



Voice/TDD (540) 373-3223 | Fax (540) 371-3753

NOTICE

To: Program Planning and Evaluation Committee
Jacob Parcell (Chair), Nancy Beebe, Glenna Boerner, Claire Curcio, Ken Lapin,
Sarah Ritchie, Carol Walker, Matt Zurasky, Bridgette Williams

From: Joseph Wickens
Executive Director

Subject: Program Planning and Evaluation Meeting
November 14, 2023, **10:00 AM**
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: November 9, 2023

A Program Planning and Evaluation Committee Meeting has been scheduled for Tuesday, November 14, 2023 at **10:00 AM**. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg VA 22401.

Looking forward to seeing everyone on Tuesday at **10:00 AM**.

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Program Planning and Evaluation Committee Meeting

November 14, 2023 – **10:00 AM**

600 Jackson Street, Room 208 Fredericksburg, VA 22401

AGENDA

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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: November 14, 2023

RACSB currently has one individual on the Extraordinary Barriers List (EBL), hospitalized at Western State Hospital. Individuals ready for discharge from state psychiatric hospitals are placed on the EBL when placement in the community is not possible within 7 days of readiness, due to barriers caused by waiting lists, resource deficits, or pending court dates.

Western State Hospital

Individual #1: Was placed on the EBL 10/10/2023. Barriers to discharge include working through the Not Guilty by Reason of Insanity (NGRI) process. This individual has a primary diagnosis of Schizophrenia. It has been identified that his individual would benefit from a transitional residential program that can provide them with the education and support necessary to develop independent living skills, best manage their mental health concerns as well as maintain compliance with their Conditional Release Plan (CRP). They have made excellent progress in their treatment and gradual release process and have been accepted to Home Road. This individual has completed successful passes to Home Road as well as the Kenmore Club. Their CRP has been developed and submitted for review as well as approved by the Internal Forensic Review Committee. They will discharge from the hospital once their CRP is approved by the Forensic Review Panel and the Court.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Donna Andrus, Child and Adolescent Support Services Supervisor
Date: November 7, 2023
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-three IACCT referrals in the month of October and completed twenty-one assessments. The IACCT assessors were unable to reach two families to schedule the assessment. One initial IACCT was a no-show but an extension was granted and the assessment was completed. Fifteen referrals were initial IACCT assessments and eight were re-authorizations in October. Eight were from Spotsylvania, eight from Stafford, one from Caroline, three from King George and three from the City of Fredericksburg. Of the twenty-one completed assessments twelve recommended Level C Residential and nine recommended Level B Group Home. One reauthorizations recommended discharge home from residential in the next month.

DMAS has contracted with Kepro/Acentra to oversee the IACCT process starting November 1st. Magellan will no longer be managing the IACCT process.

Attached is the monthly IACCT tracking data for October 2023.

Report Month/Year	Oct-23
1. Total number of Referrals from Magellan for IACCT:	23
1.a. total number of auth referrals:	15
1.b. total num. of re-auth referrals:	8
2. Total number of Referrals per county:	
Fredericksburg:	3
Spotsylvania:	8
Stafford:	8
Caroline:	1
King George:	3
Other:	
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":	1
6. Total number of cancellations:	0
7. Total number of assessments completed:	21
8a. Total number of ICA's recommending: residential:	12
8b. Total number of ICA's recommending: therapeutic group home:	9
8c. Total number of ICA's recommending: community based services:	0
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: Joe Wickens, Executive Director
From: Natasha Randall, Acting Emergency Services Coordinator
Date: November 3, 2023
Re: Crisis Assessment Center and CIT report September 2023

The CIT Assessment Center assessed 20 individuals in the month of October 2023. The number of persons served by locality were the following: Fredericksburg 5; Caroline 0; King George 0; Spotsylvania 10; Stafford 5; 0 other.

Please see attached CIT data sheet

October 2023 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
10/1/2023	0	0	n.a	n/a
10/2/2023	0	0	n/a	Spotsylvania/ Stafford
10/3/2023	1	1	Stafford	Spotsylvania
10/4/2023	1	1	Fredericksburg	Spotsylvania
10/5/2023	1	1	Spotsylvania	n/a
10/6/2023	1	1	Stafford	Spotsylvania
10/7/2023	1	1	Spotsylvania	Spotsylvania
10/8/2023	1	1	Fredericksburg	Spotsylvania
10/9/2023	1	1	Spotsylvania	Stafford/Spotsylvania
10/10/2023	4	1	Spotsylvania	Stafford/Fredericksburg
10/11/2023	3	0	n/a	Spotsylvania
10/12/2023	0	0	n/a	Spotsylvania
10/13/2023	1	1	Stafford	Spotsylvania
10/14/2023	0	0	n/a	Spotsylvania
10/15/2023	1	1	Spotsylvania	Spotsylvania/Stafford
10/16/2023	0	0	n.a	Spotsylvania
10/17/2023	1	1	Spotsylvania	Spotsylvania/Stafford
10/18/2023	1	1	Spotsylvania	Spotsylvania/Stafford/Fredericksburg
10/19/2023	2	2	Fred/Spotsylvania	Stafford/Spotsylvania
10/20/2023	1	1	Fredericksburg	Spotsylvania/Stafford
10/21/2023	2	2	Fredericksburg/Stafford	Spotsylvania
10/22/2023	2	0	n.a	Spotsylvania/Stafford
10/23/2023	1	1	Spotsylvania	Spotsylvania/Stafford
10/24/2023	1	0	n.a	Spotsylvania/Stafford
10/25/2023	1	0	n.a	Spotsylvania
10/26/2023	2	1	Stafford	Spotsylvania
10/27/2023	1	1	Spotsylvania	Stafford
10/28/2023	1	0	n.a	Spotsylvania
10/29/2023	0	0	n.a	Spotsylvania
10/30/2023	0	0	n/a	Spotsylvania
10/31/2023	0	0	n/a	Spotsylvania
Total	32	20		

Total Assessmen at Center in September: 20

Brought by:	Cumulative Total:	Cumulative number of Assessment since	
Caroline	0	152	
Fred City	5	1042	October 2023: 3396
Spotsylvania	10	1012	
Stafford	5	1054	
King George	0	130	
Other	0	6	

MEMORANDUM

To: Joe Wickens, Executive Director

From: Natasha Randall, Acting Emergency Services Coordinator

Date: 11/1/2023

Re: Emergency Custody Order (ECO)/Temporary Detention Order (TDO) Report – October, 2023

In October, Emergency Services staff completed 290 emergency evaluations. Seventy-seven individuals were assessed under emergency custody orders and seventy-one total temporary detention orders were issued and served. Staff facilitated two admissions to state facilities. Two children were admitted to Commonwealth Center for Children and Adolescent.

A total of six individuals were involuntarily hospitalized outside of our catchment area in October. This month we had no individuals utilizes alternative transport.

Please see attached data reports.

Month	Evaluations	ECOs	TDOs Issued	TDOs Executed
Oct-21	422	60	72	72
Nov-21	425	59	60	60
Dec-21	401	67	66	66
Jan-22	355	74	63	63
Feb-22	442	87	64	64
Mar-22	375	74	81	81
Apr-22	390	85	87	87
May-22	417	92	73	73
Jun-22	342	75	66	66
Jul-22	343	77	83	83
Aug-22	367	79	76	76
Sep-22	341	66	76	76
Oct-22	351	70	75	75
Nov-22	359	69	73	73
Dec-22	296	55	51	51
Jan-23	389	81	86	86
Feb-23	340	65	67	67
Mar-23	406	83	93	93
Apr-23	325	65	78	78
Jun-23	275	57	65	65
Jul-23	296	69	66	66
23-Aug	329	78	66	66
23 Sept	344	80	72	72
Oct 23	290	77	71	71


FY24 CSB/BHA Form (Revised: 07/10/2023)

CSB/BHA	Rappahannock Area Community Services Board			Month	October 2023				
1) Number of Emergency Evaluations	2) Number of ECOs			3) Number of Civil TDOs Issued	4) Number of Civil TDOs Executed				5) Number of Criminal TDOs Executed
	Magistrate Issued	Law Enforcement Initiated	Total		Minor	Older Adult	Adult	Total	
290	29	48	77	71	7	2	62	71	
			0					0	
			0					0	
			0					0	
			0					0	
			0					0	
			0					0	

FY '24 CSB/BHA Form (Revised: 07/10/2023)

CSB/BHA	Rappahannock Area Community Services	Reporting month	October 2023	No Exceptions this month →		
Date	Consumer Identifier	1) Special Population Designation <small>(see definition)</small>	1a) Describe "other" in your own words <small>(see definition)</small>	2) "Last Resort" admission <small>(see definition)</small>	3) No ECO, but "last resort" TDO to state hospital <small>(see definition)</small>	4) Additional Relevant Information or Discussion <small>(see definition)</small>
10/31/23	83303	Adolescent with ID/DD		Yes	No	CCCA
10/10/23	83238	Child with ID/DD		YES	no	CCCA

Date	ID	LE Dept	Location	Receiving Hospital	Alternative Transportation for October 2023				TDO Criteria	Presented to AT	Reason for Decline
					Travel Time	ECO	Gender	Age			
10/3/2023	109162	Stafford	MWH	Northsprings	162	Y	F	11	danger to others	no	aggression
10/10/2023	83238	Spotsylvania	SRMC	CCCA	204	n	m	11	danger to others	no	aggression
10/12/2023	111926	Stafford	MWH	Poplar Springs	160	y	F	40	danger to others	no	aggression
10/23/2023	39097	Spotsylvania	SRMC	Pavillon	180	Y	m	31	danger to others	no	aggression
10/24/2023	4146	Fredericksburg	MWH	Pavillon	180	Y	m	37	danger to others	no	aggressive
10/27/2023	55748	Spotsylvania	MWH	CCCA	204	Y	m	15	danger to others	no	aggression

To: Joe Wickens, Executive Director
From: Alison Standring, Part C Coordinator 
Subject: Monitoring Results for FFY22/SFY23, Copy 2 of 2
Date: October 24, 2023

Kyla Patterson's memo and the accompanying chart provide the second of two reporting cycles for the results of our annual chart review to determine compliance with Part C federal regulations for FFY22/SFY23.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Alison Standring, Part C Coordinator *AS*
Subject: Monitoring Results and Determination FFY22/SFY23
(July 1, 2022 through June 30, 2023)
Date: October 24, 2023

The Department of Behavioral Health and Developmental Services monitors each of the 40 local Part C systems in the Commonwealth to assure that it is in compliance with federal Part C requirements. Enclosed is a memo from Kyla Patterson that summarizes the monitoring process and what is involved in determinations (pages 4 through 6), a chart that describes the federal indicators reviewed and how we scored on each (pages 7 through 9), a sample chart with explanation bubbles (pages 10 through 12), an explanation of the calculations used to determine child outcome indicator scores (page 13), the Child Outcomes Decision Tree (page 14), our local family survey results (page 15), and statewide family survey results (page 16).

The charts on pages 7 through 9 demonstrate our compliance with 14 indicators plus DBHDS's measurement of Longstanding Non-Compliance, Accurate & Timely Data, Data Anomalies, Children with Exit Scores, and Family Survey results and Family Survey Response Rate. Each of these items is awarded points based on our local result compared to the target.

1. Page 7 shows
 - a. Initially we were not in compliance with
 - i. implementing services within 30 days of developing an Individualized Family Service Plan (Indicator 01); we have since corrected that finding.
 - ii. developing an Individualized Family Service Plan (IFSP) within 45 days of a referral (Indicator 07); we remain out of compliance with this indicator.
 - iii. Transition Notification to Local Education Agency and State Education Agency (Indicator 08B); as of today, we remain out of compliance with this indicator though we submitted documentation for a new review mid-October in hopes of demonstrating compliance.
 - b. Initially we were in compliance with documenting Transition Steps and Services (Indicator 08A), and the Transition Conference (Indicator 08C).
 - c. We have one area of longstanding noncompliance in meeting the 45-day timeline due to initial findings of non-compliance two years in a row;
 - d. The data we submit are accurate and timely.
2. Page 8 shows
 - a. We are in compliance with Primary Service Setting (Indicator 02), providing services in the child's natural environment.
 - b. Our local results for Child Outcomes (Indicator 03) which measure children's positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet needs in comparison to same aged peers as they exit out of early intervention are in line with state results (this item is not yet awarded points, DBHDS continues to refine this process); (see page 13 for the Decision Tree used to determine individual child scores and page 14 for explanation of how DBHDS uses individual child scores to calculate system scoring)

- i. Summary Statement 1: Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.
 - ii. Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.
 - c. There were no Data Anomalies among our Child Outcomes data;
 - d. 92.3 % of eligible children had Exit Scores;
 - e. The results of Family Outcomes (Indicator 04) as measured through an annual family survey scored lower than the state targets in all three areas, we received no points for this item; (see page 15 for the survey questions and responses per question. Only strongly agree and very strongly agree responses count toward our results.) This survey is mailed from Old Dominion University in the spring to each family enrolled in our program on the prior December 1st. (see page 16 for the results across the state)
 - f. Our Family Survey Response Rate was less than the 25th percentile; we received no points for this item.
3. Page 9 shows
- a. We exceed the state targets for Child Find (Indicator 05, Indicator 06), enrolling more children birth to 1 and birth to 3 than the state expected of us;
 - b. Our Cumulative Score is 66.7% resulting in a **Needs Assistance** determination.

During State Fiscal Year 2023, our program processed 890 referrals (up from 870 last year) and served more than 1,117 infants and toddlers (up from 1,031 last year).

Workforce issues and high staff caseloads continue to impact our program. As predicted this time last year, our determination this year reflects the struggles we've experienced. I remain optimistic that we will correct our current deficiencies prior to DBHDS's deadline of June 30, 2024 and that we will return to a Meets Requirements determination next year.

I appreciate the dedication and commitment of staff to work towards and assure continued compliance with Part C federal regulations.

pc: Amy Jindra, CSS Director
Suzanne Haskell, PE-ID Coordinator
PE-ID Staff
Infant Case Management Staff

MEMORANDUM

TO: Local Early Intervention System (LEIS) Lead Agency Directors

FROM: Kyla Patterson *Kyr CPAT*
Early Intervention Program Manager

DATE: October 16, 2023

RE: Local Early Intervention System (LEIS) Monitoring Results & Determination for
FFY22/SFY23 (July 1, 2022 – June 30, 2023) – Copy 2 of 2

Overview

In 2013 the Infant & Toddler Connection of Virginia (ITCVA) introduced you to the “Local Early Intervention System (LEIS) Monitoring Results & Determination Report” as a mechanism for informing localities of their Part C of IDEA monitoring results. Because data becomes available at varying points throughout the year—and to expedite communication of results while fostering familiarity with the report and reporting process—two (2) copies of this report are prepared and sent during the year.

Copy 1 of 2 was disseminated in June 2023. Enclosed you will find copy 2 of 2—the final copy for FFY22/SFY23. This final report also includes your LEIS determination and specifies any required enforcements.

The Individuals with Disabilities Education Act (IDEA) of 2004 §616(b)(2)(C)(ii)(II) requires each state to measure and report results on federally identified indicators in an Annual Performance Report (APR). The review period for Virginia’s next APR—to be submitted in February 2024—will cover FFY22/SFY23 (07/01/2022-06/30/23). In addition to reporting this APR data to the Office of Special Education Programs (OSEP), it will also be reported publicly and used to make local determinations as required under the IDEA of 2004 §616 (d)(e).

Determinations and Enforcements

In accordance with Subpart H, §303.700 of the Individuals with Disabilities Education Act (IDEA) 2011, states are required to make determinations annually on the performance of each LEIS under Part C and to use appropriate enforcement mechanisms depending on the determination. States must use the following

four (4) determination categories outlined in §303.703 of IDEA: Meets Requirements (MR), Needs Assistance (NA), Needs Intervention (NI) and Needs Substantial Intervention (NSI).

Your local system's determination can be found on page 3 of the report.

