FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

Ken Garnes, Chair

Fairfax County Government Center
12000 Government Center Parkway, Conference Rooms 2 & 3
Fairfax, Virginia 22035
Wednesday, October 23, 2013

Work Session 6:00 p.m.
Board Meeting 7:30 p.m.

Board Work Session	6:00 p.m.

1.	***Meeting Called to Order***	Ken Garnes	7:30 p.m.
2.	***Matters of the Public*** A. Reimbursement for Services		
3.	***Amendments to the Meeting Agenda***	Ken Garnes	
4.	***Approval of the September 25, 2013 CSB Board Meeting and Work Session Minutes***	Ken Garnes	
5.	***Matters of the Board***		
6.	***Executive Directors Report*** A. Logisticare Update B. Funding-Budget Update C. Other	George Braunstein	
7.	***Committee Reports***		
	A. Fiscal Oversight Committee	Ken Garnes	
	B. Intellectual Developmental Disability Workgroup	Jessica Burmester	
	C. Substance Use Disorders/Mental Health Workgroup	Susan Beeman	
	D. Other Reports		
8.	***Information Items***		
	A. CSB Priority Guidelines Update	George Braunstein	
	B. VACSB Priorities	George Braunstein	
	C. CSB Strategic Planning Update	Gary Ambrose	
	D. FOCUS Realignment Status Report	George Braunstein	
9.	***Action Items***		
	A. Reimbursement for Services	Jim Stratoudakis	
	B. CSB Policy Review	Gary Ambrose	
	C. FY2015 Capital Improvement Program	Jeannie Cummins Eisenhour	
	D. CSB Board Committee Structure	Jessica Burmester	
10.	***Adjournment***		

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Fairfax-Falls Church Community Services Board
September 25, 2013

The Board met in regular session at the Fairfax County Government Center, 12000 Government Center Parkway, Conference Rooms 2 and 3, in Fairfax, VA.

The following CSB members were present: Ken Garnes, Chair; Gary Ambrose, Pam Barrett, Susan Beeman, Jessica Burmester, Mark Gross, Kate Hanley, Suzette Kern, Paul Luisada, Lori Stillman, Rob Sweezy, Diane Tuininga, Jeff Wisoff, Jane Woods and Spencer Woods

The following CSB members were absent: Juan Pablo Segura

The following CSB staff was present: George Braunstein, Bill Belcher, Peggy Cook, Ginny Cooper, Evan Jones, Dave Mangano, Allan Phillips, Lisa Potter, Lyn Tomlinson, Jim Stratoudakis, Daryl Washington, Lisa Witt, Steve Weiss and Laura Yager

1. Meeting Called to Order

   Ken Garnes called the meeting to order at 7:30 p.m.

2. Approval of the Minutes

   A motion was offered for approval of the July 24, 2013 Board meeting minutes of the Fairfax-Falls Church Community Services Board as amended which was seconded and passed.

3. Matters of the Board

   - Jessica Burmester reported four public sessions for stakeholders and the public are being offered in October to address the proposals for redesign of the Intellectual Disability and non-disability waivers. Two phases are being planned to examine the proposal, the first of which is public forums, and the second, to explore individualized budgeting and resource allocation models including service reimbursement rates. The timeframe for completing this review and issuing final recommendations is expected by June 2014.
   - Until the CSB finalizes the Board committee structure and in light of the upcoming legislative session, Ms. Burmester suggested the Board establish an ad hoc committee to coordinate legislative activities and issues affecting the CSB. Following the discussion, a motion was offered to establish an Ad Hoc Government Relations Committee in which the CSB Chair would organize members to participate. This motion was seconded and passed. In addition, it was noted the committee restructuring proposal would be addressed at the October meeting.
   - Jane Woods reported the Fairfax County Redevelopment and Housing Authority along with the Advisory Council received the applied for designation. There are no funds accompanying this designation, and with sequestration, housing funding is being cut resulting in a reduced operating budget. To address the reductions, the Advisory Council and Housing Authority are looking at 35% of household income going towards rent, and in early October, requirements may be revised to allow for two individuals per bedroom vs. the current one person per bedroom. Unfortunately, special needs housing

will not be coming open as soon as hoped. Additional updates will be provided at the October meeting.

4. Executive Directors Report

- Noting the complex needs of individuals being presented and creative solutions staff are developing to address needs, George Braunstein shared an example involving a mental health dually diagnosed Fairfax County resident, non-citizen, who aged out of services with the Comprehensive Services Act (CSA). CSB staff arranged to house the individual in an Intellectual Disability home which allowed for completion of high school, becoming a US citizen, receipt of a Medicaid waiver, and ultimately with this funding, the individual being able to reside in a mental health residential facility.
- LogistiCare Advocacy:
  1) The Fairfax County Board of Supervisors (BOS) Legislative Committee recently authorized staff to contact members of the Fairfax County legislative delegation involved in the Joint Legislative Audit and Review Commission (JLARC) to encourage their examination of the Department of Medical Assistance Services (DMAS) management of contracts. It was indicated working with county staff, this could be an opportunity to bring focus to the LogistiCare transportation services contract. In discussing contacting members on the Commission, it was determined Kate Hanley and Lori Stillman would contact the legislators, and in preparation, concise background information would be provided.
  2) In addition, through efforts of The Arc of Virginia, legislation is being developed to address managing contracts, and with healthcare reform, raises questions as to how DMAS will manage multi-national managed care company contracts if unable to effectively manage the LogistiCare contract.

5. Committee Reports

A. *Fiscal Oversight Committee:*

- Suzette Kern reported a financial statement for the period ending August is included in the meeting packet and this information will continue to be shared each month. It was noted two months into the fiscal year there are no issues rising to the level of concern, and overall, a positive ending balance is projected of about $400,000. Staff is completing analysis of the revenue structural imbalance and identifying options to correct.
- The FOCUS alignment continues, but full implementation may be further delayed. Concern was expressed with this delay, while at the same time, it was noted this is a large issue involving many aspects of county resources and coordination. It was indicated a meeting is scheduled shortly with representatives of the various county departments to further address the CSB organizational structure and schedule for alignment of the system.
- FY2015 budget planning has begun and the county is not requesting any reductions. As the proposed budget is due October 15th and the Board is not scheduled to meet again prior to this timeframe, an overview of the baseline budget along with proposed adjustments and funding requests to meet new requirements will be presented this evening. Following the review and discussion, a proposal will be presented for the Board to approve the agreed upon concepts as well as a workgroup

comprised of members of the Fiscal Oversight Committee and any other Board members interested to finalize the FY15 submission.

B. *Substance Use Disorders/Mental Health (SUDs/MH) Workgroup:*

Susan Beeman reported at the September Workgroup meeting, Sylisa Lambert-Woodard with Pathway Homes accompanied an individual receiving services who shared a powerful and moving story. In addition, the Wellness and Recovery Conference scheduled on October 11th at the Northern Virginia Community College Ernst Center remains open for registration and Board members are encouraged to attend as well as extend this opportunity to others in the community.

C. *Ad Hoc CSB Policy Review Committee*:

Gary Ambrose reported 28 CSB policies are being reviewed, and once complete, will be posted for public comment for 30 days. The intent is to release the proposed revised policies in small batches over time for public comment and present to the Board for final approval in the same manner. It was indicated of the 28 policies, it appears 19 can be readopted with very minor changes and four are being deferred as other committees are reviewing. The next Committee meeting will be in October.

6. Action Items

A. Revised Charter CSB Fiscal Oversight Committee

Ms. Kern presented a revised charter, noting the primary changes remove any limits as to the number of members that can serve on the committee as well as broaden the language to align with the current duties and responsibilities. Ms. Burmester moved for approval of the charter, which was seconded and passed.

B. Transformation Report to the Board of Supervisors

Mr. Garnes provided background on development of the report and the deferral in forwarding to the Board of Supervisors (BOS) until the new CSB Board members had an opportunity to review. Following submission of some revisions and discussion of the attachments, a motion was made to forward the Report with attachments to the BOS which was seconded and passed with one abstention.

C. Reimbursement of Services

Lori Stillman provided an overview of the in depth analysis of the CSB reimbursement policy undertaken by the Ad Hoc Fee Committee members along with CSB staff, and expressed appreciation to all involved. It was emphasized the Committee strived to demonstrate fiscal responsibility without impacting services for those most in need. The review has resulted in the following recommended revisions to the fee policy:

- Clarifying edits to the reimbursement policy along with a recommended evaluation in the coming months of the impact of the healthcare reform, specifically individuals receiving discounted services, but refusing to purchase health insurance.
- Recalibrating the Ability to Pay Scale so that individuals with an income over 200% of the Federal Poverty Level pay a little more than previously and the minimum fee for services is eliminated. It was indicated the focus would be on providing subsidies to the lowest income levels.

- Edits to the Fee and Subsidy Procedures Regulation to clearly outline the payment options
- Cost-based updates to existing service fees as well as introduction of several new fees related to nursing and addiction medicine.

A public comment period is proposed that will be widely publicized, including online submissions as well as an opportunity to address the CSB Board at the October meeting.

Following discussion, Ms. Stillman offered a motion to approve a 30-day public review and comment of the proposed Reimbursement for Services Policy, Ability to Pay Scale and Fee Schedule, as presented. The motion was seconded and passed.

D. FY15 Budget Submission

Lisa Witt reviewed a draft fund statement for the FY15 budget submission and highlighted the adjustments and funding for new requirements being recommended that include:

- Adjustment to increase the Cities of Fairfax and Falls Church revenue commensurate with the 2% increase in the Fairfax County general fund. During discussion, it was noted the CSB has a separate agreement with the cities and it does not appear this adjustment has taken place since 2001. With this in mind, a request was made to inform the cities as to why this is occurring, and that moving forward, annual adjustments will continue, as appropriate.
- Adjustment to cover a reduction in Federal Block Grant funding due to sequestration of $277, 031 and that this become part of the baseline.
- Adjustment in program/client fees needed to address structural revenue imbalance and impact of the 2014 fee policy. During discussion of a $500,000 placeholder, it was determined to remove a specific amount, and instead, notify the Department of Management and Budget (DMB) that additional time is required to provide an accurate assessment of the dollars to compensate for this structural imbalance.
- Although the CSB Intellectual Developmental Disability Workgroup continues to work with vendors in an effort to engage strategies to lower the cost, increases are being proposed as placeholders that include 1) $1.3 million for possible contract rate adjustment, and 2) $1.3 for ID graduates scheduled in June 2014.

In discussing the increased cost for staff positions necessary to coordinate the Department of Justice (DOJ) settlement and closing of the Northern Virginia Training Center, a request was made to maintain a running log of related expenses.

Ms. Kern summarized the FY15 budget requests and guidance from the Board for the submission as follows:

1) local jurisdictions revenue adjustment of 2%
2) increase in general fund transfer consisting of:
   - $1.3 million for ID graduates
   - $1.3 million for contract rate adjustment
   - $300,000 for reduction in Federal Block Grants due to sequestration
3) The transmittal memo will highlight the program/client fee structural imbalance and emphasize the estimated amount will be provided at a later date.

In addition, Ms. Kern requested the Board approve the concept of the proposed FY15 budget as presented and authorize a workgroup comprised of the Fiscal Oversight Committee and other Board members interested to finalize and submit the budget by October 15th. Mark Gross offered a motion to this affect and added that the FY2015 Budget submission be included in the October CSB Board meeting packet for review and comments, if needed. The motion was seconded and passed.

9. Closed Session

Mr. Ambrose offered a motion which was seconded and passed to convene a closed meeting for a discussion of personnel matters pursuant to Virginia Code §2.2-3711-A-1.

Mr. Garnes called a ten minute recess.

10. Certificate of Closed Meeting

Following a motion, which was seconded and passed, it was certified that, to the best of the Board's knowledge, only public business matters lawfully exempted from open meeting requirements prescribed by the Virginia Freedom of Information Act and only such public business matters identified in the motion to convene a closed meeting, were heard, discussed or considered by the Community Services Board during the closed meeting.

There being no further business to come before the Board, a motion to adjourn was offered, seconded and carried. The meeting was adjourned at 10:30 p.m.

Actions Taken-

- July CSB Board meeting minutes approved as revised.
- CSB Ad Hoc Government Relations Committee established with members to be appointed by the CSB Chair.
- Adoption of the revised Fiscal Oversight Committee charter.
- Approval to submit the Report to the Board of Supervisors on the CSB transformation.
- Proposed CSB fee policy revisions to be issued for public review and comment.
- Conceptual approval of the CSB FY15 Budget proposal and authorization of a CSB Board member workgroup to finalize and submit the proposal by October 15, 2013.

_____ _____

Date Staff to Board

Fairfax-Falls Church Community Services Board
Work Session
September 25, 2013

The Board met at the Fairfax County Government Center, 12000 Government Center Parkway, Conference Rooms 2 and 3 in Fairfax, VA.

The following CSB members were present: Ken Garnes, Chair; Gary Ambrose, Susan Beeman, Mark Gross, Kate Hanley, Suzette Kern, Paul Luisada, Rob Sweezy, Diane Tuininga, Jane Woods and Jeff Wisoff

The following CSB members were absent: Pam Barrett, Jessica Burmester, Lori Stillman, Juan Pablo Segura and Spencer Woods

The following CSB staff was present: George Braunstein, Lisa Witt, Jeannie Cummins, Dave Mangano

Meeting Called to Order:

Suzette Kern welcomed members and noted that Lisa Witt will be providing the presentation with a question and answer session to follow.

Presentation:

- Lisa Witt provided background on being somewhat new to the CSB and becoming familiar with the complexities of the CSB budget. In an effort to provide a common language and assist in the discussion, a glossary of terms was provided.
- A high level overview of the Fairfax County budget was provided noting the revenue challenges that continue including those from real estate and sales taxes. In FY2015, the county is projecting a $32 million shortfall, however, the county agencies/departments have not been requested to submit budget reductions this year. In turn, the county work plan states only critical items be submitted for additional funding.
- Reviewing the timeline for the FY2015 budget process, it was noted 1) budget guidance is released in August 2013, 2) August through September CSB development and planning occurs, 3) initial submission is due October 15th, 4) reviews and revisions with the county will take place October 2013 through January 214, 5) the advertised budget will be issued by the county February 2014, and 6) public hearings, markup and final adoption occur in April.
- Key players to this process were noted including consumers, CSB Board and staff, other Human Services agencies, the Department of Management and Budget, Fairfax County leadership staff and the Board of Supervisors.
- Two funds were highlighted: 1) operating and 2) Federal-State grants
- It was noted non-county revenues are derived from the State Performance Contract, cities of Fairfax and Falls-Church, client fees, insurance including Medicaid and Medicare,

CSA (youth services), and grants. The largest share of revenue is from the county general fund transfer.

- On the expenditure side, the composition includes compensation/fringe benefits and operating expenses that involve contracted services including transportation.
- It was indicated the funding stream is extremely complex and can be further challenging due to changing Federal and State rules, regulations and mandates, healthcare reform enactment, the operational integration of new electronic systems, i.e., FOCUS and the electronic health record Credible, and meeting the growing needs of the community while maintaining flat or reduced funding.

Discussion:

- In noting the operating costs, a request was made to provide a breakout of the expenses by contractor, specifically in the area of Intellectual Disabilities (ID). In addition, it was noted that all residents in the CSB directly operated group homes are not funded by Medicaid waiver, but are housed due to complex needs.
- Noting the sharp decline in State funding, it was pointed out that Fairfax County provides a significant portion of the funding and substantially higher than any other CSB in State. In reviewing the State funding levels as well as the grant funds, a request was made for historical grant data as well as State funds to determine the course of these funding streams over the years.
- In response to an estimate of reimbursement being lost due to delays in preauthorization and/or denied claims, it was noted the CSB has not recently experienced major delays in preauthorization. However, it was indicated that audits have increased significantly and resulted in paybacks. There is a strong focus on credentialing of staff and frequent audits are taking place by both the Department of Medical Assistance Services (DMAS) staff as well as audit consultants. There was a request to receive the number of audits, resulting paybacks, and indication of each audit as to whether it is being conducted by an outside firm or directly by DMAS personnel.
- With nine ID service coordinator staff positions necessary for the Department of Justice (DOJ) settlement, it was noted not all salaries of the ID service coordinators are fully covered by reimbursable services provided. This is attributable to supervisors that are essential and cannot handle a significant case management load, especially with the complicated needs of these individuals. A request was made as to the percentage of ID service coordinators that are covered by Medicaid reimbursement vs. county funds. As an example, it was indicated for the nine DOJ positions, it will cost approximately $925,000 for compensation and it is anticipated about $700,000 will be offset.
- To ensure the Board receives all the additional information requested during the discussion, Ms. Witt provided a recap that included:
    - Operating expenses breakout
    - Historical analysis of Federal-State Grant/Awards funding
    - Reimbursement loss due to delay in pre-authorizations and/or denied claims
    - Breakout of spending by vendor
    - State funding levels for recent years

- Cost of Medicaid reimbursement vs. local funding to cover cost of ID service coordinator positions
- DMAS vs. consultants doing audits and breakout of paybacks

Appreciation was extended to Ms. Witt for her presentation and the work session was adjourned at 7:15 p.m.

Date Approved	Staff to the Board

DRAFT

Osborne, Melissa K

Subject: Forging a united Northern Virginia position regarding DOJ settlement
Attachments: StateLegPrioritiesIDDDOct913.docx

From: Sheila Mack [mailto:jimsheilamack@yahoo.com]
Sent: Friday, October 11, 2013 01:34 PM
To: Garnes, Ken
Cc: sheila Mack <jimsheilamack@yahoo.com>
Subject: Forging a united Northern Virginia position regarding DOJ settlement

Mr. Garnes.

As Chair of the Arlington County CSB, I am asking that the Fairfax CSB consider a Northern Virginia unified *regional* position in one specific area. This is related to the settlement agreement between the Commonwealth and the U. S. Department of Justice. If the HPR II CSBs agree on a common position, a final version of the attached draft letter would updated with data from each CSB in the region and sent to our State senators and delegates prior to the January session of the general assembly. Over the past few years, the HPR II CSBs have collaborated on joint legislative priorities. We would like to continue that collaboration this year, focusing on ID/DD issues.

The Arlington County CSB has drafted the attached letter outlining our priorities pertaining to the implementation of the DOJ settlement agreement. The requests in the letter detail resources needed to transition residents of the training centers back to our Northern Virginia communities: limited start-up costs; some ongoing reimbursements for costs not covered by the ID Waiver; and restructuring of the ID/DD Waiver. To date, Arlington has been able to place (in Arlington) only 2 of its original Training Center census of 25. Our cost structure here is so high that, if we don't receive State resources, we anticipate more placements down-state for training center residents, against the wishes of the families.

The VACSB budget priorities for 2014-16 do not fully address the high cost of services in Northern Virginia. Ideally, we would like to align our requests with VACSB and other organizations with similar budget priorities. Because of this, ACSB has reduced the funds we are requesting to the absolute minimum needed to establish two new group homes for the Training Center residents who want to return to Arlington. While we agree with the wisdom of all advocacy groups presenting one unified position, we face challenges here in Northern Virginia which other parts of the State are not experiencing. We have a responsibility to represent our individuals' needs to our elected officials. We are also asking the legislature to delay the closure of NVTC until adequate community capacity is built in Northern Virginia. Our private non-profit service providers are unlikely to establish new programs until they know what the new Waiver structure will look like and what the reimbursement rates will be. The HSRI Waiver study recommendations are more than a year away. So we think that the March 2015 closure date of NVTC is unrealistic and puts undue pressure on the system and the TC families. Although the closure dates were not mandated by DOJ, DBHDS is holding firm on the 2015 deadline. I encourage you to consider supporting a joint regional letter. I would be glad to try to answer any questions by e-mail. And we will consider all suggested revisions in an effort to move to consensus in the region.

Best Regards,
Jim Mack, Chair
Arlington Community Services Board

Draft – October 9, 2013

Letter to Arlington State legislative delegation re: ID/DD Priorities for FY 2015;

Suggest copies to VASCB, Commissioner Stewart, Donald Fletcher, Arlington County Board members.

Dear :

I am writing to convey the priorities of the Arlington Community Services Board (ACSB) for intellectual and developmental disabilities services for the upcoming legislative session.

Current Status of Services

As you know, Virginia is in the second year of implementation of its settlement agreement with the Department of Justice. Since the settlement agreement was signed, ACSB has participated intensively in discharge planning for training center (TC) residents and has worked closely with nonprofit service providers to place them in the community. However, to date the State has provided no additional resources to CSBs for start-up or operating costs beyond what is available under the Medicaid ID and DD waivers.

When the settlement agreement was signed in January 2012, Arlington had 34 residents in two training centers. Of these, only two have been placed in Arlington, due mainly to a lack of accessible beds. An additional five have been placed outside of Arlington (including one in northern Virginia and four in other parts of the State), while 25 remain in two training centers. Of those still living in the TCs, 8 have a preference to return to Arlington, their local community. The State has an obligation under the settlement agreement to develop and support homes for these people, as well as those with similar needs living in the community, for whom the training center will cease to be an alternative in the future. The recommendations below encompass the resources and procedural changes needed to continue implementation of the settlement agreement and to serve Arlingtonians with severe needs.

Additional Resources Needed for Individuals Transitioning from TCs

Arlington will need two four-bed group homes to serve the 8 individuals who wish to return to Arlington, as well as support for placement in vocational or day programs. Based on ACSB's discussions with current private providers of congregate residential services, we assume that one private provider will open a group home using about $500,000 in start-up funds available from the county's Department of Community Planning and Housing – these would be CDBG funds. We also assume that another private provider will open a second group home leased from Scioto Disability Housing Corporation. In addition to residential placements, the 8 individuals have needs for vocational and/or day programming that far exceed the current level of waiver support.

The immediate unmet needs for the 8 individuals include:

- $112,000 total one-time start-up funds for two homes, to cover expenses such as furniture, a vehicle, and staff training;
- $137,000 per year in ongoing funds for group home expenses not waiver reimbursable and not covered by patient pay and room and board fees (operating expenses, general supervision hours); and
- $112,000 in additional ongoing funds for day/vocational support services not covered by the current ID or DD waiver.

In addition, permanent community placements in Arlington will need to be supported by significant changes to the ID/DD Medicaid waiver reimbursement structure to address service gaps and to provide an adequate cost-of-living differential for northern Virginia. ACSB will address specific recommendations on the waiver to the Human Services Research Institute (HSRI), which is conducting an 18-month study of Virginia's ID/DD waivers.

