

FY 2022 PERFORMANCE PLAN

DDS Support Coordination		ADSD/DDS	David Rothman x1116 Lauren Townsend x1162
Program Purpose	<ul style="list-style-type: none"> Maximize chosen outcomes for individuals with developmental disabilities through Support Coordination and implementation of services in the least restrictive and most integrated community settings. 		
Program Information	<ul style="list-style-type: none"> Active Support Coordination is a best practice for helping individuals with developmental disabilities thrive in the community in the least restrictive setting. Active Support Coordination comprises developing, implementing, and monitoring a comprehensive Person-Centered Plan (PCP), also referred to as an Individual Service Plan (ISP) for individuals open to DD Medicaid Waiver or local funded services or receiving Permanent Supportive Housing (PSH) or behavioral health services (i.e., therapy or medication management). Ongoing activities encompass the implementation of the PCP, as well as ensuring the individual’s safety and well-being in the least restricted and most integrated setting. Active Support Coordination requires in-person, face-to-face contact with the individual every 90 days and monthly case management activities that are relevant to the individual’s need. Local Community Services Boards (CSBs) are the front door for all individuals with a Developmental Disability (DD). Enhanced Case Management (ECM) is a subset of Targeted Case Management (i.e., Active Support Coordination) with a key distinction that the in-person, face-to-face contact is required every 30 days with every other visit occurring in the individual’s primary residential (home) setting. Enhanced Case Management was mandated as part of the 2012 Settlement Agreement between the Commonwealth of Virginia and the U.S. Department of Justice (DOJ). Enhanced Case Management is intended to closely monitor individuals with high medical and/or behavioral risks. The DOJ Settlement Agreement dictates that services provided to individuals with developmental disabilities be person-centered and delivered in the most integrated community setting. In alignment with person-centered services, the Virginia’s Department of Behavioral Health and Developmental Services (DBHDS), beginning in 2014, closed four of five Training Centers. The Southeastern Virginia Training Center (SEVTC), located in Chesapeake, VA, remains open pursuant to the Settlement Agreement. Arlington continues to have two individuals residing in this facility, by choice of the parents or Authorized Representatives. Since the inception of the DOJ Settlement Agreement, Arlington Developmental Disability Services (DDS) supported 32 individuals in exiting Virginia’s Training Centers and integrating into community-based residential settings (i.e., group homes and own apartments with supports). Employment First requires Community Services Boards (CSBs) to assist individuals in obtaining competitive integrated employment. Competitive integrated employment means that the individual works alongside non-disabled individuals performing the same or similar tasks; are paid minimum wage or higher; and have the same opportunities for advancement and development as their non-disabled co-workers. The CSB is the front door for all individuals with a Developmental Disability (DD) diagnosis, including Intellectual Disability (ID). Unlike most other localities, the 		

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	<p>Arlington CSB provides local funding for day support and employment services for individuals not eligible for a DD Medicaid Waiver or on the DD Medicaid Waiver waitlist.</p> <ul style="list-style-type: none"> Partners include Arlington Public Schools, Virginia Department of Behavioral Health and Developmental Services (DBHDS), Virginia Department of Medical Assistance Services, Virginia Hospital Center, Virginia Department for Aging and Rehabilitative Services (DARS), City of Alexandria Community Services and Fairfax/Falls Church Community Services Boards, community based residential providers, Employment Service Organizations (ESOs), Arlington County Attorney’s Office, and the Arc of Northern Virginia (private DD Case Management provider).
Service Delivery Model	<ul style="list-style-type: none"> During the COVID Public Health Emergency, DMAS and DBHDS permitted Support Coordination to be performed using telehealth, which spanned 30-day DOJ visits, 90-day Targeted Case Management (Support Coordination) visits, annual planning meetings, and completion of the Virginia Individual Developmental Disability Eligibility Screening (VIDES). Effective May 1, 2021, DMAS and DBHDS required the above services to resume in-person. In FY 2022, DMAS and DBHDS again permitted virtual services, other than telephone, through March 2022 if the individual or parent/legal guardian expressed any opposition to in-person visits. For hybrid services, Support Coordinators completed portions of a required contact via Teams or Zoom combined with an in-person visit or contact. In FY 2022, all Support Coordinators received County-issued cell phones, which aided the delivery of remote and hybrid services. In FY 2023 it is anticipated that all 90-day, 30-day, annual planning meetings, and completion of VIDES assessments will be completed via in-person, face-to-face contacts unless DBHDS and/or DMAS communicates otherwise. Support Coordinators are encouraged to use in-person contacts for visits or meetings for all other contacts, but may opt to use Zoom or Teams. The DDS Leadership Team will continue to support a remote access work environment for indirect services.

PM1: How much did we do?

Staff	<p>Total 18.25 FTEs:</p> <ul style="list-style-type: none"> 17.0 FTEs Support Coordinators providing Active Support Coordination 1.2 FTEs Developmental Disability Program Managers and DDS Bureau Director 				
Customers and Service Data		FY 2019	FY 2020	FY 2021	FY 2022
	Total number of individuals receiving active or enhanced Support Coordination	253	261	267	277
	Adults	222	236	242	234
	Children	31	25	25	43
	Program staff also provide Consumer Monitoring support to individuals.				
	FY 2019	FY 2020	FY 2021	FY 2022	

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	Total number of individuals receiving Consumer Monitored Support	243	229	250	275
	Adults	57	66	87	90
	Children	186	163	163	185

PM2: How well did we do it?

