FY 2016 Community Services Performance Contract Renewal and Revision: Central Office, State Facility, and Community Services Board Partnership Agreement

Table of Contents

Section		Page
1	Purpose	1
2	Roles and Responsibilities	2
3	Core Values	5
4	Indicators Reflecting Core Values	6
5	Advancing the Vision	7
6	Critical Success Factors	7
7	Accountability	8
8	Involvement and Participation of Individuals Receiving Services	11
9	System Leadership Council	11
10	Communication	12
11	Quality Improvement	12
12	Reviews, Consultation, and Technical Assistance	12
13	Revision	12
14	Relationship to the Community Services Performance Contract	12

Section 1: Purpose

Collaboration through partnerships is the foundation of Virginia's public system of mental health, developmental, and substance abuse services. The central office of the Department of Behavioral Health and Developmental Services (Department), state hospitals and training centers (state facilities) operated by the Department, and community services boards (CSBs), which are entities of local governments, are the operational partners in Virginia's public system for providing these services. CSBs include operating CSBs, administrative policy CSBs, and the policy-advisory CSB to a local government department and the behavioral health authority that are established pursuant to Chapters 5 and 6, respectively, of Title 37.2 of the Code of Virginia.

Pursuant to State Board Policy 1034, the partners enter into this agreement to implement the vision statement articulated in State Board Policy 1036 and to improve the quality of care provided to individuals receiving services (individuals) and enhance the quality of their lives. The goal of this agreement is to establish a fully collaborative partnership process through which CSBs, the central office, and state facilities can reach agreements on operational and policy matters and issues. In areas where it has specific statutory accountability, responsibility, or authority, the central office will make decisions or determinations with the fullest possible participation and involvement by the other partners. In all other areas, the partners will make decisions or determinations jointly. The partners also agree to make decisions and resolve problems at the level closest to the issue or situation whenever possible. Nothing in this partnership agreement nullifies, abridges, or otherwise limits or affects the legal responsibilities or authorities of each partner, nor does this agreement create any new rights or benefits on behalf of any third parties.

The partners share a common desire for the system of care to excel in the delivery and seamless continuity of services for individuals and their families and seek similar collaborations or opportunities for partnerships with advocacy groups for individuals and their families and other system stakeholders. We believe that a collaborative strategic planning process helps to identify the needs of individuals and ensures effective resource allocation and operational decisions that contribute to the continuity and effectiveness of care provided across the public mental health,

developmental, and substance abuse services system. We agree to engage in such a collaborative planning process.

The central office, state facility, and CSB partnership reflects a common purpose derived from:

1. Codified roles defined in Chapters 3, 4, 5, 6, 7, and 8 of Title 37.2 of the Code of Virginia, as delineated in the community services performance contract;
2. Philosophical agreement on the importance of services and supports that are person-centered and individually focused and other core goals and values contained in this agreement;
3. Operational linkages associated with funding, program planning and assessment, and joint efforts to address challenges to the public system of services; and
4. Quality improvement-focused accountability to individuals receiving services and family members, local and state governments, and the public at large, as described in the accountability section of this partnership agreement.

This partnership agreement also establishes a framework for covering other relationships that may exist among the partners. Examples of these relationships include regional initiatives such as the Region IV Acute Care Pilot Project, regional utilization management teams, regional crisis stabilization programs, the planning partnership regions, and the initiative to promote integrated services for individuals with co-occurring mental health and substance use disorders.

Section 2: Roles and Responsibilities

Although this partnership philosophy helps to ensure positive working relationships, each partner has a unique role in providing public mental health, developmental, and substance abuse services. These distinct roles promote varying levels of expertise and create opportunities for identifying the most effective mechanisms for planning, delivering, and evaluating services.

Central Office

1. Ensures through distribution of available state and federal funding that an individually focused and community-based system of care, supported by community and state facility resources, exists for the delivery of publicly funded services and supports to individuals with mental health or substance use disorders or intellectual disability.

2. Promotes at all locations of the public mental health, developmental, and substance abuse service delivery system (including the central office) quality improvement efforts that focus on individual outcome and provider performance measures designed to enhance service quality, accessibility, and availability, and provides assistance to the greatest extent practicable with Department-initiated surveys and data requests.