Recommendation to Delay the Closure of the Northern Virginia Training Center (NVTC)

The State intends to close NVTC on July 1, 2015 and to discharge or move all remaining residents by March 31, 2015. ACSB will not be able to place the 8 TC residents who wish to return to Arlington until the requested start-up costs are provided and the recommended changes in the waiver reimbursement structure are made. Since the HSRI study and recommendations for Virginia's ID and DD waivers will not be complete until 2015, implementation of system-wide changes from the State to the local level are likely to be delayed well beyond the scheduled NVTC closure date. Therefore, we ask that the legislature delay the closure of NVTC contingent upon the establishment of appropriate supports for those residents who want to return to the community, consistent with the requirements of the settlement agreement.

Conclusion

ACSB has reached a critical juncture in the implementation of the Department of Justice settlement agreement and is unable to move forward without the reforms recommended above. We appreciate your past support and appeal to you to provide the resources needed to serve our most vulnerable residents in their local community.

Sincerely,

James Mack
Chair, Arlington Community Services Board

FAIRFAX-
FALLS CHURCH
COMMUNITY SERVICES BOARD

RESIDENTIAL STUDIOS ZONING ORDINANCE AMENDMENT
OCTOBER 2013 UPDATE FOR CSB BOARD

Background: On July 30, 2013 the Board of Supervisors (BOS) authorized for public hearing the proposed Residential Studios (RS) Zoning Ordinance Amendment. This amendment would establish a new use that consists of no more than 75 efficiency dwelling units in a development. These efficiencies must be 500 square feet or less in size and must meet multi-family building codes. The residential studio use would be allowed by special exception approval in most residential, commercial and industrial districts or planned development districts. Conversions of single family homes that meet certain site requirements are an option for the BOS to consider. The amendment proposes additional standards, including but not limited to parking requirements at one space/unit, site development on parcels with direct access to collector streets or major thoroughfares, compatibility of the use within the community, property management plans and initial lease terms of at least six months. At least 80% of the units must serve tenants with incomes at or below 60% of area median income (AMI). This is approximately $45,000/year for one person. The remaining units can be for tenants with incomes above 60% of AMI.

Current Status: On September 24, 2013, Chairman Bulova moved that the Board endorse the Planning Commission's plan to **defer its November 20, 2013, public hearing** on the proposed Residential Studios Zoning Ordinance amendment and to **support the establishment of a Planning Commission Residential Studios Committee**. The Committee meetings are as follows:

October 28, 2013 at 7:00 p.m. Conference Rooms 4/5 Government Center

November 20, 2013 at 7:00 p.m. Conference Rooms 106/107 Herrity Building

December 9, 2013 at 7:00 p.m. Conference Rooms 4/5 Government Center

January 6, 2014 at 7:00 p.m. Conference Rooms 4/5 Government Center

January 22, 2014 at 7:00 p.m. Conference Rooms 2/3 Government Center

Meetings will be open to the public and will allow opportunities for discussion of key community concerns. The Planning Commission has also established a website at http://www.fairfaxcounty.gov/planning/rsu/rsu.htm for the community with updates and informational materials related to the Ordinance Amendment. Constituents are encouraged to submit questions and comments through the Planning Commission's email at plancom@fairfaxcounty.gov.

The Planning Commission has held two work sessions on the RS Zoning Ordinance Amendment to address questions from Commission members and the community. The questions focused primarily on the history of and reason for the amendment's development, the nature of the target population to be served, who will develop RS projects, the justification for including lower density residential districts, what defines compatibility with the neighborhood, whether certain services are required, and how enforcement of the standards for this use will occur. Zoning staff responded to these questions, and detailed answers can be found at http://www.fairfaxcounty.gov/planning/rsu/workshop_questions_answers.pdf.

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www.fairfaxcounty.gov/csb

Need for Support: The RS Zoning Ordinance Amendment will provide a valuable land use tool for the development of affordable housing for singles with very low incomes (currently below $45,000/year), including those with disabilities that the CSB serves and those who provide care to individuals the CSB serves (e.g., direct support professionals). The exclusion of the residential studios from calculations of density/intensity limits may help make a development serving households at this income level more financially viable. Furthermore, developers that seek project-based rental subsidies to serve households at even lower income levels, such as those on SSI or SSDI, will need much lower monthly rental subsidies per unit in these projects than in their market rate projects. The requirement that RS projects be built on parcels with direct access to collector streets or major thoroughfares increases the likelihood that tenants will have access to public transportation, while still enabling developments to be built in areas where land costs are not out of reach for those trying to serve very low income populations. And, the requirement that projects provide a property management plan and an initial six month lease enables tenants to have lease terms that comport with Virginia Landlord Tenant Act, similar to tenants who live in apartment properties. RS projects must be developed in accordance with all of the standards proposed in the Ordinance, in addition to meeting the requirements of the Comprehensive Plan for compatibility in the zoning district, and the application for a special exception must be approved by the Planning Commission and the Board of Supervisors. If approved and the project deviates from the standards of the use in the Ordinance, it could have the special exception approval rescinded.

The RS Zoning Ordinance Amendment proposes an option to allow the conversion of single family homes to residential studios, provided they meet all of the standards, including being on public water/sewer and being built in accordance with multi-family building codes. This option is the source of significant concern in some residential neighborhoods. The CSB views the viability of this option as limited, since the both the development cost to convert single family homes to small projects that meet multi-family building codes within the building envelope and the operational cost to run these units on a scattered-site basis is too high to incentivize most developers. However, it is critical to preserve the ability to do new construction on parcels in lower density residential districts, since parcels that could accommodate higher numbers of units (e.g., 30+ units) on one site are more financially and operationally feasible.

What You Can Do:

- Meet with your Supervisors and ask them to support the Residential Studio Zoning Ordinance Amendment as proposed, without the option for single family home conversion.
- Attend the Planning Commission Residential Studios Committee meetings
- Attend upcoming Citizens Association and Homeowner's Association meetings on this topic and voice your support:

Oct 30	McLean Citizens Association, 7:30 PM McLean High School Room 187
Nov 6	Braddock District, 7:30 PM North Springfield Elementary School Cafe
Nov 12	South County Federation, 7:30 PM Media Room/Library, South County High School
Nov 14	Mason District Council, Time and place TBD
Dec 4	Springfield District, 7:00 West Springfield Community Room

- Ask small business owners who employ individuals earning less than $45K per year to email plancom@fairfaxcounty.gov in support of the Residential Studio Zoning Ordinance Amendment
- Respond to articles and op-eds in local newspapers with information about how the amendment will benefit low-income individuals with disabilities and those who care for this population.

COMMUNITY SERVICES BOARD	Item 7A	Type Action	Date 10/23/13

Fiscal Oversight Committee Report Attachments:

- Notes: September 20, 2013 Fiscal Oversight Committee Meeting
- Fund Statement through September 2013
- FY2015 Annual Budget Submission Fund 400
- FY2015 Annual Budget Submission Fund 500 *Federal-State Grants*

CSB Fiscal Committee Meeting Notes

Date: September 20, 2013
Attending: Suzette Kern, Ken Garnes, Gary Ambrose, Juan Pablo Segura
Staff: George Braunstein, Daryl Washington, Lisa Witt, Bill Belcher
Other: Gail Ledford, Ron McDevitt (DAHS)

Summary of Information Shared/Decisions:

August 2013 Fiscal Update

- Staff projects a FY2014 non-County revenue shortfall of $2.0 million, fully offset by an expenditure balance of $2.4 million. As a result, the FY2014 unreserved fund balance is anticipated to increase by $0.4 million. It should be noted that projections are based on two months of FY2014 financial activity as well as FY2013 trends.
- Staff will complete an analysis of FY2013 revenue accruals and any structural revenue imbalances (e.g., programs that may include overstated and unrealizable revenue targets). Information will be presented at the next Fiscal Committee meeting and later with the full CSB Board.
- Committee members discussed the need for a strong system of internal controls related to developing budget projections.
- As of August 30, 2013, the fiscal year-to-date impact of sequestration is $46,172.

Managed Vacancy Plan

- Fund 400, General Merit positions - As of September 16, 2013, CSB had 156 vacant positions, including 22 vacant positions to be abolished as part of the FY2014 Adopted Budget Plan and 18 positions anticipated to be vacated in the next few months, for an effective vacancy rate of 152 positions.
- CSB recently filled 7 positions and is in the process of recruiting/hiring 46 positions.
- To remain within budget appropriations, CSB must keep the equivalent of approximately 100 positions vacant annually, the Vacancy Breakeven Point (VBP). As a result of increasing the number of positions under recruitment, CSB is below the VBP. Although the estimated cumulative savings in FY2014 are valued at $1.0 million as of pay period 18, CSB has no additional capacity to recruit for additional positions this pay period.

FOCUS Realignment

- Additional meetings are scheduled with senior staff, DMB and the FBSG to address any concerns about the status and stability of CSB's reorganization efforts, impact on the FOCUS realignment project, optimal timeframe for implementation, and required resources.

Credible Review

- Project field work is scheduled to begin in early September and continue through January.
- In his new position as Deputy Director which includes oversight of the Informatics Team, Daryl Washington has joined the project.
- Monica Foote (DAHS) will roll off the project. Rick Dumas will assume the role as project lead.

CSB Fiscal Committee Meeting Notes

Budget Planning Calendar

- Staff will develop a budget calendar for the remaining FY2015 budget process to allow the Board sufficient time for consideration and deliberation of issues prior to submission of major deliverables.

Action Items/Responsible Party Required Prior to Next Meeting:

- Fund 40040, CSB Operating FY2015 draft fund statement will be presented to full CSB Board – Lisa Witt
- Fund 40040, CSB Operating FY2015 draft fund statement and narrative explanation will be sent to committee members – Lisa Witt

Issues to Communicate to CSB Board:

- The CSB Fiscal Committee proposes committee members as well as other Board members who would like to participate review the FY2015 major budget deliverables on October 4, prior to submission to DMB.

Agenda Items for Next Meeting on October 17:

- Overview of the process and criteria used to determine vacant positions to recruit/fill
- Structural revenue imbalance
- FY2014 Q1 Report to BOS

Fund 40040, Fairfax-Falls Church CSB
FY 2014 Modified Fund Statement
Period Ending Sept 2013
CSB Working Document

	FY 2014 Revised	FY 2014 YTD Actual Sept 2013	FY 2014 YTD Actual Sept 2013 as % of Budget	FY 2014 Remaining Year Projection (RYP)	FY 2014 Projection (YTD Actual + RYP)	Projected Variance from Budget
Beginning Balance	**$6,429,727**				**$6,429,727**	**$0**
Revenue:						
Fairfax City	$1,336,100	$334,025	25%	$1,002,075	$1,336,100	$0
Falls Church City	605,595	151,399	25%	454,196	605,595	0
Subtotal - Local	$1,941,695	$485,424	25%	$1,456,271	$1,941,695	$0
State DBHDS	$12,713,033	$3,183,308	25%	$9,521,424	$12,704,732	($8,301)
Subtotal - State	$12,713,033	$3,183,308	25%	$9,521,424	$12,704,732	($8,301)
Block Grant	$4,203,857	$1,019,878	24%	$3,059,634	$4,079,512	($124,345)
Direct/Other Federal	154,982	21,585	14%	112,889	134,474	(20,508)
Subtotal - Federal	$4,358,839	$1,041,463	24%	$3,172,523	$4,213,986	($144,853)
Medicaid Waiver	$2,756,068	$377,062	14%	$2,212,494	$2,589,556	($166,512)
Medicaid Option	10,026,774	1,595,436	16%	8,342,453	9,937,889	(88,885)
Program/Client Fees	6,279,123	1,020,260	16%	3,875,934	4,896,194	(1,382,929)
CSA Pooled Funds	1,660,009	56,032	3%	892,876	948,908	(711,101)
Subtotal - Fees	$20,721,974	$3,048,790	15%	$15,323,757	$18,372,547	($2,349,427)
Miscellaneous	$0	$9,715		$15,750	$25,465	$25,465
Subtotal - Other	$0	$9,715		$15,750	$25,465	$25,465
General Fund Transfer	$110,041,222	$109,233,258	99%	$807,964	$110,041,222	$0
Total Revenue	**$156,206,490**	**$117,001,958**	**75%**	**$30,297,689**	**$153,729,374**	**($2,477,116)**
Expenditures:						
Compensation	$69,890,276	$12,435,631	18%	$56,065,173	$68,500,804	($1,389,472)
Fringe Benefits	25,585,159	4,443,769	17%	$20,252,453	24,696,222	(888,937)
Operating	60,132,216	14,466,011	24%	$44,765,496	59,231,507	(900,709)
WPFO	(1,173,974)	(7,725)	1%	($1,460,373)	(1,468,098)	(294,124)
Capital	0	0		$0	0	0
Total Expenditures	**$154,433,677**	**$31,337,686**	**20%**	**$119,622,748**	**$150,960,434**	**($3,473,243)**
Ending Balance	**$1,772,813**				**$2,768,940**	**$996,127**
Encumbered Reserve						
ITC Reserve	**$1,000,000**				**$1,000,000**	**$1,000,000**
Unreserved Balance	**$772,813**				**$1,768,940**	**$996,127**

FAIRFAX-
FALLS CHURCH
COMMUNITY SERVICES BOARD

TO: Susan W. Datta
Chief Financial Officer

FROM: George Braunstein
Executive Director, Fairfax-Falls Church Community Services Board

DATE: October 15, 2013

SUBJECT: FY 2015 Annual Budget Submission

Attached please find the FY 2015 annual budget submission for Fund 400-C40040, Fairfax-Falls Church Community Services Board (CSB). Please note that while this submission has been approved in concept by the CSB Board, this submission is contingent upon formal CSB Board approval at its October 23, 2013 meeting.

FY 2015 Proposed Budget

The FY 2015 proposed budget for Fund 400-C40040, CSB is as follows:

- Expenditures = $150,273,830, an increase of $1,305,031 or 0.9 percent over the FY 2014 Adopted Budget Plan total of $148,968,799
- Non-County Revenue = $38,912,500, a decrease of $823,041 or 2.0 percent from the FY 2014 Adopted Budget Plan total of $39,735,541
- General Fund Transfer = $111,361,330, an increase of $2,128,072 or 1.9 percent over the FY 2014 Adopted Budget Plan total of $109,233,258.

Please see Attachment A for details regarding technical adjustments to the baseline and addenda requests and Attachment B, a preliminary fund statement with explanatory notes.

Other Issues

Infant and Toddler Connection (ITC) Workforce Planning
Over the last two fiscal years, ITC has received an increase of approximately $2.0 million in recurring Federal and State Part C funding already appropriated in Fund 500-C50000. CSB respectfully requests to utilize this funding to meet the following workforce planning needs:

- Transfer 5/5.0 existing merit grant positions providing direct services such as physical, occupational and speech therapy from Fund 500-C50000 to Fund 400-C40040;
- Transfer 5/5.0 existing merit regular Intellectual Disability II positions from Fund 400-C40040 to Fund 500-C50000; and
- Establish 8/8.0 new merit grant Intellectual Disability II positions in Fund 500-C50000.

These actions are designed to address service demands, comply with program and reporting requirements, primarily to complete Individual Family Service Plans within 45 days of referral, and comply with Federal grant administrative requirements, primarily time and effort certification.

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Mid-County Human Services Center

In early FY 2015, multiple CSB programs located across the County, primarily in leased facilities, will move into the Mid-County Human Services Center. While one-time start-up costs for systems furniture, loose furniture, fixed files, and cabling are funded either through Fund 300-C30010, General Construction and Contributions, or the Department of Information Technology, other non-recurring start-up costs estimated at $250,000 are currently not funded. CSB anticipates that items such as smart boards, audio-visual equipment, computer training lab equipment, televisions, etc. will be absorbed within Fund 400-C40040, either through FY2014 encumbered or unencumbered carryover or use of fund balance. CSB also anticipates the facility will require a Facilities Manager (S-28) position estimated at $124,577 ($87,792 in regular salaries and $36,785 in fringe benefits).

Health Care Reform/Medicaid Waiver Reform

Federal and state health care reform efforts have significant fiscal and programmatic impacts on CSB administration and service provision. For example, as a result of federal healthcare reform and a new Department of Medical Assistance Services (DMAS) contract for behavioral managed care, all CSB Medicaid-eligible services, including behavioral health, primary health care and Intellectual Disability (ID)/Developmental Disability (DD) Medicaid waivers require restructuring to improve service provision and leverage all available resources.

One of the most important upcoming changes relates to Medicaid Waiver reform. In an effort to combine the Medicaid ID and DD waiver programs, Virginia has contracted with national consultants to conduct a study, assist in analyzing and developing policies and procedures and revising rates for reimbursement for FY 2015-2016. Recent transfer of the DD Medicaid Waiver program from DMAS to the Department of Behavioral Health and Developmental Services (DBHDS) and changes in the waiver renewal process may signal that CSBs will become responsible for overseeing or providing DD Medicaid Waiver service coordination and targeted case management. Such transfer of responsibility from private providers managed by DMAS to CSBs managed by DBHDS would have a significant impact on CSB's human and fiscal resources. However, given that Virginia has provided no specific plans or timeline, CSB anticipates that changes will not be implemented until FY 2016.

Remaining FY 2015 Budget Submission Deliverables

As previously arranged, CSB appreciates DMB's extended deadline of October 21, 2013 for the following deliverables: narrative, dashboard, performance measurements, and position detail chart. Upon completion of CSB's zero-based budgeting exercise, CSB will provide expenditure and revenue loading information for FY 2014 and FY 2015 in sufficient time to incorporate into the *FY 2014 Third Quarter Review* and the FY 2015 Advertised Budget Plan.

If you have any questions, please contact CSB's senior financial manager, Valecia Witt, at 324-5834.

cc: CSB Board
CSB Executive Staff
Patricia D. Harrison, Deputy County Executive for Human Services
Gail Ledford, Director, Department of Administration for Human Services
Ron McDevitt, Division Director, Department of Administration for Human Services

I. City of Fairfax and City of Falls Church

Non-County Revenue	$77,668
Expenditures	$77,668
General Fund Transfer	$0

The Fairfax-Falls Church Community Services Board (CSB) requests an increase of $77,668, or 4 percent over the FY 2014 Adopted Budget Plan total of $1,941,695 in Local Jurisdictions non-County revenue. It should be noted that no increase was requested for or included in the FY 2014 Adopted Budget Plan. CSB requests a commensurate increase in expenditure authority in compensation to provide greater flexibility in meeting the agency's position turnover, or savings due to vacant positions, target. As a result, there is no impact to the General Fund transfer. *(Please see Attachment A-1 for additional information.)*

II. Mental Health, Substance Abuse and Prevention Services – Offset Federal Reductions

Non-County Revenue	($277,031)
Expenditures	$0
General Fund Transfer	$277,031

CSB requests an increase of $277,031 in the General Fund transfer to offset reductions in federal block grant funding for substance abuse, mental health, and prevention services due to the sequester as follows:

Description	Amount
Reduction of $142,909 in federal funding without a commensurate increase in the General Fund transfer will eliminate 1/1.5 FTE Substance Abuse Counselor II position and outpatient and case management services for approximately 210 adults with substance use disorder. The reduction would increase waiting lists for consumers who could be served through a less intensive/expensive level of care. Individuals with co-occurring mental health issues would likely experience an exacerbation of co-occurring symptoms and may require residential, detoxification, emergency services, or hospitalization. While waiting and not receiving treatment, it is likely that individuals would have increased contact with law enforcement, the justice system, and other agencies such as the Department of Family Services.	$142,909
Reduction of $107,532 in federal funding without a commensurate increase in the General Fund transfer will eliminate 1/1.0 FTE MH/ID/ADS Senior Clinician position and case management services for approximately 45 adults with serious mental illness. Without case management services, these individuals will be at higher risk to decompensate and may require more intensive/expensive services, such as emergency services, crisis care and hospitalization. In addition, reductions in case management staff will affect the adult services continuum as transfers from other programs could not be accepted. It should be noted that this reduction is associated with a decrease of approximately $58,770 in Medicaid reimbursement (assuming 33 percent of consumers on a standard 45 consumer caseload are eligible for Medicaid case management services reimbursed at $326.50/month).	$107,532
Reduction of $26,590 in federal funding without a commensurate increase in the General Fund transfer will eliminate a project to provide wellness and suicide prevention through an evidence-based online training program targeted to school personnel, educators in institutions of higher learning, military families, and people who are LGBT. The brief web-based training has been demonstrated as effective, includes solid outcome measures and data collection capabilities, and may be managed through less-intensive staff resources than traditional programming.	$26,590

III. U.S. Department of Justice Settlement Agreement Requirements – 9/9.0 FTE Intellectual Disability Specialist Positions

Non-County Revenue	$0
Expenditures	$0
General Fund Transfer	$0

A total of 9/9.0 FTE Intellectual Disability Specialist positions, including 7/7.0 FTE Intellectual Disability Specialist II, 1/1.0 FTE Intellectual Disability Specialist III, and 1/1.0 FTE Intellectual Disability Specialist IV positions, have been approved for CSB to meet requirements of the U.S. Department of Justice (DOJ) Settlement Agreement with the Commonwealth of Virginia to provide community-based services to individuals with intellectual and developmental disabilities currently residing in state residential training centers. These positions are necessary to provide the mandated case management services and associated supervision required for individuals entering the community with a Medicaid Home and Community-Based Waiver. The full-year cost for these positions totals $970,666, including $652,337 for salaries, $273,329 for fringe benefits, and $45,000 for operating expenses, such as computers, mileage reimbursement, leased office space and other basic expenses associated with providing direct services. The nine positions are anticipated to generate $713,076 in Medicaid Option revenue. *(Please see Attachment A-2 for additional information.)*

It should be noted that the CSB is not requesting new positions or net changes in non-County revenue or expenditure authority or the General Fund transfer. Existing positions held vacant to meet the agency's position turnover target have been or will be reclassified as needed. Costs will be absorbed within the agency's baseline budget. However, CSB requests the increase of $713,076 in Support Coordination Medicaid Option (G754002001/444015) revenues be fully offset by a commensurate decrease in the non-County Program/Client Fee revenue category. Based on **preliminary** analysis, CSB recommends the following revenue adjustments:

Cost Center	Cost Center Name	GL	GL Name	Adjustment
G753014001	Homeless Services (ICT)	444015	Medicaid Option	200,000
G753024001	Outpatient & Case Mgmt (Medical Services)	443205	Other Ins Client Fee	100,000
G753024001	Outpatient & Case Mgmt (Medical Services)	444000	Medicare Client Fee	98,076
G755609001	Crossroads Youth Res	442020	Direct Client Fees	100,000
G755617001	ADS Youth Day Treat	442020	Direct Client Fees	215,000
Total				**$713,076**

Please be advised that CSB is in the process of a zero-based budgeting exercise anticipated to be completed prior to submission of the *FY 2014 Third Quarter Review*. CSB respectfully requests additional time to develop FY2014 and FY2015 expenditure and revenue loadings reflecting the CSB Board's priorities and achievable non-County revenue targets.

