

HRCBSB Board Report – November 2020

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Message from the Executive Director

It's a reset. We continued the FY2020 Performance Contract with the Department of Behavioral Health and Developmental Services for an additional 6 months (through 12/31/2020) and an accompanying budget that was also set from the prior fiscal year. On October 30, 2020, we learned that the contract and budget in its entirety from FY2020 will continue through June 30, 2021. After the 2020 Special Session of the Virginia General Assembly, they will resume work again in January 2021 with another look at Code changes and budgetary revisions for the biennial FY2021-22 budget. They will reset once the overarching state of emergency ends...and CSBs will reset as well. Very little that started in the original FY2021-22 State Budget survived the un-allotments and actual cuts, leaving a stark landscape after much headway had been made with System Transformation for Excellence and Performance -VA (STEP-VA) and Medicaid Expansion for our communities. The priority, as established by the Department of Behavioral Health and Developmental Services, is building out the public and private crisis response system as the fourth step of STEP-VA. The vision includes a state-wide call center, regional teams for mobile crisis response and assessments, and expansion of existing crisis services (i.e. ambulatory crisis, 23-hour crisis response, etc.) This vision will intersect, and may even overlay, with the proposed Marcus Alert bill that brings law enforcement and behavioral health to the forefront as a coordinated response to distress calls from the community. There are many pieces and parts to building out a system as a complex as this one has been envisioned since it involves more than one type of local emergency response system. The key to success will be communication and planning amongst all stakeholders, with every community working from their strengths. Equally, if community services have not been built out in scope and capacity, there will be a hard stop after the initial call for assistance, resulting in no pathway towards resolution of the issue. This could be likened to building a hospital with only the emergency department and no complementing care inpatient nor outpatient. We will be advocating with our legislative representatives to ensure that the roadmap to a healthier community includes all nine (9) steps in STEP-VA.

Ellen Harrison, LPC, MBA

Administrative Services

Construction Update

The outline of the building is considerably different these past weeks, with the installation of the second floor tresses and roof. The team quickly went to work installing the large tresses with a multi-story crane, and within a week, the building appeared to double in size. The visible progress is gratifying. The Move Committee met on November 3rd to continue identifying the myriad of details involved in planning, staging and implementing a move of this magnitude. One significant effort was the offloading and appropriate disposition of old records from the Main Street basement. We are planning on more clearing out and de-cluttering in the coming months.





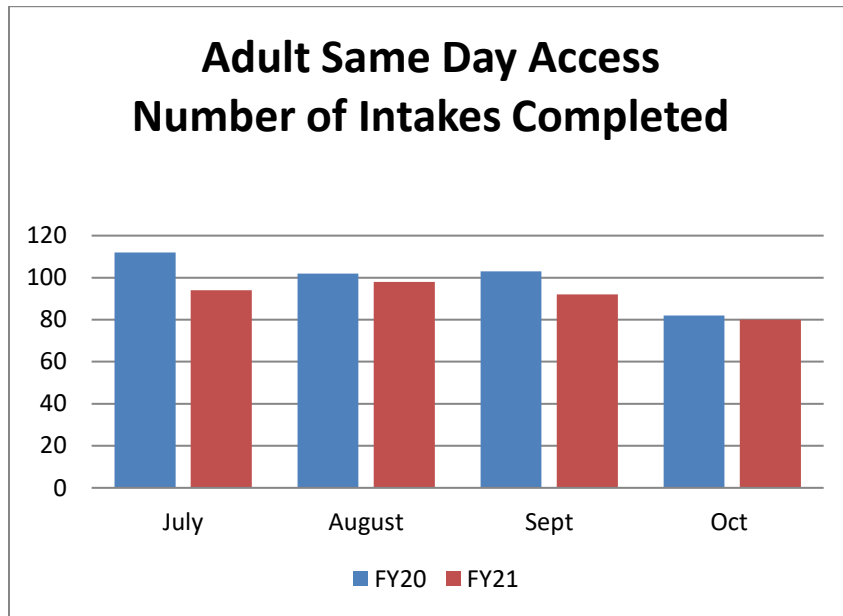
IT, Clerical, Compliance and Risk Management

