



# HRCSB Board Report – October 2022

**Barbara Brady** (Interim Executive Director)  
**Adam Yoder** (Community Recovery Services)  
**Rebekah Brubaker** (Behavioral Health Services)

**John Malone** (Developmental Services)  
**Barbara Brady** (Administrative Services)

## Message from the Interim Executive Director

HRCSB is in the process of planning for the launch of the final three steps of the STEP VA initiative in FY 2023. They are Care Coordination Services, Case Management Services and Psychiatric Rehabilitation Services. HRCSB has submitted its plans to DBHDS for the efforts and we are awaiting follow up communication and funds. As you recall, STEP VA is a multi-year, multi-step initiative to ensure that all CSBs provide nine core behavioral health services. HRCSB already provides the above services however, these funds will allow us to enhance our programs and further our success.

Care Coordination Services is an activity, practice, and philosophy that promotes team-based care among all participants concerned with an individual’s care and not necessarily a distinct service. This includes coordinating services across a spectrum of health services, working with community partners such as primary health providers and also social services, housing, schools, etc. to ensure the best possible outcomes for individuals.

STEP VA Case Management enhancements can include a variety of efforts to improve and expand this critical service, such as reaching out to potential new clients, assessing needs and planning services, monitoring or data gathering of current efforts or enhancing community integration, among other things. Our adult and children’s case management teams work extremely hard and we are happy for funds to support their efforts.

Psychiatric Rehabilitation Services are those that support clients to develop or regain independent living skills, so that individuals can be successful and satisfied in the environments of their choice with the least amount of professional intervention possible. These services focus on skill and resource development related to independent living and increasing a person’s ability manage the challenges of living in the community. We look forward to augmenting our efforts in this regard with STEP VA support.

Staff are eager to begin these efforts and envision positive outcomes in all three areas.

*Barbara*

## Administrative Services

**Updates and Highlights from the Administrative Services departments include:**

### **Compliance:**

- The Compliance Department coordinated our response to a significant DMAS audit, performed by Gainwell. The effort involved submitting charts, etc. per normal, but also MOUs, marketing materials, HR files and other peripheral items. Kudos to Compliance Manager Dana Dewing for pulling it together.
- A new HSAG audit of our Developmental Disabilities Case Management Services has begun, as a continuing component of the Virginia settlement with the Department of Justice.
- We continue to have problems with the Credentialing function of the new DMAS MES portal. This causes problems for clinical staff whose credentials need to be cleared or updated. Staff can continue to work; however, additional oversight is needed in the interim and problematic for supervisors. We are eager to get this resolved.

### **Facilities:**

- Dickson, with a significant assist from Josh Dyke, made great progress this week cleaning up our Acorn Mini-Storage unit. They replaced three collapsed shelving units, returned a number of medical charts back to the building to a secure place for scanning, and created better access to finance and HR documents with the clean out. Additionally, HR now has a number of water and fireproof file cabinets at the McNulty Building for their files, which will be moved from Acorn in the near future.

### **Risk Management:**

- Risk Manager Josh Dyke convened two Enhanced Root Cause Analysis meetings in response to two clients with multiple emergency department visits. Anthem sent a Care Coordinator to one of the meetings, and this engagement was very welcome.

### **Clerical:**

- Clerical has successfully hired for its last vacancy, selecting an internal Peer candidate who will begin October 17.

