



FAIRFAX-FALLS CHURCH CSB BOARD VIRTUAL MEETING

Garrett McGuire, Chair

Wednesday, October 27, 2021, 5:00 p.m.

Will be held electronically due to the COVID-19 pandemic

Live audio of the meeting may be accessed by dialing:

+1 301 715 8592 US (Washington DC)	+1 669 900 9128 US (San Jose)	+1 646 558 8656 US (New York)
+1 253 215 8782 US (Tacoma)	+1 312 626 6799 US (Chicago)	+1 346 248 7799 US (Houston)

Meeting ID: [854 1023 8766](#) • Passcode 011058

MEETING AGENDA

- | | |
|---|----------------------|
| 1. Meeting Called to Order | Garrett McGuire |
| 2. Matters of the Public | Garrett McGuire |
| 3. Amendments to the Meeting Agenda | Garrett McGuire |
| 4. Approval of the September 29, 2021 Minutes | Garrett McGuire |
| 5. Director's Report | Daryl Washington |
| A. Services Update | |
| B. COVID-19 Update | |
| C. Other Updates | |
| 6. Metrics and Reports Ad Hoc Committee – Summary Report | Sandra Slappey Brown |
| 7. Matters of the Board | Garrett McGuire |
| 8. Committee Reports | |
| A. Service Delivery Oversight Committee | Anne Whipple |
| B. Compliance Committee | Garrett McGuire |
| C. Fiscal Oversight Committee | Jennifer Adeli |
| D. Other Reports | |
| 9. Closed Session: Discussion of a personnel matter as permitted by Virginia Code Section 2.2-3711(A)(1) and consultation with legal counsel employed by a public body regarding specific legal matters requiring the provision of legal advice by such counsel, as permitted by Virginia Code Section 2.2-3711(A)(8). | |
| 10. Adjournment | |

Meeting materials are posted online at www.fairfaxcounty.com/municipal/community-services-board/board/archives or may be requested by contacting Joseline Cadima at 703-324-7827 or at [Joseline Cadima](#)

**FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD
VIRTUAL MEETING MINUTES
SEPTEMBER 29, 2021**

The Fairfax-Falls Church Community Services Board met electronically due to the COVID-19 pandemic that has made it unsafe to physically assemble a quorum in one location or to have the public present. Access was made available via video and web conferencing platform to CSB Board members, CSB staff, and members of the public. The meeting notice, including participation instructions, was posted electronically and on the building in which the meeting is typically held. Additionally, attendees were offered an opportunity to register for public comment during the 30 minutes prior to the meeting being called to order.

1. Meeting Called to Order

Board Chair Garrett McGuire called the meeting to order at 5:00 p.m.

2. Roll Call, Audibility, and Preliminary Motions

PRESENT: **BOARD MEMBERS:** GARRETT MCGUIRE (ALEXANDRIA, VA), BOARD CHAIR; KAREN ABRAHAM (FAIRFAX, VA); JENNIFER ADELI (GREAT FALLS, VA); DARIA AKERS (FAIRFAX, VA); ROBERT BARTOLOTTA (FALLS CHURCH CITY,VA); SANDRA SLAPPEY BROWN (FAIRFAX CITY, VA); SHEILA COPLAN JONES (ALEXANDRIA, VA); CAPTAIN DEREK DEGEARE (LOUDOUN COUNTY, VA); LARYSA KAUTZ (FAIRFAX, VA); BETTINA LAWTON (VIENNA, VA); SRILEKHA PALLE (FAIRFAX, VA); DIANA RODRIGUEZ (MCCLEAN, VA); EDWARD ROSE (FALLS CHURCH, VA); ANDREW SCALISE (FAIRFAX, VA); DAN SHERRANGE (CHANTILLY, VA); ANNE WHIPPLE (GREAT FALLS, VA)

ABSENT: **BOARD MEMBERS:** NONE

Also present: Deputy Director of Clinical Operations Lyn Tomlinson, Deputy Director of Administrative Operations Daniel Herr, Communications Director Lisa Flowers, Deputy County Attorney Cynthia Tianti, Legislative and Grants Analyst Elizabeth McCartney, Director of Individual and Family Affairs Michel T. Lane, and Board Clerk Joseline Cadima

Board Chair Garrett McGuire conducted a roll call with each CSB Board Member present, as identified above, to confirm that a quorum of CSB Board members was present and audible. Board Chair Garrett McGuire passed the virtual gavel to Committee Vice Chair Dan Sherrange to make several motions required to begin the meeting. A motion was offered confirming that each member's voice was audible to each other member of the CSB Board present; this motion was seconded by Committee Member Robert Bartolotta and passed unanimously.

Preliminary Motions

Board Chair Garrett McGuire made a motion that the State of Emergency caused by the COVID-19 pandemic makes it unsafe for the CSB Board to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of this CSB Board and the physical presence of the public, cannot be implemented safely or practically. A further motion was made that this Board may conduct this meeting

electronically through a video and web conferencing platform, that may be accessed via Meeting ID: 825 7170 8410 and Passcode: 476550. Motions were seconded by Committee Member Bettina Lawton and unanimously approved. Board Chair Garrett McGuire made a final motion that that all the matters addressed on today's agenda are statutorily required or necessary to continue operations and the discharge of the CSB Board's lawful purposes, duties, and responsibilities. The motion was seconded Committee Member Robert Bartolotta and unanimously passed.

3. Amendments to the Meeting Agenda

The meeting agenda was provided for review, no amendments were made.

MOVED BY BOARD VICE CHAIR DAN SHERRANGE, SECONDED BY BOARD MEMBER BETTINA LAWTON TO APPROVE AGENDA ITEM NO. 3

AYES: BOARD MEMBERS: GARRETT MCGUIRE (ALEXANDRIA, VA), BOARD CHAIR; KAREN ABRAHAM (FAIRFAX, VA); JENNIFER ADELI (GREAT FALLS, VA); DARIA AKERS (FAIRFAX, VA); ROBERT BARTOLOTTA (FALLS CHURCH,VA); SANDRA SLAPPEY BROWN (FAIRFAX CITY, VA); SHEILA COPLAN JONES (ALEXANDRIA, VA); CAPTAIN DEREK DEGEARE (LOUDOUN COUNTY, VA); LARYSA KAUTZ (ALEXANDRIA, VA); BETTINA LAWTON (VIENNA, VA); SRILEKHA PALLE (FAIRFAX, VA); DIANA RODRIGUEZ (MCCLEAN, VA); EDWARD ROSE (FALLS CHURCH, VA); ANDREW SCALISE (FAIRFAX, VA); DAN SHERRANGE (CHANTILLY, VA); ANNE WHIPPLE (GREAT FALLS, VA)

NOES: BOARD MEMBERS: NONE

ABSTAIN: BOARD MEMBERS: NONE

ABSENT: BOARD MEMBERS: NONE

4. Discussion with General Assembly

The following General Assembly Representatives were present during the board meeting:

Senator Barbara Favola (31st District)
Senator Jennifer Boysko (33rd District)
Delegate Kenneth Plum (36th District)
Delegate David Bulova (37th District)
Delegate Vivian Watts (39th District)
Delegate Eileen Filler-Corn (41st District)

Delegate Kathy Tran (42nd District)
Delegate Mark Sickles (43rd District)
Delegate Rip Sullivan Jr (48th District) *
Delegate Marcus Simon (53rd District) *
Delegate Karrie Delaney (67th District)

*Office staff present during meeting on behalf of absent Delegate.

Deputy Director of Clinical Operations Lyn Tomlinson provided a general overview of CSB Services along with the County and Regional Legislative Priorities.

Delegate Mark Sickles (43rd District) noted his concern for the waivers release rates being too low, mentioned the General Assembly did raise the rates by 12.5% from July 1, 2021, through June 30, 2022; noted that due to the hospital bed crisis funding for 60 beds in nursing homes has occurred in

an effort to ensure they don't take bed space in our psychiatric hospitals; acknowledged the need to continue to fund community behavioral health services and STEP-VA; stated the Appropriations Committee is looking into partnerships with the private sector and the CSB's to get the Marcus Alert folded into our current programs; mentioned that Northern Virginia has many great services but the rest of the state does need help.

Deputy Director of Clinical Operations Lyn Tomlinson noted her appreciativeness for community partners and the collaboration that occurs with them; thankful for the permanent supportive housing funds and mentioned support to continue to fund the services that go along with that program.

Board Chair Garrett McGuire thanked Delegate Sickles' leadership in representing Fairfax County.

Senator Barbara Favola (31st District) noted her awareness that CSB's have requested an increase in the reimbursement of certain categories in case management services; asked what would help staff retention along with the ability to care for more patients and what budget policy initiative would serve to create more community-based services in combination with those already in place; requested more information on the documentation requirements as this is an area that can be reviewed and solved.

Deputy Director of Clinical Operations Lyn Tomlinson responded that in the past case management revenues would fund support coordinator staff salaries, and that it no longer the case, therefore increased rates would be beneficiary; staff who have left our agency make note that documentation requirements are too strenuous, and this presents challenges for staff retention and recruitment.

Delegate Kathy Tran (42nd District) noted an interest in helping with workforce challenges, her background includes 12 years at the U.S. Department of Labor and currently working on the State Workforce Board; requested that CSB staff email information on the administrative challenges and the impacts it has on the workforce recruitment and share ideas on what can be done at the state level to help address these challenges.

Deputy Director of Clinical Operations Lyn Tomlinson responded by noting the importance of creating a career pipeline for individuals to enter this workforce, and unfortunately the documentation requirements and the current salary structure is creating additional challenges.

Senator Jennifer Boysko (33rd District) requested specific feedback on how to acquire providers to provide services if there was a hypothetical solution to find the funding the end the Development Disability waiver list; asked for staff to provide information on tangible actions that the General Assembly can take to address the ongoing workforce challenges, support providers, and ensure the service of patients in need of waiver services.

Deputy Director of Clinical Operations Lyn Tomlinson responded that reimbursement for services is critical for all individuals in this field, as all CSB's partners have the same problems; additional challenges for providers is being able to get customized rates for services proves a burdensome

process; noted the need for a formalized infrastructure to enter this workforce and incentive for providers to work with in these programs.

Delegate David Bulova (37th District) shared his recent experience in a ride along with law enforcement and noticed the strain that behavioral health calls are causing on officers, and the importance and need for the Marcus Alert; asked why Fairfax County has a larger number of individuals on the waiver wait list; requested for additional feedback on the Board's priorities for funding; and guaranteed his interest for ensuring there is an equitable distribution of waivers lots.

Assistant Deputy Director Barbara Wadley-Young noted that due the large number of people who are served in Fairfax County, the number of people in the wait list is also predominantly higher, and unfortunately the number of received waiver slots is not consistent with the number of people in the county.

Board Member Daria Akers mentioned that Fairfax County's schools and their ability to provide services for individuals with special needs leads families to move into this area, which can also attribute to the high number of individuals on the waitlist.

Delegate Vivian Watts (39th District) asked for further clarification on what occurs if an individual with a waiver is unable to get services, does the waiver then get passed on to someone else; is there a cost-of-living adjustment for providers; asked how the CSB is working with the courts to have targeted emphasis on individuals within the court system; requested for additional information on how barrier crimes are impacting the hiring and recruitment efforts.

Service Director Sierra Simmons noted that CSB works to retain the slot with DBHDS and provides a monthly report explaining the reason for being unable to find a specific provider, during this time CSB explores other viable services while waiting for a provider.

Deputy Director of Clinical Operations Lyn Tomlinson responded that CSB works very hard to ensure that no one loses their waiver; noted that cost of living is a problem for partners as regional programs generally does not go to Fairfax which causes an inconvenience for families to visit their loved ones outside of their community; stated that the CSB has a strong partnership with the courts and praised the work being done by the Jail Diversion Team.

Assistant Deputy Director Barbara Wadley-Young mentioned that rates need to be adjusted and the differential is not adequate for the cost of living in this area.

Delegate Karrie Delaney (67th District) noted the need to create career paths for those individuals entering this workforce at an entry level and mentioned the necessity to better value professions that care for individuals.

Board Member Srilekha Palle commented on her work experience which implemented the end to redundant paperwork requirement during COVID-19 which has allowed providers to take care of more patients; noted the need to have the education system to focus more on human physiology and vocational education programs, this will aid in the development of the workforce.

5. Matters of the Public

None were presented.

6. Approval of the Minutes

CSB Board meeting minutes for the August 25, 2021, date was provided for review; Board Member Bettina Lawton noted the following change to the minutes:

Paragraph No. 1, Page No. 1 instead of “The Executive Committee of the Fairfax-Falls Church Community Services Board met electronically”, it should read the following, “The Fairfax-Falls Church Community Services Board met electronically”.

MOVED BY BOARD MEMBER EDWARD ROSE, SECONDED BY BOARD MEMBER CAPTAIN DEREK DEGEARE TO APPROVE AGENDA ITEM NO.6 WITH THE NOTED AMENDMENT.