3. Supports and encourages the maximum involvement and participation of individuals receiving services and family members of individuals receiving services in policy formulation and services planning, delivery, monitoring, and evaluation.

4. Ensures fiscal accountability that is required in applicable provisions of the Code of Virginia, relevant state and federal regulations, and policies of the State Board of Behavioral Health and Developmental Services.

5. Promotes identification of state-of-the-art, best or promising practice, or evidence-based programming and resources that exist as models for consideration by other partners.

6. Seeks opportunities to affect regulatory, policy, funding, and other decisions made by the Governor, the Secretary of Health and Human Resources, the General Assembly, the Department of Medical Assistance Services and other state agencies, and federal agencies that interact with or affect the other partners.

7. Encourages and facilitates state interagency collaboration and cooperation to meet the service needs of individuals and to identify and address statewide interagency issues that affect or support an effective system of care.

8. Serves as the single point of accountability to the Governor and the General Assembly for the public system of mental health, developmental, and substance abuse services.

9. Problem solves and collaborates with a CSB and state facility together on a complex or difficult situation involving an individual who is receiving services when the CSB and state facility have not been able to resolve the situation successfully at their level.

Community Services Boards

1. Pursuant to § 37.2-500 of the Code of Virginia and State Board Policy 1035, serve as the single points of entry into the publicly funded system of individually focused and community-based services and supports for individuals with mental health or substance use disorders or intellectual disability, including individuals with co-occurring disorders in accordance with State Board Policy 1015.

2. Serve as the local points of accountability for the public mental health, developmental, and substance abuse service delivery system.

3. To the fullest extent that resources allow, promote the delivery of community-based services that address the specific needs of individuals, particularly those with complex needs, with a focus on service quality, accessibility, integration, and availability and on self-determination, empowerment, and recovery.

4. Support and encourage the maximum involvement and participation of individuals receiving services and family members of individuals receiving services in policy formulation and services planning, delivery, monitoring, and evaluation.

5. Establish services and linkages that promote seamless and efficient transitions of individuals between state facility and community services.

6. Promote sharing of program knowledge and skills with other partners to identify models of service delivery that have demonstrated positive outcomes for individuals receiving services.

7. Problem-solve and collaborate with state facilities on complex or difficult situations involving individuals receiving services.

8. Encourage and facilitate local interagency collaboration and cooperation to meet the other services and supports needs, including employment and stable housing, of individuals receiving services.

State Facilities

1. Provide psychiatric hospitalization and other services to individuals identified by CSBs as meeting statutory requirements for admission in § 37.2-817 of the Code of Virginia and criteria in the Continuity of Care Procedures in the CSB Administrative Requirements, including the development of specific capabilities to meet the needs of individuals with co-occurring mental health and substance use disorders in accordance with State Board Policy 1015.

2. Within the resources available, provide residential, training, or habilitation services to individuals with intellectual disability identified by CSBs as needing those services in a training center and who are certified for admission pursuant to § 37.2-806 of the Code of Virginia.

3. To the fullest extent that resources allow, provide services that address the specific needs of individuals with a focus on service quality, accessibility, and availability and on self-determination, empowerment, and recovery.

4. Support and encourage the involvement and participation of individuals receiving services and family members of individuals receiving services in policy formulation and services planning, delivery, monitoring, and evaluation.

5. Establish services and linkages that promote seamless and efficient transitions of individuals between state facility and community services.

6. Promote sharing of program knowledge and skills with other partners to identify models of service delivery that have demonstrated positive outcomes for individuals.

7. Problem-solve and collaborate with CSBs on complex or difficult situations involving individuals receiving services.

Recognizing that these unique roles create distinct visions and perceptions of individual and service needs at each point (statewide, communities, and state facilities) of services planning, management, delivery, and evaluation, the partners are committed to maintaining effective lines of communication with each other and with other providers involved in the services system through their participation in regional partnerships generally and for addressing particular challenges or concerns. Mechanisms for communication include the System Leadership Council; representation on work groups, task forces, and committees; use of websites and electronic communication; consultation activities; and circulation of drafts for soliciting input from other partners. When the need for a requirement is identified, the partners agree to use a participatory process, similar to the process used by the central office to develop departmental instructions for state facilities, to establish the requirement.

