



HRCBS Board Report – January 2023

Rebekah Brubaker (Executive Director)
Adam Yoder (Community Recovery Services)
Vacant (Behavioral Health Services)

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

Message from the Executive Director

A new year brings with it a mixture of emotions; not unlike the change in leadership, there is a sense of excitement and uncertainty for what the future may hold. As I start this year, I am excited about the possibilities (both known and unknown) that are in store for HRCBS in 2023. I am grounded in the knowledge that our mission and values remain strong and are an integral part of who we are as an organization, this has not wavered. Throughout this coming year, when we encounter challenges, as well as, opportunities, we will lean into our values of Respect, Integrity, Good Humor and Hope to help us achieve success. I am encouraged by the dedication and passion of our staff, the resilient nature of our clients and their families who navigate complex systems of care and the commitment from our local community to continue to make mental health, substance abuse and developmental disabilities a priority.

One of these potential opportunities is related to the Governor Youngkin’s newly released “Right Help, Right Now” plan where he is requesting \$230 million to help transform the behavioral health system. We affirm the Governor’s focus on behavioral health and developmental disabilities and making it a priority during his administration. The approach outlined in the Governor’s plan focuses on access to timely, effective and community-based care for Virginian’s and their families. We look forward to learning more about the details of the implementation of the Governor’s plan and the impact that it will have on our system of care at the local level.

Rebekah Brubaker, LPC

Administrative Services

Compliance The Compliance Department continues to recruit for two key positions, a Quality Improvement Specialist and an Authorizations and Benefits Specialist. The team is distributing work among staff on hand, as they wait for new team members.

At the end of the month, we received word that our long-time DBHDS Licensing Specialist was retiring. Compliance Manager Dana Dewing has spent a bit of time working with the new supervisor to address outstanding concerns we had with them. Mostly this involves getting our records complete and straight in the new online Licensing platform. Dana and the new Licensing supervisor are both committed to accurate and up-to-date records.



Facilities Team Facilities had two Inclement Weather days to deal with this month. It turns out that a little bit of ice can go a long way in terms of wreaking havoc. Nevertheless, on December 15, we were operational as of 9:00 am with a few lessons learned about unlocking doors and re-salting. The next Thursday, December 22, we opened at 12:00 and were ready for clients, after adjusting to the morning's changing conditions. The team involved in making the decisions, notifying staff and clients, and then clearing the sidewalks and parking lot for use did a great job handling the confusing weather situations.

Risk Management Josh Dyke worked as backup to Dickson for numerous HVAC issues the last week of the month. We had cold temperatures in the Main building and at Summit House, and a frozen unit at Arbor House. Additionally, Josh handled vehicle repairs and pick-ups, a ceiling leak and his normal job of filing CHRIS reports and receiving Incident Reports.

Clerical Interpreter Coordinator Eileen Gingrich has transitioned to her new role and is extremely helpful to both clients and clinicians in need of translation services. She has handled the communication and invoicing with numerous contract interpreters with ease, and has gone beyond to assist the Finance Department in attributing interpreter costs to individual programs.

