

AMENDMENT 3
AMENDED AND RESTATED AMENDMENT 1
EXHIBIT B: FY20264 AND FY20275 COMMUNITY SERVICES BOARD
CONTINUOUS QUALITY IMPROVEMENT (CQI) PROCESS
FOR
BEHAVIORAL HEALTH PERFORMANCE MEASURES
Contract No. P1636, JCSB Code 1, 34

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I. Introduction

The Department, the Community Services Boards and Behavioral Health Authority (CSB) are committed to a collaborative continuous quality improvement (CQI) process aimed at improving the quality, transparency, accessibility, consistency, integration, and responsiveness of services across the Commonwealth pursuant to Code §37.2-508(C) and §37.2-608(C). Exhibit B establishes the CQI framework through which CSBs, providing community behavioral health services, and the Department engage in the CQI processes that are established to track progress towards meeting established benchmarks, identify barriers to achievement, and understand and address root causes that impacts progress. For the purposes of this Exhibit, “benchmark” is defined as the measure target for achievement that is established by the Department in collaboration with CSB.

II. ~~Benchmarks~~ Measure Development

The establishment of benchmarks is a collaborative process with the CSBs and exists as part of the ~~Department’s Behavioral Health Measure Development and Review process.~~ [Department’s Behavioral Health Measure Development and Review process \(See Attachment 1\).](#)

III. Technical Assistance

An opportunity for technical assistance exists when a CSB requires support in meeting an established goal. The following graduated response will be employed to support the CSB to achievement.

Technical Assistance (TA)

For the purposes of this Exhibit, technical assistance (TA) is defined as targeted, collaborative support provided by the Department to CSBs for the purposes of improving performance on the core measures outlined in [Section V](#) of this exhibit. The Department may initiate the process for its provision of TA when a CSB’s performance does not meet the benchmark. Upon receipt of Department notification of the requirement for CSB participation in TA, the CSB shall respond to the Department within 10 business days to confirm receipt and establish next steps.

Additionally, TA may be requested by the CSB at any time. A CSB may request TA from the Department by completing the [Exhibit B TA Request form](#). The Department shall respond to the CSB request for TA within 10 business days to confirm receipt and establish next steps.

The Department will work to address CSB-raised concerns or identified Department data issues as part of the technical assistance process.

IV. Performance Monitoring

A. Performance Improvement Plan (PIP)

~~Develop a Performance Improvement Plan (PIP). For the purposes of this Exhibit, a PIP is defined as a written, collaborative agreement between the Department and the CSB that identifies specific action steps required to support the CSB in meeting identified benchmarks for core performance measures as outlined in Section V of this exhibit. A PIP will not be entered into until at least 6 months of TA has been provided in order to allow for the review of at least 2 quarters of data, or as otherwise dictated established by the Department. At a minimum, a PIP will include activities to be completed, timelines for completion of each activity, parties responsible for completion of each activity, and goals that are specific, measurable, achievable, relevant, and timebound (SMART).~~

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Commented [BW1]: This link is not working. The measure development and review process document should include a version date. This process has been negotiated in the past and it would not be fair to CSBs to agree to something that can be changed mid-contract. We need to have the opportunity to know what we are agreeing to for something this important

Commented [NC2R1]: @Means, Katherine (DBHDS) can you please send me this measure development process documents. Need to add Exhibit B the link is broken.

Commented [MK3R1]: I re-emailed it to you back in April...is that one not ok?

Commented [CN4R1]: Added as attachment

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Commented [BW5]: This link is not working. The measure development and review process document should include a version date. This process has been negotiated in the past and it would not be fair to CSBs to agree to something that can be changed mid-contract. We need to have the opportunity to know what we are agreeing to for something this important

Commented [NC6R5]: @Means, Katherine (DBHDS) can you please send me this measure development process documents. Need to add Exhibit B the link is broken.

Commented [MK7R5]: I re-emailed it to you back in April...is that one not ok?

Commented [CN8R5]: Duplicate comment

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B. Corrective Action Plan (CAP)

In the event PIP implementation does not result in improvement regarding core performance measures pursuant to [Section V](#) of this exhibit; the Department may seek other remedies as outlined in the [Compliance and Remediation](#) ~~Compliance and Dispute Resolution Process~~ section of the performance contract such as initiating a CAP. For the purpose of this Exhibit, a CAP is defined as a written plan to address ~~lack of achievement, noncompliance~~ with identified benchmarks for core performance measures outlined in [Section V](#) of this exhibit. The Department may also find it necessary to enter into a CAP with the CSB in circumstances where the severity of the issue(s) is determined to be necessary for a CAP versus a PIP. If the CSB refuses to participate in the TA and/or PIP process, a CAP will be initiated by the Department. If the CSB disagrees with the CAP they shall utilize the [Compliance and Remediation](#) ~~Compliance and Dispute Resolution Process~~ of the performance contract.

