

Fairfax-Falls Church Community Services Board
October 23, 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, Kate Hanley, Juan Pablo Segura, Rob Sweezy, Diane Tuininga, Jeff Wisoff, Jane Woods and Spencer Woods

The following CSB members were absent: Mark Gross, Suzette Kern, Paul Luisada and Lori Stillman

The following CSB staff was present: George Braunstein, Ginny Cooper, Peggy Cook, Jeannie Cummins Eisenhower, Evan Jones, Dave Mangano, Lisa Potter, Jim Stratoudakis, Daryl Washington, Steve Weiss, Lisa Witt and Laura Yager

Additional staff present: Gail Ledford, Department of Administration for Human Services and Brenda Gardiner, Department of Administration for Human Services

1. Meeting Called to Order

Ken Garnes called the meeting to order at 7:35 p.m.

2. Matters of the Public

Jennifer Marshall provided information regarding an Arlington theatre production being developed in which stories of individuals who have experience with mental illness can be shared in a variety of formats.

4. Approval of the Minutes

Following two clarifying edits to the Board meeting minutes, Gary Ambrose offered a motion for approval of the September 25, 2013 minutes of the Fairfax-Falls Church Community Services Board meeting, as revised, as well as the work session which was seconded and passed.

5. Matters of the Board

• *Request of the Arlington Community Services Board:*

Mr. Garnes noted a request was received from the Arlington Community Services Board (CSB) to join as a signatory to a letter to Virginia officials regarding the timeline for closing the Northern Virginia Training Center as well as the needed transitional funding. In response to this regional request, it was indicated the Prince William CSB will be sending a separate letter, the Alexandria CSB has declined to join due to their limited needs, and Loudoun has not yet responded, although it was pointed out they have very

few residents at the training center. While noting a joint letter with all regional CSBs would be preferable, there was agreement that a communication emphasizing the concerns with the training center closures would be beneficial. The draft letter presented would need to be revised to add specific information on the Fairfax community training center residents and it was recommended the Governor-Elect be added as a recipient. Ms. Burmester offered a motion that the CSB Chair and staff work with the Arlington CSB to revise the letter to include Fairfax concerns, and once revised, the CSB join as a signatory. This motion was seconded and passed. It was indicated Board members will receive a copy of the final letter.

- *Residential Studio Units Rezoning Amendment:*

Mr. Ambrose referenced the previous briefing of the Residential Studio Unit Rezoning Amendment currently under review and requested Board members' support. Background information was provided along with a schedule of meetings of a Planning Commission workgroup, and Board members were encouraged to participate as well as invite others, possibly small business owners, to support the effort. In addition, it was indicated a petition is being developed, and once complete, will be provided for consideration.

- Juan Pablo Segura presented a request to resume the CSB sites visits noting they are helpful in familiarizing with the various facilities and services provided. In response, it was indicated staff will be in touch to coordinate a convenient time for scheduling an upcoming tour.
- Kate Hanley commended CSB Board members and staff for finalizing the CSB FY2015 budget submission, and especially for continuing the meeting from under the conference table during an earthquake drill.

6. Executive Directors Report

A. *LogistiCare Update:*

Following a meeting attended by Jane Woods and Lori Stillman, Ms. Woods reported Delegate David Albo, a member of the Joint Legislative Audit and Review Commission (JLARC), has indicated he is receptive to measures to address Logisticare service concerns and that JLARC is primed for a study of this issue. During discussion there was concern expressed with the lengthy delays such a study would involve, and in response, it was indicated this review process is needed to consider private transportation services and develop appropriate contract language to hold a provider accountable. In the meantime, it was noted efforts will continue through the VACSB.

In clarifying if LogistiCare meetings are advertised and open to the public, it was reported the meetings are not posted on the Department of Medical Services (DMAS) website. Noting the BOS may send a letter expressing concern with public access to the meetings, it was suggested the letter might also include an offer of meeting space in Fairfax.

B. *Other:*

- It was reported the CSB FY2015 Budget proposal has been submitted and copies distributed to the Board.

- Appreciation was extended to Susan Beeman for her leadership of the October Wellness and Recovery Conference as well as CSB staff Laura Yager, David Mangano, Peggy Cook and Belinda Buescher. In addition, Board members Gary Ambrose, Suzette Kern and Jeff Wisoff participated in the conference that has received very positive feedback from the community.
- The CSB recently received a full three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) for residential services.
- It was indicated a further update on steps taken following presentation of the TransCen recommendations on day employment services has been requested by the BOS Human Services Committee at their November meeting.

7. Committee Reports

A. *Fiscal Oversight Committee:*

Mr. Garnes provided the following report of the committee:

- The fund statement ending September provides positive financials and the projection continues to indicate a surplus at the end the year.
- Preparations are beginning for the first quarter report to the BOS which will include an update on activities related to the Department of Justice settlement. It is anticipated the draft report will be submitted to the Board for review the first week in November with the final to the BOS the following week.
- In response to a timeframe when the Board will receive the revenue maximization consultant study, it was noted a request has been made as this study was undertaken at the direction of County Executive. It was confirmed the report has not yet been provided to the BOS and anticipated that the CSB Board would be the first to receive.

B. *Intellectual Developmental Disability Workgroup:*

Jessica Burmester reported the last two scheduled meetings of the workgroup were cancelled due to low attendance and the next meeting is scheduled on November 7th. As the agenda of this meeting is to address the recommendations of the TransCen report and determine the next steps, all Board members were encouraged to attend. It was indicated the workgroup recommendations will be brought to the Board for review at the November 20th CSB meeting.

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

Susan Beeman reported a Substance Abuse and Addiction Recovery Alliance (SAARA) presentation was provided at the October meeting. In addition, Ms. Beeman expressed personal thanks to all who contributed to the Wellness and Recovery Conference, and singled out CSB staff Dave Mangano, Laura Yager, Peggy Cook, Belinda Buescher, and Lara Larson. (*See Attachment: Summary of Wellness and Recovery Conference*)

8. Information Items

A. *CSB Priority Guidelines Review:*

In noting the committee review process is about 90% complete, Gary Ambrose indicated a draft of the proposed guidelines is expected to be distributed to the Board shortly. Following the Board's endorsement, the next steps would be to issue the proposed guidelines for public review and comment.

B. *VACSB Priorities:*

Mr. Braunstein noted the Virginia Association of Community Services Boards 2014-16 budget priorities paper distributed to the Board intentionally does not include specific dollar amounts to allow for negotiations. In preparation for Board members discussing the priority issues with legislative representatives, talking points will be developed by the CSB Government and Community Relations Committee.

C. *Strategic Planning:*

Mr. Ambrose reported planning continues with monthly team meetings being held, and the goal is to present an initial draft to the Board at the January 2014 meeting. An invitation was extended to any additional Board members that may wish to participate in these activities.

D. *FOCUS Realignment Status Report:*

Gail Ledford, Director of the Department of Administration for Human Services, reported a kick-off meeting with key representatives of all agencies essential to the FOCUS realignment process will be held October 24th. In referencing the initial completion date provided, it was indicated this timeframe was overly ambitious, and once the broad array of tasks were identified to fully implement the realignment, it was determined July 2014 is a realistic date. It was noted there is every expectation the July deadline will be met.

Separately, it was reported the Credible alignment continues and funding is available to meet the needs of this process.

9. Action Items

A. *Reimbursement for Services:*

Jim Stratoudakis reported the only comments received during the public comment review period were from the Fairfax County Department of Taxation which has resulted in a revision to the CSB Reimbursement Policy, and in turn, the related regulation. It was indicated there are no changes to either the Fee Schedule or Ability to Pay Scale. A brief summary of the revisions to the policy and regulation involving collection on delinquent accounts was provided for review and following discussion, Jeff Wisoff offered a motion to approve the Reimbursement for Services Policy 2120, Ability to Pay Scale and Fee Schedule as presented. The motion was seconded and passed.

B. *CSB Policy Review:*

Mr. Ambrose reported of the 28 CSB Policies, nine are being recommended for readoption with no changes. As previously shared with the Board, the policies will be

addressed in batches and posted for public review in the same manner. With this in mind, Mr. Ambrose moved the Board approve for public review and comment the readoption of the nine CSB policies as presented. The motion was seconded and passed.

C. FY2015 Capital Improvement Program (CIP):

Jeannie Cummins Eisenhour provided background on the CIP and the proposed CSB submission which is comprised of two parts: 1) immediate needs focusing on the first year, FY2015, as well as a five year plan through FY2019, and 2) future requests, FY2019-2023. The CSB proposal includes:

FY2015-2019:

Immediate FY2015

- ♦ Funding to move forward with further construction planning for the reconfiguration of the Fairfax Detoxification facility to increase medical beds and establish a primary care clinic. (\$1.6 million)
- ♦ Architectural/engineering review of residential treatment facilities, A New Beginning Crossroads and Cornerstones, to renovate and update these heavily used 20-year old facilities and ensure they continue to meet code and licensing. Also, an architectural/engineering review to determine the feasibility of developing supportive housing units on the current Cornerstone site. (\$150,000).

FY2015-2019

- ♦ Two group homes for adults with ID to transition from the upcoming closure of the Northern Virginia Training Center (\$3.7 million)
- ♦ Full funding for the East County Human Services Center which may include commercial/private partners.

Future FY2019-2023:

- ♦ Renovation of Fairfax Detoxification facility (if funding not received in FY15)
- ♦ Construction of new 36-bed assisted living program for adults with co-occurring mental illness, substance use disorders and medical needs.
- ♦ Construction of 8, four-bed intermediate care facilities for adults with ID.

While noting the Fairfax Detoxification facility is listed as an immediate FY2015 request, and should funding not initially be received, also included as a future item, it was indicated this dual listing could diminish the urgency of the immediate request. Further discussion revealed the CSB directly funded the initial Detox planning study, and as such, the project has not previously been on the roster of pending CIP requests. Taking this into account, there was agreement the Detox request be included in both sections. Kate Hanley moved to approve the CIP requests as presented, which was seconded and passed.

D. CSB Board Committee Structure:

Ms. Burmester noted the proposal to restructure the CSB committees evolved as not all the essential functions were being addressed by the current structure. The proposal includes eliminating the Internal and External Committees, change the two workgroups to standing committees, and establish a Government and Community Relations Committee. As this action entails amending the CSB Bylaws and such action requires a 30-day notice, it was indicated the advanced notice has been met as initially this proposal was

put forth in May 2013. Following discussion and some minor revisions, Ms. Burmester offered a motion that within the 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. The motion was seconded and passed.

There being no further business to come before the Board, a motion to adjourn was offered, seconded and carried. The meeting was adjourned at 9:25 p.m.

Actions Taken—

- Approval of the September 25, 2013 minutes of the CSB Board meeting as revised and the Work Session.
- Approval of the Reimbursement of Services as presented.
- Approval of CSB Capital Improvement Program as presented.
- Approval of amending the CSB Bylaws to indicate the revised committee structure as presented.
- Approval to issue CSB Board policies presented for readoption for public review and comment.

Date

Staff to Board

2013 Wellness and Recovery Conference

The Wellness and Recovery Committee, a group of volunteers who seek to provide educational opportunities to people in the community who have mental health concerns and/or substance use disorders. The Committee plans, organizes and presents conferences to educate and share experiences with clients, service providers, community groups and the public. The Committee is a collaboration of community organizations, nonprofit service providers and the Fairfax-Falls Church Community Services Board (CSB).

The 2013 Wellness and Recovery conference took place on October 11, 2013, at the Ernst Community Center of the Northern Virginia Community College (Annandale campus). 198 people registered and attended the conference of which 125 were on scholarship. Registration was accessed through the newly established website. Most people paid by credit card and some sent in a check.

