FAIRFAX-
FALLS CHURCH
COMMUNITY SERVICES BOARD

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

Ken Garnes, Chair

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

Wednesday, November 19, 2014
7:30 p.m.

1.	***Meeting Called to Order***	Ken Garnes	7:30 p.m.
2.	***Matters of the Public***	Ken Garnes	
3.	***Amendments to the Meeting Agenda***	Ken Garnes	
4.	***Approval of CSB October 15, 2014 Work Session and October 22, 2014 Meeting Minutes***	Ken Garnes	
5.	***Matters of the Board***		
6.	***Directors Report***		
	• *CSB Workplan Update*		
	• *VACSB Legislative Conference January 2015*		
7.	***Committee Reports***		
	A. Fiscal Oversight Committee	Suzette Kern	
	• *September and October Meeting Notes*		
	B. Government and Community Relations Committee	Rob Sweezy	
	• *Legislative Issues*		
	C. Intellectual Developmental Disability Committee	Lori Stillman	
	D. Substance Use Disorders/Mental Health Committee	Susan Beeman	
	• *November Meeting Notes*		
	E. Other Reports		
8.	***Action Items***		
	A. 2015 CSB Board Meeting Calendar	Ken Garnes	
	B. CSB Policies Review and Comment Period	Suzette Kern	
	C. Proposed Standing Committee Name Change	Susan Beeman	
9.	***Information Items***		
	A. Notice of Proposed CSB Bylaws Amendment	Suzette Kern	
	B. State Performance Contract Quarterly Update	Jerome Newsome	
10.	***Adjournment***		

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Fairfax-Falls Church Community Services Board
October 15, 2014

A work session of the Fairfax-Falls Church Community Services Board (CSB) was held at the Fairfax County Government Center, 12000 Government Center Parkway, Fairfax, VA.

The following CSB members were present: Ken Garnes, Chair; Susan Beeman, Kate Hanley, Suzette Kern, Dallas "Rob" Sweezy, Diane Tuininga, Jeff Wisoff and Spencer Woods

The following CSB members were absent: Gary Ambrose, Pam Barrett, Paul Luisada, Lynn Miller, Juan Pablo Segura, Lori Stillman and Jane Woods

The following CSB staff was present: Tisha Deeghan, Daryl Washington, Len Wales, Jean Hartman and Lyn Tomlinson

Ken Garnes welcomed Deputy County Executive Pat Harrison and Brenda Gardiner with the Department of Administration for Human Services, indicating this work session was requested by the CSB Board to provide an update on the activities related to the efforts to integrate primary and behavioral health care, specifically at the Merrifield Center. Due to developments that have converged, some of which are unfolding quickly, this session was called with short notice to ensure the CSB Board is fully informed and afforded an opportunity to provide input. The presentation and discussion included the following:

- Inova has been considering how to utilize the fourth floor of the Merrifield Center, in which they have a 10-year lease option, and recently decided to move IT staff to this facility.
- In the meantime, recognizing the upcoming lease expiration of the Community Health Care Network (CHCN) at Seven Corners, an examination of possibly sharing this fourth floor space with Inova has been undertaken. This would include relocating the primary health care services of CHCN as well as dental services to the Merrifield site.
- It was noted throughout design of the Merrifield Center there has been a goal to include primary care services for a fully integrated health care services site. The relocation of CHCN along with dental services would move this objective forward to the benefit of individuals receiving CSB services. Separately, a Request for Proposals (RFP) is slated to be issued in an effort to solicit bids for providers of primary care services which will require a significant amount of time. It was noted CSB consumers alone would not be able to fully support a primary care commercial venture.
- For individuals currently receiving services through CHCN at Seven Corners, outcomes of a transportation survey indicated 50% drive, over 30% use public transportation and 13% walk. The Merrifield site will be easily accessible for those using public transportation with a bus stop directly at the location.
- A favorable cost analysis of relocating CHCN to Merrifield was recently determined which considered leasing other space in the Seven Corners/Baileys Crossroads corridor.

Due to the limited availability of Class A medical space, any office space would require a substantial investment to renovate, and at the same time, the square footage cost would exceed the estimated $20 per square foot at Merrifield.

- In response to any additional advantages and/or shared resources resulting from a co-located site, it was noted in the long term there could be access to Inova's electronic medical record, and in the short term, CHCN may have access to a Medicaid/Medicare billing infrastructure. It was also indicated efforts are ongoing to identify other opportunities between the CSB and Health Department.
- The co-location proposal is being presented to county officials including the County Executive, Chairman of the Board of Supervisors (BOS) and additional Supervisors, especially those whose districts would be directly affected, to identify any specific issues that need to be addressed.
- It was indicated during this analysis period, Inova has placed on hold for 30-days the building out of the fourth floor at Merrifield, but is anxious to proceed.

Following discussion and in anticipation of upcoming presentations to the Board of Supervisors as well as other stakeholders, Kate Hanley offered a motion that in accordance with the recommendations of CSB staff that utilization of the Merrifield space as proposed makes programmatic sense for CSB consumers, and as indicated, is financially sound and will provide cost benefits, the CSB Board supports moving forward with the proposal. The motion was seconded and passed.

Ken Garnes requested Deputy County Executive Harrison keep the CSB Board informed as this initiative continues to develop and extended appreciation to Ms. Harrison and Ms. Gardiner for attending the work session.

_____	_____
Date Approved	Staff to the Board

DRAFT

Fairfax-Falls Church Community Services Board
October 22, 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, Dallas "Rob" Sweezy, Diane Tuininga, Jeff Wisoff, Jane Woods and Spencer Woods

The following CSB members were absent: Pam Barrett, Paul Luisada, Lynn Miller, Juan Pablo Segura and Lori Stillman

The following CSB staff was present: Tisha Deeghan, Daryl Washington, Len Wales, Jeannie Cummins Eisenhour, Jean Hartman, Victor Mealy, Lisa Potter and Lyn Tomlinson

1) Meeting Called to Order

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

2) Matters of the Public

   Dave Naylor, recently retired CSB staff, introduced himself as a representative of Friends of A New Beginning, noting he will be attending future CSB Board meetings in this capacity. Mr. Naylor expressed concerns with the lack of a continuum in the substance use disorders treatment area which may lead to further issues with this population.

3) Approval of the Minutes

   Diane Tuininga offered a motion for approval of the September 24, 2014 Board meeting minutes of the Fairfax-Falls Church Community Services Board which was seconded and passed.

4) Matters of the Board

   - Kate Hanley noted state Senator Janet Howell recently toured the Fairfax County jail and there was a focus on behavioral services provided at the facility.
   - As chair of the October 17 Wellness and Recovery conference, Susan Beeman extended appreciation to the CSB for its continued support of this educational outreach event. A special thank you was extended to Belinda Buescher, Lara Larson, Dave Mangano and Laura Yager noting their invaluable individual contributions as well as former CSB staff member Pam Gannon and Laura Yager who jointly provided a great presentation entitled Deals and Thrills. There were 202 registered participants including four Board members; Gary Ambrose, Susan Beeman, Suzette Kern and Jeffrey Wisoff, and 130 conference attendees were in scholarship. It was indicated a detailed report will be provided at the November Substance Use Disorders/Mental Health (SUDs/MH) committee meeting.

5) Directors Report

- Tisha Deeghan shared the 1st Place Media Award recently received from the Office of Cultural & Linguistic Competency with the Department of Behavioral Health and Developmental Services (DBHDS). As part of National Minority Mental Health Awareness month, this award recognized the exceptional efforts of the staff in CSB Wellness, Health Promotion and Prevention Services in producing a bilingual video on Mental Health first aid.

- Following up on the decision to close Sojourn House due to staffing shortages, challenges in hiring qualified staff combined with underutilization of the program, Ms. Deeghan noted this has provided an opportunity to look at cross sector options in an effort to continue services through partnerships and other venues. In response to concerns received as a result of the announced closing, it was indicated that although not the preference, there seems to be an understanding of the factors leading to this action.

- Daryl Washington reported on the presentation of the Virginia Governor's Healthcare Plan that was provided to the Board of Supervisors (BOS) Human Services Committee this past week noting:
    - An application has been made for an 1115 plan that would expand Medicaid for low income individuals with serious mental health issues (SMI). The CSB estimates 650 presently served will qualify, although the reimbursement amount is not yet known, but will be based on a per person cap. It is expected the CSB will be heavily involved in the screening and service portion of this expansion.
    - Opportunities will be available for health homes providing integrated services to the SMI population. Although it has been indicated the initial pilot funding will be targeted to Southwest Virginia, given the array of services to be offered at Merrifield, staff is hopeful this model will provide leverage for access to the health home pilot in our area.
    - As part of the focus on decreasing Heroin and prescription drug abuse, the CSB may play an even greater role in working with the Governor's task force while it also continues to be active in the county's task force on Heroin abuse.
- Mr. Washington indicated the potential integration of the fourth floor at the Merrifield Center was briefly addressed at the BOS committee meeting. In the meantime, a tour is being scheduled with Inova as well as others involved, and as appropriate, the County Attorney's office will become involved in the discussions.

- Len Wales distributed a CSB Status Report, noting the outline was shared at a previous meeting. The report provides data for FY2014 that includes people served, wait days for an assessment, wait time for emergency services as well as percentages of individual receiving primary care. There are other categories such as employment and number of Temporary Detention Orders and Emergency Custody Orders that are under construction.

  In reviewing the outcome measures, it was indicated there were 21,000 individuals served and approximately 18,000 calls received at the Call Center. It was also pointed out the criteria for data in some categories will need to be refined based on state vs. local standards. The intent is to provide this information on a quarterly basis to coincide with the State Performance Contract data.

6) Committee Reports

A. *Fiscal Oversight Committee*

Ms. Kern reported the October meeting will be held Friday, October 24th in which there will be an update of the NEOGOV system along with a primer on Medicaid in an effort to provide a better understanding of its application to CSB services. An invitation was extended to all Board members to attend.

B. *Government and Community Relations Committee*

Rob Sweezy reported talking points of significant legislative issues will be compiled for the Board members' use when meeting with legislators prior to the upcoming General Assembly session. Among some of the issues previously identified are funding for individuals leaving the training centers including Medicaid Waiver rate increases and housing financing assistance, transportation services, as well as sustainable funding for early intervention services for infants and toddlers. In an effort to ensure the issues correlate with the county's program, staff will request feedback from the county legislative office as to which CSB issues have been retained as the program continues to be finalized. Board members were encouraged to set up meetings with their assigned legislators early in December prior to their heading to Richmond.