- If your LEIS has received a determination of Meets Requirements (MR) with no long-standing noncompliance—congratulations! Your hard work is recognized and appreciated. If your LEIS has improved its determination status since last year (and/or improved its determination assessment score since last year), thank you for your ongoing improvement efforts.
- If your LEIS has received a determination of Needs Assistance (NA) immediately following a determination of Meets Requirements (MR), ITCVA technical assistance and monitoring team staff members will continue to be available to work with your LEIS as needed to help identify and address any issues that may be preventing a determination of Meets Requirements.
- ***In certain circumstances specific enforcement actions are required and identified immediately following your local determination.*** These instances include:
 - Your LEIS has received a determination of Needs Assistance (NA) *immediately* following one or more determinations of Needs Assistance—resulting in NA2, NA3, etc.;
 - Your LEIS has received a determination of NI (Needs Intervention) or NSI (Needs Substantial Intervention); or
 - Your LEIS has received a determination of MR (Meets Requirements) but has long-standing noncompliance with one or more Part C requirements.

If applicable, your technical assistance consultant and monitoring consultant will be reaching out to your local system manager (LSM) to discuss each of the required enforcement actions in further detail.

- If your local system has not yet corrected noncompliance for any of the Part C compliance indicators (1, 7, 8A, 8B and 8C), you must continue monthly monitoring and improvement strategies until your system is in compliance. Noncompliance identified on copy 1 of 2 (sent on June 30, 2023) must be corrected as quickly as possible and in no case later than one (1) year from identification. Your technical assistance and monitoring consultants are available to assist you.
- If your local system did not meet the targets for any of the results indicators (2, 3, 4, 5, and 6), your technical assistance and monitoring consultants will work with you to determine the best way to improve your results.

With reauthorization of IDEA, OSEP has focused on state and local accountability in implementing this federal legislation. Both the local system's publicly reported data and its determination status provide valuable data and information about how your local system's performance compares to the State's measurable and rigorous targets.

While local performance on federal indicators is important, DBHDS recognizes that your local system's determination status and public reporting data do not capture all of the positive work that occurs locally

and all of the support and help you provide to children and families in your community. Your local system's continued commitment to providing early intervention services and supports for Virginia's infants and toddlers with disabilities and their families is greatly appreciated.

If you should have any questions regarding the determination for your LEIS, please do not hesitate to contact your monitoring consultant.

Enclosures

cc: Local System Manager

Local System Manager Supervisor

Nelson Smith, Commissioner, DBHDS

Ellen Harrison, Chief Deputy Commissioner, Community Services, DBHDS

Katherine Hunter, Acting Director, Office of Child and Family Services, DBHDS

Richard Corbett, Monitoring Team Leader, Infant & Toddler Connection of Virginia, DBHDS

Monitoring Consultant, Infant & Toddler Connection of Virginia, DBHDS

Technical Assistance Consultant, Infant & Toddler Connection of Virginia, DBHDS

Rappahannock Area

Section A						
Compliance Indicators; Longstanding Noncompliance; Accurate & Timely Data						
Annual Compliance Measures (Indicator 01, Indicator 07 and Indicator 08)						
Scoring <ul style="list-style-type: none"> • CPN = N/A → 2 • CPN = Y → 2 • CPN = N and ARR >= 95% → 2 • CPN = N and ARR >= 75% → 1 • CPN = N and ARR < 75% → 0 						
Indicator	State Target	State Result	Annual Record Review (ARR) Result	Corrected Prior to Notification (CPN) (Y/N/NA)	Full Correction FFY21/SFY22 Noncompliance (Y/N/NA)	Points Awarded
01: Timely Services	100%	94.24%	96.7%	Y	N/A	2
07: 45-Day Timeline	100%	96.45%	73.6%	N	Y	0
08A: Transition Steps and Services	100%	99.60%	100.0%	N/A	N/A	2
08B: Transition Notification to LEA & VDOE	100%	97.15%	93.3%	N	N/A	1
08C: Transition Conference	100%	99.55%	100.0%	N/A	N/A	2
Longstanding Noncompliance						
Scoring <ul style="list-style-type: none"> • No longstanding noncompliance → 2 • Noncompliance corrected within one (1) year; if repeated, compliance at ARR >= 95% → 2 • Noncompliance corrected within one (1) year; if repeated, compliance at ARR < 95% → 1 • Noncompliance exceeding one (1) year → 0 						1
Accurate & Timely Data						
Scoring <ul style="list-style-type: none"> • True → 1 • False → 0 	Accuracy	ARR Data and Verification				1
		December 1 st Child Count				1
		Children Over Three Report				1
	Timeliness	Contract Deliverables ¹				1
Section A Points and % Score						
Scoring <ul style="list-style-type: none"> • Total points = SUM of points awarded • Section A % score = SUM ÷ TOTAL POSSIBLE POINTS² 			SECTION A POINTS			12
			SECTION A % SCORE			75.0%

¹ All FFY22/SFY23 contract deliverables submitted and 8 of 9 deliverables submitted on time in order to receive full credit.

² FFY22/SFY23 total possible points for Section A = 16.

Section B

Results Indicators; Data Anomalies; Data Completeness

Primary Service Setting (Indicator 02)

Scoring	State Target	State Result	Local Result	Points Awarded
<ul style="list-style-type: none"> PSS >= State target → 1 PSS < State target → 0 	98.0%	99.7%	100.0%	1

Child Outcomes (Indicator 03)

Scoring	State Target	State Result	Local Result	Points Awarded
<ul style="list-style-type: none"> Local results reported but not scored 				
03A-S1: Positive social-emotional skills	64.9%	63.7%	52.6%	
03A-S2: Positive social-emotional skills	57.6%	49.5%	50.3%	
03B-S1: Acquisition and use of knowledge and skills	68.7%	67.5%	64.3%	
03B-S2: Acquisition and use of knowledge and skills	46.9%	42.3%	46.6%	
03C-S1: Use of appropriate behaviors to meet needs	68.6%	63.6%	58.1%	
03C-S2: Use of appropriate behaviors to meet needs	50.7%	46.5%	48.3%	

Data Anomalies

Scoring	Anomalies	Score	Points Awarded
<ul style="list-style-type: none"> 3 child outcomes x 5 progress categories (a-e) = 15 results 15 results – total anomalies = Score <ul style="list-style-type: none"> Score = 13, 14 or 15 → 2 points Score = 10, 11 or 12 → 1 point Score < 10 → 0 points 	0	15	2

Children w/ Exit Scores

Scoring	Eligible	Captured	LEIS %	Points Awarded
<ul style="list-style-type: none"> # score captured ÷ total # eligible for scores = LEIS % <ul style="list-style-type: none"> LEIS % >= 90% → 2 points LEIS % between 80% and 90% → 1 LEIS % < 80% → 0 points 	377	348	92.3%	2

Family Outcomes (Indicator 04)

Scoring	State Target	State Result	Local Result	Meaningful Difference (Y/N/NA)	Points Awarded
<ul style="list-style-type: none"> Meaningful difference = NA³ → 1 Meaningful difference = N → 1 Meaningful difference = Y → 0 					
04A: Family Outcomes (Know their rights)	75.0%	77.7%	65.0%	Y	0
04B: Family Outcomes (Communicate needs)	71.9%	74%	62.0%	Y	0
04C: Family Outcomes (Help child learn)	85.9%	87.5%	73.0%	Y	0

Family Survey Response Rate

Scoring	Surveys Connected	Surveys Returned	LEIS %	Points Awarded
<ul style="list-style-type: none"> [Surveys connected⁴ minus (-) surveys returned] ÷ surveys connected = LEIS % <ul style="list-style-type: none"> LEIS % >= 26% OR at or above 75th percentile → 2 LEIS % >= 22% OR between 25th and 75th percentile → 1 LEIS % at or below 25th PERCENTILE → 0 	397	60	15.1%	0

³ Local result >= state target = NA

⁴ Surveys connected means surveys sent minus (-) surveys returned as undeliverable. It is assumed that surveys not returned as undeliverable "connected" with the intended recipient household.

Section B: Results (continued)

Child Find (Indicator 05; Indicator 06)

Scoring	State Target	State Result	Local Result	Meaningful Difference (Y/N/NA)	Points Awarded
<ul style="list-style-type: none"> Meaningful difference = NA⁵ → 1 Meaningful difference = N → 1 Meaningful difference = Y → 0 					
05: Child Find 0-1	1.64%	1.45%	1.7%	NA	1
06: Child Find 0-3	3.43%	3.99%	4.0%	NA	1

Section B Points and % Score

Scoring	SECTION B POINTS	Points
<ul style="list-style-type: none"> Total points = SUM of points awarded Section B % score = SUM ÷ TOTAL POSSIBLE POINTS⁶ 		7
	SECTION B % SCORE	58.3%

Cumulative Score and Determination

Scoring	FFY22/SFY23 CUMULATIVE % SCORE	Score
<ul style="list-style-type: none"> Cumulative % Score = 50% Section A % Score + 50% Section B % Score Determination <ul style="list-style-type: none"> 80%-100% → Meets Requirements (MR) AND no noncompliance exceeding one (1) year 60%-79% → Needs Assistance (NA) 50%-59% → Needs Intervention (NI) 0%-49% → Needs Substantial Intervention (NSI) 		66.7%
	FFY22/SFY23 DETERMINATION	NA

Enforcement Actions (if applicable)

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Local EIS Determination History

FFY06/SFY07 (July 1, 2006 – June 30, 2007)	FFY07/SFY08 (July 1, 2007 – June 30, 2008)	FFY08/SFY09 (July 1, 2008 – June 30, 2009)	FFY09/SFY10 (July 1, 2009 – June 30, 2010)	FFY10/SFY11 (July 1, 2010 – June 30, 2011)	FFY11/SFY12 (July 1, 2011 – June 30, 2012)	FFY12/SFY13 (July 1, 2012 – June 30, 2013)
NA	MR	MR	MR	MR	MR	MR
FFY13/SFY14 (July 1, 2013 – June 30, 2014)	FFY14/SFY15 (July 1, 2014 – June 30, 2015)	FFY15/SFY16 (July 1, 2015 – June 30, 2016)	FFY16/SFY17 (July 1, 2016 – June 30, 2017)	FFY17/SFY18 (July 1, 2017 – June 30, 2018)	FFY18/SFY19 (July 1, 2018 – June 30, 2019)	FFY19/SFY20 (July 1, 2019 – June 30, 2020)
MR	MR	MR	MR	MR	MR	MR
FFY20/SFY21 (July 1, 2020 – June 30, 2021)	FFY21/SFY22 (July 1, 2021 – June 30, 2022)	FFY22/SFY23 (July 1, 2022 – June 30, 2023)				
MR	MR	NA				

⁵ Local result >= state target = NA

⁶ FFY22/SFY23 total possible points for Section B = 12

Local Early Intervention System (LEIS) Monitoring Results & Determination

Based on monitoring data from FFY 20## (July 1, 20## - June 30, 20##) [as required by OSEP]

Copy 1/2 – Results (6/##) • Copy 2/2 – FINAL Results & Determination (10/##)

Infant & Toddler Connection of

LEIS

GENERAL INFO

- Scoring is done on Copy 2/2 (October)
- Points are positive (awarded if criteria is met)
- Meaningful difference calculators are used to determine whether differences from targets are statistically significant for Child Outcome Progress Categories, Family Outcomes and Child Count.

Section A

Compliance Indicators; Longstanding Noncompliance; Accurate & Timely Data

Annual Compliance Measures (Indicator 01, Indicator 07 and Indicator 08)

Scoring

- CPN = N/A → 2
- CPN = Y → 2
- CPN = N and ARR >= 95% → 2
- CPN = N and ARR >= 75% → 1
- CPN = N and ARR < 75% → 0

Indicator	State Target	Annual Record Review (ARR) Result	Corrected Prior to Notification (CPN) (Y/N/NA)	Full Correction of FFY##/SFY## Noncompliance (Y/N/NA)	Points Awarded
01: Timely Services	100%				
07: 45-Day Timeline	100%				
08A: Transition Steps and Services	100%				
08B: Transition Notification to LEA & SEA	100%				
08C: Transition Conference	100%				

Target for all Compliance Indicators is 100%

Longstanding Noncompliance

Scoring

- No longstanding noncompliance → 2
- Noncompliance corrected within one (1) year; if repeated, compliance
- Noncompliance corrected within one (1) year; if repeated, compliance
- Noncompliance exceeding one (1) year → 0

Noncompliance not corrected within one year OR noncompliance that is corrected and then repeated in a subsequent ARR

Accurate & Timely Data

Scoring

- True → 1
- False → 0

ARR Data and Verification	
December 1 st Child Count	
Children Over Three Report	
Contract Deliverables ¹	

Review of data submitted with ARR confirmed accuracy

No changes in 12/1 child count due to late data entry

Section A Points and % Score

Scoring

- Total points = SUM of points awarded
- Section A % score = $\frac{\text{SUM}}{\text{TOTAL POSSIBLE POINTS}^2}$

SECTION A POINTS

SECTION A % SCORE

No children on report more than 2 of 3 months reviewed

X of Y required deliverables submitted on time

¹ All FFY##/SFY## contract deliverables submitted and X of Y deliverables submitted on time in order to receive full credit.

² FFY##/SFY## total possible points for Section A = X.

Section B				
Results Indicators; Data Anomalies; Data Completeness				
Primary Service Setting (Indicator 02)				
Scoring <ul style="list-style-type: none"> PSS >= State target → 1 PSS < State target → 0 	State Target	Local Result		Points Awarded
	98.0%			
Child Outcomes (Indicator 03)				
Scoring <ul style="list-style-type: none"> Local results reported but not scored 				
03A-S1: Positive social-emotional skills	69.5%			
03A-S2: Positive social-emotional skills	66.4%			
03B-S1: Acquisition and use of knowledge and skills	74.7%			
03B-S2: Acquisition and use of knowledge and skills	55.3%			
03C-S1: Use of appropriate behaviors to meet needs	78.7%			
03C-S2: Use of appropriate behaviors to meet needs	56.4%			
Data Anomalies				
Scoring <ul style="list-style-type: none"> 3 child outcomes x 5 progress categories (a-e) = 15 results 15 results – total anomalies = Score <ul style="list-style-type: none"> Score = 13, 14 or 15 → 2 points Score = 10, 11 or 12 → 1 point Score < 10 → 0 points 	Anomalies	Score		Points Awarded
Children w/ Exit Scores				
Scoring <ul style="list-style-type: none"> # score captured ÷ total # eligible for scores = LEIS % <ul style="list-style-type: none"> LEIS % >= 90% → 2 points LEIS % between 80% and 90% → 1 LEIS % < 80% → 0 points 	Eligible	Captured	LEIS %	Points Awarded
Family Outcomes (Indicator 04)				
Scoring <ul style="list-style-type: none"> Meaningful difference = NA³ → 1 Meaningful difference = N → 1 Meaningful difference = Y → 0 	State Target	Local Result	Meaningful Difference (Y/N/NA)	Points Awarded
	04A: Family Outcomes (Know their rights)	76.4%		
04B: Family Outcomes (Communicate needs)	74.4%			
04C: Family Outcomes (Help child learn)	84.9%			
Family Survey Response Rate				
Scoring <ul style="list-style-type: none"> [Surveys connected⁴ minus (-) surveys returned] ÷ surveys connected = LEIS % <ul style="list-style-type: none"> LEIS % >= 26% → 2 LEIS % between 22% and 26% → 1 LEIS % < 22% → 0 	Surveys Connected	Surveys Returned	LEIS %	Points Awarded

Scoring is determined by using a meaningful difference calculator; points received if local results are not meaningfully different from expected patterns. "Anomalies" is the terminology OSEP uses to describe results that vary from the expected patterns.

Comparison of the number of children eligible for scores (6+ months between initial IFSP date and date of closure) to the number of children with scores.

³ Local result >= state target = NA

⁴ Surveys connected means surveys sent minus (-) surveys returned as undeliverable. It is assumed that surveys not returned as undeliverable "connected" with the intended recipient household.

