

HRCBSB Board Report – February 2022

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

The Marcus Alert law remains a focal point for the General Assembly in the 2022 Session. The language for this law sits in both VA Code sections of the Department of Behavioral Health and Developmental Services §37.2-311.1 and the Department of Criminal Justice Services §9.1-193. This is not a behavioral health law but a complex response system to a behavioral health crisis. As such, many interested parties have diverging opinions on both the methodology and subsequent resources required to achieve the best possible outcomes in the midst of a behavioral health crisis. Revisions to the Marcus Alert legislation are being considered, including relieving localities with populations under 80 thousand from implementation of said law. Should this change be adopted, many CSBs would find that some cities and counties in their respective catchment areas are exempt while others are not. It would appear that further discussion and fine-tuning are needed before we can achieve the best possible draft of such important legislation.

Ellen Harrison, LPC, MBA

Administrative Services

Administrative Services Report: Updates from the Compliance, Risk Management, Facilities Management, Clerical and IT Areas

January started out fast for the Administrative Service areas, mostly thanks to Mother Nature. The snow events of early January tested our Facilities Management staff to have the new building up and running after not one but two snowstorms in one week. Our snow removal vendor worked through the night on one weekend, especially focused on keeping access to Arbor House and Market Street House clear.

In addition, the snow plus the Martin Luther King Jr. holiday taxed our Clerical team, including some phone problems added to a chaotic re-opening after the holiday weekend. As usual, the Clerical team stayed calm and handled all that came, and within a short time, all was running smoothly.



The Compliance and Risk Management areas have been busy with many COVID issues, including helping management and staff navigate the changing landscape daily. They have also helped define and assist the relevant offices of the state's Crisis Continuum of Care efforts and the staggered roll-out of the crisis platform for Emergency Services on January 24, 2022 and Community Stabilization on January 31, 2022. These areas have also been deeply involved in the HSAG audits that recently re-started in the ID/DD Case Management areas.

IT and Risk Management had a successful launch of the Alertus Emergency Response system, including a live event where numerous people responded to a call for assistance. All involved in the effort were gratified to see how well it worked and the issue at hand was resolved in short order.

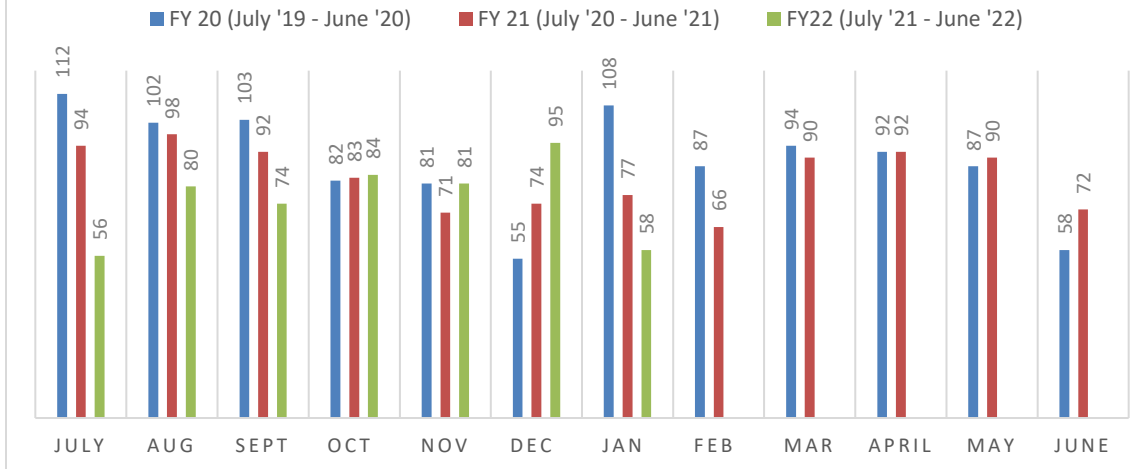
And finally...drum roll please....HRCSB received its official Certificate of Occupancy from the City of Harrisonburg on January 21, 2022. There are still some final issues to resolve with Mather Architect and Lantz Construction, however, this huge milestone with the city is gratifying.

