

HRCSB Board Report – July 2024

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

As we enter the summer months, we welcome the warmer weather, the opportunity to take vacations and to hopefully engage in a slightly slower pace of work. While many areas do experience a bit of a slowdown, many of our administrative departments have been and will be ramping up with the end of fiscal year responsibilities. As we look to the new fiscal year, we will continue to focus attention on updating our financial software system and processes, including our billing and payroll processes. We will be working on continuing to look at gaps in services in our community and explore how we might be able to adapt and/or expand services to meet the evolving needs of our community.

Rebekah Brubaker, LPC

Administrative Services

Compliance

Members of the Compliance Team are busy handling two MCO audits and multiple CHRIS reports while other colleagues are out of the office. Credentialing Specialist Jessica Bradshaw has been especially busy assisting all registered and licensed staff updating their credentials and insurance registrations for the coming year.

Risk Management

Risk Management Specialist Josh Dyke continues to assist with Human Rights, Facilities, and Emergency Response, on top of his normal Serious Incident Reporting duties.

Facilities

Dickson, our Facilities Specialist is working with satellite staff on landscaping and repairs at other HRCSB properties. He is regularly juggling repairs and needed updates at our apartment locations as well as Market Street and Summit House.

Clerical

The Clerical team is recruiting for a vacancy this month.

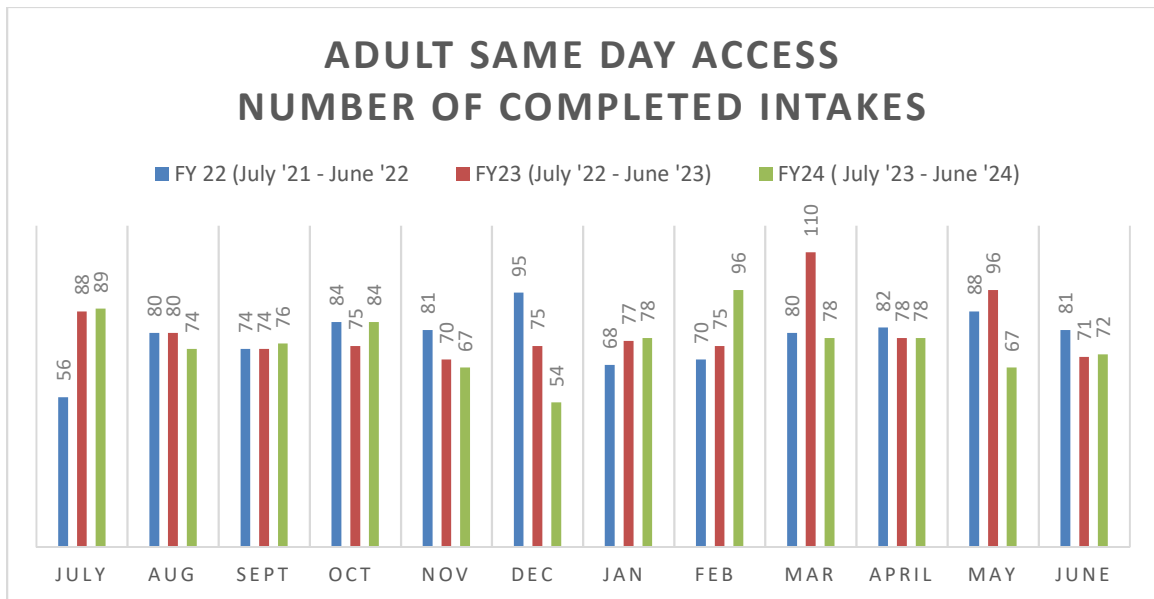
Information Technology (IT)

With the departure of IT Manager James Jenkins, the team is working together, to cover all required tasks. We hope to fill the IT Manager vacancy quickly.

