Center for Behavioral Health HIGHLANDS COMMUNITY SERVICES



Annual Report 2009

Table of Contents

Executive Director's Report	1-2
Board Listing, Message from the Chair	3
Financial Report	4
Human Resources	5
Community Relations	6
Adult Mental Health Recovery Care Coordination	7
Wellness Recovery Action Plan	8
Mental Health/Substance Abuse Outpatient Services	9
Children's Services	10-16
Community Support Services Recovery Services	17-18
Psychiatric Clinic Services	19
ACCESS/Emergency Services	20
Recovery Story	21

From the Executive Director

t is hard to believe that Fiscal 2009 is quickly coming to a close. Looking back over the last twelve months, I remain extremely impressed with the quality and spirit of our staff. Committed to the ideals of what Highlands represents, staff continues to demonstrate a tireless determination and willingness to strive for lofty heights within their respective programs, while at the same time maintaining the integrity of each program.



HCS witnessed significant growth during fiscal 2009. FTEs increased significantly, jumping from 242 in 2008 to 262 as of the end of this fiscal year. The annual turnover rate dropped 50% from an annual high of 20% in fiscal 2006 to 10% in fiscal 2009. Fee revenues topped the \$9,500,000 mark for the first time ever, and should top the \$10,000,000 mark during the upcoming year. I believe improved synergy and team work between departments has created a more conducive environment for staff, and ease of access into the center. Fiscal 2009 remained a year of transition for Highlands with the physical moving of many programs, along with the adjustment of being in the new main building during the year. Staff did an excellent job in maintaining the integrity of their programs during such disruption, all of which has helped HCS reach its budget targets for the year.

Highlands Community Services now enjoys a reputation as a "Center of Excellence" with genuine commitment to quality and customer service. As a result of the Board's continued commitment to, and staff acceptance of established philosophical ideals, I am pleased to say we have reached a coveted milestone, becoming the organization of choice for an increasing number of professionals seeking employment. As in years past, we will continually strive to make sure this achievement is never taken for granted, doing all we can to insure the organization reflects the highest quality for our staff and customers. Thank you all for advancing such ideals. You have done a great job hiring individuals with compatible beliefs and ideas established as part of Highlands' core mission. I believe we now have a "living mission" as part of Highlands which we will continue to nurture during the upcoming year.

Fiscal 2010 will be an exciting, yet very challenging, year for HCS. Going forward, the challenges facing our organization will require diligence and close monitoring to avoid an interruption of our ability to meet the needs of our community. Targeted Case Management will continue to loom on the legislative horizon during the years ahead. The negative financial impact on all CSBs is potentially catastrophic. I believe Federal, State, and Local dollars will continue to shrink, making it imperative for HCS to find innovative ways to secure new revenue streams. Volume will remain the cornerstone of our continued success. The new campus, with both buildings, is a very expensive initiative, yet one that will provide a state of the art facility in the community. I believe the buildings on the hill, along with the new "Stepping Stones" facility (slated to open May 1, 2010) represents the ideal that mental health is an integral part of any community well-being, and that we are committed to serve the community in a way that all parties involved in the process can take pride and maintain a genuine sense of dignity.

(continued)

As we move into the next fiscal year, sustainable growth will continue to be a cornerstone to our success. Growth in school based programs, children's care coordination, Therapeutic Foster Care, outpatient, care coordination, Home Recovery, Substance Abuse, etc., should remain strong during fiscal 2010. In all departments new ideas are being developed to maintain the vitality and richness of our organization. The foundational pieces of a geriatric program, domestic violence program, and a program for autism are being addressed.

I was very pleased with the degree of creative thinking that was present during the fiscal 2010 budget meetings. It was obvious that all programs spent significant time looking at how to maximize their services in a way that would remain vibrant and relevant to those individuals they serve. Some really cool "outside of the box" ideas were presented which were fun and exciting to hear. Fun, and creativity, must remain as a key cornerstone to what we are all about at Highlands.

This year's budget process was both long and complex. As always, fiscal staff rose to the occasion, working with all departments to assist program managers meet the desired objectives of each respective program.

Finally, as we go into the next fiscal year, my hope is that each individual will enter into it with a high degree of enthusiasm, optimism, a sense of purpose, a feeling that they are a part of a team, and a sense of professional pride. Without such attributes at the core of what we represent as an agency, we collectively run the risk of being like too many other organizations that operate without a "living mission".

Guaranteed, this will be an exciting year with surprises, and new opportunities. It will also be a year to stabilize and maximize the efficiencies within each of our programs. Finally, it will continue to be another year of innovative, FUN, and sustainable growth.