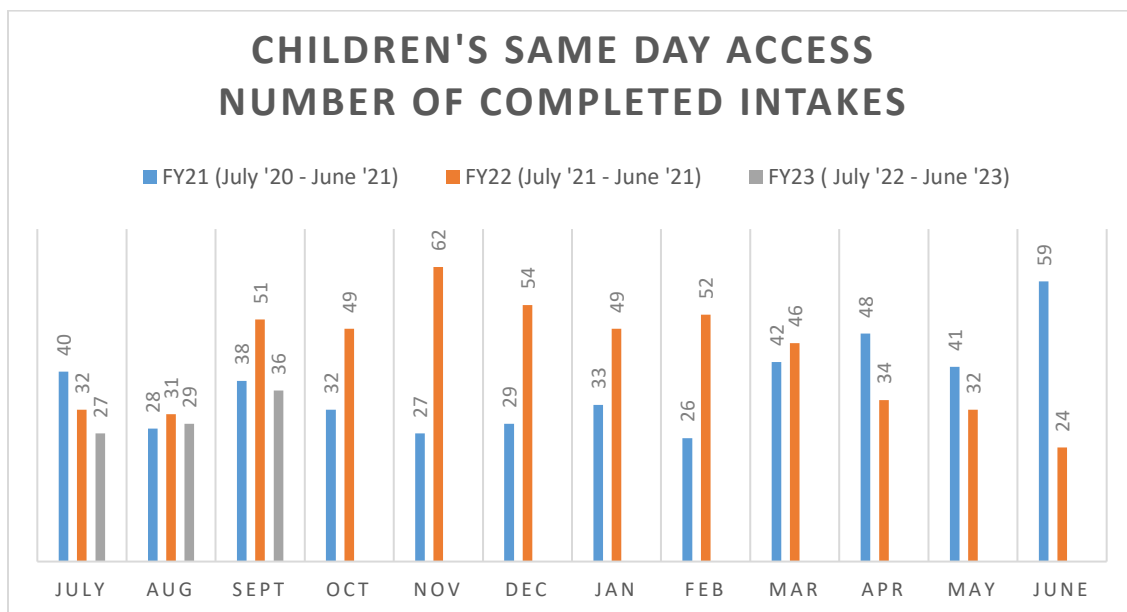
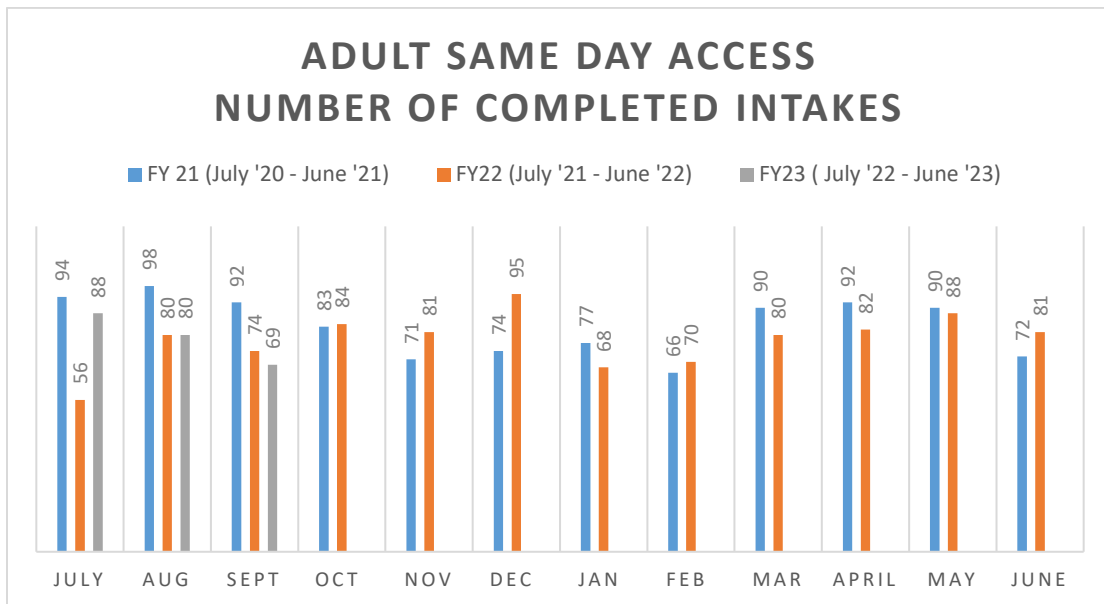
### **IT:**

- IT is making progress back filling their two positions, Data Programmer and Information Systems Administrator. In the meantime, the lean team of three individuals keep systems running and users functioning. We greatly appreciate their efforts.

