

Program Planning and Evaluation Committee

Meeting Highlights

April 11, 2017

EXTRAORDINARY BARRIERS LIST

Patricia Newman, *Mental Health Case Management Supervisor*, introduced Elizabeht Wells as the new Intensive Mental Health Case Manager. Ms. Wells will serve as the liaison to Western State Hospital and coordinate discharge planning.

Mrs. Newman 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. Newman reviewed the disposition of six (6) individuals on the EBL at Western State Hospital from our area for the month of March 2017.

EMERGENCY SERVICES ACTIVITY AND TDO EXCEPTION REPORT

Jennifer Coleman, *Lead Emergency Services Therapist*, presented to the Committee the Emergency Services Activity and Temporary Detention Order (TDO) Exception Report for March 2017.

Mrs. Coleman reported that RACSB Emergency Services staff completed 408 emergency evaluations during March 2017. In addition, staff assisted with the execution of 82 Emergency Custody Orders (ECO) and 98 Temporary Detention Orders (TDO).

Mrs. Coleman 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.

Executive Director Ron Branscome and **Sharon Killian**, *Clinical Services Coordinator*, commended Mrs. Coleman for her efforts and leadership.

CIT ASSESSMENT CENTER REPORT

Kari Norris, *CIT Program Manager*, Norris presented to the Committee the Crisis Intervention Team Assessment Center Report for March 2017. She said 44 assessments were performed at the CIT Assessment Center during the month of March 2017 (Caroline County – 1; Fredericksburg – 13; King George County – 3; Spotsylvania County – 13; and Stafford County – 14).

Ms. Norris reported that a total of 665 individuals have been served as the CIT Assessment Center since the program started.

ELECTRONIC HEALTH RECORD/MEANINGFUL USE UPDATE

Suzanne Poe, *Information Technology Coordinator*, provided the Committee with an update on the Electronic Health Record and Meaningful Use.

She reported the following: staff are continuing efforts to obtain Meaningful Use AIU funds for new providers; a pilot study for collaborative note taking as part of Same Day Access; MyHealthPointe patient portal upgrade; Service Process Quality Management (SPQM) data submitted for January and February; installation of a new telephone system at 750 Kings

Highway is nearing completion; phone installation at 401 Bridgewater Street is complete; and the new website design is underway.

Jane Yaun, *Deputy Executive Director*, stated the collaborative note process is a proven efficiency as part of Same Day Access. She shared that RACSB will survey individuals to learn their satisfaction with the process. **Executive Director Ron Branscome** said work stations are being transformed to better support this process. In response to a question from **Matt Zurasky** (Stafford County), it was stated that the collaborative note is typically completed during the last 10-minutes of the session.

Ms. Yaun said that SPQM is an analytic tool that will help RACSB manage service provision.

WAITING LIST

Jane Yaun, *Deputy Executive Director*, presented to the Committee a report of the individuals waiting for services for the month of March 2017.

At the time of the March report, there were no individuals waiting for Outpatient Services and 68 individuals (ages 14 or older) waiting longer than 30-days for an intake appointment with an RACSB psychiatrist. This is a decrease of eight (8) from the prior month.

For Mental Health Residential Services, there were 15 individuals waiting for placement (needs list – 3; referral list – 10; acceptance list – 2). For Intellectual Disability Residential Services, there were 140 on the wait list (needs list – 133; referral list – 6; acceptance list – 1). For the Program for Assertive Community Treatment (PACT), there were 26 individuals waiting for placement (needs list – 19; referral list – 2; and acceptance list – 5).

A total of 36 individuals have been enrolled in PACT.

Ms. Yaun said that the “needs lists” is part of strategic planning to identify future needs. The “referral list” is those individuals ready for housing today.

Mr. Branscome said the state has yet to make funding award announcements for the \$4.9 million in state general funds for the implementation of Same Day Access as approximately 16 Community Services Boards. He is hopeful RACSB will be a part of the award. New funding would be used to increase support staff to collect demographic and insurance information currently being captured by the clinician. Ms. Yaun said an Engagement Specialist is another opportunity.

