

HRCSB Board Report – April 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

On March 23, 2022, the Safety and Health Codes Board voted to withdraw the Emergency Temporary Standards [COVID] specific to the Department of Labor and Industry [DOLI]. As such, HRCSB retired said DOLI standards within all buildings and programs on March 28, 2022. This directly impacted employees, clients and visitors by releasing the mandatory mask requirement. The COVID positive numbers had been decreasing for both Harrisonburg City and Rockingham County for quite some time, with these areas delineated as green on the CDC website for several successive weeks leading up to the change in regulations. While face masks are no longer required, any person is welcome, and even encouraged, to don a mask if they prefer. HRCSB will continue to purchase and, upon request, provide surgical masks and any other form of Personal Protective Equipment that has been touted as effective in preventing the spread of COVID. We continue to encourage employees to consider getting a booster shot for COVID, cover your mouth when coughing or sneezing, clean all surfaces regularly, stay home when you don't feel well...and wash your hands. It will take some time to get used to seeing smiles again, but I certainly look forward to it.

Ellen Harrison, LPC, MBA

Administrative Services

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

Clerical: The Clerical team has benefited by the implementation of the newly implemented Emergency Response System. On a couple of recent occasions, they were able to ask for clinical assistance for clients having difficulties in the waiting room areas. Response was quick and much appreciated by all.

We have hired a new Medical Records Specialist, Kimberly Greaver. She will now take responsibility for scanning and filing Medical Records as well as responding to numerous

information requests appropriately. This is a relief to the department and a welcome hire.

Compliance: 'Tis the season for audits. In March, Compliance assisted with:

- **Anthem HEDIS (Health Effectiveness Data Information Set) Audit** – 2 records;
- **DMAS QMR Audit (ID/DD)** – 28 records, onsite (also staff records and CHRIS & HR reports);
- **DBHDS DD Licensure Audit** – 5 records, onsite (also staff records, CHRIS reports, and review of Risk Mgt & QI Plans);
- **DMAS PACE Audit** – 7 records (also staff records); and
- Had a planning call with **Aetna** and the Directors to prepare for a June audit.

Additionally, the team has handled multiple Incident Reports and Chris reports – almost daily -- in the absence of a Risk Management Specialist. The good news is that we have hired a new Risk Management Specialist who will be starting on April 18.

Monday, April 4 DMAS is launching their new comprehensive online portal to replace the former systems and we are crossing our fingers for its success. However, in the on-going development new MES portal, their existing portal was closed for Wednesday, 3/30-Sunday 4/3. This put an undue burden on the Compliance team to acquire needed authorizations for services.

IT: Headed by the efforts of Marianne Saeed, Systems Administrator, the IT team designed, procured and installed a functional A/V system in all of the group rooms and conference rooms. This has been an on-going challenge and we are pleased to have working conference rooms for video meetings and presentations – at a very reasonable cost.

Facilities: Dickson worked closely with IT to implement our A/V plan, mounting televisions in each of the conference rooms and group rooms. Also, the Facilities “team” is getting ready for spring and planning for landscaping requirements, making sure that all grass, trees and shrubbery survive into the coming season. Finally, Dickson is finalizing the purchase of a vehicle for our ITC program. This will bring our total fleet to 24 vehicles!