2.1	Customer Satisfaction
2.2	Mandatory Face-to-Face Contact Completion Rate
2.3	Annual Integrated Community-Based Employment Conversation

PM3: Is anyone better off?

3.1	Individuals in Competitive, Integrated Employment
3.2	Individuals Maintained in Non-Institutional Community Settings

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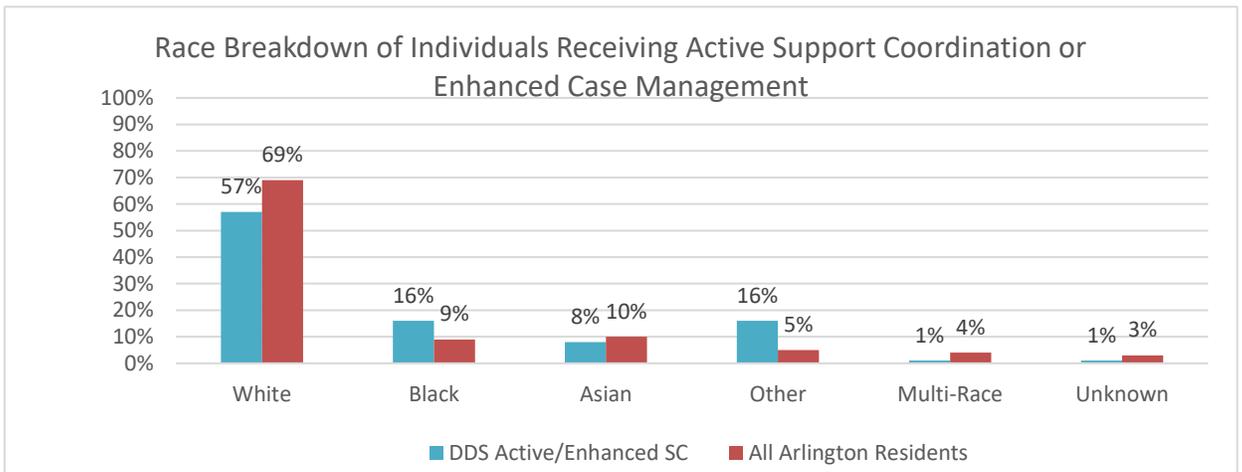
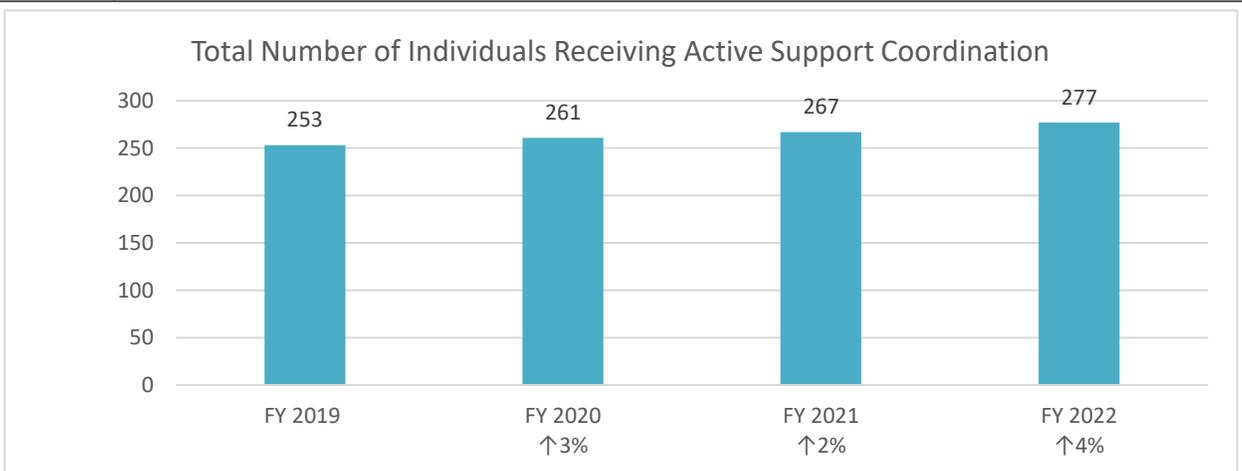
DDS Active Support Coordination

Measure

1

Total Number of Individuals Receiving Active Support Coordination, including Enhanced Case Management

Data



Data Summary

- Since Waiver Redesign in FY 2017, Developmental Disability Services continues to experience rapid increases in individuals referred and accepted for services and subsequently assigned to Active Support Coordination. The racial breakdown of those individuals served in DDS, including Active Support Coordination, has kept pace with the County’s overall racial and ethnic demographics.

What is the story behind the data?