AYES: BOARD MEMBERS: GARRETT MCGUIRE (ALEXANDRIA, VA), BOARD CHAIR; KAREN ABRAHAM (FAIRFAX, VA); JENNIFER ADELI (GREAT FALLS, VA); DARIA AKERS (FAIRFAX, VA); ROBERT BARTOLOTTA (FALLS CHURCH,VA); SANDRA SLAPPEY BROWN (FAIRFAX CITY, VA); SHEILA COPLAN JONES (ALEXANDRIA, VA); CAPTAIN DEREK DEGEARE (LOUDOUN COUNTY, VA); LARYSA KAUTZ (ALEXANDRIA, VA); BETTINA LAWTON (VIENNA, VA); SRILEKHA PALLE (FAIRFAX, VA); DIANA RODRIGUEZ (MCCLEAN, VA); EDWARD ROSE (FALLS CHURCH, VA); ANDREW SCALISE (FAIRFAX, VA); DAN SHERRANGE (CHANTILLY, VA); ANNE WHIPPLE (GREAT FALLS, VA)

NOES: BOARD MEMBERS: NONE

ABSTAIN: BOARD MEMBERS: NONE

ABSENT: BOARD MEMBERS: NONE

7. Director’s Report

A. Services Update

Deputy Director of Administrative Operations Daniel Herr noted the impact of regulatory and licensing workload undertaken by staff making it an important factor for workforce recruitment and retention; the engagement survey for current employees has been completed, there was a 65% of survey response and there will be a full report of this survey at the next board meeting; a meeting took place with the County Executives, Department of Planning & Budget and Department of Human Resources in which the urgent need of re-grading hard to fill positions was acknowledged, at the same time, there was a commitment to look at salary compression problems.

B. COVID-19 Update

Deputy Director of Administrative Operations Daniel Herr reported that September 24, 2021, was the deadline for employees to submit attestation for their vaccination status;

County Executives are currently framing a plan on how to move forward with employees who have not been vaccinated and how the weekly COVID testing will occur; County Policy for employees to limit their teleworking hours to no more than 60% of their working time will begin on October 11, 2021.

C. Other Updates

Deputy Director of Administrative Operations Daniel Herr stated that the audit report conducted by the Independent Audit Committee of the Board of Supervisors was provided to the CSB Board last week, and it is now scheduled to be presented to the Board of Supervisors on October 26, 2021, 4:30p.m.; the implementation of the Electronic Health Record is ongoing and in a timely manner.

8. Action Items

A. Department of Behavioral Health and Developmental Services (DBHDS) State Opioid Response (SOR) Grant Application

Deputy Director of Clinical Operations Lyn Tomlinson and Director of Individual and Family Affairs Michel T. Lane provided the staff report and mentioned that this in collaboration with the Sherriff's Department.

MOVED BY CAPTAIN DEREK DEGEARE, SECONDED BY BOARD VICE CHAIR DAN SHERRANGE TO APPROVE AGENDA ITEM NO. 8A.

AYES: BOARD MEMBERS: GARRETT MCGUIRE (ALEXANDRIA, VA), BOARD CHAIR; KAREN ABRAHAM (FAIRFAX, VA); JENNIFER ADELI (GREAT FALLS, VA); DARIA AKERS (FAIRFAX, VA); ROBERT BARTOLOTTA (FALLS CHURCH,VA);); SANDRA SLAPPEY BROWN (FAIRFAX CITY, VA); SHEILA COPLAN JONES (ALEXANDRIA, VA); CAPTAIN DEREK DEGEARE (LOUDOUN COUNTY, VA); LARYSA KAUTZ (ALEXANDRIA, VA); BETTINA LAWTON (VIENNA, VA); SRILEKHA PALLE (FAIRFAX, VA); DIANA RODRIGUEZ (MCCLEAN, VA); EDWARD ROSE (FALLS CHURCH, VA); ANDREW SCALISE (FAIRFAX, VA); DAN SHERRANGE (CHANTILLY, VA); ANNE WHIPPLE (GREAT FALLS, VA)

NOES: BOARD MEMBERS: NONE

ABSTAIN: BOARD MEMBERS: NONE

ABSENT: BOARD MEMBERS: NONE

B. CSB Year-End Report

Director of Communications/Public Information Officer Lisa Flowers provided the staff report.

Board Member Discussion included: foundation and requirement for the Year-End Report; directed staff to research the statutory requirements for the submission to the Board of Supervisors.

MOVED BY BOARD VICE CHAIR DAN SHERRANGE, SECONDED BY BOARD MEMBER EDWARD ROSE TO APPROVE AGENDA ITEM NO. 8B.

AYES: BOARD MEMBERS: GARRETT MCGUIRE (ALEXANDRIA, VA), BOARD CHAIR; KAREN ABRAHAM (FAIRFAX, VA); JENNIFER ADELI (GREAT FALLS, VA); DARIA AKERS (FAIRFAX, VA); ROBERT BARTOLOTTA (FALLS CHURCH,VA);); SANDRA SLAPPEY BROWN (FAIRFAX CITY, VA); SHEILA COPLAN JONES (ALEXANDRIA, VA); CAPTAIN DEREK DEGEARE (LOUDOUN COUNTY, VA); LARYSA KAUTZ (ALEXANDRIA, VA); BETTINA LAWTON (VIENNA, VA); SRILEKHA PALLE (FAIRFAX, VA); DIANA RODRIGUEZ (MCCLEAN, VA); EDWARD ROSE (FALLS CHURCH, VA); ANDREW SCALISE (FAIRFAX, VA); DAN SHERRANGE (CHANTILLY, VA); ANNE WHIPPLE (GREAT FALLS, VA)

NOES: BOARD MEMBERS: NONE

ABSTAIN: BOARD MEMBERS: NONE

ABSENT: BOARD MEMBERS: NONE

9. Adjournment

Board Chair Garrett McGuire noted the dissemination of the Annual Report to the board will occur the following week; if there is an urgent need to discuss any of the committee reports then they should be emailed to board clerk who will then forward to the full board; noted February 26, 2021, as the possible retreat date.

Board Member Daria Akers made the motion to adjourn the meeting at 6:43 p.m.

AYES: BOARD MEMBERS: GARRETT MCGUIRE (ALEXANDRIA, VA), BOARD CHAIR; KAREN ABRAHAM (FAIRFAX, VA); JENNIFER ADELI (GREAT FALLS, VA); DARIA AKERS (FAIRFAX, VA); ROBERT BARTOLOTTA (FALLS CHURCH,VA);); SANDRA SLAPPEY BROWN (FAIRFAX CITY, VA); SHEILA COPLAN JONES (ALEXANDRIA, VA); CAPTAIN DEREK DEGEARE (LOUDOUN COUNTY, VA); LARYSA KAUTZ (ALEXANDRIA, VA); BETTINA LAWTON (VIENNA, VA); SRILEKHA PALLE (FAIRFAX, VA); DIANA RODRIGUEZ (MCCLEAN, VA); EDWARD ROSE (FALLS CHURCH, VA); ANDREW SCALISE (FAIRFAX, VA); DAN SHERRANGE (CHANTILLY, VA); ANNE WHIPPLE (GREAT FALLS, VA)

NOES: BOARD MEMBERS: NONE

ABSTAIN: BOARD MEMBERS: NONE

ABSENT: BOARD MEMBERS: NONE

Date Approved

Staff to the CSB Board



Northern Virginia Regional Projects Office

Serving Alexandria, Arlington, Fairfax-Falls Church, Loudoun, and Prince William
Community Services Boards

Margaret Graham, Chair
Executive Director, Loudoun
Community Services Board

Carol Layer
Executive Director, Alexandria
Community Services Board

Deborah Warren
Executive Director, Arlington
Community Services Board

Daryl Washington
Executive Director, Fairfax-Falls
Church Community Services Board

Lisa Madron
Executive Director, Prince William
Community Services Board

Jean Post
Director, Regional Projects Office

Regional Projects will:

- Use economy of scale
- Maximize resources
- Provide high quality services
- Attract highly qualified staff
- Reduce demands on local staff

Cross geographical boundaries

To: Commissioner Land, DBHDS
Karen Kimsey, Director, Virginia DMAS

From: Margaret Graham, Chair of the Region 2 Regional Management
Group and Executive Director of the Loudoun CSB

Date: 10/1/2021

Re: Request for retroactive and ongoing virtual face-to-face visits by
Support Coordination or DD Case Manager

We have recently learned that the Behavioral Health flexibilities were sought based on the Federal Declaration of Emergency. In contrast, the DD Case management flexibilities were sought based on the Virginia Declaration of Emergency. As the Virginia Declaration of Emergency has ended, we formally request that the DD Case Management flexibilities be extended based on the Federal Declaration of Emergency to be in line with other Case Management flexibilities. We understand that DBHDS and DMAS are working with the Attorney General's office to find a solution to this inconsistency of case management standards. By way of this correspondence, we advocate for an expeditious retroactive resolution that includes an allowance for virtual face-to-face visits by Support Coordinators or DD Case Managers when requested by the individual, their responsible party, or a group home provider (under quarantine or isolation) throughout the Pandemic.

The resumption of in-person face-to-face visits between individuals with a developmental disability and Support Coordinators or DD Case Managers increases the risk of COVID-19 exposure and spread to our community's most vulnerable, their caregivers, and critical service providers; all at a time when our COVID numbers are increasing throughout the Commonwealth. In previous conversations with the leadership of DBHDS, the CSBs have been encouraged to be creative in their face-to-face engagements with individuals who have developmental challenges. For example, suggestions have been made to meet with an individual through a window with the individual in the home and the Support Coordinator or DD Case Manager standing on the lawn of the home or having the individual come to the front porch while the Support Coordinator or DD Case Managers stands at a distance on the street for their in-person face-to-face meeting.

Such creativity requirements merely result in an administrative burden, compromise confidentiality and privacy, and do not positively impact the quality of service. In a virtual visit, the Support Coordinator or DD Case Manager can "virtually" tour the

home and monitor the adequacy of the environment, which cannot be done through creative outside distanced in-person visits.

Providers of Support Coordination and DD Case Management cannot bill DMAS for 90-day services in the absence of an in-person face-to-face visit. Therefore, this requirement creates a financial hardship for CSBs who rely on Medicaid revenue offset for case management positions. More importantly, having an individual who hasn't been seen face-to-face would put that individual's waiver at risk under the current policy. This puts individuals and families of medically compromised or unvaccinated individuals in the challenging dilemma of taking a health risk or possibly losing their DD waiver.

These are unprecedented times in which our approach to service delivery must be modified to promote the safety of individuals served, service providers, Support Coordinators/DD Case Managers, and our community at large while maintaining the sustainability of critical service provided. Therefore, we respectfully request retroactive flexibility for 90-day in-person face-to-face visits for Support Coordination and DD Case Management.

Further, the Draft Telehealth Services Supplemental DMAS Manual: [Telehealth Services](#) allows telehealth for Behavioral Health Services but not for Support Coordination or DD Case Management. We request that the manual be revised to include telehealth for Support Coordination and DD Case Management for consistency in approach to case management services.

Thank you for considering our feedback, and we look forward to your response.

ES Evaluation Outcomes and Psychiatric Boarding
September 2021

Evaluation Outcomes	September						YTD starting in September					
	Alexandria	Arlington	Fairfax	Loudoun	Prince William	Total	Alexandria	Arlington	Fairfax	Loudoun	Prince William	Totals
Involuntary Admission	49	25	140	45	57	316	49	25	140	45	57	316
Medical Admission	2	2	4	0	1	9	2	2	4	0	1	9
Voluntary Inpatient Admission	6	10	46	12	31	105	6	10	46	12	31	105
Residential Crisis Stab	2	0	35	1	0	38	2	0	35	1	0	38
Less Restrictive Referrals	33	17	433	70	33	586	33	17	433	70	33	586
Total	92	54	658	128	122	1054	92	54	658	128	122	1054

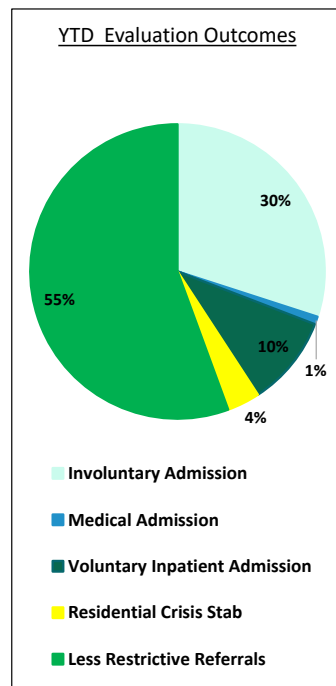
Number of Bedside Hearings	September											
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	YTD
Alexandria	7											7
Arlington	0											0
Fairfax	0											0
Loudoun	9											9
Prince William	7											7
Totals	23	0	0	0	0	0	0	0	0	0	0	23

Psychiatric Boarding: ECOs	September										
	*Ext. Stay	8 - 15 hrs	16 - 23 hrs	24 - 47 hrs	48 - 71 hrs	72 - 95 hrs	96 - 119 hrs /5 days	6-10 days	10 - 14 days	14+ days	Totals
Alexandria	2	0	2	0	0	1	0	0	0	2	7
Arlington	2	0	1	3	1	0	1	1	0	0	9
Fairfax	0	16	10	17	5	1	0	2	0	0	51
Loudoun	2	0	6	9	1	1	2	2	0	0	23
Prince William	18	10	11	5	7	7	1	2	0	0	61
Totals	24	26	30	34	14	10	4	7	0	2	151