Thank you all for all you do for "HIGHLANDS CENTER FOR BEHAVIORAL HEALTH". It is greatly appreciated.

- Jeff

Board of Directors

CURRENT BOARD OF DIRECTORS

Representing the City of Bristol, VA:

Danny Johnson, Chair Deb B. Read, Vice-Chair Sondra Alan Fred Bowman Eula Wheeler Representing Washington County, VA:

Leslie Birch
Claudia Duffy
Carolyn Hale
Kathy Melvin, Secretary/Treasurer
Kittye Owens
Odell Owens
Darlene Rowland
Lillian Spicer



From the Chair...

It is hard to believe that it has been well over a year since Highlands Center for Behavioral Health opened their doors at the new campus on Russell Road. As the Chair of the Board, I have seen so many changes in this agency, one being the ability to offer services in one centralized location. Consumers can come to appointments at one location without having to be seen at separate times in separate buildings.

The response to our new facility has been tremendous with praise from the consumers who use our services as well as from the community.

HCS also added another new building in FY2009, the Annex. This facility houses the programs for the Intellectual Disabled and the Infant & Toddler Programs. On the horizon is yet another new facility, Stepping Stones. This facility is currently located on Lee Highway, but will be moving soon to a new location on lvy Street.

Without the dedication of the staff of HCS, these changes within the agency would not be possible. The organization remains financially sound with solid growth potential going forward. On behalf of the Board of Directors for Highlands Center for Behavioral Health, we want to say "thank you".

Danny Johnson, Board Chair, 2009

Financial Report

The fiscal year ending June 30, 2009 was another year of continued growth for Highlands Community Services as additional staff were hired to deliver increased levels of service, the agency took occupancy of two brand new facilities on Campus Drive in Abingdon and implementation of a new electronic clinical record system began. All of these changes and more had an impact on the financial statements of HCS, Center for Behavioral Health.

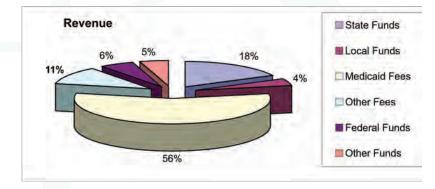
In spite of reductions in state and federal grant funds during fiscal year 2009, total revenues for the year increased by 17.4% (\$2,106,027) over the previous year, with fee for services in particular increasing by more than 28%. Likewise, expenditures increased by 21.5% (\$2,452,402) primarily in the areas of personnel, staff development and facility expenses. Continued attention to accurate budget development and on-going budget monitoring by all staff resulted in actual revenue reaching 100.3% of budget with actual expenditures at 97.8% of budget. The resulting excess of revenue over expenditures totaling \$363,894 for the year represented 2.6% of budget.

Non-budgeted income included interest earnings, annuity contributions returned for non-vested staff, sales of surplus furniture and equipment, and miscellaneous revenue. Expenditures included the purchase of a 3.5 acre piece of property to be utilized for the relocation of the Stepping Stones program in the future, as well as bank service charges and other minor miscellaneous expenditures.

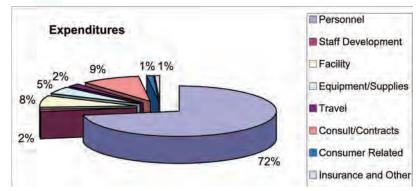
Highlands Community Services continues to maintain a strong financial position and once again received an unqualified audit opinion in FY09 (for the prior fiscal year). As of June 30, 2009 the Statement of Net Assets indicates that HCS had 8.62 times more current assets than current liabilities and more than \$5.2 million in total net assets.

FY2009

-	
Revenue	
State Funds	\$2,509,299
Local Funds	619,836
Medicaid Fees	8,033,600
Other Fees	1,610,779
Federal Funds	791,068
Other Funds	664,042
Total	\$14,228,624



Expenditures	
Personnel	\$10,065,820
Staff Development	208,517
Facility	1,052,900
Equipment/Supplies	642,157
Travel	285,858
Consult/Contracts	1,357,946
Consumer Related	140,807
Insurance and Other	110,723
Total	\$13,864,728



Human Resources

- Continued to improve the Employment Recruitment process that led to annual savings of \$20,000 as compared to FY 2008.
- Increased employment by 8% as compared to FY 2008.
- Decreased employee turnover by 28% as compared to FY 2008.
- Changed the employee group health insurance benefit in a "RFP" competitive bidding process.
- Reviewed and updated the HCS Classification & Compensation program to maintain internal equity and external competitiveness.
- Completed two Employee Satisfaction Surveys that show improvement in employees' perception of fairness and support.
- Held annual HCS Employee Fun Day Picnic at Camp Placid (July 2008) with over 400 employees and family attendees.
- Held annual HCS Employee Christmas Dinner at the Southwest Virginia Higher Education Center (December 2008).
- Held the first annual "HCS Biggest Loser Contest" that included 70 employee participants with 12 teams. Teams averaged over 5% weight loss toward their goal of a healthy lifestyle as part of our "HCS Wellness Program".



