

BOARD OF DIRECTORS MEETING MINUTES
April 13, 2021

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: Dr. Joy Bressler; Scott Cannady; Irvin Dallas, **Vice Chair**; Denise Dickerson, **Secretary/Treasurer**; Dr. Cheryl Ivey Green, **Chair**; Karah Gunther; Dr. Brian Maiden; Dr. Andrew Ramsey; Malesia "Nikki" Taylor and Eduardo Vidal.

RBHA Board members absent: Sabrina Gross; Colleen Howarth; Dr. Cynthia Newbille and Melodie Patterson.

Staff present: Dr. John Lindstrom, **CEO**; Bill Fellows; Susan Hoover; Dr. Jim May; Shenée McCray; Carolyn Seaman; Michael Tutt; Cristi Zedd and Melese 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 March 2, 2021 were approved with a motion by Irvin Dallas and seconded by Nikki Taylor. The minutes were unanimously approved.
- **Public Comment:** None.

Board Chair Report - Dr. Cheryl Ivey Green

- Dr. Green welcomed Dr. Brian Maiden as the newest member to the RBHA Board of Directors. Board members and staff introduced themselves.
- Dr. Green thanked staff and Dr. Lindstrom for all the work being done to keep RBH services going during the pandemic and encouraged staff to be safe and allow the board to help in any way they can.
- Thanked Carolyn Seaman for the Zoom presentation of the mural for the 5th Street side of RBH's main building.
- Looking forward to the ribbon cutting ceremony of the Children's Services Center/Walking Trail at the North Campus on 4/22nd.

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.
- Encouraged board members to complete the CEO Evaluation. Once completed, would like to discuss in closed session at the May 4th board meeting.

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.

- Received approval from our building owner to proceed with the mural for the 5th Street side of RBH's main building, after they have seen and approved the image. The mural must be removed or the area be painted if we vacate the building.
- Working on a calendar of opportunities to share with both boards to volunteer and advocate for the Foundation.

Committee Reports:

Access & Service Delivery Committee – Malesia “Nikki” Taylor

- The Access & Service Delivery Committee reviewed and discussed RBHA's Service Data Report for the 2nd Quarter FY-21 and the Human Rights Report.
- The Human Rights reports noted five complaints throughout the 2nd Quarter. Three were determined to be potential human rights violations and two were ultimately found to be human rights violations and have since been resolved.
- The Committee determined upcoming board education presentations through January, 2022 and discussed the status of the RICH Integrated Care Clinic.
- The RICH Integrated Care Clinic continues to provide telemedicine to RBHA clients during the pandemic.
- 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 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 – Denise Dickerson

- Total cash in the bank at February 28th was \$22.3 million, and RBHA's share of that cash is \$5.7 million.
- RBHA's current operating reserve ratio is up slightly from last month to 0.91 or just under 2 months of expenses.
- Net income is currently \$15.5 million; however, that figure contains prior year carry over amounts and similar balances are expected to be carried over at the end of this fiscal year. Accordingly, net income will decrease once those funds are deferred.
- Gross Accounts Receivable is \$11.1 million and net Accounts Receivable, after the allowance for doubtful accounts, is \$6.5 million due from the MCOs.
- The note payable balance at February 28th is \$3 million which has been recorded in the current and long-term liabilities section of the Balance Sheet.

Human Resources Committee – 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: Be Well RVA Project was presented by Lauren Stevens, Project Coordinator; Jillian Olson, Care Coordinator and Dawn Farrell-Moore, Director of Grants, Research, Evaluation and Planning. The presentation is included with today's meeting minutes.

The meeting adjourned at 4:43 p.m. with a motion by Denise Dickerson and seconded by Dr. Brian Maiden.

The next Board of Director's meeting will take place on **Tuesday, May 4, 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**
April 13, 2021

The fourth quarter is upon us as we enter the second year of the COVID-19 pandemic. In terms of the annual business cycle, the fourth quarter brings the highest level of administrative demands, all occurring within tight time lines. Besides budget development for the next fiscal year, we are engaged in preparations for end-of-year closing, working with our partners on STEP-VA expansion, development of state-wide guidelines and local implementation of the Marcus Alert, and starting year-end personnel evaluations.

On the issue of personnel evaluations, Mr. Tutt released Board member and Executive Leadership Team versions of the CEO evaluation on Survey Monkey. Please take time within the next week to provide your ratings and comments. Results are tentatively scheduled to be discussed with the full Board in closed session at the May Board of Directors meeting.

