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, December 17, 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 November 19, 2014 Board Meeting Minutes***	Ken Garnes	
5.	***Matters of the Board***		
6.	***Directors Report***	Tisha Deeghan	
7.	***Committee Reports***		
	A. Fiscal Oversight Committee	Suzette Kern	
	• *November Meeting Notes*		
	B. Government and Community Relations Committee	Rob Sweezy	
	C. Intellectual Developmental Disability Committee	Lori Stillman	
	D. Behavioral Health Oversight Committee	Susan Beeman	
	• *December Meeting Notes*		
	E. Other Reports		
8.	***CSB Policies Opportunity for Comment***	Ken Garnes	
9.	***Action Item***		
	A. CSB Updated Policies	Suzette Kern	
10.	***Adjournment***		

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Fairfax-Falls Church Community Services Board
November 19, 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, Kate Hanley, Suzette Kern, Lori Stillman, Dallas "Rob" Sweezy, Diane Tuininga, Jeff Wisoff, Jane Woods and Spencer Woods

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

The following CSB staff was present: Tisha Deeghan, Daryl Washington, Len Wales, Jean Hartman, Evan Jones, Dave Mangano, Jerome Newsome, Lisa Potter and Lyn Tomlinson

1) Meeting Called to Order

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

2) Approval of the Minutes

   Jeff Wisoff offered a motion for approval of the October 15 work session and October 22, 2014 Board meeting minutes of the Fairfax-Falls Church Community Services Board which was seconded and passed.

3) Matters of the Board

   - Jane Woods reported that the Rent Reform Committee of the Housing Development Authority is considering action on implementing recommendations of the Moving to Work subgroup.
   - Mr. Garnes noted the following:
     - As a Board dinner is customarily held prior to December Board meeting, it was proposed to meet in the Government Center conference room at 6:30pm for a catered meal which should accommodate conversations more so than a restaurant environment. There was a consensus for this proposal.
     - A letter of appreciation will be forwarded to Lynn Miller, former CSB Board member representing the Braddock District, for her service.
     - CSB members were requested to notify committee chairs when unable to attend a meeting. In addition, to ensure members are aware of the business to be addressed and to facilitate efficient Board meetings, committee chairs were requested to prepare and distribute agendas in advance.

4) Directors Report

   - Tisha Deeghan highlighted the following:

- A notice in the Board members' folders of the January 19th National Alliance for Mental Illness (NAMI) Mental Health Advocacy day in Richmond which will be followed by the Virginia Association of Community Services Boards (VACSB) Legislative Conference in Richmond on the 20th and 21st. Information on the VACSB event was also provided along with registration guidance for both events.
- The ARC of Virginia usually holds a Richmond rally on the same day as NAMI, but a time different time of the day.
- In response to assistance in setting up appointments, it was indicated that General Assembly members expect to be contacted during this time and are responsive to appointment requests either directly or, at a minimum, with their staff.
- Ms. Deeghan has been directly involved in discussions with the Department of Behavioral Health and Developmental Services (DBHDS) on the State Performance Contract in which there has been a helpful collaboration in identifying areas to be addressed.

- Daryl Washington noted within the CSB legislative priority issues talking points, Mandatory Outpatient Treatment (MOT) is not included. Although there seemed to be an interest earlier in the year to possibly pursue a legislative proposal, it does not appear to be moving forward at this time. It was noted there is a balance that needs to accompany any MOT legislation as threshold standards set too high results in inpatient hospitalization, while lower standards must be carefully established to encourage support for funding.
- Highlighting the CSB Workplan, it was indicated most projects are on target. Within Youth and Family Services, it was noted a recently released consultant report is being analyzed, and in Business Integration Practices, due to high vacancy rates, full implementation of standardized processes may be delayed.
- Len Wales reviewed the quarterly dashboard report noting overall the numbers indicate a slight improvement in those receiving services and, specifically, individuals having a primary care provider appear to be increasing over the previous year. Clarification was provided and will also be noted in the document that within the baseline of individuals served, there are approximately 11,000 carried over from the previous fiscal year. As this document remains under construction, it was indicated versions can be tailored to different audiences.

