

HRCBSB Board Report – November 2021

Ellen Harrison (Executive Director)
Adam Yoder (Recovery Services)
Rebekah Brubaker (Behavioral Health Services)

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

Message from the Executive Director

Project BRAVO: Behavioral Health Redesign for Access, Value & Outcomes; the new enhanced behavioral health services under the Department of Medical Assistance Services of Virginia (DMAS). Over the last three years, DMAS has been slowly redesigning the array of programming that will be paid for by Medicaid for children and adults with behavioral health concerns. There has been an intentional alignment of STEP-VA services [DBHDS] and BRAVO [DMAS] programming to encourage a strengthening and depth of providers operating in the public safety net of Virginia. Originally, STEP-VA was conceptualized and codified to standardized 9 core services for all 40 CSBs, in conjunction with a multitude of other programming available in each community. At this juncture, private providers are being encouraged and even solicited to become licensed and develop programming as defined and reimbursed via BRAVO to include: Multisystemic Therapy; Functional Family Therapy; Mobile Crisis Response; Community Stabilization; 23-Hour Crisis Stabilization; Residential Crisis Stabilization; and Applied Behavioral Analysis within the first release of regulations effective 12/1/2021. This push comes right on the heels of the Regional Call Center implementation [12/1/2021] including x988 and National Suicide Prevention Lifeline, Regional Adult Mobile Crisis, Regional Child Mobile Crisis and the design of local Marcus Alert response teams. The intention is to build out a continuum of care within the crisis response system across the Commonwealth of Virginia that reduces involvement of law enforcement in requests for assistance in a behavioral health emergency, while directing the person to the more appropriate community resources based on the genesis of the emergency.

The challenge that all public and private providers are up against at this moment is the dearth of licensed and licensed eligible professionals to fill such positions and of which are essential to the buildout of the entire crisis response system. According to the Virginia Department of Health Professions, 42% of the entire workforce licensed as an LPC are over 50 years old with females holding 82% of the active licenses, and 50% of LCSWs are over 50 years old with 87% being female. In addition, there are more licensed and license eligible professionals going into private practice with over half of the total licensed

population in the last quartile of their work life. As a system of care in the Commonwealth, we are truly not yet prepared to fully build out the vision of both DBHDS and DMAS most especially by the expedited timeline of ≤ 2024 .

Ellen Harrison, LPC, MBA

Administrative Services

New Building Update

If all goes according to plan, the entire construction project, including the McNulty renovation, finishes Friday, November 5. The final punch list includes: the parking lot, landscaping, safety railings, an additional air conditioning unit for the IT server room and a few other odds and ends. It has been a long haul. Kudos and thanks to HRCSB staff for countless hours helping guide and support Mather Architects, Lantz Construction and various other vendors throughout the project. Special thanks to the IT team, Dan Jenkins and Dickson Sommers for getting us through the homestretch. We hope you like the parking lot. We certainly do!

IT, Clerical, Compliance and Risk Management

Many aspects of the move have fallen squarely onto the shoulders of the Admin Services teams: IT, Clerical and Facilities Management in particular. These groups have been active, getting us moved and operational in short order. A few highlights from them and across the Administrative Services group include:

- Once again, the CCS report was submitted on time and error free. We greatly appreciate the Compliance team for their cross training and expertise, and to the rest of the clinicians for their responsiveness to corrections and changes. It is a good thing to transition such an important responsibility so smoothly. Special thanks to Juli-Anna Hendricks and Dana Dewing. The other good news is that we are recruiting for a full-time position to handle these growing data responsibilities and assist with QI work as well.
- The IT Department has been busy with issues related to new employees and their equipment needs, changing phone plans and organizing their new space and storage. The team is extremely busy making the new environment work for everyone.
- If you have seen the grass around the new building, you can thank our Facilities Manager Dickson Sommers. He has been babying and watering our newly planted grass every single day, including weekends. He has juggled the many hoses and sprinklers with other responsibilities; including getting the automobile fleet in tiptop shape and helping finish out the construction punch list.

