

# HRCSB Board Report – May 2021

**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

May is Mental Health Awareness Month. During this month many of us will circulate reminders to care for yourself and others, post links to resources, and celebrate all steps forward even if staying still is the only step possible...it's reason to celebrate. The 31 days of May is not the only time for us be aware that good mental health is critical to our quality of life. Per the U.S. Department of Health & Human Services, nearly one in five Americans live with mental illness, but only 41% of people with a mental health disorder sought help from a professional in the last year. Access is key to engagement and recovery. As you are aware, System Transformation Excellence and Performance [STEP-VA] involves the implementation of nine core services for all 40 CSBs in Virginia. Of those nine services, Same Day Access to an assessment was the first step implemented in 2018. This greatly improved access for consumers across the Commonwealth. Building out community resources and programming has been underway in earnest for the remaining 8 steps of STEP-VA, including the expansion of Peer Services and Services Members, Veterans and Family services in FY2022. HRCSB is proud to be a part of the Harrisonburg-Rockingham community and the larger public system of care for behavioral health and developmental services. We are here to help you stay strong and care for your own mental health needs.

*Ellen Harrison, LPC, MBA*

## Administrative Services

### Construction Update

Tours have started! And while there is much to be done inside the building, having the first managers and staff go through has been extremely exciting. The focus has been on workflows throughout the new workspace, figuring out how clients will move throughout services. Soon staff will be seeing their new “homes” and getting a feel for what the new building is like.

Furniture began arriving Monday, May 3 and load-in and install will be on going for some time. Given that both tours and furniture arrival have to take place around painting and installing flooring and finishing wiring – essentially a very active construction site – we are being very careful as we proceed. Weekly construction update and bi-weekly move planning meetings mean that we are getting close to Move In. In fact, from the Board meeting date of May 11, there are 28 workdays to the June 18 move date! We all have our running shoes on, that’s for sure.

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

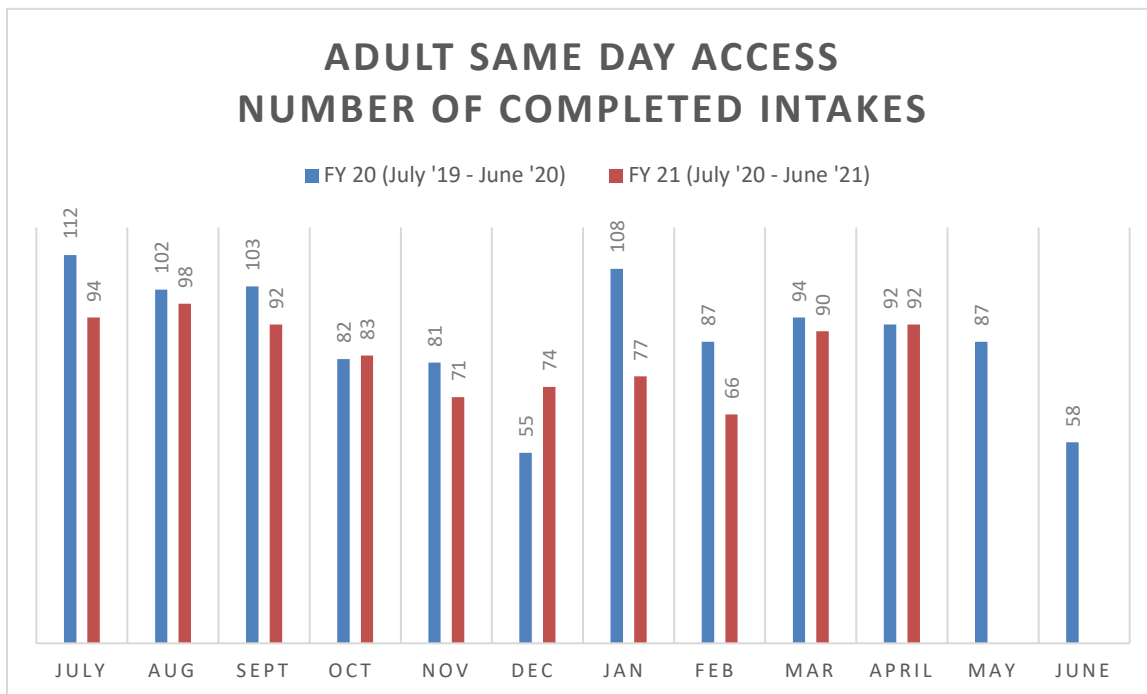
Some highlights out of the Compliance, Risk Management, IT and Clerical Departments for the month of March include:

- We have submitted Service Modifications to the Office of Licensing for Substance Abuse, both Intensive Outpatient and Outpatient services (SA IOP and SA OP) and for Mental Health Outpatient. (MH OP). This is per regulations and gives DBHDS the required 45 days to respond.
- Also per regulations, we have submitted a Service Modification to identify the new building and all of the individual service location changes. We are also sending one other request to add Mental Health Skill Building as a service at Market Street.
- As one other component of the new building, we submitted policies and procedures (and supporting documentation of those policies) to the Office of Licensing for our annual on-site inspection that should take place prior to our anticipated move date.
- The Compliance Department has been very busy with data, licensing and STEP VA changes, all of which are effective July 1.
- In the PECOS Medicare/Medicaid Revalidation, we took the representative on a virtual tour of the new building via GoToMeeting. They were impressed with the building and with our willingness to go beyond for the tour.
- And finally, for Clerical it’s charts, charts, and more charts! As their part of the Spring Cleaning, Clerical staff has focused on Medical Charts. After meticulously reviewing the regulations and records for months, Clerical has been busy purging, consolidating and boxing records and other administrative documents. Staff remain busy with usual frontline activities of checking in, scheduling, etc. and have been cleaning out and paring down items at each of the reception desks.

## Adult Behavioral Health Services

### Same Day Access - Adult Services

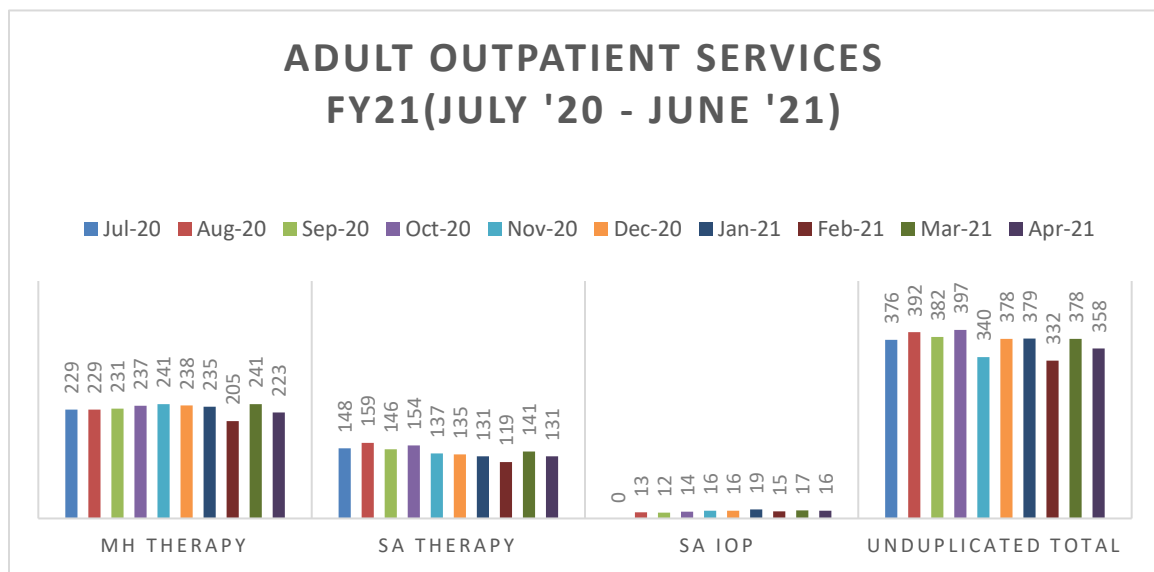
Same Day Access continues to be provided through telehealth (video conferencing and/or telephone) and in-person options. We continue our hybrid system of scheduling and offering same day availability for intakes whenever possible. For the month of April, we completed 92 adult intakes.