- In FY 2018, two new FTEs for Support Coordination were approved by the Arlington County Board. In FY 2020, the Arlington County Board approved a third new FTE. The addition of three Support Coordinators across two years has aided in the effort to keep pace with the increase in numbers admitted for DD Services. Still, the number of referrals continued to rise in FY 2022. In FY 2022, Quarter 4, DDS experienced an unprecedented number of referrals: 1 in April, 21 in May, and 4 in June.
- In FY 2018, a Support Coordinator was designated exclusively for intake. The staff hired into this role served as the Intake Support Coordinator until quarter three of FY 2020 at which time the staff was assigned to carry a regular caseload. This transition from intake to full time Support Coordinator also allowed an opportunity to balance caseloads, in general. In FY

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2021 quarter 3, the role of Intake Support Coordinator was reinstated with a key difference to allow the Support Coordinator to maintain a reduced caseload of no greater than ten individuals.

- In FY 2022, one Support Coordinator retired and a second resigned after relocating to another state. This resulted in vacancies for a combined six months. During this time, one of two Program Managers assumed Support Coordinator responsibilities, as did the Bureau Director who was aided by the Residential Contracts Manager.
- Developmental Disability Services was fully staffed at the close of FY 2022.

Recommendations	Target Dates
<ul style="list-style-type: none"> • Adjust staffing, as needed, to accommodate new admissions and Support Coordination services. • Review racial disaggregation methodology to include Hispanic individuals and utilize Census data for comparison population. 	<ul style="list-style-type: none"> • Ongoing • FY 2023 Q4

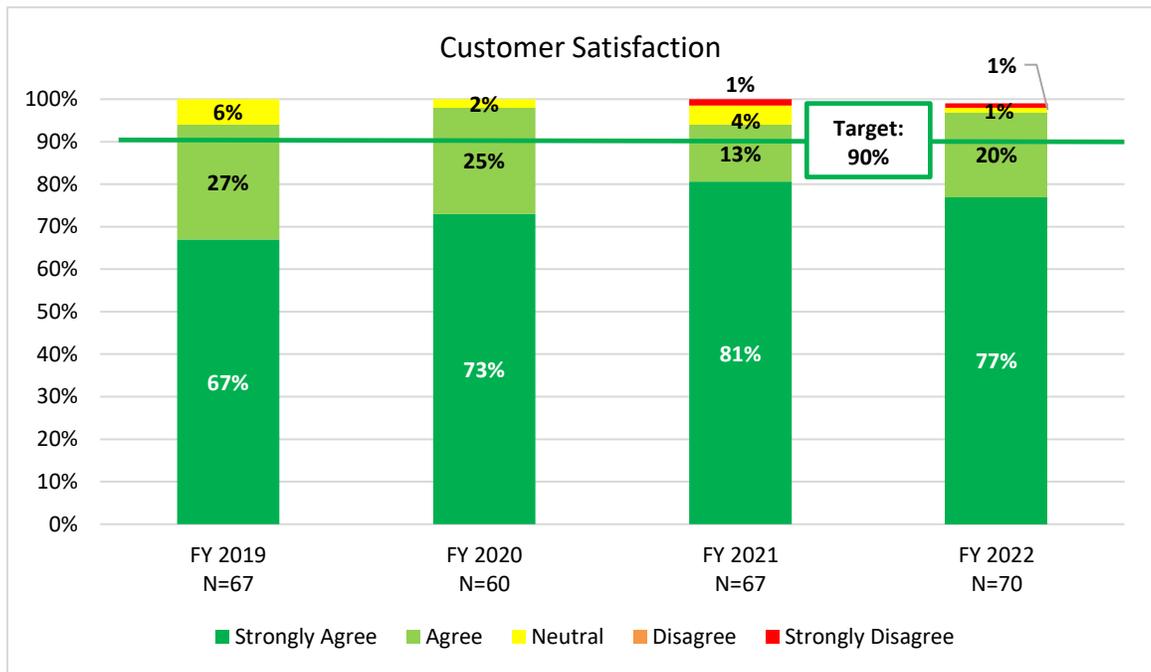
Forecast

- It is projected that Active Support Coordination will increase to 279 individuals for FY 2023.

DDS Active Support Coordination

Measure 2.1 Customer Satisfaction

Data



Data Summary

- Two hundred seventy-eight surveys were mailed. Seventy surveys were returned (28%) for which sixty-nine individuals responded to the overall satisfaction question (25%).
- Of those responding, 97% either strongly agreed (53) or agreed (14) to overall satisfaction with Support Coordination services. One individual (1%) was neutral and one individual (1%) strongly disagreed.

What is the story behind the data?

- Annual assessment of Support Coordination provides an opportunity to gauge what is working and what are areas for development, as well as to address global concerns that could lead to broad dissatisfaction.
- The FY 2022 survey, for the second consecutive year, was provided in English and Spanish. Respondents were advised the survey could be made available in other languages upon request; there were zero requests.
- Of the surveys returned, 69 were English; 1 was Spanish; and 0 were other languages. The return rate was not changed over previous years in response to making the survey available in multiple languages.
- Comments suggest that, overall, individuals and/or parents and legal guardians were pleased with Support Coordination.
- To the question: "Share at least one thing you like about your Support Coordinator," several responses conveyed appreciation for timely follow through; being kind and cordial towards the individual being supported; resourceful in finding services; and good problem solving; and returning phone calls.
- To the question: "Share at least one thing you would like to see improved about your Support Coordinator's services," most respondents indicated they "would not change a thing." One respondent, however, commented about a lack of coordination amongst the

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various service providers (e.g., Day Support and residential, for example) while another communicated, "there's too much paperwork."

