**AMENDMENT 3**
**AMENDED AND RESTATED EXHIBIT B: FY2026 AND FY2027 COMMUNITY SERVICES BOARD**
**CONTINUOUS QUALITY IMPROVEMENT (CQI) PROCESS**
**FOR**
**BEHAVIORAL HEALTH PERFORMANCE MEASURES**
**Contract No. P1636. [CSB Code ] . 3**

Table of Contents

**AMENDMENT 3**
**AMENDED AND RESTATED EXHIBIT B: FY2026 AND FY2027 COMMUNITY SERVICES BOARD**
**CONTINUOUS QUALITY IMPROVEMENT (CQI) PROCESS**
**FOR**
**BEHAVIORAL HEALTH PERFORMANCE MEASURES**
**Contract No. P1636. [CSB Code ] . 3**

## 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. 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 (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 established by the Department.

**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 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 achievements 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 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/ 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

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

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

### 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 have at least 65% of SUD clients engage in treatment per this definition of engagement.

### 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

**AMENDMENT 3**
**AMENDED AND RESTATED EXHIBIT B: FY2026 AND FY2027 COMMUNITY SERVICES BOARD**
**CONTINUOUS QUALITY IMPROVEMENT (CQI) PROCESS**
**FOR**
**BEHAVIORAL HEALTH PERFORMANCE MEASURES**
**Contract No. P1636. [CSB Code ] . 3**

## VI. Additional Expectations and Elements Being Monitored

The data elements and expectations of this section are active expectations regarding CSB operations and implementation. The Department in collaboration with the VACSB Data Management, Quality Leadership, and Quality and Outcomes Committees will monitor outcome and performance measures in this section.

### A. Outpatient Primary Care Screening and Monitoring

**1. Primary Care Screening**

**Measures** - 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.

**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

### 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 -** 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 -** Benchmark is 95% of above mentioned staff.

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

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

(1) **Training**

**Measures -** 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 –** 95% of CSB staff delivering direct services to the SMVF population

(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.

**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

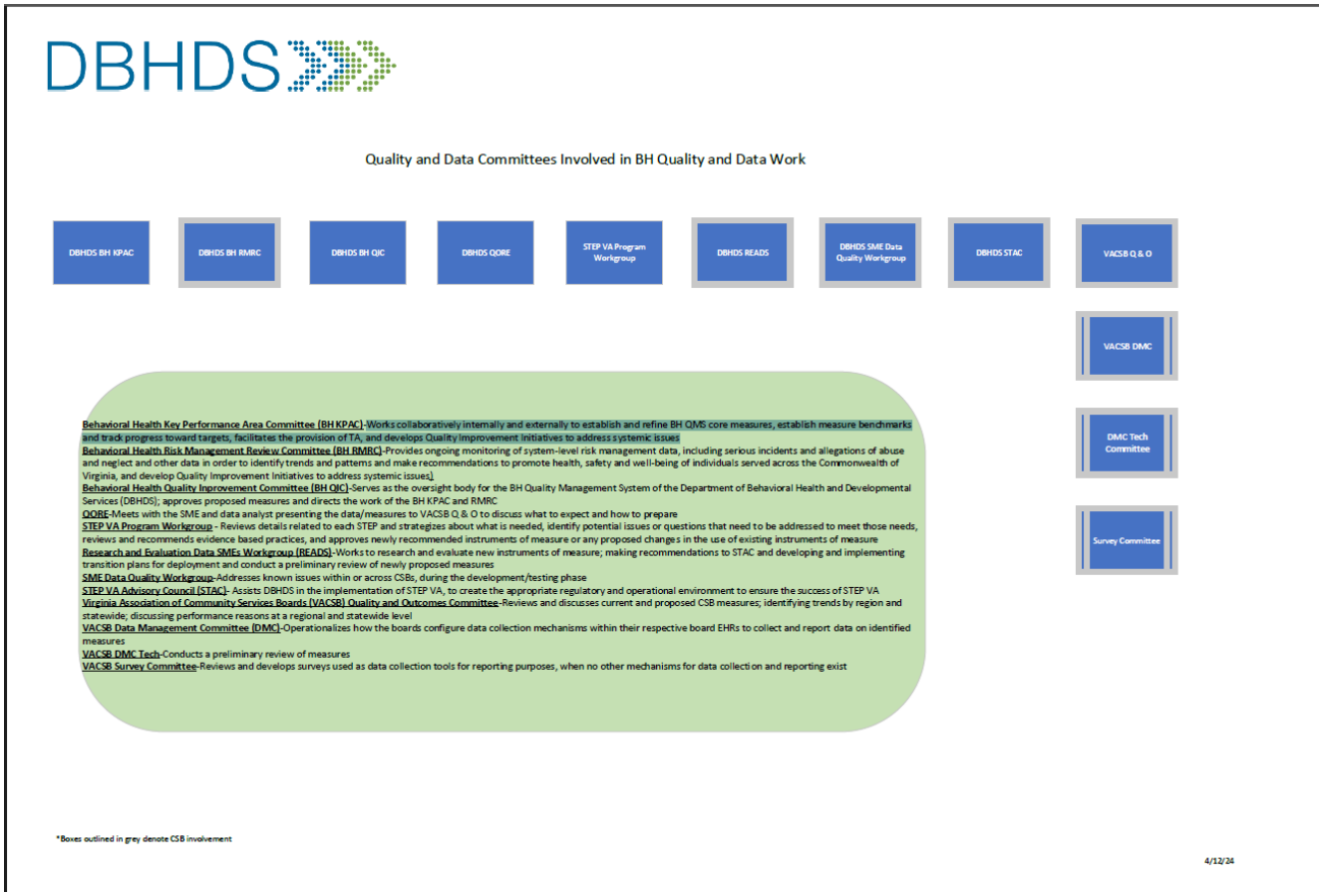
(3) **Peer Certification and Registration**

