



# HRCSB Board Report – September 2022

**Barbara Brady** (Interim Executive Director)  
**Adam Yoder** (Community Recovery Services)  
**Rebekah Brubaker** (Behavioral Health Services)

**John Malone** (Developmental Services)  
**Barbara Brady** (Administrative Services)

## Message from the Outgoing Executive Director

For every experience, we leave footprints in the sand as our mark on the world. During our brief time in any moment, we walk with others who also leave their imprint in the sand beside ours. Over time, our footprints disappear as they are washed away by the sea. I have walked with many of you over time and we have shared stories, successes and even troublesome events, but all of those moments have made me who I am today. While my footprints will quickly fade after I leave, my memories are so much a part of me and will not fade so quickly. I treasure those conversations and those moments.

HRCSB is filled with so many amazing people and the strength of the culture works because of the individuals that make up the whole. Ultimately, it is up to each of you to keep the culture alive and ensure that the new ED is brought into “our ways”. The Board of Directors is charged, and takes very seriously, their duty to select the best candidate. The Directors will guide and steer the new ED as that person learns their role, which likely will take 18-24 months. At the end of the day, the HRCSB Family will teach the new ED the family rules and expectations. Please know that I have every confidence in the next leader and their ability to rejoice in our mission. You do not accidentally apply for these positions....you are selected by the universe to step up.

I look forward to seeing what is possible for the Harrisonburg-Rockingham community and for each of you individually. Be purposeful in your journey because it is yours alone to make. While my journey is leading me in a different direction, I do hope that our paths cross again in the future.

Best,

Ellen

## Message from the Interim Executive Director

We will miss Ellen Harrison’s strong leadership, her vision and her smooth management of HRCSB. She leaves us well poised to meet future challenges with a strong Management Team, a great group of



supervisors, and an extremely skilled and dedicated workforce. We will weather the transition to new leadership as seamlessly as possible, working together as the strong community that we are.

In our work, we continue to have challenges making some aspects of our daily work rocky. A few examples include the areas of vacancies, treatment systems and new online portals. Not being able to fill critical vacant positions creates extra work for existing employees. The emergency crisis response system with its shortage of beds and viable processes continues to interrupt the smooth flow of care. Recently launched portals for Medicaid services, the Infant-Toddler Connection (ITC), Licensing and Crisis Response tracking remain problematic and frustrating. Additionally, our work in the community shows us that the situation with the homeless or under housed populations of Harrisonburg and Rockingham County is posing further burdens on an already stressed system. HRCSB staff continue to address each challenge with professionalism, dedication and persistence. We make incremental progress daily, addressing these challenges and others. Together. Whatever the challenge, we will get it done together.

As we work during this interim period of leadership, we look to each other for support and guidance while continuing to address the needs of our community.

*Barbara*

## Administrative Services

### Updates and Highlights from the Administrative Services departments include:

#### Compliance:

- The Compliance team worked on new forms in Credible for new Crisis Stabilization Regulations that went into effect 9/1/22.
- We continue to have significant issues with Credentialing in DMAS's new MES portal. This has been problematic in making newly licensed clinicians available to clients. We have been told it is being escalated and will be resolved soon.
- Our Data Specialist pulled together our capacity and utilization data to include in the annual CARS report, submitted to DBHDS with our financial information August 31, 2022.
- Compliance coordinated twelve HSAG and two SCQR (ID/DD) audits (and the SCQR audit was on-site) plus three Optima DSNP audits this month.
- DBHDS issued newly formatted and revised regulations for open comment recently. Compliance is reviewing and convening stakeholders to evaluate them and draft input.

#### Facilities:

- Dickson has worked closely with new Summit House manager Jane Fetterman to make a few needed improvements. The first is to upgrade the lighting throughout the building (making it brighter and ultimately saving money). The second is to remove and repair two sheds behind the building, for safety, cosmetic and functional reasons.
- Mostly due to the staff's significant effort, the McNulty Building landscaping got a much-needed haircut. The grounds look wonderful and we greatly appreciate the McNulty staff efforts.

Assistance in removing the branches and clippings from the Facilities group was appreciated. We have also updated the sign at the McNulty Building, reflecting the new tenants of the site.

