

HRCSB Board Report – November 2019

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

Upended and relocation for all creatures great and small ~ Trees came down at the 1241 N. Main Street campus over the last two weeks, ultimately upending the homes for many small creatures and visually creating the reality that we are now entering first of many phases of construction. In thinking on how alarming it must be as a squirrel or bird to have your home removed in a matter of minutes, I am struck with the coinciding visual assault of having such a drastic change for our community on the north end of town. The end gain is worth every painful morning of searching for parking, traversing gravel, hearing the large equipment maneuver about, and ultimately watching the erection of our new “home” for all creatures great and small. The evolution for changes of such magnitude takes planning, communication, financial contributions and time. All of which HRCSB is grateful to have invested, and be invested, in.

On a similar but varied track is the planning, financial investment and operational rollout of STEP VA [Systems Transformation Excellence and Performance]. All 40 CSBs have received the financial investment by the General Assembly for Same Day Access, Primary Care Screenings and Outpatient Services. Each CSB continues to add clinicians to operationalize the first three steps to their completion. Strengthening access to community based services, with a focus on treating the whole person (behavioral health and medical health), is key for the recovery of each individual seeking services. Crisis continuum of care is the fourth and most complex step under construction. Like our work on the new building, there must be careful planning, communication, financial contributions and time to build this out successfully in each community and across the state. For many months the stakeholders of the public system have been in negotiation around both the definition and ownership of “crisis response”. We are not of the same mind and will continue to grapple with core elements until we land solidly on this programming as owned locally, regionally, privately or by the state. From there the remaining decisions will likely cascade into place based on available resources. The biggest decision is finding the right “home” for all creatures great and small.

Ellen Harrison, LPC, MBA

Administrative Services

Building Update



As the sign above illustrates the project is now official! The Sampson property at 1361 N. Main has been demolished and crews are clearing brush and trees to ready the site for construction and temporary parking. The picture below shows the empty lot and some of the tree remnants. Removal of so many trees has been hard to witness, but necessary. We look forward to when trees can be planted with new landscaping at the project’s completion. In the coming weeks at North Main, a new entrance will be created a bit further north of the current entrance that will be blocked off, but still accessible on foot.



Temporary parking will be established to take the place of current 1241 parking, most of which will be taken by the fenced area that will separate current operations from construction. It is anticipated that new graveled parking areas, combined with the already existing smaller lots, will come close to replacing what is being lost.

At McNulty, the site is being prepared to add the two small additions to the building which must be completed and inhabitable before interior renovations begin so there is space to

shift staff during the process.

As project activity gains momentum we are working hard to ensure that both visitors and staff are kept informed and up-to-date. Information displayed on waiting room televisions and signage posted on doors and throughout the buildings will alert visitors. We are also bringing together a group of staff to act as an agency “construction crew” to help answer questions and reinforce a positive approach to the very real work

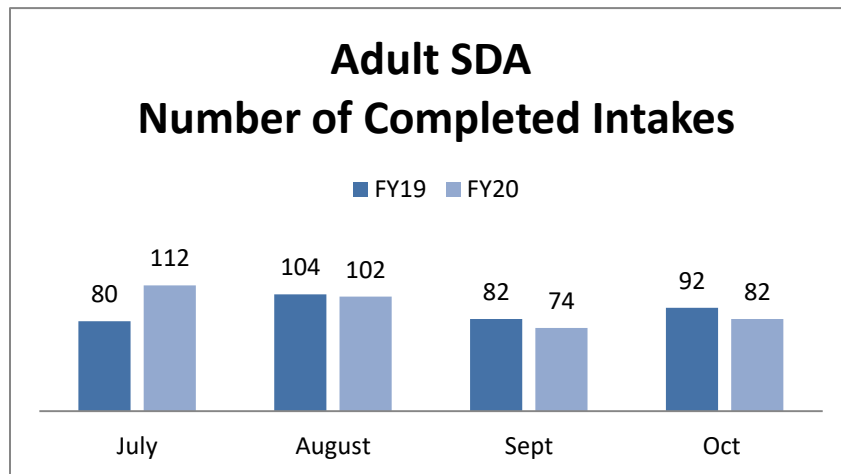
environment challenges that will occur. The board-wide email called the “HRCSB Construction Update” will be issued throughout the project. A sample edition covering parking is attached. We are very appreciative of Dan Jenkins, the agency’s Risk Management Specialist, who is authoring these emails and adding just a bit of humor in the process.