Psychiatric Boarding: Non-ECOs	September										
	*Ext. Stay	8 - 15 hrs	16 - 23 hrs	24 - 47 hrs	48 - 71 hrs	72 - 95 hrs	96 - 119 hrs /5 days	6-10 days	10 - 14 days	14+ days	Totals
Alexandria	0	0	0	0	0	0	0	0	0	0	0
Arlington	0	0	0	0	0	0	0	0	0	0	0
Fairfax	0	7	3	4	2	3	1	0	0	0	20
Loudoun	0	0	0	3	1	1	1	0	0	0	6
Prince William	0	4	0	7	3	1	1	0	0	0	16
Totals	0	11	3	14	6	5	3	0	0	0	42

Psychiatric Boarding: ECOs	YTD starting in September										
	*Ext. Stay	8 - 15 hrs	16 - 23 hrs	24 - 47 hrs	48 - 71 hrs	72 - 95 hrs	96 - 119 hrs /5 days	6-10 days	10 - 14 days	14+ days	Totals
Alexandria	2	0	2	0	0	1	0	0	0	2	7
Arlington	2	0	1	3	1	0	1	1	0	0	9
Fairfax	0	16	10	17	5	1	0	2	0	0	51
Loudoun	2	0	6	9	1	1	2	2	0	0	23
Prince William	18	10	11	5	7	7	1	2	0	0	61
Totals	24	26	30	34	14	10	4	7	0	2	151

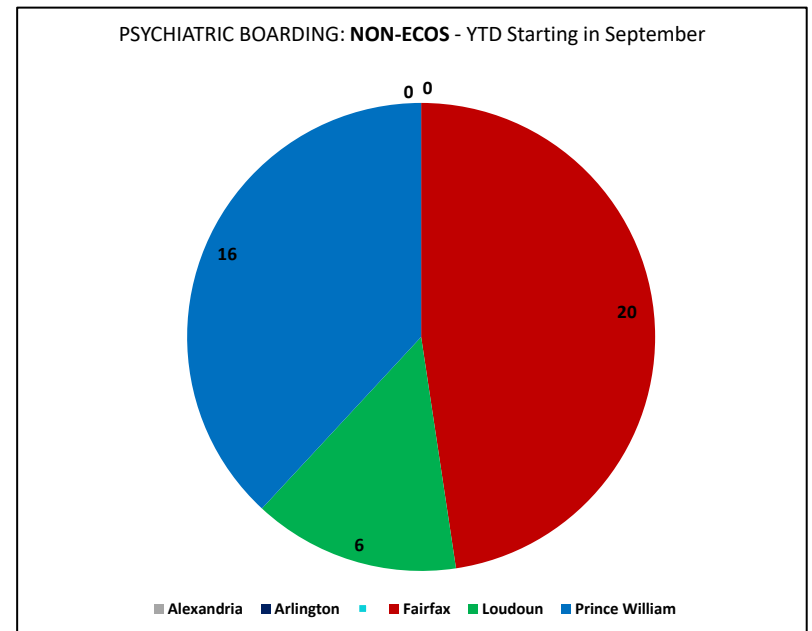
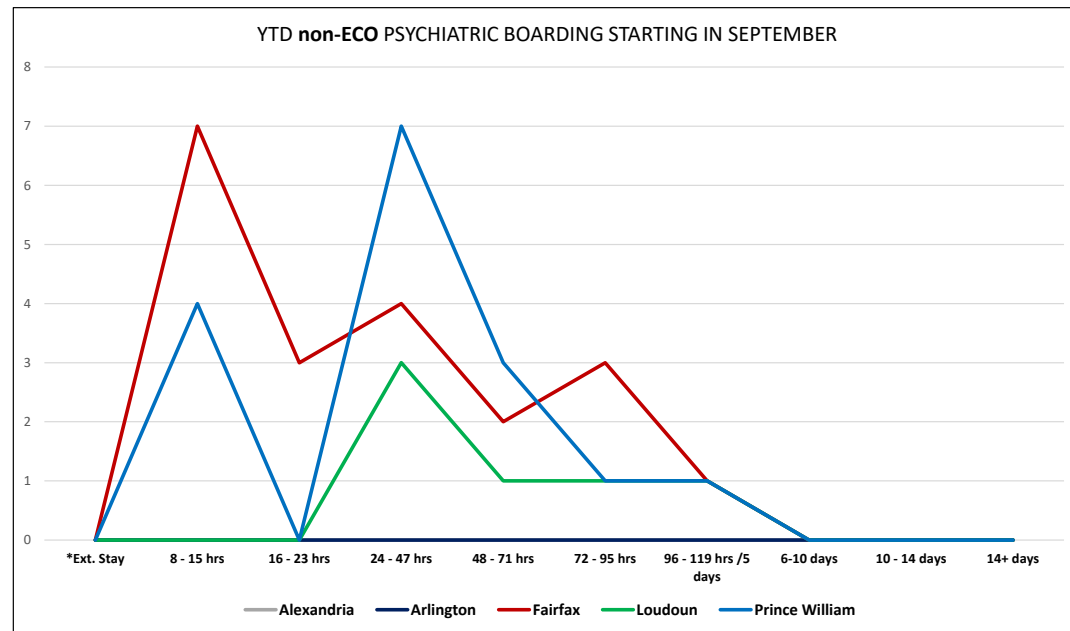
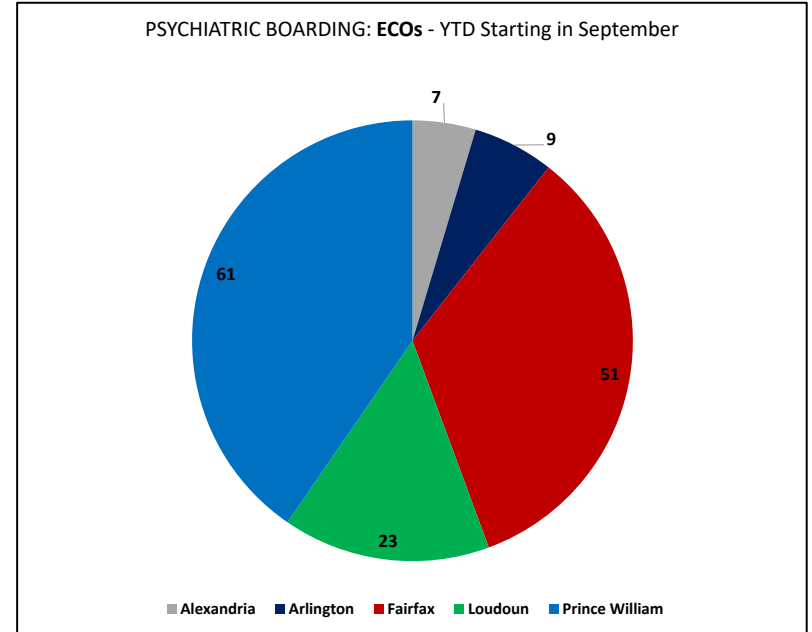
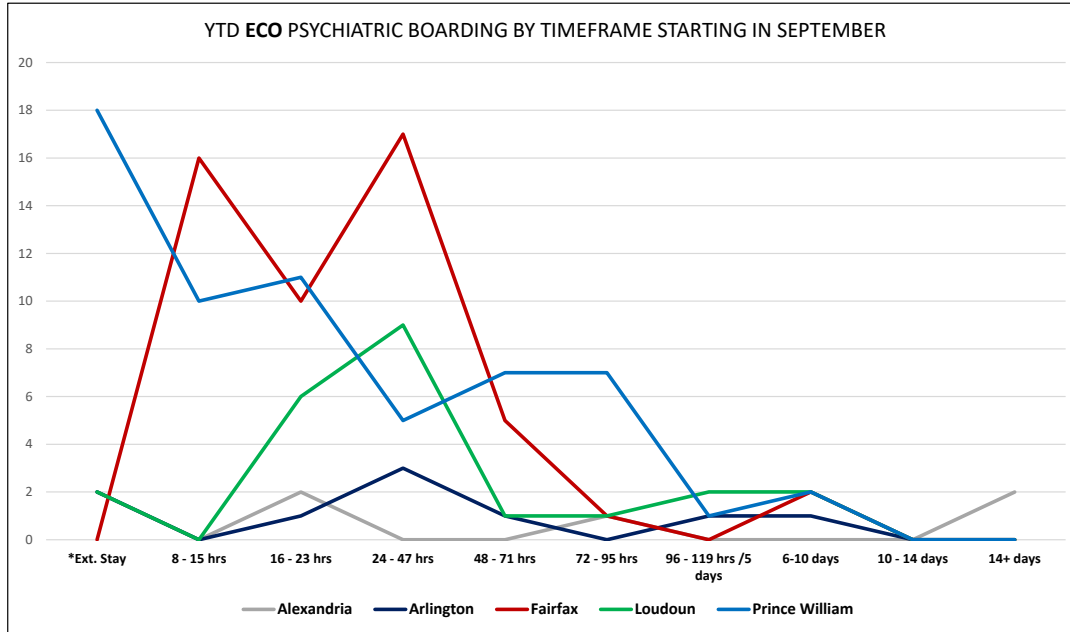
Psychiatric Boarding: Non-ECOs	YTD starting in September										
	*Ext. Stay	8 - 15 hrs	16 - 23 hrs	24 - 47 hrs	48 - 71 hrs	72 - 95 hrs	96 - 119 hrs /5 days	6-10 days	10 - 14 days	14+ days	Totals
Alexandria	0	0	0	0	0	0	0	0	0	0	0
Arlington	0	0	0	0	0	0	0	0	0	0	0
Fairfax	0	7	3	4	2	3	1	0	0	0	20
Loudoun	0	0	0	3	1	1	1	0	0	0	6
Prince William	0	4	0	7	3	1	1	0	0	0	16
Totals	0	11	3	14	6	5	3	0	0	0	42



Tracking Board times at 8 hours and greater & for TDO and Voluntary Admissions

*Extended Stay - never accepted, time not tracked.

ES Evaluation Outcomes and Psychiatric Boarding
September 2021



Fairfax-Falls Church Community Services Board

Ad Hoc Metrics & Reports Committee

Recommendations

The CSB Board Ad Hoc Metrics & Reports Committee met four times on June 15, June 29, July 13, and July 27, 2021.

Members included Sandra Slappey Brown (chair), Karen Abraham, Sheila Jonas, Daniel Sherrange, Andrew Scalise, Edward Rose, and Anne Whipple (for 2 meetings)

The Committee was supported by CSB staff: Daniel Herr, Linda Mount, Jennifer Aloji, and Erin Bloom

The Committee recommends the following regarding presentations of CSB data to the CSB Board:

Where:

- CSB data shall be presented to the Fiscal Oversight Committee

Frequency and Content (see attached for examples/mock-ups):

- Monthly – Service Data
 - CSB Status Report – single sheet with charts for demographics and number of clients served in the past month for each major service category
 - Monthly Data – single sheet showing number of clients served per month over 13 months for each major service category with monthly and yearly variance
 - SUD Residential Wait List, Time to Treatment, Vacancy numbers (no changes to these)
 - Reference Sheet – brief description of each major service category
- Quarterly – CSB Outcomes
 - Two charts per page showing key quality and outcome measures across CSB services
 - Each chart shows performance by quarter compared to a target
 - Each sheet contains a brief description of the measure and the source of the target
 - CSB Quarterly Outcome Measures – description sheet added
- Quarterly – CSB Performance Contract Outcome Measures (Stoplight Report)
 - Monthly performance on measures required in the state performance contract using a red-yellow-green designation noting where performance falls in relation to targets (for measures that have targets; some do not)
 - Accompanying Reference Sheet describing each of the measures
 - Note that this quarterly presentation will occur in a different month than the Quarterly CSB Outcomes data presentation
- Semi-annually – Medicaid Waiver and DD Data
 - Monthly data related to the ID/DD waiver list and services
 - Explanatory information
- Each presentation also will be accompanied by brief bullets calling attention to the most important highlights in the data

- Schedule for data presentations:
 - Each month shall have Monthly Service Data
 - Nov, Feb, May, Aug – Quarterly CSB Outcomes
 - Dec, Mar, Jun, Sep – Quarterly State Performance Contract
 - Jan, Jul – Semi-Annual Waiver and DD data

Communication with CSB Board:

- The Chair of the Fiscal Oversight Committee shall provide highlights of the data presentation to the full CSB Board at the following meeting
- A link to the data packet will be provided to the full Board prior to the Board meeting

Change Requests:

- Shall be submitted in writing to the CSB Board Clerk for compilation.
- Shall be reviewed by a small sub-committee (e.g., 3-4 members) of the Fiscal Committee and CSB staff twice per year.
- Shall be approved or rejected the CSB Executive Committee following recommendations submitted by the Fiscal Oversight sub-committee.

