FAIRFAX-
FALLS CHURCH
COMMUNITY SERVICES BOARD

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Ken Garnes, Chair

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

Wednesday, July 23, 2014
7:30 p.m.

1.	***Meeting Called to Order***	Ken Garnes	7:30 p.m.
2.	***Recognition***	Ken Garnes	
3.	***Matters of the Public***	Ken Garnes	
4.	***Amendments to the Meeting Agenda***	Ken Garnes	
5.	***Approval of June 25, 2014 CSB Meeting Minutes***	Ken Garnes	
6.	***Matters of the Board***		
7.	***Directors Report***	Len Wales	
	• CSB Work Plan Update		
	• Crisis Text -- Suicide Prevention		
	• Northern Virginia Training Center Closure		
8.	***Committee Reports***		
	A. Fiscal Oversight Committee	Suzette Kern	
	• *June Meeting Notes*		
	• *Fund Statement (see Item 9C: Attachment A)*		
	B. Government and Community Relations Committee	Rob Sweezy	
	C. Intellectual Developmental Disability Committee	Lori Stillman	
	D. Substance Use Disorders/Mental Health Committee	Susan Beeman	
	• *June Draft Meeting Notes*		
	E. Other Reports		
9.	***Action Items***		
	A. CSB Associate Committee Members	Susan Beeman	
	B. Fiscal Yearend Report to Board of Supervisors	Suzette Kern	
	C. FY2014 Carryover Request	Len Wales	
	D. CSB Proposed Fees Request Public Comment Period	Jim Stratoudakis	
	E. County Human Services Legislative Issues Paper	Rob Sweezy	
	F. Young Adult Services Initiative Grant	Laura Yager	
10.	***Information Items***		
	A. State Performance Contract Update	Jerome Newsome	
11.	***Adjournment***		

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Fairfax-Falls Church Community Services Board
June 25, 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, Susan Beeman, Mark Gross, Kate Hanley, Suzette Kern, Lynn Miller, Lori Stillman, Diane Tuininga, Jeff Wisoff and Jane Woods

The following CSB members were absent: Pam Barrett, Paul Luisada, Juan Pablo Segura, Dallas "Rob" Sweezy and Spencer Woods.

The following CSB staff was present: Len Wales, Daryl Washington, Peggy Cook, Jeannie Cummins Eisenhour, Jean Hartman, Evan Jones, Victor Mealy, David Mangano, Davene Nelson, Jerome Newsome, and Lyn Tomlinson

1. Meeting Called to Order

   Ken Garnes called the meeting to order at 7:40 p.m.

2. Recognitions

   Mr. Garnes recognized the Scheuer family who have created a memorial scholarship fund for peer recovery training in honor of their son David. The Scheuers shared their hopes that the training provided through the fund will be helpful to those seeking services. It was noted three scholarships have recently been awarded and the expectation is the fund will be sustained for a minimum of three years.

   As this was his last meeting as a CSB Board member, Mark Gross was honored for his many contributions and years of service on the Board representing the City of Falls Church.

3. Approval of the Minutes

   Gary Ambrose offered a motion for approval of the May 28, 2014 Board meeting minutes of the Fairfax-Falls Church Community Services Board which was seconded and passed.

4. Matters of the Board

   Mr. Garnes noted that due to state budget delays which have affected the review and approval timeline of the FY2015-2016 State Performance Contract, there is a need for the Board to convene in August. It was agreed to schedule a meeting on August 27th at 7:30pm.

5. Directors Report

   - Referencing the CSB Workplan update provided to the Board, Len Wales reported the Merrifield move continues to stay on track.
   - In reviewing the ongoing discussions of Carryover funding, Mr. Wales indicated of the projected $12 million CSB balance, it is anticipated about $7 million will be retained

within the CSB budget. Some of the unencumbered funds will include the Credible electronic health record project, housing, Merrifield relocation and suicide prevention program. It was noted once Carryover is finalized, discussions with the Department of Management and Budget (DMB) will focus on retaining an annual reserve for CSB facilities.

- Daryl Washington brought attention to the flyers provided on the TextTip program which went live on June 1st at two schools, Woodson and Langley High Schools. Noting a full scale kick off will take place in the fall involving a broader range of schools, some Board members expressed concern with not immediately posting this information in all school facilities offering summer school classes.
  - Following this discussion, Kate Hanley offered a motion for CSB Board members to speak with their representatives requesting to display the TextTip posters in all summer school facilities. The motion was seconded and passed.

  It was also noted the posters can be displayed in county locations such as community centers.
- Separate from TextTip, it was indicated CrisisLink has launched a second hotline available for adults as well as youth. As this information has just been posted on CrisisLink's website, efforts will immediately begin to distribute and publicize this new resource.
- Noting the state has finalized the FY2015 budget, Mr. Washington reviewed a summary provided by the Department of Behavioral Health and Developmental Services (DBHDS) of allocated funding for behavioral health services. One item discussed was the $7.8 million reduction for Intellectual Disability/Developmental Disability (ID/DD) Waivers and intent to fund only additional waivers required by the Department of Justice Settlement Agreement.

6. <u>Committee Reports</u>

A. *Fiscal Oversight Committee*
Suzette Kern reported the CSB fiscal reports submitted to the Board of Supervisors (BOS) will now be provided semi-annually as well as presented for formal approval to the CSB Board. The FY2014 yearend report will be prepared in the coming weeks, presented to the CSB Board for review, followed by a request for approval at the CSB July 23rd meeting.

B. *Government and Community Relations Committee*
Jane Woods reported the legislative white paper for the county is being prepared and will be presented for approval at the July CSB Board meeting. The draft will be circulated to Board members in advance of the July meeting to provide time for review and comment.

B. *Intellectual Developmental Disability (IDD) Committee*
Lori Stillman noted the July IDD Committee meeting is being cancelled and will next meet on September 4, 2014. Ms. Stillman also welcomed the two newest members to the committee, Jane Woods and Lynn Miller.

C. *Substance Use Disorders/Mental Health (SUDs/MH) Committee*
Noting the committee had a full meeting in June, Susan Beeman and Ms. Kern shared some of the following highlights:

- An overview of the Health Management Associates (HMA) report was presented by Daryl Washington
- Notice was provided of the June work session with Deputy County Executive Pat Harrison for further discussion of the report and committee members were encouraged to submit any questions that may wish to be addressed.

7. Action Items

A. *CSB Officer Elections*
Ms. Kern, representing the Nominations Committee, reviewed the process which began in April and the notice provided at the May meeting of the proposed slate of officers nominations for FY2015. The nominees include: Ken Garnes for Chair, Gary Ambrose for Vice Chair and Suzette Kern as Secretary. After presenting the nominees, a call was made for any nominations from the floor. There being none, Ms. Hanley offered a motion to elect the slate of FY2015 CSB officer nominations by acclamation which was seconded and passed.

B. *FY2015-2017 CSB Strategic Plan*
Following presentation at the April meeting and subsequent public review and comments, Ms. Kern indicated the CSB Strategic Plan is now being submitted for final action. Lisa Potter, CSB Director of Strategy and Performance Management, provided an overview of the public response and the revisions incorporated into the Plan. Following clarification on some items as well as additional revisions that will be included, Ms. Kern moved that the FY2015-2017 CSB Strategic Plan be approved. The motion was seconded and passed.

8. Information Items

A. *Changes in Mental Health Law*
Kaye Fair, CSB Director of Emergency and Crisis Services, reviewed the critical changes of the Mental Health laws which were a direct result of the incident in Bath County:

- An acute psychiatric bed registry has been developed that includes all adult and child psych units across the state to more efficiently locate a bed. This registry is proving to be very beneficial.
- The time period in which an individual can be held under an Emergency Custody Orders (ECO) has been extended to 8 hours from the previous 4 plus 2 hours.
- As soon an individual is taken into custody by law enforcement, the CSB must be promptly notified. Locally, the County Attorney's office and law enforcement have been working together to ensure front line officers are aware of this revised procedure which had a soft launch on June 16th.
- Once notified, the CSB contacts the state facilities, and upon completion of the evaluation resulting in a Temporary Detention Order (TDO), notifies the hospitals to identify a bed. The state facility, which is now the hospital of last resort, must accept an individual if within the allotted time another bed cannot be located. However, there is only one state hospital that serves children, and this is further compounded as the state facilities do not have the capability to handle medically complex cases.
- Hearings can now be held within 72 hours which will not impact our area as hearings are regularly held, many times within 24 hours. If an individual detained becomes too violent, they can now be moved to a more secure medical setting.

- Some impacts and concerns noted include:
  - ECO evaluation process will require more time for staff to document.
  - The language in the new law states an individual cannot be released from community services boards' (CSBs) custody during a TDO, however, the CSBs never have custody. Guidance is being requested from the Fairfax County Attorney's office on this issue, and as all CSBs across the state are impacted, joint efforts are underway.

B. *CSB Associate Committee Members*
As outlined in the CSB Bylaws, Ms. Beeman presented the proposed Associate Committee members for FY2015 and requested to amend the list to add Crossroads Alumni and Friends of A New Beginning. It was indicated at the July meeting, the proposed Associate Committee members will be presented for Board approval.

C. *FY2015-2016 State Performance Contract*
- Jerome Newsome, CSB Director of Informatics, reviewed the materials provided to the Board summarizing major changes to the FY2015-2016 Performance Contract. During this review, the section on requirements of a CSB Executive Director was brought to the attention of Board members.
- With a FY2015 state budget finalized, Mr. Newsome indicated notice should be received shortly from DBHDS providing the fiscal portion of the contract which will facilitate entering all the necessary data. Anticipating this notice, a timeline was developed and reviewed with the Board to issue the contract for public review and comment, obtain CSB Board and BOS approvals and submit the final contract to the state.

D. *FY2014 State Performance Contract Update*
Reviewing the status of the current Performance Contract, Mr. Newsome noted the mid-year report, covering July-Dec 2013, has been closed out and focus has shifted to the yearend report. A final yearend extraction report will be transmitted to DBHDS July 31st. In addition, Mr. Newsome commended the efforts of CSB staff in ensuring accurate documentation of services.

E. *Interagency Youth Behavioral Health Project*
Referencing the earlier discussion at the Board work session, it was noted the CSB youth and family staff is working closely with the schools and other county staff to design services for this population. It was noted the goal of this effort is to interrupt youth at an earlier time to prevent entering the system when they have reached a critical level and require intensive services. A request was made that close monitoring of this program be maintained to determine if being insured presents barriers to services.

F. *DBHDS $100,000 Allocation to Extend Online Suicide Prevention Programs*
Noting the CSB has received $100,000 unsolicited funding for online suicide prevention training, Laura Yager, CSB Director of Partnership and Resource Development, indicated the Northern Virginia Region has received a $40,000 comprehensive suicide grant which will add a regional approach. It is anticipated an additional $140,000 will be received regionally for this program.

There being no further business to come before the Board, a motion to adjourn was offered, seconded and carried. The meeting was adjourned at 9:12 p.m.

Action Taken--

- The May 2014 meeting minutes were approved
- FY2015 CSB Officers were elected
- Approval of the FY2015-2017 CSB Strategic Plan

_____ _____

Date Staff to Board

DRAFT

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

Section Status:

Section	General Summary Status
I – Informatics	On Target; senior management addressing key risks and issues
II – Front Door	On Target
III – Behavioral Healthcare Outpatient	On Target
IV – Business Process	On Target
V – Youth and Child Services	On Target;
VI – Merrifield	On Target
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

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	90%	June 2014	Behind Schedule
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	Behind Schedule

Special Notation:

- FY 2015 and FY2016 SPC submission preparation in progress
- Prioritization of Information projects delayed based on reassessment of available resources spread across all service areas. New date for completion being determined based on revised resource allocation.

Key Risks:

- Preparation and submission timeline significantly shortened by delayed approval of State budget.

Key Issues:

- Insufficient resources to meet growing demand for support to clinical services and meeting deadlines for current on-going projects.

Planned Activities:

- Complete entry and quality assurance (QA) of all contracted services into Credible prior to July 31, 2014.
- Run FY 2014 End of Year (EOY) CCS3 Extract on July 31, 2014.
- Begin preparations for FY 2014 EOY report submittal on Aug 29, 2014.
- Engage newly hired Report Writer in report generation projects to include revising existing dashboards and creating new ones.

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
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
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:

- None

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; process mapping through 7/31.
- 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 – extended to October 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	100%	July 2014	Complete
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	50%	December 2014	On Target
Establish centralized scheduling wherever possible, sustainable productivity standards, and key service outcome standards	20%	December 2014	On Target
Using processes developed above, establish service capacity and align resources to address priority service needs; include training requirements as necessary	20%	December 2014	On Target
Identify revenue gaps and develop strategies to maximize fee and grant revenues within the service mission	TBD	TBD	Moved to Section 4 of Work Plan
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:

- None

Planned Activities:

- Convened newly created Integration Planning Committee to include stakeholders. Need additional time to involve Consumers/Families in planning for division-wide integration.
- Site Director duties delineated and plan for sites completed. Ready for HR to execute compensation planning so that hiring can commence.
- Established BHOP workgroup to review Utilization Management (UM) across the division and establish consistent guidelines. Reviewing models of UM at other Behavioral Health agencies nationally.
- Centralized scheduling workgroup has convened. Pilot set for August at smaller site. Conducting Plan/Do/Study/Act cycle to determine problem areas before phasing out to all sites.
- Integration Steering Committee in planning phase to address changes as identified by newly adopted Priority Population document. Waitlist data being collected and utilized along with service design planning to align resources necessary to address changing needs of population served.

Section 4: Integration of Business Practices
POC – Ginny Cooper

Key Activity Status:

Task :	% Comp	Due Dates	Status	Measure
Financial & Human Resource Alignment				
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.	65%	November 2014	On Target	90% of individuals are satisfied with service provided by the reconfigured business service
Align CSB post-transformation with FOCUS and Credible.	80%	July 2014	On Target	
Develop zero-based budget, including allocation of local funding.	TBD	TBD	On Hold	
Identify resource to manage relationship of specialist billing company and ITC program commercial insurances (non-Medicaid) to assist in sustaining program financial viability.	90%	April 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).	50%	Extended to October 2014	On Target	90% consistency in methods and measures
Identify revenue gaps and develop strategies to maximize fee and grant revenues within the service mission	TBD	TBD	TBD	TBD
Strategic Planning & Coordination				
Establish agency-wide strategic plan.	100%	April 2014	Completed	
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.	30%	Extended to September 2014	On Target	Corrections to areas of weakness that violate or have the potential to violate the efficient use of resources
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	

Key Risks:

- None

Key Issues:

- None

Special Notation:

- Deadline on annual operational and programmatic plan extended without impeding other tasks.

Planned Activities:

Enhancements to the review of existing business processes task

- Imbedding administrative manager into Entry and Referral Office to observe, participate and simplify procedures in registration process. Trial period – June 2014.
- Conducting across-the-board financial reviews of individuals currently receiving services and have expired financial liability (proof-of-income) dates. Completion date-October 2014.
- Soliciting medical coding specialty firm or individual for short, medium and long term strategies to pursue to increase revenue collection. Completion date-June 2015.

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	On Target for September 2014
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	75%	August 31 tentative turn over date; move scheduled October-December.	On Target
Clinical Operations	25%	Ongoing through January 2015	On Target
Business Process Redesign • Admin Coverage Plan • System Access Plan • Implementation Plan	• 80% • 75% • 50%	• July 31, • August 31 • September 30	On Target
Communications : Provide clear, timely communications in various formats and venues to keep staff, service recipients, other stakeholders, public officials and the general public informed about upcoming move.	• 30%	• June 15 (plan) • July-through move completion (implementation) • March 2015-opening event	On Target
Health Care Center	• 10%		On Target

Special Notation:

- Health Care Center should align with broader county primary and behavioral health care strategies.

Key Risks:

- Building delivery may be delayed.

Key Issues:

- Business Process Redesign is key to successful operations at Merrifield.

Planned Activities:

Building Operations:

- Turnover/Progress Meetings with Manhattan Construction Company, Capital Facilities/Building Design & Construction (FMD) every other week.
- Move Coordination Meetings with FMD, CSB, DPWES, Moving Company, and Move Coordinator, every other week.

Clinical Operations:

- Assure that move and site coordination run smoothly (now through December)
- Develop approaches that promote collaboration and integration (now for move and ongoing for culture)
- Engage workforce in the transition to the new site (now through December)

Business Process Redesign

- Draft Merrifield Center's administrative core coverage plan for client registration practices, by floor, by wing, by shift; develop performance measurement tool.
- Draft a standardized process that includes client registration, service payment setting, and triage/assessment functions for consumer system access (front door) functions at Merrifield to CSB programming.
- Develop an implementation plan, to include staff training and related training materials and staffing plan.

