Intensive Community Outreach Services, LLC

Stakeholder Report
2018

This is the annual stakeholder report for Intensive Community Outreach Services, LLC (ICOS). The purpose of this report is to keep stakeholders informed of trends and quality improvement efforts of ICOS as a provider of community mental health services.

Purpose

Intensive Community Outreach Services, LLC's primary purpose is to identify at-risk individuals in the community and provide quality services, which are designed to develop children and adolescents with mental instability into productive and healthy citizens. Our goal is to help to maintain individuals at home and in their community. We seek to assist individuals and families to develop appropriate boundaries while decreasing inappropriate behaviors. We strive to empower clients to effectively utilize community and internal resources to achieve positive outcomes.

The home-based Intensive In-Home Services Program will provide comprehensive assessments and short-term and solution-focused strategies to enhance emotional and behavioral stability in the home setting. Services will be provided to children and adolescents ages 5-20 who reside in the Richmond, Northern Virginia and Tidewater regions. As individuals are encouraged to maximize their potential through clinically sound practices and individualized service plans allowing addressing psychiatric deficiencies, Intensive Community Outreach Services, LLC counselors work diligently with clients, families, coordinating agencies and outpatient providers to encourage personal enhancement of skills to prevent risk of out-of-home placements.

The community-based Mental Health Skill-Building Program will provide comprehensive assessments, short-term and solution-focused strategies to strengthen functional and daily living skills, interpersonal and communication skills building to promote independence, medication management and health and safety monitoring, and case management services to coordinate with other mental and physical health service providers. Services will be provided to adults ages 18 and older who reside in the Richmond, Northern Virginia and Tidewater regions. Individuals are encouraged to maximize their potential through clinically sound practices and individualized service plans allowing addressing psychiatric deficiencies, ICOS Mental Health Skill-Building staff work diligently with clients, community partners and outpatient providers to encourage personal enhancement of skills to prevent risk of out-of-home placements.

LOCATION AND SETTING. The primary administrative office of ICOS is located at 8052 Elm Drive, Suite F, Mechanicsville, VA 23111. The office has handicapped parking, phone and fax. Services rendered are community-based and are rendered in the greater metro Richmond, Tidewater and Northern Virginia areas in private homes and community locations.

DAYS AND HOURS OF SERVICE. Services are rendered based upon the flexible schedule of the client and staff person. Services are available 7 days per week, including on holidays. After hours, clients are encouraged to contact emergency services (911) or their local community service crisis line. IIH staff are available for 24/7 crisis response outside of scheduled sessions.

PROGRAM DESCRIPTIONS:

Intensive In-Home Program

The home-based Intensive In-Home Services Program will provide comprehensive assessments and short-term and solution-focused strategies to enhance emotional and behavioral stability in the home setting. Services will be provided to children and adolescents ages 5-20 who reside in the Central, Tidewater and Northern Virginia Regions. As individuals are encouraged to maximize their potential through clinically sound practices and individualized service plans allowing addressing psychiatric deficiencies, ICOS' staff work diligently with clients, families, coordinating agencies and outpatient providers to encourage personal enhancement of skills to prevent risk of out-of-home placements.

Staffing and Credentials. IIH staff must meet the criteria for Qualified Mental Health Professional-Child (QMHP-C) per the Virginia Board of Counseling, Department of Health Professions. QMHP-C staff must have a degree in a human service field. Bachelor's level QMHP-C staff must have at least 3,000 hours of clinical experience providing direct care to children and/or adolescents with mental health diagnoses; master's level QMHP-C staff are only required to have 500 hours of experience providing direct care to children and/or adolescents with mental illness. QMHP-C staff provide direct care in the area of coping skills-building, communication skills, interpersonal skills, anger management skills and other training needed to facilitate the relationship between the client and parent to prevent risk for out of home placement.

Clinical intake assessments, treatment planning and clinical supervision are provided by Licensed Mental Health Professionals who are licensed as an LPC, LCSW, LCP or LMFT by the Virginia Department of Health Professions.