These efforts by the partners will help to ensure that individuals have access to a public, individually focused, person-centered, community-based, and integrated system of mental health, developmental, and substance abuse services that maximizes available resources, adheres to the

most effective, evidence-based, best, or promising service delivery practices, utilizes the extensive expertise that is available within the public system of care, and encourages and supports the self-determination, empowerment, and recovery of individuals receiving services, including the provision of services by them.

Section 3: Core Values

The central office, state facilities, and CSBs, the partners to this agreement, share a common desire for the public system of care to excel in the delivery and seamless continuity of services to individuals receiving services and their families. While they are interdependent, each partner works independently with both shared and distinct points of accountability, such as state, local or federal governments, other funding sources, individuals receiving services, and families. The partners embrace common core values that guide the central office, state facilities, and CSBs in developing and implementing policies, planning services, making decisions, providing services, and measuring the effectiveness of service delivery.

Vision Statement

Our core values are based on our vision, articulated in State Board Policy 1036, for the public mental health, developmental, and substance abuse services system. Our vision is of a community-based system of services and supports driven by individuals receiving services that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of participation by individuals receiving services in all aspects of community life, including work, school, family, and other meaningful relationships. This vision also incorporates the principles of inclusion, participation, and partnership.

Core Values

1. The central office, state facilities, and CSBs are working in partnership; we hold each other accountable for adhering to our core values.

2. As partners, we will focus on fostering a culture of responsiveness, finding solutions, accepting responsibility, emphasizing flexibility, and striving for continuous quality improvement.

3. As partners, we will make decisions and resolve problems at the level closest to the issue or situation whenever possible.

4. Services should be provided in the least restrictive and most integrated environment possible. Most integrated environment means a setting that enables individuals with disabilities to interact with persons without disabilities to the fullest extent possible.

5. All services should be designed to be welcoming, accessible, and capable of providing interventions properly matched to the needs of individuals with co-occurring disorders.

6. Community and state facility services are integral components of a seamless public, individual-driven, and community-based system of care.

7. The goal of all components of our public system of care is that the individuals we serve recover, realize their fullest potential, or move to independence from our care.

8. The participation of the individual and, when one is appointed or designated, the individual's authorized representative in treatment planning and service evaluation is necessary and valuable and has a positive effect on service quality and outcomes.

9. The individual's responsibility for and active participation in his or her care and treatment are very important and should be supported and encouraged whenever possible.

10. Individuals receiving services have a right to be free from abuse, neglect, or exploitation and to have their human rights assured and protected.

11. Choice is a critically important aspect of participation and dignity for individuals receiving services, and it contributes to their satisfaction and desirable outcomes. Individuals should be provided as much as possible with responsible and realistic opportunities to choose.

12. Family awareness and education about a person's disability or illness and services are valuable whenever the individual with the disability supports these activities.

13. Whenever it is clinically appropriate, children and adolescents should receive services provided in a manner that supports maintenance of their home and family environment. Family includes single parents, grandparents, older siblings, aunts or uncles, and other persons who have accepted the child or adolescent as part of their family.

14. Children and adolescents should be in school and functioning adequately enough that the school can maintain them and provide an education for them.

15. Living in safe, stable, decent, and affordable housing in the community, consistent with State Board Policy 4023 (CSB) 86-24 Housing Supports, with the highest level of independence possible is a desired outcome for adults receiving services.

16. Gaining or maintaining meaningful employment, consistent with State Board Policy 1044 (SYS) 12-1 Employment First, improves the quality of life for adults with mental health or substance use disorders or intellectual disability and is a desired outcome for adults receiving services.

17. Lack of involvement or a reduced level of involvement with the criminal justice system, including court-ordered criminal justice services, improves the quality of life of all individuals.

18. Pursuant to State Board Policy 1038, the public, individually focused, and community-based mental health, developmental, and substance abuse services system serves as a safety net for individuals, particularly people who are uninsured or under-insured, who do not have access to other service providers or alternatives.

Section 4: Indicators Reflecting Core Values

Nationwide, service providers, funding sources, and regulators have sought instruments and methods to measure system effectiveness. No one system of evaluation is accepted as the method, as perspectives about the system and desired outcomes vary, depending on the unique role (e.g., as

an individual receiving services, family member, payer, provider, advocate, or member of the community) that one has within the system.

