



*Questions or Comments? Please contact Joy Morrison, Clerk of the Board, at 961-8394.*

## **Call to Order:**

The meeting was called to order by Chair, Bob Sisk at 7:01 P.M. Mr. Sisk welcomed attendees and roll call was read by Joy Morrison, Clerk of the Board.

## **\*\*\*Minutes:**

Board members received in their packets the minutes from the August 24, 2017 board meeting. Rob Gropman moved to approve the August minutes. Mary Biggs seconded the motion, which was unanimously approved.

## **Recognition of Guests:**

None

## **Public Comment:**

Katy Little and Ingrid Mans from the Blacksburg chapter of Citizens Climate Lobby spoke. Katy Little advised the board on their initiatives for climate change and asked the board to endorse climate change legislation. They also handed out contact information. Leanna Perry commented about NRVCS's substance disorder programs. Bob Sisk advised her to speak with a program manager for a private consultation and discuss services.

## **\*\*\*Program Reports:**

**Financial and Support Services:** Director, Deborah Whitten-Williams presented, an update on the August budget report. Ms. Whitten-Williams provided a copy of the August budget report in the board packet for review. She advised the budget is in a favorable place. This is a result of staggering staff hiring, pushing back the implementation of a 2% raise for staff and receiving funds for REACH services in FY'17. Ms. Whitten-Williams was pleased to state August's surplus is over ½ million dollars. Mary Biggs moved to approve the August budget. Jason Buckland seconded the motion, which was unanimously approved.

**Community Support Services:** Director, Lucy McCandlish, provided a general update on CSS. Mrs. McCandlish advised NRVCS has received the funds for REACH from FY'17. She also informed DBHDS had released the Medicaid waiver slots for Virginia. Our allocation is two full waiver slots and eight family individual support waivers. There is a separate committee that rates families in need, and decides who will receive these slots. Additionally, five individuals will receive full waiver slots due to previous families that are no longer in need. Mrs. McCandlish explained these extra five slots became open for various reasons.

**Clinical Services:** Director, Melanie Adkins, advised our new program Peer Recovery Program has received praise from DBHDS. Also, this program has started sending a peer to the ER when someone is suspected of a substance use disorder and/or is experiencing symptoms of an overdose. The ER staff are thrilled about the services. Mrs. Adkins informed the board of a meeting last week, where some of our local delegates heard the struggles of sending clients to hospitals that are far away. This is creating a burden on law enforcement and the families of clients. One police officer may have to drive 5 hours for transportation of a client to an open bed. Mrs. Adkins advised that, before 2014, we placed 86% of our clients in local hospitals but following the tragedy for Senator Deed's son, many changes affected the use of private/public hospitals. Currently, we have to exhaust all private options before sending to a state hospital. The meeting was a strategy to working with our local delegates on these issues. Mrs. Adkins stated we need to use more local options to help reduce hospitalization.

\*\*\* = Action Items

## **Agenda Action Items**

**Minutes - August 28, 2017**  
*Approved*

**August, Financial Report**  
*Approved*

**Executive Committee Six Month Evaluation Results**  
*Approved*

## **Members Present:**

Melissa Shaw  
Joe Turman  
Marry Biggs  
Jason Buckland  
Anthony Akers  
Rob Gropman

## **Members Absent:**

Joe Young, with notice  
Sally McCarthy, with notice  
Shelia Roop, with notice  
Victoria Collins, with notice  
Jenny McCoy, with notice  
Susan Richardson, with notice

## **Others Present:**

Deborah Whitten-Williams  
James Pritchett  
Melanie Adkins  
Susan Hurst  
Joy Morrison, Clerk of Board  
Lucy McCandlish



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**Human Resources:** : No update provided.