5) <u>Committee Reports</u>

A. *Fiscal Oversight Committee*

Suzette Kern reported an excellent briefing on Medicaid was provided at the October meeting by Ginny Cooper along with a discussion of the high staff vacancy rates and some contributing factors. The high vacancy rates prompted a request for a letter to be drafted to the Board of Supervisors (BOS) outlining hiring issues including concerns with the NEOGOV hiring system. At the November meeting, the committee reviewed the draft letter which has been provided to Board members for consideration. She also reported that as of pay period 22, due to the vacancies, the CSB had accrued $1.7 million in savings. $1.1 million of this amount will be used to meet the County Executive's FY 2015 mandatory 1% budget reduction requirement.

Following further discussion and recommendations for a couple of revisions, Kate Hanley offered a motion to approve and forward the letter to the BOS. The motion was seconded and passed.

Separately, it was indicated staff discussions continue with the Department of Management and Budget on funding for ID Day Employment and measures to contain costs.

B. *Government and Community Relations Committee*

- Rob Sweezy reported the legislative talking points distributed highlight three main issues which have been reordered to list Medicaid expansion as number one, funding for individuals leaving the training centers as the second item, followed by Infant and Toddler funding as number three. In addition, some priority issues identified by the VACSB are included on a second page should there be an opportunity to discuss with legislators. Board members were encouraged to take the VACSB folders for distributing the information and to schedule appointments prior to the end of the year.
- It was indicated information on the proposed Medicaid Intellectual Disability/Developmental Disability (ID/DD) Waiver redesign was forwarded to Board members earlier in the day. Some aspects of the proposal were briefly highlighted and included 1) case management will remain separate, 2) provides for utilization of a Supports Intensity Scale (SIS) assessment tool to crosswalk with a tiered reimbursement system, 3) contains a differential for Northern Virginia, and 4) implementation is proposed to begin January 2016. The current ID/DD Waiver proposal is estimated to cost an additional $50 million—50% of which will be borne by the state. Comments on the proposed Waiver redesign are due December 15, 2014.
- In light of the evolving Medicaid ID/DD Waiver redesign, Board members were encouraged to review the information, confer with Daryl Washington if there are questions, and if specific aspects are identified that would be insupportable, these areas possibly be discussed with legislators.

C. *Intellectual Developmental Disability (IDD) Committee*

Noting the May and September minutes were included in the Board meeting packet, Lori Stillman reported on some issues addressed at the November 6th committee meeting:

- Suzette Kern was welcomed as a new member to the committee.
- The recent LogistiCare Advisory Board meeting focused on measures to be taken in response to incidents as well as web-based trainings to familiarize those involved with transportation procedures and requirements.
- Jane Woods reported on the Senate Bill 627 workgroup of the Joint Committee on Health Care in which options are being developed to keep the training centers open.
- A Medicaid overview by Ginny Cooper and Lara Lafin was provided to assist in understanding a very complicated system.

- Jeannie Cummins Eisenhour presented on housing options for individuals with IDD that highlighted a three-year Rental Choice pilot program underway as well as legislative proposal for financing Intermediate Care Facilities.
- An update on individuals in the training centers noted 56 at Northern Virginia and 17 at Central Virginia, with 12 expected to locate to the community by the end of year.

The next meeting of the IDD committee will be held January 8, 2015.

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

On behalf of Susan Beeman, Ms. Kern reported on the activities at the November committee meeting which included the Medicaid presentation by Ginny Cooper as well as approval of a committee name change which will be presented later in the meeting for Board consideration.

6) Action Items

A. *2015 CSB Board Meeting Calendar*

Mr. Garnes presented the proposed meeting schedule for full Board as well as committee meetings in calendar year 2015.

