



VOICE/TDD (540) 373-3223

FAX (540) 371-3753

NOTICE

TO: Program Planning and Evaluation Committee
Ken Lapin, Chair, Melissa White, Linda Ball, Nancy Beebe, Matt Zurasky, Susan Gayle,
Carol Walker

FROM: Joe Wickens
Executive Director

SUBJECT: Program Planning and Evaluation Meeting
April 19, 2022, 10:30AM
600 Jackson Street, Board Room 208, Fredericksburg, VA

DATE: April 15, 2022

A Program Planning and Evaluation Committee meeting has been scheduled for Tuesday, April 19, 2022 at 10:30AM. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg, VA 22401.

Looking forward to seeing you on April 19, 2022 10:30AM.

cc: Kheia Hilton, Chairperson

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
PROGRAM PLANNING & EVALUATION COMMITTEE MEETING
Tuesday, April 19, 2022 10:30 a.m.
In Person
600 Jackson Street, Room 208
Fredericksburg, VA 22401

a g e n d a

I. Extraordinary Barriers List – March 2022	Newman
II. Independent Assessment Certification and Coordination Team (IACCT) Update	Andrus
III. Grant Info from RAAI	Fisher
IV. Information Technology/Electronic Health Record Update	Williams
V. Crisis Intervention Team (CIT) Assessment Center Report – March 2022	Kobuchi
VI. Emergency Custody Order (ECO)/Temporary Detention Order (TDO) – March 2022	Kobuchi
VII. March 2022 Wait List	Terrell
VIII. Project Link	Kobuchi
IX. Quality Assurance Quarterly Incident Report Review	Terrell
X. DBHDS Diversity, Equity, and Inclusion ARPA Grant	Williams
XI. Community Project Funding Application	Williams
XII. Data Dashboard	Williams
XIII. Closed Session	Lapin
XIV. Other Business	Lapin

MEMORANDUM

TO: Joe Wickens, Executive Director

FROM: Patricia Newman – Mental Health Case Management Supervisor
Elizabeth Wells – Lead State Hospital Liaison & NGRI Coordinator
Chanda Bernal – Adult Mental Health Case Manager

PC: Brandie Williams – Deputy Executive Director
Jacqueline Kobuchi, LCSW – Clinical Services Director
Amy Jindra – Community Support Services Director
Nancy Price – MH Residential Coordinator
Tamra McCoy – ACT Coordinator
Jennifer Acors – Coordinator Developmental Services Support Coordination

SUBJECT: Extraordinary Barriers List (EBL)

DATE: April 19, 2022

RACSB currently has one individual on the Extraordinary Barriers List (EBL) at Central State Hospital (CSH). Individuals ready for discharge from state psychiatric hospitals are placed on the EBL when placement in the community is not possible within seven days of readiness, due to barriers caused by waiting lists, resource deficits, or pending court dates.

Central State Hospital

Individual #1: Was placed on the EBL 2/2/2022. Barriers to discharge include establishing housing and services in the community in order to have the supports necessary to maintain stability as well as working through the Not Guilty by Reason of Insanity (NGRI) process. This individual has a diagnosis of Bipolar Disorder and was acquitted NGRI on a felony charge of Assault on Law Enforcement. Initially this individual had been recommended for Conditional Release by both evaluators during the Temporary Custody Evaluation process and had been accepted to Home Road Supervised Apartments, however their anticipated discharge has been delayed in response to difficulty managing their mental health as well as reluctance to accept recommended medications. These concerns caused the Internal Forensic Privileging Committee (IFPC) to disapprove this individual's Conditional Release. At this time this individual's hearing has been postponed until 6/10/2022 to allow for the Commonwealth Attorney to subpoena the evaluators and gain additional information on the concerns surrounding this individual's readiness for Conditional Release. Discharge will take place after the CRP is approved by the Court.

MEMORANDUM

To: Joe Wickens, Executive Director

From: Donna Andrus, Child and Adolescent Support Services Supervisor

Date: April 11, 2022

Re: Independent Assessment Certification and Coordination Team (IACCT) Update

I am writing to provide an update to the Independent Assessment Certification and Coordination Team (IACCT) program. The Department of Medical Assistance Services (DMAS) with Magellan launched the IACCT program July 1, 2017. The Rappahannock Area Community Services Board is the IACCT provider for Planning District 16.

RACSB received twenty IACCT referrals and completed twenty IACCT assessments in the month of March. Eight referrals were initial IACCT assessments and twelve were re-authorizations. Four were from Spotsylvania, nine from Stafford, one from Caroline, three from King George and three from the City of Fredericksburg. Of the twenty completed assessments in March, thirteen recommended Level C Residential, two recommended Level B group home, three reauthorizations recommended step-down from residential to a group home and two reauthorizations recommended step-down from residential to community-based services.

Attached is the monthly IACCT tracking data for March 2022.

Report Month/Year	Mar-22
1. Total number of Referrals from Magellan for IACCT:	20
1.a. total number of auth referrals:	8
1.b. total num. of re-auth referrals:	12
2. Total number of Referrals per county:	
Fredericksburg:	3
Spotsylvania:	4
Stafford:	9
Caroline:	1
King George:	3
Other:	0
3. Total number of extensions granted:	4
4. Total number of appointments that could not be offered within the prescribed time frames:	0
5. Total number of "no-shows":	0
6. Total number of cancellations:	0
7. Total number of assessments completed:	20
8a. Total number of ICA's recommending: residential:	13
8b. Total number of ICA's recommending: therapeutic group home:	5
8c. Total number of ICA's recommending: community based services:	2
8g. Total number of ICA's recommending: Other:	0
8h. Total number of ICA's recommending: no MH Service:	0
9. Total number of reauthorization ICA's recommending: requested service not continue:	0
10. Total number of notifications that a family had difficulty accessing any IACCT-recommended service/s:	0

Memorandum

To: Amy Jindra, CSS Director

From: Lacey Fisher, RAAI Coordinator

Date: 4/11/22

Re: The Community Foundation Grant- Anne Felder Fund

Rappahannock Adult Activities, Inc. (RAAI), was recently presented new equipment options from ProCare Medical that became popular and more readily available due to COVID. Each RoPox Vision table has a tilting top, magnetic surface, and adjustable height to meet the needs of any individual. We feel that this equipment would significantly improve the lives, access, and independence of individuals attending RAAI. We are looking to purchase RoPox Vision tables to provide personal adaptive space for individuals to participate in a wide variety of activities of their choice. Rather than crowd around tables in groups, these versatile adaptive tilt tables allow those with limited mobility and vision to access things more easily, safely, and independently.

We submitted a request for funding for \$8,400 for six tables and received partial funding in the amount of \$2,800. We are working with the vendor to obtain an updated quote for two tables to match the grant funding and will proceed with purchasing.



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you will ever come across”

ROPOX VISION TABLE

EXCELLENT FUNCTIONALITY AND LONG-LASTING DESIGN

Whatever you look for in a table, our Vision table range most probably has it. The Vision series offers an array of worktop sizes, models and adjustment options, to ensure we can meet whatever need you might have, no matter your height or physical capabilities.

The Vision tables have a range of features that will make your life easier: You can tilt the table top and shorten the distance to the documents on the worktop. You can keep your documents in place with the MagRule magnet even when the table top is tilted. You can adjust the height manually or through a light pressure on the control switch, and you can use the arm supports to relieve your forearms, and as a help to a balanced sitting posture.