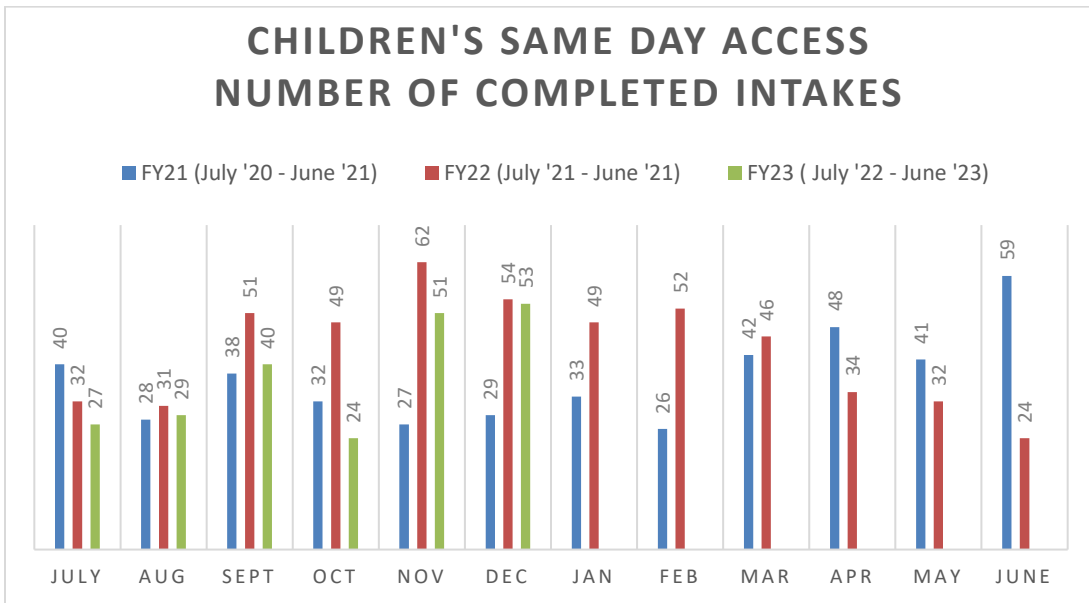
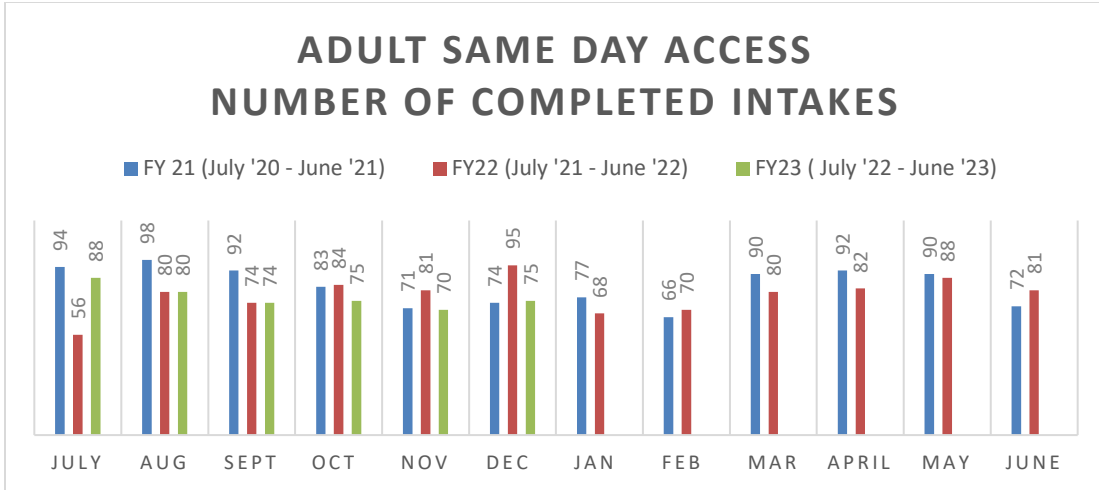
IT The IT team continues to focus on Customer Service in addressing the daily needs of HRCSB staff. They have added some Wi-Fi connectivity in "dead spots" and have almost finished the transition of the main training room's A/V set up.