- A policy addressing the annual satisfaction survey was final approved in FY 2022 and will be reviewed in FY 2024.
- Pursuant to a FY 2022 recommendation, consideration was given to an option to mail the survey based on preferred language indicators as identified in Welligent. However, it was determined that a service being provided in a certain language is not a reliable determinant for mailing the survey in the same language.

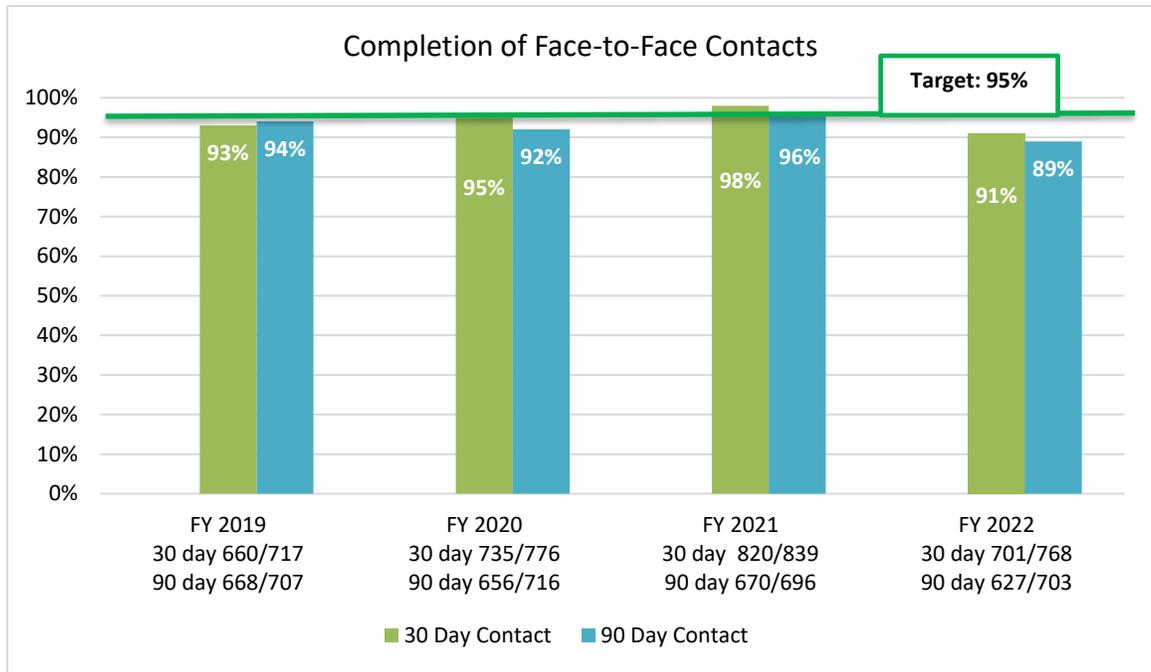
Recommendations	Target Dates
<ul style="list-style-type: none"> • Evaluate mailing of the survey in English only advising, in multiple languages, that it can be made available in other languages, including Spanish, upon request. • Explore a modification in Welligent that can quantify the data collected in the quarterly review for Support Coordination satisfaction; compare results to the annual satisfaction survey. • Explore options in the new Electronic Health Record to identify and send surveys in the preferred language for each recipient. Options include capturing family/contact's preferred language, integrating language question into annual service planning process, or making multilingual survey available electronically. • Explore alternative options for increasing the survey response rate. 	<ul style="list-style-type: none"> • May 2023 • FY 2023, 1st Quarter • FY 2023, 2nd Quarter • FY 2023, 3rd Quarter
Forecast	
<ul style="list-style-type: none"> • In FY 2023, anticipate overall satisfaction with Support Coordination at a rate of 90% or higher. 	

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Measure 2.2 Face-to-Face Contacts for Individuals Receiving Active Support Coordination

Data



Data Summary

- In FY 2022, 91% of the DOJ/30-day contacts met the compliance standard.
- For the 90-day contacts, 89% of the contacts were in compliance.
- Data was obtained from Service Reports generated in Cerner and Welligent (Electronic Health Record).

What is the story behind the data?

