

HRCBSB Board Report – July 2020

Ellen Harrison (Executive Director)

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Message from the Executive Director

Even the most mundane actions are wrought with challenges during these times of a global Pandemic. The Performance Contract between the Department of Behavioral Health and Developmental Services (DBHDS) and the 40 Community Services Boards of Virginia was derailed to the degree that the only viable solution is a 6-month extension on 95% of the document and nominal changes to sections relating to the Department of Justice Settlement Agreement for Developmental Disability Services across the state. Based on the actions of the General Assembly, there was no new funding or initiatives specific to STEP-VA [Systems Transformation for Excellence and Performance of VA] pertaining to the buildout of nine core services for all CSBs meant to be initiated simultaneously. The crux of the initiative was to provide a much more robust and standardized continuum of care for all children and adults residing in the commonwealth seeking mental health and substance use services. To date, CSBs have operationalized Same Day Assessments, Primary Care Screenings, and partially built out Outpatient Therapy services. DBHDS is currently working on replicating a mobile crisis response model across Virginia that entails a regional construct and operation; minding that HRCBSB is in a defined region with eight other CSBs comprised of 13k square miles and 1.6M people with eight CSBs rural and one urban. The remaining 5.5 steps are on hold until the economic indicators for Virginia show signs of recovery and moving in a positive direction.

While HRCBSB clinics have been open through the entirety of the pandemic, we are starting to enjoy more foot traffic in both child and adult clinics for intakes, therapy and medication management appointments. Further, we are actively planning on how to safely re-open groups and home-based / community-based services now that we have been given the approval to cautiously proceed for specific services. At this time, HRCBSB will continue to offer services via a myriad of methods including telephonic, telehealth and face-to-face depending on the environment and mandates that are meant to protect both clients and employees.

Ellen Harrison, LPC, MBA

Administrative Services

Building Update

Work continues at Main Street at a steady pace even with the frequent rain. Block work on the elevators and stairwells is almost complete and the concrete slab for half of the building’s first floor has been poured. We continue to be very excited as each step in the process becomes more visible and are so thankful that for now, the project remains on schedule.

ADMINISTRATIVE SERVICES FOCUS IN RECENT MONTHS

Performance Contract:

The current Department of Behavioral Health and Developmental Services (DBHDS) Performance Contract will be extended for an additional six months with several revised exhibits and the contract budget that was due in late June. The revised exhibits are summarized and included with the meeting agenda packet.

COVID Adjustments:

Medicaid and the Managed Care Organizations (MCOs) that administer Medicaid in Virginia have continued to allow services to be delivered via video platforms and telephone, and as Virginia moves through the phases of reopening, is taking a measured approach to restarting groups and psychosocial programs like Summit House. They anticipate a time frame and guidelines for reopening that are consistent statewide.

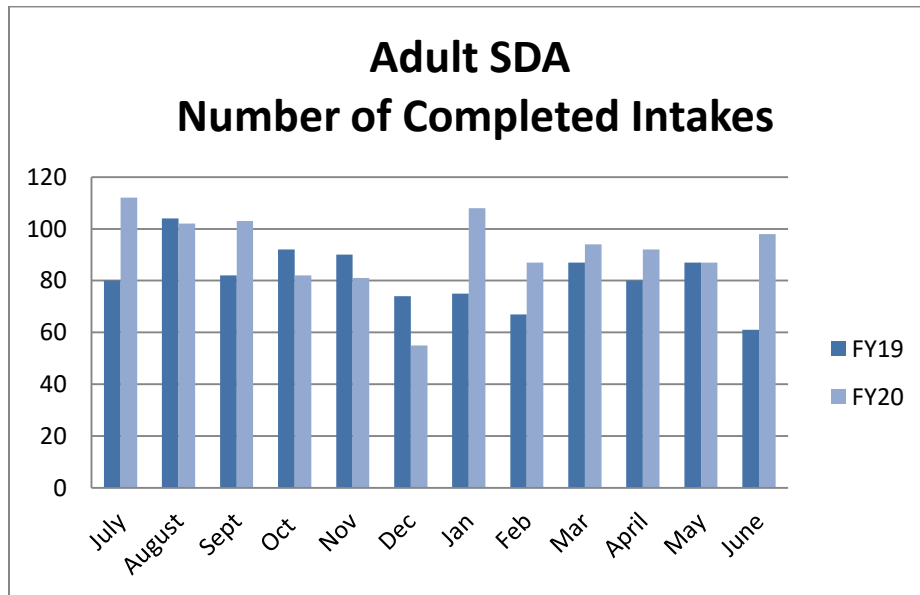
We have gradually restarted most of the agency’s internal meetings and trainings that were paused during the start of the pandemic. It is beneficial to see and hear one another, but the unpredictability of video connections and inherent communication challenges especially when talking through masks have made it challenging at times. We look forward to eventually being able to connect more directly but also appreciate knowing the process and protocols if and when things need to be done remotely again.