**Risk Management:**

- Risk Manager Josh Dyke is working with Adam Yoder to create a new policy for our Peer programs.

**Clerical:**

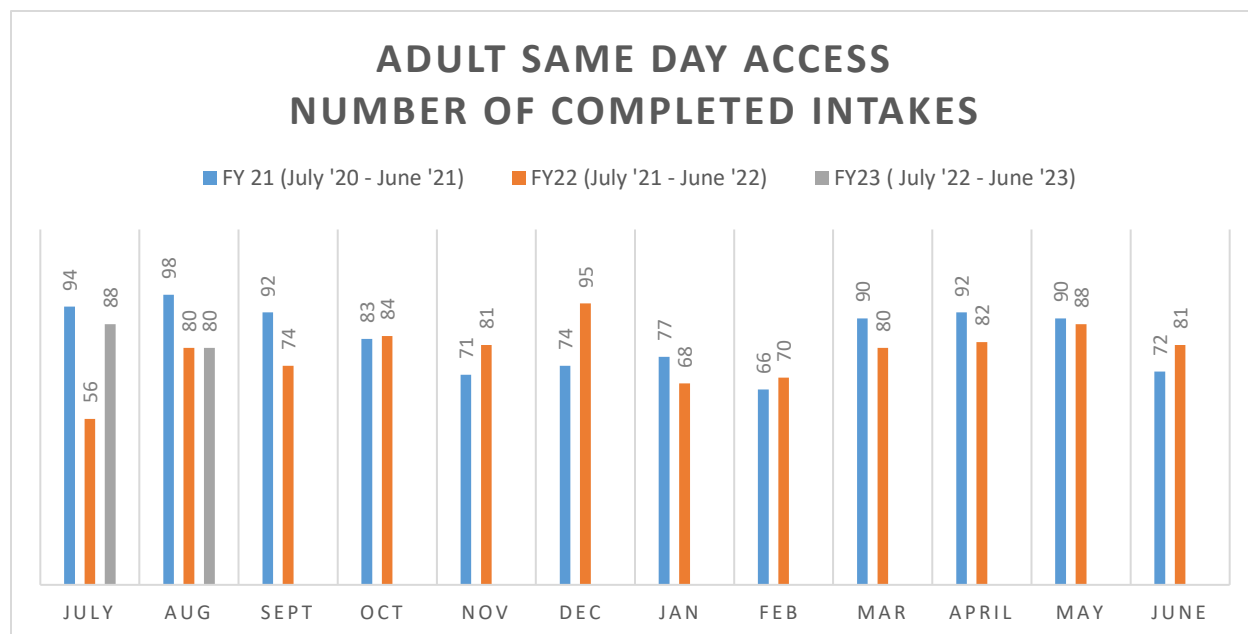
- Current Clerical team member Eileen Gingrich has been selected as the agency’s Receptionist/Interpreter Coordinator. She will begin coordinating all contract interpreters and interpreter appointments beginning September 1. We are grateful to have someone take on this essential role.