Community Relations



Fiscal Year 2009 has been a busy year for Community Relations.

The Community Relations Coordinator currently sits on various committees; agency wide and community wide, to ensure that HCS is always on top of the latest topics within the behavioral health field.

The CR Dept has also been working on marketing the new facilities and trying to find creative ways to advertise. We currently have brochures or rack cards for most of our programs to promote awareness of our services.

This year we decided to target a local school by advertising on their sport calendar poster and also a pocket size schedule. Highlands was only one of four chosen to advertise on the pocket schedule. There were 3,000 copies printed of each, so we felt this was a good opportunity to get our name into a new arena.

The CR department also participated in the Mental Health Awareness Walk and the Family Fun Day at E & H College, setting up booths to bring awareness of services to the community, along side the Children's Programs.

The CR department also held its first PCP luncheon. This luncheon provided an opportunity for local doctor's to come and hear about our services, ask questions, provide feedback on what they need from us and provided an opportunity to form a strong working relationship with them. We are in the planning stages of a second PCP Luncheon in hopes of furthering that relationship.

New for Highlands, the CR department worked with our Bi-Lingual Therapist to create a brochure about Outpatient Services that is written in Spanish. This brochure will allow us to reach a whole new population.

For the second year in a row, Highlands became a co-sponsor for The Barter Theatre. This is yet another way to advertise and network within the community. We were the co-sponsor of the play "Holiday Memories" and for FY2010 we will co-sponsor the play "Always.....Patsy Cline" in April.

Adult Mental Health Recovery Care Coordination

n the past year, Care Coordinators have been able to grow their programs by an average of 10% for the second year in a row. We are proud of the recovery orientation that welcomes people to HCS with a hopeful approach that promises sufficient support and education to control stressors and increase supports. Our goal is to avoid hospitalizations and to facilitate productive community roles. We do that by focusing on strengths, assets and abilities, recognizing that each individual is more than just a "diagnosis." We also work closely with Peer Support Specialists who reinforce these interventions by helping our consumers build Wellness Recovery Action Plans.

Recovery Care Coordination moved into the 610 Campus Drive building in October 2008 and settled into a new suite with comfortable furniture, a fabulous view and easy communication with all of the other programs in the building. Staff quickly embraced an adjoining conference room, decorated with Pan American Airlines posters. The results were a Caribbean Room and a Southwest Room. Could anything be more appropriate for a program that prides itself on serving as traveling companions to the consumers we serve? Bristol Care Coordination led the way in the previous two years by decorating new space at the Huff Cook Building on Lee Highway.



In December 2008, the Highlands Home Recovery Program moved into its new home at the old Highlands Counseling Center. The building has been beautifully renovated with warm, welcoming paint colors and carpeting and furnished with soft, comfortable homey furniture. The program meets the guidelines of a crisis stabilization program as defined by the Department of Medical Assistance, but focuses on innovative non-traditional interventions to help our consumers understand why the crisis occurred and how to prevent it in the future. In this relaxed atmosphere, guests can learn relaxation techniques from CD's with water lapping on the shore or experience red light therapy to ward off depression. And after enjoying a day of personally designed services, a guest might end the day with a massage shower, a cosmetic make-over and a new outfit, resulting in a self-esteem boost that is contagious and long-lasting.



inally in FY08, our Director, Carolyn Peterson was honored by the United States Psychiatric Rehabilitation Association as a USPRA Fellow on June 30, 2009 at the annual conference in Norfolk, VA. The USPRA Fellow is conferred upon those who have met a standard of excellence in the practice of psychiatric rehabilitation extending beyond his or her individual job to a wider sphere of influence throughout the nation and world. Peterson was honored by the HCS Board of Directors on June 18, 2009. "One of our own has achieved a professional status few rarely do," said Jeff Fox, Executive Director.

