Hanover Community Services Board
Annual Performance Analysis Report
December 2010

Table of Contents

Introduction and Accomplishments	**p.2**
Strategic Plan and Goals and Objectives	**p.5**
Accessibility	**p.7**
Risk Management	**p.8**

Attachment A.	**Accomplishment of Operational Goals and Objectives**
Attachment B.	**Outcomes Management Report**
Attachment C.	**Accessibility Status Report**
Attachment D.	**Critical Incident Review**

Introduction

We are pleased to present the Hanover County Community Services Board Performance Analysis Report for FY2010. Now in our 38th year of serving adults, families and children, we continue to have a positive impact on the lives of thousands of individuals in Hanover County. This would have not been possible without the support of State and local stakeholders and the work of our outstanding team of dedicated professionals. The purpose of this once-a-year report is to pull together in one document the key information and data-gathering methods used toward both the administration and direct services provided our clients. This discussion will follow the report and point out areas to direct our attention for purposes of program improvement.

The Hanover County Community Services Board is committed to the following principles:

Recovery and Person-Centered Services
Meeting the needs and expectations of all individuals served, their families and community stakeholders where every interaction is respectful, courteous and timely

Collaboration
Forming positive and equal partnerships with organizations and individuals based on cooperation, mutual respect and open communication

Quality
Providing nationally accredited state-of-the-art supports and services meeting or exceeding standards of care, expectations for service and performance standards

Our mission is to partner with individuals to provide supports and services in the areas of

- ***Mental Health***
- ***Intellectual Disabilities***
- ***Substance Use Disorders***

In their efforts to lead satisfying and productive lives in their communities.

Staff Development
Hiring, training and facilitating the development of top quality peer and professional staff to ensure and motivated and highly-trained workforce

Community Based
Providing services and supports as close as possible to the individual's home in as natural a setting as possible

Effectiveness, Efficiency and Satisfaction
Focusing all operations on maximizing the effectiveness, of direct services and supports, the financial and operational efficiency of the organization and maintaining individual and stakeholder satisfaction

By serving over 6,000 individuals last year, we were able to provide treatment and recovery for individuals and families experiencing mental health and substance abuse problems, housing for individuals with mental health and intellectual disabilities, family and community supports and counseling for children experiencing a variety of behavioral and emotional problems, productive employment for individuals through our organizational and community-based employment services and best practice prevention programs to help keep the community strong and resilient.

We are committed to providing the highest quality of treatment and support to our clients and families as exhibited by our licensed programs national accreditation through the Commission on Accreditation for Rehabilitation Facilities.

In this annual report is a description the quality improvement, performance measures, goals and objectives for FY10 [1.N.1-3], accessibility status report, critical incidents review and risk management planning, and most important, lessons learned and utilization of the information for program improvement.

Organization Description

Hanover Community Services Board (CSB) provides mental health, mental retardation and substance abuse treatment and prevention services for residents of Hanover County. The CSB is a Department of Hanover County, Licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). The following services are provided by Hanover CSB. *Clinical Services:* Crisis and Acute Care, Adult and Child Mental Health and Substance Abuse Treatment and Case Management, Adolescent Drug Court and Beginnings, Intensive Community Treatment, Medical Services and Psychosocial Rehabilitation (RAFT House). *Community Support Services:* Day Health and Rehabilitation, Residential Services, Case Management, Community Education and Prevention, and Employment (Recycling, Hanover Industries and Supported Employment).

The Hanover CSB is one of forty Community Service Boards across the Commonwealth. With a staff of 150 and a budget of $10,500,000, we serve over 6,000 residents annually with an operating budget of $10,200,000. Forty six (46%) of the revenues are local funds with the remainder made up of state federal and client fees. First and third party fees account for 28% of the revenue. In FY2010, the CSB served 2,700 individuals with mental health and substance abuse issues, 3,700 in community education and 426 individuals with a disability of mental retardation. As per the Code of Virginia, the organization is governed by a Board appointed by Hanover County Board of Supervisors. The CSB operates in nine locations with outpatient clinic services provided in both Ashland and Mechanicsville.

Accomplishments

In addition to those accomplishments identified in the Goals and Objectives and Focus Forward Goals, described in this report, the following was achieved:

1. Mission, Vision and Principles. During the last year the HCS Board facilitated a number of help community meetings, a standards committee, and strategic planning sessions which resulted in the adoption of a new mission statement, guiding principles and vision statement. During November 2010 the Board began a strategic planning project to develop new strategic planning goals and objectives for the next four years [1.N.2.a.].

2. RAFT House. Over the year, by providing strong programming and more dependable transportation, we have increased our average daily membership from sixteen to twenty and maintained a 60% Medicaid membership rate. We will seek accreditation for this program in 2011.

3. Day Support. During the year we relocated this program to a new location in Mechanicsville at the former Mechanicsville Library. The building was completely renovated and we have a new location for our ID Day Support program.

4. Employment Programs. Our employment programs, prevention and case management was also relocated from rental property to a County-owned office condominium at Atlee Commons. This new complex provides more space for employment and offices and provides an attractive home for our excellent, state recognized employment programs.

5. Vocational Rehabilitation. We developed a number of significant improvements in our employment services as we relocated this facility. We have developed a strong "e-waste" recycling program with private contracts to recycle computers, laptops and hand held devises. Alongside the paper recycling and light assembly, we have added e waste to provide more jobs for persons with disabilities. We have also added two enclaves at American Family Fitness and custodial contracts.

   We entered a contract where our clients are paid to break down both personal computers and laptops and prepare them for recycling. This has been an expansion of our paper and cardboard recycling businesses and added an advanced level of fine motor skill development to our rehabilitation efforts. In addition to computer recycling, we have expanded our business paper pick-up service and developed the second employment enclave at American Family Fitness.

Strategic Plan

The Hanover CSB Board is currently in the process of developing a new strategic plan for FY2011-2014. Work will take place between January and April FY11 with a plan due to the Board for approval in April 2011. In the fall of FY11, a community survey was conducted and the Board met in December for a Strategic Planning Retreat to begin the process. Below is the current strategic plan and accomplishments as well as a draft of the new strategic plan.

The CSB is implementing a five year strategic plan developed December 2010. With the current and future anticipated limits on State and Federal support and growing waiting lists, the Board re-confirmed the decision to focus services and supports toward those with the greatest need. In addition, the future strategic plan will address board development and recruitment, developing strategic partnerships and improved communication and collaboration in pursuit of our mission to serve those with mental health, mental retardation and substance abuse disorders.

Strategic Plan Goals 2006-2008

1. To provide best practice services to those with *severe disabilities* emphasizing regional and collaborative relationships
   2007: Began using regional crisis stabilization services; developed youth day treatment
   2008: Eliminated acute care services, built up ICT and RAFT census
   2009: Continued to reduce MHSA staff through attrition. Built crisis capacity through mental health reform. Increased use of crisis stabilization and brief out of home placement.
   2010: Developed in home intensive youth services.

2. To transition from being a direct service provider or services to a *contractor* for selected services
   2007: Contracted printing business to Goodwill.
   2008: HCSS begins funding client mental health apartments.
   2009: Facilitated the development of the Ashland Free Clinic; developed collaboration with Heart Haven for the Sneed Street project.
   2010: Begin planning the privatizing of three group homes

3. To *reduce administrative overhead and indirect costs* through management reorganization, consolidation of some administrative positions and purchase of selected rental properties.
   2007: Reorganized management team
   2008: Reduced administrative support staff
   2009: Reduced accounts receivable to normal level
   2010: Implemented new management info system. Transitioned from rental to county ownership, reduce three rental properties with the move of day support and the consolidation of employment, prevention, ID case management and residential staff in Atlee Commons.

Draft Strategic Plan Goals 2010-2013

1. **To provide best practice services to those with severe mental health, substance abuse, developmental and intellectual disabilities emphasizing local, regional and collaborative partnerships.**

2. **To enhance public awareness, communication and collaboration between the CSB and staff, the person served and our various stakeholders.**

3. **To insure that the Hanover Community Services Board is engaged, informed, responsive to the Board of supervisors and representative of the citizens of Hanover County and the person served.**

The key program initiatives for FY2011 include Group Home planning, improved client transportation, the move of the Mechanicsville office to Bell Creek, Kid's Intensive Services, and re-accreditation.

FY2011 Operational Goals and Objectives

Goal 1: To improve program effectiveness, efficiency and services to consumers

Obj. 1.1. Maintain stakeholder satisfaction
Obj. 1.2. Improve client functioning
Obj. 1.3. Improve organizational performance
Obj. 1.4. Privatize three directly operated group homes
Obj. 1.5. To improve communications with clients, staff, community stakeholders and the CSB Board.
Obj. 1.6. To continue efforts to create greater program efficiencies through possible consolidation of service locations, public-private partnerships and reduction in rental properties.

Goal 2: To maximize business operations effectiveness

Obj. 2 1. Manage all aspects of management information system and electronic health record
Obj. 2.2. Maximize revenue collection
Obj. 2.3. Maximize data quality and submissions

Goal 3: To provide best practice service to those with emergencies and severe disabilities

Obj. 3.1. Reduce congregate care days for children and adolescents

Obj. 3.2. Reduce hospitalizations of active MHSA clients through intensive case management and psychosocial rehabilitation
Obj. 3.3. Improve attendance and engagement in employment and day programs
Obj. 3.4. Expand e-waste, enclave and employment options
Obj. 3.5. Continue to improve transportation options for clients

Goals and Objectives (Attachment A.)