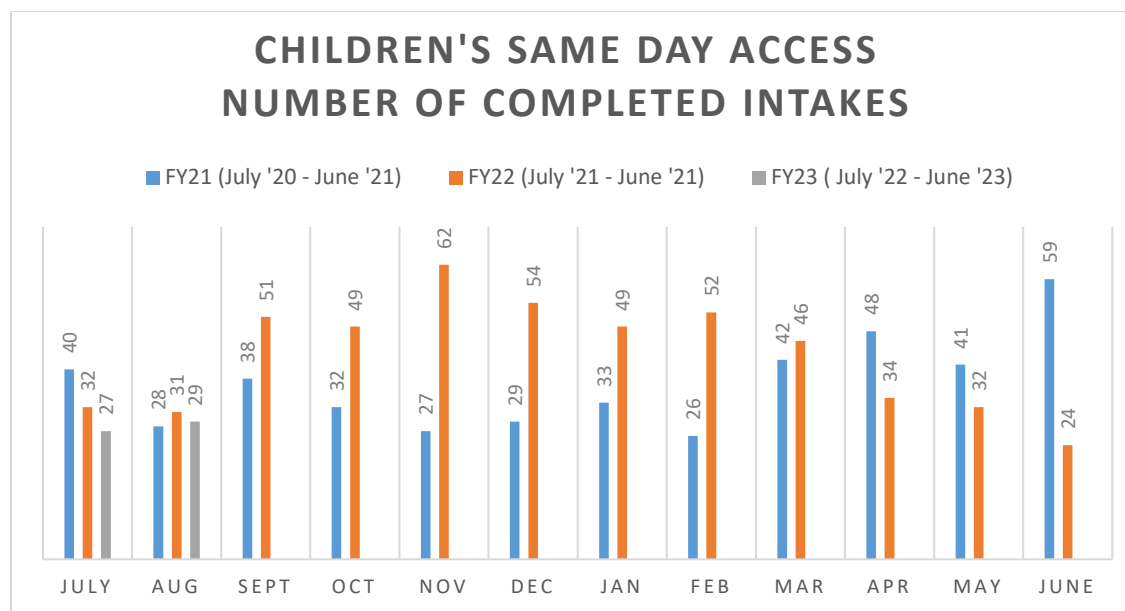
**IT:**

- IT is back filling two positions currently. They are our Data Programmer and Information Systems Administrator positions.

**Behavioral Health Services**

**Same Day Access (SDA) – Adult and Child** For the month of August, the Same Day Access (SDA) team completed 80 intakes for adults and 29 intakes for child and adolescent services. Our intake numbers for August are consistent with our numbers from last year. The SDA team continues to help link individuals to resources in addition to treatment recommendations. One of the primary issues that adults are identifying at intake outside of their mental health or substance use needs is related to housing, either lack of affordable housing, currently homeless or at-risk of losing their housing.





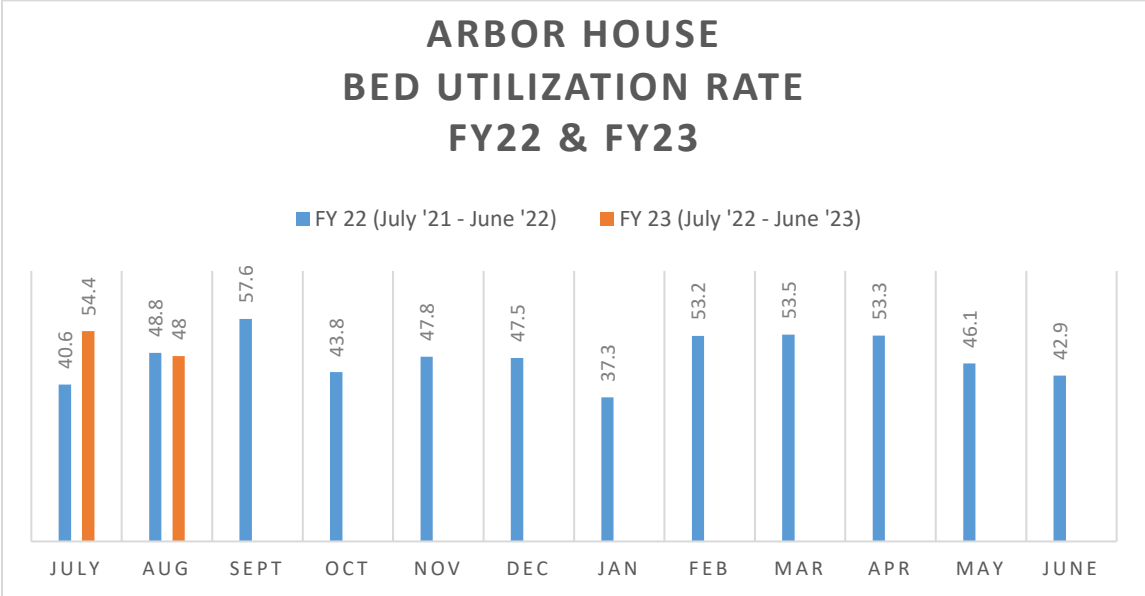
**Outpatient Services – Adult and Child** For the month of August, in adult outpatient therapy, we provided mental health therapy to 268 clients, for substance use therapy services, we served 120 individuals and in our SA IOP program, we served 11 individuals, for a total of 393 unduplicated clients served in therapy services. We are serving approximately 5% more adults this fiscal year than last year at this time. This is most likely due to the increased capacity within adult outpatient services.