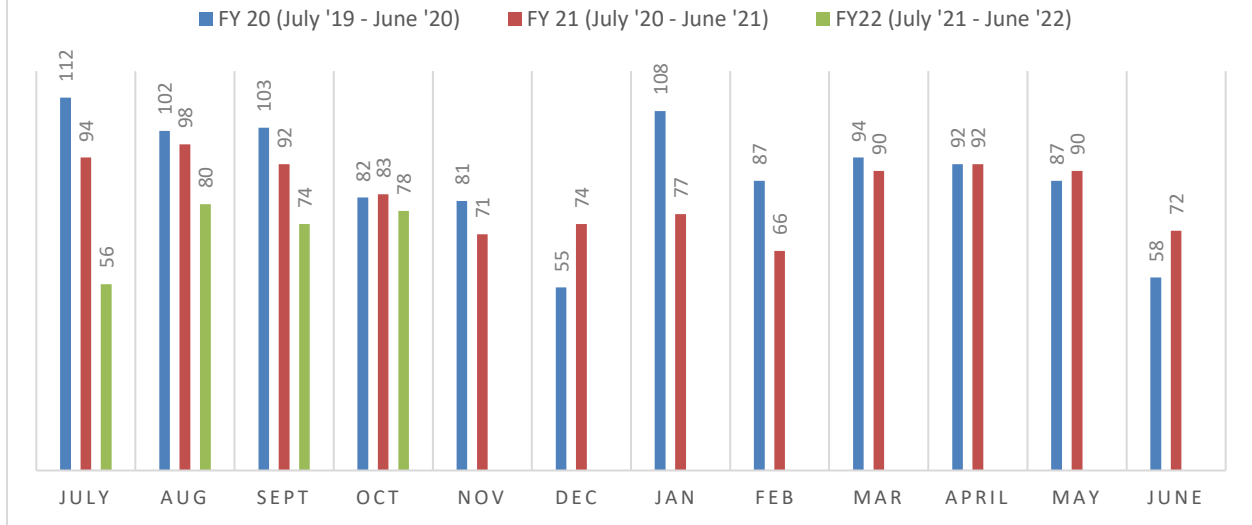
- The Compliance Department has spent a great deal of time this month reviewing proposed new DMAS Crisis regulations and guiding management on the proposed changes. They are also assisting with an audit involving ID/DD case management services. As always, their expertise and “light touch” is appreciated as they work with their clinical colleagues.
- The Clerical team has two new members, Maria Lopez Ramirez in September and Eileen Gingrich in October. They are both great additions to the team and help with covering busy receptionist desks and phones. We are saying good-bye to Charlene Gilley, a 15-year member of the Clerical team, who is thankfully staying at HRCSB in a position in Same Day Access/Intake on November 1. We thank Charlene for all of her contributions at McNulty and to Clerical in general and wish her well in her new position.
- Finally, our Risk Management/Safety Officer Dan Jenkins is working on the critical next stages of the agency’s Emergency Management plan. Working closely with a team including Clerical, Management and IT, Dan is presenting the code and alert system that will be launched December 1 to each work unit. The system will allow employees to handle various emergencies in an efficient and safe manner. Communication and training will be an integral part of the overall program.

Behavioral Health Services

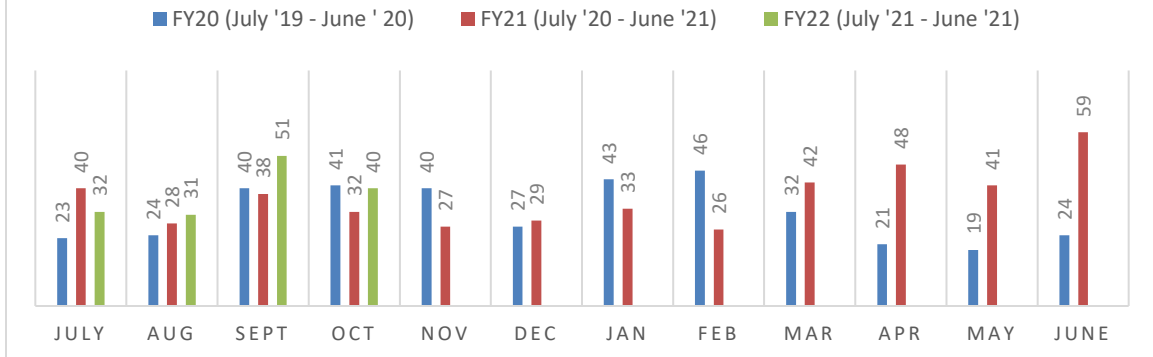
Same Day Access - Adult and Child

We continue to provide intakes via telehealth and in-person, with the majority being provided in-person. We are primarily providing scheduled intakes and same day appointments permitting availability of clinicians. For October (October 1 -27), we have completed 78 adult intakes and 40 child intakes. We continue to see an increase in services being requested for children, youth and their families.

