



# HRCSB Board Report – May 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

On April 11<sup>th</sup>, the agency held our annual Old Timer’s Lunch that recognizes employees who have had continuous employment with the agency for 5 or more years in either hourly or full-time capacity. This year we celebrated 78 of our employees who have met this criteria; we have 40 employees who have been with the agency for more than 11 years, 2 of which are over 30 years. I am appreciative of the opportunity to celebrate the tenure of employees within our agency and the stability that they provide to our teams and departments.

*Rebekah Brubaker, LPC*

## Administrative Services

### Compliance

The Compliance team has been busy helping the Assertive Community Treatment (ACT) team get launched, including starting training and documentation reviews. The Authorizations team is being trained on Pre-Audit reports from the QI staff, and the Risk Management Specialist will soon begin training on form building in the Credible electronic health record system. These cross-training efforts are part of a longer-term plan for the Compliance team to allow for staff development and to eliminate single points of failure. The team has also struggled with MCO challenges this month, including difficulty accessing the new Sentara portal (but using the workaround of faxes) and have Anthem recognize our ACT program as credentialed. The staff are beyond diligent and patient to deal with these systems issues every day. Finally, the Training Coordinator has worked hard to update our Red Cross-certified 1<sup>st</sup> Aid and CPR training and certification process, including ordering new mannequins and other supplies.

## **Information Technology (IT)**

The IT team has had a very busy month. Two new employees started in new roles for the IT Department. One hire was Kristina Winegard (formerly of the Finance Department) as the Administrator for the Munis program. Kristina has been running to catch up since she started, preparing for the Munis Go Live Tuesday, May 7. Though her learning curve has been steep, she has jumped in and is getting both the system and users ready. The second hire was Brandy as our Data and Business Analyst. This position was formerly located in the Compliance Department. As DBHDS changes its data gathering and analysis criteria, we determined that an analytical skill set was needed. Brandy too has hit the ground running and is training with staff who had been handling state reporting on an interim basis.

Beyond these developments, James Jenkins and his team have been working hard toward the launch of Munis, handling the backend development, ensuring the system is ready and set up for Go Live. We will have two consultants on site the week of May 6 to ensure a successful implementation.

## **Facilities**

Dickson Sommers our Facilities Specialist, continues to be quite busy juggling fleet management, landscaping, property owner and day-to-day operations responsibilities. He recently oversaw the purchase of two additional vehicles for our Mobile Crisis team. One of Dickson's biggest recent accomplishments is the complete renewal of the front and north entrances with the partition glass replacement. After much debate, we made the decision to replace the design glass to clear glass for visibility and safety reasons – and the results are stunning.

## **Risk Management**

Josh Dyke Risk Management Specialist, convened this quarter's Quality Improvement Committee, providing a quarterly review of the Serious Incident Reports and outcome data and recommendations. The discussion of current and possible future goals for Quality Improvement was beneficial, and new goals were identified for FY 2025. Josh will update the agency's QI Plan based on these decisions.

