

HRCSB Board Report – October 2021

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Message from the Executive Director

Build out of the Crisis Continuum in the public system of care within STEP-VA continues. The Department of Behavioral Health and Developmental Services has proposed a system that replicates the Crisis Now model currently operational in Georgia. The continuum features three critical aspects including the Regional Call Center, Regional Mobile Crisis and locally operated behavioral health services. The Regional Call Center is scheduled to come on-line December 1, 2021 with a multi-phased approach, beginning with x988 and Suicide Prevention Lifeline capacity for all 9 CSBs of Region 1. The Call Center will phase in both Marcus Alert interoperability and the dispatch of regional child and adult mobile crisis teams in subsequent phases. In tandem to constructing the call center is the buildout of regional child and adult mobile crisis teams that are cross-trained for a community response to all disabilities. These teams are tied to geographic hubs in the region and are waiting to be deployed to their identified area. Finally, the Marcus Alert legislation was passed in the 2021 General Assembly. This is not a behavioral Health law but commands inter-agency cooperation and response to requests for assistance to x911 by persons who present in a behavioral health crisis. Five communities are currently piloting the first year, with 5 more coming on-line in 2022. It is estimated that the HRCSB community is not targeted to be fully operational for Marcus Alert mandates until 2026. However, policies and a draft plan must be submitted no later than June 30, 2022. (See attached executive summary.) A sub-group of the Harrisonburg-Rockingham Safety Net Coalition has begun convening to begin the work on our community's response to this law.

Ellen Harrison, LPC, MBA

Administrative Services

New Building Update

We continue to settle into the new facility, and for ID/DD and Infant and Toddler Connection staff, into their new home at McNulty. We have had to focus on improving the logistics of moving supplies and mail, plus general communication, to and from the

Main building – and it seems to be working. The main building continues to have punch list items, and some of the items are caught up in general supply chain issues. None of these items impede our smooth functioning however. We are still hopeful for an end of October turnover of the main parking lot, but Mother Nature needs to do her part and provide the crew with good working conditions. We have our fingers crossed that we will get less confusing parking and entrance soon!

