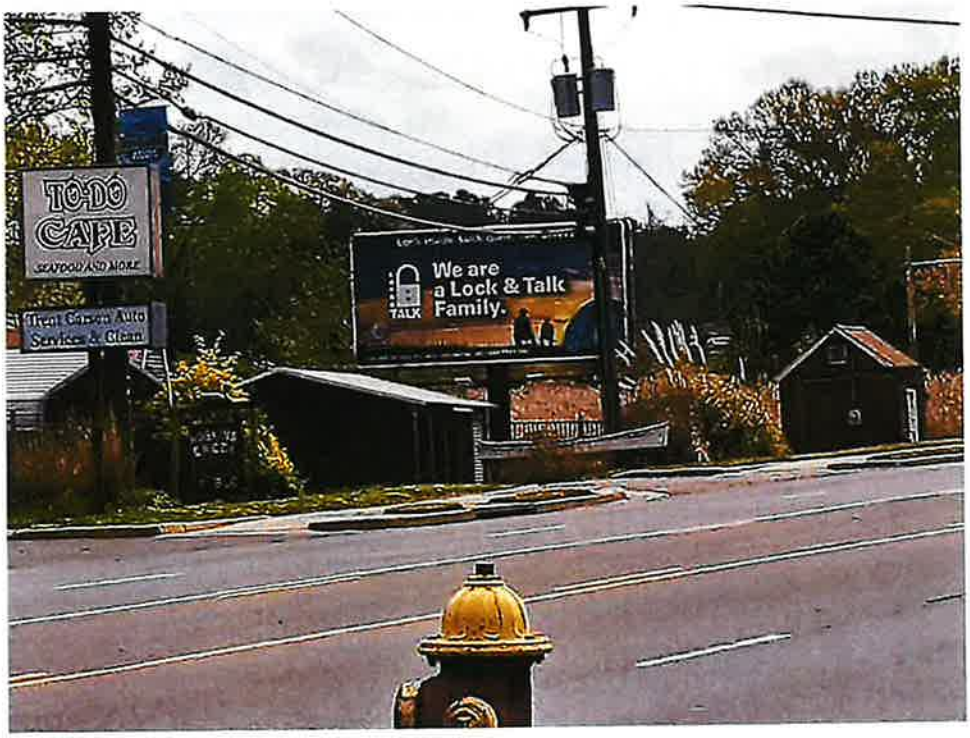
April & May 2024

Media Campaign: Opioid Misuse Awareness Strategies - Gloucester County – 4/5/24



Media Campaign: Lock & Talk Prevention/Awareness Initiative– Essex County – 4/7/24

Media Campaign: Media Campaign: Problem Gaming/Gambling Prevention Awareness Initiative, - Gloucester County – 4/9/24

Media Campaign: Marijuana Prevention/Awareness Initiative, Richmond County

4/10/24

Peasley Middle School Parent Night - Gloucester County – 4/18/24

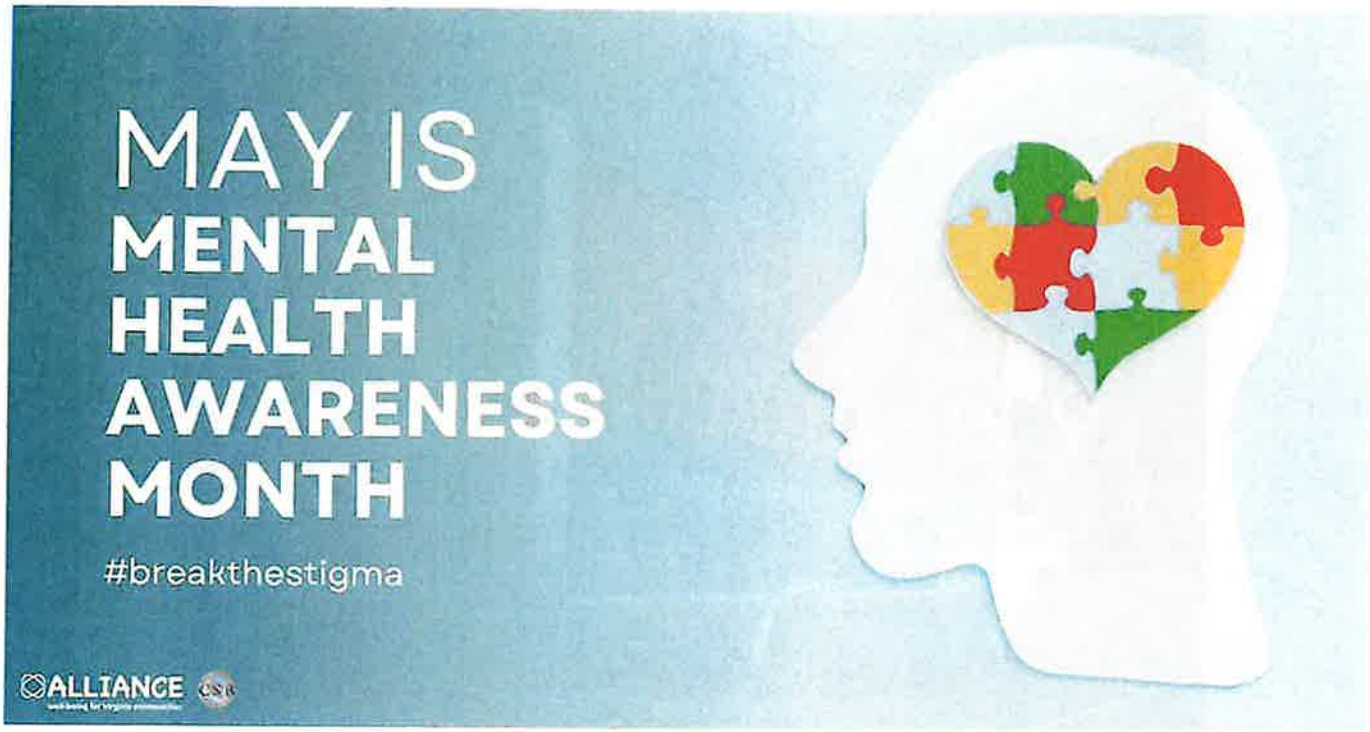
Northumberland DSS Resource Fair - Northumberland County – 4/20/24