Behavioral Health Services

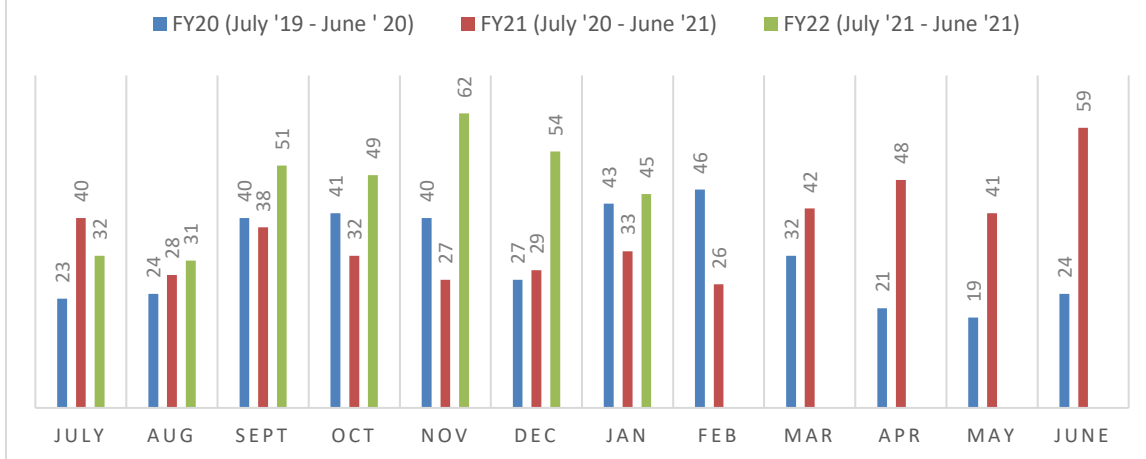
Same Day Access - Adult and Child

In January, we started providing walk-in intakes for adults on Monday, Wednesday and Fridays. We continue to provide scheduled intakes for children and adolescents on Tuesdays and Thursdays. For the month of January (Jan 1 – 26), we have completed 58 adult intakes and 45 child intakes.

ADULT SAME DAY ACCESS NUMBER OF COMPLETED INTAKES



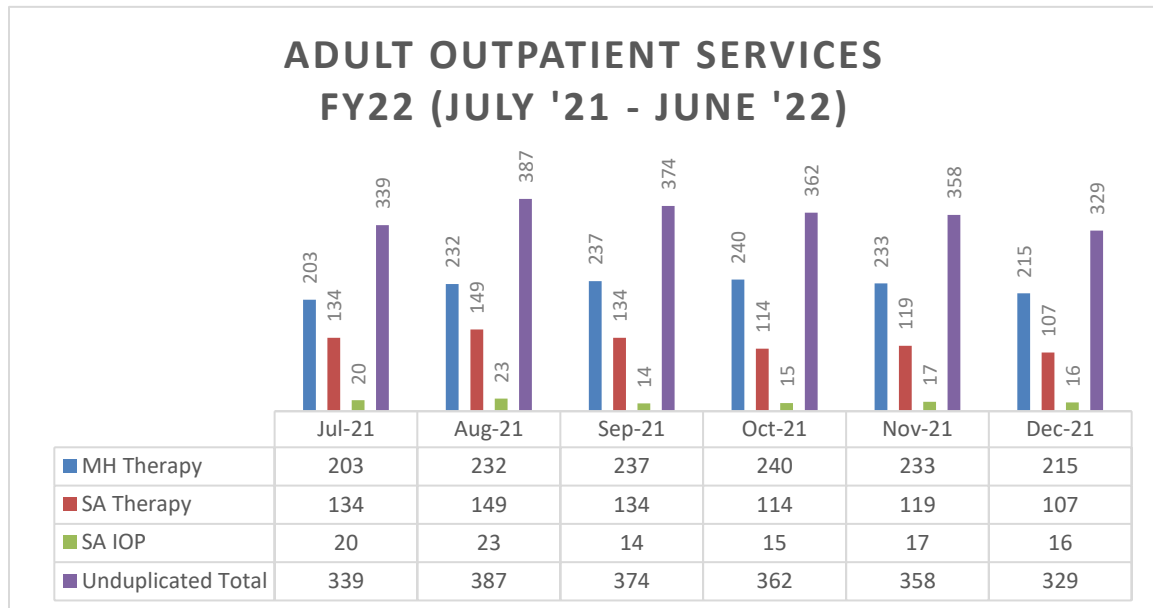
CHILDREN'S SAME DAY ACCESS NUMBER OF COMPLETED INTAKES