The Vision is highly recommended for both adults and children and also by wheelchair users who favour that they can sit close at the table, since there are no cross bars underneath the table top.

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To: Joe Wickens, Executive Director
From: Suzanne Poe, IT Coordinator
Re: Information Technology and Electronic Health Record Update
Date: April 5, 2022

IT Systems Engineering Projects

During March, 1,480 tickets were closed by IT Staff. In previous months, 891 tickets were closed in February 2022, and 894 tickets in January 2022.

On March 31, 2022 the firmware and drivers on our SAN (Storage Area Network) were updated.

Community Consumer Submission 3

CCS submission for data from July 1, 2021 to February 28, 2021 was submitted to DBHDS on March 30, 2022.

The final CCS 8.1 specifications for state reporting have been released and have been sent to Netsmart for programming into our system. Go-live for new changes will be July 1, 2022.

Waiver Management System (WaMS)

IT staff represented RACSB in the development and review of specifications for next year's changes. The final specifications were provided by DBHDS at the end of December. There are over 60 changes for this year with a go-live date of May 1, 2022. All changes have been configured in our test environment and we are in the testing progress. We have created test clients on the DBHDS test platform and have attempted to submit ISP Plans. As of this writing none of the plans have transmitted from Avatar to WaMS. Netsmart is working to resolve this issue. IT staff continues to meet weekly with Netsmart's state reporting resource and weekly with DBHDS and all vendors to support this implementation.

Virginia (DMAS) had a major computer conversion shutting down most computer processes for the period of March 30 to April 4, 2022 for the implementation of a new Medicaid Enterprise System (MES) initiative. This will entail new portals for eligibility verification, direct data entry claims, claim status and payments, and service authorizations.

Trac-IT Early Intervention Data System

The go live date for the new Trac-It program, a state-wide data platform/electronic health record for Part C, has been pushed back to June 27, 2022.

This system will replace the current ITOTS and Provider Certification Systems. Staff were provided a "sneak peek" demo of the system on January 20, 2022. Further system requirements are expected via memo on February 11, 2022 which will outline which of the 300+ data elements housed in the system will be required data entry and which will be optional. This information will be critical in determining how to adjust our workflows to integrate the new requirements. Alison Standring, Part C Coordinator, has been a strong voice in advocating for system support during this transition, contributing valuable questions to ensure a smoother transition. Brandie Williams serves on the DBHDS steering committee for this project representing both RACSB and VACSB Data Management Committee.

Zoom

We continue to utilize Zoom for telehealth throughout the agency.

March 2022 – 3281 video meetings with a total of 10,071 participants

- February 2022 - 3,248 video meetings with a total of 9,752 participants
- January 2022– 2,942 video meetings with a total of 8,870 participants
- Average from January to December 2021 was 3,648 video meetings and 11,087 Participants

- Average from April to December 2020 was 3,836 video meetings and 11,435 participants

Avatar

We moved to AvatarNX on Tuesday March 1, 2022. We had many questions on the new version of Avatar creating more tickets in March then we normally have.

Since the upgrade we have had to have patches installed in our live Avatar system on March 30, 2022.

Continuity of Care Document (CCD) Exchange meetings and testing continued with a pilot group which includes members from DBHDS and other CSB systems. Since our first meeting other CSB have joined the pilot group.

Phone Systems

Spotsylvania Clinic: The new UPS (Uninterruptable Power Supply) was installed at the Spotsylvania clinic for the phones and network.

4815 Carr Drive: The phone system for Carr Drive has been received, programed and installed. Furniture is due to arrive for Carr Drive mid-May. Once the furniture arrives the phones will be installed on desks and staff trained on the use of the new phones.

March 2022 RACSB CIT Assessment Center Data

Date	Number of ECOs Eligible To Utilize CAC Site	Number of Individuals Assessed at CAC Site	Locality who brought Individual	Locality working at the Assessment Site
3/1/2021	1	0	n.a	Spotsylvania
3/2/2021	2	2	Spotsylvania	Spotsylvania
3/3/2021	3	2	Stafford/ Spotsylvania	Spotsylvania
3/4/2021	2	0	n.a	Spotsylvania
3/5/2021	2	0	n.a	Spotsylvania
3/6/2021	4	0	n/a	Spotsylvania
3/7/2021	4	1	Spotsylvania	Spotsylvania
3/8/2021	3	0	n.a	Spotsylvania
3/9/2021	3	0	Stafford	Spotsylvania
3/10/2021	4	0	n.a	Spotsylvania; Fredericksburg
3/11/2021	1	0	n.a	King George
3/12/2021	3	0	n.a	Spotsylvania
3/13/2021	4	0	n.a	Spotsylvania
3/14/2021	2	0	n.a	Spotsylvania
3/15/2021	6	1	Spotsylvania	Spotsylvania
3/16/2021	3	0	n.a	Spotsylvania
3/17/2021	1	1	Spotsylvania	Spotsylvania; Fredericksburg
3/18/2021	2	0	n.a	Spotsylvania; King George
3/19/2021	3	0	n.a	Spotsylvania
3/20/2021	3	0	n.a	Spotsylvania
3/21/2021	5	2	Stafford	Spotsylvania
3/22/2021	1	1	State Police	Spotsylvania
3/23/2021	2	2	Fredericksburg/King George	Spotsylvania
3/24/2021	0	0	n.a	Spotsylvania
3/25/2021	3	2	Spotsylvania	Spotsylvania; Fredericksburg
3/26/2021	2	1	Spotsylvania	Spotsylvania
3/27/2021	2	0	n.a	Spotsylvania
3/28/2021	1	1	Fredericksburg	Spotsylvania
3/29/2021	1	0	n.a	Spotsylvania
3/30/2021	3	0	n.a	Spotsylvania
3/31/2021	3	0	n.a	Spotsylvania
Total	79	16		

Total Assessments at Center in March: 16			
Brought by:	Cumulative Total:		
Caroline	0	130	Cumulative number of Assessment since September 2015: 2488
Fred City	2	736	
Spotsylvania	7	782	
Stafford	3	721	
King George	1	116	
Other	1	3	

FY22 CSB/BHA Form (Revised: 06/10/2020)

CSB/BHA

Rappahannock Area Community Services Board

Month

March 2022

[illegible]

Emergency Services Activity Reports

Month	Contacts	Evaluations	ECOs	TDOs Issued	TDOs Executed
July 2014	603	346		80	80
August 2014	638	280		71	71
September 2014	1009	394		86	86
October 2014	1084	315		81	81
November 2014	912	313		77	77
December 2014	1023	349		74	74
January 2015	975	341		91	91
February 2015	975	292		68	67
March 2015	1151	403		91	90
April 2015	1132	377		99	99
May 2015	918	363		77	77
June 2015	967	339		82	82
July 2015	972	336		77	77
August 2015	933	339		65	65
September 2015	956	386		82	82
October 2015	1060	429		83	82
November 2015		358		78	77
December 2015		474	88	81	81
January 2016		433	76	73	73
February 2016		512	83	99	99
March 2016		565	90	86	86
April 2016		622	96	85	85
May 2016		607	98	91	91
June 2016		560	94	89	89
July 2016		441	64	57	57
August 2016		547	101	105	105
September 2016		470	65	70	70
October 2016		483	65	62	62
November 2016		377	85	78	78
December 2016		400	83	83	83
January 2017		395	80	83	83
February 2017		385	76	82	82
March 2017		408	82	98	98
April 20-17		425	85	99	99
May 2017		435	109	111	111
June 2017		428	75	95	95
July 2017		334	89	95	95
August 2017		408	97	105	105
September 2017		427	101	104	104
October 2017		453	109	113	113
November 2017		449	104	122	122
December 2017		382	109	109	109

