



FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

Ken Garnes, Chair

**Fairfax County Government Center
12000 Government Center Parkway
Conference Rooms 9 and 10
Fairfax, Virginia 22035**

Wednesday, September 24, 2014

Work Session 6:30 p.m.

Board Meeting 7:30 p.m.

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| 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 August 27, 2014 CSB Meeting Minutes | Ken Garnes | |
| 5. Matters of the Board | | |
| 6. Directors Report | | |
| • CSB Workplan Update | | |
| 7. Committee Reports | | |
| A. Fiscal Oversight Committee | Suzette Kern | |
| • August Meeting Notes | | |
| B. Government and Community Relations Committee | Rob Sweezy | |
| • Housing Financing Legislative Initiative | | |
| C. Intellectual Developmental Disability Committee | Lori Stillman | |
| D. Substance Use Disorders/Mental Health Committee | Susan Beeman | |
| • September Meeting Notes | | |
| E. Other Reports | | |
| 8. CSB Proposed Fee Changes Hearing | Ken Garnes | |
| 9. Action Items | | |
| A. CSB Proposed Fee Changes and Related Documentation | Jim Stratoudakis/
Ginny Cooper | |
| B. FY2016 Proposed Budget Submission | Suzette Kern | |
| 10. Information Items | | |
| A. State Performance Contract Update | Jerome Newsome | |
| B. FY 2016-2020 Capital Improvement Projects | Jeannie Cummins
Eisenhour | |
| 11. Adjournment | | |

Fairfax-Falls Church Community Services Board

August 27, 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, Kate Hanley, Suzette Kern, Lynn Miller, Juan Pablo Segura, Lori Stillman, Dallas “Rob” Sweezy, Diane Tuininga, Jeff Wisoff, Jane Woods and Spencer Woods

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

The following CSB staff was present: Len Wales, Jeannie Cummins Eisenhour, Jean Hartman, Victor Mealy, Lisa Potter, Lyn Tomlinson and Laura Yager

1. Meeting Called to Order

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

2. Approval of the Minutes

Gary Ambrose offered a motion for approval of the July 23, 2014 Board meeting minutes of the Fairfax-Falls Church Community Services Board which was seconded and passed.

3. Matters of the Board

- Kate Hanley noted she attended the Project In-Sight Open House at the Reston Center which offered creative art exhibits and suggested using at least one of the images for upcoming CSB posters.
- Mr. Garnes reported on the following:
 - With the arrival of new CSB Executive Director Tisha Deeghan, additional time will be provided at the upcoming Board meeting for welcoming and dialogue.
 - At State Senator Barbara Favola’s request, a meeting with representatives of the Northern Virginia CSBs was held to discuss legislation she is considering sponsoring on mandatory outpatient services. Noting these services are already provided in some areas, a follow up meeting was requested for September, and if this occurs, staff familiar with the current law and clinical operations will be involved.
 - Appreciation was extended to Kate Hanley and Diane Tuininga who will be joining the Government and Community Relations Committee.

4. Directors Report

Len Wales highlighted the following:

- The projects in the CSB Work Plan are on target, although there is an unconfirmed rumor that delivery of the Merrifield building may be further delayed. Plans continue for the relocation.
- An outline to provide a monthly status report of services and related activities was distributed for review. Board members were requested to provide feedback on any additional items to be added that would be helpful or possibly remove items currently included. Some initial suggestions were to add Temporary Detention Orders, Emergency Custody Orders as well as capture the number of encounters or sessions vs. individuals served to account for multiple interactions with a single individual.

Appreciation was extended to Len Wales for his service during the interim period while hiring an executive director.

5. Committee Reports

A. *Fiscal Oversight Committee*

Suzette Kern pointed out the July meeting notes in the agenda materials and reported on activities at the August committee meeting which included:

- The FY 2016 Capital Budget request, which will be discussed later this evening, was reviewed by the committee.
- As all county agencies are being requested to submit reductions totaling three percent in the FY 2016 budget cycle, an initial draft of possible reductions was presented. The committee is recommending a full Board work session be scheduled to consider a prioritized list of possible reductions which are due in October. There was agreement to hold a work session prior to the September Board meeting.

In response to the status of the current CSB carryover requests, it was indicated there has been no word received on the final which will be presented for approval at the September 9th Board of Supervisors (BOS) meeting.

B. *Government and Community Relations Committee:*

- Laura Yager provided the following update on the Suicide Prevention resources and activities:
 - Posters with the crisis text contact information have been distributed widely in the schools and community.
 - A web resource directory will go live in September.
 - At the BOS September 9th session, Supervisor John Cook will present a Suicide Prevention Proclamation in which CSB as well as PRS, Inc./CrisisLink representatives have been invited to participate..
 - To receive \$125,000 in funding from the Department of Behavioral Health and Developmental Services (DBHDS) for regional efforts, an application is being drafted for submission.
- In preparation for a site visit to the Adult Detention Center, it was indicated that possible dates will be forwarded for consideration.

- A status report on the grant application for the DBHDS Young Adult Services Initiative for Serious Mental Conditions funding noted that, due to the large volume of submissions, the review process continues, and it is anticipated the awardees will be announced shortly.
- Rob Sweezy reported that the Virginia General Assembly will reconvene on September 18th or 19th to discuss expanding Medicaid coverage. As this is an opportunity to place Medicaid related issues in front of the legislature, a handout was provided that highlights the needs for Medicaid Waivers as well as expansion of insurance coverage. During discussion, it was noted the county position is to support expansion of Medicaid coverage, and taking this into account, it was requested the issues in the handout be reordered to initially highlight Medicaid eligibility criteria which will assist in Board members providing a focused, uniform message.

C. *Intellectual Developmental Disability (IDD) Committee*

Lori Stillman noted the September meeting of the committee has been moved to the following week and will be held September 11th at 7:30pm. A presentation will be presented on the FY 2016 Capital budget requests as well as an update on the activities related to the Northern Virginia Training Center (NVTC).

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

Susan Beeman reported the committee is scheduled to meet on September 10th.

6. FY 2015-2016 Proposed State Performance Contract Hearing

Noting this is the final opportunity for comments to be received on the FY 2015-2016 State Performance Contract that has been available for review over the last month, Mr. Garnes opened the floor for anyone wishing to provide comments. Hearing none, the public hearing was closed.

7. Action Item

A. *FY 2015-2016 State Performance Contract*

Mr. Garnes offered a motion that the Board approve the FY 2015-2106 Community Services Performance Contract and submit it to the local jurisdictions for approval which was seconded.

During discussion, staff was requested to note revisions that would be helpful for consideration in future contract negotiations. In response, it was indicated due to the state's methodology vs. the CSB's actual operations and electronic health record, there are conflicts with the data reported which requires substantial CSB resources to participate in the intense review process. Discussions continue with DBHDS in an effort to address this issue, but there has not yet been a full resolution. It was indicated there should not be a single state contract that applies the same conditions to every CSB, but should take into account differing operational standards that best serve the local

community. Recognizing this need, it was noted a follow up motion will be offered. The motion to approve was called for a vote and passed.

Ms. Hanley offered a follow up motion that for the duration of the two-year contract, issues will be identified as well as recorded, and six months prior to the next biennial contract, negotiations will commence with DBHDS on the contract conditions needing to be addressed. This motion was seconded and a friendly amendment offered by Jane Woods that regular updates be provided to ensure the intent of the state requirements are focused on services to the community and not IT methodology. The amendment was accepted and the motion passed.

8. Information Items

A. *FY 2014 State Performance Contract Update:*

Highlighting current activities, Mr. Wales noted:

- The final data extract was forwarded in June and staff is currently finalizing the yearend report.
- Several vendors have accepted the electronic importation of data which will prevent having to manually enter the information. In addition, it was noted meetings with DBHDS continue in an effort to resolve data submissions issues.

The FY 2015–2016 contract will come before the BOS September 9th for approval, after which the contract will be executed and sent to DBHDS.

B. *FY 2016 Capital Budget Request:*

Jeannie Cummins Eisenhour provided an overview of the FY 2016 Capital Budget requests which includes four priorities:

- Building design and construction for Fairfax Detox and A New Beginning Renovation
- Feasibility studies for site and design of a crisis stabilization and an intermediate care facility
- Building design and construction for Crossroads renovation
- Building design and construction for Cornerstones renovation and expansion

The feasibility studies for Fairfax Detox, A New Beginning, Crossroads and Cornerstones began in August 2014 and it is anticipated will be completed by February 2015.

It was noted two urgent requests include feasibility studies for 1) crisis stabilization to replace the Woodburn Crisis Care facility, built in 1964, and has structural issues that will ultimately impact program licensing, and 2) an intermediate care facility (ICF) for individuals leaving NVTC as well as those needing a higher level of care living with aging families. During discussion of ICFs, it was noted that many financing resources such as below market interest rates or no-debt service loans are no longer available, partly due to the interpretation of the Department of Justice settlement agreement. In light of limited financial sources, it was suggested an addendum to the Fairfax County

FY 2015 legislative program be prepared to request a resolution that would provide for special financial dispensation of facilities, housing eight or fewer, being built or restored to accommodate individuals leaving the Training Centers or needing a higher level of care. Jeannie Cummins Eisenhour indicated she would prepare the addendum.

It was noted long range requests for future capital improvement projects will be submitted separately in the next few months.

There being no further business to come before the Board, a motion to adjourn was offered, seconded and carried. The meeting was adjourned at 8:45 p.m.

Actions Taken--

- The July 2014 meeting minutes were approved
- The FY 2015-2016 State Performance Contract was approved.

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 <ul style="list-style-type: none"> • 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	75%	December 2014	On Target
Establish process for responding to future contract changes: Establish more direct onsite contact with Credible staff	90%	September 2014	On Target
Create Credible data reports for CSB staff : Requested reports are being used by clinical staff	50%	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 approved by CSB Board and Board of Supervisors
- FY2014 EOY Report submitted to DBHDS on September 12
- FY 2015 and FY 2016 SPC submitted to DBHDS on September 12

Key Risks:

- None

Key Issues:

- None

Planned Activities:

- Complete Credible review Initial Assessment Summary Report based on three sites evaluated.
- Work closely with DAHS contracts to amend Credible contract to obtain more onsite support and manage future changes
- Engage newly hired Report Writer in report generation projects to include revising existing dashboards and creating new ones.
- Prepare 3 Year Plan for all planned IT initiatives with the CSB. Meet with DIT on these initiatives.

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	75%	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 September 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.
- “To be” process mapping models for ARC/Access in September and apply testing in October/ November of 2014
- 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 Bachman

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 : <ul style="list-style-type: none"> 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
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

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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: completed a goal/mission statement; determined our foundational principles; and generated the services that will be offered across our service continuum.
- 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.

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Section 4: Integration of Business Practices

POC – Ginny Cooper

Key Activity Status:

Task :	% Comp	Due Date	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 services
Align CSB post-transformation with FOCUS and Credible.	100%	July 2014	Complete	
Redefined the Lines of Business Exercise		Jan-14		
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				
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 November 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	
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Key Risks:

- None

Key Issues:

- Administrative Services Report (8/8/14) addresses several Workforce Planning items including additional requirements, structural issues related to classification, and resource allocation.

Special Notation:

- Pre-registration pilot at Entry and Referral Office completed in Aug 2014. Findings and recommendations reviewed on 9/12/14.

Planned Activities:

Enhancements to the review of existing business processes task

- Scheduling pilot at Chantilly to begin in October 2014.
- Conducting across-the-board financial reviews of individuals currently receiving services and have expired financial liability (proof-of-income) dates. Completion date-December 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.
- Pre-registration business protocol and across-the-board implementation. October 2014.