C. *Intellectual Developmental Disability (IDD) Committee*

A report was not available.

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

Referencing the October meeting notes included in the Board agenda packet, Ms. Beeman highlighted the focus center on the upcoming budget submission as well as a possible committee name change.

7) Action Items

A. *CSB Priority Access Guidelines Amendment:*

Daryl Washington indicated the change being presented to the CSB Priority Access Guidelines is a result of a DBHDS mandate for services to individuals requesting treatment for opioid drug abuse, including prescription pain medication. As the requirement became effective July 1, 2014, the CSB has incorporated this practice into services provided and needs to ensure it is clearly defined in the CSB Guidelines.

Suzette Kern offered a motion that the CSB Priority Access Guidelines be amended as presented which was seconded and the motion passed.

B. *CSB Policies Review and Comment Period*

Noting the Board is tasked with a triennial review of CSB policies, Ms. Kern indicated updates of three policies are currently being presented which consist of: 1) 0005, Definitions, to clarify CSB as an agency vs. the governing board; 2) 0020, Vision Mission and Value Statement to incorporate the language approved in June 2014 within the CSB Strategic Plan; and 3) 0030, Priority Access to CSB Services to add the language adopted within the CSB Priority Access Guidelines. These updated policies are being presented for the Board's approval to issue for public review and comment. Following

the comment period, the policies will be revised as appropriate and submitted to the Board for final adoption.

Suzette Kern offered a motion for approval to issue CSB Policies 005, 0020, and 0030 as revised for a 30-day public review and comment period which was seconded and passed.

C. *FY 2016-FY 2020 Capital Improvement Program:*

Noting the initial presentation was made at the September CSB Board meeting, Jeannie Cummins Eisenhour provided the long term, five-year CSB Capital Improvement Program (CIP) for Board approval. Clarification was requested of the district in which the Woodburn Crisis Care facility is located, either Mason or Providence, and once determined, the submission be revised as appropriate.

Taking into account the revisions discussed, Jeff Wisoff moved that the Board approve the CSB recommendations for the County's FY2016 to FY2020 Capital Improvement Program as revised which was seconded and passed.

8) Other Matters:

- With the legislative action to change the filing frequency of state financial disclosure statements, it is unclear whether CSB Board members will be required to submit statements twice a year. In addition, there may be change in the upcoming date for filing statements: December 15, 2014 vs. January 15, 2015. Mr. Garnes indicated he would check into this and provide Board members with guidance.
- In response to the possibility of pursuing some of the additional state and federal outreach funding for the CSB's Financial Assessment and Screening Teams (FAST), Daryl Washington indicated he will follow up to determine any options available.

There being no further business to come before the Board, a motion to adjourn was offered, seconded and carried. The meeting was adjourned at 8:25 p.m.

Actions Taken--

- The September 2014 meeting minutes were approved.
- Approval of CSB Priority Access Guidelines as amended.
- Approval for three updated CSB Policies to be issued for public review and comment.
- Approval of the FY2016-FY2020 CIP submission as revised.

_____ _____

Date Staff to Board

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

Section Status:

Section	General Summary Status
I – Informatics	On Target
II – Front Door	On Target
III – Behavioral Healthcare Outpatient	On Target
IV – Business Process	On Target
V – Youth and Child Services	On Target
VI – Merrifield	On Target
Tier 2: Future Identified Objectives • Re-Engineer Mental Health Emergency Services • Develop Cost Benefit Analysis of Medical Detox Unit • Consider Co-Locating Medical Detox with Crisis Unit • Review Day Program Supplemental Payments and Contracting • Move Social Detox Out of Facility Based Program • Explore new Models to Leverage More Cases and/or Increase Face-to-Face Visits	Work not started. TBD

Special Notation:

- None

Section 1: Informatics
POC: Jerome Newsome

Key Activity Status:

Task : Outcome	% Comp	Due Dates	Status
Refine Utilization of Credible: Initial Assessment Summary Report	100%	December 2014	Complete
Establish process for responding to future contract changes: Establish more direct onsite contact with Credible staff	90%	December 2014	On Target (see note)
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:

- Process for initiating additional contract support has been determined to require additional time to complete.

Key Risks:

- None

Key Issues:

- Working with Credible is slow process but gradually improving. Will require additional investment of time to refine response process.

Planned Activities:

- Work closely with DAHS contracts to amend Credible contract to obtain more onsite support for clinical and financial optimization reviews
- Continue using Report Writer for 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	95%	November 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%	November 2014	On Target
Enhance Revenue Opportunities : 75% of individuals with scheduled appointments to CSB services have participated in initial FAST services	90%	December 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	90%	December 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:

- Recommend the Pre-registration process tested for all scheduled for appointments through the Entry and Referral Office be implemented system-wide – December 2014.

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
- Pilot Registration business process at Gartlan in November 2014.
- 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	90%	December 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	85%	January 2015	On Target
In coordination with the Front Door work, establish Utilization Management standards and implement those protocols for assigning service providers and for length of treatment : Create new and updated written BHOP Level of Care guidelines/protocol across integrated programs that ensure: Individuals are neither underusing or overusing services and receiving optimal level of care; within division standardization of clinical pathways that are helping us determine our treatment approaches; and consistency of application across programs : • Work with the Medical Director and Services Director for Entry to identify the most effective and efficient services models to address the needs of people with less intensive Medical Service needs and those needing urgent care • Establish consistent protocol for stepping individuals down to lower levels of care	70%	January 2015	On Target
Establish centralized scheduling wherever possible, sustainable productivity standards, and key service outcome standards	50%	January 2015	On Target
Using processes developed above, establish service capacity and align resources to address priority service needs; include training requirements as necessary	50%	January 2015	On Target

Key Risks:

- None

Special Notation:

- Integrated Services Planning Workgroup is finalizing graphic design of Integrated Treatment Model to share with stakeholders. Continued close collaboration with groups has resulted in slight delay due to consensus building, but will yield a product approved by all.
- Centralized Scheduling Pilot at Chantilly is at end phase, but the new business process will continue and be refined as we continue to roll it out to other sites/programs.
- Utilized priority population guidelines to make decision regarding program changes and reallocation of resources. Currently phasing out all levels of care associated with the lowest levels of SUD and MH disorders. Reallocating resources based on newly identified needs.

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.

Section 4: Integration of Business Practices
POC – Joan Rodgers

Key Activity Status:

Task :	% Comp	Due Dates	Status	Measure
Financial & Human Resource Alignment				
Review existing business processes related to client registration, data collection, benefits eligibility, and revenue management. Develop standardized, effective and efficient business processes that can be implemented at all CSB service locations and central office.	80%	November 2014	On Target	90% of individuals are satisfied with service provided by the reconfigured business services
Identify resource to manage relationship of specialist billing company and ITC program commercial insurances (non-Medicaid) to assist in sustaining program financial viability.	TBD	TBD	TBD	TBD
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 January 2015	On Target	90% consistency in methods and measures
Identify revenue gaps and develop strategies to maximize fee and grant revenues within the service mission	20%	April 2015	On Target	Partial resolution of Fund 400 revenue imbalance
Strategic Planning & Coordination				
Create agency-wide performance management system and develop agency performance measures; implement monitoring and reporting process	50%	August 2015	On Target	
Develop and implement plan for annual operational and programmatic audit.	30%	Extended to January 2015	On Target	Corrections to areas of weakness that violate or have the potential to violate the efficient use of resources

Key Risks:

- Continued high vacancy rates and insufficient Administrative, FAST, and Revenue Management staff positions jeopardize the full implementation of associated standardized business processes.

Key Issues:

- None

Special Notation:

- Pre-registration process is being tested for all scheduled for appointments through the Entry and Referral Office through December 2014.

Planned Activities:

Enhancements to the review of existing business processes task

- Review Scheduling pilot at Chantilly - October/November 2014.
- Implementing Assessment and Registration pilot at Gartlan - November 2014.
- Recruiting for Management Analyst III in Compliance and Risk Management to serve as internal Medicaid expert.
- Conducting across-the-board financial reviews of individuals currently receiving services and have expired financial liability (proof-of-income) dates. Completion date – extended to February 2014.

Section 5: Youth and Child Services
POC: Daryl Washington

Key Activity Status:

Task : Outcome	% Comp	Due Dates	Status
Review of consultant final report and development of implementation plan	10%	March 2015	On Target
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- estimated completion by end of November, pending consultant's report	On Target
Use existing resources to fill gaps in services where identified. :Allocate resources on an ongoing basis so that those programs with the longest wait and greatest need are receiving support quickly and efficiently. Have a process that minimizes gaps whenever possible.	80%	July 2014 and ongoing	On Target

Special Notation:

- None

Key Risks:

- None.

Key Issues:

- Youth Consultant contract was delayed for a few weeks, but now starting to meet again. Project completion by end of fall.
- 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 early in 2015.
- 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%	November 25 tentative turn over date; move scheduled January	On Target
Clinical Operations	25%	Ongoing through January 2015	On Target
Business Process Redesign • Admin Coverage Plan • System Access Plan • Implementation Plan	• 100% • 75% • 50%	• Complete • December 2014 • January 2015	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.	70%	• June 15 (plan) • July-through move completion (implementation) • March 2015-opening event	On Target
Health Care Center	10%		On Target

Special Notation:

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

Key Risks:

- Continued high vacancy rates and insufficient Administrative, FAST, and Revenue Management staff positions jeopardize the full implementation of associated standardized business processes.

Key Issues:

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

Planned Activities:

Building Operations:
- Anticipate completing non-RUP and have the occupancy permits the first week of November
- Anticipate taking control of the bldg. November 25, 2014
- loose furniture will be arriving starting December 2014
- Move will commence in January 2015

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 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
- News release describing which sites are moving and linking to general information on Merrifield sent Nov 2 with advance information sent to all CSB staff previous week.
- Flyers (English and Spanish) sent to all sites that are moving to notify public. Additional flyer in Vietnamese being developed.
- Updated materials for staff posted on FairfaxNet

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)

Subject: VACSB 2015 Legislative Conference - Agenda and Hotel Reservations
Attachments: Conference At A Glance_January 2015.pdf

Sent: Friday, November 07, 2014 9:17 AM
Subject: VACSB 2015 Legislative Conference - Agenda and Hotel Reservations

To:
VACSB Board of Directors
CSB/BHA Executive Directors

SAVE THE DATE!

