

HRCBSB Board Report – October 2020

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

Message from the Executive Director

In the midst of it all, our doors remain open. It’s been seven months since the state of emergency was declared for COVID and a lot has changed, yet really not that much. Like all other businesses, HRCBSB implemented many safe practices published by the Center for Disease Control (CDC) to protect both employees and clients during this pandemic. We’ve become quite adept at ensuring spaces are cleaned regularly and all persons are donning a mask and maintaining social distancing. As an option, we offer medical services, therapy, case management, mental health skill building and intakes via a telehealth platform so that clients can access these services without ever leaving the safety of their home. We certainly anticipate continuing to offer telehealth throughout the declared pandemic. The benefits of providing a no-touch option for select services has been well received by many. However, there are instances when face-to-face is truly necessary for a variety of clinical reasons or a stated preference by some people. Our doors have remained open for these reasons. Since March 2020, the foot traffic in our child and adult clinics has changed as noted below. (Adult group therapy is not included in the below depiction of therapy services.)

Intakes	Available per week	Telehealth used for kept appointments	No show / Not scheduled
Child Clinic	8	100%	decreasing to 0%
Adult Clinic	50	70%	40%

Therapy	Available per week	Telehealth used for kept appointments	No show / Not scheduled
Child Clinic	145	70%	30%
Adult Clinic	165	50%	50%

Medical	Available per week	Telehealth used for kept appointments	No show / Not scheduled
Child Clinic	60	50%	50%
Adult Clinic	150	50%	35%



All other services either remained fully operational or are back on-line as of 8/1/2020 in a limited capacity due to social distancing requirements.

Of equal importance, the HRCSB family of employees remains strong and committed to keeping our doors open literally and virtually. It was a significant adjustment for all of us to adjust layout and spacing of clinical areas, work locations and safety practices for adherence to CDC guidelines. We adjusted and, through it all, demonstrated the tenacity we are known for in dealing with change by embracing it.

Ellen Harrison, LPC, MBA

Administrative Services

The biggest news in Administrative Services is the retirement of long-time HRCSB manager Holly Albrite. Holly has been a fixture of the HRCSB for 30+ years, ushering in change and growth in many capacities. Her team, co-workers and colleagues across the community will miss her and her many contributions greatly. Barbara Brady began shadowing Holly as of September 1, beginning her tenure as the new Administrative Services Director at the HRCSB. Barbara comes to us from a successful career in the federal government and is excited to change her sites to more local, community issues.

Construction Update

We have shingles! The good kind, that is. Progress on the building is going well, including a new roof on much of the structure. As you can see if you drive by, the building outside is looking close to completion, with the prospect of being under cover very soon. Overall, we hope the project will remain on schedule, with some potential delays related to the supply of lumber, etc. The crew shuffled work plans and keeps moving forward at a brisk pace. Parking will continue to be a challenge as they lay down utility lines and do site work. We are also finalizing the Furniture, Fixtures and Equipment orders, in order for timely arrival. We are still working toward Spring 2021 for the expected move timeframe.



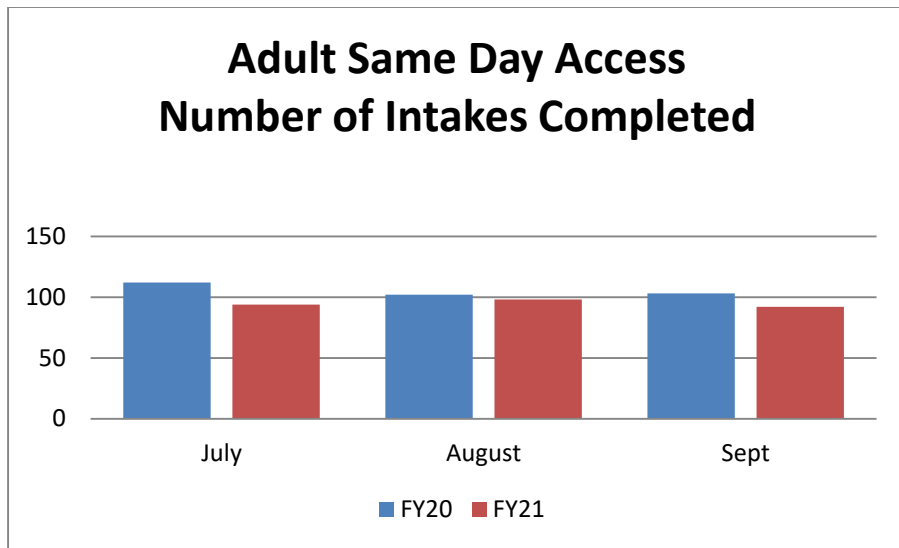
IT, Clerical, Compliance and Risk Management