The Goals and Objectives address business improvement and efficiency indicators in Goal 2 [1.M.3] as well as service improvement and effectiveness, access and satisfaction measures in Goals 1 and 3 [1.M.4]. For FY10 there were three goals and twelve objectives. Nine objectives were achieved, three objectives are continued into FY11 and one objective was not accomplished. As in FY09, one of the areas that was not accomplished by the end of the fiscal year was building the capacity of RAFT House to 25 members. The objective addressed attendance at both day programs. The target was 80% and our actual accomplishment was 78%. We continue to struggle to build the average daily attendance at RAFT House. While we have over fifty members, our average daily attendance was approximately 16 and the Medicaid/non-Medicaid mix of clients was 30%/60%. However, we have seen improvement over the last several months with an average daily attendance of 22 for the month of October 2010. With a new Director of Clinical Services, we will be exploring the model and location and looking at enhancing the employment component of the program. Another factor was the lack of reliable transportation for Non-Medicaid clients. We addressed this by reducing our dependence on contracted transportation and hiring three new part-time drivers to ensure everyone who wanted to attend RAFT would have a ride. Transportation is now stable.

Client Outcomes (Attachment B.)

The section on Client Outcomes includes a summary table entitled "Outcome Results for the FY09" as well as a detailed breakdown of effectiveness and satisfaction of the measures for each of our programs [1.M.4.]. We have 16 distinct programs and each has measures of effectiveness, satisfaction and access. Annually, we survey clients regarding their satisfaction of services. The survey instrument is unique for each individual program as questions are developed specific to the service being provided. The satisfaction objectives are generally the same on the national/federal outcome domains for client satisfaction. In reviewing this chart, you will see that there are 46 unique effectiveness and satisfaction measures. Of these 46 measures all but four of the target measures were met. When we ask the question of our clients if they are feeling better and if they are satisfied with services, the answer is overwhelming positive.

This chart provides a clear overview of the measures and the degree to which the effectiveness and satisfaction targets were met. The staff were very pleased with these results and will continue to direct our efforts to maintaining this level of program effectiveness and satisfaction as well as continue to focus on those targets which were not met, especially in the areas of satisfaction with supported employment, improving their functions for children and adolescents served in an outpatient setting and improvement of adults served in the intensive community treatment program.

Accessibility (Attachment C.)

Both licensure and accreditation require that we have an accessibility plan as well as an annual status report regarding accessibility [1.L.2.-3.]. The organization is required to demonstrate accessibility planning that addresses the needs of clients, staff and other stakeholders. The accessibility plans address the process of identifying barriers in the areas of architecture, environment, attitudes, finances, employment, communication, transportation or other barriers. In addition it sets a timeline for removal of these barriers and action items. Each year the organization develops an annual status report regarding the removal of barriers and the report is in the packet. The report identifies areas that need to be completed for all of our locations. Within the status report you will see the various items of actions to be taken either by program coordinators, Accessibility Task Force or the Health and Safety Committee to respond to potential barriers.

We are very fortunate to have an active and involved safety committee. HCS was the recipient of two safety awards in 2010. The first award was the National Safety Council's *Occupational Excellence Achievement Award*. It was awarded because HCS maintained a Lost Workday Case Incident rate that was more than 50% lower than the national average Board of Labor rate for our industry. HCS previously received this award in 2006 and 2007. In addition, HCS became the only government entity to earn the National Safety Council's *Leadership in Safety Award*. It was awarded because HCS employees worked 250,529 hours without any time lost to injuries in 2009. HCS believes that these awards are a reflection of effort by all staff to make the work environment at this agency a safe one.

Incidents and Complaints (Attachment D.)

This section developed by the Health, Safety and Security Committee identifies incidents for the year [1.H.8.]. The type of incidents reveals the causes, a review of inspections, emergency drills and actions for improvement, medication errors and external reporting requirements.

Risk Management

The purpose of this analysis is to annually review the real or potential risks and exposure to loss experienced by the organization and presents a plan to correct this exposure [1.G.1.-2.]. This analysis will be based on a series of questions as identified in the Risk Management Plan.

The risk management function is shared between the staff of HCS and the Hanover County Safety Officer. Each year, the County Safety Officer completes an OSHA inspection at all our facilities and vehicles and prepares a report with corrective actions. The HCS Safety Officer then makes the corrections and submits a report back to Hanover County. These reports are available for review with the Safety Officer. In addition, two interval inspections are conducted annually along with health and safety inspections regarding any potential risks related to the physical facilities.

HCS is part of Hanover County's insurance package, covering all facilities, vehicles, staff and Board members. This insurance includes fire, liability, auto and malpractice coverage. In 2010,

HCS won the National Occupational Excellence Achievement Award as well as the Industry Leader Award presented by the National Safety Council.

From May to October 2010, HCS performed a comprehensive HIPAA Data Security Analysis reviewing all possible risks related to electronic data and protected health information. This analysis resulted in physically moving copy and fax machines, revising our privacy policies, developing new business associate agreements, developing new forms prohibiting PHI in e-mails and restricting computer privileges.

Other management activities this year included new agreements for ice and snow removal at all satellite locations, and reinstallation of fire alarm system at the Ashland office. In the upcoming calendar year, the plan is to continue the review of policies and procedures, installation of panic buttons at all locations, and closely monitoring the use of Facebook by staff.

1. Does HCS anticipate significant changes in the types of clients the organization currently serves?

We continue to have more clients with multiple medical complications which impact their care. A trend has developed that clients referred to the organization seem more medically impaired with recent referrals some of which are being wheelchair bound and/or on feeding tubes. We anticipate this trend continuing. We are developing a number of strategies to respond to clients' pressing health care needs.

2. Does it appear that the HCS's insurance, inventory and accountability system for office equipment, computers and other "high value" items is sufficient to protect against loss, theft, or inappropriate use?

By being a department of County government there are adequate resources available in terms of equipment and computers to protect against loss and theft. We engage in an annual review of our insurance package and an annual replacement schedule where all computers and peripherals are exchanged every four years. This also applies to vehicles as well. By applying this replacement schedule, it ensures that we have equipment and automobiles that are working effectively and that are cycled through the system every four years to assure the utmost safety and prevention of loss and breakdown of our equipment.

3. Does HCS's physical plant at all sites provide reasonable security for clients and staff members?

Hanover Community Services has three office sites, one light manufacturing site and three group homes. Four of these sites are rental properties where the rental contract and a relationship with the landlord determines adequacy of the physical plant. All locations have adequate parking, adequate outdoor lighting and accessibility. Over the last several years, an automatic door for wheelchair-bound individuals has been added to the Ashland office, a sloped curb for wheelchair entrance and speed bumps installed.

In 2011, we will move into a new County-owned office in Mechanicsville, Virginia that provides 8,000 square feet of counseling and space to provide greater mental health services for adolescents and adults. This new site is a brand new building that is wheelchair accessible.

4. Does Hanover Community Services' health and safety program appear effective in identifying possible risks and hazards?

Hanover Community Services has an excellent health and safety program. The Health and Safety Officer meets monthly with all staff and coordinates all internal and external inspections, development of all policies and procedures and tests of the emergency plan. In addition, the Health and Safety Officer coordinates the safety of vans and transportation, applying all licensure and accreditation standards to the operation. The Health and Safety program is considered extremely important to Hanover Community Services and the Committee does an extremely thorough job in addressing all issues related to health, safety and security.

5. Does HCS have an adequate oversight system in place to minimize the risk of misappropriation of funds?

Hanover Community Services provides a peer review system that evaluates the presence and absence of documentation, forms and signatures in the chart. Also, there is a peer review system that looks at the quality of documentation. The third level is a review of all of those client charts where services are billed to determine that there is internal auditing to assure that the billing for services corresponds to documentation in the charts supporting the services. This review is conducted quarterly on all Medicaid charts and annually on all charts. Report of the findings of this internal review is included in the quarterly Quality Improvement Reports.

6. Does HCS's corporate compliance program appear to be effective in preventing fraud, waste and abuse?

It appears that HCS's corporate compliance program is effective. There is a standing Ethics Committee that reviews the Code of Conduct, responds to complaints or concerns to the Committee and provides staff training around a Code of Professional Conduct as well as the corporate compliance program. The Director of Community Support Services is the Corporate Compliance Officer and coordinates and works closely with the Ethics Committee. Both the staff and Board sign a Professional Code of Conduct and the topic is presented to all staff members and Board members at the time of orientation.

7. *Does it appear that HCS will face increased threats in the next 18 months?*

Being a public funded agency, we are dependent on federal, state and local tax dollars for the provision of services. These issues are continual as the government priorities change and shift. Over the last five years we have seen a reduction in federal funding due to the ending of some grants. However, over these last five years we have had a steady increase in County support for services and the budget has grown over the last five years to support the ongoing delivery of services. In addition, the significant threat is the change in federal and state government in terms of Medicaid reimbursement. Approximately 20% of HCS's budget is Medicaid and Medicare reimbursement and as federal and state laws change, this will impact on the reimbursement rate as well as limitations on coverage.

8. *Describe Hanover Community Services' most significant challenge in the next 18 months; include an assessment on how that challenge will affect HCS and, more critically, how HCS will meet that challenge?*

Probably the most significant challenge in the next 18 months relate to creating a reliable transportation client transportation system. Hanover County does not provide public transportation and there is only one primary transportation vendor.

9. *Describe any immediate action that needs to be taken to ensure the viability of Hanover Community Services.*

None at this time.

10. *Describe potential loss exposures in the next year, analyze exposures, identify corrective action and implement actions to reduce risks.*

Loss Exposure	*Corrective Action*	*Due Date*	*Notes*
Workplace Threat: No uniform method of notification	Panic buttons	3/11	Completed. Procedures revised with improvements in telephone immediate response keys
Atlee Commons: Stop sign configuration, outdoor lighting.	Work with industrial condo association	3/11	Completed. Stop sign fixed. We will be working on improved lighting in the next year.
Fire alarm malfunction causing numerous false alarms	Install new fire alarm system	11/10	Completed

Summary

In reviewing all of the reports contained in this document we wish to develop an action plan that addresses areas needing improvement and plans to address these areas. These steps are in addition to operational goals and objectives described elsewhere.