Wellness Recovery Action Plan

WRAP can change a person's life by changing how we see things and cope with problems. WRAP makes use of simple activities and exercises to overcome temptations if drug addicted or if stress is prone to be easily triggered. WRAP is presented as a daily plan of simple things that are likely part of a daily routine. There is nothing exotic or complicated about WRAP. WRAP is reassuring that every part of it's program is easily within reach of anyone who chooses to make use of it. The WRAP Facilitators have many years of experience teaching WRAP and as Peer Support Specialists are able to relate in a unique way to consumers. Some of our Peer Support Specialists are also dually diagnosed and can relate to people with mental illness and drug addiction. WRAP helps keep consumers out of the hospital by giving them the tools to focus on hope and recovery. WRAP can change a person's life by changing how we see things and cope with problems.

ighlands Center For Behavioral Health received recognition for championing the employment of people with disabilities by the Virginia Department of Rehabilitative Services. A plaque hangs in the lobby with the following message:

CHAMPIONS of
Disability Employment
In Commemoration of Disability Awareness Month
The Virginia Department of Rehabilitative Services
Recognizes
Highlands Center for Behavioral Health

for championing the employment and advancement of Virginians with Disabilities

Signed:

James A Rothrock October, 2009 Commissioner, Virginia Department of Rehabilitative Services

Larry A. Overbay October, 2009 Human Services Director

This is a wonderful opportunity for all staff to celebrate with our consumers the importance we place on providing opportunities for them to lead productive lives in the community and to occupy roles that demonstrate their strengths. As they enter the building to partner with our staff in meeting their unique needs, they can appreciate that going to work, either with us or elsewhere, will be a priority that we will honor!

Mental Health/Substance Abuse Outpatient Services

he mission of the Mental Health and Substance Abuse Outpatient Program is to plan, develop, coordinate, implement and evaluate an outpatient program sspecifically designed for the adult, child and adolescent citizens of Washington County and Bristol, Virginia. The Outpatient staff is committed to the delivery of quality services to persons with mental illness and substance abuse problems and their families in a supporting and challenging environment.



Service Highlights

- Implemented 5 rounds of Children's Social Skills groups which consist of 14 weekly sessions.
- Began offering tobacco cessation groups for teens with American Lung Association reimbursement through the VA Tobacco Settlement Grant.
- Began offering gay/lesbian oriented mental health group services to better address the needs of this identified population.
- Initiated DBT therapy services to decrease inpatient hospitalization occurrences.
- Implemented body centered therapy and art therapy services and made available to existing consumers and referral sources, but also opened it up to coordinate with ALF's to offer as a clinical service.
- Sponsored 6 student interns.
- Brought Suboxone induction and maintenance services in-house by contracting with a physician to provide them on-site.
- Three therapists received extensive training in Play Therapy. Resultantly, an additional room in our new facility has been dedicated as a Play Therapy room for Outpatient Services.
- A "Friends and Family" group curriculum was implemented for support and education of the significant others impacted by substance use and abuse.

Persons served: FY 2009

SAIOP	Goal=240	Actual=296
MH Outpatient	Goal=600	Actual=872
Medication Asst Tr	Goal=75	Actual=91

Outpatient Services also had 91 enrolled in their Suboxone Program.

Children's Services

Transitional Coordination Services

This is a new service created at HCS for FY09, but already has 10 children enrolled at this time. 7 are from Bristol Virginia City and 3 are from Washington County, Virginia.



The mission of Transition Coordination Services is to reduce the institutionalization of youths, to shorten stays in Psychiatric Residential Treatment facilities, to treat children/adolescents in a least restrictive environment, to aid in the transition of the child into a community-based treatment setting and to aid in the family reunification process. The transition coordination services program will work toward keeping children and adolescents in the community and with their families whenever and as long as possible by linking and monitoring services needed for mental, emotional, and behavioral problems and providing support to the child and family.

The Transition Coordination program is designed to serve as an all inclusive community-based case management service. It's model is based on that of a team collaboration with the Transition Coordinator managing the schedule, sharing of information, facilitating good communication, discharge planning, monitoring to insure the optimum level of services are being provided, and advocating for the needs of the child and family to care for that child. This can help to make timely and necessary changes, to prevent lapses in treatment, to make treatment more cost effective, and to ensure proper treatment is being provided to the child. Transition Coordination also serves to aid an already overextended foster-care and social work field by helping with transportation, visits to facilities, sharing of information, and follow-up to finding other services to meet the child's needs.