Communications

- Maintain up to date information resource on public website (for all audiences) and on internal FairfaxNet for staff
- Ensure interior building signage reflects CSB's integrated service structure and makes sense to the general public.

Health Care Center

- Determine needs for a provider (June-July) and develop product describing this
- Prepare health center space as part of the Merrifield move process to the greatest extent possible (now through November)
- Order medical equipment to align with other furnishing procurement and installation.
- Work closely with broader County/HMA planning efforts to assure alignment with overall county planning (ongoing through September)
- Prepare and issue RFP and award contract for provider (ongoing through February)

CSB Fiscal Committee Meeting Notes

Date: June 20, 2014
Attending: Suzette Kern, Ken Garnes, Kate Hanley, Juan Pablo Segura, Jeff Wisoff connected via phone.
Staff: Len Wales, Gail Ledford, Ron McDevitt, Jerome Newsome, Lisa Potter, Lisa Witt

Summary of Information Shared/Decisions:

Open Discussion

- August Fiscal Committee Meeting Date:
  - Recommendation made and accepted to change the August meeting date from August 15th to August 22nd, due to anticipated attendance.
- Fiscal Committee Year End Report to BOS:
  - Committee Chair requested information for the Year End Report to the BOS, to include final numbers and any updates on programmatic issues, by July 11th. Any additional areas Committee members want to include in the report should be sent to Committee Chair.
  - It was recommended to include a statement of the CSB's progress in the past year.
  - The Committee will review the draft report at the July 18th meeting.
  - After Committee review, the draft report will be included in the July CSB Board meeting package for action.
- Given the budget schedule and State Performance Contract (SPC) timeline impact by the state budget, it was suggested that a Board meeting be scheduled in August.

May 2014 Fiscal Update

- May 2014 Fiscal information was provided to Committee members: Modified Fund Statement for period ending May, 2014, Projection of Methodology and Explanation of Variance.
- Staff projects a FY 2014 non-County revenue shortfall of $1.1 million.
- Staff projects a shortfall of $454,991 in Medicaid Waiver revenue. Staff noted FY 2014 May receipts lower than previous estimate, lowering expected June receipts for May services and recommended accrual for June services.
- Staff noted that the decrease in Medicaid Option revenue is impacted by May 2014 receipts lower than previous estimate, lowering expected June receipts for May services and recommended accrual for June services.

Managed Vacancy Plan/Position Status

- Staff shared information about the Pay Period Metrics, position status and vacancy analysis.
- Fund 400, General Merit positions - As of June 9, 2014, CSB had 125 vacant positions, including 8 vacant positions to be abolished, for 117 effective vacancies or a 12% vacancy rate.
- CSB is in the process of recruiting/hiring 44 positions. Staff reported the Position Vacancy Breakeven Point (VBP) is 90.
- There was brief discussion about hiring, staff retention, certification lists, and supplemental questions. It was noted the county is implementing strategies regarding

succession planning, hiring and staff retention. Staff will send Committee members some of the issues that have been noted in the CSB.

FOCUS Realignment

- Staff reported that FOCUS realignment is on schedule to go live July 1.

State Performance Contract/Credible Review

- Staff provided an update on the CSB State Performance Contract Quality Improvement and Compliance Plan: It was noted that the CSB is making significant progress.
- Accomplishments to date:
  - Contracted Services (Vendor) Data: ID Services completed through March, 2014; MH Services completed through November, 2013. By July 15 anticipate having all vendor data entered
  - Documented business process for ID Employment Services
  - Scheduled Business Intelligence Tool training for support staff on June 17-19, 2014.
  - Submitted final response on FY 2014 Mid-Year Analysis Report to DBHDS
  - Resolved majority of service related issues excluding MH Transitional Employment and Supportive Residential
- Planned Tasks include:
  - Address Credible Alignment with FOCUS/HCM prior to July 1
  - Complete input of Vendor data for April and May
  - Refine data import process with vendors
  - Complete BI Tool training for support staff.
  - Schedule follow-up meetings with DBHDS
  - Began closeout process for FY 2014 and preparation for EOY Report

CSB Work Plan

- Staff provided a status update and brief summary of the CSB Work Plans.
  - Informatics: key issue is vendor data uploads for FY 2014 contract must be completed before July 31st CCS3 Extract run. The State budget approval delays may impact the SPC timeline.
  - Front Door: key activities are progressing.
  - Behavioral Health Outpatient: key activities are on target; taking steps to establish centralized scheduling.
  - Integration of Business Practices: tasks are on target or complete. It was noted that developing the zero-based budget, including allocation of local funding is “on hold”. It was recommended that the zero-based be removed from the work plan, since it will not be actively pursued. Staff will explore the potential of removing this item, along with any potential implications of removing this item.
  - Youth and Child Services: discussions are ongoing; Youth Consultant contract was delayed, but the consultant is now on board Projection is for project completion by end of summer.
  - Merrifield: key activities are on target. Business Process Redesign is key to successful operations. It was noted that the plan for communications is to maintain up-to-date information resource on public website (for all audiences) and on internal

FairfaxNet (for staff) and to post notices.
  - Tier 2: there are future identified objectives including develop cost benefit analysis of Medical Detox Unit

Proposed Financial Policies and Management Principles

- Staff presented for the Committee's review proposed CSB Financial Policies and Management Principles to include the following areas:
  - Planning Process; Annual Budget Plans; Diversified Revenue Base; Memorandum of Agreement; Quarterly Budget Reviews; Reserves; Equipment Replacement; Cash Balances; Internal Controls; Performance Measurement; and Staff Development and Licensure Requirements
- Staff briefly reviewed this information with Committee members. It was requested that the Committee review this document and provide recommendations. It was noted that once the policies/principles are final, the next step will be for the Committee to present to the full Board.
- There was brief discussion as to whether there are policies or protocols for each of the items in the document. It was noted that the document was designed to be general, and was modeled after the County's Ten Principles of Sound Financial Management as published in the adopted budget.
- Committee Chair indicated that this will be discussed in future Fiscal Committee meetings, then shared with the full Board.

Preview of Carryover

- Staff briefly reported on Carryover:
  - $4.8 million is anticipated to be requested as encumbered carryover, including $4.5 million in operating and $0.3 million in capital.
  - $2.3 million is anticipated to be requested as unencumbered carryover including $1.0 million for Credible, $0.6 million for Merrifield startup costs, $0.4 million for clients transitioning out of Bridging Affordability, $0.2 million for Gartlan renovation and $0.1 million for Kognito (online suicide prevention training)
- It was noted that it's anticipated for DMB to approve for carryover the combined balances of operating plus capital for a total of approximately $7.1 million in the carryover package. The carryover package is due July 3rd.
- The Committee recommended that a preview of Carryover be provided to the full CSB Board at the June meeting. Len Wales will provide a briefing in his Director's Report.

Action Items/Responsible Party Required Prior to Next Meeting:

- Submit information necessary for Year End Report to BOS to Committee Chair by July 11th – Staff

Issues to Communicate to CSB Board:

- Provide Preview of Carryover – June CSB Board meeting

Agenda Items for Next Meeting on July 18:
• Review Draft Fiscal Committee Year End Report to BOS

Substance Use Disorders/Mental Health Committee Meeting Minutes

Date: July 9, 2014
Location: Fairfax County Government Center, Rooms 4/5
Attendees: Susan Beeman, Chair, Terry Atkinson, Gartlan Center Advisory Board, Shawn Buckner, SAARA, Peter Clark, No. Va. Mental Health Foundation, Peggy Cook, Loretta Davidson, Wendy Gradsion, PRS, Inc., Trudy Harsh, The Brain Foundation, Jean Hartman, Suzette Kern, Dave Mangano, DeAnne Mullins, Community Residences, Inc., Elaine Sommer, Northwest Center Advisory Board, Bill Taylor, Concerned Fairfax, Lyn Tomlinson, Diane Tuininga, Captain Spencer Woods and Sylisa Lambert-Woodard, Pathway Homes, Inc. Also present were other private sector staffs as well as members of the public.

Topic	Action	Responsible Party	Due Date
Meeting Call to Order	Meeting was called to order at 7:35 p.m.	Susan Beeman, Chair	
Approval of June 11, 2014 Minutes	Diane Tuininga moved that the June 11, 2014 Substance Use Disorders/Mental Health Committee minutes be approved as presented. The motion was seconded by Suzette Kern and unanimously carried.	Substance Use Disorders/ Mental Health Committee	
Associate Member Presentations and Concerns	*Jean Hartman, Assistant Director Community Living Treatment and Supports,* NBC4 will be filming a segment at Woodburn on the Jail Diversion Program which will air at a future not-yet-determined date. *Bill Taylor, Concerned Fairfax,* We would like to say thanks to Georgia Bachman for the invite of family participation on the work groups. *Terry Atkinson, Gartlan Center Advisory Board,* Fort Belvoir health care providers have had great treatment success with ART Accelerated Resolution Therapy. *Sylisa Lambert-Woodard, Pathway Homes, Inc.,* We will be having our 2nd Annual Summer of the Arts exhibit showcasing Pathways' resident art will take place August 6-14, 2014 at the Lorton Workhouse Arts Center. *Trudy Harsh, The Brain Foundation,* We will be partnering with PRS to open our ninth and final home in November.		
Staff Reports	*Lyn Tomlinson, Assistant Deputy Director Acute and Therapeutic Treatment Services*, State Budget Update: Governor McAuliffe signed HB 5002, the budget for the 2014-2016 bienniums and sent it back to the General Assembly with several line item vetoes; the Governor offered no amendments to the budget. The final version of the budget adopted and passed by the House and Senate and resulted in no changes that impact directly on DBHDS. The budget provides additional support to implement the mental health legislation passed by the 2014 session of the General Assembly. The budget also provides funding to advance the replacement of Central State Hospital and the expansion of the Virginia Center for Rehabilitative Services.		

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Topic	Action	Responsible Party	Due Date
	Kaye Fair, Emergency and Crisis Care, The new Mental Health laws went into effect July 1, 2014; it was tailored to address various problems and all hospitals with beds must comply. (See attachment for list of changes) *Lyn Tomlinson, Assistant Deputy Director Acute and Therapeutic Treatment Services,* The David J. Scheuer Memorial Scholarship Fund for Peer Certification was created by David's family to help people who are in recovery from mental illness attain certification as peer support specialists, so in turn they can help others who have similar struggles. There will be two scholarships offered for the next three years, and an effort will be made to continue to raise funds to sustain these scholarships in the future. Interested individuals must submit a competitive written application and participate in an in-person interview. The top two scoring applicants from Fairfax County will each receive a scholarship valued at $430, which covers the full cost of the training.		
CSB Work Plan and Dashboard	*Lyn Tomlinson, Assistant Deputy Director Acute and Therapeutic Treatment Service*s, We are actively working with clinical staff, family members and consumers on the CSB Work Plan in the different work groups. The Work Plan is broken up into six sections; Informatics, Front Door, Behavioral Healthcare Outpatient, Business Process, Youth and Family Services, Merrifield and Tier 2 Future Identified Objectives each with their own status, risks, issues and planned activities; at this time it appears we are on target with everything.	Lyn Tomlinson	
Update: Health Management Associates (HMA) Study	*Lyn Tomlinson, Assistant Deputy Director Acute and Therapeutic Treatment Services,* We are currently working with consultants and doing a lot of data gathering; as information becomes available the CSB will share it with everyone. There is a lot of high level work that needs to be done and at this time we are not sure what it will look like.	Lyn Tomlinson	
Adjournment	There being no further business to come before the Committee, the meeting was adjourned at 9:20 p.m.	Susan Beeman, Chair	

Date Approved

Minutes Prepared by
Loretta Davidson

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General Assembly 2014
Code Changes: MH Law

Acute Psychiatric Bed Registry

- March 3, 2014
- Hospitals, Psych Units, CSUs
- Adults and Minors
- Real time

Emergency Custody Order

- Eight hours (old: 4 + 2)
- LEO Notification of CSB "as soon as practicable"
- CSB notifies State facility
- On completion of ECO evaluation, CSB provides information to the State facility

Temporary Detention

- State facilities "hospital of last resort".
  - Minors
  - Medically emergent/complex
- Hearing within 72 hours (adults only) versus 48
- Facility may be changed during period of TDO if more appropriate given security, medical or behavioral needs (adults only/CSUs)

Impact/Concerns

- Documentation
- Custody
  - *"the individual shall not during the duration of the temporary detention order be released from the custody of the community services board…"*
  - Guidance requested from County Attorney

Associate Committee Members

Recommended Motion

I move that the Board accept the following as FY2015 Associate Committee Members of the Substance Use Disorders/Mental Health (SUDs/MH) Committee:

a. Advisory Board for the Joe and Fredona Gartlan Center
b. The Alternative House, Inc.
c. The Brain Foundation
d. Concerned Fairfax County
e. Crossroads Alumni
f. Friends of A New Beginning
g. Inova Health System
h. The Northern Virginia Mental Health Foundation, Inc.
i. Northwest Center Advisory Board: Northwest Center for Community Mental Health
j. Pathway Homes, Inc.
k. PRS, Inc.
l. Northern Virginia Mental Health Consumers Association
m. Consumer Run Programs Representative *(Representatives will alternate meeting attendance)*
    i. Consumer Wellness Center of Falls Church
    ii. Laurie Mitchell Employment Center
    iii. Reston Drop-In Center, Inc.
    iv. South County Recovery and Drop-In Center

Background

As part of the annual appointment of Associate Members as outlined in the CSB Bylaws, the nominations of FY2015 Associate Members of the SUDs/MH Committee were provided at the June 2014 CSB Board meeting for consideration along with notice that a motion for approval would be presented at the July meeting.

CSB Board Member
Susan Beeman, Chair, SUDs/MH Committee

COMMUNITY SERVICES BOARD	Item: 9B	Type: Action	Date: 7/23/14

Fiscal and Oversight Report – FY 2014 Year-End

Issue:

The attached FY 2014 Fiscal and Oversight Program Year-End Report, prepared by the Fiscal Committee, needs approval by the board. It presents financial status information, highlights of key program areas that are being closely monitored by our board, and a discussion of critical issues for the agency and, most importantly, for the people in our community who need our services.

Background:

At the board's direction, for the past two years, the Fiscal Committee has been preparing and submitting fiscal and program oversight reports to the Board of Supervisors and the Mayors of Falls Church and Fairfax City. The report was sent to board members electronically for review and comment prior to transmittal by the Fiscal Committee. In May 2014, the Fiscal Committee proposed to the full board that future reports be: 1) prepared on a semi-annual rather than quarterly basis, 2) presented to the board as an action item for voting, and 3) transmitted under the signature of the Chair of the Board.

This is the FY 2014 Report for the year ending June 30, 2014.

Fiscal Impact: N/A

Board Member:

Suzette Kern, Fiscal Committee Chair

Attachment:

Fiscal and Oversight Report – FY 2014 Year-End

FAIRFAX-
FALLS CHURCH
COMMUNITY SERVICES BOARD

Ken Garnes
Chair
At-Large

Gary Ambrose
Vice Chair
At-Large

Suzette Kern
Secretary
Lee District

Pamela Barrett
At-Large

Susan Beeman
Mason District

The Honorable Kate Hanley
Hunter Mill District

Lynn Miller
Braddock District

Paul V. Luisada, MD
Mount Vernon District

Juan Pablo Segura
Dranesville District

Lori Stillman
Springfield District

Dallas "Rob" Sweezy
Sully District

Diana Tuininga
City of Fairfax

Jeffrey Wisoff
Providence District

The Honorable Jane H. Woods
At-Large

Captain Spencer Woods
Office of the Sheriff

Vacant
City of Falls Church

TO: Fairfax County Board of Supervisors
Mayors Cities of Fairfax City and Fall Church

FROM: Board of the Fairfax-Falls Church Community Services Board

DATE:

SUBECT: CSB FY2014 Fiscal and Program Oversight Year-End Report

As you know, early in Fiscal Year 2013, the administrative policy board that oversees the Fairfax-Falls Church Community Services Board (CSB) created a fiscal oversight committee to assist the board in meeting its fiduciary responsibilities.

We believe this oversight process, which involves close coordination with CSB management, has been helpful; for both FY 2013 and FY 2014, the CSB has managed well within its budget. As the agency continues to face many challenges inherent to its critical mission, our board is confident that the fiscal crisis the CSB experienced during FY 2012 will not be repeated. Going forward, we will provide you with our fiscal and program oversight report on a semiannual, rather than quarterly, basis.