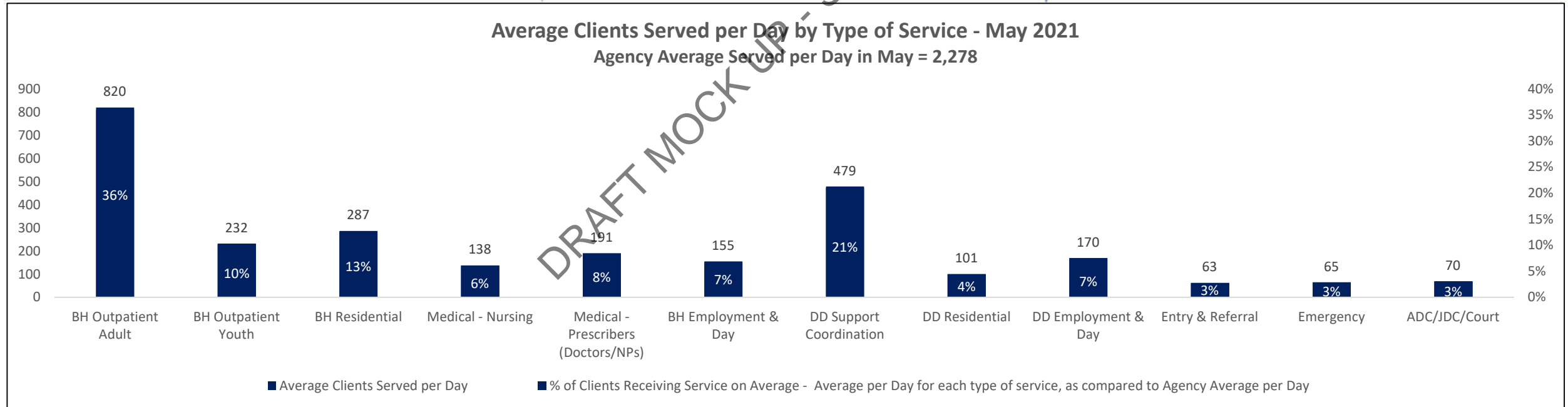
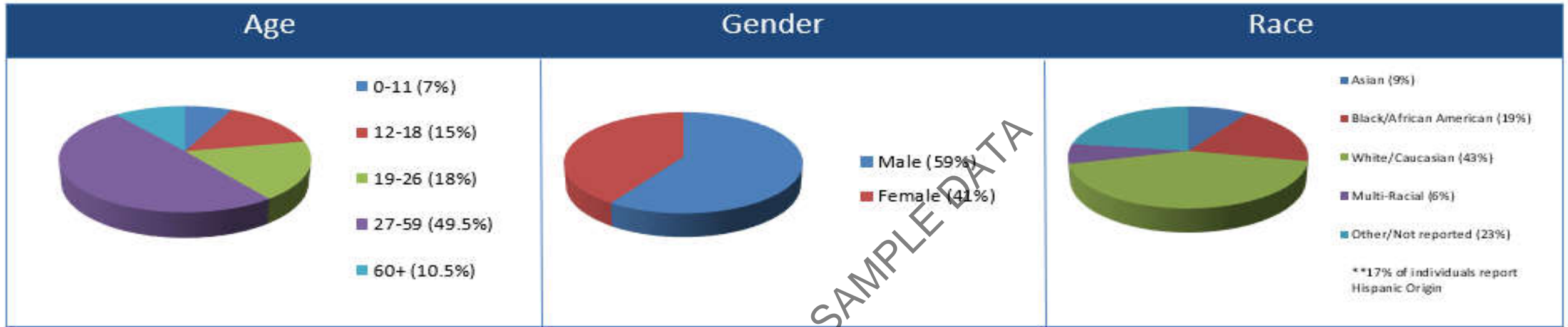
Monthly Service Data

August 2021


MONTHLY DATA DRAFT MOCK UP - SAMPLE DATA



CSB Status Report



MONTHLY DATA DRAFT MOCK UP - SAMPLE DATA

 Number of Individuals Served by Month by Type of Service - May 2020 - May 2021														Monthly % Variance	Yearly % Variance	# Served Past 12 Months
Service Area	May '20	Jun '20	Jul '20	Aug '20	Sep '20	Oct '20	Nov '20	Dec '20	Jan '21	Feb '21	Mar '21	Apr '21	May '21			
All Individuals Served	8955	9062	9138	8955	9062	9138	8972	8916	8955	9062	9138	8972	8916	-1%	0%	13,139
BH Outpatient Adult	3529	3512	3601	3529	3512	3601	3477	3339	3529	3512	3601	3477	3339	-4%	-5%	4,262
BH Outpatient Youth	937	956	956	937	956	956	947	956	937	956	956	947	956	1%	2%	1,242
BH Residential	541	585	552	541	585	552	579	572	541	585	552	579	572	-1%	6%	1,042
Medical - Nursing	1493	1500	1523	1493	1500	1523	1485	1284	1493	1500	1523	1485	1284	-14%	-14%	4,106
Medical - Prescribers	2769	2744	2826	2769	2744	2826	2717	2520	2769	2744	2826	2717	2520	-7%	-9%	4,100
BH Employment & Day	373	429	381	373	429	381	425	420	373	429	381	425	420	-1%	12%	517
DD Support Coordination	2455	2478	2505	2455	2478	2505	2453	2365	2455	2478	2505	2453	2365	-4%	-4%	3,513
DD Residential	139	166	142	139	166	142	164	155	139	166	142	164	155	-5%	11%	206
DD Employment & Day	265	361	270	265	361	270	357	433	265	361	270	357	433	21%	64%	520
Entry & Referral (EAR)	698	688	712	698	688	712	681	700	698	688	712	681	700	3%	0%	2,002
EAR Screenings	183	205	210	219	250	245	233	175	215	190	184	197	200	2%	9%	2,500
EAR Assessments	123	137	141	147	168	164	156	153	144	127	123	132	134	3%	10%	1,700
Emergency	931	901	950	931	901	950	892	1009	931	901	950	892	1009	13%	8%	2,809
ADC/JDC/Court	482	466	492	482	466	492	461	440	482	466	492	461	440	-5%	-9%	1,007

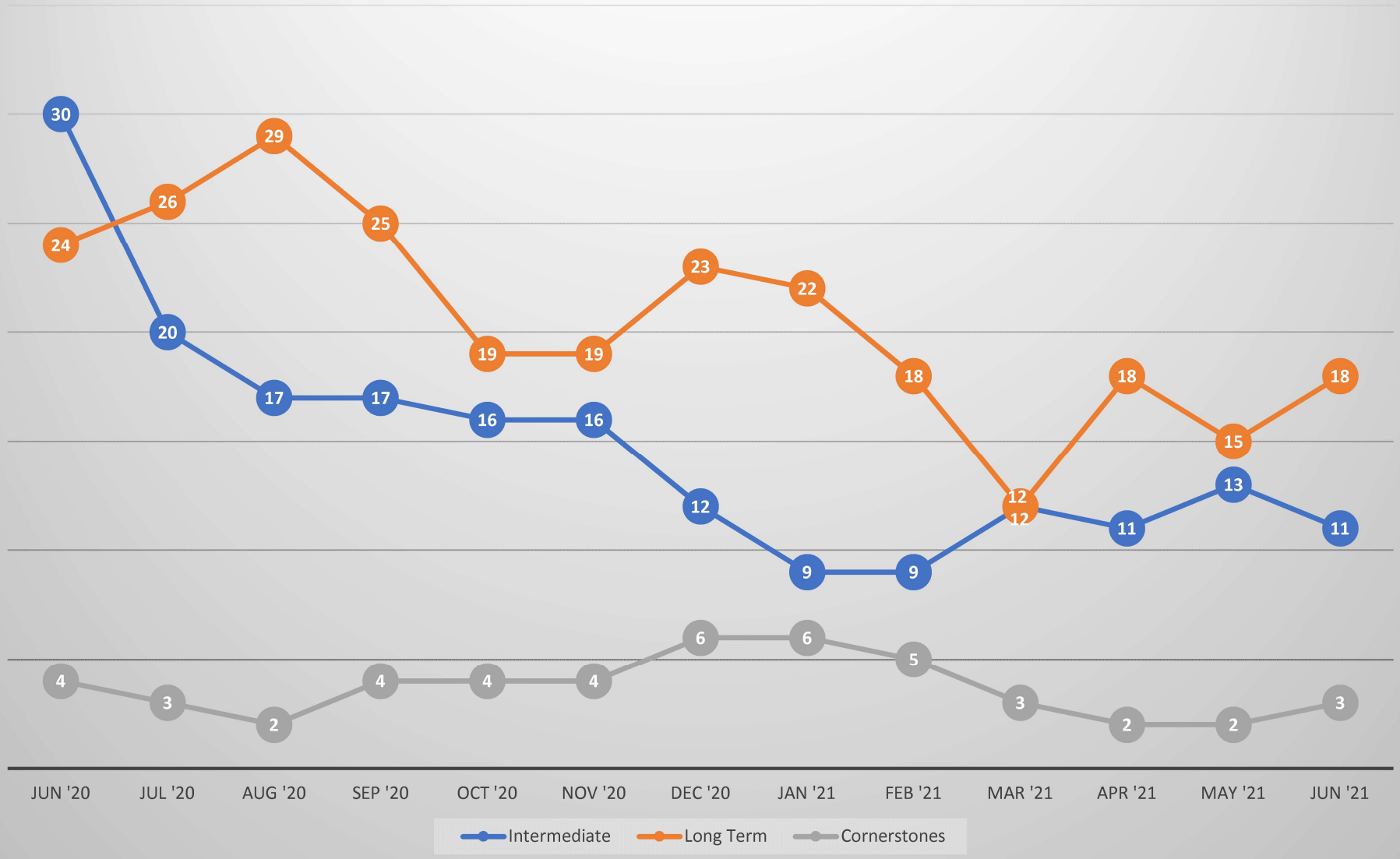
*Monthly variance compares the current month to previous month; Yearly variance compares the current month to the same month in the previous calendar year (Ex: May 2021 compared to May 2020)
 Number Served Past 12 months is an unduplicated count of clients served in each service area in the 12 months prior to the end of the reporting period (ex: June 2020 - May 2021)