The key sponsors of the event are the Community Services Board, Northern Virginia Mental Health Foundation, Inc. and the Northern Virginia Community College Office of Behavioral Health. The theme was "Together on the Pathway to Wellness."

The conference was skillfully coordinated by Grace Starbird. The presentations included Self Advocacy, Opening Up Your Future Through Employment, Holistic Health, a seminar on Mindfulness, Peer Support and several afternoon sessions on various exercises.

The evaluations were 90 percent positive. The committee is now planning for 2014.

Fairfax-Falls Church Community Services Board

Work Session

October 23, 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, Kate Hanley, Juan Pablo Segura, Rob Sweezy, Diane Tuininga, Jeff Wisoff, Jane Woods and Spencer Woods

The following CSB members were absent: Pam Barrett, Jessica Burmester, Mark Gross, Suzette Kern, Paul Luisada and Lori Stillman

The following CSB staff was present: George Braunstein, Daryl Washington, Laura Yager and Lisa Witt

Additional staff present: Brenda Gardiner, Department of Administration for Human Services

Ken Garnes called the meeting to order.

Presentation:

George Braunstein provided background on the events that led to development of the Youth Behavioral Health Services report which began with efforts to address early intervention and prevention services in the schools. A \$2 million budget was identified for a proposal that had been developed, but in light of the limited funding available, could not be implemented. Instead, the Board of Supervisors (BOS) established a study group including representatives of the schools and county human services agencies that work with youth, to look at the system to determine gaps and needs as well as designated \$200,000 as a seed fund. It was noted this initial presentation of recommendations will be the first of what may result in three phases of this project.

Brenda Gardiner with the Department of Administration for Human Services (DAHS) coordinated this effort and provided the following overview:

- The initial phase of the study was to examine current services, resources and capacity in the schools, Community Services Board as well as through community providers. In addition, the study was to define the needs, gaps and next steps.
- The project scope included all youth throughout the County and identified three levels: 1) high emotional/in needs of intensive services, 2) emerging mental health needs or substance use suspected/single agency identified, 3) wellness, preventive and educational services.
- It was reported the highest use of funding/resources is concentrated with the smallest percentage of youth who are in crisis and in need of intensive services.

- In the mid-level tier of emerging-intermediary needs, approximately 400-500 need care coordination and more than 6,000 youth access or need private and/or public provided counseling.
- A core recommendation of the work group is to build capacity for this middle tier recognizing that if addressed at this level, it may prevent the need for more costly services once escalated to the intensive level.
- Focusing on the middle tier, the gaps identified include support for parents/families, improve and invest in referral information for school employees and front line human services employees, and accountability to address system wide strategies while taking into account the unique needs of the various geographical areas.
- As families struggle to access providers, efforts are needed to make information readily available. It was pointed out the provider may not necessarily be the CSB, but a private provider, and this may be an appropriate time to focus on the insurance/provider availability with the healthcare marketplace exchange. It was also highlighted that a meeting is scheduled with the CSB and adult/youth providers in the area to determine how to work more closely and coordinate services.
- The recommendations of the report include:
 1. Implement system changes to improve information sharing, best practices, collaboration and accountability of the system
 2. Continue implementation of a “Systems of Care” approach across the County
 3. Develop and implement CSB Youth Services Resource Plan
 4. Review needs of youth served in multi-agency and co-located sites with the goal to best leverage supportive, treatment and educational services.
 5. Expand the scope of mental health promotion/wellness priorities
 6. Improve access to behavioral health care for families with insurance/Medicaid
 7. Review policies on use of CSA non-mandated funding
- Focusing on recommendation #3, Daryl Washington, CSB Deputy Director, provided an overview of ongoing activities within the CSB Youth and Family Division which include:
 1. A dialogue is well underway with the CSB Board on developing priority guidelines
 2. Gaps and resources continue to be identified and a determination of which resources should be retargeted
 3. An assessment of training needs
 4. Establishing a high, consistent standard of care to ensure evidence-based treatment
 5. Measurable outcomes to display a birds’ eye view of the system and ultimately examine the steps required to better address the needs and utilize staff/resources in the most efficient manner.

Discussion:

- In response how this effort is different from the previous CSB activities, it was noted in recent years, CSB efficiencies have been identified and implemented to meet budget requirements, while the emphasis of this effort will be setting the best standards and quality of care.

- In response to how school budget reductions may impact the school social workers/ counselors, Brenda Gardiner indicated she would investigate and provide further information.
- A recommended was put forth that in future phases of this project, school teachers be tapped to provide their insight from their unique hands-on perspective.

Brenda Gardiner was commended not only for her presentation, but also the excellent efforts she provided in organizing and coordinating this first phase study with a very diverse group of participants.

The work session was adjourned at 7:15p.m.

Date Approved

Staff to the Board

DRAFT

CSB Fiscal Committee Meeting Notes

Date: October 17, 2013
Attending: Suzette Kern, Ken Garnes, Gary Ambrose, Kate Hanley, Jeff Wisoff
Staff: George Braunstein, Daryl Washington, Lisa Witt, Bill Belcher
Other: Gail Ledford, Ron McDevitt (DAHS)

Summary of Information Shared/Decisions:

September 2013 Fiscal Update

- Staff projects a FY 2014 non-County revenue shortfall of \$2.5 million, fully offset by an expenditure balance of \$3.5 million. As a result, the FY 2014 unreserved fund balance is anticipated to increase by \$1.0 million. It should be noted that projections are based on three months of FY 2014 financial activity as well as FY 2013 trends.
- As of September 2013, the fiscal year-to-date impact of sequestration is \$69,258.

Managed Vacancy Plan

- Fund 400, General Merit positions - As of October 15, 2013, CSB had 135 vacant positions, including 7 vacant positions to be abolished/transferred to DAHS as part of the *FY 2014 Third Quarter Review* and 15 positions anticipated to be vacated in the next few months, for an effective vacancy rate of 143 positions.
- CSB recently filled 12 positions and is in the process of recruiting/hiring 42 positions.
- To remain within budget appropriations, CSB must keep the equivalent of approximately 100 positions vacant annually, the Vacancy Breakeven Point (VBP). Given the Deputy County Executive's authorization to recruit for additional positions to meet Department of Justice Settlement Agreement requirements and critical youth service needs, CSB is below the VBP.
- It should be noted that the estimated FY 2014 cumulative savings in compensation and fringe benefits totals \$1.4 million. Based on the length of time to recruit/hire and a pattern of filling supervisory positions through internal promotions, CSB anticipates no adverse effect by recruiting below the VBP.
- To determine which positions should be approved to recruit, the Deputy Director prioritizes positions as follows: positions required to meet health and safety needs, reasonable access to services, and reasonable administrative support. The amount of revenue to be generated by the position to offset County costs is also a factor. While the amount of revenue to be generated will differ by position, staff will develop a methodology to estimate the average percentage offset for the committee's consideration.

FOCUS Realignment

- A joint workgroup including staff from DAHS, CSB, and the Departments of Management and Budget, Finance, Human Resources, and Purchasing and Supply Management are collaborating on the FOCUS realignment project.
- A draft high-level work plan including milestones is under development.
- Due to the complex requirements and associated level of effort, the FOCUS realignment will be implemented for FY 2015.

CSB Fiscal Committee Meeting Notes

Credible Review

- Field work to assess business processes and document findings has begun at Crossroads and is scheduled for Behavioral Health Outpatient.

Structural Revenue Imbalance

- A program or service with a “structural revenue imbalance” is defined as any CSB program or service with a non-County revenue target in FOCUS that experiences a material shortfall in non-County revenues collected due to circumstances other than normal operational issues that can be addressed within a fiscal year. In these instances, a material increase in General Fund dollars is required to support the program or service as compared to the amount originally anticipated.
- An imbalance may result from, but is not limited to, the following:
 - In past years, a program or service may have been implemented or expanded. The County increased CSB expenditure appropriations, offset in part or in whole, by a non-County revenue source. The program or service experienced a material shortfall in non-County revenues collected due to circumstances other than normal operational issues and/or circumstances beyond CSB’s control. For instance, CSB may have implemented or expanded a program or service where non-County revenues were projected based on models in other jurisdictions and/or assumptions about the clients to be served (e.g., in another CSB, a larger percentage of clients served are eligible for Medicaid, while those in Fairfax County are not).
 - In past years, the County withdrew General Fund support for a program or service and substituted a non-County revenue source to support continuing operations. The program or service experienced a material shortfall in non-County revenues collected.
- Options for addressing the structural revenue imbalances are:
 - Reducing the non-County revenue target and increasing General Fund support to maintain operations.
 - Reducing the non-County revenue target and decreasing expenditures in that program or service or in another program or service considered to be of lower priority to minimize impact to General Fund. Decreasing expenditures may result from:
 - Achieving efficiencies
 - Holding positions vacant
 - Terminating services to clients who are currently being served.
- It should be noted that the delay in the FOCUS realignment did not cause these structural revenue imbalances, but has made identification, analysis, and developing corrective action plans more challenging.
- As part of the FY 2015 budget submission, CSB has proposed to partially address the structural imbalance by decreasing revenue targets in some programs by the same amount of additional revenue anticipated from the recently reclassified Intellectual Disability positions to meet Department of Justice Settlement Agreement requirements to provide reimbursable case management services to individuals with Medicaid Waiver.

CSB Fiscal Committee Meeting Notes

- Staff will continue to analyze the revenue imbalance and present additional information at the January 2014 meeting.

Other Issues

- The November 1 meeting to prepare the FY 2014 First Quarter Report to the BOS may be cancelled and comments solicited via email.
- The December 20 meeting has been rescheduled to December 13. The agenda will include a full briefing on the revenue maximization report. However, the chairperson requested that if any information becomes available prior to the December meeting, it be emailed to committee members. The committee plans to closely monitor this report and the implementation of its recommendations.
- Due to shortened timeframes between monthly close of the financial system and the November and December meetings, monthly financial and position reports will be delivered at the meeting, rather than the preceding Wednesday.

Action Items/Responsible Party Required Prior to Next Meeting:

- Draft of FY 2014 First Quarter Report to BOS – Lisa Witt

Issues to Communicate to CSB Board:

- Update on FOCUS Realignment

Agenda Items for Next Meeting on November 15th:

- None

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

	FY 2013 Actual	FY 2014 Revised	FY 2013 YTD Oct 2012	FY 2014 YTD Actual Oct 2013	FY 2014 YTD Actual Oct 2013 as % of Budget	FY 2014 Remaining Year Projection (RYP)	FY 2014 Projection (YTD Actual + RYP)	Projected Variance from Budget
Beginning Balance	(\$2,601,407)	\$6,429,727					\$6,429,727	\$0
Revenue:								
Fairfax City	\$1,336,100	\$1,336,100	\$334,025	\$334,025	25%	\$1,002,075	\$1,336,100	\$0
Falls Church City	605,595	605,595	151,399	151,399	25%	454,196	605,595	0
Subtotal - Local	\$1,941,695	\$1,941,695	\$485,424	\$485,424	25%	\$1,456,271	\$1,941,695	\$0
State DBHDS	\$12,712,937	\$12,713,033	\$4,357,508	\$4,241,244	33%	\$8,903,488	\$13,144,732	\$431,699
Subtotal - State	\$12,712,937	\$12,713,033	\$4,357,508	\$4,241,244	33%	\$8,903,488	\$13,144,732	\$431,699
Block Grant	\$4,418,878	\$4,203,857	\$1,401,286	\$1,359,838	32%	\$2,719,676	\$4,079,514	(\$124,343)
Direct/Other Federal	155,081	154,982	44,107	33,710	22%	99,199	132,909	(22,073)
Subtotal - Federal	\$4,573,959	\$4,358,839	\$1,445,393	\$1,393,548	32%	\$2,818,875	\$4,212,423	(\$146,416)
Medicaid Waiver	\$2,484,208	\$2,756,068	\$748,751	\$550,228	20%	\$1,646,405	\$2,196,633	(\$559,435)
Medicaid Option	10,044,268	10,026,774	2,527,522	2,371,593	24%	7,204,698	9,576,291	(450,483)
Program/Client Fees	4,775,353	6,279,123	1,214,805	1,466,088	23%	3,560,548	5,026,636	(1,252,487)
CSA Pooled Funds	1,457,374	1,660,009	408,209	219,268	13%	938,144	1,157,412	(502,597)
Subtotal - Fees	\$18,761,203	\$20,721,974	\$4,899,287	\$4,607,177	22%	\$13,349,795	\$17,956,972	(\$2,765,002)
Miscellaneous	\$14,200	\$0	\$0	\$13,688		\$16,000	\$29,688	\$29,688
Subtotal - Other	\$14,200	\$0	\$0	\$13,688		\$16,000	\$29,688	\$29,688
General Fund Transfer	\$109,610,515	\$110,041,222	\$100,421,627	\$110,041,222	100%		\$110,041,222	\$0
Total Revenue	\$145,013,102	\$156,206,490	\$111,609,239	\$120,782,303	77%	\$26,544,429	\$153,756,459	(\$2,450,031)
Expenditures:								
Compensation	\$66,262,636	\$69,890,276	\$17,876,693	\$17,456,569	25%	\$50,847,501	\$68,304,070	(\$1,586,207)
Fringe Benefits	23,190,219	25,585,159	6,190,078	6,207,520	24%	\$18,349,839	24,557,359	(1,027,800)
Operating	50,590,680	60,132,216	18,881,395	20,718,682	34%	\$38,512,825	59,231,507	(900,709)
WPFO	(1,468,098)	(1,173,974)	(203,397)	(358,327)	31%	(\$1,109,771)	(1,468,098)	(294,124)
Capital	7,938	0	0	0		\$0	0	0
Total Expenditures	\$138,583,375	\$154,433,677	\$42,744,769	\$44,024,444	29%	\$106,600,394	\$150,624,838	(\$3,808,839)
Ending Balance	\$6,429,727	\$1,772,813					\$3,131,621	\$1,358,808
Encumbered Reserve	\$3,456,914							
ITC Reserve	\$1,000,000	\$1,000,000					\$1,000,000	\$1,000,000
Unreserved Balance	\$1,972,813	\$772,813					\$2,131,621	\$1,358,808

Critical Issues for State Legislators

Attached is a draft paper with local critical issues for distribution to Virginia General Assembly representatives. This paper was developed by the CSB Government and Community Relations Committee and is currently undergoing further review in an effort to prioritize the issues. In addition, talking points are being drafted to assist in addressing the issues.

Attachment:

2014 Critical Issues for State Legislators

Critical Issues for State Legislators in 2014

*Peer Recovery • Housing • Child/Youth Crisis Response • Violence Prevention
Early Intervention • Medical Detox • Medicaid Waivers • DOJ Agreement • Medicaid Expansion*

Peer Provided Recovery Services for People with Substance Use Disorders

Peer Recovery Support Services are designed and delivered by people who themselves have substance use disorders (SUD) and are in recovery. A successful regional pilot program provided recovery coaches to help CSBs increase peer-run recovery support services, reduce recidivism and relapse, increase self-sufficiency, formalize assessment and referral for peer-led support services, and improve links with other community resources. After less than a year, CSBs have seen positive outcomes in increased numbers of individuals served and their quality of life. **Need: Successful regional pilot program, scheduled to expire in 2014, should be continued and replicated statewide.**

Expand Housing Options for People with Behavioral Health Needs

Many people with behavioral health disabilities lack affordable housing, especially in our region where the fair market rent for a one-bedroom apartment (\$1,191) far exceeds the entire monthly SSI payment for an individual with a disability (\$710). Being homeless or precariously housed compounds the difficulty of getting and keeping needed services. Housing vouchers and other housing supplements for this population are urgently needed and cost effective, as they reduce the need for more expensive acute care services. **Need: \$2,347,000 for a Northern Virginia regional pilot program for housing vouchers and other supplements for 200 individuals with serious mental illness and/or substance use disorders.**

For Children & Youth: Crisis Response, Psychiatry, Intensive Case Management, Family Support

Comprehensive services for children and youth with serious emotional disturbances are urgently needed in our region and throughout the state. A legislatively mandated study found the most pressing needs are for intensive case management, crisis response, and psychiatry. Family crisis peer support services are also critical. **Need: Continued funding for CSB pilot programs to develop and expand behavioral health crisis response and services for children, youth and families, consistent with Systems of Care principles.**

Early Intervention Services for Infants and Toddlers with Disabilities

Increase funding for Part C Early Intervention, which is a state/federal entitlement program that provides therapeutic services for infants and toddlers with developmental delays in areas such as speech, eating, learning and movement. In Fairfax-Falls Church, the local lead agency for the program is the CSB's Infant & Toddler Connection (ITC), which has experienced an increase in enrollment of 38 percent in recent years, with a further increase of at least seven percent expected in FY2014. **Need: Increased funding to keep pace with increasing demand for this critical program.**

Preventing Youth Violence

Violence prevention programming is urgently needed but too often becomes itself the victim of budget cuts. In Fairfax in the last five years, 70 percent of the staff positions in the CSB's Wellness, Health Promotion, and Prevention Services (WHPP) have been eliminated due to budget constraints with a resulting dramatic reduction in service capacity. Increased state funding to localities for this critical programming will help build capacity at the local level to prevent youth violence. **Need: Funding for regional projects to provide evidence-based violence prevention programming in school and community settings.**

Medical Detoxification Services

Medical detoxification services are crucial for people who are impacted by the devastating consequences of addiction and who would otherwise be sent to jail. Some individuals cannot detoxify safely without medical oversight and assistance. In FY13, the Fairfax-Falls Church CSB's Diversion to Detox Program admitted 282 individuals for medical detoxification but **had to turn away almost as many (222)**. Their alternative was justice system involvement. **Need: More funding for medical detoxification services.**

More issues described on reverse side.

Developmental Services/Supports

Medicaid Waivers: Waivers allow Medicaid reimbursement for eligible individuals with an intellectual or developmental disability to receive services in the home and community instead of in institutional settings.

- **Need: Higher Medicaid ID/DD Waiver rates.** Current Medicaid reimbursement rates are much lower than service providers' actual costs in Northern Virginia; the region needs approximately a 20% increase to meet individual needs. Inadequate rates are a strong disincentive for providers to serve CSB consumers. Rates should provide fair, equitable reimbursement to service providers.
- **Need: Broaden types of support that Medicaid ID Waivers will reimburse.** Increase nursing support and behavioral supports and reimburse them at adequate levels.
- **Need: Increase total number of community Medicaid waiver slots in addition to required slots in the DOJ settlement agreement.** Over 1,000 Fairfax-Falls Church residents, including over 400 with urgent needs, are currently waiting for Medicaid funding for community-based services. More people are on the urgent waiting list for community Medicaid waiver slots than are in the five state training centers.

Funding for Individuals Who Do Not Meet Strict Eligibility Requirements for the Medicaid Waiver:

Funding is needed to serve non-waiver eligible individuals in the community utilizing a model based on the current Family Support Program. Funding for services would be based on an annual application process. Services would include respite, companion services, individual supported employment, environmental modifications, assistive technology, Applied Behavioral Analysis, occupational therapy, dental services, hearing aids, and other adaptive devices. **Need: Additional state funding for services.**

Implementing DOJ Agreement: The U.S. Department of Justice (DOJ) and the Commonwealth of Virginia negotiated an agreement to ensure that any Virginian with intellectual disability can choose to have services provided in a community setting. To implement the agreement, the state is closing four of its five institutional "training centers" - including the Northern Virginia Training Center in Fairfax -- to fund community-based services. Center residents will be moving into community-based settings with services provided through local CSBs.

- 103 Fairfax-Falls Church residents currently live at the state Training Centers; most (80) are at the Northern Virginia center; 22 are at Central Virginia; and 1 is at Southeastern Virginia. (As of 11/1/13).
- Medicaid reimbursement does not fully cover the costs of many services and supports that are vital for a successful transition from the training centers to community settings. **Need: \$1,550,250 for FY2015 and \$3,032,000 for FY2016 for our region to help address the complex needs of individuals moving from the centers to the community.**

Medicaid Eligibility and Access to Health Care

Support increasing Medicaid eligibility in Virginia to 138 percent of the federal poverty level, as envisioned by the federal health care reform law, ensuring critical health coverage for some of the most vulnerable Virginians, including 25,000 to 30,000 people - children and adults - in Fairfax County.

- Many individuals who receive CSB services for serious mental illness and substance use disorders have little or no access to primary health care. On average in the U.S., people with serious mental illness die 25 years earlier than the rest of the population, usually due to common conditions such as hypertension and diabetes that can be managed or prevented if basic health care resources are available. **Need: Expand Medicaid eligibility so that low income children and parents, pregnant women, older adults and people with disabilities can access essential health care resources.**

The Fairfax-Falls Church Community Services Board

Providing vital services for people of all ages with mental illness, substance use disorders, intellectual disability, and for young children with developmental delays.

Resilience • Recovery • Community
www.fairfaxcounty.gov/csb

November 2013

Day Employment Recommendations

During the review by the Intellectual Developmental Disability (IDD) Committee on possible cost containment measures for Day Employment Services, meetings were held with Day Employment providers during the summer 2013. In preparation for discussion at the Board meeting, attached is a summary of those meetings.

Attachment

Notes from CSB Summer (2013) Meetings with ID Employment and Day Providers

Review of CSB Board cost containment options

Intellectual Developmental and Disability (IDD) Workgroup:

6/6/2013

Jessica Burmester reported on the June meeting in which the ID Employment recommendations were discussed as well as the presentation on June 25th to the BOS Human Services Committee. The presentation provided an outline of efforts and recommendations being developed to contain costs including:

- Renegotiation of a three-year contract that expires in June 2015 to revise rates.
- For those unemployed, possible 1) furlough days, 2) implementation of a cap at 90% of current levels, and 3) reduction in the level of program enhancements.
- Implement strategy for self-directed services where the individual determines their own plan.

In discussing ID Waivers, it was noted with a community waiting list of almost 600, 79 slots will be made available on July 1, 2013.

Logistics

All Providers operate using a standard business model a component of which is a balance between revenue and cost with some operations being standalone entities within the larger organizational structure.

The Provider meetings used both a structured interview format along with unstructured dialogue. Prior to the meetings Providers were given the direction of the CSB Board and the CSB PowerPoint presentation used during the related presentation to the Board of Supervisors Human Services Committee on 6/25/2013. The following interview questions were used:

- A. Feedback on the each cost containment strategy in the following areas
 1. How would this option impact the services you provide?
 2. How would this option impact the persons served in your organization?
 3. Is there a variation of this option which would be more "implementable" for your organization?
 4. Any other comments related to this option?
- B. How would your organization prioritize the above options if only one or two of them were implemented?
- C. Could your organization reduce the quality of service to reduce costs, i.e. increase the number of persons served for each staff member (change staff ratio)?
- D. What other ideas or ways would your organization recommend the CSB contain costs or sustain ID Employment and Day Services?
- E. How would your organization restructure PE (Program Enhancement)?
- F. Is your organization subsidizing any of the above services via fundraising or other resources?
- G. How would the above strategies impact any plans your organization may have for expanded capacity?

- H. The Department of Behavioral Health and Developmental Services may require “integrated day support”. What are your thoughts regarding implementing such a service?
- I. How is your organization implementing “Employment First”?
- J. Does your organization have any other comments or recommendations?

Attachments:

- Attachment A, Copy of email sent to Providers
- Attachment B, Written response from Dennis Manning, CEO of Community Residences.
- Attachment C, Response submitted by ServiceSource
- Attachment D, Several documents submitted by Didlake on State Use, Ability 1, and Schedule “A”, Governor’s Order #55.

