

# HRCBSB Board Report – March 2021

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**Ellen Harrison** (Executive Director)  
**Lynn Grigg** (Child and Family Services)  
**Rebekah Brubaker** (Adult Behavioral Health)

**John Malone** (Developmental Services)  
**Barbara Brady** (Administrative Services)

## Message from the Executive Director

State level planning for the Marcus Alert legislation is well under way. The Department of Behavioral Health and Developmental Services (DBHDS) was tasked with leading the development of a written plan for implementation, including broad stakeholder input, by July 1, 2021. Subsequent implementation at the local level for five of the 40 CSBs [Rappahannock Rapidan, Prince William County, Highlands, Richmond Behavioral Health and Virginia Beach] must be completed by December 2021. There is an expectation that the planning occurs in coordination with the Department of Criminal Justice Services as a joint effort of the two identified state agencies. The state level planning group is populated with a cross-section of 30 screened and selected community participants and their work is open to the general public for observation and written comment. The expected outcome for the current planning group is to develop statewide protocols and requirements for the implementation of Marcus Alert in every community no later than July 1, 2026 per VA Code §9.1-193. The new legislation calls for up-training of law enforcement specific to behavioral health calls, x911 diversion supports, specialized co-response by law enforcement and behavioral health teams, and improved drop-off procedures for crisis receiving centers, with overall success measured by law enforcement outcomes. Once the statewide protocols have been drafted and approved, each locality will be tasked with the operational steps and execution based on current resources and expected outcomes.

*Ellen Harrison, LPC, MBA*

## Administrative Services

### Construction Update

The numbers to be aware of are 14 and 70. What do they mean, you ask? There are 14 weeks until the move. Even more intimidating is that 70 means 70 workdays before the

move. (And as of Board Meeting day, that number is 64 days!) That means there's A LOT of work to get done in short order.

Ellen, Holly and a team were able to take a tour of the building in late February. There has been great progress since it was last seen around Thanksgiving time – including drywall, infrastructure (cabling and electrical) and even some paint on the walls. The construction site is busy both inside and out, with continued utility work and leveling outside and extensive crews at work inside. The IT and Move Committees have met and made plans for clean out and smooth transition to the new building. In addition, plans are being finalized for the staged move in of new furniture, as Holly continues her inventory of furniture on-site that is moving. Staff information sessions are planned for March and staff tours may happen as early as late April. There are a lot of moving parts, but the good news is they are all moving in the right direction.

### **IT, Clerical, Compliance and Risk Management**

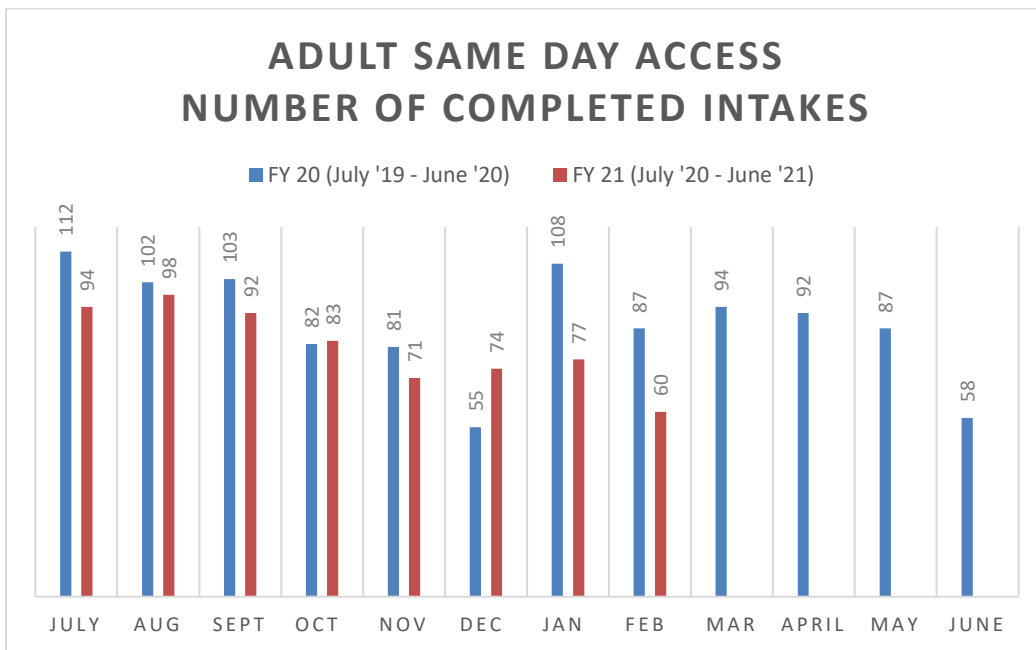
Some highlights out of the Compliance, Risk Management, IT and Clerical Departments for the month of January include:

- The Compliance and Quality Improvement team are spending a great deal of time training new CSB staff. Each new hire gets approximately 4-6 hours of training both in the Electronic Health Record (EHR) system and in the relevant regulations and documentation.
- Our Risk Management and Emergency Preparedness staff successfully launched our new Fire Drill and Evacuation plan this month. On 2/25/2021, 1241 Main Street evacuated 61 people in 3 minutes 50 seconds and on 3/1/2021, the McNulty Center evacuated 32 people in 2 minutes 10 seconds. Congratulations to all of the Safety Officers and employees for your compliance and promptness.
- A new VOIP phone system was implemented on March 4<sup>th</sup> and the staff are quickly adjusting to the new protocols. Carl Kauffman from the IT group was the primary project manager and single handedly trained almost all HRCSB staff. Kudos to Carl and the IT team for this great effort!
- The Compliance Department is working with ID/DD on a new round of audits pending, related to the Department of Justice Settlement agreement discussed at the last Board meeting.

**Adult Behavioral Health Services**

**Same Day Access - Adult Services**

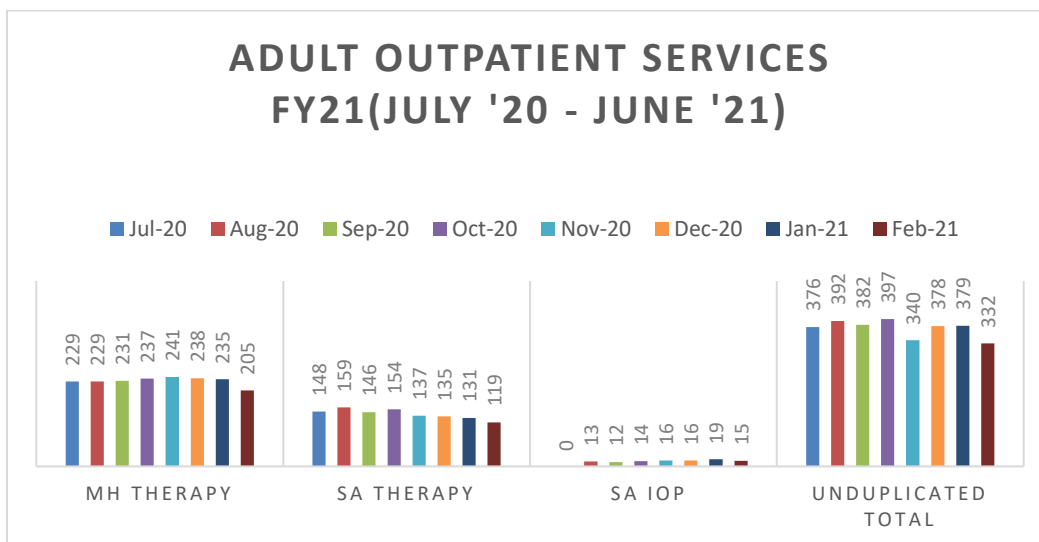
We have continued to provide Same Day Access through telehealth (video conferencing and/or telephone) and in-person options. Since the end of November, we have strongly encouraged whenever possible for individuals to complete their intake via telehealth in efforts to reduce the foot traffic during this time of increased rates of positive cases of COVID in our community. We have also continued our hybrid system of scheduling and offering same day availability for intakes whenever possible. For the month of February (Feb 1 – 24), we completed 60 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 of February (Feb 1-24), we provided mental health therapy to 205 unduplicated clients, for substance use therapy services we provided services to 119 individuals, and in our SA IOP program we served 15 individuals, for a total of 332 unduplicated clients served in adult therapy services.

