

# HRCSB Board Report – June 2020

---

**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

I find it difficult to be succinct given the degree of work and change that has occurred over the last 12 weeks due to regular business demands and the complicating variable of a pandemic. Every single employee has had the *how* and *where* of their job affected by COVID-19. Additionally, our community has also struggled with determining how safe it is to seek and engage in services. As such, HRCSB has consistently followed CDC guidelines to institute any and all necessary provisions to keep everyone as safe as possible while keeping our doors open and ensuring services are accessible over time. Service delivery continued in 85% of all program areas with mandated cessation of school based services, group therapy, psychosocial rehabilitation, and the deployment of clinicians into areas of high risk exposure for COVID-19 in the community. In partnership with public and private health insurance companies, state officials and regulatory bodies, we have expanded telehealth and adopted telephonic means of delivering services during the state of emergency as declared by Governor Northam. This low-touch delivery of services has further allowed HRCSB to reduce foot traffic in the child clinic by 75% and adult clinic by 63%, in addition to a fairly robust work from home practice for relevant departments in essence creating more social / work space in the clinics.

At the state level for the Department of Behavioral Health and Developmental Services (DBHDS), we have seen a temporary pause on the remaining STEP-VA initiatives due to economic restrictions, a temporary pause on Behavioral Health Enhancement initiatives with the Department of Medical Assistance Services, and an extension of the existing Performance Contract with DBHDS through December 31, 2020. The Performance Contract extension allows for continued service delivery and restricted funding as it exists until the Governor and General Assembly can reassess economic indicators and adjust the state budget as necessary for the remainder of FY2021.

While many things are either paused, reconfigured and just unknown, we remain energized that our mission to serve the Harrisonburg-Rockingham community continues to progress as evidenced by the completion of renovations at the McNulty Center, tangible progress with new construction on Main Street and the addition of 17 new clinical positions in the first three quarters FY2020 due to continued growth in child and adult services.

*Ellen Harrison, LPC, MBA*

## Administrative Services

### Building Update

A silver lining in all the current disruptions is that interior renovations to McNulty Center were able to be done more quickly and efficiently with fewer clients and staff in the building. While it still entailed many moves, shifting of furnishings, and lots of noise, we are extremely pleased this part of the project stayed on, or ahead of, schedule and the building looks beautiful! The new and renovated space will enable the children’s center to provide services in an expanded and refurbished setting until the move to the new building. Developmental Services will join Infant and Toddler Services in this space once the Main Street part of the project is complete. Many thanks to McNulty and HRCSB administrative staff, and contractors and subs, all of whom made it a well-coordinated and positive experience overall. We look forward to sharing the building with anyone interested in seeing it as soon as we can, but in the meantime, the Board mailing includes a “McNulty Today” newsletter with lots of pictures.



Construction at Main Street has also continued as evidenced in the picture above. The outline of the new building is indicated by the white line representing cinderblocks laid to the first floor level. The new parking area was completed in March enabling all staff and visitors to park at several locations around the building. Warmer weather and a bit less rain have meant that the building site is active and moving throughout the day and we are seeing real progress. The current timeline gives a building completion date of mid-March 2021 and a project completion, following demolition and parking expansion, of mid-June!

## ADMINISTRATIVE SERVICES FOCUS IN RECENT MONTHS

### **Building Maintenance and Support:**

Efforts have focused on keeping the buildings safe and clean via signage, the addition of Plexiglas barriers at reception desks, readily available hand sanitizer, and the provision of cloth and paper masks and other personal protective equipment (PPE) as availability and resources allow. We have been very appreciative of some donations of PPE from individuals and organizations in our community.

### **Clerical Services:**

Clerical staff has done an amazing job being present, positive, and reassuring to callers and visitors during a very challenging time. As we've moved through implementing new work modalities, what information is shared, how services are scheduled, and long held protocols and restrictions have all changed, meaning that clerical has needed to update their script and directions almost weekly. This has occurred willingly and very capably.