## Behavioral Health Services

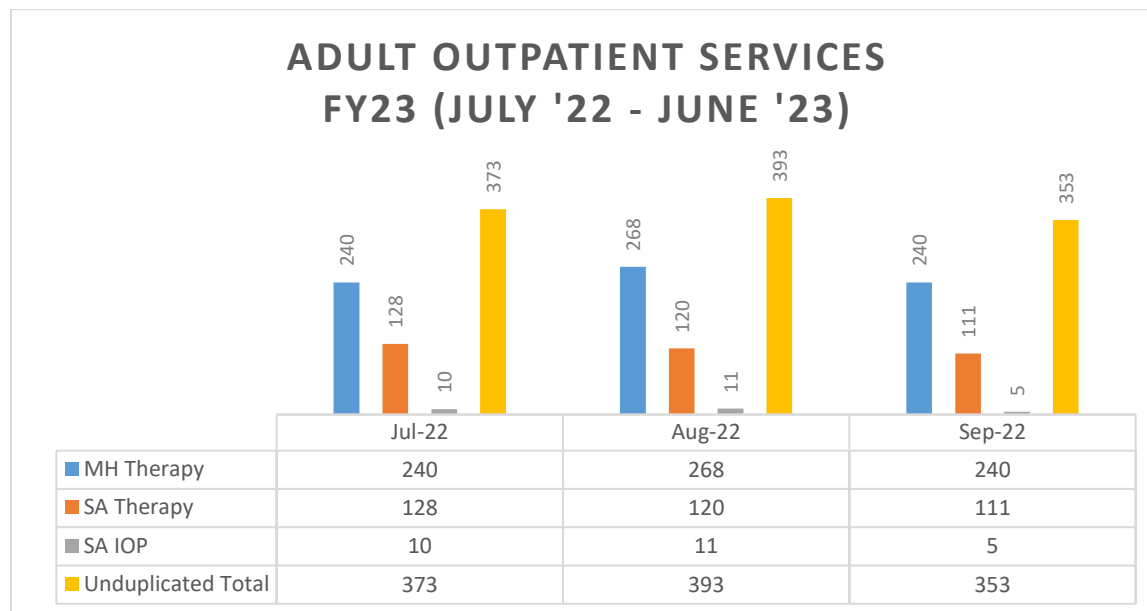
### Same Day Access (SDA) – Adult and Child

We continue to offer walk-in availability for adults on Mondays, Wednesdays and Fridays and scheduled intakes for children and families on Tuesdays and Thursdays. For the month of September (Sept 1-28), the Same Day Access team completed 69 intakes for adults and 36 intakes for child and adolescent services.



## Outpatient Services – Adult and Child

For the month of September (Sept 1-28), in adult outpatient therapy, we provided mental health therapy to 240 clients, for substance use therapy services, we served 111 individuals and in our SA IOP program, we served 5 individuals, for a total of 353 unduplicated clients served in therapy services.



For the month of September (Sept 1-28), in child outpatient therapy, we provided services to 352 clients and their families. Currently we have 523 clients enrolled in children’s therapy services. We are excited to share that we have been able to fill all of our current child outpatient therapist positions. We have 10 full-time child and adolescent therapists, which provides the capacity to serve approximately 650 children and families. Over the next few months, we will be working on the onboarding of the new therapists, which includes building their caseloads with new clients.

## Drug Court Treatment and Recovery Program

We have two full-time positions that provide case management services to our 34 drug court participants. One of the positions has been vacant since June 2022 and we are excited to share that the position has been filled starting October 1, 2022. Our case managers 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 continue to advocate for treatment for these individuals, with the goal of helping each one discover their own path towards recovery and ideally sustained recovery.