Section B: Results (continued)

Child Find (Indicator 05; Indicator 06)

Scoring	State Target	Local Result	Meaningful Difference (Y/N/NA)	Points Awarded
<ul style="list-style-type: none"> Meaningful difference = NA⁵ → 1 Meaningful difference = N → 1 Meaningful difference = Y → 0 				
05: Child Find 0-1	1.20%			
06: Child Find 0-3	2.76%			

Section B Points and % Score

Scoring	SECTION B POINTS	
<ul style="list-style-type: none"> Total points = SUM of points awarded Section B % score = SUM ÷ TOTAL POSSIBLE POINTS⁶ 		
	SECTION B % SCORE	

Cumulative Score and Determination

Scoring	FFY##/SFY## CUMMULATIVE % SCORE	
<ul style="list-style-type: none"> Cumulative % Score = 50% Section A % Score + 50% Section B % Score Determination <ul style="list-style-type: none"> 80%-100% → Meets Requirements (MR) AND no noncompliance exceeding one (1) year 60%-79% → Needs Assistance (NA) 50%-59% → Needs Intervention (NI) 0%-49% → Needs Substantial Intervention (NSI) 		
	FFY##/SFY## DETERMINATION	

Enforcement Actions (if applicable)

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⁵ Local result >= state target = NA

⁶ FFY##/SFY## total possible points for Section B = X.

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

State selected data source.

Measurement

Outcomes:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes:

Summary Statement 1: Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 1:

Percent = [(# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d)) divided by ((# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d))] times 100.

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 2:

Percent = [(# of infants and toddlers reported in progress category (d) plus # of infants and toddlers reported in progress category (e)) divided by the (total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

Instructions

Sampling of infants and toddlers with IFSPs is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

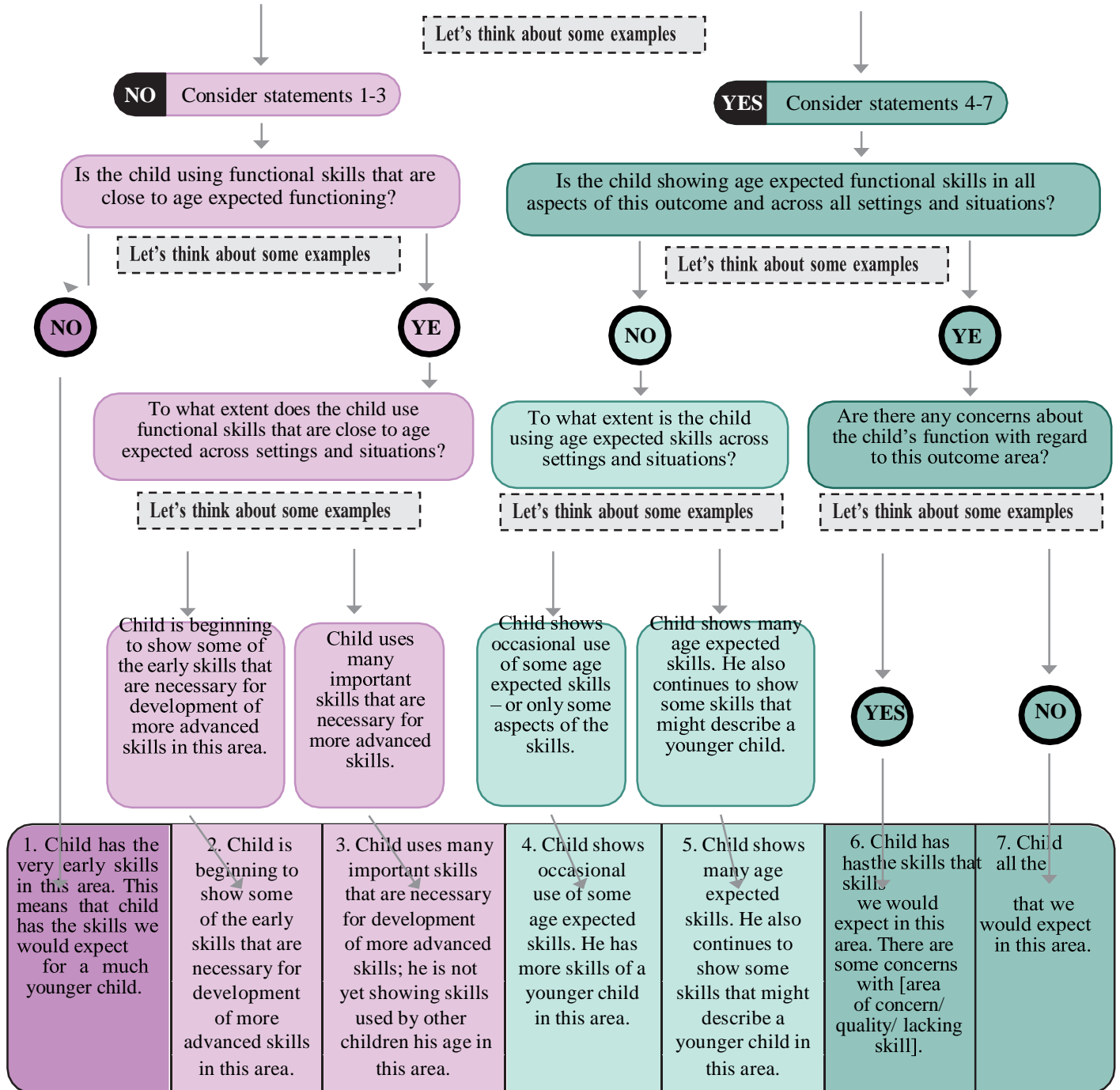
If the State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or "developmentally delayed children") or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or "children with diagnosed conditions")). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

Decision Tree for Child Outcomes Summary Process

Based on All Assessment Information

Does the child ever function in ways that would be considered age expected with regard to this outcome?

NOTE: Performance of an age expected skill that emerges at a younger age is not sufficient by itself to answer yes to this question.



This professional development resource is supported by the Integrated Training Collaborative (ITC), with grant funding support from the Virginia Department of Behavioral Health and Developmental Services (DBHDS), Part C Early Intervention.

Infant & Toddler Connection of Rappahannock Area

<i>Over the past year, Early Intervention services have helped me and/or my family:</i>	% DNA	VSD	SD	D	A	SA	VSA	% A / SA / VSA	% SA / VSA
participate in typical activities for children and families in my community	15%	6%	6%	10%	31%	18%	29%	78%	47%
know about services in my community	3%	7%	2%	7%	34%	21%	29%	84%	50%
know where to go for support to meet my family's needs	13%	10%	6%	10%	27%	23%	25%	75%	48%
keep up friendships for my child and family	16%	12%	0%	8%	37%	16%	27%	80%	43%
know where to go for support to meet my child's needs	2%	9%	7%	7%	28%	19%	31%	78%	50%
find information I need	3%	13%	0%	11%	21%	18%	38%	77%	55%
improve my family's quality of life	7%	13%	2%	2%	25%	27%	31%	84%	58%
feel that I can get the services and supports that my child and family need	2%	12%	3%	2%	29%	22%	32%	83%	54%
feel more confident in my skills as a parent	3%	12%	3%	5%	28%	21%	31%	79%	52%
feel that my child will be accepted and welcomed in the community	13%	8%	2%	8%	31%	15%	37%	83%	52%
know how to make changes in family routines that will benefit my child	5%	11%	0%	4%	28%	30%	28%	86%	58%
communicate more effectively with the people who work with my child and family	10%	7%	2%	6%	35%	22%	28%	85%	50%
feel more confident in finding ways to meet my child's needs	0%	12%	0%	2%	35%	20%	32%	87%	52%
understand how the Early Intervention system works	0%	7%	2%	7%	35%	23%	27%	85%	50%
feel that I can handle the challenges of parenting my child with his/her needs	0%	9%	3%	5%	24%	24%	34%	83%	59%
understand the roles of the people who work with my child and family	5%	9%	0%	7%	26%	30%	28%	84%	58%
figure out solutions to problems as they come up	3%	10%	0%	5%	28%	26%	31%	84%	57%
know about my child's and family's rights concerning Early Intervention services	5%	4%	2%	4%	37%	21%	33%	91%	54%
be able to evaluate how much progress my child is making	0%	10%	0%	3%	30%	22%	35%	87%	57%
understand my child's needs	0%	10%	2%	2%	27%	25%	35%	87%	60%
feel that my efforts are helping my child	0%	10%	0%	2%	27%	18%	43%	88%	62%
do things with and for my child that are good for my child's development	2%	10%	0%	3%	22%	22%	42%	86%	64%
What I say about my child and family is understood and respected.	0%	8%	2%	7%	13%	23%	47%	83%	70%
The people who work with my child and family answer our questions.	2%	8%	0%	5%	17%	25%	44%	86%	69%
I can easily get in touch with my service coordinator.	2%	10%	0%	2%	22%	20%	46%	88%	66%
The services provided to my child and family help reach the outcomes/goals that are important to my family.	0%	12%	0%	5%	15%	23%	45%	83%	68%

Table 4.5. Percent of Respondents Meeting or Exceeding Each of the Standards for Indicator #4%, by Program Location

Program Location	N	Indicator 4A	Indicator 4B	Indicator 4C
Alexandria	35	69%	60%	77%
Alleghany Highlands	5	60%	40%	60%
Arlington County	31	68%	61%	71%
Augusta-Highland	25	72%	68%	84%
Blue Ridge	87	78%	74%	85%
Central Virginia	89	79%	74%	88%
Chesapeake	83	76%	76%	89%
Chesterfield	106	76%	76%	89%
Crater District	27	78%	70%	85%
Cumberland Mountain	22	73%	68%	91%
Danville-Pittsylvania	19	84%	84%	95%
DILENOWISCO	24	83%	83%	92%
Eastern Shore	21	71%	71%	90%
Fairfax-Falls Church	375	75%	71%	85%
Goochland-Powhatan	17	82%	71%	88%
Hampton-Newport News	40	78%	75%	90%
Hanover County	39	77%	72%	87%
Harrisonburg-Rockingham	50	86%	82%	94%
Heartland	35	83%	80%	91%
Henrico Area	74	70%	68%	77%
Highlands	23	96%	96%	96%
Loudoun County	110	75%	70%	89%
Middle Peninsula-Northern Neck	28	68%	68%	79%
Mount Rogers	30	87%	80%	90%
New River Valley	40	83%	83%	90%
Norfolk	60	82%	78%	90%
Piedmont	19	74%	68%	89%
Portsmouth	24	79%	79%	92%
Prince William	127	72%	69%	87%
Rappahannock Area	60	65%	62%	73%
Rappahannock-Rapidan	40	83%	75%	93%
Richmond	52	83%	81%	87%
Roanoke Valley	58	76%	72%	81%
Rockbridge Area	20	95%	95%	100%
Shenandoah Valley	61	84%	77%	92%
Southside	22	82%	82%	86%
Staunton-Waynesboro	19	89%	84%	100%
Virginia Beach	85	81%	80%	87%
Western Tidewater	43	81%	79%	86%
Williamsburg	55	87%	84%	93%

Memorandum

To: Joe Wickens
From: Amy Jindra, CSS Director
Date: November 6, 2023
Re: DD Waiver Slot Allocation

DBHDS announced in October of 2023 new waiver allocations based on Virginia's FY 24 budget. Based on federal approval, 70 Community Living (CL) and 430 Family and Individual Support (FIS) Waiver slots will be allocated as of January 2024. CL waivers provide funding for residential settings, employment, nursing, and nearly all waiver services aside from those covered by the Building Independence (BI) Waiver. The BI Waiver provides supports for less intensive needs and limited to 21 hours of support for those living independently. The FIS Waiver covers all that is covered in the CL Waiver except for group home settings and sponsored placement. The state requires that waiver slots are assigned first to priority 1 individuals. 21 CSBs do not have priority 1 individuals seeking residential services (CL Waivers). For the FIS Waiver, 7 CSBs do not have any individuals on the priority 1 waiting list.

Historically, RACSB receives the third highest allocation of waivers. RACSB already received 21 CL Waivers and 27 FIS Waivers between July and November of 2023. More waivers are possible due to attrition for individuals losing appeals, passing away, moving out of the state, inability to locate/contact, individual no longer qualifies for Medicaid, or the person/guardian declines utilizing the waiver within 150 days of award date. Support coordination anticipates an additional 50 waivers in January 2024. The increase in waivers will require adjustment to staffing to support the equivalent of at least 2 additional caseloads.

Attached is DBHDS' October 2023 memo announcing the Waiver Slot allocation.



COMMONWEALTH of VIRGINIA

NELSON SMITH
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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MEMORANDUM

TO: CSB Executive Directors
CSB Developmental Services Directors

FROM: Nicole DeStefano, Waiver Network Supports Director

DATE: October 10, 2023

SUBJECT: FY24 DD CL and FIS Waiver Slot Allocation

I am pleased to announce that with the Commonwealth of Virginia's Fiscal Year 2024 Budget that was passed as of September, 70 Community Living and 430 Family and Individual Support Waiver slots are projected to be allocated as of January 1, 2024, pending the approved federal portion of funding from the Centers for Medicare and Medicaid Services.

As you know, each CSB receives one slot right off the top, then an algorithm is run utilizing the following factors:

- Overall population in the CSB's catchment area
- Number of people receiving Medicaid services in the CSB's catchment area
- Number of people on the CSB's Priority One portion of the DD waiver waiting list.

Please work with your DBHDS Regional Supports Specialist to schedule Waiver Slot Assignment Committee meetings as soon as possible in July.

I would like to remind you that, according to the waiver regulations (12VAC30-122-80), once a slot is associated with a particular individual on the waiting list (i.e., the slot is in "projected" status for that individual) the support coordinator must notify the individual and family/caregiver of slot availability and available services within the offered waiver within **seven calendar days** and document this notification. The individual/caregiver must confirm acceptance or declination of the slot within **15 calendar days** of notification of slot availability. If the individual/family caregiver has not relayed their decision to the support coordinator within **seven calendar days**, the support coordinator should make and document a second contact. If no decision is forthcoming after **15 calendar days**, the Support Coordinator (SC) should notify their Regional

Supports Specialist, who will remove the individual from projected enrollment status, return him to the waiting list, and take steps to assign the slot to the next highest scoring individual from the review pool. No appeal rights will be required because the individual was not actually enrolled in the waiver.

The individual and the individual's family/caregiver, as appropriate, must meet with the support coordinator within **30 calendar days** of slot acceptance to discuss the individual's needs, existing supports, and individual preferences, discuss obtaining documentation of a medical examination to be dated no earlier than 12 months prior to the initiation of waiver services, begin to develop the personal profile, and discuss the processes around completion of the Supports Intensity Scale® (or other assessment, as appropriate, per section 12VAC30-122-200 of the regulations).

The regulations require that services will be initiated within **30 calendar days** of the support coordinator moving the individual to active enrollment status in WaMS or confirmation of Medicaid eligibility through the DMAS-225 process, whichever comes last. If the services are not initiated by at least one provider within 30 days, the support coordinator must notify the local department of social services so that reevaluation of the individual's financial eligibility can be made and must also submit a Request to Retain Slot form through WaMS.

DBHDS staff is available to assist in any situations in which there are barriers to timely commencement of services.

