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, August 27, 2014
7:30 p.m.

1.	***Meeting Called to Order***	Ken Garnes	7:30 p.m.
2.	***Matters of the Public***	Ken Garnes	
3.	***Amendments to the Meeting Agenda***	Ken Garnes	
4.	***Approval of July 23, 2014 CSB Meeting Minutes***	Ken Garnes	
5.	***Matters of the Board***		
6.	***Directors Report***	Len Wales	
	• *CSB Workplan Update*		
7.	***Committee Reports***		
	A. Fiscal Oversight Committee	Suzette Kern	
	• *July Meeting Notes*		
	B. Government and Community Relations Committee	Rob Sweezy	
	• *Suicide Prevention Resources*		
	C. Intellectual Developmental Disability Committee	Lori Stillman	
	D. Substance Use Disorders/Mental Health Committee	Susan Beeman	
	E. Other Reports		
8.	***FY 2015-16 Proposed State Performance Contract Hearing***	Ken Garnes	
9.	***Action Item***		
	A. FY 2015-2016 State Performance Contract	Len Wales	
10.	***Information Items***		
	A. FY 2014 State Performance Contract Update	Len Wales	
	B. FY 2016 Capital Budget Request	Len Wales/Jeannie Cummins Eisenhour	
11.	***Adjournment***		

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Fairfax-Falls Church Community Services Board
July 23, 2014

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

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

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

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

1. Meeting Called to Order

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

2. Recognition

   Mr. Garnes introduced the Chance for Change team, winners of the 2104 CSB Spirit of Excellence Award. Peggy Cook, Service Director for Residential Treatment, provided background on the collaborative effort of the team to address the needs of the individuals being served by the CSB. Those members of the team that were in attendance included Valanda Engram Harris, Bob Jones, Debra Quesenberry, John Sullivan, Lyn Tomlinson, LaVurne Williams and Peggy Cook.

3. Matters of the Public

   Lynn MacDonald with Community Residences, Inc., a partner agency providing services for individuals with Intellectual and Developmental Disabilities, extended an invitation to Board members to a July 29th event offering opportunities to tour some new as well as recently renovated residences.

4. Approval of the Minutes

   Kate Hanley offered a motion for approval of the June 25, 2014 Fairfax-Falls Church Community Services Board meeting minutes as amended which was seconded and passed.

5. Matters of the Board

   - Jane Woods, in her capacity as a representative of the Advisory Council to the Fairfax County Redevelopment and Housing Authority, indicated within the "Moving to Work" designation, rent reform efforts are being put in place for the pilot group which should be completed by the end of the calendar year.
   - Referencing a recently publicized situation regarding autism, Lori Stillman mentioned that the demands for caring for individuals with autism can be overwhelming and

encouraged the CSB to continue to advocate for additional funding to help families to care for their children with autism. Susan Beeman further supported this recommendation and suggested that information on the Family Support Program, which provides respite funding, be listed on the CSB website.

- Mr. Garnes noted the CSB Executive Director search is progressing and moving closer to possibly extending an offer in the near term. He indicated the Board will be kept apprised as the process continues to develop.

6. Directors Report

- Within the CSB Workplan, Len Wales highlighted the following:
    - While the Informatics section indicates some areas are behind schedule, this will be revised to reflect new developments and will be shared later in the meeting during the State Performance Contract update.
    - Significant progress has been made within Behavioral Health Outpatient.
    - An aggressive schedule continues on the Merrifield project as well as a communications plan to coordinate the activities. Currently, the building delivery is expected in September which is a slight delay and may impact the move-in schedule. It was noted as each section/program relocates to the facility, the services will be off line for a short period, but will immediately become operational upon move in. Services provided by the Call Center and Emergency Services, will continue to be operational throughout the relocation process.
- In addition to the youth crisis text line, information on a CrisisLink text line for all ages was distributed. It was noted the schools will have the youth text line fully publicized in all high and middle schools by September, and this will be further supplemented by the required online training of all school staff scheduled to be completed within the first quarter. Appreciation was extended to CSB Board members in distributing the text line information to community partners.
- With the closure of the Northern Virginia Training Center being extended until March 2016, it was emphasized this will provide further opportunities to advocate for Medicaid funding to fully cover the services needed by the individuals that will be relocating.
- Development of a dashboard to provide a summary overview of CSB activities continues and it is anticipated will be available next month.
- Noting revenues are expected to remain flat, a budget guidance document has been issued by the County Executive covering FY2015-FY2017. The guidelines request the following of each agency:
    - In the current year, FY2015, a 1% reduction.
    - In FY2016, a prioritized list of reductions totaling 3% which would be approximately $3.3 million for the CSB.
    - For FY2017, lines of business will be revisited.

  Staff has begun to identify the reductions and will present to the CSB Fiscal Committee for initial discussions. As the proposed reduction submission is due in October, it is anticipated the Board will be reviewing any proposals at the August and September meetings and may require a separate work session. Focus on the lines of business most likely will begin early next year.

7. Committee Reports

A. *Fiscal Oversight Committee*

Suzette Kern reported on the following:

- The committee has finalized the CSB Fiscal and Program Oversight year-end report to the Board of Supervisors (BOS) and Mayors of the Cities of Falls Church and Fairfax which will be presented for Board approval later in the meeting.
- The fund statement indicates an end of year overall surplus which it was emphasized is due to the high vacancy rates being maintained. Further, it was pointed out this high vacancy rate directly impacts the level of services provided.
- Len Wales has drafted financial policies which the committee will review.
- The August meeting will be devoted to the FY2016 budget submission and all Board members are encouraged to attend.

B. *Government and Community Relations Committee:*

- Ms. Woods noted some of the activities at the last committee meeting included:
  - The CSB portion of the human services legislative paper was prepared and will be presented for approval later in the meeting.
  - There was discussion of drafting talking points on some issues in the legislative paper for use during the special Virginia General Assembly session in September on Medicaid.
  - To schedule time with their legislative representatives, Board members were encouraged to make contact by the first week in September.
  - It was noted a separate talking points document will be prepared with issues prioritized for legislative meetings focused on the 2016 General Assembly session.
- As there has been discussion as to whether the committee needs to meet every month, Mr. Garnes indicated it may be a better use of Board member and staff time to revise the schedule to align with matters needing to be addressed. With this in mind, the committee will be establishing a new meeting schedule that will be updated on the Board annual calendar.
- Also, to ensure broad representation and balance, a request was made for additional Board members to join the committee, possibly some currently on the Substance Use Disorders/Mental Health Committee which has a large membership.

C. *Intellectual Developmental Disability (IDD) Committee*

Ms. Stillman reported on the following:

- The next meeting is scheduled on September 4th.
- An article on self-directed services is in the current edition of the CSB Beacon.
- Eight members of the legislative delegation sent a letter to Governor Terry McAuliffe recently requesting no action be taken on the Training Center land which it appears has been declared surplus property. During discussion, there

were questions raised as to the timing of the state's action as well as noting the keen interest of the Fairfax BOS in the property.

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

- Ms. Beeman indicated at the July meeting, an overview was provided of the issues discussed at the June Board meeting including the health care integration project as well as changes in the mental health laws.
- It was noted in preparation for the upcoming conference, the website has been established, www.WellnessandRecoverycommittee.org, and is accepting registrations.

8. Action Items

A. *CSB Associate Committee Members:*
Ms. Beeman noted at the June Board meeting, 13 organizations were submitted for consideration as Associate Committee members in FY2015, and as required by the CSB Bylaws, are now being presented for approval. Ms. Beeman offered a motion for Board approval of the slate of FY2015 Associate Committee members as presented, which was seconded and passed.

B. *Fiscal Yearend Report to Board of Supervisors:*
Ms. Kern provided background on providing reports to the BOS and Mayors of the Cities of Fairfax and Falls Church, indicating the committee previously submitted the reports on behalf of the Board on a quarterly basis. Noting the reports are now being provided semi-annually along with full Board endorsement, Ms. Kern offered a motion for approval to submit the CSB FY2014 Fiscal and Program Oversight Year-End Report to the BOS and Mayors of the Cities of Fairfax and Falls Church. The motion was seconded and carried.