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

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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 <ul style="list-style-type: none"> • Admin Coverage Plan • System Access Plan • Implementation Plan 	<ul style="list-style-type: none"> • 95% • 75% • 50% 	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 30% 	<ul style="list-style-type: none"> • June 15 (plan) • July-through move completion (implementation) • March 2015-opening event 	On Target
Health Care Center	<ul style="list-style-type: none"> • 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: August 22, 2014

Attending: Suzette Kern, Ken Garnes, Gary Ambrose, Kate Hanley, Lori Stillman, Jeff Wisoff

Staff: Len Wales, Ron McDevitt, Jean Hartman, Lyn Tomlinson, Lisa Potter, Jeannie Cummins

Summary of Information Shared/Decisions:

Position Status

- Staff provided information about the position status and noted that as of August 18, 2014 the CSB is maintaining 118 effective vacancies, or a 12% vacancy rate, and a position Vacancy Breakeven Point of 90.

State Performance Contract/Credible Review

- Staff provided an update on the CSB State Performance Contract Reporting Improvement and Status Review:
- Accomplishments to date:
 - Submitted Monthly Extract for June 2014, which closes out FY 2014.
 - Completed input of all vendor data for FY 2014.
- Planned Tasks include:
 - Continue to establish and refine data import process going forward.
 - Schedule conference call with Joel Rothenberg (DBHDS) prior to EOY submission; complete FY 2014 EOY Report on August 29th.
- FY2015 and FY2016 SPC Submission:
 - Submitted for Public Comment on July 28th
 - Expecting amendments/changes to contract
 - Schedule CSB Board approval for August 27
 - Schedule BOS Board approval for September 9
 - Submit contract to DBHDS no later than September 12
- There was brief discussion and it was noted that some vendors work with other jurisdictions; staff will follow-up regarding the process for vendor data in other localities.
- Lisa Potter and Jean Hartman attended a meeting with the Assistant Commissioner, Kathy Drumwright, related to the State Dashboard and reviewed questions and concerns related to the state measures.

CSB Work Plans

- Most work plans are on target.
- Len Wales announced that there a possibility the move to Merrifield will be delayed due to building delivery. It was noted that the Dept. of Public Works is working on this and staff will share updates as information is received. Lyn Tomlinson is the staff contact for Supervisor Smyth's office for questions or issues related to Merrifield.

FY 2016 Capital Budget Request

- Staff provided the CSB FY 2016 Capital Budget Request and reviewed this information

CSB Fiscal Committee Meeting Notes

with Committee members:

- Request prioritizes the development of full design drawings for the residential treatment facilities that are currently undergoing feasibility studies (Fairfax Detox, A New Beginning, Crossroads and Cornerstones).
- Prioritization of items:
 1. Building Design/Construction for Fairfax Detox and A New Beginning Renovation
 2. Feasibility Studies for Site and Design of a Crisis Stabilization and Intermediate Care Facility
 3. Building Design/Construction for Crossroads Renovation
 4. Building Design/Construction for Cornerstones Renovation and Expansion
- The FY 2016 request introduces two new feasibility studies: one for the conceptual design and location of an intermediate care facility, which has been identified as a need in the FY15-FY19 Capital Improvement Program and one for an emerging, high priority need that is not yet in the CIP, the conceptual design and location of a crisis stabilization facility.
- Staff will present this request as an information item at the August CSB Board meeting.

NEOGOV Issues

- Reviewed issues identified in the 8-11-14 memo Daryl Washington provided to Fiscal Committee members regarding NEOGOV, to include issues with candidates forwarded, as well as candidates not forwarded to the CSB by the Department of Human Resources (DHR), issues with advertised salary, supplemental questions, DHR response time and DHR analyst consistency. Staff will provide a status report at the next meeting.

FY 2016 Potential Budget Reductions

- Staff reviewed the draft CSB FY 2016 proposed reductions and provided a chart identifying the level of potential impact on those served and the community, availability of alternative services, degree of impact on budget, level of current utilization, and alignment with priority access guidelines. It was noted that this is the first draft of the 3% budget exercise. The Fiscal staff is determining potential reduction amounts, which will be added to the chart.
- Len Wales asked members to review the proposed reductions and let him know if there are any questions or recommendations for additions.
- It was recommended that a CSB Board work session be scheduled in September to discuss the proposed reductions and the FY 2016 budget. Announcement about the work session will be made at the August CSB Board meeting.

Action Items/Responsible Party Required Prior to Next Meeting:

Issues to Communicate to CSB Board:

CSB Fiscal Committee Meeting Notes

- FY 2016 Capital Budget Request – Information Item, August CSB Board meeting
- FY 2016 Potential Budget Reductions - Schedule CSB Board Work Session in September

Agenda Items for Next Meeting on September 19:

- TBD

Housing for Persons with Intellectual and Developmental Disabilities

Support the expansion of community residential opportunities for individuals with intellectual and developmental disabilities in high cost, underserved areas by enacting a resolution to (1) express the sense of the General Assembly that residential facilities covered by §15.2-2291 should be considered housing for purposes of public financing and (2) encourage all state agencies to maximize utilization of public funding streams for the acquisition, construction and/or rehabilitation of housing for this purpose.

At the start of this century, despite limitations on funding for home and community-based services, private nonprofit providers of housing and residential services in Northern Virginia created a variety of residential alternatives for adults with intellectual disabilities. These include Medicaid Waiver group homes, small community intermediate care facilities (ICFs), and clustered supportive apartments. The ability to access sources of below-market financing at the local and state levels has been critical to these providers' ability to develop economically viable residential options for this population. Since then, however, the recession, federal sequestration, and changes in housing finance policy have radically shrunk private, non-profit providers' capacity to develop community residential options. Here in Fairfax County, there has been no net growth in residential opportunities for adults with intellectual disabilities between 2009 and 2014. Developing one new home a year is wholly insufficient to address a residential waiting list that exceeds 500 individuals. There have been fewer than 10 vacancies per year in group homes within the County since 2009. As a result, since 2009 approximately 30 individuals who were funded with Medicaid ID Waivers have had to move out of the Northern Virginia area to find supportive housing.

Federal support for the development of residential options has shrunk dramatically. While the market slowly recovers, providers continue to experience difficulty accessing the financial resources they need to renew their development efforts for certain kinds of residential options such as group homes and community ICFs. Federal funding increasingly targets development of units in multi-family housing, while housing finance policies at the state level no longer characterize these options as residential in nature and do not prioritize limited affordable housing financing resources for these types of projects. Meanwhile, localities, Community Services Boards and Medicaid Home and Community Based Waiver-funded residential providers are experiencing growing pressure to expand community residential options for individuals who need significant medical, behavioral, communication and physical assistance as a result of the Commonwealth's commitment to close all but one of the state training centers.

Section 15.2-2291 of the Code of Virginia explicitly states that zoning ordinances must treat group homes or residential facilities licensed by the Department of Behavioral Health and Developmental Services in which eight or fewer individuals with mental illness, intellectual disability or developmental disabilities reside with one or more staff as they would a ***residential occupancy by a single family***. This interpretation of use and occupancy supports the notion that these residential settings are ***housing*** that is protected under the Fair Housing Act Amendments of 1988, rather than a commercial, industrial or other use. Financing such projects, which enable individuals to live in the community and receive services in the most integrated setting appropriate to their needs, should be a high priority of the Commonwealth.

LEGISLATIVE INITIATIVE

(Completed form to be provided to the Board's Legislative Committee)

GENERAL SUBJECT AREA -- TITLE OF PROPOSAL:

HOUSING – FINANCING GROUP HOMES AND RESIDENTIAL FACILITIES AS A RESIDENTIAL OCCUPANCY BY A SINGLE FAMILY

PROPOSAL: *(Provide a brief description of the proposal)*

Initiate a resolution to express the sense of the General Assembly that state and quasi-government agencies should (1) consider residential facilities covered by §15.2-2291 as a residential occupancy by a single family for public financing purposes and (2) maximize utilization of public funding streams to expand community residential opportunities for persons with intellectual and developmental disabilities in high cost, underserved areas.

SOURCE: *(Provide the name of the agency, board, or commission generating the proposal and the date of the proposal)*

Fairfax-Falls Church Community Services Board
September 9, 2014

BACKGROUND:

(Succinctly summarize the current law and explain why the law needs to be changed; identify the issues involved; note the impact of the proposal or why the proposal is important to Fairfax County; include any other information that might be helpful to the Board in making a decision as to the merits of the proposal; note any previous Board of Supervisors' action or previous General Assembly study or action on this issue.

State agencies and quasi-government agencies that support housing development have curtailed financing for congregate housing opportunities that deliver supportive services to persons with disabilities, citing concerns these programs are not housing but medical facilities and therefore do not qualify for financing. The need for such residential options has spiked due to the proposed state training center closures, yet the lack of financing options has effectively shuttered the development of these options in high cost areas of the state since 2009.

Virginia Code §15.2-2291 clearly states zoning ordinances must treat group homes or residential facilities licensed by the Department of Behavioral Health and Developmental Services in which eight or fewer individuals with mental illness, intellectual disability or developmental disabilities reside with one or more staff as a **residential occupancy by a single family**. A resolution should be passed expressing the "sense of the General Assembly" that state agencies and quasi-government agencies should recognize the single family residential occupancy definition in §15.2-2291 when making eligibility determinations for financing and should further strive to maximize utilization of public funding streams for the development of housing with supportive services for individuals with intellectual and developmental disabilities in high cost, underserved areas.

RECOMMENDATION:

LEGISLATIVE INITIATIVE INFORMATION SHEET

(Supplemental background information to be used by staff to pursue actual legislation)

GENERAL SUBJECT AREA -- TITLE OF PROPOSAL:

HOUSING – FINANCING GROUP HOMES AND RESIDENTIAL FACILITIES AS A RESIDENTIAL OCCUPANCY BY A SINGLE FAMILY

PROPOSED NEW OR REVISED STATUTORY LANGUAGE:

(Indicate actual wording change to Va. Code; use Code citation and please indicate whether you have had the County Attorney's office review the proposed new or revised statutory language; specific Code language can be copied from the web by typing the specific Section number at: <http://leg1.state.va.us/000/src.htm>)

No change required.

ADDITIONAL BACKGROUND INFORMATION:

At the start of this century, despite limitations on funding for home and community-based services, private nonprofit providers of housing and residential services in Northern Virginia created a variety of residential alternatives for adults with intellectual disabilities. These included Medicaid Waiver group homes, small community intermediate care facilities (ICFs), and clustered supportive apartments. The ability to access sources of below-market financing at the local and state levels has been critical to these providers' ability to develop economically viable residential options for this population. Since then, however, the recession, federal sequestration, and changes in housing finance policy have radically shrunk private, nonprofit providers' capacity to develop community residential options. Here in Fairfax County, there has been no net growth in residential opportunities for adults with intellectual disabilities between 2009 and 2014. Developing one new home a year is wholly insufficient to address a residential waiting list that exceeds 500 individuals. There have been fewer than 10 vacancies per year in group homes within the County since 2009. As a result, since 2009 approximately 30 individuals who were funded with Medicaid ID Waivers have had to move out of the Northern Virginia area to find supportive housing.

Federal support for the development of residential options has shrunk dramatically. While the market slowly recovers, providers continue to experience difficulty accessing the financial resources they need to renew their development efforts for certain kinds of residential options such as group homes and community ICFs. Federal funding increasingly targets development of units in multi-family housing, while housing finance policies at the state level no longer characterize these options as residential in nature and do not prioritize limited affordable housing financing resources for these types of projects. Meanwhile, localities, Community Services Boards and Medicaid Home and Community Based Waiver-funded residential providers are experiencing growing pressure to expand community residential options for individuals who need significant medical, behavioral, communication and physical assistance as a result of the Commonwealth's commitment to close all but one of the state training centers.