MONTHLY DATA DRAFT MOCK UP - SAMPLE DATA

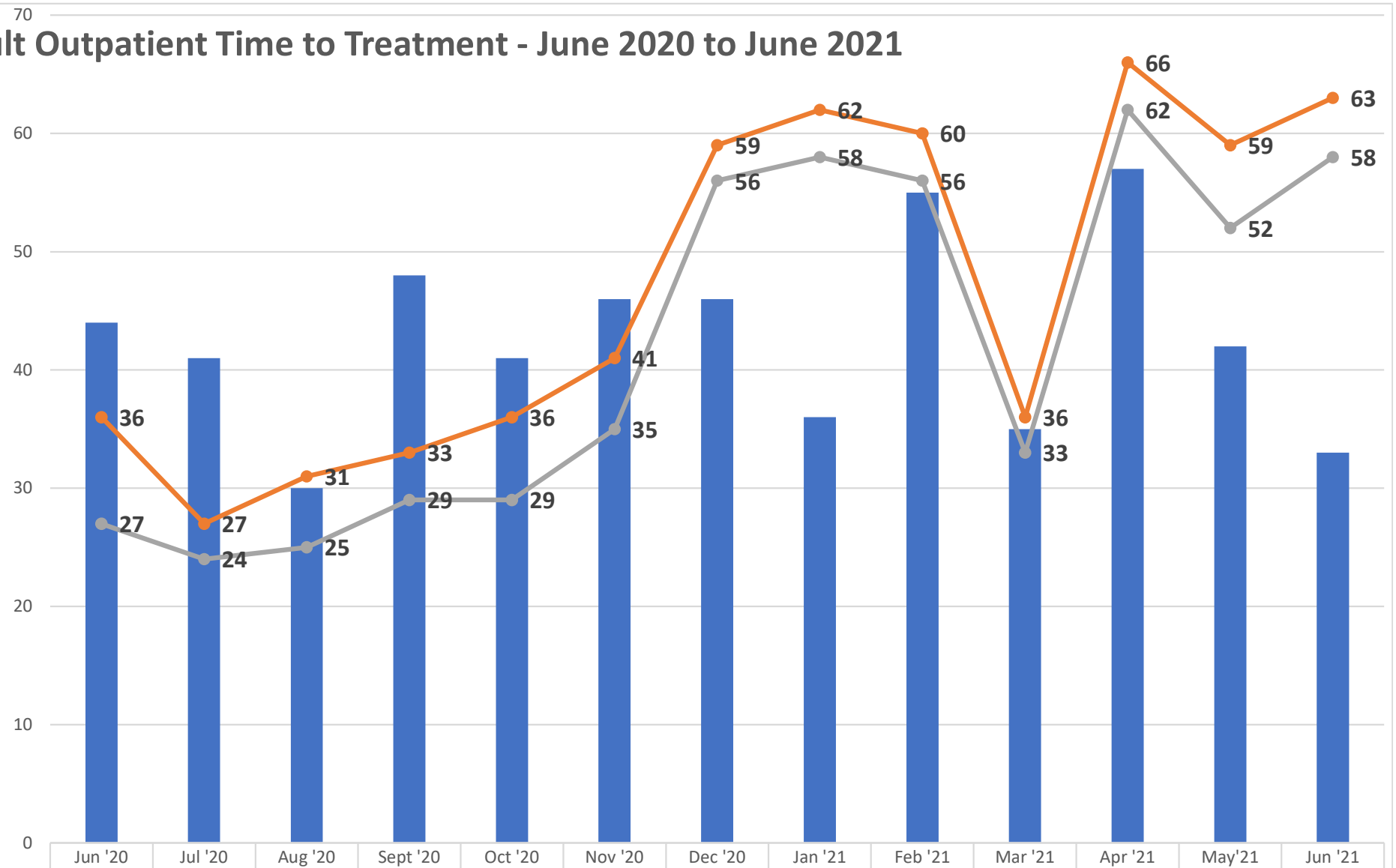
Service Definitions

All	Includes all individuals receiving services from the Community Services Board. Includes services for people of all ages who have mental illness, substance use disorders and/or developmental disabilities.....
BH Outpatient Adult	Individuals receiving services from adult outpatient behavioral health programs. Includes the following service areas/programs: Behavioral Health Outpatient (BHOP) - MH Outpatient, MH Case Management, SUD Intensive Outpatient; Intensive Community Treatment - Intensive Case Management, PACT, Discharge Planning, PATH; Jail Diversion; Clients may receive individual therapy, group therapy, case management.....
BH Outpatient Youth	Individuals receiving services from youth behavioral health outpatient programs. Includes the following service areas/programs: Youth & Family Outpatient - MH Outpatient, MH Case Management, SUD Outpatient; Youth & Family Intensive - Wraparound Fairfax, Resource Program....
BH Residential	Individuals receiving services from behavioral health residential programs. Includes the following service areas/programs: Supportive Community Residential - Residential Intensive Care (RIC); Supportive Housing Programs (SHP); SUD Residential Treatment - Crossroads, Cornerstones, A New Beginning; Youth Residential - Leland House; Wellness Circle....
Medical - Nursing	Individuals receiving Nursing services in an outpatient setting....
Medical - Prescribers	Individuals receiving services from a prescriber (psychiatrist or nurse practitioner). Services are provided in a variety of treatment settings, including outpatient, residential, assessment, and emergency services....
BH Employment & Day	Individuals receiving individual or group supported employment services....
DD Support Coordination	Individuals receiving developmental support coordination services. Includes individuals receiving targeted case management, monitoring, and assessment services
DD Residential	Individuals receiving developmental disability residential services. Includes directly operated group homes and apartments, CSB-funded contracted residential placements and respite services.....
DD Employment & Day	Individuals receiving developmental day support services; individual, group, or sheltered employment services; and self-directed services. Includes both waiver and locally-funded services....
Entry & Referral (EAR)	Individuals receiving behavioral health entry and referral services. Includes Adult & Youth walk-in screening and assessment, case coordination, call center referrals....
EAR Screenings	Individuals receiving behavioral health walk-in screening services at Entry & Referral....
EAR Assessments	Individuals receiving behavioral health walk-in assessment services at Entry & Referral....
ADC/JDC/Court	Individuals receiving CSB jail-based or court services. Includes CSB services provided at the Adult Detention Center, Juvenile Detention Center and adult participants in specialty court dockets (Veterans' Docket, Mental Health Docket....
Note:	Numbers reflect an unduplicated count of individuals served per month in each area. Individuals may receive services from more than one service area.

SUD Residential Waiting List Individuals Waiting by Program Type June 2020 - June 2021

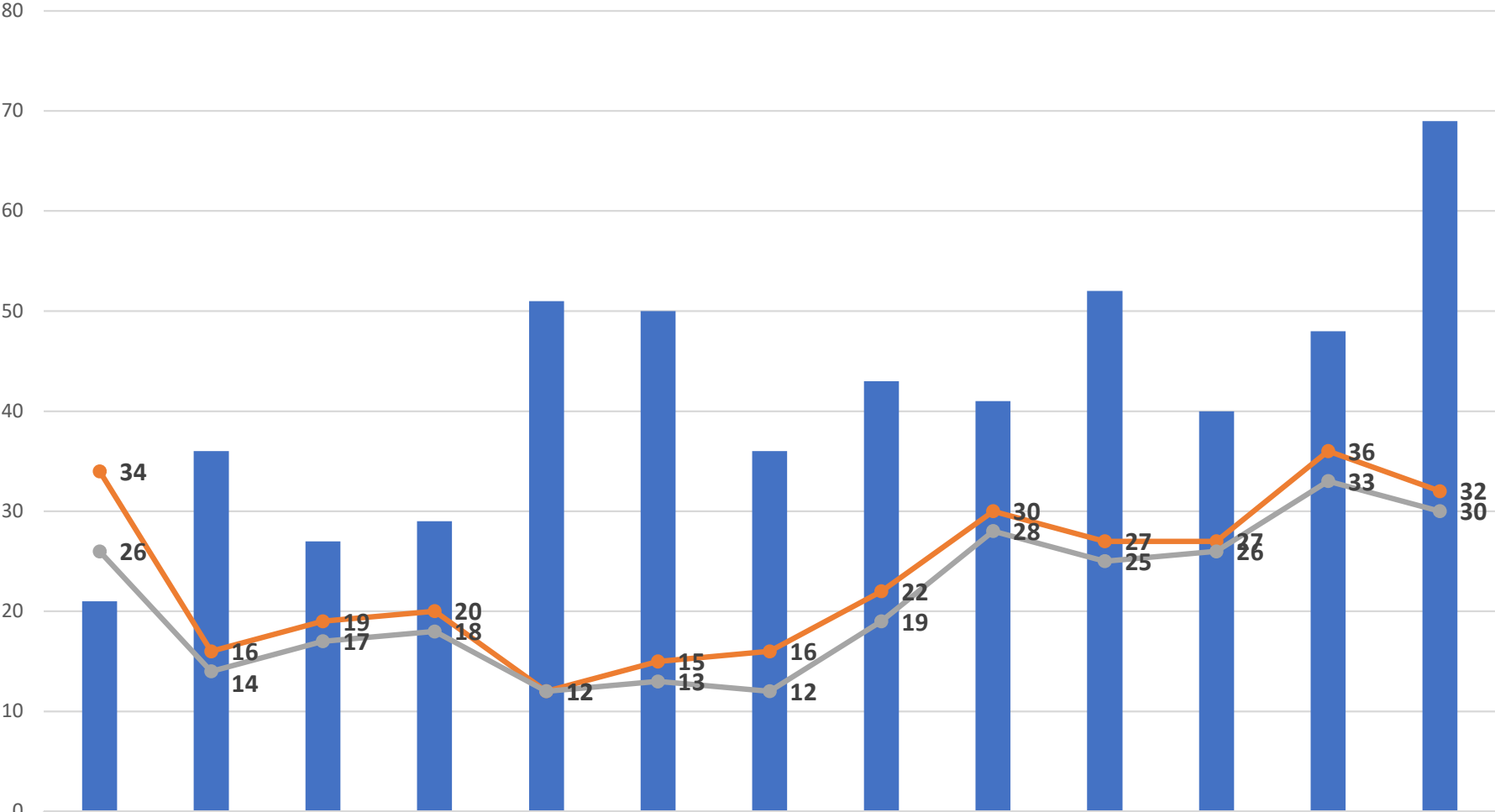


Adult Outpatient Time to Treatment - June 2020 to June 2021



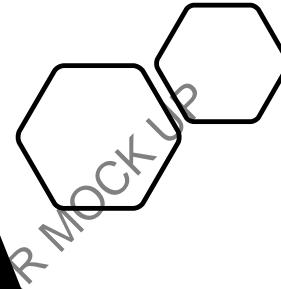
■ # Adults Who Attended 1st Treatment Appt	44	41	30	48	41	46	46	36	55	35	57	42	33
—●— Average # Days from Assessment to Treatment	36	27	31	33	36	41	59	62	60	36	66	59	63
—●— Average # Days from Assessment to 1st Available / Accepted Appt*	27	24	25	29	29	35	56	58	56	33	62	52	58

Youth Outpatient Time to Treatment - June 2020 to June 2021



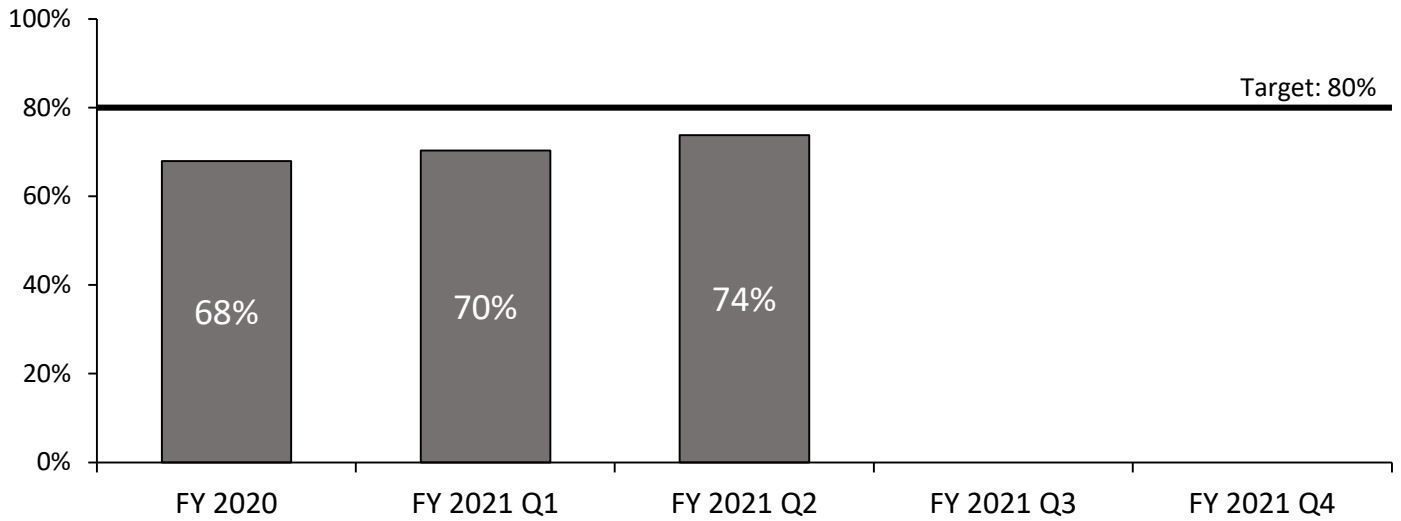
# Youth Who Attended 1st Treatment Appt	21	36	27	29	51	50	36	43	41	52	40	48	69
Average # Days from Assessment to Treatment	34	16	19	20	12	15	16	22	30	27	27	36	32
Average # Days from Assessment to 1st Available / Accepted Appt*	26	14	17	18	12	13	12	19	28	25	26	33	30

CSB Quarterly Outcomes



Substance Use Outpatient Treatment Services

Percent of Adults Who Maintain or Improve Employment



Performance Measure:

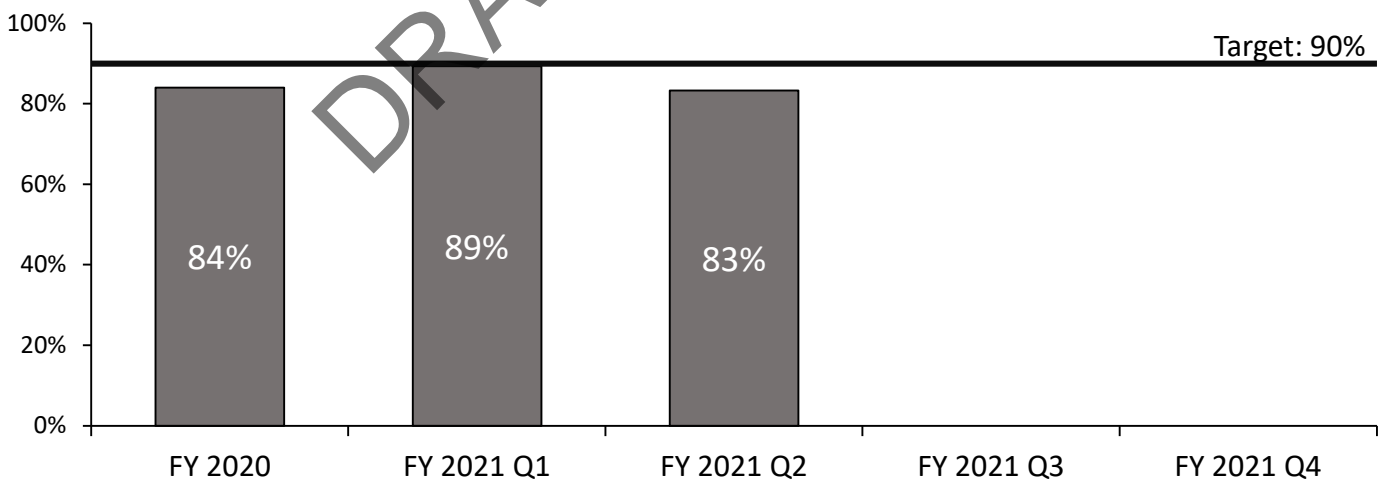
Definition: Percent of adults receiving substance use outpatient treatment services who maintain or improve employment status after participating in at least 60 days of SUD outpatient treatment. Includes adults served during the current quarter who had received at least 60 days of service.