V. Performance Measures

CSB Core Performance Measures: The CSB and Department agree to use the CSB Core Performance Measures, developed by the Department in collaboration with the VACSB Data Management, Quality Leadership, and ~~VACSB/DBHDS~~ Quality and Outcomes Committees (Q&O) to monitor outcome and performance measures for the CSBs and improve the performance on measures where the CSB falls below the benchmark. These performance measures include:

A. Suicide Screening Measure

~~Percentage of youth (ages 6-17) and adults (age 18 or over) and have a new MH or SUD case open who received a suicide risk assessment completed within 30 days before or 5 days after the case opening.~~
~~Percent of individuals ages six and older that receive Columbia Suicide Severity Rating Scale screening within 30 days before or 5 days after a new MH or SUD case has been opened.~~

Benchmark: The CSB shall conduct a Columbia Suicide Severity Rating Scale screening for at least 86 percent of individuals with a new MH or SUD case opening.

B. Same Day Access Measures

1. ~~ISERV Definition: The percentage of new consumers with initial comprehensive needs assessment provided within 10 business days of first contact as well as the mean number of days from the first contact, DBHDS and CSB will collaborate to determine how to collect this information in FY26.~~

~~Percentage of individuals who received a SDA assessment and were determined to need a follow-up service who are offered an appointment for a service within 10 business days and attend a scheduled follow-up appointment within 30 calendar days. First Contact:~~

~~Definition:~~

~~Benchmark: CSB and DBHDS will work together to establish by SFY27~~

1.2. ~~Definition: Appointment Kept: Kept~~ Percentage of new consumers with initial comprehensive needs assessment who keep and attend a follow up appointment within 30 days.

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Commented [EH9]: Is the term "noncompliance" true

Commented [NC10R9]: @Means, Katherine (DBHDS)

Commented [MK11R9]: Yes, Ellen, I concur and like

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Commented [NM13R12]: We have finalized this

Commented [CN14]: STAC, program workgroup, Job

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~~Benchmark:~~ At least 70 percent of the individuals seen in SDA who are determined to need a follow-up service will return to attend that service within 30 calendar days of the SDA assessment.

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Commented [RC15]: National scores are average and used as a baseline not a benchmark. During our presentation to the CSB the SUD engagement benchmark was discussed and will remain.

Commented [BW16]: This increase in benchmark was not discussed with CSBs prior to DBHDS submitting to SAMHSA. This is something that is chosen by the state

Commented [CN17R16]: See Candace response above.

Commented [NJC(18): @Bodanske, Rebekka

Commented [BR19R18]: @Neal-jones, Chaye

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~~Percentage of individuals who keep and attend a follow-up appointment within 30 days~~

~~A.~~

~~Benchmark: The CSB shall offer an appropriate follow-up appointment to at least 86 percent of the individuals who are determined to need an appointment; and at least 70 percent of the individuals seen in SDA who are determined to need a follow-up service will return to attend that service within 30 calendar days of the SDA assessment.~~

C. SUD Engagement Measure (Block Grant SAMSHA/DBHDS Requirement)

Percentage of individuals 13 years or older with a new episode of substance use disorder services as a result of a new SUD diagnosis who initiate services within 14 days of diagnosis and attend at least two follow up SUD services within 30 days.

~~Benchmark:~~ The CSB shall aim to have at least 50 percent 65% of SUD clients engage in treatment per this definition of engagement.

~~B. DLA-20 Measure: 6 month change in DLA-20 scores for youth (ages 6-17) and adults (age 18 or over) receiving STEP-VA services outpatient services in mental health program areas. The percentage of individuals receiving STEP-VA services assessed using the DLA-20 who demonstrate improvement in their DLA-20 score over a 6-month period.~~

~~Benchmark: CSB and DBHDS will work together to establish by SFY27~~

D. DLA-20 Measure

The percentage of individuals receiving STEP-VA services assessed using the DLA-20 who demonstrate improvement in their DLA-20 score over a 6-month period.