Adult Behavioral Health Services

Same Day Access - Adult Services

During the month of October, we completed 82 adult intakes. Due to staff vacancies we reduced the number of clinicians providing clinical intakes. It is our intention to increase the number of clinicians providing intakes once we are able to fill vacancies within the adult outpatient team.

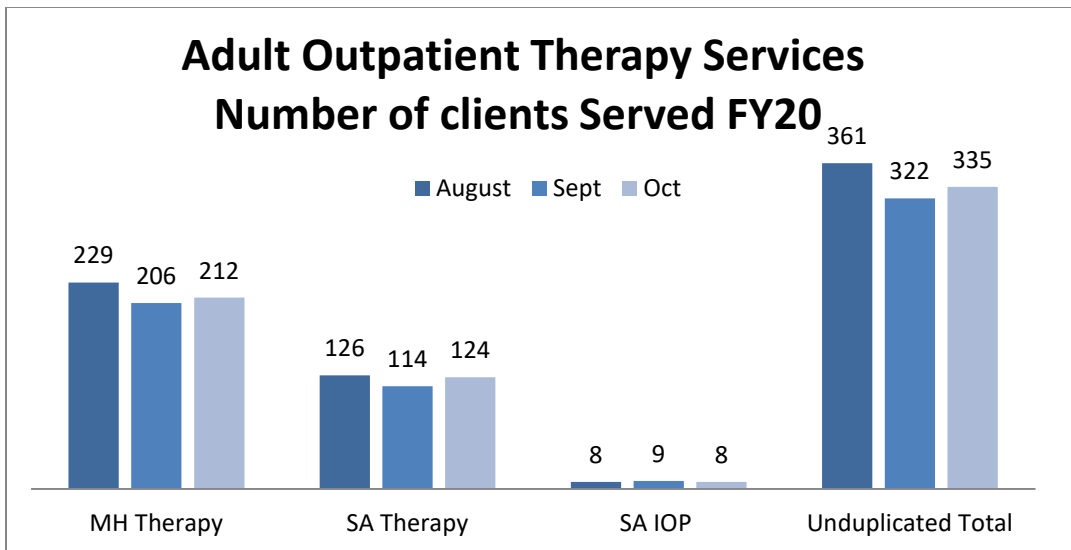
We are pleased to have hired Alexis Shiflet as our new Supervisor for Same Day Access. Alexis previously worked within our adult outpatient team as a therapist. Alexis will assume her new role Nov. 1, 2019, where she will be providing direct clinical and administrative leadership to the Same Day Access team and client process. Additionally, we have hired a new Same Day Access Clinician, Megan Martin, who will be providing clinical assessments to individuals seeking services; she will also be starting her position on Nov. 1, 2019.



Adult Outpatient Services

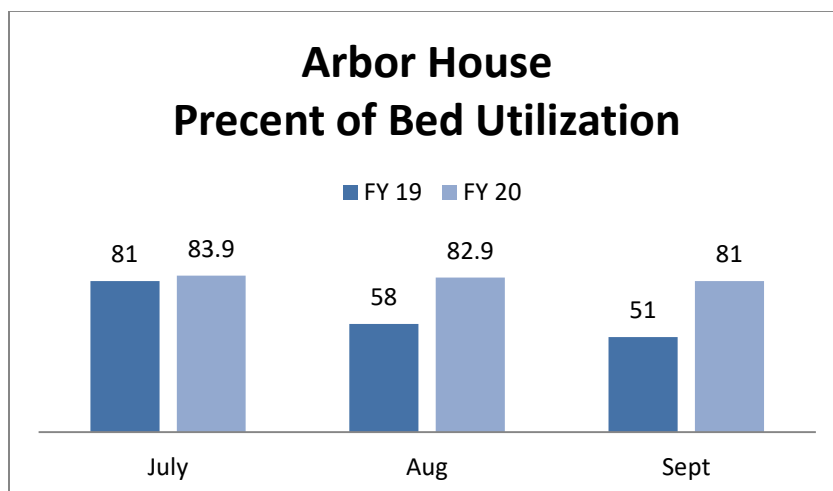
In October (Oct 1 – Oct 30), the adult outpatient team provided mental health therapy services to 212 individuals, 124 individuals received substance use therapy services and another 8 individuals received our intensive outpatient program, for a total of 335 unique individuals served.