IT, Clerical, Compliance and Risk Management

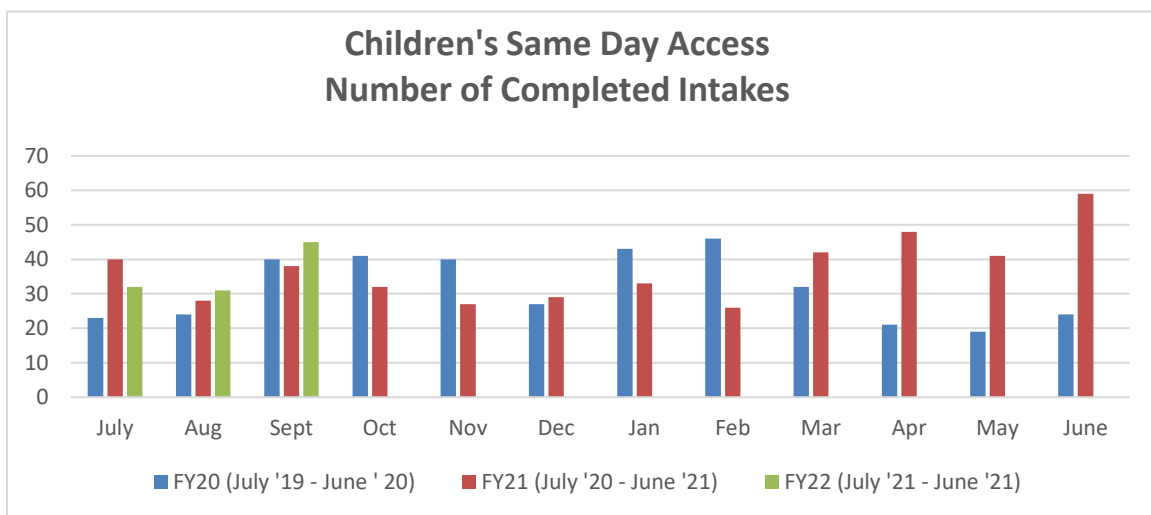
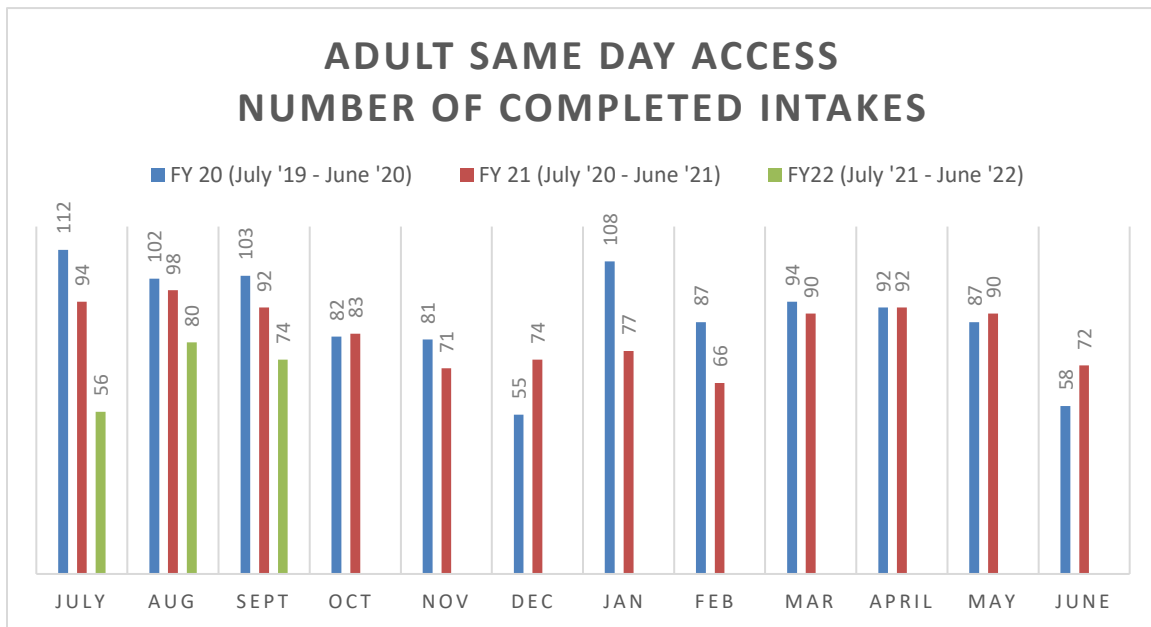
Many aspects of the move have fallen squarely onto the shoulders of the Admin Services teams: IT, Clerical and Facilities Management in particular. These groups have been active, getting us moved and operational in short order. A few highlights from them and across the Administrative Services group include:

- We did it! With the retirement of long-time data specialist Lori Wilfong, a team of “newbies” stepped into the breach to submit our monthly data report to DBHDS. Compliance personnel Juli-Anna Hendricks and Dana Dewing, with great support from LeVon Smoker of IT, worked tirelessly to get and learn the software, work with clinicians from throughout the organization on a variety of errors, and submitted the entire report with no errors. Their training and hard work paid off, as we have heard no reports back of problems from DBHDS. Special thanks to Juli-Anna for carrying this load.
- The IT team was busy this month deploying 60+ phones to various staff (overcoming significant obstacles from Verizon in the process) and providing laptops to field and school based personnel. These efforts are especially noteworthy given delays confronting the team as they continued to juggle settling in issues. Also, we’ve had a lot of staff activity – new staff or those moving positions – that has created a great deal of activity for IT.
- Facilities Management has focused on preparing living space for our new Permanent Supported Housing (PSH) clients, including significant repairs, cleaning out and reorganizing space. It’s exciting to have our first tenant!
- The Compliance Department continued to be busy this month with Training/credentialing MANY new staff, insurance authorizations and adjusting Credible forms for new programs.
- Clerical continues to help clients and visitors arrive to the building – through the construction zone – and make their way through the building. Additionally, they continue to screen for COVID, and work with clients and co-workers on COVID-related questions.

