

HRCBSB Board Report – December 2021

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Message from the Executive Director

On December 1, 2021, the Department of Behavioral Health and Developmental Services (DBHDS), in partnership with the Department of Medical Assistance Services (DMAS), issued a press release (attached) touting the upstart of six (6) new services now covered by Medicaid: Multisystemic Therapy, Functional Family Therapy, Mobile Crisis Response, Community Stabilization, 23-Hour Crisis Stabilization and Residential Crisis Stabilization. This is the second of multiple planned releases of newly defined services (referred to as Project BRAVO) available to both child and adult Medicaid recipients with behavioral health issues. Project BRAVO was designed to build out community behavioral health services that both private and public providers could offer to Medicaid recipients. Since the cessation of admissions to state psychiatric hospitals in July of 2021, and subsequent reduction of the total census by 252 beds statewide, every community in Virginia has felt the untenable pressure for more community-based behavioral health services. Both DMAS and DBHDS tout that Project BRAVO will help the build out of these community based services in a comprehensive manner; yet there is no blueprint on how providers will work together, within and across communities, to ensure warm hand-offs, strong communication links, safety planning for individuals, or defined outcomes of success. Throughout these endeavors, we remain dedicated to the mission of providing services with persons of all ages for services of mental health substance abuse and developmental disabilities.

Ellen Harrison, LPC, MBA

Administrative Services

Our New Home – Last Efforts

We have a wonderful, brand-new parking lot – complete with trees, shrubs and lighting. We have new signage at Route 11 entrances that definitely show that the construction phase is done! And on Tuesday, December 7, we will have celebrated with the community

at our Open House, sharing our new home with our stakeholders, partners, friends, clients and families. Special thanks to the Board for their support during this very long process.

Last efforts to finalize our “moving in” include some final security door changes, some additional blinds and shades needed, installing A/V systems into the group rooms and training rooms, and improving some wayfinding signs inside the building. We are also working slowly toward a few more items for décor – a last step toward making it our home.

Administrative Services

November was a productive time for the Administrative Services departments. Significant accomplishments include the following:

- We launched our new and improved Emergency Management response program. Risk Manager, Dan Jenkins, and the IT team worked hard throughout November to finalize preparations for the December 1 launch. The four-code system includes a computer based alert system for evacuation, medical emergencies, an escalated situation and an active attacker. Dan conducted trainings with each department, answering questions and tweaking the program for employee feedback. This program will be especially helpful in our new large building, where immediate and accurate information, plus a trained and prepared staff, can mitigate any issues that arise.
- Risk Management and Quality Improvement are also updating the annual Risk Management and Quality Management Plans to include risk assessments, hazard vulnerability analyses, site safety inspections and annual review of Corrective Action Plans (CAPs) – only one! – and incident reports. This Performance Contract requirement is something we take seriously and the Compliance Team does a thorough job on behalf of the agency.
- The Compliance department handled two other big projects this month. The first was adapting and signing on to DBHDS’s new licensing platform, CONNECT. There were some initial technical glitches, but their portal will prove to make changes and requests for documentation easier and quicker when the kinks are worked out.
- The second was preparation for December 1 rollout of the DMAS’ new Project BRAVO initiatives. These critical changes had impacts in clinical, billing, IT and compliance areas. The Compliance team was instrumental in both interpreting the new regulations (offering timely guidance and feedback) and hands-on work for accurate data-entry and documentation at the December 1 start. Kudos to