**Quality Assurance:** Quality Assurance Manager, Leslie Sharp, provided report of the FY' 17 Agency Report Card and Quality Improvement Report. She advised that there are 8 categories in the Quality Improvement Report and 15 categories in the agency Report Card. Mrs. Sharp reviewed all 8 categories of the Quality Improvement Report which focused on Consumer Participation, Cultural Competence, Strategic Planning, Corporate Compliance, Standards of Care, Quality Assurance, Process and Out Comes Management and Health, and lastly Safety. Mrs. Sharp stated that our Community Relations Specialist, Mike Wade, has championed consumer participation by making social media a focus. Mrs. Sharp advised in the area of Cultural Competence we have focused on training to the community as well as staff in the areas of Trauma-Informed Care and Cultural Competency. In the area of strategic planning, Mrs. Sharp referenced the agency strategic plan and agency report card, which was discussed at the end of her presentation. In the area of Corporate Compliance, Mrs. Sharp reported that several activities took place in regard to reviewing areas of Fraud and Risk as well as policies/procedures to conform with licensure, credentialing and accreditation. In the area of standards of care, Mrs. Sharp reviewed the insurance, licensure and quality audits from this past FY '17. The agency revamped the new hire process and to complete all of the required training needed in the first week. Quality Assurance Strategies were then discussed with reviewing the Quality Management Committee. They also reviewed chart and health information review requirements. The next category reviewed by Mrs. Sharp was Process and Out Comings which monitors productivity. She advised NRVCS is working towards being a data-driven agency and this would improve our ability to track the agency's report card. The final category reviewed was Health and Safety were there was a focus on workplace violence and emergency preparedness this past year. Mrs. Sharp believes we are ahead of the curve compared to other CSBs in quality.

Mrs. Sharp provided a copy of the FY'17 Agency Report Card and discussed the 15 areas that are measured. She advised that the agency's lowest grades were in mental health crisis stabilization and substance use disorder day treatment. Mrs. Sharp advised the performance contract criteria for crisis stabilization is challenging to meet as we also utilize crisis intervention services. She advised that Substance Use Day Treatment did not begin until March 2017, and therefore was hard to predict the service needs and this caused inaccuracies in reporting. This will be adjusted for the next fiscal year. Mrs. Sharp specifically discussed the measures for engaging individuals 18 and older in the DOJ populations on employment and seven-day discharge appointment engagement. Mrs. Sharp advised there is a interagency group that reviews clients for seven-day discharge appointments, which has increased participation and follow up as well as the introduction of Same Day Access services. Mr. Gropman commented on a new texting program to help follow up with missed appointments. Mrs. Adkins advised we have a specific team to working with clients to provide reminders and follow-ups.

Mrs. Sharp reviewed a summary of changes to the FY '18 agency report card. She advised that productivity and budget expectations will be monitored separately. Mrs. Sharp advised that performance contract utilization with productivity and budget goals will be reviewed on a monthly basis. Mrs. Sharp stated that expectations for Same Day Access follow up has been added to address if clients are receiving and keeping appointments within a reasonable time. A measure for collaborative documentation has also been added to monitor if the agency is meeting the expectation of staff using collaborative documentation at least 75% of the time. Mrs. Sharp stated that training and staff development goals will focus on training staff in the use of the DLA 20 and Columbia-Suicide Severity Rating Scale (C-SSRS) tools. The DLA-20 will focus on making sure clients are receiving the appropriate level of care. The C-SSRS is focused on measuring suicide risk, the use of this tool is monitored by Risk Management Team and this is a DBHDS measure.

**Executive Committee Report:** Board Chair, Bob Sisk, provided an update on the Executive Committee. Mr. Sisk advised during the Executive Committee meeting that we reviewed the Strategic Plan. As the current plan is wrapping up, we are evaluating our progress and looking towards delivering a new plan. Mr. Sisk stated, beginning in 2018 calendar year, the staff will be developing a new Strategic Plan. The board will be collaborating with staff on the new plan and approving changes as generated.



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Mr. Sisk also asked for new ideas for the Board Work Sessions. Mr. Sisk provided a couple of examples. These examples included explaining to the Board the workflow of Same Day Access; Another session on the Freedom of Information Act; the recent DOJ settlement; Medical Services focusing on Substance Disorder Services. Mr. Gropman would like to use a work session to explore this issue of addicted mothers. Mrs. Biggs also mentioned we need to use Work Sessions to provide updates with the DBHDS. This would help the Board know what they need to advocate and work towards.

**Executive Director's Report:** Director, James Pritchett provided the director's report. Mr. Pritchett asked if there was any comments or questions about the work session on substance disorder services from Glen Mathews. Mrs. Biggs advised it was very informative. Mr. Pritchett advised our new Floyd facility should be ready by the end of the month. The delay was due to remodeling a bathroom to meet ADA Standards. Ms. Whitten-Williams also mentioned we are waiting on licensing renewal for this facility and that could take up to 45 days. Mr. Pritchett stated Deborah Whitten-Williams, Vicki Fisher and himself toured the new Radford building Monday. Mr. Pritchett advised it will be an excellent facility and the builder is pushing for a complete walkthrough by Oct. 15th. We will also need to apply for licensing for this facility which could take up to 45 days. This building will need security updates, and hopefully staff will be relocated in December. Mr. Pritchett stated our Pulaski facility should be done around January 2018 and the delay is due to building difficulties. Mr. Gropman asked Mr. Pritchett to define security updates for the Radford facility. Mr. Pritchett advised we need security cameras and upgrades to meet medical/Human Resources record security standards.

