

# HRCBSB Board Report – August 2020

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**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

*“One reason people resist change is because they focus on what they have to give up, instead of what they have to gain.” ~ Rick Godwin*

As I reflect on the past fiscal year within our system of care and within the walls of HRCBSB, I’m struck by the changes that we have navigated without pause. At the McNulty Center for Children and Families an entire renovation and additional 2500 square feet of new construction was completed while services continued on site. Not one room or person was left alone during this project, yet the end result was well worth the daily disturbances. The pandemic hit early in that project, adding additional chaos and complication to the clarity of our thinking. At 1241 N. Main Street, we watched the evidence of “rocktown” slow down all movement as limestone was discovered in critical areas, such as the base of an elevator shaft, middle of the parking lot, etc. Currently we are watching the framing come up at lightning speed with great joy.

We continue to pivot quickly to ensure service delivery in the clinics, engagement in the community, and mind all public matters of health as Virginia entered Phase 3 of the pandemic response. We watched the General Assembly struggle with how to prioritize current and future initiatives against a diminishing economy and increasing fears from all citizens for mixed and very real reasons. We continue to bear witness to the political and social unrest of a nation that leaves no one untouched. Finally, we collectively support each employee as they grapple with “what’s next?” in their own lives including personal and family health, returning children to school, the weariness of a protracted recovery from the elements of COVID-19 and angst for their own future and the multitude of decisions they must make. There are many legitimate reasons to feel weighed down by the burden of it all. Yet there are so many more reasons that standing still to rejoice from where we’ve come is the stronger pathway forward.

As we prepare to say “farewell” to Holly Albrite, Director of Administrative Services, we also do this with joy. After many years of dedication to our mission, she has made the choice that now is the time to select a different pathway forward and retire. There are far too many contributions to list out that have furthered our work under Holly’s direction, but know that we are a better CSB because of her efforts.

*Ellen Harrison, LPC, MBA*

## Administrative Services

### Construction Update

The structure of the building is really beginning to take shape as the metal studs and structural steel are in place and interior wall framing and blocking is underway. As the picture shows, the sheeting on the single level roof area has started with trusses to follow. In the next several weeks we anticipate two of the new parking areas will be unavailable for a few days to several weeks as more cabling is installed and ground leveled, which will necessitate some shifting of parking again. We have begun to review the furniture, fixtures, and equipment (FF&E) selections made earlier with Pye Interiors to determine what adjustments need to be made prior to putting FF&E items out to bid. We have also been working with the architects on a keying plan (which doors and who need keys in different areas) of the new building.



## **Board Bylaws**

It is time for the State's Performance Contract required biennial review of the Board of Director's Bylaws. This provides an opportunity for revisions that may be needed as the result of regulatory changes or changes in the operation of the Board. Most of the phrasing and content are based on what is stated in the Code of Virginia, Freedom of Information Act, and Roberts Rules of Order that do not change often. The current bylaws were emailed prior to the August Board meeting.

## **COVID**

The Virginia Department of Labor and Industry issued Emergency Temporary Standards for infectious disease prevention related to COVID-19 on July 27, 2020. It is designed to establish requirements for employers to control, prevent, and mitigate the spread of the illness among employees and employers. The 47 page document includes defined levels of exposure risk and requirements for the development of policies and procedures that implement mandatory regulations, practices and training. While we have many of the requirements already in place, we are currently evaluating what more is needed and how to best address.

## **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. For the month of July (July 1 – July 29), we completed 88 intakes.

### **Adult Outpatient Services**

The Adult Outpatient therapy team continues to provide services to individuals via telehealth (video conferencing and/or telephone) and in-person. In April we had discontinued our in-person group treatment options due to the pandemic. We are planning on restarting our group treatment options in early August.

For the month of July (July 1 – July 29), we provided mental health therapy to 211 unique clients and provided 134 unique individuals substance use therapy services, for a total of 344 unduplicated clients served in therapy services.

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.

### **Substance Use Case Management Services**

We have one staff person who provides substance use case management services and does so in conjunction with the individual receiving outpatient therapy services. Our case manager helps to facilitate residential inpatient treatment for clients, coordinates aftercare following their residential treatment experience and provides assistance and support to individuals as they start to reengage in their community by helping them identify and develop the tools needed to continue to be successful in their recovery. In July, we provided substance use case management services to 32 individuals.

Due to the pandemic, many residential substance use programs have had periods where they were not accepting new admissions and in some cases, programs have been temporarily closed for a period of time. We have worked with clients to provide other less intensive services on an outpatient basis to provide treatment and support in absence of being able to receive residential treatment.

### **Drug Court Case Management Services**

We have two full-time staff that provide case management services to our 54 drug court participants. Our drug court case managers have continued to provide support and assistance to the participants primarily through telephone contact with limited in-person contact as needed. This program continues to be a priority in our community to help address the growing needs of those individuals who have criminal justice involvement and substance use related charges.

### **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 a 7 person capacity over the coming months. For July (July 1 – July 29), our bed utilization was 55.2% based on 7 person capacity; whereas our utilization rate based on the 5 bed capacity is 77.3%.