C. *FY2014 Carryover Request*
Mr. Wales reviewed the carryover requests submitted to the Department of Management and Budget (DMB) contingent upon Board approval and noted the following:

- The initial $12 million balance in the fund statement will be reduced by $5.8 million of which $4.8 million is the requested encumbered carryover, plus an additional $1 million, the Infant and Toddler Connection (ITC) reserve.
- Of the $6.2 million remaining balance, an unencumbered request has been submitted for $1.4 million comprised of:
  - $800,000--the Credible project
  - $400,000--flexible housing assistance
  - $100,000--suicide prevention training
  - $100,000—prevention program for youth and gang violence
- DMB has initially requested $4 million of the ending balance.
- It was reinforced that these year end funds are considered an unhealthy balance as it is attributable to the high vacancy rate being maintained which impacts services. In addition, due to filling many vacancies from within, it was indicated the vacancy rate continues for a prolonged period at a high level. Efforts are

currently underway to develop a systematic approach to filling vacancies by providing for dual encumbered positions to ensure continuity of operations.

Following the discussion, Ms. Kern moved to endorse the carryover as submitted which was seconded and passed.

D. *CSB Proposed Fees Request Public Comment Period*
Noting the Ad Hoc Fee Committee reviewed the fee policy and associated materials, Jim Stratoudakis provided appreciation to Board members for their participation. Referencing the summary of proposed changes, Jeff Wisoff offered a motion to approve a public review and comment period of the CSB fee related documents including the Reimbursement for Services Policy, Ability to Pay Scale, Fee Schedule and Fee and Subsidy Related Procedures Regulation. The motion was seconded and carried.

E. *County Human Services Legislative Issues Paper*
In considering the legislative issues paper presented, one revision was offered and it was clarified that some issues included are also being reviewed by other agencies. It was also noted there will be additional opportunities to bring forth legislative issues to the County and legislature not currently included in the Human Services paper. A motion was offered by Mr. Garnes for approval of the legislative paper as revised which was seconded and passed.

F. *Young Adult Services Initiative Grant*
Laura Yager provided an overview of a grant funding opportunity by the Department of Behavioral Health and Developmental Services to provide $700,000 annually for services to young adults ages 16-25. If awarded, the grant will bring a new line of business to the community working with young adults that have experienced a first psychotic episode; a group that frequently does not seek help. It is expected 120 individuals can be served annually and the funding will continue to be baselined. There is an aggressive timeline as the Request for Applications was issued July 3rd, applications are due August 7th and funding begins in September.

Lori Stillman offered a motion for the Board to approve permission to apply for Young Adult Services Initiative grant funding which was seconded and passed.

9. <u>Information Items</u>

A. *State Performance Contract*

- Jerome Newsome indicated significant progress is being made in both the current FY2014 as well proposed FY2015-FY2016 contracts. Some of the activities highlighted were:
  - All vendor data has been entered and targets are on track. The next phase currently being addressed is development of a data import process.
  - The FOCUS/Credible alignment has been completed.
  - Efforts are ongoing with the state to resolve data conflicts due to the CSB service structure vs. the state continuing to request data by disability areas. An example

was provided of an issue within youth services which, if the state's coding requirement is adhered to, may prevent some youth from entering the program.

- The FY2015-2016 proposed contracted will be issued for public comment on July 28th and the timeline remains to submit for final Board approval at the August 27th meeting, followed by presentation to BOS on September 9th. It was noted if there are recommended changes to the contract, negotiations would be required with the state.

- It was indicated there may be a delay in some payments of the FY2015-2016 contract as the state has requested the signed contract be submitted by August 1st. Due to the initial delay in the state providing all the information necessary to issue the contract for public review as well as the subsequent required steps, the CSB is not be able to meet the August 1st deadline. It was recommended that if there are any payment delays, a letter from the Board be forwarded to the state.
- Appreciation was expressed to Mr. Newsome and all the staff for their extraordinary efforts in meeting the reporting requirements.

There being no further business to come before the Board, a motion to adjourn was offered, seconded and carried. The meeting was adjourned at 9:20 p.m.

Actions Taken--

- The June 2014 meeting minutes were approved
- FY2015 Associate Committee members were approved
- Approval of the FY2014 Year-End Fiscal and Oversight Report
- FY2014 Carryover Request was approved
- Approval to publish the CSB proposed Fees for public review
- Approval of the issues for the Human Services legislative paper
- Approval to apply for the Young Adult Services Initiative Grant

_____ _____

Date Staff to Board

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

Section Status:

Section	General Summary Status
I – Informatics	On Target
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	50%	December 2014	On Target
Complete State Performance Contract data Improvements: Acceptable data reporting by DBHDS	100%	June 2014	Complete
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%	December 2014	On Target

Special Notation:

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

Key Risks:

- None

Key Issues:

- None

Planned Activities:

- Submit FY 2014 EOY report on August 29, 2014
- Submit FY 2015 and FY 2016 SPC to BOS for review and approval on September 9
- Submit FY 2015 and FY 2016 SPC to DBHDS NLT September 12
- 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 – extended to September 2014	On Target
Enhance Revenue Opportunities : 75% of individuals with scheduled appointments to CSB services have participated in initial FAST services	90%	July 2014 – extended to August 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	85%	October 2014	On Target
Identify key service functions at the site (psychotherapy, counseling, case management, etc.) using an established benchmark for service design : Create protocol for consistent models of service across BHOP with appropriate staffing levels for MH/SA programming	80%	July 2014 – extended to January 2015	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 : • 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 • Establish consistent protocol for stepping individuals down to lower levels of care	55%	December 2014	On Target (Bulleted items were separate task)
Establish centralized scheduling wherever possible, sustainable productivity standards, and key service outcome standards	30%	December 2014	On Target
Using processes developed above, establish service capacity and align resources to address priority service needs; include training requirements as necessary	30%	December 2014	On Target

Key Risks:

- None

Special Notation:

- Newly established Integrated Services Planning Workgroup is well underway in it's planning and working on service model design and a graphic representation to share broadly with stakeholders. Close collaboration with consumer and family reps on committee who are currently vetting proposed design with other consumer groups for both recovery focus and ease of understanding.
- Conducted recent teleconference with a large Pennsylvania Behavior Health agency who shared a Utilization Management tool that they developed and may be willing to share with our CSB. Teleconference included history of Utilization Management efforts at this similar-sized Behavioral Health agency and their successes and challenges with Utilization Management.
- Centralized Scheduling workgroup on track to kick-off centralized scheduling pilot at the Chantilly Center in September

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 pushed back to September after workgroup identified further tasks prior to kick-off. 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	• 95% • 75% • 50%	• August 15 • September 19 • 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: July 18, 2014
Attending: Suzette Kern, Ken Garnes, Gary Ambrose, Kate Hanley, Lori Stillman, Jeff Wisoff
Staff: Daryl Washington, Ron McDevitt, Jerome Newsome, Lisa Potter, Lisa Witt

Summary of Information Shared/Decisions:

Year-End Report to BOS

- The draft end-of-year (EOY) report to the BOS was presented for the Committee's review:
  - There was a great deal of discussion and recommendations for edits to the report were made, including the addition of statements in three areas: smooth transition during loss of Executive Director, development of draft financial policies and development of a long term agency strategic plan.
- Committee Chair will finalize the report and submit it along with an action item in the July 23rd CSB Board meeting package.

Financial Status: FY 2014 Carryover Submission/Review

- Staff provided copies of FY 2014 Carryover Review and noted that the submission package is fairly standard.
- Committee Chair recommended that Len Wales provide a high level overview prior to the CSB Board approval of the carryover request at the July 23rd meeting.

