



**FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD**

**Ken Garnes, Chair**

**Fairfax County Government Center  
12000 Government Center Parkway  
Conference Rooms 4 and 5  
Fairfax, Virginia 22035**

Wednesday, March 26, 2014  
7:30 p.m.

- |  |                                 |           |
|--|---------------------------------|-----------|
| 1. <b>Meeting Called to Order</b>  | Ken Garnes                      | 7:30 p.m. |
| 2. <b>Matters of the Public</b>  |                                 |           |
| 3. <b>Presentation: Discharge Planning Northern Virginia Training Center</b> | Nancy Mercer                    |           |
| 4. <b>Amendments to the Meeting Agenda</b>                                   | Ken Garnes                      |           |
| 5. <b>Approval of the February 26, 2014 CSB Board Meeting Minutes</b>        | Ken Garnes                      |           |
| 6. <b>Matters of the Board</b>   |                                 |           |
| 7. <b>Directors Report</b>   | Len Wales<br>Daryl Washington   |           |
| 8. <b>Committee Reports</b>  |                                 |           |
| A. Fiscal Oversight Committee  | Suzette Kern                    |           |
| • February Meeting Notes   |                                 |           |
| • Fund Statement   |                                 |           |
| B. Government and Community Relations Committee                              | Rob Sweezy                      |           |
| C. Intellectual Developmental Disability Committee                           | Lori Stillman                   |           |
| D. Substance Use Disorders/Mental Health Committee                           | Susan Beeman                    |           |
| E. Other Reports   |                                 |           |
| 9. <b>Action Item</b>  |                                 |           |
| A. Addition Associate Committee Member                                       | Susan Beeman                    |           |
| 10. <b>Information Items</b>   |                                 |           |
| A. State Performance Contract Update   | Jerome Newsome/Daryl Washington |           |
| B. Priority Population Guidelines  | Gary Ambrose                    |           |
| 11. <b>Adjournment</b>   |                                 |           |

# Fairfax-Falls Church Community Services Board

February 26, 2014

The Board met in regular session at the Fairfax County Government Center, 12000 Government Center Parkway, Fairfax, VA.

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

The following CSB staff was present: George Braunstein, Daryl Washington, Belinda Buescher, Peggy Cook, Jeannie Cummins, Jean Hartman, Evan Jones, David Mangano, Jerome Newsome, Lisa Potter, Lyn Tomlinson, Laura Yager, Len Wales and Lisa Witt. Deputy County Executive Pat Harrison was also in attendance.

## 1. Meeting Called to Order

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

Lynn Miller, recently appointed CSB Board member for the Braddock District, was welcomed and introduced.

## 2. Recognition

Noting this will be last Board meeting for George Braunstein as Executive Director, Mr. Garnes recognized Mr. Braunstein's innovative leadership and guidance through a major agency transformation, all the while advocating and working to provide services during challenging economic times.

## 3. Approval of the Minutes

Gary Ambrose offered a motion for approval of the January 22, 2014 Board meeting minutes of the Fairfax-Falls Church Community Services Board which was seconded and passed.

## 4. Matters of the Board

- Kate Hanley encouraged Board members to view the presentation provided by Jenny Holden at the February 25<sup>th</sup> Intellectual Developmental Disability (IDD) Proclamation.
- Jeff Wisoff distributed contact information for state legislators to be used as needed.
- Juan Pablo Segura reported on recent liaison activities with CSB staff that has included discussions to pursue innovative approaches in the integrated health care initiative by bringing in start-up groups as well as understanding the Credible electronic health record (EHR) system.
- On behalf of the Advisory Council of the Fairfax County Redevelopment and Housing Authority and the "Moving to Work" designation, Jane Woods reported the funding reductions are not as severe as proposed, therefore the additional burden on families and individuals is not as severe. The public housing proration will be 85%, instead of 80%,

while housing choice will be at a 95% level vs. the expected 90%. The Advisory Council continues to work with staff to provide guidance to individuals in need.

- As a result of the feedback received on availability, Mr. Garnes indicated the CSB Board retreat is being scheduled on Saturday, March 29<sup>th</sup>, and a facilitator will be in touch with those who have expressed an interest in participating in the agenda planning.

## 5. Executive Directors Report

- George Braunstein shared a letter from a parent praising the case management services provided to her son by CSB staff Stephanie Bailey, noting the services are above and beyond any expectations. In response to a request to send a letter of appreciation on behalf of the Board to Ms. Bailey, there was full agreement.
- During a recent tour of the Merrifield site, the architects noted amazement at the potential of the new facility to enhance CSB services. The state of the art building has been designed around evidenced-based practices, 24/7 emergency services to allow for full assessments, an in-house pharmacy as well as primary care clinic, and integrated mental health and substance use services for both adults and youth. It was noted at an upcoming Board meeting, Will Williams, CSB Director of Facilities Management & Administrative Operations, will be presenting a virtual tour of the Merrifield site, which is projected for occupancy by late fall 2014.
- Noting the Virginia General Assembly budget conferees will be meeting, an unresolved key issue is a possible Medicaid rate reduction for mental health services that would further deteriorate coverage already impacted by eligibility requirements. It was indicated a revised version of the permanent supported housing amendment is still in play, and other than the contentious issue of the number of waiver slots, most of the Governor's proposals remain in the budget. A request was made for a summary of the state budget provisions to be provided to the CSB Board members as well as an analysis of the county FY2015 advertised budget recently released.

## 6. Committee Reports

### A. *Fiscal Oversight Committee:*

Suzette Kern encouraged review of the January committee meeting notes included in the Board packet and reported on some recent committee activities:

- The CSB FY2014 Second Quarter Report to the Board of Supervisors has been submitted.
- As the reimbursement policy for Intellectual disability (ID) case management needs review, Mr. Segura offered to attend the March 6<sup>th</sup> IDD Committee meeting.
- Medicaid revenue shortfalls continue to increase and analysis is ongoing to determine the cause.
- Updates of the State Performance Contract as well as CSB Work Plan were provided at the February meeting.
- Some highlights of the FY2014 CSB third quarter financial review recently submitted include:
  - In the operating budget, non-county revenue and expenditures were reduced by \$1.7 due to elimination of 1) two recurring items—a contractor now handling billings at Leland House, and the federal sequestration

reduction is now permanent, and 2) two non-recurring items--offset in worked performed by others and a general operating expense reduction. There is no change in fund transfer or balance as a result of these actions,

- Within grant funding, some technical adjustments were required.

