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, May 28, 2014
7:30 p.m.

1.	***Meeting Called to Order***	Ken Garnes	7:30 p.m.
2.	***Matters of the Public***		
3.	***Amendments to the Meeting Agenda***	Ken Garnes	
4.	***Approval of April 23, 2014 CSB Meeting Minutes***	Ken Garnes	
5.	***Matters of the Board***		
6.	***Directors Report***	Len Wales/	
	• Board Planning Calendar	Daryl Washington	
	• CSB Workplan Dashboard		
7.	***Committee Reports***		
	A. Fiscal Oversight Committee	Suzette Kern	
	• *April Meeting Notes*		
	• *Fund Statement*		
	B. Intellectual Developmental Disability Committee	Lori Stillman	
	C. Substance Use Disorders/Mental Health Committee	Susan Beeman	
	D. Other Reports		
8.	***Action Item***		
	A. Establish CSB Ad Hoc Fee Committee	Ken Garnes/ Jim Stratoudakis	
9.	***Information Items***		
	A. June Election of CSB Officers	Nominating Committee	
	B. Leadership and Resiliency Program RFP	Len Wales	
	C. State Performance Contract Update	Jerome Newsome	
	D. Day Support Services Funding	Evan Jones	
10.	***Adjournment***		

Fairfax County is committed to a policy of nondiscrimination in all county programs, services and activities and will provide reasonable accommodations upon request. Call 703-324-7000 or TTY 711 to request special accommodations. Please allow seven working days in advance of the event in order to make the necessary arrangements. These services are available at no charge to the individual.

Fairfax-Falls Church Community Services Board
April 23, 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, Mark Gross, Kate Hanley, Suzette Kern, Lynn Miller, Juan Pablo Segura, Lori Stillman, Dallas "Rob" Sweezy, Diane Tuininga, Jeff Wisoff, Jane Woods and Spencer Woods

The following CSB members were absent: Pam Barrett, Susan Beeman and Paul Luisada

The following CSB staff was present: Len Wales, Daryl Washington, Peggy Cook, Jean Hartman, Evan Jones, David Mangano, Jerome Newsome, Lyn Tomlinson and Laura Yager

1. Meeting Called to Order

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

2. Matters of the Public

   Jack Bruggeman with Parents & Associates of NVTC as well as ServiceSource referenced the presentation of Department of Behavioral Health and Developmental Services (DBHDS) representative Nancy Mercer at the March CSB Board meeting and noted the examples provided were not indicative of many situations. Mr. Bruggeman highlighted funding and capacity issues of many of the individuals needing to relocate from the Northern Virginia Training Center (NVTC) and urged the CSB to encourage DBHDS to delay the June 2015 closure of the NTVC.

3. Presentation: Health Services Safety Net

   Noting a health care collaborative effort was initiated about two and one-half years ago and many of the current CSB Board members were not serving at that time, Deputy County Executive Pat Harrison indicated the overview being provided is to share background on the initiative as well as current developments.

   - Recognizing the emerging impacts of the Affordable Care Act including further strains on the safety net with increased demand and costs as well as a changing health care environment, a health reform task force was created to assess and identify opportunities for improvements and efficiencies.
   - An estimated 144,000 uninsured were identified in Fairfax with 50% projected to obtain coverage through Federal insurance and Medicaid expansion for adults.
   - George Mason University (GMU) consulted with the task force and presented the following recommendations:1) development of agreements with community partners to share the uninsured burden, 2) establish evidence based model for integrated health service delivery across county programs, 3) streamline eligibility process by consolidating internally – currently there are five separate entrances to Human Services, 4) invest in an integrated IT system across county programs to prevent communication barriers, 5) include oral, behavioral, specialty care with integration of

primary care services, and 6) create a new government entity/structure to enable cross-sector, cross-agency coordination for partnership with community providers.

- Taking into consideration the GMU report, an assessment of service gaps, lack of system-wide planning and standardization resulting in inefficiencies as well as a shortage of providers accepting Medicaid, an action plan was developed and presented to the Board of Supervisors (BOS) in November 2012. A primary goal is to integrate health services along with the safety net system to ensure shared responsibilities.
- Following, Health Management Associates (HMA) was hired to assist in developing a collaborative plan to integrate health care services, the results of which will be presented to the BOS Human Service Committee on May 6th. Some proposed aspects of the plan are to create an integrated delivery system including development of a planning and accountability framework as a blueprint for the county, reorganize county programs delivering direct health care services and create an infrastructure with community partners.
- The intention is to bring county and community partners together beginning in May to establish the framework and present a detailed operational work plan for internal realignment to the CSB Board, Health Care Advisory Board and Human Services Council in the fall 2014.

During discussion with CSB Board members, some issues addressed included:

- Discussion of an internal realignment that might include creation of an IT officer as well as a financial officer to oversee all county Human Services agencies. Concerns were raised about whether the funding and personnel slots for such positions would come from the CSB.
- Serious concerns with the recommendation to create a new government entity as well as building an integrated information technology (IT) system in order for all county agencies to be able to communicate medical information effectively.
- Questions as to whether the CSB will be able to maintain its current decision-making authority and established policies, i.e., priority population guidelines, strategic plan, if there is another entity overseeing finances of all agencies and ultimately, determining how the funding is disbursed.
- The time and resources necessary to implement this reorganization, estimating this could be up to a 10-year process, and urging caution before proceeding.
- As it was indicated the CSB Board member that served on the Health Care task force has since resigned, the Board agreed to appoint a replacement.

CSB Executive Director Search

In providing a status report on the candidate search, Ms. Harrison noted the posting of the CSB Executive Director position has been extended until mid-May, and contingent upon the level of qualified responses received, an assessment of an additional recruitment strategy may be needed. The services of Maryann Bergeron, Executive Director of the Virginia Association of Community Services Boards (VACSB) as well as Mary Kudless, former CSB Deputy Director, have been enlisted to identify candidates as well as assist in the screening process. Of the applications received to date, 15 have been identified as potential candidates. Taking into account the interview process, which will involve a broad representation of

panelists, it is anticipated the earliest timeframe for hiring would be the end of August, and possibly further out.

4. Approval of the Minutes

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

5. Matters of the Board

- Referencing the funding issues raised by Mr. Bruggeman earlier in the meeting, specifically for providers no longer covering employment and day support services once individuals leave the NVTC, Kate Hanley requested that staff provide further information to include the associated costs of funding this program for these individuals.
- Juan Pablo Segura noted that following efforts to connect the CSB with some innovative startup ventures, it appears there may be a viable option using text messaging to communicate with individuals receiving services.
- Lori Stillman expressed concerns with the rise of substance abuse, specifically heroin.
- Ken Garnes requested Board members provide any further feedback on the draft After Report of the CSB retreat, and once received, the next steps to address the items identified as requiring Board action, can be initiated. Appreciation was extended to Board members that testified at the April budget hearings.

6. Directors Report

Len Wales reported on the outcomes of the April 22nd BOS FY2015 budget mark-up that include:

- Full funding for the ID graduates, contract rate adjustments and general relief.
- A minor reduction to computer replacements, but due to FY2014 existing funding, the CSB will be able accelerate replacements this year to compensate.
- The opening of the Merrifield Center will be delayed until December 2014.
- Funding for employee salary increases at 2.29 percent.
- A budget guidance document developed for FY2015 and FY2016 provides for:
  - Future funding for school infrastructure replacement that would not involve bond financing.
  - Further efforts to address the disproportionate outcomes of minorities.
  - In behavioral health, development of collaborative opportunities with the schools for youth and families as well as updates to be provided on the funding allocation and demand for services.
  - Continued support for the Successful Children and Youth Program initiative.
- Formal adoption of the budget is scheduled on April 29th and the next challenge will be carryover.

Daryl Washington highlighted the following upcoming activities:

- CSB site tours scheduled over the next few months along with proclamation of Nurses Week by the BOS and graduation at Crossroads, both scheduled on April 29th.

- Chairman Sharon Bulova will attend the upcoming Community Policy Management Team (CPMT) meeting to present a proclamation of National Children's Mental Health Awareness Day.
- In partnership with the schools, county and community groups, a Teen Stress summit will be held on May 17th. A related development noted is an online tip text application that will soon be available for students, families, and the public.
- An evidenced based suicide prevention online training program for teachers as well as others will soon be launched in partnership with the schools.
- An outreach program will be piloted in May to follow up on referrals made by the CSB front door/entry staff. This will include phone calls to determine if individuals were able to connect with services, and it was confirmed that a mechanism to collect data as well as track information received has been built into the pilot.

7. Committee Reports

A. *Fiscal Oversight Committee*

- Suzette Kern highlighted the committee notes and fund statement available in the meeting packet, noting a projected positive yearend balance.
- It was indicated the committee focus moving forward will be to address issues at a higher level than past practice.
- In addition, consideration is being given to reducing the quarterly reports for the Board of Supervisors (BOS) and Cities of Fairfax and Falls Church to semi-annually to coincide with significant benchmarks in the financial year as well as provide time for full Board approval. CSB Board members were requested to obtain feedback from their District Supervisors as to whether the reports are of interest and/or any information not currently provided that may be helpful.
- Ms. Kern will continue to serve as chair and Lori Stillman has joined the committee representing interests of the Intellectual Developmental Disability Committee.

B. *Government and Community Relations Committee*

Rob Sweezy extended appreciation to the Board members that testified at the April 10 FY2015 Advertised Budget hearings.

C. *Intellectual Developmental Disability Committee*

Ms. Stillman reported on the following:

- The next meeting will be held May 8th and any Board members who would like to join the committee are welcome.
- At the LogistiCare Advisory Committee meeting held on this date, a Commonwealth pilot program was announced for a single payer for transportation services for consumers who are eligible for both Medicaid and Medicare. In addition to the appointment of a new field monitor for Northern Virginia, the discussion included developing cards for distribution to the families to inform of the impacts of no-shows and non-readiness for pick up, rates which are significant in some areas. The next Advisory Committee meeting will be July 30th at 10 a.m.

D. *Substance Use Disorders/Mental Health (SUDs/MH) Committee*
A report was not available.

8. Action Items

A. *CSB Officer Nominating Committee*
Upon turning the chair over to Jane Woods, Mr. Garnes noted in April of each year, a nominating committee, comprised of three Board members, is established to identify CSB officer candidates for the upcoming year. This year, the CSB Executive Committee is recommending Gary Ambrose, Suzette Kern and Lori Stillman to serve on the committee.

Mr. Garnes offered a motion for approval of the FY2015 CSB Officer Nominating Committee as recommended by the Executive Committee, which was seconded and passed.

B. *CSB Priority Population Guidelines*
Mr. Ambrose initially recognized those staff that have contributed in the development of the guidelines and indicated, following an extensive review process, the guidelines being presented incorporate input from stakeholders, CSB Board members and leadership staff.

