# HRCSB Board Report – August 2018

**Ellen Harrison** (Executive Director)
**Lynn Grigg** (Child and Family Services)
**Rebekah Brubaker** (Adult Behavioral Health)
**John Malone** (Developmental Services)
**Holly Albrite** (Administrative Services)

## Message from the Executive Director

Effective July 1, 2018, all 40 Community Services Boards (CSB) have begun Same Day Access (SDA) as the first of 9 initiatives for the System Transformation Performance Excellence of VA (STEP VA). There are two successive initiatives that complement SDA in terms of establishing clinical levels of care to determine the course of treatment and digital collecting of outcomes at both the individual and aggregate level for CSB and state reporting purposes. The critical components of the Daily Living Assessment 20 (DLA 20), initiating on January 1, 2019, tie to levels of care that define *what* treatment and *how* long for every person requesting services. Further, the SPQM software collects DLA 20 in addition to other data elements and displays outcomes in a format conducive to analysis by person, program, CSB and across the entire system of care (40 CSBs). This allows the public system to offer standardized core services offered anywhere in Virginia, with corresponding outcome measurements including strengths and gaps in the system of care.

*Ellen Harrison, LPC, MBA*

## Administrative Services

### Building Update

A contract for architectural and engineering services was signed with Mather Architects in mid-July. This allows for a very cohesive transition from the feasibility study to the active phase of the building project. During the last two weeks of July, Mather met with each supervisor of departments that will be located at Main Street or McNulty to update program information related to staffing and space needs. This process was initially done during the feasibility study enabling a solid starting point for updates and further thinking as we begin the building design phase. We will have an architectural rendering of an initial building design concept, created at the completion of the feasibility study, at the Board meeting to help begin to really visualize the future!

## Same Day Access Model

A follow up assessment, called a GAP Analysis, was held with consultants from MTM Services who developed the Same Day Access (SDA) model of service delivery which HRCSB fully implemented this past March. SDA strives to provide walk-in access to most services with timely and clinically driven secondary access and episodes of care. The GAP Analysis provided an opportunity for front line staff to provide input on the usual logistics and typical time frames for individuals entering services, with the reassessment comparing initial input with any changes and hoped for improvements. We received very positive feedback from MTM following the reassessment with an increased volume of intakes of 49% and a reduction in wait times of 43%. This data supports our efforts to respond to the continued strong demand for services in a timely fashion.

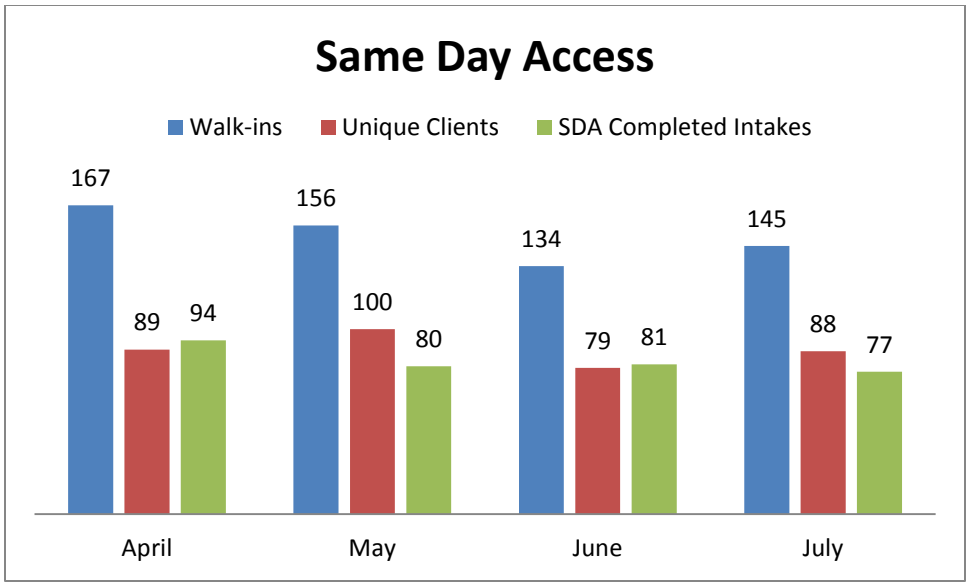
## Transition

HRCSB's Mike Forster, Senior Manager of Business Systems and Technology, is leaving his position in early August to take a management position with a local IT firm. Mike has been a regular attendee at Board meetings and has been an invaluable asset with the state Data Management Committee and with our electronic health record vendor Credible. He has also cultivated a very strong IT staff at the agency. We will miss his skills and wish him all of the best in his new endeavor.

