



HRCSB Board Report – August 2023

Rebekah Brubaker (Executive Director)
Barbara Brady (Administrative Services)
John Malone (Developmental Services)

George Nipe (Behavioral Health Services)
Andrea Skaflen (Crisis Services)
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John Malone (Developmental Services)

Message from the Executive Director

In fiscal year 2023 (July 2022 – June 2023), we provided services and/or support to roughly 6200 individuals in our community; each year this number has steadily increased. Several factors that most likely contributed to this increase, included but not limited to, the increase in the array of services that we are providing across the lifespan and across disabilities, the positive steps our community has been making in the de-stigmatization of mental illness and substance use treatment services, the efforts programs have made to make their services known in the community, the emotional and behavioral health impact of the global pandemic and the general population increase in our community. I am extremely proud of the hard work and dedication of each team, for their contributions every day that help the agency be successful in providing quality services to the 6200+ individuals. As we continue into this new fiscal year, I am excited about the opportunities to serve even more individuals through strengthening and building upon our existing programs, by developing new programs, and by continuing to develop and grow our employees.

Rebekah Brubaker, LPC

Administrative Services

Compliance The Compliance Department was busy with two audits this month and one client complaint. All were resolved appropriately and there were no findings. The team has also been working on year-end reporting and is gathering data for the DBHDS Year End CARS report due in August. The Training Coordinator is working to ensure the CPR/First Aid, Mandt and Trauma training courses for the rest of this calendar year are scheduled as needed. Another focus for the Compliance team this month has been to gain access and begin learning new DBHDS data dashboards. This major reconfiguration of data from the state will provide DBHDS, CSBs and other stakeholders access to current and comprehensive data. We will be able to use for HRCSB operations and planning.

Facilities Dickson Sommers in the Facilities Department has been working on the vehicle fleet, installing the new Verizon Connect product. This fleet management software will allow Dickson



to manage our 24 vehicles at four sites much more easily, including maintenance and registration alerts along with usage information.

Risk Management Risk Management Specialist Josh Dyke coordinated the second Quality Improvement Committee meeting, providing management with updates on our QI goals and an overview of the new data dashboards. Data Specialist Juli-Anna and Josh worked to ensure that the committee was able to view progress toward goals, review other newly available data on state benchmarks, and determine next steps for the agency’s Quality Improvement Plan. Josh also worked with Compliance colleagues to process Serious Incident Reports and submit level two and three reports to the State on a timely basis.