We are currently advertising for an adult outpatient therapist position. Allison Garcia, one of our long-term staff members has resigned to pursue private practice. We wish her all the best as she continues to provide services in our community.



### Substance Use Case Management Services

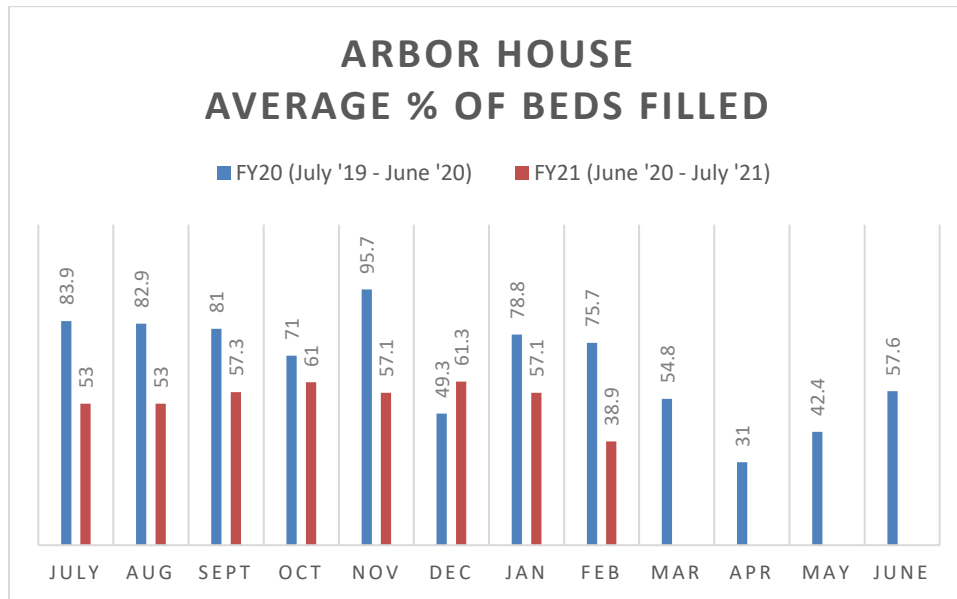
We are excited to have Scott Hensley join our Substance Use Case Management team. He had been previously serving as one of our Drug Court Case Managers. This is a new position that we have been able to add with the support of the State Opioid Response (SOR) Grant. The substance use case management team works with individuals to connect them to substance use treatment within the agency and within the community. Additionally, they provide coordination of care for individuals discharging from substance use residential treatment facilities and provide support to individuals as they work towards maintaining their recovery and build a stable life for themselves.

### Drug Court Program

We are pleased to share the addition of two new staff members to our Drug Court team. Heather Barrix started in February as our new Drug Court Case Manager and Patrick Panago started March 1<sup>st</sup> as our new Drug Court Peer Specialist. Our Drug Court treatment team is currently working with 59 participants. Our primary role on the team is to provide case management services, treatment services (individual and group therapy), psychoeducational groups and peer supports.

### 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. For February (Feb 1-24), our bed utilization was 38.9% based on 7-bed capacity with our utilization rate based on the 5-bed capacity at 56.4%.



### Community Recovery Services

#### Mental Health Case Management (MHCM)

We are providing mental health case management services to 373 individuals. 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.

