



HRC SB Board Report – September 2024

Rebekah Brubaker (Executive Director)
Barbara Brady (Administrative Services)
John Malone (Developmental Services)

George Nipe (Behavioral Health Services)
Andrea Skaflen (Crisis Services)
Adam Yoder (Comm. Mental Health Services)

Message from the Executive Director

In July, we celebrated 3 years in the new building at North Main St. Over this time, we have learned a lot about our new space, including what works well and what we would do differently in the future. We hope to incorporate these lessons as we consider additional space needs and potential changes to the building to better serve our clients and community. Over the last several months, we have been meeting with Mathers Architectures firm to complete a feasibility study. We have worked to provide projections of possible space needs for the next 7-10 yrs based on current growth patterns and future programming goals. While this process is still underway, we are hopeful to have potential options to explore more fully in the coming months.

Rebekah Brubaker, LPC

Administrative Services

Compliance

The Compliance Department is busily preparing for our Triennial License audit and renewal later in the fall. This includes gathering documentation and ensuring that policies and documents are accessible upon request. The DBHDS Licensing Specialist will arrive sometime before October 25 for this extensive review.

The Compliance Department is also working closely with Finance and IT on complex billing and coding corrections. This effort is frustrating but will ultimately result in streamlined documentation practices (especially for corrections in our electronic health record (EHR) system and in billing. We applaud the collective effort.



Risk Management

Risk Management Specialist Josh Dyke has been working closely with IT's Carl Kauffman to create an on-line Serious Incident Reporting process. Two departments are testing this new, improved process, done electronically in the EHR, and the changes will be rolled out in early September for all. Josh will also begin his staff meeting trainings on serious incident reporting.

Facilities

Dickson Sommers spent much of August researching and purchasing two new vehicles for the HRCSB fleet, one for the Main Building and one for McNulty. Dickson continues to tackle multiple HVAC issues, including failing units and a mysterious (and extremely unpleasant) odor in some parts of the first floor. Progress has been made in both areas, thankfully.

Clerical

Maria Lopez a member of our clerical team stepped up and helped provide coverage when Interpreter Coordinator Eileen Gingrich was absent. Her ability to handle these responsibilities, and make concrete, pragmatic suggestions, was very welcome. Beyond that, the Clerical team is now fully staffed and will be grateful for a (hopefully) quieter month.