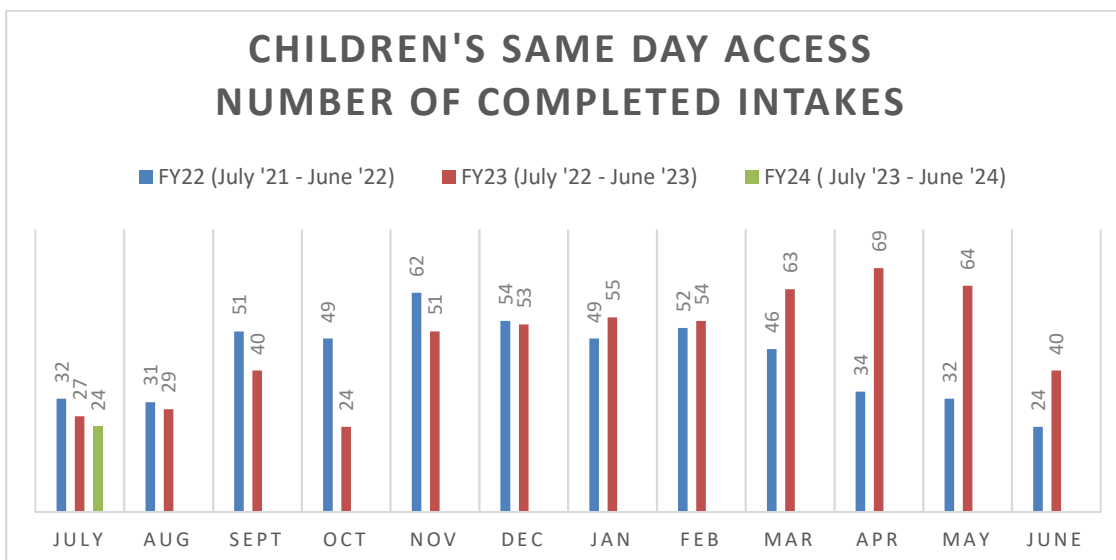
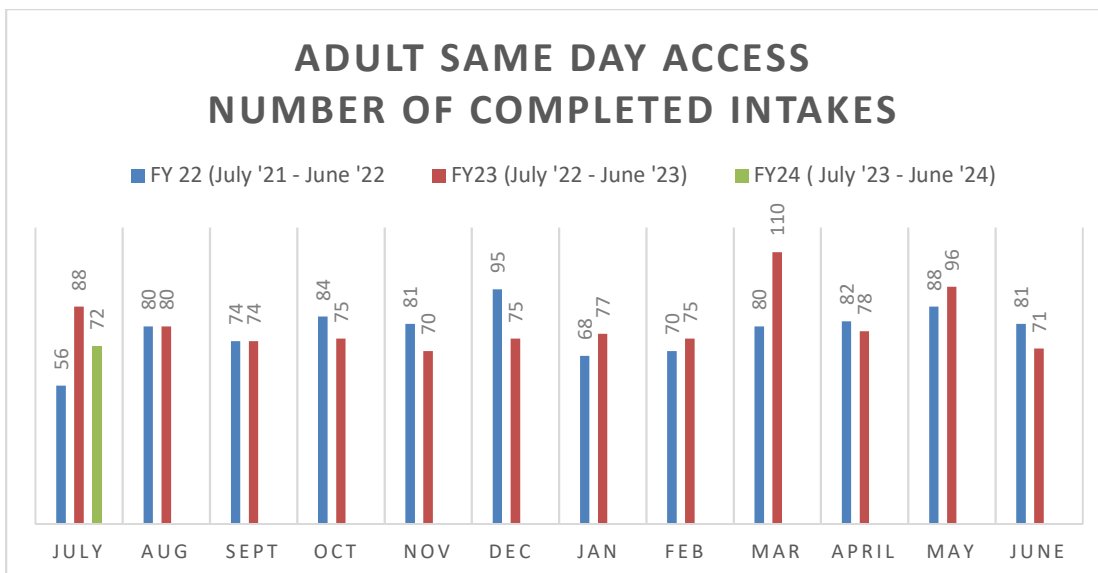
Clerical The Clerical team has no updates this month. They continue to welcome clients, schedule and reschedule folks, and all around keep things running smoothly. We are grateful for their friendly professionalism as they operate the front line and phones.

IT The IT team continues to move toward the email server and network upgrades. These should both take place within the next 4-6 weeks but will require coordination with vendors after the details are finalized. IT is also helping to facilitate the Munis kick-off project, where we will begin working with Tyler Technologies on the implementation of our new financial and human resource information system in early August.

Behavioral Health Services

Same Day Access (SDA) – Adult & Child

We provide walk-in intakes for adults on Mondays, Wednesdays and Fridays as well as scheduled intakes for children and families on Tuesdays and Thursdays. For the month of July, the Same Day Access team completed 72 intakes for adults and 24 intakes for child/adolescent clients. There has been a decline in request for intakes for children during the month of July, however, we suspect that will increase once children and youth return to school in the fall.



