

# HRCBSB Board Report – April 2021

**Ellen Harrison** (Executive Director)

**Lynn Grigg** (Child and Family Services)

**Rebekah Brubaker** (Adult Behavioral Health)

**John Malone** (Developmental Services)

**Barbara Brady** (Administrative Services)

## Message from the Executive Director

We're so much further down the road in terms of sorting, storing and tossing with only 60 days left til' the *big* move. It's an exciting time for all of us as we deliver the message to all about our new home. The energy and anxiety is palpable everywhere as we try to prepare for all knowns and a good many unknowns. We've been meeting regularly since early winter to plan a move of four existing buildings (approximately 125 employees) into one building on Main Street. During that same 3-day time period, we'll have an additional move and integration of the Developmental Disabilities' team of 15 employees with the Infant and Toddler Connection (16 employees) whom will all land at the McNulty Center on East Washington Street.

As a precursor to the move, we will begin to tour our new defined work areas and the building at large. One of the conversations we expect to have is around new work flows, communication and work neighbors. As stated in prior reports, we are bringing most of children's services over to 1241 N. Main Street in the southern end of the building; while adult services will populate first and second floor of the northern end of the building. We have long-standing patterns of work and communication in our existing space that need to be re-imagined prior to our move. Certainly after we move, much of what we have planned for will need to be adjusted a bit to fit real time functionality and operations. These are exciting challenges to work through.

*Ellen Harrison, LPC, MBA*

## Administrative Services

### Construction Update

The biggest news of the month is a four-letter word...ROCK! The construction team ran into a lot of rock and the pounding and drilling through it is still ringing in our ears. The noise was tiresome, but there were no significant delays to the construction thankfully. All staff adjusted and hung in there, and now we appear to be through the worst of it. In

the meantime, there was significant progress on the interior and some shaping up to the exterior with new sidewalks and curbs.

Preparations continue for the big Move, still projected to be early June, with most of the focus on cleaning out work areas and disposing of items and files no longer needed. This is a significant effort, with coordinated work days, trash hauls and arrangements for confidential shredding of old documents. The entire staff has pitched in on these efforts to help make the move go more smoothly. You could say that there is some serious Spring Cleaning going on!

Also, Holly Albrite and Dan Jenkins have met with most work units this month, going over the location and logistics of the move. They have answered innumerable questions and given staff a very good sense of what's to come, and what life will be like in the new building.

### **IT, Clerical, Compliance and Risk Management**

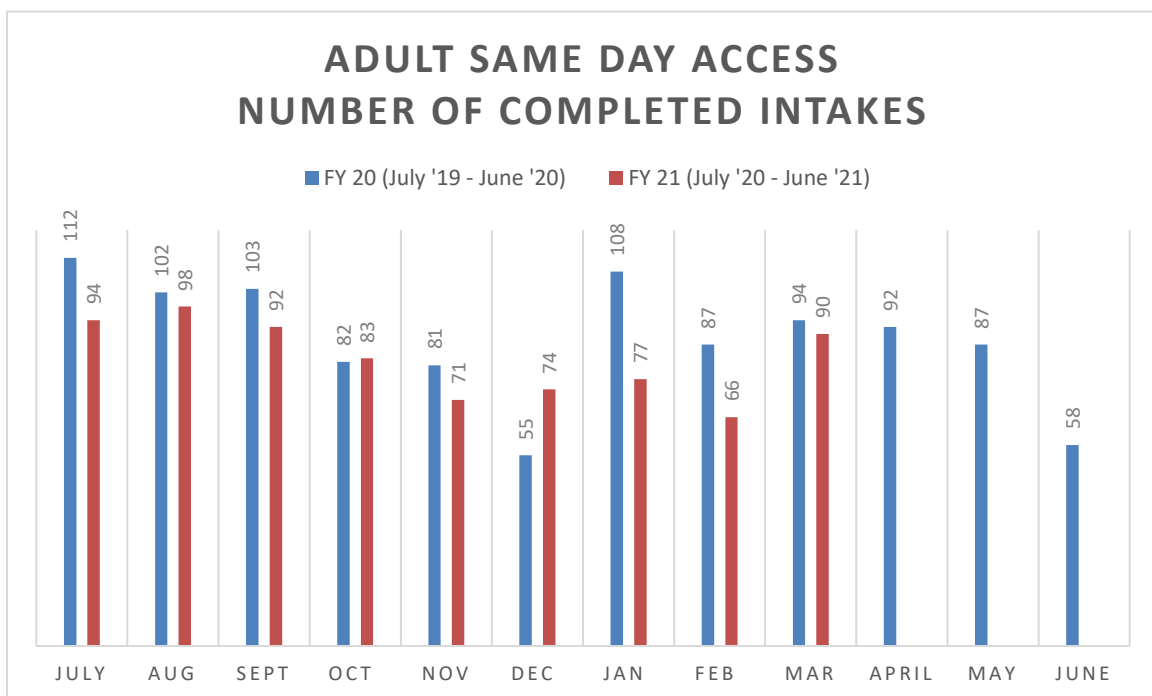
Some highlights out of the Compliance, Risk Management, IT and Clerical Departments for the month of March include:

- The Compliance Department is busy with MANY audits (SCQR, HSAG, MCOs, HEDIS). So far, no significant issues have been found. Our QI Specialist has updated our internal auditing tool to help keep plans updated. They are also very busy training AND credentialing all of the new CSB staff.
- Our Risk Management staff has led us in many efforts this month, including Mandt training, new construction communication and starting monthly fire drills, per new regulations.
- Our Data team was given high marks from DBHDS for the filing of our required mid-year update, calling it “an excellent report.” Their attention to detail and efforts for this submission are commendable.
- The IT department is busy with daily tickets, still supporting many folks using virtual technology or working from home, while simultaneously adjusting to the new phone system and preparing for the move. In particular, they are finishing swapping out most old computers so that appropriate recycling of old devices can happen before the move.

## Adult Behavioral Health Services

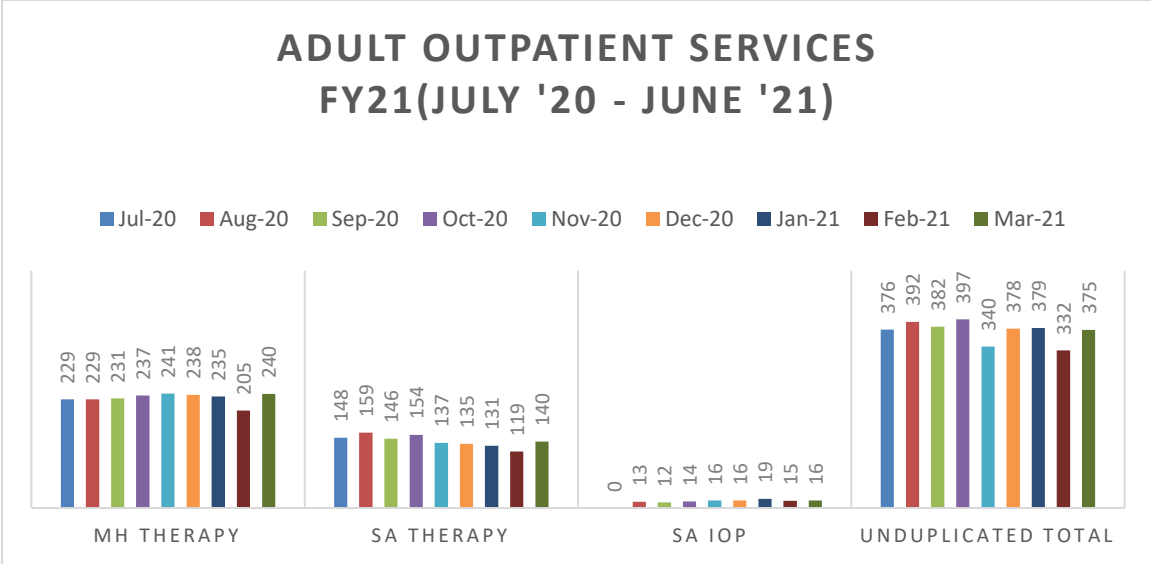
### Same Day Access - Adult Services

Same Day Access continues to be provided through telehealth (video conferencing and/or telephone) and in-person options. We continue our hybrid system of scheduling and offering same day availability for intakes whenever possible. The number of individuals seeking services over the past few months has increased. Unfortunately, there has also been an increase in individuals not keeping their intake appointments. For the month of March, we completed 90 adult intakes.