Action Steps	*Person Responsible*	*Action Taken*
Hire a consultant to do a full review and recommendations re. building average daily census at RAFT House	Lisa Beitz	Consultant will arrive April 4, 2011
Implement "My Outcomes", a person centered outcome system	Lisa Beitz	System began July 1, 2010
Transition Group Homes from the public sector to the private sector	Ron Lucas	Transition will take place July 1, 2011
Continue our very active Health and Safety Committee	Susan Cunningham	Ongoing

The Management Team, Leadership Team staff and Board utilize data and information to monitor performance in a number of areas [1.M.1]. As we review the large amount of data contained in the Annual Performance Analysis Report, it is important to identify key indicators and information most valuable for utilization.

Attachment A.

HCS FY2010 Goals and Objectives, End of Year Report

Goal 1: To Improve Program Effectiveness, Efficiency and Services to Consumers

OBJECTIVE	MEASURE	TARGET	ACTUAL	COMMENTS
1.1 Maintain client & stakeholder satisfaction	1.1.1. Maintain or improve client & stakeholder satisfaction scores.	80%	Reported annually in Annual Performance Analysis Report Table A.	
1.2. Improve client functioning (*effectiveness measures)*	1.2.1. Maintain or improve performance measures (see Table A.)	70%		
1.3. Monitor and improve organizational and performance improvement	(See Tables B-I.)		Tables B.- I.Reported Quarterly	
1.4. Reduce the number of commercial rental properties and consolidate programs as appropriate.	1.4.1. Move Day Support program to Old Mechanicsville Library location.	February-10		Completed
	1.4.2. Consolidate employment services in one location.	March-10		Completed
	1.4.3. Pursue other selected purchase options as appropriate.	June-10		Completed two major purchases with an additional purchase planned for Oct 2010. One additional rental property to transition next year.

Goal 1, Table A. Program Effectiveness Measures

	Measure	Target	Method of Collection	Reporting and Utilization
Community Support				
MR Case Management	Client Knowledge	80% clients increase knowledge	Administer *Clients Receiving MRCM Services Survey* at annually and 90 days post service and submits to QI	Results reported annually in the Performance Analysis Report compled in November of each year.
Residential	Accomplishment of Service Plan	90% accomplishment	Staff will report accomplishment of service plan at the quarterly review and reported to QI annually	
Day Health	Accomplishment of Service Plan	75% accomplishment	Staff will report percentage accomplishment of service plan at the quarterly review and reported to QI annually	
Supported Employment	Acceptance of Employment	70% clients employed	Job Coaches tracks data monthly & provides data to QI annually	
Hanover Industries and Recycling	Proficiency rating on work performance	75% clients rated proficient	Supervisors complete work performance ratings quarterly and report results to QI staff annually	
Prevention	Improve participant knowledge and behavior	75% accomplishment	Collected on participants	
Clinical Services				
Crisis/Urgent Care	Improvement in Functioning for non-hospitalized clients	60% clients maintain or improve	Staff complete GAF at admission & closing; data is entered into MIS system, report run quarterly	Results reported annually in the Performance Analysis Report compled in November of each year.
Outpatient MHSA	Improvement in Functioning	70% clients maintain or improve	Staff complete GAF at admission, quarterly & closing; data is entered into MIS system, report run quarterly	
	Adol SA Treatment: Reduction in Use	80% clients reduce drug usage	Periodic drug screens	
	Adol SA Treatment: Parent knowledge of substance abuse	80% increase	Discovery Group: Parent pre/post scores	
Intensive Community Treatment	Reduction in Hospitalization	30% reduction in client hospitalization	Information gathered at the program level and reported to QI staff annually	
RAFT House	Improvement in Functioning	70% clients report improved functioning.	RAFT House Survey administered annually data compiled by QI staff	
	Accomplishment of Service Plan	70% clients actively participate in ISP objectives	Data collected at quarterly ISP review, reported to QI staff annually	

Goal 1, Table B. Planning and Preparation List

Service	Long Term Planning List (1)	Short Term Planning List (2)	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
MHSA			**21/0**	**26/0**	**27/0**	**26/0**
Day Support	37	2	**23/0**	**30/0**	**28/0**	**37/2**
Employment	32	7	**31/0**	**33/2**	**33/1**	**32/7**
Residential	71	17	**54/10**	**69/10**	**69/10**	**71/17**

Long Term Planning List= Individuals who could possibly benefit in the future but not ready to use the service.

Short Term Preparation List = Individuals who could benefit from a service, are eligible and ready for the service but the CSB does not have available resources to currently meet their needs.

Goal 1, Table C. Waiver Slots

Hanover Waiver Slots	Type	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Current Number of Slots	MR/ID	110	113	113	115
	Day Support	11	11	11	11
	EDCD	11	11	11	16
Waiver Waiting List - Urgent	MR/ID	46	49	49	59
	Day Support				
Waiver Waiting List - Non Urgent	MR/ID	30	34	33	32
	Day Support				
Indv. With Waiver using CSB svs.	MR/ID	31	31	31	38
	Day Support	9	9	9	8
Indv. With Waiver not using CSB svs.	MR/ID	79	82	82	77
	Day Support	2	3	2	2
	EDCD	11	11	11	16
Indv. With Waiver using CSB	MR/ID	18	20	19	19
and Non CSB Svs.	Day Support	0	1	1	0
	EDCD	0	0	0	0

Goal 1. Table D. Dashboard

	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
Number served												
MH/SA	671	714	680	655	762	740	743	720	748			
ID	211	218	226	234	306	230	239	227	236	229	240	246
Employment	89	88	88	87	82	87	89	88	89	89	89	89
Prevention	136	293	213	173	174	104	200	209	444	192	162	94
TOTAL	1107	1313	1207	1149	1324	1161	1271	1244	1517			
Short Term Planning List												
MH/SA	20	22	24	21	21	26	26	28	25	26	27	26
ID	9	10	11	10	10	10	10	10	11	10	10	17
Employment	2	2	2	0	0	3	2	2	1	2	3	7
TOTAL	31	34	37	31	31	39	38	40	37	38	40	50
Day Program Capacity (ADA)												
ID Day Support	77%	78%	79%	82%	81%	79%	79%	79%	80%	80%	80%	80%
RAFT House	68%	68%	88%	80%	80%	76%	84%	76%	80%	68%	68%	76%
Hospitalizations												
Hospitalizations	30	40	27	20	29	19	26	40	31	22	38	31

Goal 1, Table E. Productivity Measures

Program	Objective	Benchmark	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Mental Health/Substance Abuse Services	Each full time staff member will provide a minimum of 100 hours per month of direct or client-related services per month.	100 hours	114%	Holding for implementation of Credible	Holding for implementation of Credible	Holding for implementation of Credible
Prevention	Each full time staff member will provide a minimum of 135 hours of direct or client-related services per month.	135 hours	113%	139%	112%	117%
Hanover Industries, Recycling	Program will bill at least 95% of the maximum billable hours per month.	95% billable hours	87%	Holding for implementation of Credible	Holding for implementation of Credible	Holding for implementation of Credible
Day Health and Rehabilitation	Program will bill an average of 770 units of service per month	770 units	151%	Holding for implementation of Credible	Holding for implementation of Credible	Holding for implementation of Credible
MR Case Management	Each full time staff member will provide a minimum of 67 hours of direct or client-related services per month.	67 hours	106%	Holding for implementation of Credible	Holding for implementation of Credible	Holding for implementation of Credible
MR Residential	The Group Residences will bill at least 95% of the maximum billable hours per month.	95% billable hours	87%	Holding for implementation of Credible	Holding for implementation of Credible	Holding for implementation of Credible
Supported Employment	Each full time staff member will provide a minimum of 80 billable hours per month.	80 hours	93%	Holding for implementation of Credible	Holding for implementation of Credible	Holding for implementation of Credible

Goal 1, Table F. QA Records Review

Peer Review	Total Number of Records Reviewed	Average Compliance Score	Open Cases Reviewed	Closed Cases Reviewed
ID Case Mgt	42	96%	40	2
ID Day Support	7	93%	7	0
ID Residential	11	96%	11	0
Organizational Employment	0	0%	0	0
Supported Employment	15	98%	15	0
MH/SA C&A	20	85%	12	8
MH/SA Adult	17	81%	16	1
Urgent Care	4	79%	3	1
ICT	13	82%	13	0
RAFT House	8	95%	8	0
TOTALS	**137**	**89%**	**125**	**12**

