

HRCSB Board Report – June 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 we reflect on the past year [FY2022], I find it somewhat amazing that we have:

- Packed up and moved 150 employees to different locations, including our new building;
- Realigned 75% of the reporting structures within the organizational chart to enhance communication, workflow and the client experience in services;
- Persevered through multiple setbacks both locally and statewide, specific to COVID-influenced workforce challenges; and
- Completely resumed all services in person that were mandated for telehealth due to COVID risk for clients, families and staff.

In spite of all the disruptions to our normal work assumptions, HRCSB employees continued to offer quality services in every area with good humor and a kind heart. We actively seek to find small ways to celebrate our successes and to support each other every day. Currently we are in the midst of a Step Challenge with another CSB, to essentially get more steps in than they do over a 30-day stretch. Go Team HRCSB!

Don't wait to find momentous occasions, but find joy in every day that you can. Those will be the moments that matter.

Ellen Harrison, LPC, MBA

Administrative Services

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

Compliance:

- The Compliance team reports that now they are fully staffed, each are settling into new roles and responsibilities. A significant amount of cross-training is happening to assist new staff members and create backup for all roles.
- Compliance handled an Anthem HEDIS audit this month, and all went well.

- The Compliance Manager attended the VACSB conference, participated in the Quality Leadership Council meeting and, after discussion with the Director of the Department of Medical Assistance Services (DMAS) was finally able to gain access into their new online portal, MES.

IT:

- TRAC-IT continues to rollout and after much discussion, Infant and Toddler Connection staff members will have to manually enter data from the ITOTs system for the launch. IT staff remain ready to assist with the EHR interface when they are able.
- Good news: After access to MES was gained, LeVon Smoker of IT was able to re-create his script and report to help Compliance team members do regular Medicaid checks. Considering the one-month plus delay in accessing the new DMAS portal, and the countless hours and days spent doing these checks manually, the Compliance team is very grateful for his efforts.

Facilities:

- Dickson continues to be busy with vehicles and HVAC, among other things. It's always a challenge to keep the building adjusted as temperatures change. Especially challenging was a power surge that kicked on the generator and threw the HVAC system into temporary chaos.
- Dickson is working with Lantz Construction to finish up ALL of the last issues during the first two weeks of June. Look for new sidewalks outside the Emergency Services entrance as part of this effort.

Risk Management:

- Josh Dyke organized his first monthly fire drill for the Main Street building and the effort was successful. He is doing some tweaking in the process and communications, but it was well executed. Fire Drills also took place at the McNulty Building and Arbor House before month's end.

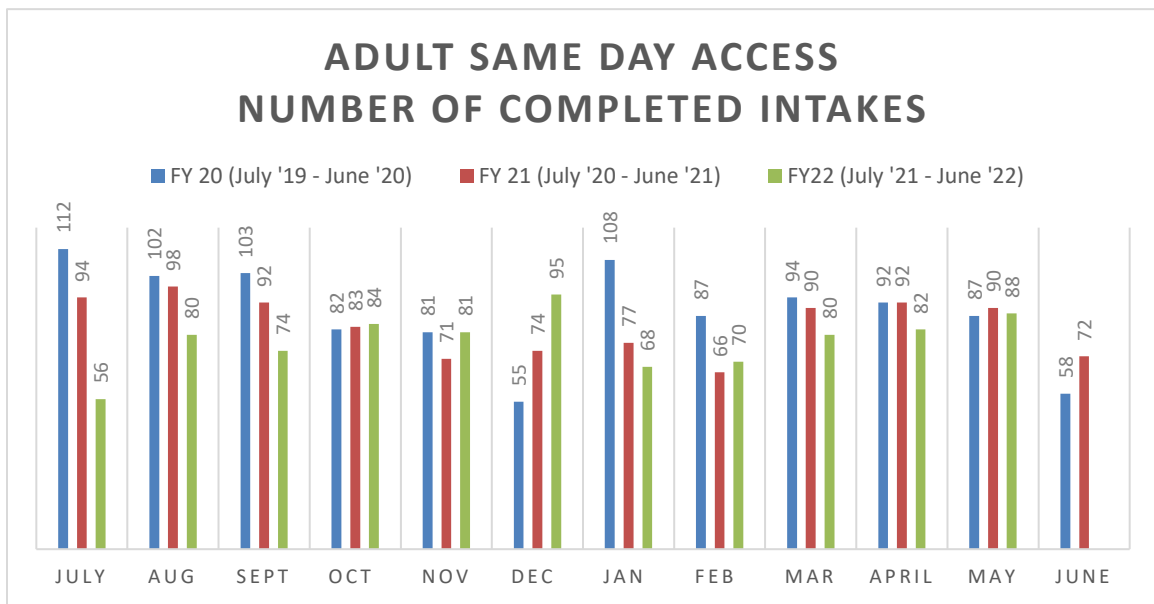
Clerical:

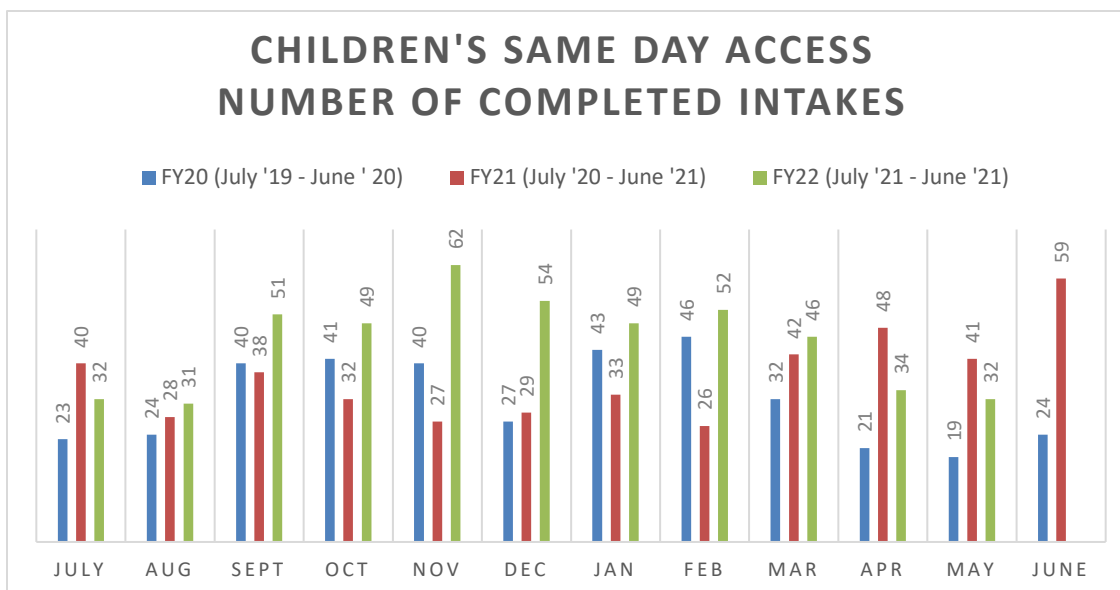
- The Clerical team gained three new team members this month. Alicia Lobo and Melinda Metz started on May 16, as receptionist and switchboard respectively. They are a great addition to the Clerical team, and timely too. Vanessa Thompson started on June 1 filling Clerical's last vacancy, and she will handle back up switchboard and general admin responsibilities. Supervisor Jeannie Turner is very happy, even as she is training new staff non-stop.

Behavioral Health Services

Same Day Access - Adult and Child

We are providing walk-in intakes for adults and scheduled intakes for children and families. For the month of May, we have completed 88 adult intakes and 32 child intakes. We have continued to limit the number of intakes that we are providing for children’s intake due to limited capacity to provide follow up services within our children’s services. Our Same Day Access team’s primary role is to provide a clinical recommendation for services within our agency. However, they will also provide resources and referrals to our other community partners, for individuals and families as appropriate, based on their presenting needs. This may include providing information about other treatment providers, food pantries, homeless shelters and referrals to the local veterans affair services to name a few.