- One of the biggest projects of the IT department in preparation for the move is a replacement phone system. We received a number of bids in a recent RFP and are in the process of scheduling demos and evaluating options, in conjunction with the Clerical Team.
- IT and Compliance have worked extensively over the last few months to prepare for upcoming state reporting requirements that went into effect October 1.
- The Clerical Staff have juggled the many aspects of screening visitors to HRCSB for COVID during these past months. During the spike in locally reported cases, they remained calm and worked with visitors to keep HRCSB clients and employees safe and healthy. We applaud their efforts.
- Our Risk Management specialist will present to Leadership team on Wednesday 10/7/20 regarding reporting serious incidents, with a focus on regulatory changes over the past 2 years and trend analysis.
- The agency is offering a Flu Shot clinic to all staff on Wednesday 10/14/20. Although fewer staff have signed up for this opportunity than last year, many have reported already receiving the flu shot.
- Our team is distributing additional personal protective equipment to both residential sites and Arbor House Crisis Stabilization Unit. Per our Infectious Disease Preparedness and Response Plan's Exposure Risk Level Assessment, these will be used in the event one of those three locations must support an individual diagnosed with COVID-19.

Adult Behavioral Health Services

Same Day Access - Adult Services

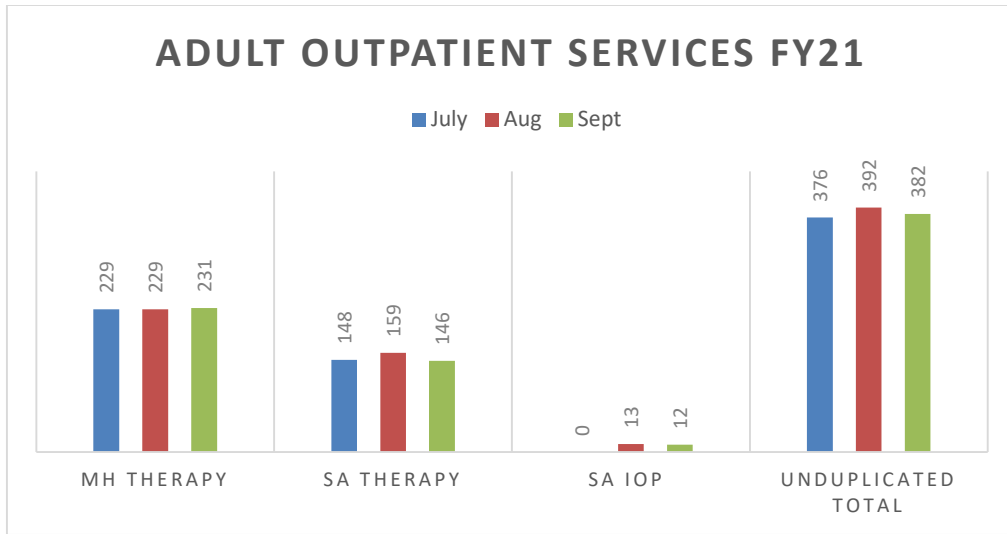
We have continued to provide Same Day Access through telehealth (video conferencing and/or telephone) and in-person options. We have also continued our hybrid system of scheduling and offering same day availability for intakes whenever possible. For the month of August, we completed 97 intakes and for the month of September we completed 92 intakes. We are slightly below our intake numbers from last year during this same time period.