Behavioral Health Services

Same Day Access (SDA) – Adult & Child

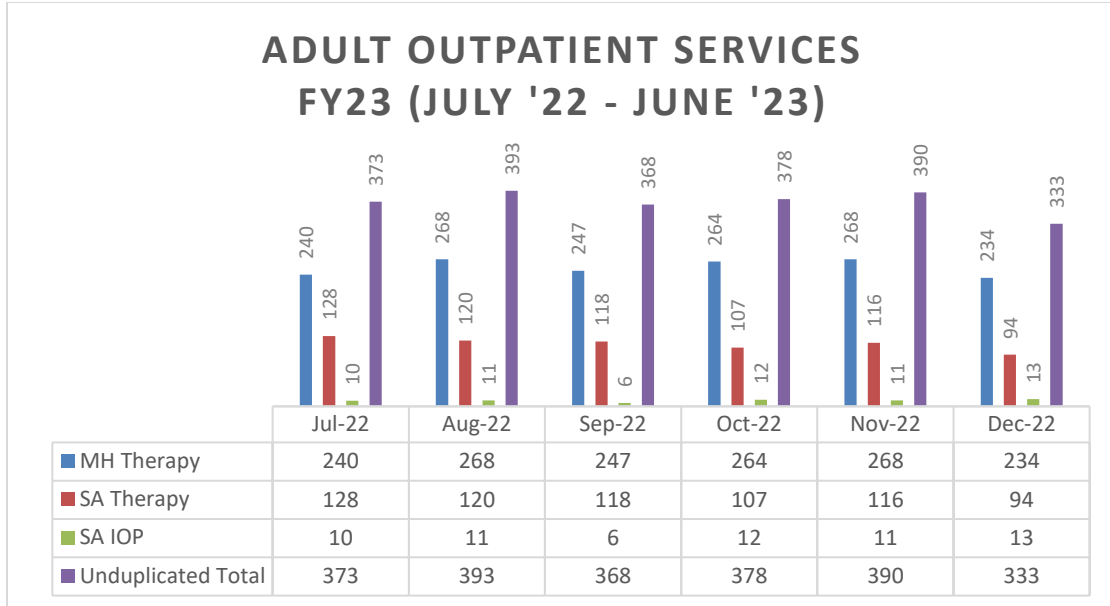
We provide walk-in intakes for adults on Mondays, Wednesdays and Fridays and scheduled intakes for children and families on Tuesdays and Thursdays. For the month of December, the Same Day Access team completed 75 intakes for adults and 53 intakes for child and adolescent services.

The SDA team also completes an assessment tool called the American Society of Addiction Medicine (ASAM) for the Rockingham Harrisonburg Alcohol Safety Action Program (ASAP) clients that is separate from a full intake. The screening provides the individual and ASAP with a recommendation on appropriate level of care based on their reported substance use history and current functioning. Recommendations can range from no treatment recommended to the most intensive level of inpatient residential treatment. During the month of December, the team completed 20 ASAM assessments.



Outpatient Services – Adult and Child

For the month of December, in adult outpatient therapy, we provided mental health therapy to 234 individuals, for substance use therapy services, we served 94 individuals and in our SA IOP program, we served 13 individuals, for a total of 333 unduplicated individuals served in therapy services. We served less individuals this month than previous months, which is primarily due to holidays. For the month of December, in child outpatient therapy, we provided services to 392 individuals and their families. Currently we have 549 individuals enrolled in children’s therapy services.