Managed Vacancy Plan/Position Status

- Staff shared information about the position status and noted that as of July 7, 2014 the CSB is maintaining 117 effective vacancies.
- Staff reported that there are issues in the applicant pools for some positions, such as ID Support Coordinators and Senior Clinicians.
- Comment was made that NEOGOV complicates the recruitment and hiring process for many County agencies. CSB staff have developed strategies for job advertisements and internal meetings will be held with the County's Department of Human Resources (DHR).
- There was brief discussion and suggestion was made for the CSB Board to consider writing a letter to County DHR identifying issues/concerns (ex: delaying hiring support coordinators impacts Medicaid revenue). Request was made for staff to outline key issues related to NEOGOV.

FOCUS Realignment

- Staff reported that FOCUS realignment went live on July 1.

State Performance Contract/Credible Review

- Staff provided an update on the CSB State Performance Contract Reporting Improvement and Status Review.
- Accomplishments to date:
  - Contracted Services (Vendor) Data: ID Services completed through June, 2014; MH Services completed through April, 2014. By July 31 anticipate having all vendor data completed. All contractors are aware they have to provide data by the 10th of each

month.
  - Completed FOCUS/Credible realignment.
- Issue Management Status:
  - Addressing one issue: Youth Resource Team & ICC, JDC, Youth BH Residential
    - How program is documented versus how DBHDS defines the program and expectations for documenting services. Scheduled meeting with DBHDS to discuss.
- Planned Tasks include:
  - Continue to establish data import process going forward
  - Schedule meeting with DBHDS prior to EOY submission
  - Complete FY 2014 EOY Report on August 29th
- FY2015 and FY2016 SPC Submission:
  - Received Letter of Notification (allocations) on July 7
  - Established SPC Workgroup Site for collaboration
  - Key Milestones:
    - Public comment period scheduled July 28 to August 26
    - Info item (title only) to BOS Clerk on August 19
    - CSB Board Approval on August 27 and BOS Approval on September 9
    - Contract Submittal on September 12

CSB Work Plans

- Staff provided a status update.
  - Informatics: SPC/Credible update provided earlier in meeting. It was noted that CSB staff have scheduled a meeting with DAHS Contracting & Purchasing to discuss the contract
  - Other work plans on target.

Financial Policies

- There was brief discussion of the Financial Policies and Management Principles document developed by Len Wales.
- It was noted that it would be helpful to have further discussion about the purpose of the document, as well as the role of the CSB Board.
- It was noted that it would be helpful to have more specific language in some areas (i.e. internal controls), and information about whether items included link to existing policies
- Committee Chair asked members to review the policies and indicated that this will be discussed at a future Fiscal Committee meeting.
- It was recommended that a full CSB Board work session be scheduled (after Fiscal Committee review) to discuss the document and how it can be utilized.

Open Discussion

- Jeff Wisoff announced that the CSB proposed fees and Fee Policy changes will be presented for action at the July 23rd Board meeting.
- **Reminder**: August Fiscal Committee meeting is scheduled for August 22nd.

CSB Fiscal Committee Meeting Notes

Action Items/Responsible Party Required Prior to Next Meeting:
Issues to Communicate to CSB Board:
• FY 2014 Carryover Request for Approval – July CSB Board meeting • Action Item for Fiscal Year End Report to BOS – July CSB Board meeting
Agenda Items for Next Meeting on August 22:
• TBD

COMMUNITY SERVICES BOARD	Item: 9A	Type: Action	Date: August 27, 2014

FY 2015 and FY 2016 CSB Community Services Performance Contract

Issue:
Board consideration of proposed FY 2015 and FY2016 Community Services Performance Contract, presented for a public hearing and adoption at the August 27, 2014 Board meeting.

Recommended Motion:
I move that the Board approve the FY 2015 and FY 2016 Community Services Performance Contract and submit it to the local jurisdictions for approval.

Background:
Each year the Board must review, accept public comment, and adopt the State Performance Contract. This document delineates the responsibilities between the Virginia Department of Behavioral Health and Developmental Services and the Fairfax-Falls Church CSB. It specifies the conditions to be met for the CSB to receive State-controlled funds, identifies the groups of consumers to be serviced with State-controlled funds and includes requirements to ensure accountability to the State.

The proposed FY 2015-16 Community Services Performance Contract was available for thirty days for public review and comment. Copies of the FY 2015-16 Community Services Performance Contract were disseminated to County Regional Libraries, two City Councils, the CSB, CSB outpatient treatment sites and Board of Supervisors District Offices. Notices were sent to the CSB distribution list and posted on the CSB's Web page. Written comments were received until August 26, 2014. As of now, no public comments have been received during the public comment period.

On August 20, 2014, the Virginia Department of Behavioral Health and Developmental Services issued Revision 1 to the FY2015-16 Community Services Performance Contract including a summary of changes to contract language resulting from legislative actions affecting CSBs enacted by the 2014 General Assembly and the deliberations of the Governor's Mental Health Task Force and the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century (SJ47). Those revisions to this earlier draft made available to local CSBs for review and public comment have been made to conform to changes in State law effective July 1 and do not materially change the allocation of funds posted for review in Attachment A-1. The letter from the State that summarizes these revisions to the original contract is provided in Attachment A-3.

The contract transfers $40,376,918 in state-controlled funds to the CSB, which is the total estimate of $22,256,968 in State funds, $4,266,850 in Federal funds, $11,097,032 in Medicaid State Plan Option funds and $2,756,068 in MR Waiver funds.

Fiscal Impact:
This is the contractual mechanism used by the State to receive $40,376,918 in state-controlled funds to the CSB. This is a decrease of $184,114 or .05% than the FY 2013-2014 annual contract amount of state-controlled funds, largely attributable to the estimated revenues from Medicaid State Plan Option in the CSB's FY2015 Adopted Budget.

Timing:
This item is presented as an Action Item at the August 27, 2014 meeting.

Enclosed Documents:
Attachment A-1: FY 2015 Exhibit A (Resources and Services)
Attachment A-2: FY 2015-16 Community Services Performance Contract (*This document can be found online:* http://www.dbhds.virginia.gov/OCC-default.htm)
Attachment A-3: FY 2015 and FY 2016 Performance Contract Revision No. 1 (*In addition to the attachment, the revised contract and administrative requirements can be found online*: FY 2015 and FY 2016 Community Services Performance Contract Revision No. 1 and FY 2015 and FY 2016 CSB Administrative Requirements Revision No. 1)

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

FY 2015 And FY 2016 Community Services Performance Contract

FY 2015 Exhibit A: Resources and Services

Fairfax-Falls Church Community Services Board

Consolidated Budget (Pages AF-3 through AF-8)				
Funding Sources	**Mental Health Services**	**Developmental Services**	**Substance Abuse Services**	**TOTAL**
State Funds	14,947,643	2,032,713	3,721,344	20,701,700
Local Matching Funds	54,539,983	43,745,473	11,424,851	109,710,307
Total Fees	9,717,207	6,648,451	3,061,687	19,427,345
Transfer Fees In/(Out)	0	0	0	0
Federal Funds	1,199,266	0	3,632,567	4,831,833
Other Funds	0	0	60,000	60,000
State Retained Earnings	0	0	0	0
Federal Retained Earnings	0		0	0
Other Retained Earnings	0	0	0	0
Subtotal Ongoing Funds	**80,404,099**	**52,426,637**	**21,900,449**	**154,731,185**
State Funds One-Time	0		0	0
Federal Funds One-Time	0		0	0
Subtotal One -Time Funds	**0**	**0**	**0**	**0**
TOTAL ALL FUNDS	**80,404,099**	**52,426,637**	**21,900,449**	**154,731,185**

Cost for MH/DV/SA Services	**63,870,422**	**51,266,549**	**16,630,225**	**131,767,196**

Cost for Emergency Services (AP-4)	**7,456,985**
Cost for Ancillary Services (AP-4)	**13,982,557**
Total Cost	**153,206,738**

Local Match Computation	
Total State Funds	20,701,700
Total Local Matching Funds	109,710,307
Total State and Local Funds	130,412,007
Total Local Match % (Local/Total State + Local)	**84.13%**

CSB Administrative Expenses	
Total Admin. Expenses	20,651,953
Total Expenses	153,206,738
Administrative Percent	**13.48%**

