



HRCBSB Board Report – December 2023

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

George Nipe (Behavioral Health Services)
Andrea Skaflen (Crisis Services)
Adam Yoder (Comm. Mental Health Services)

Message from the Executive Director

Starting in April 2023, the agency leadership started a yearlong process of diving deeper into our core values of Respect, Integrity, Good Humor and Hope. HRCBSB has a strong reputation for providing community based services and working collaboratively with others to achieve success for individuals and families within our community dealing with mental health, substance use and developmental disorders. The focus on our core values has provided us the opportunity to strengthen our foundation and help shape the internal culture of the agency. Every three months, the leadership team has been having intentional conversation about how we model these values in our working relationships with our colleagues, clients and community members. These conversations have created space for us to acknowledge times we have fallen short of our values and to start creating pathways forward. For the months of October, November and December we have been talking about Integrity. As part of these conversations, I have been going to department/staff team meetings and talking with employees about what Integrity means and highlighting our agency code of ethics. We will be wrapping up the year in 2024 with a focus on Good Humor for January, February and March.

Rebekah Brubaker, LPC

Administrative Services

Compliance The Compliance Department is fully staffed for the first time in many months. Brandy Comer joined us as an Authorizations and Benefits Liaison in late October. She is a welcome addition to the team. Compliance Manager Dana Dewing handled an Anthem Affordable Care Act audit for 17 individuals. It went well except for one system issue with the State’s new database for the Infant and Toddler Connection. Staff are working to resolve both the audit issue and the system issue.



A change in DMAS regulations recognizing LPCs in Medicare will begin January 1, and our Credentialing specialist is hard at working getting our clinicians registered. This will be a significant help to our Authorizations and Medical Services staff who will no longer have to track services to Medicare clients.

Training Coordinator Michelle Blumling has done a fabulous job tracking staff completion of the agency's required trainings for the November 30 due date. She has sent regular emails with reminders and has ensured our agency's compliance with these training requirements. We are grateful for her efforts.

IT The transition to the new Nutanix server infrastructure is complete. Working with a vendor from Richmond, the team put in a lot of effort to make the project a success. This upgrade significantly increases the lifespan and strength of our network.

The IT team has also been busy reorganizing space and storage, in preparation for the move of the Finance Department to the Arbor House second floor. It has been a lot of work and will culminate in the disposal of old equipment and more centralized storage for their equipment.

Facilities Our Facilities Manager Dickson Sommers has been hard at work with the Finance team and vendors preparing the Arbor House second floor space for the December 8 move. He secured new furniture from Office Products to improve the cubicle workspaces and is generally doing all he can to make the space suitable to their needs.

Dickson is also hard at work preparing for winter weather. We lost our snow removal vendor this year so he has spent a lot of time finding alternatives. We have our fingers crossed that he'll be fully successful before the first snow!

Risk Management Risk Manager Josh Dyke has instituted a successful Serious Incident Report training for all staff this year. In addition to presenting at all staff meetings and creating a one-page attestation for all staff to read, he is presenting one last class in 2023 to capture any staff who missed the training. Additionally, he will be taping the presentation for folks off-site to review when they are able.

