



HENRICO AREA MENTAL HEALTH & DEVELOPMENTAL SERVICES
Serving the Counties of Henrico, Charles City, and New Kent

ANNUAL PERFORMANCE ANALYSIS

JULY 1, 2013 – JUNE 30, 2014



Walter Koris, a 2014 graduate of the Employment Readiness Program, pictured with Hermitage Enterprises Training Specialists: Lorie Harris, *left*, and Jonathan Watkins, *right*. The Employment Readiness Program combines many traditional programs into an intensive six month to one year process to help individuals gain employment in the community where they can earn minimum wage or more.



Achievement Award National Association of Counties Winners

In 2014 two HAMHDS programs received Achievement awards from the National Association of Counties (NACo):

Crisis Intervention Team Crisis Receiving Center

Employment Readiness Program



Henrico County Police Division, Sheriff's Office, Division of Fire, Henrico Area Mental Health and Developmental Services (HAMHDS) and many community stakeholders formed the CIT program in 2006 with a common goal of helping those in psychiatric crisis, pictured left to right are: Officer Dustin Eddington, Richard Edelman, Nicki Moon, Investigator Jermaine Branch, Lt. Cynthia Wood, Sgt. Joseph Burton and Battalion Chief Gary Samuel.

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MANAGEMENT SUMMARY

Another year of change and challenge for the publicly funded behavioral health and developmental disability system has closed and we can report many significant accomplishments. The agency has continued to expand its role in supporting the public safety agencies in our community. The Crisis Intervention Team (CIT) has extended its reach as more first responders complete the forty-hour training. The first full year of operation for the Crisis Receiving Center has been extremely successful, serving almost 700 people in crisis. Joint outreach efforts by police and mental health staff to engage people in services who have frequent contacts with law enforcement have continued and been recognized with an achievement award from the National Association of Counties. This has helped strengthen an already robust emergency response system. Expanded treatment options in the jail setting and better support on release also make our community safer.

We celebrate continued progress in assisting people with intellectual disabilities live “a life like ours” successfully and fully integrated in our community. The closing of the state training center that serves our area, while creating some anxiety, is a milestone for people with intellectual disabilities who desire fuller lives.

Expanded walk-in availability for substance use disorder treatment services has increased access for an additional 200 adults. Expanding capacity will continue to be important to address the growing national problem of opiate abuse.

For all our long term populations we have increased our attention to the chronic health issues that hamper so many of the people we serve and ultimately shorten their lives. While poverty and lack of access to affordable health insurance are major factors in the impact of disability on productivity and lifespan, so too are stigma and the nature of the disabilities themselves and, often, their treatments. The field needs to do a better job of assuring access to quality healthcare and promoting better health outcomes. This is the major challenge ahead of us and is linked with the need to improve population health and reduce overall healthcare costs.

In the year ahead we will have a strategic focus on improving the infrastructure needed to support our staff as they strive to meet more complicated demands for data and more varied reimbursement systems. We will prepare for communication strategies that will be needed in the years ahead. We will strengthen existing partnerships and develop new ones. The focus on healthcare outcomes will be increasingly incorporated into our work.

Staff has risen to the challenges inherent in excelling in a “do more with less” world. We will only be successful in the future to the extent that we support and strengthen our staff at all levels to maintain a truly “high performance” organization. We will increase our focus on investing in our staff.

Staff wish to thank the Community Services Board for their support and trust. The Board and staff thank the Boards of Supervisors of Henrico, Charles City and New Kent Counties for their support of our mission.

Gregory G. Morrison
Board Chairman

Michael D. O'Connor, L.C.S.W.
Executive Director

STRATEGIC GOALS AND STRATEGIC PLANNING

Summary of Agency Strategic Initiatives

In FY14, the agency spent time understanding our changing environment and came up with four broad categories to explore. The workgroups spent months developing and prioritizing initiatives that align with our values, fulfill the mission and strengthen our future. The initiatives included:

- Maintaining and supporting a high performance organization
- Leveraging strong collaborative relationships to strengthen our role in the community
- Promote wellness and recovery focus for the consumers we serve
- Develop a 21 Century Infrastructure

Leadership Group reviewed 33 recommendations from the strategic initiative workgroups and selected four areas to develop action plans. All recommendations were well developed and would bring value to the agency. Leadership Group processed the 33 recommendations and prioritized our selection to what we could realistically work on given our resources, time, workload and new regulations/mandates. The prioritized areas include:

1. Explore Electronic Health Records Systems – evaluate the strengths & weaknesses of the Cerner system and determine whether to purchase a new system; Lynn Goodale, Chair
2. Department of Justice/Centers for Medicare/Medicaid Services Transformation Team – monitor, track, plan and implement requirements for changing regulations; Michelle Johnson and Beth Tetrault, Co-Chairs
3. Create a Wellness/Recovery Focused Culture – physical environment and wellness promotion; Jennifer Pearce and Leslie Stephen, Co-Chairs
4. Develop a Behavioral Health Home Model of Service – will be studied and monitored by the Agency Management Team until an implementation team is needed
5. Maintaining and supporting a high performance organization was not selected as one of our strategic initiatives however there will be a workgroup overseeing the implementation of several recommendations. The County of Henrico, Human Resources' Organizational Learning and Talent Development Program is currently offering training on High Performance Organizations. Staff will be encouraged to participate in this training opportunity.

FY14 PROGRAM ACCOMPLISHMENTS

Management

- ❖ Continue to respond to Healthcare Reform

Administration

- ❖ Implemented automated system to report Human Rights and Critical Incidents and track trends
- ❖ Enhanced the EHR to automate reporting new DOJ requirements
- ❖ Implemented the Clinicians Homepage to enhance access to client medication information, progress notes and notifications of near future documentation requirements
- ❖ Implemented point of service client payment posting to assure timeliness and accuracy
- ❖ Implemented Debit Card Payments
- ❖ Reorganized Financial Management. With automation and streamlined processes, reduced total FTEs by .5 and added data collection and reporting of Crisis Receiving Center activities.
- ❖ Developed partnerships with three MCO's in CCCP to jointly plan for shared clients
- ❖ Centralized automated billing using Gateway EDI for all third party pay sources
- ❖ Accepted EFT (Electronic Funds Transfer) payments for Medicare
- ❖ Streamlined ID service authorization process
- ❖ Automated Unapplied payment process for Private pay
- ❖ Reorganized The Area, adding two positions (one billing, one authorizations) to address the increased complexity of work related to the new MCOs paying MH/SA Medicaid and Medicare claims.
- ❖ Opened the Crisis Receiving Center physical location
- ❖ Renovated and upgraded the Providence Forge location
- ❖ Attested to Stage one, Year one of Meaningful Use for 7 prescribers

Clinical and Prevention Services

Adult Substance Abuse/ Adult Mental Health Services

- ❖ Expanded walk in access for “on demand” substance abuse evaluation and treatment – serving over 200 additional people
- ❖ Provided methadone treatment to over 100 people
- ❖ Added child care services to allow more parents to participate in treatment

- ❖ Providing yearlong training to staff to enhance their DBT skills – increases our ability to provide DBT informed services in several units
- ❖ Integrated DBT/MHOP teams
- ❖ Collaborated with Community Corrections and Henrico Drug Court to bring Moral Reconciliation Therapy (MRT) training to the area
- ❖ Started 2 treatment focused groups in the jail – increasing the opportunities for treatment in the west jail
- ❖ Increased jail diversion case management presence in the jail
- ❖ Provide monthly SA education class - Building Blocks
- ❖ Provided opiate addiction training to agency staff and Community Partners
- ❖ Provided a managing suicide, and a motivational interviewing training to the agency

Adult Recovery Services

- ❖ Added two Licensed Practical Nurses' who check in clients prior to their visit with psychiatrist or nurse practitioner. Check-in process includes obtaining height, weight and blood pressure readings.
- ❖ Created a Wellness program in coordination with Henrico Recreation and Parks Department targeting individuals with Body Mass Index (BMI greater than 35). Won a NACo award for this initiative.
- ❖ Added to the continuum of residential services by creating a home with twice daily support from Mental Health Skill Building staff. This support includes in-house visits in the morning and evening to help monitor medication self administration, meal preparation and other activities of daily living.
- ❖ Created partnership with The Daily Planet to obtain funding to support a Family Care Nurse Practitioner to be housed at the East End office.

Emergency Services

CIT:

- ❖ Continued to support and expand CIT in several areas:
- ❖ Provide coordination and staff to maintain monthly CIT classes
- ❖ Provide mentorship to several area CIT programs
- ❖ Continue to provide outreach to the community through our STAR team (we received NACO award in summer of 2013)
- ❖ Were granted, with police, Attorney General funds to hold state wide conference and produced highly successful conference with over 400 persons attending
- ❖ Were granted, with police, Attorney General funds to expand CIT initiatives including outreach, training, mentoring, and peer support through hiring two FT staff.

CRC:

- ❖ Continue to support our CRC through coordination, staffing, and leadership. We provide services to over 600 persons last year. (We were notified that we will receive NACO award in summer of 2014)
- ❖ Supported and hired a FT peer counselor for our CRC who is recognized as a leader in this area across the state.

ESP:

- ❖ Responded to record increase of evaluations of over 1700 in the year (almost a 10% increase from the prior year)
- ❖ Successfully prepared for implementation of the new laws through training and coordination with police, sheriff, and magistrates in Henrico, CC, and NK
- ❖ Coordinated series of trainings for the agency focused on trauma and disaster support

Access:

- ❖ Planned for the transition to move the team to the east center
- ❖ Reorganized under ESP identified new supervisor to begin summer of 2014
- ❖ Increased demand by almost 10% of phone volume
- ❖ Responding successfully to increasingly complex and varying program needs

Youth & Family

- ❖ Received regional SAMHSA System of Care grant to support the implementation of Intensive Care Coordination Services
- ❖ Implemented Intensive Care Coordination Services in Henrico; served six cases since April, 2014 start-up
- ❖ Increased targeted case management billing across Y&FS programs
- ❖ Received an increased number of referrals requesting residential placement through Comprehensive Services Act
- ❖ Forty teens and their families participated in Teen Parenting workshops at Dorey Park in June

Prevention

- ❖ Forty youth ages 14-16 successfully completed yearlong training and summer employment program placing them with willing employers
- ❖ Fifty low income middle and high school youth were helped to attend a college tour
- ❖ Hosted 2nd Annual It Takes a Village community forum to give citizens the opportunity to provide information about the needs of families

- ❖ Provided after school programming for 179 children
- ❖ Henrico Too Smart 2 Start Coalition (www.toosmart2start.com) obtained 501c3 non-profit status and partnered with Chesterfield Safe to acquire a Drug Free Communities Mentoring grant. This grant afforded Henrico TS2S the opportunity to undertake a comprehensive community needs assessment and obtain further training for the coalition in preparing for application for a Drug Free Communities grant that will bring additional Prevention funding to Henrico.
- ❖ Four Youth Ambassadors (members of the teen leadership group coordinated by Henrico Prevention) attended the 4-day National CADCA Leadership Conference in Washington D.C. The youth attended workshops on leadership skills, prevention strategies, and met with legislators.
- ❖ Youth Ambassadors (12) attended the annual Youth Drug Abuse & Alcohol Prevention Project (YADAPP) at Longwood College in July 2013. They return to Henrico and planned a teen forum on Healthy Dating Relationships with featured guest speaker Kemba Smith held in March, 2014.

Community Support Services

CRRT Services

- ❖ A total of 20 individuals were discharged from state training centers to include Southside Virginia Training Center and Central Virginia Training Center. These individuals have all successfully transitioned into community placements throughout Region IV and beyond.
- ❖ During the first half of FY14, the Housing Choice Voucher program was asked to convert 42 traditional section 8 vouchers at Aspen Station (a local apartment community) to housing choice vouchers. This conversion dramatically increased the workload of housing staff but also brought in some additional one time and on-going income to the agency. A number of individuals living at Aspen Station were already clients of the agency and this transition gave them some options not available to them with their project based voucher.

Parent Infant Program

- ❖ Provided early intervention services to 632 infants
- ❖ Parent Infant Program therapists was awarded a Master Coach certification by Virginia's Early Intervention Coaching Initiative.
- ❖ Parent Infant Program implemented a playgroup in the Essex Village housing community.
- ❖ Parent Infant Program provided training for the Department of Social Services (DSS).

Case Management Services

- ❖ Implemented data collection additions for Department of Justice Settlement Agreement.
- ❖ All CSS Case Managers trained in DBHDS Employment First State initiative.
- ❖ Completed the re-design of CM unit to meet DOJ requirements for enhanced case management.
- ❖ Assisted DBHDS to meet their DOJ requirements by providing information for SIS validation and Licensing unit form development to be used in audits
- ❖ Successful audit by the Department of Justice internal reviewer audit team.

Day Services

- ❖ Won NACO Award for the Employment Readiness Program
- ❖ CSS Supervisor – received National ACRE Certification for Supported Employment
- ❖ Recognized by Ronald McDonald House as volunteer for 4 years of service and was Provider of the week in June 2014
- ❖ All Group Supported Employment Sites now pay minimum wage or above to all 23 consumers
- ❖ Continuing to expand community integration activities in all Day Services Programs

AGENCY OUTCOMES AND PERFORMANCE IMPROVEMENT MEASURES

ADMINISTRATIVE OUTCOMES

Efficiency Objective: There is to be no greater than 10% of Accounts with outstanding balances in the 121+ day bucket.	Results: 20%
Recommendations/Action taken: At the end of FY14 20% of outstanding accounts made up the 121+ day bucket. This is 10% over our original goal. During FY 14 there were 4 major implementations that influenced this result. The Department of Medical assistance hired 4 manage Care organizations to administer reimbursement for Behavioral Health benefits.	Performance Improvements: Business practices were adjusted and continue to be evaluated to work towards the original goal. This outcome will be carried over to FY15 to monitor or progress.

