



HRCBS Board Report – August 2021

Ellen Harrison (Executive Director)
Adam Yoder (Recovery Services)
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John Malone (Developmental Services)
Barbara Brady (Administrative Services)

Message from the Executive Director

It is the beginning of the fiscal year and with that has brought the normal activities and further many new ones. The FY2022 Performance Contract was sent out on June 21, 2021 for signatures with an effective date of July 1, 2021. The changes in this contract cycle were heavy in formatting of the actual documents while also including several mandated data reports to the Department of Behavioral Health and Developmental Services (summary attached).

The move of approximately 150 employees over 3 days was a huge success. HRCBS was closed for two business days, Friday July 9th and Monday July 12th, with a re-opening to the public for services on Tuesday July 13, 2021. We certainly continue to experience minor bumps as a result of such a significant endeavor, but the overall feeling is one of pride in our new space. We had so many people rise up and help with the set-up and settling-in process that it was truly inspiring. I am very appreciative of all the hours and ownership dedicated to this move and re-opening. We look forward to an Open House once there is adequate and safe parking for such an event.

The General Assembly has convened yet again for an abbreviated session to deliberate on how best to spend the \$4.3 billion American Rescue Plan Act 2021 funds for Virginians. The proposed allocations at this time include \$96.2M for the Department of Behavioral Health and Developmental Services (DBHDS) to shore up the vacancy rates in state facilities as the primary spend, and \$21.65M for CSBs to expand select services as identified in the submitted budgetary language. The Federal Government also released additional Block Grant funding (labeled Introduced Budget below) to DBHDS to augment the public service expansion efforts in Virginia.

DBHDS for State Facilities	DBHDS for CSBs
\$45M for bonuses for direct care staff at state hospitals and training centers	\$10M for the continued expansion of community-based crisis services which may include mobile crisis and CRCs

\$1.2M to purchase PPE for state facilities	\$5M for PSH in NOVA; seems to be exclusively tied to state hospital discharges
\$50M to replace ventilation, water and/or sewer systems in DBHDS facilities	\$1.65M to expand the current dementia pilot to support an additional 60 people with design and implementation complete by 01 DEC 2021
\$76.9M for salary adjustments for direct care staff at state hospitals and training centers (authorized to be included in the Governor’s introduced budget for FY22-24)	\$5M to expand community-based SUD treatment
\$1.2M for PPE for state facilities (authorized to be included in the Governor’s introduced budget for FY22-24)	\$20M for the continued expansion of community-based crisis (authorized to be included in the Governor’s introduced budget for FY22-24)
	\$1.65 to expand the dementia pilot to an additional 60 people, bringing the total expectation to 120
	\$5M for community-based SUD treatment
Total for FY22 ARPA Funds for DBHDS \$96.2M	Total for FY22 ARPA Funds for CSBs \$21.65M
Total for FY22-24 introduced budget \$78.1M	Total for FY22-24 introduced budget \$26.65M
Grand total for DBHDS \$174.3M	Grand total for CSBs \$48.3M
Difference between facility spending and funding allocated for CSBs \$126M	

We will be watching the General Assembly outcomes closely and hoping for some relief from the unintended consequences of COVID on staff vacancy rates. As reported in the media, DBHDS closed admissions to 5 of 8 state psychiatric hospitals for an undetermined amount of time due to severe vacancy rates, in attempts to correct what had become an unsafe working environment. There are a multitude of agencies that currently suffer from dire vacancy rates including law enforcement, correctional facilities, and CSBs. HRCSB is currently experiencing a 36% vacancy rate, up 10% from pre-COVID levels. Certainly this has an effect on our ability to expand programming in newly developed areas and meet the growing demands of our community.