Adult Outpatient Services

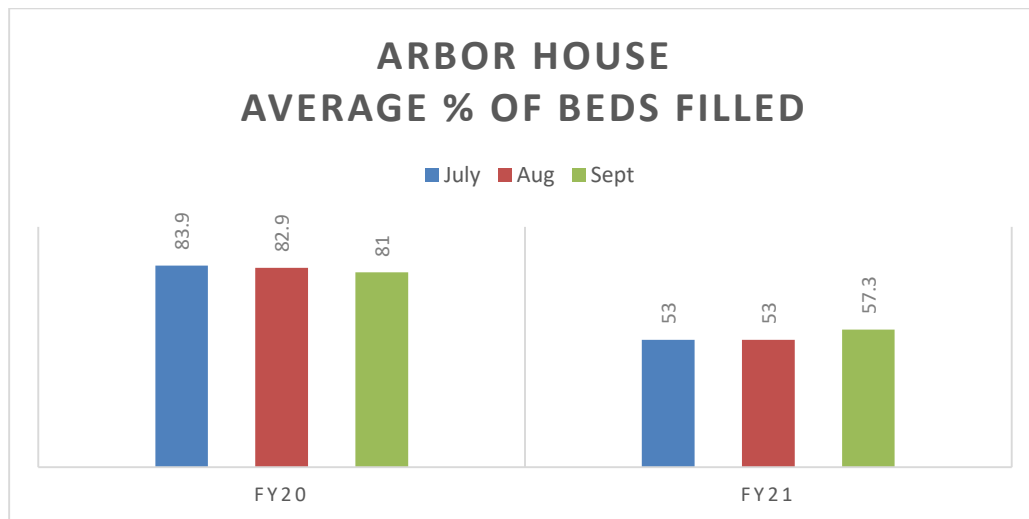
The Adult Outpatient therapy team continues to provide services to individuals via telehealth (video conferencing and/or telephone) and in-person. In August we resume in-person group therapy services with reduced capacity to ensure proper distancing in our group settings. Due to the increase in need for Intensive Outpatient Program (IOP) level of care we made the decision to add an additional IOP group to help address the needs of those in our community dealing with intense substance use issues.

For the month of August and September, we provided mental health therapy to 229 and 231 unique clients, for substance use therapy services we provided 159 and 146 unique individuals and in our SA IOP program we served 13 and 12 unique individuals, for a total of 392 and 382 unduplicated clients served in therapy services.



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-bed capacity over the coming months. For August, our bed utilization was 53% based on 7-bed capacity; our utilization rate based on the 5-bed capacity was 74.2%. For September, our bed utilization was 57.3% based on 7-bed capacity; our utilization rate based on the 5-bed capacity is 83.3%.



Community Recovery Services

Mental Health Case Management (MHCM)

Our mental health case management team served 380 clients in August and 368 clients in September. The team continues to provide support to individuals with serious mental illness through identifying needs, assisting clients in accessing services and monitoring



clients' engagement and follow-through in services. The team has been able to provide support both in person and via telephone contacts. Several of our clients have expressed appreciation for the contact that they have had with their case managers and other CSB staff during this time of increased isolation due to the pandemic.

Mental Health Skill Building(MHSB)

Our Mental Health Skill building team is currently providing support to 33 clients. In August, one of our full-time employees resigned to attend graduate school full-time. We are currently in the process of recruiting for this position.

Permanent Supportive Housing (PSH)

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. Over the last few months our PSH team has been enrolling eligible participants into our program and we have started the process of trying to locate apartments in Harrisonburg City and Rockingham County. Low income housing is a scarce resource in our community which has presented some challenges with helping participants to secure appropriate housing. Our team has been working on developing relationships with local landlords and property managers to inform them of our program and the advantages of working with someone that is part of the PSH program. We are fortunate to also participate in a strong network of non-profit agencies that are focused on the needs of the homeless and are hopeful that through these differing partnerships we can help provide permanent and stable housing to individuals with serious mental illness.

Summit House

In August, we resumed our programming at Summit House. Staff and clients have enjoyed the opportunity to connect with one another and are adjusting to the new safety protocols and expectations due to COVID. In addition, we hired three new staff members, one that started in August and two that started in September. We are excited to have the new team members on board and looking forward to the varying skillsets that they bring to the program.