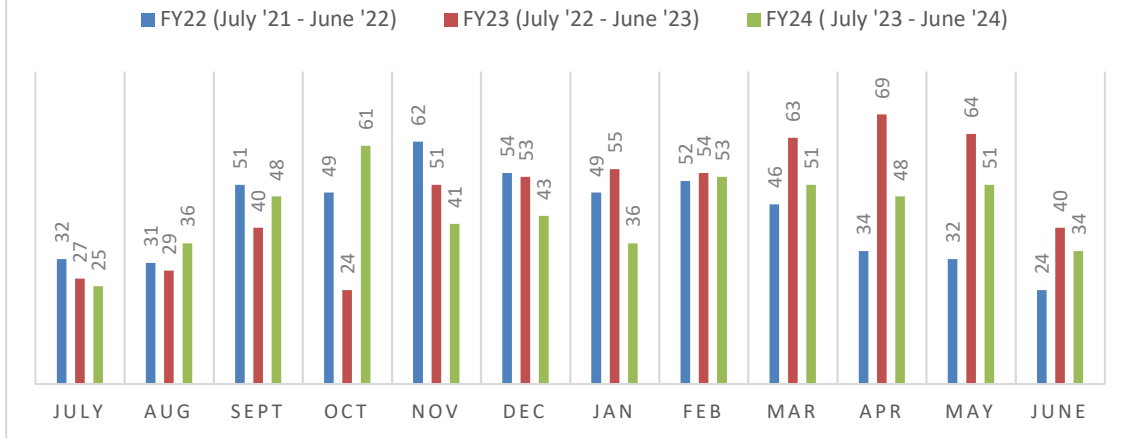
Behavioral Health Services

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 June, the Same Day Access team completed 72 intakes for adults and 34 intakes for child/adolescent clients. These numbers were slightly below average for adult intake numbers and well below average for children/adolescent intakes. The reduced child/adolescent intake is very typical for this time of year.



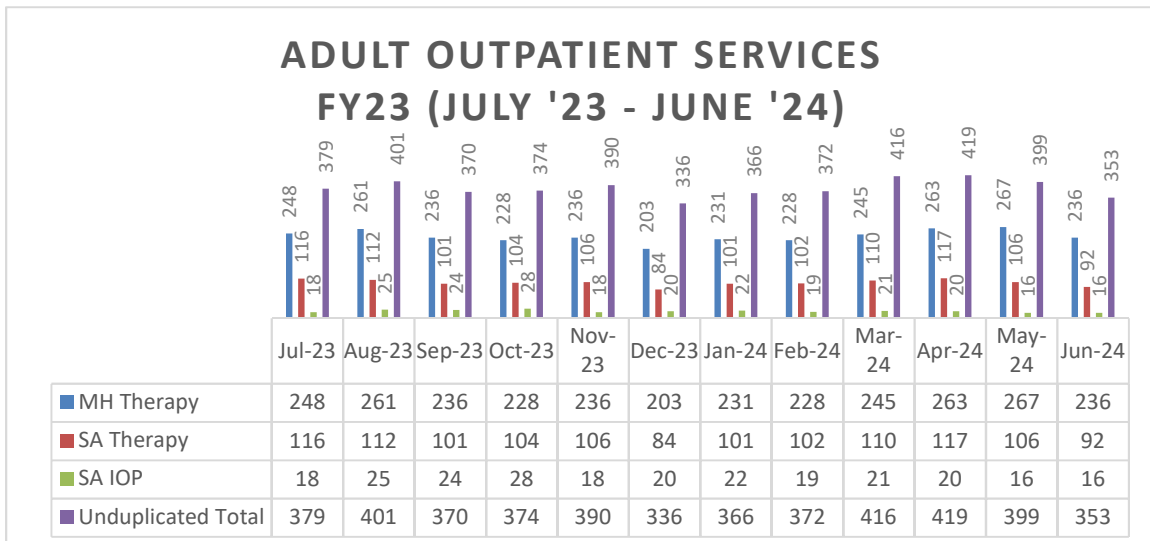
CHILDREN'S SAME DAY ACCESS NUMBER OF COMPLETED INTAKES



Outpatient Therapy Services – Adult

For the month of June the Adult Outpatient Team provided individual and group therapy for 236 individuals in mental health focused treatment, and for 92 individuals primarily working on substance use related issues. We also served 16 individuals in our Substance Use Disorder focused Intensive Outpatient Program. While the number of MH clients seen in June was right around average, there was another month of low utilization of our IOP, and a below average number of clients seen for SUD focused therapy. The Adult OP therapy team has been 1-2 FTE’s down for this entire fiscal year, but a brand new team member will be coming on board in August. Levi Fuller has been working with this agency since 2020 in our Permanent Supportive Housing program and will be completing his master’s degree in social work this summer. We look forward to having him join the Adult OP therapy team.