Please mark your calendar and plan to attend the VACSB 2015 Legislative Conference at the Richmond Marriott Hotel, January 20-21, 2015. Attached please find the tentative conference schedule.

You can use the links below to reserve your overnight accommodations at the conference rate of $134 per night now. Please only reserve rooms you will use, and also note the deadline for the conference rate is **December 18, 2014.**

The link for conference registration will be available online at www.vacsb.org and distributed by email on Wednesday, November 12, 2014.

Click HERE to reserve conference lodging at the Richmond Marriott Hotel.

We look forward to seeing you in Richmond in January!

Kay Springfield
Administrative Manager
VACSB
10128 West Broad Street, Suite B
Glen Allen, VA 23060

Virginia Association of Community Services Boards
2015 Legislative Conference
January 20-21, 2015
Richmond Marriot Hotel

Conference Schedule

Monday, January 19, 2015

4:00 pm – 7:00 pm	VACSB Conference Check-in *(optional)*
4:00 pm – 7:00 pm	Exhibit Set up

Tuesday, January 20, 2015

8:30 am – 5:30 pm	Registration and Exhibits Open
9:00 am – 10:15 am	VACSB Board of Directors Meeting
9:30 am – 10:30 am	Continental Breakfast
10:30 am – 12:00 noon	Public Policy Forum *(contact hours by DBHDS)*
12:00 pm – 2:00 pm	Conference Luncheon and presentation

- The Honorable William A. Hazel, Jr. MD, Secretary, Health and Human Services

2:15 pm – 3:30 pm	CSB/BHA Board Member Advocacy Training /2015 General Assembly
2:15 pm – 4:45 pm	Executive Directors Forum and Council Meetings
5:00 pm – 6:00 pm	Networking Reception

Wednesday, January 21, 2015

7:30 am – 11:00 am	Registration Open
7:30 am – 8:30 am	Buffet Breakfast
8:30 am – 9:30 am	VACSB Business Meeting *(approval of final VACSB 2015 Priorities)*
9:30 am	CSB/BHA Representatives deliver VACSB/CSB gift bags to Legislators
12:00 pm – 5:00 pm	VACSB Clearinghouse Committee Meeting *(Richmond Marriott)*

Legislator Appointments

CSB and BHA Executive Directors, Board Members and Management staff:

Please remember to make appointments with your legislator(s) prior to or upon arrival in Richmond! VACSB will provide legislator gifts and a copy of the 2014 VACSB Annual Report. CSB/BHAs are encouraged to bring local information for inclusion in the gift bags.

CSB Fiscal Committee Meeting Notes

Date: September 19, 2014
Attending: Suzette Kern, Ken Garnes, Gary Ambrose, Kate Hanley, Lori Stillman, Jeff Wisoff
Staff: Tisha Deeghan, Len Wales, Daryl Washington, Ron McDevitt, Jerome Newsome, Lisa Potter, Lisa Witt, Evan Jones

Summary of Information Shared/Decisions:

October Fiscal Committee Meeting

- Recommendation made and accepted to change the October meeting date from October 17th to October 24th, due to Wellness and Recovery Conference on the 17th.

Financial Status

- Staff provided the following updates: :
- Pay Period Metrics:
  - For each pay period in FY 2015, CSB actual payroll expenses have been below the target required to remain within appropriations. Based on PP18 savings, staff estimate capacity to fill 30 additional general merit positions.
  - From PP17 to PP18, 5 positions became vacant, while 5 positions were filled, a net of 0.
- Position Status:
  - CSB has 124 vacant general merit positions, 32 above the vacancy break point (VBP) of 92.
- It was noted that the Modified Fund Statement and Explanation of Variance will be provided on a quarterly basis, unless there are specific issues to be communicated to the Committee. Reports will be provided at the December meeting. .

State Performance Contract/Credible Review

- Staff provided an update on the CSB State Performance Contract/Credible Review:
  - FY 2015 and FY2016 SPC approved by CSB Board, BOS and Cities of Fairfax and Falls Church, and submitted to DBHDS on September 12th.
  - FY2014 SPC EOY Report submitted to DBHDS on September 12th. CSB will receive report analysis in the next several weeks
- Contract/Vendor data is going well and staff are working on import capabilities for vendor data. Recommendation made and accepted for SPC updates to be provided to Fiscal Committee on a quarterly basis. Staff will provide an update at the 9/24 full Board meeting.

CSB Work Plans

- Most work plans are on target. Some highlights include:
  - Merrifield: Opening date has been delayed. The delay is expected to have no material impact on the budget as the FY2015 budget included full-year funding for the properties being vacated. Recently, meetings were held with County staff and INOVA. INOVA's original plan to move IT/Finance into that space has been put on hold. INOVA is considering moving their OP Assessment Center into some of the fourth floor space. There have also been some discussions regarding the possibility of the

Health Department Community Health Care Network Clinic in Bailey's Center and Virginia Dental Clinic utilizing space. A business process pilot scheduled to begin in Chantilly in October will help to inform processes at Merrifield.

- Youth and Child Services: youth consultant is expected to deliver a report by end of this week.

NEOGOV Issues

- Follow-up discussion regarding issues identified that the CSB and other county agencies are experiencing with NEOGOV. Staff provided an update on proposed solutions and current status. The status for the majority of identified issues is unchanged. The Department of Human Resources (DHR) will establish a Subject Matter Expert (SME) role at the agency level, which is meant to increase the collaboration between the agency and DHR on selection of candidates, and is expected to launch sometime in December.
- There was brief discussion regarding areas for follow up:
  - CSB is scheduled to meet with DHR next week and the SME issue can be added to the agenda with the recommendation that the SME start prior to December.
  - Improve content of supplemental questions.
  - Recommendation to do coalition building with other County agencies
- Staff will continue to report on this issue.

Employment First/Sheltered Employment

- Staff reported on EmploymentFirst/Sheltered Employment and noted that ServiceSource is ending their Sheltered Employment Service and offering other service options to the 76 persons impacted. Generally, these new services at ServiceSource have a more intense staff ratio and are more costly. The estimated increased cost to serve these persons is at ServiceSource is $800,000.
- Currently two of the four Northern Virginia Providers offering Sheltered Employment are ending this service. It was noted that while the remaining two providers continuing with Sheltered Employment do not have plans to end this service, new requirements in the next few years could preclude their being able to continue offering Sheltered Employment. The increased cost to move all those in Sheltered Employment to another service could cost as much as $1,600,000 (includes the above $800,000).
- Options:
  - Submit an addendum to provide $800,000 in additional funding for FY2016
  - Negotiate with remaining Sheltered Employment Providers to serve the 76
  - Issue an RFP for additional Sheltered Employment providers
- Information was shared about survey of Purchased/Contracted and Directly Provided Employment and Day Support Services: Day Support, Sheltered, Group, Individual, Transportation and 1:1 services.
- Recommendation made to present this information at the September CSB Board meeting.

FY 2016 Budget

- Staff reviewed the draft CSB FY 2016 proposed reduction package reflecting the programmatic, fiscal, and community impacts of the proposed reductions. Proposed reductions total $4.5M, above the $3.4M reduction target, to provide flexibility for the

Board's consideration. The reduction package will be submitted to DMB on October 6th. • There was some discussion about the proposed reductions' impact on services, staff and operations. • Proposed reductions will be discussed at the CSB Board Work Session on September 24th.
Action Items/Responsible Party Required Prior to Next Meeting:
Issues to Communicate to CSB Board:
• FY 2016 Budget - September CSB Board meeting
Agenda Items for Next Meeting on October 24:
• Medicaid Primer

CSB Fiscal Committee Meeting Notes

Date: October 24, 2014
Attending: Suzette Kern, Ken Garnes, Kate Hanley, Juan Pablo Segura, Jeff Wisoff
Staff: Tisha Deeghan, Len Wales, Ron McDevitt, Lisa Witt, Ginny Cooper, Lara Lafin, Victor Mealy

Summary of Information Shared/Decisions:

Financial Status

- Pay Period Metrics:
  - Accumulated $1.4 million in savings due to general merit position vacancies.
  - Based on PP20 savings, staff estimate flexibility and capacity to fill 43 additional general merit positions. From PP18 to PP20, 16 positions became vacant, while 12 positions were filled, a net of -4.
- Position Status:
  - As of PP20, CSB had 124 vacant general merit positions, 32 above the vacancy break point (VBP) of 92.

CSB Work Plans

- Most work plans are on target. Some highlights include:
  - Informatics: Initial Assessment Summary Report is complete. Continuing to work with Department of Administration for Human Services (DAHS) Contracts department to amend Credible contract to obtain additional onsite support for clinical and financial optimization reviews.
  - Front Door: Recommendation that the pre-registration process piloted for all scheduled appointments through the Entry & Referral Office be implemented system-wide – December 2014.
  - Behavioral Health Outpatient: Integrated Services/Planning Workgroup is finalizing graphic design of Integrated Treatment Model to share with stakeholders.
  - Integration of Business Practices: Timelines have been updated to match the new timeline for Merrifield.
  - Youth and Child Services: Review of consultant final report and development of implementation plan – March 2015.
  - Merrifield: Tentative building turnover date is November 25th, with the move scheduled in January 2015.

NEOGOV Issues

- Staff provided an update regarding issues the CSB, other county agencies and other CSB's are experiencing with NEOGOV.
  - CSB Human Resources (HR) Team met with Prince William (PW) CSB to discuss lessons they have learned and to hear how they are using supplemental questions in NEOGOV.
  - It was noted that PW CSB is a much smaller organization and has approximately 25-30 vacancies per month. They experienced difficulty over the last 18 months finding clinical supervisors, psychiatrists/doctors, and senior clinicians. Their County HR

(equivalent to Fairfax DHR) has five analysts who are solely dedicated to screen for NEOGOV against minimum requirements.
  - CSB staff are incorporating lessons learned from PW into standard practices.
  - It was noted that other Human Services and County agencies are experiencing the same issues and difficulties with NEOGOV.
- There was brief discussion regarding some issues and areas for follow up:
  - Include clarification of salary range and whether it falls within the candidate's salary requirements; in the position advertisement, perhaps state that position is at an entry level salary.
  - Recommendation to use Subject Matter Experts (SMEs): to be discussed further with DHR; DHR plans to pilot work with SMEs later this quarter.
  - Issue of ensuring internal candidates makes the list referred to hiring manager.
- Staff will continue to report on this issue.
- Recommendation that the CSB Board send a formal letter to Sharon Bulova and the BOS, outlining the NEOGOV issues and the impact on the CSB. Staff will prepare draft letter to be brought forward to the CSB Board at the November meeting.

