FAIRFAX-
FALLS CHURCH
COMMUNITY SERVICES BOARD

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, April 23, 2014
7:30 p.m.

1.	***Meeting Called to Order***	Ken Garnes	7:30 p.m
2.	***Matters of the Public***		
3.	***Presentation: Health Services Safety Net***	Deputy County Executive Patricia Harrison	
4.	***Amendments to the Meeting Agenda***	Ken Garnes	
5.	***Approval of March 26, 2014 CSB Meeting Minutes***	Ken Garnes	
6.	***Matters of the Board***		
7.	***Directors Report***	Len Wales Daryl Washington	
8.	***Committee Reports***		
	A. Fiscal Oversight Committee	Suzette Kern	
	• *March 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.	***Action Item***		
	A. CSB Officer Nominating Committee	Ken Garnes	
	B. CSB Priority Population Guidelines	Gary Ambrose	
	C. FY 2015-2016 State Performance Contract	Jerome Newsome	
10.	***Information Items***		
	A. FY 2014 State Performance Contract Update	Jerome Newsome	
	B. FY 2015-2017 CSB Strategic Plan	Lisa Potter	
11.	***Adjournment***		

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Fairfax-Falls Church Community Services Board
March 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, Diane Tuininga, Jeff Wisoff, Jane Woods and Spencer Woods

The following CSB members were absent: Dallas "Rob" Sweezy

The following CSB staff was present: Len Wales, Daryl Washington, Peggy Cook, Jean Hartman, Evan Jones, Jerome Newsome, Laura Yager and Barbara Wadley-Young

1. Meeting Called to Order

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

2. Presentation: Discharge Planning Northern Virginia Training Center

   Nancy Mercer, previously Director of The ARC of Northern Virginia and currently Community Integration Manager with the Department of Behavioral Health and Developmental Services (DBHDS) was introduced. Accompanying Ms. Mercer were Fairfax-Falls Church CSB staff Shelia Peters-Lee, Support Coordinator Assistant Director, Ashley Pannell, Support Coordinator and Erfana Zaman, Support Coordinator.

   In providing an overview of the collaborative effort to assist residents of the Northern Virginia Training Center (NVTC) to relocate, it was noted NVTC is scheduled to close June 2015. Currently, 21 individuals, 16 of whom are Fairfax area residents, have moved out, with 110 remaining, 68 being residents of this area. It was indicated not all of those in the training center wish to relocate in this area, and in partnership with the families, each individual's preferences and needs, including medical, are considered in assessing the residential options that best fit their situation. It was stressed that trust has been developed between the staff and families realizing that many of the residents have grown up in the training center.

   For individuals discharged, regular monitoring by support coordinators continues to ensure the new environment meets their needs. This process includes the families. Two relocation success stories were shared including individuals with medical needs, and it was noted that family members have been astonished at the abilities demonstrated by the individuals to do for themselves and handle daily tasks.

   Through community providers, several residential options are available including group homes, individual licensed homes and other group dwellings such as apartment style living. The NVTC closure is providing an opportunity for development of new residential providers.

   In response to some questions presented, it was noted the state offers some temporary bridge funding to assist during the relocation for services not fully covered by the Medicaid waiver

which can include transportation, however not vehicle purchases. In addition, it was indicated not all of the 68 area residents currently in the training center wish to remain in the area; only 19 have expressed such a preference.

While noting concerns with the closure timelines established, it was indicated the biggest challenge is capacity. With community support, it was noted creative methods are continually being developed to build further capacity. Ms. Mercer and the CSB staff offered to provide some further information requested including guidelines on monitoring through enhanced case management as well as whether the closure would have occurred if the Department of Justice settlement had not been issued.

Appreciation was extended for the overview and addressing the questions as well as concerns expressed.

3. Approval of the Minutes

Gary Ambrose offered a motion for approval of the February 26, 2014 Board meeting minutes of the Fairfax-Falls Church Community Services Board which was seconded and passed.

4. Matters of the Board

Mr. Garnes provided reminders of the Gartlan Health Center grand opening on March 28th as well as the CSB Board Retreat scheduled on March 29th.