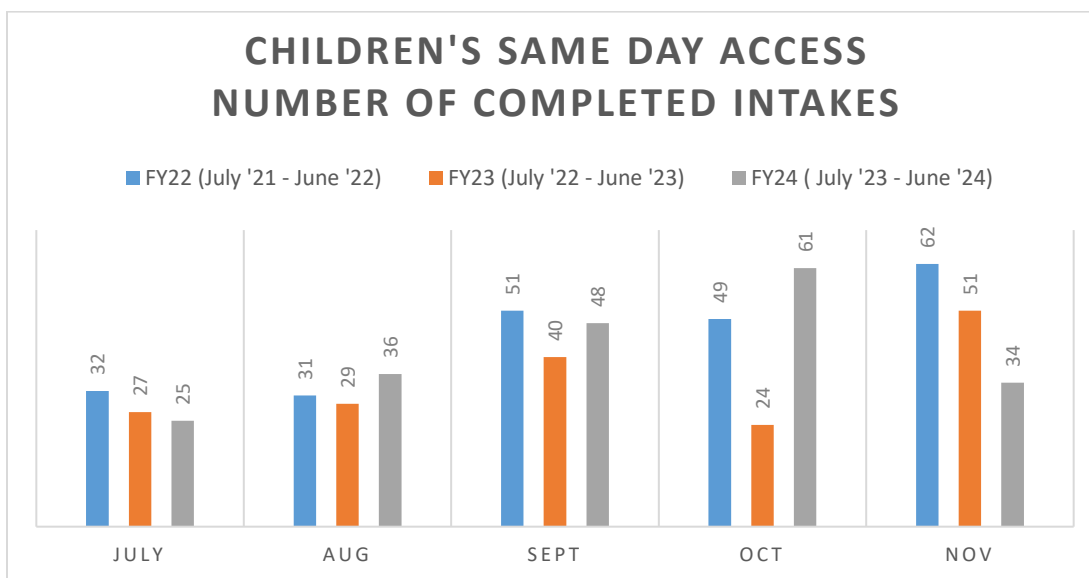
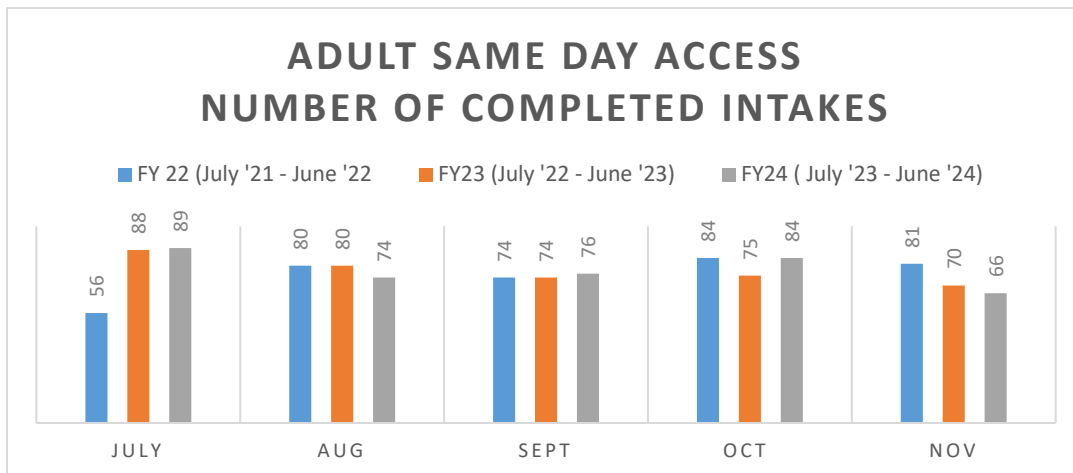
Clerical Our Clerical team had a busy month with illnesses and emergencies creating staff shortages and many juggling opportunities. They handle it all per usual – with professionalism, friendliness and grace.

Behavioral Health Services

Same Day Access (SDA) – Adult & Child

We continue to 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 November, the Same Day Access team completed 66 intakes for adults and 34 intakes for

