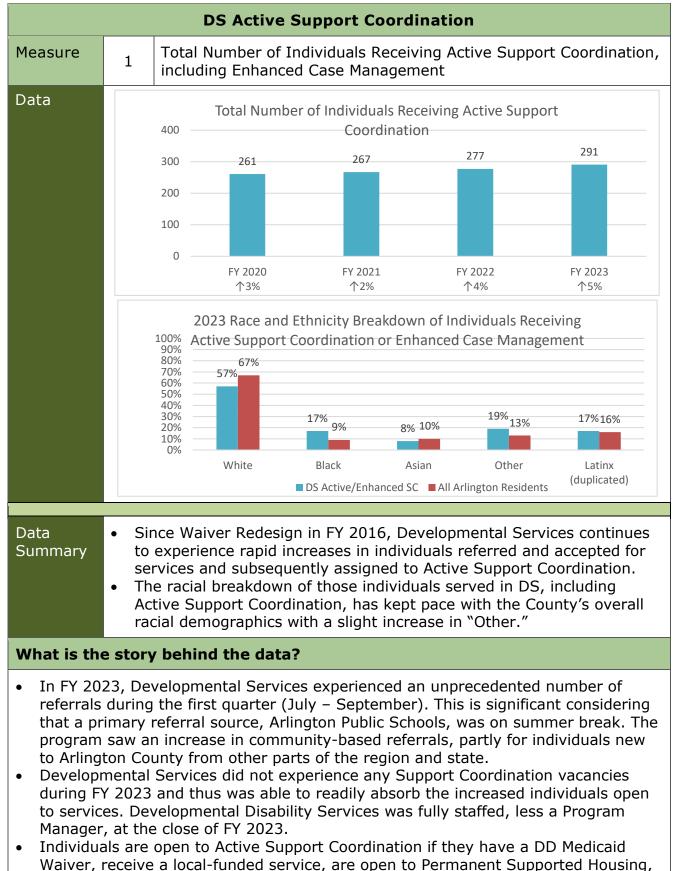
DS Support Coordination		ADSD/DS	Vacant Lauren Goodman x1162	
Program Purpose				
Program Information	 Active Support Coordination is with developmental disabilities restrictive setting. Active Support Coordination c monitoring a comprehensive F to as an Individual Service Pla Medicaid Waiver or local funde Supportive Housing (PSH) or I medication management). On implementation of the PCP, as and well-being in the least res Prior to September 2016, loca mandated to serve individuals Beginning in September 2016 individuals with a Developmer Spectrum Disorder, Spina Biffie Active Support Coordination is individuals with a Developmer Other reasons for which an ine Coordination include (1) receives Senior Adult Mental Health (S. funded services, or (3) open to Active Support Coordination rewith the individual every 90 d activities that are relevant to the Enhanced Case Management (i.e., Active Support Coordination rewith the in-person, face-to-face every other visit occurring in the setting. Enhanced Case Management (i.e., Settlement Agreement betwee U.S. Department of Justice (D intended to closely monitor in behavioral risks. The DOJ Settlement Agreement supreme Court of Virginia from In alignment with person-cent of Behavioral Health and Development (I.e., Active Supreme Court of Virginia from In alignment with person-cent of Behavioral Health and Developmentation in the person for the p	s thrive in the commu omprises developing, Person-Centered Plan an (ISP) for individuals ed services or receiving behavioral health servi- going activities encom- s well as ensuring the stricted and most integ- al Community Services is with an Intellectual D , CSBs became the fro- ntal Disability (DD) su- da, and Cerebral Palsy is required, without ex- ntal Disability (DD) Me dividual may receive A ving behavioral health AMH) program, (2) re- to Permanent Supporti- equires in-person, fac- ays and monthly case the individual's need. (ECM) is a subset of T port Coordination) wit ce contact is required the individual's primar gement was mandated and the Commonwealth OJ). Enhanced Case N dividuals with high me and disabilities be person ad disabilities be person and monthy setting Agreement was extern m June 30, 2022 to Da- tered services, the Vir elopmental Services (D aining Centers. The So	nity in the least implementing, and (PCP), also referred s open to DD g Permanent ices (i.e., therapy or pass the individual's safety grated setting. Boards were only Disability (ID). ont door for all ch as Autism 7. ception, for edicaid Waiver. Active Support a services under the ceiving a local- ive Housing. e-to-face contact management argeted Case th a key distinction every 30 days with y residential (home) d as part of the 2012 of Virginia and the Management is edical and/or es provided to n-centered and ded by the ecember 31, 2023. ginia's Department DBHDS), beginning putheastern Virginia	