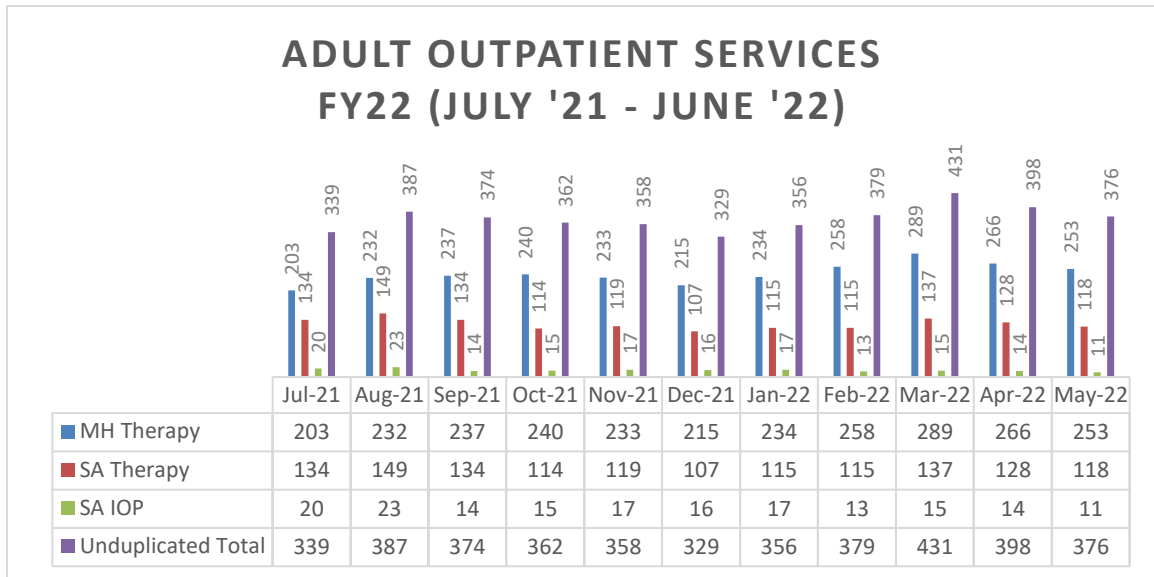


Outpatient Services – Adult and Child

For the month of May, in adult outpatient therapy we provided mental health therapy to 253 clients, for substance use therapy services we served 118 individuals, and in our SA IOP program we served 11 individuals, for a total of 376 unduplicated clients served in therapy services. We have had a slight decline in the number of clients served in adult outpatient during the month of May as we had two staff members transition to other opportunities at the end of April. However, we are excited to have Natalie Realubit join our Adult Outpatient team. Over the last year, Natalie had been working with our team as a graduate level intern from James Madison University. Natalie completed the Master’s program in May 2022 and joined our team just a few short weeks following her graduation.

For the month of May, in child outpatient therapy we provided services to 435 clients and their families. Currently we have 588 clients enrolled in children’s therapy services. Over the last year, our children’s therapist caseloads have risen to a level that is unsustainable. Therefore, we made intentional decisions in the last two months about reducing the number of children we have entering therapy. Our goal is to provide timely and effective quality care to our clients and their families. In order for that to occur, we needed to reduce the number of clients on the therapist’s caseloads. As noted previously, we have reduced the number of intakes we are providing for children and adolescents; in addition we continue to accept primarily only clients that have Medicaid or are self-pay. We are currently advertising for additional Children and Adolescent Clinician positions and are

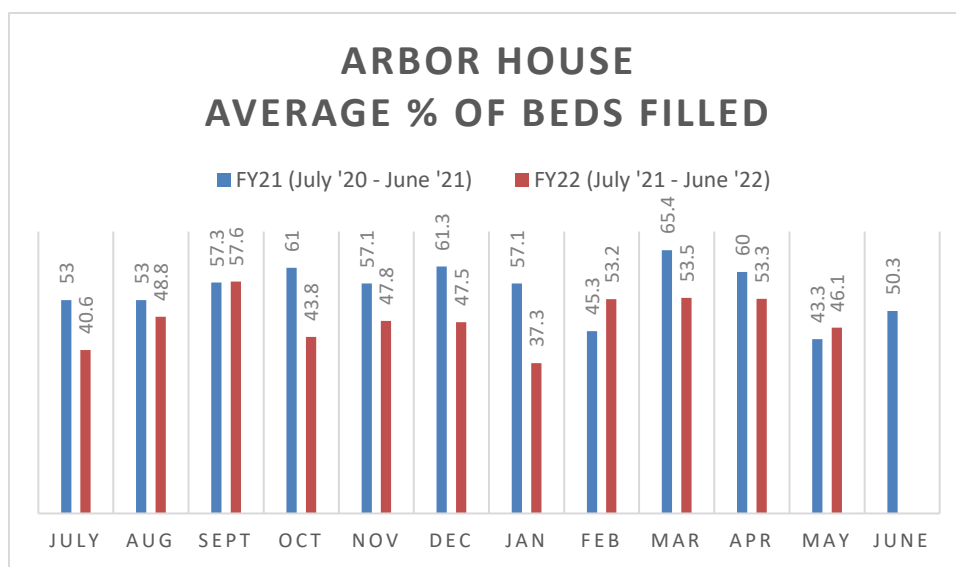
hopeful once these positions are filled we will be able to increase the number of intakes for children’s services.