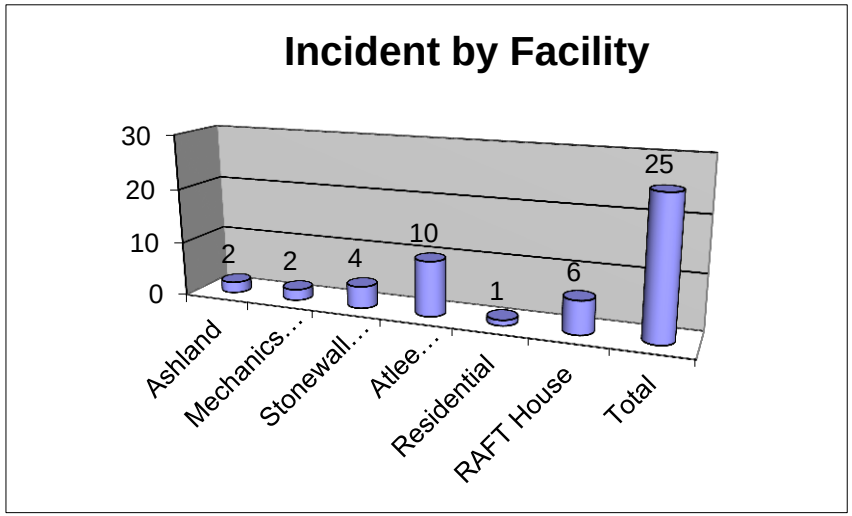
Table I. Human Rights Complaint Reviews

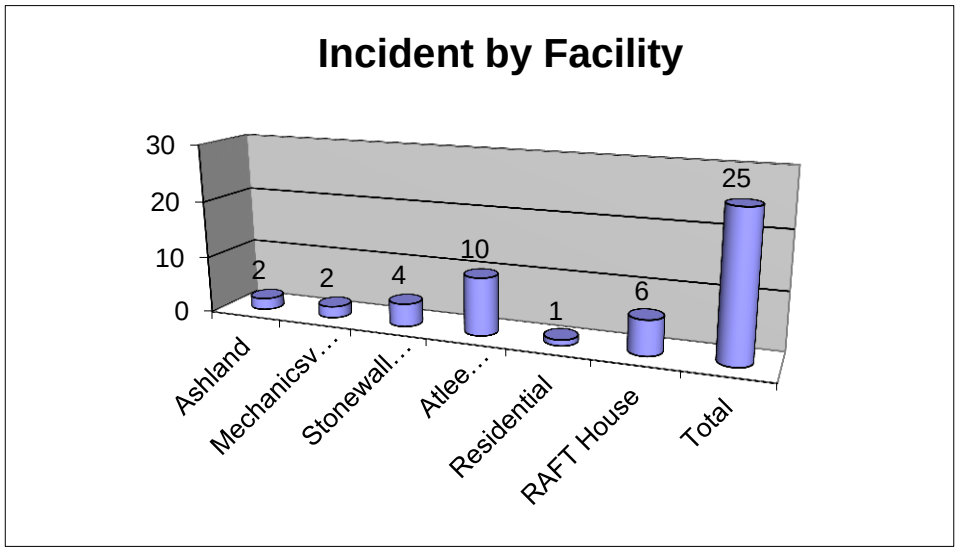
Complaint	Finding
3	Not Founded

Table G. Health and Safety Inspections and Drills

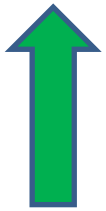
Facility	Ashland	Mechanicsville	Atlee Commons	Residential	Raft House	Stonewall Pkwy	Total by Type
Annual External Inspection			1				1
Semi-Annual Internal Inspection		1					1
Annual Sewer/Water Inspection	NA	NA	NA		NA	NA	
Annual Health Inspection	NA	NA	NA			NA	
Emergency Drills	1	2	5	14	3	5	30
Total by Facility	**1**	**3**	**6**	**14**	**3**	**5**	**32**

Table H. Critical Incidents





Goal 2: To Maximize Business Operation Effectiveness

OBJECTIVE	MEASURE	TARGET	ACTUAL	COMMENTS
2.1. Implement all aspects of Credible MIS	2.1.1. Go live with MIS system	11/2/2009		Complete 11/1/09
	2.1.2. Complete forms development	10/1/2009		Complete 10/1/09
	2.1.3. Complete data conversion	10/1/2009		Complete 2/15/10
2.2. Improve staff efficiency through the electronic medical record.	2.2.1. Monitor staff productivity before and after MIS implementation	5/30/2010		Deferred until FY11
	2.2.2. Monitor billing and evidence of documentation	4/1/2010		Deferred until FY11
2.3. Maximize Revenue Collection	2.3.1. All Billing Completed by the 10th Business Day of the Month	100%		On-going, no problems
	2.3.2 Forward eligible accts to Treasurer within 45 days of eligibility	100%		On-going, no problems
	2.3.3 Use delinquent acct teams to manage continuation of service and collection efforts	monthly reviews		On-going, no problems
2.4. Maximize Data Quality and Submissions	2.4.1. Submit CCS Data to State within Performance Contract Timeframes	on time		On-going, no problems
	2.4.2. Maintain a Fatal Error Rate for Consumer Records Within Performance Contract Standard	<5%		On-going, no problems

Goal 3: To provide best practice services to those with emergencies and severe disabilities.

OBJECTIVE	MEASURE	TARGET	ACTUAL	COMMENTS
3.1 Continue mandated mental health law reform initiatives.	3.1.1. Staff will have face to face contact within seven days for indiv. released from hospital after commitment.	80%		52/62 = 83.8% goal was achieved this quarter with diligence in helping folks keep their appoinments
	3.1.2. Staff will attend commitment hearings in person or by phone.	80%		46/55 = 83.6% of hearings were attended by our staff. This is very difficult to achieve as so many variables in this process are outside our control.
	3.1.3. Crisis Svs. will respond in person when immediate intervention is appropriate to determine need for invol. hospitalization.	95%		100% was achieved by using the state performance standards guideline of a one hour response time in urban areas and a two hour response time in rural areas.
3.2. Improve attendance, engagement and activities in day programs.	3.2.1. Maintain capacity of PSR and ID Day Program.	80%		78%. While the Day Support program was at 79.5% capacity, RAFT House capacity was 76%.
	3.2.2. Insure day programs are available to non-Medicaid clients.	30% non-Medicaid		
	3.2.3. Maintain and fully staff one evening and one day employment enclave.	90% staffed		Completed
3.3. Expand e-waste, enclave and employment options.	3.3.1. Increase computer and other non-paper recycling opportunities	10%		Achieved. We have greatly expanded the processing of computers and cell phones. We hope to expand to office phones, overhead projectors and fax machines.
	3.3.2. Fully staff current enclave and explore third enclave	full staff		Completed
	3.3.3. Expand business paper recycling.	10%		We have added 15 new businesses and nearly doubled the volume of paper processed since July 1, 2009
3.4. Continue to improve transportation options for clients.	3.4.1. Implement Medicaid transportation vendor agreement	implement		Completed
	3.4.2. Begin Medicaid transportation billing	implement		Completed. Began November 2009
	3.4.3. Explore all efficiencies to improve access to transportation.	implement		Ongoing. Hired 3 new part-time drivers,

ATTACHMENT B. OUTCOMES MANAGEMENT PLAN FY2010 RESULTS TABLE

Community Support Services	Effectiveness Measures Objective Benchmark FY2009	Totals Year End	Target Met
Case Management	80% report increase in knowledge	86%	√
	80% report increase 90 days post discharge	100%	√
Residential	90% goal accomplishment	92%	√
Day Support	75% goal accomplishment	78%	√
Supported Employment	70% assessed individuals hired	50%	
	70% complete Transition Plan goals post discharge		
Hanover Industries & Hanover Recycling	75% of employees earn proficient ratings on reviews	75%	√
	70% complete Transition Plan goals post discharge	65%	
Prevention	75% of participants will improve knowledge and behavior	96%	√
	Satisfaction Measures Objective Benchmark		
Case Management	80% Client Satisfaction with Services	90%	√
	80% Client Satisfaction with Accessibility	83%	√
Residential	80% Satisfaction with Services	100%	√
	80% Satisfaction with Accessibility	100%	√
Day Support	80% Satisfaction with Services	100%	√
	80% Satisfaction with Accessibility	100%	√
Supported Employment	80% Satisfaction with Services	96%	√
	80% Satisfaction with Accessibility	92%	√
Hanover Industries & Hanover Recycling	80% Satisfaction with Services	97%	√
	80% Satisfaction with Accessibility	100%	√
Prevention	80% Satisfaction with Services	88%	√
	80% Satisfaction with Accessibility	87%	√
Stakeholder Satisfaction	80% Satisfied with Services	91%	√
Clinical Services	**Effectiveness Measures Objective Benchmark**		
Crisis	60% un-hospitalized emergency clients maintain or improve GAF scores	91%	√
Child/Adolescent Outpatient	70% clients maintain or improve GAF scores	92%	√
	70% of clients will report improvement in functioning 90 days post treatment	68%	
Adult Outpatient	70% clients maintain or improve GAF scores	82%	√
	70% of clients will report improvement in functioning 90 days post treatment	76%	√
Drug Court	70% clients will reduce drug use.	100%	√
Adult ICT	30% reduction # of hospital days	52%	√
	70% of clients will report improvement in functioning 90 days post treatment	90%	√
RAFT House	70% accomplishment of treatment plan objectives	80%	√
	70% report improvement in functioning	88%	√
	Satisfaction Measures Objective Benchmark		
Adult Outpatient	80% Satisfaction with Services	87%	√
	80% Satisfaction with Accessibility	90%	√
ICT	80% Satisfaction with Services	100%	√
	80% Satisfaction with Accessibility	100%	√
RAFT House	80% Satisfaction with Services	93%	√
	80% Satisfaction with Accessibility	100%	√
Child/Adolescent Outpatient	80% Satisfaction with Services	100%	√
	80% Satisfaction with Accessibility	100%	√
Stakeholder Satisfaction	80% Satisfied with Services	90%	√

OUTCOMES MANAGEMENT REPORT
JULY 1, 2009 – JUNE 30, 2010

COMMUNITY SUPPORT SERVICES
EFFECTIVENESS AND SATISFACTION OBJECTIVES

ID Case Management

Program	2010 Benchmark	Results	Response Rate
ID Case Management	80% report increase in knowledge	86%	NA
	80% report increase 90 days post discharge	100%	
	80% Client Satisfaction with Services	90%	37%
	80% Client Satisfaction with Accessibility	83%	

Recommendations/Actions Taken: Over the past years, the ID Supports Coordination Team has reviewed the results of these surveys and worked to improve our services. This year it appears we have succeeded in all areas of the report. The ID Supports Coordination team has not only met all goals but has exceeded each one. At this time, no recommendation for changes is being made.