Expanding In-Person Services

While our emergency COVID-19 services modifications are still largely in place, we have increased expectations for in-person services. A tabular summary of our phased evolution toward increased in-person services is attached. The first major change is the re-establishment of in-person case management contacts. We will continue to prioritize telehealth service delivery in outpatient, but the final determining factor will be client choice and clinical need. The RBHA COVID-19 Emergency Operations Plan has been updated accordingly. In addition, guidelines for fleet use, particularly if transporting a client is indicated, have been vetted and distributed.

COVID-19 Infections

The rate of COVID-19 cases among our staff and those we serve has significantly slowed. Totals to date include 182 clients and 64 staff. No new cases have been reported in the last week.

STEP-VA Expansion Planning

We are in the process of developing plans for the FY 22 expansion of STEP-VA. Some elements will be CSB specific, while others involve

collaboration with our regional partners. Specific services/programs include Peer & Family Support, **Veteran's Services**, and Outpatient. Most aspects of these areas will be CSB specific. RBHA, on behalf of Region 4, is working with Region 1 to develop a RFP for Regional Crisis Call Center development. CSBs across the Commonwealth are opting to contract rather than directly operate the STEP-VA required 24/7 call centers linked to the National Suicide Prevention and Mental Health Hotline. The largest regional expansion of STEP-VA will be operated by RBHA – Adult Mobile Crisis. We propose to build Adult Mobile Crisis following the CReST model and work in collaboration with the Child Mobile Crisis and REACH Mobile Crisis teams.

Marcus Alert

Planning continues on the State-wide and local levels in the five initial implementation localities. RBHA and the City of Richmond will be one, with plans due July 1 and full implementation by the end of the calendar year. RBHA likely will be the fiscal agent for the local Marcus Alert implementation. While planning is incomplete, we will receive \$600,000 in state funds, of which \$120,000 will be carved out to support a local/regional Marcus Alert Liaison. The core local planning team consists of myself, along with the Director of Emergency Communications, the Richmond **Police Department, and the Mayor's office.** The Mayor's proposed budget includes additional dollars to support local implementation, potentially including funds to implement two Behavioral Health-Law Enforcement co-response teams. Over the next few weeks we will be expanding the local stakeholders group for citizen feedback/input. We are also exploring practical accountability structures and how Richmond will comply with the requirement for implementing a voluntary database.

FY 22 Budget Development

Draft budget proposals are due from all areas by this coming Friday, April 16. The draft budget components will be imported into a master budget document and the process of reviewing budget justifications and any necessary adjustments will occur the following week. We are still targeting May for presentation to the full board, but the final budget presentation might not occur until June.

Continuing Infrastructure Needs (Update)

With the expansion of Outpatient and Medical Services (primary care screening, primary care, and office based opioid treatment or OBOT), we

CEO Report
April 13, 2021

began the process of planning for the eventual repurposing of space in our 107 S. Fifth Street location. We undertook the development of design and construction drawings prior to the pandemic. The project was subsequently posted for bids. Proposals were received and evaluated, but due to financial uncertainties and the pandemic, the process was put on hold. An executive summary reflecting the history and need was provided at the February board meeting. After approval given by the Board at its March meeting, the contract has been executed and a meeting was held with the contractor, architect, and internal stakeholders to discuss scope, estimated timelines, and supporting administrative processes.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "John P. Lindstrom", with a long, horizontal flourish extending to the right.

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

Attachment: Plan to Expand In-person Services

Face to Face Case Management during PHE

Implementation of in person contacts effective May 3, 2021

At a minimum all clients must receive a face to face contact either in person or via telehealth (video) every 90 days. Exceptions to this guidance are for the clinical indicators listed below.