Ellen Harrison, LPC, MBA

Administrative Services

Construction Update

We did it! HRCSB was granted a temporary certificate of occupancy permit just in time for the July 9th move. The collective efforts of the HRCSB team, Lantz Construction and their many partners, plus Mather Architects and their partners, successfully completed the enormous project of designing, building, furnishing and moving into our new home as scheduled on the weekend of July 9-12. June and July were full of activities leading up to the big move, including final clean out of old workspaces, packing up 30+ years of offices,

finalizing plans for the move, and preparing the new workspace as best as possible for re-opening Tuesday, July 13. 150+ employees were moved and relocated in 3 days. On Monday, July 12th, staff returned to their new work spaces and unpacked and organized, preparing for clients on Tuesday. The smoothness of the transition and re-opening -- minus a few computer, parking and coffee issues -- has been remarkable. It is almost impossible to believe, but it's true -- we did it!

IT, Clerical, Compliance and Risk Management

It's been a challenging time for all components of the Administrative team. However, the collective efforts of all departments have been successful by any measure as they continue to support the HRCSB mission in our new home.

- Fiscal year-end is an extremely busy time for Compliance and Data reporting, with changes to reporting requirements, policies and CCS data criteria for the coming year. Capturing all of those details took the collective efforts of the IT, Compliance, QI and Data departments.
- July 1st was the first day of the new CCS reporting. That went very well with only a couple of minor form glitches, which were easily fixed. Compliance and QI trained many new staff in addition to responding to three desk chart audits from Optima.
- We had a visit from our DBHDS licensing specialist because of the new location status. As of this moment, we are still waiting for our license to be updated for public posting.
- Finally, we started billing SA Case Management-Adult on 7/1/2021.
- The IT Department has put in extensive hours designing and creating the technical infrastructure of the new building. They have worked closely with the builders, vendors and the end users to have a functioning network -- including phones -- the day we opened. They have done a fabulous job over the last two months to get us operating smoothly.
- The Clerical team has worked equally hard in creating new workflows with a combined on-site team from Main Street and McNulty Center, with two new registration desks and extensive cross-training. It has been exciting to see their successes as they greet, register, guide and check-out clients. They are also keeping the Medical and Clinical teams functioning smoothly with various kinds of support.