Utilization for Performance Improvement: In reviewing the comments on the surveys it appears the one major thing to work on is response rate to calls. The demands of our caseloads do not always allow a staff member to call someone back in a 24 hour period. The Supports Coordination Program Coordinator will review the results of the survey with the Supports Coordination Team and although we have exceeded each category goal, we will continue to work towards meeting these goals next year. Staff will be reminded to continue to try to return calls within 24 hours.

ID Residential

Program	2010 Benchmark	Results	Response Rate
ID Residential	90% goal accomplishment	92%	NA
	80% Satisfaction with Services	100%	10%
	80% Satisfaction with Accessibility	100%	

Recommendations/Actions Taken: The person centered approach to writing goals and objectives fosters individuals' participation in daily living skills training. The goal accomplishment rate is more likely to be met. Person centered plans with an environment that supports individual choice lead to satisfaction with services and improved accessibility.

Utilization for Performance Improvement: Continue to provide and improve upon our person-centered approach in training and supports.

ID Day Support Services

Program	2010 Benchmark	Results	Response Rate
ID Day Support	75% goal accomplishment	78%	NA
	80% Satisfaction with Services	100%	
	80% Satisfaction with Accessibility	100%	19%

Recommendations/Actions Taken: The goal accomplishment for the DHR program decreased this quarter even though the program met our goal. The major impact on this goal were issues out of our control, i.e. client illness, absenteeism and client decline in functioning levels. Our satisfaction goal was met and exceeded our goal; we will continue to make every effort to ensure that our clients and stakeholders are satisfied with the services being provided. We exceeded our accessibility goal with a 100% satisfaction score. The program moved in January of 2010 to a building that was designed to be handicapped accessible with automatic doors, wider hallways, automatic faucets and sinks in the bathrooms, as well as more handicapped bathrooms.

Utilization for Performance Improvement: We will continue to develop person-centered goals for the consumers, provide excellent customer service and make every effort to address any accessibility issues that may arise.

Supported Employment Services

Program	2010 Benchmark	Results	Response Rate
Supported Employment	70% assessed individuals hired	50%	
	70% complete Transition Plan goals post discharge		NA
	80% Satisfaction with Services	96%	
	80% Satisfaction with Accessibility	92%	38%

Recommendations/Actions Taken: In the FY 10 Supported Employment received 15 referrals from the Department of Rehabilitative Services. During the year three of those referred were placed on hold due to medical or unstable living conditions. An additional two referrals were placed on the waiting list due to the limited availability of a job coach. The remaining 10 referrals were served as follows:

- 5 individuals received job offers and became employed
- 4 individuals were assessed and accepted on the waiting list for an enclave that is being developed to begin November 2010
- 1 individual remains in job development

Utilization for Performance Improvement: During the upcoming year we will work to increase the options for employment through expansion of our Enclave program. In addition we will fill all vacancies and provide coverage to caseloads to individuals while on medical leave. This will work to decrease the waiting list and provide more job development for individuals.

Hanover Industries & Hanover Recycling

Program	2010 Benchmark	Results	Response Rate
Hanover Industries/ Hanover Recycling	75% of employees earn proficient ratings on reviews	75%	
	70% complete Transition Plan goals post discharge	65%	NA
Hanover Industries/ Hanover Recycling	80% Satisfaction with Services	97%	
	80% Satisfaction with Accessibility	100%	39%

Recommendations/Actions Taken: Our goal for the upcoming year is to maintain this level of performance by developing a plan that will encourage each employee to strive to maintain proficiency level of performance. We will continue to work closely with the consumers in the development Transition Planning goals that are specific to the needs of the consumers.

Utilization for Performance For the upcoming year we will offer more job specific training to improve the

overall performance rating of each employee, and to increase our post discharge follow through rating to 70% by making follow –up calls or by sending a written reminder of the discharge plans.

Prevention Services

Program	2010 Benchmark	Results	Response Rate
Prevention	75% of participants will improve knowledge and behavior	96%	100%
Prevention	80% Satisfaction with Services	88%	100%
	80% Satisfaction with Accessibility	87%	100%

Recommendations/Actions Taken:

Strengthening Families Program

Parent Findings:

- 100% of the parents completing the program evaluation reported a statistically significant increase in their parenting skills are reported on all four SFP parenting skill scales:
    - Contingent Parenting
    - Communication Style
    - Nurture and Support
    - School Involvement
- 100% of parents strongly agreed or agreed that they saw positive differences in their youth since completing the SFP program.
- 100% of parents reported that they liked SFP – both the parent component and the family component of the program.
- 92% of parents indicated that they learned something new in the program that they would otherwise not have learned.

Teen Findings:

- 100% of the youth completing the program evaluation reported a statistically significant improvements for all four youth scales:
    - Following Rules
    - Parent-Child Communication
    - Parent-Child Relationship
    - Positive Life Skill Behaviors
- 76% of the youth “really liked” the overall SFP program; 82% “really liked” the youth component of the program.

Positive Action / 4-H Program

- 91% of youth served exhibited an increase in school attendance
- 93% of youth exhibited desired change in targeted behaviors as measured by curriculum pre/post surveys
- 0 students have been suspended from school
- 0 students have been involved with law enforcement
- 96% of families reported overall satisfaction with program activities

Family Matters Program

- 96% of participants reported that overall they were satisfied with the services received.
- 87% of participants reported that they were satisfied with how soon they were able to complete the program.

Utilization for Performance Improvement: Prevention staff will continue to integrate both participant and evaluator feedback into current programming as appropriate.

All Community Support Services

Program	2010 Benchmark	Results	Response Rate
ID Case Management	80% Satisfied with Services	80%	75%
ID Residential Services	80% Satisfied with Services	87%	43%
ID Day Support Services	80% Satisfied with Services	92%	35%
Supported Employment	80% Satisfied with Services	100%	13%
ID Organizational Employment	80% Satisfied with Services	96%	40%
Total Stakeholder Satisfaction		**91%**	**41%**

Recommendations/Actions Taken: The benchmark was met for each program, but we can still learn from these results how to improve. Program coordinators have reviewed the results with their teams and have identified areas for improvement. Employment services will incorporate new questions for next year to reflect the satisfaction of both Individual and Enclave Supported Employment. The comments in the surveys are especially helpful in identifying specific areas to address and have been reviewed and discussed by staff.

Utilization for Performance Improvement: All programs will continue to dialogue with stakeholders throughout the year to identify concerns as they arise. The Case Management team will continue to improve on response time to phone calls and the Residential Team will continue engaging with stakeholders regarding any changes in services throughout the year. The Employment Team will incorporate feedback in planning for both organizational and supported employment services.

CLINICAL SERVICES
EFFECTIVENESS AND SATISFACTION OBJECTIVES

Crisis Services

Program	2010 Benchmark	Results	Response Rate
Crisis	60% un-hospitalized emergency clients maintain or improve GAF scores	91%	NA

Recommendations/Actions Taken: The results of this ongoing benchmark for Crisis Services have continued to increase annually. It would be worthwhile to include all emergency services cases (hospitalized as well as non-hospitalized clients) in this measure for FY11 to determine if individuals that must go to the hospital also improve in their level of functioning.

Utilization for Performance Improvement: Crisis staff believes that all clients we encounter in crisis situations, regardless of their hospitalization status, improve clinically from our interventions. Therefore, we will measure both groups in FY11.

MHSA Adult Outpatient and Case Management Services

Program	2010 Benchmark	Results	Response Rate
Adult Outpatient	70% clients maintain or improve GAF scores	82%	NA
	70% of clients will report improvement in functioning 90 days post treatment	76%	10%
	80% Satisfaction with Services	89%	21%
	80% Satisfaction with Accessibility	91%	

Recommendations/Actions Taken: Increased emphasis on Recovery education for both staff and consumers and increased formats for interaction between staff and consumers and has impacted these measures in a positive way.

Utilization for Performance Improvement: The Adult team will **c**ontinue their Recovery efforts and will continue the measure in 2011.

RAFT House

Program	2010 Benchmark	Results	Response Rate
RAFT House	70% accomplishment of treatment plan objectives	80%	NA
	70% report improvement in functioning	88%	32%
	80% Satisfaction with Services	93%	32%
	80% Satisfaction with Accessibility	100%	

Recommendations/Actions Taken: WRAP classes held at Raft House have graduated more members. Internal self study was also conducted involving current and past members and all stakeholders. Information from this process will be incorporated into program changes that are in process and will continue into the next year.

Utilization for Performance Improvement: Next year's outcome objectives will incorporate the information from 2010 and change to measure WRAP participation and the impact of attendance on community tenure.

MH/SA Adult Intensive Community Treatment Services

Program	2010 Benchmark	Results	Response Rate
ICT	30% reduction # of hospital days	52%	NA
	70% of clients will report improvement in functioning 90 days post treatment	90%	67%
	80% Satisfaction with Services	100%	
	80% Satisfaction with Accessibility	100%	19%

Recommendations/Actions Taken: ICT team is now fully staffed. This enabled the service to provide more psycho education groups with an increased role by the ICT peer specialist. Increased Recovery emphasis for staff and clients has impacted these measures in a positive way.

Utilization for Performance Improvement: Next year's outcome objectives will incorporate the information from 2010 and change to measure community tenure for new ICT clients as compared to the same for the year prior to program admission.