FY2015 Community Services Performance Contract

Exhibit A: Resources and Services

Fairfax-Falls Church Community Services Board

Financial Comments

Comment1	MH Fees Other: $1,604,965 Self Pay, $915,307 insurances, $1,300,412 CSA
Comment2	$68,172 State Courts, $14,100 Fines and Penalties
Comment3	MH Total Regional Transfer In/Out is detailed on the Regional Funds Worksheet
Comment4	DV Fees other: $547,958 Self Pay
Comment5	SA Fees Other: $576,184 Self Pay, $489,765 insurances, $21,681 LRP, $41,701 CSA
Comment6	SA Other Fed-CSB; $410,000 HIDTA, $154,982 Food Stamps
Comment7	SA Other Funds: $60,000 VHYF-Al's Pals
Comment8	The increase in administrative expenses from FY2013-14 to FY2015-16 is
Comment9	primarily attributable to a reorganization of personnel and costs
Comment10	to reflect an integrated behavioral health care service delivery model.
Comment11	During FY2015, the budget and actual expenditures for the following
Comment12	cost categories will be transferred/allocated to directly benefitting programs:
Comment13	commercial leases, utilities, contract rate adjustments, vehicles,
Comment14	computer equipment, training, and postage as well as other ancillary costs.
Comment15	
Comment16	
Comment17	
Comment18	
Comment19	
Comment20	
Comment21	
Comment22	
Comment23	
Comment24	
Comment25	

FY 2015 Community Services Performance Contract Financial Summary

Exhibit A: Resources and Services

Mental Health (MH) Services

Fairfax-Falls Church Community Services Board

Funding Sources	Funds
FEES	
MH Medicaid Fees	5,814,251
MH Fees: Other	3,902,956
Total MH Fees	9,717,207
MH Transfer Fees In/(Out)	0
MH Net Fees	9,717,207
FEDERAL FUNDS	
MH FBG SED Child & Adolescent (93.958)	269,450
MH FBG SMI (93.958)	902,245
MH FBG SMI PACT (93.958)	0
MH FBG SMI SWVMH Board (93.958)	0
Total MH FBG SMI FUNDS	902,245
MH FBG Geriatrics (93.958)	0
MH FBG Consumer Services (93.958)	0
Total MH FBG Adult Funds	902,245
MH Federal PATH (93.150)	27,571
MH Other Federal - DBHDS	0
MH Other Federal - CSB	0
TOTAL MH FEDERAL FUNDS	1,199,266
STATE FUNDS	
Regional Funds	
MH Acute Care (Fiscal Agent)	1,663,793
MH Acute Care Transfer In/(Out)	0
MH Net Acute Care - Restricted	1,663,793
MH Regional DAP (Fiscal Agent)	4,832,365
MH Regional DAP Transfer In/(Out)	-2,937,756
MH Net Regional DAP - Restricted	1,894,609
MH Crisis Stabilization (Fiscal Agent)	847,933
MH Recovery (Fiscal Agent)	543,192
MH Other Merged Regional Funds (Fiscal Agent)	771,962
MH Total Regional Transfer In/(Out)	-463,128
MH Net Unrestricted Regional State Funds	1,699,959
Total MH Net Regional State Funds	5,258,361

FY 2015 Community Services Performance Contract Financial Summary

Exhibit A: Resources and Services

Mental Health (MH) Services

Fairfax-Falls Church Community Services Board

Funding Sources	Funds
Children State Funds	
MH Child & Adolescent Services Initiative	515,529
MH Children's Outpatient Services	75,000
Total MH Restricted Children's Funds	590,529
MH State Children's Services	0
MH Juvenile Detention	111,724
MH Demo Proj-System of Care (Child)	0
Total MH Unrestricted Children's Funds	111,724
MH Crisis Response & Child Psychiatry (Fiscal Agent)	0
MH Crisis Response & Child Psychiatry Transfer In/(Out)	0
Total MH Net Restricted Crisis Response & Child Psychiatry	0
Total MH State Children's Funds	702,253
Other State Funds	
MH Law Reform	530,387
MH Pharmacy - Medication Supports	1,665,990
MH Jail Diversion Services	321,050
MH Adult Outpatient Competency Restoration Srvs	0
MH CIT Assessment Sites	0
MH Expanded Community Capacity (Fiscal Agent)	0
MH Expanded Community Capacity Transfer In/(Out)	0
Total MH Net Expanded Community Capacity	0
MH 2014 DAP (Fiscal Agent)	222,056
MH 2014 DAP Transfer In/(Out)	-62,060
Total MH Net 2014 DAP	159,996
Total MH Restricted Other State Funds	2,677,423
MH State Funds	5,585,856
MH State Regional Deaf Services	23,750
MH State NGRI Funds	0
MH PACT	700,000
MH Geriatrics Services	0
Total MH Unrestricted Other State Funds	6,309,606
Total MH Other State Funds	8,987,029
TOTAL MH STATE FUNDS	14,947,643

FY 2015 Community Services Performance Contract Financial Summary

Exhibit A: Resources and Services

Mental Health (MH) Services

Fairfax-Falls Church Community Services Board

Funding Sources	Funds
OTHER FUNDS	
MH Other Funds	0
MH Federal Retained Earnings	0
MH State Retained Earnings	0
MH State Retained Earnings - Regional Prog	0
MH Other Retained Earnings	0
Total MH Other Funds	0
LOCAL MATCHING FUNDS	
MH Local Government Appropriations	54,539,983
MH Philanthropic Cash Contributions	0
MH In-Kind Contributions	0
MH Local Interest Revenue	0
Total MH Local Matching Funds	54,539,983
Total MH Funds	**80,404,099**
ONE TIME FUNDS	
MH FBG SMI (93.958)	0
MH FBG SED Child & Adolescent (93.958)	0
MH FBG Consumer Services (93.958)	0
MH State Funds	0
Total MH One Time Funds	**0**
Total MH All Funds	**80,404,099**

FY 2015 Community Services Performance Contract Financial Summary

Exhibit A: Resources and Services

Developmental Services (DV)

Fairfax-Falls Church Community Services Board

Funding Sources	Funds
FEES	
DV Other Medicaid Fees	6,100,493
DV Medicaid ICF/ID Fees	0
DV Fees: Other	547,958
Total DV Fees	6,648,451
DV Transfer Fees In/(Out)	0
DV NET FEES	6,648,451
FEDERAL FUNDS	
DV Other Federal - DBHDS	0
DV Other Federal - CSB	0
TOTAL DV FEDERAL FUNDS	0
STATE FUNDS	
DV State Funds	150,123
DV OBRA	18,610
Total DV Unrestricted State Funds	168,733
DV Crisis Stabilization (Fiscal Agent)	1,760,000
DV Rental Subsidies	0
DV Crisis Stabilization – Children	103,980
TOTAL DV Restricted State Funds	1,863,980
TOTAL DV STATE FUNDS	2,032,713
OTHER FUNDS	
DV Workshop Sales	0
DV Other Funds	0
DV State Retained Earnings	0
DV State Retained Earnings-Regional Prog	0
DV Other Retained Earnings	0
TOTAL DV OTHER FUNDS	0
LOCAL MATCHING FUNDS	
DV Local Government Appropriations	43,745,473
DV Philanthropic Cash Contributions	0
DV In-Kind Contributions	0
DV Local Interest Revenue	0
TOTAL DV LOCAL MATCHING FUNDS	43,745,473
Total DV All Funds	**52,426,637**

