



# HRCSB Board Report – July 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 June 22, 2022, HRCSB was visited by Commissioner Nelson Smith from the Department of Behavioral Health and Developmental Services (DBHDS). He spent several hours talking with staff and clients about the successes and challenges of service delivery in today’s world. In his first six months serving as Commissioner, he has made a concerted effort to visit many of the 40 CSBs in Virginia with the intention of completing the circuit before this Fall. We shared that each CSB is formed by local government and can be tasked with providing services to one or multiple jurisdictions, completely dependent on the interests of the locality. For instance, the jurisdiction of HRCSB is defined within the community boundaries of both the City of Harrisonburg and Rockingham County. A few quick things to note about our community include [www.census.gov]:

- Total Population 135,824    Harrisonburg 51,430    Rockingham 84,394
- Total Square Miles 867.13    Harrisonburg 17.34    Rockingham 849.79
- Median Income                    Harrisonburg \$49,117    Rockingham \$64,496
- Persons in Poverty                Harrisonburg 25%    Rockingham 8.3%

HRCSB serves an average of 5,100 distinct individuals per year, essentially 4% of the total population, with an average of 70% adults and 30% children and adolescents. As an employer, we have approximately 250 full-time and hourly positions with over 180 persons working full-time. Finally, our FY2023 budget is \$17.5M with funds comprised of 45% from the Department of Behavioral Health and Developmental Services, 42% fees / insurance reimbursement, and 13% local contribution for operations and service delivery. Every CSB, either operational or administrative boards, have different breakouts of both demographic and financial composition but we all share the same mission and passion for our work towards healthy and thriving communities.

*Ellen Harrison, LPC, MBA*

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

### Compliance:

- The end of the fiscal year is a busy time in the Compliance Department. Our credentialing specialist updated each clinician's license and insurance coverage for every Managed Care Organization – a tedious process to ensure that billings and reimbursements flow smoothly as of July 1.
- Compliance also assisted a great deal with the launch of billing for our Peer Services program effective July 1. This included numerous conversations on how the program will develop over time, and therefore how it will be structured and documented in our EHR and billing systems. A good team effort allowed us to be ready for the next phase of this STEP-VA program.
- Emergency Services was surprised with a new format and process for collecting data for our Crisis Intervention Team Assessment Center clients. The Compliance Data Specialist worked closely with the ES Manager and IT to find a solution to this surprise new process.

### Facilities:

- Dickson is waiting. Dickson is waiting for a variety of things: parts for an important HVAC repair affecting two areas of the building; a few key signs both inside and outside of the building; replacement soap dispensers; additional blinds and shades; and concrete and railings to finish the new Emergency Services sidewalks. He is hopeful that some (or all) of these items will arrive sometime this summer.
- Georgi Hons, of our Finance Department, has taken over the Purchasing function for the agency. She will work closely with Administrative Services in this role.
- We have shade. We have wonderful new sunshades on our patio, making it comfortable to spend time outside during lunch or break times. Employees have been very pleased with this addition.

### Risk Management:

- Josh Dyke is working on updating Emergency Response policies and adding Hazardous Weather policies associated with our new facility.

### Clerical:

- Jeannie's team is helping launch the Agency's new interpreter scheduling software, Fluency. It started on June 27 and we now have successfully scheduled

appointments into August. This has been a great development in the wake of AHEC's closure in May.