Efficiency Objective: No services 2 or more months should be in the Third Party Suspense. The occasional account that receives retroactive insurance coverage and needs preauthorization may appear in the report; goal for total dollars is no more than \$6,543.	Results: The total number of suspense that was two months old or older was \$27262.99 and the goal was to keep it under \$6,543
Recommendations/Action taken: In the past year there have been several implementations which have had an effect on this work both from a business process perspective and financially that has delayed processing and adjudication. We continue to improve business process to meet the need related to these changes.	Performance Improvements: We have carried this outcome over to FY 2015 to continue to strive to meet the set goal as we continue process improvement and to monitor progress.

Objectives for the Coming Year:

Efficiency -There is to be no greater than 10% of Accounts with outstanding balances in the 121+ day bucket.
 Efficiency - No services 2 or more months should be in the Third Party Suspense; total dollars no more than \$6,543.
 Efficiency -To monitor accuracy and volume of claims submitted for adjudication to Medicaid, Medicaid Managed Care, Medicare and Commercial Insurances.

CLINICAL & PREVENTION SERVICES:

ADULT SUBSTANCE ABUSE OUTCOMES

Access Objective: Clients admitted to the program will be seen within 10 business days for the next available appointment following the walk-in intake.	Results: Highest month was 13 days, lowest was 7 days
Recommendations/Action taken: The objective of seeing clients within 10 days of their intake for their follow up appointment was met 9 out of 12 months during this fiscal year. Due to the information gathered, the program has developed a Motivational Enhancement Group that all clients are referred to after intake.	Performance Improvements: Results to be shared with staff in order to continue working on access and engagement barriers. We hope to continue to shrink this number even further.

Effectiveness Objective: 90% of clients admitted to RAP groups will identify skills learned in group upon weekly survey.	Results: 86%
Recommendations/Action taken: Over the course of this year, it was learned that when clinicians lead a discussion regarding the previous group, clients were more able to identify/remember a skill they learned. This enhanced continuity of treatment practice allowed clinicians an opportunity to review information that clients may not have thoroughly learned or understood with the hope that it will more likely be retained in the future.	Performance Improvements: The enhanced continuity of treatment practice has been adopted by our Recovery Addictions Program (RAP).

Effectiveness Objective: 10% of clients will show change on at least one NOMS data element during each treatment episode.	Results: 16%.
Recommendations/Action taken: Frequency of use has consistently been the most positive outcome variable each quarter with the final quarter having the highest decrease in client substance use thus far. This data should serve as encouraging affirmation of the efforts demonstrated by SA staff.	Performance Improvements: Problems with the legal/justice system continue to be a significant treatment barrier; treatment was interrupted/terminated due to incarceration at a significant percentage each quarter; however, it should be noted that the number of arrests decreased each quarter.

<p>Objectives for the Coming Year</p> <p>Access - Clients admitted to the program will be seen within 14 calendar days for the next available appointment following the walk in intake.</p> <p>Effectiveness - 60% of clients opened to this service will receive 4 hours of service (group and individual combined) within the first 30 days of service.</p> <p>Effectiveness - 30% of clients admitted to services will be retained in services for a minimum of 6 months</p>
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ADULT MENTAL HEALTH OUTCOMES

Access Objective: Clients will be scheduled for a follow up appointment within 10 business days of call to central access.	Results: Highest was 34 days, lowest 13 days
Recommendations/Action taken: This program has operated with a vacancy for much of the year. Despite this, staff has worked diligently to try to see clients as soon as possible.	Performance Improvements: To increase our capacity, 2 new clinicians have been added to the team. Our agency is serving indigent clients without health care coverage. Those with insurance are being referred out. Alternative screening options are being considered to assist with providing additional access to potential clients.

<p>Objectives for the Coming Year</p> <p>Access - Clients will be scheduled for a follow up appointment within 14 calendar days of call to central access.</p>

CHARLES CITY/NEW KENT OUTCOMES

Access Objective: Clients will be seen for initial appointment within 10 days of contacting Access	Results: Average 8.42 days
Recommendations/Action taken: Having 4-5 intake slots a week enables PF in seeing new clients within the 10 day period. Additionally, if there is a new hospital discharge that cannot fit into an initial slot, staff will accommodate the hospital discharge outside their initial slots.	Performance Improvements: This measure will be continued, confirming the optimal number of slots.

Effectiveness Objective: Staff will engage clients and address their needs appropriately as evidenced by an increase in planned discharges.	Results: 39.71% (baseline = annual 48.5%)
Recommendations/Action taken: PF appeared to do better at the start of the fiscal year and dropped in planned discharges. Fourth quarter showed improvement again at 44.82%, however, we did worse this fiscal year than FY13.	Performance Improvements: Plan for next fiscal year is for staff to have a more meaningful discussion concerning ending services with clients to see if this impacts discharge planning.

<p>Objectives for the Coming Year:</p> <p>Access - Clients will be seen for initial appointment within 10 days of contacting Access.</p>

EMERGENCY SERVICES OUTCOMES

Access Objective: 100% of persons not open that the agency hospitalized through the civil involuntary admissions will attend a non-emergency discharge appointment within 7 days of their discharge	Results: 67% attended a non-emergency discharge appointment within 7 days of their discharge
Recommendations/Action taken: The process that was implemented fall of 2013 worked well to improve the follow through with discharge appointments for the second and third quarter. The fourth quarter fell off again.	Performance Improvements: Staff attention was focused on implementation of the new laws and increased scrutiny regarding the civil commitment process. It may be that this impacted the process that was established. The discharge process will be reviewed in staff meetings.

Effectiveness Objective: There will be a reduction of persons who are involuntarily hospitalized under an ECO when they are evaluated at the Crisis Receiving Center.	Results: 73% (baseline = 74%)
Recommendations/Action taken: Despite the improved coordination and care, the CRC does not impact the ratio of ECO to TDO. We had 534 under ECO and 390 TDO. This measure supports that the police are bringing appropriate referrals to the CRC (perhaps at the onset they were too willing to bring someone in).	Performance Improvements: Shortened time of custody, better coordination, more peer involvement, and quick transfer time all support the value of the CRC.

<p>Objectives for the Coming Year: Access - Persons not open to the agency hospitalized through the civil involuntary admissions will attend a non-emergency discharge appointment within 7 days of their discharge 75% of the time. Efficiency - ESP will respond to request for face to face assessment within one hour 100% of the time.</p>
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ACCESS OUTCOMES

Efficiency Objective: Direct calls to Access will be answered first time 90% of the time.	Results: 85%
Recommendations/Action taken: The overall average for the year was 85.25%. Significant changes are planned for Access for the next fiscal year. Plans are underway for more access to our east end center which will end the split in staff resources.	Performance Improvements: Successful response to the transition of Access to the East Center thus far. The move required the East Center taking on the full time duties for serving the unannounced walk-in. A part time supervisor will be appointed which will add to the staff coverage and should support phone responsiveness.

<p>Objectives for the Coming Year Efficiency - Direct calls to Access will be answered first time 90% of the time.</p>
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LAKESIDE OUTCOMES

Access Objective: 100% of consumers referred to the program will be admitted within 30 days from receipt of the referral.	Results: 100%
Recommendations/Action taken: All 44 referrals were admitted within 30 days, with the average being 13 days. We nearly achieved getting consumers admitted to the program within one third of the amount of time! We plan to streamline some of our processes to be even more accommodating to intra-agency referrals.	Performance Improvements: This objective should always result in a 100% because all consumers will either be admitted or discharged within 30 days, however, it remains pertinent given continued emphasis on access to services and the data (i.e. average days until admitted) can be useful should there be a need for more expeditious access in the future.

Effectiveness Objective: The "dead referral" rate will not exceed 20% (consumer who did not attend at all within 30 days).	Results: 17%
Recommendations/Action taken: Our quarterly and annual results for FY14 provide substantiated support for our previous conclusion that tours of the program prior to a referral being made reduce "dead referrals". A program tour has now become an expectation of the referral process.	Performance Improvements: For FY15, we believe that this new process will serve to achieve a further reduction in the "dead" referral rate and have established a new target rate of 15%.

Effectiveness Objective: 85% of consumers will respond with an 8-10 rating to all survey questions	Results: 73%
Recommendations/Action taken: In FY13, we implemented Curriculum Based groups: Wellness, Mental Health Education, and Recovery and also developed a survey for each series of groups to serve as our outcome measures. For the year, we evaluated four groups and achieved an overall 73% of respondents having scored an 8-10 rating on the total of all survey questions.	Performance Improvements: Member comments indicate that they are satisfied with the new group format and the annual results show that we were on the cusp of meeting or exceeding our target. We plan to retain the current outcome measure using the same group subject matter. In addition to adding visual aids, etc., we plan to rework the surveys to become more easily understood, and strive to highlight material in which lower scores were provided.

Efficiency Objective: There will be improved coordination of care with other providers over the last 12 months as evidenced by a score of 90% on the record review.	Results: 86%
Recommendations/Action taken: In FY13, we surpassed the target score of 85% on the record review by achieving a score of 88%. In an effort to continue to build off of our success in this area, we established a target score of 90% for FY14. Unfortunately in FY14, we took a bit of a step backward in achieving a score 86%, which was 2% less than in FY13.	Performance Improvements: The current method of scoring on a chart review does not provide individual staff or teams with the full picture of progress despite there being progress in recent times. The one year method of scoring allows staff to see tangible results which more effectively serves to reinforce their efforts. In FY15, we will continue to work toward achieving a 90% score.

Satisfaction Objective: 85% of consumers will respond with an 8-10 rating to all survey questions	Results: 88%
Recommendations/Action taken: Since we were unsuccessful in reaching our target in FY13, we repeated this objective for FY14. We surpassed our objective, achieving a score of 88%. Just as in previous years, the reliability of the results were difficult to determine given that eleven (30%) of the surveys contained all 10's to every question.	Performance Improvements: Given some comments on the FY14 survey, and in an effort to promote wellness, we added more exercise groups and a bit more of a healthier menu. Overall, members continue to express being satisfied with the program. A goal of 90% program satisfaction in FY15 has been established as we continue to strive to further improve member satisfaction.

Satisfaction Objective: 90% of stakeholders (adult home operators and family care home staff) will respond with an 8-10 rating to all survey questions	Results: 98%
Recommendations/Action taken: In FY13, we surpassed the 85% rate of stakeholder satisfaction, therefore we raised the bar to attempt to achieve 90% satisfaction. We easily surpassed our target, achieving a 98% rate of satisfaction!! In doing so, we mailed out ten surveys to stakeholders, seven of which were returned, and one was sent back due to an incorrect address.	Performance Improvements: The survey comments were all positive and all survey respondents indicated that they would recommend the program. Since 2012, there has been an upward trend of overall satisfaction of the program by our stakeholders. For FY15, we hope to achieve 100% satisfaction.

Objectives for the Coming Year	
Access - 100% of consumers referred to the program will be admitted within 10 days from receipt of the referral	
Effectiveness - The "dead referral" rate will not exceed 15% (consumer who did not attend at all within 30 days).	
Efficiency - There will be improved coordination of care with other providers over the last twelve months as evidenced by a score of 90% on the record review.	
Satisfaction - 90% of consumers will respond with an 8-10 rating to all survey questions.	
Satisfaction - 100% of stakeholders (adult home operators and family care home staff) will respond with an 8-10 rating to all survey questions.	
Satisfaction - 85% of sampled consumers that attend curriculum based groups will respond with an 8-10 rating to all survey questions.	

MH CASE MANAGEMENT OUTCOMES

Access Objective: 100% of non-crisis clients will be seen within 7 business days of the initial attempt to access services.	Results: 50%
Recommendations/Action taken: Wait time for first appointment is impacted significantly by staff vacancies and also by demand for services. We have worked to increase intake appointments when demand increases and will continue to utilize this strategy moving forward. We have also used supervisors to conduct intakes when vacancies occur.	Performance Improvements: In FY15, we will continue this measure.

Effectiveness Objective: Newly opened clients will demonstrate an 80% reduction in hospitalization rate or remain hospitalization free from their baseline (measured from 3 months prior to initiation of service to 3 months after initiation of service) as compared with their hospitalization rate from months 4-9.	Results: 94% of clients experienced a reduction in hospitalization rate or remained at 0 hospitalizations
Recommendations/Action taken: During the period we examined, 223 clients were opened to CM&A. Of these 131 were closed or transferred to other services within the first 9 months of services. 92 clients received at least 9 months of service. Of these 92, 87 had a reduction in their rate of hospitalization or their rate of hospitalization remained consistent with their baseline. Only 5 clients experienced an increased rate of hospitalization. For the entire reporting period, these clients experienced a total of 65 hospitalizations during the baseline period (3 months prior to treatment + the first three months of treatment), and only 19 total hospitalizations in months 4 through 9 of services.	Performance Improvements: The results clearly demonstrate a reduction in hospitalization rate for clients staying in services at least 9 months. There is concern about the high number of clients who are ending services prior to 9 months (59% of clients). This warrants further evaluation.

Efficiency Objective: By the end of the 4th quarter, 5% of long-term adult clients who see an agency prescriber will have attended a BMI over 35% educational session provided by a medical professional within this agency.	Results: 3%
Recommendations/Action taken: Due to staffing issues we were unable to continue outcome in the 3 rd and 4 th quarters. In spite of this client and staff response to the Wellness classes was very positive.	Performance Improvements: Once fully staffed, we will reinstate these groups.

Satisfaction Objective: 90% of clients will respond with the two highest ratings to all questions on the satisfaction survey.	Results: 96%.
Recommendations/Action taken: We continue to struggle with a moderate to low response rate to satisfaction surveys. 165 surveys were returned, but this represents only about 24% of clients receiving case management services. Of the surveys received, feedback continues to be overwhelmingly positive, which is encouraging.	Performance Improvements: We need to continue exploring strategies for increasing the response rate.