Drug Take Back Day - Walmart, Gloucester County – 4/29/24

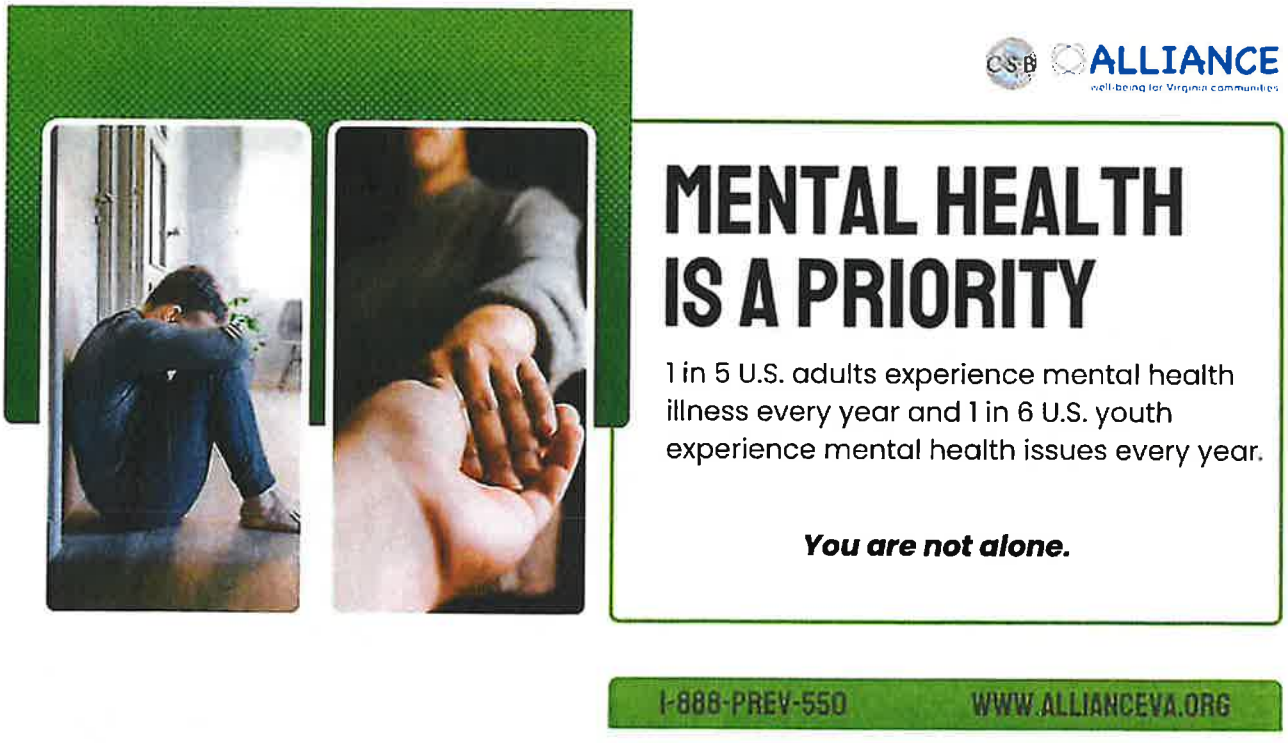
National Fentanyl Awareness Day Display – Essex County – April/May 2024

