

**Program Planning and Evaluation Committee**  
**Meeting Highlights**  
**October 11, 2016**

**TRANSPORTATION GRANT UPDATE**

**Jim Gillespie**, *Community Support Services Director*, provided the Committee with an update on the federal transportation grant RACSB applied for in partnership with the Rappahannock Area Agency on Aging to purchase vans. Three (3) vans had been approved which is a drastic reduction from the nine (9) vehicles approved in the past. The cut in funding resulted from federal legislation that prioritizes funding to larger urban areas.

Mr. Gillespie said the new vans are needed to replace old vans. He said that the partners are reviewing other grants categories which Planning District 16 may qualify for. **Executive Director Ron Branscome** said that vehicle replacement would become a capital project issue next year.

**EXTRAORDINARY BARRIERS LIST**

**Noreen Packman**, *Intensive Mental Health Case Manager*, presented to the Committee the Extraordinary Barriers List (EBL) at State Psychiatric Hospitals. Individuals ready for discharge from state psychiatric hospitals are placed on the EBL when placement in the community is not possible due to barriers caused by waiting lists, resource deficits, or pending court dates. Mrs. Packman reviewed the situations of seven (7) individuals on the EBL from our area for the month of September.

**FY 2016 ANNUAL PERFORMANCE ANALYSIS**

**Jane Yaun**, *Deputy Executive Director*, presented to the Committee the FY 2016 Performance Analysis, which reviews program performance, including feedback from individuals served, the effectiveness of program delivery and the efficiency of program services. This analysis identifies areas in need of improvement and helps with strategic planning.

The Committee unanimously approved a motion recommending the Board approve the FY 2016 Annual Performance Analysis.

**ACCESSIBILITY PLAN**

**Stephanie Terrell**, *Quality Assurance Coordinator*, presented to the Committee the Accessibility Plan for RACSB. The plan is a CARF requirement and addresses nine (9) barriers: attitude; architecture; environment; finances; employment; communication; transportation; and community integration.

**Executive Director Ron Branscome** noted that the report needed to be updated to reflect that King George County no longer participates in FRED transit services and to include details from the George Washington Regional Commission.

The Committee unanimously approved a motion recommending the Board approve the Accessibility Plan.

## **EMERGENCY SERVICES ACTIVITY AND TDO EXCEPTION REPORT**

**Jacque Kobuchi**, *Emergency Services Coordinator*, presented to the Committee the Emergency Services Activity and Temporary Detention Order (TDO) Exception Report for September 2016.

Mrs. Kobuchi reported that RACSB Emergency Services staff completed 470 emergency evaluations throughout September 2016. In addition, staff assisted with the execution of 70 Emergency Custody Orders (ECO) and 65 Temporary Detention Orders (TDO).

Mrs. Kobuchi reviewed five (5) cases where the primary state psychiatric hospital was used as the facility of last resort when a community facility was not found at the end of an eight (8) hour ECO period. One (1) of those cases was an individual whose severe medical needs necessitated a hospital stay.

The Committee unanimously approved a motion recommending the Board approve the July and August 2016 Emergency Services Activity and TDO Exception Reports as presented.

## **CIT ASSESSMENT CENTER REPORT**

**Michelle Miner**, *CIT Program Manager*, presented to the Committee the Crisis Intervention Team Assessment Center Report for September 2016. She said 36 assessments were performed at the CIT Assessment Center during the month of September (Caroline County – 2; Fredericksburg – 6; King George County – 1; Spotsylvania County – 12; and Stafford County – 15).

**Ken Lapin (Spotsylvania)** asked if the center could handle multiple assessments at one time, as the report showed four (4) assessments in a single day. Ms. Miner reported that the center could handle multiple assessments and that the center would soon transition to two (2) rooms side by side, which could double the number of people served. Multiple assessments is at the discretion of the officer on duty.

A motion by the Committee recommending the Board approve the September 2016 CIT Assessment Center Report as presented was unanimously approved.

## **WAITING LIST**

**Jane Yaun**, *Deputy Executive Director*, presented to the Committee a report of the individuals waiting for services in September 2016.

At the time of the September report, there were no individuals waiting for Outpatient Services and 82 individuals (ages 14 or older) were waiting longer than 30-days for an intake appointment with an RACSB psychiatrist/nurse practitioner. This is an increase of three (3) from the prior month.

**Executive Director Ron Branscome** reported that RACSB would soon have more medical professionals who can write prescriptions, which should clear some of the backlog. He said that a locum tenens psychiatrist has been hired for a six (6) month contract. A psychiatric nurse practitioner had been hired and should start seeing patients in two (2) weeks. An additional locum tenens psychiatrist is expected to start on November 7, 2016.

For Mental Health Residential Services, there were 16 individuals waiting for placement (needs list – 6; referral list – 9; acceptance list – 1). For Intellectual Disability Residential Services, there were 138 on the wait list (needs list – 132; referral list – 5; acceptance list – 1). For the Program for Assertive Community Treatment (PACT), there were 26 individuals waiting for placement (needs list – 19; referral list – 6; and acceptance list – 1).

The Committee unanimously approved a motion recommending the Board approve the September 2016 Waiting List Report as presented.

### **INFORMATION TECHNOLOGY/ELECTRONIC RECORD UPDATE**

**Suzanne Poe**, *Information Technology Coordinator*, updated the Committee on Information Technology and Electronic Health Record changes. These changes included working to obtain Meaningful Use AIU funds for three (3) new providers, changing the email system and email addresses for all employees, moving from the Intellectual Disability On-Line System (IDOLS) to Virginia Waiver Management System (WaMS) and using new extraction methods from the Avatar software for state reporting.

### **QUALITY ASSURANCE REVIEW/AUDIT--PACT**

**Stephanie Terrell**, *Quality Assurance Coordinator*, presented to the Committee the Quality Assurance Review and Audit for the Program of Assertive Community Treatment (PACT). A total of 10 files were reviewed during the month of August 2016. The review focused on compliance related to Assessments, Individualized Service Plans, Quarterly Progress Reviews and Comprehensive Progress Notes.

Ms. Terrell reviewed the results of the audits and actions taken.

### **QUALITY DASHBOARD**

**Stephanie Terrell**, *Quality Assurance Coordinator*, presented to the Committee the Quality Dashboard. She reminded the Committee that this was a report that addresses the quality and timeliness of electronic health record (EHR) management by staff. She noted that Quality Assurance staff audited more records from Mental Health Services and Substance Abuse Services and did not audit records from Developmental Disability Services in September. Ms. Terrell said Quality Assurance staff audited 40 electronic health records (EHR) in September. A total of 20 records were reviewed from the Substance Abuse and Mental Health program areas. Ms. Terrell reviewed the results and recommendations.