



HRCSB Board Report – February 2025

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

George Nipe (Behavioral Health Services)
Andrea Skaflen (Crisis Services)
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Message from the Executive Director

During the month of January, several members of leadership attended the Virginia Association of Community Services Board (VACSB) Conference. The January session is focused on the General Assembly legislative agenda which includes not only new laws that might impact CSBs and/or individuals we serve, it also includes potential new budget items and/or amendments to the state budget. We eagerly wait to see if there will be increased funding for CSB initiatives including MARCUS Alert, rate increases for substance use treatment services, rate increase for Early Intervention services, increased funding for prevention initiatives and additional funds to support outpatient competency restoration services, to name a few. In addition, to paying attention to the General Assembly actions, we have also been paying close attention to decisions being made at the federal level to federal funding. We are appreciative of the collaboration with the VACSB and Department of Behavioral Health and Developmental Services (DBHDS) as they have been keeping CSBs informed to the degree possible of any potential impacts to the CSB system. While the future is not fully known, we are thankful that for the immediate time there is no known impact on our federal funding. We will continue to monitor and seek clarity as decisions continue to unfold.

In the midst of what has been an unsettling time for many of our clients and their families, our staff have been diligent about providing support, including more frequent contacts as appropriate. Regardless of the decisions made at the state or federal level, it is our mission to continue to serve all of our clients with dignity and respect, as we strive to provide our community with quality services with the resources we have.

Rebekah Brubaker, LPC

Administrative Services

Compliance

The Compliance team has worked hard all month on the Medicaid/Medicare realignment for specific clients who are dual enrolled in both coverage plans. The determination that anyone with Medicare must now use the MCO providing that service for Medicaid coverage created a number of logistical challenges for the teams. The authorizations group in particular worked with anyone impacted to ensure no loss of coverage.

We had a licensing review by DBHDS of our ID/DD Case Management program and received no citations. Our specialist reviewed both staff and client files.

Information Technology

The agency has recently finished a formal Risk Assessment of our IT systems and will be receiving the full report in early February. This extensive effort will allow the agency to upgrade and simplify our IT network, while making it more secure.

IT Manager Jeremy Wilson and Munis Administrator Kristina Winegard have been very involved in the Munis training and implementation. They were a great help to the Finance team for some end of the year finance projects out of the new system.

The IT team will become fully staffed in February with the arrival of IT Specialist Marvin Rangel.

Clerical

The Clerical team continues to handle their day-to-day tasks while short staffed. Their recruiting efforts continue.

Facilities

Fleet management was a big effort this month when 14 vehicles made it to the car wash for extensive cleaning. Dan Seifert of the Children's area assisted in the effort. Also, with the cold weather, our facilities specialist has worked hard to ensure that all cars stay fully charged and that the parking area around the cars was cleared as much as possible.

Risk Management

Staff updated our Risk Management and Quality Improvement plans in the annual review of plans. Additionally, a team of our staff gave a demonstration to the Department of Social Services on the Alertus Emergency alert system.