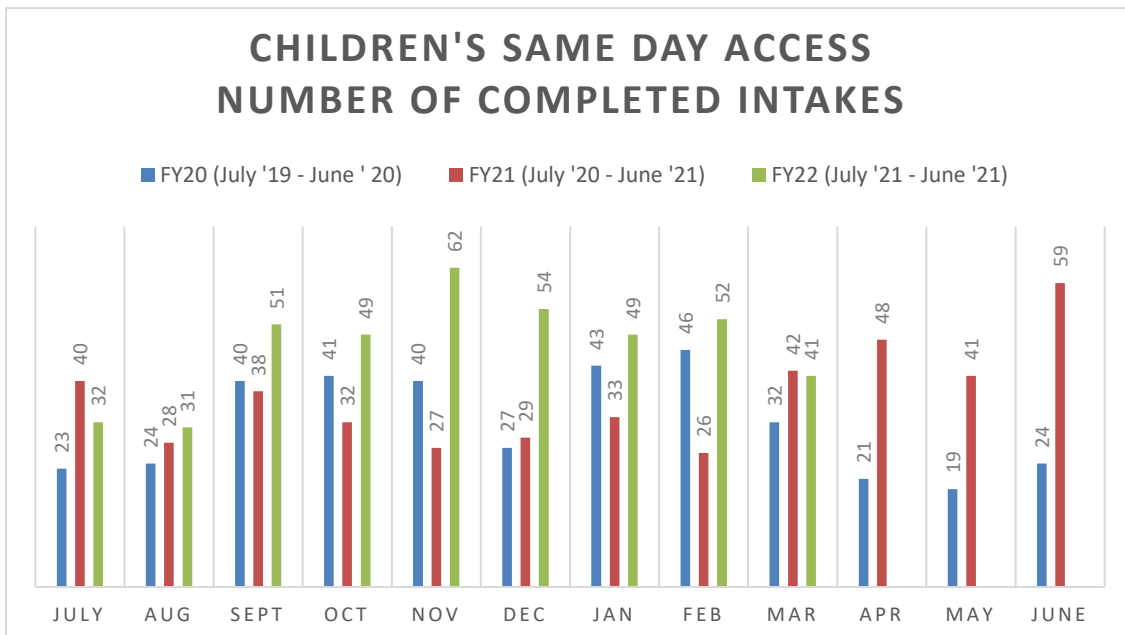
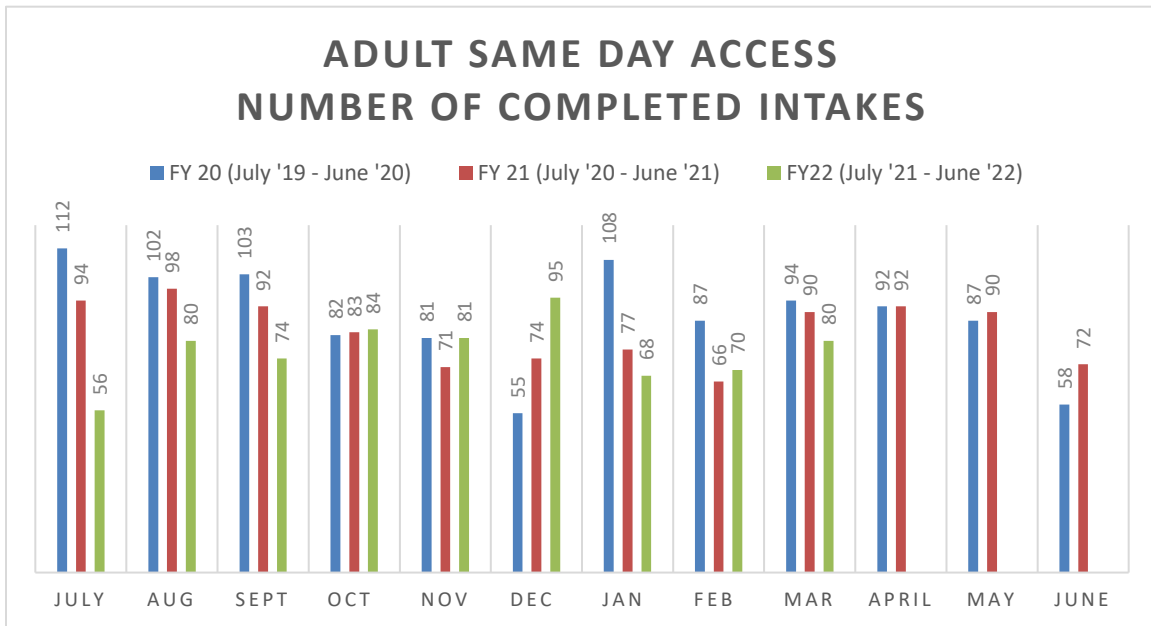
Risk Management: We are focused on Mandt training and certification requirements for staff and updating our scheduling and tracking system with Dan Jenkins’ departure. We are also planning for the new Risk Management Specialist’s arrival in mid-April and developing an on-boarding plan for him.

