

Program Planning and Evaluation Committee

Meeting Highlights

May 9, 2017

EXTRAORDINARY BARRIERS LIST

Patricia Newman, *Mental Health Case Management Supervisor*, 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 four (4) individuals on the EBL at Western State Hospital from our area for the month of April 2017.

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 April 2017.

Mrs. Kobuchi reported that RACSB Emergency Services staff completed 425 emergency evaluations during April 2017. In addition, staff assisted with the execution of 85 Emergency Custody Orders (ECO) and 99 Temporary Detention Orders (TDO).

Mrs. Kobuchi reviewed 13 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.

Jack Rowley (Stafford County) commented on the high number of individuals who went to state hospitals. Mrs. Kobuchi reported that many of those individuals had intellectual or developmental disability, which is an exclusionary factor for many private hospitals.

A motion by the Committee recommending the Board approve the Emergency Services Activity and TDO Exception Report as presented was unanimously approved.

CIT ASSESSMENT CENTER REPORT

Jacque Kobuchi, *Emergency Services Coordinator*, presented to the Committee the Crisis Intervention Team Assessment Center Report for April 2017. She said 35 assessments were completed at the CIT Assessment Center during the month of April 2017 (Caroline County – 2; Fredericksburg – 10; King George County – 1; Spotsylvania County – 13; and Stafford County – 9).

Mrs. Kobuchi reported that a total of 700 individuals have been served at the CIT Assessment Center since the program started in September 2015.

Mrs. Kobuchi reported that the Rappahannock Area Crisis Intervention Team held its second quarterly 40-hour training on April 3 – 7, 2017. There were 20 graduates from this training.

A motion by the Committee recommending the Board approve the CIT Assessment Center Report as presented 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 and Meaningful Use.

She reported the following: a total of \$85,000 in Meaningful Use revenue has been received for four providers; a pilot study for collaborative note taking as part of Same Day Access is receiving positive feedback from staff; changes to the Emergency Assessment Form were underway; the Adult Assessment form and Child/Adolescent Assessment Form now require diagnosis entry; staff from Henrico Community Services Board visited RACSB to view the Electronic Health Record system; Service Process Quality Management (SPQM) data has been submitted; and RACSB's website domains have been transferred to Cyberbility.

SAME DAY ACCESS UPDATE

Jane Yaun, *Deputy Executive Director*, Yaun updated the Committee on plans to implement Same Day Access. She told the Committee that the Department of Behavioral Health and Developmental Services has awarded \$26,760 in one-time funds and \$270,000 in an ongoing state funds to RACSB for implementation of Same Day Access. She reported that nine (9) staff members have piloted collaborative notes and the feedback has been positive.

WAITING LIST

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

At the time of the April report, there were no individuals waiting for Outpatient Services and 39 individuals (ages 14 or older) waiting longer than 30-days for an intake appointment with an RACSB psychiatrist. This is a decrease of 29 from the prior month.

For Mental Health Residential Services, there were 13 individuals waiting for placement (needs list – 5; referral list – 7; acceptance list – 1). For Intellectual Disability Residential Services, there were 141 on the wait list (needs list – 134; referral list – 4; acceptance list – 3). For the Program for Assertive Community Treatment (PACT), there were 28 individuals waiting for placement (needs list – 20; referral list – 5; and acceptance list – 3).

A total of 39 individuals have been enrolled in PACT.

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

QUALITY ASSURANCE REVIEW – INTELLECTUAL DISABILITY RESIDENTIAL SERVICES

Stephanie Terrell, *Quality Assurance Coordinator*, presented to the Committee that Quality Assurance completed audits of the electronic health records for Intellectual Disability Residential Services, specifically the group homes.

In April, a total of 13 records of individuals receiving Intellectual Disability Residential Services were audited for the time period covering November 1, 2016 through January 31, 2017. The audit focused on documentation compliance related to Individual Service Plans, Quarterly Progress Reviews, Progress Notes, and Other Information. Mrs. Terrell reported that a corrective plan has been put in place to deal with issues that arose during the audit.

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 44 individuals within Planning District 16.

THIRD QUARTER EXHIBIT B PERFORMANCE MEASURES REPORT

Jane Yaun, *Deputy Executive Director*, reminded the Committee that Community Services Boards are required to report on a quarterly basis how often case managers discuss community engagement service options to individuals with developmental disability and their guardians. The percent of individuals for whom community engagement opportunities was discussed increased from 84% to 100% as compared to the FY 2017 Second Quarter Report. The percent of individuals with a community engagement goal increased from 74.67% to 82.42% during the same time period.

A motion by the Committee recommending the Board approve the Third Quarter Exhibit B Performance Measures Report as presented was unanimously approved.

WOLFE STREET INTERMEDIATE CARE LIFE SAFETY CODE SURVEY

Stephen Curtis, *ID Residential Coordinator*, provided the Committee with the results of the Wolfe Street Intermediate Care Facility Life Safety Code Survey and the submitted Corrective Action Plan to address the three (3) identified deficiencies. Mr. Curtis reported that the corrective action plan has been reviewed by the State Fire Marshal's Office. That office recently re-inspected the facility and said that everything looked good.

A motion by the Committee recommending the Board approve the the Wolfe Street Intermediate Care Facility Life Safety Code Survey and Corrective Action Plan as presented was unanimously approved.