## **Community Recovery Services**

### **Summit House**

We are in preparation for the reopening of Summit House after being closed since mid-March due to the pandemic. We are eager to reengage our clients and provide this level of support once again to them. We are taking additional safety precautions to provide a safe environment for our clients to return. This will include, but is not limited to, increased cleaning measures and mandatory face-coverings.

### **Supportive Residential Services**

Our adult residential services provide supportive housing to up to 16 individuals with serious mental illness 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 10 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.

We have been fortunate in our program to continue to be able to provide one-on-one support to our residents during the pandemic. We have reduced the amount of group interactions for overall safety of our residents and have worked with them to emphasize personal safety and hygiene measures that they can practice to stay safe.

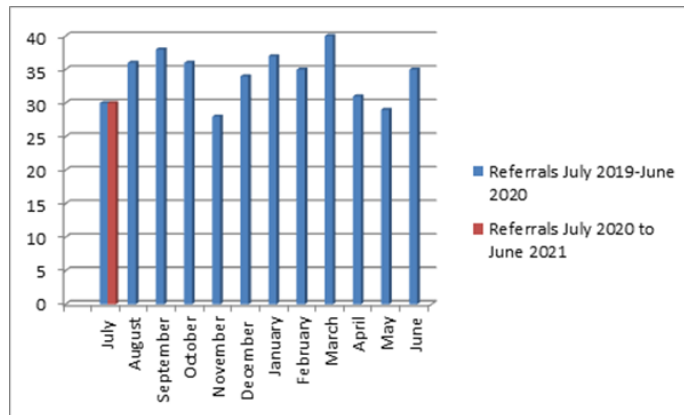
### **Western State Hospital**

For the month of June, Western State Hospital (WSH) Census report, we had an average census of 16 and a census/100000 population of 11.9.

## Child and Family Services


### Infant and Toddler Connection

We continue to provide services mostly through telephonic or telehealth platforms. We continue to monitor the updates from the governor, DMAS, and private providers to guide our decisions about when to start in-person services again. For the month of July, we received 30 referrals and served 179 children. We are currently recruiting for the ITC clerical position and interviews are in process.



### Wellness and Prevention

We have been in contact with leaders from Harrisonburg and Rockingham County school systems to offer support to children as they return to school. With funds from the Substance Abuse Block Grant (SABG), we will be putting together “Resilience Kits” for each student. The kits will contain items like squish balls, fidget toys, slime or playdough, coloring books and colored pencils, biodots, bubbles, and decals. Brandy and the Counseling Department at Harrisonburg City Public Schools developed the following handout for high schoolers.





# Self Regulation

*The ability to calm yourself down when you are upset and cheer yourself up when you are down.*

Remember that change is part of life.  
 Identify your values and do your best to live by them.  
 Notice unhelpful negative thoughts and challenge them/change them.  
 Notice what triggers strong feelings in you.  
 When you notice you are getting upset or depressed, stop yourself in your tracks. Intentionally do something to bring yourself to a calmer place.

**Here are some ideas:**

- + Deep breathing with a strong exhale tells your brain you are safe and can calm down.
- + Exercise - even a little bit helps, like a short walk or stretching.
- + Listen to music that makes you feel good.
- + Identify your emotion - "Name it to tame it."
- + Take a moment to draw or color, while focusing only on the activity. When your mind wanders, gently bring it back to your art.

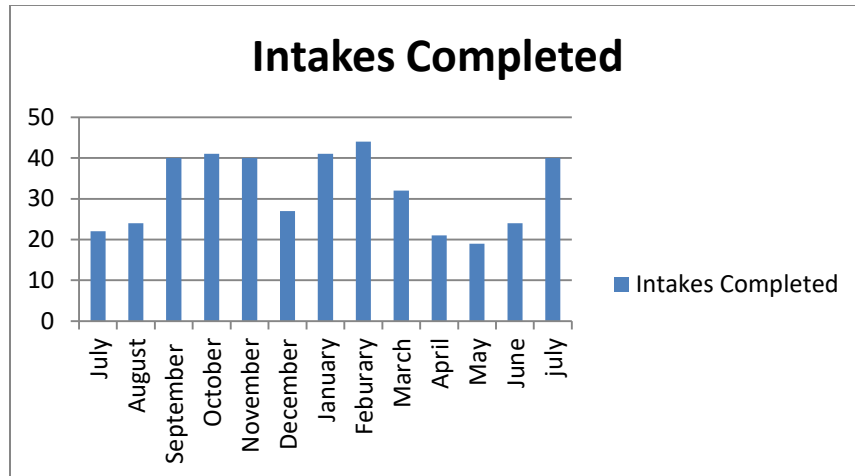
Brandy also was on WMRA discussing the impact of the pandemic on children and families in the local community.