Miscellaneous: AHEC interpreting service will be closing down in May. John Malone and Barbara Brady are taking the lead on finding alternative ways to secure on-site interpretation for our clients.

Behavioral Health Services

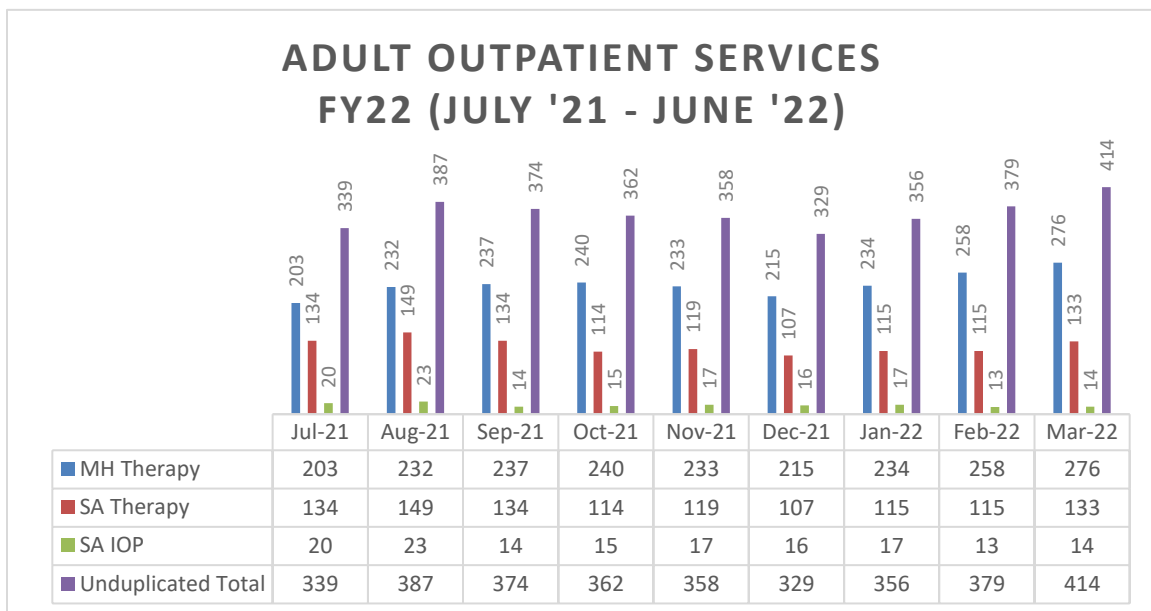
Same Day Access - Adult and Child

We continue to provide walk-in intakes for adults and scheduled intakes for children and families. For the month of March (March 1- March 30), we have completed 80 adult intakes and 41 child intakes.



Outpatient Services – Adult and Child

For the month of March (March 1- March 30) in adult outpatient therapy, we provided mental health therapy to 276 clients, for substance use therapy services we served 133 individuals, and in our Substance Abuse Intensive Out Patient program we served 14 individuals, for a total of 414 unduplicated clients served in therapy services. We are serving 8.6% more adult clients than in 2021 during this same time period. For the month of March (March 1 – March 30) in child outpatient therapy, we provided services to 419 clients and their families. This is a 9.5% increase in the number of services provided during this same time period in March 2021. Currently we have 626 clients enrolled in children’s therapy services.



Jail Services

For the past several years, through a collaboration with the Rockingham Sheriff’s Office, we have provided case management services and psychiatric services to individuals with behavioral health needs in the Rockingham Harrisonburg Regional Jail. We have a mental health case manager, on-site in the jail, who provides support to incarcerated individuals through providing assessments, referrals for support services and coaching individuals on coping skills that can be utilized while incarcerated. Our case manager will also assist with coordinating follow up care as appropriate with our agency or other community partners as needed for individuals incarcerated who are in need of mental health services. In addition, one of our psychiatric nurse practitioners provides psychiatric evaluations and medication management services to incarcerated individuals with serious mental illness.

Drug Court Treatment and Recovery Program

We have two full-time staff that provide case management services to our 38 drug court participants. Our case managers continue to work diligently with the many varying needs of our clients who are involved in the criminal justice system and have substance related treatment needs. We continued to advocate for treatment for these individuals, with the goal of helping each one discover their own path towards recovery and ideally sustained recovery.