FY 2015 Community Services Performance Contract Financial Summary

Exhibit A: Resources and Services

Substance Abuse (SA) Services

Fairfax-Falls Church Community Services Board

Funding Sources	Funds
FEES	
SA Medicaid Fees	1,932,356
SA Fees: Other	1,129,331
Total SA Fees	3,061,687
SA Transfer Fees In/(Out)	0
SA NET FEES	3,061,687
FEDERAL FUNDS	
SA FBG Alcohol/Drug Trmt (93.959)	1,659,779
SA FBG SARPOS (93.959)	207,611
SA FBG Jail Services (93.959)	159,802
SA FBG Co-Occurring (93.959)	115,716
SA FBG New Directions (93.959)	0
SA FBG Recovery (93.959)	0
Total SA FBG A/D Trmt Funds	2,142,908
SA FBG Women (includes LINK at 6 CSBs) (93.959)	443,444
SA FBG Prevention-Women (LINK) (93.959)	0
Total SA FBG Women Funds	443,444
SA FBG Prevention (93.959)	481,233
SA FBG Prev-Family Wellness (93.959)	0
Total SA FBG Prevention Funds	481,233
SA Other Federal - DBHDS	0
SA Other Federal - CSB	564,982
TOTAL SA FEDERAL FUNDS	3,632,567
STATE FUNDS	
Regional Funds	
SA Facility Reinvestment (Fiscal Agent)	0
SA Facility Reinvestment Transfer In/(Out)	0
SA Net Facility Reinvestment	0

FY 2015 Community Services Performance Contract Financial Summary

Exhibit A: Resources and Services

Substance Abuse (SA) Services

Fairfax-Falls Church Community Services Board

Funding Sources	Funds
Other State Funds	
SA Women (includes LINK at 4 CSBs) (Restricted)	129,200
Unrestricted Other State Funds	
SA State Funds	3,154,554
SA Region V Residential	0
SA Jail Services/Juv Detention	243,526
SA MAT - Medically Assisted Treatment	0
SA SARPOS	148,528
SA Recovery	0
SA HIV/AIDS	45,536
Total SA Unrestricted Other State Funds	3,592,144
Total SA Other State Funds	3,721,344
TOTAL SA STATE FUNDS	3,721,344
OTHER FUNDS	
SA Other Funds	60,000
SA Federal Retained Earnings	0
SA State Retained Earnings	0
SA State Retained Earnings-Regional Prog	0
SA Other Retained Earnings	0
TOTAL SA OTHER FUNDS	60,000
LOCAL MATCHING FUNDS	
SA Local Government Appropriations	11,424,851
SA Philanthropic Cash Contributions	0
SA In-Kind Contributions	0
SA Local Interest Revenue	0
TOTAL SA LOCAL MATCHING FUNDS	11,424,851
TOTAL SA Funds	**21,900,449**
ONE-TIME FUNDS	
SA FBG Alcohol/Drug Trmt (93.959)	0
SA FBG Women (includes LINK-6 CSBs) (93.959)	0
SA FBG Prevention (93.959)	0
SA State Funds	0
TOTAL SA ONE-TIME FUNDS	**0**
TOTAL ALL SA Funds	**21,900,449**

Report Date **8/21/2014**

FY 2015 Community Services Performance Contract

Local Government Tax Appropriations

Fairfax-Falls Church Community Services Board

City/County	Tax Appropriation
Falls Church City	629,819
Fairfax City	1,389,544
Fairfax County	107,690,944
Total Local Government Tax Funds:	109,710,307

FY 2015 And FY 2016 Community Services Performance Contract

FY 2015 Exhibit A: Resources and Services

Supplemental Information

Reconciliation of Projected Revenues and Utilization Data Core Services Costs by Program Area

Fairfax-Falls Church Community Services Board

	MH Services	DV Services	SA Services	Emergency Services	Ancillary Services	Total
Total All Funds (Page AF-1)	80,404,099	52,426,637	21,900,449			154,731,185
Cost for MH, DV, SA, Emergency, and Ancillary Services (Page AF-1)	63,870,422	51,266,549	16,630,225	7,456,985	13,982,557	153,206,738
Difference	16,533,677	1,160,088	5,270,224	-7,456,985	-13,982,557	1,524,447

Difference results from

Other: 1,524,447

Explanation of Other in Table Above:

Regional Acute Care attributable to other CSBs

Report Date 8/21/2014

FY 2015 And FY 2016 Community Services Performance Contract

FY 2015 Exhibit A: Resources and Services

CSB 100 Mental Health Services

Fairfax-Falls Church Community Services Board

Report for Form 11

Core Services Code	Projected Service Capacity	Projected Costs
250 Mental Health Acute Psychiatric Inpatient Services	4.2 Beds	$1,119,223
310 Outpatient Services	56.6 FTEs	$14,688,370
350 Assertive Community Treatment	10.7 FTEs	$1,677,521
320 Case Management Services	87.8 FTEs	$12,654,858
410 Day Treatment or Partial Hospitalization	45 Slots	$2,230,720
425 Mental Health Rehabilitation	197 Slots	$2,541,542
430 Sheltered Employment	8 Slots	$22,091
465 Group Supported Employment	6 Slots	$15,482
460 Individual Supported Employment	5.4 FTEs	$1,264,725
501 Mental Health Highly Intensive Residential Services	26 Beds	$3,284,394
510 Residential Crisis Stabilization Services	16 Beds	$5,441,438
521 Intensive Residential Services	24 Beds	$2,654,611
551 Supervised Residential Services	185.68 Beds	$11,954,513
581 Supportive Residential Services	23.13 FTEs	$4,320,934
	Total Costs	**$63,870,422**

FY 2015 And FY 2016 Community Services Performance Contract

FY 2015 Exhibit A: Resources and Services

CSB 200 Developmental Services

Fairfax-Falls Church Community Services Board

Report for Form 21

Core Services Code	Projected Service Capacity	Projected Costs
320 Case Management Services	38.8 FTEs	$5,969,820
420 Ambulatory Crisis Stabilization Services	3 Slots	$51,015
425 Developmental Habilitation	88 Slots	$11,360,598
430 Sheltered Employment	125 Slots	$3,155,867
465 Group Supported Employment	274 Slots	$6,698,488
460 Individual Supported Employment	11.7 FTEs	$1,998,739
510 Residential Crisis Stabilization Services	6 Beds	$1,289,646
521 Intensive Residential Services	108 Beds	$10,708,393
551 Supervised Residential Services	39 Beds	$9,058,642
581 Supportive Residential Services	0 FTEs	$975,341
	Total Costs	**$51,266,549**

FY 2015 And FY 2016 Community Services Performance Contract

FY 2015 Exhibit A: Resources and Services

CSB 300 Substance Abuse Services

Fairfax-Falls Church Community Services Board

Report for Form 31

Core Services Code	Projected Service Capacity	Projected Costs
260 Community-Based SA Medical Detoxification Inpatient (Hospital) Services	0.35 Beds	$62,935
310 Outpatient Services	14 FTEs	$1,879,284
313 Intensive Outpatient Services	4.4 FTEs	$760,453
320 Case Management Services	4.9 FTEs	$539,094
410 Day Treatment or Partial Hospitalization	32 Slots	$911,744
501 Substance Abuse Highly Intensive Residential Services (Medically Managed Withdrawal Services)	13 Beds	$1,573,403
521 Intensive Residential Services	118.4 Beds	$8,815,028
551 Supervised Residential Services	35 Beds	$894,468
581 Supportive Residential Services	0.55 FTEs	$38,904
610 Prevention Services	11.25 FTEs	$1,154,912
	Total Costs	**$16,630,225**

FY 2015 And FY 2016 Community Services Performance Contract

FY 2015 Exhibit A: Resources and Services

CSB 400 Emergency and Ancillary Services

Fairfax-Falls Church Community Services Board

Report for Form 01

Core Services Code	Projected Service Capacity	Projected Costs
100 Emergency Services	31.28 FTEs	$7,456,985
390 Consumer Monitoring Services	22.5 FTEs	$4,255,370
720 Assessment and Evaluation Services	65.4 FTEs	$8,590,802
730 Consumer Run Services (No. Individuals Served)	4000 Individuals	$1,136,385
	Total Costs	**$21,439,542**

FY 2015 Community Services Performance Contract

Table 1: Board of Directors Membership Characteristics

Name of CSB:	**Fairfax-Falls Church Community Services Board**				
Total Appointments:	16	**Vacancies:**	1	**Filled Appointments:**	15
Number of Individuals Who Previously Receives Services:	2				
Number of Individuals Currently Receiving Services:	0				
Number of Family Members:	5				

