriented Trauma Treatment Series**
- Men's Residential Program Manager is a **Certified Clinical Trauma Professional**
- Residential Care Coordinators have been trained in the **Columbia-Suicide Severity Rating scale**

Women's Gender-Specific SUD Services

- Director is a trainer in *Trauma-informed Reflective Practice* and has trained on the ACES
- Staff have completed instruction on conducting and interpreting ACES
- Along with other North Campus staff, completed 2-part training on “*Trauma & Resilience Basics*” and “*Providing Trauma-Informed Customer Service*”
- On-going Trauma groups provide for clients on “*Seeking Safety*” and “*Trauma Recovery & Empowerment*”

RICH Clinic

- One of seven (7) Primary Care Clinic's selected, nationally, to participate in the National Council's *Trauma-Informed Primary Care Learning Community* in 2019
- Some of the principles of trauma-informed primary care include safety, transparency, peer support, client input and consumer empowerment





Trauma-Informed Primary Care: Fostering Resilience and Recovery



GOALS	ACCOMPLISHMENTS
Enhance current clinic environment to be more trauma informed.	Increased educational and awareness materials in the clinic area; received leadership buy-in during renovation process; creation of “Integration in Action”
Staff care for secondary trauma	Telework day(s) for appropriate staff
Identify activities to increase staff knowledge of trauma-informed practices	Viewing, distribution, and discussion of webinars; increased referral to behavioral health supports; Contracted with TIC trainer – held trainings regarding trauma and trauma informed care for staff; booster trainings planned
Obtain client input	Client environmental scan (to continue)
Add trauma screening tool into EHR	Brief Trauma Questionnaire – implemented with a subset of patients

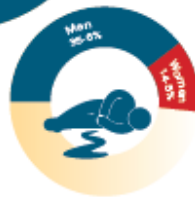
WHY TRAUMA MATTERS IN PRIMARY CARE



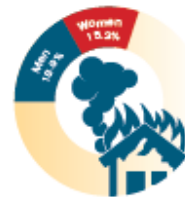
TRAUMA IS COMMON



59% of men and women experience at least one adverse childhood experience (ACE) in their life and 9% experience five or more ACEs



Witness someone being badly injured or killed



Are involved in a fire, flood or other natural disaster



Experience life-threatening accident/assault



48% of children have experienced at least one of nine types of adverse experiences, including physical or emotional abuse or neglect, deprivation, addictions or exposure to violence.

Trauma-Informed Care Built into Services at RBHA

- **Columbia Suicide Screening and Adverse Childhood Experiences (ACE) tools** universally completed at intake
- **Safety and Wellness Plans** developed when issues of safety are present; services plans updated accordingly
- Interventions such as **Dialectical Behavior Therapy** to teach effective coping strategies when difficult situations or emotions arise
- **Seeking Safety groups** to address trauma and effective coping skills
- **Outpatient psychotherapy series for Trauma & SUD**

Community Education & Resiliency Training

- Several **social media events** (combined presentations and community conversations) on trauma as well as resiliency and well-being over the past few months
- Planning an **ACEs training** for community in the next six months
- Ongoing **Mental Health First Aid** (*currently being transitioned to a virtual format*)

The Next Horizon.....

- Both nationally, and internationally, there is a growing awareness of the impact of repeated, long-term exposure to trauma of working in Health Care service delivery environments during the current COVID Crisis
- A number of large scale studies are currently being undertaken to document the impact of the pandemic on health care and other front line workers
- RBH is presently exploring ways to further support our front line workers



Summary

- Massive, multiple training efforts have been underway across the entire RBHA for the past three (3) years
- Training has moved beyond Trauma Awareness to Effective Coping Skills, specific EBPs and Resiliency training
- Awareness of trauma and its impact on those we serve, as well as in the community, has led to institutionalized changes in service delivery