

HRCSB Board Report – March 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

As our community pauses to heal from multiple public tragedies over the last several weeks, it is certainly a time for reflection as well. Violence to self and against others is extremely difficult to make sense of, and accept, as an event that happened in such a small community. Ours is a community that has a fairly sustaining population of families, work sites and schools designed to encourage close relationships and shared values of integration and inclusion. The shock that this could happen here has lingered well past the initial loss of life. Further, our assumption of safety has been challenged. It will take time to heal as individuals and as a community. Equally important is our work on future responses to similar type events. No longer can we say ‘that’ only happens in big cities. However, we can learn from big cities in terms of resources deployed that are both practical to life and safety, in addition to responses designed to aid in behavioral health healing and recovery. Lending out trained clinicians to assist with debriefing those most affected by a traumatic event is something all individuals, clinics, colleges and universities can contribute. Not one site can staff up for the emergency, but all can contribute to the recovery. While we have emergency management plans in place for the most likely hazardous community events, we now need to re-assess and plan for our response to the behavioral health needs resulting from a traumatic, public event.

Ellen Harrison, LPC, MBA

Administrative Services

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

- Facilities Management has been able to house two more residents into Park Place apartments this month, both of who are Permanent Supported Housing (PSH) clients.

- Facilities Management also assisted PSH in purchasing a new vehicle for their programs. This will assist them in transporting clients and personal effects throughout the city and county as PSH works to house individuals.
- Our new Data Specialist assisted in the Mid-Year CARS submission for the first time. We especially appreciated the hard work and guidance of Controller, Stephanie Laos.
- Compliance Manager, Dana Dewing, was instrumental in guiding clinical colleagues through a Medicaid Appeal process regarding Mental Health Skill-Building Services.
- In the Compliance Department, we have vacancies in our Authorizations and Quality Improvement (Hourly) positions. The good news is that we promoted our new Benefits and Authorizations Specialist position from within, and they hit the ground running in their new position.
- There are a number of initiatives at the State level that involve new online systems for our teams to use. The following is a list of some of the most significant ones:
 - CONNECT – Launched in late 2021 for DBHDS Office of Licensing to have all interactions regarding licenses go through one portal. It is still experiencing problems although Q&A sessions and increased dialogue may begin soon.
 - Crisis Data Platform – As part of the Crisis Continuum of Care, this portal is rolling out for all efforts to connect various aspects of Crisis programs. Emergency Services programs are using it (with some success), Community Stabilization (formerly Mobile Crisis) and Residential Crisis Stabilization have launched, and then the Bed Registry, among other programs will launch in the future. This rollout continues with some issues.
 - Medicaid Enterprise System (MES) – This is the DMAS portal due to launch April 4, 2022, and will incorporate ALL aspects of reporting to and credentialing to DMAS. It is a complex effort and all members of Compliance staff and many in the Finance Department are participating in the trainings.
 - TRAC-IT – This is the new online program to track efforts of our Early Intervention (ITC) program. This is still in critical stages of development also with an expected launch in April.
 - CCS – The normal updates to the CCS data software are being vetted and will be effective July 1. Those who are close to the project say that the changes will be nominal and easier to address than in past years.
 - Bigger Picture – Additionally, DHBDS is investigating some significant Data related efforts, in order to simplify and unify their data collection and

analysis capacity. This is a large-scale effort with high-level meetings for the moment but seems to have a lot of interest and momentum to move forward.

Various elements of Compliance, IT and clinical offices are involved in discussions, trainings and testing of these many portals and efforts. It can be both frustrating and exciting at the same time, especially when we can see possible solutions in the future.