January 2018		394	102	98	98
February 2018		420	87	92	92
March 2018		463	94	116	116
April 2018		421	90	107	107
May 2018		404	99	90	90
June 2018		449	103	109	108
July 2018		355	74	83	83
August 2018		374	84	89	89
September 2018		423	91	85	85
October 2018		482	92	85	85
November 2018		373	79	63	63
December 2018		330	66	70	70
January 2019		359	79	73	73
February 2019		417	72	71	71
March 2019		438	103	79	79
April 2019		477	77	70	70
May 2019		442	84	85	85
June 2019		512	110	83	83
July 2019		467	69	67	67
August 2019		510	101	89	89
September 2019		527	89	74	74
October 2019		586	94	89	89
November 2019		509	91	98	98
December 2019		490	87	89	89
January 2020		471	85	76	76
February 2020		548	93	86	86
March 2020		464	86	77	77
April 2020		353	83	90	90
May 2020		335	74	76	75
June 2020		396	91	81	80
July 2020		429	112	111	111
August 2020		401	90	82	81
September 2020		422	94	91	91
October 2020		492	113	85	85
November 2020		413	88	88	88
December 2020		373	75	79	79
January 2021		374	88	89	89
February 2021		358	84	83	83
March 2021		465	82	100	100
April 2021		449	92	100	100
May 2021		507	93	93	93
June 2021		453	95	95	92
July 2021		379	76	74	74
August 2021		394	86	77	77

September 2021		517	98	86	86
October 2021		422	60	72	72
November 2021		425	59	60	60
December 2021		401	67	66	66
January 2022		355	74	63	63
February 2022		442	87	64	64
March 2022		375	74	81	81

ALTERNATIVE TRANSPORT DATA March 2022

<u>Date</u>	<u>ID</u>	<u>LE DEPT</u>	<u>Location of Individual</u>	<u>Receiving Hospital</u>	<u>Travel time Round Trip (minutes)</u>	<u>ECO Y or N</u>	<u>Gender</u>	<u>Age</u>	<u>TDO criteria</u>	<u>Presented for AT: Y or N</u>
3/2/22	60461	Stafford	MWH-ED	Pavilion at Williamsburg	180	yes	M	32	Danger to self	no
3/3/22	88412	Spotsylvania	MWH Medical	CCCA	240	no	F	17	Danger to others/ Inability to care	yes
3/6/22	76130	Stafford	Stafford ED	Lewis Gale Alleghney	374	yes	F	56	Danger to self	Yes
3/7/22	105588	Fredericksburg	MWH-ED	Poplar Springs	160	no	F	32	Danger to self/ Inability to care	yes
3/9/22	105645	Stafford	Stafford ED	Poplar Springs	180	no	F	15	Danger to self	yes
3/10/22	73835	Stafford	MWH-ED	Poplar	160	no	F	18	Danger to self	Yes
3/12/22	79072	Spotsylvania	MWH-ED	Poplar Springs	160	yes	F	18	Inability to care	no
3/15/22	46974	Fredericksburg	MWH-ED	NVMI	98	yes	M	21	Inability to care	no
3/19/22	105761	Orange	MWH Medical	Dickenson	766	no	F	73	Inability to care	yes
3/19/22	54962	Stafford	MWH Medical	Poplar	160	yes	F	26	Danger to self	no
3/21/22	74029	Stafford	MWH-ED	Pavilion at Williamsburg	180	yes	F	41	Inability to care	no
3/22/22	91617	Spotsylvania	SRMC ED	NVMHI	132	yes	M	42	Danger to others	no
3/30/22	76810	Spotsy PD	MWH-ED	NVMHI	98	yes	M	54	Inability to care	no
3/31/22	4146	Fred PD	MWH-ED	NVMHI	98	yes	M	35	Inability to care	No

<u>Reason for Decline</u>
Elopement risk
Client was deemed appropriate however no available driver
AT Utilized
AT Utilized
AT Utilized
Client was deemed appropriate however no available driver
Client was aggressive and uncooperative
Client was not placed until post-commitment
AT Utilized
Actively self harming in ED
Required chemical restraint
Client was assaultive to ED staff
Client refused AT and refused to ambulate historically
Threatening and agitated; hx of assaultive behavior

Total Out of Area

14

Total Utilizing AT % Utilized Total Appropriate for AT

4

29%

6

43%

To: Joe Wickens, Executive Director

From: Jacque Kobuchi, Director of Clinical Services

RE: Project LINK Supplemental Federal Substance Abuse Block Grant

Date: April 14, 2022

The Department of Behavioral Health and Developmental Services has awarded Project Link Supplemental Substance Abuse Block Grant funds to each CSB that currently has a Project LINK program. RACSB's Project LINK program will receive one time funds in the amount of \$100,000 to be used by March 14, 2023. These funds will supplement current Project LINK services to women, their children and families who are faced with direct or indirect impacts of substance use. The attached budget for use of these funds has been submitted to DBHDS and has been approved.

RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

To: Amanda Stehura,

From: Brittany Dobynes, RACSB Project LINK Program Manager

Date: March 16, 2022

Budget Category	Requested Funding
Mileage	6,000
Contingency Management	7,000
Family Engagement	6,000
Education/Employment Assistance	6,000
Medical Needs	10,000
Training	12,000
Marketing	17,000
Recovery	11,000
Residential	6,400
Supplies	11,000
Discretionary Fund	7,600

Mileage: Project Link staff are required to complete home visits with participating clients.

Mileage reimbursement will be used to reimburse staff for using their vehicles when associated with business purposes.

Contingency Management: Project Link encourages and provides resources to participating clients in reference to completing their identified goals. The contingency fund will be used to provide clients with incentives to achieve their goals. These goals can be for themselves or their

children. The incentives will include gift cards or gas cards and will be provided to clients upon their completion of goals.

Family Engagement: Project Link promotes family inclusion. Family engagements funds will be used to implement activities and programs for participating families to promote child development, learning and wellness.

Educational/Employment Assistance: Returning to work can be emotionally and financially daunting for the women we serve. These funds would cover the cost of professional clothing and required equipment. Additionally, those clients who need assistance with obtaining their GED, professional certifications, testing fees and renewal fees (that are not covered by federal student loans/grants) would be assisted. These funds will allow Project Link to provide informational sessions such as job coaching.

Medical Care: Postpartum mothers need supplies that are often not covered by their insurance, including tucks pads, disposable underwear, ice packs, peri rinse bottles etc. These funds would cover these wellness items and the cost of copays, outstanding medical bills and medication cost for uninsured clients. Also, we would cover the cost of developmental toys and safety equipment to provide a safe and enriching environment for their children.

