- Falls decreased 15%
- Deaths decreased 7%
- Minor Injuries decreased approximately 47%.
- Covid-19 cases decreased 50%; likely as result in reporting requirements to CHRIS for Covid-19.
- Law Enforcement decreased 85%; decrease likely due to difference in reporting on Risk Tracking Tool, i.e. events with LE involvement resulted in ER visit for screening or hospitalization, and categorized as such.
- Zero (0) incidents of reported suicide, Decubitus Ulcers, and Financial Exploitation in 2024.
    - Decrease in instances of decubitus ulcers due to DD residential services' improvements to include increased training of staff, improved personal care during services, and discharge of individuals for whom care needs exceeded programmatic ability to support the individual.
    - Decrease in instances of financial exploitation presumably due to improvements in DSS/SNAP

- An increase in frequency is observed year over year in suicide attempts, medication errors, unplanned psychiatric hospitalization, elopement, and incidents classified as other.
    - Increases in reports of suicide attempts reasonably corresponds to increase in unplanned psychiatric hospitalizations; corresponds to increased community need and increase in reporting. Numbers do not appear to represent a "systemic" issue for MPNN as the numbers of suicide attempts reported account for less than 0.003% of unique individuals served by MPNN annually.
    - Elopement increase accounts for three incidents reported. This measure will be evaluated for inclusion in the "other" category for the CY2025 analysis if events escalate into a level 2 or 3 incident.
    - "Other" includes any instance which occurred no more than twice, does not include care concerns, and is not classified as a level 2 or 3. These events are typically viewed as outliers among the common incidents reported and/or can be categorized in multiple areas and are combined into this category for a streamlined review.
- Medication errors have increased 70% (year o/ year). MPNN has worked aggressively to mitigate recurrence through trainings, increased supervision, site-specific process evaluation, and progressive counseling for responsible staff, up to and including, termination. Medication errors have not been identified as "systemic" by OHR. However, medication errors have been included on MPNN's Annual Systemic Risk Assessment and MPNN's QIP and are monitored closely for additional corrective measures to reduce recurrence.
- Incident reports by type have not reached respective thresholds for further review. All incident types currently within established thresholds.

KILMARNOCK NEW HORIZONS, INC.

BOARD OF DIRECTORS

Membership consists of:
3 CSB members; 2 community members

CURRENT

Alice Coates [Community Member]
Pratt Haynie, President (CSB)
Curtis Hand [Community Member]
Kathryn Knoeller (CSB), Vice President
VACANT [CSB]
Susan Barry, Secretary/Treasurer

Revised 12/11/2024

MIDDLE PENINSULA NORTHERN NECK BEHAVIORAL HEALTH

2025 COMMITTEE LIST

By-Laws Committee
Antenette Stokes, Chair
Tiffany Webb
Kathryn Knoeller

Finance Committee
Antenette Stokes
David Parr
Jay Mitchell

Community Advocacy Committee
Pratt Haynie
Tiffany Webb
Vacant
Kathryn Knoeller
Jay Mitchell
David Parr
Betsy Liljeberg
Antenette Stokes
Rosalyn Trent
Edith Turner
Alice Coates

Human Resources Committee
Pratt Haynie
Kathryn Knoeller
Betsy Liljeberg
Antenette Stokes
Alice Coates, Ex Officio

Executive Committee
Betsy Liljeberg, Chair
David Parr, Vice Chair
Kathryn Knoeller
Antenette Stokes
Alice Coates, Ex Officio

Program Committee
Kathryn Knoeller
Betsy Liljeberg
Antenette Stokes
Edith Turner

Facilities Committee
Pratt Haynie
David Parr
Larry Kight (CSB Staff)

Recovery Services Board Report DATE: 02/03/25

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.*

A. RS has established office space in both counseling centers, increasing visibility of Peer Support services.

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.*

A. RS promoted PT Billing Specialist to FT and promoted PT CPRS to FT.
B. Sent 2 employees (PRS in training) (Re)STORE recovery and resilience training at Shalom House retreat center: Sam Lavere and Frannie Parr attended Mental Health America's (VA) trauma informed training as part of their required 500 hours towards certification.
C. Shirley Fallin gave presentation Nottaway Workforce Facility; a reentry program in Region 10. Presentation focused on success of the outreach team and warm line.
D. SOR-R Recovery Response team gave presentation and raised awareness of resources Recovery Services offers at Northumberland County event on the Loneliness Epidemic.

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

Medic

A. The Peer Support staff has completed its work on a training manual for Peer Support billing specific to steps taken in Credible. It's culmination of a 2 year project on implementing Medicaid Billing for Peer Support.
B. 2 additional CPRS (Certified Peer Recovery Specialist) became Registered and are now eligible to bill Medicaid.
C. 3 Peer Support in training have completed 500 hours and are scheduled to DBHDS State CPRS exam.