Kate Hanley moved for approval of the proposed 2015 CSB Board meeting schedule which was seconded and passed.

B. *CSB Policies Review and Comment Period*

As part of the ongoing triennial review of CSB policies, Ms. Kern presented six additional updated policies with a recommendation for issuance for a public comment and review period. The policies presented were:

- 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

In reviewing the proposed updates, it was indicated the revisions provide for 1) reflecting the name change of the state behavioral health agency, 2) clearly defining public participation, 3) ensuring language parallels with CSB Bylaws, as well as 4) some additional minor changes.

Ms. Kern offered a motion to approve issuing the six CSB policies as presented for a 30-day public review and comment period. The motion was seconded and passed.

C. *Proposed Standing Committee Name Change*

On behalf of committee Chair Susan Beeman, Ms. Kern provided background on the proposal to change the name of the Substance Use Disorders/Mental Health Committee noting a consensus of members that the name did not fully capture the committee's mission and charter. Following discussions, the committee determined "Behavioral

Health Oversight Committee" provides a descriptive overview, and as a result, this name is being presented for Board approval.

Ms. Kern offered a motion for Board approval to rename the Substance Use Disorders/Mental Health Committee to the Behavioral Health Oversight Committee and that the CSB Bylaws be revised to reflect this change. The motion was seconded and passed.

7) Information Items

A. Notice of Proposed CSB Bylaws Amendment

Following Board approval of the Behavioral Health Oversight Committee name change, Ms. Kern indicated the CSB Bylaws will need to be revised to reflect this standing committee name. To meet the 30-day advance notice requirement to amend the Bylaws, it was indicated final Board approval will be requested at the January 2015 Board meeting which will fully accommodate the notice requirement.

B. State Performance Contract Quarterly Update

Jerome Newsome provided an overview of the first quarter activities which included:

- The FY2014 End of Year Analysis Report was received in October, discussions were held with DBHDS, and a draft response has been submitted.
- First quarter reviews with CSB Service Directors were undertaken to address any issues.
- A two-day training was provided by Credible on billing practices which will assist in maximizing those capabilities within the electronic health record system.
- Preparations are underway to submit shortly the FY2015 first quarter report with DBHDS.
- A focus continues on business process mapping to ensure all on the same page.

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

Actions Taken--

- The October 2014 work session and meeting minutes were approved.
- Approval to issue updated CSB policies for public review and comment.
- Behavioral Health Oversight Committee name change approval.
- Approval of 2015 CSB Board meeting calendar.

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Date Staff to Board

CSB Fiscal Committee Meeting Notes

Date: November 14, 2014
Attending: Suzette Kern, Gary Ambrose, Ken Garnes, Juan Pablo Segura, Lori Stillman, Jeff Wisoff
Staff: Tisha Deeghan, Len Wales, Daryl Washington, Ron McDevitt, Lisa Potter, Lisa Witt

Summary of Information Shared/Decisions:

Financial Status

- Pay Period Metrics:
  - Based on PP22 savings, staff estimate flexibility and capacity to fill 38 additional general merit positions. From PP21 to PP22, 2 positions became vacant, while 2 positions were filled, a net of 0.
- Position Status:
  - As of PP22, CSB had 128 vacant general merit positions, 36 above the vacancy break point (VBP) of 92.
  - It was noted that several residential positions are being converted into contract positions. This process has been started and three of the 128 vacant positions have been converted.
- Staff noted that the CSB achieved the 1% reduction which will be taken at third quarter.
- It was determined at an earlier meeting that the Modified Fund Statement and Explanation of Variance will be provided on a quarterly basis, unless there are specific issues that need to be communicated to the Committee. Reports will be provided at the January meeting.