#### Summit House (Psychosocial Rehabilitative Services)

We are in the process of hiring a new Supervisor for Summit House. Jen Kratz, who was previously in this role, has transitioned to another position within the agency. We wish her well as she explores a new endeavor. The program continues to provide support to individuals during this time of the pandemic. Enrollment and participation in the program is down from previous years as we currently have 49 individuals enrolled in the program. The pandemic has certainly affected our attendance numbers, as well as, the on-going difficulties with insurance authorizations being approved for current participants. The

program continues to play an important role in the lives of many of our clients and it is our desire to continue to adapt to the changing landscape of insurance and regulatory requirements in order to provide this much-needed service.

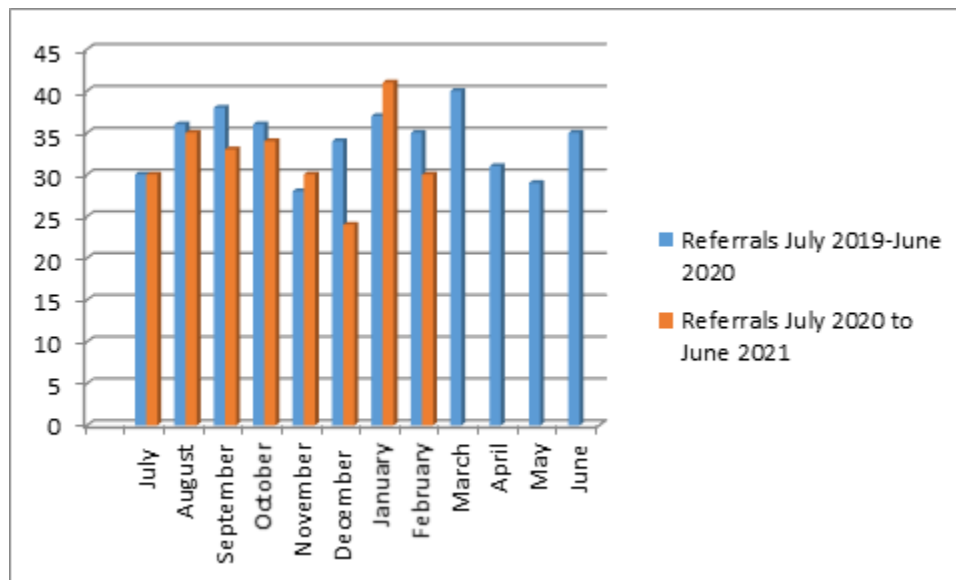
## Western State Hospital

For the month of December, Western State Hospital (WSH) Census report, we had an average census of 6 and a census/100000 population of 4.5.

### Child and Family Services

#### Infant and Toddler Connection

We will end February with a child count of 176. We received 30 referrals, which was less than the previous month likely due to the inclement weather. We are in the process of hiring for two full-time Developmental Specialist/Service Coordinator positions and one-half time. We are currently in the second round of interviews and have several promising candidates.



#### Wellness and Prevention

- We completed a community resource guide (attached). We plan to distribute this to our community partners and other organizations to encourage help seeking behavior health services, specifically, our first responders. There are times when

they are unable to assist within their organizations, but could use a resource guide to point community members towards those that can.