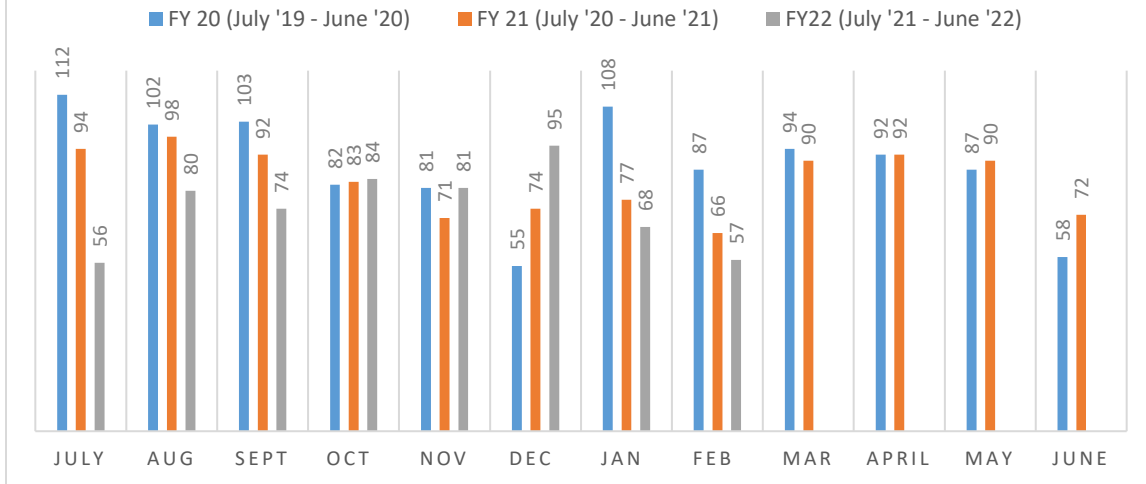
- Finally, our biggest news of the month is that we are losing Dan Jenkins, our Risk Management Specialist. Dan leaves HRCSB after three years on Friday, March 4 for a Licensing Specialist position at DBHDS. Dan has been a great asset to HRCSB and the Administrative Services departments and will be missed. In addition to submitted regular Incident Reports, CHRIS reports, Root Cause Analyses and a myriad of other filing requirements (including policies), Dan has been the point person under Holly for the Construction and has served as the primary point of contact for all during the COVID pandemic. He was instrumental in following the ever-changing guidance, securing personal protective equipment for the agency and ultimately working out access to some of the earliest available vaccines. Most recently, he created an Emergency Management system and has just met with all departments for a second time to talk through some of the more sensitive aspects of safety in the workplace. Dan's humor and good work will be sorely missed.

Behavioral Health Services

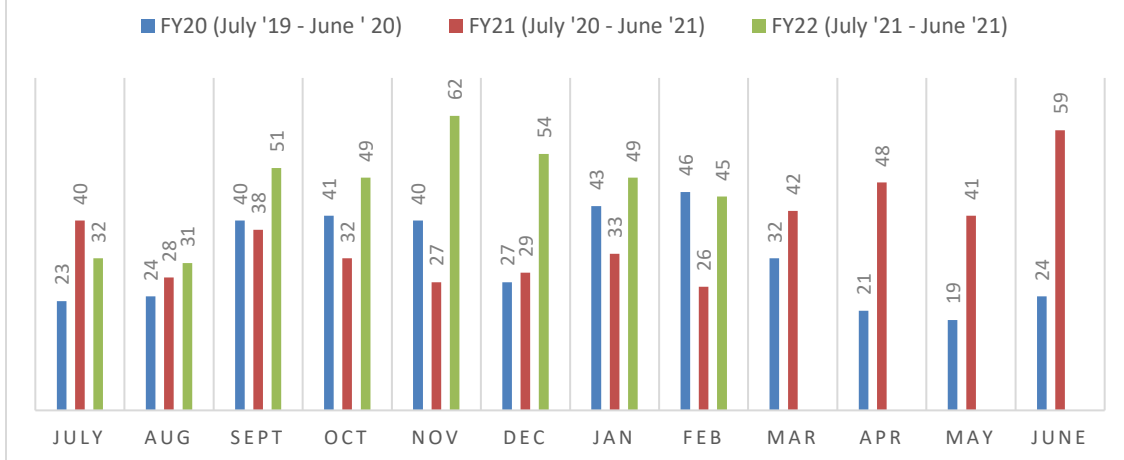
Same Day Access - Adult and Child

We continue to provide walk-in intakes for adults and scheduled intakes for children and families. For the month of February (Feb 1 – 24), we have completed 57 adult intakes and 45 child intakes. We have had to reduce the number of intakes that we are able to provide during the month of February due to a staff transition. We are currently advertising for a full-time Same Day Access clinician and anticipate being able to serve fewer individuals during this period of a staff vacancy.