Mr. Ambrose offered a motion for approval of the Priority Population Guidelines as submitted, which was seconded and passed.

C. *FY 2015-2016 State Performance Contract*
Noting the proposed FY2015-2016 Biennial State Performance Contract will be received in early May, Jerome Newsome indicated the exposure draft has initially been provided to the Board. As soon as the actual contract is received, it will be distributed to Board members for review, and as required, will need to be disseminated for a 30-day public review period. Due to the limited turnaround time to submit a fully executed Contract to the Department of Behavioral Health and Developmental Services (DBHDS), staff is requesting Board approval to issue the proposed contract for public review as soon as received.

Ms. Hanley offered a motion that upon receipt of the proposed FY2015-FY2016 Performance Contract, the CSB Board approve disseminating the contract for a 30-day public review and comment period. The motion was seconded and passed.

9. Information Items

A. *FY2014 State Performance Contract Update*
Mr. Newsome provided an overview of recent activities, indicating progress continues in achieving the goals including staff training, contracted services data entry as well as steps to directly import this data, and maintaining communications with DBHDS on issues Management. Some upcoming and ongoing tasks noted consist of 1) addressing the Credible alignment, 2) inventory of existing business process maps, 3) continue to link the Credible Review Project with State Performance Contract, and 4) development of a Provider Portal.

B. *FY 2015-2016 CSB Strategic Plan*
Lisa Potter provided an overview of the draft CSB Strategic Plan previously reviewed by the CSB Board, indicating the next steps are to disseminate the document to a wide audience for public review. Several formats for submitting comments will be offered during this 30-day review period including a survey. Following incorporation of the feedback received, the plan will be presented to the CSB Board at the June 25th meeting for approval.

There being no further business to come before the Board, a motion to adjourn was offered, seconded and carried. The meeting was adjourned at 9:40 p.m.

Action Taken--

- The March 2014 meeting minutes were approved
- Approval of the FY2015 CSB Officer Nominating Committee
- Approval of a 30-day public review-comment period for the FY2015-2016 proposed State Performance Contract

_____ _____

Date Staff to Board

DRAFT

May 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	**2**	**3**
4	**5**	**6** BOS Human Services Committee	**7**	**8** IDD Committee	**9**	**10**
11	**12**	**13** BOS Meeting	**14** SUDs/MH Committee	**15**	**16** Fiscal Committee – FY14 Year End	**17**
18	**19**	**20** **SPC 30-Day Public Comment Period Begins*	**21** • CSB Executive Committee • ~~Govt/CR Committee~~ *Cancelled*	**22** FCPS Adopts Budget	**23**	**24**
25	**26** Memorial Day Holiday	**27**	**28** CSB Board Meeting*	**29**	**30**	**31**

Issues for Board Review, Action or Information:

*5/28 Copy of SPC Contract (I): *This timeline has been delayed as the services cannot be determined until the state budget is adopted which currently is an unknown.*

*5/28 Establish Ad Hoc Fee Committee (A)

Events of Interest:

*5/9 Receive SPC Contract, Letter of Notification and Software *(Financial numbers not yet available)*

*VACSB Development Conference 4/30-5/2

June 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	**2**	**3** BOS Meeting	**4**	**5**	**6**	**7**
8	**9**	**10**	**11** SUDs/MH Committee	**12**	**13**	**14**
5	**16**	**17** BOS Meeting	**18** • CSB Executive Committee • Govt/CR Committee *SPC 30 Day Public Comment Period Ends*	**19**	**20** Fiscal Committee – Review FY 14 Carryover Proposal	**21**
22	**23**	**24**	**25** • Possible Work Session • CSB Board Meeting*	**26**	**27**	**28**
29	**30**					

Issues for Board Review, Action or Information:

*6/25 CSB Officers Elections (A)

*6/25 Biennial State Performance Contract (A): *This timeline has been delayed as the services cannot be determined until the state budget is adopted which currently is an unknown.*

*6/25 Announce CSB Associate Member Nominations (I)

6/25 FY 14 Carryover Review Proposal

Events of Interest:

Human Services/County Legislative Issues White Paper (June/July)

Ad Hoc Fee Committee work sessions TBD: Goal to review materials by 7/7/14 and 7/14/14

July 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 BOS Meeting	**2**	**3**	**4** Independence Day Holiday	**5**
6	**7**	**8**	**9** SUDs/MH Committee	**10** IDD Committee	**11**	**12**
13	**14**	**15**	**16** • CSB Executive Committee • Govt/CR Committee	**17**	**18** Fiscal Committee – CSB FY 14 Year End Fiscal Review	**19**
20	**21**	**22** BOS Human Services Committee	**23** CSB Board Meeting*	**24**	**25** Possible Special Fiscal Committee Meeting to finalize BOS Report Due 7/31	**26**
27	**28** Fee Public Comment Period Begins	**29** BOS Meeting /Carryover Presented*	**30** Signed SPC Contract Sent to State	**31**		

Issues for Board Review, Action or Information:

*7/23 FY 14 Carryover Review Submission (A)
*7/23 CSB Associate Members Approval (A)
7/23 CSB Year End Fiscal Review Sub. to BOS/Mayors (I)
*7/23 CSB Notice of Public Comments/Hearing--Fee Related Items (I)
*7/29 BOS Approves SPC Contract (A): *This timeline may be delayed as the services cannot be determined until the state budget is adopted which currently is an unknown.*

Events of Interest:

Approve CSB legislative recommendations to County
Ad Hoc Fee Committee work sessions TBD: Goal to review materials by 7/7/14 and 7/14/14
Closed session for Executive Director performance evaluation
7/3 FY 14 Carryover Submission due to DMB

August 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	**2**
3	**4**	**5**	**6**	**7**	**8**	**9**
10	**11**	**12**	**13**	**14**	**15** Fiscal Committee – FY 16 Annual Budget Proposal	**16**
17	**18**	**19**	**20**	**21**	**22**	**23**
24/31	**25**	**26**	**27**	**28**	**29** SPC FY 14 End of Year Report Due to State	**30**

Issues for Board Review, Action or Information:

Events of Interest:

Infant and Toddler Connection Graduation Picnic

September 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 Labor Day Holiday	**2**	**3**	**4** IDD Committee	**5**	**6**
7	**8**	**9** BOS Meeting /Carryover Approved*	**10** SUDs/MH Committee	**11**	**12**	**13**
14	**15**	**16**	**17** • CSB Executive Committee • Govt/CR Committee	**18**	**19** Fiscal Committee – FY 16 Annual Budget Proposal	**20**
21	**22**	**23** BOS Meeting	**24** CSB Board Meeting	**25**	**26**	**27**
28	**29**	**30**				

Issues for Board Review, Action or Information:

9/24 CSB Public Hearing on Fee Related Items, Approve Fee Schedule (A)

9/24 FY 16 Annual Budget Proposal

Events of Interest:

Sept/Oct: CSB Board Member Advocacy Visits with GA Representatives

October 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	**2**	**3**	**4**
5	**6**	**7** BOS Meeting – Request Review of Fee Schedule	**8** SUDs/MH Committee	**9**	**10**	**11**
12	**13** Columbus Day Holiday	**14**	**15** • CSB Executive Committee • Govt/CR Committee	**16**	**17** Fiscal Committee	**18**
19	**20**	**21**	**22** CSB Board Meeting	**23**	**24**	**25**
26	**27**	**28** BOS Meeting	**29**	**30**	**31**	

Issues for Board Review, Action or Information:

Events of Interest:

10/15: FY 16 Capital and Operating Budget Submission Due to DMB

10/1-10/3: VACSB Public Policy Conference Roanoke, VA

10/17: Wellness and Recovery Conference

November 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	**3**	**4**	**5** SUDs/MH Committee	**6** IDD Committee	**7**	**8**
9	**10**	**11** Veteran's Day Holiday	**12** • CSB Executive Committee • Govt/CR Committee	**13**	**14** Fiscal Committee	**15**
16	**17**	**18** BOS Meeting	**19** CSB Board Meeting*	**20**	**21**	**22**
23/30	**24**	**25**	**26**	**27** Thanksgiving Holiday	**28** Thanksgiving Holiday	**29**

Issues for Board Review, Action or Information:

*CY 2015 CSB Board Meeting Schedule (A)

Events of Interest:

December 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	**2** BOS Meeting	**3** SUDs/MH Committee	**4**	**5**	**6**
7	**8**	**9**	**10** • CSB Executive Committee • Govt/CR Committee	**11**	**12** Fiscal Committee	**13**
14	**15**	**16**	**17** CSB Board Meeting and Dinner	**18**	**19**	**20**
21	**22**	**23**	**24** Christmas ½ day Holiday	**25** Christmas Holiday	**26** Christmas Holiday	**27**
28	**29**	**30**	**31**			

Issues for Board Review, Action or Information:

Events of Interest:

January 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 New Year's Holiday	**2**	**3**
4	**5**	**6**	**7**	**8**	**9**	**10**
11	**12**	**13**	**14**	**15**	**16** Possible Fiscal Committee	**17**
18	**19** MLK Holiday	**20**	**21**	**22**	**23**	**24**
25	**26**	**27**	**28** Possible CSB Board Meeting	**29**	**30**	**31**

Issues for Board Review, Action or Information:

Corporate Compliance Program Update (I)

Events of Interest:

State budget hearings held locally in Fairfax: CSB Board testimony

February 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	**2**	**3**	**4**	**5**	**6**	**7**
8	**9**	**10**	**11**	**12**	**13**	**14**
15	**16** President's Day Holiday	**17**	**18**	**19**	**20** Possible Fiscal Committee	**21**
22	**23**	**24** Possible Release of Advertised Budget	**25** Possible CSB Board Meeting	**26**	**27**	**28**

Issues for Board Review, Action or Information:

Events of Interest:
2/6 Possible Third Quarter Due to DMB – determine CSB review date after schedule is firm – maybe at 2/25 meeting?