If you have any questions about the FY24 slot allocation, please contact me at nicole.destefano@dbhds.virginia.gov.

cc: Heather Norton, DBHDS
Ann Bevan, DMAS
Jennifer Faison, VACSB

FY24 Virginia Developmental Disabilities Family and Individual Supports (FIS) and
Community Living (CL) Waivers Additional Slot Allocation 10/10/2023

CSB	FIS	CL
Alexandria Community Services Board	6	1
Alleghany Highlands Community Services Board	1	1
Arlington County Community Services Board	9	1
Blue Ridge Behavioral Healthcare	14	2
Chesapeake Integrated Behavioral Healthcare	10	1
Chesterfield Community Services Board	23	3
Colonial Behavioral Health	8	1
Crossroads Community Services Board	4	1
Cumberland Mountain Community Services Board	4	1
Danville-Pittsylvania Community Services	5	1
Dickenson County Behavioral Health Services	1	1
District 19 Community Services Board	8	1
Eastern Shore Community Services Board	2	1
Encompass Community Supports (Formerly RAPPAHANNOCK RAPIDAN)	9	1
Fairfax-Falls Church Community Services Board	72	10
Goochland-Powhatan Community Services	2	1
Hampton-Newport News Community Services Board	14	2
Hanover County Community Services Board	8	1
Harrisonburg-Rockingham Community Services Board	7	1
Henrico Area Mental Health and Developmental Services	18	3
Highlands Community Services	3	1
Horizon Behavioral Health	11	2
Loudoun County MH, SA and Developmental Services	24	4
Middle Peninsula-Northern Neck Community Services Board	6	1
Mount Rogers Community Services Board	4	1
New River Valley Community Services	9	1
Norfolk Community Services Board	11	2
Northwestern Community Services	12	2
Piedmont Community Services	6	1
Planning District One Behavioral Health Services	4	1
Portsmouth Department of Behavioral Healthcare Services	4	1
Prince William County Community Services Board	27	4
Rappahannock Area Community Services Board	24	4
Region Ten Community Services Board	13	2
Richmond Behavioral Health Authority	10	1
Rockbridge Area Community Services	2	1
Southside Community Services Board	3	1
Valley Community Services Board	7	1
Virginia Beach Community Services Board	18	3
Western Tidewater Community Services Board	7	1
Total	430	70

Memorandum

To: Joe Wickens, Executive Director

From: Amy Jindra, CSS Director

Date: October 11, 2023

Re: Sunshine Lady House Reopening

Sunshine Lady House for Wellness and Recovery temporarily closed on February 7, 2023 due to significant staffing shortages. The program was unable to meet the 24 hour nursing requirement along with the required 1:6 ratio for staffing due to vacancies. Since February 7, RACSB CSS Director and Assistant Coordinator have worked diligently to work through the hiring process to hire nurses, residential specialists, peers, and therapists. Since closing in February, Sunshine Lady House has hired 1 therapist, 1 senior residential specialist, 3 residential specialists, and 5 nurses. During the month of November, Sunshine Lady House leadership is conducting interviews for the nurse manager, cook, two residential specialists, and peer specialists positions. However, despite recruitment efforts, we have been unable to hire a qualified candidate for the coordinator position. Over 25 resumes' have been reviewed, to lead to only 3 interviews in 8 months. Consequently, this proposal seeks to provide a viable option to resume services without a permanent coordinator in place.

By November 27, 2023, Sunshine Lady House will resume residential crisis services with the following plan in place. Amy Jindra, CSS Director will assume "acting coordinator" role in order to meet the licensed clinical supervisor regulations. Additionally, RACSB will contract with Latroy Coleman, LPC to provide approximately 10 hours/week of clinical oversight. Ms. Coleman will complete service authorizations, provide clinical and leadership supervision, review admissions and discharge plans, complete required reporting, and offer clinical consultation. Ms. Coleman's prior leadership experience with RACSB allows for even greater program support. Ms. Coleman and Ms. Jindra will work in conjunction with Carla Anderson, Assistant Coordinator and the program leadership to provide oversight for daily operations. Prior to opening, Sunshine Lady House leadership will receive training from Heather Honaker, LPC, with TBD Solutions consulting firm. Ms. Honaker will provide 8 hours of training prior to November 27. She will also provide weekly consultation for 3 months after opening.

While Ms. Coleman and Ms. Honaker are providing support for the program to resume services, ongoing efforts to hire a full time coordinator will continue. Once a permanent, full time coordinator begins working at the program, Ms. Coleman's support will gradually conclude. Attached are projected costs for TBD Solutions consultation and Ms. Coleman's contract. Ms. Anderson will receive interim coordinator salary until the coordinator position is filled.

The temporarily reassigned staff will return to Sunshine Lady House on the week of 11/26/2023 to finalize any training needs and prepare for opening to guests. The program will begin providing residential crisis stabilization services to individuals beginning December 4, 2023. The program will resume operations with 12 beds, including providing detox and TDO services.

RACSB Crisis Stabilization Unit Technical Assistance TBD Solutions
Provide technical assistance and training for CSU leadership prior to program reopening.
Provide weekly consultation and subject matter expertise on Crisis Stabilization Unit operations and program leadership.
Project Budget: \$5,750
Contracted Coordinator November 1, 2023 – March 1, 2024
6-10 hrs/week of contracted services at \$57.00/hr
After hours on call services at \$75.00/hr
Project Budget: \$7,380
Interim Coordinator November 1, 2023-March 1, 2024
Salary increase: \$496.01/pay period increase
Project Budget for 90 days: \$3968
Total Estimated Project Budget: \$17,098

Memorandum

To: Joe Wickens, Executive Director

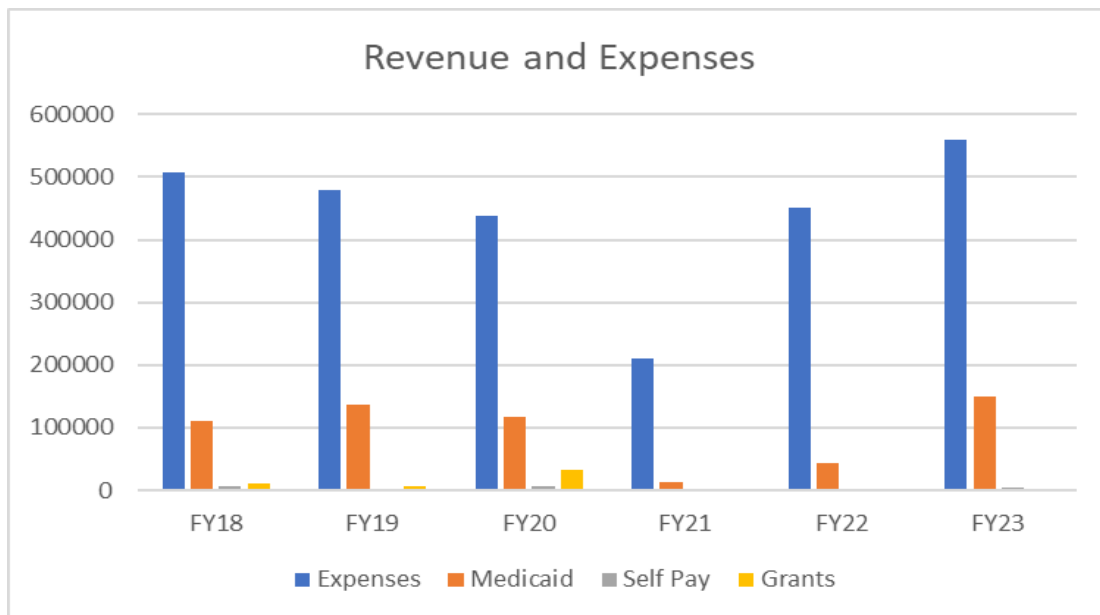
From: Amy Jindra, CSS Director

Date: November 7, 2023

Re: Myers Drive Respite

Myers Drive Respite began in 2013 to serve an unmet need for families in the community. Doris Buffet’s Sunshine Lady Foundation provided initial funding. Myers is unique in the Commonwealth. Community and RACSB Board members advocated for the program’s conception and implementation. As a 6-bed, 24-hour program providing respite, Myers creates unique opportunities for caregivers to attend to home and personal concerns while assuring their loved ones’ needs are met.

With the construction of Myers, RACSB leadership anticipated some financial loss. For the last 10 years, the agency regularly reviews the value of providing respite services. While the program offers a valuable and quality service, Myers has consistently operated at an expected financial loss. In this evaluation of the program, RACSB identifies current challenges along with innovative strategies for mitigating deficits. Below is a visual representation of revenue and expenses from FY2018 through FY2023.



One major contributor to financial challenges for Myers derives from the reimbursement rate. With average cost per hour of service equating to \$86, both the waiver and self-pay rates establish a poor financial foundation for the program. In addition to the low reimbursement rates, Myers also requires significant administrative duties.

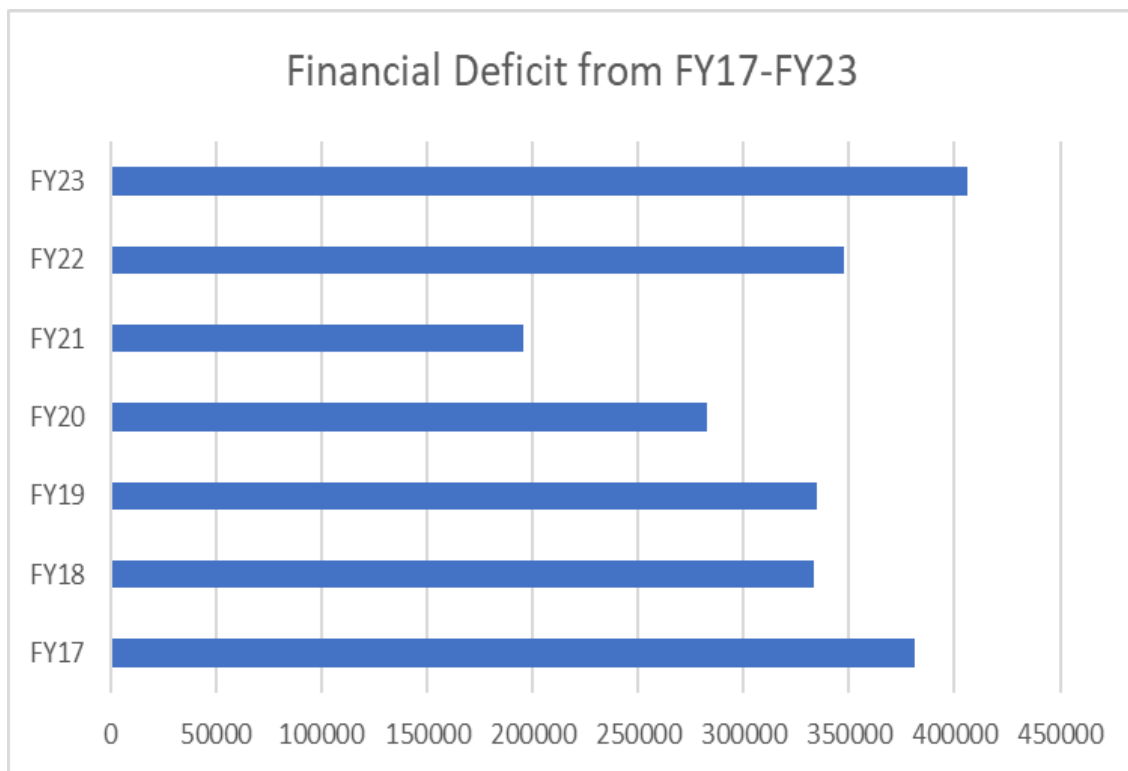
Financial Challenges:

- Medicaid Waiver, for eligible individuals, pays \$21.79 per hour. Prior to July 2022, the unit rate was \$20.27. Before July 2021, respite services reimbursement was \$18.02 per hour.
- Non-waiver individuals may also participate in respite care through RACSB’s sliding scale process. Private/self-pay is adjusted for income; the maximum charge is \$105 per day, or \$4.38/hour. Self-pay costs per individual currently are structured not to exceed \$420/month regardless of total days of service.
- In reengaging services post COVID closures, Myers census was low but still required the same administrative and support level staffing. FY23’s deficit of \$406,042 was indicative of the challenges of staffing needs with low, but growing utilization.

Administrative and Staffing Requirements:

- 42 Person Centered Plans, 168 quarterlies, or 1 plan per guest along 4 quarterlies are required every year. Myers also completes ongoing assessments, extensive check in procedures, and medication oversight warranting the need for an extra assistant manager.
- Myers exceeds a 6 bed group home expenses by approximately \$70,000 annually, primarily due to the additional leadership position.
- Whether Myers serves 1 or 6 guests, the program requires staffing for 24-hour services.

An illustration of the program’s deficits from the last 7 years demonstrates prior to and following COVID impacted years (FY20 and FY21), the program averaged an annual loss of approximately \$360,000. Myers experienced closures from 2020-2021.



Reimbursement rates, regulatory documentation, and subsequent staffing needs offer fairly concrete data for costs. To provide a comprehensive review of the program, both fixed and intangible variables are included in the analysis.

Programmatic Benefits:

- Myers respite services extend family members' ability to manage personal needs, rest, or otherwise prevent compassion fatigue.
- Unlike in-home respite or other center-based programs, Myers provides respite support in a residential setting, with staff trained to provide medication aid and direct support services.
- Respite supports are not cancelled or rescheduled due to a single employee's schedule. Myers staffing is reliable and consistent.
- Myers services differ from those provided at a day support by focusing on daily living skills and guest selected, spontaneous recreational activities.
- Families can utilize Myers for urgent support needs. The program has supported individuals experiencing crisis needs that have included interpersonal challenges in their home, housing issues due to floods or power outages, and urgent behavioral support interventions.
- Because Myers serves up to 6 individuals, guests have an opportunity to expand personal relationships and further develop interpersonal skills.
- Respite services offer rehabilitative activities and community engagement for individuals who either are not able to access typical day support programming, who are on the program waitlists, or do not have a waiver and cannot afford self-pay day support options.

Transition to RACSB and Waiver services:

- For individuals transitioning to adult services, Myers supports exploring potential residential programs.
- Individuals who receive waivers have 30 days to accept the waiver and 150 days to utilize. Some families wait years for waivers and may not be ready for a residential setting when they receive the waiver. Utilizing Myers allows for them to maintain the waiver without having to make a premature commitment to a group home, sponsored placement, or supervised apartment setting.
- As a result of continued stays and assessment through the use of Myers Drive over the last 10 years, 22 individuals have chosen to move into other RACSB residential programs to receive ongoing supports. Of the 17 individuals currently remaining in those residential placements that Myers connected to DD Residential, the programs generate \$2,815,025 in revenue annually.
- In an effort to promote Myers Drive Respite, staff are able to create greater awareness about developmental disabilities and waiver services.

In this process of evaluating Myers Drive, growth opportunities were identified and the program's value was further cemented. However, program leadership also seeks to assure better financial management. Strategies for mitigating costs are also included in the assessment of respite services.

Improvement Strategies:

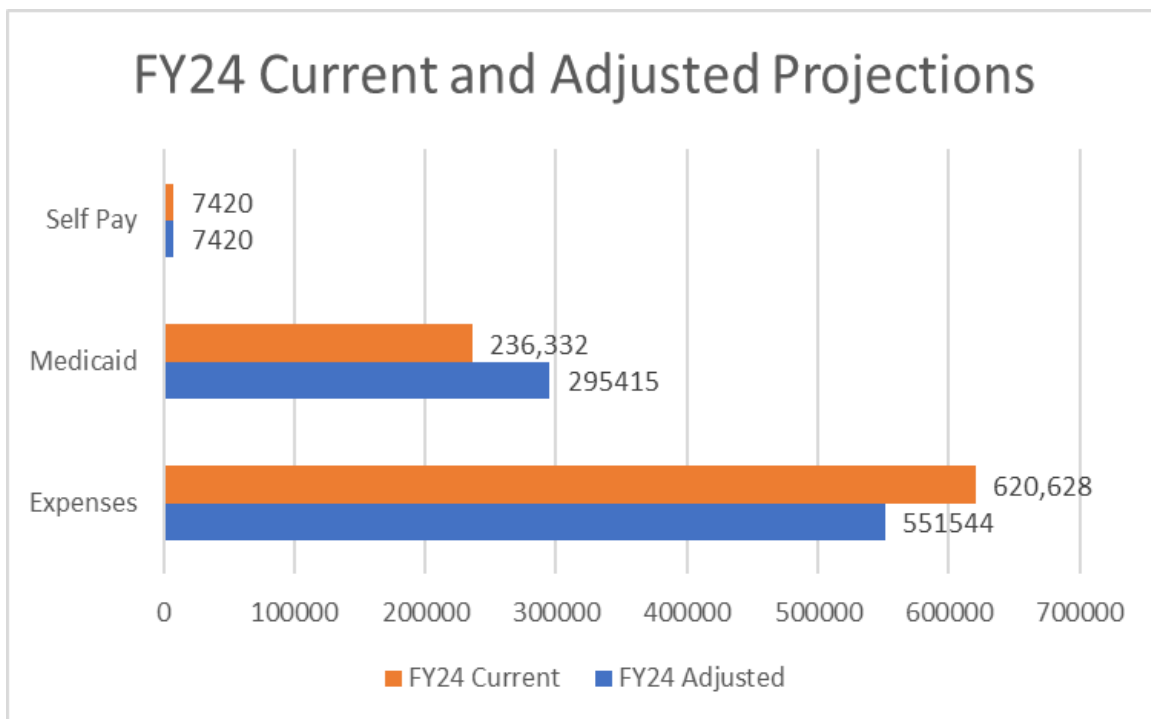
- To help mitigate expenses, staff will be assigned to work in other programs during periods of low utilization. Consequently, wages will be allocated to the secondary work site.
- Myers program will freeze two vacant Direct Support Professional positions reducing expenses by approximately \$92,112.
- 11 individuals are currently being assessed to use Myers respite services (8 Waivers, 3 Self-Pay) Myers will continue to pursue expanding enrollment.
- The Myers' leadership and team will reach out and invite current guests to fully use their authorized waiver hours.
- Expanding promotional efforts to offer a minimum of quarterly events and monthly outreach. Myers plans to provide a tour for high school Special Education students/families from James Monroe High

School in November. Presentations to families/support coordinators, hosting open houses, and tabling community events are also part of promoting services.