We are pleased to transmit the attached FY 2014 Fiscal and Program Oversight Year-End Report for the CSB. In it, we present financial status information, highlights of key program areas that are being closely monitored by our board, and a discussion of critical issues for the agency and, most importantly, for the people in our community who need our services.

As always, we welcome your review and comments.

(signed by CSB Chair)

Attachment

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12011 Government Center Parkway, Suite 836
Fairfax, Virginia 22035-1100
703-324-7000, TTY 711
www.fairfaxcounty.gov/csb

CSB Fiscal and Program Oversight FY 2014 Report

Covering period July 1, 2013, to June 30, 2014

FY 2014 Financial Status

In FY 2014, lower than anticipated non-County revenues and a growing overall surplus due primarily to our high vacancy rate resulted in a positive ending balance in CSB's Fund 400-C40040. The agency faces challenges in both these areas as explained later in this report. We ended the fiscal year with a positive balance of $12,206,000, an increase of $10,433,189 over the FY 2014 Revised Budget Plan of $1,772,811. Our fund statement is attached. The FY 2014 ending balance includes the $1,000,000 Infant and Toddler Connection (ITC) Reserve not required in FY 2014, $772,811 in unreserved ending balance carried forward from FY 2013 and an additional $10,433,189.

Our carryover review, submitted to the Department of Management and Budget on July 7, requests $1,400,000 in unencumbered carryover to support one-time requirements, including $800,000 for Credible data conversion, enhancements, and business intelligence; $400,000 for assistance to individuals who currently receive CSB services and are at risk of becoming homeless; $100,000 for the FY 2015 costs of a new suicide prevention training program fully offset by State revenues received in FY 2014; and $100,000 to replenish the Partners in Prevention Fund for programs preventing youth violence and gang involvement. We are also requesting encumbered carryover in the amount of $4,834,134 in FY 2015 for payment of building maintenance and repair projects in progress, undelivered orders, and other outstanding obligations.

Revenues In FY 2014, revenues were 2.5% or $966,674 less than FY 2014 Revised Budget Plan of $38,040,708. The shortfall is primarily attributable to lower than anticipated revenues in three areas: Medicaid Waiver, Medicaid Option and Comprehensive Services Act (CSA). At year's end, we show a decrease of $611,286 in Medicaid Waiver, $535,649 in Medicaid Option and $258,810 in CSA revenues, partially offset by an increase of $336,827 in program/client fees and $101,542 in State funding.

The shortfall in Medicaid Option is due mainly to increased workload requirements related to case management services for individuals with intellectual disabilities. Effective March 2013, all CSBs are now required to provide an "enhanced" level of case management. For our CSB this requirement applies to approximately 450 individuals. This enhanced level of case management triples the frequency with which our staff must provide face-to-face observation visits in the community, from once every 90 days to once every 30 days. It also requires increased monitoring and more extensive documentation. For staff to meet the enhanced requirements, the average caseload size per support coordinator was reduced from 30 cases to 25. In FY 2014, to meet the increased workload requirements associated with enhanced case management and to provide support coordination for 79 new Medicaid Waiver cases mandated for service, the CSB reclassified nine vacant positions to support coordinators.

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Even with the additional staff positions, multiple vacancies coupled with hiring challenges required CSB to transfer 81 individuals who had been receiving case management services reimbursed through Medicaid Option into monitoring status for which no reimbursement was received. As the number of individuals receiving case management services decreased, hours of service increased, and revenues decreased.

In addition to the revenue imbalance in Medicaid Option in the Support Coordination program, CSB has identified revenue imbalances in several critical programs funded by third-party payers, primarily Medicaid Waiver and CSA, and direct client fees. During FY 2015, CSB will continue to analyze the extent of these revenue imbalances and develop recommendations to minimize service impact to individuals currently receiving services as well as fiscal impact to the General Fund. Until such recommendations may be developed and vetted, CSB will continue to manage expenditures conservatively.

Expenditures In FY 2014, expenditures were 7.5% or $11,399,863 less than FY 2014 Revised Budget Plan of $152,778,655. Year-end surplus is broken out as follows:

- Personnel Expenditures: $5.lM is due to savings accrued in personnel expenditures. During FY 2014, the CSB managed recurring expenditures, primarily personnel, conservatively to offset known revenue shortfalls as well as the unknown impacts of CSB fee policy changes and health care reform. At the same time, the agency implemented a strong yet steady recruiting effort to fill critical positions providing reimbursable services. However, due to the length of time to recruit and hire employees (partially attributable to the county's implementation of NeoGov) coupled with the number of supervisory positions filled internally, an average of 123 merit positions remained vacant each month in FY 2014, a vacancy rate of 12.6 percent, as compared to the approximately 90 positions required to be kept vacant to remain within appropriations. ***The agency's high rate of vacancies is problematic and impacts directly on its ability to deliver critical services. This is a challenge area which the CSB Board will closely monitor in FY 2015.***

- Operating Expenses: $5.7M remains in operating expenses. Of this amount, encumbrances total $4.3M which CSB requests be carried forward in FY 2015 for payment of building maintenance and repair projects in progress, undelivered orders, and other outstanding obligations. After encumbrances are included, the agency's remaining balance in operating expenses totals $1.3M, including $1.2M approved as unencumbered carryover from FY 2013 and being re-requested as unencumbered carryover in FY 2014.

- Recovered Costs: $84,295 remains primarily due to one-time funding from Health Planning Region II for adult crisis stabilization.

- Capital Equipment: $470,106 remains, of this amount encumbrances total $446,636 which CSB requests be carried forward in FY 2015 for payment of building maintenance and repair projects in progress and undelivered orders.

Program Issues

The following highlights provide the most current status of key program areas being closely monitored by the CSB Board.

Intellectual Disability Employment and Day Support Services As of June 30, 2014, with local funding of $1.1 million included in the FY 2014 Adopted Budget Plan, 66 new special education graduates from June 2013 were placed and are receiving services. While placements this year progressed more efficiently than in early FY 2013, seven individuals have not yet been placed, including five who are awaiting availability in preferred provider programs and two who have either not responded to contact or indicated they do not desire services. In addition, during FY 2014, 27 individuals from the Community Wait List were placed or approved for funding within existing appropriations. Consequently, as of June 30, 2014, there are no individuals remaining on the Community Wait List.

In June 2014, approximately 121 special education students graduated from Fairfax County Public Schools. With local funding of $1.3 million included in the FY 2015 Adopted Budget Plan, CSB anticipates being able to serve all graduates. It should be noted, however, that capacity constraints in preferred provider programs may delay some placements. As an alternative to traditional contracted services and as a cost-containment strategy, CSB is actively promoting self-directed services. Self-directed services is a voluntary program allowing families to design and manage their own service program, in collaboration with the CSB, with a prescribed budget not to exceed 80 percent of the cost of traditional CSB services. There are currently 25 individuals receiving self-directed services. CSB is committed to enrolling a total of 36 individuals by the end of FY 2015.

Department of Justice Settlement Per the settlement agreement with the U.S. Department of Justice, the Commonwealth of Virginia will close four of five state residential training centers for individuals with intellectual and developmental disabilities between 2014 and 2020. In May 2014, the Southside Virginia Training Center (SVTC) closed. On July 1, 2014, the Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS) announced that the Northern Virginia Training Center (NVTC) would close in March 2016, one year later than previously planned. At present, one state residential training center with 75 beds is anticipated to remain open after 2020. Individuals may choose to remain in a state facility provided beds are available or be discharged with appropriate community-based and case management services, primarily funded by Medicaid Waiver.

As of June 2014, 65 individuals residing at NVTC and 19 individuals residing at the Central Virginia Training Center are from Fairfax County. Of these 84 individuals, 26 have expressed their choice to remain in a state residential training center, 25 have indicated their choice to transition to the Northern Virginia region, 12 have indicated a choice for an Intermediate Care Facility, and the remaining 21 are open to exploring various placement options. While the majority who choose community-based services will likely be granted Medicaid Waivers, the County and the State must address funding needs for services currently provided in the training centers and funded by the state but not covered under Medicaid Waiver.

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In October 2013, Virginia approved limited "bridge funds" or State General Funds that can be blended with currently funded services not included in existing federal or state programs to develop and implement individual plans of support for those individuals transitioning from SVTC and NVTC to community placements. DBHDS anticipates these funds will be available until new Medicaid Waivers are granted or the funds are exhausted. As with all individuals granted Medicaid Waivers, CSB will be required to provide reimbursable case management services. Based on current projections, CSB anticipates a minimum of seven additional support coordinator positions may be required between FY 2016-FY 2020 to meet the projected future growth of this population.

Suicide Prevention The CSB has been actively involved with the Partnership for Healthier Fairfax in the areas of suicide prevention and improved access to services. A comprehensive suicide prevention plan is being developed and will be resourced by the Virginia Department of Behavioral Health and Developmental Services (DBHDS) in early FY 2015. In June 2014, as part of this community-wide effort, the CSB launched an online Youth Suicide Prevention initiative which includes three online simulations to help adults recognize when a young person is exhibiting signs of psychological distress, learn effective ways to talk with the young person about their concerns and connect them with appropriate support. The online simulations allow participants to enter a virtual environment and assume the role of an adult interacting with a young person. Unlike much online training, these are interactive and dynamic. Participants choose actions to move the scenario along, and real-time feedback is provided on how well they are doing. Participants learn how to differentiate between "normal" and "at-risk" behavior and how to begin a conversation about the topic of mental distress. The courses are offered to anyone in the community, free of charge.

In addition, in partnership with CrisisLink, the CSB has established a new crisis text line. Community members may use this service if they are in crisis or feeling suicidal, or if they are concerned about someone they know. Once a text has been sent to CrisisLink, the sender will receive a notification within seconds, and within minutes, will receive a text message from a crisis worker. CrisisLink is a crisis and suicide prevention hotline, and everyone who sends a text message will receive follow up. This service is available to community members of all ages at no cost, and is accessible 24 hours a day, 7 days a week. This program has received positive coverage in the media and overwhelming community support.

Management Initiatives

The following key management and agency improvement issue areas, requiring considerable staff time and effort, are being closely monitored by the CSB Board.

State Performance Contract In the second quarter of FY 2014, we reported that a state payment to the CSB had been withheld because the CSB had not met the mandated reporting requirements of the State Performance Contract. Since then, the CSB has been strategically and systemically addressing the concerns cited by the Department of Behavioral Health and Developmental Services (DBHDS). Staff efforts have resulted in identifying and resolving

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.issues with documenting services that relate directly to improving data reporting for the State Performance Contract. The agency continues to show significant improvement in overall data accuracy and completeness as confirmed by DBHDS. Each month data reports are reviewed and critiqued to address and correct any data issues. Ongoing review of business processes continue to ensure consistency in execution of the agency's integrated service delivery model while simultaneously capturing the data requirements for the State Performance Contract. The CSB Board has been briefed monthly on progress. Additionally, the CSB has kept an open dialogue with DBHDS to apprise their representative of progress and to solicit feedback. All state payments are being received as scheduled.

Focus and Credible Throughout FY 2014, staff worked to align the county's FOCUS system with the agency's current business model and other critical information systems, such as Credible (the CSB's electronic health records system). In early July, the new FOCUS financial reporting structure was implemented for the FY 2015 budget, the new FOCUS organizational structure was implemented, aligning all CSB positions with their respective service areas and managers, and Credible was updated accordingly. Business process improvement efforts continue. In addition, a comprehensive review of internal controls will be undertaken during FY 2015 to further ensure accurate reporting and efficient operations.

CSB Work Plans In December 2013, the CSB launched a multi-year holistic work plan to ensure fiscal and management stability. The work plan incorporates the efforts initiated as part of the agency transformation and integrates consultant recommendations and County Executive CSB Work Plan. The plan is divided into six sections, to include Informatics, Service Access, Behavioral Health Outpatient, Integration of Business Practices, Youth and Child Services, and the new Merrifield Center. The overall plan incorporates a review, potential redesign and standardization of business practices in an effort to reduce costs, increase efficiency and effectiveness, and ensure access to services. Each work plan section contains expectations and outcomes, timelines, planned activities and key issues and risks. In addition, "Tier 2" objectives have been identified to focus on activities and projects for the next phase of the CSB work plan. The CSB Board is briefed each month on progress against these work plans. Concurrent with Work Plan efforts, a long term agency strategic plan has been developed and approved by the Board. The three-year strategic plan serves as a roadmap to effectively guide the CSB towards achieving its mission. Draft financial policies have been developed and are currently under review. Once adopted, these policies will strengthen our foundation for sound financial decision-making.

Health Management Associates (HMA) Consultant Study The CSB Board was first briefed in April 2014 on this study which presents a work plan for creating an integrated approach to the care of vulnerable populations in Fairfax County. 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. In June 2014, Deputy County Executive Patricia Harrison provided another briefing to the CSB Board on how the county plans to proceed with implementing some of the study recommendations. The full scope and impact of the HMA study recommendations on the CSB are not clear yet and require careful analysis and deliberation. As presented, implementing study recommendations would

most certainly impact on service delivery, administrative and fiscal operations. The Board has requested more information and believes that this area requires close attention.

Merrifield Center The CSB's new Merrifield Center is on schedule to open for business in later this year. Approximately 460 CSB employees from Woodburn, Jermantown and several other locations will move to the new Merrifield Center, including staff providing emergency and crisis stabilization services, outpatient services and supports, intensive case management, psychiatric services, medication management, and wellness and health promotion services. The facility will also include a primary health care clinic, a pharmacy, a consumer resource center, and a child care center for women receiving treatment for substance use disorders. CSB service recipients provided input into the building design, which is intended to promote wellness, recovery and health management in a secure yet welcoming environment. The co-location and integration of various services enables the CSB to better serve individuals who have co-occurring mental health and substance use disorders.

The centrally located facility will offer community-based services and supports to prevent crises and help people with behavioral health challenges integrate successfully into the community. The building itself is designed to integrate successfully and beautifully with its physical surroundings. This project has been part of the county's capital building plan for years. It is made possible through bond funding, a land exchange with Inova Fairfax Hospital, and lease savings as CSB programs move out of leased facilities into the new county-owned building.

Included in the original design and construction of the new Merrifield Center are six "23-hour beds" to provide additional time for observation, diagnosis and treatment for individuals in a psychiatric emergency as an alternative to or before resorting to more costly treatment options involving longer term hospitalization. The "23-hour" beds allow for stabilization outside of a residential or inpatient setting, which may not be clinically indicated and involve additional state licensure and county zoning requirements. This new capability is necessary to reduce referrals to longer term care owing to the severe shortage of psychiatric and crisis stabilization beds in Northern Virginia. While CSB is prepared to absorb the partial year cost for providing this new service in FY 2015 with anticipated savings in personnel services, CSB intends to submit a new facility addendum request as part of the FY 2016 annual budget process to provide this service.

Medicare Part D Prescription Drug Plan Assistance Medicare Part D Prescription Drug Plans are a federal government program which subsidizes the costs of prescription drugs and prescription drug insurance premiums for Medicare beneficiaries. It was enacted as part of the Medicare Modernization Act of 2003 and went into effect on January 1, 2006. Since its inception, Medicare Part D counseling and open enrollment activities have been provided by CSB staff for its Medicare clients. In preparation for each Open Enrollment period, the CSB gathers information on the changes to the drug plans and offers in-person appointment times for Medicare beneficiaries to review the available plans with trained benefits staff in order to enroll in a plan that best suits their needs.

On average, the CSB benefits specialists assisted in saving each beneficiary $1,361 a year – a savings that was 7.5% higher than the three-year national average. For the CSB, the average cost of medication for a CSB client without insurance is $10,818 annually, or $901.53 per

month. For 477 CSB clients, this represents a total medication value of $430,030 per month or $5,160,363 annually. Because of cost avoidance initiatives like the Part D Open Enrollment assistance, the CSB has been able to stay within its allotted budget for subsidized medications for many years despite overall drug spending increases nationally.

Leadership Although the agency lost its executive director during the year, under interim management the CSB has operated smoothly and efficiently to provide services. The Board's increased efforts in monitoring and oversight, with the work plans and other initiatives, has aided in this transitional period. The Board expresses its deep appreciation to the CSB staff who continue to assume additional responsibilities.