	 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 Services (DSS) supported 32 individuals in exiting Virginia's Training Centers and integrating into community-based residentials 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. Unlike most other localities, the 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. Partners include Arlington Public Schools, Virginia Department of Behavioral Health and Developmental Services (DBHDS), Virginia Department for Aging and Rehabilitative Services (DARS), City of Alexandria Community Services and Fairfax/Falls Church Community Services Boards, community Services DD Case Management provider). In FY 2023 all 90-day, 30-day, annual planning meetings, and VIDES 				
Service Deliery Model	 In FY 2023 all 90-day, 30-day, annual planning meetings, and VIDES assessments were required by DBHDS and DMAS to be completed as in-person, face-to-face contacts. Support Coordinators may opt to use Teams or Zoom for all other contacts. Additionally, members of an individual's planning team may opt out of the in-person meeting and instead participate using Teams or Zoom with the exception of the Support Coordination and individual receiving services. The DS Leadership Team will continue to support remote access for indirect services. 				
PM1: How	much did we do?				
Staff	 Total 18.25 FTEs: 17.0 FTEs Support Coordinators providing Active Support Coordination 1.2 FTEs Developmental Disability Program Managers and DS Bureau Director 				
Customers and Service Data		FY 2020	FY 2021	FY 2022	FY 2023
Service Data	Total number of individuals receiving active or enhanced Support Coordination	261	267	277	291
	Adults	236	242	234	267
	Children	25	25	43	24

	Program staff also provide Consumer Monitoring support to individuals.				
		FY 2020	FY 2021	FY 2022	FY 2023
	Total number of individuals receiving Consumer Monitored Support	229	250	275	341
	Adults	66	87	90	132
	Children	163	163	185	209
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				