Outpatient Services – Adult and Child

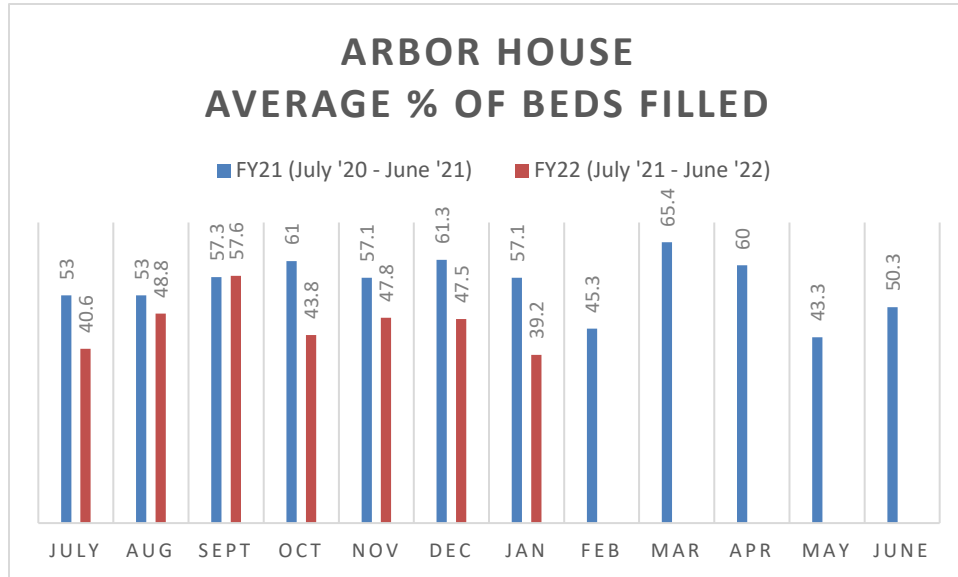
Both Adult and Child Outpatient therapy teams continue to provide services to individuals and their families via telehealth (video conferencing and/or telephone) and in-person, with the majority of them being provided in-person.

For the month of January (Jan 1 -26) in adult outpatient therapy, we provided mental health therapy to 200 clients, for substance use therapy services we provided services to 96 individuals, and in our SA IOP program we served 16 individuals, for a total of 302 unduplicated clients served in therapy services. For the month of January (Jan 1 -26), in child outpatient therapy we provided services to 299 clients and their families. We currently have 641 clients enrolled in children’s therapy services.



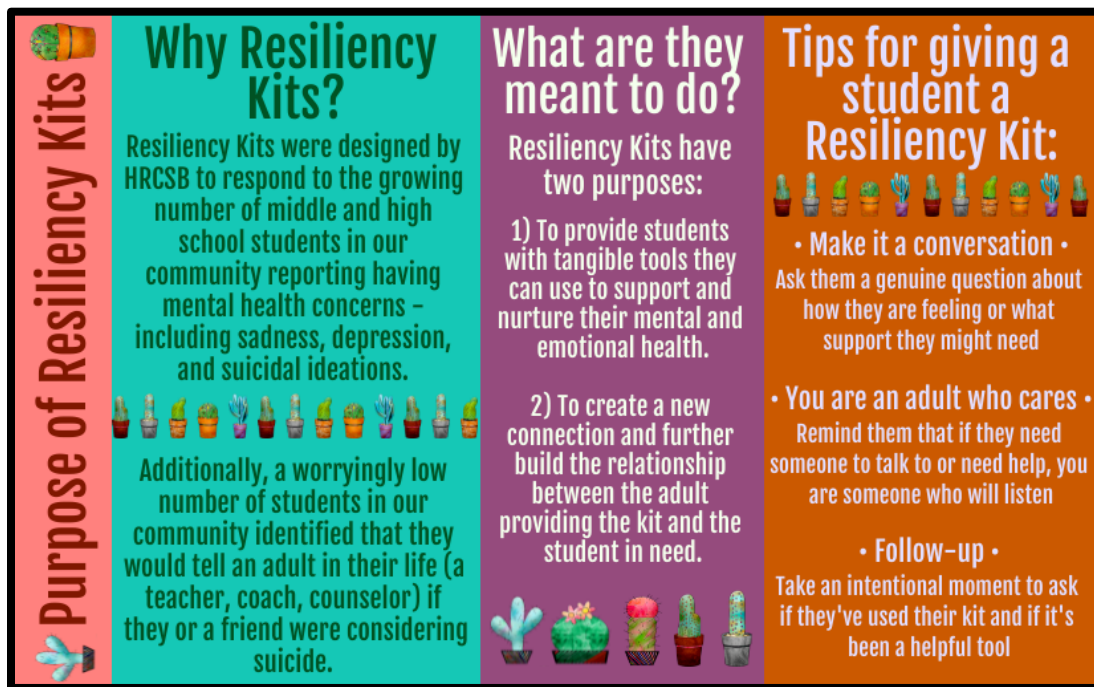
Arbor House (Crisis Stabilization Unit)