Indicator	AMH	Modality	CMH	Modality	DD	Modality	SUD	Modality	Comments
Change in Care Giver			X	in person	X	in person			5 to 7 business days
Change in placement or sponsored living arrangement	X	tele-video	X	tele-video	X	in person	X	tele-video	5 to 7 business days
D/C Psychiatric hospitalization/Crisis Stabilization/Overdose requiring ED	X	in person	X	in person	X	in person	X	in person	5 to 7 business days
Enhanced CM/Enhanced Care Coordination/Anthem HH/Intensive CC/DD waiver	X	tele-video	X	tele-video	X	in person	X	tele-video	30 - DS in person preferred/televideo as alternative
Change in RBHA PSP	X	tele-video	X	tele-video	X	tele-video	X	tele-video	Within 30 days
Active APS/CPS complaint with significant concerns about health and safety	X	in person	X	in person	X	in person	X	in person	5 to 7 business days
Not actively engaged in recovery oriented activities/following ISP	X	in person	X	in person	X	in person	X	in person	Prior to discharge if client can be located
Recent crisis contact with significant concerns about health and safety	X	in person	X	in person	X	in person	X	in person	5 to 7 business days

**If contact can not be made in preferred modality then contact must be attempted in alternate modality.

***In person contacts are to preferably occur in the community, not at an RBHA facility.

Other Service	Criteria	Modality	Expectation re Face to Face Contact	Start Date
Supportive Housing	Individuals Placed in hotels paid for by CoC funding/Homeless Services	In person	5 to 7 business days	ongoing since start of PHE
	Individuals who move from homelessness to PSH	In person	5 to 7 business days	
	Repeated complaints from the landlords due to behavioral issues as communicated by the housing specialist	In person	5 to 7 business days	
DS Supportive Residential	All individuals	In person	every 90 days	May 3, 2021
Mental Health Skill Building	All individuals unless contraindicated	In person	Weekly	May 3, 2021
Hospital Community Liaison	Individuals admitted to a state facilities	In person	at minimum monthly unless told otherwise by facility or clinically indicated	April 5, 2021
Medication Services - nursing	Injections and lab work	In person	As scheduled	ongoing since start of PHE
Marshall Center	Up to 40 individuals	In person	Operating 5 days per week starting September 21	August 24, 2020
Therapeutic Day Treatment	12 youth per cohort/class, 72-96 total	In person	Operating 5 days per week	October 1, 2020
CRest	When clinically indicated, No COVID risk	In person	As requested starting	January 1, 2021
CSU/SUD Residential	Available beds cut in half to allow 1 individual per bed room meeting public health guidelines	In person	24/7	ongoing since start of PHE
REACH Residential Services	In person team meetings offered	In person	Operating 24/7	ongoing since start of PHE
REACH Community Based Services	All contacts in person unless telehealth preferred by system	In person	all contacts	April 5, 2021
REACH Outpatient	2 days per week	In person	2 days per week starting	May 3, 2021
OBOT	Contacts with prescriber completed by telephone or telehealth; orders for urinalysis and film counts conducted in person; groups are using ZOOM platform	See previous block	At least monthly for prescriber contact; randomly or by physician order for cause for urinalysis and film counts; groups weekly	ongoing since start of PHE
RICH	NP appointments via telehealth; nursing services telephonically or in person	See previous block	As Scheduled	ongoing since start of PHE
Regional Jail Team	Dependent on Jail policy	In person/no contact	monthly case management/weekly restoration	ongoing since start of PHE

PACT	All individuals unless contraindicated	In person	per ISP	ongoing since start of PHE
Emergency Services/Crisis	As clinically indicated/per DBHDS	In person		ongoing since start of PHE
Homeless Services	All individuals unless contraindicated	In person	as needed	ongoing since start of PHE

RBHA Board Meeting
Development Report – April 13, 2021

Richmond Behavioral Health Foundation

YTD Income (minus grants) to RBHF: \$14,526.97 (as of February 28, 2021)

YTD grants awarded: \$51,320 (as of February 28, 2021)

YTD gifts-in-kind: \$57,816.40 (as of February 28, 2021)

YTD Total Revenue: \$123,663.37

	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	6 Total: \$108,820	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	3	7	5
Dollar Value of Awarded Grants/Requests	\$51,320	\$142,000	\$59,795
Number of Pending Grants/Requests	1	0	2
Dollar Value of Pending Grants/Requests	\$2500	0	\$40,000
Number of Denied Grants/Requests/Postponed	2	2 - denied 3 - cancelled (COVID)	3
Dollar Value of Denied or Partially Funded Grants/Requests	\$55,000	\$59,000	\$821,500.00
Gifts in Kind Monetary Value	\$57, 816.40	\$57,671.25	\$9,342.00
Volunteer Hours	1362	863	200

RBHA Board Meeting
Development Report – April 13, 2021

Update on Grants and Gifts: See attached chart

Communications:

- Dr. Lindstrom and Dr. May participated in a virtual outreach event to a fraternal organization at VCU – topic of College Students, COVID, and Coping
- Mural with Hamilton Glass – Waiting on response from building owner. Hamilton will have 2 concepts for us as soon as possible.
- 2 Commercials currently in production with a local production company – partnership with Charlene and Prevention Services. Concepts are around suicide prevention, mental wellness, and substance use.
- Employee Engagement around new brand – Virtually Fearless Wellness Challenge – we have completed 4 Mini Challenges, currently in the Main Event Challenge
- Internal and external transitioning to new brand graphics has begun.
- Moving close to roll out of all brand components with employees and beginning transition to incorporating Brand Identity – internally and externally
- Next Steps:
 - Brand Standards Manual to be completed
 - Print Collateral Strategic Plan to be finalized
 - Begin transition of internal documents and external facing communications
- Developing a Communications Plan
- Developing a Social Media Plan
- Beginning work on Employee Recruitment Plan
- 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.)
- Logo Presentation to RBHA Board for vote to adopt – September 1, 2020 – ADOPTED
- RBH Brochure and RBHF Insert is complete

Volunteer Appeals/Events:

- DIY Volunteer Projects – Activity Kits – attached document
- RBHF Board is actively pursuing additional Board Members – we are currently meeting with 5 potential new board members
- Initial Planning for a North Campus – CSC and Walking Trail – Ribbon Cutting Event
- Exploring additional DIY Volunteer Project Kits to initiate:
 - Indoor Activity Kits – for children & adults
 - Outdoor Activity Kits – for children (for spring)
- DIY Volunteer Project Outcomes:
 - Volunteer Service Hours:
 - Painted Rocks for NC Walking Trail: 58
 - Nourishment Kits: 449

RBHA Board Meeting
Development Report – April 13, 2021

- Hygiene Kits: 252
- Cold Weather Item Kits: 1266
- DIY Volunteer Project Impact:
 - Items have been distributed to 17 RBHA programs for distribution to individuals and families in need
- 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

Appeals:

- Year End Appeal Results with new branding:
 - 33% increase in monetary donations
 - 947% increase in tangible donations
 - 44 new page followers on Facebook
 - Doubled our followers on Instagram
- 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

Grants:

- Completing work on the Walking Trail this week – ConserVAtion Fund grant
- Beginning work on the EPA grant to address storm water management on the North Campus – Cross Creek Nursery



DIY Volunteer Project

ACTIVITY KITS – Children & Adults

DROP OFF DATES:

Friday, April 9, 2021 11:00am – 2:00pm
Thursday, April 15, 2021 11:00am – 2:00pm
Tuesday, April 20, 2021 11:00am – 2:00pm



Organizational Beneficiary: Richmond Behavioral Health Authority

IMPACT: RBHA serves nearly 13,000 individuals – children and adults – every year. Approximately 30% of those we serve have no Medicaid, insurance, or means to pay for services. We do not turn people away based on their inability to pay.

The COVID-19 Public Health Pandemic has resulted in remote learning for many children, isolation from friends and family members, and a break in regular routines and schedules which are all important for children, especially those already dealing with mental health and behavioral issues.

For adults, especially for those with mental health and substance use disorders, the same consequences of COVID are also prevalent. While we continue to provide residential treatment options for adults, the routines have been altered and residents are physically separated to ensure safety for both residents and staff.

The DIY Volunteer ACTIVITY KITS allow for creative expression and time management during isolated periods.

The DIY Volunteer Activity Kits will be distributed to children and adults receiving services through several programs at RBHA:

- **Children’s Mental Health Programs**
- **Men’s Residential Treatment Center (MRTC)**
- **Women’s Residential Treatment Center (WRTC)**
- **Crisis Stabilization Unit**

The mission of Richmond Behavioral Health is to promote health, wellness, and recovery for the individuals and communities we serve. We envision an inclusive, healthy community where individuals are inspired to reach their highest potential.