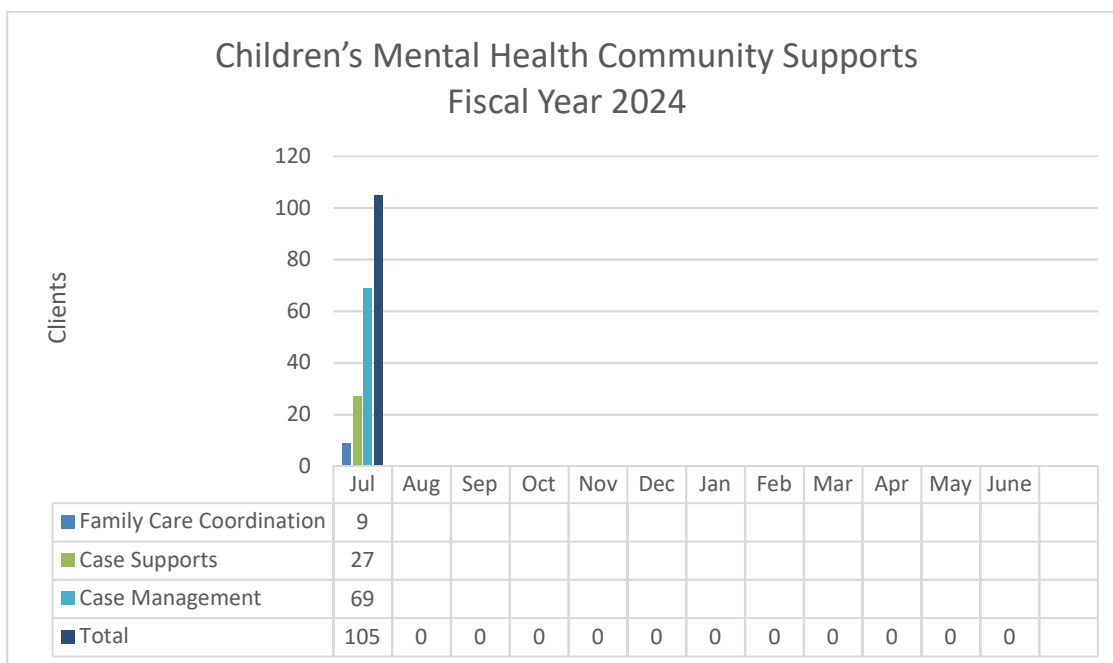
Outpatient Services – Adult and Child

For the month of July the Adult Outpatient Team provided individual and group therapy for 225 individuals in mental health focused treatment, and for 106 individuals primarily working on substance use related issues. We also served 18 individuals in our Substance Use Disorder focused Intensive Outpatient Program.

The Child/Adolescent Outpatient team provided individual therapy services to 406 individuals and their families in the month of July. Currently we have 625 individuals enrolled in child/adolescent therapy services. Lyndsay Humphries started as a child outpatient therapist at the beginning of this month and has started seeing clients.

Children’s Mental Health Outreach Services

The Children’s Mental Health Outreach team continue see a steady stream of referrals for services. Our referrals from Children’s Services Act (CSA) funded requests remain consistent over the past several months. Referrals are for Case Supports case management or Family Care Coordination (FCC) for children who need higher levels of care outside home and community supports. Due to the higher level of need of these individuals, our program prioritizes these referrals when possible to ensure timely start of services. CSA pays for services not reimbursed by third party payer insurance. Between the FCC team, Case Supports and Targeted Case Management, supportive community services were provided to 105 clients.



Behavioral Health Wellness (BHW)

The Behavioral Health & Wellness (BHW) team hosted a booth at the Harrisonburg Farmer’s Market this month. They offered Rapid REVIVE 10 minute trainings providing education on how to respond to an opioid overdose, including administration of naloxone. 11 community members participated in the training and received naloxone. During this month the BHW team also provided the full 1.5 hour REVIVE Training at the Massanutten Regional Library, led a 1 hour training on suicide prevention at a local Crisis Intervention Team Training, and completed a 3 hour mental health and wellness training for Church World Services clients who are new arrivals to the US.

