

EXHIBIT NO. 1

6
6-26-01

City of Alexandria, Virginia

MEMORANDUM

DATE: JUNE 16, 2001

TO: THE HONORABLE MAYOR AND MEMBERS OF CITY COUNCIL

FROM: PHILIP SUNDERLAND, CITY MANAGER *ps*

SUBJECT: CONSIDERATION OF THE ALEXANDRIA COMMUNITY SERVICES BOARD'S: (1) AMENDED FY 2002 PLAN OF SERVICES WHICH INCLUDES THE FY 2002 PERFORMANCE CONTRACT WITH THE STATE; (2) STATUS OF THE FY 1999 - 2003 PROPOSED HOUSING PLAN; AND (3) FY 2002 PERFORMANCE IMPROVEMENT PLAN

ISSUE: City Council consideration of the Alexandria Community Services Board's (Board's): (1) FY 2002 Plan of Services which includes the Performance Contract with the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services; (2) Status of the FY 1999-2003 Housing Plan; and (3) the FY 2002 Performance Improvement Plan.

RECOMMENDATION: That City Council:

1. Approve the Board's amended FY 2002 Plan of Services which includes approval of the Performance Contract with the State; and
2. Approve the Board's FY 2002 Performance Improvement Plan.

BACKGROUND: As required by State Code, the Board is required to prepare a plan of services and have this plan approved by the local governing body. Because the Board receives its indication of available State and Federal funding only after the Board's budget is adopted by City Council, it prepares a revised budget and plan for Council review and acceptance. Further, the Board presents its proposed evaluation plan for the upcoming year.

DISCUSSION:

(1) FY 2002 Plan of Services

The majority of the budget on which the approved Plan of Services is based is also incorporated in the Board's FY 2002 "Performance Contract." The Performance Contract is an annual agreement with the State which defines requirements for the Board to obtain funding. The contract specifies

funding levels for State and Federal funds that are disbursed through the State (Federal pass through monies) and sets service and reporting requirements for the Board. The State mandates that City Council approve the Performance Contract. The FY 2002 Performance Contract is available for inspection at the Board's Administrative Offices at 720 North St. Asaph Street.

Council approved the Board's FY 2002 Plan of Services on May 8, 2001, as part of the City's Department of Mental Health, Mental Retardation and Substance Abuse (Department) annual budget. The initial budget amount for the approved Plan of Services included requirements known at the time the budget was developed. Subsequently, the Board received notification from the State of additional State and Federal funding.

State and federal funds are increased \$272,234, of which \$235,781 will be used to offset an anticipated short fall in Medicaid fees and this primarily reflects a change in sources of revenue rather than increased revenue available for programming; \$16,078 is restricted to fund additional psychiatric services; \$9,375 as restricted to fund costs associated with the State's performance outcomes system; \$1,000 to subsidize day care for children with mental retardation; and \$10,000 to develop and implement adolescent smoking prevention programs.

(2) Status of FY 1999 - FY 2003 Housing Plan

Every five years the Board conducts a City-wide review to determine housing needs for Alexandrians with mental illness, mental retardation or substance abuse problems and to establish a five-year housing plan. The current FY 1999 - FY 2003 Housing Plan was approved by Council on June 23, 1999. The plan identified three types of housing needed to serve these Alexandrians: group homes, condominium or apartment units and Section 8 certificates.

The original plan called for five group homes, seven condominium or apartment units and 30 Section 8 certificates. The target for additional supervised apartments has been met. Five group homes and 30 Section 8 certificates remain unfunded in the plan.

The following table summarizes the remaining housing units authorized under this housing plan, should funding become available or additional Section 8 vouchers be authorized for ARHA.

Remaining Elements of Approved FY 1999- FY 2003 Community Services Board Housing Plan

Type of Residence	Remaining Number of Housing Units Authorized Under the Housing Plan	Number of Beds Authorized Under the Housing Plan
Group Homes	5	35
Section 8 Certificates	30	30
Total	35	65

In a joint project in 1992 and 1993, the Board and the Alexandria Redevelopment and Housing Authority (ARHA) provided 22 vouchers for persons in the Mental Health Residential Services program. Due to a change in ARHA policy based on ARHA's understanding of federal HUD regulations, set aside certificates that are returned will no longer be restricted for consumers in the Board's Mental Health Residential Services program thereby reducing the ability of the Board to provide affordable supportive housing (see Attachment I). There are currently 18 consumers using the set aside vouchers. ARHA and the Department of Mental Health, Mental Retardation and Substance Abuse are currently reviewing this issue.

