



HRCSB Board Report – November 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

Each October the Virginia Association of Community Services Board (VACSB) holds their annual Public Policy Conference. The conference provides an opportunity to hear from several of our state officials and representatives from the Governor’s office on what Virginia’s priorities will be for the upcoming legislative session. This year the following individuals presented to the attendees: Janet Kelly, Secretary of Health and Human Resources, Cheryl Roberts, Director of Department of Medicaid Services, Dr. Alexis Aplasca Chief Clinical Officer from Department of Behavioral Health and Developmental Services, Senator Creigh Deeds and Delegate Sam Rasoul. In addition, during break out session we had an opportunity to learn more about developing the next generation of leaders within the public behavioral health system, understanding the emerging field of infant and early childhood mental health issues/treatment, funding opportunities to combat opioid addiction, and legal implications of the use of Artificial Intelligence to name a few. VACSB identified their 2025-2026 state budget priorities for this coming legislative session. Priorities identified and approved by VACSB leadership include additional funding for support coordinators under the Developmental Disability Waiver Services; increase funding for Early Intervention Services (Infant and Toddler Connection) due to the increase in number of children being served in these programs across the state; 12.5% Medicaid rate increase for Substance Use Disorder services and increase in ongoing general state funds for prevention services, to maintain the efforts/programs that were created utilizing one-time funds awarded during COVID (Consolidated Appropriation Act – CAA & American Rescue Plan Act – ARPA).

Rebekah Brubaker, LPC

Administrative Services

Compliance

The Compliance team is thrilled to report that we had a very successful Department of Behavioral Health and Developmental Services (DBHDS) Triennial License Audit. Our Licensing Specialist reviewed 30 staff charts and 58 client charts and all program licenses were renewed for three years except ACT, which was renewed for one year. We had NO citations! Kudos to all involved for such an impressive audit.

Information Technology

IT Manager Jeremy Wilson took two team members to a cybersecurity conference this month. This will help greatly as they address the results of the on-going system Risk Assessment. Jeremy is hoping to soon hire a Network Administrator to finish out the team.

Clerical

The Clerical team has been “blitzing” - updating addresses, phone numbers, insurance information and pictures. The campaign has kept both Clerical and Finance busy and Finance reports efforts have had a significant impact.

Facilities

Dickson our Facilities Specialist, with a great deal of help from Blauch Brothers, found the source of the foul smell. As suspected, it was a malfunctioning drain in a remote, mechanical room. Unfortunately, it happens to be located next to the air handler for much of the ground floor. All are very grateful for the detective work shown by Dickson, the architects, the engineers and the plumbers.

Risk Management

Josh Dyke, our Risk Management Specialist is participating in a Regional Steering Committee on Emergency Response on behalf of the agency. He is also finishing trainings Serious Incident Reporting via Credible, rolling out the fully electronic system effective January 1. Josh also coordinated this quarter’s Quality Improvement (QI) Committee, focused on our internal and DBHDS goals, with assistance from Data Analyst Brandy. The group discussed agency trends and changing State goals. Finally, Josh will also soon be presenting his last “Active Attacker” training in December, an informative and well-received program that staff attend on an optional basis.