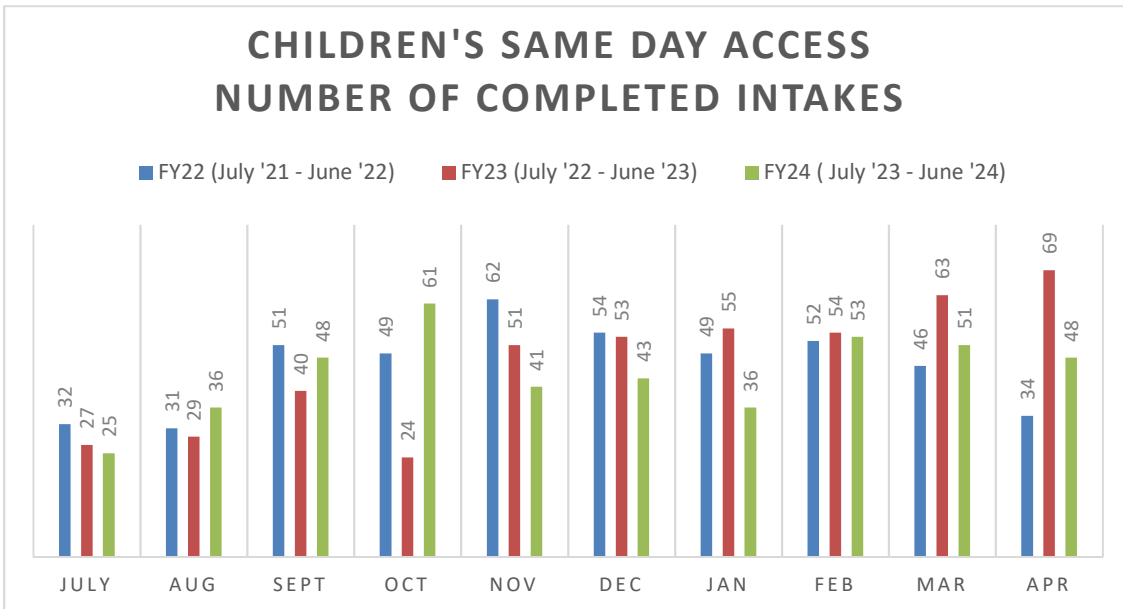
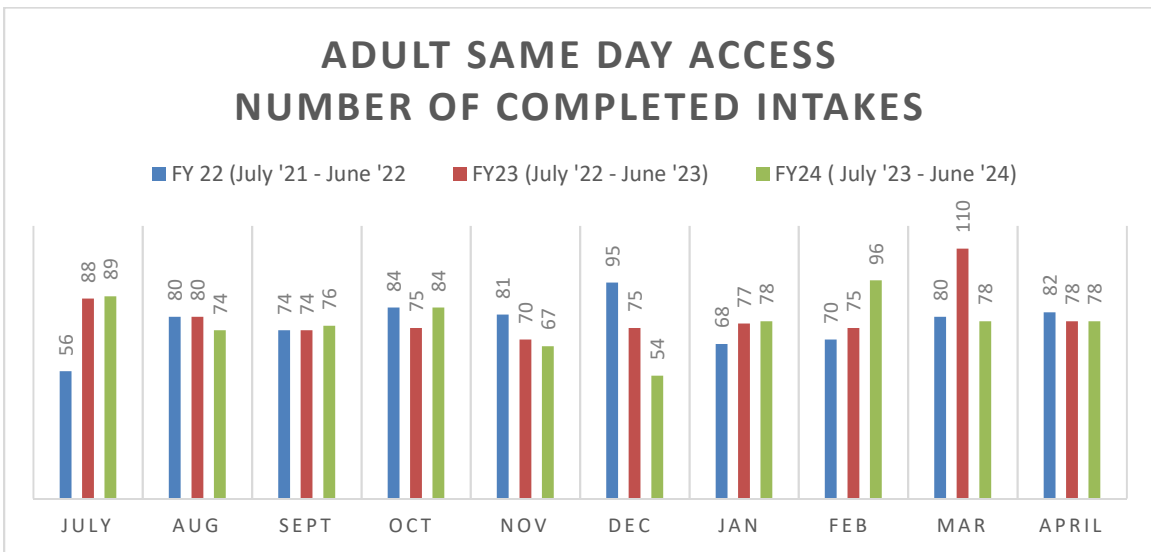
## **Clerical**

Our Clerical team has had an extended period with no staff turnover, but sadly Jeannie just learned that she will soon have one vacancy. She will begin recruiting immediately. In the meantime, Jeannie has moved around some of her staff so that our bilingual staff are at the main entrance. This has allowed a few staff to cross train and learn new skills while enhancing the experience for our Spanish-speaking clients.

