

HRCSB Board Report - February 2020

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Message from the Executive Director

As we prepare for our Agency Training Day on February 7, 2020, I am once again struck by the magnitude of growth in terms of number of people served and those employed, and the resiliency that HRCSB has demonstrated throughout this upward trajectory of overall growth. Our training day is focused on Growing. Together. A theme selected to convey our growth as a community provider; our intentionality of maintaining one identity serving all persons with mental health, substance use or developmental disabilities; and our hope for each employee to keep our work culture alive by seeking out ways to blend our work and our communication to ensure a positive client experience every time. One of the most notable changes has been with the addition of positions and the natural turnover of personnel as professionals move on or retire. Of the 240 full-time and hourly employees, 148 (62%) have been employed less than 5 years with HRCSB. As such, we have welcomed a surge of new ideas, personalities and energy to our team. We have also bid farewell to committed and highly valued employees that have chosen to retire or move on, while noting that institutional knowledge and historical background of "why and how" also departed during this time. These transitions have led to many a conversation regarding the criticality of policies and procedures to solidify the "why and how" for those coming on board and learning the job and, even more importantly, maintaining our mission to support this community while working towards recovery and health amidst all of life's challenges.

Ellen Harrison, LPC, MBA

Administrative Services



Building Update



This picture shows one of the additions two to McNulty Center, both of which are under roof! This feels like real progress with the timeline still on track for a mid-March completion of the additions. Once done, the interior renovation work will get underway. The biggest challenge this month has been noise especially associated with installing shingles, but staff and visitors have been tolerant knowing that it is short term and will result in added space and overall improvements to the building.

As expected, parking at Main Street has been the significant adjustment during January. The construction fence is up and temporary parking lots are being heavily used. We are very appreciative that Dean Brothers Electrical Contractors, located across Main Street, has shared some parking spaces for staff while we wait on the last temporary lot to be completed following delays due to ongoing site preparation. It is likely that even with the additional parking, we will have days where there is not enough to go around which will require patience and ingenuity in the moment.

SPQM

During 2018, the Department of Behavioral Health and Developmental Services (DBHDS) entered into a contract with MTM Services, who developed the Same Day Access model, to provide CSBs access to their Services, Process, Quality Management (SPQM) data analysis and reporting product. Since that time we have been having regular phone calls with a consultant to determine how we might use their product with the data being submitting monthly. Finding a use for the product has proven to be a challenge because taking data configured to meet state reporting requirements in different Electronic Health Records systems does not always 'fit' accurately in SPQM. We continue to wait to see what DBHDS will require out of this system.



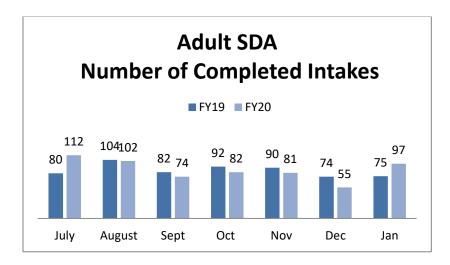
Medicaid Billing Designation

The agency has long operated under a physician directed designation for Medicaid billing. While this afforded a higher reimbursement rate for therapy services it also required additional oversight of services and many resources to comply with associated regulations. In the past year, Medicaid clarified that the six Medicaid Managed Care Organizations (MCOs) were not contractually obligated to reimburse at the higher rate. As of January 15, 2020 the agency transitioned away from billing under this status after it was determined that with current reimbursement rates, there would be minimal to no financial impact and would free up staff resources for service provision and support.

Adult Behavioral Health Services

Same Day Access - Adult Services

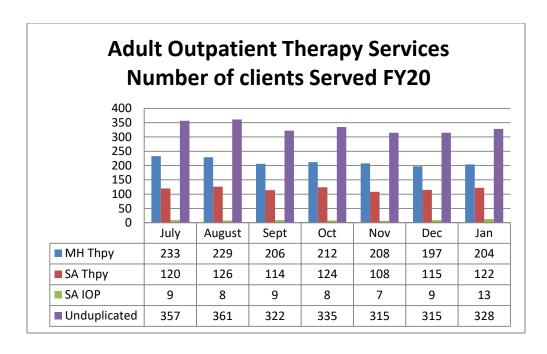
During the month of January (Jan 1- 30th), we completed 97 adult intakes. We have seen a steady increase throughout the month of January of individuals seeking services. We have started providing some intakes on a case by case basis on Tuesdays and Thursdays for individuals who are hospital discharges. We continue to balance the availability of staff resources and the continued need in the community for timely access to services.