Therapeutic Foster Care

TFC provides housing and treatment to consumers, ranging in age from 3 to 18 with serious emotional or mental health disturbances. (Younger children may be accepted on a case-by-case basis.) We effectively manage problem behaviors through the provision of the following services: extensively-trained foster parents & frontline staff; 24 / 7 crisis intervention service; well-established network of partner-agencies within the community; on-site Psychiatric services by the area's leading Child Psychiatrist. Our business primarily serves the Mental Health population, but has in the past and will continue to provide services to Intellectually Disabled and Substance Abuse consumers as deemed appropriate.

- Hired a new TFC Care Coordinator
- Added 5 new foster homes
- Arranged three social events for foster parents
 - Foster Parent Appreciation Dinner
 - Christmas Dinner
 - Back to school trip to Dollywood

TFC also implemented and graduated first class of PRIDE training. At this time TFC serves 65 consumers, 35% Bristol Virginia City and 63% Washington County, Virginia.

Intensive Child and Family Services

Intensive Case Management (ICM) provides and coordinates quality treatment services in the home and community setting to children and adolescents who are seriously emotionally disturbed (SED) or at risk of being SED. In the continuum of services, ICM bridges the gap between regular care coordination services and In-Home Family Therapy by providing a moderate intensity and frequency of services that provides both support and accountability for parents who wish to receive effective community services for their at-risk or SED child. This service continues to provide a critical link between the high intensity of intensive in-home services and the lower intensity of care coordination. It has effectively been used both to aid in the "step down" process from in-home and also provides an alternative to intensive in-home for families who may not align easily to more intensive services.

ICM added a third Intensive Case Manager in February and is now serving 76 consumers. 34 from Bristol Virginia City and 42 from Washington County, Virginia.

This group has been working closely with Outpatient Therapists to create a close working relationship, thus, better serving the consumer. ICM is also identifying, developing and implementing curricula to be used on home visits with parents and children. (Parent education, social skills, impulse control skills, behavior management skills and anger management skills.)

Intensive In-Home Services

Intensive In-Home Family Services is the prevention of out-of-home placements or the transition of children back to their natural home for children whose parents or caretakers demonstrate both the desire to keep their children in the home and the willingness to learn to improve their skills in providing more appropriate care for their children. In-Home staff are committed to the delivery and advocacy of quality services to families of Bristol, VA and Washington County, allowing families to realize their greatest potential within their community.

Intensive In-Home Services currently serves 71 consumers; 20 from Bristol Virginia City, 49 from Washington County, Virginia, 1 from Smyth County, Virginia and 1 from Tazewell County, Virginia.

Community agencies continue to exhibit high levels of cooperation and satisfaction with program services as demonstrated through continued program referrals.

Referrals came from:

- 21 from schools
- 19 from family/friends or self-referred
- Others spread out from sources such as Dept of Social Services

This program also includes the Juvenile Competency Restoration Service, which provided services to 6 new consumers for FY09. This program is provided to juveniles who have been charged with a felony offense, are before a Juvenile & Domestic Relations District Court, have been found incompetent by the court and have been ordered to receive restoration services. This group also meets with court staff to help them gain a better understanding of our services.



Children's Care Coordination

Child and Adolescent Care Coordination Services improve the well-being of seriously emotionally disturbed and at risk children and adolescents in the City of Bristol and Washington County, Virginia. Care Coordination Services assess the needs of those children and adolescents and monitor, link and coordinate the appropriate services to meet the needs of them and their family. The Care Coordination Program and its staff are committed to the delivery and advocacy of quality services allowing consumers to realize their greatest potential within their community.

CCC has increased their number of consumers from 474 to 632, causing that program to expand to 12 care coordinators. 41% are from Bristol Virginia City and 59% are from Washington County Virginia.

CCC has ongoing relationships with Janie Hammit Home and Holston Family Services.

Student Assistance Services

The mission of the Student Assistance Program (SAP) is to intervene with adolescents directly in the school setting. The program addresses emotional, behavioral, social, mental health and substance abuse issues among middle and high school students in Washington County, VA and high school students in Bristol, VA. The SAP aims to help students develop healthy coping skills and make positive lifestyle choices through early intervention, problem identification, supportive counseling and referral.