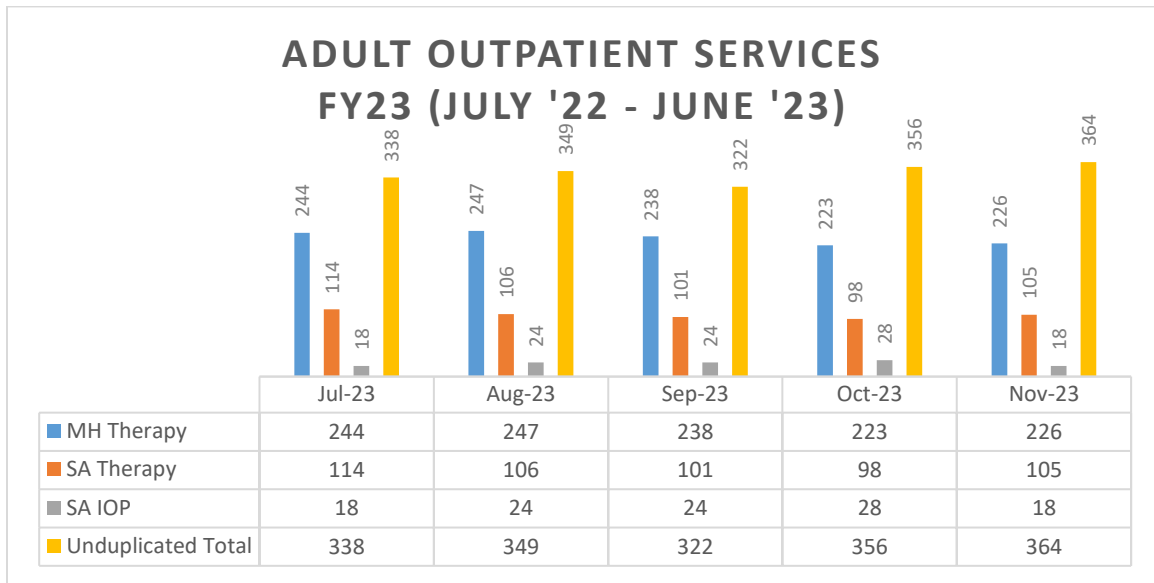
child/adolescent clients. For adults this is the fewest number of completed intakes this fiscal year and for children it is the second lowest. However this is not an uncommon trend this time of year and it would not be surprising if we saw similarly lower number in December given the holidays.



Outpatient Therapy Services – Adult

For the month of November the Adult Outpatient Team provided individual and group therapy for 226 individuals in mental health focused treatment, and for 105 individuals primarily working on substance use related issues. We also served 18 individuals in our Substance Use Disorder focused Intensive Outpatient Program. The Adult Outpatient team remains 1 FTE down but overall capacity is still a good deal better than where they were at two months ago with their newest therapist building towards a full caseload. We are currently recruiting for another

adult outpatient therapist to provide services to adults seeking mental health and/or substance use related treatment.

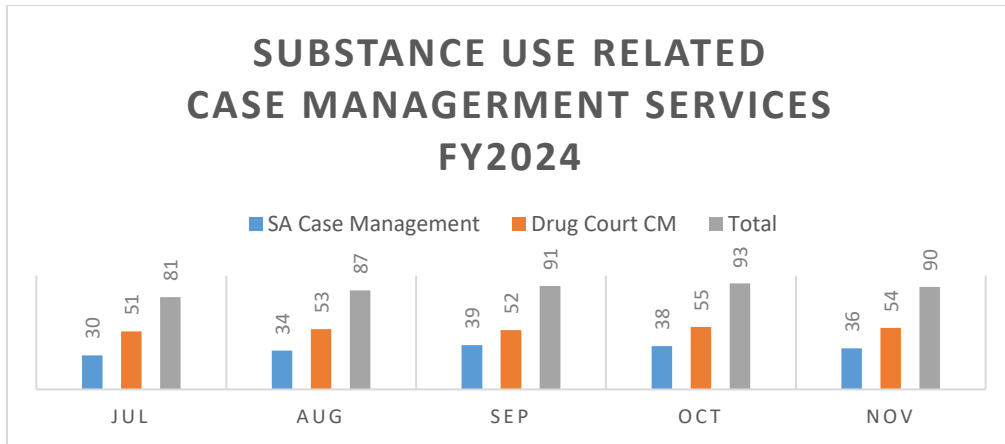


Outpatient Therapy Services - Child

The Child/Adolescent Outpatient team provided individual therapy services to 408 clients, and at times their families, in the month of November. Currently we have 589 individuals enrolled in child/adolescent therapy services. Both the services provided and enrollment number are fairly typical/average for this team.