ADULT SAME DAY ACCESS NUMBER OF COMPLETED INTAKES



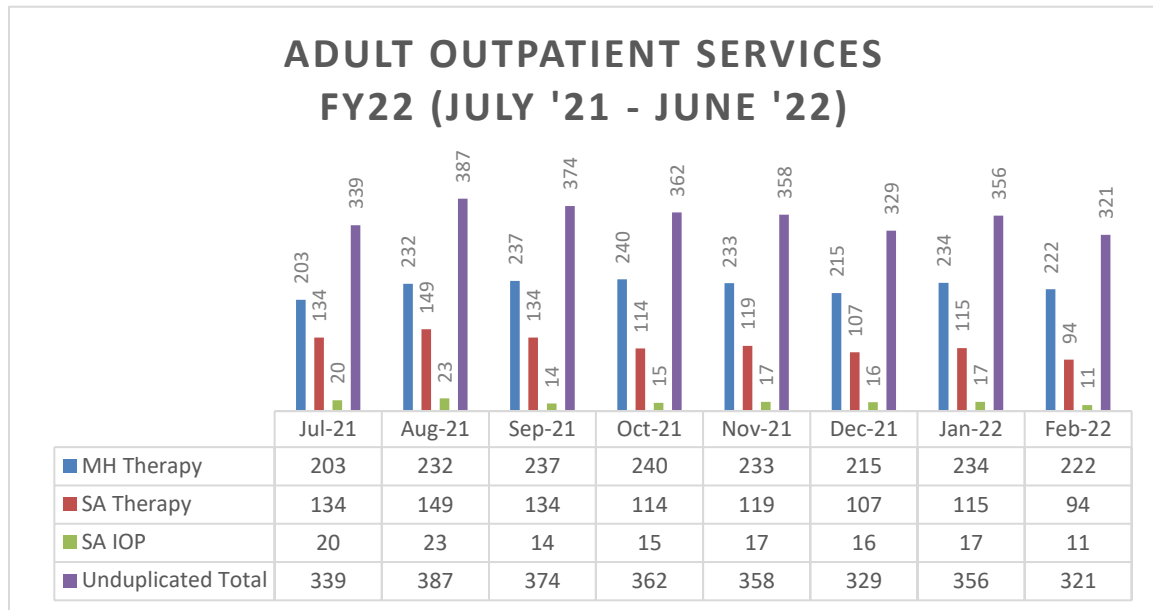
CHILDREN'S SAME DAY ACCESS NUMBER OF COMPLETED INTAKES



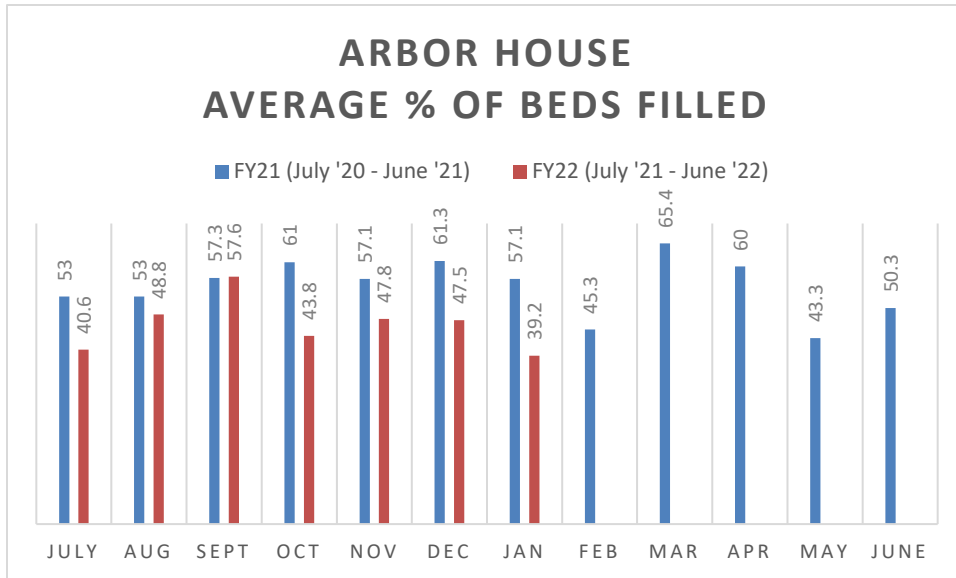
Outpatient Services – Adult and Child

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 February (Feb 1 -23) in adult outpatient therapy, we provided mental health therapy to 222 clients, for substance use therapy services we provided services to 94 individuals and in our SA IOP program we served 11 individuals, for a total of 321 unduplicated clients served in therapy services. For the month of February (Feb 1 -23) in child outpatient therapy, we provided services to 367 clients and their families and currently have 638 clients enrolled in children’s therapy services.