**IT:**

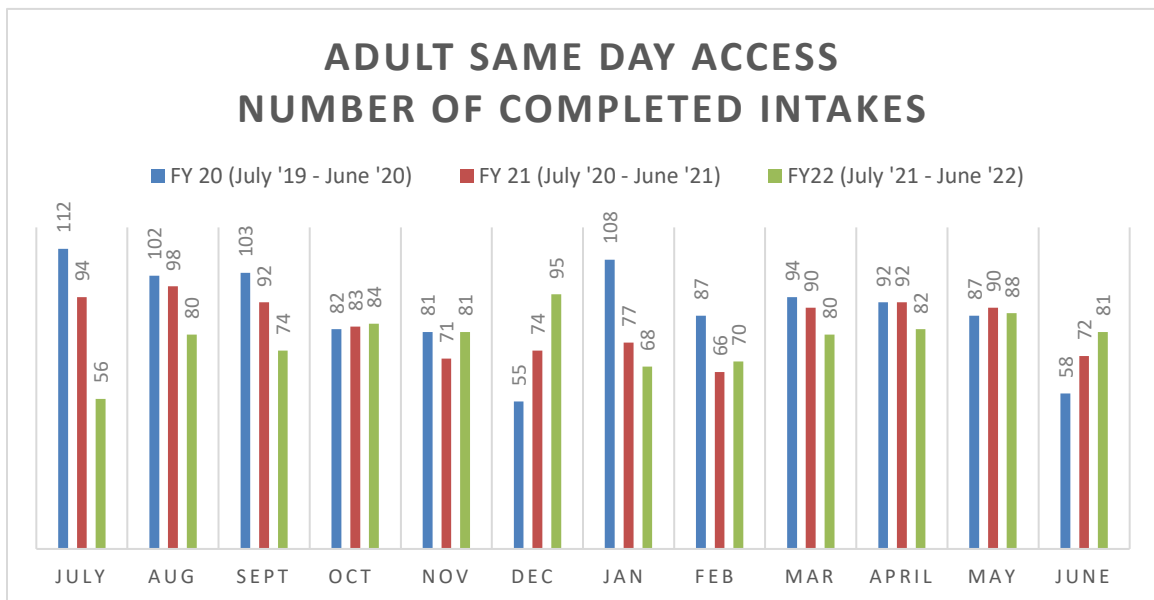
- IT also helped considerably with the configuration and training of the Fluency platform.
- **And finally....**IT welcomed James Jenkins as the new HRCSB IT Manager on June 16. James comes to us from the Charlottesville library system but has a long background in IT support of direct Intellectual Disability / Developmental Disability services prior. He is eager to work with his skilled team on current projects and contribute to the next phase of HRCSB IT support.

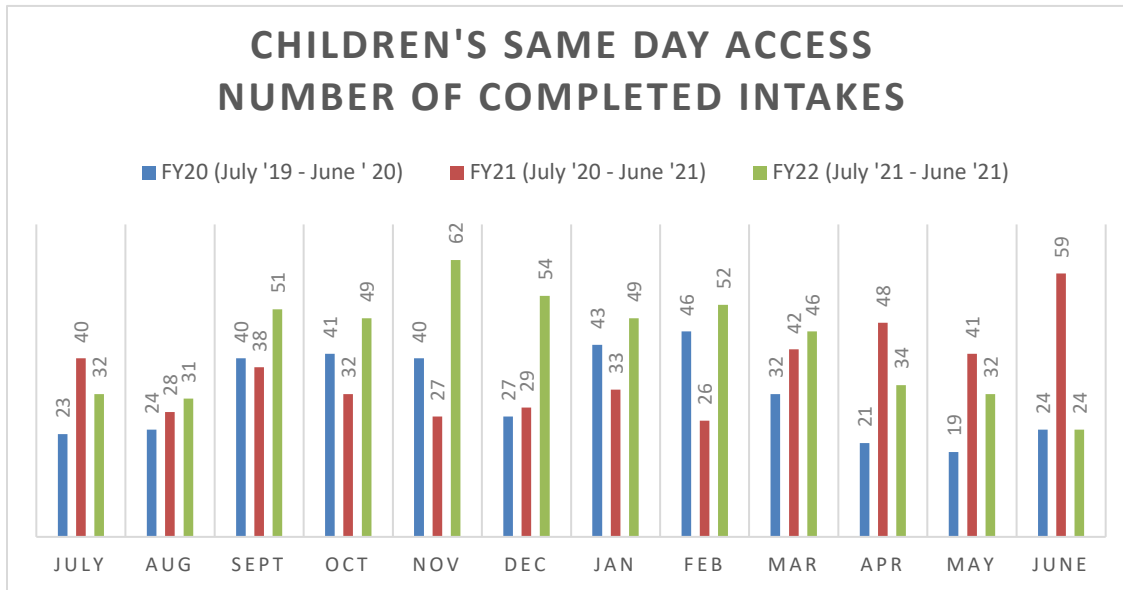
**Behavioral Health Services**

**Same Day Access - Adult and Child**

The Same Day Access (SDA) team has been providing same-day intakes for adults and scheduled intakes for children and adolescents. For the month of June, the SDA team completed 81 adult intakes and 24 child and adolescent intakes.