POPULATION SERVED:

1. Children and adolescents (ages 5-21) who demonstrate a risk for out of home placement, psychiatric hospitalization or isolation from social supports as a result of serious mental illness
2. Children and adolescents who demonstrate inappropriate interpersonal skills or behaviors that place them at risk for harming themselves or others
3. Children and adolescents who have been unsuccessful in improving behavioral and emotional stability despite continued interventions from the school system, juvenile justice system or alternate mental health services
4. Children and adolescents with a behavioral or emotional disorder that impairs interpersonal functioning in the home
5. Children and adolescents for whom a less intensive level of care is not appropriate due to the frequency and intensity of behaviors and symptoms that presently place the individual at risk for out of home placement.

SPECIAL POPULATIONS. ICOS services any individuals with serious mental illness who meet eligibility criteria for services. This may include trauma survivors; immigrants whose primary language is not English; homeless, etc.

Mechanisms to Address Needs of Special Populations. Individuals with trauma history will be referred for psychotherapy with a trauma specialist in their area. ICOS will refer the client for therapy to be received concurrently with IIH and will facilitate the client locating a therapist in their area who accepts their insurance. Individuals who are homeless will be linked with their

local community services board/behavioral health authority as well as the homeless point of entry for their locality.

SERVICES PROVIDED:

1. Clinical assessments to identify treatment needs
2. Referral for full psychological evaluation to further identify treatment needs
3. Creation of an individualized service plan to address specific needs as identified clinical assessments
4. Case management services to link clients to community resources and additional mental health services as needed
5. Individual and family counseling (to be provided by ICOS and/or by referral to an external therapist). ICOS will ensure that individuals receiving IIH and family members participate in therapy services, either provided internally or through referral, in order to remain eligible for IIH services.
6. Interventions to address deficits in interpersonal and communication skills that place the client at risk for out of home placement (i.e., anger management)
7. Crisis intervention services to include the availability of a licensed professional counselor
8. Engagement of parent with whom the child is living to participate in services and with the intention of the client remaining in the home. The engagement of the parent must include participating in IIH services at least weekly, engagement in psychotherapy services for the child and working actively and collaboratively with mental health providers to maintain the client in the home.

NEEDS OF POPULATION SERVED:

1. Individual and family counseling
2. Training to increase appropriate communication skills (e.g., counseling to assist the individual and parents/guardians, as appropriate, to understand and practice appropriate problem solving, anger management, interpersonal interaction, etc.)
3. Services to facilitate the transition home from an out-of-home placement when necessary
4. Crisis 24-hour emergency response
5. Assistance linkage to wraparound supports (i.e., additional mental health services, medication management, community supports, psychological evaluations, etc.)
6. Coordination between service providers to support the progress toward treatment goals

ADMISSION CRITERIA.

Individual meets at least 2 the following criteria:

1. Have difficulty in establishing or maintaining normal interpersonal relationships to such a
   degree that they are at risk of hospitalization, homelessness, or isolation from social supports.
2. Exhibit such inappropriate behavior that repeated interventions by the mental health, social
   services, or judicial system are necessary.
3. Exhibit difficulty in cognitive ability such that they are unable to recognize personal danger
   or recognize significantly inappropriate social behavior.

Priority of Admissions: Individuals who are exiting a crisis stabilization program, hospitalization and/or are homeless.

- **Ineligibility Criteria**: Individuals who do not have the cognitive ability to benefit from individualized training to build coping skills; individuals who are no longer living at home with the parent/guardian; individuals whose parent/guardian has indicate the parent/guardian is no longer committed to maintaining the individual in the home.
- **Re-Admission Criteria**: Individuals who have experienced a regression in symptoms or at-risk behaviors to the extent further treatment is needed.
- **Person Responsible for Admission Decisions:** The licensed mental health professional who conducts the intake assessment and determines eligibility and treatment recommendations.

SCREENING. Screening is completed by a licensed mental health professional at the same time as the comprehensive psychosocial assessment of the individual's needs and presenting problems. Screening identifies the individual's strengths, needs, abilities and preferences to receive intensive services and to become more functionally independent in the community. Screening results in a diagnosis (if applicable), determination of the individual's eligibility for services, and recommendations for treatment or other supports that will address the individual's presenting problems.

- **Outcome if Ineligible for Services**. Individuals who are determined to be ineligible for IIH but in need of a higher or lower level of care will be referred to applicable providers in the area who provide the appropriate level of care.
- **Waiting List**. ICOS does not maintain a waiting list. In the event ICOS is unable to meet the individual's urgent needs for admission, ICOS will refer the individual to a like agency in the community or to contact his/her managed care organization to identify a provider that accepts his/her insurance.