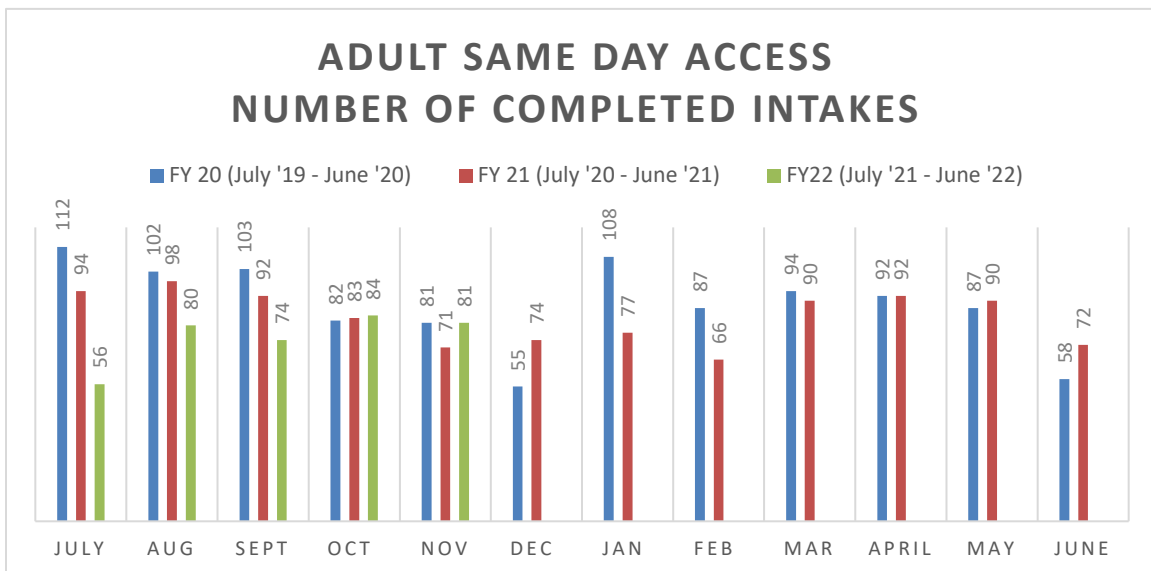
Loren Breeden, Juli-Anna Hendricks, LeVon Smoker (IT) and Dana Dewing for helping to respond to the short turnaround time (with regulations being finalized the week of Thanksgiving).

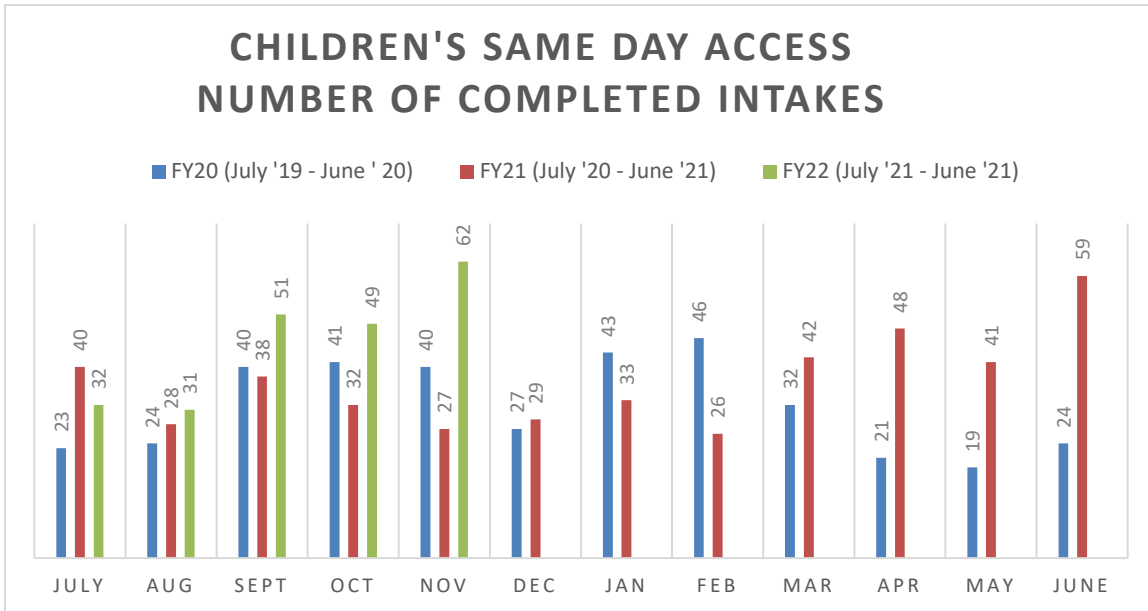
- Our Facilities Manager proved his worth yet again this month: he caught our first mouse! Needless to say, the entire Clerical team up front was grateful for Dickson’s efforts.