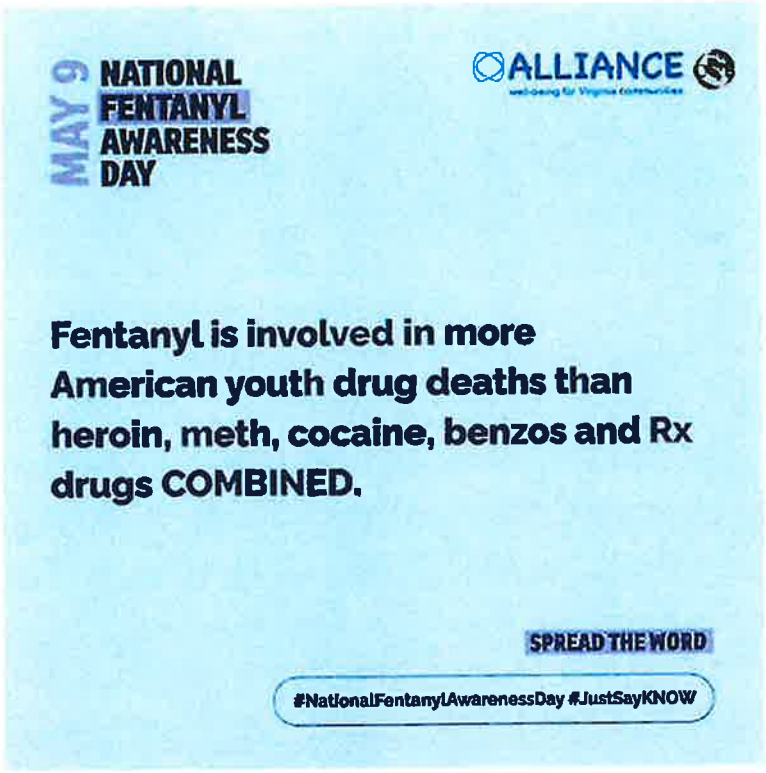
Gaming/Gambling Campaign - Gloucester County – 5/28/24

MAY: MENTAL HEALTH AWARENESS MONTH SOCIAL MEDIA CAMPAIGN: FACEBOOK, TWITTER, X

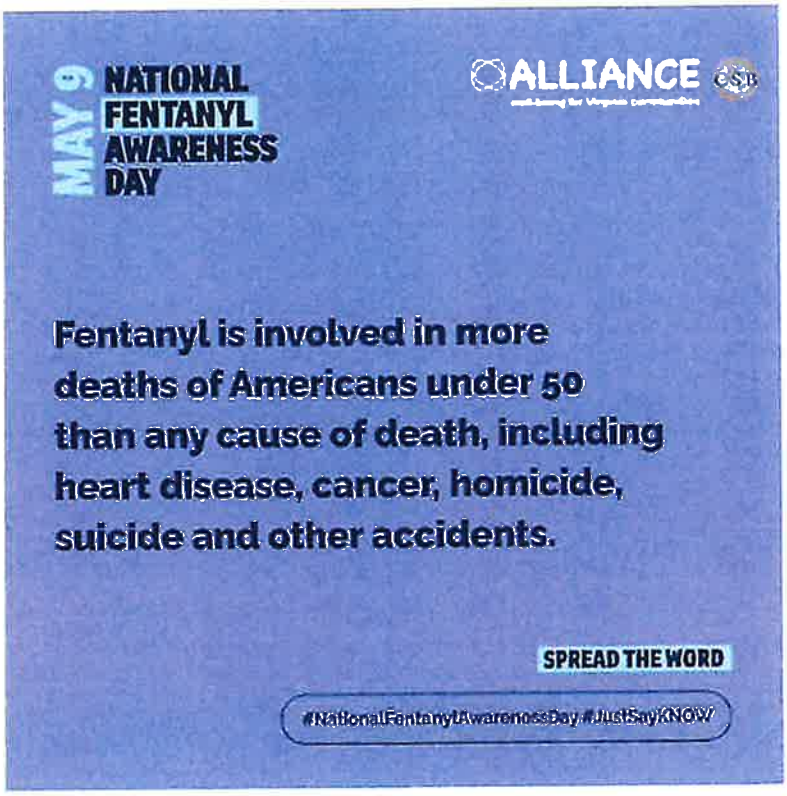


MAY: MENTAL HEALTH AWARENESS MONTH SOCIAL MEDIA CAMPAIGN: FACEBOOK, TWITTER, X





MAY 7th - NATIONAL FENTANYL AWARENESS DAY – SOCIAL MEDIA CAMPAIGN



MAY 7th - NATIONAL FENTANYL AWARENESS DAY – SOCIAL MEDIA CAMPAIGN


MAY 9
NATIONAL FENTANYL AWARENESS DAY
ALLIANCE
Often consumed unknowingly by users, illicit fentanyl is driving the recent increase in U.S. overdose deaths.
SPREAD THE WORD
#NationalFentanylAwarenessDay #JustSayKNOW