Comments from Providers

Option # 1, (Furloughs):

- A. Provider service costs would not be changed.
- B. Providers would need to remain “open” due to service commitments to other consumers (non-Fairfax or those served who are employed).
- C. In most cases there is not a contingency to make up for lost revenue.
- D. At least one Provider would stop serving Fairfax persons if they were unable to receive revenue established by the current service rates or utilization rates. The irony is if the Provider stopped serving persons because of a decrease in revenue from the listed cost containment options most likely the individual being served would need replacement at a more expensive Provider, even with implementation the above proposed cost containment options.
- E. One Provider indicated they would continue to serve currently served Fairfax County CSB persons but would stop taking new referrals.
- F. Single days off have a negative clinical impact on persons being served.

Option # 2, (Cap at 90%):

- A. Comments are the same as those under the “furlough” option above with the addition of:
- B. Most Providers consider anyone receiving pay to be employed thus not subject to these cost containment options as defined. For CSB cost containment purposes we interpreted “non-employed” to mean anyone in Sheltered or Facility based service and anyone in Day. Some providers felt some group situations were no more “employment” than their “sheltered” models. If the options are applied to “non-employed” this would require further delineation of what this means. For example the number of hours worked and the level of compensation. Most Providers felt the general “non-employed” category as applied in the CSB scenarios was not equitable.
- C. One Provider asked if a reduction or cap was implemented, which part of the services currently provided did the County no longer wish to purchase, i.e. nursing.
- D. Reductions in service could have a “safety” consequence for others in the program.

- E. One Provider indicated they could cut lunch service, but many persons then would not get a related meal as they seem unable to universally bring it themselves.

Option # 3, (Reducing or recalculation PE):

- A. All the above comments plus:
- B. Transportation severely limits the ability to use 3 units of Medicaid Waiver Day services reimbursement.
- C. Many persons clinically would not qualify for 3 units of service.
- D. Providers may be subject to increased scrutiny by Department of Medical Assistance Services (DMAS) and Department of Behavioral Health and Developmental Services (DBHDS) regarding the rationale and efficacy of 3 service units.
- E. Some Providers are no longer accepting new persons from Prince William County.

Option # 4, (Increased utilization of Self-Directed Services):

- A. Many Providers asked for a description of the CSB's Self-Directed Service option.
- B. Some Providers questioned the quality of SD purchased services along with the limited regulatory requirements and liability.
- C. Some Providers indicated in general the possible reduction in the numbers of persons receiving "traditional" services might result in increased costs.

Question "B", (Option Prioritization):

- 1. Most Providers would not prioritize the four options but in general would implement the SD option first. Those that gave even a partial priority would pick the furlough option as a last choice.

Question "C", (Reducing quality of service or staff ratios):

- 1. Providers indicated they were already at licensure/regulatory levels of staff and quality. Reductions would not be possible with continuation of meeting these requirements and agreements with other jurisdictions or service purchasers.

Question "E", (Restructure PE):

- 1. Every Provider indicated the County and advocates should work with the state to increase Medicaid waiver reimbursement rates.
- 2. It was pointed out that Providers agreed to serve and use Medicaid Waiver at the County's request and as such the County was avoiding significant costs now covered by Medicaid Waiver. (In FY 2013 possibly as much as \$15 million for Fairfax alone). PE leverages the County's funds. There are additional costs for Providers qualifying to be a Medicaid Wavier services provider.
- 3. Providers universally agreed the States limited Medicaid waiver funding for services in Northern Virginia was the primary factor in increasing costs for the County.
- 4. "Persons funded through Medicaid Waiver require 30% more paperwork".

5. "Providers are now saving the County up to 60% by using Medicaid Waiver funding over the cost of 100% local funding".
6. The County should return to buying capacity by the month instead of paying by the day for service received. If a Provider could count on a static monthly amount per person cost could be reduced. It was pointed out that would need to be the service model used by all partners to gain the proposed efficiencies and the Fairfax-Falls Church CSB is unable to stipulate other entities buy the service this way.

Question "F", (Subsidizing Services):

1. Some Providers are subsidizing services while others are not. One Provider indicated a "loss" of over a million dollars in providing ID Employment and Day services.

Question "G", (Expansion/Capacity):

1. While additional capacity is needed most Providers do not plan to increase capacity with uncertain funding and in some cases capacity might be decreased with decreased funding.
2. St. Coletta has met with CSB representatives presenting the goal of opening a "Community Enterprise Center". Conceptually this center would be located in an area of the County with the greatest need and provide integrated employment opportunities for persons with ID. In addition plans include serving other populations such as wounded warriors, homeless, persons with MH or SUD, and/or other populations in the County needing employment. Implementing any of the above options would delay or stop plans for this endeavor. In fact St. Coletta has requested assistance from the County in moving ahead with this goal.
3. Currently the Community Residences (CR) program serving persons with behavior challenges is at capacity. There have been plans to expand but this would not be possible if the above cost containment or other strategies were implemented. A reduction in revenue might cause changes to the current program. The CR program is very well regarded, with some families indicating it is the only program which has worked and prevents their family member from sitting at home.
4. The nature of group supported employment is changing. Employers now are asking for enclaves of 3 to 4 persons as opposed to 6 to 8 persons. This is creating unique challenges for Providers as well as an additional strain on their resources.

Question "H", (Integrated Day Support):

1. Most Providers are aware the requirement for Integrated Day Support may be implemented. Many of them are already attempting to increase integration. Most Providers were uncertain how this concept would be regulated. Most Providers felt there could be increased costs.

Question "I", (Employment First):

1. Some Providers are ending or reducing "Sheltered" employment. Providers are increasing pay rates and integration. Providers are increasing emphasis on employment related focus areas.

Many Providers are moving to eliminate the need for “14c” status, which is a “wage waiver” from Department of Labor.

Question “D”, (Other cost containment ideas):

1. Do not fund PE for new persons entering the system and direct complaints to DMAS and DBHDS. This does not impact anyone currently being served, but pressures the State to adequately fund Medicaid Waiver Services.
2. Contract out Support Coordination, related income could offset Provider losses on ID Employment and Day services. A discussion pointed out that income from Medicaid Waiver for Support Coordination did not cover the costs and at this point CSBs are required to provide this service directly.
3. Increase purchase of service from the lower cost Providers.
4. Push the State to allow payment for nursing services in Employment and Day programs.
5. Use the “Ipod Touch” to increase reach and time for Job Coach (Increase use of technology).
6. Cut FASTran Services rather than make cuts which impact health and safety.
7. Utilizing a wait list is a better option than implementing actions which denigrate the service system.

Question “J”, (Further comments observations):

1. CR has submitted a written comment. Please see the attached email from Dennis Manning, CR CEO. Also ServiceSource has submitted a written response copy attached.
2. As rates are based on service costs for Providers a decrease in related revenue would lead to rate increases or renegotiations.
3. One Provider pointed out that their G & A (Administration Costs) were 21%. Since the County only allows a maximum of 15% in this category, Providers are taking a loss in this category.
4. It was pointed out the County has already saved considerable amounts with previous cost containment strategies. (In fact the study done in ~2007 has most likely reduced costs by over \$10 million dollars over the last 6 years)
5. One Provider asked if a “cut” was implemented, could their organization choose how to implement the reduction or chose another service area for the cut. For example eliminate their transportation service.
6. It was suggested in order to reduce costs, transportation services be reduced or eliminated. During previous public hearings regarding cost containment generally there was a preference for making reductions in transportation as opposed to reductions in services. Reductions in transportation would also be a way to shift costs to the persons being served. (Provide example during discussion).
7. “If we can pass along savings from service provision we will”.
8. The County should develop a “State Use” program or preferred contracting status for Employment Service Organizations (ESOs).
9. One Provider is making a considerable investment in preparing to serve persons with Autism and have an “Autism Expert” on staff and is providing related staff training.

10. Executive Order “# 55” (November 12, 2012): One Provider referenced this order which calls upon entities such as the Department of Behavioral Health and Developmental Services to increase efforts to implement services and programs to increase employment for persons with disabilities. (Copy attached in Didlake’s response).
11. The economic multiplier effect on a locality was referenced regarding employment of persons with disabilities and employment services for persons with disabilities.
12. Federal Government schedule “A” placement authority was referenced. The County should implement its own schedule “A” placement program. Meaning a non-competitive or preferential hiring status for persons with disabilities.
13. The peculiarity of simultaneously implementing a reduction in a rate (payments) and a contract rate increase was pointed out. One Provider would rather forgo a contract rate adjustment (CRA) if a cut in services could be avoided.
14. It was suggested we use wait lists to manage costs rather than rate reductions, etc.
15. One Provider pointed out their increasing costs to monitor benefits vis a vis pay. This is at the request of service recipients so as benefits are not inadvertently reduced.
16. Sequestration has been an additional revenue reducer for Providers and has added a level of uncertainty regarding future contracts and revenue.
17. Some Providers are experiencing “pressure” to develop non-work or “retirement” programs which are not inherently less expensive, but strain limited resources to develop what is essentially a new program.
18. The CSB is reducing funding of persons needing a 1:1 staffing ratio. Serving persons with such exceptional needs is an increasing extra cost for Providers.
19. The listed options seem slanted to impact those with the most significant disabilities and limitations.
20. Implementing the above options may impact a Providers capacity to serve those with the greatest need.
21. One Provider as a result of legal consultation is going to limit MW supported persons as a percentage of total census. Apparently this is a standard practice for hospitals.
22. The CSB Priority Populations policy was referenced by one Provider. How are these cuts consistent with the CSB Priority Populations policy and the Michael Gillette documents presented at the July 24th, 2013 CSB Board meeting?

Other recent actions to reduce or contain costs

1. Over the summer staff met twice with Access Ministries of Mclean Bible Church regarding expansion. Currently the Day Program there is at capacity. During our first meeting expansion was not being considered as Access Ministries did not want to impact the small community feel of their program. However after the second meeting the program is looking towards expansion. In fact an additional location may be selected to add geographical diversity.
2. Staff met with Community Concepts which this fall is expanding to Fairfax County. Two residential sites will be up and running during this fiscal year with a Day program expansion also planned for this year.

3. Staff are planning to highlight and advocate for use of lower cost programs and providers including Didlake, Linden Resources, SPARC, and Self-Directed services. Presentations to Support Coordinators are in the planning stages.

Partial inventory of variables for consideration in the next RFP for ID Employment and Day Services

1. Related planning will be initiated Fall 2013.
2. Waiver reform, including changes to rates, reimbursement methodology, populations, services, and rate methodology.
3. Progression of the DOJ settlement, including Employment First, integrated day services, restrictions on PE, waiver rates, service capacity, etc.
4. Payment methodology.
5. Participation of Jurisdictional and State Partners.
6. Possible contracting of SD Management/Intermediary.
7. "Employment First" mandates.
8. Priority of serving persons with the greatest needs as a first priority

Attachment A

Copy of communication sent to Providers

The Fairfax-Falls Church Community Services Board (CSB) and the County Board of Supervisors have been concerned for several years, and particularly during the recent economic downturn, regarding the sustainability of Employment and Day Services for persons with intellectual disabilities. While these are highly valued services there has been a disproportionate (compared to other county service areas) increase in costs on a year-to-year basis. In the interest of maintaining services to CSB eligible persons, several studies and scenarios have been proposed and reviewed during the last few years. During FY 2013 an outside consultant, TransCen was contracted to make related recommendations. On June 25, 2013 a summary of these efforts was presented to the Human Service Committee of the County Board of Supervisors. A copy of the related power point presentation is attached; however below are the bullet points presented delineating short-term cost containment strategies for further consideration.