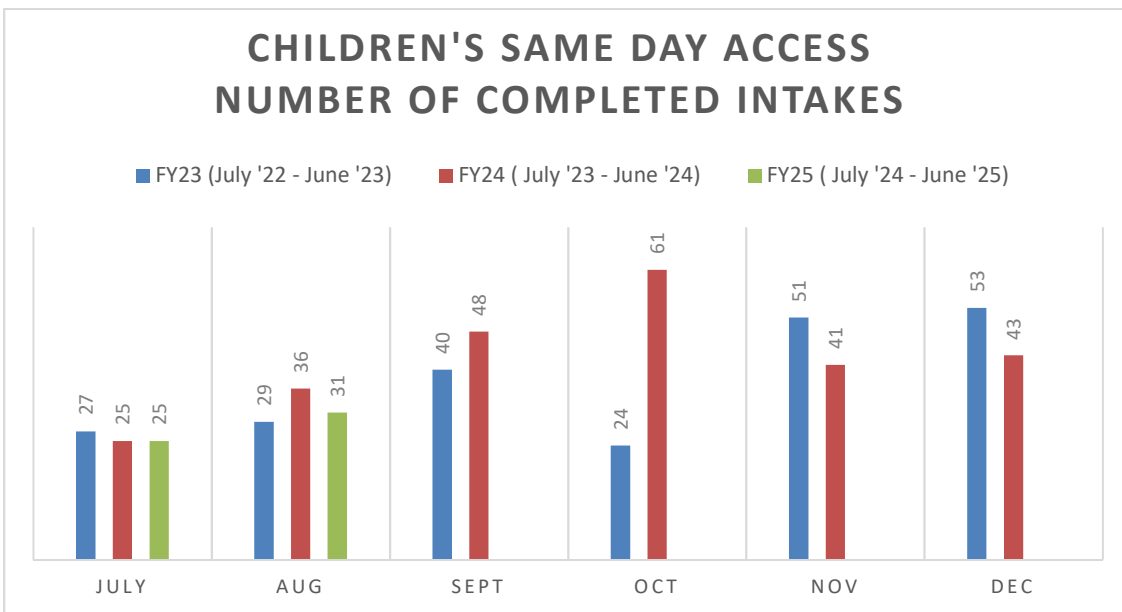
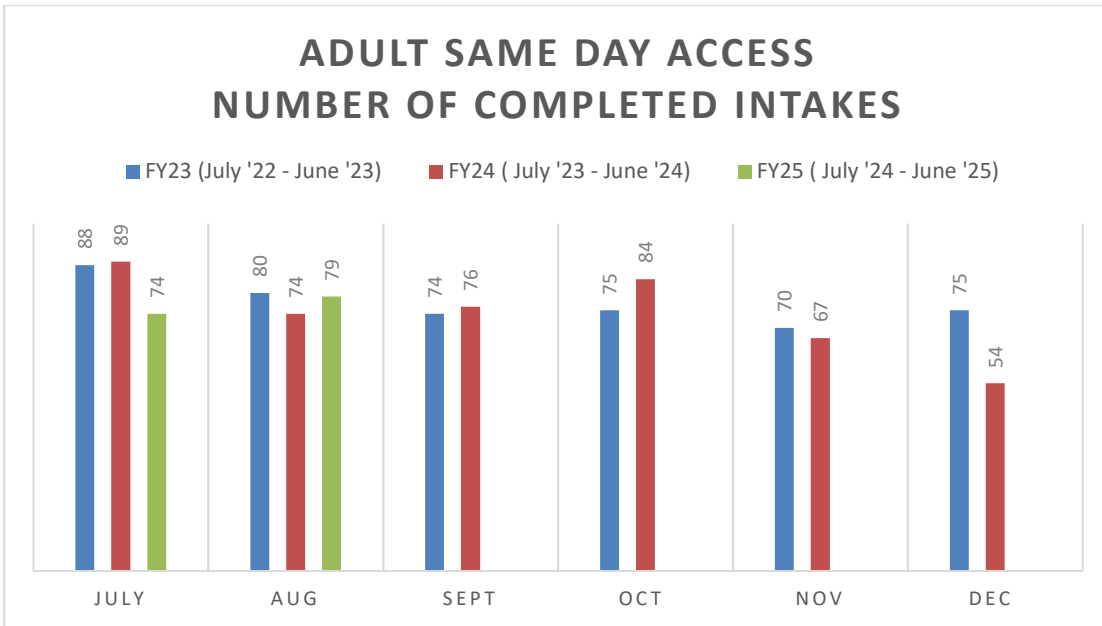
Information Technology (IT)

Under the direction of our new IT Manager Jeremy Wilson, the IT team is digging deep into network infrastructure, maintenance and operations. There are already plans for security testing and efficiency improvements in the near future. Additionally, the team has created a consistent monthly maintenance window and includes emergency response testing.

Behavioral Health Services

Same Day Access (SDA) – Adult & Child

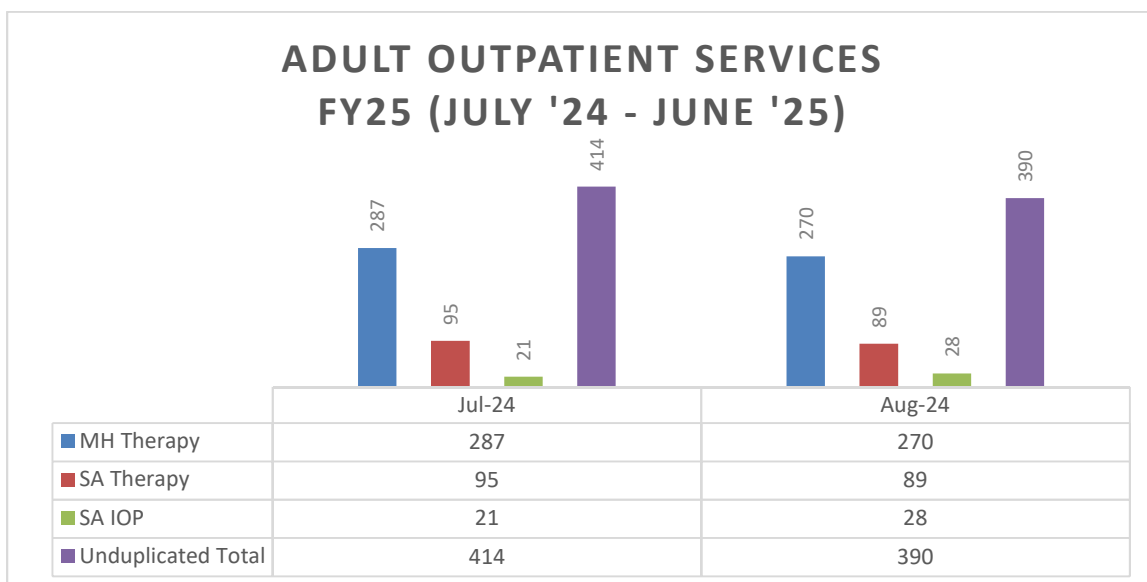
We continue to provide walk-in intakes for adults on Mondays, Wednesdays and Fridays as well as scheduled intakes for children and families on Tuesdays and Thursdays. For the month of August, the Same Day Access team completed 79 intakes for adults and 31 intakes for child/adolescent clients. Both numbers are right around average for this time of year looking at numbers going back to FY 22. If trends from past years play out this year, we will likely see a fairly significant increase in intakes next month, particularly for children.