Adult Behavioral Health Services

Same Day Access - Adult Services

We have continued to provide Same Day Access through telehealth (video conferencing and/or telephone) and in-person options. We have also continued our hybrid system of scheduling and offering same day availability for intakes whenever possible. It is our intention to return to the full Same Day Access model at some point in the future.

For the month of June we completed 98 intakes. For FY20, we completed a total of 1101 intakes which is averaging 92 intakes per month. For comparison purposes, in FY19 we completed a total of 997.

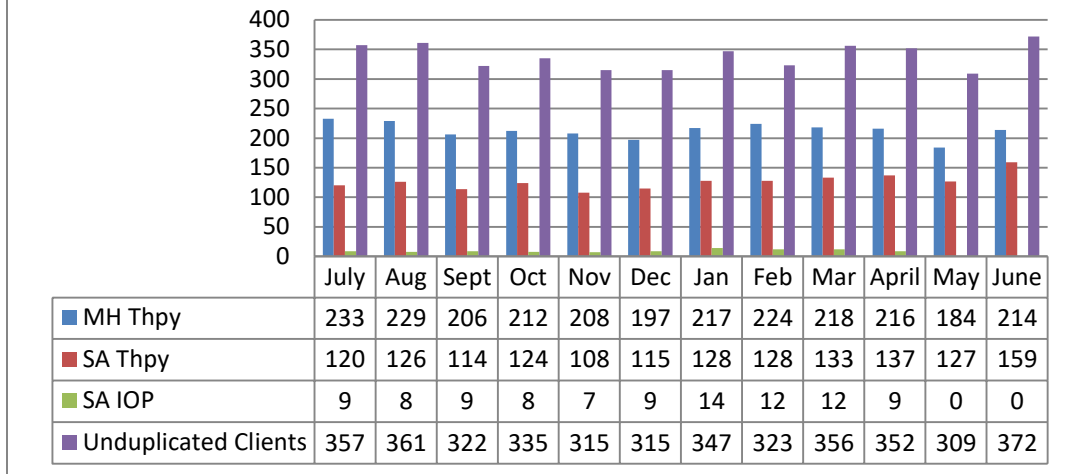


Adult Outpatient Services

In April, we had made the decision to discontinue our group therapy services and provide only individual therapy services based on safety concerns related to the pandemic. This resulted in a “pausing” of our SA IOP program, as well as, 9 other groups. This was a significant shift for our staff and our clients. We have been following the guidance of our Governor and participating in discussions with Department of Medical Assistance (DMAS) and Department of Behavioral Health Services (DBHDS) on when to safely resume group services. We are hopeful that we will be able to resume services in August, recognizing that there is a chance that we will once again have to “pause” our group services in the future depending the course of the pandemic.

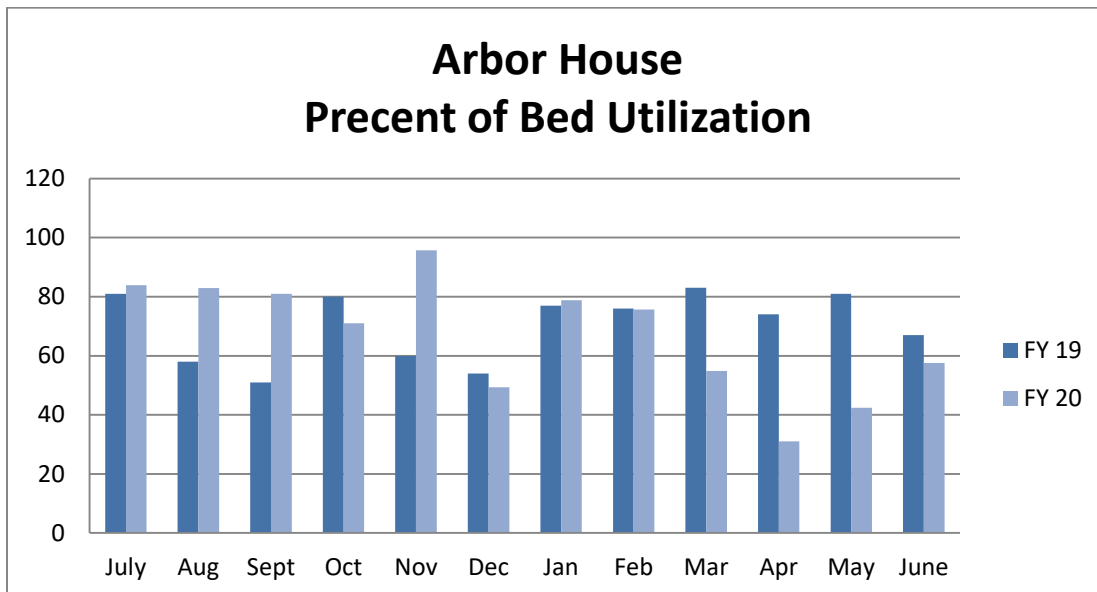
For the month of June, we provided mental health therapy to 214 unique clients and provided 159 unique individuals substance use therapy services, for a total of 372 unduplicated clients served in therapy services.