For this Fiscal Year (July 1, 2021 – June 30, 2022), our SDA team completed 939 intakes for adults, which is 6.4% less than Fiscal Year 2021. For children and adolescent intakes, the SDA team completed 516 intakes, which was a 16.5% increase in the number of intakes completed in Fiscal Year 2021.

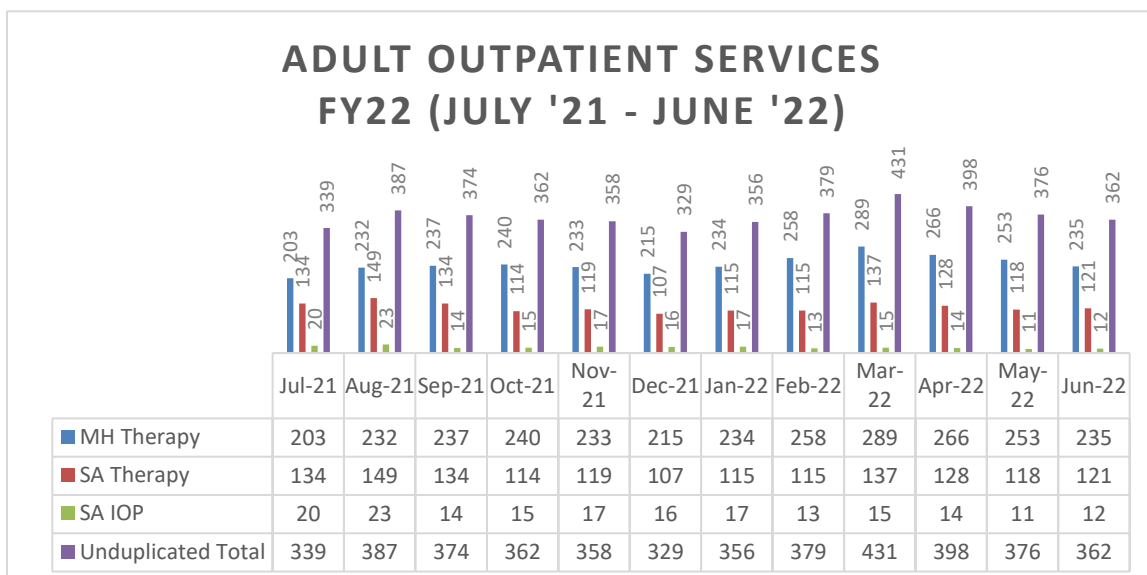




### Outpatient Services – Adult and Child

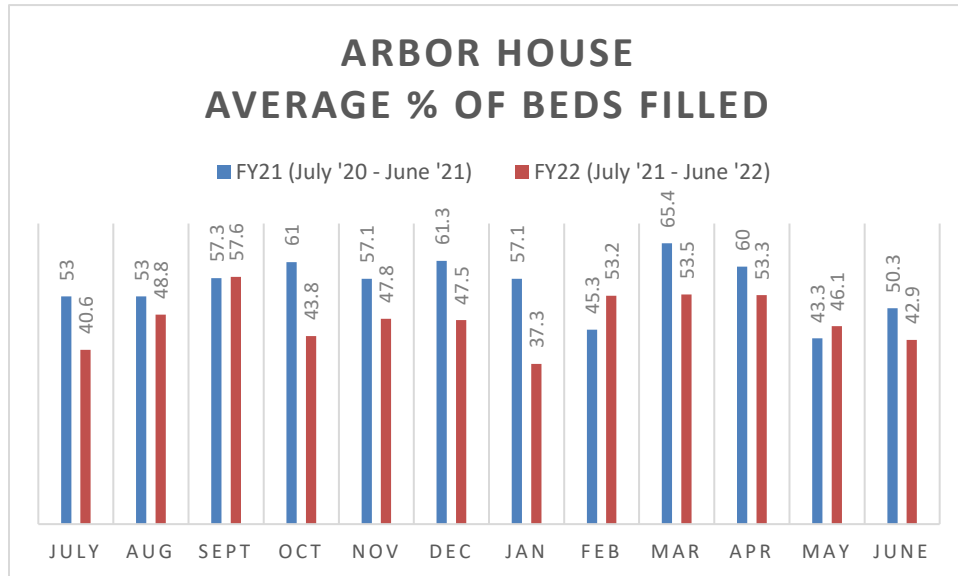
For the month of June, in adult outpatient therapy we provided mental health therapy to 235 clients, for substance use therapy services we served 121 individuals, and in our Substance Use Intensive Outpatient program we served 12 individuals, for a total of 362 unduplicated clients served in therapy services. For the fiscal year (July 1, 2021 – June 30, 2022), we provided adult outpatient therapy services to 1110 individuals.

For the month of June, in child outpatient therapy, we provided services to 407 clients and their families. Currently we have 562 clients enrolled in children’s therapy services. For the fiscal year (July 1, 2021 – June 30, 2022), we provided child and adolescent therapy services to 892 individuals.



## Arbor House (Crisis Stabilization Unit)

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 June, our bed utilization was 42.9% based on 7-bed capacity, with our utilization rate based on the 5-bed capacity at 60%.



## Behavioral Health Wellness

This past month has been a busy time for our Behavioral Health Wellness team. The team provided four Understanding Adverse Childhood Experiences (ACEs) trainings in our community, two Adult Mental Health First Aid Trainings and additional content specific presentations for the Bridgewater Retirement Community on “Practices for Preserving Our Mental Health and Wellness” and for the Bridgewater Volunteer Rescue Squad