

Program Planning and Evaluation Committee
Meeting Highlights
September 13, 2016

INFORMATION TECHNOLOGY POLICY MANUAL REVISIONS AND UPDATES

Suzanne Poe, *Information Technology Coordinator*, presented to the Committee a list of new and updated policies for the Information Technology Policy Manual. IT staff reviewed the manual in preparation for the upcoming CARF review and identified areas where enhanced policies are needed.

A motion by the Committee recommending the Board approve the revisions to the Information Technology Policy Manual was unanimously approved.

ELECTRONIC HEALTH RECORD/MEANINGFUL USE UPDATE

Suzanne Poe, *Information Technology Coordinator*, provided the Committee with an update on the Electronic Health Record. She continues to monitor potential new reporting requirements for Merit Based Incentive Payment System (MIPS) that may replace Meaningful Use and Physician Quality Reporting System (PQRS). A final ruling on the program is expected in November 2016. Mrs. Poe noted that RACSB received the Polycom Bridge and is working to configure the unit to work with the network.

Mrs. Poe said 2,836 Personal Identification Numbers (PINs) have been generated for individuals served using MyHealthPointe Patient Portal. She noted there were 157 registered users.

EXTRAORDINARY BARRIERS LIST

Noreen Packman, *Intensive Mental Health Case Manager*, presented to the Committee the July and August 2016 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. Newman reviewed the disposition of three (3) individuals on the EBL from our area for the month of July and two (2) for the month of August.

DBHDS FY 2016 FOURTH QUARTER EXHIBIT B REPORT

Jane Yaun, *Deputy Executive Director*, presented to the Committee the DBHDS FY 2016 Fourth Quarter Exhibit B Report. The report tracks follow-up appointments for individuals leaving a private or public psychiatric hospital or psychiatric unit after involvement in the civil involuntary admission process.

Of 78 individuals discharged to RACSB following an involuntary commitment process, 11 did not attend discharge appointments scheduled within seven (7) days. Mrs. Yaun reviewed the disposition of those individuals.

The Committee unanimously approved a motion recommending the Board approve the FY 2016 DBHDS Fourth Quarter Exhibit B Report.

VICAP REPORT

Sharon Killian, *Clinical Services Director*, provided the Committee with an update on the Virginia Independent Clinical Assessment Program (VICAP) for youth with Medicaid. During the month of July 2016, RACSB received 43 requests for an assessment. All cases were scheduled within the required timeframes, (5 days for Intensive In-Home Services and 10 days for Therapeutic Day Treatment and Mental Health Skill-Building Services). A total of 26 assessments were completed by staff and eight (8) families missed or did not attend their appointments.

During the month of August 2016, RACSB received 64 requests for an assessment. All cases were scheduled within the required timeframes. A total of 38 assessments were completed and 14 families missed or did not attend their appointments.

Executive Director Ron Branscome noted that this would be the last VICAP report presented to the Committee. CSBs will no longer be required to complete these assessments as of December 1, 2016. The data reporting requirement ended on September 1, 2016.

A motion by the Committee recommending the Board approve the VICAP Reports as presented was unanimously approved.

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 Reports for July and August 2016.

Mrs. Kobuchi reported that RACSB Emergency Services staff completed 411 emergency evaluations throughout July 2016. In addition, staff assisted with the execution of 64 Emergency Custody Orders (ECO) and 57 Temporary Detention Orders (TDO).

Mrs. Kobuchi reviewed four (4) 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.

RACSB Emergency Services staff completed 547 emergency evaluations in August 2016. In addition, staff assisted with the execution of 101 Emergency Custody Orders (ECO) and 105 Temporary Detention Orders (TDO). Mrs. Kobuchi noted that these numbers set a new record for emergency services in a month. She said that August was busy across the state, with many private psychiatric hospitals at capacity.

Mrs. Kobuchi reviewed twelve (12) 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.

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 July and August 2016. She reminded the Committee the Assessment Center is located at the Mary Washington Hospital Emergency Department and is available seven (7) days a week from 2:00 p.m. to midnight.

She said 27 assessments were performed at the CIT Assessment Center during the month of July (Caroline County – 1; Fredericksburg – 7; King George County – 0; Spotsylvania County – 6; and Stafford County – 13).

Ms. Miner said 42 assessments were performed at the CIT Assessment Center during the month of August (Caroline County – 3; Fredericksburg – 22; King George County – 1; Spotsylvania County – 9; and Stafford County – 7).

Executive Director Ron Branscome informed the Committee that Snowden at Fredericksburg would add 14 psychiatric beds in October, two (2) for adolescents and 12 for adults.

A motion by the Committee recommending the Board approve the July and August 2016 CIT Assessment Center Reports as presented was unanimously approved.