CSB Work Plans

Most work plans are on target. Some highlights include:

- Integration of Business Practices: on target, however, it was noted that with continued vacancy rates and hiring issues, lack of admin staff has impacted the implementation of standardized business processes. Comment made about ensuring the language accurately captures the deliverable for each item and is consistent with the time frames for completion.
- Behavioral Health Outpatient: Suggestion made for service design information to be presented to the SUDs/MH Committee as it might be of interest to the group. Daryl Washington will discuss with Susan Beeman, Chair of SUDs/MH Committee
- Merrifield: The current plan is for the Community Health Care Network (CHCN) to use space on the 4th floor, along with the Dental Clinic, and INOVA will use the other half of the 4th floor space.

NEOGOV Issues

- Committee members and staff reviewed and discussed the draft letter to Chairman Bulova addressing the NEOGOV issues and the impact on the CSB.
  - Staff reported that CSB HR Director has been in discussions with County DHR. Two CSB staff will be designated subject matter experts.

- It was noted that the BOS has endorsed the new HR pay increase structure, which may help with retention issues.
- Recommended edits to the letter were made and approved by the Committee. Staff will update the letter to include the recommended edits and will send a copy to Pat Harrison.
- The updated draft letter will be presented at the November 19th full Board meeting.

Intellectual Disability/Developmental Disability (ID/DD) Waiver

- Daryl Washington provided an update of the Intellectual Disability/Developmental Disability (ID/DD) Waiver in Virginia and an overview of current studies and future issues.
  - Current waiver structure in Virginia is comprised largely of three different types of waivers: Intellectual Disability Waiver (ID waiver), Individual and Family Developmental Disability Supports Waiver (DD waiver), and Day Supports Waiver (DS waiver).
  - DBHDS contracted with a consultant to conduct a study of the current system of supports for people with intellectual and developmental disabilities in Virginia.
  - Consultant recommended consolidating the waivers, though it is not clear whether funding will remain level. The cost and impact on the CSB and the vendor community is unknown at this point in time. It was noted that DBHDS anticipates a January 2016 implementation timeframe.
  - Staff will continue to report on this issue.

November 13th Meeting with DMB

- Len Wales provided an update on the November 13th meeting with DMB regarding CSB Employment First/Employment & Day Services and discussion of cost saving options.
- DMB wants to be assured there are no other alternatives and that the CSB has explored all options for those currently receiving sheltered employment services.
- It was noted that in order to serve individuals, it may be necessary to look at higher cost alternatives. Len reported on the possibility of a carryover concession.
- Pat Harrison requested the CSB present the employment issue to the BOS Human Services Committee at their December meeting. CSB staff will prepare a presentation and submit to Ms. Harrison December 1st, prior to the HS Committee meeting.
- Suggestion made for CSB members to talk with their individual BOS members regarding this issue after the presentation to the HS Committee.

Open Discussion

- Len Wales announced that the new Financial Disclosure forms were released on November 13th and are due December 15th. He added that CSB Board members are required to report once a year.

Action Items/Responsible Party Required Prior to Next Meeting:

CSB Fiscal Committee Meeting Notes

- Update draft letter from CSB Board to the BOS outlining NeoGov issues – Staff will update the draft letter to present at November 19th CSB Board meeting
- Daryl Washington to follow up with Susan Beeman about the Behavioral Health Outpatient presentation for the SUDs/MH Committee meeting.

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 December 12:

- TBD

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Behavioral Health Oversight Committee Meeting Minutes

Date: December 3, 2014
Location: Fairfax County Government Center, Rooms 4/5
Attendees: Susan Beeman, Chair, Gary Ambrose, Terry Atkinson, Gartlan Center Advisory Board, Georgia Bachman, Shawn Buckner, SAARA, Peter Clark, No. Va. Mental Health Foundation, Peggy Cook, Tisha Deeghan, Wendy Gradison, PRS, Inc., Trudy Harsh, The Brain Foundation, Jean Hartman, Evan Jones, Suzette Kern, Sylisa Lambert-Woodard, Pathway Homes, Inc., Dave Mangano, Bill Taylor, Concerned Fairfax, Lyn Tomlinson, Diane Tuininga, Daryl Washington, Jeffrey Wisoff, and Captain Spencer Woods. Also present were other private sector staffs as well as members of the public.