ALLIANCE

Well-Being for Virginia Communities

In Partnership with

MPNN BH Prevention, Health & Wellness

Cordially Invites You To Our

COALITION MEETING

WHEN: Thursday, June 13th

TIME: 3-4pm

SPEAKER:

Sgt. Paul Hope

King & Queen Sheriff Office

Theme:

Learning How to Keep Your Family Safe around Guns

This training focuses on
gun safety and VA Gun Laws

ONLINE REGISTRATION:

https://bayriverstelehealth.zoom.us/meeting/register/tJYuc-GtpzktE90BQoy6JyIIOMpVCO_Y6nPT

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

April 30th, 2024

Dear Cheryl Matteo-Kerney,

On behalf of the Office of Behavioral Health Wellness, it is with great pleasure and gratitude that we extend our heartfelt thanks to you for your outstanding dedication and hard work in the field of prevention for over 36 years. Your commitment to the first line of defense against various challenges within our communities has not only been exemplary but also profoundly impactful.

Your unwavering dedication as a prevention specialist has made a significant difference in the lives of countless individuals. Your tireless efforts have helped create safer, healthier environments for your community and beyond. Your passion for prevention has not only inspired those around you but has also set a standard of excellence within the field of prevention.

In an era where prevention is more crucial than ever, your steadfast commitment has been a beacon of hope and progress. Your work has not only prevented crises but has also empowered individuals to lead healthier, happier lives.

As we celebrate your remarkable milestone of 36 years in prevention, please know that your contributions have not gone unnoticed or unappreciated. You have left an indelible mark on prevention and the communities you serve. Your legacy will continue to inspire and guide us as we strive for healthier, safer communities.

Once again, thank you for your unwavering dedication, passion, and commitment to prevention. Your work is a shining example of what can be achieved through perseverance and a genuine desire to make a difference.

With deepest gratitude,
The Office of Behavioral Health Wellness
Department of Behavioral Health and Developmental Services

Certificate of Service Award

PRESENTED TO

CHERYL MATTEO-KERNEY

In Grateful Recognition of Twenty or More Years of
Exceptional Service in the Field of Prevention

Awarded by the Office of Behavioral Health Wellness

April 30th, 2024

DBHDS
Virginia Department of Behavioral Health and Developmental Services

Nicole Gore
NICOLE GORE
Assistant Commissioner, Community Behavioral Health Division

Colleen Hughes
COLLEEN HUGHES
Director, Office of Behavioral Health Wellness

MPNN BH
Board of Directors

Serious Incident & Quality Assurance Review

Q1 2024 Review

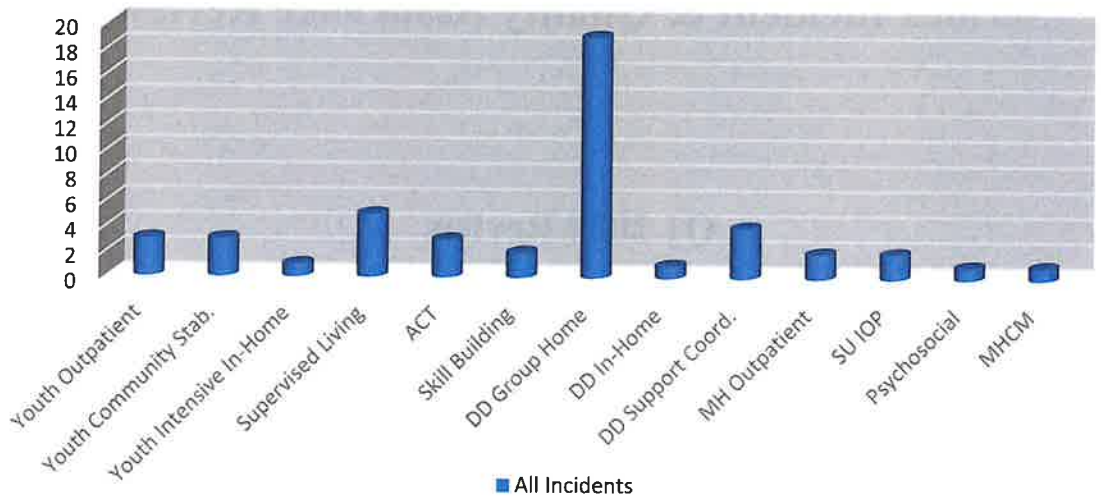
June 2024

Level 1: Any incident occurring on MPNN property or during the provision of services, including theft, certain medication errors, falls or other accidents (with or without injury) which do not meet the definition of level II serious incidents.