Benchmark: CSB and DBHDS will work together to establish by SFY27

~~At least 35% of individuals receiving 310 Outpatient Services in Program Area 100 scoring below a 4.0 on a DLA-20 assessment will demonstrate at least 0.5 growth within two fiscal quarters.~~

VI. Additional Expectations and Elements Being Monitored

The data elements and expectations of this section ~~were put into place prior to the data quality and benchmarking review process as of March 1, 2022 and~~ are active expectations regarding CSB operations and implementation. ~~The process for technical assistance, performance improvement plans, and corrective action plans as described in Section III and IV of this exhibit does not apply to this section.~~ The Department in collaboration with the VACSB Data Management, Quality Leadership, and ~~VACSB/DBHDS~~ Quality and Outcomes Committees will monitor outcome and performance measures in this section ~~for relevance with the CQI process and propose revisions as needed.~~

D.A. Outpatient Primary Care Screening and Monitoring

(+)1. Primary Care Screening

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Measures - ~~The percentage of Adults with a SMI diagnosis and children with SED, engaged in MH TCM and Psychiatry services, who receive an annual primary care screening CSB and DBHDS will work together to establish.~~ The percentage of Adults with a SMI diagnosis and children with SED, engaged in MH CM and Psychiatry services, who receive an annual primary care screening to include height, weight and therefore, BMI

Benchmark - CSB and DBHDS will work together to establish by SFY27.

Outcomes - To provide yearly primary care screening to identify and provide related care coordination to ensure access to needed physical health care to reduce the number of individuals with serious mental illness (SMI), known to be at higher risk for poor physical health outcomes largely due to unidentified chronic conditions.

Monitoring- CSB must report the screen completion and monitoring completion as required by DBHDS in CCS monthly submission to reviewed by the Department.

2. Antipsychotic Metabolic Screening

Measures - The percentage of individuals, receiving STEP-VA services, over the age of 3 years old, receiving antipsychotic medications prescribed by a CSB, who have undergone metabolic screenings within 1 year of identification and comply with recommended metabolic screening schedule (at least annually)

Benchmark - CSB and DBHDS will work together to establish by SFY27

Outcomes - To provide screening in order to identify and provide related care coordination to ensure access needed to physical health care as well as additional information for psychiatric providers. Individuals with serious mental illness (SMI) or serious emotional disturbance (SED) are known to be at higher risk for poor physical health outcomes.

Monitoring - CSB must report the screen completion and monitoring completion as required by DBHDS

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B. Outpatient Services

Outpatient services are considered to be foundational services for any behavioral health system. Outpatient services may include diagnosis and evaluation, screening and intake, counseling, psychotherapy, behavior management, psychiatry, psychological testing and assessment, laboratory, and ancillary services.

Measures - ~~Expertise in the treatment of trauma related conditions is to be established through training annual~~ Percent of CSB Outpatient provider staff that have received the required 8 hours of trauma focused training within the first year of employment and 4 hours in each subsequent year or until 40 hours of trauma-focused training can be demonstrated

Benchmark - ~~CSB should provide a minimum for outpatient behavioral healthcare providers of 8 hours of trauma focused training in treatment modalities to serve adults, children/adolescents and their families within the first year of employment and 4 hours in each subsequent years or until 40 hours of trauma focused treatment can be demonstrated. Benchmark is 95% of above mentioned staff.~~

Monitoring: Provide training data regarding required trauma training yearly in July when completing evidence-based practice survey.

Commented [EH20]: Originally, OPS was specific to therapy and made sense to measure TIC training as part of the integrity of the service. I don't think that you can lump in psych testing and assessment, lab, and ancillary services with the same MOS.

Commented [NC21R20]: @Nusbaum, Meredith (DBHDS) please review Ellen's Comment. I think Q&O/DMC agreed to this correct?

Commented [NM22R20]: The language in this introductory paragraph was carried over from past exhibit B and is the definition of STEP OP services. This is a historical measure.

Commented [CN23R20]: No change

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C. Service Members, Veterans, and Families (SMVF)

(1) Training

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Measures - ~~Percentage of CSB direct services staff who receive military cultural competency training. Percent of CSB Direct Services Staff that receive military cultural competency training within 90 days of hire and every 3 years of employment thereafter.~~

Benchmark - ~~Provided to 95100% of CSB staff delivering direct services to the SMVF population within 90 days of hire and every 3 years. Direct services include, but are not limited to, those staff providing crisis, behavioral health outpatient and targeted case management services.~~

(2) Identifying SMVF members

Measures- At admission, health records in all program areas will contain a valid entry for the Military Status demographic variable.

Benchmark- The CSB shall ensure the Benchmark of 90% of individuals will have a valid entry at admission for MH/SUD services.