118 Virginia High School

61 Holston High School

37 Glade Middle School

25 Damascus Middle School

102 Patrick Henry High School

- 873 consumers served during FY 09
- 755 referrals from Washington County Schools
 - 274 Abingdon High School
 - 36 EB Stanley Middle School
 - 201 John Battle High School
 - or joint battle riigh school
 - 19 Wallace Middle School
- Referrals came from a variety of sources, as follows:
- 33% from school administrators
- 22% from faculty
- 15% from guidance counselors
- 6% from area wide discipline committee from School Board office
- 5% were self referrals
- 3% from other community (other HCS programs, DSS, other private practitioner or community agency)
- Counselors made 533 referrals to other services (school based, community, or HCS), demonstrating the goal to link students to services to effectively meet their needs
- Counselors provided over 3000 sessions of direct counseling with students

Day Treatment Program

The Day Treatment Programs consists of the Summer Day Treatment, Interchange School Program, School Based Day Treatment and High School Day Treatment.

The School Based program works with students on behaviors/emotions that impede their academic progress so that they can remain in the regular school environment. They are given this extra support from qualified Day Treatment Counselors who have a passion for helping youth. If these children did not receive this service throughout the year, more restrictive options may have had to be looked at for these children such as homebound placement, alternative school, Interchange, or even a residential setting. The School Based Program has proven to be an asset not only to the school system but to the students who participate in the program.

The Interchange Program provides students a final opportunity to succeed in a modified school environment. The program provides structure and extra support to prepare them to be successful in the standard classroom. The goal for every child is to have them return to their normal school and be successful. Consumers and staff strive to achieve this goal daily, even if only one student returns to the public school and proves to be a success.

Total consumer number by month:

August	9 consumers
	10 consumers
October	10 consumers
November	13 consumers
December	11 consumers
	12 consumers
February	14 consumers
March	14 consumers
April	15 consumers
May	15 consumers
June	15 consumers



The High School program functions very similarly to Interchange and the School Based programs in that it aims to assist those students who are struggling behaviorally, emotionally, and/or socially learn ways to manage these behaviors/emotions so they may succeed academically. The high school program also focuses on building positive peer relationships because this is so critical with this population. High School Day Treatment counselors work very closely with SAP Counselors in providing a strong network of support for identified students.

High School

The High School Day Treatment program was provided in 3 high schools and served 26 students, 19 males and 7 females. Four of these students were funded through CSA monies, either Special Education funds or Mental Health New Initiative. The remaining 22 were funded through Medicaid. Breakdown is as follows:

Abingdon High School 6 (all Medicaid)
John S. Battle High School 8 (3 CSA, 5 Medicaid)
Virginia High School 12 (1 CSA, 11 Medicaid)

Prevention and Education

Prevention & Education conducted five cycles of Strengthening Families Program (SFP) in Damascus area, Glade/Meadowview area, and Bristol. SFP is a nationally and internationally recognized parenting and family strengthening program for high-risk families. SFP is an evidence-based family skills training program found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance. Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills. Fifty-one families enrolled in SFP with thirty-eight families completing a 14 week program.

Prevention and Education contracted with Bristol School System to assist with the Learning in Fields Environment (LIFE), a grant that began in October 2006 by the Virginia Department of Criminal Justice Services. P & E facilitated a prevention curriculum that addresses three program goals; decreased drug involvement, increased school performance and decreased emotional distress to Bristol Va. School students who have been suspended or expelled from the middle and high schools, resulting in an outcome of reduced suspensions and/or expulsions. Forty-seven students participated in the LIFE Program.

P & E conducted six groups implementing Project Toward No Drug Use. One hundred and seven teenagers were referred and forty-nine teenagers completed the six week program. Program outcomes were

- Average of 40% decrease in cigarette use among program participants
- Average of 72% decrease in alcohol use among program participants
- Average of 32 % decrease in marijuana use among program participants
- 90% of participants who completed program increased their knowledge regarding ATOD by an average of 24%.

Prevention & Education participated in Children's Services Summer Program.

During FY09 the Prevention staff spearheaded a Highlands Community Service community awareness plunge throughout the surrounding localities. The following activities and events were administered:

- 1) Public displays at the Bristol Public Library
- 2) Bristol Family Fun Day
- 3) Washington County Fun Day
- 4) Summer Fest
- 5) Damascus Health Fair
- 6) Bristol Housing Authority Community Workshop



Grants awarded for FY 2010:

Prevention and Education Services (P & E), along with partnering agencies was rewarded funding for FY10 from Virginia Tobacco Settlement Foundation (VTSF) \$223,680 (three year grant), Governor's Office on Substance Abuse (GOSAP) \$11,449. These opportunities will provide services for school base programs and life skills groups. P & E also collaborated with Church of New Beginnings and was rewarded \$35,855 from VTSF to provide Strengthening Families Program in Glade Spring, Virginia.