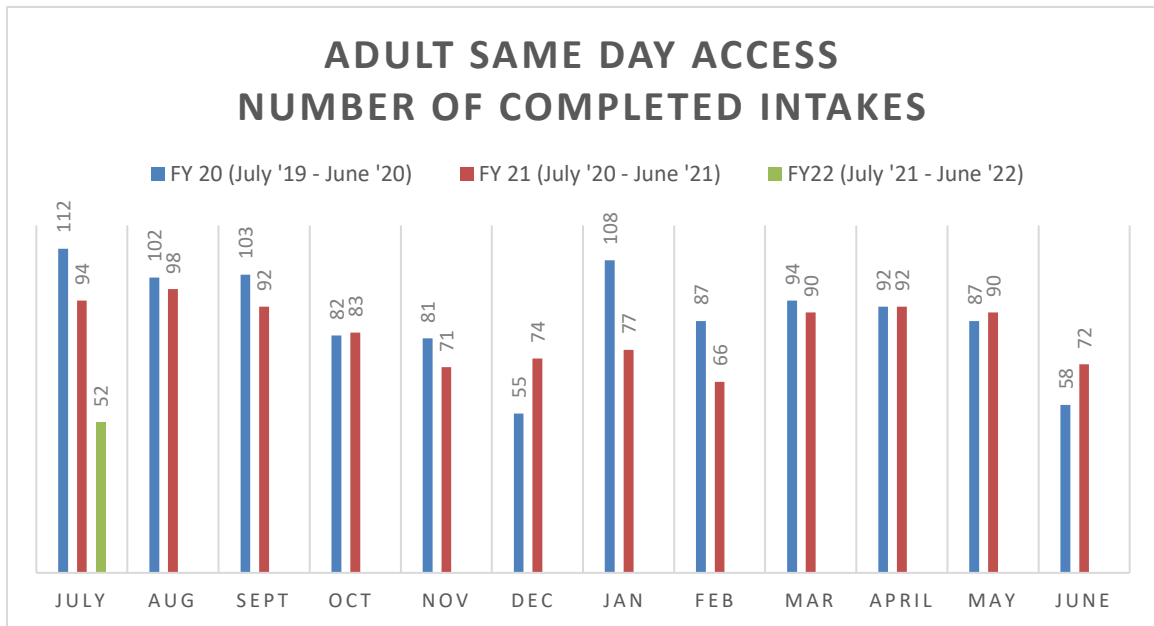
Behavioral Health Services

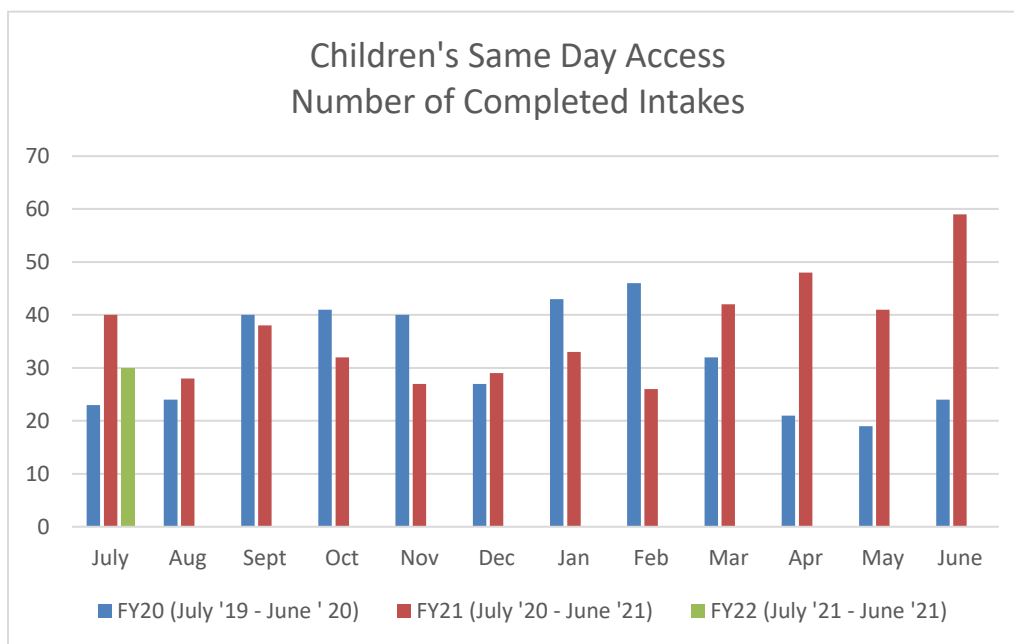
Same Day Access - Adult and Child

The Same Day Access (SDA) team is now doing all the intakes for both adult and child. We were able to hire two additional SDA clinicians and an additional Client Navigator during the month of June. Previously the SDA team had been utilizing outpatient clinicians from both adult and child outpatient services to manage the demand for intakes. With the additional SDA hires, we no longer need to utilize the outpatient clinicians’ skills and time for this purpose.

Over the course of Fiscal Year 2021, there were 1000 adult intakes completed and 443 child intakes. For comparison purposes, this is slightly lower than the previous year where we completed 1061 adult intakes. We saw an increase from FY2020 children’s intakes where we completed 380 intakes. For July (July 1-28), we have completed 52 adult intakes and 30 child intakes.

We are continuing to provide intakes via telehealth and in-person, with an increasing number of individuals requesting to be in-person. We are primarily providing scheduled intakes and same day appointments permitting availability of clinicians. We will be looking at resuming walk-in / same day intakes in the coming months.