As the agency continues to prepare for the transition into our new building, part of that transition includes the merging of Child and Adult Same Day Access (SDA). Currently our SDA team utilizes clinicians from both the child and adult outpatient teams. It is our intention to have four full-time clinicians whose primary responsibilities will be to provide intakes for both child and adult clients. We currently have two clinicians serving in this capacity and are advertising for two additional clinicians. We will have designated Same Day Access days and times for both children and adults; thus ensuring that both populations will have access to services in a timely and efficient manner.

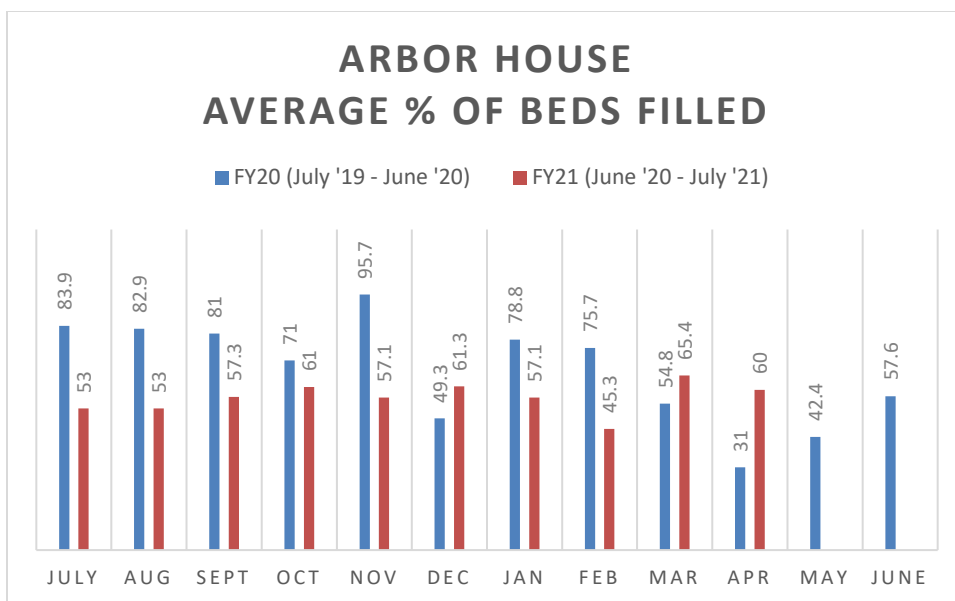
## Adult Outpatient Services

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 April, we provided mental health therapy to 223 clients, for substance use therapy services we provided 131 individuals and in our SA IOP program, we served 16 individuals, for a total of 358 unduplicated clients served in therapy services. During the pandemic we had limited capacity within our therapy groups to 8 individuals per group, in May will be resuming our pre-pandemic capacity of 10 individuals per group.



## 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 April, our bed utilization was 60% based on 7-bed capacity, with our utilization rate based on the 5-bed capacity at 84%.



## Community Recovery Services

### Permanent Supportive Housing (PSH)

Our PSH program has 11 enrolled participants with five of them currently living in their own apartment. We are working with the other six individuals to locate appropriate housing in the community. We are in conversation with several property owners regarding possible lease agreements and are hopeful that we might be able to secure housing for a few more of our participants in the coming months. We will be looking to enroll additional participants following the successful leasing up of several of our current participants.

### Supervised Residential Program

As mentioned during the April board meeting, we have been working to close our Residential program at Park Place. We have successfully transitioned residents into their new locations and are in the final stages of closing out the program. Moving forward, our Residential program will have the capacity to serve 10 individuals. We currently have all available slots accounted for by residents currently either in the program or through individuals who are in the process of discharging from the hospital to our Residential program.

