FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

Martha Lloyd, Chair
Fairfax County Government Center
12000 Government Center Parkway, Conference Rooms 9 & 10
Fairfax, Virginia 22035
Wednesday, April 27, 2011
7:30 p.m.

1.	**Meeting Called to Order**	Martha Lloyd	7:30 p.m.
2.	**Matters of the Public**		7:35 p.m.
3.	**Amendments to the Meeting Agenda**	Martha Lloyd	7:50 p.m.
4.	**Consent Agenda**		7:55 p.m.
5.	**Matters of the Board**		8:00 p.m.
6.	**Information Items**		8:20 p.m.
	A. Standing Committee Charters	Mark Gross	
7.	**Action Items**		8:30 p.m.
	A. Internal Flow of Information Chart	Mark Gross	
	B. Kaiser Permanente Foundation Grant (POWAR)	Bill Belcher	
	C. Appointment of Nominating Committee	Martha Lloyd	
6.	**Executive Director's Report**	George Braunstein	8:45 p.m.
	A. Child Screening for Medicaid Services		
	B. Regional Acute Care Update		
	C. Budget Status Update		
7.	**Adjournment**		9:15 p.m.
8.	**Tonier Cain DVD**		9:15 p.m.

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COMMUNITY SERVICES BOARD	Item: 4	Type: Action	Date: 4/27/11

Consent Agenda

Motion:

I move that the Board include the items listed on the Consent Agenda:

A. Approval of minutes of the March 23, 2011, Board meeting.

B. Acceptance of minutes of the March 16, 2011 Executive Committee meeting.

C. Acceptance of minutes of the February 23, 2011 External Committee meeting.

D. Acceptance of minutes of the February 23, 2011 Internal Committee meeting.

E. Acceptance of minutes of the April 13, 2011 Substance Abuse/Mental Health Committee meeting.

Fairfax-Falls Church Community Services Board

March 23, 2011

The Board met in regular session at the Fairfax County Government Center, 12000 Government Center Parkway, Conference Rooms 9 and 10, in Fairfax.

The following CSB members were present: Martha Lloyd, Chair; Renée Alberts, Pam Barrett, Mary Ann Beall, Jessica Burmester, Lynne Crammer, Mark Gross, Diane Hofstadter, Glenn Kamber, Jean McNeal, Mattie Palmore, Mark Sites, Woody Witt, Jane Woods

The following CSB members were absent: Susan Beeman and Lori Stillman

The following CSB staff were present: Gary Axelson, Bill Belcher, Belinda Buescher, George Braunstein, Carolyn Castro-Donlan, Ginny Cooper, Dave Mangano, Cathy Pumphrey, Jenna Rosenberger, Jim Stratoudakis, Lyn Tomlinson, Alan Wooten and Laura Yager

Also present were other county staff, private sector staff and members of the public.

1. Meeting Called to Order

   Ms. Lloyd called the meeting to order at 7:35 p.m.

2. Matters of the Public

   There were no amendments to the Meeting Agenda.

3. Adoption of the Meeting Agenda

   - Ms. Jane Woods moved the Board adopt the meeting agenda as presented. The motion was seconded by Ms. Lynne Crammer and approved.

4. Consent Agenda

   - Mr. Mark Gross moved the Board approve the Consent Agenda with the following items included:

     A. Approval of minutes from the February 23, 2011 Board meeting

     B. Acceptance of minutes of the February 16, 2011 Executive Committee meeting

     C. Acceptance of minutes of the March 2, 2011 Intellectual Disability Committee meeting

     D. Acceptance of minutes of the March 9, 2011 Substance Abuse/Mental Health Committee meeting

     The motion was seconded by Ms. Lynne Crammer and approved.

5. Matters of the Board

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A. Budget Advocacy – Major Mark Sites presented to the Board the changes made to the advocacy strategy which were developed in the External Committee meeting. This advocacy will take a progressive approach managed by all four speakers rather than each speaker advocating one specific key issue. Major Sites noted that the draft statements will be available to the Board by Friday. Mr. Glenn Kamber further explained the External Committee's reasoning in using this type of strategy. Mr. George Braunstein discussed the memo distributed by the County Executive as well as the housing situation in the County.

6. Action Items

A. Ad Hoc Committee Guidelines

➢ Mr. Mark Gross moved the Board approve the Ad Hoc Committee Guidelines as presented. The motion was seconded by Mr. Woody Witt and approved.

7. Executive Director's Report

A. System Transformation Update – Mr. Braunstein noted that while there is nothing new of significance to report the transformation is moving forward.

B. Legislative Update – Mr. Braunstein reported that by next week the Governor's reaction to the budget will be published. The two things that are believed to be going forward as is are that all of the adults, except for those receiving the waiver, will be in a managed care system. Medicaid is very likely to be managed by the next fiscal year. The waiver is being looked at in a way to be rewritten to be more inclusive. In regards to the part regarding children's comprehensive services: all children receiving some form of mental health Medicaid services will need to be prior authorized by means of the CSB or a designee of the CSB. Mr. Braunstein noted that the CSB will play a role in this and believes that it will integrate well with the front door services.

C. Regional Acute Care Update – The region has decided to extend the life of thirteen beds at the Northern Virginia Mental Health Institute until the end of CY 2011. This will provide a period of transition between the closure of the beds and the opening of the regional crisis center. Ms. Woods inquired as to whether the State has come up with any creative uses of the beds that will close on January 1, 2012. Mr. Braunstein answered that he had not seen anything to that effect and that they are looking to change the state code to reflect that people who are found not guilty by reason of insanity (NGRI) and psychiatrically stable, enabling them to fully enter into the community sooner. The State has responded that it might backfill these thirteen beds with overflow from other regions with people who are NGRI. The Board discussed various option and concerns with the barriers and process centering around NVMHI and the code with regard to people who are found NGRI.

D. County Budget Update – Mr. Braunstein noted that this was covered under Major Sites' report. Mr. Kamber brought up the consideration item being submitted by Supervisor Hudgins that would provide $2 million to make up the gap in nearly 200 units under the homeless and waiting list goals. Mr. Kamber noted that, if approved, this would fund subsidies for housings that the County runs, mostly as a subsidy to make rent payments. Mr. Braunstein discussed how the CSB would staff any housing provided to CSB consumers.

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Mr. Gary Axelson noted that more aggressive locational programming is the current best practice. The Board further discussed housing opportunities in Fairfax County, both by working with the Department of Housing and Community Development and by working with other partners.

Actions Taken –

(a) The Consent Agenda was approved as presented.

There being no further business to come before the Board, the meeting was adjourned at 8:21p.m.