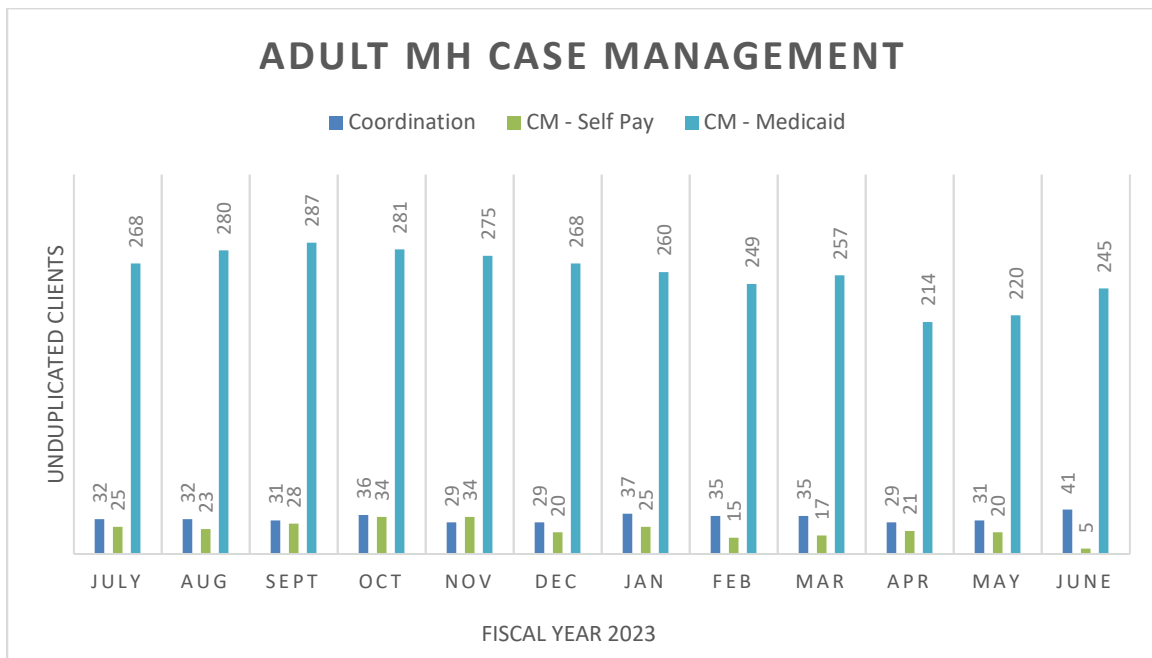


Community Mental Health Services

There are approximately 400 unduplicated individuals receiving services in our Community Mental Health Services (CMHS) programs. The CMHS department consists of services to adults 18 and older with a diagnosis of serious mental illness such as Schizophrenia, bipolar, major Mood disorders, schizoaffective disorder as some common examples. CMHS programs include: Case Management, Supervised Living Residential, Peer Recovery Supports, Permanent Supportive Housing, Psychiatric Rehabilitation and Assertive Community Treatment.

Adult Mental Health Case Management

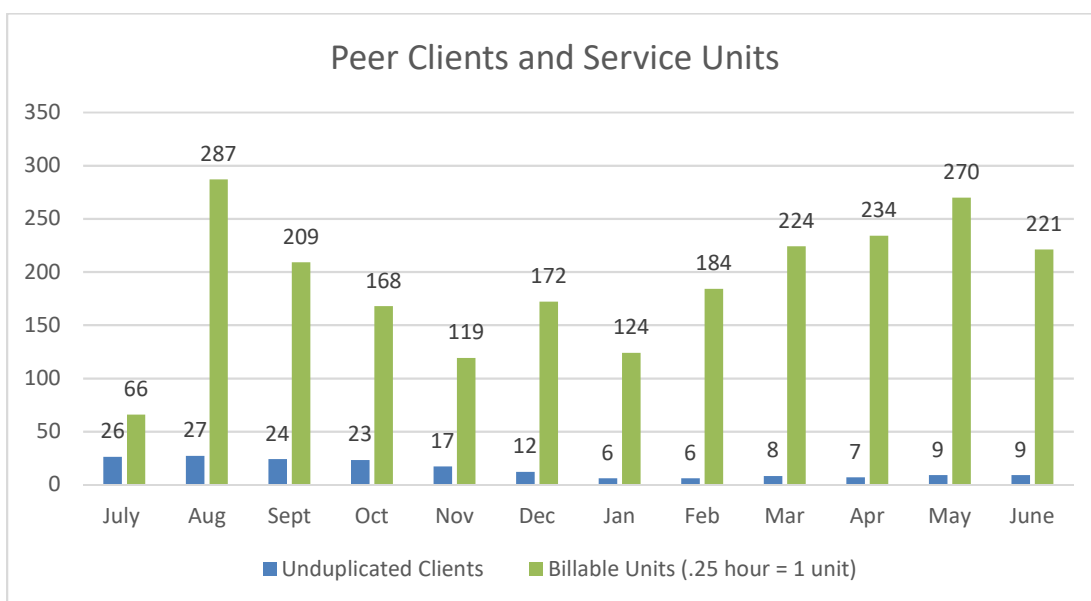
The team continues to face a staffing shortage with one case manager resigning last month and another on long term leave. Two new staff continue their onboarding and working towards full caseloads. We have received 60 referrals since April 1st along with 54 discharges during that time. We are currently providing case management services to 271 individuals. Unfortunately due to staff vacancies we have not been able to start services immediately for individuals referred to services. There are currently 64 individuals on the case management referral list. Our plan is to build the caseloads of our two newest team members with individuals who have been referred and we have been unable to start services immediately for them. We are able to prioritize individuals seeking services following a psychiatric hospitalization at the time of their discharge from the hospital.