B. *Government and Community Relations Committee:*

- Rob Sweezy extended appreciation for the contacts made by Board members to legislators on some key issues being considered in the state budget.
- In preparation for the FY2014 county advertised budget hearings, three slots have been secured for testifying on April 10<sup>th</sup> and staff will work with committee members to identify priorities.

C. *Intellectual Developmental Disability Committee:*

Lori Stillman reported on the following:

- Appreciation was extended to Board members and staff that attended the IDD proclamation ceremony.
- At the March 6<sup>th</sup> committee meeting, self-directed services will be a topic for discussion.
- Medicaid waiver reform continues and several Fairfax representatives will be part of the review process.
- The study of Medicaid funded transportation services by LogistiCare passed the house, and as it appears issues have been resolved in the Senate, the measure should move forward.

D. *Substance Use Disorders/Mental Health (SUDs/MH) Committee:*

Susan Beeman noted the committee did not meet in February, but will reconvene in March.

7. Information Item

A. *State Performance Contract Update:*

Prior to the presentation, Mr. Segura clarified that following his briefing on the Credible EHR system, he is assured that Credible is a sound, viable software. The current issues center around extraction of data which can be addressed through staff training.

Jerome Newsome, CSB Director of Informatics and Daryl Washington, CSB Deputy Director, provided an overview of the ongoing activities to address the State Performance Contract with the Department of Behavioral Health and Developmental Services (DBHDS) which noted:

- An improvement project was developed following discrepancies in the FY2013 data submissions to the state. Since that time, a compliance plan has been accepted by DBHDS as well as a final response that has closed out the required FY2013 reporting.
- A FY2014 mid-year report has been submitted which provides a check point to assess improvements in producing accurate data. The data is being reviewed through a collaborative team with representatives from the CSB fiscal, service and data areas.

- While previously the performance contract data was manually provided twice a year, now the data is extracted on a monthly basis. To further assess integrity of the data being extracted, internal teams are running and reviewing reports on a monthly basis.
- In addition, DBHDS previously allowed bulk data submission of contracted services data, but now requires monthly submissions. Efforts are underway to manually enter a backlog of data, and at the same time, address a viable solution moving forward.
- Trainings that include an understanding of the Performance Contract will be provided to staff to ensure consistency and the need for accurate data.
- A management process model is being established to identify and set priority issues.
- In addition to staff training, monthly reviews of data extractions, and vendor data entry solutions, efforts continue to link the Credible review project with the Performance Contract.
- DBHDS expects the issues will be corrected in the FY2014 yearend report which is due August 2014. Currently, 75% of the issues have identified resolutions.
- To keep the Board informed, it was noted monthly updates can continue for the near term, and with the start of FY2015, quarterly reports may be appropriate.
- Noting a condensed timeline, May-June 2014, to review, issue for public comment and execute the next biennial Performance Contract for FY2015-2016, there was agreement to initially present a draft version to the Board in April that will include proposed, not actual, data.

*B. CSB Work Plan Review:*

Daryl Washington provided the following briefing:

- A multiyear CSB Work Plan was developed in conjunction with the Deputy County Executive, Department of Management and Budget, Department of Administration of Human Services and the CSB to shore up fiscal stability, redesign delivery models, plan future needs, maintain proactive communication, and examine revenues.
- A revenue maximization study, undertaken to determine additional methods to increase revenues, resulted in nine major recommendations. While concern was expressed with the study, it was noted only some aspects of the report have fed into the CSB Work Plan as it is recognized the CSB is a safety net organization.
- The Work Plan, which identifies core agency activities, is comprised of five sections with a lead coordinator for each area:
  - 1) Informatics – focusing on how staff utilize and provide real time data as well as how services are provided.
  - 2) Front Door – surveys and site visits are underway with other CSBs to identify an appropriate model. These services are not billable, and as the current model uses highly trained staff, there may be a more efficient design that could be implemented.
  - 3) Behavioral Healthcare Outpatient – an integrated model is being implemented at each location to change the service continuum for the better. A national expert on co-occurring integrated care is partnering with staff to assist in this process.
  - 4) Integrated Business Practices – efforts are underway to identify work flow efficiency opportunities from front door as well as other areas. Examples include reduce paperwork burden from clinicians by expanding administrative staff involvement.

- 5) Youth and Family Services – mapping best and evidenced-based practices for staff training. Currently examining methods to integrate services at the new Merrifield site.
- Regular periodic reviews to monitor the Work Plan activities are ongoing.

9. Noting the open portion of the meeting was coming to a close, several Board members voiced their high regard for George Braunstein, indicating individuals who receive CSB services are better by far due to service delivery improvements implemented under his leadership. It was noted the behavioral health services in Fairfax are recognized throughout the state due to Mr. Braunstein’s efforts, and the Board is deeply grateful for his service.

10. Closed Session

A motion for discussion of personnel matters pursuant to the Virginia Freedom of Information Act, Virginia Code §2.2-3711-A-1 was presented by Gary Ambrose which was seconded and passed. A closed meeting was convened at 9:55 p.m.

11. Certificate of Closed Meeting

Mr. Ambrose reported that following a motion by Ms. Hanley, the Board voted to endorse Mr. Len Wales, per the recommendation of Ms. Pat Harrison, Deputy County Executive, as General Manager exercising ultimate decision authority for the CSB until a new Executive Director is in place.

In addition, a motion was offered by Mr. Ambrose to certify that, to the best of the Board's knowledge, only public business matters lawfully exempted from open meeting requirements prescribed by the Virginia Freedom of Information Act and only such public business matters identified in the motion to convene a closed meeting, were heard, discussed or considered by the Community Services Board during the closed meeting. 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 10:35 p.m.

Action Taken--

- The January 2014 meeting minutes were approved
- Len Wales endorsed as General Manager with ultimate decision authority until a CSB Executive Director is in place.