For the month of August, in child outpatient therapy, we provided services to 387 clients and their families. Currently we have 563 clients enrolled in children’s therapy services. We continue to recruit for two additional child and adolescent clinicians to help us better meet the growing needs of this population in our community.

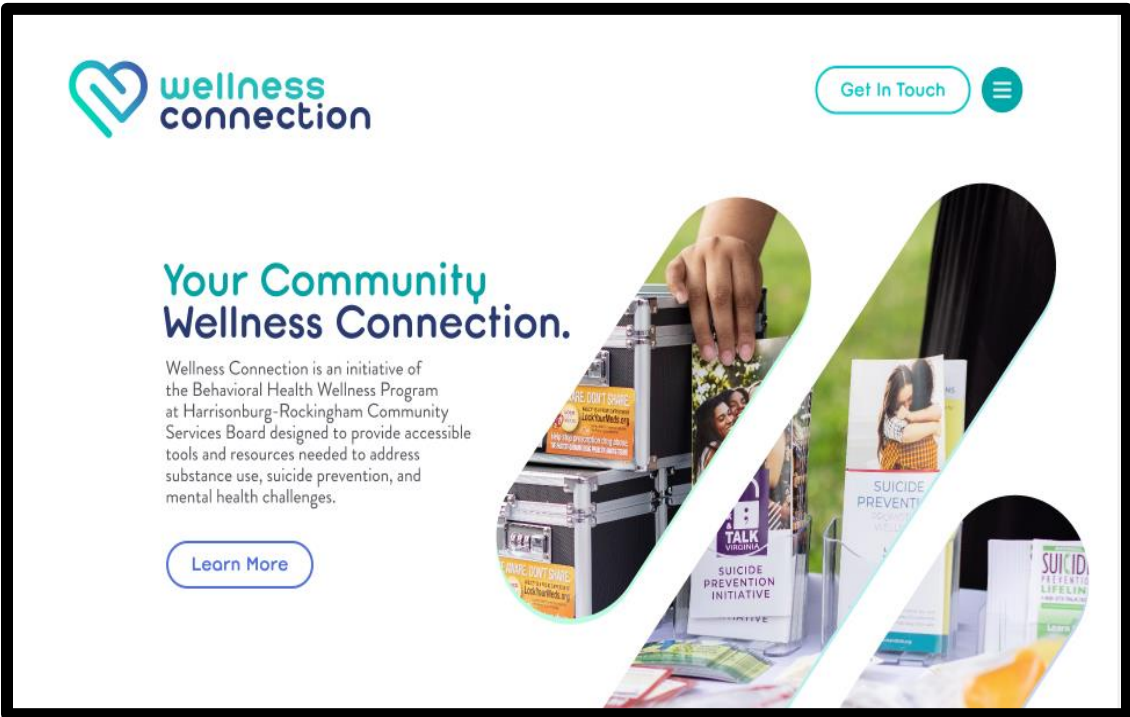
This fall our Children’s Outpatient team will be expanding services and will be providing treatment for youth where the primary concern is substance use. Previously we had focused on providing treatment for children and youth where the primary concern was mental health related. This expansion is in response to a growing need for substance use treatment services for adolescents.

**Arbor House (Crisis Stabilization Unit)** We continue to set our maximum capacity at five individuals due to key staffing vacancies and are eager to return to a 7-bed capacity once those positions are filled. We have been fortunate to be able to hire for a full-time CSU Specialist position and additional hourly CSU Clinicians. The additional staff will help us with clinical staffing needs, however, we are still in need of nursing staff and a Coordinator to assist with admissions and discharge planning. For August, our bed

utilization was 48% based on 7-bed capacity; our utilization rate based on the 5-bed capacity was 67.7%.



**Behavioral Health Wellness** During the month of August, our Behavioral Health Team launched a new website called Wellness Connection ([www.mywellnessconnection.org](http://www.mywellnessconnection.org)). The website’s goal is to inform community members about our Behavioral Health Wellness program addressing substance use and suicide prevention services. This website communicates important substance use data,





locally available prevention resources/trainings, includes an interactive community resource guide, and more!