March 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	**2**	**3** Possible BOS Third Quarter Submitted	**4**	**5**	**6**	**7**
8	**9**	**10**	**11**	**12**	**13**	**14**
15	**16**	**17**	**18**	**19**	**20** Possible Fiscal Committee – FY 16 Budget Hearing Testimony	**21**
22	**23**	**24**	**25** Possible CSB Board Meeting	**26**	**27**	**28**
29	**30**	**31**				

Issues for Board Review, Action or Information:

3/25 – FY 16 Budget Hearing Testimony

TBD – BOS Budget Committee Work sessions

Events of Interest:

3/30-4/3 FCPS Spring Break

April 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6 Possible Budget Public Hearings	7 Possible Budget Public Hearings	8 Possible Budget Public Hearings	9	10	11
12	13	14	15	16	17 Possible Budget Pre-Mark-Up	18
19	20	21 Possible Budget Mark-Up	22	23	24	25
26	27	28 Possible Budget Adoption	29	30		

Issues for Board Review, Action or Information:

Events of Interest:

Section 1: Informatics
POC: Jerome Newsome

Key Activity Status:

Task : Outcome	% Comp	Due Dates	Status
Refine Utilization of Credible: Initial Assessment Summary Report	25%	December 2014	On Target
Complete State Performance Contract data Improvements: Acceptable data reporting by DBHDS	50%	June 2014	On Target
Establish process for responding to future contract changes: Establish more direct onsite contact with Credible staff	50%	September 2014	On Target
Create Credible data reports for CSB staff : Requested reports are being used by clinical staff	25%	December 2014	On Target
Prioritize ongoing Informatics projects and set implementation timelines : Major projects scheduled over realistic period based on current/projected resources.	75%	June 2014	On Target

Special Notation:

- New SPC delayed because of State Budget approval delays

Key Risks:

- State is requiring changes to the State Performance Contract and Credible must be updated by 9/14.

Key Issues:

- Vendor data uploads must be complete by the beginning of FY 2015.

Planned Activities:

- Complete Initial Assessment Summary Report
- Bring Credible staff onsite to provide post implementation training support
- Complete inventory of current business processes
- Deliver Mid-Year Analysis Report Response and meet with DBHDS on 5/20/2014 to discuss current data improvement status
- Partner with Credible Report Generation training staff to develop reports requested by clinical staff and to support Dashboard
- Complete all major contracted services data entry and complete business process for import process going forward

Section 2: Front Door
POC: Lyn Tomlinson

Key Activity Status:

Task : Outcome	% Comp	Due Dates	Status
Design Entry Model : Draft model completed with test satisfaction data available for review	50%	September 2014	On Target
Review Best Practice Models for Behavioral Healthcare Entry Points: Questionnaire outreach, design ,analysis and reporting completed	100%	December 2013	Complete
Use Evidence Based Best Practices in Service Design : 80% of Entry and Referral Services, ACCESS, and ARC new model components will reflect national standards (20% of model may reflect local nuances)	90%	July 2014	On Target
Use Guidelines/Criteria for Access to CSB Services : 98% of individuals referred to community services do not meet standards of defined priority population (2% not meeting the defined priority population meet the exceptions)	100%	April 2014	Completed
Enhance Revenue Opportunities : 75% of individuals with scheduled appointments to CSB services have participated in initial FAST services	50%	July 2014	On Target
Utilization Management Component : 80% of individuals served are either transferred within CSB services or to community care according to the standard length of service for E&RS, ACCESS, and ARC	50%	December 2014	On Target
Stakeholder Involvement : Incorporate key stakeholder feedback in designs	50%	July 2014	On Target
Project communication : CSB staff informed of project and work plan; provide monthly updates to Senior Management Team	50%	December 2014	On Target

Key Risks:

- None

Key Issues:

- Board guidance on priority population provided 4/23/14; related tasks now underway.

Special Notation:

- None

Planned Activities:

- Continuing pilot of peer support specialist (contract with LMEC, 10 hours per week) working in the Entry and Referral Office.
- Draft 'to be' entry model based on testing.
- Gather and review sample assessment tools
- Incorporate financial services team into process
- Develop standard for length of service
- Stakeholder assessment
- Continue project communication with staff

Section 3: Behavioral Health Outpatient
POC: Georgia Bachmann

Key Activity Status:

Task : Outcome	% Comp	Due Dates	Status
Solidify and document model for service integration (mental health/substance use/primary care) and identify strategy to fully implement at each site : A written plan that outlines the CSB's model for service integration	80%	July 2014	On Target
Assess site management at each major site and develop a plan to address any leadership/ management gaps, including the need for site directors : The creation of a formal document of site-director roles with recommendations for compensation	80%	July 2014	On Target
Identify key service functions at the site (psychotherapy, counseling, case management, etc.) using an established benchmark for service design : Create protocol for consistent models of service across BHOP with appropriate staffing levels for MH/SA programming	80%	July 2014	On Target
In coordination with the Front Door work, establish Utilization Management standards and implement those protocols for assigning service providers and for length of treatment : Create new and updated written BHOP Level of Care guidelines/protocol across integrated programs that ensure: Individuals are neither underusing or overusing services and receiving optimal level of care; within division standardization of clinical pathways that are helping us determine our treatment approaches; and consistency of application across programs	80%	December 2014	On Target
Establish centralized scheduling wherever possible, sustainable productivity standards, and key service outcome standards	0%	December 2014	On Target – May 2014 start date
Using processes developed above, establish service capacity and align resources to address priority service needs; include training requirements as necessary	0%	December 2014	On Target – October 2014 start date
Identify revenue gaps and develop strategies to maximize fee and grant revenues within the service mission	0%	August 2014	On Target – April 2014 start date
Work with the Medical Director and Services Director for Entry to identify the most effective and efficient services models to address the needs of people with less intensive Medical Service needs and those needing urgent care, establishing consistent protocol for stepping individuals down to lower levels of care	0%	January 2015	On Target – July 2014 start date

Key Risks:

- None

Key Issues:

- None

Special Notation:

- Last four tasks commence during 2014.

Planned Activities:

- Utilization management workgroup kick off meeting.
- Initial draft of site director position duties reviewed with the Department of Human Resources (DHR).
- Compensation issues for site directors under discussion.
- Continuing work with DHR to address multiple and complex personnel issues to strengthen communication around work performance, work behaviors and work expectations.

Section 4: Integration of Business Practices
POC: Ginny Cooper

Key Activity Status:

Task : Outcome	% Comp	Due Dates	Status
Review existing business processes related to client registration, data collection, benefits eligibility, and revenue management. Develop standardized, effective and efficient business processes that can be implemented at all CSB service locations and central office.	60%	November 2014	On Target
Align CSB post-transformation with FOCUS and Credible	80%	July 2014	On Target
Develop tools and process to evaluate Return-on-Investment and Relative Value of services provided, including residential care (Effort should be coordinated with State Performance Contract planning, monitoring, and reporting)	65%	October 2014	On Target
Develop zero-based budget, including allocation of local funding	25%	January 2015	On Target
Identify resource to manage relationship of specialist billing company and ITC program commercial insurances (non-Medicaid) to assist in sustaining program financial viability What does this mean?	90%	April 2014	On Target
Establish agency-wide strategic plan	90%	April 2014	On Target
Create agency-wide performance management system and develop agency performance measures; implement monitoring and reporting process (each service area should have a minimum of one metric; metrics should be used for budgeting and strategic planning)	80%	July 2014	On Target
Develop and implement plan for annual operational and programmatic audit	80%	June 2014	On Target
Develop and execute succession plan for key positions	80%	July 2014	On Target
Create and manage a plan to coordinate the entire project portfolio and identify unresolved issues as they present	25%	January 2015	On Target
Establish a structure and process to address change management needs as part of any major project (e.g., organizational, service, etc.)	100%	April 2014	Complete
Review and update internal agency communication plan	100%	February 2014	Complete
Review and update external communication plan	100%	March 2014	Complete

Key Risks:

Key Issues:

-

Special Notation:

- None

Planned Activities:

- Continued literature research on comparative analyses of private vs. public cost models.
- Researching public sector operational audit plan tools.

Section 5: Youth and Child Services
POC: Daryl Washington

Key Activity Status:

Task : Outcome	% Comp	Due Dates	Status
Review current treatment models: Have all services that are provided within the youth and family continuum be provided using evidenced based or best practices.	80%	April 2014 - estimated completion September 2014	Behind Schedule
Determine where Youth and Family service models need to change and training needs to occur.: Have resources and services in the youth and family continuum allocated so that at risk youth are receiving the most efficient and effective service available based upon resources.	70%	July 2014	On Target
Use existing resources to fill gaps in services where identified. :Allocate resources on an ongoing basis so that those programs with the longest wait and greatest need are receiving support quickly and efficiently. Have a process that minimizes gaps whenever possible.	80%	July 2014 and ongoing	On Target

Special Notation:

- None

Key Risks:

- None.

Key Issues:

- Youth Consultant contract was delayed for a few weeks, but now starting to meet again. Project completion by end of summer.
- Finding balance between serving those most in need vs. serving a larger number of “at risk.” kids.

Planned Activities:

- Residential programs to receive regional customers.
- Continue work to blend services for opening of Merrifield later in 2014.
- Bring forth recommendations for youth continuum based upon feedback from consultant.

Section 6: Merrifield
POC: Laura Yager

Key Activity Status:

Task : Outcome	% Comp	Due Dates	Status
Building Operations			
Clinical Operations			
Business Process			
Communications			
Health Care Center			

Special Notation:

- None

Key Risks:

- None

Key Issues:

- None

Planned Activities:

Section Status Including Tier 2
POCs: Len Wales/Daryl Washington

Section Status:

Section	General Summary Status
I – Informatics	On Target; key area is to 'Complete State Performance Contract data Improvements'
II – Front Door	On Target
III – Behavioral Healthcare Outpatient	On Target; four task areas will commence later in 2014.
IV – Business Process	On Target
V – Youth and Family Services	On Target; key area is to 'Review current treatment models'
VI – Merrifield	
Tier 2: Future Identified Objectives • Re-Engineer Mental Health Emergency Services • Develop Cost Benefit Analysis of Medical Detox Unit • Consider Co-Locating Medical Detox with Crisis Unit • Review Day Program Supplemental Payments and Contracting • Move Social Detox Out of Facility Based Program • Explore new Models to Leverage More Cases and/or Increase Face-to-Face Visits	Work not started. TBD

Special Notation:

- None

CSB Fiscal Committee Meeting Notes

Date: April 18, 2014
Attending: Suzette Kern, Ken Garnes, Gary Ambrose, Kate Hanley, Jeff Wisoff, Lori Stillman
Staff: Len Wales, Daryl Washington, Ron McDevitt, Lisa Witt, Lisa Potter

Summary of Information Shared/Decisions:

Role of the Fiscal Committee

- Committee Chair asked members to review the Fiscal Committee Charter.
- There was discussion regarding the Quarterly BOS Report process:
  - To ensure consistent financial information, it was suggested that the Fiscal Committee's oversight report to the Board of Supervisors be prepared semi-annually when the CSB submits the Carryover and Third Quarter Review packages to DMB. The report to the BOS may include information related to program issues, agency initiatives, etc. along with fiscal information. The Committee decided to change the oversight reporting cycle from a quarterly to semi-annual basis. Future reports will be sent to the full CSB Board as an action item and will be transmitted to the Board of Supervisors from the CSB Board. Committee Chair asked members to review the last quarterly BOS report to determine what information should be included in the semi-annual reports.
  - For the May meeting, staff will provide an updated Fiscal Committee meeting schedule to include semi-annual reporting.
- There was discussion regarding the meeting process and report-outs:
  - Recommendation to continue sending documents prior to each meeting for review.
  - Report-outs at each meeting will be limited to emerging trends and/or information that needs to be brought to the Committee's attention.
  - Special Project reports to continue as planned.