ADULT SAME DAY ACCESS NUMBER OF COMPLETED INTAKES



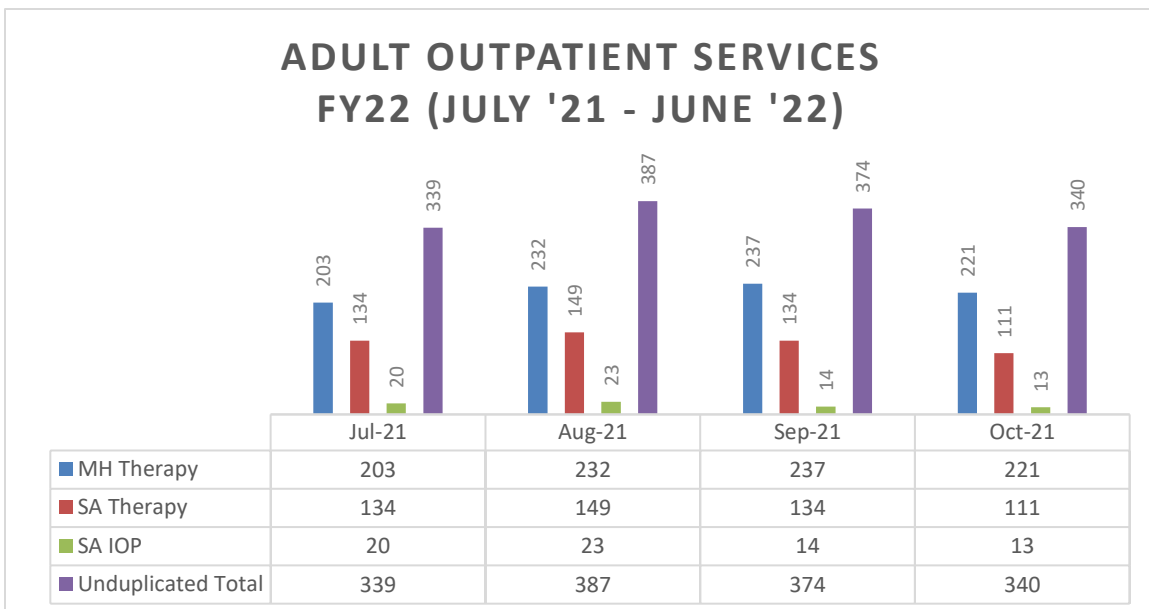
CHILDREN'S SAME DAY ACCESS NUMBER OF COMPLETED INTAKES



Outpatient Services – Adult and Child

Both Adult and Child Outpatient therapy team continue to provide services to individuals and their families via telehealth (video conferencing and/or telephone) and in-person, with the majority of them being provided in-person.

For the month of October (October 1 – 27) in adult outpatient therapy, we provided mental health therapy to 221 clients, for substance use therapy services we provided services to 111 individuals and in our SA IOP program we served 13 individuals, for a total of 340 unduplicated clients served in therapy services. For the month of October (October 1-27), in child outpatient therapy, we provided services to 308 clients and their families and currently have 552 clients enrolled in children’s therapy services. Over the last several months, we have hired additional therapists in children’s outpatient in order to help provide more consistent and timely services to those families engaged in treatment services. Our team has historically had caseloads in the upper 80s and 90s, which is difficult at best to provide timely and consistent services. The team is appreciative of the ability to add additional therapists in order to lower the caseload numbers to 60 clients per clinician.



Both of our adult and children’s therapist work within a system of care supporting their clients. This means that they are often times working to coordinate additional support services (medical services, case management, school support etc.) in efforts to meet the varying needs of our clients to allow them the best possible outcome. Below is one therapist’s experience working with a young client and their family and the success the family has had in services.