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 January (Jan 1-26), our bed utilization was 39.2% based on 7-bed capacity, with our utilization rate based on the 5-bed capacity was 65%. At the end of January, we made the difficult but necessary decision to temporarily suspend admissions due to staffing and COVID related concerns.



Behavioral Health Wellness

One of the initiatives for our Behavioral Health Wellness team is to continue to support school systems as they continue to create trauma informed spaces within their schools. This month we have helped to support 60 faculty and staff from across Harrisonburg City Public Schools (HCPS) and Rockingham County Public Schools (RCPS) that will attend “Creating Trauma-Sensitive Schools Conference” in February. This is a 2-day virtual conference that will provide learning opportunities for attendees on how to implement and create trauma informed school systems. A significant component of being trauma informed, is the focus in developing and fostering opportunities to understand and develop resiliency skills. This month we distributed another 100 resiliency kits to HCPS and RCPS. Since September 2021, we have given 420 Resiliency Kits across both school districts. Alongside the resiliency kits, we have helped support schools to create calm rooms that students can access during the school day. This month we were able to partner with Wilbur S Pence Middle school to help furnish their calm room space, this includes comfy chairs, art supplies, an area rug, wall hangings and posters, social and emotional learning related games, fidgets and self-soothing tools, faux plants, pillows and lamps.



Purpose of Resiliency Kits

Why Resiliency Kits?

Resiliency Kits were designed by HRCSB to respond to the growing number of middle and high school students in our community reporting having mental health concerns – including sadness, depression, and suicidal ideations.

Additionally, a worryingly low number of students in our community identified that they would tell an adult in their life (a teacher, coach, counselor) if they or a friend were considering suicide.

What are they meant to do?

Resiliency Kits have two purposes:

- 1) To provide students with tangible tools they can use to support and nurture their mental and emotional health.
- 2) To create a new connection and further build the relationship between the adult providing the kit and the student in need.

Tips for giving a student a Resiliency Kit:

- **Make it a conversation** •
Ask them a genuine question about how they are feeling or what support they might need
- **You are an adult who cares** •
Remind them that if they need someone to talk to or need help, you are someone who will listen
- **Follow-up** •
Take an intentional moment to ask if they've used their kit and if it's been a helpful tool

Our new Behavioral Health Wellness Coordinator, Maureen Bowler has been active in the community promoting opportunities for communities to learn more about the opioid epidemic. She presented to the local Futuro Latino Coalition on the need of trainings such as REVIVE! The REVIVE! presentation explores: a) national, state and local data trends related to fatal opioid overdoses; b) looks at some of the key factors to the raising rate of opioid related deaths; and c) additionally provides explanations of the specific vulnerabilities our community holds. These tenets provide a surface level dive into what immediate actions our community can take to guard itself against raising fatal opioid overdose deaths. In addition, our team collaborated with Face 2 Change coalition to provide “REVIVE! Lay Rescuer” training in our community. This training is focused on opioid overdose and naloxone education.

REVIVE! Training

Virginia's Opioid Overdose and Naloxone Education Program

FREE training for Harrisonburg and Rockingham County Community Members

Participants must be 18+

Training Option #1

Virtual Training on Zoom

[Link sent upon registration]

Date: Wednesday January 26th

Time: 2:00pm - 3:30pm

Training Option #2

In-Person Training at

Otterbein United Methodist Church

176 West Market Street

Date: Thursday January 27th

Time: 5:00pm - 6:30pm

Masks Required

Use the LINK below to REGISTER! Spaces are limited!