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FUND STATEMENT

Fund 40040, Fairfax-Falls Church Community Services Board

	FY 2014 Estimate	FY 2014 Actual	Increase (Decrease) (Col. 2-1)	FY 2015 Adopted Budget Plan	FY 2015 Revised Budget Plan	Increase (Decrease) (Col. 5-4)
Beginning Balance	**$6,429,724**	**$6,429,724**	**$0**	**$1,772,811**	**$12,206,000**	**$10,433,189**
Revenue:						
Local Jurisdictions:						
Fairfax City	$1,336,100	$1,336,100	$0	$1,389,544	$1,389,544	$0
Falls Church City	605,595	605,595	0	629,819	629,819	0
Subtotal - Local	$1,941,695	$1,941,695	$0	$2,019,363	$2,019,363	$0
State:						
State DBHDS	$13,158,280	$13,259,822	$101,542	$13,153,665	$13,153,665	$0
Subtotal - State	$13,158,280	$13,259,822	$101,542	$13,153,665	$13,153,665	$0
Federal:						
Block Grant	$4,079,477	$4,079,500	$23	$4,079,477	$4,079,477	$0
Direct/Other Federal	154,982	121,409	(33,573)	154,982	154,982	0
Subtotal - Federal	$4,234,459	$4,200,909	($33,550)	$4,234,459	$4,234,459	$0
Fees:						
Medicaid Waiver	$2,756,068	$2,144,782	($611,286)	$2,756,068	$2,756,068	$0
Medicaid Option	9,720,992	9,185,343	(535,649)	9,719,853	9,719,853	0
Program/Client Fees	4,873,001	5,209,828	336,827	5,595,211	5,595,211	0
CSA Pooled Funds	1,342,113	1,083,303	(258,810)	1,342,113	1,342,113	0
Subtotal - Fees	$18,692,174	$17,623,256	($1,068,918)	$19,413,245	$19,413,245	$0
Other:						
Miscellaneous	$14,100	$48,352	$34,252	$14,100	$14,100	$0
Subtotal - Other	$14,100	$48,352	$34,252	$14,100	$14,100	$0
Total Revenue	$38,040,708	$37,074,034	($966,674)	$38,834,832	$38,834,832	$0
Transfers In:						
General Fund (10001)	$110,081,034	$110,081,034	$0	$113,316,215	$113,316,215	$0
Total Transfers In	$110,081,034	$110,081,034	$0	$113,316,215	$113,316,215	$0
Total Available	**$154,551,466**	**$153,584,792**	**($966,674)**	**$153,923,858**	**$164,357,047**	**$10,433,189**
Expenditures:						
Personnel Services	$95,515,247	$90,406,421	($5,108,826)	$96,544,799	$96,544,799	$0
Operating Expenses	58,159,140	52,422,504	(5,736,636)	56,780,222	62,567,720	5,787,498
Recovered Costs	(1,468,098)	(1,552,393)	(84,295)	(1,173,974)	(1,173,974)	0
Capital Equipment	572,366	102,260	(470,106)	0	446,636	446,636
Total Expenditures	$152,778,655	$141,378,792	($11,399,863)	$152,151,047	$158,385,181	$6,234,134
Total Disbursements	**$152,778,655**	**$141,378,792**	**($11,399,863)**	**$152,151,047**	**$158,385,181**	**$6,234,134**
Ending Balance	**$1,772,811**	**$12,206,000**	**$10,433,189**	**$1,772,811**	**$5,971,866**	**$4,199,055**
Infant and Toddler Connection Reserve	$1,000,000	$1,000,000	$0	$1,000,000	$1,000,000	$0
Encumbered Carryover Reserve	0	4,834,134	4,834,134	0	0	0
Unreserved Balance[1]	**$772,811**	**$6,371,866**	**$5,599,055**	**$772,811**	**$4,971,866**	**$4,199,055**

[1] The Infant and Toddler Connection Reserve assures that the County has funds to provide state mandated services to children from birth to age 3 in the event of unanticipated decreases in state reimbursement.

[2] The *FY 2015 Revised Budget Plan* Unreserved Balance of $4,971,866 reflects FY2014 lower than anticipated non-County revenues and expenditures.

COMMUNITY SERVICES BOARD Item: 9C Type: Action Date: 7/23/14

FY2014 Carryover Request

Issue:
Board approval of the CSB request submitted for carryover funding from the FY2014 budget.

Motion:
I move that the Board approve the carryover request as submitted.

Background:
Recognizing the requests for FY2014 carryover funding would be due in early July, at the June Board as well as the CSB Fiscal oversight Committee meetings, briefings were provided on the CSB carryover requests being developed. Attached are the memos submitted to the Department of Management and Budget (DMB) on July 7th outlining the CSB requests which note the submission is contingent upon Board approval.

Timing:
Carryover submissions were due July 7, 2014.

Staff:
Len Wales, Acting Director of Administrative Services/General Manager
Lisa Witt, Senior Financial Officer

Enclosed Documents:
Attachment A – Fund 400-C40040: Operating Budget
- *Attachment A-FY2014 Yearend Fund Statement*

Attachment B – Fund 500-C50000: Grant Funding

FAIRFAX-
FALLS CHURCH
COMMUNITY SERVICES BOARD

TO: Susan W. Datta
Chief Financial Officer

FROM: Leonard P. Wales
Acting Director of Administrative Services/General Manager

DATE: July 7, 2014

SUBJECT: FY 2014 Carryover Review

Enclosed please find the FY 2014 Carryover Review submission for Fund 400-C40040, Fairfax-Falls Church Community Services Board (CSB). Please note that this submission is contingent upon CSB Board approval at its July 23, 2014 meeting.

FY 2014 Fiscal Position

The FY 2014 ending balance for Fund 400-C40040, CSB totals $12,206,000, an increase of $10,433,189 over the *FY 2014 Revised Budget Plan* of $1,772,811 (Attachment A). The FY 2014 ending balance includes the $1.0M Infant and Toddler Connection (ITC) Reserve not required in FY 2014, $772,811 in unreserved ending balance carried forward from FY 2013 and an additional $10,433,189, the net total of lower than anticipated FY 2014 non-County revenues and lower than anticipated FY 2014 expenditures. Details regarding the CSB's FY 2014 ending fiscal position as well as an update on significant program issues follow.

Non-County Revenues

FY 2014 non-County revenues total $37,074,034, a decrease of $966,674 or 2.5 percent from the *FY 2014 Revised Budget Plan* of $38,040,708. Accrued revenues anticipated to be received within 45 days of fiscal year-end total $939,158. The shortfall is primarily attributable to a decrease of $611,286 in Medicaid Waiver, $535,649 in Medicaid Option and $258,810 in CSA revenues, partially offset by an increase of $336,827 in program/client fees and $101,542 in State funding.

The shortfall in Medicaid Option is primarily attributable to increased workload requirements related to case management services for individuals with intellectual disabilities. Effective March 2013, CSBs are required to provide an "enhanced" level of case management to individuals who meet specific "at risk" or "intensive needs" criteria and who either have a Medicaid Waiver, are on the wait list for a Medicaid Waiver, or who are receiving Medicaid Option targeted case management. Enhanced case management requires face-to-face observation visits in the community monthly, rather than quarterly, increased monitoring, and more extensive documentation. While the number of individuals requiring enhanced case management can fluctuate monthly based on individual circumstances and increases to the wait list, approximately 60 percent of individuals qualify. As a result, the average caseload size of 30 cases has been decreased to approximately 25 per Support Coordinator.

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In FY 2014, to meet the increased workload requirements associated with enhanced case management as well as 79 new Medicaid Waiver cases mandated for service, CSB reclassified nine vacant positions to Support Coordinators. Despite the additional positions, multiple vacancies coupled with hiring challenges required CSB to transfer 81 individuals receiving case management services reimbursed through Medicaid Option into monitoring status for which no reimbursement was received. As shown in Attachment B, in FY 2014 as compared to FY 2013, the number of individuals receiving case management services decreased, hours of service increased, and revenues decreased.

In FY 2015, the agency anticipates that programmatic changes may partially reverse the projected Medicaid Option shortfall in this program. Per the Virginia Department of Behavioral Health and Developmental Services (DBHDS), CSB will not receive any new Medicaid Waivers in FY 2015. As a result, CSB does not anticipate transferring individuals receiving case management services reimbursed through Medicaid Option into monitoring status for which no reimbursement will be received. In addition, DBHDS has revised the criteria for mandated enhanced case management services such that fewer individuals may qualify. During FY 2015, CSB will assess the impact of these programmatic changes as well as the full year impact of the nine additional positions reallocated to this program, less continued vacancies. Despite these changes, however, absent an increase in the Medicaid case management rate to reflect increased requirements or additional Support Coordinator positions, CSB may realize further deceases in revenue if new Medicaid Waivers are granted in future years.

In addition to the structural revenue imbalance in Medicaid Option in the Support Coordination program, CSB has identified structural revenue imbalances in several critical programs funded by third-party payers, primarily Medicaid Waiver and CSA, and direct client fees. During FY 2015, CSB will continue to analyze the extent of these structural revenue imbalances and develop recommendations to minimize service impact to individuals currently receiving services as well as fiscal impact to the General Fund. Until such recommendations may be developed and vetted, CSB will continue to manage expenditures conservatively.

In contrast to shortfalls in other non-County revenue categories, in FY 2014, CSB realized increases of $336,827 in program/client fees and $101,542 in State funding, the latter to support the FY 2015 costs of a new suicide prevention training program.

Expenditures

FY 2014 expenditures total $141,378,792, a decrease of $11,399,863 or 7.5 percent from the *FY 2014 Revised Budget Plan* of $152,778,655. Details follow:

- FY 2014 personnel expenditures, including compensation and fringe benefits, total $90,406,421, a decrease of $5,108,826 or 5.4 percent from the *FY 2014 Revised Budget Plan* of $95,515,247. During FY 2014, while CSB managed recurring expenditures, primarily personnel, conservatively to offset known revenue shortfalls as well as the unknown impacts of CSB fee policy changes and health care reform, the agency implemented a strong yet steady recruiting effort to fill critical positions providing reimbursable services. However, due to the length of time to recruit, hire, and onboard employees coupled with the number of supervisory positions filled internally, an average of 123 merit positions remained vacant each month in FY 2014, a rate of 12.6 percent, as

compared to the approximately 90 positions required to be kept vacant to remain within appropriations.

- FY 2014 operating expenditures total $52,422,504, a decrease of $5,736,636 or 9.9 percent from the *FY 2014 Revised Budget Plan* of $58,159,140. Of this amount, encumbrances total $4,387,498 which CSB requests be carried forward in FY 2015 for payment of building maintenance and repair projects in progress, undelivered orders, and other outstanding obligations (Attachment C). After encumbrances are included, the agency's remaining balance in operating expenses totals $1,349,138, including $1,200,000 approved as unencumbered carryover from FY 2013 and being re-requested as unencumbered carryover in FY 2014.

- FY 2014 recovered costs total $1,552,393, an increase of $84,295 or 5.7 percent over the *FY 2014 Revised Budget Plan* of $1,468,098, primarily due to one-time funding from Health Planning Region II for adult crisis stabilization.

- FY 2014 capital equipment totals $102,260, a decrease of $470,106 or 82 percent from the *FY 2014 Revised Budget Plan* of $572,366. Of this amount, encumbrances total $446,636 which CSB requests be carried forward in FY 2015 for payment of building maintenance and repair projects in progress and undelivered orders (Attachment C).

Unencumbered Carryover

CSB requests $1,400,000 in unencumbered carryover to support one-time requirements, including $800,000 to be transferred to Fund 10040, Information Technology for Credible data conversion, enhancements, and business intelligence; $400,000 to support existing CSB consumers at risk of homelessness; $100,000 for the FY 2015 costs of a new suicide prevention training program fully offset by State revenues received in FY 2014; and $100,000 to be transferred to Fund 300-C30010, General Construction and Contributions to replenish the Partners in Prevention Fund for programs preventing youth violence and gang involvement.

- Credible - Data Conversion, Enhancements, and Business Intelligence $800,000

  Funding of $800,000 is requested to be transferred to Fund 10040, Information Technology, to support a multi-year project currently in progress to convert historical data; align critical business processes with Credible and Credible with other County systems; and implement improved reporting functionality through business intelligence. To serve the community in a cost-effective manner and respond to the evolving challenges of health care reform, CSB requires improved access to electronic health record information, user-friendly and effective standard management reports, and improved analytic functionality. If approved, funding will support the following project objectives:

  - Convert and migrate10 years of legacy behavioral health and financial data per state and federal laws for data retention;
  - Align critical business processes (e.g., scheduling, intake, billing) with Credible and align Credible with other County systems (e.g., FOCUS) to increase administrative efficiencies and improve management and financial reporting;
  - Implement enhancements related to the County's late fee, penalty and interest ordinance;

- Improve data quality to meet programmatic and financial reporting and audit requirements (e.g., State Performance Contract);
- Implement Business Intelligence (BI) tools to improve programmatic, financial, and management reporting (e.g., caseload and staff service hour metrics, performance metrics required for federal, state and County compliance, and cost/revenue trends).

- CSB Housing Assistance $400,000
  Funding of $400,000 is requested to provide flexible housing assistance for CSB consumers receiving supportive services who are at risk of homelessness. Many of CSB's most vulnerable consumers receive housing assistance from the Fairfax County Redevelopment and Housing Authority, the Department of Housing and Community Development or non-profit providers through either time-limited rental assistance or reduced rents backed by CSB rent guarantees. As part of the *FY 2013 Carryover Review*, the Board of Supervisors approved unencumbered carryover of $400,000 to offset reductions in the federal Housing Choice Voucher program as a result of the sequester. At the time, CSB anticipated individuals completing their second year of the Bridging Affordability program would not be able to receive assistance. In early FY 2014, however, alternative resources became available, enabling CSB clients in Bridging Affordability to receive extended assistance for a maximum of one year. As of June 2014, it is unclear whether the Housing Choice Voucher program will have sufficient capacity to assist consumers no longer eligible for Bridging Affordability or other housing assistance. Consequently, CSB requests funding of $400,000 to provide flexible housing assistance for approximately 34 CSB consumers currently receiving services who are at risk of homelessness.

- Suicide Prevention Training Program $100,000
  Funding of $100,000, fully offset by State revenues received in FY 2014 expressly for this purpose, is requested to support the FY 2015 licensing costs for unlimited use by CSB and Fairfax County Public Schools of three suicide prevention training programs developed by Kognito (At Risk for High School, At Risk for Middle School, and Step In Speak Up).

- Partners in Prevention Fund $100,000
  Funding of $100,000 is requested to be transferred to Fund 300-C30010, General Construction and Contributions to replenish the Partners in Prevention Fund for programs preventing youth violence and gang involvement.

Program Updates

Employment and Day Services

As of June 30, 2014, with local funding of $1.1 million included in the FY 2014 Adopted Budget Plan, 66 new special education graduates from June 2013 have been placed and are receiving services. While placements progressed more efficiently as compared to early FY 2013, 7 individuals have not been placed, five who are awaiting availability in preferred provider programs and two who have either not responded to contact or indicated they do not desire services. In addition, during FY 2014, 27 individuals from the Community Wait List were placed or approved for funding within existing appropriations. Consequently, as of June 30, 2014, there are no individuals remaining on the Community Wait List.

In June 2014, approximately 121 special education students graduated from Fairfax County Public Schools. With local funding of $1.3 million included in the FY 2015 Adopted Budget Plan, CSB anticipates being able to serve all graduates. It should be noted however, that capacity constraints in preferred provider programs may delay some placements. As an alternative to traditional contracted services and as a cost-containment strategy, CSB is actively promoting self-directed services, a voluntary program allowing families to design and manage their own service program, in collaboration with the CSB, with a prescribed budget not to exceed 80 percent of the cost of traditional CSB services. While there are currently 25 individuals receiving self-directed services, CSB is committed to enrolling a total of 36 individuals by the end of FY 2015.

Department of Justice Settlement Agreement

Per the settlement agreement with the U.S. Department of Justice, the Commonwealth of Virginia will close four of five state residential training centers for individuals with intellectual and developmental disabilities between 2014 and 2020. In May 2014, the Southside Virginia Training Center (SVTC) closed. On July 1, 2014, the Commissioner of DBHDS announced that the Northern Virginia Training Center (NVTC) would close in March 2016, one year later than previously planned. At present, one state residential training center with 75 beds is anticipated to remain open after 2020. Individuals may choose to remain in a state facility or be discharged with appropriate community-based and case management services, primarily funded by Medicaid Waiver.