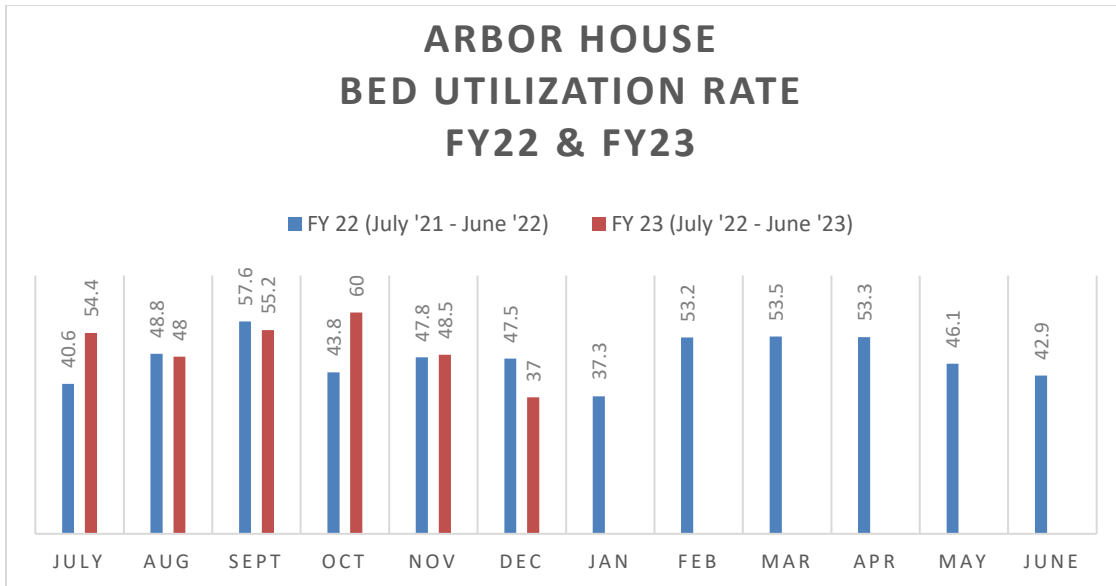


Jail Services

Since January of 2017, through a collaboration with the Rockingham Sherriff’s Office, we have provided a full-time case management position and 3.5 hours of psychiatric services to individuals with behavioral health needs in the Rockingham Harrisonburg Regional Jail. We have a mental health case manager who is on-site in the jail who provides support to incarcerated individuals through providing assessments, referrals for support services and coaching individuals on coping skills that can be utilized while incarcerated. Our case manager will also assist with coordinating follow up care as appropriate with our agency or other community partners as needed for individuals incarcerated who are in need of mental health services. In addition, one of our psychiatric nurse practitioners provides psychiatric evaluations and medication management services to incarcerated individuals with serious mental illness. During 2022, our Jail Services Case Manager provided 1298 contacts to 529 individuals. Our psychiatric nurse practitioner provided 460 medical related contacts to 214 individuals.

Arbor House (Crisis Stabilization Unit)

We continue to set our maximum capacity at 5 individuals due to key staffing vacancies and are eager to return to a 7-bed capacity once those positions are filled. For November, our bed utilization 37% based on 7-bed capacity; our utilization rate based on the 5-bed capacity was 51.6%. Our average for the fiscal year based on the 5-bed capacity is 70.8%



Behavioral Health Wellness

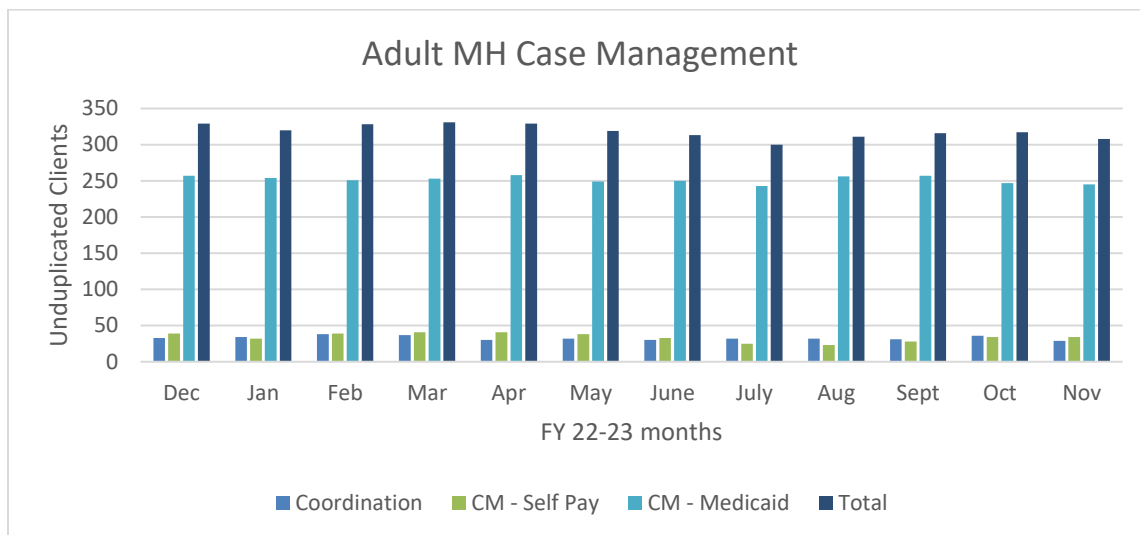
December has been a bit of a slower month for our Behavioral Health Team, this has provided them the opportunity to organize and plan for the start of 2023. The team did provide three different trainings this month. One was a Mental Health First Aid training to 17 community members, including four HRCSB Permanent Supportive House staff, four staff from Our Community Place and nine staff from Harrisonburg Redevelopment & Housing Authority. The second was a Mental Health Skill Building presentation provided to three high school classes in Rockingham County. The presentation focused on teaching common signs of mental health challenges, strategies for approaching when they are concern about someone’s mental health and community resources. The third training was Applied Strategies for Trauma-Informed Youth Work provided to Eastern Mennonite University’s Youth Ministry students. Participants learned about the relationship between behaviors and trauma, discussed the building blocks of trauma-informed strategies and actively engaged with applied strategies for responding to challenging behaviors in trauma-informed manner.