Behavioral Health Services

Same Day Access - Adult and Child

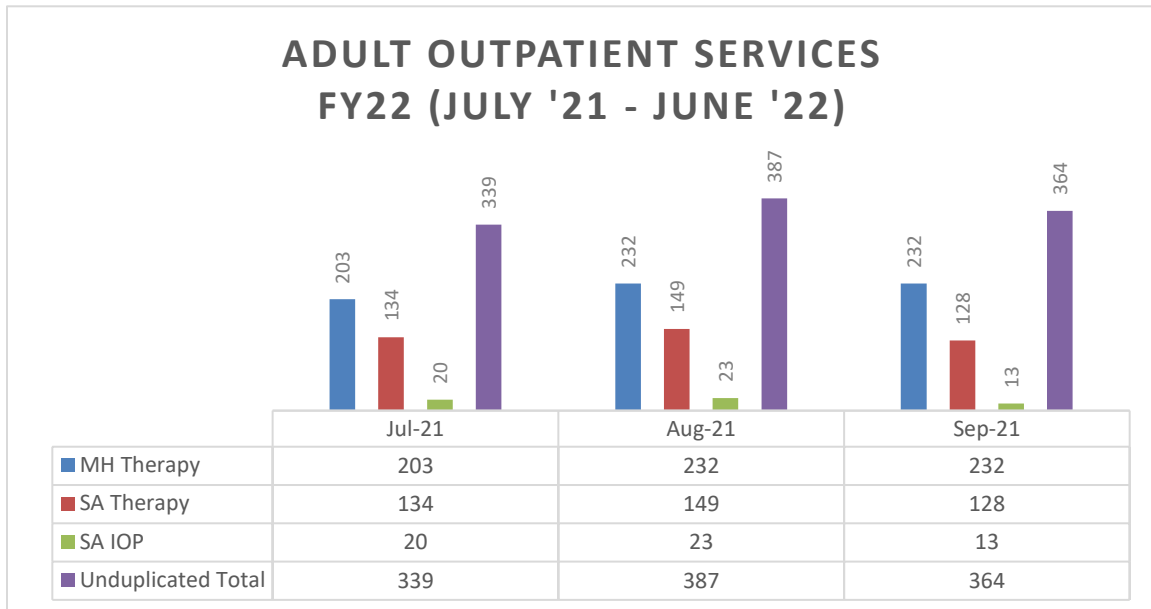
We are continue to provide intakes via telehealth and in-person. We are primarily providing scheduled intakes and same day appointments permitting availability of clinicians. For September (September 1 -29), we have completed 74 adult intakes and 45 child intakes. We are seeing an increase in requests for services for children and youth, which is most likely related to the start of the school year.



Outpatient Services – Adult and Child

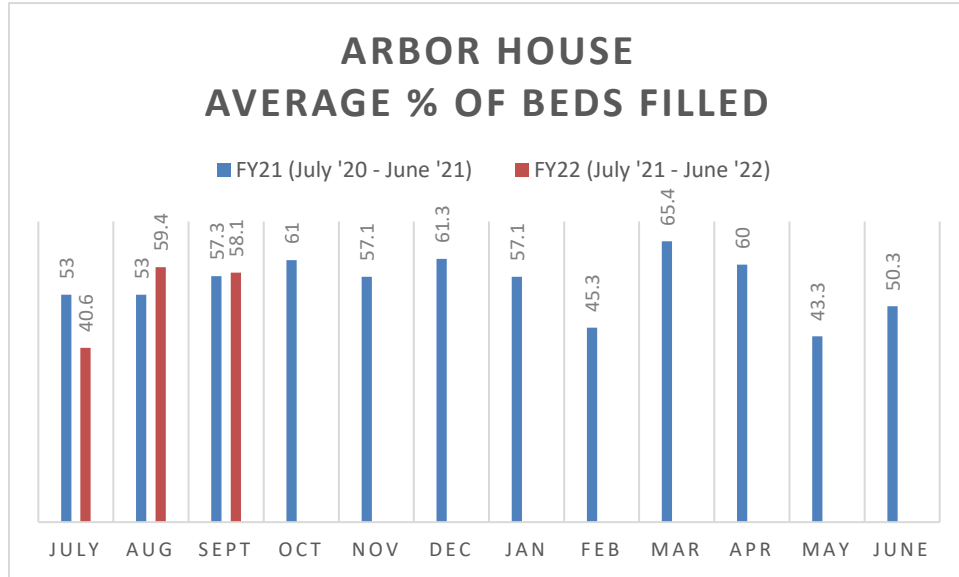
Both Adult and Child Outpatient Therapy teams continue to provide services to individuals and their families via telehealth (video conferencing and/or telephone) and in-person.