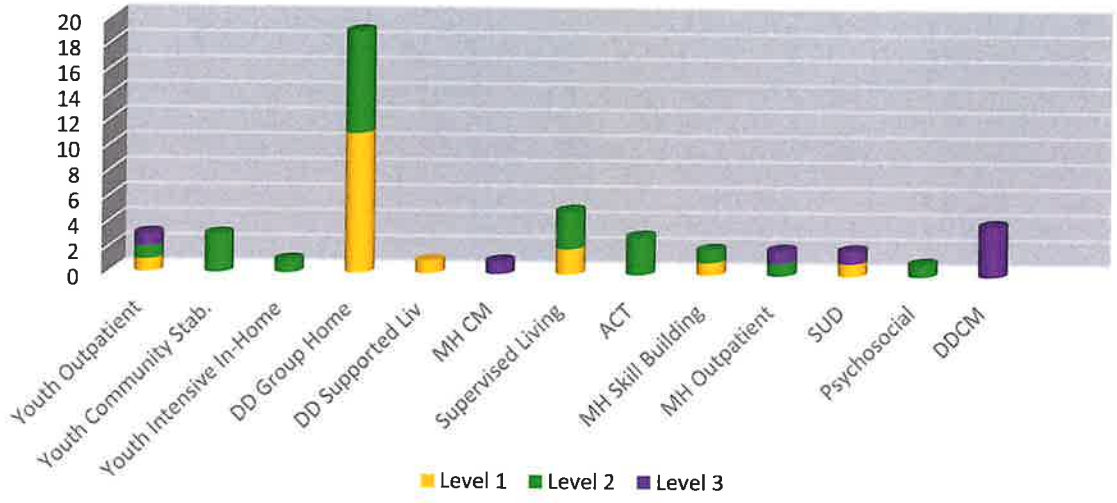
Level 2: An incident which occurs or originates during the provision of a service or on the premises of the provider that results in a significant harm or threat to the health and safety of an individual that does not meet the definition of a Level III serious incident.

Level 3: Any sexual assault, attempted suicide (resulting in hospitalization), or death.

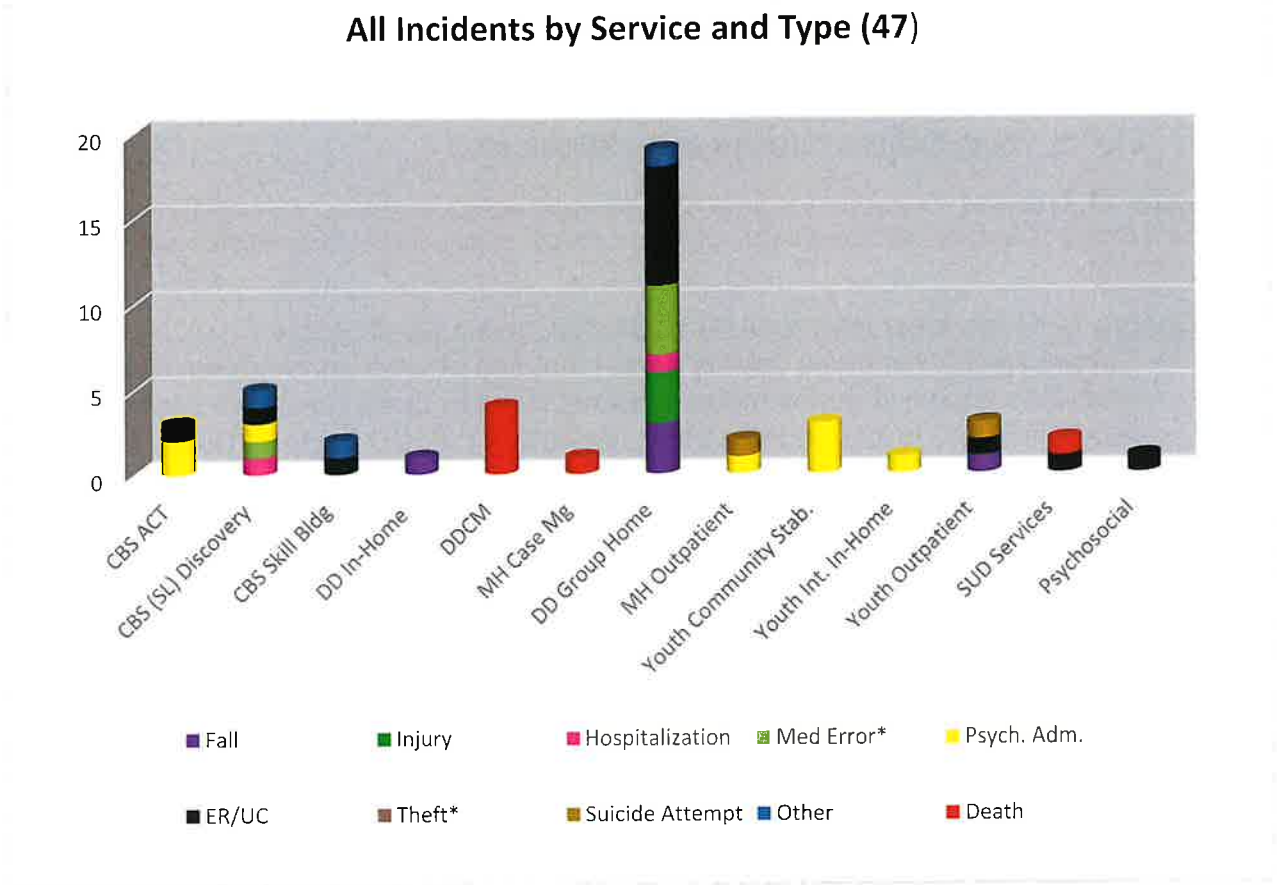
All Incidents - All Programs (47)