# Adult Behavioral Health Services

## Same Day Access – Adult Services

During the month of July, our SDA team was able to complete 77 same day intakes. The graph below shows three sets of numbers for each month. As part of our data collection for Same Day Access we track the number of individuals that walk-in and request services, the number of unique individuals requesting services that have not received a service from us in the past 90 days, and the number of intakes completed same day. The difference between the number of walk in clients and the number of clients that completed an intake occurs for a variety of reasons. A few examples include but are not limited to the following; at times individuals are requesting services that we do not offer, they need a higher level of care which we then refer them to other appropriate services, they may be seeking information and will follow up at a later point, individual did not have time to stay that day or individual came in outside of our walk-in hours. In addition, we track the number of times that a same day intake does not occur because of lack of clinical staff availability. For the month of July we turned away 2 individuals due staff availability.




## Adult Outpatient Services

Our Adult Outpatient Team is comprised of therapy services for both mental health and substance use related treatment, substance use case management which includes our drug court case management, and substance use peer support services. Over the last 18 months we have been looking at ways our services can help support the need in the community to address the rising opioid crisis and other substance related issues. In July 2017, we started our Intensive Outpatient Program (IOP). The IOP has provided an intermediary level of treatment that is between standard outpatient services that are provided once or twice a week for an hour and half and residential treatment where the individual leaves the community for a period of 14 to 28 days. The IOP program is three times a week for three hours each day and generally individuals are in the IOP level of treatment for three to four months depending on their assessed level of need. In addition to the IOP, individuals can receive substance use case management services to help address any barriers to their recovery and engagement in treatment. Since July of 2017, our IOP has provided services to 50 individuals.

Our SA Peer Outreach Program started in July 2016 through funding from the Department of Behavioral Health and Developmental Services (DBHDS). This program was designed to provide outreach into the community to individuals who are currently homeless and have substance use related issues. The approach of the program is to form relationships with individuals in the community, provide support in addressing housing needs and then work towards engaging them in treatment. In addition, the staff provides community education on substance use awareness and REVIVE training.

REVIVE is a training sponsored by DBHDS to address opioid overdoes and naloxone education for Virginia.

## Arbor House (Crisis Stabilization Unit)

Arbor House is a 7-bed crisis stabilization unit. It is a regional program partially supported by the Department of Behavioral Health and Developmental Services (DBHDS) that accepts individuals from our community as well as the surrounding counties. The primary focus is to provide treatment and support to individuals experiencing a mental health crisis. The program accepts individuals who are seeking intensive therapy and who can benefit from a less restrictive environment than acute hospitalization. We also accept individuals who are stepping down from an acute hospitalization who can clinically still benefit from an intensive therapeutic program.

For July, Arbor House had an 81.1% bed utilization, which means we averaged ≥ 5 beds filled, tracking above the 75% utilization required by Department of Behavioral Health and Developmental Services (DBHDS).

## Community Recovery Services

Our Community Recovery Services (CRS) is comprised of mental health case management services (MHCM), mental health skill building services (MHSS), mental health peer support services, residential services and psychosocial rehabilitative services (PSR). These services provide support and treatment to individuals who have long term mental health related needs. Often these individuals are needing help accessing benefits, support services, housing needs, medical related needs, socialization and assistance to live in the community. Through our CRS teams, we are able to assist individuals who require different levels of support in their recovery. It is the team's desire to meet each client where they are at in their recovery journey, identify steps to continue progress forward, and/or to identify ways to maintain their current level of recovery.

## Mental Health Case Management

Mental Health Case Management (MHCM) provides the overall care coordination for the majority of the clients who are accessing services within the CRS team. A significant part of their job is to assess, link and monitor support services for clients. This can include helping to access social security and disability benefits, addressing housing needs, linking to medical providers, and providing overall support and resources to clients.

One of the members of our MHCM team is in a position designated to work with discharge planning for clients who are being discharged from state hospitals. Our Community Liaison position works closely with the staff at the state hospitals and within our agency to coordinate services for clients following their discharge. This position helps to provide support to clients during the transitional period between being discharged and services starting in the community. In addition, they are working as part of the overall treatment team at the state hospitals to address any barriers to the client being discharged from the hospital.

## Western State Hospital

For the month of June, Western State Hospital census report, we had an average census of 19 and a census/100000 population of 14.5.

## Emergency Services

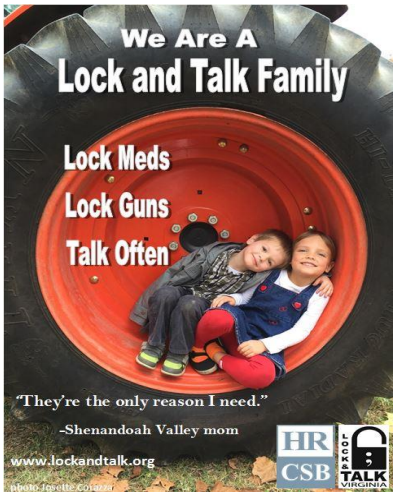
Our Emergency Services team provides crisis services for our community twenty-four hours, seven days a week. They provide support to not only our clients that are engaged in services within our agency, but also to individuals within the community that are experiencing a behavioral health crisis. During the month of July the team completed 59 prescreens which is below the FY 2018's monthly average of 75 prescreens. As part of the emergency services team, we also have an adult mobile crisis team. The mobile crisis team is comprised of a law enforcement officer and a mental health clinician. They are available 20 hours a week to respond to mental health related emergencies within the community.