March 2014 Fiscal Update

- After requested FY 2014 Third Quarter adjustments are included, staff projects a FY 2014 non-County revenue shortfall of $1.1 million, fully offset by an expenditure balance of $6.0 million. As a result, the FY 2014 unreserved fund balance is anticipated to increase by $4.9 million, a material increase from the February projection due to recognition of the unspent $1.0 million ITC Reserve and $0.8 million for Credible to be requested as unencumbered carryover and lower than anticipated March compensation and fringe benefit costs.
- Staff projects a shortfall of $368,405 in Medicaid Waiver revenue. However, staff noted that March 2014 receipts are $6,000 higher than previous estimate, raising the monthly average used as the projection base from $198,000 to $199,000 for remaining months.
- Staff projects a shortfall of $489,411 in Medicaid Option revenue. Staff noted that March receipts are $19,000 lower than previous estimate.
- Staff are currently reviewing agency needs for spending the projected remaining balance. Needs include capital equipment, consultant expertise on CSB Work Plan projects, and upfitting Merrifield. Committee Chair requested a brief report at next week's Board meeting.

CSB Fiscal Committee Meeting Notes

Managed Vacancy Plan/Position Status

- Fund 400, General Merit positions - As of April 14, 2014, CSB had 121 vacant positions, including 3 vacant positions to be abolished, for 118 effective vacancies or a 12% vacancy rate.
- CSB anticipates 26 positions to be vacated in the next few weeks, recently filled 5 positions, and is in the process of recruiting/hiring 43 positions.
- Staff reported DMB has lowered the Vacancy Breakeven Point (VBP) to 90. As a result, CSB has additional capacity to recruit 6 positions. Further analysis is underway to determine if a lower VBP may be sustained within appropriations.
- Staff briefly described the process for prioritizing and filling vacancies. It was noted that efforts continue to anticipate and plan for vacancies (staff in DROP, etc.).

FOCUS Realignment

- The final HCM organizational and FILO cost center structure has been approved. Transaction testing and change management efforts continue to ensure the system and users are prepared for a successful FY 2015 implementation.

State Performance Contract/Credible Review

- Staff provided an update on the CSB State Performance Contract Quality Improvement and Compliance Plan:
- Accomplishments to date:
  - Completed SPC 101 Training with Service Directors and follow-up discussions with Service Directors for ongoing improvement process
  - Contracted Services (Vendor) Data: continuing data entry and successfully completed import process with one vendor
  - Meeting held with Credible CEO, Matt Dorman, to discuss partnering relationship and priority areas of interest
- Planned Tasks include:
  - Address Credible alignment with FOCUS/HCM prior to July 1.
  - Inventory existing business process maps.
  - Continuing with vendor data entry.
  - Continue with Credible review project tasks liked to SPC improvement to include staff training on Business Intelligence and billing matrix as well as develop canned and specialized reports
  - Work with Credible to look at Provider Portal changes for direct entry of vendor services in FY 2015
  - Meet with Joel Rothenberg to provide progress update
- Committee Chair requested the following for the April 23 Board meeting:
  - Information Item for SPC concept paper
  - Action Item for SPC public comment period
  - Staff to report on accomplishments to date and planned tasks.

CSB Work Plan

- Staff provided a status update and brief summary of the CSB Work Plans to include:
  - Summary of the Front Door, Youth and Family, Adult Behavioral Health, and

Integration of Business Practices-design and related projects. Informatics Work Plan items covered under State Performance Contract/Credible Review.
  - Staff reported a sixth Work Plan has been added: Merrifield Cross-Functional Team.
  - Currently in process of changing the format of the Work Plan document to include stop lights (red/yellow/green buttons) to indicate progress. Plan is to have the new format in May.

ID Provider Request of Consideration for Weather Related Closures

- Staff provided information related to weather closure for Day Providers and request for additional payment:
  - Providers currently receive payment for three weather-related closures; Recommendation is payment for four days additional days; Committee Chair requested an Information item for the April 23 Board meeting.

Fiscal Committee Election

- It was unanimously approved that Suzette Kern continue as Fiscal Committee Chair.

Action Items/Responsible Party Required Prior to Next Meeting:

- Update Fiscal Committee meeting calendar – staff

Issues to Communicate to CSB Board:

- 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
  - Staff to report on accomplishments to date and planned tasks
- Unencumbered Funds/Spending – April CSB Board meeting
  - Staff to provide briefing on plans for spending projected balance
- Weather Closure for Day Providers and requests for additional payment – April CSB Board meeting

Agenda Items for Next Meeting on May 16:

- TBD

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

	FY 2013 Actual	FY 2014 Revised	FY 2013 YTD April 2013	FY 2013 YTD April 2013 as % of FY 2013	FY 2014 YTD April 2014	FY 2014 YTD April 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	$10,280,309	81%	$10,925,962	83%	$2,233,828	$13,159,790	$1,510
Subtotal - State	$12,712,937	$13,158,280	$10,280,309	81%	$10,925,962	83%	$2,233,828	$13,159,790	$1,510
Block Grant	$4,418,878	$4,079,477	$3,475,557	79%	$3,399,598	83%	$679,920	$4,079,518	$41
Direct/Other Federal	155,081	154,982	123,352	80%	98,977	64%	20,742	119,719	(35,263)
Subtotal - Federal	$4,573,959	$4,234,459	$3,598,909	79%	$3,498,575	83%	$700,662	$4,199,237	($35,222)
Medicaid Waiver	$2,484,208	$2,756,068	$1,902,972	77%	$1,786,274	65%	$597,000	$2,383,274	($372,794)
Medicaid Option	10,044,268	9,720,992	7,651,482	76%	7,111,606	73%	2,048,000	9,159,606	($561,386)
Program/Client Fees	4,775,352	4,873,001	3,573,822	75%	3,921,526	80%	1,170,000	5,091,526	$218,525
CSA Pooled Funds	1,457,374	1,342,113	1,069,772	73%	757,390	56%	282,000	1,039,390	($302,723)
Subtotal - Fees	$18,761,202	$18,692,174	$14,198,048	76%	$13,576,796	73%	$4,097,000	$17,673,796	($1,018,378)
Miscellaneous	$14,200	$14,100	$2,845	20%	$35,177	249%	$3,000	$38,177	$24,077
Subtotal - Other	$14,200	$14,100	$2,845	20%	$35,177	249%	$3,000	$38,177	$24,077
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**	**$129,958,010**	**90%**	**$139,534,004**	**90%**	**$7,559,725**	**$153,523,454**	**($1,028,013)**
Expenditures:									
Compensation	$66,262,636	$70,016,736	$50,882,194	77%	$51,221,574	73%	$15,741,662	$66,963,236	($3,053,500)
Fringe Benefits	23,190,219	25,498,511	17,788,464	77%	18,062,820	71%	5,786,837	23,849,657	($1,648,854)
Operating	50,590,681	58,409,140	42,855,595	85%	42,908,561	73%	13,000,579 /1	55,909,140	($2,500,000) /1
WPFO	(1,468,098)	(1,468,098)	(778,453)	53%	(1,437,065)	98%	0	(1,437,065)	$31,033
Capital	7,938	322,366	7,938	100%	0	0%	322,366	322,366	$0
Total Expenditures	**$138,583,376**	**$152,778,655**	**$110,755,738**	**80%**	**$110,755,890**	**72%**	**$34,851,444**	**$145,607,334**	**($7,171,321)**
Ending Balance	**$6,429,725**	**$1,772,812**	**$19,202,272**		**$28,778,114**			**$7,916,120**	**$6,143,308** /1
Encumbered Reserve	**$3,456,914**								
ITC Reserve	**$1,000,000**	**$1,000,000**						**$1,000,000**	**$0**
Unreserved Balance	**$1,972,811**	**$772,812**						**$6,916,120**	**$6,143,308**

/1 $2.5M will be requested as unencumbered carryover ($1.0M for ITC Reserve, $0.8M for Credible, $0.4M for clients transitioning out of Bridging Affordability and $0.3M for Merrifield startup costs).

COMMUNITY SERVICES BOARD Item: 8A Type: Action Date: 5/28/14

Ad Hoc Fee Policy Committee

Issue:
The CSB Executive Committee is proposing the establishment of an Ad Hoc Fee Policy Committee and the selection of its members for the 2014/2015 fee related review work.

Recommended Motion:
I move that the CSB Board establish an Ad Hoc Fee Policy Committee as recommended and select a minimum of two members to serve on the Committee.

Background:
As outlined in the CSB Bylaws, Ad Hoc Committees may be established by the full Board as needed. Those Committees may be established to address any issue for which the full Board determines that the subject matter or issue cannot be adequately addressed by the Standing Committees. The members of each Ad Hoc Committee shall elect one of their members as Chair for a one-year term.

CSB Board Policy 2120, Reimbursement for Services, requires the annual review of fees and the provision of guidance on the system that provides subsidies and various payment methods based on the ability to pay and addresses delinquent accounts based on County policy. In addition to conducting a review of the Board Policy 2120, the Ad Hoc Fee Policy Committee reviews staff proposals on the Ability to Pay Scale, the Fee and Subsidy Related Regulation 2120.1, and the Fee Schedule, and makes recommendations. The Ad Hoc Fee Policy Committee then brings forward to the full Board a recommendation to post changes for public comment.

Timing:
Request approval at the May 28th CSB Board meeting in order to meet the review deadlines and deliverables identified in the preliminary work plan.