Goal: Information on target/goal is included here. Examples: Target is based on HEDIS national benchmark; Target is set by program staff and represents a 5% improvement over FY20 performance; Target is based on DBHDS Step-VA expectation; etc.

Notes: If explanation is needed for measure, included here

Jail-Based Services

Percent of Individuals Who Receive Assessment Appointment Within Two Days of Referral



Performance Measure:

Definition: Percent of individuals in the Adult Detention Center who are assessed by CSB Jail-based staff within two days of referral. Includes clients who were assessed during the current quarter.

Goal: Information on target/goal is included here. Examples: Target is based on HEDIS benchmark; Target is set by program staff and represents a 5% improvement over FY20 performance; Target is based on DBHDS Step-VA expectation; etc.

Notes: If explanation is needed for measure, included here

CSB Quarterly Outcome Measures

1. **Substance Use Outpatient Treatment Services** – Percent of adults who maintain or improve employment status after participating in 60 days of treatment.
2. **Jail Based Services** – Percent of individuals in the Adult Detention Center who had an assessment appointment within two days of referral
3. **Jail Based Services** – Percent of individuals in the Adult Detention Center that attend a follow-up appointment after their assessment.
4. **Engagement, Assessment & Referral** – Percent of individuals who attend their first scheduled treatment service after their assessment.
5. **Emergency Services** - Percent of crisis intervention/stabilization services provided that are less restrictive than psychiatric hospitalization.
6. **Emergency Services** - Percent of individuals who receive face-to-face services within one hour of check-in at Emergency Services.
7. **Discharge Planning** - Percent of adults referred to the CSB who are scheduled for an assessment within 7 days of hospital discharge.
8. **Discharge Planning** - Percent of adults referred to the CSB for discharge planning services that remain in service for at least 90 days.
9. **Support Coordination Services** - Percent of Person-Centered Plan outcomes met for individuals served in Targeted Support Coordination.
10. **Youth & Family Services** - Percent of youth who maintain or improve school functioning after participating in at least 90 days of outpatient services.

Quarterly State Performance Contract Outcomes

August 2021

CSB Performance Outcome Measures

FY2020



Order	Measures	KPI	Target	Jul	Aug	Sept	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	FY20
1	Continuity Of Care For Local Psychiatric Inpatient (LIPOS) Discharge	●	70.0%	50.0%	33.3%	40.0%	66.7%	100.0%	71.4%	67.0%	67.0%	80.0%	67.0%	67.0%	100.0%	67.5%
2	Continuity Of Care For Local Psychiatric Inpatient (LIPOS) Discharge (Modified)	●	70.0%	100.0%	100.0%	80.0%	100.0%	100.0%	85.7%	100.0%	100.0%	80.0%	83.0%	100.0%	100.0%	94.1%
3	Continuity Of Care For State Hospital Discharge	●	80.0%	50.0%	80.0%	72.7%	71.4%	68.8%	50.0%	78.0%	83.0%	80.0%	63.0%	42.0%	53.0%	66.0%
4	Continuity of Care For State Hospital Discharge (Modified)	●	80.0%	78.6%	80.0%	100.0%	85.7%	68.8%	75.0%	78.0%	100.0%	87.0%	75.0%	92.0%	79.0%	83.3%
5	PACT Case Load	●	75.0%	88.9%	91.1%	85.6%	102.0%	109.0%	106.0%	104.9%	97.3%	96.2%	99.5%	98.4%	95.1%	97.8%
6	Provision Of Developmental Enhanced Case Management Services (Face to Face)	●	90.0%	96.0%	95.2%	96.2%	92.9%	93.4%	93.0%	92.6%	93.5%	88.7%	77.5%	94.2%	96.0%	92.4%
7	Provision Of Developmental Enhanced Case Management Services (In-Home)	●	90.0%	93.6%	92.7%	91.5%	92.3%	90.4%	91.1%	91.6%	94.5%	87.5%	88.0%	93.2%	98.3%	92.1%
8	Employment Discussion	●	N/A	94.5%	100.0%	94.4%	95.4%	96.4%	95.4%	100.0%	98.0%	98.0%	100.0%	99.0%	100.0%	97.6%
9	Employment Discussion (Modified)	●	N/A	95.8%	97.4%	95.9%	94.5%	96.7%	95.6%	100.0%	99.0%	99.0%	100.0%	99.0%	100.0%	97.7%
10	Employment Goals	●	N/A	92.0%	92.0%	85.7%	80.0%	100.0%	94.7%	88.0%	95.0%	100.0%	90.0%	87.0%	90.0%	91.2%
11	Employment Goals (Modified)	●	N/A	94.7%	95.8%	91.3%	87.5%	100.0%	94.7%	88.0%	95.0%	96.0%	88.0%	87.0%	90.0%	92.3%
12	Community Engagement Discussion	●	N/A	96.9%	96.8%	96.3%	96.6%	98.2%	100.0%	96.0%	100.0%	97.0%	95.0%	96.0%	97.0%	97.2%
13	Community Engagement Discussion (Modified)	●	N/A	97.3%	96.8%	96.9%	95.8%	98.3%	100.0%	97.0%	99.0%	97.0%	95.0%	96.0%	97.0%	97.2%
14	Community Engagement Goals	●	N/A	20.4%	22.2%	14.1%	26.2%	14.8%	21.5%	21.0%	23.0%	15.0%	13.0%	23.0%	23.0%	19.8%
15	Community Engagement Goals (Modified)	●	N/A	20.2%	20.0%	16.7%	22.8%	15.3%	23.5%	22.0%	23.0%	18.0%	14.0%	23.0%	26.0%	20.4%
16	Intensity of Engagement of Adults Receiving Mental Health Case Management Services	●	N/A	100.0%	97.1%	98.4%	100.0%	97.1%	97.9%	96.1%	95.9%	100.0%	98.1%	100.0%	96.3%	98.1%
17	Adult Suicide Risk Assessment	●	N/A	62.6%	49.1%	54.0%	60.7%	54.4%	51.8%	40.5%	46.6%	47.9%	37.1%	41.7%	50.0%	49.7%
18	Adult Suicide Risk Assessment (Modified)	●	N/A	64.3%	49.2%	55.0%	62.0%	50.8%	54.3%	62.7%	63.6%	62.7%	50.9%	59.0%	54.5%	57.4%
19	Child Suicide Risk Assessment	●	N/A	33.3%	48.3%	41.4%	38.9%	50.0%	40.0%	48.6%	60.0%	65.6%	55.6%	21.4%	63.6%	47.2%
20	Child Suicide Risk Assessment (Modified)	●	N/A	39.3%	44.1%	48.3%	52.9%	42.5%	50.0%	59.5%	65.0%	70.8%	63.6%	36.4%	50.0%	51.9%
21	Date of Last Physical Exam	●	N/A	51.6%	53.0%	53.5%	54.3%	54.6%	54.6%	53.1%	52.7%	51.7%	48.2%	46.0%	46.3%	51.6%
22	Calculated BMI	●	N/A	72.0%	73.9%	57.8%	71.9%	70.7%	71.3%	83.8%	84.4%	83.9%	81.9%	80.9%	80.6%	76.1%
23	BMI Outside of Normal Range	●	N/A	79.6%	79.8%	79.2%	79.6%	79.5%	79.1%	80.1%	80.3%	80.7%	80.8%	80.5%	80.0%	79.9%
24	BMI Follow-Up Plan	●	N/A	63.4%	64.0%	58.3%	62.7%	60.4%	61.1%	67.9%	69.9%	71.4%	69.9%	68.5%	68.7%	65.5%
25	Initiation of SUD Services	●	N/A	55.6%	54.2%	43.4%	57.1%	48.6%	54.0%	63.8%	65.5%	65.2%	56.6%	72.8%	67.2%	58.7%
26	Engagement of SUD Services	●	N/A	55.6%	50.6%	41.5%	51.4%	40.0%	42.5%	52.1%	54.1%	56.3%	46.5%	63.2%	54.1%	50.7%
27	Engagement of SUD Services (Modified)	●	N/A	98.7%	98.7%	94.6%	98.6%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%	100.0%	100.0%	99.1%

SAMPLE - TO BE UPDATED ANNUALLY TO ALIGN WITH PERFORMANCE CONTRACT MEASURES

CSB Performance Outcome Measures

FY2020

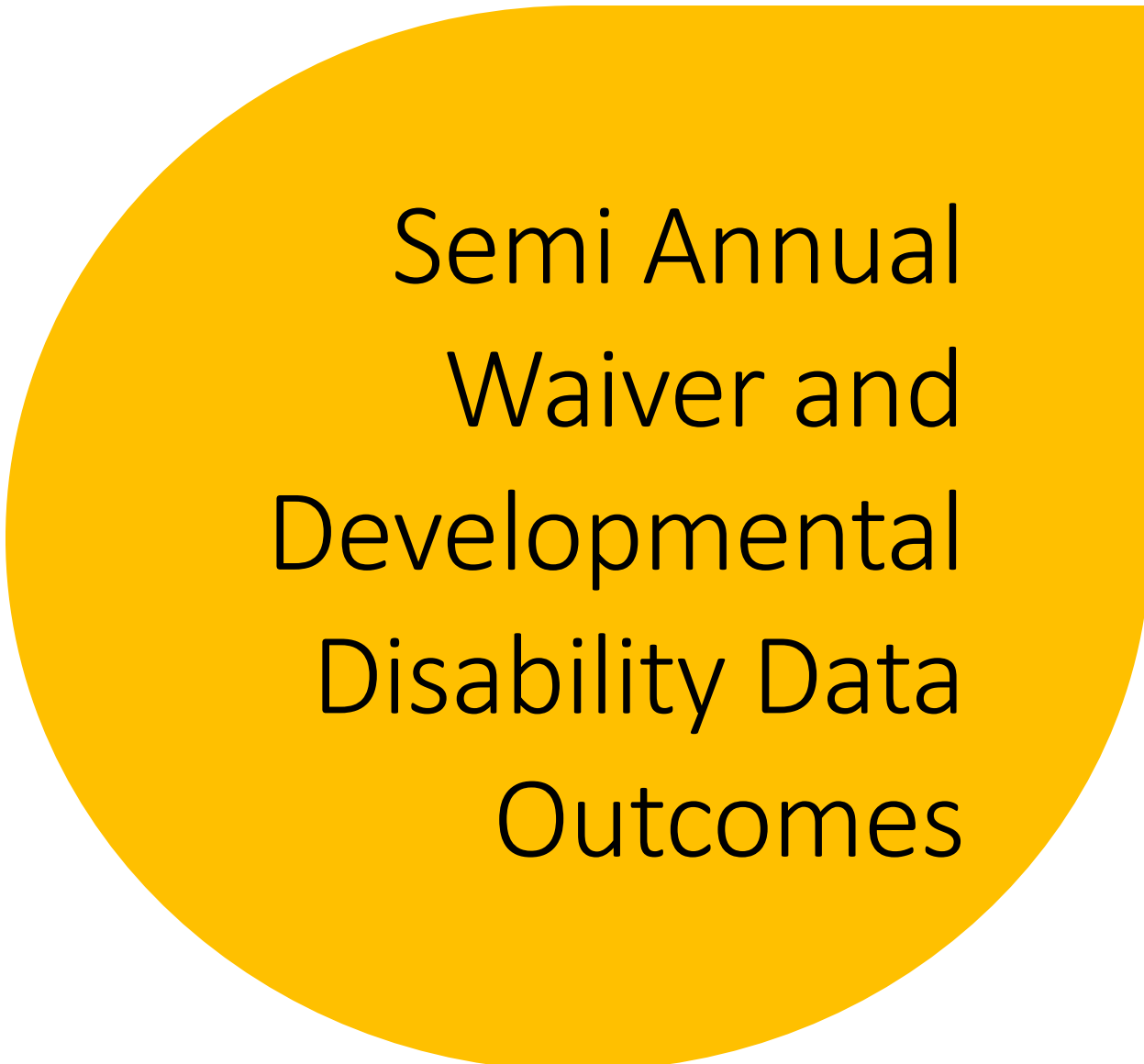


Order	Measures	KPI	Target	Jul	Aug	Sept	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	FY20
28	Retention of SUD Services	●	N/A	52.4%	42.2%	34.0%	30.0%	23.8%	18.4%	20.2%	25.2%	33.9%	29.3%	27.2%	27.9%	30.4%
29	Retention of SUD Services (Modified)	●	N/A	58.9%	62.3%	61.2%	64.4%	57.0%	51.3%	50.7%	51.8%	58.8%	69.5%	57.9%	51.6%	58.0%
30	Residential Crisis Stabilization Utilization (RCSU)	●	75.0%													74.5%
31	Regional Discharge Assistance Program (RDAP) Expended	●	90.0%													100.0%
32	Regional Discharge Assistance Program (Obligated)	●	95.0%													100.0%
33	Local Inpatient Purchase Of Services (LIPOS) Expended	●	85.0%													100.0%