Date Approved

Jenna Rosenberger, Clerk to the Board

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Fairfax-Falls Church Community Services Board
Executive Committee
March 16, 2011

The Executive Committee of the Fairfax-Falls Church Community Services Board met in regular session on March 16, 2011, at 7:30 p.m. at the Pennino Building, 12000 Government Center Parkway, Conference Rooms 9 and 10, Fairfax, Virginia.

The following Committee members were present: Martha Lloyd, Chair; Susan Beeman; George Braunstein; Lynne Crammer; Mark Gross; Mark Sites; Woody Witt; Jane Woods

The following Committee members were absent:

The following CSB staff was present: Carolyn Castro-Donlan, Jenna Rosenberger

1. Meeting Called to Order

   The meeting was called to order at 7:33 p.m.

2. Approval of the February 16, 2011 Minutes

   - Ms. Lynne Crammer moved that the Executive Committee minutes of February 16, 2011be approved as presented. The motion was unanimously carried.

3. Amendments to the Agenda

   There were no amendments to the agenda.

4. Matters of the Executive Committee

   A. Substance Abuse/Mental Health Committee Report – Ms. Susan Beeman reported that the first meeting of the SA/MH Committee went very well. The Committee has continued work on their charter and are close to a final draft.

   B. Intellectual Disability Committee Report – Mr. Woody Witt reported that the Autism Spectrum Disorder/Developmental Disabilities (ASD/DD) Workgroup met for the first time last week. The ID Committee is currently reaching out to several different groups to broaden its membership. Mr. Mark Gross noted that Ms. Jeannie Cummins Eisenhour gave a good presentation on housing needs at the meeting. Mr. Witt further noted that Mr. Dennis Brown updated the Committee on restorations in both Waivers and other areas.

   C. Internal Committee Report – Mr. Gross noted that the Internal Committee focused on editing their Goals and Objectives. Ms. Crammer noted that the Committee is creating a work plan. Ms. Martha Lloyd suggested that the Internal Committee begin bringing forward the goals and objectives of other Committees as they are reviewed rather than simultaneously.

   D. External Committee Report – Major Mark Sites noted that the Committee is replacing its health care forum with one covering the topic of mental health first aid. Ms. Jane Woods

brought up the benefits of having this first forum focused on children and their needs. Major Sites also discussed his testimony at the Human Services Council on March 7th. He noted that the main concern was how the budget reductions had influenced the CSB's ability to implement the Beeman plan. The Committee then discussed advocacy strategies for the Board of Supervisors budget hearing.

E. Other Matters from Committee Members – Mr. Gross proposed that the CSB look into proposing a plan for hiring people with disabilities into the County (including the schools). The Committee discussed several possibilities and decided that the Internal Committee will work with Ms. Carolyn Castro-Donlan to develop this plan. Mr. Witt noted an upcoming workshop. Ms. Woods brought up the recent action by the General Assembly around the area of intensive children's care and the possibility of applying for a pilot program. Mr. Braunstein reported that the House of Delegates decided to have children's intensive care managed by the CSA. The VACSB negotiated language that would have the CSBs doing the initial assessments and being the gatekeeper of children getting into mental health services and having them served by Medicaid. The language was written to have five regional programs, and were written so as to have the highest-utilized CSBs in the region participating first. In this region, Prince William County is the highest utilizer. Ms. Crammer asked for an update on the progress of the implementation of the Beeman plan. Mr. Braunstein noted that he is currently drafting one. This will be used for the meeting with the Board of Supervisors on May 17th. Ms. Lloyd brought up creating a desired criteria list due to an upcoming vacancy that can be shared with the Board of Supervisors. The Committee then discussed the flow of Information Chart and referred it to the Internal Committee for further study and editing later on in the year. The Committee then decided that it would change the name of the Intellectual Disability Committee to the Intellectual Disability/Developmental Disability Workgroup and the name of the Substance Abuse/Mental Health Committee to Substance Use Disorders/Mental Health Workgroup.

5. Amendments to the Board Agenda

The draft Board meeting agenda was provided for information and review and several changes were made.

6. Board Planning Calendar

The Board Planning Calendar was provided for information and review.

7. Executive Director's Report

Mr. Braunstein noted that Mr. Witt previously covered most of the legislative items. The language that went to the Governor in regards to managing the adult Medicaid system went forward with what was recommended. The waiver services, however, are targeted to be rewritten in order to get more waivers to more people and to combine the ID and DD waivers into a single one. Mr. Braunstein then discussed with the Committee the differences between the two. Mr. Braunstein then updated the Committee on recent developments concerning possible actions to be taken by the Board of Supervisors in regards to the FY2012 budget.

There being no further business to come before the Executive Committee, the meeting was adjourned at 9:26 p.m.

Actions Taken –

(a) None.

April 20, 2011
Date Approved

Jenna Rosenberger
Jenna Rosenberger, Clerk to the Board

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Fairfax-Falls Church Community Services Board

External Committee

February 23, 2011
6:00 p.m.

The External Committee of the Board met in regular session at 12011 Government Center Parkway.

The following Committee members were present: Mark Sites, Chair; Renee Alberts, Pam Barrett, Susan Beeman, Glenn Kamber, Mattie Palmore, and Woody Witt

The following CSB members were present: Jessica Burmester

The following Committee members were absent: Diane Hofstadter and Jane Woods

The following CSB staff were present: George Braunstein, David Mangano, Laura Yager

1. Meeting Called to Order

   The meeting was called to order at 6:05 p.m.

2. Approval of the January Minutes

   An edit to the January minutes was to include NAMI on 2B. The amended minutes were approved.

3. Matters of the Committee

   A. Health Care Reform Forum Planning There was much discussion around scheduling and planning this forum. The Committee decided to put the Health Care Reform Forum on hold until more is known about final plans/results of the reform process. Additional discussion was held about shifting the first forum focus to increasing public awareness about helping people help people in crisis and approaches to intervene. Glenn Kamber and Renee Alberts will work this area further. IDS is also hosting a series of meetings related to Autism and Developmental Disabilities needs and services.

   B. Draft Charter The charter draft was disseminated and will be reviewed and discussed further.

   C. County Budget Talking Points Staff presented four items that are agency priorities and asked that these be presented by the CSB Board at both the Human Services Council and the Board of Supervisors budget hearings. These were discussed and there were several options considered by the Board members on the Committee. One option considered was to present the four items as developed by staff, with four Board members each speaking to one proposed budget item. The other option was to only raise items included in the budget process (detox diversion) and postpone presentation of the rest during the budget carryover process later this

summer. The Committee made no decisions and the issue was forwarded to the full CSB Board for consideration.

The meeting was adjourned at 7:30 p.m. in order to attend the full CSB meeting.