Adult Outpatient Therapy Services Number of Clients Served FY20



Arbor House (Crisis Stabilization Unit)

Arbor House has continued to set our maximum capacity at 5 individuals. This decision was made to ensure that each individual could have their own bedroom. We will continue to assess the ability to safely resume 7 person capacities over the coming weeks and month. For June, our bed utilization was 57.6%. For FY20, our average bed utilization is 67.4% which is below the state required 75% bed utilization.



Community Recovery Services

Mental Health Case Management

In FY20, Mental Health Case Management has provided services to 466 unique individuals. For the month of June, the team provided services to 334 individuals. In FY19, we provided case management services to 478 unique individuals. During this year, our case management team had several staff transitions that resulted in lower total number of clients served for several months.

We are excited that we were able to hire three new case managers that started their positions with the agency on July 1, 2020. We are filling two vacancies and created a new case management position to work with our residential clients and individuals in our new Permanent Supportive Housing program. The additional staff will help us to keep caseload numbers manageable so that our staff can provide quality care to our clients.

Mental Health Skill building

In FY20, we provided services to 60 unique individuals. For comparison purposes, last fiscal year we provided services to 62 unique individuals. Our program continues to hold steady in an environment with increased pressures to justify the need for this service to continue in supporting and working with individuals with long-term persistent and serve mental illness.

Permanent Supportive Housing Program

In May 2020, our agency was awarded funds from the Department of Behavioral Health and Developmental Services (DBHDS) to start a Permanent Supportive Housing program. This program is designed to provide stable housing to individuals who are seriously mentally ill and have a history of chronic homelessness or housing instability through providing housing vouchers to subsidize the cost of housing and providing supportive services to increase the likelihood that individuals can remain in their housing. This program is a partnership between HRCSB and Harrisonburg Redevelopment Housing Authority (HRHA). The program will serve up to 30 participants.

Summit House

In March we had made the decision to temporary close Summit House due to the pandemic. Over the last several months we have been following the guidance of our Governor, Department of Medical Assistance Services (DMAS) and the Department of Behavioral Health Services (DBHDS) in determining when to resume services in a group format such as Summit House. We are hopeful that we will be able to resume the

program by August 1, 2020 with additional safety precautions implemented to ensure as much safety as possible for clients and staff.

Western State Hospital

For the month of May, Western State Hospital (WSH) Census report, we had an average census of 16 and a census/100000 population of 12.4.

Emergency Services / Adult Mobile Crisis Services

Emergency Services team continues to be active in supporting individuals during times of crisis. In FY20 they completed 713 prescreens. This is slightly lower than the 874 completed in FY19. It is unclear of the reason for the decrease. The team continues to provide prescreening assessments via telehealth and will continue do so for the foreseeable future.