IV. Leland House

Non-County Revenue	($623,678)
Expenditures	($623,678)
General Fund Transfer	$0

CSB requests a technical adjustment in non-County revenues and expenditures to reflect contract changes associated with Leland House. In March 2013, CSB awarded a new contract for direct service provision at Leland House to United Methodist Family Services (UMFS). Under the terms of the new contract, UMFS assumed responsibility for billing the Department of Medical Assistance Services for Medicaid reimbursement and the Fairfax Community Policy and Management Team for Comprehensive Services Act (CSA) reimbursement. As a result, non-County revenues totaling $623,678, including $305,782 in Medicaid Option and $317,896 in CSA revenues, as well as associated operating expenditures of $623,678 no longer flow through the CSB.

V. Positions Transferred Between CSB and the Department of Administration for Human Services

Expenditures	($229,588)
General Fund Transfer	($229,588)

In FY2013, as part of the County Executive's Workplan for Fiscal Stability, a thorough review of the financial management services provided to the CSB by Department of Administration for Human Services (DAHS) was conducted. Based on the model that DAHS has implemented in many of the county's human service agencies, a realignment of financial management roles, responsibilities and positions was recommended. These recommendations were approved by the Deputy County Executive, the Department of Management and Budget, and the Department of Human Resources. Implementation began in FY 2013 and resources will be formally realigned in FY 2014 as part of the *FY 2014 Third Quarter Review* and incorporated into the baseline budget as part of the FY 2015 annual process.

In short, the realignment requires that 7/6.5 FTE general merit positions and associated funding transfer to DAHS from CSB, and that 1/1.0 FTE general merit position transfer from DAHS to CSB, for a net transfer of 6/5.5 FTE general merit positions to DAHS. The following table summarizes the realignment:

CSB Fund	CSB Position No.	Position Classification	FTE	FY2014 Actual Salary	DAHS Fund	DAHS Position No.	Position Classification	FTE	FY2014 Actual Salary
Fund 40040	52011816	AA IV	-1/1.0	(45,939)	Fund 10001	53000979	AA IV	1/1.0	45,939
Fund 40040	52012024	AA IV	-1/1.0	(50,418)	Fund 10001	53000981	AA IV	1/1.0	50,418
Fund 40040	52012356	AA IV	-1/1.0	(55,176)	Fund 10001	53000982	AA IV	1/1.0	55,176
Fund 40040	52011826	AA II	-1/1.0	(53,482)	Fund 10001	53000980	AA IV	1/1.0	53,482
Fund 40040	52011864	AA II	-1/1.0	(54,505)	Fund 10001	53000983	AA II	1/1.0	54,505
Fund 40040	52011892	AA II	-1/0.5	(17,424)	Fund 10001	53000984	AA II	1/0.5	17,424
Fund 40040	52012018	AA II	-1/1.0		Fund 10001	53000985	FS II	1/1.0	61,700
Fund 40040	53000975	MA I	1/1.0	47,355	Fund 10001	52010764	FS I	-1/1.0	(47,355)
Subtotal			*-6/5.5*	*(229,588)*				*6/5.5*	*291,288*
Exp Transfer to Fund 50000 for Allowable Costs									(61,700)
Net Impact to Agency				**($229,588)**					**$229,588**
Net Impact to General Fund									**$0**

VI. June 2014 Special Education Graduates

Expenditures	$1,300,000
General Fund Transfer	$1,300,000

CSB requests an increase of $1,300,000 to fund day support and employment services for 74 eligible June 2014 special education graduates of Fairfax County Public Schools (FCPS) turning 22 years of age who currently do not have a funding source as well as program enhancement services for 17 eligible graduates whose core services are funded by Medicaid Waiver.

June 2014 Special Education Graduates	121
Served through CSB's Cooperative Employment Program	(10)
Funded through Medicaid Waiver	(17)
Antipcated to Decline Services, Move or Deemed Not Eligible	(20)
Require Local Support	74

CSB anticipates the graduates will require the following:

Service	Grads	Total
Day	12	342,945
Shelter	12	200,445
Group	39	667,995
Individual	11	45,540
Subtotal	**74**	**$1,256,925**
Program Enhancement-Day	12	170,627
Program Enhancement-Sheltered	5	36,498
Subtotal	**17**	**$207,125**
DARS Support		(84,000)
Savings Due to New Waivers		(80,050)
Subtotal		($164,050)
Total	**91**	**$1,300,000**

CSB's consultant Transcen has completed its final report and presented recommendations regarding day and employment service model design and financing strategies. The CSB's consensus is that the recommendations should be considered in the context of the State's ongoing efforts at Medicaid Waiver reform and the CSB's ongoing efforts to collaborate with the provider community to serve consumers within existing resources. It is desired that these efforts will result in successful strategies to better leverage County resources to serve eligible consumers. *(Please see Attachment A-3 for additional information.)*

VII. Contract Rate Increase

Expenditures	$780,629
General Fund Transfer	$780,629

CSB requests funding of $780,629 to support a 2 percent contract rate adjustment commensurate with the increase in the Consumer Price Index. *(Please see Attachment A-4 for additional information.)*

				Attachment A-1
Fairfax-Falls Church CSB				
Local Share Revenues : Making Percentage Growth Equal				
		Fairfax County	**City of Fairfax**	**City of Falls Church**
FY 2001 Adopted		$ 65,768,003	$ 1,168,756	$ 529,745
FY 2001 Third Qtr Revised		$ 67,936,678	$ 1,168,756	$ 529,745
	Percent Change	*3.30%*	*0.00%*	*0.00%*
FY 2002 Adopted		$ 74,368,148	$ 1,242,973	$ 563,384
	Percent Change	*9.47%*	*6.35%*	*6.35%*
FY 2003 Adopted		$ 78,401,580	$ 1,281,008	$ 580,624
	Percent Change	*5.42%*	*3.06%*	*3.06%*
FY 2004 Adopted		$ 80,629,965	$ 1,281,008	$ 580,624
	Percent Change	*2.84%*	*0.00%*	*0.00%*
FY 2005 Adopted		$ 81,803,507	$ 1,281,008	$ 580,624
	Percent Change	*1.49%*	*0.00%*	*0.00%*
FY 2006 Adopted		$ 90,977,221	$ 1,335,963	$ 605,533
	Percent Change	*11.21%*	*4.29%*	*4.29%*
FY 2007 Adopted		$ 97,480,840	$ 1,370,565	$ 621,216
	Percent Change	*7.15%*	*2.59%*	*2.59%*
FY 2008 Adopted		$ 101,091,229	$ 1,411,682	$ 639,852
	Percent Change	*3.70%*	*3.00%*	*3.00%*
FY 2009 Adopted		$ 103,735,252	$ 1,422,261	$ 644,647
	Percent Change	2.6%	0.7%	0.7%
FY 2010 Adopted		$ 97,519,271	$1,309,902	$593,720
	Percent Change	*-6.0%*	*-7.9%*	*-7.9%*
FY 2011 Adopted		$ 93,337,947	$1,309,902	$593,720
	Percent Change	*-4.3%*	*0.0%*	*0.0%*
FY 2012 Adopted		$ 95,725,326	$1,309,902	$593,720
	Percent Change	*2.6%*	*0.0%*	*0.0%*
FY 2013 Adopted		$ 100,421,627	$1,336,100	$605,595
	Percent Change	*4.9%*	*2.0%*	*2.0%*
FY2014 Adopted		$ 109,233,258	$1,336,100	$605,595
	Percent Change	*8.8%*	*0.0%*	*0.0%*
FY2015 Proposed			$1,389,544	$629,819
	Percent Change		*4.0%*	*4.0%*

Fairfax-Falls Church CSB					
Local Share Revenues : Making Percentage Growth Equal					
		Fairfax County	**City of Fairfax**	**City of Falls Church**	**Total**
FY 2013 Adopted		$100,421,627	$1,336,100	$605,595	$ 102,363,322
FY2014 Adopted		$109,233,258	$1,336,100	$605,595	$ 111,174,953
	Percent Change	*8.8%*	*0.0%*	*0.0%*	*8.6%*
FY2015 Options					
	Option 1				
	% Population	97%	2%	1%	
	Local Share	$107,839,704	$2,223,499	$1,111,750	$111,174,953
Variance From FY2014 Adopted		($1,393,554)	$887,399	$506,155	($0)
	Option 2				
Apply FY2014 8.8% Increase In County Share to FY2015 Cities Share			$1,453,677	$658,887	
Variance From FY2014 Adopted			$117,577	$53,292	
	Option 3				
4% Increase over FY2014 Adopted			$1,389,544	$629,819	
Variance From FY2014 Adopted			$53,444	$24,224	
Recommendation	Option 3 is recommended for the following reasons: (1) Allocating the share of County and Cities' funded services based on population may be unduly burdensome for the Cities in one year; (2) Equalizing the percentage increase between the FY2014 Adopted General Fund Transfer and the Cities may be unduly burdensome for the Cities in one year; (3) Equalizing the percentage change between the General Fund Transfer and the Cities share gradually over time will reduce the fiscal burden on the Citites in any one year. It is further recommended that the Cities' share increases/decreases one fiscal year behind increases/decreases in the General Fund Transfer. Such an arrangement will provide the Cities knowledge of the increase/decrease one fiscal year year in advance, allowing sufficient time to adjust as circumstances warrant.				

Fairfax-Falls Church CSB
U.S. Department of Justice Settlement Agreement Requirements

FY2015 Projection									
Position	**Grade**	**Qty**	**Midpoint**	**Fringe at 41.9%**	**Total Exp**	**Caseload**	**Medicaid SPO/ Case**	**Total Rev**	**Net Cost**
IDS II	S-23	7	484,722.77	203,098.84	687,821.61	25	326.50	685,650.00	2,171.61
IDS III	S-26	1	79,822.29	33,445.54	113,267.83	7	326.50	27,426.00	85,841.83
IDS IV	S-28	1	87,792.22	36,784.94	124,577.16	0	326.50	0.00	124,577.16
Operating					45,000.00				45,000.00
Total			**652,337.28**	**273,329.32**	**970,666.60**	**182**		**713,076.00**	**257,590.60**

Fairfax-Falls Church CSB

FY2010 - FY2017 Special Education Graduates

Attachment A-3

	June 2010	June 2011	June 2012	June 2013		June 2014					June 2015	June 2016	June 2017
	FY2011	FY2012	FY2013	FY2014		FY 2015					FY 2016	FY 2017	FY 2018
Projected Graduates Needing E&D Services				Projected	Actual	Projected	Waiver	Declined	CEP	Actual			
Projected Graduates	104	110	120	101	101	121				121	109	99	131
Served by Cooperative Employment Program*	(7)	(16)	(12)	(10)	(10)	(10)							
Funded by Medicaid Waiver	(6)	(14)	(17)	(17)	(17)	(17)							
Declines service, moves, not eligible, deceased, or no response	(17)	(24)	(27)	(16)	(18)	(20)							
Total	***74***	***56***	***64***	***58***	***56***	***74***							
Service Distribution													
Dev/Day	10	10	23	8	8	27	12	3		12	26	25	30
Sheltered	18	11	11	5	5	21	5	4		12	13	23	22
Group	46	35	28	38	36	49		10		39	46	26	42
Individual	0	0	2	7	7	24		3	10	11	24	25	37
Funded by Medicaid Waiver	(6)	(14)	(17)	(17)	(17)	(17)							
Total Local Funded	***74***	***56***	***64***	***58***	***56***	***121***	***17***	***20***	***10***	***74***	***109***	***99***	***131***

** Additional position could result in additional graduates served by CEP at lower cost*

Fairfax-Falls Church CSB
FY2015 Contract Rate Adjustment Request

Vendor Number	Vendor Name	Service	Amount	Basis
1000000194	PORTCO INC	Vocational Programs	14,328	FY2013 Actual
1000000939	MICHAEL A BLUESTONE	Evaluations	9,503	FY2013 Actual
1000001128	SHEREE A HUGHES RD	Nutrition Services	20,761	FY2013 Actual
1000001618	STELLA Z PEREZ	Interpretation	5,556	FY2013 Actual
1000001754	JUNG LEA SMITH	Interpretation	1,733	FY2013 Actual
1000002225	LEOPOLDO ALONSO	Day Support Services	10,260	FY2013 Actual
1000003023	MARY MARCHETTI	Occupational Therapy	1,020	FY2013 Actual
1000003530	JENNIFER L SMITH	Infant Education	2,656	FY2013 Actual
1000004686	FLOYD M HERDRICH	Medical/Dental Services	3,080	FY2013 Actual
1000004696	STEPHANIE S LEE	Day Support Services	14,240	FY2013 Actual
1000004809	ERIKA RONER MESSENGER	Nutrition Services	7,340	FY2013 Actual
1000004964	YASMIN VOSSELER	Interpretation	12,548	FY2013 Actual
1000005249	MARIA D CLAVIJO	Interpretation	10,859	FY2013 Actual
1000005645	RONALD R GUTKOWSKI	Day Support Services	14,240	FY2013 Actual
1000005888	WILLIAMS, EILEEN	Day Support Services	23,394	FY2013 Actual
1000006401	RESOURCEFUL FUTURES LLC	Prevention	1,020	FY2013 Actual
1000006414	THERAPY 4 KIDS, LLC	Early Intervention Services	966,568	FY2013 Actual
1000006673	LABORATORY CORP OF AMERICA HOLDINGS	Medical/Dental Services	22,843	FY2013 Actual
1000006706	NHIEN LU DDS	Medical/Dental Services	5,338	FY2013 Actual
1000006817	FALCON EXPRESS TRANSPORTATION INC.	Administrative Services	47,317	FY2013 Actual
1000006965	ALEXANDRIA DENTAL CARE	Medical/Dental Services	3,597	FY2013 Actual
1000006997	IMPROVING OUTCOMES LLC	Social Work; Clinical Oversight	26,231	FY2013 Actual
1000007188	WOODS SERVICES INC	Day Support/Employment Services	37,685	FY2013 Actual
1000007296	HARTWOOD RESID INC	Residential, Adult; Respite Services	2,521,884	FY2013 Actual
1000007350	DIANNE H DEAN	Medical/Dental Services	22,426	FY2013 Actual
1000007419	AXIOM LINK INC	Early Intervention Services	833,329	FY2013 Actual
1000007575	QOL MEDS LLC	Medical/Dental Services	1,131,332	FY2013 Actual
1000007810	VISION FAMILY SERVICES	Supportive Residential	28,034	FY2013 Actual
1000007970	BOARD OF EDUCATION MASON CO DIST 1 LUDIN	Prevention	10,517	FY2013 Actual
1000008137	ARBOR E&T LLC	Early Intervention Services	25,083	FY2013 Actual
1000008193	COMMUNITY SYSTEMS INC	Residential, Adult	1,497,359	FY2013 Actual
1000008250	BENEDICTINE SCHOOL, INC.	Residential/Vocational Services	53,255	FY2013 Actual
1000008450	BLUE RIDGE SPEECH & HEARING CENTER OF	Audilogy/Hearing Aids	1,729	FY2013 Actual
1000008451	JEWISH FOUNDATION FOR GROUP HOMES	Day Support/Employment Services	61,584	FY2013 Actual
1000008559	F M B LAUNDRY INC	Goods/Equipment/Supplies	17,796	FY2013 Actual
1000009038	NORTHERN VIRGINIA FAMILY SERVICES	Counseling; Case Management	369,307	FY2013 Actual

Fairfax-Falls Church CSB
FY2015 Contract Rate Adjustment Request

Vendor Number	Vendor Name	Service	Amount	Basis
1000009058	PHILLIPS PROGRAMS	Evaluations	2,454	FY2013 Actual
1000009177	SAINT COLETTA OF GREATER WASHINGTON INC	Day Support/Employment Services	650,438	FY2013 Actual
1000009180	EVERY CITIZEN HAS OPPORTUNITIES INC	Day Support/Employment Services	817,575	FY2013 Actual
1000009231	PATHWAY HOMES INC	Residential, Adult	4,428,975	FY2013 Actual
1000010129	CENTURY CLEANING	Cleaning/Custodial/Maintenance	124,697	FY2013 Actual
1000011023	CHESAPEAKE HEALTH SERVICES LLC	Early Intervention Services	89,859	FY2013 Actual
1000011792	GRAHAM STAFFING SERVICES INC	Sign Language Interpretation	112,997	FY2013 Actual
1000011897	UNITED METHODIST FAMILY SERVICES	Residential; Youth	1,167,202	FY2013 Actual
1000011907	INOVA HEALTH CARE SERVICES	Crisis Intervention	49,500	FY2013 Actual
1000011917	PRINCE WILLIAM HOSPITAL	Crisis Intervention	12,800	FY2013 Actual
1000011927	PHOENIX HOUSES OF THE MID-ATLANTIC, INC.	Medical/Dental Services	83,865	FY2013 Actual
1000011946	PRS INC	Day Programs/Services; Vocational Programs; Residential, Adult	1,550,945	FY2013 Actual
1000011967	COMMUNITY RESIDENCES INC	Day Programs/Services; Residential, Adult	209,339	FY2013 Actual
1000012012	CALIPER INC	Administrative Services	287,515	FY2013 Actual
1000012020	MARIAN MANOR OF STAFFORD INC	Supportive Residential	38,400	FY2013 Actual
1000012155	CITY OF ALEXANDRIA	Medical/Dental Services	96,979	FY2013 Actual
1000012211	ORKIN LLC	Pest Control	7,885	FY2013 Actual
1000012297	1ST LADY JANITORIAL SERVICES, INC.	Cleaning/Custodial/Maintenance	23,662	FY2013 Actual
1000012979	GATEWAY HOMES OF GREATER RICHMOND INC	Residential, Adult	483,054	FY2013 Actual
1000014712	LISA KELLY	Occupational Therapy	1,463	FY2013 Actual
1000014970	ROSA MARIA IRVAN	Interpretation	12,504	FY2013 Actual
1000016208	ESTELA I FERNANDEZ	Interpretation	13,353	FY2013 Actual
1000016990	REGINA M GIMENEZ	Interpretation	7,263	FY2013 Actual
1000017088	PROFESSIONAL PEST SOLUTIONS LLC	Cleaning/Custodial/Maintenance	34,266	FY2013 Actual
1000018906	WINTERS, JAMES A. AND GRACE H.	Day Support Services	7,932	FY2013 Actual
1000020596	MENTAL HEALTH ASSOC OF SOUTHEASTERN PA	Training, Staff	2,000	FY2013 Actual
1000021636	CUMMINS, CATHERINE C.	Physical Therapy	2,083	FY2013 Actual
1000022026	HOWELL, ANNE	Day Support Services	12,330	FY2013 Actual
1000022027	YUEH, JEI-SHOW AND WENLING TSAI	Day Support Services	3,500	FY2013 Actual
1000022275	INGLESBY, THOMAS AND JOAN	Day Support Services	3,000	FY2013 Actual
1000022383	BOYD, DIANA HILGARTNER	ID Self Directed Services	7,780	FY2013 Actual
1000022398	GILLIAM, KATHLEEN	Social Work	16,760	FY2013 Actual
1000022782	BLEDA, QUAN L.	Interpretation	1,103	FY2013 Actual
1000022823	AMINI, FARIBA	Day Support Services	7,730	FY2013 Actual

Fairfax-Falls Church CSB
FY2015 Contract Rate Adjustment Request

Vendor Number	Vendor Name	Service	Amount	Basis
1000023594	EASTMAN, GREGORY A. AND BARBARA T.	Day Support Services	3,865	FY2013 Actual
1000023595	DUGGER, CHAPMAN LUCAS AND CHARLENE	Day Support Services	3,865	FY2013 Actual
1000023725	FETTER, JULIE A. AND DEBORAH LITMAN	Day Support Services	3,865	FY2013 Actual
1000000175	SERVICE SOURCE INC	Vocational Programs	2,031,869	FY2014 Contract Value
1000000196	FAMILY PRESERVATION SERVICES INC	Counseling	581,974	FY2014 Contract Value
1000006402	CONSUMER WELLNESS CENTER OF FALLS CHURCH	Day Program/Services	175,180	FY2014 Contract Value
1000006419	RESTON DROP IN CENTER INC	Day Program/Services	77,764	FY2014 Contract Value
1000006766	LAURIE MITCHELL EMPLOYMENT CENTER INC	Vocational Programs	163,974	FY2014 Contract Value
1000007278	CRISISLINK	Crisis Intervention	149,989	FY2014 Contract Value
1000008473	GABRIEL HOMES INC	Residential, Adult	544,804	FY2014 Contract Value
1000008578	JOB DISCOVERY INC	Vocational Programs	971,024	FY2014 Contract Value
1000008980	LINDEN RESOURCES, INC.	Vocational Programs	819,410	FY2014 Contract Value
1000009081	CENTRAL FAIRFAX SERVICES	Vocational Programs	2,978,854	FY2014 Contract Value
1000009115	ALTERNATIVE HOUSE	Crisis Intervention	165,677	FY2014 Contract Value
1000009119	MOUNT T VERNON- LEE ENTERPRISES INC	Vocational Programs	6,015,576	FY2014 Contract Value
1000009153	DIDLAKE INC	Vocational Programs	339,564	FY2014 Contract Value
1000009547	E-TRON SYSTEMS INC	Vocational Programs	1,139,068	FY2014 Contract Value
1000009592	COMMUNITY LIVING ALTERNATIVES CORP	Residential, Adult	1,136,568	FY2014 Contract Value
1000009920	CHIMES VIRGINIA INC	Vocational Programs; Residential, Adult	175,166	FY2014 Contract Value
1000009925	BIOETHICAL SRVCS OF VA INC	Consulting	9,866	FY2014 Contract Value
1000010272	ST JOHNS COMMUNITY SERVICES - VA	Vocational Programs	758,645	FY2014 Contract Value
1000011835	RESOURCES FOR INDEPENDENCE OF VA	Residential, Adult	241,250	FY2014 Contract Value
1000011853	THE GEORGE WASHINGTON UNIVERSITY	Medical/Dental Services	33,733	FY2014 Contract Value
1000011933	GEORGE MASON UNIVERSITY	Medical/Dental Services	61,456	FY2014 Contract Value
1000012018	LANGLEY RESIDENTIAL SUPPORT SRVCS INC	Residential, Adult	1,842,988	FY2014 Contract Value
1000013150	SAARA OF VIRGINIA, INC.	Day Program/Services	130,000	FY2014 Contract Value
1000018054	RECOVERY PROGRAM SOLUTIONS OF VA	Day Program/Services	268,487	FY2014 Contract Value
Total			**$39,031,436**	
2 % Contract Rate Adjustment			**$780,629**	

FAIRFAX-
FALLS CHURCH
COMMUNITY SERVICES BOARD

TO: Susan W. Datta
Chief Financial Officer

FROM: George Braunstein
Executive Director, Fairfax-Falls Church Community Services Board

DATE: October 15, 2013

SUBJECT: FY 2015 Annual Budget Submission

Attached please find the FY 2015 annual budget submission for Fund 500-C50000, Federal-State Grants for the Fairfax-Falls Church Community Services Board (CSB). Please note that this submission is contingent upon formal CSB Board approval at its October 23, 2013 meeting.