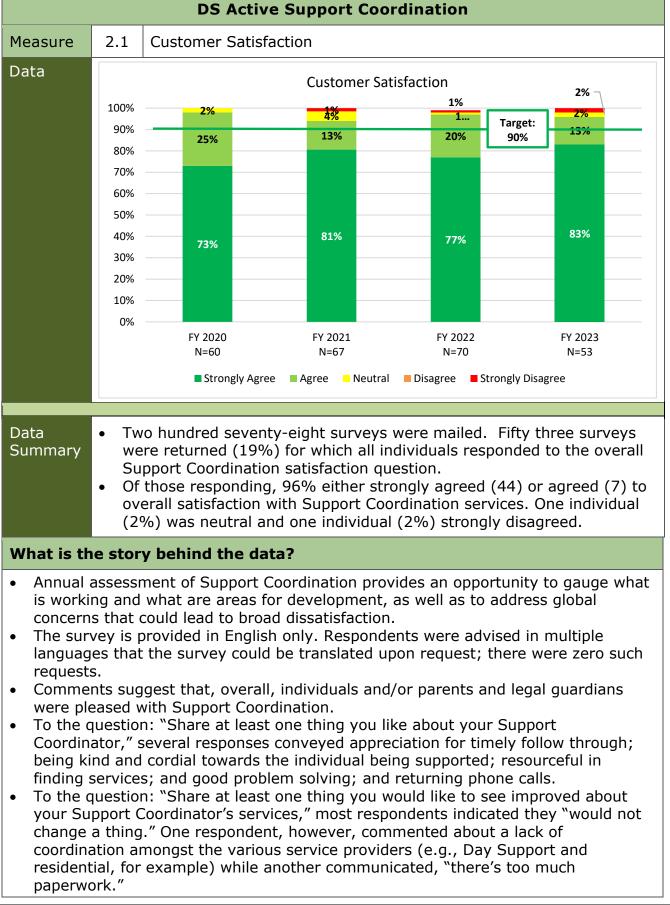


or are open to the Senior Adult Mental Healthy (SAMH) program for behavioral

health services. Additionally, developmental Services is required by DBHDS to monitor individuals on the DD Medicaid Waiver list regardless of whether they fall into any of these categories. There is a small percentage of individuals that do not fit into any of the above categories (i.e., do not receive or want service or do not require any services from DS). These individuals can falsely elevate caseload sizes and give the appearance of being served because they are open in the electronic health record.

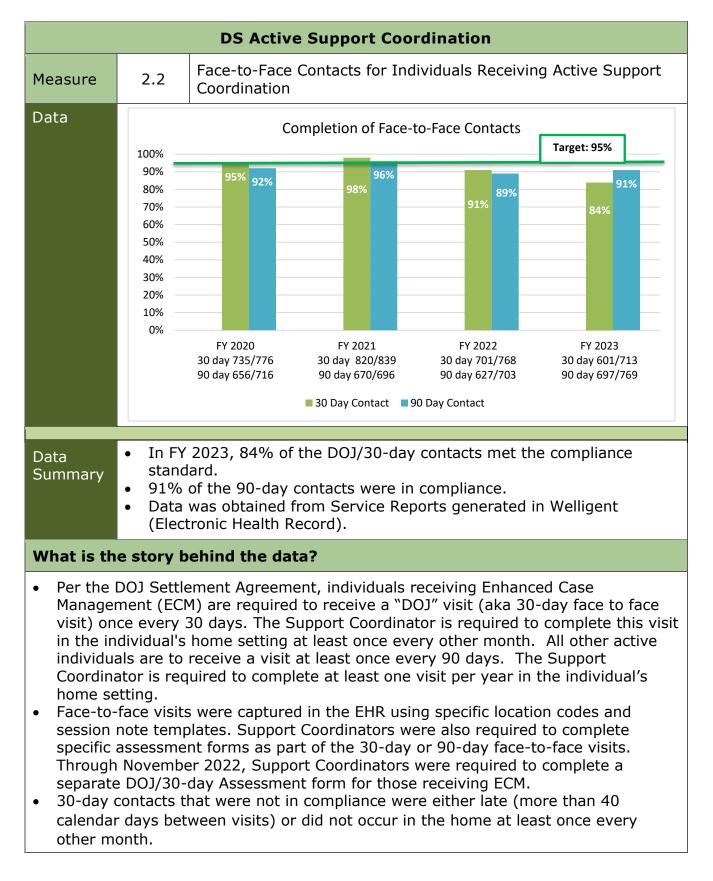
- In FY 2023, Developmental Services welcomed a new (FTE) position, a Workforce and Community Development Specialist. The staff in this position has minimal (client) contact and thus the role does not impact data contained in this Performancef Measurement Plan (PMP). The primary focus of the position is on implementation of the wide array of recommendations from the FY 2022 day support and employment study conducted by Public Consulting Group (PCG) and has been instrumental in raising community awareness about individuals with developmental disabilities and their contributions to society; targeting barriers in the employment workforce, in Arlington; and identifying community-based and employment resources for individuals supported by Developmental Services.
- In FY2020 FY2022, the program did not have a data collection plan for disaggregating the ethnicity data from the race data. In planning for the FY2023 PMP, the program worked collaboratively with the CSB Quality Assurance Manager to collect this data.
- The ethinicty (Latinx) data is duplicative from data collected for the race demographics.

Recommendations	Target Dates		
 Continue to adjust staffing, as needed, to accommodate new admissions. Evaluate individuals admitted to Developmental Services but not receiving any services (unless they are open to the DD Medicaid Waiver waitlist). Consider closing to DS. Continue to disaggregate data for ethnicity. 	 Ongoing FY 2024 Q1 - Q4 		
Forecast			
• It is projected that Active Support Coordination will increase by 5% in FY 2024, from 291 to 306 individuals.			