Strengthening Families Initiative (Department of Behavioral Health and Developmental Services), a partnering grant with members of the Bristol and Washington Co. Prevention Planning Coalition was awarded a five year continuation grant in the amount of \$463,345 to implement Strengthening Families Program.

Utilization Review

During FY09, Data was compiled through K.I.T. Va. based data entry systems. The interpretation of consumers served in program and service area follows:

	Program/Service	Consumers
Substance Abuse	Life Skills Group (Anger	49 completed among 107
Prevention	Management,	referrals.
	Reconnecting Youth)	
Information	Displays &	1288
Dissemination	Presentations/College and	
	Career Fairs, Family Fun	
	Days	
Prevention Education	Second Step, Too Good	3675
	for Drugs and Life Skills	
Alternative Education	LIFE Program	47
Parent Education	SFP	139
Farent Education	SIT	139

Behavior Intervention Services

The mission of the Behavior Intervention Specialist program is to make a positive difference in the life of a child by helping them to develop needed supports and skills to meet the social, emotional, and academic challenges of childhood and adolescence.



Highlights of the Program:

BIS Team was awarded the "Going the Extra Mile" award by the SWVA Creative Ideas Committee in April 2009.

One client graduated high school and three clients accomplished their GED. 95% academic success was seen throughout the program.

Three clients are enrolled in college. Four clients are gainfully employed.

One ID parent with an autistic child has accomplished homemaking and budgeting skills and has the ability to maintain her child's behavior with the help of a parent aid.

The most frequent consumers served were middle school aged, but the total population ranges from 3 years to 18 years of age.

Consumer's		Consumer's			
Sex		Location		Consumer's Age	
Male:	63	Bristol City:	39	3 to 12:	45
Female:	27	Washington County:	51	13 to 18:	42

***3 clients were in the 18-22 year old range



Community Support Services Recovery Services

- Consumers and staff in Recovery Services attended local, regional and state trainings to include the annual Mental Health Dinner and Mental Health Walk at Emory and Henry College, Program Link Day, the annual Virginia Association of Psychosocial Rehabilitation conference and the annual United States Psychosocial Rehabilitation conference.
- Initiated a new recovery program, Transitions, which assist consumers with social skills supports, and training in skills deficits, individually and in small groups to become ready to attend larger group activities at Psychosocial Rehabilitation Program.
- Added Kitchen Technician in Psychosocial Rehabilitation to provide supports for Rehabilitation Specialists for increased side by side services with consumers.
- Consumers and staff attended educational and recreational retreats to evaluate program and design Psychosocial Rehabilitation program components.
- Increased efficiencies and continuity of care in Residential by hiring part-time staff to provide services to consumers when staff are in training or absent.
- Psychosocial Rehabilitation has expended consumer entry into services.
- Residential and Psychosocial exceeded targets for consumers served.

Intellectual Disability (ID) Services (Support Coordination, Horizons, Residential, Sponsor Homes, and Family Support)

A. SERVICE HIGHLIGHTS:

- The term "Intellectual Disability" replaced "Mental Retardation" within the agency disability area during last fiscal year but it did not become effective throughout Virginia until July 1, 2009.
- March 31, 2009, national day to bring an end to the use of the "R-word" in casual conversation, lead by the Special Olympics", "Spread the Word to end the Word", is meant to encourage people to stop using forms of the word "retarded" in a derogatory manner.
- The entire HCS ID Disability service area (Day Support/ Prevocational, Residential, Support Coordination) and the Early Intervention services moved into the newly constructed building (The Annex) on the same campus as the main building on Campus Drive in Abingdon, VA in May 2009.



(continued on next page)

- The ID Horizons prevocational service continues to assist consumers to obtain volunteer work
 within the community in places such as Salvation Army, Faith in Action, Red Cross, Food Bank,
 community churches, etc.
- Sponsor Homes services established. Currently there are three individuals being served in Sponsor Homes with two additional homes being developed.
- The Family Support services continued to provide funding to families to assist with respite, camp sponsorship, home modifications, long distance travel to obtain specialized medical care, adaptive equipment/ assistive technology for child and more.
- As part of a national transformation of service delivery to individuals with an intellectual disability, federal grants are supporting program development, staff training statewide in the areas of:
 - Person Centered Thinking
 - Person Centered Planning
 - Supports Intensity Scale

HCS ID Support Coordinators participated in the field testing of the Person Centered Planning process.