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Date

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Staff to Board

# CSB Facilities Budget Items

Short Title	Governor			House			Senate		
	FY 2014	FY 2015	FY 2016	FY 2014	FY 2015	FY 2016	FY 2014	FY 2015	FY 2016
Fund 2 PACT teams		\$950,000	\$1,900,000		\$1,900,000	\$2,850,000		\$950,000	\$1,900,000
Add 10/12 Therapeutic Assessment Centers		\$1,800,000	\$3,600,000		\$3,000,000	\$5,100,000		\$3,600,000	\$7,200,000
Expand telepsychiatry capacity by adding 100 mobile units and 40 teleconferencing units		\$1,132,620	\$620,000		\$1,132,620	\$620,000		\$1,132,620	\$620,000
Increase Mental health outpatient services		\$3,500,000	\$4,000,000		\$3,500,000	\$4,000,000		\$3,500,000	\$4,000,000
CSB Salary Increase		\$4,902,201	\$4,902,201		\$4,902,201	\$4,902,201		\$4,902,201	\$4,902,201
Add 4 Peer support recovery programs		\$550,000	\$1,000,000		\$550,000	\$1,000,000		\$550,000	\$1,000,000

# CSB Facilities Budget Items

Short Title	Governor			House			Senate		
	FY 2014	FY 2015	FY 2016	FY 2014	FY 2015	FY 2016	FY 2014	FY 2015	FY 2016
Expand Community recovery program by 1 program in Piedmont area		\$300,000	\$300,000		\$300,000	\$300,000		\$300,000	\$300,000
Increased DAP (Discharge assistance planning)								\$750,000	\$1,500,000
Increased LIPOS funding (Local Inpatient Purchase of Services)								\$750,000	\$1,500,000
Add funds for permanent supportive housing								\$1,047,000	\$1,396,800
SB260 Omnibus Bill Additional support for CSBs								\$150,000	\$150,000
Childrens Psychiatry & Mental Health Crisis								\$500,000	\$1,000,000

# CSB Language Only Amendments in Budget

VICAP	HB 30	Item 301 #16 h	Requires DMAS in cooperation with DBHDS to report on the Virginia Independent Clinical Assessment Program.
Providers of community services	HB 30	Item 306 #1h	Language stipulates that community-based services are to be provided by an array of public and private providers.
Bed utilization	HB 30	Item 307 #3h	DBHDS must monitor and reports on usage of usage of state hospital beds and work with those boards with excessive utilization
Comprehensive review of Community Services Boards	HB 30	Item 308 #2h	Requires DBHDS to study CSB operations and funding to improve 12 areas of concerns. Interim report due 12/1/2014 and final report by 12/1/2015.
Training Center Closures	SB/29, SB 30	Item 1 #2s	Requires the Joint Subcommittee to Consult on Plan to Close State Training Centers to continue reviewing the cost and cost savings associated with the DOJ settlement including the cost of community care vs. training center care.
Supported living	SB 30	Item 307 #4s	Requires DBHDS to set goals for supported living outcomes over the next five fiscal years.
Providers of community services	SB 30	Item 301 #15s	Requires private providers of mental health and substance abuse services to be added to list of organizations DMAS will include in discussions of cost savings.

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## STUDIES AND REPORTS

<i>DBHDS LEAD Agency Bills:</i>	<i>Explanation:</i>
<b>HB 293</b> – Bell, Robert B. - Determining facility of temporary detention.	<ul style="list-style-type: none"> <li>• Second enactment clause <b>requires an annual report on the implementation and impact</b> of these provisions, and related information, by June 30 of each year to the Governor and Chairs of House Appropriations and Senate Finance Committees.</li> </ul>
<b>HB 478</b> – Villanueva - Emergency custody orders; duration; notification. <i>(Incorporates AGENCY bill HB583.)</i>	<ul style="list-style-type: none"> <li>• A second enactment clause <b>requires the Governor’s Task Force on Improving Mental Health Services to study</b> options for reducing the use of law enforcement in the involuntary admission process.</li> </ul>
<b>HB 1216</b> – Bell, Robert B. / <b>SB 261</b> – Deeds – DBHDS; evaluate qualifications and training of individuals performing evaluations of individuals subject to emergency custody orders; report.	<ul style="list-style-type: none"> <li>• Section 1 bill <b>requires DBHDS to review</b> qualifications, training and oversight of individuals designated to perform evaluations of individuals subject to emergency custody orders (ECOs) and to provide recommendations to increase the qualifications, training and oversight of such individuals.</li> <li>• <b>Requires a report of the findings</b> to the Governor and the General Assembly by December 1, 2014.</li> </ul>
<b>HJ 190</b> – Landes – Individuals with intellectual & developmental disabilities; SHRR to study supported decision-making.	<ul style="list-style-type: none"> <li>• Requires the Secretary of Health and Human Resources to:               <ol style="list-style-type: none"> <li>i. examine the use of supported decision-making for individuals with intellectual and developmental disabilities in the Commonwealth,</li> <li>ii. compare the Commonwealth's policies and practices related to supported decision-making and informed choice to the policies and practices used in other jurisdictions,</li> <li>iii. recommend strategies to improve the use of supported decision-making in the Commonwealth, and                   <ul style="list-style-type: none"> <li>o <b>complete the study</b> by November 30, 2014.</li> </ul> </li> </ol> </li> </ul>
<b>SB 260</b> – Deeds - Emergency custody and temporary detention; duration; facility of temporary detention; acute psychiatric bed registry. ‘Omnibus.’ <i>(Incorporates AGENCY bill HB1125/SB424.)</i>	<ul style="list-style-type: none"> <li>• A fourth enactment clause <b>requires an annual report on the implementation and impact of these provisions</b>, and related information, by June 30 of each year to the Governor and chairs of the House Appropriations and Senate Finance Committees.</li> <li>• A fifth and final enactment clause requires the Governor’s Task Force on Improving Mental Health Services <b>to study options for reducing the use of law enforcement in the involuntary admission process.</b></li> </ul>
<b>SB 627</b> – Newman – Training center residents; DBHDS to ensure resources available prior to transfer to another center.	<ul style="list-style-type: none"> <li>• Second enactment clause requires DBHDS to convene a workgroup of interested stakeholders which must include members of the General Assembly <b>to consider options for expanding the number</b> of training centers that remain open, in whole or in part.</li> </ul>