on “Applying Mental Health Centered Practices.” The team has also participated in several community tabling events including at Harrisonburg High School for “Talk about It” Tuesdays, the Harrisonburg Farmer’s Market and at World Refugee Day where they provided resources on mental health and wellness focused resources that included suicide prevention and lethal means safety resources.



Our Behavioral Health Wellness team co-sponsored the first Harrisonburg Youth Leadership Summit in collaboration with Faces 4 Change Drug-Free Community Coalition and On the Road Collaborative. There were 17 youth that participated in the event and highlights included a speech from Mayor Reed, a motivational conversation with JMU Alum and football star Domo Taylor and substance use prevention focused activities and conversations.



## Early Intervention – School-based Services

As the 2021-2022 school year has come to an end for the school systems, Early Intervention Clinicians have wrapped up the school year with the schools, families, and providers. Early Intervention Clinicians will return for the 2022-2023 school year on September 1, 2022.

This school year, Early Intervention provided services to at least 266 students with 2,528.2 direct hours for student support in over 3,600 sessions in Rockingham County Public Schools (middle and high school). Students were referred by school counselors and



administrators for a variety of presenting concerns: anxiety, depression, grief, school concern/motivation, anger, substance use, suicidal ideation, and family/relational stressors. The Early Intervention clinicians referred 89 students for additional community based mental health services. During the year, HRCSB had a graduate intern who provided an additional 98 sessions and 278.6 direct service hours to students in RCPS.