Training: The current staff would like to participate in professional development trainings such as Beyond Trauma, Seeking Safety, domestic violence training, conferences related to the specific needs of women, and other trainings on various evidence-based practices. These funds will also be utilized for the peer recovery specialist to receive additional training as well, such as WRAP facilitation.

Marketing: To increase census, staff would like to create a marketing campaign. The campaign will allow the opportunity for local stakeholders and the community to become more aware of Project Link services. The campaign will consist of media ads as well as printed pamphlets in reference to Project Link services.

Recovery: When beginning the recovery process it can be challenging and we find that clients participate in multiple services. Staff would like to implement a recovery bag for participants for individuals when starting services. The recovery bag will consist of an agenda, wellness journal and other mindfulness items. Staff would also like to implement a pregnancy bag for individuals who are expecting. The pregnancy bag will provide expecting mothers with postpartum, self-care items as well as necessary items for newborns.

Residential: Some participating clients do not have adequate insurance coverage to cover the cost of residential treatment. We would utilize these funds to assist those participants who need a higher level care and don't have insurance that qualifies.

Supplies: The supply fund will be utilized to purchase necessary supplies such as office supplies and UDS test. These funds will also be utilized to purchase tablets to allow those participants without the necessary resources such as Wi-Fi or technology to complete applications and other documentation as needed during home and office visits.

Discretionary Funds: These funds will be utilized to assist participating clients with emergency needs such as hotel assistance and food assistance.

RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

Exhibit D: Rappahannock Area Community Services Board
Performance Measures for the Project LINK Supplemental Federal Substance Abuse Block Grant

This Agreement is between the Department of Behavioral Health and Developmental Services (“DBHDS” or “Department”) and the Rappahannock Area Community Services Board (“CSB” or “Subrecipient”), collectively hereinafter referred to as “the Parties”, entered into this Agreement to govern certain activities and responsibilities required for operating or contracting the Project LINK Supplemental Substance Abuse Block Grant funds (the “Program” or “Service”). This Agreement is attached to and made part of the performance contract by reference.

Purpose:

The Department shall award Project LINK Supplemental Substance Abuse Block Grant funds to each individual CSB that currently has a Project LINK program. The additional, one-time funding will be used to increase access to care for pregnant and parenting women with substance use disorder. Women, their children and families who are faced with direct or indirect impacts of substance use, continue to need time sensitive support and coordination of services. With the significant increase in overdose deaths during the pandemic, expansion of our efforts toward marketing of service availability, increased outreach, coordination and additional training of providers in evidence-based practices, this funding is to be utilized for the development of staff and expansion of current Project LINK services to pregnant and parenting women with substance use.

SELECT GRANT (ONLY ONE GRANT PER EXHIBIT)	SAMHSA GRANTS
1. <input checked="" type="checkbox"/>	GRANT NAME: Substance Abuse Prevention and Treatment Block Grant (SUD FBG) FEDERAL AWARD IDENTIFICATION NUMBER (FAIN): B08TI083547 FEDERAL AWARD DATE: 3/11/2021 FEDERAL AWARING AGENCY: Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) FEDERAL AWARD PASS-THROUGH ENTITY: Virginia Department of Behavioral Health and Developmental Services CFDA NUMBER: 93.959 RESEARCH AND DEVELOPMENT AWARD: ____YES OR __X__NO FEDERAL GRANT AWARD YEAR: NA AWARD PERIOD: 3/15/2021 – 3/14/2023

Term: This Agreement shall govern the performance of the Parties for the period of Oct 1, 2021 through March 14, 2023 (“Period of Performance”).

- A. Scope of Services:** Project LINK has proven to be an asset to the community it serves by connecting women with substance use to targeted services and treatment, specific to women. Each Project LINK program is responsible for advisory meetings with agencies in their catchment, to integrate and coordinate additional service needs, and provide education to providers in the community around substance use disorders and women. The program is a catapult to an array of service and providers that include, but not limited to, behavioral health, physical health, medication assisted treatment and coordination of treatment options for children. Supplemental Federal Substance Abuse Block Grant fund dollars are to be used for the continued development of staff and continuation and expansion of current Project LINK services and programming.
- B. The CSB Responsibilities:** In order to implement the Exhibit D, the CSB agrees to comply with the following requirements:
1. The CSB agrees to utilize the Supplemental Federal Substance Abuse Block Grant funds in the amount of \$100000 to expand Project LINK services.
 2. The CSB is required to include any required financial information in its annual CARS Reports for FY 2022, as well as specific financial reports for the Project LINK program.
- C. The Department Responsibilities:** In order to implement the Supplemental Federal Substance Abuse Block Grant funds, the Department agrees to comply with the following requirements.

Exhibit D: Rappahannock Area Community Services Board
Performance Measures for the Project LINK Supplemental Federal Substance Abuse Block Grant

1. DBHDS agrees to continue to monitor the Project LINK program in its entirety, and DBHDS agrees to communicate in a timely fashion with each CSB about changes to the programming and where funding needs may be assessed and readdressed.
- D. Payment Terms:** The Department shall provide the CSB with Supplemental Federal Substance Abuse Block Grant funds in the amount of \$100000. These funds shall be disbursed in a one-time payment and must be utilized prior to March 14, 2023.
1. The Department may, at its reasonable discretion, modify payment dates or amounts, or terminate this Agreement and will notify the CSB of any such changes in writing.

Amount	\$100000
Federal Fund Cost Code:	1203

- E. Limitations on Reimbursements:** CSB shall not be reimbursed or otherwise compensated for any expenditures incurred or services provided following the end of the Period of Performance.

F. Closeout Disclosure.

Closeout: Final payment request(s) under this Agreement must be received by DBHDS no later than thirty (30) days prior to the end of the Period of Performance. No payment request will be accepted by DBHDS after this date without authorization from DBHDS. The CSB may continue to expend retained funds until the end of the Period of Performance to pay for remaining allowable costs.

Any funds remaining unexpended at the end of the Period of Performance shall be returned to DBHDS within 30 days of the end of the Period of Performance. There are two methods by which unexpended funds can be returned to DBHDS. The first is to send the money via mail in the form of a check made payable to the Treasurer of Virginia and sent to:

DBHDS
 PO Box 1797
 Richmond, VA 23218-1797
 C/O Eric Billings

The second method would be to complete an ACH transfer. The transfer would be made to DBHDS' SunTrust account. The account information and DBHDS' EIN is as follows:

Account Number: 201141795720002
 Routing Number: 061000104
 EIN: 546001731

Name and Address of Bank:
 SunTrust Bank
 303 Peachtree Street
 Atlanta, GA 30308

If you choose to utilize the ACH method of payment, please send an email that describes your intent to do so to the following individuals:

Eric.billings@dbhds.virginia.gov
 Ramona.howell@dbhds.virginia.gov
 Dillon.gannon@dbhds.virginia.gov
 Christine.kemp@dbhds.virginia.gov

Exhibit D: Rappahannock Area Community Services Board
Performance Measures for the Project LINK Supplemental Federal Substance Abuse Block Grant

Kim.barton@dbhds.virginia.gov

You do not need approval from us to execute the ACH, but we want to be aware that it is coming so we can account for it properly.

Failure to return unexpended funds in a prompt manner may result in a denial of future federal Subrecipient awards from DBHDS.