Simple, cost-effective measures reflecting a limited number of core values or expectations identified by the central office, state facilities, and CSBs guide the public system of care in Virginia. Any indicators or measures should reflect the core values listed in the preceding section. The partners agree to identify, prioritize, collect, and utilize these measures as part of the quality assurance systems mentioned in section 6 of this agreement and in the quality improvement plan described in section 6.b of the community services performance contract.

Section 5: Advancing the Vision

The partners agree to engage in activities to advance the achievement of the Vision Statement contained in State Board Policy 1036 and section 3 of this agreement, including these activities.

1. **Recovery:** The partners agree, to the greatest extent possible, to:
   a. provide more opportunities for individuals receiving services to be involved in decision-making,
   b. increase recovery-oriented, peer-provided, and consumer-run services,
   c. educate staff and individuals receiving services about recovery, and
   d. assess and increase the recovery orientation of CSBs, the Central Office, and state hospitals.

2. **Integrated Services:** The partners agree to advance the values and principles in the Charter Agreement signed by the CSB and the central office and to increase effective screening and assessment of individuals for co-occurring disorders to the greatest extent possible.

3. **Person-Centered Planning:** The partners agree to promote awareness of the principles of person-centered planning, disseminate and share information about person-centered planning, and participate on work groups focused on implementing person-centered planning.

Section 6: Critical Success Factors

The partners agree to engage in activities that will address the seven critical success factors identified in *Envision the Possibilities: An Integrated Strategic Plan for Virginia's Mental Health, Mental Retardation and Substance Abuse Services System*, January 2006. These critical success factors, listed below and described more fully in the *Integrated Strategic Plan*, are required to transform the current service system's crisis response orientation to one that provides incentives and rewards for implementing the vision of a recovery and resilience-oriented and person-centered system of services and supports. Successful achievement of these critical success factors will require the support and collective ownership of all system stakeholders.

1. Virginia successfully implements a recovery and resilience-oriented and person-centered system of services and supports.

2. Publicly funded services and supports that meet growing mental health, developmental, and substance abuse services needs are available and accessible across the Commonwealth.

3. Funding incentives and practices support and sustain quality care focused on individuals receiving services and supports, promote innovation, and assure efficiency and cost-effectiveness.

4. State facility and community infrastructure and technology efficiently and appropriately meet the needs of individuals receiving services and supports.

5. A competent and well-trained mental health, developmental, and substance abuse services system workforce provides needed services and supports.

6. Effective service delivery and utilization management assures that individuals and their families receive services and supports that are appropriate to their needs.

7. Mental health, developmental, and substance abuse services and supports meet the highest standards of quality and accountability.

Section 7: Accountability

The central office, state facilities, and CSBs agree that it is necessary and important to have a system of accountability. The partners also agree that any successful accountability system requires early detection with faithful, accurate, and complete reporting and review of agreed-upon accountability indicators. The partners further agree that early detection of problems and collaborative efforts to seek resolutions improve accountability. To that end, the partners commit themselves to a problem identification process defined by open sharing of performance concerns and a mutually supportive effort toward problem resolution. Technical assistance, provided in a non-punitive manner designed not to "catch" problems but to resolve them, is a key component in an effective system of accountability.

Where possible, joint work groups, representing CSBs, the central office, and state facilities, shall review all surveys, measures, or other requirements for relevance, cost benefit, validity, efficiency, and consistency with this statement prior to implementation and on an ongoing basis as requirements change. In areas where it has specific statutory accountability, responsibility, or authority, the central office will make decisions or determinations with the fullest possible participation and involvement by the other partners. In all other areas, the partners will make decisions or determinations jointly.

The partners agree that when accreditation or another publicly recognized independent review addresses an accountability issue or requirement, where possible, compliance with this outside review will constitute adherence to the accountability measure or reporting requirement. Where accountability and compliance rely on affirmations, the partners agree to make due diligence efforts to comply fully. The central office reserves the powers given to the department to review and audit operations for compliance and veracity and upon cause to take actions necessary to ensure accountability and compliance.

Desirable and Necessary Accountability Areas

1. **Mission of the System.** As part of a mutual process, the partners, with maximum input from stakeholders and individuals receiving services, will define a small number of key missions for

the public community and state facility services system and a small number of measures for these missions. State facilities and CSBs will report on these measures at a minimum frequency necessary to determine the level and pattern of performance over several years.