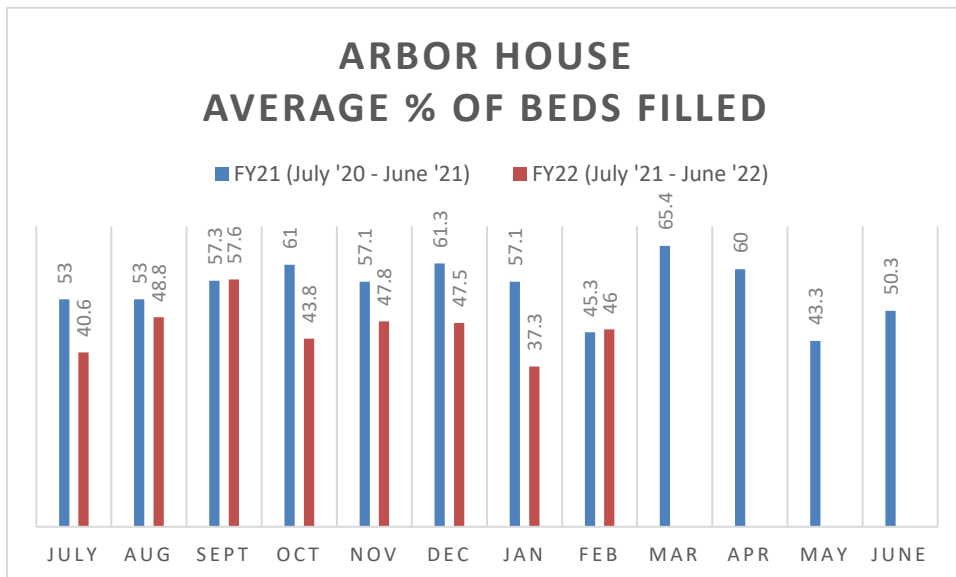


We continue to experience staff vacancies in a variety of licensed and licensed-eligible positions throughout the agency. One of the ways that we have attempted to support each other during these times of vacancies is by having staff from other departments temporarily help other departments when resources are available. Several of the adult outpatient clinicians have been helping to provide group therapy at Arbor House and have been providing support to Same Day Access by meeting with walk-ins who we are unable to be seen for an intake that day.



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 February (Feb 1-23), our bed utilization was 46% based on 7-bed capacity, while our utilization rate based on the 5-bed capacity was 64%. We are pleased to share that at the beginning of February, Andrea Skaflen started as our new Supervisor of Arbor House.





Behavioral Health Wellness

During the month of February, our Behavioral Health Wellness Coordinator attended two “train the trainer” trainings, one for Applied Suicide Intervention Skills Training (ASIST) and the other for Adult Mental Health First Aid (MHFA). As a certified trainer, our Coordinator will now be able to offer the training to others in our community.

Children’s Community Stabilization Services

The HRCSB Children’s Community Stabilization Clinician has provided services to four unique individuals and consultation/support to 8 additional individuals and their families during the month of February. 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 February 2022. ICM continues participation with Rockingham County Public Schools and Harrisonburg City Public Schools Interdisciplinary Team for truancy 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 two full-time clinicians working in HCPS. One clinician transitions between the two HCPS middle schools and one clinician works at Harrisonburg High School five days a week. For the month of February 2022, the team met with 274 students.

Recovery Services

Mental Health Skill-building service (MHSS)

Our MHSS program continues to recruit for our open fulltime mental health skill builder position. We have a handful of client referrals to be placed with our two fulltime skill builders and our supervisor, who also holds a small caseload. Full time staff hold caseloads of between 8-12 clients depending on the level of needs of each individual.

Staff typically provide services to individuals 1-3 times per week for at least an hour or more per service. Service visits may include a review of the individual's medications, to ensure they have an adequate supply and they are taking the correct medicine, at the correct dose at the correct time. This may involve teaching the client how to contact their pharmacy for refills or new medications. The service visit may include an inventory of food supplies in order to help create meal plans and a shopping list, based on the individual's budget. Staff may teach an individual how to clean, cook, do laundry or other independent daily living skills. Other visits may include accompanying the individual to a medical appointment to help them manage their stress in the appointment and to help them understand the information. The skill building staff are an important conduit of information to the rest of the client's treatment team, which includes the case manager, prescriber and others. Clients are typically enrolled in skill building for 12-24 months.

Peer Support Services

With the hiring of our new Peer Program Coordinator, things are moving forward nicely to formalize and grow our peer operations at the CSB. We are working to register all of our peers with the Board of Counseling, similarly to registering staff as QMHP's (Qualified Mental Health Professionals). DBHDS requires peers to register to ensure staff meet qualifications and complete 8 hours of annual trainings. HRCSB currently employs a full time Peer Program coordinator, three fulltime peers and one hourly peer. We have two fulltime peer vacancies we are hiring for in the Substance Abuse Outpatient program. The role of a peer is support, encourage and empower a client to continue to engage in their recovery. Peers themselves are individuals who have experienced sustained recovery from mental illness or substance abuse.

