

HRCBS Board Report – August 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

Mental Health is a priority for both the federal and state governments at this time. This alignment has led to a successful start for the x988 National Suicide Prevention Line porting over to Virginia’s regional call centers in July 2022. This porting keeps the response to calls for referrals and warm hand-offs to local resources in the caller’s community. No matter where you are in Virginia, if you dial x988 your call will likely be answered by a company that is knowledgeable about resources near you. You might already know that Region 1 contains 9 community services boards and covers ~13,000 square miles of farmland and mountains. Whether you live in a small town, on a 200 acre farm, or are passing through to deliver your child to college, if you experience a behavioral health crisis – call x988. (If your or someone else’s *safety* is at risk, call x911.) The operation of the x988 response is largely funded for by a small tax on cellphone lines and through a federal grant with the Substance Abuse and Mental Health Services Administration. This “warm-line” is the first of many steps in a buildout of crisis services across Virginia. Standing alone, the x988 line can help many people in distress that can be best served by talking with someone. It is currently projected that 80% of the calls can be successfully resolved through a responsive conversation with a trained professional or volunteer. Recently this phrase was coined: *Hope has a new number, and it’s x988.*

Ellen Harrison, LPC, MBA

Administrative Services

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

Compliance:

- The Compliance Department continued to respond to numerous insurance audits this month, including one with 52 charts to upload into the company portal. The Emergency Services Department also had a comprehensive audit in late July by DBHDS with extensive chart reviews.

- The Department looked into and resolved an alleged Peer-to-Peer incident.
- There will be another full-time Quality Improvement (QI) specialist in the department and the recruitment is underway.

Facilities:

- We have new signs! We have two new signs at the Main Street campus, helping with way finding to the front entrance. The McNulty Building also has an updated sign, with the names of the programs now located there and an updated look.

Risk Management:

- Josh Dyke has worked extensively this month backstopping Facilities while Dickson was on leave.
- Josh also did his normal job of incident reporting, emergency response – including a surprise early morning fire drill – and researching regulations.

Clerical:

- The Clerical team is recruiting a Receptionist/Interpreter Coordinator, to assist in the interpreter project and to fill a receptionist vacancy.
- Clerical Manager Jeannie Turner did a great job with gifts for outgoing Board Members and welcome packets and nameplates for incoming Board Members. Jeannie's role in supporting Board operations is always appreciated, but never more so than with changing Board membership.

IT:

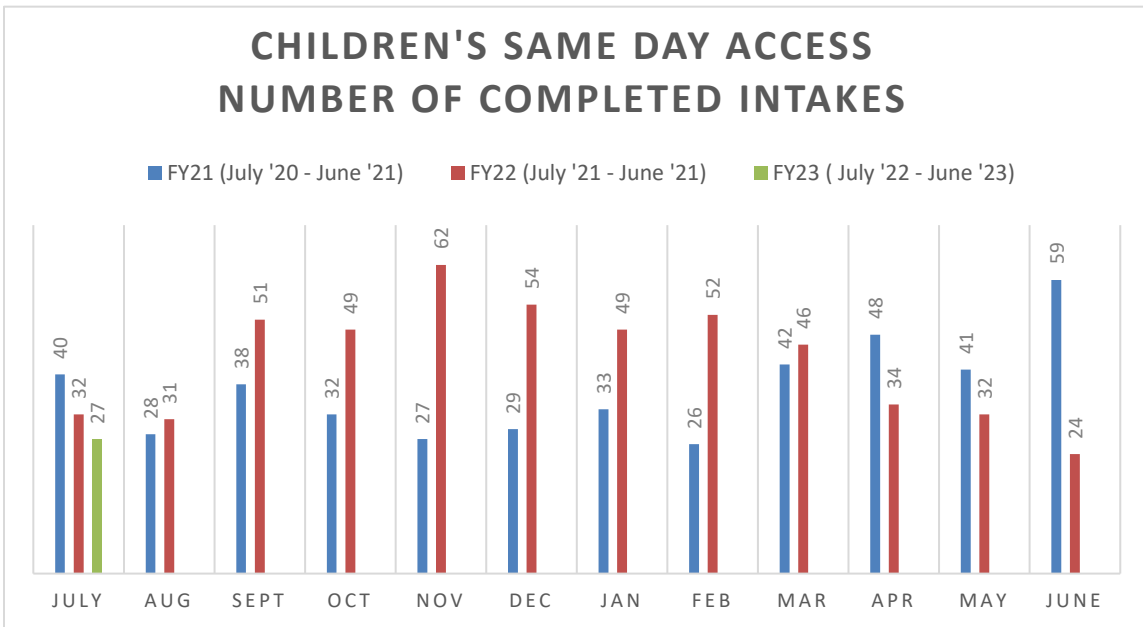
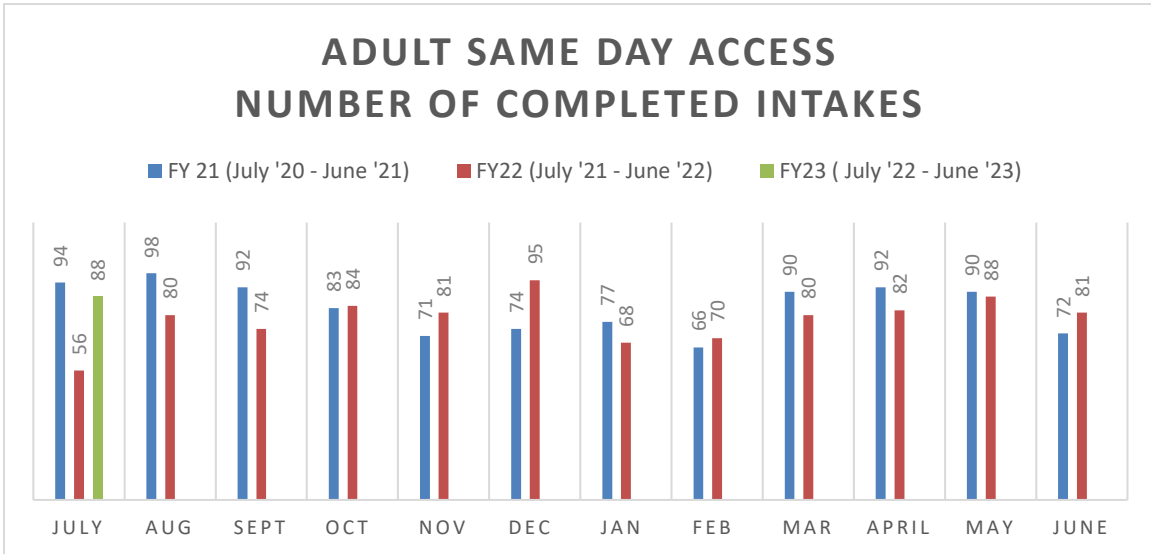
- James Jenkins has spent the last three weeks becoming acclimated with both the personnel and the IT systems of HRCSB. He is working closely with the team members to learn their roles and responsibilities, focusing on single points of failure.
- The IT team is losing a long-time member. LeVon Smoker, our EHR and Database Programmer, will be leaving early August to pursue an opportunity elsewhere. He has provided HRCSB with many successful and productive years and we wish him the best.

Behavioral Health Services

Same Day Access - Adult and Child

The Same Day Access (SDA) team have been providing same-day intakes for adults and scheduled intakes for children and adolescents. For the month of July, the SDA team completed 88 adult intakes and completed 27 child and adolescent intakes.

We are pleased to announce that Tyler Orebaugh will be starting as our new Same Day Access Clinician on August 1, 2022.