WAITING LIST

Jane Yaun, *Deputy Executive Director*, presented to the Committee a report of the individuals waiting for services for the months of July and August 2016.

At the time of the July report, there were no individuals waiting for Outpatient Services and 71 individuals (ages 14 or older) were waiting longer than 30-days for an intake appointment with an RACSB psychiatrist. This is an increase of 32 from the prior month.

Mrs. Yaun noted that RACSB lost two prescribers in June and July, which accounts for some of the increase in individuals waiting for an intake appointment with a psychiatrist. She said that locum tenens psychiatrists should help with the caseload. Mr. Branscome mentioned that a psychiatric nurse practitioner had been hired and would start working October 11, 2016.

For Mental Health Residential Services, there were 17 individuals waiting for placement (needs list – 5; referral list – 11; acceptance list – 1). For Intellectual Disability Residential Services, there were 139 on the wait list (needs list – 132; referral list – 5; acceptance list – 2). For the Program for Assertive Community Treatment (PACT), there were 17 individuals waiting for placement (needs list – 17; referral list – 0; and acceptance list – 0).

At the time of the August report, there were no individuals waiting for Outpatient Services and 79 individuals (ages 14 or older) were waiting longer than 30-days for an intake appointment with an RACSB psychiatrist. This is an increase of eight (8) from the prior month.

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 23 individuals waiting for placement (needs list – 21; referral list – 2; and acceptance list – 0).

The Committee unanimously approved a motion recommending the Board approve the July and August 2016 Waiting List Reports as presented.

CERTIFIED COMMUNITY BEHAVIORAL HEALTH CENTER UPDATE

Jane Yaun, *Deputy Executive Director*, provided the Committee with an update on the Certified Community Behavioral Health Center (CCBHC) pilot project.

Mrs. Yaun reported that the DBHDS Commissioner, Dr. Jack Barber announced that Virginia would not be applying for the CCBHC Demonstration Grant. She said that the effort of preparing for the grant has been beneficial to RACSB and will help to improve services in the future.

Executive Director Ron Branscome recognized **Mrs. Yaun, Rhonda Pellicano**, *Finance and Administration Director*, and **Sharon Killian**, *Clinical Services Director*, for their hard work and effort to make our CCBHC Grant pilot project a success.

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.

Ms. Terrell said Quality Assurance staff audited 45 electronic health records (EHR) in July. A total of 15 records were reviewed from each program area (Substance Abuse Services, Mental Health Services, and Intellectual Disability Services). Ms. Terrell reviewed the results and recommendations.

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Matthew Zurasky (Stafford County) asked how frequently staff were audited, and **Debbie Draper (King George County)** asked if Quality Assurance staff looked at trends among staff members. Mrs. Terrell replied that they do look for patterns and address staff performance problems. **Jane Yaun**, *Deputy Executive Director*, said that the system now includes required fields, which should reduce errors on charts.

Executive Director Ron Branscome suggested that Quality Assurance staff reduce the number of Intellectual Disability Services charts audited and increase the Mental Health and Substance Abuse Services charts audited.

The Committee unanimously approved a motion recommending the Board approve the Quality Dashboard as presented.

FISCAL YEAR 2016 THIRD AND FOURTH QUARTER INCIDENT REPORT REVIEW

Stephanie Terrell, *Quality Assurance Coordinator*, reported that 2,198 incident reports were completed in Fiscal Year 2016. There were 509 incident reports from January 1, 2016 through March 31, 2016 (third quarter). A total of 645 incident reports were completed from April 1, 2016 through June 30, 2016 (fourth quarter).

Mrs. Terrell said that the incidents of elopement occurred when individuals were being served by outside agencies. **Jane Yaun**, *Deputy Executive Director*, said that the state requires incident reports be submitted within 24-hours of the incident. She said that staff has been told to report them right away, even on weekends and holidays.

A motion by the Committee recommending the Board approve the Incident Report Review as presented by staff unanimously approved.

CLOSED MEETING, VA CODE §2.2-3711 A(7)

The Program Planning and Evaluation Committee of the Rappahannock Area Community Services Board unanimously approved a motion to convene in a closed meeting pursuant to Virginia Code §2.2 – 3711 A(7) to receive a briefing by staff pertaining to possible litigation involving a construction contract where such briefing would affect the litigation posture of RACSB if held in open session. The motion was unanimously approved.

Upon reconvening, all Committee members certified that, to the best of their knowledge, the Committee discussed only matters lawfully exempted from statutory open meeting requirements of the Freedom of Information Act; and only public business matters identified in the motion to convene the closed meeting.

No action was taken by the Program Planning and Evaluation Committee.