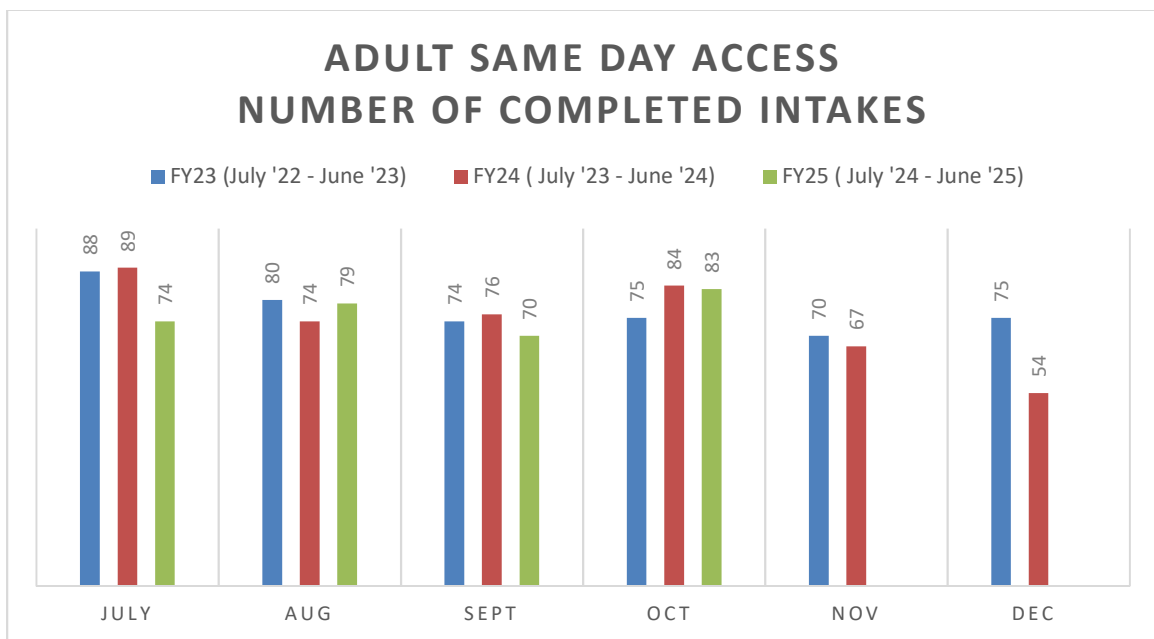
Data and Business Analysis

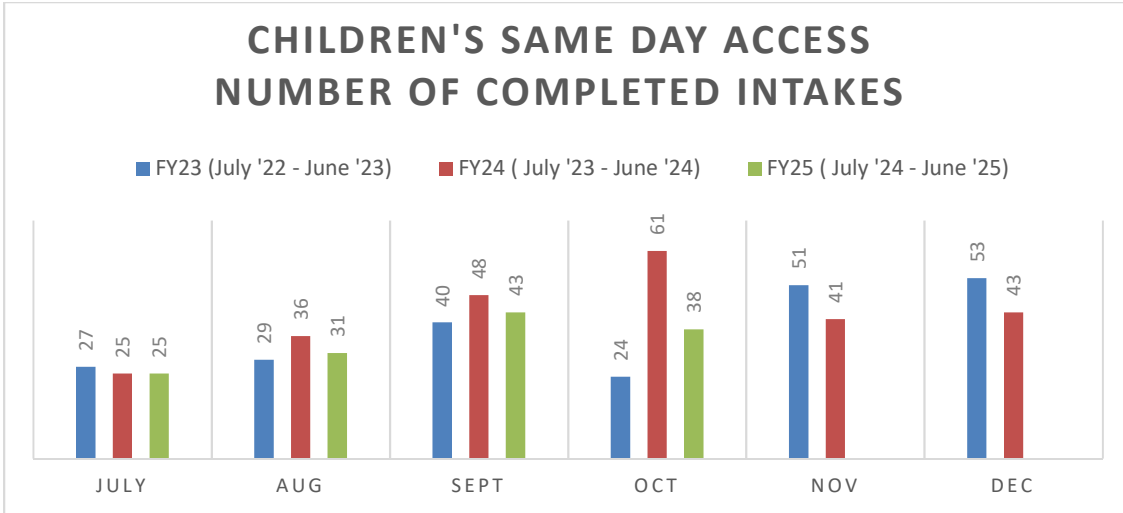
Brandy continues to submit weekly, monthly and quarterly reports to DBHDS, finalizing her training with Compliance colleagues. As noted above, she was helpful in pulling and formatting the state data dashboards for the QI Committee meeting.