### Emergency Services

The Emergency Services team continues to be active in supporting individuals during times of crisis. During the pandemic, we have been providing both in-person and

telehealth crisis support and prescreening assessments to individuals in crisis. For the month of April, the team completed 65 prescreening assessments, which is slightly above our yearly average of 60 per month. As a reminder, a prescreening is the clinical assessment that is completed to determine if an individual meets the criteria to be involuntarily hospitalized under a temporary detention order (TDO).

In addition to completing the assessments for involuntary hospitalization, the team also provides crisis support to our clients and to individuals living in our community. This takes the form of either in-person or phone calls to assess the level of need, create safety plans and refer individuals to follow up services.

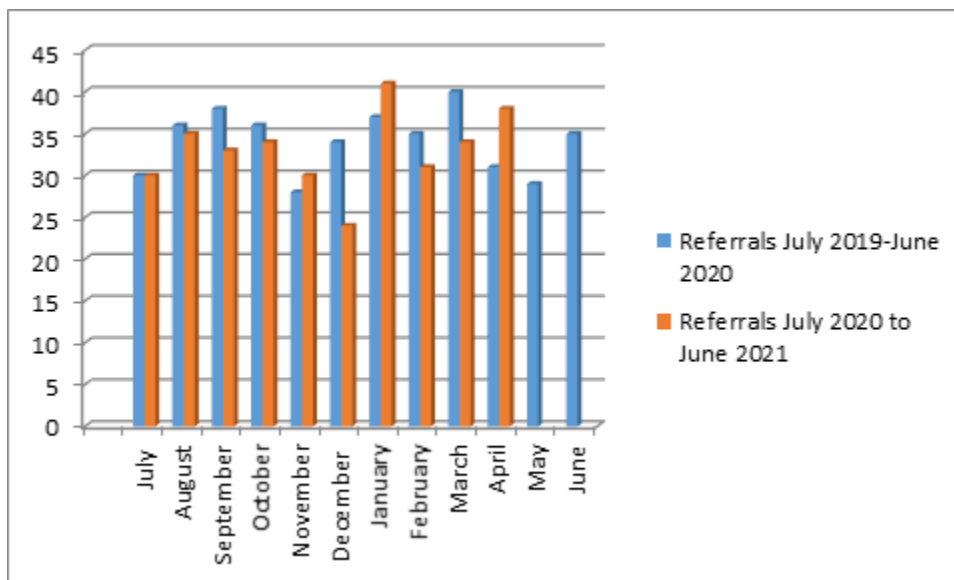
### Western State Hospital

For the month of March, Western State Hospital (WSH) Census report, we had an average census of 10 and a census/100000 population of 7.3.

## Child and Family Services

### Infant and Toddler Connection

The Infant and Toddler Connection (ITC) staff have been working with the city and county school systems and transitioning our children into their services. As a result, our child count is down to 164, which is a typical drop for this time of year. Our December child count was 205 and we expect to reach and exceed that number this year as well. We received 38 referrals in April, making 330 for the year. We are in the process of interviewing for a full time Developmental Specialist and Speech Therapist, and a half time service coordinator.



## Wellness and Prevention

### Substance Abuse Block Grant

We were able to collaborate with James Madison University's pregnancy prevention program to obtain Period Kits for our adolescent girls. On April 13, Brandy presented data trends regarding substance use and mental health concerns to the Faces 4 Change coalition. This is a group of citizens, police, Boys and Girls Club, HRCBS, Harrisonburg City Public Schools, Sentara RMH, the Mayor's Office, and a local church from the Northeast Community who came together to apply for the Drug Free Community Grant. Their focus is on reducing marijuana use and prescription drug misuse in adolescents. Brandy was also able to present on the impact of COVID and isolation on families to the Domestic Violence Task Force. She was also able to work with the Futuro Latino Coalition to present information about alcohol, tobacco and other drugs to a group of teens. We were also able to sponsor five staff from Rockingham County Public Schools, and four from Harrisonburg City Public Schools to attend the sixth annual Trauma, Moving Toward Resilience Conference in June.