MHSA Child and Adolescent Outpatient and Case Management Services

Program	2010 Benchmark	Results	Response Rate
Child/Adolescent Outpatient & Drug Court	70% clients maintain or improve GAF scores	92%	NA
	70% of clients will report improvement in functioning 90 days post treatment	68%	19%
	70% clients will reduce drug use.	100%	NA
	80% Satisfaction with Services	100%	
	80% Satisfaction with Accessibility	100%	16%

Recommendations/Actions Taken: GAF has been the outcome to date for measuring effectiveness through the last time period. While this measure is important, it is also subjective, and often, clinicians do not track GAF from one quarter to the next in a linear way. We will be moving to utilizing My Outcomes, a web based outcome system for satisfaction and effectiveness. This will automatically track progress through time. This is also a self report instrument, rather than a staff reported instrument like the GAF.

Utilization for Performance Improvement: For outpatient services, My Outcomes will be the measure through the next fiscal year. The goal is that 70% of clients will be within the therapeutic range based on the My Outcomes system.

All Clinical Services Programs

Program	2010 Benchmark	Results	Response Rate
Stakeholder Satisfaction	80% Satisfied with Services	90%	51%

Recommendations/Actions Taken: Stakeholder satisfaction improved this year. Although services have been reduced over the last 2 years due to budget cuts, staff continue to make every effort to refer people who do not meet admission criteria to other community resources and educate stakeholders about the changes in services offered.

Utilization for Performance Improvement: Continue the measure for FY 11.

Attachment C. Accessibility Plan Barrier Identification Table FY10

Both staff and consumers had input into the identification of barriers and development of this plan.

Domain	Location	Issue	Cost	Resources Available	Timeline for Removal	Person Responsible	Action	Status at End of FY 2010
Architectural								
	Stony Run	Bathrooms are not wheelchair accessible						Completed, new facility is totally accessible
	Stony Run	Kitchen sinks & cabinets are not wheelchair accessible		New facility	January 2010	Ron Lucas / Hanover County	Program is moving into a new, accessible facility	
	Dow Gil	Hearing Impaired Staff cannot hear if there is too much background noise.	TBD	NA	NA	Ron Lucas / Hanover County	Should this program move to a new location, the hearing impaired staff needs an office with walls to ensure background noise does not interfere with her ability to hear.	Completed, new facility is totally accessible
	Residential	Additional Group Home beds needed		Current group homes	Jul-10	Wanda Martin & Ron Lucas	Applying to licensing to increase the number of beds from 4 to 5.	Completed
	Ashland	Administration Building on Rt. 1 is not 100% accessible	TBF	Walk through to identify needed accommodations occurred in 2009.	Jul-10	Susan Cunningham/ Tim Slaven/Hanover County	Discuss needed items with Executive Director	Completed
	Residential	Need for a totally handicapped accessible Group Home to provide services for more severely disabled MR adults	Not Known	Hanover Support Services & the Community	December 2011	Wanda Martin & HCSS; Community Partners	Community businesses to build a totally handicapped accessible group home on property donated by Hanover County on Snead Street in Ashland	Heart Havens - apprx move date is December 2011
Environmental								
	Mechanicsville	Staff sometimes discuss client information in public areas like the reception area and the kitchen and compromise client confidentiality	None		On-Going	Susan Cunningham / All HCS Staff	Add reminders to Human Rights & HIPPA training for all staff during new staff orientation & annual refresher training	2010 but on-going training issue that will carry forward into 2011
Attitudinal								
	All Locations	Increase staff awareness of the needs & experiences of persons with disabilities	TBD			Florence Watt	Florence will research the availability of sensitivity training for HCS staff through her role on the Governor's Council for Person's with Disabilities.	Carried forward into 2011 plan
	Community	Reduce attitudinal barriers in the community through education and exposure to actual situations/clients	None	All Staff	On-Going in 2010	All Staff	Community Relations Coordinator; Hanover Support Services and Group Home staff; All staff who take clients into community (RAFT House, Group Home Staff, Day Support Staff; ICT, Supported Employment; job coaches & work enclaves) that connect clients with employers in the community	On-going, carried forward into 2011 plan

Financial								
	All Locations	Research possible ADA compliance grant funding assistance	None	Currently, no funds are available on a Federal level.	On-Going	Florence Watt	Florence will continue to research as funding sources arise	No funds available at the time, will continue to pursue for 2011
Employment								
	Employment Services	Reduce barriers to employment for clients in the community		All employment services	On-going	Employment Staff	Job Coaches; Work Enclaves	The number of community work enclaves increased by 2 in 2010. Carry forward to 2011
Communication								
	Agency	No accommodations for hearing impaired staff to aid in participating in meetings, in-services and out of office training	unknown	TBD	Continued FY2010	Katie Davis & Susie Taliaferro	Susie & Katie will work on a recommendation for a product that can be purchased to accomplish this goal	Hearing impaired staff determined item not needed
Transportation								
	RAFT House	Lack of public transportation and limited resources bar some clients from attending		HCS	In process	Tim Slaven	Become a Logisticare Transportation Provider	Completed 9.09
Community Integration								
		Reduce attitudinal barriers that prevent opportunities for socialization for clients		RAFT House; Day Support Services; Employment Services; ICT services	On-Going	All Staff	The programs listed do this on-goingly by taking clients into the community and providing them with many opportunities through work & play to interact with others in the community.	On-going, carried forward to 2011
Other								
		None						

Attachment D. Critical Incident Review
Fiscal Year 2010

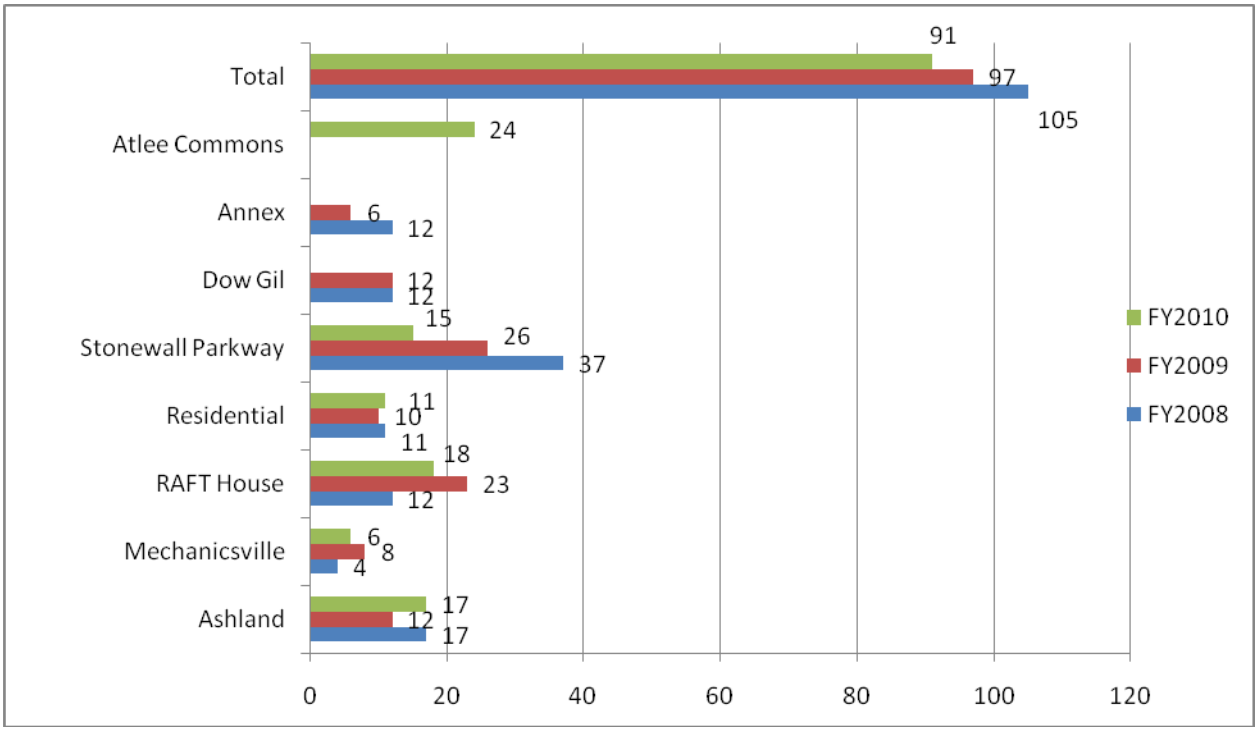
HCS was the recipient of two safety awards in 2010. The first award was the National Safety Council's *Occupational Excellence Achievement Award*. It was awarded because HCS maintained a Lost Workday Case Incident rate that was more than 50% lower than the national average Board of Labor rate for our industry. HCS previously received this award in 2006 and 2007. In addition, HCS became the only government entity to earn the National Safety Council's *Leadership in Safety Award*. It was awarded because HCS employees worked 250,529 hours without any time lost to injuries in 2009. HCS believes that these awards are a reflection of effort by all staff to make the work environment at this agency a safe one.

The reporting of incidents is an integral part of Hanover Community Services (HCS) focus on the health and safety of its staff and consumers. HCS staff are required to complete an internal HCS Incident Report in the event of any incident, near miss of an incident, or safety concern they wish to bring to the attention of the Health, Safety and Security Committee. HCS encourages staff to complete reports on a wide range of events, and regards a high number of reports as a positive thing. Incident Reports increase the agencies awareness of potential issues and problems, and allows it to respond in a proactive manner. This in turn assures that HCS provide both staff and clients a safe environment.

The HCS Health, Safety and Security Committee meets monthly, and reviews all internal HCS Incident Reports. The Committee is made up of representatives from each facility and includes supervisory and direct service staff as well as the designated Safety Officer for each location. The committee received a total of ninety-one (91) completed incident reports in the fiscal year of 2010.