- Networking with support coordinators, special education staff, transitional programs, and local community members can provide referral opportunities.
- Myers is re-evaluating utilization and scheduling of guests. The program proposes to maximize daily utilization through improving scheduling processes. Currently, the program schedules solely at the convenience and requests of guests and families. Consequently, the program will experience low census sporadically through the month. In an effort to balance the financial costs and still support families, Myers will look to better manage daily scheduling.
- Myers will pursue a daily goal of 40% Medicaid utilization for the remainder of FY24. The program currently operates with approximately 20% Medicaid utilization. In FY23, Myers Medicaid utilization was approximately 13%.
- Myers will evaluate the self-pay rate. The current non-waiver rate does not accurately reflect the cost of the service. In place of the maximum, sliding scale, per diem rate of \$105/day and/or \$420/month, an hourly rate will be developed by December 31, 2023. While assessing the sliding scale process for Myers, any cost recommendations will avoid posing a barrier to access to respite services.
- Other Developmental Disability (DD) Residential programs provide financial buffer for Myers' deficit. The FY23 final revenue and expense reports for DD Residential's waiver group homes, supported apartments, and sponsored placement services resulted in \$3,899,562 positive variance. DD Services, including all of DD Residential, RAAI, Support Coordination, ended FY23 with over \$3,254,000 after all program deficits. Overall, Myers represents less than 1% of RACSB's total \$54,000,000 budget. The RACSB's unrestricted net revenue in FY23 was \$4,665,152.

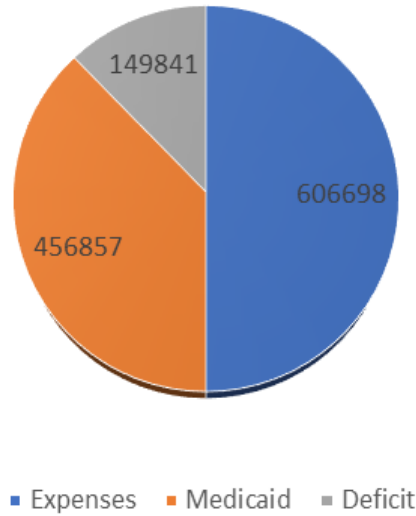
Medicaid Utilization Goals:

The first graph below compares Meyers current projections based on the September 2023 final revenue and expense report with the adjusted projections based on proposed changes for FY24. The second illustration shows the impact of the utilization goal of 40% in FY25. FY25 also includes a 10% increase in expenses.



* FY24 Current Expenses include salaries for vacant positions
 * FY24 Adjusted Medicaid revenue increase to 40% for April-June 2024

FY25 with 40% Medicaid Utilization



* FY25 Includes 10% increase in expenses, 40% Medicaid billing, and deficit of \$149,841

Census:

FY24	Medicaid	Self
Current	34	8
Anticipated	8	3
Total	42	11
Enrollment Total: 53		

Quarterly Reports:

2019

	1/1 - 3/31	4/1 - 6/30	7/1 - 9/30	10/1 - 12/31
<i>Total Individuals Served</i>	36	36	38	36
<i>Waiver Hours Billed</i>	1975.50	3024.25	3133.75	2302.75
<i>Private Pay Hours Billed</i>	48.75	1267.50	693.25	1058.00
<i>Grant Hours Billed</i>	1114.00	N/A	N/A	N/A
<i>Total Hours Billed</i>	3138.25	4291.75	3827.00	3360.75
<i>Waiver Revenue</i>	\$31,146.00	\$48,009.00	\$50,547.39	\$36,022.32
<i>Private Pay Revenue</i>	\$675.00	\$2,036.00	\$1,435.00	\$1,730.00
<i>Total Grant Used</i>	\$2,109.83	funds expended	funds expended	funds expended
<i>Total Revenue</i>	\$33,930.83	\$50,045.00	\$51,982.39	\$37,752.32

2020

	1/1 - 3/31	4/1 - 6/30	7/1 - 9/30	10/1 - 12/31
<i>Total Individuals Served</i>	31	0	9	11
<i>Waiver Hours Billed</i>	1271.35	0	192.25	684.25
<i>Private Pay Hours Billed</i>	588.75	0	184	146.75
<i>Grant Hours Billed</i>	0	0	0	285.75
<i>Total Hours Billed</i>	1860.1	0	376.25	1,116.75
<i>Waiver Revenue</i>	\$20,506.87	\$0.00	\$3,101.00	\$11,332.87
<i>Private Pay Revenue</i>	\$1,090.00	\$0.00	\$640.00	\$335.00
<i>Total Grant Used</i>	funds expended	\$0.00	\$0.00	\$3,580.42
<i>Total Revenue</i>	\$21,596.87	\$0.00	\$3,741.00	\$15,248.29

*closed 4/1/20-9/7/20
*closed 11/20/20-12/31/20

2021

	1/1 - 3/31	4/1 - 6/30	7/1 - 9/30	10/1 - 12/31
<i>Total Individuals Served</i>			7	20
<i>Waiver Hours Billed</i>	C	C	222.25	1,225.75
<i>Private Pay Hours Billed</i>	L	L	0	57.25
<i>Grant Hours Billed</i>	O	O	116.25	515.25
<i>Total Hours Billed</i>	S	S	338.5	1,798
<i>Waiver Revenue</i>	E	E	5,059.12	7,960.34
<i>Private Pay Revenue</i>	D	D	0.00	75.00
<i>Total Grant Used</i>			\$2,094.83	\$8,161.56
<i>Total Revenue</i>			\$7,153.95	\$15,196.90

*closed 1/1/21-8/28/21

2022

	1/1 - 3/31	4/1 - 6/30	7/1 - 9/30	10/1 - 12/31
<i>Total Individuals Served</i>	12	20	22	28
<i>Waiver Hours Billed</i>	384	1694.25	1491.5	1558
<i>Private Pay Hours Billed</i>	447.25	738.5	1146.5	507.25
<i>Grant Hours Billed</i>	N/A	N/A	N/A	N/A
<i>Total Hours Billed</i>	831.25	2432.75	2638	2065.25
<i>Waiver Revenue</i>	\$12,648.49	\$34,707.31	\$32,499.79	\$33,948.82
<i>Private Pay Revenue</i>	\$735.00	\$1,270.00	\$1,735.00	\$1,295.00
<i>Total Grant Used</i>	N/A	N/A	N/A	N/A
<i>Total Revenue</i>	\$13,383.49	\$35,977.31	\$34,234.79	\$35,243.82

2023

	<i>1/1 - 3/31</i>	<i>4/1 - 6/30</i>	<i>7/1 - 9/30</i>	<i>10/1 - 12/31</i>
<i>Total Individuals Served</i>	33	34	35	
<i>Waiver Hours Billed</i>	1787	2235	3130	
<i>Private Pay Hours Billed</i>	817.25	1935.5	526.25	
<i>Grant Hours Billed</i>	N/A	N/A	N/A	
<i>Total Hours Billed</i>	2604.25	4170.5	3656.25	
<i>Waiver Revenue</i>	\$38,938.73	\$48,700.65	\$68,203.00	
<i>Private Pay Revenue</i>	\$1,795.00	\$2,465.00	\$1,980.00	
<i>Total Grant Used</i>	N/A	N/A	N/A	
<i>Total Revenue</i>	\$40,733.73	\$51,165.65	\$70,183	

Recommendation:

Myers Drive Respite demonstrates its value in the lives of the families and individuals participating in services. The program also provides a low-risk option for utilizing the waiver process to assure long term access to additional DD services. Myers offers an access point for group home placements that has proven to more than cover the past and current operating costs. Additionally, Myers staff support other DD Residential program needs when experiencing low utilization. While RACSB has anticipated annual deficit for Myers over the last 10 years, the program will utilize proposed strategies to reduce the annual average loss of \$360,000 to less than \$250,000 for FY24.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance and Human Rights
Date: November 7, 2023
Re: October 2023 Waiting Lists

Identified below you will find the number of individuals who were on a waiting list as of October 31, 2023.

OUTPATIENT SERVICES

- Clinical services: As of October 31, 2023, there are 318 individuals on the wait list for outpatient therapy services.
 - 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.
 - Due to an increase in request for outpatient services, the Fredericksburg, Stafford, and Caroline Clinic implemented a waitlist for new clients seeking outpatient services.
 - The waitlist in Stafford is currently at 180 clients.
 - The waitlist in Spotsylvania is currently at 59 clients.
 - The waitlist in Caroline is currently at 79 clients.
 - This is a decrease of 176 from the September 2023 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 November 7, 2023, there is six older adolescent and adult waiting longer than 30 days for their intake appointment. The furthest out appointment is 12/21/2023. There is no children age 13 and below waiting longer than 30 days for their intake appointment.

PSYCHIATRY INTAKE – As of November 7, 2023 the number of individuals waiting longer than 30 days for a regularly scheduled psychiatric intake appointment include:

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

Appointment Dates	
<i>Fredericksburg Clinic</i>	
	12/21/23
<i>Caroline Clinic</i>	
	12/13/23
<i>King George</i>	
	1/21/23
<i>Spotsylvania Clinic</i>	
	12/11/23 12/14/23 12/18/23
<i>Stafford Clinic</i>	
	N/A

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 all persons who have been assessed for services and accepted to the program. These individuals are waiting for appropriate supports.

MH RESIDENTIAL SERVICES - 6

Needs List: 0
Referral List: 6
Acceptance List: 0

Count by County:

Caroline	0
King George	0
Fredericksburg	0
Spotsylvania	0
Stafford	3
Other	3

There are three vacant community beds (2 at Home Road, 1 at Lafayette) and one transitional bed at Home Road. There are four referrals for the transitional bed at Home Road, however, three out of the four are NGRI and are unable to complete passes at this time. The individual who is not NGRI is scheduled for a first pass at Home Road from October 25-27.

For the vacant community beds, there are two community referrals. Home Road is scheduled to host a pass for one individual during the first week of November, per his request. Another individual is currently on pass at Lafayette from 10/23-10/30 for the vacant community bed.

Intellectual Disability Residential Services – 68

Needs List: 68
Referral List: 0
Acceptance List: 0

Count by County:

Caroline	7
King George	3
Fredericksburg	7
Spotsylvania	22
Stafford	30

Assertive Community Treatment (ACT)– 18

Caroline: 0
Fredericksburg: 10
King George: 1
Spotsylvania: 4
Stafford: 3

Total Needs: 16
Total Referrals: 2
Total Acceptances: 0

Total program enrollments = 52

Admissions: 1
Discharges: 0

ACT SOUTH enrolled a client who was referred by the Spotsylvania Clinic. He's had multiple psychiatric hospitalizations this year and he was also a patient of Dr. Swing's at the Spotsylvania Clinic. His goals include medication management, benefit coordination, therapeutic interventions to manage stressors and peer support to enhance community engagement.

ACT SOUTH also attempted to enroll a previous client who was referred by Liz Wells. He was discharged from a state hospital. However, he was returned to Rappahannock Regional Jail on previous charges of assaulting law enforcement. Once we receive an update on his release, we will move forward with re-enrollment.

ACT NORTH is still attempting to re-enroll a client who wants to resume services after he requested discharge earlier this year. After several messages were left to schedule an appointment, the client called and stated he will make contact next month to discuss re-enrollment.

The ACT Team Leads have an in-service training scheduled November 30th with the clinical team at Jackson Street to discuss ACT services.

ID/DD Support Coordination

There are currently 825 individuals on the DD Waiver Waiting List. This is an decrease of 11 from last month. This decrease is due to RACSB receiving 16 community living waiver slots from the regional slots that were available. Regional slots are slots that are available because the board who has the slots has no one in Priority 1 status who will use that type of slot.

P 1 – 342

P2 – 206

P3 – 277

RAAI – 37

Caroline: 3

Fredericksburg: 0

King George: 3

Spotsylvania: 9

Stafford: 15

Other: 3

Total Referrals: 27

Total Assessing: 6

Total Acceptances on 90 day asses (waiting to add more days): 6

Total program enrollments = 114 (1 admission- 1 discharge in Oct)

MEMORANDUM

To: Joseph Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance and Human Rights
Date: November 6, 2023
Re: 1st Quarter FY 2024 Incident Report Review

The first quarter incident summary report provides an overview of incident reports submitted by Rappahannock Area Community Services Board (RACSB) staff during the months of July 1, 2023 through September 30, 2023. The purpose of the report is to communicate information about trends, remain vigilant for emerging issues, and use data to plan, prioritize and implement preventative and proactive initiatives.

The population covered includes all people receiving services by the RACSB, which includes Mental Health, Substance Use, Developmental Disability, and Prevention services. RACSB provided services to 7,312 individuals, unduplicated by service area, from July 1, 2023 through September 30, 2023.

Quality Assurance Staff received and triaged 565 Incident Reports from July 1, 2023 through September 30, 2023 (an overall increase of 23 reports from last quarter). Of those 565 incident reports received, 84 incidents were reported to Department of Behavior Health and Developmental Services (DBHDS) through the Computerized Human Rights Information System (CHRIS) as a serious incident; this is an increase of 1 from last quarter.

Quality Assurance staff triaged all incident reports into one of four categories.

1. **N/A** – these reports do not fit into DBHDS definitions of a serious incident. Incidents of this sort may be a staff having to report a child protective or adult protective case to the Department of Social Services, or an incident which occurs when the individual is not in the provision of care, such as when a report is received by a Support Coordinator regarding an individual who resides with parent/guardian or a private provider.

DBHDS categories of serious incidents

2. **Level I:** a serious incident that occurs or originates during the provision of a service or on the premises of the provider that do not result in significant harm to individuals, but may include events that result in minor injuries that do not require medical attention, or events that have the potential to cause serious injury, even when no injury occurs.”
3. **Level II:** a serious incident that occurs or originates during the provision of a service or on the premises of the provider that results in a significant harm or threat to the health and safety of an individual that does not meet the definition of a Level III serious incident. Level II serious incident; also includes a significant harm or threat to the health or safety of others caused by an individual.
4. **Level III:** a serious incident whether or not the incident occurs while in the provision of a service or on the provider’s premises and results in:
 - 1) Any death of an individual;

- 2) A sexual assault of an individual;
- 3) A serious injury of an individual that results in or likely will result in permanent physical or psychological impairment;
- 4) A suicide attempt by an individual admitted for services that results in a hospital admission.”

In addition to the notification to QA staff, program supervisors and coordinators, staff must also notify the individual’s parent/guardian/authorized representative, as appropriate, regarding the incident. Verification of the notification and the parent/guardian/authorized representative response is to be included on the incident report.