- Per the DOJ Settlement Agreement, individuals receiving Enhanced Case Management (ECM) are required to receive a “DOJ” visit (aka 30-day face to face visit) once every 30 days. The Support Coordinator is required to complete this visit in the individual's home setting at least once every other month.
- Beginning May 1, 2021, DBHDS and DMAS required Support Coordinators to resume in-person, face-to-face visits. During various Public Health Emergency periods, some individuals requested continuance of virtual face-to-face contacts, as allowed by DBHDS and DMAS provided the reason for a virtual contact was due to the individual or family member’s choice and documented by the Support Coordinator in a progress note. Even though DBHDS/DMAS allowed an individual, parent, or guardian to request a virtual visit, for purposes of reporting data to the State, these visits were not to be coded as ECM if all required criteria (i.e., in-person contact) were not met.
- Face-to-face visits were captured in the EHR using specific location codes. Support Coordinators were also required to complete specific forms as part of the 30-day or 90-day face-to-face visits. Support Coordinators were also required to complete a separate DOJ/30-day Assessment form for those receiving ECM.
- Support Coordinators were required to utilize a session note template for the 90-day contact. This template captured all required questions for the quarterly in-person contact.

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- There were some 90-day visits that did not occur due to an individual having COVID-19 or being recently exposed to COVID-19. Other visits were not completed on-time due to individuals and families not being responsive to Support Coordinators' requests for visits, individuals being hospitalized, or cancellations from individuals/families. Support Coordinators have been encouraged to schedule 90-day visits allowing a few weeks before due to give ample time for completion of the visits and to better accommodate changes or cancellations.

Recommendations

Target Dates

- Support Coordinators will continue to utilize a caseload tracking spreadsheet in order to aide scheduling upcoming 30-day and 90-day contacts. In the event that a Support Coordinator has multiple late or missed meetings, it will be recommended by a Program Manager that they utilize the tracking spreadsheet created by Clinical Information and Data Manager.
- Program Managers will ask Support Coordinators to bring a copy of their caseload tracking spreadsheet to supervision sessions with Program Managers to share upcoming visits. Support Coordinators should provide updated copies of their tracking spreadsheets at least 1x/quarter to Program Manager.
- Support Coordinators are encouraged to schedule 90-day visits at least 2 weeks in advance of the deadline in the event of unexpected cancellations from individuals or parents/caregivers. Support Coordinators will discuss any barriers to scheduling with Program Managers during supervision.

- FY 2023; Monthly
- FY 2023; Monthly
- Ongoing

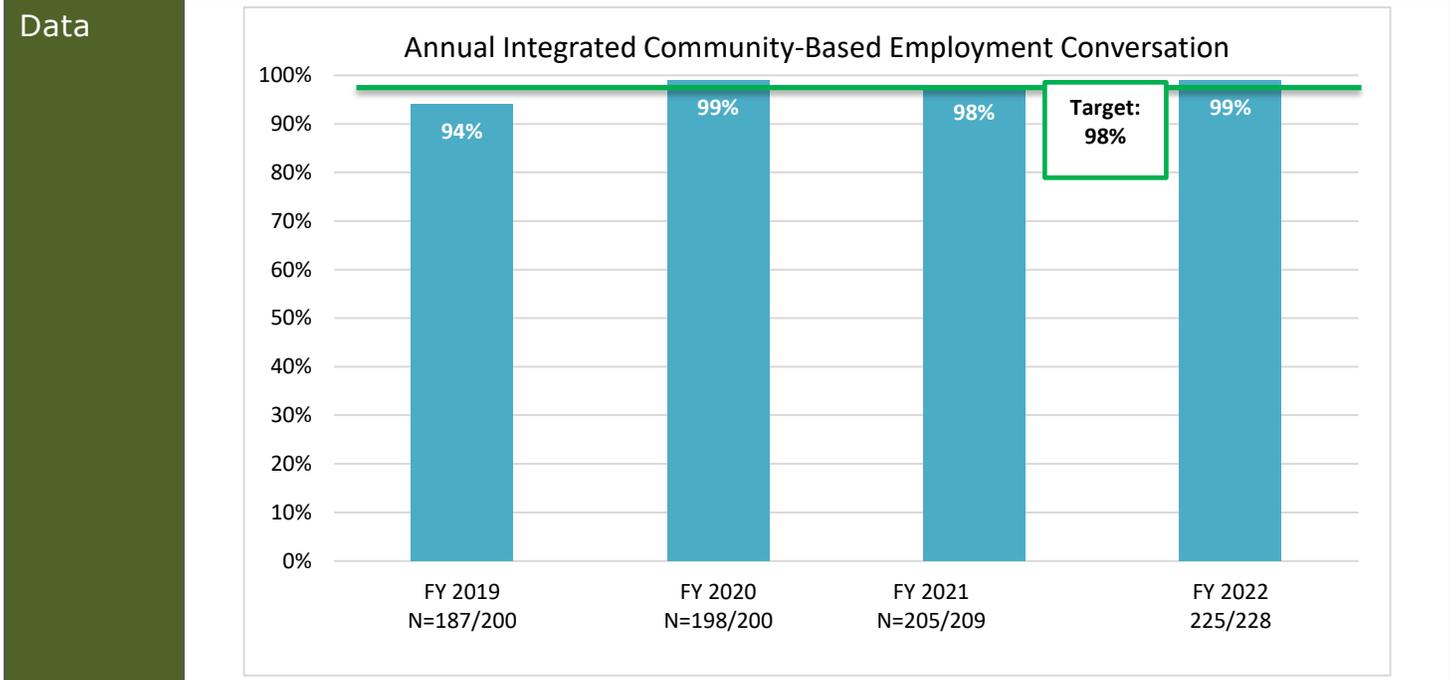
Forecast

- It is projected that a minimum of 95% of all 30-day and 90-day contacts will occur in a timely manner for FY 2023.