The following graphs compare 2008 – 2010 HCS Incident Report information. The first comparison is the number of reports by facility (Graph 1

Fiscal Year 2008 - 2010 Internal HCS Incident Reports by Facility

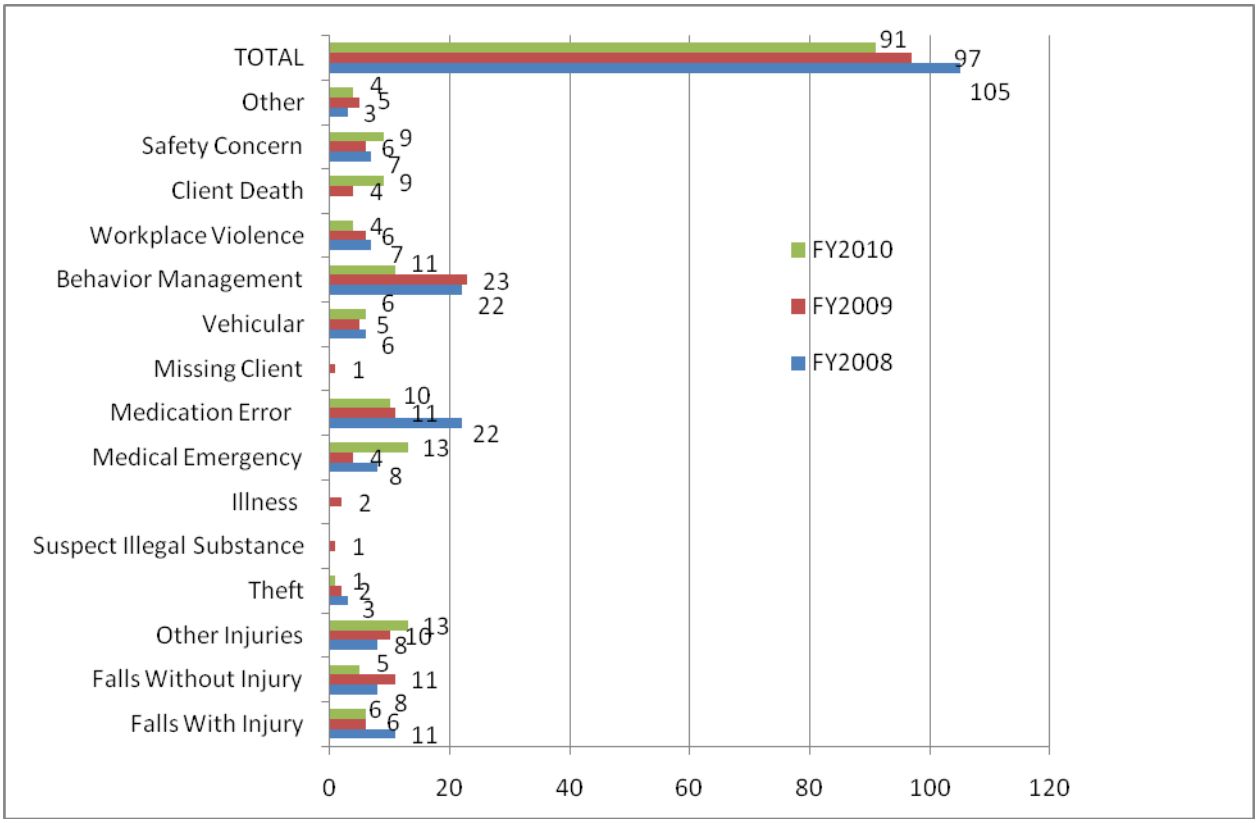


Ninety-one (91) incident reports were completed in FY2010. HCS's Stonewall Parkway facility, which houses the ID Day Support Program, again experienced the highest number of overall incident reports in 2010. The higher number of incidents is directly related to the population served, i.e. individuals who are both medically fragile and more severely disabled, and the type of service provided, i.e. providing a day program where participants are on site 6-7 hours per day.

Please note that the programs at the Annex and Dow Gill locations moved to the Atlee Commons facility in 2010, combining all programs and staff. Therefore the 2010 data for Atlee Commons can most meaningfully be compared to the combined 2008 and 2009 data for the other two facilities.

The next graph shows the number of reports by type of incident (Graph 2).

Fiscal Year 2008 - 2010 Internal HCS Incident Reports by Type



In 2010 the *Medical Emergency* and *Other Accident/Injury* categories generated the largest number of reports with thirteen (13) each. *Behavior Management* incidents, which had the most reports in 2008 and 2009 dropped significantly in 2010. In the 2008 and 2009 the majority of behavior management reports coming from Id Day Support and involved one particular client. In 2010 the data gathered in the previous year was used to develop a more effective behavior plan and that has successfully reduced the number of reports in this category.

The categories of *Falls with Injury* and *Other Injury* include both minor injuries that would only require first aid as well as more serious ones that require medical follow up. HCS monitors all safety risks through incident reporting review, staff training and multiple facility inspections annually. The agency is proactive in correcting situations that pose a hazard to either staff or clients.

Medication Error Reports

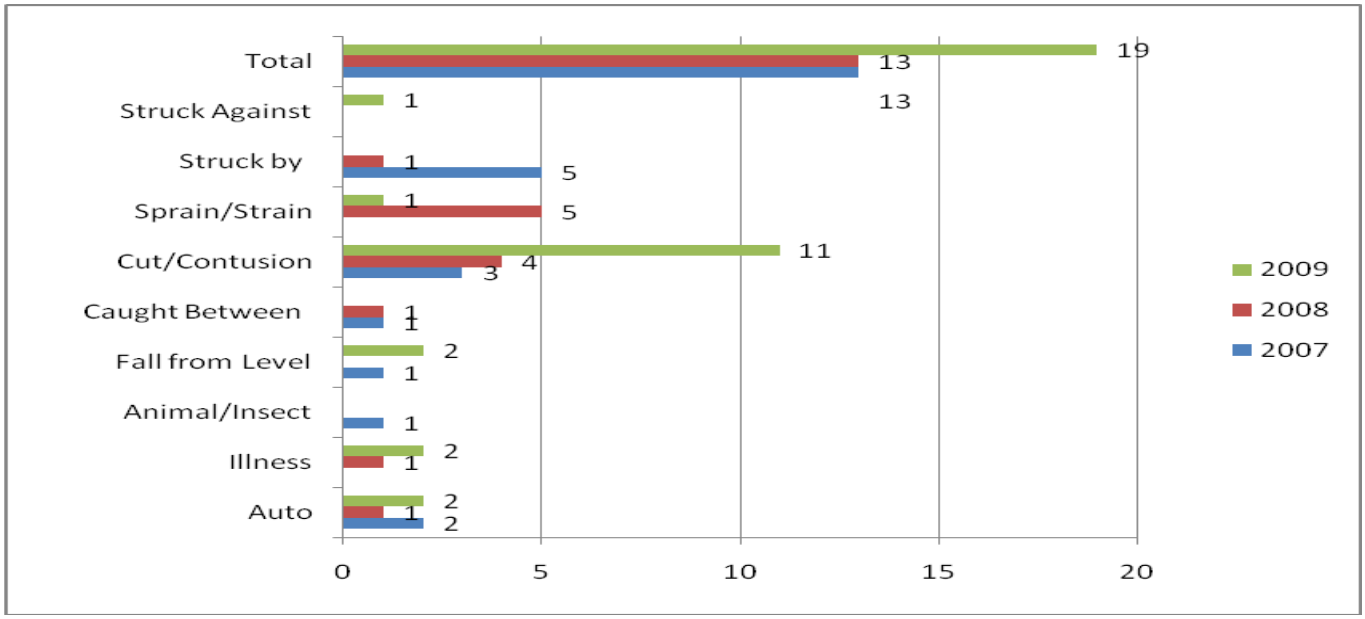
Medication Error Reports are completed by staff and sent to the HCS Nurse Supervisor, who investigates the errors and takes steps to prevent recurrence. She makes a monthly report to the Health & Safety Committee on all Medication Error Reports.

There were a total of ten (10) Medication Error Reports in 2010. Of the ten (10) reports made, one (1) report was an error of omission of one dose of a prescribed medication. Four (4) errors occurred during administration of medication, two (2) concerned a lack of documentation of the client receiving the medication, and the final error was one (1) prescription writing error. Nine (9) of the errors were HCS staff errors. Medical staff were responsible for two (2) of them, ICT staff for two (2) more, Group Home staff for five (5) and one (1) by the client, who misplaced one dose of their medication. It was not necessary to notify the physician in any of the cases, and no clients sustained any injury. Residential programs continue to have the most errors, as those staff assists clients daily with taking their medications. Group Home staffs receive ongoing training regarding the administration of medication, and each Group Home supervisor continues to conduct daily medication record reviews in all homes.