Medicaid Primer

- Ginny Cooper provided a detailed overview outlining Medicaid and the CSB.
- The overview highlighted the following areas: Medicaid Authority, Financing, Eligibility including ID Waiver Eligibility, Covered Services, Provider Manuals, CSB Medicaid at a Glance – Beneficiaries and Revenues including Medicaid Payment Comparisons (Average Monthly Recipients by Service, Average Monthly Payments by Service and Total Payments by Service, FY 2011-FY2015), Challenges in Coordinating Benefits, Managing Medicaid Spending, and CSB Responses to Medicaid changes. She provided copies of information including a health coverage brochure "*From Coverage to Care: A Roadmap to Better Care and a Healthier You"* which explains health coverage terms of insurance.
- Provided information on CSB FAST (Financial Assessment Screening Team) Teams, which help individuals understand their health plans or assist them in getting health insurance and also conduct pre-registration over the phone. The FAST team, which has nine staff, scheduled over 7,500 appointments last year.
- Recommendation was made for Ms. Cooper to provide this presentation to CSB Board Committees at their November meetings.

Open Discussion

- Len Wales stated that DMB is beginning to respond to the CSB Addendum requests. In looking at Employment First, they are interested in discussing cost saving option and a meeting has been scheduled, which will also include two CSB Board members.

Action Items/Responsible Party Required Prior to Next Meeting:

CSB Fiscal Committee Meeting Notes

• Draft letter for the CSB Board to send to the BOS outlining NeoGov issues – Staff will prepare draft letter
Issues to Communicate to CSB Board:
• Draft Letter from CSB Board to BOS outlining NeoGov Issues - November CSB Board meeting
Agenda Items for Next Meeting on November 14:
• TBD

Legislative Priorities for 2015
Fairfax-Falls Church Community Services Board

INFANTS AND TODDLERS – EARLY INTERVENTION SERVICES

Increase funding and service reimbursement rates for early intervention services for infants and toddlers with, or at risk for, developmental delays.

- In Fairfax, **demand for services has increased 16% between FY 2011 and FY 2014**, from an average of 1,002 children served per month to an average of 1,163 children per month. Continued growth in demand is anticipated, at a rate of 6 – 8% annually.
- General Assembly **kept the funding level for FY 2015-16.** CSB supports a $2 million increase in FY2015 and $2.3 million in FY 2016.
- For Medicaid-covered services, **reimbursement rates must be increased to align with actual costs.** CSB supports increasing rates for Medicaid Early Intervention Targeted Case Management from $132/month to $175/month.

NORTHERN VIRGINIA TRAINING CENTER – DOJ SETTLEMENT

Increase Medicaid waiver rates and funding for housing and community placements for individuals leaving the Northern Virginia Training Center, which closes in March 2016.

- CSB cannot currently serve everyone who wishes to remain in Northern Virginia when NVTC closes**.** As of November 6, there are 73 individuals from Fairfax County living at state training centers, with 56 at NVTC and 17 at Central Virginia Training Center.
- Residential, employment and day support services in Northern Virginia are already at capacity. Expansion is impeded by high real estate and service delivery costs and insufficient waiver rates.
- Northern Virginia needs **$7.7 million in state start-up funding** to expand community-based residential placements and day support services.
- Additional state funding of **$10.1 million per year is needed to operate these services**.
- **Increase the differential for Northern Virginia Medicaid waiver rates** from 15 percent to 20 percent to reflect higher cost of living in this area.
- Request action to **remove a current administrative impediment to procuring financing for group housing and intermediate care facilities (ICFs)** for individuals with intellectual disability. *(See attached letter to the Governor from Fairfax County Board of Supervisors.)*

MEDICAID ELIGIBILITY AND COSTS

Increase Medicaid eligibility in Virginia to 138% of the federal poverty level.

- Expansion would provide coverage to as many as **27,000 individuals in Fairfax County.**
- Would cover adults earning less than $16,104/ year; families earning less than $32,913/year; youth who lose Medicaid when they turn 19; and adults with disabilities not eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).

The above issues are also among the Fairfax County Board of Supervisors' legislative priorities. 11-6-14

Additional Issues – From VACSB Legislative Priorities for 2015-2016

EMERGENCY MENTAL HEALTH SERVICES AND SUPPORTS FOR ADULTS

- Create **Crisis Response Treatment Pilot Programs** (CRTPP), functioning 24/7, to transform and expand the crisis continuum by reducing the numbers of involuntary and voluntary hospitalizations and the need for temporary detention orders; substantially reduce time and involvement of public safety officers in psychiatric crises; triage and address treatment needs within a crisis situation; help individuals manage through crises into follow-up community services; and use person-centered, evidence based and best intervention and treatment practices in intervening with individuals prior to crises. Result: **More individuals will be appropriately diverted from local detention centers/jails and local and state inpatient psychiatric facilities.**
    - Projected cost per program: $1,437,000. Ten programs needed throughout state: Total $14,370,000.
    - Cost includes 24/7 mobile crisis response teams, intensive home/community crisis therapy/stabilization services, enhanced psychiatry and telepsychiatry services, family crisis support peer services.
- Assist individuals transitioning into the community with much needed **additional Local Inpatient Purchase of Services (LIPOS) and Discharge Assistance Plan funds**.
- Increase **sustainable housing for people with serious mental illness** by creating a mechanism to fund a package that includes both housing and services using the Discharge Assistance Program (DAP) model.
    - Projected cost: $3.2 million. *(This is also a priority for our Region II CSBs.)*

SUBSTANCE USE DISORDER SERVICES

Increase and expand services focused on individuals and families impacted by the devastating consequences of addiction. Expand medical detox services, expand residential treatment, and expand peer recovery support services* in communities. Standardize Virginia's approach to the treatment of opiate addiction and associated deaths.

MORE ABOUT PEER RECOVERY SUPPORT *SERVICES (REGION II CSBS' #2 PRIORITY)*

- Provide ongoing funding for a Recovery Community Support Program in Region II, a Peer Recovery model for adults with substance use disorders. This would expand an existing, successful regional program.
- Expands the overall continuum of care for persons with substance use disorders, reduces recidivism and relapse, increases self-sufficiency and links with community.
- The Peer Recovery Support Coaching model is a set of non-clinical, peer-based activities that engage, educate and support an individual in their efforts to make life changes necessary to recover from disabling substance use disorder conditions.
- Peer Recovery Support Coaches appropriately share their lived experience and recovery story to help others find their path to recovery. Services may include mentoring, resource brokering, recovery community building, and recovery groups.
- Individuals reported their experience before peer services as compared to after peer services in 12 Core Quality of Life Indicators (sobriety, employment, housing, family relationships, physical health, mental health, education, legal issues, money, support network, transportation and child care). In the first year of the pilot program, **results showed significant improvements in all 12 core indicators, including an average improvement of 20% with employment and 22% with sobriety.**
- Cost: $300,000 per year. In prior years this program has been locally funded with unspent regional funds, which are not available on an ongoing basis. This level of funding will allow the program to hire a full-time Peer Recovery Coach for each of our five CSBs in Region II, as well as broaden the range of services provided, to include mentorship and support services such as transportation and assistance with securing jobs and housing.

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Attachment

COMMONWEALTH OF VIRGINIA
County of Fairfax
BOARD OF SUPERVISORS

SUITE 530
12000 GOVERNMENT CENTER PKWY
FAIRFAX, VIRGINIA 22035-0071

TELEPHONE: 703/324-2321
FAX: 703/324-3955
TTY: 711

chairman@fairfaxcounty.gov

SHARON BULOVA
CHAIRMAN

October 28, 2014

The Honorable Terence R. McAuliffe
Governor of Virginia
P.O. Box 1475
Richmond, VA 23218

Dear Governor McAuliffe:

On behalf of the Fairfax County Board of Supervisors, I am writing to you about a critical issue in our community – the difficulty in securing appropriate residential placements for individuals with intellectual disabilities.

As you know, standards of care have trended away from institutional placement and toward residential settings that are integrated into the community to the maximum extent possible; community-based care is widely viewed as more beneficial for individuals, in addition to being less costly than institutional care. The U.S. Department of Justice settlement with the Commonwealth regarding the training centers emphasizes this preference. However, practical concerns have made finding suitable community-based arrangements difficult. An estimated 435 individuals were waiting to receive intensive or highly intensive residential services in group homes or Intermediate Care Facilities (ICFs) for people with intellectual disabilities in FY 2013. The high costs to purchase and maintain housing in Northern Virginia, coupled with Medicaid reimbursement rates that barely cover operational costs, can create a difficult financial situation for the operators of group homes and ICFs, resulting in a scarcity of placement options. At the same time, the need for such residential options has spiked due to the proposed closure of the state training centers. As you know, the closure of the Northern Virginia Training Center, which had been scheduled for 2015, has been delayed until March 2016 due to the lack of capacity in community-based services.

In addition to these ongoing concerns, a recent administrative action has exacerbated this problem by making financing for the acquisition and construction/renovation of these facilities more difficult to obtain. Until recently, the Virginia Housing Development Authority (VHDA) and the Virginia Department of Housing and Community Development (DHCD) have provided below-market financing to operators of ICFs and Medicaid Waiver group homes. However, recently this financing has been curtailed due to an administrative decision that ICFs and Medicaid Waiver group homes should be treated as medical facilities, rather than housing, for purposes of financing, even though this care is often provided in a residential setting such as a single family dwelling. Since the operators of these facilities are typically non-profits that rely heavily on Medicaid reimbursements to cover operational expenses for the services they provide, the lack of subsidized financing options has effectively prevented development of these facilities in high-cost areas of the state since 2009.