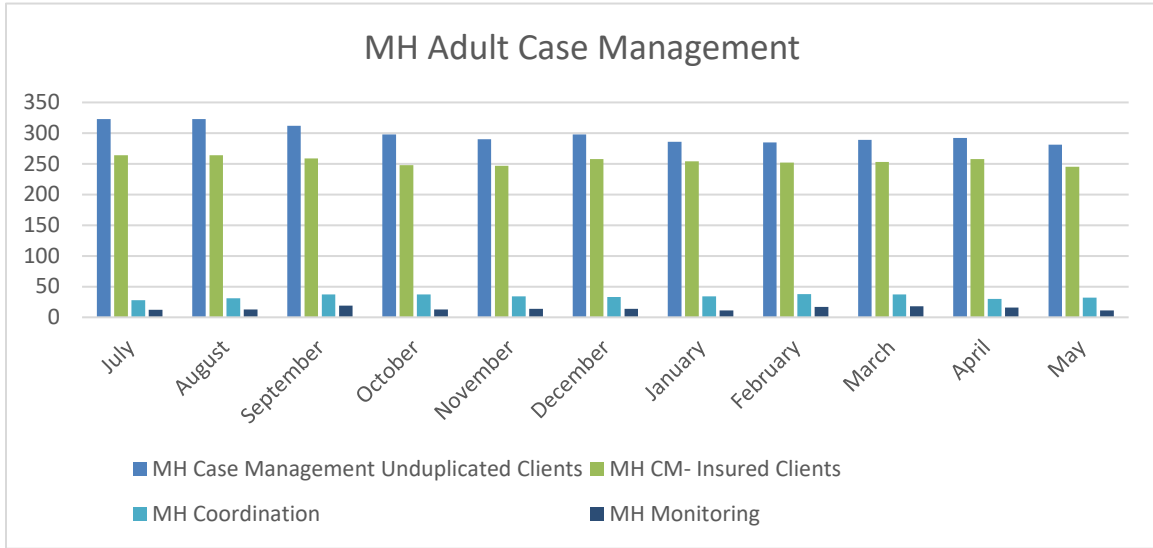
This year in Harrisonburg City Public Schools, HRCSB provided two Early Intervention clinicians in the middle and high school settings. One clinician was assigned five days a week at Harrisonburg High School while the other clinician split time between the two middle schools and Great Oak Academy. For this school year, the middle school clinician provided services from November 2021 to February 2022. The high school clinician provided services from January 2022 to the end of the school year.

At Harrisonburg High School, 30 students received services through this program. In addition to the 30 students receiving on-going support through the early intervention program, the clinician provided crisis and one-time support for five additional students, as requested by school counselors or administration. The Early Intervention Clinician referred 6 students for additional community based mental health services. Primary presenting concerns were anxiety, depression, and hyperactivity/impulsivity.

There were approximately 31 students served by Early Intervention in the middle school setting. This included students from Thomas Harrison, Great Oaks Academy, and Skyline Middle School. The middle school clinician provided approximately 189 hours of service. In addition to meeting individually with students, the Early Intervention Clinician provided support through school team meetings, providing and monitoring referrals for linking to community resources.