For the month of September (September 1 – 29) in adult outpatient therapy we provided mental health therapy to 232 clients, for substance use therapy services we provided services to 128 individuals, and in our SA IOP program we served 13 individuals, for a total of 364 unduplicated clients served in therapy services. For the month of September (September 1-29), in child outpatient therapy we provided services to 275 clients and their families. In adult therapy, we have been able to accommodate additional requests for individual therapy due to increased capacity because the therapists no longer needing to allocated time each week to same day access intakes. Overall, our numbers for both adult and child therapy services are holding steady. We are still in the process of recruiting for one full-time adult therapist and one full-time child therapist.



Arbor House (Crisis Stabilization Unit)

Arbor House continues to set our maximum capacity at 5 individuals. This decision was made to ensure that each individual could have their own bedroom. For September (September 1-29), our bed utilization was 58.1% based on 7-bed capacity; with our utilization rate based on the 5-bed capacity at 81.3%.

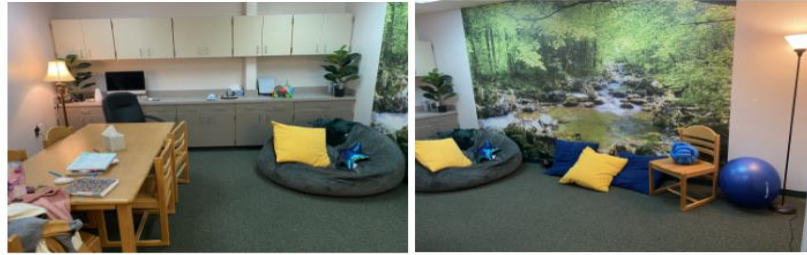


Behavioral Health Wellness

This month our team has been working to translate our community resource guide into additional languages including Arabic, Kurmanji Kurdish and Sorani Kurdish. These languages were identified in partnership with Church World Services as they are anticipating working with increased numbers of families coming from Afghanistan. In addition, our team presented their work with developing and implementing the community resource guide on a webinar conference hosted by the Mexcian Consulate out of Washington DC, in collaboration with our local Futuro Latino Coalition.

The team continues to work with Rockingham County Public Schools (RCPS) to support the schools in creating and incorporating space to designate as calm rooms for students. This is a partnership with the school counseling department and a part of RCPS commitment and effort to incorporate trauma informed practices within the school.

*Broadway High School; RCPS



CALM ROOM

In partnership with Rockingham County Public Schools (RCPS), HRCSB has assisted each high school's counseling department in designating calm rooms in the school. These are places where students, when escalated, can go to for structured cooling off and engage in sensory activities for a short amount of time, before then returning to class. This is part of RCPS's greater effort to incorporate Trauma Informed practices.

Children's Mobile Crisis

We are excited to welcome a new children's crisis clinician, Cherie Ditmer to our team. We continue to explore filling a second position. There have been several inquiries both internally and within the community regarding availability of this support for youth and families, so we are looking forward to being able to provide this level of care again. We have greatly appreciated the assistance of the Emergency Services team and other clinical staff in the agency, helping to field calls and act a resource and support to families in crisis, including helping with coordinating services at time of discharge from the Commonwealth Center for Children and Adolescents, our only state psychiatric hospital for children and adolescents.