Adult Outpatient Services

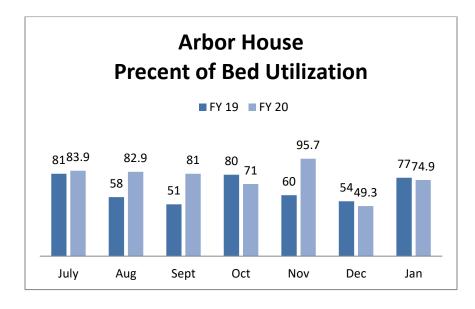
In January (Jan 1-29th), the adult outpatient team provided mental health therapy services to 204 individuals, 122 individuals received substance use therapy services and another 13 individuals received our Intensive Outpatient Program, for a total of 328 unique individuals served. We saw a small increase in the number of clients served during this month compared to the previous two months of services.





Arbor House (Crisis Stabilization Unit)

For January (Jan 1- 29th), our bed utilization was 69.6% which means we averaged ≥4 beds filled. For FY20, our year to date is bed utilization 74.9%, which is just below the 75% utilization required by Department of Behavioral Health and Developmental Services (DBHDS). The data does not reflect the full month of January's numbers. The full month's data will be reflected in next month's report.



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Community Recovery Services

Mental Health Case Management

We are currently providing adult mental health case management services to 414 individuals. Our case managers work with our clients to help identify ongoing needs, support them in accessing community resources, linking them to support services and monitoring their services.

Western State Hospital

For the month of November, Western State Hospital (WSH) Census report, we had an average census of 13 and a census/100000 population of 10.8.

Jail Services

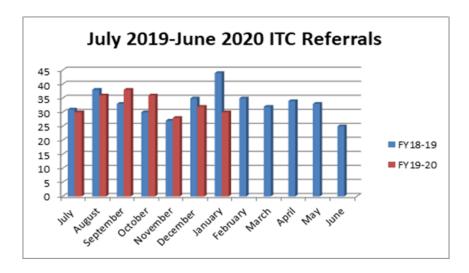
We have been providing a full time jail services case manager position to support incarcerated individual who are experiencing mental health distress since January 2017. The Jail Services Case Manager is located at the Rockingham Harrisonburg Regional Jail (RHRJ) and conducts assessments, screenings for psychiatric services, completes safety contacts, coordinates release planning and facilitates educational groups in the designated mental health pod. In 2019, our jail services case manager provided services to 313 unique individuals in RHRJ, with a total of 557 services. The primary services rendered were related to initial assessments and follow up contacts which comprised 57% of all contacts, followed by safety/crisis contact which comprised 28.5% of total contacts. The primary behavioral health concern identified is substance use related issues representing 40% of total contacts. In addition to our case management position, the agency provides 3.5 hour per week of psychiatric care through one of our Psychiatric Nurse Practitioner (PNP). Our PNP provides psychiatric evaluations and medication management services. In 2019, we provided services to 172 unique individuals with a total of 396 services.

Child and Family Services

Infant and Toddler Connection

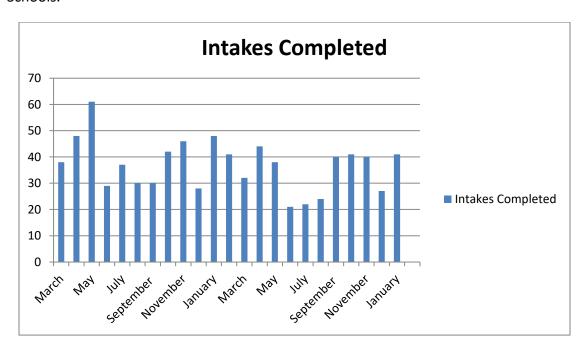
Our Infant and Toddler Connection had a child count 195 in January and we received 30 new referrals. Unfortunately, we are starting wait lists for speech and physical therapy services. There are currently no physical therapists in the area and we have been recruiting for almost two years. We regret to say goodbye to Elizabeth Nelson at the end of January. She provided service coordination and developmental services. She will be greatly missed.





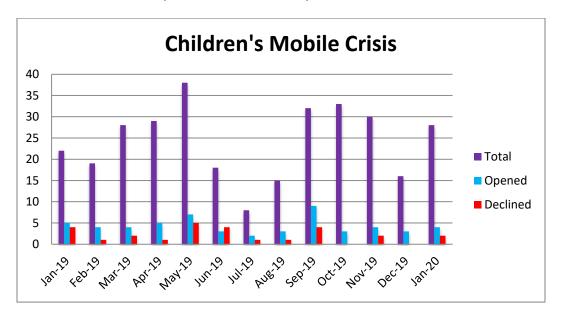
Other Children's Services

January has proven to be a busy month for children's services. We have opened 27 new children to therapy and are currently serving 497 children in outpatient therapy services. We have 228 open case management cases, and 15 Intensive Care Coordination families being served in January. We also completed 41 intakes for the month. Our school based clinicians served 273 children in both the City and County Schools.