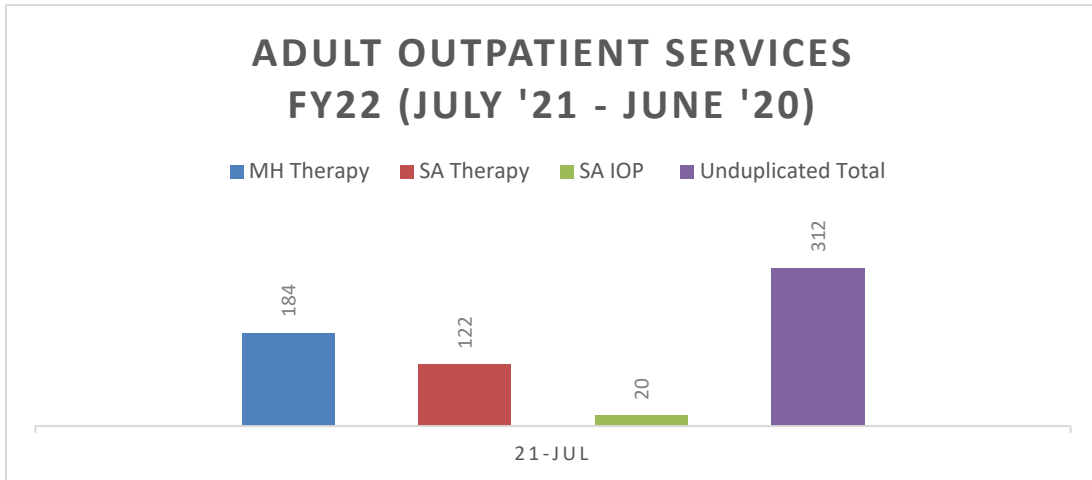


Outpatient Services – Adult and Child

Both Adult and Child Outpatient therapy teams continue to provide services to individuals via telehealth (video conferencing and/or telephone) and in-person. Over the last three months, we have noticed an increase in requests for in-person appointments and a decline in telehealth services for therapy.

For the month of July (July 1 – 28) in adult outpatient therapy, we provided mental health therapy to 184 individual clients, for substance use therapy services we provided therapy to 122 individuals, and in our SA IOP program we served 20 individuals, for a total of 312 unduplicated clients served in therapy services. For the month of July (July 1-28) in child outpatient therapy, we provided services to 264 clients and their families.

Adult and Child Outpatient services continue to grow in the number of clients referred for services and seeking support through individual and/or group therapy. We have been fortunate to be able to expand both departments and are in the process of hiring additional clinicians to help meet the continued need for services.

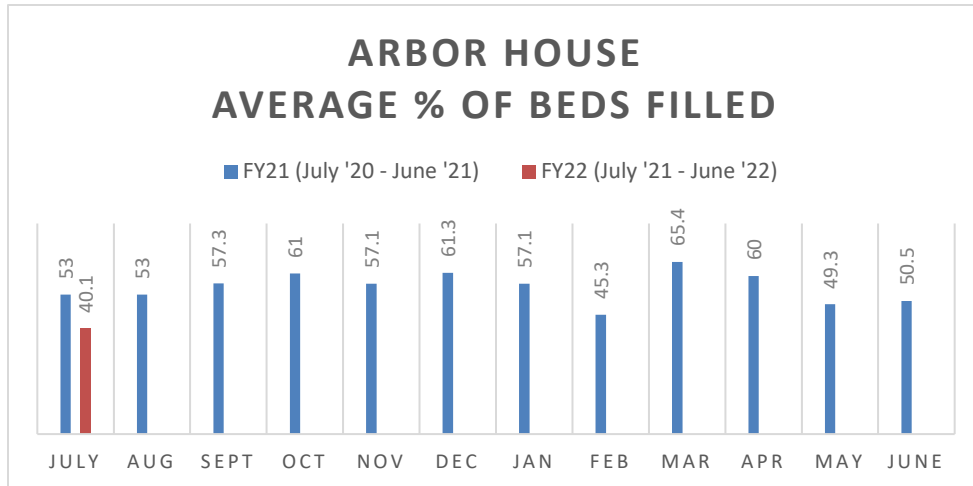


Drug Court Program

We currently have 43 participants in our drug court program who are receiving drug court case management services. In addition, many of our participants are engaged in treatment services such as SA IOP and outpatient SA services (individual and group therapy). In the spring, we were also able to hire a Peer Support Specialist that works with drug court participants. Our Drug Court program was recently approved to transition from a 22 month program to a 15 month program. The shortening of the program does not impact the clinical treatment provided. Participants will still be expected to engage in the same number of required hours of treatment based on program and individual needs.