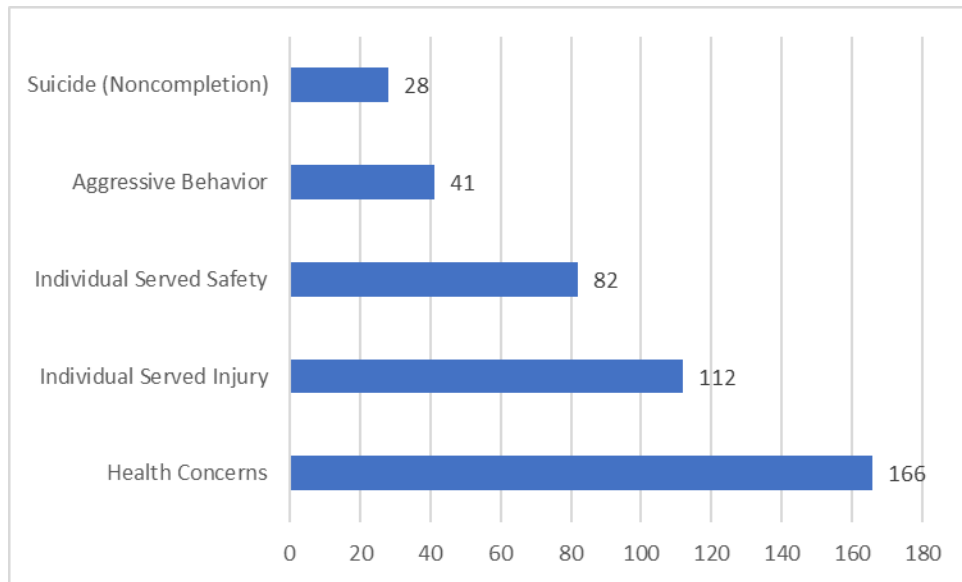
Below is a list of the incident categories and the definition:

- Aggressive Behavior –Physical - hit, slap, push, shove, pull hair, spit, bite, intimidate, demean, threaten, curse etc...
- Aggressive Behavior –Verbal - yelling, screaming, intimidate, demean, threaten, curse etc...
- Individual Safety - situations that may cause a safety risk for individuals served involving physical environment or structures (faulty equipment, smoking.)
- Individual Injury - situations that may cause a safety risk for individuals served involving minor injury such as a scraped knee
- Health Concerns - individual served exhibiting health concerns, i.e. possible seizure activity, sick, sudden weight +/-, etc.
- Elopement/Wandering - unexpectedly leaving program/premises with possible risk to safety
- Biohazardous Accident - needle stick or instance requiring testing of individual served or staff
- Infection Control - lack of infection control and use of universal precautions in relation to risk of non-life-threatening communicable diseases i.e. Flu, Lice... etc...
- Exposure to Communicable Diseases - instance of exposure due to lack of infection control and/or use of universal precautions in relation to risky communicable diseases i.e. TB, HIV/AIDS, HEP A, B, C or MRSA...
- Vehicle Accident - Accident of RACSB or personal vehicle while delivering services. This requires additional paperwork and follow up to protocol contact Human Resources & Supervisor
- Property Damage - damage to property
- Weapon Use/Possession - Weapons are not allowed in any RACSB facility. Knives, carpet knives, swords, guns etc...
- Staff Injury - injury to staff- ensure proper HR forms are completed
- Use of Seclusion/Restraint - if emergency intervention required to deescalate threatening behavior
- Med Non-Compliance - not following medication regime- staff attempt evident- non-compliance
- Med Error- Staff additionally to complete med error report. error has been made in administering a medication to an individual (wrong- med, individual, route, dose, time)
- Possession of Illicit/Licit Substance - possession of illegal or non-prescribed drug –possible intent of abuse

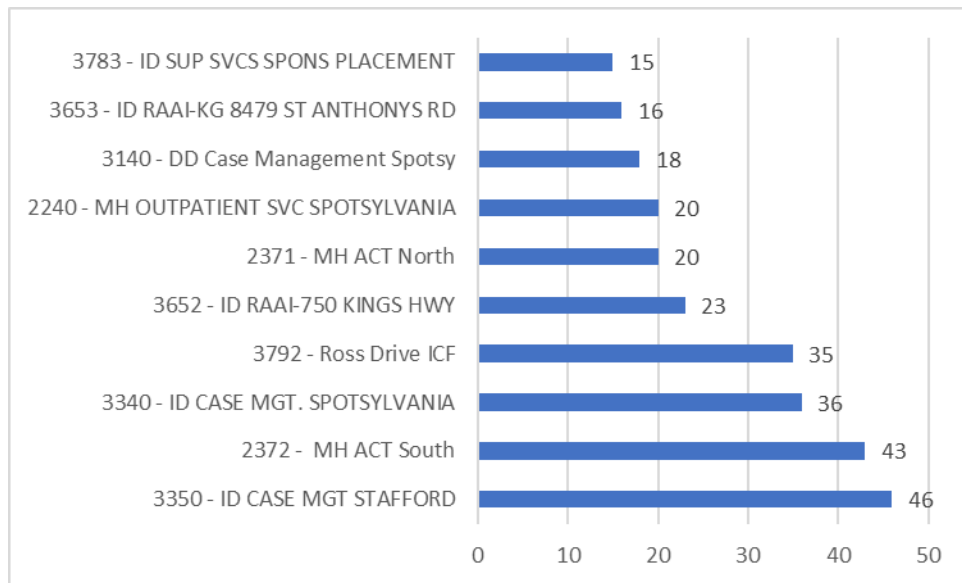
- Sexual Assault - is an act in which a person intentionally sexually touches another person without that person's consent, or coerces or physically forces a person to engage in a sexual act against their will
- Suicide/Suicide Attempt - is the act of intentionally causing one's own death/ is the act of intentionally unsuccessfully trying to cause one's own death
- Sentinel Events - An unexpected occurrence involving death or serious physical or psychological injury or the risk thereof- warrants immediate investigation and response
- Other – incident which does not fit into a category above

Type	Total
Accidental Overdose	0
Aggressive Behavior - Physical	41
Aggressive Behavior - Verbal	5
Biohazardous Accident	0
Elopement/Wandering	7
Exposure to Communicable Diseases	0
Health Concern	166
Individual Served Injury	112
Individual Served Safety	82
Infection Control	1
Med Error	21
Med Non-Compliance	15
Medication non-adherence	12
Medication poor adherence	21
other	0
Possession of Illicit/Licit Substances	0
Property Damage	11
Sentinel Event (death)	11
SIBs	9
Sexual Assault	3
Staff Injury	8
Suicide (non-completion)	28
Use of Seclusion/Restraint	0
Vehicle Accident	12
Weapon Use/Possession	0
Missing Person	0
Total	565

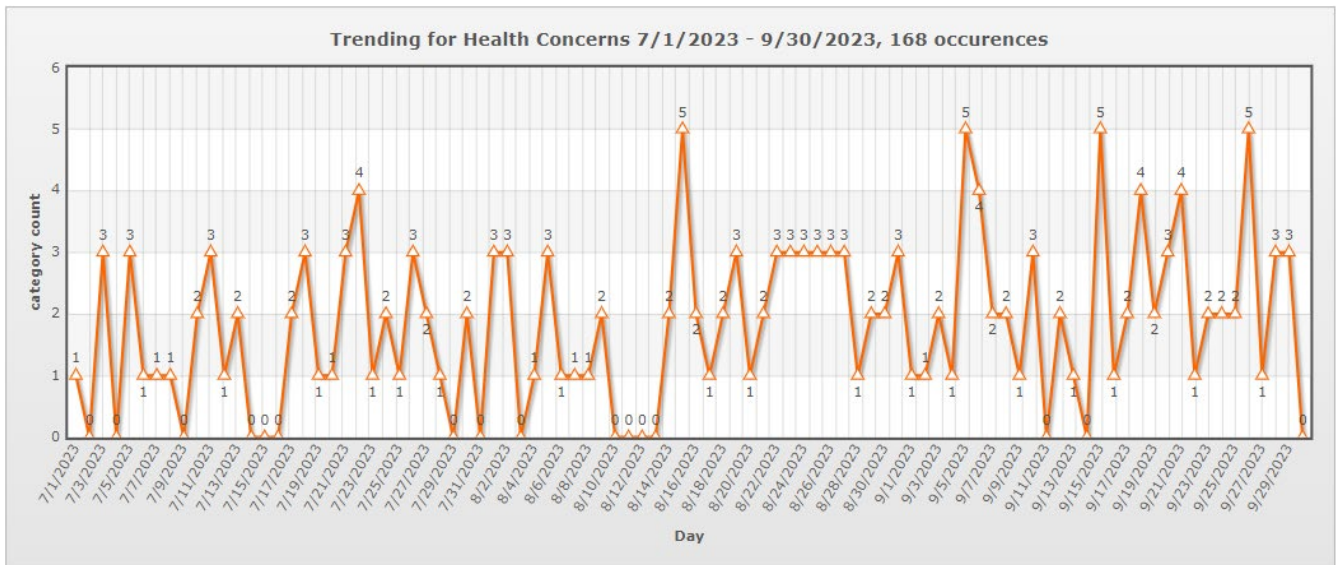
The table above depicts the total number of incident reports received, July 1, 2023 through September 30, 2023.



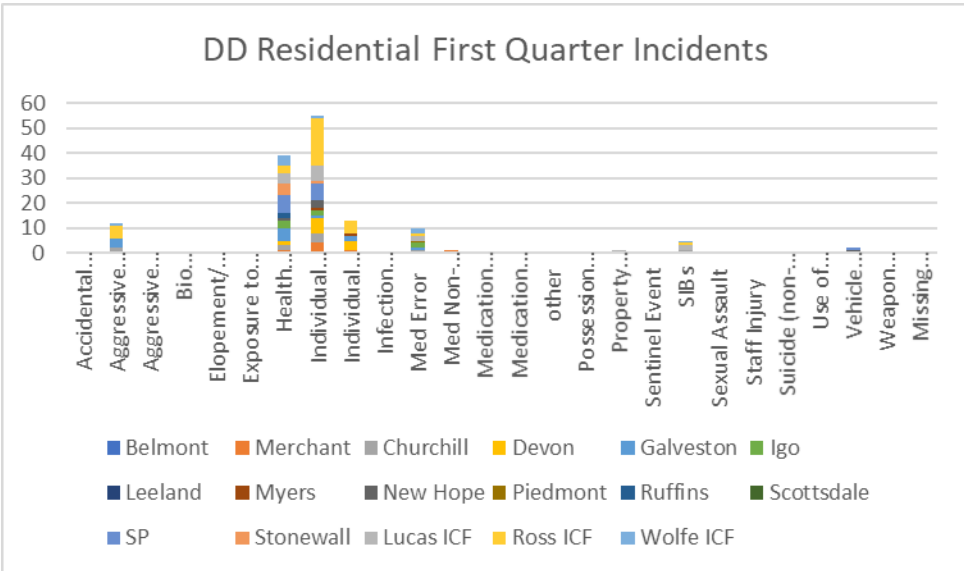
The chart above includes the total number of incident reports received and depicts the categories with the highest occurrences reported July 1, 2023 through September 30, 2023.



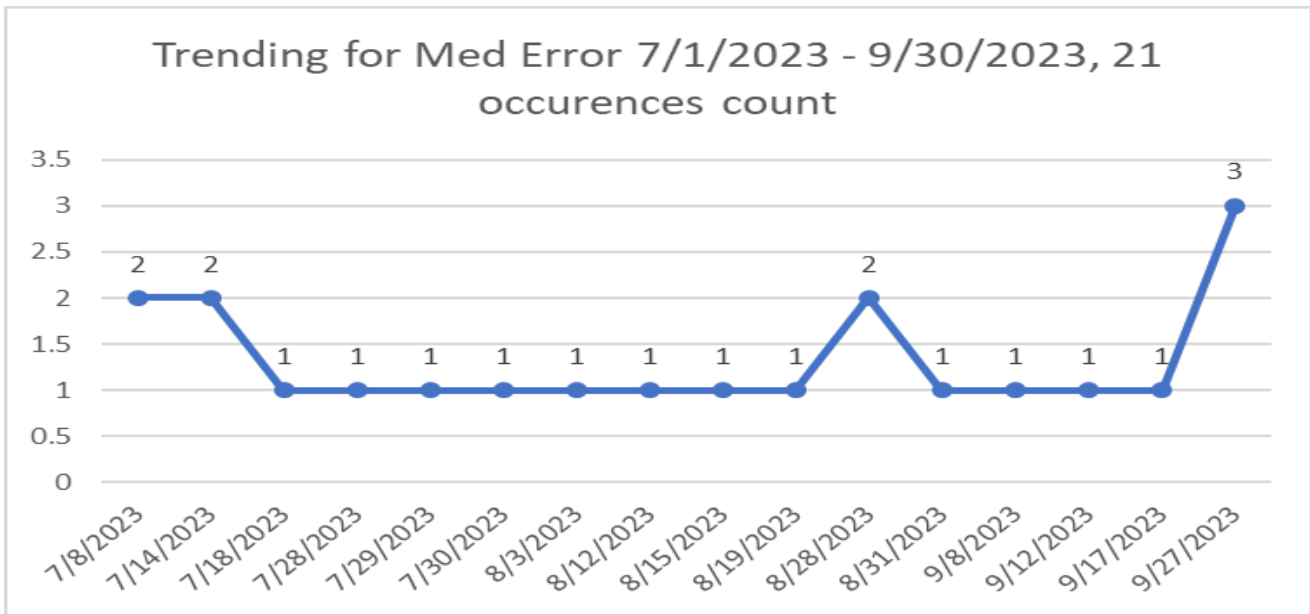
The chart above depicts the top ten programs that submitted the highest of number of incident reports during the time period of July 1, 2023 through September 30, 2023.



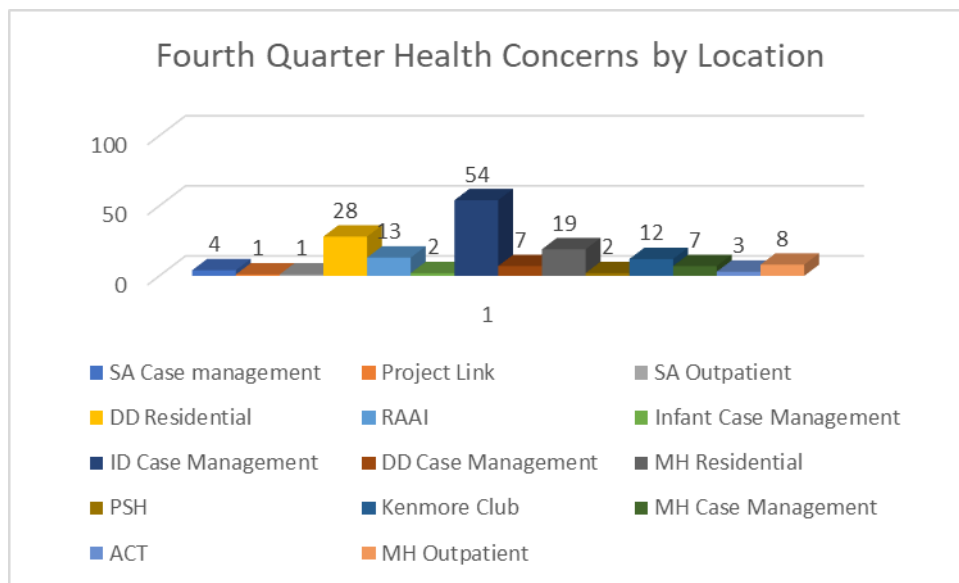
Approximately 29% of the incident reports received were categorized as health concerns. When compared to previous quarters, health concerns continue to be the category with the highest number of incidents. This can be contributed to all health-related conditions, such as colds, flu, and vomiting or diarrhea. RACSB Residential Services submitted 39 of 166 health concern reports. Reports consisted of concerns related to abnormal pain, nausea, feeling ill, seizure, cellulitis, bruising, choking and urinary tract infections. Sponsored Placement submitted the highest number of health concern incident reports (7) for Developmental Disability Group Home Services; however, no two concerns were the same. Review of reports revealed no trend concerns; Health Concern category numbers have increased from the previous quarter by 11 incidents.