### **Compliance:**

Very early on in the pandemic, Medicaid and the Managed Care Organizations (MCOs) who administer Medicaid in Virginia allowed mental health services to be provided via video platforms or by telephone, as well as in person. This has enabled us to not only provide services more safely for clients and staff but to also maintain billing, particularly with services like case management, at almost normal levels. Another positive has been that payers have not required much change in documentation or coding but it has necessitated efforts to ensure that we don't overlook anything that is required, or do more than is required to the detriment of returning things to normal at some point.

### **Information Technology (IT):**

IT staff was called upon to evaluate and implement software meeting platforms and equipment in accelerated time frames to enable staff to be able to deliver services safely. Confidentiality regulations have been greatly relaxed during this unprecedented time, but we continued to make it a priority to select the options that provided the most security when possible. All of this was occurring while McNulty renovations were necessitating disconnecting and moving equipment, and then moving and reconnecting multiple times in a short period of time. IT staff rose to these challenges and are to be greatly commended for their stellar work during this time.

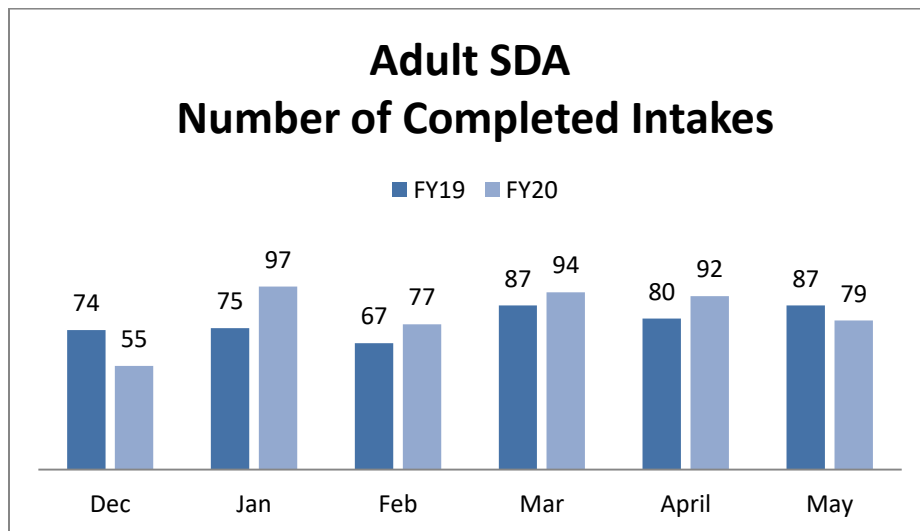
## Adult Behavioral Health Services

Over the past three months all of our adult programs had to adapt to a new way of operating and providing services to our clients during this unprecedented time. This certainly brought about new challenges that we haven't faced before and required thoughtful but timely responses to best meet the needs of our clients and our community. Our staff has been faithful to our mission and has worked with us to continue to find creative ways to balance the need for safety while still providing meaningful and necessary services to our clients. We couldn't have continued serving in the capacity we have without the dedication and hard work of each employee, for that I am extremely proud and grateful. In the following sections, you will read about not only the number of individuals we have been able to continue to serve but the necessary changes to our services and programs that made it possible.