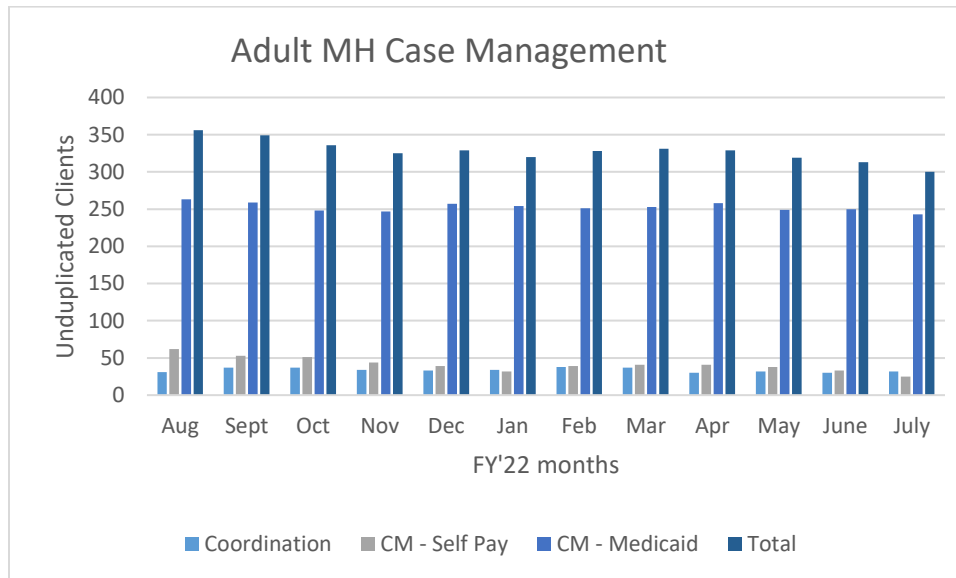
**Children's Community Stabilization (CCS)** HRCSB Children's Community Stabilization Clinician has provided active stabilization services to two individuals during the month of August. All individuals who received community stabilization services during this month noted stabilization within the community setting, diverting need for out of home care such as acute psychiatric hospitalization. Children's Community Stabilization provides consultation and collaboration with the individual, family, providers/agencies and schools in navigating stabilization following a crisis event, in effort to remain safely within the community. During this time, linking to resources and expanding utilization of already established supports is explored. Community stabilization also provides a follow up phone contact for support after a contact with HRCSB Emergency Services for youth not already in CSB. In addition, community stabilization services are available for hospital discharge planning from the Commonwealth Center for Children and Adolescents and private acute psychiatric inpatient settings if the guardian is agreeable. CCS provided follow up for three individuals this month due to hospitalizations and successfully linked them to other mental health and community supports for longer-term stabilization.

**Intensive Case Management** Intensive Case Management (ICM) provided services to seven individuals during the month of August 2022. ICM continues participation in Rockingham County Public Schools and Harrisonburg City Public Schools' ITM process and coordination with the JD&R Court Services Unit in an effort to continue to provide support to youth in the community. This process resumed in August with review of summer school and the new school year beginning.