3/22/11
Date Approved

Laura Yager

Fairfax-Falls Church Community Services Board
Internal Committee
February 23, 2011

The Internal Committee of the Fairfax-Falls Church Community Services Board met in regular session on February 23 at 6:00 p.m. at the Pennino Building, 12000 Government Center Parkway, Conference Room 232, Fairfax, Virginia.

The following Committee members were present: Mark Gross, Chair; Mary Ann Beall; Lynne Crammer; Jean McNeal; Lori Stillman

The following Committee members were absent:

The following CSB staff was present: Cathy Pumphrey; Jenna Rosenberger

1. Meeting Called to Order

   The meeting was called to order at 6:15 p.m.

2. Approval of the November 17, 2010 Minutes

   - Ms. Mary Ann Beall moved that the Internal Committee minutes of November 17, 2010 be approved as presented. The motion was seconded by Ms. Lori Stillman and unanimously carried.

3. Review of Committee Goals and Objectives

   The Committee reviewed their Goals and Action Plans and took steps to modify the language on the draft document. Ms. Lynne Crammer shared a document that outlined the responsibilities and timeline of the Internal Committee's process and steps were taken to streamline some of the tasks.

There being no further business to come before the Internal Committee, the meeting was adjourned at 7:15 p.m.

Actions Taken –

(a) The minutes from the November 17, 2010 Internal Committee were approved as presented.

april 6, 2011
Date Approved

Jenna Rosenberger
Jenna Rosenberger, Clerk to the Board

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Fairfax-Falls Church Community Services Board
Substance Use Disorders/Mental Health Workgroup
April 13, 2011

The Substance Use Disorders/Mental Health Workgroup of the Board met in regular session at the Fairfax County Government Center, 12000 Government Center Parkway, Conference Rooms 9/10, Fairfax, Virginia.

The following Committee members were present: Renée Alberts, Susan Beeman Co-Chair, Lynne Crammer, Diane Hofstadter, Glenn Kamber, Jane Woods,

The following Committee members were absent: Pamela Barrett, Mary Ann Beall, Mattie Palmore, Mark Sites, Co-Chair

The following Committee associate members were present: Peter Clark, No. Va. Mental Health Foundation, Judith Dittman, Alternative House, Inc., Wendy Gradison, PRS, Inc., Trudy Harsh, The Brain Foundation, Shirley Repta, INOVA, William Yolton, Advisory Board for the Joe and Fredona Gartlan Center and On Our Own of Fairfax County

The following CSB staff were present: Shelley Ashby, Gary Axelson, Allen Berenson, Carolyn Castro-Donlan, Peggy Cook, Loretta Davidson, Kaye Fair, Gary Lupton, Patrick McConnell, Davene Nelson, Lyn Tomlinson, William Williams

Also present were other private sector staff as well as members of the public.

1. Meeting Called to Order

   The meeting was called to order at 7:35 p.m.

2. Opening Remarks/Introductions

   - *Glenn Kamber:* The CSB External Committee recommended a forum be scheduled. This is in follow-up to the CSB December retreat where it was decided to focus on Health Care Reform to help the public cope, identify the needs and signs of behavior for those who may be in need of help, who to contact, what steps to take and how to link services. The CSB community forum ("Mental Health First Response -"How to tell if someone needs help and what you can do") is scheduled for May 14, 2011, 9:00 a.m.–Noon, at the Fairfax County Government Center. Copies of the May 14th flyer were distributed. A special thanks to Renee Alberts for compiling a referral list of services and providers in the area.

     It was noted now that we have formed as one committee/workgroup, it needs to be decided what is the role of this workgroup, workgroup structure (staff, associate members, workgroup members), what we want to accomplish and how this can be done.

   - *Lynne Crammer:* The VACSB Substance Abuse Council is very active this year; they hope next month to report on budget priorities; and a retreat is scheduled for May 2, 2011. The VACSB conference will be held May 3 – May 5, 2011.

- *Renée Alberts:* Ms. Alberts and Ms. McNeal met with Supervisor Foust and were given a preview of what was going to happen with the Board of Supervisors vote; it seems they were very supportive of the Intellectual Disability Services, Diversion and Detox programs.

- *Wendy Gradison, PRS, Inc.*: PRS has been named one of the top 50 nonprofit organizations to work for nationwide; PRS is currently expanding the population they serve to include serving those with Substance Abuse Disorders, Intellectual Disability, and Autism Spectrum as primary.

- *Judith Dittman, Alternative House, Inc.:* Alternative House received funding for the Homeless Youth Initiative.

- *William Yolton, Advisory Board for the Joe and Fredona Gartlan Center and Consumer Run Programs:* the Gartlan Center had a great response to the recent Health Fair. Comment was made that we need to find a way to encourage consumers to attend our meetings; the June meeting will be very accessible to consumers and we should plan to have the agenda be consumer friendly and look at the possibility of break-out sessions into smaller groups.

- *Peter Clark, No. Va. Mental Health Foundation:* The Board of Supervisors approved 39 new positions with the CSB receiving the majority of the positions.

- *Shirley Repta INOVA:* INOVA is in the process of opening an Emergency Care facility in Fairfax City and they will work with the four area Community Services Boards. The facility will have a medical and psychiatric team with the goal to stabilize patients so they can stay in the community. The hope is to open around October 1, 2011.

3. Approval of the Minutes

   Mr. Kamber moved that the March 9, 2011 Substance Abuse/Mental Health Committee minutes and February 9, 2011 Mental Health Committee minutes be approved as presented. The motion was seconded by Ms. Woods and unanimously carried.

4. Matters of the Public

   - There were no matters of the public.

5. Capital Youth Empowerment Program

   Erick and Isaac King

   Father's in Touch is a nonprofit organization that opened in October 2008 in the Northern Virginia area. The organization's goal is to address and develop solutions to help fathers become actively involved in their child's life through education, career planning and development.

   The program will help fathers become responsible and establish values for their children and provide a nurturing environment for their family. It is composed of a 12 week parenting class that uses the 24/7 Dad curriculum. The program will offer supervised visitation activities to help build strong relationships between fathers and their children. Dinner is provided at each class. We are adding a mentoring component, one on one sessions and motivational interviewing. There will be guest speakers to discuss topics such as Child Support, Custody, Visitation and Child Protective Services.

The program is free and open to all; each class has an average of 10 participants. The program depends on the resources of government, corporations, and community organizations; there will be a fundraiser on June 17, 2011.

6. Substance Use Disorders/Mental Health Workgroup

- *Review of Goals and Objectives*

Ms. Beeman distributed copies of the Substance Use Disorders/Mental Health Workgroup updated draft Vision Statement, Mission Statement, Goals and Objectives.