We have several groups that are specific to our drug court participants and is a standard component of their treatment program through their participation in drug court. This includes our Intensive Outpatient Program, Relapse Prevention, Recovery Process, Moral Reconciliation Therapy (MRT) and Peer Aftercare Group. Drug court participants also are referred to mental health specific treatment options within the agency as clinically appropriate. In addition to our case management services and therapy services, we have been providing a peer support specialist that is available to meet with drug court participants. This position is currently vacant and we are in the process of recruiting. However, in the interim we have been able to utilize the agency's Peer Specialist Coordinator, Robyn Collins, to help meet with participants and facilitate a peer recovery group for our drug court participants.

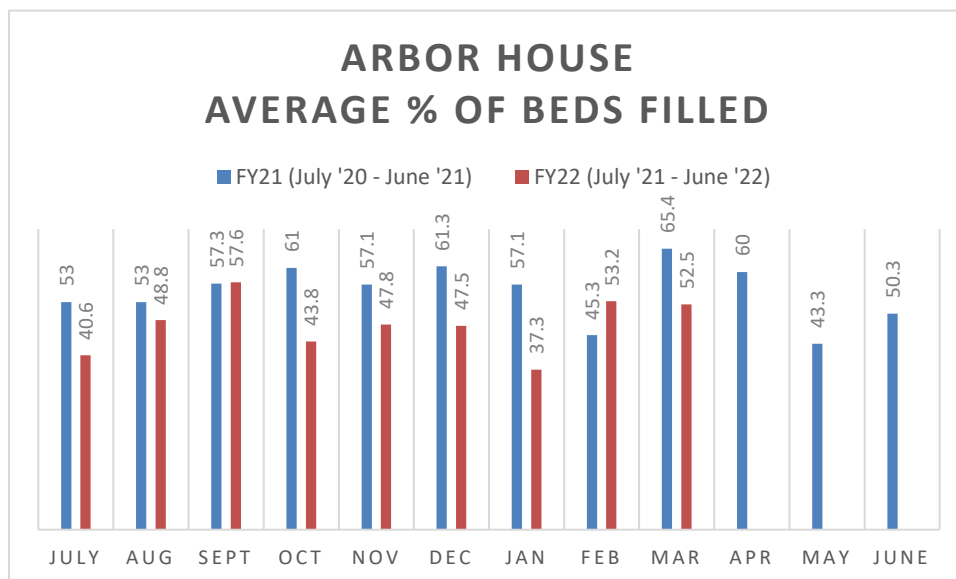
SA Case Management Services

We have two full-time substance use case managers who provide case manager services to individuals who have a primary concern of substance use. The case managers will help facilitate residential inpatient treatment for their clients, coordinate aftercare following the residential treatment experience and provide assistance and support to individuals as they start to reengage in their community by helping them identify and develop the tools needed to continue to be successful in their recovery. In March, we provided substance use case management services to 31 individuals. In addition, our substance use case managers help to facilitate discharge planning for individuals who are not currently engaged in HRCSB treatment services who are completing their substance use residential treatment programs and provide follow up contact to individuals receiving Medication Assisted Treatment services in the community funded through HRCSB's State Opioid Response Grant.

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 during the pandemic. As our communities COVID numbers decrease, we have been in the planning stages of returning to full capacity. One of our primary concerns with increase capacity is ensuring

appropriate staffing levels. We currently have several vacancies in key positions within the program and would like to see them filled prior to expanding capacity back to 7 beds. For March, our bed utilization was 52.5% based on 7-bed capacity, with our utilization rate based on the 5-bed capacity at 73.5%.



Behavioral Health Wellness

During the month of March, our Behavioral Health Wellness Coordinator has been busy providing and co-facilitating trainings in our community including Applied Suicide Intervention Skills Training (ASIST), “Understanding Adverse Childhood Experiences” Training, and REVIVE – Opioid Overdose and Naloxone Education program.