- As a short term approach for FY2015, the CSB Board requested staff begin working now with private providers to recommend options for provision of services within local funding allocations.
- At the request of the CSB Board, staff provided several cost containment strategies and impact analyses for consideration by the CSB Intellectual and Developmental Disabilities (IDD) Workgroup.
 1. Implement from 6 to 12 furlough days per year for those recipients who are in day support (not employed).
 2. Implement capitation at 90% of current funding levels for recipients who are not employed.
 3. Reduce current levels of program enhancement funding (used to purchase additional services not covered by Medicaid waiver reimbursement) by either 10% or by revising the payment methodology. This would be applied to those recipients who are not employed.
 4. Implement a strategy to increase self-directed services. Self-directed services require a cost savings per recipient of at least 20% of traditional service costs.
- With self-directed services, the type and amount of supports are individualized and may include participation in non-contracted day programs such as SPARC and McLean Bible Church.
- CSB Staff will meet with each employment services provider over the summer to discuss the feasibility and impact of each strategy and to solicit other recommendations to contain costs.
- By September CSB staff will report back to the CSB Board's IDD Workgroup in order to finalize recommendations in line with the process of preparing the CSB's FY2015 budget submission.

We are aware our providers are very concerned regarding the individuals served by the CSB, maintaining services, costs, and resources to provide these services. Input from our Provider/Partners is crucial to implementation of any of the above strategies and identifying any other workable cost-containment strategies while maintaining services. As such I would like to schedule a meeting with you or your representatives during the next couple of weeks. I will be calling soon to set up a meeting at a mutually convenient time and place.

As always you are thanked for the services you provide to the CSB persons needing employment and day services. I look forward to meeting with you and your input/ideas regarding containing costs and maintaining services.

Attachment B

Email from Dennis Manning, Community Residences, Executive Director

Dear Evan,

Thanks so much for your early and thorough notice of the considerations on the table.

I am sure you have already and no doubt will continue to hear appeals from providers. The successes we have enjoyed at Newbrook Place would not have been possible with the ongoing support of you, your staff and certainly county finances. I can assure you that I make every effort whenever discussing Newbrook Place to let people know that Fairfax County stepped up from the very beginning and supports half the members of Newbrook Place.

We continue to value that partnership and will continue to work with you to think creatively about how to deal with the contingencies facing the county. At first look, I do not think some of the ideas under consideration would work for a program as small as ours, if only due to the lost revenue without sufficient economies of scale to absorb it. I suppose if certain regulatory waivers were granted, staffing could be looked at but, again, due to how shallow the staffing is in such a small and intimate program, I suspect no one would be happy with the increased risk and diminished services.

The only specific suggestion I have is that we think together about when and how to communicate with our families. I realize this is a system-wide challenge but unlike many other programs CR operates, the involved families in Newbrook Place have an extraordinary commitment and exceptional pride in the success of the program. Many have told me directly that no other program has so positively affected the quality of life, not only for their loved one, but for the entire family.

All the best,

Dennis

**SERVICESTOURCE RESPONSE TO COST CONTAINMENT OPTIONS
PROPOSED BY THE FAIRFAX-FALLS CHURCH COMMUNITY
BOARD FOR FISCAL YEAR 2015**

August 08, 2013

- The cost containment scenarios put forth by the Fairfax-Falls Church CSB are unacceptable as they target the most vulnerable individuals who, due to the severity of their disabilities, are precluded from community employment. These scenarios are in direct contradiction of the CSB's policy on Priority Populations, which protects people with severe and multiple disabilities.
- The most desirable option is to continue to fully fund current program participants and request additional funding from the Board of Supervisors to enable the special education graduates of June, 2014, who require adult services, to obtain those services and supports commencing in FY2015.
- The proposed scenarios do not include an option originally cited in the FY 2013 budget review which proposed to "Continue a waiting list including the FY 2012 grads until attrition, waiver savings, or other savings realize enough resources to begin funding to those waiting with the greatest risk/need served first". (FX-FC CSB Intellectual Disabilities Workgroup, 03/07/12). This option is favored by ServiceSource and we recommend updating the date to reflect the June 2014 graduates and offering this as an option.
- The three scenarios would result in financial losses to ServiceSource ranging from \$92,000 to \$230,000. Each scenario presents its own financial penalties to ServiceSource and disruption to the people we serve, their families, residential providers and transportation.
- Scenario #1: Furlough Days:
 - This would impact 228 individuals each day.
 - This would result in losses of \$53,000 (six days) to \$183,000 (12 days). It significantly reduces revenue without a reduction in expenses.
- Scenario #2: Capitation at 90% of Current Funding Levels:
 - This would impact 79 individuals.
 - This proposal would result in a loss of \$172,000.
 - This would cause a severe and disproportionate impact on ServiceSource as we have continued to provide services to those individuals with the most significant disabilities. Although these

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participants are unable to work, ServiceSource has been successful in meeting their medical, social, behavioral, and personal care needs for decades.

- Scenario #3: Reduce Current Levels of Program Enhancement:
 - This proposal would significantly reduce services, including health and safety, for 149 individuals.
 - This scenario would result in a significant financial loss of \$230,000.
 - This scenario also weakens the strong partnership that ServiceSource and the FX-FC CSB have enjoyed for decades. Over 20 years ago (in 1991), ServiceSource and Central Fairfax Services agreed to join forces with the FX-FC CSB to initiate Medicaid waiver services. During those many years, the CSB has been an admirable partner by supporting our organization to achieve revenue stabilization while Waiver rates remained detached from the actual costs borne by ServiceSource. This proposed reduction of Program Enhancement by the CSB without an assurance of immediate commensurate support by DMAS is a renege on that long-standing partnership.

ServiceSource appreciates this opportunity to discuss the issues as they pertain to our agency specifically. We intend to also participate in future discussions with the ID Committee, the Fairfax-Falls Church CSB and the Board of Supervisors as this issue is discussed as part of the FY15 budget process.

ServiceSource looks forward to resolving this matter in cooperation with the FX-FC CSB, so that we can jointly ensure that the people we serve, the most vulnerable individuals in the ID system, receive the supports they need for health, safety and quality life in our community.

SYNOPSIS OF 2010 SUPRA SURVEY OF STATE USE PROGRAMS

NUMBER OF PERSONS WITH DISABILITIES EMPLOYED

36,766

(18 programs reporting)

NUMBERS OF HOURS WORKED BY PERSONS WITH DISABILITIES

17,817,979.44

(16 programs reporting)

TOTAL WAGES PAID TO PERSONS WITH DISABILITIES

\$132,915,331.14

(15 programs reporting)

TOTAL PERSONS WITH DISABILITIES PLACED IN COMPETITIVE EMPLOYMENT

5,955

(11 programs reporting)

NUMBER OF SERVICE CONTRACTS

4,017

(18 programs reporting)

NUMBER OF CRPs ELIGIBLE TO PARTICIPATE

1,110

(18 programs reporting)

NUMBER OF CRPs PARTICIPATING IN STATE USE

739

(18 programs reporting)

TOTAL FY 2010 REPORTED PRODUCT SALES: \$105,968,672.00

TOTAL FY 2010 REPORTED SERVICE SALES: \$441,445,291.12

TOTAL FY 2010 REPORTED TOTAL SALES: \$547,413,963.12

(18 SUPRA members participated in the 2010 survey. Corporate members Nevada and Virginia reported no sales or employment data; Arizona did not provide employment data.)



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Fact Sheet

The AbilityOne Program is a coordinated effort on behalf of the Committee for Purchase From People Who Are Blind or Severely Disabled, National Industries for the Blind (NIB) and SourceAmerica™ (formerly NISH).

The AbilityOne Program is the largest single provider of employment for people who are blind or have significant disabilities—currently employing more than 40,000 individuals with significant disabilities, at more than 600 community-based nonprofit agencies across the country. Employment opportunities made possible through the AbilityOne Program equip people who are blind or have other significant disabilities with the job skills and training necessary to receive good wages and benefits and gain greater independence and quality of life.

The AbilityOne Program strives to reduce the alarmingly high unemployment rate (70 percent) faced by individuals who are blind or who have other significant disabilities by providing employment opportunities on Federal contracts nationwide. According to the 2000 Census, of the 31 million United States residents between the ages of 21 and 64 who have disabilities, 21 million are unemployed.

The AbilityOne Program can provide national coverage as participating community-based nonprofit partners are in every state in the country, as well as the District of Columbia, Puerto Rico and Guam.

The AbilityOne Program saves Federal and State Governments more than \$46 million a year, according to a study conducted in 2003. The study, "People with Disabilities Work: America Benefits," focuses on AbilityOne commissary, food services and custodial programs, which collectively employ more than 10,000 people nationwide who are blind or have other significant disabilities. The savings come from the increase in income and payroll taxes and reduction of entitlements that result from employment.

The AbilityOne Program provides high quality job opportunities for people with disabilities who face significant barriers to employment and who would otherwise rely on public benefit programs.

The AbilityOne Program uses the purchasing power of the Federal Government to buy products and services from participating community-based nonprofit agencies dedicated to training and employing individuals with disabilities.

The AbilityOne Program is a Federal law that requires the Federal Government to purchase specific products and services from its community-based nonprofit partners.

What began as the Wagner-O'Day Act in 1938, and which permitted nonprofit agencies serving people who are blind to sell products such as brooms and mops to the Federal Government, was expanded in 1971 when Sen. Jacob Javits led an effort to permit individuals with significant disabilities other than blindness to participate in the Program. Javits' amendment also expanded the Act to include the provision of services to the Federal Government.

By employing people who are blind or who have other significant disabilities, the AbilityOne Program is able to increase independence and self-esteem by helping these individuals enjoy full participation in their community and market their AbilityOne skills into other public and private sector jobs.

The AbilityOne Program, a priority source of supply for Federal customers, makes it easy to do the right thing by offering an array of quality products and services delivered on time and at fair market prices.

People who are blind or who have other significant disabilities employed through the AbilityOne Program gain long-term work experience and marketable job skills, reduce their reliance on Government entitlement payments and increase tax revenues.

To help meet Federal customers' paperless acquisition needs, AbilityOne products can be purchased through e-commerce portals such as www.abilityone.com, www.gsaAdvantage.gov and those of authorized AbilityOne commercial distributors.

AbilityOne paper products meet the Minimum Recycled Content Standard for printing and writing paper as specified by Executive Order 13101.

AbilityOne Program sales account for less than one percent of all Federal procurement dollars spent.

Quick Start >

[How to Work with AbilityOne](#)

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- customerservice@abilityone.org
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- (800) 999-5963

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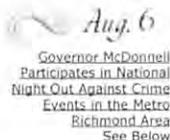
Skip to Content
Agencies | Governor
Search Virginia.Gov



Home > Policy Office > Executive Orders > Executive Order No. 55

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- News
- Media Library
- About the Governor
- Governor's Policy Office**
- Government Reform and Restructuring
- Executive Orders
- Executive Directives
- Staff Listing
- Governor's Cabinet
- Community Relations
- Our Commonwealth



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Executive Order No. 55 (2012) Supporting Virginians with Disabilities in the Commonwealth's Workforce Importance of Employment for Virginians with Disabilities

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Importance of the Issue

The last United States Census concluded that out of 3.6 million Virginia residents who were employed, 154,985 Virginians with disabilities were included in that total. These numbers indicate an under representation of people with disabilities among the gainfully employed. The Commonwealth of Virginia should work to provide a Commonwealth of Opportunity for all Virginians; therefore it is appropriate to initiate steps in order to expand employment opportunities for its citizens who are disabled.