Early Intervention – School Based Program

The six clinicians and one graduate-level intern with the school based early intervention program are actively in the school buildings to provide support to students. The current clinicians are in the Rockingham County Public Schools, middle and high school settings. We are also working to fill the two clinical positions to support Harrisonburg City Public Schools. For the county schools, the referral presenting concerns thus far have included COVID-19 pandemic related stressors, anxiety, depression, suicidal ideation and conflict with others. The clinicians started in the schools on September 2, 2021 and have a caseload of roughly 15-29 students. Outside of meeting with students individually, clinicians are also participating in team meetings with schools and consultation with school staff to explore supportive ways to address the student’s needs. Many clinicians have already had an opportunity to collaborate with school, student/family, and community supports in order to link students to other community resources to address safety and longer-term needs.

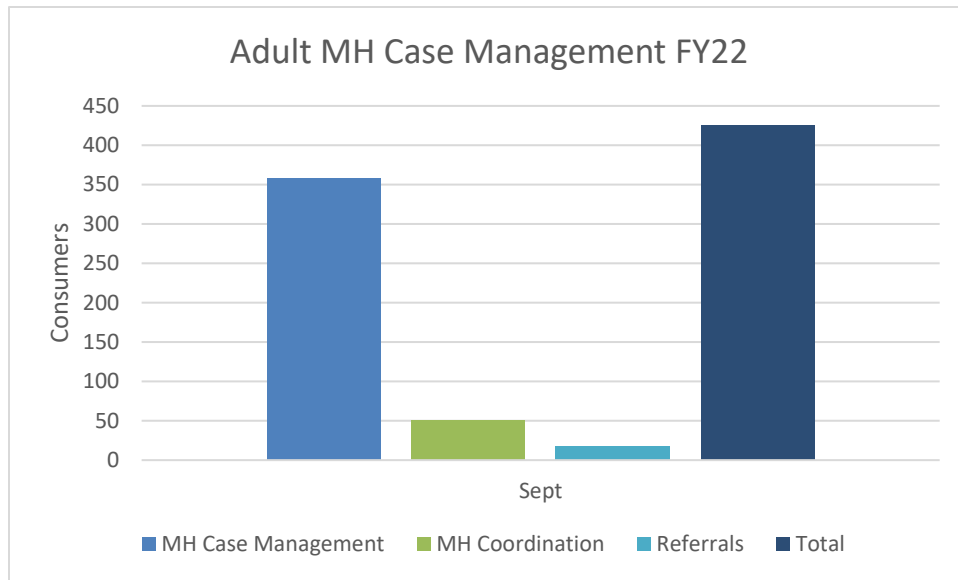
Intensive Case Management

Intensive Case Management (ICM) continues to provide support for youth who come in contact with the court system. This service is being further explored as a support for youth as an early intervention, prior to being deemed by the court as a Child In Need of Services (CHINS), when there have been barriers to accessing other mental health services. As the school year has returned along with in-person learning, ICM has resumed participation in Interdisciplinary Team Meetings for student truancy in the city and county public schools.

Recovery Services

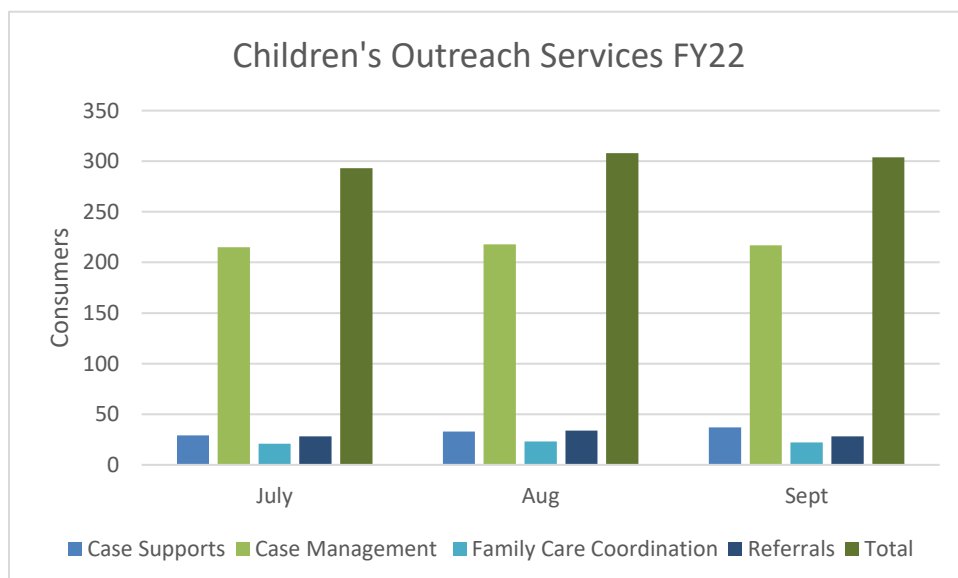
Adult Mental Health Case Management (MHCM)