Western State Hospital

For the month of August, Western State Hospital (WSH) Census report, we had an average census of 9 and a census/100000 population of 6.9. There has been a decline in admissions to WSH due to the hospital being over capacity and diverting admissions to other hospitals.

Emergency Services

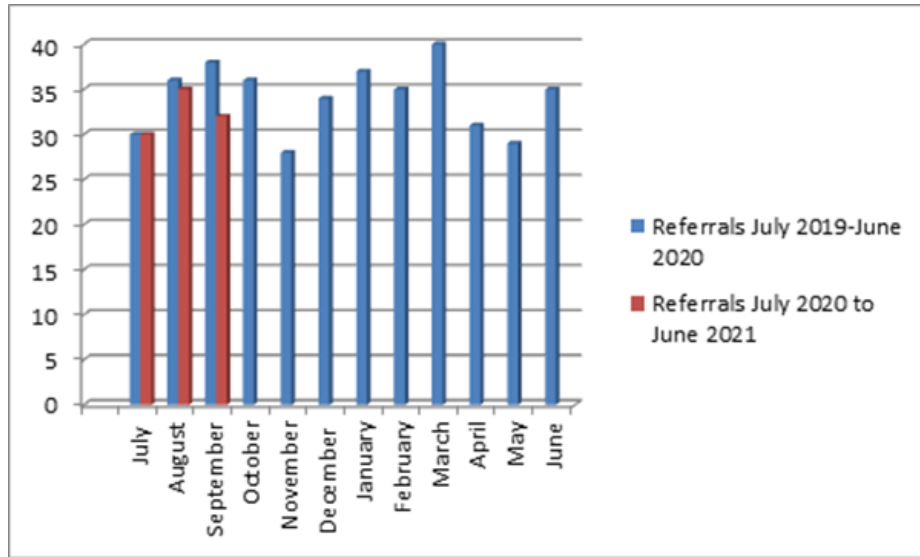
During the pandemic, our emergency services team has been providing limited in-person contact during business hours and relying on telehealth options for prescreening assessments in the evenings and weekends. During the early stages of the pandemic we saw a slowing of crisis contacts and hospitalizations and then in June and July our contacts slowly increased to pre-COVID numbers.

As mentioned, our state psychiatric facilities have been operating at or over capacity and some have faced COVID outbreaks that have made it difficult for them to accept new patients. This has impacted not only our emergency services team and their ability to find available facilities for individuals in crisis in a timely manner, but also on our local law enforcement who are called upon to maintain custody of the individual under emergency custody orders and then are needed to provide transportation to the accepting facility for individuals under a temporary detention order (TDO).

Child and Family Services

Infant and Toddler Connection

Our monthly child count is down slightly to 183. Our referrals are down also, and we will be doing some outreach events and community awareness activities to help increase referrals. This time of year we typically see a drop off in referrals, but COVID19 is also thought to be a factor. We continue to deliver services primarily through telehealth, although some providers are using a hybrid plan of in home meetings along with telehealth.



Wellness and Prevention

During August and September activities continued with the Substance Abuse Block Grant (SABG) including:

- Develop and facilitate a presentation on basic Mental Health signs and symptoms, strategies to support wellness, how to facilitate a warm hand-off in a potential crisis to Bridgewater College’s student life and residential advisor staff on August 13th.
- Presented a training on basic trauma and resilience skills, as well as resources both nationally and locally to the Court Appointed Special Advocate (CASA) volunteers on August 25th.
- In September Brandy spoke twice with Church World Service (CWS) student group of substance use, CSB services, signs and symptoms of a mental health concern, and how to access services at the CSB. Once on September 10th, the next on September 15th.
- Collaborated with Harrisonburg High School to host an activity for students to paint/tie dye/bleach dye back drops for when they turn on their cameras during class:
 - <https://hburgcitizen.com/2020/09/17/outdoor-workshop-will-offer-students-the-chance-to-create-their-virtual-classroom-backdrops/>
- Still hard at work procuring the necessary components of the Resilience Kits to share with both school systems and our staff.