As of June 2014, 65 individuals residing at NVTC and 19 individuals residing at the Central Virginia Training Center are from Fairfax County. Of these 84 individuals, 26 have expressed their choice to remain in a state residential training center, 25 have indicated their choice to transition to the Northern Virginia region, 12 have indicated a choice for an Intermediate Care Facility, and the remaining 21 are open to exploring various placement options. While the majority who choose community-based services will likely be granted Medicaid Waivers, the County and the State must address funding needs for services currently provided in the training centers and funded by the state but not covered under Medicaid Waiver.

In October 2013, Virginia approved limited "bridge funds" or State General Funds that can be blended with currently funded services not included in existing federal or state programs to develop and implement individual plans of support for those individuals transitioning from SVTC and NVTC to community placements. DBHDS anticipates these funds will be available until new Medicaid Waivers are granted or the funds are exhausted. As with all individuals granted Medicaid Waivers, CSB will be required to provide reimbursable case management services. Based on current projections, CSB anticipates a minimum of seven additional Support Coordinator positions may be required between FY 2016-FY 2020 to meet the projected future growth of this population.

New Facility Request

To address the severe shortage of psychiatric and crisis stabilization beds in Northern Virginia, CSB requests 6/6.0 FTE Peer Support Specialist (S-15) positions to staff six "23 hour beds" at the new Merrifield Center, scheduled to open in December 2014. These "23 hour beds" represent new capacity/capability included in the original design and construction of Merrifield Center to

provide additional time for observation, diagnosis and treatment for individuals in a psychiatric emergency as an alternative to or before resorting to more costly treatment options involving longer term hospitalization. While CSB is prepared to absorb the partial year cost in FY 2015 with anticipated savings in personnel services, CSB intends to submit a new facility addendum request for approximately $410,000, including salaries and fringe benefits, as part of the FY 2016 annual budget process to provide this service.

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

cc: CSB Board
CSB Executive Staff
Gail Ledford, DAHS Director
Ron McDevitt, DAHS FM Business Manager
Afsaneh Tibbs, DIT Policy/Planning Administration Director

FUND STATEMENT

Fund 40040, Fairfax-Falls Church Community Services Board

	FY 2014 Estimate	FY 2014 Actual	Increase (Decrease) (Col. 2-1)	FY 2015 Adopted Budget Plan	FY 2015 Revised Budget Plan	Increase (Decrease) (Col. 5-4)
Beginning Balance	**$6,429,724**	**$6,429,724**	**$0**	**$1,772,811**	**$12,206,000**	**$10,433,189**
Revenue:						
Local Jurisdictions:						
Fairfax City	$1,336,100	$1,336,100	$0	$1,389,544	$1,389,544	$0
Falls Church City	605,595	605,595	0	629,819	629,819	0
Subtotal - Local	$1,941,695	$1,941,695	$0	$2,019,363	$2,019,363	$0
State:						
State DBHDS	$13,158,280	$13,259,822	$101,542	$13,153,665	$13,153,665	$0
Subtotal - State	$13,158,280	$13,259,822	$101,542	$13,153,665	$13,153,665	$0
Federal:						
Block Grant	$4,079,477	$4,079,500	$23	$4,079,477	$4,079,477	$0
Direct/Other Federal	154,982	121,409	(33,573)	154,982	154,982	0
Subtotal - Federal	$4,234,459	$4,200,909	($33,550)	$4,234,459	$4,234,459	$0
Fees:						
Medicaid Waiver	$2,756,068	$2,144,782	($611,286)	$2,756,068	$2,756,068	$0
Medicaid Option	9,720,992	9,185,343	(535,649)	9,719,853	9,719,853	0
Program/Client Fees	4,873,001	5,209,828	336,827	5,595,211	5,595,211	0
CSA Pooled Funds	1,342,113	1,083,303	(258,810)	1,342,113	1,342,113	0
Subtotal - Fees	$18,692,174	$17,623,256	($1,068,918)	$19,413,245	$19,413,245	$0
Other:						
Miscellaneous	$14,100	$48,352	$34,252	$14,100	$14,100	$0
Subtotal - Other	$14,100	$48,352	$34,252	$14,100	$14,100	$0
Total Revenue	$38,040,708	$37,074,034	($966,674)	$38,834,832	$38,834,832	$0
Transfers In:						
General Fund (10001)	$110,081,034	$110,081,034	$0	$113,316,215	$113,316,215	$0
Total Transfers In	$110,081,034	$110,081,034	$0	$113,316,215	$113,316,215	$0
Total Available	**$154,551,466**	**$153,584,792**	**($966,674)**	**$153,923,858**	**$164,357,047**	**$10,433,189**
Expenditures:						
Personnel Services	$95,515,247	$90,406,421	($5,108,826)	$96,544,799	$96,544,799	$0
Operating Expenses	58,159,140	52,422,504	(5,736,636)	56,780,222	62,567,720	5,787,498
Recovered Costs	(1,468,098)	(1,552,393)	(84,295)	(1,173,974)	(1,173,974)	0
Capital Equipment	572,366	102,260	(470,106)	0	446,636	446,636
Total Expenditures	$152,778,655	$141,378,792	($11,399,863)	$152,151,047	$158,385,181	$6,234,134
Total Disbursements	**$152,778,655**	**$141,378,792**	**($11,399,863)**	**$152,151,047**	**$158,385,181**	**$6,234,134**
Ending Balance	**$1,772,811**	**$12,206,000**	**$10,433,189**	**$1,772,811**	**$5,971,866**	**$4,199,055**
Infant and Toddler Connection Reserve	$1,000,000	$1,000,000	$0	$1,000,000	$1,000,000	$0
Encumbered Carryover Reserve	0	4,834,134	4,834,134	0	0	0
Unreserved Balance[1]	**$772,811**	**$6,371,866**	**$5,599,055**	**$772,811**	**$4,971,866**	**$4,199,055**

[1] The Infant and Toddler Connection Reserve assures that the County has funds to provide state mandated services to children from birth to age 3 in the event of unanticipated decreases in state reimbursement.

[2] The *FY 2015 Revised Budget Plan* Unreserved Balance of $4,971,866 reflects FY2014 lower than antipcated non-County revenues and expenditures.

Attachment B

IDS Case Management
FY2013 v FY2014

	July 2012	Aug 2012	Sept 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	March 2013	April 2013	May 2013	June 2013	FY2013
Individuals Served	837	842	836	840	833	826	822	811	806	804	798	755	
Hours of Case Management	1,261	1,312	1,259	1,322	1,203	1,067	1,267	1,207	1,215	1,401	1,368	1,300	
Total Hours of Service	3,145	3,266	3,000	3,106	2,926	2,527	2,867	2,766	3,037	3,404	3,118	2,935	
FTE	46	46	45	45	46	46	46	46	50	51	51	46	
Expected Revenue (Ind x $326.50)	$273,281	$274,913	$272,954	$274,260	$271,975	$269,689	$268,383	$264,792	$263,159	$262,506	$260,547	$246,508	$3,202,965
*G754002001 444015	$270,342	$285,614	$283,404	$273,035	$0	$603,911	$287,591	$272,692	$250,600	$532,056	$259,505		$3,318,750
	July 2013	**Aug 2013**	**Sept 2013**	**Oct 2013**	**Nov 2013**	**Dec 2013**	**Jan 2014**	**Feb 2014**	**March 2014**	**April 2014**	**May 2014**	**June 2014**	**FY2014**
Individuals Served	701	711	718	751	753	752	730	762	771	783	787	791	
Hours of Case Management	1,261	1,331	1,341	1,458	1,138	1,088	1,267	1,067	1,274	1,391	1,507	1,546	
Total Hours of Service	2,822	3,180	3,169	3,342	2,702	2,558	2,807	2,470	2,804	3,036	3,255	3,357	
FTE	45	50	50	47	51	51	52	51	52	50	51	51	
Expected Revenue (Ind x $326.50)	$228,877	$232,142	$234,427	$245,202	$245,855	$245,528	$238,345	$248,793	$251,732	$255,650	$256,956	$258,262	$2,941,765
*G754002001 444015	$205,812	$244,266	$223,937	$247,729	$244,665	$253,740	$238,345	$252,257	$242,390	$252,863	$544,580		$2,950,584

** Posted in following month*

Fund 400-C40040
FY2014 Encumbrances

Commitment Item	Description	Balance	Justification
510000	Office Equip&Furnitr	165,516	Furnishings, primarily in residential programs, delayed due to prior funding constraints
510020	Office Supplies	5,909	Office supplies awaiting delivery
510030	Computer Equipment	264,802	Electronic Health Record user license, hosting, and e-prescriber services and information technology hardware/software support
510040	Computer Acces&Supl	991	Office supplies awaiting delivery
510060	Printing Acces&Supl	491	Office supplies awaiting delivery
510200	Bldg Materials & Sup	792	Office supplies awaiting delivery
510400	Educational Supplies	91	Office supplies awaiting delivery
510610	Tools County	95	Office supplies awaiting delivery
510640	Food Srv Equip/Supl	424	Residential consumables awaiting delivery
510650	Hshl Aplnc/Supl/Repl	8,265	Residential consumables awaiting delivery
510660	Med&Lab Eqp and Supl	52,482	Medical Supplies awaiting delivery
510670	Park/Rctn Area Equip	60	Office supplies awaiting delivery
512990	Other Operating Supl	446	Office supplies awaiting delivery
513040	Fuel Oil County	3,975	Utilities not invoiced
514020	Uniform/Wear Apparel	41	Office supplies awaiting delivery
520010	Bldg Maint&Rep Svcs	162,130	Building repair and maintenance projects in residential programs delayed due to prior funding constraints
521030	Translation Services	112,026	Translation services not invoiced
521040	Employment Services	1,573,219	IDS contracted day support and employment services not invoiced
521050	Edu/Training Service	24,426	Curriculum and training materials awaiting delivery
521080	Other Pro Cntrct Svc	1,344,764	Contracted services not invoiced
521100	Transportation Svcs	12,404	Taxi services not invoiced
521110	Public Works Service	4,069	Contracted consulting services not invoiced
521140	Safety&Emergency Svc	2,297	Security services awaiting delivery
521150	Health Related Srvs	265,772	Contracted services for infant and toddlers
521170	Sbsd Care Svc-FFX&FC	17,540	Assistive technology equipment awaiting delivery
521190	Family Services	179,087	$0.15M for IDS contracted group home services and $0.03M for medication access services
521240	Meals	17,021	Residential consumables awaiting delivery
521250	Misc Services	39,482	Contracted temporary personnel and courier services not invoiced
523000	Rent-Office Equipmnt	426	Postage leasing equipment services not invoiced
523070	Rent-Vehicles	7,479	Vehicle leasing services not invoiced
523090	Rent of Real Estate	1,750	Residential lease not invoiced
530000	Electricity County	57,201	Utilities not invoiced
530010	Natural Gas County	16,796	Utilities not invoiced
530020	Propane	3,419	Utilities not invoiced
530030	Sewer County	663	Utilities not invoiced
530040	Water County	16,853	Utilities not invoiced
542210	Mgmt/Prof Training	20,536	Management coaching/professional development services not invoiced
544990	Other Operating Exp	3,761	Contracted IDS residential services not invoiced
564070	Construct-Consult	177,821	Gartlan renovation/security improvements not invoiced
566100	DNU Bldg Improvement	158,979	Residential program security systems not invoiced
566150	Vehicles Exp SC Only	109,836	New vehicles not invoiced
Total		**$4,834,135**	

FAIRFAX-
FALLS CHURCH
COMMUNITY SERVICES BOARD

TO: Susan W. Datta
Chief Financial Officer

FROM: Leonard P. Wales,
Acting Director of Administrative Services/General Manager

DATE: July 9, 2014

SUBJECT: FY 2014 Carryover Review

Enclosed please find the FY 2014 Carryover Review submission for Fund 500-C50000, Federal-State Grants for the Fairfax-Falls Church Community Services Board (CSB). This submission includes continuing prior year awards with unexpended balances and adjustments to those awards, new grant awards, and adjustments to FY 2015 anticipated awards. Please note that this submission is contingent upon CSB Board approval at its July 23, 2014 meeting.

Continuing Prior Year Awards and Adjustments to Existing Awards

CSB requests an adjustment to the following continuing prior year award:

Grant Number	Grant	Revised Budget	Revised Grant End Date
1750002-2013	HIDTA	$410,000	12/31/2014

CSB requests conversion of the following continuing prior year awards with material unexpended balances to the CSB's new funding structure with an extended grant end date of September 30, 2015. Awards also requiring adjustments to recognize revised allocations are so noted.

From/To	Grant Number	Grant	Revised Budget	Balance to Transfer to New CSB Grant	Revised Grant End Date
From	1750003-2013	Reg Acute Care	$2,597,211	$79,282	
From	1750003-2014	Reg Acute Care*	2,617,477	128,610	
To	1760003-2015	Reg Acute Care, Retained Earnings	5,214,688	207,892	9/30/2015
From	1750004-2012	Reg Discharge Assistance	1,950,836	122,826	
From	1750004-2013	Reg Discharge Assistance	1,749,374	479,750	
From	1750004-2014	Reg Discharge Assistance*	1,779,309	527,388	
To	1760004-2015	Reg Discharge Asst, Retained Earnings	5,479,519	1,129,964	9/30/2015
From	1750005-2012	Reg Crisis Stabilization	2,118,434	247,528	
From	1750005-2013	Reg Crisis Stabilization	1,170,684	235,370	
From	1750005-2014	Reg Crisis Stabilization*	785,533	98,492	
To	1760005-2015	Reg Crisis Stab, Retained Earnings	4,074,651	581,390	9/30/2015
From	1750006-2014	Reg Recovery Services*	543,785	64,293	
To	1760006-2015	Reg Recovery Srvc, Retained Earnings	543,785	64,293	9/30/2015

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From/To	Grant Number	Grant	Revised Budget	Balance to Transfer to New CSB Grant	Revised Grant End Date
From	1750015-2014	Jail Diversion Services	$321,050	$44,724	
To	1760015-2014	Jail Diversion Services	321,050	44,724	9/30/2015
From	1750016-2014	MH Initiative-State	515,529	223,627	
To	1760016-2014	MH Initiative-State	515,529	223,627	9/30/2015
From	1750017-2014	MH Juvenile Detention	111,724	53,545	
To	1760017-2014	MH Juvenile Detention	111,724	53,545	9/30/2015
From	1750019-2013	MH Law Reform	552,887	159,113	
From	1750019-2014	MH Law Reform	530,386	530,386	
To	1760019-2014	MH Law Reform	1,083,273	689,499	9/30/2015
From	1750020-2013	MH Child & Adolescent Services	75,000	44,609	
From	1750020-2014	MH Child & Adolescent Services	75,000	64,775	
To	1760020-2014	MH Child & Adolescent Services	150,000	109,384	9/30/2015
From	1750025-2014	Reg REACH*	2,348,380	418,449	
To	1760025-2015	Reg REACH, Retained Earnings	2,348,380	418,449	9/30/2015
From	1750026-2014	Rental Choice VA*	88,058	84,907	
To	1760026-2014	Rental Choice VA	88,058	84,907	9/30/2015

** Requires adjustment due to revised allocation.*

New Grant Awards

CSB requests establishment of following new awards:

Grant Number	Grant	LCM or InKind Required? (Yes or No)	Positions	Budget
1760028-2014	Reg Suicide Prevention	No	0.0 SYE	$40,000
1760026-2015	Rental Choice VA	No	0.0 SYE	208,883
1760029-2015	Reg Children's Crisis Stab	No	0.0 SYE	356,438

Adjustments to FY 2015 Anticipated Awards

CSB requests adjustments to the following FY 2015 anticipated awards:

Grant Number	Grant	Revised Budget
1760001-2015	IDEA Part C	$3,875,453
1760003-2015	Regional Acute Care	2,593,727
1760004-2015	Regional Discharge Assistance Program	5,054,421
1760005-2015	Reg Crisis Stabilization	847,933
1760013-2015	Homeless Assistance Program, PATH	164,542
1760025-2015	Reg REACH	2,308,380
1760027-2015	Reg Deaf Services	23,750

Please note that loading sheets and other required forms and documentation to support these requests will be forwarded under separate cover. If you have any questions, please contact CSB's senior financial manager, Valecia Witt, at 703-324-5834.

cc: CSB Board
CSB Executive Staff
Gail Ledford, DAHS Director
Ron McDevitt, DAHS FM Business Manager

Community Services Board	Item 9D	Type Action	Date 7/23/14

Public Review and Comment of Proposed Changes to the CSB Fee Related Documents

Issue:
Public review and comment of proposed changes to the CSB fee related documents which include the Reimbursement for Services Policy 2120, Ability to Pay Scale, Fee Schedule, and Fee and Subsidy Related Procedures Regulation 2120.1

Recommended Motion:
I move the Board approve for public review and comment the CSB fee related documents which include the Reimbursement for Services Policy, Ability to Pay Scale, Fee Schedule, and Fee and Subsidy Related Procedures Regulation.