As part of our Virginia’s Lock and Talk campaign to address suicide prevention and lethal means awareness, our team participated in the 10th Annual *Walk for Hope* at James Madison University. Our staff attended and were able to disseminate to attendees lock boxes for safely storing medications, medication deactivation packets to dispose of medications, trigger locks and cable locks for gun safety.

The Department of Behavioral Health and Developmental Services (DBHDS) has identified Problem Gaming and Gambling Prevention as a new state-wide initiative for our Behavioral Health Wellness team to incorporate into their prevention work. This first year focused on a needs assessment to gain an understanding of the scope of the issue. As part of a regional partnership, Region 1 which we are one of nine CSBs, have contracted with Virginia Commonwealth Center (VCU) to assist the nine CSBs in completing surveys. The data will be collected and analyzed by VCU, the results will be provided for each CSB specific to their locality, which will help inform any future initiatives targeting Gaming and



Gambling Prevention. In addition, DBHDS has launched a Young Adult Survey (YAS) targeting 18-25 years old across the state to assess the prevention needs associated with substance use, mental health, gaming/gambling and other health related topics. Our team will receive local data from this survey as well in efforts to continue to shape the work that is targeted through Behavioral Health Wellness program.

Children’s Community Stabilization Services

HRCBSB Children’s Community Stabilization Clinician has provided services to ten individuals opened for community stabilization services this month. Children’s Community Stabilization staff have provided consultation and collaboration with other families, providers and schools in navigating stabilization following or in effort to prevent crisis situations, linking to resources and expanding utilization of already established supports. Community stabilization has recently completed a regional crisis response training program to further strengthen support provided to youth, families and the community.

Early Intervention – School Based Program

Early Intervention Clinicians continue to provide services to students in the school settings at Rockingham County Public Schools (RCPS) and Harrisonburg City Public Schools (HCPS). Clinicians have had contact with at least 178 students during the month of March 2022. Clinicians participate in a variety of supportive activities during the school day to include individual sessions with students, collaboration with the student’s support system (family, providers, school personnel, etc.), and linking to additional resources.

Emergency Services

Our Emergency Services staff continue to provide crisis contact and prescreening assessment for involuntary hospitals admissions. For the past three months (Jan 1, 2022 – March 30, 2022), the staff have completed 173 prescreening assessments. For comparison purposes, in 2021 during the same three-month period the staff completed 174 prescreening assessments.

Community Recovery Services

Our CRS Team staff have been actively recruiting to fill open positions. Six of our seven programs have one or more staff openings. University graduation is a month away and our staff have been meeting with students and professors at our local colleges to promote the agency. Four staff who are Psychology alumni of EMU met with EMU Senior Psychology majors to talk about job opportunities and what it’s like to work at the CSB.



Adam Yoder presented to 25 psychology students at Bridgewater College last week, highlighting internship and job opportunities and how to apply. We hosted a tour for Bridgewater students and Dr. Eby, introducing them to the new building and our different program staff. Next week staff will attend a networking event at JMU as well as present to JMU senior Psychology students and EMU social work majors.

Mental Health Skill-building service (MHSS)

Already this calendar year we have received 8 referrals for our services. We received 40 referrals in calendar year 2021 up from 22 in 2020. Our team consists of our Supervisor of Community Supports who manages a small caseload and provides coverage for our other staff. We have 2 full time skill builders with a total program caseload of 26. Referrals typically come from our adult case managers and sometimes from Arbor House and Intake Clinicians. After referral, the client will then meet face to face with the MHSS supervisor to complete a Comprehensive Needs Assessment, which includes mapping out the client's treatment needs and treatment goals. Most of the time this includes goals of improving independent living skills, coping skills and medication management. Typically, insurance companies authorize services for 3 to 6 months at a time. Skill builders meet with their clients 1-3 times per week depending on their needs.

Peer Support Services

There is a lot going on in our peer services to coordinate and formalize our service delivery. We hired a Peer Program Coordinator and fulltime Peer Recovery Specialist at the beginning of the year. Their caseloads are already full. We are working to register all of our peers with the Board of Counseling in order to begin billing Medicaid for services in the near future. One of our peers will be attending a certification class this month. The rest of our peers are already certified.