External Reporting Requirements

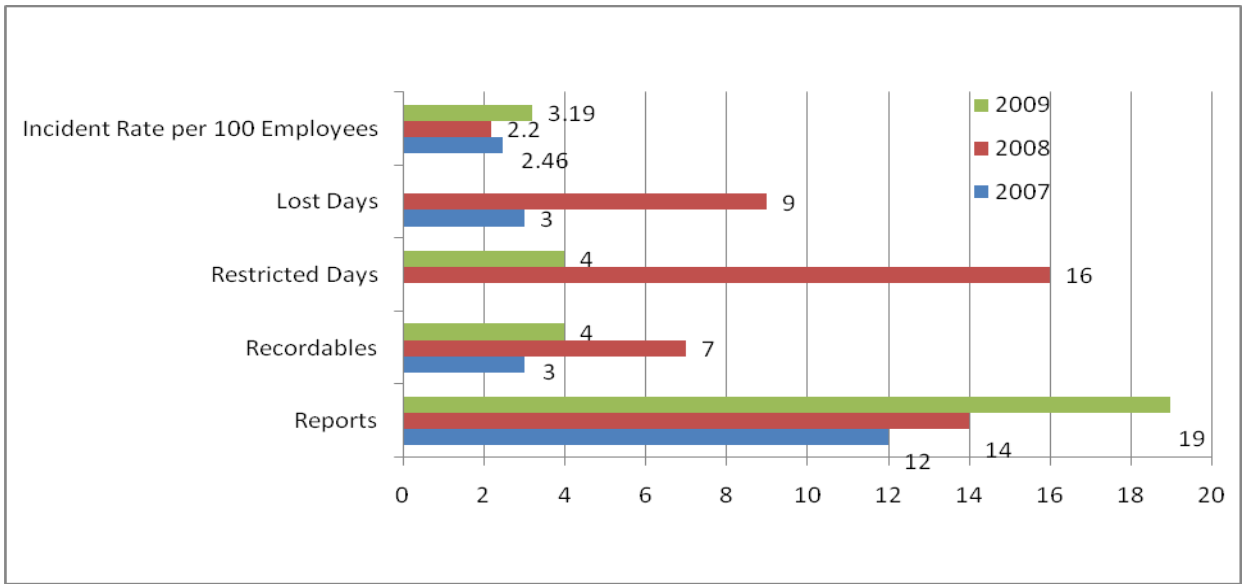
Hanover County requires HCS staff to complete a Hanover County Incident/Injury Report whenever a staff, client or visitor is injured in a Hanover County program. This reporting is tracked on the calendar, not the fiscal year. HCS staff submitted a total of nineteen (19) Hanover County reports in calendar year 2009.

Calendar Year 2007 - 2009 Hanover County Incident/Injury Reports by Type



Four (4) of the incident reports made to Hanover County were recordable OSHA events in 2009. A recordable OSHA event is defined as an incident that causes loss of consciousness, requires medical attention beyond first aid, requires prescription medication, or involves lost or restricted work days. The next graph shows that HCS Restricted Work Days fell from 16 in 2008 to 4 in 2009. HCS had no Lost Work in 2009. HCS's Incident Rate per 100 Employees rose to 3.19 in 2009. This is an indication of the increase in the number of incidents submitted to the county, while the drop in recordables and lost work days show that the seriousness of the reports was reduced from the previous year.

Calendar Year 2007 - 2009 Hanover County Incident/Injury OSHA Data



In addition to reports made to Hanover County Government, the Virginia Department of Behavioral Health and Disability Services (DBHDS) require the reporting of all client deaths and serious injuries or illnesses. This information is reported to the State by fiscal year. A serious injury/illness is defined as any injury/illness that occurs while a client is participating in an HCS program and requires the treatment of a licensed medical professional. The death of a client includes all deaths of any client who is currently receiving services, regardless of the circumstances of the death. In FY 2010, a total of twenty-two (22) reports were made to DBHDS. HCS reported ten (10) client deaths; nine (9) were from medical issues, and one (1) from suspected suicide. The suspected suicide was also reported to CARF as a sentinel event. HCS also reported eight (8) client illnesses and four (4) client injuries to DBHDS.

The Virginia DBHDS also requires that all allegations of neglect, abuse or exploitation of clients be reported to the Human Rights Advocate who serves our region. This information is also tracked by fiscal year. In FY 2010 HCS reported nine (9) allegations of human rights violations. Three (3) of these allegations involved complaints that the client did not receiving treatment in the least restrictive environment; the other six (6) were Peer-to-Peer Aggression incidents. Peer to Peer Aggression incidents can result from staff neglect. They are investigated to make sure HCS staff were providing the appropriate level of supervision in each situation. All nine (9) allegations were investigated and determined to be not founded. All complainants' accepted these findings.

Causes

Factors to consider when looking for the cause of incidents include working conditions, the amount of possible exposure, and the vulnerability of the population served at facilities. Working conditions may contain hazards. Staffs that provide direct service or who work in programs with clients on site are at higher risk for certain types of incidents than administrative staff who work at their desks. Populations served by our programs experience a combination of mental, emotional and medical problems that can increase risk exposure.

The **Ashland** office is our largest facility, housing some sixty (60) staff members who provide administrative support as well as mental health, crisis and substance abuse services to some five hundred (500) clients. The **Mechanicsville** office is a satellite facility that houses a smaller number of staff. They provide mental health, crisis and substance abuse service to clients in the eastern part of Hanover County. The **RAFT House** program provides on-site rehabilitation services to adult clients who have been diagnosed with a serious mental illness. The **Stonewall Parkway** facility provides ID Day Support services to an on-site population which includes individuals with severe and profound mental retardation, challenging behavior problems, and medical fragility. It is a reflection of both the services and the population served that the Stonewall Parkway staff generate the largest number of reports each year. HCS **Residential Services** is composed of three group homes which are located in different parts of Hanover County. These homes serve many of the same clients that attend the ID Day Support Program and receive employment services at HCS' other facilities. The **Atlee Commons** facility houses the ID Case Management staff and Supported Employment staff. Hanover Recycling and Hanover Industries are also located at that facility, and provide employment opportunities for disabled Hanover County residents.

Inspections and Emergency Drills

Each HCS facility has a Safety Officer who is responsible for making sure that all inspections and emergency drills are completed annually. Inspections by external providers include an annual inspection from the Hanover County Safety Risk Manager, the Hanover County Fire Marshall and a company hired by Hanover County to inspect all fire extinguishers. In addition to these inspections, the Safety Officer inspects all emergency equipment in their facility monthly. This includes the fire extinguishers, emergency lights, exit signs, flash lights and battery operated radios. They also complete a twice yearly inspection of the facilities themselves. The safety equipment and first aid kits in all Hanover County vehicles are also inspected monthly. Records of all inspections are kept in each facility's Safety Manual. Forty-six (46) inspections of HCS facilities and three hundred and twenty-six (326) inspections of vehicles were completed in 2010.

Six (6) types of emergency drills are completed at each facility annually. Emergency drills include fire, workplace violence, severe weather/ natural disaster, power outage, and bomb threat. In addition our group homes, RAFT House, Stonewall Parkway and Atlee Commons facilities complete monthly fire drills on all shifts because consumers are on site for long periods of time while participating in those programs. Two hundred fifty-five (255) emergency drills were completed at HCS facilities in 2010.

Actions for Improvement and Results

The members of the Health, Safety and Security Committee continue to work pro-actively with the staff in each facility to increase awareness of safety needs and respond to the concerns that are expressed by those staff. In 2010, the Committee worked to make the following improvements:

All Locations

- Developed Seizure Response Protocol and revised procedures
- First Aid & CPR signage was updated at all locations.
- Developed procedures & signage to direct staff in the proper response to falls
- Developed procedures & signage to direct staff in the proper response to seizures
- Developed procedures & signage to direct staff in the proper response to an employee injury.

Education and Training

Safety Training is now accomplished through a combination of in-service and on line training modalities. The following education and training was provided to staff in 2010:

- First Aid & CPR training was provided by Chris Luchie, R.N.
- In-services were completed for day program staff by Chris Luchie, R.N.
  - Refresher on the proper response when someone falls.
  - Refresher on concerns regarding head injuries and how to Head injury
- Medication Error reporting training was provided by Chris Luchie, R.N.
- Therapeutic Options behavior management training was completed for staff by certified instructors Robert Breland, Darcy Umstead, Meri Sweeney, Stewart Callahan & Cheryl Llewellyn.
- Health and Safety training was provided by the HCS Health, Safety and Security Committee for all new employees and annually for all other staff. It included training on:
  - Health, Safety and Security Policies and Procedures
  - Reviewing the location and contents of facility Safety Manuals
  - Role of facility Safety Officers
  - HCS safety practices
  - Emergency procedures/preparedness/evacuation for each facility
  - Critical Incident Reporting, internal and external reporting requirements

- Health and Safety training was provided through on line training which included:

  - Violence in the Workplace
  - Driver Safety
  - Universal Precautions/Blood Borne Pathogens
  - Workplace violence awareness and prevention
  - Fire detection and suppression training
  - Recognizing unsafe environmental factors
    1. Leadership in Safety
    2. Slips, Trips & Falls
    3. Back Safety
    4. Office Ergonomics

Prevention of Recurrence

In addition to the items already outlined in this report, HCS provides the following interventions to prevent the recurrence of incidents:

- A pro-active Health, Safety and Security Committee
- Monthly review of all Incident Reports and the provision of timely responses to safety concerns of staff.
- A Safety Officer assigned to each facility who is responsible for conducting monthly drills, and vehicle, facility and safety equipment inspections; noting and correcting environmental hazards; providing training to facility staff regarding safety procedures; increasing the awareness of staff of safe working environment
- Health, Safety and Security training for all new employees as part of New Staff Orientation.
- Annual Health, Safety and Security training for all employees

- Annual revision of Health, Safety and Security procedures to assure compliance with state and county regulations and accreditation standards, as well as the needs of the staff of HCS
- Annual inspections of all facilities by the Hanover County Fire Chief and the Hanover County Safety Risk Manager.
- A cooperative relationship with the Hanover County Safety Risk Manager who provides ongoing support and expertise to the Health, Safety and Security Committee members.
- Ongoing review of staff training needs.

Staff will continue to receive on-going training in matters of health and safety in 2010. This training will increase their awareness of the potential hazards in their work environment and the ways to reduce them. HCS will continue to encourage staff to complete Incident Reports, respond quickly and proactively to their safety concerns and continue its partnership with the Hanover County Safety Risk Managers' Office. In this way HCS can continue to provide a safe environment for its consumers, staff and visitors.