Behavioral Health Services

Same Day Access (SDA) – Adult & Child

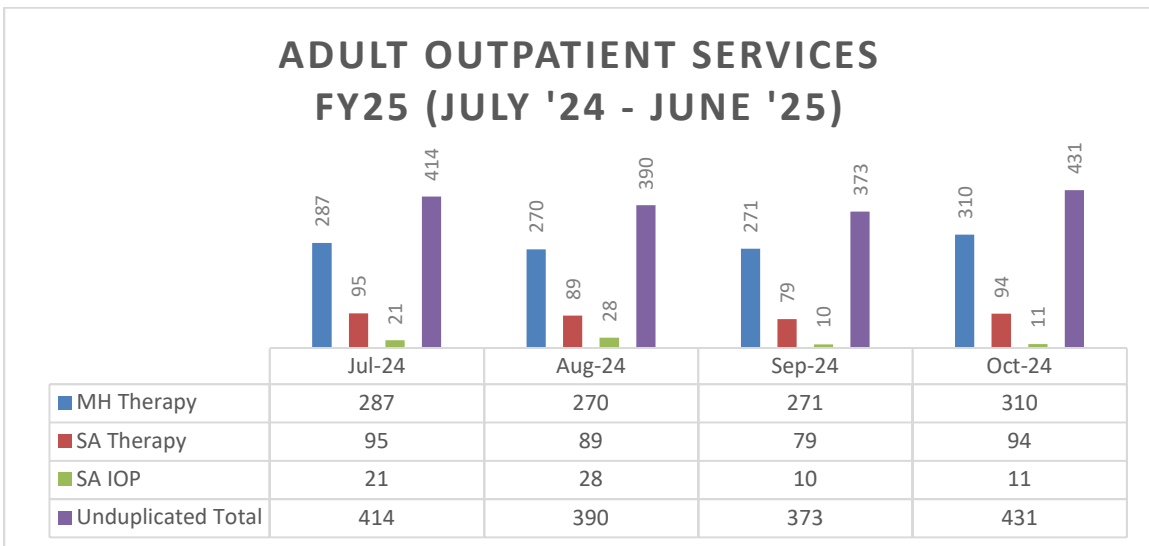
We continue to provide walk-in intakes for adults on Mondays, Wednesdays and Fridays as well as scheduled intakes for children and families on Tuesdays and Thursdays. So far for the month of October, the Same Day Access team has completed 83 intakes for adults and 38 intakes for child/adolescent clients. The number of adult intakes is the highest so far this fiscal year, and is right around our typical numbers for October. Our children’s intake numbers remain higher than average for the fiscal year, but overall are more consistent than last year at this time when we had 61 child/adolescent clients present for intakes. We are also excited to celebrate Theresa Diaz one of our Same Day Access clinicians who has earned her LPC license this month!





Outpatient Therapy Services – Adult

Thus far in the month of October the Adult Outpatient Team has provided individual and group therapy for 310 individuals in mental health focused treatment, and for 94 individuals primarily working on substance use related issues. We also served 11 individuals in our substance use focused Intensive Outpatient Program. In the overall picture, these numbers are well above average for the fiscal year, though our IOP utilization does remain relatively low. On a staff related note one of our therapists, Caroline Walsh, has left the team to pursue new opportunities in Boston. We began advertising for the position a couple weeks ago and have two promising interviews already scheduled.



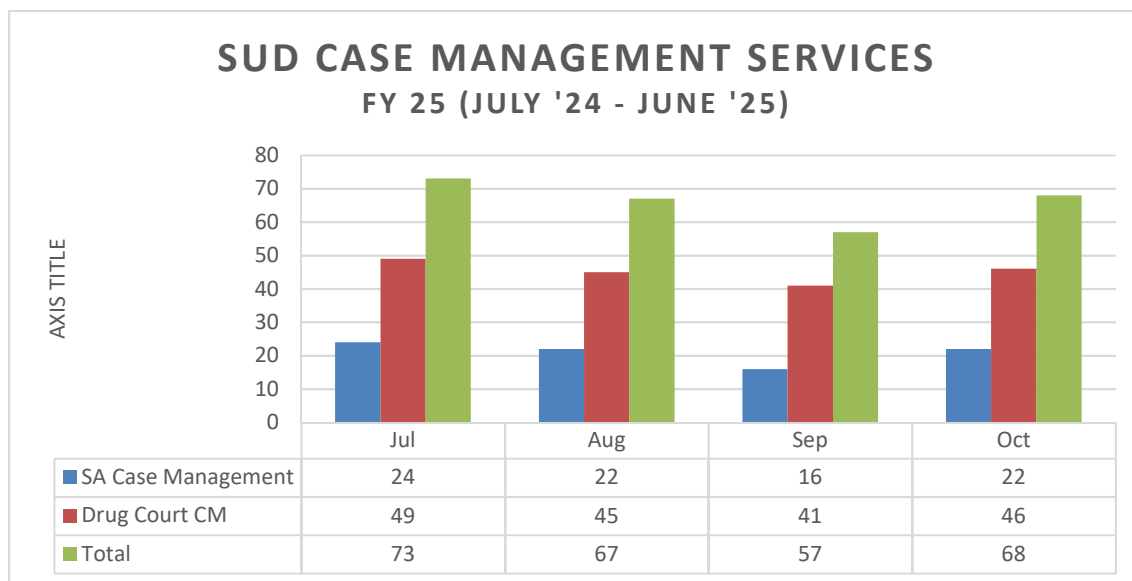
Child Outpatient and Early Intervention - School Based Services