Background:
The CSB Board's Ad Hoc Fee Policy Committee met on July 16, 2014 and voted to approve staff proposals as amended and forward to the CSB Board for approval to post the fee related documents for public review and comment.

Two prominent changes to the Board Policy and the CSB reimbursement procedures are related to alignment with the Board's April 2014 *Guidelines for Assigning Priority Access to CSB Services*. As proposed, once the individual or family contacting the CSB for services is determined to meet the clinical criteria for priority access, staff will move to inform clients about their financial obligations before their first service appointment. Additionally, the explanation of CSB's practices with regard to health insurance coverage and financial liability has been simplified for both clients and staff.

After the public comment period and once approved by the Board on September 24, 2014, the Ability to Pay Scale and the Fee Schedule will be submitted to the Board of Supervisors for their review in October 2014. After the Board of Supervisors review, staff will proceed to inform clients, conduct staff training, and make adjustments in the Electronic Health Record, resulting in an effective date not sooner than December 1, 2014.

Timing:
Immediate

Fiscal Impact:
The fee related documents provide the CSB with uniform mechanisms to maximize revenues from clients, Medicaid and other health insurance plans. The FY 2015 Adopted Budget Plan for the CSB includes $20.7 million in estimated fee revenues.

Board Members and Staff:
Susan Beeman, CSB Board Member
Ken Garnes, CSB Board Member
Jeff Wisoff, CSB Board Member
Staff: James P. Stratoudakis, Ph.D., LCP, Director, Compliance and Risk Management, Bill Belcher, Ginny Cooper, Geoff Detweiler, Bill Gacis, Patrick McConnell, Jerome Newsome, Mari Saddat, LaVurne Williams, and Lisa Witt

Enclosed Document:
Summary of Proposed Changes to CSB Fee Related Documents, July 2014

Summary of Proposed Changes to CSB Fee Related Documents July 2014

Reimbursement for Services Policy 2120

- ***Replace 1st Item in Purpose with***: To ensure eligible persons served will be based on the Board's *Guidelines for Assigning Priority Access to CSB Services*.

Ability to Pay Scale

- ***Updates*** to the Ability to Pay Scale using the Federal Poverty Levels with those issued by the federal government in 2014.

CSB Fee Schedule

- ***Adds*** Substance Abuse Case Management fee to replicate access to case management service for individuals with primary substance abuse issues. Separately reflects each case management service and fee.
- ***Adds*** Transportation-Adult Partial Hospital (APH) fee based on the existing $100 Transportation fee but reflected per week (rather than per month) for individuals participating in this program.
- ***Reestablishes*** per diem fees subject to the Ability to Pay Scale and based on an averaged contract rate (what the CSB pays to the vendor) for several of its contracted Residential Treatment programs
- ***Separates*** per diem fee for medical detoxification service from social detoxification fee. Use the contract rate for medical detox.
- ***Removes*** Multi-Family Counseling service and fee because staff have transitioned to using regular Group service/fee.
- ***Changes*** the Release of Information copying charges for individuals to not be automatically subject to the Ability to Pay Scale. CSB Medical Records Administrator asked instead that a discount be applied if the client requests a waiver or pro-rate of the fee.

CSB Fee Regulation – Fee and Subsidy Related Procedures 2120.1

Section VII Implementation Procedures, D. Health Insurance Usage

New: Add the following four points to clarify the CSB insurance practice as it relates to the priority population, in-network and out-of-network statuses, and closed networks.

- For individuals who meet the CSB Priority Population definition in the *Guidelines for Assigning Priority Access to CSB Services*, and have insurance with behavioral health coverage, but the insurance company has a closed network, unless seen for emergency services, the staff will refer the individual back to their closed network insurance company for behavioral health services.

- For individuals who meet the CSB Priority Population and have insurance with behavioral health coverage, but their insurance company does not provide behavioral health benefits/services recommended by the CSB, the CSB can serve the individual, and set their fee using the Ability to Pay Scale.

- For individuals who meet the CSB Priority Population definition, have insurance with behavioral health care coverage, and the CSB is an in-network (participating provider), the CSB can serve the individual and accept payment from the insurance company

- For individuals who meet the CSB Priority Population definition, have insurance with behavioral health coverage, and the CSB is an out-of-network provider, the CSB can serve the individual and accept payment as an out of network provider. However, if the individual does not want to use their out of network benefits at the CSB, the CSB will refer the individual back to their insurance company.

- Section IV Eligibility.
    - ***New Item A*** the entire CSB guideline document for *Assigning Priority Access to CSB Services*

- Section XI Medicaid Services.
    - **Adds** the client's right to choose to receive services from any Medicaid enrolled provider of services.

- Section XIII: Services Provided at No Cost to the Individual by:
    - **Removes** reference to (D) Youth Substance Abuse Consultation, Screening, Drug Testing and Evaluation Services with the Fairfax County Juvenile Court Services.

COMMUNITY SERVICES BOARD Item: 9E Type: Action Date: July 23, 2014

Human Services Legislative Issues Paper

Issue:
Board approval of CSB related issues to be included in the Human Services section of the Fairfax County Legislative Program for 2015.

Motion:
I move that the Board approve submission of the issues as outlined in the Human Services Legislative Issues Paper.

Background:
In preparation for development of the annual Fairfax County Legislative Program, the CSB, as well as other human services agencies, highlight those issues to be considered during the budget process in the upcoming Virginia General Assembly.

Timing:
The deadline for submitting issues to the Deputy County Executive for Human Services is August 4, 2014.

CSB Board Members and Staff:
Dallas "Rob" Sweezy, CSB Co-Chair, Government and Community Relations Committee
Jane Woods, CSB Co-Chair, Government and Community Relations Committee
Belinda Buescher, CSB Director of Communications
Laura Yager, CSB Director, Partnership and Resource Development

Enclosed Document:
Attachment A – Draft 2015 Legislative Issues Paper

ITEMS TO BE REVIEWED BY CSB

Human Services – Medicaid-Funded Transportation Services

Northern Virginians with intellectual disability or mental illness who depend on Medicaid-funded transportation provided by the state's transportation broker continue to experience problems trying to reach essential medical and therapeutic appointments. Poor performance by the contractor has been an ongoing problem and is a particular concern given the vulnerability of the population relying on these services, many of whom are medically fragile. With closure of the Northern Virginia Training Center in March 2016, even more individuals will rely on Medicaid-funded transportation services; therefore, it is critical that ongoing problems be addressed and that local governments be kept informed of the state's efforts in this regard.

Early Intervention Services for Infants and Toddlers with Disabilities/Part C

Support sustainable funding and infrastructure for Part C Early Intervention, which is a state/federal entitlement program that provides services for Virginia's infants and toddlers. In order to address immediate concerns, support increasing funding by approximately $2 million in general funds for the Medicaid Early Intervention Targeted Case Management program to increase the rate from $132 a month to $175 a month. In addition, $2.1 million in FY 2015 and $2.3 million in FY 2016 is needed to support growth in services to children who do not qualify for Medicaid.

The Commonwealth of Virginia has long contracted with the Fairfax-Falls Church Community Services Board (CSB) to provide Early Intervention therapeutic services for infants and toddlers with developmental delays in areas such as speech, eating, learning and movement. The CSB, which is the Local Lead Agency for Fairfax County as part of the state's compliance with the federal Individuals with Disabilities Education Act (IDEA) Part C grant, provides services through the Infant Toddler Connection (ITC) program. ITC is funded through a combination of federal, state, local and insurance sources.

As the benefits of early intervention have become more widely known throughout the nation, enrollment in this program has grown. The Fairfax-Falls Church CSB experienced a 38% growth in enrollment in its ITC program between FY 2011 through FY 2013, with a further increase of 7.1 percent in FY 2014. It is anticipated that ITC will continue to grow at an average rate of 6 to 8 percent annually. The program has gone from serving 1,287 children on average each month in FY 2013 to serving 1,379 children on average per month in FY 2014. In response to a significant funding shortfall, the 2013 General Assembly provided an additional $2.3 million in FY 2013 and $6 million statewide in FY 2014; however, for FY 2015 and FY 2015, the General Assembly kept the funding at the FY 2014 level. Increased funding will continue to be necessary to keep pace with the demand for this critical program.

Funding -- Northern Virginia Training Center (NVTC)

Support additional state funding for community placements for individuals leaving the Northern Virginia Training Center, and increased Medicaid waiver rates to support those placements, to ensure the Commonwealth fulfills its responsibility to implement the federal settlement agreement.

As a result of a state decision following the settlement agreement negotiated with the U. S. Department of Justice, the Commonwealth will be closing four of the state's five training centers, which provide residential treatment for individuals with intellectual and developmental disabilities. Eighty-three individuals from Fairfax County reside at two of the training centers which will close (19 at Central Virginia and 64 at Northern Virginia) As of July 2, 2014, a total of 107 individuals reside at Northern Virginia Training Center (NVTC), which is scheduled to close in March 2016.

Community Services Boards (CSBs) are responsible for transitioning all persons at training centers into community-based residential and day support services operated by the CSB, private non-profit or for-profit providers based on funds available as well as the choices of those being discharged to the community. Unfortunately, residential, employment and day support in the region was already at capacity and expansion has been impeded by high real estate and service delivery costs paired with insufficient waiver rates. Although we have seen some expansion of community-based residential and day services, capacity has not grown at a pace adequate to serve all the individuals who wish to remain in Fairfax County or Northern Virginia by the scheduled closing of NVTC.

In late calendar year 2013, the State established Bridge Funds for individuals leaving NVTC and moving to the community. Funds can be designated for a variety of expenses tied to an individual's plan of support which are not covered under existing federal or state programs. Bridge Funds are anticipated to be available until the new Waivers are in place sometime in FY 2016 or until the funds are exhausted. The State also received approval from the Center for Medicare and Medicaid Services to implement exceptional rates for congregate residential services for individuals with complex needs. However, the specific guidance on how rates will be approved has not yet been released.

In FY 2014, it was estimated that approximately $7.7 million in state start-up funding would be needed in Northern Virginia to expand community based residential placements and day support services, including the creation of 14 new community Intermediate Care Facilities (ICF) and 20 Intellectual Disability (ID) waiver homes.

In addition to creating this expanded capacity, the current Medicaid ID waiver reimbursement rates will need to increase to ensure sufficient, quality services, comparable to the services currently provided by training centers. It is estimated that additional state funding of approximately $10.1 million per year will be needed to operate these services. NVTC is an intermediate care facility (ICF) which has provided cost-based reimbursement for community services. Fairfax County has long supported increasing Medicaid waiver rates for all recipients, which allow Medicaid reimbursement for services provided in the home and community for people with intellectual and developmental disabilities, among others. However, meeting the unique conditions of those transitioning from NVTC requires both increasing and restructuring

some existing waiver rates, and should be an essential component of any state solution. Waiver rates are currently well below the cost of providing necessary services, and do not provide sufficient flexibility to meet the needs of the NVTC population. Support changes to waivers that would:

- Increase the Northern Virginia differential from 15% to 20%, reflecting the higher cost of living and services in this area;
- Increase congregate waiver rates to compensate a sustainable, well trained workforce and service support model;
- Establish higher rates to address the needs of individuals with high, complex and intense needs for support, including employment and day services;
- Increase reimbursement rates to enable the hiring of professional nurses;
- Enhance or reconfigure waiver services to fully reimburse nursing and behavioral supports;
- Restructure billing units to allow sufficient reimbursement for the provision of appropriate and adequate services, and;
- Include appropriate levels of funding to create a range of community residential arrangements and infrastructure.

Successfully implementing the Department of Justice settlement is the Commonwealth's responsibility and obligation. Sufficient and timely state funding for the NVTC population is an essential component of that effort. *(Updates and reaffirms previous position.)*

Medicaid Eligibility and Access to Care

Support increasing Medicaid eligibility in Virginia to 138 percent of the federal poverty level, as envisioned by the federal health care reform law, ensuring critical health coverage for some of the most vulnerable Virginians.

For Medicaid section, the following VACSB position is recommended as the CSB's contribution.

The Virginia Association of Community Services Board (VACSB) supports the expansion of coverage for the uninsured whether it is a full Medicaid expansion or done a different way such as Marketplace Virginia or a Public-Private Partnership. Of the 400,000 Virginians who would be eligible under an expansion, the VACSB estimates that as many as 40% (160,000) could have a behavioral health disorder. It is also estimated that approximately 22,000 current CSB clients statewide would be eligible for the expansion. The Governor has stated that the expansion of coverage would bring an additional $202 million into Virginia for behavioral health services. The VACSB has been a part of the Healthcare for All Virginians Coalition, which has advocated for an expansion and will continue to support it as long as there is an option to do so in Virginia.

Virginia's Medicaid program provides access to health care services for people in particular categories (low income children and parents, pregnant women, older adults, and persons with disabilities). Costs are shared between the federal government and the states, and states are permitted to set their own income and asset eligibility criteria within federal guidelines.

Virginia's current eligibility requirements are so strict that although it is the 12th largest state in terms of population and 8th in per capita personal income, Virginia ranked 44th in Medicaid enrollment as a proportion of the state's population and 46th in per capita Medicaid spending.

It is estimated that the expansion would provide coverage to as many as 248,000 Virginians, including 25,000-30,000 individuals in Fairfax County. Newly eligible individuals would include low income working adults (individuals earning less than $15,302 per year or families earning less than $31,155 per year), low income children who lose Medicaid when they turn 19, and adults with disabilities not eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).

It is clear at this time that the match cost to the Commonwealth will be minimal in the first few years, while the savings in indigent and uncompensated care could be significant. Additionally, increasing less expensive preventative care and reducing more expensive emergency care could improve the overall health of residents of the Commonwealth, while slowing the growth in commercial insurance premiums and reducing the "hidden tax" currently borne by all Virginians. As a result, Fairfax County supports increasing Medicaid eligibility in Virginia to 138 percent of the federal poverty level, as envisioned in the federal health care reform law, ensuring critical health coverage for some of the most vulnerable Virginians.

Oppose actions that shift Medicaid costs to localities, such as through Medicaid service funding reductions, changes to eligibility that shrink access, or other rule changes that erode the social safety net.

Irrespective of Virginia's decision on the Medicaid expansion, or of any other federal funding cuts or reductions in federal requirements which may be considered in the next Congress, it is essential that the Commonwealth avoid taking actions that effectively shift costs to localities. Due to the increasingly critical shortage of private providers, poor reimbursement rates, and other factors that play a role in an overall increase in Medicaid program costs, ensuring success with any cost containment strategies will require close cooperation between the Commonwealth and local governments, as localities are frequently the service providers for the Medicaid population. Fairfax County supports cost containment measures that utilize innovation, increase efficiency and targeted service delivery, and use of technology to reduce Medicaid fraud, in order to ensure the best allocation of resources without reducing services or access to care.

Medicaid Waivers

Support funding and expansion for Virginia's Medicaid waivers that provide critical home and community-based services for qualified individuals.

Medicaid funds both physical and mental health services for people in particular categories (low income children and parents, pregnant women, older adults, persons with disabilities). It is financed by the federal and state governments and administered by the states. Federal funding is provided based on a state's per capita income – the federal match rate for Virginia is 50 percent. Because each dollar Virginia puts into the Medicaid program draws down a federal dollar, what Medicaid will pay for is a significant factor in guiding the direction of state human services spending. However, states set their own income and asset eligibility criteria within federal

guidelines; Virginia's requirements are so strict though it is ranked 8th in per capita personal income, it is 47th in Medicaid spending for persons with intellectual and developmental disabilities.

For the most part, each state also has the discretion and flexibility to design its own Medicaid service program and can choose from a menu of optional services and waiver services in the state plan. Virginia offers fewer optional Medicaid services than many other states (in addition to federally mandated services), though Medicaid recipients in Virginia may also receive coverage through home and community-based "waiver" programs, which allow states to "waive" the requirement that an individual must live in an institution to receive Medicaid funding. Waivers result in less expensive, more beneficial care. Waiver services are especially important for low-income families, older adults, people with disabilities and seriously ill individuals in Virginia, where Medicaid eligibility is highly restrictive. The average cost of institutionalizing a person at a state training center is approximately $263,530 per year ($277,989 at Northern Virginia Training Center). By contrast, the cost of providing services for a person in the community through the use of a waiver is approximately $140,611 on average.[1] Virginia can serve nearly three people in the community for each person in a training center.