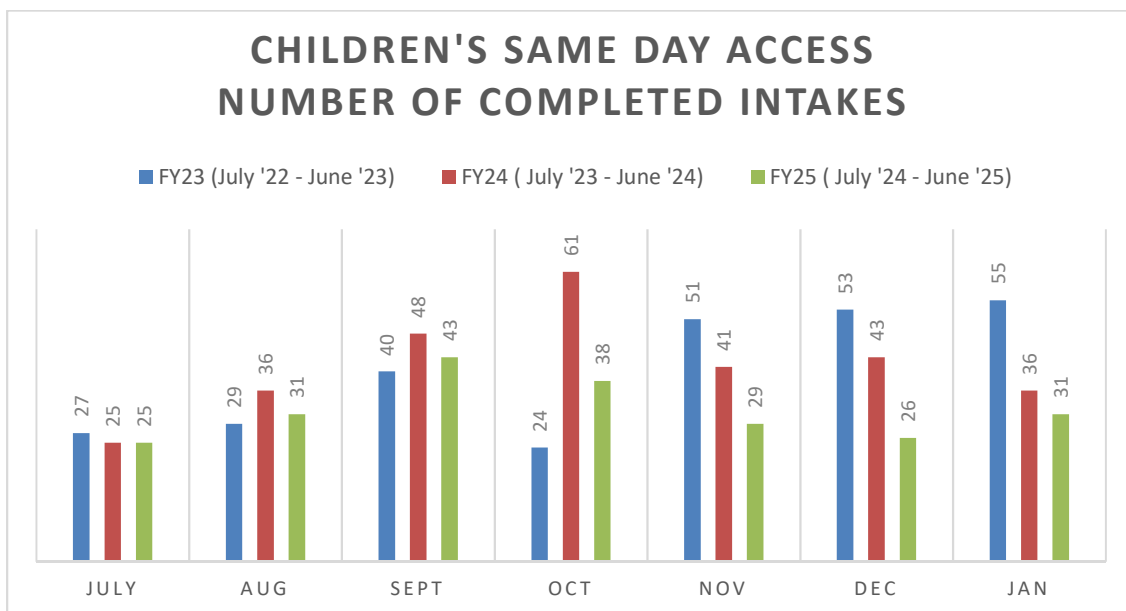
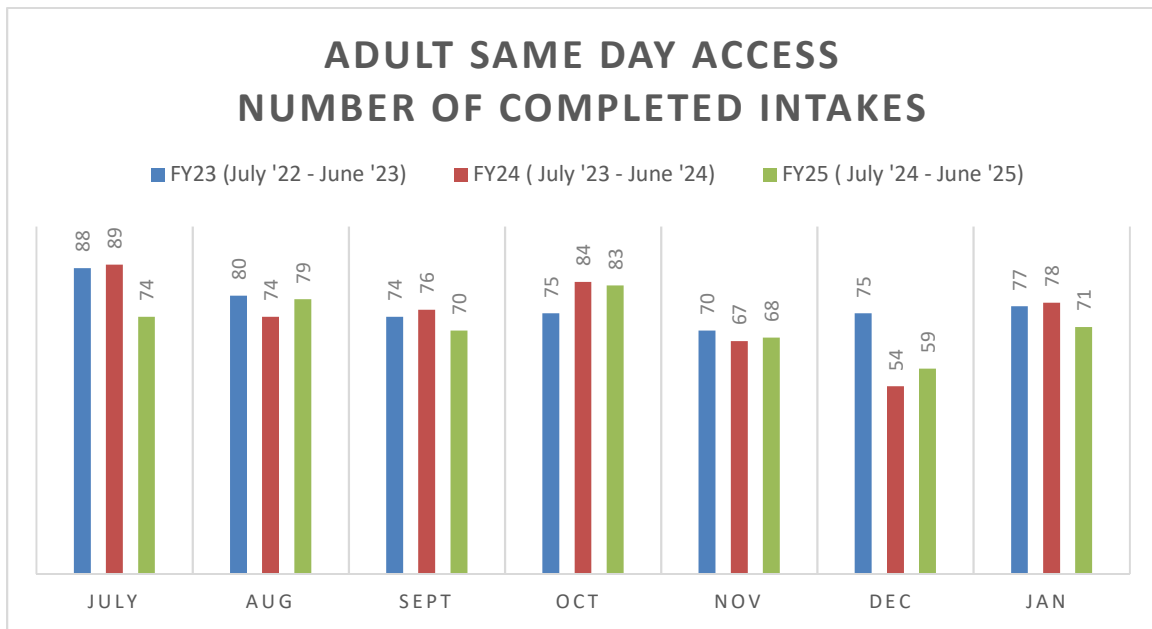
Data

Our Data Specialist worked with our Risk Management Specialist to provide appropriate reports to the state and the Quality Improvement Committee. In addition, they worked closely with Emergency Services manager to make sure the quarterly CITAC report was submitted accurately and on time.