## Behavioral Health Services

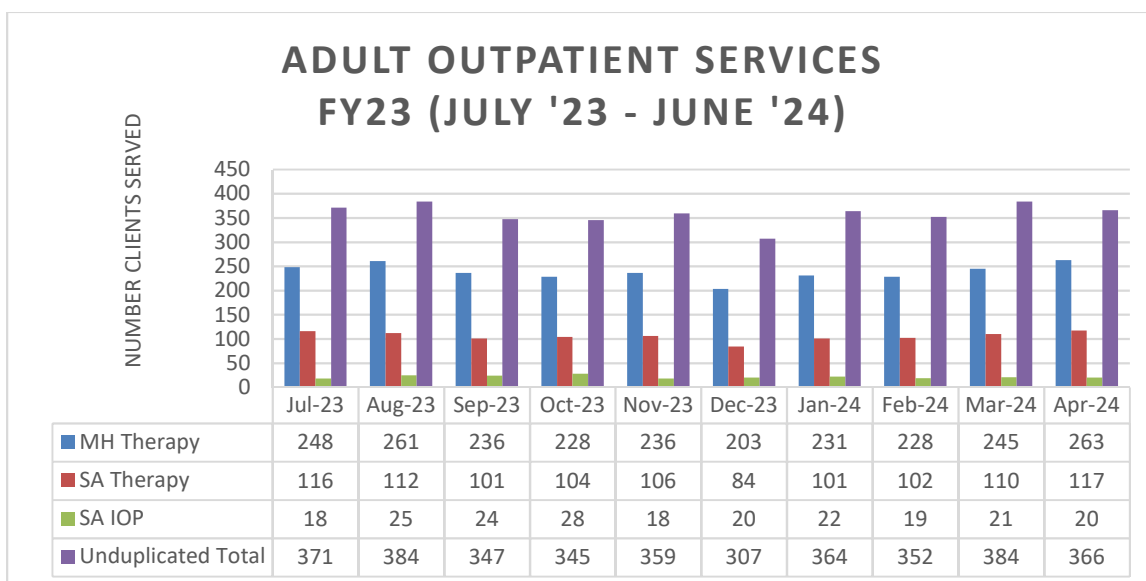
### Same Day Access (SDA) – Adult & Child

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 April, the Same Day Access team completed 78 intakes for adults and 48 intakes for child/adolescent clients. For both adults and children intake clients, these numbers fall within the average range for this fiscal year.



### Outpatient Therapy Services – Adult

For the month of April the Adult Outpatient Team provided individual and group therapy for 263 individuals in mental health focused treatment, and for 117 individuals primarily working on substance use related issues. We also served 20 individuals in our Substance Use Disorder focused Intensive Outpatient Program. All three numbers fall in line with the average so far this fiscal year. Effectively the Adult Outpatient team continues to function as down 1 full time position, but our newest resident Allison de Blois has started accepting clients this month and has provided much needed extra capacity.



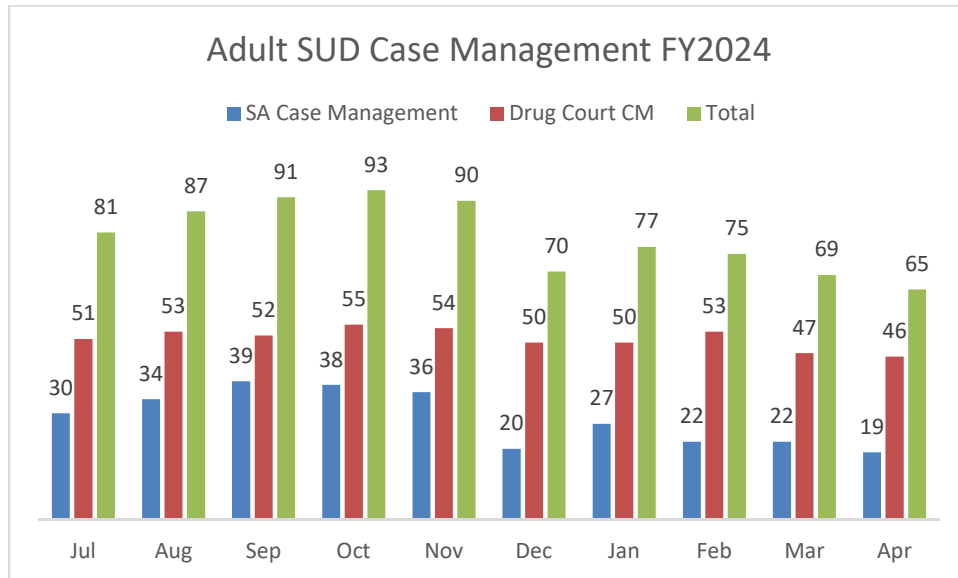
### Child Outpatient and Early Intervention - School Based Services

The Child/Adolescent Outpatient team provided individual therapy services to 378 clients, and at times their families, in the month of April. Currently we have 590 individuals enrolled in child/adolescent therapy services. Both the services provided, and enrollment number, are around average for this fiscal year. Our newest resident Hannah Bennett has started accepting clients this month as well which has been very welcome given this team has two other empty therapist offices at this time. However the great news is that we have two brand new team members who have accepted positions with the Child/Adolescent Outpatient team and both new clinicians will start in June.