Board Member/Staff:
Ken Garnes, Chair
James P. Stratoudakis, PhD, Director, CSB Office of Quality, Compliance and Risk Management

Attachment:
FFCCSB Fee Related Review Work – 2014/2015

FFCCSB FEE RELATED REVIEW WORK – 2014/2015

TOPIC	TASKS/DELIVERABLES	STAFF WORK GROUP	BOARD COMMITTEE
Charter	■ Jim Stratoudakis to convene Board; Ginny Cooper to convene Staff. ■ Appoint/designate members ■ Schedule June-July meetings with review topics and decisions points ■ Furnish current related materials for context purposes	Designate staff by 5/12/14	Establish Committee & appoint members 5/28/14
Board Policy on Reimbursement 2120	■ Review and discuss Board Reimbursement Policy 2120 (e.g., priority population document, Affordable Care Act individual mandate)	NA	Review by 7/7/14
Ability to Pay (ATP) Scale	■ Update based on federal poverty guidelines only	Complete by 6/16/14	Review by 7/7/14
Fee & Subsidy Related Regulation 2120.1	■ Review staff proposals to edit Regulation for congruity (e.g., Board Policy 2120, priority population document, Affordable Care Act individual mandate)	Complete by 6/30/14	Review by 7/14/14
Service Cost Review	■ Review and discuss service cost review methodology ■ Review and discuss staff proposals to establish or amend services	Complete by 6/30/14	Review by 7/7/14
Fee Schedule	■ Review proposed Fee Schedule ■ Revenue impact	Complete by 7/7/14	Review by 7/14/14
Approvals and Effective Date	■ CSB Board Item to hold Public Hearing on Fee Related documents 7/23/14 ■ Placeholder for BOS Information Item on BOS agenda (for 10/7/14 meeting) ■ CSB Board Public Hearing 9/24/14 ■ CSB Board Item to approve Fee Schedule and ATP Scale and forward to the Board of Supervisors for their review 9/24/14 ■ BOS Information Item on Fee Schedule and ATP Scale 10/7/14 ■ Make effective 60 days from 9/24/14 approval, or 12/1/14.	In accordance with Board(s) due dates	Present Board Item on 7/23/14 to hold Public Hearing on Fee Related Documents

COMMUNITY SERVICES BOARD	Item: 9A	Type: Information	Date: 5/28/14

Title
Election of CSB Officers in June 2014

Background
CSB Board Officers are elected each June. At the April 2014 Board meeting, as required by Article VI of the CSB Bylaws, three Board members were appointed to serve as the Nominating Committee. Nominating Committee members are Gary Ambrose, Suzette Kern and Lori Stillman. This committee is required to submit the name of at least one nominee for each of the offices of Chair, Vice Chair, and Secretary at the June meeting of the Board at which meeting the election of officers shall be held. The term for the newly elected officers begins on July 1, 2014.

The Nominating Committee has met and will present the following names for election:

Chair: Ken Garnes
Vice-Chair: Gary Ambrose
Secretary: Suzette Kern

At the June 25 meeting, in addition to the names presented by the committee, nominations may be made from the floor.

Fiscal Impact
None

CSB Officer Nominations Committee--Board Members
Gary Ambrose
Suzette Kern
Lori Stillman

Community Services Board	Item: 9B	Type: Information	Date: 5/28/2014

Title:
Sale of the Leadership and Resiliency Program©™

Issue:
The CSB is offering the Leadership and Resiliency Program for sale which includes all materials associated with implementing the program. It is no longer implemented locally and available staff with program expertise to provide consultation and training are limited. There is still some interest in dissemination of this program and there may be entities interested in taking it over.

Background:
Created in 1999 by staff in (what was then known as) the Prevention Unit, this program focused on high school aged youth and included in-school resiliency groups, community volunteer experiences and adventure activities. It produced strong outcomes and rose to national prominence with multiple awards for innovation and strong outcomes for youth, including a 2000 citation by SAMHSA's National Registry of Effective Programs and Practices. This citation, the highest level for evidence-based programs in the country, required national dissemination, training and technical assistance of the program so that other organizations may implement the program. The program has been implemented in over 30 states, Puerto Rico, and Canada. Revenue produced through training fees, licensing of the program and technical assistance was put back into the local budget to help cover program costs. In 2006, this practice received recognition by the National League of Cities Award for Municipal Excellence. Due to staff changes and program priorities, this program will be offered for sale through the County.

Fiscal Impact:
Sale of this program may produce some revenue for the CSB. The potential range of revenue is unknown at this time.

Staff:
Laura Yager, Director, CSB Partnerships and Resource Development
Leonard P. Wales, Acting Director of Administrative Services/General Manager

Attachments: Leadership & Resiliency Program Overview
Leadership & Resiliency Price List
Leadership & Resiliency Recognitions and Citations

Index

- Contacts/Directions
- Main CSB Page
- About the CSB
- Services
- Locations
- Infant & Toddler Connection
- Events
- News
- Publications
- Volunteers & Interns
- Wellness Resources
- CSB Board
- Fairfax REACH
- Translate site into other languages

Related Links

- Health Insurance Marketplace
- Human Services
- Department of Family Services
- Older Adults
- Health Department
- No. Va. Regional Projects Office
- Va. Dept. of Behavioral Health & Developmental Services

Online Services

Our Government

News and Events

Maps, Facts & Stats

State & Federal

Leadership & Resiliency Program©™ Overview

The Fairfax Leadership and Resiliency Program is an intensive substance abuse prevention program designed to serve selected and indicated populations of adolescents who are currently enrolled in mainstream or alternative high school settings. It started as a federal demonstration site and research project studying the efficacy of prevention efforts. Research oversight was provided through the Washington-Baltimore High Intensity Drug Trafficking Area (HIDTA) with the University of Maryland acting as the Internal Review Board and as the advisor for all research design protocols.

LRP addresses extreme risk factors using *clinical prevention strategies* derived from recent science-based prevention research. “Clinical” and “prevention” are not terms often used together, but this program uses approaches that are both scientific and therapeutic while retaining a prevention focus. These strategies identify and enhance internal strengths identified through resiliency research as the most predictive of future success and adaptation in life.

LRP addresses the following internal strengths:

- the desire and ability to feel and understand the needs of others;
- the desire to help others;
- the ability to delay gratification;
- a perspective focused on the future;
- an internal locus of control;
- the ability to genuinely accept one’s circumstances;
- a strong sense of self-efficacy;
- a sense of humor; and
- the ability to take appropriately managed risks.

Throughout, all components of the program targeted areas fall into three common resiliency areas: healthy relationships, goal-setting and coping strategies.

LRP uses social psychology and behavioral interventions to address cognitive dissonance and to support the process of attitudinal formation. Adolescent participants serve as role models for elementary aged youth in a variety of settings, teaching the younger children about the harmful effects of substance abuse. Activities provide participants with opportunities to experience success while introducing a fundamental conflict in the adolescent participant between

personal substance use and public persona. The drive to succeed and the experience of self-efficacy are extremely powerful tools in helping adolescents establish positive attitudes and behaviors.

LRP programs and activities are developmentally appropriate and created specifically for the target population. This is critical for successfully generating positive outcomes and for reinforcing positive developmental goals. Adolescence is a time of identity formation, and the promotion of a drug-free lifestyle during this period is especially important. All activities within this program are specifically designed to promote the resiliency of program participants as part of overall identity formation. Building a sense of identity from a foundation of success is a critical component of programming and a guiding philosophical principle of LRP. A guiding tenet in the LRP is that youth who are taught to be successful in adolescence will continue to seek out a success-based orientation to life as an adult.

LRP also seeks to reduce risk factors. Without appropriate intervention, these factors can potentially cause problems throughout a person's life. Of particular importance are risk factors that can lead to criminality, addiction, and victimization. Many risk factors are addressed while simultaneously addressing resiliency factors; however, LRP workers need to be aware of situations when specific risk factors require immediate intervention. Emerging major mental health disorders and substance abuse treatment needs are especially critical to identify, and LRP staff members are expected to have the expertise to identify them and to address them appropriately. Organizations implementing LRP should develop procedures to discuss these concerns as they arise and be ready to intervene and/or link program participants with treatment or other resources.

LRP programming has three major components:

- In-school groups;
- Community volunteer experiences; and
- Alternative or adventure activities.

Programming provides adolescents with access to an array of activities.

Each program component complements the other two. They are all considered integral components that together provide for a holistic prevention program.

Goals & Objectives

Specific resiliency traits addressed are noted throughout this manual within each program component and within specific activities. The traits can be grouped into three overall target areas to be addressed in all components of programming. The LRP measurement tool included in this manual sorts questions by these three areas:

- Healthy relationships
- Goal-setting
- Coping strategies (also known as personal skill development)

The long range goals for program participants include reduced/eliminated substance abuse, high school graduation, reduced/eliminated juvenile delinquency, post high school employment or enrollment in college, increased resiliency in at least two life domains, and attitudes that view substance abuse as undesirable and unhealthy. Intermediate objectives include reduced school behavioral incidents, increased attendance, increased grade point averages and increased school and community bonding.

Initially the intermediate objectives began as the long-term goals. What was discovered over time, however, was that these objectives supported the

identified long-range goals. These goals, as demonstrated by the initial group of program participants, have become the benchmark by which the long-term success of the program is measured.

Research/Evaluation Design and Outcomes Achieved

The research protocol for this program provided for evaluation to be conducted based on level of participation. In addition to level of involvement and other participant factors, the following process objectives were measured: the extent to which programs were offered; extent to which programs were both high intensity and comprehensive in attempts to effectuate behavioral and attitudinal change; extent that programs involve a coalition of participant organizations.

All participants were evaluated at pre- interim- and post- program involvement to measure individual attitudes and changes. The process evaluation, completed by HIDTA and the University of Maryland, used four instruments to gather information. The Program Administrator Survey queried program staff about their qualifications, training and efforts devoted to the prevention program under study. This included questions about personnel and staffing, types of programs offered, characteristics of participants, level of participation and parental involvement, methods used for retention, benchmarks and obstacles. The Experience Survey questioned youth participants about their perceptions of the program.

Evaluation outcomes of the original LRP program demonstrate strong results for individual participants as well as excellent evidence that this intensive, long-term prevention program works.

In 1998 and 1999 participants demonstrated a:

- 65% reduction in school absences
- 60% reduction in school disciplinary reports
- 0.8 GPA increase on a 4.0 scale
- attrition rate of 5%

HIDTA, in formal outcome reports to the Office of National Drug Control Policy, stated that the program “has met goals and shown promise for success in strengthening resiliencies and minimizing the impact of risk factors which are goals believed to be instrumental in reducing drug abuse and delinquency.”

LRP replications should develop benchmark expectations for program outcomes based on local needs identified. The original LRP has developed benchmark expectations for first year participants that include a .5 increase in GPA, a 50% increase in school attendance, a 50% reduction in school disciplinary reports, and an increase in the three resiliency competency areas. If these figures are not achieved, implementation should be examined and, as appropriate, adjusted to improve its effectiveness. To date, the original LRP has consistently exceeded its benchmarked outcomes, further increasing levels of local support for LRP programming. Reports from replication sites indicate similar outcomes.

Recognition

- Achievement Award, Virginia Municipal League, 2005
- Promising Program, Office for Juvenile Justice and Delinquency Prevention, 2003
- Model Program, Center for Substance Abuse Prevention, Substance Abuse and Mental Health Administration, U.S. Department of Health and Human Services, 2000
- Governor’s Recognition, Commonwealth of Virginia, 2000.