ADULT OUTPATIENT SERVICES FY23 (JULY '23 - JUNE '24)



Child Outpatient and Early Intervention - School Based Services

The Child/Adolescent Outpatient team provided individual therapy services to 377 clients, and at times their families, in the month of June. Currently we have 599 individuals enrolled in child/adolescent therapy services. The number of clients enrolled is slightly above average, while the number of clients actually seen for therapy is somewhat lower than average but this is expected around this time of year. Two new therapists officially joined the team this month; Ashely Oginz-Wilson and Alysha Scott. Ashley is joining us fresh after finishing up her masters in community counseling, and Alysha is coming to the team after working part-time for our Arbor House program since 2022. With these additions the Child/Adolescent therapy team is back to full strength for the first time since December of last year.

Our Early Intervention Clinicians, who work at various schools in the city and county, provided 25 client contacts to 20 different individuals this month. These numbers are of course significantly below average for the year, but the schools were open for just a very brief time in June before closing for the summer. The Early Intervention Clinicians will be taking a break for the summer and they will resume services come August.

Substance Use Case Management Services

There is small team of case managers that operate within the Adult Outpatient team that focuses on working with clients who struggle with substance use issues, and are frequently legally involved (probation, Drug Court, etc.) In the month of June our SUD case managers served 64 individuals, with 48 of those being referrals from the local drug court program. Both numbers fall below average for this fiscal year.

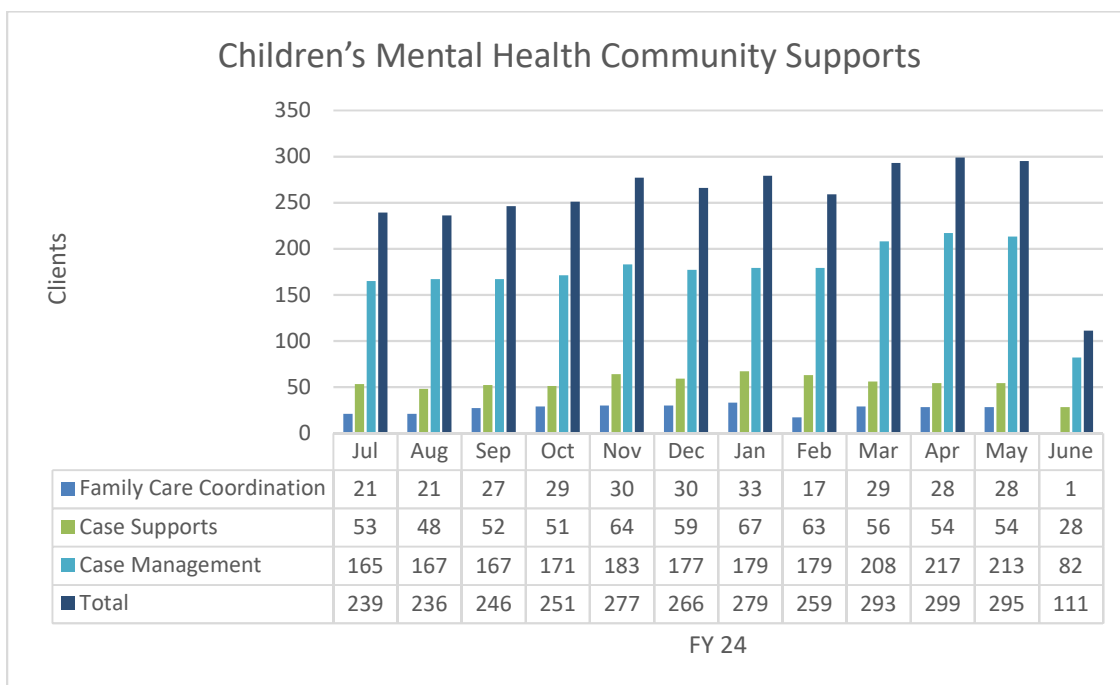
Care Coordination Services

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. Overall the team served 33 clients for the month of June which is almost exactly the average number of clients this team has served each month. Finding resources related to housing and SUD focused in treatment were the most common issues that the CC team helped clients with in June, with housing being the most common area of need for CC clients almost every month this year.