Section 15.2-2291 of the Code of Virginia explicitly states that zoning ordinances must treat group homes or residential facilities licensed by the Department of Behavioral Health and Developmental Services (DBHDS) in which eight or fewer individuals with mental illness,

intellectual disability or developmental disabilities reside with one or more staff as they would a **residential occupancy by a single family**. This interpretation of use and occupancy supports the notion that these residential settings are **housing** that is protected under the Fair Housing Act Amendments of 1988, rather than a commercial, industrial or other use. Financing such projects, which enable individuals to live in the community and receive services in the most integrated setting appropriate to their needs, should be a high priority of the Commonwealth.

RELATED FEDERAL OR STATE STATUTES OR REGULATIONS, OR ANY PERTINENT COURT DECISIONS OR LEGAL OPINIONS:

(Self-explanatory, the latter is particularly important)

Virginia Code §15.2-2291 (<https://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+15.2-2291>)

ANY APPROPRIATE ANALYSES, FINANCIAL ESTIMATES, STATISTICS:

(Provide any local, state or national information that would be helpful in persuading legislators as to the merits of the proposal; this is key technical information)

See local trend data in first paragraph of “Additional Background Information.”

PROS/CONS OF THE ISSUE:

This resolution is intended to clarify how Virginia Code classifies the building use of group homes and residential facilities for state agencies who are concerned about financing programs they perceive to be “medical facilities” with housing funds. Such clarification will give state agencies greater liberty to leverage existing financing sources to support development of these residential programs. No new general funds are needed to potentially expand residential options for individuals with disabilities.

Legislators may be concerned that this resolution is contrary to the community living goals of the Department of Justice Settlement Agreement because it could increase the number of larger congregate housing facilities for this population. However, this resolution is neutral: it does not specify what size a residential setting should be. It simply states that Virginia Code requires zoning ordinances to treat DBHDS licensed group homes or residential facilities for eight or fewer individuals as a residential occupancy by a single family. State agencies can specify additional criteria for residential programs they will finance to ensure they conform to the Settlement Agreement.

POSSIBLE SUPPORT OR OPPOSITION BY ORGANIZATIONS:

(List any organizations or groups, if any, which might be in favor of or against the proposed legislative change)

Possible support: VACSB, Virginia Network of Private Providers, Parents & Associates

Possible opposition: VA Statewide Independent Living Council, Olmstead Community Integration Advisory Commission, The Arc of Virginia (for reason stated above)

STAFF CONTACT PERSON(S):

(Provide name & phone number of County staff person(s) best able to assist in any further necessary research or to provide "expert testimony" at a General Assembly committee meeting, if deemed necessary by County legislative staff)

Jeannie Cummins, Investment & Development Manager, Fairfax-Falls Church CSB
(703) 324-7006

Substance Use Disorders/Mental Health Committee Meeting Minutes

Date: September 10, 2014

Location: Fairfax County Government Center, Rooms 4/5

Attendees: Susan Beeman, Chair, Peter Clark, No. Va. Mental Health Foundation, Sally Draper, INOVA, Wendy Gradison, PRS, Inc., Trudy Harsh, The Brain Foundation, Evan Jones, Sylisa Lambert-Woodard, Pathway Homes, Inc., Paul Luisida, Dave Mangano, DeAnne Mullins, Community Residences, Inc., David Naylor, Lisa Potter, Elaine Sommer, Northwest Center Advisory Board, Alice Straker, Community Residences, Inc., Bill Taylor, Concerned Fairfax, Lyn Tomlinson, Diane Tuininga, Daryl Washington, Jeffrey Wisoff, and Captain Spencer Woods. Also present were other private sector staffs as well as members of the public.

Topic	Action	Responsible Party	Due Date
Meeting Call to Order	<p>Meeting was called to order at 7:33 p.m.</p> <p>Ms. Beeman announced that Shirley Repta, INOVA, resigned her position at INOVA and expressed her farewells and best wishes to the Committee. She welcomed Sally Draper who will represent INOVA at the Committee meetings.</p>	Susan Beeman, Chair	
Approval of July 9, 2014 Minutes	The July minutes were not approved as there was not a quorum.	Substance Use Disorders/ Mental Health Committee	
Associate Member Presentations and Concerns	<p><i>Trudy Harsh, The Brain Foundation</i> - The Brain Foundation is in the process of purchasing their ninth home.</p> <p><i>Sylisa Lambert-Woodard, Pathway Homes, Inc.</i> - (1) The 15th Annual Help the Homeless Community Walk is scheduled for October 25, 2014. (2) Pathway Homes is partnering with Christian Relief Services on purchasing, renovating and operating the Old Lorton Sunrise Facility. The hope is to convert this to 55 units for chronically homeless individuals with disabilities.</p> <p><i>Bill Taylor, Concerned Fairfax</i>- shared a concern regarding an individual residing with family, not communicating with family members or engaging in the treatment process. He noted that Peer Support Specialists assisted in communicating with the individual and expressed appreciation to Dave Mangano for his assistance.</p> <p><i>Wendy Gradison, PRS, Inc.</i> – (1) PRS merged with Crisis link. A Suicide Prevention Text Hotline launched in Fairfax, in partnership with the CSB and CrisisLink. (2) information was shared about CareRing, a telephone support program for calls made to senior citizens; a pilot was conducted and did very well. (3) September 8-14, 2014 designated as National Suicide Prevention Week.</p>		
Announcements	<p><i>Diane Tuininga</i> shared that News Channel 4 is doing a report marking National Suicide Prevention Month with a story of backpacks on the walkways at George Mason University representing college students who committed suicide. They provided the phone number for Crisis Link in their report. She also noted that the APA Monitor did a recent article on college students under stress with some considering suicide.</p> <p><i>Jeff Wisoff</i> shared that Belinda Buescher, CSB Communications Director, is being interviewed by Channel 9 News who is providing a story on help for parents with mental health issues.</p>		
Discussion of FY 2015	Daryl Washington provided an update on the FY 2015 and 2016 budget: the County Executive has asked all	Daryl Washington	

Substance Use Disorders/Mental Health Committee Meeting Minutes

Topic	Action	Responsible Party	Due Date
and 2016 Budget	<p>County agencies to consider proposed reductions. This budget exercise will be done in three phases:</p> <p><u>Phase One:</u> Current Fiscal Year - FY 2015: County agencies to consider 1% proposed reductions. For the CSB this equates to approximately \$1 million. It was noted that the CSB is running a higher than average vacancy rate and it appears the CSB may be able to manage this reduction.</p> <p><u>Phase Two:</u> Next Fiscal Year - FY 2016: County agencies to consider 3% proposed reductions. For the CSB this equates to approximately \$3.4 million. CSB leadership has started dialogues to help identify proposed reductions and discuss the next steps. The following factors are being considered by the CSB in determining proposed reductions: how closely do they align with the CSB Priority Access Guidelines; Direct Service impact; Community capacity to provide the service; Budget impact; what programs are highly utilized and those not highly utilized.</p> <p>It was noted that this is a budget exercise and agencies need to plan for budget reductions. There was some discussion and Mr. Washington provided some additional information about the CSB vacancy rate, recruitment and the wait list for services, noting that the highest wait is for residential programs.</p> <p><u>Phase Three:</u> FY 2017 Lines of Business (not yet started): County agencies will do a Line of Business exercise, noting every dollar spent and the areas agencies are spending money. It was noted that this exercise has not yet started. The next step, if there will be potential reductions, is what Lines of Business will be considered. It was noted that CSB management is having discussions and strategically thinking on a two year timeframe.</p> <p>The CSB has scheduled a Board Work Session for September 24th, 6:30 pm, prior to the full Board meeting and there will be further budget discussion at the Board Work Session.</p>		
CSB Performance Measures	<p><i>Lisa Potter, Director, Strategy and Performance Management</i>, provided a report on CSB Performance Management and briefly described the process, highlighting the following:</p> <p><u>Where we were:</u> Measurement was disability-based; Services used different standard for measuring outcomes; emphasis on “process” measures and metrics required for County, State and Federal reporting</p> <p><u>Where we are:</u> System Focus; data-driven decision making; metrics used for program planning, program improvement and resource allocation</p> <p>Current performance-based measurement: Strategic Plan; Annual Reporting to Department of Management and Budget (DMB); Results-Based Accountability; Department of Behavioral Health and Developmental Services Dashboard; State Performance Contract; Other Measurement and reporting: CARF accredited programs; Program level metrics</p>	Lisa Potter	

Substance Use Disorders/Mental Health Committee Meeting Minutes

Topic	Action	Responsible Party	Due Date
	<p><u>Where we are headed:</u> Developing/refining an agency-wide performance measurement system to include aggregate reports, internal dashboards, and external dashboard. Some Broad-based Performance Elements: Access, Engagement Efficiency, and Effectiveness</p> <p>There was brief discussion and Lisa Potter noted that the State is considering revising some targets and measures. She further discussed CSB measures and talked about business practice improvements.</p>		
Staff Report	<p>There was brief discussion about the name of this Committee (Substance Use Disorders/Mental Health Committee). Daryl Washington commented that with CSB system transformation, asked if the Committee might be interested in taking the opportunity to consider a name change. There was brief discussion and some preliminary suggestions were provided. Ms. Beeman asked members and associate members to consider the option of a Committee name change and discussions will continue over the next few months.</p> <p><i>Daryl Washington, Deputy Director, CSB</i>, provided updates and made the following announcements:</p> <ul style="list-style-type: none"> • CSB Prevention staff have submitted a regional prevention grant and if awarded the region will receive \$150,000 per year • The CSB partnered with PRS on a grant for the young adult population and early intervention services. • The new CSB Executive Director, Tisha Deeghan, will begin September 15th. • Governor McAuliffe announced this week his Health Care Report, which is a 10-step plan to expand healthcare services. It was noted that four of the ten are populations served by the CSB. Mr. Washington will send the link to this information and will provide updates to the Committee. <p><i>Evan Jones, Director, Employment & Day Services</i>, announced on Tuesday, September 23, 2014 the Fairfax County Board of Supervisors will present a proclamation in recognition of October being designated National Disability Employment Awareness Month. The theme this year is <i>Expect. Employ. Empower.</i></p> <p><i>Dave Mangano, Director, Consumer & Family Affairs</i>, announced that Certified Peer Specialist (CPS) Training is scheduled for January, 2015.</p>		
Adjournment	There being no further business to come before the Committee, the meeting was adjourned at 8:50 p.m.	Susan Beeman, Chair	

Date Approved

Minutes Prepared by
Shelley Ashby

ACTION ITEM

CSB Proposed Fee Changes and Related DocumentationIssue:

Updates to the Reimbursement for Services Policy 2120, Ability to Pay Scale and Fee Schedule

Timing:

If approved by the Board, the Fee Schedule will be forwarded to the Board of Supervisors for their review. An effective date of December 1, 2014 is planned.

Recommended Motion:

I move the Board approve the proposed Reimbursement for Services Policy 2120, Ability to Pay Scale and Fee Schedule, as presented.

Background:

At the CSB Board's Ad Hoc Fee Policy Committee meeting on July 16th, members voted to approve staff proposals as amended by the committee, and recommended the full CSB Board post the proposed Reimbursement for Services Policy, Ability to Pay Scale and Fee Schedule for public comment. At its meeting on July 23rd, the CSB Board approved the release of the proposed changes for public review.