## Jail-Based Services

In January 2017, in partnership with Rockingham Harrisonburg Regional Jail (RHRJ), our agency placed a full-time mental health case manager on-site at RHRJ. Our jail based case manager provides support to individuals who are incarcerated and have a history of serious mental illness or are experiencing a mental health crisis. The case manager provides one-on-one supportive services, psychoeducational groups and provides referrals for individuals to be seen by our psychiatric nurse practitioner. Our psychiatric nurse practitioner provides on-site psychiatric evaluations and medication management services to incarcerated individuals within RHRJ.

## Lock and Talk Virginia

The regional strategy for Suicide Prevention, Lock and Talk, is working on a media campaign. To the right is the print ad. Next month there will be two short interviews with community members in the region that use lock and talk devices to keep their homes safe and inform a conversation about mental health and how to stay safe.




## Trauma Training

To account for individuals that could not attend the Trauma and Resilience: Basics training specific to organizations dedicated to the homeless or housing insecure population, we coordinated with Our Community Place to hold another training on July 18th. A majority of attendees were Mercy House case managers. The training reviews we received noted the training to have a good balance of information and helpful strategies to use.

We are very happy be starting a training program with the new alternative school in Rockingham County now named the Rockingham Academy. We will be working with the administrators, teachers, and school secretaries to become a trauma informed school. We had our first meeting in June and look forward to meeting again before school starts to develop an ongoing training and consultation schedule.

On July 25th, we received our award letter from Gail Taylor with the Department of Behavioral Health and Developmental Services for the OPT-R Opioid Prevention grant for $15,000. The short term goals are:

- By July 30, 2020, community members will have access to 10 REVIVE Trainings
- By July 30, 2020, a total of 1,200 supply reduction devices will be disseminated

The efforts will include revitalizing the REVIVE! Trainings, including paying for staff time and supplies, and purchasing/disseminating locking devices (Med Lock Boxes, Med Lock Pouches) and deactivations packets (small, medium, and large) within the CSB and partnering with additional agencies.

## Outpatient Services

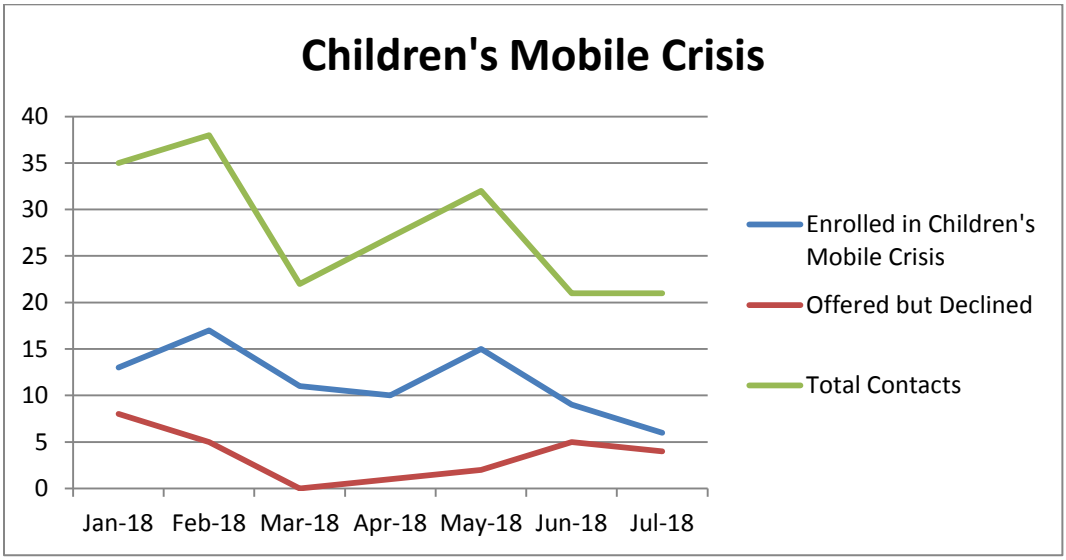
In Outpatient services, we continue to have open doors for our intake process and have received positive feedback from families and referral sources. In the month of July, we completed 36 intakes and added 54 children to the outpatient therapist's caseloads, giving us a total of 460 children in that service. We have 202 children in case management, and 14 in the intensive care coordination program.