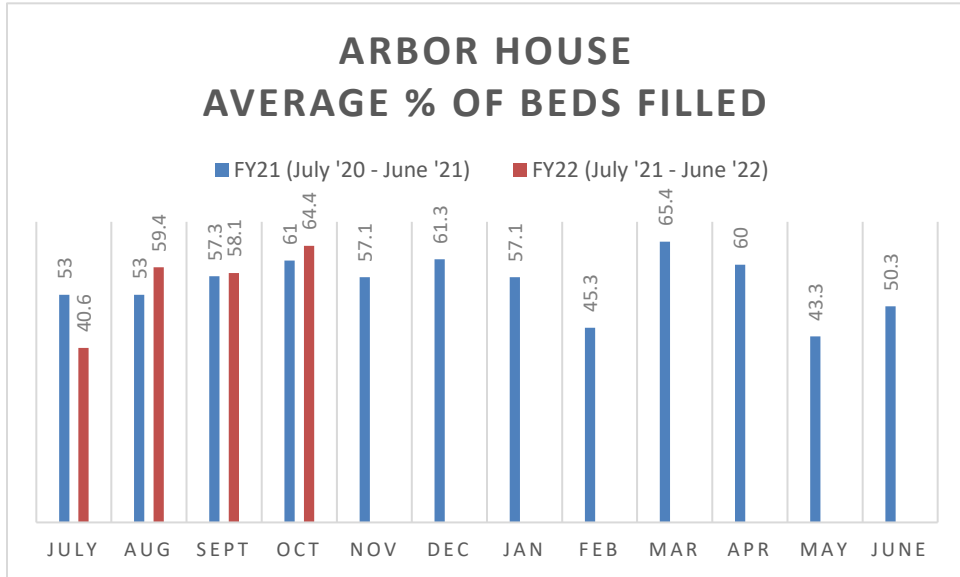
“My client started services due to disruptive behaviors and explosive mood that was displayed at home, at school and in my office. The family was initially very uncertain about working with me and having their child engaged in therapy. However, over time we were able to build a trusting relationship, which allowed me to refer the client and their family to children’s case management services and medical services within the agency. Since starting therapy, my client’s behaviors have significantly improved at school and at home. “

The following is another example of the successful work our clients are able to achieve through therapy with the support of their clinician.

“My client presented for services several months ago having endured a difficult childhood and a struggle with depression, anxiety, anger and substance use. Additionally, he faced legal and family problems. Throughout the course of treatment, he shared openly about the many challenges he faced, and explored his personal values and strengths, as well as his hopes and dreams in life. He grew in confidence as he continued to avoid substance use and focused on what was needed in order to be the person and parent he most wanted to be. He spoke of a healing process that was taking place and shared how this helped improve his relationships with those closest to him. At this time, he is taking steps to realize his dream of owning a business centered around his passion and talent for cooking. He is feeling better about himself and is looking forward to creating a better life for his family.”

Arbor House (Crisis Stabilization Unit)

Arbor House continues to set our maximum capacity at 5 individuals. This decision was made to ensure that each individual could have their own bedroom. For October (October 1-27), our bed utilization was 44.4% based on 7-bed capacity and our utilization rate based on the 5-bed capacity was 64.4%. Our staff continue to provide support and skill development to those individuals enrolled in our program. The program is structured to provide concrete and practical skills on managing/coping with strong emotions, symptom management and interpersonal skills.



Behavioral Health Wellness

Our Behavioral Health Wellness team continues their work in the community. They are in the process of conducting listening sessions to help inform the strategic planning for the Healthy Community Council. The team continues to collaborate with Broadway High School to provide support to their Sources of Strength program. The following is a link <https://www.whsv.com/2021/10/14/rcps-students-staff-come-together-through-sources-strength/> from WHSV where the partnership was highlighted in our local news.

Resiliency Kits

Harrisonburg-Rockingham Community Services Board

What's Inside:

Drawing Supplies

Colored pencils and a pencil case along with a coloring book filled with intricate and fun designs!

Fidgets!

A variety of small, engaging fidgets! 3 per bag which may include: squishies, slime, stress balls, squeeze pops, and more!

Journals

Small journals with lined pages. On the back of each journal are contact details for mental health resources!

Bookmark and Self-Regulation 1-pager

A bookmark that lists mental health resources on one side and a resilience quote on the other. Plus a cardstock 1-pager with journal prompts and self-regulation tips in each bag!

RESOURCES

Harrisonburg-Rockingham Community Services Board
 1000 South Canal Street, 3rd Floor
 Harrisonburg, VA 22801
 Phone: 540-433-1100
 Fax: 540-433-1101
 Email: info@hrcsb.org
 Website: www.hrcsb.org

HARRISONBURG-ROCKINGHAM COMMUNITY SERVICES BOARD

The team continues to provide Resiliency Kits to both Rockingham County Public Schools and Harrisonburg City Public Schools. Above is a flier highlighting what is included in the kits.