The number and type of waivers is set by the General Assembly, and the extensive waiting lists for some demonstrate the significant barriers that exist in the Commonwealth (current Virginia waivers include Alzheimer's, Day Support for Persons with Intellectual Disabilities, Elderly or Disabled with Consumer-Direction, Intellectual Disabilities, Technology Assisted and Individual and Family Developmental Disabilities Support).

Fairfax County supports the following adjustments in Medicaid waivers:

- **Support automatic rate increases and an increase in the Northern Virginia differential.** While nursing homes receive annual cost of living adjustments, this rate adjustment is not available to providers of Medicaid waiver services. Virginia ranks 47th among the states in the provision of home and community based services. To reduce reliance on institutions such as nursing homes and state training centers, increase the source of less costly community-based services, and ensure the availability and quality of Medicaid providers for personal care and other Medicaid community based services, a fundamental rebalancing of reimbursements within Virginia's Medicaid program is necessary. At a minimum, this includes restoring reductions to Virginia's Medicaid waiver services from the 2010-2012 biennial budget; rates should equal at least 90% of cost. Additionally, increase the Northern Virginia differential from 15% to 20%, reflecting the higher cost of living and services in this area.
- **Create new consolidated waiver.** Merge the Intellectual Disability (ID) Waiver with the Individual and Family Developmental Disabilities (DD) Waivers, as proposed in the 2013 Department of Behavioral Health and Disability Services (DBHDS) request for proposals. Expand covered services to include a range of residential options, while implementing a system of individual budgeting to allow greater flexibility in access to services, including behavioral and medical supports. Assign new consolidated waiver

[1] Updated cost figures from Virginia Department of Behavioral Health and Developmental Services. http://www.dbhds.virginia.gov/documents/ODS/Fact%20Sheets%20-%20Training%20Centers%20and%20Regions%20REVISED%206-27.pdf

slots based upon urgency of need, while making some accommodations for individuals already on the ID or DD waiver waiting list. Revise and expand the eligibility criteria for the new waiver to include individuals whose needs are related to communication/social skills, brain injuries, and individuals who are blind and/or deaf. Ensure development of a person-centered waiver system with sufficient funding for services; consolidation should enhance – not reduce – the breadth of services provided under the new waiver.

- **Support increased waiver funding.** Funding is needed to serve the more than 8,500 [2] people statewide who are eligible but waiting for ID or DD waiver services. In Fairfax County (as of July 2014), over 1,000 people with intellectual disability are on the wait list for services; of those, more than 700 are considered to have "urgent" needs, one crisis away from requiring emergency services and potential institutionalization. More than 800 of those needing ID services qualify for waivers. Increased funding would allow individuals to receive services in the community rather than in a nursing facility or institution, would assist in the requirements and spirit of the DOJ settlement with the Commonwealth, and bring Virginia into compliance with the Olmstead Decision.
- **Support funding for an expansion of services.** Additional medical and behavioral services are needed under Virginia's existing Medicaid waivers, for individuals whose needs extend beyond the standard benefits available. Waiver enhancements such as increased medical and behavioral support components, higher rates for these and other waiver services, and higher Northern Virginia differentials are needed to enhance success in community-based services for individuals transitioning out of training centers under the DOJ settlement with the Commonwealth as well as for people currently on waiting lists.
- **Support Expansion of Home and Community Based Services.** New federal initiatives such as the Community First Choice option allow for states to streamline and improve their Medicaid plans to expand home and community based services at a higher federal reimbursement rate. At a time when Virginia is planning to move residents from state training centers into the community, the Commonwealth should incorporate Community First Choice into its 2014 Medicaid state plan and seek other opportunities to serve older adults and people with disabilities in their homes and communities.
- **Support consumer empowerment**. Services to help consumers enhance life skills, achieve greater independence, and offer the option of consumer directions and choice should be a priority.

Youth Safety

Support additional state funding for programming to prevent and reduce risk factors that lead to youth violence, alcohol/drug use, mental health problems and other poor outcomes, while increasing protective factors including mental wellness and healthy coping strategies.

Research has identified a set of risk factors that predict an increased likelihood of drug use, delinquency, mental health problems, and violent behavior among youth. These factors include: experiencing trauma and early aggressive behavior; lack of nurturing by caregivers; availability

[2] Updated information (as of June 6, 2014) from Virginia Department of Behavioral Health and Developmental Services shows 7,065 individuals waiting for ID waivers and 1,461 waiting for DD waivers.

of alcohol and other drugs; and even a lack of problem-solving skills. Conversely, research has also identified protective factors, such as developed social skills, strong parenting and positive involvement from caring adults, and involvement in community activities that can influence and mitigate risk factors. Funding is needed to implement evidence-based, effective strategies to prevent and reduce risk factors that lead to youth violence, alcohol/drug use, mental health problems, and other poor outcomes.

The urgency of this funding need is reflected in results from the Virginia 2013 Youth Survey, which provides some troubling information. In a statistically reliable sample of high school students across the Commonwealth, 21.9 percent reported being bullied on school property; 6.1 percent have been threatened or injured with a weapon on school property; 5.4 percent have missed one or more of the past 30 days of school because they felt unsafe at school or traveling to or from school; 25.7 percent reported feeling sad or hopeless daily for two or more weeks to the extent that they could not engage in their typical daily activities; and 14.7 percent reported seriously considering suicide. Targeting funding towards programs that improve the health, well-being and safety of young people throughout the state, while seeking to reduce dangerous and risky behaviors, is essential to all Virginians.

In Fairfax County, an annual youth survey found that youth in 10th and 12th grades are at significantly higher risk for depression and suicide ideation than their peers statewide. In addition, approximately one out of six 8th, 10th, and 12th graders reported being attacked by someone in the past year, and over half reported being a victim of bullying.

Mental Health

Support the continuation of efforts for mental health reform at the state level and support additional state funding, as part of the promised down payment of such funding to improve the responsiveness of the mental health system. Also, support state funding to create Crisis Response Treatment Programs for assessment of individuals experiencing behavioral health crises.

It is critical that the state provide adequate resources to ensure that the hundreds of Fairfax County residents with serious mental illness and disabling substance dependence receive intensive community treatment following hospitalization, detoxification or incarceration. Housing assistance and supports that can be tailored to individual needs are critical for ensuring that such individuals can access the services they need while remaining in their communities.

Additionally, regional pilot programs to create Crisis Response Treatment Programs would provide intervention and treatment services to assess and stabilize individuals experiencing an emotional or psychiatric emergency. The benefits of such programs include reducing the number of voluntary and involuntary hospitalizations and substantially reducing or even eliminating the involvement of public safety officers in responding to a psychiatric crisis situation, while linking individuals in crisis to less restrictive, ongoing, community-based treatment options.

Peer Provided Recovery Services for People with Substance Use Disorders

Support statewide expansion of highly successful regional pilot program to develop peer provided recovery services for people with substance use disorders.

In the last two years, the state has supported a successful regional pilot program in Northern Virginia that provided recovery coaches to each of the region's five Community Services Boards to increase their peer-run recovery support services. Positive results have included: reduced recidivism and relapse, increased self-sufficiency, and significant improvements in 12 core quality of life indicators, including a 22 percent increase in sobriety and a 20 percent improvement in employment.

Peer Recovery Support Services are designed and delivered by people who themselves have substance use disorders (SUD) and are in recovery. The Fairfax-Falls Church CSB contracts with the Substance Abuse and Addiction Recovery Alliance (SAARA) for the provision of peer services. Two part-time paid staff members and a number of trained volunteers provide direct, on-site support in critical locations including shelters, detoxification centers and treatment centers. Peers provide one-on-one mentoring and recovery coaching to help individuals gain and maintain recovery and help connect them with resources for housing, transportation, child care, legal issues and other supports that are critical for self-sufficiency and recovery. This successful and cost-effective program should be continued and expanded statewide.

Substance Use Disorder

Support increased capacity to address and prevent substance use disorder through robust community based treatment and prevention programs.

According to the Centers for Disease Control (CDC), the increase in deaths due to opiate overdose has reached epidemic proportions in the U.S., with one death every 19 minutes. Across Virginia, law enforcement officials have identified the need to combat drug abuse as a high priority. The statewide rate of drug-caused deaths in 2011 was 9.6 per 100,000, higher than the rate of deaths by motor vehicle crashes in Virginia.

According to the January 2014 Biennial Report to the Governor and Members of the Virginia General Assembly on Substance Abuse Services, there were an estimated 389,648 people in Virginia in 2013 who engaged in non-medical use of pain relievers, and most of those were ages 18-25. Tragically, an estimated 200,554 Virginians each year need substance use disorder treatment services but are not receiving them.

Individuals in need of services place a high demand on the State's already burdened public safety net and services system. Those in need of services end up at local emergency rooms, psychiatric hospitals, jails and crisis care departments. Unless they receive appropriate and timely intervention and treatment, the growing numbers of young adult opiate users will continue to require expensive public interventions throughout their adult lives. Effective treatment and intervention, individual by individual, is essential to counter the effects of this growing crisis.

Effective community based prevention programs can reduce rates of substance use disorder and delay the age of first use. Prevention programs can contribute to cost savings by reducing the need for treatment – a win-win for all involved.

Emergency Responsiveness

Support sufficient state funding to support intensive community resources so that individuals can transition safely and expediently from psychiatric hospitals to community care.

Fairfax County greatly appreciates the state's provision of additional funding in FY2015 for 11 additional psychiatric hospital beds at the Northern Virginia Mental Health Institute for individuals experiencing mental health emergencies. However, the need continues for sufficient funding to support intensive community resources that will allow hospitalized individuals to transition to community care. From 25-33% of Northern Virginia's local state hospital beds are continually occupied by individuals who have not been able to transition to community care. The cost to serve an individual in the community, even someone who needs intensive services to manage serious mental illness, is just a fraction (15-25%) of the cost of such service in a hospital setting.

Psychiatric and Substance Use Disorder Services for Older Adults

Support coordinated strategies to meet the growing need for psychiatric and substance use disorder services for older adults, promoting recovery and community inclusion.

The need for psychiatric and substance use disorder services for older adults is growing, but the capacity to meet the growing need is limited. Substance use disorder services for older adults are also needed. Services must be cost-efficient, accessible, and outcome driven. Strategies are needed to coordinate and combine the best of traditional approaches with emerging best practices to promote recovery and community inclusion, including:

- recognition of the need to work holistically with the older adult population;
- revision of policies that perpetuate service silos;
- easier navigation of the support system for older adults and their families;
- better education for health professionals and the community about disorders that can affect older adults and how best to help them; and
- affordable and accessible housing and transportation resources to help the growing population of older adults with psychiatric and substance use disorder service needs to allow them to continue to live safely in the community.

Community Based Services

Support increased capacity for crisis response and intensive community services for children and youth.

The General Assembly and the Governor are to be commended for supporting funding in FY 2013 for more community-based crisis response for youth and their families. To respond effectively to the need, this service model must be fully funded, as outlined in the

VACSB/Voices for Virginia's Children budget amendment. Additional capacity in the Child and Family service system is necessary to address the needs of children and their families requiring intensive community services, to help maintain children safely in their own homes and reduce the need for foster care or residential treatment as the first alternative. One of the programs of concern is the Healthy Families program, which is a nationally recognized home visiting program that has produced tangible positive outcomes in the Commonwealth. Significant funding reductions in recent years have resulted in the elimination of programs in some jurisdictions and threaten the viability of remaining Healthy Families sites. The program provides home-based education and support to first-time parents who have social histories that put them at risk starting during pregnancy until the child reaches age three.

ITEMS TO BE REVIEWED BY DFS (including DSB, Office for Children)

Comprehensive Services Act

Support continued state responsibility for funding mandated CSA foster care and special education services on a sum-sufficient basis, and support continuation of the current CSA local match rate structure, which incentivizes serving children in the least restrictive community and family-based settings. Also, support the current structure which requires that service decisions are made at the local level and are provided based on the needs of the child, and oppose any changes to the current CSA program that would shift costs to local governments or disrupt the responsibilities and authorities as assigned by the Comprehensive Services Act.

The Comprehensive Services Act is a 1993 Virginia law that provided for the pooling of eight funding streams used to plan and provide services to children who have serious emotional or behavioral problems; who may need residential care or services beyond the scope of standard agency services; who need special education through a private school program; or who receive foster care services. It is a state-local partnership which requires a 46.11% local funding match. The purpose of CSA is to provide high quality, child centered, family focused, cost effective, community-based services to high-risk youth and their families. Children receiving certain special education and foster care services are the only groups considered mandated for service. Because there is "sum sufficient" language attached to these two categories of service, this means that for these youth, whatever the cost, funding must be provided by state and local government. Fairfax County strongly opposes any efforts to cap state funding or eliminate the sum sufficient requirement, as the Commonwealth must not renege on its funding commitment to CSA.

In recent years, the state changed the local match rate structure, in order to incentivize the provision of community based services, which are less expensive and more beneficial to the children and families participating in CSA. Since that time, overall costs for CSA have declined, illustrating the success that the state can achieve by working cooperatively with local governments. It is essential that this state and local partnership be maintained – changes to CSA law, policy or implementation guidelines should focus on solutions that acknowledge the critical roles played by both levels of government, but should not favor one side of the partnership over the other.

(DFS TO ASSIST WITH UPDATE)
FAIRFAX COUNTY
2014 Human Services Fact Sheet

Poverty in Fairfax County

Poverty for a family of four in Fairfax County in 2013 is defined by the federal government as a family annual income of less than $23,050. The poverty rate in Fairfax County is 5.8% of the population, or 64,600 people.

In Fairfax County in 2012 *(latest data available – reported September 2013):*

- 20,550 (or 7.8%) of all children (under age 18) live in poverty;
- 4,493 of all persons over the age of 65 live in poverty;
- 9,824 (or 9.9%) of African Americans live in poverty;
- 21,206 (or 11.9%) of Hispanics live in poverty;
- 16,685 (or 2.8%) of Non-Hispanic Whites live in poverty;
- 21.1% of single-women households with children under 18 live in poverty;
- 16,046 people living in married couple households with children under 18 live in poverty;
- 172,674 (or 15.6%) of County residents have incomes under 200% of poverty ($44,100 year for a family of four);
- 51% of people receiving County services for mental illness, substance use disorder or intellectual disabilities in 2013 had incomes below $10,000.

Employment

- The unemployment rate in July 2013 was 4.3% (up from 3.0% in July 2008, but down from a high of 5.6% in January of 2010). This represents approximately 26,000 unemployed residents looking for work.

Housing

- In 2011, the average monthly rent of a one-bedroom apartment was $1,268, an increase of 27% since 2001.
- In 2011, over 1,150 individuals who receive County services for mental illness, intellectual disability and/or substance use disorders needed housing but could pay no more than $205/month for rent.

Health

- An estimated 141,194 or 12.8% of County residents were without health insurance in 2010.

Ability to Speak English

- 6.8% of County households contain no one over the age of 14 who speaks English "very well."

Child Care

- The cost of full-time child care for a preschooler ranges from $8,000 to over $13,000 per year. Full time care for an infant costs $14,500 to $16,000 per year. By way of comparison, tuition and fees for an average college in Virginia costs $8,800.

Food

- In 2012-2013 school year, Fairfax County Public Schools reported that 47,874 students (or 26.7 percent of enrollment) were eligible for free and reduced lunch.

Domestic Violence

- Domestic violence is the leading cause of homicide in Fairfax County.
- According to the Fairfax County Domestic Violence Fatality Review Team 2012 Annual Report, 57% of all homicides that occurred in the county in 2009 were domestic violence-related. Children were present at 25% of those homicides.
- The demand for emergency shelter for victims of domestic violence remains high.
- In FY 2011, Artemis House (the county's 24-hour emergency domestic violence shelter) turned away 158 families.