Directives for the Employment of Virginians with Disabilities

By virtue of the authority vested in me as Governor by Article V of the Constitution of Virginia and under the laws of the Commonwealth, including, but not limited to, Section 2.2-103 of the *Code of Virginia*, and in conjunction with Section 51.5-1 of the *Code of Virginia* which states that it is the policy of the Commonwealth to encourage and enable persons with disabilities, including our wounded soldiers, to participate fully and equally in the social and economic life of the Commonwealth and to engage in remunerative employment, *with the goal of enhancing the employment opportunities for Virginians with disabilities.*

I hereby call upon the Department for Aging and Rehabilitative Services and the Department for the Blind and Vision Impaired to increase coordination in the provision of information and support to both public and private sector employers particularly in efforts to use assistive technology to support individuals with disabilities in the Commonwealth's workforce.

I hereby call upon relevant agencies to work together in order to better promote the value and benefit of employing individuals with disabilities.

I hereby call upon the Departments of Education, Medical Assistance Services, and Behavioral Health and Developmental Services to review all of their programs to assure that vocational opportunities are supported in addition to non vocational programs

I hereby call upon all state agencies to work with the Department for Aging and Rehabilitative Services and the Department for the Blind and Vision Impaired vocational rehabilitation programs to provide a range of career building opportunities for these clients to include, but not be limited to: internships, mentoring opportunities, unpaid work experiences, and situational assessments.

I hereby call upon the Department for Behavioral Health and Developmental Services to build on the findings of the annual *Employment First Summits* promoting Employment First Initiatives which will lead to increased employment opportunities for individuals with disabilities, resulting in immeasurable benefits for individuals, families, employers, and communities across the Commonwealth.

I hereby call upon all state agencies to collaborate with the Virginia Values Veterans Initiative of the Department of Veterans Services in developing and supporting additional employers committed to hiring veterans with disabilities. Veteran specific resources, such as the Virginia Wounded Warrior Program and the DVS Jobs Board, should be utilized to the fullest extent possible.

I hereby call upon the Department of Human Resource Management to publicly disseminate on a periodic basis the guidelines for hiring veterans with a service-connected disability rating. This information should also be displayed on the Department of Human Resource Management website and listing of state job openings.

Within 120 days of the signing of this order, I call upon the Virginia Workforce Council to work in conjunction with the Virginia Employment Commission and with the Workforce Development Services Division of the Virginia Community College system in order to convene a workgroup to identify and develop strategies for expanding the employment of individuals with disabilities in the private sector in the Commonwealth. The workgroup should include representatives of the Departments for Aging and Rehabilitative Services, Blind and Vision Impaired, Veterans Services, Behavioral Health and Developmental Services, and other experts in the employment of persons with disabilities along with decision makers from large, small and mid-sized businesses from throughout the Commonwealth.

Effective Date of the Executive Order

This Executive Order shall be effective November 16, 2012 and shall remain in force and effect unless amended or rescinded by further executive order.

Given under my hand and under the seal of the Commonwealth of Virginia this 16th day of November, 2012.

/s/ Robert F. McDonnell, Governor

Attest:

/s/ Secretary of the Commonwealth

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Video
Photos
Audio

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Governor's Bio
Meet The First Lady
Governor's Calendar

Governor's Policy Office
Government Reform
and Restructuring
Executive Orders

Community Relations
Our Commonwealth
Proclamations
Flag Status

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Fuel Vehicles
Received Proposals

Speeches
RSS Feeds
Video Stream Archives

Scheduling Requests
Executive Mansion

Executive Directives
Staff Listing
Governor's Cabinet

Governor's Fellows Program
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Schedule A

Excepted Service - Appointment of Persons with Disabilities and Career and Career-Conditional Employment Regulation

Questions and Answers

The regulations guiding the *Excepted Service -- Appointment of Persons with Disabilities and Career and Career-Conditional Appointment* are found in the Code of Federal Regulations (CFR). The citation is 5 CFR 213.3102(u). The questions and answers listed here are not meant to be a substitute for reading the regulations. We hope this information will be helpful to your agency's managers, Human Resources offices and Special Program Coordinators.

- OVERVIEW
- APPLICATION PROCEDURES
- PROOF OF DISABILITY/CERTIFICATION OF JOB READINESS
- ELIGIBILITY REQUIREMENTS
- SELECTION OF INDIVIDUALS WITH DISABILITIES
- APPOINTMENT TYPE
- TEMPORARY APPOINTMENTS
- NON-TEMPORARY APPOINTMENTS
- REDUCTION-IN-FORCE
- SAFEGUARDING CONFIDENTIAL INFORMATION
- CONVERSION -TEMPORARY 5 CFR 213.3102(U) APPOINTMENT TO PERMANENT 5 CFR 213.3102 (U) APPOINTMENT

Overview

Q. Where can the new regulation be found?

A. The Federal Register has posted the new regulation on the Federal Register website at <http://origin.www.gpoaccess.gov/fr/> and the Office of Personnel Management (OPM) has posted it on its website at www.opm.gov/fedregis and www.opm.gov/disability. OPM provided notification to Federal agencies through the Chief Human Capital Officer Council.

Q. What is the effective date of the new regulation?

A. The date the regulation goes into effect is 30 days after publication in the Federal Register.

Q. Why are the rules on employment of individuals with disabilities changing?

A. OPM is changing the procedures in support of the President's "New Freedom Initiative" introduced in 2001, which encourages Federal agencies to consider employment opportunities for people with disabilities. The regulation improves the Federal Government's ability to hire persons with these disabilities. It is designed to remove possible barriers and increase employment opportunities for persons with disabilities.

Q. What are the new changes?

A. The regulation modernizes the appointment processes in several significant ways:

- The appointing authorities for persons with disabilities (excepted service) Schedule A appointing authorities 5 CFR 213.3102(t) (mental retardation), (u) (severe physical disabilities), and (gg) (psychiatric disabilities) are combined into one streamlined authority, 5 CFR 213.3102(u).
- Agencies may accept proof of disability and certification of job readiness from an expanded number of entities, i.e., a licensed medical professional (e.g., a physician or other medical professional duly certified by a State, the District of Columbia, or a U.S. territory, to practice medicine); a licensed vocational rehabilitation specialist (i.e., State or private); or any Federal agency, State agency or agency of the District of Columbia or a U.S. territory that issues or provides disability benefits.

- The distinction between proof of disability and certification of job readiness is clarified (i.e., documentation of mental retardation, severe physical disability or psychiatric disability vs. certification the applicant is likely to succeed in performing the duties of the position for which he or she is applying).
- The temporary employment options for appointments under the new authority, 5 CFR 213.3102(u), are clarified. Agencies may make temporary (for positions not expected to last more than 1 year), time-limited or permanent appointments under this authority.
- The employment options for appointments under this authority are clarified. In cases where an applicant does not have certification of job readiness, an agency may appoint the individual to a temporary appointment to determine the applicant's readiness for continued employment

Q. Why is the term "mental retardation" used in the new regulation instead of cognitive disability, develop mental disability, or intellectual disability?

A. OPM used this term in the new regulation because it is the official terminology used in the authorizing Executive Order 12125, dated March 15, 1979.

Q. Why should agencies consider using this hiring authority?

A. Agencies should use this hiring authority for a number of good reasons:

- Individuals with disabilities are a source of excellent applicants.
- No public notice is required. This may shorten the time to hire a well qualified candidate
- It can support an agency's Career Patterns initiative. Technological advances and growing emphasis on telework may dovetail with the needs of many applicants with disabilities.
- Agencies don't have to clear surplus employees lists prior to using the appointing authority.

[Back to Top](#)

Application Procedures

Q. How does a person with mental retardation, severe physical disability or psychiatric disability apply for Federal jobs the new regulations?

A. Individuals with disabilities may be considered for excepted service positions under the 213.3102(u) appointment authority by reviewing vacancy announcements posted on www.usajobs.gov and submitting resumes for positions that are of interest to the applicant, or they may contact agency Special Placement Coordinator(s) in the agency for which they wish to work. (Special Placement Coordinators are involved with the hiring, placement, and advancement of individuals with disabilities at their agency; a list of these coordinators can be found at http://apps.opm.gov/sppc_directory/). Because appointments under 5 CFR 213.3102(u) are excepted service appointments, agencies may accept resumes without posting job notices. Applicants should indicate "5 CFR 213.3102(u)" on their resumes for both application methods.

Q. In what other ways may a person with disabilities apply for Federal jobs?

A. OPM provides information about the application process at www.opm.gov/disability/appempl_3-11.asp. There are several other application options available to applicants with disabilities. For example:

- **Competitive Appointments.** Many applicants with disabilities find employment through standard competitive procedures in the same manner as individuals without disabilities. (www.usajobs.gov)
- **Student Employment Programs.** This program helps Federal employers find the right people to fill current and future hiring needs. It also gives students the opportunity to get hands-on experience. This program has two major components – the Student Temporary Employment Program (STEP) and the Student Career Experience Program (SCEP). (www.usajobs.gov/students.asp)
- **Federal Career Intern Program.** This program is designed to help agencies recruit and attract exceptional individuals into a variety of occupations. It was created under [Executive Order 13162](#), and is intended for positions at grade levels GS-5, 7, and 9. In general, individuals are appointed to a 2-year internship. Upon successful completion of the internships, the interns may be eligible for permanent placement within an agency. (www.opm.gov/careerintern/)
- **Veterans Appointments.** There are a number of authorities available to assist veterans who are seeking, or wish to change, Federal employment including, Veterans Recruitment Appointment (VRA), 30% or More Disabled Veterans Program, and Veterans Employment Opportunity Act (VEOA) appointments.

Proof of Disability/Certification of Job Readiness

Q. What is proof of disability documentation?

A. The following is a list of some examples of documents agencies may accept as proof of mental retardation, a severe physical disability or a psychiatric disability. Ultimately, it is the agency's choice what type(s) of documentation will be acceptable:

- Statements or letters on a physician's/medical professional's letterhead stationary.
- Statements, records or letters from a Federal Government agency that issues or provides disability benefits.
- Statements, records or letters from a State Vocational Rehabilitation Agency counselor.
- Certification from a private Vocational Rehabilitation or other Counselor that issues or provides disability benefits.

As the regulation is implemented and used by agencies, this list may grow to include other types of certification. OPM will issue additional guidance to agencies on what constitutes "appropriate documentation" on an "as needed" basis.

Q. Must applicants with disabilities provide proof of his/her disability?

A. Yes, proof of the disability is required for appointments of persons with mental retardation, severe physical disabilities, or psychiatric disabilities. This regulation allows agencies to accept as proof of disability documentation from a licensed medical professional (e.g., a physician or other medical professional duly certified by a State, the District of Columbia, or a U.S. territory, to practice medicine); a licensed vocational rehabilitation specialist (i.e., State or private); or any Federal agency, State agency, or an agency of the District of Columbia or a U.S. territory that issues or provides disability benefits.

Q. What is certification of job readiness?

A. The certification of job readiness is a determination that applicants with disabilities are likely to succeed in the performance of the duties of the position he or she is seeking. Certification of job readiness is required for appointments of persons with mental retardation, severe physical disabilities, or psychiatric disabilities unless the hiring agency appoints the individual to a temporary appointment in lieu of the job readiness certification (see following Q & A). The same entities who may provide proof of disability may also certify an individual's job readiness.

Q. Who may certify disability and job readiness?

A. OPM expanded the types of entities from which an agency may accept proof of disability and certification of an applicant's job readiness. Agencies may accept proof and certification from a licensed medical professional (e.g., a physician or other medical professional duly certified by a State, the District of Columbia, or a U.S. territory, to practice medicine); a licensed vocational rehabilitation specialist (i.e., state or private); or any Federal agency; State agency, or agency of the District of Columbia or a U.S. territory that issues or provides disability benefits.

Q. Can a person with a disability submit the same documentation or certification more than once when applying for a position under this authority? Must the documentation be dated within a specific timeframe?

A. Provided the information is accurate, there are no OPM imposed limitations on the number of times an applicant may submit such documentation or requirements concerning the timeframe which the documentation must be dated.