There was some discussion about how we need to keep the mission and vision statement generic and basic with guiding principles. We may want to make the goals and objectives a living document so that it can be subject to change as we transform. Some suggestions/comments were made which included: there needs to be time to look at a charter; does it facilitate what we want; do we want a charter or a work plan?

Mr. Kamber made the suggestion that we focus on a specific topic in our meeting. Suggestion was made to brainstorm as a group and identify three important topics to focus on, become more informed about and identify any problems, take action and develop solutions. There were three suggested items to focus on in future meetings: (1) Housing; (2) General process of reorganization; treatment/services; (3) Consumer Drop-In Centers.

There was a great deal of discussion and comments and input were provided on the role of the Substance Use Disorders/Mental Health Workgroup and developing the mission and vision statement, and identifying goals and objectives. It was recommended that everyone review the draft Updated Vision Statement, Mission Statement Goals and Objectives and provide ideas.

It seems agreed by all that housing should be the first major area of importance. Comment was made that we need to address the carry over money that is available in August and develop a work plan on how to utilize the funds if awarded and include advocacy. Other comments: how do we use the slots/vouchers we currently have? What are the barriers we face in trying to get consumers into housing? How can we overcome the barriers?

Jeannie Cummins-Eisenhour, Daryl Washington, Peggy Cook and Sharon Jones have been invited to a round table discussion during the May meeting as they all have an expertise in this area. In June consumers will be invited to discuss the issues and concerns they have. The June meeting will be held at the South County Government Center and easily accessible to consumers.

7. Staff Report

Gary Axelson, MH Director of Clinical Operations: We had great turn out at the Health Fair held at the Gartlan Center with well over 175 consumers attending.

David A. Jobes, Professor of Psychology with the Catholic University of America will provide training on April 28th on suicide assessment and management program. There will also be advanced sessions for supervisors and managers. We will retain him as a consultant for one year.

Kaye Fair, CSB MH Services, The Northwest Emergency Site will be temporarily closing on May 16 due to staffing vacancies. The closing will not affect services to consumers; Woodburn will be serving those in need of help.

8. Adjournment

There being no further business to come before the Committee, the meeting was adjourned at 9:25 p.m.

Actions Taken –

(a) The Workgroup approved the March 9, 2011 Substance Abuse and Mental Health Committee minutes and the February 9, 2011 Mental Health Committee Minutes.

Follow-up Items – None

Date Approved	Minutes Prepared by Shelley Ashby and Loretta Davidson

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COMMUNITY SERVICES BOARD Item: 7-A Type: Action Date: 4/27/11

Internal Flow of Information Chart

ISSUE:
Board approval is needed for the Internal Flow of Information Chart.

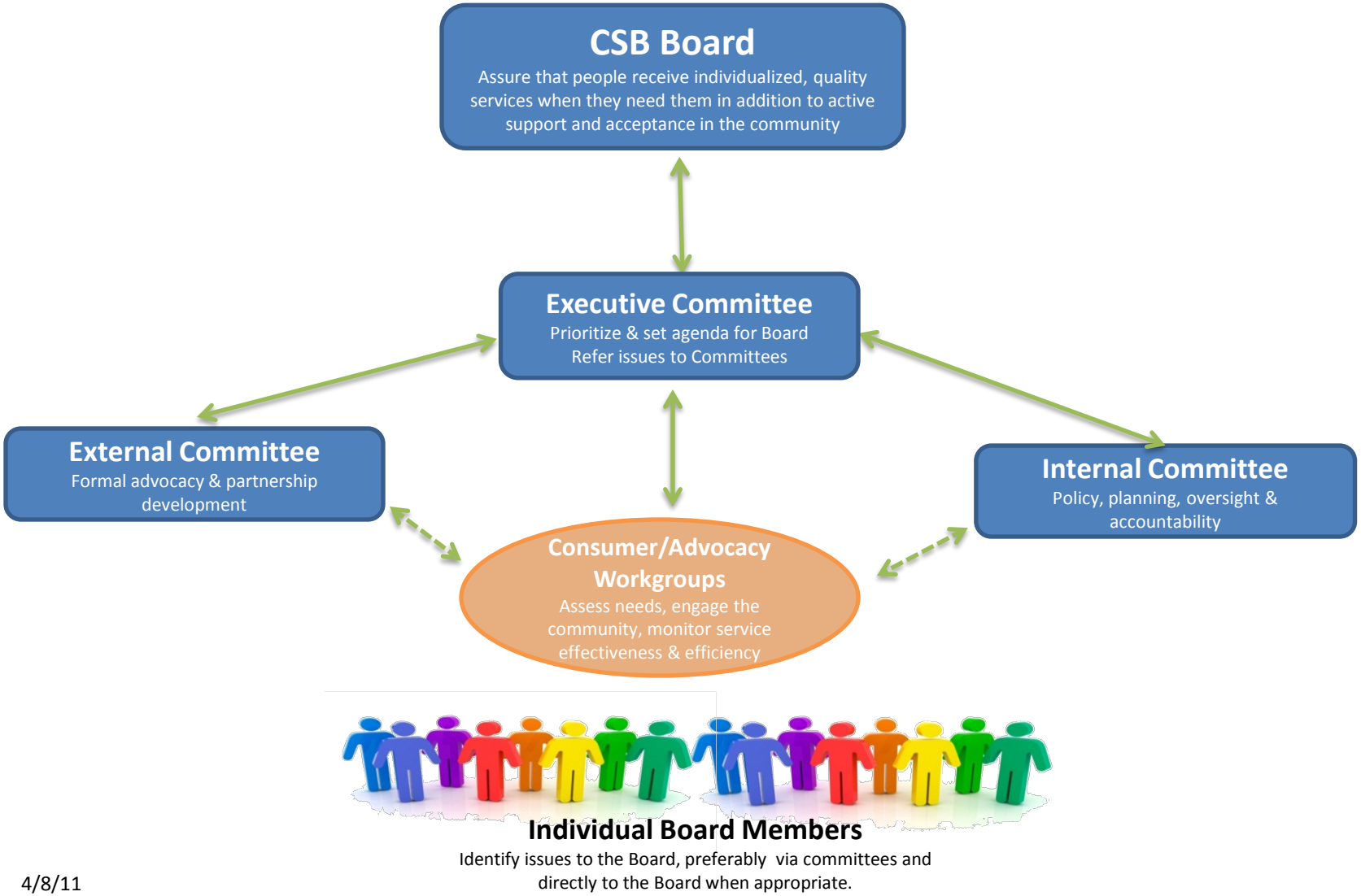
RECOMMENDED MOTION:
I move that the Fairfax-Falls Church Community Services Board approve the Internal Flow of Information Chart as presented.