One of our goals as an agency is to continue to provide opportunities for staff to strengthen clinical skills. For our adult outpatient team that often means additional training in specific evidenced-based treatment modalities. This past month one of our clinicians was able to attend a week long training in Eye Movement Desensitization and Reprocessing (EMDR) Therapy. EMDR is an effective treatment modality for working with individuals with symptoms of Post-Traumatic Stress Disorder. Our clinician will be working towards her certification in EMDR over the course of this fiscal year. We are excited to be able to provide this additional specialized treatment option to our clients and community.



Arbor House (Crisis Stabilization Unit)

For September, our bed utilization was 81% which means we continued to average ≥ 5 beds filled. For FY20, our year to date is bed utilization 82.6%, which is above the 75% utilization required by Department of Behavioral Health and Developmental Services.



Community Recovery Services

Residential Services

Our adult residential services provide supportive housing to up to 16 individuals in two locations. The primary goal of the program is to provide safe and supportive housing to individuals transitioning from the state hospital into the community. Currently, we have 15 residents. Residents receive one-on-one skill building with a staff member several hours a week. The program uses a skill-building model that begins with an assessment of client goals, discovery of strengths and needs across life domains, and then formulates an individual service plan relating to wholeness and wellness in physical and mental health, social connectedness and functions of daily living, especially oversight of medication administration. Staff use a person centered approach through skill building to support the client in their recovery. For many of our residents, a significant goal for them is to be able to gain and maintain the skills necessary to live more independently in the community. Through our program, we are able to provide the support and supervision individuals need to be able to integrate back into the community. During the last calendar year we have been able to successfully transition several of our long-term residents into independent living situations within the community.

Summit House



On Tuesday October 8th, Summit House journeyed to Washington DC for a day of museums, tourism and socialization. There were 20 members who attended the trip, meeting staff bright and early to load into the charter bus. The group was dropped off outside of the Hirshhorn Museum and spent the day visiting museums along the mall. Members visited a variety of Smithsonian Museums including the Natural History Museum, American History Museum, the Air and Space Museum, and Museum of African Art. Some members even ventured to the Museum of the Bible. Members were provided an opportunity for a packed lunch, while others journeyed to the Old Post Office to partake in a variety of food options available. Summit House staff (pictured to your left) worked diligently to plan and provide this trip at no cost to members to include all those who wished to attend. Arrangements for transportation were made possible through the

Pear Street Consumer fund, which is maintained through funds generated by annual fundraisers facilitated by Summit House members as well as private donations.

Western State Hospital

For the month of September, Western State Hospital (WSH) Census report, we had an average census of 14 and a census/100000 population of 10.9.