Behavioral Health Services

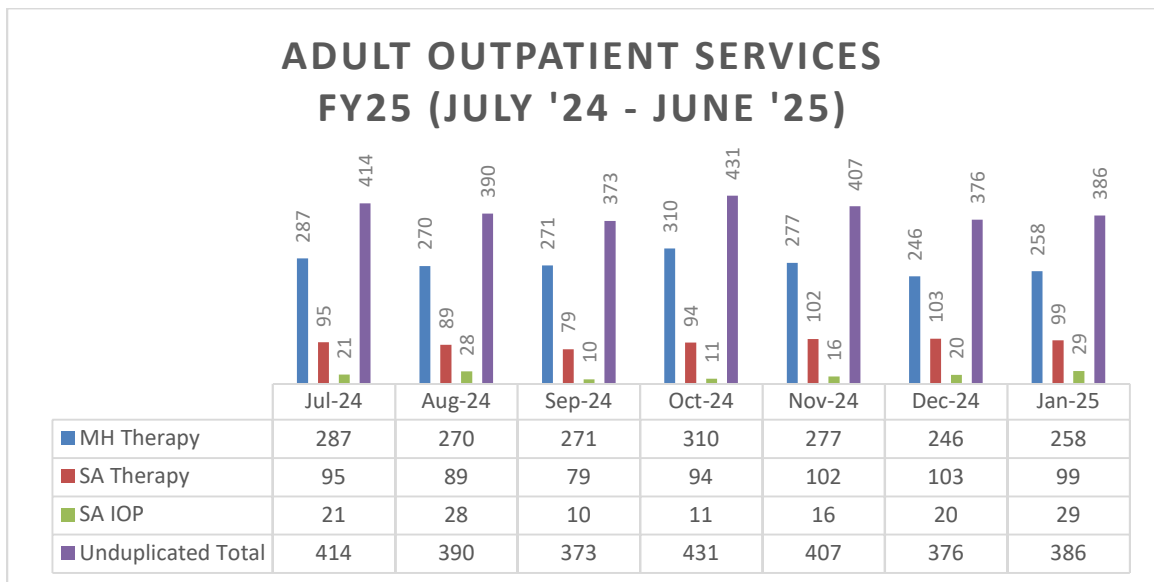
Same Day Access (SDA) – Adult & Child

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 January, the Same Day Access team completed 71 intakes for adults and 31 intakes for child/adolescent clients. Both numbers represent a three month high, and based on previous years we would expect intake numbers to continue trending upwards in the coming months.