Outpatient Services – Adult and Child

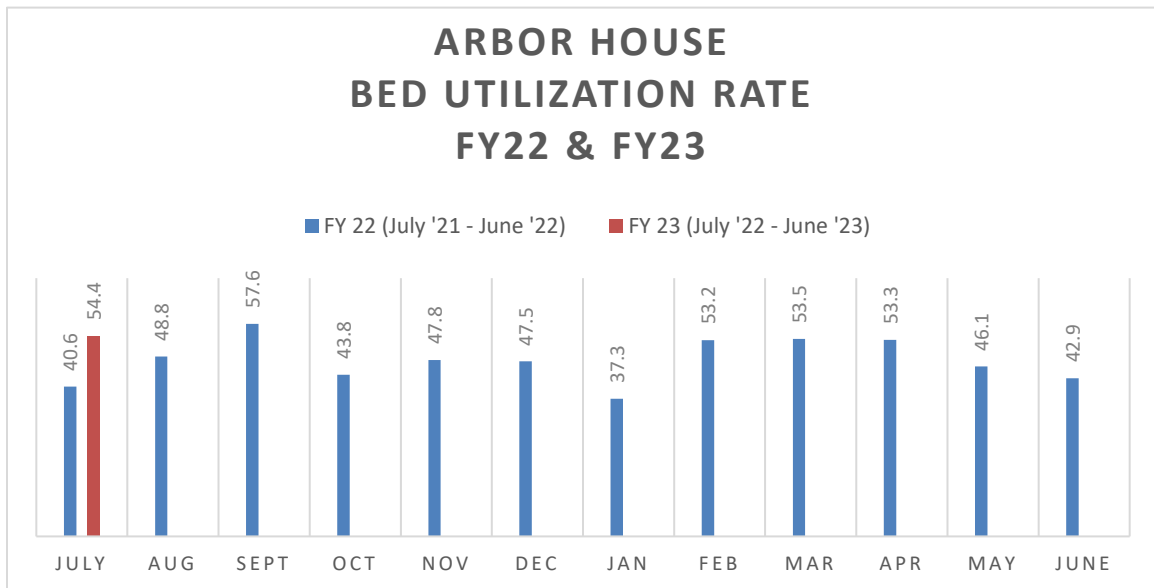
For the month of July, in adult outpatient therapy we provided mental health therapy to 240 clients, for substance use therapy services we served 128 individuals, and in our SA IOP program we served 10 individuals, for a total of 373 unduplicated clients served in therapy services.

For the month of July, in child outpatient therapy we provided services to 369 clients and their families. Currently we have 560 clients enrolled in children’s therapy services. We continue to recruit for additional child and adolescent clinicians to help us better meet the growing needs of this population in our community.

Our clinicians continue to engage in opportunities to learn evidence-based practices to enhance their clinical skills and ultimately improve outcomes for our clients with a focus on trauma related treatment. Over the coming year, we will be having a staff (both adult and child therapist) attending trainings in Eye Movement Desensitization Reprocessing (EMDR), Dialectical Behavioral Therapy (DBT) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

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 July, our bed utilization was 54.4% based on 7-bed capacity and our utilization rate based on the 5-bed capacity was 76.1%.



Behavioral Health Wellness

During the month of July, our Behavioral Health Team has been busy with tabling events, such as at the Farmer’s Market, and working on creating wellness, substance use and mental health relevant social media posts for the agency’s Facebook page. The team has

also been working closely with Estland Design to begin developing a SOR-funded website that will focus on substance use awareness/education and prevention efforts.



Community Events

Our Behavioral Health Wellness Team will be out in the community this weekend, providing **FREE** resources!

Come See Us!

Harrisonburg Farmer's Market

Saturday July 16th from 8:00am - 1:00pm
at Turner Pavilion

FREE Resources Include...

Medication Lock Boxes • Trigger and Cable Locks •
Medication Deactivation Packets • Community
Resource Guides • and more!

