

HRCSB Board Report – November 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

The heart of HRCSB is our staff. They come from various backgrounds and schooling, with different roles to play in our work. Whether individuals are in direct, clinical work, or administrative support, HRCSB employees work as a team to fulfill our mission. It is not always easy, but we feel proud of the work we do and sense of caring in the community that drives us each day.

As Management, we never have enough time or resources to show our workforce how much we value them. We greatly appreciate the work of the Employee Engagement committee that helps us in that effort. We know that Holiday Decorating contests, monthly Pats on the Back or our annual Step Contest represent only a small portion of what employees want or enjoy from us, or any employer. In light of that, the Employee Engagement committee and Management Team will soon be sponsoring a “Stay Survey” at HRCSB. We hope to gain valuable input and feedback from a large cross-section of employees about what they like here and why they Stay here. We hope also to gain essential knowledge about what may lead staff to move on from the CSB.

We pride ourselves in creating a mutually supportive, caring and professional work environment. We are a training ground, a great first step in many career paths. We are a jumping off point for many who pursue career opportunities elsewhere. We are often a landing place for folks who are looking for something more mission-driven, after having worked in other arenas. And, we are home to many who have made their careers here and have stayed for years, growing themselves and helping the CSB grow in the process. Each and every employee, no matter what program they are in and regardless of where they are at in their careers, contribute to the positive, work culture we enjoy. Management is grateful to have such an amazing team, working hard each day to serve the most vulnerable of the community. And, we sometimes even have a bit of fun in the process! (See pictures below from our Holiday Decorating contest and from the Children’s Case Management holiday gift giving program. Doubling the program this year, 113 sponsors are donating gifts to 277 children this holiday season!)

Thanks to every member of the HRCSB team for helping us get through a successful year of growth and transition.

Barbara

Gifts for the Community!



Some of the clever decorations around the building...who will win the trophy?



Administrative Services

Facilities Dickson continues to focus on getting satellite locations up to speed this month. He is working with vendors to repair some significant damage to one of our apartments on Harmony Drive. He is also working closely with vendors for HVAC issues at Summit House. Finally, he is collaborating with McNulty leadership on their space challenges and finding solutions for their growing staff.

Risk Management Josh Dyke responded quickly one very cold morning in early December to reports of a potent gas smell. With Management Team, the building was evacuated within five minutes and Josh then worked with HCFD to investigate the situation. It was found to be a resolvable issue to prevent future scares, but the caution and quick response were applauded by all. Kudos to Josh for handling the situation so well.

Clerical No significant issues to report from Clerical this month except for illnesses that have taken a toll on our “full staffing” status. Jeannie Turner has responded well, shuffling folks around and making sure all bases are covered. The whole team will be happy when cold and flu season are behind us.

The Clerical team is pulling out all stops with the Employee Engagement Seasonal Decorating contest. While the team always presents a welcoming presence and have their areas “beautified”, they are truly going all out with the festive spirit. As some on the team would say, “It’s on!”