(3) Performance Improvement Plan

Each year the Board adopts a Performance Improvement Plan to assess its programs and activities. The plan sets expected performance standards and defines specific performance indicators for each Board program or activity.

FISCAL IMPACT: On May 8, 2001, City Council approved the Department of Mental Health, Mental Retardation and Substance Abuse Services' FY 2002 budget. Incorporating the FY 2002 Performance Contract into the FY 2002 Plan of Services increases the Department's budget by \$36,453, resulting in a total budget of \$21,560,668.

ATTACHMENTS:

Attachment I: Letter dated May 10, 2001 from Elijah Johnson.
Attachment II: The Alexandria Community Services Board FY 2002 Performance Improvement Plan.

STAFF:

William L. Claiborn, Ph.D., Director, Mental Health, Mental Retardation, Substance Abuse
Brenda Sauls, Director of Administration, Mental Health, Mental Retardation and Substance Abuse



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May 10, 2001

Ms. Renee Chandler
City of Alexandria, Virginia
Alexandria Community Services Board
Patrick Street Clubhouse
115 North Patrick Street
Alexandria, Virginia 22314-3095

Re: Section 8 Set Aside

Dear Ms. Chandler,

I apologize for the delay in this response. The Alexandria Redevelopment and Housing Authority (ARHA) has been very involved with many activities and I am just now catching up on my correspondence. I have investigated your issue and this is what has been determined.

Although Mr. Bland may have approved the 22 Section 8 vouchers as a special set aside, regulations did not permit this activity at that time. All names for disabled designated recipients should have been selected from the Section 8 waiting list. If your clients were on the list, they would have been served based on date, time, and federal preferences. Currently, Section 8 set asides are not permitted with the existing vouchers or with Section 8 assistance designated for disabled individuals and families.

The remaining 18 residents who originated with your program will be "grandfathered" into the regular Section 8 voucher program and a memo inserted into their files, which explains how they were selected for the program. However, ARHA will not be able to reissue the remaining four voucher since set asides are no longer permissible.

ARHA has been considering applying for new voucher assistance on many occasions but still have the obstacle of the City not supporting the application for assistance because it is in violation of Rule 830 pertaining to the number of Section 8



and public housing units allowed in the City of Alexandria. If ARHA applies for assistance in the future, I will be calling on your agency for a letter of support.

If you have any questions about this, please call me at 703-549-7115 Ext. 248. Thank you for bringing your concerns to my attention.

Sincerely,

A handwritten signature in black ink, appearing to read "Elijah Johnson", written over a horizontal line.

Elijah Johnson
Housing Program Supervisor

ALEXANDRIA COMMUNITY SERVICES BOARD
FY 2002
Annual Performance Improvement Plan

The Board's Annual Performance Improvement Plan divides program performance indicators into three general evaluation categories which correspond to CARF accreditation outcome measure categories. These are: (1) Efficiency measures which are usually administratively oriented such as access to care, productivity, occupancy rates and cost per unit, (2) Effectiveness measures which address the quality of care and often measures change over time, and (3) Satisfaction measures which are usually oriented toward consumers, family, personnel, community or funding sources. Each of these three categories are outlined below with the performance indicators with specific measures for each evaluation category, the associated reporting period and the document where the data will be reported, and the benchmark for each performance indicator. The reports in which these indicators will be reported on include the 1) Division Monthly Reports, 2) the Four Month, Eight Month and Annual Board Evaluation Report (prepared three times annually instead of the quarterly Board reports in previous years), and the Annual Division Reports. Some of this information is also reported on the State Performance Contract reports as well as the Performance Outcome Measurement System (POMS).