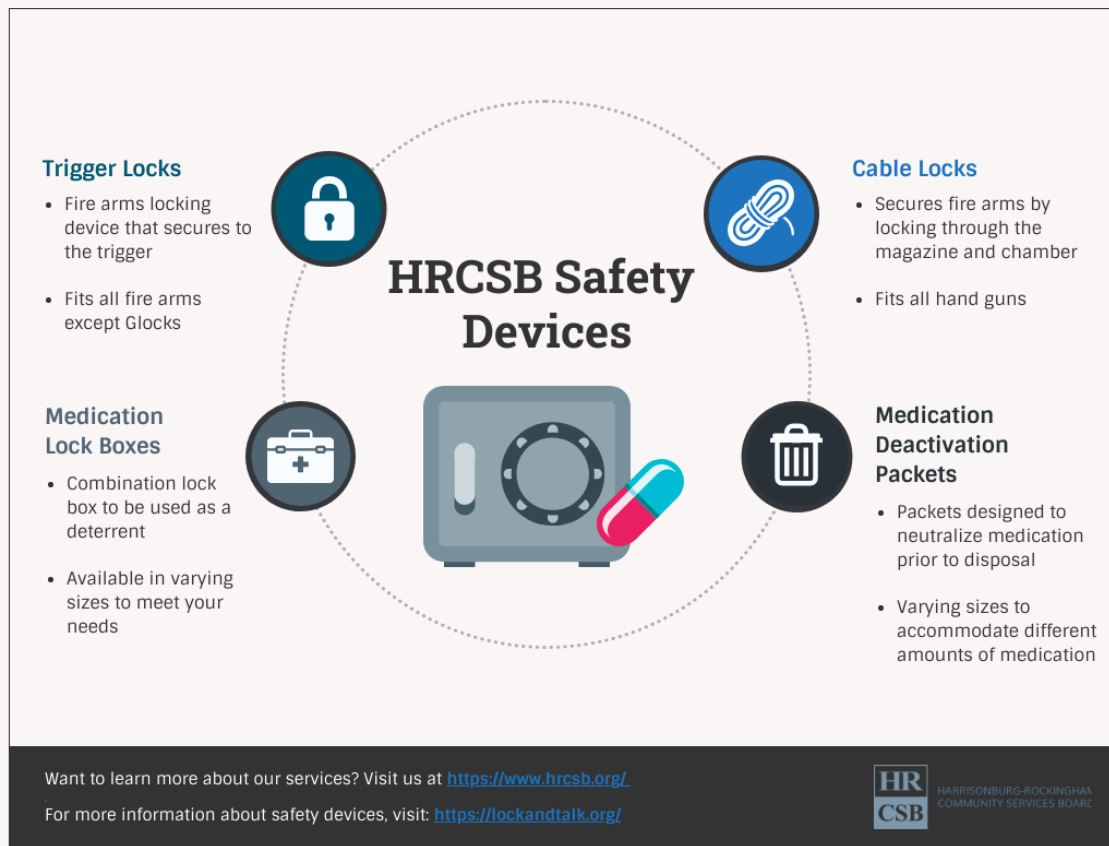
- The resilience lawn signs found a new home at the Valley Mall.



- A new coalition in our community has received the Drug Free Community Grant - Faces 4 Change. This was an effort born from the North Eastern Community, with the backing of the City Mayor Deanna Reed and Interim Police Chief Gabriel Camacho. Brandy assisted the coalition coordinator, Thandi Hicks Harper, in applying for the grant by providing community data reports and our prevention needs assessment. The first official coalition meeting was February 16<sup>th</sup>.

## State Opioid Response Grant

- We plan to donate 80 small medication lock boxes, 100 medium medication deactivation packets, and 50 HRCSB travel journals to the RAM Clinic scheduled in April. To accompany those resources, Brandy created an infographic detailing all the safety resources we offer to the community to post on social media and on our waiting room TV slides.



