

HPR I REACH Advisory Council

Minutes

January 22, 2015

10 a.m. to 11:30 a.m.

Region Ten CSB

Meeting was called to order by Gail Paysour. There were 20 attendees including: Erin Haw (dLCV); James Vann (ESUCP/REACH); John Santoski (ARC of the Piedmont); Denise Forbes (CVTC); Robert Tucker (VCSB); Martha Maltais (RTCSB); Dennis Vaughn (HPR I); Jessica Lawrence (HPR I); Krista Lynch (VCSB); Tina Martina (VCSB); Gayl Brunk (VAIL); John Malone (HRCSB); Lynn Shoen (RTCSB); Tony Powell (Horizon BH); Martha Gunter (Horizon BH); Breanna Goad (Horizon BH); Lana Hurt (ARC of VA and Wall Residences); Michele Ebright (DBHDS); Robert Hurt (Arc NSV); Gail Paysour (HPR I).

Members greeted Valley CSB's new ID Director, Tina Martina.

Following welcome and introductions, James Vann presented REACH updates summarized in the attached Powerpoint presentation. He began by presenting a staffing update, noting that the program is fully staffed with coordinators, totaling to 9 coordinators with 2 staff leads. The program is still seeking a contract psychologist for clinical support and a full-time RN for support of the CTH to provide continuity of care. He further reported that twelve out of fourteen coordinators have been granted START certification, with two pending, one on 1/2015, and the other on 2/2015. Vann further described the functions of CET meetings as staff development training, which is to meet on the third Tuesday of each month. These meetings will have varied topics, depending on who is being served and the training that is to be provided. The scheduled dates for these meetings are listed on the Quarterly Advisory Council power point slide handout. A question was raised concerning who can attend these meetings and it was confirmed by Vann that those in all levels of service are welcome, including direct care personnel, as noted on the handout. Those interested in providing possible topics to discuss in the CET meetings are encouraged to contact Dona Stover, Clinical Director. Those who have contact information for persons who should be invited to attend these meetings may contact James Vann, REACH director, and further questions can be directed to Gail Paysour, Project Manager or James Vann. Contact information is available on the attachment. ESUCP is in need of clinical supervisors (LCSW and LPC) to provide supervision towards licensure for several REACH staff. Anyone who can link Vann to resources for this was encouraged to let him know.

Gail Paysour and James Vann provided and elaborated on the HPR I data report for October-December 2014 (attached), including the utilization of crises services, crisis call data, and disposition of crisis calls for the before mentioned report. It was noted that while services increased, there was a decline in December. It was also noted by Vann that calls are currently coming in "late" in the crisis, and wants an emphasis on these calls coming in earlier as a method of prevention. It was also noted that calls are mostly coming in from the CSBs, and that in the past 3-4 months, there has been an increase in calls from providers, individuals, and family. The question was raised of whether or not individuals have easy access to telephones and START contact information. Vann was confident that the individuals in question do have access, but perhaps don't recognize when there is a need to call. Robert Hurt suggested giving out cards or other means of advertising (specifically mentioning magnets) to individuals to encourage them to call should the need arise. Members agreed that a "re-boot" may be needed to remind the community of the current status of REACH services and that a one page information flyer may be beneficial. Hurt also raised concerns specifically through feedback regarding client transport. Another concern noted by Gayl Brunk was possible underutilization of planned stays at the CTH due to group home provider concerns about inability to bill for individuals when they are at the CTH as noted by James Vann. It was suggested

that Vann monitor the frequency with which this appears to be happening in order to assess whether it is a significant factor in planned utilization.

Following the HPR I data report, both Gail Paysour and James Vann presented the results of Dr. Joni Beasley's consultation visit, which occurred on January 7th and 8th of this year, the second of three scheduled visits. The complete report is attached. Dr. Beasley noted that currently, staff appear more re-active than pro-active and can better serve with effectiveness through a focus on thinking in a bio-psycho-social framework, processing the use of the CSCP with teams, assessment skills, a strength based-approach, and solutions focused thinking, all of which are elaborated upon in the handout. An aspect of the START center that Dr. Beasley noted was effective was the video supervision process, which Gail Paysour spoke to as being an excellent resource for groups at CTH to develop staff competence and a wonderful staff development tool. Further positive review and other recommendations are specifically noted in the handout attached.

Gail Paysour provided the Project Manager's Report (attached) and the review of the July 24, 2014 minutes, as well as a review of the FY14 Goals. The handout is attached and describes in detail the status of the contract with ESUCP, billing progress, noting that a benchmark of an average of \$40,000 per month in Medicaid billing has been met. Paysour also elaborated on data collection and reporting as it related to a January 13 meeting with Heather Norton in which DBHDS decided to fund the Datastore developed by NRVCSB as a means of data collection.

Dr. Michele Ebright from DBHDS reported that DBHDS hopes to have the Datastore functional for all REACH programs in the next quarter. She also reported that DBHDS is working with an agency called Advoserve to see about opening intermediary facilities with a locked capability and the potential for longer term stays for individuals with more acute behavioral health needs. They are exploring the idea of regional facilities beginning with areas where training centers are closing first. Ebright reported that DBHDS is continuing its work with VCU to develop a monitoring/assessment tool for regional REACH programs.

The Commonwealth Autism team was not present for introduction as listed on the attached agenda. The potential for additional training money in the sum of \$30,000 was discussed, with the first meeting concerning this to be held on January 23, 2015.

Barabara Shue then presented an update on the development for the crisis program for children with ID/DD and spoke of the need to form an Advisory Council for Children, emphasizing a need to provide services to all children who may "fall through the cracks" in the system. Shue elaborated on the mobile crisis teams at Valley and Region Ten as an important step to providing earlier prevention to avoid hospitalization, and the wish that more mobile crisis teams become available in other regions before July 2015. A question was posed for Shue, asking how many CSBs were involved, to which she answered that most have submitted proposals and further stated that the project should hopefully make the services more cohesive.

Meeting adjourned at 11:30 am.

Next REACH Advisory Council Meeting will be at Region Ten CSB on April 23, 2015.