All Incidents by Level (47)



All Incidents by Service and Type (47)



Trends for Q1 2024:

- Eight (8) level III incidents in Q1; increase from four (4) in Q4
  - Six (6) deaths: Four (4) ID/DD; One (1) MHCM; One (1) SUD
  - Two (2) Suicide attempts; increase from zero (0) in Q4 2023
    - One (1) MH Outpatient and one (1) Youth Outpatient
- Five medication errors in Q1 2024; decrease from eight (8) in Q4 2023
- Three (3) falls in DD Group Homes; decrease from five (5) in Q4 2023.
- Thirteen (13) ER/UC visits agency-wide; increase from seven (7) in Q4 2023.
- Zero (0) reports of Covid-19; decrease from three (3) in Q4 2023.
- Zero (0) suicides reported in Q1 2024; decrease from one (1) in Q4 2023.

- Targeting reportable events has continued to improve agency-wide; incidents increased approximately 12% from previous quarter
- All other incidents reported at rates consistent with service type and number of individuals served.

Medication Errors:

- Five (5) medication errors during this quarter; see below in Trend Analysis and CAP.

Care Concerns: None reported to MPNN

Enhanced RCA:

- Two ERCA completed for multiple psychiatric hospitalizations
    - 1 MH Supervised Living
    - 1 Youth Outpatient/Community Stabilization

Analysis of Trends: *in accordance with 12VAC35-105-620 to include an analysis of trends, potential systemic issues or causes, indicated remediation, and documentation of steps taken to mitigate the potential for future incidents.*

- *Deaths- 50% increase from four (4) in Q4 2023 to six (6) Q1 2024*
    - Enhanced RCA of these deaths reveal that five of six deaths appear to be related to known complex medical issues for individuals out of the scope of treatment for services received through MPNN, i.e. DD Support Coordination and ACT. All deaths were out of the control of MPNN providers and due to natural disease progression. Causation of the sixth (6^{th}) death remains undetermined by Quality Assurance; details of the death have not been provided to MPNN at this time.
    - Systemic causes within services were not identified; remediation and or mitigation not warranted at this time.
- *Suicide Attempts- Increase from zero (0) Q4 2023 to two (2) Q1 2024*
    - RCA of these events did not indicate systemic issues in service provision. Individuals' ISP and Crisis Action Plan have been reviewed and updated as appropriate.
    - Systemic causes within services were not identified; remediation and or mitigation not warranted at this time.
- *Medication Errors- Decrease from eight (8) in Q4 2023 to five (5) in Q1 2024*
    - Medication errors decreased from Q4 2023 to Q1 2024. However, the number of medication errors occurring have been monitored due to the frequency of occurrence and are included on MPNN QIP and will be updated on MPNN ASRA.
    - Medication errors have been identified as a systemic issue for MPNN. Quality Assurance and Program Managers have implemented the following mitigation strategies:
        - Medication process re-training for all group homes occurred during the second half of 2023. Training included recommendation for cross-check of medications at shift change at identified locations with two staff signing verification form.
        - Tappahannock House implemented a color-coded bagging system for medications (i.e. a different color bag for individuals' morning, afternoon, evening medications) as an additional effort to mitigate errors. All group homes are now utilizing this color-coded bagging system.
        - King William I house staff additionally retrained on 2/13/24 by QA in response to OHR citation.
        - Managers have encouraged staff to allow adequate time for medication administration and attention to detail to avoid "rushing" and increased risk of error.