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 July (July 1-28), our bed utilization was 40.5% based on 7-bed capacity; our utilization rate based on the 5-bed capacity was 75.7%.

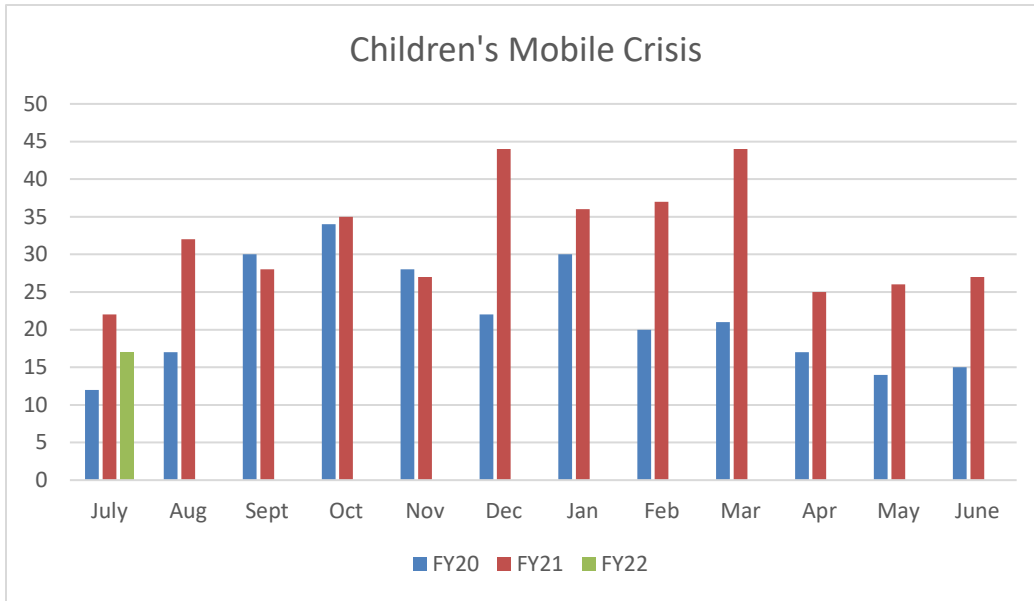


Behavioral Health Wellness

We are currently in the process of hiring an additional full-time position in our Behavioral Health Wellness program. We are excited for the opportunity to grow this team and to continue to engage in substance abuse prevention and mental health promotion in our community. Our Coordinator of Behavioral Health Wellness, Brandy Haden, has created a one-page flier to increase awareness for safe medication disposal options (attached). We anticipate getting this out to individuals in the community through local partnerships to raise awareness. This year, the team will have an added focus on promoting awareness about marijuana misuse/abuse.

Children’s Mobile Crisis

Our Children’s Mobile Crisis team continues to provide support to children and their families. During the month of July (July 1- 28), we provided services to 17 clients. This is slightly lower than last year at this same time. However, it is common to see a decline in services during the summer. Our team continues to receive internal referrals from Outpatient Therapists, Case Management Services, Emergency Services and Same Day Access.



Recovery Services

Adult Mental Health Case Management (MHCM), Children’s, Children’s Case Management (CCM), Children’s Case Support (CCS) and Family Care Coordination (FCC)

Both our adult and children’s case management programs continue to have caseloads at capacity with continuous referrals coming in. Both programs have position openings. It is exciting to continue to grow our ability to serve consumers in Harrisonburg and Rockingham County.