### Same Day Access - Adult Services

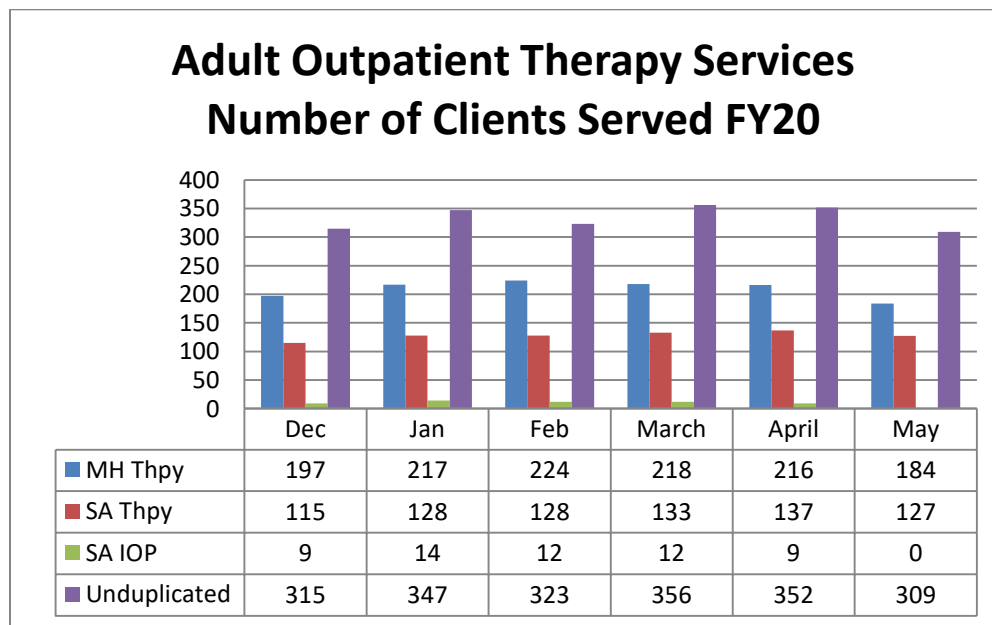
Currently we are providing Same Day Access through telehealth (video conferencing and/or telephone) and in-person options. We made the transition to this new format during April and have been successful in continuing to average the same number of completed intakes. In addition to providing the telehealth option, we have moved into a hybrid system of scheduling and same day availability for intakes. It is our intention to return to the full Same Day Access model at some point in the future.

For the month of March we completed 94 intakes, April completed 92 intakes and from May 1 – 27 we completed 79 intakes. Although we had to adapt our delivery system, we have been successful in providing access to services with minimal disruption.



## Adult Outpatient Services

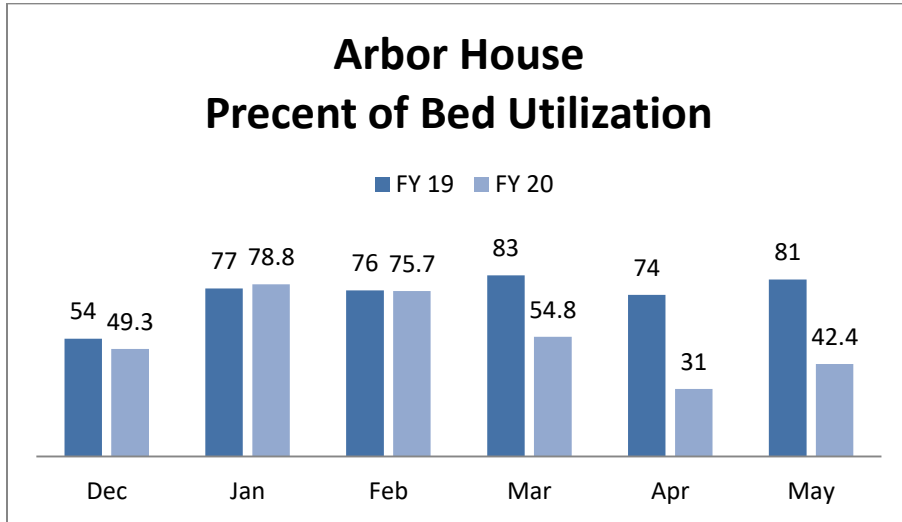
At the beginning of April, our outpatient team discontinued providing group therapy sessions and transitioned group members to individual therapy. Individual therapy services transitioned from in-person sessions to primarily telehealth (video conferencing and/or telephone) sessions and in-person primarily when clinically indicated. As indicated below, our number of clients served in outpatient therapy services is consistent with other months this fiscal year, with the exception of our Substance Use Disorder IOP program since that is only provided in a group format. Additionally, May's numbers only reflect the time period of May 1 through May 27<sup>th</sup>. Although the number of clients that we have served does not appear to be impacted by the corona virus, the number of services provided has decreased from last year during this same time period. For example, in March 2019 we provided a total of 826 therapy services, while this year we provided 767 therapy services. In April 2019 we provided 917 therapy services, while this year we provided 662 therapy services. The noticeable difference can be contributed primarily to the loss of providing group therapy.