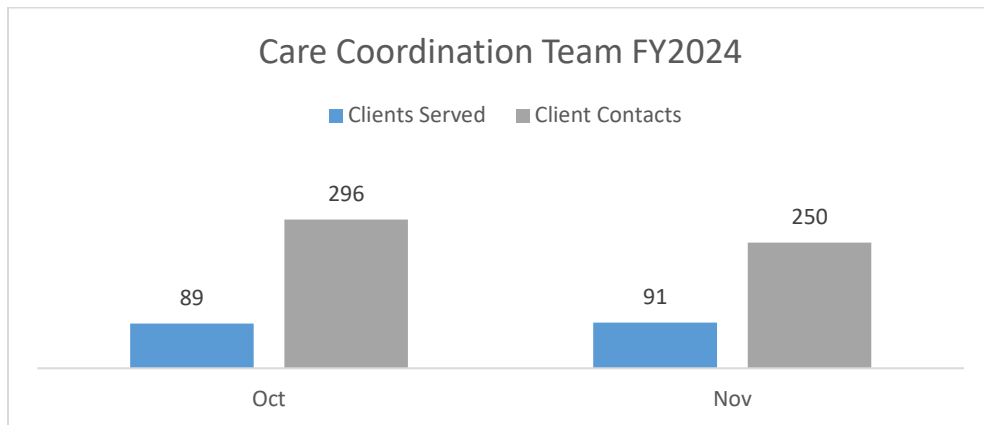
Substance Use Case Management Services

In the month of November, our small team of Substance Use Case Managers served 90 individuals, with 54 of those being participants in our local drug court. This number of clients served is about average so far this fiscal year for this team. Our case managers work with participants to support them as they engage in treatment services within the agency and within the community as appropriate.



Care Coordination Services

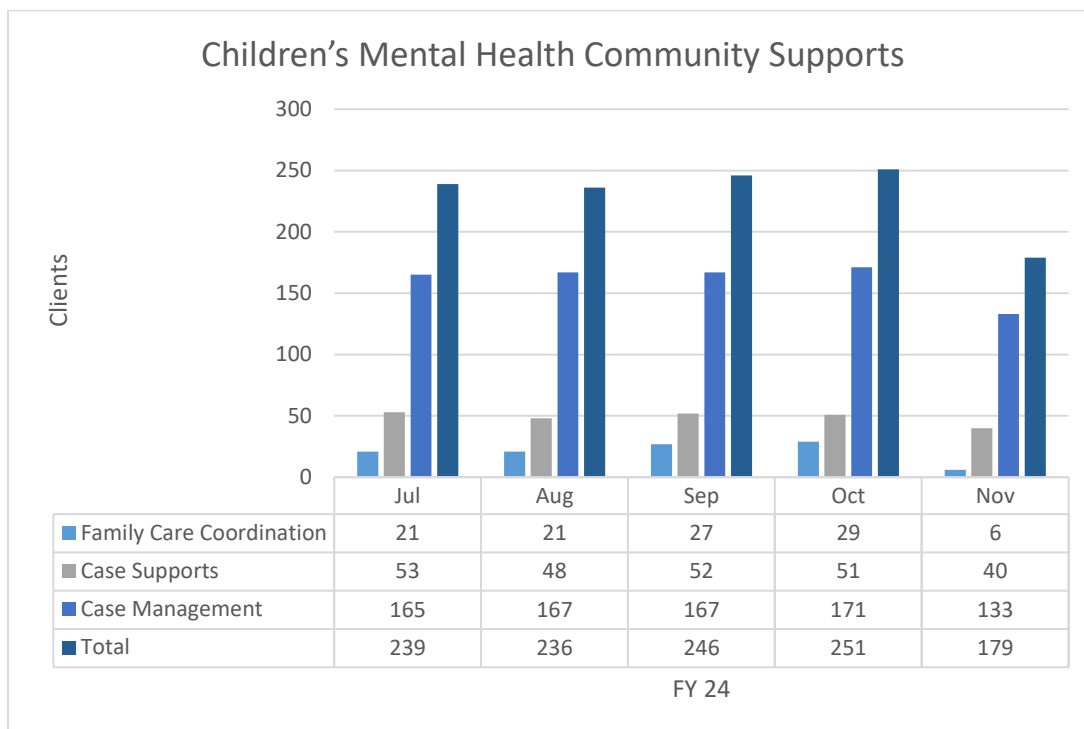
The Care Coordination team continues to offer assistance for clients that either do not meet criteria for case management or, in some cases, are awaiting being opened to case management. Adult clients remained the majority of referrals seen in November, but the number of referrals coming from child/adolescent therapy more than doubled from October to November. As a reminder, the Care Coordination team just started their efforts this October. Assistance with housing is the most common issue the Care Coordination team has been helping with. In total 33 clients received Care Coordination assistance in November.