5. Directors Report:

- Len Wales indicated a two-year Medicaid expansion pilot is being considered by the General Assembly and an analysis is underway to determine the impact. Daryl Washington noted this expansion while increasing the scope of coverage, may also result in a decrease in funding from other state sources.
- An earlier budget comparison summary of the House and Senate proposals was provided which indicated while there are discrepancies in the level of funding, some of the common programs include increases in Program of Assertive Community Treatment (PACT) teams, telepsychiatry, mental health services and peer recovery programs.
- A request was made to obtain and distribute a summary from the Virginia Association of Community Services Boards (VACSB) of the most recent budget proposals before the General Assembly as well as determine if the VACSB will be testifying at the Senate Finance Committee hearings on April 2nd.

6. Committee Reports

A. *Fiscal Oversight Committee:*

Highlighting the documents provided in the agenda packet, Suzette Kern noted while the projected revenue shortfall remains, a positive yearend balance is projected. In addition, it was noted committee chair elections will be held at the April meeting.

B. *Government and Community Relations Committee:*

- In discussing the upcoming CSB testimony at the Fairfax County FY2015 Advertised Budget hearing and taking into account the current projected CSB yearend surplus, it was recommended the testimony be carefully crafted to establish a tone that subtly outlines the funding needs and refrains from mentioning specific dollar amounts.
- In addition, it was determined that all three speaker slots be used by CSB Board members, but that consumers and family members be encouraged to register and provide their personal testimony and stories.
- In identifying the CSB Board members to present the testimony, it was indicated that Rob Sweezy had previously volunteered. Mr. Garnes and Juan Pablo Segura indicated they would check their calendars to determine their availability.
- Talking points based on the letters previously submitted to the Human Services Council will be drafted by staff and shared with the full Board.

C. *Intellectual Developmental Disability (IDD) Committee:*

Lori Stillman noted the following:

- At the March meeting a presentation on self-directed services was provided which highlighted the benefits to the individuals as well as reduced costs.
- The committee will be developing a charter.
- An RFP will be issued by the Department of Medical Services for contracting Medicaid transportation services instead of a one-year extension of the Logisticare contract.
- On March 29th, The ARC of Virginia has designated the day for IDD awareness and education and is encouraging individuals along with family members to be out in public.
- Although not affiliated with the CSB, staff attended a meeting with Supervisor Herrity and community residents who had expressed concerns with activities at a group home. Through open communications and providing information, the concerns were allayed. Appreciation was extended to CSB staff Laura Yager and Jeannie Cummins Eisenhour for their participation.
- Board members were encouraged to join the IDD committee especially as current member Mark Gross will be stepping down June 2014.

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

Susan Beeman indicated at the March meeting, the draft Priority Population Guidelines were reviewed and comments submitted on behalf of the committee.

7. <u>Action Item</u>

A. *Addition of Associate Committee Member*

Ms. Beeman noted due to an oversight, Concerned Fairfax was not included for approval as an Associate Committee member earlier in the fiscal year. In light of the active involvement and wealth of experience Concerned Fairfax representatives offer, Ms. Beeman moved for the Board to accept the recommendation of the Substance Use Disorders/Mental Health Committee immediately to add Concerned Fairfax as an Associate Committee member. The motion was seconded and passed.

8. Information Items

A. *State Performance Contract Update:*

To update on the current Performance Contract activities, Jerome Newsome provided the following:

- Progress on the tasks continues with many completed including training of staff.
- Meetings with state representative Joel Rothenberg have helped to clarify and offer insight as well as an understanding of the CSB methodologies being used to provide reporting data.
- The entering of backlogged contracted services data continues to move forward as well as steps to establish an import process to collect the FY2015 contract data.
- Internal collaboration is working very well with successful outcomes.
- Business process reviews are taking place with service directors to identify and address issues.
- Upcoming tasks include execution of the Credible Review Project which is linked to improvement of the Performance Contract as well as further assessment of a provider portal.
- Mr. Newsome has become a member of the VACSB Data Management Committee which includes various state and CSB representatives that will not only assist in staying current on related activities, but also provide an opportunity to contribute to development of future data reporting requirements.