### Adult Outpatient Services

The Adult Outpatient Services therapy team continues to provide services to individuals via telehealth (video conferencing and/or telephone) and in-person. For the month of March, we provided mental health therapy to 240 unduplicated clients, for substance use therapy services we provided to 140 individuals and in our SA IOP program, we served 16 individuals, for a total of 375 unduplicated clients served in therapy services.

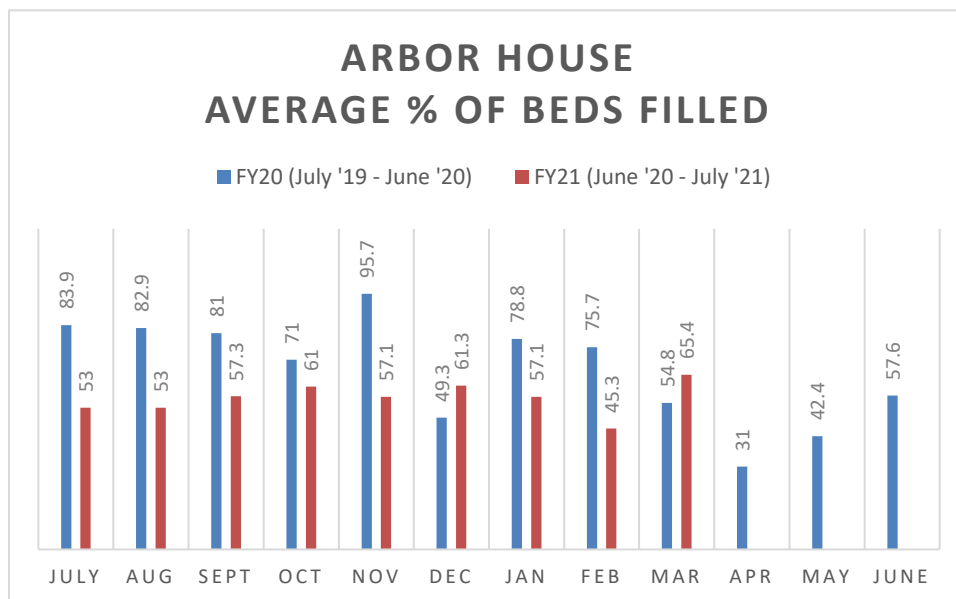


**Jail Services**

We have been providing a full-time case manager on-site at Rockingham Harrisonburg Regional Jail since January of 2017. In December 2020, we experienced a staff transition in this position and are pleased to announce that we have hired Alicia Harpine as our new Jail Service Case Manager. Alicia primarily provides support to incarcerated individuals in an individual format. However, we hope that in the future when it is safe to do so, she will be able to provide support in a group format as well. In addition to the Jail Services Case Manager, we also have been and will continue to provide three hours a week of prescriber time by our Psychiatric Nurse Practitioner Michelle Wood.

**Arbor House (Crisis Stabilization Unit)**

Arbor House has continued to set our maximum capacity at 5 individuals. This decision was made to ensure that each individual could have their own bedroom. For March, our bed utilization was 65.4% based on 7-bed capacity, with our utilization rate based on the 5-bed capacity at 92%.



## Community Recovery Services

### Mental Health Case Management (MHCM)

We are providing mental health case management services to 369 individuals. The team continues to provide support to individuals with serious mental illness through identifying needs, assisting clients in accessing services and monitoring clients' engagement and follow through in services. The team has been able to provide support both in person and via telephone contacts.

### Mental Health Skill Building

We currently are providing mental health skill building services to 31 individuals that are living in the community. Our goal is to support our clients in living in the community as independently as possible for as long as they are able through assisting them in developing and maintaining the skills necessary to do so. Our staff provide this support in an in person format with clients in their homes and in the community.