Satisfaction Objective: 90% of those responding to the survey will respond with the two highest ratings to all questions on the stakeholder satisfaction survey.	Results: 94%
Recommendations/Action taken: We had a very high response rate to satisfaction surveys this year, in part due to the prescribers more fully participating in this process. The results of the survey demonstrate high satisfaction with services.	Performance Improvements: In FY15, we will continue survey stakeholders.

Objectives for the Coming Year	
Access - Non-crisis clients will be seen within 7 business days of the initial attempt to access services.	
Effectiveness - Newly opened clients will demonstrate an 80% reduction in hospitalization rate or remain hospitalization free from their baseline as compared with their hospitalization rate from months 4-9.	
Effectiveness - At least 50% of newly opened clients to the Case Management and Assessment unit will receive at least 5 additional hours of case management services post admission within 90 days of admission to the program to both address their service needs and further engage them in mental health services.	
Satisfaction - 90% of clients will respond with the two highest ratings to all questions on the satisfaction survey.	
Satisfaction - 90% of those responding to the survey will respond with the two highest ratings to all questions on the stakeholder satisfaction survey.	

MH PACT OUTCOMES

Access Objective: Consumers referred for PACT/ICT services will be seen, on average, within 7 days of acceptance into services.	Results: West ICT 7.17 days, East PACT 3.175 days
Recommendations/Action taken: New referrals to PACT/ICT services were seen, on average, 7.17 (West) and 3.175 (East) days after their referral is received by the PACT or ICT team, as compared to an average of 5.54, 9.6 days in years past. Quicker engagement seems to correlate with improved symptom management; efforts will continue to see all new referrals for PACT/ICT services within 7 days of referral.	Performance Improvements: It is hoped that the new electronic referral in combination with mobile computer technology will further expedite the process of seeing new referrals for services.

Effectiveness Objective: There will be a decrease in the number of hospital bed days among PACT and ICT service recipients as compared to the number of crisis stabilization bed days.	Results: West ICT 349 hospital bed days/166 crisis stabilization bed days (.48), East PACT 181 hospital bed days/6 crisis stabilization bed days (.04) (baseline = .25)
Recommendations/Action taken: The West ICT ratio of .48 well above the baseline of .25 and may suggest that West ICT is making good use of the resource of crisis stabilization beds. Based on the results of from the East PACT data it does not appear that clients are able to utilize CSU based on the acuity of their symptoms.	Performance Improvements: East PACT, an area of focus may be to work with staff on not waiting so long to hospitalize so that we are able to intervene with CSU to avoid having to be TDO'd and suffer through that traumatic experience.

Efficiency Objective: Program orientation packets, PACT/ICT assessments, and initial individual service plans will be completed within 30 days on all new referrals to PACT or ICT services.	Results: 100%
Recommendations/Action taken: West ICT had 6 new referrals and East PACT had 13 new referrals for the year. All had opening paperwork completed within 30 days.	Performance Improvements: All paperwork is being completed within the 30 days of opening a new client. It seems that this has been less of an issue since transitioning to EHR. It allows for easier monitoring and collection of the necessary information.

Satisfaction Objective: 100% of consumers will rate their satisfaction with PACT and ICT services a “4” or higher on the PACT/ICT Consumer Satisfaction Survey.	Results: 95%
Recommendations/Action taken: Aggregate data from the West ICT and East PACT Teams suggest that clients are satisfied with the services they receive.	Performance Improvements: A large majority of clients seem to be very satisfied with the services they receive from the ICT and PACT Teams. We will continue track this satisfaction measure.

Satisfaction Objective: Local hospital social work staff will rate their satisfaction with PACT/ICT Team staff at “4” or higher on the PACT other stakeholder satisfaction survey	Results: No responses
Recommendations/Action taken: West ICT had one hospital admission in December 2013, and the social work staff did not return the survey. East PACT had no admissions during December 2013. No response results to report.	Performance Improvements: Plan is to continue this objective next year and increase to surveying local hospital social work staff in December and again in June. Staff will increase outreach to social workers to stimulate additional responses.

Objectives for the Coming Year	
Access - There will be an increase in access to health care services experienced by persons receiving PACT/ICT services. Such individuals will see a health care provider, to include primary care providers, specialists, dentists, optometrists, etc., but not including emergency room treatment, at least once per year.	
Effectiveness - There will be a decrease in the number of hospital bed days among PACT and ICT service recipients as compared to the number of crisis stabilization bed days	
Efficiency - Program orientation packets, PACT/ICT assessments, and initial individual service plans will be completed within 30 days on all new referrals to PACT or ICT services	
Satisfaction - Consumers will rate their satisfaction with PACT and ICT services a “4” or higher on the PACT/ICT Consumer Satisfaction Survey.	
Satisfaction - Local hospital social work staff will rate their satisfaction with PACT/ICT Team staff at “4” or higher on the PACT other stakeholder satisfaction survey	

MH RESIDENTIAL OUTCOMES

Access Objective: Vacancies in the program will be offered and accepted within 45 days from the date a resident vacates the home to the move-in date of a new resident.	Results: No vacancies
Recommendations/Action taken: There were no vacancies during this reporting period.	Performance Improvements: In FY15, we will continue this measure.

Effectiveness Objective: 80% of residents will show an increase in their personal appearance (measured by completing their morning routine: showering, brushing teeth and wearing clean clothes).	Results: 67%
Recommendations/Action taken: This objective was not consistently met throughout the year and had an annual result of 67% of residents showing an increase in skills with caring for their personal appearance. The goal the program strived to achieve was 80%. The inconsistent scores demonstrate the varied needs of those served and the struggles and challenges they face in living with a mental illness.	Performance Improvements: While we did not meet our overall goal the improvement seen throughout the year for many of the residents, including those most challenged by their illness, was significant and demonstrates the commitment of staff in diligently working with the residents to support them in their recovery. We will continue this measure.

Effectiveness Objective: 80% of residents will show an increase in the quality of task of cleaning their bedroom (measured by vacuuming their carpet and keeping their floor clear of trash).	Results: 56%
Recommendations/Action taken: Objective was not met throughout the year and had an annual result of 56% of residents showing an increase in skills with caring for their personal space. Goal was 80%. The inconsistent scores demonstrate the varied needs of those served and the struggles they face in living with a mental illness.	Performance Improvements: While we did not meet our overall goal the improvement seen throughout the year for many of the residents demonstrates the commitment of staff in working diligently with the residents to support them in their recovery.

Efficiency Objective: There will be improved communication between group home staff and client's SAI as measured quarterly on the SAI survey.	Results: 88, 96, 111, 112 (24 point increase Q1 to Q4)
Recommendations/Action taken: Most significance change was staffing, switched from a live-in staff to hiring a group home supervisor along with two full time staff, and one permanent part time staff. Once all staff was hired there was a significant improvement in communication resulted. Surveys were given to the SAIs quarterly and there was a 24 point increase from the first quarter's result to the fourth quarter. We are also pleased that throughout the year we scored 3/3 or 100% of the SAIs would recommend the residential program to others.	Performance Improvements: Significant improvement was noted in communication resulting in better coordination of care for our clients. Since this was the program's first time measuring this outcome, FY14 established a baseline.

Satisfaction Objective: 85% of consumers will respond with an 8-10 rating to all survey questions.	Results: 100%
Recommendations/Action taken: This year brought many positive changes to the residential program. These changes are reflected in the increased satisfaction level of those we serve. We are pleased that 100% of clients gave a score of 8 and above on all survey questions. We are confident that there will be ongoing client satisfaction as the program continues to evolve.	Performance Improvements: In FY15, we will continue survey residential consumers.

Satisfaction Objective: 85% of family stakeholders will respond with an 8-10 rating to all survey questions.	Results: 95%
Recommendations/Action taken: We are very pleased that the average score for all survey questions was 95% and that 4/5 questions scored 100%. The one question that scored a seven related to the communication of information from the staff to the guardian. This person noted great improvement in this area once we had permanent staff, including a group home supervisor.	Performance Improvements: In FY15, we will continue survey family stakeholders.

Objectives for the Coming Year	
Access - Vacancies in the program will be offered and accepted within 45 days from the date a resident vacates the home to the move-in date of a new resident.	
Effectiveness - 80% of residents will demonstrate increased independence with caring for their personal hygiene as evidenced of needing less prompts/direction to brushing their teeth and wearing clean clothes that fits, matches, and are weather appropriate.	
Effectiveness - 100% of residents will participate in at least one community activity a quarter that will promote community integration and further development of social skills.	
Efficiency - There will be improved coordination of care between staff and the resident's SAI as evidenced of monthly documentation 90% of the time	
Satisfaction - 85% of consumers will respond with an 8-10 rating to all survey questions	
Satisfaction - 85% of consumer family stakeholders will respond with an 8-10 rating to all survey questions.	

MH SKILLS BUILDING OUTCOMES

Access Objective: MHSS will open consumers within 30 days of case manager being notified of opening.	Results: 16 opened within 30 days
Recommendations/Action taken: Twenty-eight consumers were opened this past fiscal year with 16 of these referrals being opened within 30 days. The average wait period for the year was 31 days which was a slight improvement over the previous year which had the average wait period of 33 days; however, a smaller percentage of consumers were opened within 30 days as last year's result was 64% of consumers were opened within 30 days.	Performance Improvements: As a result of not achieving this goal, this goal will be continued. Goal for next year should be set at opening 80% of referrals within 30 days of referral date.

Effectiveness Objective: Of consumers currently enrolled in MHSS, 10 will be discharged successfully in the next year.	Results: 16 successful discharges
Recommendations/Action taken: In this past fiscal year, a total of 37 consumers were discharged from MHSS with 16 of these discharges considered successful. This result was double the number of successful discharges from the previous fiscal year while the total number of discharges remained comparable, and this result exceeded our goal by 6 successful discharges.	Performance Improvements: Since this objective was achieved for the first time ever, this same objective will be used again in the new fiscal year, but the new goal will be to have 15 successful discharges which is an increase from 10.

Efficiency Objective: MHSS staff will document monthly collateral contacts with case managers 90% of time.	Results: 79.6%
Recommendations/Action taken: This objective was not achieved for this fiscal year where charts only had all three contacts per quarter documented 79.6% of the time; however, this was an 8.9% increase over last year's fiscal result which was only 71%. MHSS supervisors will continue to try and keep this trend moving forward by reminding all staff via e-mail and in team meetings to be sure everyone completes their monthly collateral contacts.	Performance Improvements: While we did not meet our goal, improvement was seen. In FY15, we will continue this measure with our goal remaining as 90%.

Satisfaction Objective: 90% of clients will respond positively to each survey question.	Results: 80%
Recommendations/Action taken: MHSS consumers continue to feel excellent regarding the respect that MHSS shows its consumers and the support these consumers receive from MHSS; however, only 63% of consumers feel they have progressed regarding their goals. It should be noted that this is 3% higher than last year which was only 60%. Hopefully, this trend will continue as MHSS has become more focused on skills building, and less focused on being a supportive service.	Performance Improvements: MHSS will continue to focus on skills building with the hope that satisfaction regarding goal progression will be gained.

Satisfaction Objective: 80% of primary case managers responses to the survey questions will be 8 or above.	Results: 90.6%
Recommendations/Action taken: MHSS has continued to do an excellent job regarding collaborating and communicating with its primary stakeholder (case managers). This year's result was 2% points higher than last year's which was 88.6%.	Performance Improvements: MHSS will continue to strive toward empowering consumers to be partners, volunteers, and leaders in the community while collaborating and communicating with stakeholders.

Objectives for the Coming Year	
Access - Will open consumers to MH Skills Building services within 7 days of referral from case manager.	
Effectiveness - Of consumers currently enrolled, 15 will be successfully released in this fiscal year.	
Effectiveness - Staff will document monthly collateral contacts 90% of the time.	
Satisfaction - 90% of consumers will respond positively to each survey question as evidenced by a score of 8 or higher for every question.	
Satisfaction - 80% of ARS case manager responses will be in the excellent range (8-10).	

MH VOCATIONAL OUTCOMES

Access Objective: Increase the number of participants that have received employment services by 30.	Results: increased by 27
Recommendations/Action taken: The goal of 30 new participants enrolled in vocational services was nearly met. Staff will engage those referred and encourage them to sign up for services.	Performance Improvements: In FY15, we will continue this measure. Staff will coordinate with case managers to answer questions, if needed.

Access Objective: 100% of persons referred will be contacted within five (5) business days of receiving referral	Results: 90%
Recommendations/Action taken: Improvement may be accomplished by a more active approach of linking with clients and/or their case managers in a more-timely manner, or possibly house visits if telephone calls are unsuccessful.	Performance Improvements: The goal for the FY2015 is that all persons will be contacted within the allotted five business days.

Effectiveness Objective: Twenty-four (24) additional assigned program participants will become employed during the evaluation period.	Results: 28 additional participants employed
Recommendations/Action taken: We will continue to use twenty-four as our goal of new hires for FY2015. The team will concentrate on the increasing the amount of time job developing in the community and not focus on the internet for job leads.	Performance Improvements: The target will remain at 24 for FY2015.

Efficiency Objective: Vocational Program staff will meet 45% productivity	38%
Recommendations/Action taken: The annual result for the productivity rate was 38% for FY 2014 and will be the baseline for FY2015. The productivity goal will be decreased from 45 to 40 due to the amount of time and demand of job coach services to those consumers involved in the Consumer Work Program as well as providing support to those that are not open to Vocational Services.	Performance Improvements: The FY2015 productivity goal will be set at 40%. Staff will make adjustments to increase productivity through increased caseloads and increased face to face contact with clients.