Children’s Mental Health Outreach Services

Referrals remain consistent for the 3 teams of Children’s Mental Health Outreach Services: Case Management, Case Supports, and Family Care Coordination. Each service reflects variations in funding sources as well as case intensity, with FCC clients tending to be the most complex and labor intensive as those client have either already been removed from the home, or are in

danger of being removed. Final billing numbers for November are not yet fully in, but as of the writing of this report FCC, Case Supports, and standard Case Management teams had nearly 350 children and families enrolled in children’s MH outreach services which is consistent with enrollment over the past few months. It might be noted that October’s full numbers are now reflected in the Children’s Mental Health Community Supports graph and also show consistent numbers with slight increases in billing for FCC and Case Management.



Behavioral Health Wellness

The Behavioral Health Wellness (BHW) team continues to offer trainings and promote education and awareness of mental health and substance use related issues in our community. In terms of community events the team hosted a booth/table at the “Jaguar Resource Fair” at John Wayland Elementary School, the “Health and Wellbeing Fair” at Bridgewater Retirement Community (for staff and residents), and at the final Harrisonburg Farmers Market of the 2023 Spring-Fall season where 14 community members participated in Rapid REVIVE training. The BHW team also led trainings on Crisis Intervention and Trauma Informed De-Escalation Skills, Youth Substance Use Trends and Behaviors, Basics of Suicide Prevention, Mental Health Basics, Adverse Childhood Experiences, and of course full 1-hour REVIVE sessions. These trainings were provided at a variety of settings including the Open Doors Shelter, the Harrisonburg Central Library and the Church of the Nazarene, as well as a variety of organizations including Rockingham County Public Schools, Church World Services and the United Way. A final note for the BHW team is the distribution of 220 Resiliency Kits to both Harrisonburg City Schools and



Rockingham County Public Schools. The purpose of Resiliency Kits is to: 1) To provide students with tangible tools they can use to support and nurture their mental and emotional health and 2) To create a new connection and further build the relationship between the adult providing the kit and the student in need. The resiliency kits were designed by BHW staff in response to the growing number of middle and high school students in our community reporting having mental health concerns - including persistent sadness, depression, and suicidal ideations.

Community Mental Health Services

There are approximately 380 unduplicated individuals receiving services in our Community Mental Health Services (CMHS) programs. The CMHS department consists of services to adults age 18 and older with a diagnosis of serious mental illness such as schizophrenia, bipolar, major depressive disorder, and schizoaffective disorder as some common examples. CMHS programs include: Case Management, Supervised Living Residential, Peer Recovery Supports, Permanent Supportive Housing, Psychosocial Rehabilitation and Assertive Community Treatment.

Our CMHS programs met together as a team in early November for our annual fall gathering. The presentation this year was a panel interview with three HRCSB Emergency Services supervisors. We used the time to learn about their roles and responsibilities and how to best communicate and collaborate with them. During the retreat we also introduced new staff and discussed self-care. Our next team gathering will be in the spring. The goal for these events is to build team comradery and improve communication while also offering training.