The announcement of the public review period was handled as follows:

- published on the www.fairfaxcounty/csb webpage with English and Spanish translated documents (8/8/14)
- appeared three times in the *CSB News*, the CSB's electronic newsletter (first time on 8/8/14)
- presented to the Recovery work group, the CSB's advisory council for peer services (8/13/14)
- sent the proposed changes to the Recovery email list of approximately 300 individuals, most who are service recipients (8/14/14)
- emailed CSB staff (8/8/14)
- posted in English and Spanish at all CSB sites (8/8/14)

During the public review period, staff received comments related to minor edits. Staff also received a request to not implement the proposed transportation service fee for participants in the Adult Partial Hospitalization Program because it could negatively impact those with no financial means to pay for it.

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 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 will be simplified for both clients and staff. Both changes were pilot-tested over the summer months

and met with good reviews. A complete list of changes to fee related documents can be found in the Summary of Changes enclosed document.

If approved by the Board, the Fee Schedule will be submitted to the Board of Supervisors for their review in October 2014. Afterward, CSB staff training and adjustments within the Electronic Health Record will commence with a targeted effective date of December 1, 2014.

Given its correlation to the Board Policy, the staff Fee and Subsidy Related Procedures Regulation 2120.1 is furnished here for your reference and will be forwarded to the Executive and Deputy Directors for their review and approval.

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.

Enclosed Documents:

- Summary of Changes to CSB Fee Related Documents
- Reimbursement for Services Policy 2120
- Ability-to-Pay Scale
- Fee Schedule
- Fee and Subsidy Related Procedures Regulation 2120.1 – for information only

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

Summary of Changes to CSB Fee Related Documents

Proposed Changes to CSB Fee Related Documents were posted for public review and comment on August 8, 2014. Written comments on the Proposed Changes to CSB Fee Related Documents were accepted until 5 p.m., September 23, 2014 to: Ad Hoc Fee Policy Committee, Fairfax-Falls Church Community Services Board, 12011 Government Center Parkway, Suite 836, Fairfax, VA 22035-1105 or via email to wwwcsb@fairfaxcounty.gov. Printed materials were available for review at the same address and at all CSB centers. Pending CSB Board review and approval on September 24, 2014, the changes will not become effective before December 1, 2014.



Reimbursement for Services Policy 2120

- **Replaced 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*. Added the Guidelines as Appendix A.

Ability to Pay Scale

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

CSB Fee Schedule

- **Added** 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.
- **Added** 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.
- **Reestablished** per diem fee subject to the Ability to Pay Scale and based on an averaged contract rate (what the CSB pays to the vendor) for several contracted Residential Treatment programs
- **Separated** per diem fee for medical detoxification service from social detoxification fee. Link the contracted rate for medical detoxification service as the directly operated fee.
- **Linked** the Multi-Family Group Counseling service fee with the regular Group Therapy/Counseling fee.
- **Changed** the Release of Information copying charges for individuals to not be automatically subject to the Ability to Pay Scale. Apply a discount only if the client requests a waiver or pro-rate of the fee.
- **Updated** all CSA service fees based on executed contracts.

CSB Fee Regulation – Fee and Subsidy Related Procedures 2120.1

Section IV Eligibility

- **Added** the Board's *Guidelines for Assigning Priority Access to CSB Services* as Appendix A.

Section VII Implementation Procedures, D. Health Insurance Usage

- **Added** 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 X Medicaid Services

- **Added** the client's right to choose to receive services from any Medicaid enrolled provider of services.

Section XII Services Provided at No Cost to the Individual

- **Removed** reference to (D) Youth Substance Abuse Consultation, Screening, Drug Testing and Evaluation Services with the Fairfax County Juvenile Court Services.

Policy Number: 2120
Policy Title: Reimbursement for Services
Revision Adopted: December 1, 2014

Purpose

To ensure eligible persons served will be based on CSB Board Guidelines for Assigning Priority Access to CSB Services (See Appendix A.)

To ensure that a system is in place to provide subsidies for individuals who are unable to pay the full fee and are only applied to services not covered by the individual's insurance plan. Subsidies are also available for individuals who do not have insurance and are unable to pay the full fee. Subsidies are based on the CSB's Ability to Pay Scale guidelines and the individual's provision of documentation of income and family size.

To provide guidance for the establishment of a reimbursement system that maximizes the collection of fees from individuals receiving services from the CSB.

To ensure that fees are established in accordance with state and local statutes and regulations.

Policy

It is the policy of the CSB that:

1. Every service provided has a cost and source of funding.
2. A single fee will be established for each service and these fees shall be reviewed annually. Fees shall be reasonably related to the established unit cost of providing the services.
3. The individual or other legally responsible parties shall be liable for the established fee and, if they have insurance, related insurance plan required deductibles and co-payments to the extent provided by law.
4. Payment of fees for services rendered shall be sought from the following funding sources: individual self-pay, third party payers/insurance companies, and other legally responsible parties, and the use of extended payment plans.
5. An individual or other legally responsible party who is unable to pay the full fee at the time service is rendered may be granted a subsidy using local and state revenue under the following guidelines:
 - a. Regulations shall be established to ascertain ability to pay and to determine subsidies.
 - b. An annual review of the ability to pay of the individual and of other legally responsible parties will be conducted.
 - c. Extended payment plans and deferred repayment contracts shall be negotiated before any subsidy using local and state revenue is considered.

6. Pursuant to County policy, delinquent accounts may be placed with the Fairfax County Department of Tax Administration (DTA) for collection. DTA employs private collection agents to collect all debt that is 180 days delinquent. Collection actions may include wage liens, bank liens, property seizures and flagging of credit records. Upon referral, a \$30 administrative fee, 10% penalty for late payment, simple interest of 10% per annum and a 20% collection fee will be added to the amount due. A \$50 fee will be assessed on any payment returned by the bank unpaid due to non-sufficient funds or account closed.
7. Services shall not be refused to any individual solely on the basis of ability to pay.
8. Every individual of the CSB shall be subject to this fee policy whether service is obtained from a directly operated program or a contractual agency.
9. The individual and other responsible parties shall have the right to an appeal of fee-related determinations in accordance with procedures established by the CSB.

Approved _____

Secretary

_____ Date

References:

Code of Virginia, §37.2-504.A7
 Code of Virginia, §37.2-508
 Code of Virginia, §37.2-511.
 Code of Virginia, §37.2-814
 Fairfax County Code § 1-1-17 and § 1-1-18

Policy Adopted: March 1984
 Revision Adopted: January 1995
 Policy Readopted: June 1996
 Revision Adopted: May 28, 1997
 Revision Adopted: April 26, 2000
 Revision Adopted: May 23, 2001
 Revision Adopted: June 17, 2002
 Policy Readopted: July 23, 2003
 Policy Readopted: June 23, 2004
 Revision Adopted: June 22, 2005
 Revision Adopted: December 21, 2005
 Revision Adopted: June 25, 2008
 Revision Adopted: July 28, 2010
 Revision Adopted: October 23, 2013
 Revision Adopted: December 1, 2014

Guidelines for Assigning Priority Access to CSB Services

Defining who should have priority access to services of the Fairfax-Falls Church Community Services Board (CSB) is a necessary and critically important process to ensure compliance with state and federal codes and regulations. These priorities guide state contract reporting for the CSB's allocation of state block grant funding. This process also applies to decisions about how best to use local funding dollars. Guidelines for assigning priority access need to take into consideration and include those individuals whose needs cannot be addressed except through a public system such as the CSB, which provides and coordinates multiple levels and types of services to help individuals gain a level of independence and self-determination. Effective and efficient use of resources is an inherent requirement of all CSB services so that the maximum number of people are served within the limits of federal, state and local funds available.

1) Exclusionary Criteria

- a. Constituency--Restrict access to residents of Fairfax County and the Cities of Fairfax and Falls Church.
- b. Requests outside of the CSB's Mission--No service will be provided that is not designed, mandated or funded to be provided by a CSB.

2) Inclusionary Criteria (in priority order)

- a. Enrolled in service --Currently enrolled individuals who maintain the need for current services (or the equivalents) being provided.
- b. Need – All people who meet the priority population criteria with serious and imminent needs that cannot be met elsewhere.
- c. Alternative Resources -- Individuals with needs for services who do not have alternative resources such as service access, insurance, or family supports.
- d. Effectiveness -- Once all those who meet the above criteria have been served, anyone who shows the greatest likelihood of receiving benefit from services can be served.
- e. Comparative Need -- If resources are still available, anyone who still has additional needs for service can have those service needs addressed.
- f. Selection Based on Length of Wait -- First-come, first-served basis.

NOTE: These criteria do not apply to initial phone screening; acute care services; or wellness, health promotion, and prevention services, all of which are available to all residents of Fairfax County and the Cities of Fairfax and Falls Church.

CSB Priority Populations

I. Priority Populations

The Fairfax-Falls Church Community Services Board (CSB) has identified the following priority service populations based upon definitions from the Virginia Department of Behavioral Health and Developmental Services (DBHDS), the Federal Substance Abuse Prevention and Treatment Block Grant (SAPT), and Part C of Individuals with Disabilities Education Act (IDEA). Individuals must meet the priority service population criteria below to have consistent access to non-emergency/non-acute CSB services.

Note: The following services -- initial phone screening; wellness, health promotion and prevention services; and acute care and emergency CSB services -- remain available to **all** residents of Fairfax County and the cities of Fairfax and Falls Church.

Individuals may meet the criteria for more than one priority population and receive services accordingly. Individuals who are only in one priority population receive the CSB services which address the needs of the population area they are in. For example, an individual meeting the substance use priority population criteria *only* cannot also receive a priority to access services designed for the Intellectual Disability population, unless that individual also meets the criteria for the Intellectual Disability population. People meeting priority population requirements will have access to cross-cutting organizational services such as medical services or housing assistance supports as available to meet service plan goals. People with co-occurring disorders, meeting the priority population criteria, will have access to services as available to address co-occurring needs.

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

A. MENTAL ILLNESS POPULATION

A1. Adults with Serious Mental Illnesses (SMI) assessed along the three dimensions of diagnosis, functional impairment, and duration.

- **Diagnosis** through the current Diagnostic and Statistical Manual (DSM) of serious mental illness including those along the schizophrenia spectrum, predominantly thought and psychotic disorders, persistent major affective disorders, AND

- **Impairments** due to a serious mental illness that seriously impact, on a recurrent or continuous basis, how the individual functions in the community, including to the following:
 - o Inability to consistently perform practical daily living tasks required for basic adult functioning in the community (such as keeping a living space clean, shopping for food, hygiene);
 - o Persistent or recurrent failure to perform daily living tasks except with significant support or assistance by family, friends or relatives;
 - o Inability to maintain employment at a living wage or to consistently carry out household management roles; or
 - o Inability to maintain a safe living situation.
- The **duration** of the serious mental illness has been or is anticipated to be of a long duration (at least six months) and is considered chronic. It usually has resulted or, if left untreated, is likely to result in repeated or significant psychiatric hospitalizations.

A2. **Children and Adolescents** birth through age 17 with **Serious Emotional Disability (SED)** resulting in a serious mental health problem that can be diagnosed through the DSM, which is used as the professional guidelines for diagnosis by psychiatry and other professionals, plus have at least one of the following:

- Problems in personality development and social functioning which have been exhibited over at least one year.
- Problems that are significantly disabling based upon the social functioning of most children their age.
- Problems that have become more disabling over time and service needs that require significant intervention by more than one agency.