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<p><b><u>SJ 47</u></b> – Deeds – Study; joint Sub to study the MH services in the Commonwealth; report.</p>	<ul style="list-style-type: none"> <li>• Establishes a joint subcommittee to study mental health services in the Commonwealth in the 21st century.</li> <li>• Charged with the completing the following tasks:             <ul style="list-style-type: none"> <li>○ Review and coordinate with the work of the Governor's Task Force on Improving Mental Health Services and Crisis Response</li> <li>○ Review the laws of the Commonwealth governing the provision of mental health services, including involuntary commitment of persons in need of mental health care</li> <li>○ Assess the systems of publicly funded mental health services, including emergency, forensic, and long-term mental health care and the services provided by local and regional jails and juvenile detention facilities</li> <li>○ Identify gaps in services and the types of facilities and services that will be needed to serve the needs of the Commonwealth in the twenty-first century</li> <li>○ Examine and incorporate the objectives of House Joint Resolution 240 (1996) and House Joint Resolution 225 (1998) into its study</li> <li>○ Review and consider the report The Behavioral Health Services Study Commission: A Study of Virginia's Publicly Funded Behavioral Health Services in the 21st Century</li> <li>○ Recommend statutory or regulatory changes needed to improve access to services, the quality of services, and outcomes for individuals in need of services.</li> </ul> </li> <li>• Interim report due by December 1, 2015.</li> <li>• Final report by December 1, 2017.</li> </ul>
<p><b><u>HB 832</u></b> – Keam – Communication and cooperation among law enforcement and behavioral health services providers; study; report.</p>	<p>(H) Referred by letter to Governor's Task Force, to study:-</p> <ul style="list-style-type: none"> <li>• Barriers to cooperation and communication between law enforcement and behavioral health care providers in cases involving individuals in need of mental health evaluation and treatment and</li> <li>• Make recommendations related to improving communication and cooperation among law enforcement and behavioral health care providers, including communication and cooperation in cases in which an individual is taken into emergency custody or held for temporary detention or involuntary admission for treatment, in order to improve the safety and well-being of the public and the individual.</li> <li>• The work group shall report its findings and recommendations to the Governor and the General Assembly by December 1, 2014.</li> </ul>

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## New Budget Language

Note that these are only new or revised items. It does not indicate ongoing requirements or those deleted from the budget.

Appropriation Act Item #	Office with Primary Responsibility	ASSESSMENT AND REPORTING: Deliverable and Status - Description	DLAS Report Required	Report Due Date
Item 1 #1s		Require the Joint Subcommittee to consult on plan to close state training centers to continue reviewing the cost and cost savings associated with the DOJ settlement including the cost of community care vs. training center care – plan by beginning of next GA session: language only FY 2014 – FY 2016 biennium.	NO	
Item 278 #2s	OSHHR	The Secretary of Health and Human Resources shall provide quarterly progress reports on the development and implementation of a program to allow individuals to purchase health care coverage as contemplated under the fourth enactment clause of this Act. The reports shall be provided to the Chairmen of the House Appropriations and Senate Finance Committees quarterly beginning on October 1, 2014 during fiscal year 2015 and annually thereafter. 2. The Secretary of Health and Human Resources, in consultation with the Secretary of Finance, shall identify projected general fund savings attributable to the purchase of health care coverage as contemplated under the fourth enactment clause of this Act, including behavioral health services, inmate health care, and indigent care. <b>The Secretary shall prioritize the findings from the report of the Governor's Task Force on Improving Mental Health Services and Crisis Response and make budget recommendations to address any gaps in coverage by November 1, 2014.</b>	Yes	November 1, 2014
Item 301 #6h	DMAS/DBHDS	Department Of Medical Assistance Services  This amendment provides funding to add 50 new Medicaid home- and community-based waiver slots over the 2014-16 biennium for individuals with intellectual disability (ID). Implementation of the 50 new community based waiver slots are contingent upon the use of a <b>coordinated care model</b> to deliver Medicaid acute medical and home- and community-based waiver services.	YES	September 1, 2014

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Item 301 #7h	DMAS/DBHDS	<p>Department Of Medical Assistance Services</p> <p>This amendment provides funding to phase-in 15 Medicaid home and community-based waiver slots over the 2014-16 biennium for individuals with developmental disabilities to reduce the current waiting list of individuals. This funding supports an addition to the 50 new slots that are expected to be added in the 2014-16 biennium required pursuant to the U.S. Department of Justice Settlement Agreement. Implementation of the new 15 community based waiver slots are contingent upon the use of a coordinated care model to deliver Medicaid acute medical and home- and community-based waiver services. The Departments of Medical Assistance Services and Behavioral Health and Developmental Services are required to report back on the implementation of this requirement by September 1, 2014.)</p>	YES	September 1, 2014
Item 301 #16h	DMAS/DBHDS	<p>Department Of Medical Assistance Services</p> <p>This amendment requires the Department of Medical Assistance Services, in cooperation with the Department of Behavioral Health and Developmental Services, to report on outcomes of the Virginia Independent Clinical Assessment Program (VICAP) in ensuring (i) appropriate access and utilization of Medicaid-funded therapeutic day treatment services, intensive in-home services, mental health support services, and residential treatment (Levels A &amp; B) for youth; (ii) cost effective use of Medicaid funds for services; and (iii) fair and equitable referrals to appropriate service providers. The Department shall also report on regional variations in the VICAP, the availability of outcome data for children served through the program, and outcome data collected on children served through the program.</p>	YES	December 1, 2014
Item 307 #3h	DBHDS	<p>The Department of Behavioral Health and Developmental Services shall monitor the use of state hospital beds by community services boards and the behavioral health authority for individuals under temporary detention orders, identify patterns of excessive use, and work with community services boards or the behavioral health authority that use excessive state hospital bed days to implement strategies to reduce that use.</p>	YES	December 26, 2014; ongoing.
Item 308 #2h	DBHDS	<p>This amendment adds language requiring the Department of Behavioral Health and Developmental Services to conduct a comprehensive review of community services boards/behavioral health authority operations and funding to improve access to services, quality of services and outcomes for individuals in need of services. Language requires the Department to review and make recommendations to improve the following 12 areas of concern:</p> <p>(i) responsiveness to individuals receiving services and their families; (ii) relationships with local governments, state facilities, departments of social services, school divisions,</p>	YES	Interim Dec 1, 2014 Final Dec 1 2015