Outpatient Competency Restoration

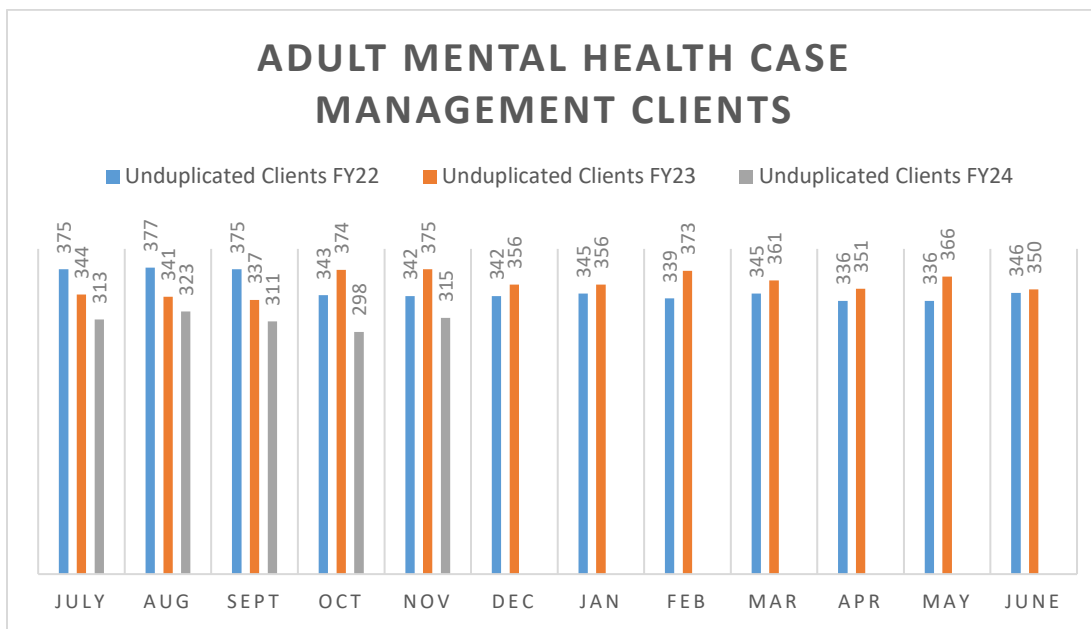
A service provided by HRCSB involving some staff from the CMHS team is outpatient competency restoration. Individuals who must appear in court may be ordered by a judge to undergo a competency evaluation, completed by a psychologist, to assess if the individual is competent to stand trial. This is different from evaluating if the crime they have been accused of was committed as a result of mental illness. Rather, competency is whether the individual understands the judicial process. If after an evaluation the individual needs competency restoration, our staff work one-on-one with the individual in jail, office setting or in their homes. Staff teach the individual about laws, the individual's charges, roles of professionals involved, and their own rights and responsibilities in a court setting. After 8-10 sessions the client may have learned enough to become competent to stand trial, or they may need further restoration. Staff may also connect the individual to community resources to meet any of their other needs.

Adult Mental Health Case Management (MHCM)

We filled one of our two vacant case manager positions last month. Our team currently has one supervisor, two lead case managers, seven case managers and a hospital discharge liaison. The one open position is for a full time case manager which we began advertising for last week. We are hopeful to find an individual who is bilingual in Spanish. Currently 10% of our 315 adult case management clients identify Spanish as their preferred language. Staff can schedule in person interpreters for scheduled appointments or use a Language Line phone interpretation service. Both options add extra time to appointments, but striving for clear communication and understanding is the priority. Bilingual staff cut down the extra time needed and ease the process of rapport building between bilingual staff and client.