Satisfaction Objective: 90% of responding program participants will score a rating of at least "8" satisfaction level on a scale of 0 to 10.	Results: 89%
Recommendations/Action taken: The goal of 90% was not reached. However, the team will strive to make that same goal for the next year. A more thorough explanation of the survey will be given and participants will be encouraged to provide written feedback.	Performance Improvements: The team will continue to provide venue that allows program participants a chance to rate vocational services and encourage comments.

Satisfaction Objective: 90% of responding employers will score a rating of at least "8" satisfaction level on a scale of 0 to 10	Results: 94%
Recommendations/Action taken: The 90% goal was reached for the year and will continue as the goal for FY2015. Staff will attempt to increase the number of responding employers through outreach. Also the survey form will be enhanced to provide for more feedback.	Performance Improvements: We will utilize the corresponding job coach as a point of contact the upcoming year.

Objectives for the Coming Year	
Access - To increase the number of participants that have received employment services by ten.	
Effectiveness - Twenty-four (24) additional assigned-program participants will become hired during evaluation period.	
Efficiency - Full time job coaches will meet 40% productivity	
Satisfaction - 90% of responding program participants will score a rating of at least "8" on a scale of 0 to 10.	
Satisfaction - 90% of responding employers will score a rating of at least "8" satisfaction on a scale of 0 to 10.	

PREVENTION OUTCOMES

Access Objective: 100% of consumers will be approved for admission into the CONNECT program within 5 business days of request for services.	Results: 39 of 39 CONNECT admissions occurred within 5 business days of request for services
Recommendations/Action taken: Registration for the Connect program continues to be offered at each program site. The majority of admissions occur at the beginning and end of the school year (i.e., summer program). Results vary due to parental preference regarding start date.	Performance Improvements: Access to the program is determined based on site capacity. Youth can begin participation in the Connect program following staff approval, registration and parental preference regarding start date.

<p>Effectiveness Objective: 95% of CONNECT of 1st – 3rd grade participants shall be reading on or above grade level.</p>	<p>Results: 90%</p>
<p>Recommendations/Action taken: At the end of the 2013-14 school year, 90% of 1st - 3rd graders are reading on or above grade level. The positive reading outcomes in the Connect program can be attributed to: annual training for Connect staff and interns by a Title 1 Reading Specialist; interns from area colleges working with participants on reading and creative language arts activities; close collaboration with teachers by Connect staff; on-site tutorials provided by teachers at Connect sites; and Connect staff facilitating greater parental engagement with the schools.</p>	<p>Performance Improvements: Although the 95% objective was not achieved, there was significant progress made in reading over the course of the school year. The number of youth reading below grade level was significantly reduced, from 13 to 3. In recognition of the research that shows that reading skills are crucial to academic success and reducing other risk factors, Prevention Services remains committed to this important objective.</p>
<p>Effectiveness Objective: Students will show a decrease in favorable attitudes towards Alcohol, Tobacco and other Drugs (ATOD) as demonstrated by the evaluation outcomes of evidence-based curriculums implemented in the community.</p>	<p>Results: 15.9% decrease in favorable attitudes</p>
<p>Recommendations/Action taken: A sample comprised of 3rd, 5th and 7th graders was pre and post tested to determine outcomes. A 15.9% decrease in favorable attitudes toward ATODs was noted among the participants. Unfavorable attitudes toward substance use are reinforced in Connect programs both by social skills curriculums and specialty programming (i.e., Youth Ambassadors Leadership group, Teen Job Prep Program) continued wait list for services during this past year.</p>	<p>Performance Improvements: There was a significant shift (21%) from pre to the post- test toward more unfavorable attitudes in the elementary group (3rd and 5th graders). The middle school group also showed a decrease (6%) in favorable attitudes on posttests, although unfavorable attitudes strongly predominated on the pre-test. Programming will continue to reinforce reduction of favorable attitudes towards Alcohol, Tobacco and other Drugs (ATOD).</p>
<p>Efficiency Objective: The Henrico Too Smart 2 Start Community Coalition shall implement community-level prevention strategies as measured by the delivery of 4 events annually.</p>	<p>Results: 4 events</p>
<p>Recommendations/Action taken: Prevention Services participated in two community-level events during this period:</p> <ul style="list-style-type: none"> • 10/29/13, RX Drug Take Back event • 3/15/14, 3rd Annual Teen Forum • 4/4/14, 2nd community conversation, It Takes a Village. • 4/25/14, RX Drug Take-Back event. 	<p>Performance Improvements: In FY15, we will continue this measure; however the number of events will be reducing to 2.</p>
<p>Satisfaction Objective: 85% of CONNECT participants (3rd grade and above) shall give a response of 1 (i.e., agree) on the consumer satisfaction survey</p>	<p>Results: 82.5%</p>
<p>Recommendations/Action taken: The Connect program satisfaction rate improved over the school year and the objective was met in the last quarter with an 85.3% favorable response. Staff turnover continued this year in 2/5 Connect programs. Staffing continues to be supplemented by interns, and teachers volunteering at one site. Youth survey comments reflect that participants establish close bonds with staff and enjoy the outdoor play, special activities/ fieldtrips, and the opportunity for summer employment.</p>	<p>Performance Improvements: Quality service and program stability (i.e., staffing) remain paramount goals for the Connect programs as recruitment continues to focus on staff and volunteers with the dedication and skill to work effectively in the communities served by the Connect program.</p>
<p>Satisfaction Objective: 95% of CONNECT key stakeholders shall give a response of 1 (i.e., agree) on the satisfaction survey</p>	<p>Results: Parents 99%, Community 96.5%</p>
<p>Recommendations/Action taken: Parents requested expansion of the program in staffing and scope of services.</p>	<p>Performance Improvements: The survey comments were overall positive. For FY15, we hope to achieve at least 95% satisfaction again.</p>

Objectives for the Coming Year

Access - Consumers will be approved for admission into the CONNECT program within 5 business days of request for services.

Effectiveness - 95% of CONNECT of 1st – 3rd grade participants shall be reading on or above grade level.

Effectiveness Objective: Students will show a decrease in favorable attitudes towards Alcohol, Tobacco and other Drugs (ATOD) as demonstrated by the evaluation outcomes of evidence-based curriculums implemented in the community.

Effectiveness - The Henrico Too Smart 2 Start Community Coalition shall implement community-level prevention strategies as measured by the delivery of 2 events annually.

Satisfaction - 85% of CONNECT participants (3rd grade and above) shall give a response of 1 (i.e., agree) on the consumer satisfaction survey.

Satisfaction - 95% of CONNECT key stakeholders shall give a response of 1 (i.e., agree) on the satisfaction survey.

YOUTH & FAMILY OUTCOMES

<p>Access Objective: 100% of Youth & Family services non-crisis consumers will be seen within 10 business days of their initial attempt to access services</p>	<p>Results: 25%</p>
<p>Recommendations/Action taken: This is an improvement over last fiscal year, when we did not meet the goal any months during the year. While we are able to provide rapid response for court-ordered evaluations, school-contracted substance abuse evaluations, and Medicaid-contracted independent clinical assessments, those commitments diminish our capacity to respond to non-crisis outpatient consumers. We are exploring strategies for maximizing access to services across populations.</p>	<p>Performance Improvements: Tracking this objective over time has been helpful in clarifying the impact of multiple contractual and community demands on program capacity and overall access to outpatient services for children and adolescents. Our current plan is to implement a pilot rapid access project in January, 2015.</p>
<p>Effectiveness Objective: MST team will increase the percentage of youth in the program who remain in their current placement, target of 90%</p>	<p>Results: 87%</p>
<p>Recommendations/Action taken: Actions taken to improve this outcome measurement include doing community stakeholder education, making family stabilization a priority in the team, educating stakeholders about making appropriate referrals and advocating to the judges about alternatives to detention such as crisis planning and supervision and monitoring plans. The MST staff also did education and outreach to the court staff and other agency stakeholders.</p>	<p>Performance Improvements: Factors that influenced the percentage of MST recipients that were able to remain in their placement or in their home was found to be influenced by the resources of the family and community. The target will remain at 90% for FY2015.</p>
<p>Effectiveness Objective: 85% of participants in the Incredible Years Parenting Group will report positive gain in 50% of items on the IY Parenting Scale.</p>	<p>Results: 100%</p>
<p>Recommendations/Action taken: Parents who participate in the IY parenting program report a positive change in their parenting from session one to the last session. Transportation issues have caused parental drop out from the group consistently. A plan to improve this is to offer the groups with more regularity at both the East Center office and the Woodman Road office. Having additional trained staff will help to facilitate this.</p>	<p>Performance Improvements: Frequent transportation issues have been an obstacle. The target will remain the same for FY2015.</p>
<p>Efficiency Objective: 35% of The Path substance abuse treatment group clients will progress one stage in the stages of change model after participating in The Path substance abuse group. This will show their increase in motivation to change their substance abuse in a positive way.</p>	<p>Results: 21.8%</p>
<p>Recommendations/Action taken: Reformat groups to allow for increased participation by parents and to serve a larger number of participants by being open ended. The group will now be run as an open ended group in both the East and West locations.</p>	<p>Performance Improvements: We will continue to provide this Likert Scale questionnaire as we will which to the new group format.</p>

Objectives for the Coming Year

Access - Youth & Family Services non crisis consumers will be seen within 10 business days of initial attempt to access services.

Effectiveness - MST Team will increase the percentage of youth in the program who remain in their current placement [in home and community] to program target of 90%

Effectiveness - Clients in the Court Alternative Program – SA [CAP-SA] educational group will demonstrate an increase in SA knowledge through their participation in the four week program

Effectiveness - 90% of participants in the Incredible Years Parenting Group will report positive gain in 50% of items on the IY Parenting Scale

CSS CASE MANAGEMENT OUTCOMES

Access Objective: 100% of individuals will be seen within 20 days of assignment to “Eligibility Complete” unit	Results: 80%
Recommendations/Action taken: Changes were made to the timing of information shared about new intakes in order to allow for contact with the client to set up the first face to face meeting to occur before the Case Manager receives the record. This change has improved the ability to meet the goal and will be continued next year. In addition alternate contact identification will be made when those assigning intakes are out of the office for more than one day. This additional change in process should further shorten the time between receipt of the intake by the Program Manager and the date of the first face to face.	Performance Improvements: Reduction of lag time due to Case Management unit process will be a continued goal.

Efficiency Objective: 100% of Waiver Slot Discussion Summary forms will be entered into Anasazi by December 31, 2013.	Results: 100%
Recommendations/Action taken: All forms were entered into Anasazi on time. The process includes updating each individual’s information annually and as changes in status is shared. This is expected to improve the information flow at the time of Waiver slot allocation. The content of these forms is reviewed each time there is an ID Waiver slot allocation. The information is a picture of the individual’s situation which better informs the allocation process.	Performance Improvements: This objective was met.

Objectives for the Coming Year

Access - Individuals will be seen within 20 days of assignment to “Eligibility Complete” unit

CSS DAY SERVICES OUTCOMES

Access Objective: 100% of Individuals referred will start their assessment within 30 days of the date of referral.	Results: 37.5%
Recommendations/Action taken: We were able to schedule in-person assessments within 30 days of referral 37.5% of the time (3 of 8); with an average of 36 days from time of referral to the day the person first attends their assessment. Families chose to wait for time that was more convenient to them, such as spring break; others were not able to arrange transportation for several weeks; one person had a medical issue that needed to be resolved before he could attend. Next year, we will be tracking when the first contact is made rather than the start of the assessment. This will more accurately reflect the intervention and interactions between staff and the consumers who have been referred.	Performance Improvements: Setting up an assessment following a referral is contingent on many factors, most of which involve choice by the individual and are often out of the control of the supervisors. A new Access measure will be selected.

<p>Effectiveness Objective: 50% of the individuals will participate in at least one activity that meets the community inclusion criteria per quarter.</p>	<p>Results: 51.9%</p>
<p>Recommendations/Action taken: We met the objective of 50% of the individuals participating in an integrated community outing in two of the four quarters. In the center, many chose to work rather than go out. The Life Enrichment Program struggled with the concepts and it is clear staff need more training to ensure that the type of outings which allow for community integration need to be developed. The STEP program consistently met the objective – and since this is the community integration program – that is appropriate. LEP and the Vocational program at Hermitage both struggled, but for different reasons.</p>	<p>Performance Improvements: Our outcome next year will stay the same, but our goal will be for 55% of individuals to participate in community integration per quarter.</p>
<p>Effectiveness Objective: 5 individuals who attend the workshop will participate in individual supported employment activities by the end of the year.</p>	<p>Results: 4 participated</p>
<p>Recommendations/Action taken: The goal of the ERP (Employment Readiness Program) is give help individuals who have been working in the workshop setting to move into either Group or Individual Supported Employment in an integrated setting. While our goal was to place 5 individuals, we have placed 4. Three went to Group Supported Employment sites and one was hired at our center as a front desk attendant. All jobs are integrated and pay at least minimum wage. We have had several individuals engaged in job development activities and are actively looking for work in the community.</p>	<p>Performance Improvements: We will be continuing this program and will be expanding the program to include more class work and more job exploration activities to assist individuals in finding integrated work. The target will remain the same for FY2015.</p>
<p>Efficiency Objective: Utilization Peer Review scores on the DATA section will reflect an average of 95% compliance for all waiver charts</p>	<p>Results: 91.9%</p>
<p>Recommendations/Action taken: Of all the waiver charts (68 charts); we are in compliance with 91.9% of the data components (435 of 473). This is indicative of the struggles staff have with meeting the requirements for data for waiver recipients. Most errors are in meeting the details needed to fully document supports we are providing, and in writing enough information to paint the picture of daily supports. Documentation training will be provided and supervisors will be vigilant that necessary details are being included.</p>	<p>Performance Improvements: For the next year, we will keep this outcome, while providing further training and supervision in meeting the best practice standards of documentation.</p>
<p>Satisfaction Objective: 90% of the individuals will respond with a positive response (always or almost always) when asked if they are satisfied with the work and/or activities they have been offered in their program.</p>	<p>Results: 86%</p>
<p>Recommendations/Action taken: We received a total of 80 consumer satisfaction surveys with responses out of a possible 101 for a 79% response rate. Average of all surveys was 86% satisfaction rate (69 of 80). Cypress and STEP were at 100% with LEP at 89% and the Vocational program at Hermitage at just 76%. Those who rated us lower than satisfied were primarily from the new program (Employment Readiness) which is working with individuals towards community employment. Their comments indicated they wanted more work in the community, more outings and more computer skills. While we did not meet our objective, it does show we are on the right track with helping people reach their goals and should continue the person-centered activities which we are emphasizing.</p>	<p>Performance Improvements: Overall, members continue to express some satisfaction with their program. The 90% goal of program satisfaction will be continued as we to strive to further improve satisfaction.</p>