(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.

**AMENDMENT 3**
**AMENDED AND RESTATED EXHIBIT B: FY2026 AND FY2027 COMMUNITY SERVICES BOARD**
**CONTINUOUS QUALITY IMPROVEMENT (CQI) PROCESS**
**FOR**
**BEHAVIORAL HEALTH PERFORMANCE MEASURES**
**Contract No. P1636. [CSB Code ] . 3**

**Attachment 1**



**AMENDMENT 3**
**AMENDED AND RESTATED EXHIBIT B: FY2026 AND FY2027 COMMUNITY SERVICES BOARD**
**CONTINUOUS QUALITY IMPROVEMENT (CQI) PROCESS**
**FOR**
**BEHAVIORAL HEALTH PERFORMANCE MEASURES**
**Contract No. P1636. [CSB Code ] . 3**

DBHDS

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

DBHDS BH KPAC | DBHDS BH RMRC | DBHDS BH QIC | DBHDS QORE | STEP VA Program Workgroup | DBHDS READS | DBHDS SME Data Quality Workgroup | DBHDS STAC | VACSB Q & O | VACSB DMC | DMC Tech Committee | Survey Committee

*"In 2023, the Department of Behavioral Health and Developmental Services (DBHDS) launched an initiative to revamp its data governance strategy, resulting in the establishment of a robust Data Governance Program. Comprising the Data Governance Council, Data Decision Team, and Working Groups, this program aims to optimize the agency's objectives by providing strategic direction, facilitating decision-making processes, and operationalizing data governance activities.*

*With Data Quality as a starting point, DBHDS can begin to understand how best to engage the Community Service Boards (CSBs) in the larger framework. We are grateful to have received CSB participant recommendations from the Data Management Committee (DMC) to support DBHDS' data governance program. As providers of data to DBHDS, CSBs are encouraged to actively engage in this framework by participating in meetings, providing input on data-related matters, and adhering to established policies and standards. Additionally, CSBs can contribute their domain-specific expertise to inform decision-making and support the implementation of data governance practices.*