## Arbor House (Crisis Stabilization Unit)

In mid-March, Arbor House reduced overall capacity from 7 to 5 individuals. This decision was made to ensure that each individual could have their own bedroom. In addition, Arbor House adapted their group space to provide the recommended 6 feet of distancing and has been utilizing the outdoor courtyard when appropriate for group meetings. We did have a period of 7 days that Arbor House was closed due to a potential corona virus exposure in mid-March. The team took that opportunity to provide a thorough cleaning of the site and identify additional safety precautions based on Center of Disease Control (CDC) and Virginia Health Department (VDH) for staff and residents. There has been a noticeable decline in our overall bed utilization

due to reducing our capacity and having several periods where we did not have any admissions. For March our bed utilization was 54.8%, April was 31% and from May 1 – May 27 it was 42.4%. For FY20, our average bed utilization is 67.9% which is below the state required 75% bed utilization.



## Community Recovery Services

### Mental Health Case Management

Our Mental Health Case Management services have continued without much disruption. The noticeable difference is that we are providing more support and coordination of services through telephone contact and have limited the amount of face to face contact. Case managers have worked with their clients to support and educate them about appropriate safety precautions when in the community. As needed, case managers have gone grocery shopping or picked up medications for clients so that clients could limit their time in the community. In March we served 383 clients and April we served 372 clients, both months are down from last year where we served 401 in March and 406 in April. The reduction in clients served can be contributed to the fact that we have transitioned approximately 30 clients from targeted case management services to mental health coordination level of care. This transition occurred due to clients no longer needing the level of support that case management provides.

### Mental Health Skill building

Mental health skill building is a service that is provided with the client either in the community or in their home working on independent living skills. In early April, the mental health skill building team transitioned to providing support primarily through phone contacts and as clinically needed face to face contact. The staff continues to check in regularly with their clients to offer support and guidance on how to manage life under the given circumstances. In some circumstances staff have continued to take clients grocery shopping and to medical appointments.

## **Residential Services**

Our Residential services have also been adapting their practices to ensure the safety of our residents and our staff, following the recommended guidance from Center of Disease Control (CDC) and Virginia Department of Health (VDH). Our residential staff has been increasing their one-on-one interactions with residents to provide support which was previously done in group settings.

## **Western State Hospital**

For the month of February, Western State Hospital (WSH) Census report, we had an average census of 15 and a census/100000 population of 11.5. For the month of March, we had an average census of 16 and a census/100000 population of 11. For the month of April, we had an average census of 16 and a census/100000 population of 10.3

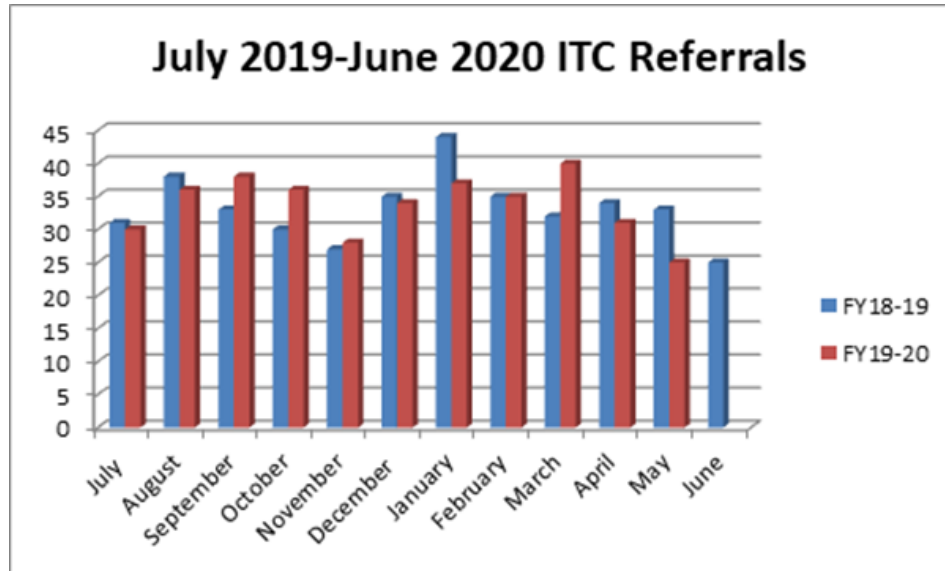
## **Emergency Services / Adult Mobile Crisis Services**

Our Emergency Services department typically operates on-site at HRCSB, on-site at Sentara RMH and in the community, providing services face-to-face. During this period of the pandemic we have been able to utilize telehealth options for crisis services. Our staff continue to provide some face to face services for individuals during business hours that are on-site at HRCSB, all other crisis services are being provided via telehealth and only in person if absolutely necessary.