<p>Satisfaction Objective: 90% of the Caregivers, Residential Providers or other significant family members will express satisfaction (4 or 5 on a 5 pt scale) with services received by the consumer.</p>	<p>Results: 96%</p>
<p>Recommendations/Action taken: There was a very small response rate from the survey for caregivers and family members. These surveys were sent home with 66 clients and 27 were returned for a response rate of 41%. 70% came from family members while just 30% came back from other caregivers. There were few comments and these were often contradictory – for example one wanted more work training while one wanted more socialization. Each program was represented except for the Life Enrichment Program. The results of the survey were positive and met our objective. 26 of 27 surveys indicated agreement to the question – I am satisfied with the services my consumers are receiving for a 96% rate of satisfaction. The comments indicate that personalized services are the key to satisfaction.</p>	<p>Performance Improvements: We will continue to strive to provide person-centered services that are indicated by the needs of the individual.</p>

<p>Objectives for the Coming Year Access - Individuals referred to one of the Day Services programs will be contacted by the Training Specialist within 10 days of assignment from the Program Supervisor. Effectiveness - 55% of the individuals will participate in at least one activity that meets the community inclusion criteria per quarter. Effectiveness - 5 individuals who attend the workshop will participate in individual or group supported employment activities by the end of the year. Efficiency - Utilization Peer Review scores on the DATA section will reflect an average of 95% compliance for all waiver charts Satisfaction - 90% of the individuals will respond with a positive response (always or almost always) when asked if they are satisfied with the work and/or activities they have been offered in their program. Satisfaction - 90% of the Business customers and Community Partners for whom we volunteer will respond with a 4 or 5 on a satisfaction survey.</p>
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CSS INDIVIDUAL SUPPORTED EMPLOYMENT OUTCOMES

<p>Access Objective: 100% of individuals will be seen by the employment specialist within 10 days of assignment from the supervisor.</p>	<p>Results: 100%</p>
<p>Recommendations/Action taken: We received a total of 7 referrals and all 7 were seen or contacted by their Employment Specialist within 10 days of the assignment. The average number of days was 5 and the range was 1 day to 9 days.</p>	<p>Performance Improvements: This outcome will continue as it is important to interact as quickly as possible with someone who wants individual supported employment in order to increase and maintain their momentum towards getting a job.</p>

<p>Effectiveness Objective: Individual SE: 90% of individuals in job development will receive 4 employment contacts per month from their job coach (one of which is face to face).</p>	<p>Results: 71%</p>
<p>Recommendations/Action taken: On average 71% of the individuals in the job development phase of the Supported Employment program were able to be engaged in 4 employment contacts per month. We met the 90% objective in only one of the twelve months. The barriers to meeting these objective included consumers who indicated they wanted to find a job but when offered opportunities to look for work, choose not to. Other barriers included scheduling conflicts, weather related conflicts, and personal stability issues such as loss of housing.</p>	<p>Performance Improvements: Job coaches were active each month but did not always meet the four contacts with each individual. We will continue to explore ways to engage individuals in their own job development and will continue to work with each person at their pace when looking for employment.</p>

<p>Effectiveness Objective: Group SE: 100% of the new enclaves/crews developed for group employment will incorporate an hourly pay rate of minimum wage or above for the consumers.</p>	<p>Results: 100%</p>
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<p>Recommendations/Action taken: Our goal was to only start new sites if the employer was paying at least minimum wage. This year we completed that outcome – having started 1 brand new site and one site which we returned – with individuals being paid minimum wage or higher. All five of our group employment sites now pay at least the minimum wage, with one paying everyone more than minimum wage; one paying a few members more than minimum wage and one employing the individuals directly at more than minimum wage. Our three mobile work crews also meet these criteria. Because of the importance of this outcome, we will continue it into the next year.</p>	<p>Performance Improvements: Group Supported Employment sites are an integral part of our employment options for persons with intellectual disabilities. In FY15, we will continue to search for minimum wage or higher group employment opportunities.</p>
<p>Efficiency Objective: 81% (9 of 11) of the Enclave and Individual Employment Specialists will participate in one networking or community education opportunity with the Business community within the year.</p>	<p>Results: 73%</p>
<p>Recommendations/Action taken: Our goal was to get the majority of our staff active in a marketing aspect, not just as a job coach. We had 8 of 11 staff participate, present and/or work with members of the business community throughout the year for a 73% completion rate. While short of our goal of 81%, this demonstrates a good effort at engaging the business community. Next year we will emphasize businesses that do not traditionally hire individuals with disabilities in order to expand our employer network.</p>	<p>Performance Improvements: Marketing and Community Presence are an important part of any Supported Employment program. Employment Specialists will continue to assist in the search of new employers.</p>
<p>Satisfaction Objective: 90% of individuals in follow along services will express satisfaction with supports provided by their Job Coach.</p>	<p>Results: 100%</p>
<p>Recommendations/Action taken: Consumer satisfaction for those in employment is often recognition that they are placed in a job they like and that their job coach is supporting them at the level they need/request. A random sampling of 10% of the current enrollees in follow-along were called by a third party and asked if they were satisfied with the service and if they would rate it as good or bad. 100% (11 of 11) responded both with a yes, they were satisfied and yes they would rate it as a good service. This indicates satisfactory level of supports that the job coaches are providing and that they should continue to individualize the supports when providing follow-along services in Supported Employment.</p>	<p>Performance Improvements: The survey comments were very positive. For FY15, we hope to continue this level of satisfaction again.</p>
<p>Satisfaction Objective: 90% of Training Specialists, Case Managers and Family Members who support individuals in the Employment Readiness Program (ERP) program will indicate satisfaction (4 or 5 on a 5 pt scale) with supports received by the Employment or Enclave Specialist.</p>	<p>Results: 78.5%</p>
<p>Recommendations/Action taken: The intent of this outcome was to evaluate the effectiveness of the Employment Readiness Program, through the eyes of the staff who know the individual best. There were 14 Training Specialists, Family Members and Case Managers who responded to the survey with 78.5% (11 of 14) indicating satisfaction with a rating of 4 or 5. We continually evaluate the use of our resources to ensure individuals meet their goals of integrated community employment.</p>	<p>Performance Improvements: These results indicate that we are on the right track with the new program emphasizing work in the community.</p>

Objectives for the Coming Year

Access - Individuals will be seen by the employment specialist within 10 days of assignment from the supervisor.

Effectiveness - 100% of the individuals assigned a job coach from the ERP will begin the assessment process within 30 days of the referral

Effectiveness - Group SE: 100% of the new enclaves/crews developed for group employment will incorporate an hourly pay rate of minimum wage or above for the consumers.

Efficiency - Job coaches will present or meet with one new non-traditional business once per quarter to promote the hiring of individuals with disabilities.

Satisfaction - 90% of individuals in both Group and Individual Supported Employment services will express satisfaction with supports provided by their Training/Employment Specialist.

Satisfaction - 90% of the referral sources (Case Managers and DARS Counselors) will express satisfaction with the work of the Training/Employment Specialist with a response of 4 or 5 (on a 5pt. scale) on a survey.

CSS INTAKE OUTCOMES

Access Objective: 100% of individuals referred to the agency for services will have a face to face intake meeting within 10 days of the first contact.	Results: 50%
Recommendations/Action taken: This year there were a number of factors that affected our ability to meet the 10 day criteria. In many more instances than past years, callers requested dates in the future despite the availability of dates within 10 days. There were a number of factors that affected scheduling with the most significant being the facility discharges. Many intake slots needed to be cancelled in order to attend meetings or meet requirements related to facility discharges.	Performance Improvements: In the upcoming year it is not expected that the number of intake slots would change. Facility discharges will be less in number but made up for in travel since remaining individuals are out of our catchment area.
Access Objective: Individuals currently residing at SVTC will be successfully discharged to the community or transferred to another facility by 6/1/14.	Results: 3/2014 objective met
Recommendations/Action taken: In March 2014 the final individuals were discharged from SVTC. From 7/2012 until 3/2014 to total of 19 individuals moved successfully into the community from SVTC and 3 individuals transitioned to other facilities.	Performance Improvements: On-going staff will continue the process to transfer additional individuals from CVTC, NVTC and SEVTC into the community if they wish to begin the process.

Objectives for the Coming Year

Access - Individuals referred to the agency for services will have a face to face intake meeting within 10 days of the first contact.

Access - Individuals currently residing at NVTC, SEVTC and CVTC will be tracked as they successfully discharge to the community or transfer to another facility by 6/30/20.

CSS RESIDENTIAL OUTCOMES

Effectiveness Objective: 90% residents will participate in at least 2 community inclusion activities of choice per month.	Results: 97%
Recommendations/Action taken: This outcome has been helpful in making sure that the residents participate in activities that are important to them and not just activities that they attend as a group. Some residents have embraced the outcome and become very verbal about what they want to do and others continue to choose activities/outings that are familiar to them and are not extremely adventurous.	Performance Improvements: Regardless of their choices, they are participating and are taking advantage of all their community has to offer.

Effectiveness Objective: 85% of residents will participate in at least 1 activity per quarter that expands their choices and provides a new experience.	Results: 80%
Recommendations/Action taken: For a number of residents and staff this has been a rewarding outcome. Residents have enjoyed the variety of choices and been excited to see some of their personal choices come to reality. In one situation a resident saw a commercial for Wicked and just made the statement to she would like to see it. Staff made arrangements to take her to a matinee and she was amazed at seeing her first professional musical. Another individual who had just moved in this year was excited about any activity from cooking to gardening. She had been living at home and her community access was limited to what the family did, so this was a year of firsts for her.	Performance Improvements: Everyone had the opportunity and encouragement to do something new or different, but some individuals chose not to participate for a number of reasons: health, aging and become more sedentary, weather, etc. Staff will continue to support individuals in accessing the community activities that they choose and encourage new opportunities.

Efficiency Objective: 90% of residents (whom Henrico staff assists with medical appointments) will visit their primary care physician at least 1 time during the next year.	Results: 100%
Recommendations/Action taken: We have seen an increase in illnesses, medical conditions and doctor's visits over the past years as our resident's age. Staff has demonstrated solid observation skills when supporting these individuals so that any changes in normal behavior patterns can be addressed promptly. This outcome will not be documented for the next fiscal year; however attention to medical care will continue to be one of our highest priorities.	Performance Improvements: Medical care whether routine or specific to a diagnosis will continue to be treated with great importance in the residential programs.

Objectives for the Coming Year
Effectiveness - 90% residents will participate in at least 2 community inclusion activities of choice per month.

PARENT INFANT PROGRAM OUTCOMES

Access Objective: The Infant and Toddler Connection of Henrico Area will meet or exceed the December 1 child count, the Part C state office determine this to be 42.	Results: 50 children were enrolled
Recommendations/Action taken: The Infant and Toddler Connection of Henrico Area met the December 1st child count (42 children). This year we created additional evaluation teams specifically for our 0-1 babies. We combined intake and assessment appointments together to avoid families having to attend 2 separate appointments. We found this practice to be very helpful to families being discharged from the NICU. We have continued to offer similar appointments to families as they are discharged by the request of family/child's need (feeding/failure to thrive)/NICU.	Performance Improvements: Highest enrollment we ever had (50). Plan to continue to work closely with the NICU's in the area to gather recent assessments and reports that would assist our evaluation teams in determining eligibility. We have found that this new process has created a better collaboration with doctors/NICUs and other referral sources in our area.

Access Objective: The Infant and Toddler Connection of Henrico Area will conduct 3 child find activities this fiscal year.	Results: 10 child find activities
Recommendations/Action taken: This year's child find outcome has not only increased PIP's child count, but it has helped our system establish and build relationships in the community.	Performance Improvements: These relationships have created a more streamlined process for the families referred to our system. PIP will continue this outcome in the up and coming year.

Access Objective: 100% of children found eligible for Early Intervention services will have an IFSP developed within 45 days of the date of referral	Results: 100%
Recommendations/Action taken: The Parent Infant Program will continue to provide the needed training in the area of transition.	Performance Improvements: Although this outcome was met at 100% this quarter, PIP will continue to monitor this area as this indicator has a 100% target (required by the Office of Special Education).

Efficiency Objective: 100% of children discharged from Early Intervention Services will have all of their transition steps and services completed on their IFSP.	Results: 100%
Recommendations/Action taken: Of the 264 children discharged from Early Intervention services this year, 100% of the children had all of their transition steps and services on their IFSP completed. The program attributes this year's results to the restructuring of the discharge process (transition steps and services are reviewed by supervisor prior to discharge).	Performance Improvements: Infant Toddler Connection of Henrico Area has maintained full compliance around the transition. For FY15, we hope to continue this level of IFSP completion.