Noting the condensed timeline for review and finalization of the FY2015-2016 Performance Contract, it was indicated at the April CSB Board meeting, advanced approval will be sought to issue the biennial contract for a 30-day public comment period. While an exposure draft is currently available, it is expected the version to be considered for final execution will not be available until early May. With the Board's permission, as soon as this version is received in May, it will be disseminated for public review, and following this process, will be submitted to the Board for final approval.

B. *Priority Population Guidelines:*

Noting the importance of developing priority population guidelines, Mr. Ambrose indicated the latest version of the document included in the Board packet with decision points to be addressed, will be discussed at the March 29th CSB Board retreat.

There being no further business to come before the Board, a motion to adjourn was offered, seconded and carried. The meeting was adjourned at 9:55 p.m.

Action Taken--

- The February 2014 meeting minutes were approved
- Approval of Concerned Fairfax as an associate committee member

_____ _____

Date Staff to Board

CSB Fiscal Committee Meeting Notes

Date: March 21, 2014
Attending: Suzette Kern, Ken Garnes, Gary Ambrose, Kate Hanley, Jeff Wisoff
Staff: Len Wales, Gail Ledford, Ron McDevitt, Jerome Newsome, Lisa Witt, Lisa Potter

Summary of Information Shared/Decisions:

February 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 $3.7 million. As a result, the FY 2014 unreserved fund balance is anticipated to increase by $2.5 million, a material increase from the January projection due to lower than anticipated February compensation costs.
- Staff projects a shortfall of $378,665 in Medicaid Waiver revenue. However, staff noted that February receipts reflected the highest month of the year. As a result, while projections reflect a material shortfall as compared to the budget, projections reflect a shortfall of approximately $110,000 as compared to FY2013 actuals. Staff will determine if this revenue category is affected by delays in processing claims with Magellan and will continue to research the projected decrease.
- Staff projects a shortfall of $470,721 in Medicaid Option revenue. However, staff noted that February receipts were substantially higher than January receipts, reflecting improvement in processing claims with Magellan. Staff explained that Magellan Behavioral Health of Virginia was selected by the Virginia Department of Medical Assistance Services (DMAS) to serve as the Behavioral Health Services Administrator (BHSA) and as of December 1, 2013, began administering behavioral health services for members enrolled in Virginia's Medicaid and FAMIS programs. Due to the conversion and change in business processes, claims processing and payment for providers throughout the State has been delayed. Staff noted approximately $446,000 in December-February claims have been billed, but not yet paid.
- The fiscal year-to-date impact of sequestration through February 28, 2014 is approximately $184,687.

Managed Vacancy Plan/Position Status

- Fund 400, General Merit positions - As of March 18, 2014, CSB had 118 vacant positions, including 3 vacant positions to be abolished, and 14 positions anticipated to be vacated in the next few weeks for an effective vacancy rate of 129 positions.
- CSB recently filled 5 positions and is in the process of recruiting/hiring 42 positions.
- As a result, CSB is 19 positions below the Vacancy Breakeven Point.
- Staff noted that the Vacancy Breakeven Point could be lowered substantially and are currently developing recommendations to be discussed with DMB.

Management Update

- Len Wales provided the following update:
  - CSB has 3 speaker slots for the April BOS budget hearings. It was suggested that the CSB collaborate with other Human Service agencies.

- Lisa Potter will attend the Fiscal Committee meetings and serve as the primary point-of-contact for any issues, concerns, etc.
- Len has drafted financial policies governing use of one-time savings and fund balance and may recommend a 3% operating reserve. Final recommendations will be discussed with DMB, the Fiscal Committee and the CSB Board.
- Len recommends analyzing facility maintenance requirements and developing a multi-year maintenance and replacement budget.
- The current Memorandum of Agreement between the County and the CSB, effective October 1980, is recommended to be reviewed/updated. Committee members requested a copy of the MOA.

FOCUS Realignment

- Final approval of the HCM organizational and FILO cost center structure is scheduled for March 31, 2014.
- The project is moving forward to ensure FY 2015 implementation.