[Back to Top](#)

Eligibility Requirements

Q. What are the eligibility requirements for an applicant to be appointed under 5 CFR 213.3102(u)?

A. Applicants with disabilities must have mental retardation, a severe physical disability or a psychiatric disability; have proof of the disability; certification of job readiness (if not hired on a temporary appointment in lieu of the job readiness certification); and meet all required qualifications for the position.

Q. Do the new rules apply to all applicants with disabilities?

A. No, the new rules apply only to those individuals with mental retardation, severe physical disabilities, or psychiatric disabilities. (References: Executive Orders 12125 and 13124)

Q. Why do the changes apply only to those with mental retardation, severe physical disabilities, or psychiatric disabilities?

A. The Executive Orders authorizing these appointments are limited to people with mental retardation, severe physical disabilities, and psychiatric disabilities. Executive Order 12125 dated March 15, 1979, and Executive Order 13124 dated June 4, 1999, permit individuals with mental retardation, severe physical disabilities, or psychiatric disabilities to obtain competitive status after two years of satisfactory service in an excepted service

position. These Executive Orders were established to assist these individuals with disabilities and to build a Federal workforce that draws from the strength of America's diversity.

Q. Is there a comprehensive list of the specific disabilities that are included (or excluded) under the new rules?

A. This regulation covers individuals with mental retardation, severe physical disabilities, or psychiatric disabilities. The new rules do not specifically include or exclude any one particular type of disability under these three classes of disability. Different Federal programs use different operational definitions of disability, as do researchers, advocacy groups, and other interested parties. Variations occur because many groups define disability for different purposes. Determinations whether a specific disability is included or excluded under the new rules for the purposes of appointment under 5 CFR 213.3102(u) are made by the expanded entities previously identified in this document. Hiring agencies may also consult the Americans with Disabilities Act, the Rehabilitation Act of 1973, agencies such as the Department of Veterans Affairs, and State Vocational Rehabilitative Services offices for additional guidance regarding particular medical conditions.

Selection of Applicants with Disabilities

Q. How many times can an individual be appointed under this authority?

A. There is no limit on the number of times an individual may be appointed as long as he/she meets the regulatory requirements for appointment.

Q. Do the new rules create a hiring priority for individuals with disabilities?

A. No, the new regulation does not provide for priority in Federal hiring. The regulation applies to excepted service appointments.

Appointment Type

Q. What is the appointment authority for people with disabilities under this regulation?

A. People with disabilities are appointed under 5 CFR 213.3102(u).

Q. What is the Federal agency's process to convert employees currently under 5 CFR 213.3102(t) and 5 CFR 213.3102(gg) appointments to the new single authority, 5 CFR 213.3102(u) authority?

A. Agency Human Resources Offices will process Standard Form 50's, Notification of Personnel Actions, in accordance with OPM's Guide to Processing Personnel Actions. This Guide will be updated with the appropriate codes for use when converting current employees on the (t) or (gg) authorities to (u). OPM will issue official guidance concerning correct coding procedures.

[Back to Top](#)

Temporary Appointments

Q. May agencies appoint individuals to temporary appointments in lieu of a job readiness certification?

A. Yes, at agency discretion, an individual may be appointed to a temporary position under the 5 CFR 213.3102(u) authority in lieu of a job readiness certification. The hiring agency may then convert the individual to a time-limited or permanent appointment, again under 5 CFR 213.3102(u), at any time during the temporary appointment. (The beginning date of creditable service, for conversion to career/career conditional conversion purposes, is the effective date of the conversion to the excepted appointment). The agency may also, at its discretion, accept service under another type of temporary appointment in the competitive or excepted service as proof of job readiness.

Q. What are the temporary appointment options under the new regulation?

A. Under the new 5 CFR 213.3102(u) appointing authority, a hiring agency may make:

- A temporary appointment for an individual who has the proof of disability but not the certification of job readiness. Using some type of temporary appointment in lieu of certification of job readiness has long been available to agencies. OPM is continuing this practice but clarifying it in the context of the revised appointing authority. The individual may work under the 5 CFR 213.3102(u) appointment until the agency determines that the individual is able to perform the duties of the position, or he/she gains the certification from one of the entities listed in this document. Once certification is obtained, the agency may then appoint the individual to a time-limited or permanent appointment under the 5 CFR 213.3102(u) authority. If the individual does not gain certification during the appointing authority timeframe, or does not demonstrate satisfactorily his or her ability to perform the duties of the job, the agency must separate the

employee. (Refer to 5 CFR 213.104 for the definition and restrictions on temporary appointments in the excepted service.)

- A temporary appointment of an individual who provides proof of a disability and certification of job readiness, when the duties of the position do not require it to be filled on a permanent basis. (Refer to 5 CFR 213.104 for the definition of temporary appointment)

Non-temporary Appointments

Q. What are other appointment options under the new appointing authority?

A. Under the new 5 CFR 213.3102(u) appointing authority, a hiring agency may also, in addition to the temporary appointments identified in the question above, make:

- A time-limited appointment of an individual who provides proof of disability and certification of job readiness, when the duties of the position do not require it to be filled on a permanent basis. (Refer to 5 CFR 213.104 for the definition of time-limited appointment.)
- A permanent appointment of an individual who provides proof of disability and certification of job readiness. *Note to hiring agencies: the intent of Executive Orders 12125 and 13124 is to permit these deserving individuals (upon meeting the requirements) to obtain civil service competitive status which is obtained through conversion to the competitive service rather than remaining in the excepted service.*

Reduction-in-Force

Q. What is the impact of the consolidation of the three appointing authorities in a Reduction-in-Force (RIF)?

A. The final regulations establish a new 5 CFR appointing authority (5 CFR 213.3102(u)) that consolidates multiple excepted appointing authorities into one expanded excepted appointing authority. Impact will depend on the actual circumstances of the restructuring, and how an agency decides to effect the RIF. Agencies have discretion in determining which positions to abolish, as well as discretion to provide affected competing excepted service employees with certain assignment rights. Therefore, impact (positive, neutral, or negative) depends on the implementation of a RIF by the agency.

Safeguarding Confidential Information

Q. How will agencies safeguard confidential medical information?

A. There are no changes to the current procedures. Per OPM's Guide to Personnel Record keeping (<http://www.opm.gov/feddata/recguide.pdf> [1.8 MB]), the employing agency must maintain any authoritative medical documentation, certificate of disability, statement of employability, etc., in a separate, confidential folder, rather than in the person's Official Personnel Folder (OPF). The information must be treated as confidential medical records with access limited only to those whose official duties require such access. OPM encourages agencies to develop written policies to further ensure that the confidentiality and security of private information is maintained

Conversion - Temporary 5 CFR 213.3102(u) Appointment to Permanent 5 CFR 213.3102(u) Appointment

Q. Does an individual's work experience, while on a temporary appointment, count towards the 2 year time period required for noncompetitive conversion to career-conditional employment if that individual is subsequently converted to a non-temporary 5 CFR appointment?

A. Yes

Q. How can applicants with disabilities appointed under 5 CFR 213.3102(u) receive a career or career-conditional appointment under these regulations?

A. An agency may noncompetitively convert to a career or career-conditional appointment in the competitive service an employee who has completed 2 years of satisfactory service under this authority. Satisfactory service is service that begins with a non-temporary (e.g., permanent or indefinite) 5 CFR 213.3102(u) appointment. (Refer to 5 CFR 315.709)

Q. Is conversion to a career or career-conditional appointment mandatory after 2 years on a 5 CFR 213.3102(u) appointment?

A. No, conversion to a career or career-conditional appointment is not mandatory. The hiring agency maintains the discretion to determine whether an employee is ready for placement in the permanent career workforce. The agency is not required to convert an individual on the 5 CFR 213.3102(u) appointing authority; however, the

intent of Executive Orders 12125 and 13124 concerning employment of persons with mental retardation, severe physical disabilities, and psychiatric disabilities is to permit these individuals to obtain "civil service competitive status." Civil service competitive status is obtained through conversion to the competitive service, rather than remaining in the excepted service.

Q. Are individuals with disabilities eligible for noncompetitive conversion to a career or career-conditional appointment only in the agency where he or she worked prior to completion of the 2 year period?

A. No, individuals with disabilities are eligible to be noncompetitively converted in any Federal agency. Agency selective placement coordinators are urged to try and place disabled people with other agencies, if placement in their own agency is not possible. Checking the job listings on the OPM USAJOBS is one way to locate appropriate positions for these individuals.

Q. If an agency wants to hire a person with a disability converting from a 5 CFR 213.3102(u) appointment who worked, while on the appointment, with another agency, does the gaining agency have to clear the Reemployment Priorities List (RPL)?

A. Yes, if the individual is from a different agency. However, if the person is going from one location/activity/component to another location/activity/component in the same agency, the agency would not have to clear the RPL. For purposes of the RPL, all DOD agencies are considered the same agency. DOD agencies (e.g., Defense Logistics Agency, Defense Investigative Service) and the Departments of Army, Navy, and Air Force are all considered DOD.

Q. Are candidates subject to a new 2 year conversion period if they move from one position to another position?

A. No, in a case of a 5 CFR 213.3102(u) appointee transferring from one agency to another, time previously spent under a Schedule A appointment counts toward the completion of the 2 year period if the person is reappointed without a break in service.

[Back to Top](#)

[Close Window](#)

This page can be found on the web at the following url: http://www.opm.gov/disability/appointment_disabilities.asp

Schedule A information has been provided by ABILITY Magazine and

ABILITYJobs.com
ADA - Affirmative Disability Action

ABILITYJobs is the Leading Website dedicated to employment of people with disabilities. ABILITYJobs is the largest resume bank with tens of thousands job seekers with disabilities, from entry level candidates to PhD's - if your company is looking for [talent](#) you've come to the right place. The goal of ABILITYJobs and JobAccess is to enable people with disabilities to enhance their professional lives by providing a dedicated system for finding employment. By posting job opportunities, or searching resumes, employers can find qualified persons with disabilities as well as demonstrate their affirmative action and open door policies. [SHARE](#) [f](#) [t](#) [e](#)...

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CSB Policy Review

Issue:

Triennial review of CSB Board Policies.

Timing:

Immediate

Recommended Motion:

I move the Board approve the re-adoption of CSB policies as presented.

Background:

As part of the triennial review of CSB policies, the CSB Board approved at the October meeting a public comment period for consideration of eight CSB policies that are being proposed for re-adoption. During this period, there have been no public comments received, however, some language revisions were made to Policy 2205-Planning to align with ongoing internal activities and are noted in the attached policy. As a result of this review, the eight policies are being submitted for final approval.

Enclosed Documents:

- 1105 Orientation of New Board Members
- 1108 Performance Evaluation of Executive Director
- 1203 Policy, Regulation, and Procedure Manuals
- 1400 Executive Director
- 2205 Planning
- 2300 Corporate Compliance Program
- 2500 Human Resources Review and Approval
- 2600 Risk Management

Staff:

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

Policy Number: 1105
Policy Title: Orientation and Training of
Board Members
Date Adopted: November 20, 2013

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:	November 20, 2013

Policy Number: 1108
Policy Title: Performance Evaluation of
Executive Director
Date Adopted: November 20, 2013

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: November 20, 2013

Policy Number: 1203
Policy Title: Policy, Regulation &
Procedure Manuals
Date Adopted: November 20, 2013

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:		November 20, 2013

Policy Number: 1400
Policy Title: Executive Director
Date Adopted: November 20, 2013

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 stay within budget.
 - Maintains a system to collect fees from Medicaid, Medicare, numerous private insurance companies and Managed Care Organizations (MCO'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
Policy Readopted:	November 20, 2013

Policy Number: 2205
Policy Title: Planning
Date Adopted: ~~November 20, 2013~~

Purpose

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

Policy

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

1. The Board shall participate in setting the high level strategic plan ~~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. The Board will ensure ~~Op~~inions of individuals receiving services, their families, service providers and other interested members of the community are ~~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: November 20, 2013
Policy Revised: TBD

Policy Number: 2300
Policy Title: Corporate Compliance Program
Date Adopted: November 20, 2013

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 _____
Secretary Date

Policy Adopted: February 25, 2004
Readopted: December 16, 2009
Policy Readopted: November 20, 2013

Policy Number: 2500
Policy Title: Human Research
Review and Approval
Date Adopted: November 20, 2013

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: November 20, 2013

Policy Number: 2600
Policy Title: Risk Management
Date Adopted: November 20, 2013

Purpose

A Risk Management Program 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, reduces the occurrence of adverse events, and ensures program integrity.