Behavioral Health Services

Same Day Access - Adult and Child

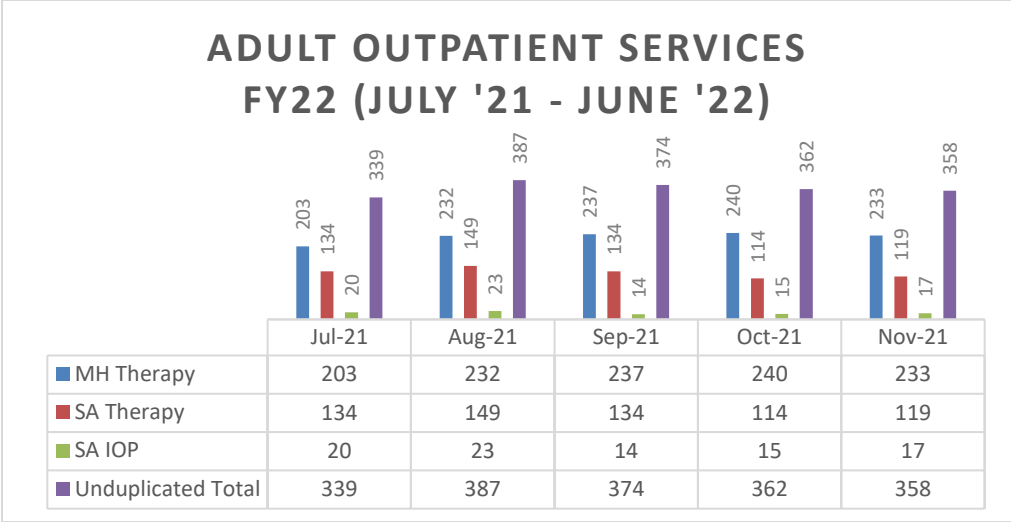
We continue to provide intakes via telehealth and in-person, with the majority being provided in-person. We are primarily providing scheduled intakes and same day appointments permitting availability of clinicians. For the month of November, we have completed 81 adult intakes and 62 child intakes. We continue to see an increase in services being requested for children, youth and their families. In January, we will be returning to our same day walk-in process for adult intakes only on Mondays, Wednesdays and Fridays. We will continue to provide scheduled intakes for children and families on Tuesdays and Thursdays.