State Performance Contract

- Staff provided an update on the CSB State Performance Contract Quality Improvement and Compliance Plan:
  - Inputing contracted services (Vendor) data into Credible: on target; 90% complete.
  - SPC training with CSB Service Directors scheduled for March 24, 2014
  - Meeting held with Joel Rothenberg to review corrective action plan comments and feedback on Mid-Year Report.
  - Provided response to corrective action plan comments and received favorable comments from Joel Rothenberg
- Issues Management Summary:
  - Reviewing issues with Service Directors to resolve all before submitting FY 2014 EOY report.
- Planned Tasks include:
  - Continue monthly review and validation in preparation for EOY Report.
- Key dates for FY 2015/2016 SPC:
  - May 2, 2014: receive contract, letter of notification and software.
  - Discussions needed with the Board: recommendation to have an information item for the April Board meeting to include a concept document exploring the content of the new SPC. Also, in order to comply with the 30 day comment period, recommendation made to have action item prepared for the April meeting to authorize FY 2015/2016 draft SPC contract for public comment period to begin no later than May 23, 2014.

Action Items/Responsible Party Required Prior to Next Meeting:

- Include Fairfax County-CSB MOA in CSB Board retreat packet – staff
- FY 2015/2016 State Performance Contract concept paper – Jerome Newsome

Issues to Communicate to CSB Board:

CSB Fiscal Committee Meeting Notes

- State Performance Contract – April CSB Board meeting
  - Action Item to authorize FY 2015-2016 draft SPC contract for public comment
  - Information Item including FY 2015-2016 State Performance Contract concept paper

Agenda Items for Next Meeting on April 18:

- CSB Fiscal Committee Election

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

	FY 2013 Actual	FY 2014 Revised*	FY 2013 YTD Mar 2013	FY 2013 YTD March 2013 as % of FY 2013	FY 2014 YTD Mar 2014	FY 2014 YTD March 2014 as % of Budget	FY 2014 Remaining Year Projection (RYP)	FY 2014 Projection (YTD + RYP)	Projected Variance from Budget
Beginning Balance	**($2,601,407)**	**$6,429,725**						**$6,429,725**	**$0**
Revenue:									
Fairfax City	$1,336,100	$1,336,100	$1,002,075	75%	$1,002,075	75%	$334,025	$1,336,100	$0
Falls Church City	605,595	605,595	454,197	75%	454,197	75%	$151,398	605,595	$0
Subtotal - Local	$1,941,695	$1,941,695	$1,456,272	75%	$1,456,272	75%	$485,423	$1,941,695	$0
State DBHDS	$12,712,937	$13,158,280	$9,750,972	77%	$9,910,529	75%	$3,247,961	$13,158,490	$210
Subtotal - State	$12,712,937	$13,158,280	$9,750,972	77%	$9,910,529	75%	$3,247,961	$13,158,490	$210
Block Grant	$4,418,878	$4,079,477	$3,286,891	74%	$3,059,638	75%	$1,019,880	$4,079,518	$41
Direct/Other Federal	155,081	154,982	111,800	72%	88,482	57%	37,254	125,736	(29,246)
Subtotal - Federal	$4,573,959	$4,234,459	$3,398,691	74%	$3,148,120	74%	$1,057,134	$4,205,254	($29,205)
Medicaid Waiver	$2,484,208	$2,756,068	$1,697,533	68%	$1,591,663	58%	$796,000	$2,387,663	($368,405)
Medicaid Option	10,044,268	9,720,992	6,760,900	67%	6,391,581	66%	2,840,000	9,231,581	($489,411)
Program/Client Fees	4,775,352	4,873,001	3,242,269	68%	3,457,047	71%	1,533,083	4,990,130	$117,129
CSA Pooled Funds	1,457,374	1,342,113	927,656	64%	631,888	47%	360,000	991,888	($350,225)
Subtotal - Fees	$18,761,202	$18,692,174	$12,628,358	67%	$12,072,179	65%	$5,529,083	$17,601,262	($1,090,912)
Miscellaneous	$14,200	$14,100	$100	1%	$29,473	209%	$4,500	$33,973	$19,873
Subtotal - Other	$14,200	$14,100	$100	1%	$29,473	209%	$4,500	$33,973	$19,873
General Fund Transfer	$109,610,515	$110,081,034	$100,421,627		$110,041,222	100%	$39,812	$110,081,034	$0
Total Revenue	**$145,013,101**	**$154,551,467**	**$127,656,020**	**88%**	**$136,657,795**	**88%**	**$10,363,913**	**$153,451,433**	**($1,100,034)**
Expenditures:									
Compensation	$66,262,636	$69,927,276	$45,813,266	69%	$46,095,590	66%	$21,240,422	$67,336,012	($2,591,264)
Fringe Benefits	23,190,219	25,587,971	15,986,491	69%	16,206,305	63%	7,780,748	23,987,053	($1,600,918)
Operating	50,590,681	58,416,709	38,571,985	76%	38,759,848	66%	17,856,861 /1	56,616,709	($1,800,000) /1
WPFO	(1,468,098)	(1,468,098)	(768,577)	52%	(1,145,317)	78%	(324,474)	(1,469,791)	($1,693)
Capital	7,938	314,798	7,938	100%	0	0%	314,798	314,798	$0
Total Expenditures	**$138,583,376**	**$152,778,656**	**$99,611,103**	**72%**	**$99,916,426**	**65%**	**$46,868,355**	**$146,784,781**	**($5,993,875)**
Ending Balance	**$6,429,725**	**$1,772,811**	**$28,044,917**		**$36,741,369**			**$6,666,652**	**$4,893,841** /1
Encumbered Reserve	**$3,456,914**								
ITC Reserve	**$1,000,000**	**$1,000,000**						**$1,000,000**	**$0**
Unreserved Balance	**$1,972,811**	**$772,811**						**$5,666,652**	**$4,893,841**