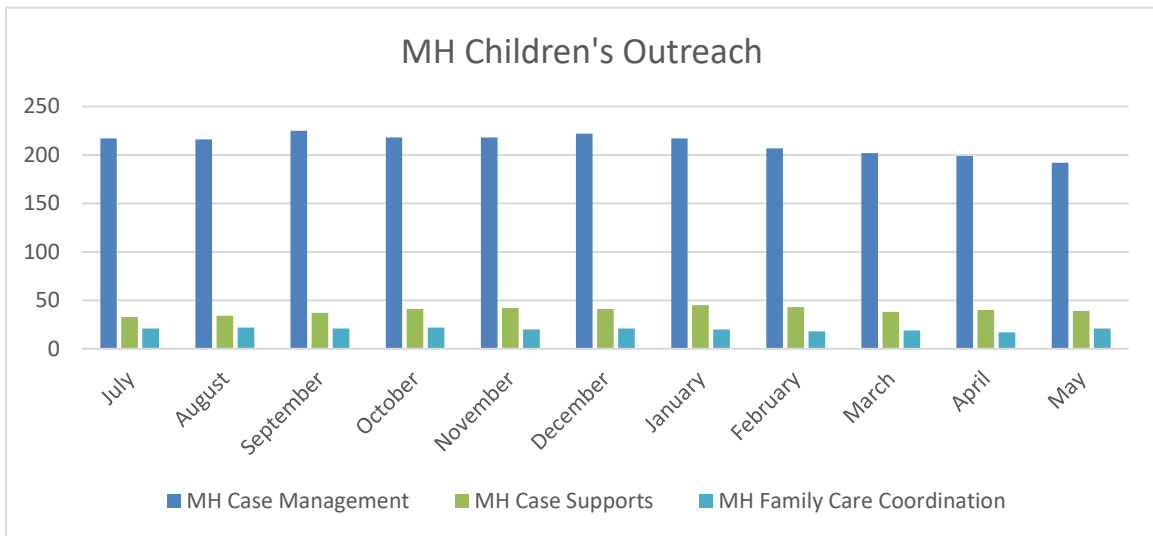
## Community Recovery Services

### Adult Mental Health Case Management (MCHM)



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

This month we welcomed a new Children’s MH case manager Michelle Pineda-Hernandez. Michelle was an intern with us last year and we are excited to keep her in the agency.





## **Mental Health Skill-Building Services (MHSS)**

We have hired two new full time skill builders. Anna Jones began on July 1<sup>st</sup> and Avery Trinh will start on August 1<sup>st</sup>. This gives us a full team of three skill builders and a supervisor.

## **Peer Support Services**

Peer staff recently had a client successfully complete First Offender's Status. The client has been in recovery from her mental health and substance use conditions for over a year. The client has married, began working fulltime, is in the process of buying a home, and has finished her 72 hour DBHDS Certified Peer Recovery Specialist (CPRS) training. The client is currently working an internship to earn her 500 hours to earn her CPRS certification. The client's goal is to work full time as a CPRS so that she can help others than have been in her place after learning how beneficial Peer Services can be.

## **Permanent Supportive Housing (PSH)**

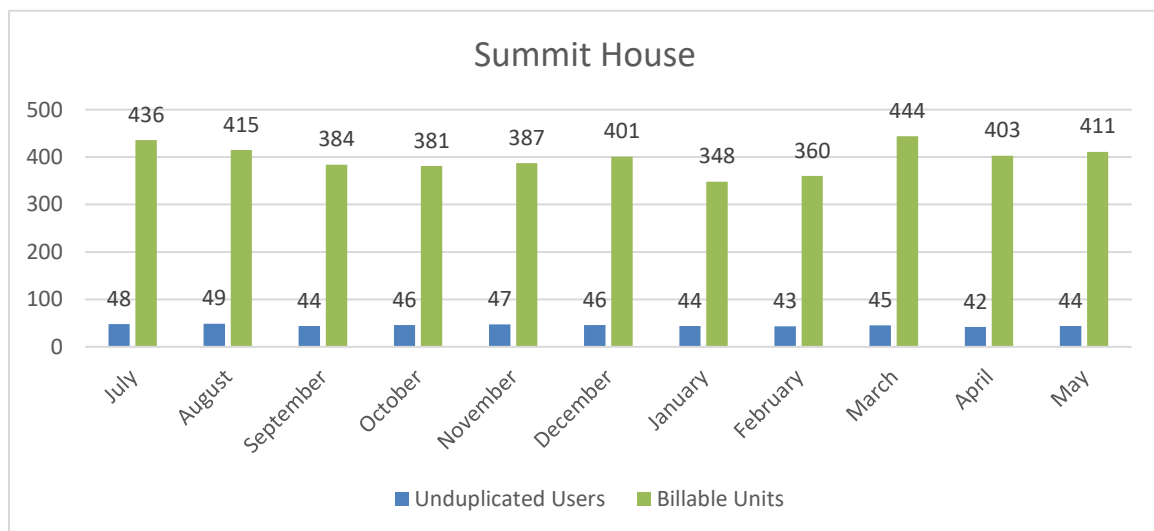
Our PSH program began in July of 2020 with four positions and 25 vouchers. Since that time, it has expanded to 6 staff and 45 vouchers. Our program has a unique partnership with our local Housing Authority, with 20 Housing Choice Vouchers allocated from their agency, and 25 funded through DBHDS.