The Child/Adolescent Outpatient team has provided individual therapy services to 401 clients, and at times their families, in the month of October. Currently we have 555 individuals enrolled in child/adolescent therapy services. While the number of clients enrolled is somewhat below average, the number of therapy sessions provided has increased this month over previous months.

Our Early Intervention Clinicians provided 357 supportive sessions to 83 clients in the month of October. This marks a tremendous increase from last month which is of course due to our newest members of the EIC getting settled in their respective schools. However it might also be noted that this number of provided sessions would mark a high in comparison with any month from last year. We continue to advertise for the two remaining EIC positions.

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 October our SUD case managers have served 68 individuals, with 46 of those being referrals from the local recovery court program. Both numbers fall a little below average for the year, but do represent an increase in comparison to September. Our third SUD CM who recently returned from maternity leave is building her caseload back up, so the capacity of the team is in great shape going forward.



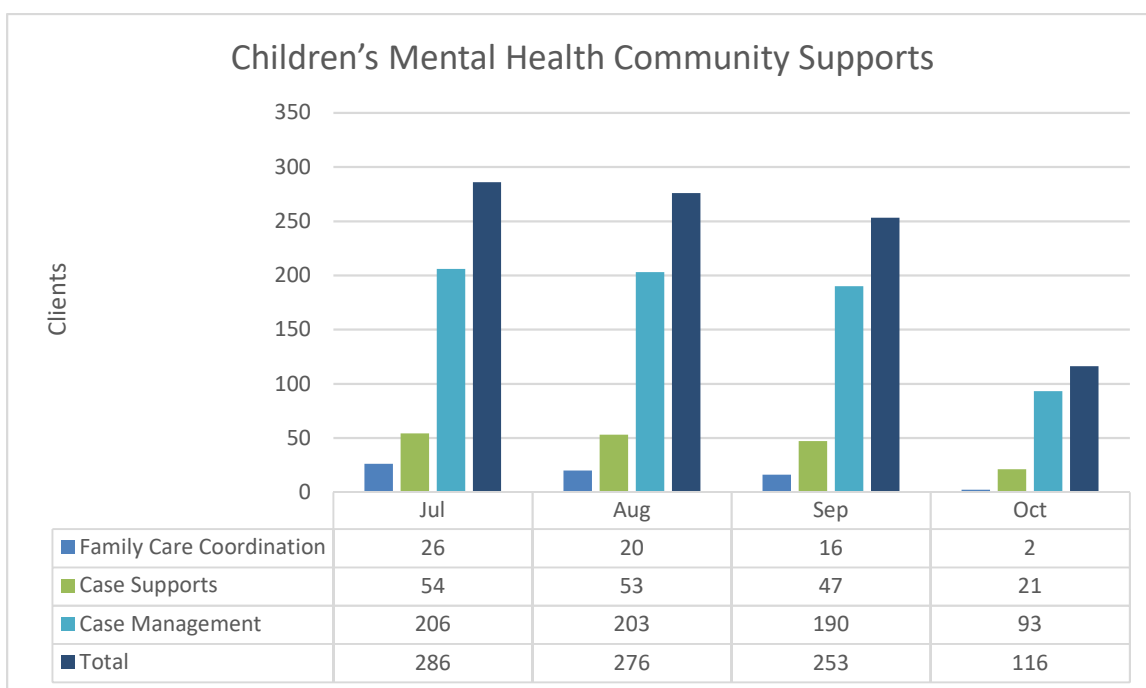
Care Coordination Services

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 38 clients for the month of October which is right around 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.