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		health departments, local hospitals and other private providers; (iii) effectiveness, including state hospital readmissions, state hospital bed utilization, engagement and retention of individuals in services and other outcome measures, addressing unmet need for services, proportion of individuals with serious disabilities served, and length of time between requests for and receipt of services; (iv) implementation of preadmission and discharge planning responsibilities; (v) provision of emergency and case management services; (vi) practices related to the purchase of local psychiatric inpatient services; (vii) implementation of crisis stabilization programs and drop-off centers, including acceptance of individuals under emergency custody orders and temporary detention orders; (viii) allocation and use of funds provided for discharge assistance for individuals residing in state hospitals who have been determined clinically ready for discharge; (ix) consistent availability of public safety net services across Virginia; (x) provision of services to children and older adults; (xi) acting as the single point of entry into publicly funded mental health, developmental and substance abuse services; and (xii) stewardship of public funds.		
Item 314	DBHDS	The Department of Behavioral Health and Developmental Services shall review the current configuration of services provided at the Commonwealth's adult mental health hospitals and consider options for consolidating and reorganizing the delivery of such state services. This review shall include: a programmatic assessment and fiscal impact of the long-term needs for inpatient services for geriatric, adult, and forensic populations; the fiscal impact of the reduction in geriatric census on first and third party reimbursement at facilities; and, the long-term capital requirements of state mental health facilities. The review shall also identify national best practices in the delivery of these types of services.	YES	October 1, 2014
Item 314	DBHDS	The Commissioner, Department of Behavioral Health and Developmental Services shall establish a planning process to provide geriatric, adult, and forensic mental health services, both inpatient and community-based, as close to persons' homes as possible. This planning process will produce a comprehensive plan that ensures there are quality services, both inpatient and community-based, delivered at the community level in every part of the Commonwealth. The target populations to be addressed in this plan are adults age 18 and older who: (i) have mental health needs, (ii) may have co-occurring mental health and substance abuse problems, (iii) may be in contact with the courts systems, (iv) may require emergency mental health services, (v) may need access to acute or intermediate inpatient psychiatric hospitalization, or (vi) may require long-term community behavioral health and other supports. The planning process should identify the mental health and substance abuse services and supports that are needed to help persons remain in their home and function in the community and should define the role that the Commonwealth's mental health hospitals will play in this effort. The plan should establish and rank recommendations for community and facility services and supports based on greatest priority and identify future estimated funding needs	YES	October 1, 2015

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		associated with each recommendation. The planning process shall include input from community services boards, state and private inpatient facilities, the Department of Medical Assistance Services, persons receiving mental health and co-occurring substance abuse services, advocates for mental health and co-occurring services, and any other persons or entities the Department of Behavioral Health and Developmental Services deems necessary for full consideration of the issues and needed solutions.		
Item 314 #h	DBHDS	Any review and report on the configuration of services provided at the Commonwealth's mental health hospitals shall provide for the continued operation of Hiram Davis Medical Center as a resource for individuals who require additional rehabilitation upon leaving an acute care setting when the specialized supports needed are not available in their community and shall include the option of direct admission to the Center using the same criteria used for like nonstate operated facilities.	NO	

Note that these are only newly added items. It does not indicate ongoing requirements or those deleted from the budget.

## CSB Fiscal Committee Meeting Notes

**Date:** February 21, 2014

**Attending:** Suzette Kern, Ken Garnes, Gary Ambrose, Kate Hanley, Juan Pablo Segura, Jeff Wisoff

**Staff:** Daryl Washington, Len Wales, Gail Ledford, Ron McDevitt, Jerome Newsome, Lisa Witt, Debra Dunbar

### Summary of Information Shared/Decisions:

#### FY2014 Third Quarter Review

- CSB requested a reduction of \$1,694,833 in non-County revenues and expenditures, primarily due to the following:

Type	Description	Revenues	Expenditures
Recurring	Leland House Contract Change	(\$623,678)	(\$623,678)
Recurring	Federal Sequestration	(\$277,031)	(\$277,031)
Non-Recurring	Offset Decreased Rev/Increased WPFO	(\$294,124)	(\$294,124)
Non-Recurring	Offset Decreased Rev/Decreased OpExp	(\$500,00)	(\$500,00)
	<b>Total</b>	<b>(\$1,694,833)</b>	<b>(\$1,694,833)</b>

- Requested adjustments resulted in no net change to the General Fund transfer or anticipated ending balance.
- The *FY 2014 Third Quarter Review* submission to DMB included the CSB Modified Fund Statement for January 2014.
- The Committee Chair requested staff (George Braunstein or Daryl Washington) present a summary of the *FY 2014 Third Quarter Review* at the February 26 CSB Board meeting.

#### January 2014 Fiscal Update

- After requested FY 2014 Third Quarter adjustments are included, staff projects a FY 2014 non-County revenue shortfall of \$1.2 million, fully offset by an expenditure balance of \$2.5 million. As a result, the FY 2014 unreserved fund balance is anticipated to increase by \$1.3 million, no change from the December projection.
- Len Wales volunteered to develop policies governing use of one-time savings and fund balance and present for committee review.
- Staff projects a shortfall of \$480,667 in Medicaid Waiver revenue and continue to research the decrease in this revenue category as compared to FY 2013 receipts. Members requested an update at the next Fiscal Committee meeting.
- Staff projects a shortfall of \$563,412 in Medicaid Option revenue, primarily in IDS Case Management due to new workload requirements associated with the Department of Justice Settlement Agreement for transitioning individuals from state training centers to the community and enhanced case management, a delay in hiring additional staff and no change in the reimbursement rate. Members recommended inviting a member of IDD Committee to join the Fiscal Committee. Juan Pablo Segura volunteered to attend the next IDD committee meeting.
- The fiscal year-to-date impact of sequestration through January 31, 2014 is approximately \$161,601.