- The IT Department reviewed the many submissions for the new phone system. After a virtual demonstration with the IT and Clerical teams, plus a live 24-hour test, we selected a Winchester company. The system has all of the required features we outlined and significant upgrades included in a VOIP system. IT is engaging with the company at this time to outline the project plan. This new system will be rolled out before the scheduled move in May 2021.
- IT installed an upgraded cyber-security software package called Carbon Black. This system provides protections against cyber intrusions. IT has worked with the system owners on configuration and installation to ensure that all functionality of this critical system is achieved.
- The Compliance Department completed and implemented all forms with CCS reporting changes in advance of the October 1 deadline.
- In terms of audits, Compliance completed a Cigna desk audit and assisted the ID/DD case management team with the HSAG audit.
- In staffing news, Compliance hired a new Quality Improvement Specialist internally and we are now in the process of hiring a Behavioral Health Benefits and Compliance Technical Specialist position.
- The Clerical and Medical teams met to start discussing workflows in the new building and some efficiencies were identified that will be piloted in advance of the move.

Adult Behavioral Health Services

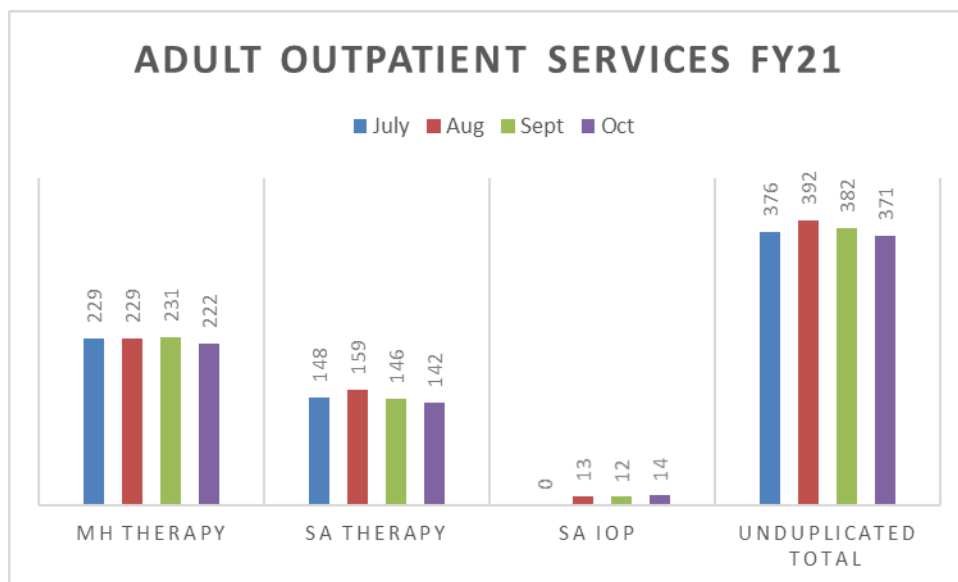
Same Day Access - Adult Services

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 October (Oct 1 – 29), we completed 80 adult 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. For the month October, we provided mental health therapy to 222 unique clients, for substance use therapy services we provided services to 142 unique individuals and in our SA IOP program we served 14 unique individuals, for a total of 371 unduplicated clients served in therapy services.



State Opioid Response Grant (SOR)

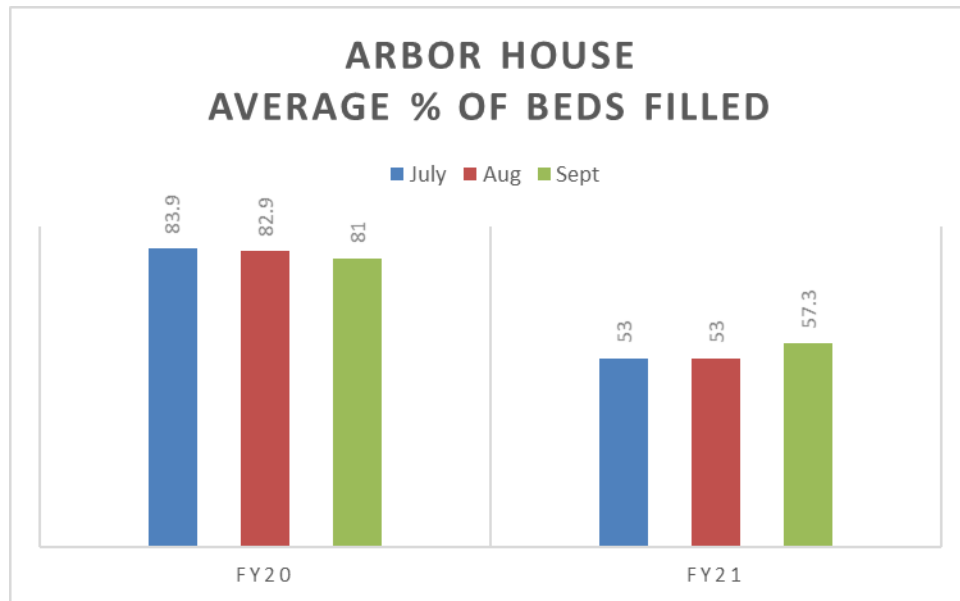
In October 2020, we were awarded funds from the Department of Behavioral Health and Developmental Disabilities (DBHDS) to continue addressing the opioid crisis in our state. In addition to being able to provide funding to assist individuals with opioid related use disorders, we are also able to include treatment services for individuals with stimulant related use disorders. For this new year of funding, we will be utilizing funds to hire a Drug Court Peer Recovery Specialist who will provide peer support to our drug court participants. In addition, we will be hiring a second substance use case manager (SA CM) to help address the growing case management needs of individuals with substance use related issues. A priority for our SA CM is to help individuals access residential treatment, as well as, help to coordinate follow up care once they have completed their residential treatment program. As in previous years, that position will work with individuals to access medication assisted treatment (MAT) in the community, with the grant helping to financially support the treatment costs for eligible participants.