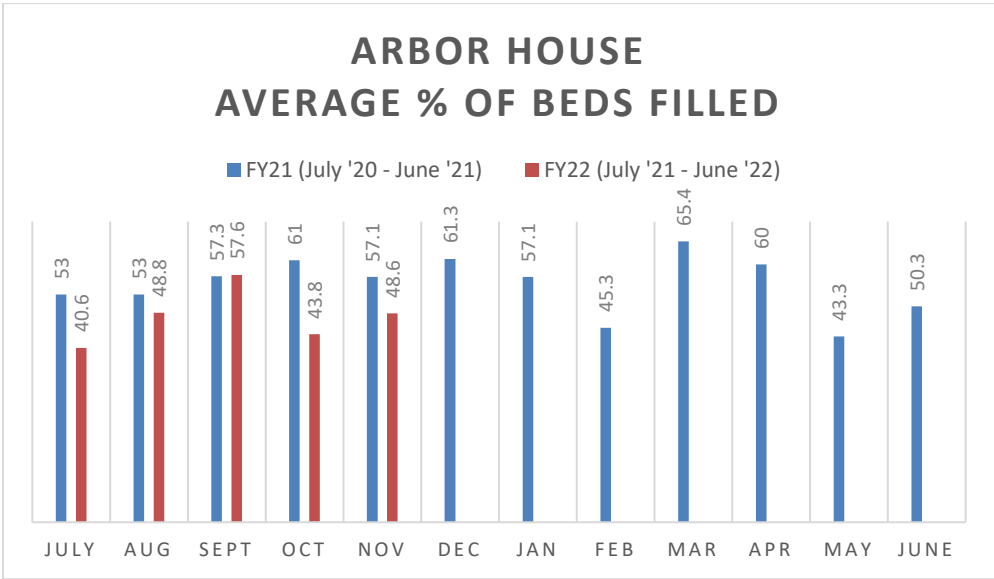
Outpatient Services – Adult and Child

Both Adult and Child Outpatient therapy team continue to provide services to individuals and their families via telehealth (video conferencing and/or telephone) and in-person, with the majority of them being provided in-person. For the month of November in adult outpatient therapy, we provided mental health therapy to 233 clients, for substance use services we provided therapy to 119 individuals, and in our SA IOP program we served 17 individuals, for a total of 358 unduplicated clients served in therapy services. For the month of November, in child outpatient therapy we provided services to 434 clients and their families and currently have 605 clients enrolled in children’s therapy services. The increase in the number of clients served and enrolled in children’s therapy is a direct result of expanding the number of therapists we have to provide children’s therapy. Of note, we are seeing increasing number of children and youth seeking services due to acute mental health issues. Our team has been working hard to coordinate support with other agency services, the school systems, families and other natural supports, as often times outpatient therapy alone is not enough support.



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 November, our bed utilization was 48.6% based on 7-bed capacity with our utilization rate based on the 5-bed capacity at 68%. Over the Thanksgiving holiday, together staff and residents were able to prepare and enjoy a traditional Thanksgiving meal.



Behavioral Health Wellness

Behavioral Health Wellness staff continue their work in several key areas including strategic planning with the Healthy Community Council (HCC), disseminating Resiliency Kits to the local schools, creating “calm rooms” in schools, disseminating over 2,384 resource guides to 26 different community partners and providing 100 trigger locks to the Army National Guard Pre-Deployment Training.

For the past few months, the Behavioral Health Wellness team has been working alongside the Healthy Community Council (HCC) in completing their strategic planning process, including updating their vision statement, mission statement, and identifying core values and strategies. The group will continue their work over the coming months to finalize their strategic plan.

Our Resiliency Kits include drawing supplies, fidgets, journals, bookmarks and a handout on self-regulation skills. We have been providing these kits to schools to give to their students. This year we have been able to provide 220 kits to Rockingham County Public Schools and Harrisonburg City Public Schools. We are anticipating distributing an additional 200 kits in the spring.

We have been working with Harrisonburg High School and J Frank Hillyard Middle school to create a “calm room” within their school building. The room is designed to be a safe space for students to be able to utilize as a calming area to take a “breathier” from some of their life stressors. We provide materials for the room to allow students to de-escalate re-group and ideally re-engage back into the classroom. Our Community Resource Guides, which are a one-page front and back list of resources in our community have been widely distributed throughout our community. We have been able to publish the guide in five different languages (English, Spanish, Kurmanji, Sorani & Arabic)

Children’s Mobile Crisis

Our Children’s Crisis Clinician started to work with youth and families during the month of November. During November, Children’s Crisis Services provided the service to four individuals and their families. Children’s Crisis Services provide community stabilization whereby referrals primarily come from children who have come to the attention of emergency services and are determined to not need hospitalization at that time. Children can then be referred to children’s crisis as a stabilization support for the individual and family to remain in the community and continue to monitor safety, providing brief counseling support and linking to appropriate follow-up services. We are excited to have this service to offer in our community!