Peer Recovery Services

The end of fiscal year 2023 marks the end of the first year of peer program staff billing insurance for services. Medicaid reimburses based on 15 minute units at \$13.50 per unit or \$52 per hour of service. We began submitting our service documentation last July and you are able to see the results below. By completing the necessary assessments, treatment plans, quarterly reviews and regular progress notes, we have been able to collect reimbursement for more than 2,150 units of service.

As part of their work with clients, Peer Specialists complete the Recovery Capital Scale assessment. This assessment helps the client to review their current level of functioning in approximately 30 different areas, and to name 3-5 areas of their life they want to improve. Peers use this information to help the client craft Recovery, Resiliency and Wellness goals. Clients review and update the goals every three months or as needed.



Permanent Supportive Housing (PSH)

The following are several examples of the services our PSH case managers complete with PSH clients. Identifying details about the clients have been changed to ensure protection of privacy.

Example 1: We moved Sally in at the beginning of February 2023 after waiting since August 2022 for an apartment to open up. 2022 was a hard year for Sally, a few hospitalizations and some time spent at Arbor House as well as First Step (the domestic violence shelter for women in Harrisonburg). When I first met Sally in November, she had just gotten enrolled in our PSH Program and was proud to be seven months and some change sober after on-and-off drug use since 2017.

Working together with Sally since November has mostly consisted of re-establishing a strong connection with the Nurse Practitioner here at the CSB in support of medication management.

This was our first big area of focus and Sally has begun to make and keep regular appointments, getting to a place where she feels good about her meds.

Our second and third areas of focus, however, have taken some considerable time. Though Sally is now housed through our PSH program, she spent months living out of a motel room awaiting an apartment. Patiently she searched, applied, and waited, but this was difficult. Especially when work hours began to be an issue. Sally is a temporary worker through a local staffing agency and consistent employment has been a struggle since she was a teenager. No housing, shaky income. Over the winter Sally thought spring would never come.

Today, Sally still struggles week to week with consistent work hours. The reduced work hours as well as her mental health symptoms make it difficult to get out bed some days. While Sally's housing goal hobbled along thanks to the incredibly tight housing market, I went through the process of getting SOAR certified with Sally's case in mind. SOAR stands for SSI/SSDI Outreach, Access, and Recovery. (SSI is an acronym for Supplemental Security Income and SSDI is an acronym for Social Security Disability Insurance). It's a "fast-pass" process for assisting individuals experiencing homelessness or at risk of homelessness to apply for benefits and entitlements through the Social Security Administration.