We have 5 peers and 7 total peer positions currently. Peers work out of their separate CSB programs (case management, permanent supportive housing, emergency services, and outpatient therapy and drug court) and also receive individual and group supervision from our Peer Program Coordinator. We have begun meeting monthly with other Region 1 peers and coordinators for collaboration, education and support.

Since July of 2021, our peers have provided services to 135 unduplicated clients, providing 2,819 total contacts. Peer contact is measured in 15 minute units. This fiscal year our peers have provided 5,306 units of mental health service and 3,578 units of substance use disorder services.

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 287 units for the month of March with contracted DD case managers from Valley Associates for Independent Living completing an additional 19 billable units. The Waiver Slot Allocation Committee (WSAC) had planned to meet in early March, however it was rescheduled to April due to scheduling conflicts. The WSAC will be allocating 20 slots.

Case managers completed 564 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 218 face to face visits. They also completed 32 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 two out of every three visits occurring in the client's home.

There are 223 individuals on the DD Waiver Waiting list awaiting services. There are currently 47 individuals on Priority 1 status, followed by 94 on Priority 2, and 82 on Priority 3. We received four referrals and completed two new waiver screenings. We added one individual to the DD Waiver waiting list.

DCCM staff have begun preparing for the newest changes to our Individual Service Plans. The changes relate primarily to providing reportable data regarding discussions of client employment and community integration. DBHDS typically will make changes to our ISP each year, with an eye toward full implantation for all plans beginning July 1st.

March was busy with two separate reviews of our DD case management program, a licensing review from DBHDS and a Quality Management Review by DMAS. We'll be

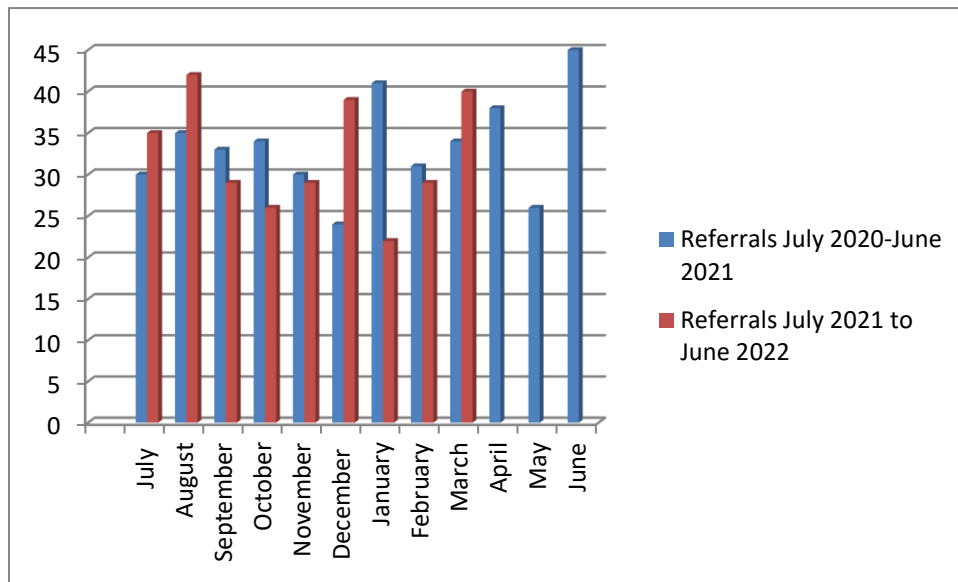
awaiting the official write-ups over the next several weeks. However we're confident that our team's excellent work will be evident.

Infant and Toddler Connection

The ITC team welcomed a new Service Coordinator, Lauren Sanders to the team. We now currently have two full-time openings for speech therapy and service coordination.

As part of efforts to maintain referral rates, staff have been taking information packets to local day care centers in order to provide referral information to families of children, birth to 36 months. They have also taken advantage of opportunities to speak with Child Protective Services to collaborate on information sharing.