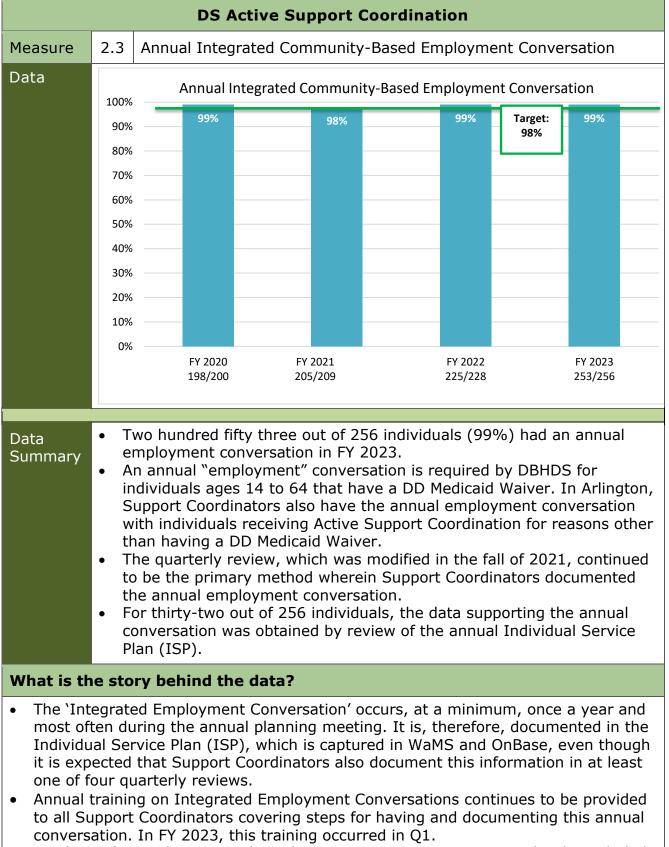


- A policy addressing the annual satisfaction survey was final approved in FY 2022 and will be reviewed in FY 2024.
- Pursuant to a FY 2022 recommendation, consideration was given to an option to mail the survey based on preferred language indicators as identified in Welligent.

Recommendations	Target Dates		
 Discuss with LEP Committee potential methods for obtaining feedback from individuals and caregivers whose preferred language is not English. Explore options in the new Electronic Health Record to identify and send surveys in the preferred language for each recipient. Options include using the feature in Welligent for capturing family/contact's preferred language, integrating language question into annual service planning process, or making multilingual survey available electronically (i.e., using a QR code). Explore alternative options for increasing the survey response rate. 	 FY 2024, 3rd Quarter FY 2024, 2nd Quarter FY 2024, 3rd Quarter 		
Forecast			
 In FY 2024, anticipate overall satisfaction with Support Coordination at a rate of 90% or higher. 			