Drug Court Program

Over the last several months, we have worked collaboratively with our partners in the Drug Court team to continue to strengthen and enhance the treatment options for our Drug Court participants. The program is designed for participants to be involved with the team for a minimum of 22 months, during which time they participate in extensive substance use treatment services. This fall we have added two additional treatment groups that will primarily serve individuals in the drug court program, in efforts to enhance treatment and support to participants throughout the 5 Phases of the program. We currently have 55 participants in the Drug Court Program.

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 October (Oct 1-29), our bed utilization was 61% based on 7-bed capacity, with an adjusted utilization rate based on the 5-bed capacity at 85.8%.



Community Recovery Services

During the month of October, our Community Recovery Services teams were able to come together to have a socially distant training that focused on strengthening our treatment team approach to serving our clients. This was a wonderful opportunity for staff to connect with one another outside of the office setting and to continue to develop the necessary tools to continue to provide quality services and coordination of care for the clients we serve.

Mental Health Case Management (MHCM)

Our mental health case management team served 375 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.

Western State Hospital

For the month of September, Western State Hospital (WSH) Census report, we had an average census of 7 and a census/100,000 population of 5.6. There has been a decline in admissions to WSH due to the hospital being over capacity and diverting admissions to other hospitals.

Emergency Services

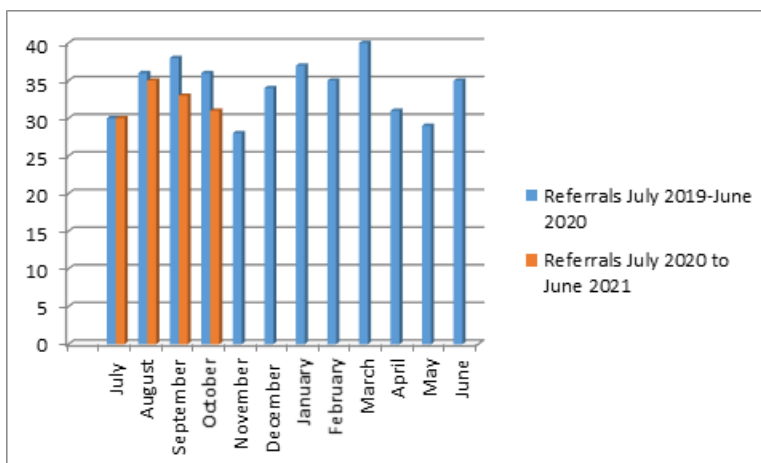
Crisis Response Team

In the fall of 2019, our community was awarded grant funding through the Bureau of Justice Assistance (BJA) focused on developing a Justice and Mental Health Collaboration Program. We are participating in this collaboration as a way to enhance and expand our existing Mobile Crisis team, which pairs a law officer with a mental health clinician. The funding from the grant has given us the opportunity to expand the hours of operation, as well as, increase the number of staff involved in the program. With the expansion of the program, the team was also renamed to Crisis Response Team. We currently have two teams, both consisting of a mental health clinician and a law officer from the Rockingham County Sheriff's Office. The teams will continue to respond to mental health related crisis situations in the community.