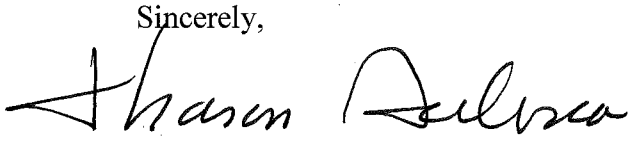
The decision to treat ICFs and Medicaid Waiver group homes as medical facilities rather than housing may be based on a misunderstanding of the Justice Department's settlement with the state. That agreement, while indicating a preference for placements in smaller settings (four residents or fewer), does not preclude placement of training center residents in arrangements with more than four residents. Placements in larger settings may receive an extra layer of review to ensure that residents are not being "reinstitutionalized," but are not prohibited by the agreement. In fact, Virginia Code § 15.2-2291 affirms that these programs are residential, not medical, in nature, by clearly stating 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 a ***residential occupancy by a single family.***

Augmenting this concern about impediments to state financing for these facilities, we have also been told by providers in Northern Virginia that the state is strongly discouraging placements in larger ICFs or group homes (housing 5-8 individuals, rather than 4 or fewer). However, while there may be a preference for smaller facilities, affordable housing options in Northern Virginia are much more limited than in other parts of the Commonwealth, and the cost of providing services tends to be higher. Limiting occupancy of ICFs or group homes to four residents may have the unintended consequence of reducing capacity in our area, as providers may not be able to sustain higher cost operations with limited revenue streams.

Housing for vulnerable populations is a concern across the spectrum of human services, and every local dollar that must be spent on housing is a dollar that cannot be spent on therapeutic services. Addressing this complex issue requires a reasonable approach which includes: favorable financing, adequate reimbursement rates, and flexibility on residency limits. These elements are essential to ensuring the continued financial stability of the provider community, which in turn ensures the capacity necessary to meet the needs of those transitioning from the training centers, as well as those already in the community awaiting placements. We would like to work with you and your Administration, as well as with the members of the work group convened to examine issues surrounding the training center closures pursuant to SB 627 (Newman), to find solutions to this issue.

Thank you for your attention to this important issue. Please contact me, or have your staff contact the County's Legislative Director, Claudia Arko, at (703) 324-2647, if we can be of assistance. We look forward to working with you to ensure that the most vulnerable residents of our community can receive the care they need in the most appropriate setting.

Sincerely,



Sharon Bulova
Chairman, Fairfax County Board of Supervisors

cc: Members, Fairfax County Board of Supervisors

The Honorable William A. Hazel, Jr., Secretary of Health and Human Resources
The Honorable Maurice Jones, Secretary of Commerce and Trade
Members, SB 627 Work Group
Edward L. Long, Jr., County Executive
Patricia D. Harrison, Deputy County Executive
Claudia Arko, Legislative Director
Tisha Deeghan, Executive Director, Fairfax-Falls Church Community Services Board

Substance Use Disorders/Mental Health Committee Meeting Minutes

Date: November 5, 2014
Location: Fairfax County Government Center, Conference Room 232
Attendees: Susan Beeman, Chair, Gary Ambrose, Terry Atkinson, Gartlan Center Advisory Board, Peter Clark, No. Va. Mental Health Foundation, Ginny Cooper, Tisha Deeghan, Trudy Harsh, The Brain Foundation, Jean Hartman, Evan Jones, Suzette Kern, Lara Lafin, Dave Mangano, Tom Schuplin, PRS, Inc., Bill Taylor, Concerned Fairfax, Diane Tuininga, 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	Meeting was called to order at 7:30 p.m.	Susan Beeman, Chair	
Approval of October 8, 2014 Minutes	Suzette Kern moved that the October 8th, 2014 Substance Use Disorders/Mental Health Committee minutes be approved as presented. The motion was seconded by Diane Tuininga and unanimously carried.	Substance Use Disorders/ Mental Health Committee	
Associate Member Presentations and Concerns	*Tom Schuplin, PRS, Inc*. – PRS in partnership with the CSB has been awarded funding for a project for young adults, 16-25, experiencing their first psychotic episode. PRS and CSB have titled the project "Turning Point". This project is based on the model RAISE. The hope is to provide these services at the new Merrifield Center. It was noted that all materials for this project are from NIH and are free. Funding is for two years but all indications are that the State intends funding to continue in subsequent years. *Bill Taylor, Concerned Fairfax*- noted that they are working on developing a program utilizing Peer Support Specialists to assist in establishing lines of communications for young adults living at home with parents and to help engage individuals in the treatment process. It was noted that they are gradually making progress on determining how to assess the needs. *Trudy Harsh, The Brain Foundation* – The Brain Foundation received funding from the State today for the purchase of a four bedroom, 3 ½ bath home. The home will be for adult males and they are partnering with PRS, who will provide services.		
Presentation: "Medicaid and the CSB"	Ms. Beeman welcomed Ginny Cooper & Lara Lafin to tonight's meeting, who provided a detailed overview outlining Medicaid and the CSB, providing an understanding of Medicaid, the process and access to funding. The overview highlighted the following areas: Medicaid Authority, Financing, Eligibility including ID Waiver Eligibility, Covered Services, Provider Manuals, CSB Medicaid at a Glance – Beneficiaries and Revenues including Medicaid Payment Comparisons (Average Monthly Recipients by Service, Average Monthly Payments by Service and Total Payments by Service, FY 2011-FY2015), Challenges in Coordinating Benefits, Managing Medicaid Spending, and CSB Responses to Medicaid changes. Ms. Cooper provided copies of information including a health coverage brochure "*From Coverage to Care: A Roadmap to Better Care and a Healthier You"* which explains health coverage terms of insurance. Ms. Lafin provided additional information about ID Waiver eligibility and the number of waivers for those served in Fairfax-Falls Church. She gave waiting list information including a description how waiver slots are	Ginny Cooper Lara Lafin	

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Topic	Action	Responsible Party	Due Date
	assigned based on need through a Committee using a State-prescribed methodology. Ms. Cooper provided information on CSB FAST (Financial Assessment Screening Team) Teams, which help individuals understand their health plans or assist them in getting health insurance and also conduct pre-registration over the phone. Appreciation was extended to Ms. Cooper and Ms. Lafin for this informative presentation.		
Continued Discussion: Possible Committee Name Change	There was continued discussion about a possible Committee name change. Copies of proposed Committee names as well as the SUDs/MH Committee Charter were distributed. The proposed Committee names that were previously discussed at the September and October meetings and those submitted via email were reviewed. There was brief discussion and some suggestions and comments were provided regarding the proposed names, with consensus for the following proposed Committee name: Behavioral Health Oversight Committee. Ms. Kern offered a motion to recommend to the full CSB Board a name change of the Substance Use Disorders/Mental Health Committee to Behavioral Health Oversight Committee. The motion was seconded by Ms. Tuininga and unanimously carried.		
Staff Report	*Sojourn House Update: Tisha Deeghan, Executive Director, CSB,* provided an update on the closure of Sojourn House: on December 19th individuals will be completing treatment at Sojourn House. There is a good deal of interest in alternative uses for the house and a County workgroup has been established to look at options. *Jean Hartman, Assistant Deputy Director*, announced that a local television program focusing on Heroin and Opiate addiction and services in Fairfax County and featured CSB staff members among the panelists. It recently aired on a local public access station and has been posted to YouTube.		
Adjournment	There being no further business to come before the Committee, the meeting was adjourned at 9:25 p.m.	Susan Beeman, Chair	

Date Approved

Minutes Prepared by
Shelley Ashby

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COMMUNITY SERVICES BOARD	Item: 8A	Type: Action	Date: 11/19/14

2015 CSB Board Meeting Calendar

Issue:
Approval of the proposed calendar year 2015 CSB Board meeting schedule.

Recommended Motion:
I move that the Board approve the 2015 meeting calendar as presented.

Background:
In preparation for committee and full Board meetings in 2015, attached is a proposed calendar along with notation of meeting room reservations at the Fairfax County Government Center that have been secured. Some meetings have been shifted slightly to accommodate holidays.

Enclosed Document:
2015 Board and Committee Meeting Schedule

2015 Meeting Calendar
Fairfax-Falls Church Community Services Board

2015 Month	FFCCSB Intellectual Developmental Disability Committee (IDD) 1st Thurs (bi-monthly): 7:30pm *Rooms 4-5 Government Center*	FFCCSB Substance Use Disorders/ Mental Health Committee (SUDs/MH) 2nd Wed: 7:30pm *Rooms 4-5 Government Center*	FFCCSB Government & Community Relations Committee 3rd Wed: 6:30pm *Rooms 4-5 Government Center*	FFCCSB Executive Committee 3rd Wed: 7:30pm *Rooms 4-5 Government Center*	FFCCSB Fiscal Oversight Committee 3rd Fri: 9:00am *Pennino Bldg Rm 836A*	FFCCSB Board 4th Wed: 7:30pm *Rooms 4-5 Government Center*
Jan	8 *(2nd Thurs)*	14	21	21	16	28
Feb	*	11	18	18	20	25
Mar	5	11	18	18	20	25
Apr	*	8	15	15	17	22
May	7	13	20	20	15	27
Jun	*	10	17	17	19	24
Jul	2	8	15	15	17	22
Aug	*	*	*	*	21	*
Sep	3	9	16	16	18	23 [1]
Oct	*	14	21	21	16	28
Nov	5 [2]	4 [2] *(1st Wed)*	10 *(2nd Tues)*	12 *(2nd Thurs)* [3]	13 *(2nd Fri)*	18 *(3rd Wed)*
Dec	*	2 *(1st Wed)*	9 *(2nd Wed)*	9 *(2nd Wed)*	11 *(2nd Fri)*	16 *(3rd Wed)*

* *No Meeting*

[1] Rooms 9-10

[2] Rooms 2-3

[3] *Meeting being held on a Thursday due to Veterans Day Holiday on Wed., Nov. 11th*

October 2014

COMMUNITY SERVICES BOARD	Item 8B	Type Action	Date 11/19/14

CSB Policy Review and Comment Period

Issue:
Triennial review and updating of CSB Board Policies.

Recommended Motion:
I move that the Board approve issuing the six CSB Policies as revised and presented for a 30-day public review and comment period.