## **Child and Family Services**

### **Infant and Toddler Connection**

March, April and May have brought on many changes with how our services have been handled internally and managed externally. The Infant and Toddler staff halted home visits March 13<sup>th</sup> due to the COVID-19 pandemic and have been able to conduct visits via telehealth. Part C was permitted to use of Google Duo, Facetime, and Zoom which has allowed the families and staff to be safe, but also continue services for their children. We have also been working with the Parent Educational Advocacy Training Center (PEATC), an advocacy group for parents with children with disabilities. Our speech pathologist, Michelle Beher presented a webinar and question and answer session for the training center. We will be continuing this collaboration with our physical and occupational therapists. Our current child count is 180 and our referral for the April and May were slightly down.



## Wellness and Prevention

Our Health and Wellness program has been working with the Substance Abuse Block Grant (SABG) in the following ways:

- On March 6<sup>th</sup>, Brandy met with the burgeoning Faces 4 Change Coalition at City Hall. Their goal is to address substance use and ACEs (Adverse Childhood Events) in the northeastern community, but may expand to other at risk communities in Harrisonburg.
- The Spring Teen Health Fair was conducted virtually this year, so Brandy recorded a video discussing mental health concerns and CSB services: <https://iihsteenhealthfai.wixsite.com/jmu2020?fbclid=IwAR1yvZBa0U3c2sJGgO5OZa7-OhA4fcS8QjFi0-JqGZw7nxWxDIs4iDO-NP4>
- Brandy has been asked to present at various community meetings on current MH trends, what constitutes a mental health concern, positive coping strategies/resilience fostering strategies to try, and additional national and local resources.
  - April 23<sup>th</sup>, Futuro Latino Coalition
  - A radio show with Beth Bland of VPAS: <https://wsvaonline.com/podcasts/wsva-early-mornings-4-27-20-issues-in-aging-presented-by-vpas/>
  - May 1<sup>st</sup> for RCPS’s English as a Second Language Teachers
  - May 7<sup>th</sup>, Healthy Community Council’s Steering Committee
  - May 18<sup>th</sup>, PAC Workshop with VHD, Futuro Latino, and the Shenandoah Valley Migrant Education Program:





**YOU ARE NOT ALONE!**  
**"BUILDING RESILIENCE AND PROTECTING YOUR FAMILY DURING THE COVID-19"**

**MONDAY, MAY 18TH**  
**4:30 PM – 6:00 PM**

**FOR MORE INFORMATION OR TO REGISTER PLEASE CALL: 540- 820-1130**

- WE WILL GIVE YOU TOOLS ON HOW TO COPE DURING THIS CHALLENGING TIME OF COVID-19.
- WE WILL SHARE INFORMATION ON HOW TO PROTECT YOUR FAMILIES FROM COVID-19.
- WE WILL SHARE AVAILABLE RESOURCES IN THE COMMUNITY TO SUPPORT YOU DURING THIS DIFFICULT TIME.



- So assisting in providing information to community members, and give resources that they can share with their staff and consumers, Brandy has developed the following infographics. Please see attached.

## Opioid Response:

- We're finalizing the media for the "Hard on Drugs" campaign for the SOR prevention grant. Links to approved materials:
  - PDFs for the bus ads:
    - <https://www.dropbox.com/sh/n41pmgjfocezg6t/AAA8uP-2UpKtXSF5B2dwraVla?dl=0>
  - Banner ad for bus shelter gifs:
    - [https://www.dropbox.com/sh/wq8ho49hvzwlG04/AAA\\_pkL8HwGw4dP8k9Wc9bu9a?dl=0](https://www.dropbox.com/sh/wq8ho49hvzwlG04/AAA_pkL8HwGw4dP8k9Wc9bu9a?dl=0)
  - Banner Ads for Social Media:
    - <https://www.dropbox.com/sh/aoie46zlevhj7vx/AAAEjyHiwpc76oRlpEHvdkGOa?dl=0>
  - TV/Video Spot:
    - <https://vimeo.com/417772840>
    - Password: MPI
- We've seen an increase in clients asking for med lock boxes. Brandy has been working with Substance Use Disorders case management to keep the adult building in stock of lock boxes. So far we've given out 20 small lock boxes, 5 medium, and 12 large.