(2) Referral Destination

~~(a) **Measures** - Percentage of SMVF clients served who are given information about referral services to SMVF referral destinations.~~

~~(b) **Benchmark** - 70% of SMVF in CSB services will receive information about services offered by Military Treatment Facilities, Veterans Health Administration facilities, and/or Virginia Department of Veterans Services; and be supported in being referred at the individual's request.~~

(3) Columbia Suicide Severity Rating Scale

~~(a) **Measure** - SMVF individuals in CSB services will be screened for suicide risk at intake (and as needed per agency clinical protocols to monitor risk level) utilizing the Columbia Suicide Severity Rating Scale (C-SSRS) brief screen.~~

~~(b) **Benchmark** - Conducted for 86% of SMVF individuals beginning in FY23 (July 1, 2022).~~

~~(c) **Monitoring** - CSB must report all data through its CCS monthly submission as required by DBHDS.~~

D. Peer and Family Support Services

(1) Peer FTEs (STEP-VA Funded)

(a) **Measure:** Total number of Peer Support Services FTE offering peer support services in mental health and/or substance use treatment settings funded by STEP-VA allocations.

(b) **Benchmark:** Year 1 will allow for monitoring and benchmarking.

(2) Peer FTEs (Total)

(a) **Measure:** -Total number of Peer Support Services FTE offering peer support services in CSB/BHA from all funding sources.

(b) **Benchmark:** -Year 1 will allow for monitoring and benchmarking

(3) Peer Certification and Registration

(a) **Measure:** Peer Supporters will obtain certification within 15 months of hire and be registered within 18 months of hire (from the Board of Counseling)

(b) **Benchmark:** There is not a benchmark at this time as FY24 is the first year collecting this information. We will revisit setting a benchmark next year.

~~**DLA-20 Measure:** 6-month change in DLA-20 scores for youth (ages 6-17) and adults (age 18 or over) receiving outpatient services in substance use disorder program areas.~~

~~**Benchmark:** At least 35% of individuals receiving 310 Outpatient Services in Program Areas 300 scoring below a 4.0 on a DLA-20 assessment will demonstrate at least 0.5 growth within two fiscal quarters.~~

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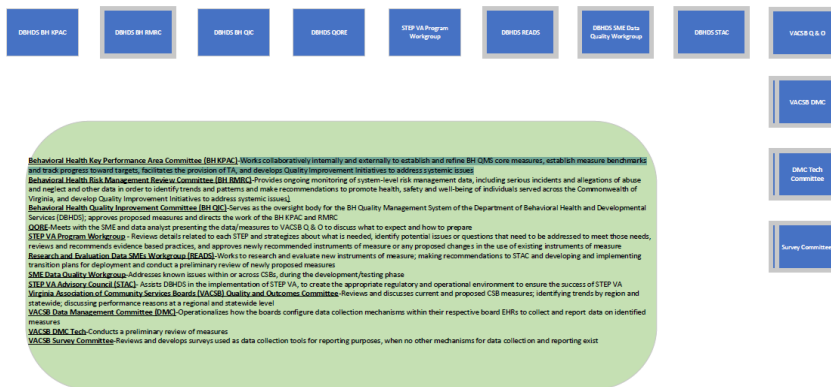
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Quality and Data Committees Involved in BH Quality and Data Work



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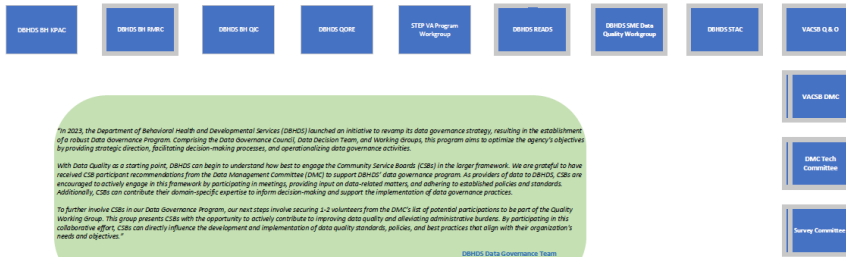
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Behavioral Health Quality and Data Committees and Virginia Association of Community Services Boards Data Governance Engagement

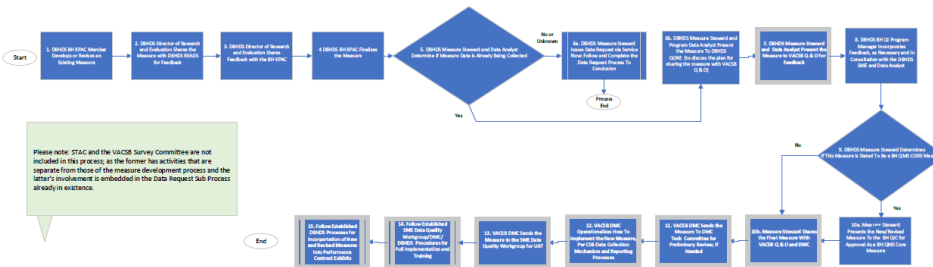


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Behavioral Health Measure Development Process



*Boxes outlined in grey denote CSB involvement

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