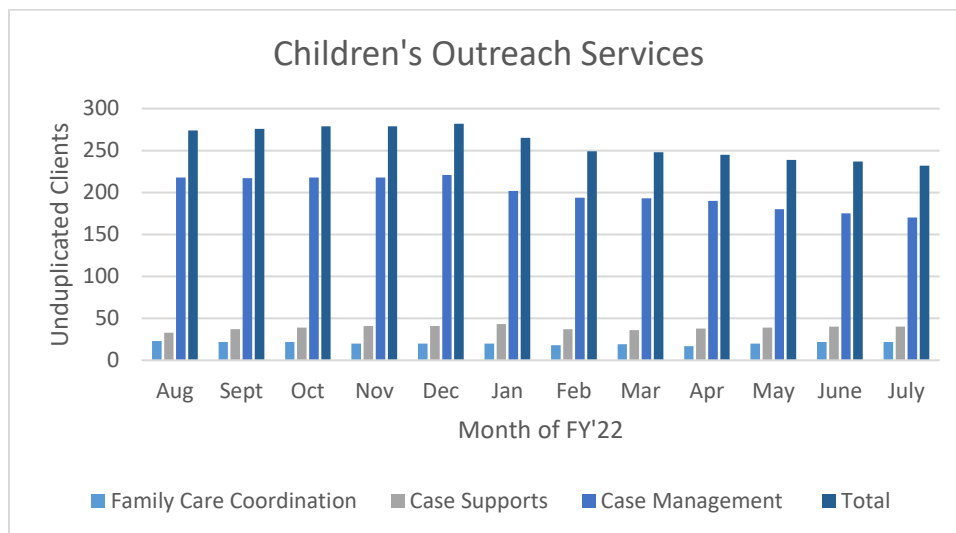
**School Based Early Intervention Services** The Early Intervention Program has initiated contact with the school counseling departments in the middle and high schools in Rockingham County Public Schools as well as Harrisonburg City Public School's high school this month in preparation for the students to return to school. The Early Intervention Clinicians will return September 1, 2022. We had four of our Early Intervention Clinicians who transitioned to other opportunities during the summer. At this time, coverage for the Early Intervention Service will include Broadway High School, J Frank Hillyard Middle School, Turner Ashby High School, Wilbur S Pence Middle School, East Rockingham High School, Elkton Middle School and Harrisonburg High School starting in September 2022. We are currently advertising for additional Early Intervention Specialists to provide additional coverage at Rockingham Academy, Spotswood High School, Montevideo Middle School.

## Community Recovery Services

### Adult Mental Health Case Management (MCHM)



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



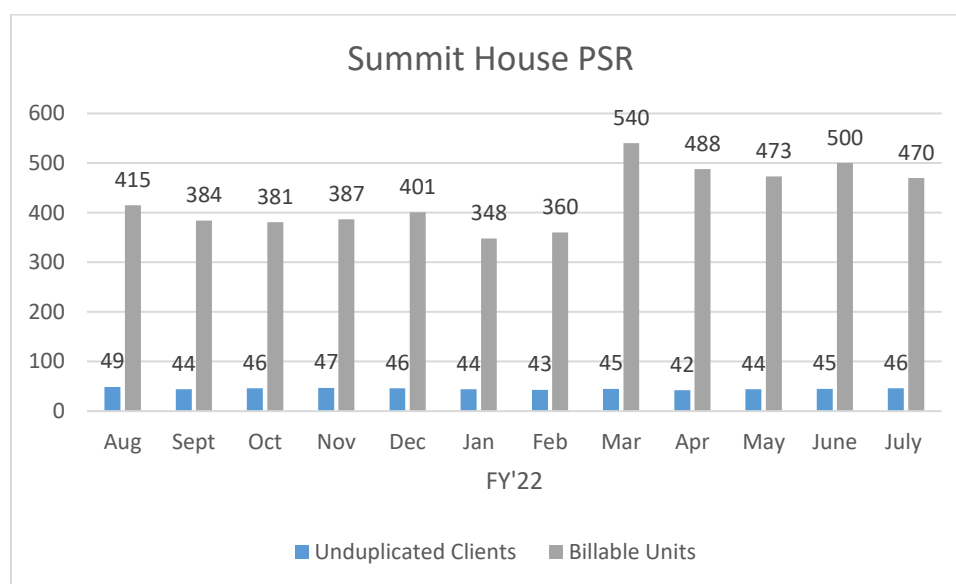
**Mental Health Skill Building** Mental Health Skill Building (MHSB) is a community-based service working towards teaching and modeling independent living skills for individuals. Services are provided generally at least weekly. MHSB strives for flexibility and person centered service delivery in the context of the individuals’ goals and objectives. Ancillary to the goal driven skills, MHSB provides a supportive and engaging presence to assist the individual in meeting everyday needs. Services could be done in the

home or the community. Mental health skill building also serves as a bridge to more independence from residential services.