## Suicide Prevention

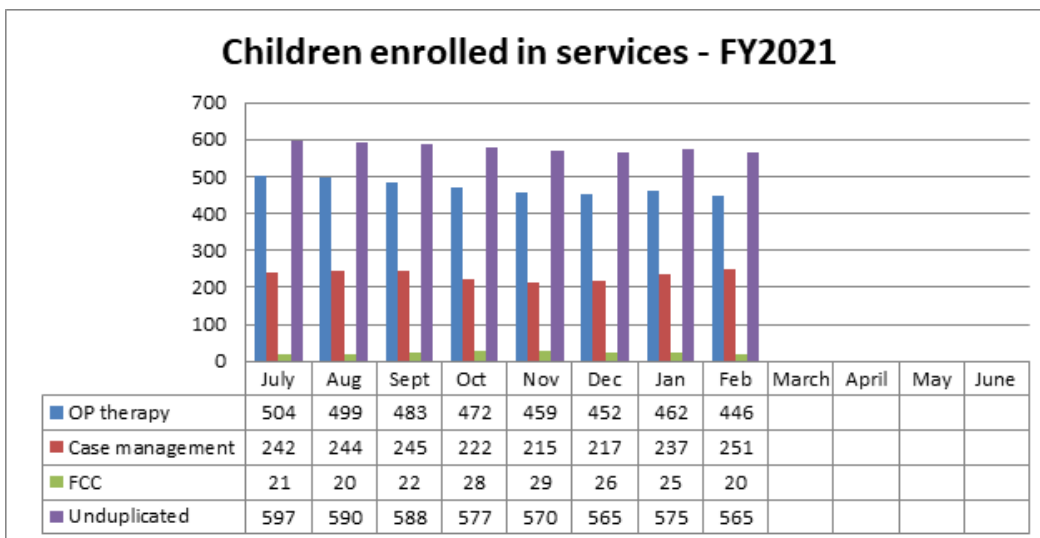
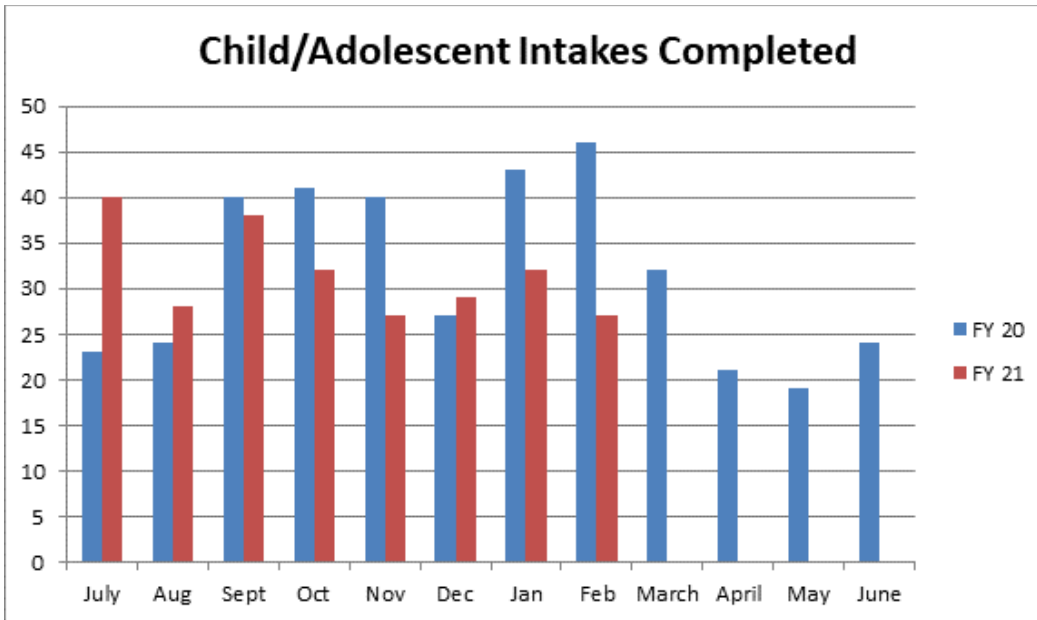
- In preparation for May Mental Health Awareness Month, we are developing content to advertise our speaker series which will be focusing on teachers, EMT, firefighters, police, and healthcare workers.
- We are also developing content to represent those professions more explicitly.