TIMING:
Immediate.

ENCLOSED DOCUMENTS:
Internal Flow of Information Chart

STAFF:
Cathy Pumphrey, Director of Planning & Information Management

Fairfax-Falls Church Community Services Board
Internal Flow of Information



4/8/11

COMMUNITY SERVICES BOARD Item: 7B Type: Action Date: 04/27/11

Authorization for the Community Services Board to Apply for and Accept a Grant of up to $94,990 for a Promotion of Wellness and Recovery (POWAR) Project from Kaiser Permanente of the Mid-Atlantic States for the purpose of integrating primary care and early intervention of hypertension and diabetes into the behavioral health care services provided by the Community Services Board

ISSUE:
Board approval is needed for the Fairfax-Falls Church Community Services Board (CSB) to apply for and if awarded accept up to $94,990 in grant funding for the POWAR Project through Kaiser Permanente of the Mid-Atlantic States.

RECOMMENDED MOTION:
I move that the Fairfax-Falls Church Community Services Board authorize the application and acceptance of funds in the amount of $94,990 from Kaiser Permanente of the Mid-Atlantic States. Upon receipt of the approval, staff will request approval with the Board of Supervisors and request an expenditure appropriation and commensurate revenue increase of the award amount.

TIMING:
Immediate. The period to utilize the funds begins June 1, 2011 and runs through May 31, 2012.

BACKGROUND:
The lack of access to coordinated primary health care in persons with serious mental illness is a public health crisis with dramatic consequences. Three out of five persons who experience serious mental illness will die due to a preventable health condition, including cardiovascular disease and diabetes. Moreover, modifiable risk factors, like smoking, drinking, drug abuse/misuse, poor nutrition, obesity and lack of exercise, place persons with serious mental illness at a higher risk for morbidity and health related mortality.

Kaiser Permanente of the Mid-Atlantic States is a health care company which has grant funds available to assist the Community Services Board with integrating their behavioral health care services with primary care and early intervention for hypertension and diabetes. This project is collaboration with George Mason University and the Fairfax-Falls Church Community Services Board. The CSB will be the fiscal agent for this collaboration.

FISCAL IMPACT:
If awarded, the $94,990 directly offset any expense incurred for materials and consultation services. There is no match requirement for this grant. In-kind contributions will be provided by the CSB of $1,000 to purchase training modules for 50 nurses; 800 work hours, dedicating two full days, for 50 nurses to take courses and simulation activities at the cost of $32,240; 48 hours of time for the CSB Medical Director to co-lead the nursing advisory committee for the cost of $5,040. In addition, George Mason University will provide in-kind costs for facilities and administrative costs for a total of $11,829. The total in-kind commitment of the CSB is $38,280 is already budgeted in staff salaries and training funds.

CREATION OF POSITIONS:
No positions will be established with this award.

ENCLOSED DOCUMENTS:
Project Description
Logic Model
Letter of Collaboration from GMU

STAFF:
George Braunstein, Executive Director CSB
Judith Cornecelli, BSN, MSW, CSB Behavioral Health Nurse Manager
Louella Meacham, CSB Director of Nursing
Bill Belcher, CSB Fiscal Administrator

Program/Project Title: CSB/Mason University Partnership: Promotion of Wellness and Recovery (POWAR) Project

1.0 Program Description

George Mason will collaborate with CSB nurses currently providing behavioral health care to integrate primary care and early intervention for hypertension and diabetes.

1.1 Total Program Budget Attached

Please enter whole dollar amounts

1.2 Project Start and End Dates: Start Date is June 1, 2011; End Date is May 31, 2012

1.3 Type of Support: Project Support

2.0 Project/Proposal Description

2.1 Need:

The lack of access to coordinated primary health care (somatic and behavioral) in persons with serious mental illness (SMI) is a public health crisis with dramatic consequences (Colton & Manderscheid, 2006). Three out of five persons who experience serious mental illness will die due to a preventable health condition, including cardiovascular disease and diabetes. Moreover, modifiable risk factors, like smoking, drinking, drug abuse/misuse, poor nutrition, obesity and lack of exercise, place persons with SMI at higher risk for morbidity and health related mortality (Colton & Manderscheid, 2006; Parks et al., 2006).

Annually, Fairfax-Falls Church Community Services Board (CSB) serves the behavioral health needs of 21,000 persons, 60% with incomes under the federal poverty level ($10,400). Without access to primary care, persons with SMI, often in crisis, seek care through county emergency departments. The county's safety net acute care provider, indicates that 12% of persons in need of psychiatric inpatient treatment must be diverted to a medical unit first for acute medical conditions. In addition, 50% of consumers with SMI admitted for psychiatric inpatient treatment require medical treatment during their stay.

Although resources for low-cost primary care are available through safety net and locally run free clinics, many CSB clients with SMI have difficulty accessing and navigating these health care systems. Through a collaborative agreement, the Fairfax Community Health Care Network (CHCN) provides some primary care services at two of the five CSB clinics, but these services are limited to only 4 hours per month in each clinic. The need for integrated health care services (somatic and behavioral) for low income, uninsured persons with SMI greatly exceeds the county's capacity to provide these services. **A major goal for CSB behavioral care providers is to expand the integration of primary care and behavioral health.**

2. 2 Goals

Goal 1: 1) Increase CSB nurses' knowledge and awareness of hypertension and diabetes, including primary prevention and risk reduction.

- Increase 50 nurses' health assessment skills and knowledge through online courses, problem-based learning scenarios, simulation and case reports and supervision.
- Develop, pilot and implement 3 protocols for assessment, screening, brief intervention, and referral for hypertension, diabetes, and hypertension/diabetes.

Goal 2: Improve the knowledge, attitudes, and behavior (health habits) of clients (target for this project is 400) with hypertension and diabetes through community-based education and application of evidence-based guidelines in clinical practice.

- Increase nurses' teaching skills in diabetes and hypertension health promotion and primary prevention and risk reduction strategies and promoting self manage of these conditions.
- Increase nurses' case management skills to increase self-navigation for hypertension and diabetes.
- Implement and evaluate strategies for case management (referral and follow-up).

Goal 3: Develop health information exchange strategies to promote appropriate and timely follow-up, monitoring, and case management of clients with these hypertension and diabetes.

- Increase access and use of health information for somatic conditions to improve monitoring and management of CSB clients with chronic illness upon return to outpatient/community status.
- Increase documentation of somatic conditions.