## Suicide Prevention

- We worked with the adult services (Main Street clinic) to provide resources and information for postvention work in the community. We provided 70 HRCSB branded notebooks, brochures, and reworked an infographic to address grief modeled after the “Social Distancing Wellness Tips” format.
- The new lock and talk website will launch May 30<sup>th</sup>! We plan to host a virtual launch party with other CSBs who use the Lock and Talk program, DBHDS, and other community partners like CIT, Veteran Services, and Poison Control.

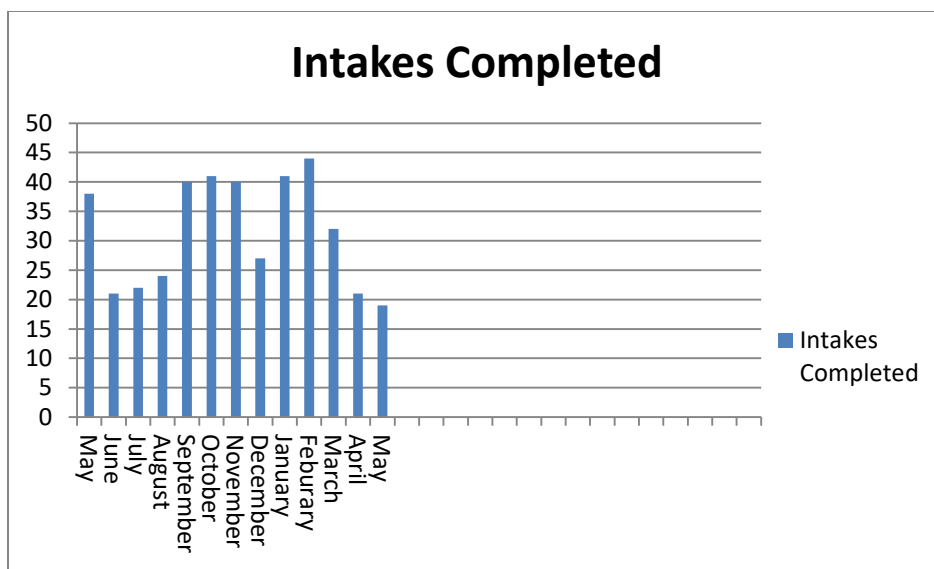
## Out Patient Therapy

In the wake of COVID-19, our therapists have been very flexible and dedicated to continue to provide services in ways that keep themselves and the clients safe. When the pandemic began, we transitioned very quickly into offering telephone therapy when people were unable or felt uncomfortable coming into the office and on April 8, we introduced the option of conducting therapy via telehealth using the doxy.me platform. Since that time, we have utilized telehealth or telephone for the majority of our therapy services while still allowing for some face to face appointments when clinically necessary and following guidelines for safety. In March, therapists had contact with 354 unique clients providing billable services to 288 of them. In April, they had contact with 268 total unique clients, providing billable services to 190 of them. As of May 22, this month they have had contact with 262 unique clients, providing billable services to 176 of them.

We had 2 therapists who elected to not come in to the office through the majority of the pandemic due to pre-existing health concerns and one of those therapists recently turned in her resignation. We also had another therapist turn in her resignation with last day near the end of April. We are actively recruiting to fill the open positions.

## Early Intervention

Our school based Early Intervention team’s last day in school was March 12<sup>th</sup> before COVID-19 brought on a very quick and unexpected end to the academic year. Throughout the next month, our Early Intervention Clinicians spent time providing a final outreach and support to students, wrapping up their caseloads, coordinating with and supporting school staff, and working on trainings and professional development. They have been on furlough since April 16<sup>th</sup>. We are in discussion with our central office liaisons for both Harrisonburg City and Rockingham County schools regarding plans for next school year.