In consideration of the execution of this agreement by DBHDS, the Subrecipient agrees that acceptance of final payment from DBHDS will constitute an agreement by the Subrecipient to release and forever discharge DBHDS, its agents, employees, representatives, affiliates, successors and assigns from any and all claims, demands, damages, liabilities, actions, causes of action or suits of any nature whatsoever, which Subrecipient has at the time of acceptance of final payment or may thereafter have, arising out of or in any way relating to any and all injuries and damages of any kind as a result of or in any way relating to this agreement. Subrecipient's obligations to DBHDS under this agreement shall not terminate until all closeout requirements are completed to the satisfaction of DBHDS. Such requirements shall include, without limitation, submitting final reports to DBHDS and providing any closeout-related information requested by DBHDS by the deadlines specified by DBHDS. This provision shall survive the expiration or termination of this agreement.

G. Performance Outcome Measures:

<i>Combating the Maternal Substance Use through the Expansion of Prevention, Treatment, and Recovery Support Services for Pregnant and Parenting Women</i>	
<i>Key Performance Measures</i>	<i>Ex. Key Outcome Measures</i>
<ul style="list-style-type: none"> • Number of women served • Number of children served • Number of women or families visited during this reporting period • Total Number of in-home Visits made during this period (this number may be higher than above due to multiple home visits during the reporting period) • Number of office visits during reporting period • Number of community visits during reporting period (ex: shelter) 	<ul style="list-style-type: none"> • Abstinence from substances (less than 3 months; 3-6 months, 6 or more months) • Social and economic functioning at discharge from program • Birth outcomes • Reunification of families

H. Reporting Requirements:

Reporting will follow the current reporting mechanism and timeframe of Project LINK, as set forth in the Project LINK quarterly Survey Monkey reporting.

The CSB shall provide data reports as required in CCS 3 and finance reports on the funds provided by the Department as required in CARS pursuant to the Reporting and Data Quality Requirements of the Community Services Performance Contract.

I. Monitoring, Review, and Audit: The Department may monitor and review use of the funds, performance of the Program, and compliance with this Agreement, which may include onsite visits to assess the CSB's governance,

Exhibit D: Rappahannock Area Community Services Board
Performance Measures for the Project LINK Supplemental Federal Substance Abuse Block Grant

management and operations, and review relevant financial and other records and materials. In addition, the Department may conduct audits, including onsite audits, at any time during the term of this Agreement.

- J. Entire Agreement:** This Agreement and any additional or supplementary document(s) incorporated herein by specific reference contain all the terms and conditions agreed upon by the Parties hereto, and no other contracts, oral or otherwise, regarding the subject matter of this Agreement or any part thereof shall have any validity or bind any of the Parties hereto.
- K. Counterparts and Electronic Signatures:** Except as may be prohibited by applicable law or regulation, this Agreement and any amendment may be signed in counterparts, by facsimile, PDF, or other electronic means, each of which will be deemed an original and all of which when taken together will constitute one agreement. Facsimile and electronic signatures will be binding for all purposes.
- L. Conflicts:** In the event of any conflict between this Agreement (or any portion thereof) and any other agreement now existing or hereafter entered into, the terms of this Agreement shall prevail.

Signatures: In witness thereof, the Department and the CSB have caused this Agreement to be executed by the following duly authorized Parties.

Virginia Department of Behavioral

Health and Developmental Services

By: DocuSigned by:
Cort E. Kirkley, CPA
 Name: CORT E. KIRKLEY, CPA
 Title: Deputy Commissioner
 Date: 4/13/2022 | 16:07 EDT

Virginia Department of Behavioral

Health and Developmental Services

By: DocuSigned by:
Margaret Steele
 Name: Margaret Steele
 Title: Program Director
 Date: 4/13/2022 | 15:11 EDT

Rappahannock Area Community Services Board

By: DocuSigned by:
Kheia Hilton
 Name: Kheia Hilton
 Title: Chairperson
 Date: 4/13/2022 | 15:07 EDT

By: DocuSigned by:
Joe Yaun
 Name: Joe Yaun
 Title: Executive Director
 Date: 4/13/2022 | 10:42 EDT

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance and Human Rights
Date: April 13, 2022
Re: March 2022 Waiting Lists

Identified below you will find the number of individuals who were on a waiting list as of March 31, 2022.

OUTPATIENT SERVICES

- Clinical services: As of March 31, 2022, there are 185 individuals on the wait list for outpatient therapy services.
 - Waiting list is defined as having to wait 30 calendar days or more to be offered an appointment.
 - Due to an increase in request for outpatient services the Fredericksburg Clinic implemented a waitlist for new clients seeking outpatient services began October 5, 2021. Individuals are placed on the wait list if they cannot be seen at a regularly scheduled appointment within 30 days of request. Individuals who fall in a priority category are seen during open access.
 - The waitlist in Fredericksburg is currently at 185 clients. This is an increase of 10 from the February 2022 waitlist.
 - If an individual is not in a priority category the following may occur: 1) he or she may be placed on a waiting list and called weekly by a therapist to review presenting situation, individuals are then offered an appointment as one becomes available; 2) if an individual has private insurance staff will assist in locating a private provider if the individual does not wish to wait for an appointment. Staff are working to avoid scheduling an individual too far into the future as this increases the likelihood of no-shows.
 - Clinical services are initiated through Same Day Access. Due to COVID-19 concerns, Same Day Access appointments are scheduled versus having multiple individuals come to the clinic and having to wait for their appointment time. Same Day Access schedules are as follows:
 - Fredericksburg Clinic: Monday, Wednesday, and Thursday 8:30a.m. to 2:30 pm
Tuesday 9:30am – 2:30PM
 - King George Clinic: Tuesday-1:00 pm-5:00 pm and Wednesday- 8:00 am- 12:00 pm
 - Stafford Clinic: Tuesday and Thursday 9:00 am – 12:00 pm
 - Spotsylvania Clinic: Tuesday, Wednesday, and Thursday 9:00 am – 2:00 pm
 - Caroline Clinic: Tuesday and Thursday 8:30am – 11:30 am
 - Psychiatry intake: As of April 12, 2022, there are 10 older adolescents and adults waiting longer than 30 days for their intake appointment. This is an increase of 10 from the February 2022 waitlist. The furthest out appointment is 6/1/2022. There is one child age 13 and below waiting longer than 30 days for their intake appointment. This is an increase of one from the February 2022 waitlist. The furthest out appointment in 6/3/2022.

PSYCHIATRY INTAKE – As of April 12, 2022 the number of individuals waiting longer than 30 days for a regularly scheduled psychiatric intake appointment include:

Adults		Children: Age 13 and below	
○ Fredericksburg –	5 (0)	0	(0)
○ Caroline –	0 (0)	1	(0)
○ King George –	0 (0)	0	(0)
○ Spotsylvania –	2 (0)	0	(0)
○ Stafford –	3 (0)	0	(0)
Total	10 (0)	1	(0)

Appointment Dates	
<i>Fredericksburg Clinic</i>	
	5/18/22 5/19/22 5/23/22 5/26/22 6/1/22
<i>Caroline Clinic</i>	
	*6/3/22
<i>King George Clinic</i>	
	N/A
<i>Spotsylvania Clinic</i>	
	5/12/22 5/16/22
<i>Stafford Clinic</i>	
	5/16/22 5/17/22 5/31/22

***denotes child under age of 13**

Community Support services:

Waitlist Definitions

Needs List - A person is placed on the Needs List when an individual, family member, RACSB staff, or external agency notifies that particular program service that the individual needs services provided by that program.