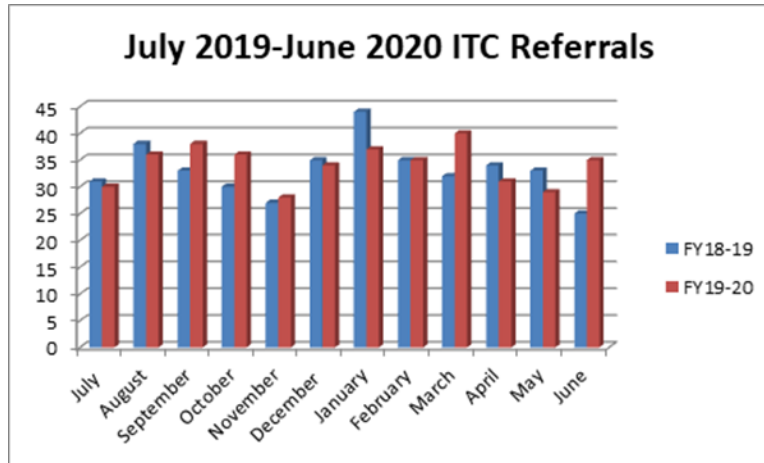
Our Adult Mobile Crisis team has not been operating the past several months due to the pandemic. We are hopeful that we will be able to resume this program in the near future.

In the fall of 2019, our community received a grant to support the development of a Crisis Response Team, to expand on our existing services provided through our Adult Mobile Crisis team. Our current team consists of Rockingham County law enforcement officer and a HRCSB mental health clinician, available approximately 20 hours a week to respond in the community to crisis situations. The new Crisis Response will be comprised of an additional Rockingham County law enforcement officer and another HRCSB mental health clinician; the team will be available 40 hours a week. We have been working with our local partners to implement this program and are hopeful to have it up and running in the community in the near future.

Child and Family Services

Infant and Toddler Connection

Infant and Toddler Connection (ITC) continues to use various platforms in order to conduct telehealth with families due to COVID-19. Some providers are starting to conduct home visits and/or community visits to meet the needs of families. We have a new hire, Becky Mills, who is our full time Service Coordinator. ITC has a vacant hourly clerical position at this time and we are actively recruiting for that position. This month we had 35 new referrals, bringing the fiscal year total to 407. We are currently serving 182 children and families, and are working to develop new recruitment strategies during this pandemic and the closing of daycare centers and the inability to visit the local pediatrician clinics.



Wellness and Prevention

Activities under the Substance Abuse Block Grant include the following:

- Brandy developed a new infographic on basic individual resilience to post on social media, as well as a handout during community presentations. It is also being used in MANDT as an introduction to Trauma Informed Care:

Sources: John Richardson-Lauve LCSW, Child Savers
Michael Ungar Ph.D., Dalhousie University

Trauma-Informed Care

Individual Resilience Strategies

Trauma-Informed Care has become a focal point in social-emotional education and treatment recently. At its core, Trauma-Informed Care is defined by the following approach:

- **Realize** the widespread impact of trauma
- **Recognize** the signs and symptoms of trauma in others
- **Respond** with fully-integrated policies, procedures and practices
- Actively seek to resist **Re-traumatization**

Here are some ways to incorporate that method in your every day relationships!

HARRISONBURG-ROCKINGHAM
COMMUNITY SERVICES BOARD

<div style="background-color: #4F81BD; color: white; padding: 5px;"> <p style="font-size: x-small; margin: 0;">PRIORITIZE SAFETY</p> <p style="font-size: x-small; margin: 0;">Feeling safe not only in our relationships and environment, but within our own bodies is important. Try to ensure those you interact with feel safe physically and psychologically with you. Consider what your proximity, intonation, facial expression, etc. may communicate. It may also be necessary to help others access professional services that are available.</p> </div>	<div style="background-color: #4F81BD; color: white; padding: 5px;"> <p style="font-size: x-small; margin: 0;">STRONG RELATIONSHIPS</p> <p style="font-size: x-small; margin: 0;">We live in communities that bring the possibility of fostering supportive relationships; we should help nurture these mutually affirming connections that can teach helpful skills and strategies. You can do this by celebrating special occasions together, positively affirm behaviors and share them with others, and encouraging them to talk about their boundaries.</p> </div>	<div style="background-color: #4F81BD; color: white; padding: 5px;"> <p style="font-size: x-small; margin: 0;">SELF-REGULATION</p> <p style="font-size: x-small; margin: 0;">This is the skill of managing overwhelming emotions internally. It involves identifying emotions when they increase in intensity, and utilizing techniques to turn the intensity down like mindfulness, exercise, and hobbies. If things get heated in a conversation, allow time for deescalation before talking about what happened.</p> </div>
<div style="background-color: #4F81BD; color: white; padding: 5px;"> <p style="font-size: x-small; margin: 0;">SELF-DEVELOPMENT</p> <p style="font-size: x-small; margin: 0;">Trauma and ACEs can loop messages reinforcing the belief that you're not safe, no one can be trusted, and that the world is dangerous. Those beliefs can severely impact identity and confidence, as well as the belief that we deserve help. Creating goals, and developing plans to achieve those goals, is a powerful way to foster competency.</p> </div>	<div style="background-color: #4F81BD; color: white; padding: 5px;"> <p style="font-size: x-small; margin: 0;">VOICE & CHOICE</p> <p style="font-size: x-small; margin: 0;">When we recognize people's strengths and experiences, we can then empower them to build those skills. Power differentials can diminish voice and choice. To mitigate these effects, foster skills like self-advocacy, being an active member in decision making, coach them on how to stand up for themselves in a respectful way, as well as setting goals for growth and healing.</p> </div>	<div style="background-color: #4F81BD; color: white; padding: 5px;"> <p style="font-size: x-small; margin: 0;">CARE GIVER SELF-CARE</p> <p style="font-size: x-small; margin: 0;">You cannot give what you do not have, and that is true of fostering resilience in others. Take the time to look at what you do every day that is creating opportunities for attachment, regulation, and competence in your life. We all deserve to feel connected, safe, and have confidence in yourself. Its also important to develop a plan to help when you begin to feel overwhelmed--like a toolkit!</p> </div>