Risk management 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: November 20, 2013

CSB Priority Population Guidelines

Recommended Motion:

I move the Board approve a six-week public review and comment period for the CSB Priority Population Guidelines for access to CSB services, as presented.

Background:

The CSB Senior Leadership has led the effort to transform the CSB service system to one that is more flexible and responsive to people with multiple complex needs. However, an increasing number of individuals are either on a waiting list or referred to the private sector due to our limited resources. It is never the intent to deny anyone with a legitimate request to receive services at the CSB, however, it was determined priority guidelines for access to services are essential when demand exceeds available resources.

After extensive review of the needs for services, ability to meet the growing population while budget constraints continue, the CSB Senior Leadership developed draft priority guidelines for access to services that applied the principles provided by professional ethicist Dr. Michael Gillette who has consulted with the ethics committees of our CSB, Alexandria CSB as well as other CSBs. A further review was undertaken through the CSB Board Ad Hoc Priority Guidelines Review Committee, comprised of Board members, staff and some interested stakeholders, and the attached document is a result of this collaborative effort.

With Board approval, the proposed document will be disseminated for public review and comment, and due to the upcoming holidays, it is being recommended the comment period be for a six-week period to ensure an opportunity for review.

Board Member/Staff:

Gary Ambrose, CSB Board Member
George Braunstein, CSB Executive Director
Daryl Washington, CSB Deputy Director

Attachment:

Proposed CSB Priority Population Guidelines

CSB Priority Populations

Background

Defining priority populations for services available at the CSB is an ongoing process to ensure consistency with local, state, and national requirements. Priority mandates guide state contract reporting and our allocation of state block grant funding. The CSB also started considering priority populations and related guidelines for our local funding about six years ago.

In 2008, the Fairfax Falls Church CSB Board partnered with a health care ethicist to create guidelines that could be used to set priorities for service access when resources are scarce. At the time, the CSB was facing large budget reductions in local funds in addition to state and federal reductions. The guidelines were endorsed by the CSB Board at that time. They were written to identify general guidelines for how limited resources would be allocated.

These broad guidelines were effective in that they focused limited resources on people with the greatest needs, although due to limited resources all the needs of even the most vulnerable people were not being met. People with a serious mental illness sometimes have to wait months for a permanent case manager. People seeking alcohol and drug treatment have to wait two or more months for the more intensive level of service. Over 1,000 adults with intellectual disability remain on a waiting list for Medicaid-funded services for which they qualify. Individuals with less intensive needs but no payment source can only access CSB emergency and urgent care services.

In 2012, another review of these guidelines was launched as well as a review of priority populations. An Ad Hoc Committee of the CSB Board has worked with staff to revise and develop the following:

- Guidelines for Assigning Priority Access to CSB services
- CSB Priority Population and Service Priorities

Given the serious implications of establishing guidelines about who will and will not get served, especially at a time of relatively scarce resources, the CSB Board now must review these service access and population prioritization guidelines, make revisions and determine next steps for adoption, including public input. Processes for triage, establishing priority population waiting lists, appeals and exceptions may also need to be considered. The CSB Board will also need to explore the implications for individuals who will not have priority for CSB services and explore what other community resources are available or could be developed in partnership with community service providers to meet their needs.

Guidelines for Assigning Priority Access to CSB Services (2013 Revisions)

Defining who should have priority access to services of the Fairfax-Falls Church Community Services Board (CSB) is a necessary and critically important process to ensure compliance with state and federal codes and regulations. These priorities guide state contract reporting for the CSB's allocation of state block grant funding. This process also applies to decisions about how best to use local funding dollars. Guidelines for assigning priority access need to take into consideration and include those individuals whose needs cannot be addressed except through a public system such as the CSB, which provides and coordinates multiple levels and types of services to help individuals gain a level of independence and self-determination.

1) Exclusionary Criteria

- a. Constituency--Restrict access to residents of Fairfax County, Fairfax City and Falls Church City.
- b. Inappropriate Requests--No service will be provided that is not designed, mandated or funded to be provided by a CSB.

2) Inclusionary Criteria

- a. Enrolled in service --Currently enrolled individuals who maintain the need for current services being provided.
- b. Need – All people who meet the priority population criteria with serious and imminent needs that cannot be met elsewhere.
- c. Alternative Resources -- Individuals with needs for services who do not have alternative resources such as service access, insurance, or family supports.
- d. Efficiency -- Once all those who meet the above criteria have been served, any available resources would address individuals whose needs can be met in a cost effective manner so that the maximum number of people with needs can be served.
- e. Effectiveness -- Once all those who meet the above criteria have been served, anyone who shows the greatest likelihood of receiving maximum benefit from services can be served.
- f. Comparative Need -- If resources are still available, anyone who still has additional needs for service can have those service needs addressed.
- g. Random Selection -- First-come, first-served basis.

NOTE: These criteria do not apply to initial phone screening; acute care services; or wellness, health promotion, and prevention services, all of which are available to all residents of Fairfax County and the Cities of Fairfax and Falls Church.

CSB Priority Populations

I. Priority Populations

The Fairfax-Falls Church Community Services Board (CSB) has identified the following priority service populations based upon definitions from the Virginia Department of Behavioral Health and Developmental Services (DBHDS), the Federal Substance Abuse Prevention and Treatment Block Grant (SAPT), and Part C of Individuals with Disabilities Education Act (IDEA).

The following services -- initial phone screening; wellness, health promotion and prevention services; and acute care and emergency CSB services -- remain available to **all** residents of Fairfax County and the cities of Fairfax and Falls Church. However, individuals must meet the priority service population criteria below to have consistent access to non-emergency/non-acute CSB services.

Individuals may meet the criteria for more than one priority population and receive services accordingly. Individuals who are only in one priority population receive the CSB services which address the needs of the population area they are in. For example, an individual meeting the substance use priority population criteria *only* cannot also receive a priority to access services designed for the Intellectual Disability population unless that individual also meets the criteria for the Intellectual Disability population.

Individuals and families who have health insurance coverage and are able to access non-emergency/non-acute services privately must first seek those services before being considered for public CSB non-emergency/non-acute services, regardless of whether or not they meet the criteria for any CSB priority population. In these instances, the CSB Entry and Referral Services staff will assist in identifying potential non-CSB sources of services.

A. MENTAL ILLNESS POPULATION

A1. Adults with Serious Mental Illnesses (SMI) assessed along the three dimensions of diagnosis, functional impairment, and duration.

- **Diagnosis** through the current Diagnostic and Statistical Manual (DSM) of serious mental illness including those along the schizophrenia spectrum, predominantly thought and psychotic disorders, or persistent major affective disorders AND
- **Impairments** on a recurrent or continuous basis that seriously impair functioning in the community to include one or more of the following:

- Inability to consistently perform practical daily living tasks required for basic adult functioning in the community (such as keeping a living space clean, shopping for food, hygiene);
- Persistent or recurrent failure to perform daily living tasks except with significant support of assistance by family, friends or relatives;
- Inability to maintain employment at a living wage or to consistently carry out household management roles; or
- Inability to maintain a safe living situation.
- The **duration** of the serious mental illness has been or is anticipated to be of a long duration (at least six months) and is considered chronic. It usually has resulted or, if left untreated, is likely to result in repeated or significant psychiatric hospitalizations.

A2. Children and Adolescents birth through age 17 with **Serious Emotional Disability (SED)** resulting in a serious mental health problem that can be diagnosed through the DSM, which is used as the professional guidelines for diagnosis by psychiatry and other professionals, plus have at least one of the following:

- Problems in personality development and social functioning which have been exhibited over at least one year.
- Problems that are significantly disabling based upon the social functioning of most children their age.
- Problems that have become more disabling over time and service needs that require significant intervention by more than one agency. Children with a co-occurring substance use disorder or intellectual disability diagnosis also meet the criteria for SED.

A3. Children, birth through age 7, who are determined to be **at risk** of developing Serious Emotional Disability by means of one of the following:

- Child exhibits behavior that is significantly different from or significantly behind most children their age, and which does not result from developmental or intellectual disability.
- Physical or psychological stressors exist that put the child at risk for serious emotional or behavioral problems.

B. SUBSTANCE USE DISORDER POPULATION

B1. Adults with a DSM diagnosis of a **Substance Dependence Disorder** (not including sole diagnosis of nicotine dependence) who also present with cognitive, behavioral

and physiological symptoms and impairments as a result of substance use in one or more of the following areas:

- Continuation or intensification of substance-related symptoms despite previous substance abuse treatment
- Inability to be consistently employed at a living wage or consistently carry out household management roles
- Inability to fulfill major role obligations at work, school or home
- Involvement with legal system as a result of substance use
- Involvement with the foster care system or child protective services as a result of substance use
- Multiple relapses after periods of abstinence or lack of periods of abstinence
- Inability to maintain family/social relationships due to substance use
- Inability to maintain stable housing (i.e. own housing or contributing toward housing costs in shared housing)
- Continued substance use despite significant consequences in key life areas (i.e., personal, employment, legal, family, etc.)
- Hospital or medical intervention as a result of substance use

B2. Children and adolescents (under 18 years old) with a DSM diagnosis of substance abuse or dependence, who have used substances in the prior 12 months (or who have been in detention or in a therapeutic residential environment and have used substances within the 12 months prior to entry); who present with cognitive, behavioral or physiological symptoms; and present with impairments as a result of substance use in one or more of the following areas:

- Continuation or intensification of substance-related symptoms despite previous substance abuse treatment interventions
- Inability to fulfill major role obligations at work, school or home
- Involvement with legal system as a result of substance use
- Multiple relapses after periods of abstinence or lack of periods of abstinence
- Inability to maintain family/social relationships due to substance use
- Continued substance use despite significant consequences in key life areas (i.e., personal, employment, legal, family, etc.)
- Hospital or medical intervention as a result of substance use

B3. Special Priority Populations

1. Pregnant women who are intravenous (IV) drug users
2. Pregnant women
3. IV drug users

C. INTELLECTUAL DISABILITY AND DEVELOPMENTAL DISABILITY POPULATIONS

- C1. Infants and Toddlers: Children from birth to age three with a confirmed eligibility for Part C of the Individuals with Disabilities Education Act (IDEA) and their families are eligible for early intervention services through Infant and Toddler Connection (ITC).
- C2. Children and Adults: Children no younger than two years old and adults with a diagnosis of Intellectual Disability (ID) with onset prior to the age of 18 who have significant deficits in at least two areas of adaptive living skills (i.e. communication, self-care, home living, social /interpersonal skills, use of community resources, self-direction functional academic skills, work leisure health and safety).
- C3. Diagnosis of **Intellectual Disability (ID)** must be documented by:
- For children ages 2-6 years of age, a developmental evaluation with a diagnosis of developmental delay or intellectual disability **or**
 - For individuals age 6 and older, a psychological evaluation completed prior to the age of 18 providing a diagnosis of intellectual disability with a full scale IQ of about 70 or below. In addition, an evaluation confirming the diagnosis of intellectual disability is required to have been completed within the past seven years.