Community Recovery Services

Adult Mental Health Case Management (MCHM)

We were able to fill one of two open staff positions in December. We continue to advertise for our other current opening. The below chart illustrates the 3 different types

of funding our case management clients have as pay sources for services. Mental Health Coordination clients are non-billable and require only light case management services. Clients in this program typically only receive medication management and are monitored by our case management staff. Self-pay clients are just that, clients who have targeted case management needs, but do not have Medicaid insurance (the only pay source who reimburses for MH case management). Self-pay rates follow the set agency sliding scale. The third category of client is our most typical: clients with Medicaid insurance who received Targeted Case Management.

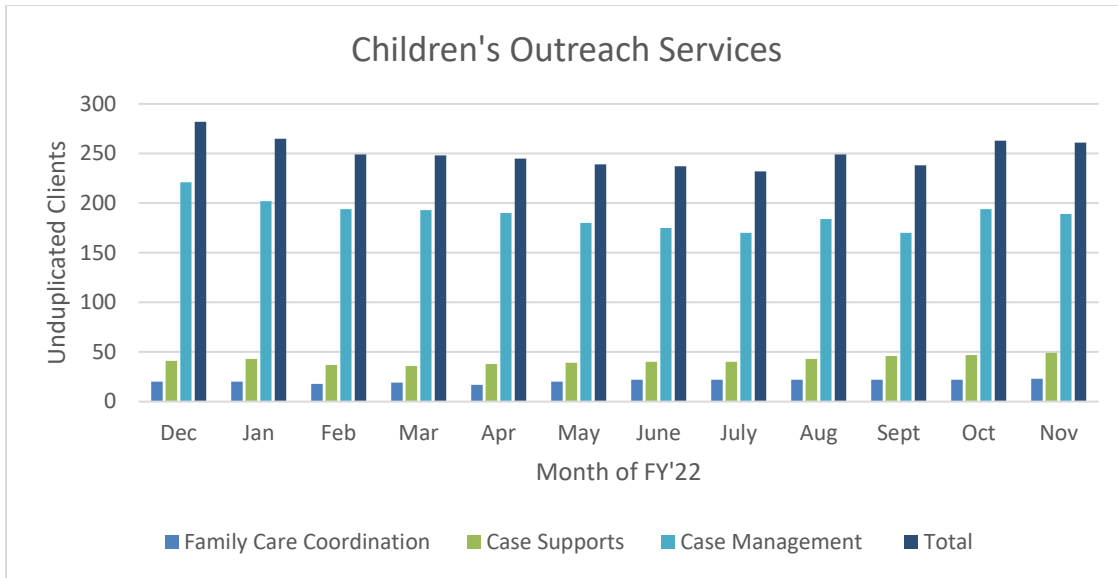


Children’s Case Management (CCM), Children’s Case Support (CCS) and Family Care Coordination (FCC)

We have hired five staff members in the last six months due to the growing need for our program. We currently have a record high of 92 Family Assessment Planning Team (FAPT) funded cases. We are also near a record number of total clients, 259 currently in December, in the program. We have recently “wrapped up” (no pun intended) our Case Management Christmas Gift program where we provided a record 277 clients and their siblings with Christmas gifts! We are excited about the upcoming New Year as our team continues to grow and displays much synergy and teamwork.

Using STEP-VA funding we have created and are now advertising for a Lead Children’s Case Management position to assist our Children’s Outreach Supervisor with day to day operations, specifically training, coaching and documentation quality and compliance.

Our FCC program is currently serving an all-time high of 24 clients and their facilities. We anticipate adding staff to the program in the 2023 as the need continues to grow.