<https://www.wmra.org/post/easing-your-childrens-pandemic-isolation>

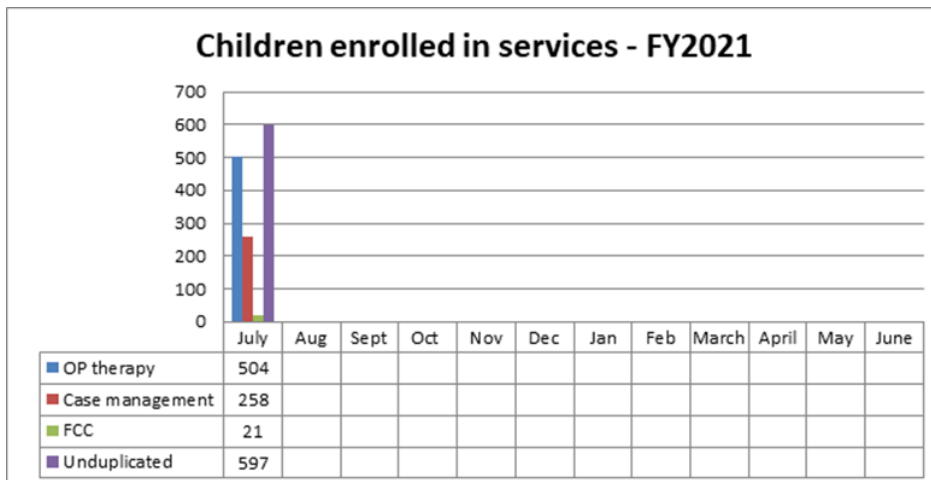
We have also distributed 13 small lock boxes and 6 large ones this past month as part of our State Opioid Response grant funding.

### **Out Patient Therapy**

We have seen an increase in the number of intakes this month. We completed 40 in July as compared to 24 in June. The stress of staying home and isolating has been hard on the children and the parents. We currently have 504 clients enrolled in outpatient therapy. We are still doing primarily telephonic and telehealth appointments, but have begun to see more clients in person per client choice. We completed the interview process for an outpatient therapist and will welcome our new team member by mid-August.



The chart below shows the total number of children and adolescents served in the outpatient services team, both case management, FCC, and outpatient therapy. We have also begun to hold the Second Chance group with a maximum of 6 participants.



## Children’s mobile crisis

Children’s Mobile Crisis has also seen an increase in referrals and total calls. We are holding more child specific team meetings as parents call in for help with their teens that are struggling with the absence of a scheduled day and normal routines.



## Developmental Services

Developmental Disabilities (DD) Case Managers billed 303 units for the month of July, with contracted DD case managers from Valley Associates for Independent Living completing 12 billable units. Case managers also completed 419 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 217 individuals receiving DD Waiver services. Of those 217, 73 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.

As mentioned in last month's report, there were several new assessments rolled out by DBHDS which we began to use July 1st. These assessments are one part of a statewide effort to have measurable elements in place for each compliance indicator in the settlement agreement. It is hoped that having one year of compliance data for all compliance indicators will allow us to begin plans to exit the settlement agreement next year. Other aspects of settlement agreement compliance include a review of each CSB's Support Coordinator Quality Reviews, and cooperation with the Health Services Advisory Group quality reviews. Both of these reviews began for us in July.

In August we are beginning to safely complete face to face visits, which were largely suspended since the beginning of the declared health emergency. Our staff will work with clients, providers, and family members to complete face to face visits in such a way to maximize social distancing. In those instances where clients, family members, providers, or case managers do not feel a visit can be completed safely, we still have the option of completing the visit via telehealth.

I would like to take a moment to recognize Lisa Seymour, longtime member of our case management team who retired from her full time duties 7/31. We wish her the best.

## Medical Services

As we start the new fiscal year, it is worth noting the multitude of changes that have occurred within the Medical Services Department over the last year. This department is comprised of four psychiatrists, three nurse practitioners, one registered nurse, two licensed practical nurses, and one practice manager. Over the course of a year, approximately 340 children and 800 adults are served for medication management services.

In the last 12 months:

- 1 hourly Nurse Practitioner retired
- 1 FTE Chief Psychiatrist stepped back duties and reduced schedule to 3 days per week
- 1 hourly Psychiatrist reduced hours from 3 to 2 days per week
- 1 FTE RN was added – currently vacant
- 2 - .45 FTEs added via telehealth (contract); to be reduced in September 2020
- .60 FTE Nurse Practitioner added with coverage at Arbor House (new), McNulty Center and 1241 N. Main

COVID-19 impacts:

- 2 hourly Psychiatrists moved to telehealth only
- 1 hourly (4 hrs/week) psychiatrist had to pause schedule completely

While the above changes could have easily hindered services, that was not the case. Each professional in Medical Services made every effort to figure out how to keep services going for our current clientele despite the shifting sands of scheduling pre-COVID and post- as well. This was no easy feat and we are so very appreciative of how the focus has always remained on the client experience and how to maintain the delivery of quality services to each person.

The relaxation of regulations in April, by the Department of Medical Assistance Services (DMAS), has made a huge impact in the ability to consistently deliver medical services in a manner that best meets the health and safety needs of each client during the pandemic. As such, for children approximately 75% of kept appointments are conducted via telehealth, with approximately 20% of adults electing to participate via telehealth. HRCSB will continue to offer this modality as long as it is permissible by both DMAS and the Department of Behavioral Health and Developmental Services.