

HRCSB Board Report – June 2018

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Message from the Executive Director

Likely you have already heard that the General Assembly has passed a budget for the next Biennium (FY2019-20) that is now awaiting Governor Northam's signature. This budget has been touted as a landmark change for Virginia as it includes Medicaid Expansion. This is a win for over 300,000+ Virginians that are working and uninsured, enabling medical and behavioral health coverage for services needed. Better coverage translates to healthier Virginians...and ultimately healthier communities and enhanced quality of life. At this point, there are far more unknowns around the particulars than could even be noted. As the details are revealed and worked through at the state, community and agency perspective, HRCSB will begin to map out how best to prepare and respond to this new legislation.

Ellen Harrison, LPC, MBA

Administrative Services

The Request for Proposal process for architectural and engineering services is nearing completion. Surveying has been completed and application made for the removal of the remaining lot line between our Main Street properties in preparation for the build.

The new building can't come soon enough – you may notice loose gravel at the end of the Main Street entrance. We had fairly significant sewer line issues that required repair this month. One of those unexpected occurrences that can't be predicted and is pretty disruptive! We had to divert traffic to the exit drive and the drive at the gray house for four days. Thanks to staff who helped direct traffic, place cones, and run interference with the plumbers.

We are once again assessing office space availability at Main Street following some recent hires and will be using several of our remaining options. As articulated in the Strategic Plan, we hope to only do strategic modifications to our current office locations, meaning that we will do renovations or improvements only when necessary for safety or to repurpose space.

This is also the time of year when our Summit House work enclave crew is hard at work mulching, weeding, and beautifying all of our sites. Their work is always outstanding and helps us present well maintained and attractive sites to our visitors.

This is the time of year when we identify our Medicaid State Plan Option (SPO) targets for the upcoming fiscal year. SPO services include case management, mental health skill building, psychosocial rehab, emergency services, and crisis stabilization services. These services are a significant component of our service delivery system and it is helpful to look at the past year's number of billable services, as well as anticipated demand for the coming year based on current information and trends, as we build the budget.

Adult Behavioral Health Services

Same Day Access – Adult Services

Since the changes made to our Same Day Access system that started on March 5, 2018 we have completed 271 intakes for adults; this is a 9% increase over last year's completed intakes for the same time period. We continue to monitor the flow of clients into our system to best determine areas of growth and projected needs for on-going services, especially within outpatient therapy and mental health case management services.

Adult Outpatient Services

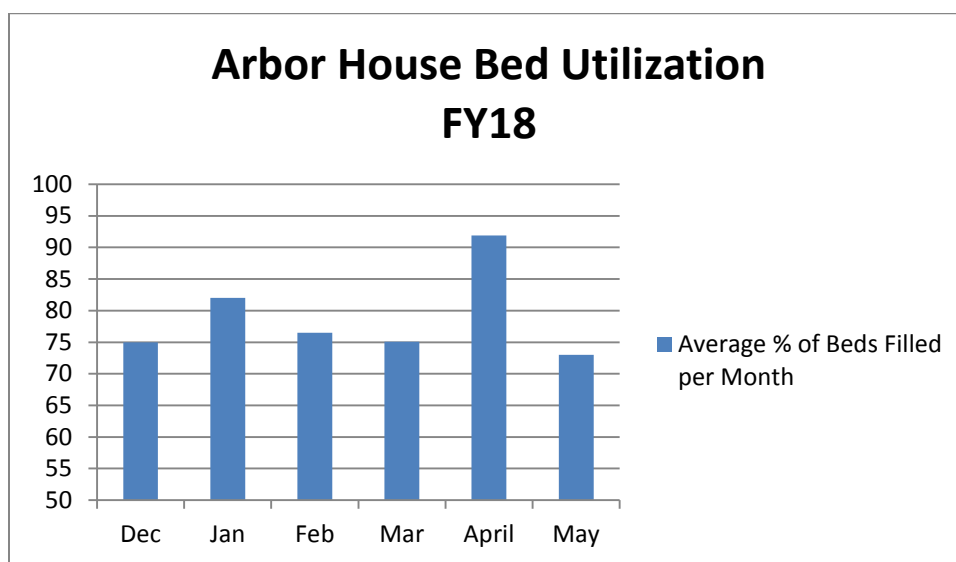
Adult Outpatient Services will be expanding our capacity to serve individuals by hiring an additional full-time therapist. Andrew Mayles joins the outpatient team on June 1, 2018 and will be providing individual and group therapy and intakes as needed. We are excited to increase our capacity to serve clients within the outpatient team.