Outpatient Therapy Services – Adult

For the month of August the Adult Outpatient Team provided individual and group therapy for 270 individuals in mental health focused treatment, and for 89 individuals primarily working on substance use related issues. We also served 21 individuals in our substance use focused Intensive Outpatient Program. In the overall picture these SUD treatment numbers are slightly below average, however the MH treatment numbers are higher than average when comparing

this time of year in past fiscal periods. As of 8/26/24 Levi Fuller has officially joined the Adult OP Therapy team which has put them at full strength and capacity for the first time in quite a while.



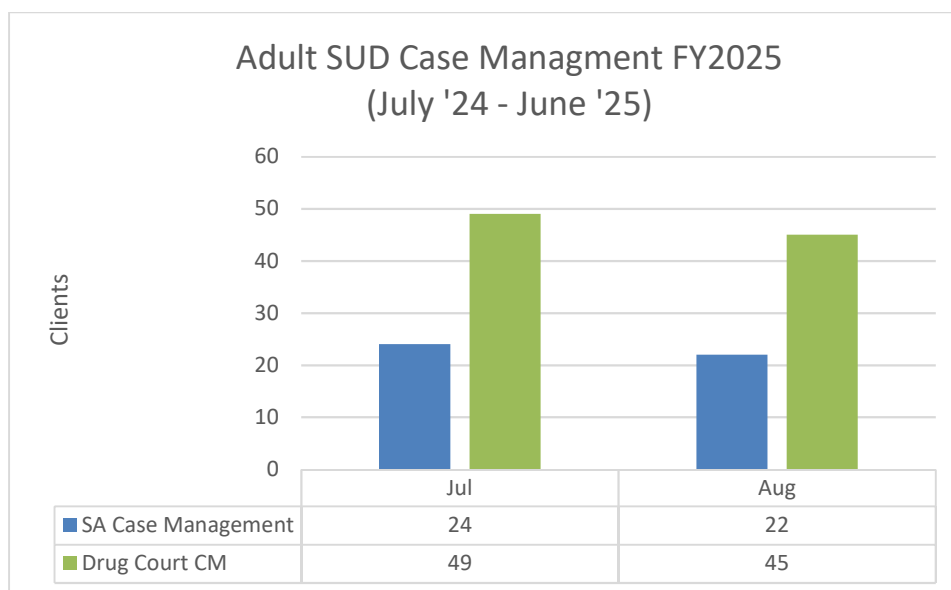
Child Outpatient and Early Intervention - School Based Services

The Child/Adolescent Outpatient team provided individual therapy services to 381 clients, and at times their families, in the month of August. Currently we have 560 individuals enrolled in child/adolescent therapy services. Both numbers are somewhat below average, but again this is typically a slower time of the year overall for children’s services.

Our Early Intervention Clinicians team has added 3 new members over the past month, and has a fourth new member set to start in another week. Our EIC Team has eight positions; two positions in Harrisonburg City high schools and six positions within Rockingham County Public Schools; we are still recruiting for one additional position for the county schools. This team provides clinical support to students at local high schools and middle schools within Harrisonburg City Public Schools and Rockingham County Public Schools. The Early Intervention Clinicians will be returning to the school systems at the end of August/ early September.