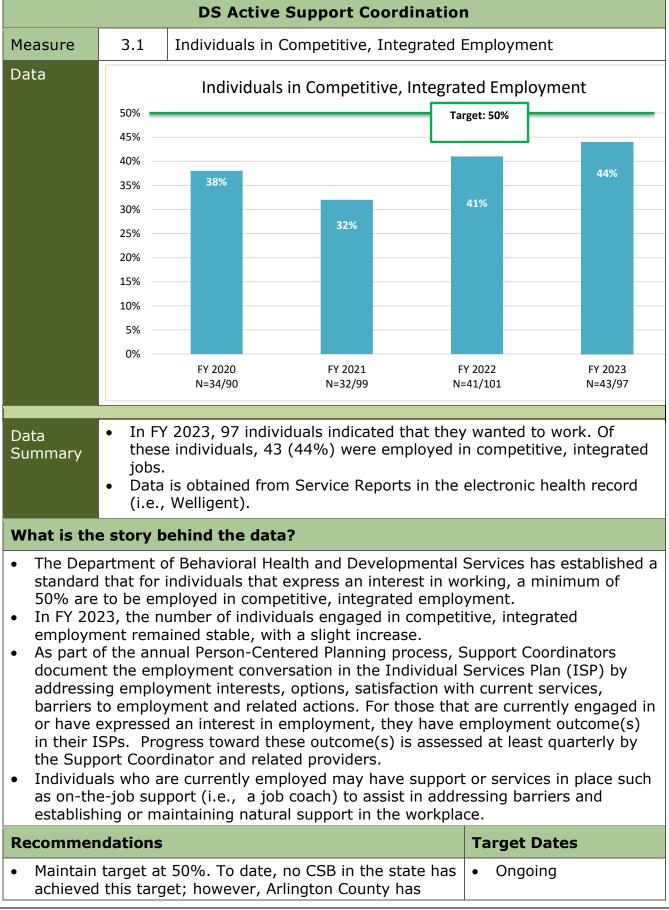
 90-day contacts that were not in compliance (completed more than 100 calendar days between visits) were late due to Support Coordinator scheduling the visit too close to the deadline or individuals being unavailable at the time the visit was due. On average, most Support Coordinators (88%) completed the 90 and 30-day visits on time and in the appropriate setting. The Clincal and Information Data Manager generates a monthly report related to billing that identifies compliance with both the 30-day and 90-day contacts. Data from this report shows a pattern of non-compliance across certain Support Coordinators compared to others. 			
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 supervision with the Program Managers, Support Coordinators review their monthly case tracking spreadsheets, identify upcoming visits and are strongly encouraged to plan their visits at the 60-day marker instead of waiting for the end of the 90-day period. Support Coordinators will discuss any barriers to scheduling visits with Program Managers during supervision. 	 FY 2024; Monthly FY 2024; Monthly 		
• In the event that a Support Coordinator has multiple late or missed 30-day or 90-day contacts, it will be recommended by a Program Manager that they utilize the tracking spreadsheet created by Clinical Information and Data Manager and placed in a shared OneDrive folder so it can be easily accessed during supervision.	Ongoing		
 Program Managers started to use the 'last seen report' generated by the DHS Management Analyst as an additional tool to identify 90-day visits that may be close to or out of compliance. 	Ongoing		
 Support Coordinators demonstrating a pattern of non- compliance in this area in FY 2023 will receive targeted training. 	• FY 2024 Q2		
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 2024.			



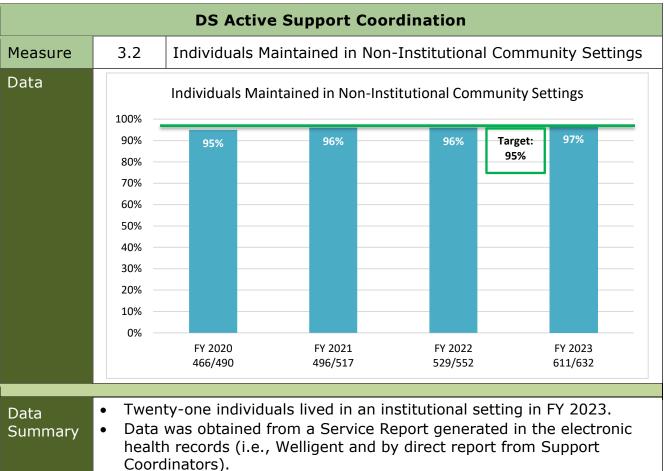
• Tracking of annual Integrated Employment Conversations continued to be included in the updated DD Services Quality Assurance/Quality Improvement (QA/QI) Plan, which is reviewed quarterly by the DS Leadership Team.

- 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.
- The Developmental Services' Leadership Team reviewed employment data with the DBHDS Region 2 Quality Improvement Specialist on one occasion in FY 2023. Access to this data on the DBHDS Teams channel was otherwise limited due to technical difficulties.