Children's Community Stabilization

HRCBSB Children's Community Stabilization Clinician has provided active stabilization services to three individuals during the month of July. The service was provided for stabilization within the community setting, diverting need for out of home care such as acute psychiatric hospitalization or crisis cycling through repeated crisis interactions and assessments. The service has also been implemented for stabilization support following hospitalization to provide more intensive services and bridge the gap while longer-term community-based services are being established in effort to prevent de-stabilization. Children's Community Stabilization provided therapeutic intervention as well as coordination and collaboration with the individual, family, providers/agencies in navigating stabilization following a crisis event. During this time, linking to resources and expanding utilization of already established supports are explored.

In July, community stabilization services began providing follow up via phone to families where youth had contact with emergency services given crisis concerns and may not already have services in place in the community or through the CSB. Additionally, community stabilization began providing hospital discharge planning support from within our community to youth who have had contact with the CSB related to being hospitalized in an acute psychiatric inpatient unit and may not already be engaged in mental health or other community supports to meet their needs. With these additional support options through the community stabilization program, we have had contact with several additional youth and their families and successfully connected them to community resources and/or facilitated strengthening their current system of care.

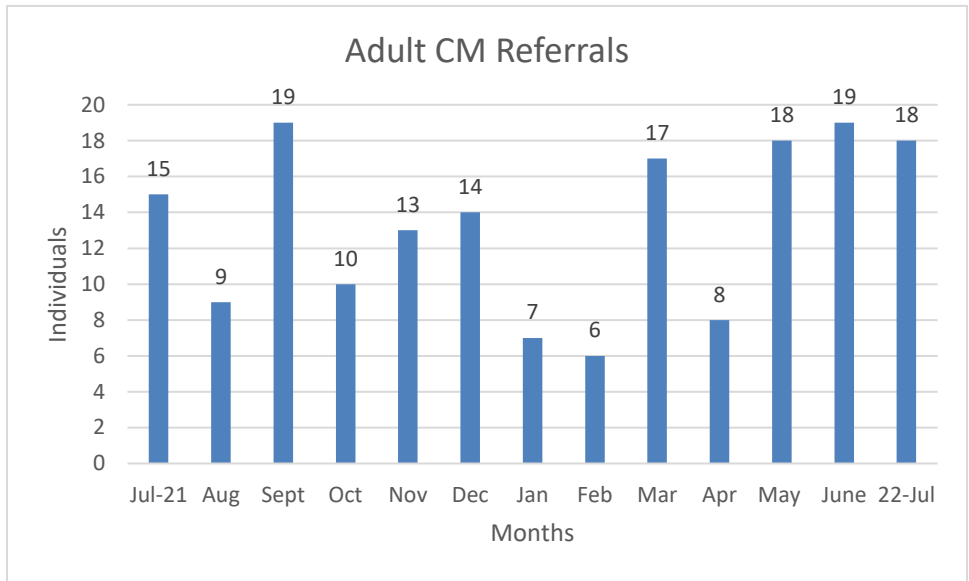
Intensive Case Management

Intensive Case Management (ICM) has provided services to eight individuals during the month of July 2022. ICM maintains coordination with Juvenile & Domestic Relations Court Services Unit in effort to continue to provide support to youth. ICM provides services to youth within the community setting to facilitate gaining access to needed supportive services and an opportunity to develop life skills with an individualized service plan. This service has been incredibly beneficial in our community as it provides opportunity to reach youth who may not have access to services to meet their needs which can be addressed through ICM given a variety of barriers.

Community Recovery Services

Adult Mental Health Case Management (MCHM)

Adult CM has received a large increase in referrals over the past several months. The majority of these seem to be individuals new to the area and new to the agency.



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

We learned of the resignation of a long time children’s case manager (CM) leaving towards the end of August. An ad was posted to fill this vacancy. This will be the fifth CM vacancy we have needed to fill this calendar year. Gratefully, we have been able to hire for the previous four openings and those new employees have been building their caseloads steadily the past several months. This has helped to reduce the referral list from 43 in June to only 10 currently.