FY 2015 Anticipated Grants

FY 2015 anticipated grants for CSB in Fund 500-C50000 total $14,148,909, an increase of $1,511,185 or 12 percent over the FY 2014 Adopted total of $12,637,724. The following chart reflects required changes from the FY2014 Adopted.

Grant #	Grant Name	Increase/ Decrease	Explanation
1750001	IDEA Part C	$780,305	FY2014 allocation includes an increase of $780,305 over the FY2013 award
1750002	HIDTA	$10,000	FY2014 original award includes an increase of $10,000 over FY2013 award. Please note that the FY 2014 award was later revised to include a one-time reduction due to sequestration of $10,600.
1750011	Supportive Housing Program (HUD)	$11,791	FY2014 award includes an increase of $4,852 over FY 2013 award. Based on FY2013 actuals, client fees are anticipated to increase $6,939.
1750013	Homeless Assistance Program, PATH	($15,333)	FY2014 anticipated award includes performance bonus of $15,333.
1750014	VASAVOR	($134,417)	Grant ended March 31, 2013.
1750016	MH Initiative-State	192,937	FY2015 State allocation will be recognized in 1750016.
1750022	Al's Pals	$60,000	FY2014 allocation of three-year award.
1750025	ID Crisis Stabilization, START	$605,903	FY2014 allocation includes an increase of $605,903 over the FY2013 award.
Total		**$1,511,185**	

Please see Attachment A, FY 2015 Anticipated Grants Table and Attachment B, FY 2015 Grant Position Summary for additional information.

12011 Government Center Parkway, Suite 836
Fairfax, Virginia 22035-1100
703-324-7000, TTY 703-802-3015, Fax 703-324-7092
www.fairfaxcounty.gov/csb

Other Issues

Infant and Toddler Connection (ITC) Workforce Planning
Over the last two fiscal years, ITC has received an increase of approximately $2.0 million in recurring Federal and State Part C funding already appropriated in Fund 500-C50000. CSB respectfully requests to utilize this funding as soon as possible to meet the following workforce planning needs:

- Transfer 5/5.0 existing merit grant positions providing direct services such as physical, occupational and speech therapy from Fund 500-C50000 to Fund 400-C40040;
- Transfer 5/5.0 existing merit regular Intellectual Disability II positions from Fund 400-C40040 to Fund 500-C50000; and
- Establish 8/8.0 new merit grant Intellectual Disability II positions in Fund 500-C50000.

These actions are designed to address service demands, comply with program and reporting requirements, primarily to complete Individual Family Service Plans within 45 days of referral, and comply with Federal grant administrative requirements, primarily time and effort certification.

It should be noted that these actions require no net change to either the Fund 400-C40040 position count or appropriation level. Should DMB approve this request, however, CSB will request a budget reallocation for a prorated amount of $786,094 from operating expenses to compensation in grant 1750001once the positions have been transferred/established. CSB further requests to reflect these adjustments as part of the *FY 2014 Third Quarter Review* as well as in the FY 2015 Anticipated Grants table. (*Please see Attachment C for additional information.)*

Health Planning Region II Grants
Currently, Health Planning Region II funds totaling approximately $7.6 million in FY 2015 anticipated funding as well as carryover funding from previous fiscal years is recognized in five grants in Fund 500-C50000. Financial management and State reporting is complicated by tracking the requirement to track expenditures and revenues manually across multiple projects, multiple jurisdictions, and multiple award periods. For FY 2015, CSB respectfully requests that Health Planning Region II funding be moved into a newly created special revenue fund with uniquely identifiable projects and automatic carryforward to improve financial management and reporting. CSB looks forward to discussing this request with DMB during the FY 2015 annual process.

If you have any questions, please contact CSB's senior financial manager, Valecia Witt, at 324-5834.

cc: CSB Board
CSB Executive Staff
Patricia D. Harrison, Deputy County Executive for Human Services
Gail Ledford, Director, Department of Administration for Human Services
Ron McDevitt, Division Director, Department of Administration for Human Services

FY 2015 ANTICIPATED GRANT AWARDS					
			SOURCES OF FUNDING		
PROGRAM	FY 2015 GRANT FUNDED POSITIONS/FTE	FY 2015 TOTAL PROJECTED FUNDING	GENERAL FUND	FEDERAL/ STATE	OTHER FUND 40400
Fairfax-Falls Church Community Service Board					
Health Planning Region II Projects					
The Fairfax-Falls Church Community Services Board (CSB) receives state funding from the Commonwealth of Virginia Department of Behavioral Health and Developmental Services for Health Planning Region II projects. Health Planning Region II includes the following jurisdictions: the counties of Arlington, Fairfax, Loudoun, and Prince William, and the City of Alexandria. Projects include Acute Care, Discharge Assistance, Crisis Stabilization, Recovery Services, and Systematic, Therapeutic, Assessment, Respite, and Treatment (START). Services are designed to prevent consumers from being placed in institutional settings or to support transition back into the community. When necessary, funds may be used to place consumers in an inpatient psychiatric or crisis stabilization facility, if hospital level of care is not required.					
Regional Acute Care (1750003)	3/3.0	$2,349,704	0	$2,349,704	$0
Funding supports local inpatient purchase of service for consumers who require inpatient treatment but cannot be admitted to the state psychiatric hospital due to lack of capacity or complex clinical issues.					
Regional Discharge Assistance (1750004)	0/0.0	$1,749,374	$0	$1,749,374	$0
Funding supports discharge assistance purchase of service for consumers with serious mental illness who have not been able to leave a state hospital without funding for a specialized treatment program.					
Regional Crisis Stabilization (1750005)	0.5/0.5	$833,667	$0	$833,667	$0
Funding supports crisis stabilization services for consumers with mental illness or intellectual disabilities who need a crisis stabilization program or who are at-risk of hospitalization. The position supported and funded by this grant splits time equally between this grant and the Regional ID Crisis Stabilization (START) grant, 1750025.					
Regional Recovery Services (1750006)	0/0.0	$543,192	$0	$543,192	$0
Funding supports project-based peer-operated recovery services for consumers recovering from mental health, substance use and/or co-occurring disorders.					
Regional ID Crisis Stabilization, START (1750025)	0.5/0.5	$2,142,000	$0	$2,142,000	$0
Funding supports the Systematic, Therapeutic, Assessment, Respite and Treatment (START) model program, promoting a system of care, community services, and natural supports for consumers with mental health issues. Services are designed to divert consumers from unnecessary institutionalization and support them in their communities and homes through mobile crisis teams, alternative placements, and short-term crisis stabilization beds in small settings. The position supported and funded by this grant splits time equally between this grant and the Regional Crisis Stabilization grant, 1750005.					
Subtotal- Health Planning Region II Projects	**4/4.0**	**$7,617,937**	**$0**	**$7,617,937**	**$0**

FY 2015 ANTICIPATED GRANT AWARDS					
			SOURCES OF FUNDING		
PROGRAM	FY 2015 GRANT FUNDED POSITIONS/FTE	FY 2015 TOTAL PROJECTED FUNDING	GENERAL FUND	FEDERAL/ STATE	OTHER FUND 40400
Fairfax-Falls Church Community Service Board					
Department of Behavioral Health and Developmental Services Programs					
The Commonwealth of Virginia Department of Behavioral Health and Developmental Services (DBHDS) provides restricted State funding through the State Performance Contract to CSBs for specific services and/or targeted populations, such as treatment services for adults in an Adult Detention Center, diversion from incarceration, or mental health services for youth.					
Jail & Offender Services (1750012)	3/3.0	$185,857	0	$185,857	$0
Funding supports treatment services for adults at the Adult Detention Center.					
Homeless Assistance Program, PATH (1750013)	3/3.0	$155,698	$0	$155,698	$0
Funding supports services for consumers with serious mental illness and/or co-occurring substance use disorders who are homeless or at imminent risk of becoming homeless.					
Jail Diversion Services (1750015)	4/4.0	$321,050	$0	$321,050	$0
Funding supports jail diversion initiatives, such as crisis intervention training for police officers, a drop-off assessment and triage center at the Mid-County Human Services Center, treatment services at the Adult Detention Center, and intensive case management services.					
MH Initiative - State, SED Initiative (1750016)	4/4.0	$515,529	$0	$515,529	$0
Funding supports mental health and case management services to seriously emotionally disturbed children who reside in the community and are not mandated to be served under the Comprehensive Services Act.					
MH Juvenile Detention (1750017)	1/1.0	$111,724	$0	$111,724	$0
Funding supports services such as assessment and evaluation, consumer monitoring, and emergency treatment for children and adolescents in juvenile detention centers.					
MH Transformation (1750018)	1/1.0	$70,000	$0	$70,000	$0
Funding supports pre-discharge planning (or development of a plan of services) for persons being discharged from a State mental health facility.					
MH Law Reform (1750019)	6/6.0	$530,387	$0	$530,387	$0
Funding supports mandatory outpatient treatment services for individuals with mandatory outpatient treatment orders from a judge or special justice and with CSB initial mandatory outpatient treatment plans.					
MH Child & Adolescent Services (1750020)	1/1.0	$75,000	$0	$75,000	$0
Funding supports intensive care coordination and wrap-around services to court involved children and adolescents as well as psychiatric services for youth placed in juvenile detention centers.					
Subtotal- Department of Behavioral Health & Developmental Services Programs	**23/23.0**	**$1,965,245**	**$0**	**$1,965,245**	**$0**

FY 2015 ANTICIPATED GRANT AWARDS					
			SOURCES OF FUNDING		
PROGRAM	FY 2015 GRANT FUNDED POSITIONS/FTE	FY 2015 TOTAL PROJECTED FUNDING	GENERAL FUND	FEDERAL/ STATE	OTHER FUND 40400
Fairfax-Falls Church Community Service Board					
IDEA Part C (1750001)	25/25.0	$3,823,723	$0	$3,823,723	$0
The Infant and Toddler Connection (ITC) is a statewide program that provides federally-mandated assessment and early intervention services as outlined in Part C of the Individuals with Disabilities Education Act (IDEA). Funding supports assessment and early intervention services for infants and toddlers, from birth through age 3, who have a developmental delay or a diagnosis that may lead to a developmental delay. Services include physical, occupational, and speech therapy; developmental services; medical, health and nursing services; hearing and vision services; assistive technology (e.g., hearing aids, adapted toys and mobility aids); family training and counseling; service coordination; and transportation.					
High Intensity Drug Trafficking Area, HIDTA (1750002)	1/1.0	$410,000	$0	$410,000	$0
Funding from the U.S. Office of National Drug Control Policy supports prevention, treatment, and rehabilitation through residential and day treatment and medical detoxification services.					
Supportive Housing, HUD (1750011)	2/1.8	$272,004	$0	$272,004	$0
Funding from the U.S. Department of Housing, Homeless Assistance Program supports housing assistance as authorized by the McKinney-Vento Homeless Assistance Act.					
VFHY - Al's Pals (1750022)	0/0.0	$60,000	$0	$60,000	$0
Funding from the Commonwealth of Virginia, Virginia Foundation for Healthy Youths (VFHY) supports Al's Pals: Kids Making Healthy Choices Program. VFHY was created in 1999 by the General Assembly to distribute monies from the Virginia Tobacco Settlement Fund to localities for youth-focused tobacco use prevention programs. The Al's Pals program is an early childhood prevention program for children ages three to eight years old which includes interactive lessons to develop pro-social skills, self-control, and problem-solving abilities to prevent use of tobacco, alcohol, and other drugs.					
TOTAL – FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD	***55/54.8***	***$14,148,909***	***$0***	***$14,148,909***	***$0***

Agency Position Summary

55.0 Grant Positions / 54.8 Grant Full Time Equivalents

Attachment B

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

IDEA Part C (1750001)

25	Intellect Disability II
~~17~~ 25	Positions
~~17~~ 25.0	FTE

High Intensity Drug Trafficking Area (HIDTA) (1750002)

1	Substance Abuse Coun II
1	Position
1.0	FTE

Regional Acute Care (1750003)

1	CSB Service Director
1	Mental Health Sup/Spec
~~1~~	~~Financial Specialist II~~
1	Admin Asst III
3 ~~4~~	Positions
3.0 ~~4.0~~	FTE

Regional Crisis Stabilization (17500005) and Regional ID Crisis Stabilization - START (1750025)

1	Mental Health Manager
1	Position
1	FTE

Supportive Housing Program, Self Sufficiency Through Housing & Treatment - HUD (1750011)

1	Substance Abuse Coun II
1	MH/ID/ADS Aide, PT
2	Positions
1.8	FTE

Jail & Offender Services Initiative (1750012)

1	Substance Abuse Coun II
1	Mental Health Therapist
1	Mental Health Sup/Spec
3	Positions
3.0	FTE

Homeless Assistance Program, PATH (1750013)

3	Mental Health Therapist
3	Positions
3.0	FTE

~~VASAVOR (1750014)~~

~~1~~ 0	~~Mental Health Therapist~~
~~1~~ 0	~~Position~~
~~1~~ 0.0	~~Staff years~~

State Jail Diversion (1750015)

1	Mental Health Manager
2	Mental Health Therapist
1	MH/ID/ADS Aide
4	Positions
4.0	FTE

MH Initiative - State, SED Initiative (1750016)

1	Senior Clinician
3	Mental Health Therapist
4	Positions
4.0	FTE

MH Juvenile Detention (1750017)

1	Senior Clinician
1	Position
1.0	FTE

MH Transformation, Forensic Discharge Planner (1750018)

1	Senior Clinician
1	Position
1.0	FTE

MH Law Reform Emergency Services & Comprehensive Treatment & Recovery (1750019)

3	Mental Health Sup/Spec
1	Mental Health Therapist
1	Food Service Supervisor
1	MH/ID/ADS Aide
6	Positions
6.0	FTE

MH Child & Adolescent Services - Children's Intensive Wrap-Around Services; Jevenile Detention Psychiatric Services (1750020)

1	Mental Health Therapist
1	Position
1.0	FTE

Attachment C

Fairfax-Falls Church Community Services Board
ITC Workforce Planning Request

CSB Fund	Position No.	Posn Class	Incumbent	FTE	FY2014 Actual Salary/FB	Grant Fund	Position No.	Posn Class	Incumbent	FTE	FY2014 Actual Salary/FB
Transfer 5/5.0 positions from Fund 400-C40040 to Fund 500-50000											
400-C40040	52012581	IDS II	Park	-1/1.0	(116,955)	500-C50000	52012581	IDS II	Park	1/1.0	116,955
400-C40040	52011765	IDS II	Rieley	-1/1.0	(120,168)	500-C50000	52011765	IDS II	Rieley	1/1.0	120,168
400-C40040	52012582	IDS II	Branner	-1/1.0	(123,948)	500-C50000	52012582	IDS II	Branner	1/1.0	123,948
400-C40040	52011755	IDS II	Billodeaux	-1/1.0	(114,894)	500-C50000	52011755	IDS II	Billodeaux	1/1.0	114,894
400-C40040	52012413	IDS II	Cubas	-1/1.0	(101,634)	500-C50000	52012413	IDS II	Cubas	1/1.0	101,634
Transfer 5/5.0 positions from Fund 500-C50000 to Fund 400-C40040											
400-C40040	52013020	PT II	Vacant	1/1.0	90,312	500-C50000	52013020	PT II	Vacant	-1/1.0	(90,312)
400-C40040	52013029	PT II	Negron	1/1.0	129,432	500-C50000	52013029	PT II	Negron	-1/1.0	(129,432)
400-C40040	52013032	OC II	Brockway	1/1.0	112,590	500-C50000	52013032	OC II	Brockway	-1/1.0	(112,590)
400-C40040	52013033	SP II	Hine	1/1.0	92,626	500-C50000	52013033	SP II	Hine	-1/1.0	(92,626)
400-C40040	52013019	AA III	Pham	1/1.0	72,175	500-C50000	52013019	AA III	Pham	-1/1.0	(72,175)
Subtotal				*0/0.0*	*(80,465)*					*0/0.0*	*80,465*
Establish 8/8.0 positions in Fund 500-C50000; Transfer 2 Incumbents from Fund 400-C40040 to Fund 500-C50000; Reclassify 2 vacant positions in Fund 400-C40040											
						500-C50000	New	IDS II	New	1/1.0	85,979
						500-C50000	New	IDS II	New	1/1.0	85,979
						500-C50000	New	IDS II	New	1/1.0	85,979
						500-C50000	New	IDS II	New	1/1.0	85,979
						500-C50000	New	IDS II	New	1/1.0	85,979
						500-C50000	New	IDS II	New	1/1.0	85,979
400-C40040	52011763	IDS II	Greenberg	-1/1.0	(91,229)	500-C50000	New	IDS II	Greenberg	1/1.0	91,229
400-C40040	52011764	IDS II	Blanton	-1/1.0	(80,528)	500-C50000	New	IDS II	Blanton	1/1.0	80,528
400-C40040	52011763	BA II	Reclassify	1/1.0	90,312						
400-C40040	52011764	AA V	Reclassify	1/1.0	71,344						
Subtotal				*0/0.0*	(10,100)					8/8.0	687,629
Net Impact to Agency				*0/0.0*	**($90,565)**						
Net Impact to General Fund											**$0**
Net Impact to Grant Fund										**8/8.0**	**$768,094**

Virginia Association Of
Community Services Boards, Inc.
Making a Difference Together

VACSB Budget Priorities
2014-16

VACSB funding principles:

- Build capacity to respond adequately to Virginia's health care and Medicaid Reform environment, coordinated care requirements and build capacity to serve existing and new populations with severe behavioral health conditions, co-occurring medical conditions, and developmental needs who are/will be un-served, under-served or uninsured.
- Respond to provisions and requirements of the Department of Justice Settlement Agreement.
- Multiple stakeholders, especially consumers and families, involved in service design.
- Establish an adequate baseline level of a care continuum in each community that begins with adequate crisis response, transitions to intensive community services/supports and moves toward recovery/independence-focused services that promote independence and recovery.
- Services and supports are based on best practice, new technologies, and effective accountability and public stewardship.
- Effective and efficient use of available resources to achieve flexible, integrated consumer-centered services that assure a continuum of care and supports as individuals move forward in recovery, community integration, and maximum independence.
- Significant investment for Virginia's community system both to serve existing populations who are under-served or un-served and to build capacity that will adequately respond to Virginia's health care and Medicaid reform environment and to respond to provisions of the Department of Justice Settlement Agreement.

All priorities have goals of:

- Developing an adequate crisis response for all youth and adults in Virginia.
- Filling the gaps in the community continuum of person-centered supports and care that will help avoid hospitalization, incarceration, or other high end, more restrictive modalities and fulfill the promise of community integration.
- Serving the existing need and developing capacity for effective service delivery through health care expansion of Medicaid and insurance coverage.
- Promoting coordinated care for behavioral, developmental and medical needs.

Children and Families

Part C/Early Intervention-Reducing the Deficit and Moving to Sustainability

- Funding in the DMAS budget to increase the reimbursement rate for Early Intervention Targeted Case Management
- Funding from state General Funds to pay for services to increased numbers of infants and toddlers referred to and eligible for Part C services and to satisfy federal compliance standards for this entitlement program.

Prevention of Violent Behavior among Youth in Virginia

- Funding to implement customized and effective strategies that assess, identify and implement programming within each region of Virginia to prevent and reduce risk factors that lead to youth violence, alcohol/drug use, mental health problems and other risky behaviors; and increase protective factors including mental wellness and healthy coping strategies.
    - 5 regional projects that would include:
        - Community Based Planning, including data acquisition and reports by Health Planning Region and locality.
        - Regional advisory boards of professionals (including members representing VDH, DOE, public safety, etc.) established to assess, vet, and evaluate regional grant applications/projects.

- Education (Violence Prevention Education and Mental Health Promotion), to ensure that Virginia's youth and families are saturated with evidence-based prevention programming in school and community settings based on local needs assessment.

Behavioral Health Services for Youth

- Funding for pilot projects that will continue the crisis response continuum initiative funded by the General Assembly in FY 2013 and transform the crisis continuum experience for all involved stakeholders, especially for families and youth.
- Specifically, funding is being requested to develop, enhance and transform the essential safety-net components outlined below in order to create a comprehensive state-wide crisis response continuum for children and adolescents, which will satisfy the most essential needs identified in the legislatively-mandated study of improvement required in Children's Service in Virginia, which include crisis and mobile crisis response, access to psychiatry and intensive case management.
- The pilot program funding will be allocated to a CSB or group of CSBs that in turn will allocate the funding to one or more CSBs/BHAs within their respective regions to develop/expand the essential C/A crisis response components outlined below.
- **Project Elements and Services:**
  - Intensive Crisis Case Management (CCM) (#1 Priority)
  - Transition Crisis Case Manager for "Aging-Out Youth"
  - Psychiatric or Telepsychiatry Services
  - IOP TX
  - Mobile Crisis Response Teams
  - Family Crisis Peer Support Services
  - Clinical Oversight
  - Operational Expenses

Emergency Mental Health Services and Supports for Adults

- Funding to accelerate the ability of CSBs/BHAs to transform the Code-mandated CSB/BHA Emergency Services and Crisis Continuum in Virginia to one that is person-centered, community treatment focused, coordinates needs with services and promotes the individual's acceptance of treatment preferences. The creation of **Crisis Response Treatment Pilot Programs** (CRTPP) will transform and expand the continuum by:
  - reducing the numbers of involuntary and voluntary hospitalizations and the need for temporary detention orders by assuring enhanced state-wide emergency response services to all individuals experiencing emotional/psychiatric emergencies
  - providing services 365 days a year and 24 hours a day, seven days a week
  - substantially reduce, even eliminate, time and involvement of public safety officers in any psychiatric crisis
  - triaging and addressing treatment needs within a crisis situation
  - helping individuals manage through crises into follow-up community services, and
  - using person-centered, evidence based and best practice intervention and treatment services in intervening with individuals prior to crises.