Efficiency Indicators

#	Program Area	Efficiency Indicator	Benchmark	Measures	Reporting When/Where
1	All Programs	Number and percentage of consumers served for each program as a function of the predicted number of consumers served	100% of expected	Count of consumers served by subcore service area. Percentage is count divided by N (total consumers predicted to be served in State Performance contract for that period of time)	Four Month, Eight Month and Annual Board Evaluation Report
2	Acute and Extended Care: All programs with a staff hour unit of measure	Number and percentage of staff hours of service provided as a function of predicted hours of service as projected in State Performance Contract	100% of expected	For each subcore service scored as a staff hour, total hours of service provided and percentage of hours as compared to hours of service projected on State Performance Contract.	Four Month, Eight Month and Annual Board Evaluation Report
3	Extended Care: All Day Support and Residential programs	Number and percent of consumer days, consumer hours and bed days provided as a function of all consumer hours, consumer days expected as projected in State Performance Contract.	100% of expected	Reported in quarterly tables showing data for prior two fiscal years, performance contract expectations for full year, expectations through specified time period. Calculated as units provided divided by units expected.	Four Month, Eight Month and Annual Board Evaluation Report

#	Program Area	Efficiency Indicator	Benchmark	Measures	Reporting When/Where
4	Extended Care: Discharge Planning	Continuity of Care - linkage with medical staff	100%	Percentage of all adult MH discharges from state hospital care followed up by face to face non-emergency medical staff appointment within 7 days of discharge.	Annual Board Evaluation Report
5	Acute and Extended Care Programs	Number and percentage of priority population consumers served	Acute Care: 80% Extended Care: 100%	Number and percentage by core service area of 'priority population' consumers served.	Annual Board Evaluation Report Division Annual Reports
6	All Programs	Client demographics vs City demographics	No set goal	Number and percentage of clients served in each demographic area of age category, gender, race, hispanic origin, and income category. Percentage calculated as total number divided by N=total served.	Annual Board Evaluation Report Division Annual Reports
7	Acute and Extended Care Programs Homebased Intensive CM (child) Case Management	Caseload: Average number of consumers assigned per clinical staff member or SAI at the end of the fiscal year. Range of caseloads across divisions and similar programs.	No goal set	Comparison of caseloads in similar programs to include average caseload and range. Case Management across disability, Home-based and Child Intensive Case Management compared to similar programs. Compared to previous year and regional/ standard loads if available as researched or reported at regional CSBs.	Annual Board Evaluation Report , Division Annual Reports
8	All programs	Number of new consumers by disability area.	No goal, Information item only	Total of new consumers (never been served by the CSB) in each division as compared to the previous year.	Annual Board Evaluation Report
9	Administration	1) Number of volunteers and 2) number of volunteer hours provided	1) 18 non-Rep payee 2) 2500 hrs annually	Total number of volunteers and total number of volunteer hours and percentage as compared to target	Monthly Administration Report
10	Acute & Extended Care Programs: MH & SA Outpatient, Inpatient, Detox, Residential, Homebased, PIE	Average length of stay for discharged consumers by program and by 'priority population' definition (when defined)	N/A	Average length of stay in number of days for consumers discharged during the year. Compared to length of stay during previous year.	Annual Board Evaluation Report Division Annual Reports

#	Program Area	Efficiency Indicator	Benchmark	Measures	Reporting When/Where
11	All Extended and Acute Care programs	The amount and percent of projected program costs	100%	The summation of program costs compared to predicted costs for same period of time	Four Month, Eight Month and Annual Board Evaluation Report, Monthly Division Report
12	All Extended and Acute Care programs	The amount of bad debt write-off	N/A	Summation of bad debt write offs occurring during the fiscal year	Administration Annual Report
13	All Extended and Acute Care programs	The amount of outstanding aged account receivables overall and by major payor (including consumer fees)	N/A	Summation of outstanding account receivable for services which occurred during the fiscal year aged in the following categories (0-30 days, 31-60 day, 61-90 days, 91-120 days and +120 days).	Monthly Division Report
14	All Extended and Acute Care programs	Cost collections by type	N/A	Graphical display of collections by major type (i.e. Medicaid, medicare, etc...) Comparison to previous year.	Division Annual Report
15	All programs	Cost per consumer seen by program	No goal set	The summation of costs for each program area divided by the number of consumers served in that program area	Annual Board Evaluation Report, Division Annual report
16	All Acute and Long Term Care Programs	Annual cost per priority population as defined by State and assessed by clinician	No goal set	A summation of annual costs for priority population consumers (such as MH adult, MH Child, SA Dependent, SA Abuse, etc..)	Division Annual Report, Annual Board Evaluation Report
17	Acute Care Services	Access to Acute Care Services 1) Phone call response 2) Quality of reception	1) 100% 2) 100%	(1) Response time for phone calls - percentage of calls answered within three rings measured by random calls made to front desk - percent is number answered within 3 rings divided by total calls. (2) Quality of reception - number and percentage of calls made by volunteers throughout the year in which support staff provided prompt and courteous service and clear, knowledgeable information on topics such as eligibility for services, fees, intake procedures and available services. Ratings based on a call rating sheet filled out by volunteers calling with preset scenarios requesting information. Calls will be made to St Asaph St, Mill Road, Colvin Street, Clubhouse, and PIE sites during the year with at least 15 calls to each site.	Quarterly in Board report, Division Annual Report Annual Board Evaluation Report Acute Care Annual Report