### Summit House (Psychosocial Rehabilitative Services)

We are pleased to announce that Kim Hall has accepted the position of Supervisor of Summit House. Kim had been working as the Intake Clinician Advocate at Summit House. We are excited to have her begin her new role on March 16, 2021.

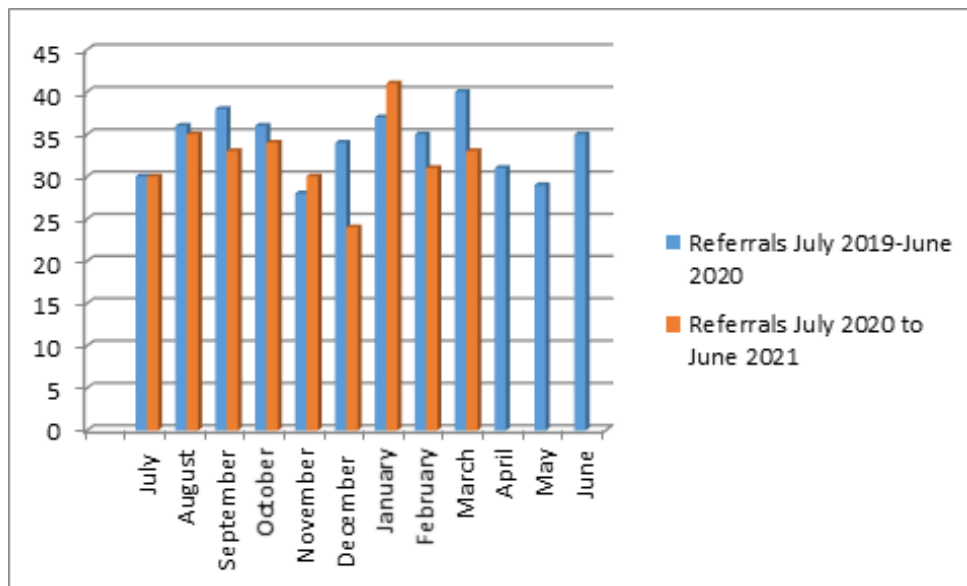
### Western State Hospital

For the month of February, Western State Hospital (WSH) Census report, we had an average census of 6 and a census/100000 population of 4.7.

## Child and Family Services

### Infant and Toddler Connection

The biggest stress for the ITC this past month has been the loss of staff. We lost a full time Developmental Specialist to family needs, a full time Service Coordinator to graduate school changes brought on by the pandemic, and a contractor for service coordination to new health limitations. We are recruiting for a Full time Developmental Specialist, full time Speech Therapist, and a half time Service Coordinator. In March, we welcomed Annette Marra as a full time Service Coordinator. Ansley Foster will be doing hourly Developmental Services, and Kati Statzer will offer hourly speech therapy. We ended the month with 175 children and families in services, and received 33 referrals for the month.



### Wellness and Prevention

#### Substance Abuse Block Grant

This month we collaborated with JMU’s Pregnancy Prevention department to develop a care bag for clients concerned about their first menstrual cycle. The care package will include hygiene products, pamphlets on information about what to expect from their cycles, as well as one on PMS and its impact on mood. Additionally, we included mirror decals with positive messages, pouches to store hygiene products, fabric washable markers to decorate the canvas pouches, small calendars to track their cycle, and some snacks. We consider this a branch of our Resilience Kit project. We thank our outpatient



therapist Lydia Smith and case manager Stephanie Ross for their valuable input for this project.

We've signed an MOU with Futuro Latino to partner with them and their student interns to complete the merchant education and store audit project CounterTools. Brandy will be accompanying them store audit visits and assisting with merchant education.

On March 27, Brandy presented at the Futuro Latino's National Alcohol and Drug Facts Event.

### **State Opioid Response Grant**

We hired Sydney Badel for the part time Behavioral Health and Wellness Specialist position and she will start April 1, 2021. We were able to donate 80 Lock Boxes, 50 HRCSB journals, and 100 medication Deactivation packets to the Remote Area Medical Clinic. We also gave 80 lock boxes to the Drug Take Back day scheduled in April with collaboration of the Futuro Latino and the Harrisonburg City Police Department.