Children's Mental Health Outreach Services

Referrals numbers have slowed somewhat for our 3 teams of Children's Mental Health Outreach Services: Case Management, Case Supports, and Family Care Coordination, though the referral

waitlist has continued to be maintained right around 30 clients. 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 clients have either already been removed from the home, or are in danger of being removed. Final billing numbers for June are not in yet, but in looking at the full numbers for May 295 clients and families were served marking three months in a row of 290+ clients being served by our children’s case managers and family care coordinators. To put this in perspective, the average number of clients served prior to this period was just under 260.

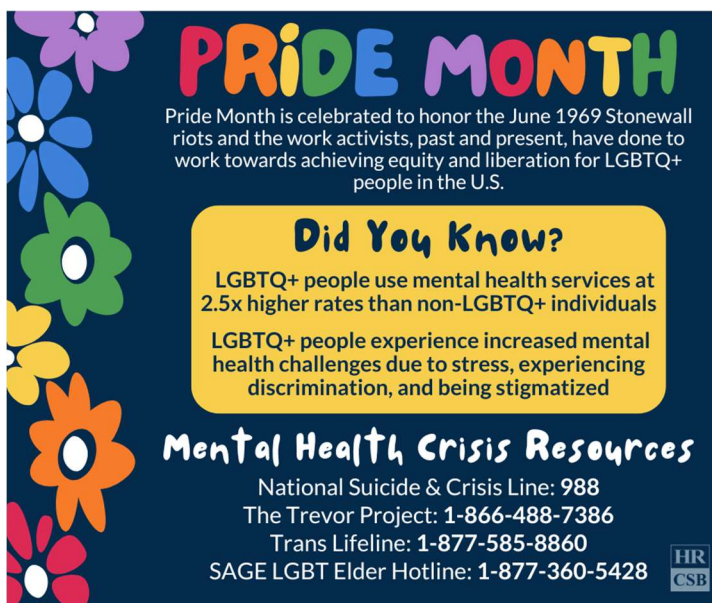


Behavioral Health Wellness

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. This month the BHW team completed 4 REVIVE Lay Rescuer Trainings, 2 Stress Management & Mental Wellness Skills trainings (for Harrisonburg City Summer Camp and Bridgewater Retirement Community staff), and 1 four hour Youth Mental health & Trauma-informed Care skills for Youth Workers training (also for Harrisonburg City Summer Camp staff). The 4 REVIVE trainings were provided to 13 residents in HRHA housing, 12 HRCSB staff members, 5 general community members, and a number of attendees of the Harrisonburg Farmers Market.

Other highlights from the month included participation at a tabling event for Harrisonburg High School students, and providing a variety of resources to community members the Harrisonburg Farmer’s Market. The BHW team also welcomed a new specialist to the team in Amelia Morrison who officially started on 6/17. On a sadder note, our BHW Coordinator Mo Bowler has announced her resignation which will be effective at the end of the first week in July. Mo first joined the BHW team as a specialist in September of 2021 and took over coordination of the program early on in the following year. Since then Mo has not only expanded the size of the

team, but she has significantly grown the reach of the program into the community. Mo has been a valuable member of the team here at HRCSB from day one of coming on board, and while we are excited for her as she explores new career opportunities she will be sorely missed here.



PRIDE MONTH


Pride Month is celebrated to honor the June 1969 Stonewall riots and the work activists, past and present, have done to work towards achieving equity and liberation for LGBTQ+ people in the U.S.

Did You Know?

- LGBTQ+ people use mental health services at 2.5x higher rates than non-LGBTQ+ individuals
- LGBTQ+ people experience increased mental health challenges due to stress, experiencing discrimination, and being stigmatized