FY 2015 Community Services Performance Contract

Exhibit D: CSB Board of Directors Membership List

Fairfax-Falls Church Community Services Board

Name	Address	Phone Number	Start Date	End Date	Term No.
Gary Ambrose, Vice Chair	12011 Government Center Pkwy, Suite 836 Fairfax,VA 220	(703) 324-7000	7/1/2014	6/30/2017	1
Pamela Barrett	12011 Government Center Pkwy, Suite 836 Fairfax,VA 220	(703) 324-7000	7/1/2012	6/30/2015	2
Susan Beeman	12011 Government Center Pkwy, Suite 836 Fairfax,VA 220	(703) 324-7000	7/1/2013	6/30/2016	3
Ken Garnes, Chair	12011 Government Center Pkwy, Suite 836 Fairfax,VA 220	(703) 324-7000	7/1/2014	6/30/2017	1
Katherine Hanley	12011 Government Center Pkwy, Suite 836 Fairfax,VA 220	(703) 324-7000	7/1/2013	6/30/2015	U
Suzette Kern, Secretary	12011 Government Center Pkwy, Suite 836 Fairfax,VA 220	(703) 324-7000	7/1/2012	6/30/2015	1
Paul Luisada	12011 Government Center Pkwy, Suite 836 Fairfax,VA 220	(703) 324-7000	7/1/2014	6/30/2017	1
Lynn Miller	12011 Government Center Pkwy, Suite 836 Fairfax,VA 220	(703) 324-7000	3/1/2014	6/30/2015	U
Juan Pablo Segura	12011 Government Center Pkwy, Suite 836 Fairfax,VA 220	(703) 324-7000	7/1/2014	6/30/2017	1
Lori Stillman	12011 Government Center Pkwy, Suite 836 Fairfax,VA 220	(703) 324-7000	7/1/2014	6/30/2017	3
Dallas "Rob" Sweezy	12011 Government Center Pkwy, Suite 836 Fairfax,VA 220	(703) 324-7000	6/1/2013	6/30/2016	1
Diana Tuininga	12011 Government Center Pkwy, Suite 836 Fairfax,VA 220	(703) 324-7000	7/1/2013	6/30/2016	1
Jeffrey Wisoff	12011 Government Center Pkwy, Suite 836 Fairfax,VA 220	(703) 324-7000	7/1/2014	6/30/2017	1
Spencer Woods	12011 Government Center Pkwy, Suite 836 Fairfax,VA 220	(703) 324-7000	7/1/2013	6/30/2016	1
Jane Woods	12011 Government Center Pkwy, Suite 836 Fairfax,VA 220	(703) 324-7000	7/1/2013	6/30/2016	2

FY 2015 Community Services Performance Contract

Table 2: Board Management Salary Costs

Name of CSB: **Fairfax-Falls Church Community Services Board** **FY 2015**

Table 2a: Management Position Title	FY 2015 Beginning	Salary Range Ending	Budgeted Tot. Salary Cost	Tenure (yrs)
Executive Director	$160,000.00	$160,000.00	$160,000.00	0.00

Table 2: Integrated Behavioral and Primary Health Care Questions

1. Is the CSB participating in a partnership with a federally qualified health center, free clinic, or local health department to integrate the provision of behavioral health and primary health care?

Yes

2. If yes, who is the partner?

- ☑ a federally qualified health center
  - Name: Health Works of Northern Virginia & Alexandria Neighborhood
- ☐ a free clinic
  - Name:
- ☑ a local health department, or
  - Name: Community Health Care Network through Fairfax County Health
- ☐ another organization
  - Name:

3. Where is primary health (medical) care provided?

- ☑ on-site in a CSB program,
- ☑ on-site at the primary health care provider, or
- ☐ another site --specify:

4. Where is behavioral health care provided?

- ☑ on-site in a CSB program,
- ☑ on-site at the primary health care provider, or
- ☐ another site --specify:

FY 2015 Community Services Performance Contract

Fairfax-Falls Church Community Services Board

Table 2: Board Management Salary Costs

Explanations for Table 2a

Table 2b: Community Service Board Employees

1.	2.	3.	4.	5.	6.	7.
No. of FTE CSB Employees	MH	DEV	SA	SAOPA	ADMIN	TOTAL
Consumer Service FTEs	366.00	159.00	226.00	128.00		879.00
Peer Staff Service FTEs	11.00	0.00	2.00	1.00		14.00
Support Staff FTEs	57.00	15.00	31.00	0.00	32.00	135.00
TOTAL FTE CSB Employees	434.00	174.00	259.00	129.00	32.00	1,028.00

COMMONWEALTH of VIRGINIA

DEBRA FERGUSON, Ph.D.
COMMISSIONER

DEPARTMENT OF
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www.dbhds.virginia.gov

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

FROM: Paul R. Gilding
Community Contracting Director

SUBJECT: **FY 2015 and FY 2016 Performance Contract Revision No. 1**

DATE: August 19, 2014

My May 9 memo distributing the initial FY 2015 and FY 2016 Community Services Performance Contract noted that, given the complexity of bills affecting CSBs enacted by the 2014 General Assembly and the deliberations of the Governor's Mental Health Task Force and the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century (SJ 47), contract amendments may be necessary after the start of the contract term. That prediction proved to be accurate. The FY 2015 and FY 2016 Community Services Performance Contract Revision No. 1 and the CSB Administrative Requirements Revision No. 1 are available for your information and use on the Department's web site at www.dbhds.virginia.gov/OCC-default.htm.

The Department developed this major revision of the performance contract in collaboration with the Performance Contract Committee, established by the Department and the VACSB, in response to concerns about accountability and the ongoing interest in our services system by the Governor's Mental Health Task Force and the SJ 47 Joint Subcommittee. The Office of the Attorney General has reviewed and approved Revision no. 1 as to form. Changes in the revision from the initial FY 2015 and FY 2016 Performance Contract are summarized below.

Performance Contract Revision No. 1 Changes

1. Language in the 2nd paragraph of section 4.a on page 3 about notifying the Department when a CSB begins providing a new category or subcategory or stops providing an existing category or subcategory of core services if the service is funded with more than 50 percent of state or federal funds or both is changed to 30 percent.
2. Section 4.a on page 3 in the 3rd paragraph: Language is added about accepting TDOs in residential crisis stabilization programs.
3. Section 4.b on page 3: Added language requires administrative and management costs to be reasonable and subject to review by the Department.

4. Section 4.c on page 3: Added language requires CSBs to comply with regional emergency services protocols.
5. Section 4.c.8.) on page 5: Added language requires updating the bed registry in real time.
6. Section 4.c.9.) on page 5: Added language requires preadmission screening evaluators to meet qualifications established by the Department and receive required training provided by the Department.
7. Section 4.d.8.) on page 7: Added language requires CSB emergency services staff to receive consistent training from the Department on REACH (a DOJ requirement).
8. New section 4.f on page 9 describes emergency services availability requirements.
9. New section 4.g on page 9 lists the minimum requirements for emergency evaluations.
10. Section 5 on page 10: Added language requires CSBs to maximize billing and collecting Medicaid payments and other fees in all covered services.
11. Section 5.a on page 10: Added language allows the Department to reduce restricted or earmarked state or federal funds during the contract term if the CSB significantly reduces or stops providing services supported by those funds. Language excludes these reductions from the final stage of the dispute resolution process in sections 9.c or 9.f of the contract.
12. Section 5.b on page 10: Revised language states continued disbursement of restricted or earmarked state or federal funds may be contingent on documentation in CCS and CARS reports that the CSB is providing the services supported by those funds.
13. Section 6.a on page 11: Added language requires the CSB to ensure appropriate management of each TDO admission to a state hospital to identify the cause of the admission and the actions the CSB may take in the future to identify alternative facilities.
14. Section 6.b.1.) on page 11: Added language requires reports on the CSB performance measures to be presented at least quarterly during scheduled board meetings.
15. Section 6.b.2.) on page 11 is rewritten and a requirement is added to review and update the quality improvement plan at least every four years.
15. Section 6.b.3.) on page 11: Revised language requires the CSB to implement procedures to insure the executive director is informed of any deaths, serious injuries, or allegations of abuse or neglect when they are reported to the Department.
16. New section 6.b.4.) on page 11 requires the CSB to ensure its clinical emergency services, other than preadmission screening evaluations, are provided only by licensed mental health professionals (psychologists, social workers, or professional counselors), certified preadmission screening evaluators, or residents or supervisees registered with the Board of Health Professions. This requirement does not preclude peers from participating as part of a team delivering emergency services. Preadmission screening evaluations can only be provided by CSB staff that meet requirements in section 4.c.9.) of the contract.
17. New section 6.b.7.) on page 13 addresses conflict-free case management services.
18. Section 6.b.8.) on page 13: Added language requires the CSB to provide ready access to records or other information for the Department to conduct reviews or investigations.