Children with a co-occurring substance use disorder or intellectual disability diagnosis also meet the criteria for SED.

A3. **Children**, birth through age 7, who are determined to be **at risk** of developing Serious Emotional Disability by means of one of the following:

- Child exhibits behavior that is significantly different from or significantly behind most children their age, and which does not result from developmental or intellectual disability.

- Physical or psychological stressors exist that put the child at risk for serious emotional or behavioral problems.

B. SUBSTANCE USE DISORDER POPULATION

B1. Adults with a **Substance Dependence Disorder** assessed along the three dimensions of diagnosis, functional impairment, and duration.

- **Diagnosis:** through the current Diagnostic and Statistical Manual (DSM) of Substance Dependence (not including sole diagnosis of nicotine dependence)
- **Functional Impairment (any of the following):**
 - o Continuation or intensification of substance-related symptoms despite previous substance abuse treatment.
 - o Inability to be consistently employed at a living wage or consistently carry out household management roles.
 - o Inability to fulfill major role obligations at work, school or home.
 - o Involvement with legal system as a result of substance use.
 - o Involvement with the foster care system or child protective services as a result of substance use.
 - o Multiple relapses after periods of abstinence or lack of periods of abstinence.
 - o Inability to maintain family/social relationships due to substance use.
 - o Inability to maintain stable housing (i.e. on their own or by contributing toward housing costs in shared housing).
 - o Continued substance use despite significant consequences in key life areas (i.e., personal, employment, legal, family, etc.).
 - o Hospital, psychiatric or other medical intervention as a result of substance use.
- **The duration** of the Substance Dependence has been or is anticipated to be of a long duration (at least six months) and is considered chronic. It usually has resulted or, if left untreated, is likely to result in repeated or significant impairments in multiple life areas.

B2. Children and adolescents (under 18 years old) with a DSM diagnosis of substance abuse or dependence, who have used substances in the prior 12 months (or who have been in detention or in a therapeutic residential environment and have used substances within the 12 months prior to entry); who present with cognitive, behavioral or physiological symptoms; and present with impairments as a result of substance use in one or more of the following areas:

- Continuation or intensification of substance-related symptoms despite previous substance abuse treatment interventions.

- Inability to fulfill major role obligations at work, school or home.
- Involvement with legal system as a result of substance use.
- Multiple relapses after periods of abstinence or lack of periods of abstinence.
- Inability to maintain family/social relationships due to substance use.
- Continued substance use despite significant consequences in key life areas (i.e., personal, school, legal, family, etc.).
- Hospital, psychiatric or other medical intervention as a result of substance abuse or dependence.

B3. Special Priority Populations

1. Pregnant women who are intravenous (IV) drug users
2. Pregnant women
3. IV drug users

C. INTELLECTUAL DISABILITY AND DEVELOPMENTAL DISABILITY POPULATIONS

C1. Infants and Toddlers: Children from birth to age three with a confirmed eligibility for Part C of the federal Individuals with Disabilities Education Act (IDEA) and their families are eligible for early intervention services through Infant and Toddler Connection (ITC).

C2. Children and Adults: Children no younger than two years old and adults with a diagnosis of Intellectual Disability (ID) with onset prior to the age of 18 who have significant deficits in at least two areas of adaptive living skills (i.e. communication, self-care, home living, social / interpersonal skills, use of community resources, self-direction, functional academic skills, work leisure health and safety).

C3. Diagnosis of **Intellectual Disability (ID)** must be documented by:

- For children ages 2-6 years of age, a developmental evaluation with a diagnosis of developmental delay or intellectual disability **or**
- For individuals age 6 and older, a psychological evaluation completed prior to the age of 18 providing a diagnosis of intellectual disability with a full scale IQ of about 70 or below **OR** other medical, educational, or professional documentation showing that a disability had onset before age 18 coupled with a statement from the family that no formal IQ score had been done or is currently available and a current IQ test showing an Intellectual Disability.

Fairfax-Falls Church Community Services Board

Ability to Pay Scale, Effective Dec. 1, 2014

Application of the CSB Ability to Pay Scale is limited to charges for services that are not covered by insurance.
 Excluded are services identified on the CSB Fee Schedule as not being subject to the Ability to Pay Scale.
 The income ranges on the Scale reflect the 2014 Federal Poverty Levels.

Number of Dependents. Includes individual		1				2				3				4 or more			
% Federal Poverty Levels	Individual's share of CSB service fee	Annual Gross Family Income ranges															
Over 350%	100%	\$40,846	& over			\$55,056	& over			\$69,266	& over			\$83,476	& over		
350%	80%	\$35,011	to	40,845		\$47,191	to	55,055		\$59,371	to	69,265		\$71,551	to	83,475	
300%	60%	\$29,176	to	35,010		\$39,326	to	47,190		\$49,476	to	59,370		\$59,626	to	71,550	
250%	40%	\$23,341	to	29,175		\$31,461	to	39,325		\$39,581	to	49,475		\$47,701	to	59,625	
200%	20%	\$17,506	to	23,340		\$23,596	to	31,460		\$29,686	to	39,580		\$35,776	to	47,700	
150%	0%	\$0	to	17,505		\$0	to	23,595		\$0	to	29,685		\$0	to	35,775	

EXPLANATION:

- Individuals with incomes at or below the 150% of Federal Poverty Guidelines will not be financially liable for services rendered. The CSB covers the full fee.
- The charges for services above 150% of Federal Poverty Guidelines are assessed on a cost-sharing basis between the individual and the CSB. The individual is responsible for a percentage of the applicable service fee based on income and family size, and the CSB covers the rest.

CSB FEE SCHEDULE			
MH (Mental Health) ID (Intellectual Disability) SUD (Substance Use Disorder) SA (Primary Substance Abuse)			
Service	Subject to Ability to Pay Scale	Current Schedule	Schedule Effective Dec 1, 2014
Addiction Medicine Physician Assessment	Yes	\$161 per event	\$161 per event
Addiction Medicine Physician-Monitoring (follow up)	Yes	\$54 per event	\$54 per event
Adolescent Day Treatment- MH	Yes	\$50 per unit	\$50 per unit
Adolescent Day Treatment - SUD	Yes	\$4.80 per 15 minutes	\$4.80 per 15 minutes
Adult Day Treatment - MH	Yes	\$40 per unit	\$40 per unit
Adult Day Treatment- SUD	Yes	\$4.80 per 15 minutes	\$4.80 per 15 minutes
A New Beginning Residential Treatment	Yes	\$238.30 per day	\$238.30 per day
Case Management - ID	Yes	\$326.50 per month	\$326.50 per month
Case Management - MH	Yes	\$326.50 per month	\$326.50 per month
Case Management - SA	Yes	N/A	\$16.50 per 15 minutes
Congregate Residential ID Waiver Services	No	\$17.36 per hour	\$17.36 per hour
Contracted Residential Treatment - Intermediate Rehabilitation/Reentry Services	Yes	Applied per day fee of A New Beginning	\$159.38 per day
Crisis Intervention	Yes	\$60 per 15 minutes	\$60 per 15 minutes
Crisis Stabilization - Adult Residential	Yes	\$89 per hour	\$89 per hour
Crossroads Adult Residential Treatment	Yes	\$186.52 per day	\$186.52 per day
Crossroads Youth Residential Treatment	Yes	\$331.62 per day	\$393.86 per day
Detoxification, Medical, Residential-setting	Yes	\$275 per day	\$750 per day
Detoxification, Social, Residential-setting	Yes	\$275 per day	\$371 per day
Drop-In Support Services, ID	No	< or =10% of gross income	< or =10% of gross income
Family Therapy	Yes	\$80.00 per hour	\$80.00 per hour
Group Therapy/Counseling	Yes	\$25 per event	\$25 per event
Head Start - Services to	No	\$25 per 15 minutes	\$25 per 15 minutes
Independent Evaluations	No	\$75 each	\$75 each
Individual Therapy/Counseling	Yes	\$80.00 per hour	\$80.00 per hour
Initial Evaluation/Assessment	Yes	\$150 per event	\$150 per event
Injection Procedure	Yes	\$20.00	\$20.00
Intensive Community Treatment	Yes	\$153 per hour	\$153 per hour
Intensive Outpatient - SUD, Individual or Group	Yes	\$4.80 per 15 minutes	\$4.80 per 15 minutes
Lab Tests	No	Actual Cost	Actual Cost
Late Cancellation or No Show	Yes	\$25.00	\$25.00
Legal Testimony	Yes	\$25 per 15 minutes	\$25 per 15 minutes
Mental Health Support Service	Yes	\$91 per unit	\$91 per unit
Multi-Family Group Therapy	Yes	\$80 per hour	\$25 per event
Neurological Testing	Yes	\$1168 per event	\$1168 per event
New Generations Residential Treatment	Yes	\$120 per day	\$120 per day
Nursing Assessment	Yes	\$58 per event	\$58 per event
Nursing Subsequent Care	Yes	\$29 per event	\$29 per event
Physical Exam (Physician)	Yes	\$95 per event	\$95 per event
Psychiatric Evaluation	Yes	\$107 per event	\$107 per event
Psychiatric Evaluation & Management High Complexity	Yes	\$144 per event	\$144 per event
Psychiatric Evaluation & Management Low Complexity	Yes	\$54 per event	\$54 per event
Psychiatric Evaluation & Management Moderate Complexity	Yes	\$90 per event	\$90 per event
Psychological Testing	No	\$150 per event	\$150 per event
Psychological Testing Battery	Yes	\$851 per event	\$851 per event
Psychosocial Rehabilitation	Yes	\$24.38 per unit	\$24.38 per unit
Release of Information: Individual	Yes-No	50¢ per pg up to 50 pgs; 25¢ per pg for > = 51 pgs	50¢ per pg up to 50 pgs; 25¢ per pg for > = 51 pgs
Release of Information: Research	No	\$10.00	\$10.00
Release of Information: Third Party	No	\$10 admin fee 50¢ per pg up to 50 pgs; 25¢ per pg for > = 51 pgs	\$10 admin fee 50¢ per pg up to 50 pgs; 25¢ per pg for > = 51 pgs
Release of Information: Worker's Compensation	No	\$15.00	\$15.00
Residential Fee ID Community Living Services	No	75% of gross income	75% of gross income
Residential Fee MH/SUD Community Living Services	No	30% of gross income	30% of gross income
Returned Check (due to insufficient funds or closed account)	No	\$50.00	\$50.00
Skilled Nursing Waiver LPN Services	No	\$27.03 per hour	\$27.03 per hour
Skilled Nursing Waiver RN Services	No	\$31.19 per hour	\$31.19 per hour
Sojourn House Residential Treatment	Yes	Residential=\$240 Comb. Resid Svcs = \$192 Total Per Day- \$432	Residential=\$246.22 Comb. Resid Svcs = \$196.81 Total Per Day- \$443.03
Telehealth Facility Fee	No	\$20.00	\$20.00
Transportation	No	\$100 per month	\$100 per month
Transportation- Adult Partial Hospital Program	No	N/A	\$25.00 per week
Urine Collection & Drug Screening- Retests Only	Yes	\$25.00	\$25.00
Wraparound Fairfax	No	\$1160 per month	\$1187 per month

Regulation Number: 2120.1

Regulation Title: Fee and Subsidy Related Procedures

Revision Adopted: December 1, 2014

PURPOSE

To establish procedures for the development, assessment and collection of fees for services rendered to individuals by the Fairfax-Falls Church Community Services Board (CSB).