#	Program Area	Efficiency Indicator	Benchmark	Measures	Reporting When/Where
18	Acute Care Services: Emergency Services	Access to Acute Care from Emergency Services Staff 1) Waiting time for crisis intervention services - Percentage of consumers responding positively to wait time question. 2) Emergency services response rate to after hours calls.	1) 75% 2) 80% within 10 minutes	1) Walk-in emergency visits where consumer receives a crisis intervention service and fills out a short survey in which one question is "Describe your waiting time". Number and percentage of consumers who respond 'I was seen immediately', or 'I was seen fairly quickly' or 'my wait for services was reasonable'. (2) After hours emergency services to use computerized log of phone calls provided by answering service and emergency services log to measure time for clinician to call consumer after beeper notification for sample only.	Four Month, Eight Month and Annual Board Evaluation Report Four Month, Eight Month and Annual Board Evaluation Report
19	Acute Care: Medication Clinic	Percentage of consumers receiving antipsychotic medication who are receiving atypical medications	45%	All consumers receiving atypical antipsychotic medications divided by all who take antipsychotic medications.	Annual Board Evaluation Report, Acute Care Annual report
20	Acute Care and Extended Care Programs	Number of consumers waiting for admission to programs	N/A	Number of consumers waiting for admission to programs with an estimate of length of time remaining on the waiting list.	Monthly Acute Care and Extended Care Reports
21	Prevention Programs	Access to Services: Is Prevention program location convenient?	90%	Data collected as one question on satisfaction survey designed specifically for Prevention programs. One question will ask 'To what extent was the location of the program convenient to you?' The percentage of those answering 'extremely convenient' or 'fairly convenient' divided by the number of all who answered the question. Survey is administered throughout the year at the end of presentations and conferences.	Annual Board Evaluation Report. Acute Care Annual Report
22	Acute and Extended Care Programs	Billed services are supported by clinical record	100%	An audit is conducted to confirm that billed services are supported by appropriate documentation in clinical record.	Division Annual Reports

Effectiveness/Outcome Indicators

#	Program Area	Effectiveness Indicator	Benchmark	Measures	Reporting When/Where
23	All programs	Quality Assurance Studies: Each of division completes one quality assurance study	N/A	Summary of one quality assurance study per division conducted by the division.	Division Annual Reports
24	Extended Care and Acute Care Consumers who are part of POMS	Employment: Change in employment status from admission to discharge	N/A	For consumers discharged who are able to work: the number of consumers whose employment status changed to a more independent or fully employed status divided by the total number of consumers who were able to work. (i.e. status changed from not employed to sheltered workshop, or from part time to full time)	Annual Board Evaluation Report
25	Extended Care: MH Psychosocial and Vocational Day Support	Employment: Percentage of consumers who are employed.	N/A	For consumers served in the Clubhouse, and MH vocational programs, number and percentage of consumers who are employed in June of each year.	Annual Board Evaluation Report Extended Care Annual Report
26	Acute& Extended Care Outpatient, MH/SA Case Management, Day Support & Residential	Level of Functioning for consumers who have received at least 4 clinical face to face services.	75% will maintain or improve	Change in GAF score from admission to discharge (if consumer has been admitted for less than one year); for ongoing consumers from previous year to June of evaluation year (use latest GAF done during quarterly review). Sample of 10% Outpatient and Case Management consumers, and 100% current Day support and Residential	Annual Board Evaluation Report Division Annual Reports
27	Acute Care: Discharge Planning from Alexandria Hospital and State Hospitals	The number and percentage of individuals who are discharged from the INOVA Alexandria Hospital and state hospitals successfully maintained within the community for 90 days or more without psychiatric re-hospitalization	80%	Number of consumers discharged who were not re-hospitalized within 90 days divided by total discharged from Alex hospital and state hospitals. Includes prior year quarter to allow for the 90 day assessment. Last quarter of fiscal year evaluated in first quarter of following year.	Four Month, Eight Month and Annual Board Evaluation Report. Acute Care Annual Report