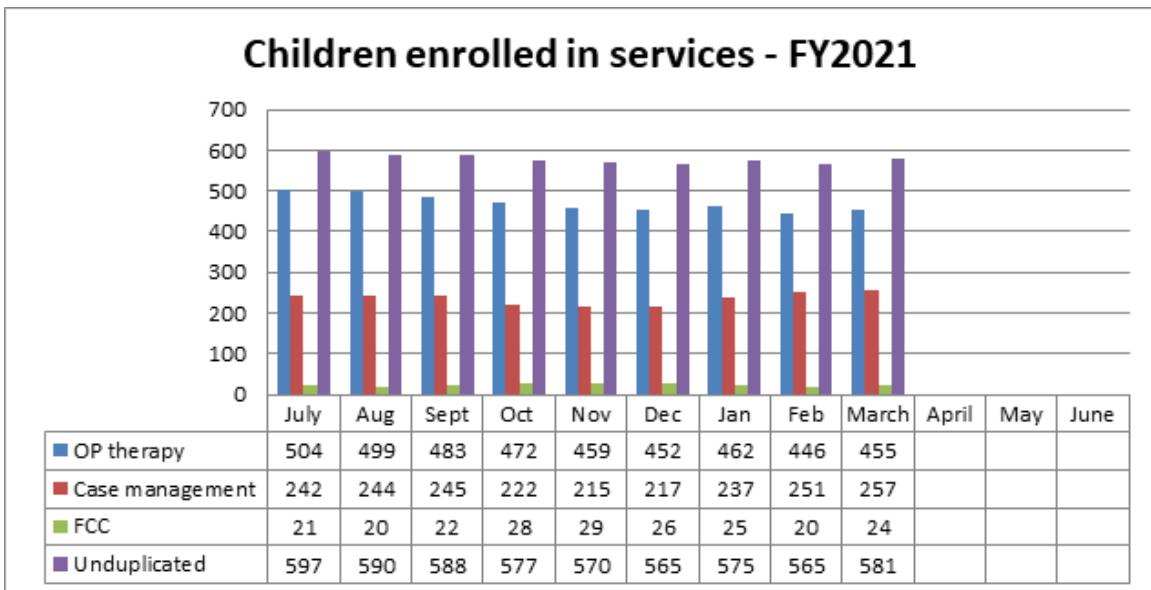
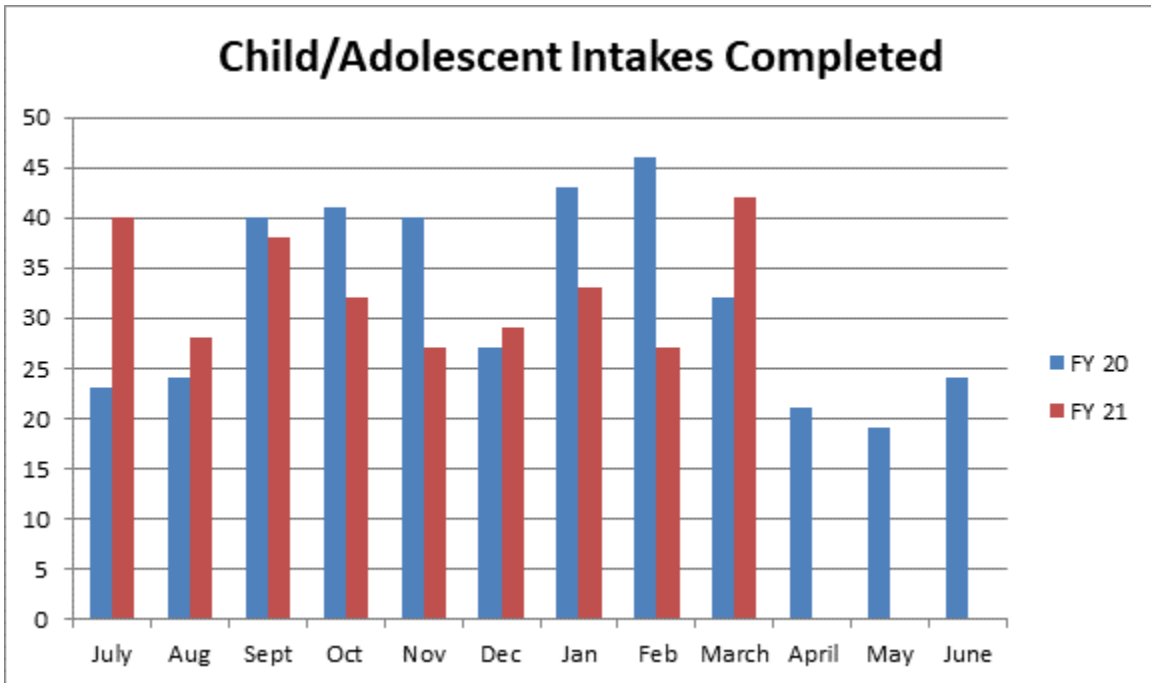
### **Suicide Prevention**