Children's Mobile Crisis

We are excited to welcome Cherie Ditmer, Resident in Counseling in Virginia with a license as a Licensed Professional Counselor in the state of Connecticut. Cherie brings a wealth of experience in providing services to youth and family within the community, including crisis services. Cherie joined us October 1 and will soon begin working with youth and families in our area. This program is intended to provide crisis services either to divert from a higher level of care such as acute psychiatric inpatient or a stabilization support following hospitalization. The clinician will be able to provide short-term support to the individual and natural support systems in effort to stabilize within the community. This will include brief interventions and skill building as well as coordinating with follow-up services. This is a wonderful resource within our community and we are eager to be able to provide this service soon!

Early Intervention – School Based Program

Our Early Intervention team continues to provide mental health services to students in the middle and high school setting within Rockingham County Public Schools (RCPS) with a total of six clinicians and one graduate level intern. The team is currently providing support to 186 students in RCPS. Each clinician carries an average a caseload of 25-35 students. The Early Intervention team continues to receive referrals and note great need for mental health supports. We welcomed an Early Intervention Clinician, Manar Fawahry, Resident in Counseling in Virginia, on October 1. Manar will be working within the middle school setting at Harrisonburg City Public Schools. Manar's time will be available to support students at Thomas Harrison Middle School, Great Oaks Academy and Skyline Middle School.

Intensive Case Management

Intensive Case Management (ICM) continues to provide support to unserved/underserved youth whom may often experience barriers to accessing care and/or are at risk of a higher level of care and support needs. ICM is provided in effort to support youth in the least restrictive environment and living in the community. ICM continues to collaborate with various community supports/agencies to link youth/family to resources of need to support longer term stabilization. ICM continues to participate in meetings with Rockingham County Public Schools, Harrisonburg City Public Schools and contact with Juvenile Domestic Relations Court in efforts to partner in identifying

areas of need and resources available which may include the ICM service and other community services and resources.

Emergency Services

Our Emergency Services team provides 24/7 coverage for crisis response for any individual in our community (Rockingham County and Harrisonburg City). The team continues to provide crisis intervention on-site and in-person at the clinic, in the community and at Sentara RMH. During the month of October, the team completed 60 prescreening assessments for individuals. This is within our typical average of prescreen assessments completed in a month. Our ES team also includes our Crisis Response Team, which is a partnership with the local Sheriff's office to provide a clinician and a law enforcement officer to respond to mental health situations in the community.

Recovery Services

Our Community Recovery Services Department had a Fall Gathering on the rooftop last Friday afternoon. It was the first opportunity to have everyone together since the move. We have hired new staff and experienced quite a few staff transitions so we focused on learning staff names and the programs they work in. Staff socialized, played some get to know you games and enjoyed fall themed snacks. It was a beautiful day and the rooftop deck and large training room were appreciated by all.

Peer Support Services

We are now advertising for a full time Peer Services Coordinator and a full time Certified Peer Recovery Specialist. This is possible through funding by DBHDS. The goal is to be able to expand our ability to offer peer services throughout our Community Recovery programs. The role of the Peer Program Coordinator will be to have a caseload as well as to offer coaching and support to the other agency peers. Currently we have 6 peer positions working across the agency. Our long term goal for our peer services is to bill Medicaid to help reimburse for those services and diversify the funding of those positions. BRAVO has a significant emphasis on expanding Peer services. Certified Peer Recovery Specialists are individuals who identify themselves as having a mental health or substance use problem and are in active recovery. Peer support is a system of giving and receiving help founded on the key principles of respect, shared responsibility and mutual agreement of what is helpful.

Permanent Supportive Housing (PSH)

Levi Fuller has transitioned from the Housing Specialist position to a fulltime Critical Time Intervention (CTI) Case Manager within the PSH program. The CTI Case Manager is

responsible for accessing, linking to and monitoring services and resources for PSH individuals for the first 6-9 months in their transition from homelessness to housing. The first months involve almost daily face-to-face involvement and the CTI position is able to dedicate this time to clients due to a smaller caseload. This position will work to link the client to services in the larger HRCSB agency and facilitate services among the roles of the PSH team. The PSH program will need to fill the PSH Housing Specialist position that Levi has vacated. Kimberlee Greenawalt is the second Housing Specialist and will carry the load for now.