Our Early Intervention Clinicians, who work at various schools in the city and county, provided 292 client contacts to 93 different individuals. While the number of clients seen is on the lower end for the fiscal year, the number of actual sessions provided is only 4 short of highest total we've seen this year.

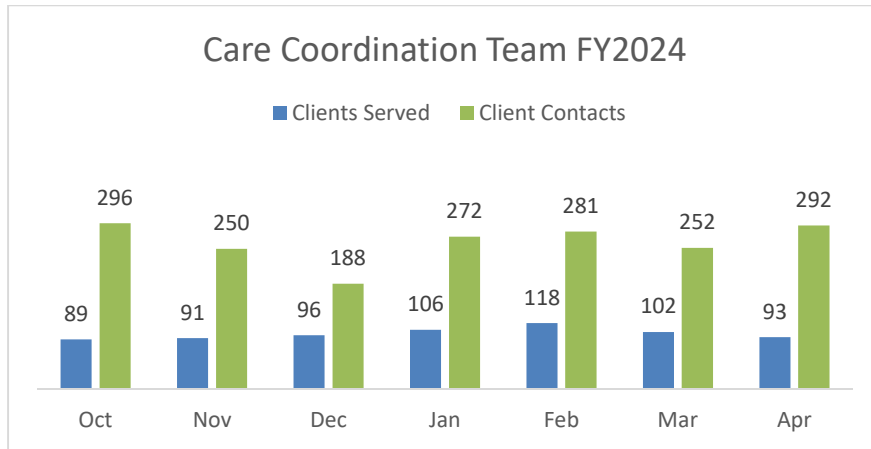
### Substance Use Case Management Services

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 April our SUD case managers served 65 individuals, with 46 of those being referrals from the local drug court program.



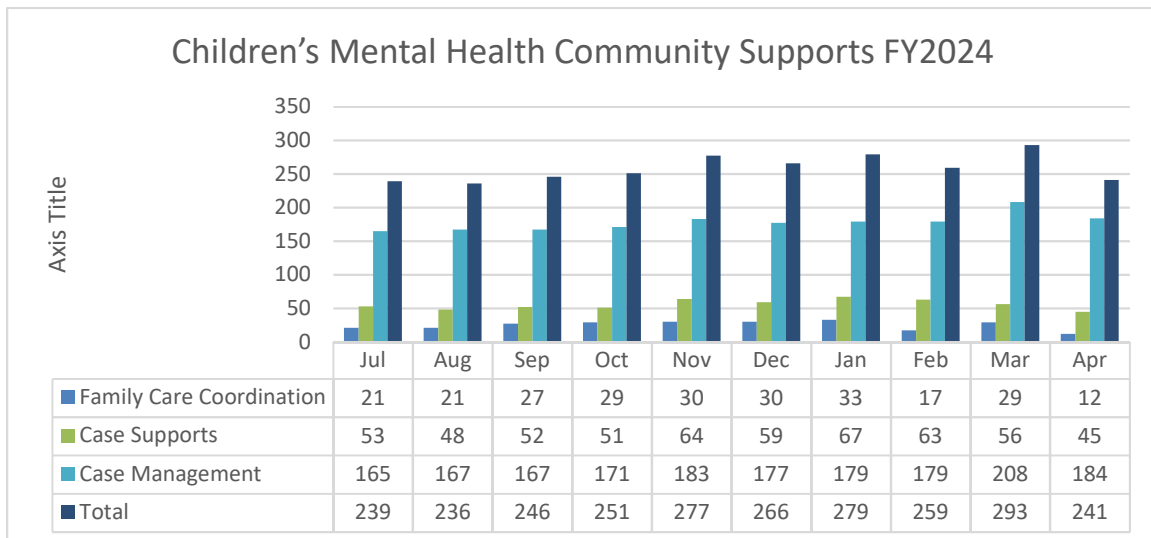
### Care Coordination Services

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 47 clients for the month of April which represents the most clients served by the Care Coordination team since it launched in August. Finding resources related to housing and medical needs were once again the two most common issues that the CC team helped clients out with this month.