Pilot Project elements and services:

- Assessment Center-Based LMH Crisis Clinicians
- Center-Based/Mobile LMH Crisis Clinicians
- Intensive Case Management
- Nursing Services
- Psychiatric Services
- Peer Support Services
- Housing Supports and transitional rent supplements
- Outpatient Detox Services
- Operational Expenses

Substance Use Disorder Services

- Funding that will increase services focused on individuals and families that have been impacted by the devastating consequences of addiction. This request will focus on long-term planning and service expansion that will be needed to mitigate the effects of addiction and continue the road to recovery for Virginia's citizens.
- Priorities toward this goal include:
  - Expansion of Medical Detox Services.
    - Detox is a vital first step in treatment and recovery
    - Some localities have either limited or no access to this critical service.
    - Virginia has lost over 80 community-based medical detox beds in the last several years. That equals a net loss of over 29,000 bed days of medical detox services per year.
  - Expansion of Residential Treatment.
    - This is a critical post detox step for many individuals who are not ready to return to their home environment.
    - Extended time in a controlled environment decreases relapse and increases connection with peer support leading to a more comprehensive recovery plan before returning home.
    - This resource is very limited in some regions and non-existent in others.
  - Expansion of Peer Recovery Support Services.
    - Recovery from addiction is a life-long commitment requiring strong peer recovery support at every point in the continuum of services.
    - Peer recovery supports must be available throughout and after the treatment process to help accomplish the goals of sustained health, productivity and economic success
    - Communities must have the capacity to provide recovery coaching, mentorship, social supports, transportation and assistance with employment and housing.
  - Expansion of the Community Economic and Recovery Program.
    - A pilot in the Southside area is proposed to maintain and expand a successful Community Recovery Program that focuses on employment, health care, family and housing concerns for individuals who have completed treatment and who are in early recovery.
    - Key partners in the pilot include WIA One Stop Employment Centers, Federally Qualified Healthcare Centers, local employers and substance use treatment resources.
    - The pilot's design includes rigorous outcome and return on investment measures.
    - Replication of the Community Recovery Program model in the far Southwest region will offer long term success for individuals struggling with addiction, decrease the devastating statistics of drug related deaths, increase economic productivity as well as other measures of financial stability.

Developmental Services /Supports

- Funding for each individual being discharged from the Training Centers/ ICF-IDs/NH.
  Items for individuals would be:
  - Bedroom furniture, adaptive equipment items
  - Day programs for purchasing specialized equipment;
  - Would pay for assessments/evaluations for the individual to be enrolled in the most appropriate program
  - Clothes/personal items that they don't currently own
- Fund up to 6 months of Case Management services related to transitioning individuals from the Training Centers/ICF/ID/NH. The funding would cover unfunded services provided such as:
  - The discharge process **after** community services are selected is **12 weeks**- These are services provided **prior** to discharge process:
    - Case managers must show multiple (at least 3) community options to each individual/family
    - Case managers spend much time with family members explaining the Settlement, supporting the family to choose appropriate options for their loved one, and extensive contact with the respective Training Center staff
    - Case managers must input information into a DBHDS database and then field myriad information calls from providers who are interested in supporting the individual in the community
- Funding to hire ID CM RNs to assist Case Managers in the coordination of medical and nursing services for persons transitioning from Training Centers, those on the Urgent Care Waitlist, and those in the community with special support needs. The proposed positions offer a key workforce development opportunity for exiting Training Center staff and supports the closure of these facilities in a responsible manner.
  - Hire of one (1) full-time Registered Nurse per CSB Case Management (CM) Programs.
  - One (1) Registered Nurse with specialty ID training.
- An additional 800 ID Waiver slots both years in the budget in addition to the required waiver slots within the Settlement Agreement.
- Funding to serve non-waiver eligible individuals in the community with a model based upon the current Individual Family Support Program. The funding would provide the following types of service based on the existing annual application process:
  - Respite services for the individual and their family;
  - Companion services for the individual and their family;
  - Funding for individual supported employment in alignment with Governor McDonnell's Executive Order No. 55 regarding Employment First in Virginia;
  - Environmental modifications or assistive technology;
  - Applied Behavioral Analysis;
  - Occupational/Speech Therapy;
  - Dental services;
  - Hearing aids; other adaptive devices, etc.

COMMUNITY SERVICES BOARD	Item 9A	Type Action	Date 10/23/13

ACTION ITEM

Reimbursement for Services Policy 2120, Ability to Pay Scale and Fee Schedule

Issue:
Updates to the Reimbursement for Services Policy 2120, Ability to Pay Scale and Fee Schedule

Timing:
If approved by the Board, the Fee Schedule will be forwarded to the Board of Supervisors for their review.

Recommended Motion:
I move the Board approve the Reimbursement for Services Policy 2120, Ability to Pay Scale and Fee Schedule, as presented.

Background:
The CSB Board's Ad Hoc Fee Policy Committee held two committee meetings on July 29, 2013 and September 20, 2013. On September 20, 2013, the committee voted to approve staff proposals as amended by the committee, and recommended the full CSB Board post the proposed Reimbursement for Services Policy, Ability to Pay Scale and Fee Schedule for public comment. At its meeting on September 25, 2013, the CSB Board approved the release of the proposed changes for public comment.

The announcement of the public comment period was handled as follows:

- published on the www.fairfaxcounty/csb webpage with English and Spanish translated documents
- appeared in the *CSB News* (9/27/13)
- released to the Fairfax County Newswire (9/27/13). *Newswire has replaced press releases for most Fairfax County agencies. The County sends it out daily, five days a week, to all the local news media. In addition, anyone can subscribe to receive the daily Newswire feeds automatically. Thousands of people receive it this way, including local residents, news media, policymakers, etc.*
- emailed to CSB staff (9/27/13)
- posted in English and Spanish at all CSB sites (9/27/13)
- added message on all billing statements mailed to individuals at the close of the September accounting period.

During the public comment period, staff received requests for clarification and minor edits but no suggestions to change the proposals.

Highlights of proposed changes to the Reimbursement for Services Policy 2120: Added language on use of extended payment plans and deferred repayment contracts; added language pursuant to County policy that delinquent accounts may be placed with the Fairfax County Department of Tax Administration (DTA) for collection.

Highlights of proposed changes to the Ability to Pay Scale: eliminates the minimum fee, increases the 0% liability income threshold to 150% of Federal Poverty; reduces the number

of increments between 0% and 100% liability down from 12 to six; removes subsidies for mid and upper incomes; asks individuals with incomes over 200% of FPL to pay a little more than in the past; demonstrates fiscal responsibility without threatening the safety net.

Highlights of proposed changes to CSB Fee Schedule: adds clinical procedure codes and fees for three levels of evaluation and management codes used by medical staff; reestablishes per diem fees subject to the ability to pay scale for two residential treatment programs for better alignment; sets fees for several nursing services and physician directed addiction medicine and physical exams to initiate discussions with existing and new Medicaid Managed Care Organizations and qualified health plans; adds telehealth facility fee as allowed under Medicare; clarifies the difference in release of information copying charges between individuals and third party payers; removes fees for services no longer provided.

If approved by the Board, the Ability to Pay Scale and Fee Schedule will be submitted to the Board of Supervisors for their review in November 2013. After the Board of Supervisors review, CSB staff training and adjustments within the Electronic Health Record will commence.

Separately, there are adjustments being made to the CSB Fee and Subsidy Related Procedures Regulation 2120.1 regarding: removing redundancies, and updating terms; adds categories of unanticipated revisions to be authorized following instruction from County and State Code, Virginia Medicaid, Federal regulation or law, the American Medicaid Association; updated services provided at no cost to the individual, information only and are being sent to the Executive Director for his approval.

Fiscal Impact:
The FY 2014 Revised Budget Plan for the CSB includes 20.7 million in estimated fee revenues. The proposed changes to the Fee Schedule and Ability to Pay Scale are essential components of the CSB's plan to achieve this target.

Enclosed Documents:
- Reimbursement for Services Policy 2120
- Ability-to-Pay Scale
- Fee Schedule
- Summary of Proposed Changes
- CSB Fee and Subsidy Related Procedures Regulation 2120.1 – for information only

Staff:
James P. Stratoudakis, Ph.D., LCP, Director, Compliance and Risk Management,
Fee Policy Staff Workgroup: Bill Belcher, Peggy Cook, Ginny Cooper, Jodi Dickman, Linda Haake, Gina Jackson, Ratry Vinaya, and Lisa Witt

Policy Number: 2120
Policy Title: Reimbursement for Services
Revision Adopted:

Purpose

To ensure every service provided by the Community Services Board (CSB) has a cost and source of funding.

To ensure that a system is in place to provide subsidies for individuals who are unable to pay the full fee and are only applied to services not covered by the individual's insurance plan. Subsidies are also available for individuals who do not have insurance and are unable to pay the full fee. Subsidies are based on the CSB's Ability to Pay Scale guidelines and the individual's provision of documentation of income and family size.

To provide guidance for the establishment of a reimbursement system that maximizes the collection of fees from individuals receiving services from the CSB.

To ensure that fees are established in accordance with state and local statutes and regulations.

Policy

It is the policy of the CSB that:

1. Every service provided has a cost and source of funding.
2. A single fee will be established for each service and these fees shall be reviewed annually. Fees shall be reasonably related to the established unit cost of providing the services.
3. The individual or other legally responsible parties shall be liable for the established fee and, if they have insurance, related insurance plan required deductibles and co-payments to the extent provided by law.
4. Payment of fees for services rendered shall be sought from the following funding sources: individual self-pay, third party payers/insurance companies, and other legally responsible parties, and the use of extended payment plans.
5. An individual or other legally responsible party who is unable to pay the full fee at the time service is rendered may be granted a subsidy using local and state revenue under the following guidelines:
    a. Regulations shall be established to ascertain ability to pay and to determine subsidies.
    b. An annual review of the ability to pay of the individual and of other legally responsible parties will be conducted.
    c. Extended payment plans and deferred repayment contracts shall be negotiated before any subsidy using local and state revenue is considered.

6. Pursuant to County policy, delinquent accounts may be placed with the Fairfax County Department of Tax Administration (DTA) for collection. DTA employs private collection agents to collect all debts. By state law, collection agents may charge debtors an additional collection fee of 20% on all amounts past due. Collection actions may include wage liens, bank liens, property seizures, court proceedings, and flagging of credit records.
7. Services shall not be refused to any individual solely on the basis of ability to pay.
8. Every individual of the CSB shall be subject to this fee policy whether service is obtained from a directly operated program or a contractual agency.
9. The individual and other responsible parties shall have the right to an appeal of fee-related determinations in accordance with procedures established by the CSB.

Approved _____ _____

Secretary Date

References:
Code of Virginia, §37.2-504.A7
Code of Virginia, §37.2-508
Code of Virginia, §37.2-511.
Code of Virginia, §37.2-814
Fairfax County Code § 1-1-17 and § 1-1-18

Policy Adopted:	March 1984
Revision Adopted:	January 1995
Policy Readopted:	June 1996
Revision Adopted:	May 28, 1997
Revision Adopted:	April 26, 2000
Revision Adopted:	May 23, 2001
Revision Adopted:	June 17, 2002
Policy Readopted:	July 23, 2003
Policy Readopted:	June 23, 2004
Revision Adopted:	June 22, 2005
Revision Adopted:	December 21, 2005
Revision Adopted:	June 25, 2008
Revision Adopted:	July 28, 2010
Revision Adopted:	

Fairfax-Falls Church Communty Services Board

Ability to Pay Scale

Application of the CSB Ability to Pay Scale is limited to charges for services that are not covered by insurance.
Excluded are services identified on the CSB Fee Schedule as not being subject to the Ability to Pay Scale.
The Scale is reviewed annually and updated as necessary.

Number of Dependents. Includes individual		1			2			3			4 or more		
% Federal Poverty Levels	**Individual's share of CSB service fee**	Annual Gross Family Income ranges											
Over 350%	100%	$40,216	& over		$46,246	& over		$52,276	& over		$58,306	& over	
350%	80%	$34,471	to	$40,215	$40,501	to	$46,245	$46,531	to	$52,275	$52,561	to	$58,305
300%	60%	$28,726	to	$34,470	$34,756	to	$40,500	$40,786	to	$46,530	$46,816	to	$52,560
250%	40%	$22,981	to	$28,725	$29,011	to	$34,755	$35,041	to	$40,785	$41,071	to	$46,815
200%	20%	$17,236	to	$22,980	$23,266	to	$29,010	$29,296	to	$35,040	$35,326	to	$41,070
150%	**0%**	**$0**	**to**	**$17,235**	**$0**	**to**	**$23,265**	**$0**	**to**	**$29,295**	**$0**	**to**	**$35,325**

EXPLANATION:

- Individuals with incomes at or below the 150% of Federal Poverty Guidelines will not be financially liable for services rendered. The CSB covers the full fee.
- The charges for services above 150% of Federal Poverty Guidelines are assessed on a cost-sharing basis between the individual and the CSB. The individual is responsible for a percentage of the applicable service fee based on income and family size, and the CSB covers the rest.

CSB Fee Schedule, Effective January 1, 2014

MH (Mental Health) ID (Intellectual Disability) SUD (Substance Use Disorder)

Service	Subject to Ability to Pay Scale	Fee	Explanation
Addiction Medicine Physician Assessment	Yes	**$161.00**	New service fee as requested primarily to pick up Third Party reimbursement. Compute cost = $161.20 based on typical 45 minute F2F time; round down to $161
Addiction Medicine Physician-Monitoring (follow up)	Yes	**$54.00**	New service fee as requested primarily to pick up Third Party reimbursement. Compute cost = $53.73 based on typical 15 minute F2F time; round up to $54
Adolescent Day Treatment - SUD	Yes	**$4.80**	Recalibrated day rate (4 hours) into 1/4 hour rate.
Adolescent Day Treatment- MH	Yes	**$50.00**	Computed cost = $49.67; round up to $50 Medicaid SPO rate = $36.53
Adult Day Treatment - MH	Yes	**$40.00**	Computed cost = $37.68, round up to $40 Medicaid SPO rate = $34.78
Adult Day Treatment- SUD	Yes	**$4.80**	Recalibrated day rate (4 hours) into 1/4 hour rate.
A New Beginning Residential Treatment	Yes	**$238.30**	The SA Residential Treatment programs requested to reinstate per diems to better align with the proposed ATP Scale.
Case Management	Yes	**$326.50**	Provided to individuals with more severe MH, ID and SUD disabilities and must meet the definition of State DBHDS, DMAS and Federal CMS. Medicaid SPO rate = $326.50
Congregate Residential ID Waiver Services	No	**$17.36**	No change.
Crisis Intervention	Yes	**$60.00**	Computed cost = $59.51; round up to $60 Medicaid SPO rate= $30.79
Crisis Stabilization - Adult Residential	Yes	**$89.00**	Current rate was set by the Regional Management Group beginning in FY 2011 for admissions from the 5 Northern Virginia CSBs. Computed cost = $88.13 per hour; round up to $89 Medicaid SPO rate = $89
Crossroads Adult Residential Treatment	Yes	**$186.52**	The SA Residential Treatment programs requested to reinstate per diems to better align with the proposed ATP Scale.
Crossroads Youth Residential Treatment	Yes	**$331.62**	No change.
Detoxification, Residential-setting	Yes	**$275.00**	Computed cost = $275.83; round down to $275
Drop-In Support Services, ID	No	**< or =10% of gross income**	This is a service provided ONLY by the private provider community. These vendors charge $2 per hour of service up to a maximum of 10% of the individual's income.
Family Therapy	Yes	**$80.00**	Current fee was not cost-based. Current fee based on fixed amount per event. Computed cost = $79.09 per hour for all therapy/counseling; round up to $80
Group Therapy/Counseling	Yes	**$25.00**	Computed cost = $79.09 per hour for all therapy/counseling. Based on average minutes per indiv in Group, calculated cost = under $25; round up to $25
Head Start - Services to	No	**$25.00**	No change. These fees are included in a Memorandum of Agreement between the CSB and the DFS Head Start Program. They may be renegotiated in a future Fee update.
Independent Evaluations	No	**$75.00**	There is no consumer financial liability for this service. Reports are filed with the State Courts and State-set rates are reimbursed to the CSB.
Individual Therapy/Counseling	Yes	**$80.00**	Current fee based on 1/4 hour. Computed cost = $79.09 per hour for all therapy/counseling.
Initial Evaluation/Assessment	Yes	**$150.00**	No change.
Injection Procedure	Yes	**$20.00**	No change.
Intensive Care Coordination - Youth	No	**$1,160.00**	There is no consumer financial liability for this service. It is a contracted rate with Fairfax CSA effective 7/1/13.
Intensive Community Treatment	Yes	**$153.00**	No change.
Intensive Outpatient - SUD, Individual or Group	Yes	**$4.80**	No change.
Lab Tests	No	**Actual Cost**	The consumer is financially liable for the cost of lab tests not otherwise reimbursed to the lab company by their insurance plan.
Late Cancellation or No Show	Yes	**$25.00**	Previously termed Missed Appointment. The consumer is financially liable for late cancellations without 23-hour notification and no-shows. It is subject to a fee revision based on the Ability to Pay Scale.
Legal Testimony	Yes	**$25.00**	No change.

CSB Fee Schedule, Effective January 1, 2014

MH (Mental Health) ID (Intellectual Disability) SUD (Substance Use Disorder)

Service	Subject to Ability to Pay Scale	Fee	Explanation
Mental Health Support Service Mental Health Skill-building Service	Yes	**$91.00**	Name of service is scheduled to change in January 1, 2014. Medicaid SPO rate will not change before July 2014.
Multi-Family Counseling	Yes	**$80.00**	Current fee was tied to Group Counseling. Current fee based on fixed amount per event. Computed cost = $79.09 per hour for all therapy/counseling; round up to $80
Neurological Testing	Yes	**$1,168.00**	No change.
New Generations Residential Treatment	Yes	**$120.00**	No change.
Nursing Assessment	Yes	**$58.00**	New service fee as requested by the Director of Nursing. Computed cost =$58.00 per hour.
Nursing Subsequent Care	Yes	**$29.00**	New service fee as requested by the Director of Nursing to pick up Third Party reimbursement. Computed cost =$58.00 per hour; typical follow-up is 30 minutes.
Physical Exam (Physician)	Yes	**$95.00**	New service fee. Primary care equivalent to Evaluation & Management services. Compute cost=$95.72 per typical 40 minute F2F event; round down to $95
Psychiatric Evaluation	Yes	**$107.00**	Current fee is based on 1/4 hour of service. Computed cost=$214.93 per hour; typical F2F time for this service is 30 minutes; round down to $107
Psychiatric Evaluation & Management High Complexity	Yes	**$144.00**	New AMA procedure code replaces 90862. Computed cost=$214.93 per hour; typical F2F time for this service is 40-45 minutes; round up to $144
Psychiatric Evaluation & Management Low Complexity	Yes	**$54.00**	New AMA procedure code replaces 90862. Computed cost=$214.93 per hour; typical F2F time for this service is 1/4 hour; round up to $54
Psychiatric Evaluation & Management Moderate Complexity	Yes	**$90.00**	New AMA procedure code replaces 90862. Computed cost=$214.93 per hour; typical F2F time for this service is 25-30 minutes; round up to $90
Psychological Testing	No	**$150.00**	This is a fee charged by private providers serving individuals with ID.
Psychological Testing Battery	Yes	**$851.00**	No change.
Psychosocial Rehabilitation	Yes	**$24.38**	No change.
Release of Information: Individual	Yes	**50¢ per pg up to 50 pgs; 25¢ per pg for > = 51 pgs**	Retitled to clearly indicate ROI to individuals.
Release of Information: Research	No	**$10.00**	No change.
Release of Information: Third Party	No	**$10 admin fee 50¢ per pg up to 50 pgs; 25¢ per pg for > = 51 pgs**	Aligned Fee Schedule with ongoing ROI practice allowed under HIPAA to charge $10 admin fee to Third Parties for copying
Release of Information: Worker's Compensation	No	**$15.00**	No change.
Residential Fee ID Community Living Services	No	**75% of gross income**	No change.
Residential Fee MH/SUD Community Living Services	No	**30% of gross income**	This standardizes the Fee assessed in all Residential Fee MH/SUD Community Living programs. In comparison, the SA Residential Treatment programs requested to reinstate per diems to better align with the proposed ATP Scale.
Returned Check (due to insuffient funds or closed account)	No	**$50.00**	No change.
Skilled Nursing Waiver LPN Services	No	**$27.03**	Medicaid Waiver covers Skilled Nursing Services provided by LPNs. This will take a considerable effort to reorient vendors and staff to record and bill for Skilled Nursing Services but there will be some revenue gains for all.
Skilled Nursing Waiver RN Services	No	**$31.19**	Medicaid Waiver covers Skilled Nursing Services provided by RNs. This will take a considerable effort to reorient vendors and staff to record and bill for Skilled Nursing Services but there will be some revenue gains for all.
Sojourn House Residential Treatment	Yes	**Residential=$240 Comb. Resid Svcs = $192 Total Per Diem- $432**	This is a service for which CSA and Medicaid have been the pay sources. The rates were approved by Fairfax CSA effective 7/1/13.
Telehealth Facility Fee	No	**$20.00**	Medicare reimburses providers with a $20 facility fee in addition to clinical services when GT modifiers are on the claim. This is not a charge to individuals.

CSB Fee Schedule, Effective January 1, 2014

MH (Mental Health) ID (Intellectual Disability) SUD (Substance Use Disorder)

Service	Subject to Ability to Pay Scale	Fee	Explanation
Transportation	No	**$100.00**	This is a fee governed by the Transportation Subsidy Policy and Procedure. While it isn't subject to the Ability to Pay Scale, it has its own methodology for assessing a fee based on 13% of countable income or $100, whichever is less.
Urine Collection & Drug Screening- Retests Only	Yes	**$25.00**	No change.

Summary of Proposed Changes

Reimbursement for Services Policy 2120

- ***Adds*** language on use of Extended Payment Plans and Deferred Repayment Contracts
- ***Clarifies*** County policy regarding the placement of delinquent accounts with the Fairfax County Department of Tax Administration (DTA) for collection.