Addressing the Impact and Trauma of Migration Training (AITM):

- In partnership with CWS and EMU's Strategies for Trauma Awareness and Resilience (STAR) program, Brandy has been participating in this 4-part series on specific considerations for Trauma and Resilience as it pertains to the Migrant and Refugee populations.
- Aside from attending the training, Brandy will also be working with Susannah Leply, Director of Church World Services, for the next 12 months on facilitating a bi-monthly Collaborative Learning cohort with the participants. The goal is to better explore how the information and the strategies discussed could be incorporated in their work, as well as work together to share their success and work through challenges.

State Opioid Response:

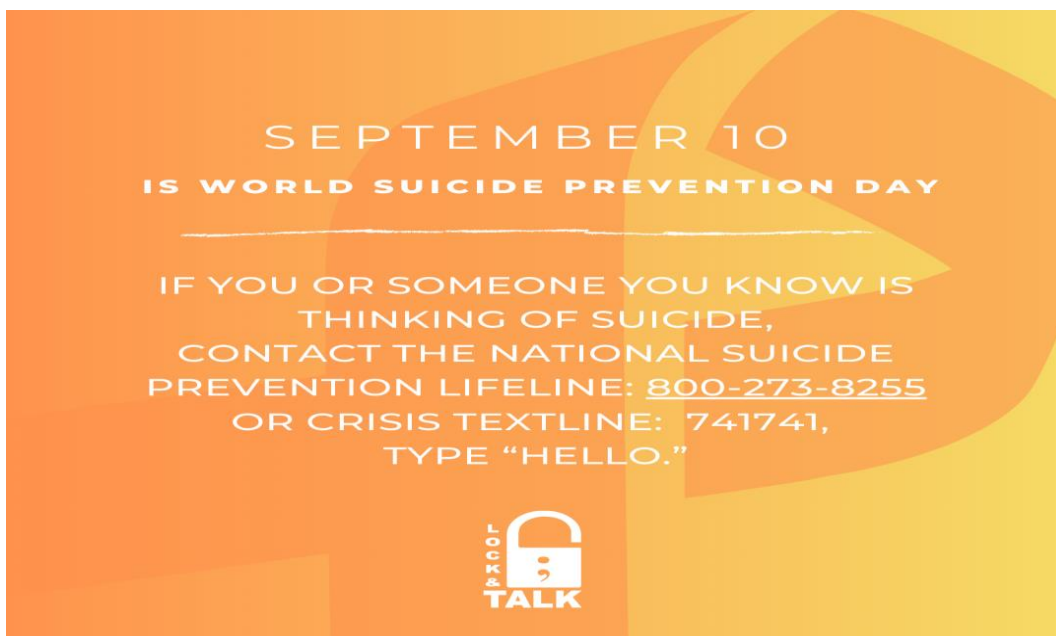
- Collaborated with Futuro Latino Coalition and the Health Department to hold a webinar for Overdose Awareness Day: The Opiate Epidemic: What You Need to Know & What Can You Do, on August 30th.
- Ordered a new shipment of lock boxes, though due to COVID the shipping was slow. We received half our order in late September, with the rest currently on back order.
- Due to low supply, we only distributed 9 small and 4 large these last two months.
- We were notified that prevention would be receiving additional funding for the next two years through the SOR grant.

Suicide Prevention:

- We posted a number of social media posts on Facebook® for World Suicide Awareness Month and Suicide Awareness Day:

First Post

World Suicide Prevention Day is an awareness day observed on 10 September every year, in order to provide worldwide commitment and action to prevent suicides, with various activities around the world since 2003. For more information on what you can do to help prevent suicide, visit <https://lockandtalk.org/>.