    - MPNN implanted the QuickMAR program. Group-home managers and staff have been trained on the QuickMAR medication management system with the goal to improve safety and accuracy (with bar code scanning) and mitigate medication errors. Group homes became on-line with QuickMAR in January. A review of QuickMAR print-outs; however, indicate that there may be a way of by-passing the scanning step, which can lead to a medication error. GH Program Manager indicates that she will need to consult with the QuickMAR service department in follow-up to this recent observation (Incident #2024007).
    - Progressive, written counseling has been implemented for all house staff involved in medication errors.
    - To date, medication errors have been identified as a systemic issue, multiple mitigation strategies have been implemented as described above. Incidents have decreased, but continue to occur at an undesirable frequency. QA continues to actively monitor the situation through IR review.
- *Falls- One Individual had 3 falls during 1st quarter (1/8 -L2 w/ minor injury; 1/30 w/ minor injury; ¾ w/o injury);*
    - QA recommended that staff support individual to review this with the PCP to determine if there are any new physical and/or neurological changes to be addressed or if supports require revision. This area is not identified as a systemic issue.
- *ER/UC visits - Thirteen (13) ER/UC visits agency-wide; increase from seven (7) in Q4 2023.*
    - ER/UC visits were reviewed for trends as the frequency is approaching agency threshold. QA did not identify any trends in occurrence; staff are contacting EMS or transporting individuals to the ER/UC as warranted by the individuals' requests and or needs. This is not identified as a systemic issue for MPNN services; mitigation strategies are not needed at this time.
- Trend observed regarding failure to follow process by the counseling centers and Med/Psych staff to notify treatment team when they are contacted for a follow-up to a psych hospitalization.
    - QA observed through different incident reports wherein individuals have had psych hospitalizations (voluntary basis) and the therapist and/or treatment team was not notified when Med/Psych service was contacted on discharge.
    - QA collaborated with clinical director for establishing a workflow "that any staff receiving notification of an existing client discharging from a hospital should document that the treatment team was notified via email of the person's release" to ensure communication and response is covered.

Investigations and complaints:

- Nine (9) Investigations completed in Q1 2024 (corrective measures for founded investigations listed above)

- One (1) for breach of confidentiality; founded.
- One investigation for three (3) complaints for one individual: Dignity/Services; Denied Access to Record; and Dignity/Attitude & Action; all unfounded.
- One allegation of neglect (reported by staff); unfounded and deleted by OHR.
- One allegation of abuse (criminal case) by individual; unfounded by QA and Tappahannock PD.
- Five (5) for neglect (medication errors); all founded. Corrective

Licensing/Office of Human Rights:

- Nicole Buckley has been assigned Licensing Specialist for MPNN
- Inspection of ACT and ASAM services in March; awaiting CAP for both services.

Corrective Action Plans

- 1 CAP IDDD Inspection Audit; corrective actions approved (see citation)
- 1 CAP Late Reporting in Jan; system error unable to be verified (report entered and disappeared")
- 5 OHR CAPs for Q1 medication errors; approved and corrective measures implemented, i.e. written warnings, retraining, process changes within each group home
- 1 OHR CAP Privacy Complaint, approved and corrective measures implemented, i.e. written warning, retraining, and administrative leave for one staff.

Upcoming:

- ID/DD Congregate and I-HS Residential Inspections
- HSAG R6 audit received by ID/DD in April; submission due in May
- MHBG review 2023 and multi-service audit July 2024
- MPNN triennial license renewal summer/fall of 2024

Prepared by:
Kristen Beech (Director of Quality Assurance)
Lanell Jarvis (ADA and Risk Management Coordinator)

Recovery Services Board Report April/May 2023 **DATE: 06/03/24**

Strategic objective #1: *To establish operational efficiencies within the organization in order to best meet the needs of program participants and staff, remain responsive to the marketplace, and promote and enhance our values while remaining financially responsible.*

- Recovery Services has 14 employees (R-CPRS) Registered with the Department of Health Professions. Additional 5 CPRS working towards Registration and additional 6 working towards their 500 hours to be Certified.
- Gloucester Recovery Center started a New Recovery Newsletter in May.

Strategic objective #2: *To establish MP-NN CSB as an employer of choice and invest in our staff to ensure that we recruit, develop, and retain a skilled and diverse workforce committed to achieving our mission.*

- Becky Graser, Diana Wegkamp and Karen Pitts attended VACSB Conference in May and participated in Medicaid Billing Workshop.
- Recovery Services has 14 employees (R-CPRS) Registered with the Department of Health Professions which makes them eligible to bill Medicaid.
- RS had 6 People become CPRS and 3 of them became Registered.
- Elizabeth Sluder and Becky Graser facilitated State CPRS training in Gloucester and had 9 people complete the 70-hour training. SOR-R hired one of the new grads as a PRN Peer Support in training.
- 8 employees attended Research to Recovery Conference at VCU April 18 and 19 in Richmond.
- 5 CPRS graduated from Personal Medicine Training and both Recovery Centers will now have 2 trainers for each center.