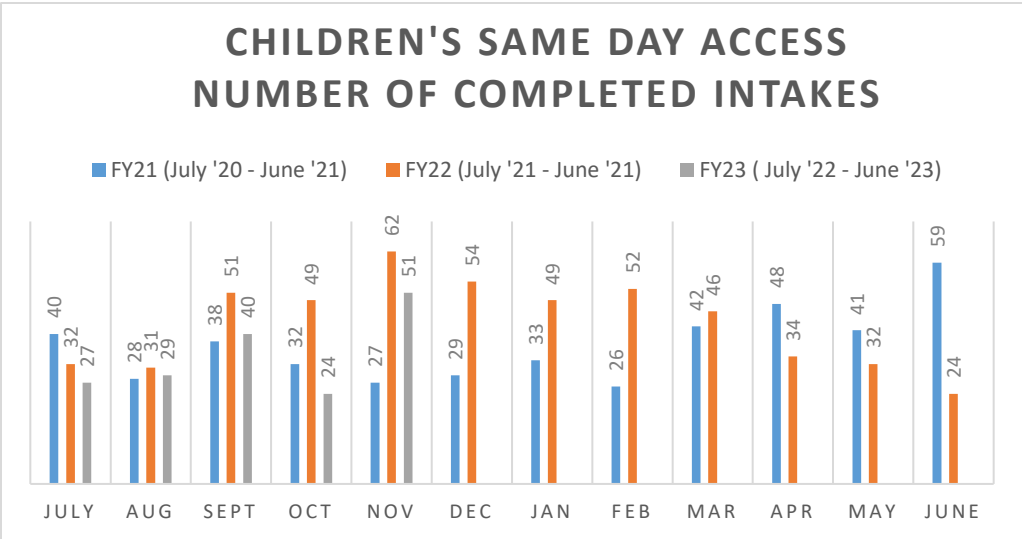
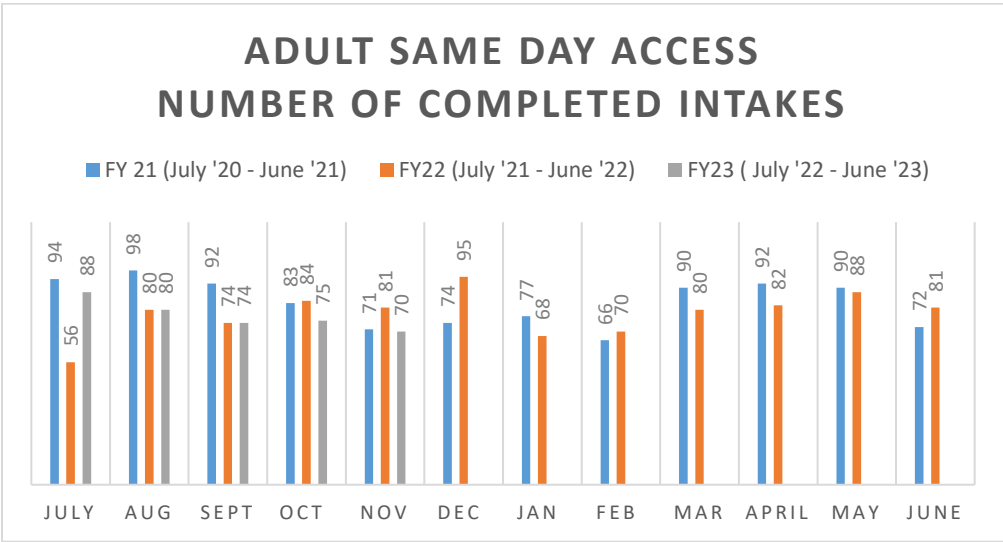
IT Manager James Jenkins continues to recruit for a Network and Security Administrator and hopes to have more interviews in the near future. In the meantime, the team is coalescing and getting various projects moving forward.

More holiday décor...