What will you learn?

How to recognize an opioid overdose and administer naloxone

Understand what naloxone is and how it works

Identify risk factors associated with overdose and dispel myths about addiction, opioids, and overdose

Questions? Want to learn about future REVIVE trainings?

CONTACT: prevention@hrccb.org



Otterbein
United Methodist Church

Children's Community Stabilization Services

HRCSB Children's Community Stabilization Clinician has provided services to four unique individuals and consultation/support to three additional unique individuals and their families during the month of January. Children's Community Stabilization has been able to provide consultation to other providers/resources in navigating crisis situations, linking to resources and expanding utilization of already established supports also during this month. Community stabilization has been active in completing additional trainings to further strengthen the support provided to youth, families and the community.

Intensive Case Management

Intensive Case Management (ICM) has provided support to 7 individuals during the month of January 2022. ICM continues participation with Rockingham County Public Schools and Harrisonburg City Public Schools Interdisciplinary Team process and coordination with Juvenile and Domestic Relations Court Services Unit in effort to continue to provide support to youth in the community.

Early Intervention – School Based Program

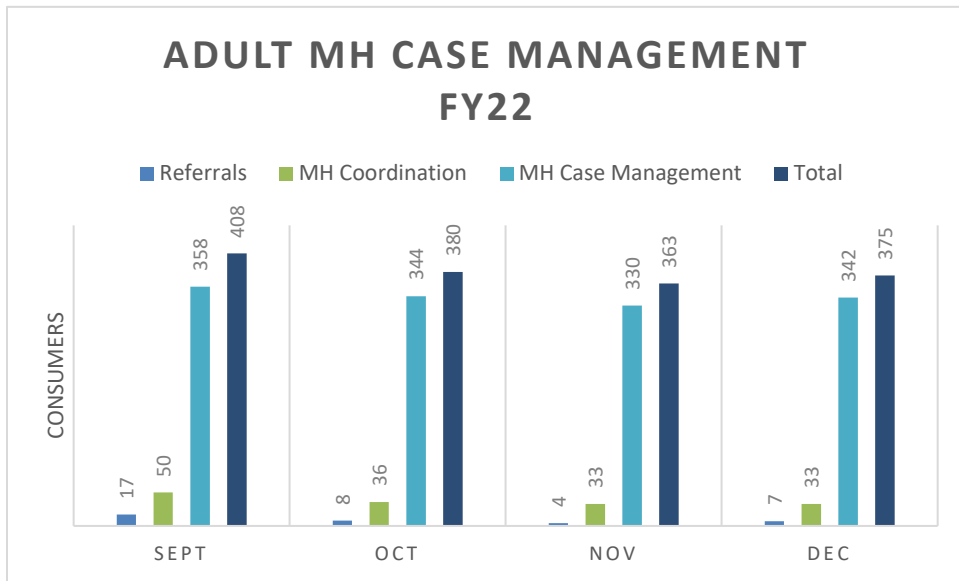
Early Intervention Clinicians continue to provide services to students in the middle and high school setting in both Harrisonburg City Public Schools (HCPS) and Rockingham County Public Schools (RCPS). We have six clinicians plus a graduate-level intern within RCPS. There are now two full-time clinicians working in HCPS. One clinician transitions between the two HCPS middle schools and the newest clinician, Kim Johnson, will be working at Harrisonburg High School five days a week. Welcome to the team, Kim! For the month of January 2022, there are 219 students open to Early Intervention in RCPS and 25 students in HCPS, with additional referrals anticipated given the start of a new clinician in HCPS.