#	Program Area	Effectiveness Indicator	Benchmark	Measures	Reporting When/Where
28	Acute Care: Detox Services	The number and percentage of individuals who are discharged from the Detox and successfully maintained within the community for 90 days or more without subsequent Detox services.	80%	Number of consumers discharged who were not reassigned to Detox within 90 days divided by total discharged from Detox. Includes prior year quarter to allow for the 90 day assessment. Last quarter of fiscal year evaluated in first quarter of following year.	Four Month, Eight Month and Annual Board Evaluation Report. Acute Care Annual Report
29	Acute Care: Detox Services	The number and percentage of individuals who are discharged from the Detox program and follow with treatment after discharge from Detox.	50%	Number of consumers discharged from Detox who follow on with SA services divided by all who are discharged from Detox. Based on a one month sample of consumers discharged prior to each reporting period.	Four Month, Eight Month and Annual Board Evaluation Report. Acute Care Annual Report
30	Acute & Extended Care: Outpatient (MH, SA, Youth) Methadone, Detox, SA Day Support, Jail Critical Care Unit	Number and percent of discharged individuals who remained in treatment for four or more treatment sessions who met their treatment goals as assessed by therapist at time of discharge.	75%	Discharge reasons: Number of consumers assessed as Goals met & goals partially met divided by total consumers discharged and have had four or more treatment sessions by program area.	Four Month, Eight Month and Annual Board Evaluation Report. Acute Care Annual Report
31	Acute Care: MH Youth programs	Number and percentage of children ages 4 to 18 who show an improvement in their behavior as assessed by their parents or guardians on the CAFAS.	75%	Instrument collected at admission, 3 mos, every 6 mos and discharge. Consumers with at least two measurements during the fiscal year. Report change in scores from first to most recent assessment. Total number of children who improve divided by total number of children who were assessed at least twice.	Annual Board Evaluation Report, Acute Care Annual report
32	Acute Care: MH Youth programs	Number and percentage of school aged consumers who are assessed as mild or minimal/no impairment on CAFAS school sub-scale, thus indicating regular attendance and passing level grades.	85%	Number and percentage of school age children served in the MH Youth & Family unit, Homebased and Intensive Case Management who continue to attend school regularly and achieve passing grades as measured by the assessment on the CAFAS on the school sub-scale.	Annual Board Evaluation Report, Acute Care Annual report

#	Program Area	Effectiveness Indicator	Benchmark	Measures	Reporting When/Where
33	Prevention Programs and MH/SA Early Intervention programs	Each disability area (MHMRSA) will conduct at least one study on the effectiveness of the of the Prevention interventions offered. See Prevention plan for specific studies.	50%	Manual study of consumers who show positive change in risk behaviors or attitudes toward risk behaviors as assessed through a pre and post test.	Annual Board Evaluation Report, Acute Care Annual report
34	Acute and Extended Care consumers participating in POMS	Number and percentage of individuals who are priority population MH Adult or Dually Diagnosed and part of the POMS study who maintain or show improvement in their functioning as assessed by the Multnomah Community Ability Scale.	60%	Instrument collected at admission, 6 mos following admission, every 12 mos and discharge. Consumers with at least two measurements during the fiscal year. Report change in scores from first to most recent assessment. Total number of consumers who maintain or improve divided by total number of consumers who were assessed at least twice.	Annual Board Evaluation Report
35	Acute Care: Methadone	1) Number and percentage of Methadone program consumers who successfully move on to next level in treatment program 2) Average length of stay in Stabilization level of treatment before transitioning to Maintenance level.	1)35% 2) 90 days	1) Based upon the number who successfully transition from one level of the program to the next divided by all consumers who were served in each level of the program. Example: number who move from Stabilization to Maintenance and from Maintenance to Recovery. 2) Average number of days before transitioning from initial level of Methadone treatment (Stabilization) to next level (Maintenance).	Annual Board Evaluation Report, Acute Care Annual report
36	Extended Care: MH & SA Residential Programs	Number and percentage of residential consumers who 'graduate' to more independent living situations either within the CSB array of services or from CSB services to fully independent living.	30%	Reported by division (MH & SA). Based upon number of consumers who are 'successfully' discharged from Board residential programs (does not include those discharged for non compliance) to a less intensive housing situation divided by all who are discharged from residential programs. Includes those moving to another CSB program.	Annual Board Evaluation Report, Extended Care Annual Report