Mental Health Crisis Resources

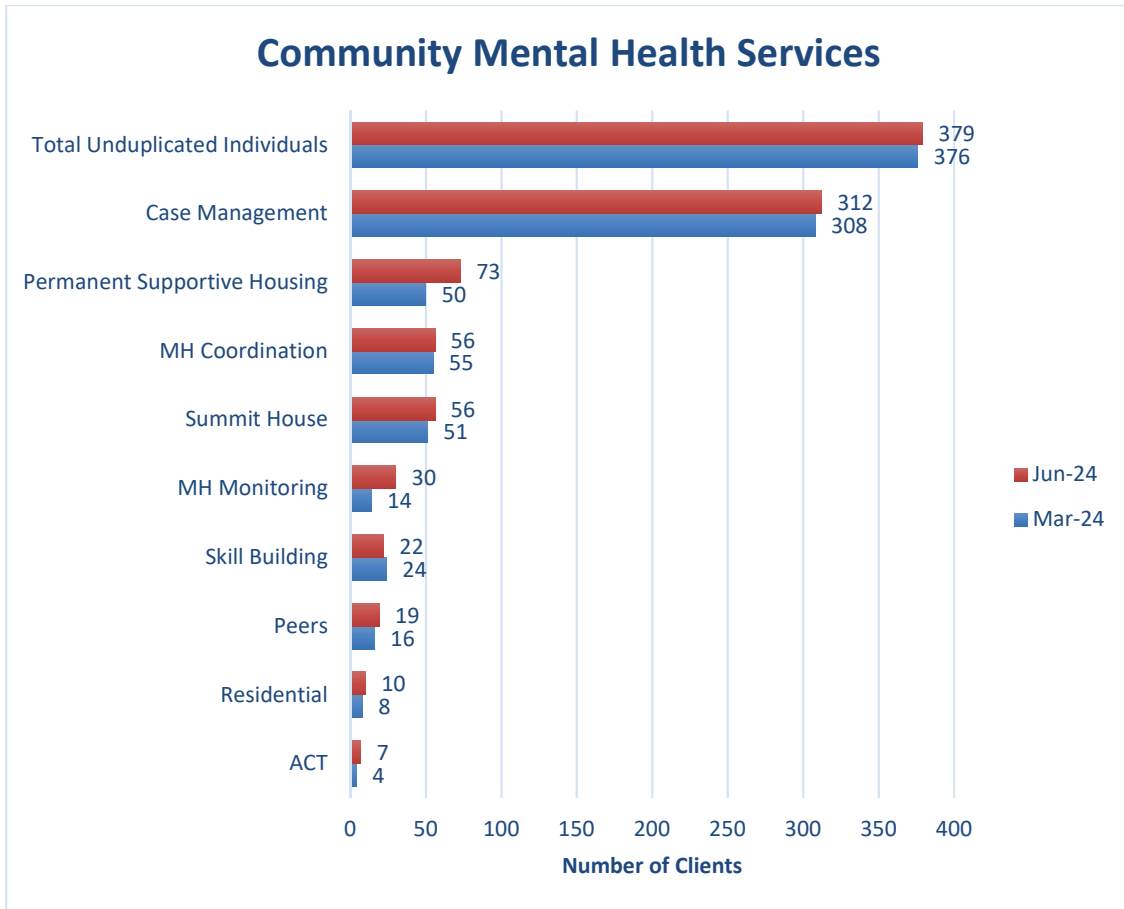
- National Suicide & Crisis Line: 988
- The Trevor Project: 1-866-488-7386
- Trans Lifeline: 1-877-585-8860
- SAGE LGBT Elder Hotline: 1-877-360-5428



Community Mental Health Services

There are approximately 379 unduplicated individuals 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, or schizoaffective disorder. CMHS programs include Case Management, Supervised Living Residential, Mental Health Skillbuilding Service, Peer Recovery Services, Permanent Supportive Housing, Psychosocial Rehabilitation, Hospital Discharge Coordination and Assertive Community Treatment.

The below chart demonstrates the total number of unduplicated individuals in our CMHS programs, along with the number of clients receiving services in each of our programs. Some clients receive more than one CMHS service concurrently, not to mention other services outside of CMHS such as therapy and medication management. The number of individuals receiving CMHS services is increasingly slightly in almost all of the programs from the end of FY24 Q3 to Q4.



Hospital Discharge Coordination

We created a new position within CMHS: Hospital Liaison Coordinator. The role is to oversee the state mandated service of coordinating and planning state hospital discharges for individuals in our catchment. This position will oversee our Hospital Discharge Liaison staff person. The two positions will work together to complete discharge planning and monitoring for individuals from our catchment who become patients at state hospitals. At the time of this writing, there are 15 patients at Western State Hospital, one patient at Northern Virginia Mental Health Institute, two patients at Southwest Virginia Mental Health Institute and five recently discharged patients in community settings. We also typically have patients at Central State Hospital (forensic), Catawba Hospital (geriatric) and Piedmont Hospital (geriatric). Of the previously mentioned patients, eight are judged Not Guilty by Reason of Insanity (NGRI) by the courts and require a more involved level of planning and monitoring.