Early Intervention Program for Infant and Toddler Part C of IDEIA

- Statewide system overhaul of services began to improve the quality and consistency of service delivery to include, but not limited to:
 - New Medicaid system of services
 - Standardization of processes statewide
 - Expanded funding opportunities for needed program expansion
- Standardized statewide staff development :
 - Four on-line training modules
 - Accreditation through the American Association of Family and Consumer Services
 - Ongoing training state, national level to maintain certifications
- Program staff are tenured, trained and ready for FY2010 implementation of new services.
- Public Awareness and Child Find activities by staff outcome increased number of children identified.
- Met, or exceeded, state indicators/standards set by OSEP and Part C.
- Expanded inter-agency collaboration in the areas of:
 - Local Early Headstart's completing developmental screenings for birth to age 3, twice a year
 - Staff have provided training to groups in area who provide services to young children college nursing students, DSS staff, Washington County School Special Educators, parents
 - Increased CAPTA (Child Abuse and Treatment Act) referrals from DSS
 - Autism Spectrum Disorder serve on agency, local, state committees

Psychiatric Clinic Services

Psychiatric Clinic Services are available at six Highlands Center for Behavioral Health service locations (Campus, Bristol Community Support Services, Oakview, Interchange) and a mobile (off-site) services at several school systems in the HCS service area (the City of Bristol Schools). Clinics are served by a psychiatrist and/or a nurse practitioner. Licensed Practical Nurses assist with medications. Administrative staff greet and checkin consumers, process receipts, and notify the nurse that the consumer has arrived. Consent forms and insurances issues are handled as required by the appropriate staff.



Utilization Review

The following data represents Psychiatric Support activity from July 1, 2008 through June 30, 2009.

• A total of 5,513 contacts were handled by Psychiatric Support Services. (Some consumers could have been seen multiple times)

The following tables reflect specific demographics:

Age of Consumers

Child (0-12)	323
Adolescent (13-17)	209
Adult (18-64)	878
Senior (65 & over)	87
Total	1497

Sources of Referral

Self	352
Family/Friend	235
School System/Education	145
Police/Sheriff	7
Probation	18
Other Community	159
Referral	
Private Hospital	118
Private Physician	105
Private MHOP	125
Practitioner	
State MH Facility	96
Other Virginia CSB	25
DSS	49
FAP	1
Local/State Corrections	2
Private SA Provider	2
Court	10
Health Department	2
Other Referral Sources	46
Total	1497

ACCESS/Emergency Services

The mission of the Center for Behavior Health, Highlands Community Services (HCS) Access Services is to provide a single point of entry for all residents of Washington County, Virginia, and the City of Bristol, Virginia, who are seeking mental health, intellectual disability and substance abuse services offered by HCS. Access/Emergency Services will provide attentive, emergent care to consumers and families who present as needing immediate assistance. All services will be provided in the least restrictive environment. Staff are trained to provide an environment that promotes dignity, respect, hope and genuine empathy to those that seek services. It is important that this concept is at the cornerstone of our services to ensure the return of potential consumers and future referrals.

Many changes were passed in the Virginia Legislature which has a significant impact to the delivery of Emergency Services. One major change is the required presence of the Case Management CSB at all involuntary commitment hearings. HCS entered into a mutual regional agreement with Region III to have representation at each of the hearings.

Access screened a total of 1,382 consumers that were determined to be appropriate for HCS services. The following tables reflect specific demographics:

			C 4	4
-	nsii	mer	Sta	fils

New	761
Closed	484
Open	137
Total	1382

The following table reflects which program the consumer was referred to:

-			
Pr	'nσ	ra	m

110gi am	
Bridge	85
WCCSS	64
SA/OP	191
BCSS	34
C&A	156
ID	0
MH/OP	513
Psychiatric Services	229
Suboxone	51
Other	59
Total	1382

ACCESS/EMERGENCY SERVICES has seen an increase in children seeking services:

A total of thirty-nine (39) children/adolescents were admitted during this fiscal year, an increase of sixteen (16) over FY08.

My Path To A Straight Line - Diamond Adams

When I was just in the 6th grade, I was largely concerned with my name and reputation. Shortly after, I became so concerned, I started to get myself in trouble. I heard stories about other guys who cussed the teacher, skipped class, and got in fights. I thought I wanted to be just like them, but I finally realized that there is no future in this kind of lifestyle. If it hadn't been for Mr. Ledgerwood I would not have done what I am doing now. I give special thanks to Mr. Ledgerwood and Mrs. Braswell and others who have helped me along the way. These are the people that showed me the way to personal success.



The Campus



The Annex



Stepping Stones