Ability to Pay Scale

- ***Eliminates*** the minimum fee.
- ***Increases*** the 0% liability income threshold to 150% of Federal Poverty Guideline ($17,235 for an individual)
- ***Reduces*** the number of increments between 0% and 100% liable from 12 down to 6
- ***Removes*** subsidies for mid and upper incomes
- ***Asks*** individuals with incomes over 200% of FPL to pay a little more than in the past
- ***Demonstrates*** fiscal responsibility without threatening the safety net

CSB Fee Regulation – Fee and Subsidy Related Procedures 2120.1

- ***Removes*** redundancies, simplifies many sections and updates terms
- ***Adds*** category of Unanticipated Revisions to be authorized following the instruction from these: County Code, State Code, Virginia Medicaid, Federal regulation or law, and American Medical Association.
- ***Updates*** the list of Services Provided at No Cost to the Individual by:
  - Removes reference to Pre-Release Center and Substance Abuse Suspension Program
  - Adds reference to Diversion to Detoxification Center services
  - Adds reference to services not requested or refused by individuals

CSB Fee Schedule

- ***Updates*** fees related to costs, new contracted rates, or comparative data.
- ***Adds*** clinical procedure codes and fees for three levels of complexity in Evaluation & Management services performed by medical staff
- ***Reestablishes*** per diem fees subject to the Ability to Pay Scale for two Residential Treatment programs for better alignment
- ***Sets*** fees for several Nursing services and Physician-directed Addiction Medicine and Physical Exams to initiate discussions with new Medicaid managed care companies and Qualified Health Plans.
- ***Adds*** Telehealth Facility Fee as allowed under Medicare.
- ***Clarifies*** the difference in Release of Information copying charges between individuals and third parties.
- ***Removes*** service fees for inactive/obsolete services.

Regulation Number: 2120.1
Regulation Title: Fee and Subsidy Related Procedures
Revision Adopted: PENDING

PURPOSE

To establish procedures for the development, assessment and collection of fees for services rendered to individuals by the Fairfax-Falls Church Community Services Board (CSB).

REGULATION

I. Authority. These procedures are based on the principles contained in Community Services Board policy 2120, applicable State law and fiscal policies developed by the State Board of Behavioral Health and Developmental Services.

II. Unanticipated Revisions. Revisions to the Regulation and/or the Fee Schedule as instructed by the following authorities will be implemented as near to the effective date as possible and then brought forward to the CSB Board for review and approval:

A. Fairfax County Code

B. State Code

C. Virginia Medicaid

D. Federal regulation or law

E. American Medical Association (related to procedural codes)

F. Other required authority

III. Applicability. For services which have fees set by the CSB, these procedures shall apply to all individuals in programs operated directly by the CSB, individual in applicable contract services for which the CSB performs the billing and retains the reimbursement, and, when required by contract, in agencies for whom the CSB provides funding.

IV. Eligibility.

A. Residents of CSB Service Area. All residents of the CSB service area are eligible to receive services appropriate to their needs and available CSB resources. Persons receiving services from the CSB may also be eligible for subsidies provided by the CSB. Employees of the governments of Fairfax County, City of Fairfax, and City of Falls Church are eligible to receive services and may be eligible to receive subsidies based on the Ability to Pay Scale guidelines established for the residents of the CSB service area. Non-residents who participate in regional programs under the auspices of the CSB are not eligible for additional services.

B. Foster Care Parents-Non-Residents. Parents whose children are in the custody of Fairfax County Foster Care are eligible to receive a parental custody assessment and evaluation charged according to the CSB's Ability to Pay Scale regardless of whether the parents are residents of Fairfax County or the Cities of Fairfax or Falls Church. The parental assessment and evaluation will be provided at a Fairfax-Falls Church location. Custody assessments and evaluations are usually not eligible for reimbursement by insurance because the purpose of the assessment and evaluation is not treatment. Payment for the parental assessment and evaluation must be made at time of service.

Subsequent to the assessment and evaluation if one or both of the parents are in need of treatment, but they are not eligible for subsidies because they live outside of the CSB service area, they will be referred to the Community Services Board within their home jurisdiction or to private providers for services. If treatment services are provided by the Fairfax-Falls Church Community Services Board, non-residents will be required to pay full fee.

C. Residents and Non-Residents: Assessment and evaluation, emergency services (e.g., crisis intervention, crisis stabilization, prescreening for hospital admission, emergency visit, emergency residential screening) are available to residents and non-residents when the individual is in the jurisdictional boundaries of Fairfax/Falls Church.

V. Persons Who Live Outside of the CSB Service Area.

If an individual begins service pursuant to the eligibility standard in paragraph IV and subsequently loses that eligibility, the individual generally may continue to receive such services for no more than 90 days. During this 90-day period, the service provider will assist the individual to transition to services within the individual's new service area. Services may be extended by the Service Director for an additional 90 days. If the individual is still receiving services after 90 days, the individual will be charged full fee.. Beyond that exceptions may be made in consultation with and approval by the Deputy Director.

Individuals participating in regional programs are exempt from this provision as the service is a regionally offered and funded service.

VI. Fees for Service.

A. Establishment of Fees

The fees shall be reasonably related to the cost of providing the service. Costs for all services will be reviewed annually.

The CSB Fee Schedule is the established fee schedule for services offered by the Board and/ or through applicable contracts.

B. Effective Date of Change in Fees.

Changes in fees shall become effective no sooner than 60 days after the date of final approval by the Board. All fees change when new fees go into effect. All services rendered on or after the effective date are billed at the newer fee.

C. Liability for Fees.

i. An adult individual is liable for the full fee for services rendered.

The parents or guardians of all persons under age 18 shall be liable for all fees unless the youth requests that his/her parents or guardian not be notified in accordance with State law or the youth is an emancipated minor, in which case the emancipated minor is responsible for the fee.3. All persons age 18 or older shall be treated as independent adults. Parents of adult children with disabilities are not liable for fees for services to their children, except in the following instances: (a) cost-share residential programs; and (b) third party payments for deductibles and co-insurance, and/or co-payments, if an individual is covered by an insurance policy held by a parent or guardian.4. Services shall not be refused to any individual solely on the basis of ability to pay.

D. Collection of Late Cancellation/No Show Fees.

The CSB charges a fee for cancellations without 24-hour notification and no shows. The CSB may not charge a Medicaid member for missed or broken appointments.

VII. Implementation Procedures.

A. Payment for Service.

i. The CSB Financial Responsibility Agreement shall be explained to the individual and/or other legally responsible parties in a culturally and linguistically appropriate manner.

ii. The individual and/or other legally responsible parties shall sign the CSB Financial Responsibility Agreement.

iii. The individual or other legally responsible party will be billed full fee for services when he/she declines or refuses to sign the Financial Responsibility Agreement, to disclose income, to disclose health insurance, and/or to provide documentation.

iv. Information will be collected as soon as possible after initiation of services. Individuals who do not provide the required information will be billed full fee. Individuals are required to make a payment each time services are rendered.

v. Unpaid service fees will be billed monthly. Payment is due within a 30 day period and listed on the billing statement.

vi. The CSB will submit billable services to the insurance company of the individual or policy holder. Individuals receiving services not covered by their insurance plan for whatever

reason will be billed at the full fee level. Individuals may apply for a consideration of a subsidy.

7. Extended Payment Plans may be granted upon application. The criteria for determining eligibility for extended payments will be explained.

8. Individuals will be made aware of the availability of supplemental subsidies for those unable to pay fees in accordance with this Regulation.

B. Extended Payment Plans / Deferred Repayment Contracts.

If the individual and/or other legally responsible parties are unable to pay the full fee as billed, Extended Payment Plans or Deferred Repayment Contracts may be considered.

The Extended Payment Plan is not a subsidy; it merely extends the payments over a longer period of time. Other payment methods, including the use of credit cards, will be accepted and should be considered before executing an Extended Payment Plan. The Extended Payment Plan amount includes fees for services and may include current services. If an individual defaults on monthly payment according to the Extended Payment Plan their account may be forwarded to the collection agency. Extended Payment Plans must be approved by the Revenue Management Team.

C. A Deferred Repayment Contract is a version of an Extended Payment Plan with an initiation date at the time an individual establishes an income.

D. Subsidy Determination.

i. Basic Subsidy.

The CSB may provide a basic subsidy according to the Ability to Pay Scale for individuals who are unable to pay the full fee.

The subsidy only includes charges for services that are not covered by insurance. Subsidies are based on the individual's gross family income and number of dependents. Documentation of income is required for individuals requesting a subsidy. A full fee will be charged under the following circumstances, meaning a basic subsidy will not be provided to:

- An individual who refuses to provide documentation of income
- An individual seeking services which are covered by a health insurance plan
- An individual living outside of Fairfax County and the Cities of Fairfax and Falls Church Virginia, unless the service rendered is a regional program
- An individual receiving services which have been determined by the CSB as ineligible for a subsidy

For individuals receiving or requesting a subsidy, their ability to pay will be reviewed and documented annually. Additional financial updates may be necessary if an individual or other

legally responsible party experiences changes in income and family size used to determine ability to pay. The individual or responsible party must attest to the accuracy of the information provided on the financial agreement. The individual or other legally responsible party will be informed that additional methods of verification and audit may be used. Basic subsidies will be approved by the Financial Assessment and Screening Team and Revenue Management Team designated to determine eligibility.

ii. Ability to Pay Scale.

The Scale will be reviewed annually and updated as necessary.

iii. Supplemental Subsidy.

The CSB may provide a supplemental subsidy for individuals or other legally responsible parties who are unable to pay according to the Ability to Pay Scale and can document financial hardship.

There are two types of supplemental subsidies: Administrative, based on financial considerations, and Clinical, based on a combination of financial and clinical considerations. Documentation of monthly income (earned and unearned) and expenses (housing, basic utilities, medical, legal, child care and tuition) must be provided before a supplemental subsidy is granted. Supplemental subsidies are retroactive to the beginning of the month and valid for 12 months.

The supplemental subsidy will be determined based on the adjusted gross income (expense less income) and family size. The Revenue Management Team or administrative staff must evaluate and review the individual's documentation of income and expenses, and file it in the individual's record.

A clinician or administrative staff must evaluate and review the individual's documentation of income and expenses, attest to reviewing the documentation, and file it in the individual's record.

Other payment methods, including the use of credit cards and Extended Payment Plans, will be accepted and should be considered before approving a supplemental subsidy. Service intensity reduction should also be considered before approving a supplemental subsidy.

E. Health Insurance Usage.

i. Insurance companies are billed based on the Fee Schedule.

ii. Individuals are responsible for paying all co-payments, coinsurance, and deductibles and are not subject to the Ability to Pay Scale.

iii. Individuals who refuse to disclose their insurance coverage information shall be charged the full fee.

iv. If the insurance plan denies services, the basic subsidy will be applied based on the Ability to Pay Scale. Subsequently, the supplemental subsidy can be considered under the following circumstances:

a. Services provided by staff whose credentials are not covered by the individual's insurance plan

b. Services that are not covered by the individual's health insurance plan

c. Services that exceed the individual's health insurance plan limits

F. Individual Payment of Co-pay and Deductible.

Individuals are expected to pay the required co-insurance, co-payment and deductible amounts on a pay-as-you-go basis (billed as necessary) for services billed to Medicaid, IDS Waiver services and any other services with mandatory co-pays in addition to those for third party (insurance) pay sources.

G. Refusal to Pay.

All individuals are informed during the initial appointment that they will be charged a fee for services they receive. Services to individuals who are able to pay and refuse may be discontinued and delinquent accounts may be transferred to the collection agency. The decision to deny treatment or services will be made by the Service Director based on the clinical appropriateness to the individual.

VIII. Appeal.

The individual and/or responsible parties who are unable to make the required payments for services may appeal a determination pertaining to their fees or subsidy and may request a re-evaluation of their ability to pay for services. This appeal may result in an Extended Payment Plan, a basic subsidy or a supplemental subsidy, or a Deferred Repayment Contract. The type of documentation required for the appeal may vary by situation, but the minimum level of documentation is outlined in sections VI and VII. If the individual and/or responsible parties request an appeal based solely on financial reasons, the appeal will be considered and a decision will be made by the Revenue Management Team manager. If the individual requests an appeal for reasons other than financial, the appeal will be considered and a decision will be made by the appropriate Service Area Director.

IX. Delinquent Accounts and Abatements

A. Delinquent Accounts.

i. An account shall be considered delinquent the first day following a brief billing period of not more than 30 days and as stated on the individual bill/statement.

ii. Upon initial contact, the individual or other legally responsible parties will be informed that delinquent accounts may be subject to placement with a collection agency and/or the Virginia Set-Off Debt Collection Program. Authorization to pursue collection by sending financial information, name and address to a collection agent if the account becomes delinquent is included in the Financial Agreement signed by individuals entering service.

iii. The Revenue Management Team is responsible for pursuing collection of all delinquent accounts.

iv. The Revenue Management Team will notify the primary counselor, therapist or service provider periodically of an open case that is delinquent. Action to resolve the delinquency using the following methods:

a. Obtain payment from the individual

b. Obtain an Extended Payment Plan if the individual is able to pay the full balance but over time

c. Obtain an approved subsidy or supplemental subsidy to reduce the amount the individual is required to pay

v. In accordance with Sections 1-1-17 and 1-1-18 of the Fairfax County Code and after the County Executive so authorizes upon the recommendation of the County Department of Tax Administration (DTA), the CSB will implement late payment penalties and late interest unless otherwise provided by law or by action of the Board of Supervisors.

a. Penalties and interest are due if paid one day late.

b. Under Virginia law, the account must also be delinquent for 180 days before the account can be placed with a collection agency, but penalties and interest may be charged as soon as the bill is past due.

c. Pursuant to County policy, delinquent accounts may be placed with the DTA for collection. DTA employs private collection agents and submits bank liens and wage garnishments to collect all debts. By state law, collection agents may charge debtors an additional collection fee of 20% on all amounts past due.

d. Claims for collecting delinquent accounts may be filed with the Virginia Set-Off Debt Collection Program, a legal remedy for collecting delinquent debts owed to Virginia's administrative government units and courts.

B. Abatements

i. All billed services will be pursued under the full amount of time allowable by law.

ii. CSB has the authority to relieve (exonerate) charges for CSB services rendered. Through delegated authority of the CSB Board, the CSB Executive Director may abate fees.

X. Court Appearance by Clinician.

A fee for a court appearance may be charged and may be assessed for preparation, waiting and travel time. Decisions to apply a subsidy to the fee shall be made on a case-by-case basis by the Service Director. No fee will be charged to a County or City agency.

XI. Medicaid Services.

Individuals with Medicaid will be assigned to licensed therapists or to certain eligible unlicensed therapists. Medicaid permits a mental health clinic to bill for therapy services provided by certain unlicensed individuals, other than an intern or resident, who have completed a graduate degree, are under the direct personal supervision of an individual licensed under state law as directed by the physician directing the clinic, are working toward licensure and are supervised by the appropriate licensed professional in accordance with the requirement of his or her individual profession. In addition, Medicaid permits billing of services provided by qualified substance abuse providers (QSAP) as defined in the June 12, 2007 Special Medicaid Memo issued by the Virginia Department of Medical Assistance Services and the accompanying Emergency Regulation on Amount, Duration and Scope of Services which amends relevant sections of 12 VAC 30-50.

When an individual is assigned to an eligible unlicensed professional the clinician and their immediate supervisor must complete the form titled: Request for Medicaid Clinic Option Billing by Unlicensed Professional. In addition for other mental health services and/or substance abuse services meeting the Medicaid requirements, the qualified certification form must be completed by the immediate supervisor. All supervisors have access to these forms from the Revenue Management Team.

Individuals with Medicaid who are assigned to an ineligible, unlicensed therapist will be charged the Medicaid co-pay with all other charges being written off.

If an individual with Medicaid coverage misses an appointment, per the Medicaid Mental Health Clinic and Community Mental Health Rehabilitation Manuals, the individual will not be charged for the missed appointment.

XII. Provision of Service to Staff of Other CSBs.

Staff who work for another CSB and need to be seen elsewhere because of confidentiality concerns may receive services from the CSB.. The Fee Regulation applies to these individuals and to CSBs with which a reciprocal agreement exists.

XIII. Services Provided at No Cost to the Individual.

There are no charges for the services listed below.

A. Entry and Referral Services. These services include eligibility determination, referral and triage and are conducted primarily on the phone. It would be impossible to charge for these services since a large percentage of callers are generally not identified.

B. Vocational, Employment, Habilitation/Services. Staff has ascertained that it is not cost effective to charge for this service. The revenue collected would be far less than the costs of collection, since most of these individuals have very little income.

C. Alternative House-Residential Emergency Services. The individuals of Alternative House-Residential Services are runaways with few, if any, resources. It would not be cost effective to try to collect fees in this program and often parents would be unwilling to pay since they did not request the service.

D. Youth Substance Abuse Consultation, Screening, Drug Testing and Evaluation Services with the Fairfax County Juvenile Court Services..

E. Juvenile Detention Center Services provided at the Juvenile Detention Center. Services to incarcerated youth are provided at no cost to the parents/guardians.

F. Care Coordination. The State defines care coordination as the management and brokering of services for individuals to ensure that needs are met, covered services are not duplicated by the care-providing organization(s), and resources are used most cost effectively. It primarily involves gate-keeping functions such as approving care plans and authorizing services, utilization management, providing follow up, and promoting continuity of care.

G. Homeless Outreach Services. Individuals receiving outreach services are not well connected to CSB programs. Staff provides education, consultation and support to individuals in order to facilitate connection to needed treatment services.

H. Adult Detention Center services.

I. Foster Care. Services which are not reimbursed by Medicaid for children in foster care are provided at no cost to the foster parents.

J. Geriatric Consultation Services. The CSB does not charge for outreach services or for initial assessments or consultations when the Department of Family Services (DFS), and/or Police, Fire and Rescue Departments request that CSB Geriatric staff be part of a DFS or Police, Fire and Rescue team making an initial home visit.

K. Hostage-barricade incidents, disaster responses, or critical incident stress debriefings. The CSB does not charge the public or non-profit agencies for these services.

L. Diversion to Detoxification Center. The CSB does not charge for assessment and transport of individuals by the diversion staff.

M. Services that were not requested or refused by individuals unless subject to the Virginia Code.

Approved _____ _____

Executive Director Date

Approved: October 1984
Revised: January 1995
Revised: June 1996
Revised: May 1997
Revised: October 1999
Revised: April 26 2000
Revised: May 23, 2001
Revised: October 24, 2001
Revised: June 17, 2002
Revised: July 23, 2003
Revised: August 31, 2004
Revised: August 15, 2005
Revised: September 15, 2006
Revised: August 14, 2007
Revised: July 21, 2008
Revised: June 24, 2009
Revised: September 22, 2010
Revised: November 1, 2012
Revised:

COMMUNITY SERVICES BOARD	Item 9B	Type Action	Date 10/23/13

CSB Policy Review

Issue:
Triennial review of CSB Board Policies.

Timing:
Immediate

Recommended Motion:
I move the Board approve for public review and comment the re-adoption of CSB policies as presented. The review period will be from October 24 through November 18, 2013.

Background:
On August 1, 2013 the CSB's Ad Hoc Policy review Committee met and reviewed the Board's 28 Policies. Nine policies, enclosed with this item, were recommended for re-adoption with no changes. If after the public comment period there are no changes, these nine policies will be brought before the CSB Board at the November meeting for final approval for re-adoption.

Enclosed Documents:
- 0020 Mission Statement 9.2013
- 1105 Orientation of New Board Members 9.2013
- 1108 Performance Evaluation of Executive Director 9.2013
- 1203 Policy, Regulation, and Procedure Manuals 9.2013
- 1400 Executive Director 9.2013
- 2205 Planning 9.2013
- 2300 Corporate Compliance Program 9.2013
- 2500 Human Research Review and Approval 9.2013
- 2600 Risk Management 9.2013

Staff:
James P. Stratoudakis, Ph.D., LCP, Director, Compliance and Risk Management,

Policy Number: 0020
Policy Title: Mission Statement
Date Adopted: ~~March 25, 2009~~TBD

Purpose

To state the mission of the CSB and the public process by which the mission will be accomplished.

Policy

The Fairfax-Falls Church Community Services Board defines its mission as follows:

The Fairfax-Falls Church Community Services Board partners with individuals, families, and the community to empower and support Fairfax-Falls Church residents with or at risk of developmental delay, intellectual disabilities, mental illness, and alcohol or drug abuse or dependency.

We provide leadership to ensure the integration of the principles of resilience, recovery and self-determination in the development and provision of services. We maintain accountability by ensuring that continuous system improvement is anchored in best practice, outcome and effectiveness measurement, and the efficient use of resources.

As the public support network, we provide services which assist, improve and maximize the potential of individuals affected by these conditions and strengthen their capacity for living self-determined, productive and valued lives within our community

Approved _____ _____
Secretary Date

Policy Adopted: January 17, 1990
Policy Readopted: July 27, 1994
Policy Readopted: April 23, 1997
Policy Readopted: March 28, 2001
Policy Readopted: February 18, 2009
Policy Readopted: March 25, 2009
Policy Readopted: TBD

Policy Number: 1105
Policy Title: Orientation and Training of Board Members
Date Adopted: ~~March 25, 2009~~TBD

Purpose

To ensure that all Board members are provided sufficient training to enable them to exercise their authority and carry out their responsibilities.

Policy

It is the policy of the Board that all Board members should participate in an ongoing training program. This program will consist of the following components.

1. Orientation for new Board members – This should be conducted by the Board Chairman and Executive Director within 60 days of appointment. In addition, each Board member is expected to be familiar with the Board Member's Handbook.

2. Mentor – The Chair will assign a Board member to serve as a mentor for each new Board member.

3. Training Sessions – Training will consist of presentations and discussion of specific programs, of trends in service delivery or client needs, or of procedures related to management and planning.

4. Program Visitations – All Board members are encouraged to visit as many of the directly operated and contractual programs as possible. The staff will organize at least one group visit to selected programs annually.

5. Conferences and Seminars – All Board members are encouraged to attend conferences and seminars directly related to the work of the Board. Members are eligible to be reimbursed for their expenses within the limitations of available funding.

6. Professional Literature – Board members should review excerpts from professional literature provided to them by the Executive Director.

It is the responsibility of the Executive Committee to annually review the training requirements of the Board and establish a training schedule which includes dates and topics. It is the responsibility of the Executive Director to assist with requests from the Board. It is the responsibility of the Clerk to the Board to maintain the Board Member's Handbook, and to make arrangements for training sessions.

Approved _____ _____

Secretary Date

Policy Adopted:	June 1980
Policy Readopted:	June 1987
Policy Readopted:	May 1989
Revision Adopted:	December 22, 1993
Revision Adopted:	August 24, 1994
Policy Readopted:	April 23, 1997
Revision Adopted:	March 29, 2000
Revision Adopted:	September 24, 2003
Revision Adopted:	April 25, 2007
Revision Adopted:	February 18, 2009
Policy Readopted:	March 25, 2009
Policy Readopted:	TBD

Policy Number: 1108
Policy Title: Performance Evaluation of Executive Director
Date Adopted: ~~February 25, 2009~~ TBD

Purpose

To define the procedures used for the evaluation of the Executive Director.