- Innovations in Government Award, National Association of Counties (NACo), 2000
- JC Penney Golden Rule Award, 2000
- Virginia DMHMRSAS Volunteer Recognition Award, 2000
- Prevention Program Excellence Award, Washington Regional Council of Governments, 1999

Fairfax-Falls Church Community Services Board

24-Hour CSB Emergency Services
Phone: 703-573-5679 | TTY: 703-207-7737

CSB Entry & Referral
Phone: 703-383-8500 | TTY: 711
Contact the CSB by Email

CSB Administrative Office
12011 Government Center Parkway, Suite 836, Fairfax, VA 22035-1100
Phone: 703-324-7000 | Fax: 703-324-7092 | TTY: 711

Contact Fairfax County: Phone, Email or Twitter | **Main Address:** 12000 Government Center Parkway, Fairfax, VA 22035
Technical Questions: Web Administrator

ADA Accessibility | Website Accessibility
Awards | FOIA | Mobile | Using this Site | Web Disclaimer & Privacy Policy | Get Adobe Reader
Official site of the County of Fairfax, Virginia, © Copyright 2013

Website Feedback Language Translations

Index

- Contacts/Directions
- Main CSB Page
- About the CSB
- Services
- Locations
- Infant & Toddler Connection
- Events
- News
- Publications
- Volunteers & Interns
- Wellness Resources
- CSB Board
- Fairfax REACH
- Translate site into other languages

Related Links

- Health Insurance Marketplace
- Human Services
- Department of Family Services
- Older Adults
- Health Department
- No. Va. Regional Projects Office
- Va. Dept. of Behavioral Health & Developmental Services

Online Services

Our Government

News and Events

Maps, Facts & Stats

State & Federal

homepage > csb > services > wellness & health promotion > leadership & resiliency program:

Printer Friendly

Leadership & Resiliency Program©™ Price List for Materials & Training

All amounts posted in US dollars and are subject to change.

Consultation and Information

- Initial Consultation (phone or e-mail) up to half an hour: free
- Additional quarter hour program information/consultation: $25 per quarter hour/$100 per hour
- Program Overview Write-up: free via email

Materials

- LRP License Agreement and Manual – electronic version (Purchase of license agreement required): $150
- Bound copy of LRP Manual: $20 per copy
- Workshop Materials: $20 per participant
- VHS tape or DVD "Helping Youth Reach the Top" (this is an introductory video which overviews the LRP component requirements.): $20

  Note: Prices above do not include shipping and handling. Some materials and equipment will need to be supplied b please contact us for additional details.

LRP Implementation Workshop

Three-day Workshop: This workshop is scheduled as 2-1/2 days of workshop time and a half-day for technical assista workshop to discuss implementation, adaptation and detailed discussions that may not have been completed during the

- For up to 15 trainees: $3,500 (per workshop)
- For more than 15 trainees: Please call for a price quote
- An additional $300 fee will apply if extra travel day is required by trainer to reach training destination

Travel:

- airfare and/or car rental, or mileage at the current federal rate
- hotel / federal rates
- meals / federal rate
- per diem incidental @ $5 per day (per Fairfax County policy)

For program information please contact:

Jamie MacDonald, Director, Prevention Programs at 703-383-8451

For ordering information please contact:

Erika Gilliam, Administrative Assistant at 703-383-8430

Fairfax-Falls Church Community Services Board

24-Hour CSB Emergency Services
Phone: 703-573-5679 | TTY: 703-207-7737

CSB Entry & Referral
Phone: 703-383-8500 | TTY: 711
Contact the CSB by Email

Index

- Contacts/Directions
- Main CSB Page
- About the CSB
- Services
- Locations
- Infant & Toddler Connection
- Events
- News
- Publications
- Volunteers & Interns
- Wellness Resources
- CSB Board
- Fairfax REACH
- Translate site into other languages

Related Links

- Health Insurance Marketplace
- Human Services
- Department of Family Services
- Older Adults
- Health Department
- No. Va. Regional Projects Office
- Va. Dept. of Behavioral Health & Developmental Services

Online Services

Our Government

News and Events

Maps, Facts & Stats

homepage > csb > services > wellness & health promotion > leadership & resiliency program:

Printer Friendly | Text Size | Text Only

Leadership & Resiliency Program©™ Recognition & Citations

Recognition

- 1999, National Association of Counties (NACo) Award for creativity and excellence in programming with measurable outcomes.
- 1999, Best Practice in Science-Based Programming, Washington Metropolitan Council of Governments.
- 2000, Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration (SAMHSA). Recognition as a national model program.
- 2000, Recognition by then Virginia Governor Jim Gilmore “for changing the paradigm of how services are offered to youth in the Commonwealth of Virginia.”
- 2000, JC Penney Golden Rule Award for program participants’ work with abused and neglected animals at the Middleburg Humane Foundation.
- 2001, Recognition by Fairfax County Board of Supervisors for collaborative programming producing cost effective, measurable outcomes.
- 2001, Recognition by Fairfax County Superintendent of Schools for excellent services for youth and for outstanding collaboration between County Government and the Public School System.
- 2003, Office of Juvenile Justice and Delinquency Prevention (OJJDP). Recognition as a Promising Prevention Program.
- 2004, George Mason Century Club Award for Most Effective Corporate Interaction for a student-produced video about the Leadership and Resiliency Program.
- 2005, Achievement Award from the Virginia Municipal League for innovations in local government.
- 2006, Inclusion in the National League of Cities’. Recognized through the “Awards for Municipal Excellence”, and NLC’s “City Showcase”.

Media Reports

- Prebich, Courtney. (1997, December 31). Amrit Daryanani: Teaching self-esteem. The Centreville Times. pp. A1, 3.
- Cooper, Jennifer. (2001, July 5). Unconventional healing. Centreville Times. Retrieved from http://www.xwire.com/
- Leary, Michael. (2001, July 12). Softness for the hard knocks. The Washington Post. B1, Col. 3.
- Fairfax program that reaches teenagers is national model. (2005, September). Virginia Town and City. Richmond, VA: Municipal League. pp 3-4.

Citations

- Fishbein, D. and Doylan, D. (1997). Neighborhood prevention initiatives in the Washington-Baltimore Region. Greenbelt, MD: Washington/Baltimore HIDTA.
- Implementing Programming with Fidelity article, Virginia Effective Practices Project Newsletter, 9/01.
- Schinke, D., Brounstein, P. and Gardner, D. (2002). Science-based prevention programs and principles. DHHS Pub. No. (SMA) 03-3764. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse Mental Health Services Administration
- The Proof is in the Practice: The Evolution and Development of Science-Based Prevention Programs at the Grass Roots Level, Virginia Addictions Institute, Williamsburg, VA, 6/03.
- Model prevention programs that support academic achievement. (2003, Fall). Student Assistance Journal. Pp. 18-24.
- Fairfax program that reaches teenagers is national model. (2005, September). Virginia Town and City. Richmond, VA: Virginia Municipal League. pp 3-4.

Conference Presentations

- Fairfax Leadership and Resiliency Program presentation, National Prevention Research Conference, Columbus, Ohio, September 9, 2000.
- Performance Management in Prevention. Leadership and Resiliency Program, National Capitol Area Performance Management Consortium, Spring 2002.
- Fairfax Leadership and Resiliency Program presentation, National Prevention Network Research Conference, San Diego, California, August 8, 2002.
- Texas Commission on Alcohol and Drug Abuse's 47th Annual Institute. Austin, TX. August 2, 2004. Leadership and Resiliency Program.
- Demystifying the Road to Evidence-Based Practice, 17th Annual National Prevention Network Conference, Kansas City, MO, August 8, 2004.
- West Virginia Prevention Resource Center's Annual Share the Vision Prevention Conference. Charleston, WV. November 4, 2004. Leadership and Resiliency Program.
- Southeast Prevention Service's 2nd Annual Showcase of Prevention Programs. Statesboro, GA. May 6, 2005. Leadership and Resiliency Program.

Fairfax-Falls Church Community Services Board

24-Hour CSB Emergency Services
Phone: 703-573-5679 | TTY: 703-207-7737

CSB Entry & Referral
Phone: 703-383-8500 | TTY: 711
Contact the CSB by Email

CSB Administrative Office
12011 Government Center Parkway, Suite 836, Fairfax, VA 22035-1100
Phone: 703-324-7000 | Fax: 703-324-7092 | TTY: 711

State Performance Contract Reporting Improvement Status Review

PREPARED FOR:

Fairfax-Falls Church Community Services Board

May 2014

Agenda

- Accomplishments
- Vendor Data Entry Status
- Issue Management Status
- Planned Tasks for Next Period
- Questions and Comments?

FAIRFAX-
FALLS CHURCH
COMMUNITY SERVICES BOARD

Accomplishments

- Submitted CCS Monthly Extract for March data
- Contracted Services (Vendor) Data
  - Completed entering 100% of ID data thru March into Credible
  - Began entering MH data (July – Dec) (at 25%)
- Received support staff training proposal from Credible
- Received FY2014 Mid-Year Analysis Report on 4/28/14
- Submitted response to Mid-Year Analysis Report on 5/12/14
- Received follow-up comments from Joel Rothenberg discussed in meeting on 5/20/14

Vendor Data Entry Status Summary

Vendors	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
CFS-Service Source	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	0%
Chimes	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	0%
CRI	100%	100%	100%	75%	100%	100%	100%	100%	100%	0%	0%	0%
Didlake	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	0%
Echo	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	0%
Etron	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	0%
Every 1 Can Work						100%	100%	100%	100%	0%	0%	0%
JDI	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	0%
JFGH-Most VA	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	0%	0%
Linden Resources	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	0%
MVLE	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	0%
PORTCO	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	0%
PRS	25%	25%	25%	25%	25%	25%	0%	0%	0%	0%	0%	0%
Service Source	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	0%
SJCS	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	0%
St Coletta	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	0%
Woods	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	0%

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

G – GREEN
Y – YELLOW
R – RED

Issue Management Status

Status	Service Area/Program	Action Taken
Y	Youth Resource Team and ICC, JDC, Youth BH Residential	Service Director to provide contract bed days for entry. Follow-up meeting needed to discuss Non-Consumer service entry. All other issues resolved.
G	ID Residential	All issues resolved
Y	Medical Services	Staff productivity level to be determined by SD/DD
G	ICM/PACT, Discharge Planning Regional MH Residential	All issues resolved
Y	MH and ID Sheltered Employment	Developing business process for service and assignment entry
G	Adult BH OP, Day Treatment, IOP	All issues resolved
Y	Detox	Final discussion to finalize business process on assigning clients to correct program/core service area.
G	PATH and Assessment	PATH - All issues resolved. Business process to be developed for Assessment Non-Consumer service entry in FY15.
G	BH Youth OP and Day Treatment	All issues resolved
G	Jail Based Services	All issues resolved

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

Planned Tasks for Next Month

- Address Credible Alignment with Focus/HCM prior to July 1
- Complete entry of MH vendor data into Credible
- Continue working import process procedures with remaining vendors
- Begin Credible support staff training to expand available expertise

COMMONWEALTH of VIRGINIA

DEBRA FERGUSON, Ph.D.
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Fax (804) 371-6638
www.dbhds.virginia.gov

TO: Community Services Board and Local Government Department Executive Directors and the Behavioral Health Authority Chief Executive Officer

FROM: Paul R. Gilding
Community Contracting Director

SUBJECT: **FY 2015 and FY 2016 Community Services Performance Contract**

DATE: May 9, 2014

Attached for your information and use are the FY 2015 and FY 2016 Community Services Performance Contract and the Partnership Agreement. The CSB Administrative Requirements, a separate document incorporated into the contract by reference, is also attached. These documents are available on the Department's web site at www.dbhds.virginia.gov/OCC-default.htm. The Department will distribute Letters of Notification and the Community Automated Reporting System (CARS) software electronically once the 2014 - 2016 biennium budget is enacted and signed. Letters of Notification contain initial allocations of state and federal funds to community services boards, the behavioral health authority, and the local government department with a policy-advisory CSB, all of which are referred to as CSBs in the contract documents and this memo.