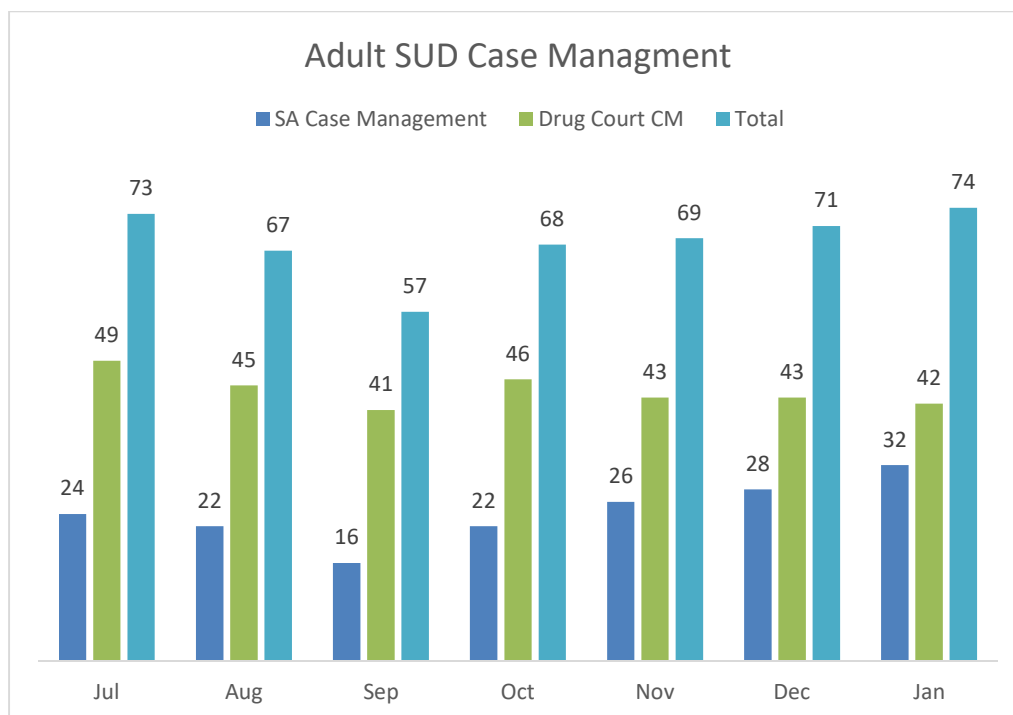
Outpatient Therapy Services – Adult

In the month of January the Adult Outpatient Team has provided individual and group therapy to 258 individuals in mental health focused treatment, and for 99 individuals primarily working on substance use related issues. We also served 29 individuals in our substance use focused Intensive Outpatient Program. In the overall picture these numbers are right around average for the fiscal year, and our IOP utilization continued its growing trend, hitting its highest mark for the entire fiscal year so far. The search to replace the open therapy position on the Adult OP team is still ongoing, we have interviewed a number of promising candidates and are hoping to have an announcement of a new team member well before the next board meeting.



SUD Case Management - Adult

In the month of January our SUD case managers served 74 individuals, with 42 of those being clients of our local Recovery Court (formerly Drug Court) program. The total number of clients served this month is the highest of the fiscal year, but is still right around the team’s average. Unfortunately we have to announce that our dedicated Recovery Court case manager, Heather Estep, has left the agency to pursue other opportunities and spend more time at home with her newborn. We of course wish her the best and are more than confident in our remaining team’s ability to cover Heather’s caseload and continue providing a high level of care to our clients.



Care Coordination Adult and Child

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 25 clients for the month of January which is a little lower than average for the fiscal year, but is still a good increase from December. Finding resources related to housing, medical care, and income/benefits were the most common areas of need addressed by the team this month, with housing in particular representing nearly 50% of needs identified by referrals to Care Coordination.

Child Outpatient and Early Intervention - School Based Services

The Child/Adolescent Outpatient team has provided individual therapy services to 377 clients, and at times their families, in the month of January. Currently we have 540 individuals enrolled in child/adolescent therapy services. While both numbers are slightly below average for the fiscal year, as intake trend upwards we anticipate demand for therapy to increase as well.

Our Early Intervention Clinicians have provided 191 supportive sessions to 92 clients in the month of January. The number of sessions is significantly less than the average of over 370 sessions provided over the course of the previous three months, but this was to be expected given how many school days were missed this month due to inclement weather.



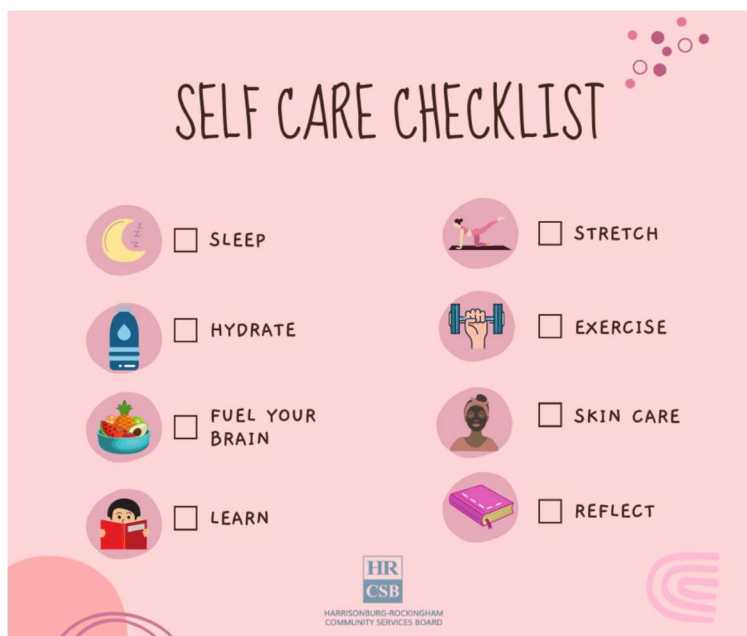
Children's Mental Health Outreach Services

Though our child/adolescent intake numbers remain in the average range, the demand for Case Management, Case Supports, and Family Care Coordination services continues to be steady. 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 January are not in yet, but in looking at the full December numbers 252 clients and families were served, which is just slightly above average for the fiscal year so far with lots of room to grow. We're also happy to announce that we have filled the open case manager position as we have welcomed Nayeli Mendoza-Morales to the team. It might also be noted that Laura Miller was promoted this month to be our second Lead Case manager in order to provide an added layer of leadership and administrative support to the team.