Policy

The Executive Committee shall prepare an annual evaluation of the Executive Director using the following procedures.

Procedure

1. All discussions and materials related to the evaluation are considered confidential. Board discussions are held in closed meetings in accordance with the Virginia Freedom of Information Act.
2. In May, Board members receive a copy of the performance evaluation forms, including a self-assessment, the Executive Director's annual goals and objectives annotated to include accomplishments and other relevant material. The Board also receives an oral report from the Executive Director. Afterwards, without the Executive Director being present, Board members share their individual comments and evaluation of the Executive Director's performance.
3. In June, the Executive Committee, in conjunction with the Executive Director, prepares mutually agreed upon annual goals and objectives for the following fiscal year to be submitted to the Board for its approval and the County Executive for final approval.
4. No later than July 15, the Chairman prepares the written evaluation based on comments received from the full Board. The Chairman then submits it to the full Board for review and comment, and to the Executive Committee for final approval.
5. No later than July 31, the Chairman shares the written evaluation with the County Executive or the Deputy County Executive who signs the evaluation and records his comments.
6. The Board will receive a copy of the evaluation of the Executive Director as approved by the County Executive.

Approved _____ _____
Secretary Date

Policy Adopted: March 1995
Revision Adopted: April 26, 2000
Revision Adopted: May 23, 2001
Revision Adopted: May 25, 2005
Revision Adopted: January 28, 2009
Revision Adopted: February 25, 2009
Policy Readopted: TBD

Policy Number: 1203
Policy Title: Policy, Regulation & Procedure Manuals
Date Adopted: ~~March 25, 2009~~TBD

Purpose

To formally document and communicate the policies, regulations, and procedures of the Board.

Policy

All policies approved by the Board shall be formally documented. The policies will be maintained in a Policy Manual for reference by the Board, CSB staff, and contract agency personnel. Policies no longer applicable due to revisions or cancellation will be retained separately. Board members shall receive a copy of the Policy Manual.

Regulations will be maintained in a Regulation Manual for reference by Board, CSB staff and contract agency personnel. A Procedures Manual containing procedures relevant to program operations will be maintained by the issuing authority as appropriate.

Approved _____ _____
Secretary Date

Policy Adopted:	November 1975
Revision Adopted:	June 1980
Revision Adopted:	December 1985
Revision Adopted:	November 15, 1989
Policy Readopted:	December 22, 1993
Policy Readopted:	August 24, 1994
Revision Adopted:	April 23, 1997
Revision Adopted:	March 29, 2000
Revision Adopted:	June 25, 2003
Policy Readopted:	March 25, 2009
Revision Adopted:	TBD

Policy Number: 1400
Policy Title: Executive Director
Date Adopted: ~~March 25, 2009~~TBD

Purpose

To state the authority of the Board as it relates to the Executive Director, as well as the authority and responsibilities of the Executive Director.

Policy

The Board will participate with Fairfax County government in the appointment of an Executive Director, to whom it will delegate the authority and responsibility for the overall management of the Fairfax-Falls Church Community Services Board (CSB) in accordance with Board policies. The Board will participate with Fairfax County government in the annual evaluation of the performance of the Executive Director.

The Executive Director is responsible for the following functions:

1. Provides overall leadership and professional direction to a large scale health care system providing behavioral health (mental health and substance abuse) and developmental disability services for persons of all ages. This system serves as the single point of entry and discharge planning for publicly funded services including state mental retardation facilities and psychiatric hospitals.

2. Manages the fiscal, physical and human resources of the agency:

   - Revenues must be consistently monitored and expenditures adjusted to say within budget.
   - Maintains a system to collect fees from Medicaid, Medicare, numerous private insurance companies and Managed Care Organizations (~~HMO~~MCO's)s as well as direct client payments.
   - Serves as the appointing authority for all positions with full responsibility for hiring, promotion, separation, discipline and grievances. The staff consists of numerous professionals including psychiatrists.
   - Responsible for operations at all locations and directly responsible for the leasing of all housing units.
   - Negotiates and manages all major service-related contracts.

3. Serves as the chief staff person to a sixteen-member board of directors operating under the administrative policy board model in Virginia.

4. Serves as the chief liaison to elected and appointed officials at the state level and with three local jurisdictions (Fairfax County, Cities of Fairfax and Falls Church).

5. Develops the agency's strategic and operational plans of both a short and long term nature.

6. Builds and maintains a network of relationships with other public and private agencies, consumers and family members, as well as numerous advocacy and professional organizations.

7. Ensures that the agency is in full compliance with all licensure requirements and other standards associated with the provision of health care.

8. Develops and maintains a comprehensive quality improvement program.

9. Participates in various planning, coordinating and advocacy functions at the state, regional and local level.

The Executive Director has overall responsibility for managing the CSB but may delegate any or all of these functions to other CSB staff.

Approved _____ _____

Secretary Date

Policy Adopted: September 1979
Revision Adopted: March 1995
Revision Adopted: March 29, 2000
Revision Adopted: June 25, 2003
Revision Adopted: February 18, 2009
Policy Readopted: March 25, 2009
~~Revision Adopted~~Policy Readpopted: TBD

Policy Number: 2205
Policy Title: Planning
Date Adopted: ~~April 29, 2009~~TBD

Purpose

To provide guidance for the development and monitoring of a strategic business plan for the Fairfax-Falls Church Community Services Board.

Policy

The Board will oversee and approve processes and outcomes involved in the creation of the CSB Strategic Business Plan.

1. The Board shall be responsible for the identification of high level strategic goals. These goals will be developed by staff into a Strategic Business Plan for the CSB.

2. Opinions of individuals receiving services, their families, service providers and other interested members of the community will be solicited to help identify needs and trends, as well as potential goals.

3. Measures will be developed by staff that are linked directly to the plan. These measures will be regularly reported out to the Board and CSB.

Approved _____ _____
Secretary Date

Policy Adopted: January 1995
Revision Adopted: April 1998
Revision Adopted: September 19, 2001
Revision Adopted: September 28, 2005
Revision Adopted: March 18, 2009
Policy Readopted: April 29, 2009
Policy Readopted: TBD

Policy Number:	2300
Policy Title:	Corporate Compliance Program
Date Adopted:	~~December 16, 2009~~TBD

Purpose

To provide guidance for the establishment of the Community Services Board's Corporate Compliance Program.

Policy

It is the policy of the Community Services Board that:

1. The delivery of CSB directly operated and contracted program services will adhere to strict conformance with the highest standards of accountability for administration, clinical, business, marketing, information technology, and financial management.
2. The Board is fully committed to the need to prevent, detect, and correct fraud, fiscal mismanagement and misappropriation of funds and therefore, to the development of a formal corporate compliance program to ensure ongoing self-assessment, monitoring and conformance with all corporate, legal and regulatory requirements.
3. The Board is committed to the establishment, implementation and maintenance of a corporate compliance program that emphasizes (a) prevention of wrong doing – whether intentional or unintentional, (b) immediate reporting and investigation of questionable activities and practices without consequences to the reporting party and (c) timely correction of any situation which puts the Board, CSB staff, funding sources or consumers at risk.
4. The Board authorizes the Executive Director of the Community Services Board to designate a Corporate Compliance Officer, monitor the CSB's Corporate Compliance program and provide periodic reports to the Board on matters pertaining to the program.

Approved _____ ~~December 16, 2009~~
Secretary Date

Policy Adopted:	February 25, 2004
Readopted:	December 16, 2009
Policy Readopted:	TBD

Policy Number:	2500
Policy Title:	Human Research Review and Approval
Date Adopted:	~~June 24, 2009~~TBD

Purpose

The purpose of the Human Research Review and Approval Policy is to assure the Fairfax-Falls Church Community Services Board (CSB) complies with Commonwealth of Virginia's Department of Behavioral Health and Developmental Services (DBHDS) Human Rights Regulations, and appropriate professional, local, state, and federal standards regarding human research projects.

State law requires CSBs to support research that will enhance the ability to serve individuals receiving CSB services, but also requires the CSB to protect such individuals' human rights. This requires the development of methods to balance potentially conflicting responsibilities among research and service delivery based on sound therapeutic practice.

This guidance does not apply to the gathering of statistical aggregate data, or the keeping and analysis of service records.

Policy

It is the policy of the Community Services Board to promote, sponsor and conduct ethical scientific studies that aid in the understanding and ability to serve individuals receiving CSB services.

Prior to engaging in any research project, CSB staff shall follow CSB regulations and procedures to assure all research is reviewed according to standards set forth in the DBHDS Human Rights Regulations, and other pertinent standards. This includes the establishment of a research review committee, an expedited review process, and full committee review process.

Approved _____ _____

Secretary Date

References

Commonwealth of Virginia Sources

- Code of Virginia: 37.2-306, Research into causes of mental illness, mental retardation, substance abuse and related subjects.
- Code of Virginia: Chapter 5.1 - Human Research 32.1-162.16 (Definitions), 17 (Exemptions), 18 (Informed consent), 19 (Human research review committees).
- Commonwealth of Virginia, Department of Mental Health, Mental Retardation and Substance Abuse Services, 12 VAC 35-115-130, Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operate by the Department of Mental Health, Mental Retardation and Substance Abuse Services-Research.

FEDERAL SOURCES

- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- US PUBLIC LAW 104-191 (HIPAA). Title II Subtitle F
- 45 CFR Part 164, Subpart E, §164.512 (i)
- OCR Guidance on HIPAA & Research: http://www.hhs.gov/ocr/hipaa/guidelines/research.pdf
- Department of Health & Human Services, National Institutes of Health, Office for Protection from Research Risks; Title 45 (Public Welfare), CFR Part 46 (Protection Of Human Subjects), Department of Health and Human Services, National Institute of Health, Revised November 13, 2001, Effective December 13, 2001.

Policy Adopted: June 24, 2009

Replaces Policy 2200 Dated September 19, 2001

Policy Re-adopted: TBD

Policy Number:	2600
Policy Title:	Risk Management
Date Adopted:	~~June 24, 2009~~TBD

Purpose

A Risk Management Program ~~focuses~~ shall focus on improving individual recovery and outcomes by addressing potential areas of liability. This includes the identification, evaluation, and reduction or elimination of operational policies and procedures to ensure they have been designed in a way that promotes recovery and positive outcomes, ~~and~~ reduces the occurrence of adverse events, and ensures program integrity.

Risk management ~~also includes monitoring~~shall monitor corporate compliance requirements for reporting to third party payers, commercial insurance companies, Virginia's Department of Behavioral Health and Developmental Services (DBHDS) licensing regulations, Medicaid and Medicare, the Commission on Accreditation of Rehabilitation Facilities, and other regulatory agencies.

A confidential organized approach for managing risks and liabilities to both individuals receiving services and the Fairfax-Falls Church Community Services Board (CSB) Service System is crucial.

Policy

It is the policy of the Community Services Board that all individuals receive services in a safe and protected environment. The CSB's Risk Management Program is designed to maximize recovery and positive individual outcomes, minimize adverse incidents, ensuring compliance with regulatory agencies, and best practices and thereby reduce risk of potential harm to individuals and staff.

The Risk Management Program:

- Ensures CSB staff promptly report, investigate and initiate appropriate improvement plans to all adverse incidents.
- Places adverse incident trend data into a decision making framework so management decisions are data driven.
- Establishes a critical incident review system, including creating and maintaining a process to use peer review as a tool for service and practice improvement.
- Collaborates with State and County officials on risk management initiatives.
- Reviews, evaluates, and makes recommendations on safety for individuals served, and staff pursuant to Code of Virginia 8.01-581.16 (civil immunity for

members of certain boards or committees) and 8.01-581.17 (privileged communications of certain committees and entities).

- Ensures compliance with regulatory agencies at the local, state and federal levels.
- Focuses on overall education and training associated with continuous quality improvement initiatives resulting from analysis of CSB policies, regulations, and practices to reduce program risk.

It is the responsibility of the Executive Director to work with the Board and staff to implement this policy.

Approved _____ _____

Secretary Date

References

- Code of Virginia: 37.2-504-A.1 Community Services Boards; local government department; powers and duties
- Code of Virginia: 37.2-508-Performance Contract for mental health, mental retardation and substance abuse services. Section on Board responsibilities 6.b.2-Quality Improvement and Risk Management
- Code of Virginia: 8.01-581.16 (civil immunity for members of certain boards or committees) and 8.01-581.17 (privileged communications of certain committees and entities).

Policy Adopted: June 24, 2009

Replaces Policy 2200 Dated September 19, 2001

Policy Readopted: TBD

COMMUNITY SERVICES BOARD	Item: 9C	Type: Action	Date: October 23, 2013

Fairfax County's FY2015 To FY2019 (to 2024 Out Years) Capital Improvement Program

Issue:
Board approval to submit the CSB's recommendations for the County's FY2015 to FY2019 Capital Improvement Program (with future fiscal years to 2024).

Recommended Motion:
I move that the Board approve the recommendations for the County's FY2015 to FY2019 Capital Improvement Program as defined herein.

Timing:
The Capital Improvement Program information was due to the Department of Management and Budget on October 15, 2013. Departmental Meetings with the CIP Review Team occur from October through November 2013, and the CIP Review Team will discuss the CIP Recommendations with the County Executive in December 2013. Agencies will receive CIP decisions and draft documents for review in January/February 2014, and the Advertised CIP will be released with the Advertised Budget in February 2014. CSB staff has opportunities to make formal presentations to the Planning Commission and Board of Supervisors in March 2014, followed by public hearings before the Planning Commission and the Board of Supervisors for Adoption of the CIP in March and April 2014. The CIP will be adopted in April 2014.

Background:
The County's Capital Improvement Program (CIP) and the County's Comprehensive Plan are interrelated. The Comprehensive Plan identifies those geographic areas suitable for development and the CIP identifies needed public facilities and provides a systematic approach to planning the financing and development so that bond issues or other revenue sources can be identified. By identifying the public facilities needed to serve Fairfax County citizens and scheduling them over time, the CIP guides the public construction program for the future.

The Community Services Board has actively participated in the CIP since 1985 and has received funding for the construction of several projects including: 16 resident Braddock Road Group residences opened in 1991 (IDS); 32 resident Detoxification program facility co-located with a new enlarged 35 resident "A New Beginning" building and an 81 resident Crossroads Facility which opened in 1994 (ADS). Also the former "A New Beginning" building was reconstructed for use as a 16 resident dual diagnosis program "Cornerstones" which opened in 1999 (MH/ADS). A 1990 bond referendum provided the funding for a 36 resident Assisted Living Facility (ALF), "Stevenson Place."

Funding was approved in a 2004 bond referendum for the renovation and expansion of the Mt. Vernon Community Mental Health Center (renamed the "Gartlan Center"), new construction of the Gregory Drive Residential Treatment Program renamed *New Horizons* for 16 adults with co-occurring disorders (MH/ADS), and replacement of the Woodburn Community Mental Health Center. Gartlan Center renovations were completed in 2010 and Gregory Drive opened the same year. Construction is 45% complete on the building and parking pads of the Mid-County Human Services Center, as of September 2013. This facility will replace Woodburn Community Mental Health Center.

The CIP process involves initial approval, participation in a possible bond referendum (unless alternate funding sources are identified), feasibility studies, securing an acceptable site or planning extensive renovations at existing sites, authorization from the Board of Supervisors to proceed, architectural design, and construction. Although a lengthy development time can be expected, the CIP is a valuable avenue for the CSB to pursue new construction of County buildings and large congregate residential facilities that provide mental health or substance abuse treatment and medical care (e.g., assisted living). Smaller housing projects such as group homes or individual/clustered supportive housing units in multifamily apartment properties are now being developed through the County's Housing Blueprint.

Recommendations for the County's FY 2015-2019 Capital Improvement Program

There are two components to the CIP development process: (1) the capital budget requests for new or increased funding in FY 2015 and (2) the CIP submission requests for on-going projects and future planning.

A. FY 15 Capital Budget Request

The CSB's FY2015 Capital Budget requests were primarily for existing projects, including:

- any remaining capital funding required to complete Mid County/Woodburn Mental Health Center
- carry-over capital funding for acquisition of two CSB group homes for Central Virginia Training Center (CVTC) residents. We requested the project balance of $ 3,735,321.51 be carried over to FY 2015.

The CSB also requested FY 2015 capital funding for several new initiatives for immediate consideration:

- **update a cost estimate, obtain permit and construction drawings, secure building permits and contract for construction to reconfigure the Fairfax Detox site.** This reconfiguration would increase the medical beds to 25 (including 5 diversion beds) and decrease the social and unstaffed detox beds to 7. Doing so enables the CSB to create an alternative to hospitalization for more individuals which makes hospital beds available for those with the most intensive needs. In addition, following the best practice of creating a "medical home" for clients, the CSB proposes to establish a primary care clinic at the Fairfax Detox site, which clients of Detox, A New Beginning, Cornerstones and Chantilly Mental Health Center will be able to readily access.
- **perform architectural and engineering review of Cornerstones, A New Beginning and Crossroads, the CSB's residential treatment facilities** that have reached their 20 year "built anniversary" and need renovations that will bring them up to current code, reduce ongoing maintenance costs, and potentially expand service capacity by providing programmable space that can meet multiple needs. The review would include a physical inspection of the buildings to address (1) structural design and building systems issues, (2) deferred maintenance, (3) code compliance (including licensure, ADAAG, and current building code compliance), (4) energy efficiency, (5) universal design, (6) flexible space design to accommodate changing program/service needs, (7) heavy usage considerations, (8) integration of information technology, (9) open space requirements/needs, and (10) a consumer-friendly environment. The review would include the development of a scope of work, preliminary design and cost estimate for required repairs and renovations.
- **conduct an architectural & engineering site study of Cornerstones to determine the feasibility of developing supportive housing units for CSB clients** on the current site as an annex or as a 2nd/3rd floor over the existing building.

DPWES Capital Facilities has recommended DMB allocate $150,000 in the FY15 Budget Requirements for Fund 300-C30010, County Construction, for the architectural and engineering review of Cornerstones, A New Beginning and Crossroads treatment facilities and the Cornerstones housing study described above.

B. Current CIP Requests

B.1. Five Year Plan, Currently Funded

The currently funded items in the CSB's FY 2015 Capital Request are for Mid-County/Woodburn Mental Health Center, East County Human Services Center and the two CSB group homes for residents of CVTC. All remain in the CSB's request for five year plan funding in FY 2015 – FY 2019. The Mid-County project is currently within budget, and approved funding is anticipated to be sufficient to cover remaining construction and post-construction costs. A more detailed explanation of the request for the two group homes follows.

Two Group Homes for Adults with Intellectual Disabilities
The CSB applied for and was allocated $3,738,964 of funding from the Virginia Department of Behavioral Health and Developmental Services (DBHDS) in August 2011 to acquire and rehabilitate or construct two Medicaid Waiver certified group homes. These homes will enable up to twelve individuals currently receiving services in Central Virginia Training Center to return to Fairfax County, their community of origin, and receive home and community based services in two, fully accessible, six bedroom group homes. The BOS approved the application and award of funding in October 2011. The CSB and County Attorney continue to negotiate the final terms of the Funding Agreement with DBHDS, including the exploration of alternative approaches such as utilization of grant funding by private, non-profit organizations. As a result, acquisition of the two single family homes planned for this project has been delayed. CSB requests the project balance of $ 3,735,321.51 be carried over to the FY 2015 – FY 2019 CIP.

East County Human Services Center: Funding for Full Design/Construction
$3.5 million was approved for East County Human Services Center in FY 2012 Third Quarter for the conceptual design, entitlement process, and coordination of developer negotiations, and evaluation and feasibility studies are now under way. Site master planning and conceptual design began again in late 2012 after final selection of and contract negotiations with the consultant. Additional funding will be required for full design and construction dependent on the final development agreement. The East County Human Services Center is slated to contain space for CSB programs and services such as Adult Outpatient, Youth Services Day Treatment, a Mental Health Wellness Center, and Adult & Aging Services.

C. Future Planning Projects – FY 2019-2023

Numerous changes within and outside the service system are impelling the CSB to re-think its service models and explore different types of facilities to support these models. The CSB is transforming its service delivery system to respond to initiatives such as the Beeman Commission, the Housing Blueprint, the County's Ten Year Plan to End Homelessness and the Department of Justice's Settlement Agreement with the Commonwealth of Virginia and state/federal health care reform. We do so even as shrinking resources challenge our capacity to deliver needed services. In an effort to maximize the efficiency of County resources, the CSB is reconfiguring its capital needs program and focusing on opportunities to craft different business models that include shared facility use/co-locating programs, public-private ventures, and targeted use of county resources. Our intent is to identify cost-effective facilities that will enable critically needed services to be delivered in a person-centered manner.

Three long term projects are proposed in the following priority order:

1. Renovation of Fairfax Detoxification Program
2. Construction of New 36-bed Assisted Living Program for Adults with Co-occurring Mental Illness, Substance Abuse and Medical Needs
3. Construction of 8, four bed Intermediate Care Facilities for Adults with Intellectual Disabilities

A summary of each proposed project is attached, including a project description, justification, and statement of operating impact.

Attachments:
CSB CIP Detail Sheets for FY15 – FY19 (with Future Years to 2024)

Staff:
George Braunstein, Executive Director
Daryl Washington, Deputy Director
Will Williams, Director of Operations and Facility Management
Jeannie Cummins, Investment & Development Manager
Lisa Witt, Senior Financial Officer

cip.boarditem.2013

Project Name:	Fairfax Detox Renovation	**Supervisor District:**	Sully
Ranking:	1	**Total Project Estimate (ENSNI):**	$1.69M
New Facility or Renovation:	Renovation	**Age of Facility:**	20
Year Last Renovated:	1994		

DESCRIPTION:

Fairfax Detox is a residential substance abuse treatment program for 32 adults to detoxify them from the effects of drugs and/or alcohol. The program provides engagement, assessment and referral for community based services. The 32 beds are currently divided as follows: 8 medical, 5 subutex, 5 diversion, 7 social and 7 unstaffed. The length of stay is one to fourteen days, with an average of 6.7 days in May 2013. The CSB proposes to reconfigure the Detox program to accommodate an increasing community need for medical beds as well as co-locating a primary care clinic on site. A cost estimate of $1,686,100 was obtained for this scope of work in June 2013. CSB requests funding to (1) update this cost estimate, (2) obtain required drawings for permits and construction bidding, (3) secure building permits and (4) contract for construction.