Background:
As part of the ongoing triennial review of CSB policies, additional policies have been reviewed, updated and are being presented to issue for a public review and comment period. Following the review period and consideration of comments to be incorporated, the policies will be submitted to the Board for final approval. The policies being put forth include:

- 1102 Ethical and Professional Behavior
- 1103 Conflict of Interest
- 1200 Definition of Policy, Regulation and Procedure
- 1201 Adoption and Cancellation of Policy
- 1305 Participation by the Public
- 3040 Privacy, Security and Confidentiality

Board Member:
Suzette Kern, Secretary to CSB Board

Enclosed Documents:
1102 Ethical and Professional Behavior
1103 Conflict of Interest
1200 Definition of Policy, Regulation and Procedure
1201 Adoption and Cancellation of Policy
1305 Participation by the Public
3040 Privacy, Security and Confidentiality

Policy Number: 1102
Policy Title: Ethical and Professional Behavior
Date Adopted: ~~April 28, 2004~~TBD

Purpose

To communicate the basic standards of ethical behavior that the Board and Fairfax-Falls Church Community Services Board staff are expected to maintain in support of the CSB's mission.

Policy

It is the policy of the Community Services Board that:

1. Board members perform their designated functions in a manner that reflects the highest standards of ethical behavior.
2. Board members work to implement the stated mission of the CSB, approaching all Board issues with an open mind, prepared to make the best decision for the CSB.
3. Board members fully participate in CSB Board functions. At a minimum, each board member shall actively serve on at least one standing committee.
4. CSB staff, contract agency staff, students, interns and volunteers perform their designated functions in a manner that reflects the highest standards of ethical behavior.
5. Board and CSB staff shall maintain standards of ethical behavior by adhering to appropriate:
   - Federal, State, County codes and regulations
   - Guidelines adopted or endorsed by professional organizations
   - Licensing and certification boards' standards, and
   - In keeping with the Commonwealth of Virginia's Department of Behavioral Health, and Developmental Services Human Rights Plan.
6. CSB staff actions reflect a competent, respectful, and professional approach when serving consumers and their families and in working with other agencies.
7. The Executive Director shall ensure that Board and staff are educated about ethical issues, including County personnel practices dealing with professional conduct, business practices, promotional practices, clinical practices, conflict-of-interest disclosure, privacy and confidentiality practices and other matters exempted from release by Virginia Freedom of Information Act, procedures for reporting and investigating violations of federal, state, county and/or professional associations' codes Ethics and non-retaliation against a Board or staff member because they complied with this policy.

8. The Executive Director shall ensure that a mechanism will be developed and put in place for handling ethical issues as they arise.

Approved _____ _____

Secretary Date

Reference:

- Fairfax County's Code of Ethics

Policy Adopted: April 28, 2004
Revision Adopted: TBD

Policy Number: 1103
Policy Title: Conflict of Interest
Date Adopted: TBD

Purpose

To provide guidance to members of the Board~~, especially if a Board member is seeking to establish pecuniary relationships with agencies operated or funded by the Board.~~ regarding conflicts that may arise related to contractual matters and Board transactions.

Policy

Each individual member of the Board and its staff shall be responsible for meeting the requirements of the ~~Virginia~~ State and Local Government Conflict~~s~~ of Interests Act (Virginia Code Section ~~2.1-639.1~~2.2-3100 *et seq*. as amended) which includes filing a financial disclosure form.

In accordance with the Principle Guidance for the Fairfax County Code of Ethics, Board members are encouraged to avoid the appearance of impropriety in the course of their participation in Board responsibilities. In some instances where a Board member has a personal or professional interest in or affiliation to a matter under consideration by the Board that does not rise to the level of a prohibited conflict, the member may wish to take other steps to avoid or ameliorate the appearance of impropriety through recusal, abstention, disclosure, or other similar action.

Approved _____ _____
Secretary Date

Policy Adopted: November 1981
Revision Adopted: August 24, 1994
Policy Readopted: April 23, 1997
Policy Revised: March 29, 2000
Policy Revised: May 25, 2005
~~Policy Revised~~Revision Accepted: TBD

Reference: Virginia Code Section ~~2.1-639.1~~2.2-3100 *et seq*.

Policy Number: 1200
Policy Title: Definition of Policy, Regulation and Procedure
Date Adopted: ~~March 25, 2009~~ TBD

Purpose

To define Board policies, related regulations, and procedures.

Policy

The Board is empowered by State Code to make ~~rules, or~~ policies, concerning the operation of services under its direction or supervision. Promulgation of regulations and operating procedures is delegated to the Executive Director, except when federal, state or local law requires that the Board formulate and adopt specific types of regulations or when the Board determines that a matter is of such importance that the Board deems it necessary to promulgate and adopt a regulation itself.

1. Policy is defined as a definite course or method of action established in consideration of given conditions to guide and determine present and future decisions. Policies are adopted by the Board.

2. Regulation is defined as a mandatory rule applied agency-wide. Where applicable, regulations must be consistent with policies of the Board, Fairfax County, and the ~~State Board~~Department of ~~Mental Health, Mental Retardation and Substance Abuse~~Behavioral Health and Developmental Services. Unless otherwise directed by the Board, all regulations are issued by the Executive Director.

3. Operating procedure is defined as a formally stated method of carrying out a policy, regulation or program practice and usually refers to a specific program area. Procedures are issued at the discretion of ~~Program Managers~~Service Directors, the Medical Director, and other senior staff designated by the Executive Director.

4. The Board may review and amend any policy~~, regulation or procedure~~.

Approved _____ _____
Secretary Date

Reference: Code of Virginia, as amended, Title 37.1 Sections 37.1-194 through 37.1-202.1 and Section 37.1-207 through 37.1-223
Code of Virginia, as amended, Title 37.2 Section 37.2-200

Policy Adopted: December 20, 1989
Revisions Adopted: August 24, 1994
Revision Adopted: April 23, 1997

Revision Adopted:	March 29, 2000
Revision Adopted:	June 25, 2003
Revision Adopted:	February 18, 2009
Policy Readopted:	March 25, 2009
Revision Adopted:	TBD

Policy Number:	1201
Policy Title:	Adoption, ~~Suspension~~ and Cancellation of Policy
Date Adopted:	~~April 29, 2009~~TBD

Purpose

To specify methods, responsibilities, and procedures to be followed by the Board and CSB when formulating, establishing, reapproving~~, suspending~~ and canceling Board policy.

Policy

Board policy will be established using the following guidelines:

1. Any person may present an issue for policy consideration to the Board.

2. If the Board agrees that a policy on a particular subject should be developed, it will direct the Executive Director to draft a policy for its review.

3. Formal Board adoption of policy routinely shall proceed as follows:

   a. The Executive Director or designee shall present a draft policy to the appropriate committees and the Board for review and comment.

   b. The review process will facilitate maximum consumer and family member participation, including the posting of polices being considered on the CSB web site for public review and comment.

   c. A new policy may be adopted or a previously approved policy may be revised in a two-month cycle. The first presentation shall be for information and the second for approval.

   d. If the new or revised policy is considered by the Board to be responsive to emergency circumstances, the Board may adopt the policy at the first presentation.

4. Reapproval of a policy which contains no revisions or cancellation of a policy may occur upon its first presentation.

~~5. Policies of the Board shall be subject to suspension upon a two-thirds vote of members present at the Board meeting.~~

6. All policies will be reviewed by the Board and reapproved at least every three years.

7. The sole responsibility for review and action on policy matters lies with the Board.

Approved _____ _____

Secretary Date

Policy Adopted:	January 10, 1978
Revision Adopted:	February 22, 1978
Revision Adopted:	November 15, 1989
Revision Adopted:	August 24, 1994
Revision Adopted:	April 23, 1997
Revision Adopted:	March 29, 2000
Policy Readopted:	April 23, 2003
Revision Adopted:	March 18, 2009
Policy Readopted:	April 29, 2009
Policy Revised:	TBD

Policy Number: 1305
Policy Title: Participation by the Public
Date Adopted: ~~April 26, 2006~~TBD

Purpose

To ensure involvement and participation of individuals receiving services, their families, and the public. To ensure that the discussion and analysis of the issues before the Board are conducted in an open and orderly manner.

Policy

The Fairfax-Falls Church Community Services Board (CSB) takes all necessary and appropriate actions to actively involve and support the maximum participation of individuals, their families, and the public in policy formulation and services planning, delivery, monitoring, and evaluation.

The public is encouraged to attend meetings of the Board, to observe its deliberations and to inform the Board of relevant issues. The public may address the Board on matters which are relevant to the Board, on agenda items and during public hearings. Persons who wish to address the Board are requested to state their names, their affiliation and the subject about which they wish to speak. If the speakers wish to remain anonymous, they may give only a first name.

1. Matters of the Public. CSB Board meetings shall always include a "Matters of the Public" agenda item providing for public participation. The topic addressed does not need to be one which is on the meeting agenda. Persons who wish to address the Board must first be recognized by the Chair, who may limit the amount of time allotted for the speaker.

2. Agenda Items. All persons seeking the opportunity to speak at a Board meeting shall address the Chair and may direct questions or comments to Board members or other officers of the Board only upon the approval of the Chair. Members of the Board and the Executive Director have the privilege of asking questions of any person who addresses the Board.

3. Public Hearings. Public hearings are topic-specific, announced in advance and may have time limitations for speakers. Every person who wishes to speak at public hearings must first be recognized by the Chair. The Chair shall determine whether it is in the public interest to allow the request. Should requests to speak be granted, the presentation shall be limited in time as determined by the Board in advance. If there are numerous requests to address the Board on the same subject, the Chair may select representatives to speak on each side of the issue. The Board has the right to overrule the Chair by a majority vote of those present.