19. Section 6.b.9.) on page 13: Added language requires the CSB to post its dispute resolution procedures on its web site.
20. New section 6.b.10.) on page 13 requires rapid access to treatment for opioid drug abuse.
21. Section 6.c.2.) a.) on page 15: Revised language requires quarterly CARS reporting and reporting state and federal block grant funds expended by core service with the 4th quarter CARS report.
22. New section 6.i on page 17 requires CSB participation in reviews conducted by the Department.
23. Section 7.b.2.) on page 18: Added language requires the Department to post CSB TDO admissions and bed day utilization on its web site.
24. Section 7.c.1.) on page 18 (and several other places): Language is revised to move most of the text in the initial Exhibit B on continuous quality improvement (CQI) from the contract to a new Appendix E in the CSB Administrative Requirements.
25. New sections 7.c.6.) and 7.) on page 19 move Department requirements about human rights and licensing from the former Exhibit K to the contract body.
26. New section 7.j on page 22 requires the Department to conduct the CSB reviews in section 6.i.
27. Section 9.b on page 23: Added language includes reducing allocations and payments as compliance remedies, consistent with the change in section 5.a on page 10.
28. Section 9.f.11.) on page 25: Added language restricts circuit court review to termination or suspension of the contract, consistent with the change in section 5.a on page 10.
29. Former section 9.i in the initial contract about fraud is moved to the new Exhibit J.
30. Section 10 on page 26: Language in the initial contract is replaced with language to develop an incentive mechanism for excellent performance and a state hospital TDO bed utilization mechanism to be modeled in FY 2015 and that may have fiscal incentives or disincentives applied to outliers based on those baselines in FY 2016.
31. Exhibit B: Most of the CQI text is moved to Appendix E in the revised CSB Administrative Requirements.
32. Exhibit B on page 42: The measure in the initial contract on employment is split into two measures with no change in what is measured and reported.
33. Exhibit B on page 42: Additional measures are included in section III that are in the Department's data dashboard. These measures do not require additional CSB data collection since the sources are current CCS 3 data or AVATAR state facility data
34. Exhibit B on page 43: Added language in new section IV establishes an 80 percent utilization rate for residential crisis stabilization programs.
35. Exhibit E on pages 47-52: Language incorporates Amendment No.1, distributed on July 1, and is revised to reflect the change to quarterly CARS reporting.
36. Exhibit I on pages 57 and 58: Revised language reflects quarterly CARS reporting.
37. Former Exhibit J on page 66 is deleted and replaced with language at 08-01-14 in Exhibit E requiring a CSB entering into a joint agreement pursuant to § 37.2-512 of the Code of Virginia to attach a copy to the contract as Exhibit K.

38. Former Exhibit K is renamed Exhibit J on pages 59-64 and revised to focus on other CSB accountability requirements. Several of the existing requirements are revised to be more specific (e.g., the Conflict of Interests Act and the Freedom of Information Act).

39. Exhibit J on page 60: Added language identifies a series of CSB and Board of Directors Organization and Operations requirements.

40. Exhibit J on pages 61 and 62: Added language describes requirements related to hiring a new CSB executive director or BHA chief executive officer. Much of the text is moved from section II.A.5.a (Human Resource Management Requirements) in the CSB Administrative Requirements to Exhibit J, and additional requirements about involving Department staff in the process are inserted.

If you have not submitted your initial FY 2015 and FY 2016 Performance Contract signature pages (pages 25 and 44) and Exhibits F and G yet, please submit signed Revision No.1 versions. If you have submitted those pages from the initial performance contract, please submit signed or completed pages 26, 43, and 54 from Revision No. 1 to document your acceptance of the revision. A copy of the contract signature page (page 26 in Revision No. 1) signed by Commissioner Ferguson is attached for your use. Please return the applicable pages of the contract to Joel Rothenberg unfolded and in a large envelope. If you have any questions about this memo or the contract documents, please e-mail or call Joel Rothenberg, the Community Contracting Administrator, at joel.rothenberg@dbhds.virginia.gov or (804) 786-6089 or me at paul.gilding@dbhds.virginia.gov or (804) 786-4982. Thank you.

Enclosure (1)

pc:

Peggy S. Balak
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State Performance Contract Reporting Improvement Status Review

PREPARED FOR:

Fairfax-Falls Church CSB Board

August 27, 2014

Agenda

- Accomplishments
- Vendor Import Process Status
- Planned Tasks for Next Period
- FY2015 and FY2016 SPC Submission Status
- Questions and Comments?

FAIRFAX-
FALLS CHURCH
COMMUNITY SERVICES BOARD

Accomplishments

- Submitted CCS3 Monthly Extract for June 2014 which closes out FY 2014
- Completed input of all vendor data for FY 2014

FAIRFAX-
FALLS CHURCH
COMMUNITY SERVICES BOARD

Vendor Import Status Summary

Vendors	Import Template Ready	Importing Data
CFS-Service Source	NO	
Chimes	NO	YES
CRI	YES	
Didlake	YES	
Echo	YES	
Etron	YES	
Every 1 Can Work	YES	
JDI	YES	
JFGH-Most VA	NO	
Linden Resources	NO	
MVLE	NO	
PORTCO	NO	
PRS	NO	
Service Source / SSCF	YES	YES
SJCS	NO	
St Coletta	YES	
Woods	NO	

FAIRFAX-
FALLS CHURCH
COMMUNITY SERVICES BOARD

Planned Tasks for Next Month

- Continue to establish and refine data import process going forward
- Hold conference call with Joel prior to EOY submission
- Document discussion with Joel for follow-up
- Complete FY 2014 EOY Report on August 29th

FAIRFAX-
FALLS CHURCH
COMMUNITY SERVICES BOARD

FY2015 and FY2016 SPC Submission

- Submitted for Public Comment on July 28
- Submitted draft CARS to DBHDS OIST to review
- Received Revision 1 to contract on August 19
- Scheduled CSB Board approval for August 27
- Scheduled BOS Board approval for September 9
- Submit contract to DBHDS NLT September 12

FAIRFAX-
FALLS CHURCH
COMMUNITY SERVICES BOARD

COMMUNITY SERVICES BOARD	Item: 10B	Type: Information	Date: August 27, 2014

Fairfax County FY 2016 Capital Budget Request

Issue:
Submission of the Community Services Board's (CSB's) recommended priorities for the County's FY 2016 Capital Budget Request

Timing:
A list of prioritized projects for the FY 2016 Capital Budget Request was due to the Building Design and Construction Division of the Department of Public Works and Environmental Services (DPWES) on August 18, 2014. DPWES will coordinate with the Department of Management and Budget (DMB) to determine the appropriate funding amount for any FY 2016 Budget requests for approved projects. The County Executive presents the FY 2016 Capital Budget Request to the Board of Supervisors as part of the County Budget in late February - early March and adopted in April. Funding becomes available on July 1, 2015.

Background:
Every August, DPWES solicits a list of priority projects from each County agency that has active projects and projects that have been identified in the Five Year Plan of the Capital Improvement Program (CIP). Long-term CIP projects specifically identified by the Planning Commission and Board of Supervisors for consideration for immediate funding may also be included in the prioritized list for funding consideration. Critical new projects and top priority, long-term CIP projects will be discussed with DPWES and DMB this fall in CIP Review meetings that occur concurrently with the development of the final FY 2016 capital budget recommendations.