Referral - Persons are placed on this Referral List when services have been requested and all necessary documentation for the referral process is submitted to the program Coordinator. At this time, the person is placed on the Referral List and removed from the Needs List.

All referrals are sent to the Coordinator for initial review. The Coordinator determines that all information is in the packet and makes a disposition for acceptance, rejection, or assessment. The Coordinator will forward

the referral packet to the appropriate staff for assessment. Time frame for completion of assessment is also be indicated.

If the assessment leads to acceptance the client will be placed on the acceptance list. If the assessment leads to a decision which does not involve acceptance, the program Coordinator will reach a decision about disposition of the referral.

Acceptance List - This list includes the names of all persons who have been assessed for services and accepted to the program. These individuals are waiting for appropriate supports.

MH RESIDENTIAL SERVICES - 4

Needs List: 0
Referral List: 3
Acceptance List: 1

Count by County:

Caroline	1
King George	0
Fredericksburg	0
Spotsylvania	2
Stafford	0
Other (Catawba)	1

Intellectual Disability Residential Services – 97

Needs List: 89
Referral List: 7
Acceptance List: 1

Count by County:

Caroline	11
King George	7
Fredericksburg	6
Spotsylvania	34
Stafford	39

Assertive Community Treatment (ACT)– 10

Total Needs: 6
Total Referrals: 4
Total Acceptances: 0

Total program enrollments = 58

Count by County:

Caroline:	0
Fredericksburg:	4
King George:	0
Spotsylvania:	2

Stafford: 2
Homeless/unknown/Incarcerated: 2

Admissions: 2
Discharges: 1

Total Program enrollment = 59

During the months of March, ACT enrolled two individuals, one for each team. The North team also had one client discharge from services.

ID/DD Support Coordination

Currently there are 739 individuals on the DD Waiver Waiting list

This is a decrease of 45 from last month.

Priority 1 – 268

Priority 2 – 170

Priority 3 – 301

The decrease is due to the slots that were awarded in March. We are currently working to enroll everyone that received a waiver slot in services. In addition, we anticipate another meeting this month, to assign 5 slots that have come available by attrition.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance & Human Rights
Date: April 4, 2022
Re: Quality Assurance Report

The Quality Assurance (QA) staff completed chart reviews for the following Rappahannock Area Community Services Board (RACSB) programs:

- Assertive Community Treatment (ACT)
- Child and Adolescent Case Management

Assertive Community Treatment (ACT)

There were four staff members responsible for the randomly selected charts.

Findings for the ten open and one closed charts reviewed for Assertive Community Treatment are as follows:

- Ten charts were reviewed for Assessment compliance:
 - **Discrepancies noted with Assessments:**
 - One chart was missing the Daily Living Activities 20 (DLA 20).
 - One chart included an assessment which was completed late.
- Ten charts were reviewed for Individual Service Plan compliance:
 - **Discrepancies noted with Individual Service Plans:**
 - One chart included an individual services plan that was missing the signature.
 - Two charts included individual service plans which were late.
 - One chart was missing a safety plan which was documented to be present in the treatment plan.
 - Two charts did not contain documentation that staff discussed the plan with the individual.
- Ten charts were reviewed for Progress Note compliance:
 - **Discrepancies noted with Progress Notes:**
 - Three charts contained notes which were completed more than 24 hours late.
- Ten charts were reviewed for Quarterly Review compliance:
 - **Discrepancies noted with Quarterly Reviews:**
 - One chart contained a quarterly review which was finalized two months late.
- Ten charts were reviewed for Documentation compliance:
 - **Discrepancies noted with Documentation:**
 - Three charts were missing current Consumer Orientation forms.
- One charts was reviewed for Discharge compliance:
 - There were no noted discrepancies found.

Comparative Information:

- In comparing the audit reviews of the ACT charts from the previous audits to the current audits, the average score increased from 77 to 78 on a 100-point scale.

Corrective Action Plan:

All misfiled documents were filed in the correct file and episode in the individual's chart. Columbia's assessment will be added to annual or semiannual assessments, some were completed during this corrective timeframe, others will be done at the next assessment period. The teams met together on 1/27/2022 where we discussed timeliness of notes, consequences for late notes, treatment plans, the need for corresponding notes for treatment plan meetings, and the Columbia. We also reviewed a treatment plan and discussed the needed components. A documentation checklist was developed and implemented to support better staff tracking/compliance for charts. Staff have also been encouraged to use reminders in avatar and in outlook for tracking due dates. Team leads monitor chart due dates and discuss chart needs in individual monthly supervision with each of the staff.

Child and Adolescent Case Management

Six staff members were responsible for the randomly selected chart files.

Findings for the ten opened and one closed charts reviewed for Child and Adolescent Case Management were as follows:

- Ten charts were reviewed for Assessment compliance:
 - There were no noted discrepancies found.
- Ten charts were reviewed for Individual Service Plan compliance:
 - **Discrepancies noted with Individual Service Plan:**
 - Two charts were missing a signature/ or Covid statement on the individual service plan.
- Ten charts were reviewed for Quarterly Review compliance:
 - There were no noted discrepancies found.
- Ten charts were reviewed for Progress Note compliance:
 - **Discrepancies noted with Progress Notes:**
 - One chart was missing documentation of a face-to-face visit.
- One chart was reviewed for Discharge compliance:
 - There were no noted discrepancies found.

Comparative Information:

- In comparing the audit reviews of the Child and Adolescent from the previous audits to the current audits, their average score decreased from 100 to 93 on a 100-point scale.

Corrective Action Plan:

For one chart: Case manager initially responsible for this chart is no longer with the agency. She was under a corrective performance review due to chronic issues with chart compliance. This is documented in performance evaluations. This staff member was required to audit all of her charts when she gave one week notice and submitted audit sheets reporting charts were in compliance. The current case manager will follow up on obtaining signature on annual treatment plan.

For second chart: Case manager responsible was made aware of discrepancies. Chart was not able to be corrected as a result of miscalculated timelines. Case manager will be more diligent in ensuring timelines are correct in the future.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Department of Behavioral Health and Developmental Services Diversity, Equity, and Inclusion ARPA Grant

Date: April 13, 2022

The Rappahannock Area Community Services Board applied for the DBHDS Diversity, Equity, and Inclusion ARPA grant and received an award of \$39,000.

RACSB recognizes that addressing systemic bias and discrimination within our organization is a critical part of our mission. Racial and social inequities harm everyone, including the people we serve, our staff, and the community at large. We also recognize that when social identifiers intersect such as ability, age, class, ethnicity, gender, religion, and sexual orientation, harmful inequities are compounded. Diversity here at RACSB consists of the full range of differences and similarities, that contributes to each individual's unique representation. RACSB is committed to equity to ensure inclusive treatment, access, opportunity, and advancement for all people, with the explicit intention of identifying and eliminating barriers to foster equal outcomes. RACSB is dedicated to establish and maintain an environment that recognizes diverse values and fully leverages wide ranging perspectives and backgrounds to drive results and cultivate a culture of belonging. Our organization has an opportunity and responsibility to positively impact our staff, the people we serve, and our community. As such, we are committed to advancing diversity, equity, and inclusion.