Peer Support Services

The Mental Health Peer Support program has begun billing Medicaid insurance since July 1st. This involved creating new documentation procedures in our electronic health record including a referral, clinical review, client assessment, Recovery Resiliency Wellness plan and Peer Contact Note. The lift included coordination from the financial, compliance and IT programs, along with hard work from the Supervisor of Community Supports Becca Hardesty and the Peer Program Coordinator Robyn Collins. We were also encouraged to learn the Medicaid billing rate is set to increase from \$26.50 to \$52.00 per service hour this fiscal year.



Summit House Psychosocial Rehabilitative Services (PSR)

We are excited to welcome Jane Fetterman as the new Summit House Supervisor. She started July 18th. Jane completed her Masters of Arts in Counseling at Eastern Mennonite University in 2003 and has been a Licensed Professional Counselor since 2011. In addition, she obtained the designation of Certified Psychiatric Rehabilitation Practitioner and is a current Certified Substance Abuse Counselor- Supervisee. Jane has a significant amount of professional experience working in Psychosocial Rehabilitation (PSR) programs. She worked as an intern and then full time PSR counselor at Northwestern CSB's clubhouse Sunshine House for 7 years and 2 years as supervisor of Shenandoah House PSR at Valley CSB. She has also had roles as an Adult MH Case Manager, Support Services Provider, Prescriber, MH Technician, CSU Case Coordinator, CSU Clinician, PSR Supervisor, and SDA and Outpatient Clinician. Her passion is working with the *seriously mentally ill* population in a clubhouse setting.

Supervised Living Residential

Our supervised living residential program is currently full of participants, with all 10 beds filled. The program is located on East Market Street just a few blocks from downtown Harrisonburg. The site contains a 2 story house with a 2 story apartment complex just behind. The house, referred to as Market Street, has 4 client occupants. They share a kitchen, dining and living room. The residential office is also on the first floor. Upstairs each resident has their own bedroom and a shared bathroom. There are 6 one bedroom, one bath apartments behind the house referred to as the Outback Apartments. Clients progress from the house to the apartments as they learn skills and become more independent. The mission of residential is to transition adults out of the state hospital and into the community. The program also takes community referrals for adults who are transitioning from homelessness, jail, or shorter private hospital stays. Clients take part in the program for typically 6 months to 3 years or more, depending on their needs and goals. The program is staffed 24/7 by a pool of 5 full time and 7 hourly QMHP-A credentialed staff.

Western State Hospital (WSH)

WSH census report for the month of May, HRCSB had a census per 100,000 of 4.6 and an average census of 6. Our region, Region 1, had an average census per 100,000 of 7.1 and an average census of 111. 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 288 units for the month of June with contracted DD case managers from Valley Associates for Independent Living completing an additional 21 billable units. Case managers completed 627 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 258 face to face visits. They also completed three annual Individual Service Plans.

Currently we have 236 individuals receiving DD Waiver services. Of those, 57 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 205 individuals on the DD Waiver Waiting list awaiting services. There are currently 34 individuals on Priority 1 status, followed by 91 on Priority 2, and 80 on Priority 3. We received 6 referrals, completed three new waiver screenings, and completed two intakes in May. We added one individual to the DD Waiver waiting list in July.

A Waiver Slot Allocation Committee meeting was held in July, and three Community Living Slots were allocated to clients on Priority 1 who required immediate residential services. While COVID is no longer the front and center story it has been, recent outbreaks amongst clients and staff at some local group homes has reminded us that it is still here and still causing significant illness in our population.

We are gearing up for another DBHDS mandated quality services review, slated to begin mid-August. These reviews, completed by the Health Services Advisory Group are completed as part of the DOJ settlement agreement. This is the 4th review completed by HSAG since August of 2020.



Infant and Toddler

The implementation of the new data system Trac-it continues to impact the Infant and Toddler program. Although staff appreciate the increased functionality of the system, which acts more as an electronic health system than it does a data management system, the difficulty remains the significant amount of time it takes to complete tasks. We are working to manage the increased administrative burden while maintaining client services.

Client referrals continue to remain high, topping over 40 for the fifth consecutive month.