Supplies

For all:

- **5 one gallon ziploc bags**
- **5 Notecards – handmade**

For:

Young Children (ages 4-9)	Tweens/Teens (ages 10-17)	Adults (age 18+)
Crayons	Colored Pencils	Colored Pencils
Coloring Book	Teen Coloring Book	Adult Coloring Book
Play-Doh	Jump Rope	Playing Cards
Puzzles	Playing Cards	Jump Rope
Stickers	Puzzles	Blank Journal
Construction Paper	Blank Journal	Puzzles
Playing Cards (Go Fish, Old Maid)	Travel Size Board Games	Travel Size Board Games
Book to read	Book to read	Book to read

Step One:

- **Purchase and/or collect your supplies.** Please choose **3-4 items** from the lists (you choose which age group(s) to create kits for) for each kit. We ask DIY volunteers to donate a **minimum of 5 Activity Kits**. Contributions over the minimum amount are welcomed, but we will not be able to document more than 3 service hours for any DIY project.
 - **Supplies are available at most dollar stores, Walmart, Amazon.**

Step Two:

- **Place one of each item in each of the 5 ziploc bags.** Please label the bags by age group.
- **Write an encouraging message on each notecard to include in the bags.**

Step Three:

- Drop off your project at Richmond Behavioral Health Offices on:
 - Friday, April 9, 2021 between 11:00am – 2:00pm,
 - Thursday, April 15, 2021 between 11:00am – 2:00pm, and/or
 - Tuesday, April 20, 2021 between 11:00am – 2:00pm.
- We are located at **107 S. 5th Street, Richmond, VA 23219**. We will be set up outside to collect drop-offs to allow for appropriate physical distancing. **CONTACTLESS DROP OFF!**

Step Four:

- Sharing your time and resources is a great gift to others. We hope that through your giving, you receive something beneficial in return – the feeling of doing good for someone in need and knowing you have had a direct, positive impact in someone's life. Talking through the purpose of the project as you complete it is a great way for all involved to gain a connection to those being served through your generosity. Here are some questions to help guide conversation:
 - How will this project help someone in need?
 - What do we know about the importance of building a community made to help each other?
 - Did our feelings about the recipients of this project change as we completed the project?
 - What worked well about this project?
 - What *else* can we do now? Are there other ways we can help?

Step Five:

- Like DIY projects? Check out our Facebook event page www.facebook.com/rbhfrva/events for more opportunities to be involved.
- Share your experience on your Facebook (tag [RBHFoundation](#)) or Instagram page #rbha. We love sharing the work of our volunteers!
- Want to learn more about **Richmond Behavioral Health** and the work we do in the community? Please visit www.rbha.org and join our mailing list to receive updates and information on more ways to be involved.

Be Well RVA

A new SAMHSA-funded project at RBHA

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INTRODUCTION

The Be Well RVA Project is a **new suicide and domestic violence prevention and intervention grant** from the Substance Abuse and Mental Health Administration (SAMHSA) which includes:

- Community Prevention
- Care Coordination
- Clinical services aimed at addressing immediate behavioral health needs, with a specific focus on suicide and domestic violence
- Wrap-around support services between connections with various service providers.

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INTRODUCTION

- Based out of the Planning, Development, Research, Evaluation, and Substance Use Disorders Division.
- 16 month grant from August 2020 through November 2021.
 - Direct client services began in November 2020.
- The purpose is to support states and communities during the COVID-19 pandemic in advancing efforts to prevent suicide and suicide attempts among adults age 25 and older.

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INTRODUCTION

- Domestic violence prevention is a key component of this grant. The link between domestic violence and suicide is significant:
 - Domestic violence survivors have higher-than-average rates of suicidal thoughts
 - As many as 23% of survivors have attempted suicide compared to 3% among populations with no prior DV exposure

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INTRODUCTION

- RBHA Consumers must meet the following criteria in order to participate in Be Well RVA:
 - Significant risk of suicidal and/or domestic violence crisis
 - City of Richmond residency
 - Medicaid, uninsured, or underinsured
 - Eligible for services/receiving services at RBHA
 - 25 years of age or older

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CLINICAL SERVICES PROVIDED

Collaborative efforts include:

- Rapid response to a suicidal crisis with increased short-term and time-limited care coordination of clinical and supportive wrap around services (*does not take the place of RBHA Emergency Services*):
 - Support for RBHA case management services
 - Additional client reminders to make appointments
 - Outreach to outside specialists
 - Client reminders to pick up medication and take it regularly

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CLINICAL SERVICES PROVIDED

- Daily review of the Emergency Department Care Coordination (EDCC) system to identify current & former RBHA clients in hospitals:
 - Make real-time contact with hospital and/or RBHA clients in the ER or elsewhere in hospital to coordinate follow-up:
 - Connecting current RBHA clients with their RBHA case manager
 - Accessing Rapid Access – making new intake assessment appointments
 - Provide ongoing support until the client re-connects with RBHA
 - Update clinical and contact information in EDCC.