- Completed a presentation with VAIL on current MH trends, what constitutes a mental health concern, positive coping strategies/resilience fostering strategies to try, and additional national and local resources.
- Completed all necessary evaluation data on PBPS (Statewide Prevention database), and additional reporting to our DBHDS coordinator (Colleen).
- Starting to re-schedule trainings that were postponed due to the pandemic, though at this time most places that want in-person trainings are electing to schedule for late fall.

SOR: State Opioid Response

The “Off Opioids” media campaign is launched, with all media approved. The campaign will run until early September.

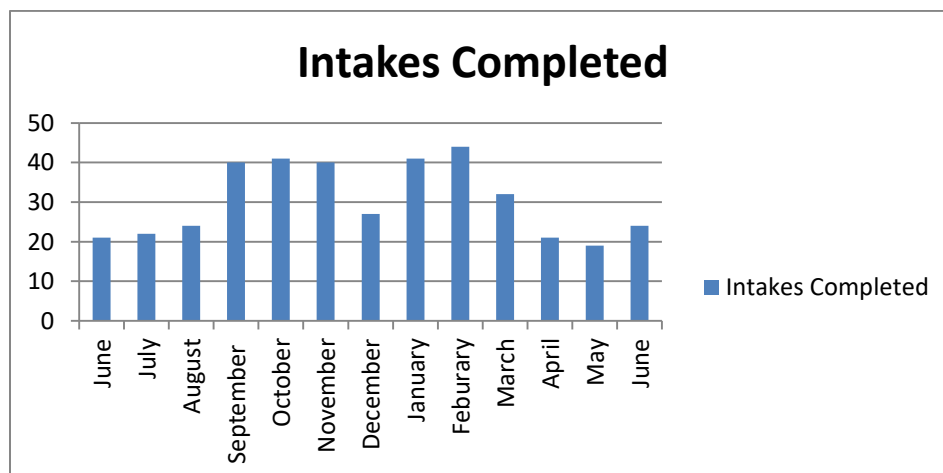
- Lock Boxes distributed:
 - 24 small
 - 10 large

Suicide Prevention:

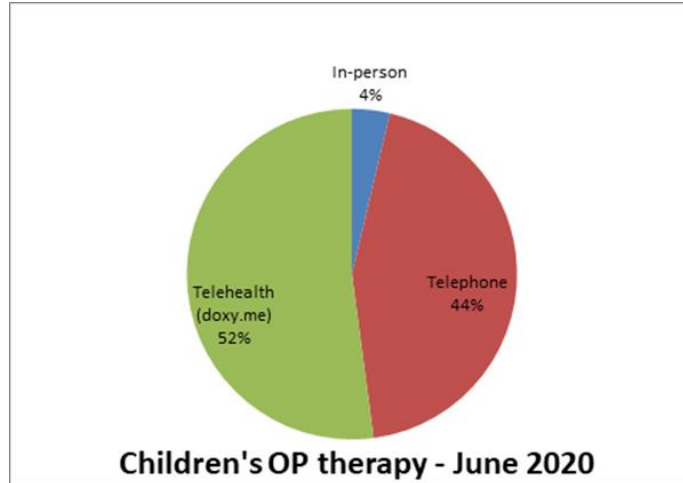
- The new Lock and Talk website was launched on June 1st. HPR1 hosted a launch party on this day with CSBs, DBHDS, Poison Control, CIT, and other partners.
 - <https://lockandtalk.org/>

Out Patient Therapy

There were 24 intakes completed in the month of June. Of the completed intakes, none were completed face to face, 15 were completed by telehealth (doxy.me) and 9 completed over the telephone.