SAMPLE - TO BE UPDATED ANNUALLY TO ALIGN WITH PERFORMANCE CONTRACT MEASURES

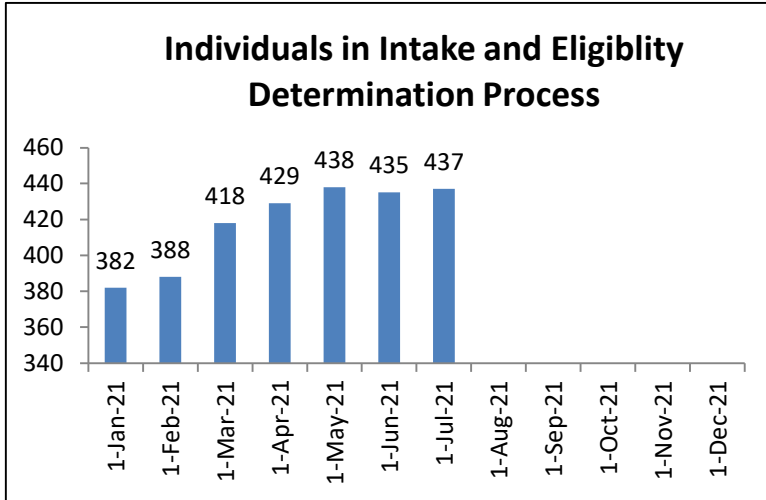
FY 2022 CSB SPC Performance Measures	
1	Continuity of Care for State Hospital Discharges Percentage of individuals for whom the CSB is the identified case management CSB who <i>keep</i> a face-to-face (non-emergency) mental health outpatient service appointment within seven calendar days after discharge from a state hospital. Benchmark: At least 80 percent
1b	Continuity of Care for State Hospital Discharges (Modified) Percentage of individuals for whom the CSB is the identified case management CSB who <i>are scheduled for</i> a face-to-face (non-emergency) mental health outpatient service appointment within seven calendar days after discharge from a state hospital. Benchmark: At least 80 percent
2	PACT Caseload: Average number of individuals receiving services from the PACT team during the preceding quarter. Benchmark: At least 75 percent of the number of individuals who could be served by the available staff, at the ratio of 9 individuals per clinical staff on average.
3	Provision of Developmental Enhanced Case Management Services – Face to Face: Percentage of individuals receiving DD Waiver services who meet the criteria for receiving enhanced case management (ECM) services who: Receive at least one face-to-face case management service monthly with no more than 40 days between visits. Benchmark: At least 90 percent
4	Provision of Developmental Enhanced Case Management Services – In-Home: Percentage of individuals receiving DD Waiver services who meet the criteria for receiving enhanced case management (ECM) services who: Receive at least one face-to-face case management service monthly with no more than 40 days between visits and receive at least one face-to-face case management service visit every other month in the individual’s place of residence. Benchmark: 90 percent
5	Employment Discussion - Percentage of adults (age 18 or older) receiving developmental case management services from the CSB whose case managers discussed integrated, community-based employment with the individual during the annual face-to-face case management individual supports plan (ISP) meeting.
6	Employment Goals - Percentage of adults (age 18 or older) receiving developmental case management services from the CSB whose ISPs, developed, or updated at the annual face-to-face ISP meeting with the individual, contained employment goals/outcomes.
7	Community Engagement Discussion – Percentage of individuals who are receiving case management services from the CSB whose case managers discussed community engagement or community coaching opportunities with the individual during the most recent annual face-to-face case management ISP meeting.
8	Community Engagement Goals – Percentage of individuals who are receiving case management services from the CSB whose individual support plans (ISPs), developed, or updated at the annual face-to-face ISP meeting <i>with the individual</i> , contained community engagement or community coaching goals/outcomes.
9	Intensity of engagement of adults receiving mental health case management services – Percent of adults admitted to the mental health services program area who received one hour of case management services within 30 days of admission who received at least three additional hours of case management services within 90 days of admission.
10	Adult Suicide Risk Assessment – Percentage of adults who are receiving mental health or substance use disorder outpatient, case management, or medical services and have a new or recurrent diagnosis of major depressive disorder who received suicide risk assessments <i>in the past 12 months</i>
11	Child Suicide Risk Assessment – Percentage of children who are receiving mental health or substance use disorder outpatient, case management or medical services and have a new or recurrent diagnosis of major depressive disorder who received suicide risk assessments <i>in the past 12 months</i> .

FY 2022 CSB SPC Performance Measures	
12	Date of Last Physical Exam – Percentage of adults with SMI who are receiving mental health case management services who received a complete physical examination in the last 12 months.
13	Primary Care Screening – Percentage of individuals receiving targeted case management services who received a primary care screening at the CSB in the last 12 months. Benchmark: 85%
14	Metabolic Syndrome Screening - Percentage of individuals over the age of 3 prescribed an antipsychotic by a CSB prescriber who receives regular metabolic screening Benchmark: 75%
15	Daily Living Assessment (DLA) -20 - Six month change in DLA-20 scores for youth and adults. <i>Specific measure parameters/expectations are under development by DBHDS & VACSB.</i>
16	Initiation of SUD Services – Percentage of adults and children who are 13 years old or older with a new episode of substance use disorder services who initiated any SUD service within 14 days of the diagnosis.
17	Engagement of SUD Services – Percentage of adults and children who are 13 years old or older with a new episode of substance use disorder services who initiated any SUD service within 14 days of the diagnosis and received two or more additional SUD services within 30 days of the initial service. Benchmark: At least 50 percent
17b	Engagement of SUD Services (Modified Measure) – Percentage of adults and children who are 13 years old or older with a new episode of substance use disorder services who initiated any SUD service (regardless of date of diagnosis) and received two or more additional SUD services within 30 days of the initial service. Benchmark: At least 50 percent
18	Same Day Access (SDA) Initial Treatment Appointment – Percentage of individuals who received an SDA assessment and were determined to need a follow-up service who are offered an appointment to an appropriate service within 10 business days. Benchmark: 86 percent.
19	Same Day Access (SDA) Follow-up – Percentage of individuals who received an SDA assessment and were determined to need a follow-up service who attend the scheduled follow-up appointment within 30 calendar days. Benchmark: 70 percent
20	Service Members, Veterans, and Families (SMVF) – Percentage of individuals presenting for CSB services with valid Military Status reported. Benchmark: 90 percent
21	Service Members, Veterans, and Families (SMVF) Referrals – Percentage of individuals in the SMVF population who are referred to Dept. of Veterans Services (DVS), Veterans Health Administration facilities and services (VHA), and/or Military Treatment Facilities (MTF). Benchmark: 70 percent.
22	Service Members, Veterans, and Families (SMVF) Suicide Screening – Percentage of individuals in the SMVF population for whom a suicide risk screening is conducted. Benchmark: 60 percent for Year 1 (FY22).
23	Peer and Family Support Services – Number of individuals receiving peer or family support services. Benchmark: FY22 will establish baseline. FY23 level will be set at 5% over baseline, and increase by 5% annually
24	Peer and Family Support Services – Number of individual and group peer support services and units of service received. Benchmark: FY22 will establish baseline. FY23 level will be 5% over baseline, and increase by 5% annually

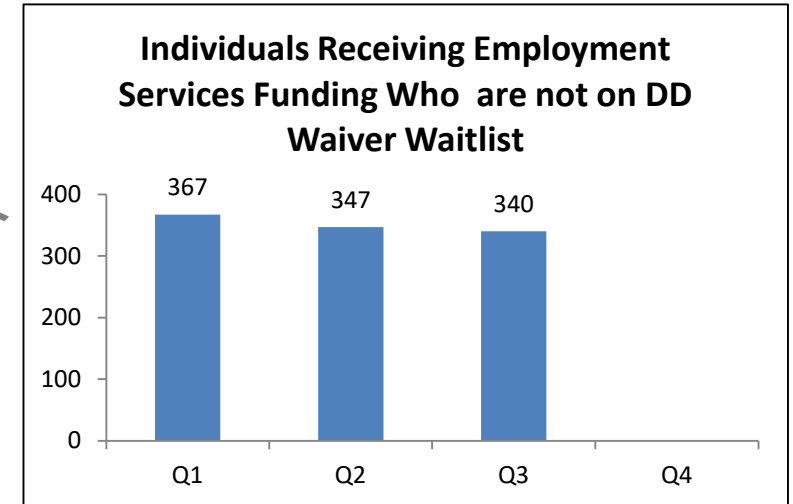
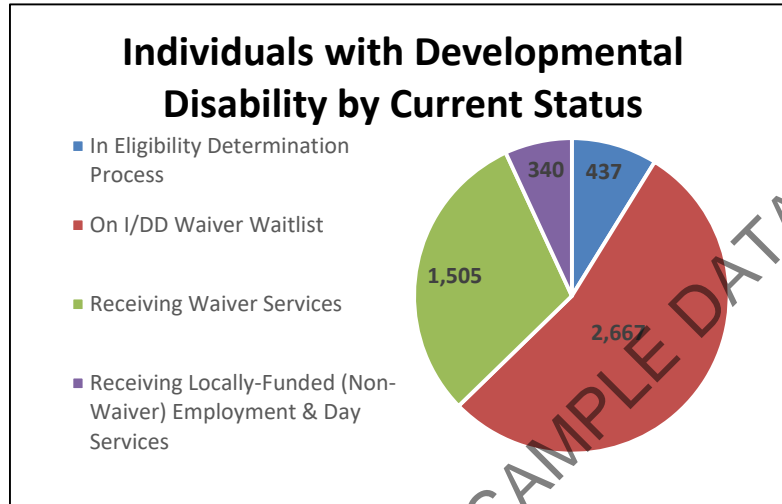
A large yellow semi-circle graphic is positioned on the left side of the slide, partially overlapping the text. The text is centered within the white space of the slide.

Semi Annual Waiver and Developmental Disability Data Outcomes

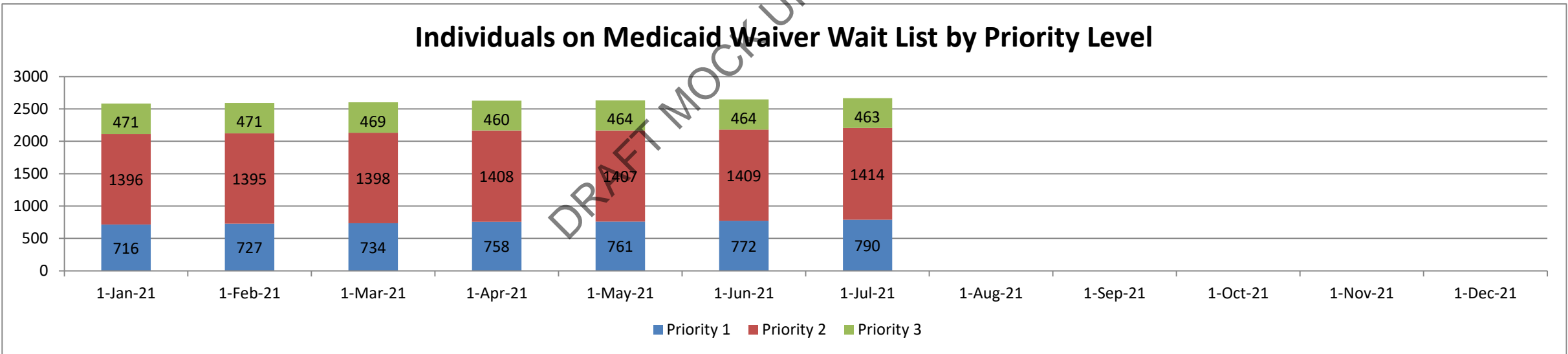
Intellectual/Developmental Disability Waiting List/Services Data as of July 1, 2021



Number of individuals in the Waiver eligibility process at the start of each month. The eligibility process may take up to X months.

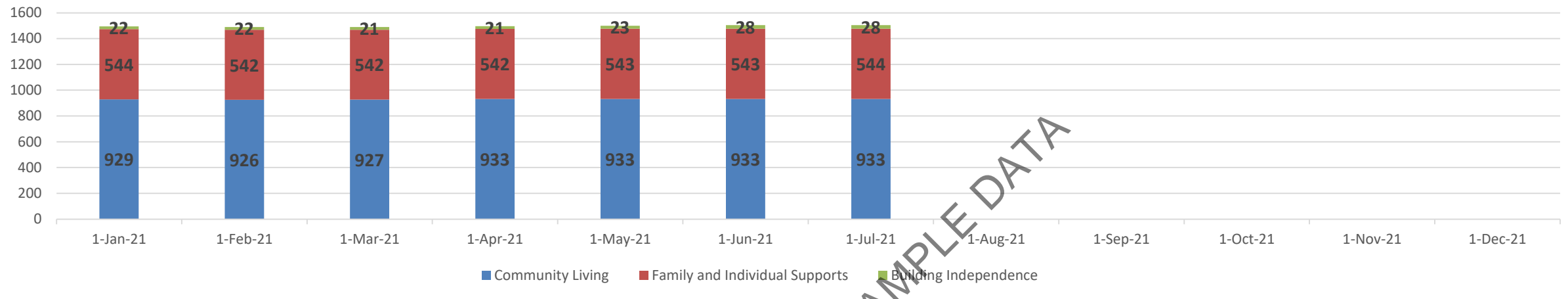


Number of individuals receiving locally-funded (non-waiver) employment and day services at the start of each quarter.