4. Complaints regarding identified Board members or staff will be heard only in Executive Session.

5. All employees have the right to participate in Board meetings in the same manner as all other members of the public.

Approved _____ _____

Secretary Date

References:

- Commission on Accreditation of Rehabilitation Facilities (CARF) Employment and Community Services Manual
- Code of Virginia 37.2-504.5
- Virginia Department of Behavioral Health and Developmental Services

Policy Adopted:	February 1976
Policy Readopted:	November 1980
Policy Revised:	August 1994
Policy Readopted:	April 23, 1997
Policy Readopted:	March 29, 2000
Policy Readopted:	April 23, 2003
Policy Readopted:	April 26, 2006
Revision Adopted:	TBD

Policy Number: 3040
Policy Title: Privacy, Security, and Confidentiality
Date Adopted: ~~March 19, 2003~~TBD

Purpose

The purpose of this policy is to provide guidance for the establishment and distribution of the Fairfax-Falls Church Community Services Board (CSB) Notice of Privacy Practices as required by Federal Regulations (see references). This notice provides consumers with a clear understanding of how the information consumers provide to the CSB and its directly operated programs and contractual agencies will be protected and how it may be used and disclosed.

Policy

It is the policy of the Community Services Board that:

1. CSB staff shall provide new and existing consumers with a copy of the CSB's Notice of Privacy Practices in accordance with Federal Regulations.
2. The CSB shall publicly post the current Notice of Privacy Practices at each CSB service site and on the CSB web page. The CSB will post updates to the Notice of Privacy Practice at service sites, on the web page and will make ~~them~~ copies available to consumers ~~upon request~~at service sites.
3. The CSB shall maintain consumer records containing individually identifiable health information in accordance with Federal and/or State law.
4. Consumers receiving services from the CSB shall have the right to receive confidential communications concerning their treatment and handling of their protected health information. Unless the law indicates otherwise, consumers shall have the right to access their own records and to receive a copy of their record upon request. Consumers also have the right to request an amendment to their record and to request special protections to health information in their record.
5. Individuals acting on behalf of the CSB shall treat all individually identifiable health information of persons receiving services as private, secure, and confidential and shall not further disclose this information except as permitted by law.
6. Individuals acting on behalf of the CSB shall comply with Federal and State laws, State Human Rights Regulations, State licensure regulations and standards established by accreditation organizations regarding privacy, security, and confidentiality of consumer records including protected health information.

7. Contract agencies shall be in compliance with Federal and State laws, regulations and applicable licensing, human rights regulation and standards established by accreditation organizations related to privacy, security and confidentiality of consumer records.

Approved _____ _____

Secretary Date

References:

- Federal Health Insurance Portability Accountability Act (HIPAA), 45 CFR Parts 160 and 164;
- Federal Confidentiality Regulation, 42 C.F.R. Part II;
- Virginia Privacy Protection Act of 1976;
- Virginia Code § 32.1-127.1:03; Patient Health Records privacy;
- Virginia Code, Section 54.1-2400.1 (A & B) Duty to Protect Third Parties;
- Deemed Consent, Virginia Code 32.1-45.1;
- HIV/AIDS Patients, Virginia Code, 32.1-36.1;
- Virginia Department of ~~Mental Health, Mental Retardation and Substance Abuse Services Licensure Regulations~~Behavioral Health and Developmental Services, Virginia Code 12 VAC 35-105-10;
- State Human Rights Regulations 12 VAC 35-115;
- Commission on Accreditation of Rehabilitation Facilities (CARF) Employment and Community Services Standards Manual.
- Review and input by Fairfax County HIPAA Compliance Manager, August 12, 2013

Policy Adopted: March 19, 2003
Revision Adopted: TBD

COMMUNITY SERVICES BOARD	Item: 8C	Type: Action	Date: 11/19/14

Proposed Standing Committee Name Change

Issue:
Rename the Substance Use Disorders/Mental Health Committee and revision of the CSB Bylaws.

Recommended Motion:
I move that the Board approve renaming the Substance Use Disorders/Mental Health Committee to the Behavioral Health Oversight Committee and that the CSB Bylaws be revised to reflect this change.

Background:
Recognizing the name of the Substance Use Disorders/Mental Health Committee does not fully capture the current mission of the committee, the members over the last couple of months have reviewed several recommendations in an effort to identify an appropriate committee name. It was determined that "Behavioral Health Oversight" more fully describes and aligns the name with the responsibilities and desired outcomes of the committee as outlined in its charter.

With approval of the name change by the CSB Board, the CSB Bylaws will need to be amended. An information item with the proposed revision to the Bylaws is being put forth separately for the Board's consideration as well as the required 30-day advance notification.

CSB Board Members:
Susan Beeman, Committee Chair
Suzette Kern, Secretary to the CSB Board

COMMUNITY SERVICES BOARD	Item: 9A	Type: Information	Date: 11/19/14

Notice of Proposed CSB Bylaws Amendment

Issue:
Revise the CSB Bylaws to reflect a standing committee name change.

Background:
Should the Board approve the name change of the Substance Use Disorders/ Mental Health Committee to the Behavioral Health Oversight Committee, the CSB Bylaws will need to be amended within Article VII, Section 2 as marked in the attachment. As revisions to the CSB Bylaws require a 30-day notice, to provide for this full timeframe, a request for approval of this amendment will be presented at the January 2015 CSB Board meeting.

Enclosed Document:
Attachment: Proposed Bylaws as Amended

Board Member:
Suzette Kern, Secretary to the CSB Board

Bylaws
of the
Fairfax-Falls Church Community Services Board

Preamble

Subject to the provisions of:

(1) Chapter 5 (Community Services Boards) of Title 37.2 (Behavioral Health and Developmental Services) of the Code of Virginia, as amended, and Chapter 53 (Early Intervention Service System) of Title 2.2 (Administration of Government), and,

(2) Joint Resolution adopted by the Board of Supervisors of Fairfax County on April 23, 1969, and by the Councils of the Cities of Fairfax and Falls Church on May 28, 1969, as amended, and,

(3) Other applicable laws and regulations.

The following bylaws apply to, and govern the administration of, the Fairfax-Falls Church Community Services Board.

Article I: Name

As provided by action of the Board of Supervisors of Fairfax County and the Councils of the Cities of Fairfax and Falls Church on August 1, 1978, the name of this Board is the FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD, hereinafter referred to as the "BOARD".

Article II: Purpose

(1) Mental Health, Intellectual Disabilities and Substance Use Disorders Services – In conformity with the provisions of Section 37.2-500 of the Code of Virginia, the general purpose of this Board shall be to ensure and oversee the establishment and operation of local mental health, intellectual disabilities, and substance use disorders programs.

The core of services provided shall include emergency services and, subject to the availability of funds appropriated for them, case management services. The core of services may include a comprehensive system of inpatient, outpatient, day support, residential, prevention, early intervention, and other appropriate mental health, intellectual disabilities, and substance use disorder services necessary to provide individualized services and supports to persons with mental illnesses, intellectual disabilities, or substance use disorders.

(2) Early Intervention Services – In conformity with the provisions of §2.2-5304.1 of the Code of Virginia, as the local lead agency for Early Intervention Services, this Board shall establish and administer a local system of early intervention services in compliance with Part C of the Individuals With Disabilities Education Act (20 U.S.C. § 1431 et seq.) and all relevant state policies and procedures.

The core of programs to be provided shall include (§2.2-5300) services provided through Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.), as amended, designed to meet the developmental needs of each child and the needs of the family related to enhancing the child's development and provided to children from birth to age three who have a 25 percent developmental delay in one or more areas of development, atypical development, or a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

Article III: Powers and Duties

(1) Mental Health, Intellectual Disability and Substance Use Disorders Services – In order to implement the purpose set forth in Article II hereof, and pursuant to the requirements of Section 37.2-504 and in accordance with the actions taken by the Board of Supervisors of Fairfax County and the Councils of the Cities of Fairfax and Falls Church to establish the Board as an Administrative Policy Type Board, of the Code of Virginia, the Board shall:

a. Review and evaluate all existing and proposed public community mental health, intellectual disabilities and substance use disorder services and facilities available to serve the community and such private services and facilities as receive funds through it and advise the local governing body or bodies of the political subdivision or subdivisions that established it as to its findings.

b. Pursuant to Section 37.2-508, submit to the governing body of each political subdivision that established it, an annual performance contract for community mental health, intellectual disabilities and substance use disorders services for its approval prior to submission of the contract to the Department.

c. Within amounts appropriated therefore, provide such services as may be authorized under such performance contract.

d. In accordance with its approved performance contract, enter into contracts with other providers for the rendition or operation of services or facilities.

e. Make policies concerning the rendition or operation of services and facilities under its direction or supervision, subject to applicable standards, policies or regulations promulgated by the State Board.

f. Participate with local government in the appointment and annual performance evaluation of an executive director of community mental health, intellectual disabilities and substance use disorders services, according to minimum

qualifications established by the Department, and prescribe his duties. The compensation of the executive director shall be fixed by local government in

consultation with the Board within the amounts made available by appropriation therefore.

g. Prescribe a reasonable schedule for fees for services provided by personnel or facilities under the jurisdiction or supervision of the Board and establish procedures for the collection of the same. All fees collected shall be included in the performance contract submitted to the local governing body or bodies pursuant to subdivision 2 of this subsection and Section 37.2-508 and shall be used only for community mental health, intellectual disabilities and substance use disorders purposes. Every administrative policy board shall institute a reimbursement system to maximize the collection of fees from persons receiving services under their jurisdiction or supervision consistent with the provisions of Section 37.2-511 and from responsible third-party payors. Administrative policy boards shall not attempt to bill or collect fees for time spent participating in involuntary commitment hearings pursuant to Section 37.2814.

h. Accept or refuse gifts, donations, bequests or grants of money or property from any source and utilize the same as authorized by the governing body or bodies of the political subdivision or subdivisions that established it.

i. Seek and accept funds through federal grants. In accepting such grants, the administrative policy community services boards shall not bind the governing body or bodies of the political subdivision or subdivisions that established it to any expenditures or conditions of acceptance without the prior approval of such governing body or bodies.

j. Have authority, notwithstanding any provision of law to the contrary, to disburse funds appropriated to it in accordance with such regulations as may be established by the governing body or bodies of the political subdivision or subdivisions that established it.

k. Apply for and accept loans as authorized by the governing body or bodies of the political subdivision or subdivisions that established it.

l. Develop joint annual written agreements, consistent with policies and procedures established by the State Board, with local school divisions; health departments; boards of social services; housing agencies, where they exist; courts; sheriffs; area agencies on aging; and regional Department of Rehabilitative Services offices. The agreements shall specify what services will be provided to consumers. All participating agencies shall develop and implement the agreements and shall review the agreements annually.

m. Develop and submit to the local governing body of each political subdivision that established it and to the Department the necessary information for the preparation of the Comprehensive State Plan for mental health, intellectual disabilities and substance use disorders services pursuant to Section 37.2-315.

n. Take all necessary and appropriate actions to maximize the involvement and participation of consumers and family members of consumers in policy formulation and services planning, delivery, and evaluation.

o. Institute, singly or in combination with other operating community services boards, administrative policy boards, local government departments with policy-advisory boards, or behavioral health authorities, a dispute resolution mechanism that is approved by the Department and enables consumers and family members of consumers to resolve concerns, issues, or disagreements about services without adversely affecting their access to or receipt of appropriate types and amounts of current or future services from the administrative policy board.

p. Notwithstanding the provisions of Section 37.2-400 or any regulations promulgated thereunder, release data and information about individual consumers to the Department so long as the Department implements procedures to protect the confidentiality of such information.

q. Carry out other duties and responsibilities as assigned by the governing body of each political subdivision that established it.