Children’s Mental Health Outreach Services

Though our child/adolescent intake numbers remain in the average range, the demand for Case Management, Case Supports, and Family Care Coordination services continues to be high. 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 clients have either already been removed from the home, or are in danger of being removed. Final billing numbers for October are not in yet, but in looking at the full September numbers 253 clients and families were served. While this is a little less than average, we are still getting our newest case managers caseload build up and we have been operating down one full time position on the FCC team. We have great news on that front however as Hayley Wagner, a current children’s MH case manager, has accepted an offer to fill that FCC position.



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 including Open Doors, Family Life Resource Center, and the JMU School of Nursing. The team also provided an Adult MH First Aid training for 20 staff and faculty at Eastern Mennonite University, along with 6 rapid REVIVE trainings to individuals at the Harrisonburg Farmers Market, and 21 community health workers received a full REVIVE training as part of a

collaborative effort with the Church World Services training program. Overall, 169 community members were engaged in BHW led training opportunities in the month of October!

The BHW team also continued to present at a number of events in the community, hosting tables at the Harrisonburg Farmers Market, the Bridgewater Retirement Community Wellness Fair, and Harrisonburg's National Drug Take Back Day event, which involved partnership with both the Harrisonburg Police Department as well as the Faces 4 Change Drug Free Community Coalition. They also completed their second and third Calm Room projects of the academic year at the Cub Run and Smithland elementary schools.

Finally, it should be noted that the coordinator of the program for the past few years, Mo Bowler, is starting to transition out of the position. She is still helping with various ADMIN tasks from her new home in Michigan, but we are actively advertising to fill the position. Mo will certainly be missed as she has helped grow the program to new heights during her time here; however, we have a number of promising candidates that we are excited about and hope to have an announcement on the new coordinator soon.



Community Mental Health Services

There are approximately 382 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, State Hospital Discharge Coordination and Assertive Community Treatment.

State Hospital Discharge Coordination

Our State Hospital Discharge Coordination program has experienced an increase in the number of state hospital admissions recently. The number of patients at the time of writing is 25, sixteen of whom are at Western State Hospital. The agency successfully hired a full time hospital discharge liaison in October.

The team continues to support individuals with a variety of needs. Hospital admissions vary from serious mental health symptoms, forensic needs, court ordered competency restoration, and intensive planning and coordination for NGRI (Not Guilty by Reason of Insanity) cases. We are currently coordinating with six state hospitals on discharge coordination and planning for clients in our catchment area. NGRI cases total about one third of the current caseload.

Peer Support Services

The HRCSB team of Peer Recovery Specialists continue to use their lived experience to walk with their clients on their recovery journeys.

Our housing peer has done an amazing job of building community and social support systems for the residents of Commerce Village, an apartment complex operated by Harrisonburg Redevelopment and Housing Association. She recently helped the residents decorate Commerce Village for Halloween and then took them shopping for Halloween costumes. She also organizes a community meal each week for the residents. While spending time at Commerce Village, she supported a resident as he struggled with the symptoms of his substance use disorder diagnosis. She worked closely with the resident and HRCSB's Care Coordination Team to arrange entrance into an inpatient treatment program where the resident is now thriving and reports, "I am so happy here".

A client in our Substance Use Disorder (SUD) Peer Program has achieved one year of sobriety and is working with his SUD Peer to enter the field as a peer.

Clients in our Mental Health Peer Program have enjoyed socializing with each other during weekly visits and monthly field trips.

The Peer Program Coordinator recently became the Chair of the VACSB Peer Services Subcommittee at October's conference, and she will receive an award for being Region 1's runner up Peer-of-the-Year for 2024.

Psychosocial Rehabilitation (Summit House)

Summit House is a psychosocial rehabilitation program (PSR) informed by the Clubhouse Model of psychosocial rehabilitation. Summit House serves about 50 individual members and remains fully staffed. Summit House continues to seek referrals for new or returning members. Recent member successes include one member who has begun taking college courses and another member who has begun volunteering independently in the community.