Arbor House (Crisis Stabilization Unit)

One of the fundamental aspects of Arbor House is the focus on skill restoration and development. Our multidisciplinary team is able to teach and support our residents in relearning skills and, in some cases, learning for the first time how to deal with difficult emotions and life experiences. This past month we had an opportunity to help highlight and celebrate, with one of our residents, their recovery journey. The individual was able to recognize their early signs of emotional distress and was able to seek support by asking for a referral to Arbor House. During their stay at Arbor House, they were able to enhance their coping skills to deal with their mental health symptoms and return to their home with additional skills and support to help maintain their stability in the community.

We continue to set our maximum capacity at 5 individuals due to key staffing vacancies and are eager to return to a 7-bed capacity, once those positions are filled. For May, our bed utilization was 46.1% based on 7-bed capacity, with our utilization rate based on the 5-bed capacity at 64.5%.



Emergency Services / Adult Crisis Response Team

Our Emergency Services team continues to work diligently to serve our community members during moments in a behavioral health crisis. The team provides crisis response and assists individuals in accessing a higher level of care such as acute hospital care, as clinically appropriate. The team continues to see firsthand the strain of not having enough resources, both on a local and state level, for individuals experiencing a behavioral health crisis. The team’s goal is to assess and identify the least restrictive environment to provide care to individuals during these times of crisis. Possible outcomes could include a referral to a residential crisis stabilization unit (Arbor House), voluntary or involuntary hospitalization, or in some cases we are able to create a safety plan with family members, natural supports or other key figures in the individual’s life that allows them to safely return to their home and be stabilized without having to be hospitalized.

Our Crisis Response Team, consisting of a mental health clinician and law enforcement officer, will respond in the community to situations where someone is experiencing a mental health crisis. At times, this may result in the team transporting the individual to Sentara Rockingham Memorial Hospital for possible voluntary or involuntary hospitalization. The team will also provide follow up contact with individuals following the crisis or hospitalization to assist with getting them connected to additional treatment or support services.

Community Recovery Services

The Community Recovery Services department held our semiannual retreat on May 19th. We spent time introducing new staff from each program. Robyn Collins gave a brief presentation about our peer supports program. Then we watched a video and had a conversation about how negativity can affect our self-confidence at work. In response, we all shared one or two experiences of gratitude and success as a way to build hope. We also shared refreshments, played group trivia and socialized as a way to build team cohesion.

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

We are fortunate to welcome three new children's case managers to the team on May 16th. Laura Quay and Hayley Wagner are both social work graduates from Mary Baldwin College. Katherine Gardenier is a social work graduate from JMU. Both Katherine and Laura were interns in our children's program before being hired.

Mental Health Skill-Building Services (MHSS)

We are hiring for two open positions and conducted interviews this past week. We are hopeful! Our current roster of clients is down to 16 due to our reduced staffing. We continue to receive referrals for the service.

Peer Support Services

Along with our full time Peer Program Coordinator, we have three, full-time Certified Peer Recovery Specialists (CPRS) working in Mental Health, Permanent Supportive Housing, and Outpatient Substance Abuse programs. We also have one part-time Mental Health Peer Specialist. Of the three CPRS's, two are currently registered with the Board of Counseling, with the last CPRS waiting for her registration to be approved. The part-time Peer Specialist is currently finishing his certification class to become a CPRS. Those Peers that are registered with the Board of Counseling are eligible to begin billing for their services on July 1, 2022. All final steps are being completed, as guided by Medicaid and DBHDS, to solidify a flow of services for us to begin billing Medicaid for clients engaging in Peer Services. We are excited to add two peer groups, led by our full time MH CPRS, at Arbor House starting in June.



Permanent Supportive Housing (PSH)

Two employees were hired this past month to fill vacancies. Hannah Gibson was hired as the PSH case manager. Emily Shabani is now our second Housing Specialist on the team. We are excited to be a fully staffed team of 6 for the first time since the development of the PSH program 2 years ago. We are a third of the way to linking people to housing with our 45 voucher slots.

Western State Hospital (WSH)

WSH census report for the month of December, HRCSB had a census per 100,000 of 3.8, and an average census of 5. Our region, HPR 1, had an average census per 100,000 of 7.3, and an average census of 114. Health Planning Region 1 is made up of 9 CSB's: 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 284 units for the month of April with contracted DD case managers from Valley Associates for Independent Living completing an additional 19 billable units. Case managers completed 588 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 248 face to face visits. They also completed 21 annual Individual Service Plans, which by way of a data exchange are automatically updated into the Waiver Management System (WaMS) daily.