Mental Health Skill Building Service (MHSB)

We are happy to have Becca Hardesty as our new Supervisor of Community Supports. Becca just completed her masters in counseling degree from Eastern Mennonite University. She previously worked with the HRCSB in positions at Summit House and Arbor House. She began as supervisor of our Mental Health Skill Building program on August 1st.

Permanent Supportive Housing (PSH)

Kimberlee Greenawalt began her new role as our second Housing Specialist on August 1st. We received expansion funding for the program which added 15 more client vouchers and allowed us to hire a second Housing Specialist. Kimberlee has been with the agency for 4 years and previously worked in the residential program.

Supervised Living Residential Program

We hired Colleen Kivley as our new Residential Site Coordinator. She has been with the agency for over three years, and was previously the Residential Program Assistant. Colleen took over the program August 1st. Residential currently has 9 beds filled and one opening.

Western State Hospital (WSH)

For the month of June, WSH census reports we had an average census of 8 and a census per 100,000 of 6.3. At the Commonwealth Center for Children and Adolescents (CCCA) our total admissions for the year 2020/2021 was 7 with a total of 69 bed days.

Developmental Services

Infant and Toddler Connection

In July, the Infant and Toddler Connection team returned on-site in July, after working primarily from home much of the last two years due to space issues. Additionally, many of the pandemic related work flow allowances related to telehealth are shifting back to a more “normal” in-person model. Suffice to say, the day to day work done in July 2021 looks markedly different than those same services delivered one year ago. It’s a tribute to the team’s resilience that they’ve continued to provide quality services while meeting targets during such a period of transition.

Month	Referrals July 2020-June 2021	Referrals July 2021 to June 2022
July	30	35
August	35	
September	33	
October	34	
November	30	
December	24	
January	41	
February	31	
March	34	
April	38	
May	26	
June	45	

Month:	July
Total Referrals	35
Monthly Referral Goal	30
IFSP Completions Per Month	25
Monthly Child Count	165
Data for Referrals	
Parent Declines/No Contact	1
Transfers	0
Not Eligible	0
In Process	34
Deceased	0
Active	0

We currently have open positions for two hourly Speech Therapists, and one full time Service Coordinator. We will be pleased to welcome Cassidy Kramer as a new full time Service Coordinator later this month.

We are continuing efforts to maintain a community presence through direct outreach as well as through social media. One of our goals related to these outreach efforts is to ensure that families know that we can receive referrals directly from them, and not only through physicians or other agencies.

Developmental Disabilities

Developmental Disabilities (DD) Case Managers billed 291 units for the month of June with contracted DD case managers from Valley Associates for Independent Living completing an additional 20 billable units. Case managers also completed 670 separate contacts to assist with linking clients to services or monitoring their satisfaction. They also completed 36 annual Individual Service Plans (ISPs), which by way of a data exchange are automatically uploaded into the Waiver Management System (WaMS) daily.

DD Case management services are now being provided in much the same way they were before the COVID public health emergency. Face to face visits are again being required, and most meetings are now occurring in person rather than virtually. Some community based day supports are in the early stages of re-opening. The primary issue affecting the reopening of day supports is vacancy rates and not health concerns. Staffing also continues to be a major concern in our local and surrounding area residential programs.