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Measure	2.3	Annual Integrated Community-Based Employment Conversation
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Data Summary

- Two hundred twenty-five (225) out of 228 (99%) individuals had an annual employment conversation in FY 2022.
- An annual “employment” conversation is required per DBHDS for individuals in the DOJ Settlement Agreement population (i.e., receiving DD Medicaid Waiver-funded services or on the DD Medicaid Waiver waitlist) for individuals ages 14 – 64 years.
- The quarterly review was modified in September 2021; however, the changes to the report were not finalized in the electronic health record (i.e., Welligent) until Quarter 4. Support Coordinators, therefore, used a quarterly report in Microsoft Word format and uploaded the final, signed version into OnBase. As a result, staff could not generate a report capturing the data from the electronic health record. Therefore, FY 2022 data for this measure was obtained from a comprehensive, manual review of quarterly reports.
- For twenty-five out of 228 individuals, the data supporting the annual conversation was obtained by review of the annual Individual Service Plan (ISP).

What is the story behind the data?

- The ‘Integrated Employment Conversation’ occurs, at a minimum, once a year and most often during the annual planning meeting. It is, therefore, documented in the Individual Service Plan (ISP), which is captured in WaMS and OnBase.
- In September 2021, annual training on Integrated Employment Conversations was provided to all Support Coordinators covering steps for having and documenting this annual conversation.
- Tracking of annual Integrated Employment Conversations continued to be included in the updated DD Services Quality Assurance/Quality Improvement (QA/QI) Plan.

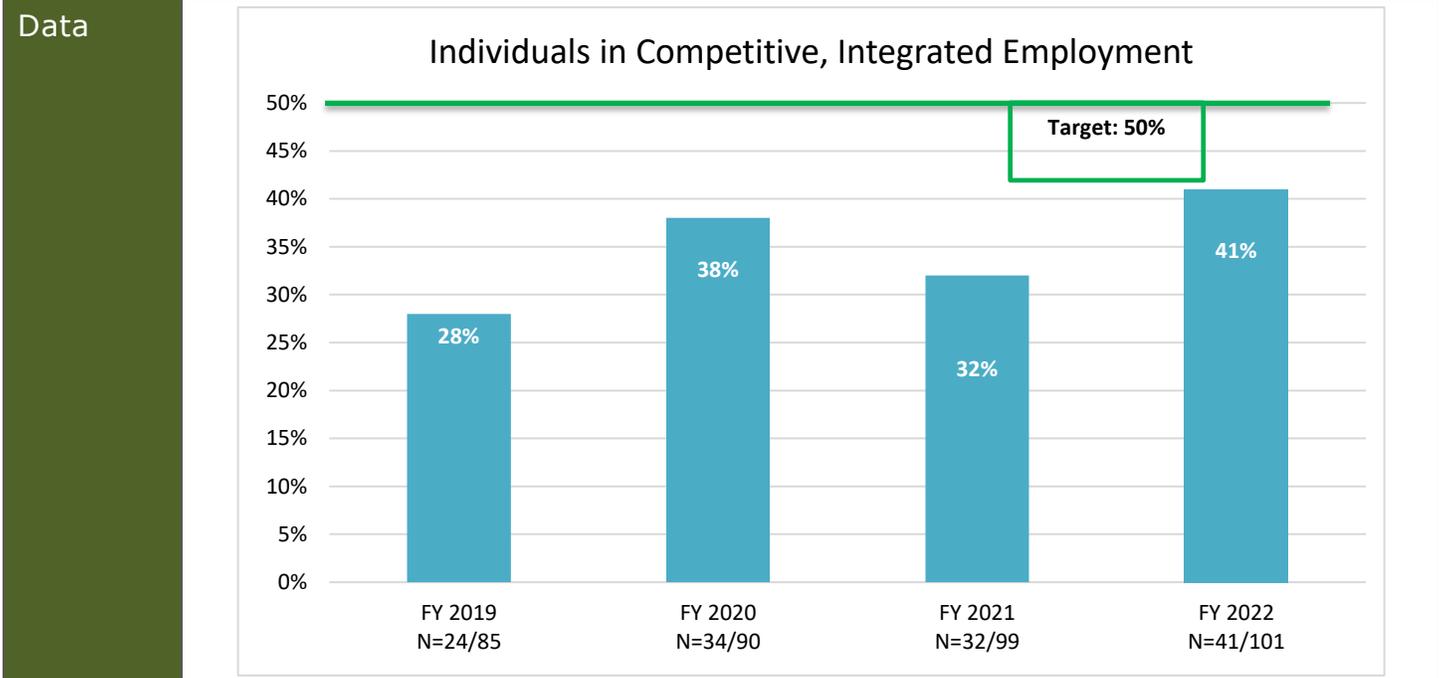
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<ul style="list-style-type: none"> Compliance with the annual Integrated Employment Conversation continued to be included in the monthly chart audit tool used by Program Managers, the Bureau Director, and the Compliance and Records Management Team. Two of the 4 Quarters in FY 2022, the DDS Leadership Team discussed annual employment data received by DHBDS. 	
Recommendations	Target Dates
<ul style="list-style-type: none"> Continue to conduct an annual training on Integrated Employment Conversations for all Support Coordinators Continue to discuss quarterly data for the annual Integrated Employment Conversation twice annually at the DDS LT level; schedule, in advance, quarterly review dates for the DDS LT discussion to better ensure they occur Consider developing a new measure reporting community integration outcomes 	<ul style="list-style-type: none"> FY 2023, Quarter 1 FY 2023 Quarter 2 and Quarter 4 FY 2023 Quarter 2
Forecast	
<ul style="list-style-type: none"> Anticipate 98% or higher success rate for Integrated Employment Conversations during FY 2023 	