REGULATION

- I. Authority. These procedures are based on the principles contained in Community Services Board policy 2120, applicable State law and fiscal policies developed by the State Board of Behavioral Health and Developmental Services.
- II. Unanticipated Revisions. Revisions to the Regulation and/or the Fee Schedule as instructed by the following authorities will be implemented as near to the effective date as possible and then brought forward to the CSB Board for review and approval:
 - A. Fairfax County Code
 - B. State Code
 - C. Virginia Medicaid
 - D. Federal regulation or law
 - E. American Medical Association (related to procedural codes)
 - F. Other required authority
- III. Applicability. For services which have fees set by the CSB, these procedures shall apply to all individuals in programs operated directly by the CSB, individuals in applicable contract services for which the CSB performs the billing and retains the reimbursement, and, when required by contract, in agencies for whom the CSB provides funding.
- IV. Eligibility.
 - A. See **Appendix A** for Guidelines for Assigning Priority Access to CSB Services
 - B. Employees of the governments of Fairfax County, City of Fairfax, and City of Falls Church are eligible to receive services and may be eligible to receive subsidies based on the Ability to Pay Scale guidelines established for the residents of the CSB service area. Non-residents who participate in regional programs under the auspices of the CSB are not eligible for additional services.
 - C. Foster Care Parents-Non-Residents. Parents whose children are in the custody of Fairfax County Foster Care are eligible to receive a parental custody assessment and evaluation charged according to the CSB's Ability to Pay Scale regardless of whether the parents are residents of Fairfax County or the Cities of Fairfax or Falls Church. The parental assessment and evaluation will be provided at a Fairfax-Falls Church location. Custody assessments and evaluations are usually not eligible for reimbursement by insurance because the

purpose of the assessment and evaluation is not treatment. Payment for the parental assessment and evaluation must be made at time of service.

Subsequent to the assessment and evaluation if one or both of the parents are in need of treatment, but they are not eligible for subsidies because they live outside of the CSB service area, they will be referred to the Community Services Board within their home jurisdiction or to private providers for services. If treatment services are provided by the Fairfax-Falls Church Community Services Board, non-residents will be required to pay full fee.

D. Residents and Non-Residents: Assessment and evaluation, emergency services (e.g., crisis intervention, crisis stabilization, prescreening for hospital admission, emergency visit, emergency residential screening) are available to residents and non-residents when the individual is in the jurisdictional boundaries of Fairfax/Falls Church.

V. Persons Who Live Outside of the CSB Service Area.

If an individual begins service pursuant to the eligibility standard in paragraph IV and subsequently loses that eligibility, the individual generally may continue to receive such services for no more than 90 days. During this 90-day period, the service provider will assist the individual to transition to services within the individual's new service area. Services may be extended by the Service Director for an additional 90 days. If the individual is still receiving services after 90 days, the individual will be charged full fee. Beyond that exceptions may be made in consultation with and approval by the Deputy Director.

Individuals participating in regional programs are exempt from this provision as the service is a regionally offered and funded service.

VI. Fees for Service.

A. Establishment of Fees

The fees shall be reasonably related to the cost of providing the service. Costs for all services will be reviewed annually.

The CSB Fee Schedule is the established fee schedule for services offered by the Board and/ or through applicable contracts.

B. Effective Date of Change in Fees

Changes in fees shall become effective no sooner than 60 days after the date of final approval by the Board. All fees change when new fees go into effect. All services rendered on or after the effective date are billed at the newer fee.

C. Liability for Fees

An adult individual is liable for the full fee for services rendered.

The parents or guardians of all persons under age 18 shall be liable for all fees unless the youth requests that his/her parents or guardian not be notified in accordance with State law or the youth is an emancipated minor, in which case the emancipated minor is responsible for the fee. All persons age 18 or older shall be treated as independent adults. Parents of adult children with disabilities are not liable for fees for services to their children, except in the following instances: (a) cost-share residential programs; and (b) third party payments for deductibles and co-insurance, and/or co-payments, if an individual is covered by an insurance policy held by a parent or guardian.

Services shall not be refused to any individual solely on the basis of ability to pay.

D. Collection of Late Cancellation/No Show Fees.

The CSB charges a fee for cancellations without 24-hour notification and no shows. The CSB may not charge a Medicaid member for missed or broken appointments.

VII. Implementation Procedures.

A. Payment for Service

- i. The CSB Financial Responsibility Agreement shall be explained to the individual and/or other legally responsible parties in a culturally and linguistically appropriate manner.
- ii. The individual and/or other legally responsible parties shall sign the CSB Financial Responsibility Agreement.
- iii. The individual or other legally responsible party will be billed full fee for services when he/she declines or refuses to sign the Financial Responsibility Agreement, to disclose income, to disclose health insurance, and/or to provide documentation.
- iv. Information will be collected as soon as possible after initiation of services. Individuals who do not provide the required information will be billed full fee. Individuals are required to make a payment each time services are rendered.
- v. Unpaid service fees will be billed monthly. Payment is due within a 30 day period and listed on the billing statement.
- vi. The CSB will submit billable services to the insurance company of the individual or policy holder. Individuals receiving services not covered by their insurance plan for whatever reason will be billed at the full fee level. Individuals may apply for a consideration of a subsidy.
- vii. Payment Plans may be granted upon application. The criteria for determining eligibility for a payment plan will be explained.
- viii. Individuals will be made aware of the availability of supplemental subsidies for those unable to pay fees in accordance with this Regulation.

B. Payment Plans / Deferred Repayment Contracts

If the individual and/or other legally responsible parties are unable to pay the full fee as billed, Payment Plans or Deferred Repayment Contracts may be considered.

The Payment Plan is not a subsidy; it merely extends the payments over a longer period of time. Other payment methods, including the use of credit cards, will be accepted and should be considered before executing a Payment Plan. The Payment Plan amount includes fees for services and may include current services. Payment Plans must be approved by the Revenue Management Team. A Deferred Repayment Contract is a version of a Payment Plan with an initiation date at the time an individual establishes an income.

i. Payment Plan Default

Failure to comply with the terms of the payment plan may result in the account being placed with the Department of Tax Administration (DTA). DTA employs a private collection agency to collect all debt that is 180 days delinquent. Collection actions may include wage liens, bank liens, property seizures and flagging of credit records. Upon referral, a \$30 administrative fee, 10% penalty for late payment, and simple interest of 10% per annum and a 20% collection fee will be added to the amount due. A \$50 fee will be assessed on any payment returned by the bank unpaid due to non-sufficient funds or account closed.

C. Subsidy Determination

i. Basic Subsidy

The CSB may provide a basic subsidy according to the Ability to Pay Scale for individuals who are unable to pay the full fee.

The subsidy only includes charges for services that are not covered by insurance. Subsidies are based on the individual's gross family income and number of dependents. Documentation of income is required for individuals requesting a subsidy. A full fee will be charged under the following circumstances, meaning a basic subsidy will not be provided to:

- An individual who refuses to provide documentation of income
- An individual seeking services which are covered by a health insurance plan
- An individual living outside of Fairfax County and the Cities of Fairfax and Falls Church, Virginia, unless the service rendered is a regional program
- An individual receiving services which have been determined by the CSB as ineligible for a subsidy

For individuals receiving or requesting a subsidy, their ability to pay will be reviewed and documented annually. Additional financial updates may be necessary if an individual or other legally responsible party experiences changes in income and family size used to determine ability to pay. The individual or responsible party must attest to the accuracy of the information provided on the financial agreement. The individual or other legally responsible party will be informed that additional methods

of verification and audit may be used. Basic subsidies will be approved by the Financial Assessment and Screening Team and Revenue Management Team designated to determine eligibility.

ii. Ability to Pay Scale

The Scale will be reviewed annually and updated as necessary.

iii. Supplemental Subsidy

The CSB may provide a supplemental subsidy for individuals or other legally responsible parties who are unable to pay according to the Ability to Pay Scale and can document financial hardship.

A supplemental subsidy is determined based on earned and unearned monthly income less expenses for housing, basic utilities, medical, legal, child care and tuition, and family size. Documentation of income and expenses must be provided before a supplemental subsidy is granted. Supplemental subsidies are retroactive to the beginning of the month and valid for 12 months.

Revenue Management Team or administrative staff must evaluate and review the individual's request for a supplemental subsidy and documentation of income and expenses, and file it in the individual's record. The primary counselor, therapist or service provider must review the request and documentation, attest to reviewing the documentation, approve the request and file it in the individual's record. The Central Billing Office will evaluate the request and notify the appropriate parties, including the individual, the appropriate Revenue Management Team or administrative staff, and the primary counselor, therapist or service provider.

A reduction in service intensity, e.g., service hours or days or other units of service, to reduce service costs as well as other payment methods, including the use of credit cards and Payment Plans, should be considered before requesting a supplemental subsidy.

If the insurance plan denies services, the basic subsidy will be applied based on the Ability to Pay Scale. Subsequently, the supplemental subsidy may be considered under the following circumstances:

- a. Services that are not covered by the individual's health insurance plan
- b. Services that exceed the individual's health insurance plan limits

D. Health Insurance Usage

- i. Insurance companies are billed based on the Fee Schedule.
- ii. Individuals are responsible for paying all co-payments, coinsurance, and deductibles and are not subject to the Ability to Pay Scale.

- iii. Individuals who refuse to disclose their insurance coverage information shall be charged the full fee.
- iv. For individuals who meet the CSB Priority Population Guidelines for Assigning Priority 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
- v. For individuals who meet CSB Priority Population Guidelines for Assigning Priority Services, 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 the fee based on the ability to pay scale
- vi. For individuals who meet CSB Priority Population Guidelines for Assigning Priority Services, and 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
- vii. For individuals who meet CSB Priority Population Guidelines for Assigning Priority Services, and 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.

E. Individual Payment of Co-pay and Deductible

Individuals are expected to pay the required co-insurance, co-payment and deductible amounts on a pay-as-you-go basis (billed as necessary) for services billed to Medicaid, IDS Waiver services and any other services with mandatory co-pays in addition to those for third party (insurance) pay sources.

F. Refusal to Pay

All individuals are informed during the initial appointment that they will be charged a fee for services they receive. Services to individuals who are able to pay and refuse may be discontinued. The decision to deny treatment or services will be made by the Service Director based on the clinical appropriateness to the individual.

G. Appeal.

The individual and/or responsible parties who are unable to make the required payments for services may appeal a determination pertaining to their fees or subsidy and may request a re-evaluation of their ability to pay for services. This appeal may result in a Payment Plan, a basic subsidy or a supplemental subsidy, or a Deferred Repayment Contract. The type of documentation required for the appeal may vary by situation, but the minimum level of documentation required is outlined in sections VI and VII. If the individual and/or responsible parties request an appeal based solely on financial reasons, the appeal will be considered and a decision will be made by the Revenue Management Team manager.

VIII. Delinquent Accounts and Abatements.

A. Delinquent Accounts.

- i. An account shall be considered delinquent the first day following the due date stated on the bill.
- ii. Upon initial contact, the individual or other legally responsible parties will be informed that delinquent accounts may be subject to placement with DTA and/or the Virginia Set-Off Debt Collection Program. DTA employs a private collection agency to collect all debt that is 180 days delinquent. Collection actions may include wage liens, bank liens, property seizures and flagging of credit records. Upon referral, a \$30 administrative fee, 10% penalty for late payment, and simple interest of 10% per annum and a 20% collection fee will be added to the amount due. A \$50 fee will be assessed on any payment returned by the bank unpaid due to non-sufficient funds or account closed. Authorization to pursue collection by sending financial information, name and address to DTA or its collection agency if the account becomes delinquent is included in the Financial Agreement signed by individuals entering service.
- iii. The Revenue Management Team is responsible for pursuing collection of all delinquent accounts.
- iv. The Revenue Management Team will notify the primary counselor, therapist or service provider periodically of an open case that is delinquent. Action to resolve the delinquency may include :
 - a. Obtaining payment from the individual
 - b. Obtaining a Payment Plan or Deferred Repayment Contract if the individual is able to pay the full balance over time or upon future date
 - c. Obtaining a basic subsidy or supplemental subsidy to reduce the amount the individual is required to pay.