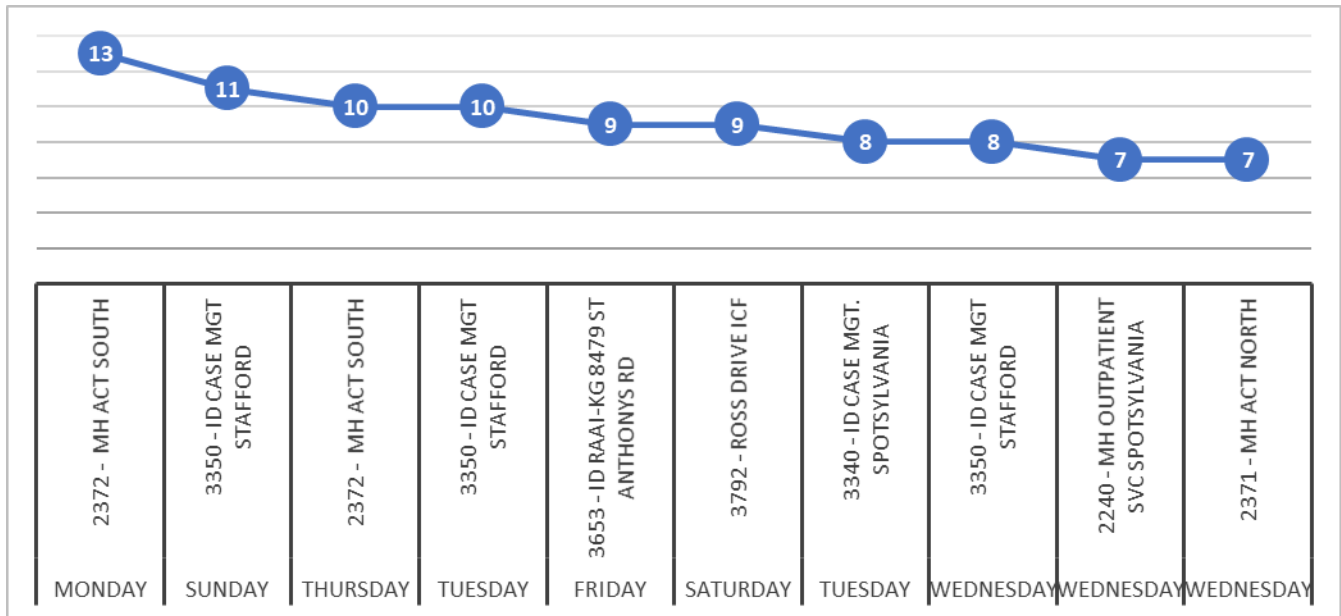
RACSB Residential programs submitted 138 incident reports. In DD Residential, the most frequent incidents were Individual Served Injury, with 55 reports, which included reports of scrapes, bruises, self-injurious behaviors, and falls. There were 39 Health Concerns reported, which included concerns related to choking, asthma, rash, elevated blood pressure, feeling ill, bruising, seizure, urinary tract infections, abnormal pain, and general just not feeling well.



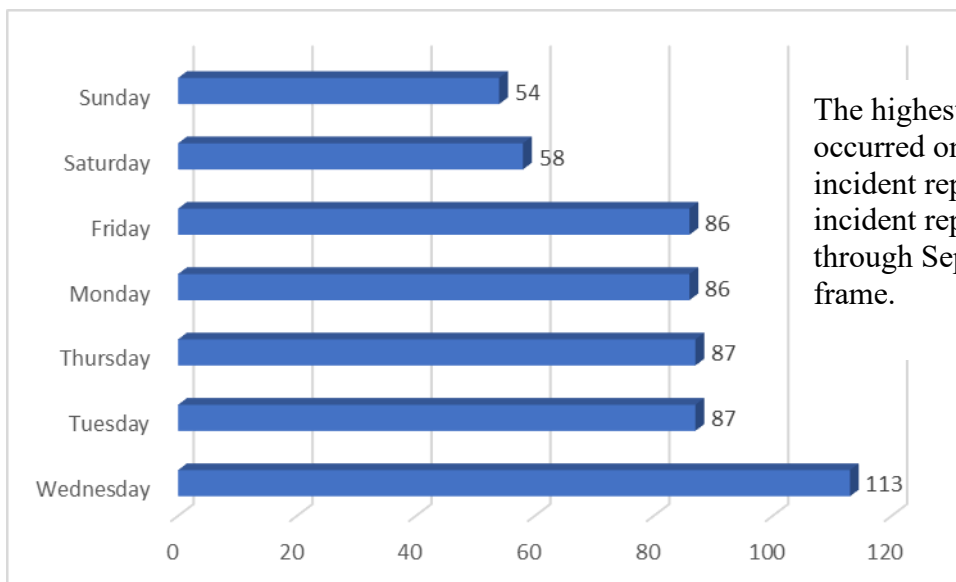
There was a total of 10 medication errors which occurred in DD Residential programs, four in day support services (RAAI), five in MH Residential Programs, and two in non-RACSB programs. Ten errors related to a single dose missed, two categorized as a wrong medication administered, one categorized as given at the wrong time, one categorized as a discontinued medication administered, one categorized as late administration, two categorized as late administration, and four categorized as multiple doses missed. Review and analysis of medication policy, medication administration area, staffing pattern, and cause of errors took place in an attempt to mitigate future errors. There were 12 instances of physical aggression reported by Residential programs. Of the 12 instances, six individuals were involved; four of whom have behavioral intervention plans which were reviewed and deemed appropriate.

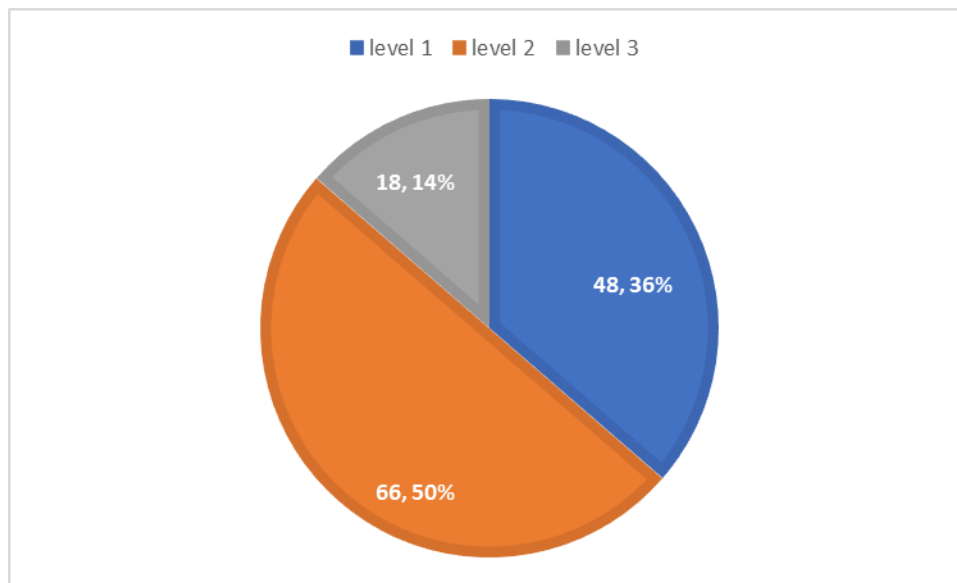


In analyzing the reports for the program with the highest occurrence of health concerns reported, Developmental Disabilities (DD) Support Coordination Services submitted the highest number of reports (67). The health concerns consisted of individuals that reside either with family or in a non-RACSB residential program. The program with the second highest number of reports submitted, with reports submitted related to health concerns is the DD Residential Services Programs (39). Due to the nature of the DD Residential Services, it is projected that there would be a high number of health concerns incident reports. Review of reports revealed no trend concerns.



The above chart above displays the top 10 program sites that submitted the most incidents based on the day of the week.





There was a total of 48 incidents categorized as a level I. Of the 48 incidents categorized as a level I, the majority were the result of minor or superficial cuts, scratches, or bruises, which required first aid. 29 of the incidents occurred in DD Residential services, 11 of the incidents occurred at RAAI Day Support, four occurred in MH Residential, two occurred at Kenmore Club, one occurred in ID Case Management, and one occurred in SA Outpatient:

- EMS assessment without transport for excessive exhaustion and falls
- Urgent care visits for:
 - Urinary Tract Infection (UTI)
 - Abdominal pain
 - Choking
 - Abnormal, pain or bruising on feet
 - Infection
 - Illness
- First Aid administered for a minor burns, sores, cuts, and scrapes.
- Falls requiring first aide and/or urgent care visits.

Based on review of the level 1 incidents there does not appear to be patterns or trends.

There were 66 incidents classified as a Level 2 and 18 incidents classified as Level 3. Root Cause Analyses were conducted for all Level 2 and Level 3 Incidents. One extended root cause analysis was required during this quarter. Of the 18 Level 3 reports, 8 of which were death reports, four from Outpatient Services, three from ID/DD Case Management and one from SA Case Management; none of the ID/DD deaths were currently receiving DD Residential services. Ten of these level 3 reports were suicide (noncompletion); five from Emergency Services, two from Outpatient, two from MH Case Management, and one from ACT. Based on review of the Level 1, Level 2 and Level 3 there does not appear to be a pattern or trends.

Program actions as a result of Incident Reports

1. A review of medication errors showed that the errors occurred due to staff being distracted during the time they were administering medications or staff not following policy as written. Medication Errors resulted in both personnel action and remedial training depending on the error.

The current medication administration policy includes procedure for staff to follow to eliminate distraction.

2. Based on review of medication non-compliance, program staff continue to assess the ability of individuals enrolled in the program to continue self-administration of medication. Staff counseled and educated individual on the importance of taking their medication and are working with family member to assist individuals in maintaining and improving individual's medication compliance.
3. Action plans for aggressive behavior included recommendations for behavior plans, assisting the individual in learning and using coping skills during times when they become upset, review and revision of individual's service plan, and continuance of using interventions that are currently in the individual's service plan.
4. Action plans for health concerns varied based on the concern. RACSB staff contact 911 in cases of medical emergencies. Ad-hoc medical appointments will continue to be made by RACSB staff to address health concerns for those individuals residing in RACSB residential programs. In addition, for RACSB non-residential programs staff will continue to assist individuals and family members with health concerns that are identified during program hours. RACSB utilizes CDC precautions and program contingency plans during active cases of COVID-19.
5. For those incidents which involve individuals that do not reside in RACSB residential programs, Support Coordinators and Case Managers monitor health concerns and document in case notes.
6. Root cause analyses were conducted on all incidents that fell into the Level 2 or Level 3 category. Findings of root cause analysis resulted in programs revising individual service plans, behavior plans, ad-hoc reviews of program files, policy and procedure revisions, staff training, and personnel action.

To: Joe Wickens, Executive Director

From: Nathan Reese, IT Coordinator

Re: Information Technology and Electronic Health Record Update

Date: November 7, 2023

This report provides an update on projects related to Information Technology and the Electronic Health Record. Information is provided on state reporting initiatives, facility technology needs, and on-going projects.

Information Technology and Electronic Health Record Update

IT Systems Engineering Projects

During October, 970 tickets were closed by IT Staff compared to September – 910, August- 883, July -965, June- 1,028, May -1,006, April – 910, March – 1098, February – 1050, and January – 983. In 2022, the IT department averaged closure of 1,023 tickets per month.

Waiver Management System (WaMS)

IT & Netsmart staff are starting to meet with DBHDS staff about WaMS 3.5 changes, which typically occur in the Spring. DBHDS is proposing some significant changes to the Individualized Service Plan, around the addition of the Risk Assessment Tool into the Plan.

Trac-IT Early Intervention Data System

There remain system-wide concerns related to the increased number data requirements which will be required as of December 11, 2023. The VACSB met with DBHDS to discuss concerns with the number of required data elements which have not been tied to any regulation or reporting requirement which greatly expands the administrative costs and burdens. DBHDS has not provided any additional funding specifically for managing the increased expectations.

We began testing our EHR file uploads on September 29, 2023. We will continue to work with Netsmart to refine our extract through the testing period.

Thank you to Board Members for their advocacy with the letter to the Commissioner regarding concerns with TRAC-IT. Nancy Beebe, Matt Zurasky, Joe Wickens, and Brandie Williams met with the Commissioner and Deputy Commissioner on October 30, 2023. As a result of the meeting, DBHDS is re-considering the alternatives requested in our letter which include limiting required data elements to those necessary to meet regulatory and monitoring expectations and allowing the reporting of service data via the current state reporting process. A group of DBHDS and CSB staff will meet on Monday, November 13 to review and plan for alternative solutions.

Zoom

We continue to utilize Zoom for telehealth throughout the agency. Zoom meetings for Medical staff have decreased significantly, with providers moving to more in person appointments.

- October 2023 – 1,947 video meetings with a total of 5,079 participants
- Average from January to December 2022 was 2,800 video meetings and 8,154 Participants
- Average from January to December 2021 was 3,648 video meetings and 11,087 Participants

Avatar

Bells – ID residential and IT are regularly meeting to discuss and setup their progress notes, review service codes, and discuss Bells AI automations.

Patient Portal 2.0 project kicked off on July 26th 2023. IT and program supervisors are meeting weekly with the Netsmart team to review new workflows and features.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Legislative Updates and Priorities

Date: November 7, 2023

The Rappahannock Area Community Services Board (RACSB) is committed to advocacy to improve performance, quality, and demonstrate the value of services. We recognize the impact that legislative activity at the federal, state, and local level impact the services we offer to the community. This report will provide specific information on current legislative or regulatory topics which impact RACSB.

This month's report will review the following topics:

- Updated list of Virginia General Assembly Members who represent Planning District 16 and their contact information (handout)
- The Virginia Association of Community Services Board's legislative priorities for the upcoming session
- Recommendations and options for STEP-VA implemented and performance monitoring approved for legislative action in upcoming session by the Behavioral Health Commission.

DRAFT Virginia Association of Community Services Boards Priorities for the 2024-2026 State Budget

Dollar figures will be added once they are calculated and vetted for accuracy with our state agency partners.

The Virginia Association of Community Services Boards (VACSB) will support amendments from its advocacy partners once they are advanced.

CSBS WORKFORCE DEVELOPMENT: VACSB is requesting funding for the following areas to act as a mechanism for recruitment and retention in the short term as well as to develop a pipeline for staff at all levels which will result in a robust and stable workforce in the public safety net system. VACSB will request funding for CSBs to provide the following: **Paid Internships, Clinical Supervision Hours, Student Loan Repayment Programs, Scholarship Programs.**

BEHAVIORAL HEALTH SERVICES (STEP-VA inflation pressures): VACSB is thankful that the General Assembly included in its budget for FY24 half of the funding requested to account for inflation, since inception, in the first three steps of STEP-VA. Due to the late breaking nature of the budget, the funds will only be available in the second half of the fiscal year and are considered one-time. **VACSB will request the other half of the funding in the next biennium as well as funding for inflationary adjustments to the remaining steps.** The funding should be provided for flexible use among all the services areas of STEP-VA and should be ongoing beyond this biennium.

SCHOOL BASED SERVICES: VACSB will seek budget language which authorizes DMAS to conduct a **rate study for school-based services** for children and youth with behavioral health service needs. This was meant to be part of phase two of Project BRAVO, but without authority DMAS cannot proceed.

SUBSTANCE USE DISORDER (SUD) SERVICES: VACSB is requesting a **12.5% rate increase for the Substance Use Disorder (SUD) services** that did not receive the permanent 12.5% rate increase other behavioral health services received. Those services are: **Office Based Addiction Treatment (OBAT), Opioid Treatment Program (OTP), Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP).** The CSBs are experiencing a workforce crisis in all areas of services, including SUD services and increasing rates is one way to increase compensation for CSB workforce.

EARLY INTERVENTION SERVICES: The VACSB is requesting an **increase in state general fund dollars for Early Intervention services.** For FY23 the projected shortfall for local Early Intervention services equaled \$1.2M. In addition, the \$2.2M in emergency ARPA funds for Early Intervention services recently ended. Early Intervention Services will therefore experience an approximately \$3.4M shortfall in FY24 and beyond if no additional funding is provided. **VACSB will be requesting an increase in Early Intervention general fund dollars for FY25 and FY26 and beyond to account for this expected shortfall in general funds.**

DEVELOPMENTAL DISABILITY (DD) WAIVER SERVICES: VACSB is requesting budget language that directs DMAS to conduct a **rebase of the DD Waiver services reimbursement rates prior to each biennial budget.** VACSB will also continue to support additional Waiver slots to address the Priority One wait list but recognizes that stabilization of the CSBs workforce as well as Waiver service providers must also be a priority for the state to ensure there are adequate staff to provide the services involved with each new Waiver slot. One of the ways to help the CSB workforce crisis and to improve provider availability is through reimbursement rate increases.