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Measure	3.1	Individuals in Competitive, Integrated Employment
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Data Summary	<ul style="list-style-type: none"> In FY 2022, 101 individuals indicated that they wanted to work. Of these individuals, 41 (41%) were employed in competitive, integrated jobs. Data obtained from Service Reports in the electronic health record (i.e., Cerner and Welligent).
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What is the story behind the data?

- In FY 2022, despite the declining labor market, lack of job opportunities, and the continued impact of the COVID-19 pandemic on the labor force, the number of individuals who remained in or obtained new employment in FY 2022 increased, and exceeded percentages achieved since 2019 when this measure was added to the PMP. A contributing factor to this is the inclusion of employment outcomes in the Individual Services Plan (ISP), for which providers, including Support Coordinators, regularly monitor progress. Given such, they can anticipate and readily address barriers and potential barriers that may threaten both securing and retaining employment.
- The number of individuals who were interested in obtaining competitive integrated employment remained relatively stable between FY 2021 and 2022.
- The Department of Rehabilitation Services (DARS) did not offer the Customized Employment service to individuals seeking employment.

Recommendations	Target Dates
<ul style="list-style-type: none"> Maintain target at 50%, which is the DBHDS target pursuant to the DOJ Independent Reviewer effective July 1, 2020. To date, no CSB in the state has achieved this target. Continue to provide training for Support Coordinators in addressing myths and identifying and breaking down barriers to competitive, integrated employment for individuals with 	<ul style="list-style-type: none"> Ongoing FY 2023, Q1

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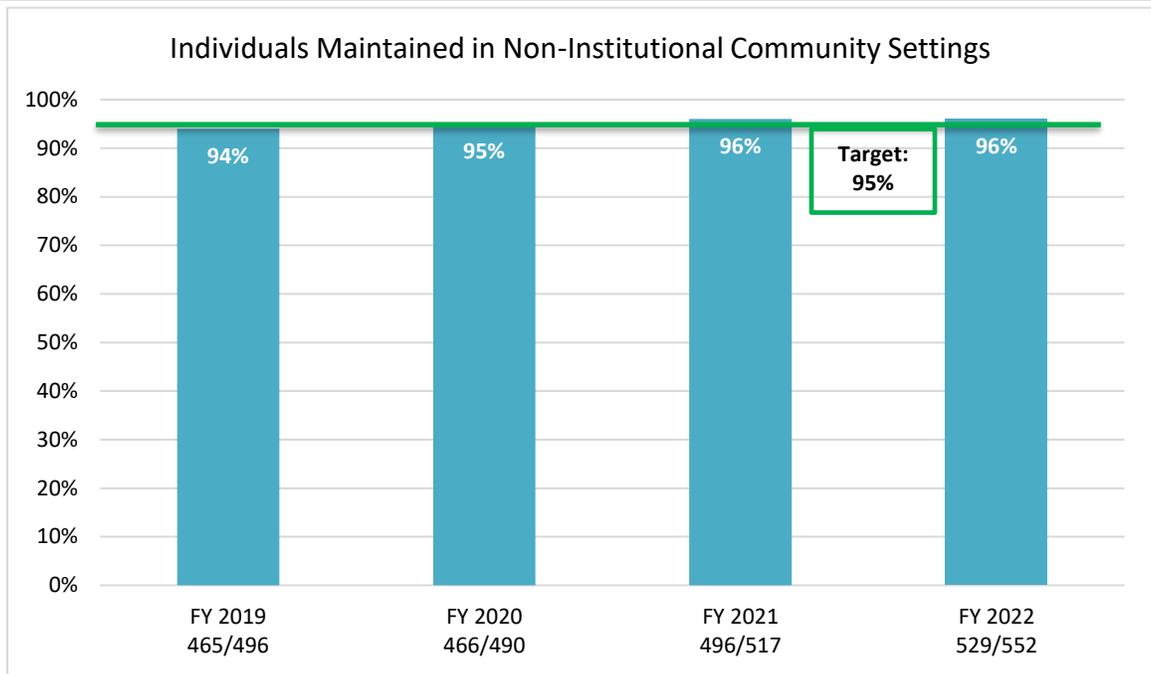
<p>developmental disabilities. This includes training Support Coordinators on the updated ISP v3.3, which includes required narratives for discussing employment interests, employment options, satisfaction and dissatisfaction with current services, possible barriers, resolution to barriers, a timeline for reviewing the employment conversation, and any related actions to be taken by the individual and their team.</p> <ul style="list-style-type: none"> • Individuals with or without a Medicaid DD Waiver will be referred to DARS referrals to DARS if they express interest in competitive employment. DARS is the first point of contact for any individual expressing an interest in employment. Employment conversations will be ongoing, and addressed more frequently than 1x/year for individuals who express an interest in employment. • The ISP will continue to be amended, as needed, for individuals that lose employment and want to find another job. Individuals who have a change in status will be assessed for Enhanced Case Management, documentation of the change in status will be recorded on the Onsite Visit Tool, and in session notes. • Program Managers and the Clinical Information and Data Manager will track the individuals who express an interest in wanting to work. • In FY 2023, Arlington County will be starting a new program to build individuals' employment readiness skills. The program will support individuals who have a desire to work, but have identified barriers in the PCP. 	<ul style="list-style-type: none"> • Referrals to DARS will be ongoing throughout FY 2023 • Ongoing throughout FY 2023 • Quarterly throughout FY 2023 • Referrals will be made once the program has an identified provider.
<p>Forecast</p>	
<ul style="list-style-type: none"> • Anticipate 40% success rate for individuals who want to work are employed in competitive, integrated employment settings in FY 2023. 	