At this time, there are 485 clients enrolled in outpatient therapy. Therapy appointments continue primarily via phone and telehealth, but we have seen an increase in face to face appointments this past month.



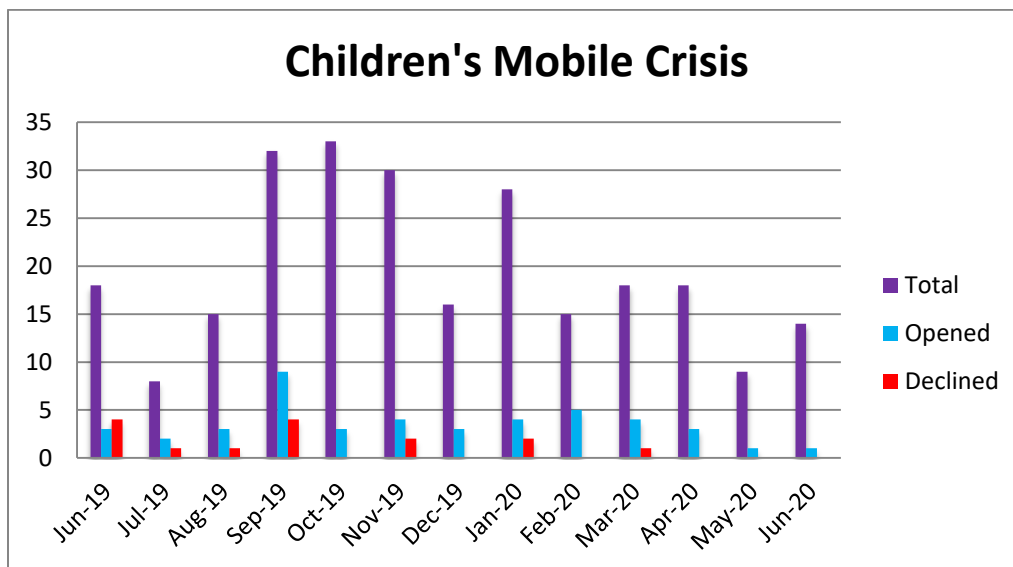
We continue to recruit for the two vacant outpatient positions and have received a verbal acceptance for one and will continue to recruit for the other.

Children’s Community Based Services

Children’s case management continues to grow and we are serving 241 children and adolescents. We have seen a positive increase in the number of families being referred to the Family Care Coordination program and are currently serving 22 families.

Children’s mobile crisis

The region is still recruiting for the new mobile crisis positions for our area.



We have seen a slight up-tick in the calls for Children’s Mobile Crisis. As the community opens up and more intakes are occurring we expect to see more children calling in for crisis services.

Developmental Services

Developmental Disabilities (DD) Case Managers billed 292 units for the month of June, with contracted DD case managers from Valley Associates for Independent Living completing an additional 18 billable units. Case managers also completed 415 separate contacts to assist with linking clients to services, or monitoring their satisfaction.

There are 212 individuals on the DD Waiver Waiting list awaiting services. There are currently 65 individuals on Priority 1 status, followed by 91 on Priority 2, and 56 on priority 3.

Currently we have 218 individuals receiving DD Waiver services. Of those 218, 76 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 face to face requirements are currently waived by DMAS.

There was significant activity in June revolving around getting Department of Justice Settlement agreement compliance measures integrated into new forms and procedures, with a start date of July 1st. Several new assessments were introduced, primarily on the topic of risk, and each required new forms and training of staff. Although lack of in-person meetings made the process a bit more challenging, significant appreciation must go to the DD team, as well as compliance and IT staff for their efforts.

In addition to new assessments, staff will be adjusting to utilizing a new Individualized Service Plan beginning July 1st. Again, thanks to IT team for working to ensure that the data exchange, which keeps our case managers from having to double enter data, should be up and running when the new plan goes into effect.

We have been slowly bringing more staff into the office on a regular basis, with the expectation that no two individuals who share an office are on site at the same day. Additionally, staff is also starting to very carefully begin face to face contacts with clients when they can do so safely according to social distancing guidelines. Beginning August 1st, the face to face requirements from DMAS, which had been waived, will go back into effect.