Though a tedious process of multi-week, face-to-face interviews and what Sally and I have called "forms-on-forms-on-forms" (we both just "love" paperwork), we are nearing the completing of her SOAR packet since starting together in mid-March. This may sound like a long time, but the SOAR process places much of the heavy lifting up front resulting in national statistics showing a 68% approval rate (compared to a 30% approval rate through regular channels). After comprehensive supporting documentation is submitted to SSA, Sally stands a higher chance of a decision of approval within 6 months (compared to the year-or-more wait time through regular channels).

All of this time and work supports Sally in her goal of maintaining regular employment by having some supplemental income when limited work hours or mental health symptoms stand in her way of her best life.

Example 2: One success I have had recently was getting a client a passport. This client had been without housing for around 2 years, struggled to maintain a job and interpersonal relationships, and had misplaced their social security card. While trying to apply for housing with the Harrisonburg Redevelopment Housing Authority (HRHA), we hit a roadblock because HRHA needed a copy of the social security card. SSA would not let the client get a new card without a current passport, since they were born outside of the country, even though this client has been a US citizen since they were 4 years old when they were adopted. After several weeks and one failed attempt to complete the passport due to a US Postal staff member being out sick for our initial appointment, we got the passport in April 2023! It came in the mail and the client was able to go get their social security card, and the client is now stably housed in the community.

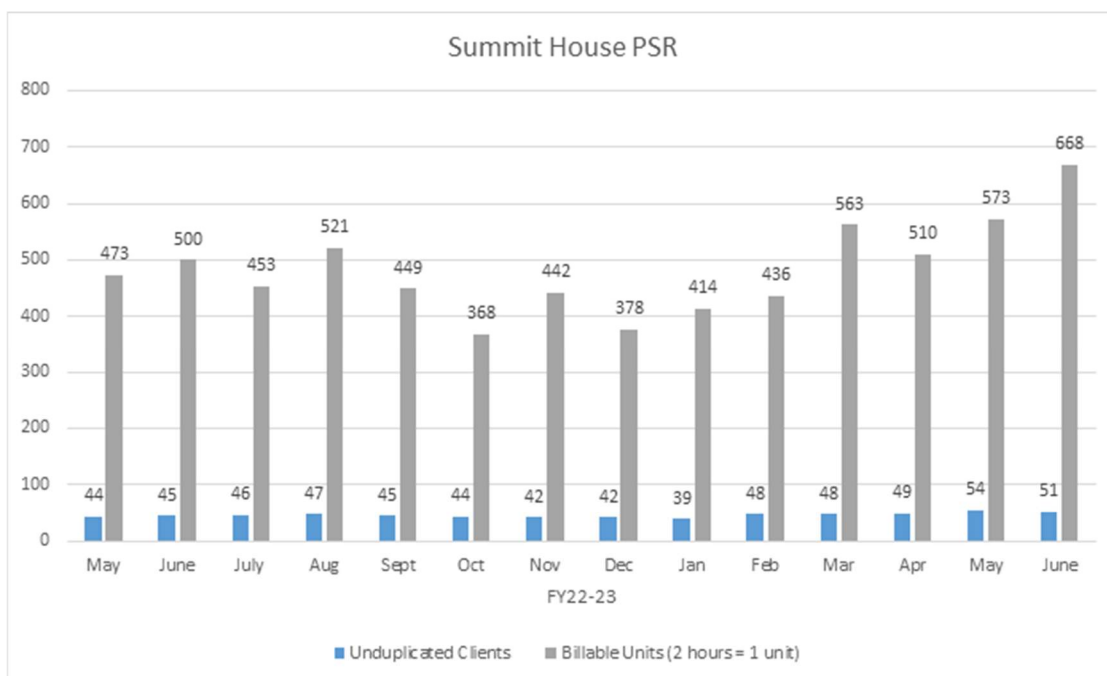
Example 3: Another recent success is a client getting Supplemental Nutrition Assistance Program (SNAP) benefits who had moved in to this county in April. The client was staying in a hotel room at the time, and they did not have any income. The client and I worked together to fill out the

SNAP application, as well as several job applications, and the client was approved for emergency benefits. The client also started a new job and has remained there for about a month and a half so far. This client is now housed as well and is no longer in a hotel room.