Permanent Supportive Housing (PSH)

PSH currently has 18 participants, with 8 participants housed (13 total leases signed) and an additional three move-ins slated for early March. Our team has two open positions, including a second housing specialist and a PSH case manager. In spite of staffing changes and the low inventory of affordable housing, our program continues to grow. We have been able to steadily bring in new participants over the last couple of months. We've also been excited to have a couple of landlords come back to us with new units because they have appreciated the level of support they receive from our program. Our Park Road Apartments will be full starting in early March. The new residents there have been settling in really well. Each of them have significant histories of homelessness, with two who have been street homeless for over 10 years. It's been fun to watch the residents take pride in their space and make it their own.

Western State Hospital (WSH)

WSH census report for the month of December, HRCSB had a census per 100,000 of 5.7, and an average census of 7. Our region, Region 1, had an average census per 100,000 of 6.1, and an average census of 96. 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 January with contracted DD case managers from Valley Associates for Independent Living completing an additional 19 billable units. These billing numbers have been fairly consistent for several months, however we do expect these numbers to change after the next WSAC meeting occurring in early March. Our CSB will be allocating 20 slots. Of those slots, 15 are new, and 5 are re-allocations.

Case managers completed 642 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 249 face to face visits. 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 230 individuals receiving DD Waiver services. Of those, 60 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 223 individuals on the DD Waiver Waiting list awaiting services. There are currently 49 individuals on Priority 1 status, followed by 93 on Priority 2, and 81 on Priority 3. We received four referrals and completed two new waiver screenings.

Infant and Toddler Connection

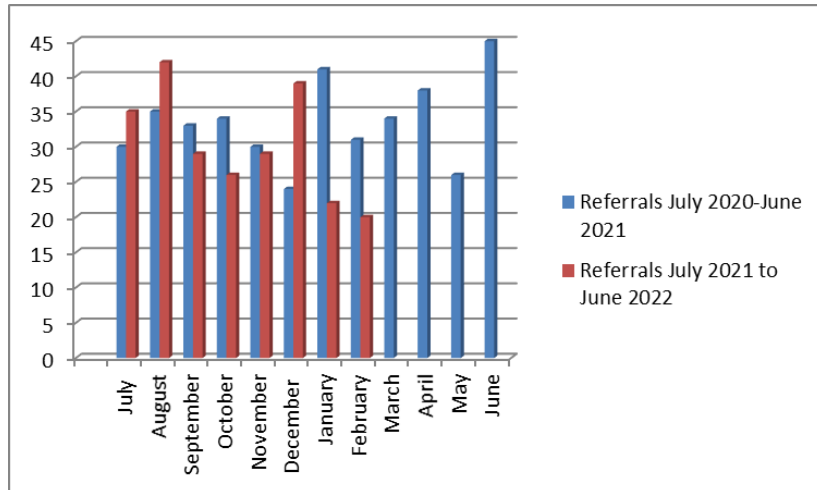
As noted in last month's report, we are continuing with efforts to implement the state's new data platform, Trac-It, in time for the May 16th go-live date. As more information becomes available, we're figuring out how to best incorporate this new system into our current workflow.

The infant and toddler team welcomed two new staff in February and is now fully staffed.



In February, the Centers for Disease Control released new developmental milestones for the first time since 2004. These developmental milestones assist parents, pediatricians, and other professionals in determining any delays in areas such as Social/Emotional Language/Communication, Cognitive development, and Movement/Physical Development. One significant change in the developmental checklist was previously based on 50th percentile milestones, but will now include some milestones which capture the 75th percentile. It is expected that these changes will assist in earlier identification of delays.

Month:	July	August	September	October	November	December	January	February
Total Referrals	35	42	29	26	29	39	22	20
Monthly Referral Goal	30	35	35	35	30	30	40	35
IFSP Completions Per Month	25	21	24	14	24	17	19	19
Monthly Child Count	165	179	181	185	189	191	191	210
Data for Referrals								
Parent Declines/No Contact	11	9	10	6	7	5	3	0
Transfers	0	0	1	1	0	0	0	0
Not Eligible	5	4	5	0	1	2	2	0
In Process	0	0	0	0	0	8	8	20
Deceased	0	0	0	0	0	0	0	0
Active	19	22	13	19	21	24	9	0



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	39
January	38	31	44	37	41	22
February	24	32	35	35	31	20
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	242
Child Count- Dec 1	127	162	173	195	201	193