## Schools

We are very excited to be expanding our presence in the Rockingham County School system from one worker to three in the 2018-19 School Year. We will be working in the middle and high schools to help with mental health crisis and support, and referral services for the students. We will have the same coverage in the City Schools, which is approximately 1.5 FTEs.

## Children's Mobile Crisis

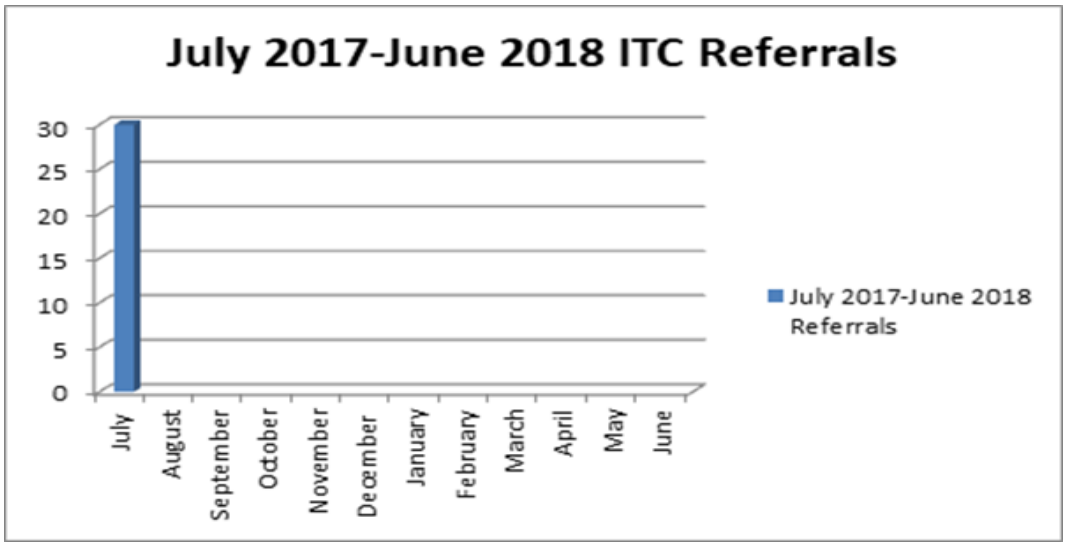
Children's Mobile Crisis (CMC) is predictably slower during the summer months, but we have had 21 referrals in July. We are expecting a heavier call volume in the Fall when school starts. We are pleased to report that the Department of Health Professionals has approved Marlon Colindres to begin his residency towards licensure in CMC.




## Infant and Toddler Connection

The Infant and Toddler Connection continues to grow. We currently have a child count of 184 children and families. July brought in 30 referrals, which is 10 more than July of 2017. We are entering into new contracts with occupational, physical and speech

therapists when we can. We are recruiting for hourly service coordinators and developmental specialists to help serve the growing volume of referrals. You can now make referrals to the ITC ONLINE. Simply go to our HRCSB.ORG website, click on services and find the Infant and Toddler Services.




## Developmental Services

Developmental Disabilities case managers completed 276 billable units in July, continuing their strong performance into the new fiscal year. Contracted case managers with Valley Associates for Independent living billed an additional 18 units. In addition to completing paperwork (including 30 annuals and 86 quarterly reviews), case managers completed 754 distinct documented activities of assisting, linking, or monitoring in order to assist clients and their families. Of those 754 activities, 296 were face to face visits, either in the client's home, day activity or worksite, here at the Community Services Board, or other community site. The team continues to operate down one full time position, though we are continuing to interview.

Our outreach and intake position has now been actively in place for six months. Over that time, she is averaging 8.5 screenings a month. On average, a little over 2 individuals per month who are screened will be open for case management. In addition to "cleaning out" a backlog of referrals, the outreach/intake specialist is receiving an average of 6 new requests for screening per month. We anticipate an increase in the number of screening requests as Harrisonburg and Rockingham County prepare to start the school year.

We currently have 232 individuals on our local Developmental Disability Waiver Waiting List. Of that total, 88 individuals are deemed "Priority one", or in immediate need of service. Since the Department of Behavioral Health and Developmental Services has taken over the management of the waiting list, we are paying extra attention to review the waiting list regularly to ensure no clients are removed due to lack of contact.

We learned that in the current statewide allocation of new waiver slots, that the Harrisonburg-Rockingham CSB should be receiving a total of nine slots. Seven of those slots should be Family and Individual Supports (FIS) Waivers. Those waivers allow for numerous services in the community, such as supported employment or community engagement, as well as independent living services such as respite or supported living. The remaining two slots would be designated as Community Living slots, which include all the services in the FIS waiver, but also include group home and sponsored residential options. We expect the slots to be finalized and ready to allocate sometime in October.