A motion by the Committee recommending the Board approve the March 2017 Waiting List Report as presented was unanimously approved.

QUALITY DASHBOARD

Stephanie Terrell, *Quality Assurance Coordinator*, presented to the Committee a Quality Assurance Dashboard Report. A total of 40 charts were reviewed in the program areas of Mental Health and Substance Abuse Services. The charts are reviewed for the quality of quarterlies, assessments and service plans. Corrective action is taken to address identified concerns.

QUALITY ASSURANCE REVIEW – KENMORE CLUB AND MENTAL HEALTH RESIDENTIAL SERVICES

Stephanie Terrell, *Quality Assurance Coordinator*, presented to the Committee the results of a Quality Assurance completed audits of the electronic health records for Kenmore Club and Mental Health Residential Services.

In February, a total of ten (10) records of individuals receiving Psychosocial Rehabilitation Services were audited for the time period covering October 1, 2016 through December 31, 2016. An overpayment in the amount of \$436.14 was identified.

Ms. Terrell said that all charts reviewed included the six-month review which is needed for the continuation of services.

Executive Director Ron Branscome reiterated the position of RACSB when an overpayment is identified to pay back the funds immediately. It is part of the internal quality assurance policy. In March, a total of ten (10) records of individuals receiving Mental Health Residential Services were audited for the time period covering November 1, 2016 through January 31, 2017. No overpayment was identified. Ms. Terrell said that all charts reviewed included the six-month review which is needed for the continuation of services.

Matt Zurasky (Stafford County) requested that future audit reports include the number of staff members responsible for the charts reviewed and issues identified (similar to the monthly Dashboard Report).

DEVELOPMENTAL DISABILITY CASE MANAGEMENT SERVICES STATUS UPDATE

Stephanie Terrell, *Quality Assurance Coordinator*, updated the Committee on Developmental Disability Case Management issues. On September 1, 2016, Community Services Boards became the single point of entry for waiver services for individuals with developmental disability. RACSB has contracted with four (4) private providers to provide Developmental Disability Case Management Services in our region. These services are provided to 59 individuals within Planning District 16.

Executive Director Ron Branscome stressed that while RACSB contracts for these services, RACSB and its license are liable. Quality Assurance completes 100% audits each month for Developmental Disability Case Management services provided by the four (4) private providers. Mr. Branscome discussed the importance of RACSB Support Coordination Services to ensure individuals on the Developmental Disability Waiver Wait List without special service provisions are transferred through the Waiver Management System (WaMS) to RACSB in addition to notifying families of the change in providers.

Ms. Terrell will confirm this has been completed within WaMS and coordinate with **Joe Wickens**, *Support Services Coordinator*.

Ms. Terrell said RACSB is hosting a training on documentation for the private providers.

HUMAN RIGHTS PLAN REVISION

Stephanie Terrell, *Quality Assurance Coordinator*, presented to the Committee an overview of revisions made to the RACB Human Rights Plan in response to regulatory changes made by the Virginia Department of Behavioral Health and Developmental Services, Office of Human Rights.

Ms. Terrell discussed the creation of the Independent Review Committee and the Specialty Constituted Committee.

Ms. Yaun reviewed the abbreviated complaint process. Should an individual served disagree with the findings of the Executive Director, the appeal goes directly to the Local Human Rights Committee (which now is regional and meets in Culpeper). Previously, there were additional efforts to address the complaint on the local level.

WOLFE STREET INTERMEDIATE CARE FACILITY RECERTIFICATION SURVEY

Stephen Curtis, *ID Residential Coordinator*, provided the Committee with the results of the Wolfe Street Intermediate Care Facility Recertification Survey and the submitted Corrective Action Plan to address the nine (9) identified deficiencies. The program was reviewed on 376 regulations by the Virginia Department of Health on March 21 – 23, 2017. The deficiencies by federal regulations, referred to as W-tags, are as follows: W104; W111; W154; W159; W196; W231; W249; W252; and W455. Additional staff training and documentation will address the deficiencies.