The CSB has four priorities for the FY 2016 Capital Budget, and requests funding for these projects in the following order:

1. Building Design & Construction for Fairfax Detox and A New Beginning Renovation
2. Feasibility Studies for Site and Design of a Crisis Stabilization and an Intermediate Care Facility
3. Building Design & Construction for Crossroads Renovation, and
4. Building Design & Construction for Cornerstones Renovation and Expansion

Feasibility studies for Fairfax Detox, A New Beginning, Crossroads and Cornerstones began in August 2014, and the estimated date of completion is February 2015. These studies will produce a total project cost estimate, work program, feasibility assessment (for compliance with building code, Department of Behavioral Health and Developmental Services [DBHDS] licensure and Department of Health certification requirements) and conceptual design for each facility.

Fairfax Detox and A New Beginning are the top priority because the renovation will increase CSB's capacity to provide medical detoxification as an alternative to

hospitalization and to offer primary health care to individuals receiving CSB services in the Fairfax/Chantilly area. The feasibility study for a crisis stabilization and intermediate care facility (ICF) is the next priority because Woodburn Crisis Care has exceeded its usable building life, does not meet current building code, and is at risk of noncompliance with DBHDS licensure requirements. The siting and design of an ICF (and eventual construction based on a selected design and identified sites) will support CSB efforts to serve individuals with intellectual disabilities who have the most complex medical and behavioral support needs on the CSB's residential waitlist, especially those transitioning out of Northern Virginia Training Center. The third priority is to renovate Crossroads to serve a population increasingly experiencing co-occurring serious mental illness and substance use disorders. The renovation and expansion of Cornerstones is the fourth priority, because CSB must develop plans to cover costs of operating and supporting new housing units with wrap-around services.

Enclosed Document:
FY 2016 Capital Request Budget

Staff:
Leonard P. Wales, CSB Acting Director of Administrative Services/General Manager
Jeannie Cummins Eisenhour, CSB Investment & Development Manager

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD FY 2016 CAPITAL BUDGET REQUEST

		Status			
PRIORITY	**ITEM**	**ACTIVE PROJECT**	**IN 5 YEAR CIP**	**IN CIP FUTURE PROJECTS**	**ADD TO FY16 CIP**
1	**Building Design & Construction for Fairfax Detox and A New Beginning Renovation**. Fairfax Detox is a residential substance abuse treatment program for 32 adults to detoxify them from the effects of drugs and/or alcohol. A New Beginning is an 8 – 12 week residential substance abuse treatment program for 35 adults that integrates psychiatric assessments and medication monitoring into programming for individuals with co-occurring mental illness and substance use disorders. These two programs are co-located in the same facility. Funding is requested to (1) complete the facility review of Fairfax Detox and A New Beginning begun in August 2014 to develop a scope of work, cost estimate and conceptual design to address code issues, deferred maintenance and facility redesign to meet the target population's changing needs; and (2) perform the full design and construction of Fairfax Detox and A New Beginning in accordance with the identified scope of work in the facility review. Total funding needed has not yet been determined and will depend upon the estimated project cost for the approved conceptual design. The Fairfax Detox renovation redesign will accommodate increased medical beds, a primary care clinic and a modified crisis stabilization component. The renovation redesign of A New Beginning will support services for a population experiencing increasingly complex co-occurring serious mental illness and substance use disorders.	X (feasibility study)			X
2	**Feasibility Studies for Site and Design of a Crisis Stabilization and an Intermediate Care Facility.** Woodburn Place is the CSB's crisis stabilization program located at 3300 Woodburn Road in Annandale. This sixteen bed crisis care facility opened in 1964 and currently provides a structured, supportive environment with 24-hour counseling support to help people gain the stability and emotional strength to move into a more independent living arrangement. While renovated in 2004, the building suffers from significant deferred maintenance in most major systems, has limited accessibility, is at risk of noncompliance with Department of Behavioral Health and Developmental Services (DBHDS) licensure requirements and does not meet current building, life				X (Crisis Stabili-zation)

		Status			
PRIORITY	**ITEM**	**ACTIVE PROJECT**	**IN 5 YEAR CIP**	**IN CIP FUTURE PROJECTS**	**ADD TO FY16 CIP**
	safety and health code standards. Moreover, the existing building configuration and floor plan require additional staffing to ensure appropriate 24/7 observation of the individuals in the program. A different building layout could reduce SYEs required for more efficient service delivery.				
	The CSB also continues to work with DBHDS to transition individuals out of the Northern and Central Virginia Training Centers into more integrated community living settings in accordance with the Department of Justice (DOJ) Settlement Agreement. Currently, of the 106 individuals residing at these training centers, approximately 30 individuals are eligible for and prefer an Intermediate Care Facility level of care. At the same time, individuals with intellectual disabilities currently living in group homes and on the CSB's Medicaid Waiver waitlist are aging. As medical advances enable this population to live longer, some are beginning to experience age-related conditions which require specialized medical, nutritional, physical and behavioral interventions not typically available in Medicaid Waiver group home settings. The County's housing stock is not equipped to serve this population. Seventy-four percent of the County's housing was built prior to 1990 (before Fair Housing Accessibility requirements went into effect) and 95% of the housing stock is in buildings that are unlikely to have accessible features (e.g., single family homes, townhouses, garden apartments, multiplexes and mobile homes). Moreover, financing sources for private acquisition of intermediate care facilities have dramatically declined due to significant reductions in federal funding for housing, policy shifts away from funding "medically oriented" residential models, and steadily rising commercial interest rates. The County has non-profit residential providers with the expertise and ability to operate ICF services, but they do not have the up-front capital to develop fully accessible homes with extensive requirements for health and safety. Funding is requested for two feasibility studies. The first study is to determine the most appropriate option for the existing crisis care program (e.g., substantially renovate the current facility, knock down/rebuild the current facility, or build a new facility at an alternative site), develop a conceptual design for a state-of-the-art crisis stabilization facility, and if indicated, identify suitable sites for the facility. The second			X (ICFs)	

		Status			
PRIORITY	**ITEM**	**ACTIVE PROJECT**	**IN 5 YEAR CIP**	**IN CIP FUTURE PROJECTS**	**ADD TO FY16 CIP**
	study is to develop a conceptual design for a community-based intermediate care facility and to identify four potential sites on which to build the first half of a series of eight, four bed facilities.				
3	**Building Design & Construction for Crossroads Renovation.** Crossroads is a residential substance abuse treatment program serving 77 youth and adults. This 9 – 12 month program includes substance abuse education, counseling, vocational rehab, psychiatric services, medication monitoring, drug testing, case management and re-entry services. Funding is requested to (1) complete the facility review of Crossroads begun in August 2014 to develop a scope of work, cost estimate and conceptual design to address code issues, deferred maintenance and program redesign to meet the target population's changing needs; and (2) perform the full design and construction of Crossroads in accordance with the identified scope of work in the facility review. Total funding needed has not yet been determined and will depend upon the estimated project cost for the approved conceptual design. The Crossroads renovation redesign will support services for a population experiencing increasingly complex co-occurring serious mental illness and substance use disorders.	X (feasibility study)			X
4	**Building Design & Construction for Cornerstones Renovation and Expansion.** Cornerstones is a residential treatment program for 16 adults with co-occurring substance use disorder and mental illness that provides onsite treatment planning, therapy, case management and psycho-education. Funding is requested to (1) complete the facility review of Cornerstones begun in August 2014 to develop a scope of work, cost estimate and conceptual design to address code issues, deferred maintenance and program redesign to meet the target population's changing needs; and (2) perform the full design and construction of Cornerstones to meet the target population's changing needs. Total funding needed has not yet been determined and will depend upon the estimated project cost for the approved conceptual design. The Cornerstones redesign has two components: (a) renovate the existing facility to support services for a highly intensive population experiencing co-occurring serious mental illness and substance use disorders and (b) expand the facility to accommodate new supportive housing units on site for individuals with serious mental illness and/or substance use disorders.	X (feasibility study)			X