### Children’s Mental Health Outreach Services

Referrals numbers continue to be high for the 3 teams of Children’s Mental Health Outreach Services: Case Management, Case Supports, and Family Care Coordination, though the referral waitlist has continued to be maintained under 30 clients. 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 April are not yet fully in, but in looking at the full numbers for March 293 clients and families were served by the three teams which is by far the largest number of clients served by these teams this fiscal 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 led four REVIVE “Lay Rescuer” Trainings for 22 JMU School of Nursing students, 16 JMU Graduate Occupational Therapy students, 17 JMU undergraduate students, and 22 Matchbox Realty staff. The BHW team also provided two 8 hour Mental Health First Aid Courses for general community members as well as 15 staff members of the Harrisonburg Community Health Center.

Other highlights from the month included participation in the local DEA Drug Take Back Day in collaboration with the Harrisonburg Police Department as well as attending the Harrisonburg Farmers Market providing resources and Rapid REVIVE trainings. The BHW team also hosted a “Rapid REVIVE” event at JMU where 59 students received the 10 minute training.

**Harrisonburg City  
DEA Drug Take Back Day!**

**When? April 27th, 9am-1pm**  
**Where? Valley Mall**  
*North end of mall, near Popeyes*

**Drop off unused, unwanted, or expired  
prescription or over-the-counter drugs  
for disposal!**

*Syringes, needles, batteries, or any other dangerous  
materials will not be accepted*

**Free medication lock  
boxes, pill trays,  
medication deactivation  
packets, and more  
provided by HRCSB!**

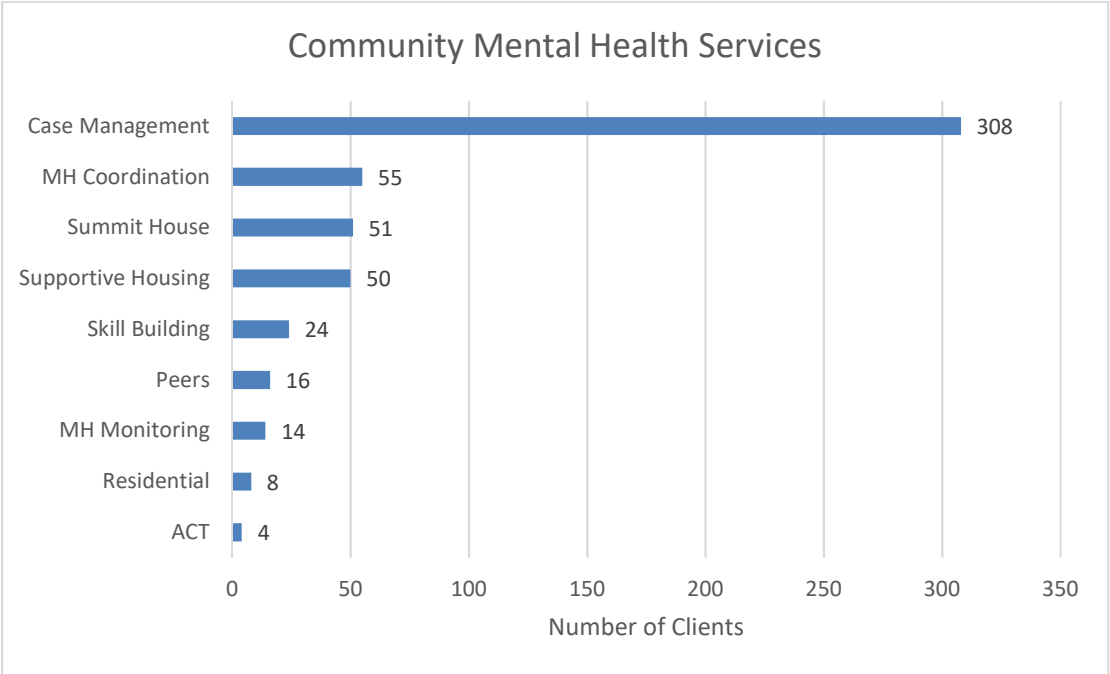




## Community Mental Health Services

There are approximately 376 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 and Assertive Community Treatment.