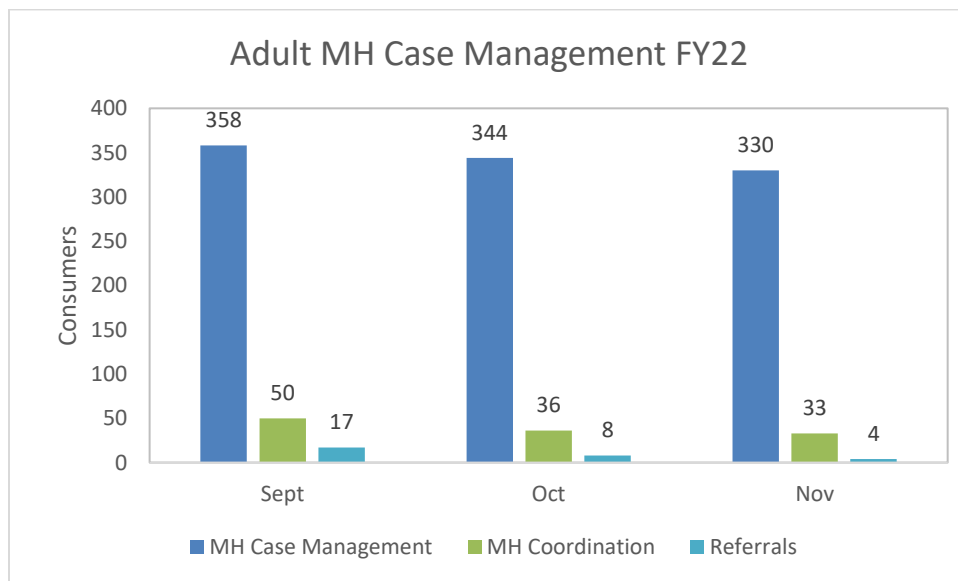
Early Intervention – School Based Program

Six Early Intervention Clinicians and one graduate level intern continue to actively work with middle and high school students in Rockingham County Public Schools and one Early Intervention Clinician has started with students in the middle school setting with Harrisonburg City Public Schools. The clinicians’ caseloads currently consist of 25-39 students and there continues to be interest and reported need for the service for other students. Early Intervention Clinicians continue to assess need for, and support in, linking to other services in the community and collaborating with school personnel to meet student needs as appropriate.

Recovery Services

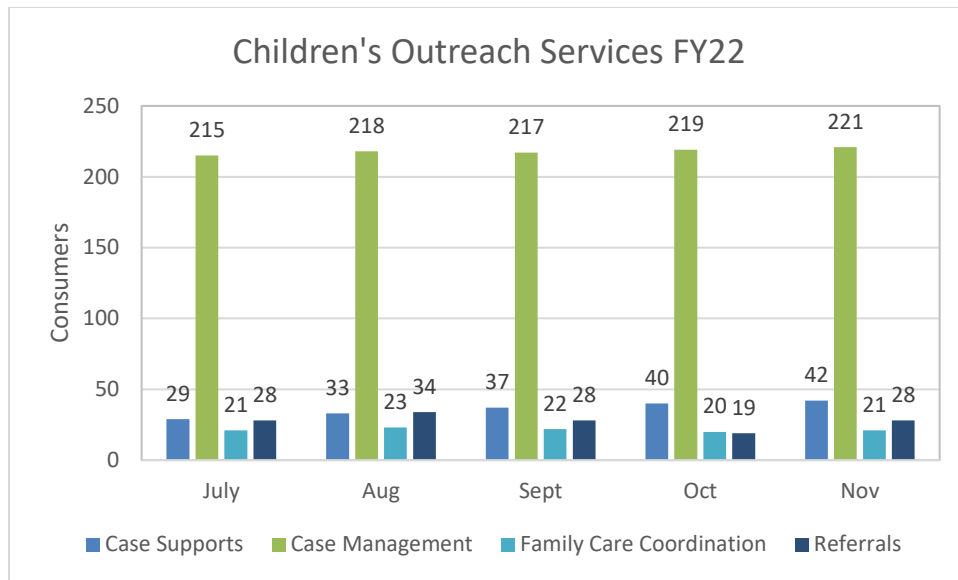
Adult Mental Health Case Management (MCHM)

During the holiday season our adult case managers are working to link the neediest clients to gift cards being provided by the Department of Social Services as part of an annual tradition. We have also hired Tony Cruz, a current adult case manager, to fill an hourly role as a Competency Restoration Specialist. Katrina Swartz will continue to fill this role as well, but we have been experiencing an increase in requests from the court to restore individuals to trial competency based on psychological assessments. Competency Restoration Specialists receive 6 hours of training through DBHDS and use a curriculum to educate and restore individuals to competency in order to stand trial.