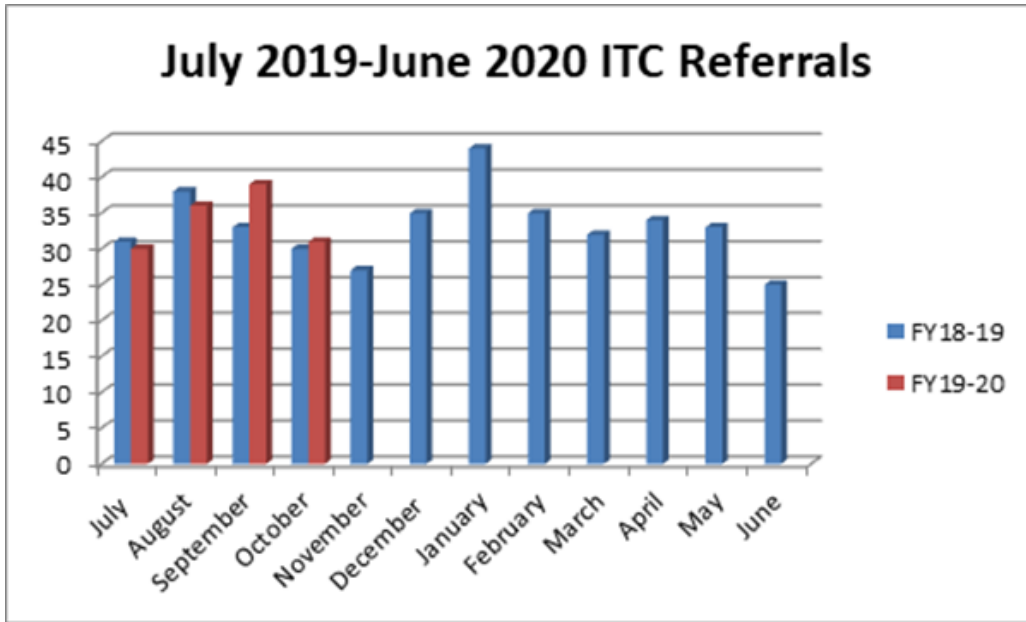
Adult Mobile Crisis

In October we learned that our community has received additional funding through the Bureau of Justice Assistance to expand our Mobile Crisis program. Over the next several months we will be working with our community partners to implement the expansion of the program. Currently our mobile crisis team, which consists of a licensed clinician and a law enforcement officer, is available 20 hours a week. With the expansion, we will be adding an additional 40 hours a week of coverage. Our Mobile Crisis team assists individuals in our community during a behavioral health crisis. Through this service, individuals are provided intensive support for brief period of time in order to stabilize the individual with the goal of reducing the likelihood of that individual needing to be hospitalized for mental health reasons.

Child and Family Services

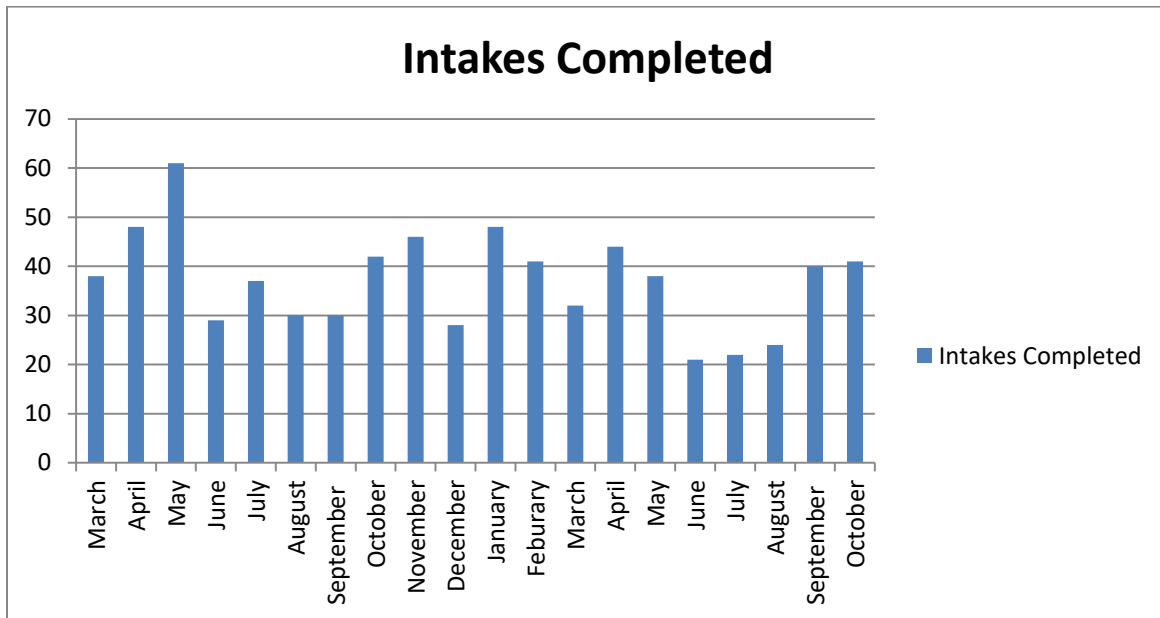
Infant and Toddler Connection

Our October child count was 167 infants and toddlers. We received 31 new referrals this month and we are trying to get as many children evaluated for eligibility before the December 1st child count that impacts our funding for the following fiscal year. We are visiting the local childcare centers and are giving them bags with information for every child from birth to 36 months of age. We also participated in a statewide meeting in Staunton where one of our mothers spoke about our program and the services she received and how pleased she is with the progress of her child.