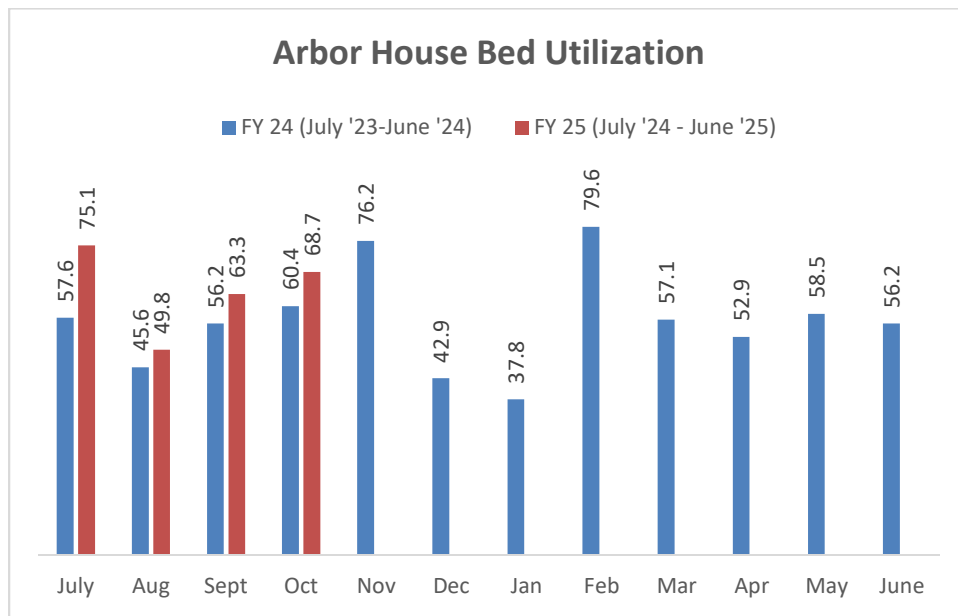
Summit House provides members with opportunities to learn and practice daily living skills, to attend various groups and to participate in social recreation activities within the community. Summit House has four different work units to divide and conquer the work of the clubhouse. The Kitchen Unit is at capacity with member participation. The Clerical Unit has had an increase in members. The Maintenance Unit has recently had an increase in member participation. The Community Integration Unit continues to volunteer at the Rockingham Harrisonburg Society for the Prevention of Cruelty to Animals (SPCA) and at Habitat for Humanity's ReStore. Support Groups at Summit House include Coping with Seasonal Depression, Social Anxiety, Fall Crafts, Creativity, Art Therapy, Co-occurring Disorders, Driver's Education Preparation, Tobacco Cessation, and Bingo among others. Some members develop and lead groups. Summit House welcomed a bachelor's level psychology intern from JMU. She is facilitating two groups: Arts & Crafts and a group on various Anxiety Disorders.

In August, Summit House staff and nine members had a successful all day trip to King's Dominion in Roswell, VA. This was the first "big" trip since 2020. This trip provided members with a normalizing recreational and leisure opportunity in the community. Members were divided into pairs or trios in order to practice accountability, social skills, healthy communication, responsibility, and teamwork as they navigated the amusement park. Looking forward, Summit House currently has two opportunities to engage with other Virginia PSR programs. Summit House has accepted an invitation to a Halloween Party at Sunshine House, another clubhouse, in New Market, VA operated by NWCSB. In addition, in November, Summit House will be hosting a Virginia Leadership Network (VLN) retreat for both staff and members. The VLN is primarily a network of persons involved with advocating and promoting psychosocial rehabilitation in Virginia.

Crisis Services

Arbor House (Crisis Stabilization Unit)

The Arbor House utilization rate for October demonstrates continued improvement with the year-to-year comparison. Staff reviewed 30 referrals from within the HRCSB catchment area and throughout the region and admission was offered to 17 individuals in crisis, the most common reason for denial continues to be medical acuity. During the first week of October Arbor House staff were able to meet together and complete several agency trainings provided by our Compliance Department. Staff meeting offer the opportunity to everyone to come together and enjoy a meal while discussing the many aspects of the program to ensure continuity and consistent experiences for the residents. This meeting was an opportunity to demonstrate the new iPad available for a satisfaction survey offered to residents during discharge. This information will be utilized to adjust the programming in order to optimize the efficacy for clients.