Recovery Services

Adult Mental Health Case Management (MHCM)

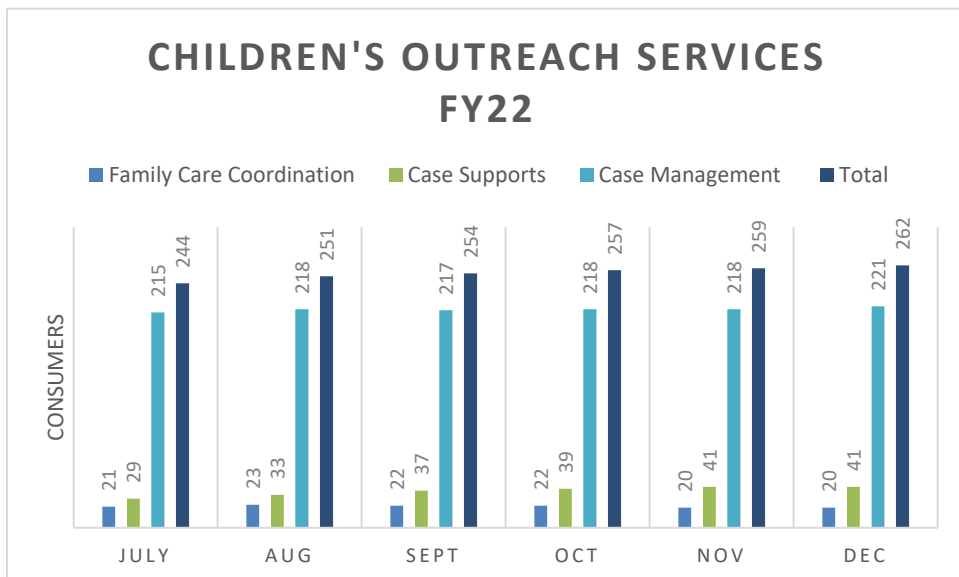
Adult case management is down a position and actively recruiting. The team is working well to help cover the vacant caseload. January is the time of year when people who rely on disability income receive notification of their cost of living adjustments. Currently, most individuals receive \$841 per month. Clients work with their case manager to budget this money to cover expenses. To put this amount into perspective, the Fair Market Value of a one-bedroom apartment in Harrisonburg is \$723 per month. Fortunately, some of our clients receive housing vouchers that cover 70% of their rent. However, that leaves clients only \$500 to cover all of their other expenses for the month. This can be especially difficult covering electric bills during the cold winter season. Our case managers help

clients access extra resources such as utilities payment assistance, food banks, etc. to stretch every dollar.



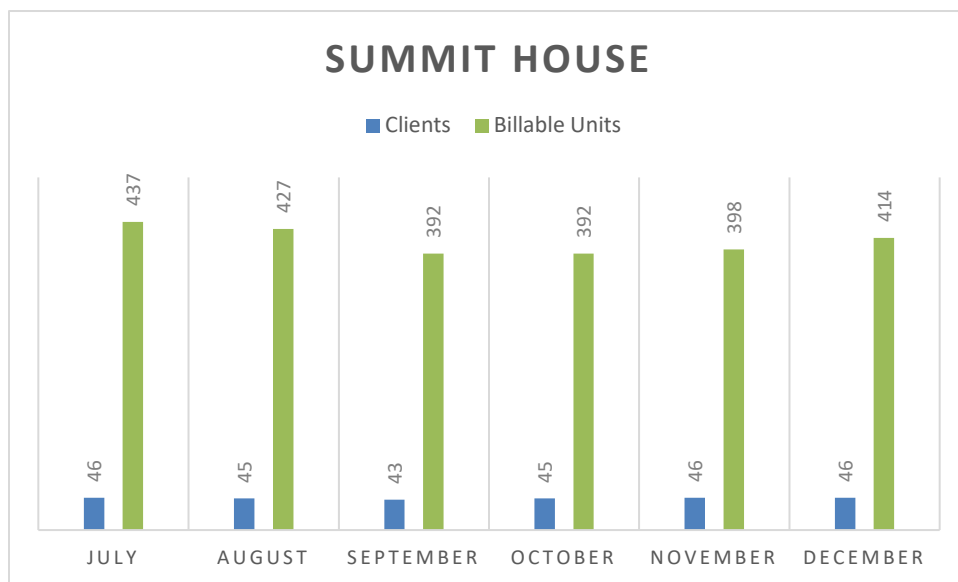
Children’s Case Management (CCM), Children’s Case Support (CCS) and Family Care Coordination (FCC)

Referrals continue to come in for our case management services. We had approximately 20 more last month. We are currently down 2 positions in case management with the departure of 2 staff in late December and early January. He are in the active hiring process.