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. It might also be noted that for the most part we have completed the transition of the program's leadership to Amelia Morrison, though Mo is still helping out a little with some lingering odds and ends. We have already begun the search to fill the specialist position that Amelia vacated and have several interviews on the books for February.

In terms of trainings and community events, this time of year is typically slower for the team, and of course the weather in January limited this even more. That said, this month the team provided one 1 hour REVIVE training at the Harrisonburg library, a 2 hour "Mental Health 101" training for Church World Service clients, and the team participated in a 14 hour ASIST training held at JMU which focuses on suicide intervention/prevention skills. The BHW team also aided the local Healthy Community Collaborative in hosting the first in a series of events focused on supporting networking of local case managers/social workers in an effort to promote greater awareness and collaboration throughout our community. Other BHW January highlights include a Facebook and Instagram post focused on self-care, and contributing to the design of the t-shirt for the upcoming HRCSB Training Day.



Community Mental Health Services

There are approximately 362 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, State Hospital Discharge Coordination and Assertive Community Treatment.

Assertive Community Treatment (ACT)

Several of our street homeless clients have been able to find permanent housing this past month, one through our PSH team and one through a HRHA Housing Choice Voucher. Through ACT programs ability to do outreach with these clients in the community, both individuals have been able to take their medications daily which has led to behavioral stability, decreasing involvement with law enforcement.

We have another client who has been working consistently with the Department of Aging and Rehabilitation Services (DARS) with staff support, and has met with a local grocery store regarding possible employment. The client has made a group of friends through their living situation which has led to a decrease in feelings of depression, isolation and hopelessness. We hired two new staff in the past month for the positions of Clinician and Nurse. We continue to recruit for our final three openings- the peer, co-occurring specialist and the program assistant.

Peer Supports

Our full-time Mental Health Certified and Registered Peer Recovery Specialist (CPRS-R) continues to excel at aiding her clients in building and maintaining their support networks. Using her lived experience to build trust and rapport with her clients, as well as her training in Certified Older Adults Peer Support (COAPS), she takes participants out together for the day in an effort to slowly build their social networks. Her clients have begun to depend on each other, and now call each other for added support when needed. One of her tasks is to educate her clients on the 8 Dimensions of Wellness, specifically the physical and social dimensions. She also works part time at Arbor House, our Crisis Stabilization Unit, to support the residents and educate them on the power of Peer Support.

The Housing CPRS-R spends half of her work week at Commerce Village, a Harrisonburg Redevelopment and Housing Authority (HRHA) property which offers affordable and permanent supportive housing to chronically homeless and medically vulnerable individuals, including chronically homeless veterans. During the holidays, she planned a full day of festivities which saw the most residents interacting in the common area ever before that event. The residents of Commerce Village are now working with her to find appropriate ways to volunteer their time to help the homeless population in the community. The Housing CPRS-R spends the other half of her week supporting clients enrolled in our Permanent Supportive Housing program. One client that she supports, who previously had difficulty leaving her home due to the symptoms of her mental health diagnosis, was able to apply and interview for a job independently at the end of last year.

Permanent Supportive Housing

PSH attended the ribbon cutting ceremony for the Harrisonburg Navigation Center which will include an overnight low-barrier emergency shelter and daytime drop-in center for adults experiencing homelessness or other hardships. PSH staff have a set schedule to visit the Navigation Center weekly to process referrals and educate guests on our PSH program services. We are celebrating the success of a client who completed a 90-day placement at Gemeinschaft Home (post incarceration halfway house). She is working hard to maintain her sobriety, and is requesting case management services. The client has been in the PSH program for three years now.

We are celebrating the success of PSH staff attempting landlord outreach. An apartment complex housing four of our PSH clients has been bought out for student housing and is closing to current tenants in June. Our Housing Specialists have been persistent with several property management companies (who formerly stated they were not interested in our program), and we were able to use a reasonable accommodation letter to combat a denial due to credit score. PSH will now have 2 new landlords and 3 of the 4 clients in the closing complex will be successfully housed by the end of February.