Substance Use Case Management Services

There is small team of case managers that operate within the Adult Outpatient team that focuses on working with clients who struggle with substance use issues, and are frequently legally involved (probation, Drug Court, etc.) In the month of August our SUD case managers served 73 individuals, with 49 of those being referrals from the local drug court program. Both numbers fall a little below average for the year, but it also might be noted the team is currently one staff down with one of our case managers out on maternity leave.



Care Coordination Services

The Care Coordination team continues to offer assistance for clients that either do not meet criteria for case management or, in some cases, are awaiting being opened to case management. Overall the team served 30 clients for the month of August which is well below last months total of 60 clients served, but still well within the average range for the program. Finding resources related to housing, income, and medical care continue to be the most common needs served by the team. It might also be noted that this month marks the first full year of Care Coordination services being provided at this agency!

Children’s Mental Health Outreach Services

The waitlist for Case Management, Case Supports, and Family Care Coordination has grown close to 40 clients, but encouragingly a brand new Case Manager, Ashley Berto, joined the team this week! Each service reflects variations in funding sources as well as case intensity, with FCC clients tending to be the most complex and labor intensive as those client have either already been removed from the home, or are in danger of being removed. Final billing numbers for August are not in yet, but in looking at the full numbers for July 286 clients and families were served which represents over 40 more clients served in comparison to July of last year.

Behavioral Health Wellness

The Behavioral Health Wellness (BHW) team continues to offer trainings and promote education and awareness of mental health and substance use related issues in our community. This month the BHW team completed 3 REVIVE Lay Rescuer Trainings at several different community settings, 3 sessions in mental health, trauma, and substance use to 17 youth Community Health Workers in training. Our newest BHW specialist, Amelia Morrison, has not quite yet completed all of the trainings required to lead all the various trainings offered by the BHW team, but she is well on her way.

Other highlights from the month included participating at the Harrisonburg Farmer's Market, providing resources to community members and offering rapid REVIVE trainings. Also Jonny from the BHW team, accompanied by two of our directors, participated in the recent United Way "Tool for Schools" event hosted at Eastern Mennonite. Resources, prevention materials, and safety/prevention items were offered to all children and families who attended the event.



Community Mental Health Services

There are approximately 361 unduplicated individuals in our Community Mental Health Services (CMHS) programs. The CMHS department consists of services to adults age 18 and older with a diagnosis of serious mental illness such as schizophrenia, bipolar, major depressive disorder, or schizoaffective disorder. CMHS programs include Case Management, Supervised Living Residential, Mental Health Skillbuilding Service, Peer Recovery Services, Permanent Supportive Housing, Psychosocial Rehabilitation, Hospital Discharge Coordination and Assertive Community Treatment.

Serious Mental Illness

Adults served by CMHS programs have a diagnosis in the category of Serious Mental Illness (SMI). SMI refers to a group of diagnoses such as Schizophrenia, Schizoaffective Disorder, Bipolar and Major Affective Disorders (affect referring to mood). The criteria that make a diagnosis SMI are that the symptoms cause significant impairment and have a lifelong duration.

Impairment is viewed in terms of an individual's ability to function well enough to live independently: is an individual able to work, maintain housing, maintain a support system, maintain personal hygiene, money management and food preparation, and are they too frequently involved in the criminal justice system or mental health system.

Due to symptoms of mental illness, some individuals have difficulty with life skills only some of the time. Individuals diagnosed with Schizophrenia range in the severity and duration of symptoms. With medication and skill development, some individuals may experience only limited episodes where they need significant support. While others with the same diagnosis may constantly experience significant symptoms that impede their ability to function independently throughout the entirety of their lives.

In CMHS services, one size does not fit all. We rely on repeated assessments to evaluate an individual's functioning and progress. We monitor service delivery, to ensure the right interventions are in place and are implemented well. We connect individuals to supports and resources based on their needs and wants. We prioritize the individual's goals and create steps to reach those outcomes. We build on the individual's unique strengths and success.