Psychosocial Rehabilitative Services (PSR)

We were delighted to hear from the case manager of one of our clients that since beginning Summit House, their mood and behavior has made a significant positive change. Before attending Summit House, this client would isolate in their room at their assisted living facility, not socializing or seeking out anyone. Since beginning Summit House PSR programming, the client has been able to spend more and more time in the company of their peers, and has even started to attend groups and assist with SH lunch preparation. Their case manager reports that they have been much more responsive and positive since beginning treatment. We look forward to seeing this client continue to blossom!

Supervised Living Residential Program

The month of October has been filled with many significant events for residential. One of our full-time staff members has moved on and we're excited to welcome a new fulltime Residential Advisor on November 1st. The residents have been hard at work on Halloween crafts, getting in the festive spirit with spooky movies, and helping staff plan the annual Halloween and Thanksgiving parties. All eligible residents have completed their needs assessments to start mental health skill building services and staff are working on the new treatment plans. This allows us to bill Medicaid for several hours of services per eligible resident per week. Skill building as an activity is something our staff have been using as a model for teaching, training and coaching residents in their recovery goals for years now. We are able to begin submitting our services for billing to Medicaid thanks in part to the hiring of a fulltime Community Supports Supervisor who is license eligible and able to complete assessments and authorization.

Western State Hospital (WSH)

For the month of June, WSH census reports we had an average census of 7 and a census per 100,000 of 5.1. Our region, HPR 1, had an average census of 111 and census per 100,000 of 7.0.

Developmental Services

Infant and Toddler Connection

The Infant and Toddler Connection (ITC) held an open doors screening day in mid-October, which allowed families to walk in without appointments to learn more about the ITC program as well as to complete basic screenings for their children. We appreciate service coordinators providing availability throughout the day, and look forward to similar events in the future.

There are currently two open positions for Speech Therapists (hourly and FT), as well as for a service coordinator position. The ITC team has worked hard to maintain services and timely intakes while covering for both open positions as well as for several staff out on family leave.

Month	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
July	17	20	31	30	30	35
August	30	40	38	36	35	42
September	31	36	33	38	33	29
October	18	35	30	36	34	30
November	31	30	27	28	30	
December	22	28	35	34	24	
January	38	31	44	37	41	
February	24	32	35	35	31	
March	31	30	32	40	34	
April	30	43	34	32	38	
May	48	20	33	25	26	
June	34	32	25	35	45	
Total Referrals	353	377	397	406	401	136
Child Count-Dec 1	127	162	173	195	201	

Month:	July	August	September	October
Total Referrals	35	42	29	30
Monthly Referral Goal	30	35	35	35
IFSP Completions Per Month	25	21	24	15

Monthly Child Count	165	179	181	185
Data for Referrals				
Parent Declines/No Contact	11	7	12	1
Transfers	0	0	1	0
Not Eligible	5	3	3	0
In Process	1	8	22	29
Deceased	0	0	0	0
Active	18	18	0	0

Developmental Disabilities

Developmental Disabilities (DD) Case Managers billed 290 units for the month of September with contracted DD case managers from Valley Associates for Independent Living completing an additional 20 billable units. Case managers completed 725 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 234 face to face visits. They also completed 34 annual ISPs, which by way of a data exchange are automatically updated into the Waiver Management System (WaMS) daily.

Currently we have 233 individuals receiving DD Waiver services. Of those, 71 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.

There are 211 individuals on the DD Waiver Waiting list awaiting services. There are currently 46 individuals on Priority 1 status, followed by 88 on Priority 2, and 77 on priority 3. We completed 8 new waiver screenings and received 5 new referrals.

We had two routine meetings with DBHDS in October to review both Department of Justice Settlement Agreement data and our Support Coordinator Quality Reviews. Our DOJ settlement agreement data continues to place us amongst state leaders among several reporting categories, such as face to face requirements, employment and community integration goals, and ISP completion. In regards to our participation in the Support Coordinator Quality Review interrater reliability process, we are having ongoing



discussions to clarify some areas of disagreement, however overall we are pleased with our results.

DD CM staff have all but finished up an extensive review of our DD waiver waiting list, which was necessitated by new forms introduced by DBHDS. For each of the over 200 individuals on our waiver waiting list, we were required to complete new priority screenings, and for those who screened as a Priority 1 we were required to determine a new critical needs score. Similar efforts are being completed by CSBs throughout the commonwealth for the thousands of individuals on the waiting list.

Unfortunately, ongoing labor related issues have resulted in another local provider closing some residential facilities that they are unable to keep consistently staffed. For the second time in the last several months, case managers have been hard at work to find alternative residential placement for clients within a very aggressive timeline.