ASSESSMENT. Assessment is completed by a licensed mental health professional and includes a comprehensive psychosocial assessment of the individual's needs and presenting problems. Assessment identifies the individual's strengths, needs, abilities and preferences to receive intensive services and to become more functionally independent in the community. Assessment results in a diagnosis (if applicable), determination of the individual's eligibility for services, and recommendations for treatment or other supports that will address the individual's presenting problems.

TREATMENT PLANS. The treatment plan is developed at the time of the Screening and Assessment by the licensed mental health professional based upon the strengths, needs, abilities and preferences of the individual. The treatment plan is a living document that is revised as needed and reviewed quarterly by the QMHP.

DISCHARGE CRITERIA. Individuals will be discharged from the Intensive In-Home program when they demonstrate any of the following:

1. Consistently maintain stability in interpersonal relationships in the home such that he/she is no longer at risk for out of home placement
2. Mastery of treatment goals such that intensive services are no longer appropriate to meet the client's treatment needs, and the individual is ready to step down to a lower level of care

3. Aging out of the IIH program (i.e., over 21 and/or no longer a student or no longer living with the parent/guardian).

Mental Health Skill-Building Program

The Mental Health Skill-Building program will provide comprehensive assessments and short-term and solution-focused strategies to enhance functional stability and independence in the community. Services will be provided to adults who reside in the Central Region. As individuals are encouraged to maximize their potential through clinically sound practices and individualized service plans allowing addressing psychiatric deficiencies, ICOS counselors work diligently with clients, families, coordinating agencies and outpatient providers to encourage personal enhancement of skills to prevent risk for mental health symptom exacerbation and promote independence in the least restrictive environment.

Staffing and Credentials. MHSB staff must meet the criteria for either Qualified Mental Health Professional-Adult (QMHP-A) or Qualified Paraprofessional in Mental Health (QPPMH). QMHP-A staff must have a degree in a human service field or a minimum of 15 credit hours of coursework toward the completion of a non-human services field degree as required by the Virginia Board of Counseling. QMHP-A staff must also have at least 3,000 hours of clinical experience providing direct care to adults with mental illness; QMHP-A staff who have a master's degree in a human services field are only required to have 500 hours of experience providing direct care to adults with mental illness. QPPMH staff must have either (1) an associates degree in a human services field with a year of clinical experience providing direct care to adults with mental illness, or (2) completion of a 90 hour QPPMH training program and 12 weeks of supervised experience. QMHP-A/QPPMH staff provide direct care in the area of individualized training to facilitate the client in becoming more functionally independent and stable in the community. Training focuses on daily living skills, medication management, social/communication skills, community integration, health and wellness, safety planning and linkage to community resources. Clinical intake assessments, treatment planning and clinical supervision are provided by Licensed Mental Health Professionals who are licensed as an LPC, LCSW, LCP or LMFT by the Virginia Department of Health Professions.

POPULATION SERVED:

1. Adults (ages 18+) who demonstrate a risk for out of home placement, psychiatric hospitalization or isolation from social supports as a result of serious mental illness
2. Individuals with a diagnosis of a serious mental illness (i.e., Bipolar Disorder, Major Depressive Disorder, Schizophrenia or other psychotic disorder).
3. Individuals who have been prescribed psychiatric medications in the past 12 months.
4. Individuals who have a history of psychiatric hospitalization or other intensive mental health interventions (i.e., Temporary Detaining Order, PACT or ICT team services).
5. Individuals who have significant deficits in independent living skills such that they are unable to maintain stable housing or are at risk for homelessness as a result of their mental illness.

SPECIAL POPULATIONS. ICOS services any individuals with serious mental illness who meet eligibility criteria for services. This may include trauma survivors; immigrants whose primary language is not English; homeless, etc.

Mechanisms to Address Needs of Special Populations. Individuals with trauma history will be referred for psychotherapy with a trauma specialist in their area. ICOS will refer the client for therapy to be received concurrently with MHSB and will facilitate the client locating a therapist in their area who accepts their insurance. Individuals who are homeless will be linked with their local community services board/behavioral health authority as well as the homeless point of entry for their locality.