* Includes requested FY2014 Third Quarter adjustments

/1 $1.8M will be requested as unencumbered carryover ($1.0M for ITC Reserve and $0.8M for Credible).

COMMUNITY SERVICES BOARD	Item: 9A	Type: Action	Date: 4/23/14

CSB Officer Nominating Committee

Issue
The CSB Executive Committee is proposing the appointments of Gary Ambrose, Suzette Kern and Lori Stillman to serve on the Nominating Committee for the FY 2015 CSB officer elections.

Recommended Motion
I move that the Fairfax-Falls Church Community Services Board approve the Nominating Committee being recommended by the Executive Committee for coordinating the FY 2015 Board officer elections process.

Background
As outlined in the CSB Bylaws, in April of each year a nominating committee comprised of three Board members is tasked with identifying potential candidates to serve as Board officers in the upcoming fiscal year. The officer positions include the Chair, Vice Chair and Secretary. Following the deliberation process, at the June meeting, nominees for each office are presented along with requests for any floor nominations and the elections held.

Timing:
Appointment of the Nominating Committee at the April 23 CSB Board meeting, with elections to take place at the June 25 Board meeting.

CSB Board Member:
Ken Garnes, Chair

COMMUNITY SERVICES BOARD	Item: 9B	Type: Action	Date: 4/23/14

CSB Priority Population Guidelines

Issue:

Priority Population Guidelines are being presented for adoption.

Recommended Motion:
I move that the CSB Board adopt the CSB Priority Population Guidelines as submitted.

Background:

As noted in the information previously provided, while it is never the intent to deny anyone with a legitimate request to receive services at the CSB, it was determined priority guidelines for access to services are essential when demand exceeds available resources.

The priority population guidelines being presented were developed in partnership with CSB Senior Leadership, CSB Board members, and interested stakeholders and the application of principles provided by professional ethicist Dr. Michael Gillette. This development has included an extensive review of the needs for services and ability to meet the growing population with continuing budget constraints, an ad hoc CSB Board committee with direct stakeholder participation, a six-week public review period with many comments received incorporated into the guidelines, followed by a further review period by the full CSB Board. This collaborative effort has resulted in guidelines that take into consideration those individuals whose needs cannot be addressed except through a public system while also ensuring effective as well as efficient use of resources so that the maximum number of people are served within the limits of federal, state and local funds available.

Timing:
Requesting final approval at the April 23rd CSB Board meeting.