Example 4: A client who is typically hard to reach due to refusing to get a phone, finally agreed to get a new phone! For at least a year and a half this client has been very adamant that they do not want to have or use a phone. But, we were able to apply for a free phone through Safe Link with the Lifeline/Affordable Connectivity Program, and the client was sent a free phone to use, and they do use it to reach out when they are in need of help.

Psychiatric Rehabilitation – Summit House

Summit House is a day program for adult individuals (referred to as members) with serious mental illness to learn social and independent living skills. Summit House hosted a car wash in July to raise money for activities and events. Members used the opportunity to practice skills collecting money, washing cars, serving food and drinks and engaging customers. As seen in the chart below, Summit House continues to grow in membership and participation.



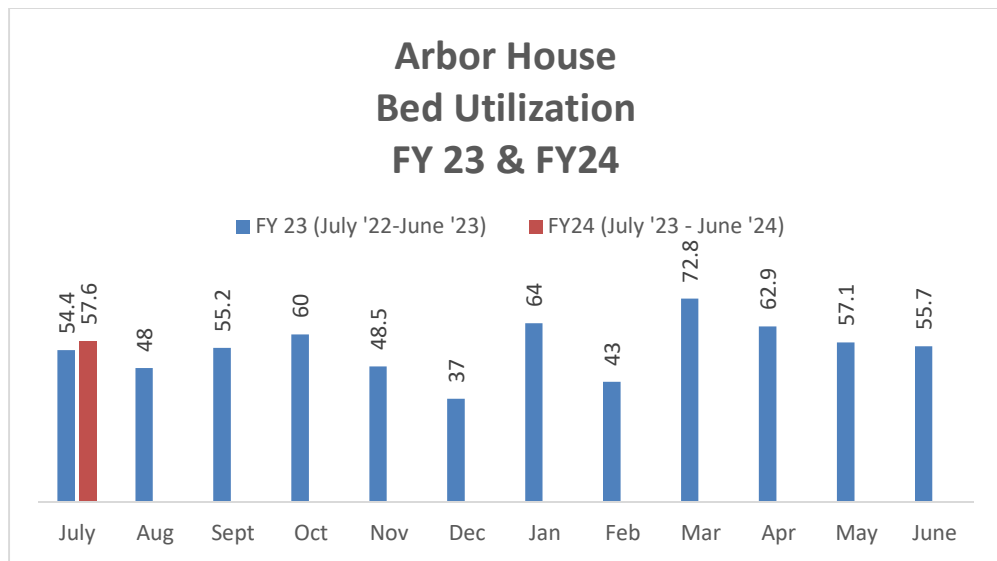
Western State Hospital

Western State Hospital census report for June of 2023, HRCSB had a census per 100,000 of 9.9, and an average census of 13. Our region, Health Planning Region 1, had an average census per 100,000 of 9.2, and an average census of 145. HPR 1 is made up of 9 CSB’s: Alleghany Highlands, Harrisonburg Rockingham, Horizon, Northwestern, Rappahannock Area, Rappahannock-Rapidan, Region Ten, Rockbridge Area and Valley.

Crisis Services

Arbor House (Crisis Stabilization Unit)

In July, Arbor House bed utilization rate was 57.6% based on 7-bed capacity; this is up from 54.4% in July 2022. While we continue to make progress in utilization, our target goal is to be at 75% bed utilization for the year. Challenges related to staffing, specifically nursing coverage, have affected our ability to coordinate admissions as efficiently as we aim. Arbor House staff coordinate with other HRCSB departments as well as community providers to facilitate admissions as well as discharge planning in order to reduce the likelihood for readmission or the need for a higher level of care. It is the goal of Arbor House staff to provide clients with the skills and support necessary to not only stabilize the current crisis but help reduce future risk.