Child and Family Services

Infant and Toddler Connection

Our October child count is 189, which is up slightly from last month. We received 36 referrals and opened 13 new families to services. This is the season where referrals tend to decrease (October-December) but we are actively doing community awareness. Daycares will not allow us in the facility to do screenings, but we have prepared take-home bags for parents of children within our demographics providing information regarding development and making a referral. Holly Harold has moved from her half-time Service Coordination position to a full-time position. We currently are recruiting for another full-time and a half-time Service Coordinator/Developmental Specialists. ITC is primarily doing telehealth sessions with families, and will do so until the Part C Office changes its guidance.



Wellness and Prevention

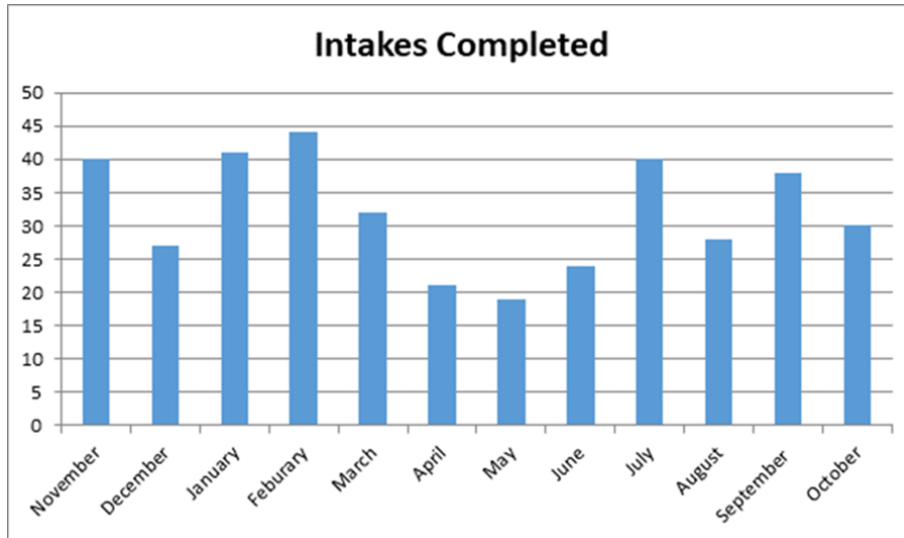
Substance Abuse Block Grant activities this past month included a guest lecture experience at Bridgewater College in their Child and Family Development course. Brandy put together 250 resilience kits for the two local school divisions. These included coloring books, pencils, fidget toys, bio dots, and squeeze toys. We also provided brochures and bio dots to HCPS to include in care packages full of community resources they intend to send to students and their families.

We are still waiting for the Notice of Award for the next two year funding cycle for the State Opioid Response grant. We are still distributing lock boxes to the community, with 14 large and 19 small ones going out in October.

DBHDS had distributed regional funds to go towards a new campaign to address COVID-19 specific concerns. The target audience will be healthcare workers, to ensure that individuals who are experiencing new onset of symptoms or are concerned about their alcohol or drug use are aware of how to access help, including the services provided by this grant funding for suicide prevention.

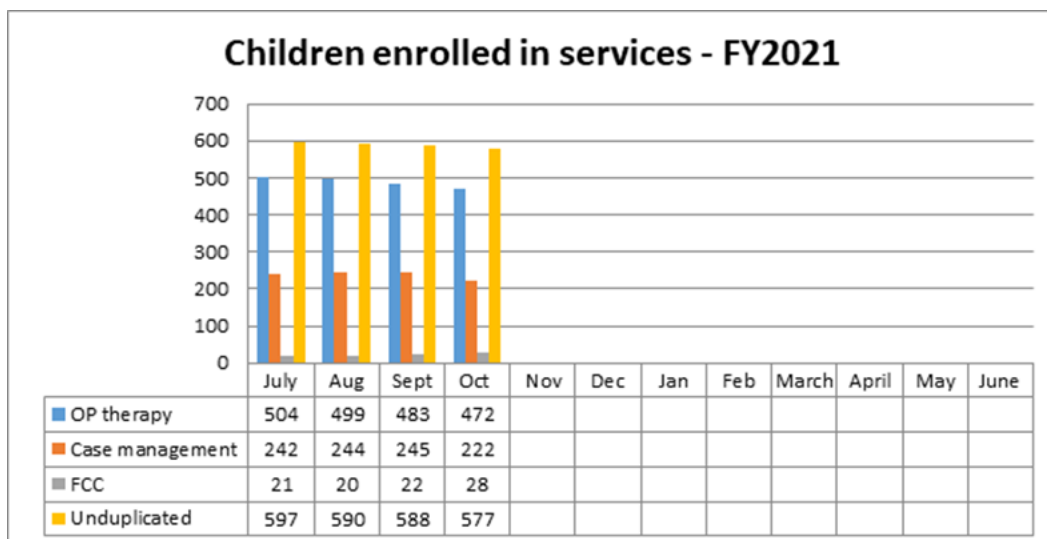
Out Patient Therapy

We currently have 472 children open to outpatient therapy. In October, we completed 31 intakes for services. We continue to recruit for a full-time outpatient therapist, but have not recently received any qualified applications.