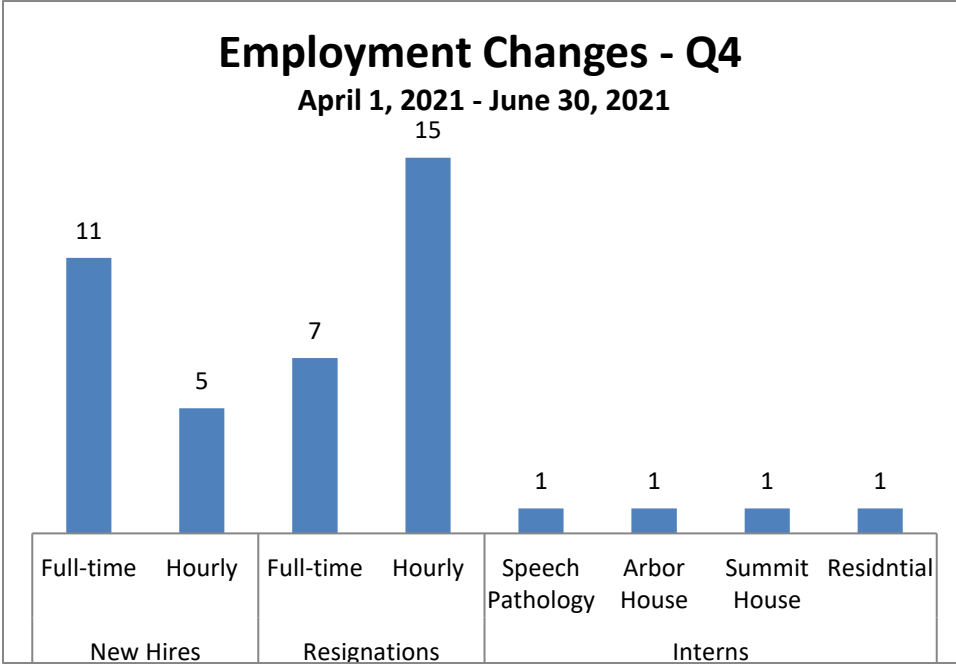
In July of last year we implemented three new assessment tools as part of an effort to come into compliance with the Department of Justice Settlement agreement. These tools, the Crisis Risk Assessment, the Risk Awareness Tool, and the On-Site Visit Tool, are primarily concerned with evaluating risk and the need to alter a client's ISP. In the year since being implemented, we've completed 369 Risk Awareness Assessments, 2,477 On-Site Visit tools, and 2,953 Crisis Risk Assessments. It is our hope that DBHDS will continue to monitor the efficacy of these assessments in ultimately producing better outcomes, and will make adjustments as needed.

Currently we have 231 individuals receiving DD Waiver services. Of those, 75 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 two out of every three visits occurring in the client's home.

There are 215 individuals on the DD Waiver Waiting list awaiting services. There are currently 52 individuals on Priority 1 status, followed by 90 on Priority 2, and 73 on priority 3. Beginning in July, we have been re-screening our waiting list clients using new Priority Screening forms and new Critical Needs scores. In some cases, utilizing the new DBHDS screening forms has resulted in individuals receiving lower priority and/or critical needs scores. We received 7 new referrals and completed 5 waiver screenings in July.

Of course our biggest news from July was the move of the Developmental Services team from the main street location to the McNulty Center. Our team had an exciting few days moving in, getting their offices set up, and adjusting to their new space. We also spent some time ironing out some minor glitches, but overall the process has been quite smooth. Thanks to everyone who put so much time and effort into planning the move!

Human Resources



The above chart outlines Employment Changes as well as Internships from the 4th Quarter (April 1, 2021 – June 30, 2021). This quarter Harrisonburg-Rockingham Community Services Board added these full-time positions:

1. Psychiatric Nurse Practitioner
2. Director of Recovery Services
3. Children’s Community Resources Supervisor
4. Client Navigator
5. Facilities Management Specialist
6. Billing & Reimbursement Technician
7. Emergency Services CITAC Clinician
8. Permanent Supportive Housing - Housing Specialist
9. Critical Time Intervention (CTI) Case Manager – Permanent Supportive Housing
10. Residential Site Coordinator MSH
11. Adult Outpatient Clinician II, Services Members, Veterans and Family Focused
12. Certified Peery Recovery Specialist
13. Children’s Mental Health Case Manager



Current HRCSB staff credentialing:

- 18% Administrative Staff
- 19% Licensed or License Eligible Staff
 - 12% Serving Adults
 - 7% Serving Children
- 35% Hold a certificate to deliver services
- 10% Medical Staff

Contractors were included in the overall total for percentages.