## CSB Fiscal Committee Meeting Notes

### Managed Vacancy Plan

- Fund 400, General Merit positions - As of February 18, 2014, CSB had 123 vacant positions, including 4 vacant positions to be abolished/transferred to DAHS as part of the *FY 2014 Third Quarter Review* and 17 positions anticipated to be vacated in the next few months, for an effective vacancy rate of 136 positions.
- CSB recently filled 1 position and is in the process of recruiting/hiring 52 positions.
- As a result, CSB is below the Vacancy Breakeven Point or the average number of positions to be held vacant annually to remain within budget appropriations.
- Given accumulated savings in compensation and fringe benefits and a pattern of filling positions via internal promotions, staff anticipates no adverse effect from recruiting below the VBP.

### FOCUS Realignment

- The project is moving forward to ensure FY 2015 implementation.

### Credible Review/State Performance Contract

- Staff provided an update on the CSB Informatics Work Plan, including the Credible Review and State Performance Contract Quality Improvement Project (QIP).
- Progress on the SPC QIP includes:
  - Submission of the SPC QIP to DBHDS on 1/31/14 and a followup meeting with Joel Rothenburg to discuss DBHDS comments scheduled for 2/27/14.
  - Submission of comments to DBHDS' FY 2013 SPC End of Year analysis to close out FY 2013.
- SPC QIP future key dates include:
  - FY 2014 End of Year report due 8/29/2014
  - FY 2015-FY 2016 SPC will be submitted to CSB May 2014 for review/approval. Due to the required 30-day public review period, staff may need to submit a draft in April to the CSB Board for review. Staff will coordinate with the CSB Board to ensure timely review/approval, including signature by Executive Director and CSB Board Chair.
- Staff and members noted that CSB is currently out of compliance with SPC regarding composition of the CSB Board.

### CSB Work Plan

- Staff provided a summary of the CSB Work Plan, including the five individual sections and related projects.
- Members requested a presentation, including the goals of the work plan, to the full Board at the February 26 meeting.

### **Action Items/Responsible Party Required Prior to Next Meeting:**

- N/A

## CSB Fiscal Committee Meeting Notes

### Issues to Communicate to CSB Board:

- FY 2014 Third Quarter Review – George Braunstein
- State Performance Contract – Jerome Newsome
- CSB Work Plan – Daryl Washington

### Agenda Items for Next Meeting on March 21:

- Projected Medicaid Waiver revenue shortfall – Daryl Washington

Fund 400-C40040, Fairfax-Falls Church CSB  
FY 2014 Modified Fund Statement  
Period Ending Feb 2014  
CSB Working Document

	FY 2013 Actual	FY 2014 Revised*	FY 2013 YTD Feb 2013	FY 2013 YTD Feb 2013 as % of FY 2013	FY 2014 YTD Feb 2014	FY 2014 YTD Feb 2014 as % of Budget	FY 2014 Remaining Year Projection (RYP)	FY 2014 Projection (YTD + RYP)	Projected Variance from Budget
<b>Beginning Balance</b>	<b>(\$2,601,407)</b>	<b>\$6,429,725</b>						<b>\$6,429,725</b>	<b>\$0</b>
Revenue:									
Fairfax City	\$1,336,100	\$1,336,100	\$668,050	50%	\$668,050	50%	\$668,050	\$1,336,100	\$0
Falls Church City	605,595	605,595	302,798	50%	302,798	50%	\$302,797	605,595	\$0
<b>Subtotal - Local</b>	<b>\$1,941,695</b>	<b>\$1,941,695</b>	<b>\$970,848</b>	<b>50%</b>	<b>\$970,848</b>	<b>50%</b>	<b>\$970,847</b>	<b>\$1,941,695</b>	<b>\$0</b>
State DBHDS	\$12,712,937	\$13,158,280	\$8,692,298	68%	\$8,793,615	67%	\$4,364,875	\$13,158,490	\$210
<b>Subtotal - State</b>	<b>\$12,712,937</b>	<b>\$13,158,280</b>	<b>\$8,692,298</b>	<b>68%</b>	<b>\$8,793,615</b>	<b>67%</b>	<b>\$4,364,875</b>	<b>\$13,158,490</b>	<b>\$210</b>
Block Grant	\$4,418,878	\$4,079,477	\$2,909,559	66%	\$2,719,678	67%	\$1,359,840	\$4,079,518	\$41
Direct/Other Federal	155,081	154,982	88,862	57%	76,479	49%	55,473	131,952	(23,030)
<b>Subtotal - Federal</b>	<b>\$4,573,959</b>	<b>\$4,234,459</b>	<b>\$2,998,421</b>	<b>66%</b>	<b>\$2,796,157</b>	<b>66%</b>	<b>\$1,415,313</b>	<b>\$4,211,470</b>	<b>(\$22,989)</b>
Medicaid Waiver	\$2,484,208	\$2,756,068	\$1,504,192	61%	\$1,387,403	50%	\$990,000	\$2,377,403	(\$378,665)
Medicaid Option	10,044,268	9,720,992	5,882,127	59%	5,630,271	58%	3,620,000	9,250,271	(\$470,721)
Program/Client Fees	4,775,352	4,873,001	2,671,287	56%	3,080,959	63%	1,975,000	5,055,959	\$182,958
CSA Pooled Funds	1,457,374	1,342,113	745,759	51%	496,204	37%	360,000	856,204	(\$485,909)
<b>Subtotal - Fees</b>	<b>\$18,761,202</b>	<b>\$18,692,174</b>	<b>\$10,803,365</b>	<b>58%</b>	<b>\$10,594,837</b>	<b>57%</b>	<b>\$6,945,000</b>	<b>\$17,539,837</b>	<b>(\$1,152,337)</b>
Miscellaneous	\$14,200	\$14,100	\$100	1%	\$24,271	172%	\$6,000	\$30,271	\$16,171
<b>Subtotal - Other</b>	<b>\$14,200</b>	<b>\$14,100</b>	<b>\$100</b>	<b>1%</b>	<b>\$24,271</b>	<b>172%</b>	<b>\$6,000</b>	<b>\$30,271</b>	<b>\$16,171</b>
General Fund Transfer	\$109,610,515	\$110,081,034	\$100,421,627		\$110,041,222	100%	\$39,812	\$110,081,034	\$0
<b>Total Revenue</b>	<b>\$145,013,101</b>	<b>\$154,551,467</b>	<b>\$123,886,659</b>	<b>85%</b>	<b>\$133,220,950</b>	<b>86%</b>	<b>\$13,741,847</b>	<b>\$153,392,522</b>	<b>(\$1,158,945)</b>
Expenditures:									
Compensation	\$66,262,636	\$69,927,276	\$40,748,748	61%	\$40,951,189	59%	\$26,699,371	\$67,650,560	(\$2,276,716)
Fringe Benefits	23,190,219	25,587,971	14,188,512	61%	14,343,757	56%	9,830,976	24,174,733	(\$1,413,238)
Operating	50,590,681	58,416,709	34,109,674	67%	36,104,329	62%	22,312,380 <sup>/1</sup>	58,416,709	\$0
WPFO	(1,468,098)	(1,468,098)	(607,462)	41%	(760,382)	52%	(707,716)	(1,468,098)	\$0
Capital	7,938	314,798	7,938	100%	0	0%	314,798	314,798	\$0
<b>Total Expenditures</b>	<b>\$138,583,376</b>	<b>\$152,778,656</b>	<b>\$88,447,410</b>	<b>64%</b>	<b>\$90,638,893</b>	<b>59%</b>	<b>\$58,449,809</b>	<b>\$149,088,702</b>	<b>(\$3,689,954)</b>
<b>Ending Balance</b>	<b>\$6,429,725</b>	<b>\$1,772,811</b>	<b>\$35,439,249</b>		<b>\$42,582,057</b>			<b>\$4,303,820</b>	<b>\$2,531,009</b>
Encumbered Reserve	\$3,456,914								
ITC Reserve	\$1,000,000	\$1,000,000						\$1,000,000	\$0
<b>Unreserved Balance</b>	<b>\$1,972,811</b>	<b>\$772,811</b>						<b>\$3,303,820</b>	<b>\$2,531,009</b>