<p>Objectives for the Coming Year</p> <p>Access - The Infant and Toddler Connection of Henrico Area will conduct 5 child find activities this fiscal year.</p> <p>Access - Meet or exceed the December 1 child count determined by the Part C state office.</p> <p>Efficiency - 100 % of children discharged from Early Intervention Services will have all of their transition steps and services completed on their IFSP.</p>
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POST DISCHARGE INFORMATION FOR CARF SERVICES

Post discharge information is collected for CARF services. The post discharge surveys are mailed approximately 30- 60 days after the client is discharge from a CARF service. At least two questions are asked in each survey, including a satisfaction question and a question that refers back to the program goals. Survey questions are reviewed and updated as needed on an annual basis to correspond with the current goals and objectives. In order to complete a timely annual report, the reporting period covers the period of April 1, 2013 through March 31, 2014.

During this fiscal year, ten separate services were tracked. A total of 280 surveys were mailed and 25 were returned. The response rate for programs ranged from 0% to 100% with an average response rate for all of the CARF services of 9%, down from the response rate of 13% for FY13. Individual comments are forwarded to the respective program.

HENRICO AREA MENTAL HEALTH & DEVELOPMENTAL SERVICES FY2014 ANNUAL POST DISCHARGE REPORT

HAMHDS	CARF	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Discharges by Program (Apr 2013 - Mar 2014)														
CM&A	MH Case Management	17	14	15	9	18	24	22	15	13	14	16	12	189
PACT	Assertive Community Treatment	2	1	1	0	1	1	2	1	0	0	0	0	9
MH Day Support	MH Community Integration	3	3	5	2	1	1	4	2	4	3	4	1	33
MH Residential	MH Community Housing	0	0	0	0	0	0	0	0	0	0	0	0	0
MH Vocational	MH Community Employment	0	3	0	0	1	4	0	2	1	0	0	0	11
MH Supported Svcs	MH Supported Living	4	0	1	1	2	2	5	4	2	2	0	0	23
LEP	ID Community Integration	0	0	0	0	0	0	0	0	0	1	0	0	1
ID Supp Employ	ID Community Employment	0	0	0	0	0	1	0	0	0	1	2	0	4
Sheltered Employ	ID Organizational Employment	0	0	0	0	0	0	1	0	0	2	1	0	4
ID Group Supp Empl	ID Community Employment	0	0	0	1	0	1	0	0	0	0	1	3	6
Total		26	21	22	13	23	34	34	24	20	23	24	16	280

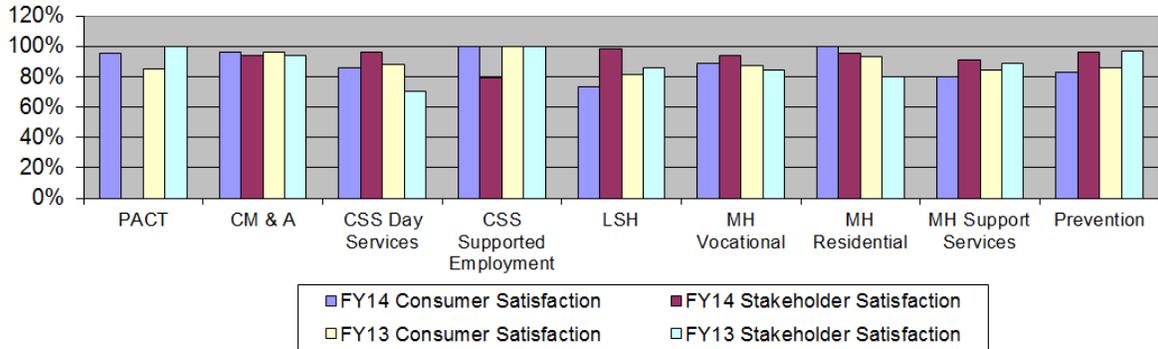
HAMHDS	CARF	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	Response Rate%
Survey Response Rates (Apr 2013 - Mar 2014)															
CM&A	MH Case Management	1	2	0	1	3	1	1	0	0	2	2	0	13	6.9%
PACT	Assertive Community Treatment	1	1	0	0	0	0	0	0	0	0	0	0	2	22.2%
MH Day Support	MH Community Integration	0	0	2	0	0	0	2	1	1	0	0	1	7	21.2%
MH Residential	MH Community Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	No discharges
MH Vocational	MH Community Employment	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
MH Supported Svcs	MH Supported Living	0	0	0	0	0	0	0	1	0	0	0	0	1	4.3%
LEP	ID Community Integration	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
ID Supp Employ	ID Community Employment	0	0	0	0	0	0	0	0	0	1	0	0	1	25.0%
Sheltered Employ	ID Organizational Employment	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
ID Group Supp Empl	ID Community Employment	0	0	0	0	0	0	0	0	0	0	0	1	1	16.7%
		2	3	2	1	3	1	3	2	1	3	2	2	25	9%
Response Rate		8%	14%	9%	8%	13%	3%	9%	8%	5%	13%	8%	13%	9%	

SATISFACTION

Agency Satisfaction Survey

HAMHDS directly conducted Consumer and Stakeholder satisfaction surveys in CARF programs. Results below indicate all responders report at least a 73% satisfaction rate with services, with the majority of responses indicating at least a 91% rating. Three programs demonstrated an increase in consumer satisfaction ratings, and five programs demonstrated an increase in stakeholder satisfaction.

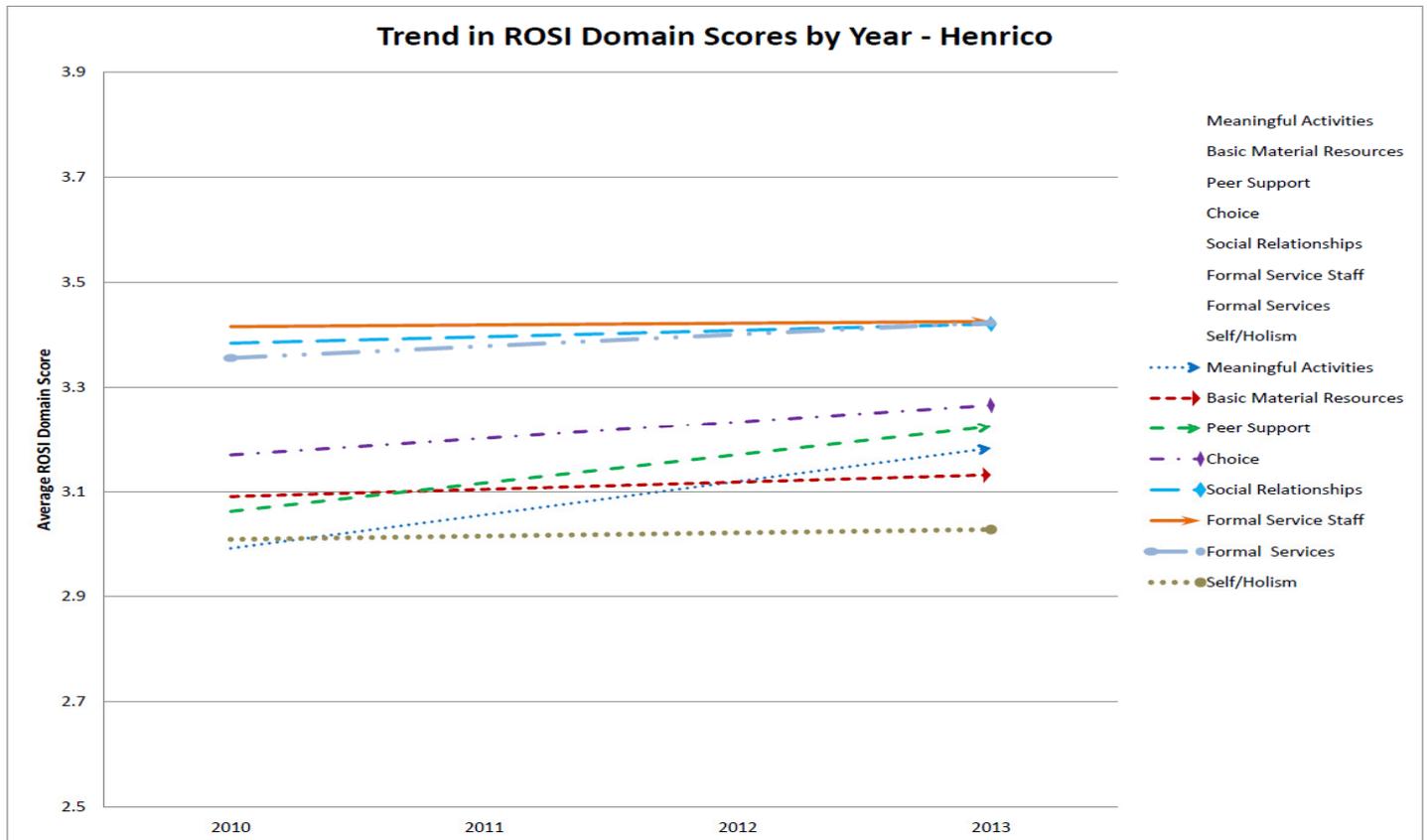
Consumer and Stakeholder Satisfaction



Recovery Oriented System Indicators (ROSI) Survey

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) annually administers the Recovery Oriented System Indicators (ROSI) Survey. In accordance with the DBHDS Performance Contract, each CSB provides the department a statistically valid sample of five percent or a minimum of 70 consumers, whichever is larger. From the DBHDS website, consumers can access the ROSI survey in English or in Spanish. The ROSI survey is designed to measure consumer perceptions in eight areas: Meaningful Activities, Basic Material Resources, Peer Support, Choice, Social Relationships, Formal Service Staff, Formal Services and Self/Holism. Consumers select their response from a range: (1) "Strongly Disagree" to (4) "Strongly Agree", and (1) "Never/Rarely" to (4) "Almost Always/Always". The following chart shows Henrico's trends in the ROSI domain scores from 2010 through 2013. For most domain scores the trends have been towards more positive perceptions of Henrico's recovery orientations over time.

Trend in ROSI Domain Scores by Year - Henrico



FY15 MANAGEMENT, ADMINISTRATIVE, AND PROGRAM INITIATIVES

Management

- ❖ Continue to respond to Healthcare Reform

Administrative

- ❖ Reorganize credentialing responsibilities to Human Resources
- ❖ Evaluate, automate and streamline credentialing processes
- ❖ Automate a new Inspection & Drill System
- ❖ Begin quarterly Performance Contract reporting (from semi-annually)
- ❖ Run SAM exclusions monthly to meet Magellan requirements
- ❖ Track part time personnel to ensure compliance with Affordable Care Act requirements
- ❖ Implement Evening Security Officer oversight at Richmond Medical Park
- ❖ Coordinate new ID Card Scanner Project with the County
- ❖ Coordinate carpet renovation at Woodman Road Facility with the County
- ❖ Relocate Physical location of Access Center to the East Center
- ❖ Convert from ICD9 coding platform to ICD10
- ❖ Develop measures for accuracy and volume of automated claims submissions to the EDI Clearinghouse
- ❖ Modify the EHR system to:
 - ❖ provide credentialing modifiers for the Magellan system
 - ❖ track authorization and establish billing for the new GAP program
- ❖ Implement encrypted email
- ❖ Convert to Office 365 email
- ❖ Implement Cerner's Ultra-Sensitive Exchange which will allow some records to be electronically exchanged in a secure environment
- ❖ Implement the Cerner eMar enhancement which will allow medication management to be tracked electronically
- ❖ Attest to Stage one, Year two of Meaningful Use for 6 prescribers and Stage one, Year one for 2 prescribers

Clinical and Prevention Services

Adult Substance Abuse/ Adult Mental Health Services

- ❖ Expand jail diversion resources through the addition of a full time case manager to the jail staff; this will allow for intervention along intercept 2 and increased resources at intercept 5.
- ❖ Coordinate Moral Reconation Therapy (MRT) with criminal justice partners.
- ❖ Assessed county need for increased heroin treatment programs.

Adult Recovery Services

- ❖ Partner with Daily Planet, aim is the integrate healthcare at our East Center
- ❖ Exploring telepsychiatry
- ❖ Implement wellness program(s)

Emergency Services

- ❖ Continue to refined and support Henrico's Crisis Receiving Center
- ❖ Continue outreach and advanced CIT initiatives
- ❖ Continue CIT monthly 40 hour trainings

Youth & Family

- ❖ Continue implementation of High-Fidelity Wraparound Intensive Care Coordination Services in Henrico, in collaboration with a regional partnership if awarded grant funding through DBHDS
- ❖ Continue implementation of evidence-based SA Groups across sites through increased education and partnership with stakeholders
- ❖ Improve staff skills at assessment and identification of trauma through increased training and implementation of a structured trauma assessment instrument
- ❖ Implement VICAP-like assessments for eligible referrals seeking intensive in-home, day treatment, or mental health support services through CSA funding

Prevention

- ❖ Increase awareness of community issues of mental illness by providing mental health first aid training.
- ❖ Work collaboratively with schools and community to promote wellness through prevention of violence (i.e., bullying, relationship violence, etc.) and substance use.

- ❖ Work with youth, families and schools to enhance early academic success and promote resilience through life skills development.

Community Support Services

CRRT Services

- ❖ Continue to complete the community placement of individuals residing at SVTC and begin the process for individuals currently at Central Virginia Training Center
- ❖ Reorganize CRRT to meet mandate of Conflict-free Case Management

Parent Infant Program

- ❖ Continue to increase collaboration with school systems
- ❖ Continue education of physicians and the medical community through Child Find Activities
- ❖ Continue to train contracted providers concerning Part C regulations
- ❖ LCSW to create a Parent Support Group and a Children's Group in Essex Village

Case Management Services

- ❖ Continue to meet the community need for case management services while implementing changes required by Department of Justice for the target population
- ❖ Prepare for PCP changes
- ❖ Participant in the Virginia ID/DD Eligibility Survey Pilot
- ❖ Align processes to support new Department of Justice enhanced case management and reporting requirements

Day Services

- ❖ Implement the Employment Readiness Program – a new program where consumers who attend the facility based program can explore their options to find part-time employment in an integrated setting
- ❖ Market and expand Group Supported Employment options and in-house work options
- ❖ Increase opportunities for integrated employment at minimum wage or above for those who choose it
- ❖ Increase opportunities for real engagement in the community for those who attend the facility based programs
- ❖ Actively engage consumers in their choices and improve understanding of integrated community options.