Caseloads Have Increased Significantly in Fairfax County:

- The overall Public Assistance caseload is up 61% from FY 2008 (51,939) to FY 2012 (83,458).
- The County's Medicaid caseload increased from 37,130 in FY 2008 to 54,732 in FY 2013 – a 47% increase.
- The County's SNAP (Food Stamp) average monthly caseload increased from 11,610 in FY 2008 to 26,287 in FY 2013 (a 126% increase).
- In FY 2013, the Community Health Care Network (CHCN) provided 50,287 visits to 15,021 unduplicated patients. During the year, 20,451 patients were enrolled. Of those patients seeking care, the average number of visits, per patient, ranged between 3.0 – 3.6, which is within the 'scope of standard care' for this population. However, in previous years, the average number of visits per patient was much lower, pointing to the fact that the number enrolled was so large that it negatively impacted timely access to service. As such, a waiting list for enrollment was initiated in March 2011. While the waiting list is still in place, enrollment for many priority populations continues.
- With the Federal Health Insurance Marketplace beginning on October 1, 2013, staff is working with eligible patients to help them enroll in the newly available health insurance. It is estimated that 20-25% of those patients currently receiving care through the CHCN will be eligible for the new Marketplace. As such, it is anticipated that the waiting list will decrease as those who are eligible for the Marketplace are transitioned into the community for their care thus 'freeing up' space to enroll those not eligible for the Marketplace who are currently on the CHCN waiting list.
- The County's Infant and Toddler Connection (ITC) early intervention services for children with developmental delays experienced a 10% increase in demand from an

average of 1,002 children served per month in FY 2011 to an average of 1,108 children per month in FY 2013.

ITEMS TO BE REVIEWED BY JUVENILE AND DOMESTIC RELATIONS COURT

Juvenile Justice

The Commonwealth should provide adequate funding through the Virginia Juvenile Community Crime Control Act (VJCCCA).

The Virginia Juvenile Community Crime Control Act (VJCCCA) was established in 1995 by the General Assembly, and restructured funding for local juvenile justice programming. State funds were appropriated to assist localities in providing cost effective services to meet the needs of juveniles involved in the juvenile justice system, through programs designed to:

- Prevent juvenile offenders from further penetrating the justice system;
- Maintain youth in community based programs, rather than in state corrections centers;
- Facilitate re-entry and prevent recidivism; and,
- Help troubled youth return to a more productive life and better future.

In the last ten years, funding for these programs has been reduced by over 67 percent. These cuts have created significant impacts in Fairfax County, and have required the termination of important programs.

COMMUNITY SERVICES BOARD ITEM: 9F TYPE: Action DATE: 7/23/14

Young Adult Services Initiative Grant Application

Issue:
Board approval of a grant application to the Virginia Department of Behavioral Health and Developmental Services to fund Young Adult Services

Motion:
I move that the Board approve permission to apply for Young Adult Services Initiative grant funding of up to $700,000 from the Virginia Department of Behavioral Health and Developmental Services

Background:

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) issued a RFP on July 3, 2014, announcing the availability of funds for multiple awards to support initiatives to support the development and expansion of services for young adults ages 16-25 experiencing serious behavioral health conditions, including substance use/abuse and First-Episode Psychosis (FEP). Early intervention programs will be funded to bridge existing services for individuals and eliminate current gaps between child/adolescent and adult behavioral health programs. The CSB will replicate the *Recovery After an Initial Schizophrenia Episode (RAISE)* program and components of other emergent best practice, evidence-based programs. This programming has been prioritized by the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institute of Mental Health (NIMH) and is also a DBHDS priority. Services for this population have been identified as a key area of need. In 2012, the percentage of adults with any mental illness in the past year was highest for adults aged 26 to 49, followed by those aged 18 to 25. Those aged 18 to 25 also had the second highest rate of serious mental illness. It is important to note that FEP has a peak onset occurring between 15-25 years of age, and psychotic disorders can have a significant impact on a young adult's social, academic and vocational development. Funds will be utilized to implement effective programming for up to 120 people per year.

Timing:
Immediate. Applications are due August 7, 2014 with Notice of Awards on August 22, 2014 and available funds on September 1, 2014.

Fiscal Impact:
None. If this application is successful, eight positions will be funded to implement the model using existing partnerships and positions. Funding is from a set-aside in the 2014 Mental Health Services Block Grant and 2015-2016 biennium general funds and is anticipated to continue into future years. *No local match is required*. First year funds will be prorated based on staggered implementation plan with second year budget to total $700,000.

Staff:
Laura Yager, Director, Partnership and Resource Development
Len Wales, Acting Director of Administrative Services/General Manager

Enclosed Document:
Attachment: Services for Young Adults with Serious Mental Health Conditions, Including First Episode Psychosis (FED) Request for Applications, July 3, 2014.

COMMONWEALTH of VIRGINIA

DEBRA FERGUSON, Ph.D.
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
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REQUEST FOR APPLICATIONS

Services for Young Adults with Serious Mental Health Conditions, Including First Episode Psychosis (FEP)

The FY 2015 state budget and the federal Mental Health Block Grant include funding to support the development and expansion of services for young adults ages 16-25 experiencing serious behavioral health conditions, including substance use/abuse and the initial onset of psychosis. Through a combination of these funds, DBHDS will have approximately $4 million available in FY 2015 and beyond to support multiple awards for demonstration initiatives to develop services for this population. This Request for Proposals (RFA) provides information on the background of these initiatives, the expected scope of work, proposal requirements, and the anticipated timeline for awards. To facilitate successful implementation of proposals selected for funding, training and technical assistance will be available from DBHDS, SAMHSA and contracted subject-matter experts.

1. Background

The majority of individuals with serious mental illness experience the first signs of illness during adolescence or early adulthood, and long delays often occur between symptom onset and consistent, effective treatment. In order to address these issues, the 2014 Community Mental Health Services Block Grant (MHBG) includes funds to support the development of early psychosis treatment programs across the United States. A 5% set-aside has been allocated within the MHBG program to support this work. In Virginia, this set-aside totals $570,327 beginning in state FY 2015 and is anticipated to continue into future years. In addition, the Commonwealth's biennium budget for FYs 2015-2016 includes $7.5 million over the biennium to support behavioral health services for seriously affected transition-age youth. Through this RFA, DBHDS will award grants of between $500,000 and $700,000 to CSBs to develop and implement evidence-supported early intervention and treatment models designed to address the behavioral health needs of young adults, including those experiencing First-Episode Psychosis (FEP). Early intervention programs are designed to bridge existing services for individuals experiencing FEP and

eliminate gaps between child/adolescent and adult behavioral health programs. Such services are an emerging practice in behavioral healthcare and several models have been shown to be promising practices in recent research. One such model which is receiving support at the federal level from both SAMHSA and the National Institute of Mental Health (NIMH) is Coordinated Specialty Care (CSC).

Initial results from the NIMH-funded CSC research initiative Recovery After an Initial Schizophrenia Episode (RAISE*)* suggest that mental health providers across multiple disciplines can learn the principles of CSC for FEP, and apply these skills to engage and treat young adults in the early stages of psychotic illness. CSC is a team-based, collaborative, recovery-oriented approach involving the young person, treatment team members, and when appropriate, family members as active participants. CSC components emphasize outreach to identify and engage young people into youth-specific treatment, including low-dosage medications, cognitive and behavioral skills training, supported employment and supported education, case management, and family psychoeducation. CSC also emphasizes shared decision-making as a means to address the unique needs, preferences, and recovery goals of young people with FEP. Given CSC's demonstrated effectiveness to date at reducing symptoms and improving functioning, DBHDS plans to fund one or more CSC teams in Virginia through this solicitation, and CSBs submitting proposals for developing a CSC program will be given priority for funding.

Proposals for funding to support other models which are appropriate for providing early intervention and treatment of FEP and other serious disorders will also be considered; however, CSBs should note that these funds are not designed to support the expansion of existing services. Rather, the goal of this funding opportunity is to expand Virginia's complement of evidence-supported services for this specific population, which is currently underserved.

2. Scope of Work

Services: Through funding from this solicitation and technical assistance to be provided by DBHDS, SAMHSA, and contracted subject-matter experts, successful applicants will develop and implement evidence-supported treatments for young adults as described in Section 1 above.

Evaluation and Data Reporting: Given the consequences of delayed treatment, which can include loss of family and social supports, disruption of employment, substance abuse, increased hospitalizations, and reduced prospects for long-term recovery, DBHDS will require quarterly data reporting and outcome evaluation as part of this initiative with required data elements to be determined once SAMHSA guidelines for federal data reporting expectations are released. Additionally, applicable information about this grant award must be included in the CSB's FY 2015 community services performance contract and related reports. Successful applicants will report applicable data about individuals receiving services, types and amounts of services, and revenues and expenditures for services through the Community Consumer Submission (CCS) 3 and Community Automated Reporting System (CARS) applications provided by DBHDS. Finally, successful applicants must comply with all applicable requirements and conditions in their FY 2015 community services performance contracts with the DBHDS. Successful applicants are expected to measure, monitor and report fidelity to their chosen modality and outcomes of services provided.

3. Proposal Requirements and Format

Submission Deadline: Responses to this RFA should be submitted via electronic mail in either Microsoft Word or PDF format to Rhonda.Thissen@dbhds.virginia.gov by no later than 5 PM on August 1, 2014.

Proposal Format: Proposals should be submitted by electronic mail **only** in either Microsoft Word or PDF format and include the name, title and phone number of the CSB's primary contact for this project. Any attachments or appendices should be sent electronically with the proposal document; if attachments are not existing Word, Excel or PDF documents, they should be scanned into PDF and emailed along with the proposal. For ease of review, narrative sections should be written in 11-point Calibri or Times New Roman font with one-inch margins. Documents submitted must be named and saved to include the CSB's name and the type of document it is; for example: "**[Name of CSB] FY15 Young Adult Proposal Response – Application.doc/x,** or **"[Name of CSB] FY15 Young Adult Proposal Budget.xls"**

Required Elements: Proposals should include the following information.

- Need for Services: Demonstrate the need for services for youth ages 16-25 with serious behavioral health conditions as described in Section 1 above. Proposals should describe the individuals you propose to serve, the specific needs of the target group, the barriers they face in accessing behavioral health services in your service area, as well as the data demonstrating these needs and supporting your proposed solution .

- Service(s) Proposed: As previously stated, one or more awards will be made for proposals offering an evidence-based practice for serving young adults with early onset psychosis, such as Coordinated Specialty Care. Describe the programs, services or treatments that will be implemented and the specific outcomes that will be achieved. Describe the evidence demonstrating that the services proposed will be effective in addressing the needs of the target population. How will the new services be integrated into the existing service array and how will they help to prepare youth with serious mental health, substance abuse or co-occurring conditions for successful adulthood? In describing these services, include their classification in the Core Services Taxonomy 7.2, available at www.dbhds.virginia.gov/documents/reports/OCC-2010-CoreServicesTaxonomy7-2v2.pdf.

- Staffing Plan: Describe the staffing needed for the program, including training required and how a team approach will be used to address the varied and multiple needs of transition-age youth experiencing FEP or other behavioral health conditions. Provide position descriptions for new positions that are expected to be created with new funds, and the names and position descriptions of existing staff who will be responsible for oversight of the proposed program or for providing services under its auspices.

- Collaboration with System Partners: Describe approaches that will be used for collaboration with other system partners, such as social services, criminal justice, education and job training programs, primary care providers, etc. Include letters of support, participation and endorsement from public and private partner agencies with whom you plan to collaborate.

- Plan for Subcontracting: Private agencies are an important resource in each community and may play a role in the implementation of this funding initiative. Describe how private providers may be involved in the proposed program. Funded CSBs may subcontract some or all of the services to private providers. However, any subcontracted private providers must possess any applicable current licenses, and as the funded entity, the CSB must retain oversight, accountability and overall responsibility for implementation of the services.

- Project Plan: Submit a realistic plan of development and implementation for the proposed services, including clear goals, objectives, a reasonable timetable with implementation targets, and outcome measurements.

- Detailed Budget: Provide a detailed budget and budget narrative which includes the estimated costs to implement the project, such as personnel, training, and all non-personnel expenses. In addition, describe any existing funds or in-kind support you plan to allocate to the proposed services and any other anticipated revenues (e.g., Medicaid) that will be generated by the services.

- Plan for Data Collection and Reporting: DBHDS will work with funded entities to design an evaluation plan, identify appropriate data elements and provide a brief reporting form for this purpose in consultation with SAMHSA staff as needed in order to ensure federal reporting requirements are met. Describe who will be responsible for collecting and reporting required data. ***By submitting a proposal, the applicant agrees to provide the required narrative and numerical data reports to DBHDS and to assist DBHDS by providing the information necessary to meet state and federal reporting requirements.*** Also, these funds will be classified as "restricted" in the community services performance contract and associated CARS reports, so successful applicants must track and report separately all state or federal funds associated with this grant and expenditures of those funds.

- Need for Technical Assistance: Describe any anticipated technical assistance needs you may have in planning and/or implementing the proposed project.

4. Selection Criteria

Individual CSB awards may vary between approximately $500,000 and $700,000 per year, with actual amounts dependent upon total funding available and total number of proposals selected for funding. The following factors will be considered in selecting proposals for funding.

- Clarity and comprehensiveness of the application, including budget and budget narrative.

- Clear demonstration of need for the services proposed.

- Type of program, service, or modality to be offered and the evidence basis for the proposed program. As stated previously, priority will be given to CSBs submitting a request for funds to implement Coordinated Specialty Care.

- A realistic plan of development and implementation for the proposed services, including clear goals, objectives, a reasonable timetable with implementation targets, and outcome measurements.

- Evidence of stakeholder support for the proposed services, including consumers, family members and system partners.

- Agreement to collect and report required data and meet other DBHDS requirements as needed.

- A clear outline of how your proposed approach ensures that young adults would have timely access to crisis response services that reduces the likelihood that they would require higher-end and inpatient services.

5. Proposal Timeline

The timeline for the funding process is as follows:

July 3, 2014:	Request for Proposals is issued
July 11, 2014	Technical assistance phone conference for applicants (1 PM)
July 18, 2014:	Technical assistance phone conference for applicants (9 AM)
August 7, 2014:	Application deadline (5 PM)
August 22, 2014:	Notice of Awards is released
September 1, 2014:	Funds are made available. Funding for individuals projects will be phased in based on the approved implementation timeline.
October 1, 2014:	Start date for funded projects
June 30, 2015:	Services are fully operational

As indicated above, two conference calls have been scheduled to provide interested applicants the opportunity to ask questions or request technical assistance with the application process. The first call will be scheduled for July 11, 2014 at 1 PM and the second call for July 18 at 9 AM. To RSVP for the call and obtain call-in information, please contact Rhonda Thissen in the DBHDS Office of Mental Health at 804-786-2316 or Rhonda.Thissen@dbhds.virginia.gov.

State Performance Contract Reporting Improvement Status Review

PREPARED FOR:

Fairfax-Falls Church CSB Board

July 23, 2014

Agenda

- Accomplishments
- Vendor Data Entry Status
- Issue Management Status
- Planned Tasks for Next Period
- FY2015 and FY2016 SPC Submission Status
- Questions and Comments?

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Accomplishments

- Submitted CCS Monthly Extract for May 2014 data
- Contracted Services (Vendor) Data
  - ID Services Completed through June 2014
  - MH Services Completed through April 2014
- Completed FOCUS/Credible realignment

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COMMUNITY SERVICES BOARD

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%	100%	100%	100%
Chimes	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
CRI	100%	100%	100%	75%	100%	100%	100%	100%	100%	100%	100%	100%
Didlake	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Echo	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Etron	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Every 1 Can Work						100%	100%	100%	100%	100%	100%	100%
JDI	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
JFGH-Most VA	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Linden Resources	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
MVLE	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PORTCO	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PRS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	**0%**	**0%**
Service Source	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
SJCS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
St Coletta	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Woods	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

**Meeting held with PRS this week.

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	Addressing disconnect in how program is documented versus how DBHDS defines the program and it expectations for documenting services
G	ID Residential	All issues resolved
G	Medical Services	All issues resolved.
G	ICM/PACT, Discharge Planning Regional MH Residential	All issues resolved
G	MH and ID Sheltered Employment	All issues resolved
G	Adult BH OP, Day Treatment, IOP	All issues resolved
G	Detox	All issues resolved
G	PATH and Assessment	All issues resolved
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

- Run final CCS 3 extract for FY 2014 on July 31st
- Continue to establish data import process going forward
- Meet with Joel prior to EOY submission
- Complete FY 2014 EOY Report on August 29th

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FY2015 and FY2016 SPC Submission

- Received Final Contract Documents on May 9
- Received Letter of Notification (Allocations) on July 7
- Connected with City of Fairfax and Falls Church Human Services Representatives to provide status and boilerplate
- Established SPC Workgroup Site for collaboration
- Key Milestones:
  - Public Comment Period from July 28 to August 26
  - Provide City of Fairfax and Falls Church with copy
  - Info item (Title only) to BOS clerk on August 19
  - CSB Board Approval on August 27
  - BOS Approval on September 9
  - Contract Submittal on September 12

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