Strategic objective #3: *To diversify revenue sources and improve financial performance of service lines to ensure MP-NN CSB's financial sustainability.*

- *RS had to pause Medicaid Billing this month to correct the referral process within Credible and correct the Clinical oversight piece of the Recovery Resiliency Wellness plan. We also transferred to utilizing a different template for the R2WP plan so that documentation would aggregate from each visit.*

Strategic objective #4: *To establish MP-NN CSB as a Center of Excellence for providing person-centered, integrated health care services and supports to underserved communities and individuals with serious behavioral health and/or developmental disabilities.*

- *Community Outreach to Rehab placements*

April Treatment
Women 5 Pyramid / 2 Galax / 1 Starfish / 1 Farley / 1 Real Life / 1 True Recovery / 1 Fix
Men -- 1 Galax / 2 Starfish / 1 Recovery Center Of America / 1 Jude House
April Hotline – Recovery Response number
12 Women /8 Men
May Treatment
Women 3-Pyramid / 1 Galax / 1 Real Life / 1 True Recovery / 1 Shelly House Kentucky / 2-IOP / 1 VCU Motivate Clinic / 1 IOP-GCC
Men -- 1 Galax / 2 Starfish / 3 Pyramid / 1 Bridges / 1 IOP-Master Center / 2 Fix
May Hotline
3 Women /1 Man

- **Support groups** in both Warsaw and Gloucester Recovery Support centers have been increasing in attendance, Recovery meetings and groups include
  - AA 12 Step Group at Warsaw, Sat 11:00 AM, Tuesday 8:00 PM, Weds Noon, Friday 8:00 PM
  - NA Group (2 new groups) at Warsaw, Weds 7:00 PM and Sunday 7:00 PM, Step Study 6:00PM on Sunday.
  - NAMI Connections Groups, Gloucester Thursday 1:00-2:00PM, and Warsaw
  - Refuge Recovery Meetings - Recovery support meeting with meditation practices followed by a Buddhist inspired approach to recovery the reflecting on stories and readings on experience, strength and hope combined with the four noble truths about unnecessary suffering.
  - All Recovery Meetings (New) facilitated by 2 Peer Supporters Gloucester Mon, 10 AM and Warsaw
  - Recovery Connections curriculum – geared to those individuals in Contemplation state of recovery focuses on Recovery as Reconnection. RS has been taking this into the jails as well as in the centers, Gloucester, Lancaster and Middlesex.
  - ACA meetings, Gloucester Tuesday 12-1PM, Warsaw, Monday Noon and Sat. 9:00AM
  - Forest Bathing - The hiking club meets up every Friday (WRSC) to hike local trails a favorite hike is the Enchanted Forest with tree carvings of cartoon caricatures along the trail located in Warsaw
  - Mindfulness (am daily)
  - Personal Medicine

- Spanish Class
- New Class in Warsaw– PTSD and you. New CPRS in training who is Retired LEO and Veteran developed curriculum and facilitates class.
- New class started called APPR (Action Planning for Prevention/Recovery) began in Warsaw in April.

Field Trips –

- Camping event together with local AA Recovery groups at Westmoreland Park – annual event with well over a 100 camping and many more attending the Sat. Fish Fry. May 10-12.

Community Outreach Events

- **Fentanyl Awareness Day May 7th, Outreach booths at Westmoreland Health Department, VCU Tappahannock Hospital, Gloucester Fire Department, Gloucester Health Department, and the Kroger in Gloucester. Elizabeth Sluder had a spot on WRAR 105.5 to announce day.**
- 12 Sensory Backpacks were made for CIT (Crisis Intervention Training). The center provided the backpacks with noise diffusing headphone, fidget toys, stuffed animal, picture cards for communication and stress balls to be handed out after presenting about the Special Needs Population.
- Warsaw Farmer's Market
- Tappahannock Farmers Market
- Daffodil Festival Gloucester
- Essex Health Forum
- King and Queen Drug take back event.

Youth and Family Board Report

April-May 2024
June 6, 2024

Strategic objective #1: *To establish operational efficiencies within the organization in order to best meet the needs of program participants and staff, remain responsive to the marketplace, and promote and enhance our values while remaining financially responsible.*

- Healthy Families has entered into an agreement with Parent Child Development Corporation of West Point to provide case managers to go to the head start programs in was point and work directly with the children to coordinate services and provide education to support the children and those children's caretakers.

Strategic objective #2: *To establish MP-NN CSB as an employer of choice and invest in our staff to ensure that we recruit, develop, and retain a skilled and diverse workforce committed to achieving our mission.*

- Developing a training agreement that allows for employees to be paid back for half of their trainings that have gained pre-approval from their supervisor. The employee must gain approval that the training applies to their job, they are meeting job requirements, and they complete the training successfully. The first training to be offered is Brainspotting certification, a brain-based trauma/ stress treatment.
- HR has allowed for a sign on bonus for School-Based therapists to encourage them to apply and accept this difficult position to fill.

Strategic objective #3: *To diversify revenue sources and improve financial performance of service lines to ensure MP-NN CSB's financial sustainability.*

- Bay ageing- TREE SAHMSA grant will allow us to expand substance use prevention/ education services to youth in the schools across our ten counties.

Strategic objective #4: *To establish MP-NN CSB as a Center of Excellence for providing person-centered, integrated health care services and supports to underserved communities and individuals with serious behavioral health and/or developmental disabilities.*

- Efforts to enroll more children in early intervention have increased the RISP child count from 111 to 172 from December 1st to June 1st. We have 14 children scheduled for June to be enrolled in Healthy Families case management.