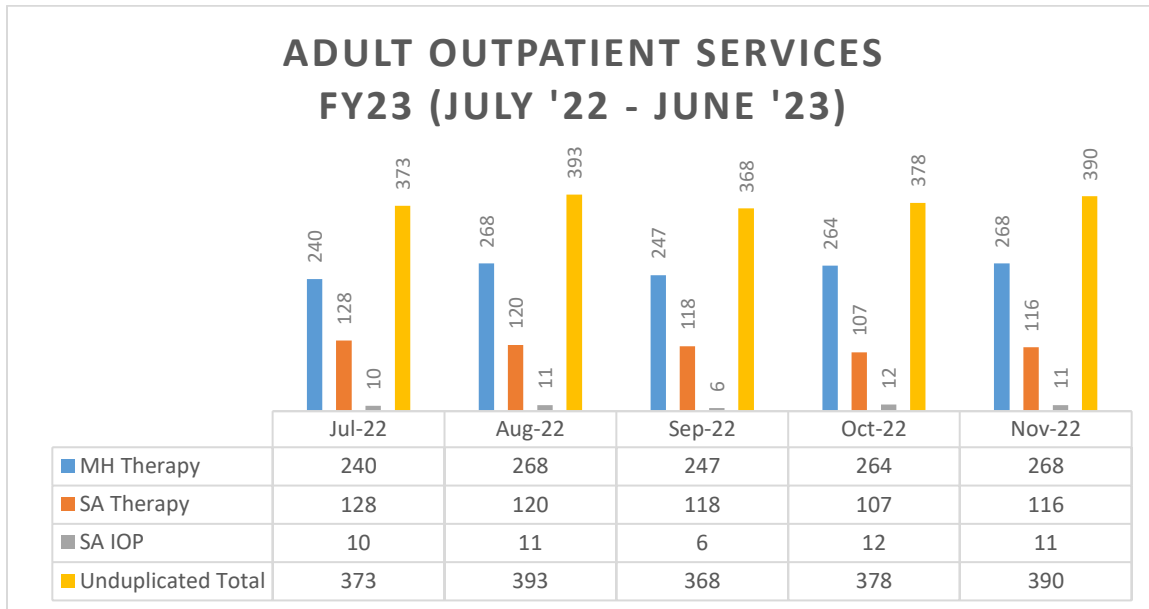
Behavioral Health Services

We provide walk-in intakes for adults on Mondays, Wednesdays and Fridays and scheduled intakes for children and families on Tuesdays and Thursdays. For the month of November, the Same Day Access team completed 70 intakes for adults and 51 intakes for child and adolescent services. We continue to see a high need for children services. Due to additional staff capacity in Children’s Outpatient team, we have been able to respond to the need by increasing the number of available intake appointment slots for children and families. We increased availability in mid-November and will maintain at this level for the next several months.



Outpatient Services – Adult and Child

For the month of November, in adult outpatient therapy, we provided mental health therapy to 268 clients, for substance use therapy services, we served 116 individuals and in our SA IOP program, we served 11 individuals, for a total of 390 unduplicated clients served in therapy services. For the month of November, in child outpatient therapy, we provided services to 368 clients and their families. Currently we have 542 clients enrolled in children’s therapy services.



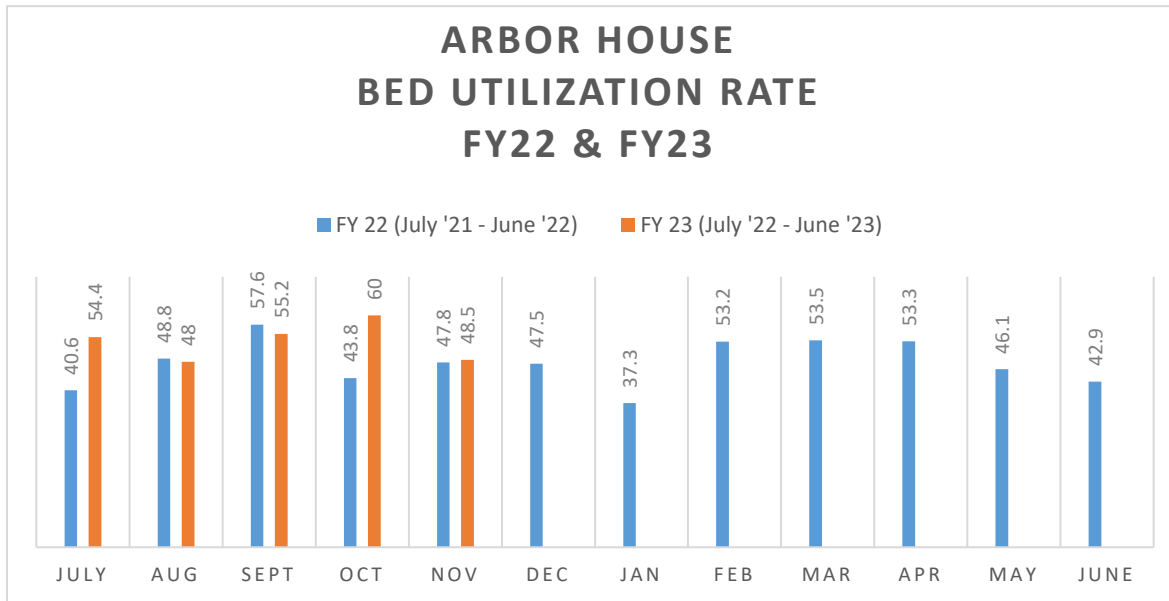
Substance Abuse Case Management Services