We are currently providing 12 different groups for clients to participate in to address mental health and/or substance use related issues. We strive to provide groups that meet the needs of those we serve. We currently are providing several population specific groups including two groups that are targeted to women in recovery, one that is for Spanish-speaking clients and one that is focused on anger management skills. Our groups vary in the length (1 hour up to 3 hour per group session) and frequency (once a week up to three times a week) in effort to meet the clinical needs of our diverse population.

Arbor House (Crisis Stabilization Unit)

For May, Arbor House had a 72.8% bed utilization, which means we averaged 5 ≥ beds filled. For FY18, our year to date is 77.8% bed utilization, which is above the 75% utilization required by Department of Behavioral Health and Developmental Services (DBHDS).

We have had several staff transitions within the Arbor House full-time staffing. In April, we hired Trevor Haase as our Case Coordinator. In this role, Trevor facilitates and coordinates the admission and discharge process for individuals coming into Arbor House. In May, we welcomed Sarah Brunea into a full-time CSU Specialist position, she previously worked on an hourly basis with the program.



Community Recovery Services

Summit House

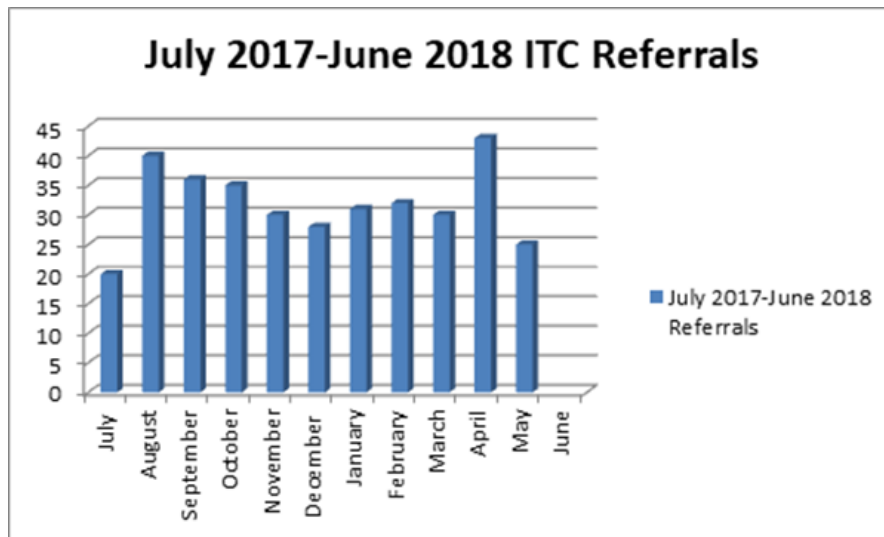
During the month of May Summit House held its annual car wash to raise funds for the Pear St. member's fund. This year the members raised \$534. A portion of the funds raised was utilized for a recent member trip to Safari Park at Natural Bridge. We had 10 members participate in this trip on May 24th. Trips and activities are decided on by the members and our members help to facilitate the arrangements for these outings. It is exciting to have members be engaged in the planning and implementation of their ideas. Summit House staff continue to look for ways to empower members to be active and participate to the degree they are able by being involved in a variety of different ways within the program.