The below chart displays the current number of individuals in each CMHS program. Most individuals receiving Summit House, Supportive Housing, Residential and/or Peer services receive Case Management services, as well. Mental Health Monitoring, similar to Case Management services, provides support to individuals discharged from state hospitals into assisted living or skilled nursing facilities. Mental Health Coordination services are a less intensive, less frequent form of case management for individuals who need a lower level of ongoing support to remain independent in the community.







### **Assertive Community Treatment (ACT)**

The ACT team hired two more staff who begin this month. Sara Kurtz will be the ACT supervisor and Crystal Sampson will fill the program assistant role. This brings the number of staff on the team to six, with three vacancies left to fill. The team has begun enrolling and providing to services to four clients, with a goal of enrolling one new client each week with the long term goal of serving up to 50 individuals.

### **Permanent Supportive Housing (PSH)**

The PSH team was able to move a client into a rental trailer in the county last month. This is a new landlord relationship. The rural location of the placement is also the desired location for the tenant. The ACT team will provide services to the client and this move in has been the first episode of collaboration between PSH and ACT, just as the model is intended. There were active referrals for 35 individuals in the PSH program in April. The team enrolled five individuals to begin actively searching for housing for them. There were two move-in's bringing the total of housed tenants with vouchers to 26.

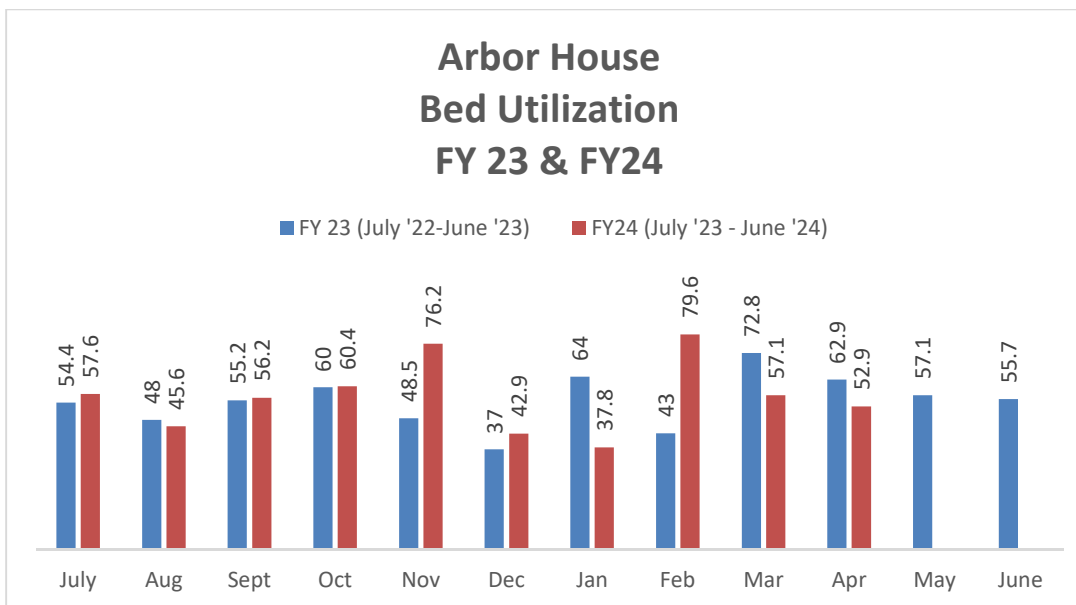
### **Western State Hospital (WSH)**

Western State Hospital census report for February of 2024, HRCSB had a census per 100,000 of 12.0, and an average census of 16. Our region, Health Planning Region 1, had an average census per 100,000 of 9.3, and an average census of 162. 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 utilization has been down. A new Coordinator started in April, Kris Frantz has been a longstanding member of the Arbor House staff and we are delighted to have her in this role. She is working to build community partnerships in order to increase the program utilization. Our target goal is to be at 75% bed utilization for the year and we continue to strive to meet that goal. During the month, staff reviewed 26 referrals from within the HRCSB catchment area and throughout the region and offered admission to 18 individuals in crisis. Arbor House provides a unique opportunity for graduate students to get experience with a diverse population. Students are also able to obtain experience in crisis work as well as provide group and individual services to clients. Currently Arbor House employs students from three local universities.