Lock and Talk has completed a new radio as to accompany the social media campaign that was developed for May Mental Health Awareness Month.

### **Out Patient Therapy & Children's Case Management**

Early Intervention school-based clinicians continue to adjust to the schools inviting more and more students back into buildings. This has led to our clinicians being better able to connect with students in the school setting without having to rely as much on technology. There are currently 224 students open to Early Intervention services.

This month, Jen Kratz started as our newest Child and Adolescent Outpatient Clinician. Jen comes to us from adult services and we are thrilled to have her join our team. There are currently 455 children and adolescents open to outpatient therapy and we completed 42 intakes this month. Both therapy and intake appointments are continuing to utilize telehealth and in-person appointments as appropriate. Our children's case management staff are serving 257 families. Family Care Coordination continues to grow and with the addition of Lindsay White we are now serving 25 families.



## Children’s Mobile Crisis

In March, Children’s Mobile Crisis has again experienced a significant increase of referrals. The majority of our referrals continue to come to us from within the CSB (Access, Outpatient, and Case Management). Anxiety and isolation are reoccurring themes that we have heard from our clients as the pandemic continues. As schools are starting to increase in-person learning, we anticipate more referrals from school personnel in the coming months.



## Developmental Disabilities

Developmental Disabilities (DD) Case Managers billed 292 units for the month of February, with contracted DD case managers from Valley Associates for Independent Living completing an additional 20 billable units. Case managers also completed 617 separate contacts to assist with linking clients to services, or monitoring their satisfaction. They also completed 31 annual ISPs, which by way of a data exchange are automatically updated into the Waiver Management System (WaMS) daily.

Currently we have 228 individuals receiving DD Waiver services. Of those, 70 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 face-to-face requirements remain waived by DMAS. There are 205 individuals on the DD Waiver Waiting list awaiting services. There are currently 58 individuals on Priority 1 status, followed by 88 on Priority 2, and 59 on Priority 3.

The final version of the Developmental Disability Waiver Regulations were posted in March and were available for public comment for 30 days. As a reminder, the Intellectual Disabilities Waiver and Developmental Disabilities Waiver went through a major overhaul beginning in 2016 which added numerous new services as well as resulting in the ID Waiver and DD Waiver being combined. These Department of Medical Assistance (DMAS) regulations went through several iterations throughout the years, including a period of operation under "emergency regulations". We are hopeful that DMAS will then move swiftly to completion of a comprehensive Waiver Manual which can be used as a reference for staff as well as a common information source during DMAS audits, as a lack of an updated manual has been a significant contributor towards miscommunication for several years.