SERVICES PROVIDED:

1. Clinical assessments to identify treatment needs
2. Referral for full psychological or psychiatric evaluation to further identify treatment needs
3. Creation of an individualized service plan to address specific needs as identified clinical assessments
4. Service Coordination to link clients to community resources and additional mental health services as needed
5. Training based on identified needs for functional independent living skills development
6. Interventions to address deficits in interpersonal and communication skills that place the client at risk for social isolation, psychiatric hospitalization or homelessness
7. Crisis intervention services to include the availability of a licensed professional counselor

NEEDS OF POPULATION SERVED:

1. Assistance in building functional living skills that promote independence
2. Assistance in management of symptoms of mental illness
3. Assistance developing appropriate interpersonal skills
4. Support in communication skills in response to behavioral health diagnoses
5. Assistance linkage to wraparound supports (i.e., additional mental health services, medication management, community support services and independent living services, etc.)
6. Coordination between service providers to support the progress toward treatment goals

ADMISSION CRITERIA.

Eligibility criteria include all of the following:

1. Requires individualized training in acquiring basic living skills such as symptom management; adherence to psychiatric and medication treatment plans; development and appropriate use of social skills and personal support system; personal hygiene; food preparation; money management
2. Has had a prescription for anti-psychotic, mood stabilizing or anti-depressant medications within the past 12 months **OR** has documentation from a physician that a prescription for those medications would be contraindicated for the individual
3. Prior history of at least one of the following: psychiatric hospitalization, residential crisis stabilization, Intensive Community Treatment (ICT) or Program of Assertive Community Treatment (PACT) services, placement in a psychiatric residential treatment facility (RTC Level C), or TDO evaluation as a result of decompensation related to serious mental illness
4. Primary Diagnosis of schizophrenia/other psychotic disorder; Major Depressive Disorder-Recurrent; or Bipolar I or II; **OR** documentation by a physician/psychologist within the past 12 months that each of the following is true: (1) the individual has an Axis I mental illness, (2) the individual's mental illness causes a severe and recurrent

disability, (3) the individual's mental illness causes functional limitations in major life activities, and (4) the individual requires individualized training in order to achieve or maintain independent living.

Priority of Admissions: Individuals who are exiting a crisis stabilization program, hospitalization and/or are homeless.

- **Ineligibility Criteria**: Individuals who do not have the cognitive ability to benefit from individualized training to build functional daily living skills; individuals who currently reside in a nursing facility or other facility that provides all of their daily living needs; individuals who receive in-home nursing care that provides all of their daily living needs for them.
- **Re-Admission Criteria**: Individuals who have experienced a regression in symptoms or daily living skills to the extent that re-training is needed.
- **Person Responsible for Admission Decisions:** The licensed mental health professional who conducts the intake assessment and determines eligibility and treatment recommendations.

SCREENING. Screening is completed by a licensed mental health professional at the same time as the comprehensive psychosocial assessment of the individual's needs and presenting problems. Screening identifies the individual's strengths, needs, abilities and preferences to receive intensive services and to become more functionally independent in the community. Screening results in a diagnosis (if applicable), determination of the individual's eligibility for services, and recommendations for treatment or other supports that will address the individual's presenting problems.

- **Outcome if Ineligible for Services**. Individuals who are determined to be ineligible for MHSB but in need of a higher or lower level of care will be referred to applicable providers in the area who provide the appropriate level of care.
- **Waiting List**. ICOS does not maintain a waiting list. In the event ICOS is unable to meet the individual's urgent needs for admission, ICOS will refer the individual to a like agency in the community or to contact his/her managed care organization to identify a provider that accepts his/her insurance.

ASSESSMENT. Assessment is completed by a licensed mental health professional and includes a comprehensive psychosocial assessment of the individual's needs and presenting problems. Assessment identifies the individual's strengths, needs, abilities and preferences to receive intensive services and to become more functionally independent in the community. Assessment results in a diagnosis (if applicable), determination of the individual's eligibility for services, and recommendations for treatment or other supports that will address the individual's presenting problems.

TREATMENT PLANS. The treatment plan is developed at the time of the Screening and Assessment by the licensed mental health professional based upon the strengths, needs, abilities and preferences of the individual. The treatment plan is a living document that is revised as needed and reviewed quarterly by the QMHP/QPPMH.