Currently we have 231 individuals receiving DD Waiver services. Of those, 59 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 201 individuals on the DD Waiver Waiting list awaiting services. There are currently 30 individuals on Priority 1 status, followed by 91 on Priority 2, and 80 on Priority 3. We received five referrals, completed three new waiver screenings, and completed one intake in May. We added one individual to the DD Waiver waiting list.



The new mandated version of the Individual Service Plan went live in May. This new plan contains expanded areas related to employment and community integration, in order to collect more accurate data related to the Department of Justice Settlement agreement.

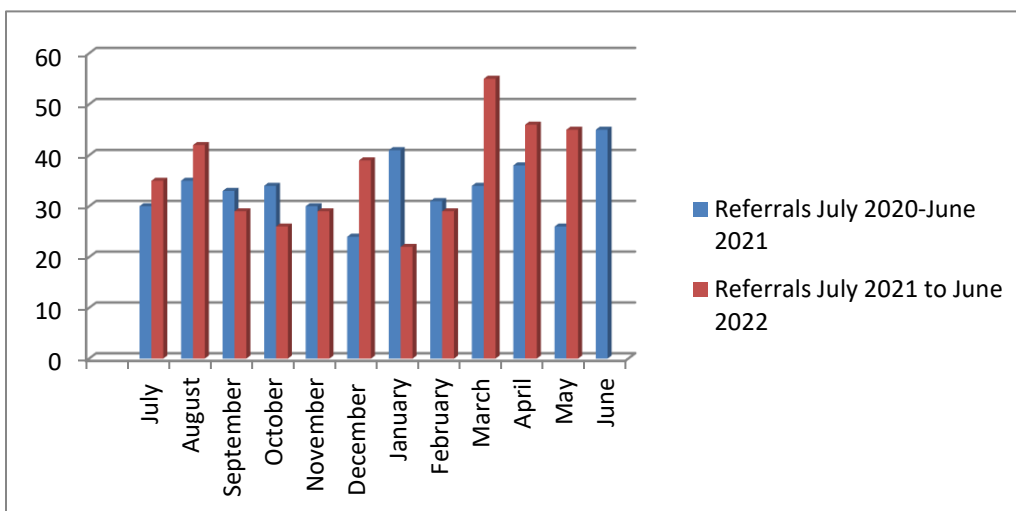
With the Federal Public Health Emergency (PHE) scheduled to end in July, we are closely monitoring our clients who are in danger of losing their slots due to non-utilization. Currently, clients who are not using any waiver services due to pandemic related concerns cannot have their slot removed. However once the PHE ends, those protections are no longer in place. The majority of individuals who are not able to use their slots are those whose only service was day support, or individuals looking for consumer directed respite, or personal assistance who cannot find attendants.

We completed our Quality Improvement plan, which was required as part the DBHDS Quality Service Review process. The most recent quality services review focused heavily on including areas of potential risk, which we will now incorporate more thoroughly into service plans.

Infant and Toddler Connection

The infant and toddler program saw three of their highest monthly referral totals happen in consecutive months of March, April, and May. The high volume of referrals has necessitated a temporary waiting list for some services, such as physical therapy and speech.

We continue to work on the implementation and roll-out of the new data management and reporting system, Track-it, which will replace ITOTs in the coming months. Much of the current preparation involves manually entering data elements by ITC staff, as well as participating in trainings, in advance of phase one go live date in early June.



Month:	July	August	September	October	November	December	January	February	March	April	May
Total Referrals	35	42	29	26	29	39	22	29	55	52	45
Monthly Referral Goal	30	35	35	35	30	30	40	35	35	35	30
IFSP Completions Per Month	25	21	24	14	24	17	19	26	15	31	29
Monthly Child Count	165	179	181	185	189	191	191	210	200	222	236
Data for Referrals											
Parent Declines/ No Contact	11	9	10	6	7	6	5	4	8	6	2
Transfers	0	0	1	1	0	0	0	0	4	0	0
Not Eligible	5	4	5	0	1	3	3	3	4	1	0
In Process	0	0	0	0	0	0	0	2	6	25	43
Deceased	0	0	0	0	0	0	0	0	0	0	0
Active	19	22	13	19	21	30	14	20	30	20	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	55
April	30	43	34	32	38	52
May	48	20	33	25	26	45
June	34	32	25	35	45	
Total Referrals	353	377	397	406	401	397
Child Count-Dec 1	127	162	173	195	201	193