Case Management was able to fill two vacancies fairly quickly with the hire of Quinton Williams who started October 1st and Mayra Robles who begins October 16th. The case managers have a very strong team identity ensuring coverage of all clients as needed, when staff are out of the office.



Children’s, Children’s Case Management (CCM), Children’s Case Support (CCS) and Family Care Coordination (FCC)

The Children’s Outreach teams continue to be in demand with about 30 referrals per month. FCC staff member Dan Seifert gave an informative presentation at the September staff meeting. He shared about the concept of “low impact debriefing” as a way to reduce compassion fatigue and traumatizing colleagues when sharing about clients for staffing and support. Dan explained some ground rules to use when sharing with other staff, like getting consent to share and fair warnings about content. With staff adjusting to the new building and working in cubicles, it is important to find confidential and quiet places to debrief. The presentation was well received and appreciated by staff.



Mental Health Skill Building (MHSB)

Each of the three Skill Building staff have full caseloads and our new Supervisor of Community Supports has a small caseload now as well. The team has been working hard to cover for each other through various client and staffing needs, especially through the support of their Supervisor. Currently there are 38 MHSB clients, our highest enrollment in the past 12 months.

Permanent Supportive Housing (PSH)

PSH moved a client into Park Road Apartments, the reappointed apartments formerly a part of the Supervised Living Residential program. The apartment building has four one-bedroom units that will be prioritized for PSH clients using DBHDS vouchers. The client that is now a tenant had been homeless for over a year. More clients are on track to move in over the next several months.

Western State Hospital (WSH)

For the month of June, WSH census reports we had an average census of 7 and a census per 100,000 of 5.4. HRCSB has had no admissions to the Commonwealth Center for Children and Adolescents thus far in FY2022.

Developmental Services

Infant and Toddler Connection

The Infant and Toddler Connection team continues to match pace with the upward trend in referrals over the past several years. We are currently advertising several positions, as well as adjusting caseloads to adapt to some upcoming family leave. We have temporarily instituted a waiting list for Speech Therapy services.

We are monitoring the early stages of design and implementation of a new web based online portal set to replace the ITOTS system most likely within the next year. We look forward to providing input along the way.

Month	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
July	17	20	31	30	30	35
August	30	40	38	36	35	42
September	31	36	33	38	33	25
October	18	35	30	36	34	
November	31	30	27	28	30	

December	22	28	35	34	24	
January	38	31	44	37	41	
February	24	32	35	35	31	
March	31	30	32	40	34	
April	30	43	34	32	38	
May	48	20	33	25	26	
June	34	32	25	35	45	
Total Referrals	353	377	397	406	401	102
Child Count- Dec 1	127	162	173	195	201	

Developmental Disabilities

Developmental Disabilities (DD) Case Managers billed 291 units for the month of August with contracted DD case managers from Valley Associates for Independent Living completing an additional 20 billable units. Case managers completed 658 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 235 face to face visits. They also completed 25 annual Individual Service Plans, which by way of a data exchange are automatically updated into the Waiver Management System (WaMS) daily.

Currently we have 235 individuals receiving DD Waiver services. Of those, 74 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.

There are 213 individuals on the DD Waiver Waiting list awaiting services. Over the past 6 months, we are averaging 3-4 new individuals added to the waiting list per month. There are currently 44 individuals on Priority 1 status, followed by 90 on Priority 2, and 79 on priority 3. We completed three new waiver screenings in September, and received 7 new referrals.

We have 236 individuals enrolled in Waiver Services, with 77 individuals receiving enhanced case management. As was noted in previous reports, we continue to struggle to find services for individuals, primarily personal assistance and days support, even those with waiver slots.