DISCHARGE CRITERIA. Individuals will be discharged from the Mental Health Skill-Building program when they demonstrate any of the following:

1. Consistently maintain independent living skills and stability in the community
2. Consistently maintain mental health symptoms through participation and compliance with psychiatric and other mental health professionals
3. Demonstrate an inability to gain further benefit from Mental Health Skill-Building interventions

RFERRAL SOURCES. Referrals are primarily received from: self-referrals; community services agencies and others (e.g., primary care physicians, psychiatrists, therapists, probation, etc.).

PAYER SOURCES. ICOS currently receives funding through insurance reimbursement of Medicaid Managed Care Organizations in the Commonwealth of Virginia.

FEES. The cost of services is described below:

- Assessment - $60.00
- IIH Session, per hour - $60.00
- Assessment (urban) - $91.00
- Assessment (rural) - $83.00
- MHSB Session 1 hour (urban) - $91.00
- MHSB Session 3 hours (urban) - $182.00
- MHSB Session 1 hour (rural) - $83.00
- MHSB Session 3 hours (rural) - $166.00

ICOS does not issue fees to its clients. All claims for reimbursement are submitted directly to Medicaid Managed Care Organizations.

SHARING PROGRAM INFORMATION WITH STAKEHOLDERS. Information about the program is available on the Intensive Community Outreach Services, LLC website at www.icoservices.org.

Performance Enhancement Measures

I. Cultural Competency plan

a. Based upon the Diversity Survey and progress made toward 2018 plan goals, 2019 should see a continued focus on assessing community needs and demographics to ensure staffing demographics can match the diverse needs of the community and that materials are adequately provided in preferred languages of individuals served. A quarterly newsletter for 2019 will highlight the diversity and cultural competency efforts from 2018. Cultural competency and diversity will continue to be surveyed for clients, staff and stakeholders annually.

II. Input from persons served

a. Input was gathered from individuals served in November and December 2018 in the areas of Diversity, Accessibility and Satisfaction. Strategies for enhancing response rates have been planned to ensure feedback received reflects a larger majority of the individuals served. To accomplish this, individuals served will

be surveyed every quarter and only if admitted for over 90 days of service to adequately measure satisfaction for those individuals who have received consistent services. ICOS is using this data to direct quality improvement efforts in the next year.

III. Internal and external health and safety reviews

a. Health and Safety Checks (internal and external) have been completed at all sites. Only minimal recommendations were given by external safety inspectors, and those issues were promptly resolved.

IV. Accessibility Plan

a. Primary boundaries identified were soundproofing and temperature issues, which have been addressed and corrective action taken as necessary. Accessibility surveys will continue to be done annually for clients, staff and other stakeholders.

V. Quality Records Review analysis

a. Quarterly Record Reviews were conducted for the last two quarters of 2018 and will continue for 2019. A representative sample of 10% of all records across all programs and sites were reviewed each quarter. When patterns were identified, the management team and clinical team reviewed needs for corrective action and quality assurance. Additionally, the Clinical and Compliance Coordinator will perform monthly quantitative audits.

VI. Outcomes management, including review of annual measures of:

a. Efficiency
    i. GOAL: **At least 70% of payroll will be based upon direct (billable) service hours, with no more than 30% dedicated to overhead and non-billable hours.**
    ii. OUTCOME: For 2018, 58% of payroll was based upon direct service hours. It was determined that the 70% goal is likely unattainable based upon the agency's current and planned administrative costs.
b. Access
    i. GOAL: **At least 80% of clients will receive an assessment within 2 weeks of screening.**
    ii. OUTCOME: Goal was met for 2018. The 2019 goal will be amended accordingly.
c. Effectiveness
    i. GOAL: **At least 85% of clients served will maintain community stability (i.e., no hospitalization or out of home stay) for 6 months or more.**
    ii. OUTCOME: Goal was met for 2018. The 2019 goal will be amended accordingly.

d. Satisfaction
    i. GOAL: **At least 85% of clients will indicate satisfaction with services.**
    ii. OUTCOME: Goal was not met for 2018, as the satisfaction rate was 82%. The survey response rate was also low (24%) and therefore not a good indicator of overall client satisfaction.