Topic	Action	Responsible Party	Due Date
Meeting Call to Order	Meeting was called to order at 7:30 p.m.	Susan Beeman, Chair	
Approval of November 5, 2014 Minutes	Suzette Kern moved that the November 5, 2014 Substance Use Disorders/Mental Health Committee minutes be approved as presented. The motion was seconded by Jeffrey Wisoff and unanimously carried.	Behavioral Health Oversight Committee	
Associate Member Presentations and Concerns	*Wendy Gradison, PRS, Inc*. – offered congratulations to Sylisa Lambert-Woodard on being the award recipient of the 2014 Gelman, Rosenberg & Freedman Excel Award for Excellence in Nonprofit Leadership from the Center for Nonprofit Advancement. *Shawn Buckner, SAARA*- made the following announcements: (1) SAARA has a new Executive Director, Denise Thomas-Brown, effective December 8th; (2) Ms. Buckner is a participant on the Opiate Abuse workgroup; (3) SAARA will be providing additional services in Fairfax County starting in January as a result of some additional funding; (4) she noted the possibility of SA programs being considered in the Governor's proposed budget reductions and commented on the importance of raising awareness for the need for these programs. *Sylisa Lambert-Woodard, Pathway Homes, Inc.* – made the following announcements: (1) VACBP (Virginia Association of Community Based Providers) advocacy efforts and the focus on MH Skill Building and reimbursement rate; (2) She recently met with Commissioner Ferguson and discussed community collaboration. Commissioner Ferguson was pleased to hear of the number of nonprofits relationship with the CSB. Commissioner Ferguson hopes to plan a visit to the area and tour Stevenson Place. (3) she noted the anticipated funding for 55 subsidized housing units on the Route One Corridor.		
Presentation: Behavioral Health Outpatient	Ms. Beeman welcomed Georgia Bachman to tonight's meeting, who provided an overview outlining CSB Behavioral Health Outpatient Services, and providing an understanding of the Behavioral Health Outpatient (BHOP) Redesign efforts. The overview highlighted the following areas: Integrated Services Planning Team, Consumer and Family Input, Steering Committee, Specialized Implementation Workgroups, Improvements to Individual Care, Examples of Integrated Treatment Components including multidisciplinary teams, interventions to match individual stage of change and access to comprehensive services, Menu of Services to include Engagement, Early Treatment, Active Treatment and Wellness/Community Reintegration. She also briefly reviewed the next steps for the integration planning efforts to include the following: continue refining integrated treatment teams; refine meaningful outcome measures; implement programming at all sites and ensure consistency;	Georgia Bachman	