Discharging patients involves beginning the planning process from the first day the individual is admitted to the hospital. Liaisons attend weekly treatment team meetings for each patient in person or by video/phone. Liaisons attend the Western State Hospital census meetings every other week, once in person at Western and once virtually. Liaisons and hospital staff give email updates on each patient weekly, describing progress towards discharge planning. As you can



imagine, meetings take up a good bit of time each week, especially with a caseload of 25-30 patients at a variety of locations.

Discharged patients receive a hospital discharge appointment at HRCSB within 10 days of discharge in order to update any of their treatment plan and medications. Discharging may also involve finding the patient a higher level of care such as a placement in a skilled nursing facility, assisted living facility or supervised living residential program. Placements are difficult to find due to high demand and can sometimes be out of catchment. Monitoring of the discharge plan may also be the responsibility of the Liaison if the client does not have case management services.

Supervised Living Residential Program (Market Street House)

We currently have five clients who are court order treatment through their status as Not Guilty By Reason of Insanity (NGRI) and they are all doing well, three of whom are residents who have their Conditional Release Plans and two more who are working their way through 48-hour trial visitation passes from the hospital.

A highlight of residential remains getting to celebrate our clients' milestones with them and we have had multiple birthdays, holidays, and accomplishments to celebrate this quarter, with more to come!

We've had quite a bit of staff turnover this spring, but we on-boarded two staff in May, one of whom had been an intern this past school year and hourly residential employee before being hired into the full time position. We had one new full time staff and two new hourly staff start in June, as well.

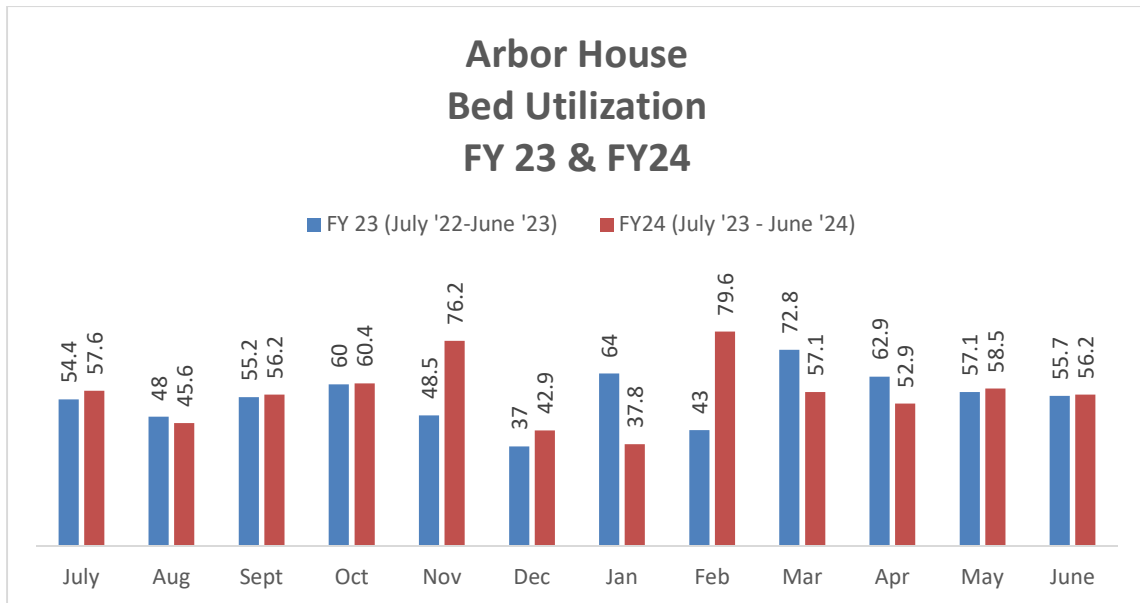
Western State Hospital (WSH)

Western State Hospital census report for May of 2024, HRCSB had a census per 100,000 of 10.8, and an average census of 14. Our region, Health Planning Region 1, had an average census per 100,000 of 9.5, and an average census of 166. HPR 1 consists 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)

Arbor House has a full fiscal year of the utilization rate based on a 7-bed capacity. This allows for an equivalent comparison of the year-to-year utilization and highlights where there is room for improvement. During the month, staff reviewed 23 referrals from within the HRCSB catchment area and throughout the region and offered admission to 17 individuals in crisis. While the acceptance rate remained consistent, 35% of those accepted did not follow through with admission due to various factors. June brought several staffing changes to Arbor House as numerous hourly staff transitioned their careers to full-time positions after graduation and new hourly staff were able to begin, this onboarding will continue throughout the summer. Adding additional hourly staff also provides the necessary flexibility to cover a 24-hour program through summer vacation season.