QUALITY HEALTH INFORMATION

Outcomes

879 Quality reviews and 439 Administrative reviews were done in FY 2014. Record reviews were completed on approximately 20% of Medicaid charts and 10% of non-Medicaid charts. All ID programs with the exception of one were over 90% compliant. Compliance in the MHSA programs decreased slightly compared to last year; 8 programs were at or above 90% compliance this year compared to 11 in FY13. Admin was above 90% in both divisions.

FY15 Objectives for the Coming Year

- ❖ QI Reorganization
- ❖ Continue improvements of the Utilization Review process
- ❖ Identify and report trends to AMT
- ❖ Continue training to ensure documentation meets all requirements

FY 2014 CSS RECORD REVIEW RESULTS SUMMARY

	FY 2014	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009	Comments
NORTH 1 WAIVER	93%	98%	97%	96%	95%	88%	
EAST 1 WAIVER	96%	97%	92%	93%	92%	74%	
EAST 2 WAIVER	98%	98%	97%	96%	93%	77%	
WEST 1 WAIVER	98%	98%	98%	96%	93%	90%	
WEST 2 WAIVER	95%	95%	93%	95%	96%	93%	
NORTH 1 SPO	89%	91%	100%	97%	93%	97%	down 2% from FY13; up 3% from 3 rd Q
EAST 1 SPO	91%	96%	95%	98%	91%	91%	
EAST 2 SPO	98%	99%	98%	95%	95%	94%	
WEST 1 SPO	99%	99%	98%	96%	98%	92%	
WEST 2 SPO	96%	98%	97%	98%	97%	94%	
HERMITAGE VOC	95%	94%	93%	94%	90%	84%	
CYPRESS VOC	100%	98%	97%	95%	94%	89%	
ENCLAVES	94%	94%	93%	87%	84%	88%	
LEP	98%	98%	94%	98%	94%	93%	
STEP	98%	98%	98%	96%	93%	95%	
SUPPORTED EMPLOYMENT	95%						
RESIDENTIAL	95%	93%	91%	90%	88%	89%	
ID ADMINISTRATIVE	95%	92%	93%	91%	85%	80%	

Percentage represents compliance with standards reviewed

Represents area in compliance 90% or better

Represents areas that improved by more than 5 percentage points

Represents areas that improved by 1-4 percentage points (not done in 90%+ range)

Represents areas that dropped (not done in 90%+ range)

FY 2014 MH/SA RECORD REVIEW RESULTS SUMMARY

	FY 2014	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009	Comments
ESP/OUTPATIENT	90%	96%	92%	91%	81%		
ESP/PRESCREENING	97%	99%	96%	97%	97%	91%	
YOUTH & FAMILY EAST	85%	86%	87%	86%	82%	78%	down 1% from FY13
YOUTH & FAMILY WEST	90%	90%	87%	83%	80%	78%	
MHOP EAST/WEST	81%	91%	91%	88%	80%	81%	down 10% from FY13
MHOP/SA/YOUTH PF	88%	88%	88%	80%	78%	74%	
SA EAST	90%	92%	88%	83%	66%	75%	
SA RMP	89%	88%	84%	75%	68%	73%	up 1% from FY13
DBT OP	96%	94%	97%	95%	91%	92%	
DBT CM	NA	88%	NA	87%	84%	83%	
LAKESIDE CENTER	87%	90%	87%	90%	84%	89%	down 3% from FY13
LAKESIDE CTR VOC	92%	86%	83%	87%	84%	83%	up 6% from FY13
PACT EAST	90%	91%	84%	84%	62%	84%	
PACT WEST	89%	86%	76%	76%	73%	72%	up 3% from FY13
CM&A EAST	86%	85%	86%	76%	71%	75%	up 1% from FY13
CM&A WEST 1	86%	87%	88%	82%	77%	81%	down 1% from FY13
CM&A WEST 2	87%	87%	89%	87%	77%	81%	no change from FY13
CM&A PF	84%	86%	71%	71%	78%	76%	down 2% from FY13
MH SUPPORTED SVS WEST	94%						
MH SUPPORTED SVS EAST/PF	89%						
MH RESIDENTIAL	97%	94%	78%	79%	87%	90%	
MH ADMINISTRATIVE	93%	93%	89%	87%	84%	80%	

Percentage represents compliance with standards reviewed

Represents area in compliance 90% or better

Represents areas where results are below 85%, in **BOLD** is under 80%

Represents areas that improved by more than 5 percentage points

Represents areas that improved by 1-4 percentage points

Represents areas that dropped

RISK MANAGEMENT / INCIDENTS AND COMPLAINTS

The Risk Management Committee summarized the following areas of identified risks for FY14.

Service Delivery: Continued implementation of requirements and recommendations from the Department of Justice related to ID services. Updated orientation procedures for new staff related to program orientation and equipment. Completed a CARF survey and was awarded another 3 year accreditation. Positive licensure visits for a variety of program in both divisions. In addition, ID Case Management successfully completed a Medicaid audit of Assistive Technology and Environmental Modification services.

Computer Resources: As we move towards implementing a fully electronic record, release of information forms were added to the electronic health record. Several staff received upgrades/replacements of their desktops.

Confidentiality: We continue to review confidentiality policies and move toward compliance with developing a full electronic health record. IT staff continue to work on workable options for encryption in the future. Updated policies around increased use of electronics for communication, i.e. texting and social media.

Financial: All MH/business support staff has worked collaboratively in implementing the ongoing changes related to Magellan and CCC to maintain program financial stability.

Critical Incidents: The Critical Incident committee met Quarterly to review incidents and shared reports with Risk Management. The state's Comprehensive Human Rights Information System, CHRIS, is now fully operational. The agency in efforts to increase and track the reporting of its internal critical incidents developed its own web based incident reporting information system, (iRIS). iRIS was launched in October 2013. Staff is able to enter serious critical incidents and human rights complaints in one web based system with supporting information for CHRIS.

Vehicle Safety and Maintenance: Quarterly vehicle checks were completed as scheduled by assigned programs. Staff who use county vehicles continue to attend required safe driving classes. Upon hire the County Risk Management department completes an initial check on the new staff person's driver's record and each year Risk Management completes random driving record checks on staff that drive the County's vehicles.

Emergency/Disaster Response and Recovery: Supervisors review disaster plans at a minimum yearly with staff during staff meetings. On May 7, 2014 from 10:30am – 2:30pm Henrico County in partnership with the Virginia Department of Emergency Management and the Federal Emergency Management Agency practiced a community disaster plan giving emergency supply kits of food and water. Staff participated in the logistics exercise that provided the county with experience on how to give emergency supplies to the community. Each staff received one case of water and two cases of "Heater Meals" to help support education on developing emergency supply kits and preparing for the hurricane season.

Health and Safety: Regular fire/emergency drills occurred as schedule in all appropriate locations. The agency provided several mental health first aid classes both to county employees and to the general public. Mental Health first aid is a public education program that introduces participants to risk factors and warning signs of mental illnesses, builds understanding of their impact, and overviews common supports. Several staff are Mental Health First Aid trainers. The agency planned and hosted with the department of police a state wide CIT conference with 400 attendees. The Henrico CIT expanded to train more officers and assist other localities with their CIT programs. The agency partnered with Henrico Doctors and opened a crisis receiving center and expanded to 14 hours a day and has served over 600 people this fiscal year.

Regulatory Compliance: Staff completed required trainings. Chart reviews were completed and entered into Chart Tracker. Standing committees met as scheduled during FY14. A re-organization occurred within the agency to develop a Quality Assurance Department. The re-organization occurred in May 2014 with the expectations of further centralizing our responses to regulatory requirements. Several CARF programs in February 2014 received re-accreditation for another three years.

Media Relations: Several press releases occurred during FY14. The agency's procedures were followed. Draft press releases were sent to the media relations person within the agency, information was reviewed and approved by the Executive Director and forwarded to the County's Public relations and media services department. An example of the types of press releases include HAMHDS's support of National Disability Employment Awareness Month by recognizing 21 local business for employing individuals with cognitive and emotional disabilities through the third Employer Awards banquet. Other examples include the CARF award press release in February and several press releases for Prevention Services.

FY15 Objectives for the Coming Year

The major objective for the Risk management Committee will be to re-evaluate the work and membership of the committee.

Incident Review Summary Fiscal Year Comparison: 2013 & 2014

Incident Type	Total FY2012-2013	Total FY2013-2014
Assault by client	7	10
Behavioral incident	38	21
Biohazard incident/ bomb threat	0	0
Communicable Disease	0	0
County vehicle	5	9
Death-accidental	2	4
Death-likely homicide	0	0
Death-likely suicide	3	0
Death-natural causes	18	13
Fall- with injury requiring medical attention	5	8
Fall- without injury	39	38
Fire	0	1
Illness (e.g. seizure, diabetic reaction)	25	17
Licit/ Illicit drugs or weapons	0	0
Med incident- med error requiring medical attention	1	0
Med incident- med error with NO adverse reaction	46	20
Other	18	17
Peer-to-Peer Aggression*no longer a category in 11/12	-	-
Property damage	4	5
Property loss/theft	11	5
Self-injurious behavior	6	2
Serious injury	1	2
Sexual incident	1	1
Suicide attempt	21	17
Threats/violence	3	3
Violent crime by client	0	0
Totals	254	193
Restraints	3	3

Review of FY12-13 compared to FY13-14: Of Note:

Illnesses have reduced, as anticipated. It is likely that Meaningful Use and LPN hires, closer monitoring has helped.

Staff have done a much better job with medications; many fewer incidents this report.

A number of suicide attempts are attributed to youth, particularly in the most recent quarter. Clinical and Prevention Management Team are discussing and monitoring.

Brief Description of "Other" for Fiscal Year 2013/14

1.	Minor bruise	ID Group Home Shurm
2.	Elopement	MH LSCtr
3.	Client self-injected medication	MH CM&A West
4.	Minor bump to head	ID Group Home Shurm
5.	Clt spent night in lobby	SA RMP
6.	Choking	MH LSCtr
7.	Client took meds that were not current in the presence of staff	MH CM&A West
8.	Staff involved in linking client to additional care	SA RMP
9.	Open Medication box that is normally locked (no missing meds)	MH CM&A West
10.	Minor bump to head	ID Herm. Ent
11.	Report of alleged abuse	MH LSCtr
12.	Verbal altercation b/t family members	SA RMP (lobby)
13.	Minor Burn	MH LSCtr
14.	Possible illness (after injection)	MH CM&A East
15.	Minor cut	ID Comm Supp East Ctr Lobby
16.	Minor bump to head in presence of staff	ID Comm Supp Camp Baker parking lot
17.	Minor cut	MH LSCtr

STAFF TRAINING

Outcomes

Agency employees have the opportunity to obtain training through the County of Henrico Employee Development and Training, Human Resources Department and with Henrico Area Mental Health & Developmental Services. The County of Henrico offers a wide variety of innovative training programs such as the Emerging Leaders Certification Program, Customer Service Certification Program, Leadership Development Program and a training series called the Role of the Supervisor for newly promoted and newly hired supervisors. In partnership with several technology-training providers, the County offers a wide variety of technology courses to help County employees enhance their technological skills. Online learning is also available to employees and offers a wide variety of courses and topics to meet their needs. An electronic employee course profile is maintained in the County wide Oracle e-Business Suite Human Resources system for all classroom and online courses completed through the County of Henrico.

Henrico Area Mental Health & Developmental Services maintains a group of 27 staff trainers that provide training in a variety of areas such as First Aid & CPR, Prevention of Violence, Therapeutic Options, Prevention of Infectious Diseases, Cultural Competency and training of the agency's electronic health system, Cerner. Additionally professional training is offered throughout the year. Examples of professional training provided includes; Ethics, Boundaries and Social Media, Motivational Interviewing, Beyond CBT: Alternative Therapeutic Approaches, Functioning with Disabilities, Use of Self, Working with Dually Diagnosed ID/MH Individuals, Suicide Assessment and Management, Opiates 101, Foundation of Disaster Mental Health, Voices from a Teen Male Perspective, Working with Deaf and Hard of Hearing Individuals, Interacting with Individuals with Autism, Diversity Issues in Aging, Introduction to Autism, Finding Balance in Work and Play and Sex Trafficking. In total about 89 classroom style training sessions were offered. Staff have the opportunity to registering for training provided directly by the agency through the use of an internal web-based system known as MyTraining.

During the year, on-line training courses were also available on the Agency Intranet in Information Security Awareness, Fraud Awareness, Code of Ethics, Health Information Management Confidentiality and Privacy, Prevention of Violence Refresher, Pharmacy Services; Fraud, Waste & Abuse, Medication Refresher, Safety/Hazard Communication, Regulated Medical Waste, Professional Ethics Training and Fire Suppression. On-line competency based training is provided for all staff annually in the areas of Human Rights and the Reporting of Critical Incidents. The online courses were reviewed and updated to meet new state requirements and internal procedures. Several Agency staff are certified to teach the Mental Health First Aid course. These successful courses were offered to staff within the agency and throughout the County of Henrico.

Agency trainers meet twice a year to review training needs and plan the training schedule for the next year. Yearly trainers are recognized for their contributions to the agency through a celebratory lunch. A few of the staff trainers were re-certified in Therapeutic Options. Additional staff was identified to become certified American Red Cross Trainers in First Aid/CPR and will take the course in FY15.