Stats: 22 participants enrolled; 18 leases signed; 3 program discharges; 40 referrals

Our program operates using a Housing First model, which doesn't put any expectations on our participants to be involved in other supportive services, to be medicated or abstaining from substance use. The idea is that every human deserves safe and stable housing, which then provides a platform for them to gain stability in other areas as well. While our PSH staff and our participants have both learned that the immediate relief of housing can often lead to an increase in a participant's stress and anxiety (new pressures of tenancy, loneliness, program expectations), we have seen the way that our participants start to take ownership over their space, and begin to explore other parts of themselves or their community, once they feel the security of having a home. One of our participants – our very first enrollee – is a great example of the way Permanent Supportive Housing (PSH) can benefit both our individual participants, as well as the larger community and service systems. This participant is a long time CSB client, who has struggled for years to maintain stable housing, stay engaged in services, and out of run-ins with law enforcement. The very first apartment we helped him find was in a neighboring town. He was initially excited about his new apartment, but quickly began to feel isolated. He struggled to find the transportation, as he wanted to get into Harrisonburg to access his

support networks. This combination of factors led to a decompensation that eventually caused him to need to move out of his apartment. PSH staff were able to support him through the ending of this first tenancy and a period of homelessness. A couple of months later we were able to find him an apartment closer in to town. He has now been in that apartment for about 8 months and has done well. He takes pride in his unit and keeps it very tidy. He’s learning to negotiate being a good neighbor, with support from the PSH team. He keeps himself busy helping others in the community with small tasks, but keeps in contact with the PSH team and comes in regularly for his medical appointments. The journey to stable housing is not linear, and his story is still unfolding with plenty of bumps along the way. This participant, in collaboration with the PSH team, has been able to identify what his needs and priorities are; which have brought him the stability needed to engage in more of what brings him joy and fulfillment in his life.

### Summit House Psychosocial Rehabilitative Service (PSR)



### Western State Hospital (WSH)

WSH census report for the month of May, HRCSB had a census per 100,000 of 4.0 and an average census of 5. Our region, Region 1, had an average census per 100,000 of 7.2 and an average census of 113. 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 May with contracted DD case managers from Valley Associates for Independent Living completing an additional 20 billable units. Case managers (CM) completed 602 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 233 face to face visits. They also completed 34 annual Individual Service Plans (ISP), which by way of a data exchange are automatically updated into the Waiver Management System (WaMS) daily.

Beginning in July, the DD CM staff will switch to a system of direct entry of the ISP into the WaMS system, rather than utilize the data exchange. Due to yearly changes to the ISP, the data exchange was never able to function routinely without errors.

Currently we have 235 individuals receiving DD Waiver services. Of those, 56 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 206 individuals on the DD Waiver Waiting list awaiting services. Of those, 121 are under the age of 18. There are currently 35 individuals on Priority 1 status, followed by 91 on Priority 2, and 80 on Priority 3. We received four referrals, completed four new waiver screenings, and completed four intakes in May. We added 7 individuals to the DD Waiver waiting list in June.

The Independent Reviewer for the Department of Justice Settlement Agreement released his 20<sup>th</sup> review in June. Of the 155 compliance indicators studied during the period, Virginia met 84. Two distinct areas result in substantial non-compliance: providing adequate services for individuals with intense medical and behavioral needs, and monitoring the quality of provided services to identify the systems most impactful problems. The report can be found online at the DBHDS website.

### **Infant and Toddler Connection**

Referrals remained high for June, capping off a four month end of the year trend that contributed to the highest yearly referral (437) on record. We are currently interviewing for added hourly and full time Developmental positions, as well as an open Speech Language Pathologist, to address the workload created by these referral numbers.

The new Early Intervention (EI) data system, Trac-it, went live on 6/27. A small pilot team has been formed to learn how to navigate the system, and they will peer train once they are set up. Full implementation for the entire EI team is scheduled for November.

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	40
<b>Total Referrals</b>	<b>353</b>	<b>377</b>	<b>397</b>	<b>406</b>	<b>401</b>	<b>437</b>
<b>Child Count-Dec 1</b>	<b>127</b>	<b>162</b>	<b>173</b>	<b>195</b>	<b>201</b>	<b>193</b>