JUSTIFICATION:

The current staffing pattern of a minimum of one nurse per shift, 24 hours/7 days a week limits the number of medically monitored detox beds the program can accommodate. As a result, as of May 2013, the program is at 86% utilization and is projected to be occupied for 7,817 bed days. The program maintains waitlists for its medical, social and subutex beds. The average waitlist for medical detox beds the first quarter of FY 2012 and FY2013 (71) was nearly 35 - 45% higher than the average waitlists for subutex and social detox beds (49 and 52 respectively). This trend is on track to continue for the first quarter of FY 2014. The CSB concludes there is a need to redesign a greater proportion of existing space within the Detox site for medical beds (increasing them to 25, including the 5 diversion beds) and reduce space for the other beds (decreasing them to 7, including 5 social and 2 unstaffed beds). Doing so enables the CSB to create an alternative to hospitalization for more individuals which makes hospital beds available for those with the most intensive needs. In addition, following the best practice of creating a “medical home” for clients, the CSB proposes to carve out and redesign space within the existing facility to house a primary care clinic at the Fairfax Detox site. Clients of Detox, A New Beginning, Cornerstones and Chantilly Mental Health Center will be able to readily access primary care at this clinic site.

OPERATING IMPACT:

The CSB has been approved to hire an additional nurse position to accommodate the medical bed expansion. The cost of this position will be covered through a combination of fee for service, Medicaid and private insurance, and state and federal grant funding. In addition, CSB has several collaborative relationships with primary care companies such as Healthworks in Herndon, ANHSI of Alexandria and CHCN. We will seek to partner with these and other providers to operate the primary care clinic.

Project Name:	CSB Assisted Living Program	**Supervisor District:**	TBD
Ranking:	2	**Total Project Estimate (ENSNI):**	$6M
New Facility or Renovation:	New	**Age of Facility:**	N/A
Year Last Renovated:	N/A		

DESCRIPTION:

New assisted living approaches are being developed nationwide that incorporate design elements which encourage maximum independence and promote recovery. The Green House model, for example, features barrier free, home-like residences with individual and shared living areas and plenty of green space for eight to ten people. These residences can be stand-alone homes or clustered housing units on one site. As the population ages and individuals experience multiple physical needs for support, there will continue to be an increasing and urgent demand for this residential option. Accordingly, residences must be designed and constructed to be fully accessible to persons with disabilities and utilize the principles of Universal Design.

JUSTIFICATION:

The CSB has documented a critical need for community-based treatment and residential services for persons with mental illness and substance abuse problems who are aging or have co-occurring and intensive mental health and medical needs. Nearly one in twenty adults receiving ongoing CSB services is over the age of 60. The baby boom cohort is experiencing the onset of physical health issues associated with aging, yet they are expected to live longer than any previous generation. The population of persons age 65 and older in Fairfax County is projected to increase 70 percent between 2012 and 2030. By extrapolation, the population of aging adults with mental illness, intellectual disabilities and substance abuse disorders is likely to similarly grow over the next 18 years. The combined medical, mental health and physical care concerns of this population will require our system to develop significant capacity for their specialized housing needs. Current waiting list statistics indicate that, of the 560+ individuals with mental illness waiting for residential treatment or permanent supported housing, 43 individuals need the level of care available through an assisted living program. Some of the individuals waiting for this assistance are homeless.

At the same time, there are only about eleven assisted living facilities with a total of 148 beds that accept auxiliary grants in Fairfax County. Most of these facilities have substantial waitlists, and some will not accept individuals with more significant behavioral or medical impairments.

OPERATING IMPACT:

Recent proposed regulatory changes to Mental Health Support Services within the state's Medicaid program and potential changes to the state's Auxiliary Grant program could detrimentally impact the funding sources expected to support the operations of this program. The CSB is monitoring these policy discussions, examining assumptions about existing funding sources and exploring alternative sources to support program operations as we pursue full scale capital development of a new assisted living program.

Project Name:	Intermediate Care Facilities	**Supervisor District:**	TBD
Ranking:	3	**Total Project Estimate (ENSNI):**	$12M
New Facility or Renovation:	New	**Age of Facility:**	N/A
Year Last Renovated:	N/A		

DESCRIPTION:
Intermediate Care Facilities (ICFs) for individuals with intellectual disabilities provide active treatment (AT), a continuous, aggressive, and consistent implementation of a program of specialized and generic training, treatment, and health or related services, directed toward helping individuals function with as much self-determination and independence as possible. Facility requirements include specific standards for the physical environment that address health, safety, accessibility, privacy and human rights, which are specified in the Medicaid survey and certification and DBHDS licensure processes. When considering a group home or ICF as a housing option, the Department of Justice Settlement Agreement encourages options that have a maximum of four individuals in this setting. The CSB seeks funding for the development of eight, four bedroom, fully accessible intermediate care facilities throughout the County at an estimated acquisition and construction cost of $1.5M per facility.

JUSTIFICATION:
The CSB continues to work with the Department of Behavioral Health & Developmental Services (DBHDS) to transition individuals out of the Northern Virginia and Central Virginia Training Centers into more integrated community living settings in accordance with the Department of Justice (DOJ) Settlement Agreement. CSB case managers have met with individuals and families to determine where individuals would like to live, and what types of housing and services they need. Currently, of the 106 individuals residing at Northern Virginia and Central Virginia Training Centers, transition teams have determined approximately 30 individuals are eligible for and prefer an Intermediate Care Facility level of care. At the same time, individuals with intellectual disabilities currently living in group homes *and* on the CSB's Medicaid Waiver waitlist are aging. As medical advances enable this population to live longer, some are beginning to experience age-related conditions which require specialized medical, nutritional, physical and behavioral interventions that are not typically available in a Medicaid Waiver group home setting.

The County's existing housing stock is not equipped to serve this population. Seventy-four percent of the County's housing stock was built prior to 1990 (before federal Fair Housing Accessibility requirements went into effect) and 95% of the housing stock in Fairfax County is not in buildings that are likely to have accessible features (e.g., single family homes, townhouses, garden apartments, multiplexes and mobile homes). Moreover, financing sources for private acquisition of intermediate care facilities has dramatically declined due to several factors, including significant reductions in federal funding for housing, policy shifts away from funding "medically oriented" residential models, and steadily rising commercial interest rates. The County has non-profit residential providers that have the expertise and ability to operate ICF services, but they do not have the up-front capital to develop fully accessible homes with extensive requirements for health and fire safety.

OPERATING IMPACT:
The CSB would contract with private, non-profit residential services providers that are licensed to provide residential programs for individuals with intellectual disabilities by DBHDS and are certified by the Department of Medical Assistance Services (DMAS) to operate an Intermediate Care Facility. The providers would seek start-up funding from DBHDS to pay for furniture, equipment and other initial up-front costs. The residential providers would bill Medicaid and the individual clients directly for ongoing training, treatment and supportive services.

COMMUNITY SERVICES BOARD	Item: 9D	Type: Action	Date: 10/23/13

CSB Committee Restructure: Amendment to CSB Bylaws

Recommended Motion:

I move that within the CSB Bylaws, the committee/workgroup structure be modified to eliminate the Internal and External committees, establish a Government and Community Relations Committee, and change the Intellectual Developmental Disability and Substance Use Disorders/Mental Health Workgroups to standing committees.

Background:

Following a review of the goals/objectives, the Internal Committee is proposing to establish CSB Board standing committees somewhat based on the structure in place several years ago. During the review, it was determined the standing committees to be established will be the Government and Community Relations Committee, Intellectual Developmental Disability, and Substance Use Disorders/Mental Health which will absorb the tasks of the Internal and External Committees once eliminated. To address specific oversight such as the triennial review of CSB policies, ad hoc committees will be appointed. In the area of accountability, it was indicated this would be under the purview of the CSB Chair.

Attached are the CSB Bylaws with the proposed revisions highlighted. By eliminating the workgroups and establishing standing committees, any reference to workgroups has been removed throughout the Bylaws.

To implement this proposal, the CSB Bylaws must be amended which requires a 30-day notice. As this proposed amendment to the Bylaws was initially presented at the May 22 CSB Board meeting, the advance notice requirement has been met and the revisions are now eligible for final approval.

Attachment: Proposed Bylaws as Amended

Bylaws
of the
Fairfax-Falls Church Community Services Board

Preamble

Subject to the provisions of:

(1) Chapter 5 (Community Services Boards) of Title 37.2 (Behavioral Health and Developmental Services) of the Code of Virginia, as amended, and Chapter 53 (Early Intervention Service System) of Title 2.2 (Administration of Government), and,

(2) Joint Resolution adopted by the Board of Supervisors of Fairfax County on April 23, 1969, and by the Councils of the Cities of Fairfax and Falls Church on May 28, 1969, as amended, and,

(3) Other applicable laws and regulations.

The following bylaws apply to, and govern the administration of, the Fairfax-Falls Church Community Services Board.

Article I: Name

As provided by action of the Board of Supervisors of Fairfax County and the Councils of the Cities of Fairfax and Falls Church on August 1, 1978, the name of this Board is the FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD, hereinafter referred to as the "BOARD".

Article II: Purpose

(1) Mental Health, Intellectual Disabilities and Substance Use Disorders Services – In conformity with the provisions of Section 37.2-500 of the Code of Virginia, the general purpose of this Board shall be to ensure and oversee the establishment and operation of local mental health, intellectual disabilities, and substance use disorders programs.

The core of services provided shall include emergency services and, subject to the availability of funds appropriated for them, case management services. The core of services may include a comprehensive system of inpatient, outpatient, day support, residential, prevention, early intervention, and other appropriate mental health, intellectual disabilities, and substance use disorder services necessary to provide individualized services and supports to persons with mental illnesses, intellectual disabilities, or substance use disorders.

(2) Early Intervention Services – In conformity with the provisions of §2.2-5304.1 of the

Code of Virginia, as the local lead agency for Early Intervention Services, this Board shall establish and administer a local system of early intervention services in compliance with Part C of the Individuals With Disabilities Education Act (20 U.S.C. § 1431 et seq.) and all relevant state policies and procedures.

The core of programs to be provided shall include (§2.2-5300) services provided through Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.), as amended, designed to meet the developmental needs of each child and the needs of the family related to enhancing the child's development and provided to children from birth to age three who have a 25 percent developmental delay in one or more areas of development, atypical development, or a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

Article III: Powers and Duties

(1) Mental Health, Intellectual Disability and Substance Use Disorders Services – In order to implement the purpose set forth in Article II hereof, and pursuant to the requirements of Section 37.2-504 and in accordance with the actions taken by the Board of Supervisors of Fairfax County and the Councils of the Cities of Fairfax and Falls Church to establish the Board as an Administrative Policy Type Board, of the Code of Virginia, the Board shall:

a. Review and evaluate all existing and proposed public community mental health, intellectual disabilities and substance use disorder services and facilities available to serve the community and such private services and facilities as receive funds through it and advise the local governing body or bodies of the political subdivision or subdivisions that established it as to its findings.

b. Pursuant to Section 37.2-508, submit to the governing body of each political subdivision that established it, an annual performance contract for community mental health, intellectual disabilities and substance use disorders services for its approval prior to submission of the contract to the Department.

c. Within amounts appropriated therefore, provide such services as may be authorized under such performance contract.

d. In accordance with its approved performance contract, enter into contracts with other providers for the rendition or operation of services or facilities.

e. Make policies concerning the rendition or operation of services and facilities under its direction or supervision, subject to applicable standards, policies or regulations promulgated by the State Board.

f. Participate with local government in the appointment and annual performance evaluation of an executive director of community mental health, intellectual disabilities and substance use disorders services, according to minimum qualifications established by the Department, and prescribe his duties. The compensation of the executive director shall be fixed by local government in

consultation with the Board within the amounts made available by appropriation therefore.

g. Prescribe a reasonable schedule for fees for services provided by personnel or facilities under the jurisdiction or supervision of the Board and establish procedures for the collection of the same. All fees collected shall be included in the performance contract submitted to the local governing body or bodies pursuant to subdivision 2 of this subsection and Section 37.2-508 and shall be used only for community mental health, intellectual disabilities and substance use disorders purposes. Every administrative policy board shall institute a reimbursement system to maximize the collection of fees from persons receiving services under their jurisdiction or supervision consistent with the provisions of Section 37.2-511 and from responsible third-party payors. Administrative policy boards shall not attempt to bill or collect fees for time spent participating in involuntary commitment hearings pursuant to Section 37.2814.

h. Accept or refuse gifts, donations, bequests or grants of money or property from any source and utilize the same as authorized by the governing body or bodies of the political subdivision or subdivisions that established it.

i. Seek and accept funds through federal grants. In accepting such grants, the administrative policy community services boards shall not bind the governing body or bodies of the political subdivision or subdivisions that established it to any expenditures or conditions of acceptance without the prior approval of such governing body or bodies.

j. Have authority, notwithstanding any provision of law to the contrary, to disburse funds appropriated to it in accordance with such regulations as may be established by the governing body or bodies of the political subdivision or subdivisions that established it.

k. Apply for and accept loans as authorized by the governing body or bodies of the political subdivision or subdivisions that established it.

l. Develop joint annual written agreements, consistent with policies and procedures established by the State Board, with local school divisions; health departments; boards of social services; housing agencies, where they exist; courts; sheriffs; area agencies on aging; and regional Department of Rehabilitative Services offices. The agreements shall specify what services will be provided to consumers. All participating agencies shall develop and implement the agreements and shall review the agreements annually.

m. Develop and submit to the local governing body of each political subdivision that established it and to the Department the necessary information for the preparation of the Comprehensive State Plan for mental health, intellectual disabilities and substance use disorders services pursuant to Section 37.2-315.

n. Take all necessary and appropriate actions to maximize the involvement and participation of consumers and family members of consumers in policy

formulation and services planning, delivery, and evaluation.

o. Institute, singly or in combination with other operating community services boards, administrative policy boards, local government departments with policy-advisory boards, or behavioral health authorities, a dispute resolution mechanism that is approved by the Department and enables consumers and family members of consumers to resolve concerns, issues, or disagreements about services without adversely affecting their access to or receipt of appropriate types and amounts of current or future services from the administrative policy board.

p. Notwithstanding the provisions of Section 37.2-400 or any regulations promulgated thereunder, release data and information about individual consumers to the Department so long as the Department implements procedures to protect the confidentiality of such information.

q. Carry out other duties and responsibilities as assigned by the governing body of each political subdivision that established it.

(2) Early Intervention Services – In order to implement the purpose set forth in Article II hereof, and pursuant to the requirements of Section 2.2-5304.1, the Board shall:

a. Establish and administer a local system of early intervention services in compliance with Part C of the Individuals With Disabilities Education Act (20 U.S.C. § 1431 et seq.) and all relevant state policies and procedures;

b. Implement consistent and uniform policies and procedures for public and private providers to determine parental liability and to charge fees for early intervention services pursuant to regulations, policies, and procedures adopted by the state lead agency in § 2.2-5304; and

c. Manage relevant state and federal early intervention funds allocated from the state lead agency for the local early intervention system, including contracting or otherwise arranging for services with local early intervention services providers.

Article IV: Members and Terms of Office

Section 1.

In accordance with Section 37.2-502 of the Code of Virginia as implemented by the Board of Supervisors of Fairfax County and the Councils of the Cities of Fairfax and Falls Church, the Board shall consist of sixteen members, thirteen of whom shall be appointed by the Board of Supervisors of Fairfax County, one of whom shall be designated by the Office of the Sheriff of Fairfax County; and one of whom shall be appointed by the Council of the City of Fairfax and one by the Council of the City of Falls Church. In accordance with Section 37.2-501 of the Code of Virginia one-third of the appointments shall be identified consumers or former consumers, or family members of consumers or family members of former consumers, at least one of whom shall be a consumer receiving services. The term of appointment is three years and a person may serve only three full terms.

Section 2.
Vacancies shall be filled for unexpired terms in the same manner as original appointments. Persons appointed to fill a vacancy may serve three additional full terms.

Section 3.
Members may be removed from the Board in accordance with the appointing authority policies and procedures governing removal from Boards, provided that such policies and procedures are consistent with the requirements of State Code.

Section 4.
Each member of the Board shall serve on one Standing Committee ~~and be willing to serve on at least one Workgroup~~.

Section 5.
Each member of the Board shall conduct himself or herself cordially and appropriately to members of other governmental or private entities, members of the public or CSB staff, when representing the Fairfax-Falls Church Community Services Board. Each member of the Board shall agree to comply with the Code of Conduct issued by the full Board.

Article V: Officers and Their Duties

Section 1: Officers
The officers of the Board shall consist of a Chair, immediate past Chair, Vice Chair, and a Secretary, each of whom shall have such powers and duties as generally pertain to such respective offices, as well as such powers and duties as from time to time may be conferred upon them by the Board, and which shall specifically include, but not be limited to, the powers, duties and responsibilities set forth hereinafter in Sections 2, 3, and 4 of Article VI.

Section 2: Chair
The Chair shall preside at all meetings of the Board; sign or cause to be signed the minutes when approved by the Board and such other official documents required of him/her in the course of business of the Board; appoint such committees as deemed necessary by the Board for its operation and to serve as an *ex officio* member of all committees except the nominating committee; work closely with local public and private facilities, mental health, intellectual disabilities and substance use disorders associations of Virginia, and other groups interested in mental health, intellectual disabilities and substance use disorder issues; maintain liaison with the Board of Supervisors of Fairfax County and the Councils of the Cities of Fairfax and Falls Church and the State Department of Behavioral Health and Developmental Services; and keep the Board of Supervisors, City Councils, and the Commissioner advised and fully informed as to the activities and programs of the Board.

Section 3: Vice Chair
In the absence of the Chair, the Vice Chair shall perform the duties of the Chair.

Section 4: Immediate Past Chair
In the absence of the Chair and the Vice Chair, the immediate past Chair shall perform the duties of the Chair.

Section 5: Secretary
The Secretary shall sign all policies after they have been approved or amended by the Board and perform such other duties as requested by the Chair of the Board. In the absence of the Chair, the Vice Chair, and the immediate past Chair, the Secretary shall perform the duties of the Chair.

Article VI: Officers' Nomination, Election, and Term of Office

Section 1: Nomination and Election
At its regular meeting in April of each year, the Board shall appoint three of its members to serve as a nominating committee. The committee shall submit the name of at least one nominee for each of the offices of Chair, Vice Chair, and Secretary at the June meeting of the Board at which meeting the election of officers of the Board shall be held. Nominations also may be made from the floor. Members of the nominating committee shall be eligible for nomination but no member shall be nominated whose consent to serve has not first been obtained. A majority of those present and voting shall constitute an election.

Section 2: Term of Office
The term of office of all officers shall be for one year, beginning on July 1 following the election, or until their respective successors are elected, but any officer may be removed from office, either with or without cause, at any time by the affirmative vote of a majority of all the members of the Board. No officer may serve more than two consecutive terms in the same office.

Section 3: Vacancies
A vacancy in any office arising from any cause may be filled for the unexpired portion of the term as authorized by the Board.

Section 4: Absences
In the absence of the Chair, Vice Chair, Secretary and immediate past Chair from any meeting, the Board shall select one of its members to act in such capacity during that meeting.

Article VII: Executive Committee, Standing Committees~~, Workgroups~~ and Ad Hoc Committees

Section 1: Executive Committee
There shall be an Executive Committee of the Board. The purpose of the Executive Committee shall be to draft the agenda for the next full Board meeting and to administer, subject to the authority and approval of the Board, the required and necessary business of the Board between regular meetings.

The Executive Committee shall consist of the Chair, the immediate past Chair, Vice Chair, Secretary, and the Chairs of Standing Committees. The Executive Director shall serve as an *ex*

officio, non-voting member of the Executive Committee.

Section 2: Standing Committees

Standing ~~committees~~ Committees shall be the ~~Internal Committee, the External~~ Intellectual Developmental Disability Committee, the Substance Use Disorders/Mental Health Committee, the Government and Community Relations Committee and Fiscal Oversight Committee. Their purpose shall be to review and make recommendations to the full Board regarding policies, plans, service delivery proposals, budgets, grants, and such other matters as are referred to them by the Board or Executive Committee.

Members will be appointed by the Chair, with confirmation of the Board, for a one year appointment and may be reappointed to a Committee in subsequent years. The members of each Standing Committee shall elect one of the members as Chair for a one-year term. The Chair may be re-elected to an additional one-year term by the members.

~~Section 3: Workgroups~~

~~Two Workgroups, a Substance Use Disorders/Mental Health Workgroup and an Intellectual Disabilities/Developmental Disability Workgroup, will be established. The members of each Workgroup shall elect one of the members as Chair for a one-year term. The Chair may be reelected to an additional one-year term by the members.~~

Section ~~4~~3: Ad Hoc Committees

Ad Hoc Committees may be established by the full Board as needed. Those Committees may be established to address any issue for which the full Board determines that the subject matter or issue cannot be adequately addressed by the Standing Committees. The members of each Ad Hoc Committee shall elect one of their members as Chair for a one-year term. The Chair may be reelected to an additional one-year term by the members.

Section ~~5~~4: Associate Standing Committee or Ad Hoc Committee ~~Workgroup~~ Members

Associate Standing Committee ~~or Workgroup~~ members are non-voting and may be appointed to each Standing Committee ~~or Workgroup~~. Associate Standing Committee ~~or Workgroup~~ members are individuals or representatives of Organizations and Agencies whose work and knowledge is deemed important to the Standing Committee ~~or Workgroup~~. In June of each year the Standing Committees ~~and Workgroups~~ may bring forth nominations of representatives from the Organizations and Agencies they desire as Associate Members. These nominations shall be confirmed at the July Board meeting. Their terms shall be for one year, to begin in September. Associate Standing Committee or Ad Hoc Committee ~~Workgroup~~ members may be reappointed to each Committee ~~or Workgroup~~ in subsequent years. Vacancies may be filled at any time using the same process.

Article VIII: Meetings

Section 1: Regular

Regular meetings of the Board shall be held each month, as scheduled by the Board.

Section 2: Special
Special meetings may be called by the Chair or upon the request of two members of the Board or the Executive Director. With agreement of the majority of Board members, a special meeting may be convened. Public notice shall be given in accordance with the Virginia Freedom of Information Act.

Section 3: Quorum
In order to transact business which requires a vote of the Board, a quorum must be present. A quorum is a majority of the members of the Board.

Section 4: Voting
Every member, present in person at any validly constituted meeting, shall be entitled to one vote. A majority vote of those members present and voting shall be determinative of any issue.

Article IX: Parliamentary Procedures

Robert's Rules of Order, Newly Revised, shall govern the Board in all cases to which they are applicable and in which they are not inconsistent with these bylaws.

Article X: Amendments

These bylaws may be amended, altered or supplemented at any regular meeting of the Board by a two-thirds (2/3) vote of those present and voting; provided, however, that notice of the proposed changes has been submitted to the members of the Board thirty days prior to the meeting.

Approved: _____ _____
Secretary Date

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