In addition to adult case management clients mentioned above, our team provides mental health coordination services to 57 other adult clients who have less intensive needs. Coordination clients are stepped down from more intensive case management due to stabilization of symptoms over a long term period of recovery. Typically these clients receive psychiatric medical services, but instead of needing monthly contact with a case manager, usually only need quarterly or semi-annual contact. Coordination ensures clients insurance and income benefits remain in place as well as less frequent monitoring of symptoms and needs.

The case management program enrolled 10 new clients and discharged 17 clients in the month of November.





Peer Recovery Services

Our Peer Program Coordinator graduated from the Recovery Leadership Academy last month. The academy was sponsored by the Office of Recovery Services of the Virginia Department of Behavioral Health and Developmental Services (DBHDS) and Virginia Commonwealth University. It was an eight month training period for a cohort of 25 Peer Recovery Specialists from around the state. Peers were matched with a mentor and worked on a group project. The goal of the academy is for Peers to graduate with greater leadership skills, and increased knowledge of their strengths along with being empowered to promote the use of peer surfaces across the recovery system. Our Peer Program Coordinator made some new connections with other peer leaders in the state, and is now a co-chair of the VACSB Peers subcommittee as a result of her networking.

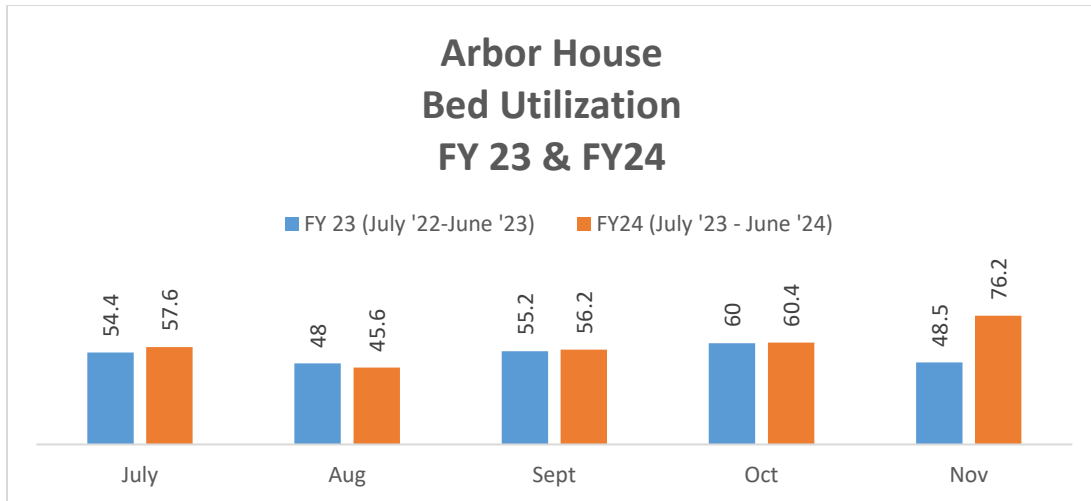
Western State Hospital

Western State Hospital census report for October of 2023, HRCSB had a census per 100,000 of 11.8, and an average census of 16. Our region, Health Planning Region 1, had an average census per 100,000 of 8.6, and an average census of 149. HPR 1 is made up of nine CSB's: Alleghany Highlands, Encompass, Harrisonburg Rockingham, Horizon, Northwestern, Rappahannock Area, Region Ten, Rockbridge Area and Valley.

Crisis Services

Arbor House (Crisis Stabilization Unit)

This season of holidays is often challenging for individuals and the Arbor House 76.2% utilization rate for November reflected that the program is meeting that need in the community. This is a marked increase from last year's 48.5% utilization rate and meets the stated target goal of 75%. The staff is working to examine processes in order to maximize program availability and efficiencies in scheduling admissions. During November Arbor House staff coordinated with other HRCSB departments and local community partners to accept 11 referrals from the HRCSB catchment area and 6 referrals from our regional partners. One goal of the program is to connect clients with the best available resources at discharge in order to reduce the likelihood of a future crisis. Staff work diligently to schedule aftercare appointments and provide Arbor House clients, both from our community and throughout the region, with the available resources of their community.