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

A. December held multiple community events at both Gloucester and Warsaw to celebrate the holidays.
B. Gloucester Recovery Support Center collected donations for the homeless.

C. Warsaw RSC held its annual Alcathon for New Year's Eve. Held meetings throughout the day and evening, roasted oysters, watched football, played music, ad held campfire meetings. Very well attended from the community.
D. SOR-R has been working with Northern Neck Regional working with program reentry manager to bridge individuals from release to community.
E. Warsaw RSC is now open every Sunday for NFL Football events. Providing a safe place to be in recovery while cheering on your NFL teams.

Youth and Family Board Report
And MHOP and SUD

November 2024-January 2025

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 had an increase in children served by case management by 11
- The youth SUD and School based outpatient program have made great strides in expansion.
  - Gloucester High (Tai Peters is there full-time)
  - SMAHSA GRANT WITH BRTA (Ben, Lynn and Jessie): Westmoreland, Colonial Beach, Richmond Co., Middlesex and Northumberland: providing supports in all of these High Schools and Richmond Co Alternative Schools
  - Just added Westmoreland Middle (Montross Middle) and Lancaster High School.
  - Also offering Virtual SUD Supports, you should have the email about the group starting this week. And offering virtual individual supports.
  - Future Expansions once next SUD support is hired but I don't want to name the expansion since I haven't talked with the school systems yet.
  - **School-Based Outpatient:** Colonial Beach, Westmoreland (Cople, Middle and High), Richmond Co. (Elem, Middle and High), Northumberland (Middle/High), Lancaster (Elem.), Middlesex (Elem, Middle, High), Gloucester Co. FSS program in all schools, King William (Middle and High), West Point (middle/high).

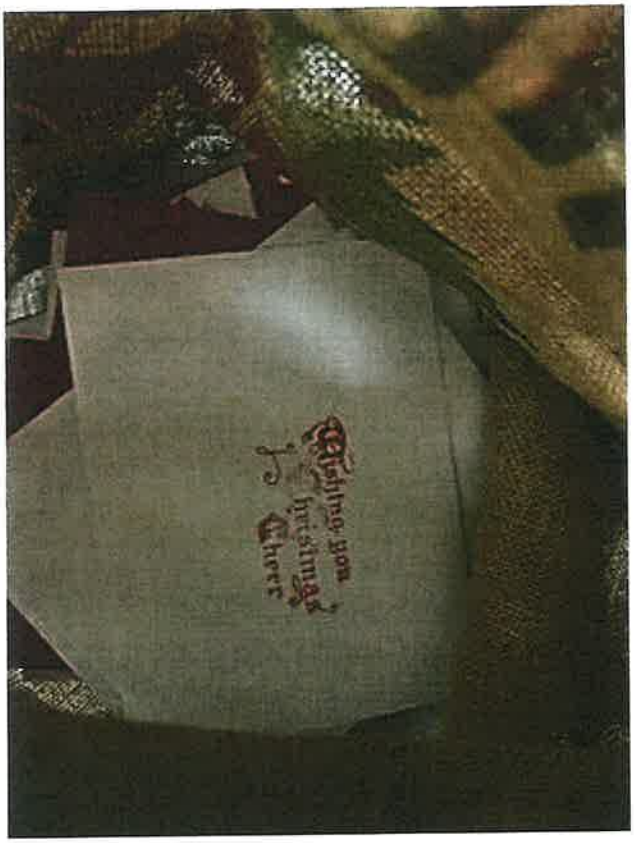
Strategic objective #2: *To establish MP-NN CSB as an employer of choice and invest in our staff to ensure that we recruit, develop, and retain a skilled and diverse workforce committed to achieving our mission.*

- Healthy Families Lactation Counselors have enrolled in a *Maternal and Infant Assessment* course. Healthy Families staff have all completed evidence-based curriculum **Growing Great Kids** to maintain a skilled team.
- The CIT conference was in November, 8 instructors attended. It was in Roanoke and a very valuable networking event.
- The ECC IOP groups and staff participated in putting together care packages for local assisted living facility residents and delivering them over the holiday season.

IOP group members also played memory games and built gingerbread houses with several of the residents

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

- Healthy Families has ongoing outreach to community referral partners with regular contact to ensure relationship and partnership. Regionally efforts through CREEC and with recent Advocacy efforts in January with Legislatures
- (GCC) hired a new full-time licensed clinician to complete assessments virtually.
- ECC has also hired a new full-time licensed clinician for virtual assessments- we were able to hire offering this flexibility. This will also allow individuals to have the flexibility of not having to come in for assessments but do them from the comfort of their home.
- Due to staffing shortages we are focusing on priority populations and hospital discharges.


Wishing you
a merry
Christmas
Cheer