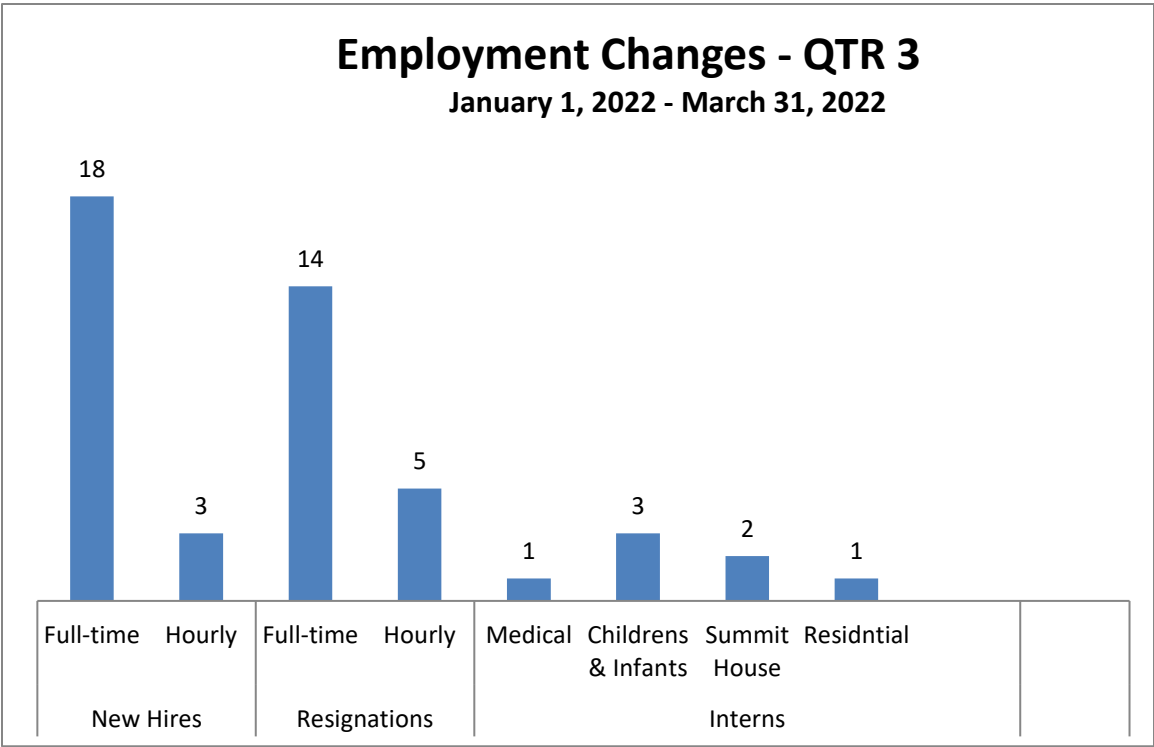
The roll out of the new Early Intervention data system, Trac-It, has continued, although some of the timelines have been pushed back to allow local systems to finalize various aspects of data entry. We are currently targeting November for full implementation.



Month:	July	August	September	October	November	December	January	February	March
Total Referrals	35	42	29	26	29	39	22	29	40
Monthly Referral Goal	30	35	35	35	30	30	40	35	35
IFSP Completions Per Month	25	21	24	14	24	17	19	26	7
Monthly Child Count	165	179	181	185	189	191	191	210	200
Data for Referrals									
Parent Declines/No Contact	11	9	10	6	7	6	4	2	3
Transfers	0	0	1	1	0	0	0	0	0
Not Eligible	5	4	5	0	1	3	3	1	1
In Process	0	0	0	0	0	8	2	24	36
Deceased	0	0	0	0	0	0	0	0	0
Active	19	22	13	19	21	22	14	3	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	29
March	31	30	32	40	34	40
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	291
Child Count-Dec 1	127	162	173	195	201	193

Human Resources





The above chart outlines Employment Changes as well as Internships from the third quarter of January 1, 2022 – March 31, 2022. In this quarter Harrisonburg-Rockingham Community Services Board added these positions to the staff composition:

1. Nurse Practitioner (hourly)
2. Emergency Services Clinician
3. Human Resources Specialist

Currently, Harrisonburg-Rockingham CSB has a staff make up of:

- 18% Administrative Staff
- 16% Licensed or License Eligible Staff
 - 12% Serving Adults
 - 4% Serving Children
- 29% Hold a certificate to deliver services
- 7% Medical Staff

Contractors were included in the overall total for percentages.