Board Member/Staff:
Gary Ambrose, CSB Board Member
Daryl Washington, CSB Deputy Director

Attachment:
CSB Priority Population Guidelines April 15, 2014

Guidelines for Assigning Priority Access to CSB Services

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. Effective and efficient use of resources is an inherent requirement of all CSB services so that the maximum number of people are served within the limits of federal, state and local funds available.

1) Exclusionary Criteria
    a. Constituency--Restrict access to residents of Fairfax County and the Cities of Fairfax and Falls Church.
    b. Requests outside of the CSB's Mission--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. Effectiveness -- Once all those who meet the above criteria have been served, anyone who shows the greatest likelihood of receiving benefit from services can be served.
    e. Comparative Need -- If resources are still available, anyone who still has additional needs for service can have those service needs addressed.
    f. Selection Based on Length of Wait -- 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).Individuals must meet the priority service population criteria below to have consistent access to non-emergency/non-acute CSB services.

Note: 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.

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 available to meet service plan goals. People with co-occurring disorders, meeting the priority population criteria, will have access to services as available to address co-occurring needs.

Individuals and families who have private health insurance coverage and are able to access non-emergency/non-acute services privately will be asked to seek those services when they are available in the community. In these instances, the CSB Entry and Referral Services staff will assist in identifying resources, linking with potential non-CSB sources of services, and following up with referrals. If similar resources are not available in the community, individuals with private insurance will be screened for priority using the same criteria as is used for those without insurance.

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, AND
- **Impairments** due to a serious mental illness that seriously impact, on a recurrent or continuous basis, how the individual functions in the community, including to 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 or 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 **Substance Dependence Disorder** assessed along the three dimensions of diagnosis, functional impairment, and duration.

- **Diagnosis:** through the current Diagnostic and Statistical Manual (DSM) of Substance Dependence (not including sole diagnosis of nicotine dependence)
- **Functional Impairment (any of the following):**
  - 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. on their own or by 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.
- **The duration** of the Substance Dependence 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 impairments in multiple life areas.

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, school, legal, family, etc.).
- Hospital, psychiatric or other medical intervention as a result of substance abuse or dependence.

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 **<u>or</u>**
- 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 OR 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.

COMMUNITY SERVICES BOARD Item: 9C Type: Action Date: 4/23/14

Item Title: FY2015 and FY2016 CSB State Performance Contract

Issue:
Board consideration of proposed Draft FY2015 and FY2016 State Performance Contract, is presented for approval action at the April 23, 2014 Board meeting, and for a public hearing and adoption at the June 25, 2014 Board meeting.

Considering the limited time between receipt of the proposed FY2015 and FY2016 State Performance Contract, the required 30-day public review and comment period and date the executed contract is to be submitted, this action item is being presented to provide background on the FY2015 and FY2016 contract to the Board and request approval to disseminate the proposed draft contract for the 30-day comment period once received by the Virginia Department of Behavioral Health and Developmental Services (DBHDS).

Recommended Motion:
I move that upon receipt of the proposed FY2015 and FY2016 Performance Contract, the Fairfax-Falls Church Community Services Board approve disseminating the contract for a 30-day public review and comment period.

Background:
On the first year of the biennial State Performance Contract the Board must review, accept public comment, and adopt the contract. The contract delineates the responsibilities between the Virginia Department of Behavioral Health and Developmental Services (DBHDS) and the Fairfax-Falls Church CSB. It specifies the conditions to be met for the CSB to receive State-controlled funds, identifies groups of consumers to be served with State-controlled funds and includes requirements to ensure accountability to the State.

A complete listing of all final changes for the FY2015 and FY2016 State Performance Contract is expected in a forthcoming Memorandum from Paul Gilding, Community Contracting Director, DBHDS, when the final contract has been released. This will be provided to the Board for review and consideration prior to request for contract approval action.

Timing:
Following the 30-day public review, the FY2015 and FY2016 Performance Contract will be presented for final action at the June 25, 2014 meeting.