Mental Health Skill-Building Service (MHSS)

Navigating the community independently, specifically accessing public transportation is a challenge for a good bit of our clients. Thankfully, the city bus is at no cost to individuals, currently, as that has been a barrier for some. MHSS staff have taught themselves how to navigate the Harrisonburg city bus routes by physically getting onto a bus to gain the full experience. This better supports the individuals we serve as skill builders. We gain insight about what specific skills we may need to teach such as time management, symptom management, and communication / social skills. Anna one of our MHSS staff, has been working closely with one individual who has never lived independently in the community. Anna and the individual rode the bus together to areas the individual felt they would likely most often access such as Walmart or the mall. Anna and the individual have made significant progress as the client has rode the bus at least once and met Anna at a location in the community for their skill building session.

Another success is that our team purchased a personal grocery cart as a tool to model/teach clients how to navigate in the community when utilizing city bus transportation (or walking). This has been a fear for clients because when using the city bus they must be able to carry all possessions in one trip (no back and forth, on and off the bus to carry items off). Additionally, most clients when accessing the city bus walk a bit of distance to the closest bus stop, so imaging carrying six or seven bags of groceries while facing physical limitations and chronic pain, or managing time effectively to arrive home in time to take prescribed medication, or managing MH symptoms such as hallucinations and panic attacks. Clients feel empowered and confident knowing they can access transportation and get to resources. Clients now feel they have a plan that has helped alleviate some distressing symptoms for them. Lastly, this has created

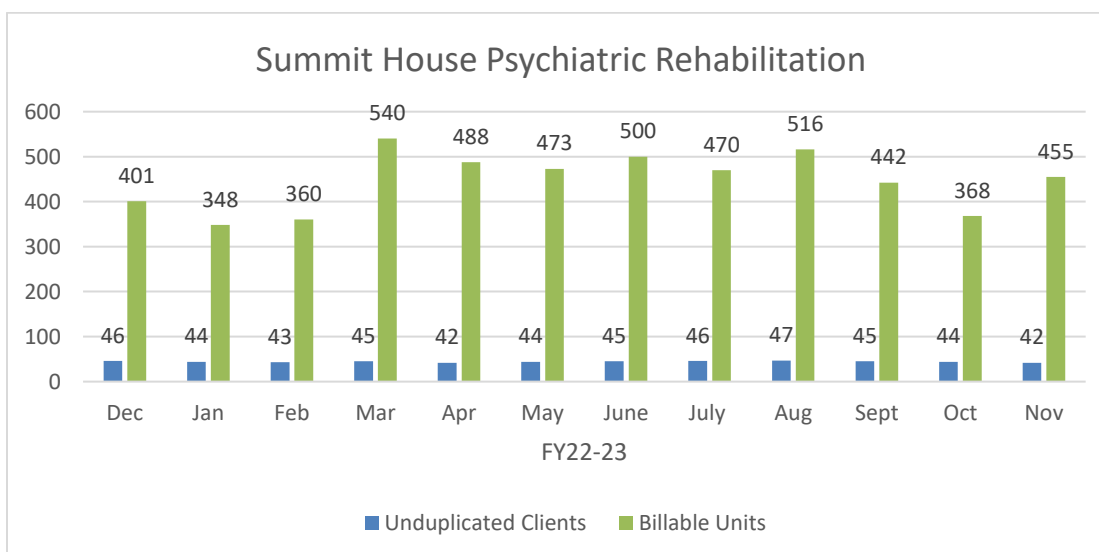
opportunity as well for budgeting skills. Clients feel motivated to shop. We have been able to work with individuals to create a budget for purchasing their own personal grocery carts.

Avery another one of our MHSS team members, has designed a client satisfaction survey and has implemented the survey over the last two months. The goal is to survey adult clients' receiving recovery oriented services such as Permanent Supportive Housing (PSH), Mental Health Case Management (MHCM), Psychosocial Rehabilitation Services (PSR) however, Avery started with interviewing Mental Health Supportive Services as a pilot. Avery hopes to review outcomes later January.

Summit House Psychiatric Rehabilitation Service (PRS)

We have hired Jackson Hook, who interned at Summit House last spring as an EMU student. He has been a great addition to the team. We have also hired Sonya Rexrode-Rickel, a longtime HRCSB employee, who will start her new role at Summit House on January 3rd. We are currently interviewing for another staff member.