The attached documents incorporate changes proposed in the FY 2015 and FY 2016 Performance Contract exposure drafts, distributed for public comment on December 31, 2013. The documents also reflect comments received during the 60-day public comment period required by § 37.2-508 of the Code of Virginia, the work of the Performance Contract Committee established by the Department and the Virginia Association of Community Services Boards, and comments from Department staff. The significant changes from the FY 2013 and FY 2014 Performance Contract are described below. Changes made in the FY 2015 and FY 2016 exposure drafts are written in the past tense, and changes made after the exposure drafts are written in the present tense.

Performance Contract Changes

1. Language is added to section 4.a on page 3 about notifying the Department when a CSB begins providing a new category or subcategory stops providing an existing category or subcategory of core services if the service is funded with more than 50 percent of state or federal funds or both. The language also requires a CSB operating a residential crisis stabilization program to notify the Department and receive its approval before the CSB increases or decreases the funded capacity (number of beds) of the program or closes it temporarily or permanently.

2. New section 4.c.3.) on page 4 and new section 7.b.4.) on page 17 require CSBs and state hospitals to follow the *Medical Screening and Assessment Guidance*.
3. Language is added to section 4.c.6.) on page 5 that acknowledges legitimate reasons for a CSB to deny services to an individual but forbids a CSB from establishing or implementing policies that deny or limit access to services funded in part by state or local matching funds or federal block grant funds only because an individual is not able to pay for services, is not enrolled in Medicaid, or is involved with the criminal justice system.
4. New sections 4.c.8.) on page 5 and 7.b.7.) on page 17 require participation in the Virginia Psychiatric Bed Registry mandated by § 37.2-308.1, enacted by the 2014 General Assembly.
5. Language is added to section 4.c. 10.) on page 5 that requires CSBs to monitor the extraordinary barriers to discharge lists in state hospitals.
6. A new section 4.c.11.) on page 5 requires CSBs to provide information to the extent it is available to the CSB about and referral to the full range of available and appropriate services and supports for individuals with developmental disabilities other than intellectual disability and their family members who are seeking services and supports.
7. Language is added to section 4.e.2.) on page 6 that describes some of the responsibilities of CSB case managers under the DOJ Settlement Agreement.
8. Section 6.b.1.) on page 10 about Clinical Consultation was deleted and is replaced by language requiring the CSB to monitor its outcome and performance measures on the Department's CSB Performance Measures Data Dashboard, an ongoing Department initiative begun several years ago with CSBs, and identify and implement actions to improve its ranking on any measure on which it is below the benchmark.
9. Section 6.b.4.) d.) on page 11 about substance abuse youth surveys was replaced and sections 6.b.4.) e.) and g.) were added to reflect current substance abuse prevention practices. These changes were reviewed and approved by the VACSB Prevention Services Council.
10. Language was added to section 6.b.7.) on page 12 requiring CSBs to post complaint procedures in their public spaces and provide copies to the Department upon request, and additional language is added to allow CSBs to provide copies to individuals when they are admitted to services as an alternative to posting them.
11. Section 6.c.1.) d.) on page 13 that required CSBs to report Inventory of Mental Health Organizations information was deleted and new language is inserted requiring CSBs to follow the software user acceptance testing process in Appendix D of the CSB Administrative Requirements.
12. Section 6.c.2.) a.) on page 14 is revised to require CSBs that report unspent state funds of more than 20 percent in each of the previous two fiscal years in any program area to submit CARS reports quarterly rather than semi-annually. This will enable the Department to monitor expenditures in those CSBs more frequently and closely and work with those CSBs to ensure state funds are used to expand services and avoid such under expenditures in the future.
13. Sections 6.c.4.) on page 14 and 7.d.3.) on page 19 are revised to clarify the intent of those sections.

14. Section 7.c.2.) on page 18 about Clinical Consultation was deleted and is replaced by language requiring the Department to develop a CSB Performance Measures Data Dashboard in collaboration with CSBs, post it on the Department's web site, and work with the CSB to identify and implement actions to improve the CSB's ranking on any measure on which it is below the benchmark.
15. Section 7.d.2.) on page 19 adds new language requiring the Department to follow the software user acceptance testing process in Appendix D of the CSB Administrative Requirements.
16. Section 10.d on page 25 about individual consumer satisfaction surveys was deleted.
17. Pages 28 (AF-3) and 29 (AF-4) in Exhibit A are revised to a.) change Acute Care (LIPOS) and DAP funds from earmarked to restricted funds, which requires reporting expenditures linked to those funds, b.) allow each of those funds to be spent for the other purpose in certain situations approved by the Department, c.) reflect the merger of individual CSB state DAP funds into regional state DAP allocations, and d.) add lines for the new state FY 2014 DAP funds.
18. Page 31 (AF-6) was revised to delete DV Crisis Stabilization Transfer In/(Out) and DV Trust Fund and is revised to add DV Rental Subsidies and DV Crisis Stabilization for Children.
19. Forms 11, 21, 31, and 01 on pages 36 (AP-1) through 39 (AP-4) are revised to reinstitute displaying service capacities in the contract and the capacity and costs columns are labeled as projected capacities and projected costs.
20. Sections IV.A and B on page 42 are revised to reflect requirements in State Board Policy 1044 on Employment First, including requiring the CSB to ensure its case managers discuss integrated, community-based employment services at least annually with employment age (18-64) adults currently receiving services from the CSB and including employment-related goals in individualized services and supports plans if these adults want to work.
21. Section V on page 43 was revised to reinstitute a measure requiring the CSB to collect in a two-week sample each quarter the time within which the preadmission screening evaluator is available when an immediate face-to-face intervention by a certified preadmission screening evaluator is appropriate to determine the need for involuntary hospitalization.
22. Section V on page 43 is revised to add two measures requiring the CSB to monitor and report quarterly on a.) the percentage of employment age adults (18-64) in the DOJ Settlement Agreement target population receiving case management services from the CSB whose case managers discussed integrated, community-based employment with them during their annual individualized services and supports plan reviews and b.) the percentage whose individualized services and supports plans included employment-related goals.
23. Section VII on page 44 is revised to require the CSB to use the CSB Performance Measures Data Dashboard developed by the Department to improve its performance on these measures and to list the measures.
24. The FY 2015 Exhibit B Quarterly Performance Measures Report on page 45 is revised to include the three measures in 21 and 22 above.
25. Exhibit C on pages 46 and 47 is revised to reflect changes in the DAP program, including the merger of individual CSB state DAP fund allocations into regional state DAP fund allocations.

26. Exhibit E on pages 49 - 54 is revised to require submission of quarterly Exhibit B Performance Measure Reports and, if required, 1st and 3rd quarter CARS Reports as conditions of continued semi-monthly disbursements of state and federal funds.

27. Exhibit I on pages 60 and 61 is revised to insert a small one-time state funding reduction linked to specific non-compliance with requirements in the exhibit. Performance contracts contained a similar provision for 10 years (FY 1997 - FY 2007). Then, the Department used it only once to eliminate late submissions of CARS end of the fiscal year reports. This revision addresses perceived needs for increased CSB accountability.

Partnership Agreement Change

28. Section 9 on page 11 is revised to change the System Leadership Council meeting frequency from quarterly to as needed.

CSB Administrative Requirements Changes

29. Section II.A.5 on pages 6 and 7 is revised to clarify that when the executive director position becomes vacant, the CSB submits its job description, position advertisement, and salary range to the Department before advertising the vacancy, and the CSB submits the selected candidate's application and resume and proposed salary to the Department before employing the new executive director.

30. Section II.A.10.b.) 7.) is added on page 13 to clarify emergency services performance expectations.

31. Section III.A.3 that had been on pages 15 through 19 about the Department accepting CARF accreditation for certain outpatient and day support licensing requirements is deleted. This provision applied to relatively few CSBs and had not been used for several years.

32. Section II.A.4 on page 20 in Appendix A: Continuity of Care Procedures is added to address CSB medical screening and assessment responsibilities as part of the preadmission screening requirements.

33. Appendix D is added on page 38 to establish the User Acceptance Testing Process for software applications. The VACSB Data Management Committee reviewed and approved this process.

Given the complexity of bills enacted by the 2014 General Assembly that will affect CSBs and the deliberations of the SJ 47 legislative study commission and the Governor's Mental Health Task Force, contract amendments may be necessary after the start of the contract term. If amendments are needed, the Department will negotiate them through the Performance Contract Committee established by the Department and the Virginia Association of Community Services Boards.

Once the 2014 - 2016 biennium budget is enacted by the General Assembly and signed by the Governor and the Department distributes the CARS software and Letters of Notification, CSBs will submit all of the contract's Exhibit A electronically using the CARS software. More detailed information about which parts of the contract must be submitted on paper is contained in Exhibit E. The CARS software contains Table 2: FY 2013 CSB Management Salary Costs, which enables CSBs and the Department to respond to requirements in § 37.2-504 of the Code of Virginia.

This table also collects FTE information by program area and for emergency and ancillary services, including numbers of peer providers. Peer providers are staff who self-identify as individuals receiving services and have been hired specifically as peer providers. Staff not hired as peer providers, even if they have a mental health or substance use disorder or intellectual disability, should not be reported as peer providers.

To be accepted for processing by the Department, a performance contract must satisfy the requirements and criteria in Exhibits E and I of the contract.