This grant enables George Mason to assist CSB, currently providing 21,000 individuals with behavioral health care, to integrate primary care screening and early intervention. Fifty nurses (10 NPs, 34 RNs, and 6 LPNs) will complete educational activities. NPs will develop competency in advance health assessment, screening and treatment for hypertension and diabetes. Behavioral health nurses will develop competency in health assessment, brief intervention for health promotion and primary prevention to improve adherence, case management and strategies to improve client self-management. Timely access to vital and meaningful health information on chronic conditions including hypertension, diabetes, psychiatric disorders will support these integration goals.

2.3 Project Activities

During months 1-6 (June 1, 2011 – November 30, 2011), Dr. Laura Evans, Mason Assistant Clinical Professor, will lead educational activities to refresh knowledge health assessment skills for CSB nurses, including the selection of individual online educational modules from the Essential Learning System (ELS) curriculum and Mason's online health assessment course, faculty led lab sessions and simulation cases to enhance skill development and confidence. Practice standards to deliver integrated care for hypertension and diabetes will be developed. A nursing advisory committee, co-led by Ms. Louella Meacham, CSB Nursing Director, Dr. Colton Hand, CSB Medical Director and Dr. Evans, will build consensus on nurse

responsibilities for health assessment, client education, care coordination and referral (including vital health information for sharing). Specific roles for NPs in health screening and treatment of hypertension and diabetes will be defined, and an NP practice protocol will be established. Best practices for integrating somatic and behavioral health care will be designed on national quality practice models. To ensure the delivery of client-centered care, consumers will be invited (and compensated for their time) to participate on the advisory committee.

To achieve the goal of improving information exchange, a task force will be convened and co-led by CSB Director of Planning and Information Management, Cathy Pumphrey, and Mason Associate Professor/Assistant Dean, Dr. Margaret Rodan, to identify the challenges of data sharing; identify the minimum data set needed for integrated care and case management; explore the options for data sharing; and develop and implement the data sharing plan. Representatives from the CSB, Mason, county health department, consumers, advocates and safety net providers will comprise the planning committee.

Activities for months 7-12 (December 1, 2011-May 31, 2012) will focus on implementing and evaluating the nursing protocols and project outcomes and to implement and evaluate health information exchange protocol.

2.4 Expected Outcomes

George Mason Nursing of School and CSB nursing staff, the project's lead organization, will collaborate to improve health assessment skills and screening for hypertension and diabetes in CSB clinics to improve coordinated health care for mental health clients to access primary care. CSB nurses and NPs will participate in educational activities and demonstrate competencies in health assessment, chronic care monitoring, and health education. They will be able to document and retrieve vital health information in the electronic health record and receive timely exchanges of information from safety net clinics and hospitals. These activities are anticipated to produce the following short-term outcomes:

1. Increase in systematic follow up and monitoring of health status of clients with hypertension and diabetes;
2. Increase use of evidence based guidelines for care for clients with hypertension and diabetes; and
3. Increase care coordination with safety net clinics and from hospitals for clients with hypertension and diabetes.

Educational activities and access to critical health information are anticipated to produce the following intermediate outcomes:

1. Changes in nurses' knowledge, attitudes and behaviors; and
2. Changes in clients' knowledge, attitudes and behaviors.

In a recent pilot of onsite primary care services, 75% of the consumers kept scheduled appointments and 90% enrolled with community safety net clinics as their medical home. These

results suggest integrating primary care into a behavioral health setting, rather than the reverse, is of greatest benefit to improve the overall health status of consumers. Retooled CSB nursing assets will increase the capacity to provide integrated health care services to clients with SMI, an underserved and vulnerable population experiencing debilitating conditions including: major depression, schizophrenia, post traumatic stress, bipolar, panic, obsessive-compulsive, personality and eating disorders, and dual diagnosis of mental illness and substance abuse.

2.5 Measurable Change

The Federal Government through the Substance Abuse and Mental Health Services Administration (SAMHSA) is spearheading the ***10x10 Wellness Campaign***, launched in 2010, to promote the importance of addressing all parts of a person's life in order to increase life expectancy for persons with mental health problems by 10 years over the next 10 years (SAMHSA, 2010). The CSB is committed to promoting wellness and reducing the disproportionate impact of preventable morbidity and mortality on persons with mental health problems. Through the Promotion of Wellness and Recovery (POWAR) Program, CSB nursing practice and critical medical information exchange will be transformed to increase capacity to provide integrate somatic and behavioral health care services to persons with SMI. Integration results in increased client adherence to both somatic and behavioral health treatment. Change measures will include:

- Number and percent of clients who are screened for hypertension and diabetes;
- Number and percent of clients who are referred for hypertension and diabetes care;
- Number and percent of clients who receive health education and primary prevention risk reducing strategies;
- Number and percent of clients who participate in wellness activities; and
- Nurses and clients satisfaction with new roles and nursing practice.

Following on boarding new skills in physical assessment and protocol development, beginning month 7 to demonstrate measurable change, we will pilot the hypertension and diabetes protocols at the Woodburn Center for Community Health, the largest of 5 CSB clinics. This pilot will include a Mason faculty practice mentor (Dr. Evans) seeing clients and mentoring staff for one day per week. At month 10, using lessons learned from the pilot, we will roll out the protocols to the other CSB clinics.

2.6 Program Sustainability

Strategies to ensure sustainability include: 1) Mason will continue to offer health assessment courses in their Academic Outreach Program; 2) exploring the possibility for CSB and Mason to negotiate a Mason faculty practice plan with one of Mason's primary care nurse practitioner faculty members to provide ongoing primary care services and consultation; and 3) during the project training a CSB nurse practitioner to become a trainer/educator who can precept existing and new CSB nurses.

Sustaining health assessment competencies will require periodic education offerings for existing and new nursing staff. Nurses taking the health assessment courses will have access to

simulation labs for skill building. This will enable CSB nurses to practice and master clinical skill, problem solving, and critical thinking/reasoning, vital steps in developing clinical competency. The courses will be offered at one or more of the CSB clinic sites or through distance education. CSB training funds can be used to support nurses to attend these courses.

The CSB and Mason have an existing and successful faculty practice plan in which a Mason psychiatric nurse practitioner provides behavioral health care services, including medication management 2 days per week as part of her faculty role. Mason and CSB can explore the establishment of a similar practice plan for primary care services and consultation.

The CSB has nurse practitioners, who with some additional education and experience in physical health assessment could be equipped to serve as onsite preceptors for current nurses to extend their health assessment skills or new nurses who need to develop competencies in health assessment.