Summit House continues to experience programming changes as we move closer to the Fountain House model while fulfilling the requirements of Virginia Medicaid. Summit House has extended its hours for members to 8:30am to 3:30pm. This creates the possibility of billing for the maximum of 3 units per day. Summit House has re-established work units. The work units, clerical, kitchen and maintenance, are strictly voluntary. They provide the opportunity for members to develop and practice skills in these areas and to experience the satisfaction of a finished task. Group topics have expanded to include Co-occurring disorders, a DBT mindfulness module and diagnosis education. Peer lead groups and meditation groups have also continued.





Western State Hospital (WSH)

WSH census report for November of 2022, HRCSB had a census per 100,000 of 5.6, and an average census of 7. Our region, HPR 1, had an average census per 100,000 of 7.8, and an average census of 123. Health Planning Region 1 is made up of 9 CSB's: Alleghany Highlands, HRCSB, Horizon Behavioral Health, Northwestern, Rappahannock Area, Rappahannock-Rapidan, Region Ten, Rockbridge Area and Valley.

Developmental Services

Developmental Disabilities (DD) Case Managers billed 290 units for the month of November, with DD case managers from Valley Associates for Independent Living completing an additional 21 billable units. Case managers completed 592 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 210 face to face visits. They also completed 20 annual ISPs.

Currently we have 341 individuals receiving DD Case Management services, including 234 receiving Waiver services. Of those, 45 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 210 individuals on the DD Waiver Waiting list awaiting services. There are currently 44 individuals on Priority 1 status, followed by 89 on Priority 2, and 77 on priority 3. We received 2 new referrals, completed 4 new waiver screenings, and added 1 individuals to the DD waiver waiting list.

We were pleased to hear that Governor Youngkin's "Right Help, Right Now" plan, although primarily concerned with Behavioral Health, does contain a commitment to fully fund the priority one waiting list before his term is completed. Statewide, there are approximately 3,700 individuals on the waiting list who are determined to be priority 1. In total, our statewide waiting list for DD waiver services is approximately 14,200 individuals.

We are finishing up our Quality Improvement Plan to submit to Health Services Advisory Group (HSAG), to complete their fourth round of quality management reviews. DBHDS has contracted with HSAG to complete regular quality management reviews as part of a requirement of the DOJ Settlement Agreement. These reviews focus on all aspects of clients' Individual Service Plans, and provide in depth feedback on areas where further compliance is needed.

Infant and Toddler

The increasing number of referrals continues to be a significant factor affecting the Infant and Toddler team. Going into December, referrals are averaging over 39 cases per month, the highest monthly average the program has experienced. While the team is currently down a Speech Pathologist and one Developmental Services position, the team has added 2 Service Coordinators and one Developmental Services provider in December. The additional staff needed to meet the current workload has necessitated that some additional office space be added to the McNulty center via the installation of some cubbies.

Like many departments throughout the agency, the Infant and Toddler team was able to come together for the holidays for a fantastic lunch and gift exchange. Due to the community-based nature of their work, it's rare to see the entire team together. Not only was it great to see the comradery of the team, it was also quite illustrative of just how large the department has grown in just the last several years!

Month	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
July	17	20	31	30	30	35	42
August	30	40	38	36	35	42	44
September	31	36	33	38	33	29	30
October	18	35	30	36	34	26	38
November	31	30	27	28	30	29	41
December	22	28	35	34	24	39	30
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	
Total Referrals	353	377	397	406	401	442	225
Child Count- Dec 1	127	162	173	195	201	193	

Month:	Jul	Aug	Sept	Oct	Nov	Dec
Total Referrals	42	44	30	38	41	30
Monthly Referral Goal	40	40	35	30	30	40
Number of children enrolled	29	303	280	284	282	286
Data for Referrals						
Parent Declines/No Contact	16	14	15	13	0	0
Transfers	0	3	0	0	0	0
Not Eligible	7	5	3	1	0	0
In Process	0	0	0	10	34	30
Deceased	0	0	0	0	0	0
Active	19	22	12	14	1	0