The funding opportunity of this grant offer the opportunity to support a targeted initiative to support our mission. The focus of this initiative will be increasing equity in access for traditionally underserved populations supported through a Diversity and Behavioral Health Equity Facilitator consultant to support the team through evaluation, analysis, and recommendations to senior leadership to support diversity, equity, and social justice. The facilitator will be responsible for the review of all program policy manuals, employee handbook, position descriptions, job advertisements, new employee orientation content, website, and social media and other policy items and prepare recommendations to support diversity, equity, and social justice in agency program policies and recruitment practices. The consultant will work with executive leadership staff to review data regarding underserved population representation in programming and in staff composition to analysis equitable access to services and employment. Further, this position will serve on the agency Diversity, Equity, and Inclusion Committee and participate in the CARF accreditation and performance analysis preparation process to facilitate consistent progress in identified progress areas. The Diversity and Behavioral Health Equity Facilitator provides policy recommendations to assist in achieving cross cultural understanding, respect for diversity and inclusiveness, as well as strategic interventions, to support agency development. Specifically, the funding will be used to provide a set number of consultation hours to support these efforts within the timeline prescribed by the grant. The consultant will be overseen by the Director of Human Resources and work in close partnership with Director of Compliance and Human Rights to ensure the executive sponsorship needed to impact needed policy changes.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Community Project Funding Application

Date: April 14, 2022

The Rappahannock Area Community Services Board has been invited to apply for Community Project Funding as one of the 15 applications allowed through the office of Representative Abigail Spanberger for the Children and Adolescent Behavioral Health Supports Project (CABHSP). Funding would be requested in the amount of \$1,200,000 to support 15 behavioral health therapists and a coordinator position to provide mental health supports in schools across Planning District 16.

This project will develop a targeted arm of the Rappahannock Area Community Services Board to collaborate with local school systems to provide integrated and comprehensive behavioral health services targeted to children and adolescents experiencing behavioral and substance use concerns. The goals are four-fold: (1) Establish a dedicated treatment team that increases wrap-around support available in school systems to students experiencing or at-risk for Serious Emotional Disturbance (SED), and provide timely access and availability of early intervention and treatment for mental health impact of the pandemic or exacerbation of pre-existing mental health conditions; (2) Reduce unnecessary exits from school environment, emergency custody orders, or emergency department psychiatric visits as a result of behavior difficulties, mental illness, substance abuse or co-occurring disorders through appropriate and timely access to a continuum of crisis supports; (3) Facilitate linkages for families to needed social services, peer supports, and resources across community systems.; (4) Enhance the bidirectional communication of the Rappahannock Area Community Services Board and local school systems utilizing a Rapid Cycle Quality Improvement process.

The Children and Adolescent Behavioral Health Supports Project initiative will provide evidenced-based, recovery-oriented service treatment using a model that provides comprehensive, locally-based clinical and recovery support services to children and adolescents experiencing increased behavioral or mental health needs. The CABHSP initiative will partner with the school systems in our service area to target children/adolescents experiencing behavioral needs related to the pandemic to receive enhanced services. The initiative would fund a comprehensive team of 15 Child and Adolescent Mental Health therapists and Program Supervisor/Community Liaison who would work in tandem to provide a full continuum of supports. RACSB also proposes to provide these supports either face to face or virtually using HIPPA compliant Zoom within the school setting. Co-located and community-based services increase access for individuals who may not typically have been enrolled in traditional RACSB services. Priority areas addressed include increasing access; addressing trauma, grief, and loss; children's behavioral health services; and indirectly providing associated supports and services using transportation of school system. Special focus will be increasing equity in access for traditionally underserved populations supported through the Program Supervisor/Community Liaison to support the team through training, evaluation, and analysis while providing outreach to target populations and communities. Administrative and evaluative support would be provided by the Program Supervisor and Clinical Services Director. The initiative would serve up to 35 individuals at a time per direct service clinician with at least 850 individuals served over the course of the funded year.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Data Highlights Report for Program Planning and Evaluation

Date: April 13, 2022

The Rappahannock Area Community Services Board is committed to using data-driven decision-making to improve performance, quality, and demonstrate the value of services. This report will provide an overview of the new and on-going Behavioral Health and Developmental Disability performance measures.

Department of Behavioral Health and Developmental Services Performance Dashboard

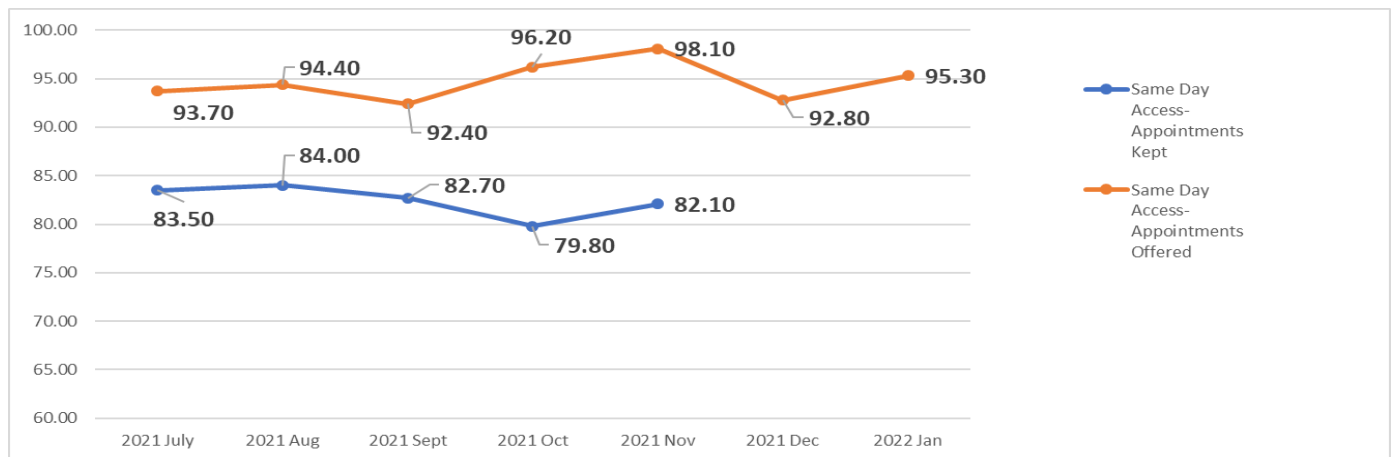
This month's report will detail the new measures and ongoing measures set by DBHDS as performance metrics. The targets indicated have been set by DBHDS and are subject to change at the department's discretion. These targets did not take effect until July 1, 2021.

Behavioral Health Measures

Same Day Access

Measure #1: SDA Appointment Offered: Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who were offered a follow-up appointment within ten business days. The benchmark is set at 86%.