#	Program Area	Effectiveness Indicator	Benchmark	Measures	Reporting When/Where
37	Extended Care: Residential and SA Day Support programs	Number and percentage of persons with a substance abuse problem who show improvement in their addiction levels as assessed by the Addiction Severity Index.	75%	Total number of consumers who showed improvement in ASI score from admission to discharge divided by total number who were discharged and had at least two measurements.	Annual Board Evaluation Report, Extended Care Annual Report
38	Extended Care: MH & MR Individual and Group Employment	Number and percent of persons who have been enrolled for at least six months and who have maintained employment for six months or more during the reporting period.	90%	Total number of consumers who have maintained employment for six months divided by total consumers who have been enrolled in the employment program for six months or more.	Annual Board Evaluation Report, Extended Care Annual Report
39	Extended Care: MH/MR Sheltered Employment	Average annual hourly wage for persons in a sheltered employment program.	5% higher than previous year	Average annual hourly wage for consumers participating in a sheltered employment program.	Annual Board Evaluation Report, Extended Care Annual Report
40	Acute Care: CROP program	Reincarceration rate for consumers served in CROP program	30% or less	No more than 30% of participants will be reincarcerated due to a new criminal charge or parole violation for at least a 90-day period.	Annual Board Evaluation Report, Acute Care Annual Report
41	Extended Care: MH Homeless	Number and percentage of consumers served by the MH Homeless program who apply for housing, are placed in housing, and become involved in MH services	1) 75% 2) 50% 3) 60% 4) less than 6 months	1) Housing application rate = total consumers applying for housing/ total applications completed. 2) Housing placement rate = number of consumers placed/number consumers referred 3) MH services placement rate = number of consumers in MH services/number referred 4) Average housing rate = total months since first application/consumers placed	Annual Board Evaluation Report, Extended Care Annual Report

#	Program Area	Effectiveness Indicator	Benchmark	Measures	Reporting When/Where
42	Acute Care: Care Bed	Percentage of consumer utilizing the Care Bed as an alternative to hospitalization who return to the community following discharge	95%	Measured as all consumers who return to the community following discharge from Care Bed divided by total number who are discharged from the Care Bed.	Four Month, Eight Month and Annual Board Evaluation Reports
43	Acute Care: Parent Infant Education	Number and percentage of children who complete at least six months of therapeutic services who meet 50% or greater number of goals in at least one discipline as assessed by therapist at the time of the IFSP.	75% of sample (approx. 45 children/yr) will meet 50% or greater number of goals.	Sample approximately 15 consumers per 4 month period. Total number of consumers who met at least 50% of therapeutic goals after 6 months of services divided by total consumers in sample who have had at least six months of services.	Four Month, Eight Month and Annual Board Evaluation Reports Acute Care Annual Report
44	Acute Care: Parent Infant Education	Number and percentage of children eligible for PIE services and progressing toward IFSP who complete the IFSP within 45 days of referral for services.	100%	Total number of consumers who had a completed IFSP within 45 days of referral divided by the total number of referred and PIE eligible consumers.	Four Month, Eight Month and Annual Board Evaluation Reports Acute Care Annual Report

Satisfaction Indicators

#	Program Area	Satisfaction Indicator	Benchmark	Measures	Reporting When/Where
45	All programs	Staff Qualifications: a. Education b. License c. Training	N/A	Compilation of direct care staff qualifications as of June 30 th each year and compared to previous year.	Administration Annual report
46	All programs	Retention: One clinical staff classifications will be selected for study to include a comparison of length in position and Salary/benefits among No. Virginia jurisdictions	N/A	Comparative study of one staff classification in areas of retention and salary/benefits package between Alexandria, Arlington and Fairfax -Falls Church	Administration Annual report
47	All programs	Vacancy rates	3%	Number of vacancies expressed as number of positions vacant and number of staff-months of all staff vacant in each division based upon date the position went vacant and date filled. (Temps filling the same function of vacant position will not count as a vacancy) Annual report on percentage of FTE of staff-year vacancy compared to full authorized end strength authorized.	Division annual reports
48	All programs	Personnel Status Report indicating a. new hires, b. resignations and terminations, c. recruitment status, d. positions requiring bi-lingual Spanish/English skills	N/A	Listing of personnel who are new hires, resignations and terminations. Status of the recruitment process with an indication of bi-lingual requirements. Aggregate information by major personnel class.	Administration monthly report