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Topic	Action	Responsible Party	Due Date
	train staff; and seek ongoing feedback from individuals in care to better meet needs. Ms. Bachman provided copies of information which further explains the components of each area she described. She added that many people are involved in the process and participate on workgroups including staff, peer support specialists, family members and individuals receiving services. Ms. Deeghan commended Ms. Bachman and her team for the work they have been doing. Appreciation was extended to Ms. Bachman for this informative presentation.		
CSB Letter to Board of Supervisors on Hiring Issues	Daryl Washington briefly reported on the CSB letter sent to the Board of Supervisors outlining hiring issues within the CSB. He briefly described areas with challenges in the hiring process. He noted that other County agencies are experiencing the similar challenges. Ms. Kern spoke briefly about the high vacancy rate, which impacts services, and has been an area of concern. She added the letter to the BOS resulted from these concerns.		
CSB 2015 Legislative Priorities	Ms. Tuininga reported on the 2015 CSB Legislative Priorities and talking points which CSB Board members can use when meeting with legislators. She made note of three legislative priorities: Infants and Toddlers-Early Intervention Services; Northern Virginia Training Center-DOJ Settlement and Medicaid Eligibility and costs. She also noted additional issues from VACSB Legislative Priorities for 2015-2016: Emergency Mental Health Services and Supports for Adults including Create Crisis Response Treatment Pilot Programs; Substance Use Disorder Services; and Peer Recovery Support Services (Region II CSB's #2 Priority). Ms. Kern announced that yesterday the Fairfax County Board of Supervisors approved the 2015 Fairfax County Legislative Program, which includes the 2015 Human Services Issue Paper.		
CSB Board Policies Review and Comment Period	Ms. Kern announced that CSB Board Policies have been out for public review. She noted that the comment period closed today three policies for review/comment, which are: Vision, Mission and Values Statement; Priority Access to CSB Services; and Definitions. The policies and comments received will be presented at the December CSB Board meeting for consideration and approval. She also announced that six additional updated policies are currently out for public review and comment: Ethical and Professional Behavior; Conflict of Interest; Definition of Policy, Regulation and Procedure; Adoption of Cancellation of Policy; Privacy, Security and Confidentiality; and Participation by the Public.	Suzette Kern	
Staff Report	*Daryl Washington, Deputy Director, CSB,* provided the following updates and announcements: · Merrifield: on target for January with multiple sites moving. He added that all plans related to the fourth floor space appear to be moving forward with CHCN and the Virginia Dental Clinic using half of the space and INOVA Behavioral Health using the remaining half, which he noted will be finished at a later date. · Ms. Beeman asked for Committee's input and interest in scheduling the February meeting at Merrifield; staff will look into conference room availability to schedule the February meeting at Merrifield. Peter		

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Topic	Action	Responsible Party	Due Date
	Clark announced that the Wellness and Recovery Conference Committee is proposing an open house for consumers when Merrifield opens. • Daryl Washington announced the Governor's 1115 GAP Program appears to be moving forward. He noted that approximately 616 individuals served by the CSB may get limited healthcare coverage through this program. He noted that CSB staff will be doing screenings and added that additional individuals may qualify for this program. *Lyn Tomlinson, Assistant Deputy Director, CSB,* provided the following updates and announcements: • Fairfax County Heroin Task Force has been established and participants include staff, Police, family members and others. Two meetings have been held and discussions have focused on interventions and diversion. Ms. Tomlinson noted that the CSB website is being updated with current information around this issue. She expressed appreciation to Peggy Cook who recently participated as a panelist on podcasts and a local television program focusing on Heroin and Opiate addiction and services in Fairfax County. *Evan Jones, Director, Employment & Day Services,* announced an open house/holiday sale on Friday, December 5th, 5:00-7:00 pm. at St. Coletta Alexandria Adult Program in Alexandria Virginia. St. Coletta Shops products are handmade by children and adults with intellectual disabilities in the greater DC area.		
Adjournment	There being no further business to come before the Committee, the meeting was adjourned at 8:50 p.m.	Susan Beeman, Chair	

Date Approved

Minutes Prepared by
Shelley Ashby

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COMMUNITY SERVICES BOARD Item: 9A Type: Action Date: 12/17/14

Title:
CSB Updated Policies

Issue:
Board approval of three updated CSB policies.

Recommended Motion:
I move that the Board approve revised CSB Policies 0005, 0020 and 0030 as presented.

Background:
As part of the ongoing triennial review process, three proposed updated CSB Policies were issued in November to provide an opportunity for public comment. The Policies include 0005--Definitions, 0020--Vision, Mission and Values Statement, and 0030--Priority Access to CSB Services which were revised to reflect the CSB Strategic Plan adopted in June 2014. No comments have been submitted during this public review period, and a final opportunity for comment will be provided at the December 17, 2014 CSB Board meeting prior to requesting Board approval.