PSH Supervisor, PSH Program Assistant and PSH Housing Specialist participated in the local Point in Time (PIT) count in January. The goal of the PIT count is to gather a snapshot of homeless individuals on one night each year, including both sheltered and unsheltered people. The department of Housing and Urban Development (HUD) requires each Continuum of Care (CoC) nationwide to conduct the PIT count in the last 10 days of January each year. We have 33 individuals enrolled in our Permanent Supportive Housing program with two of those individuals being unhoused currently searching for housing. We have 27 clients on our referral list. PSH is currently doing a review and outreach of our referral list and will complete the scrub mid-February.

State Hospital Discharge Coordination

The number of individuals receiving treatment in state hospitals this past month is increasing. The current census is at 23, with 14 of those at Western State Hospital. We are currently serving clients at five different state hospitals. We have also experienced an increase in the number of Not Guilty by Reason of Insanity (NGRI) cases. These are individuals who have court ordered treatment which involves intensive monitoring and reporting to the court. There are currently seven NGRI individuals in state hospitals, and seven NGRI individuals that we are monitoring on conditional release plans in the community. Liaisons were able to successfully discharge two NGRI clients from Western State Hospital into the community in December; one had been hospitalized since 2019, and the other was working through the NGRI process for a second time and had been hospitalized since January 2023. Our team continues to work hard to build strong collaborative relationships with state hospitals, other CSB's and local facilities.

State Hospital Census

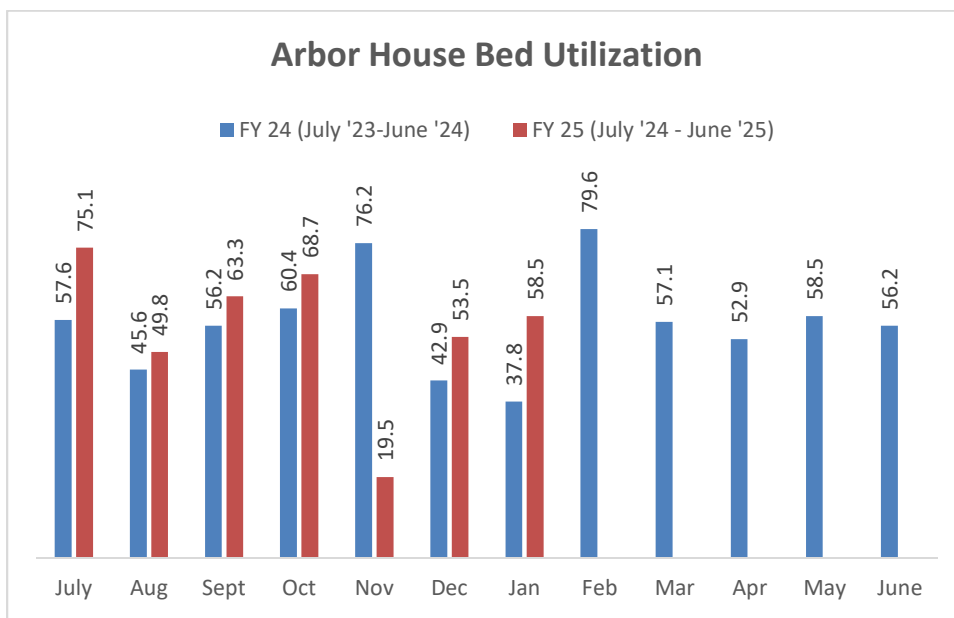
In the monthly State Hospital census report for November of 2024, HRCSB had an average daily census per 100,000 population of 8. Our region, Health Planning Region 1, had an average daily census per 100,000 population of 12. HPR 1 consists of nine CSB's: Alleghany Highlands, Encompass, Harrisonburg Rockingham, Horizon, Northwestern, Rappahannock Area, Region Ten, Rockbridge Area, and Valley.

Crisis Services

Arbor House (Crisis Stabilization Unit)

The utilization rate for January demonstrates continued upward trend from the November low. Of the 25 referrals that were reviewed by staff, 15 were offered admission and eight were ultimately admitted. There continues to be close review of the processes utilized for the referral and admission process to ensure the most efficient uses of the RCSU resource. During January, Arbor House was able to onboard several new staff persons including a full time nurse and CSU

Specialist. The team is working to improve processes for training and program development through the implementation of the agency’s new supervision model.