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In our children's mobile crisis we saw an uptick in demand shortly after the holidays were over. We had 28 contacts during January compared with 16 from the previous month. We have also been a part of 18 child specific team meetings in the community in the past 4 weeks. These are meetings called by the Department of Social Services, Juvenile Court Services Unit, City or County Schools, or the CSB to get a team together to discuss the needs of a specific child and family.



This month our Wellness and Prevention services presented at the Healthy Community Council with the Superintendent of the County Schools about working with the school staff on interaction with children in a trauma informed manner. We also explained the Sources of Strengths program that the CSB is partnering with Broadway High School to implement. In January we also trained 22 people in Mental Health First Aid in two separate trainings. We have new brochures (included in report) for suicide prevention. In our continued opioid campaign we distributed another 25 lock boxes.

Developmental Services

Developmental Disabilities (DD) Case Managers billed 291 units for the month of January, with contracted DD case managers from Valley Associates for Independent Living completing an additional 18 billable units. Case Managers also completed 304 separate face to face visits with clients, either in their home, at their work or day support, or here at the CSB. In addition to face to face contacts, case managers completed 503 separate contacts to assist with linking clients to services, or monitoring their satisfaction. The Waiver Slot Allocation Committee convened in January and assigned Developmental Disability waiver slots to four individuals who had been on the



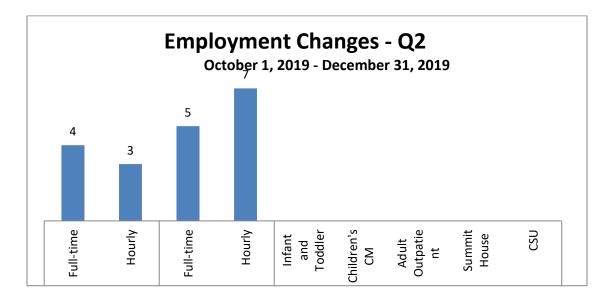
DD Waiver Waiting list. Three of the waiver slots were "Family and Individual Supports slots", meaning that employment, day support, and many supported residential services are available, however Group Home nor Sponsored Residential are not. The remaining assigned slot was designated as a "Community Living" slot, meaning all services, including Sponsored and Congregate Residential are available.

A quick review of process, to show how individuals come to receive a waiver slot: Our agency receives a Request for Screening form, either from the client, a family member, the school system, or other community agency. We first need to determine if the individual is eligible based on their diagnosis. This often means collecting, or in some cases helping to facilitate the completion of evaluations. If an individual is determined to have a developmental disability, they are then eligible to complete a functional eligibility screening. In Virginia, the functional eligibility screening for both children and adults is the Virginia Developmental Disability Eligibility Survey, or VIDES. If through the completion of the VIDES it is determined that the individual is eligible for institutional level of care, then they are placed on the DD Waiver Waiting list, and assigned a Priority number of one, two, or three, based upon their level of urgency. Once a waiver slot becomes available, every individual on the waiting list who is in the Priority 1 status will be assigned a "critical needs score", and then only the individuals with the top ten highest scores will be presented to the waiver slot allocation team. The waiver slot allocation team then determines which of those individuals will receive a slot.

There are 214 individuals on the DD Waiver Waiting list awaiting services. There are currently 62 individuals on Priority 1 status, followed by 94 on Priority 2, and 57 on priority 3. There were 5 new requests for waiver screening in December, with 5 screenings completed.

Currently we have 224 individuals receiving DD Waiver services. Of those 224, 75 require Enhanced Case Management, meaning they have recently received crisis services, emergency medical services, or are at significant risk as determined by the Support Intensity Scale. For those receiving Enhanced Case Management, support coordinators must complete face to face visits every 30 days, with 2 out of every 3 visits occurring in the client's home.





The above chart outlines employment changes as well as internships from the 2nd Quarter October 1, 2019 — December 31, 2019. During this time, Harrisonburg-Rockingham Community Services Board added these full-time positions:

- 1. Substance Abuse Peer Recovery Specialist
- 2. Senior Accountant
- 3. Senior Emergency Services Clinician
- 4. Adult Mental Health Lead Case Manager
- 5. Psychiatric Nurse Practitioner
- 6. Crisis Response Team Clinician
- 7. Emergency Services Lead Clinician

Currently, as of the 2nd Quarter of 2020, Harrisonburg-Rockingham CSB has a staff made up of:

- 17% Administrative Staff
- 18% Licensed or License Eligible Staff
 - 13% Serving Adults
 - 5% Serving Children
- 31% Hold a certificate to deliver services
- 7% Medical Staff

Contractors were included in the overall total for percentages.