\* Includes requested FY2014 Third Quarter adjustments

<sup>/1</sup> Approximately \$1.4M likely to be requested as unencumbered carryover (\$1.0M for ITC Reserve and \$0.4M for consumers transitioning from the Bridging Affordability program).

Addition of Associate Committee Member

Recommended Motion:

As Concerned Fairfax has been a very active member of the Substance Use Disorders/Mental Health (SUDs/MH) Committee, I move the Board accept the recommendation of the SUDs/MH Committee to immediately add Concerned Fairfax as an Associate Committee member.

Background:

Over the past year, Concerned Fairfax has become an active member of the SUDs/MH Committee as well as other CSB committees. During the 2013 annual appointment process of Associate Committee members as outlined in the CSB Bylaws, Concerned Fairfax was inadvertently omitted. In recognition of their involvement and diligent participation, the SUDS/MH Committee at the March 2014 meeting unanimously supported Concerned Fairfax becoming an Associate Committee member.

Board Member:

Susan Beeman, Chair, SUDs/MH Committee

# STATE PERFORMANCE CONTRACT REPORTING IMPROVEMENT STATUS REVIEW



PREPARED FOR:

**Fairfax-Falls Church  
CSB Board**

March 26, 2014

# Agenda

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- Quality Improvement Project
- Current Tasks/Subtasks Status
- Accomplishments to Date
- Issues Management Status
- Planned Tasks for Next Period
- Status of Other Operational Considerations
- Questions and Comments?

# SPC Quality Improvement Project

- ✓ Delivered QI and Compliance Plan to DBHDS
- ✓ Delivered Final FY2013 EOY Analysis Response
- ✓ Delivered FY 2014 Mid-Year Report
- ✓ Completed Collaborative Review of Data Input
- Input Contracted Services (Vendor) Data Into Credible
- Provide SPC Training to CSB Staff
- ✓ Established Issue Management Process
- Deliver FY 2014 EOY Report

- |  |
|--|
| <ul style="list-style-type: none"><li>✓ Complete</li><li>➤ In-Progress</li><li>• Not Started</li></ul> |
|--|

# Current Tasks/Subtasks

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- ✓ Deliver QIP to DBHDS
  - Corrective Action Plan Delivered on 1/31
  - Received Comments from DBHDS (Joel) on 2/4
  - Planned Meeting on 2/27 with CSB
- ✓ Deliver Final FY2013 EOY Analysis Response
  - Final FY2013 EOY Analysis Response Delivered on 1/31
  - Required by DBHDS for FY 2013 Closeout

# Current Tasks/Subtasks

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- ✓ Deliver FY 2014 Mid-Year Report
  - Completed Review and Validation with Service Directors
  - Continued Collaboration between Management, Fiscal Team, Informatics Team and Service Directors
  - Produced Internal monitoring Report Similar to DBHDS for Management Review
  - Annotated Issue-related comments on report for discussion with DBHDS
  - FY 2014 Mid-Year Report Delivered on 2/18
  - Met with Joel Rothenberg on 2/27 at CSB

# Current Tasks/Subtasks

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- Input Contracted Services (Vendor) Data
  - Completed IDS Vendors Backlogged Data (July 1 – February 28).
  - Entering MH Vendors Backlogged Data
  - Preparing Import Format for vendors going forward. Expect all Vendors to be using import format before we begin FY 2015/2016 contract

# Current Tasks/Subtasks

- Provide SPC Training to CSB Staff
  - Completed Orientation to Service Directors Prior to Review
  - SPC 101 Training to Service Directors and DAHS on 3/24
- ✓ Established Issue Management Process
  - Conducting follow-up meetings with all service areas to summarize issues, discuss solutions, and assign responsibility
  - Use process to Resolve all Issues before FY 2014 EOY report submittal
  - Use for reference in continuing operations

# Current Tasks/Subtasks

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- Deliver FY 2014 EOY Report
  - Conduct Review and Validation with Service Directors
  - Collaboration between Management, Fiscal Team, Informatics Team and Service Directors
  - Run In-House Report Similar to DBHDS for Management Review
  - Verify Resolution of all Reporting Issues
  - Submit Final CCS 3 Extract on 7/31
  - Deliver FY 2014 EOY Report on 8/29