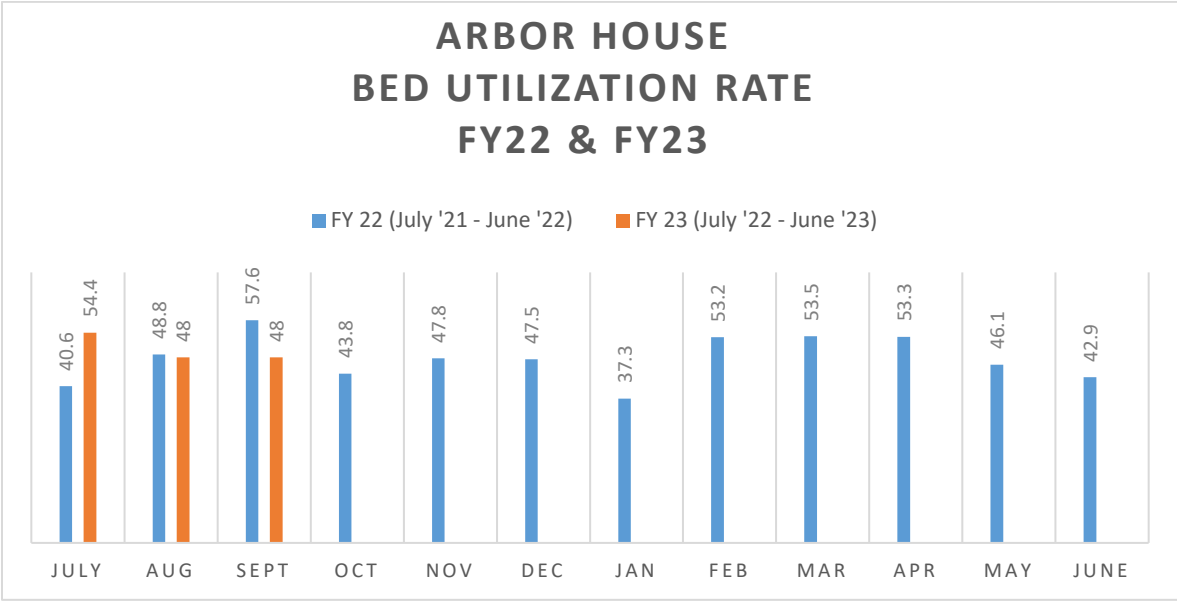
We have several groups that are specific to our drug court participants and is a standard component of their treatment program through their participation in drug court. This includes our Intensive Outpatient Program, Relapse Prevention, Recovery Process, Moral Reconciliation Therapy (MRT) and Peer Aftercare Group. Drug court participants also are referred to mental health specific treatment options within the agency as clinically appropriate.

**Jail Services**

For the past several years, through a collaboration with the Rockingham Sherriff’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 who is 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.

**Arbor House (Crisis Stabilization Unit)**

We continue to set our maximum capacity at five individuals due to key staffing vacancies and are eager to return to a 7-bed capacity once those positions are filled. For September (Sept 1-28), our bed utilization was 48% based on 7-bed capacity; our utilization rate based on the 5-bed capacity was 67%.



**Behavioral Health Wellness**

Our Behavioral Health Wellness Team (BHW) continues to be active in our community through tabling events at the Harrisonburg Farmer’s Market and the first Community Resource Fair that was hosted by Strength in Peers and Open Doors. This is an opportunity for the team to provide resources for lethal means safety (i.e. trigger locks, cable locks and medication lock boxes) and Harm Reduction Kits.



BHW is distributing resiliency kits throughout Harrisonburg and Rockingham County Public middle and high schools, Big Brothers Big Sisters, Boys and Girls Club and On the Road Collaborative. The resiliency kits are intended to provide students with tangible resources and tools they can use to support and nurture their mental and emotional health, as well as, create a new connection and build a relationship between a caring adult who has provided the resiliency kit and the student who is in need. The team’s goal is to provide 1000 kits to individuals in our community.



### **Children’s Community Stabilization (CCS)**

Due to staff vacancies, this program has been put on pause. Our hope is to be able to restart the program once staff vacancies have been filled.