Emergency Services

October continued the upward trend and was an exceptionally busy month for Emergency Services. Staff completed 64 Prescreening evaluations, a 20% increase over the same month in the previous year. The prescreens resulted in 26 Temporary Detention Orders (TDO), 21 voluntary admissions to a private hospital, and 9 releases to community supports. The ES team is also navigating the changing landscape of Sentara RMH PERS (Psychiatric Emergency Response) team. This team has always worked closely with HRCSB Emergency Services and is entering a new season of service provision as they transition to a Sentara wide team and



provide more of their services virtually. This continues to be an important community partnership and the team is working to establish best practice communication with PERS and the Emergency Department staff providing direct care to the individuals in crisis.

Community Crisis Services

The October increase in services was consistent for Community Crisis. The Crisis Response Unit (CRU) team made contact with 28 new adult clients, 57 mental health follow-ups, 10 new adolescents, 6 courtesy transportation, and two ECO's served. Under the leadership of the Supervisor of Community Crisis, this team works to collaborate with service providers and law enforcement to best serve individuals in crisis. This team works alongside Emergency Services in efforts to safely treat individuals in the least restrictive environment. CRU can follow up with individuals who are released from an ECO, or other crisis evaluation, in order to provide continuity of care and a bridge to outpatient services.

The Community Paramedic continues to operate within Harrisonburg Fire Department while recruitment for the co-responding Community Case Manager is ongoing.

Developmental Services

DD Case Management

Developmental Disabilities (DD) Case Managers billed 325 units for the month of September. Case managers completed 610 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 216 face to face visits. They also completed 25 annual ISPs.

Currently we have 345 individuals receiving DD Case Management services, including 256 receiving Waiver services. Of those, 60 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 248 individuals on the DD Waiver Waiting list awaiting services. There are 59 individuals on Priority one status, followed by 107 on Priority two, and 82 on priority three. Of the 248 individuals on the DD Waiver waiting list, 196 are aged 21 and younger, and only 6 are aged 50 or older. We are likely seeing the results of several years of outreach intended to encourage individuals to be screened as early as possible, as well as statewide efforts to provide waiver slots to those, typically older individuals, who are most urgently in need of services. While we are encouraged that eligible individuals are receiving waiver slots, we are



encountering some challenges when trying to connect younger people to appropriate services, typically consumer directed respite or personal assistance, due to lack of attendants.

We received 5 requests for services, completed 9 screenings, opened 5 new clients, and placed 11 people on the waiting list.

Infant and Toddler Connection

In September the Infant at Toddler program completed 343 billable services related to the delivery of Speech Therapy, Occupational Therapy, or Developmental Services. Support Coordinators added an additional 216 services, including 122 face to face visits.

We filled one open hourly Occupational Therapist position. We continue to recruit for a full time Speech Therapist, Service Coordinator, and Clerical Staff.

DBHDS announced that the implementation phase of our data management system, Trac-it, has concluded, with all Local Systems now expected to be fully utilizing the system for documentation. Our team was an early adopter of full utilization of Trac-it, and has expended significant efforts to be fully up and running ahead of this deadline.

Staff completed over 40 initial screenings at Agape Childcare, many of which resulted in new referrals. We periodically complete initial screenings at local childcare centers as part of our outreach efforts. These screenings assist parents with identifying needs for services.

Month	Referrals July 2023-June 2024	Referrals July 2024 to June 2025
July	40	35
August	45	40
September	45	44
October	38	50
November	31	
December	32	
January	28	
February	33	
March	53	
April	34	
May	45	
June	29	

For the third consecutive year, the Infant and Toddler Connection and Developmental Disabilities Case Management team at the McNulty Center hosted a Trunk or Treat event. The event drew its largest crowd yet, and was a great opportunity for clients, disability service providers, and members of the community to get together for an evening of fun. We're already looking forward to next year.