### Emergency Services

Our Emergency Services Team continues to grow in order to serve our community members during moments of behavioral health crisis; we are very excited that Jennifer Hamlett joined the team as a Full-Time day staff member. During April, ES staff completed 66 Prescreening evaluations that have resulted in 26 Temporary Detention Orders (TDO), 23 voluntary admissions to a private hospital, and nine releases to community supports. The perseverance of this team in obtaining beds at private hospitals resulted in only two admissions to a state facility over the month, one of those being a drop-off by law enforcement.

### Community Crisis Services

During April, the Crisis Response Team was limited by our co-responding deputy's time on leave and the continued open position for the supervisor. However, our Crisis Response Clinician took this opportunity to build relationships with HPD in order to provide ongoing services in the community. The team made contact with 21 new clients and provided follow-up services to 25 individuals. They were able to provide support to 5 child/adolescents and facilitate 7 Emergency Custody Orders.

The Community Case Manager and Co-responding Community Paramedic continue to grow their services and make connections in the community. This team is able to link clients to community resources, peer support, and treatment options. They are also partnering with local agencies such as: Valley Program for Aging Services, Veterans Association, Blue Ridge Free Clinic, PERS,



Sentara Discharge Case Management, Strength in Peers, Our Community Place, Valley Urgent Care, and Chronic Heart Failure Clinic in order to connect clients with the best possible resources.

## Developmental Services

### DD Case Management

Developmental Disabilities (DD) Case Managers billed 309 units for the month of February with DD case managers from Valley Associates for Independent Living completing an additional 23 billable units. Case managers completed 580 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 195 face to face visits. They also completed 23 annual ISPs.

Currently we have 340 individuals receiving DD Case Management services, including 255 receiving Waiver services. Of those, 42 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 201 individuals on the DD Waiver Waiting list awaiting services. There are 41 individuals on Priority one status, followed by 87 on Priority 2, and 73 on priority 3. We received 4 requests for services, completed 6 screenings and one intake. Statewide, there are approximately 3,500 individuals on priority 1, 6,500 on priority 2, and 5,200 on priority 3. We are closely monitoring the rollout for new waiver slots, with over 1,700 slots budgeted statewide proposed to be released quarterly over the next year. The final release schedule, including how many slots are assigned to each CSB, has not been released.

We are currently working with the Health Services Advisory Group to complete the latest round of Quality Service Reviews (QSR). These QSR's are a required aspect of the Commonwealth's compliance with the DOJ settlement agreement, and involve a review of select records by an agency contracted by DBHDS to perform in-depth reviews. This will be the 6<sup>th</sup> such review since 2020. In addition, we are working closely with our QI staff to complete the latest round of Support Coordinator Quality Review. These record reviews are conducted by our staff, with the results sent to DBHDS for review. These reviews are also a requirement of the Settlement Agreement.

## Infant and Toddler

We currently have three open full time positions, a Speech and Language Pathologist, an Occupational Therapist, and a Developmental Interventionist. Interviews are ongoing.

Referrals are slightly down compared to last year, however we remain solidly on target for the 455 program year goal for referrals. The referral data for March was revised up slightly upon review.

April will be the first month where we are pulling billing data from Trac-it for the entire month, rather than the weekly schedule which was implemented as part of the implementation and testing process. Thanks to the IT and Finance team for their collaboration and assistance with moving this process along.

May is Early Intervention Awareness Month! We will be increasing our social media presence with highlights on services and staff, and will be increasing outreach to pediatric offices, daycares, and other community agencies.

Month	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
July	17	20	31	30	30	35	42	40
August	30	40	38	36	35	42	44	45
September	31	36	33	38	33	29	30	45
October	18	35	30	36	34	26	38	38
November	31	30	27	28	30	29	41	31
December	22	28	35	34	24	39	25	32
January	38	31	44	37	41	22	49	28
February	24	32	35	35	31	29	48	33
March	31	30	32	40	34	55	58	53
April	30	43	34	32	38	53	50	35
May	48	20	33	25	26	45	55	
June	34	32	25	35	45	38	35	
Total Referrals	353	377	397	406	401	442	515	380
Child Count-Dec 1	127	162	173	195	201	193	225	259

## Shenandoah Valley Autism Partnership 5K

We were pleased to again participate in the Shenandoah Valley Autism Partnership 5K, providing information on the DD waiver and other services to interested community members.