Enclosed Documents:

Attachment: Exposure Draft: FY2015-2016 State Performance Contract

Links to Exposure Draft:

- Transmittal Letter:
  http://www.dbhds.virginia.gov/documents/15%20pc%20exposure%20draft%20cover%20memo.pdf
- Performance Contract:
  http://www.dbhds.virginia.gov/documents/15%20PC%20Exposure%20Draft%20Contract.pdf
- Partnership Agreement:
  http://www.dbhds.virginia.gov/documents/15%20PC%20Exposure%20Draft%20Partnership%20Agreement.pdf
- CSB Administrative Requirements:
  http://www.dbhds.virginia.gov/documents/15%20PC%20Exposure%20Draft%20CSB%20Administrative%20Rqmts.pdf

Staff:

Jerome Newsome, CSB Informatics Director

State Performance Contract Reporting Improvement Status Review

PREPARED FOR:

Fairfax-Falls Church CSB Board

April 23, 2014

Agenda

- Accomplishments to Date
- Issues Management Status
- Planned Tasks for Next Period
- Questions and Comments?

FAIRFAX-
FALLS CHURCH
COMMUNITY SERVICES BOARD

Accomplishments To Date

- Submitted CCS Extract for February on 4/8
  - Delayed by DBHDS based CCS Version Update
- Completed SPC 101 Training with Service Directors
- Completed follow-up discussions with Service Directors
- Contracted Services (Vendor) Data
  - Continuing data entry of ID for February and March
  - MH data delayed base on incorrect vendor format
  - Successfully completed import process with Chimes
- Met with Credible CEO, Matt Dorman

G – GREEN
Y – YELLOW
R – RED

Issue Management Status

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
Y	ID Residential	Meeting completed and plan established for data entry	No
G	Medical Services	Vacancy adjustments; **Need to 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;	No
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

- Address Credible Alignment with Focus/HCM prior to July 1
- Inventory existing business process maps as prelude to BPR
- Complete Entry of MH vendor data into Credible
- Apply working import process procedures to other vendors
- Continue with Credible Review Project tasks linked to SPC Improvement
  - Staff Training on BI Tool and Billing Matrix
  - Develop Canned and Specialized Reports
- Begin working with Credible to look at Provider Portal changes for direct entry of vendor services in FY 2015
- Meet with Joel to provide progress update

COMMUNITY SERVICES BOARD Item: 10B Type: Information Date: 4/23/14

Community Services Board Strategic Plan

Issue:
A draft strategic plan for the Community Services Board (CSB) has been developed. Unless otherwise directed by the Board, CSB staff will disseminate the draft for public comment for a period of 30 days, beginning May 1, 2014. Feedback will be incorporated, with the intent to submit the completed plan for Board adoption at the June 2014 CSB Board meeting.

Background:
In August 2013, a Strategic Plan Development Team was convened to review the agency's strategic planning process and develop a long term strategic plan. Membership on the team reflects CSB-wide representation, including two members from the CSB Board. Historically, CSB strategic plans have been disability based and have not reflected agency-wide goals and objectives. While a number of CSB strategic initiatives have been established in recent years, the FY 2015-2017 strategic plan will align these efforts.

This three year plan has been designed to span from July 1, 2014 to June 30, 2017, with annual review and evaluation. A Strategic Plan Implementation Team will be convened to oversee the implementation of the plan. The team will review progress toward goals, review data and make system recommendations for improvements as needed, and develop an evaluation strategy and annual report. CSB Board members, CSB staff and people receiving services and their families will be invited and encouraged to participate on the team.

Timeline:

May 1- May 30	Survey period for public comment
June 1- June 12	Collate responses; Strategic Plan Development Workgroup will review and incorporate feedback
June 18	Bring plan to CSB Executive Committee and request Action Item for June 25th Board Meeting
June 25	CSB Board considers Action Item to adopt plan Possible CSB Board Work Session preceding Board meeting, if requested
July 1	Implement CSB Strategic Plan

Fiscal Impact
N/A

Enclosed Documents:
Attachment A – Draft CSB Strategic Plan

Staff (and or Board Members):
Suzette Kern, CSB Board Member
Gary Ambrose, CSB Board Member
Lisa Potter, CSB Staff
Joel Friedman, CSB Staff