FY15 Objectives for the coming year

- Add two American Red Cross First Aid/CPR Trainers
- Add additional Cultural Competence/Awareness Instructors
- Provide refresher training for American Red Cross First Aid/CPR Trainers
- Add an online course for Prevention of Infectious Diseases
- Add two new Therapeutic Option trainers

CULTURAL AWARENESS AND COMPETENCY

Outcomes

- The CACC committee met approximately every six weeks to further the work of the agency through the implementation of the CACC FY14 plan.
- A new chair was appointed effective July 1, 2014.
- Continued the expectation for all staff to participate in at least one cultural awareness activity per year. This requirement was achieved through staff attending agency brown bag events, themed events such CACC classes and workshops/conferences. Staff complete the agency acknowledgement form which includes the date they attended training and this form is placed in their human resource file.
- CACC participated in 6 out of 6 (100%) Agency administrative orientations. Committee members provided an overview of the mission of the committee, the annual plan, and shared cultural and linguistic initiatives and activities within the Agency.
- An additional bilingual staff completed the VA Department of Behavioral Health and Developmental Services (DBHDS)'s qualified bilingual staff interpreter training program that was developed by Kaiser Permanente for the purpose of increasing our capability for providing linguistically appropriate services to limited English proficient clients.

The program provides training in proper interpreting skills for mental health workers. Two staff has successfully completed this program.

- Two sensitivity and awareness classes “Understanding me helps me understand others”, were held for new staff. Classes were offered both at the Woodman and the East Center. The “Understanding our community” class scheduled for June was rescheduled and held in July 2014. This class focused on national, state and community statistics, refugee populations in Virginia and cross cultural communication.
- Continue to provide agency brochure, Code of Ethics, Human Rights, and other key forms, particularly forms requiring signatures in English and Spanish.
- The organization continues to maintain a diverse workforce in leadership, management, direct service and support service positions. Ethnicity demographics are monitored by the agency and reported annually in this report.
- The Agency promotes a welcoming environment through the display of diverse art work, consumer art work, and a children’s play area. Consumer artwork was provided by Hermitage Enterprises and displayed in the Woodman walkway.
- Wheel chairs are available at the Woodman and East Center, and automatic doors at located at both entrances at the Woodman center.
- Community Support Services Celebrated Developmental Disabilities Month with month long activities. This year’s theme was Ability at Work.



- Special activities were planned for Black /African American History Month. Activities included, brown bags and weekly trivia with prizes. Brown Bags presented were Nelson Mandela – The Fight for Freedom DVD, Black History Bingo, and My Story (Storytelling of the life of an African American male).
- Collaborating with community agencies, CACC planned a joint community training with Colaborando Juntos; Diversity Issues in Aging.
- Supported the Area Planning and Services Committee for Individuals Aging with Lifelong Disabilities (APSC) including their fall workshop on Creative Options for Staying Active”, held at the County of Henrico, Training Center and the annual Spring conference in June 2014, “Cutting Edge Breakthroughs for Aging with Life Long Disabilities”, The agency has three staff members that participate on this regional multi-agency coalition.
- The Agency has three staff members that are members of the State Department of Behavioral Health and Developmental Disabilities Cultural and Linguistic Awareness Steering Committee, formed to help shape the State of Virginia’s Cultural and Linguistic initiatives. These positions are appointed by the Commissioner of DBHDS. A new staff member was appointed this January 2014.
- The agency continues to partner with the Office of Cultural and Linguistic Competency and other agencies by supporting the yearly conference known as “Building Bridges”, expanding Awareness in working with Developmental Disabilities in Racially, Ethnically, and Linguistically Diverse Communities. In partnership with the Virginia Department of Behavioral Health and Developmental Services, the Center for Family Involvement at VCU’s Partnership for People with Disabilities, Henrico Area Mental Health & Developmental Services and Commonwealth Autism Services, the focus this year was on “Understanding Refugee Populations with ID/DD in Virginia”.
- The Agency supported the Office of Cultural and Linguistic Awareness and Competence’s National Minority Mental Health Awareness Media Contest. Staff assisted in the development and promotion of the state wide contest and awards ceremony.
- Maintained four diversity bulletin boards, Woodman, East Center, Lakeside Center and at Hermitage Enterprises.
- The agency purchased several multicultural calendars for 2014 from Creative Cultural Communications, a non-profit organization based in Ontario, Canada. The multicultural calendar includes religious and cultural dates from a variety of cultures and supports the monthly diversity bulletin boards.
- Supported consumer artwork from Hermitage Enterprises, framed and proudly mounted at the Woodman Office in the brick walk way. Consumer artwork is featured at Hermitage and Cypress Enterprises as well.
- Diversity information is provided in the Agency newsletter, Quality Matters, in the Diversity Corners column. The monthly newsletter is sent to all staff electronically and also shared with the agency Community Services Board.
- Continued to host Network of Care for Henrico, Charles City and New Kent the site provides resources to persons served and their families including translation services for documents on their site.
- Partnered with the Virginia Department of Health and the Office of Cultural Awareness and Competence on launching a pilot program with the Henrico Health Department and HAMHDS to increase the access of mental health services to the Henrico refugees through the refugee resettlement grant obtained by the State Department of Mental Health and Developmental Services.
- Photos of the appointed Community Service Board (CSB) members are posted on the agency’s intranet and on the entrance wall of the Woodman office. The CSB board is a diverse group of men, women and consumers of service, representing various age groups and cultures that are reflective of the Henrico, Charles City and New Kent counties.

- HAMHDS contracts interpreters for language needs, as needed, and accesses other interpreters through the language line, Cyacom. Cyacom is a full service language provider that focuses on healthcare.

FY15 Objectives for the Coming Year

In May 2014 the Cultural Competency Committee met to review the accomplishments for the year and develop the FY15 Cultural Competency Plan, once finalized the plan was posted to the Agency Intranet.

DEMOGRAPHICS

Counties of Henrico, New Kent and Charles City

According to the US Census Bureau, quick facts for 2013, there are about 318,611 people in Henrico County, 59.8% White/Caucasian, 30.0% Black/African American, 0.04% were Alaskan Native, American Indian, 7.6% Asian, 0.1%, Native Hawaiian and Other Pacific Islander persons, 2.2% Multi-racial, 5.2% of Hispanic or Latino Origin, Language other than English spoken at home is 13.8%. Median household income is \$61,300. Persons below poverty level are 10.5%.

In New Kent County there are approximately 19,507 people, 82.0% are White/Caucasian, 13.7% Black/African American, 1.0% Alaskan Native, American Indian, 1.1% Asian, 2.2% Multi-racial and 2.2% Hispanic or Latino Origin, Language other than English spoken at home is 2.4%. Median household income is \$70,978. Persons below poverty level are 5.9%.

In Charles City there are about 7,130 people, 42.0% White/Caucasian, 47.3% Black/African American, 7.2% American Indian and Alaska Native, 0.04% Asian, 0.1% Native Hawaiian and Other Pacific Islander persons, 2.7% Multi-racial, and 1.7% Hispanic or Latino Origin. Median household income is \$48,208. Persons below poverty level are 11.1%.

Counties of Henrico, New Kent and Charles City Two year Race & Ethnicity Comparison

Race & Ethnicity	FY14 Henrico	FY13* Henrico	FY14 New Kent	FY13* New Kent	FY14 Charles City	FY13* Charles City
White/Caucasian	59.8	60.2%	82%	82.2%	42.2%	41.7%
Black/African American	30	30.1%	13.7%	13.7%	47.3%	48.0%
Alaskan Native, American Indian, Asian/Pacific Islander, Multi-Racial	10.3%*	9.2%*	4.3%*	2.0%*	9.4%*	7.5%*
	*(Asian 7.6)	*(Asian 7.2%)	*(Asian 1.1)	*(Asian 1.0%)	*(Asian.04%)	*(Asian.04%)
For persons served who identify themselves as Hispanic	5.3%	5.2%	2.4	2.3%	1.7%	1.7%

*Source US Census Bureau, quick facts.census.gov

Language Comparison with County of Henrico and State of Virginia

Order/Frequency	Seen within Agency	Within Henrico County	State of Virginia**
1.	English	English	English
2.	Spanish	Spanish	Spanish
3.	Vietnamese	Hindi	Arabic
4.	American Sign Language	Chinese	Vietnamese
5.	Arabic*	Vietnamese	Korean
6.	Chinese*	Arabic	Farsi
7.	Korean * (same amount of Arabic, Chinese and Korean languages seen*)		Urdu

**State languages are from the Virginia Department of Health

HAMHDS

Henrico Area Mental Health & Developmental Services, HAMHDS, values a diverse workforce that is representative of the person served. As of 6/30/14 of the approximately 8,664, 49% of consumers served were White/Caucasian and 41% were Black/African-American. The remaining 10% were: Alaskan Native, American Indian, Asian/Pacific Islander, and Multi-racial. Of all consumers served 4% percent identified themselves as Hispanic.

As of 6/30/14, of the approximately 335 HAMHDS permanent employees 56% self-identify as White/Caucasian, 41% Black/African-American and 2% Alaskan Native, American Indian, Asian/Pacific Islander, and Multi-Racial, 1% percent identified themselves as Hispanic.

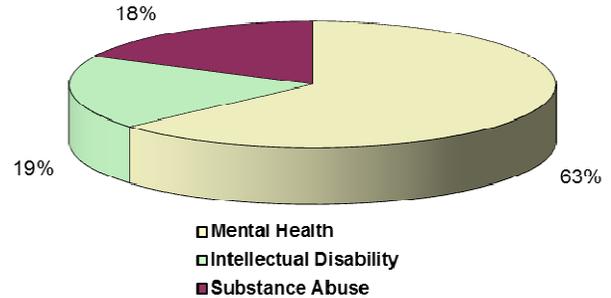
Three Year Comparison of Person Served to HAMHDS Employees

Race & Ethnicity	FY14 Persons Served	FY13 Persons Served	FY12 Persons served	FY14 HAMHDS Employees (335)	FY13 HAMHDS Employees (304)	FY12 HAMHDS Employees
White/Caucasian	49%	50%	49%	56%	57%	56%
Black/African American	41%	39%	40%	41%	40%	41%
Alaskan Native, American Indian, Asian/Pacific Islander, Multi-Racial	10%	11%	11%	2%	2%	3%
For persons served who identify themselves as Hispanic	4%	6%	5%	1%	1%	1%

DEMOGRAPHICS

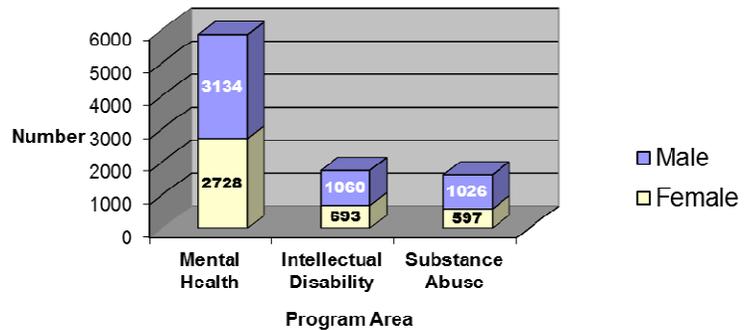
Total Consumers Served by Program Area

Seven (7) percent of individuals served were ages 0 – 2; 23% were ages 3 – 17; 67% were ages 18- 64; and 3% were ages 65+.



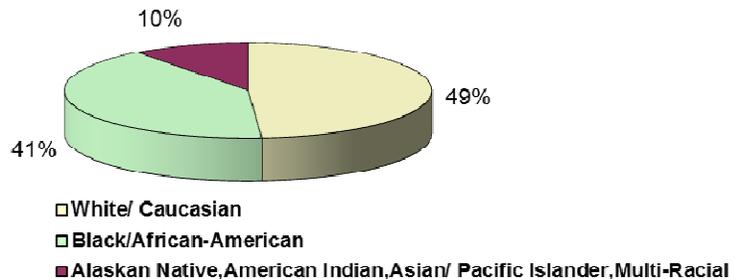
Consumers Served by Gender

Fifty-three (53) percent of individuals served in the Mental Health program area were male, and 47% served were female. In the Intellectual Disability program area, 60% of individuals served were male, and 40% served were female. In the Substance Abuse program area, 63% of individuals served were male, and 37% served were female.



Distribution by Race and Ethnicity

Of the unduplicated count of 8,664 consumers served, 41% (3542) consumers served identified themselves as Black/African American. 49% (4228) White/Caucasian, 10% (894) Alaskan Native, American Indian, Asian, Pacific Islander, Multi-Racial.



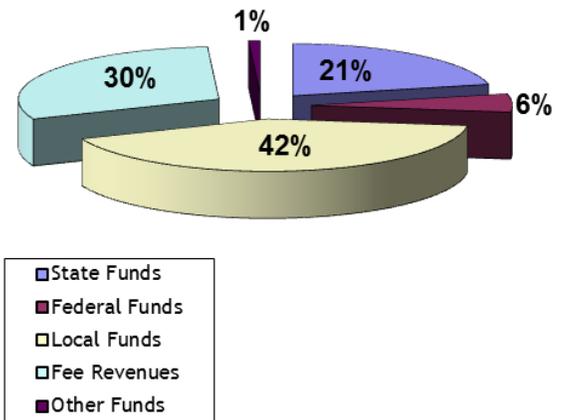
BUDGET

Revenue

FY2014 per the Year End Performance Contract Report

Revenue by Source

State Funds	\$	7,268,054	21%
Federal Funds	\$	1,897,467	6%
Local Funds	\$	14,131,092	42%
Fee Revenues	\$	10,272,674	30%
Other Funds	\$	308,987	1%
Total	\$	33,878,274	



Expenses

FY2014 per the Year End Performance Contract Report

Expenses by Disability

Mental Health Services	\$	14,654,365	47%
Substance Abuse Services	\$	2,901,361	9%
Developmental Services	\$	11,345,799	36%
Administrative Services	\$	2,321,670	8%
Total	\$	31,223,195	