Emergency Services

During November the Emergency Services team worked through the long holiday weekend to meet the needs of the community experiencing a mental health crisis twenty-four hours a day, 365 days a year. This team continues recruitment for an open fulltime position. During November, Emergency Services completed 55 Prescreening evaluations that have resulted in 24 Temporary Detention Orders (TDO), 14 voluntary admissions to a private hospital, and 10 releases to community supports. While the state has made steps toward opening beds and increasing capacity at the state hospitals, there continues to be a shortage of available beds for civil commitments. The Emergency Services team works diligently to secure placement at a private hospital. For the month of November this resulted in one admission to a state facility.

Community Crisis Services

Adult Crisis

November brought a slight decrease in the Crisis Response Unit contacts. This team made 40 contacts with clients during the month. The goal for Crisis Response is to support clients in the community, and when possible, prevent the need for a higher level of care such as hospitalization. This team engages individuals in the community either during or post crisis in order to provide services and connection to services in the community.

Child Crisis

Child Crisis contacts have remained stable during November. Most referrals come from HRCSB providers and direct requests from parents and the team is available for consults and referrals from other community providers who contact the agency. During the month Child Crisis had 21 episodes of contact. The ability of this team to increase services is largely impacted by the ongoing recruitment of a full-time clinician.

Developmental Services

DD Case Management

Developmental Disabilities (DD) Case Managers billed 334 units for the month of October with DD case managers from Valley Associates for Independent Living completing an additional 24 billable units. Case managers completed 630 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 225 face to face visits. Each of these numbers represents a high point for the year. They also completed 30 annual ISPs.

Currently we have 342 individuals receiving DD Case Management services, including 240 receiving Waiver services. Of those, 49 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 206 individuals on the DD Waiver Waiting list awaiting services. There are 44 individuals on Priority one status, followed by 87 on Priority 2, and 75 on priority 3. We received 6 new referrals, completed 4 new waiver screenings, and opened up 2 new individuals for case management. Individuals on the DD Waiver waiting list are eligible to apply for Individual and Family Support Program (IFSP) with funding, up to \$1000 for Priority 1 individuals, or \$500 for priorities 2 and 3. The funds can be used for a variety of needs, including money for camp, assistive tech, wheelchair ramps, medical equipment, etc. The funding portal opened in early fall and ended mid-November.

Our efforts to increase the visibility of our program and to educate the public about developmental disabilities continued in November. We presented an informational session to the Harrisonburg City Public School Social work department, handed out information at the John Wayland Elementary school parent/teacher night, and spoke with the social work team at the Virginia Program for Aging Services.



Infant and Toddler

The Infant and Toddler Connection Program currently has an active enrollment of 325 clients. We are still looking to fill several positions, a Full time Development Professional, a Full time Speech Language Pathologist, Full Time Infant Development Specialist (Service Coordinator), and Full time Occupational Therapist.

For the Infant and Toddler Connection Program, the month of December means Child Count, the time when the number of children in our system has a significant impact on our yearly funding. The 2022 Child Count was 225. We expect this year's to be around 320.

December will also mark the deadline for when all data elements must be entered into the statewide online data system, Trac-it. Until now, local systems have had the option to enter only a limited data set, while operating mostly out of their electronic health record. Our agency has already been entering the full data set, so we do not foresee any further difficulties. We are continuing efforts to utilize the Trac-it system to generate our billings.

The state regulations governing the requirements for Virginia's Part C Early Intervention System is undergoing a periodic review. The purpose of the review is to determine whether any aspects to the regulations should be repealed, amended, or retained in its current form. Public comment is open until late December. There are no substantial changes noted.

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	40
August	30	40	38	36	35	42	44	45
September	31	36	33	38	33	29	30	45
October	18	35	30	36	34	26	38	38
November	31	30	27	28	30	29	41	30
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	198
Child Count- Dec 1	127	162	173	195	201	193	225	