B. Abatements

- I. All billed services will be pursued under the full amount of time allowable by law.
- II. CSB has the authority to relieve (exonerate) charges for CSB services rendered. Through delegated authority of the CSB Board, the CSB Executive Director may abate fees.I

IX. Court Appearance by Clinician.

A fee for a court appearance may be charged and may be assessed for preparation, waiting and travel time. Decisions to apply a subsidy to the fee shall be made on a case-by-case basis by the Service Director. No fee will be charged to a County or City agency.

X. Medicaid Services.

Individuals with Medicaid coverage have the right to choose to receive services from any Medicaid enrolled provider of services. Individuals with Medicaid will be assigned to licensed therapists or to certain eligible unlicensed therapists. Medicaid permits a mental health clinic to bill for therapy services provided by certain unlicensed individuals, other than an intern or resident, who have completed a graduate degree, are under the direct personal supervision of an individual licensed under state law as directed by the physician directing the clinic, are working toward licensure and are supervised by the appropriate licensed

professional in accordance with the requirement of his or her individual profession. In addition, Medicaid permits billing of services provided by qualified substance abuse providers (QSAP) as defined in the June 12, 2007 Special Medicaid Memo issued by the Virginia Department of Medical Assistance Services and the accompanying Emergency Regulation on Amount, Duration and Scope of Services which amends relevant sections of 12 VAC 30-50.

When an individual is assigned to an eligible unlicensed professional, the clinician and their immediate supervisor must complete the form titled: Request for Medicaid Clinic Option Billing by Unlicensed Professional. In addition for other mental health services and/or substance abuse services meeting the Medicaid requirements, the qualified certification form must be completed by the immediate supervisor. All supervisors have access to these forms from the Revenue Management Team.

Individuals with Medicaid who are assigned to an ineligible, unlicensed therapist will be charged the Medicaid co-pay with all other charges relieved..

If an individual with Medicaid coverage misses an appointment, per the Medicaid Mental Health Clinic and Community Mental Health Rehabilitation Manuals, the individual will not be charged for the missed appointment.

XI. Provision of Service to Staff of Other CSBs.

Staff that work for another CSB and need to be seen elsewhere because of confidentiality concerns may receive services from the CSB. The Fee Regulation applies to these individuals and to CSBs with which a reciprocal agreement exists.

XII. Services Provided at No Cost to the Individual.

There are no charges for the services listed below.

- Entry and Referral Services. These services include eligibility determination, referral and triage and are conducted primarily on the telephone. It would be impossible to charge for these services since a large percentage of callers are generally not identified.
- Vocational, Employment, Habilitation/Services. Staff has ascertained that it is not cost effective to charge for this service. The revenue collected would be far less than the costs of collection, since most of these individuals have very little income.
- Alternative House-Residential Emergency Services. The individuals of Alternative House-Residential Services are runaways with few, if any, resources. It would not be cost effective to collect fees in this program and often parents would be unwilling to pay since they did not request the service.
- Juvenile Detention Center Services provided at the Juvenile Detention Center. Services to incarcerated youth are provided at no cost to the parents/guardians.
- Care Coordination. The State defines care coordination as the management and brokering of services for individuals to ensure that needs are met, covered services are not duplicated by the care-providing

organization(s), and resources are used most cost effectively. It primarily involves gate-keeping functions such as approving care plans and authorizing services, utilization management, providing follow up, and promoting continuity of care.

- Homeless Outreach Services. Individuals receiving outreach services are not well connected to CSB programs. Staff provides education, consultation and support to individuals in order to facilitate connection to needed treatment services.
- Adult Detention Center Services.
- Foster Care. Services which are not reimbursed by Medicaid for children in foster care are provided at no cost to the foster parents.
- Geriatric Consultation Services. The CSB does not charge for outreach services or for initial assessments or consultations when the Department of Family Services (DFS), and/or Police, Fire and Rescue Departments request that CSB Geriatric staff be part of a DFS or Police, Fire and Rescue team making an initial home visit.
- Hostage-barricade incidents, disaster responses, or critical incident stress debriefings. The CSB does not charge the public or non-profit agencies for these services.
- Diversion to Detoxification Center. The CSB does not charge for assessment and transport of individuals by the diversion staff.
- Services that were not requested or refused by individuals unless subject to the Virginia Code.

Approved _____
Executive Director Date

Approved: October 1984	Revised: August 14, 2007
Revised: January 1995	Revised: July 21, 2008
Revised: June 1996	Revised: June 24, 2009
Revised: May 1997	Revised: September 22, 2010
Revised: October 1999	Revised: November 1, 2012
Revised: April 26 2000	Revised: January 1, 2014
Revised: May 23, 2001	Revised: December 1, 2014
Revised: October 24, 2001	
Revised: June 17, 2002	
Revised: July 23, 2003	
Revised: August 31, 2004	
Revised: August 15, 2005	
Revised: September 15, 2006	

Guidelines for Assigning Priority Access to CSB Services

Defining who should have priority access to services of the Fairfax-Falls Church Community Services Board (CSB) is a necessary and critically important process to ensure compliance with state and federal codes and regulations. These priorities guide state contract reporting for the CSB's allocation of state block grant funding. This process also applies to decisions about how best to use local funding dollars. Guidelines for assigning priority access need to take into consideration and include those individuals whose needs cannot be addressed except through a public system such as the CSB, which provides and coordinates multiple levels and types of services to help individuals gain a level of independence and self-determination. Effective and efficient use of resources is an inherent requirement of all CSB services so that the maximum number of people are served within the limits of federal, state and local funds available.

1) Exclusionary Criteria

- a. Constituency--Restrict access to residents of Fairfax County and the Cities of Fairfax and Falls Church.
- b. Requests outside of the CSB's Mission--No service will be provided that is not designed, mandated or funded to be provided by a CSB.

2) Inclusionary Criteria (in priority order)

- a. Enrolled in service --Currently enrolled individuals who maintain the need for current services (or the equivalent) being provided.
- b. Need – All people who meet the priority population criteria with serious and imminent needs that cannot be met elsewhere.
- c. Alternative Resources -- Individuals with needs for services who do not have alternative resources such as service access, insurance, or family supports.
- d. Effectiveness -- Once all those who meet the above criteria have been served, anyone who shows the greatest likelihood of receiving benefit from services can be served.
- e. Comparative Need -- If resources are still available, anyone who still has additional needs for service can have those service needs addressed.
- f. Selection Based on Length of Wait -- First-come, first-served basis.

NOTE: These criteria do not apply to initial phone screening; acute care services; or wellness, health promotion, and prevention services, all of which are available to all residents of Fairfax County and the Cities of Fairfax and Falls Church.

CSB Priority Populations

I. Priority Populations

The Fairfax-Falls Church Community Services Board (CSB) has identified the following priority service populations based upon definitions from the Virginia Department of Behavioral Health and Developmental Services (DBHDS), the Federal Substance Abuse Prevention and Treatment Block Grant (SAPT), and Part C of Individuals with Disabilities Education Act (IDEA). Individuals must meet the priority service population criteria below to have consistent access to non-emergency/non-acute CSB services.

Note: The following services -- initial phone screening; wellness, health promotion and prevention services; and acute care and emergency CSB services -- remain available to **all** residents of Fairfax County and the cities of Fairfax and Falls Church.

Individuals may meet the criteria for more than one priority population and receive services accordingly. Individuals who are only in one priority population receive the CSB services which address the needs of the population area they are in. For example, an individual meeting the substance use priority population criteria *only* cannot also receive a priority to access services designed for the Intellectual Disability population, unless that individual also meets the criteria for the Intellectual Disability population. People meeting priority population requirements will have access to cross-cutting organizational services such as medical services or housing assistance supports as available to meet service plan goals. People with co-occurring disorders, meeting the priority population criteria, will have access to services as available to address co-occurring needs.

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

A. MENTAL ILLNESS POPULATION

A1. Adults with Serious Mental Illnesses (SMI) assessed along the three dimensions of diagnosis, functional impairment, and duration.

- **Diagnosis** through the current Diagnostic and Statistical Manual (DSM) of serious mental illness including those along the schizophrenia spectrum, predominantly thought and psychotic disorders, persistent major affective disorders, AND
- **Impairments** due to a serious mental illness that seriously impact, on a recurrent or continuous basis, how the individual functions in the community, including to the following:
 - Inability to consistently perform practical daily living tasks required for basic adult functioning in the community (such as keeping a living space clean, shopping for food, hygiene);
 - Persistent or recurrent failure to perform daily living tasks except with significant support or assistance by family, friends or relatives;
 - Inability to maintain employment at a living wage or to consistently carry out household management roles; or
 - Inability to maintain a safe living situation.
- The **duration** of the serious mental illness has been or is anticipated to be of a long duration (at least six months) and is considered chronic. It usually has resulted or, if left untreated, is likely to result in repeated or significant psychiatric hospitalizations.

A2. **Children and Adolescents** birth through age 17 with **Serious Emotional Disability (SED)** resulting in a serious mental health problem that can be diagnosed through the DSM, which is used as the professional guidelines for diagnosis by psychiatry and other professionals, plus have at least one of the following:

- Problems in personality development and social functioning which have been exhibited over at least one year.
- Problems that are significantly disabling based upon the social functioning of most children their age.
- Problems that have become more disabling over time and service needs that require significant intervention by more than one agency.

Children with a co-occurring substance use disorder or intellectual disability diagnosis also meet the criteria for SED.

A3. **Children**, birth through age 7, who are determined to be **at risk** of developing Serious Emotional Disability by means of one of the following:

- Child exhibits behavior that is significantly different from or significantly behind most children their age, and which does not result from developmental or intellectual disability.

- Physical or psychological stressors exist that put the child at risk for serious emotional or behavioral problems.

B. SUBSTANCE USE DISORDER POPULATION

B1. Adults with a **Substance Dependence Disorder** assessed along the three dimensions of diagnosis, functional impairment, and duration.

- **Diagnosis:** through the current Diagnostic and Statistical Manual (DSM) of Substance Dependence (not including sole diagnosis of nicotine dependence)
- **Functional Impairment (any of the following):**
 - Continuation or intensification of substance-related symptoms despite previous substance abuse treatment.
 - Inability to be consistently employed at a living wage or consistently carry out household management roles.
 - Inability to fulfill major role obligations at work, school or home.
 - Involvement with legal system as a result of substance use.
 - Involvement with the foster care system or child protective services as a result of substance use.
 - Multiple relapses after periods of abstinence or lack of periods of abstinence.
 - Inability to maintain family/social relationships due to substance use.
 - Inability to maintain stable housing (i.e. on their own or by contributing toward housing costs in shared housing).
 - Continued substance use despite significant consequences in key life areas (i.e., personal, employment, legal, family, etc.).
 - Hospital, psychiatric or other medical intervention as a result of substance use.
- **The duration** of the Substance Dependence has been or is anticipated to be of a long duration (at least six months) and is considered chronic. It usually has resulted or, if left untreated, is likely to result in repeated or significant impairments in multiple life areas.