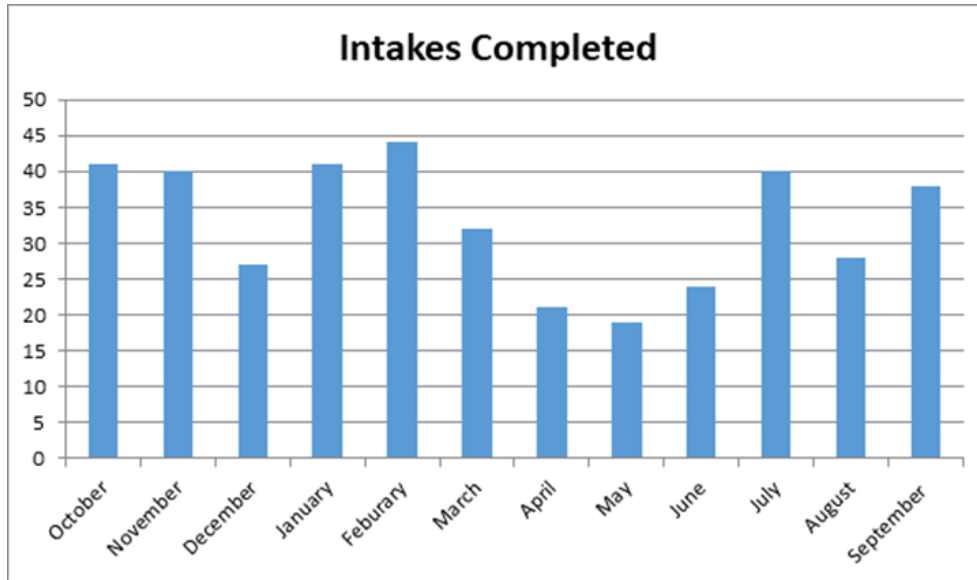


For the HRCSB's 24-hours Emergency Services, please call 540.434.1766.

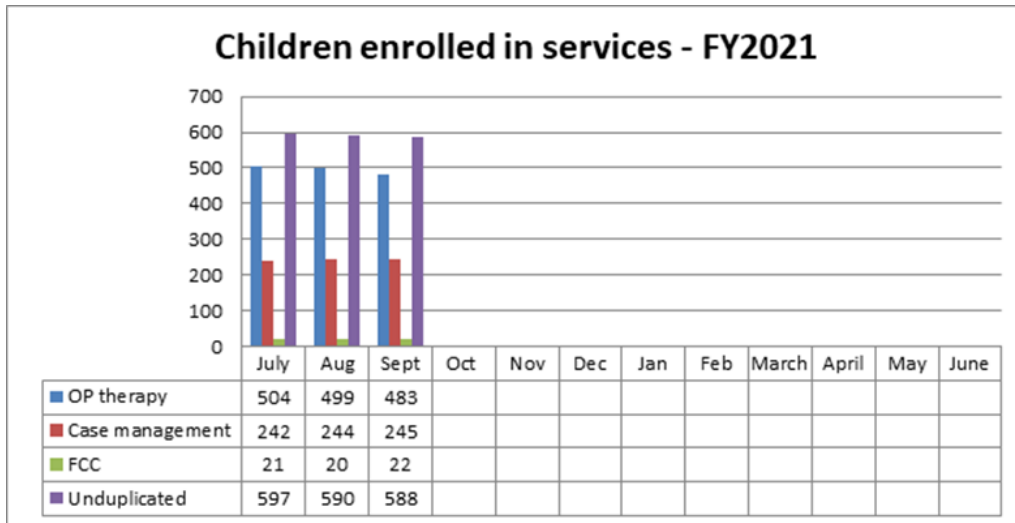
Out Patient Therapy

Our Early Intervention (school-based) Clinicians returned on September 1. Seven of our eight clinicians from last year returned and we are currently doing interviews to fill the remaining position. Due to the majority of students starting the year virtually, we have also had to shift services to a primarily virtual delivery. Clinicians are working with school staff to identify students in extra need of support and then are coordinating with families to identify the best way to connect with the students (phone, video, or face to face).

We have seen some staffing changes recently in outpatient therapy. Erica Clymer resigned and her last day was August 31. We have been conducting interviews and are hopeful to fill her position soon. We welcomed Lydia Smith on August 16. Lydia actually was an intern at the McNulty Center 12 years ago and has now returned as our newest therapist. She has already been a great addition to the team! Currently there are 483 children in outpatient therapy. We continue to provide therapy services via telephone, telehealth, and face to face appointments. We completed 28 intakes in August and 38 intakes in September.