### **School Based Early Intervention Services**

Our Early Intervention Clinicians have returned to the schools and have been busy meeting with students. This school year we have a full-time position in Harrisonburg High School and three full-time positions within Rockingham County Public Schools serving Broadway High School, J Frank Hillyard Middle School, Turner Ashby High School, Wilbur S Pence Middle School, East Rockingham High School



and Elkton Middle School. We are currently advertising for three additional Early Intervention Clinicians to provide additional coverage at Rockingham Academy, Spotswood High School and Montevideo Middle School.

### **Emergency Services / Crisis Response Team**

Our Emergency Services Team continues to serve our community members during moments of behavioral health crisis. The team provides crisis response and assists individuals in accessing 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 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**

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

A foundational role of case managers is to coordinate the care of their clients. As an example, a case manager can facilitate a treatment team meeting on behalf of the client. Treatment team meetings (TTM) are a gathering of each individual who are supporting the client, whether personally or professionally.

Recently, one of our Children's Case Managers facilitated a TTM for a family to support not just the clients, but their mother as well. A mother of two children, who are both clients, needed some extra support as she was in a challenging transition in her own recovery. The children's therapists, the mother, the case manager, and school representatives met to discuss how to support the family. Transportation was a barrier for all three of them attending appointments. Staff worked together to schedule as many services on the same day as possible to reduce time and trips. The Children's CM gave the mother recovery services information in order to link her to additional services.

The good news is that with mom in recovery and supported, the children feel stability and can make progress in their recoveries, thanks in large part to the coordination efforts of our Children's case manager.



## **Supervised Living Residential**

One of the biggest assets of a client being in our Supervised Living Residential program (Market Street) is the support staff give clients in the moment. A client named Beth (name changed) has lived at Market Street for about 6 months. Beth had gotten into the complicated practice of borrowing and lending money to other residents. This had created strained relationships and a complex web of tension based on debt between residents. As a symptom of her serious mental illness, Beth becomes uncomfortable very quickly whenever she assumes that someone else is upset with her. She will even ask to “go to the hospital” in order to avoid confrontation or negative feedback from others.

It is the mission of residential staff not to give advice or show judgment, but to offer clients feedback and support reflection on their choices and the natural consequences of those choices, whether good or bad. This type of intervention supports the client’s individual autonomy and dignity.

Beth experienced a setback last month when she loaned another resident money and then began immediately pestering them for the money back. The resident had already spent the money and had nothing to repay Beth with. Beth complained to staff and was becoming upset. Beth then paused and said, “I guess this is why we shouldn’t loan money to each other.” Staff was present in the experience as it was unfolding and able to support Beth in her moment of insight.

Instead of Beth being alone with her uncomfortable feelings that could have triggered a hospitalization, Market Street staff were immediately available to respond to Beth’s need for support. Since that time, Beth has not loaned or borrowed money because staff are able to help her draw on her experience and insight.

## **Peer Support Service**

The mental health peer program hosted its first adult peer mental health group! Gathering at the HRCSB main building and facilitated by two of our registered peer recovery specialist, 6 peer clients met to talk about recovery. The goal of the group is to meet at least monthly and for each participant to create a wellness and recovery plan. The group is a billable service, which is also something new for our agency.

## **Permanent Supportive Housing**

The PSH program currently has 23 active clients, and a referral list of 28! Of the 23 clients, 13 are currently housed with three or four anticipated lease ups in the next couple of weeks. Low to no housing stock continues to be the significant barrier for housing individuals. Vouchers are only able to go up to 120% of fair market value, which is \$723 in 2022. Finding one-bedroom apartments under \$868 is next to impossible currently.

## **Western State Hospital (WSH)**

WSH census report as of September 8, HRCSB had a census per 100,000 of 6.8, and an average census of nine. Our region, HPR 1, had an average census per 100,000 of 6.6, and an average census of 104. Health Planning Region 1 is made up of nine 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 289 units for the month of August with contracted DD case managers from Valley Associates for Independent Living completing an additional 21 billable units. Case managers completed 650 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 244 face-to-face visits. They also completed 23 annual ISPs.

Currently we have 237 individuals receiving DD Waiver services. Of those, 53 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.