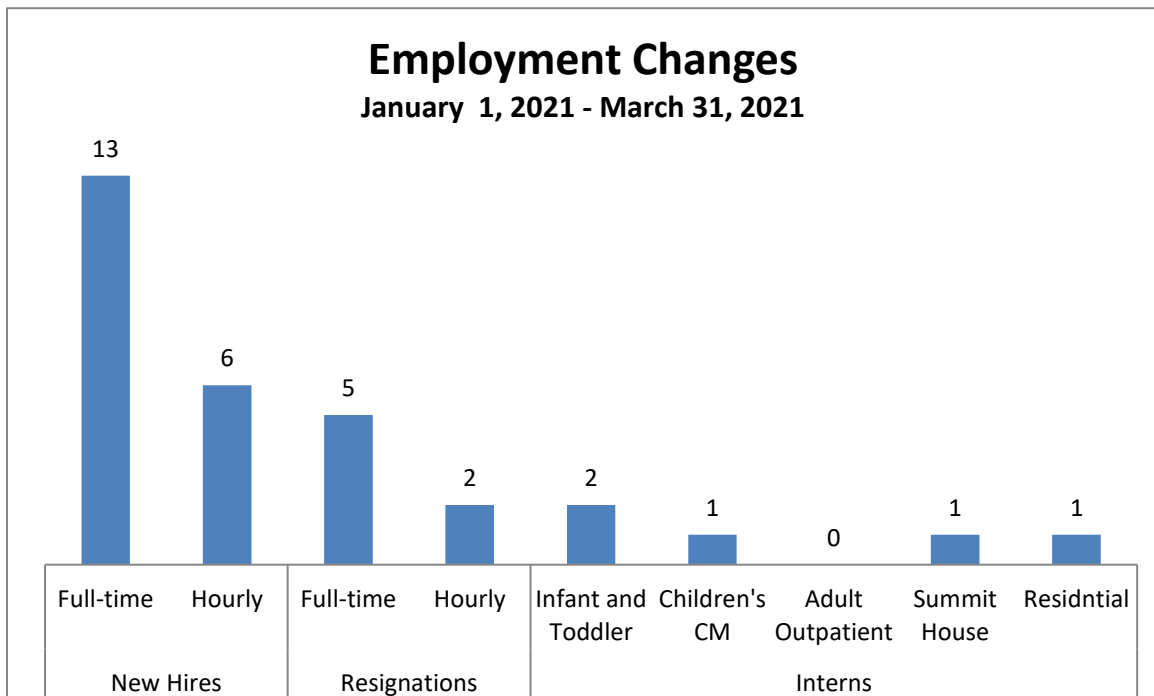
We have been working closely with DBHDS to prepare for the implementation of an updated Individual Service Plan, set to go into effect May 1<sup>st</sup>. The primary reason for the upcoming changes to the plan are to move many data elements required for the DOJ settlement agreement from CCS3 into WaMS, both DBHDS platforms. It is hoped that the changes to the Individual Service Plan (ISP) will result in more accurate data statewide. Our thanks to the IT staff for volunteering to assist with much of the technical testing to ensure that the new version of the ISP will be compatible with the established automatic data exchange between Credible and WaMS.

The latest DMAS guidance will require our team to return to face-to-face client visits beginning in May. Up until now, we have been able to utilize telehealth to meet all the DMAS face-to-face requirements for case management. There will remain some ability to complete visits via telehealth if there is well-documented reasons communicated by the client, family, or provider why a visit cannot occur due to health and safety concerns. As is occurring all over, we’re navigating uncharted waters and will do our best to address individual concerns as they arise.

As expected, Virginia will not be exiting the DOJ settlement agreement on time, and instead has been given an extension of one year. Our current target date to exit the settlement agreement is June 2022. One significant factor in our inability to exit the agreement on time has been a noted lack of consistent, quality data to show measured improvement and sustainability in several key prescribed outcomes. It is hoped that the ISP changes noted above will greatly contribute to improved data collection, and overall to the exit of the settlement agreement’s new deadline.

Our team would like to thank the McNulty Center staff for assisting us with several recent visits by our staff to allow them to “scope out” their new location in advance of the big move in late spring. The visits have been very helpful with our planning.

## Human Resources





The above chart outlines Employment Changes as well as Internships for January 1, 2021 – March 31, 2021. This quarter HRCSB added these full-time positions:

1. Child & Adolescent Outpatient Clinician
2. Same Day Access Clinician – 2 positions
3. Information Systems Technician

Currently, as of the 3rd Quarter of 2021, HRCSB has a staff made up of:

- 17% Administrative Staff
- 19% Licensed or License Eligible Staff
  - 12% Serving Adults
  - 7% Serving Children
- 33% Hold a certificate to deliver services
- 9% Medical Staff

**Contractors were included in the overall total for percentages.**