Emergency Services

Throughout the last year, the Emergency Services team has maintained their critical community role with unfilled full time and after hours positions. Despite being short staffed, this team continues to meet the needs of the community. They engage individuals experiencing a mental health crisis twenty-four hours a day, 365 days a year. During January, Emergency Services completed 48 Prescreening evaluations that have resulted in 20 Temporary Detention Orders (TDO), 19 voluntary admissions to a private hospital, and 7 releases to community supports. Additionally the team participated in 15 hearings to determine whether an individual under TDO would be committed and 9 crisis evaluations that allowed someone in crisis to get an immediate assessment and supports to return to the community.

Community Crisis Services

Community Crisis Services staff have started off the new year continuing to work with local police departments to aid in alleviating the stress of mental health calls in the community. The team continues to work alongside many community partnerships to help better serve our community. The team is excited for what is in store for the New Year and how to better help those who are in crisis. The team was able to make 79 follow-up visits to community members ensuring safety and access to the treatment needed. They were also able to engage 24 new adult community members and 4 juveniles, these are individuals who have not previously engaged community crisis services. The team provides critical support including 2 instances of connecting someone to the CSB by providing transportation, 4 instances of providing transportation to the hospital avoiding the need for a first responder, and 25 hours spent

maintaining custody of an individual under ECO/TDO which allows law enforcement to remain in the community.

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 329 units for the month of December. Case managers completed 583 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 199 face to face visits. They also completed 16 annual ISPs.

Currently we have 341 individuals receiving DD Case Management services, including 252 receiving Waiver services. Of those, 45 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 259 individuals on the DD Waiver Waiting list awaiting services. There are 56 individuals on Priority one status, followed by 120 on Priority two, and 83 on priority three. We received 3 requests for services, completed 11 screenings, opened 1 new client, and placed 11 people on the waiting list.

We are continuing to recruit for two positions, our full time Intake/Outreach staff, and an hourly DDCM program assistant.

In January the Department of Behavioral Health and Developmental Services announced that Virginia was exiting the Department of Justice Settlement Agreement, which has been in place since 2012. Under the terms of the Settlement Agreement, Virginia instituted several policies and procedures designed to ensure individuals with developmental disabilities had access to community integrated services, employment opportunities, and other community resources. The Settlement Agreement also provided guidelines by which Virginia would set up DD Crisis services, and risk mitigation procedures. Although the Settlement Agreement is ending, Virginia will remain under terms of a permanent injunction, and the initiatives which were put in place will remain for the foreseeable future.

We were pleased to participate in the Family Engagement Night at the Museum, held at the Explore More Discovery Museum and presented by the United Way. This event was targeted to working families with children attending local nonprofit child care centers, with the goal to provide a fun environment for kids to explore while parents connect with information and resources in our community.



Infant and Toddler Connection

In December the Infant at Toddler program completed 352 billable services related to the delivery of Speech Therapy, Occupational Therapy, or Developmental Services. We also completed 9 Developmental Assessments. Support Coordinators added an additional 126 services, including 70 face to face visits.

We continue to recruit for a full time Speech Therapist and Service Coordinator.

Last month we noted that several ITC staff were trained to be participants in the Regional Education Collaborative Team (REACT), a project intended to address the significant wait-times that currently exist for families with young children to complete assessments related to autism spectrum disorder. In coordination with the regional team, we have begun scheduling our first assessments to take place here at the McNulty Center in February.

Referrals per month

Month	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
July	17	20	31	30	30	35	42	40	34
August	30	40	38	36	35	42	44	45	40
September	31	36	33	38	33	29	30	45	44
October	18	35	30	36	34	26	38	38	52
November	31	30	27	28	30	29	41	31	33
December	22	28	35	34	24	39	25	32	44
January	38	31	44	37	41	22	49	28	35
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	29	
Total Referrals	353	377	397	406	401	442	515	453	282
Child Count- Dec 1	127	162	173	195	201	193	225	259	249