## Period Kits

**JMU Canvas Tote**  
Can be repurposed for other needs, or to store other products.

**Snacks**  
Included is an assortment of chocolates and cookies, because everything is better when you have snacks.

**Hygiene Products**  
Included is a supply of pads to last a t least one full cycle.


**Canvas Pouch**  
To discretely transport hygiene products to the restroom, and can be decorated using the washable markers.


**Brochures**  
Included are two brochures. Managing PMS and Period Facts. They discuss what to expect during your cycle, typical symptoms, including what is medically occurring, when they will start, what products you can use, keeping track of your cycle, etc.


**Calendar**  
A small pocket calendar to track cycles if someone is uncomfortable using a phone app or more conspicuous means.

**Mirror Decals**  
To place on bathroom mirrors or windows to create a daily opportunity for positive affirmations--something we all deserve!

**Stress Ball**  
Given how overwhelming this time can be, each Kits will have different ones, in the picture is a banana stress ball!







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## State Opioid Response Grant

On April 24, Sydney Badel, our newest member to the Wellness/Prevention staff, hosted a booth at the mobile Drug Take Back event in collaboration with Futuro Latino, Harrisonburg Police Department, and Harrisonburg Fire Department.



We will be engaging the same media group that we used last year for the “Off Opioids” campaign. This year our focus will focus on stimulant use, specifically Methamphetamine.

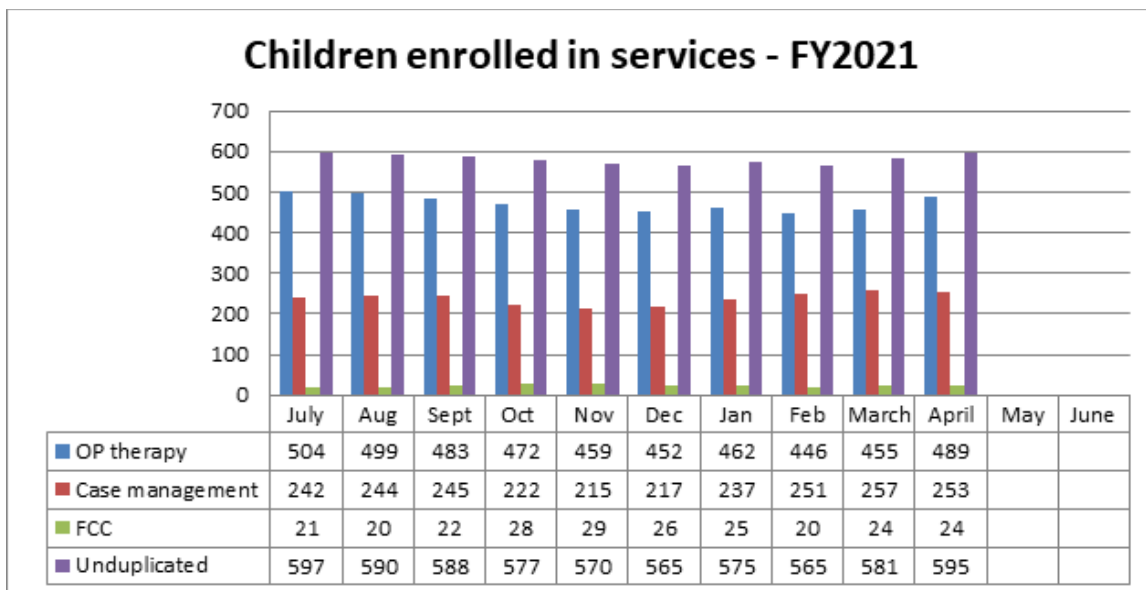
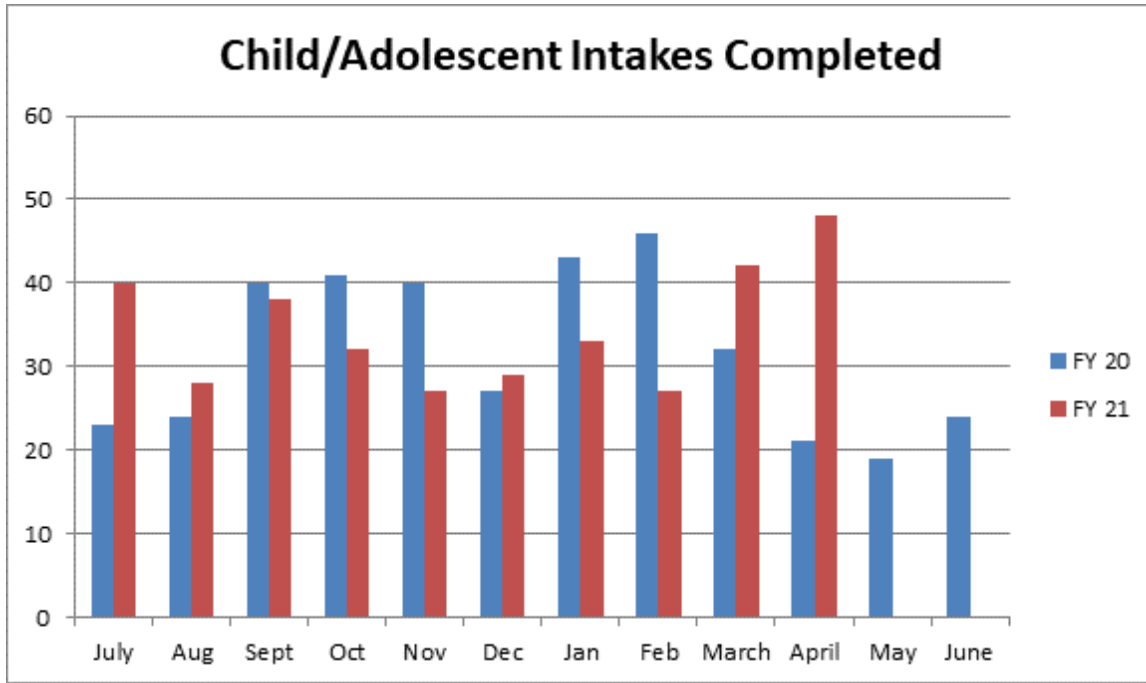
## Suicide Prevention