Thus far, this year we have completed 10 Assistive Technology or Environmental Modification projects through the DD Waiver Program. Under these programs, the HRCSB acts as the provider, and facilitates for our clients either technology to assist with independent living, or modifications to the clients home or vehicle to improve client health, safety, or independence. These services are provided at no cost to the clients or their families.

There are 207 individuals on the DD Waiver Waiting list awaiting services. There are currently 40 individuals on Priority 1 status, followed by 90 on Priority 2, and 77 on priority 3. We received six referrals, completed three new waiver screenings in September.

### **Infant and Toddler**

Implementation of Trac-It continues, with more users transitioning to the system. With the go-live for full implementation moved to summer 2023 instead of November 2022, it is hoped that staff will be fully comfortable with the new system. ITC Harrisonburg Rockingham expects to use Trac-It as the electronic health record while Credible will serve as the billing system once fully implemented.

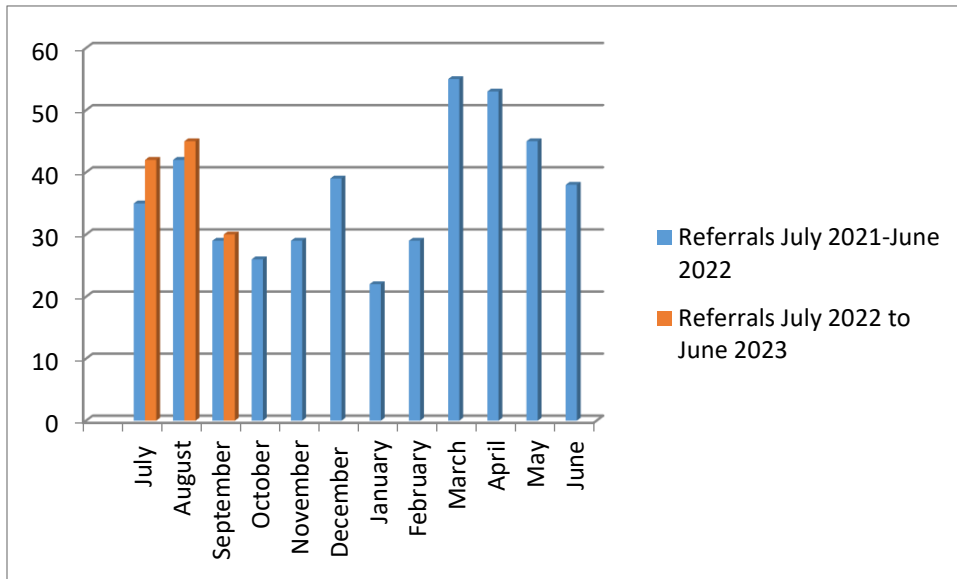
Current open positions include a full time Speech Language Pathologist, and a Service Coordinator.

The following months will be focused on the December 1 child count. Federal funding is dependent upon the total number of active cases served by each local system on this date. Historically, that amount is somewhat lower during that time period, as children are being transitioned to school services. See the chart below for past December 1 child counts.

We are looking forward to hosting a community "Trunk or Treat" event October 27, inviting local community partners in the disabilities field to join us in handing out treats and other goodies to our served population and their families.



Month	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2021-20222
July	17	20	31	30	30	35	42
August	30	40	38	36	35	42	45
September	31	36	33	38	33	29	30
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	53	
May	48	20	33	25	26	45	
June	34	32	25	35	45	38	
Total Referrals	353	377	397	406	401	442	117
Child Count-Dec 1	127	162	173	195	201	193	



Month:	July	August	September
<b>Total Referrals</b>	42	45	30
<b>Monthly Referral Goal</b>	40	40	35
<b>Number of children enrolled</b>	298	303	280
<b>Data for Referrals</b>			
<b>Parent Declines/No Contact</b>	13	12	3
<b>Transfers</b>	0	1	0
<b>Not Eligible</b>	7	3	0
<b>In Process</b>	6	20	27
<b>Deceased</b>	0	0	0
<b>Active</b>	16	9	0