B2. Children and adolescents (under 18 years old) with a DSM diagnosis of substance abuse or dependence, who have used substances in the prior 12 months (or who have been in detention or in a therapeutic residential environment and have used substances within the 12 months prior to entry); who present with cognitive, behavioral or physiological symptoms; and present with impairments as a result of substance use in one or more of the following areas:

- Continuation or intensification of substance-related symptoms despite previous substance abuse treatment interventions.

- Inability to fulfill major role obligations at work, school or home.
- Involvement with legal system as a result of substance use.
- Multiple relapses after periods of abstinence or lack of periods of abstinence.
- Inability to maintain family/social relationships due to substance use.
- Continued substance use despite significant consequences in key life areas (i.e., personal, school, legal, family, etc.).
- Hospital, psychiatric or other medical intervention as a result of substance abuse or dependence.

B3. Special Priority Populations

1. Pregnant women who are intravenous (IV) drug users
2. Pregnant women
3. IV drug users

C. INTELLECTUAL DISABILITY AND DEVELOPMENTAL DISABILITY POPULATIONS

C1. Infants and Toddlers: Children from birth to age three with a confirmed eligibility for Part C of the federal Individuals with Disabilities Education Act (IDEA) and their families are eligible for early intervention services through Infant and Toddler Connection (ITC).

C2. Children and Adults: Children no younger than two years old and adults with a diagnosis of Intellectual Disability (ID) with onset prior to the age of 18 who have significant deficits in at least two areas of adaptive living skills (i.e. communication, self-care, home living, social / interpersonal skills, use of community resources, self-direction, functional academic skills, work leisure health and safety).

C3. Diagnosis of **Intellectual Disability (ID)** must be documented by:

- For children ages 2-6 years of age, a developmental evaluation with a diagnosis of developmental delay or intellectual disability **or**
- For individuals age 6 and older, a psychological evaluation completed prior to the age of 18 providing a diagnosis of intellectual disability with a full scale IQ of about 70 or below **OR** other medical, educational, or professional documentation showing that a disability had onset before age 18 coupled with a statement from the family that no formal IQ score had been done or is currently available and a current IQ test showing an Intellectual Disability.

Fairfax County FY 2016 – FY 2020 Capital Budget RequestIssue:

Submission of the Community Services Board's (CSB's) recommended priorities for the County's FY 2016 – FY 2020 Capital Budget Request

Timing:

The Capital Improvement Program information is due to the Department of Management and Budget on October 15, 2014. Several Departments, including Human Services, meet with the County Executive from October through November 2014, and the CIP Review Team will discuss the CIP Recommendations with the County Executive in December. Agencies will receive CIP decisions and draft documents for review in January/ February 2015, and the Advertised CIP will be released with the Advertised Budget in February 2015. CSB staff has opportunities to make formal presentations to the Planning Commission and Board of Supervisors in March 2015, followed by public hearings before the Planning Commission and the Board of Supervisors for Adoption of the CIP in March and April 2015. The CIP will be adopted in April 2015.

Background:

The County's Capital Improvement Program (CIP) and the County's Comprehensive Plan are interrelated. The Comprehensive Plan identifies geographic areas suitable for development. The CIP identifies needed public facilities and provides a systematic approach to planning financing and development so bond issues or other revenue sources can be identified. By identifying public facilities needed to serve Fairfax County citizens and scheduling them over time, the CIP guides the public construction program for the future.

The Community Services Board has actively participated in the CIP since 1985 and has received funding for the construction of several projects including: 16 resident Braddock Road Group residences opened in 1991 (IDS); 32 resident Detoxification program facility co-located with a new enlarged 35 resident "A New Beginning" building and an 81 resident Crossroads Facility which opened in 1994. Also the former "A New Beginning" building was reconstructed for use as a 16 resident dual diagnosis program "Cornerstones" which opened in 1999. A 1990 bond referendum provided the funding for a 36 resident Assisted Living Facility (ALF), "Stevenson Place." Funding was approved in a 2004 bond referendum for the renovation and expansion of the Mt. Vernon Community Mental Health Center (renamed the "Gartlan Center"), new construction of the Gregory Drive Residential Treatment Program renamed *New Horizons* for 16 adults with co-occurring disorders (MH/ADS), and replacement of the Woodburn Community Mental Health Center. Gartlan Center renovations were completed in 2010 and Gregory Drive opened the same year. Construction is 90% complete on the Mid-County Human Services facility, as of August 2014. This facility will replace Woodburn Community Mental Health Center.

The CIP process involves initial approval, feasibility studies, participation in a possible bond referendum (unless alternate funding sources are identified), securing an acceptable site or planning extensive renovations at existing sites, authorization from the Board of Supervisors to proceed, architectural design, and construction. Although a lengthy development time can be expected, the CIP is a valuable avenue for the CSB to pursue renovation and redesign of existing facilities, new construction of County buildings and larger facilities that provide mental health or substance abuse treatment, medical care and supportive housing. Smaller housing projects such as group homes or individual/clustered supportive housing units in multifamily apartment properties are developed through the County's Housing Blueprint.

Enclosed Document:

Summary FY 2016 – FY 2020 Capital Request Budget

Staff:

Leonard P. Wales, CSB Acting Director of Administrative Services
Jeannie Cummins Eisenhower, CSB Investment & Development Manager

Fairfax-Falls Church Community Services Board Proposed FY2016 – FY 2020 Capital Improvement Program

This document provides a brief overview of the proposed changes to the CSB's FY2016-2020 CIP submission, including projects the CSB intends to remove from its public construction program, new projects to be added to the program, and updates on projects that have been approved and are under way.

This document also summarizes those projects that were on the FY2015 – FY2019 list of “future CIP projects” that CSB would like the Planning Commission and Board of Supervisors to prioritize for inclusion in the “near term” program (FY2016 – FY2020), based upon the outcomes of the feasibility study.

A. PROJECTS PROPOSED FOR DELETION FROM THE CIP

1. Two Group Homes for Adults with Intellectual Disabilities from CVTC

- CSB has made multiple attempts to identify workarounds and alternative approaches to minimize financial risk to the County
- DBHDS rescinded approval of funding in March 2014
- DBHDS plans to redirect these funds to support other community living options mandated by the DoJ Settlement Agreement. CSB continues to work with DBHDS to maximize housing opportunities for CSB clients in Fairfax County.

2. Assisted Living Program for 35 Adults with Serious Mental Illness & Intensive Medical Needs

- Regulatory changes to major funding source (Medicaid Mental Health Skill Building Services) limits ability to bill for critical services in assisted living settings
- State auxiliary grant program regulations that limit payment of room, board and care to assisted living and adult foster care settings are being challenged in court. If successful, reimbursements from this source for care in assisted living settings may shrink.
- Federal and state policy for programs that license and pay for home and community based services increasingly emphasize environments that separate housing from services, and provide individuals greater choice and control over where they live, with whom they live, and who provides supports.
- These regulatory, policy, and funding changes run counter to the model of an assisted living program that congregates 35 individuals in one building or on one campus with the same provider.
- While the need for this level of care is still critical, we need to examine new models of care that better align with ongoing regulatory, policy and funding changes.

B. NEW PROJECTS PROPOSED FOR INCLUSION IN THE CIP

1. Renovation/Relocation of Woodburn Crisis Care

- Woodburn Crisis Care is in a 50 year old building that suffers from significant deferred maintenance and limited accessibility.
 - At risk of non-compliance with DBHDS licensure requirements
 - Do not meet current building, life safety and health code standards
 - Existing floor plan requires additional staffing for appropriate 24/7 observation of individuals
- An FY16 Capital Budget Request was made to fund a feasibility study to determine the most appropriate option for the existing program of those below, develop a conceptual design for a state of the art crisis stabilization facility, identify suitable sites (if needed), and provide a cost estimate.
 - substantial renovation of existing facility
 - knock down/rebuild existing facility
 - build new facility at alternative site
 - lease new facility at alternative site

C. CURRENT PROJECTS UNDERWAY ON THE CIP

- 1. Feasibility Studies for Fairfax Detox, A New Beginning, Crossroads and Cornerstones**
 - Feasibility studies assess need for renovations to bring buildings up to current code, reduce ongoing maintenance costs, and expand service capacity by providing programmable space that can meet multiple needs. The review will also look at the feasibility of developing supportive housing units on the Cornerstones site.
 - Deliverables: four conceptual designs per facility (2 moderate level renovation/expansion concepts and 2 maximum level renovation/expansion concepts) and cost estimates for each concept.
 - County Building Design & Development contracted the architect firm HGA to perform this feasibility study
 - Kickoff on August 5, 2014 and initial site visits occurred in early September
 - Draft programs and building assessment reports due in October

- 2. Construction of Merrifield Human Services Center**
 - Construction was approximately 90% complete as of August 2014. Substantial completion is projected for September 22, 2014.
 - Projected occupancy date is January 2014.
 - Project is within budget.

D. CSB PROJECTS ON THE FUTURE PROJECTS LIST (BEYOND THE 5-YEAR CIP PERIOD)

- 1. Building Design & Construction for Fairfax Detox and A New Beginning Renovation**
 - Complete the facility feasibility study of Fairfax Detox and A New Beginning
 - Perform the full design and construction of Fairfax Detox and A New Beginning in accordance with the selected conceptual design
 - The Fairfax Detox renovation redesign will accommodate a higher proportion of medical to social detox beds, a modified crisis stabilization program component, and a primary care/dental care clinic.
 - A New Beginning's renovation redesign will support services for a population experiencing increasing complex co-occurring serious mental illness and substance use disorders.
- 2. Building Design & Construction for Crossroads Renovation**
 - Complete the facility feasibility study of Crossroads
 - Perform the full design and construction of Crossroads in accordance with the selected conceptual design
 - The Crossroads renovation redesign will support services for a population experiencing increasingly complex co-occurring serious mental illness and substance use disorders
- 3. Building Design & Construction for Cornerstones Renovation & Expansion**
 - Complete the facility feasibility study of Cornerstones
 - Perform the full design and construction of Cornerstones in accordance with the selected conceptual design
 - The Cornerstones renovation redesign will support services for a highly intensive population experiencing co-occurring serious mental illness and substance use disorders and will expand the facility to accommodate new supportive housing units on site for individuals who complete the first phase of the program.
- 4. Building Design and Construction of Intermediate Care Facilities**
 - There is a growing need for Intermediate Care Facilities, but no options to finance them
 - CSB is aware of nearly 30 Fairfax residents transitioning from NVTC & CVTC who are eligible for and prefer an Intermediate Care Facility (ICF) level of care.
 - Approximately 174 individuals with intellectual disabilities currently in group homes and 26 individuals on the CSB's residential waitlist for people with intellectual disabilities are age 55+. Some are experiencing age-related conditions which require specialized interventions not typically available in Medicaid Waiver group homes.

- County's housing stock doesn't serve this population: 74% of the County's housing was built prior to onset of Fair Housing Act Accessibility requirements and 95% of the housing stock is in buildings unlikely to have accessible features.
- Financing sources for ICF acquisition have declined dramatically.
- An FY16 Capital Budget Request was made to fund a feasibility study to develop a conceptual design for a community-based ICF and identify four potential sites on which to build the first half of a series of eight, four bed facilities.
- The current CIP request is for the construction of eight, four bed facilities at an estimated cost of \$1.5M per facility

E. PRIORITY ORDER FOR INCLUSION OF CSB CIP PROJECTS WITHIN THE FY2016-FY2020 CIP

1. Renovation/Relocation of Woodburn Crisis Care
2. Building Design and Construction for Fairfax Detox and A New Beginning Renovations
3. Building Design and Construction for Crossroads Renovation
4. Building Design and Construction for Cornerstones Renovation and Expansion
5. Building Design and Construction of Intermediate Care Facilities