We have two full-time substance use case managers who provide case manager services to individuals who have a primary concern of substance use. Our case managers, as appropriate assist individuals in accessing residential inpatient treatment programs and they will provide coordination of care following the residential treatment experience, such as linking them to outpatient therapy services and peer services. Our case managers assist clients in accessing resources in the community to help them throughout their recovery journey, this may include employment readiness resources, social services, food pantries, housing and transportation. In November, we provided substance use case management services to 41 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 November, our bed utilization 48.5% based

on 7-bed capacity; our utilization rate based on the 5-bed capacity was 68%.



Emergency Services

Our Emergency Services Team continues to provide crisis services to individuals in our community who are experiencing a behavioral health crisis. The team is able to meet with individuals on-site at HRCSB during our business hours or will meet with individuals at the Crisis Intervention Team Assessment Center (CITAC) located within Sentara Rockingham Memorial Hospital (SRMH) Emergency Department to complete preadmission screenings for involuntary hospitalization. Our goal is to identify the least restrictive option possible that can safely meet their behavioral health needs. This can take the form of developing a safety plan with family members, significant others or other natural support systems, along with formal support systems such as outpatient treatment providers. If hospitalization is needed, as clinically appropriate, we encourage individuals to seek voluntary admission. As needed, the team will recommend involuntary hospitalization for individuals and will seek a temporary detention order (TDO) from the local magistrate’s office. Prior to securing the TDO, the team engages in a process referred to as a “bed search.” This is the process of locating an available bed for the individual to receive treatment. We are fortunate that our local hospital has a behavioral health unit and is able to accept some of the individuals that we assess. For those individuals who are not accepted locally, our staff will reach out to hospitals across the state until they are able to local an accepting facility. This can be a lengthy process for a variety of reasons, for some individuals it can be due to their acuity or complexity of their presenting symptoms and for others it may be the fact that there is no available beds. In the situation where an Emergency Custody Order (ECO) has been issued, our team has 8 hours to locate a facility, if we are unable to do so, then the individual is placed on a waiting list with the state psychiatric facility, this is referred to as “the bed of last resort”. While on the waiting list the individual remains in the emergency department until a bed becomes available either at the state psychiatric facility or a private hospital.

The volume of preadmission screenings varies throughout the year. During the month of November, our team completed 52 preadmission screening assessments and 17 crisis interventions that did not result in a preadmission screening. For comparison purposes, in September we completed 60 prescreening assessments and 15 crisis intervention contacts that did not result in a preadmission screening. In October, we completed 70 preadmission screening assessments and 16 crisis interventions that did not result in a preadmission screening.

Behavioral Health Wellness

On November 5th, the Behavioral Health Wellness Team participated in the *Out in the Valley* Book Launch held at Pale Fire Brewery. Funding for *Out in the Valley*, was through the Behavioral Health Equity Grant from the Office of Behavioral Health Wellness at the Department of Behavioral Health and

Developmental Disabilities (DBHDS). *Out in the Valley* is a collection of 11 personal narratives of LGBTQIA+ people living in the Shenandoah Valley. The purpose of these stories is to amplify the voices of LGBTQ+ people living in rural Virginia in the hopes that those who read these stories feel more connected and less isolated.