Enclosed Documents:
Attachment A – CSB Policy 0005 as revised
Attachment B – CSB Policy 0020 as revised
Attachment C – CSB Policy 0030 as revised

Board Member:
Suzette Kern, Secretary to the CSB Board

Policy Number: 0005
Policy Title: Definitions
Date Adopted: ~~February 25, 2009~~TBD

Purpose

To define selected terms used in policies.

Policy

In order to clarify references to the Community Services Board in policy statements, different terms will be used to refer to the members of the Board and to the agency.

1. "Administrative Policy Board" ~~refers to the citizen governing Board "~~also known as the " CSB Board" refers to the citizen governing Board appointed by the Fairfax County Board of Supervisors, the Council of the City of Fairfax and the Council of the City of Falls Church.

2. "CSB" refers to Community Services Board as an agency.

Approved _____ _____
Secretary Date

Policy Adopted: December 20, 1989
Revision Adopted: December 22, 1993
Revision Adopted: April 23, 1997
Revision Adopted: March 29, 2000
Policy Readopted: April 23, 2003
Policy Readopted: April 26, 2006
Policy Readopted: February 25, 2009
Policy Readopted: TBD

References:
Title § 37.2-500 of the Virginia Code

Policy Number: 0020
Policy Title: VISION, MISSION AND VALUES STATEMENT
Date Adopted: ~~March 25, 2009~~TBD

Purpose

To state the vision, mission and values of the CSB and the public process by which ~~the mission~~these will be accomplished.

Policy

The Fairfax-Falls Church Community Services Board defines its vision, mission and values as follows:

~~The Fairfax-Falls Church Community Services Board partners with individuals, families, and the community to empower and support Fairfax-Falls Church residents with or at risk of developmental delay, intellectual disabilities, mental illness, and alcohol or drug abuse or dependency.~~

~~We provide leadership to ensure the integration of the principles of resilience, recovery and self-determination in the development and provision of services. We maintain accountability by ensuring that continuous system improvement is anchored in best practice, outcome and effectiveness measurement, and the efficient use of resources.~~

~~As the public support network, we provide services which assist, improve and maximize the potential of individuals affected by these conditions and strengthen their capacity for living self-determined, productive and valued lives within our community~~

CSB Vision, Mission and Values

CSB Vision
Everyone in our community has the support needed to live a healthy, fulfilling life.

CSB Mission
To provide and coordinate a system of community-based supports for individuals and families of Fairfax County and the cities of Fairfax and Falls Church who are affected by developmental delay, intellectual disability, serious emotional disturbance (youth), mental illness and/or substance use disorders.

CSB Values
In achieving our mission and vision, we value:

Respect for the people we serve.
Individual dignity and human rights protection are at the center of the CSB service

philosophy. Each individual is involved in developing service plans which address his/her needs and preferences. Feedback from service recipients is encouraged to assess program strengths and areas for improvement.

Quality in the services we provide.
The CSB offers a comprehensive menu of preventative and responsive services that meet the needs of individuals who live in the Fairfax County community. Services are provided by qualified professionals using methods proven to achieve positive, measurable outcomes.

Accountability in all that we do.
The CSB recognizes its responsibility to the Fairfax County community by striving to provide services to people with limited resources or complex needs in **an effective and efficient manner**. Policies and procedures are communicated and accessible to all individuals and organizations with whom we work and process improvement is anchored in continuous data review.

Approved _____ _____
Secretary Date

Policy Adopted: January 17, 1990
Policy Readopted: July 27, 1994
Policy Readopted: April 23, 1997
Policy Readopted: March 28, 2001
Policy Readopted: February 18, 2009
Policy Readopted: March 25, 2009
Policy Revised: TBD

Policy Number: 0030
Policy Title: PRIORITY ACCESS TO CSB SERVICES ~~ACCESS TO CSB SERVICES~~
Date Adopted: ~~May 23, 2001~~TBD

Purpose

~~To identify priority populations for Alcohol and Drug Services.To define who should have priority access to services of the Fairfax-Falls Church Community Services Board (CSB).~~ To articulate policy for defining who should have priority access to services of the Fairfax-Falls Church CSB for individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders.