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Measure 3.2 Individuals Maintained in Non-Institutional Community Settings

Data



Data Summary

- Twenty-three individuals lived in an institutional setting in FY 2022.
- Data was obtained from a Service Report generated in the electronic health records (i.e., Cerner and Welligent and by direct report from Support Coordinators).

What is the story behind the data?

- The percentage of individuals served in non-institutional community settings has remained stable between FY 2021 and 2022.
- Home and Community-Based Services (HCBS) provide individuals with opportunities and access to services in their own homes or communities. These services include, but are not limited to residential, group day programs, employment supports, therapeutic consultation, and nursing care.
- Due to high medical and/or behavioral acuity, some individuals' needs are better supported in institutional settings; though, the goal is always geared towards community-based living for individuals with developmental disabilities.
- All individuals in the DOJ Settlement Agreement population are offered a choice of community-based (i.e., family home, group home, supported living, etc.) vs institutional (i.e., ICF, nursing home, Training Center) living at least annually. At any time, an individual living in an institutional setting or his or her legal guardian may opt to live in a community-based setting with supports.
- An institutional setting includes the Southeastern Virginia Training Center (SEVTC), hospitals, nursing homes, rehabilitation centers, mental health facilities, residential treatment programs or Intermediate Care Facilities (ICF).
- A small percentage of individuals moved in and out of an institutional setting during the fiscal year, however they should be included in the data. It was determined that an individual

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must reside in an institution for a minimum of 2/3 of the fiscal year to be considered as someone that was maintained in an institutional setting.

- Individual Person-Centered Plans, which are developed by Support Coordinators in partnership with the individual and his or her planning team, address areas that may put an individual at higher risk for institutional placement. Addressing areas such as Healthy Living, Safety & Security, Community Living, and Exceptional Behavior and/or Exceptional Medical support needs in the (PCPs) improves outcomes for the individual and increases the probability of being maintained in their home and community-based settings.

Recommendations	Target Dates
<ul style="list-style-type: none"> • Individuals residing in institutional settings will be provided with choice of non-institutional community settings at least annually. • Support Coordinators will continue to complete a Crisis Risk Assessment Tool at each face-to-face visit, no more than once per calendar month. This document assesses any change that places an individual at risk for crisis or hospitalization including unstable or unusual behavior, changes in medication, or encounters with law enforcement due to challenging or dangerous behavior. If an individual is determined to be at risk, the Support Coordinator is required to make a referral to REACH. Accessing REACH services may divert some individuals from being placed in an institutional setting by providing support in their community. • Individuals who do not have a DD Medicaid Waiver, and who are at risk for crisis or hospitalization due to unstable medical or behavioral needs, will be assessed using the Priority Needs Screening to determine their priority level. If a DD Medicaid Waiver slot is not available to support their needs, they may be referred to DBHDS through the Emergency Slot request process in applicable to their needs. • Arlington County is currently developing a new community-based group home that will support individuals with high medical or behavioral acuity. The lack of providers who will support individuals in Arlington County has resulted in referrals outside of the county. The home is due to accept referrals in FY 2023. Individuals residing at SEVTC and other institutional settings will be informed of this new development and if interested, a referral will be submitted as soon as a provider is identified. 	<ul style="list-style-type: none"> • FY 2023; Annually for individuals residing at SEVTC or ICF; Quarterly for all other individuals • FY 2023; At least quarterly • Ongoing throughout FY 2023 • Referrals will be submitted in the 2nd and 3rd Quarter
Forecast	
<ul style="list-style-type: none"> • In FY 2023, anticipate maintaining 95% or greater for individuals residing in non-institutional community-based settings. 	