Mr. Pritchett provided a general update on DBHDS. He advised the Department mandated the usage of STEP Virginia in 2016, but full funding had not been approved. The Department should be lobbying for these funds from the general assembly very soon. Mr. Pritchett advised the focus of this mandate was Same Day Access, primary care screenings, crisis-based services as well as mental health services for Veterans. Mr. Pritchett said NRVCS is ahead of the curve on the mandates for STEP Virginia. Another DBHDS focus is on financial realignment. They want to reallocate funds from hospitals to CSBs. The goal is to help CSBs focus on programs that decrease the need for hospital beds. Mr. Pritchett was pleased to state that our agency has been successful in reducing hospitalization. NRVCS believes in the idea of this plan, but we do have concerns. Mr. Pritchett expressed concern of what the penalties would consist of if goals aren't met. He also mentioned there is a concern on implementation. Mr. Pritchett advised he has looked at a draft of the plan and there is a meeting next week with other CSBs for further review. Based on the current draft the agency would receive \$320,000 for program development. We are currently reviewing ideas for programs that would comply with this realignment. Mr. Pritchett advised other CSBs have asked NRVCS to speak on how we've been able to lower our hospital bed utilization. Mrs. Biggs asked do we know if this alignment will come from a stable monetary source. Mr. Pritchett advised that is a considerable concern with this plan, and there may be a focus on Medicaid expansion to help with funding. Mr. Pritchett will provide more information to the Board on this shortly.

**Chairman's Report:** Mr. Sisk advised there should be a survey for all Board Members in their email and these need to be completed by the end of October. Mr. Sisk advised we need to review how to handle politically related presentations. He recommended the Executive Community to discuss this issue and advise of its findings at the next meeting.

**Closed Session:** Anthony Akers requested to move to closed session for a personnel matter. Mary Biggs seconded the motion, which was unanimously approved. HR Director, Susan Hurst, provided details on the Executive Director's six month evaluation. Anthony Akers read the certification of the closed session. Roll Call was read by Joy Morrison, Clerk of the board, which was unanimously certified. Anthony Akers moved to reconvene to the public session; Mary Biggs seconded the motion, which was unanimously approved. Mr. Sisk advised after the closed session, the Board needed to vote for approval of the Executive Committee's Director's six month evaluation. Mary Biggs moved to accept the evaluation, Jason Buckland seconded the motion and which was unanimously approved.

# Board Meeting Minutes

September 28, 2017



NEW RIVER VALLEY COMMUNITY SERVICES

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**Board Member Comments:** Mr. Sisk asked for comments from the Board. Ms. Biggs advised she attended a meeting at Christiansburg Government center. This meeting had our current delegates and their opponents listen to families speaking on the need for Medicaid expansion. Mr. Sisk stated he attended the International Overdose Awareness Day vigil at Bissett Park, and it was a great program. Community Relations Specialist, Mike Wade, is hoping to make this vigil an annual event.

**Adjournment:** There being no further business, Mr. Sisk moved to adjourn the meeting 8:21 p.m. Mary Biggs seconded the motion, which was unanimously approved.

Minutes approved on 10/26/2017

Joy Morrison  
Joy Morrison, Clerk of the Board

Name	Representing	Term Ends
Mary Biggs	Montgomery	6/30/18 (2nd)
Anthony Akers	Pulaski	6/30/18 (1st)
Melissa Shaw	Floyd	6/30/2020 (1st)
Vicky Collins	Radford	6/30/2020 (2nd)
Jason Buckland	Giles	6/30/2020 (1st)
Sally McCarthy	Pulaski	6/30/2020 (1st)
Robert Gropman	Radford	6/30/18 (1st)
Susan Richardson	Montgomery	6/30/19 (1st)
Shelia Roop	Montgomery	6/30/19 (2nd)
Bob Sisk	Pulaski	6/30/2020 (2nd)
Joe Turman	Floyd	6/30/18 (1st)
Joe Young	Montgomery	6/30/2020 (2nd)
Jenny McCoy	Giles	6/30/2020 (1st)