UNDERAGE CANNABIS USE PREVENTION PROGRAMS: Legislation legalizing simple possession of cannabis passed in 2021 with language directing a portion of the revenue from retail sales to cannabis prevention and treatment programs. With retail sales on hold, **CSBs do not have appropriate funding to effectively develop and engage in cannabis youth prevention programs.** Therefore, the VACSB will request ongoing funds until such time as revenues from retail cannabis sales are made available. The key to successful prevention campaigns is ensuring that they are deployed well ahead of policy changes such as cannabis legalization.

Recommendations and options: STEP-VA implementation and performance monitoring

BHC staff typically offer recommendations or options to address findings identified in its reports. Staff will usually propose options, rather than recommendations, when (i) the action proposed is a policy judgment best made by the General Assembly or other elected officials, (ii) the evidence indicates that addressing a report finding could be beneficial but the impact may not be significant, or (iii) there are multiple ways to address a finding and there is insufficient evidence to determine the single best way to address the finding.

Recommendations

RECOMMENDATION 1

The General Assembly may wish to consider amending the Code of Virginia to clarify the intent of the STEP-VA initiative regarding access to essential behavioral health services and the scope of the STEP-VA service components that CSBs are required to provide to achieve full implementation.

RECOMMENDATION 2

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to work with the Department of Medical Assistance Services (DMAS) to (i) develop and implement a targeted review process to assess the extent to which community services boards (CSBs) are billing for Medicaid -eligible services they provide, (ii) provide technical assistance and training in coordination with Medicaid managed care organizations (MCOs), on appropriate Medicaid billing and claiming practices to relevant CSB staff, and (iii) report the results of these targeted reviews, and any technical assistance or training provided in response, to the House Appropriations and Senate Finance and Appropriations committees no later than December 1, 2024, and annually thereafter.

RECOMMENDATION 3

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Medical Assistance Services to (i) work with the managed care organizations (MCOs) to standardize, to the maximum extent practicable, policies, procedures, and requirements that community services boards must follow to receive reimbursement for the cost of Medicaid services they provide, including documentation, training, and credentialing requirements; and (ii) report on the improvements made to MCO policies, procedures, and requirements to the Behavioral Health Commission no later than December 1, 2024.

RECOMMENDATION 4

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to report annually to the State Board of Behavioral Health and Developmental Services and to the Behavioral Health Commission on average salaries, turnover, and vacancy rates, by position type, across community services boards.

RECOMMENDATION 5

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to amend community services board (CSB) performance contracts to require that (i) any funding appropriated by the General Assembly to CSBs for staff compensation only be used for staff compensation and (ii) CSBs report annually on any staff compensation actions taken during the prior fiscal year to DBHDS.

RECOMMENDATION 6

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to (i) identify all current DBHDS requirements related to documentation and reporting of community services board (CSB) behavioral health services; (ii) identify which of these requirements currently apply to work by CSB direct care staff; (iii) identify any DBHDS requirements of direct care staff that are duplicative of or conflict with other DBHDS requirements; (iv) eliminate any requirements that are not essential to ensuring consumers receive effective and timely services or are duplicative or conflicting; and (v) report to the State Board of Behavioral Health and Developmental Services and the Behavioral Health Commission by December 1, 2024, on progress made toward eliminating administrative requirements that are not essential, are duplicative, or are conflicting.

RECOMMENDATION 7

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to (i) finalize performance measures for every STEP-VA service component that has been initiated statewide and to report these measures to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024, and (ii) finalize benchmarks for every STEP-VA service component that has been initiated statewide and to report these benchmarks to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2025.

RECOMMENDATION 8

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to report to the Behavioral Health Commission on the changes made to community services board performance contracts related to revised performance measures and benchmarks for each STEP-VA service component by December 1, 2024.

RECOMMENDATION 9

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to report to the Behavioral Health Commission and the State Board of Behavioral Health and Developmental Services by October 1, 2024, and at least quarterly thereafter, on the status of the data exchange initiative. Such reports should include information on project status, estimated completion date, funding, risks that could prevent the project from being completed on time and on budget and plans to mitigate those risks.

RECOMMENDATION 10

The General Assembly may wish to consider including language in the Appropriation Act directing the Secretary of Health and Human Resources to report to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission (i) by December 1, 2024, a plan detailing how funds appropriated during the 2023 Session of the General Assembly will be expended to expand and modernize the comprehensive crisis services system, including investment in additional crisis receiving centers and crisis stabilization units and enhancements to existing crisis receiving centers and crisis stabilization units, consistent with the Right Help, Right Now initiative, and (ii) semiannually thereafter, an update on the implementation of such plan, barriers to implementation and strategies to address such barriers, and outcomes of the individuals receiving services implemented pursuant to the plan.

Options

OPTION 1

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to (i) conduct a needs assessment to determine the unmet need for each of the nine service components of STEP-VA, (ii) develop an estimate of the cost of satisfying the unmet need for each of the nine STEP-VA service components statewide, and (iii) report on their findings to the House Appropriations and the Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024.

OPTION 2

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Medical Assistance Services to (i) ensure that comprehensive information about all available managed care organization preferred provider programs is provided to all community services boards (CSBs), including information about which behavioral health services are included in the preferred provider programs and the requirements CSBs must meet to participate in the programs; and (ii) report to the Behavioral Health Commission regarding efforts to make such information available to CSBs no later than December 1, 2024.

OPTION 3

The General Assembly may wish to consider including language in the Appropriation Act directing the Secretary of Health and Human Resources to report to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024, on plans to implement the Certified Community Behavioral Health Clinic (CCBHC) model in the Commonwealth, how adopting the CCBHC model could improve access to community-based behavioral health services and their quality, and barriers to implementation of the CCBHC model in the Commonwealth.

OPTION 4

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Medical Assistance Services to examine how Virginia can most effectively and efficiently transition to a prospective payment system as required to fully adopt the Certified Community Behavioral Health Clinic (CCBHC) model and barriers to implementation, and to report its findings and recommendations to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Data Highlights Report for Program Planning and Evaluation

Date: November 7, 2023

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

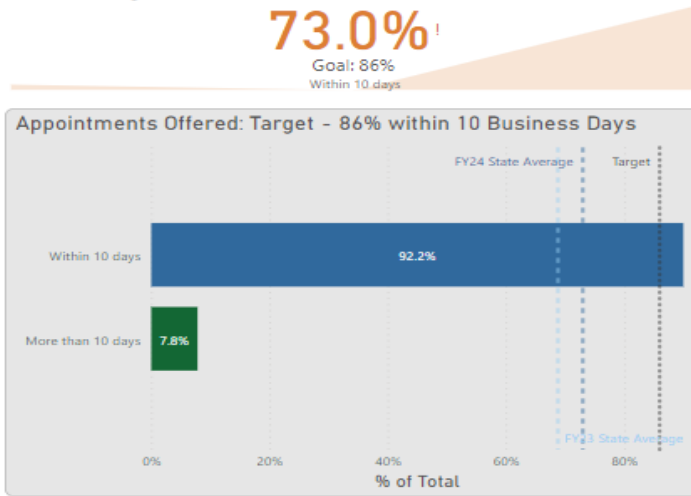
Measure #1: SDA Appointment Offered: Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who were offered a follow-up appointment within 10 business days. The benchmark is set at 86%.

Current Month's Performance- July 2023 (92.2%)

Measure 1: Appointments Offered

Target - 86% within 10 Business Days

State Average



Number of CSBs that met 86% target in most current month: 14 of 40

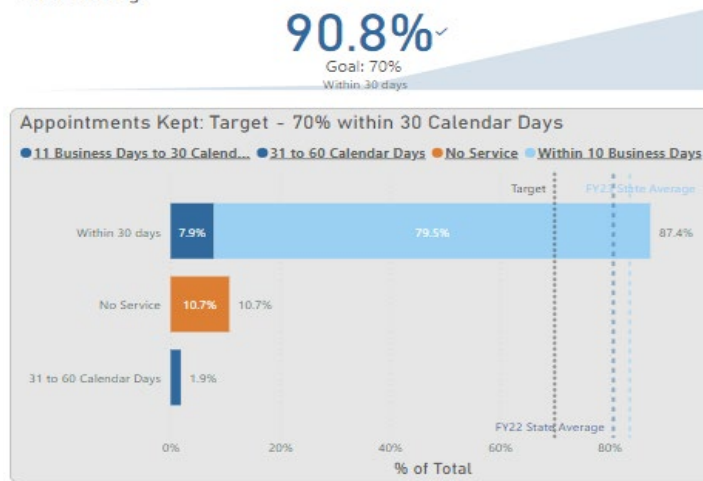
Measure #2: SDA Appointment Kept: Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who attended that follow-up appointment within 30 calendar days. The benchmark is set at 70%.

Current Month's Performance- May 2023 (87.4%)

Measure 2: Appointments Kept

Target - 70% within 30 Calendar Days

State Average



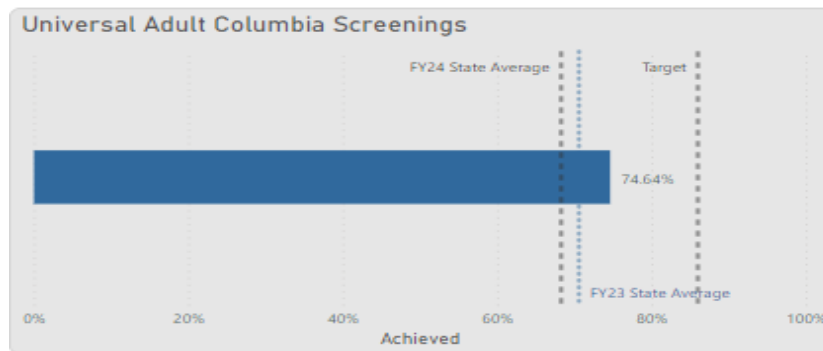
Suicide Risk Assessment *The reports for these measures are still in development by DBHDS. These results are provided for a general idea of RACSB performance, but are not finalized or official.

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. This is the same information presented last month as there have not been updates provided

Current Month's Performance-July 2023 (74.64%)

Measure 2: Adults 18 and Over
FY23 Target: 86%
State Average

68.3%!
Goal: 86.0%

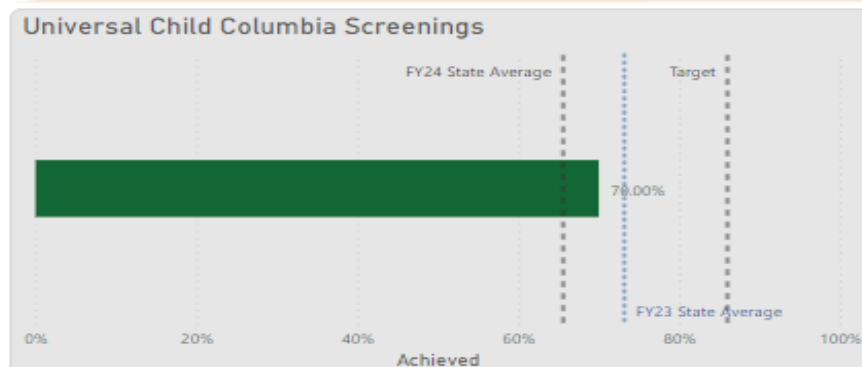


Measure #2: Child Suicide Assessment: Percentage of children who are 7 through 17 years old who have a new MH or SUD program opening (denominator) who received a suicide risk assessment completed within 30 days before or 5 days after case opening(numerator). The benchmark is set at 60 % for FY22 and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

Current Month's Performance-July 2023 (70.0%)

Measure 1: Children 6 to 17
Target: 86%
State Average

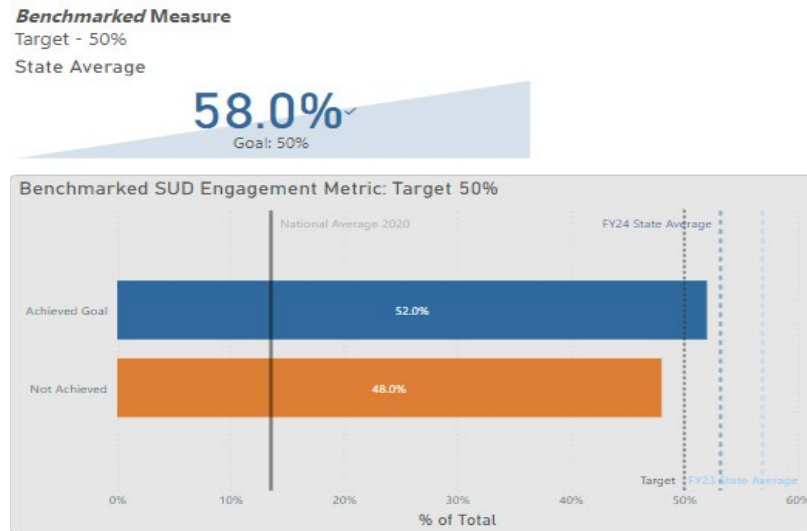
65.6%!
Goal: 86 %



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%.

Current Month's Performance- July 2023 (52.0%)



Daily Living Activity (DLA-20) Assessment Measures

DLA-20 Assesment Change for Outpatient: Percentage of individuals receiving Outpatient Services who scored below a 4.0 on the DLA-20 and who remained in services at least six months (denominator) who demonstrated at least 0.5 growth within two fiscal quarters (numerator). Benchmark is 35%.

Current Performance- FY23Q2Q4 (Child-59.6%; Adult-37.5%)

Daily Living Activity (DLA) - 20 Assessment

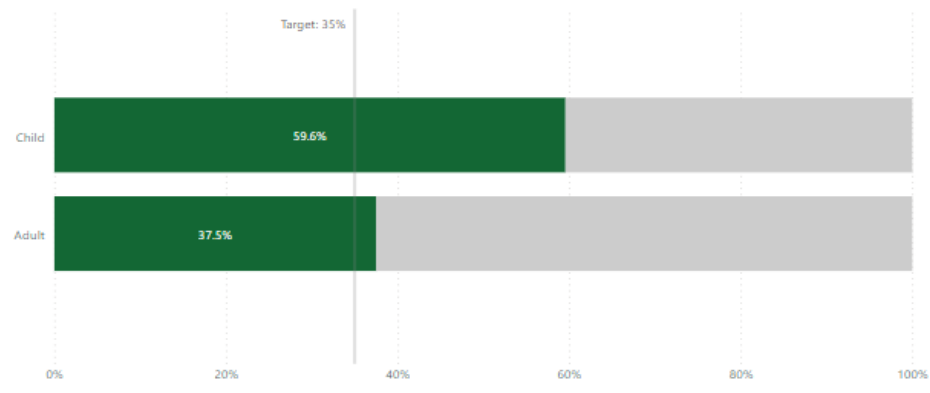
Score Change Over 6 Months

Program Areas: 100 MH; 300 SUD

Service Code: 310 Outpatient Services

Official Benchmarked Measure

Base Score Under 4: Percent with .5 Growth



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%.*

ECM Face to Face: September 2023- 73.46%

ECM Face to Face with Telehealth included: September 2023- 86.41%

ECM In-Home: September 2023- 81.55%

Overview of all Targeted Case Management Quarterly Report

FiscalQtr	FY2023Q3			FY2023Q4							
Region	All_MODALITY	F2F_PCT	F2F_TH_PCT	F2F	TELEHEALTH	AUDIO	NON_F2F	NA	All_MODALITY	F2F_PCT	F2F_TH_PCT
☐ Region 1	767	96.7%	96.9%	738	1	0	38	0	777	95.0%	95.1%
Rappahannock Area	767	96.7%	96.9%	738	1	0	38	0	777	95.0%	95.1%
Total	767	96.7%	96.9%	738	1	0	38	0	777	95.0%	95.1%