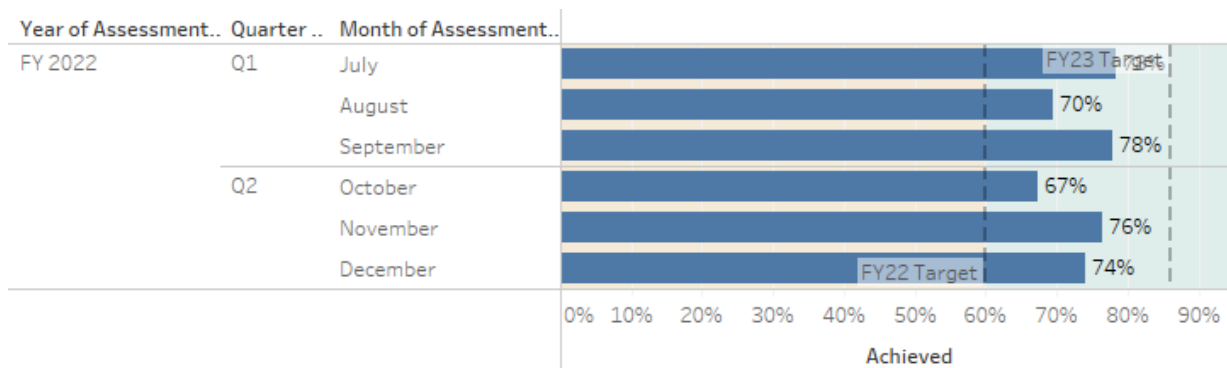
Measure #2: SDA Appointment Kept: Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who attended that follow-up appointment within 30 calendar days. The benchmark is set at 70%.*RACSB started a modified Same Day Access process due to COVID and started back with full Same Day Access in January 2021.



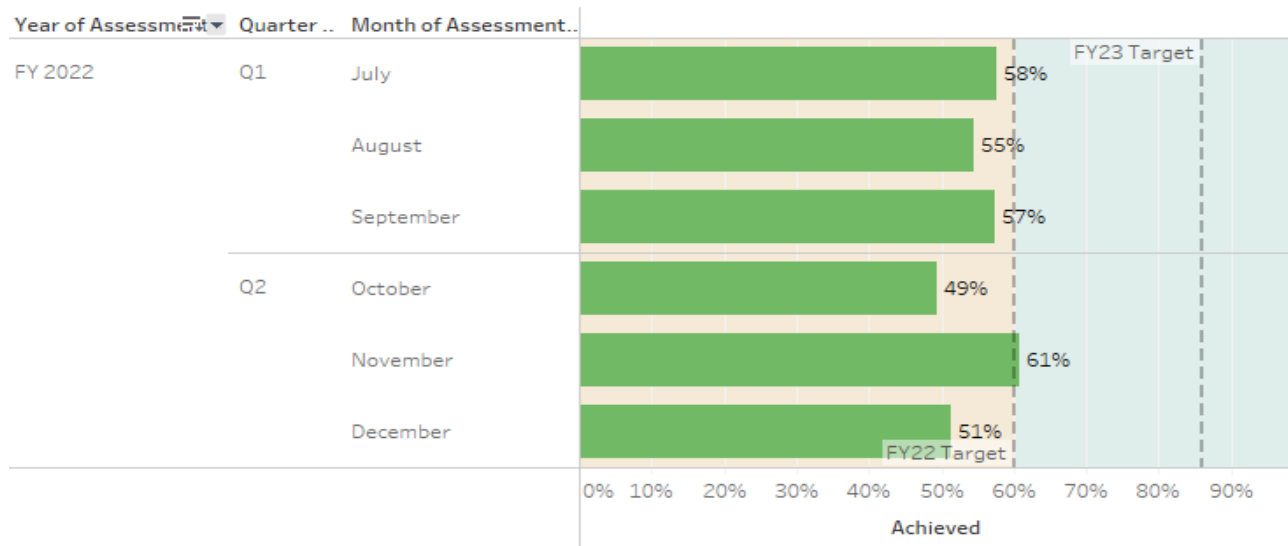
Suicide Risk Assessment *The reports for these measures are still in development by DBHDS. These results are provided for a general idea of RACSB performance, but are not finalized or official.

Measure #1: Universal Adult Columbia Screenings: Percentage of adults who are 18 years old or older and have a new MH or SUD program opening (denominator) who received a suicide risk assessment completed within 30 days before or 5 days after case opening (numerator). The benchmark is set at 60 % for FY22 and 86% for FY23.

*Not yet benchmarked in performance contract.

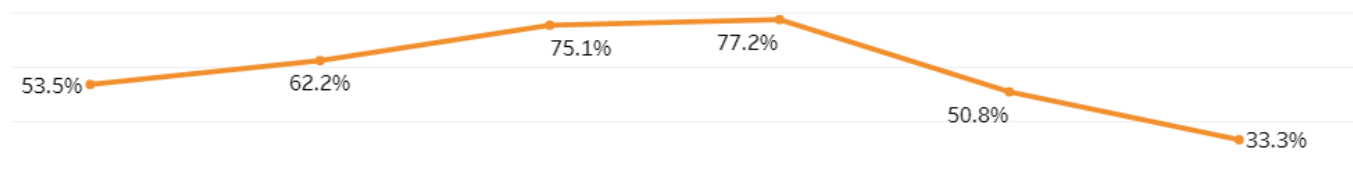


Measure #2: Child Suicide Assessment: Percentage of children who are 7 through 17 years old who have a new MH or SUD program opening (denominator) who received a suicide risk assessment completed within 30 days before or 5 days after case opening (numerator). The benchmark is set at 60 % for FY22 and 86% for FY23. *Not yet benchmarked in performance contract.



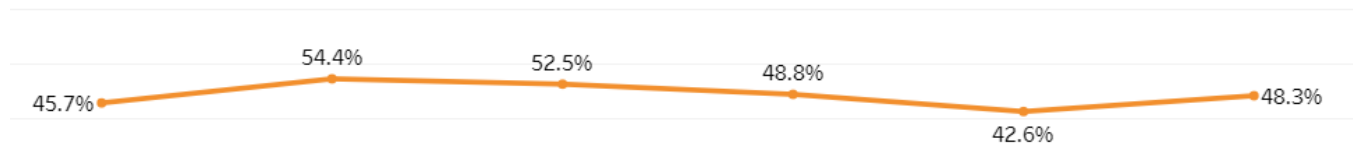
Physical Health Coordination

Annual Physical Examination: Percentage of adults who are 18 years old or older, are identified as having a serious mental illness (SMI), and are receiving mental health (MH) case management services (denominator) who received a complete physical examination in the last 12 months (numerator) (July 2021-Dec 2021). **We were able to identify a data error which occurred during our transition to hosting. These numbers are reflective of that technology error and will improve in coming months.**



Substance Use Disorder Engagement Measures

Engagement of SUD Services: Percentage of adults and children who are 13 years old or older with a new episode of SUD services as a result of a new substance use disorder (SUD) diagnosis (denominator, who initiated any SUD service within 14 days of diagnosis and who received two or more additional SUD services within 30 days of the first service (numerator). Benchmark is 50%.



Developmental Disability Measures

Percent receiving face-to-face and In-Home Developmental Case Management Services

Definition: Percent of total individuals with an ID/DD Waiver who meet criteria for Enhanced Case Management who received a face-to-face case management service within the reporting month and previous case management visit was 40 days or less. *Target: 90%*

Definition: Percent of total individuals with an ID/DD Waiver who meet criteria for Enhanced Case Management who received **In-Home** face-to-face case management services every two months. *Target: 90%.*