Policy

~~The Board has identified the following populations as defined by the Federal Substance Abuse Prevention and Treatment Block Grant and the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services as the highest priority for receiving services~~

Guidelines for Assigning Priority Access to CSB Services (April 23, 2014)

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

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

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

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

CSB Priority Populations

Priority Populations

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

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

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

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

A. **Mental Illness Population**

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

- **Diagnosis** through the current Diagnostic and Statistical Manual (DSM) of serious mental illness including those along the schizophrenia spectrum, predominantly thought and psychotic disorders, persistent major affective disorders, AND
- **Impairments** due to a serious mental illness that seriously impact, on a recurrent or continuous basis, how the individual functions in the community, to include the following: o Inability to consistently perform practical daily living tasks required for basic adult functioning in the community (such as keeping a living space clean, shopping for food, hygiene);
    - Persistent or recurrent failure to perform daily living tasks except with significant support or assistance by family, friends or relatives;
    - Inability to maintain employment at a living wage or to consistently carry out household management roles; or

- Inability to maintain a safe living situation.

- The **duration** of the serious mental illness has been or is anticipated to be of a long duration (at least six months) and is considered chronic. It usually has resulted or, if left untreated, is likely to result in repeated or significant psychiatric hospitalizations.

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

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

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

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

- Child exhibits behavior that is significantly different from or significantly behind most children their age, and which does not result from developmental or intellectual disability.
- Physical or psychological stressors exist that put the child at risk for serious emotional or behavioral problems.

B. **Substance Use Disorder Population**

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

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

- **The duration** of the Substance Dependence has been or is anticipated to be of a long duration (at least six months) and is considered chronic. It usually has resulted or, if left untreated, is likely to result in repeated or significant impairments in multiple life areas.

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

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

(3) Special Priority Populations

- Pregnant women who are intravenous (IV) drug users
- Pregnant women
- Intravenous drug users
- Individuals requesting treatment for opioid drug abuse, including prescription pain medications, regardless of the route of administration

C. **Intellectual Disability and Developmental Disability Populations**

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

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

(3) Diagnosis of Intellectual Disability (ID) must be documented by:

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

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- ~~Pregnant women who meet the criteria for substance dependence or substance abuse~~
- ~~Women with dependent children who meet the criteria for substance dependence or substance abuse~~
- ~~Persons with HIV/AIDS who meet the criteria for substance dependence or substance abuse~~
- ~~Persons seeking treatment for intravenous drug use~~

~~Department of Mental Health, Mental Retardation, and Substance Abuse Services~~

- ~~Child / Adolescent Dependent Priority Population~~
- ~~Adult Dependent Priority Population~~
- ~~Child / Adolescent Abuse Priority Population~~
- ~~Adult Abuse Targeted Priority Population~~
- ~~Child/Adolescent Mental Health Priority Population~~
- ~~Adult Mental Health Priority Population~~
- ~~Child / Adolescent SA-related Violence Priority Population~~
- ~~Adult SA-related Violence Priority Population~~

~~In addition, the Board has also identified three other populations that may lie outside of the populations defined above as eligible to receive services.~~

- ~~Youth who are alcohol and/or drug users and/or their families~~
- ~~Adults who are alcohol and/or drug users and are court referred and/or their families~~
- ~~Persons in a CSB sponsored residential program~~

References:
Federal Block Grant
Department of ~~Mental Health, Mental Retardation, and Substance Abuse Services~~Behavioral Health and Developmental Services Priority Population
Guidelines for Assigning Priority Access to CSB Services document approved by the CSB Board on April 23, 2014

Approved _____ _____
Secretary Date

Policy Adopted:	March 20, 1991
Revision Adopted:	September 29, 1993
Revision Adopted:	July 27, 1994
Revision Adopted:	November 18, 1998
Revision Adopted:	May 23, 2001
Revision Adopted:	TBD