1. Exhibit A, Exhibit H, and Table 2 must be submitted to the Department's Office of Information Services and Technology using CARS software and must be complete and accurate.
2. Since the contract is being distributed electronically, the parts of the contract that are submitted on paper should be printed, signed where necessary, and mailed to the Office of Community Contracting at the same time Exhibits A and H are submitted. These parts are: signature page of the contract body (page 25), signature page of Exhibit B, Exhibit D (if applicable), Exhibit F (two pages), Exhibit G, and Exhibit J (if applicable). The Department must receive all parts of the contract submitted on paper before a contract submission will be considered complete.
3. Exhibit A must conform to the allocations of state and federal funds in the Letter of Notification enclosures, unless amounts have been revised by or changes negotiated with the Department and confirmed by the Department in writing. Total revenues in each program area (pages AF-1 through AF-8) must equal total costs shown on Forms 11, 21, 31, and 01 or differences must be explained on the Financial Comments form.
4. Contracts must contain actual appropriated amounts of local matching funds. If a CSB cannot include the minimum 10 percent local matching funds in its contract, it must submit a written request for a waiver of the matching funds requirement, pursuant to § 37.2-509 of the Code of Virginia and State Board Policy 4010, to the Office of Community Contracting with its contract. More information about the waiver request is contained in an attachment to this memo.

The FY 2015 and FY 2016 contract and other materials described above are due in the Department's Office of Community Contracting by June 23, 2014, except for Exhibits A and H, which are submitted to the Department's Office of Information Services and Technology by the same date. The June 23 due date may need to be changed to a later date depending on when the 2014 - 2016 biennium budget is enacted and signed. More detailed information about submitting Exhibits A and H in CARS will be provided in a performance contract workshop that will be conducted by Department staff after the CARS software and Letters of Notification are distributed to CSBs once the budget is adopted. If necessary, the Department will adjust the contract due date and processing dates and distribute this information with the CARS software.

Section 37.2-508 or 37.2-608 of the Code of Virginia requires the CSB or behavioral health authority to make its proposed performance contract available for public review and solicit public comment for a period of 30 days before submitting it for the approval of the operating or administrative policy CSB or behavioral health authority board of directors or the comments of the local government department's policy-advisory CSB. The same Code section authorizes the Department to provide up to six semi-monthly payments of state and federal funds to allow

sufficient time to complete public review and comment, local government approval, and Department negotiation and approval of the contract. The Performance Contract Process (Exhibit E) automatically provides the first two semi-monthly July payments to all CSBs, whether or not a contract has been submitted. The Process conditions the next four semi-monthly payments (two in August and two in September) on the Department's receipt of a complete performance contract. However, all payments are contingent on a 2014 - 2016 biennium budget that has been enacted by the General Assembly and signed by the Governor.

Once a performance contract is received in the Department, the Community Contracting Administrator will review it and notify the CSB within five working days that it is or is not accepted for review by the Department. Unacceptable contracts will need to be revised before the Department will process them. If CSBs have any questions about this memo or the contract documents, please e-mail or call Joel Rothenberg, the Community Contracting Administrator, at joel.rothenberg@dbhds.virginia.gov or (804) 786-6089 or me at paul.gilding@dbhds.virginia.gov or (804) 786-4982. Thank you.

Enclosures (4)

pc:

Peggy Balak	Kevin A. Howard	Michael A. Schaefer
Jack W. Barber, M.D.	Dee A. Keenan	Michael A. Shank
Jae H. Benz	Eric S. Leabough	Hervey E. Sherd
Connie L. Cochran	Janet S. Lung	Randy B. Sherrod
Donald D. Darr	James M. Martinez, Jr.	Cheri Stierer, Ph.D.
Charline A. Davidson	Heather Norton	Susan Tinsley
Sterling G. Deal, Ph.D.	William O'Bier	Dawn A. Traver
Kathy B. Drumwright	Michael R. Olsen	Don Tyson
Chris Foca	Russell C. Payne	Gail M. Taylor
Adrienne H. Ferriss	Tammy E. Peacock	Robert J. Villa
Nancy C. Ford	Phil Peter, MBA	Margaret S. Walsh
Debra L. Ferguson, Ph.D.	John J. Pezzoli	Florence B. Wells
A. Wayde Glover	Mellie E. Randall	Steven Wolf, Ph.D.
Linda B. Grasewicz	Gail B. Rheinheimer	Allyson K. Tysinger
Marion Y. Greenfield	Cecily J. Rodriguez	Joe Flores
Kenneth M. Gunn, Jr.	Beverly Rollins	Susan E. Massart
Daniel Herr, J.D.	Joel B. Rothenberg	Mary Ann Bergeron
Martha Kurgens	Les H. Saltzberg	Jennifer M. Faison
Neila L. Gunter	Russell S. Sarbora	

COMMUNITY SERVICES BOARD	Item: 9D	Type: Information	Date: 5/28/2014

Title
Day Support Services Funding

Issue
Funding gap in Day Support Services for individuals scheduled to leave the Northern Virginia Training Center (NVTC)

Background
The following is in response to further information requested during discussion at the April CSB Board meeting on the funding for Day Support Services of individuals once they are no longer residing at the NVTC.

- Currently for individuals leaving NVTC and returning to Northern Virginia, the amount of funding available for Day Support Services is the amount provided by Medicaid Waiver, approximately $85 per day. Costs for Day Support in Northern Virginia average in the range of $150 per day.
- Currently the County Board of Supervisors has issued the following statement regarding persons leaving NVTC and County support:
    - "The Fairfax County budget appropriately does not include any additional funds to supplant state resources and cover the current or new costs of residential or day habilitation care for those individuals scheduled to transfer from the NVTC to local community programs and providers. The Board of Supervisors must work with the Northern Virginia state delegation to ensure state funding mechanisms and rate methodologies are in place to continue funding appropriate to each individual's level of care needs in residential and day habilitation."
- References:
    - Budget Guidance for FY 2014 and FY 2015 – April 23, 2013
        - http://www.fairfaxcounty.gov/dmb/fy2014/adopted/fy2014_fy2015_board_budget_guidelines.pdf
    - Clerk's Board Summary, Tuesday, April 23, 2013
        - http://www.fairfaxcounty.gov/bosclerk/summary/2013/13-04-23.pdf
- The current reimbursement amount for persons receiving Day Support Services while residing at NVTC is the negotiated rate established by the Regional Intellectual Disability (ID) Day and Employment Contract, approximately $150 per day.
- Upon discharge from NVTC, the amount of reimbursement available for Day Support Services is what is allowed under the Medicaid Waiver which is about $85 per day. There are two exceptions, one is a provider in Prince William County which provides 3 units of service. Reimbursement in this situation is

about $129 per day. The other exception is if a person resides in an Intermediate Care Facility (ICF) which reimburses for Day Support Services at the above referenced negotiated rate (~$150 per day). It should be noted there is little to no ICF capacity in Northern Virginia.

- There are approximately 65 Fairfax County persons waiting to leave NVTC (there are another 4 at CVTC), and potentially return to the Northern Virginia area. If all of these persons were placed in Day Support Services, the average cost per person to close the above referenced funding gap would be about $12,000 annually or an aggregate of $828,000 annually. However, the actual cost more likely would be within the range of $500,000 to $750,000 annually.
- Fairfax discharges during the last six months (Nov – Apr) from training centers to the Northern Virginia area totals 10. However, the rate of discharges is limited due to both residential and day support capacity and resources in Northern Virginia.

Fiscal Impact
To be determined.

Staff:
Evan Jones, CSB Employment Service Director

Article that may be of Interest:

Southside Virginia Training Center closes it's doors

by Amir Vera

The Progress-Index
May 21, 2014

DINWIDDIE: Southside Virginia Training Center, which cared for patients with intellectual disabilities, is effectively closing its doors today after 75 years.

The Dinwiddie County facility is the first state-run training center scheduled to close as part of a $2.4 billion settlement between Virginia and the U.S. Department of Justice that will shift the care of patients to community-based services.

The closing has resulted in the loss of 900 jobs and 225 patients having to seek care elsewhere.

The agreement is the result of a lawsuit by the U.S. Justice Department stating that the state of Virginia violated the Americans with Disabilities Act through the institutionalization of individuals with intellectual disabilities.

"For the most part, individuals are transitioning to new homes that have less than six people each," Meghan McGuire, director of communications at the Virginia Department of Behavioral Health and Developmental services, said. "This allows a far more tailored environment and allows individuals to make more of their own choices than an institutional setting."

Advances in medicine and health care needs for these individuals also contributed to the declining numbers over the years.

In 1972, McGuire said that there were 1,755 individuals living at SVTC. In June 2012, four months after the settlement ruling, there were 197. On Monday, there were six residents.

The drop in residents led to a drop in employees as well. According to McGuire, in June 2013 SVTC had about 650 employees. That dropped significantly over the last year to 120 employees. Many of these employees were laid off, retired or found other work after the 2012 ruling.

Del. Rosalyn Dance, D-Petersburg, who worked at SVTC for 36 years, said resources for employees provided by the DBHDS have been offered through training and transition programs.

"What has been a factor in this is that process started in February 2012 and ends June 2014. So, it's been a two-year transition for the staff to find their way as far as transitioning into other jobs in the state or surrounding communities," Dance said. "It diminishes the terrible effect that would have been there if they had been given a 30-day notice."

George J. Pratsinak, Ph.D., a former SVTC employee, said despite the two-year transition, there will be an adverse economic impact on the immediate West Petersburg and Dinwiddie area. Restaurants and stores in the area near SVTC will see a decline in business because many of the employees were customers. Pratsinak added that some staff won't be able to make a transition because they've been at SVTC their entire professional career.

"Some of the staff has worked there since high school, so that's all they know," Pratsinak said. "Only a few staff were able to retire or go elsewhere."

While these individuals are granted more freedoms because of this settlement, Pratsinak said there will be adverse social effects on the residents. Pratsinak worked at SVTC from 1978 to 1979 and returned from 2007 to 2011. He said that many of the residents had close relationships with the staff.

"It's sad, the staff at SVTC became extended family to these individuals," Pratsinak said. "Some workers who worked there knew these individuals as kids and discharged them as adults. They basically raised them."

McGuire said SVTC and DBHDS has had a very detailed transition process for discharging the residents.

"No individual is discharged without full discussion of these needs and ensuring that each support need is met at the time of discharge and monitored after they move," she said.

According to McGuire, 40 of the SVTC buildings will be vacated by the June 30 deadline. Other buildings on the Dinwiddie campus will serve Hiram Davis Medical Center and Central State Hospital.

From May 23 to 25, 100 of the 120 employees remaining will leave, she added. About 15 employees will stay to make sure the most recently discharged residents are adjusting well. Three employees will remain at SVTC to complete a final closeout of the buildings by moving furniture and equipment out by the deadline.

The Northern Virginia Training Center in Fairfax is the next center to close in 2015, followed by Southwest Virginia Training Center in Hillsville in 2018 and Central Virginia Training Center in Lynchburg in 2020. The Southeastern Training Center in Chesapeake will be the only center to remain open.