Summit House Psychosocial Rehabilitative Service

Members of Summit House (SH) are clients who are enrolled in the program and have individual service plans that contain their recovery goals. The below chart demonstrates the number of individuals who attended SH at least once during the month. A billable unit is measured as a 2-hour block that a member is participating at SH. Members sign in and sign out and billable units are calculated on these times. A member must attend for at least 2 hours in order for SH to bill for that day. If a member stays for 4 hours or more, SH can bill for 2 units of service. SH is open to clients Monday through Friday from 9 a.m. to 3 p.m.



Supervised Living Residential Program

Market Street is now open to community referrals. Previously Market Street focused only on adult clients being discharged from state hospitals. Due to a reduction in hospital discharges to our program, we have openings and are able to accept clients from our community referred to the program by case managers. Community referrals may include clients with unstable housing that affects their mental health stability. It may also be clients who have experienced hospitalization recently and would benefit from a step-down between discharge and complete independence. We enrolled our first community referral in January. Anticipated length of services for community referrals in residential is 6-12 months.

Western State Hospital (WSH)

WSH census report for the month of December, HRCSB had a census per 100,000 of 6.8, and an average census of 9. Our region, Region 1, had an average census per 100,000 of 6.6, and an average census of 104. Region 1 is made up of 9 CSBs: Alleghany Highlands, HRCSB, Horizon Behavioral Health, Northwestern, Rappahannock Area, Rappahannock-Rapidan, Region Ten, Rockbridge Area and Valley.

Developmental Services

DD Case Management

Developmental Disabilities (DD) Case Managers billed 289 units for the month of December with contracted DD case managers from Valley Associates for Independent Living completing an additional 19 billable units. Case managers completed 618 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 252 face-to-face visits. They also completed 14 annual ISPs, which by way of a data exchange are automatically updated into the Waiver Management System (WaMS) daily.

Currently we have 232 individuals receiving DD Waiver services. Of those, 62 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 221 individuals on the DD Waiver Waiting list awaiting services. There are currently 48 individuals on Priority 1 status, followed by 92 on Priority 2, and 81 on Priority 3. We received four referrals and completed two new waiver screenings.

In late January, DBHDS recently released the FY22 waiver slots. Slots were initially delayed while CSBs reviewed every individual on their waiting list using new state-mandated assessment forms. In total 75 Community Living slots, and 884 Family and Individual Supports were allocated. As a reminder, only Community Living slots contain funding for congregate residential services ("group homes"). Harrisonburg Rockingham received 1 Community Living slot and 14 Family and Individual Supports slots. Currently, there are 14,378 individuals on the statewide DD Waiver waiting list.

We are now entering into the 20th review period of the Department of Justice (DOJ) Settlement Agreement. Each review period covers six months and examines specific areas of the settlement agreement. This review period will focus on crisis services, integrated living, and case management. There are 327 agreed upon compliance



indicators in the settlement agreement. Virginia is currently deemed to be in full compliance with 165 of those indicators.

Many of our DD case managers recently completed interviews with the Health Services Advisory Group (HSAG) as part of that organizations quality review process. HSAG has been contracted by DBHDS to complete quality service reviews as required in the DOJ Settlement Agreement. The review process also included a thorough review by HSAG of client records. We should be expecting results of the review in February or March 2022.

Infant and Toddler Connection

We are continuing to learn more about the new statewide data system, Trac-it, which is set to replace ITOTS by mid-year. DBHDS hosted a webinar in late January which featured a full review of the system, which includes referral, enrollment and reporting features. DBHDS is targeting a May 2022 rollout. Over the next several months, we will be working to ensure we incorporate the new system into our current workflow with as little disruption as possible.

We experienced a noticeable drop off in referrals in January, due in large part to a lack of referrals from the Harrisonburg Community Health Center (HCHC). We believe this was due to recent changes in work process and staffing at HCHC, and we expect referrals to return to normal levels next month.

We would like to thank Officer Wes Campbell from the Rockingham County Sherriff's Office for coming on site to provide safety training to our staff. Our Infant and Toddler Connection and case management staff routinely enter unfamiliar homes to complete assessments and provide services. Officer Campbell provided valuable insight into what to look for in terms of signs of drug activity and other unsafe practices, as well as practical advice on what to do in various situations.

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	26
November	31	30	27	28	30	29
December	22	28	35	34	24	35
January	38	31	44	37	41	21
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	214
Child Count-Dec 1	127	162	173	195	201	193