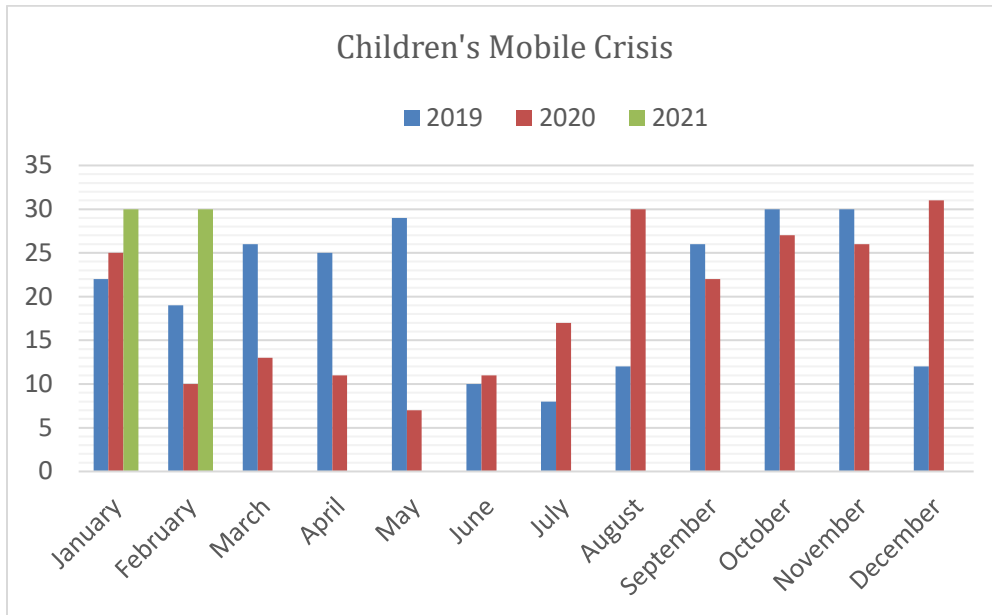
### **Out Patient Therapy & Children’s Case Management**

Early Intervention staff in the schools are serving 190 students. February has been a challenging month to serve because of school closings and inclement weather. During this past month, we have completed 27 intakes for children’s services. We are currently serving 446 children in outpatient therapy, 251 in case management services, and 20 in our Family Care Coordination program. We are thrilled to bring on a new children’s therapist March 1<sup>st</sup>.



## Children’s Mobile Crisis

February 15<sup>th</sup> was the start date for our new *Regional* Mobile Crisis team to begin. We have had several meetings with the team and did our first call out to them the first week. They will respond to homes when appropriate, try to de-escalate and then refer to our internal crisis services staff. February has been very active for crisis calls. Most of our referrals are internal, coming from our intake process, case managers, and therapists. Over the past year, we have seen a steady increase in children presenting with high anxiety.



*On a personal note from Lynn Grigg....*

It is with very mixed emotions that I announce my retirement as of June 30<sup>th</sup>. I expect my last day in the office to be May 28<sup>th</sup>. It has been such an honor and privilege to serve our community for the past 26 years as a member of the HRCSB team. I will miss everyone.

**Developmental Services**

Developmental Disabilities (DD) Case Managers billed 292 units for the month of January, with contracted DD case managers from Valley Associates for Independent Living completing an additional 20 billable units. Case managers also completed 625 separate contacts to assist with linking clients to services, or monitoring their satisfaction. They also completed 25 annual ISPs, which by way of a data exchange are automatically updated into the Waiver Management System (WaMS) daily.

Currently we have 226 individuals receiving DD Waiver services. Of those, 68 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 remain waived by DMAS.



There are 200 individuals on the DD Waiver Waiting list awaiting services. There are currently 58 individuals on Priority 1 status, followed by 85 on Priority 2, and 57 on priority 3. There are 35 individuals on the waiting list aged 18 and under.

DBHDS is now beginning the second round of quality reviews conducted by the Health Services Advisory Group (HSAG). These quality reviews are a required aspect of the Virginia Settlement Agreement with the US Department of Justice. The primary impact on our team by the review process is the scheduling and completion of support coordinator interviews over a several week period. We were pleased to receive a good report from the first round of our quality reviews completed last October.

We are beginning discussions on how to complete client visits based on early indications from DMAS that flexibilities regarding face-to-face visits will be ending in mid-spring. For almost a year now, support coordinators have not been required to complete face-to-face visits, or in the case of Enhanced Case Management have not been required to complete any visits in the client's home. As those flexibilities end (with some exceptions), we will work carefully with families and providers to complete our required oversight while maintaining appropriate safety protocols.