Individuals receiving this level of services have been assessed as needing regular support, assistance, and skills training to successfully sustain community living and/or in transitioning to a higher level of independent living. Individuals receiving MHSB must meet the eligibility criteria established by the Department of Medical Assistance Services (DMAS), be 18 years of age or older and meet the Virginia definition of serious mental illness. Individuals are typically referred by HRCSB case managers or other CSB staff, and individuals choose whether they want to participate in the service.

**Peer Support Service** In July we began billing for our Peer Recovery Services by enrolling 13 individuals. We have added 6 more in August and increased our billable units from 66 to 274. What a great increase in such a short amount of time.

**Summit House Psychosocial Rehabilitative Service (PSR)** We are excited to share that our Summit House staff have begun taking clients back out into the community after a 2.5 year pause due to the pandemic. Two staff and 13 clients attended a day at the Rockingham County Fair in August. The following week, several staff and a handful of clients took a field trip to Sunshine House, the NWCSB psychosocial rehabilitative program. They were looking for new ideas and connections.



**Western State Hospital (WSH)** WSH census report for the month of August, HRCSB had a census per 100,000 of 4.6, and an average census of six. Our region, HPR 1, had an average census per 100,000 of 6.3, and an average census of 99. Health Planning Region 1 is made up of nine CSB's: Alleghany





Highlands, HRCSB, Horizon Behavioral Health, Northwestern, Rappahannock Area, Rappahannock-Rapidan, Region 10, Rockbridge Area and Valley.

## Developmental Services

**DD Case Management** Developmental Disabilities (DD) Case Managers billed 289 units for the month of July with contracted DD case managers from Valley Associates for Independent Living completing an additional 21 billable units. Case managers completed 590 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 222 face-to-face visits. They also completed 36 annual Individual Service Plans (ISPs).

Currently we have 237 individuals receiving DD Waiver services. Of those, 59 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 206 individuals on the DD Waiver Waiting list awaiting services. There are currently 39 individuals on Priority 1 status, followed by 90 on Priority 2, and 77 on priority 3. We received five referrals, completed two new waiver screenings, and completed three intakes in August. We added 1 individuals to the DD Waiver waiting list.

Members of the Developmental Disabilities and the Quality Improvement team met with DBHDS in August to review data reported as part of the Support Coordinator Quality Review tool, completed by our QI staff. The meeting was very positive, reflective of the quality of work completed by support coordinators.

We received official notification from DMAS regarding new DD Waiver rates in effect for FY 2023. We were pleased to see rate increases across all services. It is hoped that the increased rates will assist providers in hiring staff, and to incentivize new services.

**Infant and Toddler** The string of high referrals continued in August, with 45. The ITC team has been averaging 46 referrals a month over the past six months, the highest average of any six-month period since the program began at HRCSB. The team still has openings for hourly speech language pathologist and developmental services, as well as full time developmental services and service coordination positions.

Of significant note, the timeline for full implementation of the new data system, TRAK-IT, has been moved. Originally, the state-mandated deadline was in November, however after some significant technical issues and pushback from local systems, that deadline was cancelled, and full implementation is scheduled for late spring or early summer of next year. Much of the early implementation issues centered around longer than expected processes to enter client data, and with problems retrieving needed information from the system. The ITC team is continuing to train staff on the system.

Month:	July	August
<b>Total Referrals</b>	42	45
<b>Monthly Referral Goal</b>	40	40
<b>Number of children enrolled</b>	298	303
<b>Data for Referrals</b>		
<b>Parent Declines/No Contact</b>	9	2
<b>Transfers</b>	0	0
<b>Not Eligible</b>	3	2
<b>In Process</b>	26	41
<b>Deceased</b>	0	0
<b>Active</b>	4	0

Month	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2021-20222
July	17	20	31	30	30	35	42
August	30	40	38	36	35	42	45
September	31	36	33	38	33	29	
October	18	35	30	36	34	26	
November	31	30	27	28	30	29	
December	22	28	35	34	24	39	
January	38	31	44	37	41	22	
February	24	32	35	35	31	29	
March	31	30	32	40	34	55	
April	30	43	34	32	38	53	
May	48	20	33	25	26	45	
June	34	32	25	35	45	38	
<b>Total Referrals</b>	353	377	397	406	401	442	87

Child Count-Dec							
1	127	162	173	195	201	193	