We were able to donate trigger and cable locks to the Remote Area Medical Clinic held at the Fair grounds in April. The staff working the clinic gave very positive feedback about the donation. We were also able to provide two more Mental Health First Aid trainings to JMU staff. We are happy to have 55 more community members complete the training.

## Out Patient Therapy & Children’s Case Management

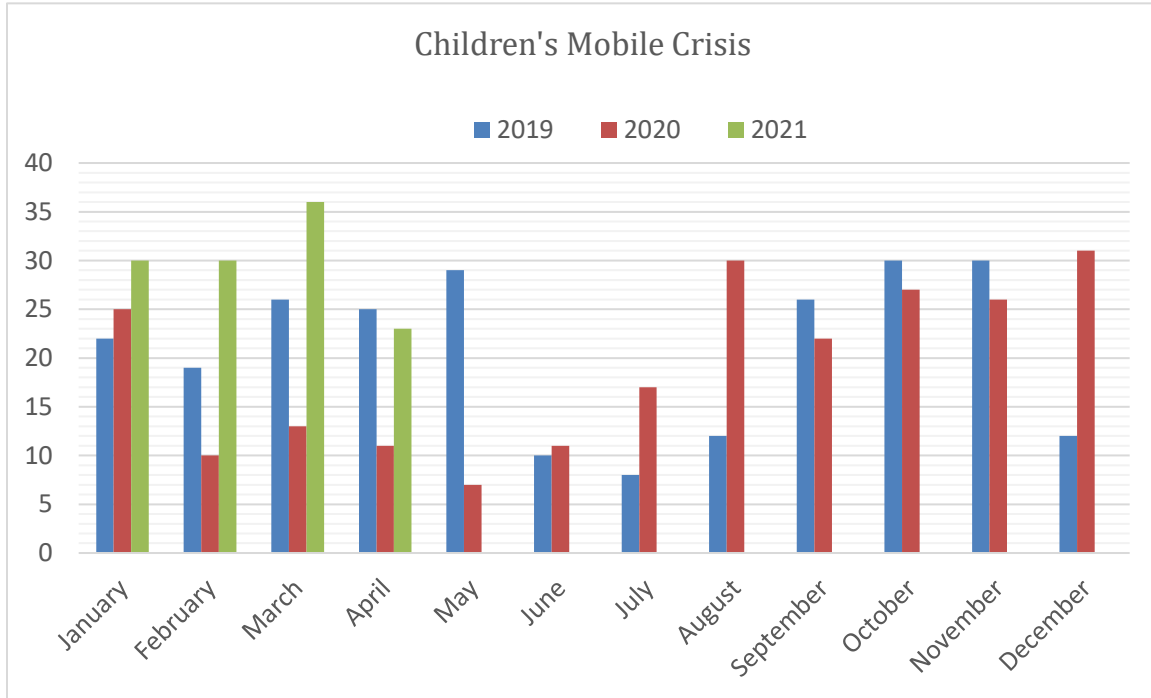
There are currently 242 students open to our in-school Early Intervention services. There has been a significant increase in participation since more students returned to in-person school in the past month. Clinicians report many of their students have been reporting increase in anxiety and difficulty managing all the changes. Our outpatient therapists continue to utilize telehealth and in-person appointments to provide outpatient therapy. They have been talking with and preparing their clients and families for the upcoming move into a new building. There are currently 489 cases open to outpatient therapy and we completed 48 intakes during the month of April.





## Children's Mobile Crisis

It is good to see that our call volume decreased in April when the schools opened and children were able to return to the classrooms. Most of our referrals continue to be internal, but we have seen an increase in self-referrals from parents.



## Developmental Services

Developmental Disabilities (DD) Case Managers billed 293 units for the month of March with contracted DD case managers from Valley Associates for Independent Living completing an additional 20 billable units. Case managers also completed 702 separate contacts to assist with linking clients to services, or monitoring their satisfaction. They also completed 29 annual ISPs, which by way of a data exchange are automatically updated into the Waiver Management System (WaMS) daily.

Currently we have 229 individuals receiving DD Waiver services. Of those, 72 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 208 individuals on the DD Waiver Waiting list awaiting services. There are currently 58 individuals on Priority 1 status, followed by 89 on Priority 2, and 61 on priority 3. We completed 5 Waiver screenings for new clients in April.

We completed a Waiver Slot Advisory Committee meeting in early April, where we were set to allocate 3 waiver slots. However, since none of the 3 individuals chosen were requesting congregate residential services immediately, we were not able to assign one of our Community Living slots. That slot can be utilized by any client locally requesting a reserve slot. If that option is not available, the slot will be offered to the region for utilization.

We finished up several reviews in April. The quality service reviews completed by the Health Services Advisory Group, and agency contracted by DBHDS, finished up mid-month. This is the second round of reviews which began at the beginning of the fiscal year. At this point we have not been given a time when we should expect the results of the review. We also had cases reviewed directly by DBHDS as part of their annual Waiver Waiting list review. We are awaiting any feedback on the review. Lastly, our QI staff assisted with the completion of our Support Coordinator Quality Review (SCQR) submissions, which consist of a self-review of several charts utilizing review forms provided by DBHDS. We completed our submission for the current quarter, and we also were able to meet with DBHDS to review submissions from our previous quarter. As this is a relatively new process, we were able to provide feedback on areas where more clarity is needed regarding various areas of the assessment. The SCQR data is a key component of DOJ settlement agreement compliance.

Our department has continued to clean out the "gray house" in preparation for our move over to the McNulty center. We're looking forward to the big move.