Western State Hospital

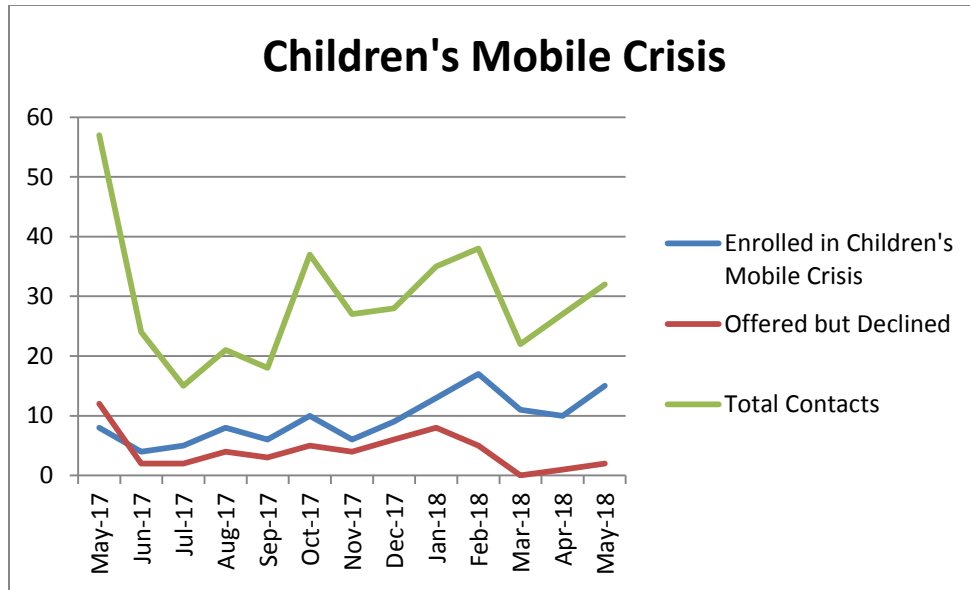
For the month of April, Western State Hospital (WSH) Census report, we had an average census of 16 and a census/100000 population of 12.1.

Child and Family Services

The Infant and Toddler Connection of Harrisonburg-Rockingham is pleased to announce that Caitlin Wood has been hired as a fulltime Infant Development Specialist and started June 1. We will have Elisabeth Correa Cortez begin later in the month as our clerical support staff for up to 29 hours per week. We have a current child count of 177, and received 25 referrals in the month of May.



Children's outpatient services completed 60 intakes in May, and opened 44 new therapy cases. We are now serving 470 children in therapy, 202 in case management, 13 in intensive care coordination, and responded to 32 crisis referrals. We continue to struggle with balancing our intake needs with our ongoing service needs because we have not been able to establish a pattern of families walking in for Same Day Access. We do expect the first two months of summer to see a slower pace as families vacation and school is not in session. Our school based program will end for the year in June, and the last few weeks have been very challenging for the schools and workers balancing SOL testing schedules and student needs.



Our prevention worker has been very busy in May. All tobacco vendors in the City of Harrisonburg have received a Merchant Education on underage smoking and purchase of tobacco products and a survey about the types of products sold and price points. We have provided 50 medication lock boxes in the Harrisonburg and Rockingham area, and distributed 100 cable locks.

Developmental Services

Developmental Disabilities Case Managers had another very strong month, billing 276 clients in the month of May. Each monthly unit of billing includes at least one activity whereby the case manager linked a client with a new service, assessed their need for additional services, or monitored their status through a face-to-face visit or phone call. Typically a monthly billing includes numerous activities. For some perspective, although case managers billed 276 “units” in May, in actuality they completed 888 separate billable activities in the month. Of those 888, 355 were face to face contacts, either in the client’s home, day activity, or here at the HRCSB.

One of the monthly billings noted above is significant in that it is our first billing as a “special service need” case management client. Under certain circumstances, individuals without an intellectual disability on the DD Waiver waiting list can receive case management services for a limited time to address a specific issue. This “special service need” case management was part of the old bifurcated Intellectual Disability/Developmental Disability Waiver systems, and is just now being folded into our services.

In May we received 6 additional requests for screening for the Developmental Disabilities Waiver, and completed 8 screenings and 2 meetings to open individuals for case management. We currently have 222 individuals on the Developmental Disabilities waiting list, with 82 deemed “Priority One”, or in most urgent need of services. There is currently a slot team allocation meeting scheduled in June to assign one available slot. The general assembly approved the funding of 1,695 waiver slots for FY19, which is a fairly large allocation. We’re unsure yet how the Department of Behavioral Health and Developmental Services (DBHDS) will apportion the slots to each CSB, so we don’t know how many slots HRCSB will receive. Typically these annually allotted slots are not made available and distributed until around October.

The Developmental Disabilities department continues to respond to guidance by DBHDS on how to better comply with Department of Justice settlement agreement requirements. We have completed a self-assessment of our case management services and submitted the results to DBHDS. We’re awaiting further instructions on how to efficiently integrate our electronic health record with the state’s online waiver management system (WaMS). Additionally, we’re awaiting training on how to complete service plans which align more with the Independent Reviewer’s request for more measurable outcomes. We have reviewed our work process and made some slight changes in our forms to ensure we’re properly documenting client choice regarding employment and integrated living options, as well as documenting proper follow up to identified risks.