Emergency Services

During times of behavioral health crisis, our Emergency Services Team provides a safety net for the agency and the community, meeting the needs of any client in crisis to be able to determine the least restrictive treatment available. During July the team has completed 54 Prescreening evaluations that have resulted in 30 Temporary Detention Orders (TDO), 17 voluntary admissions to a private hospital, and 7 releases to community supports. In a time when state beds are at a premium this team continues to work tirelessly in obtaining beds at private hospitals resulting in only one admission to a state facility. During July Emergency Services partnered with Adult Outpatient Therapy to provide bridging appointments for clients who have immediate needs.

Community Crisis Services

During July the community crisis services continued to develop and build community partnerships. Chuck Prater, Supervisor of Community Crisis Services, was integral in the CIT class that hosted law enforcement, probation, and other local agencies who can benefit from better understanding of how to best engage someone who may be experiencing a mental health crisis. This team continues to grow and develop the services that will reduce the risk of hospitalization and allow individuals to be served within their community.

In addition to developing the community crisis programs for children and adults, Chuck has continued to serve with the co-responding Crisis Response Unit which has provided 24 encounters during this month.

Developmental Services

DD Case Management Services

Developmental Disabilities (DD) Case Managers billed 308 units for the month of July with DD case managers from Valley Associates for Independent Living completing an additional 20 billable units. Case managers completed 582 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 244 face to face visits. They also completed 35 annual ISPs.

We are continuing to advertise for one remaining opening on the DD Case Management team. Workforce vacancies continue to be an issue amongst DD case management programs across the state, although there appears to be some moderate improvement in this area regionally. While vacancies have reduced somewhat, CSBs are faced with the challenge of having less seasoned DD Case managers. This means there is more time spent training and helping the new workforce get acclimated to the regulations and requirements surrounding DD Case Management.

Currently we have 337 individuals receiving DD Case Management services, including 237 receiving Waiver services. Of those, 60 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 at least one time per calendar month, with no more than 40 days between visits, with 2 out of every 3 visits occurring in the client's home. There are 224 individuals on the DD Waiver Waiting list awaiting services. There are currently 54 individuals on Priority 1 status, followed by 92 on Priority 2, and 78 on priority 3. We received 7 new referrals, completed 4 new waiver screenings, and added 4 individuals to the waiting list. The next Waiver Slot Allocation Committee meeting, which meets to determine who on our waiting list receives available waiver slots, has been scheduled for the end of August. There are a fairly large number of slots to assign (7 community living, 9 Family and

Individual), which means support coordinators will be submitting over 40 referral forms to the committee for review.

We received the results of the latest DBHDS Quality Service Review completed by the independent contractor, the Health Services Advisory Group. As has been the case in the previous four QSR reviews, which began in 2020, we will be completing and submitting a quality improvement plan.

Infant and Toddler

There was a slight modification and update to the signed MOU between CSBs and the Department of Behavioral Health and Developmental Services (DBHDS) in July. This modification allowed for some flexibility in the requirement that all data elements are required to be in Trac-it in December 2023. Specifically, there is an understanding that a data exchange, from CSB’s health record to Trac-it would need to be tested and viable by December, in order to avoid dual data entry. Currently, only a minimal data set is required to be in Trac-it.

A big thank you to Muff Perry and Kim Swope for leading an innovative staff training on communication and collaboration styles! The team met together under the shade of the Ralph Sampson park shelter to discuss issues ranging from how we best like to receive information, to roles we take in collaboration. The afternoon also included some team activities.



The below chart shows the number of referrals each month to our Infant and Toddler program over the last seven years. As indicated by the numbers, our program has continued to grow each year in the overall number of referrals received. We have a monthly goal of 40 referrals per month, in July we had 35 referrals. For July, we had 340 children enrolled in services.

Month	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
July	17	20	31	30	30	35	42	35
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	41	
December	22	28	35	34	24	39	25	
January	38	31	44	37	41	22	49	
February	24	32	35	35	31	29	48	
March	31	30	32	40	34	55	58	
April	30	43	34	32	38	53	50	
May	48	20	33	25	26	45	55	
June	34	32	25	35	45	38	35	
Total Referrals	353	377	397	406	401	442	515	
Child Count- Dec 1	127	162	173	195	201	193		