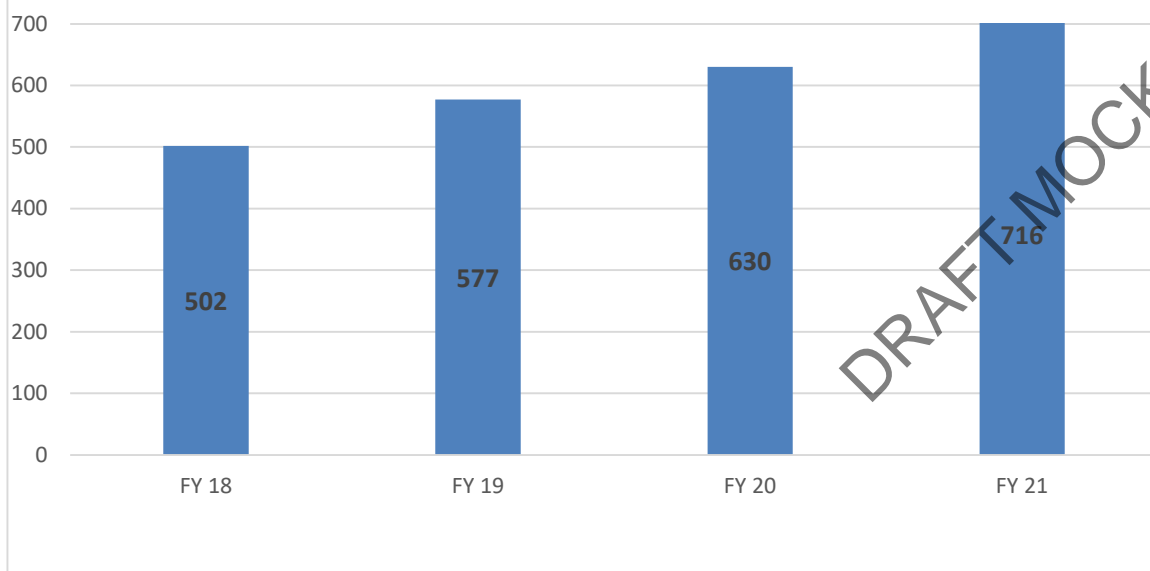


Priority 1 - Anticipated that individual will need waiver services *within one year*; **Priority 2** - Individual may require waiver services *in one to five years*; **Priority 3** - Individual will need waiver services in five years or longer, as long as the current supports and services remain in place.

Individuals with Medicaid Waiver by Type of Waiver

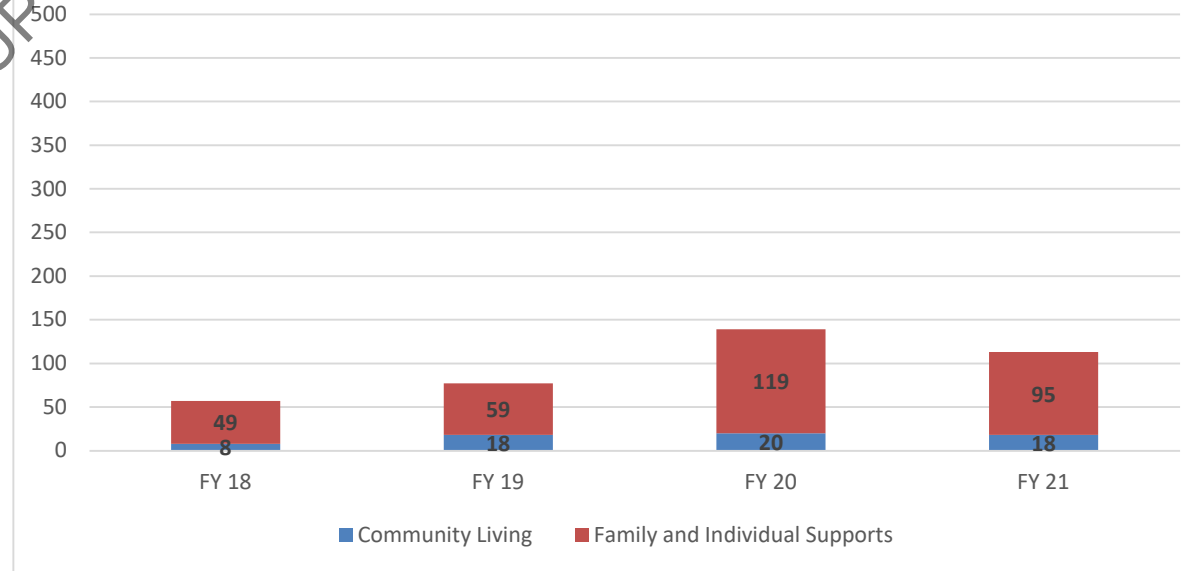


Individuals on Priority 1 Waiver Waitlist by Fiscal Year



Number of Individuals based on a point-in-time comparison on January 1 of each fiscal year.

NEW Waiver Slots Allocated by Fiscal Year



Waiver slots are only allocated to individuals on Priority 1 waitlist

What is a Waiver ?

When you receive and accept a waiver you are choosing to have people support you in your home and in your community instead of in a nursing home or other institution.

Can anyone have a Waiver?

No. Not everyone is eligible for one of the *Developmental Disability* Waivers. To find out if you are eligible for one of these Waivers, the first step is to contact your local *Community Services Board (CSB)* or *Behavioral Health Authority (BHA)*. When you call, you will ask what steps to take to start the process for determining eligibility for the DD Waiver.

To Be Eligible for One of the Developmental Disability Waivers You Must Meet:



Diagnostic Eligibility:

This means having a disability that affects your ability to live and work independently. The CSB/BHA will request a copy of any tests and/or professional evaluations you have had that list diagnoses and identify support needs. It is a good idea to have this information prior to going to meet with the CSB/BHA to determine eligibility for the DD Waiver waitlist.



Functional Eligibility

This means needing the same support as someone who is living in an *Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)*. This is determined by an assessment called the *VIDES** completed by a support coordinator at the CSB/BHA. There are different versions of this assessment for different age groups.

VIDES—Virginia Individual Developmental Disabilities Eligibility Survey



Medicaid Financial Eligibility

This means assuring you do not make too much money to receive Medicaid. This will be determined by the *Department of Social Services (DSS)*.



And you must be willing to accept services within 30 days

This means knowing what services you would like and being open to receiving them as soon as all of the paperwork is in place.

*** Important ***

- * Not everyone who requests a DD waiver will be found eligible.
- * Everyone found eligible is added to a waitlist.
- * A committee that decides who receives the waiver picks the person who has the greatest need for the DD Waiver services.
- * Some people wait for many years before they receive one of the Developmental Disability (DD) Waivers.



Everyone who meets eligibility (diagnostic, functional and financial) will be added to the DD Waiver Statewide Waiting List.

Everyone on the Waiting List will receive a Priority Status.

Statewide Waiver Wait List



**Priority
One Status**

**Priority
Two Status**

**Priority
Three Status**

- The Priority Status is based on how much and how quickly someone is in need of help.
- Waiver slots are only assigned to people who have a Priority One Status.
- Only the people who have a Priority One Status will have their information shared with members of the committee who choose the people to receive a Waiver Slot.
 - This process is to make sure the people who are in the most need are able to access waivers first.
- If something changes in your life and your need for a Waiver slot becomes more urgent, let your Support Coordinator know as soon as possible.
- Once you are assigned a slot, you will be offered one of the Developmental Disability (DD) Waivers.*

**Information about the Developmental Disability Waivers found on page 21.*
- If you accept that Waiver slot, your Support Coordinator will describe all of the services available to you under that Waiver and your Support Coordinator will start linking you with those services. Within 30 days, you should be receiving supports from at least one of the Waiver services.

Virginia Has Three Waivers for People with Developmental Disabilities

Building Independence Waiver

This waiver is for adults 18 years and older who are able to live independently.

People with this waiver usually own, lease, or control their own living arrangements and supports are complemented by non-waiver-funded rent subsidies.

They do not need supports all the time.

Family and Individual Supports Waiver

This waiver is available to both children and adults.

People with this waiver may live with their family, friends, or in their own homes.

Some people may need supports with some medical and/or behavioral needs.

Community Living Waiver

This waiver is available to both children and adults.

People with this waiver usually require supports in their homes all the time.

Some people may need to live in these homes with staff to receive supports with complex medical and/or behavioral needs.

All of the DD Waiver Services are described starting on page 28.

Once you have been offered one of the three DD Waivers:

- You will talk with your Support Coordinator about the services available to you and decide whether you are going to accept the waiver.
- If you decide to accept the Waiver, you will meet with your Support Coordinator and review each of the waiver services to determine what support services you need.
- Once you have decided which services are best for you, you and your support coordinator will develop a plan for how to connect you to those services.
- Your financial eligibility will be determined by the Department of Social Services.
- You will be scheduled for an assessment called the *Supports Intensity Scale® (SIS®)*.

Building Independence Waiver

Family and Individual Supports Waiver

Community Living Waiver

Each person who receives a waiver slot will be offered one of these three waivers depending on what kind of supports are needed **and** what waivers the CSB has available to give out.

Each waiver is a little bit different.

Regardless of your waiver, everyone has access to:

Employment & Day Services

- Community Engagement
- Community Coaching
- Group Day Services Group
- Supported Employment
- Individual Supported Employment

Crisis Supports

- Community-Based Crisis Supports
- Crisis Support Services
- Center-based Crisis

Residential Options

- Shared Living

Additional Services

- Assistive Technology
- Benefits Planning Services
- Employment and Community Transportation+
- Environmental Modifications
- Electronic Home-Based Services
- Personal Emergency Response System (PERS)
- Community Guide
- Transition Services
- Peer Mentor Supports

+October 2018 – Available through DBHDS Flex Funding

The next 5 pages break down the services by waiver and describe the different services. There is more detailed information about the services starting on page 39.

With the **Building Independence Waiver**

you have access to:



Employment & Day Services

- Individual Supported Employment
- Group Supported Employment
- Community Engagement
- Community Coaching
- Group Day Services



Crisis & Medical Support Options

- Community-Based Crisis Supports
- Center-based Crisis Supports
- Crisis Support Services
- Personal Emergency Response System (PERS)

Residential Options

- Independent Living Supports
- Shared Living

Additional Options

- Assistive Technology
- Peer Mentor Supports
- Benefits Planning Services
- Community Guide
- Electronic Home-Based Services
- Environmental Modifications
- Transition Services
- Employment and Community Transportation*

*10/2018 Available through DBHDS Flex Funding



With the **Family & Individual Support Waiver**

you have access to:

Medical & Behavioral Options

- Skilled Nursing
- Private Duty Nursing
- Therapeutic Consultation
- Personal Emergency Response System (PERS)



Employment & Day Services

- Individual Supported Employment
- Group Supported Employment
- Workplace Assistance Services
- Community Engagement
- Community Coaching
- Group Day Services



Residential Options

- Shared Living
- Supported Living
- In-home Supports



Self-Directed and Agency-Directed Options

- Consumer-Directed Services Facilitation*
- Personal Assistance Services
- Respite
- Companion

*For use with Self-directed only



Additional Options

- Assistive Technology
- Transition Services
- Community Guide
- Electronic Home-Based Services
- Individual and Family/Caregiver Training
- Employment and Community Transportation*
- Benefits Planning Services
- Peer Mentor Supports
- Environmental Modifications

*10/2018 Available through DBHDS Flex Funding

Crisis Support Options

- Community-Based Crisis Supports
- Center-based Crisis Supports
- Crisis Support Services

With the **Community Living Waiver**

you have access to:



Employment & Day Services

- Individual Supported Employment
- Group Supported Employment
- Workplace Assistance Services
- Community Engagement
- Community Coaching
- Group Day Services



Crisis & Medical Support Options

- Community-Based Crisis Supports
- Center-based Crisis Supports
- Crisis Support Services

Medical & Behavioral Options

- Skilled Nursing
- Private Duty Nursing
- Therapeutic Consultation
- Personal Emergency Response System (PERS)



Residential Options

- Group Home Residential
- In-home Supports
- Shared Living
- Sponsored Residential
- Supported Living



Additional Options

- Environmental Modifications
- Assistive Technology
- Befits Planning Services
- Electronic Home-Based Services
- Employment and Community Transportation
- Peer Mentor Supports
- Transition Services
- Community Guide

*10/2018 Available through DBHDS Flex Funding

Self-Directed and Agency-Directed Options

- Consumer-Directed Services Facilitation*
- Personal Assistance Services
- Respite
- Companion

**For use with Self-directed only*



CSB Metrics & Reports - Summary of Key Findings

September 2021

- This document will include a brief summary of any significant changes in the data, including areas of accomplishment and concern.
- Additional notes and background information will be provided on relevant areas, as needed, to facilitate understanding of the data.
- Comparisons to previous fiscal years and/or reporting periods may be included to highlight trends.
- This document will be included with the data packet and can support the report-out from the Fiscal Committee to the full Board.

SAMPLE