Adult Mental Health Case Management (MCHM)

Adult MHCM is in a season of weathering staff transitions and family leaves over the next few months. CM Trey Childs resigned at the end of October in order to work closer to his home, and CM Mayra Robles left on maternity leave for 8 weeks at that same time. CM Sonya Rexrode-Rickel will be transferring at the end of December, after 7 years in case management, to a full time position at Summit House as a General Advocate. We're looking forward to new-hire Brianna Mathura on December 16, and will be welcoming a spring semester intern from EMU in early January. The team has dug deep to help with coverage and meet the needs of existing clients.

We continue to immediately assign CM referrals who are discharging from inpatient hospitalizations, and triage all other CM referrals in an effort to meet the continued needs. Referrals are steady and many of the needs are challenging due to the lack of local housing inventory and strained statewide inpatient hospital system.

Peer Support Program

Two of our Peers transitioned from our program in October. CPRS-R, Laura Cook, transferred to a new full time role on the Clerical team. Our hourly CPRS, Stephen Brock, resigned. We have three remaining Peers: Robyn Collins, CPRS-R, Peer Program Coordinator; Anna Kelly MH CPRS-R; and DJ Mitchell SA CPRS. The Peer Program is currently seeking a full time Drug Court Peer Recovery Specialist and two hourly MH Peer Recovery Specialists to grow the Peer Program and continue billing for services.

Anna Kelly's MH Support Group, consisting clients on her caseload, has been meeting once a month and has had an immense impact on her clients. Because of Anna's group, her clients have experienced increased self-esteem and have begun communicating with each other weekly in an effort to expand their support system.

The Peer program is planning to begin a MH Peer Engagement Group in January 2022. The purpose of this group is to serve those that have been referred to Peer Services, but cannot be assigned an individual Peer at this time. The MH Peer Engagement Group will build on the success of Anna Kelly's MH Support Group and will focus on the completion of a weekly wellness journal and building a crisis plan. Anna Kelly is also looking forward to obtaining her Certified Older Adults Peer Specialist (COAPS) certification.

While the Peer Program is experiencing growing pains, so to speak, we have big plans for the future and are excited to continue to learn, expand, and become a valuable assets of a client's treatment team.

Permanent Supportive Housing Program (PSH)

The PSH program currently has 24 individuals enrolled, with 14 of those 24 housed and 2 more individuals scheduled to lease up within the next few weeks. We are working on 4 more potential lease ups before the end of the year. We have 42 qualified individuals on our waitlist with only 25 vouchers available.

Our 2 full time case managers provide targeted case management to most of our current enrolled clients, and we are providing case management to 7 clients who are referred to PSH, but not yet enrolled.

We've seen a recent uptick in referrals, as well as a flurry of available units due to landlord relationships and partnerships we've been working on. We're hoping these relationships may yield a few more apartments over the next couple of months.

Our team attended two housing related conference this fall, and are hosting a mental health first aid training in December with staff from Harrisonburg Redevelopment & Housing Authority and Our Community Place.

Supervised Living Residential (Market Street)

Residential hosted our annual Thanksgiving meal for residents and staff and engaged residents in preparing, cooking, and decorating for the meal. We are also hard at work decorating the house for



Christmas and planning a month of holiday themed Fun Friday activities in addition to the Christmas party.

This quarter we filled our open full-time position and hired two part-time staff members, all of whom are already invaluable members of the team. The residential team works very well together and someone is always willing to fill in when a shift needs coverage.

We are getting ready to start the process of moving in a new resident, helping another resident transition into the community in December, and are preparing for another resident to transition to the community in the first half of 2023.

Western State Hospital (WSH)

WSH census report for October of 2022, HRCSB had a census per 100,000 of 6.6, and an average census of 9. Our region, HPR 1, had an average census per 100,000 of 7.6, and an average census of 120. 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 292 units for the month of October, with DD case managers from Valley Associates for Independent Living completing an additional 22 billable units. Case managers completed 602 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 234 face to face visits. They also completed 20 annual ISPs.