#	Program Area	Satisfaction Indicator	Benchmark	Measures	Reporting When/Where
49	All programs	Critical Incident Reports: Each division summarizes all applicable critical incidents and actions taken and any policy or procedural changes as a result of critical incidents reported. Reports to State DMHMRSAS are made within specified time lines.	1) No set goal 2) 100%	1) Summation of critical incidents by program to include supporting details of actions taken or policy and procedural changes as a result of the incident 2) In instances of death, assault or serious injury to the consumer, appropriate notifications are made to DMHM RSA within specified time frames	Administration Annual report
50	All programs	Consumer Complaints: Each division summarizes all consumer complaints and actions taken and any policy or procedural changes as a result of consumer complaints	N/A	Summation of consumer complaints by division to include supporting details of actions taken or policy and procedural changes as a result of the incident	Division monthly and annual reports
51	All Extended and Acute Care Programs	Satisfaction with services	85%	Number and percentage of individuals (or family/guardians for MR and Youth services) who are satisfied with services as assessed on the State POMS consumer satisfaction survey. Conducted annually. Compared to state results if available and compared to previous year results. Parent-Infant Education survey instrument is the Part C Family Survey.	Eight month Board Evaluation Report, Division Annual reports
52	Prevention & Early Intervention (MH/SA)	Satisfaction with services	85%	Number and percentage of individuals who are satisfied with services as assessed on Prevention/Early Intervention survey administered throughout the year at the end of presentations or short term groups.	Annual Board Evaluation Report, Acute Care Annual Report
53	Acute Care: Parent Infant Education	Parental Involvement in Child's habilitation	75%	Percentage of parents who answer that they are involved in treatment planning process as assessed on the Part C family survey instrument by answering 'strongly agree' or 'agree' with the following questions: 'I helped decide which early intervention services would be listed on our IFSP' and 'The goals/outcomes written in our IFSP are the things that I want for my child and family'.	Annual Board Evaluation Report

#	Program Area	Satisfaction Indicator	Benchmark	Measures	Reporting When/Where
54	Acute and Extended Care programs: Outpatient Case Management Day Support	Involvement in Treatment Planning 1) Consumer involvement 2) Family Involvement: If consumer wants involvement, is family engaged?	1) 100% 2) 90%	Add following questions to the annual review in Assessment and Treatment Planning. 1) Was consumer involved in the treatment planning process?, 2) Does consumer want family/friends involved in treatment?, if yes, 3) Is the family involved in treatment or engaged on consumer issues? Percentage of consumers involved is the number of positive responses divided by total responses to that question. Percentage of family involvement is number of positive responses to question #3 divided by number of positive responses to question #2.	Annual Board Evaluation Report
55	All Acute and Extended Care programs	Follow-up for discharged consumers	80%	A survey will be administered continuously throughout the year to a representative sample of consumers discharged from the CSB. The survey will be similar to the annual satisfaction survey and will be administered over the phone by administrative staff. Results of the survey will be compiled three times annually in the Board Evaluation report.	Four month, eight month and annual Board Evaluation Report
56	Extended Care: Residential and Vocational programs	Number and percentage of verbal consumers who are satisfied with their lifestyle as measured on the Consumer Satisfaction Survey (Home) and the Consumer Satisfaction Survey (Work/Day Placement).	85%	Instrument collected once per year. Will compare data to other CSB's (if available) and to previous year data.	Annual Board Evaluation Report
57	Administration	Agency Survey: Number and percentage who are satisfied (as indicated by a positive response, with the services we provide consumers who are referred by other agencies.	80%	Survey administered to Stakeholders (agencies who refer consumers to us for services). Percentage of positive responses ('usually' or 'almost always) to the questions on the survey.	Administration Annual Report

#	Program Area	Satisfaction Indicator	Benchmark	Measures	Reporting When/Where
58	Acute Care: Emergency Services	Consumer feels better as a result of crisis services	75%	Number of consumers receiving crisis services (who are able to respond) who report an increase in well-being as indicated on a short survey divided by total number of consumers answering survey. Questions are: 1) 'Before I came in today I felt' (scale 1-5 on very hopeless to very hopeful). 2) 'At the end of your session today I felt' (scale 1-5 on very hopeless to very hopeful). 75% will show an increase in the scale.	Four month, eight month and annual Board Evaluation Report, Acute Care Annual Report