Emergency Services

The first Emergency Services Conference since prior to the pandemic was held in July. HRCSB was able to send several staff members due to the willingness of the after-hours staff to provide coverage during our regular office hours. The conference provided content related to the growing spectrum of crisis services as well as challenges that are specific to Emergency Services teams across the state. During June, ES staff completed 31 Prescreening evaluations that have resulted in 11 Temporary Detention Orders (TDO), 9 voluntary admissions to a private hospital, and 9 releases to community supports. The dedication of this team in obtaining beds at private hospitals resulted in no admissions to a state facility during the month.



Community Crisis Services

During June, the Crisis Response Unit (CRU) met with the Justice and Mental Health Collaboration planning team. This team facilitates the grant funding that is utilized to support the ongoing efforts to build and maintain the co-response model in Harrisonburg and Rockingham County. CRU was able to provide insight on data collection and best efficacy related to serving the community. The team made contact with 28 new adult clients and two new child/adolescent clients. There was also 61 follow-up services provided to individuals in order to promote community-based stability. This team also provides a less restrictive option for individuals who need transport to the hospital and can provide prevention support in transporting individuals to the CSB for services.

The Community Paramedic continues to operate within Harrisonburg Fire Department while recruitment for the co-responding Community Case Manager is ongoing.

Developmental Services

DD Case Management

Developmental Disabilities (DD) Case Managers billed 306 units for the month May of with DD case managers from Valley Associates for Independent Living completing an additional 23 billable units. Case managers completed 739 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 209 face to face visits. They also completed 32 annual ISPs. June marked the end of our contract with VAIL to provide DD case management, and beginning in July we will now be providing case management services to those clients directly. We thank VAIL for their years of partnership.

In July we will be participating in state-wide trainings in advance of the implementation of the new Individual Service Plan, set to go into effect in August. This new service plan will contain various new elements which should make it easier to record and report data related to the Department of Justice Settlement Agreement.

We are awaiting the results of our recently completed Quality Services Review which was conducted by the Health Services Advisor Group, an agency contracted by the Department of Behavioral Health and Disability Services. We are also scheduled to meet with DBHDS Quality Improvement Specialists to review our latest Support Coordinator Quality Review report.



Currently we have 343 individuals receiving DD Case Management services, including 258 receiving Waiver services. Of those, 44 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 211 individuals on the DD Waiver Waiting list awaiting services. There are 47 individuals on Priority one status, followed by 91 on Priority two, and 73 on priority three. We received 4 requests for services, completed 6 screenings, and placed 7 people on the waiting list.

We were excited to partner with one of our DD Waiver service providers, Mom’s in Motion, on their statewide virtual event to educate families on all aspects of our current DD Waiver system. We look forward to future opportunities.

Infant and Toddler

The Infant and Toddler program ended the Fiscal Year with 449 total referrals, slightly down from last year, although still representing the second highest referral year to date. The team held an average of 326 children enrolled per month, with a high of 340.

We were happy to fill two open positions during the quarter, though we are still in need of a full time Speech Language Pathologist, and full time Occupational Therapist. We are maintaining a wait list for those services.

Our Trac-it to Credible monthly import continues to operate, with ongoing error checking and troubleshooting by staff. The import allows ITC staff to enter clinical data into the online Trac-it system required by DBHDS, and avoids double entry by exporting that billable data into Credible.

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	31
December	22	28	35	34	24	39	25	32
January	38	31	44	37	41	22	49	28
February	24	32	35	35	31	29	48	33
March	31	30	32	40	34	55	58	53
April	30	43	34	32	38	53	50	34

May	48	20	33	25	26	45	55	45
June	34	32	25	35	45	38	35	40
Total Referrals	353	377	397	406	401	442	515	449
Child Count-Dec 1	127	162	173	195	201	193	225	259