2.7 Impact

Deployment of health assessment protocols by skilled and competent behavioral health nurses with access to up to date and ongoing somatic medical information stored in clients' electronic medical record has the potential to improve wellness for the 4,000 low income, uninsured Fairfax County residents with SMI who receive behavioral health services from the Fairfax-Falls Church CSB's Woodlawn Community Health Center. Current estimates of disease prevalence among these clients indicate that 23% of these clients have hypertension (944 clients) and 36% have metabolic syndrome (diabetes) (1,478 clients). Other modifiable health risk factors include tobacco use (75%, 3,080 clients), substance abuse (40-70%, 1,642-2,874 clients), and obesity (30%, 1,232 clients). We anticipate health assessment and screening to be completed on at least 400 clients who screen positive and consent (3-4 per day, 20 per week for 24 weeks). Per patient costs and efforts to work with financial payors will be reported.

The need for integrated somatic and behavioral care services for persons with SMI greatly exceeds the county's capacity. The POWAR project will expand health assessment, screening and referral to every clinic day. The POWAR project will enable the CSB to offer primary care to more of the clients it serves. Barriers encountered in the delivery of services such as client privacy, lack of structural equipment, will be identified. Increase capacity to provide health assessments, monitoring and managing chronic conditions, to provide health promotion and prevention education, to support client self management and navigation, will reduce health risks and improve wellness. CSB will utilize nursing staff resources more effectively to the benefit consumers with co-morbid behavioral and somatic conditions. Ultimately, the project will catapult the CSB's efforts forward in a significant way to reach the goal of **increasing the life span of clients with SMI by 10 years in the next 10 years**.

Please provide the following information for the group(s) your proposal targets

Age Group: 18 and over

Ethnicity: White, Black, Hispanic, Asian, American Indian/ Alaska Native, two or more races

Gender: All

Population Served: Under/uninsured adults who experience serious mental illness

2.8 Measure of Success

The major measures of project success will be our ability to retool the CSB nurses and providing timely access to vital information for case management and follow-up. Success will be demonstrated in the achievement of know and assessment competencies among CSB nurses. Faculty from Mason will assess baseline and end of course health assessment skills and knowledge using the following evaluation strategies:

- Return demonstration of health assessment skills within the simulation learning setting;
- Preceptor completion of a Comprehensive Skills List;
- Examination scores and assignments in health promotion and prevention course; and
- Reflective seminars to ascertain nurse confidence in performing health assessment and health promotion and prevention education.

The goal is for all CSB nurses to demonstrate competency in health assessment and health education. Success will be determined by: 1) the percent of the total number of nurses who complete the educational activities; and 2) the percent of the total number of nurses completing educational activities who demonstrate knowledge attainment and competency in health assessment and health education.

Success in health information sharing will be demonstrated by the establishment of bidirectional electronic information exchanges with local hospitals to obtain timely transfer of clients' discharge data and other key medical information to improve somatic medical outcomes. The CSB is in the process of procuring a new electronic health record vendor that will support integrated care. The highest level of success will be bidirectional data exchange with safety net clinics and hospitals for real time access of health information. A somewhat lower level of success that would be acceptable would be a unidirectional exchange of hospital discharge information. Both measures of success will improve the ability to monitor and manage somatic conditions.

2.9 Evaluation

To evaluate success in accomplishing our project goals, CSB will employ a utilization review approach. We will review a 5% sample of electronic health records pre-pilot implementation, and we will review a 5% sample of records at month 10 to determine if short and intermediate outcomes are achieved. In collaboration with Mason School of Nursing Faculty, a sampling plan that will represent CSB's nursing services, a clinical audit tool, and audit procedures will be developed. Ms. Judy Cornecelli, CSB Behavioral Health Nurse, aided by a Mason graduate student, will lead the record audit activities and assist in determining the degree of adherence to the health assessment and health promotion protocols and existence of and access to vital health information.

Successfully achieving our goals for the POWAR project will enable us to make significant progress on in increasing life expectancy of residents with mental illness by 10 years in the next 10 years. To achieve this overarching goal, we have established long-term project outcomes informed by the Healthy People 2020 Indicators for hypertension and diabetes. Examples of these indicators and long-term project outcomes include:

1. Total number of clients diagnosed with diabetes and/or hypertension;

2. The number of clients completing health assessments;

3. The percent change in health indicators such as BMI, BP, and glucose;

4. The number of agency partnerships with data sharing agreements for health and behavior information;

5. The number of individuals with primary care providers / medical home; and

6. The number of clients with a case / disease management plan.

2.10 Visibility

The POWAR Project is a partnership between the Fairfax-Falls Church Community Services Board and the George Mason University School of Nursing. Both organizations have mechanisms to communicate with our regional health care communities, including governing and advisory boards, newsletters and web sites, and public relations and media offices. All of these entities will be advised of the Kaiser Permanente sponsored POWAR project and provided quarterly updates on the progress of the project.

The CSB's governing board oversees the delivery of services to over 21,000 community residents and is comprised of sixteen members: one from each magisterial district in the county, one at-large Board of Supervisor Chairman's, three at-large; one from the City of Falls Church, one from the City of Fairfax, and one Sheriff's representative. The Board meets monthly and will serve as one vehicle for visibility.

The School of Nursing is part of the College of Health and Human Services (CHHS) at the George Mason University. CHHS has an Advisory Board, comprised of 22 members representing consumers, local hospitals and health care providers, businesses, and county organizations. The CHHS Advisory Board meets quarterly and will serve as another vehicle for visibility. The School of Nursing has a demonstrated track record of academic and community based project between Fairfax-Falls Church CSB and established primary care in local free clinics and a full complement of educational programs for nurses to meet the complex needs of underserved and underinsured county residents. CSB and Mason enjoy a positive reputation for service to the community.

POWAR presentations for local, regional, state and national conferences, including the American Psychiatric Nurses Association, and a manuscript to submit for publication in the

Journal of Psychiatric and Mental Health Nursing to disseminate the outcomes of the project will be developed.

2.11 Involvement

Kaiser Permanente has long standing and extensive expertise and experience in health promotion and prevention and a highly organized and integrated delivery system, making them an ideal partner for this project. This experience can assist us in establishing best practices for integrated care; implementing known solutions for the capture, exchange, and integration of somatic information within the new CSB electronic health record; and utilization review to assess achievement of project outcomes.

Past and existing Mason / Kaiser Permanente collaborators will advise the implementation of the POWAR project. Kaiser provides clinical sites and preceptors for Mason NP students and Cheryl Toulouse, ANP a Mason nursing instructor, is a former Kaiser NP. Sallie Eissler, MSN, RN, community advocate and Greater Prince William Community Health Center board chairman, and a long-standing collaborator and Mason supporter, is now art of the Kaiser health system. Mason is currently one of six universities across the country collaborating with June Levine RN MSN, National Consultant Ambulatory Services, Kaiser Permanente, to develop and implement an ambulatory care nurse residency program. Mason alum, Deborah Royalty, RN, is Medical Group Administrator for The Permanente Medical Group, Inc. who serves on Mason's College of Health and Human Services Advisory Board. Our Kaiser colleagues and the Foundation will be invited to serve or identify colleagues to serve on our nursing advisory committee and our EHR task force.