For example, client named Sam was diagnosed with Schizophrenia at age 19 after an admission to a local hospital for symptoms of delusions and paranoid hallucinations. Due to these symptoms he had dropped out of college, was isolating at home and had stopped going to his part time job. Worried, his parents took him to the hospital to seek help. After his hospitalization, he completed a hospital discharge intake at the CSB and was referred to Adult Case Management and Medical services. He began taking medications and was seen every



month by his prescriber and case manager. Sam and his case manager met to determine his goals and next steps. Sam wanted to live on his own and get to work again. He did not feel he was able to continue school at this point, adjusting to his symptoms and treatment.

His case manager made referrals to the Permanent Supportive Housing program and to Summit House for socialization. Sam was struggling to take his medications regularly, shower and wear clean clothes, was missing medical appointments and not attending Summit House. Sam's symptoms were interfering with his ability to keep track of time, to plan ahead, and his paranoia led him to continue isolating. Upon completing a daily living skills assessment, his case manager made a referral to the Assertive Community Treatment team since more intense interventions were needed.

At present, ACT staff members meet with him at his home 2-3 times per week to teach him about his medications, develop his independent living skills and help him search for an apartment. The psychiatric care provider on the ACT team meets with him in his home, to ensure regular follow up. Sam's goal is to work and his ACT vocational specialist staff is helping him fill out job applications and write a resume. ACT staff have helped Sam apply for insurance, supplemental nutrition assistance benefits and disability income benefits, while he is searching for work. ACT staff also incorporate the input and collaboration of Sam's parents with his consent, to build support and reinforce the life skills he is developing. Sam has even started meeting with the therapist on the ACT team in order to learn about his diagnosis and process how to deal with the dramatic shift in the trajectory of his life.

Sam may continue to utilize the ACT services for the foreseeable future, with a goal of transitioning back to clinic based services when he is able to function more independently.

Western State Hospital (WSH)

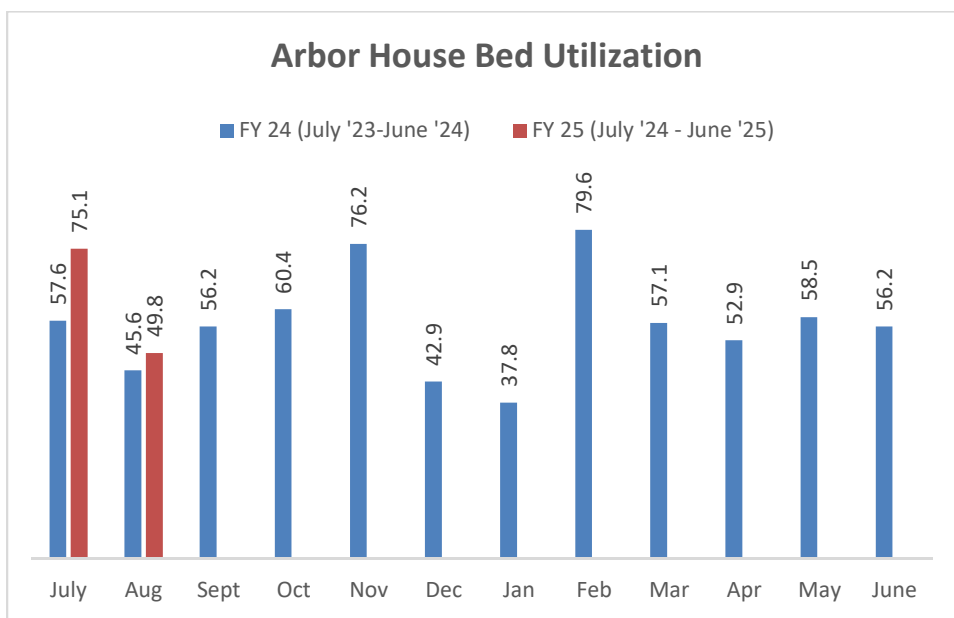
In the monthly State Hospital census report for June of 2024, HRCSB had a census per 100,000 population of 8. Our region, Health Planning Region 1, had an average census per 100,000 population of 10. HPR 1 consists of nine CSB's: Alleghany Highlands, Encompass, Harrisonburg Rockingham, Horizon, Northwestern, Rappahannock Area, Region Ten, Rockbridge Area, and Valley.