(2) Early Intervention Services – In order to implement the purpose set forth in Article II hereof, and pursuant to the requirements of Section 2.2-5304.1, the Board shall:

a. Establish and administer a local system of early intervention services in compliance with Part C of the Individuals With Disabilities Education Act (20 U.S.C. § 1431 et seq.) and all relevant state policies and procedures;

b. Implement consistent and uniform policies and procedures for public and private providers to determine parental liability and to charge fees for early intervention services pursuant to regulations, policies, and procedures adopted by the state lead agency in § 2.2-5304; and

c. Manage relevant state and federal early intervention funds allocated from the state lead agency for the local early intervention system, including contracting or otherwise arranging for services with local early intervention services providers.

Article IV: Members and Terms of Office

Section 1.

In accordance with Section 37.2-502 of the Code of Virginia as implemented by the Board of Supervisors of Fairfax County and the Councils of the Cities of Fairfax and Falls Church, the Board shall consist of sixteen members, thirteen of whom shall be appointed by the Board of Supervisors of Fairfax County, one of whom shall be designated by the Office of the Sheriff of Fairfax County; and one of whom shall be appointed by the Council of the City of Fairfax and one by the Council of the City of Falls Church. In accordance with Section 37.2-501 of the Code

of Virginia one-third of the appointments shall be identified consumers or former consumers, or family members of consumers or family members of former consumers, at least one of whom shall be a consumer receiving services. The term of appointment is three years and a person may serve only three full terms.

Section 2.
Vacancies shall be filled for unexpired terms in the same manner as original appointments. Persons appointed to fill a vacancy may serve three additional full terms.

Section 3.
Members may be removed from the Board in accordance with the appointing authority policies and procedures governing removal from Boards, provided that such policies and procedures are consistent with the requirements of State Code.

Section 4.
Each member of the Board shall serve on at least one Standing Committee.

Section 5.
Each member of the Board shall conduct himself or herself cordially and appropriately to members of other governmental or private entities, members of the public or CSB staff, when representing the Fairfax-Falls Church Community Services Board. Each member of the Board shall agree to comply with the Code of Conduct issued by the full Board.

Article V: Officers and Their Duties

Section 1: Officers
The officers of the Board shall consist of a Chair, immediate past Chair, Vice Chair, and a Secretary, each of whom shall have such powers and duties as generally pertain to such respective offices, as well as such powers and duties as from time to time may be conferred upon them by the Board, and which shall specifically include, but not be limited to, the powers, duties and responsibilities set forth hereinafter in Sections 2, 3, and 4 of Article VI.

Section 2: Chair
The Chair shall preside at all meetings of the Board; sign or cause to be signed the minutes when approved by the Board and such other official documents required of him/her in the course of business of the Board; appoint such committees as deemed necessary by the Board for its operation and to serve as an *ex officio* member of all committees except the nominating committee; work closely with local public and private facilities, mental health, intellectual disabilities and substance use disorders associations of Virginia, and other groups interested in mental health, intellectual disabilities and substance use disorder issues; maintain liaison with the Board of Supervisors of Fairfax County and the Councils of the Cities of Fairfax and Falls Church and the State Department of Behavioral Health and Developmental Services; and keep

the Board of Supervisors, City Councils, and the Commissioner advised and fully informed as to the activities and programs of the Board.

Section 3: Vice Chair
In the absence of the Chair, the Vice Chair shall perform the duties of the Chair.

Section 4: Immediate Past Chair
In the absence of the Chair and the Vice Chair, the immediate past Chair shall perform the duties of the Chair.

Section 5: Secretary
The Secretary shall sign all policies after they have been approved or amended by the Board and perform such other duties as requested by the Chair of the Board. In the absence of the Chair, the Vice Chair, and the immediate past Chair, the Secretary shall perform the duties of the Chair.

Article VI: Officers' Nomination, Election, and Term of Office

Section 1: Nomination and Election
At its regular meeting in April of each year, the Board shall appoint three of its members to serve as a nominating committee. The committee shall submit the name of at least one nominee for each of the offices of Chair, Vice Chair, and Secretary at the June meeting of the Board at which meeting the election of officers of the Board shall be held. Nominations also may be made from the floor. Members of the nominating committee shall be eligible for nomination but no member shall be nominated whose consent to serve has not first been obtained. A majority of those present and voting shall constitute an election.

Section 2: Term of Office
The term of office of all officers shall be for one year, beginning on July 1 following the election, or until their respective successors are elected, but any officer may be removed from office, either with or without cause, at any time by the affirmative vote of a majority of all the members of the Board. No officer may serve more than two consecutive terms in the same office.

Section 3: Vacancies
A vacancy in any office arising from any cause may be filled for the unexpired portion of the term as authorized by the Board.

Section 4: Absences
In the absence of the Chair, Vice Chair, Secretary and immediate past Chair from any meeting, the Board shall select one of its members to act in such capacity during that meeting.

Article VII: Executive Committee, Standing Committees and Ad Hoc Committees

Section 1: Executive Committee

There shall be an Executive Committee of the Board. The purpose of the Executive Committee shall be to draft the agenda for the next full Board meeting and to administer, subject to the authority and approval of the Board, the required and necessary business of the Board between regular meetings.

The Executive Committee shall consist of the Chair, the immediate past Chair, Vice Chair, Secretary, and the Chairs of Standing Committees. The Executive Director shall serve as an *ex officio*, non-voting member of the Executive Committee.

Section 2: Standing Committees

Standing Committees shall be the Intellectual Developmental Disability Committee, the ~~Substance Use Disorders/Mental Health~~ Behavioral Health Oversight Committee, the Government and Community Relations Committee, and the Fiscal Oversight Committee. Their purpose shall be to review and make recommendations to the full Board regarding policies, plans, service delivery proposals, budgets, grants, and such other matters as are referred to them by the Board or Executive Committee.

Members will be appointed by the Chair, with confirmation of the Board, for a one year appointment and may be reappointed to a Committee in subsequent years. The members of each Standing Committee shall elect one of the members as Chair for a one-year term. The Chair may be re-elected to an additional one-year term by the members.

Section 3: Ad Hoc Committees

Ad Hoc Committees may be established by the full Board as needed. Those Committees may be established to address any issue for which the full Board determines that the subject matter or issue cannot be adequately addressed by the Standing Committees. The members of each Ad Hoc Committee shall elect one of their members as Chair for a one-year term. The Chair may be reelected to an additional one-year term by the members.

Section 4: Associate Standing Committee or Ad Hoc Committee Members

Associate Standing Committee members are non-voting and may be appointed to each Standing Committee. Associate Standing Committee members are individuals or representatives of organizations and agencies whose work and knowledge is deemed important to the Standing Committee. In June of each year, the Standing Committees may bring forth nominations of representatives from the organizations and agencies they desire as Associate Members. These nominations shall be confirmed at the July Board meeting. Their terms shall be for one year, to begin in September. Associate Standing Committee or Ad Hoc Committee members may be reappointed to each Committee in subsequent years. Vacancies may be filled at any time using the same process.

Article VIII: Meetings

Section 1: Regular

Regular meetings of the Board shall be held each month, as scheduled by the Board.

Section 2: Special
Special meetings may be called by the Chair or upon the request of two members of the Board or the Executive Director. With agreement of the majority of Board members, a special meeting may be convened. Public notice shall be given in accordance with the Virginia Freedom of Information Act.

Section 3: Quorum
In order to transact business which requires a vote of the Board, a quorum must be present. A quorum is a majority of the members of the Board.

Section 4: Voting
Every member, present in person at any validly constituted meeting, shall be entitled to one vote. A majority vote of those members present and voting shall be determinative of any issue.

Article IX: Parliamentary Procedures

Robert's Rules of Order, Newly Revised, shall govern the Board in all cases to which they are applicable and in which they are not inconsistent with these bylaws.

Article X: Amendments

These bylaws may be amended, altered or supplemented at any regular meeting of the Board by a two-thirds (2/3) vote of those present and voting; provided, however, that notice of the proposed changes has been submitted to the members of the Board thirty days prior to the meeting.

Approved: _____ _____
Secretary Date

Fairfax-Falls Church Community Services Board

FY 2015 & FY 2016 Community Services Performance Contract
1st Quarter Update

November 19, 2014

SIGNIFICANT EVENTS

- Received signed and executed contract from Department of Behavioral Health and Developmental Services (DBHDS) mailed 10/30/14
- Received Draft FY 2014 End of Year Analysis Report on 10/20/14
- Held conference call with Joel Rothenberg (DBHDS) to review CSB Draft Response on 11/4/14
- Submitted Final FY 2014 End of Year Analysis Report Response to Joel on 11/10/14
- Submitted CCS extract for June, July, August, and September to DBHDS
- Held 1st Quarter reviews with all Service Directors
- Two-day training provided by Credible on our Billing practices
- Submitting 1st Quarter CARS report on 11/21/14

ACTIONS

- Continuing to address the correct and timely documentation of services that impact reporting accuracy
- Analyzing services highlighted by DBDHS in FY 2014 EOY Analysis Report
- Establish and execute corrective action plans for all issues identified
- Hold 2nd Quarter reviews with all Service Directors
- Begin preparations for submission of FY 2015 Mid-Year Report on 2/16/15
- Begin clinical and financial optimization reviews by Credible
- Move forward with the mapping of clinical business processes as per CSB Workplan