Intake: March – 32 Completed intakes

April – 21 completed intakes

May (so far) – 18 completed intakes

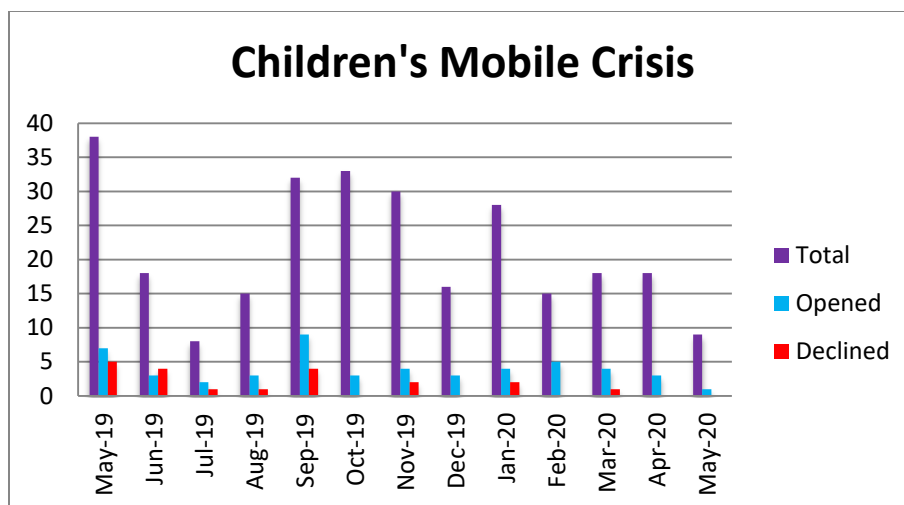
We have continued to provide intakes throughout the pandemic. There was an initial slow down, but once we began completing intakes via telephone or doxy.me, we have seen more consistent numbers.

### Children’s Community Based Services

Our children’s case management (CCM) and Family Care Coordination (FCC) programs have been able to work remotely but still stay connected to their families through the telehealth platforms. We welcomed a new case manager in March, and she is building her caseload rapidly. We currently are serving 249 clients in CCM and 22 in FCC services.

### Children’s mobile crisis

Our children’s mobile crisis program has slowed down also during the pandemic. We worked with 18 adolescents in March, 18 in April and only 9 in May. We have been able to open some cases in person in our facility, and in other cases by doxy.me or telephone.



## Developmental Services

For both the months of March and April, Developmental Disabilities (DD) Case Managers billed 293 units, with contracted DD case managers from Valley Associates for Independent Living completing an additional 18 billable units. Typically in this section I will report on the number of in home face to face visits completed by our case managers. However, all face to face visits have been suspended due to the current public health emergency.

There are 215 individuals on the DD Waiver Waiting list awaiting services. There are currently 68 individuals on Priority 1 status, followed by 91 on Priority 2, and 56 on priority 3. With schools being out, our requests for waiver screenings and intakes has slowed considerably.

Currently we have 219 individuals receiving DD Waiver services. Of those 219, 77 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. Again however, those requirements have been temporarily suspended.

This report would be incomplete without giving some space to describe how the public health emergency has affected our department, our community partners, and our clients. It has, of course, been very disruptive. For clients, group day activities have been shuttered, and services that provide assistance in client's homes or in the community have been significantly limited. Like many of us, our clients have been isolating at home, and again, like many of us they are dealing with the stress and anxiety that comes with those circumstances.

Many of our community partners are facing financial challenges based upon disruption of billing, as well as increased logistical challenges regarding staffing and acquisition of adequate personal protective equipment. We are greatly appreciative of their efforts, and in particular the work of the direct support professionals, who are working extra hard to keep our clients safe.



Our Developmental Disabilities staff has been working from home almost exclusively for the past few months. From a billing perspective, you would notice no difference from previous months. What has felt different is the camaraderie and collaboration that comes with being together. We are eagerly looking forward to our next in-person staff meeting, which is quite a sentence to write.

We would also like to mention the retirement of Brenda Kniss, one of our long-time case managers. She provided excellent services for her clients and we will certainly miss her.