*To further involve CSBs in our Data Governance Program, our next steps involve securing 1-2 volunteers from the DMC's list of potential participations to be part of the Quality Working Group. This group presents CSBs with the opportunity to actively contribute to improving data quality and alleviating administrative burdens. By participating in this collaborative effort, CSBs can directly influence the development and implementation of data quality standards, policies, and best practices that align with their organization's needs and objectives."*

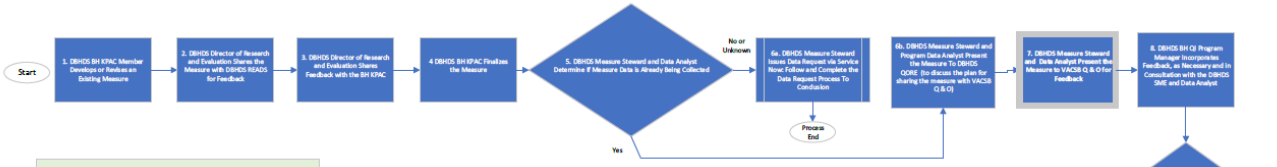
DBHDS Data Governance Team

*Boxes outlined in grey denote CSB involvement

4/12/24

DBHDS

Behavioral Health Measure Development Process




Please note: STAC and the VACSB Survey Committee are not included in this process; as the former has activities that are separate from those of the measure development process and the latter's involvement is embedded in the Data Request Sub Process already in existence.

*Boxes outlined in grey denote CSB involvement

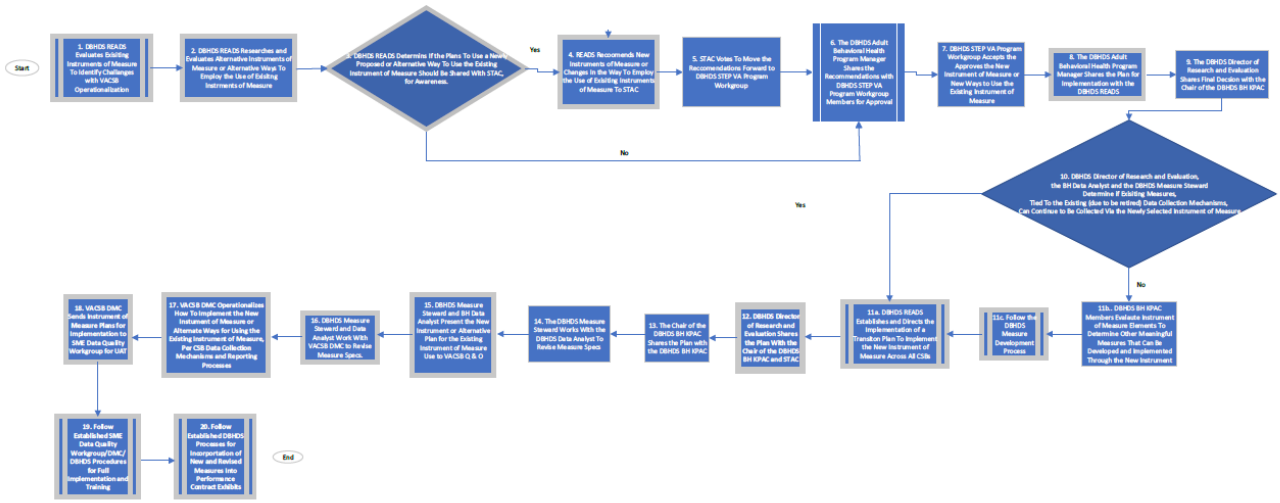
4/12/24

**AMENDMENT 3**
**AMENDED AND RESTATED EXHIBIT B: FY2026 AND FY2027 COMMUNITY SERVICES BOARD**
**CONTINUOUS QUALITY IMPROVEMENT (CQI) PROCESS**
**FOR**
**BEHAVIORAL HEALTH PERFORMANCE MEASURES**
**Contract No. P1636. [CSB Code ] . 3**

---

DBHDS

BH Instrument of Measure Development and Revision Process




*Boxes outlined in grey denote CSB involvement

4/12/24