Crisis Services

Arbor House (Crisis Stabilization Unit)

Arbor House saw an overall decrease in utilization for August that corresponded to an almost 30% decrease in referrals for the month. Staff are continuing to build relationships with community partners to increase referrals and meet the need of the community. During the

month, staff reviewed 24 referrals from within the HRCSB catchment area and throughout the region and offered admission to 13 individuals in crisis. While this acceptance rate is lower than previous months, half of these referrals were declined due to medical acuity. The goal of the program is to include 24/7 nursing coverage which would allow for admission offers to more individuals; however, this has been challenging due to limited applicants for the positions. As the summer comes to a close and staffing stabilizes, Arbor House staff are looking toward improving processes related to assessing client satisfaction.



Emergency Services

The Emergency Services staff continue to provide immediate crisis services to HRCSB clients and the overall community while balancing ongoing staffing challenges. During August, ES staff completed 31 Prescreening evaluations that have resulted in 19 Temporary Detention Orders (TDO), 17 voluntary admissions to a private hospital, and 3 releases to community supports. The team continues to work diligently to obtain beds at private hospitals and avoid using state hospital beds, which resulted in two civil and one forensic admission to a state facility during the month.

Community Crisis Services

During the month of August, Crisis Response Unit (CRU) met with the Harrisonburg Fire Department and Community Paramedics where it was approved to expand the community paramedic program outside of the Harrisonburg city limits. CRU is continuing to work with the Justice and Mental Health Collaboration planning team to implement our funding for the next three years.



The CRU team made contact with 41 new adult clients, 44 adults referred by HRCSB, 28 referrals from law enforcement, 4 new adolescents, and 6 contacts from 911 to promote community-based stability. This team also provides a less restrictive option for individuals who need transport to the hospital and can provide prevention support in transporting individuals to the CSB for services. The CRU team is currently at an International Crisis Intervention conference in Indianapolis, Indiana. We are so excited to implement new strategies and interventions to better serve our community.

The Community Paramedic continues to operate within Harrisonburg Fire Department while recruitment for the co-responding Community Case Manager and a Qualified Mental Health Professional (QMHP) is ongoing.

Developmental Services

DD Case Management

Developmental Disabilities (DD) Case Managers billed 327 units for the month of July. This number includes the cases previously contracted out through Valley Associates for Independent Living. Case managers completed 622 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 226 face-to-face visits. They also completed 36 annual ISPs.

Currently we have 343 individuals receiving DD Case Management services, including 259 receiving Waiver services. Of those, 51 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 at least one time per calendar month, with no more than 40 days between visits, with 2 out of every 3 visits occurring in the client's home.

There are 241 individuals on the DD Waiver Waiting list awaiting services. There are 60 individuals on Priority one status, followed by 101 on Priority two, and 80 on priority three. We received 5 requests for services, completed 9 screenings, and placed 7 people on the waiting list.

We received a Quality Improvement Plan (QIP) based upon the recent Health Services Advisory Group (HSAG) record review. These Quality Services Reviews are completed by HSAG as part of the DOJ Settlement Agreement. We are finishing our review of the findings and will be completing our QIP by mid-September.

Case Managers are gearing up for the slot allocation scheduled for September 25th. Representatives from DBHDS will select individuals from the Priority 1 waiting list, based on the



highest Critical Needs Scores. For those individuals identified, case managers will complete Slot Allocation Review Forms for review by the committee. This year, case managers will be operating under a tighter, and more stringently monitored timeline overseen by DBHDS, with the intent to ensure slots are utilized efficiently throughout the state.

Infant and Toddler Connection

We continue to fill open positions, addressing vacancies in Occupational Therapy, Speech Therapy and Developmental Interventionist service areas. The new hires, along with individuals returning from leave, should put us in a good position to reduce waiting lists for services, and to address the continued high number of referrals.

Trac-it is set to add some additional features, which may improve overall efficiency for Service Coordinators, and improve access for families. In particular will be the ability for parents to review and sign ISFPs and IFSP reviews, as well as for them to access and review Eligibility Determinations, Family Cost Share information, and other information.

In July, the Infant at Toddler program completed 403 billable services related to the delivery of Speech Therapy, Occupational Therapy, or Developmental Services. Support Coordinators added an additional 233 services, including 135 face-to-face visits.

Month	Referrals July 2023-June 2024	Referrals July 2024 to June 2025
July	40	35
August	45	40
September	45	
October	38	
November	31	
December	32	
January	28	
February	33	
March	53	
April	34	
May	45	
June	29	