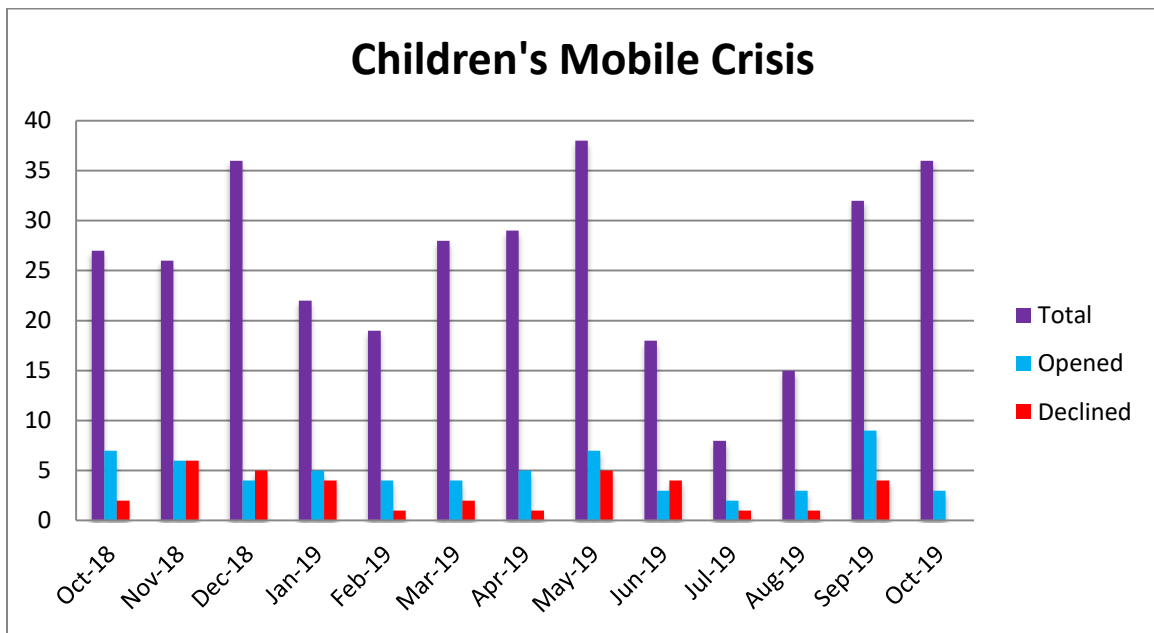
Other Children’s Services

Our early intervention clinicians that work in the schools are currently serving 239 middle and high school students. In October, we brought in 34 new clients to Outpatient Therapy Services. Our newest therapist is getting her caseload filled and we are currently serving 497 children and adolescents. In our Children’s Case Management services, we have 225 families open with 15 more on the referral list. We are also serving 12 families in the Family Care Coordination program.



In our children’s mobile crisis program we had a total of 36 contacts with children and families in crisis. The schools are large source of referrals, but more and more often the front desk is getting calls from parents who have been told about the service and they are referring their own child.

In prevention we are working with the Church World Services on a social norms campaign to support resilience in our community, with special attention on the refugee population. We have also been working with Rockingham County Schools by participating on a panel after the screening or a movie “Paper Tigers” at all of the High Schools. We also worked with the staff and the students at Broadway High School to implement a program called Sources of Strength. Under our suicide prevention initiative, we completed a Mental Health First Aid with the local Goodwill staff. With the Opioid initiative, we partnered with the North American Spine and Pain clinic to provide them with 21 lock boxes with CSB brochures and medication deactivation packets for their high risk patients.



Developmental Services

Developmental Disabilities (DD) Case Managers billed 284 units for the month of September, with contracted DD case managers from Valley Associates for Independent Living completing an additional 18 billable units. Case Managers also completed 301 separate face to face visits with clients, either in their home, at their work or day support, or here at the CSB. In addition to face to face contacts, case managers completed 443 separate contacts to assist with linking clients to services, or monitoring

their satisfaction. Case managers also completed annual 13 annual plans for either Waiver or State Plan option case management.

There are 215 individuals on the DD Waiver Waiting list awaiting. There are currently 63 individuals on Priority 1 status or deemed most in need of services, followed by 93 on Priority 2, and 59 on priority 3. There were 5 new requests for waiver screening in September, with 4 screenings completed. Thus far this year we've received 54 requests for waiver screenings, and have completed 37. DD Case Managers have been working diligently to begin services for each of the 18 individuals who received DD waiver slots last month. For now, we have 212 individuals receiving DD Waiver services. Of those 212, 85 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 visits every 30 days, with 2 out of every 3 visits occurring in the client's home. The goal to have service plan data transfer automatically from our electronic health record to the statewide waiver management system (WaMS) was not realized by the October 7th department mandated deadline. From a practical standpoint, this has meant some change to case manager's workflow as we try to adhere to the requirement that all service plan data is in WaMS. We continue to hope that a technical solution is forthcoming.

We were pleased to welcome for a visit Laura L. Nuss, MS, Deputy Commissioner for the Division of Developmental Services. Ms. Nuss met with Executive Director, Ellen Harrison, and Developmental Services Director, John Malone, on October 7th. We had a good discussion regarding the Department's goals and vision for developmental services, as well as the current challenges and barriers we hope to jointly address. We look forward to working with Ms. Nuss in the future.