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

As demonstrated in the table below, our Case Support cases has been increasing monthly. Case Supports are Medicaid case management clients who also receive some services through Comprehensive Services Act funding. This is in an effort to wrap as many services as possible around a child and their family to address their needs.



Mental Health Skill-Building Services (MHSS)

One of our three full time skill builders resigned last month. As a result, we have been working hard to provide client coverage for that caseload between our two full time skill builders and the program supervisor. We continue to get referrals, averaging about one per week. Our full time skill building staff are expecting to have a caseload of between 8-12 clients, and to complete 52 billable units each monthly. Staff meet with their clients once or twice per week depending on needs. Billable units are calculated as one unit for an hour or more, and two units for three hours or more per day. Our staff are working hard and meeting their goals.

Peer Support Services

We are excited to announce the hiring of Robyn Collins as our Peer Program Coordinator, starting this month. The role of the Peer Program Coordinator will be to have a caseload as well as to offer coaching and support to the other agency peers. She will join the Community Recovery Services leadership team and also be a liaison to the rest of the agency and community to integrate Peer Supports into the services we provide. Peer support is a system of giving and receiving help founded on the key principles of respect, shared responsibility and mutual agreement of what is helpful.

Western State Hospital (WSH)

WSH census report for the month of October, HRCSB had a census per 100,000 of 8 and bed days per 100,000 of 248. Our region, Region 1, had an average census per 100,000 of 10, and bed days per 100,000 of 311.

Developmental Services

Infant and Toddler Connection

Infant and Toddler Connection (ITC) recently filled several positions, including a part time clerical position, both a full time and an hourly speech therapy position, and a contracted developmental services position. Interviews are ongoing for open service coordinator and developmental services positions. As always, we appreciate ITC staff's willingness to assist one another to cover some staff vacancies.

We are eagerly awaiting our child count numbers for December, which will greatly contribute toward determining some federal and state funding levels. The child count is a point in time calculation of current clients receiving active services in the ITC program. We're expecting this year's number to be near equal to last year's count of 201.

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	29
October	18	35	30	36	34	26
November	31	30	27	28	30	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	162
Child Count-Dec 1	127	162	173	195	201	

Month:	July	August	September	October	November
Total Referrals	35	42	29	26	30
Monthly Referral Goal	30	35	35	35	30
IFSP Completions Per Month	25	21	24	14	20
Monthly Child Count	165	179	181	185	189
Data for Referrals					
Parent Declines/No Contact	11	9	9	6	0
Transfers	0	0	1	0	0
Not Eligible	5	4	5	0	0
In Process	1	0	2	10	27
Deceased	0	0	0	0	0
Active	18	22	12	10	3

Developmental Disabilities

Developmental Disabilities (DD) Case Managers billed 290 units for the month of October with contracted DD case managers from Valley Associates for Independent Living completing an additional 20 billable units. Case managers completed 742 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 244 face to face visits. They also completed 27 annual ISPs, which by way of a data exchange are automatically updated into the Waiver Management System (WaMS) daily.

Currently we have 234 individuals receiving DD Waiver services. Of those, 65 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 two out of every three visits occurring in the client’s home.

There are 218 individuals on the DD Waiver Waiting list awaiting services. There are currently 47 individuals on Priority 1 status, followed by 89 on Priority 2, and 82 on priority



3. We completed three new waiver screenings in November, received four new referrals, and added three more individuals to the waiting list.

As was noted in last month's report, the closure of several local group homes necessitated significant effort by case managers to find alternate placements for numerous individuals in a short period of time. We are exceedingly proud of the work support coordinators put forth to not only find placements, but to do so without compromising their commitment to person centered practices and to client choice.