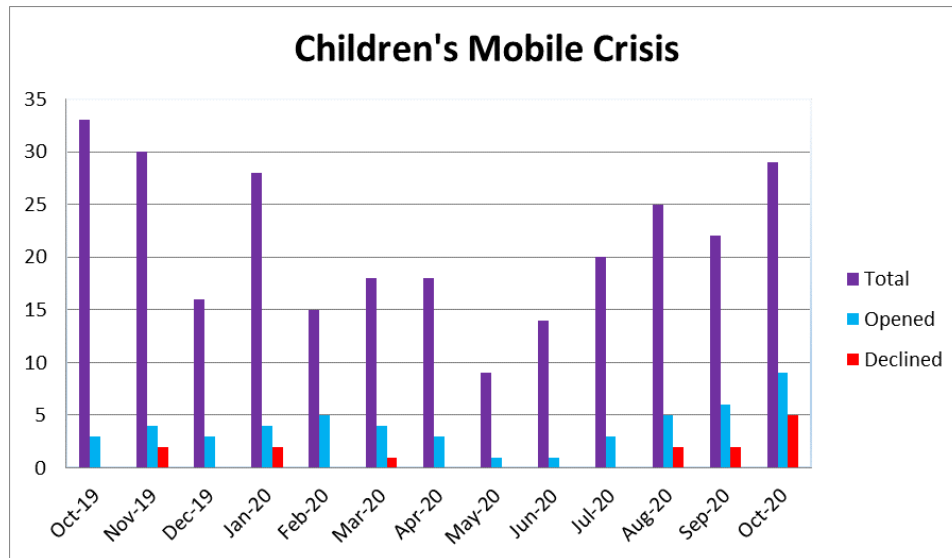
Early Intervention

Early Intervention (School-based) Clinicians have continued meeting with students referred by the school to provide additional support. This has been happening both via telehealth and face to face at the school building. So far, they are providing services to 109 students in Rockingham County and Harrisonburg City middle and high schools. Clinicians have also been working with schools to identify additional ways they can use their mental health expertise to help benefit the school while they await additional referrals for one-on-one support. Some of these options include assisting school counselors with Bullying Prevention Week and identifying and compiling mental health resources for school staff. We are still advertising for an open position with Early Intervention.



Children’s Case Management

We will be adding a new case manager to our children’s staff November 1, 2020. The team has an elevated caseload, mostly because of the loss of case manager in September. We have also expanded our Family Care Coordination program to include two full-time clinicians to support the recent demand for this program.



Children’s Mobile Crisis

We are seeing an increase of calls coming into the CMC office. We are seeing more referrals coming in from the community, including primary care physicians and private therapist’s office. We are increasing the number of Child Specific Team meetings to help families who are in crisis. This has been an active fall with the lack of school time to keep the children on a schedule.

Developmental Services

Developmental Disabilities (DD) Case Managers billed 294 units for the month of September, with contracted DD case managers from Valley Associates for Independent Living completing an additional 19 billable units. Case managers also completed 631 separate contacts to assist with linking clients to services, or monitoring their satisfaction.

Currently we have 220 individuals receiving DD Waiver services. Of those, 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.

There has been little to no changes regarding our ability to complete face to face visits in client home's or at residential sites. We are continuing to complete "face to face" visits primarily via teleconference, although some socially distant visits have occurred. Day support centers remain largely closed, although some residential providers have been able to provide day support at their residential sites. We continue to struggle to find services for new waiver clients who require day support, or for those families that require in-home attendants.

In October we finished up our review by the Health Services Advisory Group (HSAG), an agency contracted by DBHDS to complete quality reviews. The extent of the review involved online interviews of support coordinators, as well as a review of client records by HSAG staff. We are expecting a summary from HSAG in several weeks. We also participated in a follow up review from DBHDS of our Support Coordinator Quality Review (SCQR) submissions. The SCQR process is relatively new, and this DBHDS review was primarily focused on making sure we were interpreting the tool correctly and troubleshooting any found issues.