Recommendations	Target Dates		
• Continue to conduct an annual training on Integrated Employment Conversations for all Support Coordinators.	• FY 2024, Quarter 2		
• Continue to discuss quarterly data for the annual Integrated Employment Conversation twice annually at the DS LT level; schedule, in advance, quarterly review dates for the DS LT discussion to better ensure they	• FY 2024 Quarter 2 and Quarter 4		
 occur. Resolve technical issues with the DBHDS Teams channel for ease of access to employment and other data. 	• FY 2023 Quarter 2		
Forecast			
 Anticipate 98% or higher success rate for Integrated Employment Conversations during FY 2024. 			



FY 2023 PERFORMANCE PLAN			
 maintained an above average percentage by comparison to most other CSBs. Continue to provide training for Support Coordinators on how to have the employment conversation. In FY 2024, training will include a recorded role play on how to have the employment conversation with individuals at 	• FY 2024		
 different levels of the employment process. The Department of Rehabilitation Services (DARS) remains the 'front door' for Individual Supported Employment (ISE). DARS may offer a variety of employment preparation options such as targeted vocational training courses, soft-skills groups (e.g., social skills training) or behavior support based on individual needs. Individuals that are not ready for ISE may seek a less integrated option such as Group Supported Employment (GSE) or an employment readiness group day support program to develop their employment skills with more support. GSE and Day Support are not services covered by DARS, nor are they considered to be competitive, integrated employment options. 	Referrals to DARS will be ongoing throughout FY 2024		
 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 with documentation of the change in status will be recorded on the Onsite Visit Tool, completed quarterly for Active Support Coordination or monthly for ECM. This will also be documented in a Welligent session note. Program Managers and the Clinical Information and Data Manager will track individuals that express an interest in wanting to work. In FY 2024, Arlington County will launch a new Employment Readiness Group Day Support program. 	 Ongoing throughout FY 2024 Quarterly throughout FY 2024 Once a Contractor has been announced, the provider who will 		
This program will support 15 individuals that express a desire to work but have identified barriers documented in their ISP. In FY 2023, Support Coordinators submitted interest profiles for individuals to be referred to the program upon selection of the contracted provider.	evaluate each applicant for admission. The program capacity is 15.		
Forecast			
• Anticipate 45% success rate for individuals who want to work are employed in competitive, integrated employment settings in FY 2024.			



What is the story behind the data?

- 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).
- The percentage of individuals served in non-institutional community settings improved by one percentage point between FY 2022 and FY 2023.
- 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.) versus institutional living (i.e., ICF, nursing home, Training Center). Individuals on the DD Medicaid Waiver waitlist are offered this choice, in writing, once annually up to the time they are assigned a Waiver. At any time, an individual living in an institutional setting or their legal guardian may opt to live in a community-based setting with support.
- Home and Community-Based Services (HCBS) are the opposite of institutional care and provide individuals with opportunities and access to services in their own homes and communities. These services include but are not limited to residential, group day programs, community integration and engagement, employment supports, therapeutic consultation, nursing care, and crisis support.

- It was determined that an individual 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.
- Two individuals discharged from institutional settings: one from a nursing home to the family home and a second from Grafton to a community-based group home.
- Individual Person-Centered Plans, which are developed by Support Coordinators in partnership with the individual and their 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 ISP improves outcomes for the individual and increases the probability of being maintained in their home and communitybased setting.

Recommendations	Target Dates
 Individuals residing in institutional settings will be provided with a 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. 	 FY 2024; Annually for individuals residing at SEVTC or in an ICF FY 2024; At least quarterly; at intake
 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, if they meet criteria specific to this process. Arlington County has developed a new community-based group home that will support individuals with 	 Ongoing throughout FY 2024 Once a provider has been announced,
high medical or behavioral acuity. The lack of providers who will support individuals in Arlington County has resulted in referrals outside of the county. Support Coordinators have submitted interest profiles for individuals who have expressed an interest in this program.	referrals will be given to the provider to determine who will be supported.

Forecast

• In FY 2024, anticipate maintaining 95% or greater for individuals residing in noninstitutional community-based settings.