Currently we have 340 individuals receiving DD Case Management services, including 236 receiving Waiver services. Of those, 48 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 2 out of every 3 visits occurring in the client's home.

There are 210 individuals on the DD Waiver Waiting list awaiting services. There are currently 44 individuals on Priority status, followed by 89 on Priority 2, and 77 on priority 3. We received 2 new referrals, completed 4 new waiver screenings, and added 2 individuals to the DD waiver waiting list.

On November 15 several of our Developmental Disabilities Case Managers participated in a panel discussion for the "Disabilities Across the Lifespan" class at James Madison University. Students were able to hear firsthand stories of how individuals with disabilities can access services, including discussions of the strengths and weaknesses of our current service delivery system. We thank Lori Hostetler for the invite and look forward to participating again next year.

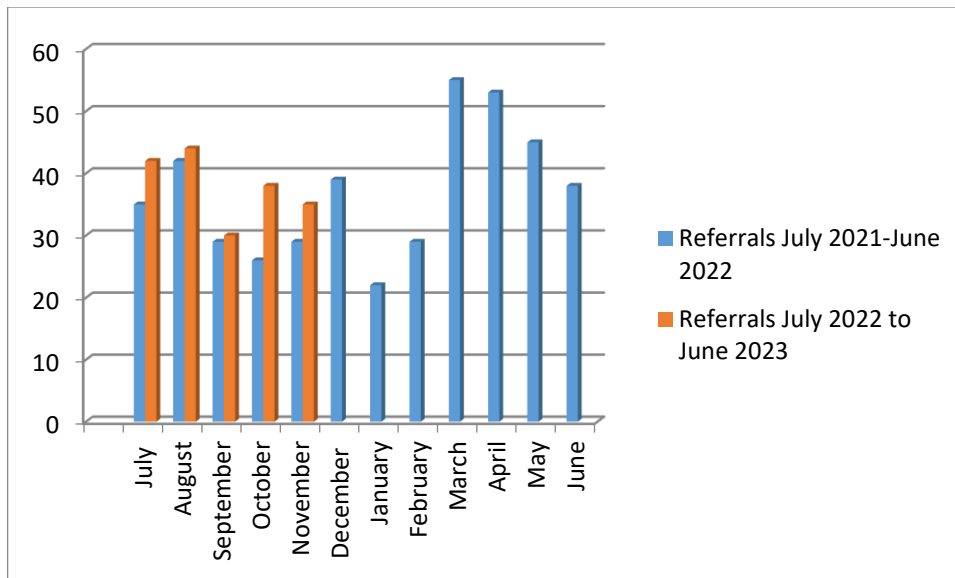
Infant and Toddler Connection

In November, we were pleased to meet with Melissa Bentley, the new Director of Pupil Personnel Services for Rockingham County Schools. Ms. Bentley spoke with Muff Perry and Kim Swope about how we can best communicate expectations regarding children transitioning from the Infant and Toddler Program into the Rockingham County School System. We look forward to working with Ms. Bentley in the future.

December is an important month for the Infant and Toddler Program, as the December child count is the primary determinant for funding. Historically, we see lower referral numbers around December due to children transitioning to school services.

We currently have two vacant positions, a Full Time Speech Language Pathologist, and a Developmental Services Specialist.

Month:	July	August	September	October	November
Total Referrals	42	44	30	38	35
Monthly Referral Goal	40	40	35	30	30
Number of children enrolled	298	303	280	284	282
Data for Referrals					
Parent Declines/No Contact	16	14	15	6	0
Transfers	0	3	0	0	0
Not Eligible	7	5	3	2	0
In Process	0	1	0	22	34
Deceased	0	0	0	0	0
Active	19	21	12	8	1



Month	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
July	17	20	31	30	30	35	42
August	30	40	38	36	35	42	44
September	31	36	33	38	33	29	30
October	18	35	30	36	34	26	38
November	31	30	27	28	30	29	35
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	189
Child Count-Dec 1	127	162	173	195	201	193	