2. **Central Office Accountability.** In addition to internal governmental accountability, the central office agrees to support the mission of the public services system by carrying out its functions in accordance with the vision and values articulated in section 3. Accountability for the central office will be defined by the fewest necessary measures of key activities that will be reported at a minimum frequency necessary to determine the level and pattern of performance over several years.

3. **State Facility Accountability.** In addition to internal governmental accountability, state facilities agree to support the mission of the public services system by carrying out their functions in accordance with the vision and values articulated in section 3. Accountability for state facilities will be defined by the fewest necessary measures of key activities that will be reported at a minimum frequency necessary to determine the level and pattern of performance over several years.

4. **CSB Accountability.** In addition to internal governmental accountability, CSBs agree to support the mission of the public services system by carrying out their functions in accordance with the vision and values articulated in section 3. Accountability for CSBs will be defined by the fewest necessary measures of key activities that will be reported at a minimum frequency necessary to determine the level and pattern of performance over several years.

5. **Legislative Accountability.** Additional reporting or responses may be required of CSBs, the central office, or state facilities by the General Assembly or for a legislative request or study.

6. **Quality Improvement.** CSBs, state facilities, and the central office will manage internal quality improvement, quality assurance, and corporate compliance systems to monitor activities, detect and address problems, and minimize risk. These activities require no standardized reporting outside of that contained in law, regulation, or policy. The partners agree to identify and, wherever possible, implement evidence-based best practices and programs to improve the quality of care that they provide. In the critically important area of service integration for individuals with co-occurring disorders, the partners agree to

   a. engage in periodic organizational self-assessment using identified tools,

   b. develop a work plan that prioritizes quality improvement opportunities in this area,

   c. monitor progress in these areas on a regular basis, and

   d. adjust the work plan as appropriate.

7. **Fiscal.** Funds awarded or transferred by one partner to another for a specific identified purpose should have sufficient means of accountability to ensure that expenditures of funds were for the purposes identified. The main indicators for this accountability include an annual CPA audit by an independent auditing firm or an audit by the Auditor of Public Accounts and reports from the recipient of the funds that display the amounts of expenditures and revenues, the purposes for which the expenditures were made and, where necessary, the types and amounts of services provided. The frequency and detail of this reporting shall reflect the minimum necessary.

8. **Compliance with Departmental Regulatory Requirements for Service Delivery.** In general, regulations ensure that entities operate within the scope of acceptable practice. The system of department licensing, in which a licensed entity demonstrates compliance by policy, procedure, or practice with regulatory requirements for service delivery, is a key accountability mechanism. Where a service is not subject to state licensing, the partners may define minimum standards of acceptable practice. Where CSBs obtain nationally recognized accreditation covering services for which the department requires a license, the department, to the degree practical and with the fullest possible participation and involvement by the other partners, will consider substituting the accreditation in whole or in part for the application of specific licensing standards.

9. **Compliance with Federal and Non-Department Standards and Requirements.** In areas where it has specific statutory accountability, responsibility, or authority, the central office will make decisions or determinations with the fullest possible participation and involvement by the other partners. In all other areas, the partners will make decisions or determinations jointly. The central office agrees to identify the minimum documentation needed from the other partners to indicate their compliance with applicable federal and non-departmental standards and requirements. Where possible, this documentation shall include affirmations by CSBs or state facilities in lieu of direct documentation. The partners shall define jointly the least intrusive and least costly compliance strategies, as necessary.

10. **Compliance with Department-Determined Requirements.** In areas where it has specific statutory accountability, responsibility, or authority, the central office will make decisions or determinations with the fullest possible participation and involvement by the other partners. In all other areas, the partners will make decisions or determinations jointly. The central office agrees to define the minimum compliance system necessary to ensure that CSBs and state facilities perform due diligence in regard to requirements established by the central office and that this definition will include only the minimum necessary to meet the intent of the state law or State Board policy for which the requirement is created. Where equivalent local government standards are in place, compliance with the local standards shall be acceptable.