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CLINICAL & PEER SUPPORT SERVICES

- Short-term counseling for those in domestic violence (DV) situations or experiencing ongoing suicidal ideation (SI):
 - Safety planning and checks
 - Developing and reinforcing coping skills
 - Support until SI or DV is no longer assessed to be current threat to safety
- Peer recovery support services:
 - Linkages to behavioral health and community-based resources for individuals and their families
 - Short-term follow-up, support and monitoring
- YWCA partnership:
 - Enhanced services and supports (including housing) specifically for RBHA clients experiencing domestic violence

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REFERRALS & REFERRAL SOURCES

Be Well RVA receives referrals from within the RBHA, as well as from external providers (hospitals/ED, YWCA, the AliveRVA warm line).

- Referrals may be made by contacting the team directly, or by completing a REDCap (web-based) referral form.
- To date, the majority of referrals have come through EDCC (111), Rapid Access (28), and RBHA case managers (18).

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PREVENTION SERVICES

Focuses on staff and community education and resources to address suicide prevention and domestic violence.

- Project Empower, part of the VCU Health Injury & Violence Prevention Program (IVPP), *provides monthly staff trainings* on Intimate Partner Violence and the connection to Suicide
- RBHA's Prevention Department provides:
 - Enhanced suicide prevention and domestic violence resources on BeWellVa website
 - Mental Health First Aid trainings for the community
 - Lock & Talk and Medibag Distribution initiatives with veterans

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EVALUATION

As with all of our federal grants, Be Well RVA requires evaluation with the NOMs (National Outcomes Measures) assessment tool.

- Standardized, interview-based assessment, across a number of areas of functioning
- Voluntary, administered at intake and 6 months
- Evaluation enrolled participants also complete local measures:
 - Columbia Suicide scale
 - Patient Health Questionnaire (PHQ)-9
 - Adverse Childhood Events (ACE) screen
 - Edinburgh Postnatal Depression scale
- Be Well-RVA is aiming to serve 75 individuals by Nov 2021; to date we have completed 30 NOMS (40% of our goal).

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CASE EXAMPLE #1

The AliveRVA warm line was contacted by Denise, who reported some suicidal ideation as well as a history of mental health and substance use issues, and needed assistance to rapidly reconnect with a clinician she previously worked with at RBHA.

With Denise's consent, the AliveRVA peer called the Be Well RVA team and shared her information. Be Well RVA contacted RBHA's Rapid Access unit, which reached out to Denise and facilitated re-engagement with RBHA case management and counseling services within the day.

- Denise continues to be followed by Adult Case Management, and recently terminated counseling services having successfully reached her therapy goals.

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CASE EXAMPLE #2

The Rapid Access clinician completed the initial assessment on Victor, a new client to RBHA, and referred him to one of the Be Well RVA Care Coordinators, Jillian, who:

- Contacted Victor to see how he was doing, answer any questions and clarified the roles of each member of his support team, including Be Well RVA;
- Provided reminders about initial case management and psychiatry appointments;
- Described the process for connecting with outpatient therapy, which Victor had requested due to his recent hospitalization following a suicide attempt;

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CASE EXAMPLE #2, CONTINUED

Be Well RVA Care Coordinator, Jillian, also:

- Collected Victor's hospital discharge paperwork and relayed it to the new RBHA psychiatrist;
- Collaboratively assessed and planned, with his new case manager, about Victor's treatment needs, and advocated for him to be connected with outpatient therapy, ASAP;
- Referred Victor to the RICH clinic for general medical assessment, as he did not have a PCP;
- Followed up with Victor after his initial appointments. Jillian continues to check in to ensure he is all right and feeling supported with RBHA's care.

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BE WELL RVA TEAM

Currently, all services are provided via telehealth.

Project Director	Lauren Stevens, LCSW
Care Coordinator Supervisor	Sara Hilleary, LPC, CSAC
Care Coordinators	Toni Stewart, BS, MBA (Certified Care Coordinator) Jillian Olson, MSW
Clinician	Shamara "Sham" Williams, MS (Resident in Counseling)
Peer	Gayle Hobson, BS, CPRS
Research Assistant	Laura Peters, MPH

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Be Well RVA Team



Lauren



Sara



Sham



Laura



Toni



Jillian



Gayle

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The End. Any Questions?

Thank you.