The POWAR Project may help to inform the development and implementation of the residency program, as we learn the challenges and potential barriers of retooling the CSB behavioral health nursing workforce to provide integrated somatic and behavioral health care. The tools and strategies we will be using, e.g., simulation and reflective seminars to build confidence, may provide valuable information about how to successful engage novice nurses in skill development.

Logic Model: CSB/Mason University Partnership: Promotion of Wellness and Recovery (POWAR) Project

Please describe who will benefit from this work and who will be involved in creating the change you seek. Include relevant demographics, health status indicators, etc.

Low-income, uninsured seriously mentally ill (SMI) Fairfax residents with somatic health care needs who die on average 25 years younger than individuals without mental illness. Existing chronic conditions and risk factors include: metabolic syndrome (1,478 clients) tobacco use (3,080 clients), obesity (1,232 clients), hypertension (944 clients), and heart disease (452 clients).

Purpose: *A concise statement of the purpose of the project*

Increase the capacity of the Fairfax Community Services Board to offer integrated somatic and behavioral health services, by increasing nursing staff's capacity to provide somatic health care services.

Theory of Change: *A concise statement of your assumptions about why your proposed strategy will lead to the change you are seeking*

To provide integrated somatic and behavioral health services, behavioral health nurses need education and clinical skill training to develop competency in providing somatic care service; and the availability of timely and somatic medication information on their clients' health status facilitated by health information exchange between the electronic health records of CSB and local health facilities and providers.

Inputs *The major resources needed to achieve the change*	***Activities*** *The major activities required to achieve the change*	***Outputs*** *Expected productivity of the project activities*	***Short-term Outcomes***	***Intermediate Outcomes***	***Long-Term Outcomes***
Nursing • Health assessment education • Opportunities to practice newly learned assessment skills • Health education • Standards for screening and health assessments ***Health Information Exchange*** • CSB electronic record that supports somatic health information and provides follow-up reminders and decision support • Timely exchange of vital health information on client health status and needs.	***Mason School of Nursing and CSB Team will:*** • Conduct health assessment courses • Provide opportunities to practice newly learned assessment skills in the simulation lab and CSB clinics • Design health education in diatebes and hypertension • Develop and implement standards for screening and health assessments ***Health Information Exchange*** • Establish workgroup to identify data to be exchanged, options for interface between the Electronic Health Records, and any required software to facilitate the collection and transfer of information.	***50 CSB Nurses will:*** • Complete Comprehensive Skills List • Demonstrate health assessment skills • Pass exams and assignments in health promotion and prevention course • Express confidence in performing health assessment and health promotion and prevention education ***Health Information Exchange*** • Implementation of new bidirectional electronic information exchanges with hospitals and safety net clinics, to obtain timely transfer of clients' discharge and other key medical information to improve client somatic medical outcomes	***Increase in:*** • Follow up and monitoring of health status • Use of evidence based guidelines • Care coordination with safety net clinics and hospitals • Timely access to health care information ***Changes in:*** • Nurses' knowledge, attitudes and behaviors • Clients' knowledge, attitudes and behaviors	***Increase in:*** • Number and percentage of consumers who are screened for risk factors • Number and percentage consumers who receive health education and participate in wellness groups and activities • Number and percentage of consumers who are referred for treatment for hypertension and diabetes	***Achieve the CSB goal of reducing early mortality among people with severe mental illness by 10 years over the next 10 years*** ***Healthy People 2020 Indicators: e.g.*** • Number of clients diagnosed with diabetes and/or hypertension • Number of clients completing health assessments • Percent change in health indicators such as BMI, BP, glucose • Number of agency partnerships with data sharing agreements • Number of clients with primary care providers / medical home • Number of clients with a chronic disease management plan

Contextual Factors: Demonstrated track record of shared academic and community projects between CSB and the George Mason University School of Nursing Collaborative Partnership; Mason's experience in NP faculty providing primary care in local free clinics and education of nurses to meet complex needs of clients.

Attachment 2

Attachment 3

School of Nursing

Robinson Hall A, 4400 University Drive, MS 3C4, Fairfax, Virginia 22030
Phone: 703-993-1938; Fax: 703-993-1949; Web: chhs.gmu.edu/nsg/

February 23, 2011

Judith Cornecelli, RN, LCSW
QI, Medical Services Unit
Woodburn MHC
3340 Woodburn Road, Annandale, VA 22003

Dear Ms. Cornecelli:

The purpose of this letter is to express my enthusiastic support for your Kaiser Permanente proposal to retool CSB nurses to implement integrated care for consumers with serious mental illness. This is a vulnerable and underserved population whose somatic care is challenging to manage.

I believe that our experience with the Jeanie Schmidt Free Clinic, Partners for Access to Healthcare (PATH), a partnership with the clinic to provide integrated somatic and behavioral health services will provide an excellent module for our partnership to develop and implement the Promotion of Wellness and Recovery (POWAR) Project.

I can commit to establishing faculty practice positions for Drs. Evans and Rodan, the use of our assessment course and simulation labs for the project. These faculty members bring outstanding leadership skills and experience and are eager to partner with you and the CSB nursing department to help retool nurses and establish best practices in the delivery of integrate care. Developing a bidirectional health information exchange with safety net clinics and hospitals is a critical element of the project and one I believe that the Mason Department of Health Information and Policy faculty who teach in our health information technology and informatics program will be eager to provide input.

In summary, I believe that George Mason University will be an ideal academic partner for the Kaiser Permanente project. This is an important initiative that will result in better care and outcomes for low income, uninsured CSB consumers.

Sincerely,

Robin E. Remsburg, PhD, GCNS, AGSF, FAAN
Professor and Director, School of Nursing
Associate Dean, College of Health and Human Services

COMMUNITY SERVICES BOARD Item: 7-C Type: Action Date: 4/27/11

Appointment of Nominating Committee

ISSUE:
The Executive Committee on April 20, 2011 selected Lynne Crammer, Diane Hofstadter and Mark Gross as this year's Nominating Committee.

BACKGROUND
Each year the Nominating Committee meets to discuss potential candidates to serve as Board Officers in the next fiscal year. The officer positions include the Chair, Vice Chair and Secretary.

RECOMMENDED MOTION:
I move that the Fairfax-Falls Church Community Services Board approve the Nominating Committee selected by the Executive Committee to proceed with the nomination of the FY 2012 Board Officers.