# Accomplishments To Date

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- ✓ Delivered Quality Improvement and Compliance Plan to DBHDS – 1/31
- ✓ Delivered FY 2013 Analysis Report Response
- ✓ Submitted January CCS 3 Extract – 2/28
- ✓ Completed Review and Validation process with all service areas for Mid-Year report - 2/12
  - Addressed unfamiliarity with SPC
  - Determined issues with reporting services
  - Established value of collaboration between Services, Informatics, Fiscal, and Management

# Accomplishments To Date

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- ✓ Conducted Final Review – 2/13 to 2/18
  - Annotating Issues for Each Reporting Category
  - Establishing Green, Yellow, Red Indicators based on issue status
  - Green- Good; Yellow-Issues w/resolutions, Red-Issues being researched or not addressed
- ✓ Submitted FY 2014 Mid-Year Actuals – 2/18
- ✓ Met with Joel Rothenberg on 2/27
  - Review corrective action plan comments
  - Feedback on Mid-Year report

# Accomplishments To Date

- ✓ Delivered response to DBHS comments to our corrective action plan on 3/14
- ✓ Received favorable comments from DBHDS on 3/17
- ✓ Completed Contracted Services (Vendor) Data
  - Completed 100% of reportable IDS data
  - Provided 30 % of vendors with import process for going forward
  - Completed collaboration with DAHS contracts to update contract language relative to performance contract
- ✓ Joined DMC Executive Committee

# Issues Management Summary

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- Review issues with Service Directors in follow-ups
- Annotate issues as either Green, Yellow, or Red
- Categorize issues by Service Area to prioritize targeted areas for Business Process Review
- Continuously track as new issues arise and existing issues are resolved.
- Resolve all issues before submitting FY2014 EOY report.

G – GREEN  
Y – YELLOW  
R – RED

# Issues Management Summary

Status	Service Area/Program	Action Taken	Additional Meeting?
Y	Youth Resource Team and ICC, JDC, Youth BH Residential	Vacancy adjustments; another program needed for temps to enter data; census low@ Crossroads Youth/Sojourn	No
R	ID Residential	Manager on vacation. Meeting rescheduled for this week	No
G	Medical Services	Vacancy adjustments; address staff utilization level.	Yes
Y	ICM/PACT, Discharge Planning Regional MH Residential	Use more direct service; need another meeting to cover all areas.	No
Y	MH and ID Sheltered Employment	Another program needed; temp staff enter backlog data; enter self-directed services; resolve questions on CEP services.	Yes
G	Adult BH OP, Day Transition, IOP	Attendance low in all day treatment programs. Adjust vacancies	No
G	Detox	New program created; enter missing suboxone bed days	No
Y	PATH and Assessment	Use direct services; resolve questions about use of generic client Reviewing processes and providing recommendations for PATH service entry	No
G	BH Youth OP and Day Transition	Adjustments for staff vacancies, review group attendance.	No
G	Jail Based Services	Use more direct services; review where doctors services are entered	No

# Planned Tasks for Next Month

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- Complete Service Director's SPC 101 Training (first in planned series)
- Continue monthly review and validation in preparation for EOY Report
- Verify resolution of reporting Issues and monitor data correction progress
- Complete Entry of MH vendor data into Credible
- Submit February CCS 3 Extract on March 31st
- Continue execution of Credible Review Project tasks linked to SPC Improvement

# Planned Tasks for Next Month

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- Begin looking at Provider Portal changes for direct entry of vendor services in FY 2015
- Attend VACSB Data Management Committee meeting on 3/28

# Questions and Comments?

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- Next review
  - April 23, 2014 for CSB Board

## CSB Priority Population Guidelines

### Issue:

Following a public review period and incorporating comments submitted, the revised draft CSB Priority Population Guidelines are being presented for review, with the intent to submit for Board adoption at the April 2014 CSB Board meeting.

### 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 and the ability to meet the growing population while budget constraints continue, draft priority guidelines for access to services were developed by the CSB Senior Leadership. These guidelines applied the principles provided by professional ethicist Dr. Michael Gillette who has consulted with the ethics committees of our CSB, the 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, after which the draft document was disseminated for a six-week public review and comment period which closed in early January 2014.

Comments were received from 13 individuals representing community stakeholders and CSB staff, and the attached draft document incorporates many of the issues addressed. In addition to this opportunity to review the current draft, the guidelines will be part of the March CSB Board retreat discussion.

### Board Member/Staff:

Gary Ambrose, CSB Board Member  
Daryl Washington, CSB Deputy Director

### Attachment:

Proposed CSB Priority Population Guidelines March 2014

## CSB Priority Populations

Board Reference guide for this document:

Red= edit to earlier version for consideration for inclusion approval in final document

Highlighted area indicates an area of feedback and a decision point for CSB members.

Blue= some explanation around the board decision point.

### 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~~ **has reviewed** these service access and population prioritization guidelines, ~~made~~ **revisions** and ~~determined~~ **next steps** for adoption, ~~that included~~ **ing** public input. Processes for triage, establishing priority population waiting lists, appeals and exceptions ~~may also need~~ **have been 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 (in priority order)

- a. Enrolled in service --Currently enrolled individuals who maintain the need for current services (or the equivalents) 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** (there is a request to clarify what this means in this context—or perhaps it should be deleted) 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. **People meeting priority population requirements will have access to cross-cutting organizational services such as medical services or housing assistance supports as needed to meet service plan goals. People with co-occurring disorders, meeting the priority population criteria, will have access to services focusing on the co-occurring needs.**

**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 **and assuring linkage with** potential non-CSB sources of services.

- **Feedback has been provided that this statement will make people with insurance ineligible for ID Services.**

- Concerns have been expressed that by screening out people with insurance, the CSB loses a revenue opportunity. Also that this “screen out” needs to be clearly defined in practices standards if this is to stay.

## 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, persistent major affective disorders, **or personality disorders** AND
- **Impairments** on a recurrent or continuous basis **due to a serious mental illness** 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-Use 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, **psychiatric**, or **other** 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~~ school, 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 federal 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.

- **Related additions:** An alternative is other medical, educational, or professional documentation showing that a disability had onset before age 18 coupled with a statement from the family that no formal IQ score had been done or is currently available and a current IQ test showing an intellectual disability.

DRAFT