11. **Medicaid Requirements.** The central office agrees to work proactively with the Department of Medical Assistance Services (DMAS) to create an effective system of accountability that will ensure services paid for by the DMAS meet minimum standards for quality care and for the defined benefit. The central office, and CSBs to the fullest extent possible, will endeavor to assist the DMAS in regulatory and compliance simplification in order to focus accountability on the key and most important elements.

12. **Maximizing State and Federal Funding Resources.** The partners agree to collect and utilize available revenues from all appropriate sources to pay for services in order to extend the use of state and federal funds as much as possible to serve the greatest number of individuals in need of services. Sources include Medicaid cost-based, fee-for service, Targeted Case Management, Rehabilitation (State Plan Option), and ID Waiver payments; other third party payers; auxiliary grants; food stamps; SSI, SSDI, and direct payments from individuals; payments or contributions of other resources from other agencies such as local social services or health departments; and other state or local funding sources.

13. Information for Decision-Making. The partners agree to work collaboratively to

a. improve the accuracy, timeliness, and usefulness of data provided to funding sources and stakeholders;

b. enhance infrastructure and support for information technology systems and staffing; and

c. use this information in their decision-making about resources, services, policies, and procedures and to communicate more effectively with funding sources and stakeholders about the activities of the public services system and its impact on individuals receiving services and their families.

Section 8: Involvement and Participation of Individuals Receiving Services and Their Family Members

1. **Involvement and Participation of Individuals Receiving Services and Their Family Members:** CSBs, state facilities, and the central office agree to take all necessary and appropriate actions in accordance with State Board Policy 1040 to actively involve and support the maximum participation of individuals receiving services and their family members in policy formulation and services planning, delivery, monitoring, and evaluation.

2. **Involvement in Individualized Services Planning and Delivery by Individuals Receiving Services and Their Family Members:** CSBs and state facilities agree to involve individuals receiving services and, with the consent of individuals where applicable, family members, authorized representatives, and significant others in their care, including the maximum degree of participation in individualized services planning and treatment decisions and activities, unless their involvement is not clinically appropriate.

3. **Language:** CSBs and state facilities agree that they will endeavor to deliver services in a manner that is understood by individuals receiving services. This involves communicating orally and in writing in the preferred languages of individuals, including Braille and American Sign Language when applicable, and at appropriate reading comprehension levels.

4. **Culturally Competent Services:** CSBs and state facilities agree that in delivering services they will endeavor to address to a reasonable extent the cultural and linguistic characteristics of the geographic areas and populations that they serve.

Section 9: System Leadership Council. The System Leadership Council, established by the partners through this agreement, includes representatives of the central office, state facilities, the State Board of Behavioral Health and Developmental Services, CSBs, individuals receiving services and their families, local governments, the criminal justice system, private providers, the DMAS, and other stakeholders. The Council will meet as needed to:

1. identify, discuss, and resolve issues and problems;

2. examine current system functioning and identify ways to improve or enhance the operations of the public mental health, developmental, and substance abuse services system; and

3. identify, develop, propose, and monitor the implementation of new service modalities, systemic innovations, and other approaches for improving the accessibility, responsiveness, and cost effectiveness of publicly funded mental health, developmental, and substance abuse services.

Section 10: Communication. CSBs, state facilities, and the central office agree to communicate fully with each other to the greatest extent possible. Each partner agrees to respond in a timely manner to requests for information from other partners, considering the type, amount, and availability of the information requested.

Section 11: Quality Improvement. On an ongoing basis, the partners agree to work together to identify and resolve barriers and policy and procedural issues that interfere with the most effective and efficient delivery of public mental health, developmental, and substance abuse services.

Section 12: Reviews, Consultation, and Technical Assistance. CSBs, state facilities, and the central office agree, within the constraints of available resources, to participate in review, consultation, and technical assistance activities to improve the quality of services provided to individuals and to enhance the effectiveness and efficiency of their operations.

Section 13: Revision. This is a long-term agreement that should not need to be revised or amended annually. However, the partners agree that this agreement may be revised at any time with the mutual consent of the parties. When revisions become necessary, they will be developed and coordinated through the System Leadership Council. Finally, either party may terminate this agreement with six months written notice to the other party and to the System Leadership Council.

Section 14: Relationship to the Community Services Performance Contract. This partnership agreement by agreement of the parties is hereby incorporated into and made a part of the current community services performance contract by reference.