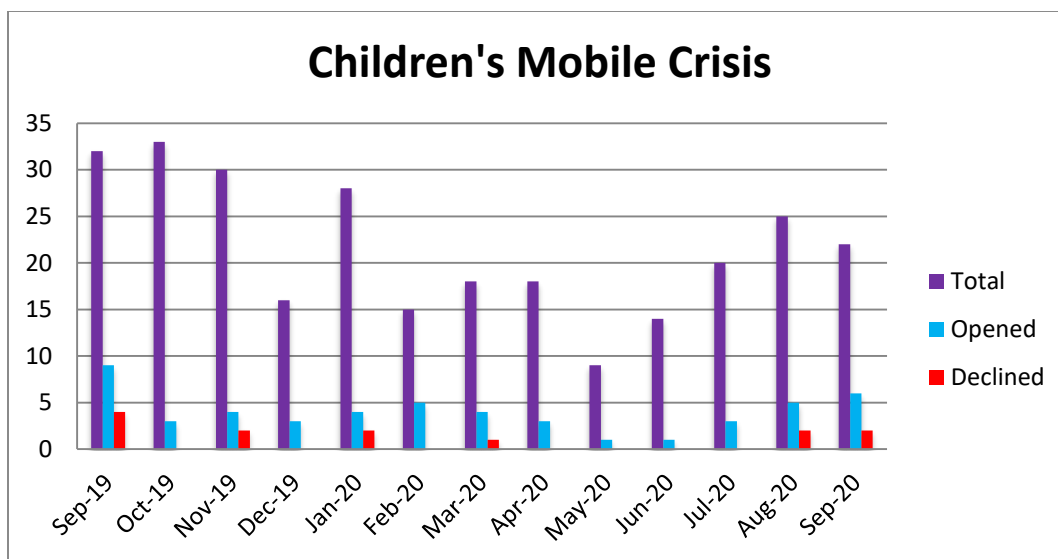


The chart below shows the total number of children and adolescents served by the outpatient services team, both case management and Family Care Coordination (FCC), and outpatient therapy.



Children’s Mobile Crisis

We are very happy to welcome Kathryn Dunay to our Children’s Mobile Crisis (CMC) team. She comes to us with a wealth of experience in the local detention center and private provider agency doing intensive in-home services. She is a welcome addition to the team. As the school year goes on and the schools remain virtual we are seeing an increase in children going to the emergency room and getting diverted to CMC to prevent hospitalization.



Developmental Services

Developmental Disabilities (DD) Case Managers billed 293 units for the month of September, with contracted DD case managers from Valley Associates for Independent Living completing an additional 14 billable units. Case managers also completed 626 separate contacts to assist with linking clients to services, or monitoring their satisfaction. Currently we have 220 individuals receiving DD Waiver services. Of those 220, 67 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 are 202 individuals on the DD Waiver Waiting list awaiting services. There are currently 58 individuals on Priority 1 status, followed by 88 on Priority 2, and 56 on priority 3. The waiver slot allocation committee convened in October in order to assign 13 slots. Of those slots, 3 were Community Living slots, which include all waiver services, including congregate residential. The remaining slots were Family and Individual Supports waivers, which includes all services other than congregate or sponsored residential. We appreciate the efforts of our community volunteers who make up our local waiver slot allocation committee.

Unfortunately, we are finding that although we’re able to assign slots to new individuals, we are having difficulty getting services up and running in a timely manner due to the current COVID crisis. All services are somewhat affected, however finding services for clients that need day support or employment services has proven especially difficult. We



are gearing up for our first quality review to be completed by the Health Services Advisory Group (HSAG), the agency contracted by DBHDS to perform periodic quality reviews in accordance with the Department of Justice Settlement Agreement. We believe that with the assistance of our compliance and IT departments that we should be able to participate in the review without extensive difficulties. The most complicated aspect of the review, which we will be working on over the next several weeks, will be coordinating support coordinator interviews, and orienting HSAG with our electronic health record. Finally, a quick word of appreciation for all the members of the developmental services team who have continued to provide great service during what has become an extended period of disruption. Their commitment to their clients during these difficult times has been admirable.